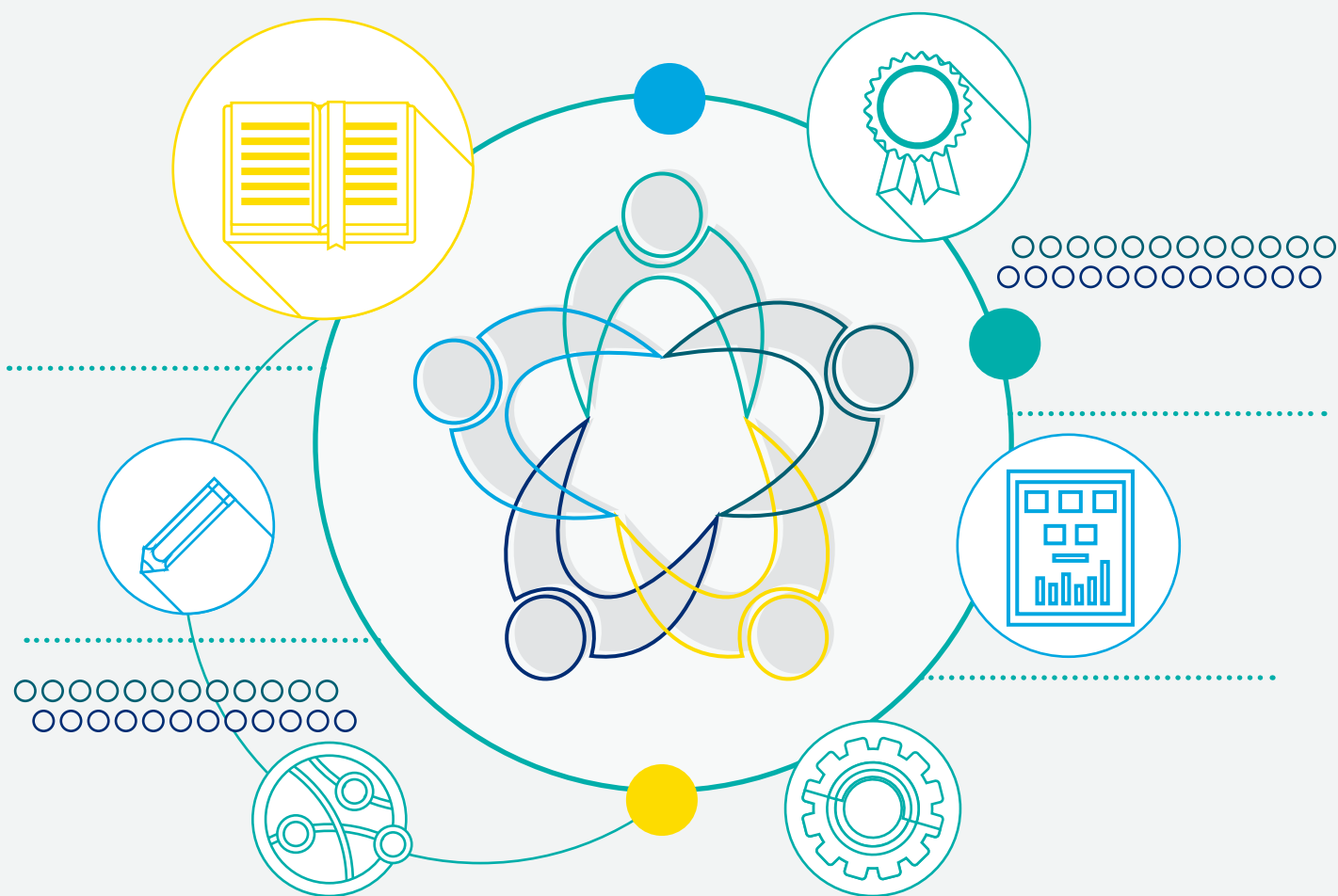# NHS
Education
for
Scotland

NES EQUALITY AND DIVERSITY OUTCOMES AND MAINSTREAMING PRIORITIES, 2017-2021

PROGRESS REPORT, APRIL 2017 - MARCH 2019

About NHS Education for Scotland (NES)

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 Proffessionals.

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.

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?

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, expectations are changing, as people look for more control over their working lives, better career development and more flexible working.

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?

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. We provide facilities and equipment for training, and 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?

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.

We will continue to support the people who work in NHSScotland and across the care sector. We will do this by providing access to 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 held by other organisations to improve workforce planning and workforce development at a local, regional and national level.
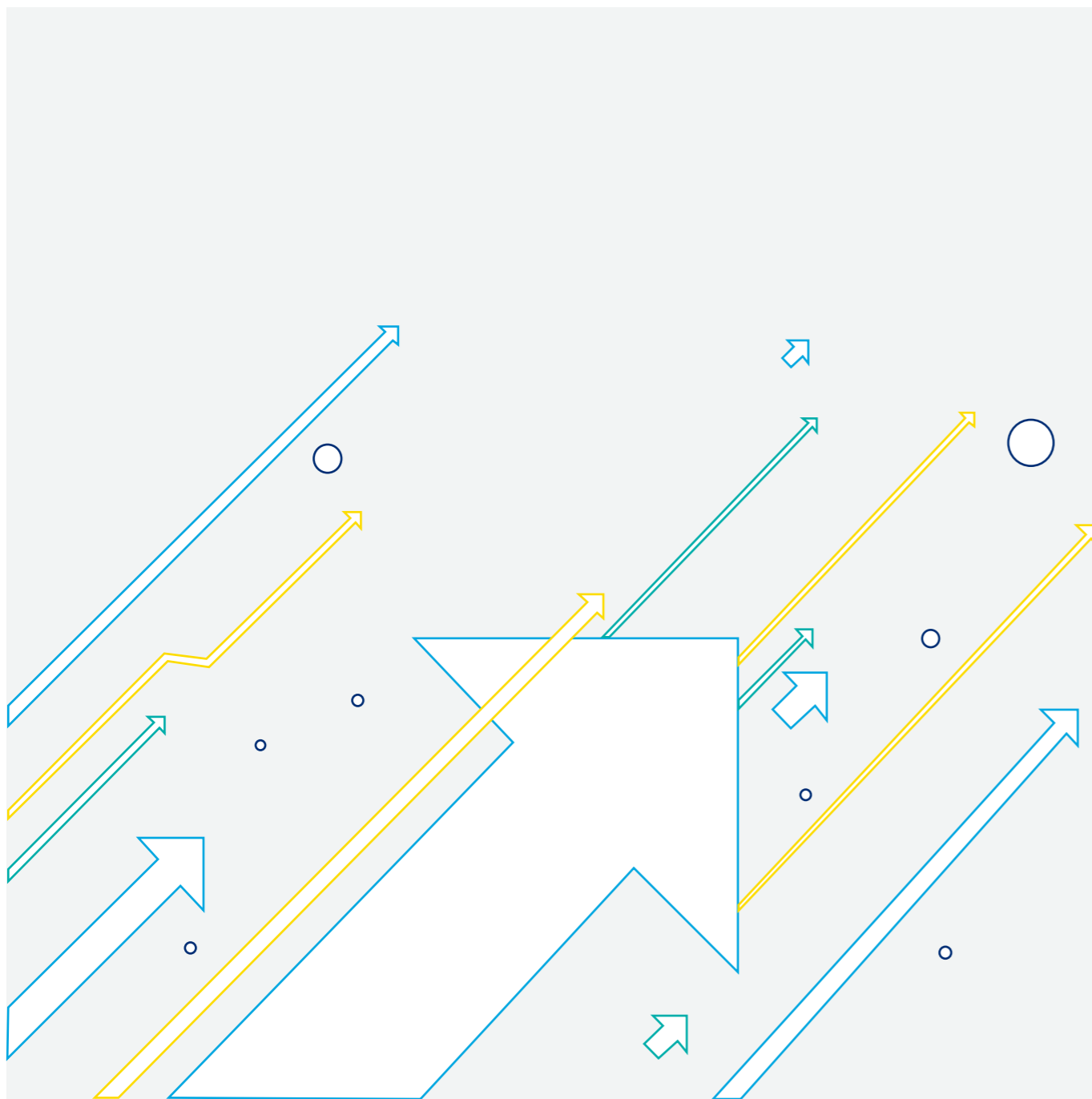
About this report

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. This report can be accessed from our website at:

https://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx.

We have produced this progress report to meet 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 2018.

The report provides examples illustrating how we use employment data. It also includes an updated calculation of our gender pay gap. Our detailed employment metrics are published annually in our Workforce Plan, which supports mainstreaming equality into the workforce planning process. The Workforce Plans for 2017-18 and 2018-19 should be read as a supplement to this report. They can be accessed on the Equality Monitoring page of our website.

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 a section of this report provides a summary of action we have taken to implement the Duty.

The report concludes by identifying priorities for action in for 2019-21 to enable us to deliver the aims set out in our Equality Outcomes and Mainstreaming Plan 2017-21. A selection of case studies illustrating some of our work is included in the appendix.

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. We are currently two years into the four-year plan. In the following tables, we report on the actions set out in 2017, progress to date, and next steps to deliver the actions. The introduction to each section 'What is the issue?' provides a brief summary of the evidence which lead us to set these particular priorities and actions in 2017.
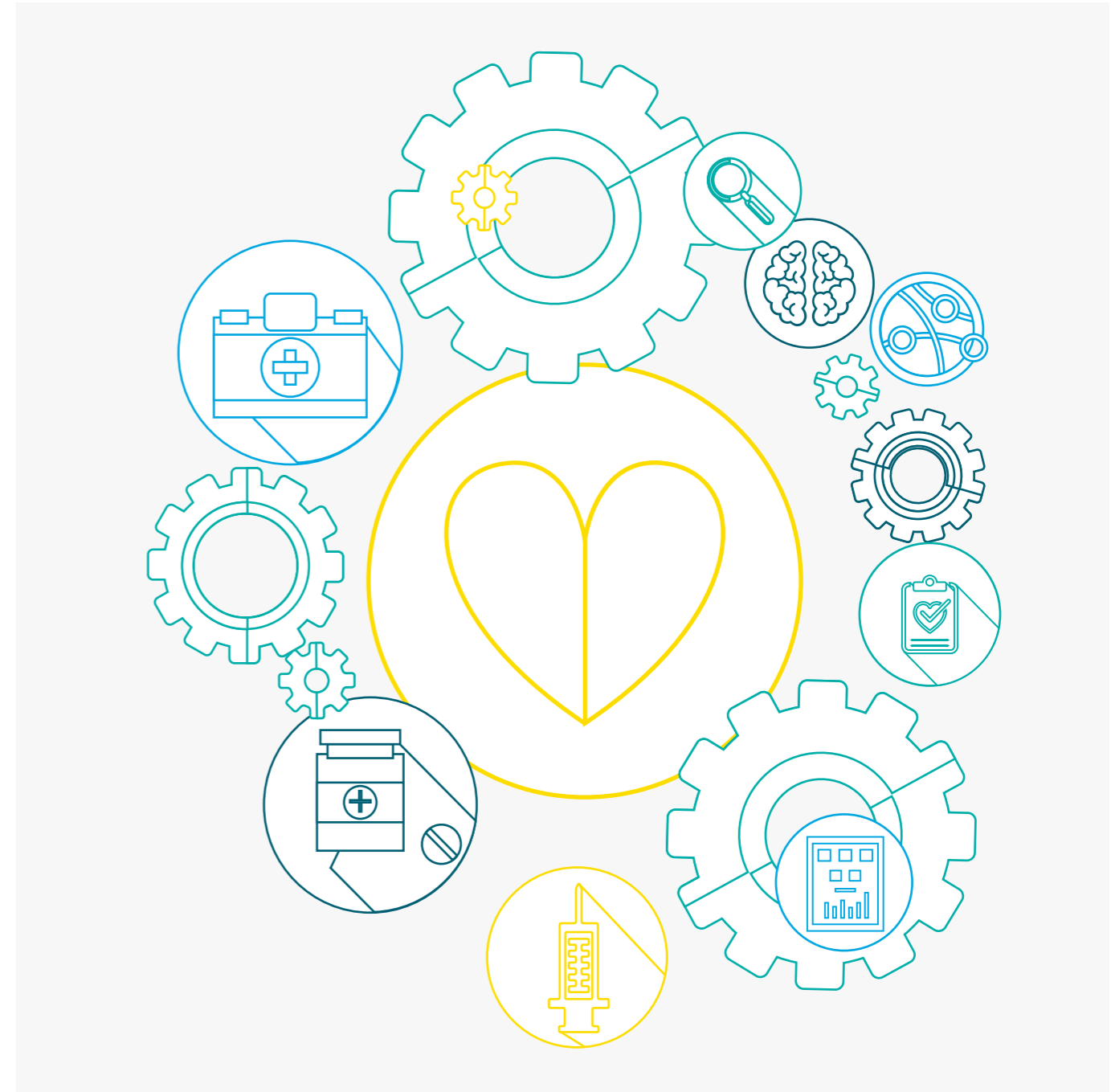
Outcome 1:

> **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.

People with learning disabilities experience particularly significant gaps in health outcomes relative to the general population.

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. NHSScotland library services continue to embed health literacy support within their work.
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	We have continued to deliver a range of training programmes to large numbers of health and social services staff including the Dementia Champions programme (now over 800 trained) and the Dementia Specialist Improvement Leads programme (now 68 completed). 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.
Reduced health inequalities for vulnerable children and families through education and role development to enhance 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	Our **Corporate Parenting Plan**, developed through engagement with Who Cares? Scotland, describes the actions we are taking. In our new digital learning resource, we have worked with Who Cares? Scotland to include content that explains how care experienced young people feel about NHS services, what helps them engage with and benefit from NHS services and some of the challenges they face. Video content features care experienced young people explaining how NHS staff can make things better and help improve outcomes for this group of young people.

ACTIONS	CURRENT STATUS
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	Adults with incapacity courses delivered – 236 dentists trained to sign certificates and expedite treatment for patients where capacity to consent is an issue.
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	Health inequalities advice integrated into EQIA planning and highlighted within the NES Strategic Framework The Medical Directorate offers three one-year post-CCT (Certificate of Completion of Training) GP Fellowship opportunities. These 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.

ACTIONS	CURRENT STATUS
Supporting improvements in sustainability of services in areas of deprivation through supporting and advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds	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 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. **Widening Access Places for Medical Education** 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. 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 2018-2019. SFC and NES are monitoring 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.

ACTIONS	CURRENT STATUS
Supporting improvements in sustainability of services in areas of deprivation through supporting and advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds	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. **Widening Participation in Nursing Education** 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. As part of the performance management process for 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.

Gillian was a **Senior Charge Nurse with NHS Fife** and since completing the **Dementia Specialist Improvement Leads Programme** is now the **Lead Nurse for Mental Health in NHS Fife**.

> **My participation in the programme has strengthened my passion for service development and improvement.**
>
> **I enjoyed the entire 18-month curriculum. I learned so much from each training programme even when I thought I already possessed the knowledge and skills in each area.**

> **I continue to share the good practice and learning with the nursing team and colleagues throughout NHS Fife.**
>
> **I have increased confidence in my own knowledge and skills. The programme has helped inform my career aspirations and reinforced what I need to do personally and professionally.**

Care home workers who completed the SCQF qualification in oral health as part of the 'Caring for Smiles' initiative in care homes highlighted their greater confidence in providing oral health care for residents:

> It has made me more confident in my approach to oral care.
>
> I feel more confident in my approach to people with needs
>
> I know what to look out for in people's mouths and I know how to look after their dentures.
>
> More confidence when brushing someone's teeth.
>
> I now know the dangers of leaving dentures in.
>
> I am confident to look in people's mouths.
>
> Learnt more about end of life care. Also, reminded me how important oral care is and following the foundation course I found I was more focussed on areas which had previously been quite lax.

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

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.
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	The postholder will be appointed in spring 2019. The initial focus will be on improving aspects of the Prince's Trust 'Get into Healthcare' programme for disadvantaged young people. The expectation is that this post will be extended over the life of the Prince's Trust 5-year expansion plan for NHSScotland. The focus in future years will move to increasing the number of mentors in NHSScotland and enhancing their effectiveness.
Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards	A **Knowledge Hub** is now established to share good practice and case studies. Fair Start Conference delivered in 2018. An NHSScotland Youth Employment short life working group has developed a Youth Employment Strategic Framework, including a maturity index and other supporting documents.
Ensuring that our evidence- based guidance and other resources support good practice in responding to the issues highlighted	Revised guidance published which includes advice on employment of under-represented groups that may experience barriers to employment.

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.

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	NES is working with the Bridges Programmes and has developed a refugee doctors project in partnership with the British Medical Association, Clyde College and City of Glasgow College to support refugees who were fully qualified doctors in their home country to achieve General Medical Council registration and a licence to practise medicine. The project supports refugee doctors as they retrain and begin careers working in the NHS.

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). |

> We aim to allow refugee doctors to use their previous experience and training and become valuable contributors to the NHS in Scotland.

> Before doctors can work in NHS Scotland they need to prove they have a high standard of written and spoken English. Only then are they allowed to sit the exams they need to prove their medical knowledge is satisfactory.

> Additional support to help refugee doctors with English language examinations is very welcome in helping them over this initial hurdle into medical training in Scotland. We are committed to supporting doctors into training for the benefit of both the NHS and wider society whilst ensuring patient safety at all times." Dr Greg Jones, Clinical Lead at NHS Education Scotland, which works in partnership with GP surgeries to train doctors to become senior clinicians.

"The New Refugee Doctors' Project is "tailored to meet our needs in order to bridge the gap in our career path. Getting back into medicine is what I have been looking for since my first day in Scotland, and I cannot imagine myself being anywhere else. It is my passion where I will able to contribute the most to humanity." … Dr Mohammad Helmi, a Syrian Doctor participant on the New Refugee Doctors' Project.
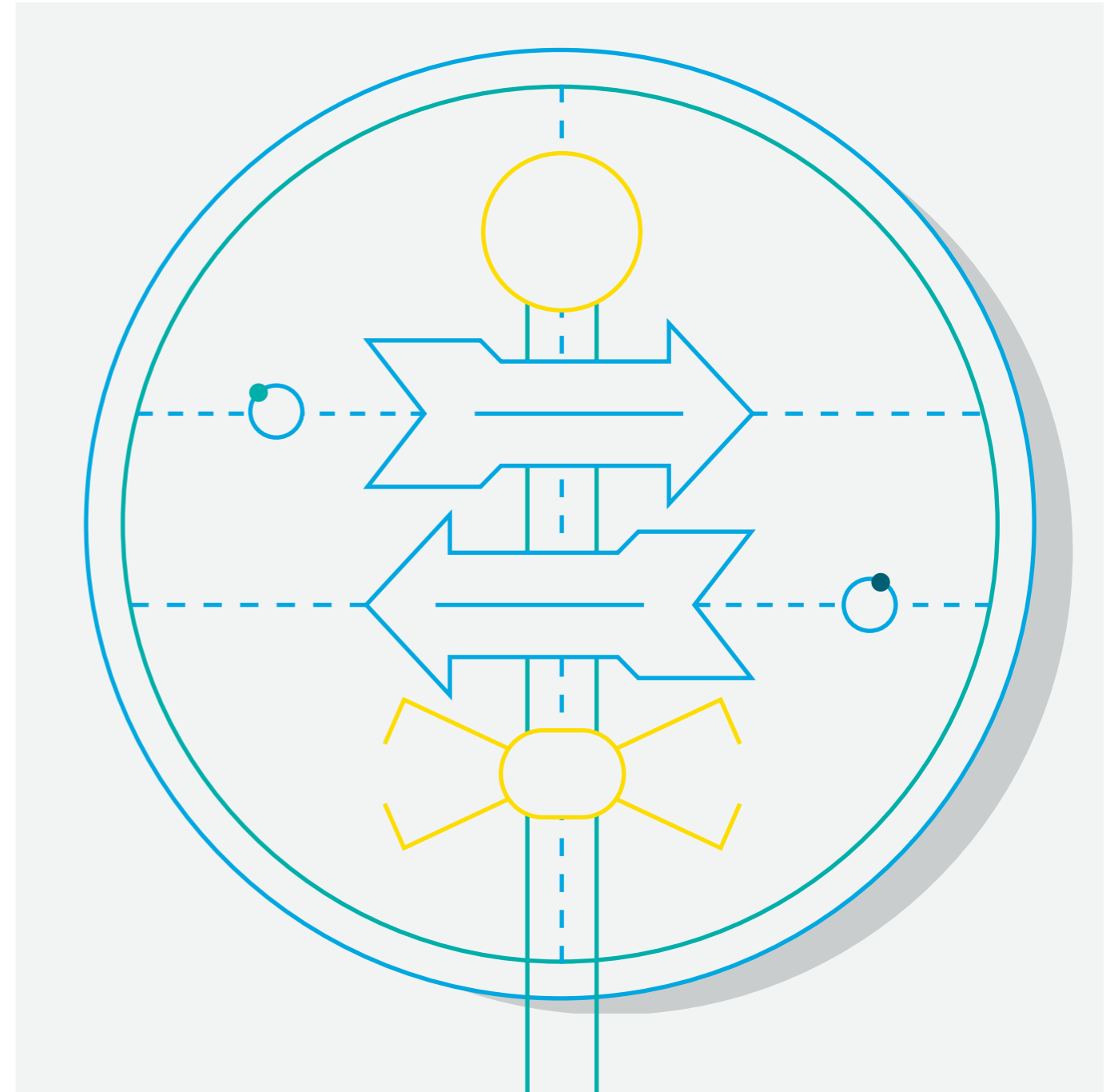
Outcome 4:

> **The New Refugee Doctors' Project is "tailored to meet our needs in order to bridge the gap in our career path. Getting back into medicine is what I have been looking for since my first day in Scotland, and I cannot imagine myself being anywhere else. It is my passion where I will able to contribute the most to humanity." Dr Mohammad Helmi, a Syrian Doctor participant on the New Refugee Doctors' Project.**

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.

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 10.
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)	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.
A national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees	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.
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. Further details, including extracts from the GMC report, are provided below.

ACTIONS	CURRENT STATUS
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 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.

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	The STEP programme was started in 2015 after the judicial review in 2014 led by Justice Mitting in which he stated that the RCGP and Deaneries must act to reduce the examination results disparity. 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. It is a one-day programme facilitated by NES educators and educational supervisors. Trainees whose primary medical qualification originate outside of the UK are invited to attend. It is held twice a year (May and November) to accommodate February and August recruitment. Since the first event in November 2015, over 100 doctors in training and 70 educational supervisors have attended the day. Feedback at successive events has been extremely positive from both groups. A formal evaluation is also underway to ensure that we incorporate new evidence and learning from the rest of the UK. This is being led by our NES education fellow, GP Director and a Professor from Aberdeen University. STEP has been presented at the Scottish Medical Education Conference and at a national Differential Attainment Conference in London in November 2018. The GMC also intends to showcase STEP on their website and a paper is being prepared for this purpose.

ACTIONS	CURRENT STATUS
Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors	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 BME trainees.
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	This data has been developed in our Turas applications and we are working with the General Medical Council as one of the pilot Deaneries to analyse data and explore possible interventions to improve outcomes. Data will be used to inform evaluation of interventions and to measure progress against key performance indicators in medical education.
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	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. Develop and implement sustainable model for trainer development. Options will be considered and taken forward within the Scotland Deanery's Professional Development workstream, as part of the wider training and professional development for educational supervisors.

A sample of what Trainees and Educational Supervisers told us about STEP:

> I t was interesting to learn how the STEP programme was started and good to know that there is support for us out there - trainee
>
> Well done, some aspects (about culture shock) would have been useful when first arriving in the UK - trainee
>
> Excellent; Depicts perfectly my story of immigration, its immediate and long-term effects on my personality and work life - trainee
>
> Really useful considering how much impacts on patient interactions and how medical practice/patient expectations is so variable between nationalities - ES
>
> Really useful to consider the 'British Way' of communication and how this could be difficult to understand! Consideration of colloquialisms. Importance of non-verbal and tone/dynamic of voice, etc.- ES
>
> I expect it is very useful for the Trainees to have the support of their Trainer at the course so they know their Trainer will subsequently have insight into challenges they may face and be able to effectively support them - ES

Educational Supervisers reflect on unconsious bias training.

> Fairness is one of my fundamental beliefs so the training on Unconscious Bias consolidated this belief but the learning on unconscious bias was a timely reminder that even if you think you are a fundamentally fair person, you will still have some biases you may be unaware of. - Participant
>
> I think it's been really helpful in encouraging mindful training and practice. I think it's probably something that everyone in a public service role should get training in. - Participant
>
> Before the workshop I really believed that I was pretty switched on to my own biases. I would have rated myself as 8/10 for both understanding and recognising my biases in my role as an ES..... boy was I wrong! - Participant

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.

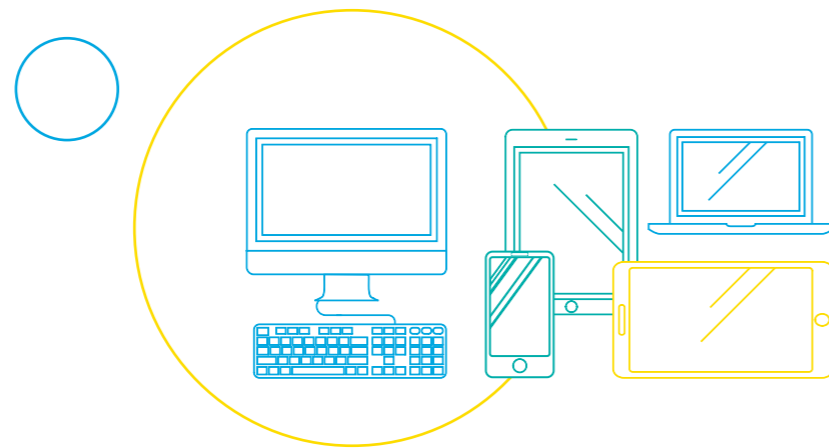| ACTIONS	CURRENT STATUS
Improving the collection and analysis of participant data with the aim of monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement	NES's Organisational Development & Leadership Learning (ODLL) Business Support team have undertaken a review of current processes for collection and analysis of participant data. This has led to the development of new arrangements to be tested and reviewed over a 3-month period.
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	ODLL have reviewed course content across all key resources. This has indicated opportunities for enhanced and explicit coverage of these issues. The team is currently establishing new design and delivery arrangements to improve the embedding of key messages.
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.	This project is being led by Scottish Government and is still at an early stage of development. Data is being collated and reviewed to identify potential equality and diversity issues.

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 or 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.

ACTIONS	CURRENT STATUS
Improving access to e-learning resources and supporting digital literacies for healthcare support workers	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**
	'Digital Matters' pilot training programmes developed and delivered which focus on core digital skills in two Boards.
	Digital case studies available at : https://www.youtube.com/channel/ UC1vTzERRdMu9LJH4ZnnVSfw
Implementing robust digital development standards across all new NES digital learning resources and platforms	Accessibility audit carried out for User Interface and plan developed for improving UI across the Turas platform.
	User testing with disabled users has been integrated into the UX programme.

Lesley Grant, Laundry Assistant, Greater Glasgow and Clyde, worked with NES to devise the 'Digital Matters' programme to help improve core digital skills for NHS estates and facilities staff.

> Before I got involved in learning about digital skills with NES, I really didn't use computers at all. The other supervisors and I worked together to help each other with the modules and make sure we could get time off the floor to complete them. I found it a really useful resource that has given me the confidence to try things that I didn't think I'd be able to do. I would recommend the programme to anyone. Up until now, I haven't used a computer very much for my duties at work, however I think I will use it more going forward.
>
> My grandson is autistic. I've just completed my first online course to learn more about autism. I wouldn't have made the step of becoming an online learner if it had not been for getting the chance to develop my digital skills. I've been able to go online and speak to other people and share experiences.
>
> I've been talking to a special needs teacher who runs her own school in Paris, for example. I've also been able to learn about the Picture Exchange Communication System (PECS), and download some flashcards for my grandson to use. These help him communicate with me by letting him just point to what he wants – his favourite is the juice image at the moment. He can just point at the image, and I know what he wants. I never thought I'd be able to use the internet in this way, so it's been wonderful.

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.

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 worklife balance. A review is underway on our Agile Toolkit, taking a broad view on all aspects of our environments, policies and NES culture.
Continuing to progress through the Carer Positive framework	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.
Using management and recruitment training to identify and remove unconscious bias	We are working with NHS24 to develop an e-learning resource for NHSScotland on unconscious bias in recruitment and selection.
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. We continue to work to develop awareness and capacity for inclusive design and delivery approaches for education and training. We have commissioned and delivered CPD for educational supervisors and practice educators through relevant development events and established guidance for educators on Turas Learn.
Addressing barriers to disclosure	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.
Ensuring effective delivery of reasonable adjustments for learners who are NES employees	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.

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**[2] page on our website.

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 deliver solutions that improve equity, effectiveness, efficiency, and experience all at once.
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:

- Identifying the need for additional guidance for young people on the application process and how to construct a successful application, developed in response to analysis of differential success rates in recruitment by age;

- Assessing the potential equality impact of our use of Fixed Term contracts (FTCs), and monitoring the age profile of staff under FTC arrangements to inform succession planning, attraction and retention activities.

- Developing a process and standard template when introducing a new References procedure to ensure that all staff for whom a reference is requested are treated consistently across the organisation.

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 pilot interventions aimed at addressing differential attainment.

NES is delivering a new data platform, Turas Data intelligence through which integrated health and social care workforce data can be accessed. NES has been working closely with Scottish Government National Workforce Planning colleagues on the first iteration of workforce scenarios. This work will advance the workforce data available for scenario modelling and workforce planning at local, regional and national level.
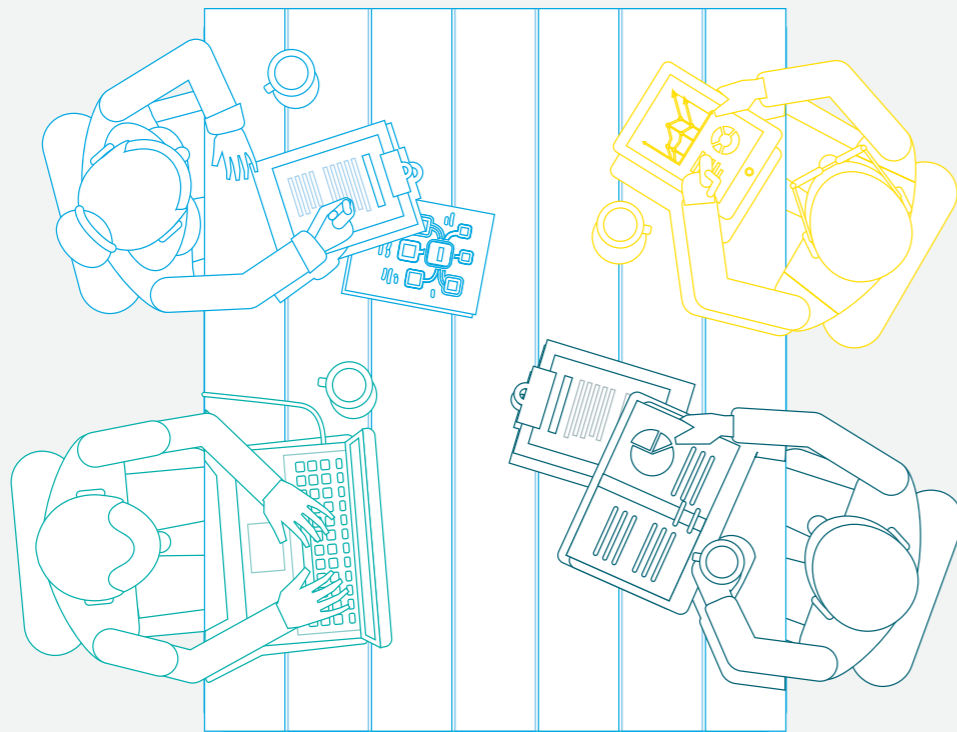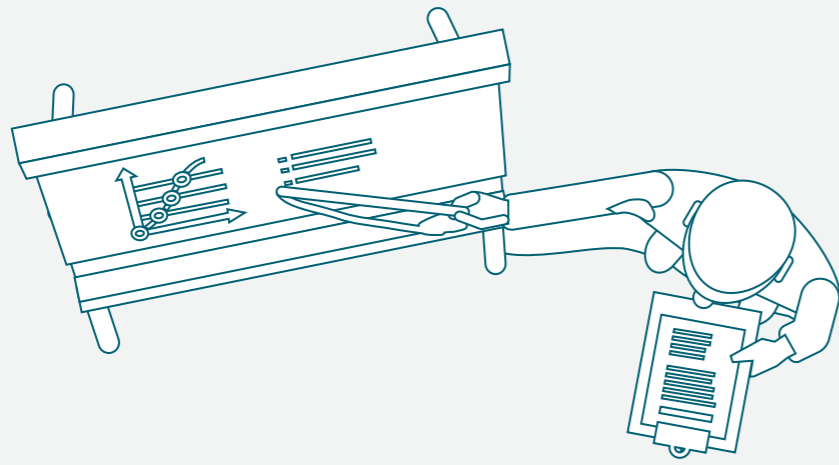
Mainstreaming the Equality Duty

External Reviews of Equality and Diversity
During the period covered by this report, we participated in two external reviews which, taken together, provide evidence supporting our progress in continuing to mainstream the Equality Duty.

The General Medical Council, which regulates medical education, undertook a review of medical education in Scotland, including the Scotland Deanery (NES), in 2017. This included a thorough review of equality and diversity practice, benchmarked against the GMC's framework for medical education, and specific topics reviewed included: use of equality data, support for less than full time training options; implementation of reasonable adjustments in training and activity to ensure fairness and address risks of differential attainment. The GMC commended the Scotland Deanery on a number of these areas, as illustrated in the following extracts from their final report:

Scotland's Deanery has a careers strategy in place which is aligned across Scotland. The strategy begins at undergraduate level with a workshop and careers evening in year 4. In the Foundation programme, careers advice is part of the curriculum. The Deanery expects that when learners begin the Foundation programme, they should be taking responsibility for self-management of their career pathway, including undertaking their own research and arranging taster sessions for specialties of interest. However, we were told that those needing more support can speak to associate post graduate deans and that any trainee who is being seen by the Performance Support Unit is offered additional career advice and support.

The Deanery Performance Support Unit (PSU) is an example of a process that has been aligned as a single unit under the deanery. Previously support for doctors in training was managed on a regional rather than national basis. The PSU was launched in 2016.

We met with those responsible for educational and pastoral support and heard that the goal of the PSU is to provide consistent support to learners across Scotland and promote early identification of learners who may need additional support and to support local action. Once these learners have been identified, the unit supports their supervisors with a plan to address any difficulties.

The PSU provides a range of services such as pastoral support, signposting learners to the resources they need, return to work support and exam failure toolkits. As the unit was new, they are still in development and have plans to develop further resources such as a toolkit for performance issues. In addition, there are plans to look at all referrals to the unit over the first twelve months to see if there are any trends with the nature or outcomes of referrals.

Learners should be receiving the same guidance and policies no matter where they are in the country, which promotes and solidifies the one deanery approach which NES is striving for.

Each Health Board has a regular meeting with the PSU to discuss any learners who require reasonable adjustments. This includes discussions with the Occupational Health Unit about those returning to work after a period of absence and what adjustments they may require, be it long term or short term. Although reasonable adjustments are ultimately the employer's responsibility, the deanery takes an overview of whether the adjustments are allowing a learner to meet their outcomes.

There is an associate dean in each region who has responsibility for learners in less than full time training, and in addition there is a specific board which looks at these learners across Scotland. This ensures that all learners in less than full time training are identified and offered appropriate support. The NES board ensure consistency of this support across the regions.

During our visits, we encountered multiple doctors who were in less than full time training and no issues with the process were flagged to us. Those we spoke with found no issues with arranging less than full time training and found the organisations involved, including the deanery to be supportive.

Upon publication of the report, the GMC's press release also commented on the work to widen access to medical education and careers for people from socio-economically disadvantaged backgrounds.

The GMC has praised medical schools across Scotland for playing their part in increasing the number of potential doctors by targeting students from more disadvantaged and diverse backgrounds.

During its review of medical education and training in the country the GMC found that all five medical schools are working together to provide better access to resources for young people from lower income backgrounds who want to pursue a career in medicine.

The GMC also noted that the medical schools all signed up to the Reach Scotland programme which provides information and learning resources for demanding subjects, such as medicine.

At the Glasgow School of Medicine more than 20% of students come from disadvantaged backgrounds, thanks to initiatives such as a summer school to boost the skills of potential students and a pre-medical school course which guarantees entry following successful examinations.

The Aberdeen School of Medicine also has an outreach programme with NHS Grampian and further education providers to help students from deprived backgrounds by guaranteeing entry should they meet the minimum academic requirements for the course.

The school and NHS Shetland and NHS Western Isles also help students in remote and rural areas through the innovative use of information technology to aid their learning.

We submit a Staff Governance Return to Scottish Government on an annual basis, which they use to assess delivery of the NHS Staff Governance Standard. The process for the return has recently incorporated are view of how boards collect and use equality data, and how they deliver the equality aspects of the Standard. This provides external review and feedback on these elements of our equality duties.

The response from Scottish Government highlighted two areas of good practice evidenced in our return in particular:

I am particularly encouraged by the Board's development of 'Our Way'. This would appear to be a good use of iMatter outcomes which influenced the introduction of a staff code of conduct which was required to clarify unacceptable behaviours in the workplace and to help address inappropriate attitudes.

The worked examples of workplace adjustments provided indicate that the board takes a flexible approach to providing adjustments and that these are tailored to the needs of the returning member of staff.

Returning to work with a permanent physical disability was something I never thought I would face. The support given to me personally through health reviews, developments of Personal Emergency Evacuation Plans and the adjustments made for me including workstation adjustments, new equipment and desk assignment all made this transition more easier. This support from NES as my employer has been invaluable in helping me adjust to living with my disability whilst maintaining full time work. I have ongoing support and review of my needs to ensure that I am able to continue with work.

Jane Davies, Educational Projects Manager

Mainstreaming Activity

During the period covered by this report, we undertook several specific activities in order to further advance mainstreaming the Equality Duty into our work.

- We worked to establish the data analytic capacity through our support for Lead Employees for doctors in training to monitor and assess fairness in training and employment processes. This provides all Lead Employers with enhanced data which can be used to inform equality impact assessment of policies relating to employment, placement and training.

- We reviewed the alignment of our equality priorities with the strategic outcomes set out in our refreshed Strategic Framework 2019-2024. We used the equality outcomes and mainstreaming priorities to inform the approach to equalities set out in the Framework. This will strengthen our approach to planning and performance management, ensuring that equalities are further embedded in planning and performance management processes.

- Our staff developed 'Our Way', a resource to communicate and embed our values and leadership behaviours across the organisation, emphasising fairness for all, which incorporates examples relating to specific equalities issues. It was highlighted as an example of good practice through the Staff Governance Monitoring Return by Scottish Government.

- In 2017 we benchmarked our employment policies and practices against the Equality and Human Rights Commission's guidance, Preventing and Responding to Sexual Harassment in the Workplace. This involved a review, undertaken in partnership, of policy, employee relations data, iMatter and staff and trainee survey results. This review provided assurance that we had a strong policy basis from which to work, and we worked to ensure Our Way took cognisance of issues emerging from the #MeToo movement and incorporated recommendations from the EHRC guidance.

- We reviewed the operating model for our Participation, Equality and Diversity Lead Network, vesting greater responsibility for leading the equality work in the directorates, agreeing to move to an agile project delivery model based on commissioning relevant expertise from across the organisation to deliver on improvement projects. This approach will increase participation in equalities work, enabling us to draw upon expertise across the organisation.

Gender Pay Gap

This report also provides information on NES's gender pay gap, as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations[3]. These Regulations require that we report our gender pay gap every two years. Our previous report was April 2017, based on data as at September 2016; at that time our gender pay gap was 19%. At the time of that report we had commenced a harmonisation of job roles to ensure consistency across the organisation and to facilitate career development for staff. The harmonised job roles have since been implemented.

Our gender pay gap, calculated as the difference between women's average hourly pay as compared to men's average hourly pay, for all employees[4], is a 13.3% gap in favour of men. The table below shows the average hourly pay rate for men, for women, and the percentage pay gap.

Table 1: Gender Pay Gap (All Staff, as at 30 September 2018)[5]

	MALE (A)	FEMALE(B)	GAP(%)
Average Hourly Rate	£22.58	£19.58	13.3%

We carry out further analysis of pay and occupational segregation data. There are no significant pay gaps within pay bandings, as indicated in **Table 2**.

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[3] http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents

[4] This is the formula for calculating the gender pay gap set out in the Equality Act 2010 Specific Duties (Scotland) Regulations 2012, which apply to listed public authorities in Scotland. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 specify that public authorities must report the gender pay gap in the form of 'information on the percentage difference among its employees between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)'. The specific formula used for this calculation is the formula for the average pay gap set out in the guidance published by Close the Gap. The specific formula is: (A – B)/A X 100, where A = average hourly rate of pay of men and B = average hourly rate of pay of women.

[5] In all the tables that follow, pay gap is a A-B, expressed as a percentage. If the percentage is in black, the pay gap is in favour of males. If in red, it is in favour of females. All data presented in this and subsequent tables is as at 30 September 2018. Secondments to NES are not included in the figures.

Table 2 analyses the gender pay gap within four categories of staff: Agenda for Change are the main group of administrative and educational staff, employed on Agenda for Change terms and conditions. Medical and dental educational staff are employed on medical and dental terms and conditions, frequently in sessional roles. The Executive Team are on a mixture of contractual arrangements which drive pay, depending on their professional group. In 2018, NES assumed employment of all GP Specialty Trainees in Scotland throughout their education journey as part of the Lead Employer programme aimed at Improving the Working Lives of Junior Doctors. NES is also the Lead Employer for Public Health and Occupational Health specialty trainees. GP, Public Health and Occupational Health specialty trainees are listed in the tables as 'Doctors in Training'.

Table 2: Gender Pay Gap within staff categories

CATEGORY	MALE (A)	FEMALE(B)	A-B	% GAP
Average Hourly Rate	£19.77	£18.77	£1.00	5.1%
Executive/Senior Managers*	£51.75	£52.97	-£1.22	-2.4%
GP/GDP Ed's CRUMP and Consultants	£45.97	£44.85	£1.12	2.4%
Doctors in Training	£17.86	£18.45	-£0.59	-3.3%

*Consists of the Executive team (Exec Cohort Grade, Consultant Grade) and Senior Managers on Band 9

Gender Distribution

Table 3 provides a summary of the distribution of staff by grade and gender, and the overall percentage of the total number staff which appear within each category.

GRADE	FEMALE		MALE	
	N	%	N	%
Band 2	8	0.45%		0.00%
Band 3	62	3.46%	17	0.95%
Band 4	90	5.03%	17	0.95%
Band 5	94	5.25%	22	1.23%
Band 6	52	2.90%	21	1.17%
Band 7	87	4.86%	27	1.51%
Band 8A	36	2.01%	17	0.95%
Band 8B	46	2.57%	18	1.00%
Band 8C	26	1.45%	8	0.45%
Band 8D	14	0.78%	4	0.22%
Executive/Senior Managers	5	0.28%	5	0.28%
GP/GDP Ed's, CRUMP and Consultants	38	2.12%	60	3.35%
Doctors in Training	751	41.93%	266	14.85%
Total	1309	73.09%	482	26.91%

Overall, 73% of NES staff are female: 27% are male. The data in Table 3 demonstrates that the pay gap results from the distribution of staff at different grades and in different roles. Women are well represented in senior roles in the Agenda for Change grades and among Executive/Senior Managers. Men are under-represented among the Agenda for Change staff overall, particularly at the lowest pay bands, which, in NES, are administrative roles. The lower employment rate of men overall tends to heighten the statistical skew introduced by the larger percentage of men in the consultant cohort when calculating men's average salaries.

Our gender pay gap has decreased from 19% in 2017 to 13.3%. This is due to a slight increase in average women's pay, and a slight decrease in average men's pay. We have nearly doubled the number of doctors in training we employ, adding a large staff group of women whose pay has increased the average women's pay, which is probably the primary contributing factor to this result.
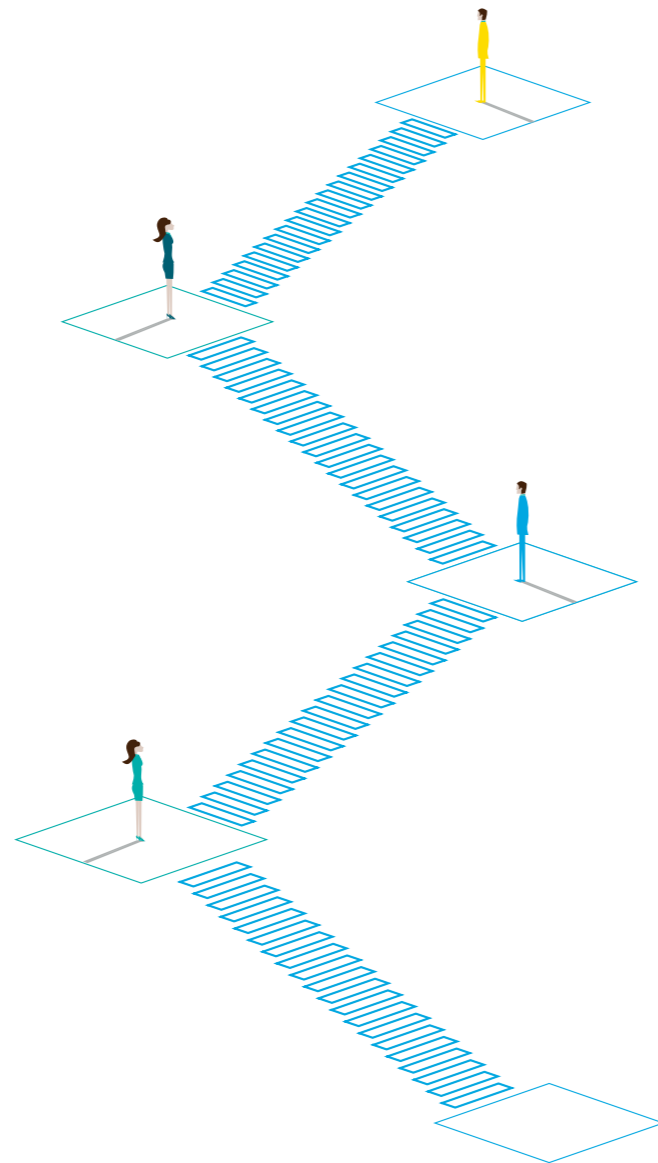
Implementing the Fairer Scotland Duty

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.

Our first major Fairer Scotland assessment has been 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:

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

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

- Incorporating socio-economic disadvantage within our approach to equality impact assessment of employment policies;

- 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;

- 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.
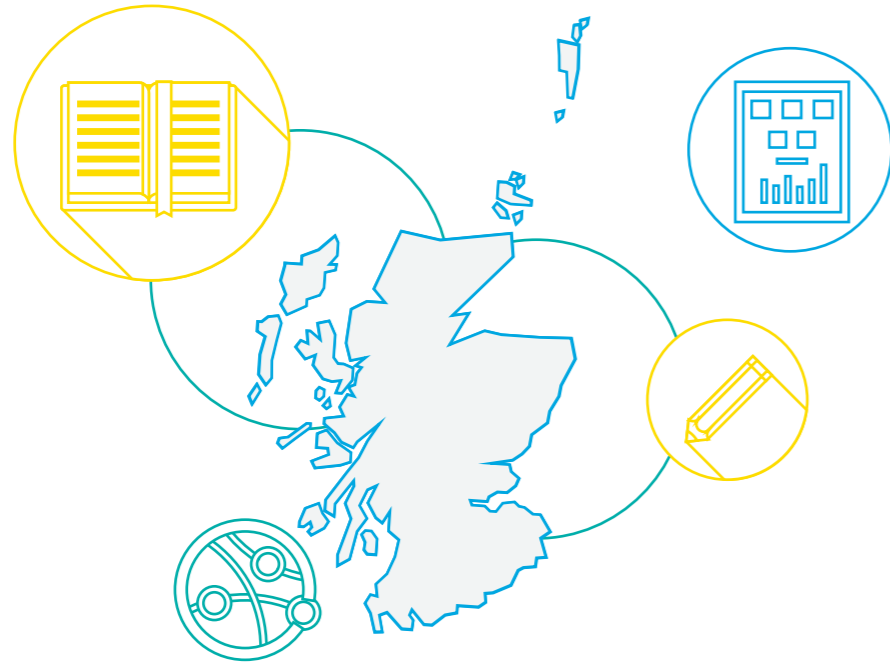
Looking Forward

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 case studies in this report illustrate a number of examples of good practice. We will be looking to build on our current work to ensure that our equality and diversity work remains current and relevant within a context of change and efficiencies, contributing to continuous improvement.

The refresh of the NES Strategic Framework offered the opportunity to reflect on the existing equality outcomes and to ensure that they remain current. Based on that reflection and the progress review summarised in this report, we noted that the outcomes are still relevant. We identified several areas for particular focus during 2019-21:

1. NES now hosts the NES Digital Service. 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.

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.

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.

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. Particular areas of focus will include:

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 (due to be published in June 2019) 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.
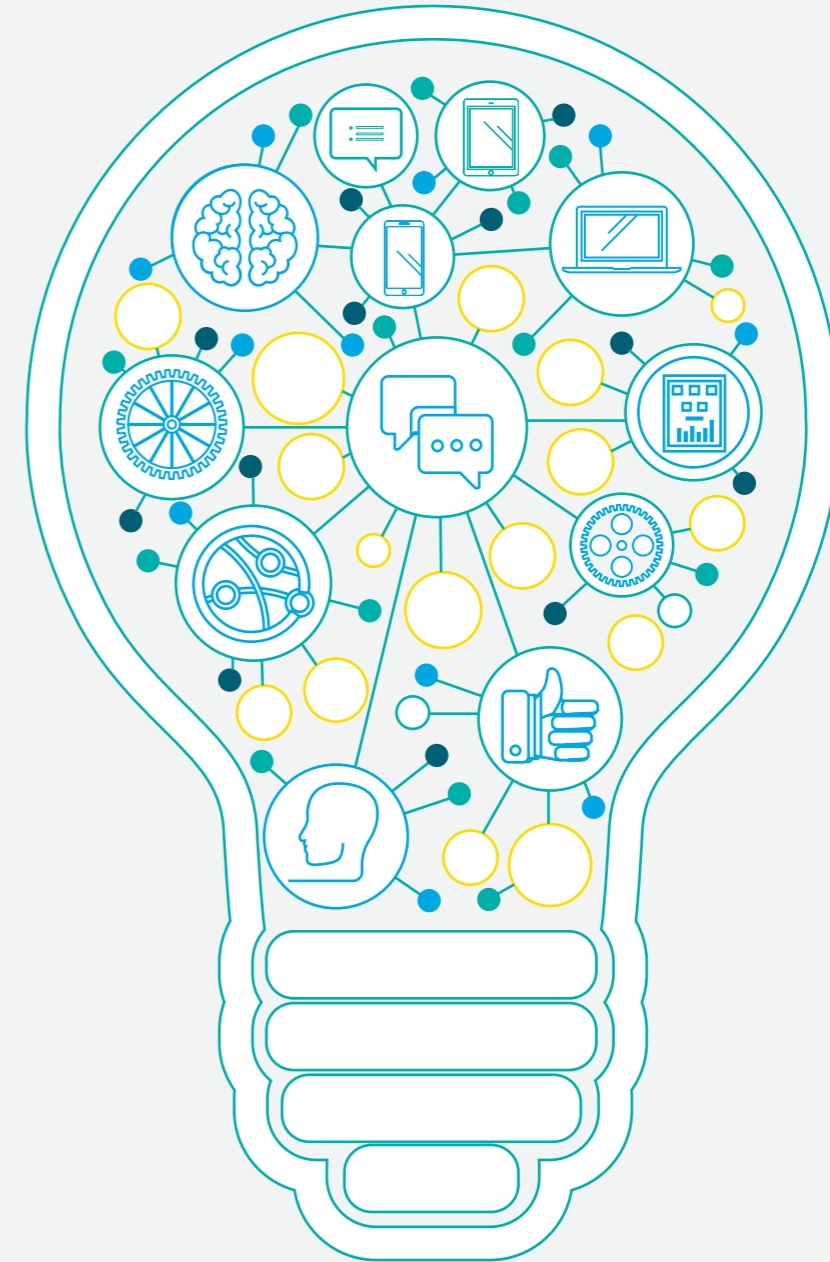
Case study – Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge

The Family Nurse Partnership

The Family Nurse Partnership (FNP) is a preventive, licensed, early-intervention programme offered to young first-time mothers aged 19 years and under and their families. The programme is based on the theories of developing self-efficacy, promoting human ecology and attachment.

While young women aged 19 years and under remain the priority within FNP, the programme has recently been offered to older mothers in Scotland (up to age 24 years) with permission granted by the licence holder (Professor David Olds). These adaptations have been put in place to ensure that women who would benefit most from the FNP Programme are offered a place as a matter of priority. The programme offered begins in early pregnancy and is oriented to the future health and wellbeing of the child. The Family Nurses who facilitate the Programme receive specialist training to equip them for this specialised new role.

Looking Forward

The FNP Programme seeks to achieve three overarching goals:

To improve antenatal health and birth outcomes.

To improve child health and development.

To improve the economic self-sufficiency of the family.

We have been delivering the FNP programme in Scotland for ten years and throughout that time the experience of young parents involved in the programme has been invaluable. An essential element of the programme is the relationship between the family nurses and the young parents. Young parents are involved in the recruitment of staff and their views of the programme help to shape the future development of the programme.

The programme is based on five client principles, one of which is that the client is the expert in her own life. This highlights the importance of working in partnership with the client and valuing the client and partner's voice throughout the programme delivery. At different points in the programme clients are invited to share with their family nurse how they feel the programme is working for them or not. This is done through the use of a facilitator "How's it going between us?" Clients and their partner are invited to complete this and share anything they feel is working well and anything they feel they would like to change. This facilitator has recently been adapted to take account of client feedback and offers a useful opportunity to explore the relationship with their family nurse. This then facilitates a conversation with the client about the developing therapeutic relationship, which is built on honesty and trust and the underlying FNP programme philosophy of working towards improving self-efficacy. This feedback is then used within 1:1 supervision to explore the relationship further and match programme delivery to both the client and programme needs. This contributes to strategic decisions and further developing FNP services to meet the needs of clients in the future. Listening to clients also supports the ongoing high retention levels within the programme evidenced through local and national data.

We continue to support development of the programme and to share learning from the FNP with other educational programmes. Examples to date include sharing our learning about supervision, strength based working and assessing and articulating risk in complex families.

Responding to complexity and vulnerability

We worked with the Psychology team to develop a learning session for Supervisors on Trauma Informed Practice. An FNP Principal Educator has recently completed the Scottish Trauma Informed Leadership Training and will ensure that the FNP Learning Programme incorporates the NES Transforming Trauma Framework.

Responding to challenges reported by young parents within the healthcare system.

Building on insights and input from clients, an FNP Principal Educator contributed to the development of "Getting Maternity Services Right for Young Parents", which is a document designed to guide health professionals about how to support the needs of this group of service users. This was an action directed by the Pregnancy and Parenthood in Young People Strategy.

In April 2017 we identified several specific areas of focus for supporting capacity development for inequalities-sensitive practice. These included educational support to improve services and outcomes for people with dementia, people with learning disabilities and care-experienced young people. We also highlighted specific educational workstreams which aim to develop staff to support improved oral health outcomes for a number of priority groups, including frail older people and homeless people. During the two -year period covered by this report, additional priority workstreams have been developed to address specific inequalities relating to gender -based violence, aligned to Equally Safe[6], the national strategy to reduce violence against women and girls. NES is delivering work in two areas described in the case studies below which contribute to enhancing the workforce capacity to respond to violence and trauma in ways that will improve outcomes.

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6 Available from https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/.

Case study – Improving services for victims of rape and sexual assault

In March 2017, Her Majesty's Inspectorate of Constabulary Scotland reported there were around 81 forensic physicians in Scotland, about 63 of whom are involved in forensic medical examinations for sexual crime. Only 19 of these forensic physicians were female. As part of the Workforce and Training subgroup of the Chief Medical Officer-led Taskforce to Improve Services for Victims of Rape and Sexual Assault[7], NHS Education for Scotland (NES) was commissioned by the Scottish Government to redesign its approach to supporting the development of medical Sexual Offences Examiners.

Responding to complexity and vulnerability

Working across a range of professional disciplines across NES, including Medicine, Nursing and Psychology, we have collaborated to train more Sexual Offences Examiners, particularly female examiners, to ensure victims of rape and sexual assault can be examined by a professional of the gender of their choosing. We redesigned and implemented training courses that are more accessible, more portable and are trauma-informed.

Most recently Scottish Government has requested that we draw together a proposal to Adapt the 'Essentials in Sexual Offences Forensic Examination and Clinical Management (Adults and Adolescents): Best Practice for Scotland' course to include nurses that provide support to Sexual Offences Examiners and Complainers. This is distinct from work that is currently under way to investigate the potential to train nurses that may in the future be able to provide interpretive evidence in court.

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7 https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/

Our work to deliver support for the Taskforce continues. Progress to date on these objectives includes:

- The Essentials in Sexual Offences Management & Court Skills course training has been re-designed and accredited by the Faculty of Forensic and Legal Medicine with the particular aim of increasing the number of female physicians who are able to undertake this work
- 36 new examiners from 11 Health Boards (32 of whom are female), have been trained to date. Further intakes by March 2019, will train existing doctors and attract new practitioners (the target is to train 100 doctors in total) the training package has been adapted to provide training for both doctors and nurses and the Scottish Government has provided funding for nurses to attend.
- We are progressing the development of regional peer support and local opportunities for professional development to expand capacity across Scotland
- NES have established an annual update day for sexual offences examiners and the first was held on 2nd Nov 2018 in Glasgow for 100+ delegates
- NES, working with Health Board Leads, is tracking the career progression of doctors who have undertaken their training.

The revised approach to training resulted in a 68% increased in female physicians qualified to carry out sexual offences forensic examinations, improving the opportunity for victims of rape and sexual assault to be examined by a physician of the gender of their own choosing.

Case Study – Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce and the upcoming National Trauma Training Plan.

Developing a trauma informed Scottish workforce is a Scottish Government priority as laid out in the SG (2018) Programme for Government. NES Psychology Trauma workstream has been commissioned since 2016 to support this ambition through the delivery of the NES (2017) Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce and the pending NES (2019) National Trauma and Adversity Training Plan.

Gender based violence is a key area where the impact of trauma on the life chances of the individuals who are subject to it across the lifespan. The framework provides evidence based knowledge and skills guidance in terms of equipping the workforce with the competences to Prevent abuse/trauma/GBV Ameliorate the impact where it has happened.

The framework explicitly references the additional risks of adverse outcomes when people are also in marginalised groups **(pg 44)** or having financial, housing or employment difficulties. Also the additional risks associated with having a learning difficulty **(pg 45)**, being an older adult **(pg 45)** and flags the necessity of considering adu8lt support and protection, child protection, human trafficking, domestic and other forms of GBV as well as online above. The need also to consider the additional needs and complexity for children and young people is throughout the framework.

Full inclusion of experts by experience is a key conceptual underpinning of a trauma informed approach. In the Framework development this included people with lived experience in all National Reference Group meetings, inclusion in the recent Scottish Trauma Informed Leaders Training and completing comprehensive qualitative research with people with a range of experiences to extract the key messages for the Scottish workforce in terms of what they valued and found problematic in supporting their recovery. We have also consulted widely with 3rd sector partners who often support people affected and represent their views.

The new training plan highlights the centrality of the role of experts by experience and work has commenced to write some guidance notes to support the safe, respectful and mutually beneficial inclusion this voice throughout. However, it is essential we continue recognising that this is not a 'them and us' scenario as many people working in our services are also survivors of abuse and trauma and the needs of the workforce needs to be also held in mind.

In addition to the Framework and the Training Plan, we also produced an animation to raise awareness of the impact of trauma and the positive impact that a trauma-informed approach to services can make to engagement, experience and outcomes. Equalities advice was sought and followed in relation to the development of this 'Opening Doors' animation. This required complex decision making with regard to reflecting the lifespan and other considerations. The animation, which has had over 14,000 views to date, is available at https://vimeo.com/274703693. We are working with young people through the Scottish Youth Parliament to develop a second animation which focuses on young peoples' experience.

Widening Attraction through the NHS Careers website

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.

We work with a range of partners to support 'Developing the Young Workforce' in NHSScotland. In 2017 we identified a set out actions which focussed on ensuring that our networks, partnership- working and guidance supported employability for young people from under-represented groups or who experience particular disadvantages entering employment. Updates on these actions are included in the appendix.

In addition, we developed the **NHS Careers website** for NHSScotland, which highlights career opportunities and apprenticeships. The site includes **resource packs for schools**, consisting of lesson plans, slide packs, interactive activities, fact sheets and other resources, which introduce young people to the diverse range of NHS Careers and encourage them to consider options which interest them. The resource pack can be used in classrooms, at parents' evenings, at careers events and in job centres. The resources launched in Jan 2018 and have also featured in **Holyrood magazine**.

We are also doing an increasing amount of work nationally through social media coordination to support campaigns and boards with promotion and attraction. Over the course of 2018 we have worked with a range of partners in promoting NHS Scotland Careers across our target audience groups, some examples include:

1. Increasing awareness of NHS Careers, and routes to accessing career pathways – Pharmacy Technicians
One of the benefits of the Careers website is the opportunity to showcase the diverse range of career opportunities available in the NHS, and the variety of routes into these careers. This supports wider attraction to the service, allowing people interested in a variety of roles to find information about possible job roles and how to prepare for them. It also supports the service to recruit where there are shortages – Pharmacy Technicians are one example.

- In July 2018 we met with the Pharmacy Short Life Working Group at Perth Royal Infirmary to discuss ideas for promoting Pharmacy Technician roles in Primary Care, Secondary Care and Community Pharmacy.
- We are in the process of identifying locations and interviewees for filming and photography – schedule to be confirmed
- List of possible interview questions has been submitted to the SLGW for review.
- The website describes the roles and various routes to entry (SVQ, college, higher education) – making it easier for anyone interested in this career to find a route which suits their particular circumstances. The films and photos can be the basis for a promotional campaign which will bring the roles to life, increasing awareness of job opportunities with the aim of widening attraction to the role.

2. Engaging with Veterans to facilitate employment

- Veterans experience a range of barriers to employment upon their discharge from service, and are at higher risk of economic and social exclusion and mental ill health. We have worked with the Career Transition Partnership (CTP) who are the MOD's official provider of Armed Forces resettlement, to inform and develop a programme of work to support veterans to move into employment in NHSScotland.
- We discussed skills mapping and discussed the types of content we might like to add to the NHSScotland Careers website for veterans considering a career in NHSScotland – examples include paramedic training, ambulance driving, etc. This will support veterans to identify their transferable
- The education pathways for business and admin as well as estates and facilities was shared
- Scottish Government is working with health boards to produce case studies which will feature on the careers website

3. Running a joint Twitter campaign with the Department for Work and Pensions, promoting NHSS Careers as part of the 70th year anniversary celebrations

- Job Centre Plus has 5 regional offices across Scotland, each of which has a Twitter account. We produced a content plan for each office to promote NHSScotland vacancies to their customer group.
- We provided post copy and images to highlight the variety of roles available, real-life stories and the vacancies themselves. Campaign URLs were created so we can report on the number of visits to the careers websites and the NHS recruitment job board (SHOW).
- The campaign uses social media and links with the Job Centre Plus network to widen awareness of NHSScotland careers, vacancies, and application processes among people impacted by unemployment, potentially extending reach to a range of equality groups.

4. Supported Scottish Government with a Nursing recruitment campaign which involved creating a landing page for the radio advert and social media support.

5. Social media support for the Men into Nursing Campaign.

- Future projects include:
- Working with Health boards and SG on the future nurse campaign, promoting nursing careers to primary school children
- Allied Health Professionals awareness campaign
- International recruitment campaign
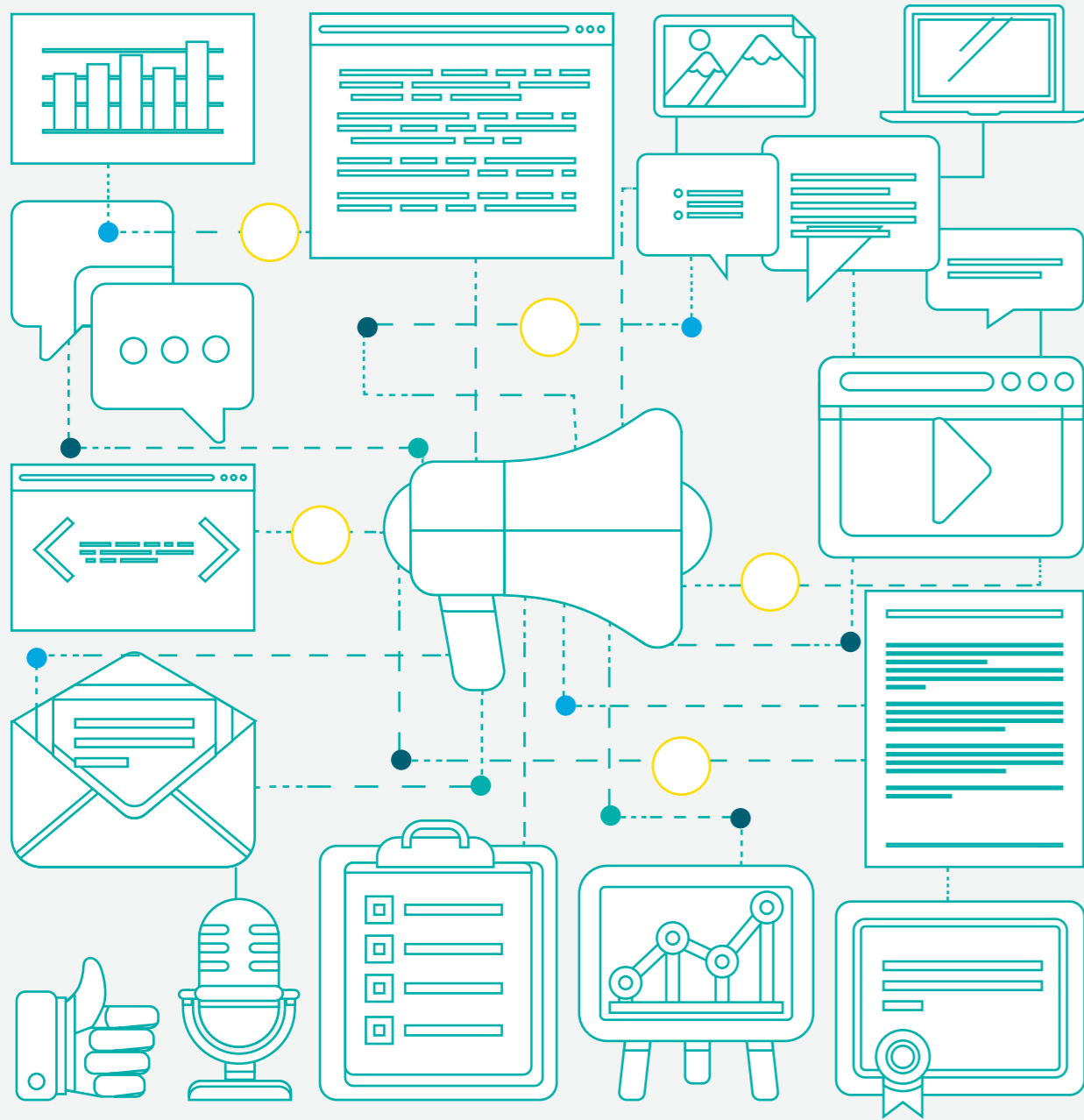
The Educational Development team is working with Prince's Trust to promote their 'Get Into Healthcare' Programme across the NHS. This is an employability programme which supports care experienced young people to access jobs within the health service by providing skills development over a six week work experience period. The aim is to support these young people into full time employment within NHS.

We also promote other employability programmes such as Barnardo's which support care experienced young people into work. This promotion raises awareness in Boards of the needs of care experienced young people and we support Boards to engage with these organisations to increase the numbers of disadvantaged young people into employment.

We make Boards aware of funding streams for Apprenticeship programmes which are specifically targeted at disadvantaged young people, including care-experienced. Again, our aim is to increase awareness across the service of the needs of care experienced young people.

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NES develops the **NHS Careers website** for Scotland. We are working directly with care experienced young people, together with Who Cares? Scotland, to create new website page(s) including an animation. This page will introduce care experienced young people to the range of careers in NHSScotland.

With care experienced young people we are producing success stories to highlight education and career pathways that have worked for care experienced young people interested in health and care careers. We are adding interactive elements to the pages so that care experienced young people can easily find further information about specific roles and qualifications required, as well as possible pathways, current vacancies, and how to apply.
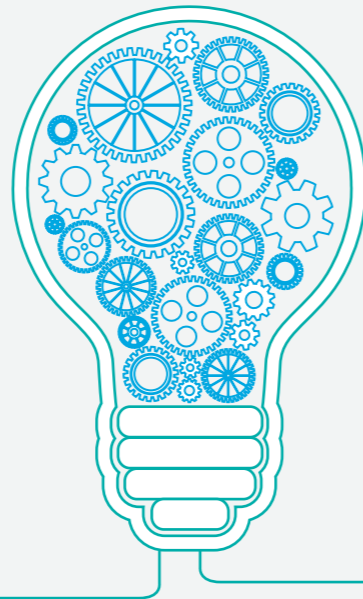
The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.

We continue to support refugees with existing skills to retrain or obtain the necessary professional accreditations to use their skills in Scotland. The initial focus of this work has been on support for refugee doctors, as described in the following case study.

Case study – Supporting Refugee Doctors to Re-Enter Training and Practice

NES is working with the Bridges Programmes and has developed a refugee doctors project in partnership with the British Medical Association, Clyde College and City of Glasgow College to support refugees who were fully qualified doctors in their home country to achieve General Medical Council registration and a licence to practise medicine. The project supports refugee doctors as they retrain and begin careers working in the NHS.

NES's role is to ensure refugee doctors get the right guidance and support to safety re-enter training depending on their experience and skills.

We presently have more than 60 doctors engaging with the programme. Since launch of programme we have had 15 doctors pass IELTs English language exam and 6 pass PLAB exam which enables GMC registration whilst 2 have been supported to pass the foundation equivalency exam.

We are exploring options for sustainable support for language teaching and hoping to extend support to non-refugee doctors from overseas aiming to return to medicine.

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.

Turas[9], our unified digital platform, provides health and care professionals in Scotland with access to resources they require to support their learning and development through their career in the public sector. Through a single, secure sign-in, they can access all their applications anywhere, from any device. Turas currently hosts a number of applications to support training programme management, Lead Employer arrangements for Medical and Dental trainees in Scotland, Learn (for education and training) and Appraisal. The platform is continuously developing and improving, using agile development methodologies and user-centred design approaches. to use their skills in Scotland. The initial focus of this work has been on support for refugee doctors, as described in the following case study.

[9] https://turasdashboard.nes.nhs.scot/
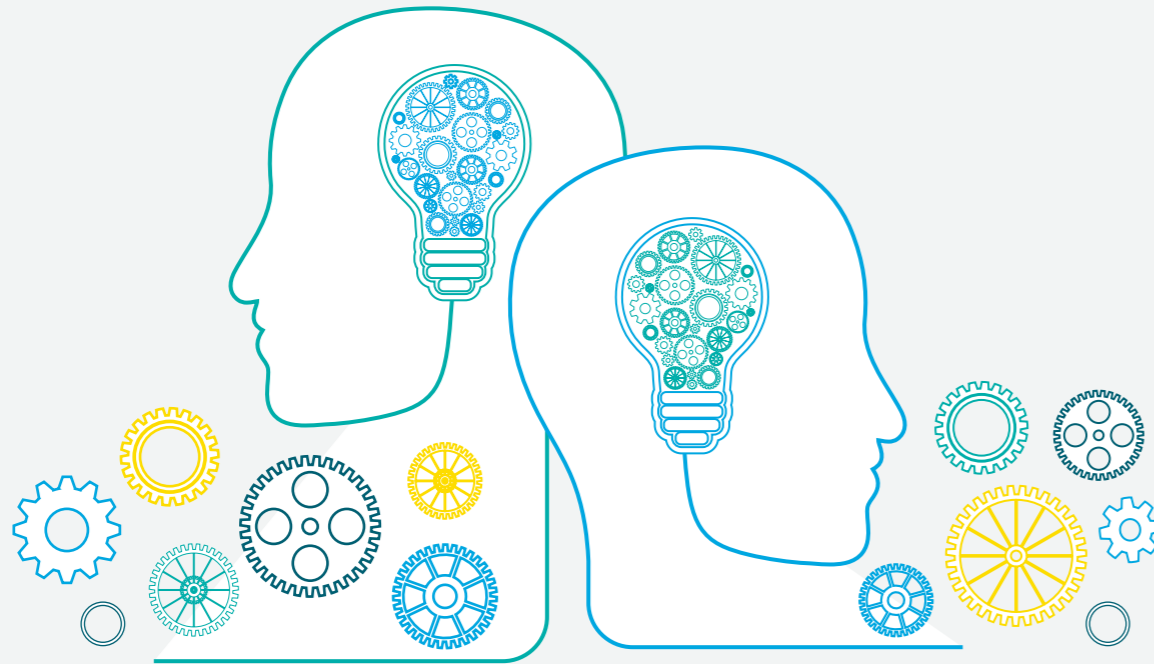
Turas Appraisal: UX Testing in an Agile Development to Improve Accessibility and Useability for All

The Turas Appraisal application was designed to replace the e-KSF platform. It is the application for recording the appraisal information for NHS staff on Agenda for Change or Executive or Senior Management arrangements. We designed Appraisal following extensive engagement with diverse users from across NHSScotland. They told us that they needed an application which focused on the appraisal conversation, not the application, and they highlighted accessibility and usability issues with the previous application that they wanted to see improved.

The Appraisal application has a simpler user interface which foregrounds the main questions at the heart of the appraisal discussion: What has gone well this year? What could have gone better? What difference do I want to make this year?

Since its launch as minimum viable product in 2018, the application has been continuously improved. This improvement has been informed by User Experience (UX) testing with a variety of users. We specifically sought to engage disabled users as UX testers, initially focusing efforts on users with visual impairment. Based on the learning from these tests, we have redesigned the style guide and User Interface (UI) for the entire Turas platform and will be implementing these revisions across all platforms during 2019. We learned that many of the issues highlighted by visually impaired users were also highlighted as usability issues by other users. These improvements will enhance the accessibility and usability of all applications across the Turas platform for all users.

We have also supported research and tested educational approaches to support digital health and technology enabled care. One aspect of this work focused on digital literacies. Studies focusing on digital skills and literacies of healthcare staff have tended to focus on registered staff. We carried out research on digital literacies of estates and facilities staff, identifying learning needs and testing educational approaches for these staff groups10. As digital transformation is likely to impact the service widely across most roles in the future, this is an important contribution to mitigating any risks of increasing inequality for staff working in these roles.

We developed and delivered 'Digital Matters' pilot programmes with two health boards. These programmes focused on supporting learners to develop core digital skills and capabilities, with positive impact at work and in everyday life. Some of the learners worked with us to develop digital stories about their experience, which are available at: **https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw**

Digital Matters:

A Programme to Improve core Skills for a Digitally enabled Estates and facilities staff

During 2017, the NES team worked with a number of NHSScotland Boards to explore the digital literacy of staff working in Estates and Facilities roles and to establish what might be needed for them to become digitally capable and digitally enabled.

Lesley Grant, Laundry Assistant at NHS Greater Glasgow and Clyde, worked with us to devise the programme, and shared her perspective on the experience.

Tell us a little about yourself
I'm a laundry assistant with the NHS in Hillington in Glasgow. Our laundry services the whole of the Greater Glasgow and Clyde geographical area, so it's an extremely busy place to work. Before I got involved in learning about digital skills with NES, I really didn't use computers at all.

How did you get involved in Digital Matters?
NES came along to the laundry to find out what level of computer skills we had. I myself didn't know very much about computers. Based on research carried out by NES, it seemed that this was common throughout the service. I found the research really interesting, so I worked with the people from NES to devise the 'Digital Matters' programme to help improve core digital skills among NHS Estates and Facilities staff. The programme

involves learning some basic computer skills through both face-to-face sessions and online teaching. This gives learners the skills and confidence to use a free online resource called 'Learn My Way'. Learners then spend about 45 minutes each week completing modules on 'Learn My Way' at their own pace.

What was the most interesting aspects of the training?
The face-to-face part of the training was really useful. It helped me build my confidence to start doing more with the computer. I've also worked through the 'Learn my Way' resource on my own, which helped me learn basic skills and I can just pick it up as I go along. I really enjoyed being able to work through it at my own pace. The other supervisors and I worked together to help each other with the modules and make sure we could get time off the floor to complete them. I found it a really useful resource that has given me the confidence to try things that I didn't think I'd be able to do. I would recommend the programme to anyone.

What impact has this training had on your practice?
It has been a great help to me. It has opened up so many doors, both in my personal and professional life. Up until now, I haven't used a computer very much for my duties at work, however I think I will use it more going forward. I have enjoyed the learning experience and plan to do more learning online both at work and at home. I have learned not to be scared of using a computer. I've also been trained as a Digital Buddy. The role of a Digital Buddy is to signpost staff to learning resources, encourage staff to improve their digital skills and to support them to apply these skills within the workplace. So far, we have trained more than 20 Digital Buddies across a range of roles within Greater Glasgow and Clyde.

How has this training benefitted you personally in terms of your own development?
My grandson is autistic. I've just completed my first online course to learn more about autism. I wouldn't have made the step of becoming an online learner if it had not been for getting the chance to develop my digital skills. I've been able to go online and speak to other people and share experiences. I've been talking to a special needs teacher who runs her own school in Paris, for example. I've also been able to learn about the Picture Exchange Communication System (PECS), and download some flashcards for my grandson to use. These help him communicate with me by letting him just point to what he wants – his favourite is the juice image at the moment. He can just point at the image, and I know what he wants. I never thought I'd be able to use the internet in this way, so it's been wonderful.

Case Study - Supporting Digital Health and Care
Introduction to Technology Enabled Care Learning Resource

NES have codesigned with health and care organisations across the public, private and other sectors, the first national Introduction to TEC learning module. This learning module should help staff to understand how technology can be used to:

- Improve health, care and wellbeing outcomes for people and their carers.
- Encourage people to improve and manage their own health and care and stay independent and safe.
- Improve communication between people and the staff who support their health and care needs.
- Capture and share information effectively to help staff provide person-centred health and care services.

It's free of charge and is aimed at anyone who works in NHSScotland, local authorities, the voluntary/third sector, the independent (private) sector or housing. It is available on the Turas Learn platform (**https://learn.nes.nhs.scot/10078/technology-enabledcare/elearning**).

Digital Health & Care Workforce Stories

NES have just completed a set of short videos and written versions of Workforce Stories to highlight how the health and care workforce are using technology to improve access to health and care services helping to improve the health, care and wellbeing outcomes for citizens of Scotland. **https://learn.nes.nhs.scot/10157/technology enabled-care/workforce-stories**

Case Study – Our Way

The focus of Our Way is addressing difficult attitudes and/or behaviours within the workplace. Although NES generally scores highly in measures of staff engagement, we found that overall, the statement 'I am confident performance is managed well', received a low rating from staff who answered the iMatter questionnaire. Our lowest scoring question was "I am involved in decisions that affect me". In response to these findings, the Senior Operational Leadership Group initiated a project to develop a staff code of conduct to clarify unacceptable behaviours in the workplace and to help address inappropriate attitudes, but recognised that it was important to be driven and owned by staff in order that they are involved in the decision making process from the outset.

The result, developed through a programme of staff engagement, is 'Our Way'. More than a policy document, Our Way is intended to influence a culture in NES that supports our existing Dignity at Work policy which states:

NES recognises that all employees have the right to work in an environment which is free from the threat of bullying and/or harassment. The organisation is committed to providing employees with a workplace which is safe and respectful, and actively encourages a culture of Dignity at Work and respect for all".

Since this early work was developed by the SOLG, the Organisational Development, Leadership and Learning team have made significant progress in developing the content of Our Way resources in collaboration with NES staff. The purpose of Our Way is to articulate clearly NES ways of working through examples and scenarios to contribute to the ongoing development of a healthy organisational culture.

A page on the intranet has been created to host the various resources, including an infographic and interactive PDF. To help bring the content to life, a short team development session has been created for managers to use with their teams. Using the scenario videos and framed with a session plan and guidance slides, teams can identify what Our Way means to them, and to agree together what their way is and what they will do to hold one another to account should their way be broken. The resource builds on the already existing NES ways of working but encourages teams to decide together what matters to them and what they need as a collective to work well together, encouraging a personalised and collaborative team charter. Through this resource more meaning is brought to Our Way by teams making it their own shared accountability. Business Partners in the OD Leadership and Learning team are available to provide additional support as required.

Through meetings with each of the iMatter directorate representatives, this package of development has been shared and cascaded in each directorate, as well as always being available on the intranet and corporate hub. Our Way team sessions support staff engagement and are considered by the iMatter directorate representatives as a helpful intervention to meet some actions captured in team iMatter action plans.

Full internal communications have been published along with a special edition of the line manager's brief with a spotlight on Our Way. It is to be included in the new NES strategic framework as well as remaining central to the People and OD strategy.

Future developments include a plan to focus more on being an active bystander in the workplace to empower our colleagues to notice never Our Way behaviour in everyday interactions and intervene respectfully to draw attention to the behaviour. The aim is to address aspects of culture in NES which do not reflect Our Way by changing attitudes of silent tolerance into active promoter for Our Way to thrive. The OD Leadership and Learning team will evaluate the impact of the resources and team sessions to inform active bystander skills development for culture change.

NES Equality Outcomes and Mainstreaming Progress Report

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk**.

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