WORKFORCE PLAN 2019/20

'Education is an empowering force in Society, Supporting Positive Change and Participation in Health and Care Services '
NHS Education for Scotland Strategy 2019-2024

1.   Introduction

NHS Education for Scotland (NES) started life as a national NHS Board for education, training and workforce development. This remains the core of what we do, however over the last five years our role has grown to meet the increasingly challenging workforce pressures faced by health and social care. Under our new Strategy 2019-2024 we will build on this experience.

We will extend our work with partners in areas such as attraction, recruitment and retention, improving the employment experience, and organisational and leadership development.

Our Strategic Intent is set out in our 2019-2024 Strategy *'Having the right numbers of skilled, trained and supported staff, in the right place, at the right time in the right role, is essential to providing high quality health and care services which address health inequalities and encourage and support people to take more responsibility for their own health and wellbeing'.*

The new Strategy is ambitious, and we believe it will make an important contribution to high quality workforce and digital support for local, regional and national health and care services. We recognise in this Workforce Plan that we need to work to continue to develop our workforce to deliver the Strategy, including taking account of the changing digital technologies that support the delivery of attraction and recruitment, education and training.

NES has grown rapidly and into new and different areas over the last five years. We are now one of the four Lead Employers for Doctors and Dentists in Training, employing over 1,000 doctors in training. We will continue to develop our relationships with Placement Boards to ensure our trainees have a positive work experience.

This Workforce Plan is aligned with our new Vision and Mission as set out in our 2019-2024 Strategy

Vision- *'A skilled and sustainable workforce for a healthier Scotland'*

Mission '*Enabling excellence in health and care through education, workforce development and support'.*

Ensuring a sustainable workforce is an increasing challenge and, as the people and workforce organisation for NHSScotland, we have refocussed our vision and mission

on improving the training and employment journey. In our new Strategy we have aligned our strategic ambitions under five key areas of focus which represent our contribution to ensuring a skilled and sustainable workforce to deliver service transformation and health and social care integration. We describe the outcomes we aim to achieve over the lifetime of our Strategy. We are committed to the values we share with all NHSScotland organisations. NES's 'Our Way' describes the ways of working which support these values. It guides how we behave, the decisions we make and the way we treat people.

This Plan is aligned with Everyone Matters, the 2020 Workforce Vision. This is the last year of this workforce vision and we will work to support the development of the next iteration of the NHSScotland Workforce Strategy in support of a future vision for health and care.

In preparing this Plan, we are very conscious of the wider discussions on the Sturrock Report that places a healthy organisational culture at the heart of a positive employee experience. Under this Workforce Plan, we continue to develop our workforce and sustain a good performance in the application of the Staff Governance Standards.

2.   NES Initiatives, Priorities and Key Challenges for 2019-20

We review our workforce plan annually to ensure that it aligns with local, regional and national plans and policies. Our priority initiatives for 2019/2020 include the areas set out below. They are described under the priority areas of Everyone Matters, the workforce vision for NHSScotland.

Organisational Culture

To ensure our staff have a positive employment experience, we will retain a strong focus on staff governance, development, health and wellbeing, ensuring we sustain a healthy organisational culture. At the same time, we will continue to improve how we work, embedding SMARTER working practices through flexible working policies, digital technology and workplace design. We have identified in our response to the Sturrock Report a few areas where we want to review and strengthen our people management provision. This will be taken forward in 2019/2020.

In our role as the national Board for education, training and workforce development, we work collaboratively across health, care and the wider public sector to provide national expertise and support for organisational and leadership development. The focus on ensuring that the culture within NHSScotland continues to improve will be at the forefront of the contribution we make in this area over the coming year.

In 2019/20 we will launch an Equality and Diversity Zone on Turas Learn. This provides a national platform to host and promote national Once for Scotland resources in support of learning and a healthy organisational culture. This could be another source of support as we progress with discussions on the Sturrock Report.

Sustainable

A key ambition for NES is to help ensure health and care careers are progressive, flexible and full of possibilities. To achieve this, we will work nationally in partnership to further develop the NHS Scotland Careers website and Jobtrain (national web-based recruitment system) to deliver the new NHSScotland recruitment and careers portal. We will also continue to support Scottish Government, Boards and regions with attraction campaigns.

NES has a key leadership role -on behalf of Scottish Government- in the UK (four nation), Medical and Dental Recruitment and Selection Process (MDRS). Following a recent review by NES, the Cabinet Secretary has accepted a recommendation, that NHSScotland continue to participate in UK recruitment for doctors in training for the time being. We are now involved in procuring a replacement for 'Oriel' the IT system that currently supports MDRS recruitment, working in partnership with Health

Education England. We provide a range of digital and other materials to support the attraction and retention of doctors and dentists in training and will continue to increase the visibility of Scotland in national recruitment processes.

In addition to recruitment to over 2,266 training posts per annum for Doctors and Dentists in training, we provide other national recruitment services for approximately 200 pharmacy trainees and 164 trainers across dental vocational training and dental therapist training.

We will also continue to develop resources which promote careers in healthcare, help equip young people for jobs and improve access to learning for healthcare support workers. We are very pleased to be a partner with Scottish Government and the Prince's Trust in the delivery of the Trust's 'Get Into Healthcare' Programme.

Capable

To support the development of a skilled, adaptable and compassionate workforce NES will continue to provide an increasing range of resources through TURAS. All NES staff learning and development resources were transferred to Turas Learn in 2018/19. This improves the accessibility from any device, any time. A number of Boards have moved to Turas Learn and a number of others have this under consideration. We will continue to support the development of staff both within and beyond NES by maintaining and improving our training, organisational development, and improvement offering.

Digital leadership and a digitally enabled workforce will be key to improving health and wellbeing. NES will play an important role in developing a health and care workforce that is confident in delivering digitally enabled services.

Workforce to Deliver Integrated Services

We will further develop the TURAS platform including the Appraisal, Learn and People applications. This focus on the continued development of the TURAS platform will improve accessibility and services across health and increasingly care.

To support the supply side modelling of the health and care workforce our work on Turas Data Intelligence is crucial to ensuring the availability of accurate data and intelligence, allowing us and NHSScotland to improve how we understand and predict need, model service demand and inform planning at a local, regional and national level.

New models of community-based care will continue to drive integration across health and social care. Attraction and retention of an appropriately skilled workforce

is crucial to the success of these models. Key factors in attracting and retaining the workforce include access to continuing professional development and enhanced roles for staff working in primary care teams. We will continue to provide appropriate support to these developments.

Leadership

We will continue to lead the leadership and development component of Project Lift which has an explicit focus on collective and compassionate leadership. Through the on-going development of the Leadership and Management Zone on Turas Learn, we will continue to enhance the range of resources available to staff appropriate to their leadership and management journey.

In addition to Project Lift we offer a range of national multi-professional programmes. NES staff will continue to be a key target for these opportunities. We are also working in partnership with the Scottish Social Services Council to establish a pilot participation in Project Lift and will work across our organisations and through the recently established Talent Management Board to take this forward.

3.   Planning Context within NES

This plan aligns with Scottish Government's Health and Social Care Delivery Plan, Health and Care Workforce Plan, our five-year Strategy, Operational Plan 2019/20 and the National Board's Collaborative Programme. In our 2019-2024 Strategy, we have aligned our strategic ambitions under five key areas of focus which represents our contribution to ensuring a skilled and sustainable workforce to deliver service transformation and health and social care integration. They are supported by six cross cutting principles.

These areas of focus and defined outcomes will guide our operational planning each year, which will identify specific activities and associated performance targets to achieve our outcomes. Our five key areas of focus are:

- A high-quality learning and employment environment
- National infrastructure to improve attraction, recruitment, training and retention
- Education and training for a skilled, adaptable and compassionate workforce
- A national digital platform, analysis, intelligence and modelling
- A high-performing organisation (NES).

The six cross-cutting principles are:

- promoting equality and diversity, and tackling health inequalities
- working in partnership with stakeholders and demonstrating leadership
- enhancing digital access to learning, services and information
- systematically planning our activities, measuring their impact and learning from insights
- continuously improving quality, and leading and harnessing innovation
- clear accountability for our decisions, rooted in effective governance.

We will continue to apply our resources and expertise to deliver 'Once for Scotland' solutions to improving the education and employment experience of staff in NHSScotland. This includes leading on the Business Systems Strategy using agile development approaches and capability.

In 2018/19 NES was requested by Scottish Government to lead development of the national digital platform (Domain E of the Digital Health and Care Strategy) to replace the current model of multiple systems which has led to duplication and placed limitations on our use of data.

The setting up of a new Directorate within NES to take this key national development forward means that securing and retaining high value digital skills is a key priority.

We need therefore to develop innovative attraction strategies and accelerated developments for those wishing to develop a career supporting digital health and care.

We are taking work forward nationally (Domain D of the Digital Health and Care Strategy) in partnership with the Local Government Digital Office, Scottish Social Services Council, third sector, Boards, Scottish Government and networks. The ask is to have in place a clear approach to developing the modern workforce and necessary leadership to drive change.

NES is assuming responsibility for the delivery of NHSScotland Workforce Statistics with this responsibility fully vesting on the date Public Health Scotland comes into being. We are therefore in the process of setting up a new Data Group and plan to work with the service - using the power of the Turas Data Intelligence Platform – to develop new reporting aligned with service and stakeholder data and workforce planning requirements.

As we move to delivering a significantly enhanced workforce data resource and administration work is removed from the system, there is a requirement for more data scientists who can work with and model workforce supply side data. We will continue to work in partnership with Boards and stakeholder groups to develop the training required to enhance and develop skills. This is a direct response to a requirement under the Health and Social Care Workforce Plan.

We continue to reform our organisational, leadership and education teams and human resources to ensure alignment with our new Strategy and within current resource constraints create the roles and capacity to deliver on our ambitions as the workforce Board for NHSScotland. In our organisational, education and leadership team we wish to continue to ensure we have the right roles and structures to meet a growing national role particularly as single system solutions are sought in response to the increasing focus on national support for organisational and culture development. In Human Resources in particular we are maximising the opportunities provided by national shared service.

We have continually invested in modern digital solutions in HR and OD. As set out in our Strategy we are committed to providing corporate services which deliver effective accountability and governance.

3.1 Approach to Workforce Planning in NES

Workforce Planning continues to be integrated with all NES's strategic and annual operational and financial planning processes. Our strategic and annual plans 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 Strategy and Everyone Matters.

As we develop our capability in analysis, intelligence and modelling our aim is to improve the quality of workforce data to support decision makers. We wish to apply this enhanced capability to carry out more structured modelling of the future workforce NES requires. We will take this forward in 2019/20.

We look to identify more opportunities to deliver 'Once for Scotland' and to take advantage of the changing educational technologies available to us. An on-going challenge in planning is the varied and disparate digital functionality across Boards. We will work nationally with Scottish Government and the service to support the delivery of a more integrated digital environment.

NES rolled out Office 365 early 2016. We are working nationally to support the service wide roll out of Office 365, The vision for the implementation of Office 365 is to deliver a modern, protected and connected digital workplace that enables better patient care. The establishment of a single Office 365 Digital Platform that will enable 'One NHSScotland', providing staff with tools that allow them to be more productive, collaborative and mobile.

We will also factor into our workforce planning any support we can provide to develop and engage digital staff to equip them with the skills to host, manage, develop, deploy and procure cloud-based applications. We will also focus on the digital capabilities and confidence of the workforce, ensuring they are able to take advantage of digital technologies to improve their practice and care they provide.

Sustaining and continually improving our culture to ensure it is open, safe and inclusive is central to all of our strategic areas of focus but particularly 'A High Performing Organisation'.   We aim for excellence in governance. Measuring improvement including progress against our People and OD Strategy is an important part of our work in 2019/20.

4.   Plan, Purpose & Strategic Workforce Planning Objectives

To be effective in a fast paced, changing world where resources are limited, we need to be digitally led, data driven and focussed on collaboration. This requires a skilled, committed and versatile workforce across a range of professions contributing to an agile, adaptable and responsive organisation.

Our success will be determined by our ability to improve how work is experienced, and the quality of support provided for the development of our own workforce. We must have the skills, attributes and support to continually deliver with others new and innovative products and services that enable health and care transformation.

Our new Strategy presents significant opportunities for our workforce. We must enhance our ability to support joined up people services and develop our own digital capability in every role across the organisation. We recognise that we have been in and continue to be in a significant period of stretch in the span of control for our senior and middle managers in particular.

We want to continue our commitment to values and good leadership and to do this in an increasingly busy and shifting landscape, managers must create the conditions that encourage new and existing teams to develop and implement new and improved ways of delivering, with everyone rising to the challenge. Our priorities for this year include reviewing the quality of some of our leadership offerings and emphasise the importance of collaborative leadership.

Our role as a lead employer for doctors and dentists in training, emerging collaborations across the national boards, and our promotion of leadership development in every profession and at every level require working in partnership with a large number of organisations, shaping shared priorities, with a clear emphasis on:

- the drive for improvement, transformation and evaluation
- digitally enabled service redesign and
- creating a sustainable workforce.

In being a high-performing organisation, our stated strategic outcomes are
- A positive and flexible employment experience for NES staff
- Improved training, organisational development and quality improvement capacity and capability
- A culture of innovation, improvement and shared responsibility
- Effective accountability and governance and a sustainable NES
- A digitally enabled NES

We will maintain a culture of collaborative and flexible working, efficiency, continuous improvement and sustainability supported by organisational development and performance improvement. We will enhance our training, organisational development and improvement capacity to support development of staff within and beyond NES.

Understanding our context helps to identify the kind of workforce and organisational development questions we need to answer to inform service plans. We know, for example, that there will be an increased reliance on digital skills, not just within specialist digital roles but across all roles in NES. We will ensure that our attraction, recruitment, retention and development approaches support increased digital capability and improved literacy amongst our existing workforce.

We continue to embed the NES leadership behaviours and values and ways of working from recruitment and bringing these values and behaviours to life. Utilising the learning from the tests of change in the application of Values Based Recruitment, we are now focusing on adopting these in our Hiring Manager toolkit across all NES selection and recruitment processes, supporting managers to make positive decisions.

Continuing our commitment to leadership and management development we will progress our collaboration with the national Boards to further develop 'Management Matters' building leadership and management capability through on-line and experiential programmes for first line managers. In addition, we will promote a person-centred coaching approach to management that builds on the success of our Coaching Skills programme.

Building on our Leadership and Management Zone on Turas Learn and the increased accessibility that apps and mobile technology proved means that we can now more easily support development in NES outwith the classroom setting where appropriate.

In 2019/20 we will launch a new Equality and Diversity Zone on Turas Learn. This provides an opportunity for NHSScotland to build and promote national resources and learning which might be helpful as we look to progress as a service our response to the Sturrock Report and promote Health and Wellbeing.

NES has held the Healthy Working Lives Gold Award since 2009. We continue with our commitment to mental health through our development provision- mentally healthy workplace training and mentally healthy workplace training for managers. We are very much aware of the Scottish Government's commitment to Mental Health and Suicide training and using the framework developed propose to take this forward within NES as follows:-

Informed: *this is the level that we have identified as applicable generally to the NES workforce, with a focus on individual capacity for reflection on mental health and wellbeing, supporting resilience, tackling the stigma of mental ill-health and contributing to a mentally healthy workplace. As this is already a key component of our Healthy Working Lives Strategy and the work we need to deliver to retain the Healthy Working Lives Gold Award. We will continue to promote our learning programmes as above and we will use the Government's Framework to guide planning, training, events and further information and learning opportunities.*

Skilled Level: *this is the level that describes the skills and knowledge required for - non-specialist' front line staff. These are staff who are likely to have direct or substantial contact with people at risk of mental ill health, self- harm etc. In discussion with the senior management team we will consider making this mandatory for some categories of NES staff who may find themselves in this position. We have an existing resource on Turas Learn that could be utilised.*

Enhanced Level: *this is the level that is most appropriate to NES staff working in direct care roles e.g. trainees particularly in primary care. It is also relevant for staff who support trainees directly e.g. Performance Support Unit staff. We plan to discuss this with the Deanery management team in case there is a need to map the Framework against the curriculum to identify any elements that are already being delivered and work with our educational partners to identify gaps. We would hope to be identifying Once for Scotland resources.*

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 people objectives are aligned to our People and OD Strategy, Annual Operational Plan and the NES Strategy 2019-24.

5.   People and Organisational Development Strategy

'Supporting transformation by working differently'

As with the wider health and care system, NES's workforce will be the primary driver of our ability to achieve and sustain transformation change in what we do and how we deliver. Our aim is to maximise NES's effectiveness through the achievement of strategic workforce outcomes across all stages of the employment cycle. These are-

Attraction, Recruitment, Selection, Performance, Development, Succession and Transition.

Support for these outcomes will need to be organisation-wide, team-focused, and orientated around individuals. It will be both formal, through our workforce systems and processes and informal through our shared values and ways of working.

Specialist services, such as Human Resources, Organisational Development, Equality and Diversity and Health, Safety and Wellbeing will partner line managers and staff, who are key to the achievement of these aims. The delivery of these aims is a shared responsibility of support services, managers and staff across the organisation.

We need to formulate a longer-term view of what the necessary role and skill mix are for NES. This will require support for directorates in anticipating future service delivery trends. To ensure that the most meaningful data is available on an on-going basis, we will agree key performance indicators for different workforce activities that Directorates can use to understand and plan their workforce needs.

We recognise the value of a diverse workforce for ourselves as individuals as well as supporting an inclusive approach to education and development. We see good equality and diversity practice as central to making NES a positive place to work. We have set out equality priorities for the period 2017-2021 as follows:

Reducing health inequalities, enhancing access to employment and career development, reducing differential attainment in education, making learning and development more inclusive, improving staff experience and engagement for all, inclusion for disabled learners.

These provide an important focus for planned activities that support the strategic workforce aims across the employment lifecycle. Specifically, we will-

- Optimise use of social media and the NHS Scotland Careers website to attract a diverse pool of candidates, working in partnership with a range of cross-sector partners to develop a strong NHSScotland brand and a recruitment shared service that secures the best available talent.

- Develop a strategic approach to youth employment that aims to increase the age diversity of our workforce and supports the attraction of future talent into business areas which are key to our future aim of being digitally led, data driven and collaborative.

- Continue to widen access to education by supporting vocational qualifications for our staff in pay bands 2-4, who are predominantly female. This builds on our success in offering business and admin and facilities SVQs as part of our strategic approach to continuing education for NES staff.

- Enhance the experience of all participants in the recruitment process – candidates and hiring managers - by streamlining activities and taking steps to help improve the working lives of the doctors and dentists in training that we employ.

Shared values have a significant bearing on the success of any organisation by influencing norms of acceptable and unacceptable behaviour. We also acknowledge the role leadership plays. 'Our Way' is an articulation of what our ways of working and leadership behaviours mean in practice. It was developed in partnership and consistent with the NHSScotland Staff Governance Standard.

The concept of 'Our Way' and learning resources are designed to support everyone who works in NES in understanding the behaviours we should all display at work, while also recognising those that are unacceptable. This resource is designed to employer staff and managers to appropriately challenge and address unacceptable behaviour. We will continue to promote the use of 'Our Way' alongside our embedding of iMatter. Embedding iMatter is a priority for 2019/20.

We will continue to grow leadership in workforce and have described the national programmes and opportunities that are made available to our staff. We also have a wide range of internal opportunities that support the people centred and compassionate leadership which the Sturrock Report highlights. In 2019/20 we wish to work more systematically with our line managers to develop our core skills framework for incorporation in personal development plans. We also want to review our provision to make sure they are relevant and fit for purpose.

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6.   Performance Management

Our approach to the management of the performance of our workforce has grown in sophistication in recent years. We have invested in real time workforce metrics delivered through a series of dashboards developed using advanced Business Informatics software. Amongst other directorate level data in relation to key measures (e.g. turnover, sickness absence rates) this data enables team and line manager effectiveness in relation to key activities aligned to staff experience (e.g. iMatter, Appraisal, Objective Setting and Development Planning and Essential Learning) to be understood.

We will continue to promote and support the use of Turas Appraisal as a tool for meaningful appraisal discussions at all levels of the organisation, building on good engagement with Personal Review & Planning (PRP). Data gathered through our PRP quality assurance process, analysed over a 5-year period, gives us a robust baseline against which to assess alignment of objectives against our operational plans and the impact of Turas Appraisal and Learn on performance and learning.

In 2018/19 our Staff Governance Committee- while being very supportive of the quality and extent of the workforce data available- asked for more focussed reporting. We have agreed with the Staff Governance Committee that in future our reporting will be in two parts- (a) insights and intelligent commentary on workforce metrics; and (b) Key Performance Indicators (KPIs) relevant to our People and OD Strategy. KPIs have been agreed and we will begin this approach to reporting in the second quarter of 2019/20. A new dashboard is currently being developed to support this.

Our HR and OD Business Partners are now beginning to work together to gather a much broader set of insights and intelligence. This is a new way of working and we will look to develop our approach over the course of 2019/20 and into 2020/21.

We continue to invest in our learning and development opportunities for all staff. We have also highlighted our increased accessibility of apps and mobile technology. While we will continue to offer experiential learning in support of effective leadership and people management, we will

- Continue to promote and support the use of Turas Appraisal as a medium for meaningful appraisal discussion at all levels of the organisation, building on good engagement with Personal Review and Planning

- Encourage active use of leadership and management development resources available through Turas Learn and for learning around live work that our national leadership programmes present

- Promote the use of the Project Lift leadership potential Self-Assessment App by all those interested in developing leadership potential

- With other national boards, offer Management Matters as an online and experiential programme in support of first line managers.

Alongside 'Our Way' these activities seek to emphasise the values of leadership at all levels of our organisation and not just within formal managerial roles.

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7.   Key Workforce Challenges

Throughout this Plan we have described the workforce issues and priorities we are and will address under this Plan.

We recognise in this Plan the changing profile of the workforce. Since the previous Workforce plan in 2017/18, the NES workforce has increased by 32.7%. This is almost exclusively to assuming the employment of a further 397 Doctors in Training who now represent 56% of our workforce. We employ over 1,000 doctors in training, placed in GP surgeries and boards across Scotland. . This number is set to increase as we consider the introduction of the Lead Employer model for dentists in training.

NES in its role as Lead Employer has a more complex set of relationships to manage as their placement is not confined to a region. There is a risk that there may be a 'tailing off' of engagement with the placement boards, with the view that the model has by and large been implemented. On-going collaboration is essential if the model is going to be successful in the interests of the trainees.

There is also a significant amount of work still to be done e.g. to implement single system working e.g. for occupational health, statutory and mandatory training working through and across disparate systems, particularly data transfer and reporting. NES is anticipating assimilating dental trainees into employment in the course of 19/20 and 20/20.

The Lead Employer model has the potential to provide a framework for specific activities and workforce on a regional basis. We have worked throughout 2018/19 with regional colleagues and Scottish Government to develop thinking and we will continue to play a full part in those discussions in 2019/20.

Many of our education functions - particularly in the Deanery, rely on senior clinical staff contributing time on a sessional basis to support the management and quality assurance of our training programmes, as well as supervising the progression of individual doctors in training. The impact of the current arrangements for the taxation of pension contributions is potentially very significant, the main impact being a reduction in sessions consultants and GPs are economically able to work.

This issue will very shortly have a substantive impact on NES's ability to deliver our education responsibilities - as consultants and GPs step back from taking on the additional educational roles - such as associate postgraduate dean or training programme director - upon which we rely. This will also impact on the service, as doctors (and other senior staff – the issue is not profession specific) respond to the very substantial disincentive to take on extended roles, or additional clinical work.

We will continue to work closely with Scottish Government and colleagues to prepare for the United Kingdom's withdrawal from the European Union. We are likely to be impacted by a reduction in clinical input from the service into our work should capacity be compromised in the service.

Our work involves partnership working with the Higher Education sector and any reduction in teaching and research capability will in time have an impact on our ability to deliver in some areas of our work. Were these circumstances to combine with a failure to resolve the issues of taxation and pension referred to above, this will impact on the delivery of undergraduate education (which, like postgraduate education, depends heavily on senior clinical staff time) and on the delivery of research training and the development of clinical academic staff.

NES Workforce Profile

Our workforce statistics set out in the appendix to this Plan describe our age profile. As the pension age increases with people working longer, we know have up to four generations of employees working together. This is illustrated in the figure below.
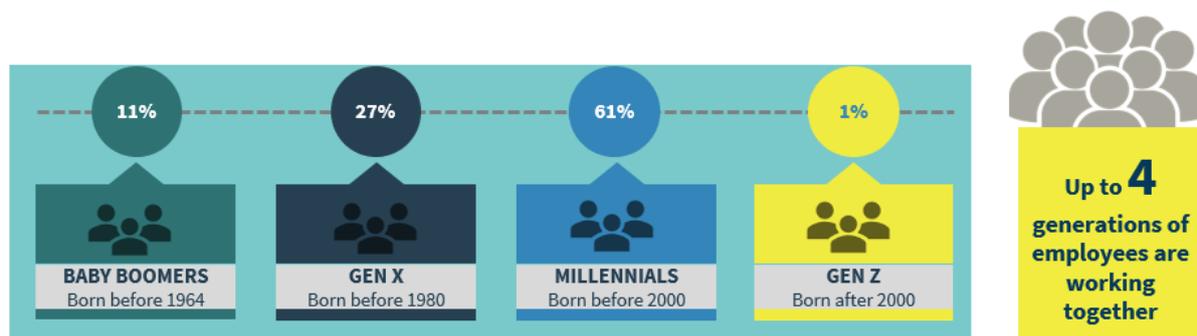
As with all organisations, we need to ensure that our responses are appropriate at each stage of the employment cycle. The changing profile impacts amongst other things on our workforce planning, competition for talent, addressing skills gaps and experience at work. This is an issue facing all Boards and there must be potential to discuss and develop national resources and support.

As part of our work on Key Performance Measures we plan to develop a baseline of confidence on digital skills across NES and from that develop future plans. We recognise that we need to enhance our digital skills across all staff and roles; maximizing the potential of the use of Office 365 provides a context for this development.

We have alluded to the degree of stretch for senior and middle managers in terms of their span of control. We will encourage open conversations through appraisal as

well as strengthen, if possible, our investment in health and wellbeing. We need to prioritise and challenge as to what is possible within available resources.

8.   Recruitment, Retention & Potential and Career Development

Over the last two to three years we have been examining and tracking our sources of recruitment. We track the best sourcing channels and know that the use of the more 'traditional' methodologies is no longer delivering a pool of applicants. Increasingly our top sourcing channel – circa 35% - is through job boards and social media. LinkedIn is our top social media attraction channel.

Also as described in this Plan, we are delivering an increasing range of national resources and services to support attraction and recruitment. We are of course able to apply this to our own attraction and recruitment activity. We are developing and moving increasingly to mobile application functionality- mobile first. We continue to develop the NHSScotland brand through the Careers Website and in the course of 2019/20 the new NHSScotland careers and recruitment portal. We operate across multiple channels- Facebook, LinkedIn, Twitter and Instagram.

Similarly, for the recruitment activity for trainee groups, we continue to utilise social media to promote Scotland as the training destination of choice and new technology (Oriel 2) to attract and recruit trainees to Scotland. Trainees have indicated that the single IT system for UK recruitment is their preferred approach and there is strong evidence that this has reduced duplication in the recruitment and selection process for all parties. There is greater cohesion now in the trainee journey delivered by joining up the systems, resulting in a better flow of information from recruitment through to employment utilising the Turas platform.

We are moving now to 'Active sourcing' sourcing approaches. As we take forward the development of the national clinical platform, we have made an appointment with a specific remit to develop the attraction channels and actively source talent. As we build the foundation for all clinical data in Scotland, we are taking forward approaches to engage future talent by establishing a distinct, exciting and credible identity which is aimed at distinguishing us from both the private sector and any negative perceptions in the digital market about the public sector.

This is a new approach, data informed and driven, and we hope we can use this information to influence national changes in recruitment practice. This is work in progress.

We know from our data that almost 70% of our workforce join us from within NHSScotland. This breaks down into 25% through internal recruitment within NES,

42% from elsewhere in NHSScotland and 33% from other external sources. It will be interesting to monitor this statistic as we expand our digital workforce.

We are relatively successful in retaining staff as evidenced by our low turnover rate and a stability index of 89%. [1]We are also able to report that 25% of our posts are filled through giving staff in NES the opportunity to gain different experiences and promotion. We advertise posts internally first unless a specific specialism is required. Our aim is to give our current staff the opportunity to progress their career.

We are delivering the new Policies portal to support the implementation of 'Once for Scotland' policies which is a key element of the NHSScotland ambition to ensure consistent treatment for all staff wherever they work. This portal has been built using the agile development methodology and will support attraction and retention. It has the potential to be developed into a wider staff engagement portal.

In partnership with the Local Government Digital Office, the Scottish Social Services Council and the third sector, we are leading on the development of the response to Domain D of the Digital Health and Care Strategy (workforce capability). We have a strategic framework agreed with the Digital Health and Care Portfolio Board and will take forward this development, subject to resources, in 2019/2020.

We recognise we need to be active in ensuring we develop a sustainable workforce and we will work to ensure on-going identification, planning and review of future workforce needs. We will identify key strategic priorities and associated high priority skills/roles; ensure we continue to have succession plans in place for high priority roles and that these plans are used in such a way that complement national approaches to talent identification and management.

As well as leadership, our workplace environment and practice have a significant bearing on our staff experience and organisational effectiveness. As described elsewhere in this Plan we have identified that there is still scope for further enhancing our ways of organising and of working. We can make better use of modern and flexible workspaces, technology and workforce policies. We have instigated a working group to take this agenda forward.

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[1] Stability Index - A stability index indicates the retention rate of employees. The calculation for the stability index is: Number of staff with service of one year or more x 100 / Total number of staff in post one year ago.

9. Affordability/Availability and Adaptability

NES's approach to the integration of workforce, operational and financial planning ensures that our workforce is affordable. We are however continually asked to take on new and additional work and while we always review the potential to absorb, we are no longer able to assume new responsibilities without investment. This is an increasing challenge for us.

As described in the section on workforce challenges, there are a number of external factors such as EU Withdrawal and taxation changes that are have the potential to have a significant impact of the availability of skilled clinical staff in particular.

As resource becomes even tighter in the service, secondments are being refused by territorial boards. The impact of this combined with the accrual of liabilities under fixed term contracts has become very difficult to source the clinical and practice input we require to deliver on education projects.

We have stated in this Plan that our new Strategy is ambitious, and we work actively internally and with external stakeholders to develop the resourcing models and investment required to deliver across the life time of the Strategy.

10.   Risk Management

The embedding of risk in our planning processes and the regular monitoring of all workforce, financial and operational plans, enables any adverse indicators in relation to our workforce to be flagged. We have comprehensive and readily accessible data which enables to support any trends- local and across the organisation. We continue to have very low turnover and sickness absence rates and we monitor informal and formal employee relations activity. Our local Risk Registers are a standing agenda item on each Directorate Management Team meeting.

We developed a specific risk register to support the implementation of the Lead Employer model for Doctors in Dentists in Training. We recognised that this was a significant change in the composition of our workforce and through a Lead Employer/Placement the development of an Employment Responsibilities Agreement was key. Risks were managed and will continue to be managed through the Staff Governance Committee and will continue.

The development of our key Performance Indicators/People and OD Dashboard referred to in section 6 (Performance Management) is also an important contributor to the management of workforce risks.

Appendix 1: Workforce Supply

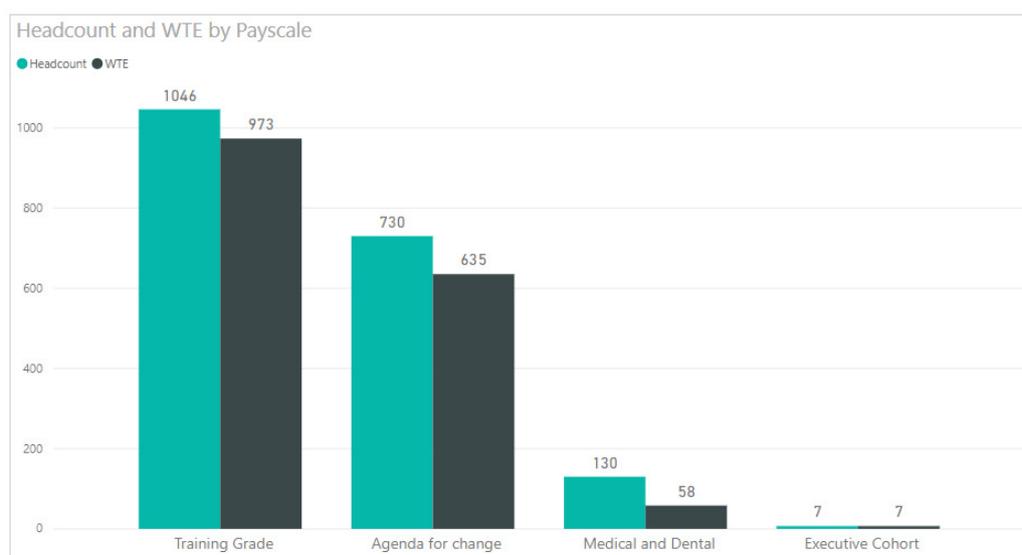**1. WORKFORCE SUPPLY: CURRENT WORKFORCE**

Through comprehensive management reporting, we monitor 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 2019 NHS Education for Scotland (NES) directly employed **1855** staff, (the headcount [HC]), an increase of **30.1** % on the previous year's figure. The whole-time equivalent (WTE) figure is **1628.29**, an increase of approximately **32.7** %. This is due to NES now employing more Training Grades (Trainees employed by NES, such as GP Specialty Training Registrars, trainees on national programmes and fellowships) as part of the Lead Employer model.

In this appendix, Training Grades 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.

In relation to Doctors in Training we offer over 5800 training places across the Scotland, in 293 programmes covering 63 specialties. We recruit doctors at all stages of their training on behalf of NHSScotland. We publish our fill rate information annually (see Scotland 2019 Fill Rates with 2018 Trends). [2]Further facts and data about recruitment of Doctors in Training is available on the Scottish Medical Training website.[3] Figure 1 below shows workforce composition across the defined national pay scales.

FIGURE 1

Headcount and WTE by Payscale

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[2] http://www.scotmt.scot.nhs.uk/media/1916123/R1A-R1R-plusR2A-Scotland-National-Fill-Rate-2-year-Trend.pdf

[3] http://www.scotmt.scot.nhs.uk/recruitment/recruitment-statistics.aspx
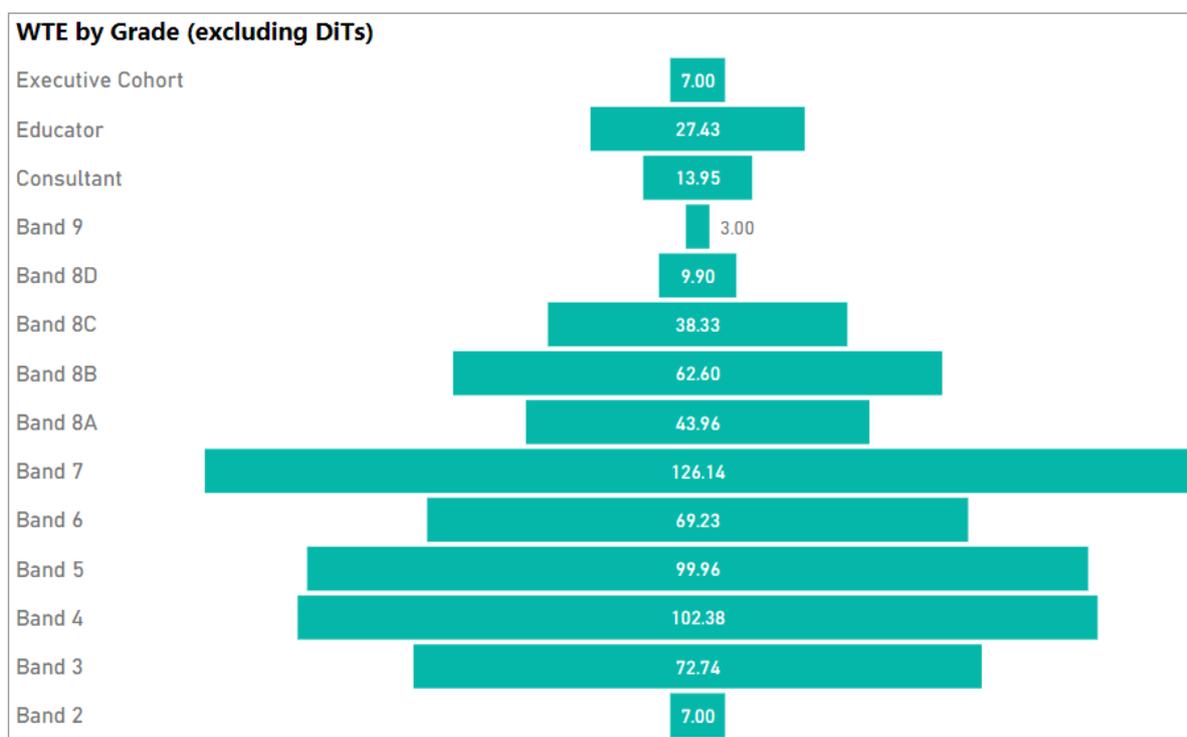
2. ESTABLISHMENT

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 Training Grades.

FIGURE 2

WTE by Grade (excluding DiTs)	
Executive Cohort	7.00
Educator	27.43
Consultant	13.95
Band 9	3.00
Band 8D	9.90
Band 8C	38.33
Band 8B	62.60
Band 8A	43.96
Band 7	126.14
Band 6	69.23
Band 5	99.96
Band 4	102.38
Band 3	72.74
Band 2	7.00

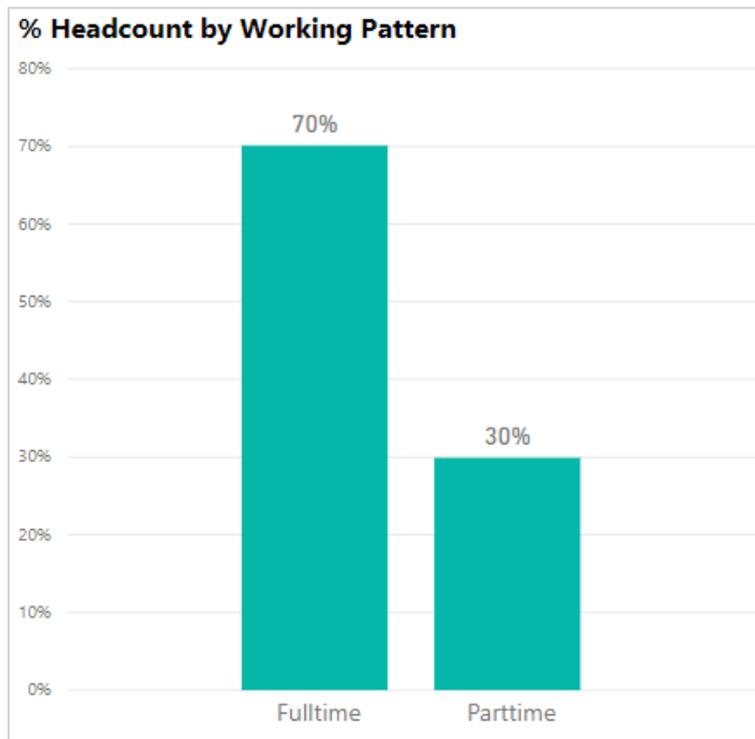## 3. STAFF WORKING PATTERN & CONTRACT TYPE

Flexible Working

The application of fair access to flexible working practices is a principle embedded in NES policies. The most common flexible working practices in NES continue to be 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.
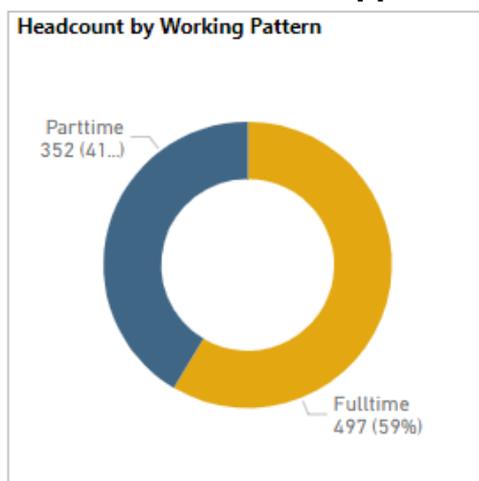
As at 31st March 2019 a total of **30**% of staff in NES worked part-time (see Figure 3), including those working compressed hours or having a flexible working pattern. This compares with **33.6**% in NHS Scotland.
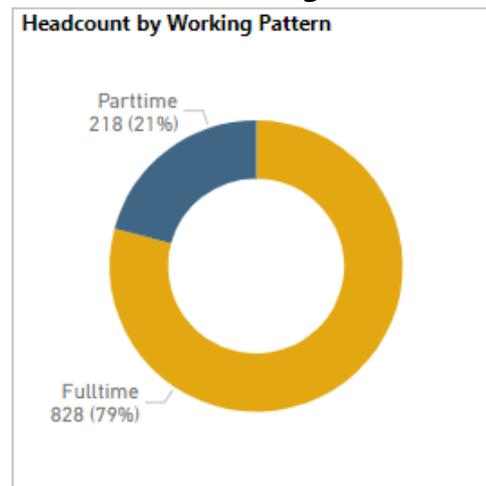
FIGURE 3

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

FIG 4.1: Education and Support Staff


FIG 4.2: Training Grades

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. We have a practice in partnership of making fixed-term appointments where appropriate in order to retain posts to be available for staff who become subject to redeployment as a result of organisational change.

All Training Grades are on fixed term contracts as NES only employ these trainees whilst they are in the training programme.

As at 31st March 2019, **14**% of Education and Support staff were on fixed term contracts (see Figure 5).

FIGURE 5
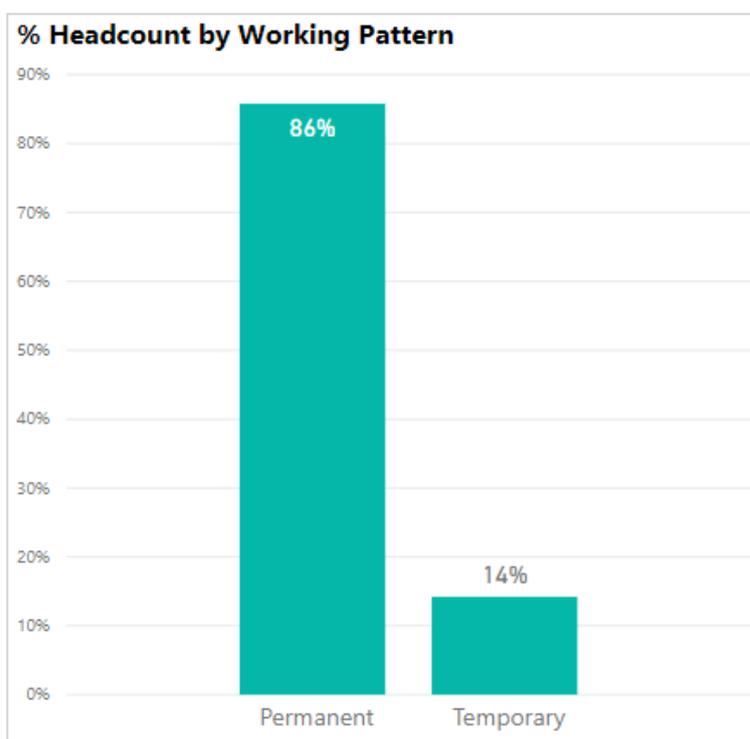
4. STAFF LOCATION AND FUNCTION

NES has five offices are located across Scotland- Edinburgh, Glasgow, Dundee, Inverness and Aberdeen. The majority of staff who work in Inverness, Dundee and Aberdeen work either in the Medical or Dental Directorates.

Two of our larger offices in Edinburgh and Glasgow, host primarily but not exclusively our Nursing, Midwifery and Allied Health Professions (NMAHP), Workforce, Psychology and Pharmacy functions, along with a range of corporate services.

In addition to NES offices, some staff are also based at universities, hospitals or other health board offices. Trainees are based all over Scotland.

FIGURE 6: Location of Staff
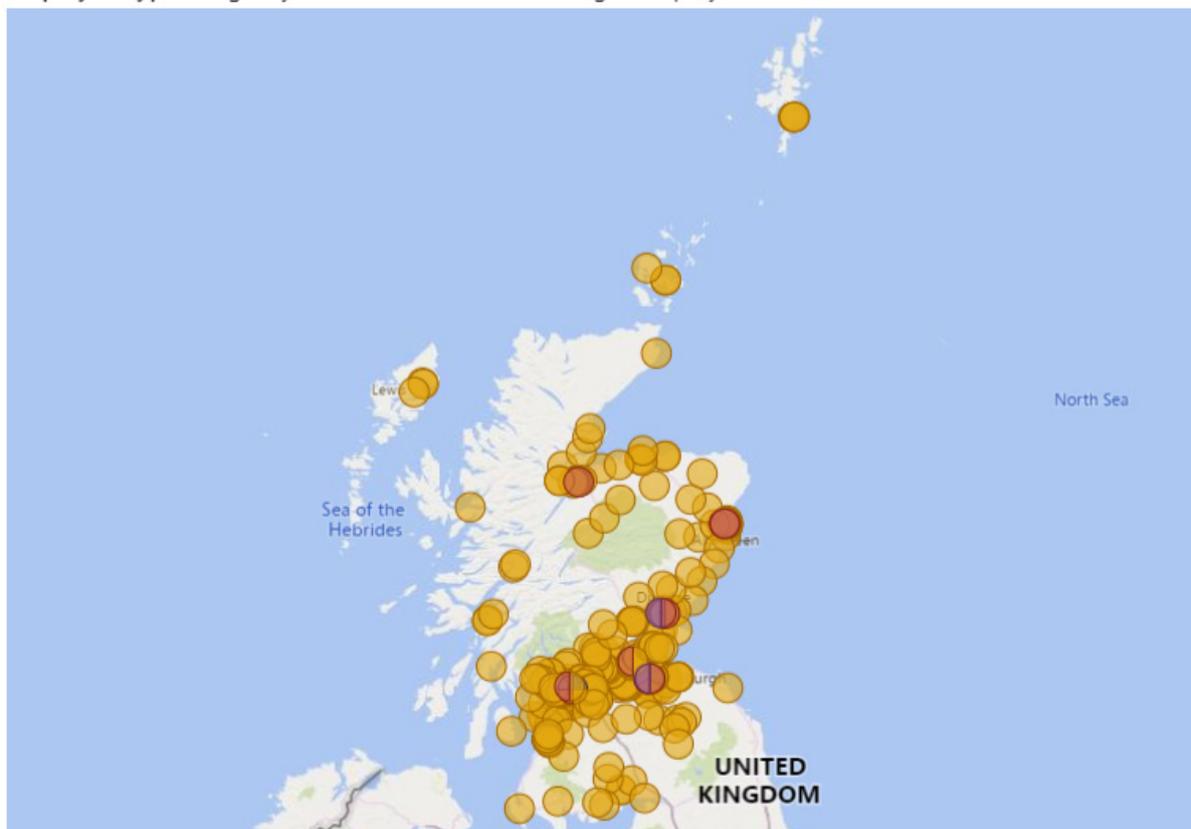
5. ABSENCE

HR continues to provide support and advice on absence management across the organisation, with absence being monitored and reported to managers. All absence cases are managed within the appropriate polices and absence management policies 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 2018-19 sickness absence across NES averaged at **2.44** %. This compared favourably with reported sickness absence figures across NHSS with an average figure of **5.39**%.

FIGURE 7
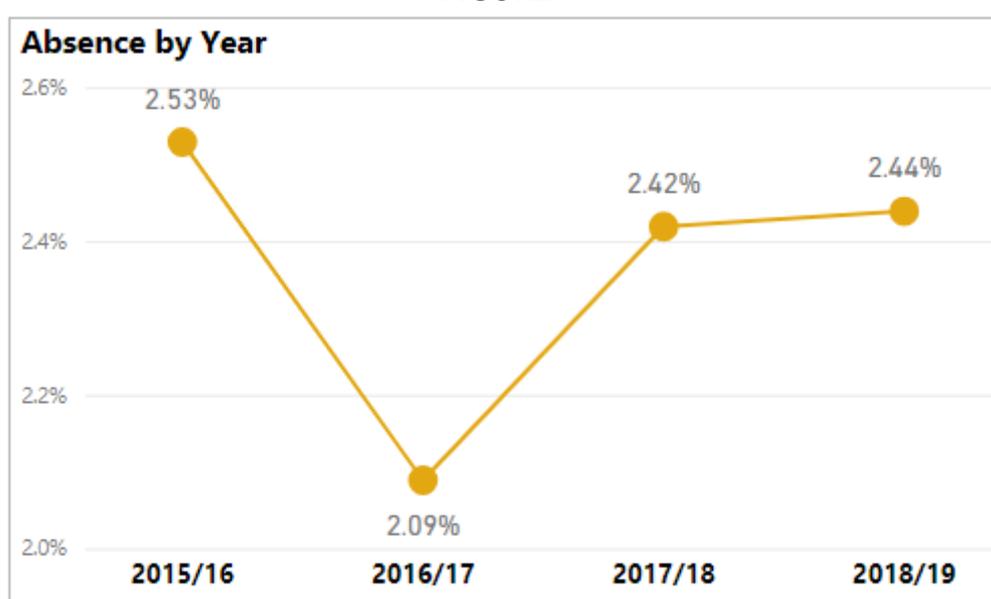
6. TURNOVER

NHS Scotland's overall average turnover in 2018-19 was **5.39**%. This compared to a figure of **2.06**% for NES over the same period. NES has seen a reduction in turnover from 2017/18 from 3.59% to 2.06%, comparison of the leaving reason shows we had 80% drop in end of fixed term contracts as a reason for leaving, hence the lower number of leavers.

There is a commitment within NES to a robust management of our staffing establishment and to ensure that we have opportunities for redeployment should the need arise. We continue to work on developing a versatile workforce which will be able to respond speedily to future needs. The stability index indicates the retention rate of employees with over one-year service as at 31st March 2019 was **89**%. These figures do not include Training Grades as training posts are rotational and on a fixed term basis.

FIGURE 8

Turnover by Year
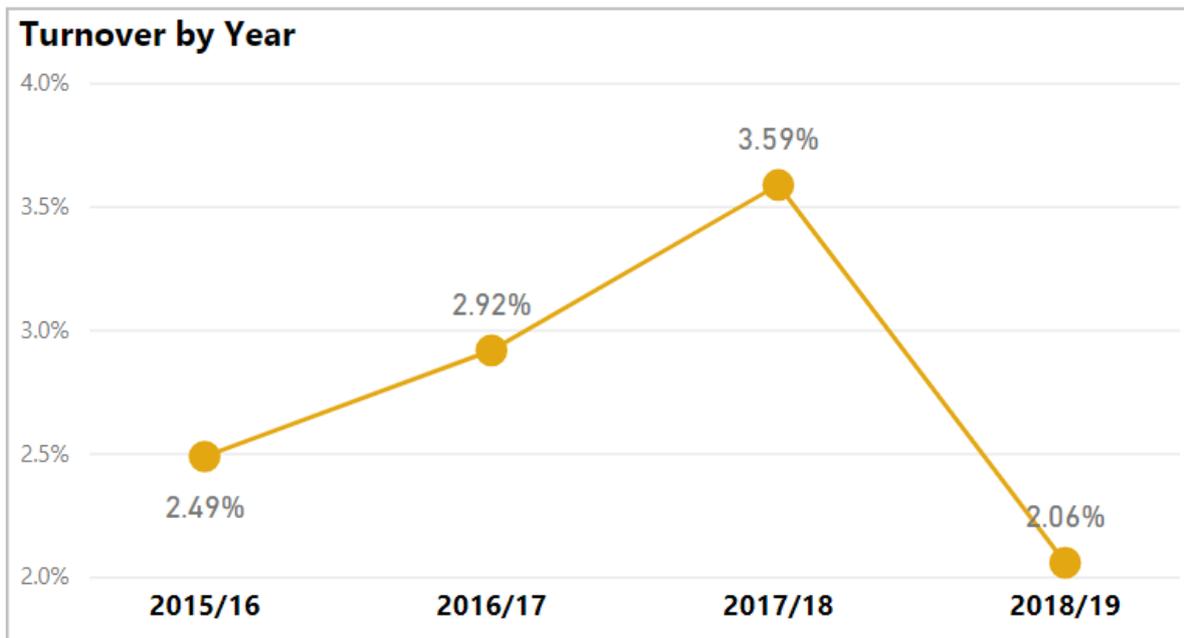
Appendix 2: Equality and Diversity

1. INTRODUCTION

Equality monitoring information provides intelligence which enables us to understand how people experience their employment journey with NES. We use this data to assess our workforce plans and strategies, identifying areas where we wish to make improvements and enable us to monitor progress. This data is also used to inform and track progress against our Equality Outcomes and Mainstreaming Priorities, which are published on our website[4].

We collect and analyse data on the protected characteristics of age, disability, ethnic origin and race, gender reassignment, marriage/civil partnership, pregnancy or maternity, religion or belief, sex and sexual orientation.

Our routine analysis includes review of our attraction, recruitment and selection metrics, our workforce profile, employee relations activity (e.g., discipline, capability, grievance, sickness absence management, both formal and informal), learning and development, retention and promotion, staff experience measures, turnover and exit interview, feedback and complaints, staff-side engagement.

Our staff equalities data form part of the measures which contribute to the key performance indicators we use to measure progress with the delivery of our People and Organisational Development Strategy and through this continued improvement against the Staff Governance Standard.

Equalities data is used by HR and OD Business Partners to develop organisational intelligence and by managers and the Board to assess organisational performance and develop improvement plans.

This Equality and Diversity Workforce Report is a starting point for further investigation and an intelligence-led approach to management, engagement and development of staff. It satisfies our statutory obligation under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to publish annual information 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 to employees who are directly employed by or on secondment to NES. It summarises key findings from our workforce equalities data at 31st March 2019 and, unless otherwise noted, refers to the financial year 1 April 2018 – 31 March 2019.

Data on Doctors in Training analysed in this report is limited to the trainees employed by NES. NES is one of four lead employers for trainee doctors in Scotland. Trainee records in Turas People are the source of the data.

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

WORKFORCE COMPOSITION

NES employs Educational & Support (E&S) staff and is also the lead employer for Doctors in Training in General Practice, Public Health and Occupational Health specialty training. At 31st March 2019 we employed 809 Educational & Support staff and 1046 Doctors in Training. Doctors in Training work in placement settings across NHSScotland and they are recruited through national recruitment processes. Unless otherwise noted, data on Educational & Support staff and Doctors in Training will be reported separately in this appendix.

Gender

The majority of our workforce (74%) are women.

FIGURE 9: Educational & Support staff
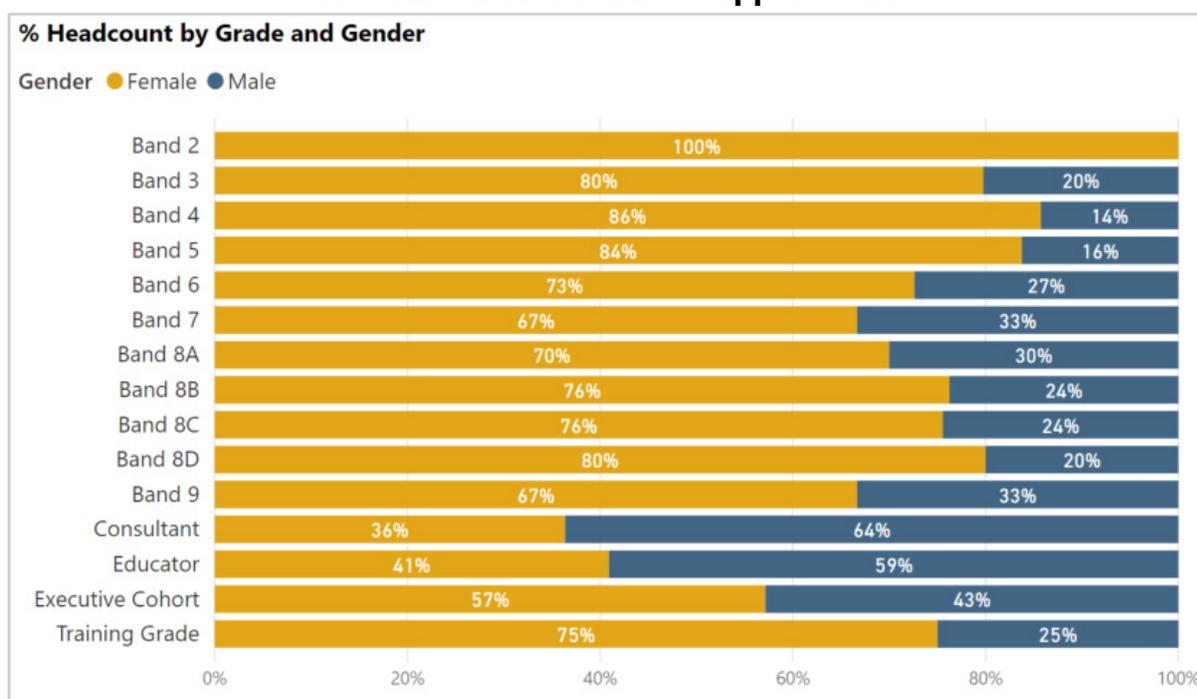
*The figure above does not include Doctors in Training. NES employs a small number of staff who are on Training Grades but are not Doctors in Training e.g. Fellows.

Figure 9 illustrates that, although the majority of the staff at lower pay bands are women, women are also well represented at the senior levels of the organisation. An analysis of working pattern pay band and gender shows that about half of women at bands 3 and 5 work less than full time. Full-time work is more common at bands 6-7, but in the higher bands of 8A-8C, part-time appointments are common, which is particularly prevalent in fields such as Psychology, Nursing and Allied Health Professions.

Additionally, we employ a number of Consultant and educator grade staff on part time arrangements. For example, virtually all of the Consultant grade cohort, who are

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medical and dental educators, are part-time employees of NES, regardless of gender. This analysis demonstrates that NES has a number of senior educational roles that are effectively delivered on a part-time and flexible basis.

The 72% of our Doctors in Training are female. NES collects data on gender identity which would enable an individual to identify themselves as trans. We do not have sufficient numbers to enable reporting of these figures.
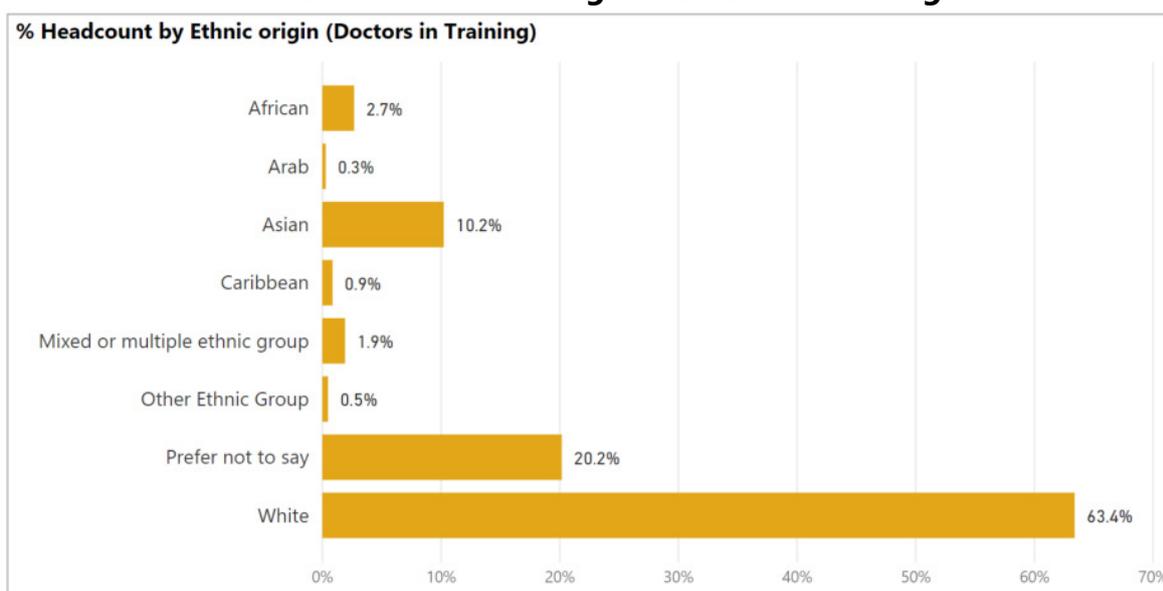
Ethnic Origin

Our Educational & Support staff are mostly white, with only about 3.3% of staff identifying as being from a Black, Asian, Other ethnic background, or mixed ethnic background. Among the 89% who identified as White, 69% are White Scottish and 14% Other British (7.3% responded 'prefer not to say').

Although people from ethnic minority communities are relatively under-represented in the E&S staff overall, analysis of ethnicity and grade indicates that ethnic minority staff are well represented in higher (7+) grades; the exception is the senior management level, which is entirely White Scottish, British or Irish (or not disclosed).

The percentage of individuals from black and minority ethnic, mixed or other ethnic backgrounds is higher among Doctors in Training than Educational and Support staff. There is a higher rate of non-response amongst this cohort (20%), which carries through into other characteristics (that is, those who do not provide information on one characteristic tend not to provide information on any). The higher non-disclosure rate may reflect differences in administrative arrangements between the cohorts but potentially also differences in working cultures.

FIGURE 10: Ethnic origin: Doctors in Training

% Headcount by Ethnic origin (Doctors in Training)

- African 2.7%
- Arab 0.3%
- Asian 10.2%
- Caribbean 0.9%
- Mixed or multiple ethnic group 1.9%
- Other Ethnic Group 0.5%
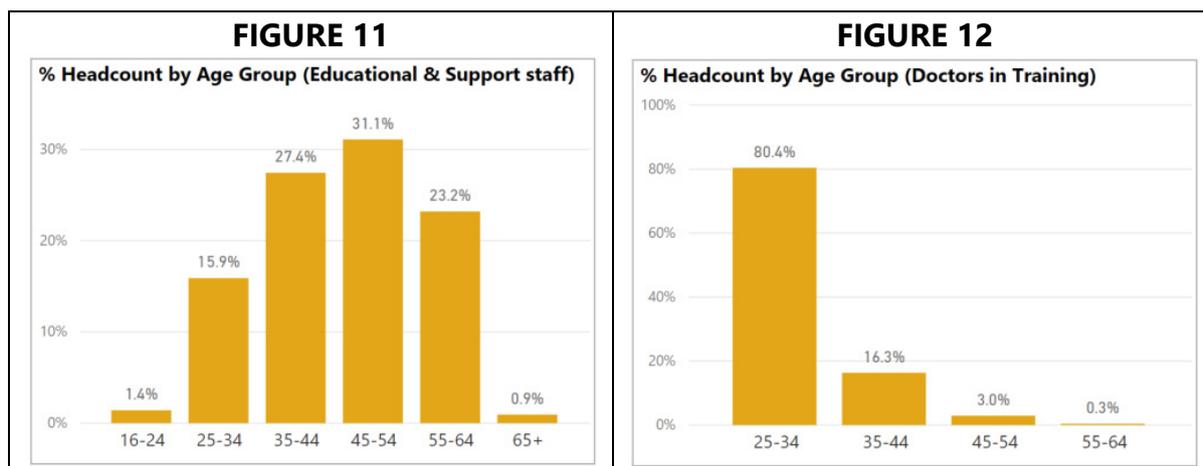- Prefer not to say 20.2%
- White 63.4%

Disability

Just under 3% of E&S staff identified themselves as disabled, 89.3% as not disabled and 7.8% preferred not to answer. Disabled staff are slightly over-represented in the 45-54 age cohort. These figures have not changed significantly during the first two years of our current Equality Outcomes plan. Our recruitment data indicates that our attraction rate for disabled people could be improved and we have set this as a key performance indicator moving forward. We are also working on policy developments such as a Reasonable Adjustments passport to ensure consistent support for disabled staff.

Doctors in Training are less likely to provide information about disability status (24.9% preferring not to respond), and 1.5% identifying themselves as disabled, which is a reduction from last year. Older trainees are more likely to identify as disabled; this may reflect the greater likelihood of an individual acquiring a disability or long-term health condition with age.

The General Medical Council has just published a new guidance on supporting disabled trainees in Medical education and training, *Welcomed and Valued*, and it will be useful to engage with trainees and educators on the content of this guidance and how we can reflect relevant points in our practice.
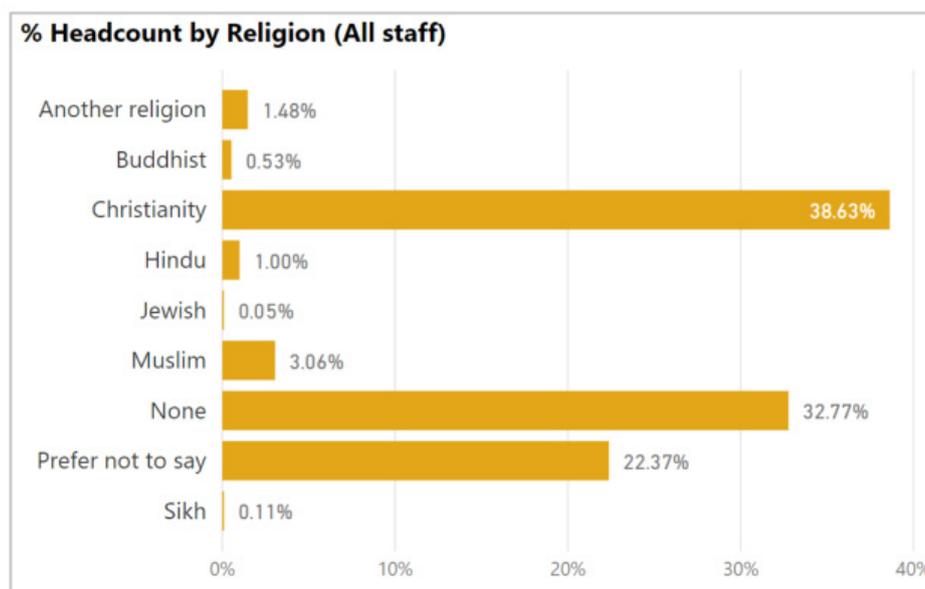
Age

Our age profile is consistent with data from previous years. The NES workforce includes a high number of posts which require specialist skills or knowledge across a variety of fields, which is one factor skewing the organisational age profile towards more experienced staff.

FIGURE 11

% Headcount by Age Group (Educational & Support staff)

Age Group	Percentage
16-24	1.4%
25-34	15.9%
35-44	27.4%
45-54	31.1%
55-64	23.2%
65+	0.9%

FIGURE 12

% Headcount by Age Group (Doctors in Training)

Age Group	Percentage
25-34	80.4%
35-44	16.3%
45-54	3.0%
55-64	0.3%

Religion or Belief

Our staff reflects a range of religious affiliations, although 'no religion' is the most common identification. Within the Christian grouping, 26.38% of staff overall identified as Church of Scotland and 12.49% as Roman Catholic.

FIGURE 13

% Headcount by Religion (All staff)

Another religion 1.48%
Buddhist 0.53%
Christianity 38.63%
Hindu 1.00%
Jewish 0.05%
Muslim 3.06%
None 32.77%
Prefer not to say 22.37%
Sikh 0.11%

Sexual orientation

Among E&S staff, a lower percentage of staff identify themselves as lesbian, gay or bisexual relative to the general population estimate (2.7%, compared to Stonewall's population estimate of 6%; non-response has increased slightly at 10.7%). This is broadly consistent with data from previous years.

Just over 3% of Doctors in Training identify as LGB; men are more likely to identify as gay or bisexual than women.

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.

Casework is classified as formal management of a range of employee relations activities, including attendance management, disciplinary, grievance and capability. We collect and analyse data on a range of activity.

Only 22 formal employee relations casework events were recorded for Educational and Support Staff. Nearly all cases (82%) were related to attendance management.

No grievances were recorded. The number of formal cases is too small to permit disaggregated reporting by protected characteristics.

Our approach is to support early and informal resolution of issues where possible. We record informal employee relations support, which may involve advice to staff or managers around specific issues or policies. Informal support is not recorded against individuals and thus is not analysed by protected characteristics, but Figure 14 provides an overview of the range of employee relations support provided in 2018-19 (N=156) and provides a breakdown of time spent by HR providing informal policy advice to managers and employees, the data shows the majority of time spent by HR providing informal advice is in relation to sickness absence and disciplinary Our sickness absence rate is one of the consistently lowest in NHSScotland.

FIGURE 14
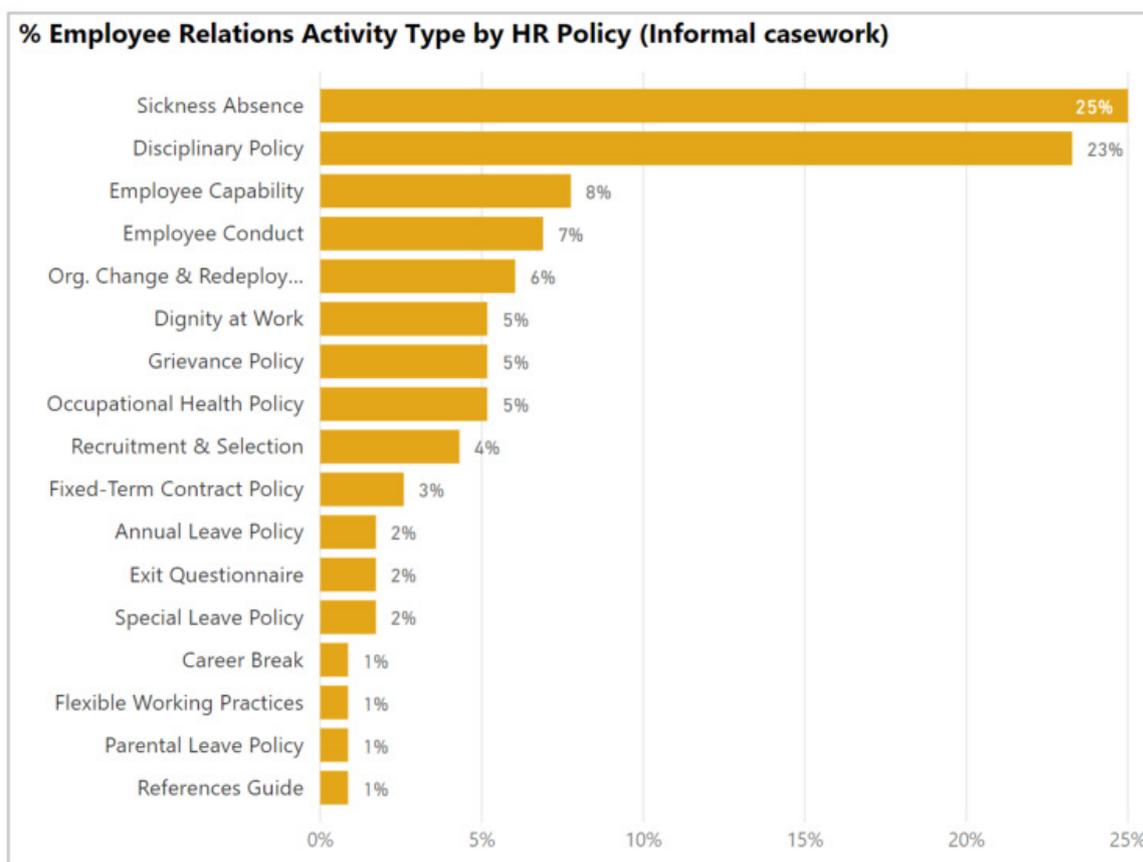
Supporting Carers in the Workplace

In 2015 we began recording information on carer status in our workforce, using a definition aligned to that of the Carer Positive kitemark. We achieved the Carer Positive (Engaged) award in November 2015. At that time, 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.

Our workforce data was transferred to e:ESS which does not have a dedicated data field for carer status however we have managed to reconfigure e:ESS to support this recording, which will enable us to continue to gather and use data on carer status for our staff.

We are planning to update this data, and also to work with carers to review current support in the workplace and identify any priorities for further development. A carer-led working group is leading us on work to progress from Engaged to Embedded level in the Carer Positive Standard, with a target of attaining this recognition by March 2020.

STAFF DEVELOPMENT

Education for Doctors in Training is governed through their foundation, core or higher specialty training programmes and follows the curricula written by the Medical Royal Colleges, and approved and published by the General Medical Council.

We analyse access to development for E&S staff 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.

Promotions

A promotion within NES is defined as a staff member moving to a higher grade/band.

During the reporting period there were 25 promotions. Promotions were distributed across the organisation, with at least one in each directorate. Seventy-six per cent of promoted staff were women; 8% from a minority ethnic background, half identified as 'no religion', 20% as Roman Catholic, 8% as Church of Scotland.

In 2017-18 we found that men progressed more quickly than women overall (10 men with average 5.97 years' service vs. 21 women with average 7.98 years' service). This pattern was not repeated in 2018-19, where promoted men's (N=6) average tenure was 5.32 years and promoted women's (N=19) average tenure was 4.5 years.

Training

Our support for continuing education and development for our workforce is grounded in an adult learning approach which encourages flexible, multi-modal and self-directed learning. We support a range of development opportunities for our staff, including work-based learning, continuing education, e-Learning, attendance at conferences and meetings, and training courses. Our formal training data, which logs

essential learning and booked training courses, currently tracks only a portion of this continuing professional development.

Our training course data indicates that rate of participation in NES training courses does not differ by protected characteristic or grade.

Working pattern impacts upon participation in non-essential training, but this effect is primarily notable at senior (Band 8+) and sessional (Consultant) roles. These staff will often have substantive posts in other health boards and will undertake training as part of their clinical professional development through those roles.

In addition to our training courses, we provide a range of staff development opportunities via our digital learning platform, Turas Learn. These include self-directed learning as well as webinars and other digital learning. These are currently not logged against the individual learning record in Turas.

In November 2018, 177 staff from across the organisation attended our staff conference, 'ConnectedNES'.

NES uses the Flexible Workforce Development Fund, funded through the Apprenticeship Levy, to support staff to undertake SVQs in relevant disciplines, generally business and administration. Five staff in bands 2-4 have been supported to undertake SVQs level 3 during 18/19. We also began supporting staff on graduate apprenticeships in the academic year 2018-19. Eight staff (of an original cohort of 11) have completed their first year (5 male; 3 female).

In 2018/19 we took the decision to change our use of our Continuing Education fund to fully fund shorter accredited or industry/professionally recognised training that supports appropriate skills transfer into those areas identified as a priority for NES. This provides some benefit and balance in terms of offering opportunities to staff at all levels and supports career development for those not necessarily seeking to undertake further academic study but whose ability to contribute to new ways of working could be enhanced by this type of education or training. We supported 10 staff (6 female/4 male) through the Continuing Education Fund in 2018/19.

RECRUITMENT AND SELECTION

The outcomes for recruitment and selection of Education & Support staff are analysed in this section. So far in2019, 957 Doctors in Training, were recruited by NES through a national recruitment process for appointment to training posts across NHSScotland (excludes Locum Appointments for Training). The standards and criteria for this process are set at UK level. Outcomes from this process are analysed separately.

Table 1 summarises the overall number of applications, number of individuals shortlisted, interviewed and appointed to our E&S staff during the period 2010-2019.

Table 1: Recruitment Activity: Summary, 2010/11– 2018/19 (E&S)				
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
2017-18	1496	1104	411	125
2018-19	1534	618	552	176

Attraction

In 2017-18 we revised our approach to advertising posts, adopting a model which offered clearer and more precise information about the post and the skills and knowledge required in the person specification. Our vacancies are advertised internally only in the first instance (i.e. to existing NES staff and agency workers) and if not filled externally. There are some extenuating circumstances where external recruitment is carried out without an internal process. All appointments require pre-approval. The recruitment data in this analysis incorporates data from both internal and external recruitment.

Data for 2017/18 had indicated a particular reduction in attracting applicants from black and minority ethnic communities. In 2018/2019 we have made a positive impact on this figure. The percentage of applicants from BME, mixed or other ethnic origins increased in 2018/19 to 13% (9%). Applicants from all white backgrounds reduced to 80.9% (6.2% preferred not to say).

The diversity of applicants for posts varies across the organisation, with the greatest diversity of applicants for posts in the Digital, Finance and the NHSScotland Management Training Scheme (which we administer). We have also seen an increase in ethnic diversity of applicants for consultant and medical educator posts and progression to appointment to these posts.

Applicant ethnic diversity was lowest for posts in the fields of Nursing, Midwifery and Allied Health Professions and Human Resources/Leadership and Learning and

Development roles although within the Human Resources function there is a greater percentage of European staff and applicants. This may not be a typical year.

Only applicants from African ethnic backgrounds (N = 42/1534 total applicants) have a differential likelihood relative to those of white ethnicity of progressing from interview to appointment (10% vs. 31%) or from application to appointment (2.38% vs 31.08%). There is no statistically significant difference between the likelihood of progression to appointment for those from Asian, mixed or multiple ethnic origins and those of white ethnic origin.
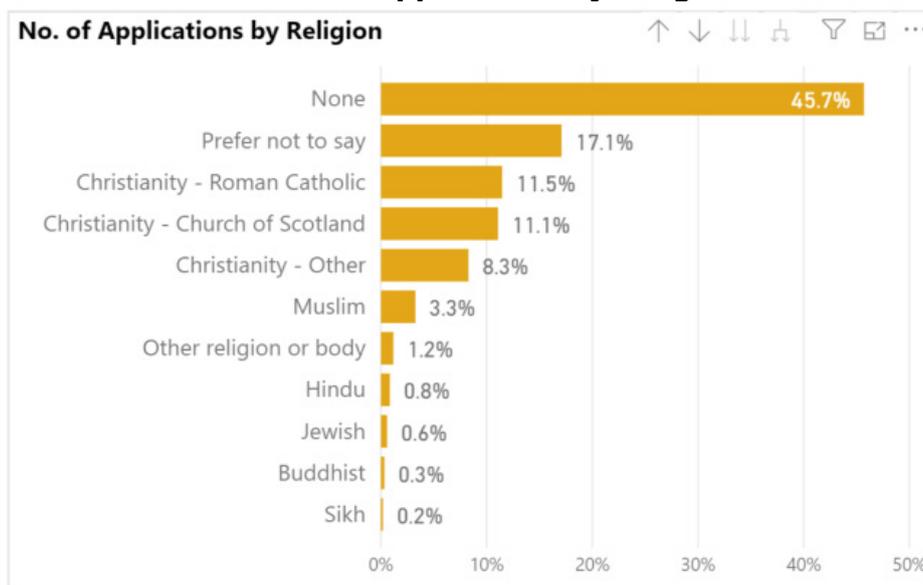
Small populations make it difficult to draw firm conclusions from this data.

Only 5.3% of applicants (N=81) for all posts identified themselves as disabled. In contrast, 88.9% (N=1363) applicants identified as not disabled and 5.9% (N=90) preferred not to answer. This indicates that we are not attracting many applications from disabled people. Although our overall rate of appointment for disabled people is low, it did not differ significantly from the appointment rate for non-disabled people, and in 2018-19 disabled people were appointed to high-graded professional posts within the organisation.

Six percent of applicants identified as LGB or 'other', which compares favourably with Stonewall Scotland's estimate of LGB people in the working age population. There is no significant difference between appointment rates of people who identify as LGB and those who identify as heterosexual.

Our applications represent a range of religious backgrounds; those identifying with no religion are most prevalent and we attract an equal percentage of applications (approximately 11% of the overall total number of applications) from those identifying as Roman Catholic or Church of Scotland. There is no significant difference in appointment rates between those identifying as Roman Catholic or Church of Scotland. (The number of individual applications in most of the minority religions is too small for statistical analysis).

FIGURE 15: Applications by Religion

No. of Applications by Religion

None	45.7%
Prefer not to say	17.1%
Christianity - Roman Catholic	11.5%
Christianity - Church of Scotland	11.1%
Christianity - Other	8.3%
Muslim	3.3%
Other religion or body	1.2%
Hindu	0.8%
Jewish	0.6%
Buddhist	0.3%
Sikh	0.2%

Sixty-six percent of our appointments in 2018-19 were women. Women formed the majority of appointments across the organisations and at most grades, except that men were more likely to be appointed to consultant/educator posts (reflecting the wider pool of consultants, approximately 2/3rds of whom are male) and in digital. We appointed slightly more men to finance roles this year, but this is not a consistent yearly pattern.

Figure 16 illustrates the age distribution of applications for E&S posts. Attraction is high across all age bands.

FIGURE 16: Applications by Age

No. of Applications by Age

Age	Percentage
16-24	22.5%
25-34	31.6%
35-44	22.1%
45-54	18.0%
55-64	5.4%
65+	0.3%
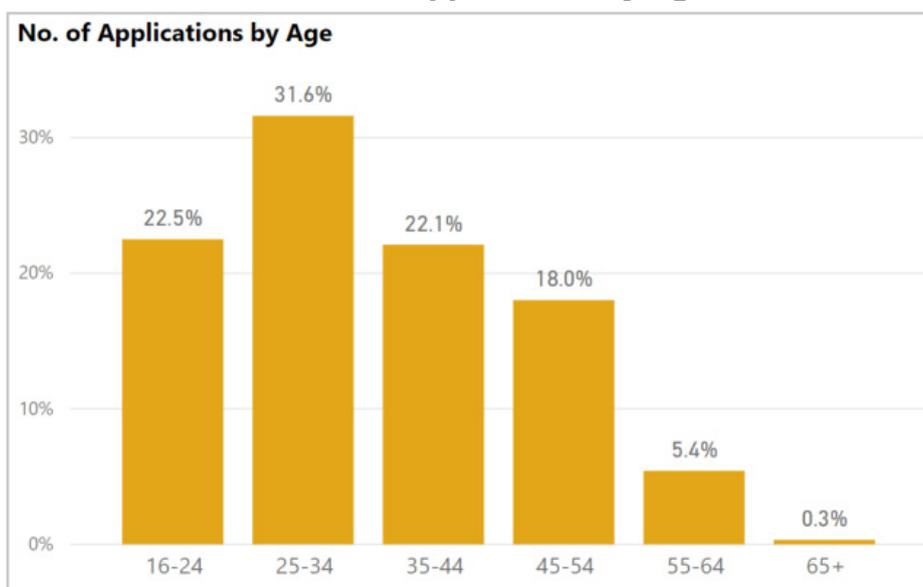
Differences in appointment rate by age group are not significant after 'factoring out' our Management Training Scheme appointments, which attracted a very large number of applications for a small number of posts. These applications tend to be concentrated in the younger age bands. Management Training Schemes applications account for 58% of the applications from the 16-24 age band.

RECOMMENDATIONS AND ACTIONS

Through review of our diversity data we have established a set of key performance indicators aligned to our People and OD Strategy. These set out the measures we will use to track our progress. The specific Key Performance Indicators relevant to this analysis are:

Outcome: A diverse pool of suitable applicants for established and new roles that support strategic direction and a sustainable workforce:

- Increased % of applicants in the 16-24 age band
- Increased % disabled applicants
- Increased % applicants from black and minority ethnic communities

Outcome: High performance and improvement through effective leadership and management, teamwork, and cross-boundary collaboration

- iMatter EEI compared with NHSScotland average
- 100% of all eligible staff have meaningful performance review and planning meetings
- 100% of all eligible staff complete essential learning (which will be contractually linked to pay progression for Agenda for Change staff from April 2020)

Outcome: A range of development opportunities that ensure a capable workforce, maximise potential and support career transitions

- Assessment of staff against foundation benchmarks in digital skills

By reviewing and analysing our performance against these measures, analysing the results by protected characteristics, pay grade and working pattern, we will continue to use our diversity data to support fair recruitment, staff experience and progression and development opportunities for staff.

Our analysis of the employee relations data highlighted the complexity of linking data across multiple digital platforms, particularly for the cohort of Doctors in Training. As one of four national lead employers for Doctors in Training, we will work with other lead employers to establish an effective system of relevant measures for this data, considering possible links to trainee progression data where relevant.

Workforce Plan 2019/20

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