



NHS Education for Scotland

NES Equality and Diversity Outcomes and Mainstreaming Progress Report and Priorities 2021-2025

About this report

In April 2017, we published our Equality Outcomes and Mainstreaming Priorities, 2017—2021, which set out the improvements we aimed to make during this four-year period. That report can be accessed from our website at <https://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx>.

The current report meets our statutory duties to report on progress delivering our equality outcomes and mainstreaming the equality duty into our day to day work. This report captures progress against our 2017-2021 equality plan as of 31st December 2020, with a particular focus on progress delivered during 2019-20 and 2020-21 financial years. An interim progress report covering the period 2017 - 2019 was published in April 2019 and is available on our [website](#); we have not duplicated that reporting here.

The structure of the report

This report includes the following sections:

- 1. About NHS Education for Scotland.** This section provides an overview of our organisation, our vision and mission.
- 2. Summary of Progress on Equality Outcomes and Mainstreaming Priorities, 2017-2021.** This section reports on the progress we have made delivering the equality outcomes and specific mainstreaming priorities we published in April 2017. It provides a short contextual background to the outcomes, the outcomes as originally published, and then a table of key actions to deliver those outcomes and our progress. We also include several short case studies illustrating the impact of this work. This section meets the specific duty to report progress delivering equality outcomes.
- 3. Using Our Workforce Equality Data.** This section of the report provides examples illustrating how we use employment data. Our

detailed employment metrics are published annually in our Workforce Plan, which supports mainstreaming equality into the workforce planning process. The annual Workforce Plans should be read as a supplement to this report. They can be accessed on the Equality Monitoring page of our website¹. NHS Boards did not publish annual Workforce Plans in 2020 during the Covid-19 pandemic. That data analysis is published as an appendix to this report. This section meets our duty to publish information about how we use workforce data, and the appendix meets the duty to publish that data.

4. **Mainstreaming the Equality Duty.** In this section we provide an overview of priority activity to mainstream the equality duty into our organisational functions. We include a case study illustrating the impact of this work in education and a subsection which focuses on our approach to the equality duties in procurement. This section meets our duties to report on the impact of mainstreaming the equality duty and on our approach to delivering the procurement duty.
5. **Equality impact of the pandemic.** This section provides a brief overview of key equality impacts of the coronavirus pandemic. This forms part of the evidence base which has contributed to the review of our equality outcomes and the development of our outcomes for 2021-25.
6. **The NES coronavirus response and renewal.** This section provides a short overview of the impact of the coronavirus pandemic on NES's work, and our priorities in the 'renewal' phase as we seek to emerge from the initial stages of the pandemic. While delivery of some planned equality work was delayed during the emergency stages of the pandemic, other equality priorities came to the forefront and this section highlights some of this unplanned delivery.

¹ <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-monitoring.aspx>

- 7. Implementing the Fairer Scotland Duty.** The Fairer Scotland Duty, which requires that we actively consider, at an appropriate level, what more we can do to reduce inequalities of outcome caused by socio-economic disadvantage which relate to the exercise of our functions, came into force in Scotland in 2018. This duty applies to strategic decisions, and in this section of this report provides a summary of action we have taken to implement the Duty. This includes work responding to emerging issues in the pandemic and a section on the Fair Work Framework.
- 8. Corporate Parenting.** NES as a public authority has responsibilities as a 'corporate parent' in relation to care-experienced children and young people. This section reports on progress delivering our Corporate Parenting Plan and sets out the actions we will take in the next iteration of this plan. It meets our Corporate Parenting publication duty.
- 9. Equality Outcomes 2021-25: Looking Forward.** The final section of the report establishes the equality outcomes we will work to deliver over the next four years. These outcomes build on the work we have been doing during 2017-21, in a number of areas continuing to advance priorities which are core to the delivery of our strategic priorities and important to our stakeholders. Our outcomes also reflect the impact of the coronavirus pandemic and the increased significance of digitally enabled work, education, health and care. The section describes priorities to advance mainstreaming and sets out the approach we will take to plan and measure impact as we work to deliver the outcomes.

1. About NHS Education for Scotland (NES)

- a. We are a national NHS Board, with a crucial role in the education, training and development of Scotland's healthcare staff. At the undergraduate level, we play a key role in the performance management of nursing and midwifery programmes at all Scottish Universities. We support placements in clinical settings for trainee doctors, dentists, nurses, midwives and allied health professionals. We are responsible for recruiting key groups of staff to post-graduate training including doctors, dentists, pharmacists, clinical psychologists and healthcare scientists. We manage the progression through structured training programmes of more than 6,500 trainees, who deliver services to patients and their families.
- b. We support continuous professional development and commission programmes and evidence-based educational resources and interventions in a range of formats. These resources support the workforce across both health and social care. They ensure that patients and their families get the best care possible from a well-trained and educated workforce. We have educational materials that are relevant to staff from every group within health, and to staff working across the wider social care sector.

Why is this important?

- c. The people who work in health and social care are its most important asset. Having the right numbers of trained staff, in the right place, at the right time is key to delivering better health and better care. At the same time, the expectations of staff are changing, as people look for more control over their working lives, better career development and more flexible working.
- d. Through our structured training programmes and our high-quality educational resources, we have a unique opportunity to engage with staff across all of health and social care. We know that there are challenges in both recruiting and retaining staff. That means more than

ever, we need to be able to support people to have rewarding and fulfilling careers. We also support the workforce to gain the new skills and embrace the new ways of working that are needed, as more healthcare is delivered in the community rather than in hospital, and as healthcare technologies advance.

How do we do this?

- e. We manage training programmes and provide educational resources to staff across Scotland. These clinicians, support workers, administrative staff, and many others are employed by NHS Boards, Local Authorities, voluntary organisations, the private sector and others. We work in partnership with Scottish Government, employers and many other organisations to try to ensure that staff experience a quality learning environment in their place of work, and to ensure seamless access to our resources.
- f. We provide facilities and equipment for training, and for many people working in educator roles across Scotland. Our digital infrastructure enables materials and support to be accessed anywhere, and from any device.

What more can we do?

- g. The publication of the Health and Social Care Delivery Plan in December 2016 signalled a change in the way that NHS Boards work. We need to work more collaboratively and focus on how we use our collective resources and expertise to support Better Health, Better Care and Better Value, at a local, regional and national level.
- h. We will continue to support the people who work in NHS Scotland and across the care sector. We will do this by providing access to high quality training and education. Increasingly we also support a user-centred digital infrastructure, and opportunities to do things 'Once for Scotland' that improve the experience of the workforce. We will also analyse the data that we hold, and that is held by other organisations to

improve workforce planning and workforce development at a local, regional and national level.

OUR VISION: 'A skilled and sustainable workforce for a healthier Scotland'.

OUR MISSION: 'Enabling excellence in health and care through education, workforce development and support'.

- i. Our equality outcomes and mainstreaming priorities sit within the NES Strategic Framework.² Further information about NES is available on our website³.

² https://www.nes.scot.nhs.uk/media/kacboen5/nes_strategic_framework_2019_2024.pdf

³ <https://www.nes.scot.nhs.uk/>

2. Summary of Progress on Equality Outcomes and Mainstreaming Priorities, 2017-2021

This section updates progress delivering the actions we identified in our Equality Outcomes and Mainstreaming Priorities Plan which was published in April 2017. We are currently at the conclusion of the original four-year plan and are reviewing the outcomes for future delivery. In the following tables, we report on the actions set out in 2017, progress to date, with a particular focus on the deliverables in the final two years of the plan, 2019-20 and 2020-21. This reporting builds upon our interim report, published in April 2019.

The introduction to each section 'What is the issue?' provides a brief summary of the evidence which led us to set these particular priorities and actions in 2017 and provides context for the outcomes.

Outcome 1: Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge

What is the issue?

Research on health inequalities highlights the important role that health and social services staff can play in supporting and enhancing development of health literacy among service users as a key contribution that the health service can make to reducing health inequalities. Limited health literacy has been identified as a significant issue for a number of groups in the population, including some minority ethnic groups, Gypsy/Travellers, and other populations associated with educational and socio-economic disadvantage. This has been cited as a contributing factor to health inequalities and as a barrier to person-centred care. Research indicates that widening access to the medical profession from areas of deprivation contributes to the sustainability of primary care services in these localities.

Outcome 1 Actions	Current Status
Raising awareness and capabilities of professionals to address health literacy, and improve access to tools, innovations and technologies through The Health Literacy Place website	Management of the Health Literacy Place website has been transferred to Scottish Government. NES continues to engage with the work as a key stakeholder. NHS Scotland library services continue to embed health literacy support within their work. In partnership with Health Education England, we developed a Health Literacy e-Learning module . Promoting positive health literacy is everyone’s responsibility. In the module learners will find out why health literacy is important and how to use some

Outcome 1 Actions	Current Status
	<p>simple techniques including TeachBack, chunk and check, using pictures and simple language to improve how they communicate and check understanding with others.</p>
<p>Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia, and families and carers</p>	<p>We have continued to deliver a range of training programmes to large numbers of health and social services staff including the Dementia Champions programme and the Dementia Specialist Improvement Leads programme.</p> <p>Nationally hundreds of health and social services staff have had access to training in palliative and end of life care for dementia; pharmacological care and dementia; supporting people with complex care needs and psychological care in dementia.</p> <p>NES in partnership with the Scottish Social Services Council has continued to take forward a significant cross sector work programme to support the reach of dementia education and training to improve the quality of care and quality of life outcomes for people with dementia, and their families and carers</p>
<p>Reduced health inequalities for vulnerable children and families through education and role development to enhance</p>	<p>NES developed a Corporate Parenting Action Plan which was first published in financial year 2017-18. Since then the plan has been updated in June 2018 and July 2019. A refreshed plan has been created for 2021/22. Key activities have included:</p>

Outcome 1 Actions	Current Status
<p>understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families. Raise awareness in relation to the health needs and vulnerability of looked after children and young people, as part of our Corporate Parenting responsibilities</p>	<ul style="list-style-type: none"> ○ Working with Who Cares? Scotland (WC?S) to ensure the views of care experienced young people are reflected in NES plans. ○ Working with Who Cares? Scotland to develop an open access Corporate Parenting eLearning module for NHS staff. This features on the Equality and Diversity Zone in Turas Learn. ○ Promoting staff awareness of the needs of care experienced young people through educational resources within Dental care, General Practice and Mental Health services. ○ Ongoing awareness raising and promoting learning opportunities for key staff members in NES regarding our role as Corporate Parents. ○ Promotion of learning resources to other Corporate Parents and health and social care partners. ○ Working with the NHSScotland Employability and Apprenticeship Network and key partners to promote and support further development of opportunities and provide more flexible entry and career pathways, further qualifications, and requirements for support for care experienced young people joining the workforce.

Outcome 1 Actions	Current Status
<p>Education and skills development which supports improved oral health for children, older dependent people, homeless people and prisoners, including improved access to dental services and better awareness of child protection and safeguarding</p>	<p>We have delivered a programme of National Oral Health Initiatives aimed at improving oral health and reducing inequalities in access to dental care. This programme has included key deliverables in the following priority groups:</p> <ul style="list-style-type: none"> • Childsmile (children) • Caring for Smiles (older dependent people) • Open Wide (adults with additional needs) • Mouth Matters (prison population) • Smile4Life (people experiencing homelessness) <p>Support for these national oral health initiatives with education and training is underpinned by an educational framework for oral health which is inclusive for all and widely accessible.</p> <p>This will include:</p> <ul style="list-style-type: none"> • A suite of Open Badges (small online packages of learning with assessment) on oral health, issued by NES and hosted by SSSC. • Several SQA qualifications e.g. SCQF awards aimed at those working/involved in Care Homes, Care at Home Services and Early Years' establishments and an

Outcome 1 Actions	Current Status
	<p data-bbox="871 301 1995 389">Oral Health Peer Mentoring award aimed at prisoners and those supporting the homeless.</p> <ul data-bbox="826 413 1995 501" style="list-style-type: none"> <li data-bbox="826 413 1995 501">• Support for non-accredited training in recognition that some may be reluctant to undertake a formal qualification.
<p data-bbox="199 608 734 855">Ensuring issues relating to health inequalities are considered as part of all relevant training programmes and advocating for inclusion of health inequalities in health care curricula</p>	<p data-bbox="775 608 1951 695">Health inequalities advice integrated into equality impact assessment planning and highlighted within the NES Strategic Framework.</p> <p data-bbox="775 767 2007 1078">The Medical Directorate offers twelve one-year post-CCT (Certificate of Completion of Training) GP Fellowship opportunities with specialist focus in remote/rural (10) and health inequalities (2). The Health Inequality Fellowships aim to provide an introduction to the opportunities and challenges of delivering generalist skills in the context of service general practice in areas of deprivation. Fellows may undertake improvement projects and/or develop policies as part of their fellowship.</p>
<p data-bbox="199 1166 712 1302">Supporting improvements in sustainability of services in areas of deprivation through supporting and</p>	<p data-bbox="775 1166 2022 1302">The Medical Directorate works with partner organisations (the Scottish Funding Council, the five Scottish medical schools), using the levers available to it to promote widening access to undergraduate medical education. The regulator (GMC) undertook a review of</p>

Outcome 1 Actions	Current Status
<p>advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds</p>	<p>medical education in Scotland in 2017 and the first section of its resultant press release in May 2018 noted good practice in this area. Details of the GMC visit area described further below.</p> <p><i>Widening Access Places for Medical Education</i></p> <p>In 2016, the First Minister announced a package of measures, including 50 widening access (WA) places. The WA places were evenly distributed across the five medical schools and are specifically aimed at recruiting from more diverse social backgrounds, targeting students from the lowest quintile of multiple deprivation (SIMD 20). Additional funding to support the medical education of these students remains integrated into the system.</p> <p>This initiative supports key recommendations set out in the Report of The Commission for Widening Access, including a target that by 2030 students from the 20% most deprived backgrounds should represent 20% of entrants to higher education in Scotland. There has been varied progress on delivery of the initiative with the University of Glasgow and the University of Aberdeen filling all their places from the target group of applicants in academic year from 2018-2019 to date. SFC and NES are monitoring</p>

Outcome 1 Actions	Current Status
	<p>progress and also supporting institutions with guidance on the activities that could be undertaken (including contextualised admissions). This can only be guidance as final decision on who to admit into medicine is the university's.</p> <p>In addition, in 2017 Scottish Government provided funding for pre- entry medical courses at the University of Aberdeen and University of Glasgow which are targeted at applicants from non-traditional backgrounds. SFC and NES are monitoring progress on the number of students who are then admitted into medicine from those courses. Evidence from the first year indicate that most of the students on this course have applied to study medicine.</p> <p><i>Widening Participation in Nursing Education</i></p> <p>We also support work to widen participation in nursing education, with particular focus on reducing gender occupational segregation and supporting access to nursing careers for people from lower socio-economic groups. Through the Chief Nursing Officer's widening participation commission work has been completed to explore the influences and causes of under-representation of men in pre-registration nursing in Scotland. This report has been shared widely with stakeholders across Scotland.</p>

Outcome 1 Actions	Current Status
	As part of the performance management process from 2018 we have been able to evidence nursing and midwifery intakes by Scottish Index of Multiple Deprivation (SIMD) quintile. Nationally for Nursing and Midwifery intakes SIMD distribution is consistent over recent cohorts and approximately uniform, with about 20% of Scottish domiciled students in each quintile.

Case Study:

Driving Improvements in Specialist Dementia Care – The Dementia Specialist Improvement Leads (DSIL) Programme

The DSIL programme represents the Expertise Level of the Promoting Excellence knowledge and skills framework. It further develops participants’ knowledge and skills in a range of specialist areas of dementia practice and includes: intensive educational programmes; development opportunities in leadership, change management, practice development and quality improvement. The programme also enhances participants’ ability to work in partnership and facilitate learning for others to support improvements in the care and support for people living with dementia and their families and carers

The programme has shown the value of bringing people from various disciplines and sectors together to share learning and experiences and to grow their knowledge, skills and confidence, resulting in tangible evidence of positive improvements in the lives of people with dementia, their families and carers.

For more information see the report below which highlights the achievements of 121 participants across health and social care from three cohorts of the DSIL programme between 2014 and 2020. Through case studies and personal reflections participants demonstrate how the programme has equipped them to drive and effect changes and improvements that support the transformation of specialist dementia care in Scotland.

See <https://www.nes.scot.nhs.uk/media/k5qn1xfy/driving-improvements-in-specialist-dementia-care.pdf>

Mental Health Improvement and Self Harm and Suicide Prevention

Mental health inequalities and mental ill-health, including self-harm and suicide are significant concerns across Scotland. Contributory factors are often complex, multifactorial and inter-related and include a range of social, economic and health inequalities. The COVID-19 pandemic has further exacerbated issues that impact on mental health and is predicted to have a medium to long term impact on population mental health and rates of suicide and self-harm.

NES and Public Health Scotland are working in partnership to take forward a number of actions, including:

- Development of learning resources for the health, social care and wider public sector workforce to equip them with knowledge and skills around mental health improvement, self-harm and suicide prevention, as part of a public mental health approach and framed within the context of a knowledge and skills framework for mental health and suicide prevention from informed to specialist level.

- Ensuring that education and learning resources developed apply to the diverse needs and experiences of people across Scotland. This includes people who don't necessarily have a mental health diagnosis or difficulty but may be at risk of experiencing poor mental health, self-harm or suicide due to a number of factors, whether that be by virtue of having a protected characteristic, experiencing adverse life events, social and economic inequalities, or stigma and discrimination.

The knowledge and skills framework and associated informed and skilled level learning resources developed to date can be accessed here:<https://learn.nes.nhs.scot/17099/mental-health-improvement-and-prevention-of-self-harm-and-suicide>

Outcome 2: Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth employment and build the workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people

What is the issue?

Youth unemployment in Scotland is high, while NHSScotland has, in many areas of the service, an ageing workforce. Scottish Government’s Youth Employment Strategy sets out a target of reducing youth unemployment by 40% by 2021. Increasing opportunities for youth employment via apprenticeship schemes offers an opportunity to support effective succession planning and to increase employment options for young people. However, the labour market, and many employment programmes, have a history of occupational segregation by gender and under-representation of disabled people and under-employment of people from black and minority ethnic backgrounds. Looked-after children and care experienced young people face barriers to accessing education and work.

Outcome 2 Actions	Current Status
Supporting engagement between the NHSScotland Employability and Apprenticeship Network and equality stakeholders	We invite a range of equality stakeholders, including Who Cares? Scotland, Skills Development Scotland and others to support contact and engagement with these organisations.

Outcome 2 Actions	Current Status
<p>Enhance our current partnership working with the Prince's Trust by appointing a Specialist Lead for the Prince's Trust, based in NES for 2019/20.</p>	<p>Our engagement with Prince's Trust has extended support for Get into Healthcare Programmes for NHS Boards, delivering mentoring training in NHS Ayrshire & Arran. The programme particularly aims to provide opportunities for young people who experience poverty; 49% of current Princes Trust Get into Healthcare Programme participants are from SIMD areas. There have been two nominations for Prince's Trust YP achieving NHS Awards.</p>
<p>Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards</p>	<p>NES continues to support the NHSS Employability & Apprenticeship Network (now incorporates the MA Network). We now hold the meetings virtually via MS Teams and use Teams Channels to co-ordinate specific pieces of work activity, such as Kickstart and Young Person's Guarantee. We have worked in partnership with SDS to provide guidance for Foundation Apprenticeship uptake in Boards.</p> <p>We have supported major recruitment campaigns targeted at young people, including DYW's No Wrong Path and their equalities campaign, A Job for Everybody. We have supported DWP's Job Centre Plus campaign for NHS recruitment.</p>
<p>Ensuring that our evidence-based guidance and other resources</p>	<p>Our resources on the NHSS Careers website include A Career for You in Health book and leaflet, resources for teachers and careers advisers, case study videos and</p>

Outcome 2 Actions	Current Status
<p>support good practice in responding to the issues highlighted</p>	<p>testimonials. We have also developed resources for routes into nursing for widening access and an animation video for transferable skills.</p> <p>NES have also supported the Future Nurse Campaign in partnership with Boards and the College Development Network. This campaign aims to widen participation in nursing careers and takes a gender-balanced and inclusive approach to nursing recruitment.</p> <p>WhoCares? Scotland delivered a workshop for NES staff as an employer of Care Experienced people.</p> <p>Pre-Covid NES was collaborating with University of the Highlands and Islands to develop an online Access to Healthcare Programme with pilot due to commence in June 2020 although this has been impacted by Covid 19. If successful, this could then be extended to other rural, or indeed any areas where no large NHS facilities are available eg. Angus, Stranraer.</p>

Outcome 3: The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.

What is the issue?

Refugee and asylum-seeking health professionals may face a number of barriers when seeking work in the UK, including language barriers, recognition or transfer of qualifications, or the need for additional educational support to adjust to working in a new cultural environment and new healthcare system. Access to education and employment is crucial to integration, to building self-esteem and to securing a life free from poverty.

Outcome 3 Actions	Current Status
Working with partners to guide and assist refugee and asylum-seeking doctors to access training and language support, e.g. The Bridges Programme	<p>The Refugee Doctors Project is unique in the UK in supporting medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offering a long-term package of support. The project is run by the Bridges refugee charity, NHS Education for Scotland, and Clyde College and the City of Glasgow College. The funding will help suitably qualified refugees access training, language support and professional mentoring to help them meet the standards for professional registration with the General Medical Council and practise medicine here in Scotland. As part of the funding, the doctors have committed to working for NHS Scotland.</p> <p>The programme is unique in the UK – unlike other refugee doctor programmes, there are placement and clinical attachments around understanding the structure, culture and ethics</p>

Outcome 3 Actions	Current Status
	<p>of NHS Scotland. It also gives doctors access to postgraduate study and dedicated support for learning English, meaning doctors are supported not just through the GMC registration, but on-going support through post-registration and job hunting. It is also the first in the UK to involve a partnership between the third sector, further education and NHS.</p> <p>We support this programme by: -</p> <ul style="list-style-type: none"> • Arranging career advice and professional support for refugee doctors. • Co-ordinating supported clinical attachments in partnership with NHS Greater Glasgow and Clyde and other NHS boards to support passing of examinations and to support integrating into the NHS in Scotland. • Funding preparation courses for PLAB exams and travel and accommodation to support candidates sitting the exams. • Funding travel to and from approved college language courses. • Giving clinical leadership to project partnership committee. <p>To date, 69 doctors have registered on the programme. In slightly less than three years of delivery to date, 17 have attained GMC registration, 11 are working in NHSScotland and 1</p>

Outcome 3 Actions	Current Status
	<p data-bbox="775 308 2007 395">in England, and numerous others have passed IELTS and PLAB exams as part of their qualification.</p> <p data-bbox="775 475 2078 619">We will use the learning from this phase of the programme to continue to improve support for refugee doctors, with a focus on bespoke courses to support transition into NHSScotland and demonstration of Foundation competencies.</p> <p data-bbox="775 699 2051 946">The Dental Directorate has engaged with the Bridges programme by providing support for up to 10 asylum seeker dentists in the form of funding for zone cards for up to a year. This enables them to attend an English language course in preparation for sitting IELTS language exam, which is a requirement to enable them to sit the Overseas Registration Examination (ORE).</p>

Outcome 4: Retention and career development are improved for people who take breaks from training or career progression through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.

What is the issue?

Professionals take career breaks for a variety of reasons, but childbearing, caring responsibilities, illness or disability are common reasons for taking time out from training or a career. Career breaks at any stage can impact on retention, progression and pay equity. Actions outlined in this section aim to contribute to supporting progression for people who have taken career breaks, reducing the potential for negative impact of these breaks.

Data from medical and dental training underscores the importance of effective support mechanisms at the earliest possible stage for professionals experiencing difficulty in their training.

Outcome 4 Actions	Current Status
A Return to Work programme in Dental training	Bespoke programmes of education and training to facilitate registrants returning to work from a period of absence are offered following individual assessments of training needs. Numbers vary and cannot be predicted but on average we give intense support to 6 registrants per year as part of Return to Work and advice to about 12. As a result of the pandemic we have a pause on the support we can provide due to limited clinical skills access and the impact of the current stage of the pandemic response on employment opportunities.

Outcome 4 Actions	Current Status
<p>A medical careers advisory service, support programmes to retain doctors in the profession when they have caring or similar commitments (such as the GP Retainer Scheme), and support for doctors to return to a medical career following career breaks (e.g. the GP Returners Scheme)</p>	<p>National careers strategy aligned and programmes delivered, including less-than-full-time training options. These were externally validated through a review of medical education in Scotland in 2017 by the regulator (the General Medical Council) and the following commentary provides evidence of the support available for doctors in training. We have a full complement of associate postgraduate deans who provide a range of general and individual career support services. This includes popular webinars on specialty choice/application tips.</p> <p>There is a GP Returners scheme in place to help who have been out of the health service for an extended period of time GPs return to practice. They have a paid 6 month attachment in a training practice with overseen by an educational supervisor. Nine GPs were on the scheme in 2019-2020. Thirteen GPs are currently on placement or have successfully completed this financial year (2020-21). There are 4 more confirmed starts and 2 more intended starts totalling 19.</p>
<p>A national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees</p>	<p>The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their report evidence of the support that is available for doctors in training. The GMC specifically commended the Performance Support Unit in their report as an area that is working well. The PSU receives approximately 150 new referrals per annum. The roll-out of a standardised approach to local performance review groups has been completed and a range of</p>

Outcome 4 Actions	Current Status
	administration improvements have been made. A review of trainee support has led to the decision to enhance our support for trainees, bringing more closely together the major elements of trainee support (including the PSU) under a unified and connected framework. This work began in January 2021.
Supporting options for less-than-full-time training	The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their review provided evidence of the effectiveness of the support that is available for doctors in training. Each region has an associate postgraduate dean who provides expertise and support to trainees wishing to train flexibly. Each year there are approximately 200 interviews between associate deans and trainees. Plans are well advanced to streamline and simplify the administrative requirements through a digital form.
Return to Practice for Nurses and Midwives	In 2015, the RTP Programme was re-introduced to assist nurses and midwives no longer registered to return to practice. The Programme is approved by the Nursing and Midwifery Council (NMC) and fully funded by the Scottish Government. NES is commissioned to manage the funding and oversee the programme delivered by four HEI's in Scotland. Since 2015, 527 nurses and midwives have commenced the programme, while approximately 100 are still undertaking the programme, at least 313 of those who have completed have secured nursing or

Outcome 4 Actions	Current Status
	midwifery posts in Scotland. The majority of these are NHS posts but we are aware of approximately 37 in the independent care home sector, a setting to which the government are keen to support recruitment.

Outcome 5: Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced through a range of measures

What is the issue?

Both UK Black and Minority Ethnic (BME) graduates and International Medical Graduates (IMGs) experience differential outcomes on the Clinical Skills Assessment, which is one part of the first round of the Royal College of GPs final qualifying examination. Research indicates that differential attainment by nationality and ethnicity can be found in other medical specialties as well, and the General Medical Council advised that medical Deaneries must consider how they can better support BME and IMG trainees to prepare for assessments and to meet the specific learning needs of IMGs in particular.

Outcome 5 Actions	Current Status
Delivering targeted educational support via the Scottish Trainee Enhanced induction Programme (STEP) programme to International Medical Graduates and their Educational Supervisors which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment	<p>The STEP programme was started in 2015, building on previous regional programmes delivered in Scotland. The programme is unique in that both the GP trainee and their educational supervisor are invited to the event. Research has shown that a supportive trainee: educational supervisor relationship is a key component in the successful completion of training. A particularly important aspect of the day is the sharing of journeys by doctors in training with their group and educational supervisor.</p> <p>It is a one-day programme facilitated by NES educators and educational supervisors. Trainees whose primary medical qualifications originate outside of the UK are invited to</p>

Outcome 5 Actions	Current Status
	<p>attend. It is held twice a year (May and November) to accommodate February and August recruitment.</p> <p>Mental health specialties have taken the successful STEP course and modified it for their secondary care specialty, delivering the programme under the name Psych STEP. We will be reviewing feedback and hope to provide a blue print for other secondary care specialties. As in the original course, the main focus is on establishing an early and positive relationship between trainees and their trainers that recognises and supports the diversity of International Medical Graduates.</p> <p>STEP has been well attended by both trainees and trainers throughout the period:</p> <p>GP STEP</p> <p>Autumn 2017 – 24 trainees, 16 trainers – out of possible 37 trainees</p> <p>Spring 2018 – 10 trainees, 7 trainers – out of possible 15 trainees</p> <p>Autumn 2018 – 18 trainees, 8 trainers – out of possible 32 trainees</p> <p>Spring 2019 – 16 trainees, 15 trainers – out of possible 28 trainees</p> <p>Autumn 2019 – 40 trainees, 18 trainers – out of 48 trainees</p>

Outcome 5 Actions	Current Status
	<p>Spring 2020 – 44 trainees, 40 trainers – out of 44 trainees Autumn 2020 – 48 trainees, 38 trainers – out of 51 trainees</p> <p>Psych STEP Autumn 2020 – 19 trainees, 11 trainers – out of 28 trainees</p> <p>Feedback at successive events has been extremely positive from both groups and is used to continually develop the programme. In Autumn 2020, the programme was delivered online using Microsoft Teams, with updated content to respond to the circumstances that trainees would be facing in practice during the pandemic.</p> <p>STEP has been presented at the Scottish Medical Education Conference and at a national Differential Attainment Conference in London in November 2018. STEP is featured on the General Medical Council's website as an example of good practice in tackling differential attainment and providing support for learners.</p>

Outcome 5 Actions	Current Status
	<p>We collaborated with the Royal College of Physicians and Surgeons Glasgow to deliver specific modules to trainees via Teams such as culture and careers. A session on communication skills is planned for February.</p> <p>We also continue to deliver an enhanced induction programme for International Medical Graduates entering the Foundation programme.</p> <p>We support informal peer networking by IMG and Black and Minority ethnic trainees and doctors through a Facebook group, facilitated by senior clinicians from the communities.</p>
<p>Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors</p>	<p>Following review of the programme and GMC research, we have determined that it is not appropriate to extend the programme at this time because it is focused on support specific to International Medical Graduates and is less relevant to Black and Minority Ethnic graduates from UK universities. We will continue to deliver STEP for International Medical Graduates, but will address the support for Black and Minority Ethnic trainees in General Practice and other specialities through other interventions which we will develop with input from trainees.</p>

Outcome 5 Actions	Current Status
<p>Improving the collection and analysis of data with the aim of monitoring progression and attainment by ethnicity and nationality at all stages of the training journey, from recruitment, through progression to outcomes, to inform continuous improvement</p>	<p>This data has been developed in our Turas applications and we have worked with the General Medical Council as one of the pilot Deaneries to analyse data and explore possible interventions to improve outcomes.</p> <p>Data will be used to inform evaluation of interventions and to measure progress against key performance indicators in medical education. Data is now regularly shared with Directors of Medical Education and the Taskforce for Improving the Quality of Medical Education (TIQME). We continue to take action to improve the quality of the data.</p>
<p>Supporting faculty development for trainers in line with recommended good practice in inclusive learning environments for medical education, including development in cultural competence and unconscious bias</p>	<p>We delivered and evaluated a pilot training intervention for educational supervisors on recognising and managing unconscious bias in educational supervision in 2018. The evaluation indicated positive outcomes with this group.</p> <p>Following a short pause during the Covid-19 pandemic, we have reviewed and refreshed our Differential Attainment working group– now called Achieving equity in Medical Education – with a new webpage on the Deanery website. Beginning with a benchmarking exercise against the GMC equality and diversity framework, the group is finalising an action plan, which, among other priorities, will also take forward the recommendations to incorporate more unconscious bias and differential attainment training for new supervisors.</p>

Outcome 6: Leadership cohorts are more reflective of the Scottish population through the provision of leadership and management development programmes that are inclusive. Our leadership and management development supports leaders at all levels to develop the skills and knowledge they need to plan, manage and deliver equitable, person-centred services to the people of Scotland, and to manage staff fairly and effectively.

What is the issue?

Research from NHS England found significant vertical segregation by race and gender. Comparable data on ethnicity is not currently available for Scotland but research in the public sector suggests a similar pattern is likely.

Analysis in 2017 indicated that NHSS has significant patterns of gender occupational segregation.

Research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring and sponsorship. This is relevant to staff management and development but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

The Equality and Human Rights Commission identified equality, diversity and human rights as learning needs for strategic leaders of Integrated Joint Boards following their assessment of the IJBs' inaugural statutory equality outcomes and mainstreaming report publications in April 2016.

Outcome 6 Actions	Current Status
Improving the collection and analysis of participant data with the aim of	The standardised set of E&D questions that will be used at application and evaluation stage across our leadership programmes have been agreed and rolled out across

Outcome 6 Actions	Current Status
<p>monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement</p>	<p>certain programme areas. Other programme areas will roll out dependent on their cycle window, which in some cases may not be until early 2021. There are also some programme areas of which we are not in control of applications and they are instead managed by another Health Board or Directorate. Following this, in 2021, we intend to test a quarterly reporting model with the data that has been gathered to progress with the analysis. We have introduced a new system in our survey tool to keep the data gathered confidential.</p>
<p>Requiring that leadership development programme commissioning and design reflects the need for leaders to ensure their services and people management activities are person centred, and raise awareness of the value of equality, diversity and human rights and the risks of unconscious bias</p>	<p>We have continued to review course content across our learning resources. Our digital design and delivery arrangements are incorporating key messages of equality and diversity. Our learning resources are being put through a review template to support and highlight key equality and diversity messages. We will review this on a twice per annum basis in support of achievement of this requirement.</p>

Outcome 6 Actions	Current Status
<p>Ensuring that work on national talent management arrangements being undertaken with Scottish Government is subject to equality impact assessment, and both recognises and seeks to help address the barriers to progression of women in to senior management roles.</p>	<p>Project Lift, the national talent management programme, is being led by Scottish Government. Data is being collated and reviewed on a monthly basis to identify potential equality and diversity issues.</p> <p>We are identifying gaps and expanding our reach and engagement across health and social care. Our approach going forward will be to extend the reach of Project Lift across the Health and Care landscape to attract an increasingly diverse population of participants in all areas of Project Lift to be more appropriately representative of the diversity of the Health & Social Care workforce in Scotland.</p>

Outcome 7: Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.

What is the issue?

Digital exclusion is strongly linked to other deprivations. In terms of demographics; older people, disabled people, people with low incomes and low levels of education or long-term unemployed are most likely to be digitally excluded. Remote and rural populations may experience issues with connectivity. Within the health service, some staff groups (e.g. nurses and support workers) are more likely to identify barriers to accessing computers in work, particularly for learning. Staff working in social care settings identify barriers to accessing computers in work for learning.

Digital literacy is a complex concept which impacts on the accessibility and effectiveness of digital learning. A range of factors can affect digital literacy, including disability, age and educational background. Some disabled people are agile adopters of digital resources. Younger learners may have different learning and support needs in relation to digital literacy than older learners.

Outcome 7 Actions	Current Status
Improving access to e-learning resources and supporting digital literacies for	Research projects conducted to inform understanding of access to learning in various formats by different audiences of learners and to inform work on digital literacies. The research report can be accessed at https://www.nes.scot.nhs.uk/resources/HCSWDigitalLiteracyResourcereport/index.html

Outcome 7 Actions	Current Status
healthcare support workers	<p>'Digital Matters' pilot training programmes developed and delivered which focus on core digital skills in two Boards.</p> <p>Digital case studies available at : https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw</p>
Implementing robust digital development standards across all new NES digital learning resources and platforms	<p>Accessibility audit carried out for User Interface and new User Interface implemented to improve accessibility of the Turas Platform.</p> <p>User testing with disabled users has been integrated into the User Experience programme.</p> <p>User testing with diverse users, including visually impaired users, computer non-users and users with dyslexia used to inform development of NHSScotland Workforce Policy portal.</p>
Increasing our analytic capacity to gather equalities data on the use of digital learning in continuing professional education through	<p>Capacity for E&D analysis implemented in Turas Training Programme Management and Turas People. This enables NES to gather and use equalities data on Doctors and Dentists in Training and to support Lead Employers to use the data to monitor and assess the equality impact of policies, deliver reasonable adjustments for trainees where required, and to measure the effectiveness of interventions to reduce differential attainment.</p>

Outcome 7 Actions	Current Status
our Turas Learn platform	

Using User Experience Testing for Continuous Improvement in Accessibility Digital Resources

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 have set the terms for implementing European accessibility requirements into UK legislation. They are important standards for improving the accessibility of digital resources for disabled users, and we have carried out considerable work to meet the 23rd September 2020 implementation deadline.

We are committed to producing accessible products because it is important to us to facilitate a diverse workplace that enables equal access to content. Not just because of the legislation, because it is the right thing to do.

The remit of the NES Digital Experience team covers all things relating to user experience (UX) and user interface (UI) design. It stretches from the Turas platform to corporate websites including the NES website and the intranet. The team leads on accessibility standards and developing good practice, supporting NES and our partners to continuously improve our applications.

The team has been concentrating on this year's deadline (23rd September) for the implementation of European legislation on accessibility and the effect this legislation has on Turas applications and other NES Digital products.

The deadline relates to ensuring accessibility standards are met on new and existing websites and mobile apps. The legislation means that all new websites/web applications must be accessible from now on and older ones made accessible by certain dates in the future.

For example, two websites that we have developed in the last year have been designed and built to hit the new standards. These websites are the Once for Scotland Workforce Policies website and the new NES corporate website.

The Workforce Policies website was a collaboration between Scottish Government, NES Digital and all Scottish NHS boards. Included in the development was a rigorous programme of user testing, iteration and development to ensure that it met the needs of all NHS staff in Scotland.

The programme included specific research with visually impaired screen reader users. The research included screen reader users in the development of text alternatives for flowcharts. Because flowcharts are a visual tool to communicate a process flow, they can be hugely challenging for the visually impaired to use and understand. Through an iterative feedback process the final text alternatives provided a meaningful and usable tool for the visually impaired and other users who may find flowcharts difficult to understand.

In Turas this year, we helped to upgrade the user interface across Learn and introduced a new home page and the 'My Learn' section that provided users with a structured and personal area to view and manage their own learning. These improvements were extensively tested with actual users and refined before implementation.

Other new applications have launched with our new accessible interface, including Turas Data Intelligence and the multiple applications developed in response to the COVID-19 pandemic.

In addition to the above, this year we have advised external companies on the accessibility of existing NES applications, including the CPD Connect and QMPLE platforms, that were not developed by NES Digital. This advice has resulted in remedial work being undertaken by these companies.

Outcome 8: The employment rate of young and disabled people in NES is increased and access to learning, education and progression opportunities for younger, older and disabled workers is improved; staff with caring responsibilities have the flexibility they require to sustain employment and career progression; the elements of staff experience most relevant to equality and diversity outcomes are maintained and improved

What is the issue?

In NES staff, there is under-representation of people from black and minority ethnic communities at senior level and under-representation of disabled people overall.

National research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management and development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

In its review of occupational segregation, NES considered the impact of pregnancy and maternity, including flexible working, on career development. This has also been reviewed as part of our Carer Positive workstream. The result has been some practical suggestions for supporting reintegration into work and considering options for peer support arrangements. Research highlights caring responsibilities as factors potentially impacting career progression, particularly where work is not truly flexible.

NES considered equality and diversity in its recent review of the implementation of agile working. Agile working was cited as a positive feature by carers and disabled staff in particular. Some staff noted barriers to accessing truly agile working arrangements.

Outcome 8 Actions	Current Status
Improving the consistency of our approach to agile working, to enhance flexible working options and support work/life balance	The revised People & OD Strategy highlights the importance of working arrangements that support individuals to maintain a positive work/life balance. We began a Smarter Working programme to develop team-based approaches to outcome-based and agile working. This work was significantly accelerated and transformed by the circumstances of the Covid-19 pandemic, which saw NES transition to fully remote and flexible working arrangements. Staff surveys and focus groups highlighted the value staff found in flexibility and our People Recovery workstream is continuing Smarter Working developments to consolidate and build on the progress achieved during 2020.
Continuing to progress through the Carer Positive framework	We have maintained the Engaged level of Carer Positive and carried out initial review of policies with the aim of advancing toward Established. Following an initial focus group with parents and carers which explored their experiences working during the Covid-19 lockdown, we have established a staff-led Parents and Carers network with the aim of enhancing peer support and influencing policy and organisational culture.
Using management and recruitment training to identify and remove unconscious bias	We are reviewing our approach to management and recruitment training following the implementation of values based recruitment and the changes in working patterns resulting from the pandemic.

Outcome 8 Actions	Current Status
Ensuring that our approach to succession planning and staff development offers equality of opportunity for all staff	We have supported staff development through engagement with Graduate Apprenticeship programmes, facilitating opportunities for staff to develop skills in career growth areas for the organisation. We reviewed and harmonised our role descriptions, reducing the overall number of descriptions and highlighting the transferable skills involved in roles to support career pathways and equal pay.

Mainstreaming Priority: **We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland.**

What is the issue?

In 2015, 10.9% of first-degree students in health care subjects in higher education and 13.8% of full time first degree students in health care related subjects in further education in Scotland declared a disability. Yet, few trainees in postgraduate training declare a disability. Research on barriers for disabled people in postgraduate training in health care professions internationally identifies a number of barriers and areas where support could be improved.

Actions	Current Status
Raising awareness of inclusive educational approaches and signposting to good practice	We work with practice education staff, educational programme leads and learning and development leads to champion inclusive education and signpost to good practice.

Actions	Current Status
	<p>We continue to work to develop awareness and capacity for inclusive design and delivery approaches for education and training. Material on accessibility and inclusion has been incorporated into our Guidance for Educators resources on Turas Learn and we worked with Dyslexia Scotland to develop a Dyslexia awareness module for managers.</p>
Addressing barriers to disclosure	<p>In medical education, we updated our website with key messages to encourage and support trainees to share information and our onboarding forms with questions to enable trainees to raise any issues where they may require support or adjustments in training placements.</p>
Ensuring effective delivery of reasonable adjustments for learners who are NES employees	<p>A national Professional Support Unit for trainees was launched in February 2017. This development was commended by the General Medical Council as a positive support for trainees in their review of the Scotland Deanery in December 2017. We are working with the Lead Employers Core Steering Group to develop arrangements and procedures for a transferable adjustments agreement (reasonable adjustments passport) for disabled trainee doctors in their clinical placements. This work is underway and will continue in 2021.</p>

3. Using Our Workforce Equality Data

Analysis of equality monitoring information provides insight into staff experience through their employment journey with NES based on their protected characteristics. We collect data on the full range of protected characteristics and carer status. We use the data to produce an annual equality report as part of our workforce report, which includes an analysis of workforce composition as well as staff recruitment, development and retention. This analysis informs annual operational planning and enables us to track progress on strategic priorities established in our People and Organisational Development Strategy. Our full equality workforce data analysis is published annually in our Workforce Report, which is available on the [Equality Reports](#)⁴ page on our website. This process was disrupted in 2020 by the Covid-19 pandemic. Our most recent staff data are included as an appendix to this report.

We have invested in the development of high-quality workforce data and use our data to inform policy development and review, and through our internal equality and diversity leads network promote information sharing, best practice development and efficiencies of approach. We are using people-data to solve Workforce related issues on a regular and ongoing basis, supporting our managers to interrogate data in a way which enables them to deliver solutions that improve equity, effectiveness, efficiency, and experience all at once. Our HR and OD business partners meet regularly to review data and qualitative feedback to develop insights into team and organizational culture and staff experience, which can be used to provide targeted interventions and support for teams, to inform policies, communications and manager development and which contributes to organizational performance management. Our staff equality data contributes to our People and OD key performance indicators, which measure the effective delivery of our People and OD Strategy.

⁴⁴⁴ <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx>

We use both regular E&D data metrics and bespoke analysis to inform equality impact assessments when developing or reviewing policies or strategies. Examples include:

- Informing the development of our approach to flexible working during the Covid-19 pandemic;
- Informing planning and implementation of Trickle, a digital staff engagement tool;
- Fair work assessment.

NHSScotland is currently reviewing and harmonising existing NHS Board human resource policies to a suite of national, Once for Scotland policies. NES will be able to use our workforce data to assess the implementation of those policies and to provide feedback and intelligence to Scottish Government on the equality impact of this implementation.

National Support for Workforce Data

The Turas Training Programme Management and Turas People applications were developed to support training programme management for postgraduate training and the implementation of Lead Employer arrangements for doctors and dentists in training. These applications support NES and other Lead Employers to manage the employment and placement of trainees during their programmes. Equalities data capacity is included in these applications to support equality impact assessment, learning analytics and to enable the delivery of support and reasonable adjustments for trainees.

We collect and use equalities data on trainee doctors in regular quality management and workforce analysis to assess progression and the trainee experience. We use data on the ethnic origin and country of primary medical qualification for doctors in training to analyse patterns of differential attainment in postgraduate medical training, identified by the GMC as a national concern. Using this data, including data collected by NES, the Scottish Trainee Survey,

and GMC data, we have developed an action plan of interventions aimed at addressing differential attainment.

In 2019, NES became the national statistics body for health workforce statistics, which are published through Turas Data Intelligence. Integrated health and social care workforce data can be accessed through this platform. NES has been working closely with Scottish Government National Workforce Planning colleagues on workforce scenarios, which will advance the workforce data available for scenario modelling and workforce planning at local, regional and national level.

As of December 2020, NES anticipates that we should shortly conclude the arrangements for the Data Sharing Agreement enabling access to the required individual-level data which will enable us to further develop the national NHS workforce equality and diversity dataset to provide more actionable intelligence for our stakeholders.

4. Mainstreaming the Equality Duty

In our report published April 2017, we highlighted several areas of focus for our work to support mainstreaming equality in 2019-21:

1. NES now hosts the NES Digital Service (NDS). The function of the NES Digital Service is to deliver one of the key objectives of the Scottish Government's recent [Digital Health and Care Strategy](#). The Strategy called for a Scottish 'national digital platform' through which relevant real-time data and information from health and care records will be made available to those who need it, when they need it, and wherever they are, in a secure and safe way. The NDS will need to set equality objectives which are relevant to this function.

Progress: NDS has developed and tested its approach to embedding equality impact assessment into project management and governance and is developing a framework for integrating equalities with service design. This approach has informed their existing service developments, including the SMS Shielding application, which provided useful learning on digital inclusion and skills of different population groups.

2. NES is one of the organisations working to support development of workforce digital capability as part of the Digital Health and Care Strategy. This represents a further development on the digital equality outcome we set two years ago and we are identifying the work that will be required to embed equality into this workstream.

Progress: This work continues to be developed and a focus on digital inclusion and access has been embedded into the proposed developments to be delivered in 2021-25.

3. Turas Learn has been launched and will continue to develop as a platform for hosting equality and diversity content. We are working to establish a national e-learning procurement framework for NHSScotland which outlines accessibility best practice standards. We will continue to enhance the accessibility of the Turas platform and its

associated applications by implementing the new User Interface and style guidelines developed through our user testing and engagement.

Progress: A new User Interface for Learn, developed with the participation of diverse user testers, has been deployed. This improves the accessibility and usability of the platform. We continue to improve and enhance the platform and its applications, focusing on digital learning objects, including eLearning resources, films and webinars.

4. Our work on support for careers will increasingly be aligned to Scottish Government's priorities for the sustainable workforce. Widening access and participation, increasing attraction, flexible career pathways and development of the older workforce are all important elements of this priority. The actions we previously set in 2017, which are now at a relative level of maturity and can be considered 'mainstream' activity, will be superseded by a focus on these areas of activity. Our work included:

- a. Work with key partners to develop an approach (to include guiding principles) to the Recognition of Prior Learning (RPL) to underpin and support access into vocational qualifications at different levels, including RPL to support access into pre-registration nursing and midwifery programmes and deliver a digital resource to support staff to recognise, record, reflect on and build claims for RPL, both retrospectively and as part of ongoing personal development planning.
- b. Working with partners in higher education to ensure the Nursing and Midwifery Council's standards for Return to Practice are implemented effectively and to maximise the opportunities for returners from all clinical settings and geographical locations.
- c. developing an AHP Return to Practice national guidance document for supervised practice placements to ensure governance around the process for supporting individuals wishing to re-register with the HCPC. This process will be supported through the AHP Practice Education network within each Board. The guidance will incorporate recommendations from the Health Care Professions Council's literature review on

risks associated with health professionals returning to practice and the approaches which are most effective in supporting them.

5. We will build on our engagement with the GMC's disability review and the 'Welcomed and Valued' guidance, as well as our role as a national lead employer for General Practice, Occupational Medicine and Public Health trainees, and pilot a reasonable adjustments passport arrangement with the trainees we employ in order to improve the trainee experience and facilitate effective transfer between placements. Progress: We are working with the Lead Employers Core Steering Group to develop arrangements and procedures for a transferable adjustments agreement (reasonable adjustments passport) for disabled trainee doctors in their clinical placements. This work was delayed by the pandemic, but is underway and will continue in 2021, with expected delivery in the 2021-22 financial year.

Mainstreaming the equality duty into educational workstreams: a case study

The Medical Directorate leads a workstream on educational development and support for health and care professionals who work with those who are bereaved. An equality impact assessment and programme of community stakeholder engagement has supported the programme leads to mainstream equality into the work, so that the educational framework, website and associated resources reflect the specific needs of diverse communities.

Examples of the work delivered include:

NES Bereavement Conference 2019

Podcast of conference session re spiritual considerations at the end of life <https://vimeo.com/392426882>

Podcast of conference session re understanding the needs of LGBT people in relation to death, dying and bereavement <https://vimeo.com/392433679>

NES bereavement educational resources

NES Support around Death webpage re caring for people who are LGBT+ at the end of life or when supporting LGBT+ people around bereavement <http://www.sad.scot.nhs.uk/bereavement/supporting-lgbtplus-people-around-bereavement/>

A summary information leaflet about supporting health and social care professionals supporting LGBT+ people around death and bereavement <http://www.sad.scot.nhs.uk/media/16262/lgbt-bereavement-leaflet-updated-feb-2020-final.pdf>

A PDF resource re supporting the spiritual care needs of those who are nearing the end of life during the COVID-19 pandemic <http://www.sad.scot.nhs.uk/media/16465/spiritual-care-resource-web.pdf>

Animation re discussing hospital post mortem after stillbirth or neonatal death (includes couples from diverse backgrounds) <https://vimeo.com/187025288>

Bereavement Charter for Children and Adults in Scotland

NES was a core member of the Charter development group. The Charter is based on human rights principles and as such is relevant to all. More info at <http://www.sad.scot.nhs.uk/bereavement-charter/>

Work to highlight Black, Asian and minority ethnic community considerations related to death, dying and bereavement will be delivered either the NES Feb 2021 bereavement conference or as a standalone webinar. A Bereavement / LGBT+ webinar is planned for March 2021.

Mainstreaming the equality duty in procurement

In accordance with the Procurement Reform (Scotland) Act 2014 which came into force in April 2016, the procurement team have developed and established a robust set of processes (incorporating frameworks, quick

quotes, embedded equality clauses in standard documentation, the supported businesses framework, community benefits, consideration of the living wage) which are designed to support fair and consistent procurement practice and enable measurement of our overall compliance and use of these processes.

The Procurement Strategy Guidance and Template issued by the Scottish Government in May 2017 in support of the Procurement Reform (Scotland) Act 2014, requires public organisations with an estimated total value of regulated procurement spend of £5m or more (excluding VAT) in a financial year to prepare and publish a procurement strategy and to report on this annually. The NES Annual Procurement Report 2018/19 (as presented to the FPMC in August 2019 and found at <https://www.nes.scot.nhs.uk/about-us/procurement/annual-procurement-report.aspx>) contains the principle Procurement Objectives which support the 'Equality and Diversity' aspect of the duty, and requirements are embedded and linked to the Inclusive Education and Learning Policy and NES's accessibility standards in tenders.

The Suppliers Sustainability Code of Conduct has been published on the NES Internet to support our Equality and Diversity aims.

In accordance with the Procurement Reform (Scotland) Act 2014, the suite of NES standards, supporting inclusive education, are now included in all invitation to tender documentation and contracts and embedded in the procurement process. These standards, such as accessibility standards, ensure that our learning materials, web sites and other educational media support inclusive education.

Work with the Digital Transformation team has established digital development guidelines, with equality and diversity requirements embedded, and aligned to all relevant legislation including the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

A Best Practice Guide to Educational Commissioning has been published which provides operational support to educational provision that addresses

the strategic imperatives for workforce development, whilst ensuring we are aligned to the Procurement Duty. The purpose is to ensure that funding and resource for education and training is targeted at the development of a workforce that is well trained, flexible and competent, whilst widening participation in education and development by enabling a flexible and supportive education and learning infrastructure that promotes equality and diversity. The guide can be found on the following link

<https://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/education-commissioning-a-best-practice-guide.aspx>

5. Equality impact of the pandemic

The Covid-19 pandemic, responses to the pandemic and associated recession have highlighted the significant and continuing impact of structural inequalities in the UK. Evidence of this impact is still developing and we would expect the impact to continue to unfold for some time.

Scottish Government recently published two summaries analysing emerging data on equality impact of the Covid-19 pandemic, institutional responses and associated economic crisis. Two papers of particular relevance for NES are the Coronavirus (Covid-19): health and social impact assessment⁵ and Coronavirus (Covid-19): economic impact of labour market effects⁶. Both papers highlight particular impacts on women, black and minority ethnic people, disabled people and carers. Health and social impacts are particularly significant for older people and labour market impacts affect both young people transitioning into work and older workers. Close the Gap also noted that labour market impacts are gendered, with sectors dominated by women (retail, hospitality) experiencing higher levels of job loss and less likely to recover quickly, higher rates of job loss among women, exacerbated by the increased pressures of unpaid care during the pandemic⁷. In short, the Covid-19 pandemic has exacerbated existing structural inequalities significantly, in some areas potentially rolling back generational gains.

In their submission to the Scottish Parliament Equalities and Human Rights Committee enquiry on the impact of Covid-19, Engender highlighted a range of significant concerns relating to violence against women, the impact of limited sexual and maternal health services, structural under-funding of the care sector and its impact on women's employment, careers and incomes (directly and indirectly)⁸.

⁵ <https://www.gov.scot/publications/covid-19-health-and-social-impact-assessment/>

⁶ <https://www.gov.scot/publications/economic-impact-of-coronavirus-led-labour-market-effects-on-individuals-and-households/>

⁷ <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-response-to-EEFW---Impact-of-COVID-19-on-business-workers-and-the-economy-July-2020.pdf>

⁸ <https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-EHRiC-Inequalities-and-Covid19.pdf>

Following the international protests sparked by the killing of George Floyd in the United States, increased attention has been focused on the issue of institutional racism and the need to take action. The King's Fund's recent podcast on racism and health inequalities is a useful summary of some of the key issues in relation to health and care⁹. Scottish Government has drawn attention to their existing Race Equality Framework and communicated two Directors Letters to NHS Boards, one focused on data and leadership, and one which provided direction for the establishment of staff networks. Although the primary focus is on race equality, the second letter introduces the subject of champion roles for LGBTQ and disability equality. The King's Fund has also published the results of their research on workforce race inequality in the NHS in England¹⁰, making recommendations for improvements. Many of the issues raised are similar to those identified in 2019 by the Equality and Human Rights Commission's review of racial harassment in higher education. The HE sector has responded to this and to the Black Lives Matter movement by a significant focus on 'decolonising' the curriculum and institutions¹¹ and anti-racist activity¹².

The Equality and Fairer Scotland Impact Assessments of the Scottish Clinical Guidance and Ethical Advice and Support Framework¹³ highlighted a number of issues relating to the equitable treatment and human rights of disabled people and older people. Disabled people's organisations and the equality and human rights regulators challenged the use of the Clinical Frailty Scale in making decisions about care, raised concerns about DNACPR process and expressed the view that disabled peoples' lives were less valued. Inclusion Scotland and the ALLIANCE have highlighted the impact of withdrawal of care during the pandemic.

⁹ <https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality>

¹⁰ <https://www.kingsfund.org.uk/publications/workforce-race-inequalities-inclusion-nhs>

¹¹ <https://www.advance-he.ac.uk/news-and-views/decolonisation-curriculum-conversation>

¹² <https://www.advance-he.ac.uk/news-and-views/critical-conversations-critical-action-we-stand-united-against-racism>

¹³ <https://www.gov.scot/publications/coronavirus-covid-19-equality-impact-assessment-of-clinical-guidance-and-ethical-advice-and-support-framework/>

The pandemic demonstrated the risks and consequences of digital exclusion. Scottish Government, the SCVO and partners are delivering the Connecting Scotland initiative¹⁴ to try to connect the most vulnerable.

Disabled people have noted that the move towards agile and technology enabled ways of working and learning, with greater flexibility, can be more accessible and inclusive, and is part of the pandemic response that should be retained.

¹⁴ <https://connecting.scot/>

6. The NES coronavirus response and renewal

As the Board responsible for educating and training NHS Scotland's workforce, we have had to balance our support for the immediate Coronavirus response with looking over the horizon to make sure the NHS has the right people with the right skills for the future.

We have been required to suspend or pause large areas of normal business, provide support to the service through the provision of educational resources, the redeployment of staff and learners, and through taking on very substantial new programmes of work, such as the Covid-19 Accelerated Recruitment Portal, and the Shielding SMS service.

At the same time, we have had to move to an entirely new way of working, supported by home-working, remote meetings, and a step-change in the on-line approach to the delivery of education.

And in doing this, we have sought to support our staff and those learners for whom we are responsible to the maximum extent possible, have endeavoured to secure continuing education and progression where possible, and have undertaken recruitment for the start of the next academic year, to guarantee continuity of workforce supply.

We are mindful of the many challenges that the service (and so the learning environment in which we work) will face, the likelihood of a continuing enforced reduction in clinical capacity, a large back-log of urgent and scheduled care, the new ways of delivering care that will be required, and the new skills that we will be asked to support.

It is also of note that the NHSS response to this emergency has resulted in change at pace and scale, much of which has been extremely positive, and there is a clear appetite as we recover and renew to seek to 'lock in the benefits'.

Our Response

During the first phase of the pandemic, we paused substantial areas of our routine business, devoting considerable energy to providing new educational resources and redeploying our staff and learners, to support colleagues on the front-line.

NES conducted a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, we suspended much of our education and training activity. However, in order to mitigate the long-term impact of this action, we have maintained some core areas, such as a 'light touch' review and recruitment process to try to limit the damage to future workforce supply.

In our response to COVID 19, a priority for NES has been to maximise the contribution that learners and trainees can make to service delivery, while seeking to support trainees at the frontline, including those in medical, pharmacy, dental, optometry, nursing, midwifery, AHP and psychology programmes.

At the same time, it quickly became clear that there was a need to engage in new areas of business for the organisation. NES has adapted not only by creating a large number of new Covid-19 educational resources, but also by working with partners on the development of a number of projects in areas well beyond our normal sphere of work.

Our Covid-19 educational resources were developed to respond to the underlying determinants of health inequalities. A range of new learning resources were developed to support staff working in community settings across health and social care: including supporting people with mental health issues, learning disabilities, dementia, older people, frail people and people requiring palliative and end of life care.

<https://learn.nes.nhs.scot/28566/coronavirus-covid-19/practice-in-the-community-setting/clinical-practice>

Specific resources were developed which focused on supporting people with additional needs. The COVID-19 pandemic will not affect everyone equally and some people will have a higher risk of psychosocial impacts such as stress and distress. A range of resources for staff working in cross sector specialist areas to support them in adapting practice for the current context have been developed by our Nursing, Midwifery and Allied Health Professions Directorate in partnership with the Psychology Directorate. The resources address the needs of particular groups of people who may experience heightened health inequalities in the context of the pandemic and include supporting people experiencing mental distress; people with a learning disability and people with living with dementia.

<https://learn.nes.nhs.scot/30226/psychosocial-mental-health-and-wellbeing-support/taking-care-of-other-people/supporting-people-with-additional-needs>

Our educational work during the pandemic also focused on improving access to accessible digital learning for the entire workforce to support an effective response to the rapidly developing conditions of the pandemic. Some examples of our approach include:

- a. Working in partnership with the SSSC, the Care Inspectorate and Scottish Care a COVID-19 Support Worker page was developed. This page hosts a huge range of educational resources and guidance for support workers in all health and social care settings aimed at improving access to learning for the non-registered workforce, linking to and synergising with the resources and guidance produced by other partnership organisations.
<https://learn.nes.nhs.scot/28985/coronavirus-covid-19/support-workers>
- b. Working in partnership with a range of agencies a specific COVID-19 page hosting a range of resources was developed on Turas Learn for Volunteers and Carers. <https://learn.nes.nhs.scot/28190/coronavirus-covid-19/volunteers-and-carers>
- c. Regular webinars hosted by the Deanery for medical trainees to keep up to date and to provide trainees with the opportunity to raise issues or concerns, or ask questions.

Expansions to our remit included our work on the Scottish Government's proximity app and the Covid-19 clinical assessment app, allowing data to be collected at the point of care, in real-time, for better treatment. We also supported the SMS Shielding Service to get over 900,000 groceries and medication boxes to the homes of around 190,000 of the most vulnerable people. The service also offered access to supermarket priority slots and up-to-date information on developments in shielding policy.

The service has a continuing role as an information channel – mainly in terms of alerting people to changes to advice in light of local outbreaks. It has recently been used to support distribution of vitamin D tablets to people on the shielding list.

The service used the well-established SMS technology to maximise accessibility for those who may have access to mobile phones but not internet, and to benefit from SMS's ability to work well with accessibility tools such as screen-readers and voice-to-text. Our data analysis from the programme highlights the importance of developing digital tools within the context of overall service design, including consideration of how they relate to and are supplemented by non-digital elements, and further work on user experience is planned.

NES was also responsible for development of the Covid-19 Accelerated Recruitment Portal, which was used to rapidly attract returners and other members of the public to support the pandemic efforts. NES carried out employment checks for over 10,000 returners and students to support scaling additional capacity in the NHSScotland workforce.

With a view to managing the vaccination rollout, our Vaccination Management tool will enable staff across the country to efficiently record attendance at vaccination sessions, as well as safely access relevant clinical information for our most vulnerable people.

Supporting our staff through the transformation

Our shift to the new way of working built upon the digital infrastructure and cultural work we were already progressing under the banner of Smarter Working. The Smarter Working initiative supports excellence in health and care by transforming the way people do their jobs. It will provide the tools and leadership, and promote the culture required to enable effective and innovative ways of working among teams and individuals.

Smarter working is about working together in new ways, wherever we need to, supporting great work and working lives. New technology, modern workspaces and our leadership behaviours all make it easier to work smarter and focus on the end results. It applies to all staff, in every part of the organisation.

Smarter working is not one thing, or even a set group of things. It will mean different things to different people and will look different across a range of working environments. Key is the aim of creating a way of working that supports both the wellbeing of the individual and the productivity and effectiveness of NES in supporting health and social care services throughout Scotland.

Our early work on the Smarter Working initiative and our cloud-based Microsoft 365 digital infrastructure meant that we were well-prepared for a rapid transition to near-universal remote working during the lockdown.

During the pandemic our support for staff included:

- a. Weekly communication videos from members of the Executive Team, which staff valued and requested be retained as a regular communication feature;
- b. Dedicated Coronavirus information resources on the intranet, signposting to information about policies, options for leave, health and wellbeing support, support for managers, digital and equipment support
- c. Remote working health and safety training module for staff, which included a detailed focus on the ergonomics of the home working environment
- d. Support to access appropriate equipment (physical and digital) for safe and healthy working spaces, with a focus on addressing inequalities in provision
- e. Communication and support for managers on managing virtual teams

- f. Guidance and advice on accessibility and distributed working
- g. Access to national health and wellbeing resources and support, occupational health services and AXA-ICAS employee support services
- h. Revisions to our flexible and home working policies to increase flexibility for staff which reflected the circumstances of the pandemic, particularly the challenges of parents and carers who were balancing increased demands to provide care.
- i. Development of an enhanced risk assessment process for staff who needed to work in the office to perform essential functions which accounted more holistically for the social aspects of Covid-19 risk, enabling staff and their managers to address risk and safety on an individual basis and to make appropriate arrangements for individuals and within teams to ensure that staff were able to work safely.

Throughout the year we carried out surveys of all staff and targeted focus groups of staff who are parents and/or carers, from Black, Asian and Minority Ethnic communities, or who are disabled or live with a long-term condition in order to gain insight into staff experiences and to gather feedback from staff to inform our policy development and scenario planning. We are using this information in our People Recovery programme to inform the design of our new ways of working. The focus groups have led to the establishment of new staff networks to ensure effective employee voice for under-represented and minority groups, and we will be implementing Trickle, a digital real-time staff engagement platform, which will support continuous feedback and information gathering, empower staff for collective identification and resolution of any challenges they are facing in work and further support our health and wellbeing strategy.

We have also targeted specific support for our staff working in frontline clinical services. In addition to the trainees for whom we are lead employer, NES became the employer for nursing students deployed to work in care homes on fixed term contracts during the pandemic. Our support for clinical staff included:

- a. Regular engagement and communications through extranets and webinar programmes;
- b. A suite of specific coronavirus training;
- c. Memorandum of Understanding with care sector placement providers which included specific requirements to ensure safety of placement staff, including the specification of requirements for personal protective equipment (PPE);
- d. Technology enhanced delivery of the Foundation school enhanced induction programme and the Scottish Trainees Enhanced Induction Programme (STEP) for GP trainees, both of which support International Medical Graduates in their transition to learning in NHSScotland;
- e. Provision of Occupational Health support and holistic employee assistance through the Professional Support Unit (PSU).

Looking ahead

So what does all of this mean for the future of NHS Scotland's workforce? We are mindful of the potential for continuing changes in clinical capacity, the new ways of delivering care that will be required, and the new skills that we'll be asked to support.

How far, how fast, and in what shape clinical services recover will be fundamental to our work on future postgraduate education - including that which is commissioned from higher education bodies. Similarly, our workforce supply pipelines often depend on undergraduate activity in the university sector - which may suffer disruption in a number of areas. In all these areas, our work with our partners, will be fundamental to shaping our response.

Several of the workforce supply pathways into health and care (which can be long and complex) have been disrupted because of the COVID 19 pandemic. This disruption has resulted from several factors which have affected the ability of learners and trainees to progress as normal. These have included:

- a. changes in clinical service provision (for example where the cessation of elective work has led to a reduction in training opportunities);
- b. changes in trainee rotations (for example, many trainee rotations have been 'stood-still' to provide service support and minimise disruption);
- c. the redeployment of trainees and learners into different clinical areas;
- d. service pressures impacting on the ability of staff to complete necessary trainee assessments;
- e. decisions taken by other organisations which have impacted on trainee progression (for example examinations being suspended, which can be critical to progression or completion of training).

NES has been working with NHS Boards, the statutory education bodies in the four devolved nations, and the professional regulators to mitigate disruption with the aim of allowing as many trainees/learners to progress as normally as possible. However, it is likely that there will be some residual impact.

Similarly, the workforce supply chain requires the recruitment of significant new entrants to the system on an annual basis – whether into undergraduate programmes or postgraduate training programmes.

NES has been working with the statutory bodies across the four nations to put in place recruitment procedures which can operate effectively under the current restrictions to normal movement. This has been largely successful, but there may still be some residual impact to recruitment.

Most clinical education and training pathways are subject to statutory (UK) regulatory oversight, which normally includes approval of placements and programmes. On the basis that the recovery and renewal process will lead to significant service re-design, extensive and complex work may be required to re-profile training pathways and programmes in line with any new service models.

If the 'new-normal' requires trained professionals to possess new or different skill sets (for example in remote consulting), work may be required to drive the necessary curricular change, and to develop and deliver the necessary training. In areas where curricula are regulated at a UK level, this will require a four-nation approach.

7. Implementing the Fairer Scotland Duty

The Fairer Scotland Duty was implemented in Scotland in 2018. The 'key requirements' of the Duty are to:

- **Actively consider, at an appropriate level**, what more we can do to reduce the inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making or policy development context; and
- **Publish a written assessment** showing how we have done this.

We reviewed and adapted the guidance published by Scottish Government, creating a procedure and summary report framework for carrying out assessments. Fairer Scotland implications of workstreams, policies or strategies are reported to the Executive Team and to the Board at appropriate junctures to inform decisions, and summaries of the assessment and final decisions, including any recommendations for action, are published on our website on our equality impact page.

Supplementary guidance on socio-economic inequality and the Fairer Scotland Duty are included within our EQIA toolkit, and engagement with departmental equality and diversity leads and the Senior Operational Leadership Group, in addition to the Senior Leadership and Management Team, has taken place to raise awareness of the duty, relevant issues for our work and our approach to implementation.

A focus on Fairer Scotland objectives is systematically embedded in our procurement processes: all tenders address Community Benefits where appropriate and consideration of the Living Wage (all suppliers are now committed to paying LW this is assessed through our evaluation criteria). A Suppliers Sustainability Code of Conduct is published on the NES Internet in support of our Equality and Diversity aims and objectives.

Our first major Fairer Scotland assessment was carried out on our Strategic Framework. In this assessment, we identified three main areas of potential

impact of socio-economic disadvantage to be considered when establishing and implementing our Strategic Framework:

- a. Education and workforce development which is responsive to the needs of the population and service, informed by the context of social and health inequalities;
- b. Access to, and progression through, education and career pathways;
- c. Access to information and technology, and the information and digital skills to use these resources effectively.

We are delivering a number of workstreams which support the aim of widening access to careers and professions in health and care. These include:

- a. Working with partners, including the Princes Trust and Barnardos, to develop career pathways into healthcare for young people who experience socio-economic disadvantage, care experienced young people, and others who are experiencing barriers into employment.
- b. Supporting the Chief Nursing Officer's Widening Participation in Nursing strategy, developing data analysis using SIMD measures to inform performance management of nursing programmes in higher education institutions in Scotland, and commissioning research on occupational segregation in nursing.
- c. Supporting Widening Participation in Medical Careers, through oversight and disbursement of the Additional Cost of Teaching (ACT) levy to support activity to improve access to medical education in Scottish universities by young people from low-income backgrounds.

We are delivering the Fairer Scotland Duty in our employment functions by:

- a. Incorporating socio-economic disadvantage within our approach to equality impact assessment of employment policies ;
- b. Embedding a focus on health inequalities and support for carers in the workplace with our Healthy Working Lives Strategy, which underpins our approach to health and wellbeing support for staff;
- c. Carrying out a Fair Work Framework benchmarking exercise in partnership with staffside representatives to review our current employment practices and identify any priorities for continuous

improvement. We updated this assessment in 2020 against the refreshed [Fair Work statement](#) to reflect the changed work circumstances of the Covid-19 pandemic.

The refreshed Joint Statement of Fair Work

The Joint Statement of Fair Work practices issued in July clarified expectations during the transition out of lockdown. It covered 7 areas where fair working practices could be adopted, as listed below:

1. Facilitating effective employee engagement
2. Supporting all workers to follow public health guidance
3. Paying workers while they are sick, self-isolating or absent from work following medical advice relating to COVID-19
4. Facilitating flexible working arrangements, including homeworking
5. Protecting the health and safety of all workers – at work and travelling to and from the workplace
6. Providing workers with clear and comprehensive information on managing work-related risks
7. Protecting the position of all workers, regardless of the nature of their employment

We benchmarked our delivery of these practices in partnership with staffside representatives, identifying a range of activities which indicated a robust and consistent approach to delivery of the practices.

Taking a continuous improvement approach to delivery of Fair Work, we identified further actions to be progressed as appropriate through our Recovery and Renewal programme:

1. Trickle implementation.
2. Joy in Work/ Our Way refresh to support new ways of working.
3. Feedback the Everyone Matters (staff experience survey) results at Directorate level.

4. Establishing Disability and Black, Asian and minority ethnic networks to continue engagement started in focus groups. A meeting will be held in January to explore options with staff for developing an LGBT+ network.
5. Monitoring the impact of Long Covid and working with colleagues across Boards to adopt best practice and consistent approach.
6. Implications of waiting times for long term sickness absence to be dealt with on case by case basis aligned to other Boards.
7. Consider application of Disability Policy in Long Covid cases.
8. Improvements to reasonable adjustments process to address inconsistency/ challenges raised by focus groups.
9. Establishing a peer support network for parents and carers, and using their input to inform our work on ways of working and flexible working.
10. Consideration of how to support potential disproportionate impact of homeworking on lower paid staff (including digital poverty).
11. Consideration of the planning horizon for posts (short term and longer term) is being noted and explored in the development of the Technology Enhanced Learning transformation bids.
12. Communications to Directorates, especially around Operational Planning to consider how they can support extensions of FTC and agency staff where possible.
13. Promote the use of the Scottish Government's Fair Work Self-Assessment to staff.

8. Corporate Parenting

NES as a public body has a responsibility in relation to corporate parenting. NES developed a Corporate Parenting Action Plan which was first published in financial year 2017-18. Since then the plan has been updated in June 2018 and July 2019.

Key activities

- Working with Who Cares? Scotland (WC?S) to ensure the views of care experienced young people are reflected in NES plans.
- Working with Who Cares? Scotland to develop an open access Corporate Parenting eLearning module for NHS staff. This features on the Equality and Diversity Zone in Turas Learn.
- Promoting staff awareness of the needs of care experienced young people through educational resources within Dental care, General Practice and Mental Health services.
- Ongoing awareness raising and promoting learning opportunities for key staff members in NES regarding our role as Corporate Parents.
- Promotion of learning resources to other Corporate Parents and health and social care partners.
- Working with the NHSScotland Employability and Apprenticeship Network and key partners to promote and support further development of opportunities and provide more flexible entry and career pathways, further qualifications, and requirements for support for care experienced young people joining the workforce.

Corporate Parenting Action Plan for 2021/22

Action 1 – Educational Materials for Health and Care Professionals

A. Review relevant existing NES educational materials to ensure the needs of Care Experienced people are understood and appropriately taken into consideration.

B. Consider the need for creating additional educational resources for Health and Care Professionals who provide services for Care Experienced people, working in partnership with key clinical networks, such as the Women, Children, Young People and Families (WCYPF) Once for NES Group.

If these actions result in a substantial resource requirement this will have to be factored into the 2022/23 Operational Planning cycle.

Action 2 – Educational Materials for WC?S staff

A. Signpost/promote relevant existing NES educational materials to WC?S staff.

B. Explore the possibility of providing a Trauma informed practice session and other educational activities to WC?S staff (e.g. providing key note speakers).

Action 3 – Improving Employability for Care Experienced people

Working with the NES Employability & Apprenticeships Action Group to review current recruitment processes with expert input from WC?S.

Action 4 – Representing the needs of Care Experienced people in the Trauma Training Programme

Following a consultation process with the Promise Implementation Team and the Children, Young People and Families Senior Leadership Group at Scottish Government, a number of potential priority areas were identified:

- a. Working with the Children's hearing System (SCRA/CHS) to develop a trauma informed training and implementation package for the staff and volunteers
- b. Working with Looked After and Accommodated Children (LAAC) nursing and supporting the dissemination of trauma training in school nurses and Child and Adolescent Mental Health Services (CAHMS).
- c. Secure care

- d. Kinship carers (coordinated via the Kinship collaborative)

Practical outputs/deliverables planned for Spring 21:

- a. Support the review and redesign of training for Children Hearing system across the Scottish Children's Reporter Administration (SCRA) and Children's Hearing Scotland (CHS) and implementation planning.
- b. To be confirmed - CPD events for the Looked After and Accommodated Children (LAAC) nursing community.
- c. To be confirmed - Support to design trauma informed training package for the kinship collaborative in partnership with the various stakeholders
- d. Develop a CYP (Children and Young People) module for the 'developing your trauma skilled practice' e-module. This is aimed to be broadly applicable but specifically useful to the workforce supporting CYP in the care system.

9. Equality Outcomes 2021-25: Looking Forward

We have been working for a number of years to embed equality and diversity in our work in ways that improve outcomes for our stakeholders. The refresh of the NES Strategic Framework in 2019 offered the opportunity to reflect on the existing equality outcomes and to ensure that our equality outcomes remain current and to embed those priorities into our Strategic Framework. The review of the impact of the coronavirus pandemic and our response as we move through remobilization and into recovery is also reflected in the way that we have updated and focused our equality outcomes for 2021-25.

We expect that the situation will continue to be dynamic and we will need to take an agile and responsive approach to the needs that arise.

Our approach will be guided by:

- a. A continuing Technology Enhanced Learning transformation and developing digital capabilities for health and care;
- b. Continued focus on addressing the factors that contribute to differential access, experience and outcomes in learning in order to support widening participation in learning and reduce differential attainment;
- c. Further enhancing and empowering learner and employee voice, developing new engagement mechanisms like staff networks and using our user experience and service design approaches to shape our service developments;
- d. Developing our approach to implementing new human rights duties, strengthening integration with the existing equality duties, with a particular focus on taking approaches to prevent and reduce health inequalities.

Our equality outcomes for 2021-2025 will be:

Outcome 1:

Our support for youth employment with a particular focus on engagement and supporting transitions from school, college and university for those further from the labour market or more likely to experience barriers to full

employment: young people who are care-experienced, disabled, or from Black and minority ethnic or socio-economically disadvantaged communities

Outcome 2:

The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience

Outcome 3:

Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced

Outcome 4:

We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland through:

- a. Expanding the availability of technology enhanced learning which reflects best practice in accessibility and increases flexibility in learning opportunities;
- b. Establishing arrangements for reasonable adjustments passports for trainees under the Lead Employer programme;
- c. Providing holistic careers advice and person-centred support for disabled trainees through the Performance Support Unit.

Outcome 5:

The diverse development needs of our workforce and changes in the way work is being done will be our focus as we support development of digital capability and accessible and inclusive technology enhanced learning. Digital learning capability is a complex concept incorporating elements of information literacy, digital skills and capacities for learning. Learners may also be differentially impacted by barriers to accessing appropriate digital infrastructure for learning. We will invest in core skills development for our educators and designers which will include

- a. Accessibility [design, facilitation, assessment, reasonable adjustments]
- b. Cultural competence and anti-racist education

- c. Unconscious bias in education
- Social learning and facilitating for inclusive learning

Outcome 6:

Our approach to digital design considers the role of digital in:

- a. How we design with the diverse needs of our audiences in mind when developing our products;
- b. How we consider the role of digital in supporting the care pathways we are supporting or for which we are delivering learning;
- c. How the delivery of highly accessible digital solutions is best supported by and influences the “non-digital” ways of interacting with a product or service; and
- d. How we measure whether our digital products and technology enabled learning are connecting with audiences in ways that address rather than widen inequalities

Outcome 7:

The attraction and selection processes for our leadership and management programmes support a leadership and Management cohort that is inclusive and representative. The provision of our leadership and management programmes supports the building of an inclusive workplace culture.

Outcome 8:

NES is an inclusive employer, with:

- a. Effective employee voice, including staff networks with effective influence on policy
- b. Improved recruitment outcomes for young candidates, minority ethnic candidates and disabled candidates
- c. An adaptable and flexible workforce with positive support for staff wellbeing.

Mainstreaming priorities

In our quadrennial cycles we set mainstreaming priorities to focus our efforts to mainstream the Equality Duty into our day to day work, making this focus more systematic and impactful. Our priorities for 2021-25 will be:

- Improve our Equality Impact Assessment performance, ensuring a systematic approach to using EQIA to inform the development of new workstreams;
- Build capacity – both technical and educational -- to deliver accessible digital learning

Our approach to measuring improvement

Impact model

Our core business in education and training extends beyond the development and delivery of high- quality products and services, to carefully evaluating our diverse activities. We are committed to measuring the impact of our work on individuals, organisations and service users to help us understand its effectiveness, and to make improvements. To this end we employ an impact planning and measurement model, to enable us to report impact at different levels. This applies to all our education and training across the health and social care disciplines.

A key feature of our impact model is encouragement of programme teams to consider the effects of our activities on different groups, including those with protected characteristics. This requires us to understand the demographic characteristics of learners engaging with our products and services, and to collect data on their satisfaction, learning and confidence, and their success in putting learning into practice. This data will enable us to evaluate the inclusivity of our education work and remove barriers to participation and learning where we have evidence of differences in participation, engagement and learning/attainment.

Digital dashboard educational impact

As part of our commitment to high quality across a growing portfolio of digital resources, we will be implementing an online dashboard to assist with reporting and accountability. It is expected the Digital Dashboard will include information on a range of quality dimensions, including evaluation/review

dates and product owners. The inclusivity of our digital resources for a range of different learners, including those with disabilities, is also considered an important dimension of quality. We anticipate that the Dashboard will provide a key focal point for accountability in this regard, ensuring any barriers to participation and learning are identified and addressed.

Workforce data dashboards

NES already has an extensive set of workforce equality data which is being used by our Workforce team to monitor and assess progress on organisational policy and culture. These measures will be developed into the KPIs for effective workforce and reported through the Partnership Forum and Staff Governance Committee.

Appendix 1: Workforce diversity data analysis

Summary

With the exception of data on workforce composition, the analysis in this report refers only to NES's administration and educational staff and specifically excludes the Doctors in Training. Doctors in Training are recruited through national processes which are distinct from core NES recruitment. Their training follows curriculum established by their Royal Colleges and undergoes quality management through processes which are managed and reported by the Scottish Deanery and regulated by the General Medical Council. Any data or analysis in this section should be read as referring only to NES's core staff unless specific data are presented on Doctors in Training.

Composition

- a. In the core staff, there are more women than men at every level, but there is a particularly high concentration of women at bands 4-5. The majority of the less than full time workforce are women. We continue to be an older workforce.
- b. The core staff are mostly white. Black, Asian and other minority ethnic staff work in roles across the organisation and in focus groups have reported a sense of isolation as a result of this. They have also reported a sense of having to work harder to gain recognition.
- c. Very few staff identify themselves as disabled, but this may be an undercount. There are known cultural barriers to identifying oneself as disabled in a healthcare context. Like minority ethnic staff, disabled staff also work in roles across the organisation and in focus groups reported a sense of isolation and lack of support. They also identified issues with the reasonable adjustments process and recommended areas for improvement. They noted the value of flexible working and the importance of line manager empathy and understanding.
- d. The trainee cohort is more ethnically diverse and also more likely to practice a variety of religions. Religious practice, in general, is correlated to some extent with ethnic diversity.

- e. About two thirds of trainees are women.
- f. Very few trainees declare a disability.

The main change to workforce composition during the 4-year outcomes cycle has been the increase in the percentage of women in the medical/dental educator cohort, which is now close to 50:50. This represents a significant increase in women in senior medical roles in NES.

Recruitment:

- Key predictors of not being appointed are: being disabled, being from a Black, Asian or Minority Ethnic background.
- Despite work to support young people in applying to NES roles, the success rate of applicants in the two youngest age cohorts has not improved.
- Attraction (overall % of applicants) from disabled and minority ethnic candidates is low, although the rate varies among directorates.
- Performance in attraction and appointment to digital roles has been better on diversity measures.

Retention

- NES scores very positively on staff engagement measures using the national staff engagement tool iMatter. Although this cannot be disaggregated by protected characteristic, we have found that in supplementary wellbeing surveys run locally which can be disaggregated, we have not encountered significant differences in measures between groups.
- Our employee relations activities are primarily informal. Involvement with specific types of activities of queries does vary between groups.
 - Men and ethnic minority staff are more involved with 'employment queries' or 'HR policy and procedure' although ethnic minority staff are not more disproportionately represented in employee relations activities;
 - Staff aged 45-54 and disabled staff are slightly over-represented in the 'sickness absence management' queries;

- Queries about leave are disproportionately more common for staff aged 55+, gay and disabled staff.
- The age profile of leavers varies by directorate and may be related to career opportunities

Development

- Our data suggests that all staff groups are participating in learning and development activity;
- In focus groups, minority ethnic staff spoke about a sense of having to work harder to gain recognition. Data on tenure to promotion supports this view.
- Data on length of tenure to promotion also suggests that men progress more quickly than women.

What this tells us:

The staff focus groups provide some qualitative insight into the lived experience of the workforce composition patterns. Staff told us that experiences of being a small minority scattered throughout an organisation can lead simultaneously to invisibility and hypervisibility, depending upon the individual's situation and context. This has led to a variety of experiences which can include isolation, the need to self-advocate (particularly highlighted by staff with hidden disabilities), inconsistent experience mediated by line managers, difficulties accessing equipment or working arrangements which would support them to do their jobs most effectively. Establishing staff networks should help to reduce isolation, to provide a framework for making problems more visible and enabling their resolution.

It is also worth considering the age composition of NES in the context of current and anticipated digital transformation, and particularly in the context of strategic workforce planning. We will we need to develop our approach so that we continue to develop staff who are mid-career into new roles which did not exist at the time they were in school. This may also help to address the issues of time to promotion and career stagnation for staff in mid-band roles.

Our current approach to attraction and recruitment is not necessarily bringing in the widest talent and there may be barriers arising for different groups at various stages, we are focussed on identifying these barriers and improving our performance. NES is not alone in facing this issue, but it has been a persistent issue and data analysis over the four-year cycle of this set of equality outcomes suggests that the action we've taken so far has not significantly impacted on the situation. Key issues to consider would be:

- Improving attraction and facilitation of transitions of disabled people from school/HE/FE into employment;
- Youth employment strategy, including diversifying approaches to supporting young people into work in NES, and our role in delivering national priorities to address employment barriers for young people facing particular barriers into work;
- The uneven nature of our attraction within Black, Asian and minority ethnic communities, considering this in terms of the wider question of career progression and talent development for the NHS workforce;
- Learning from the implementation of Values Based Recruitment and from variation in recruitment performance across the organisation, with recruitment of digital staff for example revealing more positive outcomes.

Detailed analysis of workforce data

Workforce composition

Women outnumber men at most pay grades, but there is a particularly high concentration of women at bands 4-5 relative to men. The proportion of women to men in medical/dental educator roles is now approaching gender parity. In training grades, approximately two thirds of trainees are women.

Fig 1. Headcount by Grade and Gender (excluding Doctors in training)

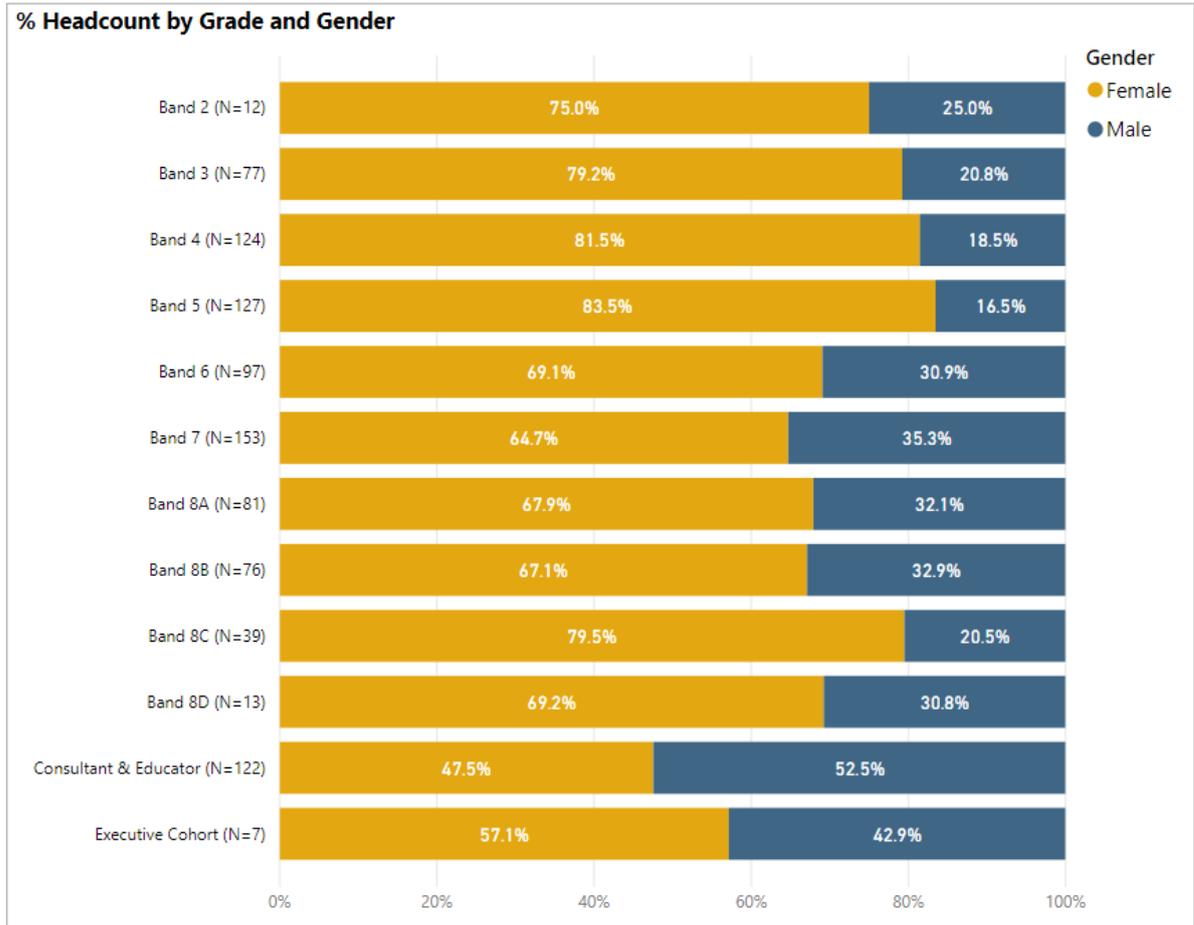
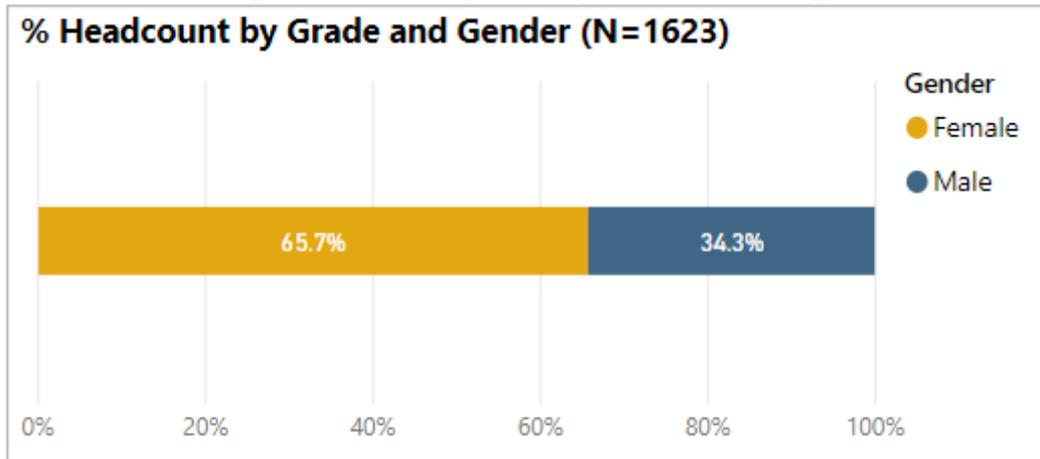
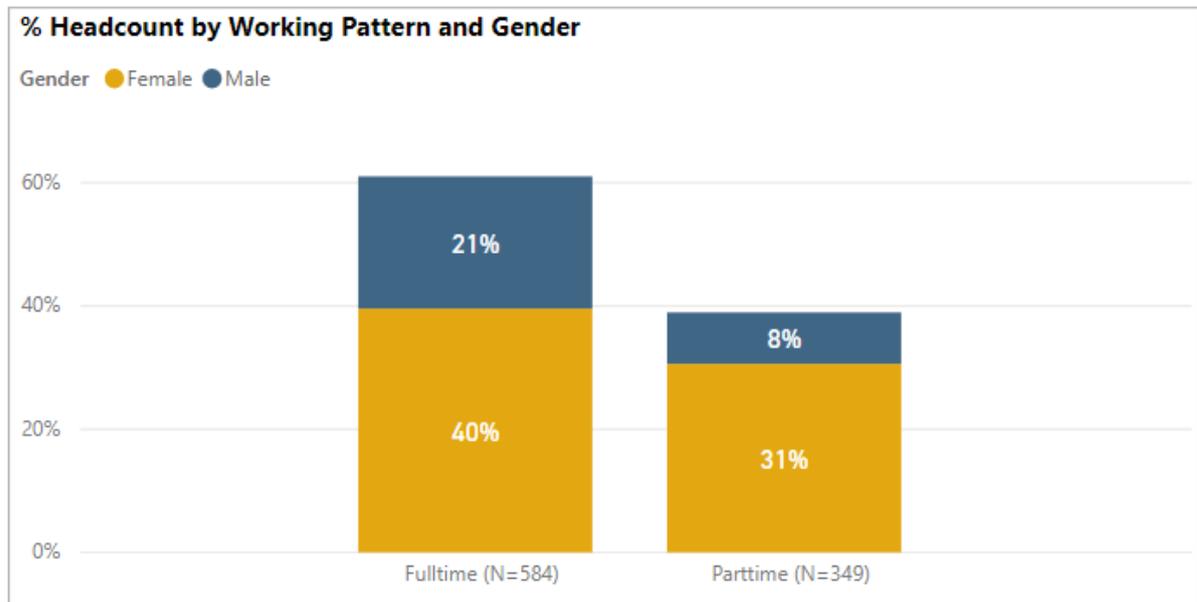


Fig 2. Headcount by Grade (Doctors in Training)



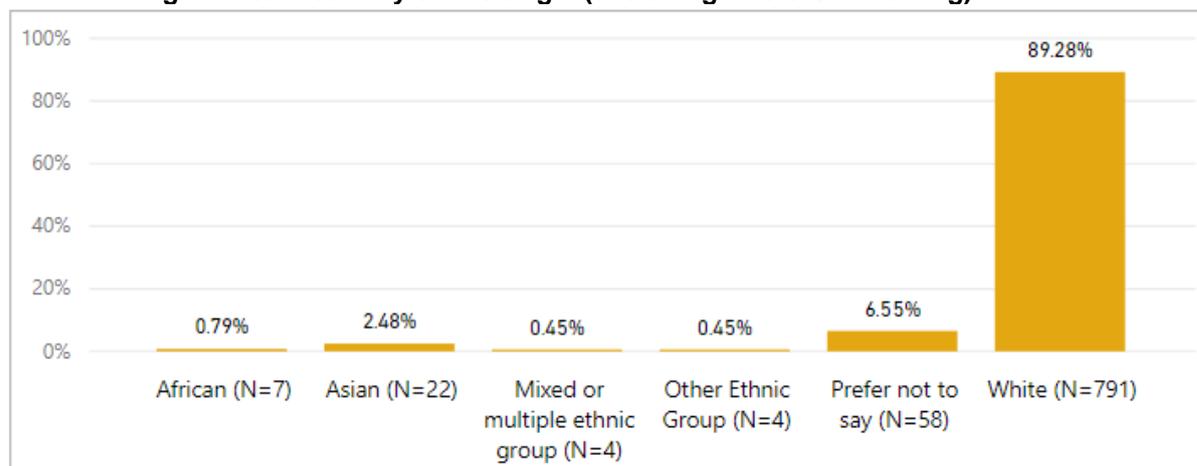
The majority of our part-time workforce are women.

Fig 3. Headcount by working pattern and Gender (excluding Doctors in training)



Nearly 90% of our core staff are of white ethnic origin; 2.62% are of Asian ethnic origin and other ethnic groups comprise less than 1% each. This diversity is unevenly distributed across the organisation, with some Directorates more diverse than others. Staff from minority ethnic backgrounds work in a variety of roles, but are under-represented in senior management. In focus groups, they highlighted the issue of isolation within directorates, teams or workplaces.

Fig 4.1 Headcount by ethnic origin (excluding Doctors in training)



Trainees appear to be considerably more diverse, partly reflecting the international nature of the medical workforce. 17.95% are from Black, Asian,

mixed or other ethnic minority origins, and 51.24% from white ethnic origins. However, 30.82% responded 'prefer not to say', indicating the need to improve the quality of this data.

Fig 4.2 Headcount by ethnic origin (Doctors in training)

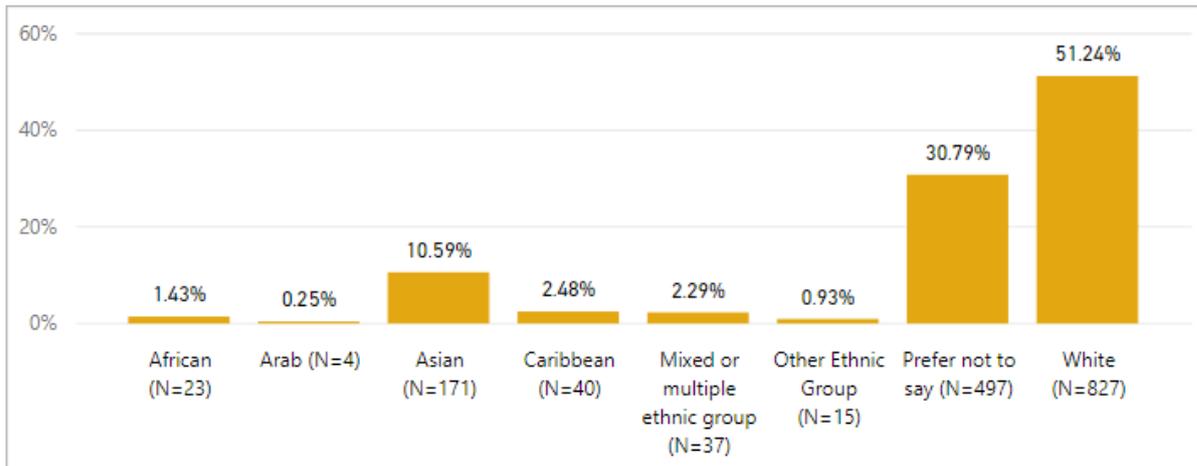
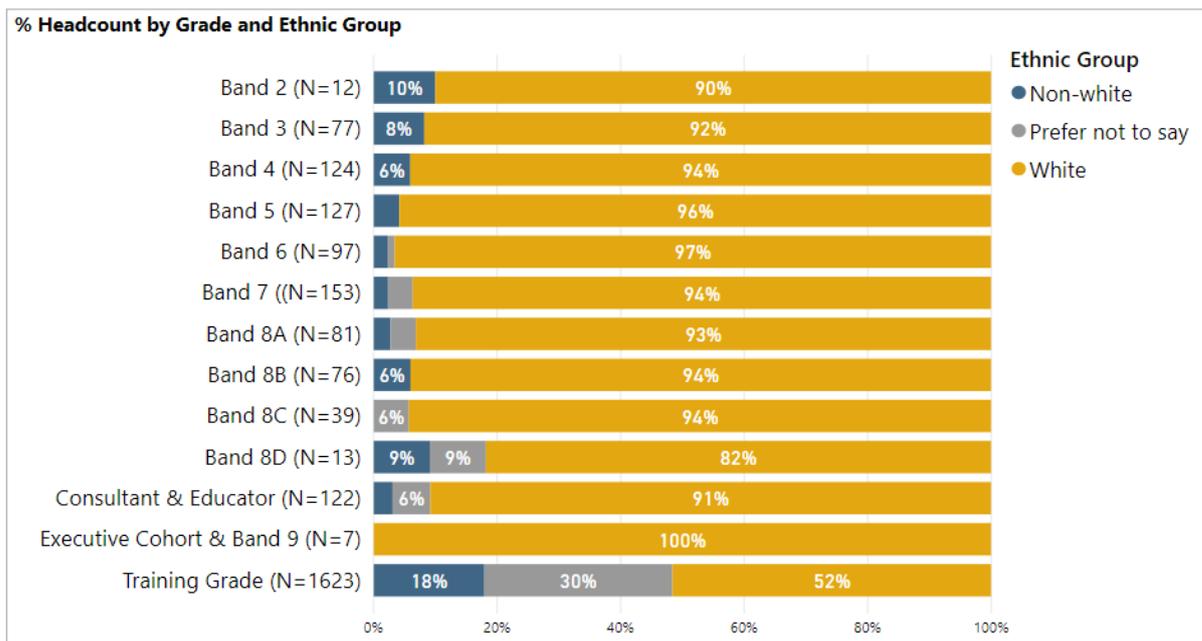


Fig 5. Headcount by ethnic group split by grade



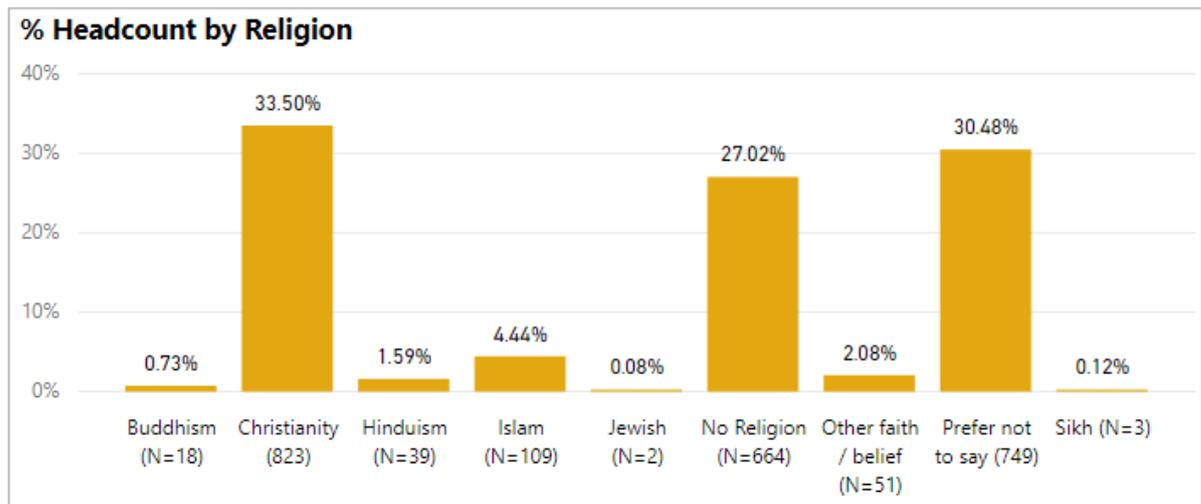
Only 1.7% of staff identify themselves as disabled; a figure which almost certainly under-represents disabled people in the organisation. (6.9% responded prefer not to say, 19.6 have information which is not known or is blank – much of the missing data is accounted for by trainees). Among non-trainee NES (including NDS) staff, 2.6% identify a disability, 2.3% prefer not to

say and information is missing for 4.4%. Disabled staff work in a wide variety of roles and pay grades across the organisation. As with minority ethnic staff, disabled staff in NES focus groups noted that they at times experienced feelings of isolation and did not know other disabled people or have visible role models, and welcomed the opportunity for a peer community to discuss shared experiences.

1.3% of trainees identify themselves as having a disability; a disproportionate percentage of these trainees are of Asian ethnic origin. It is possible that this result might reflect dyslexia screening and support for International Medical Graduates identified through the Performance Support Unit.

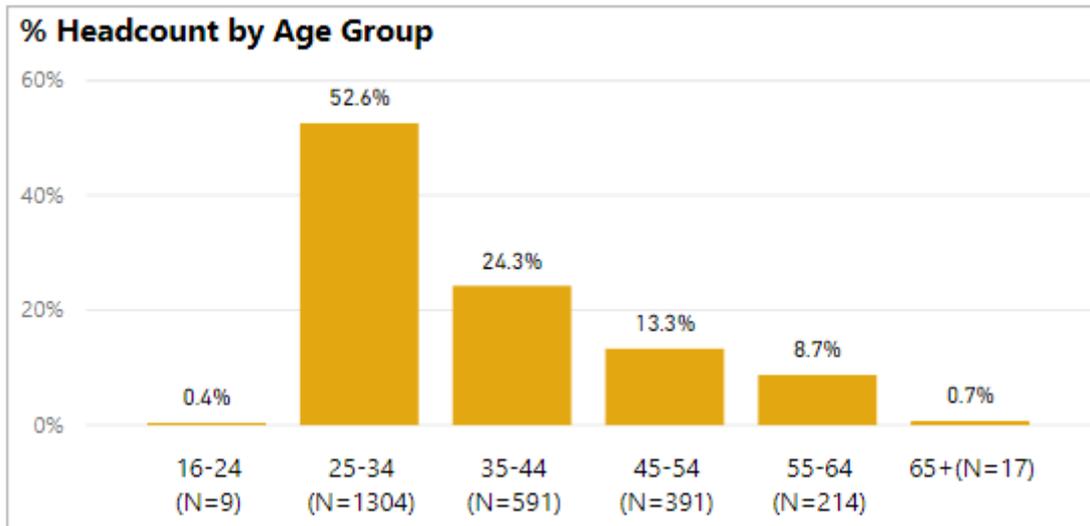
About 3% of staff identify as Lesbian, Gay or Bisexual across all staff cohorts. A number of Doctor in Training records are missing complete E&D data, work in improving data quality is underway.

Fig 5. Headcount by religion



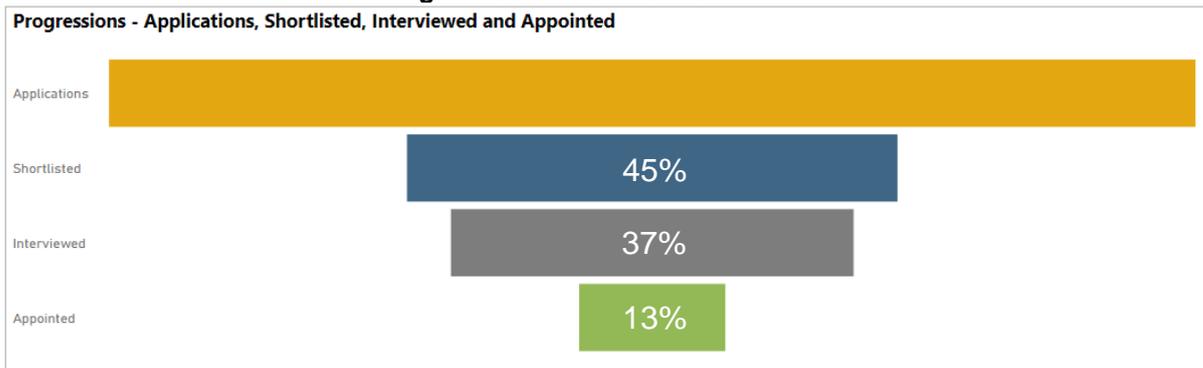
NES has an older workforce: our most numerous age categories (excluding doctors in training who are at earlier stages of their careers) are 45-54 and 35-44, and we employ very few young people. This has been a consistent employment pattern.

Fig 6. Headcount by age group (including Doctors in Training)



Recruitment

Fig 7. Recruitment funnel



Our overall rates are as follows.

Of applicants:

- 45% are shortlisted (N=1017)
- 37% are interviewed (N=835)
- 13% are appointed (N=303)

Of shortlisted applicants: 82% are interviewed.

Of interviewed applicants: 36% are appointed.

We are committed to identifying barriers and improving performance in recruitment outcomes to roles across NES.

Black, Asian and minority ethnic candidates are less likely to be shortlisted and appointed: 28% of candidates are shortlisted, 6.3% of applicants are appointed, representing 24% of interviewed candidates. Learning from

recruitment that reveals more positive outcomes will form the basis of further work to enhance performance across the organisation. For example, applicants from minority ethnic backgrounds are more likely to be appointed in recruitment to digital roles than other parts of NES with greater parity between the appointment rate of minority ethnic and white candidates. Some digital roles also receive a much higher rate of applications from minority ethnic candidates, although their rate of shortlisting is lower than the NES average (this may be related to the higher number of applicants).

Application rates from minority ethnic candidates are higher for band 7 posts, and in Finance, Digital/NDS, and Consultant posts. They are particularly low in NMHAP and also in Psychology and Planning and Corporate Governance (but the latter two departments will represent small levels of recruitment). They are also below average in Workforce.

Appointment rates are also particularly and persistently low for young applicants (16-24) and (25-34). During the period under review, NES has undertaken considerable work to improve engagement with young applicants and the information provided to applicants about posts and the information required to apply for posts, but this has not translated into success in the recruitment process. Given concerns about the impact of coronavirus on young peoples' employment opportunities, this is an area which requires consideration as the supply-side actions taken to date have not improved outcomes.

Only 4.1% of candidates declare a disability; this is considerably below the percentage of disabled people in the population (which is approximately 20%, and includes mental health, a disability that is known to be less likely declared) and we should consider what we can do to improve performance here in light of the public sector priorities to improve disabled peoples' employment and position in quality employment. Disabled people are slightly more likely to be shortlisted compared to non-disabled candidates (47%/45%); as a Disability Confident employer, NES operates a guaranteed interview scheme for disabled candidates who meet the minimum criteria and who wish

to participate. The overall rate of interview participation following shortlisting is similar. 23.68% of the applicants that declared a disability were appointed compared to 37% overall.

Staff Development

NES registered 31 promotions in 2017/18, 25 in 18/19 and 46 in 2019/20. Aggregating these three years together, only 1.96% of promotions went to disabled staff and 4.9% to Black, Asian or minority ethnic staff. Although the percentage of women and men receiving promotions are reflective the gender composition of the organisation, the average tenure for men to promotion is 6.22 years, compared to women's 7.07 years.

Training

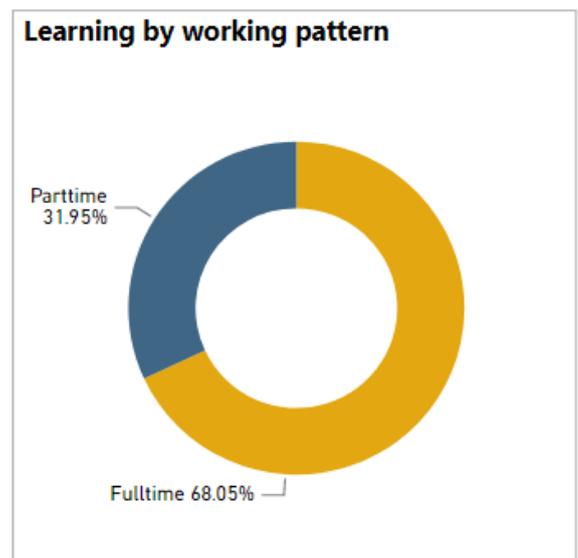
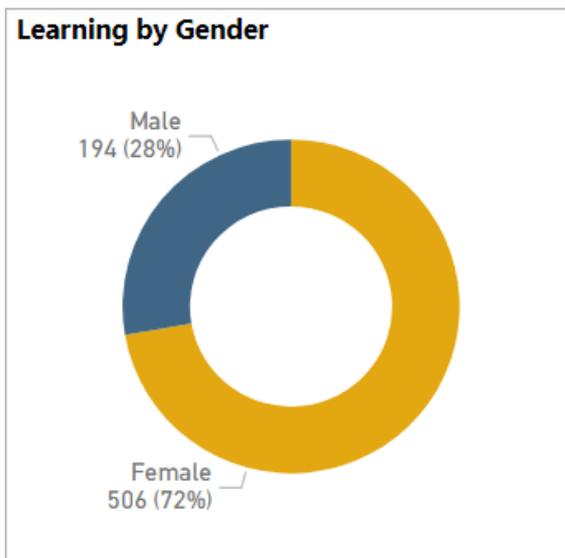
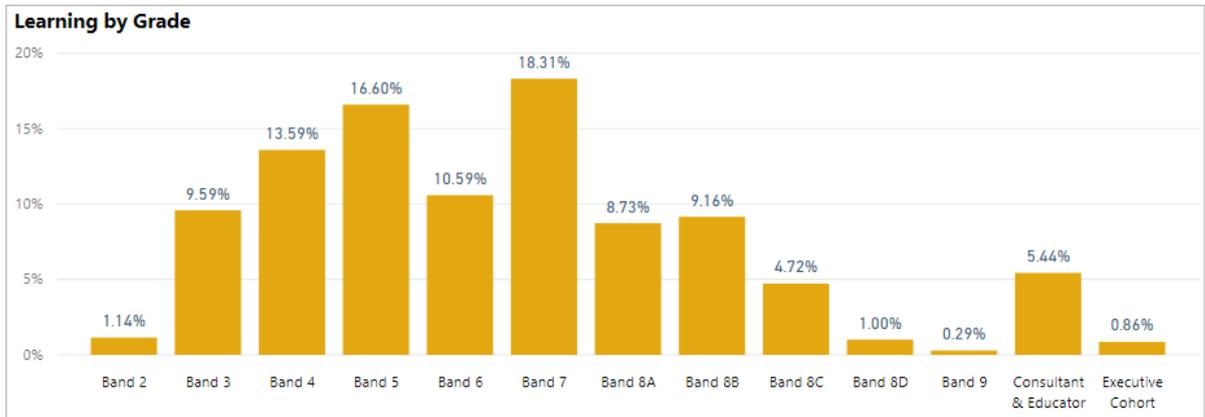
Data on training, captured through individual learning records in our Learning Management system TURAS Learn, indicates an equitable participation in formal training courses, as tracked through the system. This is true of both essential and non-essential learning.

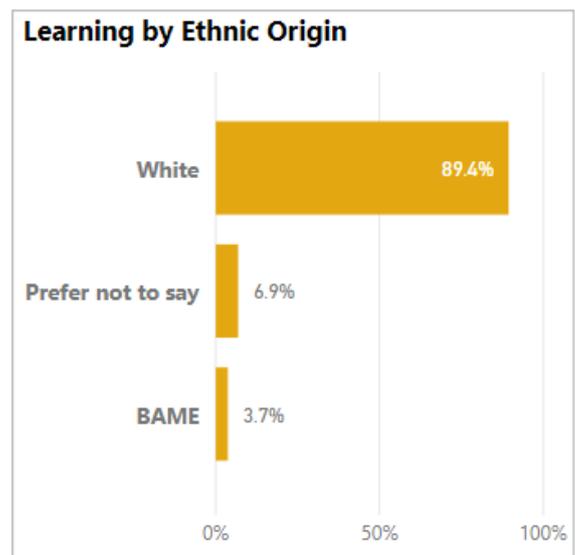
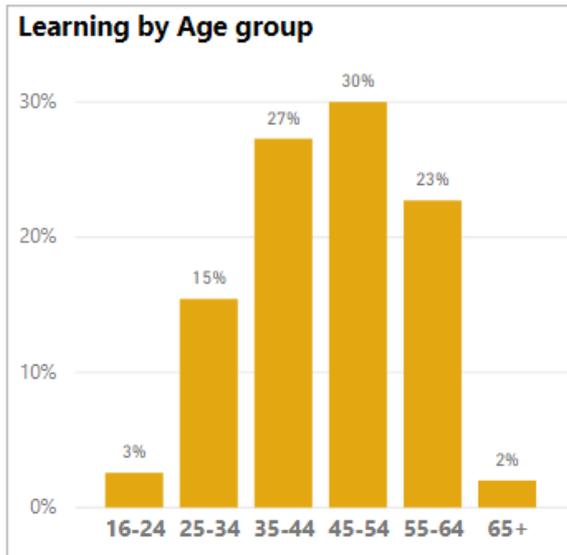
However, this represents only a fraction of the learning actually undertaken by staff, as learning within work, participation in communities of practice, conferences, reading and informal learning is not tracked within this system. In June we carried out a survey of staff experience working during lockdown; one key area of feedback from staff was the desire for more training on the digital systems they were using, often in extended or novel ways. Our training and educational support for staff during the pandemic included:

- Training on using Teams
- Extended guidance and self-directed learning on Microsoft products
- Establishing a Technology Enhanced Learning (TEL) Knowledge Sharing Network with weekly meetups and demonstrations, which has now grown to 258 members.
- Courses on wellbeing and resilience for staff and managers
- Spaces for Listening

Figure 8 outlines the number of training instances (formally registered training sessions) across the organisation, broken down by grade, gender, working pattern, age and ethnic origin.

Fig 8. Training attended by grade





Retention

NES's overall turnover rate is relatively low. There is some distinction between the demographic pattern of leavers by age. Staff in the younger age range, 25-35, who leave, are somewhat more disproportionately likely to be of Asian origin, to be female, or to work in lower banded administrative or digital roles, and are likely to leave due to lack of career progression opportunities. We track data on formal employee relations cases and also on informal employee relations advice and support. In 2019-20 we had only 12 formal cases, a number too small to draw any significant conclusions. There were 572 informal cases of informal support and advice, involving 295 staff members.

There are some demographic differences in the types of queries or support involved:

- Men and ethnic minority staff are more involved with 'employment queries' or 'HR policy and procedure';
- Staff aged 45-54 and disabled staff are slightly over-represented in the 'sickness absence management' queries;
- Queries about leave are disproportionately more common for staff aged 55+, gay and disabled staff.

In general, the majority of informal employee relations activity relates to sickness absence management, despite NES's overall low sickness absence rate.

There is no evidence of higher levels of engagement of ethnic minority staff with employee relations activity, which is a pattern evidenced in some organisations.