Equality Outcomes Progress Report 2017/19

Scottish Ambulance Service
A National Health Board of NHS Scotland

Equality Outcomes 2017 - 19 Progress Report

Content

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

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

Communication & Engagement Team
Scottish Ambulance Service
National Headquarters
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 314 0000

Scotamb.communications@nhs.net

1. Foreword

Our equality outcomes were developed and agreed by the Scottish Ambulance Service Board for the second time in April 2017. Two years on, I am pleased to be able to introduce this report which illustrates some of the good work that has been undertaken during the last two years.

There has been much learning since we started the first cycle of developing equality outcomes in 2013. The requirement to do so has enabled us to take a more focussed approach to how equality and diversity fits with key areas of work and what actions need to be taken forward to make improvements to services for our patients and to staff experience in the workplace.

In reviewing the progress made against each of our equality outcomes, we are considering what difference our work has made for our patients and staff. We also identify where further actions could be taken to build on the work we are doing and make further improvements.

Our five year strategic framework "Towards 2020: Taking care to the Patient" sets out our organisational goals and I recognise that the work progressed against our equalities agenda is integral to the achievement of these goals.

Pauline Howie
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, and within hospital and GP practice premises. As such, we continue to cover the largest geographic area of any ambulance service in the UK.

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

3. Introduction

This report provides an update on the progress made to take forward our equality outcomes work. These outcomes were developed to support the SAS strategic framework "Towards 2020: Taking care to the Patient".

In developing these equality outcomes we sourced, gathered, analysed and considered the evidence, resource and capacity implications for each of the outcomes. Individuals and groups, external to SAS, representing those with protected characteristics were involved in the development of our outcomes.

The equality outcomes for 2017 - 2021 were identified as follows:

Ultimate outcome 1
To improve access and referral to the most appropriate care that is person centred, safe and effective
Intermediate outcome
Through raised awareness of the Service there is improved access for under-represented groups.

Ultimate outcome 2
To deliver the best service for patients
Intermediate outcome
The experience of patients will improve through staff who are supported to deliver person centred care.

Ultimate outcome 3
To engage with our all our partners and communities to deliver improved healthcare
Intermediate outcome
The SAS is fair and equitable in the way it delivers its services and involves and consults people.

Ultimate outcome 4
Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies
Intermediate outcome.
There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace.

Ultimate outcome 5
To ensure SAS always acts in accordance with its values
Intermediate 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.

Ultimate outcome 6
The diversity profile of SAS workforce reflects the communities we serve
Intermediate outcome
The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.

Ultimate outcome 7
The needs of lesbian, gay, bisexual and transgender staff and service users are consistently met.
Intermediate outcome
SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users.

Our equality outcomes are intermediary steps towards the achievement of our ultimate long term outcomes which we expect to be achieved beyond 2021.Further equality outcomes will be developed and published to meet the requirements of the specific duties in April 2021.

It should be noted that the first 3 outcomes are focused on the provision of our service and the remaining outcomes relate to our workforce.

The seven 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.

The timescales regarding the achievement of outcomes vary dependent upon the action / initiative in question. It was anticipated that all intermediate outcomes would be achieved between May 2017 and April 2021. A summary update on progress against each of the equality outcomes can be seen at page 7.

4. Public Sector Equality Duty (Equality Act 2010) and health inequalities context

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, all NHS Boards, including SAS, were required to identify a set of short to medium term equality outcomes, each of which should meet at least one element of the general public sector equality duty. A list of the specific duties can be seen at Appendix 1.

The challenge for the NHS in Scotland is to translate these legislative requirements into equality outcomes that are systematically mainstreamed into health policy and practice, which has a fundamental aim to tackle health inequalities and improve health. An illustration of the overarching policy can be seen at Appendix 2.

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

Section 149 of the Equality Act 2010 imposes a duty on 'public authorities' and other bodies when exercising public functions (activities which form part of our purpose) and to have due regard to the 3 needs of the Act to:

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

This is known as the general duty and applies to public authorities listed in Schedule 19 of the Act. The general duty applies to relevant bodies whatever their size, but the way in which it is implemented should be appropriate to the size of the body and its functions.

Short to medium term outcomes have to be set every 4 years and these were published for the first time in April 2013.This report meets the requirement to produce a progress report every 2 years.

5. Summary of progress

In order to provide this report on progress we have identified the actions taken under each of the initiative /activity areas and linked these with the desired outputs. In doing so we have considered whether the outputs associated with each equality outcome are still relevant, are on track for completion by April 2021 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.

The table in Section 7 illustrates the actions we have taken on each of the seven equality outcomes. A summary is provided here on the progress of each of the outcomes between 2017 and 2019.

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

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 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 a number of volunteers to become involved with the work of SAS.

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 CPR (cardiopulmonary resuscitation) 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 over 1,200 calls being made to this service between April 2017 and March 2018 (1,100 – 2016/17).

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 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 improve.

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.

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

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

More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients transported to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over from 77.3 per cent in 2013/14 to 71.8 per cent in 2017/18.

The Gaelic Language Plan 2016/21 is in place and actions are being taken forward to implement the commitments outlined in the plan.

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.

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.

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

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

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

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

The patient needs assessment for scheduled care service was revised during 2017 and refinements are being made as we improve our support for mental ill health patients, those who have a learning disability and those with long term conditions.

What difference has this made?

Through our work with emergency service partners we have been able to share learning, experience and best practice and have been able to commence work together in order to develop materials that could be utilised across each of the services. Whilst this is at an early stage, it is anticipated that this work will improve access to services and advance equality of opportunity for members of the public.

The revision of the patient needs assessment has improved the experience of patients booking transport. For example, for patients with a long term need for transport we are able to adjust the questions so that it is not necessary to complete the full PNA when the need arises to book future transport. For those patients with a medical condition or mobility need for transport that is unlikely to change, an alert is placed on their file preventing the patient being asked to go through the full PNA. In this instance we would discuss with the patient, any changes to their condition to ensure the most appropriate vehicle and crew are resourced for their journey.

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

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

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

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

What difference has this made?

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. In time it is anticipated that culturally it will be more acceptable to discuss matters of mental health in the workplace in a more open way.

Work undertaken through the Healthy Working Lives programme supports staff with an increased awareness of health, safety and wellbeing at work.

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

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

HR policies are promoted to support access and uptake, for example flexible working options, through bulletins, on the intranet and through local HR teams.

We have established a LGBT network which is promoted through the intranet and social media.

For the first time the iMatter staff engagement survey was implemented across the whole of SAS at the same time in May 2018 and all staff were encouraged to take part in this and have their say.

The Dignity at Work survey was conducted across NHSScotland in November 2017. A number of workshops were held in order to provide staff with results of the survey and discuss suggestions for actions which could be taken to make improvements.

What difference has this made?

There has been an increased awareness of the promoting Dignity at Work policy. Results of the dignity at work survey were fed back to staff and actions suggested by staff to improve dignity at work will be taken forward through the Wellbeing Implementation Plan and Attendance Management Plan.

Staff are able to access polices that have been developed to promote the Work Life Balance Partnership Information Network policy.

Although at an early stage staff are beginning to engage through the LGBT network – Proud @SAS. In time this will enable a greater understanding of the needs and concerns of staff from this community and help share good practice for LGBT patients.

An Employee Engagement Index (EEI) score of 67 was achieved (strive and celebrate) when the iMatter questionnaire was circulated with a response rate of 64 per cent. During the 12 week action planning period 86 per cent of teams had action plans in place. We have seen a reduction in the percentage of teams without a team report from 37 to 33 per cent in 2018. The EEI score and response rate remained the same as they were in 2017. It is encouraging to see there has been consistency in response and pleasing to see such an increase in the number of agreed action plans in place (73 per cent in 2017) demonstrating that more staff are engaging with their managers to discuss ways to make changes to improve staff experience.

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

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.

A new recruitment application system was implemented in 2017 and applications are made through the 'My Job Scotland' portal.

We have increased 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.

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 2019 53.4 per cent of staff had provided this information.

The new recruitment application system has provided better functionality for reporting equality monitoring information with 97.7 per cent of applicants providing this information. Feedback from applicants illustrates an increase in the ease of using this system and better overall recruitment experience.

We have seen a slight improvement in the number of applications from underrepresented groups. Applications from disabled people, those from minority ethnic groups and LGBT communities have all increased.

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

Transgender – Supporting Staff in the Workplace guidance has been developed to support managers and staff when individuals are going through the transition process.

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

We have attended Pride events in Glasgow and Dundee and staff have attended the National Ambulance LGBT network Conference.

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

What difference has this made?

Our links with other Ambulance Services through the National Ambulance Diversity Forum have helped to share learning and resources which enable SAS to be more responsive to LGBT staff.

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

Health inequalities

Our equality outcomes were developed during 2016 / 17 and were based on the evidence available at that time. In reviewing the progress we have made 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.

Following the revision of the Public Protection Policy in 2016, Standard Operating Procedures for adults and children have been put in place in order to support and protect vulnerable groups. The Public Protection Policy is currently being reviewed to incorporate further details regarding information sharing and developments in line with Getting It Right for Every Child and Scottish Government Guidance.

The Service led the development of a national Paediatric Early Warning System. This is a tool which helps to identify where children are particularly unwell by monitoring a combination of clinical observations. This is supporting crews to deliver safe and effective care, identify at risk patients and pre-alert hospitals ahead of arrival. Work is underway to provide access to this through the electronic patient record.

SAS now has an Improvement Advisor working as part of the Early Years Collaborative who, throughout 2017/19 has been developing pathways to support the safe and effective transition of care across health and social care. Paediatric guidance has been developed and is in place with ready access for operational staff.

6. Conclusion

Since the publication of SAS equality outcomes in April 2017 significant work has taken place to progress the initiatives / activities we set out to achieve. It is recognised that completing actions in themselves will not necessary 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 seven 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 and our patients.

Stakeholders have been involved as we start discussions that will inform the development beyond our current strategy "Towards 2020: Taking Care to the Patient".

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, e.g. the Procurement Strategy which covers procurement for SAS, NHS Healthcare Improvement Scotland and NHS Health Scotland.

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 Implementation Plan which aims to improve the health and wellbeing of our staff and covers various work streams across health and physical and mental wellbeing.

7. Equality Outcomes 2017 - 2021

Key:
✓   **Actions now complete**
➔   **Work is in progress**
☒   **Work as yet to start**

7.1 Ultimate outcome 1			
To improve access and referral to the most appropriate care that is person centred, safe and effective			
Intermediate outcome			
Through raised awareness of the Service there is improved access for underrepresented groups			
Initiatives / activity	**Outputs**	**Short / medium term outcomes**	**General duty / protected characteristic**
a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black and minority ethnic, disabled and carers groups, those in deprived areas and LGBT youth	i. An increase in the number of patients from under-represented groups use the scheduled service	Awareness and understanding of SAS is increased so communities access SAS as appropriate	Advance equality of opportunity Foster good relations
	ii. There is an increase in the use of alternative methods of booking transport and accessing emergency service for disabled patients*		
	iii. Improved understanding among communities of the services delivered by SAS		Race, disability, lgbt

➔ Actions taken
i & iii Community engagement continues through Community Resilience Teams and through our Patient Focus and Public Involvement work. This has been more focused to extend reach across a broader range of communities. For example, we have worked with CEMVO (Coalition for Ethnic Minority Voluntary Organisations) on the women's employability project and with Enable to link with individuals who have learning disabilities.

Members of the public can access SAS through contactSCOTLAND BSL service. This service connects BSL (British Sign Language) users with all public authorities and third sector organisations in Scotland.

iii. Consideration is being given to other methods of booking transport and accessing emergency services.

Results

There is increased awareness of SAS across a variety of diverse communities.

Analysis of scheduled care patient profiles shows the following;

	2012 - 13	2015 -16	2017 -18
Patients aged 56 – 65	12%	12.5 %	12.9%
Patients 66 and over	72%	74.9 %	75.8%
Disabled patients	16%	31%	45.7
Those patients who travelled with an escort / carer	9.6%	9.6%	10.1

Our conversation with patients to book transport focuses on the Patient Needs Assessment (PNA) for transport and we do not ask for equality monitoring details relating to lgbt, ethnicity for example at that time. We are therefore unable to measure how many patients from these communities use our services. However, the focus on the PNA is on clinical needs which are likely to benefit older and disabled patients.

b. 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	Advance equality of opportunity Foster good relations Age, disability, race, lgbt, carers

➔Actions taken

Through the Corporate Affairs and Engagement Team efforts have been concentrated on linking with groups and individuals where we have previously had limited dialogue. Work is being done to improve the recruitment of volunteers and to provide support through a more structured induction when they become involved in our work.

Results

There is a broad range of volunteers with varying backgrounds, skills and experience who are willing to work with SAS across areas of service development. Through the Patient Focus Public Involvement Steering Group volunteers have been involved in the development of communication resources, Patient Transport Service, major trauma and patient experience.

c. In partnership with NHS Fife and NHS24 establish contact with Gypsy Travellers living in Fife area to promote ways in which access to health services can be provided	i. Improved knowledge of health services by Gypsy Travellers through the development of promotional material with the involvement of the community*	Gypsy / Travellers access to healthcare is improved, initially in Fife and thereafter across Scotland.	Advance equality of opportunity Foster good relations Race, disability, age
	Ii Positive impacts are identified through the	There are tangible benefits for Gypsy	Advance equality of opportunity

	completion of the equality impact assessment / evaluation of this joint work*	Travellers living in Fife	Foster good relations Race, disability, age
	iii Learning regarding the needs and culture of the community is shared	Staff have greater awareness and understanding of Gypsy / Travellers needs and culture which enhances clinical practice	Eliminate discrimination Advance equality of opportunity Race

➔Actions taken
i. This work has not yet been progressed.
ii. An equality impact assessment was undertaken with stakeholders who are members of the Gypsy Travellers Steering Group regarding the joint work being undertaken to improve access to services. Positive benefits have been identified together with actions to be taken forward to progress this work.
iii. An e-learning module was developed and introduced in 2017 and is available for all staff. As at 31 March 2018, 1096 staff had completed this module.

Results
Awareness of Gypsy Travellers and their culture has increased with more staff completing the e-learning module 'Raising awareness of Gypsy Travellers'

Gypsy Travellers have a better understanding of how to access the services of SAS through better links with community groups.

d. 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	Communities have an increased understanding of some health conditions and this will also have impact on health inequalities.	Advance equality of opportunity Foster good relations Race, disability, age, lgbt

➔Actions taken
We are working with partners at Save a Life Scotland along with Police Scotland and Scottish Fire & Rescue Service to support community events to provide CPR training. There is a programme in place to ensure as wide a reach as possible across communities including those in more deprived areas.

Engagement with groups locally helps to raise awareness of the services provided by SAS, the signs of cardiac arrest and stroke and when to call 999.

Results
Many more members of the public are now able to deliver CPR for a patient in cardiac arrest. This can significantly improve the chance of survival for those experiencing cardiac arrest. It is known that Asian communities have a high prevalence of cardiac issues compared with the general population and targeting CPR training will increase equality in relation to early support.

e. Language line service is regularly evaluated in order to establish accuracy of interpretation and consistency of service	A selection of calls are audited quarterly to establish accuracy*	Equality of access is improved. There is assurance that the service provided is of a high quality and beneficial and effective in meeting the needs of patients / callers.	Advance equality of opportunity Race

☒ Actions take
This work will commence in May 2019.

Measures
- Increase in the range of community groups with whom we engage   - The diversity profile of volunteers working with SAS   - Promotional material used in Gypsy Travellers community   - Equality Impact Assessment of the joint work done in partnership with NHS Fife and Gypsy Travellers identifies positive impacts for the community.   - Staff completing Gypsy Travellers awareness e-learning module   - Results of Language Line Service call evaluations   - Use of Language Line Services for booking Patient Transport Service is utilised

*denotes where actions/initiatives/outputs are new

7.2 Ultimate outcome 2 To deliver the best service for patients			
Intermediate outcome **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**
a. Care pathways are developed in partnership with local stakeholders to ensure access to the most appropriate care for patients	Care pathways are agreed and implemented e.g. trips, slips and falls, transportation of mental health patients in Air Ambulance	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	Eliminate discrimination Advance equality of opportunity All - greater impact on age , disability

➔Action taken

Falls Pathways are in place across all of the 32 Community Planning Partnerships. These are at various stages of development.

Care pathways for mental health, dementia, diabetes and chronic obstructive pulmonary disease are being tested and are at various stages of development.

A Pathway Framework has been developed and implemented. This provides guidance for staff working locally with health and social care colleagues to develop pathways with a governance framework to ensure consistency and improvement in patient care.

The Falls Lead in Forth Valley is working with Health and Social Care Partners to establish a falls prevention pathway. It is recognised that Patient Transport Service staff provide care for a number of vulnerable patients who need transportation to clinics and out patients departments on a regular basis. Staff are able to observe changes in the patient's condition and can identify where there has been deterioration in mobility. Raising any issues at an early stage with social care partners can result in preventative measures being put in place to provide additional support which could prevent the patient experiencing a fall. At an early stage we are keen to establish this pathway in order to reduce the number of falls.

Results
More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients taken to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over from 77.3 per cent in 2013/14 to 71.8 per cent in 2017/18.

| b. Links with health and social care partners are clearly defined | i. Clinical staff have better links with health and social care partners to ensure there is responsive | Patients have a better experience and are more involved in their own care. This will also have impact on health | Advance equality of opportunity All - greater impact |

	and continuity of care for patients	inequalities. The improved experience of patients is shared with communities.	on age, carers, disability
	ii. Increased number of patients referred to local health and social care partners		Eliminate discrimination All - greater impact on age, carers, disability

➜ Action taken

Support links with social care partners have now been established through the majority of Community Planning Partnerships.

Members of the Executive Team and Regional Directors each have responsibility for developing links with Community Planning Partnerships in order to progress the SAS strategy - Towards 2020: Taking Care to the Patient, to support the ongoing work to develop care pathways and engage in the development of the new strategy beyond 2020.

Results

Falls pathways are in place and this is having an impact on the number of patients being referred to social care partners and reducing the number of patients transported to hospital. Work is in progress to develop pathways for mental health, dementia, diabetes and chronic obstructive pulmonary disease.

c. Work with the Scottish Government, e-Health programme in the development of the Key Information Summary (KIS)	Key patient information in summary is shared which includes communication needs of patients	Care is provided for patients and carers which is sensitive, appropriate and meets the communication needs required	Eliminate discrimination Advance equality of opportunity All - greater impact for age, disability, race

➜Action taken

The KIS can now be accessed through the Ambulance Control Centre and operational staff are able to see the KIS at an early stage on the way to a call. The communication needs of patients can be referenced under the comments section and this will be of benefit to those with particular needs, for example those from different communities, people with learning disabilities, those who use British Sign Language etc.

Results

There has been an increase in the number of staff accessing KIS and vital information can be seen by operational staff at an early stage in turn having an impact on the clinical care provided. For example staff will know in advance of a patient's long term condition, any allergies and preferred communication.

d. Analyse key clinical conditions to identify whether there are gender specific	Information is gathered for 5 key conditions; any differences identified	Adjustments are made to the way treatment is managed specifically for men and women	Eliminate discrimination

differences in patient experience *	and steps taken to improve treatment *		Gender

☒ Action taken
This work will commence in April 2019

| e. Develop an accessible communications policy to cover interpretation, translation and patient information* | i. Policy is in place | Policy is clear for patients / members of the public | Advance equality of opportunity |
| | ii. Gaelic Language Plan is implemented | Gaelic is visible and accessible for patients/members of the public | Disability, race |

➜ Action taken
i. Collaborative work is in progress between Equality Leads across a number of Health Boards to develop a communications policy which could be adopted across all Boards with any necessary local amendments. The HR Manager (Equalities) has links with this group through the Equality & Diversity Lead Network. This policy is expected to be in place by May 2019.

ii. The Gaelic Language Plan 2016/21 is in place and actions are being taken forward to implement the commitments outlined in the plan.

Results
The communications policy is implemented there will be more clarity for patients and staff regarding translation, interpretation and patient information.

The Gaelic Language Plan has enabled SAS to promote and make the Gaelic language more visible.

| f. Enhance call taking training for booking transport to include disability awareness training * | Raised awareness of disability and the impact of this on booking transport | Disabled patients have improved experience of the service | Eliminate discrimination |
| | | | Disability |

☒ Action taken
This work will commence in May 2019.
Induction and learning in practice training is currently delivered for Call Handlers and this includes patient care when using the telephone. We wish to build upon this to strengthen disability awareness and an external training provider has been approached with a view to deliver this training. The details of this are currently being considered through the Scheduled Care Advisory Group.

Results
These will be provided when the training is in place.

Measures

- Care pathways in place.
- Communication support needs for patients detailed in key information summaries
- Gender specific differences experienced by patients identified
- Accessible communication policy is in place

• Call taking training is enhanced to include further reference to disabilities

*denotes where actions/initiatives/outputs are new

7.3 Ultimate outcome 3
To engage with all our partners and communities to deliver improved healthcare

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Build on the access to scheduled care service to support access for deaf people by identifying and implementing new methods of booking transport	Extended number of booking methods in place	All eligible patients have improved access to scheduled service	Eliminate discrimination Advance equality of opportunity Disability.

➔Actions taken
Patients and members of the public who use British Sign Language (BSL) can book transport through contactScotland. Through the use of the contactSCOTLAND App contact can be made using a smart phone, PC or tablet in order to use BSL with an interpreter who can then contact SAS and a three way dialogue can take place.

We are exploring ways to enable patients who are hard of hearing to book transport through a real time text option. We are at an early stage of discussion with a service provider to establish if there would be compatibility with our current information technology system to do this.

b. Development of a cab based language tool	Language tool in place	Communication support is more accessible and immediate when A & E crews are with patients	Advance equality of opportunity Race

➔Action taken
An App has been developed which is available for A & E crews and this provides a wide range of information including links to translation websites. In instances where it is not possible to use Language Line Services over the telephone staff will be able to access translation to improve communication for patients whose first or preferred language is not English.

Results
The App will be in place and available to A & E staff at the end of December 2018. It is too soon to report on the results at this stage.

c. Community Resuscitation Development Officers engage with a wide range of communities including volunteers	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

across the protected characteristics and this work is targeted to include where previous involvement has been limited			All

➔ Action taken
The groups with whom the Community Resuscitation Development Officers engage are varied and much of the work is driven by requests from community groups for CPR training and information regarding settling up community first responder groups.

Results
We have seen an increase in the number of people engaging with SAS from a wide range of minority groups which is highly beneficial in terms of raising awareness of our services but more importantly allowing us to better foster good relations and our understanding of the needs of these communities.

d. The current patient needs assessment process for booking patient transport service is reviewed and revised *	The current application of the patient needs analysis process is reviewed including the purpose, content and associated training requirements	Patients are consulted and involved in this development making the booking process more accessible, easier to understand and fit for purpose	Eliminate discrimination Advance equality of opportunity Foster good relations Age, disability

✓ Action taken
This work is complete. The revised Patient Needs Assessment (PNA) was introduced across the three Ambulance Control Centres in 2017.

Results
The revised PNA is allowing Call Handlers to make more informed decisions, first time, regarding the eligibility of a patients need for transport. At first there was an increase in appeals received by those patients not eligible for transport, however we have seen a decrease in the level of appeals more latterly.

Patient feedback regarding the change to the revised PNA has been positive and we have been able to respond to suggestions to make further improvements. For example, for patients with a long term need for transport we are able to adjust the questions so that it is not necessary to complete the full PNA when the need arises to book future transport. For those patients with a medical condition or mobility need for transport that is unlikely to change an alert is placed on their file preventing the patient being asked to go through the full PNA. In this instance we would discuss with the patient, any changes to their condition to ensure the most appropriate vehicle and crew are resourced for their journey.

Measures
• New methods to access scheduled service in place • A cab based language tool is in place • An enhanced patient needs assessment process is in place • There is an increase in the breadth of data collated and utilised for service improvement projects e.g. during the equality impact assessment process. • There is stakeholder involvement in the equality impact assessment process of policies and services. • There is improved recording of equality data outcomes.

*denotes where actions/initiatives/outputs are new

7.4 Ultimate outcome 4
Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Through the work detailed in the Wellbeing Strategy SAS will implement the 'See me' programme	Raised awareness of mental health issues	There is a greater understanding of mental health and the impact of this on individuals	Foster good relations All - greater for disability, young men, lgbt staff

➔Actions taken
Communication around the See me campaign commenced in November 2018 in order to raise awareness of what 'See me' is all about and to provide links to information and help guides.

A requirement of the programme was to conduct a staff survey in order to demonstrate our commitment to the programme and provide a baseline on which we can take work forward. The aim of the programme is to improve attitudes, knowledge and experience of mental health in the workplace. The survey was live for three weeks and the results were collated and provided to SAS in a report from 'See me'

Results
The results from the survey are being considered and an action plan developed to take areas forward including staff training, mental health support and how we can better manage staff who experience poor mental health (will be revised when results are considered)

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
b. Anti stigma messages are promoted through 'See me' programme	Attitudes towards mental health are changed as staff are more comfortable to talk about mental ill health problems	Elimination of stigma and discrimination faced by people with poor mental health	Foster good relations All - greater for disability, young men, lgbt staff

➔Actions taken
Communication regarding the See me programme included posters which were distributed across all areas of work and information posted on the Service intranet @SAS. Links to training information and resources were made available for staff. The programme has also been published through local management teams, chief executive bulletin and in Response magazine.

Results
Staff have reported a greater awareness and understanding of mental health. It is hoped that the campaign will have an impact on reducing the number of staff absent from work due to mental ill health and that culturally it will be more acceptable to discuss matters of mental health in the workplace in a more open way.

c. '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	Foster good relations All - greater for disability, young men, LGBTI staff

➔Actions taken
Mentally Healthy Workplace Training is being delivered to managers and supervisors. Mental health staff training resources are available through e-learning modules including managing stress in the workplace.

Results
There is increased awareness and understanding of mental health and managers are more confident in managing and supporting staff with mental ill health.

d. Scotland's Mental Health First Aid course is implemented across SAS*	The training is delivered.	There is a greater understanding of mental health and the impact of this on individuals	Foster good relations All - greater for disability, young men, LGBTstaff

⊠Actions taken

This work will commence April 2019.

e. Health and wellbeing is promoted across SAS through healthy working lives programme	Staff are encouraged to consider their health at work and how this can be improved	Staff have better health as a result of increased awareness of healthy lifestyles and the options available e.g. around diet, exercise, etc.	Advance equality of opportunity All, greater impact on disability

➔ Actions taken
Health and wellbeing is promoted across SAS and each region has a staff group in place to take this work forward across all areas.

Through Directorate and Departmental Healthy Working Lives groups and teams there are wide ranging and varied approaches to wellbeing. Staff are encouraged and supported to trial initiatives which contribute to improving their own wellbeing. Encouragement and support is provided by management teams and through local partnership working.
Examples of such initiatives include; walking groups, cycling groups, weigh in groups and sharing information on healthy eating.

Plans are being developed to achieve the Healthy Working Lives gold award by March 2019.

Results
There has been an increased awareness in health, safety and wellbeing at work through local initiatives

f. Policies are reviewed and revised in keeping with the new work life balance Partnership Information Network (PIN) policy.*	New and reviewed policies for the 16 elements of the PIN policy are in place.	Staff have access to better support in the workplace and improvements are communicated widely	Advance equality of opportunity
			All

➔Actions taken
Policies have been reviewed and revised in keeping with the work life balance PIN and 11 policies are in place. Policies scheduled to be reviewed include; childcare guidance, shared parental leave, parental leave, reducing working year and annualised hours

Results
Policies in place since April 2017 include; maternity, maternity support (paternity) leave, homeworking, career break, flexible working/managing flexible working requests and job share

Measures

- There is a reduction in sickness absence as a result of mental health.
- All regions/departments make progress under the Healthy Working Lives programme.
- Policies are in place in keeping with the work life balance PIN policy

*denotes where actions/initiatives are new

7.5 Ultimate outcome 5 To ensure SAS always acts in accordance with its values			
Intermediate 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**			
Initiatives / activity	**Outputs**	**Short / medium term outcomes**	**General duty / protected characteristic**
a. The Dignity at Work policy is promoted to enhance dignity in the workplace and to provide a framework for addressing issues of bullying and harassment and promoting organisational values	i. The importance of dignity at work and values are raised across SAS	There is improved dignity at work for all staff and a greater understanding of organisational values	Eliminate discrimination
	ii. The number of staff highlighting dignity at work as an issue is reduced		
	iii. Staff opinions of the service culture and values improve and this is fed back through the iMatter surveys		All

➜Action taken

i. The Promoting Dignity at Work Policy has been communicated to staff through the Chief Executive's bulletin, at management team meetings, local partnership forums and team leader training events. Dignity at work cases are closely monitored by Service managers and supported by Human Resorces to ensure cases are appropriately investigated and responded to.

A values toolkit has been developed which includes a suite of materials and resources to assist managers in delivering consistent messages and to promote behaviours in keeping with NHS Scotland values.

ii. The number of cases raised under the promoting Dignity at Work policy has not changed significantly. For the year 2016/17, there were 9 cases and in 2017/18 there were 12 cases reported.

iii. These questions included in the iMatter questionnaire (May 2017) relate to our values.

	Staff experience employee engagement components	**Percentage of staff completing the questionnaire who agreed with the question**		
Related questions		**2015**	**2016**	**2017**
I am treated with dignity and respect as an	Valued as an	70	72	73

individual	individual			
I am treated fairly and consistently	Consistent application of employment policies and procedures	68	70	71

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

These questions included in the Dignity at Work survey (November 2017) relate to bullying and harassment

During the past 12 months while working for your organisation, have you experienced bullying/harassment from your manager? (answering no)

Staff Survey 2015 Percentage score	Dignity at Work Survey 2017 Percentage score
85	84

During the past 12 months while working for your organisation, have you experienced bullying/harassment from other colleagues?(answering no)

Staff Survey 2015 Percentage score	Dignity at Work Survey 2017 Percentage score
80	77

A series of workshops have been held across SAS to feedback results from the dignity at work survey. At these sessions the details of responses to the survey questions have been provided in order to identify where improvements can be made. Through discussions at the workshops staff have been encouraged to put forward actions which could be taken to make positive change. These actions are included in the Promoting Attendance Action Plan and Wellbeing Implementation Plan and will continue to be progressed during 2019 and monitored through Staff Governance arrangements.

Results
There is an increased awareness of dignity at work and the values and behaviours expected from staff at every level within the organisation.

b. HR policies will be promoted to support access and uptake e.g. flexible working	i. There is an increase in the uptake of flexible working options	There is increased awareness and uptake of alternative work patterns for men and women	Advance equality of opportunity
	ii. The flexible working policy is	The policy is understood	

	communicated widely		Gender, pregnancy and maternity
	iii. Managers are trained to implement the flexible working policy	There is a fair and consistent approach to implementing the policy	

➜Action taken
I The number of flexible working applications has increased with 38 being made during 2017 and 64 during 2018.
ii. The Flexible Working policy was reviewed and revised in September 2017 and has been communicated widely across SAS by HR teams. A copy of the policy is available on the service intranet.
iii. Managers have been trained locally to implement the Flexible Working Policy.

Results
There is an increased awareness of working flexibly across different staff groups.

c. In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns	Reduced number of staff working on relief rosters	Shift patterns are more predictable for a greater proportion of staff, enabling better work life balance.	Advance equality of opportunity Men and women

☒ Action taken
This work will commence in 2019..

d. Establish a policy to ensure senior managers have explicit equality and diversity objectives in their performance management arrangements	Policy approved, objectives in place for all relevant managers	Equality and diversity is embedded within culture and performance of SAS	Advance equality of opportunity Foster good relations All

➜Action taken
Senior managers have explicit reference to health inequalities in their performance management objectives. A policy has not yet been developed. Equality and diversity are referenced through core dimension 6 in the knowledge and skills framework, accessed through an electronic/online appraisal system. A new electronic appraisal system was introduced in 2018 and has been developed to simplify the appraisal system and make the completion of personal development reviews and logging performance objectives easier.

Results
Managers are aware of equality and diversity, the relevance of this to their role and the level of knowledge required to meet these requirements.

e. Facilitate the establishment of staff	Staff networks in place and regular	There is a greater understanding of	Advance equality of opportunity

led networks for those with an interest in equality issues relating to specific protected characteristics	dialogue and engagement takes place	needs and concerns of staff who share protected characteristics	Foster good relations All - greater impact for disability, lgbt

➔Action taken
The newly established a Lesbian, Gay, Bisexual Transgender (LGBT) Network – Proud @SAS is in place. This is promoted through the intranet and social media. A range of staff across different staff groups are network members.

Results
Whilst the LGBT staff network is still relatively new there has been positive feedback from staff and early indications suggest there will be more involvement from staff as this develops.

f. Conduct a detailed analysis of occupational segregation data in order to identify actions to be taken forward to improve gender equality across SAS*	Analysis complete and actions identified and taken forward	More men and women apply and are offered posts where there has been under representation	Eliminate discrimination Gender

➔Action taken
This work is at an early stage. Occupation segregation data has been collated and this will be discussed with the Human Resources team and actions developed. .

g. Monitor and review access to career development opportunities and in particular identify whether there are particular barriers to progression for part-time staff	Analysis of vacancies, part-time posts and applicants who request part-time working	There are no barriers to career development opportunities for part - time staff	Eliminate discrimination Gender

☒ Action taken
This work will commence September 2019.

h. Improve staff engagement across all staff groups *	i. An employee engagement index score of 70 is achieved	Staff feedback is positive and indicates there is a healthy culture.	Foster good relations
	ii. iMatter response rates increases to 70% across SAS by 2020	An increased number of staff routinely have their say by providing feedback through the iMatter questionnaire	
	iii. Action plans are in	Staff feel they are	

	place for every team and these are completed within 12 weeks of team reports being available.	listened to and actions are taken which improve staff experience.	
	iv. SAS staff are involved with the national group to develop the people management element of the knowledge and skills framework	This work will make this dimension more relevant and easier to understand and therefore of benefit for all managers across NHSScotland.	All staff

➔Action taken
i. The iMatter survey was implemented across the whole of SAS for the first time in May 2018.An Employee Engagement Index score of 67 was achieved – strive & celebrate (same as 2017).
ii. The response rate for iMatter in 2017 was 64% (same as 2017)
iii. Action plans were in place for 86% of teams at the end of the 12 week action planning period.
iv. Two members of staff were involved with the national group to develop the people management element of the knowledge and skills framework.

Results
Overall the iMatter results show positive responses to the iMatter questionnaire.

In April 2018 SAS moved from seven to one cohort and going forward the iMatter questionnaire will be conducted annually. The experience of other Health Boards moving to one cohort has been that they have seen a reduction in response rates; however this has not been the case for SAS.

In order for a team report to be generated teams must achieve a 60% response rate (or 100% for teams of 5 or less) In 2017 37% of SAS teams did not receive reports and in 2018 this had reduced to 33%. Work continues to reduce this further with plans in place to communicate at an early stage the importance of completing the questionnaire and encouraging teams to take part.

We have seen a slight improvement in results for the lowest scoring questions and work is underway to improve these areas.
1. I feel senior managers responsible for the wider organisation are sufficiently visible – score improved slightly from 50 to 51%
2. I feel involved in decisions relating to the organisation – increased from 45 to 47%.

i. Revise and develop equality impact assessment guidance to include a human rights based approach*	i. New guidance is published	Managers routinely consider equality, diversity and human rights when developing policy	Eliminate discrimination Advance equality of opportunity
	ii. Training sessions	The need for adopting	

	are delivered for managers in keeping with new guidance	a human rights based approach is understood	Foster good relations
			All

➔Action taken

Revision of the equality impact assessment guidance is underway. The new guidance will also include reference to the Fairer Scotland socio economic duty. Once this is complete training sessions will be delivered.

Measures

- Staff experience improves and this is reflected in the results of iMatter / pulse surveys
- The use of the flexible working policy increases
- An increased number of staff work on permanent shift patterns
- SAS staff are involved in National Services Scotland LGBT Forum and the Scottish Workplace Network for LGBT People.
- Clear reference is made to human rights in the equality impact assessment process and managers are trained in the application of the new guidance

*denotes where actions/initiatives/outputs are new

7.6 Ultimate outcome 6			
The diversity profile of SAS workforce reflects the communities we serve.			
Intermediate outcome			
The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.			
Initiatives / activity	**Outputs**	**Short / medium term outcomes**	**General duty / protected characteristic**
a. Develop a strategy in keeping with the Scottish Government initiative to employ 15 Modern Apprentices by July 2017*	Strategy in place	The employability of young people is improved.	Advance equality of opportunity Age, disability, race, gender
⊠ Action taken We have worked with Skills Development Scotland to establish a recruitment process and programme for a Modern Apprentice This work will commence in May 2019 .			
b. Develop a plan to encourage and improve rates of staff self disclosure*	i. Improved self disclosure rates particularly with regard to race, religion and belief and sexual orientation *	There is a shift in cultural awareness of the importance of disclosing equalities information	Eliminate discrimination
	ii. Develop material for use on staff intranet to highlight importance of self disclosure*	There is greater understanding of the need to collect data	
	iii. Utilise opportunities at training events to capture equality monitoring information*	Disclosure rates improve	All - greater impact for race, religion and belief, sexual orientation
➔Action taken We are working with staff groups, at training events and with team leaders to encourage staff to provide equality information where there are gaps. In 2017 employee records transferred across to the Electronic Employee Service System (eESS). It is anticipated that the self service element of eESS will be implemented in 2019 and we expect that this will improve levels of self disclosure when staff will have access to amend their own personal details. Volunteer details will be captured on a separate data base. A Volunteer Information System (VIS) has been introduced across NHS Scotland, shortly to be adopted by SAS.			

Results			
Self disclosure rates have been steadily improving. As at 31 March 2019 53.4 per cent of the workforce had provided information across all protected characteristics.			
c. Extend the breadth of engagement with potential candidates *	Attend specific careers events in areas with higher black and minority ethnic communities	There is an increase in numbers of BME applicants	Advance equality of opportunity Race

➔Action taken

Specific recruitment events have been attended in order to improve engagement across minority ethnic groups. For example we have worked with the Coalition of Ethnic Minority Organisations (CEMVO) on the women's employability project. Other events attended include Glasgow Central Mosque, Glasgow Sikh Gurdwara and Glasgow City Chambers with BEMIS, the ethnic umbrella body supporting the development of the ethnic minority voluntary sector.

Results

We have seen a slight increase in the proportion of applicants form black and minority ethnic groups. For the year 2017/18 this increased from 1.9 to 2.3 per cent. In 2018 /19 BME applicants represented 2.6 per cent of all applicants.

d. Implement a new recruitment application system *	New system in place	Improved IT access from a wider range of devices and improved quality of equality monitoring information available	Advance equality of opportunity All

✓Action taken

A new recruitment application system – Talent Link was implemented in 2017. Applications are made through the on-line 'My job Scotland' portal.

Results

The Talent Link system has provided better functionality for reporting equality monitoring information. Equality monitoring information was provided by 97.7 per cent of applicants in 2017/18.

e. Engage with staff to identify actions we could take to encourage a more diverse mix of applicants*	Establish a focus group	There is improved staff awareness of issue and alternative actions are explored	Advance equality of opportunity Disability, lgbt, race

➔Action taken

A short life working group was established to consider how SAS might attract and retain a more diverse workforce. In response to suggestions from staff links have been developed with BEMIS, CEMVO and Lanarkshire Enterprise and recruitment information is being circulated across these networks. Community Resilience teams have been provided with recruitment information so that these details can be passed on at community events. The Recruitment Guide for managers has been revised to include detail regarding supporting disability in recruitment and the workplace.

Results

There has been some improvement in the diversity of applicants. For the year 2018/19, 10.5 per cent of applicants had disclosed a disability, 2.6 per cent had disclosed they were from black and minority ethnic groups and 6.6 per cent had disclosed they were from the LGBT community. Managers have reported a better understanding of their responsibilities with regard to the recruitment of disabled people.

| f. Undertake a procurement exercise to tender for a supplier to introduce a standard cognitive entrance test for Technicians to open up the vocational qualification model of training and replace the formal qualification requirement * | Standard entrance test in use for Technician posts | There is clarity of entry requirements and a more diverse profile of applicants | Advance equality of opportunity

All -greater impact age |

➔Action taken

We are reconsidering our proposal in order to identify a number of suppliers who may be able to provide a test which is compatible with the electronic candidate management system taking into account potential cost implications and practical application.

g. Recruitment advertising is targeted more specifically across underrepresented groups including BME / disabled / lgbt communities*	i. A greater number of applications are received from under represented communities and individuals are offered posts with SAS	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	Advance equality of opportunity
	ii. Increase the use of social media to advertise vacancies	Increased usage of Twitter and Linked In platforms.	
	iii. Utilise contacts with a range of organisations to identify ways of advertising more widely	Attract a broader range of applicants	Race, disability, lgbt

➔Action taken

i.The percentage of applicants from disabled, BME and LGBT groups have increased. See

section 6 (e) above.

ii. Social media channels have been utilised to broaden our recruitment advertising reach.

iii. We have developed links with a number of third sector organisations who are working with us to assist with circulating recruitment vacancies in order to attract applicants from a wider range of backgrounds.

Results

The percentage of staff from disabled groups has increased to 1.9 per cent with an increase also to 2.2 per cent for LGBT staff. The percentage of BME staff has decreased slightly to 0.53 per cent.

h. Develop targeted training for members of interview panels to cover equality and diversity	Increased number of staff on panels who have completed this training	Greater understanding of the benefits of a diverse workforce and increased fairness in recruitment	Eliminate discrimination Advance equality of opportunity All - greater impact on disability, race

➔Action taken

This training has been developed and is being delivered by the Human Resources teams across SAS.

Results

There is better awareness and understanding of the skills required for members of interview panels with regard to equality and diversity.

i. The recruitment of Board members aims to achieve gender balance	The gender diversity of the Board is 50 per cent women and 50 per cent men	Gender balance is maintained	Advance equality of opportunity Sex

➔Action taken

Two new Non Executive Board members have been recruited and these are both female and replace two female members.

Results

There are eight Non Executive Board members with a gender split of 50 per cent male and 50 per cent female. Overall the Board has a split of 58 per cent male and 42 per cent female.

Measures

- Self disclosure rates increase across all protected characteristics
- 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
- Gender balance of Board

*denotes where actions/initiatives are new

7.7 Ultimate outcome 7
The needs of lesbian, gay, bisexual and transgender staff and service users are consistently met.

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a SAS to update staff policies to include recommendations arising from Stonewall Scotland's review of all NHS Scotland Partnership Information Network (PIN) policies *	i Policies are reviewed and revised.	Policies are more inclusive	Eliminate discrimination
	ii. Policy changes to be communicated to staff	Increased awareness of staff policies	
	iii. Policies are reviewed and monitored through Policy Review Group		lgbt

☒ Action taken
PIN policies have not been reviewed specifically by Stonewall with regard to LGBT equality. However LGBT equality issues have been considered when SAS equality impact assessments have been completed in conjunction with the development of policies. In the next two years all PIN policies will be reviewed under the 'Once for Scotland' project and LGBT equality will be included in the equality impact assessments associated with this work at a national level.

b Introduce LGBT specific e-learning training to raise awareness of the issues faced by LGBT people *	i. E-learning module in place	Raised awareness and understanding of LGBT specific issues	Eliminate discrimination
	ii. Module completion rates monitored		lgbt

☒ Action taken
This work will commence in April 2019.

c Promote the Stonewall Scotland Nobystanders campaign *	i. A greater number of staff sign up to pledge their support not to be a bystander	There is greater awareness of inappropriate language and behaviour	Eliminate discrimination
	ii. Monitor the number of disciplinary / dignity at work cases related to LGBT bullying, harassment or discrimination	There is a reduction of cases raised.	lgbt, race, religion and belief

➡ Action taken
i. The Nobystanders campaign is promoted through equality and diversity training sessions and

through the intranet. Staff are encouraged to sign up to the campaign and pledge their support.

Results
Staff attending training have made commitments to signing up to the Nobystanders campaign.

Since April 2017 there has been one reported case relating to LGBT matters.

d Promote SAS commitment to LGBT equality externally *	i. LGBT specific events are attended, e.g. Glasgow Pride	Inclusion is improved	Foster good relations
	ii. LGBT Scottish Conference attended	Learning from other organisations is shared	
	iii. Work with National Ambulance Service LGBT Network	Learning from other Ambulance Services is shared	lgbt

➔Action taken
i. SAS has been represented at Pride events in Glasgow and Dundee during 2017/18.
ii. Seven staff attended the National Ambulance LGBT Conference where we were able to learn from other organisations and their approach to LGBT equality.
iii. SAS has links with the National Ambulance Service Network (NALGBTN) which meets quarterly. The network works to promote inclusivity for LGBT staff in the workplace and good LGBT patient care through shared practice and the development of practical guidance for staff.

Results
There has been an increased awareness of LGBT equality across SAS and very positive feedback from staff who have been involved in Pride events. We have shared our practice with colleagues across other Ambulance Services and have benefited from resources produced by NALGBTN. In establishing our own LGBT staff network – Proud @ SAS we have been able to utilise the guidance and materials produced by the national group. Our network is in early stages of development and it is recognised that it will take some time for this to be recognised across SAS and of real benefit for LGBT staff.

e Complete Stonewall Workforce Equality Index (WEI)*	WEI submission made and bench marking report available	Improve experience for LGBT staff	Foster good relations lgbt

➔Action taken
A partial submission was made to the Stonewall Scotland Workplace Equality Index in 2017 and we are considering the feedback from this in order to build actions in to our work in this area.
Results
This has highlighted areas for improvement across three sections of the WEI. Consideration is being given to how this can be taken forward.

Measures
- Staff policies are more inclusive
- LGBT e-learning module is completed by staff

*denotes where actions/initiatives/outputs are new

Appendix 1

Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

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

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

o Report progress on mainstreaming the public sector equality duty

o Publish equality outcomes and report progress

o Assess and review policies and practices [impact assessment]

o Gather and use employee information

o Publish a statement on equal pay

o Consider award criteria and conditions in relation to public procurement

o Publish in a manner that is accessible

Scottish Ambulance Service
A National Health Board of NHS Scotland

Appendix 2

Overarching policy context

| **Scottish Government**: |
| We live longer, healthier lives at home or in homely settings and are reducing health inequalities in Scottish society |
| Scottish Government 2020 Vision |
| We deliver better care, better health and better value |
| Health and Social Care Delivery Plan 2016 |
| Greater emphasis on prevention and anticipatory care |
| Equal prominence given to mental and physical health |

↑

| **National NHS policy priorities**: |
| National Clinical Strategy, Digital Health & Care, Waiting Times Improvement, Quality Strategy, Equally Well, Staff Governance Standards, , Chief Executive Letters, Health and Social Care Integration Agenda, Reshaping Care for Older People, Scottish Patient Safety Programme, Person Centred collaborative programme, National Efficiency and Productivity Programme, Realistic Medicine, Modern Outpatients, GMS GP Contract for Scotland |
| (aligned with equality outcomes) |

↑

| **Scottish Ambulance Service Corporate Strategies**: |
| Towards 2020: Taking care to the Patient – Strategic Framework 2015 – 20, Local Delivery Plan, Developing our Future Workforce, Developing our Clinical Model and Enabling Technology |
| (aligned with equality outcomes) |

Appendix 3

Glossary

A&E Accident and Emergency	**First Responder** a trained volunteer working in local communities and able to provide immediate life support for a range of conditions	**Scheduled Care** planned healthcare which operates on an appointment basis
ACC Ambulance Control Centre responsible for triage of all 999 calls and dispatch of ambulances and co-ordination of the patient transport service	**NHS** National Health Service	**SORT** Special Operations Response Team responsible for response to major incidents and incidents requiring specialist equipment or training
BME Black and Minority Ethnic	**NHS 24** non emergency telephone service providing advice and access to healthcare	**Video Relay Service** – method for British Sign Language users to book transport via NHS 24 website
Care Pathways the different routes by which patients can access healthcare	**OHCA** out of hospital cardiac arrest	
CPR Cardiopulmonary Resuscitation - a standard treatment for patients in cardiac arrest	**PTS** Patient Transport Service	
EQIA Equality Impact Assessment	**SAS** Scottish Ambulance Service	