NHS Education for Scotland

Equality Impact Assessment Report

Title of Function (s) : NHSScotland Review of NHS KSF:

Replacement of e-ksf with Oracle Performance Management

NES Directorate: **Workforce Directorate:**

Completed by: **Anne Campbell, National KSF Manager:**

Date Report Completed: 2 February 2015

1. Define the function	
1.1 What is the purpose of the function?	The objective of this function is completion of a project to review the NHS Knowledge and Skills Framework (KSF) making it more accessible for managers and staff and providing resources for managers to enable them to apply the framework fairly to all of their staff taking into account individual needs and circumstances as part of the Personal Development Planning and Review process (PDPR). The function supports the Everyone Matters (ref) priority action of ensuring that all staff have a meaningful conversation with their manager about their development and career aspirations. The aims are to • Develop national guidance which signposts resources to support managers in developing skills to have effective conversations with staff around learning and development priorities. • Review and refine the content of the KSF core dimensions ensuring that the language is more accessible and relevant for staff.
1.2 Who does the function benefit and what's the relevance of the function to those groups?	The function benefits line managers and staff employed under the Agenda for Change Terms and Conditions (91% of NHSScotland staff). **Staff**: who will be able to participate fully in a conversation that helps them see how their contribution fits with the organisation's priorities and have equity of opportunity for development that supports them in their role and career aspirations. **Line Managers**; who will be provided with resources and support to enable them to apply framework fairly and consistently to all of their staff taking into account their individual needs and circumstances

1.3 What results/outcomes are intended	**Outcomes** Production of case studies and resources which are staff group specific Production of guidance and resources supporting a shift in focus to improvement and development Development of a framework to support managers in having structured development conversations The language used in the core dimensions is jargon free and accessible. **Intended Results** Line managers feel more confident in having meaningful development conversations with staff. Staff are more confident in participating in development conversations. All staff report having an effective PDPR discussion that helps them improve how they do their job.
1.4 What is NES's role in developing and delivering the function	NES is responsible for providing, on behalf of Scottish Government, national level support to NHSScotland around policy advice and guidance around the NHS KSF. Through this role NES is taking the lead in delivering the function.
1.5 Who are the partners in developing and delivering the function and what are their roles.	NES is working in partnership with Scottish Government Health Workforce and Performance Directorates, Scottish Workforce and Staff Governance Committee (SWAG) and NHS Boards. SWAG has the overall governance role for the function with NES taking the lead role on their behalf.

2. Evidence to inform assessment	

2.1 Evidence used to inform this assessment included

- Information Services Division: NHSScotland Workforce Report – (March 2014, Sept 2014)
- NES ACS project Scoping Study
- Engagement with NHSScotland staff through focus group work
- Review of completed EQIAs on NES programmes
- Working Longer Review – NHS Staff Council - Preliminary findings and recommendations report for the Health Departments

2.2 Assessment of evidence

There is very limited data on the equality and diversity profile of NHSScotland staff groups available from the NHSScotland Information Services Division. For most staff groups, only age and gender are reported. Information on disability, ethnicity, religion or belief, sexual orientation and transgender status are presented for NHSScotland as a whole but are not broken down by grade or staff group (although most data are available per NHS Board). The quality of the data is limited by high non-response rates (particularly for ethnicity, religion or belief and sexual orientation). In the case of disability, information about specific impairments is not collected. It is therefore difficult to know the current equality and diversity profile. For example, if Black and Minority Ethnic (BME) people are under-represented in senior grades, or in particular job families.

3. Results from analysis of evidence and engagement

What does the evidence and any engagement activities tell you about the relevance of this function for different equality groups

3.1 Race	Learners whose first language is not English may have difficulty participating fully in the PDPR conversations if the KSF is written in language that is overly complex or full of jargon. Inability to fully participate in meaningful PDPR conversations may have an impact on employment progression and access to development opportunities. There is evidence that individuals from minority ethnic (BME) communities may experience discrimination due to misconceptions around culture or language barriers.

	There is a risk of indirect discrimination experienced by staff from minority ethnic communities if they are unable to identify or access learning & development opportunities because their first language is not English.
3.2 Disability	In NHSScotland the overall number of staff who identified as disabled is very low, at no more than 0.5%. It is difficult to estimate the number of staff with disabilities in the NHS in Scotland but reported evidence from the RCN suggests that staff may be reluctant to disclose their disability for a variety of reasons. A review of literature on dyslexia in nursing noted that studies had indicated that between 3% and 10% of the nursing population admit to having dyslexia – just one example of learning difficulties. As the nursing workforce makes up 46% of the total AfC workforce, we might assume the level of dyslexia across all AfC job families is at least similar or possibly higher than this. It is probable then that the available statistics underestimate the number of staff who have an undisclosed or hidden disability. Inability to fully participate in meaningful PDPR conversations due to disability may have an impact on employment progression and access to development opportunities.
3.3 Gender	The majority of the NHSScotland AfC workforce is female who represent 81% of group. Almost 45% of the workforce works part-time and 93% of these part-time workers are female. This has significant bearing on access to training and development and the ability to fully participate in the PDPR process leading to potential negative impact on employment progression and opportunities. No statistical data is available at present to breakdown the percentage of part-time female workers by role, AfC banding or geographical location. There is a risk that female staff will experience indirect discrimination if they are unable to participate in development activities due to the nature of their work patterns.

3.4 Sexual Orientation	There is no identified impact of the programme on staff as a result of sexual orientation. There is the risk that individuals may experience discrimination due to the person's sexual orientation.
3.5 Religion or belief	There is no identified impact of the programme on staff as a result of religion or belief. There is the risk that individuals may experience discrimination due to the person's religion or belief, for example timing of learning & development sessions organised around specific religious requirements.
3.6 Age	Almost 40% of the NHS Scotland AfC workforce is over the age of 50. Older staff (particularly those closer to retirement age) may be treated differently from younger colleagues in terms of access to learning and development opportunities. Assumptions based on stereotyping of older workers may lead to discrimination in terms of access to meaningful personal development planning for the individual. Levels of IT literacy among older members of staff may vary so publishing resources solely online may discriminate against some staff – there is a need therefore to ensure that appropriate development is provided to facilitate access. The NHS Working Longer Review found that there is a decline in training opportunities for older workers. The review noted that there is a key role for employers in maintaining the motivation and competence of an aging workforce and in developing skills as organisational and personal needs change. The appraisal process needs to be able to support broader discussion around life course planning and conversations about future career decisions should become a normal part of discussions with all staff. For older workers to remain productively employed there needs to be a

	good fit between the demands of the job, their working environment, their personals circumstances and their capability. Age discrimination has a negative impact of wellbeing at work.
3.7 Additional Issue – Low Income	Approximately 30% of the AfC workforce are employed in Administrative and Support Services job families. 25% of admin and clerical staff and 80% of support services staff sit at pay bands 1 and 2. Those who responded to the NES ACS project scoping study from these pay bands were more than likely to have left full time education at or before the age of 16 and were less likely to hold qualifications. There is evidence that lower educational attainment is linked with lower literacy levels. Staff who have literacy difficulties may have difficulty participating fully in the PDPR conversations if the KSF is written in language that is overly complex or full of jargon. Inability to fully participate in meaningful PDPR conversations may have an impact on employment progression and access to development opportunities.
3.8 Opportunities to promote equality or good relations	The review will promote equality, diversity and good relations through development of key resources for managers which will promote culturally competent practice. The core dimensions of the KSF will be re-written in simpler and more accessible language to reduce barriers to effective communications and participation in the PDPR process.. The re-writing of Core 6 – Equality and Diversity will support the opportunity to promote equality and will provide clarity of standards for fairness to ensure managers take account of individual staff circumstances & needs

4. Actions taken or planned in response to issues identified in analysis					
Issue	**Action**	**Responsibility**	**Timescale**	**Resources**	**Expected Outcome**
Staff face barriers to participating in meaningful PDPR due to complexity of KSF language and jargon.	- Re-write core dimensions in accessible language and test with staff in service. - Produce case studies of good practice examples and resources which are staff group specific - Case studies around Equality and Diversity will support managers and staff in providing evidence of application - Produce simpler, more flexible guidance that helps managers and staff use the PDPR process to promote improvement and team working	National KSF Manager	Complete by Sept 2015	No additional resource required	- The language used in the core dimensions is jargon free and accessible. - Staff will be able to participate fully in a conversation that helps them see how their contribution fits with the organisation's priorities and have equity of opportunity for development that supports them in their role and career aspirations.

Issue	Action	Responsibility	Timescale	Resources	Expected Outcome
Staff face barriers to having meaningful conversations about their development due to stereotyping or work patterns	• Develop guidance for managers that will signpost to relevant resources to enable them to apply the KSF fairly and consistently to all of their staff taking into account their individual needs and circumstances				• Line managers feel more confident in having meaningful development conversations with staff. • Staff are more confident in participating in development conversations. • All staff report having an effective PDPR discussion that helps them improve how they do their job.
Some groups (older staff or those with learning difficulties eg dyslexia) may have difficulty with accessing resources online	• Ensure replacement recording system (OPM) meets all accessibility standards (see separate EQIA) • All resources are produced in accessible format • Ensure KSF website meets industry standard Accessibility Standards				• Outputs from PDPR discussions are appropriately recorded for monitoring purposes • Resources are accessible and available to the widest possible group of staff.

5. Risk Management
Risks to the project have been identified and are included in the Project Risk register and through NES Operational Planning process.
6. Monitoring and Review **Please explain how the function will be monitored and reviewed.**
6.1 Monitoring The project is monitored through a national reference group chaired by an NHS Board Chief Executive Officer. This reference group operates under the auspices of the Scottish Workforce and Staff Governance Committee (SWAG) who are the guardians of the NHS Scotland Staff Governance Standards. Results from the monitoring and review will be reported through SWAG on a quarterly basis. In addition, as the project directly impacts on the Everyone Matters priority actions, monitoring data will be provided through the Everyone Matter Implementation Group. Quantitative data will be collected through national reports produced through the e-ksf recording tool. Further focus groups will be held to assess impact of new guidance and resources and to provide a comparison with the initial focus group findings from the project scoping phase.   The iMatter staff experience continuous improvement programme will also proved aggregated quantitative data for comparison specifically around the 'Appropriately Trained and Developed' Staff Governance Standard. Beyond April 2016, when the replacement for e-ksf is implemented it will be possible to produce reports around the protected characteristics in relation to completed PDPRs and access to learning and development. **6.2 Review of Function** Outputs from the project will need a few years to be embedded and any impact is not likely to be seen for at least two years since PDPR is an annual cycle. Any review of the project would be commissioned by SWAG on the basis of ongoing monitoring of compliance with the appropriate Staff Governance Standard.

7. Additional Function	
7.1 Define the function	Provision of e-KSF will be extended until 31st March 2016 and the replacement system will be the Oracle Performance Management (OPM) module of eESS. Implementation of OPM depends upon the individual NHS Boards eESS implementation plans, particularly the roll out of Oracle Learning Management (OLM) self service. The implementation of KSF using OPM will be an extension of the NHSScotland eESS footprint. The support model will therefore follow the current support arrangements for eESS.

7.2 Identified Issues

In NHSScotland the overall number of staff who identified as disabled is very low, at no more than 0.5%. It is difficult to estimate the number of staff with disabilities in the NHS in Scotland but reported evidence from the RCN suggests that staff may be reluctant to disclose their disability for a variety of reasons. A review of literature on dyslexia in nursing noted that studies had indicated that between 3% and 10% of the nursing population admit to having dyslexia – just one example of learning difficulties. As the nursing workforce makes up 46% of the total AfC workforce, we might assume the level of dyslexia across all AfC job families is at least similar or possibly higher than this. It is probable then that the available statistics underestimate the number of staff who have a undisclosed or hidden disability.

7.3 Action Planned to Address Issue

Ensure OPM is included in overall eESS accessibility policy to meet the WCAG2.OAA minimum standards

7.4 Responsibility, Timescale and Expected Outcome			
Responsibility	**Timescale**	**Resources**	**Expected Outcome**
National eESS team	April 2016	N/A	OPM meets the WCAG2.OAA standards

7.5 Risk Management

Risks to the project have been identified and are included in the Project Risk register and through NES Operational Planning process.

7.5 Monitoring and Review

The reporting functionality within OPM and the overall eESS system will provide reports based upon on all of the Equality & Diversity protected characteristics provided that information has been given by staff. This reporting will be available at both Board and National level allowing for improved analysis of data where required. The results will be reported to Scottish Government and Scottish Workforce and Staff Governance Committee (SWAG) as and when the information is required.

Following full implementation and roll out in Boards, OPM will be an extension of the NHSScotland eESS footprint and therefore review of the system will be incorporated into the overall eESS system review.

Sign off (by accountable director):   Dorothy C Wright

Date: 05/02/15