NHS Education for Scotland
Single Equality Scheme
Annual Progress Report
2008/09

June 2009
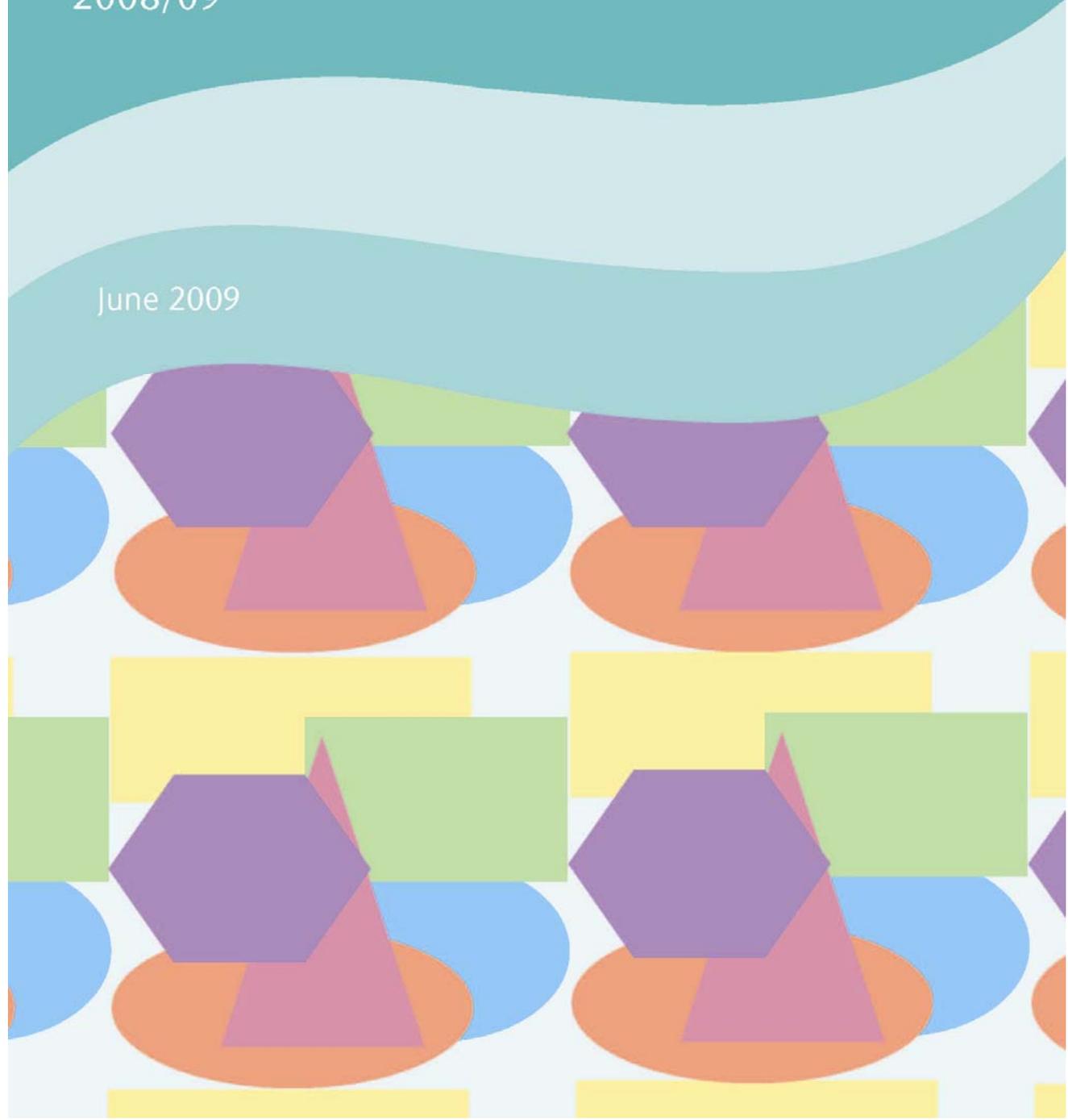
NHS
Education
for
Scotland

Foreword

NHS Education for Scotland (NES) has a key role in the education and development of the NHSScotland workforce in partnership with NHS Boards and other organisations. In performing this role, we are acutely aware of our responsibility for promoting equality and diversity across the service and as an employer of more than 600 staff. We recognise the importance of a fair, equitable and diverse health service which meets the needs of Scotland's diverse population. Education and training has an important role to play in developing a workforce which is culturally competent and capable of delivering healthcare to the highest standard.

In 2008, NES developed its first Single Equality Scheme. This Scheme was developed through review of NES' previous Race, Disability and Gender Equality Schemes. We recognised the value of going further than compliance with statutory equality duties. As a result, the Single Equality Scheme sets out our objectives and actions across all six strands of equality: age, disability, gender (including transgender), race, religion or belief, and sexual orientation. We believe that this approach enables us to focus on the delivery of equality outcomes.

In this, our first progress report against the Single Equality Scheme, we are pleased to note areas of significant improvement in equality and diversity practice. During the past year we made significant improvements in our business practices, particularly in procurement and equality impact assessment. We have robust processes in place for monitoring the equality and diversity profile of our staff and service users, and we are using that data to inform improvements to practice. We have produced a number of educational developments which are enhancing the knowledge and skills of NHSScotland staff to improve services for a diverse range of patients.

We are not complacent about these improvements. Our continuing commitment to enhancing equality in employment and service provision is demonstrated by the ambitious plan of work we will undertake in the remaining two years of the Single Equality Scheme. Significant pieces of work to improve community engagement and recruitment and selection and to enhance the inclusiveness and accessibility of education, for example, are already underway. We are confident that these, and other measures will yield demonstrable improvements for us to report in future years.

Ann Markham OBE   Malcolm Wright OBE
Chair   Chief Executive
NHS Education for Scotland   NHS Education for Scotland

About NES

NHS Education for Scotland is a Special Health Board established on 1 April 2002 to lead on the education and training of NHSScotland staff. NES contributes to better patient care by designing, commissioning, quality assuring, and, where appropriate, providing education, training and lifelong learning for the NHSScotland workforce. As a provider of educational support and an employer, NES promotes equality and diversity principles in all aspects of its work. This is reflected in our organisational values, which include the following aims:

- patient-centred outcomes for all our work streams
- equity of access to educational support for all NHSScotland staff
- valuing diversity and striving for a culturally competent workforce.

In common with other NHS Boards, we work within a comprehensive framework of legislation and regulation for equality, diversity and Patient Focus, Public Involvement (PFPI). Scottish Government policy, including *Better Health, Better Care*[1]*,* also requires that NHS Boards promote equality and diversity in all their services and employment practices. Following this requirement we address the individual needs of public/patients, healthcare staff and employees in relation to their age, ability, gender, race/ethnicity, religion or belief and sexual orientation.

Three key themes provide a framework for our work:
- Building workforce capacity and capability
- Delivering educational support for national health priorities
- Developing educational infrastructure.

Further information about NES is available from the **NES website**[2].

Governance of Equality & Diversity at NES

NES has in place a defined framework of responsibilities and accountabilities for equality, diversity and Patient Focus, Public Involvement (PFPI) related policy, practice and performance (Figure 1). The NES Board is ultimately accountable for equality and diversity matters and thus approves NES' overall strategy and policy in this important area.

The Board delegates responsibility to the PFPI Standing Committee which provides the focal point for the development of policy and procedure, promotion of good practice, and the scrutiny of practice within NES' various educational and support directorates. The Standing Committee reports to the NES Board and delegates executive responsibilities for development and scrutiny to an officer level PFPI Executive Group.

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[1] The Scottish Government, Edinburgh (2007) www.scotland.gov.uk/Publications/2007/12/11103453/0
[2] www.nes.scot.nhs.uk/about/

Aspects of equality and diversity practice relating to NES as an employer are handled by NES' Staff Governance Committee and are subject to consideration from the PFPI Committee. Conversely, the PFPI Committee handles equality and diversity matters with significant *indirect* employment implications (subject to consideration by the Staff Governance Committee). The net effect of these arrangements is to ensure that there is a line of reporting on equality and diversity to the Board which is independent of line management structures.

At the officer level, the Chief Executive has overall accountability for the development and monitoring of policy and strategy determined by the NES Board. Responsibility for equality, diversity and PFPI is delegated to a Designated Director; currently the Director of Nursing, Midwifery and Allied Health Professions. The Director of Finance and Performance Management will undertake performance monitoring (in respect of PFPI).

Figure 1. Remit of groups responsible for Equality, Diversity and PFPI Governance at NES (dotted line represent lines of communication between groups, solid lines show lines of reporting)
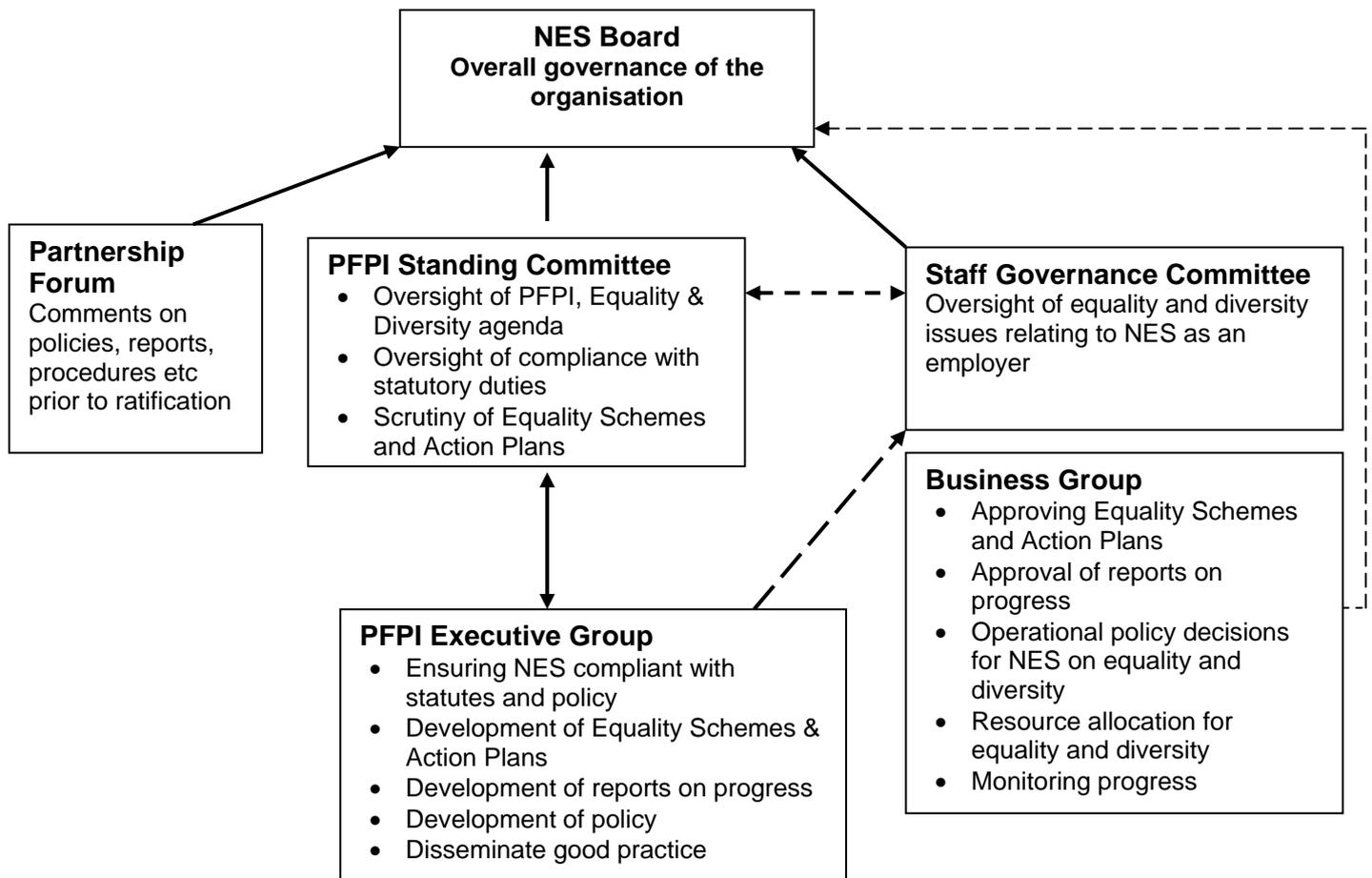
Single Equality Scheme

NES originally published separate Race (2005), Disability (2006) and Gender (2007) Equality Schemes. In November 2008, NES published its first Single Equality Scheme, a key strategic document setting out our priorities and commitments to enhancing equality and diversity in all the work we do. The

Single Equality Scheme goes considerably further than compliance with statutory duties by developing a strategy and action plan to address inequalities and promote equality across all the protected equality strands (age, disability, gender (including transgender), race, religion or belief and sexual orientation). We believe that this approach will enable us to address the multiple disadvantages affecting some individuals more effectively, and to avoid the unintended development of a hierarchy of disadvantage. The Single Equality Scheme will present a person-centred, all-around approach to delivering equality as well as a more efficient use of scarce public sector resources.

The Single Equality Scheme also serves as the three-year review of progress against our Race and Disability Equality Schemes. In taking this approach, we have advanced the review of the original Disability Equality Scheme by one year in order to ensure a robust and coherent approach to addressing inequality, including disability inequality.

In thinking about our future strategy and action plan for eliminating discrimination, ensuring equality of opportunity and promoting diversity, we looked closely at monitoring data in each of NES' major functions. This analysis, together with consultation feedback from community groups, was used to create an action plan for the period 2008-2011. Each NES Directorate developed an implementation plan, detailing the specific actions they will take to deliver on the corporate equality objectives of the Single Equality Scheme. These implementation plans are living documents, with quarterly progress updates.

Contents of this Report

As part of the move to a Single Equality Scheme, NES is also moving to a single annual equality and diversity progress report. Following advice from the Equality and Human Rights Commission, we will publish our annual reports in June, by the first statutory reporting date of the year, beginning in June 2009. This means that we will report on progress early for race and disability, which have later reporting deadlines (November and December, respectively).

This report is our first single annual equality and diversity progress report. It assesses our progress in improving equality and promoting diversity. Some progress benefits multiple groups, while other work may be relevant to particular communities. Where possible, we have indicated the equality strand(s) to which particular work is relevant.

The report of progress is organised thematically and provides indicative examples of our work, focusing on outcomes. There is also a section which summarises what we have done to meet our Disability, Gender and Race Equality Duties.

This review covers the period from April 2008 through March 2009, with a particular focus on progress since September 2008. A review of progress from March – September 2008 was reported in our Single Equality Scheme.

NES analyses the equality profile of the NHSScotland recruitment and selection for vocational trainees in dentistry, medicine, pharmacy and psychology. Our first report of this analysis (for the 2007-08 recruitment cycle) was published on our [website](#)[3] in November 2008. We are currently collecting and analysing the results of the 2008-09 recruitment cycle. However, this cycle is not yet complete. As a result, this report does not include data or analysis from this year's trainee recruitment. That analysis will be published in our next annual report, in June 2010.

NES' Organisational Equality Objectives

The Single Equality Scheme set out the organisation's equality objectives for the period 2008-2011. These objectives can be summarised under the following themes:

- NES staff training and effecting cultural change;
- ensuring fair recruitment and employment practices;
- making NHSScotland vocational training schemes more equitable;
- ensuring that educational projects are sensitive to diverse needs and contribute to the improving cultural competence of the NHS workforce;
- ensuring that NES' business practices support equality and diversity principles.

An action plan, including general or multi-strand and strand-specific actions, was developed to guide NES on delivering these objectives. The Single Equality Scheme action plan was published in the PFPI, Equality and Diversity section of our [website](#)[4]. Each NES directorate or department has a Single Equality Scheme Implementation Plan which details the specific actions they will take to deliver the organisation's action plan. Progress against these implementation plans is reported to the PFPI Executive Group and the Business Group on a quarterly basis, and scrutinised by the PFPI Standing Committee.

Progress on Equality and Diversity

This section provides an overview of our progress in 2008-2009 against the equality objectives developed in our Single Equality Scheme.

NES staff training and effecting cultural change

In 2008-09 NES made considerable progress in staff training on equality and diversity.
- By November 2008, all existing NES staff completed modules from our online equality and diversity awareness training package, SameDifference. This training covered equalities legislation and 'working together', with information on all six equality strands.

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[3] http://www.nes.scot.nhs.uk/pfpi/nes_equality_scheme/default.asp
[4] http://www.nes.scot.nhs.uk/pfpi/nes_equality_scheme/default.asp

- All line managers also completed additional modules focusing on managing diversity and recruitment and selection.
- Evaluation of the SameDifference training was undertaken to identify impact and to inform further training support. Respondents felt that the impact was greatest in recruitment and selection, and some respondents provided examples of how they were changing their work practice in response to what they learned in the SameDifference modules.
- NES is also contributing to a national evaluation of online equality and diversity induction programmes in NHSScotland, which will report in March 2010[5].
- During the past year, 59 staff from across the organisation received equality impact assessment (EQIA) training.

We are continuing to provide training and development for staff. All new staff must complete the SameDifference online equality and diversity training within the first three months of their employment. Completion rates are monitored by the Business Group on a regular basis. Practical EQIA training courses are taught on a regular basis and there is also an option for EQIA refresher training.

NES has also focused on building a culture within the organisation to support equality and diversity through:
- Clear leadership commitment, supported by equality and diversity core objectives for senior management
- Improving information and supporting resources
- Appointing a full-time Equality and Diversity Adviser

NES signed up to work with the Office for the Commission of Public Appointments in Scotland (OCPAS) to support the implementation of *Diversity Delivers*, the OCPAS strategy on increasing diversity in public sector appointments.

Results for NES from the NHSScotland staff survey point to improvements in the culture of the organisation for staff. In 2008, NES was placed either in the "Top 3 Boards" or "Equal Top" in 6 of the 8 items under the heading "'treated fairly and consistently". In "I believe I am treated with dignity and respect in this organisation" the NES result was 75% of staff whilst the NHS average was 59%. In the item "I believe my NHS Board offers me equality of opportunity" the 2008 result was 9 % higher than in 2006. Staff indicated lower satisfaction with the resolution of any reported incidents of bullying, harassment or discrimination, however, which will feed into the review of our Dignity at Work policy, which covers bullying and harassment.

Summary
NES has delivered basic training on equality and diversity to all staff. We have also trained a wide range of staff on equality impact assessment. We will continue to support staff learning by providing resources, further information

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[5] For further information about this evaluation, see p 21.

and guidance and other learning opportunities so that our knowledge and skills improve continuously.

Ensuring fair recruitment and employment practices

NES Workforce Profile Analysis, January - December 2008
Workforce Profile
NES maintains an equality and diversity profile of its workforce which includes age, disability, gender (including transgender status), race/ethnicity, religion or belief and sexual orientation. All data is held securely by Human Resources. We routinely analyse the following aspects of employment for all six equality strands:

- Staff in post;
- promotions (defined as a change in job resulting in movement to a higher salary band);
- staff leaving the organisation;
- training (both training booked and training attended); and
- involvement in grievance or disciplinary procedures.

In addition to this information, we analyse:

- occupational segregation by gender, including analysis of salary bands broken down by gender and full-time/part-time status;
- promotions by salary range and gender; and
- outcomes of recruitment and selection at each stage of the process across all six equality strands.

Pay and progression have not been linked to performance management for most staff. However, NES is currently implementing the NHS Knowledge and Skills Framework (KSF) for all Agenda for Change staff. The KSF is a framework defining the knowledge and skills which are essential to each post. The KSF has a 'gateway' system whereby progression and pay can be linked to the requirement to achieve a defined level of knowledge and skills relevant to the post. The 'gateways' are not yet in effect, but the existence of the gateways means that in the future progress through the KSF may be linked to progression and pay. At that point we will develop a system to review and monitor the impact of the KSF gateway system on diverse groups of staff.

At present, executive cohort pay is based on the assessment of performance against objectives, which are approved and monitored by a remuneration committee. Final gradings are approved by an NHS national performance management committee. NES has fewer than five staff members in this cohort. Results from the two most recent years do not indicate any imbalance between groups in outcomes, but it is difficult to draw robust conclusions from such a small group.

Recruitment and Selection
For each group, the following analysis was undertaken:

- the percentage of applicants from the group, compared against national benchmarking data[6];
- the percentage of applicants from the group who were shortlisted for interview;
- the percentage of shortlisted applicants from the group who were appointed.

We then compared the outcomes of each group at shortlisting and at appointment stage to identify any groups with comparatively negative or disproportionately positive outcomes and the stage at which these disproportionate outcomes occurred.

Disability

Disabled people are under-represented among NES staff. As of December 2008, 2.1% of NES staff who disclosed their status, identified themselves as disabled, compared with 97.9% non-disabled. 20.8% of staff chose not to respond to the question. Our current system does not hold information about the types of impairment experienced by disabled staff. This information will be collected during 2009. The proportion of disabled people among NES staff (2.1%) is significantly[7] lower than the proportion of disabled people in the Scottish population of working age (16%).

In terms of career progression, 5% of staff receiving promotion in 2008 were disabled. Analysis of training attendance by disabled staff suggests disabled staff attend training at the same rate at non-disabled staff. The overall number of disabled staff is very small, but the turnover rates for disabled staff are not disproportionate to other staff.

Throughout 2008, NES operated a guaranteed interview scheme for disabled applicants, meaning that any disabled applicant meeting the minimum criteria for the post would be shortlisted and invited to interview. Despite this scheme, the overall number of applications to NES posts by disabled people is small, consisting of only 4% of the applicant pool. However, 51.3% of those applicants were shortlisted, a slightly higher success rate than that of non-disabled people. This indicates that a sizeable number of disabled people applying for NES posts are meeting the minimum criteria for the post. It also represents a significant change from our 2007 Disability Equality Scheme annual report, where disabled applicants fared significantly worse at shortlisting.

We are currently in the process of revising our disability policy to ensure that disabled staff are fully supported in employment. We are also identifying ways to improve our recruitment and selection processes and the training we

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[6] The results were benchmarked against the figures in the 2001 Census for the working age population, defined as 16-65 years old. Results for sexual orientation were benchmarked against the Stonewall Scotland estimate that 6% of the population of Scotland is lesbian, gay or bisexual (LGB). In the tables in Appendix 1, the benchmarking figures appear in the column labelled 'National Census Population'.
[7] Please note that throughout the discussion of NES's workforce monitoring, we are using the term 'significantly' in its colloquial sense, meaning that the difference in number is meaningful or is not a trivial amount, rather than using its technical meaning in statistics, where it refers to the assessment of difference of numbers which are derived from sampling.

provide to recruitment panels to ensure that interviews are fair for disabled people. We will continue to operate the Positive about Disabled People scheme and to monitor the outcomes of the scheme. We are developing a policy on inclusive education and support for disabled learners.

Gender

The majority of NES staff are employed on Agenda for Change (AfC) contracts. However, NES does employ some medical and dental educators, usually on a part time basis, who are on GP Educators, CRUMP or Consultants pay grade scale, which will be referred to in this analysis as the 'medical/dental cohort'. A small number of executive directors are on an executive cohort pay scale, with some other directors on the AfC scale and some on CRUMP or Consultants pay scales. As AfC and the medical/dental cohort are distinct occupational groups with different progression pathways, they will be considered separately in this analysis.

The majority of NES Agenda for Change (AfC) staff are female (80.9%), and the majority of those in the medical/dental cohort are male (69.6%). Virtually all AfC part time staff are female. 31.2% of female staff on AfC grades work part time, compared to only 5.9% of males. Among AfC staff, women are statistically over-represented in the lower to middle grades (pay bands 3-5) and under-represented in the higher grades (bands 7-8). In the following table, figures in bold denote over-representation relative to the total workforce.

Salary Band	Women (% of total female workforce)	Men (% of total male workforce)
Band 2	3.0	5.9
Band 3	**18.2**	10.8
Band 4	**16.4**	7.8
Band 5	**23.3**	13.7
Band 6	13.6	14.7
Band 7	9.0	**16.7**
Band 8	15.5	**27.5**
Band 9	0.5	1.0
Exec Cohort	0.5	2.0

Women working part time are represented throughout the scale, though there is a larger cohort of part time female workers (23% as compared to 16.1% for full time females or 10.8% for males) at Band 3 and a smaller cohort (11.9% as compared to 17.1% for full time females and 27.5% for males) at Band 8.

The working patterns for staff on the medical/dental cohort pay scales differ from those of AfC staff. The vast majority (94%) are employed part time by

NES. They are usually employed elsewhere in the health service as well, so most are, in fact, full time workers.

Thus, the analysis of gender segregation by type and level of pay scale as well as working pattern (part time vs full time) suggests that women are statistically over-represented in the mid-range clerical and administrative posts and under-represented in the medical/dental cohort posts.

Analysis of training indicates that part time staff attended training at significantly lower rate. We will take this into account when scheduling courses and considering the methods of training used to ensure all staff have equal access to suitable learning and development opportunities. Work of this nature has been included with the Single Equality Scheme action plan. In addition, we will conduct a survey of all employees to ascertain working patterns and to gather data on career prospects and access to training. This will be carried out by October 2009.

This data will be used in an analysis of pay patterns to be undertaken in 2009 and will inform the development of equal pay objectives.

Race/Ethnicity
The majority of the NES workforce is white (96.53%), with the most predominant ethnic group being White Scottish (68.71%). Just under 3% of staff are from Asian, Black or Mixed race backgrounds, while 3% identify as 'other'. There is also a sizeable 'white other' grouping (14.74%). The 2001 Scottish Census found that 88.09% of the population identified as White Scottish, 7.38% as White British, 1.54% as White Other, and 2% from Asian or Black ethnic origins. However, there have been considerable changes to the Scottish population since the 2001 Census, particularly to the size of the BME and White Other populations.

The number of promotions in 2008 was very small, with only 20 promotions recorded (in a workforce of 673 staff). No ethnic minority staff received promotions during this period, but the very small numbers of ethnic minority staff and of promotions mean that this finding is not statistically robust. There were no differences between ethnic groups in the rates or booking or attending training. A slightly higher percentage of ethnic minority staff than white staff left the organisation (17% as compared to 11%), but the very small numbers of ethnic minority staff means that the effect of a single person leaving the organisation is disproportionate to the effect of a single White Scottish person leaving. The age profile of the ethnic minority staff is also younger, and we have also noted a higher percentage of younger staff leaving the organisation overall.

In 2008, NES attracted 73 applications from people of Asian, Asian Scottish or Asian British background, but only 16 from any Black background and 15 from people of mixed ethnic origin, of a total of 967 applicants who disclosed their ethnic origin. Comparison of the rate of shortlisting reveals that there were no significant differences in the likelihood that an applicant from any particular ethnic group would be shortlisted. However, differential success rates at the

point of appointment revealed that applicants of Asian, Black or White Other ethnic origin were less successful in gaining appointment. There is a 10 percentage point difference in the appointment rates of Asian or Black shortlisted applicants as compared to White shortlisted applicants. This variance is greater if White Other applicants are considered separately from the White Scottish/Irish/British group. The lowest rates of success were recorded for applicants of Pakistani, Indian or White Other background. We do not hold data on the nationality of all applicants, which means that it not possible to analyse the extent to which nationality affects these results.

These statistics indicate that we need to carefully monitor our recruitment and selection, making improvements to the process and to the training provided for those involved in recruitment panels. In early 2009 we revised our recruitment and selection policy and we are now working with the National Reference Forum, a group of BME professionals, many with experience working in health care, to identify ways to improve our recruitment and selection training and our outcomes. In addition, our HR staff are now analysing the outcomes of each new recruitment exercise at the point of appointment in order to gather further data on the factors influencing the decisions of recruitment panels.

Age
The majority of NES staff are between the ages of 31 and 50 (just over 60% of AfC and executive staff and slightly over 65% of the medical/dental cohort). For AfC staff, promotions were distributed throughout the age cohorts. However, it is notable that more staff in the younger age cohort (21-30) left the organisation at a much higher rate than staff in other age groups, indicating that there may be limited opportunities for these staff to progress. Review of the recruitment and selection figures for 2008 indicate that applicants of the 16-20, 21-30 and 61-65 age groups were less likely to be shortlisted for interview than other age groups. This was particularly marked for the youngest and oldest applicants, although results for those groups may be somewhat skewed by a low number of applicants. Applicants from these age groups, once shortlisted, are also relatively less successful at gaining appointment. In addition, applicants from the 51-60 age cohort, while performing well at shortlisting stage, were less likely to gain appointment than those aged 31-40 or 41-50. The review of outcomes of new recruitment exercises will shed light on the factors influencing decisions of recruitment panels. Additionally, age discrimination is addressed in the SameDifference training package and in recruitment and selection training.

Review of staff training indicates that younger staff (in the 21-30 cohort) undertook training at a higher rate than older staff. This may be because younger staff are at an earlier point in their careers and have less work experience. The reasons for lower uptake of training by older staff will be considered in the training survey planned for 2009.

Religion or Belief
The NES workforce is relatively diverse in terms of religion or belief, with a number of different faiths represented. However, nearly 30% of staff declined

to respond to the religion question, a higher rate of non-disclosure than any category other than sexual orientation.

A review of the outcomes for applicants of different religions or beliefs in recruitment and selection revealed a similarly high rate of non-disclosure among applicants (35%). There is some indication that Muslim and Hindu applicants were less successful in gaining appointment than applicants from other groups, although they were equally successful at the shortlisting stage. This is also the point at which applicants of Pakistani or Indian ethnic origin were also less successful, and it is likely that there is an intersectional effect of race and religion in these cases[8].

It should be noted that the very small numbers of people identifying as Buddhist, Sikh, Jewish or 'other religion' in the population and the applicant pool means that it is difficult to conduct meaningful analysis about outcomes for these groups.

The breakdown of different Christian groups within NES broadly reflects the percentage of the population identifying as Church of Scotland or Roman Catholic, with a slightly higher representation of 'other Christian'. The rate of applications from Roman Catholic and 'other Christian' applicants is slightly higher than the population average and the success rates of all Christian groups are comparable at all stages of the recruitment process.

Further communications and engagement work with staff through NES' local consultative groups is planned for 2009, with the goal of encouraging staff to provide equalities data and clarifying how the information is used to monitor the effectiveness of our employment policies for all staff. NES has a Spiritual Care policy in place. The policy sets out NES' responsibilities for the spiritual care of its staff, and its duty to consider the spiritual needs of patients, students, trainees and NHSScotland staff in designing, commissioning, quality assuring and providing education. The policy is designed to meet the needs of those who practice a recognised faith and those who do not.

Sexual Orientation
At present, NES lacks robust data on the sexual orientation of staff in post. Although this question has been asked in a survey once, the non-response rate of 62% means that the data are of questionable value.

Since the time of the first survey all our staff have undergone online equality and diversity training. We plan to repeat the survey this year, following a staff engagement and communication exercise involving our local consultative groups with the goal of improving the quality of this data.

Interestingly, the disclosure rate for applicants is significantly higher than for staff. Only 13% of applicants declined to answer the question on sexual orientation on the equalities monitoring form. Among applicants for NES

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[8] This means that the effect may be a result of the combined characteristics of race and religion (and possibly also of gender) rather than a result of religion per se.

posts, just under 6% of respondents identified as lesbian, gay or bisexual, which is close to Stonewall's estimate for the Scottish population. The actual number of individuals is small (fewer than 30). The success rate at the appointment stage of LGB applicants appears lower than that of heterosexual applicants, but the small numbers of LGB applicants mean that this result must be interpreted cautiously because the impact of an individual outcome in the case of a small group is disproportionately large compared to the impact of a single outcome for a large group.

NES will use these figures as a baseline from which to develop an action plan under the Stonewall Diversity Champions programme. This action plan will include a review of the Dignity at Work policy and the training provided to recruitment and selection panels.

Data tables on the NES workforce and recruitment and selection are attached as Appendix 1. Tables are not included for promotions, grievance/discipline or turnover because the number of individuals small to ensure that confidentiality can be maintained.

Actions to Ensure Fair Recruitment and Employment Practices
A number of HR policies were reviewed or updated in 2008 to take account of new legislative requirements and good practice. These include:
- Equal Opportunities and Diversity in Employment;
- Family Friendly Policies (which cover flexible working as well as maternity, paternity and parental leave); and
- Recruitment and Selection.

NES takes account of the needs of disabled staff members and is currently reviewing its Disability Policy. Examples where we have addressed staff needs include providing a personal pager for staff with hearing impairments to alert them of fire alarms; provision of adapted or specialist equipment for staff with visual impairments, an Evacuation Strategy which takes account of disabled staff needs through a personal emergency evacuation plan.

NES continues to operate the Positive about Disabled People ("Two Ticks") scheme. We are advertising in an upcoming *Able Magazine* which includes a feature on working in the NHS.

We have also undertaken other targeted advertising to encourage more applications from Black and minority ethnic candidates.

Further consultation with equalities groups on recruitment and selection is planned, and the results will inform policy implementation and the further development of recruitment and selection training.

NES recently signed up to the Stonewall Scotland Diversity Champions, a good practice forum for workplace sexual orientation issues, and is establishing a benchmark position and action plan as part of this programme.

NES has an Equal Pay Statement, which is available on our [website](#)[9]. We are undertaking research on the distribution of staff by gender into different pay bands, access to training (particularly for part time staff) and recruitment in order to inform our approach to Equal Pay.

 Summary
NES revised a number of employment policies which are directly relevant to equality in 2008-2009. We have a baseline analysis of our workforce which will allow us to monitor the impact of our employment policies. We will continue to operate the Positive about Disabled People Scheme and to monitor outcomes. Initial findings indicate that the scheme has contributed to increasing the number of disabled candidates progressing to interview. During 2009-2010 we will engage further with partners, including the National Reference Forum, disability organisations and Stonewall Scotland to identify further improvements we can make to our recruitment and selection processes.

Making NHSScotland vocational training schemes more equitable

NES plays a significant role in NHSScotland postgraduate vocational training schemes. Our precise role varies, depending upon the professional group. We are involved with the recruitment of postgraduate vocational trainees in Dentistry, Medicine, Pharmacy and Psychology.

In 2008-09 we established an effective baseline equality profile for trainees by implementing a core dataset. A narrative summary of the results for each of the professional groups was published in the Single Equality Scheme, and these results were used to inform the action plan. We have just collected the second year of data using the core dataset and are at work on further analysis. This analysis will be enhanced by improved benchmarking data of the equalities profile of UK graduates in medicine, dentistry, psychology and pharmacy, which we acquired from the Higher Education Statistics Agency. We are undertaking further research on the intersection of ethnicity, gender and nationality in the medical trainee recruitment process, as well as an analysis of gender segregation in medical specialities.

NES developed mechanisms for collecting feedback on vocational training schemes from applicants and trainees. NES monitors complaints to identify issues which need to be addressed to improve the fairness of recruitment processes. For example, following a complaint about difficulties faced by trainees with children in attending direct learning events, Pharmacy adopted a policy of providing childcare at the direct learning event venues. This policy will be implemented with the next training cohort in autumn 2009.

Feedback collected from trainees informs the scrutiny or quality management of these schemes. For example, in medicine, feedback from trainees on their experience of the training programme is collected via a survey administered

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[9] http://intranet.nes.scot.nhs.uk/pfpi/equalityschemes/documents/NESEqualPayStatement.pdf

by NES on behalf of the regulatory body, PMETB. This survey provides a breakdown of results by deanery, gender, ethnicity, disability and age, and includes questions about supervision, the working environment, bullying and whether the trainees wish to work flexibly.

Interviewers, assessors and others involved in the recruitment and selection process are trained in equality and diversity. In most professional groups this takes place using the same online modules delivered to NES staff involved with recruitment, but Psychology uses face-to-face training. Recruitment statistics alone do not suggest that there is a significant difference in outcome based on whether this training was provided online or face-to-face. Assessment panels in many disciplines, including Dentistry and Medicine, include lay representation. Lay panel members also undergo equality and diversity training.

Equality and Diversity training is being developed for clinical and educational supervisors working with trainees, with an emphasis on delivering training to new supervisors. One example is the module Power and Difference, which is part of the core training for new supervisors in Psychology.

NES operates the 'Two-Tick' Scheme in vocational recruitment. All suitably qualified disabled applicants are invited to attend the assessment centre (which is the equivalent of interview stage in vocational training recruitment and selection). In medical GP recruitment, NES has led on this process within the context of a UK-wide recruitment structure. The needs of successful disabled candidates are considered in allocating geographic placements. In Psychology, comparison of the rate of application by disabled candidates to Masters training in Scotland suggests that there are increasing numbers of disabled applicants (or more applicants are declaring their disability) being interviewed, with appointments being consistent with application rations. The Two Ticks Scheme may be a significant contributing factor.

NES continues to make reasonable adjustments to recruitment and selection processes to take account of the needs of disabled candidates. Candidates are encouraged to disclose disability and to request support early in the application process across all professional groups. Examples of support provided include scribes (amanuensis) for dyspraxic candidates in medicine and provision of private rooms with additional time for written assessment activities for dyslexic candidates in several professional groups. Monitoring of the recruitment and selection process suggests that, although the numbers of disabled applicants are small, the success rate of disabled applicants does not differ significantly from the success rate on non-disabled applicants to vocational training schemes. Disabled applicants have given the recruitment team positive feedback on their proactive approach to identifying and providing adjustments.

There are significant elements of quality management, assurance and enhancement in operation across these vocational training schemes. The precise structure and content varies amongst the different professional groups, depending upon the requirements of the associated professional

regulatory bodies. Two significant pieces of work took place in 2008-09. NES developed a framework which lays out our methodology for quality managing postgraduate medical training and education in Scotland in accordance with the Postgraduate Medical Education and Training Board's (PMETB) quality assurance framework. This quality management framework mainstreams equality and diversity as a core indicator of quality education. It clearly indicates the equality and diversity information that the Deaneries and PMETB will be expected to provide to NES as part of the quality management process, and provides NES with a framework for supporting the improvement of equality practice in postgraduate medical training.

NES published revised Quality Standards for Practice Placements which include equality and diversity standards and indicators for organisations providing practice placements in Nursing and Midwifery and Allied Health Professions. These revised standards support existing professional regulatory standards and are fully endorsed by the Scottish Government Health Directorate. The Nursing and Midwifery Council and the Health Professions Council acknowledge the contribution that these standards make to enhancing the learning environment.

NES does not deliver recruitment and selection to postgraduate vocational training in isolation, but with a number of partners. In 2008-09, NES worked actively to influence partners to improve equality and diversity in several ways:
- by liaising with Dental schools to encourage a wider pool of applicants to university courses (particularly older and disabled students);
- working with partners in higher education to encourage and influence the UK Clearing House for Postgraduate Course in Clinical Psychology to improve their data collection on equality by adding sexual orientation and religion or belief to their forms;
- and by identifying improvements to equality and diversity practice in UK-wide recruitment and selection for general practice in medicine and in partnership with independent contractors in dentistry.

Vocational training schemes are delivered by NHS territorial boards, which employ the trainees. NES contributes financially to these training schemes, with service level agreements (SLAs) detailing the contractual arrangements. These SLAs were reviewed in 2008 to clarify the equality and diversity requirements of the providers.

Summary
NES now has data collection processes which will provide information about the equality and diversity profile of candidates to all the vocational training schemes in which we are involved. This data will be analysed year-on-year to identify trends, with a particular focus on identifying and understanding differential rates of success. Being able to provide high quality data about the composition of the trainee workforce in all the professional groups is a significant achievement.

NES is beginning to build on this quantitative base by gathering additional qualitative data about the experience of candidates and trainees, particularly in medicine and dentistry. We need to use this data effectively. We also need to consider how to adapt these data gathering processes for other professional groups, and to identify learning which can be shared between professional groups and with the territorial NHS boards who employ the trainees.

NES is working to mainstream equality and diversity into its quality management and quality assurance functions. We need to continue this work, and, most crucially, to act if standards on equality and diversity are not being met by training providers.

Ensuring educational developments are sensitive to diverse needs

NES develops a variety of educational and workforce development "products" for NHSScotland in both uniprofessional and multiprofessional contexts. The exact developments vary depending upon the professional group, but include:

- Competency or capability frameworks, which identify knowledge and skills required for carrying out particular tasks, or the knowledge, skills and behaviours required to carry out particular roles.
- Role development programmes, for example, extending the skills of nurses, midwives and allied health professionals to help them develop their roles to meet changing demands.
- Development of national standardised training for some professional groups (eg, pharmacists)
- Development and support for educational infrastructure, including practice education facilitators, mentoring schemes, distance learning

In some cases, NES develops and either commissions or delivers training. NES also has a key role in developing online information resources for NHSScotland and for other audiences through the work of the Knowledge Services group. We also support capacity building in voluntary sector by provision of Library and Management System for voluntary sector health libraries.

Ensuring that educational developments and workstreams are sensitive to diverse needs means that our educational projects provide education in an inclusive, accessible and non-discriminatory manner and that educational developments provide appropriate learning to promote equality and tackle discrimination. In some cases this may involve mainstreaming consideration of equality and diversity into general educational development, and in others it may mean developing a specific educational resource to target particular groups. NES also works to increase the cultural competency of the NHSScotland workforce. Examples of educational developments designed specifically to support and increase cultural competency will be discussed in the next section. In this section we will focus specifically on work to increase

the accessibility of our educational developments and on educational developments (including information resources) targeted to specific groups.

NES is working to ensure that our educational projects are sensitive to diverse needs, meet high standards of accessibility and promote equality for diverse groups.

- We use Equality Impact Assessment (EQIA) to identify any potential for discrimination or negative impact on various groups or to identify opportunities to promote equality, good relations and positive images and improve outcomes. EQIAs result in action plans, which feed into development of the project;
- We also involve diverse stakeholders in the development of our projects to identify the needs of particular groups and means of addressing them.

Examples of NES' work in 2008-09 to ensure that educational projects are sensitive to diverse needs include the following.

NES developed a Knowledge Worker Role Framework, defining skills and values needed for sharing information with service users and carers. This was underpinned by previous work on information literacy. The framework was piloted with the Gorbals Healthy Living Network. The pilot took a particular focus on people living in areas of high social deprivation, including younger people and older people. It has potential to support a wider range of equalities groups, and is currently being prepared for publication.

NES online information resources include a variety of information portals developed to provide information relevant to, and accessible to, a wide variety of groups. These include:

- Self-Management and Rehabilitation (with section for patients)
- Cancer Information Plus (for patients, carers and the public)
- Polish Information Plus (a Polish-language resource of health information for the public)
- Health in My Language, a partnership with NHS 24 and NHS Health Scotland, supporting people from a number of minority ethnic groups and disabled people in accessing information for patients and carers. This portal particularly supports the deaf community through provision of BSL translation.

Testing for the Best in Educational Development[10] is an online resource developed by NES for NHS Boards which supports best practice in the design of educational solutions in all the health boards. It includes resources on equality and diversity to support inclusive educational development.

In early 2009, NES began work on developing a policy on Inclusive Education and Support for Disabled Learners. This policy will influence educational developments across NES to improve the accessibility of all NES' educational projects. It is based on the social model of disability and stresses the

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[10] http://www.test4best.scot.nhs.uk

provision of an educational environment that does not disable learners, as well as the robust provision of particular support and reasonable adjustments to meet individual needs. Work on this project will continue in 2009-2010, with a target date of December 2009 for implementation.

Summary
NES is working towards ensuring that its educational projects are fully accessible. The Testing for the Best resource takes us a step further along the road to mainstreaming consideration of equality and diversity into educational development. This mainstreaming will be a major focus of our work next year. We are committed to using equality impact assessment to inform our educational developments and to ensure that we are developing our resources inclusively.

Contribute to improving the cultural competence of the NHS workforce

The objective of improving the cultural competence of the NHSScotland workforce is clearly related to that of ensuring that educational developments are sensitive to diverse needs. This section focuses on how NES is developing educational workstreams to improve the equality and diversity knowledge and skills of the NHS workforce. During 2008-09, significant work took place in the following areas:

- Piloting a model for development and assessment of cultural competence in the dental trainee workforce;
- Developing resources to support improved delivery of health services to particular groups or in particular services;
- Training to improve the patient experience and support service user engagement in the review and development of services; and
- Capacity building to support equality and diversity practice and compliance by NHS boards.

Assessment
It is widely accepted that assessment is a major driver for learning. However, research literature indicates that knowledge and understanding of equality and diversity principles and practice are rarely addressed in educational assessment. During the past year NES delivered a pilot project on the assessment of cultural competence with dental vocational trainees. The aims of the project were:

- To develop and validate equality and diversity competencies for dentists in general dental practice;
- To implement a programme of cultural competence training for dental vocational trainees in the West of Scotland;
- To assess dental vocational trainees using simulated patients in an Objective Structured Clinical Exam (OSCE) format; and
- To evaluate the educational impact of the cultural competence training and assessment.

The equality and diversity cultural competences and the associated training were developed and the training was delivered with involvement of individuals

and groups from all the equality strands. Competencies were developed around the following themes:

- Understanding individuals/negative assumptions
- Language and communication
- Courtesy and respect
- Clinical issues
- Legislation
- Leadership and management
- Avoiding discrimination
- Access issues

The final report of outcomes will be available in summer 2009.

Dentistry also offers an example of the use of patient feedback to support the assessment of trainees. The patient feedback questionnaire that is completed by patients treated by vocational trainee dentists asks whether they feel they have been treated unfairly in any way. The questionnaire also collects information about the equality and diversity profile of the patients to permit comparison of feedback from different groups. The feedback from the questionnaire is used in the assessment of the professionalism of trainees.

Resources to support improved delivery of services
NES developed a number of resources for use by NHS Boards and individual staff to support further development of staff knowledge and skills in equality and diversity. These include resources focusing on the inequalities experienced by particular groups and resources with a broader focus on multiple strands of inequality. We work in partnership with a range of groups to develop and disseminate these resources. Examples of resources focusing on specific groups include:

- Addressing Lesbian, Gay, Bisexual and Transgender Health Inequalities, a printed companion guide for NHSScotland staff which complements and updates our CD-Rom based resource, which was initially targeted at nurses, midwives and allied health professionals. These resources were developed in partnership with the LGBT Centre for Health and Wellbeing and the Fair for All-LGBT group (a partnership between NHSScotland and Stonewall Scotland);
- Guidance for dental practices on accessibility and the Disability Discrimination Act;
- An educational framework for training on spiritual care, developed with the involvement of the Interfaith Council;
- Nutritional Care in Hospitals e-learning resource, with dedicated areas focusing on nutrition for patients with particular needs arising from religion, ethnic background, or physical or learning disabilities; and
- Development of educational resources for staff working with young people, including educational scenarios for a multidisciplinary National Emergency Care Paediatric project.

Examples of resources which focus on equality and diversity broadly, including multiple equality strands include:

- Knowledge for Care Scotland platform, a redesign of the NHSScotland e-library which supports health and social care staff in accessing and sharing knowledge to support improved delivery to service users from all groups;
- Equality in Health e-library portal, which collects health information relevant to different equalities groups and information on health inequalities experienced by different groups;
- Equalities in Health online learning resource;

Two reports relevant to improving cultural competency in training were published in 2008. These include a report on focus group research assessing the applicability of Ten Essential Shared Capabilities, a values-based framework for mental health care for the health service more broadly, and summary report from a pilot series of consultations in East Renfrewshire which identified priorities for the education of allied health professionals.

Training and educational support for equality and diversity, public involvement and improving the patient experience
NES has developed specific programmes of training to support improvements in the patient experience. Equality and diversity has been a key focus of this work. Examples of programmes delivered include:
- Two pilot training courses for NHS staff on sensory impairment to enable staff to care for and communicate appropriately with patients with a variety of sensory impairments. The pilot includes an introductory and advanced course, both of which are delivered by Signature, a voluntary sector organisation specialising in communication with deaf and deafblind people.
- Training for community pharmacists in the Highland region on communication with deaf patients.

NES is delivering a number of specific projects to support the NHS' Better Together Programme and the PFPI agenda, which focuses on enhancing the patient experience. There are three major pieces of work ongoing:
- Development of "Little Things Make a Big Difference", a patient experience meta-resource for all health workers, scheduled for delivery in July 2009.
- Events to share good practice and examples of initiatives valuing the patient experience. The first was held at Murrayfield Stadium in Edinburgh on 20th March 2009 and included workshops on empowerment; values, dignity and respect; delivering care for older people; using the views of child and adolescent mental health service users to improve service; and engaging with the deaf community.
- Development of a drama-based learning resource using plays which highlight issues about culture, attitudes, behaviour and values-based practice, due for delivery by late June.

The Better Together workstream is based on the foundation of a patient-focussed approach and an equality and human rights perspective. Equality impact assessment is used to identify possible inequalities and ensure that

they are addressed effectively in the development of all resources under the programme.

Finally, NES developed and supported training for NHS Boards which is designed to improve specific equality and diversity skills and support Boards' implementation of the public sector equality duties. Examples are:
- EQIA training for 160 NHS staff across 9 Boards
- Pilot training courses developed with the Consultation Institute on engaging the public

NES is also leading on an evaluation of the equality and diversity online training packages which are used for staff induction in the NHS. The evaluation study by Avante Consulting and Changing Mindz commenced in March 2009, with a final report due in March 2010. The study will consider the impact of online equality and diversity training and will support the development of quality standards and guidance for this type of induction training.

Summary
NES has invested significant resources in developing the cultural competence of trainee healthcare professionals and the wider NHSScotland workforce. The work being undertaken on the assessment of cultural competence has considerable potential to drive change, particularly for the trainee workforce. Through our evaluations, we are using both quantitative and qualitative data to assess the impact of training on service delivery and to identify ways to improve the learning and training on equality and diversity.

NES has made good progress in supporting equality and developing the knowledge and understanding to support the practice of equality for various staff groups. We will ensure that the learning from these activities is shared within NES and externally. We will also seek to ensure that the learning we derive from engagement with stakeholders is shared between our professional directorates and programmes. The creation of a new Educational Development Directorate within NES will help to facilitate this process.

Ensuring NES business practices support equality and diversity

In 2008-2009 NES made significant improvements to our business practices to support equality and diversity.

In the area of **equality and diversity monitoring**, we established a six strand data specification to support systematic collection and analysis of equalities data on our own workforce and on the trainee workforce where we have a role in recruitment. This data, in turn, supported the equality impact assessment of the recruitment and selection functions in the professional directorates.

All our priority workstreams have been **assessed for their impact on different groups** and these reports are published on the equality, diversity and PFPI pages of our website. Twenty-five completed EQIAs have been

published on the [website](http://www.nes.scot.nhs.uk/pfpi/equality_impact_assessments/Default.asp)[11] as of 1 June 2009. These include Full EQIAs of our recruitment and selection functions for NES and the vocational trainee programmes in Dentistry, Medicine, Pharmacy and Psychology, as well as the role development function for nurses, midwives and allied health professionals and our corporate procurement function. Our experience has enabled us to reflect on impact assessment practices and processes and we have made a number of changes to this important aspect of our work. These changes included revision of the EQIA report form to improve its clarity, introduction of quality assurance measures and re-development of our EQIA training. Our revised EQIA toolkit and information about our approach to EQIA is also available on the web page with our completed EQIAs.

Furthermore, we revised the process for approving new projects and workstreams so that a Rapid EQIA is required for project approval. These Rapid EQIAs are used for identifying risks and for planning and prioritisation of Full EQIAs. The Business Group and the Board require evidence of how planning will take account of equality and diversity in the development of all pieces of work to be included in formal papers. Board papers will be audited and follow up support offered to the individuals responsible for leading the development of new work. The integration of impact assessment into the development of new work is supported by our new Project Management Workflow System, a bespoke project management tool which includes equalities information and requires impact assessment for progression from project initiation into project management.

In 2008, NES completed a full EQIA of our **procurement** function, which can be accessed on our website. The results indicated that we needed to review and further develop the equality and diversity requirements in our standard contracts and service level agreements (SLAs), update our commissioning documentation, and further develop the equalities elements of our procurement guidance for staff. An action plan was developed and is being steadily implemented. We reviewed and updated contracts and SLAs to clarify equality requirements across all six strands and updated our commissioning documents. We are developing an equality and diversity and procurement guidance for staff and for our suppliers to clarify requirements and processes. Draft versions have been developed and are being reviewed. In summer 2009, we will pilot an engagement exercise with suppliers, particularly small and medium sized enterprises (SMEs), to identify the impact of our commissioning practices on SMEs. Following this exercise there may be further actions to ensure that the incorporation of equality and diversity requirements has not created barriers for SMEs wishing to submit tenders to NES.

NES, along with the rest of NHSScotland, undergoes an annual Procurement Capability Review. One of the questions asks, 'How capable are procurement personnel of adapting to non-procurement and culturally diverse requirements?' NES achieved the highest score of 4 – 'Inclusion' on this measure, against a national average of 2 – 'Intent'. NES has been asked to

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[11] http://www.nes.scot.nhs.uk/pfpi/equality_impact_assessments/Default.asp

lead the National Special Health Boards' Working Group on procurement and is sharing our documentation with other Boards.

Following an extensive external and internal consultation process, we implemented an **Access to Information Policy** in November 2008 to improve the accessibility and consistency of our publications. We committed to evaluating the Policy and this will be undertaken during autumn 2009. The evaluation will comprise a review of the policy according to any feedback received and in light of any additions we feel required to make the Policy more effective, including further promotion of the policy and its objectives in-house.

NES does not own its buildings, but we are working with our landlords to improve the accessibility of our **facilities**. Improvements this year have included:
- refurbishment of the West of Scotland Postgraduate Dental Centre, Glasgow to fit an internal ramp where there are currently two stairs;
- a review of the reception area of our Rose Street office in Edinburgh to plan disability accessibility improvements; and
- redesign of the reception area at the Dundee Dental Educational Centre in order to comply with DDA accessibility regulations.

In addition, following completion of major construction works at Clifton House, Glasgow at the end of May 2009, building access is DDA compliant.

We also focused on improving information about disability access in our central offices for staff and visitors, and developed a feedback mechanism for visitors and others using meeting facilities. We are reviewing our property strategy for our Glasgow and Edinburgh offices and disability access is part of the review.

The involvement of diverse service users is a valued dimension of NES' educational initiatives. There are already numerous examples of effective service-user contributions to educational developments and involvement in training. Examples of involvement in education from various equality groups include:
- delivery of training on mental health issues by service-users and carers;
- provision of advice and guidance on educational priorities by a Young Persons Public Partnership Forum;
- involvement of lay people in the recruitment and selection of trainees and trainers;
- development of a stakeholder group in Psychology to identify strategic approaches to service user engagement and equality and diversity.

NES intends to strengthen this aspect of its work and will develop new arrangements for engagement with diverse community groups. It is hoped that this can be achieved in partnership with other organisations, including special health boards to minimise consultation burdens and make most efficient use of resources.

Summary
During the past year NES made significant improvements to support mainstreaming of equality and diversity into our business practices. We are building experience in EQIA and involving a large number of staff in conducting EQIAs. We aim to further improve the quality of our impact assessments as we expand our evidence base, develop our community engagement, and build the confidence and expertise of our staff. We have been recognised as one of the Boards leading the NHS in equality and diversity in procurement and are sharing that experience with other national Boards.

Meeting the General Equality Duties

This report summarises the actions we have taken to meet our general equality duties for disability, gender and race and to promote equality of opportunity and tackle discrimination on grounds of age, religion or belief, and sexual orientation.

We are making progress in **eliminating discrimination and promoting equality of opportunity** as an employer by:
- Using our workforce monitoring data and equality impact assessments to identify areas where improvements in policies, processes or training are required;
- Reviewing and improving our recruitment and employment policies;
- Training recruitment panels on equality and diversity;
- Analysing patterns of gender occupational segregation and the implications of gender and part-time work on pay to identify appropriate actions;
- Training our staff to identify and address discrimination and promote equality of opportunity within a framework of continuous improvement and iterative learning;
- Promoting NES as an employer to under-represented groups (particularly people from black and minority ethnic populations and disabled people) through targeted advertising.

And we are making progress in **eliminating discrimination and promoting equality of opportunity** as a service provider by:
- Using the equality profile of the trainee workforce to monitor differential outcomes and equality impact assessment to identify areas for improvement in recruitment and selection of the trainee workforce. We have developed action plans from our equality impact assessments which are being implemented;
- Monitoring feedback and complaints, and using the results to inform policy;
- Ensuring that our quality management, assurance and improvement processes take account of equality as a key element of quality;
- Developing methods for the assessment of cultural competence in postgraduate vocational training, through an evaluated pilot study;
- Delivering educational support to NHS staff to improve their knowledge and competence of equality and diversity generally and of specific

groups so that improved service can be delivered. Examples include training to improve communication with patients who have sensory impairments, health information resources for minority ethnic communities and the deaf community, educational resources to support NHS staff in meet the health needs of lesbian, gay and bisexual people;

- Mainstreaming equality and diversity into our educational developments;
- Improving the accessibility of educational developments.

We are **taking steps to take account of disabled people's disabilities** by making reasonable adjustments to support disabled people in employment and in the delivery of education or training, operating a guaranteed interview scheme for disabled people in NES staff and in vocational trainee recruitment, proactively communicating with disabled applicants to vocational training posts to ensure that we are able to provide the appropriate support at assessment centres, and developing a policy on inclusive education and support to disabled learners to provide a robust framework for anticipating and responding to disabled persons' needs.

We are meeting the duty to **consult (gender and race) and involve (disability)** by engaging with a wide range of stakeholders. The assessment of cultural competence pilot is a good example. People from minority ethnic communities, transgender people, people from different religions and disabled people with a range of impairments were all involved in the development of competency standards and assessment processes and in delivering training to the dental trainees. Both NES staff and the trainees recognised the value of this engagement.

Another example comes from a series of public consultations to inform the development of education and training for Allied Health Professionals. PAMIS and the Scottish Consortium for Learning Disability, two organisations whose members rely on a range of AHP services, were involved in planning the consultation. Working with Voluntary Action East Renfrewshire, NES held events to gain patient and carer insights. We wanted to ensure that the consultation participants reflected the complexity of the local community, and worked successfully with Voluntary Action to target older people, people from black and minority ethnic communities, carers, mental health service users and Public Partnership Forum members.

We consulted with women and men on our family-friendly employment policies. We routinely consult with staff on employment policies, and in this process explicitly ask staff to feed back on possible equalities issues.

We are meeting the duty to **encourage participation of disabled people in public life** by involving disabled people in the design and delivery of a range of services. For example, disabled people have been involved in the assessment of cultural competence pilot, the development of a policy on inclusive education and support for disabled learners, many projects in our

mental health workstream, the public involvement project to inform development of Allied Health Professional Education, and other projects.

We are **promoting positive images of disabled people** through operation of the Positive about Disabled People ('Two Ticks') scheme, providing equality and diversity training to staff which promotes positive images of disabled people and involving disabled people in the development and delivery of training (eg, the assessment of cultural competence pilot).

NES promotes **good relations** between different communities through training staff on the recognition and value of diversity and by producing educational developments which take account of the diverse cultures, beliefs, experiences and needs of different groups. The work we do to improve the cultural competence of our staff and NHSScotland staff supports improved services for people from different communities and improved relations with those communities.

NES strives to go beyond the existing duties and anti-discrimination by taking a proactive approach to promoting equality of opportunity on the grounds of age, religion or belief and sexual orientation. In addition to involving disabled people and consulting with people from different ethnic groups and men and women, we consult with and involve people of different ages, religions or sexual orientations in our work. Examples of this approach in our work this year include:

- Engagement with young people through the Young Peoples' Public Partnership Forum, who have ongoing input into the development of education for staff working with children and young people;
- Development, with significant engagement of people from different religious communities, of educational resources to support NHS staff in delivering spiritual care for patients in a way that reflects the diverse religious communities in Scotland;
- Development of educational resources in partnership with the LGBT Center for Health and Wellbeing to improve health care for lesbian, gay, bisexual and transgender people.

Priorities for 2009-2010

In 2009-2010, we will build on the work of the past year and will focus on delivering the outcomes of our Single Equality Scheme. Specific priorities for the coming year are:

- Building the knowledge and evidence base to support more inclusive educational development;
- Developing a policy on inclusive education and support for disabled learners and the resources to implement the policy, including a promotional campaign incorporating positive images;
- Improving community engagement by improving mechanisms for sharing results to improve outcomes across organisation, development of reference groups, further involvement of diverse lay people in the recruitment and training of the trainee workforce;

- Further improving use of data and other information in equality impact assessments and service design, with the goal of improving equality outcomes;
- Delivering a positive imagery campaign (See Me) on mental health and well-being and training for line managers on working with staff who experience mental health difficulties;
- Further improving our support structures for diverse staff through review of Dignity at Work, delivering a plan of work on LGBT equality with support from Stonewall Scotland, developing a policy on support for staff who experience gender-based violence, and exploring opportunities to develop employee equality networks jointly with other NHS Boards;
- Increasing diversity of applications to NES posts through more targeted advertising and community engagement, and improving outcomes at the appointment stage, particularly for ethnic minority and disabled people by providing further anti-discrimination training to recruitment panels and reviewing the outcomes of each individual recruitment exercises to identify further actions that need to be taken;
- Developing an action plan to support NHSScotland's delivery of routine inquiry of gender-based violence.

Looking Ahead

NES has made a great deal of progress on equality and diversity in the past year. We now have a clear baseline from which to measure progress. We have a Single Equality Scheme with clear objectives that is focused on outcomes. We have robust processes which we will use to mainstream equality further into our core functions.

We are working to deliver improved outcomes, and to improve our ways of measuring or demonstrating the impact of our work. We use evaluation to assess impact or outcome of programmes of work, like the assessment of cultural competence pilot, or the evaluation of the impact of online equality and diversity induction training packages. We will build on this by continuing to develop and refine our measures for evidencing equality impact, by ensuring that we make progress in all areas of the organisation and that we continue to mainstream consideration of equality and diversity and engagement with diverse communities into our work.

Further Information

We welcome comments and feedback on our Single Equality Scheme and our Annual Equality and Diversity Progress Report. If you have comments, or if you would like further information about NES' equality and diversity work or our Single Equality Scheme, please contact the Equality and Diversity Adviser at e&d@nes.scot.nhs.uk.

Appendix 1

NHS Education for Scotland Workforce Equalities Monitoring Data Tables

This appendix provides data on the equality profile of the NES workforce and equality data on recruitment and selection for NES posts. The data covers the period from January – December 2008. A summary analysis of the outcomes of the monitoring and actions to be taken in response to the monitoring results is contained in the main body of the Equality and Diversity Annual Report, 2008-2009.

In the tables that follow, any number less than five is denoted by an asterisk (*). In these cases, percentages will be expressed as either 'Less than 1%' or 'Less than 5%'. 'Less than 5%' denotes percentages ranging from 1% to 5%. We have done this to ensure that individuals cannot be identified from the data. We have aggregated data on ethnicity to allow for more meaningful reporting. The category 'Black and Minority Ethnic' is an aggregation of the Asian, Asian Scottish or Asian British and Black, Black Scottish or Black British categories. NES holds the specific data for these categories and uses them for analysis, but we aggregate the data for reporting because the numbers in individual categories are small.

In all cases, the percentages express the percentage of staff who provided a response to the question. The rate of nonresponse, which indicates the percentage of staff who declined to answer the question, is also provided for each table.

Equality Profile of Staff in Post

Disability – Staff in Post

Disability		Total	% of workforce
Yes	Learning Disability	Information on category of impairment is not held on the Workforce database. A major data gathering exercise is planned to populate similar fields in the SWISS national staff database. NES will gather and report on this information in 2009.	
	Long Standing Illness		
	Mental Health Condition		
	Physical Impairment		
	Sensory Impairment		
	Other		
Total Yes		11	2.1%
Total No		522	97.9%

Rate of nonresponse: 20.8%

Ethnic Origin of Staff in Post

Ethnic Origin	No. of Staff in Post
White Scottish	415
White Irish	13
White Other British	66
White Other	89
Black or Minority Ethnic	16
Mixed or Other Ethnic Origin	5
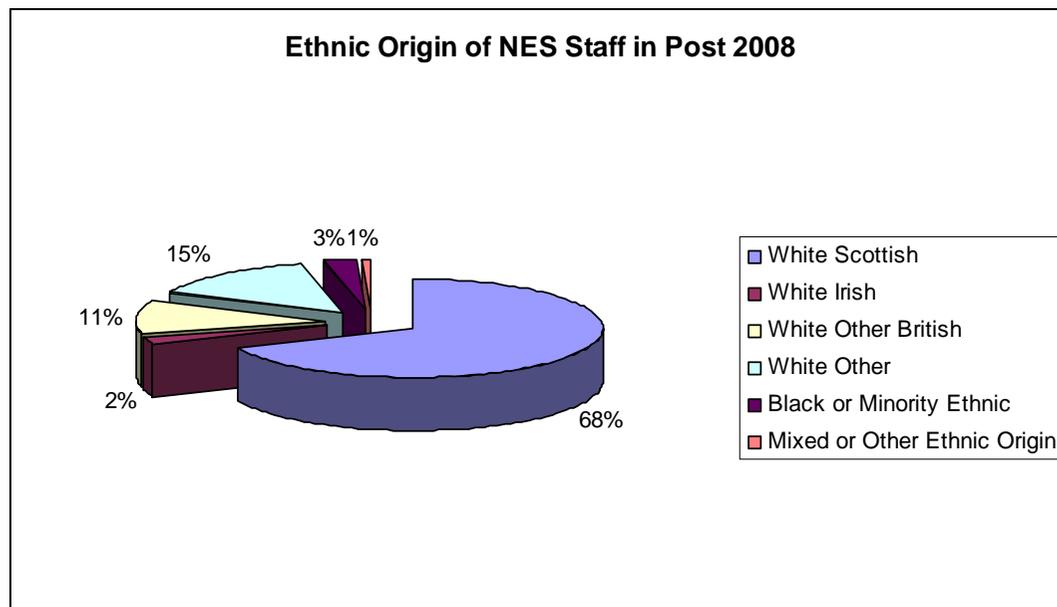
Rate of nonresponse: 10.25%

Gender of Staff in Post, by Pay Band, Working Arrangement (Full Time or Part Time) and Pay Cohort

Salary Range	Female p-t	% of fem p/t population	Female f-t	% of fem f/t population	Female total	% of total female workforce	Male p-t
Whitley & Other *	0	0.0%	0	0.0%	0	0.0%	0
Band 2	*	Less than 5%	9	3.0%	13	3.0%	*
Band 3	31	23.0%	48	16.1%	79	18.2%	0
Band 4	20	14.8%	51	17.1%	71	16.4%	0
Band 5	34	25.2%	67	22.5%	101	23.3%	*
Band 6	20	14.8%	39	13.1%	59	13.6%	*
Band 7	10	7.4%	29	9.7%	39	9.0%	0
Band 8 (a-d)	16	11.9%	51	17.1%	67	15.5%	*
Band 9	0	0.0%	*	Less than 1%	*	Less than 1%	0
Exec Cohort	0	0.0%	*	Less than 1%	*	Less than 1%	0
Group AFC Total	**135**	**100.0%**	**298**	**100.0%**	**433**	**100.0%**	**6**

Salary Range	Female p-t	% of fem p/t population	Female f-t	% of fem f/t population	Female total	% of total female workforce	Male p-t
GP Educators, CRUMP	36	87.8%	0	0.0%	36	85.7%	85
Consultants Grade	5	12.2%	*	100.0%	6	14.3%	*
Group B Total	**41**	**100.0%**	**1**	**100.0%**	**42**	**100.0%**	**89**

Gender Profile of Agenda for Change Cohort by Full Time or Part Time Working Arrangement

	Full Time	%	Part Time	%
female AfC	135	31.2%	298	68.8%
male AfC	6	5.9%	96	94.1%

Gender Profile of Medical/Dental Cohort by Full Time or Part Time Working Arrangement

	Full Time	%	Part Time	%
female GP, CRUMP, Consultants	41	97.6%	*	Less than 5%
male GP, CRUMP, Consultants	89	92.7%	7	7.3%

Rate on nonresponse on all gender questions is 0%.

Age Profile of Staff in Post, by Pay Band and Cohort

Age	Bands 1-9/ equivalent, Senior Cohort	% of non medical/ dental workforce	Medical/ Dental cohort	% of medical/ dental workforce	Total
16-20	*	Less than 1%	0	0.00%	*
21-30	89	16.64%	0	0.00%	89
31-40	149	27.85%	20	14.49%	169
41-50	181	33.83%	67	48.55%	248
51-60	99	18.50%	46	33.33%	145
61+	15	2.80%	5	3.62%	20

Rate of nonresponse: 0%

Religion or Belief of Staff in Post

Religion or Belief	No of Staff	% of Staff
Church of Scotland	175	37%
Roman Catholic	72	15%
Other Christian	50	11%
Buddhism	*	less than 1%
Hinduism	*	less than 1%
Islam	6	1%
Judaism	*	less than 1%
Sikhism	*	less than 1%
Other Religion	20	4%
No Religion	145	30%

Rate of nonresponse: 29.27%

Sexual Orientation of Staff in Post

Sexual Orientation	No of Staff	% of Staff
Bisexual	*	less than 1%
Gay Man	*	less than 1%
Lesbian/Gay Woman	*	less than 1%
Other	*	less than 1%
Heterosexual	252	98%

Rate of nonresponse: 61.66%

Recruitment and Selection

Disability

DISABILITY	Applied	% of applications where disclosed	Shortlisted	% of applications shortlisted	Appointed	% of shortlisted applications appointed
Total Yes	39	4.00%	20	51.3%	*	
No	937	96.00%	440	47.0%	122	27.7%

Disability status not disclosed on 8% of applications

Gender

GENDER	Applications		Shortlisted		Appointed	
	Total	%	Total	%	Total	%
Male	351	33.1%	145	41.3%	34	23.4%
Female	634	59.7%	319	50.3%	98	30.7%

Gender not disclosed on 7% of applications

Ethnic Origin

	ETHNIC ORIGIN	Applied	% of applications where disclosed	Shortlisted	% of applications shortlisted	Appointed	% of shortlisted applications appointed
	Scottish	691	71.5%	312	45.2%	88	28.2%
	Irish	22	2.3%	11	50.0%	*	
	British	88	9.1%	49	55.7%	17	34.7%
White	Other	62	6.4%	30	48.4%	6	20.0%
Total White		**863**		**402**		**115**	28.61%
	Pakistani	34	3.5%	14	41.2%	*	
	Bangladeshi	5	0.5%	*	40.0%	0	0.0%
	Indian	21	2.2%	10	47.6%	*	
	Chinese	6	0.6%	*	66.7%	*	
Asian	Other	7	0.7%	*	28.6%	*	
Total Asian		**73**		**32**	**44%**	**6**	**18.75%**
Total Black		**16**		**11**	**69%**	*****	**0.00%**
Any mixed background		15	1.4%	5	33.3%	3	60.0%

Ethnic origin not disclosed on 8.9% of applications

Age

	Applied	% of applications where disclosed	Shortlisted	% of applications shortlisted	Appointed	% of shortlisted applications appointed
AGE						
16-20	26	2.65%	*		0	0.00%
21-30	312	31.84%	123	39.42%	29	23.58%
31-40	245	25.00%	129	52.65%	40	31.01%
41-50	263	26.84%	138	52.47%	42	30.43%
51-60	127	12.96%	62	48.82%	14	22.58%
61-65	7	0.71%	*		0	0.00%

Age not disclosed on 7.72% of applications

Religion or Belief

RELIGION	Applied	% of applications where disclosed	Shortlisted	% of applications shortlisted	Appointed	% of shortlisted applications appointed
Church of Scotland	290	32.08%	137	47.24%	37	27.01%
Roman Catholic	139	15.38%	63	45.32%	19	30.16%
Other Christian	90	9.96%	44	48.89%	13	29.55%
All Christian	**519**	**57.41%**	**244**	**47.01%**	**69**	28.28%
Buddhism	9	1.00%	4	0.00%	0	0.00%
Hinduism	16	1.77%	10	62.50%	*	
Sikhism	*	Less than 1%	0	0.00%	0	0.00%
Judaism	*	Less than 1%	*	100.00%	*	
Islam	47	5.20%	18	38.30%	*	
Other Religion	20	2.21%	6	30.00%	*	
Religions other than Christianity	**94**	**10.40%**	**39**	**41.49%**	**8**	20.51%
No Religion	291	32.19%	101	34.71%	37	36.63%

Religion or belief not disclosed on 12% of applications

Sexual Orientation

SEXUAL ORIENTATION	Applied	% of applications where disclosed	Shortlisted	% of applications shortlisted	Appointed	% of shortlisted applications appointed
Heterosexual	879	82.77%	411	46.76%	118	28.71%
Bisexual	*	Less than 5%	*	25%	0	0.00%
Gay Man	18	1.69%	9	50%	0	0.00%
Lesbian/Gay Woman	*	Less than 5%	*	67%	0	0.00%
Other	17	7.56%	7	41%	*	14.29%

Sexual Orientation not disclosed on 13% of applications

different format required?

Further copies of this document are available on request, in audio and in large print formats and in community languages by calling 0131 313 8061.

আপনি যদি এই তথ্য ভিন্ন ভাষায় বা ভিন্ন আকারে পেতে চান তাহলে আমাদের সাথে 0131 313 8061 নম্বরে যোগাযোগ করুন।

如欲獲得這份資料的另類語言版本或模式，請致電 0131 313 8061 與我們聯絡。

اگر آپ کو یہ معلومات کسی دوسری زبان یا فارمیٹ (ترتیب) میں چاہیے تو براۓ مہربانی ٹیلیفون نمبر 0131 313 8061 پر ہمارے ساتھ رابطہ قائم کریں۔

إذا أردتم الحصول على هذه المعلومات بلغة أو بصيغة بديلة، الرجاء الاتصال بنا على الهاتف رقم: 0131 313 8061

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