



## **Equality and Diversity Impact Assessment**

**Draft report on findings from an Equality Impact Assessment  
of NHS 24's Recruitment Process**

**February 2023**

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## **Section 1 - NHS 24's Equality and Diversity Impact Assessments**

If you would like us to consider producing this report in a different format, please contact us by:

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NHS 24 has a legal duty to show due regard to the elimination of discrimination, the advancement of equality of opportunity and to foster good relations between people who share a protected characteristic and those who do not. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (relate to the elimination of discrimination only)
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Equality and Diversity Impact Assessments consider the impact that changes to our services, policies or functions will have on groups of people across the relevant protected characteristics. Additionally, we will consider the impact on people experiencing socio-economic disadvantage, care experienced young people, island dwellers and any other group identified as potentially being more likely to experience inequalities for unfair and preventable reasons.

The recommendations made in this report seek to improve equality of access and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Where appropriate, health inequalities are also considered. Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

This report is a summary of the process used to undertake the impact assessment. It includes the minimum background information on the particular policy, service or function being assessed. If after reading this summary report you would find it helpful to have access to additional information, please contact:

[nhs24.engagementteam@nhs24.scot.nhs.uk](mailto:nhs24.engagementteam@nhs24.scot.nhs.uk)

## **Section 2 - An Introduction to NHS 24**

### **NHS 24**

NHS 24 is the national provider of digital and telephone-based health and care services for Scotland. We provide people with access to information, care and advice through multiple channels including telephone, web and online.

We work in collaboration with partners, the public and our people to co-design services using technology and a digital first approach to sustainable service development and delivery.

### **Our Services**

#### **111**

NHS 24 is best known for providing care and advice when GP practices and pharmacies are closed. People across Scotland can call NHS 24 using the free phone number 111. This gives people access to help and advice if they cannot wait until their GP practice reopens.

From 01 December 2020, people are now being asked to call 111 - day or night - if they feel they require urgent care treatment. The purpose of this new pathway is to support those people who turn to Accident and Emergency Departments across Scotland for healthcare advice and treatment to receive the right care, at the right time and by the right healthcare professional. Additionally, this new pathway will help keep people and staff safe from the COVID-19 virus, by reducing the numbers of patients in Accident and Emergency waiting areas.

### **Health Information and Support Services**

NHS 24 provides access to evidence based health information and support through a range of different services including:

- NHS inform
- Care Information Scotland
- National smoking cessation service Quit Your Way

NHS inform hosts a Self Help Guide and Scotland's Services Directory to signpost to other relevant services.

### **Scottish Emergency Dental Service**

This service delivers advice and support on dental health and dental services to the people of Scotland during the out-of-hours period. Patients who contact NHS 24 with dental symptoms are assessed by Dental Nurses, the Scottish Emergency Dental Service (SEDS) booking Hub then direct the patient to the relevant dental care pathway.

### **Mental Health Hub**

In March 2019, the Mental Health Hub was established and fully trained expert Psychological Wellbeing Practitioners joined the workforce at NHS 24 to provide Psychological Triage Assessments to the public in need of this support. Continually evolving and expanding the service, the Mental Health Hub is now also working closely with the Scottish Ambulance Service and Police Scotland to support them when dealing with vulnerable people.

### **Breathing Space**

Breathing Space is a confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. Breathing Space offers a listening and signposting service for people experiencing low mood, depression or anxiety about issues such as family and relationship difficulties.

## NHS Living Life

NHS Living Life is an NHS 24 appointment based telephone service offering Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) using a CBT approach.

## Section 3 - Aim/Purpose of

NHS 24 recognises that the delivery and development of effective patient care is dependent upon having the right people in the right place at the right time and, therefore, regards the operation of an effective recruitment process as essential. NHS 24 is committed to operating a recruitment process which embeds the NHS values and delivers fair treatment for all applicants.

## Section 4. - Assessment of Impact

An overview of the recruitment process is detailed in the image below.



For the purposes of this impact assessment we have focussed on the following stages of the recruitment journey:

- Job Description
- Advertising
- Vacancy Response Management
- Shortlisting
- Selection Process
- Assessment Techniques
- Pre-Employment Checks

## Age

There are no upper or lower age limitations for adults applying to work for NHS 24. Candidates are asked to evidence that they have the relevant skills, experience or qualifications required to perform individual roles.

Recruitment data noted in the [NHS 24 Equality Mainstreaming Report 2021 - Workforce Data Update](#) highlights that for the year 2018/19 people over 50 were significantly less likely to be appointed than applicants in younger age groups, particularly those aged 16 to 24. Recruitment during 2019/20 shows a more balanced appointment rate across each age group.

Just over 60% of our staff are women who work part-time, the majority of whom are aged 25 to 59. The number of part-time working staff aged 16 to 24 substantially increased during the year 2019 to 2020, further to mass recruitment campaigns. Around 75% of our staff are aged 25 to 59 with around 25% of our workforce employed within each age category within this range.

There are several issues commonly identified that could result in age discrimination occurring during a recruitment process. These include:

- The use of language in job adverts that could be interpreted to imply a specific age group for the candidate. For example, using the term 'active and energetic' when in fact the job role requires someone to work at a desk. Or using terms such as 'plenty of life experience and mature' when in fact two years of experience might be enough.
- Noting requirements for qualifications that were gained recently or the requirement for qualifications beyond the scope of the job role.
- The lack of entry level jobs.
- Assumptions made because of a candidate's appearance with regards to age, either looks "too young" or "too old" for the role.

In 2021, The Centre for Ageing Better [published a report](#) produced in partnership with The Institute for Employment Studies that identified that employers are failing to recognise and tackle potential age bias in their recruitment processes. They noted that the employers they interviewed tended to hold negative views of older people, stating things such as 'they have poorer IT skills' or they 'appear worn-out'.

The report also noted that age discrimination was not thought to be an issue by employers, and if it was, it was often only in the context of trying to advance equality for younger workers.

It is important for NHS 24 to be aware of potential age-related issues during recruitment and to avoid any unfair treatment.

### **Disability**

The NHS 24 recruitment data for 2019/20 suggests that disabled applicants were significantly more likely to be appointed than non-disabled applicants, with the overall percentage difference in success rate being 22.15% in favour of disabled candidates. Though, it is important to note that the percentage of applications received from disabled candidates significantly reduced in 2019/20. Additionally, the percentage of applicants who did not share their data increased by 5.56%.

12.27% of staff in post identified as being disabled in 2019/20. This down from 14.38% in 2018/19.

It is recognised that disabled people are a group of people who can often experience discrimination during employment. The wide-ranging number of conditions and their varying impact on people makes it extremely difficult for employers to appropriately and proactively take steps to make recruitment processes accessible for every disabled person that may be interested in applying for a job.

The Equality Act 2010 recognises that bringing about equality for disabled people can require employers to make changes to the way things are normally done. This is the duty to make reasonable adjustments and it applies not only to staff but also to applicants during the recruitment process.

Except in very restricted circumstances or for very restricted purposes, employers are not allowed to ask any job applicant any health or disability related questions until the person has been:

- offered a job either outright or on a conditional basis
- included in a group of successful candidates to be offered a job when a position becomes available, where more than one post is being recruited to

An employer can only ask questions about health or disability when:

- They are asking the questions to find out if an applicant needs a reasonable adjustment for the recruitment process
- They are asking the questions to find out if an applicant can take part in an assessment as part of the recruitment process
- They are asking the questions for equality monitoring purposes.
- They want to make sure that any applicant who is a disabled person can benefit from any measures aimed at improving disabled people's employment rates. For example, the guaranteed interview scheme.
- They are asking the question because having a specific impairment is an occupational requirement for a job.

An employer needs to make reasonable adjustments once they know, or could reasonably be expected to know, that a disabled person is or may be applying for a job. Once an employer knows that or should have known it, they must take steps to find out whether the applicant needs any adjustments and what those adjustments are. If the adjustments requested are deemed to be reasonable, an employer will need to make sure that all necessary arrangements are made to accommodate the applicant during the recruitment process.

Once agreed, reasonable adjustments should be implemented swiftly so as not to disadvantage disabled applicants. Clear and timely communication with applicants is required.

In July 2022, NHS 24 introduce a new Reasonable and Workplace Adjustment Policy. This policy is intended to make it easier for staff, and line managers, to access reasonable adjustments.

Each disabled person is unique and the challenges they experience will differ amongst different groups of disabled people, however there are some identified issues that should be considered, such as:

- Closing vacancies early could have a disproportionate impact on some groups of disabled people. For example, a person who has dyslexia or a person on the autism spectrum may need additional time to read, plan and compose applications and therefore may seek to submit the form close to the initial deadline date.
- Access barriers at interview venues
- The use of jargon or unnecessarily complex language
- A perception that the employer is not inclusive
- A lack of confidence in disclosing their condition/asking for adjustments
- A lack of awareness of the duty to make reasonable adjustments
- Reasonable adjustments not being made in a timely fashion

- An under appreciation of the skills/experience a disabled applicant might have, with too much focus from the interviewer on the person's condition rather than their actual talent
- Disabled applicants may be more likely to have low self-esteem due to persistent unfair career setbacks and consequentially their employment aspirations may be low, preventing them from fairly ascending the career ladder

NHS 24 should be aware of these and other potential barriers for disabled applicants and take positive action to ensure a fair recruitment process. NHS 24 should also seek to ensure the appropriate reasonable adjustments are made in a timely fashion for any applicant that requires them.

Recent Royal College (RCN) of Nursing Guidance noted that 10% of the population are neurodivergent (British Dyslexia Association, 2012, 2021), with this figure thought to be higher in health care organisations. It was highlighted that neurodivergent individuals think differently, yet this uniqueness can be overlooked through a lack of understanding in the workplace. The RCN suggested that workplaces are mainly designed to suit the 90% of the population who are neurotypical. Rather than attempting to change neurodivergent individuals to fit with the workplace, it was recommended that employers need to be more aware and supportive of neurodivergent people to help them be the best that they can be at work.

NHS 24 successfully obtained consent to use the government's Disability Confident logo in job adverts. The Disability Confident scheme is designed to help employers recruit and retain disabled people, helping to remove barriers to their participation. As part of this scheme, NHS 24 are committed to:

- interviewing all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- discussing with disabled employees, at any time but at least once a year, what we can do to make sure they can develop and seek to progress if they wish to
- making every effort when employees become disabled to help them stay in employment
- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- reviewing these commitments every year, assessing what has been achieved and planning ways to improve on them

### **Gender reassignment**

The NHS 24 workforce data highlights that there is still only a small percentage of applicants and staff who identify as trans. In 2018/19 all trans applicants were shortlisted for interview but none were successfully appointed. In 2019/20, just under half of all trans applicants were shortlisted for an interview, with just under a quarter of trans applicants being appointed.

Common issues trans applicants can experience during recruitment include:

- Being deterred from applying due to the use of gender specific language in job adverts
- Issues with regards to identification documentation
- The unnecessary disclosure of their gender identity to multiple people
- Issues with previous absences due to medical reasons
- The lack of gender-neutral facilities
- A lack of understanding from employers

NHS 24 should be flexible to let people identify their gender or title as they choose. For some applicants providing previous names may feel like a challenge, so NHS 24 should ensure that if information is required, it is asked for in a sensitive way and that it is stored and treated in a secure manner.

Trans applicants should be given access to someone who knows how to deal with trans specific issues (such as the names on documentation not matching up) and this will help limit the number of people they have to disclose their trans identity to, should they wish this not to be widely known.

In a previous Equality Impact Assessment, a recommendation was made for a single point of contact within the Recruitment Team to be offered to any applicant who identified as trans. Where possible, this process should continue to be implemented.

### **Marriage and civil partnership**

No specific issues were identified.

### **Pregnancy and maternity**

NHS 24's workforce data shows that in 2019/20:

- 36 staff started their maternity leave
- 29 staff finished their maternity leave and of these, 28 returned to work, and one did not return to work
- two staff left within six months of returning from maternity leave

Of the 28 staff who returned to work, seven (25%) reduced their hours within six months of returning. It should be noted that out of the 28 staff who returned, 25 (89%) already worked part time hours (this includes anyone working less than 37.5 hours). In addition, out of the 28 staff who returned from maternity leave, only three continued their full-time hours.

An employer should not ask applicants whether they intend to have children or if they are pregnant during any recruitment processes.

Research by the Equality and Human Rights Commission and the UK Government Department for Business, Innovation and Skills found that around one in nine mothers

(11%) reported that they had lost their jobs because of pregnancy and maternity-related discrimination.

The Equality and Human Rights Commission asked YouGov to conduct a survey to understand managers' attitudes around pregnancy and maternity discrimination. They found that:

- A third (36%) of private sector employers agree that it is reasonable to ask women about their plans to have children in the future during recruitment.
- Six in 10 employers (59%) agree that a woman should have to disclose whether she is pregnant during the recruitment process.
- Almost half (46%) of employers agree it is reasonable to ask women if they have young children during the recruitment process.
- 44% of employers agree that women should work for an organisation for at least a year before deciding to have children.
- 40% of employers claim to have seen at least one pregnant woman in their workplace 'take advantage' of their pregnancy.
- A third believe that women who become pregnant and new mothers in work are 'generally less interested in career progression' when compared to other employees in their company.
- Four in 10 (41%) employers agreed that pregnancy in the workplace puts 'an unnecessary cost burden' on the workplace.
- Half (51%) of employers agree that there is sometimes resentment amongst employees towards women who are pregnant or on maternity leave.
- Around a third (36%) of employers disagree that it is easy to protect expectant or new mothers from discrimination in the workplace.

Common examples of when someone who is pregnant or on maternity leave might be treated unfairly during recruitment include:

- The employer looking for somebody who can start immediately. Fair consideration should be given to existing staff or external applicants who are on maternity leave
- The job requirements conflict with the person's desired working arrangements / requirements for childcare
- Employers doubting the commitment of people who are pregnant or on maternity leave
- Employers recruiting less experienced or qualified staff ahead of them just to avoid having to deal with them
- Job offers being withdrawn when pregnancy is mentioned
- Employers making unfair assumptions about health, wellbeing and competence

## Race

NHS 24's workforce data shows that 94.19% of staff appointed from 2018 to 2020 identified as being from a white background, with only 3.02% identifying as minority ethnic. Recruitment data suggests that minority ethnic people are less likely to be successful in their application to join NHS 24. With regards to staff in post, the data suggests that people identifying as minority ethnic are underrepresented within the NHS 24 workforce.

The Scottish Government's [Race Equality Framework for Scotland 2016 to 2030](#) highlights that Scottish public bodies have very low proportions of minority ethnic staff in comparison to national and local demographic profiles. The framework notes that to develop a representative workforce, the majority of Scotland's public bodies will need to invest additional effort – including tackling discrimination and looking at opportunities to take positive action.

The Coalition for Racial Equality and Rights, reports:

- Lower employment rates among minority ethnic groups, with significant variance by ethnicity (Scottish Census 2011)
- Higher levels of educational attainment (Scottish Government 2014) failing to translate into labour market advantage
- Minority ethnic people experiencing occupational segregation (Scottish Census 2011)
- Under-representation of minority ethnic people in Modern Apprenticeships (Skills Development Scotland 2015)
- Experiences of discrimination and racism in work (CRER 2015) (Equal Opportunities Committee 2015)
- 22% of people living in Scotland feel that there is sometimes a good reason to be prejudiced towards minority ethnic people

NHS 24 has recognised the inequalities minority ethnic people can experience and in 2021 set the following equality outcome:

- The number of minority ethnic people who work for NHS 24, and who seek employment with NHS 24, will increase, and as a minimum we will work towards our workforce being more representative of the demographics of the Scottish population.

Positive action intended to support this outcome being achieved is detailed in [NHS 24's Equality Mainstreaming Report](#).

Common barriers to recruitment for minority ethnic people can include:

- People from minority ethnic communities having less confidence to apply if they see no equivalent role models, or evidence of diversity in the workplace

- The lack of effective and targeted promotion of vacancies. Relying on common routes to promote vacancies or word of mouth can prevent minority ethnic groups from learning about opportunities.
- Assumptions about competence if English is not a person's first language
- The lack of clear and accessible information about the post, how to apply, and about the application process may disproportionately impact a minority ethnic person.
- The use of jargon in interview questions or application forms can be more difficult for minority ethnic people to understand.
- A perception that applicants with a non-traditionally Scottish/British name are less likely to get an interview.
- Gypsy/Travellers believing they will be more likely to experience discrimination if their address identifies that they live on a Gypsy/Traveller site.

NHS 24 should be aware of these and other potential barriers for minority ethnic applicants and take positive action to ensure a fair recruitment process. Activity to support the achievement of the equality outcome set in 2021.

### **Religion and belief**

Issues relating to unfair treatment around religion and belief are often closely aligned to race. However, there are specific issues that should be considered in relation to religion and belief.

NHS 24 should avoid setting interview dates on days when religious festivals take place or on holy days, or at other times of religious observance so far as they can.

Information about how applicants from different faith backgrounds might be supported could help to encourage more applications from diverse groups. For example, people who require to pray at specific times during the day may be more likely to apply if they were aware that this would be accommodated by the availability of prayer rooms in offices.

A more general statement highlighting NHS 24 is an inclusive employer that supports equality, diversity and inclusion may also help.

### **Sex**

Analysis of the NHS 24 workforce data shows that women are significantly more likely than men to apply for jobs with NHS 24. However, the success rate of applicants is broadly similar, with women being slightly more likely to be appointed than men.

Sex discrimination during recruitment and employment historically has been an issue experienced by women and while this remains an issue across Scotland, it is perhaps less of an immediate issue within NHS 24, where over 79% of the workforce identifies as a woman.

Nursing is the second largest job family within NHS 24, with all posts within this category requiring a professional qualification in nursing. Nursing is known to be a profession that experiences occupational segregation, with the majority of nurses being women.

Additionally, it is widely known that women are still more likely to apply for and occupy jobs within administrative roles in public sector bodies and the NHS. The imbalance we have between women and men is broadly comparable to other health boards and achieving a gender balance across the NHS in Scotland remains a national challenge.

Nevertheless, to help promote equality during recruitment employers could:

- Advertise and offer all jobs as having flexible working options, such as part-time work, remote working, job sharing or compressed hours
- Allow people to work flexibly, where possible
- Encourage senior leaders to role model working flexibly and to champion flexible working
- Seek to recruit people who have taken an extended career break for caring or other reasons and who are either not currently employed or are working in roles for which they are over-qualified

### **Sexual orientation**

NHS 24's workforce data shows that during the year 2019 to 2020, 13.63% of successful applicants who identified their sexual orientation as heterosexual/straight were appointed. The data suggests that gay (27.27%) and bisexual (17.09%) applicants were significantly more likely to be appointed.

Though the recruitment data shows that lesbian, gay and bisexual (LGB) staff are more likely to be appointed, the overall number of LGB staff employed by NHS 24 is still relatively low. In 2020, 4.35% of staff identified as LGB. There is no comparable data in the 2011 Census Report for this protected characteristic group, however, estimates for the LGB population vary between 6% to 10%, or more. The 2021 census data should provide a more accurate benchmark figure when this data is released.

[Research published](#) by Stonewall Scotland in 2018 considers the experience of lesbian, gay, bisexual and trans (LGBT) applicants and so information from them refers to LGB and T people.

Stonewall reported that:

- Almost one in five LGBT people who were looking for work said they were discriminated against because of their sexual orientation or gender identity while trying to get a job.
- More than a third of LGBT people looking for work were worried about being discriminated against or harassed at work due to their sexual orientation or gender identity.

- One in ten LGBT employees said they didn't get a promotion they were up for at work in the past year because they were LGBT.
- More than a third of LGBT staff have hidden or disguised that they are LGBT at work because they were afraid of discrimination.

Examples of bad experiences LGBT people have had when seeking employment include:

- Interviewers asking inappropriate questions about an applicant's sexual orientation
- Interviewers asking inappropriate questions about whether the applicant has children
- Not being appointed or getting promoted because of assumptions about what jobs LGBT people are good or bad at
- Not being appointed or getting promoted because they were told 'they would not fit in'
- Not being appointed or getting promoted because of an assumption that other staff, clients, customers or service users might not like working with a LGBT person

### **Other factors**

Care experienced people can often experience challenges when seeking to gain employment. It is reported that they are more likely to face disadvantages in education, employment and training. They are also reported to be more likely to encounter obstacles to finding and sustaining career options in the early years after care, and for some this can persist for years after, increasing risk of long-term unemployment, poverty, and social exclusion.

People from lower socio-economic backgrounds may be less likely to pursue further/higher education and therefore be less likely to meet qualification requirements. They may however be able to evidence equivalent relevant experience, and this should be considered fairly. Additionally, people experiencing socio-economic disadvantage may be more likely to take immediate/short term/lower paid job opportunities that offer them a quicker financial return than other more long-term careers. Information about salary payment times may help people in this position to make better long-term decisions.

Island dwellers may be less likely to apply for positions that require them to travel to the mainland daily. Remote/homeworking is an option that might be attractive to this group. Similarly, being flexible with interview times to accommodate travel could be helpful to them.

## **Section 5. - Recommendations for changes**

Before making recommendations, it is important to consider what activities NHS 24 is already undertaking to promote equality, diversity, and inclusion at recruitment.

NHS 24 is already taking a proactive approach to providing recruitment opportunities to everyone interested in working with us. To support this, a Workforce Strategy – Diversity and Inclusion Action Plan 2022 – 2025 is in place.

The action plan commits to planning and attracting a sustainable workforce and includes a commitment to developing programmes for care experienced people, veterans, minority ethnic groups and other groups of people more likely to experience barriers to employment.

An action within the plan commits to creating opportunities for our staff to work with employability leads from local authority and further education sectors. This approach is intended to deliver an increase in apprenticeships, work/employability placements, internships, and care experienced staff working within our organisation. This approach should also help to demonstrate our commitment to being an anchor institution and should be seen as a progressive step forward to reducing health inequalities.

A further action is intended to provide effective leadership and management to enable an inclusive and supportive environment. This has already seen the introduction of the Management Essentials Programme (MEP). The MEP is for new and existing people managers, up to and including Band 7. This is a key step forward in upskilling managers, by offering modules relating to a manager's role, including highlighting their responsibility for achieving equality, diversity, and inclusion at recruitment and within the workplace.

Additionally, NHS 24 has recently been re-accredited as a [Disability Confident Leader](#). The link to the UK Government website provides information on the steps taken by organisations to achieve accreditation.

To meet the general equality duty, and taking into consideration inequalities people can experience during recruitment for other reasons, the following recommendations should be considered:

1. Ensure that essential criteria, including any qualifications, noted within job descriptions are all objectively justifiable and ensure that this does not unfairly disadvantage one or more protected characteristic groups.
2. To allow applicants to make informed choices about their suitability for a role, accurate indications of the hours NHS 24 require them to work should be provided within the job pack.
3. Ensure that the language used in job adverts that does not provide explicit or implicit suggestions with regards to the protected characteristics of the applicant. For example, avoid using terms such as "young", "dynamic", "driven" etc.

4. Circulate job advertisements as widely as possible, using multiple digital, and where possible non-digital platforms, to help ensure they reach people from a wide range of backgrounds.
5. Continue to regularly collect and analyse the demographic profile of the current workforce as well as job applicants to evaluate whether the recruitment process is fair to all applicants across the protected characteristic groups.
6. Take positive action to promote job opportunities amongst community groups that are identified as being underrepresented within the workforce. The Recruitment Team should remain aware of the current demographics of the workforce and work with the Engagement Team to reach out to organisations that represent the interests of underrepresented groups.
7. Take positive action to engage and work with local authority and higher education employability leads across Scotland to help improve job opportunities for people more likely to experience socio-economic disadvantage.
8. If positive action is required, consider the use of identifiable logos to show that NHS 24 encourage applications from people from a particular protected characteristic group. For example, the Disability Confident logo could be used to help attract more disabled candidates. It is recommended that information about this be included in recruitment information for candidates, along with information about reasonable adjustments.
9. If a task is being provided during interviews to assess competency, examples of the type of task should be provided to candidates.
10. Review the equality monitoring recording process to make sure that information provided by newly appointed staff members is accurately updated within the Workforce electronic databases
11. Applicant's applying for posts as managers or for positions within the Recruitment Team and other relevant posts should be able to demonstrate appropriate competencies in relation to equality and diversity at interview
12. Clearly presented information to be included in the application process about what gender specific information is required at each stage of the recruitment process and who will be privy to that information. If requested by an applicant who identifies as trans, a nominated member of staff in recruitment should be appointed to oversee their application.
13. Staff with recruitment responsibilities should be suitably trained to understand when questions relating to disability can and cannot be asked.
14. Staff with recruitment responsibilities should be fully aware of the duty to make reasonable adjustments, particularly during recruitment.
15. Requests for reasonable adjustments during recruitment should be responded to as soon as possible. If recruiting managers are unsure of what might be reasonable then specialist support/guidance should be sought as soon as possible. (Managers should also refer to the NHS 24 Reasonable and Workplace Adjustment Policy).
16. NHS 24 should seek to avoid closing vacancies early as this could have a disproportionate impact on some groups of disabled people.

17. NHS 24 should continue to actively promote itself as an inclusive employer, seeking to attract applicants from diverse backgrounds, particularly those currently underrepresented within the workforce.

## **Section 6. – Consultation**

It was considered appropriate to allow for an 12 week consultation period. This included other NHSScotland Health Boards, NHS 24 staff, and a range of third sector organisations in Scotland representing the views and experiences of people with the relevant protected characteristics. The draft findings were posted on the 'Get involved' section of the NHS 24 web site and flagged as available for comment. The NHS Engagement Team were available to meet with any people or organisations who wanted to discuss the draft findings before submitting any comments. No responses were received.

## **Section 7. - Monitoring and Review**

Arrangements for monitoring and reviewing the impact, planned and unplanned, of the Equality Impact Assessment of NHS 24's Recruitment Process will be put in place with a further equality and diversity impact assessment being considered during the financial year 2026 – 2027, allowing for the anticipated changes to the specific equality duties to be introduced.



Signed:

Jacqui Hepburn

Designation: Director of Workforce

Date: 20 February 2023