



**Scottish
Ambulance
Service**

Working in Partnership with Universities

NHS
SCOTLAND



Mainstreaming Equality and Diversity in the Scottish Ambulance Service

2025-2029



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1. Foreword

I am delighted to share this report which highlights some of the work we have been doing to make our service fairer and more accessible for our patients, citizens of Scotland and our staff.

Our Mainstreaming report highlights some examples of how we are building equality and diversity in to all that we do. We strive to provide the very best care for our patients and building the principles of equality, diversity and our values into our work is fundamental to ensure we provide the most appropriate and person-centred care.

This document provides an opportunity for us to highlight the progress we have made in taking our equalities work forward, since 2023 and details the development of our equality outcomes for the period 2025 – 29. The outcomes illustrate the steps we are taking to improve services to meet the needs of patients and the people of Scotland as well as making changes that will improve the experience in the workplace for our staff.

It would not be possible to achieve our strategic goals and plans without considering the diverse needs of our patients, the public and our workforce. In developing our Service, we consider the impact we can have in addressing health inequalities and recognise the contribution we can make to create a more equal society.

Whilst we are making progress, I recognise there is always more we could do, and I very much value the feedback we have received on our work.

I would like to thank members of the public for their input and our staff for their interest and contribution to make changes which will improve our service, provide better patient experience and a better workplace.

Michael Dickson
Chief Executive Officer

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.

SAS operates across public safety, health care, public health and as 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

During the last reporting period (2023-25), we have been able to demonstrate our commitment to addressing inequalities and making our services fairer. We have done this by meeting our responsibilities under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. A summary of how we are doing this can be seen at Appendix 1.

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

Through our day-to-day business, we aim 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.

This report illustrates the following:

- How we are mainstreaming equality and diversity in all that we do;
- Our Equality Outcomes for 2025 – 29 and
- Progress on our Equality Outcomes over 2023 – 25

Mainstreaming

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, how we collaborate and engage with others, our staff experience and how our staff, leaders and our non-executive directors support mainstreaming. In other words, it is a component of all that we do.

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. Examples of how we are mainstreaming equality and diversity in the work we are doing can be seen at section 4.

Equality outcomes progress 2023 - 25

In 2021 we developed equality outcomes which related to our service, patient care and our workforce. We have reviewed our progress against the actions and initiatives we agreed at that time. 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.

In doing so we have considered whether the outputs associated with each equality outcome are still relevant, are on track for completion between now and April 2025 and where possible how achievement will be measured to establish what changes, or impact has been made for individuals, groups, families, organisations or communities.

Work has been progressed across all of our equality outcomes and these are still relevant to the work we are taking forward. The timescales relating to the associated outputs in some cases have been adjusted to allow for changing priorities. A report on the progress that has been made across each of our equality outcomes can be seen at section 6.

Equality outcomes 2025 - 29

In developing these equality outcomes, we have built on the work we had undertaken previously (2021-25) and have continued to update these, as we have progressed our 2030 strategy. In addition, we have included further actions where appropriate, such as our Sexual Safety programme and increased focus on supporting our staff with disabilities. It is recognised that more needs to be done to build on the actions that have already been completed. In some instances, actions are being carried forward whilst others are new. A full report on progress against each of the outcomes will be published in April 2027. Our statement of our equality outcomes for 2025 – 29 can be seen at section 5.

4. Mainstreaming

4.1. General context

The challenge for the SAS 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 must be given to the associated implications for people with protected characteristics and the often-complex intersectionality between these.

The work of SAS 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.

4.2. How equality and diversity has been integrated into the day-to-day functions of our Board

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 patient experience, collaboration and engagement, staff experience and corporate leadership. In this section, we provide some examples to illustrate our work under these themes. Some of the examples from 2023 report have been updated to reflect progress and some additional ones have been added to illustrate the new areas we have incorporated into our mainstreaming equality activity, in line with our 2030 Strategy.

We said in our 2023 mainstreaming update report that we would take several specific actions relating to improving data capture and equality monitoring. A copy of the 2024 Equality Monitoring Report can be found [here](#), which provides more detail on these actions.

4.3. Patient experience

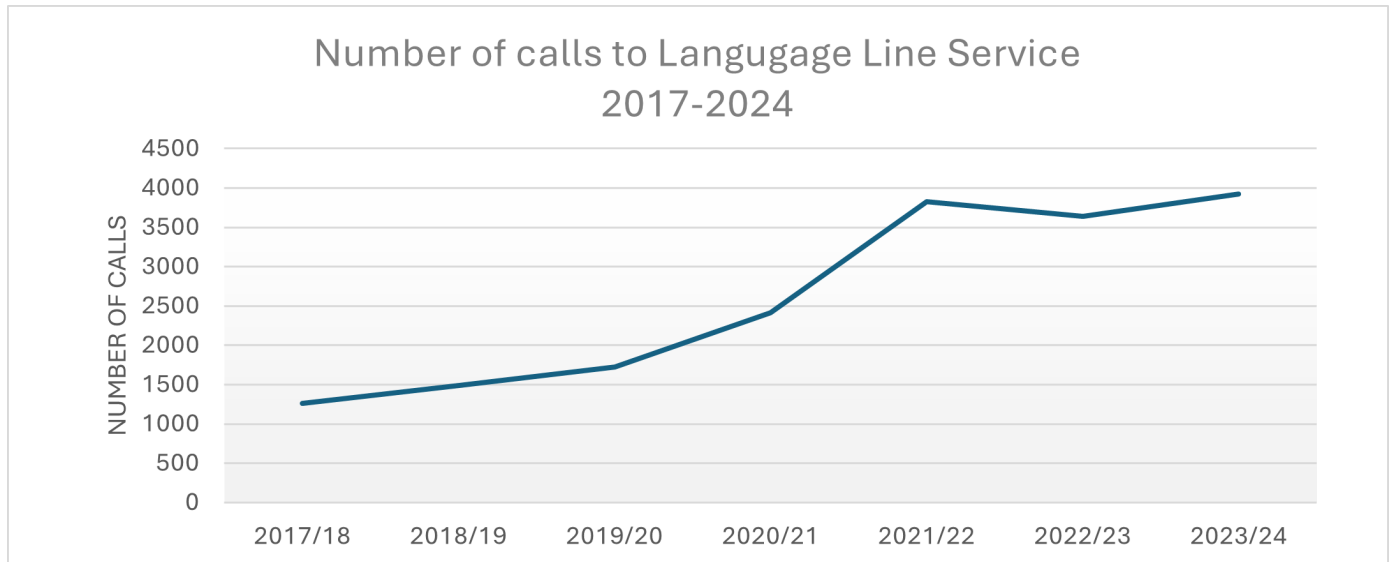
We last reported on how we are mainstreaming equality and diversity in our day-to-day business in 2023. Since then, we have been working across several areas to improve the experience our patients and carers' have of our services. In this section, we provide some examples of how we have responded to recognising disadvantage faced by particular groups and how our actions have helped to improve this by addressing gaps.

Accessing our Service

- With our partners at Police Scotland and Scottish Fire and Rescue Service, we have linked with Tap SOS, an organisation that has developed 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 appropriate to the caller.
- We worked with Scottish Association on Mental Health and See Me in the development of the patient needs assessment for Patient Transport Service, in general and specifically for those questions relevant to our mental health patients. PNAs (Patient Needs assessment)- these were refined which reduced wording and length of call time needed to process a booking, since then processes attached have been refined to make access for patients from all groups as streamlined as possible, with flexibility on how to communicate with SAS.
- With the support of the Samaritans, our A&E Control Room staff have had access to their mental health training, this helps them to support a mental health caller before further upgrades in Medical Priority Dispatch System (MPDS) are launched.
- 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 steadily. In 2023/24 the total number of calls was 4393.

The Table below illustrates the usage of language line since 2017. The top five most used languages during 2023/24 were Polish, Arabic, Romanian, Russian and Sorani. The table below shows the increased usage of this service from 2017 to 2024.

Table 1 - Language Line Usage



Case Study – Mental Health

The SAS- NHS 24 warm transfer process allows SAS to further triage calls within the integrated hub and directly refer to the mental health hub for those who require additional mental health assessment and support.

With a range of referral routes and outcomes available, this ensures that those experiencing mental health distress can be signposted to appropriate care for their needs at that time. With outcomes including, GP, Community Psychiatric Nurse (CPN) call back, self care, Distress Brief Intervention (DBI), a person centred and holistic approach is taken, ensuring that onward referrals are offering the most appropriate intervention at the time of call.

The ‘Self-care Outcome’, promotes the significant emphasis on empowering individuals to take charge of their well-being. This outcome suggests that, in these cases, individuals were deemed capable of managing their concerns with guidance or resources provided during the call. Self-care as a recommended outcome encourages autonomy and resilience among callers, encouraging them to apply self-help strategies that could effectively address their immediate concerns.

The ‘Distress Brief Intervention’, indicates a structured approach for individuals experiencing significant distress. This intervention offers a pathway to additional help, demonstrating the service’s ability to provide immediate, compassionate assistance while accessing specific longer term support on behalf of the patient.

Both the GP and the CPN call back outcomes suggest a sensitive approach to care recognising that some situations require the expertise and follow-up of other specialist healthcare professionals.

Patient persona

Jess is a 25 year old female experiencing emotional distress and suicidal ideation.

Through the text relay system, Jess made contact with an operator, who on asking several questions, passes her call to the integrated clinical hub.

It is ascertained that Jess is both safe, and able, to accept a telephone call. During this call, Jess engages with a clinical advisor who identifies that Jess' main concern is related to her mental health and offers input via NHS 24 mental health hub, which Jess consents to.

Following a direct handover between SAS clinician and NHS mental health hub practitioner, Jess is able to speak with a mental health practitioner, who on further engagement and assessment is able to reduce current level of distress, assist with safety planning, and make onward referral to Distress Brief Intervention (DBI)*

*This patient's journey reflects a straightforward engagement, where due to presenting issues, contact with NHS 24 led to a referral to Distress Brief Intervention, ensuring that Jess would be offered timely and appropriate intervention for her needs

- 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 are made to ensure these are culturally inclusive. Every effort is made to ensure that members of the public who wish to work with SAS can do so, by identifying any support needs required.

Case Study – Public Protection

Public Protection means protecting vulnerable groups of people across society, it is everyone's business and everyone's responsibility. It requires all staff across all agencies to recognise abuse, harm and neglect whilst taking cognisance of individuals wellbeing and human rights. It is an integral part of providing high-quality health care. All health staff have a duty to recognise, respond and report as well as a duty to cooperate with statutory partners carrying out investigations. All registrants also have additional responsibilities under their respective codes of professional conduct.

The SAS Public Protection Team have completed a self-assessment of the services Public Protection arrangements, utilising the NHS Public Protection Assurance Framework and exemplar evidence to create reports for consideration by the Executive Team. Taking this and both the internal and external audit findings this has helped inform our future Public Protection Team Improvement plan. These findings led us to concentrate on delivering the following key work streams in 2023/24 to comply with and complement the current legislation and strategic aims:

A key focus has been on enhancing knowledge, confidence, competence, and skills within the workforce; mitigating against potential risk. Education and training delivery as well as general awareness raising has remained a key objective for our continual improvement and service wide development.

We aim to increase the number of and quality of referrals of adults and children at risk of harm to our statutory partners. A new IT enabled means of referral was rolled out SAS wide in 2023. This is now further embedded as the single core means of making a referral, service wide, by

all SAS staff. A National Public Protection Referral process has been circulated service wide and is also available on JRCALC (Clinical Guidelines for Paramedics App). We monitor rates of referrals but also seek through audit, rates of missed referral opportunities and internally audit our referral quality each month. Thus providing all regions and locality line managers areas of good practice to celebrate as well as areas for development within their teams.

We aim to improve patient safety through joint integrated working with statutory partners. From increased strategic presence at key National meetings and working groups, supporting regional colleagues who attend local area committees, provision of key reports such as Initial agency Learning Reviews, as well as providing responses to Adult and Child Protection investigations. Thus ensuring we comply with our legislative duty to cooperate. We have also created a champions network of staff across Scotland a key members of staff to share latest Public Protection national updates and information across their local networks.

- Patient stories are discussed at Board meetings which can be a result of a positive or negative experience where a patient or carer can describe the experience they had of SAS. Particularly when this experience has been negative, the Board can consider ways that SAS can learn from these examples and what steps can be taken to make improvements.
- The SAS Drug Harm Reduction team has been established as a key partner in Scotland's response to drug harms and drug-related deaths. SAS contributes to the work of Alcohol and Drug Partnerships (ADPs) across the country; Public Health Scotland's drug intelligence and surveillance project, RADAR; Police Scotland's drug harm reduction strategy; the Scottish Prison Service's management of drug-related harms in addition to third sector organisations providing support to families, people experiencing near-fatal overdoses and young people. The DHR team have contributed to drug education and awareness for young people through the development of the TRUST campaign, contribution to training for statutory workers and the SAS Young Minds Save Lives schools project. These new workstreams have allowed SAS to support drug harm reduction in tertiary stages spanning responses to the acute problems i.e drug-death prevention and primary prevention opportunities through information and education.

Since the last update the DHR team have been working to develop systems and processes to allow SAS to identify emerging clusters of drug-related harm through a Drug Early Warning System. This is at the developmental/testing stage. However the data being gathered through this system is helping to support public health teams and local services in responding to concerns. Additionally, the DHR team has improved visibility of the drug harm reduction work within the service, encouraging clinicians to share information about adverse drug incidents and any changes to the drugs market for the DHR team to submit intelligence reports to the RADAR surveillance project in a timely manner.

The DHR team has worked closely with the Scottish Prison Service to update training for staff on drug trends while creating collaborative approaches to managing drug-related incidents with an aim to improve protocols front-line clinicians might engage with.

- In April 2020, SAS introduced the Advanced Practitioner Urgent and Primary Care remote (APUPC) remote consultation model, which involved highly trained and experienced Advanced Paramedics and Nurses assessing and providing management and treatment options for patients virtually. Our staff have played a key role in assessing patients who may not necessarily require a traditional emergency response, ensuring access to the right treatment in the right place at the right time.

Following the introduction of remote consultation in 2020 utilising our Advanced Practitioners in Urgent and Primary Care we have continued to develop this model with the establishment of



our Integrated Clinical Hub which has expanded the multidisciplinary team of APs with Clinical Advisors and GP Advisors. This has allowed us to increase the number of pre-dispatch clinical assessments which we undertake.

Remote consultation through the use of telephone and video across the Integrated Clinical Hub allows patients calling 999 with non-life-threatening conditions to speak with a senior clinician at an early stage in their care and be active participants in how that care is managed.

This allows patients greater options in terms of treatments and onward referral when required. Introduction of the Advanced Practitioners within SAS has not only supported enhanced care for patients but also allowed for the further development of our workforce. The introduction of Nurses into these AP roles without the requirement to retrain as Paramedics has also supported the development of a more diverse skill set and multi-disciplinary workforce within the SAS.

Integration of our APUPC within Territorial Health board settings and with Health and Social Care Partners on a rotational basis has facilitated an increase in local collaborative working and shared resources.

Through our Integrated Clinical Hub around 23% of all demand is managed without the need for an ambulance dispatch and positively impacting patients, frontline clinicians and the wider system.

- We have published the second of our tri-annual Children's Rights service wide reports. We will be adopting a means of inclusion of Children's Rights focus within our Equality Impact Assessment (EQIA guidance), so that we continually consider the impact of service development, policy and improvement on the rights of children.

4.4. Collaboration and engagement

We have been working with individuals, community groups, third sector organisations, stakeholders and our staff to gain a better understanding of the needs of the people we serve and with whom we work. In doing so we have made improvements in the way we engage and communicate about our service.

These are some examples of our collaborative work during the last few years.

- We are extending our reach with different community groups and this is helping us increase our engagement with minority voices and third sector organisations enabling us to build long-term relationships. A few examples include; Action in Mind, Age Scotland, Carer's Trust, Deaf Action, Deaf Scotland, Enable Scotland, LGBT Health, Ahlul Bayt Society, See Me, Young Scot, Children 1st, CHAS, Action for Children, and LGBT
- We engage with young people in schools 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 SAS as a future career option to diverse groups.
- Through our Community Engagement we continue to be engaged in ongoing work such as Mentorship, recruitment and work experience; Educational Outreach and resources; Tri-Service collaboration; CPR and Emergency Preparedness, as well as the areas already outlined above.
- SAS continues to participate in a variety of special events across communities, for example, Emergency Services open day, Nextgen Careers Event and Uniformed Services Day.
- In support of the Scottish Government Out of Hospital Cardiac Arrest Strategy, we are working with the Save a Life Scotland (SALFS) partnership to deliver CPR training across communities, in order to equip as many people as possible with these skills and to increase the chance of survival, for people experiencing cardiac arrest. To date, over 726,000 people have been equipped with these skills. This includes supporting SALFS with the development of a programme of training for schools, the development of the "play your part" campaign, which had developed teaching and learning materials for those identified as having a disability. We have also supported the delivery of CPR and AED awareness training to hard-to-reach groups. This has included several sessions over 2024 with interfaith communities in Glasgow.

We have used our data to develop a publicly available resource to show where the best place is in any locality to place a publicly available defibrillator and help to ensure equitable access for all communities, this resource goes live in Feb 2025. We have partnered with Chest, Heart and Stroke Scotland to establish a bystander aftercare helpline to ensure everyone has equitable access to bystander support after performing or witnessing CPR and we are piloting a new concept of community response to cardiac arrest, partnering with a local authorities to build a network of trained volunteers, especially in more remote and rural communities, who are trained and equipped to respond to cardiac arrest alongside ambulance clinicians.

We are members of The Scottish Partnership for Palliative Care who are a collaboration of organisations involved in providing care towards the end of life in Scotland. SPPC membership includes all the territorial health boards, all Scottish hospices and a range of professional associations, national charities, local authorities, social care providers and universities. As a result of the SAS Palliative Care Team, the programme lead was elected to Council for SPPC representing SAS as a national statutory organisation and highlight how SAS as an organisation delivers palliative and end of life care.

This allows improvement for SAS staff's ability to administer the right medication to the right patient in the right environment and having access to the most appropriate medication for a wider range of end of life symptoms, a workstream focussed on the use of Just in Case medications was developed. This has been a workstream that focussed on appropriate care pathways and professional to professional support for alternatives to ED conveyance/ admissions to provide equity across Scotland enabling more patients to remain at home.

- We use a variety of communication channels to promote messages in relation to equality and diversity, for example, - our intranet '@SAS', the Chief Executives weekly update, our wellbeing and culture newsletter 'Live well, Work Well' and 'Response', our staff magazine. Our regular Staff Engagement sessions provide updates across a variety of business areas with the opportunity for staff to raise questions and make suggestions to improve our practice. Our equality, diversity and inclusion networks have led on a number of sessions included a session by members of the SAS Ethnic Minority Network, on the plans going forward over the next few years and the organisation; Reducing Misogyny and Improving Sexual Safety: the work of our Proud @SAS network and Healthy Culture Week.
- We have carried out some training sessions in conjunction with Stonewall. The aim being to provide training, support and guidance for our managers and staff to further enhance LGBT inclusion and equality. More staff have now been given support and understanding through the Stonewall Inclusivity Programme to support LGBT+ Community in both internal and external environments and become positive and active allies in the workplace

We have undertaken specialised Allyship Training which was open to all members of staff within the Service.

Recite Me' was introduced to the SAS website in 2019 offering increased accessibility for users viewing the website by enabling more functionality for people who may find reading from a screen difficult. We continue to use this facility. This is also included in the latest update on our Gaelic Language Plan for 2024. Users can do the following:

- Convert text to speech
- Change the background, text and link colours
- Use a reading ruler
- Use a page magnifier
- Adjust the text margins while in plain text mode
- Change the font and text size of words on the screen
- Access written translation of text in over 50 languages
- Access spoken translation of text in over 30 languages
- Convert pages to plain text
- Download text as words into MP3 form



- Social media channels such as Facebook and Instagram are utilised regularly to provide information about SAS. For example, details of SAS activity at Board meetings as well as updates during events. Social media channels have also been used to acknowledge the good work done by our staff for patients and to celebrate achievements, for example, those staff recently presented with the King's (previously Queens) Ambulance Service Medal.
- We have previously worked with Remploy, the third sector organisation that supports people with disabilities in the workplace to provide three-week work placements at our office in Motherwell. We have been able to learn from the feedback provided by the participants and are keen to renew our engagement with Remploy with a view to offer other work placements going forward.

- We supported a two-year work placement through the Professional Careers Programme with Glasgow Centre for Inclusive Living and NHS Scotland. The aim of the programme is to provide a two-year employment opportunity for a disabled graduate. By providing a challenging and rewarding experience of employment, and they have now been able to secure a permanent position on the completion of the programme.
- We previously worked with colleagues at NHS Education for Scotland to develop an e-learning resource to raise awareness on Dyslexia. This module is now available for our staff and early feedback has been very positive. Going forward we will be working with Dyslexia Scotwest, who will be supporting us to develop a programme of work to make SAS a more dyslexic friendly service.
- Work continues with partners from Police Scotland and Scottish Fire and Rescue Service to work with third sector organisations in order to improve methods of accessing emergency services and communicating with patients and members of the public at incidents.

Case Study – Young Minds Saves Lives

The Young Minds Save Lives (YMSL) program is an exciting initiative that helps young people learn important emergency and urgent care skills. It aims to raise awareness and prepare them to respond to community emergencies. Charities Together first funded the program, and it has been successfully introduced in schools across Glasgow.



Since it started, YMSL has reached around 1,100 S3 students in two pilot schools. What makes this project special is that it is led by paramedics, designed with input from young people, and tailored to meet the needs of their local communities. The program has received excellent feedback, and the University of Glasgow has conducted a successful evaluation, offering hands-on training and insights into healthcare careers.

The YMSL programme, in collaboration with the Developing the Young Workforce (DYW) Pathway to Employment, has significantly impacted young people by equipping them with essential emergency and urgent care skills. This initiative aligns with the Career Education Standard, improving employability skills, creativity, and career readiness for some of the most at-risk youth.

Through YMSL, S3 students from two pilot schools in Glasgow have gained practical, life-saving skills delivered by frontline paramedics. This hands-on experience not only enhances their preparedness for emergency situations but also provides valuable insight into healthcare careers. The programme's success is demonstrated by the University of Glasgow's positive evaluation, which highlights the effectiveness of the training and its alignment with career development goals.

In addition to its core objectives, YMSL paramedics contributed directly to supporting 12 young people in the Pathway to Employment programme, offering practical skills that build confidence and resilience. By integrating real-world emergency scenarios, the students have gained a

deeper understanding of workplace expectations, improving their overall employability and problem-solving abilities.

Further evidence of YMSL's success includes expanding the programme to additional schools, with three more schools scheduled to participate in 2025. Notably, efforts are underway to adapt the programme for Hollybrook School, ensuring accessibility for students with additional learning needs. This demonstrates YMSL's commitment to inclusivity and continuous improvement.

A key outcome of the programme's expansion is introducing a mental health component, responding directly to student feedback on the skills they find most relevant. The involvement of the SAS Mental Health Clinical Effectiveness Team and potential support from SAMH further strengthen the programme's impact on students' well-being and readiness for future employment.

The success of YMSL is measured through ongoing engagement, student feedback, and formal evaluation, all of which highlight the programme's emergency response skills, boosting career aspirations, and supporting employability pathways for at-risk young people role in improving.

- Stroke Awareness and assessment through use of FAST is being delivered as part of the Young Minds Save Lives initiative in Glasgow

SAS have partnered with Chest Heart and Stroke Scotland to launch the National FAST Campaign looking to reach out to all members of society through a highly inclusive and diverse marketing campaign which features members of society from under-represented groups along with young people, a shift in target audiences from historical stroke awareness campaigns.



Through our work with the national Thrombectomy Action Group we are working with a range of health board partners to support the phased roll out of Thrombectomy across NHS Scotland with the aim of improving outcomes for patients. This is a “hub and spoke” model and the role of SAS is to ensure in the pre-hospital care setting that stroke patients are identified and that they receive timely and equitable access to treatment.

Supporting Those with Dementia

The Emergency Services Collaborative (ESC) established a pledge for 2025. We worked with colleagues from Police Scotland, Scottish Fire & Rescue Service, Purple Alert, Alzheimer Scotland and the University of West of Scotland to raise awareness and understanding of dementia and the impact this has on our staff and the services we provide in order that we can become dementia friendly organisations.

In Scotland, over 90,000 people have dementia. It is most common in older people but can affect people in their 40's and 50's and even younger. Dementia is an umbrella term for over 100 different types of illness and disease symptoms. Symptoms may include memory loss and difficulty with day-to-day tasks, language and problem solving.

It is recognised that dementia can have impact on staff who are carers and there is a need to have policies in place both to support carers and those staff who may develop symptoms of dementia whilst working for our Services. Through working together, we are able to support each other by sharing experience, good practice and learning.

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. As part of our 2030 strategy, we have committed to;

- Develop and deliver a dementia strategy
- Develop and implement dementia-friendly ambulances
- Develop dementia specific education packages
- Support all staff to become Dementia Friends in collaboration with Alzheimer's Scotland
- Introduce Dementia Champions across Scotland in supporting local delivery of dementia care
- Work is underway to develop an informed dementia strategy that concentrates on innovative care, awareness, and better access to services to help improve the quality of life for people with dementia, providing support for their families and promoting a friendly community towards individuals with dementia. We remain committed to the tri-service Dementia Pledge alongside Police Scotland and the Scottish Fire and Rescue Service.

4.5. Staff experience

- Through the 'Once for Scotland' policy review project we have worked with NHS colleagues, Scottish Government and staff side partners during phase two of the Workforce policies including, Equality, Diversity & Human Rights, Trade Union Facilities Arrangements and Gender Based Violence. The latest version of the Supporting Work Life Balance policies were also included in this phase (e.g. Flexible Working, Maternity, Retirement and other related policies). These policies will be launched in early 2025. We have also reviewed and updated our Agile Working guidance in line with NHS Scotland Flexible Work Location Policy.
- We have launched our People Services Hub (central place to access HR support for all staff) test of change. This will enable us to better support our staff, managers and prospective employees in dealing with employee relations matters. We will also establish a "centre of excellence" dedicated to Equalities and quality improvement.
- The Service has developed three separate leadership and management training programmes for different leadership levels. All of these contain information on the E&D Networks within the Service, including how individuals can become involved in these networks. The higher level programmes also include sections on the role leaders have in challenging discrimination, and understanding the potential impacts of discrimination.

The Newly Qualified Paramedics (NQP) Leadership Training has included information on the E&D Networks within the Service. This is to ensure that NQPs joining the Service are aware of these Networks from the beginning of their time with us.

- We are in the process of renewing our commitment to the Disability Confident scheme through the self-assessment process to renew membership to the scheme. 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 and are supported through the application process. 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 equipment. Students with learning difficulties have been provided with assessments and screening for dyslexia, learning materials in different formats, assisted support and equipment as required.



- The Equality Impact Assessment Guidance has been reviewed to include reference to human rights and the socio-economic Fairer Scotland Duty. Managers and project leads are responsible for ensuring policies and practices are assessed and reviewed through the equality impact assessment process as part of usual practice. During 2025, we will expand this guidance further to include other impact assessment processes, in line with the Scottish Ambulance Service Strategic Anchor Plan (Children's Rights and Health Impact assessments)
- The Equality & Diversity Steering Group has a bi-monthly meeting, which is chaired by the Chief Operating Officer/Deputy Chief Executive and Human Resources Manager (Employee Relations and Equalities). Membership of the group includes staff across different staff groups and staff side representatives. The group assists SAS to deliver equality and diversity commitments and obligations by co-ordinating national arrangements and developing a delivery plan, which identifies priorities, and sharing of good practice.
- Significant progress has been made this year, since first establishing the Equalities Staff networks/Fora within SAS. We now have well established networks for our Ethnic Minority Forum, the Proud@SAS Network for Lesbian, Gay, Bisexual & Transgender + (LGBT+) staff and the Disability Network. The Disability Network was relaunched in April 2023 and we have also established a Gender equality network and successful Armed Forces network. The networks are for staff from all the communities, across SAS, who share protected characteristics, their allies and those that can influence change and support developments across the Service.

From launch of our Armed Forces and Gender Equality/Women's networks and re-establishing the Equality, Diversity and Inclusion Steering Group (EDISG) we have strengthened our commitment to the whole Equalities agenda. Our EDISG, provides clear strategic level support and all members are clearly driving this critical and essential agenda forward. This Steering Group is now chaired by our Deputy Chief Executive/Chief Operating Officer and each Network is led by a member of the Executive Team, supported by a lead senior manager and HR Advisor. Staff side colleagues are also represented on all our networks. Partnership support has been key to the success of this work too.

- Equality and diversity is a key work stream under the work of the Association of Ambulance Chief Executives and SAS works closely with National Ambulance Diversity Forum and SAS representatives are members of the National Ambulance LGBT Network, the National Ambulance Black & Minority Ethnic Forum and National Ambulance Disability Forum. Our involvement with these networks has been particularly useful as we have been able to develop resources together, work on common initiatives, share learning and listen to the experience of other services to inform our own practice.
- Equality and diversity training is an integral component of training for operational staff and our Vocational Qualification programmes include elements on; privacy and dignity in care, learning disabilities and mental health. The annual Learning in Practice programme for operational staff includes equality and diversity elements. We are also in the process of updating our e-learning module, under the statutory and mandatory learning packages.
- Staff Health & Wellbeing - We are proud of our people who day by day often work under extreme pressure, however, continue to put the needs of others first and foremost. This can take its toll; therefore, it is vital that we nurture and protect the health and wellbeing of our workforce so they can continue to be at their best and make a difference to peoples' lives. We introduced our first Wellbeing Strategy: Being Well in 2021 and over the 3 year lifespan of this strategy we have endeavoured to make a difference in how we support our workforce's health and wellbeing.

Recognising the diversity of our workforce and that one size does not fit all, we have put in place a range of resources, services and initiatives open and accessible to all our employees. We introduced a Wellbeing Lead role to lead efforts in implementing our strategy, whilst working collaboratively with our people, leaders, managers, networks, staff side colleagues and external partners to achieve success. Some of our achievements can be seen in the update on Equality Outcomes (Section 6)

Going forward, we are committed to ensuring that staff health and wellbeing sits at the heart of everything that we do. Our second Health & Wellbeing Strategy 'Staying Well' 2024-27, builds on the strong foundation that was established with our first strategy, with a greater emphasis on addressing mental health needs and developing healthy workplaces with proactive and preventative approaches.

We listened to our peoples' views throughout the lifespan of the first Wellbeing strategy so that 'Staying Well' was developed around the needs of our workforce. The strategy is based on actions and interventions that are evidence-based and we are striving to provide services and resources that achieve the greatest impact with measurable outcomes.

Some of the next steps in our health & wellbeing journey are also outlined in **section 6**.

Procurement

- A joint Procurement Strategy has been developed with partners at 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 including paying due regard to the award criteria (economic viability and performance) and equality considerations. Mechanisms are currently in place to ensure that suppliers and the Service comply with the Equality Act in order to better perform the general equality duty.

- 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) and third sector and supported businesses. Also 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 and promoting equality and tackling inequality. This will enable us to fulfil the sustainable procurement duty (Procurement Reform (Scotland) Act 2014), as well as our duties under the Equality Act.
- A national collaborative Framework Agreement for Supported Factories and Businesses has been established by the Scottish Government to provide products and services to the Scottish public sector. A supported factory/business is “an establishment where more than 50% of the workers are disabled persons who because of the nature or severity of their disability are unable to take up work in the open labour market.” SAS will ensure that the framework agreement will be utilised whenever appropriate.

Sexual Safety – case study

We are working closely with our partner agencies to deliver joint staff workshops to enhance awareness, engagement and our understanding of sexual safety and misogyny in the workplace

We have designed a national programme of work focused on improving understanding and awareness of sexual safety in the workplace. This includes a number of activities such as the development of a sexual safety policy, dedicated communication materials, an e-learning module and face to face workshops for all our staff and managers across Scotland.

We want all our staff to feel safe at work, and to go about their professional lives without being subjected to behaviour which is sexually motivated and distressing to them. This programme of work is not just solely about managing inappropriate behaviours in the workplace but is part of a wider focus on improving workplace culture, values and how we treat one another. Public Health Scotland states over 70% of women have witnessed or experienced sexual harassment in the workplace. NHS Staff Survey in England 2023 found that 3.8% of staff have been the target of unwanted behaviour of a sexual nature from staff/colleagues in the workplace in the last 12 months.

The Worker Protection Act (Amendment of Equality Act 2010) introduces a new proactive duty on employers to take reasonable steps to prevent sexual harassment of employees and came into force in October 2024. The Scottish Ambulance Service is committed to improving the workplace experiences of our staff, volunteers and students and has created a national programme of activities to create greater awareness, understanding and create positive culture change.

Our pilot workshops took place in November 2024 in Inverurie and in the Western Isles. Our staff attended these sessions and we have had positive feedback'. The discussion focussed on topics such as: What is misogyny? What types of behaviour are sexually inappropriate in the workplace? Is it just banter? We also looked at some real-life examples of sexual misconduct and how to Speak Up and challenge other people's behaviours in a positive way.

The Service is committed to a zero-tolerance approach to sexual harassment and will actively seek to reduce the risks of these behaviours in our workplace to ensure it is safe for all our staff, volunteers and students.

4.6. 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 Staff Governance Committee applies approval before the Board signs off the Equality Outcomes and the associated progress reports before publication.
- 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 2025/26 and the development of work around the demand and capacity programme to deliver performance improvements for patients by having a workforce available when and where they are most needed.
- Health inequalities aspects are considered explicitly along with equalities issues at Board level.

Governance arrangements

- The Director of Workforce 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.

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 of work we have been engaged in which supports this work, as follows:

- 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 SAS.



- 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. Most people providing feedback choose this method to do so.
- The role Boards have in redirecting wealth back into their local communities to help address the wider determinants of health inequalities through processing specific measurable objectives that align with our Anchor Strategic Plan.
- SAS and other partners from across the UK worked in collaboration with the Association of Ambulance Chief Executives (AACE) to consider ways in which the ambulance sector could strengthen their role in reducing health inequalities and agreed a consensus statement in 2023.
- 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, for example in the Highlands and Western Isles where Gaelic is spoken more often. The formal assessment plan for 2023 was submitted and submitted to the Bòrd na Gàidhlig for approval in May 2024.

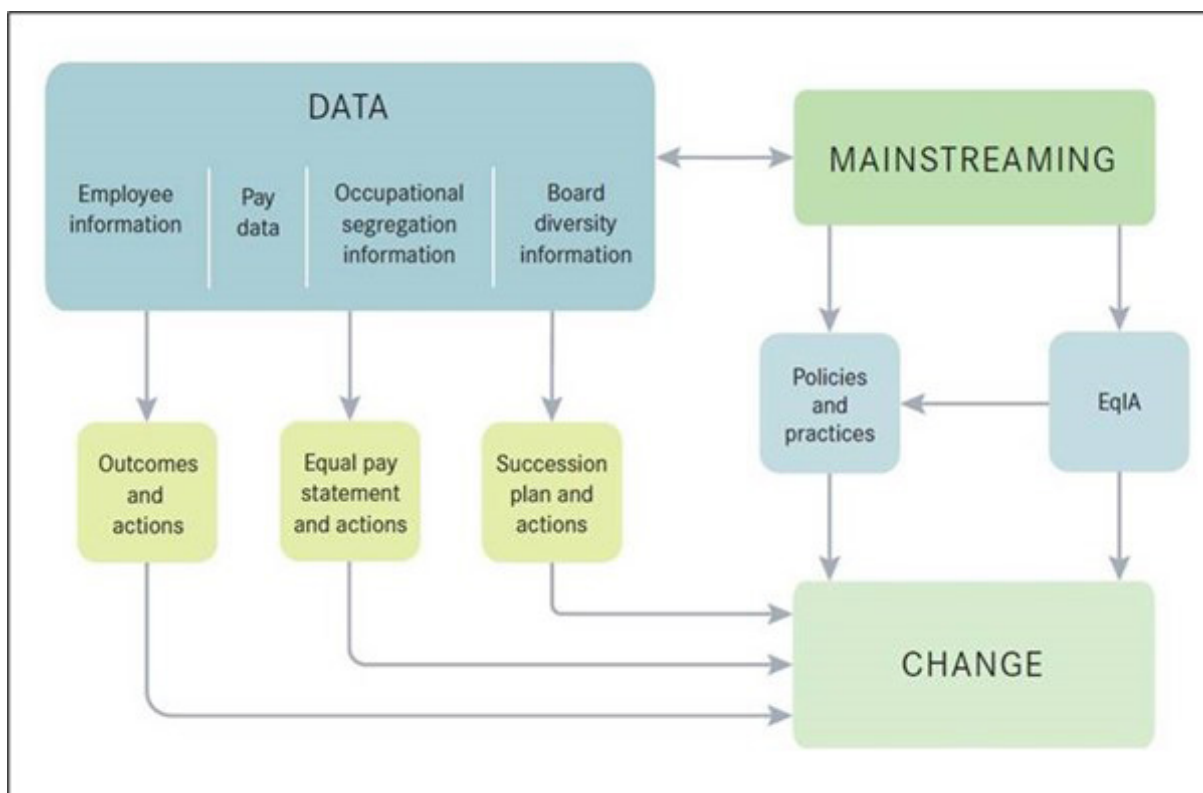
4.7. Workforce data

As of, 1 April 2023 SAS employed 6547 staff and as of 31 March 2024 SAS employed 6549 staff. The workforce consists of 46.8% female and 53.1% male staff. We have seen a steady increase in the number of women employed rising from 31% in 2007.

SAS currently captures robust data regarding age and sex 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 are committed to continuing to make progress to improve data compliance in a range of areas for disclosure and recruitment.

We have seen a steady improvement in self-disclosure. Work is underway to improve disclosure rates and details of the actions being taken to address these are included in the Workforce Equality Monitoring Report 2023/24 which can be found [here](#).

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.



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.

4.8. Use of equality monitoring data

- **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.

- **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 more sensitive areas like disability, religion or belief and sexual orientation.

- **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 2030 Service

Strategy and new models of patient care, our scope of practice will identify skills and competencies required for the workforce plan for 2025 and beyond.

- **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.

- **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.

- **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.

The Gender Representation on Public Boards (Scotland) Act 2018 (GRPB) sets out the need for public authorities like SAS to work towards achieving the Gender Representation Objective that 50 per cent of a Board's Non-Executive members are women.

Table 2 – Board Gender breakdown Non-Executive Members

Number of Non Executive Members		
Total	Number of male	Number of female
10	5	5
Percentage	50%	50%

As illustrated in the table above the gender balance of the non-Executive members at SAS is 50 per cent male and 50 per cent female and the gender representation objective has been achieved.

Under GRPB there is a requirement to report on recruitment activity to appoint non-Executive members during the reporting period of 29 May 2023 – 30 April 2024. During this period there was recruitment activity for three Non-Executive Directors who started at the end of 2021.

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 have arisen and will seek advice from equalities organisations in order to address any potential barriers for candidates.

4.9. Equal Pay

A refreshed equal pay statement, gender pay gap information and details of occupational segregation will be published in April 2025. This information can be found [here](#) and on the SAS website and 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 section 6.

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime. Table 3 shows the overall average combined hourly pay rate per employee (£) in 2022 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 3 – 2024 Gender Pay Gap

	Part Time	Full Time	All
Female	17.87	18.48	18.38
Male	18.16	19.42	19.34
% Difference between male and female	2%	5%	5%

Overall, the percentage difference between women's and men's average hourly rate is 5 per cent. Although this is an increase from 4 per cent in 2022, it is encouraging to see that this difference has steadily reduced from 10 per cent in 2012 when this figure was calculated for the first time. We have seen an increase in the number of women and men working part-time. Previously, the average hourly rate for men working part-time was lower than the average hourly rate for women working part-time, however it is recognised that this is now not the case. The average hourly rates for men working both full-time (5 per cent) and part-time (2 per cent) are higher than for women. The overall difference has increased from 4 per cent in 2022 to 5 per cent in 2024.

The median average pay gap is 14.2 per cent, this has decreased from 20.7 per cent in 2022. This is due to the female median hourly rate increasing to mid-point Band 5 from the bottom of point of Band 5 in previous years. The figures above show the mean average and this measures the difference between the average hourly rate for men and women. The median is calculated using the midpoint hourly rate for men and women. The median average is useful as the figure is not distorted by very large or very small pay rates.

Full details relating to the gender pay gap and occupational segregation changes since 2018, can be seen in the Equal Pay Statement and Gender Pay Gap Information report [here](#)

5. Statement of equality outcomes 2025 – 29

5.1. Introduction

Our equality outcomes have been developed to build on our strategic goals set out in our framework our 2030 Strategy. These build on the original equality outcomes from “Taking care to the Patient” and our Remobilisation Plan 2021 – 22.

What are equality outcomes?

Equality outcomes are:

- Changes or impact that results from the action we have taken. These changes may be for individuals, groups, families, organisations or communities,
- Should be based on existing evidence, i.e. involvement of those with protected characteristics and available equalities / health inequalities data and research,
- Should not replicate existing board policy outcomes but contribute a specific equality dimension that is aligned to and supportive of these.

Actions describe what activity / initiatives are planned in order to work towards the achievement of outcomes. Outputs describe what will get done and what is produced / delivered to support the delivery of outcomes.

The equality outcomes that have been identified are as follows:

1. To improve access and referral to the most appropriate care that is person centred, safe and effective
2. The experience of patients will improve through staff who are supported to deliver person centred care
3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved
4. 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
5. The diversity profile of SAS workforce reflects the communities we serve
6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.

In developing these outcomes, we have built on the work we have undertaken previously and added further actions where appropriate. Our outcomes for the period 2025-9 have been enhanced and developed to include the following:

- Equality Outcome 2 to include actions to be undertaken with regards to improving communication methods for those staff and patients who are impacted by Neurodiverse conditions e.g. Dyslexia



- Expand Equality Outcome 3 to include a wider focus on actions related to improving the overall health & wellbeing of staff and patients, particularly those with a disability.
- Equality Outcome 4 to be revised to include actions associated with Sexual Safety programme and Gender Equality focus.
- Equality Outcome 6 to be update to include development of Service's Anti Racism plan and Annual Delivery Plan objectives associated with this outcome.

The equality outcomes cover all the protected characteristics however, there are some characteristics, for example religion and belief and gender re-assignment where actions / initiatives are minimal. This is as a result of considering the evidence available to us during the development of these outcomes. If evidence emerges, that indicates that people sharing these characteristics have a poor experience of the Service or have suffered detriment then we will consider ways that this may be addressed in future

5.2. Evidence

In developing these equality outcomes, we have sourced, gathered, analysed and considered the evidence, resource and capacity implications for each of the outcomes.

Externally individuals and groups representing those with protected characteristics were involved in the development of our original outcomes. These were discussed and have been circulated across our National Patient Focus and Public Involvement Group, which includes a wide range of individuals / groups across all protected characteristics. The updated outcomes will be shared again across this group of individuals.

Internally senior managers, staff, staff side and groups have been involved including the Equality Diversity Steering Group and staff networks.

Taking a holistic view across health across Scotland it is clear SAS has a part to play in terms of reducing health inequalities and therefore our equalities work needs to be aligned. In turn, this work aligns with the ambitions of the Healthcare Quality Strategy for NHS Scotland to deliver safe, clinically effective and patient centred care for our patients and the Health and Social Care Delivery Plan to provide better care, better health and better value.

It is recognised that we can build on access routes to the Service and this will enhance the experience for patients particularly those from the Deaf community, or those whose second language is English. As the Service covers the whole of Scotland it is imperative that further ways are developed to ensure we can involve, consult and engage with patients and the public in a variety of ways.

With regard to workforce, we considered a number of sources of evidence and given that mental ill health is the most common cause of staff absence from work decided that we should develop support and understanding around this in order to improve staff experience in this regard.

Our annual workforce equality monitoring report provides details of the staff composition and it is apparent that the workforce profile is not very diverse. There are two key areas for improvement. The first is to improve the rates of self-disclosure of equality information from staff that will provide a more accurate picture of the diversity profile. The second is to progress further ways that we can attract applications from as broad a range of communities as we can and monitor the success of applicants to ensure there are no barriers in the recruitment process.

An evidence summary for each of the equality outcomes is included in this document for reference at Appendix 3.

Starting point

As a board, we are not starting with a blank sheet. We developed outcomes for the period 2017 – 21 and 2021-25 previously and in developing outcomes for the period 2025 - 29 cognisance has been taken of the progress we have made, the relevance of the activities we had identified and the changing needs of the Service. Our equality outcomes are aligned explicitly with existing Scottish Government, NHS Scotland and SAS policy priorities, linking to national evidence where possible, and integrated into current performance management systems where relevant.

We recognise that the SAS does not work in isolation but with other colleagues across health and social care. In particular we have taken cognisance of the Audit Scotland “Health Inequalities in Scotland” and we understand that given the complex and long-term nature of health inequalities one organisation cannot address all these on its own. However, we know that we can contribute to the long-term health of the population in Scotland and can play our part in helping to reduce health inequalities.

5.3. Monitoring arrangements

Outputs will be monitored and reported at the Staff Governance Committee.

A formal report on progress made against each of the outcomes since April 2023 will be produced and published in April 2025 within this overall report.



5.4. Statement of Equality Outcomes 2025 – 29

1. To improve access and referral to the most appropriate care that is person centred, safe and effective

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black, Asian and minority ethnic, disabled and carers groups, those in deprived areas.	<ol style="list-style-type: none"> 1. An increase in the number of patients from under-represented groups use the scheduled service. 2. There is an increase in the use of alternative methods of booking transport and accessing emergency service for disabled patients including those with mental health problems. 3. Improved understanding among communities of the services delivered by SAS. 	Awareness and understanding of SAS is increased so communities access SAS as appropriate.	<p>Advance equality of opportunity</p> <p>Foster good relations</p>
Individuals from diverse groups are encouraged and supported to become involved with the work of SAS including those who wish to volunteer.	More diverse public / patient representation on service redesign / improvement groups.	Increased understanding of the needs of diverse groups.	<p>Advance equality of opportunity</p> <p>Foster good relations</p> <p>Age, disability, race, LGBT, carers</p>
Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging preventative care.	Sessions are provided across a range of community settings provided by community resilience department through community first responder teams.	Communities have an increased understanding of some health conditions and this will have impact on health inequalities.	<p>Advance equality of opportunity</p> <p>Foster good relations</p>

Improve the capture of patient equality details.	There is an increase in the percentage of patient equality data collected.	There is a better understanding of the profile of patients treated by the Service.	Eliminate discrimination
Improve access to SAS information for patients and members of the public.*	<ol style="list-style-type: none"> 1. Video content in BSL is developed for the SAS website 2. More information on the website is provided in easy read format. 3. Video clips on patient information are produced for use on social media channels and use of Recite Me on the website is promoted. 4. Explore the use of BSL App for Operational staff and First Responders 	<p>The SAS is more accessible for BSL users.</p> <p>Access to the website is improved.</p> <p>Access to the website is improved.</p> <p>Improve access to those requiring treatment by SAS</p>	<p>Advance equality of opportunity</p> <p>All – disability, race</p>
Communication tools are developed to be used by operational teams	Easy to use communication resources are developed.	There are a range of communication tools available assisting staff and patients to communicate effectively.	<p>Advance equality of opportunity</p> <p>Disability</p>

Measures

- Increase in the range of community groups with whom we engage
- The diversity profile of volunteers working with SAS
- Use of Language Line Services for booking Patient Transport Service is utilised
- There is improved access to information on SAS website and social media channels
- There is an increase in the collection of patient equality details

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
Through the establishment of our Pathways function we are working with a wide number of stakeholders to support the development of a wide range of pathways for our patients.	<ol style="list-style-type: none"> 1. Increased range of alternatives for patients to support right care right place first time. Having more appropriate pathways means that we can improve patient outcomes by avoiding unnecessary hospital attendances. We can enhance the health and wellbeing of our crews through increased choice. 2. Through engagement and support of our frontline clinicians we have increased the numbers of patients referred to Falls pathways, Alcohol and Drug Partnerships, social services and a wide range of partners. <p>For December 2024 the falls referral rate was 35% the highest ever for the Service.</p>	<p>More effective clinical care is provided with care pathways developed to take account of the diversity of needs and characteristics of patients and the community.</p> <p>Patients have a better experience and are more involved in their own care. This will also have impact on health inequalities and access to our service for those who could experience multiple barriers, e.g. someone who has a disability whose first language is not English.</p>	<p>Eliminate discrimination</p> <p>Advance equality of opportunity</p> <p>All - greater impact on age, disability</p>
Analyse key clinical conditions to identify whether there are gender specific differences in patient experience.	Information is gathered for 5 key conditions; any differences identified and steps taken to improve treatment.	Adjustments are made to the way treatment is managed specifically for men and women.	Eliminate discrimination

Work with colleagues at Police Scotland, Scottish Fire & Rescue Service and service users to improve access for people contacting emergency services. *	Access methods are promoted and a variety of access channels can be used to contact emergency services.	There is improved access for the Deaf/ deaf, hard of hearing and people who have difficulty communicating using speech. There is a choice of access channels.	Eliminate discrimination Advance equality of opportunity Age. Disability
Support access to services for deaf people by identifying and implementing new methods of booking transport services.	<ul style="list-style-type: none"> Extended number of booking methods in place. In keeping with the new booking system, continue to review and revise the Patient Needs Assessment for Patient Transport Service 	All eligible patients have improved access to scheduled service. Patients have improved experience of booking transport.	Eliminate discrimination Advance equality of opportunity Age. Disability
Community Resilience Team Leader engage with a wide range of communities including volunteers across the protected characteristics and this work is targeted to include where previous involvement has been limited.	There is improved input and dialogue across a wide range of communities and groups.	Engagement with communities is inclusive across all protected characteristics.	Advance equality of opportunity Foster good relations All
A range of people/ groups across all protected characteristics are involved in the work of SAS.	Representatives from different communities are routinely involved in the work of SAS including on committees, during development of strategy and when reviewing our practices.	Our service and practice are inclusive and equitably implemented.	Eliminate discrimination Advance equality of opportunity Foster good relations All
Development of a cab-based language tool.	Language tool in place.	Communication support is more accessible and immediate when crews are with patients [A&E].	Advance equality of opportunity Race

Develop an accessible communications policy to cover interpretation, translation and patient information.	<ol style="list-style-type: none"> 1. Communications Policy is in place 2. Gaelic Language Plan continues to be refreshed and renewed annually and promoted across SAS 3. Improve communication methods for those staff who are impacted by neurodiverse conditions, e.g. Dyslexia, autism etc 	<p>Policy is clear for patients / members of the public. Gaelic is visible and accessible for patients/ members of the public.</p> <p>Communication is better supported for both our staff and patients we respond to.</p>	<p>Advance equality of opportunity</p> <p>Disability, race</p>
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Measures

- Care pathways in place across health and social care partners
- Gender specific differences experienced by patients identified
- Women's health initiatives are supported through our policies and procedures
- Services are accessible and inclusive to the needs of all people with no barriers to contacting services
- Communications policy is reviewed and refreshed via ED Steering Group
- New methods of booking patient transport service are further reviewed to improve service.

3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved. In addition, we will increase our overall focus on supporting our staff with disabilities.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
Patients in mental health crisis calling 999 are referred to the most suitable care pathway including mental health hub / hospital as appropriate.*	<ol style="list-style-type: none"> 1. Fewer mental health patients are taken to accident & emergency. 2. Revise and devise methods of recording episodes of distress / mental health to enable better analysis of care provided. 3. Appropriate use of mental health assessment referral pathways within territorial NHS boards. 	<p>The care of mental health patients is improved. Mental health patients are offered the most appropriate support.</p> <p>Developed relationships with local services will enable us to better support those in crisis</p>	<p>Advancing equality of opportunity</p> <p>Disability</p>

Develop and promote the programme of work we are undertaking with Dyslexia ScotWest	There is increased awareness and understanding of dyslexia and the impact this has on individuals and the support and guidance available	Staff and patients are better supported	Advancing equality of opportunity Disability
Work towards being a dementia friendly employer with policies and procedures in place to allow us to support colleagues who become carers or support those who themselves develop dementia.	<ol style="list-style-type: none"> 1. Work with colleagues across emergency services to maintain and improve general safety and wellbeing of people living with dementia, their families and carers. 2. Staff complete on-line dementia friendly training. 3. Employment policies are developed which support colleagues with dementia and those who care for someone with dementia. 	<p>There is increased awareness and understanding of dementia and the impact this has on individuals, their families and carers.</p> <p>There is increased awareness of dementia and improved understanding of individuals who are confused / have difficulty communicating.</p> <p>There is increased understanding of dementia and the impact of this for carers.</p>	<p>Eliminate discrimination</p> <p>Advancing equality of opportunity</p> <p>Foster good relations</p>
'Mentally healthy workplace' training is delivered.	Training is delivered for managers and staff.	Managers are confident in the way they support their staff and promote a healthy workplace.	<p>Foster good relations</p> <p>All - greater for disability, young men, LGBT staff</p>
Scotland's Mental Health First Aid and ASISTcourse is implemented across SAS.	The training is delivered to SAS staff, students, volunteers with inclusion of partner organisation colleagues e.g. police Scotland, social work etc.	There is a greater understanding, awareness and confidence across the organisation in supporting people in suicidal crisis and mental health distress.	<p>Foster good relations</p> <p>All - greater for disability, young men, LGBT staff</p>
Review work with Lifelines Scotland to on training resources for use by all emergency services, their staff, families and volunteers.*	Resources are available and accessed through Lifelines Scotland website.	Staff wellbeing in general and mental health in particular is better supported.	<p>Advance equality of opportunity</p> <p>All, greater impact on disability</p>

Agile working guidance is implemented widely across the Service.*	Guidance is used to enable staff agile working.	Staff are supported to enable home working resulting in improved work life balance.	Advance equality of opportunity All - disability
Implement the Health & Wellbeing Strategy 2024 – 27 IActions are in place to support and create a healthy culture and environment where wellbeing will flourish.	Actions are taken to support wellbeing detailed in the Wellbeing strategy.	There is an improvement in the health and wellbeing of staff.	Advance equality of opportunity Fostering good relations

Measures

- The number of mental health patients taken to hospital is reduced
- Staff complete dementia friendly training
- There is a reduction in sickness absence as a result of mental health.
- Staff with disabilities are better supported at work and there are reductions in absence levels for these staff
- There is continued support for those who continue to work in an agile manner working all/part of the time at home
- Lifeline Scotland resources are available and accessed by staff, their families and volunteers
- Staff feedback scores on a caring environment through iMatter questionnaire improves

4. 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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
Support the further development of staff led networks including – Proud@SAS, Ethnic Minority, Disability, Gender Equality and Armed Forces	<ol style="list-style-type: none"> 1. Staff network in place and regular dialogue and engagement takes place. 2. Participate in national ambulance forums in order to share learning and good practice. 3. Develop resources which can be used for training purposes for LGBT, BAME and Disability. 	There is a greater understanding of needs and concerns of staff and patients who are from LGBT and ethnic minority and other protected characteristic communities. Resources and approaches are shared which inform development for SAS. There is raised awareness and understanding of barriers faced by different equality groups.	<p>Eliminate discrimination</p> <p>Advance equality of opportunity</p> <p>Foster good relations</p> <p>LGBT, race</p>

Further develop the workplan of the staff led network for those with an interest in disability equality issues.	Staff network workplan objectives delivered and regular dialogue and engagement takes place.	There is a greater understanding of needs and concerns of staff and patients who have a disability, including those who do not describe themselves as having a disability.	Advance equality of opportunity Disability
In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns.	<ol style="list-style-type: none"> 1. Continue to work with staff and staff side partners to develop rosters which meet the demands of the service and needs of the staff. 2. Reduced number of staff working on relief rosters. 	There is a cultural shift away from a two-tier workforce where men and women feel they are treated differently as a result of their status with regard to a roster / relief position.	Advance equality of opportunity Men and women
Continue to progress our Sexual Safety programme of work	Work closely with our partner agencies to deliver join staff workshops to enhance awareness, engagement and our understanding of Sexual Safety and misogyny in the workplace	We want all our staff to feel safe at work, and to go about their professional lives without being subjected to behaviour which is sexually motivated and distressing to them. Improve workplace culture, values and how we treat one another	Eliminate discrimination Men and women
Monitor and review occupational segregation and associated applications for key roles that have traditionally been occupied by men or women.	Analysis of vacancies for key roles to establish where changes could be made further in order to encourage more applications from men and women for all job roles.	There is an increase in the proportion of men and women applying for posts traditionally occupied by the opposite sex, i.e. more male applicants for admin and clerical posts and more female applicants for Patient Transport Service.	Eliminate discrimination Gender

Improve staff engagement across all staff groups.	<ol style="list-style-type: none"> 1. An employee engagement index score of 70 is achieved. 2. iMatter response rates increases to across SAS 3. Action plans are in place for every team and these are completed within 12 weeks of team reports being available. 4. SAS staff are encouraged to engage with pulse surveys 	<p>Staff feedback is positive and indicates there is a healthy culture.</p> <p>An increased number of staff routinely have their say by providing feedback through the iMatter questionnaire.</p>	<p>Foster good relations</p> <p>ALL</p>
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Measures

- Staff experience improves and this is reflected in the results of iMatter / pulse surveys
- An increased number of staff work on permanent shift patterns
- More men work in roles traditionally occupied by women and more women work in roles traditionally occupied by men
- Staff disability network takes forward some key pieces of work in relation to supporting neurodiverse staff and patients

5. The diversity profile of SAS workforce reflects the communities we serve

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
Develop a framework to employ and increased number of Modern Apprentices.	Framework in place. Engage in research with Skills Development Scotland to progress	The employability of young people is improved.	<p>Advance equality of opportunity</p> <p>Age, disability, race, gender</p>
Develop a plan to encourage and improve rates of staff self- disclosure.	<ol style="list-style-type: none"> 1. Improved self-disclosure rates particularly with regard to race, religion & belief and sexual orientation. 2. Utilise opportunities at training events to capture equality monitoring information.* 	<p>There is a shift in cultural awareness of the importance of disclosing equalities information.</p> <p>Disclosure rates improve. There is greater understanding of the need to collect data</p>	<p>Eliminate discrimination</p> <p>All - greater impact for race, religion and belief, LGBT</p>

Extend the breadth of engagement with potential candidates*	<ol style="list-style-type: none"> 1. Attend specific careers events in areas with higher black, Asian and minority ethnic communities 2. Run targeted community events for operational posts to cover the application process, assessment procedure and on-boarding. 	<p>There is an increase in numbers of BME applicants</p> <p>There is an increased awareness of the job roles available and an understanding of the recruitment process.</p>	<p>Advance equality of opportunity</p> <p>Race</p>
Recruitment advertising is targeted specifically across under-represented groups including BME / disabled / LGBT communities.	<ol style="list-style-type: none"> 1. A greater number of applications are received from under-represented communities including LGBT, disability and black, Asian and minority ethnic communities. 2. Utilise the use of social media and digital technology to support the recruitment of staff at all grades across SAS. 3. Utilise contacts with a range of organisations to identify ways of advertising more widely. 4. The success of applicants across equality groups increases. 	<p>The workforce of SAS better reflects the diversity of the Scottish population and staff with protected characteristics are represented appropriately at all levels of the organisation.</p> <p>Improved understanding among communities of the services delivered by SAS and the job roles available.</p> <p>Attract a broader range of applicants.</p> <p>The diversity of the workforce improves.</p>	<p>Advance equality of opportunity</p> <p>Race, disability, LGBT</p>

Measures

- There is an increase in the percentage of staff disclosing all equalities information
- There is an increase in the number of applications from disabled, LGBT and black and minority ethnic communities.
- There is an increase in the percentage of successful applicants from disabled, LGBT and black and minority ethnic communities
- There is an increase in the diversity of the workforce overall and increased percentages of disabled, black, Asian and minority ethnic and LGBT staff.
- Longer term – diversity across all salary bands is improved.

6. SAS is more responsive to the needs of black , Asian and minority ethnic staff and service users.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
A culture of anti-racism is promoted.*	<ol style="list-style-type: none"> 1. In line with DL23 (2024) Anti Racism Plans – Guidance, develop and implement the SAS plan. Ensure this is communicated across SAS and resources are utilised to communicate key messages. 2. Raise awareness of racism and encourage and increase confidence of staff to report racist incidents including hate crime. 3. The Ethnic Minority Forum develops and membership of the group grows to support ethnic minority staff and improves experience for patients. 4. Promote and celebrate diversity events, celebrations and activities. 	<p>There is raised awareness and understanding of racism.</p> <p>Racist behaviour is recognised and called out.</p> <p>Staff are supported and can discuss issues and learning is improved.</p> <p>There is a raised awareness of cultural events and the importance of these within communities.</p>	<p>Eliminate discrimination Advance equality of opportunity Foster good relations</p> <p>Race</p>
There is an improvement in SAS workforce diversity profile.*	The number of Ethnic Minority staff employed by SAS improves year on year.	Improved workforce diversity will increase understanding of cultural difference and attract others to work with SAS.	<p>Foster good relations</p> <p>Race</p>
Engage proactively with graduate Paramedic Universities to increase the number of Ethnic Minority, LGBT and disabled graduates.*	Regularly review student recruitment data with the Universities including the number of Ethnic Minority students in each year group.	There is an increase in the diversity of graduates who could potentially work with SAS.	<p>Foster good relations</p> <p>Race, LGBT, Disability</p>

Recruitment procedures are in line with best practice and are inclusive to improve and increase workforce diversity.*	<ol style="list-style-type: none"> 1. Recruitment and selection policy is reviewed to ascertain if there is potential to present a disadvantage to applicants. 2. Enhance and increase imagery on SAS website, recruitment pages and publications to reflect the diversity of the communities served by SAS. 3. Wherever possible selection panels will be diverse. 4. Provide opportunities for mentoring, shadowing, reverse mentoring for Ethnic minority staff. 	<p>Recruitment and selection practice is fairly and equitably applied.</p> <p>This encourages more applications across communities.</p> <p>This creates a broader variety of views on panels.</p> <p>To provide development opportunities.</p>	<p>Eliminate discrimination</p> <p>Advance equality of opportunity</p> <p>All - Race</p>
Develop culturally sensitive resources to improve understanding.*	Materials are developed and are available highlighting cultural difference and beliefs.	There is greater understanding and awareness.	<p>Foster good relations</p> <p>Race</p>
Mitigate the impact of Covid-19 on staff and strengthen protection and support for Ethnic minority staff.*	Ensure PPE is culturally suitable and protective redeployment, shielding and testing is in place.	The health and wellbeing of Ethnic minority staff is supported.	<p>Foster good relations</p> <p>Race</p>
Make a commitment to achieving Race at Work Charter status.*	CEO makes a pledge to the Race at work charter and SAS builds on the 5 key actions fundamental to charter status.	SAS becomes more culturally sensitive.	<p>Foster good relations</p> <p>Race</p>
Mainstream anti-racism messages through standard training and learning materials including leadership and management development provision.*	Course content is reviewed and revised to include anti-racism messages.	There is increased awareness and understanding of racist behaviours and how staff can behave to promote a culture of anti-racism.	<p>Eliminate discrimination</p> <p>Race</p>

The review of the progress of these equality outcomes has informed the progress update of equality outcomes for the period 2023 – 25 (section 6). The first two outcomes are focused on the provision of our service, three and six focus on both our service users and our staff and the remaining outcomes relate to our workforce.

The six equality outcomes cover all the protected characteristics however there are some characteristics, for example religion and belief and gender re-assignment, where actions / initiatives are minimal. This was as a result of analysing the evidence available to us during the development of these outcomes. If evidence emerges, that indicates that people sharing these characteristics have a poor experience of the Service or have suffered detriment then we will consider ways that this may be addressed in future.

A summary update on progress against each of the equality outcomes can be seen below.

6.2. Summary of progress

Work has been progressed across all of our equality outcomes and these are still relevant to the work we are taking forward. The timescales relating to the associated outputs in some cases have been adjusted to allow for changing priorities.

A summary is provided here on the progress of each of the outcomes between 2023 and 2025.

6.2.1. To improve access and referral to the most appropriate care that is person centred, safe and effective

As SAS engages more widely with community groups we are able to raise awareness of the Service, provide essential life support training and advice in recognising signs of cardiac arrest and stroke as well as encouraging preventative care. In some cases, groups are not aware of the services provided by SAS or how they can access scheduled and unscheduled care service. 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.

Through our Patient Focus and Public Involvement work we have encouraged and supported a number of volunteers to become involved with the work of SAS. This has included the development of communication resources, major trauma, patient experience and the development of care pathways.

In terms of Community Engagement, work is ongoing in a number of areas as follows:

Mentorship, recruitment and Work Experience Programs - A work experience program with partners from NHS 24 and NHS Lothian to offer opportunity and insight into the ambulance service and ACC in particular. This work is underpinned by The anchor plan and 2030. We are also in the early stages of developing a mentorship program to support the growth of leadership and soft skills among young people, with senior staff members playing a pivotal role.

Additionally, we are exploring a recruitment project to involve patient representatives on recruitment panels. Further updates on this initiative will be shared in due course.

Sustained delivery of a successfully trialled work experience program, also supported by Young Scot, which previously resulted in 50% of BME participants seeking employment with the Service.



Educational Outreach and Resources - Online presentations delivered to schools across Scotland via Microsoft Teams, reducing capacity constraints while maintaining engagement. Resources are available on the SAS website, including videos on handling emergencies and calling the ambulance service, tailored for primary and secondary school-aged children and their teachers.

Engagement with local communities and young people to create a youth charter, as required by the UNCRF.

Engagement with 18 primary schools in Edinburgh to co-design presentations covering topics such as how to call 999, who we are, and staying safe. These resources are designed to support staff and teachers during school visits.

Tri-Service Collaboration - Discussions with fire service colleagues to explore adopting a “Stay Safe” Tri-Service website aimed at young people aged 5 to 18. This website, successful in England and Wales, offers child-friendly resources, including workbooks and activities on responding to emergencies.

CPR and Emergency Preparedness - Active partnership with Save a Life for Scotland, providing CPR training sessions in primary schools.

Support and guidance offered by the communications team and clinical colleagues to improve emergency preparedness among young people.

Third-Sector Collaboration - Partnerships with organizations such as See Me, Young Scot, Children 1st, CHAS, Action for Children, and LGBT Youth to disseminate consultations and provide expert insights from young people and hard to reach communities.

Recent consultations include air ambulance procurement, end of life and palliative care and mental health response improvement.

In keeping with SAS Out of Hospital Cardiac Arrest Strategy, we are working with partners at Save a Life for Scotland, Police Scotland and Scottish Fire & Rescue Service to support community events to provide Cardiopulmonary Resuscitation (CPR) training.

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 Interactions, 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 4393 calls made with the assistance of Language Line during 2024. From 2021-2024 usage has increased by 45%.

We have provided input to the updating of JRCALC guidelines, with a focus on equality and diversity guidance. The service use the Joint Royal Ambulance Liaison Committee (JRCALC) clinical guidelines. A EQI is completed for all guidelines during the development and approval process. In October 2024 we implemented the new JRCALC 'Clinical Considerations in Relation to Diversity' and Equality guidance. A new guideline covering a number of areas where our clinical practice needs to flex and adapt to ensure equity of care for everyone in our diverse society, and to optimize patient care. Includes guidance relating to ethnicity and race, skin colour and tone, disability, maternity and gender related conditions, sexual orientation, cultural differences and terminology.

The services Clinical Guidelines Governance Framework was fully reviewed and approved by the SAS Clinical Assurance group in October 2024. The increasing complexity in our delivery of healthcare e.g. Integrated Care Pathways requires guideline development groups to complete a full Equality Impact Assessment. Guideline development groups must also consider potential or healthcare inequalities in both the development and implementation of their guidance

What difference has this made?

The ways patients / members of the public can access the service is improving with more BSL users accessing the service via contactSCOTLAND.

The use of Language Line Service continues to increase and is improving access to SAS for those whose first or preferred language is not English. This service is publicised on the SAS website, however it is recognised that we need to continue to raise awareness of this with community groups if access is to continue to grow and improve.

There are over 4000 SAS users of the JRCALC mobile application with circa over 3000 users looking at the guidance circa 35,000 times every 28 days. Use of pathways and referrals data is collated by the pathways team. The JRCALC guidance is now used by BASICS Scotland responders which ensures they have equity in access to SAS approved clinical guidance this also means patients receive equity in emergency community care, no matter who they are

Through our work with communities, we have been able to foster better relations and a greater understanding of communities and their needs as well as providing individuals with better support to access the Service.

A broader range of individuals from diverse backgrounds are routinely working with SAS, for example on Committees, with the Patient Focus & Public Involvement Steering Group and on specific work streams like the revision of the patient needs assessment for Patient Transport Service.

CPR training has been delivered across communities in Scotland including some of the more deprived areas where it is less likely that a bystander would have the skills to administer CPR. Ultimately the life chances of those experiencing cardiac arrest will be improved as a result of many more people being able to deliver CPR, vitally important in situations where time is critical for patient survival.

We have created a cardiopulmonary resuscitation (CPR) course for disabled people, which is the first of its kind in Scotland. We are working with Save a Life for Scotland who formally launched the programme over the summer 2022. This is supported by the Scottish Government and Resuscitation Council UK.

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

The clinical team and operational staff continue to work with partners and stakeholders to develop patient care pathways. We work closely with health and social care partners to ensure that we are always responsive and support continuity of care for patients.

Through our public protection work, we continue to see increased numbers of referrals and now we consider improving the quality of our referrals as well. This increases our service assurance and our partner agencies assurance of our staff undertaking their duty to report and duty to cooperate. Completion of mandatory training rates are slowly increasing and this helps us to mitigate against risk. The Public Protection data dashboard including numbers of referrals, training rates and training evaluations as well as referral quality audit provides monthly updates service and region wide, to support all locality and line management teams support their staff/ teams ongoing learning journeys.

The Gaelic Language Plan 2021/26 was approved and is in place. We report annually on progress with the plan. Actions are being taken forward to implement the commitments outlined in the plan in order to increase the awareness and use of the Gaelic language.

Training for Call Handlers booking transport for patients using scheduled care service has been enhanced to include further reference to disability awareness and communication support. The mental health training given to scheduled care call handlers during induction has been redesigned and developed by the mental health and dementia team, guidance and expertise from See Me, and with the insights from volunteers and patients. Based on engagement from scheduled care call handlers, we have been able to design a program that covers the areas they felt they needed guidance on when working with someone that has mental ill health (such as communication techniques).

The goal of the design was to improve the staff and patient experience while making consistent the mental health training messaging received by scheduled and unscheduled care staff. In the future, we hope to tailor this package for Ambulance Care Assistants.

Through our Research and Innovation team we have been actively involved in research which has taken into account the analysis of patient equality data and the profile of the patients treated by SAS. Our Research and Innovation team have been engaged in a number of key areas of research which have focussed on the analysis of data which links to some protected characteristics, for both staff and patients. Some examples include taking part in a study looking at the impact of the menopause on female ambulance staff (insert reference), research on how those from areas of high deprivation access our services, or from areas where we have high numbers from ethnic minority groups and how their experiences may differ. We are committed to continuing to engage in this kind of research to learn from and improve the services we provide across different communities.

What difference has this made?

We have seen a reduction in the number of hospital admissions with many more patients over 65 being left safely in a home environment.



As care pathways are developed we are able to work closer with social care partners to ensure patients receive the most appropriate care and reducing the need to take them to emergency departments at hospital.

Through the work of the Palliative Care and End of Life Care team and membership of the Scottish Partnership for Palliative Care (SPPC), has allowed the following:

- SPPC- allows SAS to have representation and input to wider palliative care communities and influence future decision making at SG level through collaboration with other members of SPPC.
- JIC - This led to new national guidelines being implemented to allow all clinical grades to administer JIC medications and updated guidelines now allow Paramedics to administer SAS stock medications where no JIC medications are prescribed. This has improved clinical care for patients at end of life who call 999 in crisis and plays a vital role in facilitating equity of access to symptom control for patients in remote and rural areas of Scotland. There has been a marked increase in administration of these medications by SAS clinicians particularly since April 2022 when the Macmillan team began. As well as the number of patients receiving these medications increasing, it is also noted that the average number of medications per patient has increased. Finally, the percentage of patients who were able to remain at home following the administration of JIC medications by SAS increased to 82% in 2024 compared to only 32% in 2019.
- Pathways – having access that is equitable across Scotland highlighting the importance of patient dignity, timely symptom control and reducing inappropriate resuscitation attempts. These pathways, through professional to professional support often help SAS clinicians decision making relating to onward hospital destination/hospice if appropriate

The Key Information Summary for patients can be readily accessed by Accident & Emergency staff and this provides details of specific communication support needs thus allowing staff to be more aware of patient needs and what resources might be required to treat the patient.

By analysing key clinical conditions to identify whether there are specific differences in patient experience from those with particular protected characteristics, differences can be identified and steps taken to improve treatment. Adjustments can also be made to the way treatment is managed for some groups of patients, based on this information.

There has been an increased understanding of disability and the impact of this for someone making a call to SAS.

Through our Public Protection Policy, we have ensured that that all staff are supported in providing a service where the adult or child's welfare and safety is paramount and has therefore produced this policy to ensure that our staff remain well informed and guided through this process, when dealing with significantly challenging situations involving Public Protection concerns.

The policy is relevant to advancing the equality of opportunity through improving access to support and care services. The policy is especially targeted to improving the abilities of all staff to recognise vulnerability and working with the patients to try to improve quality of care and quality of life through joint integrated working with health and social care.

6.2.3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved

In May 2022 we launched the service's first Mental Health Strategy. Some examples of work in this area include the following:

- Mental Health Paramedic Response Unit Service (MHPRU Service), also known as Mental Health Triage Cars, following a successful pilot 2021/22 became a substantive service, with funding secured via Scottish Government's Action 15 funds. The MHPRU Service currently operates in Inverness, Dundee and Glasgow and brings together the Scottish Ambulance Service (SAS) and territorial secondary mental health care providers to meet the needs of individuals contacting SAS with a mental health need. The MHPRU Service offers a range of support, including direct referral to secondary mental health care, connection to community resources, specialist mental health assessment and care in the person's own home/community and connecting to crisis support teams. These alternative pathways have reduced unnecessary conveyance for individuals with mental health needs.
- Mental health learning and education programme has been commenced within the service. Learning opportunities, delivered by the mental health team, include input into the technician/VQ course, Learning in Practice (LiP) resources, online and in person continued professional development events, Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid and events facilitated by external guests from secondary mental health care and See Me. This programme aims to enhance understanding of determinants that influence mental health, compassionate responses to people experiencing distress, crisis and/or mental ill health. Trauma and trauma informed approaches. Suicide intervention and prevention learning, and stigma reduction.

We continue to engage with See Me who developed a mental health inclusion CPD session for all staff, which will covers how to better work with patients with mental ill health, and also how to better manage one's own mental health.

Since the introduction of our first Wellbeing Strategy: Being Well in 2021 and over the 3 year lifespan of this strategy we have endeavoured to make a difference in how we support our workforce's health and wellbeing. We remain committed to ensuring that staff health and wellbeing sits at the heart of everything that we do. Our second Health & Wellbeing Strategy 'Staying Well' 2024-27, builds on the strong foundation that was established with our first strategy, with a greater emphasis on addressing mental health needs and developing healthy workplaces with proactive and preventative approaches.

We have achieved a great deal in this space as follows:

- Establishing a Trauma Risk Management (TRiM) assessors' network across the organisation with up to 40 referrals received per month. We have reviewed this provision by surveying recipients of TRiM and those conducting assessments and providing clinical supervision in order to continually improve service provision. This service is valued by staff with 93% of those who completed the survey advocating the continuation of TRiM in SAS.
- Introduction of an Improving Workplace Staff Experience and Workplace Wellbeing pulse survey in addition to annual iMatter staff survey. This pulse survey is able to capture qualitative data so we can explore further how our people are feeling at work and identify particular areas that require further support. This will be repeated up to 3 times annually.
- Introduction of a Healthy Culture Week to engage staff in discussions and deliver thought provoking sessions regarding developing our organisational culture, equality, diversity and inclusion in SAS.
- Running development sessions open to all employees to promote positive behaviours such as Civility Save lives and Equality, Diversity and Inclusion 'Time to learn' sprints.
- Joint training commenced with Police Scotland regarding sexual safety and reducing misogyny.
- Updating our Wellbeing Booklet with current resources and sources of help for staff and striving to provide a range of resources and information on the Wellbeing pages of our intranet site.
- Introduction of a monthly wellbeing newsletter – Live Well, Work Well to highlight health and wellbeing activity across the Service, promote national wellbeing campaigns and signpost to help and resources.
- Adding a further channel for Non-Executives & Partnership colleagues to hear about our staffs' experience by introducing a staff story at each Staff Governance Committee.
- Collaboration and sharing of good health & wellbeing practice with Police Scotland, Scottish Fire & Rescue, Association of Ambulance Chief Executives (AACE) and the National Wellbeing Network.
- Developing our leaders and managers so they can effectively lead, manage and support our



workforce. We have introduced an Aspiring Leaders Development programme for those interested in becoming a leader, but not yet in a leadership position. We are continuing to develop our accredited Foundation Leadership Programme, based on feedback from each cohort that undertakes the programme. We have piloted an action learning approach to develop our intermediate leaders and managers. We will continue to develop and improve our leadership development on an ongoing basis to ensure it meets the needs of our workforce.

- Establishing a new corporate induction programme, which has equalities focus woven in from the start of anyone's career within SAS. This applies to all new starts so that they feel supported as they join SAS and helps to set them up for success in their role.

What difference has this made?

With increased focus on the iMatter improvement plan, staff feel that they are being listened to and actions are being taken which will improve staff experience.

The 'See me' programme has helped to raise awareness of mental health and this is relevant when our staff are treating patients as well as in the workplace. We have started to see more confidence in discussing mental health and in time it is anticipated that culturally it will be more acceptable to do so in a much more open and transparent way.

As part of the onward care objective, within the Mental Health strategy, we have been developing a range of care pathways – these include national and local distress brief intervention referral routes with us recently achieving the milestone of over 900 referrals to DBI across these pathways. Additionally, we have been establishing professional to professional pathways, in partnership with territorial board partners. These professional to professional pathways allow SAS clinicians to seek support from local secondary mental health care providers to ensure people with mental health needs are connected to specialist mental health care and support as directly as possible, limiting the need for additional assessment via ED for example or out of hours GP services. We have seen, across the service, a reduction in conveyance rates for people with mental health needs and an increase in referrals.

MHPRU Service has provided a specialist mental health resource to respond to people with mental health needs who come into contact the Ambulance Service. This resource has enabled an expanded capacity to respond to calls, with Glasgow operating 24/7 and Inverness and Dundee operating each night during the week and having additional day coverage Friday, Saturday and Sunday.

An analysis of learning needs in relation to mental health was undertaken across a range of operational roles/points through engagement visits. Connecting with operational A&E colleagues, call handlers, clinical advisors, ambulance care assistants in the patient transport service and GP colleagues. The education and learning events have been designed to meet the needs identified from analysis and attendees have reported increased knowledge, understanding, confidence and competence when supporting someone with a mental health need.

Staff confidence in the Service has grown as we continue to demonstrate our commitment to our staff health and wellbeing sitting at the heart of everything that we do. Our second Health & Wellbeing Strategy 'Staying Well' 2024-27, builds on the strong foundation that was established with our first strategy, with a greater emphasis on addressing mental health needs and developing healthy workplaces with proactive and preventative approaches.

We listened to our peoples' views throughout the lifespan of the first Wellbeing strategy so that 'Staying Well' was developed around the needs of our workforce. The strategy is based on actions and interventions that are evidence-based and we are striving to provide services and resources

that achieve the greatest impact with measurable outcomes.

Through our Leadership and Management development training we have ensured that E&D is incorporated into all of our learning. Through this and in particular, our NQP training, we have promoted the E&D Networks to aspiring and current leaders within the Service. These lessons have been delivered to approximately 350 members of staff from 2021 - 2025 on the Leadership Training Programmes, and an additional approximately 80 NQPs

6.2.4. 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.

We have launched our People Services Hub test of change. This will enable us to better support our staff, managers and prospective employees in dealing with employee relations matters. We will also establish a “centre of excellence” dedicated to Equalities and quality improvement.

We have also reviewed and updated our Agile Working guidance in line with NHS Scotland Flexible Work Location Policy. Staff continue to be supported to enable home working resulting in improved work life balance.

We have developed and are in the process of introducing a Health Passport which provides an opportunity for staff to discuss their requirements for reasonable adjustments and allows for these to be reviewed on an on-going basis and when staff take up new positions within the Service. Guidance in respect of the Health Passport has also been developed for employees and managers.

Our Healthy Mind Policy and associated Employee and Managers Guidance has been approved and will now be rolled out across the Service.

Regional HR Teams continue to train and work with the first and second line managers on early resolution within the NHS Workforce policies. Training covered the importance of early intervention where there has been an employee relations issue. We also took time to talk through complex and the basics of supported conversations.

Significant progress has been made this year, since first establishing the Equalities Staff networks/ Fora within SAS. We now have well established networks for our Ethnic Minority Forum, the Proud@SAS Network for Lesbian, Gay, Bisexual & Transgender + (LGBT+) staff and the Disability Network. The Disability Network was relaunched in April 2023 and we have also established a Gender equality network and successful Armed Forces network. The networks are for staff from all the communities, across SAS, who share protected characteristics, their allies and those that can influence change and support developments across the Service.

What difference has this made?

It is hoped that the mental health forum will be a model for other teams in the service to adopt. In addition, it is a model which all of the networks can promote, for those who have little, or no experience of the issues that affect those in particular protected characteristic groups.

Our Staff Networks have grown and they continue to engage through the LGBT network – Proud @SAS and the Ethnic Minority, Armed Forces, Gender Equality and Disability networks. In time, this will enable a greater understanding of the needs and concerns of staff from these communities and help share good practice for all staff who share protected characteristics.



Through both the internal and external networks, there is a greater understanding of needs and concerns of staff and patients who have a disability, including those who do not describe themselves as having a disability. Through the sharing of guidance and good practice, we are able to develop resources, policies and guidance which can be used for training purposes for all staff who share protected characteristics. There is also increased awareness of the barriers faced by different equality groups.

In encouraging managers to use the Early Resolution process, contained within the NHSS Bullying and Harassment policy process, this has enabled SAS to adopt an approach, across all workforce policies which deal with ER issues, 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.

Through the Demand and Capacity, Rest Breaks and Reduced Working Week projects, we have worked with staff and staff side partners in a number of critical areas to meet the demands of the service and needs of the staff. This in turn will improve the overall work, life balance for our staff.

6.2.5 The diversity profile of SAS workforce reflects the communities we serve

We continue to encourage staff to provide equality information in order to reduce gaps in equality monitoring and enable more meaningful analysis of the fairness of our practices and policies. We are working with staff groups at training events and with team leaders to discuss the need for this information. An all-staff email will be distributed again in 2025 to encourage the provision of this information.

A new recruitment application system was implemented in 2017 and applications were made through the 'My Job Scotland' portal. In January 2020, SAS moved across to the NHS Scotland Job Train recruitment application system. We are actively working with the East Region Shared Service Consortium on what types of reports we need for equality monitoring purposes.

We have extended engagement across a broader range of communities in order to discuss SAS, job roles available, the recruitment process and what to expect at interview / assessment stage. We have developed links with a number of third sector organisations who are working with us to circulate vacancy details and promote SAS.

We have provided input to the development of an NHS Scotland Volunteering Management System.

What difference has this made?

There is a greater understanding of the need for equality data and clarity regarding how this is used to assess the fairness of our practices. We are seeing a steady increase in self-disclosure. As at 31 March 2024, 64.3 percent of staff had provided this information.

The Job Train recruitment application system is used across the whole of NHS Scotland providing consistency of approach and better functionality for applicants who can easily amend their details to enable applications to be made across a number of Health Boards without the need to use multiple systems. We have been able to influence the development of the system through our links with the national group and we are able to request changes to improve the experience for applicants. A helpdesk facility provides additional support for applicants.

The recruitment team dealt with 4478 applications for employment during the period 2023/24 (5016 in 2022/23) and roles were advertised (365 in 2022/23). Of these 11.5 per cent of applicants were successful compared with 17 per cent the previous year.

The Job Train system is used across NHS Scotland and all applications received are managed through this system. Steps have been taken to advertise posts more widely to attract a more diverse mix of applicants.

We have seen a slight improvement in the number of applications from underrepresented groups. Applications from black, Asian and minority ethnic groups and LGBT communities have increased. The implementation of a new NHS Scotland Volunteering Management System in 2025, will improve our capability to gather and report on the demographic and equality/diversity profile of the SAS volunteer responder cohort. This will enable us to better plan and target volunteering opportunities to under-represented groups.

6.2.6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.

The Ethnic Minority Network was established in 2019 and now has over 20 members and we are seeing numbers steadily begin to grow, following recent Staff Engagement Events. This has been the most successful of our networks with valuable Executive level support. We aim to replicate this across all of our SAS networks.

Through the networks our staff have had input to change recruitment materials, raise awareness and understanding of Ethnic Minority matters and have been involved in the development of local and national resources, e.g. on Hate Crime, Anti-Racism and how to be good allies. We are currently consulting with the network on the SAS Anti Racism plan for 2025/26.

We are working closely with the National Ambulance Service, BME, and NHS Scotland Diversity Networks, and this has helped us to share learning and best practice particularly by way of raising awareness of the needs of staff and patients across the group who share this protected characteristic. For example, we have used resources to promote networks for staff, increase understanding of Black history months, The Anti-Racism Plan guidance and provide training for staff. The Scottish Ambulance Service has often had limited contact with BME communities, and the Service is not always seen as an employer of choice in BME communities, due to a lack of knowledge regarding paramedicine as a career.

Recommendations and actions SAS are looking to take forward to address these concerns are as follows:

- BME Advisory Panel - Establish a panel comprising representatives from diverse ethnic backgrounds to provide insights and feedback on strategic initiatives, ensuring inclusive decision-making.
- Community Consultation Forums - Organise forums within BME communities to gather input on strategic plans, collaborating with local community centres, religious institutions, and cultural organizations.
- Leadership Development for BME Communities - Develop a tailored program offering training and mentorship opportunities to individuals from BME backgrounds, with participants involved in strategic planning and leadership roles.
- Inclusive Recruitment Strategies - Implement targeted recruitment strategies to increase representation of BME individuals in strategic roles, including outreach efforts and partnerships with professional networks.
- BME Focus Groups and Surveys - Conduct focused research within BME communities to collect detailed feedback on initiatives, ensuring strategies are effective and inclusive.

What difference has this made?

These recommendations go towards remedying The Service relationship with BME communities, and also our Public Service duty towards empowering Young People to progress and engage in employment, education and training, and to take an active role in their local communities. These recommendations also take steps towards our aim stated in 2030 to 'continue to work with educational institutions and other agencies to develop communities' skills and create opportunities for employment in Fair Work.'

Our links with other National Ambulance Services and networks have helped to share learning and resources which enable SAS to be more responsive to staff across Ethnic Minority and LGBT communities and those staff who have a disability.

Attending events improves the visibility of SAS as an inclusive employer and provider of patient care which is person centred.

Health inequalities

Our original equality outcomes were developed during 2016 / 17 and were based on the evidence available at that time. In reviewing our progress towards the achievement of the equality outcomes, we recognise there are some additional areas in which we are working specifically regarding health inequalities that will enhance and impact on the service-focused outcomes.

Areas identified to date are out of hospital cardiac arrest; work with our partners on early years, protecting vulnerable groups and our own staff's welfare.

As part of the Out of Hospital Cardiac Arrest Strategy, we are working closely with Save a Life Scotland to specifically target improvements in cardiac arrest survival in those communities experiencing the greatest health inequalities.

As a national frontline service, SAS has over two million patient contacts each year in widespread and diverse communities across Scotland. We continue to strengthen and enhance community resilience by working with communities to develop life-saving skills, increasing access to public access defibrillators and developing in partnership appropriate models of service delivery.

As part of our 2030 Strategy our ambition is to reduce health inequalities and over the last year we have been focussing on better understanding where we are already making a contribution in this area. This includes our Drug Harm reduction programme which is supporting the national drug harm reduction mission, our mobile vaccination programme working across communities in Scotland and a number of our defined clinical workstreams which influence population health.

Over the year we have worked with a number of partners, participated in the Realistic Medicine conference on health inequalities and the national Ambulance Association of Chief Executives. We are developing our national data sets to help us better understand how we target specific initiatives with stakeholders.

A revised Population Health framework is due to be published by Scottish Government in March 2025 and we shall look to reflect this in our future plans.

6.3. Conclusion

Since the update report of SAS equality outcomes in April 2023 significant work has taken place to further progress the initiatives/activities we set out to achieve. It is recognised that completing actions in themselves will not necessarily make a difference if the work we progress does not address a disadvantage or close a gap for groups or individuals who share a protected characteristic.

Overall progress has been made against each of the six equality outcomes. In reviewing our progress on equality outcomes we have been able to reflect on the impact of our work in this area and across the organisation as a whole. The process we have undertaken has helped focus our work and raise our level of understanding of the very real impact our work in this area has on our staff, our patients and citizens in Scotland.

Stakeholders have continuously been involved as we have implemented our 2030 Strategy and we will continue to work with them to support our strategic direction beyond 2025.

More focused attention has been given to equality impact assessment and the associated training around this, which has helped to embed this process in policy development across the service. This has provided opportunity for discussion around equality and diversity in general and an increased understanding of the impact the provision of our services has on different groups. In doing so we have been able to incorporate reference to these issues in strategy development which in turn shape the way we do business, for example, the Procurement Strategy, the Public Protection Policy, Rest Break programme, Children's Report and our 2030 Strategy..

We have also been able to identify particular areas of work that bring together strands of activity for a more holistic approach. For example, developing our Wellbeing Being Strategy 2024 - 2027 that aims to improve the health and wellbeing of our staff and covers various work streams across health and physical and mental wellbeing.

Appendix 1

Equality Act 2010 (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, 2017, 2019, 2021 and 2023. This report will be published in April 2025.
Publish equality outcomes and report on progress	Equality outcomes were developed and published in April 2013 and April 2017 with progress reports published in April 2015, 2017, 2019, 2021 and 2023. A progress report and new equality outcomes will be published in April 2025 and progress report in 2027.
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 for the first time in April 2013. The equal pay statement was revised and published in April 2021 together with details of occupational segregation between men and women, disabled staff and those from minority ethnic backgrounds. A revised equal pay statement will be published in April 2025.
Publish pay gap information	Pay gap information was published in April 2013, 2015, 2017, 2019, 2021 and 2023. Pay gap information will be published with the equal pay statement in April 2025.
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.

Appendix 2

Evidence summary for Equality Outcomes

1. Outcome: To improve access and referral to the most appropriate care that is person centred, safe and effective

Evidence gathered and sources used

- Limited use of Patient Transport Service by black and minority ethnic groups, those who use BSL
- Hidden in plain sight EHRC report
- Language Line Service usage
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Community involvement through meetings and events
- Equality Impact Assessments
- Community engagement through regions, community resilience and national service development work
- Population data from Census reports
- Anecdotal evidence from staff / members of the public
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC
- Scottish Government Expert Reference Group on Covid-19 and ethnicity. Recommendations on systematic issues and improving data and evidence on ethnic inequalities
- Remobilise, Recover, Redesign: The Framework for NHS Scotland – Scottish Government 31 May 2020
- British Sign Language National Plan 2017 – 23
- SAS 2030 Strategy
- UNCRC Implementation The United Nations Convention on the Rights of the Child (UNCRC) Treaty.

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Staff
- Summary findings -There is limited awareness of Scottish Ambulance Service in some communities with uncertainty regarding use and access resulting with Patient Transport Service not being utilised by some e.g. black and minority ethnic groups, those who use BSL

Consultation

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Disability Equality Scotland, Deaf Action, Deaf Scotland, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Equality outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

2. Outcome: The experience of patients will improve through staff who are supported to deliver person centred care

Evidence gathered and sources used

- Patient profiles
- Patient complaints / feedback
- Patient stories
- Census reports
- Equality Impact Assessments
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Patient Focus Public Involvement data and feedback
- Community engagement through regions, community resilience and national service development work
- The ageing population is leading to an increase in the number of people with dementia
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC
- Scottish Government Expert Reference Group on Covid-19 and ethnicity. Recommendations on systematic issues and improving data and evidence on ethnic inequalities
- Scottish Government & Scottish Council for Voluntary Organisations – ‘No one left behind’ programme detailing ways to address digital exclusion.
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025
- SAS 2030 Strategy

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Staff
- Summary findings - Work for the Service to be aligned with the 2020 Vision for Health and Social Care - by 2020 everyone is able to live longer healthier lives at home, or in a homely setting with a focus on prevention, anticipation and supported self-management. This outcome aligns with the quality strategy and the need to deliver safe, clinically effective and person centred care and the need to delivery better care, better health and better value.
- Reviewed outcomes against SAS 2030 Strategy

Consultation on outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Disability Equality Scotland, Deaf Action, Deaf Scotland, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Equality outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

Workforce

Evidence summary for Equality Outcomes

3. Outcome: The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved

Evidence gathered and sources used

- The main cause of sickness absence at Scottish Ambulance Service is stress/anxiety/depression
- People who face mental ill health often face stigma as a result
- Staff side feedback
- 1 in 4 people experience common mental health problems
- Evidence suggests Covid-19 has negatively and substantially affected the mental wellbeing of some communities with the impact of poverty, racism, financial difficulties, trauma and isolation significantly affecting mental health
- Some groups of people with protected characteristics will also be more susceptible to mental health difficulties in the longer term as the pandemic leaves behind complicated bereavement, trauma and economic repercussions, significant factors for poor mental health. In addition, there may be widening of pre-existing health inequalities, as well as affecting those who have not previously experienced poor mental health.
- People who are LGBT are more likely to report poorer mental health and wellbeing.
- The number of 'Place of Safety' notifications has increased, as did the proportion of incidents where the place of safety was a Police station.
- Scottish Government Mental Health Strategy Scotland 2017 – 2027 to prevent and treat mental health problems with the same commitment, passion and drive we do physical health problems
- 27% of emergency responders had contemplated taking their own lives due to work stress and poor mental health (MIND survey 2015)
- Health Scotland report on Mental Health Improvement: evidence and practice
- Stonewall research / reports
- Scottish Transgender Alliance research
- Is Scotland Fairer? Report EHRC
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team, Staff
- Summary findings - It is recognised that people who experience mental health often face stigma in the work place and that mental health issues are not always understood. Given the high incidence of mental ill health as a reason for absence it seems fitting to develop support and understanding around this in order to improve staff experience in this regard.

Consultation on outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Equality outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

4. Outcome: 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

Evidence gathered and sources used

- Staff surveys – NHS Scotland including Everyone Matters Pulse Survey, iMatter
- Equality monitoring data / establishment figures
- Staff side feedback
- Findings of National Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports
- Reports from DATIX system which is used by staff to record incidents where there is harm (or potential for harm) to any member of staff, patient or other individual e.g. violence, abuse, harassment and health and safety)
- Training feedback / monitoring reports
- Equality Impact Assessments
- Is Scotland Fairer? Report EHRC
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team, Staff
- Summary findings - It is recognised that more could be done to improve staff experience including supporting staff through staff networks.

Consultation on outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Equality outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

Outcome: The diversity profile of SAS workforce reflects the communities we serve

Evidence gathered and sources used

- Recruitment process analysis
- Workforce equality monitoring report 2021/22
- Census 2011 population data
- National Services Scotland – NHS Scotland workforce data 2022
- Staff side feedback
- Findings of National Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports
- Equality & Human Rights Commission – Public Sector reports
- Is Scotland Fairer? Report EHRC
- Young people are more likely to be unemployed or employed in unsecure jobs

- It is estimated that up to a third of LGBT people do not disclose their sexual orientation for fear of harassment / discrimination
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, HR Management Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team, Staff
- Summary findings -There are gaps in the equality monitoring information captured from staff. This is not universal across all protected characteristics. However, it is not possible to conduct a comprehensive analysis if this data is incomplete. A more complete workforce profile will enable SAS to establish whether policies are being applied fairly and identify what further actions need to be taken to improve the diversity of the workforce.

Consultation on outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Equality outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

Outcome: SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users

Evidence gathered and sources used

- Equality monitoring data / establishment figures
- Staff / staff side feedback
- Protests during Covid-19 pandemic have illuminated racism and discrimination across organisations.
- Increased number of hate crime incidents with racist crime the most reported hate crime in Scotland.
- Racial discrimination – 17% of those from non-white minority ethnic groups experiencing discrimination compared with 7% of those from white ethnic groups (Scottish Household Survey)
- Racial prejudice – 22% of people living in Scotland feeling there is sometimes a good reason to be prejudiced, 35% of people believing that Scotland would begin to lose its identity if more black and Asian people came to live in Scotland, and 38% believing the same about Eastern European migration (Scottish Social Households Survey 2015)
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025
- A Fairer Scotland for All: Anti-Racist Employment Strategy

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team
- Summary findings - It is recognised that BAME staff and service users can experience discrimination in the workplace and as users of services in Scotland. Equality disclosure details are incomplete and it is not possible to identify fully the proportion of BAME working for SAS.

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