



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



Equality and diversity - how we are mainstreaming this in all that we do 2015 - 17

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Equality and diversity - how we are mainstreaming this in all that we do 2015 - 2017

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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:



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Equality and diversity - how we are mainstreaming this in all that we do 2015

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

Whilst we have made good progress in the way we have built equality and diversity in to our everyday business, I recognise that there is always more we could do and I very much value the input we have received from our patients, members of the public and staff in progressing our work in this area.

In this our third mainstreaming report we outline some of the key themes under which our work is embedding equality and diversity across our organisation.

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

3. Introduction

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, our staff experience, how we collaborate and engage with others and how our senior management team and our non executive directors support mainstreaming. In other words it is a component of all that we do.

Public Authorities like SAS are required to publish a mainstreaming report no later than 30 April 2017 to illustrate the progress we have made since our last mainstreaming report in April 2015 to make the general duty integral in the exercise of our functions, so as to better perform the general duty .

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

4. Legislative framework

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 and Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016.

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) to have due regard to the three needs of the Public Sector Equality Duty (the general duty) to:

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- 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

Specific duties

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 the Scottish Ambulance Service must report on the progress it has made towards integrating the public sector equality duty.

The purpose of this report is to share;

- How we are mainstreaming our equality activity to meet the general duty and,
- How we are using the specific duties to support our progress towards meeting the general duty
- Provide a breakdown of the employee information we have gathered with details of how we are using this information to better perform the general duty

A summary of the specific duties can be found at Appendix 1 and a summary of how SAS are meeting those duties can be seen at Appendix 2.

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5. General context

The challenge for the Scottish Ambulance Service 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 has to be given to the associated implications for people with equality characteristics and the often complex intersections between these.

The work of the Scottish Ambulance Service is explicitly aligned with existing NHS 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.

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6. Actions taken and next steps

We said in our 2015 mainstreaming report that we would take a number of steps. This is what we did, the results and what we plan to do next. It is recognised that improvements are needed to increase equality monitoring disclosure rates and the equality profile of SAS.

1. We will continue to routinely monitor the equality data gathered from staff under gender reassignment, religion and belief and sexual orientation and we will take further steps to improve self disclosure rates for these and all the protected characteristics and use this information to determine the fairness of our practices.				
Actions	Results		Next steps	
Plans were put in place to further improve disclosure rates. With local agreement the importance of collecting this data was discussed with managers and work was targeted with staff in National Headquarters, Forth Valley and Ambulance Control.	Disclosure rates by percentage.		Continue to encourage and support staff to provide equalities information and monitor disclosure rates across all protected characteristics	
		2013		2016
	Gender reassignment	0		0.04
	Religion or belief	19		36
	Sexual orientation	18	36	
2. We will gather equality data for volunteers and this will be gathered and reported using a national database				
Actions	Results		Next steps	
There has been a delay by Scottish Government in the introduction of the national database	Volunteer monitoring information is not kept in one place.		It is anticipated that equality monitoring information for volunteers will be captured through the Electronic Employee Standard System once this is implemented.	
3. We will continue to advertise vacancies as widely as possible and add a link on the website from the recruitment page to the positive about disabled people information as this currently sits under the equality and diversity section.				
Actions	Results		Next steps	
We have explored and used additional ways to advertise posts more widely. The 'positive about	Applicants by percentage		Explore further the places where we can advertise to extend our reach and to increase the number of applicants applying for posts from these groups	
		2013		2016
	Disabled	3		3.6
	Black and minority	1.5	1.6	

disabled people' information has been updated and repositioned on the website to improve access.	ethnic			
	Lesbian, gay, bisexual, transgender	3	4.8	

4. Training on the Electronic Employee Standard System will be scheduled for local HR teams and administrative staff during implementation. This is anticipated late 2015.

Actions	Results	Next steps
Training has taken place	There has been a delay in the introduction of EESS as it has Scottish Government has decided to introduce this fully in 3 Pilot Boards before further rolling the system out across NHS Scotland. The purpose of this is to address any practical / IT issues arising and to learn from these experiences in order to enhance the implementation for other Boards	Further training will be scheduled once EESS is implemented

5. We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Actions	Results	Next steps
Our Equality Outcomes Statement, Equality Outcomes Progress Report and Equal Pay Statement and Gender Pay Gap information are being published at the same time as this report in April 2017. Our workforce equality monitoring report is published annually and a copy of the 2015 – 16 report can be seen on the SAS website and at Appendix 3.	We have used the equality data and information gathered to take actions in order to fulfil the requirements of the specific duties. For example workforce data has been used to inform the equality impact assessment process. Data capture at recruitment stage has illustrated where there is under-representation and highlighted areas where further work has been undertaken to advance equality of opportunity both for staff and external applicants. Analysing the workforce profile has assisted us in identifying steps that can be taken to improve the diversity of the workforce; for example different ways of advertising. Gathering equality data also assists SAS to establish whether actions taken have had positive impacts.	We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

6. Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce self disclosing as disabled from the current level of 1.9 per cent to 4 per cent in April 2017.

Actions	Results	Next steps
Plans were	Proportion of the workforce	Continue to implement

implemented to further improve disclosure rates	disclosing as disability have decreased slightly to 1.8 per cent as at 1 April 2017	plans to support improved disclosure for disability and increase the rate to 4 per cent by April 2019
7. We will increase the overall percentage of the workforce self disclosing equality information across all protected characteristics from 23.9 per cent in March 2015 to 45 per cent in March 2017.		
Actions	Results	Next steps
Plans have been put in place to further improve disclosure rates	Self disclosure rates have been steadily improving. As at 1 April 41 per cent of the workforce had provided information across all protected characteristics	We will further support staff to provide this information in order to increase this to 58 per cent by March 2019
8. Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce identifying as black or minority ethnic backgrounds (BME) from the current level of 0.25 per cent to 2 per cent by March 2017		
Actions	Results	Next steps
We have advertised more widely and attended a number of engagement events within black and minority ethnic communities	Our workforce identifying as BME as at 1 April 2017 was 0.5 per cent. Of all applicants applying for posts during 2015 – 16, 1.6 per cent were from BME groups. Of these 9.2 per cent were offered posts. This is a higher success rate than for those applicants from white Scottish backgrounds (7.9 per cent)	Recognising that further improvement needs to be made we will continue to engage with BME communities. We will work with BME staff to establish if there are any other ways we can encourage more applications. We aim to increase the numbers of staff from BME backgrounds to 2 per cent by March 2019. We will continue to work with staff to improve disclosure rates for ethnicity from 81 per cent (as at 1 April 2016) to 95 per cent by 1 April 2019.

7. How equality has been integrated into the day to day functions of our Board

In order 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 as follows:

Patient experience

- Interpretation and translation
- Communication and support
- Access to Patient Transport Service
- Access to Accident and Emergency Service
- Provision of information and support
- Patient feedback

Staff experience

- Recruitment, retention and progression
- Human resources policies
- Training and development
- Workforce monitoring
- Equal pay and gender pay gap
- Diversity champions
- Equality and Diversity Steering Group
- Procurement

Collaboration and engagement

- Patient Focus and Public Involvement
- Involvement with individuals and groups
- Events
- Equality Impact Assessment

Corporate leadership

- Board involvement
- Governance arrangements
- Health inequalities

8. Meeting the General Duty

It is important for us to use every opportunity to link the three needs of the Public Sector Equality Duty to all that we do so that there is clarity as we strive to make these integral to our day to day work.

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. A report on the progress that has been made across each of our [equality outcomes can be seen here](#).

Progress against each of the three needs of the general duty

In this section we refer to each of the broad themes above and their associated activities to illustrate how they connect with the three needs of the general duty.

1. Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the act

Access to Patient Transport Service (Scheduled Care)

- Patients can book transport directly and our patient needs assessment is currently being reviewed and revised. Key focus for this work includes reviewing the purpose of the patient needs assessment, the content and the need to simplify the process for patients booking transport. Cognisance is being given to the appropriate equality questions that should be included in the patient needs assessment. The associated staff training requirements will include awareness of the needs of disabled people.
- We have worked with NHS24 Deaf Services Group to improve access for patients who use British Sign Language (BSL). Patients who use BSL can book transport via the Video Relay Service which can be accessed through the NHS24 website. Any patient who has access to a webcam facility can communicate with the BSL interpreters at NHS24 who in turn liaise with the SAS call taker.
- Members of the public can now access SAS through the contactScotland BSL service. This service connects deaf BSL users with all public authorities and third sector organisations in Scotland. Providing BSL users have downloaded the contactScotland App they can access the service through a smart phone, PC or tablet. By phoning contactScotland they will be contacting an interpreter who will then in turn contact SAS enabling a three way conversation to take place. Similarly SAS can contact an individual in this way

Access to Accident and Emergency Service (Unscheduled Care)

- We continue to publicise the use of the Short Messaging Service (SMS) to access accident and emergency service via the use of text. An easy read leaflet explains how to register for the SMS service and this is available on the SAS website. This is of particular benefit for those who have a hearing impairment, learning disability or difficulty with speech.

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- Staff can access the Key Information Summary whilst on their way to attend a patient. The Key Information Summary provides details of long term conditions, allergies and communication needs.

Recruitment, retention and progression

- Vacancies are advertised as widely as possible to attract a range of applicants across all protected characteristics. Through our work with the Ahlul Bayt Society Edinburgh and the Scottish Disability Equality Forum we have identified ways that we can extend our advertising across communities by informing members of these networks of vacancies which are circulated via newsletters etc.
- We have advertised in Enable magazine, a publication whose main audience is people who are disabled. On a trial basis a direct link from the front page of the Enable magazine website to SAS recruitment pages has been put in place. It is hoped that this will raise awareness of SAS and assist in increasing the number of applicants who have a disability.
- We have 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 NHS Scotland to provide a two year employment opportunity for disabled graduates by providing them with a challenging and rewarding experience of employment and to help set them up for a long-term sustainable career.
- We have continued to use the 'Positive about disabled people' initiative and 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. We have supported disabled applicants through the recruitment process and have provided reasonable adjustments where appropriate.
- Equality monitoring is carried out at the application, short listing and offer stage. Where trends emerge that suggest one particular group may not be as successful as others we investigate why this might be the case. We identified the need to attract more young people to apply for posts. We have attended recruitment fairs and the number of young people applying for posts has increased. (aged between 16 - 25). We recognise that the removal of the need for applicants to have 2 years driving experience has encouraged more young people to apply for posts who have less experience.

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Case study - Supporting individuals to attend the Vocational Qualification programme locally

We have moved from delivering Technician training through the Certificate of Higher Education in Paramedic Practice to a Vocational Qualification (VQ) model. The VQ level 3 and VQ level 4 courses are delivered locally at 6 clinical training centres across Scotland.

Before this new approach was adopted a pilot of the VQ training programme was delivered in Elgin. Two staff – Duncan George and Lauren Murray have recently qualified as Technicians.

Duncan worked for SAS as a part-time Auxillary and when this role came to an end the option of becoming a Technician was discussed. Previously Duncan was self employed and volunteered as a Community First Responder and says, “ This is my dream job. I would never have considered the post if I had needed to attend training in Glasgow”

Lauren is a single parent and says

“What a fantastic opportunity to achieve the job I’ve dreamed of for 16 years. Being able to train, qualify and work locally, therefore made as little impact as possible on family life as a single parent”

Both Duncan and Lauren enjoyed attending the VQ programme in Elgin and are now working as Technicians at Huntly Ambulance Station.

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Human Resources Policies

- We continue to develop human resources policies to support the SAS commitment to a culture which promotes equality and diversity.
- Policies are developed with staff side partners and are based on Scottish Government Partnership Information Network (PIN) policies which form part of the terms and conditions of employment for all NHS Scotland employees.
- Several policies have been developed which help to promote organisational values including Redeployment, Special leave, Secondment and Public Protection Policy.
- The Dignity at Work policy has been reviewed and revised. Training is being rolled out for managers and will include details on organisational values, tackling inappropriate behaviours, having difficult conversations and signposting to the resources in place to support staff.

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Equal pay and gender pay gap

- An equal pay statement, gender pay gap information and details of occupational segregation will be published on SAS website in April 2017.
- Current gender pay gap information can be seen at Section 10.
- The requirement to monitor the difference in the gender pay gap provides an opportunity to identify any trends and issues emerging and evidence to support and measure some of the activities being taken forward under our equality outcomes.

Procurement

- Public sector procurement is governed by various pieces of legislation. Two new pieces of legislation came into force in 2016. These are The Public Contracts (Scotland) Regulations 2015 which implement the new EU Directive on public procurement, and the Procurement (Scotland) Regulations 2016 which implement the Procurement Reform (Scotland) Act 2014.

These Regulations will support the implementation of our equality duty in different ways. The new EU Directive specifically permits social issues to be considered, so this will make it easier to include equality considerations in award criteria. The Reform Act requires public bodies to publish procurement strategies for their regulated procurements (over £50,000 for goods and services, and over £2m for works).

- The SAS procurement strategy for regulated procurements has been developed to meet the requirements of the new legislation and was published in December 2016. The strategy is aligned to equality requirements on procurement, and it includes a number of statements including 'treating suppliers equally and without discrimination' and 'consulting and engaging with those affected by its procurements' both of which assist us in complying with the general duty. This strategy supports procurement staff to work with stakeholders to implement the requirements of the Reform Act. Annual reports on procurement strategies must be published from 2018 onwards, so all of this material will be freely available for members of the public to access.
- The Service carries out Equality Impact Assessments for relevant procurements for example the business case for the replacement of emergency, patient transport and support vehicles. Some requirements are purchased from frameworks awarded by Scottish Procurement, National Services Scotland and others. In this instance, addressing equality and diversity in all the procurement carried out on behalf of NHS Scotland is the responsibility of the contracting authority.
- In 2016 the Service's procurement team expanded its range of performance indicators largely to take account of sustainability factors. However, one of these indicators is the value of expenditure with supported businesses. We agreed a

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target of £5,000 expenditure for 2016/17. While this may sound modest, our expenditure in 2015/16 was less than £200. A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30% of the employees of those businesses should be disabled or disadvantaged.

Equality Impact Assessment

- Managers and project leads are responsible for ensuring policies and practices are assessed and reviewed through the equality impact assessment (EQIA) process as part of usual practice.
- EQIA training workshops have been / continue to be provided for managers to improve understanding and enable them to meet their own responsibilities to undertake EQIA.
- Guidance for the production of Board and Committee papers was revised in 2016 requiring more detailed information relating to equality impact assessment to be produced with papers being submitted to the Board of Directors. Details are provided relating to how consultation was undertaken, what adverse impacts were identified and what opportunities there are for enhancing equality for any of the protected groups or others.

Equality & Diversity Steering Group

- The Equality and Diversity Steering Group meets bi-monthly and is chaired by the Equalities Manager. Membership of the group includes representatives from across the Service and from different staff groups. The group assists line managers to deliver on their equality and diversity commitments and obligations by coordinating national arrangements and developing a delivery plan which identifies priorities and builds on the sharing of good practice.

2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not

Interpreting and translation

- Language line service is available through our three Ambulance Control Centres, National Headquarters and divisional offices for those callers whose first or preferred language is not English. This can be accessed by call takers 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. In 2013 -14 the total number of calls was 530 and this has risen to 1015 calls in 2015 -16. The top five most used languages are Polish, Russian, Romanian, Arabic and Mandarin.
- The Multi Lingual Phrase Book is available in accident and emergency ambulances and this assists communication when it may not be possible to use language line service as a result of poor mobile reception. This resource was particularly useful

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for staff and patients at the Commonwealth Games where our service was provided for a more diverse range of people.

- Work is underway through the e-health programme to incorporate a language App that will be accessible for staff through the cab based terminals in the ambulance. In the first instance this would allow quick identification of the language required and access in areas where it might not be possible to call the language line service.

Communication support

- For patients who are Deaf / hard of hearing, or have a speech or learning difficulty an expressive board (series of symbols and words) and communication booklet are available in accident and emergency vehicles which help support communication. These booklets have been produced in partnership with Chest, Heart and Stroke Scotland.
- Alert cards have been developed primarily for those who have communication support needs and the use of these is currently being piloted in the Fife area with members of People First Fife, an organisation that supports individuals with learning difficulties.
- Tips on how to communicate with patients who have a disability are available on cab based terminals for reference.
- Reasonable adjustments have been incorporated into day to day practice. Support is provided for staff who have a disability in a variety of ways according to their needs. For example operational staff who are hard of hearing have been provided with specialised stethoscopes Students with learning difficulties have been provided with assessments and screening for dyslexia, learning materials in different formats, assisted support by way of a scribe to provide assistance during examinations and equipment as required.
- Applicants for vacancies who have disclosed a disability have been assisted during the recruitment process.

Provision of information and support

- 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 have been made to ensure these are culturally inclusive. Every effort is made to ensure that members of the public who wish to work with the service can easily do so by identifying any support needs required.
- Social media channels such as Twitter and Facebook are utilised to provide information to the public. For example details of SAS activity at Board meetings and the SAS Annual Review are regularly cascaded in this way as well as updates during events for example activity taking place at Glasgow Pride in August 2016.

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- We use a wide variety of communication channels to promote messages in relation to equality and diversity, for example our intranet - @SAS and @SAS Lite, Response magazine and Chief Executive weekly bulletin. Recent articles have included Dementia, the 'Positive about disabled people' initiative, mental health at work and dyslexia awareness week.

Training and development

- Equality and diversity training is an integral component of training for operational staff and an e-learning tool is available to all staff.
- We have moved from delivering Technician training through the Certificate of Higher Education in Paramedic practice to a Vocational Qualification (VQ) model. The VQ level 3 and 4 courses are delivered at 6 clinical training centres across Scotland (Aberdeen, Falkirk, Inverness, Kilmarnock, Kirkcaldy and Motherwell) reducing the necessity for staff to stay away from home. This is making training more accessible for those who have caring responsibilities, for those in more remote locations, and for those who previously had not met the level of qualifications required for entry to courses delivered at Glasgow Caledonian University.
- Elements of equality and diversity are firmly embedded in the Vocational Qualification levels delivered locally.
- For Technicians who qualified through the Institute of Health and Care Development a one week access course has been put in place so that they are able to progress to the Paramedic course. This course is much more accessible for staff and emphasis is on practical clinical skills rather than the need to complete a number of written assignments.
- Diploma of Higher Education in Paramedic Practice courses delivered at the Scottish Ambulance Service Academy within Glasgow Caledonian University include elements on equality and diversity. For example ethics considerations are built in to practice assessments for students to enable equality considerations to be made in a meaningful way.
- Our annual learning in practice programme includes equality and diversity elements.
- Support mechanisms are in place for students who need assistance with communication during their studies at the Academy through Disability Services at Glasgow Caledonian University. All students are made aware of these services during induction. A range of support can be provided including advice on studying and assessment by an educational psychologist. A needs based record identifies how students can be assisted in their learning and assessment. Examples include lecture notes provided in different formats, scribe assistance, computers for exams and providing extra time for assessments when required.

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- 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.
- Dementia care is now included in the Vocational Qualification 3 course for trainee Technicians.
- Ten staff have attended the University of the West of Scotland Dementia Champions Course and as champions these staff provide support in local divisions to promote best practice in dementia care. Another member of staff is currently undertaking this training and we anticipate that more staff will complete the course during 2017.
- Representatives from each division have completed the Best Practice in Dementia Care training the trainer course at Stirling University in 2014 - 16. Funding is in place for each of the representatives to work closely with six individuals locally to develop training portfolio's to demonstrate improvement in dementia care.
- The Dementia Lead for SAS sits on the Dementia Expert Group and is contributing to the development of the National Dementia Strategy for NHS Scotland due to be published by April 2017.
- A person centred care module has been developed and is included in the Developing Future Leaders and Managers programme. This one day course includes equality, diversity and human rights.
- A new Gypsy Travellers awareness e-learning module is now available to all staff.
- Awareness training about Gypsy Travellers has been provided for some staff in association with third sector organisation Minority Ethnic Carers of People Project (MECOPP).

Case study - Alert cards

We have worked with People First Fife, an organisation run by and for adults with learning difficulties to support independent living and involvement with groups in the community. Using an example piloted in South East Coast Ambulance Service Trust Carla Donnachie, Area Service Manager met with a number of groups in the Fife and Forth Valley areas to discuss the introduction of an alert card. This idea was well received and suggestions were made as to what could be included. Once agreed sample cards were printed and distributed with plastic wallets to the People First Fife community groups.

The toolkit is designed to support people who may find communication difficult. Sometimes individuals can find it difficult to communicate their needs to other people and this toolkit aims to help them by letting people know about their condition and how they might be helped.

It can be shown if the individual needs:

- Help from the ambulance service or other health care providers
- Help from other emergency services
- Support from their contacts
- Help in difficult / stressful situations
- Help on public transport
- To explain if the individual has a disability
- To alert others of their needs in order to communicate more effectively

The wallet is designed to hold six cards and is issued with a template of eight options so that cards can be tailored to suit the individual. For example not everyone will choose to use the 'Autism alert'. The cards most appropriate for the individual can be completed and cut out and inserted into the wallet. A maximum of six cards can be displayed in the wallet back to back. The wallet can be folded so that it will easily fit into a pocket etc. feedback so far has been positive and we will ask members of People First Fife/Forth Valley for further comments before considering the use of the alert card more widely.



These cards have been produced and are available from the Scottish Ambulance Service. We would like to thank colleagues from South East Coast Ambulance Service NHS Foundation Trust for sharing the work they have done in developing the cards. Enquiries Scotamb.communications@nhs.net

<p>Phone 999 if you or someone with you is badly hurt or very ill.</p> <p>Call 111 if you need medical help that is not an emergency.</p>	<p>My name is:</p> <p>_____</p> <p>Date of birth:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p>	<p>The care I require</p> <p>My specific care needs are:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Emergency contacts</p> <p>Name:</p> <p>_____</p> <p>Relationship:</p> <p>_____</p> <p>Telephone number:</p> <p>_____</p> <p>Medical contact / case worker:</p> <p>_____</p>
<p>Communication needs</p> <p>I would find it helpful if:</p> <p>_____</p> <p>I can read:</p> <p>Yes No</p>	<p>Medications</p> <p>I take the following medication:</p> <p>_____</p> <p>I have problems taking medicine:</p> <p>Yes No</p> <p>Allergies:</p> <p>_____</p>	<p>Autism alert</p> <p>My medical condition impairs my ability to communicate with others. As a result I may have difficulty understanding directions and I may not be able to respond to your questions. I may also become physically agitated if you touch me or move too close to me. Please do not interpret this behaviour as a refusal to cooperate. I am not intentionally defying your instructions.</p>	<p>Useful information</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Workforce monitoring

- We have gathered and are using workforce equality monitoring information. Our most recent Equality Monitoring Report 2015 - 16 is included in this report and can be seen at Appendix 3. Reports published previously can be found [here](#)
- We recognise the need to improve self disclosure rates across the protected characteristics. Work is underway to support and encourage staff to provide equalities information in order to close the gaps in disclosure. We have seen improvement in some areas though there is more to do.
- Further details regarding the work we are doing in this area can be seen at section 5 in the Workforce Equality Monitoring Report 2015 -16 at Appendix 3. This work is central to our equality outcome 'The Service supports and encourages staff to provide equality information and increases the diversity of the workforce across all equality groups'

Diversity champions

- SAS is a member of the Stonewall Diversity Champions programme and is following good practice and learning from other organisations in the way equality and diversity is mainstreamed particularly for staff who are lesbian, gay, bisexual and transgender.
- SAS staff have access to lesbian, gay, bisexual and transgender networks through partners in other Health Boards including the LGBT (Lesbian, Gay, Bisexual and Transgender) Forum at National Services Scotland and SWAN at the Golden Jubilee Hospital.
- The National Ambulance Service LGBT Network was established in 2016 and SAS has links with this group which meets four times a year. The remit of the group includes promoting an understanding of LGBT within ambulance services, supporting LGBT communities by highlighting health inequality issues and influencing service delivery and to promote ambulance services within the community as employers of choice.
- The Stonewall 'Nobystanders' campaign has been publicised across SAS with staff encouraged to sign the pledge. Participants watch a short video clip on Youtube and sign the pledge to challenge inappropriate language and comments.

3. Foster good relations between people who share a protected characteristic and those who do not

Patient feedback

- We continue to work with patients who have had a poor experience of the service to share learning with their consent by way of case study examples during staff training. In a similar way case examples resulting from significant adverse event reviews (SAER) are also shared so that there is an opportunity to make changes to

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current practice to improve outcomes for patients. For example the SAER group reviewed complaints relating to leaving patients at home. As a result of this a framework has been developed for effective clinical decision making when not transporting patients to hospital. This has particular relevance for disabled and elderly patients who have suffered slips, trips and falls.

- Patient stories are discussed at Board meetings. Often these are as a result of a negative experience where a patient or carer can explain what happened to them. The Board can then consider how SAS can learn from these examples and what steps will be taken to improve the service. A recent example highlighted the need for SAS to ask for alternative ways of communicating with a disabled patient should patient transport arrangements change.

Patient Focus and Public Involvement

- SAS continues to implement improvements in our approach to Patient Focus Public Involvement. Key areas for improvement include further developing the PFPI framework to bring greater consistency of approach and good practice across Divisions and building on staff capacity and capability in involving, engaging and consulting with patients, the public and other stakeholders. In making these changes we have engaged and improved relations with groups across a wider range of communities including those from minority ethnic groups.
- Members of the public have been involved in developing the specification for Accident and Emergency and Patient Transport Service vehicles. Disability Access Panel members from Renfrewshire and Glasgow attended open days where they worked with members of staff to look at different vehicle models and were able to suggest ways in which access for disabled people could be improved.
- We engage with school children to talk about SAS and what careers are available, for example in South West and East Central divisions where operations and HR staff have attended primary and secondary schools in these areas. This is likely to introduce the SAS as a future career option to diverse groups.

Involvement with individuals and groups

- SAS continues to expand the numbers of individuals and groups with which it works and engages on a regular basis. We have developed links with minority ethnic groups including the Chinese elder community, Gypsy Travellers and the Muslim community in Glasgow however we recognise that this is an area where further efforts need to be made if we are to reach across groups who share the protected characteristics and those who represent them. Our experience tells us that building relationships over prolonged periods with groups is more beneficial than one off consultation exercises and we value the sustained relations we already have with individuals and groups across Scotland but recognise that it takes time to build on this.
- Engaging with individuals who have disabilities and disability groups has been beneficial to SAS; for example working with People First Fife to develop our Alert

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Card and working with a broad range of groups who were involved with the development of our strategy Towards 2020: Taking care to the Patient.

- We have worked with Chest, Heart and Stroke Scotland and the Stroke Association on a staff training film, revised poster campaign and public awareness film about the FAST test (face drooping, arm weakness, speech difficulties and time). This has raised awareness of the FAST test and the needs of patients who are disabled as a result of chest, heart and stroke.

Case study – Our work with Muslim communities

Considerable work has been done in West Central division to engage with Muslim communities across greater Glasgow

Harry Saddiq has a wealth of experience with SAS both in scheduled and unscheduled care and is very proud to say he was the first Muslim Paramedic employed by the Service.

With good links with Muslim communities in the Glasgow area Harry with colleagues Beth Roden, Yvonne Young, Dean Thomson and Daren Black have done considerable work in the last two years to raise awareness of the Service.

These are some examples of the good work that has been done.

Discussion with groups to raise awareness of diabetes and heart problems and the prevalence of these for the Asian community.

With Youth groups working with the Well Foundation and Islamic Relief in Mosques to discuss his role as a Paramedic and explaining how young people can join SAS.

At Glasgow Central Mosque and several other locations at events specifically for Syrian refugees to raise awareness of the service provided by SAS and explain how to access services across NHS Scotland. A 'Help us to help you' leaflet has been developed which has helped families understand what information would be required in an emergency and how to be prepared for that.

Working with partners at Police Scotland and British Telecommunications events have been held to raise awareness of the respective services and the career opportunities, training provision and entry requirements needed to join these organisations.

With partners at the British Islamic Medical Association Harry and colleagues provided CPR training for over 100 people who attended the National CPR day at Glasgow Central Mosque.

Recruitment event at Glasgow City Chambers with BEMIS (minority ethnic led umbrella body supporting the development of the Ethnic Minority Voluntary Sector in Scotland). This was also attended by a number of organisations including Police Scotland, Fire & Rescue Service, the Army, Royal Air Force and others.

Events

- SAS continues to participate at special events across communities for example; the health and wellbeing Mela in Edinburgh and the Glasgow Pride march.
- Drive safe, stay alive events have been run in Angus, Dundee, Grampian, Perth and Stirlingshire with partners from Police Scotland and the Fire and Rescue Service. These events are targeted at young people who are learning to drive, have just passed their driving test or are likely to be travelling in a car with a new driver. The aim of the sessions is to encourage safe and responsible driving and highlight some of the consequences of not doing so.

Corporate leadership

Board involvement

- 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 to our patients and staff.
- Equality continues to be integrated into key functions including for example equality impact assessment of the budget for 2016/17 and the development of our strategy Towards 2020: Taking Care to the Patient.
- Health inequalities aspects are considered explicitly along with equalities issues at Board level.

Governance arrangements

- The Director of Human Resources and Organisational Development 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

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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.
- Specific responsibility for supporting and promoting equality and diversity has been allocated to a non executive board member.

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.

- Through the NHS Scotland Patient Opinion online forum it is easy for patients to provide valuable feedback on what they thought of the service they received.
- We continue to improve ways in which patients and members of the public can feedback and these now include social media channels through your.scottishambulance.com our online forum as well as the complaints procedure. Examples of discussions taking place on this forum include the location of public access defibrillators, a national conversation - Creating a healthier Scotland and discussion around alcohol misuse.
- Poor behaviours have been highlighted through complaints relating to Patient Transport and Accident and Emergency Service and learning emerging from these instances has helped inform our person centred care module which is an element of our Developing Future Leaders and Managers programme currently being implemented.
- We have attended the March for Recovery event in Falkirk in support of recovering drug users and alcoholics.
- Our first Gaelic Language Plan has been approved by Bòrd na Gàidhlig and outlines some of the key themes and commitments under which we are working to embed the Gaelic language across our organisation. 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.
- The terms of reference for the Patient Focus and Public Involvement Steering Group have been revised and a review of the roles and responsibilities of members of this group is helping us to recruit new public representatives to join this group from more diverse backgrounds. There is more clarity for members of the public and they can identify ways of becoming involved that would suit them.
- An in-house system called 'Viewpoint' is available which holds and tracks both formal and informal responses which SAS has been given after being contacted by patients and their carers. Viewpoint empowers staff to listen to and act upon

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feedback, comments, concerns and complaints and that learning from a full range of experiences of the Service is shared and embedded to better meet the needs of patients.

- Members of the public can engage with SAS through our e-Portal online forum at - your.Scottishambulance.com where feedback can be provided. Examples of discussions taking place on this forum include the use of technology in rural areas and the location of public access defibrillators.
- Our work with NHS partners continues locally, for example we have supported NHS Forth Valley with their annual engagement events held in Stirling, Falkirk and Sauchie where we provided details of our strategy Towards 2020: Taking Care to the Patient and were able to update the groups on how this has impact for the local service.

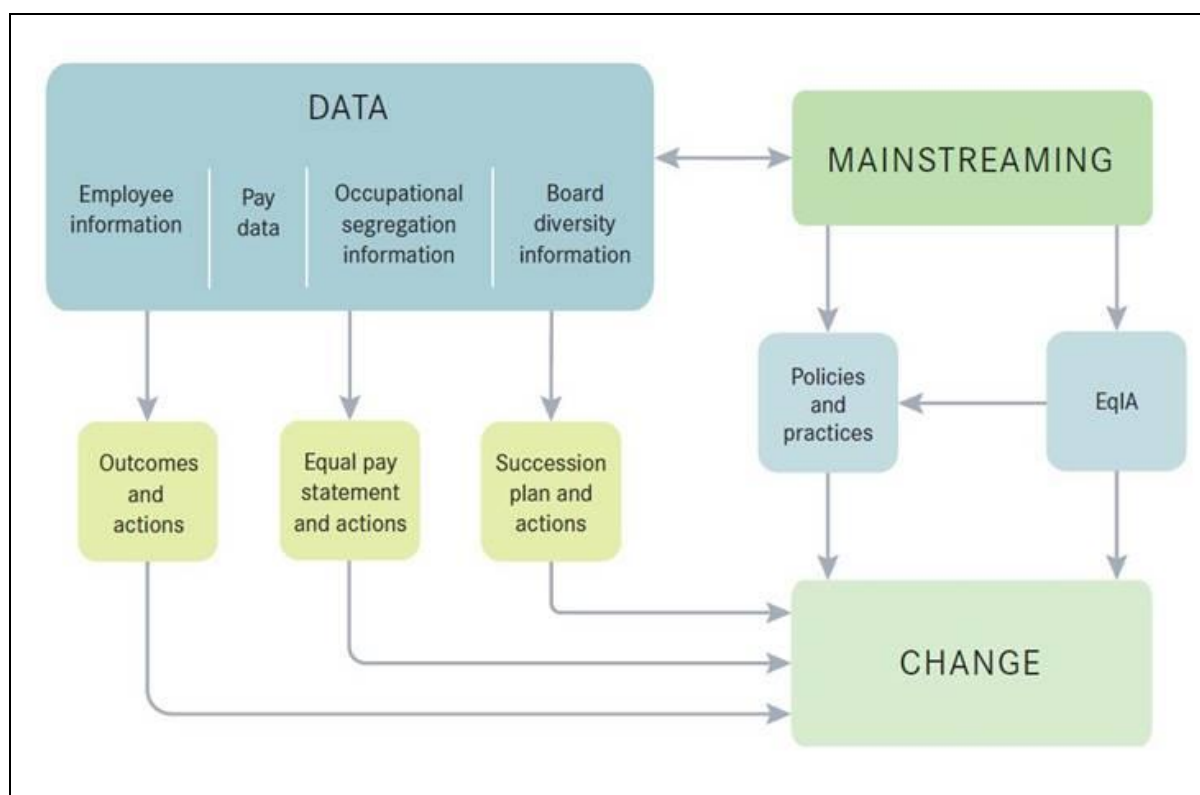
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9. Workforce data

As at 1 April 2017 SAS employed 4,743 staff. The workforce consists of 39 per cent female and 61 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 1 April 2017 41per cent of staff had provided all equality information compared with 23.9 per cent in March 2013. Work is underway to improve disclosure rates and details of the actions being taken to address this can be seen at Appendix 3.

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



Graphic used with the kind permission of Close the Gap.

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.

Improving data capture

Following the release of the Equality & Human Rights Commission Measuring Up? Report 2, the NHS HR Directors and NHS Equality & Diversity Lead network jointly established a short life working group to assess current practice and recommend improvements which

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would increase the quality and consistency of staff equality data collection, use and reporting across NHS Scotland. The Equality Lead for SAS is a member of this group.

The group carried out a scoping exercise which identified both cultural and practical barriers to data collection and analysis. An improvement plan was developed to support joint action across NHS Scotland to increase disclosure rates, facilitate consistent reporting through establishing standard metrics and reporting processes and use the capabilities of the new HR management system to support data analysis at individual board and national NHS level. A proposed action plan was submitted to the HR Directors group in 2015. This plan and guidance was endorsed further guidance was sought through the development of guidance on occupational segregation and equal pay. The aim of this was to improve consistency and assist Boards in achieving compliance with the Public Sector Duty. This guidance produced by the group was endorsed by the Equality and Human Rights Commission before being circulated to all health Boards for reference.

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10. 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 sensitive areas like disability 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 develop and implement our service strategy and new models of patient care our scope of practice will identify skills and competencies required for the workforce model as we work towards 2020. We will also consider the impact of the transformational change in our model on different staff groups.

○ **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.

○ **Diversity of the Board**

In addition to the specific duties listed at Appendix 1 public authorities are required to publish their plans to increase board diversity as part of mainstreaming reports published on or after May 2016.

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○ **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. In the Scottish Government programme for government public, private and third sector organisations are encouraged to sign up to Partnership for Change. This demonstrates a voluntary commitment for gender balance on Boards to 50 per cent men and 50 per cent women by 2020. SAS signed up to Partnership for Change in 2015.

The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 requires relevant listed authorities to use information on board members gathered by the Scottish Ministers to help ensure that those appointed to public boards better reflects the diversity of the Scottish population.

Guidance published by the Equality and Human Rights Commission in October 2016 set out that relevant listed authorities must publish:

- the number of men and women who have been board members of the authority during the period covered by the report
- how the information provided about the relevant protected characteristics of its board members has been used so far, and
- how the authority proposes to use the information provided in the future to promote greater diversity of board membership.
- At the time of publishing that report details of the full diversity profile of Board members at the Scottish Ambulance Service had not been gathered or shared by Scottish Ministers in time to be included.

The gender profile of the Board is detailed below.

Board gender breakdown		
Number of Non Executive Directors		
Total	Number male	Number female
8	4	4
Number of Board members (includes full Board members & Employee Director)		
6	3	3
Totals		
14	7	7
Percentage		
	50	50

As illustrated in the table above the gender balance of the Board is 50 per cent men and 50 per cent women and we believe we are well placed to maintain this gender balance.

In the past we have benefited from Non Executive members utilising their networks to raise awareness of the Scottish Ambulance Service 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 will utilise opportunities to engage with community groups in order to discuss vacancies when they arise and will seek advice from equalities organisations in order to address any potential barriers for candidates.

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11. Equal Pay

A refreshed equal pay statement, gender pay gap information and details of occupational segregation will be published in April 2017. This information can be found on the Scottish Ambulance Service website and also 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 this [link](#)

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime. Table 1 shows the overall average combined hourly pay rate per employee (£) in 2016 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 6 Senior Executives Cohort. Table 2 and 3 show this figure for 2014 and 2012.

It can be seen that the percentage difference in average hourly rate has decreased from 10 per cent in 2012 (at Table 3 - a difference of £1.36) to 8 per cent in 2016 (a difference of £1.13). We are encouraged to see this decrease, albeit small and we will endeavour to ensure that any barriers to progression are reduced, e.g. through flexible working opportunities etc.

Table 1 - 2016

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
12.87	14.31	14.05	12.33	15.38	15.18	- 4%	+7%	+8%

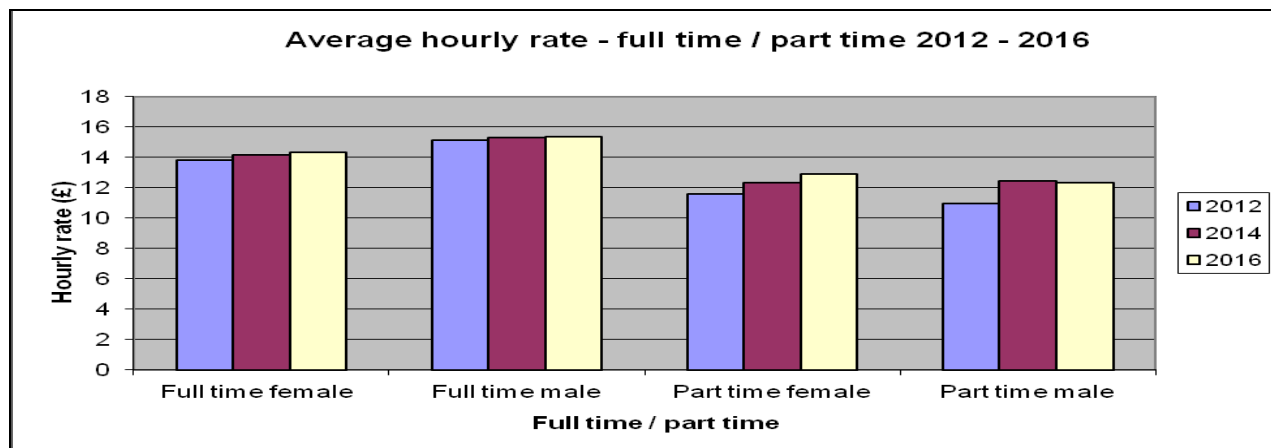
Table 2 - 2014

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
12.33	14.16	13.84	12.43	15.31	15.13	+1%	+8%	+9%

Table 3 - 2012

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
11.57	13.82	13.40	10.94	15.10	14.76	-5%	+9%	+10%

The chart below shows the average hourly rates of pay for female and male staff who worked full time or part time for the years 2012 – 2016.



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. Therefore more men are employed at the top of these salary bands than women attracting a higher rate of pay.

We have over the last few years begun to attract more women in to operational posts. The proportion of women applying for posts increased from 41 per cent in 2015 to 45 per cent in 2016 (40 per cent in 2012 - 13)

During 2015 - 16 proportionately more women joined SAS (49 per cent of new recruits) and fewer left (35 per cent). Over time, we would expect to see them progress through to Paramedic (band 5) and Team Leader (band 6) posts, 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 1 – 3 than in more senior grades.

Further details relating to the gender pay gap and occupational segregation can be seen in the Equal Pay Statement and Gender Pay Gap Information report [here](#).

Appendix 1

Equality Act (Specific Duties) (Scotland) Regulations 2012

Section 149 of the 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 aims of the Public Sector General Equality Duty are to eliminate discrimination, advance equality of opportunity and foster good relations ↑
Equality mainstreamed into NHS policies and practice ↑
7 Specific Equality Duties (Scotland)

Under 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

Equality Act (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 and April 2015. This report will be published in April 2017.
Publish equality outcomes and report on progress	Equality outcomes were published in April 2013 and a progress report was published in April 2015. Equality outcomes are being developed and will be published in April 2017 together with a progress report on the equality outcomes in place between 2013 - 17.
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. The results of equality impact assessments are published on 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 in April 2013. The equal pay statement has been revised and will be published in April 2017 together with details of occupational segregation between men and women, disabled staff and those from minority ethnic backgrounds.
Publish pay gap information	Pay gap information was published in April 2013 and April 2015. Pay gap information will be included in the mainstreaming report and published in April 2017.
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.



Workforce Equality Monitoring Report 2015 - 2016

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Workforce Equality Monitoring Report 2015 - 16

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We welcome comment about our workforce equality monitoring 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:



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1. Introduction

The Scottish Ambulance Service (SAS) collects equality data from both current workforce and prospective candidates through the recruitment and selection process. This information is collected at the application stage of the recruitment process, at short listed stage, at the appointment stage, through our engagement process and through surveying current staff.

The information we collect enables us to;

- monitor the diversity of our workforce
- take action where any trends / patterns of inequality emerge
- monitor our Equality, Diversity and Human Rights Policy
- provide evidence to support equality impact assessments
- meet our general duties under the Equality Act 2010

As of 27 May 2012, the Equality Act (Specific Duties) (Scotland) Regulations 2012 came into force. Under these duties public authorities like SAS must gather and use employee information to better perform the Public Sector Equality Duty (the general duty) 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

Employee data is monitored across the protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation as defined in the Equality Act 2010.

Details of the general duty can be seen at Appendix 1.

How we use employee information

This report assists SAS to routinely analyse equality monitoring information which helps to identify trends where further action may be required to address any areas of inequality in the workplace thus eliminating potential unlawful discrimination. By capturing equality data during the recruitment process we are able to take any actions required in order to advance equality of opportunity both for staff and external applicants. For example we have been able to monitor the success rate of young people, the largest proportion of applicants, in order to identify any barriers they may face at recruitment stage. (see section 3)

The collection of equality data highlights areas where there is under representation across the protected characteristics and helps to identify where steps can be taken to improve the diversity of the workforce. In this instance we have been able to identify different ways of advertising in order to attract applicants from disabled and minority ethnic groups. The

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content of this report also provides evidence for consideration when reviewing progress associated with the implementation of equality outcomes and how future outcomes will be developed. For example disclosure for sexual orientation indicates that very few staff are from lesbian, gay and bisexual groups and therefore steps need to be taken to address underrepresentation. We will therefore actively encourage staff to disclosure sexual orientation and identify ways to encourage more applications for employment from this community.

Equality monitoring data also assists SAS to establish whether actions taken have had a positive impact. For example, we have been able to show some improvement in collection of data, although action taken to improve recruitment rates of some groups was less successful.

We have used equality monitoring data to inform our strategic workforce plan 2015 -20. The data collected has assisted us in the following ways; – we have been able to identify groups where change is likely to occur and the profile of these groups. When making changes, we will therefore be able to see if there is disproportionate impact on any group. The plan involves up skilling staff over several years to meet the 2020 vision and it is important there are clear pathways in place for the development of staff at all levels. Monitoring this against the workforce profile will help us to identify any gaps in accessing development for different staff groups.

The mainstreaming report published April 2015 includes reference to the workforce equality monitoring report.

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2. General context

Equality monitoring information is collected via the NHS Scotland standard Application Form for potential candidates. The equality monitoring and personal details are detached from this form before candidates are short listed to ensure such details are not taken into account. Equality details are also collected on appointment via the staff engagement form and entered into the Computerised Human Resources Information System on the individual's personal record. Staff can decline to provide specific details if they wish to do so. Only a limited number of individuals have access to this information for reporting purposes.

This report highlights the data that is currently available for equality monitoring in SAS and where there are gaps in intelligence. Data has been sourced between April 2015 and March 2016.

As at April 2016 SAS employed 4,602 staff. The workforce consists of 38 per cent female and 62 per cent male staff. We have seen a steady increase in the number of women employed rising from 31 per cent in 2007 and we have raised awareness of the flexible working policy in order to make posts attractive for those who may wish to work more flexibly. Further consideration will be given to the steps needed in order to achieve a 50/50 split of male and female staff.

SAS currently has robust data regarding age and gender however data on the protected characteristics of disability, gender reassignment, race, religion or belief and sexual orientation is more limited and therefore not covering the whole workforce. We acknowledge that there is still work to do if we are to make further improvements. That said, we are making progress in a range of areas for disclosure and recruitment.

The work undertaken by SAS has an impact on the workforce profile. For example the physical and stressful nature of the work carried out by Service staff makes working longer difficult, especially the physical demands of operational roles and this has an impact on the age profile. SAS, unlike other NHS Boards does not have a varied range of alternative roles due to the specific nature of the job. As such this makes it difficult to compare the workforce profile directly with other NHS Health Boards. The SAS age profile is broadly reflective of the working age profile of Scotland with 35 per cent of staff employed between the ages of 45 - 55.

With the limited capture of equality data and / or where numbers are small across the protected characteristics it is difficult to draw any meaningful analysis and as a consequence of this the potential to determine fairness in training, grievance, disciplinary, appraisals etc is compromised. Work is in progress to improve the disclosure of equality data and it is recognised that this will not change significantly in the short term. However, with sustained action, improvements will be made.

With the implementation of the Electronic Employee Support System (EESS) staff will be able to update and enter their own data electronically and it is anticipated that this will have a positive impact on the overall level of disclosure. There have been some technical issues resulting in a delay in rolling this system out across NHS Scotland. It is anticipated that EESS will be implemented in SAS by end 2017.

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Further details of the actions already taken and next steps can be seen at section 3.

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3. Actions taken and new steps

We said in our 2014/15 workforce equality monitoring report that we would take a number of steps. This is what we did, the results and what we plan to do next.

1. In order to improve equality disclosure rates a plan is being developed to increase awareness of this and the importance of collecting the data		
Actions	Results	Next steps
(a) Review approach taken with staff in West Central Division and National Risk and Resilience Department to establish where improvements could be made.	It was identified that a different approach should be taken as issuing equality monitoring forms / envelopes to managers for their teams had not been very successful.	Identify which approaches work best for staff groups. For example is the distribution of paper copies of the equality monitoring forms with pre paid envelopes best for some groups or is better via email.
(b) Further discussion to take place with management teams, staff side and staff to encourage and support improved self disclosure rates.	Further discussion around self disclosure has raised a general awareness of the importance of encouraging staff to provide this information.	Through discussion with local teams agree which staff groups to target in order to closely monitor responses and share learning around what methods have most success.
(c) Identify through data capture where there are the greatest gaps in equality disclosure and use this information to prioritise activity with teams.	There are significant gaps particularly with regard to the capture of details for religion and belief and sexual orientation. Across the divisions there are differences in compliance ranging from 17 per cent compliance for the capture of all equality details in Greater Glasgow to 48 per cent for the capture of these details in Shetland.	Learn from the experience of other UK ambulance services.
2. We will continue to advertise posts in a variety of ways to ensure reach across the protected characteristics. In particular we will identify ways in which we can attract more young people to apply for posts with SAS.		
Actions	Results	Next steps
(a) We will continue to take part in recruitment events at schools and colleges during 2015 - 16.	We have taken part in Skills Scotland recruitment events at a number of locations in Aberdeen, Edinburgh and Glasgow.	We will continue to take part in recruitment events at schools and colleges during 2016 - 17.

	<p>The number of applications from young people between the ages of 16 - 25 has increased and continues to be the highest proportion of all applicants for 2015 - 16.</p>	
<p>3. We will investigate why those in 16 - 25 age group applying for posts are least successful at interview stage.</p>		
<p>Actions</p>	<p>Results</p>	<p>Next steps</p>
<p>(a) Further monitoring of success rates in this age group to ensure success rates continue to improve.</p>	<p>Applications from young people between the ages of 16 - 25 represented 30 per cent of all applications (an increase from 22.3 per cent the previous year), the largest proportion of all applications for posts.</p> <p>The success rate of this group has decreased from 9 per cent to 6.3 per cent. That is 6.3 per cent of all applicants in this group were successful. At interview stage 21 per cent of applicants between the ages of 16 - 25 were successful. By comparison the least successful applicants were those aged between 26 - 30 with a success rate of 5.7 per cent. At interview stage 19 per cent of these applicants were successful.</p>	<p>Closely monitor the success rate of young people applying for posts to establish at which points there is least success during the process. This will include identifying success rates for this group at short listing, fitness testing and interview stages.</p>
<p>4. Applicants wishing to join SAS will be encouraged to provide equality monitoring information.</p>		
<p>Actions</p>	<p>Results</p>	<p>Next steps</p>
<p>(a) We will further monitor this to ensure equality data is captured for all staff joining SAS.</p>	<p>A high proportion of new recruits - 93 per cent provided equality details across all protected characteristics.</p>	<p>We will monitor the capture of these details for all staff joining SAS to ensure that this data is being captured by administrative staff during the engagement process.</p>
<p>5. We have identified that there has been a slight increase in the number of applicants from minority ethnic groups, the proportion of disabled applicants has remained the same and the small number of applicants disclosing gender reassignment have not been successful.</p>		
<p>Doc: Name 2016-08-17 Mainstreaming Report 2017</p>	<p>Page 42</p>	<p>Author: Equalities Manager</p>
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Actions	Results	Next steps
(a) We will continue to monitor success rates of those candidates from black and minority ethnic backgrounds who are not successful at interview stage.	<p>The proportion of applicants from minority ethnic backgrounds has decreased slightly from 2 per cent to 1.6 per cent of the total. The proportion of applicants who disclosed a disability increased from 3 to 3.6 per cent of the total.</p> <p>The success rate of applicants from black and minority ethnic backgrounds was 9.2 per cent (7.9 per cent for all other applicants where ethnicity was disclosed) We have identified that 32 applicants from minority ethnic backgrounds were shortlisted for interview and 7 were offered posts. Of these, those from Chinese and Indian backgrounds were most successful.</p>	We will continue to monitor the number of applicants from minority ethnic, disabled and transgender backgrounds.
(b) We will continue to monitor applications from those disclosing gender reassignment to establish whether they are short listed for interview.	Six applicants disclosed gender reassignment, two were short listed but were not successful at interview stage.	We will analyse the success rates of black and minority ethnic groups, disabled and those who have disclosed gender reassignment.

6. A high proportion of disabled applicants are being short listed for interview (57 per cent). This is due to SAS Job Interview Guarantee Scheme being in place to support applicants who are short listed if they meet the minimum criteria for the post. Of all applicant groups disabled people are the least successful with a success rate of 5.5 per cent

Actions	Results	Next steps
(a) We will investigate why such a high proportion of disabled applicants were unsuccessful (2014 -15)	<p>A number of adjustments were put in place for disabled applicants during the recruitment process. We have not identified any specific trends however we note that a high proportion of applicants did indicate that they wished to be considered under the Job</p>	We will analyse the details of disabled applicants more closely to identify if there are any patterns emerging which suggest there are barriers during the recruitment process and develop actions to address any barriers.

	Interview Guarantee Scheme and therefore met the minimum criteria for posts only.	
(b) We will closely monitor the success rates of disabled applicants during 2015 - 16 in order to establish if there are any patterns emerging which necessitate further action.	For the period 2015 - 16, 41 per cent of disabled applicants were short listed for interview and the success rate was 11.5 per cent. Of those applicants who disclosed no disability 34 per cent were short listed for interview and the success rate was 23 per cent.	As above.
<p>7. It is recognised that the workforce profile is not very diverse particularly with regard to the number of women, young people, those from minority ethnic groups and those who have a disability. With this in mind we will explore ways of using positive action to increase the number of applications for employment from as wide a range of the community as possible.</p>		
Further details can be seen at section 4.		

4. Improving our diversity profile

It is accepted that there is still work to be done to improve the capture of equality information to enable a fuller analysis of workforce data. That said the equality profile of SAS is not very diverse particularly with regard to the number of women, young people, those from minority ethnic groups and those who have a disability.

These are some of the actions we have taken that will have an impact on the number of applications from equality groups.

- Attended Skills Scotland careers fairs. In the last year these have taken place in Aberdeen, Edinburgh and Glasgow. These seem to attract more female students rather than male. Whilst the diversity profile of attendees is not monitored anecdotally we know that very few attendees are from minority ethnic groups.
- Recruitment vacancies are currently advertised on the NHS Scotland Recruitment website (www.jobs.scot.nhs.uk) and the careers Scotland website provides useful information relating to job roles (www.careers.nhs.scot).
- External advertisements are also circulated to Positive Action in Housing and Inclusion Scotland which are targeted to reach more minority ethnic and disabled people respectively.
- The minimum requirement for 2 years driving experience has been removed and we have seen this have an impact with an increased number of younger people applying for operational posts.
- We have engaged with staff to discuss how we might attract applicants across all communities and from this we have improved our links with the Scottish Disability Equality Forum and the Scottish Ahlul Bayt Society.
- Recruitment events in schools and Mosques have been attended by SAS in areas of Glasgow with more diverse communities in order to raise awareness of SAS, discuss particular job roles, the recruitment process and entry requirements. We have done this with Police Scotland and British Telecom partners.
- The Technician training will be delivered at 6 clinical training centres across Scotland and trainees will complete a level 3 and level 4 Vocational Qualification rather than being required to attend SAS Academy at Glasgow Caledonian University. A reduction in entry requirements from 5 standard grades (to include English and a science subject) and 2 higher grade passes (at C plus level) to standard grade maths and English has already had an impact and we have seen an increased number of applications for posts.
- SAS continues to maintain the positive about disabled people scheme which is a recognition given by Jobcentre Plus to employers who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. It is represented by the two ticks disability symbol that participating organisations are authorised to display and it is placed on all SAS job advertisements.

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- SAS is a member of the Stonewall diversity champions programme. Stonewall provides guidance and support to organisations regarding the employment of lesbian, gay, bisexual and transgender employees. SAS is featured in the Stonewall recruitment guide and the Stonewall logo is placed on all SAS job advertisements.

Next steps

- Identify and attend specific careers events / fairs in areas with higher minority ethnic communities.
- Hold a focus group with interested staff to identify any actions which we could take forward to encourage a more diverse mix of applicants
- Develop a strategy in keeping with the Scottish Government initiative to employ 15 Modern Apprentices by July 2017. In keeping with Skills Development Scotland Equality Action Plan we will aim to increase the employability for young disabled people and those from minority ethnic communities.
- Utilise contacts with the Scottish Disability Equality Forum and the Scottish Ahlul Bayt Society to identify ways of advertising recruitment vacancies
- Investigate other alternative ways of advertising through contacts with the National Ambulance Lesbian, Gay, Bisexual, Transgender Forum.
- Implement a new recruitment application system to provide improved IT access from a wider range of devices and to improve the quality and quantity of equality monitoring information available.
- Undertake a procurement exercise to tender for a supplier to introduce a standard cognitive entrance test for Technicians to open up the vocational qualification model of training and replace the formal qualification requirement.
- Increase the use of social media to advertise vacancies.
- Ensure all selection panels have a gender mix.

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5. Improving equality monitoring

The table below illustrates the gaps in disclosure rates across the different protected characteristics.

Protected characteristic	Percentage self disclosed	Percentage unknown / prefer not to answer
Age	99.8	0.19
Disability	84.5	15.5
Gender reassignment	51	49
Race	81	19
Religion or belief	37	63
Sex	100	
Sexual orientation	36	64

The most striking differences between these and the total workforce establishment are for religion and belief and sexual orientation. However as these protected characteristics have been added for equality monitoring purposes within the last 6 years together with gender reassignment there will be a significant number of staff who have never been asked questions relating to these as yet. They will have completed very different monitoring forms when they commenced employment with SAS. In keeping with this we know that 38 per cent of staff have provided answers to at least 4 of the equality questions and our experience when we have asked staff more recently to do so is that the majority of those staff who have responded are willing to provide complete details.

Those staff applying for posts during their employment will complete these details at application stage and personal records will be updated accordingly.

It is interesting to note that when providing equality monitoring details staff are more likely to do this when they are asked on an anonymous basis. The National Staff Survey conducted in 2015 asked staff completing the questionnaire to supply equality monitoring details. The table below illustrates the percentage of staff who preferred not to answer each of the questions.

Protected characteristic	Percentage of prefer not to answer
Age	9.7
Disability	5.5
Gender reassignment	Not on survey
Race	5.7
Religion or belief	13.3
Sex	7.5
Sexual orientation	11.3

These are some of the actions taken to improve self disclosure of equality information.

- Work has been done with team leaders at development sessions to explain why capturing this information is important and how the data is used (four sessions with East Central division (EC) and National Risk & Resilience Department (NRRD) Paper copies

of the equality monitoring form with an explanatory note have been provided for team leaders with prepaid envelopes for these to be handed out to staff and returned to the Equalities Manager. The return rate was 29 per cent for NRRD and 22 per cent for EC.

- In Forth Valley we emailed all staff and provided the equality form electronically to be returned to the Equalities Manager - we had a return rate of 8 per cent.
- As there are still gaps in the data for Forth Valley paper copies of the forms with prepaid envelopes were attached to payslips in March 2016. To date, 11 per cent have been returned.
- For staff based at National Headquarters a note and the equality form was sent out electronically in December 2015. After two further reminders sent in January and February to those who did not respond 85 per cent of forms have been returned. Very few staff have indicated that they prefer not to provide any of the details. This indicates that there is a willingness to self disclose.
- Workforce equality monitoring has been discussed with staff side at National Partnership Forum, at stewards meetings and at local divisional management team and partnership meetings.

Next steps

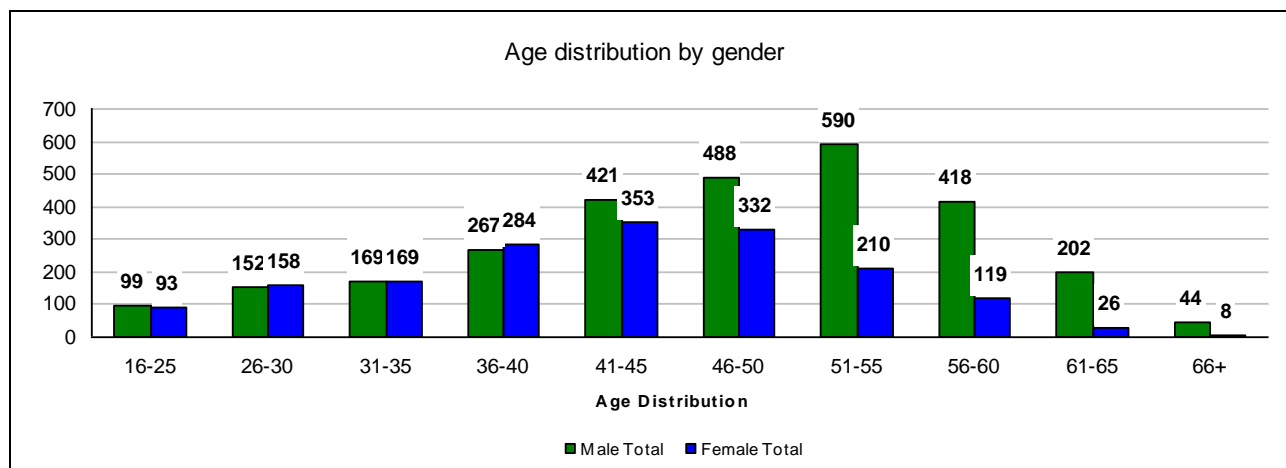
- Develop further material to highlight the importance of providing equality details that can be put on the intranet.
- Utilise opportunities during staff training to ask individuals to provide this information, for example at forthcoming iMatter and Equality & Diversity workshops.
- For staff attending learning in practice sessions provide equality monitoring forms and prepaid envelopes for the clinical training team to distribute.
- In addition to Forth Valley identify and agree with local management teams which sub divisional areas to prioritise for additional support

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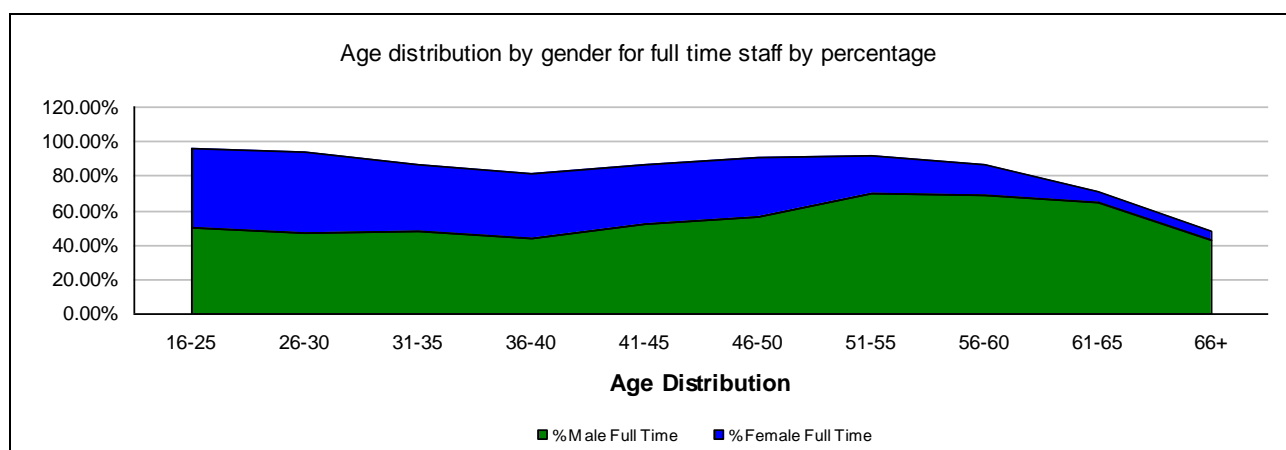
6. Workforce Profile

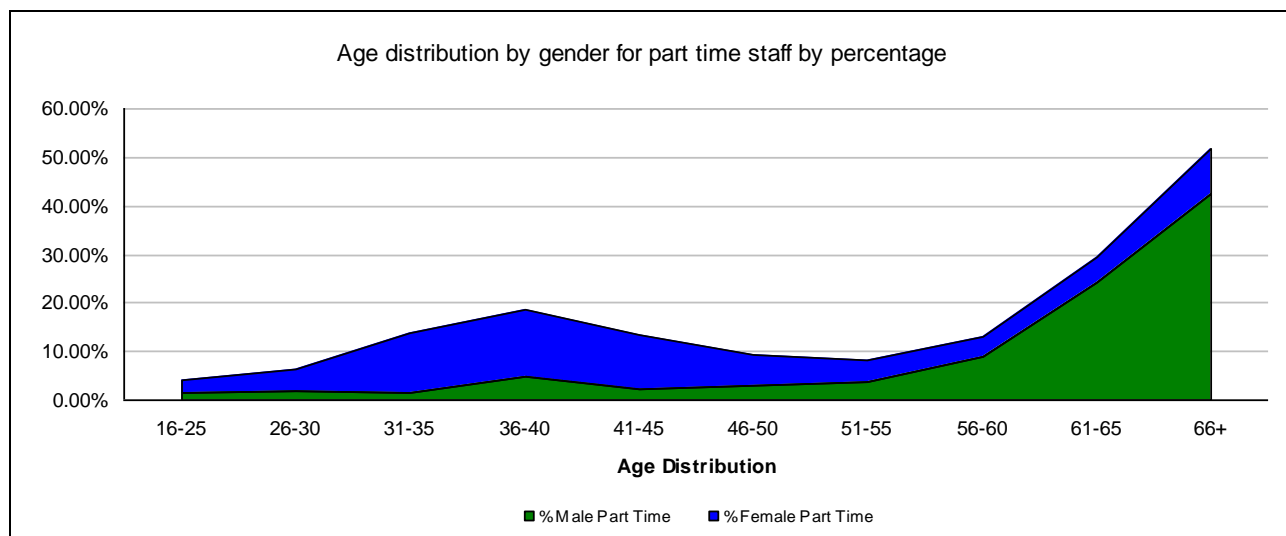
Age

The chart below illustrates the age distribution of all staff. Seventy per cent of staff are age 41 and over (71 per cent in 2015). The majority of women employed fall within the ages of 41 - 45 with the majority of men working between the ages of 51 - 55. The most under represented groups in terms of age are those between 16 - 25 (4 per cent) and those over the age of 65 (1 per cent). This spread of staff across the age groups is very similar to that reported for 2014 - 15.

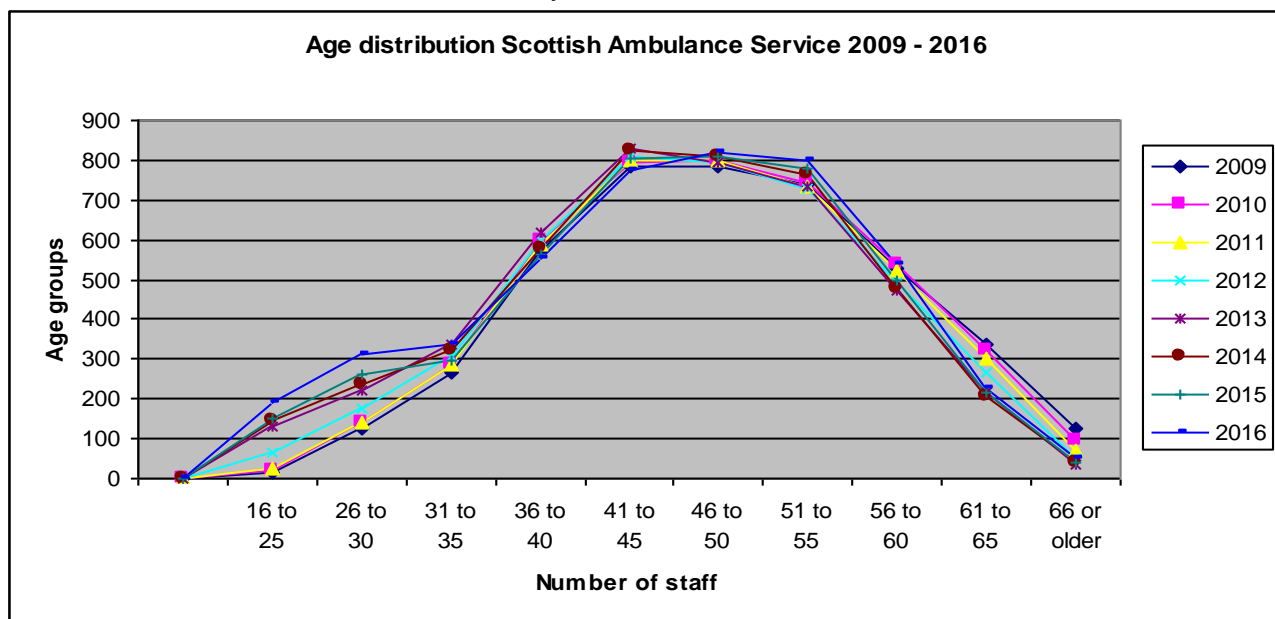


The charts below illustrate the age distribution of staff by full time and part time. It can be seen that for full time staff there is a more even split of female / male staff in the younger age groups with more male staff in the older groups. The number of staff working part time has risen and represents 12.7 per cent of the total compared with 12 per cent in 2015. The majority of which are women (60 per cent) and are aged between 36 - 40. The majority of men working part time are over the age of 61.

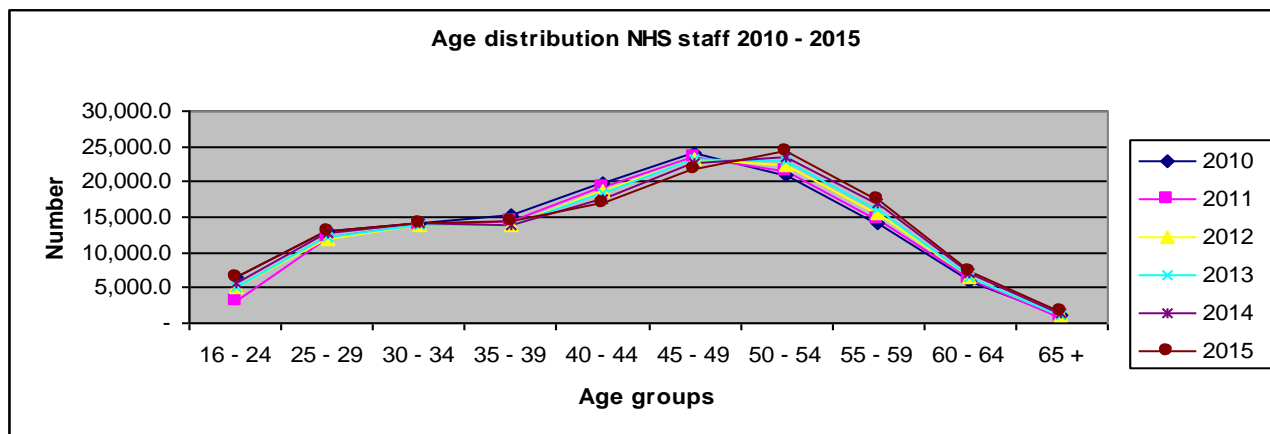




The chart below profiles the age distribution of SAS workforce from 2009 – 2016. The number of staff over the age of 56 has increased over this period and this trend has been consistent as we have seen more staff with long periods of service retire from SAS. There has also been an increase in the number of staff between the ages of 16 – 30. The numbers of staff who are aged between 46 - 55 has remained relatively constant.



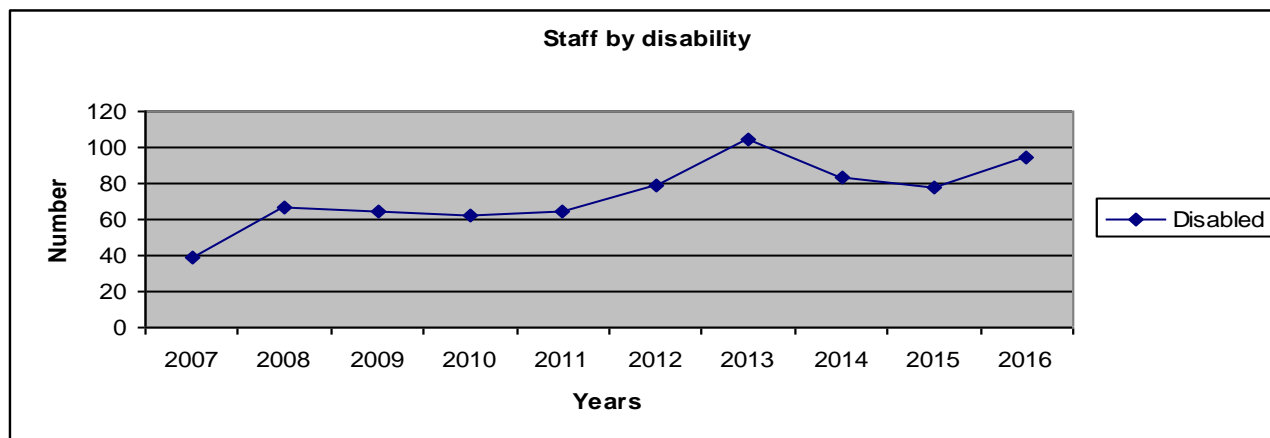
The chart below profiles the age distribution of the NHS Scotland workforce and this clearly shows that the number of staff over the age of 50 has increased over the last 5 years. Figures for March 2016 are not yet available.



There is a marked difference in these age profiles and the SAS workforce profile demonstrates we are employing and retaining fewer older people and increasing our recruitment of younger people. As highlighted in the general context in Section 2, the nature of the work in SAS is more physical than in the NHS generally (i.e. including all types of job) and SAS has few alternative roles hence we do not retain older people.

Disability

The chart below illustrates the number of disabled staff employed between 2007 and 2016.



The number of staff who have disclosed disability has increased from 1 per cent in 2007 (39) to 2 per cent in 2016 (94). Across NHS Scotland 0.7 per cent of staff have disclosed disability. The percentage of the Scottish population with a long term, activity limiting health problem or disability was 19.6 per cent at the Census in 2011 (20.3 per cent in 2001)

On an annual basis we write to staff under the 'Positive about disabled people' initiative. This scheme helps to encourage individuals with a disability to discuss this with their line manager to establish if any assistance can be provided to help them in the workplace.

Gender reassignment

Two staff have disclosed that they have undertaken gender reassignment.

Pregnancy and maternity

The table below illustrates the number of women who have taken maternity leave during the period 1 April 2015 and 31 March 2016, those who have returned and the number returning on a more flexible basis.

Number of women on maternity leave	Number of women who returned to work	Number of women who returned to work on a flexible basis	Percentage of total
34	34	7	20

Of the 20 per cent of women returning to work on a flexible basis the majority have done so on reduced hours and/or changed days of work.

Race

The 2011 Census indicated that 93 per cent of the people in Scotland stated that they were born in the UK with 83 per cent of these stating that they were born in Scotland. Ethnicity cannot be identified by place of birth. Four per cent of people in Scotland were from minority groups, an increase of two per cent since the 2001 Census.

The percentage of staff who have chosen not to provide details of their ethnicity has remained constant at 19 per cent (includes those who prefer not to answer and where details are unknown). Across NHS Scotland non disclosure of ethnicity accounts for 32 per cent of all staff (includes those who prefer not to answer and where details are unknown)

	2010	2011	2012	2013	2014	2015	2016
Non disclosure by percentage	16	17	17	19	21	19	19

As data on the ethnicity of staff is incomplete it is not possible to determine the exact percentage of staff from different ethnic groups. Of the 4,602 staff employed in April 2016, 0.40 per cent were from black and minority ethnic (BME) backgrounds.

The table below illustrates the ethnicity of SAS workforce as at April 2016. There were 18 staff from BME groups and 3708 from non BME groups.

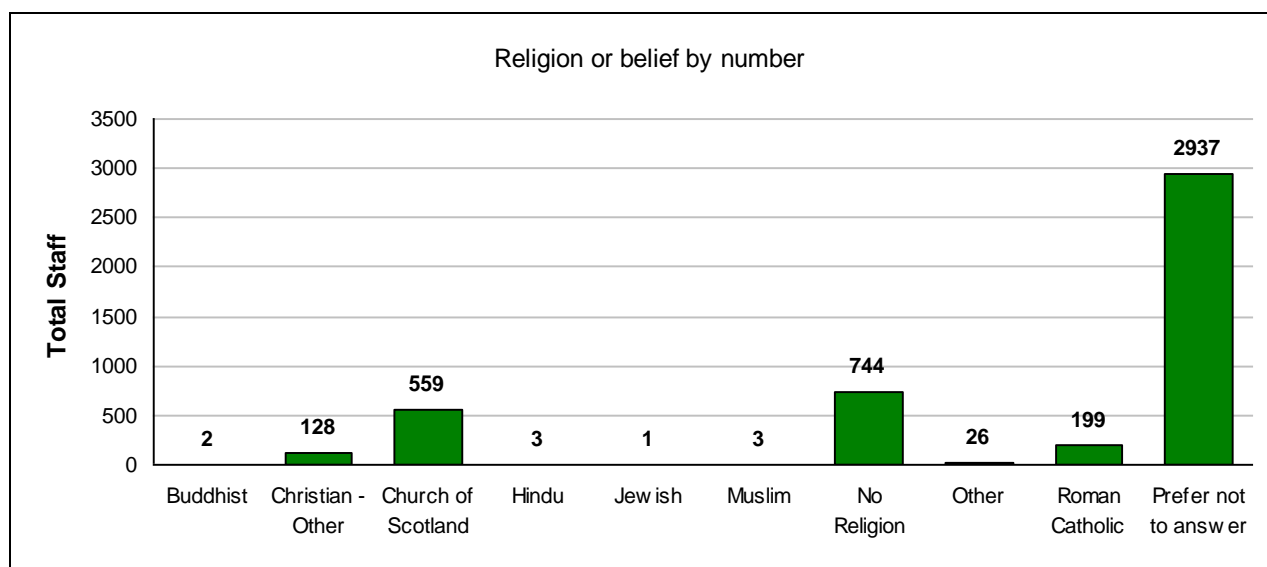
Ethnic origin	Number	Percentage
Indian	18	0.40
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background		
Caribbean		
African		
Any other Black background		
Any other ethnic background		
Any Mixed background		
Other White background	44	0.9
White Irish	27	0.6

White other British	441	9.6
White Scottish	3196	69
Declined to disclose information / unknown	876	19

Religion or belief

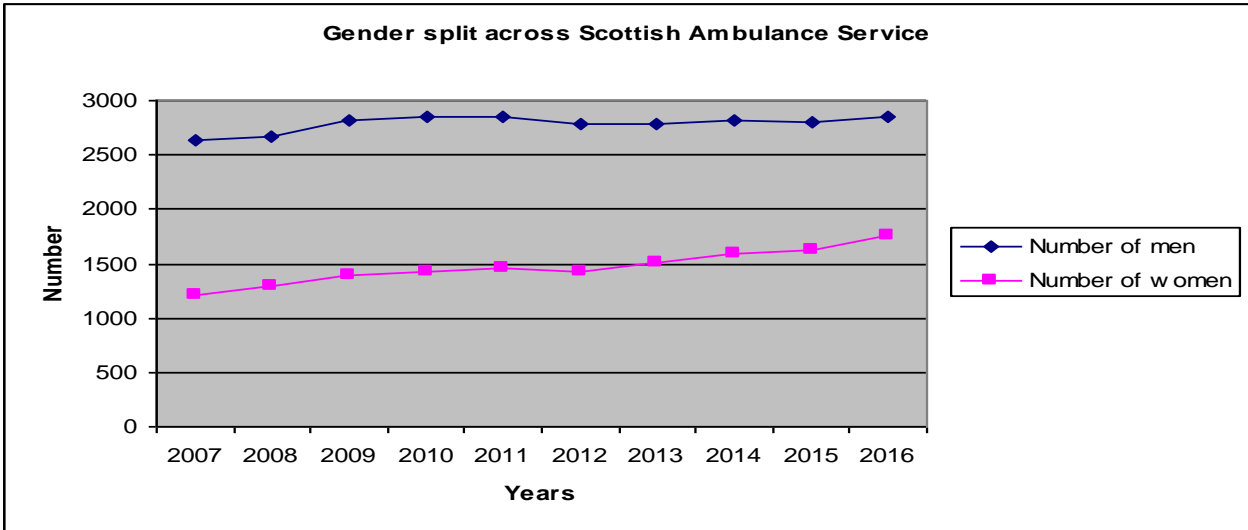
Religion or belief is unknown for 63 per cent of the workforce. Whilst disclose rates have increased from 27.5 per cent in 2015 to 36 per cent in 2016 (16 per cent in 2011) there are still significant gaps. Staff disclosing no religion accounted for 16 per cent. Across NHS Scotland religion or belief has been disclosed for 55 per cent of all staff. Scotland remains a place of diverse religious and faith communities, although those having no religion increased to 36.7 per cent in 2011 census (27.8 per cent in 2001)

The chart below illustrates that no religion and Church of Scotland represented the largest groups of those disclosing.



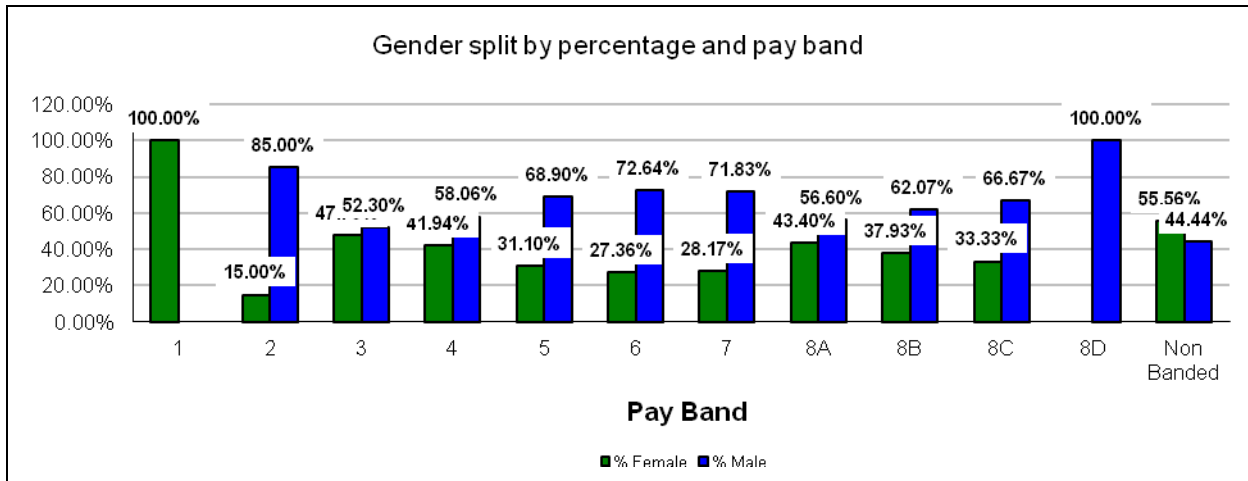
Gender

There has been a steady increase in headcount and the chart below shows the number of women employed by SAS rising from 1214 in 2007 (31 per cent of total) to 1752 in 2016 (38 per cent of total). Historically the Service has been predominantly male compared with the rest of the NHS Scotland which is predominantly female with nursing and midwifery posts accounting for the majority of female staff (79 per cent as at December 2015).



Band and gender

The chart below illustrates the percentage split by gender and pay band.



Women are represented across all pay bands. Career progression can be seen as staff remain with SAS over long periods. As a greater number of women join SAS it is likely that we will see a greater distribution of women across more senior positions.

Of the executive team 50 per cent are women and 50 per cent are men. The proportion of women employed in bands 6 - 8 has continued to increase and now represents 3.7 per cent of the total compared with 3.4 per cent in 2015 (1.3 per cent in 2007).

Further details relating to gender and pay bands can be seen in the Equal Pay Statement [here](#).

Sexual orientation

Sexual orientation is unknown for 64 per cent of the workforce. Disclosure rates have improved from 26.5 per cent in 2015 to 36 per cent in 2015 (14 per cent in 2011). Across NHS Scotland

sexual orientation has been disclosed for 47 per cent of all staff. Whilst there remains no official data on the numbers of people who are lesbian, gay, bisexual, transgender or intersex (LBGTI) - various estimates have been made. For example Stonewall Scotland suggest a LGBT figure of between 5 - 7 per cent while the Scottish Household Survey suggests an LGB population of around 1 per cent although the question relating to sexual orientation was added to the survey in 2011 and it is thought that the figures are likely to under-report. The table below illustrates the sexual orientation of staff by number and percentage.

Sexual Orientation	Staff in post	Percentage
Bisexual	14	0.30
Gay	23	0.50
Heterosexual	1583	34.4
Lesbian	20	0.43
Other	9	0.20
Declined to disclose /unknown	2953	64.2

Marriage and civil partnership

Disclosure rates for marriage and civil partnership have decreased from 81 per cent in 2015 to 77 per cent in 2016.

Marriage and civil partnership	Staff in post	Percentage
Civil partnership	1	0.02
Married	2030	44
Other *	1490	32
Declined to disclose/unknown	1081	23.4

* Includes divorced, separated, single or widowed

We will continue to monitor marital / civil partnership status as this is included in the Equality Act 2010 and is part of the public sector equality duty in respect of the requirement to have due regard to the need to eliminate discrimination.

7. Recruitment

The recruitment team dealt with 4674 applications for employment during this period. Of these 7.9 per cent were successful compared with 10.9 per cent the previous year.

Steps have been taken to advertise posts more widely to attract a more diverse mix of applicants. Attendance at recruitment fairs and developing links with schools has helped to sustain the number of younger people applying for posts.

Examination of recruitment data across equality groups is undertaken on the basis of :

- number of applications
- number of applications shortlisted
- number of candidates successful at interview stage

Age

The table below illustrates the number of applicants from each age group against their respective success to short listing stage and being offered posts.



	16-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	PNA*
Applied	1393	810	569	396	431	325	267	140	28	2	313
Short listed	413	240	210	164	176	145	126	42	10	0	67
Successful	88	46	60	38	34	32	28	17	6	0	19

* PNA - prefer not to answer / unknown

The largest proportion of applicants came from the 16 - 25 age group and these represented 30 per cent of the total (22 per cent during 2014/15) Thirty per cent of these applicants were short listed (41 per cent in 2014/15) and 6.3 per cent of the total applicants in this group were offered posts. This is a decrease from 9 per cent who were successful in this group the previous year.

Conversely for applicants within 56 - 60 (3 per cent of total) and 61 - 65 (0.6 per cent of total) age groups success rates were higher at 12 and 21 per cent respectively. Thereafter the most

successful groups were those aged between 31 - 35 (12 per cent of total) and 51 - 55 (6 per cent of total). Collectively these represented 18 per cent of the total applicants with a success rate of 24 per cent. The success rate for all applicants was 8 per cent compared with 11 per cent the previous year.

Disability

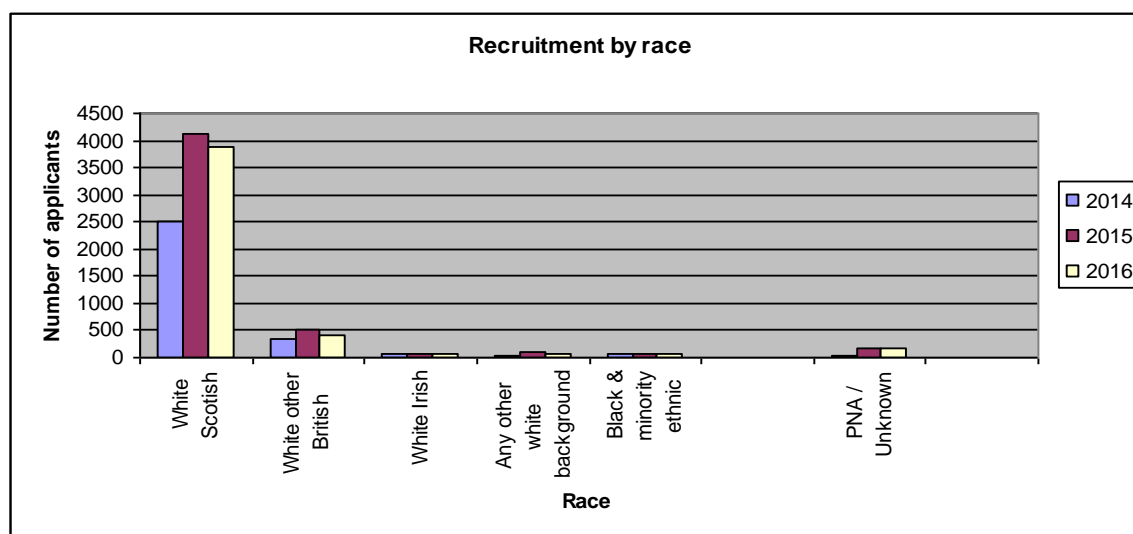
The percentage of applicants disclosing a disability increased from 3 to 3.6 per cent. Of these 41 per cent were shortlisted (57 per cent previously) and 4.7 per cent of the total applicants in this group were successful (5.5 per cent previously). Applicants who are disabled can be considered under the Job Interview Guarantee scheme if they meet the essential criteria for the post and therefore a greater proportion of disabled applicants go through to interview stage compared with other groups. Four per cent of applicants either did not answer this question or preferred not to say.

Gender reassignment

Six applicants disclosed gender reassignment during the period April 2015 to March 2016 two of which were shortlisted but not successful. Five per cent of applicants either did not answer this question or preferred not to say.

Race

The chart below illustrates the number of applicants across different ethnic groups.



Year	White Scottish	White other British	White Irish	Any other white background	Black & minority ethnic	Prefer not to answer / unknown
2014	2497	328	53	51	56	31
2015	4112	529	64	88	81	162
2016	3889	408	56	82	76	163

There has been a slight decrease in the number of black and minority ethnic applicants to 1.6 per cent of the total (2 per cent in 2015). Of these 42 per cent were short listed (37 per cent

previously) and 9.2 per cent of the total were offered posts (8.6 per cent previously) compared with 7.9 per cent of white Scottish applicants. The number of applicants who either did not answer this question or preferred not to disclose their ethnicity increased from 3.2 in 2015 to 3.4 per cent in 2016.

Religion or belief

Applicants who indicated a religion of Church of Scotland represented 19 per cent of all applicants. Of these 9 per cent were successful. Applicants indicating a religion of Roman Catholic made up 12 per cent of total applicants. Of these 8 per cent were successful.

Where applicants disclosed either Hinduism, Islam or other faith / belief success rates were higher in relation to the proportion of applicants where these represented 0.9, 0.43 and 0.47 per cent of all applicants with a success rate of 25, 20 and 18 per cent respectively.

A significant number of applicants - 57 per cent disclosed that they had no religion. The percentage of applicants who preferred not to answer this question reduced from 6 per cent in 2015 to 2.6 per cent in 2016.

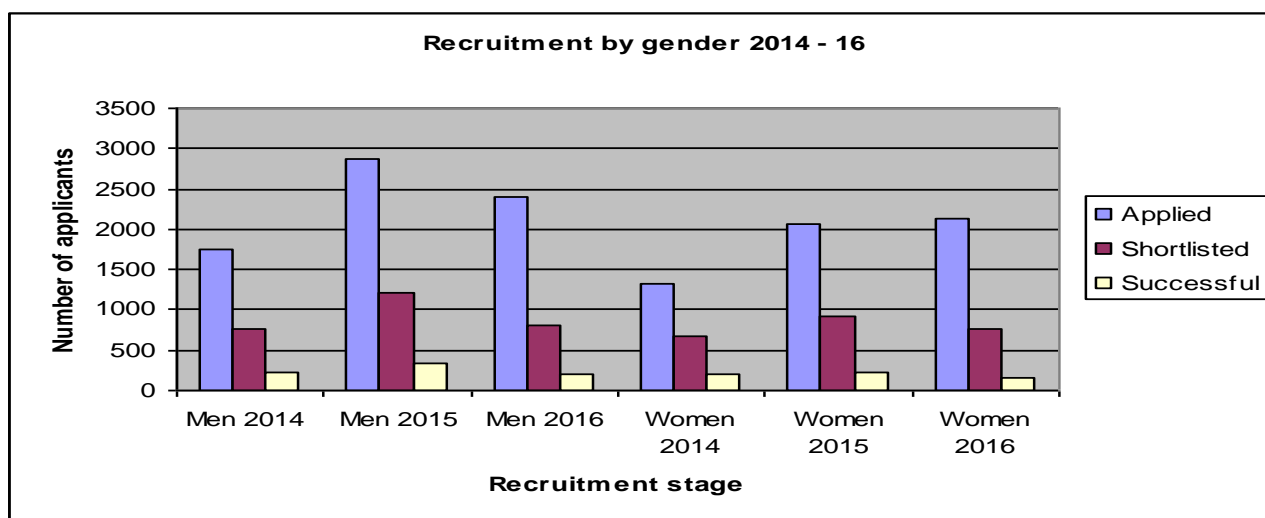
Sexual orientation

Applicants who disclosed their sexual orientation as lesbian, gay, bisexual or other represented 4.8 per cent of the total (4 per cent previously) Of this group 12 per cent were successful (9 per cent previously). Six per cent of all applicants preferred not to answer this question (same as previously).

Gender

The proportion of women applying for posts increased from 41 per cent in 2015 to 45 per cent in 2016. The success rate for both women and men was 8 per cent (11 per cent for both previously).

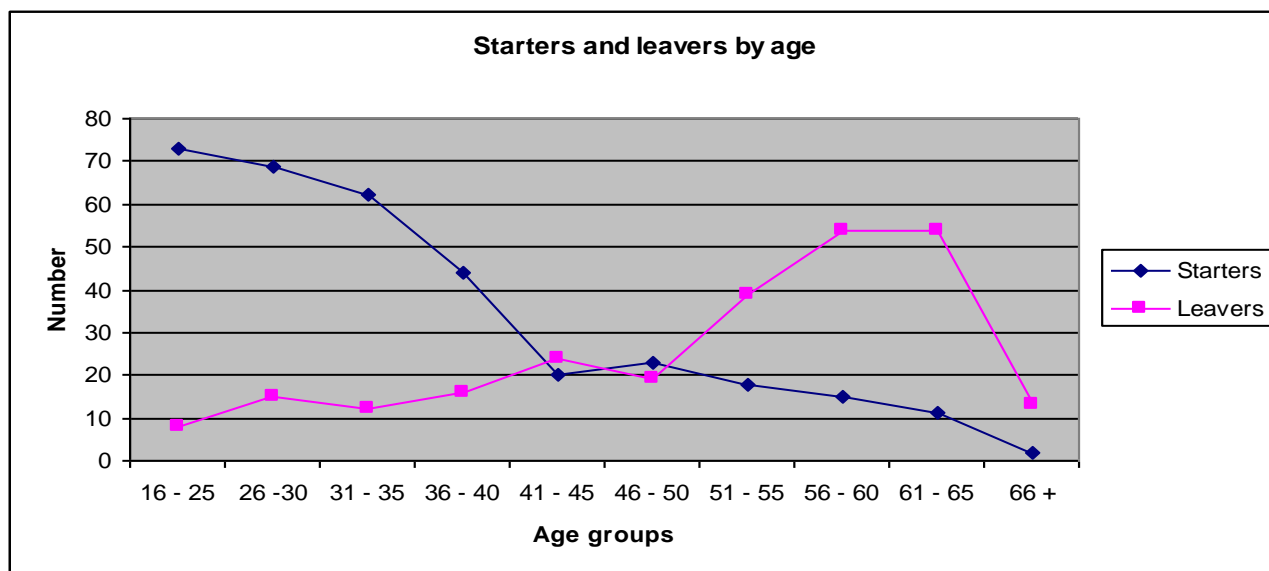
The chart below illustrates the number of men and women who applied, were short listed and were successful between 2013 / 14 and 2015/ 16.



8. Starters and leavers

Age

The chart below illustrates that there are more younger people joining SAS and more older people leaving. As stated earlier, this is because of the increasing impact of the nature of SAS work which is very physical for the majority of staff and there is a higher proportion of older staff reaching retirement age.



Disability

Of the staff joining the Service 0.2 per cent disclosed disability and of those leaving 5 per cent disclosed disability.

Gender reassignment

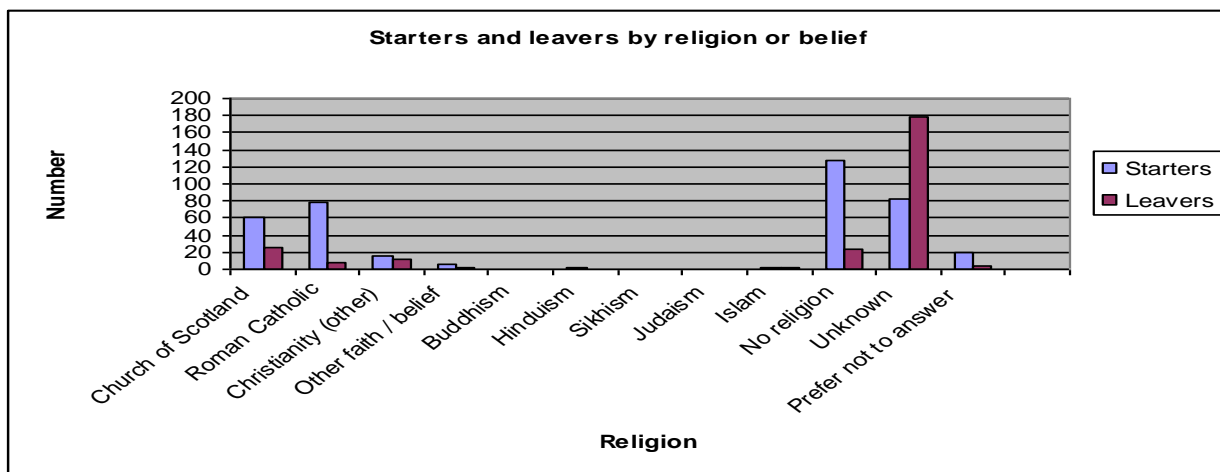
None of the staff joining or leaving the SAS disclosed that they had undergone gender reassignment.

Race

The pattern of those joining and leaving SAS by ethnicity is broadly reflective of the workforce profile with three staff joining and three leaving that are from black and minority ethnic backgrounds.

Religion or belief

The chart below illustrates the number of starters and leavers by religion or belief.



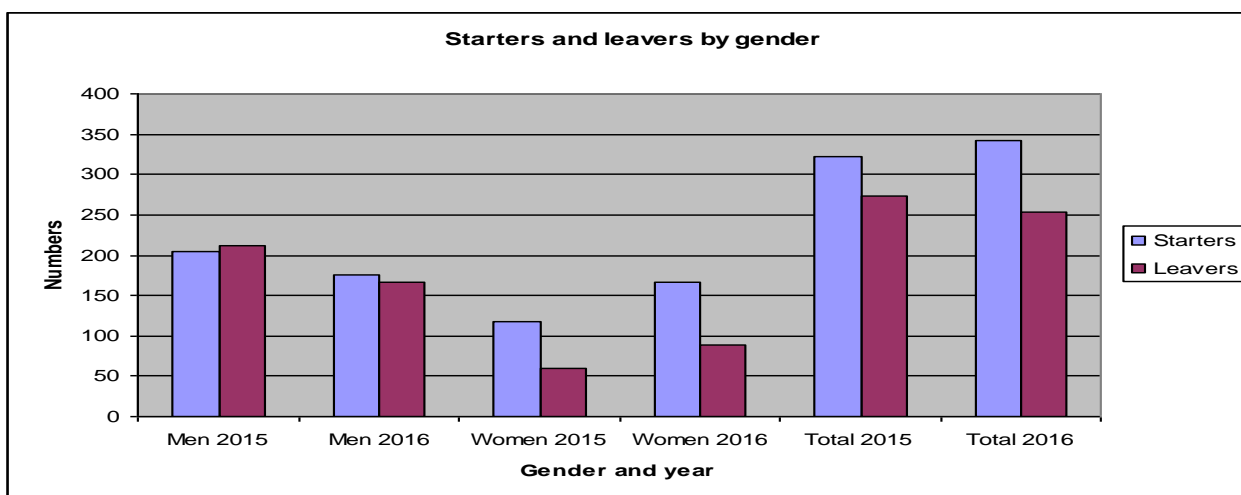
Of those staff joining the Service 76 per cent disclosed religion or belief with only 29 per cent of those leaving doing so. This suggests there is willingness to provide equality data at engagement stage.

Sexual Orientation

Of those staff joining the Service 77 per cent disclosed sexual orientation with 28 per cent of those leaving doing so. This suggests staff are more willing to provide equality data at engagement stage.

Gender

The chart below illustrates the number of starters and leavers by gender.



The percentage of women joining SAS increased to 49 per cent from 36 per cent in 2015. Women leaving SAS accounted for 35 per cent compared with 22 per cent in 2015. The number of female staff has steadily increased over the last few years and now accounts for 38 per cent of the total.

Thirty six per cent of those leaving the Service did so on a voluntary basis with 36 per cent leaving for reason of age/early retirement and 6 per cent doing so on the grounds of ill health.

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9. Training

The following breakdown covers training attended by staff across SAS including those who attended the Academy at Glasgow Caledonian University.

Age

The chart below illustrates the number of staff who undertook training by age group.



From the data available age does not seem to have an influence on incidence of training opportunities. For example the Certificate of Higher Education Course (Ambulance Technician – Glasgow Caledonian University) attracted a broad range of students. Most training was received by those aged 41 - 50 which is in keeping with the workforce profile, the majority of which are over the age of 41.

The courses delivered at Glasgow Caledonian University attract both internal and external applicants and those commencing the course are employed by SAS. As a consequence SAS attracts a broader range of students than those reported by most undergraduate Paramedic programmes in the UK where students tend to be under the age of 25.

Disability

One per cent of staff who disclosed they have a disability took part in training. This is slightly lower than the establishment of 2 per cent.

Gender reassignment

None of the staff taking part in training disclosed they had undergone gender reassignment.

Race

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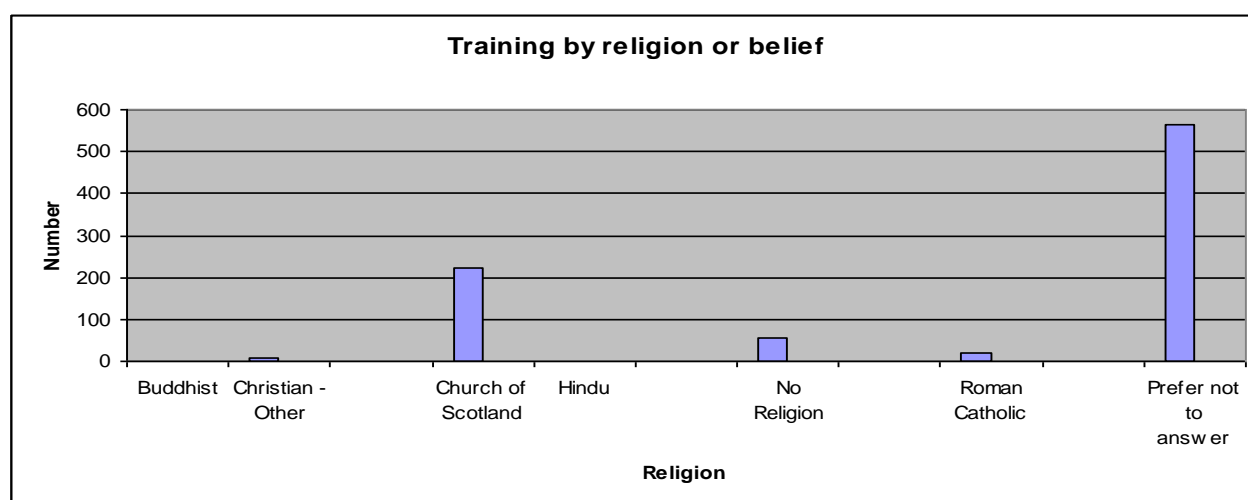
The table below illustrates the number and percentage of staff who completed training by ethnic origin.

Ethnic origin	Number	Percentage
Other ethnic background	2	0.22
Other White background	4	0.44
White Irish	2	0.22
White other British	25	2.90
White Scottish	647	74.0
Declined to disclose information / unknown	194	22.0

Staff receiving training is broadly reflective of the workforce profile with regard to ethnicity.

Religion or belief

The chart below illustrates the number of staff who completed training by religion or belief.



Religion or belief was unknown for 65 per cent of those staff who completed training. Given the limited data it is not possible to analyse this information in any detail.

Sexual orientation

Sexual orientation was unknown for 72 per cent of those staff who completed training. Given the limited data it is not possible to analyse this information in any detail.

Gender

Of those staff taking part in training 22 per cent were women, compared with the overall workforce establishment of 38 per cent. A significant amount of training was delivered through the Developing our Future Leaders and Managers programme for team leaders and managers. Men represent 82 per cent of this cohort.

10. Discipline & grievance

Age

The number of instances of discipline has reduced since 2012 - 13 when there were 60 cases to 28 cases in 2015 - 16 (14 cases also in 2014 - 15). The introduction of the significant adverse events review process has enabled SAS to adopt an approach which focuses on learning rather than punitive action. In addition to this a simple review process continues to be used to gather facts and understanding to inform decisions relating to formal investigations being undertaken. As numbers are very small it is difficult to analyse by age other than to state that the highest numbers of disciplinary activity have occurred across the age groups occupied by the greater proportion of staff

A total of 29 grievances were raised during 2015 - 16 (28 in 2014 - 15), 10 of these were raised in connection with dignity at work where concerns of bullying / harassment were alleged.

Disability

One member of staff undergoing discipline or grievance procedure disclosed they had a disability.

Gender reassignment

None of the staff who went through discipline or grievance procedure disclosed gender reassignment.

Race

The pattern of discipline and grievance by ethnicity is broadly reflective of the workforce establishment with the majority identifying as white Scottish / White British.

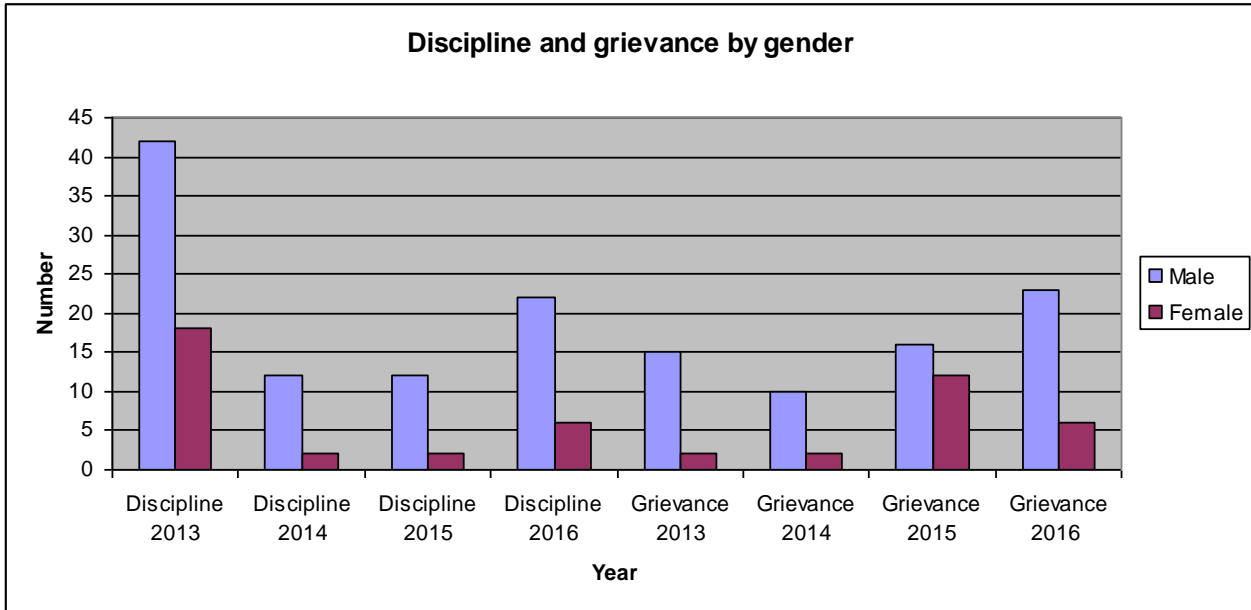
Religion or belief and sexual orientation

Given the very limited disclosed data available it is not possible to provide a breakdown by religion / belief and sexual orientation for analysis.

Gender

The chart below illustrates the proportion of men and women who have gone through the discipline or grievance procedure for the years 2013 - 2016.

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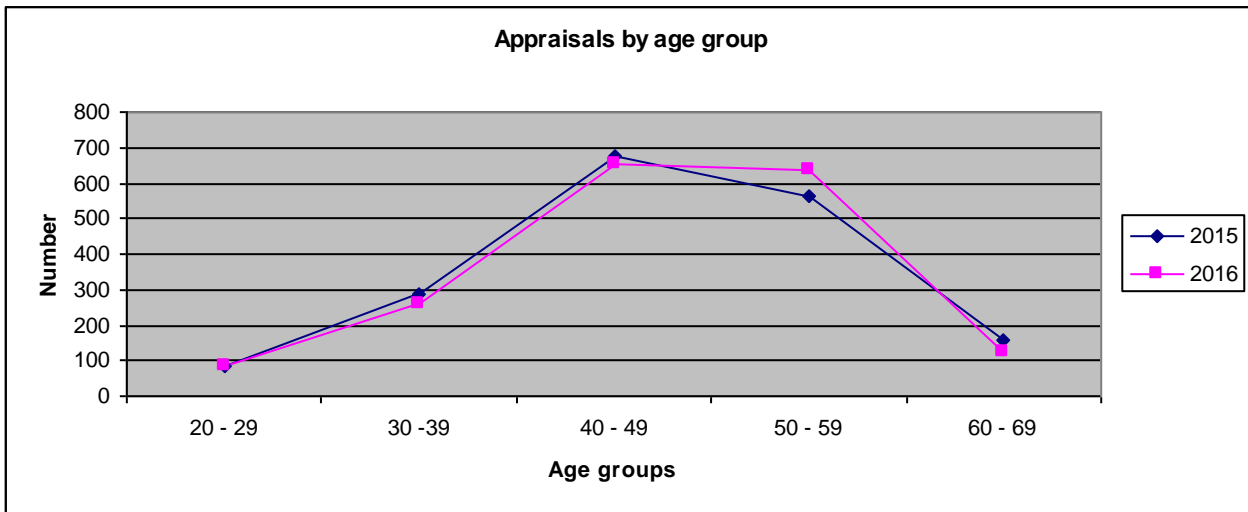
Of the instances of discipline and grievance during the period April 2015 - March 2016 a higher proportion of men went through these processes than women. For discipline 78 per cent of activity involved men and for grievance 79 per cent involved men.

11. Appraisals

Appraisals are completed using the electronic Knowledge and Skills Framework system (e-KSF). The availability of equality monitoring data is more limited as a result of the reporting structure through the e-KSF system and individuals can provide anonymised details which cannot be tracked against personal records. In some instances reports are not available, for example for religion or belief, sexual orientation or gender reassignment.

Age

The chart below illustrates the number of staff completing appraisals by age group.



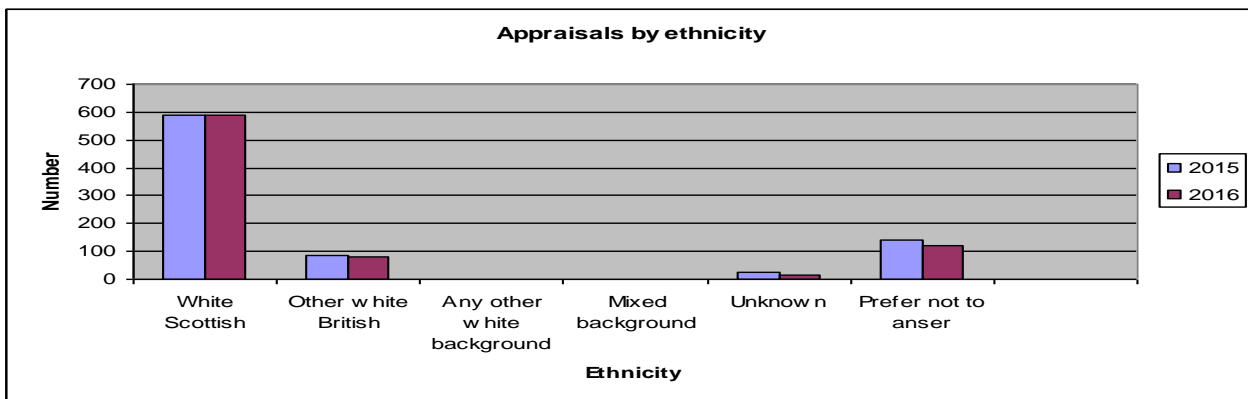
The age categories are those captured through the e-KSF system with the pattern broadly reflective of the age profile of the workforce.

Disability

Of those staff completing appraisals 1.1 per cent disclosed disability.

Race

The chart below illustrates the number of staff completing appraisals by ethnicity.



Scottish Ambulance Service
A Special Health Board of NHS Scotland

These details were not complete for all staff who had an appraisal and with such a high proportion of prefer not to answer / unknown it is not possible to fully analyse this information.

Gender

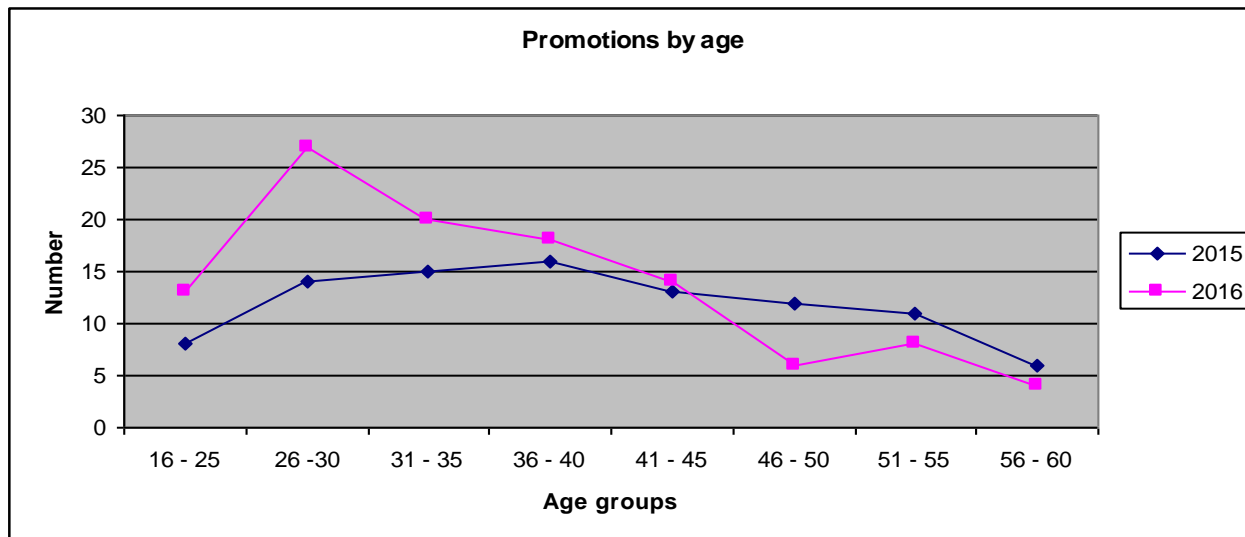
Thirty four per cent of those completing appraisals were women, a decrease from 36 per cent in 2015.

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12. Promotions

Age

The chart below illustrates the number of promotions against age groups.



The spread of promotions is across the age groups with 71 per cent being promoted below the age of 40. With such small numbers it is difficult to draw any conclusion regarding the relative success of particular groups.

Disability

Three per cent of staff promoted during the period disclosed they had a disability.

Gender reassignment

None of the staff who were promoted disclosed they had undergone gender reassignment.

Race

The majority of staff promoted were White Scottish/ White British (61 per cent). Only 67 per cent of staff promoted had disclosed ethnicity.

Religion or belief

Of those staff promoted 53 per cent had disclosed religion or belief (44 per cent in 2015)

Sexual orientation

Of those staff promoted 54 per cent had disclosed sexual orientation (46 per cent in 2015)

Gender

Forty six per cent of those staff promoted were female (40 per cent in 2015)

13. Redeployment

A total of 45 staff were included on the redeployment register during the period April 2015 – March 2016. This reflects change undertaken within the organisation, and adherence to the policy of no compulsory redundancies.

The table below illustrates the number of staff that have been redeployed during this period, those still awaiting redeployment and those who no longer require to be redeployed.

	Total	Redeployed	Awaiting redeployment	No longer requiring redeployment
Men	21	6	8	7
Women	24	11	9	4
	45	17	17	11

Age

Workforce between the ages of 41- 45 and 46 - 50 accounted for the largest proportion of those on the redeployment register.

Disability

Three of the staff on the redeployment register disclosed a disability.

Gender reassignment

None of the staff on the register disclosed they had undergone gender reassignment.

Race

The majority of staff on the register are White Scottish / White British. This is in keeping with the workforce where White Scottish / White British represents 79 per cent of the establishment.

Religion or belief

Of those staff on the register 29 per cent had disclosed religion or belief.

Sexual orientation

Of those staff on the register 26 per cent had disclosed sexual orientation.

Gender

Fifty three per cent of those staff on the register were female compared with 38 per cent of female staff in our workforce overall. A greater number of female staff have been employed in the Ambulance Control Centres on fixed term contracts recently. At the end of fixed term contracts individuals are put on the redeployment register the majority of which have secured other roles within SAS.

14. Conclusion

We recognise that equality monitoring is a means and not an end in itself. The purpose is to have information to inform us about how well we reflect society in relation to diversity and protected characteristics. Work over several years indicates improvement in some areas, however we are still striving to get robust equality data for our workforce, and to increase response rates. We are making progress, and our plans are set out in this report about areas where we would like to improve, and priorities to focus on. Our 5 year strategy "Towards 2020: Taking Care to the Patient" brings opportunities to recruit into our workforce, and to encourage current staff to consider development and different roles.

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Appendix 1

Equality Act (Specific Duties) (Scotland) Regulations 2012

Section 149 of the 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 aims of the Public Sector General Equality Duty are to eliminate discrimination, advance equality of opportunity and foster good relations ↑
Equality mainstreamed into NHS policies and practice ↑
7 Specific Equality Duties (Scotland)

Under 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