Equality Impact Assessment
Draft Budget 2021/2022

The Equality Impact Assessment is concerned with anticipating and identifying the equality consequences of particular policy / service initiative and ensuring that as far as possible any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures. These issued are considered with reference to the Equality Act 2010.

This document constitutes the Equality Impact Assessment for the draft Budget 2021/22.

1. Introduction

The Scottish Ambulance Service annual budget is designed in line with the resourcing limits defined by Scottish Government Health Directorate with a small amount of additional income from external sources. The budget must align with the Corporate Plan, Annual Operating Plan, Workforce Plan, and our Strategy 2020 – 2030, which is currently under review.

In line with the Health and Social Care Delivery Plan, the budgets seek to deliver safe, effective and person-centred health and care for the people of Scotland. It seeks to best use the resources at its disposal and in doing so does not seek to indirectly impact on protected groups in an adverse manner. Its primary aim is to ensure there is clarity on how the financial resources are deployed across the organisation. In terms of governance the budget is presented to the Board in draft in February 2021 and the final version in March 2021. The EQIA process commenced in January 2021.

2. Progress

The Service will continue to engage with stakeholders, both internally and externally and encourage the ongoing identification and assessment of possible positive or negative impacts on protected groups. This will be through a series of regional meetings involving Managers / Staff / The Care Quality directorate / Workforce planning / Finance staff. Discussions were also held with Scottish Government Health Directorate around the Operational Delivery Plan.

A series of discussions have taken place during January to March 2021 with budget holders.

The Equality Impact Assessment Team included:
Julie Carter, Director of Finance – Lead
Maria McFeat, Deputy Director of Finance
Ann Tobin, Equalities Manager
Gordon Richardson, Senior Management Accountant
Eileen Jenkins, Senior Management Accountant
Melanie Barnes, Assistant Director of Finance - Costing & Capital Planning & Fraud Liaison Officer

The completed Equality Impact Assessment Report can be seen at Appendix 1 of this summary report.

3. Key Findings

Pay Budget

The budget for 2021/22 allows for the final impact of the Agenda for Change (AfC) Pay Deal that took place over the three years 2018/19 – 2020/21, which was to fulfil the commitment that no Scottish AfC staff member would be paid less than their English equivalent, and this came into effect on 1 April 2018. This change ensures we retain suitably qualified staff and helps to attract the skills and experience needed to ensure NHS Scotland meets future demands and expectations. In order to do this, this proposal sets out to:

- Support the attraction and recruitment of staff by increasing starting pay in every pay band.
- Support the retention of staff by increasing basic pay by 9% for those staff who are at the top of pay bands, and also speeding up progression to the top of the pay band.
- The three year pay proposal was made up of two interlinked components - pay increases for staff and reforms to the following four areas:
- Policy on the management of sickness absence.
- Organisational change and protection of earnings.
- Utilisation and application of TOIL.
- Appraisal and incremental progression.

The 2018 Agenda for Change pay deal also involved 4 years of restructuring to shorten pay bands. The last of the agreed restructuring takes effect on 1 April 2021 and involves the removal of points from bands 5, 6 and 7. These bands will reach their final form and will consist of 3 distinct pay points.

A settlement for 2021/22 for Agenda for Change staff will not be agreed until later in 2021, but as an interim measure it has been agreed that all Agenda for Change pay points up to £80,000 will be increased by 1%. Pay points above £80,000 will be increased by a flat £800. This 'payment on account' will then be subsumed within the final settlement once this has been agreed.

The Service is not currently a member of the Scottish Living Wage Accreditation scheme, but is working towards accreditation this year. The scheme advocates that workers be paid a wage of at least £9.50 per hour that meets the cost of living, which in turn benefits employers, individuals and society. As a Living Wage employer, there is no member of staff in the Service who is paid less than an hourly rate of £10.47 on the lowest salary band.

2021/22 – Projection for Start of Year

	Data Gender					
	Headcount		#WTE		Total Headcount	Total #WTE
Low pay status	F	M	F	M		
Over £22k	2,176	2,976	1,960	2,766	5,152	4,726
Sub £22k	550	664	457	593	1,214	1,050
Grand Total	2,726	3,640	2,417	3,359	6,366	5,776

2020/21 – Projection for Start of Year

	Data Gender					
	Headcount		#WTE		Total Headcount	Total #WTE
Low pay status	F	M	F	M		
Over £22k	1,518	2,298	1,381	2,156	3,816	3,537
Sub £22k	641	695	543	626	1,336	1,169
Grand Total	2,159	2,993	1,924	2,782	5,152	4,706

There remains provision in the baseline budget for overtime back fill to allow employees who have nominated caring responsibility for a child under age 14 (18 in the case of adopted or disabled children) to take up to 4 weeks paid leave whilst caring for their offspring.

Strategy Investment

Demand and Capacity Review

The Service established a Demand and Capacity Programme to determine the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care, to meet corporate performance targets, improve staff and patient experience and ensure staff welfare.

A Business Case was submitted to the Scottish Government in November 2019 following an externally commissioned Demand and Capacity review where modelling was carried out to assess the level of resource required to meet agreed performance standards at a Scotland-wide level. A subsequent addendum to the Business Case has been shared with the Scottish Government in March 2021 detailing the Service's requirements for 2021/22 with expected improvements across a suite of measures.

In 2021/22, the programme aims to:

- Increase staffing and front line vehicles to increase resourcing on the ground to meet demand requirements;

- Increase station locations to ensure ambulance cover is available in prime demand locations;

- Design and align rosters to patient demand to improve response time for all patients;

- Improve staff experience by reducing the number of rest breaks interrupted, reduce the number of shift overruns and with the adoption of the new Core Principles (roster rules), ensure rosters are safer for our staff and patients;

The 'Building Better Rosters' phase of the programme, which started in 2020, will enable productivity improvements through better alignment of our workforce to meet demand both now and into the future. Ahead of implementation of new rosters, additional resources will be deployed in our busiest and often, most deprived communities.

Recruitment against the updated workforce plan continues and prioritises Edinburgh City, Lothian and Greater Glasgow, although there is also a requirement to target other locations to improve response times for patients, reduce shift over runs and improve rest break compliance.

As part of the knowledge transfer between the externally commissioned supplier and the Service, we are able to compare deprivation data from the Scottish Index of Multiple Deprivation 2016 (SIMD16) to the Ambulance Simulation software. This assists in the development of new temporary and permanent locations to ensure health inequalities are being adequately considered.

An Equality and Diversity Impact Assessment has been completed for the Demand and Capacity programme and will be reviewed again in March 2021.

Other significant investment

For planning purposes the Service will still be operating within the COVID-19 response model for a large part of the year, up until July 2021, Non recurring investment will be provided from SG for that response. In addition our remobilisation and renew purpose is to maintain and to further build on our contribution to the redesign of the wider health service in response to and recovery from the COVID-19 pandemic. As we do this, we will continue to embed new ways of working, while supporting the physical and psychological wellbeing of our workforce. There have been a number of exciting initiatives that we have put in place that we need to both maintain and enhance further if we really want to deliver sustainable improvements for patients and outcomes across the whole system.

We also need to recognise the key priorities in our recovery including innovation and integration, reducing health inequalities and better outcomes focusing on improvements in public health.

Building upon the successes described in our remobilisation plan we need investment to deliver these improvements. Building upon this work already commenced in 2020-21 and we are prioritising the following key areas:

- Creating sustainable capacity in our Ambulance Control Centres
- Supporting Public Health this would create capacity to engage with PH Scotland to identify and address inequalities and enhanced contribution to building safer communities and violence reduction.
- Developing community care pathways to create capacity to develop and implement the pathways supporting the IJBs and community hubs.
- Maximise digital opportunities. This is an estimate of additional support and infrastructure to support digital developments.
- Supporting new working arrangements - estates reconfiguration. This is an estimate of non-recurring costs to reconfigure our estate to maximise our space recognising the potential increase in staff offset against home working.
- Health and wellbeing support. This includes recruiting additional staff during the 2020 remobilisation period and appointment of staff in our control centres to oversee rest break compliance and shift overruns.
- Sustainability – Innovation. This supports pump priming to maximise a self-funding innovation model building upon the COVID-19 benefits.

- Logistics operations distribution of PPE and clinical supplies. A plan is being developed to put in place a structured logistics arrangement for stock management and delivery, given the significant increase in volume.

Further development of the Advanced Practitioner model:

Demand and capacity review

We successfully bid for additional funding in order to allow ORH to run demand and capacity modelling to include the Advanced Practitioners in Urgent Care as a discreet workforce. This has resulted in the drafting of provisional roster keys suggesting best placement for maximum return and optimal patient care. This tends to match with areas of higher population. The Advanced Practice Team are working closely with the Planning Team and Regional Management to determine how best to implement the suggested roster changes and staffing uplift.

Paramedics in Primary Care

As part of the Advanced Practitioner (Urgent and Primary Care) role, there is an expectation that 20% of the APs' time will be spent in a Primary Care setting. this could be a daytime GP practice, an Out Of Hours Primary Care Emergency Centre, an Urgent Care Hub or any similar location that offers integrated multi-professional working to provide best care for the patients seen. Since March 2020, all Primary Care integrated work was paused as we utilised the APs almost entirely for remote telephone and video consultations for SAS patients, in response to the Coronavirus pandemic. We are now in a position to return to this, allowing educational placements and professional progression as we regain access to appropriate mentorship. This also allows the APs to continue with the Masters level university modules necessary to qualify as a non-medical prescriber and to undertake safe advanced assessment and treatment of the people requiring such.

A national cost calculator has been developed by Finance to allow consistent and transparent invoicing for qualified staff working in this mix of settings.

We also have a growing cohort of staff from Nursing backgrounds, broadening the experience of the AP team and allowing recruitment from a larger pool of candidates.

Elimination of On Call Working

During 2020/21, funding was approved to reduce on call working in 4 high priority locations across Scotland. With this new investment, on call working has been successfully eliminated at Rothesay and Aviemore ambulance stations and recruitment is underway to eliminate on call working at Golspie and Oban ambulance stations.

Over the last 3 years, on call working has been successfully eliminated in Thurso, Wick, Kirkwall, Lerwick, Dufftown, Portree, Rothesay, and Aviemore ambulance stations and plans to eliminate on call working in Golspie and Oban ambulance stations are almost complete, with plans to continue this work in high priority on call locations.

It is anticipated that further funding will be made available during 2021/22 to reduce on call working in high priority locations. The on-call locations will be identified through updated work by the national on call steering group.

Scotland's Paramedic Integrated National Education Programme (SPiNE)

The second year of the introduction of **SPiNE**, Scotland's Paramedic Integrated National Education Programme from October 2020. The planning assumptions in our approved business case for cohort 1 moving into year 2 training; and cohort 2 commenting year 1 training during financial year 2021/22.

Major Trauma / Scottish Trauma Network

The Service, along with the four regional trauma networks, has developed enhanced primary ambulance response along with a robust and coordinated pre-hospital model to treat major trauma patients.

There will be four Major Trauma Centres in Scotland, located in Aberdeen, Dundee, Glasgow and Edinburgh. The Major Trauma Centres and Trauma regions in the North and East went live in October and November 2018 respectively. The Major Trauma Triage tool is now live in these regions within the Service to support decision-making to transport patients to the most appropriate centre for their needs. The single national triage tool helps identify trauma patients and ensure the right level of care for patients is co-ordinated through the Trauma Desk, described below. Edinburgh and Glasgow Trauma Centres were due to go live in 2020/21; however, this has been delayed to 2021/22 because of the pandemic.

To support the Scottish Trauma Network, the Service operates the Trauma Desk in the ACC which provides 24/7 co-ordination of pre-hospital response to trauma patients and is staffed by clinicians and dispatchers. The Major Trauma programme also supports the extension of ScotSTAR West out-of-hours opening hours and established the ScotSTAR North hub in April 2019. Trauma equipment is also provided to all front line operational crews across the country.

The Scottish Trauma network provides a national response for pre-hospital care and results in patients reaching definitive trauma care more rapidly regardless of location. Continued investment in the Trauma Network will likely bring wider benefits across NHS Scotland, challenging traditional speciality boundaries, improving co-ordination and responsiveness, and fostering a regional and national network approach to service delivery.

Innovation

Digital platforms have become increasingly important over the past year, especially in response to remote consultation undertaken by our team of Advanced Practitioners in Urgent Care. The GoodSam video app allows quick connection to a patient or caller's mobile phone camera, which can enhance the clinical assessment and aid decision making. The APs also have access to the NHS Greater Glasgow and Clyde Clinical Portal. This platform allows them access to a variety of useful patient information, for several Health Board areas across Scotland. This further enhances their decision making and hence better outcomes for our patients.

Cross cutting

The work of the Advanced Practitioners aims to deliver our own five key aims of the SAS 2030 Strategy, as well as continue to complement those of the Scottish Government's Health and Social Care Delivery Plan, local Health and Social Care Partnerships' Primary Care

Improvement Plans, NES NMAHP Transforming Roles programme, and specifically, the 6th action of Scottish Government's 6 Essential Actions To Improve Unscheduled Care, namely ensuring patients are optimally cared for in their own homes or homely setting. Our work is also aligned to Scottish Government's Workstream 7 subgroup, which aims to examine Alternatives To Admission For Urgent Care and links into the Rescheduling of Urgent Care umbrella workstream.

EQIA -This work has been in consultation with the AP workforce, staff side union representation, Regional Managers and patients themselves. A snapshot patient survey from June/July 2020 revealed that patients had overall high satisfaction with the remote consultation service. There are further plans to maintain regular patient feedback.

Regular and focused engagement will continue with Health Boards and Health and Social Care Partnerships to ensure that APs augment teams working in areas of patient need.

Fairer Scotland Duty: Consideration was given to socio-economic disadvantage and inequalities of outcome including the impact the planned changes would have on individuals and groups. The Scottish Index of Multiple Deprivation is being used as a signposting tool to determine areas where we could have the greatest benefit for those with the greatest need.

Mental Health Pathways

Following successful pilots in Glasgow and Inverness of mental health response models, collaborative work with Dundee, Inverness and Glasgow is continuing to have in place multidisciplinary mental health response models in April 2021. Each car will trial mixed responses of a mental health practitioner, Paramedic and Police Scotland to respond to people expressing mental health distress within the community. The trial will develop a whole system approach so the patient experience is improved at point of entry, not shifting the patient unnecessarily from care giver to care giver with an unsatisfactory outcome. All trial areas will adapt throughout the year so they best serve each geographical area.

Work with NHS 24 Mental Health hub continues. Two routes to access the MH hub is available for people contacting SAS. Calls triaged as low acuity by SAS are directly transferred to NHS 24 and dealt with directly. Since w/c 23.11.20, 310 calls have been passed to and managed by the mental health hub, which is 84% of the possible calls. The second route which was initiated on the 14th December 2020, crews are able to directly refer patients to the mental health hub following face to face assessment. This saw 23 patients directly referred up to the end of January and 15 in February. Stage 2 of this collaboration will begin at the end of March with expansion work on codes directly sent to NHS 24

Thrombectomy

Delivery of the National Thrombectomy Service will continue to progress at pace throughout 2021/22.

The northern thrombectomy centre began receiving patients in November 2020 with a view to expanding the catchment area to include all areas of the north of Scotland as we progress through 2021/22.

Similarly, it is anticipated that the centres based in Glasgow and Edinburgh will also commence the service on a limited basis in the coming year, thus providing thrombectomy provision across the country with a view to expanding operating hours as and when possible.

The Scottish Ambulance Service will continue to work with each centre to ensure joint progression in service development enabling as many suitable patients as possible to receive the treatment.

Population Health – Drug-Harm reduction

In 2019, there were 1264 preventable drug related deaths in Scotland - a 6% increase from 2018 and more than double the recorded deaths in 2009.

Scotland is one of only a few countries to have a National Naloxone Programme (NNP), where people at risk of witnessing an opiate overdose are provided with a Take Home Naloxone (THN) kit and brief training in how to administer it, from drug treatment services.

SAS has a unique reach into this patient group and their families, with an ability to further issue THN kits to people, and in places of the community hard to reach for other services and at a critical time. As a result, SAS began distributing THN as a pilot in early 2020 and following the end of the trial, SAS have continued to supply THN across all regions.

As SAS responds to people who use illicit drugs when they are at some of the most vulnerable points in their lives, three fulltime Clinical Effectiveness Leads (CELs) in Drug-Harm reduction have been recruited to work within this patient group across all regions.

It is anticipated, recruitment of the CELs will ensure increased co-ordination and engagement with local activities, particularly in relation to developing information sharing protocols for near-fatal overdose pathways. A further aspiration includes development of the SAS THN programme to incorporate referral pathways to drug treatment services for SAS crews.

Following continuing rollout of the THN programme, there is also potential for more in depth data analysis, which would provide a significant insight in to the national picture and inform future national/local strategies.

Defibrillator Replacement Project

The Scottish Government's OHCA Strategy for Scotland recognises that immediate access to reliable advanced life support monitors/defibrillator units is vital to a patient's survival. The full business case requesting funding to replace the current advanced life support monitors//defibrillator units owned by the Service was approved by the Scottish Government in October 2018. The Service completed the implementation of the new Defibrillators in March 2020, patients and staff are now experiencing the benefits of the updated technology. The new units can be used on a wide range of patients with varying clinical needs and are not for sole use on patients with immediately life threatening conditions; the units are typically taken to every emergency attendance. The availability and use of enhanced monitoring functions aids clinical decision making and allows patients to be kept and treated in the home environment where clinically appropriate. Clinical observations are uploaded to the ePR electronically which means staff focus more time on the patient and the risk of human error is reduced.

No specific impact has been identified regarding protected groups.

ESN including ICCS Replacement Project

Radio and Short Data Communications are provided to the Service, and all other GB Emergency Services through the Airwave network. The UK Government established the Emergency Service Mobile Communications Programme (ESMCP) to identify a replacement for Airwave. The programme will deliver a voice and broadband data network that will be known as the Emergency Services Network (ESN). The ESMCP is designed to cater for current and future mobile communication requirements and there is no doubt that patients currently benefit from the efficiency and effectiveness gains currently provided by critical voice services, short data services and mobile data services. Although patients may not be directly aware of these benefits, they receive care that is more timeous, safer and more cost effective as a result of the current mobile communications capability regardless of where they live or their socio-economic status. A revised ESMCP full business case is expected from UK Government by April 2021. Current indications are that the Service will migrate to ESN during 2024/25.

The scope of the Service ESN Programme includes replacing the current Integrated Communications Control System (ICCS), the ICCS is used by Ambulance Control Centre (ACC) staff to communicate with mobile staff over the Airwave (and eventually ESN) networks using voice and data messages. The project to implement the new ICCS is progressing well, it is scheduled to be completed by the end of June 2021. The project is funded by the Scottish Government.
No specific impact has been identified regarding protected groups.

O365

As part of a national NHS Scotland programme, and in line with the 2018 Scottish Government Digital Health and Care Strategy, the Service are committed to migrating to cloud-hosted ICT services based on Microsoft 365 (M365). A Digital Workplace Project (DWP) has been established under the Enabling Technology Board to deliver M365 and a project governance structure is now in place. The Enabling Technology Board is Chaired by the Director of Finance and Logistics and the DWP Project Board is Chaired by the Enabling Technology Programme Director. The DWP Project is being delivered in two phases; Phase 1 involved the migration to M365 Mail and the implementation of a new intranet site during 2020, work is ongoing to implement a new M365 licencing model, SharePoint online, OneDrive and M365 apps. Phase 2 is scheduled to run from summer 2021 and will involve exploiting the capabilities enabled through M365 to deliver benefits which may include, but will not be limited to:

- Reduction in travel costs and time;
- Improved security and resilience;
- Improved efficiency through process automation e.g. using ‘Bots’;
- Improved remote collaboration;
- Improved data sharing;
- Cost avoidance e.g. VC, teleconferencing, reduced on-site ICT estate;
- Time and cost savings in administration.

No specific impact has been identified regarding protected groups.

Enhanced Capabilities

The patient safety is the highest priority of our Government and the Scottish Ambulance Service. To ensure that the Service meets the consequences of a threat to public safety, the Scottish

Government Health and Social Care Directorates have committed to working with NRRD to ensure that the specialist operational capability provided by Scottish Ambulance Service is fit to meet the planning assumptions for the threats and risks defined within the National Security Risk Assessment. This programme of work, whilst meeting the response requirements, also ensures full inter-operability with the other UK emergency services and response partners.

There exists an agreement with Scottish Government Health and Resilience Unit that requires the Scottish Ambulance Service to maintain an on-going, national specialist operational capability to provide patient care in hazardous environments on behalf of NHS Scotland. The Programme activity is designed to monitor, manage and mitigate existing and emerging capability gaps in response regarding hazardous environment response including Major Incidents with Mass Casualties.

In overall terms, the programme aims to enhance the ability of the Service to provide a specialist response to unexpected incident of scale, or to build a level of response capacity more likely to be able to meet the consequences of a raise in threat.

- Save life and improve health outcomes, protect the public and provide resilient, safe and effective, efficient and timely patient centred care.
- Respond effectively to the incident in a way that delivers optimum care and assistance to those involved, minimises the consequential disruption to the Service and supports an early return to normal levels of functioning.
- Maintain an appropriate capability to respond to other emergencies.
- Work in partnership with other agencies to allow the Service to deliver an effective, integrated, multi-agency response.
- Protect, as far as is practicable, the safety of staff and patients.
- Ensure that resources are prioritised, deployed and managed efficiently and effectively.
- Ensure that mutual aid is available across organisational boundaries

Geography has an impact on the availability of specialist teams in more remote locations; however, the operational footprint does afford the most specialist support across the main populated areas of Scotland with on-call teams based in less populated regions. The programme team will be looking at extending the operational capability with the addition of extra specialist staff able to deploy to more remote or rural locations.

Additional support has been provided for special operations employees to maintain a good state of fitness to enable them to carry out their duties in extreme physically challenging environments. The work can be stressful too and it is essential that teams are debriefed following incidents and have access to counselling services if required.

To summarise on this focus will be on:

- Additional development of special operation employees:
- Enhancing their specialist knowledge and capability.
- Leadership and scene management skills.
- Recruitment of specialist trainers across all SORT locations will increase training opportunities.
- Dedicated training time for SORT paramedics.

The date for full programme implementation is 2026.

NHS professional Careers

The Service has an option to participate in the NHS Professional Careers Programme which offers employment opportunity to graduates with a disability. The Scottish Government has commissioned the delivery of cohort 3 of NHS Professional Careers, to commence early in 2021. The programme is delivered in partnership between Scottish Government, NHSScotland and with GCIL Equality Academy as the lead delivery associate. Each NHS Board participation will involve providing a two year traineeship for a successfully appointed disabled student. A graduate joined SAS in February 2021 on this programme.

The first 2 cohorts of this partnership have been successful with an overall success rate of 97% of completers progressing into a positive outcome, with over 50% of participants gaining employment within NHSScotland or Scottish Government. This scheme has allowed for life changing opportunities to disabled people across Scotland.

Mobile Testing Units (MTUs) Programme

The Service took over the management and delivery of Scotland's coronavirus mobile testing units (MTUs) from HM Armed Forces in September 2020. The MTUs are a key component of the Scottish Government Test and Protect programme. This activity is central to the effective suppression of the Coronavirus as it will help identify any transmission in the community and allow contact tracing, isolation and other key actions to commence.

The Service originally operated 18 MTUs across Scotland. The Scottish Government Health and Social Care Department asked the Service to increase this to 32 units by the middle of January 2021 to facilitate increased testing and to support a more varied delivery model such as community asymptomatic testing including mass community or schools and workplaces testing. A further 10 MTUs were then requested by Scottish Government, to be operational at the start of March 2021. This brings the full complement of MTUs to 42. The Service also has the capability to split these units into 84 smaller teams. The Service has been advised that these units should remain operational until the end of August 2021. The Programme may be extended beyond this date.

Fleet Replacement Programme 2021/22 – 2025/26

The Scottish Government's Capital Investment Group approved the Service's Full Business Case for Fleet Replacement 2021 - 2026 in October 2020. This covers all of the vehicle requirements over the 5-year period 2021/22 to 2025/26 for the Service to deliver care to patients including various specialist vehicles for the Specialist Operations Response Team (SORT).

The Fleet Replacement Programme will allow the provision of effective, safe and affordable vehicles for operational use with an operating life aligned to the design, use and financial effectiveness of the vehicle. Ensuring that the Service has the right mix of vehicles required to provide the most appropriate response depending of the level of acuity of the incident will increase the proportion of people with intensive needs being cared for at home as well as reducing emergency admissions to hospital and ensuring timely discharge from hospital

East Recruitment Business Case

The East Region Recruitment Services Consortium was established to look at the providing a shared service throughout the six boards that have signed up. NHS Lothian, NHS Fife, NHS Borders, NHS Education for Scotland, Health Improvement Scotland (HIS), Scottish Ambulance Service (SAS).

An options appraisal was carried out with a preferred option of 'Single Employer and Multiple Locations'. An Independent Panel was established to agree the single employer following a formal expression of interest from NHS Lothian. The panel membership comprising of Chief Executive (Chair), HR, Scottish Government and National Staff Side representation. The panel met on 14th December 2020 and confirmed they were all in agreement and satisfied that NHS Lothian be appointed as the new Employer Board of the East Region Recruitment Service.

A business case was developed by the Consortium and has been formally approved by the Boards involved. As part of the Business Case a full integrated impact assessment (IIA) was carried out and approved by the East Region Consortium Board.

Whilst the importance of recruitment services is recognised, the proposed changes in the preferred option do not impact on patients and the general public due to the 'back office' nature of these services.

The main change will be a move from six employers to a single employer for recruitment services staff in NHS Lothian, NHS Fife, NHS Borders, NHS Education for Scotland, Health Improvement Scotland (HIS), and the Scottish Ambulance Service (SAS). The IIA acknowledged that the Single Employer will be responsible for mitigating any negative impacts and enhancing positive impacts that may arise as the proposals are further developed.

Future development

Mobile Vaccine Unit (MVU) Programme

In November 2020 through a 'test of change' process, SAS assisted with the delivery of flu vaccinations to citizens who required a domiciliary visit within the South Highland area. This support enabled the NHS Highland Community Vaccination Team to focus more centrally on the 'walk in' clinics and SAS was able to test feasibility of mobile vaccination delivery, cold chain sustainability, consent processes and recording of data.

As a result of this test of change, SAS was invited to attend the national COVID-19 Planning Forum and were asked to explore potential delivery options, in the form of 'roving units' and to engage with the local COVID-19 Health Board leads within remote and rural areas of Scotland with a view to commencing a plan to assist with the administration of COVID-19 vaccines. Discussions have been progressed through the National COVID-19 Planning Forum and Health Boards Leads and it was agreed that in order to provide a sustainable model to support these delivery options, with no impact on SAS's existing demand and capacity, funding would be required to enable a dedicated team to operate these units. This would be in addition to SAS's existing workforce establishment.

We have assumed in the first instance, a 12-month duration from March 2021 to end February 2022 to allow administration of the 2020/21 COVID-19 vaccines and thereafter expected 2021/22 COVID-19 vaccines. The delivery requirements will be based on modelling and predictions shared from the local and regional Health Board COVID-19 leads in relation to the planning requests from SG through NSS. Through SAS's engagement with both national

and local planners, a prediction of where SAS will be required will become evident in the coming weeks. The proposal is:

- 6 vaccinator teams, consisting of 5 vaccinators within mobile units (likely people carriers) supporting local and rural communities.
- The mobile units (per vaccinator) will provide flexibility to support pop up clinics, home visits and GP support
- The planning and logistics will be managed through the Mobile Testing Unit management team supported by the additional staff
- The clinical governance will be supported by the SAS Clinical team

Through a collaborative approach to planning, SAS will initially assist three Health Boards, NHS Tayside, Highland and Orkney with the delivery of their COVID-19 vaccination programme. SAS will focus on citizens who require a domiciliary visit as well as setting up a Mobile Vaccination Unit (MVU) within remote and rural areas.

Glasgow South Station – Health and Wellbeing Centre

The Service is currently exploring options for the provision of estate to support the delivery of emergency and non-emergency ambulance services to the population of Glasgow South. This includes a proposal to create a Health and Wellbeing Centre for the local area. This would form a community and staff hub facilitating engagement between the Service and the local multicultural community. The Centre will be publically accessible.

Glasgow South Station is located within the top 5% most deprived areas in Scotland; the Scottish Index of Multiple Deprivation (SIMD) 2016, Data Zone S01010033 (in which Glasgow South Station is located) ranks 305 out of 6,975 data zones in Scotland. It is an ideal location to focus on key health priorities such as drug addiction and mental health.

This presents several opportunities to advance equality of opportunity and foster good relations within a heavily deprived area of Scotland. For example, but not limited to:

- A community hub – facilitating engagement with underrepresented groups
- An innovation hub – facilitating partnership working between the Service, local industries, education providers, charities and other agencies
- Promotion of health and wellbeing – education and wellbeing sessions could be delivered at the Centre. A community roof top garden is also being considered

The investment proposal is subject to a three-stage business case in line with the Scottish Government Capital Investment Manual. The Initial Agreement has been approved by the Service Board and is currently sitting with the Scottish Government's Capital Investment Group (CIG) for approval. The process has been delayed several months as a result of Covid-19.

An EQIA is undertaken and reviewed at each stage of the business case. The Initial Agreement (IA) is the first stage in the business case process and establishes the need for change and investment in the Glasgow South station. The IA is high level, identifying the preferred way forward for investment but does not agree specific implementation options. No equality impact was identified at this stage. The EQIA will be reviewed at Outline Business Case stage (OBC) which considers various implementation options to replace or refurbish the estate at Glasgow

South station. At this point, a preferred implementation option will be known, assessed and subject to a full EQIA.

The Initial Agreement is currently sitting with the Scottish Government Capital Investment Group for approval. The Outline Business Case and Full Business Case will be prepared in 2021/22. It is expected that capital funding will be required in 2022/23 and 2023/24

Fairer Scotland Assessment

The Equality Impact Assessment also includes obligations in respect of the Fairer Scotland Duty which places a legal responsibility on public bodies to actively consider for to “reduce inequalities of outcomes caused by socio-economic disadvantage” when making strategic decisions. Appendix 2 expands on this responsibility and highlights a couple of projects that the Service is involved in and how they meet these obligations.

Conclusion

The draft budget has been assessed generally for any impact it might have on the public from disadvantaged groups in line with the Equality Act 2010. Any potential negative impacts have been addressed by the programme groups taking forward work streams.

Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Draft Budget 2021/22
b. Name of department	Directorate of Finance
c. Name of Lead	Julie Carter, Director of Finance – Lead
d. Equality Impact Assessment Team [names, job roles]	Maria McFeat, Deputy Director of Finance Ann Tobin, Equalities Manager Eileen Jenkins, Senior Management Accountant Gordon Richardson, Senior Management Accountant Melanie Barnes, Assistant Director of Finance - Costing & Capital Planning & Fraud Liaison Officer
e. Date of assessment	Initial assessment 04/02/21, reviewed 10/03/21
f. Who are the main target groups / who will be affected by the policy?	All staff and Service users
g. What are the intended outcomes / purpose of the policy?	To align resources of the organisation to Strategic Direction 2020 - 2030, Corporate Plan, Annual Operating Plan, Local Delivery Plan and Workforce Plan
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	Yes
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7	

If don't know: complete sections 2 and 3 to help assess relevance	

Section 2: Evidence, consultation and involvement
Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.

a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics

Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
Through a series of divisional discussions involving Managers / Staff / The Care Quality directorate /Workforce planning / Finance staff. Discussions were also held with Scottish Government Health Directorate around the Local Delivery Plan. Engagement is routinely sought from our Health Board partners at all levels.	January – March	Refinement of budget and suggestions for efficiency	Age Disability Gender reassignment Gender / sex Marriage / civil partnership * Pregnancy / maternity Race Religion / belief Sexual orientation
Demand and Capacity Operational Research in Health (ORH) conducted a demand and capacity review. From that, the Service established a Demand and Capacity Programme to determine the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care, to meet corporate performance targets, improve staff and patient experience and ensure staff welfare.	From Nov 2016 – ongoing	One of the recommendations from the review was that the Service should develop and implement shift rosters that are aligned to patient need. The report illustrated that implementation of	

A Business Case was submitted to the Scottish Government in November 2019 following an externally commissioned Demand and Capacity review where modelling was carried out to assess the level of resource required to meet agreed performance standards at a Scotland-wide level. A subsequent addendum to the Business Case has been shared with the Scottish Government detailing the Services requirements for 2021/22 with expected improvements across a suite of measures.		the recommendation will deliver performance improvements for patients and also significant benefits for staff by reducing utilisation through enabling improvements in rest period compliance, shift over-runs and vehicle inspections.	
Advanced Paramedics in Primary Care As part of the Advanced Practitioner (Urgent and Primary Care) role, there is an expectation that 20% of the APs' time will be spent in a Primary Care setting. this could be a daytime GP practice, an Out Of Hours Primary Care Emergency Centre, an Urgent Care Hub or any similar location that offers integrated multi-professional working to provide best care for the patients seen.	Apr - Mar	These Advanced Paramedics work with primary care services as part of the multi-professional team, providing home visits and follow up to unscheduled care patients as an alternative to	Equal access of healthcare to the whole population – no patient is disadvantaged through lack of services in their area, whether rural or urban. **Innovation -**Digital platforms have become increasingly important over the past year, especially in response to remote consultation undertaken by our team of Advanced Practitioners in Urgent Care. The GoodSam video app allows quick

We also have a growing cohort of staff from Nursing backgrounds, broadening the experience of the AP team and allowing recruitment from a larger pool of candidates.		traditional GP responses. They are also able to carry out scheduled clinic-based appointments if that is desired. The Service aims to deliver person-centred care tailored to each individual and able to call on clinical decision support by the GP and Practice team if required.	connection to a patient or caller's mobile phone camera, which can enhance the clinical assessment and aid decision making. The APs also have access to the NHS Greater Glasgow and Clyde Clinical Portal. This platform allows them access to a variety of useful patient information, for several Health Board areas across Scotland. This further enhances their decision making and hence better outcomes for our patients.
ESN (ICCS) Radio and Short Data Communications are provided to the Service, and all other GB Emergency Services through the Airwave network. The UK Government established the Emergency Service Mobile Communications Programme (ESMCP) to identify a replacement for Airwave. The programme will deliver a voice and broadband data network that will be known as the Emergency Services Network (ESN). The ESMCP is designed to cater for current and future mobile communication requirements and there is no doubt that patients currently benefit from the efficiency and effectiveness gains currently provided by critical voice services,	Apr - Mar	The ESMCP is designed to cater for current and future mobile communication requirements and there is no doubt that patients currently benefit from the efficiency and effectiveness gains currently provided by critical voice services, short data services and	Access to healthcare will be widened across these communities to all and will ease pressure on the primary care system.

short data services and mobile data services. A revised ESMCP full business case is expected from UK Government by April 2021. Current indications are that the Service will migrate to ESN during 2024/25. The scope of the Service ESN Programme includes replacing the current Integrated Communications Control System (ICCS), the ICCS is used by Ambulance Control Centre (ACC) staff to communicate with mobile staff over the Airwave (and eventually ESN) networks using voice and data messages. The project to implement the new ICCS is progressing well, it is scheduled to be completed by the end of June 2021. The project is funded by the Scottish Government.		mobile data services. Although patients may not be directly aware of these benefits, they receive care that is more timeous, safer and more cost effective as a result of the current mobile communications capability regardless of where they live or their socio-economic status.	

b. Research and relevant information	**Available evidence**		From a **cross cutting** perspective, the planned investment took into consideration the impact of this investment on health inequalities, recognizing that ambulances may respond to calls from people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless and those living in rural areas. **Fairer Scotland Duty:** Consideration was given to socio-economic disadvantage and inequalities of outcome including the impact the planned changes would have on individuals and groups.

c. Knowledge of policy lead	Out of Hospital Cardiac Arrest research and data.
d. Equality monitoring information -- including service and employee information	Board knowledge for priorities maximum patient benefit and clinical outcome.
e. Feedback from service users, partner or other organisations as relevant	None
f. Other	None
g. Are there any gaps in evidence? Please indicate how these will be addressed	N/A
Gaps identified	N/A
Measure to address these; give brief details. Further research?	

Consultation? Other	
Note: specific actions relating to these measures can be listed at section 5	Reassess patient benefits once in place.
Section 3: Analysis of positive and negative impacts Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations	
Protected characteristics	

Age	**i. Eliminating discrimination**	**ii. Advancing equality of opportunity**	**iii. Fostering good relations**
Positive impacts			
Negative impacts	Identified		
Opportunities to enhance equality	No negative impact has been identified.		
Disability	Positive impact:		
Positive impacts			
Negative impacts	Identified		
Opportunities to enhance equality	No negative impact has been identified.		
Gender reassignment	Positive Impact:		
Positive impacts			
Negative impacts	- No negative impact has been identified.		
Opportunities to enhance equality			
Gender / sex			
Positive impacts			
Negative impacts			

Opportunities to enhance equality	No negative impact has been identified.
Marriage / civil partnership	Low pay protection is particularly beneficial to female staff who make up 45% of the headcount for staff paid below £22,000. Compared with females who make up 42% of the headcount for staff above £22,000. The realignment of the pay grades and the increase in the starting pay of each band should improve this position. Defibrillator replacement project: existing units are being replaced with more portable, ergonomic units which require less physical strength to operate than existing units. Rothesay and Aviemore stations – additional posts to these stations have taken into consideration the impact of this investment on health inequalities recognising that ambulances may respond to calls from people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless and those who live in rural areas.
Positive impacts	
Negative impacts	
Opportunities to enhance equality	No negative impact has been identified.
Pregnancy / maternity	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	No negative impact has been identified.
Race	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	No negative impact has been identified.
Religion / belief	
Positive impacts	

Negative impacts	
Opportunities to enhance equality	No negative impact has been identified.
Sexual orientation	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	No negative impact has been identified.
Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. **Other**	
Positive impacts	Benefits will be realised across the cross cutting groups; in the form of more visible and accessible resource and more clinically focused staff.
Negative impacts	Identified
Opportunities to enhance equality	No negative impact has been identified.
Section 4: Addressing impacts **Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan**	People with low income: - Realignment of pay bands includes an increase to the starting pay of each band. - no employee receives a wage below the current UK Living wage of £9.50, with the lowest band hourly rate being higher at £10.47. People living in rural areas: - Additional resources have been implemented in rural areas – specifically Rothesay and Aviemore. The Service now provides a 24/7 integrated service delivery model in these areas.

	- **Demand and Capacity** - The 'Building Better Rosters' phase of the programme, which started in 2020, will enable productivity improvements through better alignment of our workforce to meet demand both now and into the future. Ahead of implementation of new rosters, additional resources will be deployed in our busiest and often, most deprived communities. As part of the knowledge transfer between the externally commissioned supplier and the Service, we are able to compare deprivation data from the Scottish Index of Multiple Deprivation 2016 (SIMD16) to the Ambulance Simulation software. This assists in the development of new temporary and permanent locations to ensure health inequalities are being adequately considered. - **Mental Health Pathways** - following successful pilots in Glasgow and Inverness of mental health response models, collaborative work with Dundee, Inverness and Glasgow is continuing to have in place multidisciplinary mental health response models in April 2021. Each car will trial mixed responses of a mental health practitioner, Paramedic and Police Scotland to respond to people expressing mental health distress within the community. The trial will develop a whole system approach so the patient experience is improved at point of entry, not shifting the patient unnecessarily from care giver to care giver with an unsatisfactory outcome. All trial areas will adapt throughout the year so they best serve each geographical area. - **Innovation** Digital platforms have become increasingly important over the past year, especially in response to remote consultation undertaken by our team of Advanced Practitioners in Urgent Care. The GoodSam video app allows quick connection to a patient or caller's mobile phone camera, which can enhance the clinical assessment and aid decision making. The APs also have access to the NHS Greater Glasgow and Clyde Clinical Portal. This platform allows them access to a variety of useful patient information, for several Health Board areas across Scotland. This further enhances their decision making and hence better outcomes for our patients.

	- **The Scottish Trauma** network provides a national response for pre-hospital care and results in patients reaching definitive trauma care more rapidly regardless of location. Continued investment in the Trauma Network will likely bring wider benefits across NHS Scotland, challenging traditional speciality boundaries, improving co-ordination and responsiveness, and fostering a regional and national network approach to service delivery. - **Enhanced Capabilities program** - Geography has an impact on the availability of specialist teams in more remote locations; however, the operational footprint does afford the most specialist support across the main populated areas of Scotland with on-call teams based in less populated regions. The programme team will be looking at extending the operational capability with the addition of extra specialist staff able to deploy to more remote or rural locations. - **Population Health** – **Drug Harm reduction** - Scotland is one of only a few countries to have a National Naloxone Programme (NNP), where people at risk of witnessing an opiate overdose are provided with a Take Home Naloxone (THN) kit and brief training in how to administer it, from drug treatment services. SAS has a unique reach into this patient group and their families, with an ability to further issue THN kits to people, and in places of the community hard to reach for other services and at a critical time. As a result, SAS began distributing THN as a pilot in early 2020 and following the end of the trial, SAS have continued to supply THN across all regions. As SAS responds to people who use illicit drugs when they are at some of the most vulnerable points in their lives, three fulltime Clinical Effectiveness Leads (CEL's) in Drug-Harm reduction have been recruited to work within this patient group across all regions. It is anticipated, recruitment of the CEL's will ensure increased co-ordination and engagement with local activities, particularly in relation to developing information sharing protocols for near-fatal overdose pathways. A further aspiration includes development of the SAS THN programme to incorporate referral pathways to drug treatment services for SAS crews.

a. **No major change** - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	Reasons
b. **Adjust the policy** – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	The Equality Impact Assessment shows that at every stage of the process so far, adequate steps have been taken to ensure that the outcomes of Budget process will have no adverse effect on anyone affected by the proposed system, including patients, Service staff and suppliers. Positive impact across Scottish population who have access to our services including our staff, with no one characteristic being detrimentally impacted.
c. **Continue the development and implementation of the policy without adjustments** – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.	
d**. Stop and remove the policy** - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed.	

Before choosing this option you must contact the Equalities Manager to discuss the implications.					
Section 5: Action plan **Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation**					
Action					
Move to Final Budget				Output	Outcome
National Partnership Forum	Revision	Robust Budget	Lead responsible	Date	Protected characteristic / cross cutting issue*
* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross	Revision	Robust Budget	Director of Finance	31 March 2021	

cutting issue e.g. poor mental health, illiteracy etc					
Section 6: Monitoring and review **Please detail the arrangements for review and monitoring of the policy**			Director of Finance	31 March 2021	

a. How will the policy be monitored? Provide dates as appropriate	Details
b. What equalities monitoring will be put in place?	Monthly Performance and Work-stream specific reviews
c. When will the policy be reviewed? Provide a review date.	Data collection, specific groups
Section 7: Sign off **Please provide signatures as appropriate**	The EQIA will be reviewed at least every 6 months. The next review will take place in August 2021.
Name of Lead	

Maria McFeat – Deputy Director of Finance	Title	Signature

Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			Date
Provide date this was sent	22.03.2021		
