

The Scottish Ambulance Service
A Special Health Board of NHS Scotland

Gender Equality Scheme Report June 2009

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1. Foreword

This is the second report of its kind providing an update on the progress made since the Gender Equality Scheme was published in June 2007. It aims to provide the public, stakeholders, our partners and our staff with details of the on going activities in the area of gender equality.

The Gender Equality Scheme and Action Plan is aimed at ensuring that we do not consciously or unconsciously discriminate, that we improve equality of opportunity for men and women, develop better links with stakeholders and partners and a greater understanding of the impact our Service has on gender equality.

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. With this in mind our progress in this area will be monitored closely to ensure we achieve tangible outcomes.

2. Introduction

In publishing this report the service wishes to go beyond the requirement to be legally compliant but rather to acknowledge the good work that is on going in this area and to focus the areas of priority for future.

The Gender Equality Scheme was published in June 2007 to meet with the requirements of the Gender Equality Duty which came into force in April 2007. The Scheme set out the commitment to progressing gender equality and the steps to be taken to implement the gender equality duty between 2007 and 2010. An Equal Pay Statement was published in September 2007. The Gender Equality Duty was introduced in the Equality Act 2006 and places an obligation on all public bodies to:

- Eliminate unlawful discrimination and harassment
- Promote equality of opportunity between men and women

The Gender Equality Duty 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, but must take action to tackle discrimination, rather than waiting for individuals to make complaints. Men and women, boys and girls, staff and people that use the Service have different needs and requirements of the health service. By taking into account the different needs of men and women including transsexual people, the quality of health service will improve for everyone. Since the Service is a major employer the Gender Equality Duty should improve work practices also.

A summary of definitions can be found at Appendix 1.

This area of equality is still relatively new and clearly there is much work still to be done. The Action Plan published in June 2007 and updated in June 2009 can be seen at Appendix 2. This report provides an update on the key objectives outlined in the plan.

We would welcome your comments and suggestions on the content of this report and these should be addressed to:

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3. Scottish Ambulance Service and its population profile in relation to gender

The Scottish Ambulance Service is a Special Health Board of NHS Scotland. It employs approximately 4,300 staff across mainland Scotland and Islands with a budget of around £200 million.

It is responsible for the pre-hospital care and transportation (where necessary), using aircraft and land vehicles, of patients to appropriate care facilities for circa 600,000 accident & emergency and 1.6 million non-emergency cases each year. The Service also requires to manage an annual rise in demand for both the Accident and Emergency and Patient Transport Services.

Staff profiling in relation to gender

The Service is able to capture equal opportunity information through the Computerised Human Resource Information System. Data relating to applicants who wish to join the Service is monitored at recruitment stage. Patients details are collected via the ePatient Record Form via the cab based terminals in emergency vehicles and via the booking system for Patient Transport Services.

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

4. Gender Action Plan Outcomes

The following sections provide details on the progress of the objectives outlined in the Gender Equality Action Plan published as part of the Gender Equality Scheme in June 2007.

4.1 Leadership and putting the Gender Equality Scheme into practice

The Director of Human Resources and Clinical Development has overall executive lead for equality and diversity including responsibility for ensuring progression of the Gender Equality Scheme at strategic level and for monitoring progress within employment as well as providing an annual report to the Board.

Work has been done to improve the layout of the Equality and Diversity sections of the website and intranet to ensure there is easier access to information relating to gender equality for staff and the public.

Reducing Health Inequalities

In July 2008 the Service launched the New Ways of Clinical Working project. Key to this project is the development of a national / divisional engagement consultation framework to enable open dialogue and engagement with patients, stakeholders and the public about new ways of clinical working. At the same time the Service will engage with its staff to ensure they are well informed and have opportunities to feedback their views about proposed new ways of clinical working. Reducing Health Inequalities is a key workstream of the New Ways of Clinical Working project.

Key actions

- Involve men and women and boys and girls in the development of new ways of clinical working / service redesign

4.2 Consultation and involvement: involve patients, staff and stakeholders and gender organisations in our work

Through national and local partnership forums, management team meetings and staff governance group meetings staff are made aware of equalities issues including the gender equality duty.

The Service has started to analyse in more detail service user and employee data by gender in order to identify gaps and trends which may suggest unequal access to services and employment opportunities.

The Service continues to work closely with the Scottish Health Council and through the Patient Focus Public Involvement Steering Group works to ensure community engagement and patient involvement informs both strategic direction and policy development in relation to health inequalities.

Patient Focus and Public Involvement Representatives working in our five operating divisions work with local groups to ensure men and women and representative groups are included in community engagement activities as appropriate.

Key action

- Capture details of all groups with which the Service engages locally in a national data base to ensure that engagement can be planned in a more focused way and Patient Focus and Public Involvement Representatives can share details and learn from each other

4.3 Assessing the impact of functions, policies and practices

Further Equality Impact Assessment training has been carried out for managers and additional training is planned during the next six months. It is recognised that there is on going work to be done in this area.

The purpose of the impact assessment is twofold:

- To ensure that neither sex is disadvantaged by the decisions / activities of the Service
- To identify where the Service can promote equality of opportunity between men and women

The Leads for Equality and Diversity and Patient Focus and Public Involvement continue to work closely together to improve the way we consult and engage with communities. The Service will also continue to work with partner organisations to identify improvements to services and practices.

Key action

- Provide further training to managers to increase the pool of those with the appropriate skills to carry out Equality Impact Assessments
- Where functions, policies and practices have been identified as high priority ensure that equality impact assessment is completed. This work will concentrate on but will not be limited to the following policies / practices
 - Recruitment and selection
 - Guidance for the UK emergency services on decontamination of people exposed to hazardous chemicals, biological or radiological substances
 - Flexible working policy

4.4 Training and awareness: build positive and well informed gender equality culture

The revision of the induction handbook is nearing completion. The updated material will include additional information on equality and diversity including gender equality.

The Service induction programme has been reviewed, revised and updated and is soon to be launched. The equality and diversity section includes details specifically relating to the gender equality duty

Under the Agenda for Change programme all Health Boards within NHS Scotland have introduced the Knowledge and Skills Framework [KSF]. Under KSF all staff will have a description of the knowledge and skills needed to fulfil the requirements of their role [post outline], a personal development plan detailing their learning requirements and the ability to access learning and development opportunities. Details of the knowledge and skills required for each post will be assessed through the electronic KSF tool [e-KSF]

Post outlines have now been completed for all multi post holders and Personal Development Plans are in place. Work will continue during 2009 to ensure all outstanding post outlines are completed and that all staff have a Personal Development Plan in place.

It will now be possible to identify common training needs and identify gaps in knowledge and skills. There are six core dimensions which apply to all roles / KSF post outlines. One of these is equality and diversity [core dimension 6] and as such common gaps in this area will assist and inform future training plans.

Public awareness

The way in which the National Health Service in Scotland delivers care is developing and changing to make services available to patients as locally as possible. The Service needs to support and compliment the way in which local services work and where appropriate and required, change the way it does things to ensure the people of Scotland receive maximum benefit from the service provided.

The Service is in the process of developing its plans for the next three to five years. During the coming months the Service will consult with a wide variety of stakeholders including patients and the public, staff, voluntary organisations and health boards to gather views on how to take the ideas already gathered forward. This will include a series of public events to involve as many people as possible.

Work continues across the Service to raise awareness and staff work locally with different community groups. For example essential life support skills training has and will continue to be provided within local community groups.

The Heart Start UK Programme is an initiative co-ordinated by the British Heart Foundation and run in partnership with the Service. There are a number of Heart Start programmes being undertaken across divisions, many of which run in schools for boys and girls of ten years and over. The programme can also be delivered for children from the age of 4/5 upwards.

In order to raise road safety awareness for teenage boys and girls the North East and East Central divisions have delivered 'Safe drive, stay alive.' road shows together with the Police and Fire and Rescue Services. These have been delivered over a number of years and have been very successful in highlighting the risks to young drivers particularly for those who have not held a driving licence for very long. Plans are in place to deliver similar sessions in 2009. These events provide an opportunity for the emergency services to highlight particular aspects of road safety for young drivers, for example the use of mobile phones when driving, the use of seat belts and how individuals should respond to peer pressure. Typically these events run over 2- 3 days and are attended by over 3,000 teenagers.

Key actions

- KSF post outlines to be developed for single post holders to ensure all staff have a Personal Development Plan in place by end September 2009.
- To utilise e-KSF reporting to identify common gaps in knowledge and skills for equality and diversity [core dimension 6] for all staff.
- Continue to raise public awareness of the Service for men and women, boys and girls and transsexual people.

4.5 Measuring and monitoring: to ensure that we meet the gender equality goals and objectives we set

Service delivery

The Service has started to analyse gender details routinely captured through the Patient Transport Service booking system. These details will be used in future where appropriate to inform service redesign and the equality impact assessment process.

Patient survey

The Service conducts a patient survey every year the aim of which is to gain further insight into patients' attitudes, opinions and experiences of the services provided by the Scottish Ambulance Service.

Consideration is given as to whether men and women have different experiences of the service. Market Research UK conducts the survey on behalf of the Service.

The tables below illustrate the levels of satisfaction / dissatisfaction experienced by patients using the Accident and Emergency and Patient Transport Services. A total of 485 Accident and Emergency and 460 Patient Transport Service patients were interviewed, all of which had used the service in the last 12 months.

Accident & Emergency - summary table of overall level of satisfaction with the service received

	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite and very dissatisfied	Total %
Male	96	1	3	100
Female	100	0	0	100

Patient Transport Service – summary table of overall satisfaction with the service received

	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Total %
Male	96	1	3	100
Female	97	0	3	100

Overall satisfaction levels have steadily increased for both Accident and Emergency and Patient Transport Service patients between 2004 – 2008. As can be seen from the tables above both male and female patients surveyed had similar opinions of their experience of the Service. Analysis of satisfaction levels by gender will continue to enable any differences in experience to be identified. The summary at Appendix 3 illustrates the levels of satisfaction as shown above together with the results of the survey conducted in 2007. It can be seen that the number of females satisfied with the Accident and Emergency service had increased compared with a slight decline in the level of satisfaction experienced by males. Levels of satisfaction for those patients using Patient Transport Service remained the same for both female and male patients.

The 2008 survey also included qualitative research conducted with specific groups these included the impact on specific change patients [STEMI – Optimal Re-Perfusion – treatment for those patients diagnosed as having

suffered a heart attack], inter hospital transfer patients, children under 16 and retained services within remote rural communities.

Domestic violence

The Service will be developing an action plan specifically to address gender based violence. This will include the introduction of further guidance on domestic abuse for staff, the production of an employee policy on gender based violence and how awareness of gender based violence can be increased.

The Child Protection Code of Practice and Policy for the Protection of Vulnerable Adults are in place at the Emergency Medical Dispatch Centres to assist Call Takers in managing calls including those relating to domestic violence and to ensure these are referred to the appropriate authorities.

Employment monitoring

An analysis of the staff establishment as at 1st April 2009 can be seen at Appendix 4.

As at 1st April 2009 the Service employed 33% women and 67% men. The proportion of women employed by the Service continues to steadily increase. The current staff profile illustrates that there is a more even split of women and men now entering the Service.

The gender split and working patterns by division can be seen at Appendix 5. A total of 7.5% of staff work on a part time basis. Whilst there are more women working on a part time basis, the number of men working part time has increased from 37% to 40% during the last year.

Band and gender

Women are represented across all the pay bands. Staff turnover for operational staff is relatively low and career progression can be seen as employees remain with the Service over long periods. As a greater number of women join the Service it is likely that a greater proportion will take up more senior positions.

Dignity at work

Anti Bullying and Harassment Campaign

The Anti Bullying and Harassment Campaign was launched in March 2009 and 8 Confidential Harassment Advisers provide support across the Service. The aim of the campaign is to raise awareness of unacceptable behaviour in the workplace and encourage staff to raise any concerns / issues in order to resolve these at the earliest opportunity. Posters, leaflets and cards have

been used to publicise the campaign. Whilst personal details and specific cases will not be disclosed it will be possible in future to establish where there are patterns of behaviour / trends emerging and identify future training needs.

The Dignity at Work policy has been reviewed and revised and includes reference to mediation as an option to assist in determining outcomes where difficulties have been identified.

The Service is currently in discussion with staff side with the aim of introducing an innovative conflict resolution model and it is hoped this model will be able to support issues of bullying and harassment in future. As well as advice and support other areas are being explored which include facilitated meetings, internal / external mediation and management review.

The Service is working with colleagues at the Health Workforce Directorate at the Scottish Government and with other Health Boards to review the Partnership Information Network Dignity at Work Strategy for the NHS Scotland. This project forms a key element of the Dignity at Work / Respect campaign currently being developed and introduced across the NHS Scotland.

Monitoring of policies

The Service will continue to monitor the application of its policies to ensure that they are used by women and men. In particular the Service will analyse the use of policies including recruitment and selection, flexible working, part time working, carers leave, dignity at work, resolution of differences, retirement and managing pregnancy and maternity leave. The flexible working policy is currently being reviewed and copies of applications to work flexibly will be held centrally thus facilitating a more robust tracking system.

Equal pay

The Service Equal Pay Statement was published in September 2007.

New employees joining the Service do so at the lowest spine point within the appropriate band for the post. In exceptional cases a new employee may be offered a position on a higher spine point. In such cases an application is made with supporting information confirming that the applicant has satisfied all the assessment criteria for the post and providing details of relevant experience. This process is closely monitored and applications are authorised by the Head of Personnel.

An analysis of the staff mix across the different pay bands has been carried out. The table below illustrates the number of women and men as a percentage of the total workforce working within each of the salary bands.

Salary band	Women – as % of total workforce	Men – as % of total workforce
Band 1	18	
Band 2	1.40	1.97
Band 3	11.90	15.55
Band 4	9.43	19.68
Band 5	8.14	21.50
Band 6	.97	4.70
Band 7	.64	2.4
Band 8	.33	1.13
	32.99	66.9

Women are statistically over represented in the lower bands [1–3] and under represented in the middle to higher bands. The highlighted figures in the table above denote over representation relative to the total workforce. A greater proportion of women are now joining the Service and this in time will impact on the staff profile as career progression is made. Of the executive team 75% are women and 25% are men. This is the converse of many of many other senior teams within the NHS Scotland.

Key actions

- Develop an action plan specifically to address gender based violence with specific and measurable goals across priority areas.
- Develop employee policy for gender based violence.
- Establish links with the national team working at the Scottish Government to ensure best practice guidance and learning can be shared to inform the work to be taken forward.
- Continue to monitor the spine point allocated to new employees to ensure this is applied consistently and in a fair way for both women and men

- Starting with operational staff further analysis of staff mix across pay bands will be conducted and this will inform the development of equal pay objectives.
- Monitor career progression for men and women and where differences are identified introduce strategies to ensure there is fair access to career development within the Service.
- Monitor the implementation of the conflict resolution / mediation model when this is introduced across the Service.

4.6 Communicating the results

This second Gender Equality Scheme Annual Report will be published on the Service website. The report will also be available to staff on the intranet.

Staff equality monitoring details will also be available on the website and the intranet.

Key actions

- Key equality data will be analysed both at national and local level in order to determine specific actions which need to be taken to address any imbalances.

4.7 Procurement

The procurement, tendering and contract have yet to be Equality Impact assessed. This was an action planned for 2008 and will be carried forward to 2009.

5. Conclusions

The gender equality duty is still relatively new and work continues to take this forward. Some progress has been made during the last year and it is recognised that there is still much to do in this area as we are to ensure the needs of men and women, boys and girls including transsexual people are to be taken fully into account in the development, design and delivery of our services.

The key actions identified above have been included in the revised action plan which can be seen at Appendix 2.

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.

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.

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		Completed
Develop joint projects, particularly through the Reducing Health Inequalities Board	Chair of Board – S Rogers	Ensure men and women and representative groups are included in community engagement activities across the Service.	Continuous
All new / proposed policies to be equality impact assessed using rapid impact assessment tool before sign off	Director of HR & Clinical Development		Continuous
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, Regional Personnel Manager		Annually in September

Prepare supporting action plans to support the scheme & audit outcomes	Heads of Service/ department, E&D Lead, Regional 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 Scotland December 2006	Ongoing with annual review
Publish Gender Equality Scheme	Director of HR & Clinical Development	June 2007	Completed
Publish Equal Pay Statement	Director of HR & Clinical Development	September 2007	Completed

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

Analyse service user and employee data by gender in order to identify gaps and trends which may suggest unequal access to services and employment opportunities	E&D Lead, Divisional Leads and Service Redesign Manager		In progress
Involve men and women and boys and girls in the development of new ways of clinical working / service redesign	New Ways of Clinical Working project		Continuous

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		Completed
Annually review prioritised list of functions, policies and practices	E & D Lead		July 2008, 2009 & 2010
Provide further EQIA training to Managers	E & D Lead	To increase the pool of those with the skills to carry out EQIA	During 2009
To produce an action plan specifying when functions, policies and practices identified as 'high' priority will go through the EQIA process	E & D Lead	Trained managers to assist with EQIA. The EQIA for Recruitment & Selection policy to be completed as soon as possible.	2008 - 2009

Ensure equality Impact Assessment is completed for recruitment & selection policy, guidance for the UK emergency services on decontamination of people exposed to hazardous chemicals, biological or radiological substances and flexible working policy	E & D Lead and local managers		March 2010
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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 e-learning. Incorporate gender equality into existing training programmes	Head of Education & Training and E&D Lead		During 2009
Utilising Service Intranet and Internet sites as methods to communicate information about the Scheme, gender awareness and positive aspects of gender equality.	E & D Lead with IT team	Update Equality & Diversity section on website and intranet	2009
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	Single post holder outlines to be completed by end 2009	Performance Development Plans for all staff. By May 2009 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	Anti bullying and harassment campaign launched March 2009	On going
Update Equality & Diversity section in the induction handbook	E & D Lead		Complete
To continue to raise public awareness of the Service for men and women, boys and girls and transsexual people	Divisional staff / PFPI Leads		On going

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		2009
Developing methods to gain quantitative and qualitative forms of feedback from service users and staff	E&D / PFPI steering groups	Continue to monitor user attitudes, opinions and experiences by gender	2007 – 2010
Agreeing a rolling-programme of audits	E&D steering Group		Annually
Review accessibility of complaints policy	E & D steering group / Complaints Manager	Include gender specific details on complaint analysis reports	On going

Take up of the following policies will be closely monitored: flexible working, part time working, carers leave, maternity leave and retirement	Head of Personnel		On going
Ensure service user gender specific data is readily available for the purposes of service redesign and during the EQIA process	E & D Lead / Divisional Leads /Service Redesign Manager		On going
Develop memorandum of understanding in partnership with ACPOS for sharing information in cases of domestic violence	Continuous Improvement Manager		End 2009
Further analyse staff mix across pay bands by gender	E & D Lead, Head of Personnel & Regional Personnel Managers		Complete
Starting with operational staff further analyse staff mix across pay bands to identify differences between posts	E & D Lead, Head of Personnel & Regional Personnel Managers	Assist in the development of equal pay objectives	End 2009
The spine point on which new employees start employment to be closely monitored to ensure consistency and fair application	Head of Personnel		Review annually On going
Monitor career progression for men and women and where differences are identified develop strategies to ensure fair access to career development	E & D Lead Head of Personnel		On going
Develop an action plan specifically to address gender based violence with specific and measurable goals across priority areas	E & D Lead	Will form part of gender equality report / review in 2010	End 2009
Develop employee policy for gender based violence	E & D Lead		March 2010

Establish links with national team at Health Workforce Directorate to ensure best practice guidance and learning can be shared to inform the work to be taken forward	E & D Lead		On going
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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 Lead		June 2008, June 2009
Review and update Scheme and Action Plan for 2010 -2012	E&D Lead		June 2010

Objective	Lead	Additional Comment	Target Date
Objective 7 Procurement			
Equality impact assessment to be completed for procurement, tendering and contract management processes	Head of Procurement		December 2009

Patient Survey Results 2007 and 2008

Appendix 3

Accident & Emergency - summary table of overall level of satisfaction with the service received

	2008	2007	2008	2007	2008	2007
	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied
Male	96	99	1	1	3	0
Female	100	97	0	1	0	2

Patient Transport Service – summary table of overall satisfaction with the service received

	2008	2007	2008	2007	2008	2007
	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied
Male	96	96	1	3	3	1
Female	97	97	0	2	3	1

Table 1 - Analysis of workforce at 1st April 2009 – 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 Scottish	5		49	68	370	491	274	569	250	706	34	171	18	85	11	32	3133
White Other British			*	*	24	45	33	67	43	89		10	*	10	*	12	342
White Irish			*		*		*	5	*	5		*	*				21
Other White Background					*	*	*	7	*	8					*		27
Mixed Background																	
Any Mixed Background					*		*		*			*	*				7
Asian, Scottish or Asian British																	
Indian																	
Pakistani																	3
Bangladeshi																	
Chinese																	2
Any other Asian background																	
Black, Black																	

Scottish or Black British																	
Caribbean																	
African																	1
Any other Black background																	1
Other ethnic background																	
Any other ethnic background																	4
Declined to Comment	3		8	13	97	115	83	175	46	98	7	14	2	5	1	4	671
Totals	8	0	59	83	500	655	396	826	344	911	41	197	27	101	15	49	4212

* denotes where numbers disclosed are less than 5

	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	0	*	*	13	*	13	*	16	*	5	0	*	0	*	64
Non-disabled	8	0	59	80	497	642	393	816	342	893	40	190	27	98	15	48	4148
Totals	8	0	59	83	501	655	397	829	344	909	41	195	27	100	15	49	4212

Table 2 – Analysis of workforce April 2009 – gender band and disability

* denotes where numbers disclosed are less than 5

Table 3 - Analysis of workforce at April 2009 – gender, band and part-time/full-time

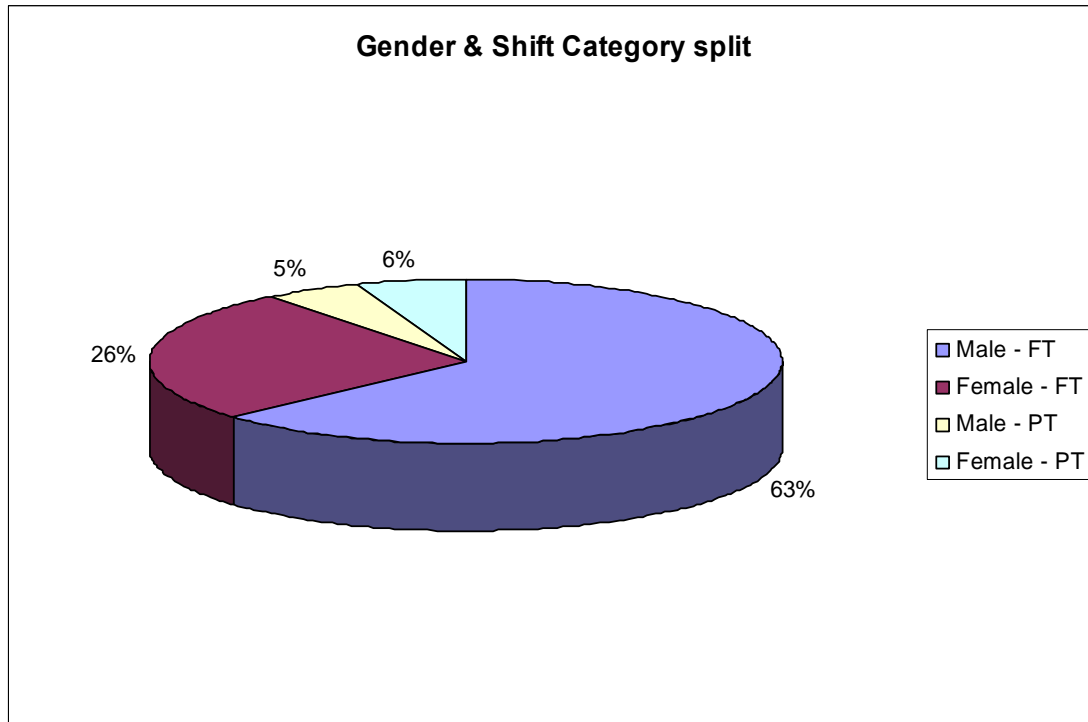
	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
FT	0	0	41	70	405	585	372	806	310	893	36	195	24	99	14	47	3897
PT	8	0	18	13	96	70	25	23	33	16	5	2	3	2	0	1	315
Totals	8	0	59	83	501	655	397	829	343	909	41	197	27	101	14	48	4212

Table 4 - Analysis of workforce at April 2009 – gender, age, band and part-time/full-time

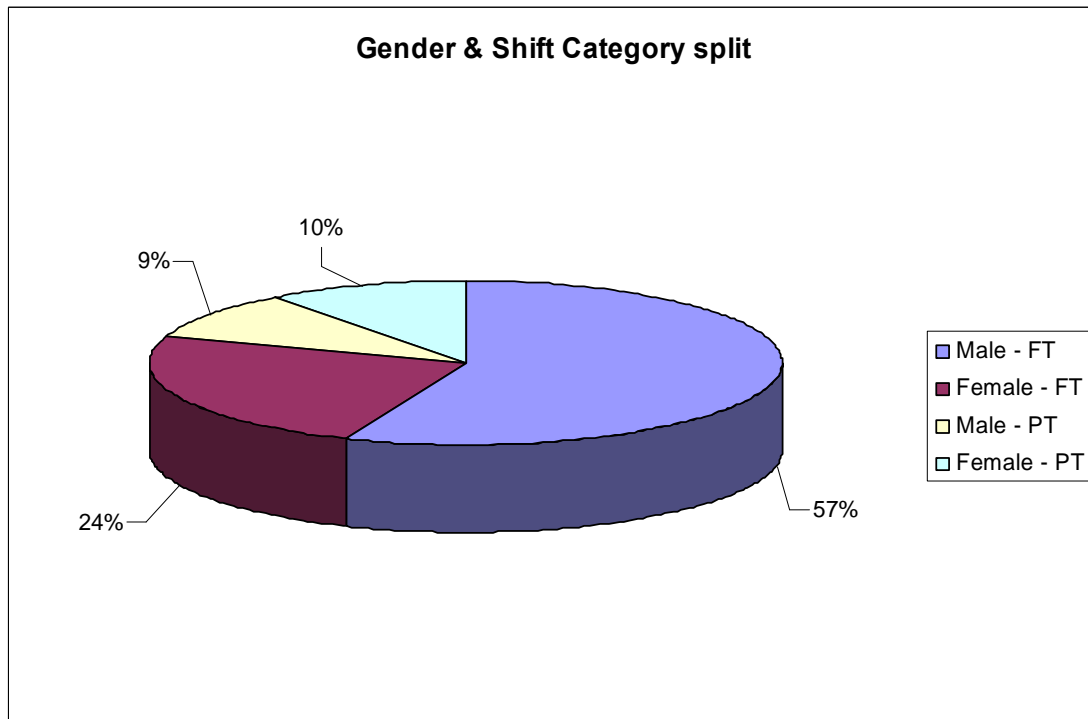
		Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals	
Gender	Age Band	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Female	16-25	0	0	6	1	24	7	25	0	1	1	1	0	0	0	0	0	57	9
	26-30	0	0	2	4	26	8	44	6	27	2	3	0	1	0	3	0	105	20
	31-35	0	0	6	2	53	22	79	6	69	9	3	2	4	2	3	0	217	43
	36-40	0	0	2	2	81	20	87	8	96	16	10	2	2	0	2	0	280	48
	41-45	0	1	7	2	96	14	64	4	71	6	9	0	7	1	2	0	255	28
	46-50	0	4	7	0	69	8	40	1	26	2	5	1	6	0	4	0	156	14
	51-55	0	1	6	1	34	10	20	0	14	1	3	0	3	0	2	0	82	12
	56-60	0	2	4	5	16	2	10	0	2	0	2	0	0	0	0	0	34	9
	61-65	0	0	1	0	4	3	1	0	0	0	0	0	1	0	0	0	7	3
>65	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	
Female Total		0	8	41	18	403	95	370	25	306	37	36	5	24	3	16	0	1196	191
Male	16-25	0	0	3	0	7	3	17	0	0	0	1	0	0	0	0	0	28	3
	26-30	0	0	1	1	16	2	43	4	31	0	2	1	1	0	0	0	94	8
	31-35	0	0	3	0	38	11	102	1	91	7	7	0	2	1	1	0	244	20
	36-40	0	0	5	1	64	8	135	3	173	2	23	0	7	0	6	0	413	14
	41-45	0	0	2	2	63	10	129	5	208	4	48	0	5	0	8	0	463	21
	46-50	0	0	7	1	110	8	147	4	197	2	60	1	28	0	19	1	568	17
51-55	0	0	15	4	102	3	113	0	135	1	38	0	33	0	11	1	447	9	

	56-60	0	0	15	3	105	9	92	3	49	1	13	0	21	1	2	0	297	16
	61-65	0	0	17	1	71	12	26	3	10	0	3	0	2	0	0	0	129	16
	>65	0	0	2	0	8	3	2	0	1	0	0	0	1	0	0	0	14	3
Male Total		0	0	70	13	584	69	806	23	895	17	195	2	100	2	47	2	2697	128
		0	8	111	31	987	164	1176	48	1201	54	231	7	124	5	63	2	3893	319
																			4212
																			Total

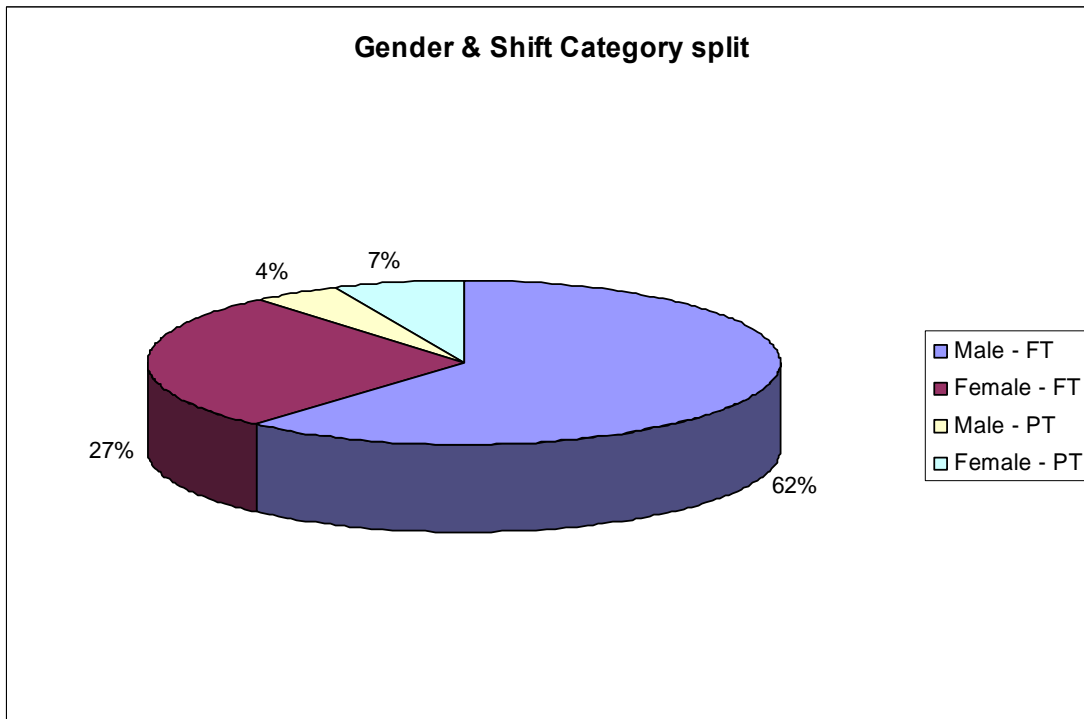
East Central



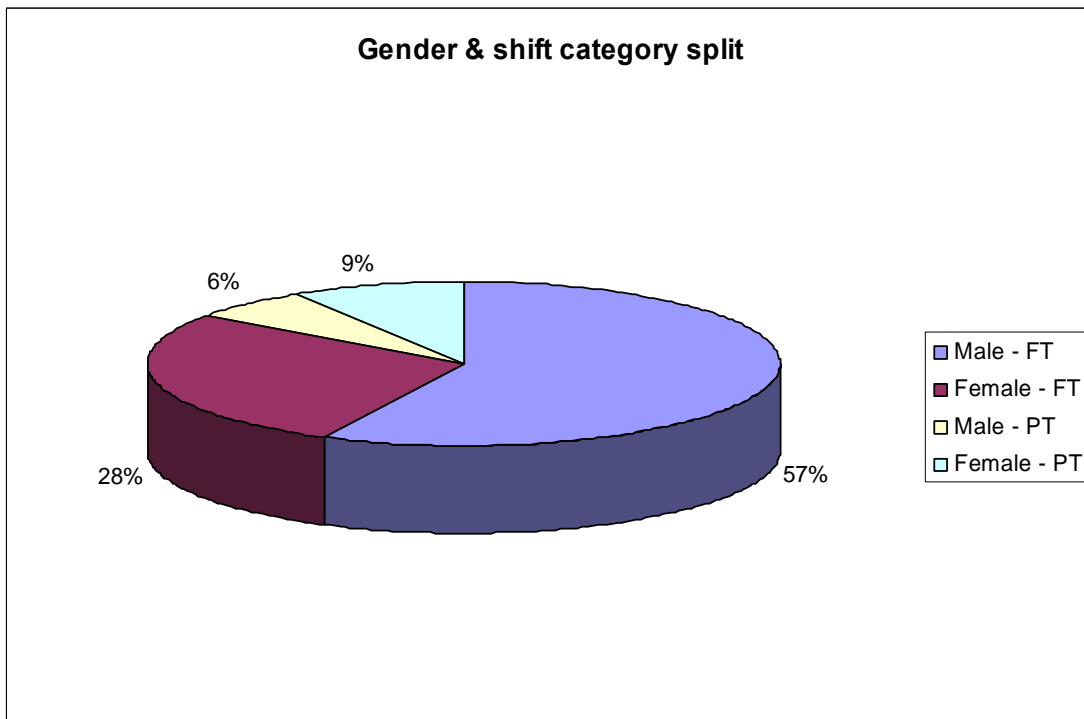
North East



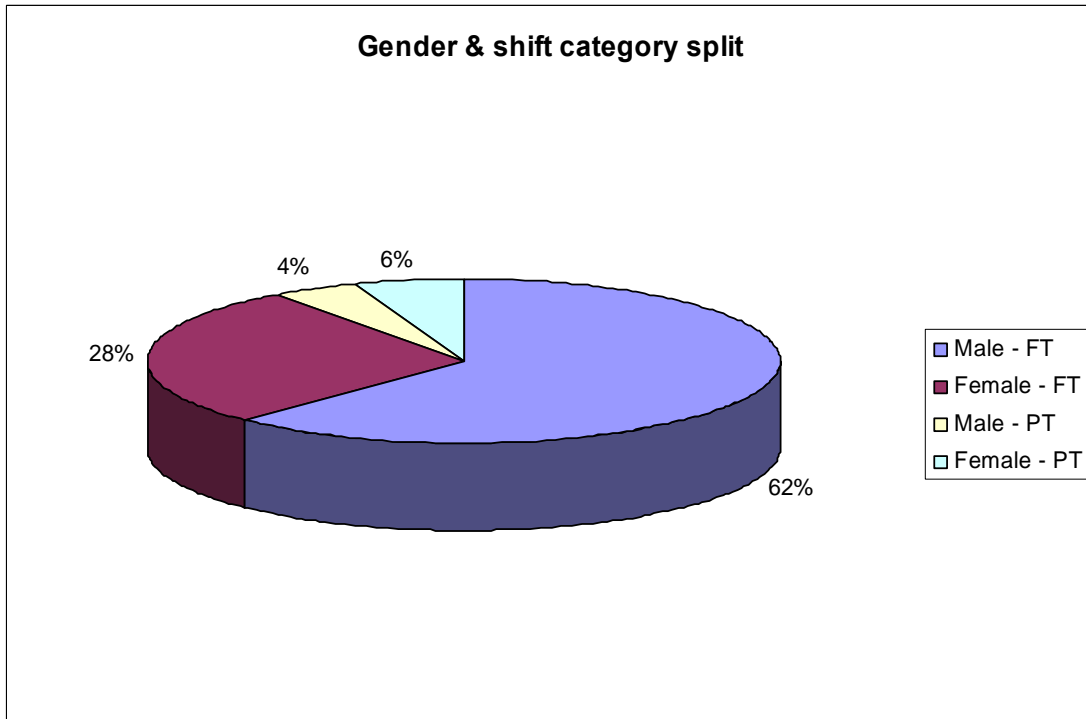
North West



South East



South West



West Central

