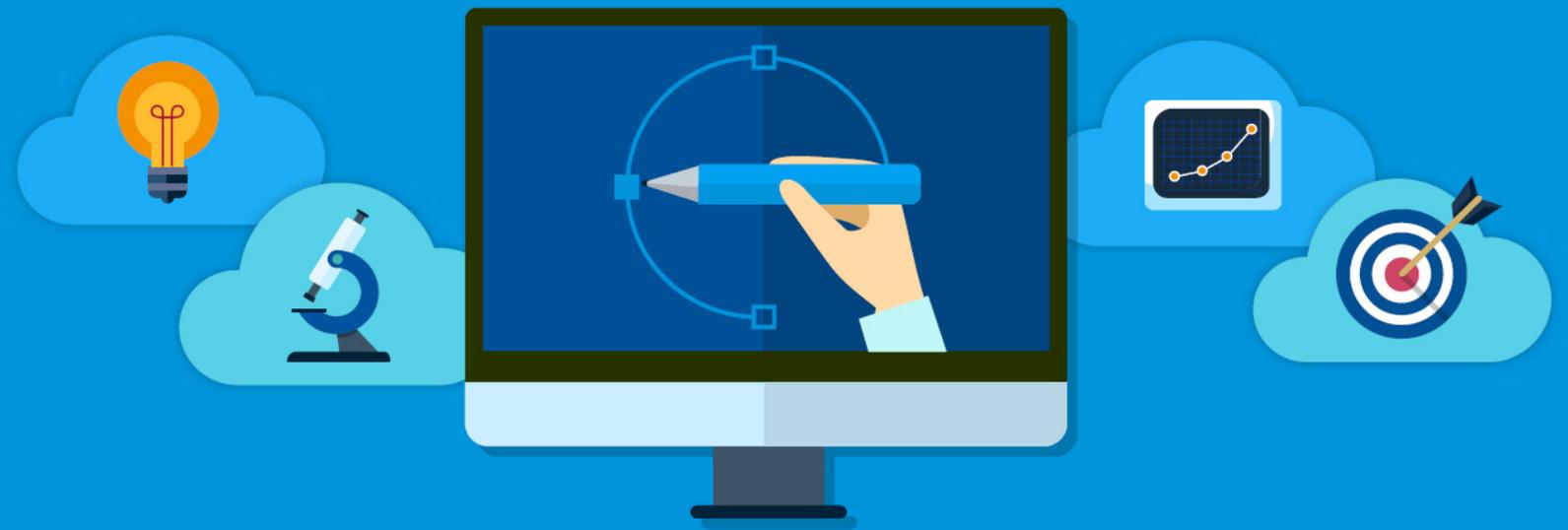


# Planning for a successful future

## Workforce Plan 2017-18



## Executive Summary

We are a national special NHSScotland Board working in partnership with stakeholders to provide education, training and workforce development for those work in and with NHSScotland.

We have a Scotland wide role in undergraduate, postgraduate and continuing professional development and we maintain a local perspective through centres in Edinburgh, Dundee, Aberdeen and Inverness with over a 1,000 staff who work closely with frontline service and educational support roles and networks.

Our Strategic Framework 2014-2019 '*Quality Education for a Healthier Scotland* is based around five strategic themes supported by nine outcomes which are designed to improve specific areas of our business. These themes and outcomes support the three quality ambitions of safe, effective and person- centred care and make a significant contribution to *Everyone Matters: 2020 Workforce Vision*. Our nine key outcomes are:

- A demonstrable impact of our work on healthcare services
- An excellent learning environment where there is better access to education for all healthcare staff
- Flexible access to a broad range of quality improvement education in the workplace
- Leadership and management development that enables positive change, values and behaviours
- A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning
- A range of development opportunities for support workers and new and extended roles to support integration
- Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact
- Consistently well-developed educational support roles and networks to enable education across the workplace
- An effective organisation where staff are enabled to give their best and our values are evident in our everyday work

Our Vision is Quality Education for a Healthier Scotland; our Mission is Education that enables excellence in Health and Care for the People of Scotland.

## 1. Introduction

NHS Education for Scotland (NES) is a national special health board, working in partnership with our stakeholders to provide education, training and workforce development for those who work in and with NHSScotland.

Based in centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness, our more than a thousand staff have a Scotland-wide role in undergraduate, postgraduate and continuing professional development. We work closely with frontline service, educational support roles and networks.

While a significant proportion of our resources are focused on training the clinical workforce, we also prepare professionals for practice and provide access to education for all staff across NHSScotland and, increasingly, in the wider health and social care arena.

This Workforce Plan is aligned with our vision - 'Quality Education for a Healthier Scotland' and our mission 'to provide education that enables excellence in health and care for the people of Scotland'. It reflects the changing landscape in health and social care, including among other factors, the Health and Social Care Delivery Plan and the first chapter of the National Health and Social Care Workforce Plan.

Our strategic framework for 2014-19, Quality Education for a Healthier Scotland, is aligned with the 2020 Route Map priorities and Quality Strategy. It represents our contribution to public service reform and health and social care integration through the provision of high quality education and training that enable the staff of NHSScotland to deliver the best possible care.

Its five strategic themes supported by nine key outcomes support the three quality ambitions of safe, effective and person-centred care and make a significant contribution to the Everyone Matters: 2020 Workforce Vision.

## 2. NES Initiatives, Priorities and Key Challenges for 2017-18

Workforce planning is an integrated and on-going activity and this workforce plan is reviewed annually to ensure alignment with updated corporate and operational plans.

Our priority initiatives for 2017-18 include the following, which are arranged under the priority areas of Everyone Matters, the workforce strategy for NHSScotland.

### Healthy Organisational Culture

We will continue to embed iMatter sustaining a high level of staff governance through supporting directorate teams to implement their action plans, in addition to maintaining a focus on adoption of NES leadership behaviours and values and ways of working, which are based on the NHSScotland values in Everyone Matters. We will continue to engage with our workforce around further transformational change over the forthcoming year facilitating NES wide discussions with managers and teams to identify common themes and share learning and support. Alongside

iMatter, in November 2017 we will take part in the NHSScotland Dignity at Work survey and respond to positively to any issues which arise.

We aim to promote the health, wellbeing and resilience of our workforce, to ensure that all our staff play an active role throughout their careers and are aware of the support available to them. We plan to successfully gain re-accreditation with the Health Working Lives Gold Award continuing our work around the promotion of activities in support of positive mental health, healthy eating and physical activities that support overall wellbeing. Our focus in the coming year will be on Health and the Environment as well as aiming for a 25% increase in numbers of staff participating in the Healthier Scotland Paths for All Step Challenge. We continue to provide all our line managers with training around ensuring a mentally healthy workplace and, with achievement of the Carer Positive award, we will also offer Think Working Carer sessions to the wider workforce.

## Sustainable Workforce

A new model of employment has been agreed to enable Doctors in Training (DiTs) in Scotland to benefit from a reduction in employers as they rotate through placement Boards, with one employing Board for the duration of their training programme. NES will be the lead employer for all General Practice Specialty Trainees (GPSTs) for the duration of the training programme. NES is undertaking early implementer work with a placement Board, NHS Grampian, to develop and refine the model from August 2017. Full implementation is scheduled for 2018.

Implementation of the lead employer model aligns to the ambition in Chapter 1 of the NHS Scotland Workforce Plan to attract and retain the staff that NHSScotland needs now and in the future. NES has a pivotal role in delivering a training and employment journey that improves the working lives of DiTs, evidenced through meaningful implementation of iMatter for this employee group.

Enhancing the education and employment experience through the implementation of the new model of employment, will contribute to improving the pipeline for consultant and GP appointments through increased attraction and retention of doctors in training in NHSScotland.

NES will:

- Support the embedding of the new employment model through staff side engagement, governance, policy and digital development.
- Deliver easily accessible employment information, advice and guidance through the Turas platform that joins up the education, training and employment journey. These digital solutions will be able to talk to other NHSScotland systems.
- Work collaboratively with colleagues and stakeholders.

Digital solutions are being developed by NES to enhance reporting capabilities on DiTs across NHSScotland and to inform national and regional workforce planning.

We continue to prepare our workforce for further transformational change over the forthcoming year including embedding internal succession planning arrangements; e:ESS (the national HR system) and preparing for the replacement of eKSF; publishing the refreshed Knowledge and Skills Framework People Management

dimension; providing a range of support for organisational change, delivering the actions which will enable us to achieve our equality outcomes and mainstreaming priorities, including the actions identified in our most recent Equality Outcomes and Mainstreaming Report and Equal Pay Statement. The above will enable us to develop a versatile project based workforce with the flexibility to work across traditional boundaries, facilitated by completing the introduction of harmonised job roles.

We continue to improve our recruitment processes in support of enhanced attraction and selection. During 2017-18 we will continue to embed our Leadership Behaviours within the attraction, assessment and selection stages of our appointment processes. We will continue to participate in the NHSScotland sponsored Disabled Graduate Scheme.

We will continue to pursue all reasonable options to provide opportunity for young people to pursue a career with us, including our successful employment of modern apprentices. In 2017/18, NES is planning to deliver enhanced support to Boards /Regions in the area of youth employment including Modern Apprenticeships. This is in recognition of changes in the policy context e.g. Modern Apprenticeship Levy and is a first contribution to the emerging focus on youth employment under Chapter 1 of the NHS and Social Care Workforce Plan.

### **Capable Workforce**

We will build on the levels of confidence and competence of our staff using technology to encourage participation in learning. During 2017-18 we will develop and roll out TURAS Learn, our digital learning environment for staff to undertake online learning anytime, anywhere and on any device with a single sign-in. By investing in learning and development we aim to provide staff with the skills and knowledge they need. We will work with management teams to increase participation in personal development planning and essential learning to achieve participation levels expected of high performing organisations. We will continue to support the professional development of our staff including completion of non-clinical support worker SVQs using evaluation to inform updates to continuing education arrangements.

### **Workforce to Deliver Integrated Services**

Through our established cross-directorate Health and Social Care Integration Group we will continue to support staff working across sector and professional boundaries by aligning and facilitating the sharing of good practice in learning and development and supporting evidence-informed practice.

### **Effective Leadership and Management**

During 2017-18 we will complete a transformational change across a range of our organisational, leadership and workforce development functions. In 2017-18, NES will continue to develop leaders and implementers respectively to have the confidence, capability, and tools and techniques to carry out organisational re-design and manage organisational change effectively. We have refined our relationship with Scottish Government and stakeholders and we are building a single system based on impact which can be scaled up to a national shared service.

We continue to develop the provision of the Managers Passport for line managers, including delivery of 2 credit rated management skills workshops, Coaching Skills for Managers programme; and extending the use of Workforce Scotland developments: Leadership Exchanges and the Scottish Coaching Collaborative.

We will ensure a consistent approach to leadership and management development across NES.

### 3. Planning Context within NES

As the National/Special NHS Board with responsibility for education, training and workforce development this plan supports our ambition to develop a workforce that is responsive to the changing demands on health and care services. It aligns with our strategic framework for 2014-19, our Local Delivery Plan for 2017-18 and the Scottish Government's *Health and Social Care Delivery Plan*.

Our vision: ***Quality Education for a Healthier Scotland***

Our mission: ***Education that enables excellence in health and care for the people of Scotland***

Our strategic framework for 2014-19 *Quality Education for a Healthier Scotland* supports this ambition and is based around five strategic themes supported by nine outcomes. As well as support for the *Health and Social Care Delivery Plan*, these themes and outcomes help to deliver key national policy drivers including; the *National Clinical Strategy*, the *Everyone Matters: 2020 Workforce Vision*, health and social care integration, reducing health inequalities and wider public sector reform. Our five strategic themes are:

- ***Theme 1: An excellent workforce***
- ***Theme 2: Improved quality***
- ***Theme 3: New models of care***
- ***Theme 4: Enhanced educational infrastructure***
- ***Theme 5: An improved organisation***

The *Health and Social Care Delivery Plan* (the Delivery Plan), is key to the current planning context within NES. The delivery plan was published by Scottish Government in December 2016 and sets out to provide high quality services that have a focus on prevention, early intervention and supported self-management. The delivery plan recognises that to realise these aims investment must be matched with reform to drive further improvements in services. It sets out how NHS Boards will work together differently, collaborating through three regional groups and across the National/Special NHS Boards. It also sets out an intention to explore the scope for more effective and consistent delivery of national services (Once for Scotland approaches). As a National/Special NHS Board, we have focussed our planning on the contribution that we will make to driving the work of the delivery plan, on our own or in collaboration with other National/Special NHS Boards.

As the 'people' organisation of NHS Scotland, we have key expertise and capabilities to deliver a *Once for Scotland* approach and can achieve significant improvements in quality, consistency, efficiency; and most importantly in the employment experience of our workforce. We are committed to working in collaboration with other NHS Boards, both locally, regionally and nationally; and across the wider public sector.

Along with other National/Special NHS Boards we have been tasked to work together to identify ways to collectively standardise and share services with a target to reduce the operating costs of National/Special NHS Boards by £15m in 2017/18 so that this can be reinvested in frontline NHSScotland priorities. Since this was first identified in December 2016 the Boards Chief Executives and Directors of Finance

have been working closely with a focus to identify and agree the planning and delivery of this target across the Boards. This has developed into a number of workstreams which are currently being taken forward including looking at maximising the efficiency and potential of our people resource as appropriate.

#### **4. Approach to Workforce Planning in NES**

Workforce Planning in NES is integrated with the strategic and annual operational and financial planning processes. Our Strategic Framework, annual Corporate Plan and Local Delivery Plan are aligned with Scottish Government priorities and regulatory and key stakeholder requirements. Our People & Organisational Development Strategy which informs our Workforce Plan is aligned with our Strategic Framework and Everyone Matters.

NES recognises the context within which we are engaging with Boards, regulators and professional bodies in delivering our services. We recognise that pressure on territorial boards, in relation to workforce redesign and capacity to invest time and financial resources in education and training, requires NES to be flexible and wherever possible to add value through 'delivering once for Scotland' as agreed with our key stakeholders. We are therefore driving forward with developments to maximise the expertise across NES to deliver collaboratively across professional groups.

We produce a comprehensive set of quarterly workforce management metrics. This report is reviewed by the Executive Team, Staff Governance Committee and Partnership Forum and enables us to monitor performance against the Workforce Plan and inform decision making. The metrics are also published on the Staff Intranet and are available to all Directors and Business Managers to support workforce planning.

Performance against Staff Governance Standards is monitored quarterly by the Staff Governance Committee and the Partnership Forum. Staff Governance and the experience that prospective and current staff have of NES continues to be very important to us and we have engaged fully with the NHS Scotland iMatter programme as it moves towards full implementation across the service. All staff based in NES offices have now participated in iMatter at least once and plans are underway for a full organisation run in June 2017.

Our iMatter Board report for 2016 shows that 86% (611) of the 712 NES staff offered the opportunity to complete the questionnaire have done so. Our aggregate Employment Engagement Index (EEI) of 80% compares favourably with the average for NHS Scotland and reflects the generally very positive view that staff have of working in NES. Importantly, 82% of staff indicate being clear on how their role contributes to the aims of the organisation, whilst 81% of staff would recommend NES as a good place to work and 78% agree they get the time and resources they need to support their development and growth. Taken together these data indicate a good alignment between the workforce and organisation, despite significant and ongoing organisational change, and an above average level of satisfaction with support for personal and career development and the working environment that NES offers.

NES is also supporting a project aimed at exploring models of participation in iMatter which will ensure medical trainees are able to participate successfully in the staff experience model.

We collect and use equalities data on our workforce to provide intelligence on recruitment and selection, the composition of the workforce, workforce development, staff experience and retention, disaggregating measures by the protected characteristics. Our Equality Outcomes and Mainstreaming Priorities 2017-2021 set the overall organisational priorities for equality and diversity. Specific action plans to deliver these priorities are developed through our operational planning processes as part of our Local Delivery Plan and workforce plans aligned to support delivery.

## **5. Plan Purpose and Strategic Workforce Planning Objectives**

The Workforce Plan is approved by the Executive Team, Partnership Forum and Staff Governance Committee and is used along with other plans to monitor and review progress against workforce objectives. Our strategic people objectives are aligned to the Strategic Framework and Corporate Plan.

We will continue to focus on improving our systems, processes, workforce plans and structures in order to become more effective, sharing best practice and resources to deliver education in a more streamlined and consistent way. We also focus on the delivery of efficiency savings across all of our organisational activities.

Our engagement and gathering of intelligence has helped to ensure that our plans align with the priorities of NHS Boards, Scottish Government and other stakeholders building effective relationships and partnering across health and social care, the education sector, regulatory and professional bodies and the wider public sector. For our staff, we continue to identify skills, maximise talent and encourage and support collaborative team working.

We provide a comprehensive recruitment and selection assessment centre and on-boarding service to the postgraduate training programmes that we manage for a range of healthcare professions.

This Workforce Plan primarily supports the delivery of NES Strategic Theme 5 (NES Strategic Framework 2014-19) and associated activities as follows:

- An Improved Organisation
- Enhancing the capability of our staff to give their best and achieve their potential
- Supporting and Developing our Staff
- Performance Improvement
- Efficient and Effective Corporate Resources

Our strategic themes are delivered through key outcomes which in relation to the NES workforce is focussed on: - 'An Effective Organisation where all staff are enabled to give their best and our values are evident in every day work'.

We continue the focus on adoption and embedding of NES leadership behaviours and values and ways of working from recruitment. In 2017, we will implement a Hiring Manager's Toolkit supporting the introduction of Values Based Recruitment.

As part of our Leadership and Management Development Framework we continue to embed the use of our Manager's Passport. This enables managers to assess themselves against agreed performance standards at core, intermediate and advanced level, and use this reflective practice to inform development planning. Following review and feedback in 2016 from those managers who completed a self-assessment with the passport, we have refreshed the self-assessment e-form and reduced the practice standards from 16 to 8 so they are more focussed and meaningful for managers. The self-assessment was re-launched to NES managers in January 2017. All managers in NES are required to complete this reflective tool.

The new Manager's Passport Modules 'Leading Successful Teams' and 'Successfully Developing Others' have been credit rated by Glasgow Caledonian University. Both workshops have now been delivered to a small cohort of 9 NES managers. We will look to adding our 4 -day Coaching Skills programme to this portfolio of credit rated workshops in 2017/18.

We will continue to build on the levels of confidence and competence of our staff using technology to encourage participation in learning. Throughout 2017 we will develop and roll out TURAS Learn, our digital learning environment for staff to undertake online learning anytime, anywhere and on any device with a single sign-in.

By investing in learning and development we aim to provide staff with the skills and knowledge they need to make effective and high- quality contributions to the successful delivery of our plan. We will work with management teams to increase participation in personal development planning and essential learning to achieve compliance levels expected of high performing organisations. We will continue to support the professional development of our staff including completion of SVQs using evaluation to inform updates to continuing education arrangements.

## **6. People and Organisational Development Strategy**

The Workforce Plan is aligned with our People and Organisational Development Strategy. The implementation of the People and OD Strategy is planned and approved through the NES operational planning process with progress against plan objectives reported on quarterly through our planning system. The Executive Team, Partnership Forum and Staff Governance Committee approve supporting strategies e.g. career development that facilitate the implementation of the People & OD Strategy with supporting objectives also agreed.

We recognise that the development of Health and Social Care Delivery Plans has the potential to change the focus of what is required from us organisationally and our people. While some of our strategic objectives are likely to remain, we will in 2017/18 assess the impact of the current Strategy and deliverables to date with a view to refreshing the strategy to take us through to March 2019.

As part of our work to strengthen Organisational Development capability and capacity in NHS Scotland we have commissioned, Once for Scotland, initial Organisational Development (OD) support for the national and regional Implementation lead Chief Executives and their senior teams as they work to develop draft Local Delivery Plans by Autumn 2017. We will continue to work with their regional and national representatives to establish commissioning and resourcing arrangements to strengthen the OD capacity available to support transformation, and the adoption of new executive level leadership and talent management approaches during 2017/18. We are also actively exploring other avenues to support the cost-effective development of existing OD capability and increase capacity available to support change initiatives across Health Boards.

## **7. Performance Management**

Performance management happens both at a corporate level for NES as a whole, and at the individual level, for our employees. In NES, there are links between both these elements of performance management via the Operational Planning process. In NES, performance management is about delivering organisational effectiveness through leading, managing and developing our people and their contributions. Our performance management strategy and process focuses on the following key elements of our approach

- Objective setting
- Performance review and appraisal
- Personal development planning
- Giving and receiving feedback
- Line management

These activities are features of good employment practice and Staff Governance, and are mandatory for all NES employees. Highly effective organisations typically use performance management and the activities associated with it to ensure that their people are clear on how they contribute to the organisation's strategy and that regular performance review/appraisal and development planning supports this. In implementing the People and OD Strategy, we are committed to ensuring that:

- All of our people are able to understand how they contribute to the organisation's strategy via the work that they do
- These contributions are recognised both as they happen and through formal performance review processes
- Appropriate development is provided to help people enhance their contribution through the acquisition of knowledge and skills

NES continues with its commitment to optimise employee performance management to deliver NES's strategic aim of establishing systems which better connect individual performance with the organisational aims and outputs. Annual Personal Review and Planning meetings, incorporating the Joint Development Review (JDR) for staff on Agenda for Change terms and conditions takes place between 1st April and 30th June each year. In the course of 2016/17 we reviewed further data on the quality of our objectives and personal development planning and rates of participation. We continue to perform well however there are challenges and we will continue to take

actions to embed the culture which has a focus on high quality and meaningful conversations for all staff. Progress is being tracked on the basis of activity recorded on the relevant online system: e-KSF for staff on Agenda for Change and Domino for other groups. We measure the proportion of staff with objectives, PDPs and annual reviews each year. In 2016, 76% of eligible staff had objectives for 2016/17 recorded online, with 65% having signed off PDPs for the same period, the latter figure reflecting ongoing difficulties some staff experience in ensuring agreed PDPs were properly signed off on one of the systems. National e-KSF reporting shows that 74% of Agenda for Change staff in NES had a Joint Development Review at 31 March 2017.

Our annual Quality Assurance process is now in its fourth year of operation and is providing us with data that can be used to support continuous improvement in this activity, both through the provision of guidance and training and via direct feedback to individuals and their line managers.

We need to be able to demonstrate our impact and use our resources effectively, which includes the funding we have available to support staff development. Effective performance management helps us to do this, ensuring that we are helped to perform well in our roles and are supported in developing our skills and experience, as appropriate.

## **8. Key Workforce Challenges**

In 2017-18, NES will continue to take forward developments which enable the implementation of our Strategic Framework, workforce objectives and the priority action areas of the 2020 Workforce Vision (Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Workforce to deliver Integrated Services, and Effective Leadership and Management).

Our key workforce challenge is delivering an Improved Organisation, ensuring that our staff have the capacity and capability to give their best and achieve their potential.

This and other challenges are to be viewed within the context of the publication in December 2016 by Scottish Government of the Health and Social Care Delivery Plan. We will continue to work with our workforce to ensure that we can work more collaboratively and more flexibly, so our workforce is sufficiently versatile to respond to the known challenges of the present and the unknown challenges of the future.

As national Health Boards collaborate ever more closely, including on national programmes of change, such as Shared Services, we will continue to develop the workforce internally, ensuring that the workforce is appropriately skilled for working across boundaries and with partners outside the formal organisation. Organisational change will continue across the entire organisation, rather than within individual directorates; a 'Once for NES' ethos will continue to develop.

Greater collaborative working across NES has the potential to increase capacity and generate efficiencies. We will be focussing on four priority areas.

## **Training Programme Management (including Vocational Training)**

NES supports trainees in a variety of disciplines, with different regulatory and professional requirements. The core administration that supports these trainees is currently spread across several Directorates. Current activity is being reviewed and a once for NES model designed. Specific areas of common work where Directorates can work collaboratively to minimise peaks and troughs and provide consistent support are being developed.

## **Workforce planning support**

Workforce planning support within NES is currently provided by several separate groups. A more coordinated approach is being developed, which will put NES in a better position to address the increasing demand for workforce support.

## **Leadership and Management across NES**

NES Directorates offer leadership and management development to uni- or multi-professional groups either through specific programmes or as a component of wider educational provision.

While there is strength in the breadth and diversity of leadership and management development offered by NES, there is the potential to improve and enhance the provision through greater alignment in design and delivery and through achieving a greater consistency in approach across Directorates.

A review of the activities supporting the development and delivery of leadership and management is now being undertaken.

## **NES Infrastructure support in cross-cutting policy areas**

A review is taking place of the infrastructure and administrative support functions underpinning work in the various Directorates on the following two cross-cutting policy areas:

- Women, Children, Young People and Families; and
- Mental Health, Learning Disabilities and Dementia.

We will continue to focus on our values and ways of working to deliver our strategic aims and objectives. Our strategic workforce objectives are to

- maximise the potential and contribution of our current workforce, supporting our staff through change
- improve the attractiveness of Scotland as a place to train and to work through the alignment of the educational journey with the employment journey
- focus on innovative ways to attract trainees in an internationally competitive market and develop and implement strategies to retain talent in areas of the workforce where the supply is under pressure
- develop the role of values-based recruitment throughout the organisation
- continue to provide learning and career development plans that are both aligned with corporate and operational plans and allow staff to develop to their full potential

- support the development of new and extended roles, identify gaps and address these as required
- continue to develop our leaders and managers and embed our leadership behaviours at all levels throughout the organisation
- continue to develop our digital capability throughout the organisation.

Workforce Planning Activity across NES will continue to focus on the following activities:

- Providing high quality workforce data
- Ensuring mechanisms are in place to inform and capture any future organisational change
- Analysing drivers for change in order to assess the implications on staff numbers and future projections.

## 9. Recruitment, Retention & Potential and Career Development

NES has a highly skilled and professionally qualified workforce and has been successful in attracting talented staff to the organisation. In addition to monitoring turnover we also measure a stability index which measures the retention rate of employees with over one years' service. In 2016/17 our stability index averaged 92.43%. Recruitment and retention are not therefore significant issues for us, except that, in a changing work environment, staff turnover could be perceived as too low. The workforce challenge for NES is therefore to continue to develop our understanding of our staff skills base and to plan future development and succession planning.

We are working to increase flexibility of employment and significantly enhance efficiency by implementing a suite of standard and harmonised NES job descriptions which enable the workforce to be more responsive to changing organisational needs. This project is well underway and will be completed in 2017/18 with Agenda for Change staff on harmonised job descriptions with harmonised job titles.

The on-going implementation of the People and Development Strategy, which will be reviewed and updated in 2017/18 in parallel to the development of the Health and Social Care Delivery Plans, enables us to assess the current skills, knowledge, ability and talent across the organisation to ensure that human capital is developed to optimum levels as well as enable more flexible deployment of our resources. We will continue to optimise the potential of our people in order to develop a flexible and financially sustainable workforce for the future.

Work also continues in developing a Potential and Career Development Strategy for NES. The strategy includes provision for succession planning and targeted talent management in support of this. We have completed the identification of key posts for succession planning, addressing the risks associated with key posts being vacant for extended periods. The method being adopted incorporates a risk rating approach to ensure objectivity and consistency with other aspects of NES's Business Continuity Planning. Targeted development plans will be agreed for those identified in succession plans. Future work will be to incorporate the NES Education Pathways in

a skills mapping tool for use by all staff in planning development and career progression.

In the course of 2017/18 NES will continue to report on workforce data in relation to maternity, parental and other forms of leave. This will enable us to continue to report on and monitor over time, trends in the uptake of flexible working and progression of staff within the organisation.

## **10 Affordability/Availability and Adaptability**

The integration of workforce, operational and financial planning has ensured that the NES workforce is affordable. NES is also satisfied that our workforce projections are based on realistic assumptions regarding future supply. We recognise the workforce challenges set out in this plan and are continuing with our programmes of organisational change and development in support of a more versatile workforce to allow us to meet these challenges.

## **11. Risk Management**

Through our regular monitoring of all workforce, financial and operational plans, NES is able to assess and manage workforce risks. Succession Planning has been added to the NES Business Continuity Plan as an associated plan, with Directorate Management Teams allocated responsibility for developing succession plans for each key post identified, and will therefore be reviewed at regular intervals. Integrated with our operational planning process is the identification and categorisation of risks associated with each objective. This enables us to monitor risks associated the implementation of the plan. There is good, regular reporting on the management of our staffing establishment and in respect of a number of key workforce planning objectives e.g. performance management. The NHSScotland national staff survey and emerging data under iMatter also provides information on areas of risk, improvements and progress which are built into our operational and staff governance action plans.

## **12 Workforce Supply (see Appendix 1)**

## **13 Equality and Diversity Profile (see Appendix 2)**

## Appendix 1: Workforce Supply

### 1. WORKFORCE SUPPLY: CURRENT WORKFORCE

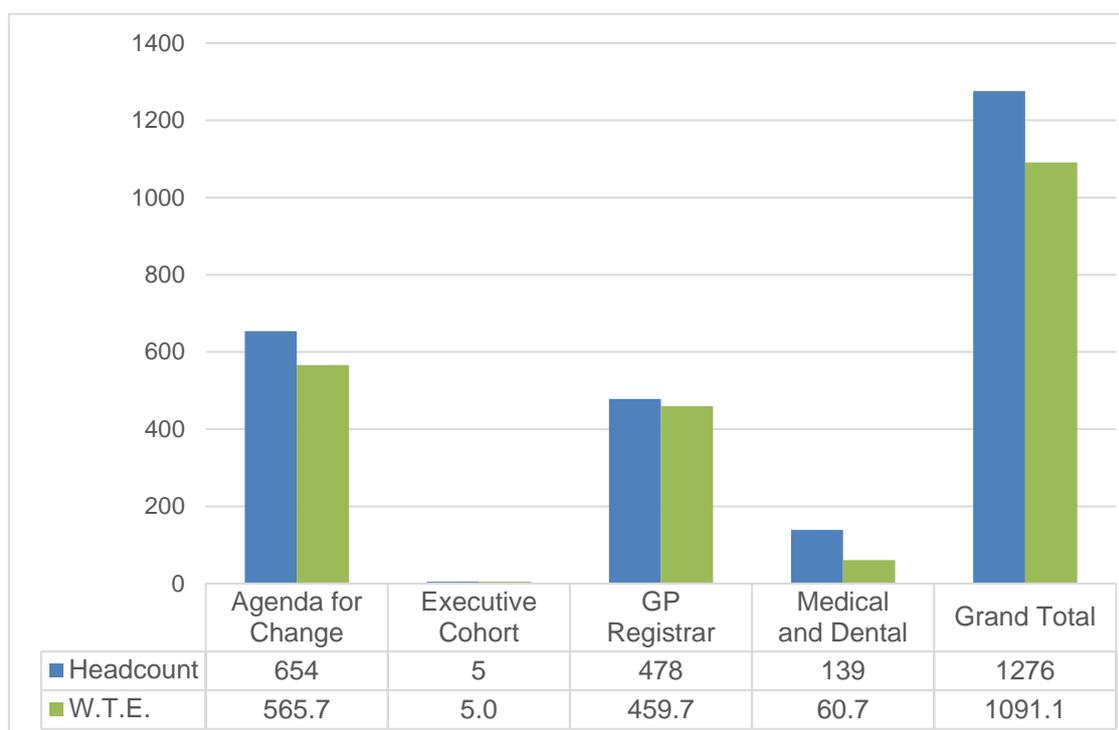
An internal management metrics report is produced for the Executive Team on a quarterly basis. This identifies and monitors key workforce trends such as establishment and staff in post figures, staff Equality and Diversity (E&D) profile, recruitment metrics, sickness absence rates, turnover rates, employee relation activity and training metrics.

At 31st March 2017 NHS Education for Scotland (NES) directly employed 1276 staff, (the headcount [HC]), an increase of 2% on the previous year's figure. The whole-time equivalent (WTE) figure is 1091.1, an increase of just over 4%. This increase is due to successful filling of vacancies and increase in the number of GP trainee posts filled.

In this appendix, GP Specialty Training Registrars (GPStRs) and Education & Support staff (all other NES employees) are treated as a single group in some cases and as two distinct groups where that is appropriate.

Figure 1 below shows workforce composition across the defined national pay scales.

**Fig. 1: Staff categorisation by pay scale as at 31.03.2017**



## 2. ESTABLISHMENT

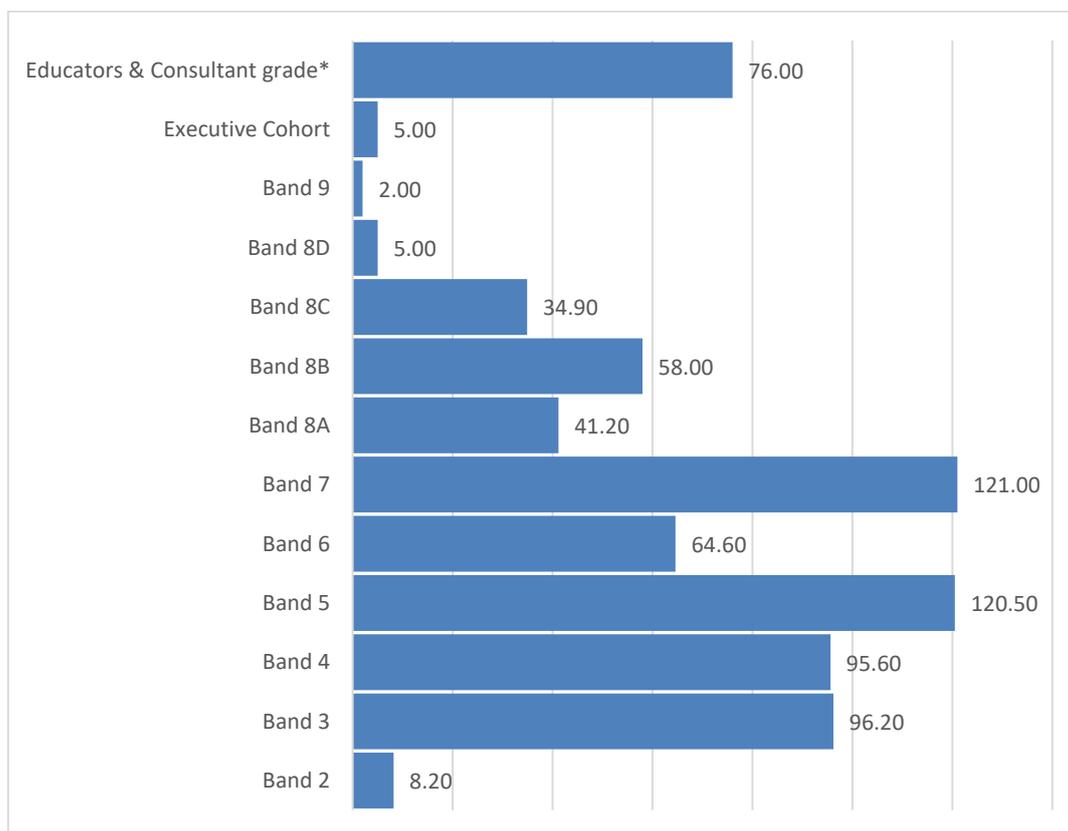
The NES Establishment is defined as the total number of posts with either permanent or fixed term funding which have been authorised by the Executive Team. All vacancies, contract extensions and any proposed changes to the staffing establishment are subject to a robust business case, reviewed in partnership and agreed by the Executive Team.

A breakdown of posts by pay grade is shown below for all Agenda for Change staff, Medical and Dental Grades and the Executive Cohort.

Figure 2 below shows the numbers of posts on each grade and provides a baseline for managers to use when planning for service redesign.

As the workforce planning for Medical trainees is done on a national level in partnership with Scottish Government, this figure does not include GP Specialty Training Registrars.

**Fig. 2: Establishment WTE by Grade as at 31.03.2017**



\* Our Educator and Consultant grade comprises 29 WTE and 19 WTE posts in the Medical and Dental Directorate respectively and 28 WTE Fellowship posts.

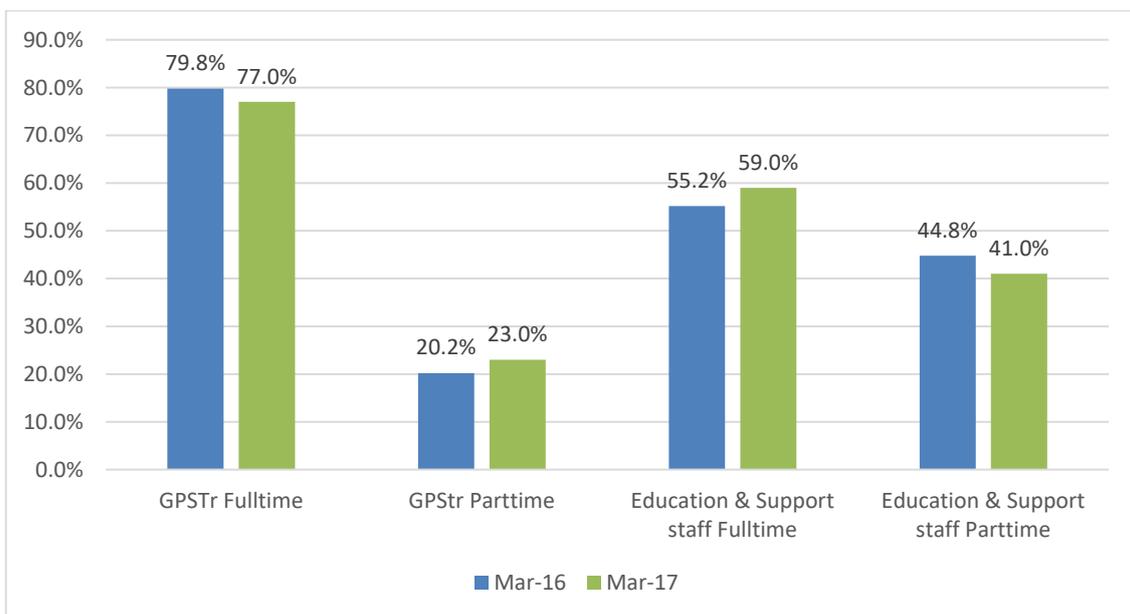
### 3. STAFF WORKING PATTERN & CONTRACT TYPE

#### Flexible Working

As at 31st March 2017 a total of 34% of staff in NES worked part-time (see Figure 3), including those working compressed hours or having a flexible working pattern. This compared with 33% in NHS Scotland.

There is a difference in staff working pattern between GPStRs and Education and Support staff (all other NES staff):

**Fig. 3: Working pattern as at 31.03.2017**



The application of fair access to flexible working practices is a principle embedded in NES Human Resources (HR) policies. The most common flexible working practices in NES are part-time working, compressed hours, job sharing and home working. In addition to this all NES staff are entitled to flexitime working arrangements. NES is committed to taking a comprehensive, strategic but practical approach to realising the benefits of an Agile Workforce.

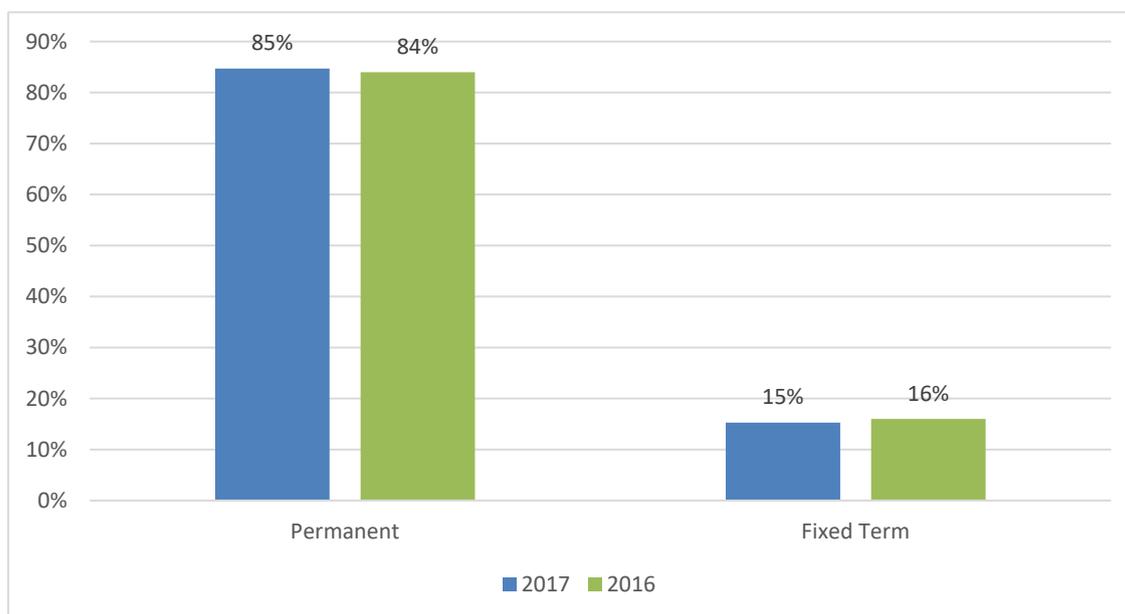
#### Contract type

NES continues to use temporary workers to provide additional resources and to allow for flexibility on a short-term basis. We also continue to receive time-limited funding in some areas which necessitates the use of fixed-term contracts. To retain posts to be available for staff who become subject to redeployment as a result of organisational change we have a practice in partnership of making fixed term appointments where appropriate.

All GPStRs are on fixed term contracts as NES only employ these trainees whilst they are in the GP component of the training programme.

As at 31st March 2017, 15% of Education and Support staff were on fixed term contracts (see Figure 4)

**Fig. 4: contract type as at 31.03.2017**



#### 4. STAFF LOCATION AND FUNCTION

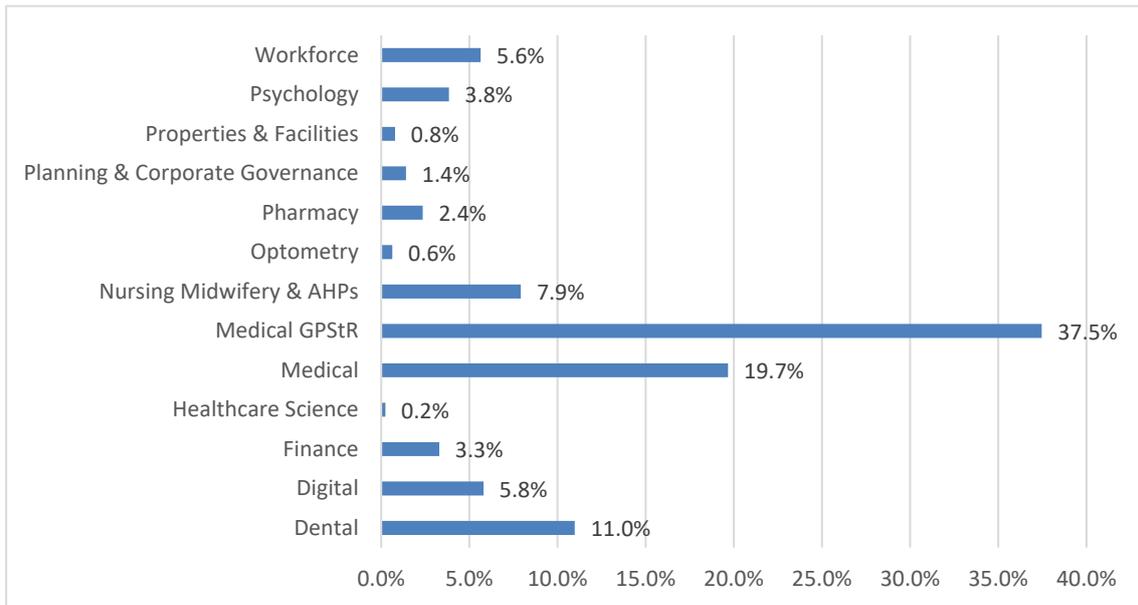
NES Central Offices are located in Edinburgh and Glasgow, with regional offices located throughout Scotland. The main regional centres are in Dundee, Inverness, Aberdeen and Edinburgh. Most staff who work in the regional locations work either in the Medical or Dental Directorates and cover the whole of Scotland with important links to territorial NHS Boards and regions.

The central offices based in Edinburgh and Glasgow host a range of corporate services, together with the Nursing, Midwifery and Allied Health Professions (NMAHP), Workforce, Psychology and Pharmacy functions.

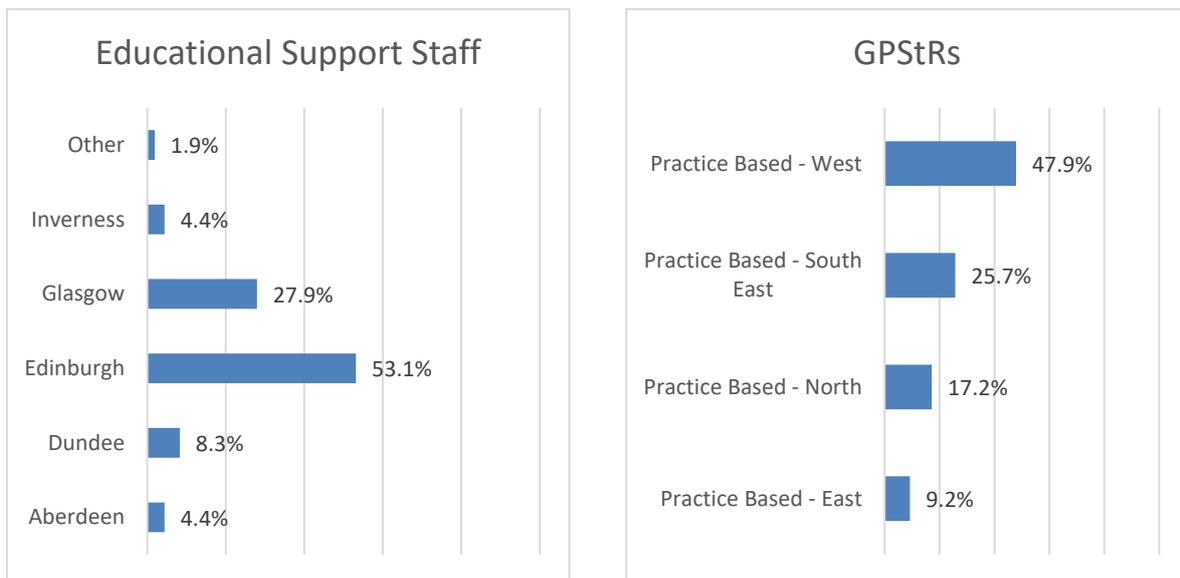
In addition to NES offices, some staff are also based at universities, hospitals or other health board offices, as indicated by 'Other' in Figure 6.

GP Specialty Training Registrars (GPStRs) are based in GP practices all over Scotland, with the majority based in the west of Scotland.

**Fig. 5: Distribution of Staff by Function as at 31.03.2017**



**Fig. 6: Distribution of Staff by Location as at 31.03.2017**



## 5. ABSENCE

Absence management continues to be a key area of focus across NES. HR continues to provide support and advice across the organisation, with absence being monitored and reported to managers. Absence management is conducted on an ongoing basis to ensure that all absence cases are managed within the appropriate policies and to ensure that staff are supported and managers have effective arrangements in place. Reporting is available at Directorate, Department and team level for all leave types.

In 2016-17 sickness absence averaged at 2.09%. This compared favourably with reported sickness absence figures across NHSS at 5.20% In NES, the average number of days lost through sickness absence per employee per annum was 1.91 days as compared to 2.76 days in the previous year.

## 6. TURNOVER

NHSScotland's overall average turnover in 2016-17 was 6.3%<sup>1</sup> This compared to a figure of 2.92% for NES over the same period.

Commitment to strict vacancy controls and redeployment have become a vehicle to deliver sustainable service redesign, which will continue in 2017-18. Our aim continues to be to develop a versatile workforce able to respond to future needs.

The stability index indicates the retention rate of employees with over one-year service as at 31st March 2017 was 92.43%. These figures do not include GPStRs as training posts are rotational and on a fixed term basis.

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<sup>1</sup> <http://www.isdscotland.org/Health-Topics/Workforce/Publications/>

## Appendix 2: Equality and Diversity Profile

### 1. EQUALITY AND DIVERSITY DATA

Equality monitoring information provides intelligence which enables us to understand how people experience their employment journey with NHS Education for Scotland (NES), based on their protected characteristics.

This report is the starting point for further investigation and a more sophisticated intelligence led approach to management, engagement and development based on the protected characteristics. The report satisfies our statutory obligation under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to publish information annually relating to the diversity profile of our workforce and an analysis of equality and diversity in staff retention, development and recruitment and selection. The data in this report relates only to employees who are directly employed by NES. It excludes those who work with us but are engaged on other arrangements.

We collect equality monitoring data on the protected characteristics set out in Figure 11, as defined in the Equality Act 2010, for all applicants to NES and NES staff (including GP Specialty Registrars during their period of employment by NES). Data on recruitment and selection to postgraduate and vocational training posts in medicine (including all Foundation and specialty training posts), dentistry, pharmacy and psychology is collected through national recruitment processes. That data is analysed and reported elsewhere.

We also collect data on the protected characteristic of gender reassignment, but numbers fall below the minimal reporting threshold to maintain confidentiality and is therefore not included in this report. Following recommendations of good practice, we do not report statistics where low numbers may compromise confidentiality<sup>2</sup>. We will aggregate smaller categories into larger ones where it is meaningful to do so. In some cases, disaggregated reporting is not possible because small numbers overall do not support statistically valid analysis.

We collect a range of data relevant to the protected characteristic of pregnancy and maternity, including maternity leave, parental leave, special leave and flexible working arrangements. This data is used to inform equality impact assessment and policy reviews. Further analysis and reporting of this data is carried out to inform our quadrennial review of equality outcomes and biannual reports on delivery progress and the impact of equality mainstreaming. The data relevant to pregnancy and maternity are reported biannually in our equality mainstreaming reports, because they require a more longitudinal approach to analysis.

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<sup>2</sup> For Data Protection reasons we are not allowed to report on any categories if there are under five staff present in that category

In 2015 we began recording information about carer status of our workforce, using a definition aligned to that of the Carer Positive kitemark. We achieved the Carer Positive (Engaged) award in November 2015. Nearly 25% of women in the 35-44, 45-54 and 55-64 age groups, and more than 10% of men in the 35-44 age group identified themselves as carers at that time. In 2016-17 we completed the transition of our workforce data to the national system e:ESS, which does not have a field for carer status, rendering us temporarily unable to report data on this characteristic. We have identified a way to establish this reporting option in the new system and are working to implement this option over the next year.

## The NES Workforce

The NES workforce can be grouped in two broad categories, NES Education and Support staff (E&S) and General Practice Specialty Registrars (GPStRs). NES Education and Support staff are made up of employees responsible for education, training and workforce development for those who work in and with NHSScotland and staff who provide support functions such as Finance, Procurement, Property and Facilities Management, Digital Services, Planning, Human Resources and Organisational Development.

GPStRs are employed as specialty trainees in practice settings. There are 18 GP training programmes ranging between three and four years across Scotland both in hospital and general practice settings. NES employs GPStRs whilst they are in the General Practice component of the training programme and in August 2017 NES will employ GP trainees based in NHS Grampian as part of the early adopter model for lead employer (see Workforce Plan). Given the very different contexts of the two staff groups, NES Education and Support staff and GPStRs are analysed separately in this report unless otherwise noted. The data in this report are taken at 31<sup>st</sup> March 2017, and cover the financial year April 2016 – March 2017.

## 2. STAFF IN POST: WORKFORCE COMPOSITION

This section on workforce composition describes the NES workforce at 31<sup>st</sup> March 2017 by protected characteristic.

### Gender

At 31 March, 2017, NES employed 798 Education and Support staff and 478 GPStRs. Nearly three quarters of both staff cohorts are female. Within the NES Education and Support (E&S) staff, women form a majority at every pay band on the Agenda for Change pay scale and within the Executive Cohort. Slightly more than half of the staff employed on Medical and Dental consultant grades are male.

<b>Table 1 E&amp;S Staff: Gender Profile by Pay Band</b>		
	<b>Gender Distribution at Pay Band (%)</b>	
<b>Band</b>	<b>Female</b>	<b>Male</b>
Band 2	88.9%	11.1%
Band 3	83.3%	16.7%
Band 4	84.5%	15.5%
Band 5	80.8%	19.2%
Band 6	74.2%	25.8%
Band 7	76.1%	23.9%
Band 8A	72.5%	27.5%
Band 8B	72.6%	27.4%
Band 8C	81.1%	18.9%
Band 8D	100.0%	0.0%
Band 9	100.0%	0.0%
Medical and Dental	43.2%	56.8%
Executive Cohort	80.0%	20.0%
<b>Grand Total</b>	<b>72.9%</b>	<b>27.1%</b>

<b>Table 2 GPStR Gender Profile</b>		
	<b>Gender Distribution (%)</b>	
	<b>Female</b>	<b>Male</b>
GPSTR	73.0%	27.0%
<b>Grand Total</b>	<b>73.0%</b>	<b>27.0%</b>

The gender patterns of the NES workforce mostly reflect patterns within the wider health service. However, NES has a particularly high representation of women in senior roles in the organisation.

## Ethnic Origin

Although, considered as a whole, NES staff represent a wide range of ethnic communities, only 3.77% of NES Education and Support staff are from black and minority ethnic communities and 2.76% are from white minority ethnic communities. The majority of the Education and Support staff are White Scottish or British.

<b>Table 3 E&amp;S Staff Ethnic Origin</b>	<b>%</b>
<b>African, African Scottish, African British</b>	<b>0.38%</b>
<b>Asian, Asian Scottish, Asian British</b>	<b>2.26%</b>
<b>Mixed or Multiple Ethnic Group</b>	<b>0.38%</b>
<b>Other Ethnic Group - Other</b>	<b>0.75%</b>
<b>Prefer not to say</b>	<b>3.26%</b>
<b>White</b>	
White - Irish	2.63%
White - Other	2.51%
White - Other British	13.78%
White - Polish	0.25%
White - Scottish	73.81%
<b>Grand Total</b>	<b>100.00%</b>

The ethnic origins of the GPStR cohort, as noted in the following table, are considerably more diverse, reflecting the international recruitment of this staff group. Only slightly more than half of the GPStRs identify themselves as having White Scottish or White British ethnic origin.<sup>3</sup>

<b>Table 4 GPStR Ethnic Origin</b>	<b>%</b>
<b>African</b>	
African - African, African Scottish or African British	1.67%
African - Other	0.84%
<b>Asian</b>	
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.63%
Asian - Chinese, Chinese Scottish or Chinese British	1.26%
Asian - Indian, Indian Scottish or Indian British	3.97%
Asian - Other	0.84%
Asian - Pakistani, Pakistani Scottish or Pakistani British	3.97%
<b>Caribbean or Black - Other</b>	
Caribbean or Black - Other	0.21%
<b>Mixed or Multiple Ethnic Group</b>	
Mixed or Multiple Ethnic Group	1.46%
<b>Other Ethnic Group - Other</b>	
Other Ethnic Group - Other	1.46%
<b>Prefer not to say</b>	<b>13.81%</b>
<b>White</b>	
White - Irish	6.69%
White - Other	4.18%
White - Other British	17.15%
White - Scottish	41.84%
<b>Grand Total</b>	<b>100.00%</b>

<sup>3</sup> Note that the ethnicity data for the GPStR cohort is collected through a UK recruitment process, using ethnicity categories harmonised to the England/Wales Census. These differ slightly from the categories used in the Scotland Census and those held in the eESS workforce database.

## Age

NES's Education and Support staff are primarily between the ages of 35 and 64, with 45-54 being the most numerous cohort. Young people aged 16-24 are particularly underrepresented, at only 2.76% of the workforce. The NES workforce includes a high number of specialist posts, which is one factor skewing the organisational age profile towards more experienced staff. NES also has a very low turnover rate.

<b>Table 5 E&amp;S Staff Age Group</b>	<b>%</b>
16-24	2.76%
25-34	16.42%
35-44	28.07%
45-54	30.70%
55-64	21.30%
65+	0.75%
<b>Grand Total</b>	<b>100.00%</b>

The GPStRs, as expected for medical specialty training grade posts, are primarily aged 25-34.

<b>Table 6 GPStR Age Group</b>	<b>%</b>
16-24	0.21%
25-34	80.33%
35-44	16.11%
45-54	3.35%
<b>Grand Total</b>	<b>100.00%</b>

## Disability

Both Education and Support staff and GPStR cohorts disclose low rates of disability. Our previous Workforce database held more specific information about the specific impairments reported by staff, which provided useful intelligence for workforce policies, practice and facilities. The new national eESS database uses a different set of categories which do not map directly to our previous data, resulting in some data loss in the transition, particularly for Education and Support staff. However, from the data that we do have, it is notable that GPStRs report a range of impairments, including physical impairments, mental health conditions, and 'other' (NB: the 'other' category in eESS includes dyslexia), and that overall, the rate of nondisclosure ('prefer not to say') by both cohorts of staff is low. It is also notable that the rate of staff who identify as disabled is similar between the two cohorts.

<b>Table 7 E&amp;S Staff Disability</b>	<b>%</b>
<b>No</b>	<b>93.86%</b>
<b>Prefer not to say</b>	<b>3.26%</b>
<b>Yes</b>	<b>2.88%</b>
<b>Grand Total</b>	<b>100.00%</b>

<b>Table 8 GPStR Disability</b>	<b>%</b>
<b>No</b>	<b>93.51%</b>
<b>Prefer not to say</b>	<b>3.56%</b>
<b>Yes</b>	<b>2.93%</b>
<b>Grand Total</b>	<b>100.00%</b>

## Religion or Belief

The religious identification of NES staff shown in table 10 is broadly reflective of the Scottish population, except that NES staff report a lower rate of affiliation with the Church of Scotland (26.71% as compared to 42.4% as per the Census) and a higher rate of non-affiliation (No Religion). The rate of non-disclosure (Prefer not to say) remains higher for this characteristic than others, but has decreased slightly from last year and is considerably lower than the non-disclosure rate of other health boards.

<b>Table 10 E&amp;S Staff Religion</b>	<b>%</b>
<b>Buddhist</b>	<b>0.25%</b>
<b>Christianity</b>	
Christianity - Other	8.52%
Christianity - Roman Catholic	13.16%
Christianity - Church of Scotland	26.71%
<b>Hindu</b>	<b>0.38%</b>
<b>Jewish</b>	<b>0.25%</b>
<b>Muslim</b>	<b>1.25%</b>
<b>No Religion</b>	<b>40.23%</b>
<b>Other</b>	<b>1.13%</b>
<b>Prefer not to say</b>	<b>8.02%</b>
<b>Grand Total</b>	<b>100.00%</b>

Differences in the religious identifications of the GPStRs as compared to the Education and Support staff reflect the more international composition of this workforce. The rate of non-disclosure for GPStRs is significantly higher than for Education and Support staff, which may reflect differences in the recruitment and induction processes for the two cohorts, but possibly also differences in work culture.

<b>Table 11 GPStR Religion</b>	<b>%</b>
<b>Religion</b>	
<b>Buddhist</b>	<b>0.84%</b>
<b>Christianity</b>	
Christianity - Church of Scotland	11.09%
Christianity - Other	12.13%
Christianity - Roman Catholic	11.92%
<b>Hindu</b>	<b>1.88%</b>
<b>Muslim</b>	<b>6.90%</b>
<b>No Religion</b>	<b>32.22%</b>
<b>Prefer not to say</b>	<b>22.59%</b>
<b>Sikhism</b>	<b>0.42%</b>
<b>Grand Total</b>	<b>100.00%</b>

## Sexual Orientation

Among E&S staff, a lower percentage of staff identify themselves as lesbian, gay or bisexual relative to the general population estimate (6%<sup>4</sup>). The rate of non-disclosure (Prefer not to say) remains higher for this characteristic than others, but has decreased slightly from last year.

<b>Table 12 E&amp;S Staff Sexual Orientation</b>	<b>%</b>
Bisexual	0.63%
Gay Man	1.13%
Heterosexual	90.10%
Lesbian	0.63%
Prefer not to say	7.52%
<b>Grand Total</b>	<b>100.00%</b>

Among GPStRs, a lower percentage of staff also identify themselves as lesbian, gay or bisexual relative to the general population estimate, but caution must be taken in interpreting this result due to the relatively high rate of non-disclosure (19.67%). In addition to the factors impacting on disclosure for religion, the international recruitment of this cohort may be a factor impacting on the disclosure rate.

<b>Table 13 GPStR Sexual Orientation</b>	<b>%</b>
Bisexual	0.63%
Gay Man	1.05%
Heterosexual	78.24%
Lesbian	0.42%
Prefer not to say	19.67%
<b>Grand Total</b>	<b>100.00%</b>

<sup>4</sup> Estimated by Stonewall. Sexual orientation is not included in the Census.

### 3. STAFF RETENTION

#### Employee Relations

We analyse patterns of employee relations casework, disaggregated by protected characteristic, and the profile of staff who leave the organisation during the year. We also carry out thematic analysis of exit interviews. The most recent exit interview analysis was reported in our 2016 Workforce Plan. The next analysis is not due until next year.

Casework is classified as informal or formal management of a range of employee relations activities. We collect and analyse data on a range of activity. The following tables summarise the overall distribution of employee relations activity for Education and Support staff and GPStR cohorts respectively.

<b>Table 14 – E&amp;S Staff Employee Relations Activity n=359<sup>5</sup></b>	<b>%</b>
Absence	28.7%
Capability	6.1%
Complaints / Concerns	3.6%
Disciplinary Hearing	0.6%
Flexible Working Request	6.4%
Grievance	0.8%
Informal Advice to Employee	16.2%
Informal Advice to Manager	29.2%
Investigation	3.3%
Mediation	3.1%
Occupational Health	1.9%
<b>Grand Total</b>	<b>100.0%</b>

<b>Table 15 – GPStR Employee Relations Activity n=26</b>	<b>%</b>
Absence	11.5%
Capability	3.8%
Complaints / Concerns	7.7%
Disciplinary Hearing	11.5%
Flexible Working Request	3.8%
Informal Advice to Employee	15.4%
Informal Advice to Manager	15.4%
Investigation	26.9%
Occupational Health	3.8%
<b>Grand Total</b>	<b>100.0%</b>

<sup>5</sup> n=number of cases

A sizeable proportion of employee relations activity within the E&S cohort takes the form of informal support: advice to employees or managers, or mediation. Together these account for nearly half of all activity. The largest category of formal activity is absence management.

Within the GPStR cohort, the largest category of formal activity is that of investigation. Disciplinary hearings also play a larger role. Informal advice to employee or manager continues to play a significant role as well.

All formal activity is tracked and monitored by HR for all protected characteristics in order to monitor trends. Informal casework is often carried out local by line managers, but where activity is known to HR it is logged on our management information systems and analysed by protected characteristic.

The overall volume of specific types of employee relations activity (e.g., grievance, disciplinary activity), is typically too small to permit disaggregated analysis.

However, within the NES Education and Support staff, the patterns of involvement of disabled staff in employee relations activity seem differ from those of non-disabled staff. For the purpose of this analysis, the category of occupational health has been removed. The tables below suggest that disabled staff may be more likely to be involved with absence management or capability activity, and less involved with other types of activity, as compared with their non-disabled peers.

<b>Table 16 E&amp;S Staff Employee Relations Activity – Disabled Staff</b>	<b>%</b>
Absence	48.7%
Capability	12.8%
Flexible Working Request	7.7%
Grievance	2.6%
Informal Advice to Employee	12.8%
Informal Advice to Manager	15.4%
<b>Grand Total</b>	<b>100.0%</b>

<b>Table 17 E&amp;S Staff Employee Relations Activity – Non-disabled Staff</b>	<b>%</b>
Absence	27.6%
Capability	5.7%
Complaints / Concerns	4.4%
Disciplinary Hearing	0.7%
Flexible Working Request	6.7%
Grievance	0.7%
Informal Advice to Employee	16.5%
Informal Advice to Manager	30.6%
Investigation	3.7%
Mediation	3.4%
<b>Grand Total</b>	<b>100.0%</b>

However, it should be noted that this pattern is based on a small population. Analysis of leavers indicates that disabled staff did not leave employment in NES in disproportionate numbers during the period of analysis. The data do suggest that it may be useful to consider how to signpost staff and managers to good practice on reasonable adjustments and supporting disability and long-term conditions through mechanisms such as return to work conversations, agile working, and support for Healthy Working Lives.

## Flexible Working

NES recognises that all staff need to achieve a balance between their home and their work in order to live and work healthily; NES policies aims to provide ways of achieving that balance through flexible working practices. NES is committed to operating flexibly and provides a number of alternative working patterns available through discussion between managers and staff. These flexible working practices are open to all staff who are directly employed by NES in line with the NHS Terms and Conditions, regardless of their current working pattern. All staff have a right to be treated fairly and to have their personal preferences taken into account. We continue

monitor requests for flexible working applications to ensure consistent application of the policy.

All flexible working requests formally recorded were approved (total number = 24). 87.5% of these requests were from women. This represents the number of new requests, not the total number of existing flexible working arrangements. NES has an agile working policy, meaning that many staff work across sites on an agile basis, working to agreed outcomes.

As at 31st March 2017, 22.6 % of GP trainees were working less than full time, of which 71.1% were female and 28.9% were male.

## Turnover

GPStRs work for NES only for a fixed term during a portion of their postgraduate specialty training. The following analysis of turnover refers to the NES Education and Support staff.

NES has a very low overall turnover rate. The profile of leavers during the period of analysis was proportionate to staff profile except in relation to age, where staff in the 25-34 age group were more likely to leave. The most commonly cited reason for leaving NES during this period for all leavers was end of fixed term contract (33%). Only 0.8% leave because of pregnancy, suggesting that our retention rate for pregnant staff is high.

<b>Table 18 E&amp;S Staff Age Profile of Leavers</b>	
<b>Age</b>	<b>%</b>
16-24	3.3%
25-34	29.2%
35 - 44	22.5%
45-54	25.0%
55 - 64	18.3%
65 +	1.7%
<b>Grand Total</b>	<b>100.0%</b>

## 4. STAFF DEVELOPMENT

Education for GPStRs is governed through their specialty training programme. This summary of development refers to the NES Education and Support staff.

We analyse access to development by reviewing data on promotions, secondment or internal attachment, 'acting up' or temporary promotion and data on training. Although our systems enable us to disaggregate all of the data by protected characteristics, some datasets (promotions, secondment/internal attachment, acting up) are quite small and permit only limited analysis.

A promotion within NES is defined as a staff member moving to a higher grade/band. During the 2015-16 reporting period there were 36 promotions. Of those appointed to promoted posts, 23 were female and 13 male (64% female/36% male, fairly evenly

distributed across pay bands). This is a very slightly higher rate of promotions for men, but given the overall low number relative to the number of staff, not disproportionately so. Virtually all promoted posts were full time appointments (11% were part time).

The percentage of promotions were relatively evenly split across age groups, with the exception of the younger (under 25) age group. The small number of promotions makes it difficult to draw robust conclusions about ethnicity and disability. Although the overall percentage of disabled people and people from black and minority ethnic groups securing promotion were reflective of their proportions in the NES staff cohort, this could be an effect of the small size of the cohort.

## Training

Data collected on training provided by NES. The training data analysed in this section excludes essential learning as it is undertaken by all staff. This is a limited dataset, however, as it does not capture other forms of professional development, including work based learning, coaching, or professional development delivered outwith NES.

The data indicate that women are slightly more likely to undertake training. Men are more likely to be employed in sessional roles with NES and may be undertaking development through other employers or other providers, which may account for some of these differences.

Working pattern appears to have some impact on training participation.

<b>Working Pattern</b>	<b>No. of unique courses</b>	<b>No. of events</b>	<b>No. of staff</b>	<b>No. of Unique Staff</b>	<b>% of unique staff</b>	<b>% attended vs total headcount</b>
Full time	24	60	279	190	74.2%	40.5%
Part time	21	44	87	66	25.8%	20.1%

Table 19 summarises the total number of courses delivered and the attendees by working pattern. The final column presents the percentage of individual attendees working to a specific pattern (full time or part time) compared to the total number of staff working to that pattern among the Education and Support staff. Full time staff attend training at a higher rate than part time staff. This effect is only partially accounted for by sessional employment: if only the Agenda for Change and Executive Cohort are considered<sup>6</sup>, the rates are 42% attendance for full time staff and 28.5% attendance for part time staff.

<sup>6</sup> Many, although not all, of the staff employed by NES on Medical and Dental terms and conditions are in educational roles who work with NES on a sessional basis. Isolating the Agenda for Change cohort provides a proxy measure which eliminates the effect of sessional employment among part time staff.

The proportion of disabled staff attending training does not differ from that of non-disabled staff, and there are no differences in the uptake of training on the basis of ethnic origin, religion or sexual orientation.

<b>Table 20. Training attended: Age</b>						
<b>Age</b>	<b>No. of unique courses</b>	<b>No. of events</b>	<b>No. of staff</b>	<b>No. of Unique Staff</b>	<b>% of unique staff</b>	<b>% attended vs total headcount</b>
16-24	9	14	17	11	4.3%	50.0%
25-34	24	47	89	57	22.3%	43.5%
35-44	23	50	96	70	27.3%	31.3%
45-54	20	44	99	68	26.6%	27.8%
55-64	22	40	64	49	19.1%	28.8%
65+	1	1	1	1	0.4%	16.7%

Our data on age show that training uptake is higher among staff aged 16-34. Given that these staff are in earlier stages of their careers, this may be appropriate. However, in a context of change and transformation, it is also important that we consider whether we are appropriately addressing the learning and development needs of our older staff. Older staff may also be undertaking development through mechanisms other than training (eg, job shadowing, external conference, journal clubs, independent study, work-based learning), which are not reflected in these statistics.

We also provide continuing education funding to support staff to obtain qualifications or undertake a study programme which will allow them to deliver more effectively for the organisation. The process for awarding funding for continuing education, set in the context of the Learning & Development Policy, is designed to be person-centred and effective in ensuring fair and equitable access to support for ongoing personal and professional development. No new round of applications was held this year, but funding continued for those who were continuing in programmes.

## 5. RECRUITMENT AND SELECTION

The outcomes for recruitment and selection of Education and Support staff are analysed in this section. GPStRs are recruited by NES for NHSScotland through a national recruitment process. Analysis of the outcomes of GP speciality recruitment are outwith the scope of this report.

Table 21 summaries the overall number of applications, number of individuals shortlisted, interviewed and appointed to our Education and Support staff during the period 2010-2017.

YEAR	Number of Applications	Shortlisted	Interviewed	Appointed
2010-11	2257	423	296	107
2011-12	1907	371	294	108
2012-13	2829	624	395	145
2013-14	2288	626	557	94
2014-15	1771	627	470	126
2015-16	2160	740	600	192
2016-17	2361	674	567	155

NES collects data on the protected characteristics of applicants to posts, and we are able to analyse the breakdown of applicants at the point of application, shortlisting, interview and appointment. Summaries of this data are presented in the following tables. We carried out statistical testing using a linear probability model to determine whether any of the differences were statistically significant. We analysed differences in the probability of being shortlisted, on the probability of being appointed (conditional on having been shortlisted) and on the probability of being appointed (conditional on having been interviewed). No statistically significant differences were found for the characteristics of gender, disability, religion or sexual orientation. A minor effect of ethnicity was found at shortlisting, and an effect was found for age at shortlisting and appointment. These are discussed further below.

	% Applications	% Shortlisted	% Interviewed	% Appointed
Female	66.5%	64.5%	63.0%	59.4%
Male	30.8%	33.7%	34.9%	38.7%
Prefer not to say	2.7%	1.8%	2.1%	1.9%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

	% Applications	% Shortlisted	% Interviewed	% Appointed
No	87.3%	88.4%	87.8%	87.7%
Prefer not to say	7.5%	7.4%	7.8%	8.4%
Yes	5.2%	4.2%	4.4%	3.9%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<b>Table 24 Ethnicity</b>	<b>% Applications</b>	<b>% Shortlisted</b>	<b>% Interviewed</b>	<b>% Appointed</b>
<b>African</b>	<b>3.2%</b>	<b>1.9%</b>	<b>2.1%</b>	<b>1.3%</b>
<b>Asian</b>	<b>6.8%</b>	<b>5.3%</b>	<b>5.3%</b>	<b>3.2%</b>
<b>Caribbean or Black</b>	<b>0.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Mixed or Multiple Ethnic Group</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.1%</b>	<b>0.0%</b>
<b>Other Ethnic Group</b>	<b>0.8%</b>	<b>0.6%</b>	<b>0.5%</b>	<b>0.6%</b>
<b>Prefer not to say</b>	<b>9.9%</b>	<b>9.1%</b>	<b>9.0%</b>	<b>6.5%</b>
<b>White</b>				
White - Gypsy/Traveller	0.0%	0.0%	0.0%	0.0%
White - Irish	2.0%	3.9%	4.2%	2.6%
White - Other	6.8%	4.9%	4.4%	1.9%
White - Other British	10.9%	18.0%	19.0%	22.6%
White - Polish	1.3%	1.2%	0.9%	1.3%
White - Scottish	57.0%	54.0%	53.4%	60.0%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<b>Table 25 Age</b>	<b>% Applications</b>	<b>% Shortlisted</b>	<b>% Interviewed</b>	<b>% Appointed</b>
16-24	25.1%	12.6%	10.9%	5.8%
25-34	32.7%	31.9%	29.5%	23.9%
35-44	19.2%	24.6%	26.6%	29.0%
45-54	12.5%	18.4%	19.8%	21.9%
55-64	6.6%	8.6%	9.3%	12.3%
65+	0.3%	0.6%	0.7%	1.9%
Prefer not to say	3.6%	3.3%	3.2%	5.2%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<b>Table 26 Religion</b>	<b>% Applications</b>	<b>% Shortlisted</b>	<b>% Interviewed</b>	<b>% Appointed</b>
(Christianity) - Church of Scotland	10.2%	10.5%	11.1%	16.1%
(Christianity) - Roman Catholic	13.6%	12.0%	12.9%	11.0%
Christianity (other)	8.9%	12.0%	12.9%	15.5%
Buddhism	0.3%	0.3%	0.4%	0.0%
Hinduism	1.3%	1.0%	1.1%	0.6%
Islam	3.2%	1.9%	2.1%	1.3%
Judaism	0.1%	0.3%	0.4%	0.0%
No religion (none)	36.4%	37.7%	34.9%	36.1%
Other faith / belief	0.7%	0.6%	0.7%	0.0%
Prefer not to say	25.0%	23.4%	23.6%	19.4%
Sikhism	0.3%	0.1%	0.0%	0.0%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<b>Table 27 Sexual Orientation</b>	<b>% Applications</b>	<b>% Shortlisted</b>	<b>% Interviewed</b>	<b>% Appointed</b>
Bisexual	1.5%	0.7%	0.7%	0.6%
Gay Man	1.9%	3.3%	2.8%	1.9%
Heterosexual	79.3%	80.0%	80.6%	84.5%
Lesbian / Gay Woman	0.8%	0.6%	0.5%	0.6%
Other	0.5%	0.4%	0.5%	0.0%
Prefer not to say	15.9%	15.0%	14.8%	12.3%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## Attraction

The data on recruitment suggest the following patterns. In terms of attraction, applications for NES E&S staffing posts are disproportionately female. They represent a wide range of ethnic backgrounds, although with higher representation of people from White- Other British backgrounds than reported in the most recent Census. (According to the 2011 census, the ethnic profile of the Scottish population comprised 84% classifying themselves as White Scottish and 8% as White - Other British, with the remaining 8% belonging to other ethnic groups.) They also reflect a diverse range of religious identifications.

Only 5.2% of applicants identified themselves as disabled. Even if this represents under-declaration, it is likely that disabled people (who constitute approximately 20% of the working age population in Scotland) are under-represented among applicants. The percentage of applicants identifying themselves as lesbian, gay or bisexual is lower than the estimated population, although the 15.9% non-declaration rate for this characteristic is high.

## Shortlisting

Candidates from white ethnic backgrounds are slightly more likely to be shortlisted, with the effect more pronounced for those of white-other British and white-Irish ethnic origin. The latter two are smaller cohorts. These differential effects are not replicated at interview or appointment stages.

Candidates from the youngest age group, 16-24 are less likely to be shortlisted.

## Appointment

There is a greater likelihood of appointment in the 35-54 age groups, and lesser for younger applicants. Preliminary investigation suggests that younger applicants may be applying in larger numbers for fewer posts, which may be a contributing factor reducing their likelihood of appointment. No other differences were statistically significant.

## 6. RECOMMENDATIONS

Although NES's data quality and completeness is generally robust, there are some areas for improvement. The transition to the new eESS system resulted in the lack of ability to report on the data held in some areas, but the implementation of eESS self service later in the year will offer opportunities to enhance existing data. In some areas, disclosure patterns for the GPStRs differ from those of the NES E&S staff, suggesting that different approaches to communications or data collection may be required. Actions:

- Implement identified modifications to eESS system to recapture carer status data.
- Deliver awareness campaign with staff to encourage disclosure, with the aim of enhancing data quality, at the time of eESS self-service implementation.
- Review disability impairment information for NES E&S staff to maximise accuracy and usability of data.

NES's current workforce profile highlights the importance of considering the demographic profile of the workforce in workforce planning. There are opportunities to consider how we can ensure we are attracting talent from all the communities of Scotland and achieving generational balance in our succession planning. NES has a high proportion of women at the most senior levels, but an older workforce, and lower numbers of staff identifying themselves as disabled people. Actions:

- Use the equalities data and further intelligence to inform an end-to-end toolkit for hiring managers.

Our data on development indicates that staff aged 45 – 64 are somewhat less likely to undertake formal training than their younger counterparts. NHSScotland and NES are undergoing significant change, which requires flexibility and adaptability from the workforce. Under these circumstances, we should investigate whether the development needs of the older staff are being fully met outwith the formal training which is accounted for by these statistics, whether this staff group encounters barriers to training, or whether other training support is required.

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July 2017**



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