

Equality Impact Assessment Tool: Policy, Strategy and Plans
(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Workforce Plan (2010/2011)

Please tick box to indicate if this is: **Current Policy, Strategy or Plan** **New Policy, Strategy or Plan**

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The Plan describes the current NHSGGC Workforce and gives an outline of the changes envisaged to our workforce over the next year (2010-2011) and beyond. There are a number of reasons of why the Workforce Plan is required. NHSGGC is undergoing significant clinical change which will impact on the way we deliver our health care services to our patients. The workforce implications contained in the NHSGGC Workforce Plan are being continuously informed by service changes and redesigns across all services. For example, the review of acute services require our services to be delivered across fewer sites and locations. In addition, within mental health partnership, there is a need to support more specialised services to support independent living in the community. The implementation, monitoring and review of the Workforce Plan is achieved through the two groups.

- Workforce Development Reference Group
- Workforce Challenges Sub Group of the Area Partnership Forum (APF)

The aim of the workforce plan in relation to equality and diversity is to ensure that the NHS workforce should strive to represent the population it serves.

3 Lead Reviewer

Lyndsay Lauder, Head of Workforce Planning and Development.

4. Please list all participants in carrying out this EQIA:

- Chris Carron
- Imran Shariff
- Lyndsay Lauder
- Moira MacDonald
- June Livingstone

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

There is no explicit mention of anti-discrimination or equality of opportunity within the plan. However within the plan there are statistics which relate to equality and diversity and trends which can be further analysed. Within the organisation, diversity monitoring is undertaken of the workforce, including staff leaving the organisation.

The workforce plan has been completed in line with NHSGGC planning frameworks and corporate themes. The Plan has taken cognisance of the inequalities sensitive planning framework, and the drive to develop an inequalities sensitive health service through our corporate and transformational theme activities.

As a major employer, NHSGGC has a significant role in tackling inequalities and promoting health and inclusion through helping people join the workforce and helping people back to work.

Population data has been utilised within the Workforce Plan, although for some diversity groups, data is not available or out of date (census 2001).

B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
		Source
Gender	Gender data is available for 100% of the workforce. By comparing workforce information data against workforce activities including change/redesign activities, there is no evidence to suggest that groups are disproportionately affected.	
Ethnicity	<p>Ethnicity data is available for 65% of the workforce. By comparing workforce information data against workforce activities including change/redesign activities, there is no evidence to suggest that groups are disproportionately affected.</p> <p>It is estimated that ethnic minority population of Glasgow at 2010 is between 72,000 and 90,000 which equates to 12-15% of the Glasgow City population</p>	Glasgow City Council- Horizon scanning, April 2010
Disability	Disability data is available for 100% of the workforce. By comparing workforce information data against workforce activities including change/redesign activities, there is no evidence to suggest that groups are disproportionately affected.	
Sexual Orientation	Sexual Orientation data is available for 39% of the organisation. By comparing workforce information data against workforce activities including change/redesign activities, there is no evidence to suggest that groups are disproportionately affected.	
Religion and Belief	Religion/ Belief data is available for 46% of the organisation. By comparing workforce information data against workforce activities including change/redesign activities, there is no evidence to suggest that groups are disproportionately affected.	
Age	<p>Age data is available for 100% of the workforce.</p> <p>The plan documents projected reductions of almost 20% in the 15 to 29 age group which</p>	

	<p>represents a shrinking labour pool across NHSGGC.</p> <p>The Equality Act 2010 contains recommendations on abolishing default retirement age (65) and also increasing pensionable age. From a workforce perspective, it is likely that a number of staff will be employed beyond the age of 65.</p>		
Social and Economic Status	<p>Within the plan there is information on the number of unemployed people within the Board area. Over the period 2002- 2008, unemployment has reduced from 11% to 6%. However due to the recent economic downturn, the number of job seekers allowance claimants in Glasgow has increased. In addition to this, it is known that the proportion of people claiming incapacity benefit is the highest of all the major UK cities. It is anticipated that unemployment is likely to increase to a peak of 210,000 in 2010 across Scotland.</p> <p>However some of this could be offset by continued investment in regeneration projects, including the commonwealth games villages and venues, the M74 completion and regeneration within Glasgow East End.</p>		
C Do you expect the policy to have any positive impact on equalities or on different equalities groups?			
	Highly Likely	Probable	Possible
General	<p>Programmes including modern apprenticeships, introduction of health care support workers and other traineeships are positive ways of encouraging groups to join the workforce.</p>		
Gender	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer.</p>		

<p>Ethnicity</p>	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer</p> <p>In terms of under representation, the plan presents an opportunity to ensure present and future workforce recruitment activity targets particular group's who are underrepresented.</p>		
<p>Disability</p>	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer</p> <p>In terms of under representation, the plan presents an opportunity to ensure present and future workforce recruitment activity targets particular group's who are underrepresented.</p>		
<p>Sexual Orientation</p>	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer.</p>		

	In terms of under representation, the plan presents an opportunity to ensure present and future workforce recruitment activity targets particular group's who are underrepresented.		
Religion and Belief	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer.</p> <p>In terms of under representation, the plan presents an opportunity to ensure present and future workforce recruitment activity targets particular group's who are underrepresented.</p>		
Age	<p>Yes. As part of workforce monitoring, NHSGGC produces regular equality monitoring reports. Regular analysis of this ensures that we remain a diverse employer.</p> <p>At present the workforce of NHSGGC aged less than 20 is low. The introduction of Health Care Support Workers, where entry can be from a HNC should assist younger people joining the organisation.</p>		

	<p>Changes in age discrimination legislation could result in people working beyond their default retirement age.</p>		
<p>Social and Economic Status</p>	<p>Traditionally people from lower socio-economic groups have had less access to opportunities due to job roles that require specific qualifications. However the development of skill mix projects/ initiatives within the NHS will enable groups from lower socio-economic groups access opportunities in NHS.</p> <p>As part of the construction of the new South Glasgow Hospital complex, NHSGGC have been involved with GSWRA (Glasgow South West Regeneration Agency) and Brookfield Construction (UK) Ltd to develop a community benefit agreement which increases opportunity for people from lower socio-economic groups to access opportunities include training, apprenticeships. There are targets in place to</p>		

	<p>A dedicated training and recruitment website has been developed by GSWRA to support local people into employment related activities. (www.nsgjobs.com) .</p> <p>For example the creation of HNC/HND's in health will enable people to access entry level positions and also allow individuals to further develop their qualifications to a higher level or through SVQ's.</p>		
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D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	Probable	Possible
General			<p>The policy is unlikely to have a negative impact generally. However not knowing the diversity background of our employees may inhibit the organisation to meet its statutory obligations and understand its workforce demographic.</p> <p>NHSGGC may need to ensure that FE colleges/ universities produce and implement equality and diversity policies and comply with equality legislation.</p>
Gender			<p>Increasingly majority of health professional students are female.</p> <p>Positive action may be required on the part of universities/ further education providers to address gender issues as part of their recruitment processes.</p> <p>In addition to the above, further work may be required in relation to gender</p>

			segregation of specific roles within the workforce. This may need to occur across different agencies and settings.
Ethnicity			Based on future workforce needs, there may be further work required to widen participation of specific groups into NHSGGC workforce who traditionally may not have seen the NHS as a potential employer.
Disability			Based on future workforce needs, there may be further work required to widen participation of specific groups into NHSGGC workforce who traditionally may not have seen the NHS as a potential employer.
Sexual Orientation			Based on future workforce needs, there may be further work required to widen participation of specific groups into NHSGGC workforce.
Religion and Belief			Based on future workforce needs, there may be further work required to widen participation of specific groups into NHSGGC workforce
Age		An increase in the volume of 50+ within the workforce and changes to Age discrimination legislation suggests that existing HR policies may need to be EQIA'd.	

Social and Economic Status		<p>There may be specific work required to support people who traditionally are under represented or under participating in learning activities. These groups who posses little or no qualifications. This may include people on low incomes.</p> <p>As mentioned earlier in the plan, many people who either claim benefit constitute a large number of people from minority ethnic backgrounds, lone parents and people with disabilities. These groups either have poor basic skills or no qualifications and thus may face additional barriers in making the transition to the world of work.</p>	

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	<ul style="list-style-type: none"> • No changes to policy 	
E2 action to compensate for identified negative impact	<ul style="list-style-type: none"> • Continue to work external agencies, colleges/ universities to ensure underrepresented groups in the workforce (protected characteristics) and people from lower socio-economic backgrounds are targeted as part of recruitment activities. • Continue to examine workforce data on regular basis to analyse differentials in workforce demographics following service re-design. • Abolition of default retirement age may lead to consequential review of additional policies and procedures. This may include EQIA of HR and associated policies/ services. • Explore ways of gathering intelligence on existing NHSGGC activities which support access to learning/ training and employment opportunities for underrepresented groups. (CIT). 	
E3 Further monitoring – potential positive or negative impact	<ul style="list-style-type: none"> • Regular monitoring of workforce diversity will help to understand patterns of under representation. • Ensure monitoring review impact of other policies/ strategies which impact on local workforce plans e.g. 	
E4 Further information required	<ul style="list-style-type: none"> • Census 2011 information- equality groups- General Register Office for Scotland (GRoS) • Workforce Information- Equal Opportunities Monitoring - NHSGGC 	

Review: Review date for policy / strategy / plan and any planned EQIA of services

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Lead Reviewer: Name:
Sign Off: Job Title
Signature
Date:

Please email copy of the completed EQIA form to CITadminteam@ggc.scot.nhs.uk

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