



**Scottish
Ambulance
Service**
Taking Care to the Patient



Equality and diversity - how we are mainstreaming this in all that we do 2019

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We welcome comment about our mainstreaming report and would be pleased to discuss any aspect of it with individuals or groups.

This document can be provided in another format for example in large print, Braille or summary translation, please contact:



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Equality and diversity - how we are mainstreaming this in all that we do 2019

1. Foreword

It is my belief that considering equality and diversity in our day to day work enables the Scottish Ambulance Service to provide the very best care for patients. It would not be possible to achieve the strategic goals set out in our five year strategy “Towards 2020: Taking Care to the Patient” without considering the diverse needs of our patients, the public and our workforce. Building the principles of equality, diversity and NHSScotland values into our work is fundamental, if we are to embed these in what we do every day.

Work has begun to develop our strategy, beyond 2020 This will support the Scottish Government’s aim that “We live longer, healthier lives at home or in homely settings and are reducing health inequalities in Scottish society” The NHSScotland is undergoing much transformational change. We will continue to engage with stakeholders to inform thinking and shape our strategic goals to improve services and work effectively with our partners in Health and Social Care.

We regularly report on how we are including equalities work in all that we do. This provides us with an opportunity to highlight some of the actions we are taking. Whilst we have made good progress in the way we have built equality and diversity in to our everyday business, I recognise there is always more we could do, and I very much value the input we have received from our patients, members of the public and staff in taking this work forward.

Pauline Howie
Chief Executive

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2. Our Service

The Scottish Ambulance Service (SAS) is a national operation based at over 150 locations across three Regions. The Service is now co-located with NSS Scotland, NHS 24, NHS Boards' Out of Hours services, Scottish Fire and Rescue Services and within hospital and GP practice premises. As such, we continue to cover the largest geographic area of any ambulance service in the UK.

The Scottish Ambulance Service is a universal service providing scheduled, unscheduled and anticipatory care for patients from all groups in remote, rural and urban communities across Scotland. We save lives by responding to life-threatening emergency calls. We help people to live well at home by treating or referring people at the scene and preventing unnecessary hospital admissions. We also take patients requiring clinical care during transport to hospital, in time for their appointment.

3. Introduction

Mainstreaming is how we are integrating equality into the day to day working of our Board. This means taking it into account in how we exercise our functions in terms of our patient experience, our staff experience, how we collaborate and engage with others, and how our staff, leaders and our non executive directors support mainstreaming. In other words, it is a component of all that we do.

Public Authorities like SAS are required to publish a mainstreaming report every two years. This report, published in April 2019, illustrates the progress we have made since our last mainstreaming report in April 2017 to make the general duty integral in the exercise of our functions, so as to better perform the general duty.

Our aim is to embed equality in the structure, behaviour and culture of our service and that it is clear how we are promoting equality through all that we do. We recognise how this will contribute to our continuous improvement and better performance. Diversity enriches our ability to share different perspectives and value difference, thus informing and enhancing our ability to deliver patient-centred care.

4. Legislative framework

All Health Boards across NHSScotland, including the Scottish Ambulance Service are required to comply with the 3 aims of the Public Sector Equality Duty under the Equality Act 2010, and meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016.

The Equality Act 2010 cites 9 'Protected Characteristics '. These are age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, and sexual orientation.

Section 149 of the Equality Act 2010 imposes a duty on 'public authorities' and other bodies when exercising public functions (activities which form part of our purpose) to have

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due regard to the three needs of the Public Sector Equality Duty (the general duty) - that is to:

- Eliminate discrimination, harassment and victimisation, and any other conduct that is prohibited under the act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not.

Specific duties

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 the Scottish Ambulance Service must report on the progress it has made towards integrating the public sector equality duty.

The purpose of this report is to share;

- How we are mainstreaming our equality activity to meet the general duty
- How we are using the specific duties to support our progress towards meeting the general duty
- Provide a breakdown of the employee information we have gathered with details of how we are using this information to better perform the general duty.

A summary of the specific duties can be found at Appendix 1 with a summary of how SAS is meeting these duties at Appendix 2. The Workforce Equality Monitoring & Update Report 2017 /18 can be seen at Appendix 3.

Fairer Scotland Duty

In April 2018, the public sector duty regarding socio-economic inequalities, Section 1 of the Equality Act 2010, was implemented in Scotland as the 'Fairer Scotland Duty'. A key requirement of this duty is for public authorities to actively consider, how they can reduce inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making; and publish a written assessment showing how they have done this.

Consideration of the Fairer Scotland Duty was taken into account when the EQIA for the Budget for 2019/20 was completed.

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5. General context

The challenge for the Scottish Ambulance Service is to translate the legislative requirements into an approach to mainstream equality into health policy and practice, which aims in turn to tackle health inequalities and improve equality outcomes.

Actions to deliver on equality and address health inequalities (health gaps which are associated with people's unequal positions in society) are not mutually exclusive but intrinsically linked. Health inequalities relate to and interact with other structures of inequality, for example, socio-economic, disability, ethnicity, gender, etc.

Thus, to address health inequalities effectively, consideration has to be given to the associated implications for people with protected characteristics and the often complex intersections between these.

The work of the Scottish Ambulance Service is explicitly aligned with existing NHS Scotland and Scottish Government policy priorities, linking this to national evidence where possible, and integrating into current performance management systems where relevant. All Health Boards have a role to work in partnership with patients, carers, the public, and cross sector partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

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6. Summary of progress

Actions taken

Actions have been taken to improve the capture of equality monitoring information and to improve the diversity profile of the Service. In particular we are keen to see an increase in the number of staff from black or minority ethnic backgrounds (BME) and from those who are disabled. We continue to work with Education and Development colleagues and Team Leaders to gather and promote the capture of equality monitoring data and support staff to provide this information.

We are working with community groups to promote the service and advertise posts and have worked with staff from BME backgrounds in order to establish if there are further ways to encourage more applications from these communities.

Progress against each of the three needs of the general duty.

6.1 Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the act

We are at very early stages of developing a new mobile phone application for patient transport services, with small scale testing underway to enable patients to track their vehicle and be updated on pick up times.

With partners at Police Scotland and Scottish Fire and Rescue Service we are linking with Tap SOS, an organisation which is developing an App for use in emergencies, which will be of particular help for members of the public who have a learning disability, are Deaf, hard of hearing or have difficulty with speech.

Much work has been done to support individuals to apply for posts with the service, including; providing details of the recruitment process, occupational fitness testing and pre-employment checks. Technician vacancies generate the highest volume of applications and work has been done to reduce the time taken from the point of advertising to offering a post to a candidate, from 6 to 4 months.

A values toolkit has been developed and is available to all staff through the intranet. Several policies have been developed between 2017/19 to help promote organisational values.

The gender pay gap between men and women has reduced from 8 per cent in 2016 to 6 per cent in 2018.

6.2 Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not

Work is underway through the e-Health programme to incorporate a language App that will be accessible for staff through the cab based terminals in the ambulance.

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Scottish Ambulance Service
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We have worked with Forth Valley Police and partners to distribute an Awareness Card to community groups which provides details of any extra support required for individuals who may have a hidden disability.

Equality and diversity training is an integral component of training for operational staff and e-learning resource is available to all staff. The Learning in Practice programme for 2018/19 includes equality and diversity elements.

Work is underway with colleagues at NHS National Services Scotland and NHS Healthcare Improvement Scotland to provide work placement opportunities for young people attending High Schools in Edinburgh.

'Proud @ SAS', a LGBT network for staff and allies, has been established and a number of staff are beginning to engage with this group. Links have been established with the National Ambulance LGBT Network, National Ambulance BME Forum and National Ambulance Diversity Forum. These groups provide an opportunity to work with other services on initiatives which are common to all, and to share practice and learning which will in turn have a positive impact on the diversity profile of the workforce at SAS.

6.3 Foster good relations between people who share a protected characteristic and those who do not

Our relationships and links with communities are growing and this is helping us to increase our engagement with minority voices and third sector organisations enabling us to build relationships.

Patient representatives and community groups have been involved with our work including the Patient Needs Assessment for Patient Transport Service, improvements for major trauma patients and the Tayside direct admissions scheme.

We continue to participate at events across communities for example; the Inter Professional Emergency Services Open Day, Edinburgh Science Festival and Nextgen careers event. With partners at Police Scotland and Scottish Fire and Rescue Service 'Safe Drive, Stay Alive' have been delivered for young people who are learning to drive, have just passed their test or are likely to be travelling in a car with a new driver.

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7. Actions taken and next steps

We said in our 2017 mainstreaming report that we would take a number of steps. This is what we did, the results and what we plan to do next. It is recognised that improvements are needed to increase equality monitoring disclosure rates and the equality profile of Scottish Ambulance Service.

7.1 We will continue to routinely monitor the equality data gathered from staff under gender reassignment, religion and belief and sexual orientation and we will take further steps to improve self disclosure rates for these and all the protected characteristics and use this information to determine the fairness of our practices.

Actions	Results	Next steps		
Continue to encourage and support staff to provide equalities information and monitor disclosure rates across all protected characteristics.	Disclosure rates by percentage.			
		2013	2016	2018
	Gender reassignment	0	0.04	0.02
	Religion or belief	19	36	50
	Sexual orientation	18	36	44
		Continue working through recruitment activities and with Education and Development and Team Leaders to gather and promote the gathering of equality monitoring information and further support staff to provide this information.		

7.2 We will gather equality data for volunteers and this will be gathered and reported using a national database.

Actions	Results	Next steps
It is anticipated that equality monitoring information for volunteers will be captured through an electronic HRMI (Human Resources Management Information) system, e.g. eESS (Electronic Employee Standard System)	Volunteer details will be captured on a separate data-base. A Volunteer Information System (VIS) has been introduced across NHS Scotland, shortly to be adopted by SAS.	Volunteer equality monitoring information to be captured using VIS by June 2019.

7.3 We will continue to advertise vacancies as widely as possible and add a link on the website from the recruitment page to the positive about disabled people information as this currently sits under the equality and diversity section.

Actions	Results	Next steps		
Explore further the places where we can advertise to extend our reach and to increase the number of applicants applying for posts from these	Applicants by percentage			
		2013	2016	2018
	Disabled	3	3.6	8
	Black and minority ethnic	1.5	1.6	2.3
		Continue to work with community groups to promote the service and advertise posts.		

groups	Lesbian, gay, bisexual, transgender	3	4.8	5	
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7.4 Training on the Electronic Employee Standard System (eESS) will be scheduled for HR teams and local administrative staff during implementation. This is anticipated late 2015.

Actions	Results	Next steps
Training will be delivered as eESS is implemented	Training for HR and administration staff has been completed.	The self service element of eESS will be rolled out to staff across SAS in 2019 and this will help improve the capture of equality monitoring information.

7.5 We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Actions	Results	Next steps
We will report information that meets the requirements for public authorities as outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Our workforce equality monitoring report is published annually and a copy of the 2017/18 report can be viewed on the SAS website and at Appendix 3. We have used the equality data and information gathered to take actions in order to fulfil the requirements of the specific duties. For example workforce data has been used to inform the equality impact assessment process. Data capture at recruitment stage has illustrated where there is under-representation and highlighted areas where further work has been undertaken to advance equality of opportunity both for internal and external applicants. Analysing the workforce profile has assisted us in identifying steps that can be taken to improve the diversity of the workforce. For example different ways of advertising.	We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

7.6 Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce self disclosing as disabled from the current level of 1.9 per cent to 4 per cent in March 2017.

Actions	Results	Next steps
Continue to implement plans to support improved disclosure for disability and increase the rate to 4 per cent by April 2019	The proportion of the workforce disclosing as having a disability has increased slightly to 1.9 per cent as at 31 March 2019 (1.8 per cent at 31 March 2018)	Continue to support improved disclosure for disability and increase the rate to 4 per cent by March 2021.

7.7 We will increase the overall percentage of the workforce self disclosing equality information across all protected characteristics from 23.9 per cent in March 2015 to 45 per cent in March 2017.

Actions	Results	Next steps
We will further support staff to provide this information in order to reach 58 per cent by March 2019	Self disclosure rates have been steadily improving. As at 31 March 2019, 53.4 per cent of the workforce had provided information across all protected characteristics.	We will continue to support staff to provide this information in order to increase this to 65 per cent by March 2021.

7.8 Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce identifying as black or minority ethnic backgrounds (BME) from the current level of 0.25 per cent to 2 per cent by March 2017.

Actions	Results	Next steps
<p>Recognising that further improvement needs to be made, we will continue to engage with BME communities. We will work with BME staff to establish if there are any other ways we can encourage more applications. We aim to increase the numbers of staff from BME backgrounds to 2 per cent by March 2019.</p> <p>We will continue to work with staff to improve disclosure rates for ethnicity from 83 per cent (as at 31 March 2017) to 95 per cent by 31 March 2019.</p>	<p>Of all applicants applying for posts during 2017 – 18, 2.3 per cent were from BME groups. Of these 5 were offered posts (2.3 per cent of BME applicants)</p> <p>Our workforce identifying as BME as at 31 March 2019 was 0.53 per cent.</p> <p>Disclosure rates for ethnicity have increased from 81 per cent in 2016 to 90.6 as at 31 March 2019.</p>	<p>We will further engage with the National Ambulance Black & Minority Ethnic Forum to work jointly where appropriate and to share learning in order to increase the number of BME staff.</p>

8. How equality has been integrated into the day to day functions of our Board

In order to explain how equality is being integrated into the day to day functions of the Board we have identified 4 broad themes with associated activities. These are as follows:

Patient experience

- Interpretation and translation
- Communication and support
- Access to Patient Transport Service
- Access to Accident and Emergency Service
- Provision of information and support

Staff experience

- Recruitment, retention and progression
- Human resources policies
- Training and development
- Workforce monitoring
- Equal pay and gender pay gap
- Diversity champions
- Equality and Diversity Steering Group
- Procurement

Collaboration and engagement

- Patient Focus and Public Involvement
- Involvement with individuals and groups
- Events
- Equality Impact Assessment

Corporate leadership

- Board involvement
- Governance arrangements
- Health inequalities

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9. Meeting the General Duty

It is important for us to use every opportunity to link the three needs of the Public Sector Equality Duty to all that we do, so that there is clarity as we strive to make these integral to our day to day work.

All of our equality outcomes are linked to the general equality duty and actions are measured against outputs, timescales and ultimately what difference has been made. A report on the progress that has been made across each of our equality outcomes can be seen [here](#).

Progress against each of the three needs of the general duty

In this section we refer to each of the broad themes above and their associated activities to illustrate how they connect with the three needs of the general duty.

9.1 Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the act

Access to Patient Transport Service (Scheduled Care)

- The patient needs assessment was reviewed in 2017 and the content has been simplified to make the process of booking transport easier for patients. Additional work is being undertaken to identify the most appropriate questions to use when booking transport for patients who have mental health issues or a learning disability. This will ensure we are able to provide the right level of care when these patients are being transported.
- Members of the public can access SAS through the contactSCOTLAND British Sign Language service. This service connects deaf BSL users with all public authorities and third sector organisations in Scotland. We continue to raise awareness of this service with the Deaf community in order to encourage access particularly for booking scheduled service.
- We are working with contactSCOTLAND in order to pilot a real time text service as an alternative way of booking Patient Transport Service. We are at an early stage with this work and are hopeful this will be welcome for those who are Deaf, hard of hearing or who have difficulty with speech.
- We are also in the very early stages of developing a new mobile phone application for patient transport services, with small scale testing underway. Amongst other things, the App would provide patients with the ability to track their vehicle as well as providing regular updates on anticipated pick up times.

Access to Accident and Emergency Service (Unscheduled Care)

- We continue to publicise the use of the Short Messaging Service (SMS) to access accident and emergency service via the use of text. An easy read leaflet explains how to register for the SMS service which is available on the SAS website. This is

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of particular benefit for those who have a hearing impairment, learning disability or difficulty with speech.

- With our partners at Police Scotland and Scottish Fire and Rescue Service, we are linking with Tap SOS, an organisation which is developing an App for use in emergencies which will be of particular help for members of the public who have a learning disability, are Deaf, hard of hearing or have difficulty with speech. We also recognise there are times when it is not appropriate to make a verbal call, for example where there may be an issue of domestic violence and the facility to contact 999 service by using this method would be more appropriate for the caller.
- Work is underway with the assistance of Napier University and partners at Police Scotland and Scottish Fire and Rescue Service, to develop a communication tool that all emergency services could use when they are attending a call.
- A resource for Accident and Emergency staff has been developed and introduced to enhance patient handover details at hospital. In addition to recording patient details, medical condition and treatment, any details regarding the communication support needs for the patient can be added, for example the need for an interpreter.
- In keeping with the Scottish Mental Health Strategy 2017 -27, we are working in collaboration with NHS 24 and Police Scotland to develop care pathways for mental health callers in order to provide more appropriate care for patients in crisis and support through dedicated mental health professionals based at NHS 24. A pilot programme will be undertaken in North Lanarkshire early in 2019 in order to test proposed changes and determine how best to develop this work further.

Recruitment, retention and progression

- We have supported the establishment of the Glasgow Centre for Inclusive Living Equality Academy's Professional Careers Programme within NHS Scotland Boards. The overall aim of this programme is for NHS Scotland to provide a two year employment opportunity for disabled graduates. By providing them with a challenging and rewarding experience of employment and to help set them up for a long-term sustainable career.
- The Recruitment Guide for managers has been revised to include detail regarding supporting disability in recruitment and the workplace.
- We have continued to use the 'Disability Confident' initiative and we operate the job interview guarantee scheme where all applicants who indicate they have a disability and meet the minimum criteria for the post will be guaranteed an interview. We have supported disabled applicants through the recruitment process and have provided reasonable adjustments where appropriate.
- Equality monitoring is carried out at the application, short listing and offer stage. Where trends emerge that suggest one particular group may not be as successful as others we investigate why this might be the case. We identified the need to attract more black and minority ethnic people to apply for posts. We have attended recruitment fairs and events specifically to engage with a wider range of

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communities. For example, with BEMIS (the ethnic minority umbrella body supporting the development of the ethnic minority voluntary sector) at Glasgow City Chambers and the National Annual Mosques Open Day. We have seen a slight increase in the number of black and minority ethnic people applying for posts. This is measured through the equality monitoring information provided at application stage.

- We have established links with BEMIS, CEMVO (Coalition for Ethnic Minority Voluntary Organisations) and Lanarkshire Enterprise and recruitment information is being circulated through these networks.
- We have worked with BEMIS to advertise and promote a recruitment drop in day at Glasgow Central Mosque and with CEMVO on the Women's Employability Project. At these events we have provided details about opportunities with SAS, how to apply for posts and what to expect during the recruitment process.
- Access to better recruitment reporting options through our electronic candidate management system has provided more useful data to establish the profile of applicants, enabling actions to be taken where appropriate.

Case study - Supporting individuals to apply for posts within Scottish Ambulance Service

The recruitment team have undertaken a number of activities in order to improve the recruitment experience for individuals applying for posts with SAS.

- Recruitment packs for Technicians and Special Operations Response Team have been developed and are accessible for applicants on the SAS website. These include details of the recruitment process, occupational fitness testing, competency and values based interview and pre-employment checks.
- Detailed information is available for applicants regarding fitness testing and the health standards required for clinical staff and this improves understanding of what is required.
- Trainee Technician vacancies generate the highest volume of applicants, with the largest proportion received from young people. Applicants who are not shortlisted for a vacancy are automatically sent the 'Why my application was unsuccessful guide' which provides hints and tips on improving the content of any future applications.
- Social media channels are being utilised more fully during recruitment campaigns to broaden our links across communities.
- An account is in place with Linked-In, the professional social network website which allows posts to be advertised. SAS updates to be publicised and good news stories to be circulated.
- It was recognised that the recruitment process for Technicians from the point of advertising a vacancy to offering a position to a candidate was taking too long. With the help of quality improvement colleagues, the recruitment team mapped out the process, analysed each step and explored ideas of how changes could be made to improve the experience for applicants thus avoiding losing good candidates as well

as ensuring training course places were filled. A new process was mapped out changing to a location based approach for advertising rather than the previous nationwide campaigns. This was tested and has reduced the process from 6 to 4 months.

- The recruitment team attended the Skills Scotland two day careers event in Glasgow. This annual event allows young people the opportunity to meet face-to-face with potential employers and to help them transition into the world of further study, work or training by identifying their ideal career pathway. Participants were able to watch CPR demonstrations, see the inside of an ambulance and could discuss job roles and the application process with recruitment staff. With over 5,500 people in attendance, this was a very busy and successful event.
- In order to support events better, staff across SAS were asked to log their interest to be a volunteer to assist at recruitment and careers fairs. Over 60 staff are now registered to support such community events providing more flexibility and capacity to respond to requests for SAS to be involved.
- Through the electronic candidate management system we are able to use the candidate tracker to survey applicants to find out their views of their experience. The results have been encouraging when comparing the responses for 2017 and 2018. 'Ease of use' has improved by 18% and 'overall experience' has improved by 21%.

Human Resources Policies

- We continue to develop Human Resources policies to support the SAS commitment to a culture which promotes equality and diversity.
- Policies are developed with staff side partners and are based on Scottish Government Partnership Information Network (PIN). In future PIN policies will be developed and implemented on a 'Once for Scotland' basis. It is intended that this will help promote a more flexible and sustainable workforce, responsive to emerging models of service delivery and employment. All 17 current PIN policies will be reviewed on a 'Once for Scotland' basis prior to 2020.
- Several policies have been developed between 2017 and 2019 which help to promote organisational values. Examples of these include; Flexible Working, Gender Based Violence, Home Working, Job Share, Management of Employee Conduct, Management of Employee Capability, Maternity, Personal Development, Planning and Review and Whistleblowing.
- A values toolkit has been developed and is available for all staff through the intranet. This is a useful resource providing materials which can be used individually or for teams with a wide range of applications to enable flexible use. Values resources have been integrated into Improvement Leader training content.
- Train the Trainer workshops have been held to enable local delivery of values sessions / interventions.

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Equal pay and gender pay gap

- An equal pay statement, gender pay gap information and details of occupational segregation were published on the SAS website in April 2017.
- Current gender pay gap information can be seen at Section 10.
- The requirement to monitor the difference in the gender pay gap provides an opportunity to identify any trends and issues emerging and evidence to support and measure some of the activities being taken forward under our equality outcomes work.

Procurement

- A joint Procurement Strategy has been developed with partners at NHS Health Scotland and NHS Healthcare Improvement Scotland and this was published in September 2018. The strategy is aligned to equality requirements and supports procurement staff to work with stakeholders to implement procurement services compliant with legislation.
- There is a requirement for Health Boards to publish annual reports on procurement strategies from 2018 onwards, and the first SAS report was published in July 2018, making procurement information and activity freely available for members of the public to access.
- The Service carries out Equality Impact Assessments for relevant procurements for example the business case for the replacement of defibrillators. Some requirements are purchased from frameworks awarded by Scottish Procurement, National Services Scotland and others. In this instance, addressing equality and diversity in all the procurement carried out on behalf of NHSScotland is the responsibility of the contracting authority.
- We will continue to develop our practice with respect to sustainable procurement. This will include looking for ways to broaden access to contracts for Small and Medium Sized Enterprises (SMEs), the third sector and supported businesses; looking for innovation and harnessing more sustainable technologies; encouraging our suppliers to provide more sustainable goods and services with lower carbon emissions; expanding the use of community benefits; embedding fair work practices; promoting equality and tackling inequality. This will enable us to fulfil the sustainable procurement duty, as well as our duties under the Equality Act.
- SAS spent £2,025.41 with supported businesses during 2017/18. In addition, one of our key suppliers also spent £2,066 with a supported business at our instigation. SAS is actively looking for ways to increase the involvement of supported businesses in our supply base in order to further the social and professional integration of disabled or disadvantaged people.

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Equality Impact Assessment

- Managers and project leads are responsible for ensuring policies and practices are assessed and reviewed through the equality impact assessment (EQIA) process as part of usual practice.
- EQIA training workshops continue to be provided for managers to improve understanding and enable them to meet their own responsibilities to undertake EQIA.
- The EQIA guidance is currently being reviewed to include reference to human rights and the socio economic Fairer Scotland Duty.

Equality & Diversity Steering Group

- The Equality and Diversity Steering Group meets bi-monthly and is chaired by the Human Resources Manager (Equalities). Membership of the group includes staff from throughout the Service across different staff groups and staff side representatives. The group assists line managers to deliver on their equality and diversity commitments and obligations by coordinating national arrangements and developing a delivery plan which identifies priorities and builds on the sharing of good practice.

9.2 Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not

Interpreting and translation

- Language line service is available through our three Ambulance Control Centres, National Headquarters and regional offices for those callers whose first or preferred language is not English. This can be accessed by call handlers and operational staff on scene with a patient. Details of how to access this service have been widely publicised and use of the service continues to grow. In 2013/14 the total number of calls was 530 and this has risen to 1264 calls in 2017/18. The top five most used languages during 2017/18 were Polish, Arabic, Romanian, Sorani and Russian.
- Work is underway through the e-health programme to incorporate a language App that will be accessible for staff through the cab based terminals in the ambulance. In the first instance this would allow quick identification of the language required and access in areas where it might not be possible to call the language line service.

Communication support

- We continue to distribute Alert Cards to interested groups and individuals in order to assist communication for individuals who have a disability. The cards can be used to provide contact details information relating to medication and communication support needs.

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- We have worked with Forth Valley Police to distribute an Awareness Card. The card provides detail of any extra support required for individuals who may have a hidden disability. Along with colleagues at NHS Forth Valley, Scottish Fire & Rescue and local Councils, these cards have been distributed to make engagement with public services easier and to provide better access to services.
- Reasonable adjustments have been incorporated into day to day practice. Support is provided for staff who have a disability in a variety of ways according to their needs. For example, operational staff have been provided with different personal protective equipment. Students with learning difficulties have been provided with assessments and screening for dyslexia, learning materials in different formats, assisted support by way of a scribe to provide assistance during examinations and equipment as required.

Provision of information and support

- Patients, their carers and members of the public are supported to ensure their communication needs are met. Patient leaflets, reports and related documents are provided in alternative formats upon request and efforts have been made to ensure these are culturally inclusive. Every effort is made to ensure that members of the public who wish to work with the service can easily do so, by identifying any support needs required.
- Social media channels such as Twitter and Facebook are utilised to provide information to the public. For example, details of SAS activity at Board meetings and the SAS Annual Review are regularly cascaded in this way, as well as updates during events (activity taking place at the NHS Scotland event in June 2018 and at Glasgow Pride in August 2018). Social media channels have also been used to acknowledge the good work done by our staff for patients and to celebrate achievements, for example a member of staff who was one of four finalists for a Great Scot Award 2018.
- We use a wide variety of communication channels to promote messages in relation to equality and diversity, for example our intranet - @SAS and @SAS Lite, the Chief Executive weekly bulletin and Response our staff magazine. Recent articles have included fairness and equity, Scottish Mental Health week and Pride events.

Training and development

- Equality and diversity training is an integral component of training for operational staff and an e-learning resource is available to all staff.
- Elements of equality and diversity are firmly embedded in the Vocational Qualification programmes including; privacy and dignity in care, learning disabilities and mental health.
- Diploma of Higher Education in Paramedic Practice courses delivered at the Scottish Ambulance Service Academy within Glasgow Caledonian University includes elements on equality and diversity. Ethics considerations are built in to

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practice assessments for students to enable equalities considerations to be made in a meaningful way.

- The annual Learning in Practice (LiP) programme for operational staff includes equality and diversity elements.
- Support mechanisms are in place for students who need assistance with communication during their studies at the Academy through Disability Services at Glasgow Caledonian University. All students are made aware of these services during induction. A range of support can be provided including advice on studying and assessment by an educational psychologist. A needs based record identifies how students can be assisted in their learning and assessment. Examples include lecture notes provided in different formats, scribe assistance, computers for exams and providing extra time for assessments when required.
- Working with Alzheimer Scotland we are encouraging Patient Transport Service staff to access the Dementia Friends Fife initiative on line materials in order to improve understanding and raise awareness of the support required for patients with dementia. Alzheimer Scotland are supporting staff in Fife through the delivery of a training workshop delivered as a continuous professional development session.
- Dementia care is now included in the Vocational Qualification 3 course for trainee Technicians, in the training programme for Ambulance Care Assistants and the Learning in Practice programme for accident and emergency staff.
- Dementia Champions are in place across regions and provide support locally and training in best practice in dementia care. A further member of staff has attended the University of West of Scotland Dementia Champions course during 2017.
- The Dementia Lead for SAS sits on the Dementia Expert Group and is contributing to the work being taken forward under the National Dementia Strategy for NHS Scotland.
- A new Gypsy Travellers awareness e-learning module is now available to all staff. As at 31 March 2018, 1096 staff had completed this module.

Case study Work experience programme

SAS is currently working with colleagues at NHS National Services Scotland and NHS Healthcare Improvement Scotland to provide work placement opportunities for young people attending High Schools in Edinburgh.

Previously work placements were provided on an ad hoc basis however there was no formal programme in place and through discussions with staff in Corporate Affairs and Engagement and Human Resources, it was decided a trial programme would be introduced. It is recognised that SAS operational roles are always of interest for young

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people but it was felt there was also much to share with regard to supporting roles and how the different departments within organisations function and provide services to support patient care.

The Community Engagement Officer at SAS met with colleagues at NHS National Services Scotland and NHS Healthcare Improvement Scotland to establish if there was interest to be involved in the programme and to scope out what this might look like. Discussions then took place with the Head Teachers who welcomed the opportunity to link with local organisations in order to provide an insight for students of how NHS National Boards operate.

The young people were selected by their Head Teachers. All were from fourth year and are between the ages of 14-16. Two students took part in the programme at National Headquarters, Edinburgh in October and two in December 2018.

In addition to spending time with finance, human resources, procurement, management information, communications and information and communication technology departments, students also visited an ambulance station and fleet workshop. With our partner Health Boards, students spent time with colleagues in graphic design and at the Scottish National Blood Transfusion Service.

Feedback from the students has been very positive and staff have engaged well with the programme so far and have made suggestions as to how this can be improved. Should students have an interest there is scope for further involvement through our Patient Focus Public Involvement work.

With continued support from partners, we plan to offer the work placements again during 2019.

Workforce monitoring

- We have gathered and are using workforce equality monitoring information. Our most recent Workforce Equality Monitoring & Update Report 2017 / 18 is included in this report and can be seen at Appendix 3. Reports published previously can be found [here](#)
- We recognise the need to improve self disclosure rates across the protected characteristics. Work is underway to support and encourage staff to provide equalities information in order to close the gaps in disclosure. We have seen improvement in some areas though there is more to do. It is anticipated that the self service element of the electronic human resources system will be implemented in 2019 and we expect this will improve levels of self disclosure when staff will have access to amend their own personal details.
- Further details regarding the work we are doing in this area can be seen at section 5 in the Workforce Equality Monitoring & Update Report 2017/18 at Appendix 3. This work is central to our equality outcome 'The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups'.

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Diversity champions

- A National Partnership Agreement is in place between Stonewall and the Scottish Government to support all 22 Health Boards in Scotland. The aim of the agreement is to provide training, support and guidance for Health Boards through a dedicated Programme Officer in order to further enhance LGBT (lesbian, gay, bisexual and transgender) inclusion and equality.
- SAS staff have access to LGBT networks through partners in other Health Boards including the LGBT Forum at National Services Scotland and Scottish Workforce LGBT Network at the Golden Jubilee Hospital.
- 'Proud @ SAS', a LGBT network for staff and allies has been established and a number of staff are beginning to engage with this group.
- We are working with the National Ambulance BME Forum and National Ambulance Diversity Forum. These groups provide an opportunity to work with other Ambulance Services on initiatives which are common to all, share practice and learning which will in turn have a positive impact on the diversity profile of the workforce at SAS.

9.3 Foster good relations between people who share a protected characteristic and those who do not

Patient Focus and Public Involvement

- In 2017/18, we created a new community engagement officer role to help us deliver our strategic goal of making our service more open, transparent and responsive to the people we serve.
- Our relationships and links with communities are growing and this is helping us increase our engagement with minority voices and third sector organisations enabling us to build partnerships. This includes Deaf Action, Spinal Injuries Scotland, Headway, Glasgow Association for Mental Health, Young Scot and the Central Scotland BME Hub.
- Patient representatives and community groups have been involved with our work including the Patient Needs Assessment for Patient Transport Service, improvements for major trauma patients and the Tayside direct admissions scheme, which is relieving pressure on Accident and Emergency departments.
- We engage with young people at school to talk about SAS and what careers are available across Scotland. Events at primary and secondary schools have been attended by front line staff, supported by HR colleagues. This is likely to introduce the SAS as a future career option to diverse groups.

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Involvement with individuals and groups

- SAS continues to expand the numbers of individuals and groups with which it works and engages on a regular basis. We have developed links with a wider range of disability groups including Deaf Action and Enable and with young people through local high schools. We recognise that this is an area that needs continued attention in order for us to reach, engage and build relationships with groups that share protected characteristics and those who represent them.
- Engaging with individuals who have disabilities and disability groups has been beneficial to SAS; for example, working with Enable on the wording of questions for patients and their carers when booking transport.
- In East Region we are working with Youth Links Scotland and a High School in Leith to establish a Youth Responder Scheme. Through the scheme young people will be shortlisted to join a group of 18 and training will be provided to enable them to deliver CPR skills training for their peers at school. The aim of the group is to develop the skills of young people who may wish to build on practical rather than academic achievement, improve their confidence and provide a focussed approach to improving the life chances of individuals experiencing cardiac arrest through improved CPR skills in the community. It is expected that funding through Scottish Government will be provided to support this initiative with training commencing early 2019. Once the group is established, it is hoped that links with youth groups at Police Scotland, the Army and Air and Sea Cadets, will be made to enhance learning and reach across communities.
- Through the Trauma Teddy's initiative, we are working with colleagues at Police Scotland and Scottish Fire & Rescue Service to provide a teddy for any child involved in an emergency.

Case Study – Our work with Lesbian, Gay, Bisexual and Transgender staff

- In order to develop a more inclusive workplace for Lesbian, Gay, Bisexual and Transgender (LGBT) staff. SAS has been involved in a number of activities which have helped to raise awareness of equality in the workplace.
- We have taken part in a number of Pride events, for example in Glasgow and Dundee to improve visibility and promote SAS as an inclusive employer and a service which provides the best care for LGBT patients. These events were promoted through social media channels and the majority of comments received have been positive. We have shared comments made by staff on SAS intranet in order to raise awareness.
- LGBT history month has been promoted through our Chief Executive bulletin and the Rainbow Flag was flown at National Headquarters in order to raise awareness and demonstrate support. An article in Response, SAS staff magazine also helped to promote activities taking place.

- The activities of the LGBT Swan Network and NHS National Services Scotland Joint Network are promoted through the SAS intranet, providing opportunities for all staff to attend events and network meetings should they wish to do so.
- SAS now has close links with the National Ambulance Service LGBT Network which meets four times a year. The remit of the group includes promoting an understanding of LGBT matters within ambulance services, supporting LGBT communities by highlighting health inequality issues, influencing service delivery and to promote ambulance services within the community as employers of choice.
- A LGBT network has been established – Proud @ SAS and staff can join this network and chose how involved they wish to be. We encourage membership across all staff groups both from LGBT staff and SAS allies who are happy to support and promote inclusivity.
- Transgender – Supporting Staff in the Workplace Guidance has been developed, the aim of which is to support transgender staff and the organisation in its delivery of inclusive services, in order to meet the requirements of the Equality Act 2010.
- Gender diversity - guidance for Call Handlers has been developed to equip them to meet the needs of gender diverse service users in order to avoid mis-gendering a person on the telephone.

Events

- SAS continues to participate at special events across communities for example; the Inter Professional Emergency Services Open Day, Edinburgh Science Festival and the Nextgen careers event.
- Safe Drive, Stay Alive events have been run in Angus, Dundee, Grampian, Perth and Stirlingshire with partners from Police Scotland and the Fire and Rescue Service. These events are targeted at young people who are learning to drive, have just passed their driving test or are likely to be travelling in a car with a new driver. The aim of the sessions is to encourage safe and responsible driving and highlight some of the consequences of not doing so.

Corporate leadership

Board involvement

- The Chief Executive Officer and other senior managers support the integration of equality into all board functions by raising specific related issues and ensuring there is reference at Board level to these priorities.
- Executive Directors have responsibility for leading operationally on our equality outcomes work.
- The SAS Board play a key role in ensuring that equality is devolved across the organisation and that responsibility for taking this work forward and being accountable is recognised as everyone's business. The Board signs off the Equality Outcomes and the associated progress reports before publication.

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- The Board is provided with equality impact information to assist in their decision-making and Board member comments have resulted in changes to the guidance about what information should be provided with Board papers.
- In line with the specific duties the Board is committed to the delivery of our equality outcomes and meeting the requirements of the other specific duties detailed at Appendix 1. The Board recognises that undertaking this work serves to embed equality and diversity in the day to day activities of SAS and brings benefits for our patients and staff.
- Equality continues to be integrated into key functions including for example, equality impact assessment of the budget for 2019/20 and the development of our Major Incident Plan 2018.
- Health inequalities aspects are considered explicitly along with equalities issues at Board level.

Governance arrangements

- The Director of Human Resources and Organisational Development has lead responsibility for all matters relating to equality and diversity. Progress on work in this area is monitored and signed off through the Executive Team and National Partnership Forum before being agreed by the Staff Governance Committee or Board of Directors.
- The Medical Director has lead responsibility for all matters relating to health inequalities.
- Specific responsibility for supporting and promoting equality and diversity has been allocated to a non executive board member.

Health inequalities

There are a number of actions which do not specifically relate to the three needs of the public sector equality duty but rather have impact in helping to address health inequalities across communities. We have listed some examples below.

- We continue to promote Care Opinion as a valuable channel for feedback from patients, families and carers who would rather express their views anonymously or indirectly to the Service. The website allows their voice to be heard on a national forum and gives us a great opportunity to engage with them about the care they received or assist them with any ongoing issues. The vast majority of posts published were complimentary of the Scottish Ambulance Service.
- Patients and members of the public can provide feedback through your.scottishambulance.com our online forum as well as the complaints procedure. Examples of items featured on this forum include registration for public access defibrillators and details of the new clinical model.

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- Work on our Gaelic Language Plan continues. We recognise that for those patients whose first or preferred language is Gaelic, this will have a positive impact on their experience of SAS and this is likely to have a greater impact on patients in remote and rural settings.
- An in-house system called 'Viewpoint' is available which holds and tracks both formal and informal responses which SAS has been given after being contacted by patients and their carers. Viewpoint empowers staff to listen to and act upon feedback, comments, concerns and complaints and that learning from a full range of experiences of the Service is shared and embedded to better meet the needs of patients.
- To mark 'Restart a Heart Day' SAS made an appeal for more members of the public to learn vital CPR skills. The Service has also called for all Public Access Defibrillators (PADs) to be registered to maximise the chances of patients surviving a cardiac arrest. Increasing the pool of people with these skills means it's more likely the average bystander has the skills to step in and start saving someone's life before a trained ambulance crew arrives. As part of our appeal we worked with Scottish Television News to promote this initiative.

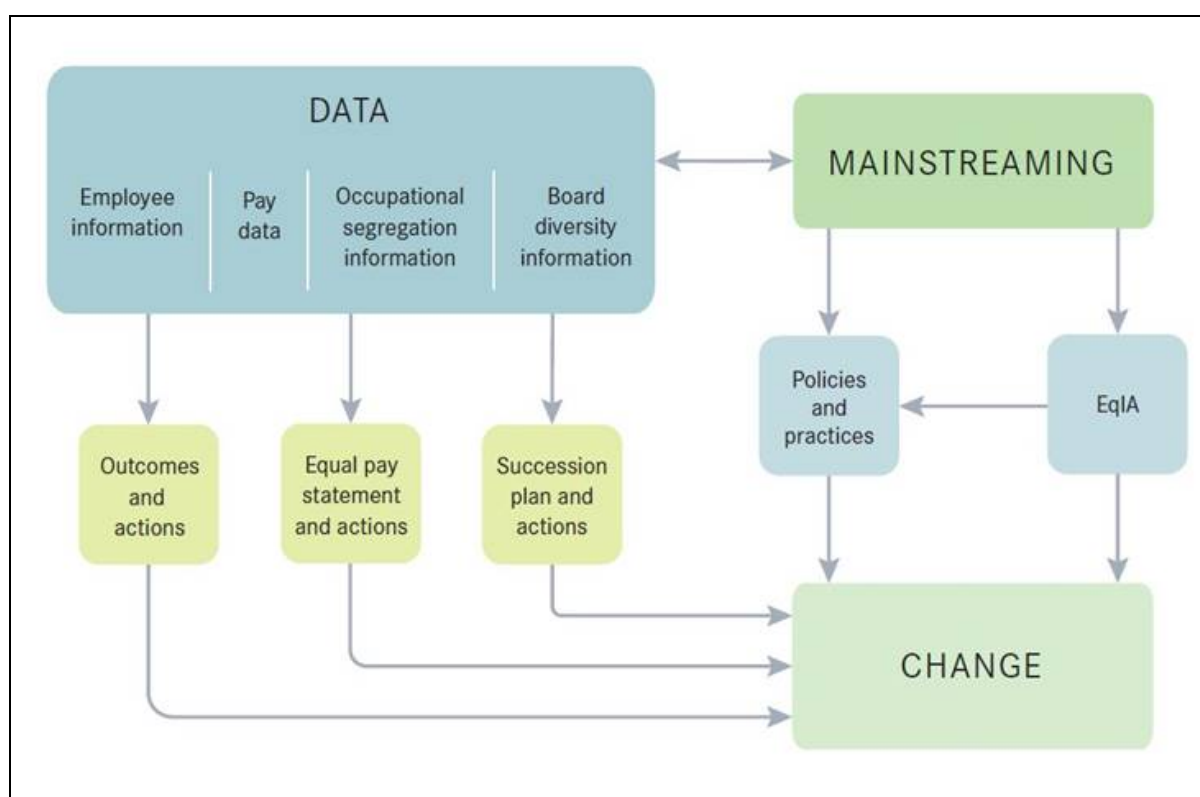
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10. Workforce data

As at 31 March 2019 SAS employed 5,125 staff. The workforce consists of 39 per cent female and 59 per cent male staff. Information on gender and age is available for all staff but there is more limited information available for disability, gender reassignment, race, religion or belief, sexual orientation. This limits SAS ability to identify inequalities.

We have seen a steady improvement in self disclosure. As at 31 March 2019 53.4 per cent of staff had provided all equality information compared with 23.9 per cent in March 2013. Work is underway to improve disclosure rates and details of the actions being taken to address this can be seen at Appendix 3.

The diagram below illustrates how each part of the specific duties are connected and how the capture and efficient use of data is central to meeting these duties.



Graphic used with the kind permission of Close the Gap.

Gathering workforce information assists SAS in meeting the three needs of the general duty. The data provides an understanding of the impact of employee policies, practices and decisions on different staff with different protected characteristics and the ability to make informed decisions based on evidence.

11. Use of equality monitoring data

o **Informing Equality Impact Assessment**

Workforce data is routinely used during the development of employment policies when equality impact assessments are completed. The data assists with considering the impact of proposed changes against the workforce profile.

o **Cultural barometer**

The gaps identified in self disclosure rates across the protected characteristics serve as an indicator of our cultural understanding of why it is important to provide this information. These gaps need to be addressed to enable meaningful analysis to take place. However, where staff provide a 'prefer not to answer' response this is better than the information being unknown and demonstrates that staff have been asked the question. Anecdotally we know that staff with a disability may be reluctant to provide this information for fear of this disadvantaging them in some way. This highlights that further work needs to be done to address concerns around confidentiality in general and more specifically around sensitive areas like disability and sexual orientation

o **Workforce planning**

The current staff profile is used to identify where there are gaps in order to plan what steps need to be taken to address this to ensure the right number of staff, are in the right place at the right time with the right skills levels to deliver our service. As we continue to implement our service strategy 'Taking Care to the Patient' and new models of patient care, our scope of practice will identify skills and competencies required for the workforce model as we work towards 2020. We will also consider the impact of the transformational change in our model on different staff groups as we develop our new strategy to take us beyond 2020.

o **Developing Future Leaders and Managers**

Identifying the profile of those staff currently in supervisory / management positions helps illustrate where these posts are occupied disproportionately and where further actions need to be taken to support progression for women and those working part time.

o **Meeting the general duty**

Gathering workforce information assists SAS in meeting the three needs of the general duty. The data provides an understanding of the impact of employee policies, practices and decisions on different staff with different protected characteristics and the ability to make informed decisions based on evidence.

o **Diversity of the Board**

In addition to the specific duties listed at Appendix 1, public authorities are required to publish their plans to increase Board diversity as part of mainstreaming reports published on or after May 2016.

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o **Board diversity**

It is widely accepted that increasing diversity in the boardroom and in senior leadership encourages new and innovative thinking, maximises use of talent and leads to better business decisions and governance. In the Scottish Government programme for government public, private and third sector organisations are encouraged to sign up to Partnership for Change. This demonstrates a voluntary commitment for gender balance on Boards to 50 per cent men and 50 per cent women by 2020.

The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 requires relevant listed authorities to use information on board members gathered by the Scottish Ministers to help ensure that those appointed to public boards better reflects the diversity of the Scottish population.

Guidance published by the Equality and Human Rights Commission in October 2016 set out that relevant listed authorities must publish:

- the number of men and women who have been board members of the authority during the period covered by the report
- how the information provided about the relevant protected characteristics of its board members has been used so far, and
- how the authority proposes to use the information provided in the future to promote greater diversity of board membership.

At the time of publishing this report details of the full diversity profile of Board members at the SAS had not been gathered or shared by Scottish Ministers in time to be included.

The gender profile of the Board is detailed below.

Board gender breakdown		
Number of Non Executive Directors		
Total	Number male	Number female
8	4	4
Number of Board members (includes full Board members & Employee Director)		
4	2	2
Total		
12	6	6
Percentage	50	50

As illustrated in the table above the gender balance of the Board is 50 per cent men and 50 per cent women.

In the past we have benefited from Non Executive members utilising their networks to raise awareness of SAS and promote opportunities when there have been vacancies on the Board. We have also been able to develop potential good candidates by providing opportunities to observe Board activities in order to gain a better understanding of the role.

We have utilised opportunities to engage with community groups in order to discuss vacancies when they arise and will seek advice from equalities organisations in order to address any potential barriers for candidates.

12. Equal Pay

A refreshed equal pay statement, gender pay gap information and details of occupational segregation were published in April 2017. This information can be found on the Scottish Ambulance Service website and also on @SAS our intranet.

The requirement to publish gender pay gap information provides the Service with an opportunity to identify trends and any issues emerging from this data and provides a baseline on which to measure improvement in future. In addition, this provides evidence to support and measure some of the actions being taken forward with our equality outcomes. Details of the equality outcomes can be seen at <http://www.scottishambulance.com/userfiles/file/TheService/Equality/2016-07-26%20final%20equal%20pay%20statement%20and%20gender%20pay%20info%20v1%2000.pdf>

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime. Table 1 shows the overall average combined hourly pay rate per employee (£) in 2018 across all categories of staff and bands. The majority of staff are on agenda for change terms and conditions of employment with the exception of the Senior Executives Cohort.

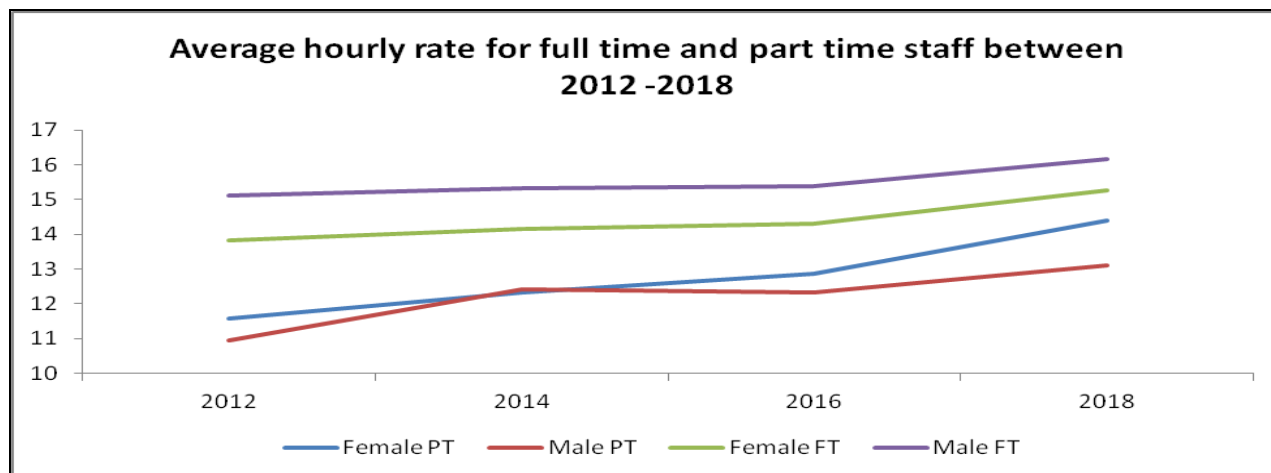
Table 1 – 2018

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
14.40	15.25	15.11	13.12	16.15	16.03	-9%	+6%	+6%

The percentage difference in average hourly rate has decreased from 10 per cent in 2012 (a difference of £1.36) to 6 per cent in 2018 (a difference of 92 pence). We are encouraged to see this gradual decrease, and we will endeavour to ensure that any barriers to progression are reduced, for example, through flexible working opportunities, in order to attract women to apply for more senior roles within SAS.

Chart 1 below shows the average hourly rates of pay for female and male staff who worked full time or part time for the years 2012/2018.

Chart 1



The gender pay gap can be explained by two factors. First, our staffing establishment - there are proportionately more men employed in senior posts attracting higher average hourly rates of pay. The second factor is one of timing and organisational structure. The majority of new recruits are operational staff joining the Service at salary bands 3 to 6. The majority of staff are male and most operational staff have significant service with the organisation. Therefore, more men are employed at the top of these salary bands than women, thus attracting a higher rate of pay.

During 2018 Technician and Paramedic posts were re-evaluated, resulting in re-banding the posts from salary band 4 to 5 for Technicians and from salary band 5 to 6 for Paramedics. This has contributed to the reduction in the gender pay gap with more men employed in Paramedic roles who have long service with SAS and therefore were at the top of their pay band before moving across to the new band. Entry to the new band in this instance provides opportunity for salary progression but did not result in an immediate substantial increase. There were fewer women in band 5 with less service resulting in a more significant increase in pay as they have moved across to salary band 6.

We have over the last few years, begun to attract more women in to operational posts. The proportion of women applying for all posts increased from 45 per cent in 2016 to 48.5 per cent in 2018.

During 2017/18 proportionately more women joined SAS (45 per cent of new recruits compared with 44 per cent in 2016/17) and fewer left (33 per cent). Over time, we would expect to see them progress through to Paramedic (band 6) and Team Leader (band 6) posts, as male recruits have done over the years.

Part-time staff have a lower average hourly rate than full-time staff – this is true of male and female staff although the difference is more marked with male staff. The hourly rate differential is partly explained by the fact that many more part-time staff work in bands 1 – 3 than in more senior grades.

Scottish Ambulance Service
A National Health Board of NHS Scotland

Further details relating to the gender pay gap and occupational segregation can be seen in the Equal Pay Statement and Gender Pay Gap Information report [here](#)

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Equality Act (Specific Duties) (Scotland) Regulations 2012

Section 149 of the Equality Act 2010 imposes a duty on public authorities when exercising public functions to have due regard to the need to meet the 3 aims of the Public Sector General Equality Duty ↑
The aims of the Public Sector General Equality Duty are to eliminate discrimination, advance equality of opportunity and foster good relations ↑
Equality mainstreamed into NHS policies and practice ↑
7 Specific Equality Duties (Scotland)

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we are required to comply with the following duties;

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices [impact assessment]
- Gather and use employee information
- Publish a statement on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

Equality Act (Specific Duties) (Scotland) Regulations 2012

Summary of how the Scottish Ambulance Service is meeting the equality duties

Report progress on mainstreaming	SAS published Mainstreaming Reports in April 2013, 2015 and 2017. This report will be published in April 2019.
Publish equality outcomes and report on progress	Equality outcomes were developed and published in April 2013 and April 2017 with a progress reports published in April 2015 and 2017. A progress report will be published in April 2019.
Assess and review policies and practices (impact assessment)	SAS continues to assess policies for impact against the general duty, to highlight opportunities to enhance equality and publishes these on the SAS website.
Gather and use employee information	A workforce equality monitoring report is published annually which highlights areas where improvements can be made to better capture data. The use of employee information is detailed in the mainstreaming report.
Publish a statement on equal pay	The equal pay statement and gender pay gap details were published in April 2013. The equal pay statement was revised and published in April 2017 together with details of occupational segregation between men and women, disabled staff and those from minority ethnic backgrounds.
Publish pay gap information	Pay gap information was published in April 2013, 2015 and 2017. Pay gap information will be included in the mainstreaming report and published in April 2019.
Consider award criteria and conditions in relation to public procurement	SAS will continue to ensure that all purchases are made in full compliance with Government Legislation and will utilise nationally agreed terms and conditions constructed by the Scottish Governments Central Legal Office for the purchase of all goods and services.
Publish in a manner that is accessible	All reports will be published on the SAS website where adjustments can be made to the format. Copies can be provided on request in other formats.



Workforce Equality Monitoring & Update Report 2017/2018

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Workforce Equality Monitoring Report 2017/18

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We welcome comment about our workforce equality monitoring report and would be pleased to discuss any aspect of it with individuals or groups.

This document can be provided in another format for example in large print, Braille or summary translation, please contact:



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1. Introduction

The Scottish Ambulance Service (SAS) collects equality data from both current workforce and prospective candidates through the recruitment and selection process. This information is collected at the application stage of the recruitment process, at short listed stage, at the appointment stage, through our engagement process and through surveying current staff.

The information we collect enables us to;

- monitor the diversity of our workforce
- take action where any trends / patterns of inequality emerge
- monitor our Equality, Diversity and Human Rights Policy
- provide evidence to support equality impact assessments
- meet our general duties under the Equality Act 2010

As of 27 May 2012, the Equality Act (Specific Duties) (Scotland) Regulations 2012 came into force. Under these duties public authorities like SAS must gather and use employee information to better perform the Public Sector Equality Duty (the general duty) to;

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not

Employee data is monitored across the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation as defined in the Equality Act 2010.

Details of the general duty can be seen at Appendix 1.

How we use employee information

This report assists SAS to routinely analyse equality monitoring information which helps to identify trends where further action may be required to address any areas of inequality in the workplace thus eliminating potential unlawful discrimination. By capturing equality data during the recruitment process we are able to take any actions required in order to advance equality of opportunity both for staff and external applicants. For example we have been able to monitor the success rate of young people, the largest proportion of applicants, in order to identify any barriers they may face at recruitment stage (see section 3).

The collection of equality data highlights areas where there is under representation across the protected characteristics and helps to identify where steps can be taken to improve the diversity of the workforce. The content of this report also provides evidence for consideration when reviewing progress associated with the implementation of equality

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outcomes and how future outcomes will be developed. For example, disclosure for sexual orientation illustrated that only 2 per cent of staff had disclosed that they belonged to this community and we recognise that there may be barriers to staff feeling they can 'be themselves' in the work environment. In response to this one of SAS equality outcomes published in April 2017 – "SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users" was developed to address the needs of LGBT staff

Equality monitoring data also assists SAS to establish whether actions taken have had a positive impact. The data collected has assisted us in the following ways; - with the examination of recruitment activity across equality groups to establish where candidates have been successful and what further steps can be taken to make improvements. We have also been able to show some improvement in the collection of data, although action taken to improve recruitment rates of some groups was less successful.

The mainstreaming report published in April 2017 includes reference to workforce equality monitoring.

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2. General context

Equality monitoring information has been collected during 2017 – 18 via the NHS Scotland Standard Application Form and the on line application for potential candidates. The equality monitoring and personal details are detached from these forms before candidates are short listed to ensure such details are not taken into account. Equality details are also collected on appointment using the Staff Engagement form and entered on the individual's personal record. Staff can decline to provide specific details if they wish to do so. Only a limited number of individuals have access to this information for reporting purposes.

In July 2017 employee records transferred across from the Human Resource Information System (HRIS) to the Electronic Employee Service System (eESS). It is anticipated that the self service element to eESS will be implemented in 2019 and we expect this will improve levels of self disclosure when staff will have access to amend their own personal details.

This report highlights the data that is currently available for equality monitoring in SAS and where there are gaps in intelligence. Data has been sourced between 1 April 2017 and 31 March 2018.

As at 1 April 2018 SAS employed 4,921 staff. The workforce consists of 40 per cent female and 60 per cent male staff. We have seen a steady increase in the number of women employed rising from 31 per cent in 2007 and this is very positive.

SAS currently has robust data regarding age and gender however data on the protected characteristics of disability, gender reassignment, race, religion or belief and sexual orientation is more limited and therefore not covering the whole workforce. We acknowledge that there is still work to do if we are to make further improvements. That said, we are making progress in a range of areas for disclosure and recruitment.

The work undertaken by SAS has an impact on the workforce profile. For example, the physical and mental demands of the work carried out by Service staff makes working longer difficult, especially the physical demands of operational roles. This has an impact on the age profile. SAS, unlike other NHS Boards does not have a varied range of alternative roles due to the specific nature of the job. As such this makes it difficult to compare the workforce profile directly with other NHS Health Boards.

The SAS age profile is broadly reflective of the working age profile of Scotland with 35 per cent of staff employed between the ages of 45 - 55.

With the limited capture of equality data and / or where numbers are small across the protected characteristics it is difficult to draw any meaningful analysis and as a consequence of this the potential to determine fairness in training, grievance, disciplinary, appraisals etc is compromised. Work is in progress to improve the disclosure of equality data and it is recognised that this will not change significantly in the short term. However, we have seen an increase in the percentage of staff disclosing equality information and with sustained action further improvements will be made.

Further details of the actions already taken and next steps can be seen at section 3.

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3. Summary

Progress has been made across a number of areas during the period April 2017 – March 2018.

- **Improving rates of self disclosure**

Improving rates of employee self disclosure of equality monitoring data is important if we are to better analyse recruitment and employment trends and identify appropriate actions to take forward.

Progress is being made across a number of protected characteristics including; gender reassignment, religion and belief and sexual orientation. Work continues to reduce the gap in order to have a fuller picture of the diversity of the workforce.

At 1 April 2017 42.4 per cent of staff had provided all equality monitoring details and we have seen this increase to 51.4 per cent by 31 March 2018.

- **Increasing the diversity of the workforce**

Increasing the diversity of the workforce is important in order that we have a profile which is more reflective of the population we serve in Scotland.

We continue to advertise vacant posts in a variety of ways in order to reach across minority groups and those who have a disability in order to encourage more applications from these communities.

We have seen an increase over the last year in the number of applications from minority ethnic groups and from people with a disability. Over time it is hoped that applicants from these groups will continue to increase which will in turn lead to a greater representation across the Service.

There has been a steady increase year on year in the number of women employed by SAS with women now representing 40 per cent of the workforce.

We have also seen an increase in the proportion of applicants providing all equality information with 97.7 per cent of applicants doing so.

- **Equality and diversity**

A high level summary of equality and diversity work has been included in this report for the first time this year.

Equality outcomes were developed and published in April 2017 to cover the four year period between April 2017 and March 2021. Three of the outcomes relate to service delivery and the remaining five to our workforce. Progress is being made against each of the seven equality outcomes.

4. Actions taken and new steps

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We said in our 2016/17 workforce equality monitoring report that we would take a number of steps. This is what we did, the results and what we plan to do next.

1. In order to improve equality disclosure rates a plan is in place to increase awareness of this and the importance of collecting the data		
Actions	Results	Next steps
(a) We have continued to use paper copies of the equality monitoring form with pre-paid envelopes to gather equality monitoring data	The percentage of staff who have self disclosed equality data has increased from 42.4 per cent in April 2017 to 51.4 per cent in March 2018.	We will continue to use this method to gather equality monitoring data.
(b) We have engaged with the education and training team delivering learning in practice training to enlist their help to discuss the importance of collecting this data and providing the forms and prepaid envelopes for staff to use.	The education and training team have assisted with this at learning in practice sessions and where courses are delivered for Technicians and Paramedics.	We will continue to engage with staff in this way in order to raise awareness of why we gather the data and to encourage self disclosure.
(c) Other UK ambulance services have had some success when targeting line managers to encourage their teams to provide equality data.	Team Leaders in Glasgow were provided with information, equality forms and pre-paid envelopes for their staff. This has had limited success.	We will follow up with the Glasgow managers to identify where there have been barriers to providing the information. This approach will be adopted elsewhere to establish if there are better responses in other areas.
2. We will continue to advertise posts in a variety of ways to ensure reach across the protected characteristics. In particular we will identify ways in which we can attract more young people to apply for posts with SAS.		
Actions	Results	Next steps
(a) We have taken part in recruitment events at schools and colleges during 2017 – 18	The number of applications from young people between the ages of 16 – 25 remains high and continues to be the greatest proportion of all applicants for 2017 - 18	We will continue to take part in recruitment events and attend schools and colleges during 2018 – 19
3. We will investigate why those in 16 - 25 age group applying for posts are least successful at interview stage.		
Actions	Results	Next steps
(a) Feedback to those applicants unsuccessful at interview has been provided upon request.	Applications from young people between the ages of 16 - 25 represented 26 per cent of all applications (a	Application packs of information will be developed for those interested in applying for

<p>Immediate feedback has been provided to those candidates failing to complete the fitness test.</p> <p>Details have been added to the recruitment pages on the website regarding fitness testing so that applicants know what to expect.</p> <p>Additional information has also been added to give more detail of the content and expectations regarding attending vocational qualification courses.</p> <p>The frequently asked questions section has been updated to include information about the C1 driving licence and how successful applicants can be provided with a loan to enable them to complete a C1 driving course.</p> <p>All applicants who are not short listed are automatically sent the 'Why my application was unsuccessful guide' which provides hints and tips on improving the content of any future applications.</p>	<p>decrease from 28 per cent the previous year), the largest proportion of all applications for posts.</p> <p>12.5 per cent of applicants in this group were short listed.</p> <p>The success rate of this group has decreased from 4 per cent to 3.3 per cent. That is 3.3 per cent of all applicants in this group were successful. This age group is the least successful.</p> <p>We have investigated outcomes for all 16 – 25 year-old applicants. Of these; 3.4 per cent withdrew their application before short listing stage</p> <p>Of those shortlisted;</p> <ul style="list-style-type: none"> - 34.5 per cent withdrew before assessment / interview stage - 38.6 per cent were unsuccessful at assessment/interview stage 	<p>Ambulance Care Assistant and Special Operations Response Team posts.</p> <p>We will attend the Skills Scotland two day recruitment event where we will engage with young people to highlight the recruitment process.</p> <p>With 'Save a Life for Scotland' partners we will deliver essential life support sessions in schools providing an opportunity to raise awareness of the Service as a career choice.</p> <p>We will link up with other Ambulance Services to compare approaches and share learning.</p>
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4. Applicants wishing to join SAS will be encouraged to provide equality monitoring information.

Actions	Results	Next steps
(a)Details for all staff joining SAS are being captured to ensure that this data is being used to update personal records during the engagement process	A high proportion of applicants – 97.7 per cent, provided equality details across all protected characteristics (previously 95 per cent)	We will continue to monitor details for all staff joining SAS to ensure that this data is being captured by administrative staff during the engagement process.

5. We have identified that there has been an increase in the number of applicants from minority ethnic, disabled groups and applicants disclosing gender reassignment.

Actions	Results	Next steps
<p>(a) We have monitored the number of applicants from minority ethnic, disabled and transgender backgrounds.</p> <p>Feedback from applicants using the My Job Scotland system has been used to highlight where improvements can be made.</p>	<p>The proportion of applicants from minority ethnic backgrounds has increased from 1.9 to 2.3 per cent (114 more applicants than 2016/17).</p> <p>The proportion of applicants who disclosed a disability has increased from 4 to 8 per cent. (511 more applicants than 2016/17).</p> <p>The proportion of applicants who disclosed gender reassignment has increased from 0.11 to 0.25 per cent (16 more applicants than 2016/17)</p>	<p>We will continue to closely monitor the number of applicants from minority ethnic, disabled and transgender backgrounds.</p>
<p>(b) We have analysed success rates of black and minority ethnic groups, disabled and those who have disclosed gender reassignment in order to establish if there are any trends emerging which would warrant further action.</p> <p>A recruitment open day was held at Glasgow Central Mosque and this was targeted at the black and minority ethnic community and third sector organisations and community groups.</p> <p>We have worked with CEMVO and the Employability programme for black and minority ethnic women.</p> <p>The aim of these sessions was to provide details about opportunities with SAS, how to apply for posts and what</p>	<p>2.4 per cent of applicants from black and minority ethnic groups were successful.</p> <p>3.5 per cent of applicants from disabled backgrounds were successful.</p> <p>Of the 22 applicants disclosing gender reassignment, 5 were shortlisted but none were successful.</p> <p>In comparison the success rate for all applicants applying for posts during 2017/18 was 5.6 per cent.</p> <p>At short listing stage the outcomes for applicants from black and minority ethnic groups were as follows;</p> <ul style="list-style-type: none"> - 25 per cent (9) withdrew their application before assessment /interview - 61 per cent (22) were unsuccessful at 	<p>We will continue to monitor success rates of black and minority ethnic, disabled and those who have disclosed gender reassignment.</p> <p>We will develop our links with third sector organisations and community groups in order to continue dialogue regarding job opportunities with SAS.</p>

<p>to expect during the recruitment process.</p>	<p>assessment /interview</p> <p>At short listing stage the outcomes for applicants from disabled groups were as follows;</p> <ul style="list-style-type: none"> - 38.5 per cent (67) withdrew their application before assessment /interview - 46.5 per cent (81) were unsuccessful at assessment /interview 	
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6. A high proportion of disabled applicants are being short listed for interview This is due to SAS Job Interview Guarantee Scheme (JIG) being in place to support applicants who are short listed if they meet the minimum criteria for the post.

Actions	Results	Next steps
<p>(a)The recruitment team now holds supporting details of outcomes for all applicants enabling feedback to be provided by managers as appropriate.</p> <p>Individuals using the JIG scheme are contacted by email and telephone to discuss requirements for interview.</p> <p>The outcomes for disabled applicants are analysed in order to identify any barriers within the recruitment process requiring further action.</p> <p>The Customer Satisfaction Survey now includes a question regarding the job interview guarantee scheme. This survey will be generated through My Job Scotland and will enable us to compare the experiences of the recruitment process for disabled and non disabled applicants.</p>	<p>For the period 2017/18, 23.5 per cent of disabled applicants were short listed for interview and the success rate was 3.5 per cent. Of those applicants who disclosed no disability 19.2 per cent were short listed for interview and the success rate was 5.7 per cent.</p> <p>Disabled applicants are being better supported during the recruitment process with feedback and follow up regarding adjustments for assessment / interview.</p> <p>Of those JIG and non JIG applicants completing the recruitment satisfaction survey overall experience of recruitment was the same with those who had not been selected for interview expressing dissatisfaction regarding that rather than the process.</p>	<p>Recruitment and selection training content has been revised and will be delivered for recruiting managers during 2018/19. This includes more specific detail around reasonable adjustments and unconscious bias.</p>

A guide for managers recruiting disabled people is in place.		
7. It is recognised that the workforce profile is not very diverse particularly with regard to the number of disabled staff and those from minority ethnic groups. With this in mind we will explore ways of using positive action to increase the number of applications for employment from as wide a range of the community as possible.		
Further details can be seen at section 4.		

4. Improving our diversity profile

It is accepted that there is still work to be done to improve the capture of equality information to enable a fuller analysis of workforce data. That said the equality profile of SAS is not very diverse particularly with regard to the number of women, young people, those from minority ethnic groups and those who have a disability.

We said in our 2016/17 workforce equality monitoring report that we would take a number of steps in relation to improving our diversity profile. This is what we did, the results and what we plan to do next.

1. Identify and attend specific careers events / fairs in areas with higher minority ethnic communities.		
Actions	Results	Next steps
A number of events have been attended including; Glasgow Central Mosque, Careers Fair at Glasgow City Chambers (organised by BEMIIS the ethnic minority umbrella body supporting the development of the ethnic minority voluntary sector) and Edinburgh Police and Partners Open Day.	There has been a slight increase 1.9 to 2.3 per cent of applicants disclosing that they are from black and minority ethnic groups	We will continue to attend careers events / fairs which are in areas with higher minority ethnic communities.
2. Hold a focus group with interested staff to identify any actions which we could take forward to encourage a more diverse mix of applicants.		
Actions	Results	Next steps
<p>Suggestions were made by staff who joined a short life working group to consider how SAS might attract and retain a more diverse workforce. The following actions have been taken in response to that.</p> <p>We have established links with BEMIS, CEMVO and Lanarkshire Enterprise and recruitment information is being circulated through these networks.</p> <p>Community Resilience department have been provided with recruitment information so that they can</p>	<p>1.8 per cent of staff have disclosed a disability (the same as 2017)</p> <p>0.55 per cent of staff have disclosed they are from black and minority ethnic groups (0.5 per cent in 2017)</p> <p>Managers have reported a better understanding of their responsibilities with regard to the recruitment of disabled people.</p>	

pass details on at community events. The Recruitment Guide for managers has been revised to include detail regarding supporting disability in recruitment and the workplace.		
<p>3. Develop a strategy in keeping with the Scottish Government initiative to employ 15 Modern Apprentices by July 2017. In line with Skills Development Scotland Equality Action Plan we will aim to increase the employability for young disabled people and those from minority ethnic communities.</p>		
Actions	Results	Next steps
We have worked with Skills Development Scotland to establish a recruitment process and programme for a Modern Apprentice.	A Modern Apprentice has joined SAS and is working in the procurement department.	<p>We will identify further opportunities for Modern Apprentices across SAS particularly in relation to support services.</p> <p>Recruiting managers will be asked to routinely consider whether vacancies can be filled with a Modern Apprentice.</p> <p>Materials relating to the Modern Apprentice scheme and benefits of this will be added to the recruitment pages on @SAS</p>
The use of social media to advertise posts has been increased.	This mode of communication is used widely by young people.	We will continue to reference our recruitment activity through social media channels
<p>4. Utilise contacts with Disability Equality Scotland (DES) and the Scottish Ahlul Bayt Society (SABS) to identify ways of advertising recruitment vacancies.</p>		
Actions	Results	Next steps
We have worked with third sector organisations and community groups to raise awareness of SAS, provide recruitment information and advertise posts	We are seeing a greater number of black and minority ethnic and disabled applicants for posts.	Our work with third sector organisations and community groups will continue.
<p>5. Investigate other alternative ways of advertising through contacts with the National Ambulance Lesbian, Gay, Bisexual, Transgender Network (NALGBT)</p>		
Actions	Results	Next steps
The NALGBTN has been developed and is accessible	Lesbian, gay and bisexual applicants accounted for 5	We explore further ways of advertising vacancies to this

to all staff. Details of events and activities are profiled on this website.	per cent of all applicants (5.4 per cent in 2016/17)	group
6. Implement a new recruitment application system to provide improved IT access from a wider range of devices and to improve the quality and quantity of equality monitoring information available.		
Actions	Results	Next steps
Recruitment reporting options through the My Job Scotland have been utilised during 2017/18 to provide recruitment updates.	This has helped SAS to target activity in order to raise the profile of the Service with particular communities e.g. black and minority ethnic groups. Equality monitoring information has been provided by 97.7 per cent of applicants.	
7. Undertake a procurement exercise to tender for a supplier to introduce a standard cognitive entrance test for Technicians to open up the vocational qualification model of training and replace the formal qualification requirement.		
Actions	Results	Next steps
We are reconsidering our proposal in order to identify a number of suppliers who may be able to provide a test which is compatible with the My Job Scotland platform taking in to account potential cost implications and practical application.		
8. Increase the use of social media to advertise vacancies.		
Actions	Results	Next steps
Social media channels have been utilised to broaden our recruitment advertising reach.	There has been a significant increase in the number of applications made for posts. In 2016/17 the recruitment team processed 5,070 applications and during 2017/18 the number of applicants increased to 9,114.	We will continue to use social media channels to highlight recruitment opportunities. Establish a Linked-in page which will assist the Service to source and recruit talent and raise awareness of the Service.
9. Ensure all selection panels have a gender mix.		
Actions	Results	Next steps
The gender mix on selection panels has been monitored throughout the year.	46 per cent of panels had a mix of male and female panel members.	We will continue to encourage recruiting managers to plan

	<p>35 per cent of panels were male only and 18 per cent female only.</p> <p>For operational reasons it was not possible to ensure an equal mix of male /female panel members. Panel members are usually at Area Service Manager level and there are less female staff in this cohort.</p>	
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5. Improving equality monitoring

The table below illustrates the gaps in disclosure rates across the different protected characteristics. Please note that since the last report, we have introduced eESS (Electronic Employee Support System) which is a national workforce management information system and have transitioned from the HR information system known as CHRIS. Consequently, we are currently in the process of setting up new standard reports. The information below therefore is different than previously due to the migration of data from one system to another.

Protected characteristic	% self disclosed 2016	% self disclosed 2017	%self disclosed 2018	% unknown / prefer not to answer 2016	% unknown / prefer not to answer 2017	% unknown / prefer not to answer 2018
Age	99.8	100	100	0.19	0	0
Disability	84.5	85.6	79.3	15.5	14.4	20.7
Gender reassignment	51	51	69.2	49	49	30.8
Race	81	83	79	19	17	21
Religion or belief	37	43	50	63	57	50
Sex	100	100	100		0	0
Sexual orientation	36	43	44	64	57	56

Progress is being made albeit slowly to increase staff self disclosure rates. As at 31 March 2018, 51.4 per cent of staff had provided all equality monitoring details compared with 42.4 per cent in April 2017.

The most striking differences between the disclosure rates and the total workforce establishment are for religion and belief and sexual orientation. However, as these protected characteristics have been added for equality monitoring purposes within the last 7 years together with gender reassignment there will be a significant number of staff who have never been asked questions relating to these as yet. They will have completed very different monitoring forms when they commenced employment with SAS.

It is encouraging to see improvements have been made in disclosure rates for gender reassignment, religion or belief and sexual orientation.

Staff applying for posts during their employment will complete these details at application stage and personal records are updated accordingly. The new Talent Link system (My Job Scotland) enables the capture of equality information provided by applicants in one place and has removed the necessity for the recruitment team to input the data on to a separate system manually.

Next steps

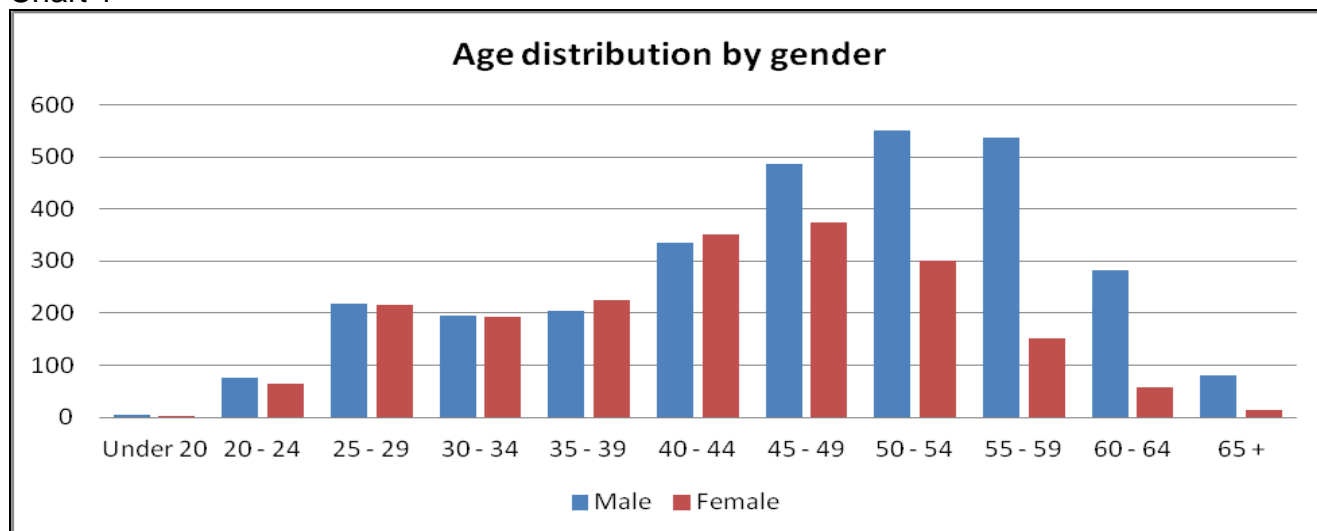
We said in our 2016/17 workforce equality monitoring report that we would take a number of steps. This is what we did, the results and what we plan to do next.

1. Develop further material to highlight the importance of providing equality details that can be put on the intranet.		
Actions	Results	Next steps
<p>Resource materials have been used with equality monitoring forms and on @SAS to explain the importance of providing this data.</p> <p>An article was included in Response magazine to highlight the need to gather this data.</p>	There has been an increase in disclosure rates	
2. Utilise opportunities during staff training to ask individuals to provide equality information, for example at forth coming iMatter and Equality and Diversity Workshops.		
Actions	Results	Next steps
Opportunities have been taken at training events to encourage staff to complete equality monitoring forms.	There has been an increase in disclosure rates.	Opportunities at training events will be utilised to raise awareness and encourage staff to disclose this information.
3. For staff attending learning in practice sessions provide equality monitoring forms and prepaid envelopes for the clinical team to distribute.		
Actions	Results	Next steps
Activity in his area has been limited as we have focussed more on engaging with equality groups to raise awareness and interest in SAS in order to increase diversity of those applying for posts.	There has been an increase in disclosure rates	We will focus on this in the coming year in order to embed this in our practice.
4. In addition to Forth Valley identify and agree with local management teams which sub divisional areas to prioritise for additional support.		
Actions	Results	Next steps
Work with Ambulance Control Centre and West Central managers has been undertaken.	The results have been limited.	We will revisit this with managers to identify any barriers and identify other areas where work can be focussed to improve disclosure rates.

6. Workforce Profile

6.1 Age

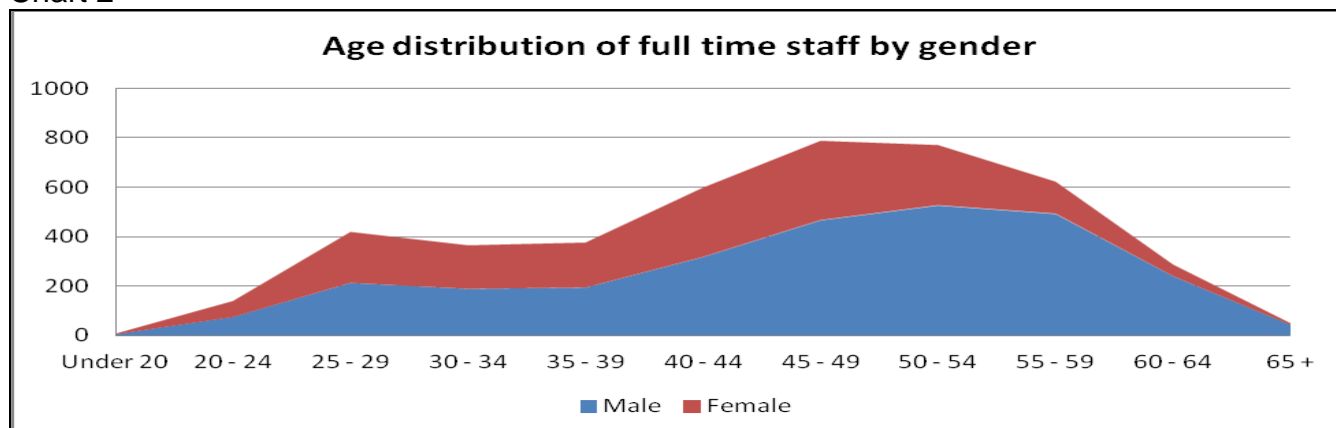
Chart 1



The chart illustrates the age distribution of all staff. Seventy one per cent of staff are age 44 and over (69 per cent in 2017). The majority of women employed fall within the ages of 40 – 54 (52 per cent) with the majority of men working between the ages of 45 – 59 (53 per cent). The most under represented groups in terms of age are those between 16 - 24 (3 per cent) and those over the age of 65 (1.9 per cent). This spread of staff across the age groups is very similar to that reported for 2016/17.

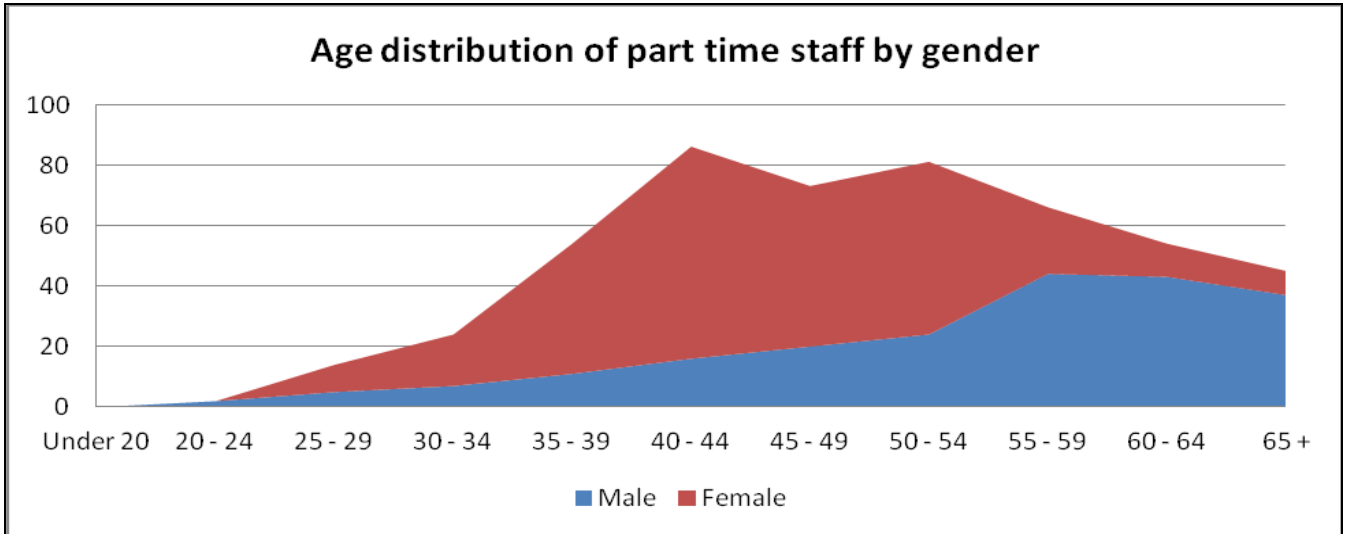
The charts below illustrate the age distribution of staff by full time and part time.

Chart 2



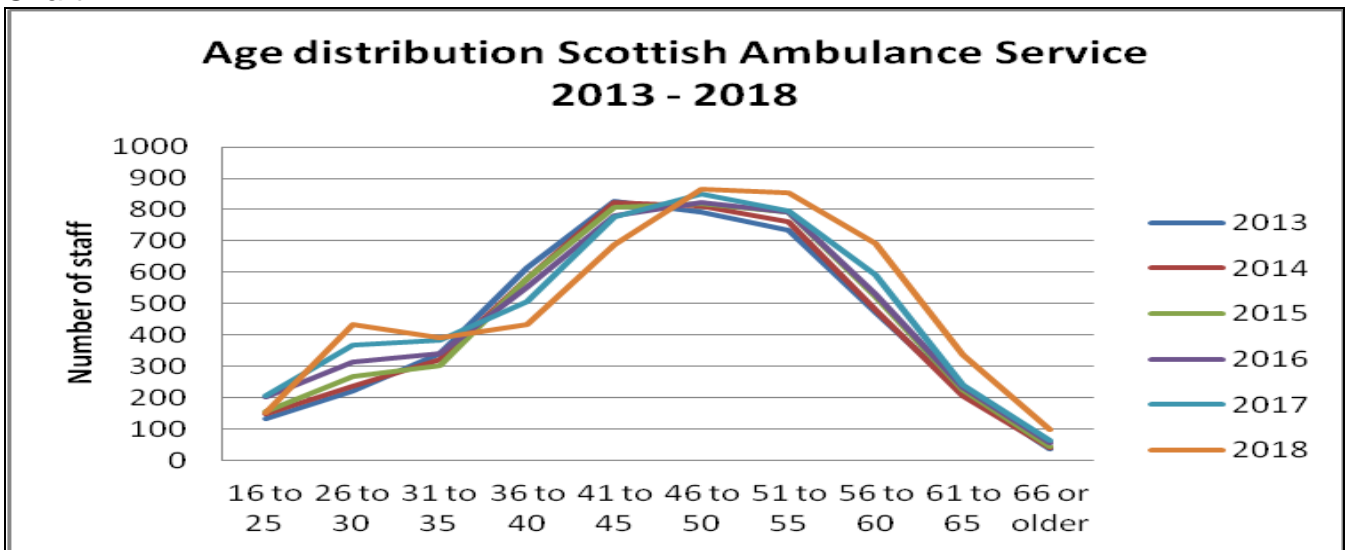
It can be seen that for full time staff there is a more even split of female / male staff in the younger age groups with more male staff in the older groups. Ninety per cent of staff work on a full time basis.

Chart 3



The number of staff working part time has decreased and represents 10 per cent of the total compared with 12.9 per cent in 2017, the majority of which are women (58 per cent). The majority of women working on a part time basis are between the ages of 40 – 54 and the majority of men working part time are between the ages of 55 – 65+.

Chart 4



The chart profiles the age distribution of SAS workforce from 2013 to 2018

The number of staff over the age of 46 has increased over this period and this trend has been consistent as we have seen more staff with long periods of service retire from SAS. There has also been an increase in the number of staff between the ages of 16 – 30.

Following the trend across the years it can be seen that the overall age profile of the workforce is increasing in age and this is consistent with NHS Scotland.

6.2 Disability

The percentage of staff disclosing a disability has remained the same at 1.8 per cent.

Across NHS Scotland, 0.8 per cent of staff have disclosed a disability. The percentage of the Scottish population with a long term, activity limiting health problem or disability was 19.6 per cent at the Census in 2011 (20.3 per cent in 2001)

In keeping with the Disability Confident Standard we write to staff on an annual basis under the 'Positive about disabled people' initiative. This scheme helps to encourage individuals with a disability to discuss this with their line manager to establish if any assistance can be provided to help them in the workplace by way of reasonable adjustments.

The percentage of staff who have chosen not to provide details of their disability has increased from 14.4 per cent (2016 -17) to 20.7 per cent.

6.3 Pregnancy and maternity

Chart 5

Number of women on maternity leave during 2017/18	Number of women who returned to work	Number of women who returned to work on a flexible basis	Percentage of total
40	60	22	37

The chart illustrates the number of women who have taken maternity leave during the period 1 April 2017 and 31 March 2018, those who have returned and the number returning on a more flexible basis.

Some of the women who have commenced maternity leave during 2016/17 have returned to work during 2017/18 and others will be due to return in the coming months.

The women who returned to work on a flexible basis did so on reduced hours, different shift patterns or by working on different days of the week.

6.4 Race

Chart 6

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Non disclosure by percentage	16	17	17	19	21	19	19	17	21

The 2011 Census indicated that 93 per cent of the people in Scotland stated that they were born in the UK with 83 per cent of these stating that they were born in Scotland. Ethnicity cannot be identified by place of birth. Four per cent of people in Scotland were from minority groups (Census 2011), an increase of two per cent since the 2001 Census.

The percentage of staff who have chosen not to provide details of their ethnicity has increased to 21 per cent (includes those who prefer not to answer and where details are

unknown). Across NHS Scotland non disclosure of ethnicity accounts for 31.2 per cent of all staff (includes those who prefer not to answer and where details are unknown)

As data on the ethnicity of staff is incomplete it is not possible to determine the exact percentage of staff from different ethnic groups. Of the 4,921 staff employed as at 1 April 2018, 0.55 per cent disclosed they were from black and minority ethnic (BME) backgrounds (0.50 per cent in 2017). Across NHS Scotland 3.2 per cent of staff have disclosed they are from BME backgrounds.

Chart 7

Ethnic origin	Number	Percentage
Indian	27	0.55
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background		
Caribbean		
African		
Any other Black background		
Any other ethnic background		
Any Mixed background		
Other White background	53	1.07
White Irish	27	0.54
White other British	475	9.65
White Scottish	3,314	67.3
Declined to disclose information / unknown	1,025	21

The chart illustrates the ethnicity of SAS workforce as at 1 April 2018. There were 27 staff from BME groups and 3869 from non BME groups.

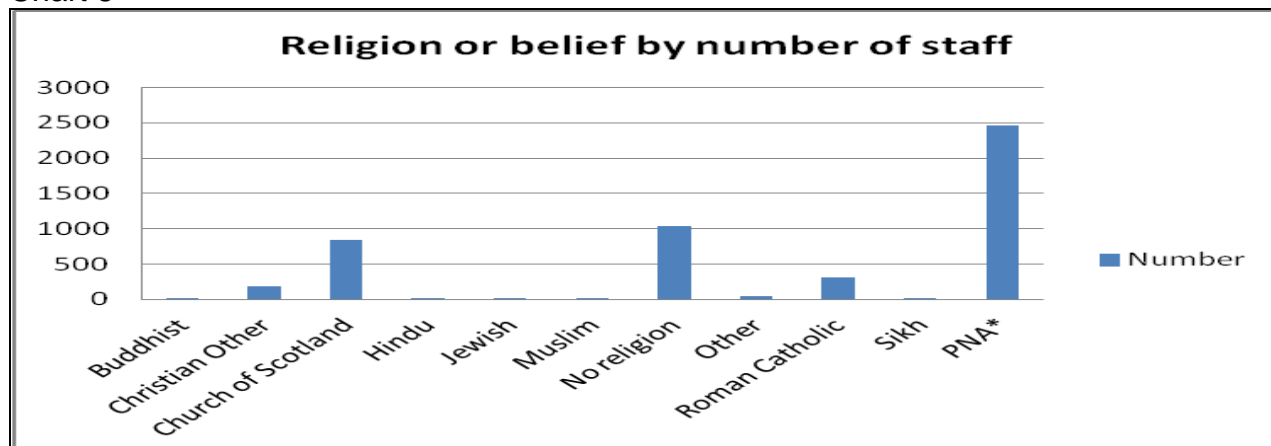
6.5 Religion or belief

Religion or belief is unknown for 50 per cent of the workforce (includes those who prefer not to answer this question). Whilst disclosure rates have increased from 27.5 per cent in 2015 to 50 per cent in 2018 there are still significant gaps. Across NHS Scotland religion or belief is unknown for 41 per cent of the workforce.

Staff disclosing no religion or belief accounted for 21 per cent. Across NHS Scotland 19.5 per cent of staff disclosed no religion or belief.

Scotland remains a place of diverse religious and faith communities, although those having no religion increased to 36.7 per cent in the 2011 census (27.8 per cent in 2001)

Chart 8

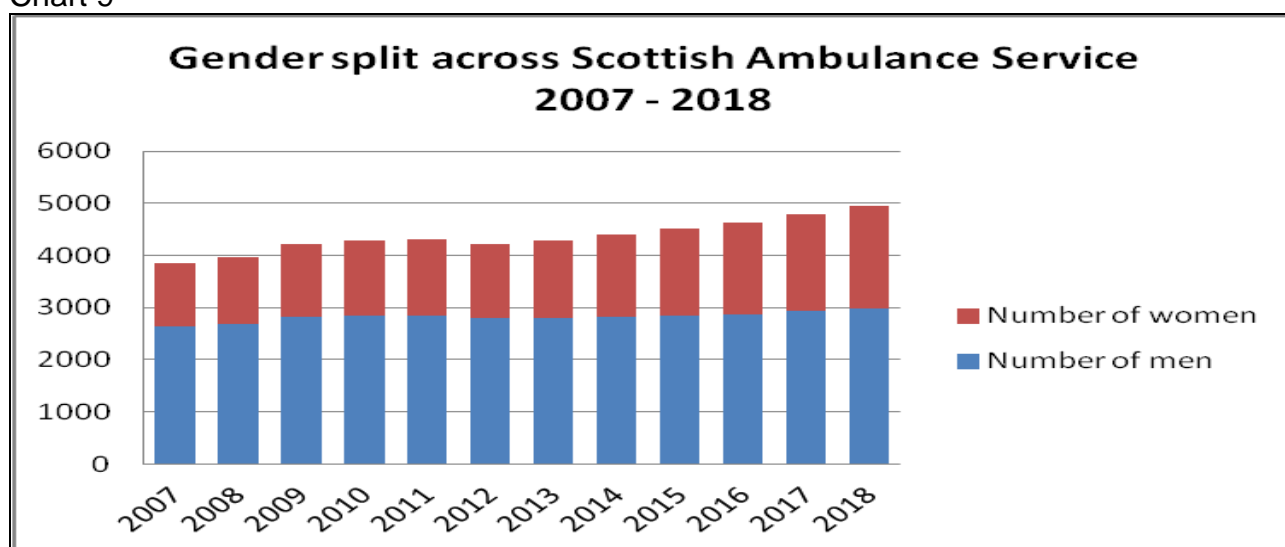


The chart illustrates that no religion and Church of Scotland represented the largest groups of those staff disclosing.

PNA* denotes prefer not to answer / unknown

6.6 Gender

Chart 9

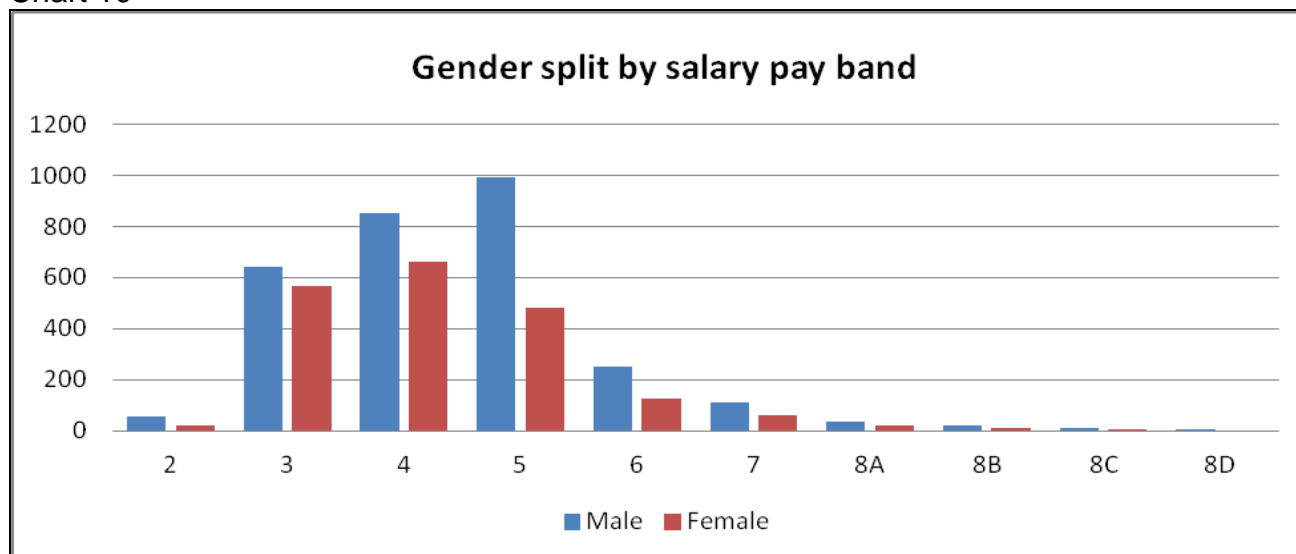


There has been a steady increase in headcount and the chart above shows the number of women employed by SAS rising from 1214 in 2007 (31 per cent of total) to 1960 in 2018 (40 per cent of total). Historically the Service has been predominantly male compared with the rest of the NHS Scotland which is predominantly female (77.2 per cent as at March 2018).

Nursing and midwifery posts accounted for the majority of female staff.

6.7 Band and gender

Chart 10



The chart illustrates the gender split by salary pay band.

Women are represented across all salary pay bands with the exception of salary band 8D. Career progression can be seen as staff remain with SAS over long periods. As a greater number of women join SAS it is likely that we will see a greater distribution of women across more senior positions.

Of the executive team 60 per cent are women and 40 per cent are men. The proportion of women employed in bands 6 - 8 has continued to increase slightly and now represents 4.4 per cent of the total compared with 4.3 per cent in 2017 (1.3 per cent in 2007). Further details relating to gender and pay bands can be seen in the Equal Pay Statement [here](#).

6.8 Sexual orientation

Chart 11

Sexual Orientation	Staff in post	Percentage
Bisexual	23	0.46
Gay	41	0.83
Heterosexual	2078	42
Lesbian	27	0.54
Other	8	0.16
Declined to disclose /unknown	2,744	56

Sexual orientation is unknown for 56 per cent of the workforce. Disclosure rates have improved from 26.5 per cent in 2015 to 44 per cent in 2018. Across NHS Scotland sexual orientation has been disclosed for 53.5 per cent of all staff. Whilst there remains no official data on the numbers of people who are lesbian, gay, bisexual, transgender or intersex (LGBTI) - various estimates have been made. For example Stonewall Scotland suggest a LGBT figure of between 5 - 7 per cent while the Scottish Household Survey suggests an LGB population of around 1 per cent although the question relating to sexual orientation was added to the survey in 2011 and it is thought that the figures are likely to under-report.

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In actual terms the percentage is likely to be somewhere between the two estimates. Of the staff at SAS 2 per cent have disclosed that they are from the lesbian, gay, bisexual community compared with 1.6 per cent for staff across NHS Scotland. The chart above illustrates the sexual orientation of staff by number and percentage.

6.9 Marriage and civil partnership

Chart 12

Marriage and civil partnership	Staff in post	Percentage
Civil partnership	28	0.56
Married	2,436	49.5
Other *	2,008	40.8
Declined to disclose/unknown	449	9.12

* Includes divorced, separated, single or widowed

Disclosure rates for marriage and civil partnership have increased from 73 per cent (2016/17) to 91 per cent in 2018.

We will continue to monitor marital / civil partnership status as this is one of the protected characteristics included in the Equality Act 2010 and is part of the public sector equality duty in respect of the requirement to have due regard to the need to eliminate discrimination.

7. Recruitment

The recruitment team dealt with 9,114 applications for employment during the period 2017/18 (5, 070 in 2016/17) and 338 roles were advertised. Of these 5.6 per cent were successful compared with 8.6 per cent the previous year. Over 3,500 applications were received for Trainee Technician post vacancies (128)

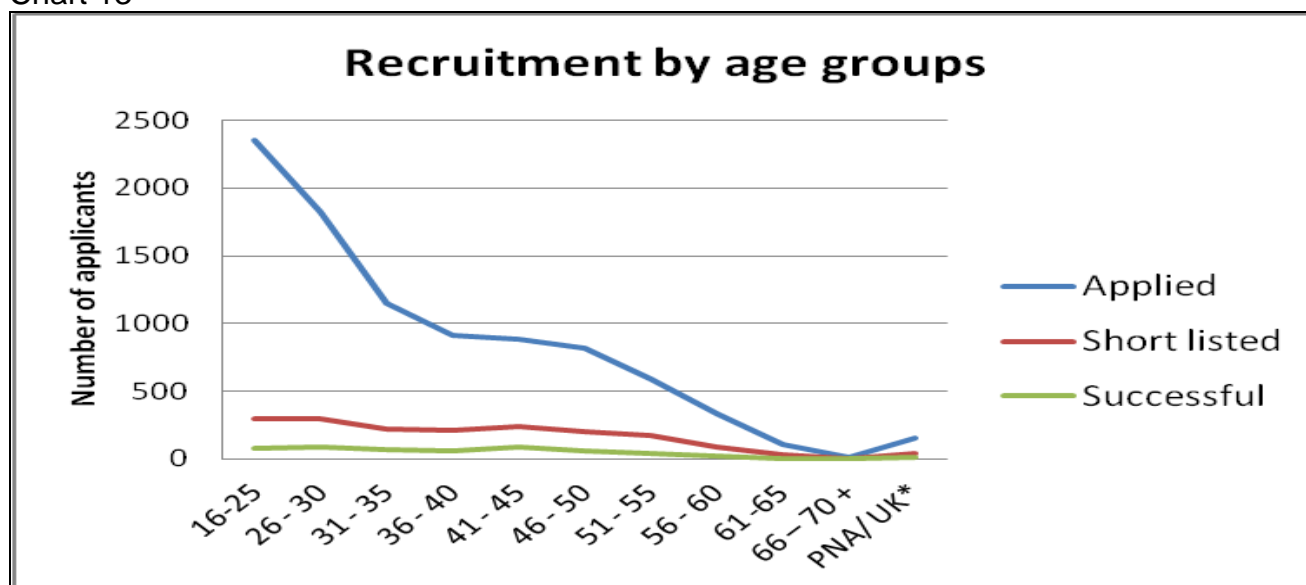
Steps have been taken to advertise posts more widely to attract a more diverse mix of applicants. Attendance at recruitment fairs and developing links with schools and colleges has helped to sustain the number of younger people applying for posts.

Examination of recruitment data across equality groups is undertaken on the basis of:

- number of applications
- number of applications shortlisted
- number of candidates successful at interview stage

7.1 Recruitment by Age

Chart 13



The chart illustrates the number of applicants from each age group against their respective success to short listing stage and being offered posts.

Chart 14

	16-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70+	PNA/UK*
Applied	2349	1818	1152	914	882	815	585	333	107	8	151
Short listed	295	296	222	212	237	205	174	88	26	1	37
Successful	79	89	70	56	83	61	44	20	6	0	8

* PNA - prefer not to answer / unknown

The largest proportion of applicants came from the 16 - 25 age group and these represented 25.7 per cent of the total (28 per cent during 2016/17). The applicants shortlisted accounted for 12.5 per cent (24 per cent in 2016/17) and 3.3 per cent of the

total applicants in this group were offered posts. This is a decrease from 4 per cent who were successful in this group in the previous year. Conversely for applicants within 56 - 60 age group (3.6 per cent of total) success rates were higher at 6 per cent.

Thereafter the most successful groups were those aged between 41 – 45 (9.6 per cent of total), 46 – 50 (8.9 per cent of total) and 51 – 55 (6.4 per cent of total). Collectively these represented 25 per cent of the total applicants with a success rate of 8.2 per cent. The success rate for all applicants was 5.6 per cent.

7.2 Recruitment - Disability

The percentage of applicants disclosing a disability increased from 4 to 8 per cent. Of these 23.5 per cent were shortlisted (39 per cent previously) and 3.5 per cent of the total applicants in this group were successful (6 per cent previously). The Service complies with the Disability Confident Standard and applicants who are disabled can be considered under the Job Interview Guarantee initiative if they meet the essential criteria for the post and therefore a greater proportion of disabled applicants go through to interview stage compared with other groups. The number of applicants who did not answer this question or preferred not to say decreased from 3.4 to 0.8 per cent of the total.

7.3 Recruitment - Gender reassignment

We have seen an increase in the number of applicants disclosing gender reassignment during the period April 2017 to March 2018, 23 per cent of which were short listed but not successful. Those applicants who did not answer this question or preferred not to say reduced from 7 per cent in 2016 – 17 to 2 per cent in 2017 – 18.

7.4 Race

Chart 15

Year	White Scottish	White other British	White Irish	Any other white background	Black & minority ethnic	Prefer not to answer / unknown
2014	2,497	328	53	51	56	31
2015	4,112	529	64	88	81	162
2016	3,889	408	56	82	76	163
2017	4,221	442	58	126	98	125
2018	7,866	723	54	200	212	59

There has been an increase in the number of black and minority ethnic applicants to 2.3 per cent of the total (1.9 per cent in 2016/17). Of these 17 per cent were short listed (32 per cent previously) and 2.3 per cent of the total were offered posts (7 per cent previously) compared with 5.5 per cent of white Scottish applicants. There has been a slight decrease in the percentage of applicants disclosing other white ethnicity from 2.5 per cent (2016/17) to 2.2 per cent in 2017/18. Of these 19.5 were short listed and 4 per cent were successful.

The percentage of applicants who either did not answer this question or preferred not to disclose their ethnicity decreased from 2.4 (in 2016/17) to 0.6 per cent.

7.5 Recruitment - Religion or belief

Applicants who indicated a religion of Church of Scotland represented 19 per cent of all applicants (21 per cent 2016/17). Of these 7 per cent were successful (9.5 per cent 2016/17). Applicants indicating a religion of Roman Catholic made up 13 per cent of total applicants (12 per cent 2016/17). Of these 5 per cent were successful (9 per cent in 2016/17).

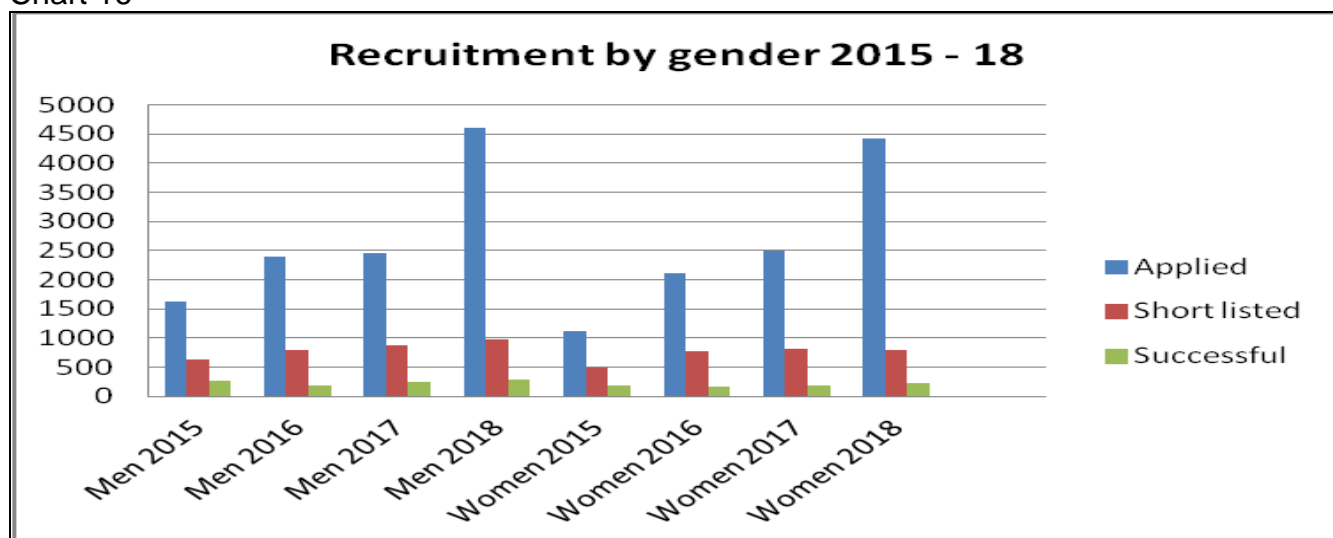
7.6 Recruitment - Sexual orientation

Applicants who disclosed their sexual orientation as lesbian, gay, bisexual or other represented 5 per cent of the total (5.4 per cent 2016/17) Of this group 7 per cent were successful (9.5 per cent 2016 /17). Four per cent of all applicants did not answer this question or preferred not to answer (5 per cent 2016/17).

7.7 Recruitment - Gender

The proportion of women applying for posts decreased slightly from 49 per cent (2016/17) to 48.5 per cent. The success rate for women was 5 per cent (7.3 per cent 2016/17) compared with 6 per cent for men (10 per cent 2016/17).

Chart 16

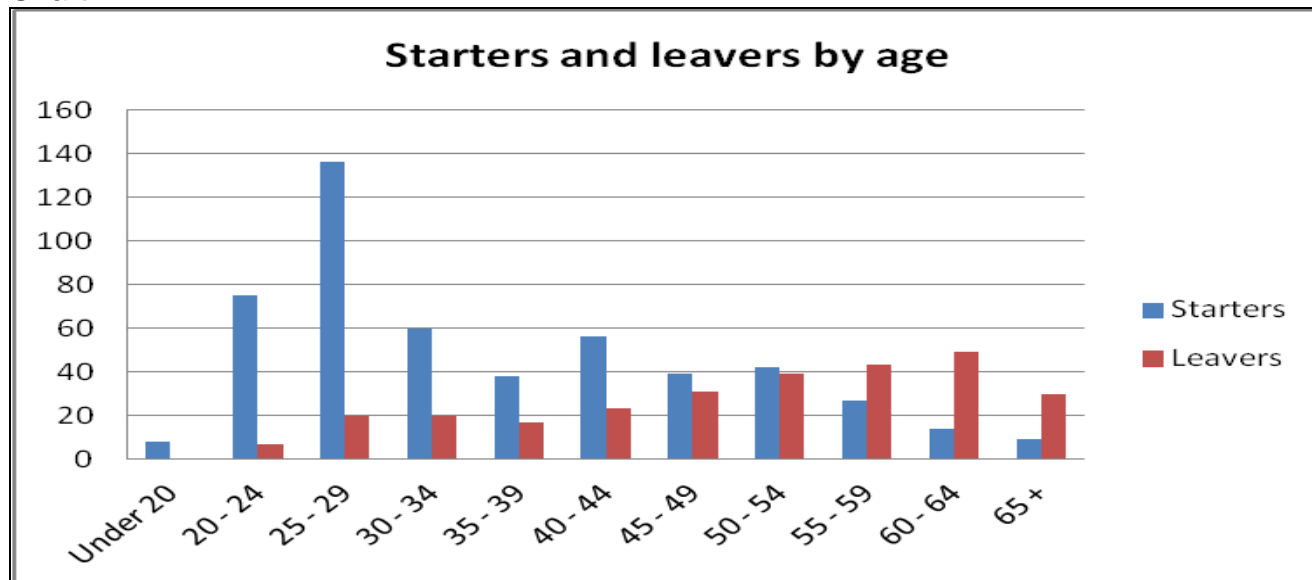


The chart illustrates the number of men and women who applied, were short listed and were successful between 2014/15 and 2017/18. There has been a steady increase in the number of women applying for posts over the last three years. It is encouraging to see that the gender split of applicants is much more even than this has been in the past.

8. Starters and leavers

8.1 Age

Chart 17



The chart above illustrates that there are more young people joining SAS and more older people leaving. As stated earlier, this is because of the increasing impact of the nature of SAS work which is very physical for the majority of staff and there is a higher proportion of older staff reaching retirement age.

8.2 Disability

Of the staff joining the Service 0.19 per cent disclosed they had a disability and of those leaving 1.4 per cent disclosed disability.

8.3 Gender reassignment

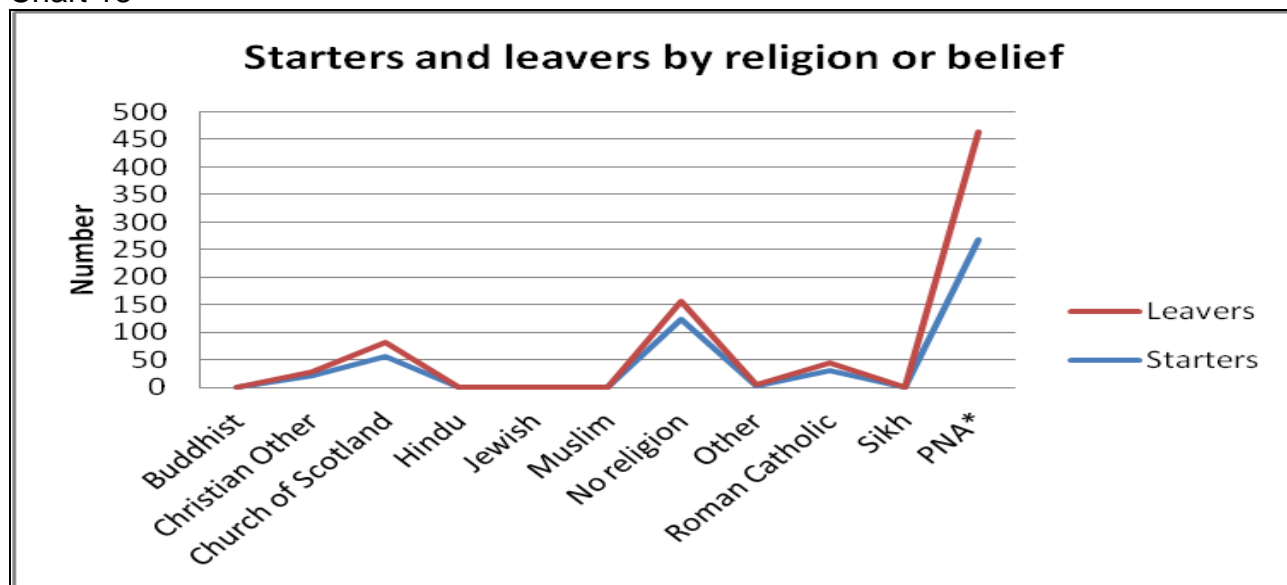
None of the staff joining or leaving SAS disclosed that they had undergone gender reassignment.

8.4 Race

The pattern of those joining and leaving SAS by ethnicity is broadly reflective of the workforce profile with one member of staff joining and none of the leavers disclosing they are from black and minority ethnic backgrounds.

8.5 Religion or belief

Chart 18



The chart illustrates the number of starters and leavers by religion or belief.

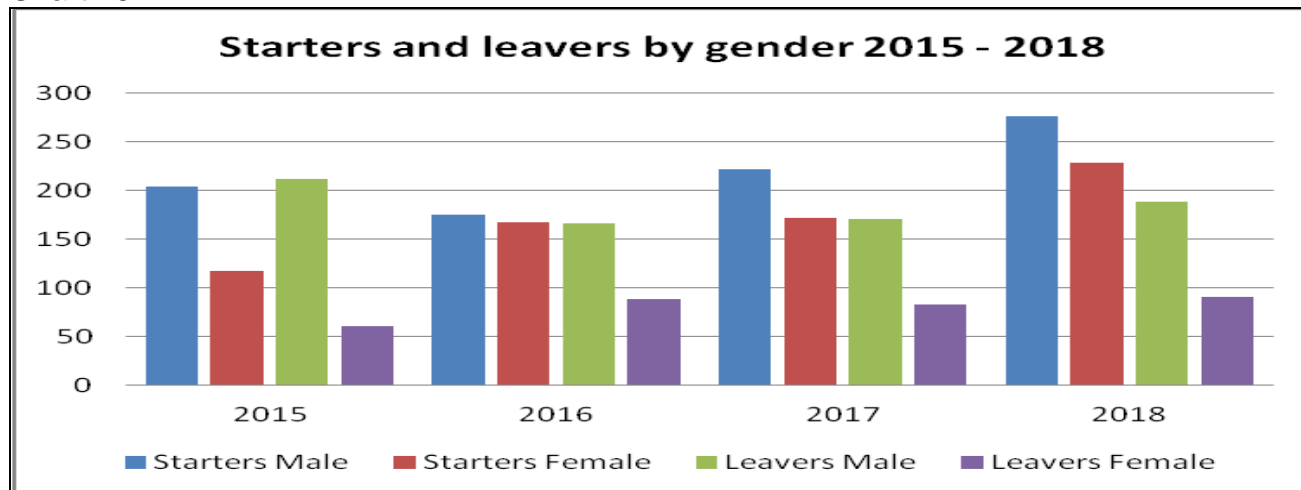
Of those staff joining the Service 47 per cent disclosed religion or belief with only 29 per cent of those leaving doing so. There is a similar pattern of religion and belief for those joining and leaving the Service. The chart illustrates that of those joining SAS 25 per cent have disclosed that they do not have a religion with 11 per cent of leavers doing so.

8.6 Sexual Orientation

Of those staff joining the Service 45 per cent disclosed sexual orientation with 23 per cent of those leaving doing so. This suggests staff are more willing to provide equality data at recruitment and engagement stage.

8.7 Gender

Chart 19



The chart illustrates the number of starters and leavers by gender.

The percentage of women joining SAS increased to 45 per cent from 44 per cent in 2017. Women leaving SAS accounted for 33 per cent which is the same proportion as in 2017. The number of female staff has steadily increased over the last few years and now accounts for 40 per cent of the total.

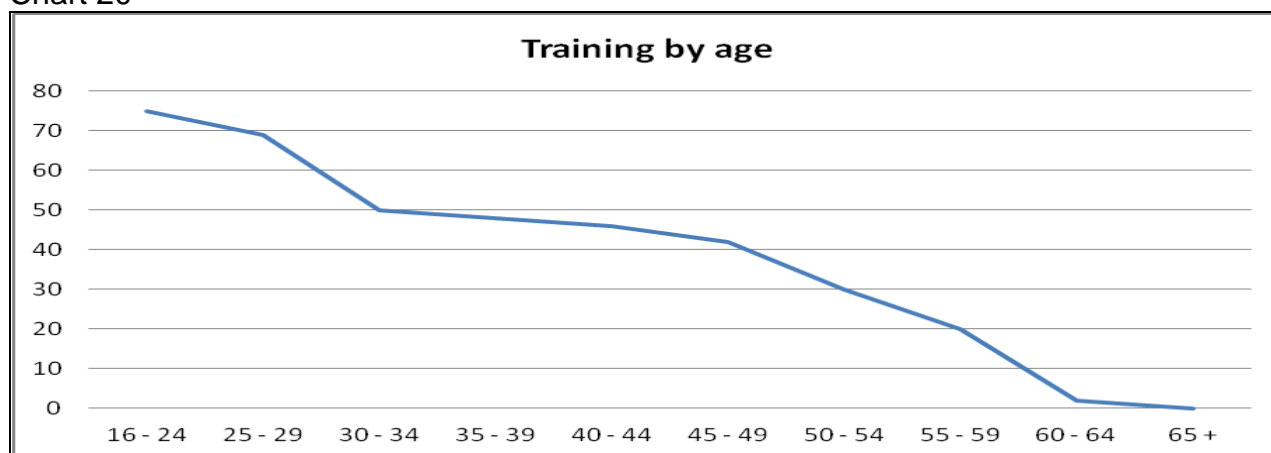
Fifty two per cent of those leaving the Service did so on a voluntary basis with 22 per cent leaving for reason of age/early retirement and 14 per cent doing so on the grounds of ill health.

9. Training

The following breakdown covers training attended by staff across SAS including those who attended the new vocational qualification programmes delivered across regions.

9.1 Age

Chart 20



The chart illustrates the number of staff who undertook training by age group.

From the data available age does not seem to have an influence on the incidence of training opportunities. For example the vocational qualification programme (Ambulance Trainee Technician) attracted a broad range of students. Twenty eight per cent of these were age 18 to 25 and 47 per cent were over the age of 30.

Those in the 16 to 25 age range received most training.

The vocational qualification courses attracted both internal and external applicants and those commencing the course are employed by SAS. As a consequence, SAS attracts a broader range of students than those reported by most undergraduate Paramedic programmes in the UK where students tend to be under the age of 25.

9.2 Disability

Three per cent of staff who disclosed a disability took part in training. This is higher than the establishment of 1.8 per cent.

9.3 Gender reassignment

None of the staff taking part in training disclosed they had undergone gender reassignment.

9.4 Race

The majority of those staff completing training were white Scottish / other white British / any other white background and accounted for 69 per cent.(83 per cent in 2017). For 34 per cent of staff this information was not disclosed / unknown (15 per cent in 2017) and 1.7 per cent were from minority ethnic groups.

Staff receiving training is broadly reflective of the workforce profile with regard to ethnicity.

9.5 Religion or belief

Religion or belief was unknown for 22 per cent of those staff who completed training. Sixteen per cent of staff disclosed Church of Scotland, 12 per cent Roman Catholic and 46 per cent disclosed no religion or belief.

9.6 Sexual orientation

Sexual orientation was unknown for 11 per cent of those staff who completed training. Two per cent disclosed a sexual orientation of lesbian, gay man or bisexual.

9.7 Gender

Of those staff taking part in training 41 per cent were women, compared with the overall workforce establishment of 40 per cent.

10. Discipline & grievance

10.1 Age

The number of instances of discipline in 2017/18 was 13 compared with 17 cases in 2016/17. The continued use of the significant adverse events review process has enabled SAS to adopt an approach which focuses on learning rather than punitive action. In addition to this a preliminary investigation process continues to be used to gather facts and understanding to inform decisions prior to formal investigations being undertaken. As numbers are very small it is difficult to analyse by age other than to state that the highest numbers of disciplinary activity have occurred across the age groups occupied by the greater proportion of staff.

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A total of 20 grievances were raised during 2017/18 (32 in 2016/17). In addition there were 12 (9 in 2016/17) cases raised by staff under the dignity at work policy where concerns of bullying / harassment were alleged.

10.2 Disability

No members of staff involved in discipline or grievance procedure disclosed they had a disability.

10.3 Gender reassignment

None of the staff who went through discipline or were involved in the grievance procedure disclosed gender reassignment.

10.4 Race

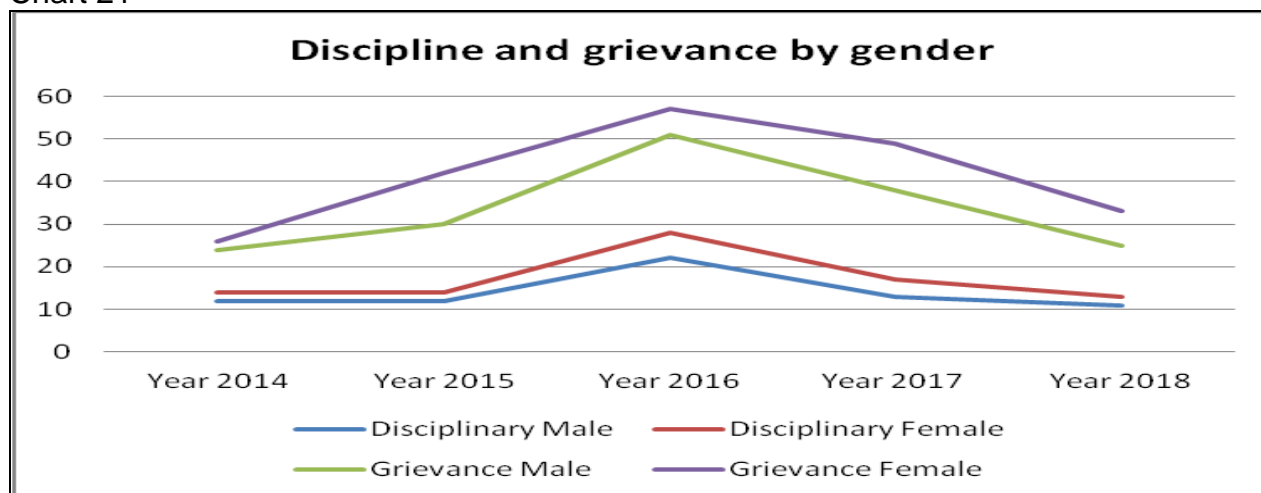
The pattern of discipline and grievance by ethnicity is broadly reflective of the workforce establishment with the majority identifying as white Scottish / white British.

10.5 Religion or belief and sexual orientation

Given the very limited disclosed data available it is not possible to provide a breakdown by religion / belief and sexual orientation for analysis.

10.6 Gender

Chart 21



The chart illustrates the number of men and women who have gone through the discipline or grievance procedure for the years 2014 - 2018.

Of the instances of discipline and grievance during the period 2017/18 a higher proportion of men went through these processes than women. For discipline 84 per cent of activity involved men and for grievance 60 per cent involved men, compared with the workforce establishment of 60 per cent men.

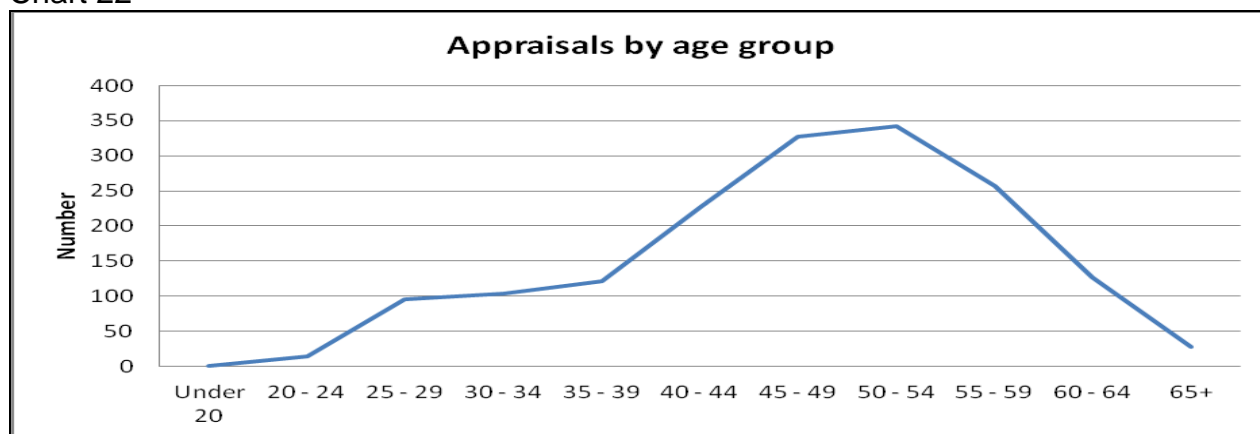
11. Appraisals

Appraisals were completed using the electronic Knowledge and Skills Framework system (eKSF). The availability of equality monitoring data is more limited as a result of the reporting structure through the eKSF system and individuals can provide anonymised details which cannot be tracked against personal records. In some instances, reports are not available, for example for gender reassignment, religion or belief and sexual orientation.

The system for recording development activity across NHS Scotland is moving from eKSF to the Turas platform and full implementation began on 2 April 2018. Equality monitoring reports are being developed for the new system

11.1 Age

Chart 22



The chart illustrates the number of staff completing appraisals by age group.

This pattern is broadly reflective of the whole workforce profile.

11.2 Disability

Of those staff completing appraisals 1.8 per cent disclosed disability.

11.3 Race

Personal details held in the KSF system are limited with self disclosure for race at 82 per cent for those who had completed an appraisal with their line manager.

The majority of staff completing appraisals were from white Scottish/ white other British backgrounds and these accounted for 80 per cent with 0.5 per cent from black and minority ethnic backgrounds.

11.4 Gender

Thirty six per cent of those completing appraisals were women, a slight increase from thirty five per cent in 2017.

12. Redeployment

A total of 18 staff were included on the redeployment register during the period 2017/18. This reflects change undertaken within the organisation, and adherence to the policy of no compulsory redundancies. This is a reduction on the number for 2016/17 when 49 staff were on the register. Twenty two per cent of staff (4) were on the register as a result of organisational change.

Chart 23

	Total	Redeployed	Awaiting 6	No longer requiring redeployment
Men	6	1	6	6
Women	12	1	4	
	18	2	10	6

The chart illustrates the number of staff that have been redeployed during this period, those still awaiting redeployment and those who no longer require to be redeployed.

12.1 Age

Workforce between the ages of 41- 45 and 46 - 50 accounted for the largest proportion of those on the redeployment register.

12.2 Disability

No staff on the redeployment register have disclosed a disability however 50 per cent on the register were those staff who were seeking alternative posts as a result of long term conditions/ ill health.

12.3 Gender reassignment

None of the staff on the register disclosed they had undergone gender reassignment.

12.4 Race

The majority of staff on the register disclosed that they were white Scottish / white British. This is in keeping with the workforce where the majority of staff self disclose as white Scottish / white British.

12.5 Religion or belief

Of those staff on the register 38 per cent had disclosed religion or belief.

12.6 Sexual orientation

Of those staff on the register 35 per cent had disclosed sexual orientation.

12.7 Gender

Thirty three per cent of those staff on the register were female compared with 40 per cent of female staff in the workforce overall.

One member of staff was listed on the redeployment register as a result of the end of a fixed term contract.

13. Conclusion

We recognise that equality monitoring is a means and not an end in itself. The purpose is to have information to inform us about how well we reflect society in relation to diversity and protected characteristics. Work over several years indicates improvement in some areas however we are still striving to get robust equality data for our workforce, and to increase self-disclosure response rates. We are making progress, and our plans are set out in this report about areas where we would like to improve, and priorities to focus on. Our 5 year strategy "Towards 2020: Taking Care to the Patient" brings opportunities to recruit into our workforce, and to encourage current staff to consider development and different roles.

The introduction of My Job Scotland for recruitment has improved our capacity for gathering, reporting and analysing equality data making the interrogation of recruitment data much more robust. The implementation of the self service element of the Electronic Employee Support System should support our drive to improve the equality data capture from our workforce.

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14. Equality and diversity summary update

The purpose of this summary is to provide high level update on some of the equality and diversity work that has been undertaken in 2017/18. More detail relating to this work is provided in the Mainstreaming Report that was published in April 2017.

14.1 Equality outcomes

Equality outcomes were developed and published in April 2017 to cover the four year period April 2017 to March 2021. In developing the outcomes cognisance was taken of the work progressed on the outcomes set in 2013. The first three outcomes listed below relate to the provision of our service and build on the actions/initiatives taken during 2013/14 to 2016/17.

The remaining outcomes relate to our workforce. Our seven equality outcomes cover all the protected characteristics.

Further details can be seen at our Statement of Equality Outcomes [here](#).

As work commences to take the actions / initiatives forward for each of the outcomes the following provides a brief summary of some of the activity in the first year of the four year programme.

14.1.1 Through raised awareness of the Service there is improved access for underrepresented groups

As the Services engages more widely with community groups we are able to raise awareness of the Service as a whole. In some cases, groups are not aware of the services provided or how they can access scheduled and unscheduled care services. This is being done in a number of different ways; through community events, links with groups across the different protected characteristics, meetings with partner organisations and with individuals.

The services of contactScotland and the SMS service (short messaging text service) have helped to improve access for those who use British Sign Language or those who are deaf or have speech difficulty. Through our links with Sign Language Interpreters, who provide the contactScotland service on behalf of Scottish Government we are exploring ways that this service could be utilised for other groups.

The use of Language Line Services continues to increase with over 1,200 calls being made to this service between April 2017 and March 2018 (1,100 – 2016/17). The patient needs assessment for scheduled care service was revised during 2017 and refinements are being made as we improve our support for mental ill health patients and those who have a learning disability.

Our work on the Out of Hospital Cardiac Arrest Strategy continues with training being provided across Scotland on CPR.

14.1.2 The experience of patients will improve through staff who are supported to deliver person centred care

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The clinical team continue to work with partners and stakeholders to develop patient care pathways. Focus for this year has been on developing pathways for falls, mental health and for Chronic Obstructive Pulmonary Disease (COPD) patients. A framework tool has been put in place to assist managers working on Patient Safety Quality Groups to develop pathways with stakeholders and partners locally.

We work closely with health and social care partners to ensure there is responsive and continuity of care for patients.

More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients transported to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over from 77.3 per cent in 2013/14 to 72 per cent in 2016/17.

14.1.3 The SAS is fair and equitable in the way it delivers its services and involves and consults people

We are working with partners at Police Scotland and Scottish Fire and Rescue Service to explore the ways we can improve access to emergency services. This work feeds in to the work undertaken by NHS National Boards to meet the requirements of the Scottish Government British Sign Language National Plan 2017 – 2023 developed to comply with the BSL (Scotland) Act 2015.

In the second phase of the SAS e Health ICT Strategy we are identifying ways in which communication with patients / carers can be enhanced through the use of cab based terminals. This includes considering options for the provision of language services including British Sign Language.

Community resilience teams are engaging more widely with groups across the protected characteristics and we are receiving requests from a variety of community groups for CPR training. This provides opportunity for the involvement of individuals with SAS and helps to raise awareness of the services we provide and how to access these.

14.1.4 There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace

Through our work detailed in the Wellbeing Implementation Plan 2018/19 we will implement the 'See me' programme in November 2018. This will raise the awareness of mental health issues and the impact of this on individuals.

A number of managers have attended the mentally healthy workplace training under the healthy Working Lives programme. This has been well received with managers feeling more confident to support their staff, better equipped to promote a healthy workplace and they have been able to recommend the course to others. The 4 day Mindfulness Stress Reduction Training Programme has been delivered five times for staff across the service. This has been well received by participants with many reporting positive outcomes in the use of mindfulness techniques and how these can help in the work environment.

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Policies have been reviewed and revised in keeping with the Partnership Information Network work life balance policy including; shared parental leave, career break, flexible working, home working and maternity leave/maternity support.

14.1.5 The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued

The dignity at work policy has been promoted with managers to provide a framework for addressing issues of bullying and harassment. Issues raised under dignity at work are reported through National Partnership Forum.

HR policies are promoted to support access and uptake through bulletins, on the intranet and through local HR teams.

In partnership a number of areas of work are being taken forward through the Working Practices Steering Group including reviewing shift rosters, on call working practices and the management of overtime.

We are working with staff to establish a virtual network for LGBT staff to enable regular dialogue to take place with a greater understanding of the needs and concerns of staff from this community.

For the first time the iMatter staff engagement survey will be implemented across the whole of SAS at the same time in May 2018 and we are encouraging all staff to take part in this and have their say.

14.1.6 The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.

The actions and initiatives being taken under this outcome are detailed in sections 4 and 5 of this report.

14.1.7 SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users

Work is underway to develop a Transgender policy to support managers and staff when individuals are going through the transition process.

We are working closely with the National Ambulance Service LGBT Network and this has helped us to share learning and best practice particularly by way of raising awareness of the needs of LGBT staff and patients. For example, we have used resources to promote this network for staff, increase understanding of transgender visibility and to raise awareness of LGBT history month.

A partial submission was made to the Stonewall Scotland Workplace Equality Index in 2017 and we are considering the feedback from this in order to build actions in to our work in this area.

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14.2 Equality Impact Assessments

Thirteen equality impact assessments were published on the SAS website including the policies for learning development, performance and development review, organisational development plan and payment of volunteers. More information can be seen [here](#).

Equality impact assessment workshops were held in May, August and November for managers at National Headquarters with support provided throughout the year.

14.3 Equality & Diversity Steering Group

This group meets bi-monthly and membership is made up of staff across a variety of job roles who work across the Service and have an interest in equality and diversity.

During the last year the group have worked on the following;

- Revising communication tools for disability
- Developing content of equality reports for publication
- Consultation responses, e.g. on the BSL Bil and National Gaelic Language Plan
- Exploring options for work experience placements for young disabled people with Project Search
- Developing guidance for managers for transgender staff.
- Developing equality materials for call handlers
- Sharing local initiatives to promote equality, e.g. alert cards for patients with learning difficulties.

14.4 Training

14.5 General

Equality and diversity sessions were delivered for the Family Liaison Officers group and as part of the commanders course for the European Championships in Glasgow.

14.6 e-Learning module completion

Module	Number of staff completing module before 31 March 2017	Number of staff completing module between 1 April 2017 – 31 March 2018	Total number of staff completing module by 31 March 2018
Gypsy Travellers awareness	539	557	1096
Respect module	2068	582	2650
Equality & diversity awareness	2227	534	2761

In keeping with the review of e-learning provision being undertaken by the education and professional development department consideration is being given to the status of these modules and whether they should be mandatory and statutory for all staff.

The equality lead for SAS is working with a short life working group to develop equality and diversity training materials and resources that could be shared across NHS Scotland boards.

14.7 Trainee Technician Programme

Trainee technicians cover several elements of equality and diversity in the Vocational Qualification programme including;

- Communication
- Diversity, equality, inclusion and discrimination
- Person centred values
- Privacy and dignity in care
- Learning disabilities
- Mental health

14.8 iMatter / Dignity at work

Staff engagement was measured in 2017 by the results of the iMatter questionnaire and the dignity at work pulse survey. SAS achieved a 64 per cent response rate with an Employee Engagement Index (EEI) score of 67 per cent. The results for the whole of Health and Social Care in Scotland were 63 per cent response rate with a 75 per cent EEI score.

The results of the questions relating to equality are shown below.

Related questions	Staff experience employee engagement components	Percentage of staff completing the questionnaire who agreed with the question		
		2015	2016	2017
I am treated with dignity and respect as an individual	Valued as an individual	70	72	73
I am treated fairly and consistently	Consistent application of employment policies and procedures	68	70	71

67 – 100%	Strive & celebrate	51 – 66%	Monitor to further improve	34 – 50%	Improve to monitor	0 – 33%	Focus to improve
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14.9 Dignity at work

The dignity at work survey was distributed to all staff in November 2017 and 34 per cent of staff completed the survey compared with 36 per cent for NHS Scotland.

In summary the results, compared with the same questions answered in the National Staff Survey in 2015, showed the following;

- Fewer are reporting unfair discrimination from managers and other colleagues
- More reported being able to meet the conflicting demands on time at work
- More staff think we have enough staff members to enable them to do their jobs properly
- Significantly more say they feel safe to speak up about concerns and challenge wrongdoing
- There has been a large reduction in numbers of staff experiencing abuse from patients and overall improvements in the satisfaction felt by staff members who reported it.

Areas of concern included the following;

- A 3 per cent increase in staff reporting bullying or harassment from other colleagues
- A 1 per cent increase in staff reporting bullying or harassment from staff and other colleagues
- A drop in staff satisfaction when bullying or harassment is reported
- A fall in the number of staff who said they had experienced emotional or verbal abuse but did not report it.

Demographic information was gathered from staff completing the survey however this was given on a voluntary basis and not all staff provided the information. For reasons of confidentiality the staff numbers completing demographic information was not shared with Health Boards and as a consequence of this it is not possible to provide a detailed analysis of results by equality groups.

14.10 Gender

Women reported similar experiences of unfair discrimination and bullying and harassment as men but were more likely to report it and more likely to be satisfied with the outcome.

14.11 Sexual orientation

LGBT staff experiencing incidents of unfair discrimination and bullying and harassment were more likely to report this than heterosexual staff and were less satisfied with the response.

14.12 Age

Those staff age 51 – 65 experienced the highest percentage of incidents of unfair discrimination and bullying and harassment. This group were more satisfied with the outcomes for reporting bullying and harassment.

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14.13 Ethnicity

Whilst Black and Minority Ethnic groups did experience incidences of unfair discrimination and bullying and harassment as those staff disclosing white backgrounds fewer were reported.

14.14 Religion or belief

There were similar experiences of unfair discrimination and bullying harassment for staff across all religious groups and no marked difference in experience for those disclosing no religion or belief.

14.15 Disability

Fewer staff disclosing disability experienced unfair discrimination and bullying and harassment than those who did not disclose a disability.

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