



# Equality Outcomes Progress Report 2015

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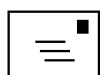
## Equality Outcomes 2013 - 17 Progress Report

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

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



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## 1.Foreword

It is my firm belief that embedding equality and diversity across all that we do has a significant impact on the service we provide to our patients and the experience of the workplace for all our staff.

Our strategic framework “Towards 2020: Taking Care to the Patient” outlines our approach to delivering a clinically focussed service, high quality clinical care for patients and developing our future workforce so they are equipped to meet the changing and complex landscape of health and social care for Scotland. Our aims to improve access to healthcare, improve outcomes for patients and evidence a shift in the balance of care by taking more care to the patient cannot be achieved without a firm commitment to continue to progress our equalities work now and in the future.

Our equality outcomes were developed after considering a wide range of input across a number of sources including our patients, members of the public, senior managers, staff and staff side colleagues. The equality outcomes were published in April 2013 and we welcome the opportunity in this progress report to highlight the activity that has been undertaken since April 2013 to take our equalities work forward.

Pauline Howie  
Chief Executive Officer

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## 2. Our Service

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

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

## 3. Introduction

This report provides an update on the progress made to take forward our equality outcomes work. These outcomes were developed to support the SAS strategic framework "Working Together for Better Patient Care – 2010 – 15" and were aligned with our Corporate Plan 2013 – 14.

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

Individuals and groups, external to SAS, representing those with protected characteristics were involved in the development of our outcomes.

The equality outcomes for 2013 - 2017 were identified as follows:

1. Ultimate outcome  
To improve access and referral to the most appropriate care that is person centred, safe and effective  
  
Intermediate outcome  
Through raised awareness of the Service there is improved access for under-represented groups.
2. Ultimate outcome  
To deliver the best care for patients  
  
Intermediate outcome  
The experience of patients will improve through staff who are supported to deliver person centred care.
3. Ultimate outcome

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To engage with our partners and communities to deliver improved healthcare

Intermediate outcome

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

4. Ultimate outcome

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

Intermediate outcome.

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

5. Ultimate outcome

To ensure SAS always acts in accordance with its values

Intermediate outcome

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

Our equality outcomes are intermediary steps towards the achievement of our ultimate long term outcomes which we expect to be achieved beyond 2017. Further equality outcomes will be prepared and published to meet the requirements of the specific duties in 2017.

The five 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.

Our implementation plan provides details of the timescales regarding the achievement of the short / medium term outcomes. The implementation plan can be found on our website or here

The timescales regarding the achievement of outcomes vary dependent upon the action / initiative in question. It is anticipated that all intermediate outcomes will be achieved between May 2013 and April 2017.

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

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

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

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

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

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

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

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

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## 5. Summary of progress and adjustments

In order to provide this report on progress we have identified the actions taken under each of the initiative /activity areas and linked these with the desired outputs. In doing so we have considered whether the outputs associated with each equality outcome are still relevant, are on track for completion by April 2017 and where possible how achievement will be measured to establish what changes or impact has been made for individuals, groups, families, organisations or communities.

All of our equality outcomes are on track for completion by April 2017 and these are still relevant to the work we are taking forward. The timescales relating to the associated outputs in some cases have been adjusted to allow for changing priorities. The implementation plan provides details of the timescales for each of the outputs. Some of our outputs have been completed.

The table in Section 7 illustrates the actions we have taken so far for each of the five equality outcomes. A summary is provided here on the progress of each of the outcomes.

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

Progress is being made to raise awareness of the Service and to improve access to scheduled and unscheduled care. SAS is working with a range of diverse groups to ensure ways of accessing services are understood and individuals are supported to work with the service. The introduction of Texbox will add another method for patients to use to book transport.

We will be able to measure the number of patients who use different methods to access SAS. Raising awareness of the Service can be done in many different ways. The direct feedback from participants at group sessions and events can illustrate an understanding of SAS by underrepresented groups. Where SAS jointly works with other groups at events we will use evaluation from participants as an indicator of how well awareness is increasing. It is acknowledged that as a universal service, people of all groups use the services of SAS when they have a clinical need. Activities which raise awareness will enable representatives of the Service to foster good relations and promote better understanding of communities, and if awareness is disseminated, will also assist individuals who are using the service.

The equality details of patients using the unscheduled service are not routinely gathered and it would be inappropriate to do so at the point of use of service. Details gathered from patients using the scheduled service relate specifically to their need for transport, for example whether assistance is required for mobility reasons or if a carer needs

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to travel with the patient. We are not therefore able to measure the equality profile of all our patients.

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

Considerable work has been done to develop care pathways particularly in relation to falls. We have worked with Scottish Government Joint Improvement Team and the National Falls Programme Manager to develop the guide 'Making the right call for a fall'. Support links with social care partners have now been established through the majority of Community Planning Partnerships and Falls Pathways are in place. In the longer term we anticipate a further reduction in the number of patients over the age of 65 being taken to hospital.

We have worked with NHS Education for Scotland to develop a tailored set of training materials on dementia awareness for all grades of operational staff.

We continue to work with the Scottish Government e-Health Programme to develop the patient Key Information Summary (KIS). Testing for this is to start in February 2015 before this is introduced across the Service. We will be closely monitoring the use of KIS and evaluating its use and impact on patient care.

## **3. The SAS is fair and equitable in the way it procures and delivers its services and involves and consults people**

We are developing ways to improve access to scheduled care service and have worked with NHS24 to provide better access for patients who use British Sign Language to book transport through the video relay service hosted by NHS24. Textbox has been identified as an alternative method to access this service for Deaf / hard of hearing patients and it is anticipated that this facility will be available by summer 2015.

Community Resuscitation Development Officers and Patient Focus Public Involvement Representatives are working with a wide range of community groups. We continue to develop ways to link more broadly across all equality groups and recognise there is more work to be done in this area to ensure we are able to engage with individuals and groups across all protected characteristics.

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

A new occupational health and attendance management contract with the NHS Scottish Occupational Health Consortium commenced in April

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2014. Staff who are absent from work as a result of ill health are contacted on the first day of absence so that any support may be provided at the earliest opportunity.

Mental health training is provided for students undertaking the Certificate of Higher Education in Paramedic Practice at the Scottish Ambulance Service Academy.

Eight staff have completed dementia training through the University of the West of Scotland / Alzheimer's Scotland and will become champions locally to support staff across divisions.

Through the Healthy Working Lives programme East Central division has achieved the gold award, West Central and North West divisions are working towards the silver award and South East and South West have achieved bronze. As a result of this there has been an increased awareness of health, safety and wellbeing at work. The recently agreed welfare plan has been put in place and this provides welfare care and support to employees during and following major incidents and traumatic events

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

Procedures are in place to enable as wide a range of staff / staff side involvement and consultation as possible to develop policies and procedures through the Policy Review Group and National Standard Operating Procedures Group.

Particular attention has been paid to enhancing dignity in the workplace with a revision of the promoting Dignity at Work Policy, rollout of the RESPECT campaign in North division and the introduction of the RESPECT e-learning module.

We continue to work on more inclusive advertising for vacancies to encourage a more diverse range of applicants for posts and to improve the equality self disclosure rates of our staff. We have seen some improvement in these areas.

**Health inequalities**

Our equality outcomes were developed during 2012 / 13 and were based on the evidence available at that time. In reviewing the progress we have made towards the achievement of the equality outcomes we recognise there are some additional areas in which we are working specifically regarding health inequalities that will enhance and impact on the service focused outcomes.

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A Board development session facilitated by Health Scotland assisted SAS to consider further how our work can compliment work being done across NHS Scotland to tackle health inequalities.

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

As part of the Out of Hospital Cardiac Arrest strategy we will 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, working with communities to develop life-saving skills, increase access to public access defibrillators and develop in partnership appropriate models of service delivery.

Our work continues to develop our Public Protection Policy which incorporates child and adult support and protection and other vulnerable groups. This outlines our responsibility to recognise and actively consider the risks for vulnerable people irrespective of whether the adult or child is the main focus of SAS initial involvement.

The Service led the development of a national Paediatric Early Warning System. This is a tool which helps to identify where children are particularly unwell by monitoring a combination of clinical observations. This will be fully embedded across SAS in 2015 /16, supporting crews to deliver safe and effective care, identify at risk patients and pre-alert hospitals ahead of arrival.

SAS now has an Improvement Advisor working as part of the Early Years Collaborative who, throughout 2015 /16 will be developing pathways to support the safe and effective transition of care across health and social care. The Improvement Advisor will also work with the GP community to develop systems and processes for the identification of at risk patients, for example in rural and island communities, giving crews access to care plans for those patients and exploring the potential to develop direct referral routes in line with those care plans and ensure these patients reach definitive care quickly.

## 6.Conclusion

Since the publication of SAS equality outcomes in April 2013 significant work has taken place to progress the initiative / 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.

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Overall progress is being made against each of the five equality outcomes. In gathering evidence to measure our progress we have identified areas where there are gaps and consideration will be given as to how we are able to measure the difference we are making for individuals, groups, families, organisations or communities. The work we are undertaking in this area will help to inform the future development of equality outcomes for publication in April 2017.

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## 7. Equality Outcomes 2013 - 2017

**Key:**

- ✓ Actions now complete
- ➔ Work is in progress
- ☒ Work as yet to start

<p><b>1. Ultimate outcome</b> To improve access and referral to the most appropriate care that is person centred, safe and effective</p>			
<p><b>Intermediate outcome</b> Through raised awareness of the Service there is improved access for underrepresented groups</p>			
Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
<p>a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black and minority ethnic, disabled and carers groups, and those in deprived areas.</p>	<p>i. An increase in the number of patients from under-represented groups use the scheduled service</p>	<p>Awareness and understanding of SAS is increased so communities access SAS as appropriate</p>	<p>Advance equality of opportunity</p> <p>Foster good relations</p> <p>Race, disability, lgbt</p>
	<p>ii. There is an increase in the use of alternative methods of booking transport</p>		
	<p>iii. Improved understanding among communities of the services delivered by SAS</p>		
<p>➔ <b>Actions taken</b></p> <p>i. Community engagement through Community Resilience Teams and Patient Focus Public Involvement (PFPI) Representatives has been more focused to reach a broader range of communities. For example work in West Central Division at the Mosque in Glasgow to provide essential life support training and in South East Division with the Chinese elder community through MECOPP (Minority Ethnic Carers of People Project)</p> <p>ii. TextBox has been identified as an alternative way to access scheduled care Service. The viability from a governance perspective, security and practical applicability have been considered. It is anticipated that Texbox will be introduced as a method of accessing the Service by summer 2015.</p> <p>SMS service to access accident and emergency service has been publicised</p>			

through the SAS website and through engagement with disabled groups. An easy read leaflet has been produced and this has been widely disseminated to encourage people who are deaf to register for this service. The leaflet is available on the website and copies are provided when we engage with disabled groups.

### Results

There is increased awareness of SAS across a variety of diverse communities. Additional ways of accessing the service have been progressed.

Analysis of scheduled care patient profiles shows the following;

	2012 - 13	2013 - 14
Patients aged 56 – 65	12%	12%
Patients 66 and over	72%	74%
Disabled patients	16%	17%
Those patients who travelled with an escort / carer	9.6%	9.7%

### SMS usage

	2012 - 13	2013 - 14
Number of 999 SMS calls	16	56

Our conversation with patients to book transport focuses on the patient needs assessment for transport and we do not ask for equality monitoring details relating to LGBT, ethnicity for example at that time. We are therefore unable to measure how many patients from these communities use our services.

b. Individuals from diverse groups are encouraged and supported to become involved with the work of SAS	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
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### ➔ Actions taken

We have worked with DeafBlind Scotland to identify ways in which individuals who are deafblind can be supported to assist with the work of SAS. For example a member of Deafblind Scotland attended the Paramedic Foundation Programme at the Academy, Glasgow Caledonian University in October 2014 to present a session to students to raise awareness and understanding of the needs and barriers faced by people who have these disabilities.

PFPI Representatives are progressing work in divisions to enable more diverse groups to work with the service through the Involving People Groups. An analysis of Census 2011 information has been provided to divisional PFPI

representatives / community resilience teams to assist in identifying gaps where there has been previously limited engagement.

**Results**

Twenty five students attended the sessions and feedback has been extremely positive. Students thought the opportunity to discuss communication support needs and the real challenges faced by the individual to be very beneficial. Consideration is being given as to how similar sessions can be included for the next student cohort in 2015.

There has been an increase in the number of people supported to become involved with the work of SAS through local Involving People Groups and engagement. These individuals are from all communities with the exception of minority ethnic communities. It is recognised that whilst there are links with a number of minority ethnic community groups there is more work to be done in order to encourage individuals to become involved in our work.

c. In partnership with NHS Fife and NHS24 establish contact with Gypsy / Travellers living in Fife area to promote ways in which access to health services can be provided	i. Improved knowledge of health services by Gypsy / Travellers	Gypsy / Travellers access to healthcare is improved, initially in Fife and thereafter across Scotland.	Advance equality of opportunity  Foster good relations  Race, disability, age
	ii .Learning regarding the needs and culture of the community is shared	Staff have greater awareness and understanding of Gypsy / Travellers needs and culture which enhances clinical practice	Eliminate discrimination  Advance equality of opportunity  Race

**✓ Actions taken**

The SAS Equality Lead has joined the NHS Fife Gypsy Travellers Steering Group which meets quarterly. This is a multi agency, multi disciplinary group which was formed to take forward recommendations that emerged from a health needs assessment conducted by NHS Fife and to meet the needs of Scottish Government Equality Outcome “Gypsy / Travellers experience less discrimination and more positive attitudes towards their culture and their way of life”

The work of this group includes developing an e-learning tool to raise awareness of Gypsy /Travellers and their culture, providing information to access services and working with other agencies to support the community.

SAS is working with NHS24, NHS Fife, MECOPP- (the third sector

organisation that supports Gypsy / Travellers) and other partner organisations to improve awareness amongst Gypsy /Travellers of the services that SAS provides.

The SAS Equality Lead and Education Lead on diversity have attended a Gypsy / Travellers awareness workshop run through the Changing Minds project with MECOPP. This workshop was delivered by Gypsy / Travellers and useful information from this has been incorporated in SAS equality training.

SAS and NHS24 are displaying artwork at shared offices at Caledonia House and Norseman House. The artwork has been provided by MECOPP and we are displaying the 'Moving Minds' exhibition to raise awareness amongst staff of this seldom heard group of people. Moving Minds was originally created as an exhibition for display during the Scottish Mental Health Arts and Film Festival and has previously been displayed in the Scottish Parliament.

Local contact has been made with the Gypsy / Traveller community by the Community Defibrillator Officer at Perth in order to arrange CPR training but this has not yet taken place.

Early discussion has taken place with MECOPP and Perth and Kinross Council to establish if there is an opportunity to deliver certificated training sessions for Gypsy /Travellers and other minority ethnic groups in the area. Plans to take this forward have not been put in place at this stage.

### Results

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

Details of the health needs of Gypsy Travellers and their culture have been incorporated in training delivered at Glasgow Caledonian University and Equality & Diversity Training.

d. Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging	Sessions are provided across a range of community settings	Communities have an increased understanding of some health conditions and this will also have impact on health inequalities.	Advance equality of opportunity  Foster good relations  Race, disability,
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preventative care			age, lgbt																														
<p><b>→ Action taken</b> Community sessions have been supported by SAS, for example Get Together events for the Gypsy / Travellers community in Perth in October 2013, in Perth &amp; Kinross in October 2014 and at the Health &amp; Wellbeing Mela in Edinburgh in October 2013 and October 2014. Essential Life Support training has been provided at these events by the community resilience teams.</p> <p><b>Result</b> These events have been attended by a diverse range of people across communities including carers, people with disabilities, black and minority ethnic groups and Gypsy / Travellers. Attendance was varied with the Perth and Kinross events attracting very small numbers and the events held in Edinburgh being better attended (over 350 people attended the Mela at Out of the Blue, Edinburgh on 19 October 2014)</p> <p>The initial feedback relating to these events has been very positive. The detailed evaluation is not yet available. Once it is we will be able to analyse the equality profile of those attending the events.</p> <p>Work under this output will continue.</p>																																	
e. The use of language line service is promoted among communities with language needs	There is increased use of language line services	Equality of access is improved	Advance equality of opportunity  Race																														
<p><b>✓ Actions taken</b> The use of Language Line Service is promoted on the SAS website and at community events and with groups.</p> <p>Staff have been reminded how to access this service through the Chief Executive Bulletin, equality and diversity training, through annual learning in practice training and on the intranet.</p> <p><b>Results</b> The number of calls made to the Language Line Service and the most common languages required are as follows;</p> <table border="1"> <thead> <tr> <th></th> <th>2011 - 12</th> <th>2012 - 13</th> <th>2013 - 14</th> <th>2014 - 15</th> </tr> </thead> <tbody> <tr> <td>Total calls</td> <td>330</td> <td>563</td> <td>530</td> <td>896</td> </tr> <tr> <td></td> <td>Polish</td> <td>Polish</td> <td>Polish</td> <td>Polish</td> </tr> <tr> <td></td> <td>Mandarin</td> <td>Romanian</td> <td>Russian</td> <td>Russian</td> </tr> <tr> <td></td> <td>Russian</td> <td>Arabic</td> <td>Lithuanian</td> <td>Romanian</td> </tr> <tr> <td></td> <td>Slovak</td> <td>Lithuanian</td> <td>Mandarin</td> <td>Arabic</td> </tr> </tbody> </table>					2011 - 12	2012 - 13	2013 - 14	2014 - 15	Total calls	330	563	530	896		Polish	Polish	Polish	Polish		Mandarin	Romanian	Russian	Russian		Russian	Arabic	Lithuanian	Romanian		Slovak	Lithuanian	Mandarin	Arabic
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	Slovak	Lithuanian	Mandarin	Arabic																													



	Arabic	Russian	Romanian	Mandarin
The use of Language Line Service has increased significantly since 2014.				
The activities / initiatives undertaken are now complete.				
f. Language line service is regularly evaluated with input from BME community members	The views of patients and callers using language line service are captured and actions taken to improve service as appropriate	Equality of access is improved	Advance equality of opportunity	Race
<p>✓ <b>Actions taken</b></p> <p>Comments / suggestions for improvement have been invited from staff who have used Language Line Service. We have some difficulty with seeking feedback from patients who have used this service as it is not appropriate to ask for this information via the SAS website. We are currently reliant upon ad hoc feedback from patients who are willing to give this information via community group meetings and events. Further consideration will be given as to how best to progress this.</p> <p><b>Results</b></p> <p>Comments have been reviewed and will be discussed with Language Line Solutions who provide this service.</p>				
g. Enhance operational training to include more cultural awareness including incidence of illness, long term conditions and prevalence in specific groups	Improved awareness and understanding of cultural difference	Greater understanding of needs of different communities which will enhance clinical practice. This will also have impact on health inequalities.	Eliminate discrimination	Foster good relations  Race
<p>✓ <b>Actions taken</b></p> <p>Information relating to the incidence of illness, long term conditions and their prevalence for specific groups has been included in the Learning in Practice workbooks with effect from April 2014 which every paramedic and technician must complete on an annual basis.</p> <p>Details relating to this are also now Included in the foundation in clinical</p>				

practice programme delivered at the Academy.

**Results**

Staff are more aware of cultural difference and the impacts this can have on health conditions for particular groups. This is evidenced through student case assessments when practical exercises are undertaken during training at the Academy.

The activities / initiatives undertaken are now complete.

h. Enhance operational training to include additional disability awareness sessions	Improved awareness and understanding of disability and the impact on health	Disabled patients have improved experience of the Service	Advance equality of opportunity  Disability
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✓ **Actions taken**

Sessions on deaf awareness, visual awareness and learning disabilities have been developed and are being delivered.

Learning in Practice workbooks used for 2014 include reference to these areas.

**Results**

Approximately 150 staff completed deaf awareness, visual awareness and learning disability training in 2014.

Evaluation of this training showed that 92% of staff completing the sessions felt the content was clear and concise and appropriate to their role (82%)

<b>2.Ultimate outcome</b>			
<b>To deliver the best service for patients</b>			
<b>Intermediate outcome</b>			
<b>The experience of patients will improve through staff who are supported to deliver person centred care</b>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
a. Care pathways are developed in partnership with local stakeholders to ensure access to the most appropriate care for patients	Care pathways are agreed and implemented e.g. trips, slips and falls, transportation of mental health patients in Air Ambulance	More effective clinical care is provided with care pathways developed to take account of the diversity of needs and characteristics of patients and the community	Eliminate discrimination  Advance equality of opportunity  All - greater impact on age, disability
<b>→ Actions taken</b>			
<p>During 2013/14 we have worked with Scottish Government Joint Improvement Team and the National Falls Programme Manager to develop the guide 'Making the right call for a fall' which gives practical guidance to our managers and their Community Health Partnership colleagues on how to set up local patient care pathways. This has been widely distributed to Team Leaders and Area Service Managers and includes an organisational readiness self assessment tool to support and guide health care staff when developing local care pathways for older people.</p> <p>We have also worked with NHS Education for Scotland on the production of their Falls DVD - 'Falls - Make the Difference'.</p> <p>Ambulance clinicians are supported by an increase in the amount of intermediate care services across Scotland and are now able to assess alternative care pathways through single points of access, with those services covering both immediate interventions and follow up assessment. Staff in Argyll, Edinburgh City and Lanarkshire are working with community based teams to support the management of these patients at home and to identify and refer to appropriate services in order to put solutions in place to prevent future falls.</p> <p>A number of local fall teams have been established which means we are now able to refer patients on to alternative pathways following clinical triage at the call taking stage .</p> <p>Profession to profession clinical decision making support is now in place to assist operational staff during the assessment of a patient to better determine whether a patient needs to go to hospital.</p>			

There is a recognition that patients living with dementia can also require assistance after a fall and we have worked with NHS Education for Scotland to develop a set of tailored training materials on dementia awareness for all grades of operational staff. The Dementia Learning Resource is a workbook which has been distributed to all accident and emergency, patient transport service and ambulance control centre staff (November 2014 - January 2015).

The standard operating procedure for transporting mental health patients by Air Ambulance has been developed and discussions are taking place with Health Board colleagues before this is signed off.

### Results

There has been a reduction in the number of patients over 65 being taken to hospital from 79.9% in April 2012 to 66.1 % in April 2014.  
It is too early to evaluate the impact of the Dementia Learning Resource at this stage.

b. Links with health and social care partners are clearly defined	i. Clinical staff have better links with health and social care partners to ensure there is responsive and continuity of care for patients	Patients have a better experience and are more involved in their own care. This will also have impact on health inequalities.	Advance equality of opportunity  All - greater impact on age, disability, carers
	ii. Increased number of patients referred to local health and social care partners		Eliminate discrimination  All, greater impact on age, disability, carers

### ➔ Actions taken

Support links with social care partners have now been established through the majority of Community Planning Partnerships and Falls Pathways are in place.

Members of the Executive Team and General Managers each have responsibility for developing links with Community Planning Partnerships in order to progress the SAS strategy - Towards 2020: Taking Care to the Patient and to support the on going work to develop care pathways.

Through the Quality & Innovation Programme Board proposals have been developed for a performance management framework which will assist in the measurement of patient outcomes by illustrating the number of patients taken to hospital, the number who were referred to social care partners and those where it was necessary to repeat a call to the Service.

A greater proportion of patients are now being referred to social care partners.

**Results**

Falls Pathways are in place for 27 of the 32 Community Planning Partnerships. These are at various stages of development.

c. Work with Cruse and the Scottish Grief and Bereavement Hub to establish a network of cultural competent Family Support Officers	Staff have a greater understanding of bereavement and the cultural /religious dimensions to this	Bereaved families are better supported prior to and at the time of death	Eliminate discrimination  Advance equality of opportunity  Foster good relations  All, more impact on race, religion and belief
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**→ Actions taken**

The Family Support Officers Job Description originally developed in 2013 has been revised to fit with the Service significant adverse events review model. The FSO will play a key role to liaise with families and assist in supporting them to review cases in partnership.

**Results**

The significant adverse event review process was implemented on 1 July 2013 and since then 29 reviews have taken place. Further training required to support the revised FSO role is being considered in order to progress this work.

d. Training programme to be developed for person centred care.	Root cause analysis and 'Being open' sessions implemented.	Staff have increased awareness of caring behaviours / transparency and the impact these have on clinical outcomes and experience of SAS for patients. This will also increase equity of access to information about patient care.	Advance equality of opportunity          All
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**→ Actions taken**

A small group of staff attended train the trainer sessions on the Caring Behaviours Assurance System and pilot sessions were implemented in 2013 /14. This system is designed essentially for a hospital setting and it was not felt this was the most appropriate fit for SAS.

Awareness of values sessions are included in the corporate induction for all new staff and some sessions have been delivered locally.

Significant adverse event review training has been delivered for approximately 100 staff during 2013 /14. Root cause analysis is included in this two day programme. The programme promotes a no blame culture which should benefit employees who are less confident in being able to discuss issues.

A person centred care workshop will be delivered during 2015 /16 as part of the Developing Future Leaders & Managers programme.

Work is in progress to develop a values based approach to recruitment.

**Results**

Staff are more aware of the values of SAS. 350 staff have attended the induction course between April 2013 and March 2015.

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

We have been working with the KIS national project team and implementation and access to KIS was expected mid 2014. However we have experienced some technical issues and whilst these have now been resolved a period of testing will take place early in 2015 before this is rolled out across the service

Once testing is complete the KIS will be accessed through the Ambulance Control Centre and operational staff will be able to see the KIS at an early stage on the way to a call. KIS is still in the early stages of development and there is no specific reference to the communication needs of patients. However information is being added in the comments section as appropriate.

**Results**

The number of staff accessing KIS will be monitored once access to this is in place.

<p><b>3. Ultimate outcome</b> To engage with all our partners and communities to deliver improved healthcare</p>			
<p><b>Intermediate outcome</b> The SAS is fair and equitable in the way it procures and delivers its services and involves and consults people</p>			
Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Build on the access to scheduled care service to support access for deaf people by identifying and implementing new methods of booking transport	Extended number of booking methods in place	All eligible patients have improved access to scheduled service	Eliminate discrimination  Advance equality of opportunity  Disability
<p><b>➔ Actions taken</b> TexBox has been identified as an alternative way to access scheduled care Service. The viability from a governance perspective, security and practical applicability have been considered. It is anticipated that Texbox will be introduced as a method of accessing the Service by summer 2015.</p> <p>With effect from 1 September 2014 patients who use British Sign Language can book transport via the Video Relay Service hosted by NHS 24 - see below.</p> <p><b>Results</b> As yet the Video Relay Service has not been used to book transport.</p>			
b. Development of a cab based language tool	Language tool in place	Communication support is more accessible and immediate when crews are with patients [A & E]	Advance equality of opportunity  Race
<p><b>☒ Actions taken</b> Options for this are being explored through the provision of cab based information technology including the use of an App as an alternative to the development of a language interpretation tool.</p> <p><b>Results</b> No results to report at this time.</p>			

c. Contribute to the NHS24 BSL (British Sign Language) pilot project to improve communications for BSL users	System in place to book transport using BSL	Improved access to SAS for BSL users	Advance equality of opportunity  Disability
<p><b>✓ Actions taken</b> We have been working with the Deaf Services Group at NHS24 to develop ways that BSL users can access scheduled care service.</p> <p>With effect from 1 September 2014 patients who are BSL users can book transport via the Video Relay Service provided through NHS24. In the first instance patients link with the BSL Interpreter at NHS24 through a webcam facility. If the patient wishes to book transport the interpreter can contact the SAS Call Taker and three way communication ensures that the patient can answer the patient needs assessment questions using BSL and the details can be passed on to the Call Taker.</p> <p>The use of this service has been promoted on the SAS website, through the NHS24 website and with BSL groups.</p> <p><b>Results</b> The introduction of this service will improve access to SAS for patients however as yet no transport has been booked this way.</p>			
d. Community Resuscitation Development Officers engage with a wide range of communities 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
<p><b>➔ Actions taken</b> 2011 Census information has been used to identify gaps where engagement has been limited locally.</p> <p>The groups with whom the Community Resuscitation Development Officers</p>			



engage are varied and work has been done recently to establish links with Gypsy Travellers (Perth & Kinross / Edinburgh) groups supporting those with drug addiction (Borders) and the Stafford Centre providing support for those with mental ill health issues (Edinburgh)

**Results**

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

e. Develop the use of the e-Portal through SAS website	i. Use of the e-Portal is widely communicated	Improved methods of communication with patients, individuals and groups. This will also have impact on health inequalities.	Advance equality of opportunity  Foster good relations  All
	ii. This facility is utilised to support communication in targeted areas e.g. closed discussion for particular communities	More open sharing of issues enabling service to be more inclusive	Advance equality of opportunity  Foster good relations  All - greater impact on race, disability, lgbt

**✓ Actions taken**

The use of [Your Scottishambulance.com](http://Your.Scottishambulance.com) e- Portal has been promoted through the website. Details of Patient Opinion are also promoted in this way. Discussion topics during 2013 /14 have included the location of defibrillators, use of technology in rural places and mobile blood analyser.

Closed discussion was established to support communication between Community First Responders.

**Results**

The number of responses to discussions vary depending on the topic involved. However we have seen this to be a useful additional method by which members of the public and staff can contribute their views and ideas and see the responses of other participants.

The closed discussion facility has been successful with 50+ individuals taking part in discussions for Community First Responders.

The activities / initiatives undertaken are now complete.			
f. Review procurement policy and practice in conjunction with National Procurement Services (National Services Scotland) and Scottish Government to ensure award criteria and conditions are taken into account in relation to public procurement	Procurement policy and practice are accessible to different groups	Services are procured fairly	Advance equality of opportunity  Foster good relations  All - greater impact on race, disability
<p><b>→ Actions taken</b></p> <p>Scottish Procurement Policy Note SSPN 8 / 2012 stipulates that where SAS is the contracting authority and proposes to enter into a relevant agreement on the basis of an offer which is the most economically advantageous it must have due regard to whether the award criteria should include consideration to enable it to better perform its general equality duty. Where SAS is the contracting authority and proposes to stipulate conditions relating to the performance of a relevant agreement, it must have due regard to whether the condition should include considerations to enable it to better perform the equality duty. Equality Impact Assessments have been carried out in recent large procurement exercises.</p> <p>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 including SAS. A supported factory / business is 'an establishment where more than 50% of the workers are disabled persons who by reason of the nature or severity of their disability are unable to take up work in the open labour market'. SAS is encouraged to utilise the services of supported businesses wherever appropriate opportunities arise and to seek the services of those companies on the Framework agreement.</p> <p><b>Results</b></p> <p>In adhering to this policy SAS is making contracting opportunities accessible to different groups. Equality considerations are also part of the specification where appropriate, and the Services' terms and conditions of contract reinforce this.</p>			

A recent business case was discussed and the Board asked for the Equality Impact Assessment to be added to the submission to the Scottish Government although it had not been stipulated as a requirement by Scottish Government.

Whilst there are limited goods and services available that would be relevant to SAS under the Framework Agreement we have been able to use supported businesses for signage and information technology equipment recycling.

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<p><b>4. Ultimate outcome</b>  <b>Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies</b></p>			
<p><b>Intermediate outcome</b>  <b>There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace</b></p>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
<p>a. Staff are supported through attendance management policy to utilise early intervention and preventative measures e.g. Employee Counselling Service</p>	<p>A reduction in the rate of sickness absence resulting from mental ill health</p>	<p>Staff who experience mental ill health are better supported in the workplace. This will also have impact on health inequalities.</p>	<p>Advance equality of opportunity</p> <p>All, greater impact on disability</p>
<p><b>➔ Actions taken</b></p> <p>An Attendance Management Task Force was established to focus attention on increased absence rates. Meetings took place across all divisions and departments to review cases and provide additional support to local managers in managing absence. All reviews were completed by July 2014.</p> <p>The new occupational health and attendance management contract with the NHS Scottish Occupational Health Consortium commenced in April 2014 with a phased introduction across divisions with the final phase going live in the East in June 2014. Further development of our approach to wellbeing will enhance our work on supporting people around mental health challenges.</p> <p>A welfare care plan has been developed which will ensure a coordinated, effective and prompt welfare response is in place when supporting staff involved in or connected with traumatic events and major incidents.</p> <p><b>Results</b></p> <p>Support is offered to staff on the same day as absence is reported which ensures early intervention where assistance may be required. The new contract has provided an additional level of service provision for those members of staff who have suffered significant mental trauma by providing enhanced CBT treatment methods.</p> <p>Staff continue to utilise Employee Counselling Service both for telephone support and formal counselling.</p>			

Reasons for absence (hours lost)		Mental health issues' ranking	
2013 - 2014		Ranked as second most common reason for absence	
April - Sept 2014		Ranked as second most common reason for absence	
b. SAS will make a commitment to tackle stigma by signing up to the 'See me' pledge	Raised awareness of mental health issues	There is a greater understanding of mental health and the impact of this on individuals	Foster good relations  All
<p><b>☒ Actions taken</b> A meeting has taken place with 'See me' project lead and an action plan is being developed before signing up can take place.  Due to be implemented by June 2015.</p>			
c. Anti stigma messages are promoted through 'See me' pledge campaign	Attitudes towards mental health are changed as staff are more comfortable to talk about mental ill health problems	Elimination of stigma and discrimination faced by people with poor mental health	Eliminate discrimination  Foster good relations  All
<p><b>☒ Actions taken</b> Anti stigma messages will be promoted as part of the campaign - including posters, messages on @SAS, @SAS Lite, payslips and in Response magazine once signing of the pledge takes place.</p>			
d. Mental Health training is included within the content of the Certificate in Paramedic Practice delivered by SAS Academy	Increased number of staff complete the Mental Health training	Increased understanding of mental health which will improve attitudes towards this in the workplace and enhance mainstreaming (will also impact patient experience)	Eliminate discrimination  Foster good relations  Disability

**✓ Actions taken**

Mental health training is delivered during the Certificate of Higher Education in Paramedic Practice at the Academy.

Eight staff have completed dementia training through the University of the West of Scotland / Alzheimer's Scotland and will become champions locally to support staff across divisions. It is anticipated that a further 10 staff will complete this course in 2015.

Work is underway to develop materials for a training workshop on dementia care to be delivered locally by Dementia Champions

SAS has worked with NHS Education for Scotland to produce a Dementia Learning Resource. This workbook has been distributed to Accident & Emergency and Patient Transport Service staff who are encouraged to complete this as part of their continuous professional development.

**Results**

Numbers of students commencing Certificate of Higher Education in Paramedic Practice training at the Academy;

	2013 - 14	2014 - 15
Number of students	155	171

The activities / initiatives undertaken are now complete.

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

All five operating divisions have achieved the Healthy Working Lives Bronze award. Each division is progressing work in accordance with local needs and in agreement with the Scottish Centre for Healthy Working Lives will be assessed individually. West Central, South West and North West divisions are working towards the silver award and East Central have achieved the gold award. Through the Healthy Working Lives programme staff have attended mental health training e.g. in West Central and South East divisions.

**Results**

There has been an increased awareness in health, safety and wellbeing at

work through local initiatives taken forward under the Healthy Working Lives programme.			
f. A variety of methods will be used to ensure staff are aware of policies / resources available to them, including bulletins, newsletters, intranet, payslips etc.	Staff feel more confident to access supportive resources and workplace policies	SAS is more supportive of staff with mental health issues	Advance equality of opportunity  All, greater impact on disability
<p>✓ <b>Actions taken</b> A Policy update has been introduced (June 2013) and this is circulated across the Service every 6 months.</p> <p>The work of the Policy Review Group continues to consider policy development and to consult widely with staff across SAS.</p> <p>The Human Resource pages on the intranet are being reviewed and revised to improve accessibility. New policies are highlighted through Chief Executive bulletins, on the intranet and by the HR Team at local management meetings.</p> <p><b>Results</b> The accessibility of policies and procedures has improved. Policy development is more widely visible across SAS. Staff side involvement is at an early stage through the Policy Review Group with agreement and sign off through National Partnership Forum and Staff Governance Committee.</p> <p>The activities / initiatives undertaken are now complete.</p>			
g. A new Gender based violence policy is implemented	Staff are supported who have experienced gender based violence	There is a greater understanding of gender based violence and its impact on individuals	Advance equality of opportunity  All - also disability, gender, lgbt, race
<p>✓ <b>Actions taken</b> The Gender Based Violence Policy was developed and implemented from May 2013.</p> <p><b>Results</b> Staff who have experienced gender based violence are better supported and</p>			

the policy provides guidance for managers in dealing with this.

The activities / initiatives undertaken are now complete.

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<p><b>5.Ultimate outcome</b>  <b>To ensure SAS always acts in accordance with its values</b></p>			
<p><b>Intermediate outcome</b>  <b>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</b></p>			
<p><b>Initiatives / activity</b></p>	<p><b>Outputs</b></p>	<p><b>Short / medium term outcomes</b></p>	<p><b>General duty / protected characteristic</b></p>
<p>a. Policies and standard operating procedures (SOP) are developed through Policy Review Group and National SOP Group</p>	<p>A wide range of staff / staff side are involved and consulted on policy and SOP development</p>	<p>All SAS developments, policies and procedures take into account the diversity of needs and characteristics of staff and are more inclusive</p>	<p>Eliminate discrimination  Advance equality of opportunity  Foster good relations  All</p>
<p><b>→ Actions taken</b>  SAS values were reviewed and aligned with NHS Scotland values that were introduced in 2014. Procedures are now in place to enable as wide a range of staff / staff side involvement and consultation as possible to develop policies and standard operating procedures through the Policy Review Group and National SOP Group. Equality Impact Assessment (EQIA) is carried out as part of the development. <a href="#">Our EQIA guidance can be found here.</a></p> <p><b>Results</b>  Policies and Standard Operating Procedures developed include the following;</p>			
<p><b>Policy Review Group 2013 - 14</b></p>		<p><b>National Standard Operating Procedures Group 2013 - 14</b></p>	
Attendance Management		Transportation of Bariatric Patients	
Fixed Term Contracts		Incident Reporting	
Gender Based Violence		Landline Telephones	
Promoting Dignity at Work		Mobile telephones	
Secondment		Air Ambulance Emergency Medical Response	
Secondary Employment		Access to Gama facility at Glasgow Airport	
Shift Review		Contacting Ambulance Control	
Management of Bank Workers		In Cab Terminals	
Dress Code		Airwave Radio	

Facilities arrangements for trade unions and professional organisations	Rest Breaks		
Management of employee conduct			
Dealing with employee grievances	Deployment of Urgent / Mid Tier Resources		
Home working policy	Vehicle and Equipment Defect Reporting		
Management of employee capacity	Tactical Deployment Points		
Social Media			
Internet and email			
Laptop			
<b>2014 - 15</b>			
Equality, diversity and human rights			
Volunteer policy			
b. Policy is revised and promoted through HR teams to enhance dignity in the workplace and to provide a framework for addressing potential issues of bullying and harassment	i. The importance of dignity at work is raised across SAS	There is improved dignity at work for all staff	Eliminate discrimination  Foster good relations  All, gender reassignment, lgbt
	ii. The number of staff highlighting dignity at work as an issue in the NHS staff survey is reduced		
	iii. Staff opinions of the service culture and values improve and this is fed back through staff opinion surveys		
<p>✓ <b>Actions taken</b> Promoting Dignity in the Workplace Policy was reviewed, revised and implemented May 2013.</p> <p>Analysis of staff survey results from 2013 identified 4 work streams for national focus. These are 1. Tackling bullying and harassment campaign 2. Protecting our staff from abuse 3. Improving the way that we engage / communicate with staff 4. Treating staff fairly and consistently.</p> <p>The National Staff Survey was conducted in September 2013 and September 2014 with response rates of 32% and 33% respectively.</p>			

The RESPECT campaign has been rolled out in North division and continues for Ambulance Control Centre and Patient Transport Service staff in the west.

A RESPECT e-learning module has been developed and this is now available to all staff.

### Results

Staff survey	2013 by percentage	2014 by percentage
Staff experiencing bullying / harassment from their manager	18	15
Staff experiencing bullying / harassment from their colleagues	21	21
Staff who reported bullying/harassment	34	31

Whilst a reduction can be seen in staff experiencing bullying / harassment from their manager those staff experiencing this from colleagues remains the same. Work will continue in this area to ensure sustained improvement in dignity at work is achieved.

A total of 412 staff have completed the RESPECT e-learning module since it was introduced on 30 September 2014.

c. Organisational values programme delivered across SAS	Staff attend organisational values sessions.	There is an increased understanding and sharing of SAS values and how these have impact on service delivery and staff experience	Foster good relations  All - gender
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### ➔ Actions taken

Flying lesson sessions were implemented across the Service in 2013 /14. These highlighted the importance of challenging decisions and how this impacts on patient safety and used the aviation industry to illustrate how a culture where staff are encouraged and supported to be open and able to challenge has positive impact for service users.

Awareness of values sessions are included in the corporate induction for all new staff

**Results**

One of the largest improvements in the staff survey conducted in 2014 was in response to the statement 'SAS acts fairly and offers equality of opportunity with regard to career progression and promotion' In 2014 37 per cent of staff had a positive perception of this statement compared with 24 per cent in 2013.

Approximately 350 staff have attended corporate induction during 2013 /14.

d. Recruitment advertising is targeted more specifically across under represented groups including BME / disabled / lgbt communities	A greater number of applications are received from under represented communities and individuals are offered posts with SAS	The workforce of SAS better reflects the diversity of the Scottish population and staff with protected characteristics are represented appropriately at all levels of the organisation	Advance equality of opportunity  Race, disability, sexual orientation
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**→ Actions taken**

External advertising through Positive Action in Housing, Inclusion Scotland and Stonewall.

Nationally consideration is being given to develop more inclusive recruitment through I Recruitment as part of Electronic Employee Support System programme within the National Shared Support Services Programme.

**Results**

<b>Applicants</b>	2013 by percentage	2014 by percentage
Disabled	3	3
Black and minority ethnic	1.5	1.8
Lesbian, gay, bisexual, transgender	3	4

e. Develop targeted training for members of interview panels to cover equality and diversity	Increased number of staff on panels who have completed this training	Greater understanding of the benefits of a diverse workforce and increased fairness in recruitment	Eliminate discrimination  Advance equality of opportunity  All
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**→ Actions taken**

Training has commenced with sessions taking place for managers at National Headquarters in 2014. Further dates will be planned for 2015.

**Results**

More managers need to complete this training during 2015.

f. Develop a plan to encourage and improve rates of staff self disclosure	Improved self disclosure rates particularly with regard to ethnicity, sexual orientation and religion and belief	There is a shift in cultural awareness of the importance of disclosing equalities information	Advance equality of opportunity  Race, sexual orientation, religion and belief
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**→ Actions taken**

Discussion around the purpose and need to gather the information is now included in all equality and diversity and equality impact assessment training to raise awareness.

Equality monitoring has been discussed with staff side at national stewards meetings and with senior HR team to identify the best ways to capture this information.

A focussed campaign with staff in West Central Division and National Risk and Resilience Department is taking place early in January 2015. Staff will be provided with details of why it is important for SAS to gather this information and will be asked to complete the equality monitoring form.

**Results**

As at the end of March 2013 48.9 per cent of staff had provided all equality monitoring details. At the end of March 2015 this figure was 23.9 per cent. This is very different to the percentage as at 2013 and work is on going to validate the data so that the baseline is accurate.

g. HR policies will be promoted to support access and uptake e.g. flexible working	Increased uptake of flexible working options	There is increased awareness and uptake of alternative work patterns	Advance equality of opportunity  All in particular maternity
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**→ Actions taken**

The flexible working policy (2010) will be reviewed in line with the Family Friendly Policy (PIN Nov 2014)

Applications for flexible working have not been monitored nationally and a process of recording this has been introduced to enable progress in this area to be measured.

<b>Results</b>			
The number of staff working flexibly has increased however the details of alternative work patterns is not available as this has not previously been captured.			
h. In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns	Reduced number of staff working on relief rosters	There is a cultural shift away from a two tier workforce where men and women feel they are treated differently as a result of their status with regard to a roster / relief position	Advance equality of opportunity  Men and women
<b>☒ Actions taken</b> Discussions to be commenced and agreed through Workforce Steering Group in 2015.			
i. Establish a policy to ensure senior managers have explicit equality and diversity objectives in their performance management arrangements	Policy approved, objectives in place for all relevant managers	Equality and diversity is embedded within culture and performance of SAS	Advance equality of opportunity  Foster good relations  All
<b>☒ Actions taken</b> Progress will be made on this output in 2016..			
j. Facilitate the establishment of staff led networks for those with an interest in equality issues relating to specific protected characteristics	Staff networks in place and regular dialogue and engagement takes place	There is a greater understanding of needs and concerns of staff who share protected characteristics	Advance equality of opportunity  Foster good relations All, greater impact on disability, lgbt
<b>➔ Actions taken</b> A survey to establish interest in staff networks was conducted in 2013 with very few staff responding. However some staff who have indicated that they			

are keen to be involved in the development of equality and diversity initiatives and are consulted in this regard.

Closed discussion on the e-Portal to be used in 2015 to seek staff opinion / suggestions regarding networks again.

k. Continue to monitor the salary band spine point allocated to new employees	Annual analysis carried out in April each year	Ensure men and women are paid fairly and consistently at the start of their career	Eliminate discrimination  Advance equality of opportunity  Men and women
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**✓ Actions taken**

Salary placement forms are completed by local managers to support requests to place new starters on higher salary spine points. These must be signed off by the local HR Manager to ensure consistency.

**Results**

Requests to place new starters on higher salary spine points at the commencement of employment are made for men and women. There is no disproportionate application of this process for men.

l. Conduct an analysis of applicants for vacancies where there has been under representation of men or women and identify any emerging barriers and actions / initiatives to support an increased number of applicants including men and women for all posts	Analysis produced and actions identified	More men and women apply and are offered posts where there has been under representation	Eliminate discrimination  Advance equality of opportunity  Men and women
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**➔ Actions taken**

A high level analysis of the gender split of applicants for vacancies was conducted to identify the difference in profile for those applying for vacancies in operational, management and admin and clerical posts.

**Results**

As anticipated a higher proportion of applicants were received from men for operational and management roles with more applications from women for admin and clerical posts.

Further consideration needs to be given as to how SAS can attract more applications from women particularly for management posts where underrepresentation was greatest with 29 per cent of applicants from women.

m. Monitor and review access to career development opportunities and in particular identify whether there are particular barriers to progression for part-time staff	Analysis of vacancies, part-time posts and applicants who request part-time working	There are no barriers to career development opportunities for part -time staff	Eliminate discrimination  Advance equality of opportunity  Men and women, maternity
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**→ Actions taken**

A survey was conducted through the intranet which produced a good response from staff. A draft report has been compiled and consideration is being given as to how recommendations can be progressed.

**Results**

The flexible working policy will be reviewed and revised in keeping with the Partnership Information Network Supporting Work Life Balance policy.

A system has been put in place to enable applications for flexible working to be monitored more closely.

o. Calculate the percentage difference between women and men's average hourly rate including overtime	Analysis produced.	There is no disproportionate use of overtime for men and women	Eliminate discrimination  Advance equality of opportunity  Men and women
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**✓ Actions taken**

The information has been calculated and the results show the same percentage difference with or without overtime, i.e. 10% difference

**Results**

The percentage difference between women and men's average hourly rate



will be closely monitored and published in the Equality Mainstreaming Report in April 2015. [The Mainstreaming Report can be accessed here](#).

The activities / initiatives undertaken are now complete.

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## Appendix 1

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

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

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

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

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## Appendix 2

### Overarching policy context



## Glossary

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