



# Equality Outcomes and Mainstreaming Report 2017

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## About NHS Education for Scotland (NES)

We are a national special health board responsible for education, training and workforce development for those who work in and with NHSScotland.

We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and our mission is to provide education that enables excellence in health and care for the people of Scotland.



At NES, we believe that education is a force for positive change, supporting health and care services through a well-developed workforce, with the right skills and behaviours to provide new models of care which cross traditional public service boundaries.

As the national training and education body for NHSScotland we have a key remit in supporting the whole service, in addition to our own workforce, to deliver the Scottish Government's *Everyone Matters: 2020 Workforce Vision*.

## About this report

**This report responds to our statutory duties to report on our mainstreaming activity and progress delivering our equality outcomes, and to publish new equality outcomes for the period 2017-2021<sup>1</sup>.**

The report begins with a new set of equality outcomes and mainstreaming priorities for the period 2017-2021. It then describes key activity and the impact of our work to mainstream equality and diversity in the delivery of our functions, including the use of equality workforce data. It also provides a final summary of progress against our first set of equality outcomes, which were published in April 2013 in our Equality and Diversity Strategic Action Plan, 2013-2017, with interim progress reported in April 2015.

<sup>1</sup>These are statutory requirements for listed Scottish public authorities set by amendments to the Equality Act 2010. Further information is available on the website of the Equality and Human Rights Commission, [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

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# Part One:

## Equality Outcomes & Mainstreaming Priorities, 2017-2021

This section sets out the equality outcomes and mainstreaming priorities we will work to deliver in 2017-2021.



## Outcome area: **Reducing health inequalities**

Equality Outcome: **Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge.**

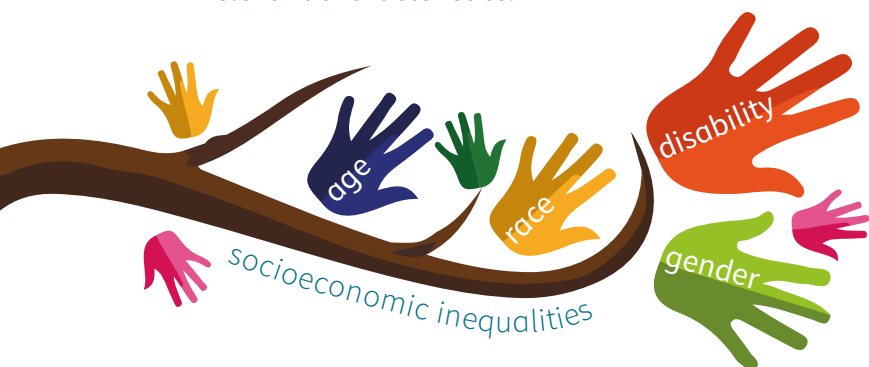
### *What is the issue?*

Research on health inequalities highlights the important role that health and social services staff can play in supporting and enhancing development of health literacy among service users as a key contribution that the health service can make to reducing health inequalities. Limited health literacy has been identified as a significant issue for a number of groups in the population, including some minority ethnic groups, Gypsy/Travellers, and other populations associated with educational and socio-economic background. This has been cited as a contributing factor to health inequalities and as a barrier to person-centred care.

Research on the sustainability of primary care services in areas of deprivation identified the contribution of widening access to the medical profession to service sustainability.

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

### Relevant characteristics:



### *We will do this by:*

- Raising awareness and capabilities of professionals to address health literacy, and improve access to tools, innovations and technologies through The Health Literacy Place website.
- Continued development of the cross-sector reach of dementia and learning disability education to improve quality of care and quality of life outcomes for people with dementia or learning disabilities, and families and carers
- Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families. Raise awareness in relation to the health needs and vulnerability of looked after children and young people, as part of our Corporate Parenting responsibilities.
- Education and skills development which supports improved oral health for older people, children and homeless people, improved access to services and better awareness of child protection and safeguarding.
- Ensuring issues relating to health inequalities are considered as part of all relevant training programmes and advocating for inclusion of health inequalities in health care curricula.
- Supporting improvements in sustainability of services in areas of deprivation through supporting and advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds. Outcome area: Enhancing access to employment and career development.

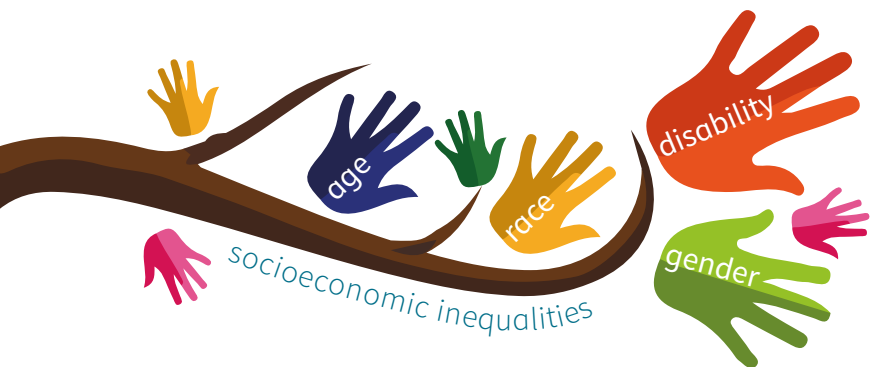
## Outcome area: **Enhancing access to employment and career development**

Equality Outcome: **Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth employment and build the workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people.**

### *What is the issue?*

Youth unemployment in Scotland is high, while NHSScotland has, in many areas of the service, an ageing workforce. Scottish Government's Youth Employment Strategy sets out a target of reducing youth unemployment by 40% by 2021. Increasing opportunities for youth employment via apprenticeship schemes offers an opportunity to support effective succession planning and to increase employment options for young people. However, the labour market, and many employment programmes, have a history of occupational segregation by gender and under-representation of disabled people and under-employment of

### Relevant characteristics:



people from black and minority ethnic backgrounds. Looked-after children and care experienced young people face barriers to accessing education and work.

### *We will do this by:*

- Supporting engagement between the NHSS Modern Apprenticeship/Youth Employment Network and equality stakeholders.
- Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards.
- Ensuring that our evidence based guidance and other resources support good practice in responding to the issues highlighted.

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## Outcome area: **Enhancing access to employment and career development** (Continued)

Equality Outcome: **The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.**

### *What is the issue?*

Refugee and asylum seeking health professionals may face a number of barriers when seeking work in the UK, including language barriers, recognition or transfer of qualifications, or the need for additional educational support to adjust to working in a new cultural environment and new healthcare system. Access to education and employment is crucial to integration, to building self-esteem and to securing a life free from poverty.

### *We will do this by*

Working with partners to guide and assist refugee and asylum seeking doctors to access training and language support, eg. The Bridges Programme.

[Continued >](#)

Relevant characteristics:





## Outcome area: **Enhancing access to employment and career development** (Continued)

Equality Outcome: **Retention and career development are improved for people who take breaks from training or career progression through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.**

### *What is the issue?*

Professionals take career breaks for a variety of reasons, but childbearing, caring responsibilities, illness or disability are common reasons for taking time out from training or a career. Career breaks at any stage can impact on retention, progression and pay equity. Actions outlined in this section aim to contribute to supporting progression for people who have taken career breaks, reducing the potential for negative impact of these breaks.

Data from medical and dental training underscores the importance of effective support mechanisms at the earliest possible stage for professionals experiencing difficulty in their training.

### *We will do this by:*

- A Return to Work programme in Dental training;
- a medical careers advisory service, support programmes to retain doctors in the profession when they have caring or similar commitments (such as the GP Retainer Scheme), and support for doctors to return to a medical career following career breaks (e.g. the GP Returners Scheme);
- a national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees;
- supporting options for less-than-full-time training.

### Relevant characteristics:





## Outcome Area: **Reducing Differential Attainment in Education**

Equality Outcome: **Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced through a range of measures (see below)**

### *What is the issue?*

Both UK Black and Minority Ethnic (BME) graduates and International Medical Graduates (IMGs) experience differential outcomes on the Clinical Skills Assessment, which is one part of the first round of the Royal College of GPs final qualifying examination. Research indicates that differential attainment by nationality and ethnicity can be found in other medical specialties as well, and the General Medical Council advised that medical Deaneries must consider how they can better support BME and IMG trainees to prepare for assessments and to meet the specific learning needs of IMGs in particular.

### *We will do this by:*

- Delivering targeted educational support via the STEP programme to International Medical Graduates and their Educational Supervisors which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment.
- Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors.
- Improving the collection and analysis of data with the aim of monitoring progression and attainment by ethnicity and nationality at all stages of the training journey, from recruitment, through progression to outcomes, to inform continuous improvement.
- Supporting faculty development for trainers in line with recommended good practice in inclusive learning environments for medical education, including development in cultural competence and unconscious bias.

Relevant characteristics:



## Outcome Area: **Making learning and development more inclusive**

Equality Outcome: **Leadership cohorts are more reflective of the Scottish population through the provision of leadership and management development programmes that are inclusive.**

**Our leadership and management development supports leaders at all levels to develop the skills and knowledge they need to plan, manage and deliver equitable, person-centred services to the people of Scotland, and to manage staff fairly and effectively.**

### *What is the issue?*

Research from NHS England found significant vertical segregation by race and gender. Comparable data on ethnicity is not currently available for Scotland but research in the public sector suggests a similar pattern is likely.

NHSS has significant patterns of gender occupational segregation with women generally under-represented in senior management of most boards (NES is an anomaly) and considerable gender segregation by profession.

Research on diversity & staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management & development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

The Equality and Human Rights Commission identified equality, diversity and human rights as learning needs for strategic leaders

of Integrated Joint Boards following their assessment of the IJBs' inaugural statutory equality outcomes and mainstreaming report publications in April 2016.

### *We will do this by:*

- Improving the collection and analysis of participant data with the aim of monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement.
- Requiring that leadership development programme commissioning and design reflects the need for leaders to ensure their services and people management activities are person centred, and raise awareness of the value of equality, diversity and human rights and the risks of unconscious bias.
- Ensuring that work on national talent management arrangements being undertaken with Scottish Government is subject to equality impact assessment, and both recognises and seeks to help address the barriers to progression of women in to senior management roles.

[Continued >](#)

### Relevant characteristics:



## Outcome Area: **Making learning and development more inclusive** (Continued)

Equality Outcome: **Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.**

### *What is the issue?*

Digital exclusion is strongly linked to other deprivations. In terms of demographics; older people, disabled people, people with low incomes and low levels of education or long-term unemployed are most likely to be digitally excluded. Remote and rural populations may experience issues with connectivity. Within the health service, some staff groups (eg, nurses and support workers) are more likely to identify barriers to accessing computers in work, particularly for learning. Staff working in social care settings identify barriers to accessing computers in work for learning.

Digital literacy is a complex concept which impacts on the accessibility and effectiveness of digital learning. A range of factors can affect digital literacy, including disability, age and educational background. Some disabled people are agile adopters of digital resources. Younger learners may have different learning and support needs in relation to digital literacy than older learners.

### *We will do this by:*

- Improving access to e-learning resources and supporting digital literacies for healthcare support workers.
- Implementing robust digital development standards across all new NES digital learning resources and platforms.
- Increasing our analytic capacity to gather equalities data on the use of digital learning in continuing professional education through our Turas Learn platform.



## Outcome Area: **Improving staff experience and engagement for all**

**Equality Outcome: The employment rate of young and disabled people in NES is increased and access to learning, education and progression opportunities for younger, older and disabled workers is improved; staff with caring responsibilities have the flexibility they require to sustain employment and career progression; the elements of staff experience most relevant to equality and diversity outcomes are maintained and improved.**

### *What is the issue?*

In NES staff, there is under-representation of people from black and minority ethnic communities at senior level and under-representation of disabled people overall.

National research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management and development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

In its review of occupational segregation, NES considered the impact of pregnancy and maternity, including flexible working, on career development. This has also been reviewed as part of our Carer Positive workstream. The result has been some practical suggestions for supporting reintegration into work and considering options for peer support arrangements. Research highlights caring responsibilities as factors potentially impacting career progression, particularly where work is not truly flexible.

NES considered equality and diversity in its recent review of the implementation of agile working. Agile working was cited as a positive feature by carers and disabled staff in particular. Some staff noted barriers to accessing truly agile working arrangements.

### *We will do this by:*

- Improving the consistency of our approach to agile working, to enhance flexible working options and support work/life balance.
- Continuing to progress through the Carer Positive framework.
- Using management and recruitment training to identify and remove unconscious bias.
- Ensuring that our approach to succession planning and staff development offers equality of opportunity for all staff.

### Relevant characteristics:



## Priority Area: **Inclusion for disabled learners**

Mainstreaming Priority: **We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland. Our Inclusive Education and Learning Policy, Guidance: Disability Inclusion sets out the specific steps we will take.**

### *What is the issue?*

In 2015, 10.9% of first-degree students in health care subjects in higher education and 13.8% of full time first degree student in health care related subjects in further education in Scotland declared a disability.

Yet few trainees in postgraduate training declare a disability. Research on barriers for disabled people in postgraduate training in health care professions internationally identifies a number of barriers and areas where support could be improved.

### *We will do this by:*

NES has an Inclusive Education and Learning Policy which sets out our commitments to taking an anticipatory approach to educational inclusion, and to advocating for and supporting reasonable adjustments in learning. Our associated guidance on disability inclusion highlights a range of specific actions which relate to NES's role, including:

- Raising awareness of inclusive educational approaches and signposting to good practice;
- Addressing barriers to disclosure;
- Ensuring effective delivery of reasonable adjustments for learners who are NES employees;
- Using data for monitoring, improvement and quality management.



## Part Two: Mainstreaming Equality

This section provides an overview of our approach to mainstreaming equality and diversity in our key functions, with a focus on continuous improvement work carried out during the reporting period.



## **Governance of Equality and Diversity**

**The NES Board has the overall responsibility for ensuring the appropriate governance of equality and diversity. Authority for scrutiny of equality and diversity is delegated to the Staff Governance, Educational and Research Governance, and Finance and Performance Management Committees of the NES Board in areas related to their functions.**

The NES Executive Team has an enhanced role in overseeing the delivery of equality and diversity, receiving quarterly progress reports and strategic briefings. They are supported by a Person-Centred Care, Participation, Equality and Diversity Lead Network (PEDLN), composed of senior staff representing each of NES's directorates and co-chaired by the Director of Nursing, Midwifery and Allied Health Professions and Director of Workforce, who are the accountable directors for equality and diversity. The network members play an essential role in coordinating equality and diversity work within NES, sharing good practice and developing approaches to enhance our policy and practice. The network also carries out an annual review of our current equality and diversity practice, the results of which are reported to the NES Executive Team.

In 2016 NES reviewed its executive management function, establishing a Senior Leadership and Management Team and an Operational Leadership Group to coordinate corporate work. From 2017, the network will engage with these groups, particular to support performance management of equality and diversity plans and priority Equality Impact Assessments to ensure senior ownership and accountability for equality and diversity across the organisation. The Educational and Research Governance Committee of the NES Board receives regular reports on equality and diversity performance

and key issues relevant to their governance remit. Topics of focus have included health inequalities and barriers for disabled trainees in health care education.

The Staff Governance Committee receives regular reports on equality and diversity performance and key issues relevant to their governance remit. Topics of focus have included ethnicity and employment, the Working Longer Review and national approaches to improving workforce data.

The Finance and Performance Management Committee receives an annual report on equality and diversity in relation to the specific equality duty relating to procurement.



## Equality Impact Assessment

**NES has an established process of Equality Impact Assessment (EQIA)<sup>2</sup>. In 2015-2016, we reviewed our process, strengthening the governance of EQIA and taking a more proportionate approach to delivery. Under the revised process, each year, the network of NES equality and diversity leads work with their Directorate management teams to identify priority workstreams for EQIA during the year, following set criteria for prioritisation.**

The delivery of EQIA priorities is monitored by the NES Executive Team, and priority EQIAs receive targeted support from the Equality and Diversity Adviser. Routine or ongoing activity uses a 'mainstreaming' approach, where programme leads are encouraged to use practical tools, such as prompt guides for inclusive course design or checklists for accessible digital products, to consider equality and diversity as part of their planning and everyday working. These practical tools were developed from the learning from previous EQIAs, existing standards and good practice guidance. This shared learning has enabled us to reduce duplication of effort, and to focus effort on priority workstreams with greater potential impact. The new approach is supported by a just-in-time blended learning approach which uses elements of digital and work-based learning to support delivery.

The changes to the process resulted in better engagement with EQIA, improved quality of EQIAs, and improved accountability through more transparent governance.

The following examples illustrate ways that staff are using EQIA processes to inform planning at various levels – from identifying Directorate level priorities or programme improvements, to planning for events.

*A Directorate-level improvement programme to improve the links between Equality Impact Assessment and operational planning:*

The Nursing, Midwifery and Allied Health Professions (NMAHP) Directorate Equality & Diversity & Participation (E & D & P) group aims to advance equality by mainstreaming equality and diversity into our business processes further and into the day-to-day work of NMAHP activity as a priority.

Initially, each programme of work within the NMAHP Directorate published an EQIA and action plan. The NMAHP Equality, Diversity and Participation Group considered the reports and action plans of all the published EQIAs from the Directorate and identified main themes and challenging areas. The group noted that these findings could be used to support programmes in their annual equality and diversity planning.

Using the thematic analysis from the directorate EQIAs, the group developed five specific priority targets to address the commonly identified issues. For the past two years all of the programme action plans related to these five targets.

Using these specific targets allows a greater focus on the common issues, gaps and issues within the Directorate and makes it easier to report progress against targets.

When the Directorate's EQIAs were due for review in 2016, the group carried out further analysis of recurring themes in the published NMAHP EQIAs, looking at areas of commonality, and revisiting the progress made against the five priorities. The group agreed to further refine approaches to EQIA and action planning in line with NES's overall approach, focusing on a smaller number of priority actions, supplemented by practical mainstreaming tools for everyday work.

<sup>2</sup> Our EQIAs are published on our website at:

<http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-impact-assessments.aspx>.

## Equality Impact Assessment (Continued)

Programme Directors, with support from Project Officers, will now use the question sheets to inform their action plans and identify priority E & D activity for operational planning – this will enable them to identify E&D targets for each programme of work (NB – replacing the existing process of using standardised targets). This will ensure that at the beginning of each financial year there is clear understanding of E&D issues, how they will be addressed and appropriate resourcing/ accountability within each programme.

So far this has received positive feedback from the NMAHP programmes although we are currently at the planning stage and impact will be assessed as we progress.

This case study serves as a test of change, demonstrating the use of EQIA as part of a continuous improvement approach to mainstreaming equality and diversity in programme management and operational planning.

### *Specific Programmes using Practical Equality Mainstreaming Tools*

CPD Connect is a NES workstream which runs continuing professional development events for General Practitioners and their practice teams across Scotland. Speakers at the events are usually externally contracted. Feedback from participants is generally highly positive, but participants have noted that the accessibility of presentations is an area for improvement. The CPD Connect lead developed a short good practice guide for presenters to help them address some of the issues that were making their presentations less accessible.

The Allied Health Professions Practice Education team supports learning in the practice environment in a variety of ways, one of which is a trainers' toolkit for interprofessional learning. After completing equality and diversity training, the team realised that the toolkit, which was ready for updating, did not include any information about inclusive learning. They took the opportunity to adapt guidance on designing inclusive learning for their audience, to raise awareness of potential barriers to learning in the practice environment and approaches to inclusive learning design.



## Educational Governance

**Educational governance can be defined as “the systems and standards through which organisations control their educational activities and demonstrate accountability for continuous improvement of quality and performance<sup>3</sup>”.**

The NES Educational Governance Framework supports our directorates and programme teams in focusing on the impact (or outcomes) from our educational activities. This impact-based approach encourages clarity about desired outcomes, based on analysis of context and including consideration of the needs of different groups. NES teams are also supported in collecting data on the different types of impact from their programmes including participant engagement, learning, performance changes and service improvements. In measuring the different types of impact we will disaggregate the data collected to enable us to understand the effects of our work on different groups e.g. disabled trainees, internationally qualified healthcare professionals and staff who work part-time.

NES supports the postgraduate, pre-registration or vocational training of a range of health care professionals, including doctors, dentists, pharmacists and psychologists. We have a number of processes in place to mainstream equality and diversity into these programmes.

*They include:*

- Regular monitoring of candidates for training posts throughout the selection process, disaggregated by the protected characteristics;

- Processes to identify and respond to requirements for reasonable adjustments in recruitment and selection processes;
- Monitoring and supporting reasonable adjustments in training programmes and assessment processes, where required;
- Embedding equality and diversity in quality assurance and quality management arrangements. e.g. analysing the progress of trainees, analysing progress and completion by the protected characteristics for dentists, pharmacists and psychologists and analysing responses to equality and diversity questions in surveys of trainee doctors.

There is a strong focus on accessibility and inclusion within educational governance processes at all levels and the Educational Governance Framework has clear links to the Inclusive Education and Learning Policy. All quality monitoring reports include a commentary on key equality issues relating to programmes, and related progress.



<sup>3</sup> [http://www.nes.scot.nhs.uk/media/3263607/educational\\_governance\\_framework\\_2015\\_final\\_-\\_1\\_may\\_15.pdf](http://www.nes.scot.nhs.uk/media/3263607/educational_governance_framework_2015_final_-_1_may_15.pdf), p. 6.

## Staff Governance

**The NHSScotland Staff Governance Standard provides a framework that sets out what employers are expected to do to develop and manage their staff, and to ensure that all staff have a positive employee experience and feel motivated and engaged within their job, team and organisation<sup>4</sup>.**

*The Standard requires all NHS Boards to demonstrate that staff are:*

- well informed
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Although equality and diversity is particularly visible in the fourth Staff Governance Standard domain, it is essential to each of them. Our performance in each domain of the Standard is scrutinised by the Partnership Forum and the Staff Governance Committee of the NES Board, and reported annually to Scottish Government.

NHSScotland developed iMatter, an evidence-based tool for measuring staff engagement. iMatter supports boards in measuring staff engagement at team and organisational level, building an employee engagement score from components aligned to the domains of the Staff Governance Standard and key drivers of employee engagement. NES began implementing iMatter in 2015 and is using the tool to provide targeted organisational development

support to teams in ways that will help them to improve their relationships and ways of working.

iMatter also provides a measurement at organisational level of key equality-related indicators, particularly in relation to the consistent application of employment policies and procedures - 84% in 2015 and 85% in 2016 - and to being valued as an individual - 88% in both years. NES has particularly high scores in both indicators.

We collect data on the full set of protected characteristics for all staff through our HR database. Diversity statistics are included in regular quarterly HR management reporting and annual workforce plans and is used regularly to inform strategy and policy development, policy reviews and equality impact assessments.

*Specific examples of our use of workforce equality data and intelligence include:*

- monitoring the uptake of continuing education funding, as well as targeting funding to fund educational opportunities leading to formal qualifications for staff working in lower pay bands;
- monitoring the outcomes of redeployment following organisational change by protected characteristics;
- monitoring the uptake of flexible working, and seeking feedback from staff on agile working policies to inform our approach to supporting carers in the workforce as part of our work to achieve the Carer Positive kitemark;
- analysing exit interviews for equality related themes;
- using data on equal pay and patterns of occupational segregation to identify actions for improving equality of opportunity and career progression.

<sup>4</sup> <http://www.staffgovernance.scot.nhs.uk/media/1342/staff-governance-standard-edition-4.pdf>

## Staff Governance (Continued)

All workforce strategies and policies undergo equality impact assessment (EQIA) in partnership with staff-side representatives. We reviewed our approach to EQIA in 2015. This resulted in a process more closely aligned to the policy development and review process, supported by a revised toolkit with more specific guidance tailored to EQIA for employment policies and a blended learning approach for both HR staff and staff-side representatives.

Since 2014, NES has been working in partnership to address the large number of active job roles and different job titles within our board. In 2015/16 we completed development of a harmonised suite of job roles matched to national profiles with a smaller range of Agenda for Change job titles, with the aim of enhancing consistency of grading and flexibility in career development for staff. An extensive staff engagement process was carried out in 2016, with the aim to complete the programme of change in 2016/17.

## Staff Training and Development

**We continue to deliver a programme of staff training and development to build capacity and capability to deliver our equality and diversity commitments. Our approach includes a mandatory equality and diversity e-learning programme for all staff which is aligned to NES's equality and diversity priorities and supports staff to identify equality and diversity objectives for their personal development plans.**

All Agenda for Change staff have equality and diversity competencies within their Knowledge and Skills Framework outlines, and staff

working under Medical and Dental terms and conditions have similar requirements under their professional frameworks. New staff also undertake an equality and diversity workshop as part of induction.

We also offer a range of specific training to support delivery of NES policies, including Mentally Healthy Workplace, Equality Impact Assessment, and Inclusive Education and Training.

Equality and diversity learning is also part of a number of other development programmes, including recruitment and selection, event management, and coaching skills for managers.

We offer specific learning support for directorates and teams to support their learning objectives.

## Planning and Performance Management

Equality and diversity has been fully integrated into the operational planning process from 2014/15. Equality targets are set annually as part of the process of creating the local delivery plan and linked to our operational plan targets. Performance is reported through our performance management system, with oversight by the Executive Team and the Educational and Research Governance and Staff Governance Committees of the Board.



## Complaints Handling

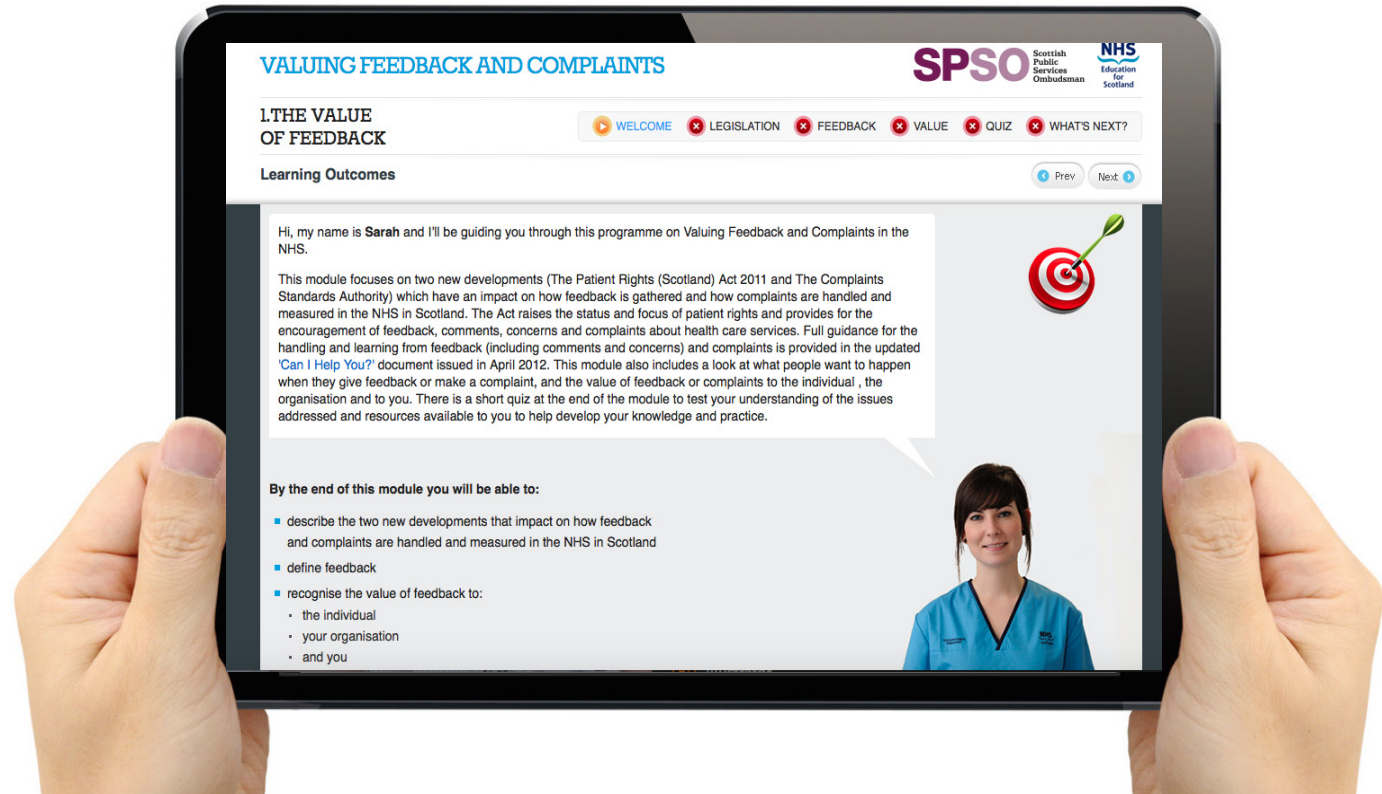
During 2015-2016 we reviewed our arrangements for complaints handling and made a number of improvements. This review included how we responded to feedback, comments, concerns and complaints and resulted in the development of formal procedures and training for a new network of staff, as well as in-depth training for the corporate complaints team.



Complaints and concerns which are resolved locally or at corporate level are logged on a central complaints register and can be analysed thematically to identify any equality-related themes. This information is used at directorate level, and it is also reviewed annually by the corporate complaints team and the NES Participation, Equality and Diversity Lead Network to inform equality and diversity planning and performance review.

We are currently adding an evaluation stage to our complaints process. This will allow complainants to review our complaints process, in order to ensure we are making it as accessible and straight-forward as possible.

We now have trained Complaints Leads in each of the directorates and a clear policy about how complaints should be handled locally. This is in line with the new guidance published by the Scottish Government and Scottish Public Sector Ombudsman in 2016. It also ensures we have a consistent approach to complaints across the organisation.



## Accessible Communications and Events

**Our Accessible NES Policy sets out requirements for accessibility in publications and communications, including approaches to the use of accessible Word formats, provision of alternative formats and digital design standards. Adherence to the guidance is periodically audited and reported through the NES Participation, Equality and Diversity Lead Network, where any required improvements can be identified. The policy and associated audit information also contributed to the development of our Digital Standards.**

Our Brand Standards include specific equalities guidance relating to style, imagery, and design. We are currently revising our visual branding, with new designs to be implemented in 2017. One of the aims of this revision was to further improve the accessibility and readability of the fonts and visual design on various digital platforms, particularly for users with any level of visual impairment or users affected by dyslexia.

NES has a multi-channel communications approach with increasing use of new media, including infographics, film and animation. This range of approaches offers a wider variety of engagement methods. Our Digital Standards require a proactive approach to ensure accessibility of new media, including on/off captions and transcriptions.

We are also expanding our use of social media, and updated our social media policy to strengthen guidance on bullying, harassment, discrimination or hate crime, as well as good practice in responding to stress or distress. We are currently analysing our audience segmentation in social media to better understand our reach through these channels.

The Corporate Communications Conference Team have a number of measures in place to ensure that the conferences they organise are accessible to everyone.

*These include:*

### **Booking Forms**

When delegates register they are asked a comprehensive set of questions regarding accessibility to ensure that their needs are met. These include dietary, access, alternative print formats, requirement for hearing loops etc.

### **Venues**

NES uses a range of internal and external venues for meetings, workshops, seminars and conferences. These are selected with a view to ensuring the accessibility of the main entrance, meeting rooms and bedrooms (if applicable), toilets and lifts. The Conference Team also check that hearing loops are available and accessible parking spaces are available at the venue or in close proximity.

In addition, it is important to ensure that any dietary requirements can be catered for.

The Venue Directory which is compiled by the team includes information regarding individual venues accessibility. This can be accessed via the intranet by any staff member who is booking an event.

### **Conference Pack Material**

As NES is 'digital by default' conference epacks are available for the majority of events. This enables participants to access the material in the form they wish. However, at the time of registering delegates can indicate on the booking form if they require their material in alternative formats and depending on the event, if they require a hard copy of the pack.

**Continued >**



## Accessible Communications and Events (Continued)

### Accessible Events – Sharing Information and Good Practice

Staff throughout NES's directorates organise events. The Corporate Communications Conference Team offers advice on event planning, maintains an intranet site to share resources and good practice and teaches workshops for staff on conference management. The importance of accessible events is highlighted at the Conference Management Workshops run by the team. Currently two workshops take place per year.

The team develop guidance on making your conference accessible. This, as well as the accessibility questions from the booking form, are available on the intranet in the section on Organising Accessible Events.

## Digital Transformation

**Over the past two years, we have transformed the way we work, taking a fresh look at our approach to technology and reworking it from a 'user first' perspective. This new digital approach has underpinned the development our new innovative digital platform, Turas, which delivers an integrated, single point of entry system for users across the NHS and beyond.**

Turas replaces several outdated legacy systems, bringing together key functionality into a one-stop shop of NES services. Users will be able to manage their education portfolios, undertake online learning and browse courses, resources and news, anytime, anywhere and on any device.

Digital resources hosted on Turas must meet widely recognised accessibility and pedagogical standards which take account of inclusive educational approaches.

We are developing approaches to supporting learners with digital literacy.

In April 2016 we completed migration to Office 365, the first NHSScotland board to make the transition to cloud-based systems. With O365 we have enabled our workforce to work smarter, being able to access core office functions on any device anywhere they wish to. The integration of office style applications and communication, networking and content management systems give everyone, especially those who work out of the office, to have easy access to everything they need. This has provided particular benefits to staff working part time, on flexible working arrangements, carers and disabled staff, who highlighted improved accessibility of O365 and its support for improved collaborative working.

## Board Diversity

**We are committed to taking steps to achieve diversity on our board. During the period covered by this report, the gender composition of the NES Board was 25% male and 75% female, with a total of 12 Board members (executive and non-executive) overall.**

We have appointed a non-executive member of the Board to lead on a review of Board diversity and succession planning. This review will consider the range of protected characteristics, and draw on good practice from across the public sector to inform development of an action plan.

## Part Three: Equality Outcomes, 2013-2017 Summary of Progress

This section provides a general overview and case studies in the priority areas of our Equality and Diversity Strategic Action Plan, 2013-2017. A more detailed action plan under each of the priority areas and a summary of outcomes delivered is included in the appendix.



## Reducing Barriers to Education and Workforce Development

Our interim report on actions taken during the period April 2013-March 2015, including relevant case studies, is available on our website<sup>5</sup>.

This priority outlines actions to improve access to education and training for groups who have experienced barriers to education and career development. This is a particularly relevant issue for the non-registered workforce, especially administrative, clerical and support services (ACS) and health care support workers (HCSW), and for staff working in remote and rural areas.



These staff groups include large numbers of women, particularly at lower bands (ACS, HCSW), larger numbers of staff who identify themselves as disabled (ACS), and higher numbers of internationally qualified or migrant staff (HCSW, remote and rural). Programmes to improve access to work in NHSScotland for young people are also included under this priority.

*Our work in this area has focused on:*

- Working with partners to establish and implement career pathways for support workers, and improving their access to related learning and career development. This has also included improving access to leadership and management development, particularly for staff in business and administration and estates and facilities roles<sup>6</sup>.
- Supporting youth employment in NHSScotland, through Modern Apprenticeships (MAs) and more recently Developing the Young Workforce. This has included developing guidance on MAs and support for a Modern Apprenticeships Network for NHSScotland. The network is currently considering expanding its remit to align with the full range of the Developing the Young Workforce Strategy. We also supported Skills for Health in the development of the new health and social care MA Framework.
- Using our digital transformation to improve access to digital learning.
- Working with partners to highlight potential barriers to accessing learning.

<sup>5</sup> <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx>.

<sup>6</sup> Details about this work are available in Access : [http://www.nes.scot.nhs.uk/media/3764552/access\\_10.pdf](http://www.nes.scot.nhs.uk/media/3764552/access_10.pdf).

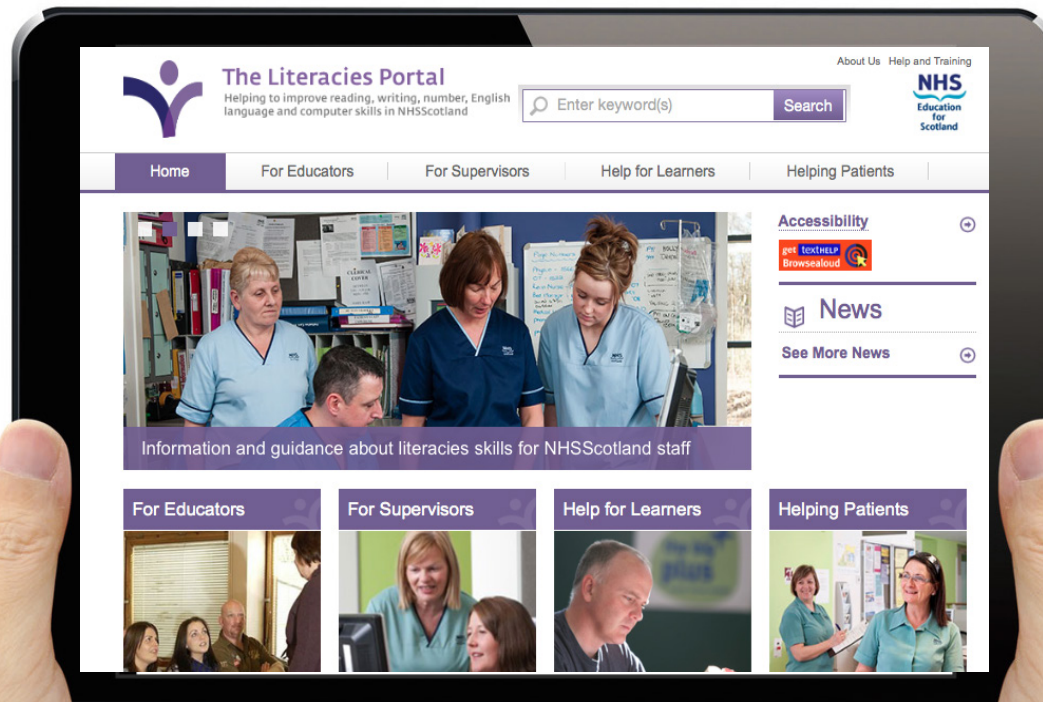
## Making Education and Training More Inclusive

**This priority outlines actions to develop our educational resources and products so that they are more inclusive of the needs of diverse learners, and work with partners to develop capacity for delivery of more inclusive education and training in NHSScotland.**

Our evaluation, research and engagement activities suggest that this is particularly relevant for disabled people, internationally qualified staff and people who have difficulties with literacy or limited educational experience. Remote and rural staff may have different learning needs or require different modes of educational delivery than staff in other parts of Scotland.

*Our work in this area has focused on:*

- increasing awareness of and championing inclusive approaches to learning;
- signposting learning and development professionals, trainers, mentors, managers and learners to resources to support learners who experience difficulties with literacy, numeracy and digital literacy;
- embedding inclusive education principles into quality management of practice learning environments and educational governance;
- delivering accessible e-learning, events and courses more consistently, and further developing our approach to inclusive digital learning.



**The Literacies Portal**

Helping to improve reading, writing, number, English language and computer skills in NHSScotland

## Reducing Occupational Segregation

The health and care workforce is structured by high degrees of gender occupational segregation. NES's strategic role in workforce development provides the opportunity to contribute to a wider agenda of developing the workforce in ways which will incrementally change the structure of the workforce, making it more effective and increasing opportunity for both women and men. This priority sets out the actions we will take to do this, though raising awareness of relevant issues and signposting good practice.

We recognise gender occupational segregation as a complex and long-standing issue in the workforce in Scotland. Our approach has been to develop leadership and management programmes with regard to these issues and to ensure that our support for improving access to development and employment for young people helps to reduce occupational segregation.

*Examples of our approach include:*

- Proactive use of images which reflect diversity in recruitment programmes;
- Developing monitoring guidance for equalities for use in continuing professional development and fellowship programmes;
- Ensuring that our work to support Modern Apprenticeships highlights issues with occupational segregation and signposts those who will be using MAs to relevant research and good practice;
- Supporting development of a high-quality MA in health and social care support
- Targeting support to staff in lower bands within NES to access continuing education funding development opportunities linked aligned to Business and Administrative Career Pathways;
- Providing funding and support to support 20 NES staff in bands 2-5 to achieve SVQs which will support their career development and progression.
- Investing in unconscious bias training resources to enhance our learning and development offerings.





## Education and Development for Cultural Competence and Person-Centred Care

**This priority sets out specific work to ensure that our education and training enhances the cultural competence of the workforce, and that we embed equality and diversity in our broader educational support for person-centred care.**

We support a range of educational activity which enables staff development to deliver person-centred care to the diverse people of Scotland. These include core programmes of training (e.g., postgraduate training in Medicine, Psychology, Pharmacy and Dentistry) where person-centred approaches are embedded in the curriculum. This is a significant contribution to improving the care experience and quality of care for service users from a range of communities, as person-centred approaches have been highlighted as appropriate educational interventions to support development of the knowledge and skills needed to work with diverse populations.

We also develop educational frameworks, programmes and learning resources for uniprofessional or multiprofessional continuing professional development (CPD), which supports existing staff to further develop skills, knowledge and practice which will improve care for specific populations. These are increasingly designed within the framework of a human rights-based approach to health and care.

### Examples of our work in this area include:

- Educational resources supporting NHSScotland on complaints and feedback<sup>7</sup>, including e-learning resources and workshops, taking a human rights based approach.
- A significant educational programme for health and social services staff in partnership with Alzheimer Scotland to improve care for people with dementia<sup>8</sup>. Dementia champions act as a key infrastructure in supporting the strategic change agenda

that the Alzheimer Scotland Nurse and AHP consultants lead in NHS Boards, and nationally, focused on delivering change against '10 Care Actions' for Acute Care, developed in partnership, with leadership and promoting excellence at its core. Over 600 Dementia Champions have been trained with a 7th cohort of a further 100 champions undertaking the programme in 2016/17.

- The Equal Health educational framework<sup>9</sup>, which outlines the knowledge and skills staff require to reduce health inequalities for people with a learning disability.
- Educational support for the Family Nurse Partnership, a voluntary home visiting programme which supports improved outcomes for young mothers and their babies.
- A programme on Augmentative and Alternative Communication<sup>10</sup> to deliver the education focused recommendations of the national strategy to support people who require AAC.
- Equal Partners in Care<sup>11</sup>, a national framework for workforce learning and development to support recognition and involvement of carers.

<sup>7</sup><http://www.knowledge.scot.nhs.uk/making-a-difference/resources.aspx>

<sup>8</sup><http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence.aspx>

<sup>9</sup><http://www.nes.scot.nhs.uk/media/3558861/Equal%20Health%20Print%2018.04.16.pdf>

<sup>10</sup><http://www.nowhearme.co.uk/>

<sup>11</sup><http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care/about-equal-partners-in-care.aspx>

## Enhancing Our Staff Experience

**We recognise that developing an inclusive work culture, where all our staff are treated fairly and consistently with dignity and respect in an environment where diversity is valued, is essential for an effective organisation.**

This priority sets out the actions to support our delivery of the Staff Governance Standard and the continuous improvement of our organisational culture. Our work has focused on two main areas which we identified through engagement and data analysis as being particularly relevant for our staff: mental health and organisational change.

### *Positive Support for Mental Health and Wellbeing*

We achieved the Mental Health and Wellbeing Commendation Award, and maintained the award as part of our Healthy Working Lives Gold Award. Supporting positive mental health and wellbeing in the workplace, ensuring that mental health and wellbeing is central to our continuing approach to Healthy Working Lives.

Our delivery of activities as part of the Healthy Working Lives programme identified a number of staff members who were managing caring responsibilities. Having identified this emerging priority, we undertook work to meet the Carer Positive kitemark to ensure that we were proactively supporting carers at work.

### *Fair Organisational Change*

During the four years of this plan, NES has undergone a significant amount of organisational change. This included consolidating multiple offices in Edinburgh and Glasgow, establishing the Scotland Deanery and national workstreams in Medicine and Dentistry, and transformational restructures of procurement, finance and digital functions. We also implemented an agile working approach,

underpinned by technological infrastructure to improve flexibility.

We manage organisational change following the processes set out in the NES Organisational Change Policy, which establishes requirements for change programmes, including approaches to managing redeployment. We collect and analyse metrics on the outcomes of redeployment by protected characteristics.

Our qualitative research with staff indicated that staff valued the range of flexible/agile working options, with carers particularly citing the value of agile working in supporting them at work. We recognise that there is still work to be done to embed this approach consistently across the organization and to maximize its benefits. Our next steps will be to focus on taking these approaches forward under the rubric of 'smarter working', linking them to the implementation of NES's leadership behaviours (described below) and sharing case studies of good practice.





## Enhancing Our Staff Experience (Continued)

In 2015/16, following engagement with staff, the Executive Team, Staff Governance Committee and the Board, NES set out a Leadership Statement. In this statement we set out the NES leadership behaviours as follows-

- **Inspiring**- *passionate about our strategic mission and excellence; communicating purpose and vision with enthusiasm; innovative, and learning from success as well as setbacks*
- **Empowering**- *giving our teams space and authority to deliver outcomes; investing in learning and development; expecting top performance and dealing with occasions where this is not delivered; being approachable and open to constructive challenge*
- **Adaptive**- *able to respond flexibly to changing requirements and help others to do the same, recognising that required leadership and expertise may not always sit at the top of the hierarchy and actively encouraging good ideas/input from all levels*
- **Collaborative**- *committed to working together, and across professional, clinical and organisational boundaries, internally and externally to achieve our objectives*
- **Engaged and Engaging**- *committed to our values, agreed ways of working and our strategic objectives and operational direction, visible to stakeholders and to our teams, straightforward and honest in our communication*

The Leadership Strategy and the principles for Potential and Career Development will now be used to identify specific objectives relevant to each stage of the employment cycle that can be supported by leadership development interventions.



## Part Four:

# Case Studies – Delivering Our Equality Outcomes

The case studies in this section provide further examples of the activity we deliver in our equality outcome priority areas and illustrate the impact of this activity.



## Case study One: Improving Access to Learning

### Learner Story: A Healthcare Support Worker Talks about accessing the Career Pathways to Study for Formal Qualification, and her experience returning to formal learning....

*Tell me a little bit about your job...*

I am a Training Administrator with the Training & Professional Development department in my board. Prior to undertaking the qualification my role was mainly administrative but I did also show staff how to use e-learning resources so I did support staff training to a certain extent.

*Tell me about the qualification you studied for...*

I studied for the CIPD Level 3 Certificate in Learning & Development. I started in October 2015 and finished in March 2016. I attended 4 x 1 day workshops based at DPG in Glasgow. The rest of the course was delivered online via webinars. It was a lot more work and study than I had anticipated and it was difficult at times juggling the work/family/study but I really enjoyed the learning experience.

*Tell me why you decided to undertake the CIPD Qualification...*

I really wanted to gain more confidence in my own abilities and build on the skill set I already had.

*Has anything changed for you at work since completing the qualification?*

I've always been a proactive person but now I would say I'm even more proactive. I have a much more solution focused approach to the everyday challenges that I come up against at work.

The qualification has built on the skill set I already had and has given me the confidence to:

- facilitate e-learning sessions at corporate induction
- design and facilitate ad hoc group exercises at corporate induction
- deliver a 'patient-story' talk at corporate induction (based on my experiences as a daughter of an elderly patient)
- deliver the 'patient story' talk at a training day for managers
- mentor Project Search Interns on work-placement

*“Importantly I now see that everyone has a valuable contribution to make to the organisation no matter where you work. On reflection I would have liked to have started the course with some of the confidence I had at the end. At my first workshop I questioned myself “Why am I here?” ”*

*What was the best thing about your experience?*

The best thing for me was realising that I was not too old to study and learn, and the immense pride I felt when I successfully completed the course.

*What's next for you?*

Studying for the qualification has enabled me to see how my existing skills and knowledge can be further developed and allow me to progress whilst remaining within my department. If a higher level job was available and I had the correct skill set, I would not hesitate in applying for it.

## Case Study Two: **Influencing Access to Learning through Performance Management of Pre-registration Nursing**

**NES is commissioned by Scottish Government to carry out performance management of the pre-registration nursing education delivered by Scottish Universities. As part of this process, we perform the Student Indexing function for nursing and midwifery students in Scotland on behalf of Scottish Universities and the Nursing and Midwifery Council (NMC).**

This involves gathering data on students and their education pathways from the point of course commencement until completion. The data gathered in support of this function contains several equality variables, and the data held by NES can also be linked with data held by other agencies to provide a wider analysis of student demographics for Higher Education and Government stakeholders.

Specific examples of analyses using the data include:

### *Student age distributions*

NES routinely provides analyses of student age distributions to Universities as part of the annual pre-registration performance management process. There is some evidence to suggest that there are age related differences in likelihood of completing a degree course, and our analyses allow Universities to examine age distributions within their cohorts, courses, and relative to the national distribution.

### *Location on entry to education*

For the 2012 performance management reports, the NMAHP data was matched to data held by the Higher Education Statistical Authority (HESA), which included each student's postcode on entry. NMAHP was able to present the geographical distribution of students, nationally and for each University, in terms of the Scottish Index of Multiple Deprivation (SIMD) and the Scottish Government's six-fold urban rural classification (SGUR).

### *Access to Learning Disabilities Nursing programmes*

In 2015, NMAHP undertook a review of recruitment to the new National Learning Disabilities Nursing programme. The programme was being delivered by two Universities located in the central belt but was required to recruit from all parts of the country to promote an evenly distributed workforce. We used data from the Higher Education Statistics Agency to analyse student location on entry in terms of deprivation and urban/rural classification for student intakes from 2008 to 2013. Student gender and age on entry were also included in the review.

### *Scottish Government One Year Job Guarantee Scheme*

The same variables (gender, age on entry, location on entry) were also presented to Scottish Government as part of a 2015 review of uptake of the One Year Job Guarantee scheme. This scheme guarantees newly-qualified nurses and midwives employment for one year and the review looked at the characteristics of applicants.

### *Gender imbalance in Nursing and Midwifery Education*

There is currently work underway, led by Scottish Universities but involving Scottish Government and NES, to examine the gender imbalance within Nursing and Midwifery education. NMAHP expects the indexing data to be useful in revealing any trends or shifts in the gender split in recent years and will support partners in their delivery their commitments under the Scottish Funding Council's Gender Action Plan.

The continuously developing data analysis and use of the data in performance management has had the impact of:

- increasing visibility and understanding of student age, gender and socio-economic background factors in nursing education;
- supporting University partners in assessing performance against their own equality requirements.

## Case Study Three: **Improving Medical Training Programme Management Data**

**Delivery of postgraduate medical training involves complex partnership arrangements between the Scotland Deanery and the health boards, who deliver education to a curriculum established by the relevant Royal Colleges. An important part of NES's role involves quality management of postgraduate education.**

Recent work carried out by the General Medical Council highlighted the issue of differential attainment for trainees from different ethnic backgrounds, and the importance of being able to analyse progression and to use this data to provide educational support for trainees.

Although NES uses equalities data in quality management processes, including data collected through the GMC trainee surveys, data on bullying and harassment and other metrics, we identified a need to enhance our analytic capacity. The development of Turas, a new trainee management system, provided an opportunity for these improvements.

The introduction of new demographic and diversity fields to the Turas trainee doctor training data base will allow the Medical Directorate to link attainment of trainees to declared protected characteristics and for the first time inform action plans where there is firm evidence of differential attainment.

The work programme is intended to ensure any differential attainment as a result of cultural competency is identified and appropriately addressed via action plans and targeted support to trainees, as required over the course of their training. Monitoring of the data will show a baseline of the population of junior doctors and can be compared to a) demographic information of the population as a whole b) demographic information of graduates of medical schools and applicants.

Data can also be used over time to monitor the makeup of the population to identify where interventions are required and also the success of any interventions in correcting the differential attainment. This will support faculty development programmes as well as trainee support initiatives.

As of December 2016, 60% of General Practice trainees (the pilot group) had already completed their data. Early benefits anticipated are:

- Collection of date of birth information has allowed smooth linking of data to data from the NHS Information Services Division for GPSTs to be placed on Performers List, necessary to work as a GP.
- Creation of data fields allows for data to be transferred directly from recruitment data set in April 2017 and updated/amended by trainee.

The GP pilot will serve as an initial proof of concept, enabling learning and development of an approach to support better understanding of progression and attainment which can then be implemented for other professional groups.



## Case Study Four: **Reducing Differential Outcomes: Educational Support for International Medical Graduates in General Practice**

The Scottish Training Enhanced Programme (STEP) was established in response to recommendations from the Judicial Review which considered whether the Royal College of General Practitioners' Clinical Skills Assessment, which is part of the final examination at the conclusion of General Practice specialty training, was racially biased<sup>12</sup>. While the report found in favour of the examination as a fair assessment, it recommended that UK deaneries do more to address the differential attainment of International Medical Graduates (IMGs) and black and minority UK Graduates in the examination. STEP is one intervention which addresses these recommendations.

The programme includes early recognition of the special educational needs of IMGs and a one-day enhanced induction event to which newly appointed IMG first year GP Specialty Trainees<sup>13</sup> and their Educational Supervisors are invited and an ongoing programme of support offered by the Educational Supervisor and at regional level. The enhanced induction event includes an introduction to the evidence regarding differential attainment and factors which can influence success. Additional sessions include a focus on Culture, Communication and Reflection.

The STEP programme has been informed by qualitative research with IMGs who successfully passed the Clinical Skills Assessment on their first attempt, which identified a number of factors associated with success<sup>14</sup>. These factors are:

- Insight into challenges
- Proactive approach to learning
- Focus on refining consultation skills

- Learning with peers, particularly UK graduates
- Feedback is actively sought, valued and acted upon
- Supportive relationships

The induction event includes videos of IMGs who participated in the research telling their stories of success and sharing tips, which received positive feedback.

The STEP programme was established in September 2015 and has delivered two enhanced induction events for GP Trainees in September 2015 and November 2016. A further two enhanced induction events are planned for 2017 in recognition of the move to biannual recruitment of GP Trainees.

Participants who had been invited as first year GP Trainees were also offered an event during their second specialty training year. However, the responses indicated that the majority did not feel this was necessary as their needs were being met locally with support from their Educational Supervisor. The three second-year GP Speciality Trainees who responded with a request for additional support were supported by their local Training Programme Director.

Evaluation of the programme is still at an early stage since the GP Trainees who began in the programme in September 2015 are now only half way through their second year of training and most have not yet sat the first exam of the three-part summative examination (the Applied Knowledge Test). We expect the first group of trainees who participated in the STEP programme to complete their GP Specialty Training in August 2018. Evidence of their performance in the examination will demonstrate whether the STEP programme GP Specialty Trainees have performed better than trainees prior to the introduction of the programme or those who did not participate.

Continued >



## Case Study Four: **Reducing Differential Outcomes: Educational Support for International Medical Graduates in General Practice** (Continued)

In the interim, evaluation has been conducted for both STEP Enhanced Induction events. This suggests that participants have valued the programme for raising their awareness of the evidence, and providing them with additional support and resources. The central role of the Educational Supervisors has been emphasised and is supported by evidence from other UK deaneries and specialities.

Non-UK graduates and their supervisors provided particularly positive feedback about the STEP Enhanced Induction events, as reflected in the following quotations:

*“Positive and helpful atmosphere. I feel the Deanery is taking good care of its trainees.”*

non-UK graduate trainee, first cohort

*“It was very helpful to share stories about cultural differences with each other.”*

non-UK graduate trainee, second cohort

*“It's been a great learning experience, and after it I felt empowered, which makes a refreshing change from feeling less than UK graduates.”*

non-UK graduate trainee, second cohort

*“As an educational supervisor I liked this approach as it gave me insight into the difficulties my trainee and others had experienced during integration into UK society.”*

Educational Supervisor

<sup>12</sup>The MRCGP is the summative examination taken by trainees at the conclusion of their General Practice specialty training. It consists of three elements, an Applied Knowledge Test, a Clinical Skills Examination and a Work-Based Assessment. Trainees must pass this examination in order to practice as a GP in the United Kingdom. The Clinical Skills Assessment, which was the subject of the judicial review, is administered by the Royal College of General Practitioners.

<sup>13</sup>These are GP trainees in their first year of specialty training placement within a GP practice.

<sup>14</sup>Ele Ragg, Jeremiah O'Rourke and Ronald MacVicar, 2015. International medical graduates: a qualitative exploration of factors associated with success in the clinical skills assessment. *Education for Primary Care*. 26(6) 378-385.

## Case Study Five: Supporting Palliative and End of Life Care

**NES supports continuing professional development on palliative and end of life care. This involves a number of different workstreams which support Scottish Government strategies for palliative care, bereavement support and death certification.**

### Palliative Care

In response to Commitment 3 of the Strategic Framework for Action on Palliative and End of Life Care, the Scottish Government commissioned NHS Education for Scotland (NES) in partnership with the Scottish Social Services Council (SSSC) to develop a framework to support the learning and development needs of the health and social services workplace in Scotland. The two-year work stream (which commenced April 2016) will support the workforce to deliver high quality care, facilitate a consistent approach to workforce learning and development, and enable sharing of practice across Scotland.

Cultural competency is enacted through the framework being underpinned by three sets of underlying principles: *The World Health Organisation definitions of palliative care*<sup>16</sup> *Scotland's National Action Plan for Human Rights*<sup>17</sup> *The National Health and Social Care Standards Principles*<sup>18</sup>. These are intended to be used as frames of reference for workers in guiding their actions in the delivery of palliative and end of life care.

An inclusive approach to education is supported through approaches to encourage workforce participation in the co-creation of the framework. A national consultation enabled triangulation of information from a range of different groups and sources - relevant literature, focus group discussions, a national on-line survey, expert groups and 14 Scotland-wide feedback events. Involvement of carer organisations ensures the framework is centred on the outcomes that matter to people with palliative care needs, their families and carers. The consultation has shaped the framework content around

five domains of: Fundamentals of Palliative Care; Communication and Conversations; Loss, Grief and Bereavement; Care Planning and Delivery; Care in the Last Days of Life.

Each domain presents four levels of knowledge and skills that outline what workers need to know and do, depending on their degree of involvement in palliative and end of life care, and their role responsibilities in caring for and supporting people with palliative and end of life care needs, their families and carers. Some of the knowledge and skills are integral to all health and social care, but are applied in this framework in the context of palliative and end of life care.

The framework seeks to build on the expertise that already exists across our health and social services workforce.



<sup>16</sup><http://www.who.int/cancer/palliative/definition/en/>, accessed 4 December 2015.

<sup>17</sup>Scottish Human Rights Commission (2013). *Scotland's national action plan for human rights 2013-2017*. Scottish Human Rights Commission

<sup>18</sup>Scottish Government, (2016). *Consultation of the new national health and social care standards*. Edinburgh: The Scottish Government

## Case Study Six: **Grief and Bereavement Support**

### The NES bereavement workstream has two main current areas of focus:

- The creation of a spiral, layered national training framework on bereavement care for medical staff, due to launch in 2017, supported by the GMC, medical and foundation schools. This will outline bereavement related competencies which doctors will require at each stage of their training/work from undergraduate to practitioner levels and will consider both core and specialty specific abilities. Following the launch and implementation of this framework, additional framework(s) will be produced for other health and social services professional groups.

- The creation of a toolkit of educational materials – these teaching resources will support the implementation of the framework(s) and will be largely multidisciplinary in nature. To include e.g. animated videos (views > 7K), case based studies/ scenarios, a mobile app, online modules, a bespoke website, sample exam questions and podcasts.

The sensitive and diverse nature of this work includes many equality and diversity issues that require to be considered. The following table details how the short animated videos within the toolkit are adopting a person-centred approach to directly address many of these issues.

The following table sets out some of the key equality issues identified. The animations take a person-centred approach to raising awareness of the issues and supporting inclusive practice.

Equality Issue	NES Bereavement Toolkit Animations
<p><b>Diversity of approach to death, dying and bereavement:</b> It is necessary to equip health and social services professionals to manage the range of peri-death communications which they will be required to undertake with those who are bereaved (who will be from diverse non homogenous groups).</p>	<ul style="list-style-type: none"> <li>■ Discussing Dying</li> <li>■ Video in production – de-escalation of treatment in a critical care setting</li> </ul>
<p><b>Spiritual, faith and cultural considerations:</b> Some awareness about the possible traditions performed around the time of death e.g. rituals regarding the care of the deceased’s body, authorisation of post mortem examination, and requested timeframes for burial/cremation.</p>	<ul style="list-style-type: none"> <li>■ Discussing Authorised (Hospital) Post Mortem Examination after a Stillbirth or Neonatal Death</li> <li>■ Discussing Adult Authorised (Hospital) Post Mortem Examination</li> </ul>
<p><b>Sexual orientation:</b> Evidence exists that LGBT people may be at risk of feeling unsupported when grieving after the bereavement of someone close to them.</p>	<ul style="list-style-type: none"> <li>■ Discussing Dying</li> <li>■ Discussing Authorised (Hospital) Post Mortem Examination after a Stillbirth or Neonatal Death</li> </ul>

Case Study Six: **Grief and Bereavement Support** (Continued)

Equality Issue	NES Bereavement Toolkit Animations
<p><b>Age:</b> It is important that training for professionals who come into contact with those who are bereaved includes coverage on how they can talk to children who are bereaved. Professionals should also be able to support parents and guardians in knowing how best to engage and interact with a child who is in their care and who has experienced the death of someone close to them.</p>	<ul style="list-style-type: none"> <li>■ Talking to Children who are Bereaved</li> </ul>
<p><b>Disability</b> The skills required by health and social services professionals to talk to those who are bereaved who also have a disability (e.g. a learning difficulty) will be different to those needed when they are interacting with those who do not have additional requirements around bereavement support.</p>	<ul style="list-style-type: none"> <li>■ Video in production – what to say/not to say when discussing dying</li> </ul>
<p><b>Ethnicity</b> It has been acknowledged that currently minority ethnic groups in Scotland can face barriers to accessing peri-death services. It may also therefore be a reality that accessing effective support/communication from health and social services professionals in bereavement is an issue.</p>	<ul style="list-style-type: none"> <li>■ Breaking the News of an Intrauterine Death</li> </ul>
<p><b>Spiritual, faith and cultural considerations:</b> <b>Other non-protected factors</b> which may affect the needs of those who are bereaved include the circumstances in which the death occurs.</p>	<ul style="list-style-type: none"> <li>■ Understanding the Processes Following a Sudden or Unexplained Death</li> <li>■ Dealing with Unsuccessful Neonatal Resuscitation</li> </ul>

Continued >

## Case Study Six: **Grief and Bereavement Support** (Continued)

### In addition to the framework and toolkit described above the NES bereavement team are:

- Representing NES on national groups and facilitating workshops/presenting at national/international conferences (several awards won for poster presentations)
- Contributing to the review of the Scottish Government's Bereavement Care Standards
- Contributing to the bereavement education evidence base (surveys of trainees/trainers, systematic literature reviews and work with the NHS Information Services Division)
- Maintaining and updating the NES Support Around Death website ([www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk)). Over 33,000 hits since its launch
- Facilitating learning events for NHS Board bereavement strategic leads and bereavement coordinators
- Facilitating two bereavement communities of practice
- Contributing to national consultations (post mortem standards, practice guide for morbidity and mortality meetings)
- Authoring and publishing an e-newsletter (approximately 900 recipients) and social media activity via twitter
- Liaising closely with associated workstreams in NES (e.g. palliative care, spiritual care and general practice)
- Working with the Death Certification Review Service to lead on the development of new death certification educational resources
- Facilitating national meetings and a community of practice for NHS Board Fatal Accident Inquiry leads

### Measures for success being implemented include:

- Baseline of preparedness for practice being established through trainee/trainer surveys
- Google analytics providing information regarding uptake of resources
- Early work to identify bereavement related complaints to set a baseline for potential reduction due to improved peri-death communication
- Improvement in the quality of completion of medical certificates cause of death
- Facilitating preparedness for staff either directly or indirectly involved in fatal accident inquiries through access to targeted NES education and support materials



## Case Study Seven: **Dental Priority Groups**

**The Priority Groups work stream within the Dental Directorate delivers and supports a number of Scottish Government Health Department (SGHD) initiatives to improve oral health in Scotland, with a particular focus on groups who are disadvantaged economically and/or socially or who have additional needs which makes access to oral care difficult.**

The Childsmile programme focuses on reducing inequalities in oral health and ensuring access to dental services for every child across the country. The Priority Groups work stream has played, and continues to play, a key role in supporting health boards in achieving SGHD ambitions through the continuing provision of training places for Childsmile training, including the development of a Childsmile e-learning package to support the identification of those with dental disease and appropriate referral.

In partnership with the charity, Scottish Action for Sick Children, Priority Groups are incorporating the use of the 'Dental Playbox' in training for Extended Duty Dental Nurses (EDDNs) and Dental Health Support Workers (DHSWs) who are part of Childsmile. This aims at increasing the engagement of children with additional support needs with Childsmile through play and is a response to a Scottish Government directive to extend Childsmile coverage to these 'hard to reach' children. The delivery of dental treatment for these children can often be difficult making the delivery of prevention even more desirable.

A SCQF Level 6 qualification in oral health was launched at South Lanarkshire College. This has been developed with one F.E. College in South Lanarkshire and South Lanarkshire Health Board and will be an optional element of the nursery nurse qualification from autumn 2016. This will strengthen support from this group of staff for Childsmile nursery. This qualification has been offered to other colleges across the country and Priority Groups will support its introduction in to the curriculum.

Another core development within the work stream has been the 'Caring for Smiles' programme (improving the oral health of dependant older people). Priority Groups support the delivery of training to care home staff towards achieving accredited qualifications through the quality assurance of assessment and evaluation. This involves partnership working with health, social services and the private sector.

A 'train the trainer' pilot involving nine care homes in Greater Glasgow and Clyde is currently underway. Some care home staff have been trained to intermediate level and in turn will be able to train other staff to Foundation level. This will extend coverage of the qualification across the care home sector.

Further projects include 'Smile4Life' which is aimed at improving the oral health of homeless people and 'Mouth Matters' which is aimed at improving the oral health of the prison population.

**Continued >**



## Case Study Seven: **Dental Priority Groups** (Continued)

NES has hosted launches for these oral health initiatives and continues to work collaboratively with key stakeholders to identify the most effective ways of engaging with these groups and embed the oral health message in the more general health and social messages.

Priority Groups have developed and maintain online communities of practice to support all these initiatives. These give access to national training resources for key stakeholders in health, social services, third sector and private organisations.

The work stream also develops and delivers courses to support dentists who are involved in the delivery of dental care to patients in Priority Groups. Examples include: child safeguarding/wellbeing, Adults with Incapacity Legislation and how this relates to dental treatment and Training in Conscious Sedation for the delivery of dental treatment.

The Priority Groups projects address inequalities across the causal chain, not only focusing on mitigating the effects of individual experiences but the work stream also has a key preventative role, for instance through embedding oral health education within qualifications and by supporting staff, carers, parents and families in becoming more health literate in relation to oral health. Awareness raising is a key aspect of the work stream, with key messages including how poor oral health can have an effect on wider health issues and how oral disease in older people is particularly debilitating. Links between oral health and employability are also very relevant, and improving employability is a planned impact for the Smile4Life project.

All of the Priority Groups projects promote active collaboration and integration between health and social services, and the independent third and private sectors.



## Case Study Eight: **Psychology of Parenting**

**The Psychology of Parenting Project (PoPP) is a targeted early-intervention initiative designed to develop workforce and organisational capacity to deliver the two most robustly-evidenced parenting programmes (the Incredible Years and Level 4 Group Triple P), for parents of 3-6 year old children with elevated levels of behaviour problems. The PoPP is also aligned to the work being undertaken within the Children and Young People's Improvement Collaborative, particularly that related to improving the developmental milestones, health and wellbeing of young children.**

The research evidence for these two programmes demonstrates that the PoPP holds particular promise in terms of reducing health inequalities because:

- i. A disproportionate number of young children with behavioural difficulties live in disadvantaged homes and neighbourhoods.
- ii. Early onset behaviour problems are associated with several sub-optimal parenting practices and these are more prevalent in disadvantaged families.
- iii. Early-onset behavioural difficulties have a high level of continuity into adolescence and adulthood and are associated with a broad range of poor outcomes. By interrupting this common escalating cycle at an early stage, there is less risk that initial disadvantages will be compounded by other adversities

typically encountered by children and young people from disadvantaged backgrounds as they progress down more risk-laden developmental pathways.

- iv. The effectiveness of these parenting programmes is much the same across a wide range of family types and ethnic groups. The programmes are also at least as effective for children with the most severe behavioural problems as for those with more moderate difficulties, which is important as PoPP is targeted toward those children with the most severe levels of difficulty.

As well as reaching the most vulnerable children (in terms of their elevated behaviour problems), the PoPP has been successful in addressing other areas of inequality concern. Although families are recruited to PoPP groups based on level of behaviour difficulty in the child, across the 14 Community Planning Partnerships (CPPs) with whom the PoPP team have been working to deliver this initiative, the majority of the families who have taken part in PoPP groups have come from areas within Scotland experiencing the greatest levels of deprivation. Furthermore, a good number of the parents who have participated in the groups are fathers, which is important given how underrepresented fathers often are in parenting interventions. PoPP has also been an initiative offered to all CPPs in Scotland, regardless of rurality. Our data suggests that our reach in relation to rurality is reflective of the breadth of CPPs with whom we are working.

## Case study Nine: **Carer Positive**

**NES recognises that for carers, balancing work and caring responsibilities can be challenging and stressful at times. NES identified the Carer Positive initiative as an opportunity to seek accreditation for the existing support provided to carers within our workforce, and also as a means of focusing what we could do to improve, and to raise awareness of this important issue. Carer Positive is a Scottish Government funded initiative which recognises employers who are aware and supportive of unpaid carers in the workplace. The award is given out based on five main criteria, which cover everything from how carers are enabled to identify themselves, what policies, employee assistance and peer support mechanisms are in place, as well as the way this information is communicated to the workforce.**

Carers can experience high levels of stress when balancing work with caring responsibilities and this can result in feeling unable to sustain employment or progress in their career. By promoting the support available to carers and raising awareness among line managers, NES' commitment to Carer Positive seeks to support the wellbeing and mental health of the NES workforce, to enable carers to continue in employment and to access training and development opportunities. Research suggests that caring responsibilities are disproportionately taken on by women, and our work in this area is likely to have a positive impact on gender equality. We actively seek to support both female and male carers.

The work undertaken to date has involved the following:

- Project team was established between Human Resources (knowledge of practical/policy support) and NMAHP (leading the programme Equal Partners in Care, an educational and workforce development programme supporting staff in health and social services)

- Identified what we were already doing well:
  - policy support such as flexible working, special leave for carers, home working
  - practical support; an organisation commitment to agile working practices such as access to BT Meet Me, video conferencing in all offices and desktop and email access from home, which make flexible working feasible
- Through commitment to the project, NES also improved in the following areas:
  - data captured at recruitment and workforce record asking whether or not a staff member is a carer; we are currently working to ensure this functionality transfers to our new HR management database, eESS
  - new section on the NES intranet created pulling together details of practical/policy support and also contact details of local support services in each region
  - raised awareness through articles in the staff newsletter NES Express, emails, Staff Conference and Carer Positive Award Presentation event
  - utilising the work carried out by Equal Partners in Care (EPiC), training is now available for line managers to understand importance of supporting carers and how to recognise transferrable skills during recruitment

We achieved the Engaged level of the Carer Positive award in 2015 and have maintained this.

**Continued >**

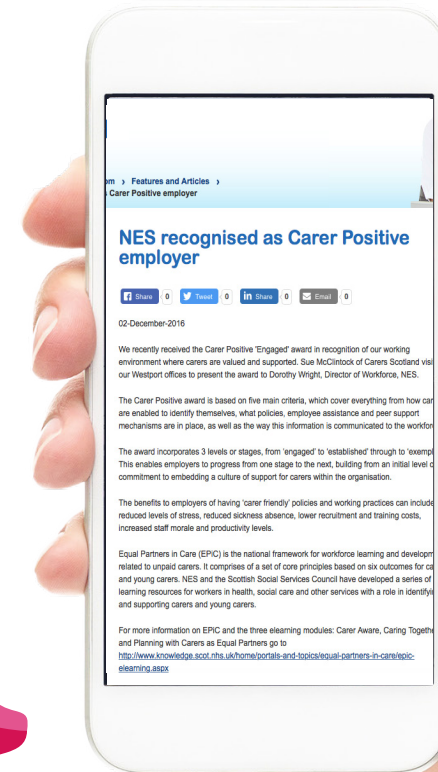
## Case study Nine: **Carer Positive** (Continued)

Next Steps:

- Carer Support strategy team are keen to gauge interest in establishing a formal peer support network among staff who are carers

The work that we have carried out to achieve this award helped us to improve our understanding as an organisation of the needs of carers and the complexities they face. It has also encouraged carers within the organisation to identify themselves as a carer and to access support they need.

As a holder of the Carer Positive kitemark we are able to use the logo, which acts as a symbol that NES supports carers at work, builds reputation as an 'employer of choice', and encourages potential applicants who are carers to seek employment with NES. This will be on our recruitment pages and has also been added to all our stationery templates.



## Case study Ten: **Supporting Health Literacy**

**This work contributes to ‘Making it Easy: a health literacy action plan for Scotland’ (Scottish Government, 2014) by building workforce capability for health literacy among health and social services staff.**

Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems. Everyone can be affected by poor health literacy at different times, however, there are some groups who may be more at risk. Including, older adults, people with a learning disability, ethnic minority groups and people with sensory impairment. This work aims to support health and social services staff to work in a way that promotes people’s health literacy.

Work has focused on three main areas, the development of the Health Literacy Place website, training for health and social services staff and the development of resources and support for staff across Scotland to support them in promoting health literacy.

Training has included awareness raising sessions, train the trainers, input at staff events and most recently the development of e-learning.

The work to date has delivered the following benefit:

- Increased awareness and understanding of what health literacy is, why it is important and what can be done to promote it
- A network of health and social services staff trained to deliver health literacy training to other staff and a network of health literacy supporters
- Local level multi-agency networks working to promote health literacy
- Integration of health literacy into programmes of work such as knowledge into action and self-directed support.



# Appendix 1:

## Summary of Progress against Planned Actions, as of March 2017





Priority: **Reducing barriers to education, training and workforce development**

Outcome	Action	Progress
<p>NES educational resources support improved access to continuing professional development for all health and social care staff.</p>	<p>Advise/support NHS Boards to use NES infrastructure and resources to improve access to education and learning for administrative, clerical and support staff, clinical healthcare support workers and remote and rural staff.</p>	<p>Interactive education pathways are in place for all clinical and non-clinical Healthcare Support Workers. Demonstration Projects for Business &amp; Admin and Estates &amp; Facilities staff are supporting over 100 staff to undertake qualifications and establish a sustainable process to enable Boards roll out development opportunities for future staff. Case studies in development.</p> <p>Clinical HCSWs also now have a learning and development framework which has been very well received. Over 300 staff were supported to undertake relevant learning and development between April 2014 and April 2016.</p> <p>Through the RRHEAL Education Platform we continue to improve access for staff in remote and rural communities.</p>
<p>NES is able to track the progress of health professionals in training and effect improvements where necessary.</p>	<p>Ensure that systems reflect the requirements of the Equality Act 2010; monitor progression annually from 2013 through educational governance reporting and identify improvement actions where necessary.</p>	<p>Data are collected at recruitment and throughout the training journey to ensure equitable training and identify the need for reasonable adjustments.</p> <p>We are continuing to review our approach to data collection, analysis and reporting. Equalities data collection is currently being implemented for medical trainees via the Turas platform, which will enhance our data analysis capability for monitoring trainee progression and provide a model which can be used with other professional groups.</p>

Priority: **Reducing barriers to education, training and workforce development** (continued)

Outcome	Action	Progress
<p>NHS Boards have access to guidance to enhance use of Modern Apprenticeships in NHSScotland.</p>	<p>Facilitate access to guidance and information to support Modern Apprenticeship service for NHSScotland by end of 2013.</p>	<p>The NHSS Modern Apprenticeship Guides developed to support maximising potential of MAs. NHSS Modern Apprenticeship Network established; regular meetings/events held. Topics at national Network events include recruiting from ethnic minority communities and breaking the gender barriers in MAs.</p> <p>MA in Healthcare Support approved &amp; relevant to a wide range of support roles in NHSS. It supports improved access to employment in NHSS for younger people.</p>
<p>NES uses work placements, including Modern Apprenticeships where appropriate, to enhance employment opportunities for younger people.</p>	<p>Explore opportunities for work placements and Modern Apprenticeships in NES in 2013.</p> <p>Ensure that young people on placement in and those in MA programmes in NES are fully supported and that NES colleagues mentoring and managing those on placement have ongoing training and support, from 2013 and ongoing.</p>	<p>We are enhancing access to work opportunities for young people within NES using a variety of national approaches:</p> <ul style="list-style-type: none"> <li>■ MAs in place and programme on-going. On-going support for those mentoring/managing placements.</li> <li>■ Certificate of Work Readiness, guide for NHSS now in place. NES served as the pilot for the Certificate. Case studies are available in the ACCESS newsletter.</li> <li>■ Careers website launched to support attraction to NHS careers, with young people aged 15- 19 years as a particular target audience.</li> <li>■ NES is participating in a disabled graduate placement scheme in partnership with the Glasgow Centre for Inclusive Living (Professional Careers Programme).</li> </ul>

Priority: **Making education and training more inclusive**

Outcome	Action	Progress
<p>Education and learning resources produced by NES are accessible to their target audience and take account of diverse learner needs, using an anticipatory approach to accessibility.</p>	<p>Improve the accessibility of e-learning resources by ensuring all new products embed the approach in the NES Digital Resource Accessibility Guide.</p>	<p>Procurement documentation includes accessibility standards in all tender and contract specifications for e-learning.</p> <p>Through our Digital Transformation we are currently working to ensure digital services are more accessible and sustainable and to support use of digital learning to enhance access to learning by offering learning in alternate modes and reducing need for travel or time out of service. This is particularly important for staff in remote and rural locations, but also impacts on different staff groups and may have indirect gender impact.</p> <p>Enhanced accessibility standards for e-learning include all stages of development, including: commissioning, instructional design, digital development and quality assurance are embedded in the NES Digital Learning Standards, which were approved for implementation in February 2016.</p> <p>The NES Design team works to accessibility standards when producing digital and print materials. Currently (2016) redeveloping visual standards to make materials even more accessible, with particular focus on improving readability for users with dyslexia.</p>

Continued >

Priority: **Making education and training more inclusive** (Continued)

Outcome	Action	Progress
<p>NHSScotland has enhanced awareness of inclusive educational approaches and practice.</p>	<p>Supervisors, practice education facilitators, learning and development leads and others involved in supporting learning in NHSScotland receive guidance and support to enhance awareness and delivery of inclusive educational practice which supports educational quality and delivers regulatory standards.</p>	<p>The updated Inclusive Education and Learning Policy is available on our website.</p> <p>Actions to deliver the commitments in the policy include: inclusive education requirements in tender specifications, service level agreements and contracts for educational resources and programmes; programme of development for practice education staff in Nursing, Midwifery, Allied Health Professions, Pharmacy, and for learning and development staff; inclusion within the refreshed interprofessional learning 'train the trainers' toolkit of guidance on inclusion, including a checklist to be considered when delivering any form of learning within practice.</p> <p>Evidence summaries of research on inclusive education in practice learning and digital learning developed by April 2015, to provide basis for further action in 2015-17.</p> <p>Inclusive Education and Learning course for learning and development professionals and trainers developed, with places offered to NHSScotland Boards from 2015.</p>

Continued >

Priority: **Making education and training more inclusive** (Continued)

Outcome	Action	Progress
<p>Quality assurance and quality management of education and training programmes are used to ensure that postgraduate, vocational training and other educational programmes are delivered equitably with appropriate reasonable adjustments and suitable educational support which meets diversity of learner needs.</p>	<p>Regular monitoring and feedback processes are used to assess performance and identify areas for further improvement.</p>	<p>Educational inclusion has been a focus of NES Educational Governance quality monitoring processes throughout the reporting period in the scrutiny of individual programmes and Directorate-level educational quality assurance.</p> <p>The medical training quality management process incorporates trainee surveys and follow up on equality and diversity issues; Scotland’s Deanery delivered programmes to support internationally qualified medical trainees.</p> <p>Part-time training in Dentistry arranged where possible on request with modifications to assessment and educational provision aligning with duration of programme.</p> <p>Comprehensive programme of support and governance in Psychology which embeds a focus on inclusion and support for trainees from contract/service level agreement through all stages of trainee journey, with clear communication processes in place across all partners (NES/HEI/Employer) for Occupational Health referrals/support, feedback opportunities for trainees – end of placement visits, access to University Advisors, mentoring systems and access to a clinical supervisor. A trainee survey will be implemented in 2015/16.</p> <p>Within the Quality management of the Practice Learning Environment project the national pre-registration nursing and midwifery feedback tool allows students give responses on their learning experience. It contains a question on whether reasonable adjustments were supported in practice. This will give evidence of any future practice education requirements for mentors.</p>

Priority: **Making education and training more inclusive** (Continued)

Outcome	Action	Progress
<p>Educational support for staff with literacy support needs (including numeracy and digital literacy) is enhanced.</p>	<p>Provide access to advice and existing sources of support to enhance learning for people with literacy needs (including specific learning difficulties) to NHSScotland.</p>	<p>The Literacies Portal includes resources for educators, managers and supervisors to help raise awareness of literacies issues and provide resources to help users address these issues. It also includes a section for individuals, directing them to local support wherever they are in Scotland.</p> <p>Pilot of Professional Development Award (PDA) in Developing Literacies Learning in the Workplace delivered to staff in six NHS Boards.</p> <p>Educational programmes for staff on supporting health literacy among service users delivered by NES.</p> <p>Educators working within professional training programmes are more aware of specific learning difficulties and approaches to supporting learning. For example, core training in Dentistry involves use of a range of resources that are both inclusive and user friendly. Skilled tutors are trained to recognise, implement and support learners identified with specific learning difficulties (e.g. dyslexia).</p>



Priority: **Reducing occupational segregation**

Outcome	Action	Progress
<p>NES’s contribution to leadership development in NHSScotland raises awareness of approaches which can support reduction of gender occupational segregation.</p>	<p>Carry out desk research on effective development techniques to support women’s progression in leadership roles by December 2013.</p>	<p>Desk research on gender and leadership contributed to development of an approach which supports distributed leadership models.</p> <p>Findings will be used to inform the commissioning and design of future leadership and development programmes.</p>
<p>Learning and development activities for NES staff offer increased opportunity for women to engage in learning and to achieve formal qualifications.</p>	<p>Improve access to learning and continuing professional development opportunities for female and part time staff within NES.</p> <p>Monitor and report to the Executive Team, Partnership Forum and Staff Governance Committee on applications for and the award of funding for continuing education and development based on gender and part time working status in particular.</p>	<p>NES policy on supporting continuing education has increased allocation of continuing education funding to staff in bands 1-6, who had previously been under-represented. This increased access to formal qualifications for a predominantly female staff group.</p> <p>The Education Pathway for Administrative Services targets a largely female staff group, many of whom work part-time. Seven female NES staff are participating in a Demonstration Project to embed Education Pathways for Business &amp; Administration Service staff. NES is offering funding for an additional cohort of staff to undertake a qualification.</p>

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care**

Outcome	Action	Progress
<p>Education and workforce development for health and (where appropriate) social care staff supports the delivery of person-centred communication and consultation so that patients, service users and carers understand and have appropriate information that meets their needs, contributing to a good experience of health care and improved health outcomes.</p>	<p>Improve access to learning and continuing professional development opportunities for female and part time staff within NES.</p> <p>Monitor and report to the Executive Team, Partnership Forum and Staff Governance Committee on applications for and the award of funding for continuing education and development based on gender and part time working status in particular.</p>	<p>Educational programmes for person-centred care and values-based reflective practice being delivered. Communication and consultation is a focus of many educational programmes, including core professional development and continuing professional development. The following are specific examples illustrating recent developments in education for person-centred communication.</p> <p>Training NHSScotland on feedback and complaints has included how we take a human rights based approach to complaints received and how we act upon feedback. This enables staff to consider actions and make improvements based on the personal life circumstances of the individual providing the feedback or making the complaint. This includes issues such as considering literacy and health literacy issues using tools such as Teachback to ensure individuals have understood the information they have been given.</p> <p>We have also delivered training to NHSScotland Person-centred Health and Care Programme Managers on the use of the new Communication Game. This game allows teams to consider the communication support needs of patients, their carers and families as well as other service users. It helps staff to understand more about their personal practice in terms of verbal and non-verbal communication skills as well as understanding the different communication support aids available and used by service users. The Communication Game has been disseminated to health and social care teams across Scotland and the impact of the game will be evaluated during 2017/18.</p>

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
		<p>The Priority Groups workstream in Dentistry is working in collaboration with the charity ‘Action for Sick Children Scotland’ to provide 120 Extended Duty Dental Nurses (EDDNs) and Dental Health Support Workers (DHSWs) with a training programme on: ‘An Introduction to understanding children’s play; how children use play as communication and how this knowledge can help dental health workers communicate with children in their care’. This training uses the ‘Special Smiles Dental Playboxes’ which help engage children with additional needs with the practical elements of Childsmile and the oral health message. The Playbox includes a toy inflatable dental chair, props to mimic a dental surgery, dressing up attire and many other dental themed resources which conform to cross infection policies in schools and health boards.</p>
	<p>Embed learning and development to support person-centred care (including cultural competence) into postgraduate and pre-registration training programmes.</p>	<p>Person-centred care is included in the curriculum in a variety of ways.</p> <p>For example, delivery of education in dentistry highlights challenges faced by patients in accessing care. The approach includes literacies awareness and signposting, and trainee assessment which includes 30 patient questionnaires per trainee directly addressing patient communication, consultation and information provision.</p>

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
	<p>Work with service users to develop guidance for clinical practice educators in delivery of person-centred supervision in psychology.</p> <p>In consultation with service users, develop a project brief with internal publication/circulation by March 2014.</p> <p>In consultation with service users, establish content and delivery method by March 2015.</p> <p>Pilot and evaluate by March 2016.</p>	<p>Increased integration of service user involvement within Psychology training programmes; service users acting as guides for development of the programme and also as ‘experts by experience’ for trainees.</p>

Continued >

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
<p>Health and social care staff have access to learning and development resources which enhance their skills and knowledge for delivery of safe, effective, person-centred care for older people, younger people, people from minority ethnic communities and disabled people.</p>	<p>Provide a range of educational resources which develop the health and (where appropriate) social care workforce to provide better care for targeted populations. These include:</p> <ul style="list-style-type: none"> <li>Dementia;</li> <li>Mental Health;</li> <li>Learning Disabilities;</li> <li>Children and Adolescent Mental Health Services;</li> <li>Early Years;</li> <li>Inequalities sensitive maternity care;</li> <li>Family Nurse Partnership;</li> <li>Reshaping Care for Older People;</li> <li>Supporting employability through vocational rehabilitation;</li> <li>Augmentative and Alternative Communication;</li> </ul>	<p>Programmes delivered. Case studies within the main text illustrate sample outcomes of programmes. Highlights include:</p> <p>Delivery of a significant educational programme for health and social services staff in partnership with the SSSC to improve care for people with dementia, grounded in a human rights based approach. This includes development and delivery of a number of educational resources, training programmes and creating infrastructures for spread and sustainability.</p> <p>Development of the ‘Equal Health’ Framework which outlines the knowledge and skills staff require to reduce health inequalities for people with a Learning Disability</p> <p>The Compassionate Connections learning resource supports all health and social care practitioners to understand the impact of person-centred approaches on the health and wellbeing of women, children and families. Funding for the project ended in March 2015, however we continue to support a small range of initiatives to embed the learning resource into new and existing educational developments. We are also engaging with NHS Boards to establish an up-to-date understanding of how and where the learning resource is being used. The resource is available at <a href="http://www.compassionateconnections.knowledge.scot.nhs.uk">http://www.compassionateconnections.knowledge.scot.nhs.uk</a></p> <p>The Family Nurse Partnership is a voluntary home visiting programme for young mothers (aged 19 or under) which aims to help young mothers have a healthy pregnancy, improve their</p>

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
	<p>Educational support for the national dental priority groups strategy (including the Smile programme) to improve the oral health of frail older people, those with special care needs and homeless people.</p>	<p>child’s health and development, and plan their own future and achieve their aspirations. FNP learning programme delivered to three cohorts of Family Nurses and Supervisors with a fourth cohort to commence December 2016.</p> <p>FNP facilitators have been developed to help clients consider public health issues which have a direct effect on the wellbeing of themselves and their baby. These are used to facilitate a conversation and Family Nurses are skilled in adapting their use to clients with particular challenges with the written word. In particular interactive "games" based facilitators have been developed to explore Binge Drinking, The Use of Caffeine and its effects and Internet Safety.</p> <p>Following consultation with the psychology team within NES, a "what if" facilitator has been developed to support women when planning for breastfeeding. This is based on evidence around Volitional Help Sheets which are used within wider health and social care to support an individual's planning in relation to health behaviours.</p> <p>‘Just the Job’ animation developed in collaboration with stakeholders which aims to appeal to a diverse range of staff in the NHS, third sector and other settings. It explains the links between work, health and wellbeing, encouraging staff to take a proactive approach in supporting people with health conditions to remain in, return to or move towards working whenever possible. This animation remains on the Knowledge network, Vimeo and Youtube for wide access.</p>



Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
		<p>From June 2012 to June 2015, NES was commissioned to progress the Augmentative and Alternative Communication (AAC) programme of work by supporting education-focussed recommendations and coordinating awareness-raising activities by providing national leadership and developing partnerships with all organisations involved in supporting the needs of all people requiring AAC. To continue the progress made during the three-year programme, NES submitted recommendations for actioning to the Scottish Government, Scotland’s Health Boards, voluntary sector bodies, schools and social care organisations and ensured transition of national education resources, including the Now Hear Me website <a href="http://www.nowhearme.co.uk">www.nowhearme.co.uk</a></p> <p>Programmes to address health inequalities and person-centred care in Dentistry include: Care for older people - with developed SCQF educational materials and ongoing support for training delivery. Work in partnership with NMAHP for the delivery of dementia training to the dental team; Early years – SCQF Childsmile training material and continuous support via an online community of practice; Caring for Smiles – supporting care home staff in promoting oral health for residents; Smiles4Life – supporting dental health for homeless people; Keys to life - aimed at better oral care for adults with additional needs linked to the Keys to Life strategy document produced by SGHD. Support for the rollout of this educational resource in collaboration with key stakeholders.</p>

Priority: **Education and workforce development supports the developing cultural competence of the health and social care workforce and the delivery of person-centred care** (Continued)

Outcome	Action	Progress
<p>Deliver leadership development for person-centred care.</p>	<p>Develop relevant content and competencies to support leadership development for person-centred care, and integrate into all national leadership programmes by 2015.</p>	<p>Planned action has been superseded by the development of a national leadership statement by Scottish Government.</p> <p>Person-centredness will be embedded in commissioning and design of future leadership and development programmes.</p>
<p>NHS Boards have access to strategic advice and support to improve the quality and impact of equality and diversity learning.</p>	<p>Produce a summative report on factors influencing the effectiveness of equality and diversity training by 2014.</p> <p>In partnership with NHS Health Scotland, support development of a community of practice of equality and diversity trainers in NHSScotland by 2014.</p>	<p>Evidence review used to inform national review of statutory and mandatory training framework.</p> <p>Equality and diversity training in NHSScotland supported via the NHS Equality and Diversity Lead Network, with offers on unconscious bias training and in partnership with NHS Health Scotland, to health inequalities learning and development networks.</p>

Continued >

Priority: **Enhancing our staff experience**

Outcome	Action	Progress
<p>NES’s organisational culture supports positive mental health and wellbeing for staff and reduces the stigma of mental ill health.</p>	<p>Achieve the Healthy Working Lives Mental Health Commendation Award by October 2013.</p>	<p>Award achieved. Anti-stigma sessions delivered by See Me in all NES offices. Training on mental health in the workplace is available for all staff, with specific training for line managers. Effectiveness of approach to supporting mental health and wellbeing assessed through the Staff Governance Standard and annual Healthy Working Lives reassessment.</p> <p>Mental health and wellbeing is a core element of NES’s ongoing health and wellbeing strategy and was highlighted at the 2016 staff conference.</p> <p>NES also achieved the ‘Engaged’ level of the Carer Positive kitemark after identifying the need to ensure that carers were fully supported in the workplace.</p>

Continued >



Priority: **Enhancing our staff experience** (Continued)

Outcome	Action	Progress
<p>Organisational development programmes and change programmes are delivered fairly and equitably in a way that advances equality of opportunity.</p>	<p>Equality impact assessments completed for all organisational change policies and proposals from 2013.</p> <p>Equality and diversity issues are embedded in all evaluations of organisational development and learning interventions from 2013.</p> <p>Under the oversight of the Change Management Programme Board (CMPB) all organisational change plans are subject to equality impact assessment.</p> <p>The outcome of all organisational change consultation processes and Directorates with the support of HR &amp; OD comply with the provisions of the NES Organisational Change &amp; Redeployment Policy including the application of the redeployment register.</p>	<p>Equality impact assessment of two office consolidations identified the need to ensure equitable treatment of staff under agile working arrangements. Educational support provided to managers on agile working, managing change and positive working environment were informed by these EQIAs and staff engagement.</p> <p>The impact of change processes is measured through staff metrics, the Staff Governance Standard and the NHSScotland Staff Survey.</p> <p>In 2014-15 significant staff engagement work took place around fair opportunities and organisational change more generally to develop actions to improve experience of organisational change. Staff survey in autumn 2015 demonstrated improvement. Delivery of change support programme ongoing.</p>

Priority: **Advancing equality by mainstreaming equality and diversity into our business processes**

Outcome	Action	Progress
<p>Our strategic and operational planning supports the delivery of equality and diversity outcomes and practice.</p>	<p>Fully mainstream equality and diversity into operational planning by 2013.</p>	<p>Equality &amp; Diversity fully integrated into the corporate operational planning process from 2014/15.</p>
	<p>Integrate equality and diversity into review of NES' strategic framework by 2013.</p>	<p>NES Strategic Framework 2014-19 includes equality and diversity principles and outcomes, which are evident in the organisational values, educational principles and key outcomes where accessibility of education and training are emphasised.</p>
<p>Equality, diversity and inclusion are enhanced through NES's procurement activities.</p>	<p>Develop supporting resources to embed equality and diversity criteria into relevant tender specifications and contracts by October 2013.</p>	<p>Procurement includes accessibility standards and requirements related to the equality duties in all contract specifications when issuing tenders to third parties.</p> <p>Digital Standards developed to support equality requirements when commissioning digital products.</p> <p>Within our standard documentation we have also addressed Fair Working Practices (which includes encouraging our suppliers to consider the Living Wage) and created and improved upon a common approach to sustainability in our supply chain.</p>
	<p>Test opportunities to use the framework agreement to support disability equality through procurement activity from March 2013.</p>	<p>Framework for supported businesses consulted prior to tendering to identify whether there is an opportunity to use a supported business.</p>

Priority: **Advancing equality by mainstreaming equality and diversity into our business processes** (Continued)

Outcome	Action	Progress
<p>Organisational and individual performance management ensures accountability for delivery of equality and diversity.</p>	<p>Integrate equality and diversity into Leadership &amp; Management Framework (including Managers' Passport) and Performance Management Strategy.</p>	<p>New mandatory equality training package based on the objectives of this Equality and Diversity Strategic Action Plan, linked to the process of setting objectives, agreeing development plans and reviewing progress was delivered to all staff.</p> <p>Development in equality is supported for managers through the Managers' Passport and Coaching Skills for Managers programme. Learning on specific topics, including Mentally Healthy Workplace, is also provided for managers.</p> <p>In 2016 we launched our leadership behaviours. These set out the behavioural aspects of distributed leadership for staff at all levels and are to be used in personal development and planning discussions.</p>
	<p>Develop performance management dashboard to include equality and diversity measures by 2013.</p>	<p>Directorates are using the Integrated Planning and Performance System to report on progress toward E&amp;D targets.</p>

Continued >

Priority: **Advancing equality by mainstreaming equality and diversity into our business processes** (Continued)

Outcome	Action	Progress
<p>NES's research and knowledge management activities enhance the evidence base to inform equalities sensitive practice in education and care.</p>	<p>Agree and implement a set of principles to foster best equality and diversity practice in NES's research and knowledge translation by 2014.</p> <p>Ensure that the Knowledge Network systems and content are inclusive of diverse knowledge support needs by 2014.</p>	<p>Equality &amp; Diversity principles for research developed and available for use by staff, championed through research governance processes.</p> <p>Knowledge Network supports managed knowledge networks and portals on a range of topics to support equalities sensitive practice and person-centred care, including the Health Literacy Place, Little Things Make a Big Difference, Equal Partners in Care, and a range of specific managed knowledge networks.</p>







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