Mainstreaming Equality and Diversity in the Scottish Ambulance Service 2023

Content

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

This document can be provided in another format for example in large print, Braille or summary translation, please contact the Communications and Engagement team (contact details at end of document)

1.   Foreword

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

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

This document provides an opportunity for us to highlight the progress we have made in taking our equalities work forward and details the development of our equality outcomes for the period 2021 – 25. The outcomes illustrate the steps we are taking to improve services to meet the needs of patients and the people of Scotland as well as making changes that will improve the experience in the workplace for our staff.

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

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

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

Pauline Howie OBE
Chief Executive Officer

2. Our Service

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

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

3. Introduction

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

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

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

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

This report illustrates the following:

- How we are mainstreaming equality and diversity in all that we do;
- Our Equality Outcomes for 2021 – 25 and
- Progress on the above Equality Outcomes over 2021 – 23

Mainstreaming

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

Our aim is to embed equality in the structure, behaviour and culture of our service and that it is clear how we are promoting equality through all that we do. We recognise how this will contribute to our continuous improvement and better performance. Diversity enriches our ability to share different perspectives and value difference, thus informing and enhancing our ability to deliver patient-centred care. Examples of how we are mainstreaming equality and diversity in the work we are doing can be seen at section 4.

Equality outcomes progress 2021 - 23

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

All of our equality outcomes are linked to the general equality duty and actions are measured against outputs, timescales and ultimately what difference has been made.

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

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

Equality outcomes 2021 - 25

In developing these equality outcomes, we have built on the work we had undertaken previously and added further actions where appropriate. 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. A full report on progress against each of the outcomes will be published in April 2025. Further equality outcomes will be prepared and published in April 2025. Our statement of our equality outcomes for 2021 – 25 can be seen at section 5.

4. Mainstreaming

4.1. General context

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

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

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

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

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

To explain how equality is being integrated into the day-to-day functions of the Board we have identified 4 broad themes with associated activities. These are patient experience, collaboration and engagement, staff experience and corporate leadership. In this section, we provide some examples to illustrate our work under these themes. Some of the examples from 2021 report have been updated to reflect progress and some additional ones have been added to illustrate the new areas we have incorporated into our mainstreaming equality activity, in line with our 2030 Strategy.

We said in our 2021 mainstreaming report that we would take several specific actions relating to improving data capture and equality monitoring. A copy of the 2022 Equality Monitoring Report can be found here, which provides more detail on these actions.

4.3. Patient experience

We last reported on how we are mainstreaming equality and diversity in our day-to-day business in 2021. Since then, we have been working across several areas to improve the experience our patients and carers' have of our services. In this section, we provide some examples of how we have responded to recognising disadvantage faced by particular groups and how our actions have helped to improve this by addressing gaps.

Accessing our Service

- With our partners at Police Scotland and Scottish Fire and Rescue Service, we have linked with Tap SOS, an organisation that has developed an App for use in emergencies, which will be of particular help for members of the public who have a learning disability, are Deaf, hard of hearing or have difficulty with speech. We also recognise there are times when it is not appropriate to make a verbal call, for example, where there may be an issue of domestic violence and the facility to contact 999 service by using this method would be appropriate to the caller.

- We have worked with Scottish Association on Mental Health and See Me in the further development of the patient needs assessment for Patient Transport Service in general and specifically for those questions relevant to our mental health patients.

- Language line service is available through our three Ambulance Control Centres, National Headquarters and regional offices for those callers whose first or preferred language is not English. This can be accessed by call handlers and operational staff on scene with a patient. Details of how to access this service have been widely publicised and use of the service continues to grow steadily. In 2021/22 the total number of calls was 3159. The Table below illustrates the usage of language line since 2017. The top five most used languages during 2020/21 were Polish, Arabic, Romanian, Russian and Ukrainian. There is a similar picture for 2022. The table below shows the increased usage of this service from 2017 to 2022.

Table 1

Number of calls to Langugage Line Service 2017-2022
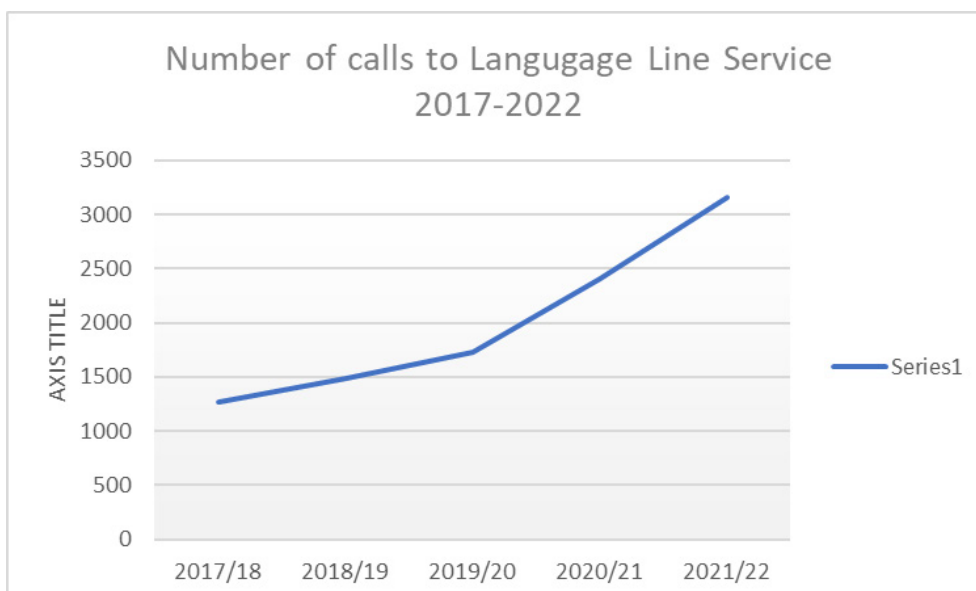
Case Study – Mental Health

On a typical day SAS deal with 4,000 calls across the three control centres – it is estimated that at least 1 in 25 will be experiencing mental health difficulties.

To improve the experience and outcomes for mental health patients SAS has recently undertaken work with the Mental Health Collaborative with NHS 24 and Police Scotland relating to the development of a Mental Health Hub hosted within NHS 24. The Mental Health Hub is designed to provide support for people who present to any clinical service and who would benefit from Mental Health Practitioners and/or direct referral into a Mental Health Service.
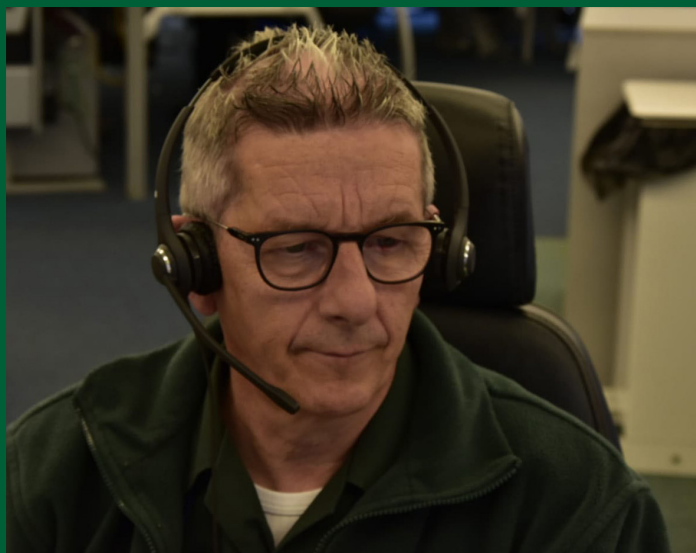
It is widely understood that helping people who are affected by mental health issues through a typical Emergency Department (ED) pathway is not the best outcome for many patients. Establishing alternative mental health support arrangements with NHS 24 aligns to the required collaboration work within the Redesign of Urgent Care programme, which looks to provide alternatives to ED through the introduction of effective community pathways. Types of calls received by SAS generally fall into the three categories below.

Types of calls received by SAS generally fall into the three categories below:

1. Service users requiring an emergency response for a serious or immediately life-threatening mental health condition

2. Service users that may be suitable for the Mental Health Hub after face-to-face assessment.

3. Service users suitable for the Mental Health Hub after call handler triage.

In November 2020, the Ambulance Control Centres went live signposting patients within Category 3 to the Mental Health Hub from the point of the initial 999 call. Call Handlers now give appropriate advice, information and scripting for these patients to access the Mental Health Hub.

Further to this, from December 2020, all operational staff were able to refer patients presenting with a range of mental health issues into the Mental Health Hub from scene (Category 2), where there is no patient management plan for the patient or the plan cannot be activated, or where the patient does not require onward transport to hospital

The Mental Health Hub does not take precedence over a local anticipatory or crisis care arrangement and if in place these are followed in the first instance. However, the NHS 24 Mental Health Hub, is accessible 24/7 for patients who have no management plan, are in a state of distress or where normal pathways and support are unavailable.

Posters have been distributed to all regions with cards and leaflets detailing how to access

help that can be passed on to patients and carers.

We ask all staff to remind patients where appropriate, that the Mental Health Hub is open 24/7 for them to access themselves in the future. 111 is a Freephone contact number and the Mental Health Hub should be chosen as an option for direct access where this fits the needs of the patient. We review opportunities for sign posting service users suitable for the Mental Health Hub after call handler triage and the report shows evidence that we, on average, sign-post 88% of appropriate calls to NHS 24.

- In May 2022 we launched the first SAS Mental Health Strategy. The strategy expresses that we will – 'in collaboration with partners…continuously strive to improve the support, care and treatment that we offer individuals, communities and populations in relation to mental health.' To achieve this strategic vision, three person centred outcomes, have been identified with reducing stigma being threaded through each of the objectives, as follows:-

  Objective One – improve the identification of mental ill-health and recognition of associated risk factors to poor mental health for all who use our service
  Objective Two – improve the assessment, care and experience of individuals supported by SAS in relation to their mental health and wellbeing
  Objective Three – optimise access to a range of mental health care, and support, with the aims of enabling recovery

(Further examples of work in this area are included in section 6, Progress on Equality Outcomes.)

- Patients, their carers and members of the public are supported to ensure their communication needs are met. Patient leaflets, reports and related documents are provided in alternative formats upon request and efforts are made to ensure these are culturally inclusive. Every effort is made to ensure that members of the public who wish to work with SAS can do so, by identifying any support needs required.

Case Study – Public Protection

Public Protection means protecting citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Protecting children, young people and adults is a collective responsibility between SAS, Social Care and Health Boards across Scotland.

SAS play a key role in the implementation of Children and Young Peoples Act 2014, as it is a named accountable authority and a Corporate Parent within it. The Act requires that SAS is accountable to ministers for providing information relating to how it exercises its corporate parenting responsibilities including how it plans, collaborates and reports its activity.

A close look at the number of cases reported during 2019/20 suggested that the referral rate was low. However, identifying data through patient records showed that safeguarding comments and markers were being noted in the patient care record. It was decided to trial the establishment of a Health Desk at the Ambulance Control Centre, which is staffed 6 days a week. Operational staff can contact the desk by phone or through the dedicated email address to highlight concerns regarding public protection issues. These incidents are then referred to health and social care partners where the appropriate support can be provided. Feedback is provided for staff so they are aware of the outcomes for patients.

SAS Public Protection policy developed in 2020 applies to all SAS staff, including staff in support and non-patient facing roles. The policy includes child protection, adult protection and gender-based violence. SAS is committed to ensuring that all staff are supported in providing a service where the adult or child's welfare and safety is paramount and has therefore produced this policy to ensure that our staff remain well informed and guided through this process when dealing with significantly challenging situations involving Public Protection concerns.

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

- We are currently working with the National Services Scotland development team to facilitate clinicians' access to the proposed National Digital Platform (NDP). The NDP will be a modular system with wide potential with initial plans to host an electronic version of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). In time, operational staff will have ready access to key patient details regarding treatment they are undergoing. For those patients with a disability or long-term condition this will assist staff to understand more readily their specific needs.

- Patient stories are discussed at Board meetings which can be a result of a positive or negative experience where a patient or carer can describe the experience they had of SAS. Particularly when this experience has been negative, the Board can consider ways that SAS can learn from these examples and what steps can be taken to make improvements.

- Figures published on 15 December 2020 by National Records Scotland show that in 2019, 1,264 people lost their lives to a drug-related death (a 6% increase). This was the highest number of drug-related deaths in Scotland ever recorded, for the sixth year in a row.

- SAS is part of the Scotland's Drugs Death Taskforce, carrying out and further developing specific initiatives aimed at contributing to improving outcomes and a reduction in drugs-related deaths in Scotland. This includes expanding on a successful trial of issuing Take-Home

Naloxone (THN), which can reverse the effect of an opioid overdose.

Over the last two years, the SAS Drug Harm Reduction work has involved the identification of people most at risk of harms from drugs and alcohol through the create of data-flags for automatic referral pathways and voicemail phone numbers for clinician-led referrals. SAS continue to have a unique reach that allows us to identify people that may have previously been missed, with 40% of people referred not having access to coordinated community care.

In addition to the above work, education on drug and alcohol harms with SAS staff (including all VQ4 education centres and all BSc-delivering universities) and partners, including contributions from people with lived/living experience of alcohol and/or drug harms. This includes encouragement of person-centred language when referring to people who use drugs, and production of a Drugs A to Z Guide, in conjunction with Public Health Scotland, to inform colleagues of the latest drug names.

Training, support and stock delivery has also been provided to allow Take-Home Naloxone provision to become daily practice with all SAS clinicians trained (90% of the Service workforce). This is supported by the commencement of a trial in Injection Equipment Provision.

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

Since Remote consultation began in April 2020 APUPC have undertaken 58,930 consultations with 999 patients over phone and video. Of these 31,225 did not require an ambulance and were managed through self-care advice, referral to a scheduled appointment, or were able to take alternative transport.

Remote consultation allows patients calling 999 with non-life-threatening conditions to speak with a senior clinician at an early stage in their care and be active participants in how that care is managed. This allows patients greater options in terms of treatments and onward referral when required.

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

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

4.4. Collaboration and engagement

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

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

- We are extending our reach with different community groups and this is helping us increase our engagement with minority voices and third sector organisations enabling us to build long-term relationships. A few examples include; Action in Mind, Age Scotland, Carer's Trust, Deaf Action, Deaf Scotland, Enable Scotland, LGBT Health, Ahlul Bayt Society and Young Scot.
- We have refreshed our Involving People Strategy and developed an engagement guide and toolkit to support service improvement programmes. This is currently being tested with the engagement in progress to further develop care pathways.

- We engage with young people in schools to talk about SAS and what careers are available across Scotland. Events at primary and secondary schools have been attended by front line staff, supported by HR colleagues. This is likely to introduce SAS as a future career option to diverse groups.

- SAS continues to participate in a variety of special events across communities, for example, Emergency Services open day, Nextgen Careers Event and Uniformed Services Day.

- In support of the Scottish Government Out of Hospital Cardiac Arrest Strategy, we are working with the Save a Life Scotland (SALFS) partnership to deliver CPR training across communities, in order to equip as many people with these skills and to increase the chance of survival, for people experiencing cardiac arrest. To date, over 675 people have been equipped with these skills. This includes supporting SALFS with the development of a programme of training for schools, the development of the "play your part" campaign, which had developed teaching and learning materials for those identified as having a disability. We are also using our data to develop a publicly available resource to show where the best place is in any locality to place a publicly available defibrillator and help to ensure equitable access for all communities.

- We use a variety of communication channels to promote messages in relation to equality and diversity, for example, - our intranet @SAS, the Chief Executive's weekly update and Response, our staff magazine. In August 2020, weekly engagement sessions were introduced providing updates across a variety of business areas with the opportunity for staff to raise questions and make suggestions to improve our practice. Recent sessions included a session by members of the SAS Ethnic Minority Network, on the plans going forward over the next few years and the organisation; Changing Faces, which calls on organisations and brands to represent and champion people with visible differences e.g in positive recruitment campaigns. We are also working with the National LGBT+ lead for AACE to relaunch our Proud @SAS network.

A National Partnership Agreement is in place between Stonewall and the Scottish Government to support all 22 Health Boards in Scotland. The aim of the agreement is to provide training, support and guidance for Health Boards through a dedicated Programme Officer in order to further enhance LGBT inclusion and equality.

'Recite Me' was introduced to the SAS website in 2019 offering increased accessibility for users viewing the website by enabling more functionality for people who may find reading from a screen difficult. This has been included in the latest update on our Gaelic Language Plan for 2022. Users can do the following:

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

- Social media channels such as Twitter and Facebook are utilised regularly to provide information about SAS. For example, details of SAS activity at Board meetings as well as updates during events. Social media channels have also been used to acknowledge the good work done by our staff for patients and to celebrate achievements, for example, those staff recently presented with the King's (previously Queens) Ambulance Service Medal.

- We have worked with Remploy, the third sector organisation that supports people with disabilities in the workplace to provide three-week work placements at our office in Motherwell. So far, two young people have worked with us in our administration team and this has been successful. We have been able to learn from the feedback provided by the participants and are keen to continue our engagement with Remploy with a view to offer other work placements going forward.

- We supported a two-year work placement through the Professional Careers Programme with Glasgow Centre for Inclusive Living and NHS Scotland. The aim of the programme is to provide a two-year employment opportunity for a disabled graduate by providing a challenging and rewarding experience of employment, and they have now been able to secure a permanent position on the completion of the programme.

- We have worked with colleagues at NHS Education for Scotland to develop an e-learning resource to raise awareness on Dyslexia. This module is now available for our staff and early feedback has been very positive.

- Work continues with partners from Police Scotland and Scottish Fire and Rescue Service to work with third sector organisations in order to improve methods of accessing emergency services and communicating with patients and members of the public at incidents.

Community Anchor Case Study - Glasgow South Station

As part of the Scottish Ambulance Service Anchors programme, The Glasgow South Station (GSS) in Govanhill (amongst the top 5% of highly deprived areas in Scotland), will spearhead the Young Minds Save Lives (YMSL) initiative.

The programme is being developed in collaboration with pupils from Shawlands Academy and Holyrood Secondary and will help address local priorities of youth employment, training, apprenticeship, education and in-work support.

YMSL is the first programme of its kind in the UK and will develop hands-on 'early intervention' emergency and urgent care training designed by and for young people.

We aim to deliver a training plan that will be developed for and with the young people specific to that community. This planning with people approach allows the community to get involved with the design and delivery of this programme, which will support our response to improving local community population health. This programme will provide the foundations of the essential skills needed, which will include both technical and softer skills training, and consider human factors, mental health and wellbeing.

The training priorities will be on immediately life-threatening situations like cardiac arrest and locality high priority healthcare issues, including fall management, stroke, diabetes, and drug deaths.

With enhanced skills in the management and awareness of health issues the roles will provide a gateway for careers in the ambulance and wider NHS services.

As well as potentially identifying future employees, SAS will benefit from improved community relations, an increased community response capacity, reduction of unnecessary hospital admissions and more lives saved.

Supporting Those with Dementia

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

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

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

The Dementia Lead for SAS sits on the Dementia Expert Group and is contributing to the work being taken forward under the National Dementia Strategy for NHS Scotland. As part of our 2030 strategy, we have committed to;

- Develop and deliver a dementia strategy
- Develop and implement dementia-friendly ambulances
- Develop dementia specific education packages
- Support all staff to become Dementia Friends in collaboration with Alzheimer's Scotland
- Introduce Dementia Champions across Scotland in supporting local delivery of dementia care

Work on development of the dementia strategy is due to commence over the coming months. The SAS lead for Dementia is working with colleagues in Alzheimer's Scotland to raise awareness of the role of the paramedic and the role of SAS when looking after a person with dementia and develop, and deliver, structures that promote excellence and a skilled workforce when supporting people with dementia.

4.5. Staff experience

- Through the 'Once for Scotland' policy review project we have worked with NHS colleagues, Scottish Government and staff side partners to review Absence, Bullying & Harassment, Capability, Conduct, Grievance and Workforce Policies Investigation Process policies. These revised policies were implemented across SAS on 1 March 2020. Work is underway to complete reviews during phase two of other policies including Equality, Diversity & Human Rights, Trade Union Facilities Arrangements and Gender Based Violence. The Supporting Work Life Balance policies are currently out for consultation (e.g. Flexible Working, Maternity, Retirement and other related policies). We are also currently reviewing and updating our Agile Working guidance and policy.

- In November 2020, SAS undertook and completed the Disability Confident self-assessment to renew membership to the scheme. We operate the job interview guarantee scheme, where all applicants who indicate they have a disability and meet the minimum criteria for the post will be guaranteed an interview and are supported through the application process. Support is provided for staff who have a disability in a variety of ways according to their needs. For example, operational staff have been provided with different personal equipment. Students with learning difficulties have been provided with assessments and screening for dyslexia, learning materials in different formats, assisted support and equipment as required.

- The Equality Impact Assessment Guidance has been reviewed to include reference to human rights and the socio-economic Fairer Scotland Duty. Managers and project leads are responsible for ensuring policies and practices are assessed and reviewed through the equality impact assessment process as part of usual practice.

- The Equality & Diversity Steering Group has a bi-monthly meeting chaired by the Human Resources Manager (Employee Relations and Equalities). Membership of the group includes staff across different staff groups and staff side representatives. The group assists SAS to deliver equality and diversity commitments and obligations by co-ordinating national arrangements and developing a delivery plan, which identifies priorities, and sharing of good practice.

- SAS regularly receives compliments from patients and their carers about all the good work that is done by staff. GREATix was launched in November 2020 and is a system for staff to recognise their peers within the Service for the excellent things they do. The recognition is led by what matters to you. Therefore, whether that is excellent clinical practice at an incident; brilliant teamwork or supporting someone after a tough job or task GREATix is about recognising someone for doing something that is meaningful. Since the launch of Greatix in November 2020, there have been over 4677 entries. We will be using the information logged to identify themes of good practice that we can learn and share, for example with regard to patient experience, teamwork and clinical performance.

- Equality and diversity training is an integral component of training for operational staff and our Vocational Qualification programmes include elements on; privacy and dignity in care, learning disabilities and mental health. The annual Learning in Practice programme for operational staff includes equality and diversity elements. We are also in the process of updating our e-learning module, under the statutory and mandatory learning packages.

- Interest and participation in our staff networks has begun to grow, such as Proud@SAS our Lesbian, Gay, Bisexual & Transgender (LGBT+) network and Ethnic Minority Forum (previously Black, Asian and Minority Ethnic -(BAME) Forum was established for Ethnic Minority staff and their allies in 2019.

  Both networks are for staff, their allies and those with an interest in equality and diversity in general. They exist to support individual staff and patients and also help SAS consider how to become more inclusive of LGBT+ and BAME people in relation to employment opportunities, staff experience and the services it provides.

  In 2021, we launched our Disability Network, which we hope to grow and develop further in 2023. In 2023 we will also see the launch of our Gender Equality and Women's Network. Both of which we hope to enhance our commitment to the EDI agenda.

- Equality and diversity is a key work stream under the work of the Association of Ambulance Chief Executives and SAS works closely with National Ambulance Diversity Forum and SAS representatives are members of the National Ambulance LGBT Network, the National Ambulance Black & Minority Ethnic Forum and National Ambulance Disability Forum. Our involvement with these networks has been particularly useful as we have been able to develop resources together, work on common initiatives, share learning and listen to the experience of other services to inform our own practice.

- In June 2020 a resource booklet, 'Caring for you as you care for Scotland' was produced which is available for all staff in hard copy and on @SAS the intranet. The pack is for all staff to use to keep healthy, resilient and well and contains reference to evidence based resources available to help and support all staff to keep healthy. The resource covers mental health and wellbeing, physical health, fitness and nutrition, how to support colleagues and further sources of help and support.

- To deliver high quality patient care, SAS needs staff that are healthy, well and at work. Looking after the health and wellbeing of those working in SAS directly contributes to the delivery of quality patient care. During 2020, our Health & Wellbeing Strategy 2021–2024 was developed outlining how we will support, nurture and develop our people so that they can thrive at work, perform to the best of their abilities and achieve our wellbeing vision 'to enable our people to feel healthy, well, valued, supported and love to work for the Scottish Ambulance Service.' The Strategy acknowledges the role of work and the work environment on health, including Fair work, and is evaluated against associated outcomes: Workforce data (e.g. sickness absence, grievance reporting, staff turnover), Staff experience (e.g. imatter, stress risk assessment, What Matters to You consultation), External Frameworks and Standards (e.g. Fair Work Convention framework, HSE legislation and guidance, Relevant International Standards, MIND Mental Health at Work Commitment Standards)

- Our Health & Wellbeing Strategy has an associated annual Health & Wellbeing Roadmap. The Roadmap sets out priorities for the implementation of the strategy for the following 12 month period and is kept under constant review given the rapidly changing environment within which we are operating. The Health & Wellbeing Roadmap 2022/23 was approved at the June 2022 Staff Governance Committee meeting. Multidisciplinary working groups, including representation from those with lived experience and partnership, help to ensure that evidence-based approaches to improving wellbeing are tailored to the needs of our unique environment.

  The need to focus on the wellbeing of our people has never been greater; the global pandemic has brought this into a very sharp focus throughout 2020. UK and international research has previously highlighted the need to prioritise wellbeing, however the evidence to support this has grown substantially since the start of the pandemic with findings painting a stark reality of the long-term implications and impact on our health & wellbeing.

Procurement

- A joint Procurement Strategy has been developed with partners at NHS Healthcare Improvement Scotland and this was published in September 2018.The strategy is aligned to equality requirements and supports procurement staff to work with stakeholders to implement procurement services compliant with legislation including paying due regard to the award criteria (economic viability and performance) and equality considerations. Mechanisms are currently in place to ensure that suppliers and SAS comply with the Equality Act in order to better perform the general equality duty.

- We will continue to develop our practice with respect to sustainable procurement. This will include looking for ways to broaden access to contracts for Small and Medium Sized Enterprises (SMEs) and third sector and supported businesses. Also looking for innovation and harnessing more sustainable technologies; encouraging our suppliers to provide more sustainable goods and services with lower carbon emissions; expanding the use of community benefits; embedding fair work practices and promoting equality and tackling inequality. This will enable us to fulfil the sustainable procurement duty (Procurement Reform (Scotland) Act 2014), as well as our duties under the Equality Act.

- A national collaborative Framework Agreement for Supported Factories and Businesses has been established by the Scottish Government to provide products and services to the Scottish public sector. A supported factory/business is "an establishment where more than 50% of the workers are disabled persons who because of the nature or severity of their disability are unable to take up work in the open labour market." SAS will ensure that the framework agreement will be utilised whenever appropriate.

Case Study – Changing Faces – Pledge to be Seen

In 2022, Pauline Howie, Chief Executive was proud to sign the Changing Faces' Pledge To Be Seen campaign, on behalf of the Scottish Ambulance Service, which calls on organisations and brands to represent and champion people with visible differences.

On 19th May 2022, our charity partner Changing Faces delivered an online session for all employees at our weekly Staff Engagement Session. Changing Faces is the UK's leading charity for everyone with a scar mark or condition on their face or body. They provide life-changing mental health, wellbeing and skin camouflage services, work to transform understanding and acceptance of visible difference, and campaign to reduce prejudice and discrimination. www.changingfaces.org.uk

We are the first Scottish organisation to have signed up to this campaign. We are leading the way in helping more organisations and business across the UK better represent and support our visible difference community.

Changing Faces recognise that the emergency services have a unique position. In our 'line of duty' we will come into contact with those affected by trauma and potentially those experiencing life changing injuries.

Those in active service as part of their role could also be affected personally by receiving injuries and trauma in the delivery of their job, or be living with a visible difference.

We have developed an action plan to ensure that we are able to take forward this critical work and to allow us to fully support those with visible differences as part of our commitment to signing up to "Pledge to be Seen". A copy of which is available here.

4.6. Corporate leadership

- The Chief Executive Officer and other senior managers support the integration of equality into all board functions by raising specific related issues and ensuring there is reference at Board level to these priorities.

- Executive Directors have responsibility for leading operationally on our equality outcomes work.

- The SAS Board play a key role in ensuring that equality is devolved across the organisation and that responsibility for taking this work forward and being accountable is recognised as everyone's business. The Board signs off the Equality Outcomes and the associated progress reports before publication.

- The Board is provided with equality impact information to assist in their decision-making and Board member comments have resulted in changes to the guidance about what information should be provided with Board papers.

- In line with the specific duties the Board is committed to the delivery of our equality outcomes and meeting the requirements of the other specific duties detailed at Appendix 1. The Board recognises that undertaking this work serves to embed equality and diversity in the day-to-day activities of SAS and brings benefits for our patients and staff.

- Equality continues to be integrated into key functions including for example, equality impact assessment of the budget for 2021/22 and the development of work around the demand and capacity programme to deliver performance improvements for patients by having a workforce available when and where they are most needed.

- Health inequalities aspects are considered explicitly along with equalities issues at Board level.

Governance arrangements

- The Director of Workforce has lead responsibility for all matters relating to equality and diversity. Progress on work in this area is monitored and signed off through the Executive Team and National Partnership Forum before being agreed by the Staff Governance Committee or Board of Directors.

- The Medical Director has lead responsibility for all matters relating to health inequalities.

Health inequalities

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

- We continue to promote Care Opinion as a valuable channel for feedback from patients, families and carers who would rather express their views anonymously or indirectly to SAS. The website allows their voice to be heard on a national forum and gives us a great opportunity to engage with them about the care they received or assist them with any ongoing issues. The vast majority of posts published were complimentary of SAS.

- Work on our Gaelic Language Plan continues. We recognise that for those patients whose first or preferred language is Gaelic, this will have a positive impact on their experience of SAS and this is likely to have a greater impact on patients in remote and rural settings, for example in the Highlands and Western Isles where Gaelic is spoken more often. The formal assessment plan for 2022 has just been completed and will go to the Bòrd na Gàidhlig for final approval in May 2023.
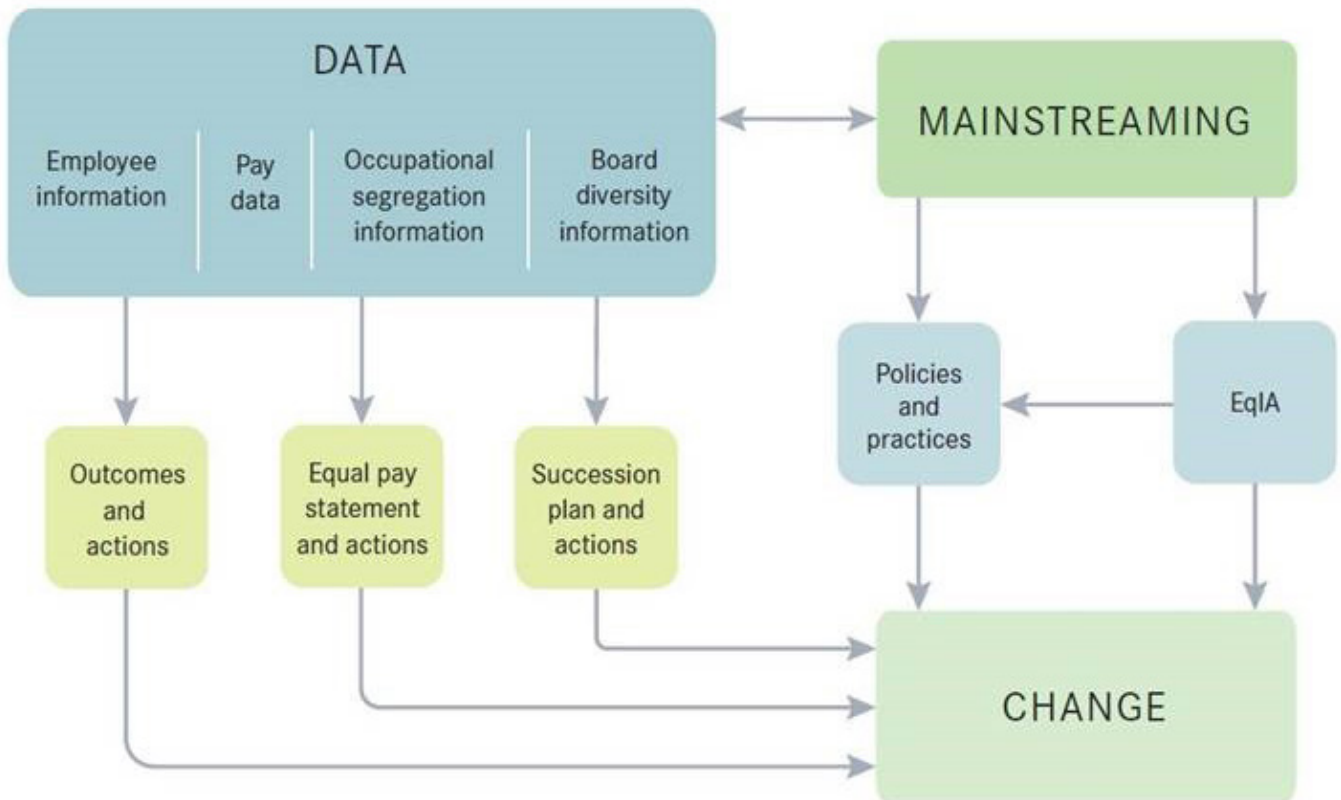
4.7. Workforce data

As of 31 March 2022, SAS employed 7, 328 staff (including MTU until September). The workforce consists of 44 per cent female and 56 per cent male staff. Information on gender and age is available for all staff but there is more limited information available for disability, gender reassignment, race, religion or belief, sexual orientation. This limits SAS ability to identify inequalities.

We have seen a steady improvement in self-disclosure. As at 31 March 2022 60.5 per cent of staff had provided all equality information, compared with 53.4 per cent in 2021. Work is underway to improve disclosure rates and details of the actions being taken to address these are included in the Workforce Equality Monitoring Report 2021/22 which can be seen here.

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

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

4.8. Use of equality monitoring data

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

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

- **Workforce planning** - The current staff profile is used to identify where there are gaps in order to plan what steps need to be taken to address this to ensure the right number of staff, are in the right place at the right time with the right skills levels to deliver our service. As we continue to implement our 2030 Service Strategy and new models of patient care, our scope of practice will identify skills and competencies required for the workforce plan for 2023 and beyond.

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

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

- Board diversity - It is widely accepted that increasing diversity in the boardroom and in senior leadership encourages new and innovative thinking, maximises use of talent and leads to better business decisions and governance.

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

Table 2 – Board Gender breakdown Non-Executive Members

Number of Non Executive Members	9
Number of male	4 (45%)
Number of female	5 (55%)

As illustrated in the table above the gender balance of the non-Executive members at SAS is 45 per cent men and 55 per cent women and the gender representation objective has been achieved.

Under GRPB there is a requirement to report on recruitment activity to appoint non-Executive members during the reporting period of 29 May 2021 – 30 April 2022. During this period there was recruitment activity for one Non-Executive Director who started at the end of 2021.

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

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

4.9. Equal Pay

A refreshed equal pay statement, gender pay gap information and details of occupational segregation will be published in April 2023. This information can be found here and on the SAS website and on @SAS our intranet.

The requirement to publish gender pay gap information provides the Service with an opportunity to identify trends and any issues emerging from this data and provides a baseline on which to measure improvement in future. In addition, this provides evidence to support and measure some of the actions being taken forward with our equality outcomes. Details of the equality outcomes can be seen at section 6.

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime. Table 3 shows the overall average combined hourly pay rate per employee (£) in 2022 across all categories of staff and bands. The majority of staff are on agenda for change terms and conditions of employment with the exception of the Senior Executives Cohort.

Table 3 – 2022 Gender Pay Gap

Female			Male			% Difference M:F		
P/T	F/T	All	P/T	F/T	All	P/T	F/T	All
15.44	15.52	15.50	15.25	16.22	16.17	-1%	+4%	+4%

The Table above shows the percentage difference in average hourly rate has decreased to 4 per cent since 2020 (a difference of 81 pence). We are encouraged to see this gradual decrease, since 2018 and we will endeavour to ensure that any barriers to progression are reduced, for example, through flexible working opportunities, to attract women to apply for more senior roles within SAS.

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

5. Statement of equality outcomes 2021 – 25

5.1. Introduction

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

Our goals;

- We will provide the people of Scotland with compassionate, safe and effective care where and when they need it
- We will be a great place to work focusing on staff experience, health and wellbeing
- We will innovate to continually improve our care and enhance the resilience and sustainability of our services
- We will work collaboratively with citizens and our partners to create healthier and safer communities
- We will improve population health and the tackle the impact of inequalities
- We will deliver our net zero climate targets

What are equality outcomes?

Equality outcomes:

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

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

The equality outcomes that have been identified are as follows:

1. To improve access and referral to the most appropriate care that is person centred, safe and effective
2. The experience of patients will improve through staff who are supported to deliver person centred care
3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved
4. The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued
5. The diversity profile of SAS workforce reflects the communities we serve
6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.

In developing these outcomes, we have built on the work we have undertaken previously and added further actions where appropriate. 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. Further equality outcomes will be prepared and published to meet the requirements of the specific duties in 2025.

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

5.2. Evidence

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

Externally individuals and groups representing those with protected characteristics have been involved in the development of our outcomes. These have been discussed and have been circulated across our National Patient Focus and Public Involvement Group, which includes a wide range of individuals / groups across all protected characteristics.

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

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

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

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

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

An evidence summary for each of the equality outcomes is included in this document for reference at Appendix 2.

Starting point

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

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

5.3. Monitoring arrangements

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

A formal report on progress made against each of the outcomes since April 2021 will be produced and published in April 2023 within this overall report.

5.4. Statement of Equality Outcomes 2021 – 25

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black, Asian and minority ethnic, disabled and carers groups, those in deprived areas.	i. An increase in the number of patients from under-represented groups use the scheduled service. ii. There is an increase in the use of alternative methods of booking transport and accessing emergency service for disabled patients including those with mental health problems. iii. Improved understanding among communities of the services delivered by SAS.	Awareness and understanding of SAS is increased so communities access SAS as appropriate.	Advance equality of opportunity Foster good relations **Race, disability**
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. Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging preventative care.	Sessions are provided across a range of community settings provided by community resilience department through community first responder teams.	Communities have an increased understanding of some health conditions and this will have impact on health inequalities.	Advance equality of opportunity Foster good relations **Race, disability, age, LGBT**

d. Improve the capture of patient equality details.*	There is an increase in the percentage of patient equality data collected.	There is a better understanding of the profile of patients treated by the Service.	Eliminate discrimination
e. e. Improve access to SAS information for patients and members of the public.*	i. Video content in BSL is developed for the SAS website.	The SAS is more accessible for BSL users.	Advance equality of opportunity
	ii. More information on the website is provided in easy read format.	Access to the website is improved.	
	iii. Video clips on patient information are produced for use on social media channels and use of Recite Me on the website is promoted	Awareness and understanding of services is improved.	**All – disability, race**
f. Communication tools are developed to be used by operational teams. *	Easy to use communication resources are developed.	There are a range of communication tools available assisting staff and patients to communicate effectively.	Advance equality of opportunity **Disability**

Measures

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

*denotes where actions/initiatives/outputs are new

2. Equality 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 methods of access are suitable for individual needs and the most appropriate care is provided for patients.	i. Care pathways are agreed and implemented e.g. trips, slips and falls, transportation of mental health patients.	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
	ii. Increased number of patients referred to local health and social care partners.	Patients have a better experience and are more involved in their own care. This will also have impact on health inequalities and access to our service for those who could experience multiple barriers, e.g. someone who has a disability whose first language is not English.	**All - greater impact on age, disability**
b. Analyse key clinical conditions to identify whether there are gender specific differences in patient experience.	Information is gathered for 5 key conditions; any differences identified and steps taken to improve treatment.	Adjustments are made to the way treatment is managed specifically for men and women.	Eliminate discrimination **Gender**
c. Work with colleagues at Police Scotland, Scottish Fire & Rescue Service and service users to improve access for people contacting emergency services. *	Access methods are promoted and a variety of access channels can be used to contact emergency services.	There is improved access for the Deaf/ deaf, hard of hearing and people who have difficulty communicating using speech. There is a choice of access channels.	Eliminate discrimination Advance equality of opportunity **Age Disability**

d. Support access to services for deaf people by identifying and implementing new methods of booking transport services.	i. Extended number of booking methods in place.	All eligible patients have improved access to scheduled service.	Eliminate discrimination Advance equality of opportunity Age. Disability Eliminate discrimination Advance equality of opportunity
	ii. In keeping with the new booking system review and revise the Patient Needs Assessment for Patient Transport Service	Patients have improved experience of booking transport.	**Age. Disability**
e. Community Resilience Team Leader engage with a wide range of communities including volunteers across the protected characteristics and this work is targeted to include where previous involvement has been limited.	There is improved input and dialogue across a wide range of communities and groups.	Engagement with communities is inclusive across all protected characteristics.	Advance equality of opportunity Foster good relations **All**
f. A range of people/ groups across all protected characteristics are involved in the work of SAS.	Representatives from different communities are routinely involved in the work of SAS including on committees, during development of strategy and when reviewing our practices.	Our service and practice are inclusive and equitably implemented.	Eliminate discrimination Advance equality of opportunity Foster good relations **All**
g. 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**
h. Develop an accessible communications policy to cover interpretation, translation and patient information.	i. i.Communications Policy is in place	Policy is clear for patients / members of the public.	Advance equality of opportunity
	ii. Gaelic Language Plan is implemented and second edition of the plan is developed and published in 2021.	Gaelic is visible and accessible for patients/ members of the public.	**Disability, race**
Measures			
• Care pathways in place across health and social care partners • Gender specific differences experienced by patients identified • Services are accessible and inclusive to the needs of all people with no barriers to contacting services • Communications policy is in place and is implemented • New methods of booking patient transport service are in place			

*denotes where actions/initiatives/outputs are new

3. Equality outcome

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Patients in mental health crisis calling 999 are referred to the most suitable care pathway including mental health hub / hospital as appropriate.*	i. Fewer mental health patients are taken to accident & emergency.	The care of mental health patients is improved.	Advancing equality of opportunity
	ii. Revise and devise methods of recording episodes of distress / mental health to enable better analysis of care provided.	Mental health patients are offered the most appropriate support.	**Disability**
b. The trial of mental health triage cars will provide additional support for mental health patients and will be staffed by a mental health Nurse working with a Paramedic.*	Patients receive appropriate care to meet their mental health needs.	Mental health patients are referred to health and social care partners.	Advancing equality of opportunity **Disability**
c. Work towards being a dementia friendly employer with policies and procedures in place to allow us to support colleagues who become carers or support those who themselves develop dementia.*	i. Work with colleagues across emergency services to maintain and improve general safety and wellbeing of people living with dementia, their families and carers.	There is increased awareness and understanding of dementia and the impact this has on individuals, their families and carers.	Eliminate discrimination Advancing equality of opportunity Foster good relations
	ii. ii. Staff complete on-line dementia friendly training.	There is increased awareness of dementia and improved understanding of individuals who are confused / have difficulty communicating.	
	iii. Employment policies are developed which support colleagues with dementia and those who care for someone with dementia.	There is increased understanding of dementia and the impact of this for carers.	**Disability**
d. 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, LGBT staff**

e. 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, LGBT staff**
f. Health and wellbeing is promoted across SAS through healthy working lives programme.	i. Staff are encouraged to consider their health at work and how this can be improved.	Staff have better health as a result of increased awareness of healthy lifestyles and the options available e.g. around diet, exercise etc.	Advance equality of opportunity
	ii. Resources available to support mental health are utilised	Staff are supported and mental health stigma is reduced.	**All, greater impact on disability**
g. Work with Lifelines Scotland to develop training resources for use by all emergency services, their staff, families and volunteers.*	Resources are available and accessed through Lifelines Scotland website.	Staff wellbeing in general and mental health in particular is better supported.	Advance equality of opportunity **All, greater impact on disability**
h. Agile working guidance is implemented widely across the Service.*	Guidance is used to enable staff agile working.	Staff are supported to enable home working resulting in improved work life balance.	Advance equality of opportunity **All - disability**
i. Implement the Health & Wellbeing Strategy 2021 – 24 launched in January 2021.* Actions are in place to support and create a healthy culture and environment where wellbeing will flourish.	Actions are taken to support wellbeing detailed in the Wellbeing Roadmap for 2021 – 22.	There is an improvement in the health and wellbeing of staff.	Advance equality of opportunity Fostering good relations **All**

Measures
• The number of mental health patients taken to hospital is reduced
• Staff complete dementia friendly training
• There is a reduction in sickness absence as a result of mental health
• The Healthy Working Lives Programme is no longer in place in SAS. The H&S and Wellbeing teams will develop a set off standards which mirrors those of HWL.
• Beyond the Covid-19 pandemic there is an increase in the number of staff working all/part of the time at home
• Lifeline Scotland resources are available and accessed by staff, their families and volunteers
• Staff feedback scores on a caring environment through iMatter questionnaire improves

*denotes where actions/initiatives are new

4. Equality outcome

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Support the further development of staff led networks including – Proud@ SAS and the Black, Asian & Minority Ethnic Forum.	i. Staff network in place and regular dialogue and engagement takes place.	There is a greater understanding of needs and concerns of staff and patients who are from LGBT and BAME communities.	Eliminate discrimination Advance equality of opportunity Foster good relations
	ii. ii. Participate in national ambulance forums in order to share learning and good practice.	Resources and approaches are shared which inform development for SAS.	
	iii. Develop resources which can be used for training purposes for LGBT, BAME and Disability.	There is raised awareness and understanding of barriers faced by different equality groups.	**LGBT, race**
b. Facilitate the establishment of staff led network for those with an interest in disability equality issues.	Staff network in place and regular dialogue and engagement takes place.	There is a greater understanding of needs and concerns of staff and patients who have a disability, including those who do not describe them-selves as having a disability.	Advance equality of opportunity **Disability**
c. In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns.	i. Through the demand and capacity project, work with staff and staff side partners to develop rosters which meet the demands of the service and needs of the staff.	There is a cultural shift away from a two-tier workforce where men and women feel they are treated differently as a result of their status with regard to a roster / relief position.	Advance equality of opportunity
	ii. Reduced number of staff working on relief rosters.		**Men and women**

d. Monitor and review occupational segregation and associated applications for key roles that have traditionally been occupied by men or women.	Analysis of vacancies for key roles to establish where changes could be made further in order to encourage more applications from men and women for all job roles.	There is an increase in the proportion of men and women applying for posts traditionally occupied by the opposite sex, i.e. more male applicants for admin and clerical posts and more female applicants for Patient Transport Service.	Eliminate discrimination **Gender**
e. 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 65% across SAS by 2025.	An increased number of staff routinely have their say by 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 dignity at work group to develop the national approach during 2021.	This work will raise awareness and understanding of dignity in the workplace and how to challenge behaviours when inappropriate.	**All**

Measures

- Staff experience improves and this is reflected in the results of iMatter / pulse surveys
- An increased number of staff work on permanent shift patterns
- More men work in roles traditionally occupied by women and more women work in roles traditionally occupied by men
- Staff disability network is in place

*denotes where actions/initiatives/outputs are new

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Develop a framework to employ and increased number of Modern Apprentices.	Framework 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 & belief and sexual orientation.	There is a shift in cultural awareness of the importance of disclosing equalities information.	Eliminate discrimination
	ii. Utilise opportunities at training events to capture equality monitoring information.*	Disclosure rates improve. There is greater understanding of the need to collect data	**All - greater impact for race, religion and belief, LGBT**
c. Extend the breadth of engagement with potential candidates*	i. Attend specific careers events in areas with higher black, Asian and minority ethnic communities	There is an increase in numbers of BME applicants	Advance equality of opportunity
	ii. iRun targeted community events for operational posts to cover the application process, assessment procedure and on-boarding.	There is an increased awareness of the job roles available and an understanding of the recruitment process	**Race**

d. Recruitment advertising is targeted specifically across under-represented groups including BME / disabled / LGBT communities.	i. A greater number of applications are received from under-represented communities including LGBT, disability and black, Asian and minority ethnic communities.	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. iUtilise the use of social media and digital technology to support the recruitment of staff at all grades across SAS.	Improved understanding among communities of the services delivered by SAS and the job roles available.	
	iii. Utilise contacts with a range of organisations to identify ways of advertising more widely.	Attract a broader range of applicants.	
	iv. The success of applicants across equality groups increases.	The diversity of the workforce improves.	**Race, disability, LGBT**

Measures

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

*denotes where actions/initiatives are new

6. Equality outcome

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

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. A culture of anti-racism is promoted.*	ii. The national ambulance 'Stamp out Racism' campaign is communicated across SAS and resources are utilised to communicate key messages.	There is raised awareness and understanding of racism.	Eliminate discrimination Advance equality of opportunity Foster good relations
	i. Raise awareness of racism and encourage and increase confidence of staff to report racist incidents including hate crime.	Racist behaviour is recognised and called out.	
	i. The BAME Forum develops and membership of the group grows to support BAME staff and improve experience for patients.	Staff are supported and can discuss issues and learning is improved.	
	i. Promote and celebrate diversity events, celebrations and activities.	There is a raised awareness of cultural events and the importance of these within communities.	**Race**
b. There is an improvement in SAS workforce diversity profile.*	The number of BAME staff employed by SAS improves year on year.	Improved workforce diversity will increase understanding of cultural difference and attract others to work with SAS.	Foster good relations **Race**
c. Engage proactively with graduate Paramedic Universities to increase the number of BAME, LGBT and disabled graduates.*	Regularly review student recruitment data with the Universities including the number of BAME students in each year group.	There is an increase in the diversity of graduates who could potentially work with SAS.	Foster good relations **Race, LGBT, Disability**

d. Recruitment procedures are in line with best practice and are inclusive to improve and increase workforce diversity.*	i. Recruitment and selection policy is reviewed to ascertain if there is potential to present a disadvantage to applicants.	Recruitment and selection practice is fairly and equitably applied.	Eliminate discrimination Advance equality of opportunity
	i. Enhance and increase imagery on SAS website, recruitment pages and publications to reflect the diversity of the communities served by SAS.	This encourages more applications across communities.	
	i. Wherever possible selection panels will be diverse.	This creates a broader variety of views on panels.	
	i. Provide opportunities for mentoring, shadowing, reverse mentoring for BAME staff.	To provide development opportunities.	**All - Race**
e. Develop culturally sensitive resources to improve under-standing.*	Materials are developed and are available highlighting cultural difference and beliefs.	There is greater understanding and awareness.	Foster good relations **Race**
f. Mitigate the impact of Covid-19 on staff and strengthen protection and support for BAME staff.*	i. Ensure PPE is culturally suitable and protective redeployment, shielding and testing is in place.	The health and wellbeing of BAME is supported.	Foster good relations **Race**
g. Make a commitment to achieving Race at Work Charter status.*	CEO makes a pledge to the Race at work charter and SAS builds on the 5 key actions fundamental to charter status.	SAS becomes more culturally sensitive.	Foster good relations **Race**
h. Mainstream anti-racism messages through standard training and learning materials including leadership and management development provision.*	Course content is reviewed and revised to include anti-racism messages.	There is increased awareness and understanding of racist behaviours and how staff can behave to promote a culture of anti-racism.	Eliminate discrimination **Race**

i. Clinical guidance for conditions more prevalent for black, Asian and minority ethnic groups will be reviewed to ensure the most appropriate care is provided, e.g. sickle cell disease.*	Guidance reviewed and revised to ensure this reflects best practice.	The treatment for patients presenting with these conditions improves.	Eliminate discrimination **Race**

Measures

- Staff are more confident to report racist issues
- There is an increase in the percentage of BAME applicants applying for vacancies
- There is an increase in the number of BAME employed by SAS
- There is increased awareness of different cultures
- Staff are aware of how to be anti-racist

6. Equality outcomes progress 2021-2023

6.1. Introduction

This section provides an update on the progress made to take forward our equality outcomes work. These outcomes were developed to support the SAS strategic framework "Towards 2020: Taking care to the Patient" and Our 2030 strategy, with the aim of "saving more lives, reducing inequalities, improving health and wellbeing…".

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

The equality outcomes for 2021 - 2025 were identified as follows:

1. To improve access and referral to the most appropriate care that is person centred, safe and effective.
2. The experience of patients will improve through staff who are supported to deliver person centred care.
3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved.
4. SAS is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued.
5. The diversity profile of SAS workforce reflects the communities we serve.
6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.

The review of the progress of these equality outcomes has informed the progress update of equality outcomes for the period 2021 – 23 (section 6). The first two outcomes are focused on the provision of our service, three and six focus on both our service users and our staff and the remaining outcomes relate to our workforce.

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

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

6.2. Summary of progress

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

A summary is provided here on the progress of each of the outcomes between 2021 and 2023. A full breakdown of all actions taken will be included in the next full Mainstreaming Report and set of Equality Outcomes for 2025-2029.

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

As SAS engages more widely with community groups we are able to raise awareness of the Service, provide essential life support training and advice in recognising signs of cardiac arrest and stroke as well as encouraging preventative care. In some cases, groups are not aware of the services provided by SAS or how they can access scheduled and unscheduled care service. This is being done in a number of different ways; through community events, links with groups across the different protected characteristics, meetings with partner organisations and with individuals. Work in this area wasmore limited during the pandemic period but activity in this area is increasing now.

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

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

We ran two Engagement campaigns with the Clinical Services Transformation (CST) team on falls and Chronic obstructive pulmonary disease (COPD) pathways to improve the services we provide to the patient groups.

For each pathway we ran a patient survey, with 200+ responses, multiple (6) focus groups with people that have lived experience of these conditions and a Third-Sector consultation with responses from Age Scotland, Alzheimer's Scotland, Stroke Scotland, Coalition of Carers, Capability Scotland, Chest, Heart & Stroke Scotland, Asthma UK/the British Lung Foundation and Spirit Advocacy. The feedback we received from the consultation process will allow us to benefit from the research, themes and expertise held in the organisations. Based on the results and insights gained, we have developed a new national falls pathway with Age Scotland, and a local COPD pathway for Greater Glasgow and Clyde and Lothian areas with support from NHS Scotland new digital service and team of specialists.

We held a series of engagement sessions regarding the Air Ambulance Re-procurement project. We held a group with RNIB members from throughout the country, to listen to and learn from the experiences of our partially sighted and blind patients. The feedback from this session was supplemented by a survey we designed for partially sighted and blind people unable to access an online meeting. The services of contactSCOTLAND and the SMS service (short messaging text service) have helped to improve access for those who use British Sign Language or those who are deaf or have speech difficulty. Through our links with Sign Language Interactions, who provide the contactSCOTLAND service on behalf of Scottish Government, we are exploring ways that this

service could be utilised for other groups.

The use of Language Line Services continues to increase with 3159 calls made with the assistance of Language Line during 2022.

What difference has this made?

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

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

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

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

CPR training has been delivered across communities in Scotland including some of the more deprived areas where it is less likely that a bystander would have the skills to administer CPR. Ultimately the life chances of those experiencing cardiac arrest will be improved as a result of many more people being able to deliver CPR, vitally important in situations where time is critical for patient survival. We have created a cardiopulmonary resuscitation (CPR) course for disabled people, which is the first of its kind in Scotland. We are working with Save a Life for Scotland who will be formally launching the programme over the summer 2022. This is supported by the Scottish Government and Resuscitation Council UK.

A website hosting accessible training materials and advice/guidance for trainers is currently being trialled by disabled people and Disabled People's Organisations, like Inclusion Scotland and the Glasgow Disability Alliance, to ensure the materials are fit for purpose. East Neuk First responders have been trialling the materials and providing some accessible sessions (Including delivering a CPR session in Makaton). Feedback from participants and trainers has been very positive.

Work is currently under-development to provide audio CPR instruction to someone when the provider cannot perform CPR themselves but will support another bystander to do it. Given the high disabled population in Scotland, this project has the potential to have a significant impact on public health.

Working in partnership with Save Life for Scotland, we released videos with the Scottish men's rugby team to promote learning CPR and confidence in performing. With our expertise and support, the Service is contributing to one of the Scottish Government's Out of Hospital Cardiac Arrest Strategy 2021-26 aims of making CPR training more accessible and improving population health.

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

The clinical team and operational staff continue to work with partners and stakeholders to develop patient care pathways. Focus for this year has been on developing pathways for falls, the Pathway Navigation Hub and the Flow Navigation Centre – "Call Before you Convey" projects. A framework tool has been put in place to assist managers working on Patient Safety Quality Groups to develop pathways with stakeholders and partners locally.

We work closely with health and social care partners to ensure that we are always responsive and support continuity of care for patients.

More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients transported to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over from 75.8 per cent in 2017/18 to 71.8 per cent in 2019/20.

Through our Public Protection team, as outlined in the case study (page 11), we have achieved the following:

Public Protection Training

- 42 face to face Public Protection Awareness sessions were delivered by Adult and Child Protection Clinical Effectiveness Leads in 2022
- These were delivered to 754 colleagues and students
- Sessions were very highly evaluated and we loved delivering them!

Resources

- We published 12 7-minute briefings on a wide variety of adult and child protection topics to support individual, team and peer discussion

- We also used these to support 7-minute roadshows delivered across Scotland

- Created and uploaded 5 podcasts including: HIU team; Mental Health Lead; Health Visiting and Drug Harm Reduction team with many more multiagency guests planned for the 2023 programme

7 Minute Roadshows

- In 2022 the CE Leads for Adult and Child Protection visited 24 stations speaking with 191 colleagues across Scotland and sharing resources for them to cascade to other colleagues

Learning Zone

Following work in 2022 the enhanced and expanded Public Protection webpages now includes:

- Gender Based Violence and Child Sexual Exploitation learning and multi information Zones
- ASP section re-designed to support publication of new National ASP guidance, tips on good referrals and links on what is harm and abuse in context of the legislation

The Gaelic Language Plan 2021/26 has been approved and is in place. Actions are being taken forward to implement the commitments outlined in the plan in order to increase the awareness and use of the Gaelic language.

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

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

What difference has this made?

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

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

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

There has been an increased understanding of disability and the impact of this for someone

making a call to SAS.

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

The policy is relevant to advancing the equality of opportunity through improving access to support and care services. The policy is of the Scottish population and on our patients who were already struggling with poor mental health. The feedback we received helped us to develop services that meets the needs of anyone we care for who is suffering from poor mental health. We will repeat this engagement strategy every 18 months to ensure our services continue to meet the needs of our patients. The policy is especially targeted to improving the abilities of all staff to recognise vulnerability and working with the patients to try to improve quality of care and quality of life through joint integrated working with health and social care.

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

Through our work detailed in the Wellbeing Implementation Plan 2018/19, we implemented the 'See me' programme. This has helped to raise awareness of mental health issues, the impact of mental health for individuals and encouraged more open dialogue around mental health in general.

We continue our partnership with the mental health organisation See Me. In June 2021, we launched a joint national mental health survey to aid our understanding of what impact the pandemic and restrictions had on the wellbeing. See Me have also developed a mental health inclusion CPD session for all staff, which will cover how to better work with patients with mental ill health, and also how to better manage one's own mental health.

As detailed in section 4.3, on May 2022 we launched the service's first **Mental Health Strategy.**

Some examples of work in this area include the following:

- Mental Health Paramedic Response Unit Service (MHPRU Service), also known as Mental Health Triage Cars, following a successful pilot in 2021/22 became a substantive service, with funding secured via Scottish Government's Action 15 funds. The MHPRU Service currently operates in Inverness, Dundee and Glasgow and brings together SAS and territorial secondary mental health care providers to meet the needs of individuals contacting SAS with a mental health need. The MHPRU Service offers a range of support, including direct referral to secondary mental health care, connection to community resources, specialist mental health assessment and care in the person's own home/community and connecting to crisis support

teams. These alternative pathways have reduced
unnecessary conveyance for individuals with mental health needs.

- Mental health learning and education programme has been commenced within SAS. Learning opportunities, delivered by the mental health team, include input into the technician/VQ course, Learning in Practice (LiP) resources, online and in person continued professional development events, Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid and events facilitated by external guests from secondary mental health care and See Me. This programme aims to enhance understanding of determinants that influence mental health, compassionate responses to people experiencing distress, crisis and/or mental ill health. Trauma and trauma informed approaches. Suicide intervention and prevention learning, and stigma reduction.

As described in section 4.5. The Health & Wellbeing Roadmap 2022/23 was approved at the June 2022 Staff Governance Committee meeting. A copy of this is attached here and includes actions to date to support the improvement of mental health and wellbeing, including preventing, reducing stigma, identification of those at risk, provision of support as required (e.g work with Lifelines Scotland and TRiM etc)

The SAS iMatter Board report was published on 12 July 2022 with an overall response rate of 52%, which was 8% down in comparison to 2021 results. Despite the lower response rate, SAS reported an improvement in our Employee Engagement Index (up by 2 points) and most measures relating to individual and Team/Line Manager experience. An iMatter Improvement Plan for the 2023 cycle has been developed and is being implemented currently.

Consultation on the Agile Working guidance and policy is currently underway. Staff continue to be supported to enable home working resulting in improved work life balance.

What difference has this made?

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

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

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

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

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

More staff are accessing the different elements of the current PIN Supporting Work Life Balance policy, which is providing a different approach to building a healthier culture in the workplace. The OFS policies consultation has also allowed out staff to engage in the wider NHS process, which will support this development.

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

The NHSS Workforce Policy on Bullying and Harassment has been promoted with managers to provide a framework for addressing issues of bullying and harassment. Issues raised under dignity at work are reported through National Partnership Forum and at Staff Governance Committee, through the Staff Governance Annual report.

Regional HR Teams have been running training sessions with the first and second line managers on early resolution within the OFS policies. Training covered the importance of early intervention where there has been a breakdown in workplace relationships as covered in the B&H policy. We also took time to discuss the difference between B&H, talked through the reflective toolkit and the basics of supported conversations.

The plan is to continue with this training next year and prioritise in last quarter of 2022/23. In addition, HR teams have developed a specific training course for carrying out Supported Conversations and Mediation for managers, with the aim of avoiding these types of situations escalating. The intention is that this will be mirrored across all areas of SAS.

There are now three staff networks in place at SAS. These are the Black, Asian and Minority Ethnic (BAME) Forum, the Proud@SAS Network for Lesbian, Gay, Bisexual & Transgender + (LGBT+) and the Disability

Network. The Disability Network met for the first time in January 2022 with a small number of interested staff. The networks are for staff from the communities who share protected characteristics and their allies.

All network groups meet quarterly with a small cohort of staff. However, during the pandemic we have had fewer meetings and have concentrated on making contact with members to check on their wellbeing. Through the networks our staff have had input to change recruitment materials, raise awareness and understanding of BAME/LGBT+ matters and have been involved in the development of local and national resources, e.g. on Hate Crime, Anti-Racism and how to be good allies.

With the advice and guidance of third sector partners, we are developing a mental health-focused lived experience forum. The creation of this forum is to fill a gap the team has in gaining lived experience, insight and guidance into strategic decisions they are making.

Through the Demand and Capacity project, we have worked with staff and staff side partners to develop rosters which meet the demands of SAS and needs of the staff. 86% of Ambulance (DCA) rosters are now live across Scotland.

What difference has this made?

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

Staff are beginning to engage through the LGBT network – Proud @SAS and the BAME and Disability networks. Going forward we will also establish a Gender Equality Network. In time, this will enable a greater understanding of the needs and concerns of staff from these communities and help share good practice for LGBT and BAME and disabled patients.

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

In encouraging managers to use the Early Resolution process, contained within the NHSS Bullying and Harassment policy process, this has enabled SAS to adopt an approach which focuses on learning rather than punitive action. In addition to this, a preliminary investigation process continues to be used to gather facts and understanding to inform decisions prior to formal investigations being undertaken.

Through the Demand and Capacity project, we have worked with staff and staff side partners to develop rosters which meet the demands of SAS and needs of the staff. This in turn will improve the overall work, life balance for our staff.

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

We continue to encourage staff to provide equality information in order to reduce gaps in equality monitoring and enable more meaningful analysis of the fairness of our practices and policies. We are working with staff groups at training events and with team leaders to discuss the need for this information. An all-staff email will be distributed again in 2023 to encourage the provision of this

information.

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

We have extended engagement across a broader range of communities in order to discuss SAS, job roles available, the recruitment process and what to expect at interview / assessment stage. We have developed links with a number of third sector organisations who are working with us to circulate vacancy details and promote SAS. We will also work with organisations, such as Changing Faces, which calls on organisations and brands to represent and champion people with visible differences e.g in positive recruitment campaigns.

What difference has this made?

There is a greater understanding of the need for equality data and clarity regarding how this is used to assess the fairness of our practices. We are seeing a steady increase in self-disclosure. As at 31 March 2022, 60.5 cent of staff had provided this information.

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

The recruitment team dealt with 4,739 applications for employment during the period 2021/22 (3,965 in 2020/21) and 586 roles were advertised (299 in 2020/21). Of these 11 per cent of applicants were successful compared with 15 per cent the previous year.

The Job Train system has been introduced across NHS Scotland and all applications received made during 2021/22 have been managed through this system. Steps have been taken to advertise posts more widely to attract a more diverse mix of applicants.

Our recruitment training for line managers has also been updated this year. This update is in line with good practice guidance from The National Ambulance BME Forum.

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

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

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

Through the networks our staff have had input to change recruitment materials, raise awareness and understanding of BAME matters and have been involved in the development of local and national resources, e.g. on Hate Crime, Anti-Racism and how to be good allies.

We are working closely with the National Ambulance Service, BME, and NHS Scotland Diversity Networks, and this has helped us to share learning and best practice particularly by way of raising awareness of the needs of staff and patients across the group who share this protected characteristic. For example, we have used resources to promote networks for staff, increase understanding of Black history months, The Anti-Racism Charter and provide training for staff.

Through a fact-finding process with help from Third-Sector partners CEMVO Scotland, The Scottish Refugee Council, BEMIS and Refugee, we will be developing an Engagement Strategy to help us involve and communicate with people and patients from BAME and New Scot communities.

We are producing an information leaflet explaining who SAS are, and when we can help. With the help of CEMVO and BEMIS, this leaflet will be translated into four languages and distributed among BAME communities in Scotland.

In 2021 a review was carried out to see why SAS has historically has not had better engagement with BME communities and in particular young people, who may be interested in a career with SAS. A small number of students from a BME background are applying to a paramedicine degree in Scotland. According to NES figures, 2.97% of the 2020-21 student intake where students from a BME background. According to BEMIS, an umbrella body supporting Ethnic Minorities Voluntary Sector and BME communities, SAS is largely unknown to the community for cultural reasons, poorly communicated developments in paramedicine, and our absence at cultural and educational events regularly attended by Emergency Services and HSPCs, which focus on issues faced by people in BME communities.

SAS has often had limited contact with BME communities, and SAS is not always seen as an employer of choice in BME communities, due to a lack of knowledge regarding paramedicine as a career.   Recommendations and actions SAS will be taking to address these concerns are as follows:

• Continuation of the Chief Executive's mentorship program, supported by Young Scot, and targeting young people from a BME background.

• Continuation of a successfully trialled work experience program, supported by Young Scot, and targeting young people from a BME background. In 2019, results demonstrated 2/4 participants from a BME background seek employment from the Service.

• Online educational presentations delivered to schools and classrooms across the country via Microsoft Teams. This method of delivery will use less capacity.

• Operational staff on restricted duties (through pregnancy or injury) to attend key BME-focused community events.

What difference has this made?

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

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

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

Health inequalities

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

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

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

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

Following the revision of the Public Protection Policy in 2020, Standard Operating Procedures for adults and children have been put in place in order to support and protect vulnerable groups.

SAS led the development of a national Paediatric Early Warning System. This is a tool which helps to identify where children are particularly unwell by monitoring a combination of clinical observations. This is supporting crews to deliver safe and effective care, identify at risk patients and pre-alert hospitals ahead of arrival. Work is underway to provide access to this through the electronic patient record. It is expected that this development will be complete in the summer of 2021. Through the work of the Medicines Management Group the use of drugs to improve the treatment of pain with children is being explored.

6.3. Conclusion

Since the publication of SAS equality outcomes in April 2021 significant work has taken place to progress the initiatives / activities we set out to achieve. It is recognised that completing actions in themselves will not necessary make a difference if the work we progress does not address a disadvantage or close a gap for groups or individuals who share a protected characteristic.

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

Stakeholders have been involved as we start discussions that will inform the implementation of our 2030 Strategy and support our strategic direction beyond 2022.

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

We have also been able to identify particular areas of work that bring together strands of activity for a more holistic approach. For example, developing our Wellbeing Being Strategy 2020 - 2024 that aims to improve the health and wellbeing of our staff and covers various work streams across health and physical and mental wellbeing.

Appendix 1

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

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

Report progress on mainstreaming	SAS published Mainstreaming Reports in April 2013, 2015, 2017, 2019 and 2021. This report will be published in April 2023.
Publish equality outcomes and report on progress	Equality outcomes were developed and published in April 2013 and April 2017 with progress reports published in April 2015, 2017, 2019 and 2021. A progress report and new equality outcomes will be published in April 2023.
Assess and review policies and practices (impact assessment)	SAS continues to assess policies for impact against the general duty, to highlight opportunities to enhance equality and publishes these on the SAS website.
Gather and use employee information	A workforce equality monitoring report is published annually which highlights areas where improvements can be made to better capture data. The use of employee information is detailed in the mainstreaming report.
Publish a statement on equal pay	The equal pay statement and gender pay gap details were published for the first time in April 2013. The equal pay statement was revised and published in April 2017 and 2021 together with details of occupational segregation between men and women, disabled staff and those from minority ethnic backgrounds. A revised equal pay statement will be published in April 2023.
Publish pay gap information	Pay gap information was published in April 2013, 2015, 2017, 2019 and 2021. Pay gap information will be published with the equal pay statement in April 2023.
Consider award criteria and conditions in relation to public procurement	SAS will continue to ensure that all purchases are made in full compliance with Government legislation and will utilise nationally agreed terms and conditions constructed by the Scottish Governments Central Legal Office for the purchase of all goods and services.
Publish in a manner that is accessible	All reports will be published on the SAS website where adjustments can be made to the format. Copies can be provided on request in other formats.

Appendix 2

Evidence summary for Equality Outcomes

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

Evidence gathered and sources used

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

Preliminary analysis completed

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

Consultation

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

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

Evidence gathered and sources used

- Patient profiles
- Patient complaints / feedback
- Patient stories
- Census reports
- Equality Impact Assessments
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Patient Focus Public Involvement data and feedback
- Community engagement through regions, community resilience and national service development work
- The ageing population is leading to an increase in the number of people with dementia (5% of people over 65 and 20% of those over 80 years of age)
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC
- Scottish Government Expert Reference Group on Covid-19 and ethnicity. Recommendations on systematic issues and improving data and evidence on ethnic inequalities
- Scottish Government & Scottish Council for Voluntary Organisations – 'No one left behind' programme detailing ways to address digital exclusion.
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025
- SAS 2030 Strategy

Preliminary analysis completed

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

Consultation on outcome

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

Workforce

Evidence summary for Equality Outcomes

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

Evidence gathered and sources used

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

Preliminary analysis completed

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

Consultation on outcome

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

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

Evidence gathered and sources used

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

Preliminary analysis completed

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

Consultation on outcome

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

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

Evidence gathered and sources used

- Recruitment process analysis
- Workforce equality monitoring report 2021/22
- Census 2011 population data
- National Services Scotland – NHS Scotland workforce data 2022
- Staff side feedback
- Findings of National Equality Leads consultation with Trades Unions and groups representing staff
- Stonewall research / reports
- Equality & Human Rights Commission – Public Sector reports
- Is Scotland Fairer? Report EHRC
- Young people are more likely to be unemployed or employed in unsecure jobs
- It is estimated that up to a third of LGBT people do not disclose their sexual orientation for fear of harassment / discrimination
- Scottish Government Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025

Preliminary analysis completed

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

Consultation on outcome

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

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

Evidence gathered and sources used

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

Preliminary analysis completed

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

Consultation on outcome

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

Equal Pay Statement and Gender Pay Gap Information

April 2023

Equal Pay Statement and Gender Pay Gap Information

Content

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

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

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

2. Equality and the gender pay gap

Across the UK, and historically, some women have been paid less than men for doing the same or equivalent work and this inequality has persisted in some areas. In April 2020 the gender pay gap for full time employees was reported as 7.4 per cent with a difference of 15.5 per cent for all employees [1].

On average women in Scotland earn less per hour than men. The median weekly pay increased by 4.6% for women in 2022, in comparison to 5% for men [2]. The full time gender pay gap has narrowed since equal pay legislation first came in to force, however in 2019 there remained a gap of 10 per cent between men's average hourly pay and women's average hourly pay in Scotland [3]. There are several ways of measuring the gender pay gap, but this figure is the average (or mean) gender pay gap between full-time employees' earnings in Scotland, excluding overtime. The way in which this figure is calculated is recommended by the Equality and Human Rights Commission and it enables comparisons to be made across organisations and sectors.

The pay gap is the key indicator of the inequalities and differences that still exist in men's and women's working lives. This is caused by three main factors, occupational segregation, inflexible working practices and pay discrimination.

3. Legislative framework

The Equality Act 2010 gives women (and men) a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed on 'like work' or 'work rated as equivalent' or 'work of equal value'

The Equality Act replaces previous legislation, including the Equal Pay Act 1970 and Sex Discrimination Act 1975, and the equality provisions in the Pensions Act 1995. The Act's provisions on equal pay and sex discrimination are intended to ensure that pay and other employment terms are determined without sex discrimination or bias.

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[1] Office for National Statistics – Annual Survey of Hours & Earnings 2020
[2] Office for National Statistics – Annual Survey of Hours & Earnings 2022
[3] Office for National Statistics – Annual Survey of Hours & Earnings 2019

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

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.

The three needs of the Public Sector Equality Duty (the general duty) are as follows:

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

Specific duties

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 the Scottish Ambulance Service has a duty to:

- o Gather employee information and use it to support the delivery of the general duty
- o Publish a statement on equal pay
- o Gather and publish gender pay gap information

Employee information has been gathered (Workforce Equality Monitoring Report 2021/22) and this has been included in our mainstreaming report published in April 2023. This can be found here.

In addition to gender, the specific duties require that the occupational segregation analysis and reporting consider the following;

- o Gender: compares men vs women
- o Disability: compares distribution of people who identify as disabled vs. those who identify as not disabled
- o Race: compares distribution of persons who fall into a racial minority group and those who do not

This report provides the Scottish Ambulance Service Equal Pay Statement together with details of gender pay gap information and details on occupational segregation. These details are based on the headcount of staff in post in April 2022.

Further details of pay gap information will be published again in April 2025.

The specific duties require that the Equal Pay Statement is reviewed, revised as appropriate and published again in 2025.

4. Equal Pay Analysis

The Scottish Ambulance Service Equal Pay Statement can be seen at Section 7, page 14.

Occupational segregation

Occupational segregation refers to the distribution of people defined by specific characteristics, for example, by disability, gender or race, into different types of work. Many factors influence this clustering effect including, gender norms and stereotypes; assumptions about men's and women's capabilities, preferences and skills; the culture associated with male dominated occupations and sectors; and access to training and development opportunities. Occupational segregation restricts choices for men and women and the jobs most likely to be done by women are those that are associated with low pay, and fewer opportunities to progress

Occupational segregation occurs both between and within economic sectors, and is typically described in two ways:

Horizontal segregation refers to the clustering of people, e.g. men and women, into different types of work. For example, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles within the NHS Scotland.

Vertical segregation refers to the clustering of people, e.g. men and women, into different levels of work. For example, a higher proportion of women work in lower pay bands, and a higher proportion of men work in senior management within the NHS Scotland.

Horizontal segregation

The Scottish Ambulance Service continues to employ more men than women. As of 31 March 2022 the Service employed 44 per cent women (a steady increase from 31 per cent in 2007) and 56 per cent men. This is the converse of the rest of NHS Scotland which is predominantly female (79 per cent female staff as of 31 March 2022). Women are represented across all pay bands.

The Table at Appendix 2 shows the distribution of staff across salary pay bands and staff groups. The table at Appendix 3 illustrates the job roles included in the staff groups.

Staff groups most populated by women

Table 1

Staff group	Percentage of women in group at 2020	Percentage of women in group at 2022
Ambulance Control Centre Accident & Emergency	65	75
Admin & Clerical	69	62
Ambulance Control Centre Patient Transport Service	77	78

The table above shows the percentage of women working in ambulance control for accident and emergency and ambulance control for patient transport service has increased. and the percentage of women in admin and clerical roles has decreased. The number of women employed in nursing roles is also one of the areas which has risen.

Staff groups most populated by men

Table 2

Staff group	Percentage of men in group at 2020	Percentage of men in group at 2022
Patient Transport Service	59	61
Accident & Emergency	62	57
Managerial	65	60
Fleet	96	97

The table above shows the percentage of men working in Patient Transport Service and Fleet posts has increased. For Accident and Emergency and Managerial posts, the percentage has reduced.

We continue to monitor applications for posts by gender and we are producing more video clips of men and women in a range of roles to encourage applications from a greater mix of men and women across all vacancies.

Vertical segregation

The table below shows the number of women and men working across the different pay bands as of 1 April 2022 and includes the percentage of women and men within each band. Under Agenda for Change terms and conditions of employment the salary scales increase from band 2 up to band 9.

Table 3 - 2022

Band	Women	Percentage	Men	Percentage	Total
2	281	37	473	63	754
3	631	48	681	52	1312
4	205	61	130	39	335
5	875	46	1037	54	1912
6	665	39	1042	61	1707
7	179	42	252	58	431
8A	34	45	41	55	75
8B	15	38	25	62	40
8C	9	35	17	65	26
8D	0	0	4	100	4
Non Agenda for Change	11	52	10	48	21
Totals	2905	44	3712	56	6617

Within salary pay bands 2-3, 44 per cent are women (50 per cent in 2020) and between salary pay bands 4 -5, 48 per cent are women (45 per cent in 2020).

We have seen an increase in the percentage of women employed in bands 6 – 8D. This has increased from 36 per cent in 2020 to 40 per cent in 2022. The review of the Paramedic role resulted in an uplift in salary band from 5 to salary band 6 and this has had a significant impact on the percentage of women in this group.

Of the executive team 44 per cent are women and 56 per cent are men.

The table below shows the number of women and men who work full-time / part-time across the different age bands as of 1 April 2022.

Table 4

Salary pay band	Women		Men	
	Full-time	Part-time	Full-time	Part-time
2	274	7	454	19
3	455	176	603	78
4	167	38	125	5
5	814	61	1012	25
6	559	106	1,003	39
7	161	18	243	9
8	53	5	86	1
Non AfC	6	5	4	6
% of total	38	6	53	3
Totals	2527	422	3583	185

The number of staff working part time rose in 2020 and represented 16 per cent of the workforce (12.7 per cent in 2016), the majority of which were women (64 per cent). There were markedly fewer men and women working part-time employed in more senior roles at band 6 and above. In 2022 the number of people working part time overall dropped to 9%. However these unusual figures can be explained by the significant increase in staff who worked within our Mobile Testing Units, who were employed to temporarily to support Covid 19 activity. These staff were predominantly employed on a full time basis.

Occupational segregation by disability

On 1 April 2022, 2.4 per cent of the workforce had disclosed that they had a disability. The spread of disabled staff across staff groups and between the pay bands has been analysed. The number of disabled staff is relatively small and as such it is not possible to publish the detailed information as this might identify individuals. We are taking steps to encourage more applications from people who have a disability.

Disabled staff are represented across pay bands 2 - 8 and across all departments. The majority (68 per cent) occupy posts within pay bands 5 - 7. Forty-nine per cent of disabled staff are employed in accident and emergency operations and the majority are men (73 per cent).

It is recognised that there is a gap in the self-disclosure under disability and as of 1 April 2022 20.6 per cent of the workforce had either preferred not to provide this information or this information was unknown. Actions are being taken to address the level of self-disclosure across all protected characteristics and details of these can be found in the Workforce Equality Monitoring Report 2021/22.

Occupational segregation by minority ethnic group

At 1 April 2022, 1.06 per cent of the workforce had disclosed that they were from a black, Asian or minority ethnic background. This included those from African, Chinese, Indian, Pakistani, Caribbean and Mixed origin backgrounds. As numbers were small it was considered appropriate to aggregate these groups together.

The spread of minority ethnic staff across staff groups and between pay bands has been analysed. The number of minority ethnic staff is relatively small and as such it is not possible to publish the detailed information as this might identify individuals.

Minority ethnic staff are represented across pay bands 3 - 8 and across all departments other than Fleet. The majority (69 per cent) occupy posts within pay bands 3 - 5 with the highest majority working within accident and emergency operations. Sixty-five per cent of minority ethnic staff are men.

It is recognised that there is a gap in the self-disclosure under race / ethnicity and as of 1 April 2022 22 per cent of the workforce had either preferred not to provide this information or this information was unknown. Actions are being taken to address the level of self disclosure across all protected characteristics and details of these can be found in the Workforce Equality Monitoring Report 2021/22.

5. Gender pay gap

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime (mean average).

Table 5 shows the overall average hourly rate for comparison in 2020 when the figures were last collated and published (2021).

The Table 6 shows the overall average combined hourly pay rate per employee (£] across all categories of staff and bands as of April 2022.The majority of staff are on agenda for change terms and conditions of employment with the exception of the Senior Executive Cohort.

Table 5 – 2020

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
13.38	14.21	14.05	13.06	14.98	14.86	-2%	+5%	+5%

Table 6 – 2022

| Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
15.44	15.52	15.50	15.25	16.22	16.17	-1%	+4%	+4%

Overall, the percentage difference between women's and men's average hourly rate is 4 per cent. It is encouraging to see that this difference has steadily reduced from 10 per cent in 2012 when this figure was calculated for the first time. We have seen an increase in the number of women and men working part-time. It is recognised that the average hourly rate for women working part time is greater than the rate for men working part time. However, this difference decreased from 5 per cent in 2012 to 1 per cent in 2022.

The average hourly rate for men working full time is greater than the average hourly rate for women working full time. It is encouraging to note that this difference reduced from 6 per cent in 2018 to 5 per cent in 2020. It decreased again to 4 percent in 2022.

The median average pay gap is 20.7 per cent. The figures above show the mean average and this measures the difference between the average hourly rate for men and women. The median is calculated using the midpoint hourly rate for men and women. The median average is useful as the figure is not distorted by very large or very small pay rates.

The most recent national figures for the median gender pay gap show that this rose from 3 to 3.7 per cent for full time employees between 2021 and 2022. This is below the gap of 7.2 per cent seen in 2019, which shows a continuing downward trend. The gap among all employees is

higher at 12.2 per cent driven by more women working in part time jobs which are lower paid (Source – Office for National Statistics – April 2022). The Scottish Ambulance Service median pay gap is generally lower than the national figure for all employees. Our analysis is based upon the mean average so that year on year comparisons can be readily made.
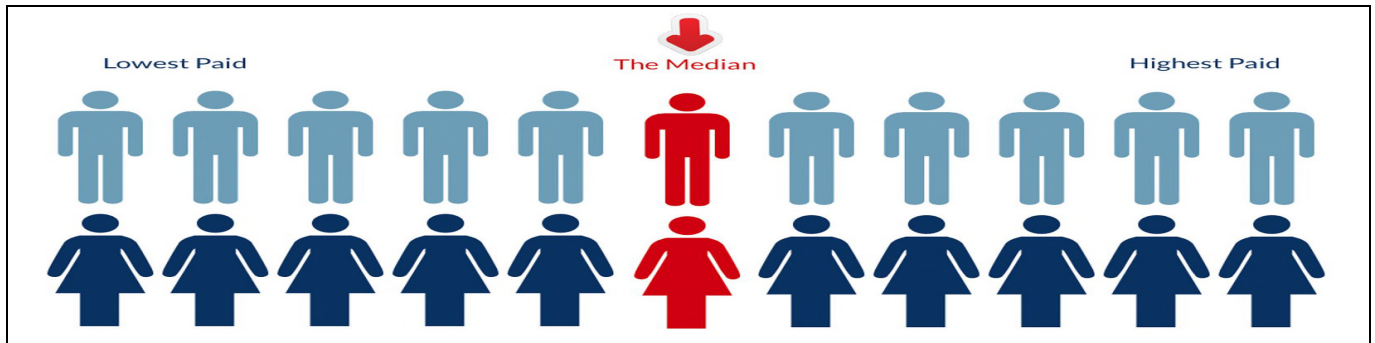
The gender pay gap can be explained by two factors. First, our staffing establishment - there are proportionately more men employed in senior posts attracting higher average hourly rates of pay. The second factor is one of timing and organisational structure. The majority of new recruits are operational staff joining the Service at salary bands 3 to 5. The majority of staff are male and most operational staff have significant service with the organisation. More men are therefore employed at the top of these pay bands than women, attracting a higher rates of pay. This is certainly true for the 2022 figures which shows the median payrate for men is for those at the top of band 5 and for women it is the top of band 3.

The chart below illustrates the difference in the average hourly rate for men and women, for part time and full time staff and how these rates have changed between 2012 and 2022.

Chart 1
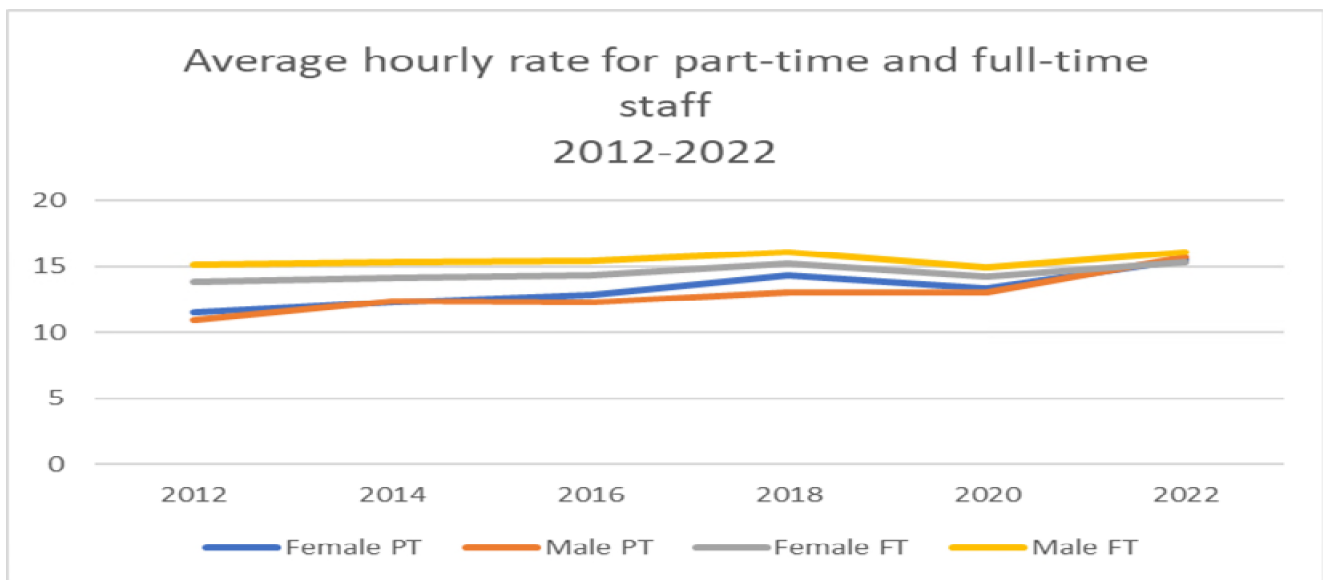
We have over the last few years begun to attract more women into operational posts. Between April 2019 and March 2020, 54 per cent of job applicants were women (36 per cent 2011/12). During 2021/22 proportionately less women joined the Scottish Ambulance Service (40 per cent

of new recruits). In April 2022 figures, 48 per cent of new starters were women (45 per cent 2020/21). Women leaving the Scottish Ambulance Service accounted for 44 per cent of the total leavers compared with 40 per cent in 2020/21. However, the number of female staff overall has steadily increased over the last few years and now represents 44 per cent of the total. Over time, we would expect to see them progress through to Paramedic and Team Leader posts (both salary band 6) as male recruits have done over the years.

Part-time staff have a lower average hourly rate than full -time staff – this is true of male and female staff although the difference is more marked with male staff. The hourly rate differential is partly explained by the fact that many more part-time staff work in bands 2– 3 than in more senior grades.

Comparisons can be made across other Health Boards for those staff groups on agenda for change pay and conditions of employment. Not all figures are available or disaggregated however looking at a small sample of the percentage differences published in 2019 the difference ranged between 4 - 17 per cent. In 2019 the Scottish Fire and Rescue Service reported a percentage difference of 4.42 per cent for all staff and Police Scotland a difference of 3.9 per cent.

The percentage pay gap differences for the public sector in 2020 can be seen below.

Table 7

	Overall pay gap percentage	Full-time pay gap percentage	Part-time pay gap percentage
Public sector	14.5	11.4	22.2

Source Office of National Statistics 2020 - Annual Survey of Hours and Earnings

The table below illustrates the gender pay gap for part-time and full-time staff across key staff groups.

Table 8 – 2022

	Female			Male			% Difference M:F		
	PT	FT	All	PT	FT	All	PT	FT	All
Staff group									
Accident & Emergency	18.01	15.36	15.58	17.98	16.09	16.15	-0%	+5%	+4%
Patient Transport Service	12.01	11.86	11.91	11.82	11.82	11.82	-2%	-0%	-1%
Ambulance Control	13.39	13.29	13.33	12.48	13.96	13.82	-7%	+5%	+4%
Fleet					16.88	16.88			
Admin & Clerical	14.29	13.60	13.71	16.18	14.59	14.64	+12%	+7%	+6%
Ancillary			11.05	11.05	11.14	11.13			+1%
Managers	24.61	24.49	24.50	23.80	24.85	24.82	-3%	+1%	+1%
Nursing	21.56	21.43	21.50	21.33	21.51	21.48	-1%	+0%	-0%

It is interesting to note that the gap for all groups, with the exception of admin and clerical, fall below the 5 per cent difference between men and women's average hourly pay for the Scottish Ambulance Service overall.

The pay gap percentage difference for the admin and clerical group is 6 per cent, that is the average hourly rate for men is higher than that for women. This has reduced from 12 per cent in 2020. The percentage difference in the pay gap for the admin and clerical staff group can be partly explained by the greater span of salary bands covering band 2 to band 6 and therefore a broader range of salary levels compared with Patient Transport Service staff group for example which covers salary bands 2 – 4. Sixty-two per cent of staff in the admin and clerical group are women. This difference will be closely monitored to identify any trends going forward which warrant further investigation.

6. Positive action to enhance attraction, development and retention of under-represented groups

Glasgow Centre for Inclusive Living

NHS Chief Executives supported the establishment of the Glasgow Centre for Inclusive Living Equality Academy's Professional Careers Programme within NHS Scotland Boards. The overall aim of this programme is for each Health Board to provide a two-year employment opportunity for a disabled graduate by providing them with a challenging and rewarding experience of employment. A new graduate joined the Scottish Ambulance Service in January 2021. The graduate who completed the programme previously was successful in applying for a permanent full time post within the Scottish Ambulance Service.

Disability Confident symbol 'Positive about disabled people'

In recognition of our commitment to equality and diversity, the Scottish Ambulance Service has agreed to take action to meet five commitments regarding the employment, retention, training and career development of staff with a disability. The five commitments under the 'Positive about disabled people' initiative are;

- To interview all disabled candidates who meet the minimum criteria for a job vacancy and consider them on their abilities.
- To ensure there is a mechanism in place to discuss with disabled employees what can be done to make sure they can develop and use their abilities. Discussions may take place any time, and will take place once a year.
- To make very effort when employees become disabled to make sure they stay in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- To review these commitments and what has been achieved annually and to plan ways to improve them.

After a review in November 2020 membership of the Disability Confident scheme was renewed.

Modern Apprenticeships

The Scottish Ambulance Service has previously employed 3 Modern Apprentices (MA) employed in the fleet and procurement departments. Plans are underway to recruit 2 MA in the human resources team. Further consideration will be given as to how we can use MA to expand job and career opportunities for young people in a way that tackles occupational segregation by placing young men and women into roles where there has been under-representation.

Flexible working

There are markedly fewer men and women working part-time employed in more senior roles at band 6 and above. We recognise the need to enable our staff to work flexibly. This is particularly important for female staff who have a disproportionate responsibility for care. Having a flexible approach to quality part-time working options results in women being employed at the right level to utilise their skills, qualifications and experience.

Remuneration Committee

The Scottish Ambulance Service Remuneration Committee meets twice per year. The Committee ensures the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government. The Remuneration Committee may also consider additional confidential remuneration related matters on behalf of the Board.

Pension provisions and retirement

Staff have access to the pension provisions and retirement section on the HR pages on the intranet. Details can be found here relating to pension contributions, how to obtain estimates of pensions and benefits and how to book on a retirement workshop. Retirement courses are run 4 times a year and HR teams promote details of these locally.

It is recognised that women save significantly less than men towards pensions, are less likely to understand pension products and a high proportion do not know how much to save for a comfortable retirement (Source: research by Fawcett Society & Scottish Widows). The Scottish Ambulance Service encourages staff considering retirement to participate in a retirement workshop. This is a one day course which discusses retirement in general terms as well as specific details regarding finances and pension rights.

7. Equal Pay Statement

Equal Pay Statement

April 2021

Equality Act 2010 Specific Duty - Equal Pay Statement

This statement has been agreed in partnership and will be reviewed on a regular basis by the Scottish Ambulance Service National Partnership Forum and the Staff Governance Committee.

The Scottish Ambulance Service is committed to the principles of equality of opportunity in employment and believes in the principle that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy and maternity, political beliefs, religion or belief, sex or sexual orientation.

The Scottish Ambulance Service understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require the Scottish Ambulance Service to take the following steps:

- Publish gender pay gap information by 30 April 2021 and every 2 years thereafter
- Publish a statement on equal pay between men and women by 30 April 2021, and to include the protected characteristics of race and disability.

It is good practice and reflects the values of the Scottish Ambulance Service that pay is awarded fairly and equitably.

The Scottish Ambulance Service recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics and those who do not in the implementation of equal pay

We will:

- Review this policy, statement and action points with trades unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Ensure there are communication systems in place to Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure consistent and fair practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;

- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce and Trades Union Representatives.

The breakdown of staff by category and band can be seen at Appendix 2.

Responsibility for implementing this policy is held by the Scottish Ambulance Service Chief Executive with the Director of Workforce having lead responsibility for the delivery of this policy.

If a member of staff wishes to raise a concern at a formal level within the Scottish Ambulance Service relating to equal pay, the Grievance Policy is available for their use

National terms and conditions:

The Scottish Ambulance Service employs staff on nationally negotiated and agreed NHS contracts of employment which includes provision on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change Contract Terms & Conditions of employment and NHS Consultant contracts of employment. Some staff are employed on NHS Scotland Executive contracts of employment which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment.

Staff Governance Standard:

NHS Scotland Boards work within a Staff Governance Standard which is underpinned by statute. the Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are;

- well informed;

- appropriately trained and developed;

- involved in decisions;

- treated fairly and consistently with dignity and respect, in an environment where diversity is valued; and

- provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked o the aims of the Staff Governance Standard.

Next steps

We said in our equal pay statement and gender pay gap report in 2017 that we would take a number of steps. This is what we did, the results and what we plan to do next.

1. Continue to monitor the salary spine point allocated to new employees to ensure this is consistently applied. Annual check to be carried out in April each year		
Actions	Results	Next steps
This information has been monitored through the payroll system.	Requests to place new starters on a higher salary spine point at the commencement of employment have been made for men and women. Requests have been approved by Deputy Directorate of HR / HR Managers in keeping with the Salary Placement Manager Guidance and Agenda for Change Handbook. Recruiting managers are responsible for determining if an individual's previous level of experience warrants a higher starting salary. There has been no disproportionate application of this process.	Continue to monitor this annually.
2. Conduct an analysis of applicants for vacancies where there has traditionally been under-representation of men or women. Identify any emerging barriers and actions / initiatives to support an increased number of applicants including men and women for all posts.		
Actions	Results	Next steps
(a)Conduct a more detailed analysis of applications for posts to identify where there is most under-representation of men and women. Through discussions with staff groups identify any actions to	An analysis identified roles which were predominantly occupied by men and women. Recruitment campaigns for four key operational roles were highlighted. These were Technician & Paramedic	Produce video clips of men and women in a range of operational roles. Monitor the proportion of women applying for posts where there is underrepresentation of men

be taken to eliminate barriers. Review recruitment literature to identify if there are ways of promoting roles more specifically for men and women.	(predominantly occupied by men) and Scheduled Care Call Handler & Emergency Dispatchers (predominantly occupied by women). We have identified that imagery used on recruitment web pages could be improved to show men and women in operational roles. Video clips of staff in a variety of support roles have been produced. We have seen an increase in the percentage of female applicants for Technician / Paramedic roles and an increase in the male applicants for Call Handler posts but so far we have not seen an increase in male applications for Dispatch posts.	and women. Conduct an analysis of staff groups including relief / rostered staff by gender.
(b) Monitor applications from young people and women. Continue to promote SAS at careers fairs and engagement events targeting young people, people who are disabled and those from minority ethnic communities.	The largest proportion of applicants in 2020 were from the 16 – 25 age group (19 per cent in 2019/20). In 2022 this figure dropped to 6.8% 40 per cent of applications were from women in 2021/22. SAS has attended a variety of careers fairs and events albeit more limited during the pandemic. Attendance is slowly rising again, with more planned for 2023	Monitor applications from men, women, young people, people who have a disability and those from black, Asian and minority ethnic groups.

3. Monitor and review access to career development opportunities and in particular identify whether there are particular barriers to progression for part-time staff.

Actions	Results	Next steps
(a) A number of actions are being taken forward including;	Training has been provided for managers.	Adopt a central logging system for all flexible working applications to enable easier

- communication and training for managers around the flexible working policy and accessing training and development opportunities	The flexible working policy was reviewed, revised and approved in September 2017. The OF policy is currently out for consultation	access. Analyse flexible working applications by gender.
- the flexible working policy will be reviewed and revised by end 2016	Flexible working applications are being logged in a number of ways locally and at National Headquarters.	
- flexible working applications will be logged centrally to enable better analysis / trends to be identified	Part-time options were been advertised for 6.5 per cent of posts during 2019/20. Figures for 2022 not available yet.	
- flexible working options to be advertised through recruitment		

Scottish Ambulance Service
A Special Health Board of NHS Scotland

Staff in post by category and salary band as at April 2022   Appendix 1

Band	A&E crew		PTS crew		Ambulance Control Centre		Fleet		Ancillary		Admin & Clerical		Managerial		Nursing	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
2			277	441					4	32						
3	2	1	364	585	175	55	1	2		7	89	25				
4			14	12	112	54	1	1			78	61				
5	797	914			37	33		53			29	31			2	2
6	576	918						9			28	23			27	3
7	43	46											117	177	18	14
8A													28	40	6	1
8B													15	25		
8C													9	17		
8D														4		
Medical													2	6		
Total	1418	1879	655	1038	324	142	2	65	4	39	224	140	171	269	53	20
Total by %	43	57	39	61	70	30	3	97	9	91	62	38	39	61	73	27
Total F & M	3297		1693		466		67		43		364		440		73	

Non Agenda for Change	
F	M
9	4

Appendix 2

Staff groups

Staff group	Categories included
Accident and Emergency crew	Technicians, Paramedics, Urgent Tier, Special Operations Response Teams (A & E), Auxiliaries
Patient Transport Service crew	Ambulance Care Assistants, Special Operations Response Teams (PTS)
Ambulance Control Centre	Call Takers, Dispatchers, Clinical Advisors, Supervisors
Fleet	All non admin and clerical workshop staff up to band 5
Ancillary	Domestic staff, estate staff and vehicle washers
Admin and clerical	All admin and clerical staff not covered by another category
Managerial	General Managers, all band 7 and above (excluding Area Service Managers)