

The Scottish Ambulance Service
A Special Health Board of NHS Scotland



Gender Equality Scheme 2007 - 2010



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This document may be available in summarised format in large print, Braille, audiocassette or alternative language. If you would like a copy in any of these formats or if you would like someone to explain it to you, or you want to assist us in our future gender equality arrangements, please contact the **Corporate Affairs Manager** at the address below:

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1. Foreword by the Chief Executive

Scotland is an increasingly diverse country. Whilst this provides great opportunities, it also presents significant challenges in ensuring that we, as both as an employer and service provider, ensure that we do not discriminate unfairly, and instead promote gender equality.

Our Gender Equality Scheme and Action Plan, published in April 2007 is aimed at ensuring that we do not consciously or unconsciously discriminate, that we improve equality of opportunity, develop better links with stakeholders and partners and greater understanding of the impact our Service has on gender equality. Whilst there has been much work done, and very real progress, we recognise that we still have some way to go.

Our organisational action plans and themes set out how we intend to continue to address issues of gender, alongside those of race, age and disability. We are starting to look at other responsibilities including those relating to religion or belief and sexual orientation in a more structured way.

We aim to mainstream diversity as a unifying element of all that we do. I am confident that addressing the issues identified in the Gender Equality Scheme and its related action plan will help us make true equality and diversity a reality.

William Brackenridge
Chairman

Adrian Lucas
Chief Executive

Joint statement by the HR Director & Partnership Forum Convenors

We fully support the Service in its aim of meeting the different needs of those living, working and visiting Scotland. We particularly support the aim of the Service to challenge discrimination, promote equality and respect human rights. We will continue to be a 'critical friend' in helping them to achieve these objectives.

Board Statement of Organisational Intent

The Service Board is committed to continually improving the services provided to the community and will extend the ethos of our Patient Focus & Public Involvement framework to ensure that those services are also gender competent. The development of equality training for all staff will bring with it the reinforcement that discrimination has no place in our organisation and that any such discriminatory behaviour will be handled through disciplinary procedures.

2. Scottish Ambulance Service

The Scottish Ambulance Service is the largest national ambulance service in Europe and employs four thousand staff across mainland Scotland and Islands with a budget of circa £155 million. It is responsible for the pre-hospital care and transportation of patients to appropriate care facilities for over 0.5 million accidents & emergency and 1.5 million non-emergency cases each year. The Service is delivered regionally for both the Patient Transport Service and the Accident & Emergency Service using both land and air assets.

The Service is a Special Health Board of NHS Scotland. Our primary source of funding is the Scottish Executive Health Department. The service is managed nationally by a Board, which includes Employee Director

As we are a national Service with a local feel, we have six operating divisions covering all of Scotland delivering a range of services from the publicly accessible Accident & Emergency Service, through to our clinically authorised Patient Transport Service - irrespective of background and free at the point of contact. These services are delivered locally and very much integrated with other local agencies including the Health Boards, Local Authorities and volunteer groups, other emergency services and most importantly the patients themselves. To provide seamless patient care it is vital that the Service collaborates with these partners both at the strategic level of planning and organising services and also at the operational level in delivering services.

The Service is continually reviewing its modernisation strategies and plans to support improving services to patients by building a modern Ambulance Service delivering the highest possible standards of care, with the ability to also meet the needs of our NHS Scotland healthcare partners. The modernisation programme includes many initiatives aimed at meeting the new ways of working laid out in "Delivering for Health" the future direction of healthcare in Scotland:

3. Statement of Equality Values, Standards and Principles

The Service is committed, in its role as a provider of health services and as a local employer, not to discriminate against any individual on the grounds of gender, race, disability, age, religion or religious belief and sexual orientation thus promoting equality of opportunity for all and sustaining good relations between all people. It seeks to value and respect staff, patients and other agencies and individuals with whom it engages.

Staff and patients are actively encouraged to challenge and report any incidents of gender discrimination. The Service will seek to promote and integrate the principles and objectives of gender equality in all aspects of its work. It will not tolerate gender discrimination or harassment, and will take

proactive measures to ensure prevention and positive steps to tackle it whenever it occurs.

The Service recognises that men and women, boys and girls, transsexual people and service users have different needs and uses of the health service. By taking into account these different needs, the quality of health services will improve for everyone. There are many differences in patterns of health, differences in respect to certain types of illness and how health services are used by men and women. Some of the key biological and gender health facts can be seen at Appendix 1.

4. Introduction

Gender Equality Duty

The Equality Act 2006 amends the Sex Discrimination Act 1975 to place a legal obligation on all public authorities, when carrying out their functions, to have due regard to the need to:

- eliminate unlawful discrimination and harassment
- promote equality of opportunity between women and men

These two obligations together form 'the general duty' and will come into force on 6 April 2007. All Health Boards in Scotland are also subject to a set of 'specific duties' that set out the actions that must be taken in order to plan, deliver and evaluate action to meet the general duty.

The (proposed) specific duties require NHS Boards to:

- Prepare and publish a Gender Equality Scheme by 29th June 2007 showing how it intends to fulfil the general and specific duties, containing gender equality objectives
- Consult employees, service users and stakeholders [including Trade Unions]
- Take into account any information it considers relevant
- Ensure that the Scheme sets out the actions the health board has taken or intends to take to:
 - Gather information on the effect of its policies and practices on men and women, in employment, services and performance of its functions
 - Use the information to review the implementation of the equality scheme objectives
 - Assess the impact of its current and future policies and practices on gender equality and use this information to inform planning and delivery
 - Develop and publish an Equal Pay Policy and report on progress within three years
 - Ensure implementation of the gender equality scheme objectives
 - Implement a scheme within three years, unless unreasonable to do so
 - Review and revise the scheme at least every three years
 - Report on progress annually

The Gender Equality Duty (GED) is different from previous sex equality legislation in that it requires an organisation to be proactive in the action it takes. This means that the Service must act to promote gender equality, not just to avoid discrimination, and that we must take action to tackle discrimination, rather than waiting for individuals to take cases against us.

In addition to publishing a Gender Equality Scheme organisations are also required to publish by 28th September 2007 an Equal Pay Statement. At the time of drafting this final version of our Gender Equality Scheme, it is our understanding that the Scottish Executive Health Department will, on behalf of all Boards in NHS Scotland, publish an Equal Pay Statement at the end of September 2007.

What is unlawful sex discrimination?

Unlawful sex discrimination in the Sex Discrimination Act and the gender duty means:

- Direct and indirect discrimination against women and men, in employment and education; in goods, facilities and services and in the exercise of public functions
- Harassment, sexual harassment and discrimination on the grounds of pregnancy and maternity leave
- Discrimination on the grounds of gender reassignment in employment and vocational training
- Direct and indirect discrimination in the employment field on the grounds that a person is married or a civil partner
- Victimisation
- Harassment and sexual harassment

A summary of definitions can be found at Appendix 2.

A number of Special Health Boards, including the Scottish Ambulance Service have a national remit in contrast with the region-specific focus of Territorial Health Boards. As a result, a Working Group comprising of representatives from the Scottish Ambulance Service, NHS Education for Scotland, NHS 24, NHQ QIS, NHS Health Scotland and NHS National Services Scotland was established to bring a coherent and consistent approach to the development of their Gender Equality Schemes and Action Plans. This group will continue to meet to refine and review plans in light of developments within their own organisations and within the wider context of NHS Scotland and Scottish Executive policies.

The Service will work with, and seek guidance from:

- o The Equal Opportunities Commission Scotland
- o The Fair for All – Gender Task Force

5. Organisational responsibility for the Scheme

The overall responsibility for the scheme remains with the **Chief Executive Officer** as the Accountable Officer, ensuring that the Service meets its responsibilities under the Equality Act 2006 and ensuring that the Scheme is implemented.

The **Director of Human Resources and Clinical Development** is responsible for ensuring progression of the Gender Equality Scheme (and Equality & Diversity functions) at a strategic level and for monitoring progress within employment, as well as providing an annual report to the Service Board. The **Interim Chief Operating Officer, General Managers and Heads of Department** are responsible to the Board for implementation and operational progression of this Scheme.

The **Equality & Diversity Lead** has responsibility for raising awareness of gender and promoting best practice across the Service in order to progress this Scheme through the Equality and Diversity Steering Group.

Heads of Service and individual **Managers** have a responsibility to promote gender equality within their departments and ensure that the principles of the Gender Equality Scheme are embedded within their business plans, action plans, policies, practices and procedures. They also have a responsibility to protect members of staff from unfair treatment, discrimination, prejudice, harassment or bullying and take positive action to address gender issues, support staff and respect confidentiality at all times. They also have a duty to ensure staff are aware of their responsibilities under the Gender Equality Scheme through access to training and awareness raising.

The operational responsibility for meeting the requirements of the Act and integrating gender equality into service provision and employment lies with **all** members of staff. This includes an individual responsibility to maintain an awareness of gender issues, ensure that behaviours are appropriate at all times, ensure training is obtained where relevant and openly challenge inappropriate behaviour.

Trade Unions and Staff Side Representatives have a responsibility to work in partnership with the Service to tackle gender discrimination, prejudice and harassment at work.

All of the above are supported by the PFPI and Equality & Diversity Steering Groups. The Service's Equal Opportunities Policy, Race Equality Scheme and Disability Equality Scheme also encompasses the broader principles of the Scheme.

6. Gender Equality in Context

Despite 30 years of sex discrimination legislation, there is still widespread discrimination – sometimes intentional sometimes unintentional – and persistent gender inequality. Public bodies will now have to look at who uses their services and consider what different needs men and women, including transsexual people, have and address these needs appropriately

The health service is a substantial area of expenditure in Scotland and improving Scotland's health and delivering high quality patient services and care is a high priority for the Scottish Executive. Delivering a "culturally competent" service in the NHS was initially focussed on race under the banner of "Fair for All". These principles have now been extended to other equality strands, including gender, to integrate equality considerations into the design and delivery of health services in Scotland. The NHS Reform (Scotland) Act 2004 places a duty on NHS Boards to promote equal opportunities. NHS Scotland's Chief Executive recently underlined the commitment by insisting that equity and equality must be embedded in NHS Scotland's clinical priorities of cancer, coronary heart disease and mental health if patient services that are fair for all are to be delivered.

The persistence of major health problems in Scotland remains a challenge for NHS Scotland, as well as other public bodies and the economy. There are undoubtedly considerable social class variations in health with some areas in Scotland ranking amongst the highest in the UK in relation to mortality and poverty. However, there are also significant gender differences associated with social and economic variations. Gender also appears to influence the experience of men and women in using the health service and treatment once in care. The Gender Equality Duty provides an opportunity to ensure our services take account of these differences and deliver services that respond sensitively to all aspects of an individuals life circumstances.

The NHS Scotland is a major employer and therefore has a significant role to play in tackling gender inequality in the workforce. The Scottish labour market remains highly segregated by gender. Despite 82% of employees working in the health and social work sector being women, they only make up 19% of Chief Executives in the health service. Well-intentioned policies aimed at improving work-life balance may have enabled many women to combine employment and work at home but may also reinforce gender roles that balancing work and home life is a women's responsibility. Ethnic minority women are especially under-represented in senior positions in Scotland's public sector.

The Gender Equality Duty will require health boards to tackle occupational segregation, act on data to remove barriers that prevent men and women reaching their potential and play a significant role in achieving gender equality in employment in the public sector.

7. The Gender Equality Scheme

Whilst there is no requirement for the Service to have a Scheme in place by April 2007 there is a need to meet the general duty by 6th April 2007 and as such have decided it is appropriate therefore for a draft Scheme to be in place by then. Work on the Scheme is still in progress and between April and June 2007 we will discuss more fully with staff what the Gender Equality Goals and Objectives should be.

Goals and Objectives

Goals

The Service has the following Gender Equality Goals:

- To redress any gender imbalances in the way the Scottish Ambulance Service delivers its services to the public, patients and stakeholders
- Through the reducing health inequalities project board the Service will identify health inequalities experienced by men and women and where appropriate will introduce changes which will help eliminate inequalities
- Identify particular gender equality goals set by partner Territorial Health Boards in which our services play a part and revising our Gender Equality Scheme as appropriate

Objectives

To address inequality issues for men, women and transsexual people across Scotland the Service has a number of objectives.

1. Leadership and putting the Gender Equality Scheme into practice

We recognise that the success of any Scheme is dependent upon those responsible for taking the appropriate actions. Organisational responsibility for the Scheme is very clear and the Action Plan provides further detail of outcomes and key actions required.

Every part of the organisation will have a strategic role to play in the successful implementation of the Gender Equality Scheme. Details of the Action Plan can be found at Appendix 5.

2. Consultation and involvement

A key element of the Scheme is to actively involve employees and stakeholders in its development in general terms and in particular, in the identification of gender goals. .

Through the National Partnership Forum discussion will take place in relation to what the gender goals and objectives should be for the next three years. At Divisional level staff will be involved through local Partnership Forums and Management Team Meetings.

Employees can make comment and raise any suggestions through the Equality and Diversity section on the intranet. We also invite members of the public to comment via the website.

Stakeholders will be able to contribute through the Reducing Health Inequalities Project and Involving People Group. Internally work will also continue through the Patient Focus Public Involvement and Equality and Diversity Steering Groups.

In future we will continue to involve employees and stakeholders in both reviewing the existing Scheme and the development of any future Schemes. The draft Scheme will be a base from which to start this process.

3. Assessing the impact or likely impact of functions, policies and practices on gender equality

All of the policies and functions have been reviewed in relation to how relevant they are to the equality duty created by the Equality Act 2006.

The purpose of the impact assessment is twofold:

- To ensure that neither sex is disadvantaged by the Service's decisions and activities
- To identify where the Service can promote equality of opportunity between men and women
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Based on previous experience and learning we have updated our assessment of functions and policies by listing all of our functions, policies and practices and assessing the degree of relevance. The potential to affect men and women differently has been considered in order to establish priorities and whether this should be high, medium or low priority. Those functions, policies or practices identified as high priority will take precedence for equality impact assessment. A full list of functions, policies and practices can be seen at Appendix 3.

The HR Directorate management team are provided with regular updates so that early remedial or corrective action can be taken, or good practices shared. Divisions are tasked to seek joint arrangements with partners to avoid unnecessary duplication and ensure effective consultation takes place.

All Departmental managers have been trained to ensure there is an understanding of the purpose of the equality impact assessment process and this is carried out at local level. We will continue to develop capacity for applying the equality impact assessment process to ensure all impact assessments are complete.

4. Training and awareness

To raise awareness and promote gender equality across the organisation we recognise the need to further develop training to ensure that both individual needs are met and gender equality is embedded in all that we do.

Integral to the NHS Agenda for Change programme the Service is reviewing the current system for performance and development review / appraisal to ensure all staff have the opportunity to discuss their own development needs annually. The NHS Knowledge and Skills Framework is being introduced across the Service. All post outlines will clearly identify equality and diversity as a core dimension clarifying the need to act in ways that support equality and diversity.

5. Measuring and monitoring

Monitoring of the Scheme will be summarised in the Service annual report. This report will show what progress has been made towards the achievement of the Scheme objectives and Action Plan. The Action Plan will be monitored for effectiveness and areas identified for priority action or where lacking in progress will be escalated to the appropriate level as required, ultimate responsibility for delivery of the Action Plan resting with the Board.

All information gathered will help to influence strategic and operational decision making at local and regional levels.

There are systems in place to gather information on the gender of the service users of the Scottish Ambulance Service. This includes the numbers of men and women using Accident and Emergency and Patient Transport Services.

Patient satisfaction surveys are conducted annually and data collected includes gender together with other equality details. This data is analysed and used to ensure the service continuously improves. Rather than just recording demographic details consideration will be given as to whether men and women have different experience of the Service.

The Service monitors the gender of its employees in addition to monitoring for race and disability. In order to establish a base from which to work employee data was summarised as at 1st October 2006. The staff composition can be seen at Appendix 4.

The following employee details are collected and in future this will be further broken down by gender.

- Staff currently working for us
- Applicants for employment, training and promotion
- Staff who receive training
- Staff who benefit or suffer from performance appraisals
- Staff who are involved in grievance procedures
- Staff who are subject to disciplinary action

- Staff who end their employment

In the past some employees have declined to provide equality monitoring details. We will endeavour in future to improve this situation and thus reduce the data gap.

Occupational Segregation

Employee monitoring will continue and steps will be taken to address any imbalances. Whilst it is recognised that the majority of vehicle crew staff are male this situation has greatly improved over the last 10 years as more women have joined the Service. Currently there are 31% women and 69% men employed by the Service.

The recruitment process is currently being reviewed and a new computerised recruitment system is being introduced. This will result in better capture of data, which will inform discussion, and revision of goals and objectives in future.

Monitoring of policies

In addition to the capture of employment data the Service will also monitor policies to ensure these are used by men and women and should there be evidence of adverse impact on specific groups then actions will be taken to eliminate this.

Data will be captured in order to analyse the use of the following policies:

- Recruitment and selection
- Flexible working
- Part time working
- Carers leave
- Managing pregnancy and maternity leave
- Dignity at work policy
- Discipline and grievance procedures
- Retirement

Equal Pay Policy

The term equal pay relates to payment for work of equal value regardless of whether the post holder is a man or women.

As part of the NHS Scotland the Service recently introduced Agenda for Change. Agenda for Change is a pay and reform package that aims to ensure that those who work for the NHS are paid on the basis of equal pay for work of equal value. Agenda for change applies to all staff who work directly for the NHS except the most senior managers and those covered by the Doctors' and Dentists' Pay Review Body.

6. Communicating the results

This scheme will be readily accessible to both members of staff and the public, via published documents, the Scottish Ambulance Service website and intranet and in alternative formats as requested.

The scheme will be brought to the attention of all staff through induction courses so that it becomes an integral part of our culture. Appropriate training will be provided as detailed in the Action Plan.

In addition to the scheme, we will publish the results annually and outcomes of our monitoring processes and any action the Service intends to undertake based on the results of our findings.

7. Procurement

The Service acknowledges that our general duty to promote gender equality extends into those situations where any of our functions or services are contracted or sub-contracted to other organisations, groups or individuals as well as direct works such as building works and repairs.

We will impact assess our procurement, tendering and contract management processes as an early measure to ensure that meeting the gender equality duty is built-in to the procurement process so that services are provided in ways which promote equality of opportunity for, eliminate discrimination and harassment against, men and women. We will monitor agreements with any out-sourced service providers, e.g. Recruitment, Occupational Health, to ensure they are fully aware of this Gender Equality Scheme, and undertake to comply with the Service organisational requirements when acting on our behalf. To ensure any contractors conduct their duties in a manner that assists us to meet our obligations under the general equality duty, we will take the following steps:

- To be accepted on our tender lists, and to be awarded a contract or have one renewed, organizations will be required to provide information about any findings of sex discrimination or harassment relating to them, and will be required to adopt the Equal Opportunities Commission's statutory Codes of Practice and other guidance on complying with the terms of the Sex Discrimination Act, the Equality Act and the Gender Equality Duty.
- We will ensure our procurement services align with guidance published by NHS National Services Scotland on national systems of procurement on behalf of NHS Scotland.

We will support all of this by providing training to staff involved in procurement.

In addition to our role in procurement, we recognize that if we work in partnership with other organizations, our responsibility to promote gender equality in our work continues to apply. We will also ensure that our partners

receive a copy of this Gender Equality Scheme and that gender equality is considered at an early stage in our entering into partnership agreements. We will also review our current list of partners to ensure inclusion of organizations representing the experiences, interests and views of men and women.

8. Raising Concerns or Complaints

- All complaints received by the Service regarding service delivery will be monitored for any gender element and the equality profile of the complainant.
- Every support will be provided to staff wishing to raise a concern to enable matters to be resolved on an informal basis. Employees who wish to make a formal complaint will be supported and any alleged act of gender discrimination or harassment will be fully investigated and appropriate action taken as necessary.
- Dignity at work awareness will be promoted across the Service and anti-bullying and harassment training will be made available to all staff.
- The Service will continuously work with its partner organisations to identify improvements to its services and employment practices

9. Conclusion

We believe our Gender Equality Scheme will serve as an informative guide in promoting a better understanding of the importance of gender equality amongst those who use our service and the staff we employ.

We are committed to an agenda of continuous improvement and to ensure we consider gender and gender equality in a proactive way in everything we do at the outset. Through our Action Plan we will strive to achieve tangible outcomes and improvements in gender equality across the organisation.

Shirley Rogers
Director of Human Resources and Clinical Development
June 2007

Appendix 1

Gender and Health

Biological differences between the sexes

- Men typically develop heart disease ten years earlier than women.
- Women's immune systems make them more resistant than men to some kinds of infection including tuberculosis.
- Women are around 2.7 times more likely to develop an auto-immune disease such as diabetes.

Gender differences in health and illness

- Men are more likely than women to commit suicide
- Boys are twice as likely as girls to be killed or seriously injured in pedestrian road accidents
- Life expectancy for women in Scotland is the lowest in the EU and for men the second lowest
- Women are more likely to suffer from anxiety depression
- The gap between male and female smoking rates is beginning to narrow as young women are taking up the habit more frequently than young men
- Men are more likely than women to die of injuries but women are more likely to die of injuries sustained at home
- Women make greater use of health services. Only in part does this reflect reproductive
- Women on the whole have better health-related behaviours than men in respect of diet, alcohol and smoking

Appendix 2

Gender Equality Scheme Summary of definitions

Equality - The principle by which all persons are treated in a fair way. It is about creating a fairer society where everyone can take part and has the opportunity to fulfil their potential. Focuses on positive action for minority / under-represented groups.

Diversity - This is about recognising and valuing difference in the broadest sense for the benefit of patients, carers, members of the public and staff. Focusing on the benefits of utilising the potential and strengths of everyone and respecting and treating people as individuals.

Gender – Refers to roles, attitudes, values and behaviours given to women and men by society. These characteristics can vary depending on which society we live in. For example, traditionally, a gender role would suggest that women should look after children, while men continue to work.

Sex – Refers to how we were born, and the biological and physical differences between men and women. People are born male and female, learn to be boys and girls and grow into men and women.

Transsexual - A person who intends to, or is undergoing or has undergone gender reassignment to change sex. It means that the person identifies with the sex other than that on their birth certificate or often feels they were born with the wrong body.

Gender Reassignment – A process taken under medical supervision, of reassigning a person's gender by changing physical or other characteristics and alter their bodies to match their gender identity.

Transgender – An all-encompassing umbrella term to describe the whole range and diversity of gender identity and expression, including transsexual.

Gender Mainstreaming – Is an approach to integrating gender considerations into all facets of work. It involves ensuring that gender views and attention to the goal of gender equality, are central to all activities – policy development, research, advocacy, dialogue, legislation, resource allocation and planning, implementation and monitoring of programmes and projects.

Duty – A compulsory and legal responsibility to do something, in this case, to eliminate sex discrimination and promote gender equality.

Gender Disaggregated Data – Information that has been collated and analysed by gender, for example making sure that the results of patient satisfaction surveys include a question whether a patient is male or female. The results of the survey would highlight any differences between men's and women's satisfaction with their treatment / service.

Occupational Segregation –Is where men and women are employed at different jobs in the workplace and occurs when men or women are in a majority in a particular job. For example, men working in construction and women working in child care.

Equal Pay – The term equal pay relates to payment for work of equal value regardless of whether the post holder is a man or women. Variations in work of a similar kind must be as a result of a material factor, which is not the difference of sex. It is recognised there is still inequality between pay for men and women despite Equal Pay legislation being in place for over thirty years.

Agenda for change – this is a recent pay and reform package that aims to ensure that those who work for the NHS are paid on the basis of equal pay for work of equal value. Agenda for change applies to all staff who work directly for the NHS except the most senior managers and those covered by the Doctors' and Dentists' Pay Review Body.

Functions – refers to the full range of duties and powers of an organisation. It covers internal and external functions, including service delivery (e.g. clinical care, research, education and health improvement projects)

Policy – is an umbrella term for everything an organisation does and includes legislation, strategies, services and functions. Any assessment of a policy should include an examination of long standing “custom and practice” and management decisions, as well as any formal written policy.

Direct discrimination – occurs when someone is treated less favourably than others on grounds of their gender

Indirect discrimination – occurs when a provision, criterion or practice, disproportionately disadvantages someone on grounds of their gender

Harassment – occurs when conduct is applied which is unwanted and has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person having regard to all the circumstances.

Due regard – this concept is based on proportionality and relevance. It is the weight given to gender equality which should be proportionate to its relevance to a particular function. The greater the relevance of the function to the duty, then the greater regard that should be paid to it.

Appendix 3

Review of functions, policies and practices for relevance to the general duty on gender equality

All of the policies, functions and practices have been reviewed in relation to how relevant they are to the general duty as laid out in the Equality Act 2006 and as defined in the Code of Practice on the Gender Equality Duty.

To assess relevance, the table lists what part of the general duty each policy or function relates to as follows;

- A to eliminate unlawful discrimination and harassment
- B to promote equality of opportunity between men and women

- 0 none
- 1 a little
- 2 some
- 3 substantial

Priority

- 0 – 1 low
- 1 – 2 medium
- 2 – 3 high

Policies, functions and practices	Status	Internal or external	Relevance			Comments
			Link to general duty	Potential to affect on men and women differently	Priority High, Medium or Low	
	Current / proposed					
Function: Operations - Chief Operating Officer						
Emergencies – mental health	Current	Internal	A & B	2	Medium	Influences practical delivery of general duty
Mental health care & treatment	Current	Internal	A & B	2	Medium	Influences practical delivery of general duty
Project development – mental health first aid training	Current	Internal	A & B	1	Medium	Influences practical delivery of general duty
Paramedic primary SOP/details	Current	Internal	A & B	1	Low	Little evidence of potential for adverse impact
Mental Health	Current	Internal	A & B	2	Medium	Influences practical delivery of general duty
Function: Clinical – Director of HR & Clinical Development						
Clinical reporting standard	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
FAQ's	Current	Internal	-	0	Low	Little evidence of potential for

						adverse impact
Memo of understanding	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Function: Finance – Director of Finance						
Payroll procedures	Current	Internal	A & B	1	Low	Little evidence of potential for adverse impact
Purchasing / ordering	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Financial planning	Current	Internal	A & B	2	Medium	Scope for promoting good relations
Processing of accounts	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Petty cash/ banking	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Disposal of assets	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Expenses	Current	Both	A & B	2	Medium	Scope for differential treatment / adverse impact
Function: Procurement – Head of Procurement						
Dealing with suppliers – guidance	Current	Both	A & B	2	Medium	Fairness, openness & transparency are key. Scope for promoting good relations and positive external image of the organisation
Environmental policy	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Tendering process / guidance	Current	Both	A & B	2	Medium	Fairness, openness & transparency are key. Scope for promoting good relations and positive external image of the organisation
Uniform disposal	Current	Internal	-	0	Low	Little evidence of potential for

						adverse impact
Uniform – contract review	Current	Internal	-	0	Low	Little evidence for potential for adverse impact
Function: Fleet – General Manager Fleet Services						
Blue light status	Current	Internal	-	0	Low	Little evidence of potential for adverse impact. Status dependent on role
Lease car scheme	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Acquisition / procurement	Current	Internal	A & B	2	Medium	Scope for promoting good relations and positive external image of organisation
New vehicle specification	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Environmental policy	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Function: Estates – Estate Manager						
Construction regulations	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Guidance for Safe Working i.e. asbestos, electrical etc	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Fire safety policy	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Environmental strategy	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Spillages	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Sustainable development	Current	Internal	-	0	Low	Little evidence of potential for

						adverse impact
Function: Information, Communications & Technology – General Manager ICT						
Equipment adoption request	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Use of equipment	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Internet & email policy	Current	Internal	A & B	0	Low	Little evidence of potential for adverse impact
Website / development	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Staff training plan	Current	Internal	A & B	2	Medium	Essential to meet the general duty
Guidelines – good practice	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Samson user guide	Current	Internal	-	1	Low	Little evidence of potential for adverse impact
Function: Emergency Medical Dispatch Centre / PTS Call Handling – Head of Control / Head of Service						
C & C operating procedure	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
PTS booking procedure	Current	Internal	A & B	2	Medium	Essential to meet the general duty. Scope for different treatment
Critical incident reporting	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Continuity plans for loss of operating procedure	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
C & C Audit Procedure	Current	Internal	A & B	2	Medium	Essential to meet the general duty. Scope for different treatment.
Function: Personnel – Head of Personnel						
Absence management	Current	Internal	A & B	2	Medium	Potential for different treatment. No

						evidence of adverse impact
Adoption & fostering	Current	Internal	A & B	1	Low	No evidence of potential for adverse impact
Driving licence admin	Current	Internal	-	0	Low	No evidence of adverse impact
Appraisal / Performance Development & Review	Current	Internal	A & B	2	Medium	Use of this will assist in mainstreaming equality & diversity into all staff work objectives and training plans
Occupational stress	Current	Internal	-	0	Low	No evidence of adverse impact
Dignity at work	Current	Internal	A & B	2	Medium	Policy to identify & challenge discrimination in the workplace.
Discipline	Current	Internal	A & B	2	Medium	Tool for dealing with discrimination in the workplace
Disclosure	Current	External	-	0	Low	No evidence of potential for adverse impact
Equal opportunities	Current	Both	A & B	3	High	Vehicle for promoting equality across the whole of the organisation. Essential to meet the general duty.
Facilities for TU Reps	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Career breaks	Current	Internal	A & B	2	Medium	Scope for different treatment
No smoking	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Job sharing	Current	Internal	A & B	2	Low	No evidence of potential for adverse impact
Management of Aids/ HIV	Current	Internal	A & B	1	Low	No evidence of potential for adverse impact
Management of change	Current	Internal	B	1	Low	No evidence of potential for adverse impact

Capability	Current	Internal	A & B	2	Medium	Essential to meet the general duty. Scope for different treatment
Maternity provisions	Current	Internal	A & B	3	High	Potential for different treatment
Parental leave	Current	Internal	A & B	3	High	Potential for different treatment
Paternity leave	Current	Internal	A & B	3	High	Potential for different treatment
Adoption	Current	Internal	A & B	3	High	Potential for different treatment
Fostering	Current	Internal	A & B	3	High	Potential for different treatment
Relocation & expenses	Current	Internal	B	1	Low	No evidence for potential adverse impact
Resolution of differences	Current	Internal	A & B	2	Low	No evidence for potential adverse impact
Special leave	Current	Internal	A & B	2	Medium	Potential for different treatment
Business conduct	Current	Internal	A & B	3	High	Essential part of meeting the general duty
Recruitment	Current	Both	A & B	3	High	A critical element of meeting the general duty
Race Equality Scheme	Current	Internal	A	1	Low	Contributes to integration of equal opportunities across communities
Disability Equality Scheme	Current	Both	A	1	Low	Contributes to integration of equal opportunities across communities
Gender Equality Scheme	Current	Both	A & B	2	Medium	Future contribution to equal opportunities across organisation
Workforce plan	Current	Internal	-	1	Low	No evidence of potential adverse impact
Training, Education & Development	Current	Internal	B	2	Medium	Scope for different treatment
HR Strategy	Current	Internal	A & B	2	Medium	Scope for different treatment
Shift review policy	Proposed	Internal	-	0	Low	No evidence of potential adverse impact

Function: Health & Safety – Health & Safety Manager						
Substance abuse	Current	Internal	-	0	Low	No evidence of potential adverse impact
Control of infection	Current	Internal	-	0	Low	No evidence of potential adverse impact
DSE & guidance	Current	Internal	-	0	Low	No evidence of potential adverse impact
H & S policy, organisation & responsibility	Current	Internal	A	1	Low	No evidence of potential adverse impact
Accident & incident reporting	Current	Internal	A	1	Low	No evidence of potential adverse impact
Risk assessment	Current	Internal	A	1	Low	No evidence of potential adverse impact
Violence & aggression	Current	Internal	A	1	Low	No evidence of potential adverse impact
Manual handling/assessments	Current	Internal	-	1	Low	No evidence of potential adverse impact
Audit & review	Current	Internal	-	2	Medium	Scope for different treatment
Working at height	Current	Internal	-	0	Low	No evidence of potential adverse impact
H S & W committee	Current	Internal	-	0	Low	No evidence of potential adverse impact
Safety Representative	Current	Internal	-	0	Low	No evidence of potential adverse impact
Equipment maintenance & inspection	Current	Internal	-	0	Low	No evidence of potential adverse impact
Driver fatigue	Current	Internal	-	0	Low	No evidence of potential adverse impact
Decontamination CS	Current	Internal	-	0	Low	No evidence of potential adverse

spray						impact
Safety committees	Current	Internal	-	1	Low	No evidence of potential adverse impact
No smoking	Current	Internal	-	0	Low	No evidence of potential adverse impact
Lone workers	Current	Internal	-	0	Low	No evidence of potential adverse impact
RIDDOR guide	Current	Internal	-	0	Low	No evidence of potential adverse impact
Disposal – clinical waste	Current	Internal	-	0	Low	No evidence of potential adverse impact
Vehicle cleaning & disinfection	Current	Internal	-	0	Low	No evidence of potential adverse impact
Carriage of infectious disease cases	Current	Internal	-	0	Low	No evidence of potential adverse impact
Needlestick injuries	Current	Internal	-	0	Low	No evidence of potential adverse impact
Incidents & radioactivity	Current	Internal	-	0	Low	No evidence of potential adverse impact
Admin of radioisotopes	Current	Internal	-	0	Low	No evidence of potential adverse impact
Ambulance operation risk assessment	Current	Internal	-	1	Low	No evidence of potential adverse impact
Deployment of airbags	Current	Internal	-	0	Low	No evidence of potential adverse impact
Occupational health			-	1	Low	No evidence of potential adverse impact
Function: Corporate Affairs – Corporate Affairs Manager						
Freedom of info	Current	Both	-	0	Low	No evidence of potential adverse

						impact
Complaints procedure	Current	Both	A & B	2	Medium	Scope for different treatment
Standing orders – board	Current	Both	-	0	Low	No evidence of potential adverse impact
Standing orders - finance	Current	Both	-	0	Low	No evidence of potential adverse impact
PFPI Strategy	Current	Both	A & B	1	Low	No evidence of potential adverse impact
Function: Performance & Planning – General Manager PPU						
Disposal of contaminated waste	Current	Internal	-	0	Low	No evidence of potential adverse impact
Management of risk strategy	Current	Internal	-	0	Low	No evidence of potential adverse impact
Information governance	Current	Both	-	0	Low	No evidence of potential adverse impact
Access to personal health records	Current	Internal	-	0	Low	No evidence of potential adverse impact
Confidentiality – visitors	Current	Internal	-	0	Low	No evidence of potential adverse impact
Data protection strategy	Current	Internal	-	0	Low	No evidence of potential adverse impact
Disclosure health info	Current	Internal	-	0	Low	No evidence of potential adverse impact
Protection patient confidentiality	Current	Internal	-	0	Low	No evidence of potential adverse impact
Storage, maintenance & disposal of records	Current	Internal	-	0	Low	No evidence of potential adverse impact
Function: Service Developments – Project Boards						
A & E Service Operations	Propos	Internal	-	1	Low	No evidence of potential adverse

Centre Review	ed					impact
Agenda for change	Proposed	Internal	A & B	3	High	Essential part of meeting the general duty
Cab based terminal project	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Clinical information	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Environmental management	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
ICT strategy	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Non emergency service redevelopment	Proposed	Internal	A & B	1	Low	No evidence of potential adverse impact
Operations room review	Proposed	Internal	A & B	1	Low	No evidence of potential adverse impact
Radio systems replacement project	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Re-procurement of air ambulance services	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Voice & data infrastructure	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Vulnerable adults	Proposed	Internal	A & B	2	Medium	Scope for different treatment
IHT service	Proposed	Internal	B	2	Medium	Scope for different treatment
Uniforms re-procurement	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Rural health solutions	Proposed	Internal	B	1	Low	No evidence of potential adverse impact

Reducing health inequalities	Proposed	Internal	A & B	2	Medium	Scope for different treatment
Developing enhanced skills	Proposed	Internal	A & B	1	Low	No evidence of potential adverse impact
Reducing hospital admissions	Proposed	Internal	B	2	Medium	Scope for different treatment
Absence management	Proposed	Internal	B	1	Low	No evidence of potential adverse impact

Appendix 4
Staff Composition

Table 1 - Analysis of workforce at October 2006 – gender, band and ethnicity

Ethnic Origin	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
White																	
White Other British			1	3	26	36	16	53	34	72		12	2	9	3	10	277
White Scottish	6		56	48	282	405	203	502	206	664	24	157	13	85	2	17	2670
White Irish				1	1		1	5	3	3		1	1				16
Other White																	
Other White Background					1	2	2	4	3	3		1	1				17
Mixed Background																	
Any Mixed Background																	6
Asian or Asian British																	
Indian																	
Bangladeshi																	
Pakistani																	1
Black or Black British																	
African																	1
Caribbean																	
Chinese																	

Chinese																		2
Other																		
Other Ethnic Background																		1
Declined to Comment	2		57	35	99	163	74	180	40	123	4	14	1	2	2	3		799
Totals	8		114	87	409	607	297	745	288	869	28	185	18	97	7	31		3790

Table 2 – Analysis of workforce October 2006 – gender band and disability

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Disabled	0	0	1	0	4	5	0	9	0	12	0	4	0	3	0	1	39
Non-disabled	8	0	113	87	405	604	299	737	289	855	28	182	18	94	4	28	3751
Totals	8	0	114	87	409	609	299	746	289	867	28	186	18	97	4	29	3790

Table 3 - Analysis of workforce at October 2006 – gender, band and part-time/full-time

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
FT	0	0	92	70	332	554	270	722	262	859	28	182	17	97	4	27	3516
PT	8	0	22	17	77	55	29	23	27	10	0	3	1	0	0	2	274
Totals	8	0	114	87	409	609	299	745	289	869	28	185	18	97	4	29	3790

Table 4 - Analysis of workforce at October 2006 – gender, age, band and part-time/full-time

		Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals	
Gender	Age Band	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Female	16-25	0	0	23	1	21	4	10	0	0	0	1	0	0	0	0	0	55	5
	26-50	0	6	57	15	272	62	242	29	249	26	24	0	13	1	4	0	861	139
	51+	0	2	12	6	38	11	18	0	13	1	3	0	4	0	0	0	88	20
Female Total		0	8	92	22	331	77	270	29	262	27	28	0	17	1	4	0	1004	164
Male	16-25	0	0	3	0	15	0	6	0	1	0	0	3	0	0	0	0	25	3
	26-50	0	0	22	8	299	32	492	20	723	9	147	0	50	0	22	1	1755	70
	51+	0	0	45	9	239	23	223	3	135	1	35	0	47	0	5	1	729	37
Male Total		0	0	70	17	553	55	721	23	859	10	182	3	97	0	27	2	2509	110
																		Total 3787	

Appendix 5
Gender Equality Action Plan

Objective	Lead	Additional Comment	Target Date
Objective 1 Leadership and putting the Gender Equality Scheme into practice			
Nominated Executive lead	S Rogers		Completed
Identify gender champions in each function and division	General Managers, Department Heads, Divisional Personnel Managers		1 January 2007
Develop joint projects, particularly through the Reducing Health Inequalities Board	Chair of Board – S Rogers		Continuous
All new / proposed policies to be equality impact assessed using rapid impact assessment tool before sign off	Director of HR & Clinical Development		
Continue to raise awareness of the scheme both externally and internally with Service users and our own employees	All managers	With increased awareness any concerns from staff should be reduced	Continuous
Conduct annual gender audits with divisions and functional departments	Heads of Service/ Department, E&D Lead, Divisional Personnel Manager		Annually in September
Prepare supporting action plans to support the scheme & audit outcomes	Heads of Service/ department, E&D Lead, Divisional Personnel Manager		Review annually & adjust as required
Ensure procurement procedures meet the needs of the Equality Act 2006	Procurement Manager	Guidance will be provided by National Services	Ongoing with annual review

		Scotland December 2006	
Publish Gender Equality Scheme	Director of HR & Clinical Development	June 2007	
Publish Equal Pay Statement	Director of HR & Clinical Development	September 2007	

Objective	Lead	Additional Comment	Target Date
Objective 2 Consultation and involvement: involve patients, staff and stakeholders and gender organisations with our work			
Gaining a clearer picture of local and national groups that promote the views, or who are elected to speak on behalf of men, women and transsexual people.	E&D Lead & Divisional Leads		2007 - 2010
Continuing to work with our local partners to develop a Reference Group, that will inform Service on gender equality issues and make recommendations to inform this Scheme	E&D Lead		2007 – 2010
Involving service users and staff in developing further methods of gaining feedback	All managers PFPI Steering Group		Continuing

Objective	Lead	Additional Comment	Target Date
Objective 3 Assessing the impact of functions, policies and practices			
Identify list of functions, policies and practices and prioritise those with high relevance for equality impact assessment	E & D Lead		June 2007

Annually review prioritised list of functions, policies and practices	E & D Lead		September
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Objective	Lead	Additional Comment	Target Date
Objective 4 Training and Awareness: build a positive and well-informed gender equality culture.			
Working with local partners to develop and deliver Gender Equality awareness-training programme, including consideration of relearning. Incorporate gender equality into existing training programmes	Head of Education & Training and E&D Lead		During 2007
Utilising Service Intranet and Internet sites as methods to communicate information about the Scheme, gender awareness and positive aspects of gender equality.	As Above with IT team		2007 – 2010
Utilising Service communication systems e.g. notice boards and publications to promote positive messages about gender.	All managers		Continuous
In-line with the National Health Service Knowledge and Skills Framework, assessing management competencies in relation to equality issues including gender	Line managers		Performance Development Plans for all staff. By Dec 2007 all staff to have completed first PDP using KSF outlines
To raise the awareness of the Dignity at Work policy anti-bullying and harassment training will be provided for all line managers	Head of Personnel		End 2007

Objective	Lead	Additional Comment	Target Date
Objective 5 Measuring and Monitoring: to ensure that we meet the gender equality goals and objectives we set.			
Agreeing measures of success and key performance indicators to measure the success and impact of the Scheme	E&D Steering Group & partnership Forum		2007
Developing methods to gain quantitative and qualitative forms of feedback from service users and staff	E&D / PFPI steering groups		2007 – 2010
Agreeing a rolling-programme of audits	E&D steering Group		Annually
Review accessibility of complaints policy	E & D steering		
Take up of the following policies will be closely monitored: flexible working, part time working, carers leave, maternity leave and retirement	Head of Personnel		

Objective	Lead	Additional Comment	Target Date
Objective 6 Communicating the Results			
Review the Scheme and publish the outcomes of the Action Plan on an annual basis	E&D Steering Group		2007

Objective	Lead	Additional Comment	Target Date
Objective 7 Procurement			
Equality impact assessment to be completed for procurement, tendering and contract	Head of Procurement		December 2007

management processes			
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