



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



Statement of Equality Outcomes

2017 - 21

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 1	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

Statement of equality outcomes

Content

		Page
1.	Foreword	3
2.	Our Service	4
3.	Introduction	4
4.	Evidence	6
5.	Equality and health inequalities context	8
6.	Public Sector General Equality Duty	9
7.	Monitoring arrangements	10
8.	Equality outcomes	11
	Appendices	
1.	Overarching policy context	28
2.	Specific Duties	29
3.	Equality outcomes evidence	30

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:

Engagement & Corporate Affairs Department
Scottish Ambulance Service
National Headquarters
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 314 0000

Email: Scotamb.communications@nhs.net

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 2	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

1. Foreword

It is my firm belief that the work we are doing on our equality outcomes has a significant impact on the service we provide to our patients and the experience of the workplace for all our staff.

Our equalities work is firmly linked with the values of the Scottish Ambulance Service and NHS Scotland. We recognise that building these principles into what we do everyday will help us achieve the strategic goals set out in our five year strategy "Towards 2020: Taking care to the Patient". Our strategy describes how we plan to deliver our frontline service providing emergency, unscheduled and scheduled care twenty four hours a day, seven days a week. Our mission is to deliver the best ambulance services for every person, every time. Our goals to improve access to healthcare, evidence a shift in the balance of care by taking more care to the patient and improving outcomes for patients cannot be achieved without a firm commitment to continue to progress our equalities work now and in the future.

I am grateful to our patients, members of the public, partner agencies, senior managers, staff and staff side colleagues who have contributed their thoughts and feedback allowing us to take these into account when we have developed our equality outcomes. It is through listening and learning that we can continually improve the service we deliver. We have also taken cognisance of the greater equality and health inequality context and Scottish Government and National NHS policy priorities.

I welcome the opportunity for the Service to highlight the important equalities work we are progressing and I look forward to reporting progress on the impact of our equality outcomes work in future.

Pauline Howie
Chief Executive Officer

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 3	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

2. Our Service

A Special Health Board, the Scottish Ambulance Service is a national operation based at over 150 locations in five Divisions. The Service is now co-located with NSS Scotland, NHS 24, NHS Boards' Out of Hours services and within hospital and GP practice premises. As such, we continue to cover the largest geographic area of any ambulance service in the UK.

The Scottish Ambulance Service provides scheduled, unscheduled and anticipatory care for patients 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, preventing unnecessary hospital admissions. We also take patients requiring clinical care during transport to hospital, in time for their appointment.

3. Introduction

Our equality outcomes have been developed to support our strategic goals set out in our five year framework "Towards 2020: Taking care to the Patient" and are aligned with our Corporate Plan 2016 - 17.

Our goals;

- To ensure our patients, staff and the people who use our services have a voice and can contribute to future service design, with people at the heart of all that we do.
- Expand our diagnostic capacity and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.
- Continue to develop a workplace with the necessary enhanced skills and extend skills by 2020 to deliver the highest level of quality and improve patient outcomes.
- Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.
- To reduce unnecessary variation in service and tackle inequalities delivering some services "Once for Scotland" where appropriate.
- Develop a model that is financially sustainable and fit for purpose in 2020.

The equality outcomes that have been identified are as follows:

1. Ultimate outcome

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.

2. Ultimate outcome

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.

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 4	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

3. Ultimate outcome

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.

4. Ultimate outcome

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.

5. Ultimate outcome

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.

6. Ultimate outcome

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.

7. Ultimate outcome

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.

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 first five equality outcomes are very similar to those developed and agreed in April 2013 and it is recognised that more needs to be done to build on the actions /initiatives that have already been completed. In some instances actions / initiatives are being carried forward whilst others are new. 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 prepared and published to meet the requirements of the specific duties in 2021.

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 is 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.

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 5	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

Our implementation plan can be seen here and provides details of the timescales regarding the achievement of the short / medium term outcomes. The timescales here will vary dependent upon the action / initiative in question. It is anticipated that short / medium term outcomes will be achieved within 1 -2 years and that all outcomes will be achieved between May 2017 and April 2021.

4. Evidence

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

Externally individuals and groups representing those with protected characteristics have been involved in the development of our outcomes. These have been discussed at public events and have been circulated widely across our Patient Focus and Public Involvement (PFPI) database which includes a wide range of individuals / groups across all protected characteristics.

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

When considering the evidence across a wide range of sources we found that there was limited awareness of the Scottish Ambulance Service in some communities with uncertainty regarding use and access resulting in Patient Transport Service not being utilised by some e.g. black and minority ethnic groups, those who use BSL.

Taking a holistic view across health across Scotland it is clear the Scottish Ambulance Service has a part to play in terms of reducing health inequalities and therefore our equalities work needs to be aligned with the 2020 Vision for Health and Social Care so that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting, with a focus on prevention, anticipation and supported self management. This in turn aligns with the ambitions of the Healthcare Quality Strategy for NHS Scotland to deliver safe, clinically effective and patient centred care for our patients and the Health and Social Care Delivery Plan to provide better care, better health and better value.

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

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

We also recognise that the values of the Service are not yet embedded across the organisation and that there is some way to go to ensure that these are clear to all staff and that behaviours are reflective of our values and this is consistent throughout the Service. Training sessions have been delivered to cover values as well as highlighting these through corporate induction and we need to build on this to ensure all staff fully understand the values of the organisation.

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 6	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

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

Recent research conducted by Stonewall 'Unhealthy Attitudes' in 2015 found that many staff received little or no equality and diversity training. Those who had reported key issues relevant to caring for patients with specific characteristics e.g. lesbian, gay, bisexual and transgender reported that this had not been in sufficient depth.

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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 7	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

5. Equality and health inequalities context

All Health Boards across NHS Scotland are required to produce and deliver a set of equality outcomes to comply with one or more of the three needs of the public sector equality duty (Equality Act 2010) and the specific duty on equality outcomes (Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012)

The challenge for the NHS 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.

Meeting equality and health inequality outcomes are not mutually exclusive but intrinsically linked, i.e. health inequalities refers to differences in health between social groups (health gaps) and reflects the systematic differences in health associated with people's unequal positions in society. Given that health inequalities relate to other structures of inequality, for example socio-economic, gender, ethnicity or disability etc. Thus, in order to address health inequalities effectively, consideration has to be given to the associated implications for those with equality characteristics and the often complex intersections between these.

Starting point

As a board, we are not starting with a blank sheet. There was a requirement to develop and set outcomes for the first time in 2013 and much work has been done taking forward activities/ initiatives associated with each of the five outcomes published at that time. In developing outcomes for the period 2017 - 21 cognisance has been taken of the progress we have made, the relevance of the activities we had identified and the changing needs of the Service. Our equality outcomes are aligned explicitly with existing Scottish Government, NHS Scotland and Scottish Ambulance Service policy priorities, linking to national evidence where possible, and integrated into current performance management systems where relevant.

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

Please see Appendix 1 on policy context. This approach aims to support the ongoing mainstreaming of equality into health policy and practice within the Scottish Ambulance Service. Our equality outcomes have been developed to support the SAS strategic framework "Towards 2020: Taking care to the Patient" and are aligned with our Corporate Plan 2016 - 17.

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 8	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

6. Public Sector General Equality Duty (Equality Act 2010)

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:

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

This 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. Listed authorities are also subject to specific duties as detailed below.

Specific Duties

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, all NHS Boards, including the Scottish Ambulance Service, are 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.

Short to medium term outcomes have to be set every 4 years, with a requirement to produce interim progress reports every 2 years.

More information on the other specific duties can be found in the Scottish Ambulance Service Mainstreaming Report here [\[link to be inserted\]](#) and a summary of the specific duties can be found at Appendix 2.

What are equality outcomes?

Equality outcomes are:

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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 9	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

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

7. Monitoring arrangements

Outputs will be monitored and reported at the Staff Governance Committee. Details will also be included in the Service Corporate Plan.

A formal report on progress made against each of the outcomes since 2017 will be produced and published in April 2021.

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 10	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

8. Equality Outcomes

1. Ultimate outcome			
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 Race, disability, lgbt
	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		
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
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	i. Improved knowledge of health services by Gypsy / Travellers through the development of promotional material with the involvement	Gypsy / Travellers access to healthcare is improved, initially in Fife and thereafter across Scotland.	Advance equality of opportunity Foster good relations Race, disability, age

services can be provided	of the community*		
	li Positive impacts are identified through the completion of the equality impact assessment / evaluation of this joint work*	There are tangible benefits for Gypsy Travellers living in Fife	Advance equality of opportunity Foster good relations Race, disability, age
	ii .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
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
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
Measures			
<ul style="list-style-type: none"> • 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. 			

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 12	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

- 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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 13	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

2.Ultimate outcome			
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
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 and continuity of care for patients	Patients have a better experience and are more involved in their own care. This will also have impact on health inequalities. The improved experience of patients is shared with communities.	Advance equality of opportunity All - greater impact 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
c. Work with the Scottish Government, e-Health programme in the development of the Key Information Summary	Key patient information 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
d. Analyse key clinical	Information is gathered for 5	Adjustments are made to the	Eliminate discrimination

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 14	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

conditions to identify whether there are gender specific differences in patient experience *	key conditions; any differences identified and steps taken to improve treatment *	way treatment is managed specifically for men and women	Gender
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 Disability, race
	ii. Gaelic Language Plan is implemented	Gaelic is visible and accessible for patients/members of the public	
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
Measures			
<ul style="list-style-type: none"> • 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

3. Ultimate outcome			
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.
b. Development of a cab based language tool	Language tool in place	Communication support is more accessible and immediate when crews are with patients [A & E]	Advance equality of opportunity Race
c. Community Resuscitation Development Officers engage with a wide range of communities including volunteers across the protected characteristics and this work is targeted to include where previous involvement has been limited	There is improved input and dialogue across a wide range of communities and groups	Engagement with communities is inclusive across all protected characteristics	Advance equality of opportunity Foster good relations All
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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 16	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

			Age, disability
Measures			
<ul style="list-style-type: none"> • 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

4. Ultimate outcome			
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, LGBTI staff
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, LGBTI staff
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
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, LGBTI staff
e. Health and wellbeing is promoted across SAS through	Staff are encouraged to consider their health at work	Staff have better health as a result of increased awareness	Advance equality of opportunity

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 18	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

healthy working lives programme	and how this can be improved	of healthy lifestyles and the options available e.g. around diet, exercise etc.	All, greater impact on disability
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
Measures			
<ul style="list-style-type: none"> • There is a reduction in sickness absence as a result of mental health. • All divisions/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

number of staff employed on permanent shift patterns		they are treated differently as a result of their status with regard to a roster / relief position	Men and women
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
e. Facilitate the establishment of staff led networks for those with an interest in equality issues relating to specific protected characteristics	Staff networks in place and regular dialogue and engagement takes place	There is a greater understanding of needs and concerns of staff who share protected characteristics	Advance equality of opportunity Foster good relations All - greater impact for disability, lgbt,
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
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
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	An increased number of staff routinely have their say by	

	by 2020	providing feedback through the iMatter questionnaire	
	iii. Action plans are in place for every team and these are completed within 12 weeks of team reports being available.	Staff feel they are 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 NHS Scotland.	All staff
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 are delivered for managers in keeping with new guidance	The need for adopting a human rights based approach is understood	Foster good relations All
Measures			
<ul style="list-style-type: none"> • 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 SWAN network • 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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 22	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

6.Ultimate outcome 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
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 All - greater impact for race, religion and belief, sexual orientation
	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	
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
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	Advance equality of opportunity

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 23	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

		monitoring information available	All
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
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
g. Recruitment advertising is targeted more specifically across under represented 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		
	iii. Utilise contacts with a range of organisations to identify ways of advertising more widely	Attract a broader range of applicants	Race, disability, lgbt
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

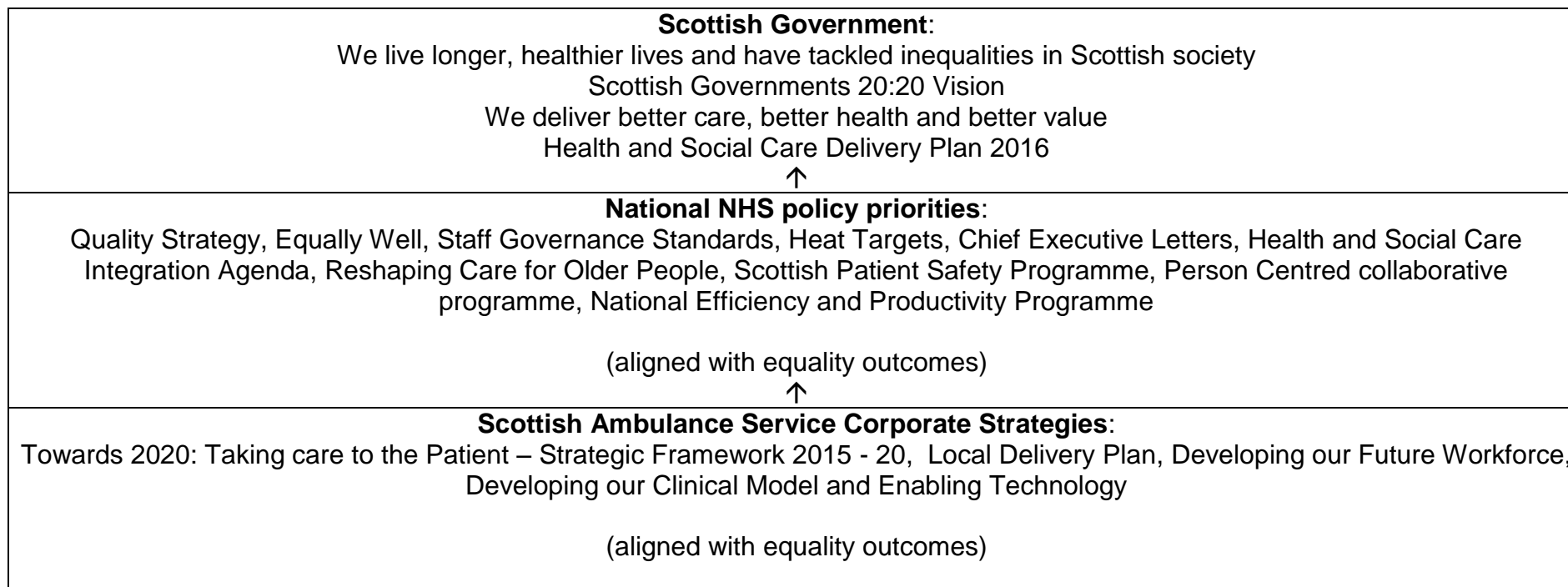
			All - greater impact on disability, race
i.The recruitment of Board members aims to achieve gender balance	The gender diversity of the Board is 50 per cent women and 50 per cent men	Gender balance is maintained	Advance equality of opportunity Sex
Measures	<ul style="list-style-type: none"> • Self disclosure 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

	iii. Work with National Ambulance Service LGBT Network	Learning from other Ambulance Services is shared	Lgbt
e Complete Stonewall Workforce Equality Index*	WEI submission made and bench marking report available	Improve experience for LGBT staff	Foster good relations Lgbt
Measures	<ul style="list-style-type: none"> • Staff policies are more inclusive • LGBT e-learning module is completed by staff 		

*denotes where actions/initiatives/outputs are new

Overarching policy context



Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 28	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

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:

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

Doc: Name 2017.03.29 Statement of Equality Outcomes 2017	Page 29	Author: Equalities Manager
Date: 2017-04-30	Version 1.0	Review Date: April 2019

Evidence summary for Equality Outcomes

Appendix 3

Service

Evidence summary for Equality Outcomes

1. Outcome: Through raised awareness of the Service there is improved access for underrepresented groups

Evidence gathered and sources used

- Limited use of Patient Transport Service by black and minority ethnic groups, those who use BSL
- Equalities Opportunities Committee 2012 indicates inconsistency of approach to meeting health needs of Gypsy / Travellers, inconsistent take up of health services by Gypsy / Travellers and poorer health outcomes
- Hidden in plain sight EHRC report
- Language Line Service usage
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Community involvement through public events
- Equality Impact Assessment
- Patient Focus Public Involvement feedback through events
- Community engagement through divisions, community resilience and national service development work
- Population data from Census reports
- Anecdotal evidence from staff / members of the public
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

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

Consultation

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project.
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group
- Executive Team, Senior managers, staff and staff side partners

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

Evidence gathered and sources used

- Patient profiles
- Patient complaints
- Patient stories
- Census reports
- Patient feedback
- Equality Impact Assessments
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Patient Focus Public Involvement data and feedback
- Community engagement through divisions, community resilience and national service development work
- The ageing population is leading to an increase in the number of people with dementia (5% of people over 65 and 20% of those over 80 years of age)
- Research shows lesbian and bisexual women have higher levels of self harm compared to the general population and that there is a higher risk of gay men harming themselves
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, Senior Management Team, staff, Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group
- Summary findings Work for the Service to be aligned with the 2020 Vision for Health and Social Care - by 2020 everyone is able to live longer healthier lives at home, or in a homely setting with a focus on prevention, anticipation and supported self management. This outcome aligns with the quality strategy and the need to deliver safe, clinically effective and person centred care and the health and social care delivery plan 2016 with need to delivery better care, better health and better value.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior managers, staff and staff side partners

3. Outcome: The SAS is fair and equitable in the way it delivers its services and involves and consults people

Evidence gathered and sources used

- Patient profiles
- Patient complaints
- Patient stories
- Language Line Service usage
- SMS service usage
- Equality Impact Assessment
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Patient Focus Public Involvement data and feedback
- Community engagement through divisions, community resilience and national service development work
- Population data from Census reports
- Carers report commissioned by Scottish Ambulance Service
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, Senior Management Team, staff, Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group
- Summary findings It is recognised that we can build on access routes to the Service and this will enhance the experience for patients particularly those from the Deaf community, or those whose second language is English. As the Service covers the whole of Scotland it is imperative that further ways are developed to ensure we can involve, consult and engage with patients and the public in a variety of ways.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior managers, staff and staff side partners

Workforce

Evidence summary for Equality Outcomes

4. Outcome: There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace

Evidence gathered and sources used

- The main cause of sickness absence at Scottish Ambulance Service is stress/anxiety/depression
- People who face mental ill health often face stigma as a result
- Staff side feedback
- Findings of Special Board Equality Leads consultation with Trades Unions and groups representing staff
- Mental Health Strategy Scotland 2012 - 15 - two of the biggest challenges for Scotland are improving mental health and treating mental illness
- Health Scotland report on Mental Health Improvement: evidence and practice
- Stonewall research / reports
- Scottish Transgender Alliance research
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

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

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior managers, staff and staff side partners

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

Evidence gathered and sources used

- Staff surveys - NHS Scotland
- Equality monitoring data / establishment figures
- Staff side feedback
- Findings of Special Board Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports
- Reports from DATIX system which is used by staff to record incidents where there is harm (or potential for harm) to any member of staff, patient or other individual e.g. violence, abuse, harassment and health and safety)
- Training feedback / monitoring reports
- Equality Impact Assessments
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, staff, Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group
- Summary findings It is recognised that the values of the Service are not yet embedded across the organisation and that there is some way to go to ensure that these are clear to all staff and that behaviours are reflective of our values and this is consistent throughout the Service.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior Management Team, staff and staff side partners

6. 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.

Evidence gathered and sources used

- Workforce equality monitoring
- Recruitment process analysis
- Workforce equality monitoring report 2015 -16
- Census 2011 population data
- Information & Statistics Division, National Services Scotland – NHS Scotland workforce data
- Staff side feedback
- Findings of Special Board Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports
- Equality & Human Rights Commission – Public Sector
- Is Scotland Fairer? Report EHRC

Preliminary analysis completed

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

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior Management Team, staff and staff side partners

7. Outcome: SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users.

Evidence gathered and sources used

- Equality monitoring data / establishment figures
- Staff / staff side feedback
- Findings of Special Board Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports – Unhealthy Attitudes Scotland Report 2015
- Equality Network - The Scottish LGBT Equality Report
- Is Scotland Fairer? Report EHRC
- The Equality Network – The Scottish LGBT Equality Report

Preliminary analysis completed

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

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including Stonewall Scotland, LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, Minority Ethnic Carers of People Project
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- Patient Focus and Public Involvement Steering Group, Equality and Diversity Steering Group, Executive Team, Senior Management Team, staff and staff side partners

