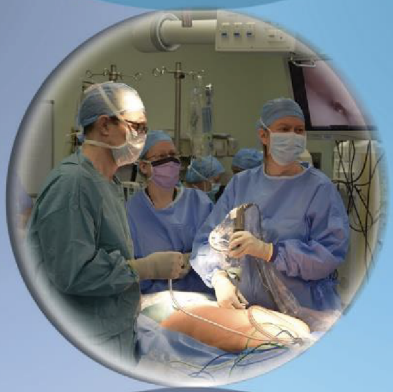


NHS
Golden Jubilee

Workforce Monitoring Report

1 April 2021 to 31 March 2022

Contents

1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2021 to 31 March 2022. Every twelve months a Workforce Monitoring Report is presented to NHS Golden Jubilee's (NHS GJ) Senior Management Team and the Board in line with the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the Partnership Information Network (PIN) Policy "Embracing Equality, Diversity and Human Rights in NHS Scotland". The PIN policy supports monitoring of the protected characteristics of sex, age, race, religion and belief, disability, sexual orientation, marriage and civil partnership, gender reassignment, and pregnancy and maternity, as defined in the Equality Act, and highlights key findings in relation to these protected characteristics. The report also looks at the effect that sickness absence, employee turnover, employee recruitment and work life balance policies have on employees and the service.

1.1 Key Findings

1.1.1 Expanding Workforce

The ongoing hospital expansions and our remobilisation efforts post-COVID-19 have contributed to an increase in headcount of 62 when compared to the previous year (2134 v 2072).

1.1.2 Sickness Absence

During the monitored period the average sickness absence stood at 5.7% of contracted hours. This is higher than 2020-2021, when it came in at 4.4%, and 2019-2020, when it stood at 4.9%, and is higher than the national target of 4.0%. Of all sickness absence, 62.3% came under the Nursing and Midwifery job family, which comprises 43.5% of the workforce.

Between 1 April 2021 and 31 March 2022 the main reason for sickness absence, as recorded on SSTS, was "Anxiety/stress/depression/other psychiatric illness". It accounted for 1.5% of contracted hours and 27.0% of total sickness absence. This is a decrease on the previous year, when it accounted for 28.8% of all sickness absence. Supporting staff mental health is a key priority, and our Health and Wellbeing Strategy 2020-2023 provides support to allow people to develop good mental health habits in the same way it promotes the benefits of physical exercise and a balanced diet.

1.1.3 COVID-19

The amount of absence due to the COVID-19 pandemic fell considerably in 2021/2022 when compared to the previous year. The number of hours of special leave taken due to COVID-19 reasons stood at 75404.7 in the period under review, accounting for 2.0% of contracted hours. The previous year the rate was 3.1%. A more detailed breakdown of COVID-19 absences is given in Section 6.1 of this report.

1.1.4 Ageing Workforce

Our workforce continues to get older:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.7% in 2022;
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 7.9% (up 0.1% in a year);
- the proportion of those in the 30 to 39 age bracket has fallen by just under 5% from 29.6% to 25.0%. This is an increase of 0.8% on the previous year, when it stood at 24.2%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 25.5% (down from 26.7% in 2021).

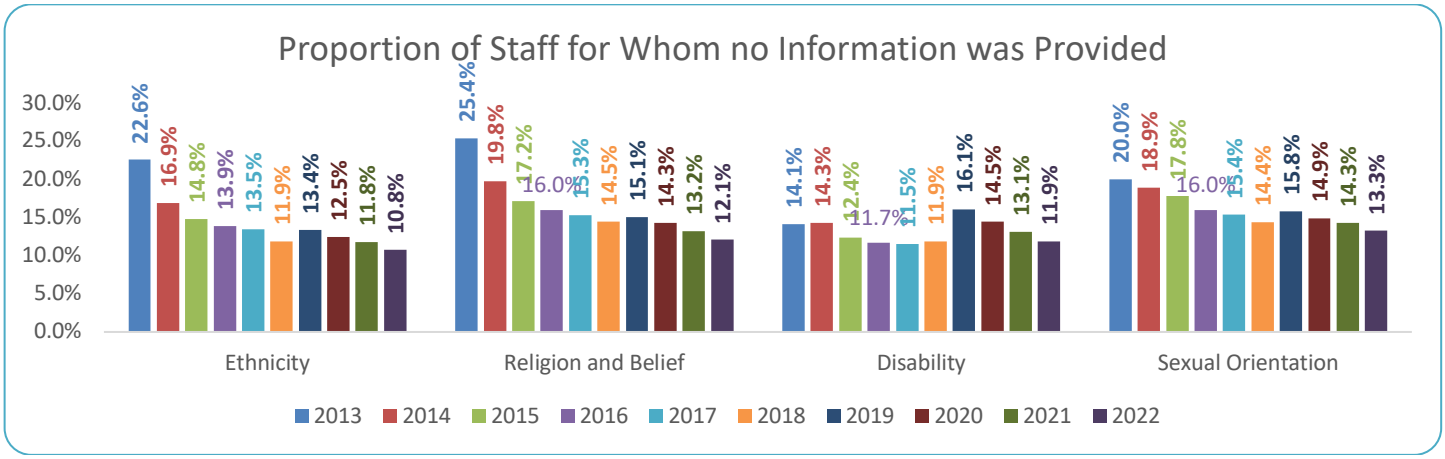
Some job families are more affected by the ageing population than others: 48.4% of staff in Support Services are aged over 50 (up 0.4% on the previous year); as are 88.9% of Senior Managers; and 41.1% of those in Administrative Services.

An understanding of retirement profiles and robust succession planning to ensure sustainability are key workforce priorities. To overcome the risks posed by an ageing workforce HR works closely with managers to develop an integrated approach to workforce planning.

The current potential retirement profile (those aged 60 plus) is 7.9% (up 0.1% on the previous year), but by 2027 this would rise to 34.58%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest area of impact is within Administrative Services and Support Services.

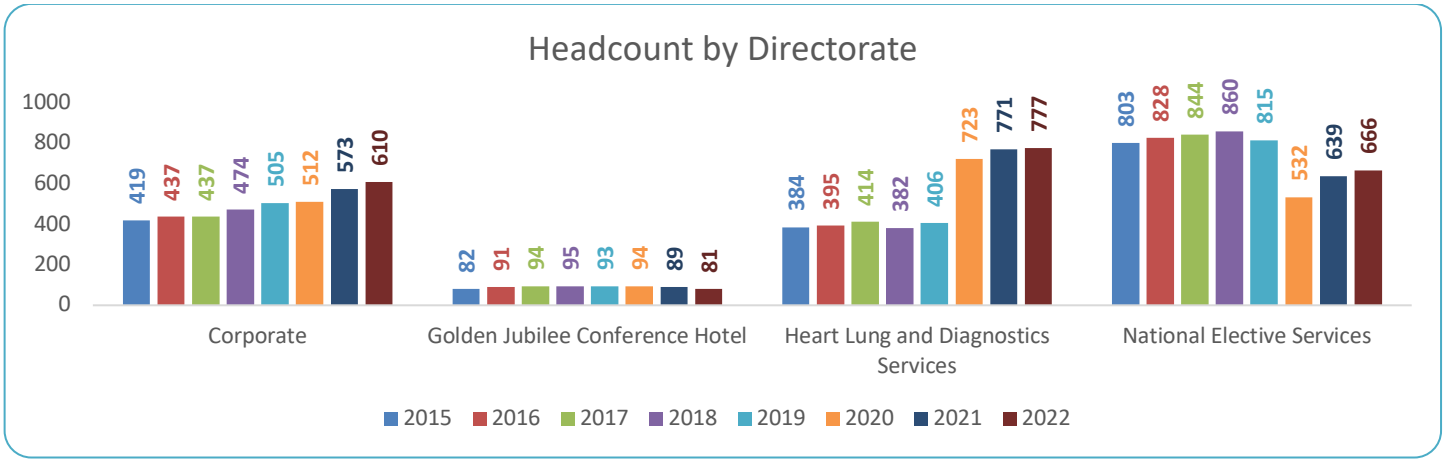
1.1.5 Data Quality

The quality of information held in relation to the protected characteristics of NHS GJ employees has improved considerably since 2013, with a significant decrease in the proportion of staff for whom no information has been provided in regard to the protected characteristics, as can be seen in the chart below. Each characteristic shows a slight "wobble" in data quality, associated with the implementation of the HR Electronic Employee Support System (eESS) in 2018-2019. The most significant of these wobbles was with Disability, but the data quality is heading in the right direction again.



2 Current Workforce

As at 31 March 2022 the Board employed 2134 headcount (1937.9 WTE) members of staff, excluding “Bank” workers and Non-Executive Director posts. The majority of these are in substantive permanent posts, but a small number are in fixed term posts, such as Locum Consultants or Clinical Fellows in the Medical and Dental job family. The total number is an increase of 62 in headcount on the previous year (62.2 WTE). The charts below represent how these were split by Directorate as at 31 March each year.



At the end of the period under review 43.5% of the workforce was in the Nursing and Midwifery job family (1.0% lower than the previous year), as can be seen from the table below. The next largest job family, at 20.5% was Administrative Services (1.1% higher than the previous year).

Job Family	Headcount	% Headcount	WTE	% WTE
Nursing and Midwifery	929	43.5%	847.2	43.7%
Administrative Services	438	20.5%	400.7	20.7%
Support Services	225	10.5%	207.6	10.7%
Medical and Dental	152	7.1%	143.5	7.4%
Allied Health Professions	150	7.0%	129.4	6.7%
Healthcare Sciences	140	6.6%	128.9	6.7%
Other Therapeutic	63	3.0%	46.9	2.4%
Medical Support	26	1.2%	23.2	1.2%
Senior Managers	9	0.4%	8.4	0.4%
Personal and Social Care	2	0.1%	2.0	0.1%
Total	**2072**	**100.0%**	**1875.7**	**100.0%**

As well as substantive and fixed term members of staff the Board also uses “Bank” workers, which provides flexibility to increase staff over and above its core staff cohort at busier times and to cover unexpected absences, such as sick leave. As at 31 March 2022 there were 803 bank workers providing the Board with service, of which 609 came under Agenda for Change and 194 were in the Medical and Dental job family.

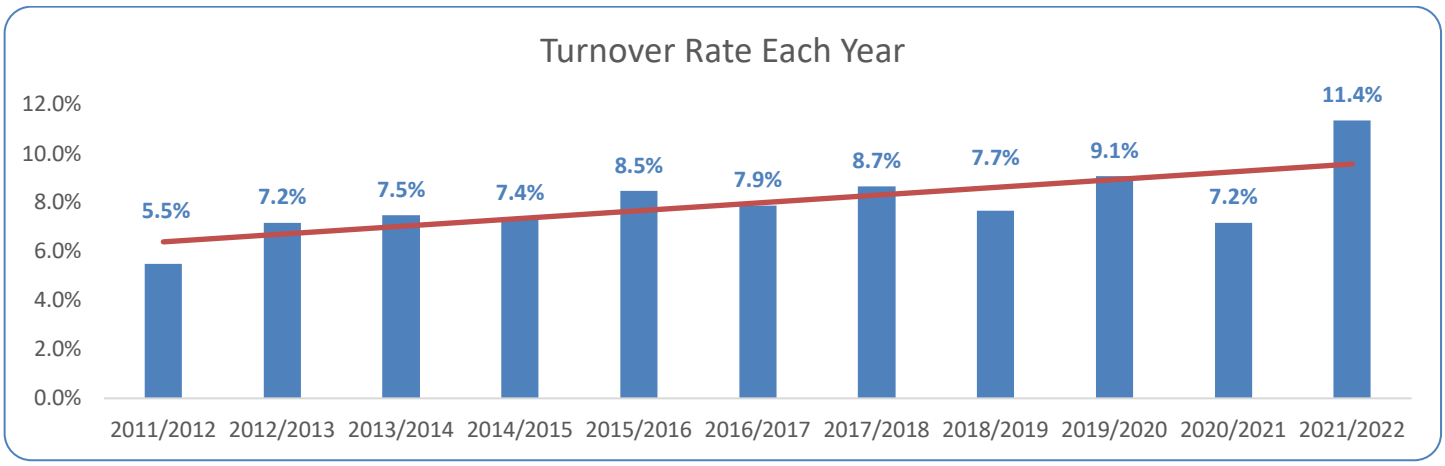
3 Employee Turnover

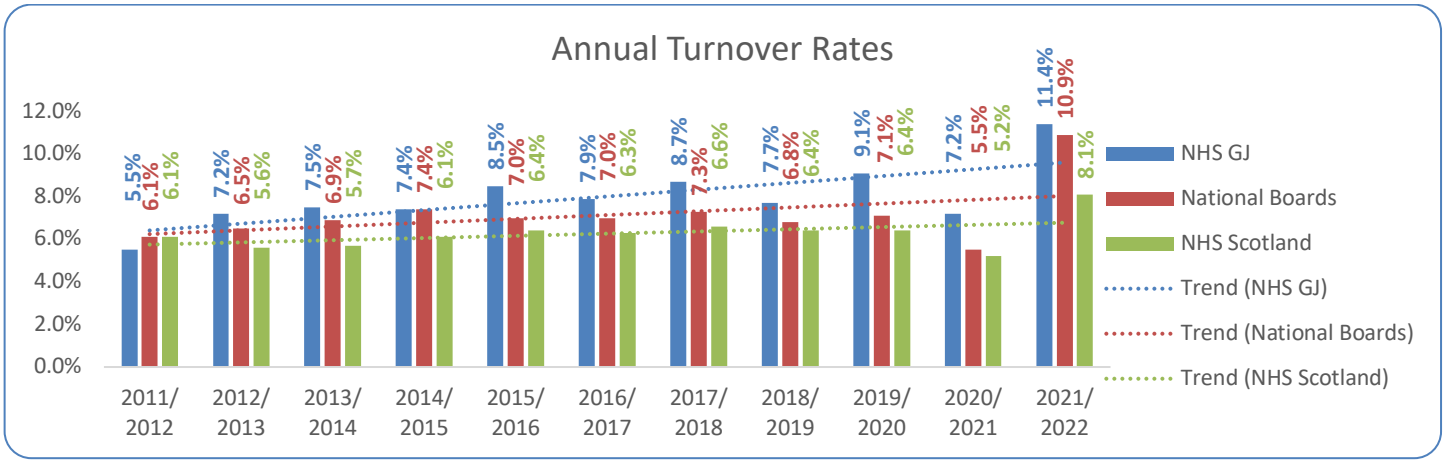
Turnover is calculated using the following formula:

$$\text{Turnover} = \frac{\text{Headcount number of leavers between 01.04.21 and 31.03.22}}{\text{((Headcount staff in post 01.04.21 – headcount staff in post 31.03.22)/2)*100)}}$$

3.1 Turnover Rate

For the year under review the proportion of leavers was 11.4%[1], an increase of 4.2% on the previous year, as can be seen below. The ongoing trend since April 2011 has been for an increase in employee turnover. This turnover is greater than for the other National Boards (10.9% for 01.04.21 to 31.03.22, which just short of double the 5.5% it was the previous year) and the overall NHS Scotland turnover (8.1% at 31 March 2022, up from 5.2% in 2022/2021). It may be the case that turnover was lower during 2020/2021 due to the initial waves of the COVID-19 pandemic, and staff were less willing to leave the security of their posts, but took that opportunity in 2021/2022.



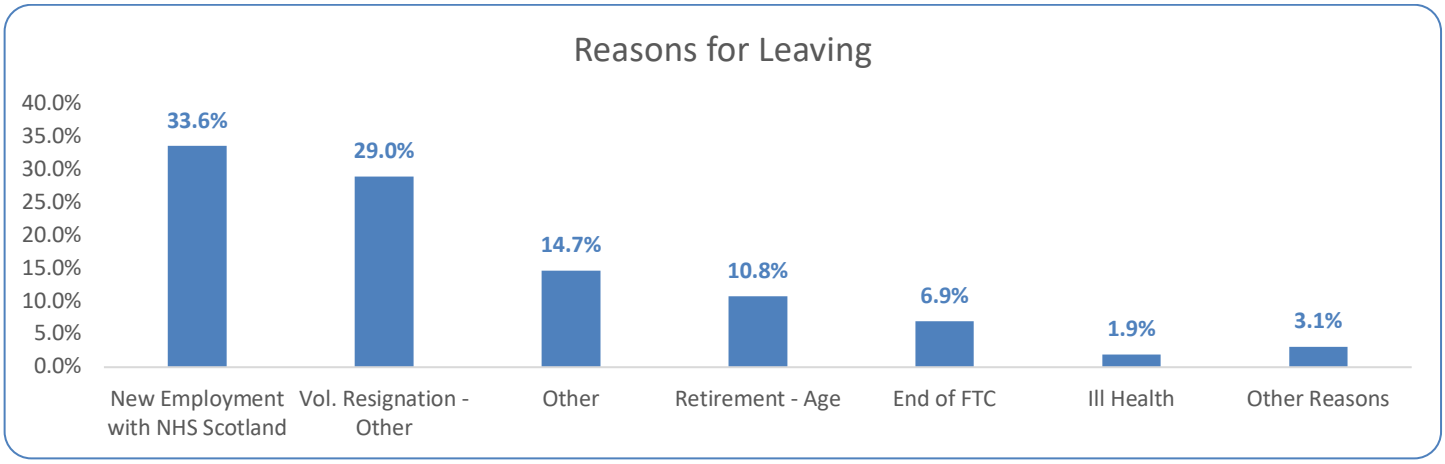


3.2 Reasons for Leaving

When a member of staff leaves the Board's employment the reason for leaving is entered onto eESS, the HR system, if that member of staff provides a reason for leaving. The chart below highlights reasons for leaving recorded for those who left the Board's employment between April 2021 and March 2022. It shows the reasons for leaving as a percentage of the total number of leavers. The

[1] https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/NHS Scotland-workforce/?pageid=6963

most common reason for leaving was because the person had gained new employment with another Board within NHS Scotland. This represents 34.1% of leavers (down 2.0% on the previous year)[2].



[2] "Other reasons" includes "New employment with NHS out with Scotland", "Voluntary resignation – promotion", "Death in service" and "Voluntary Resignation – lack of opportunities". They are not identified individually, as the number of leavers was too low to do so.

4 Recruitment

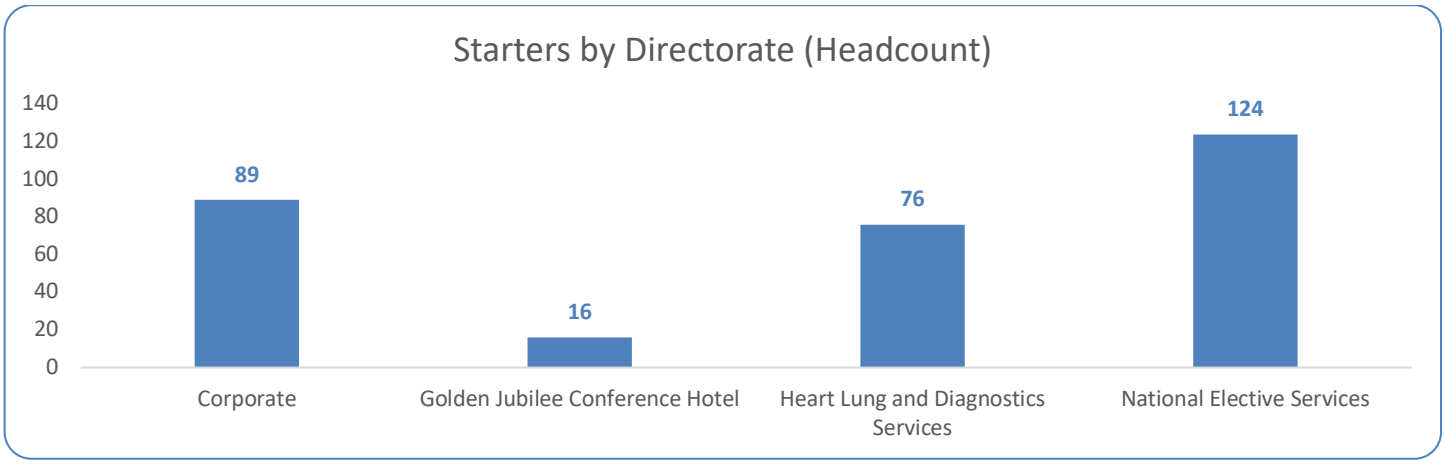
Over the period under review the Recruitment Team has been busy, and has added extra members to their team to take account of the upturn in vacancies and applications in response to Phase 2 of the hospital expansion and other recruitment activity across NHS GJ. The table below shows the state of play on Job Train as at 31 March 2022, taking into account the activity for the previous year:

Jobtrain status	Headcount
Live adverts	29
Closing date past, awaiting shortlisting from hiring manager	20
Shortlisting complete, awaiting interview (date planned)	20
No suitable applicants	31
Interview complete, awaiting interview records	16
No appointable candidate	36
Conditional offer made, pre-employment checks in progress	79
Candidates withdrawing from the process once offer is made	43
Offer withdrawn by the organisation	18
On hold	12
Pre-employment checks complete, awaiting agreement of a start date	12
Start date agreed (recruitment journey complete)	41
Started work	482

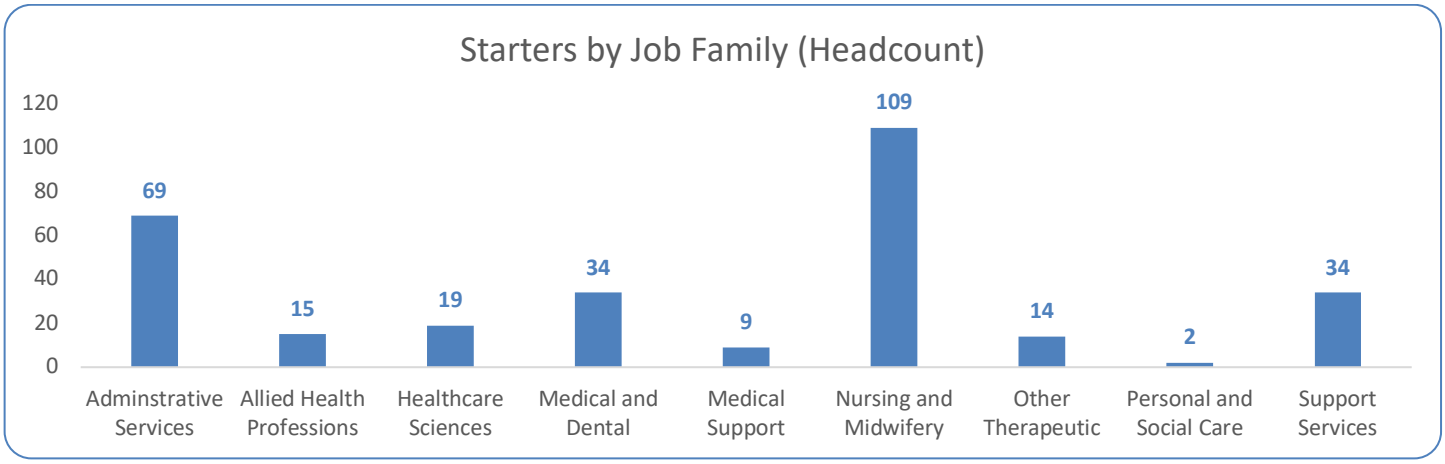
The reader should note that the activity on job train does not equate to the number of vacancies, as there is some double counting in these figures: “candidates withdrawing from the process” and “offer withdrawn by the organisation” will also be counted within other numbers on the list. The number who “started work” also does not equate to the number of starters, as some will have been in post at NHS GJ and have applied for advertised posts. Finally, a small number of posts advertised on Jobtrain are bank posts, which are not counted within the starters and within workforce numbers throughout the rest of this document. It is not possible at this time to remove these from the status list.

At this time we do not yet have a suite of standard management reports, which would provide us with information on the breakdown of vacancies by, say, Directorate or job family. However, a report writing function is currently being put together, with Recruitment working with colleagues in Performance and Planning to produce this.

While we cannot provide a breakdown of vacancies by Directorate and job family, eESS allows us to provide this breakdown for starters who are new to the organisation. There was a headcount total of 305 starters in the year. The Directorate split of vacancies and new starters are shown below:



The breakdown of starters by job family is shown in the following chart:



It should not be a surprise that the job family with by far the largest number of new starts in the monitored period was Nursing and Midwifery. It accounted for 35.7% of starters.

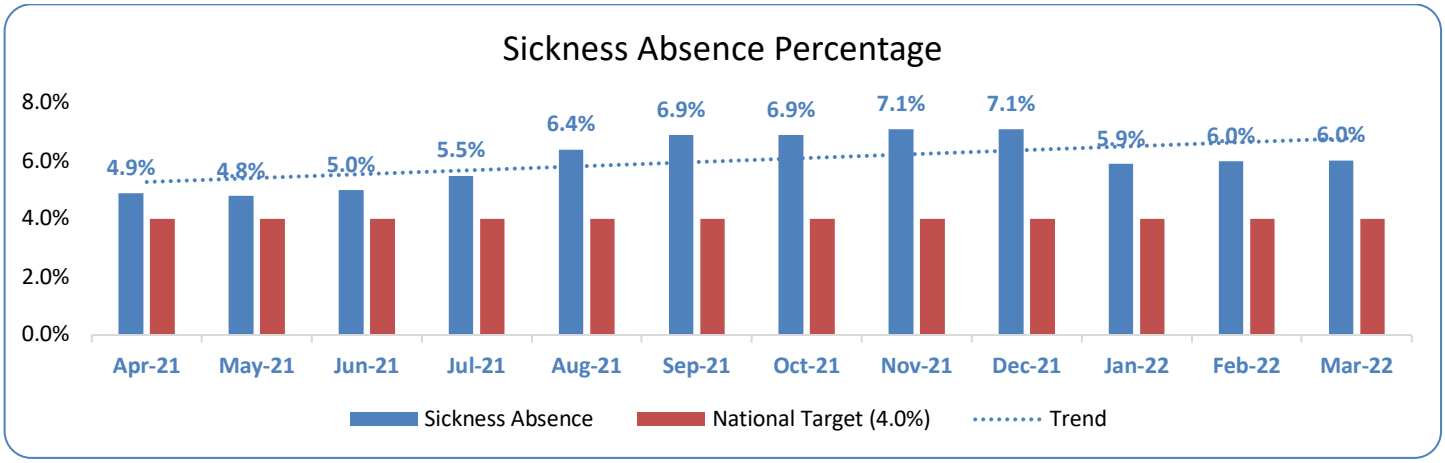
5 Sickness Absence

5.1 Board Wide Sickness Absence

5.1.1 2021/2022

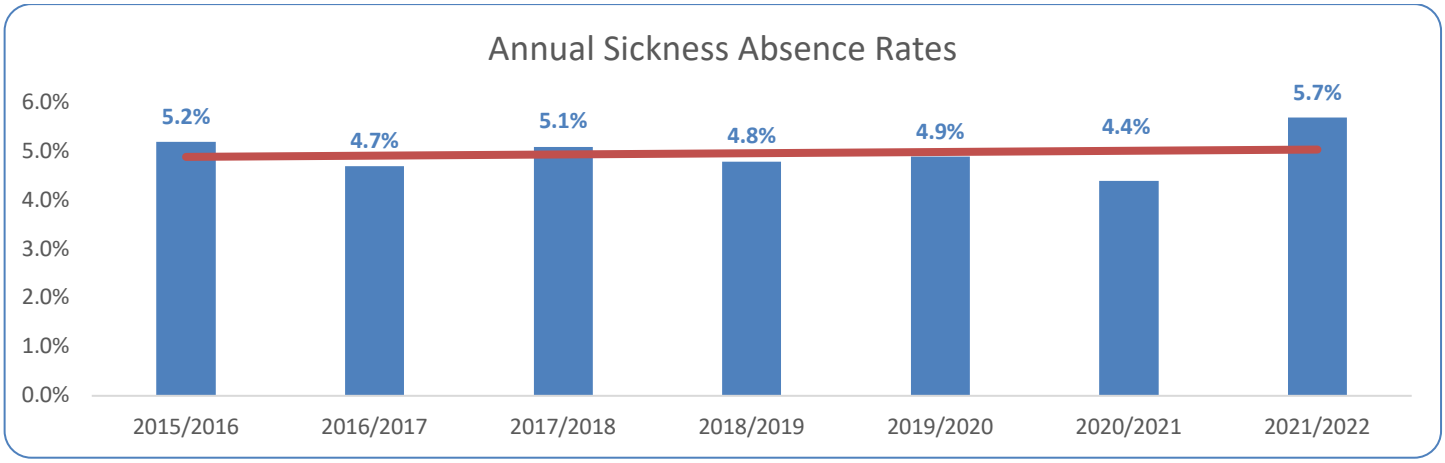
Sickness absence is recorded by the service on the Scottish Standard Time System (SSTS) and statistics relating to the levels of sickness absence at a Departmental, Directorate and Board level are reported monthly to stakeholders by the Human Resources Department. The long term national standard for sickness absence is 4.0%. Over the monitored period the levels of sickness absence for the Board were higher than the national standard each month, as can be seen in the chart below. The annual rate of sickness absence for 2021/2022 came in at 5.7%, compared to 4.4% for the previous year. The sickness absence trend over the year is slightly upward, whereas the previous year it was a shallow downwards trend.

Human Resources continues to work closely with service management to manage sickness absence across the organisation, with the aims of supporting those on sick leave during their absence, providing assistance to enable those on sick leave to return to work, and helping managers to ensure that their staff remain at work.



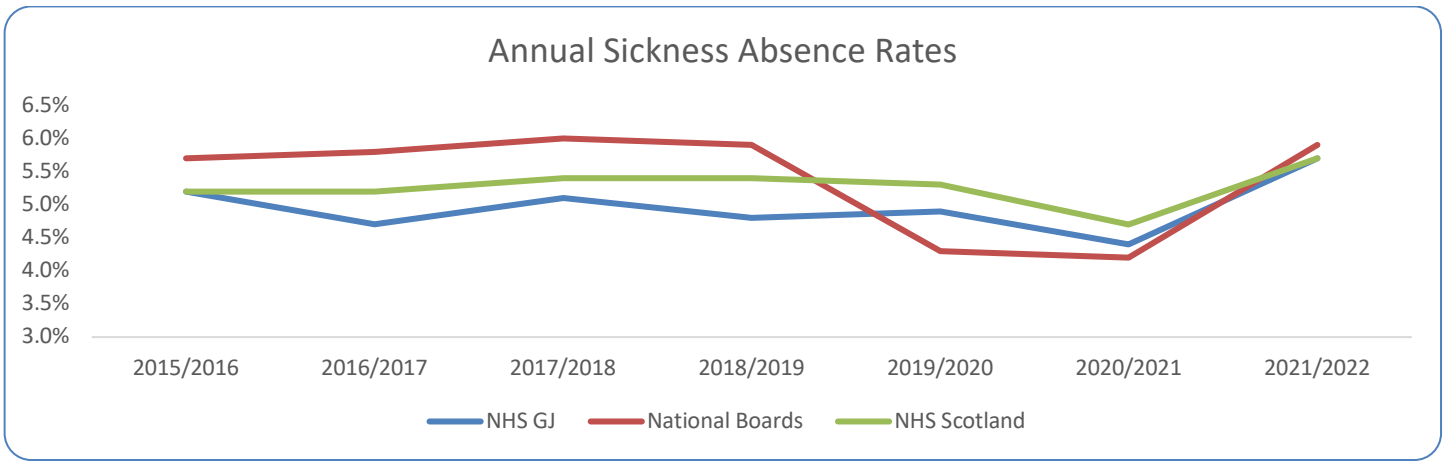
5.1.2 2015/2016 to 2021/2022

We started to produce the annual Workforce Monitoring Reports to cover 2015/2016. Since that year sickness absence rates for the Board have ranged between 4.7% and 5.7%. At 5.7% 2021/2022 has had the highest rate of sickness absence since 2015/2016, and the trend for sickness absence since then has been flat, as can be seen in the chart below.



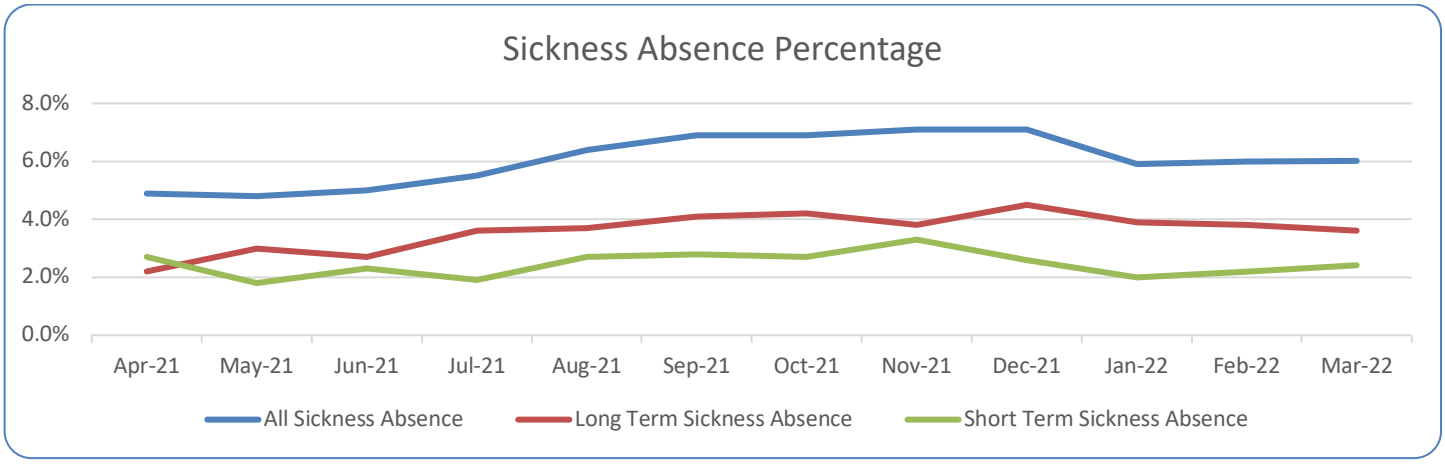
5.1.3 Comparison with Other National Boards and NHS Scotland

Since 2015/2016 sickness absence rates for NHS GJ have tended to be lower than for the National Boards and NHS Scotland as a whole, as can be seen in the chart below. As well as NHS GJ, the National Boards and NHS Scotland have also experienced an increase in sickness absence in 2021/2022 when compared to the previous year.



5.2 Long Term and Short Term Sickness Absence

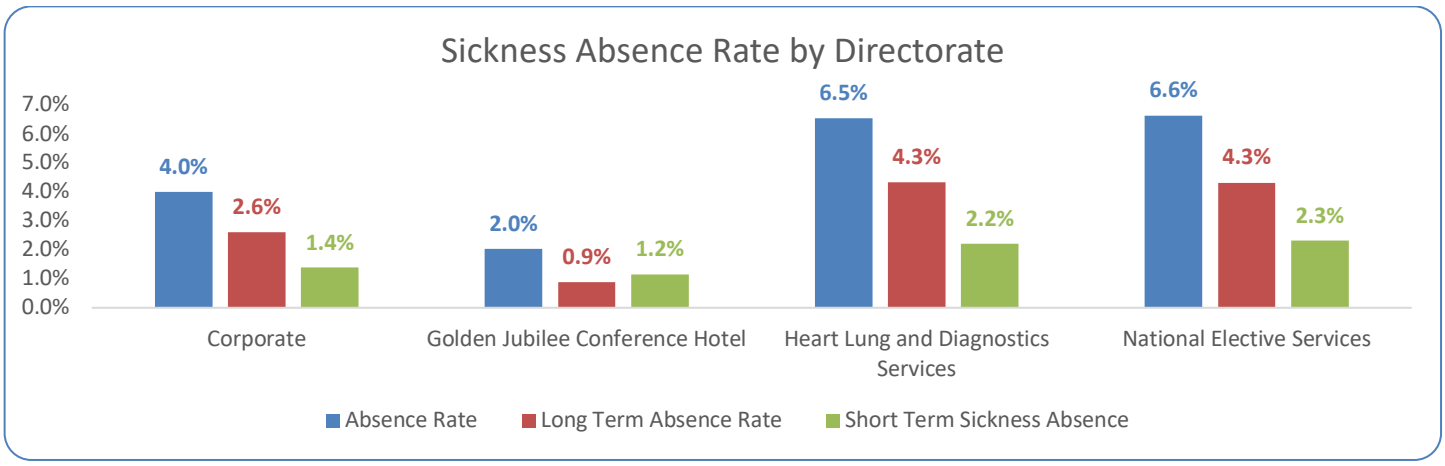
Further analysis splits absences down into long term and short term, with long term representing absences of 29 days or more. The chart below shows monthly sickness absence for all, long- and short-term sickness absence.



5.3 Sickness Absence by Directorate

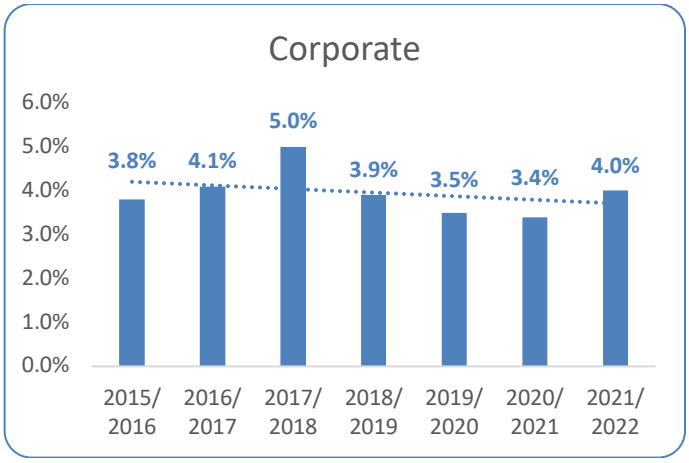
5.3.1 2021/2022

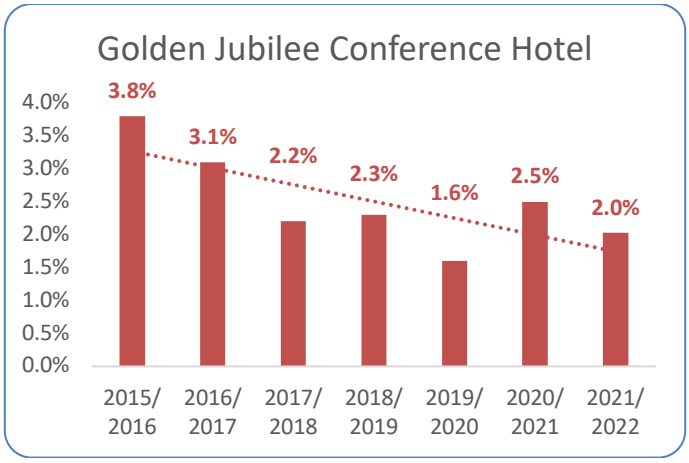
The chart below highlights the total, long term and short term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rate in Corporate is the same as the national target of 4.0%, while that in the Golden Jubilee Conference Hotel is lower than the national target, coming in at 2.0%. In both of the clinical Directorates the rate of sickness absence was higher than the national target: Heart, Lung and Diagnostic Services came in at 6.5%; and National Elective Services sat at 6.6%. In Corporate, HLDS and NES long term absence accounted for most of the sickness absence (2.6%, 4.3% and 4.3% respectively), while in the Hotel short term sickness absence caused most of the absence (1.2%).

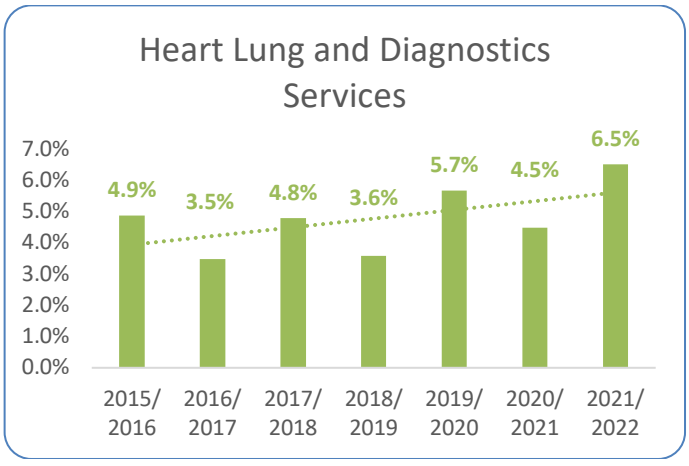


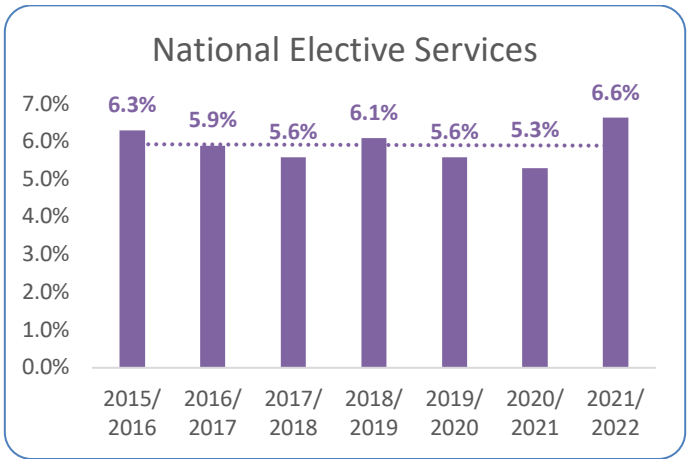
5.3.2 2015/2016 to 2021/2022

The tables below show for each Directorate their sickness absence rates for each year from 2015/2016 to 2020/2021, along with the trend for sickness absence for each Directorate. In Corporate and the Golden Jubilee Conference Hotel that period saw a decreasing trend in sickness absence, while there was an increase in Heart, Lung and Diagnostic Services. The trend line for National Elective Services is flat.





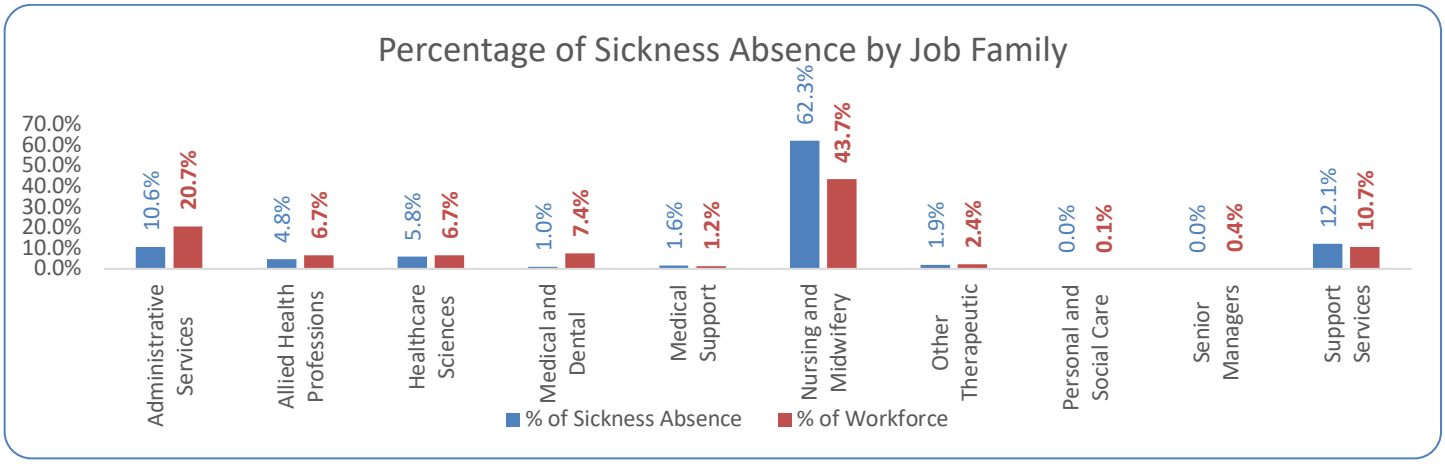




5.4 Sickness Absence by Job Family

Of the total 215367.0 hours of sickness absence in 2021-2022, 134204.7 hours (62.3%) affected the Nursing and Midwifery job family. As can be seen from the chart below this is well above the 43.7% of the workforce that they represent. Both Administrative Services and Medical and Dental have

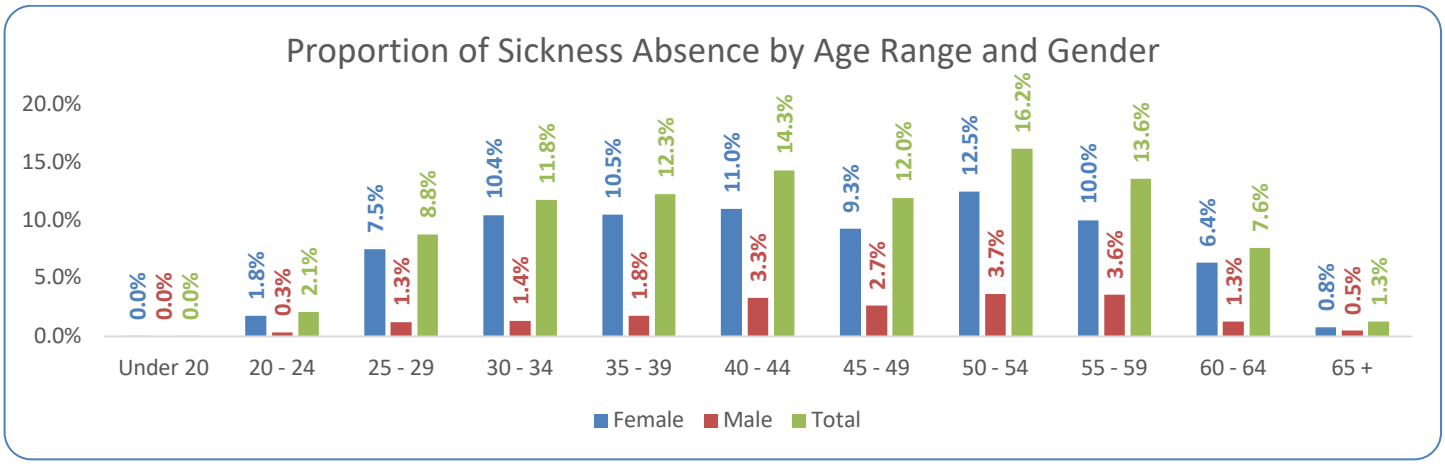
considerably less sickness absence than might be expected compared to the proportions of the workforce they represent.

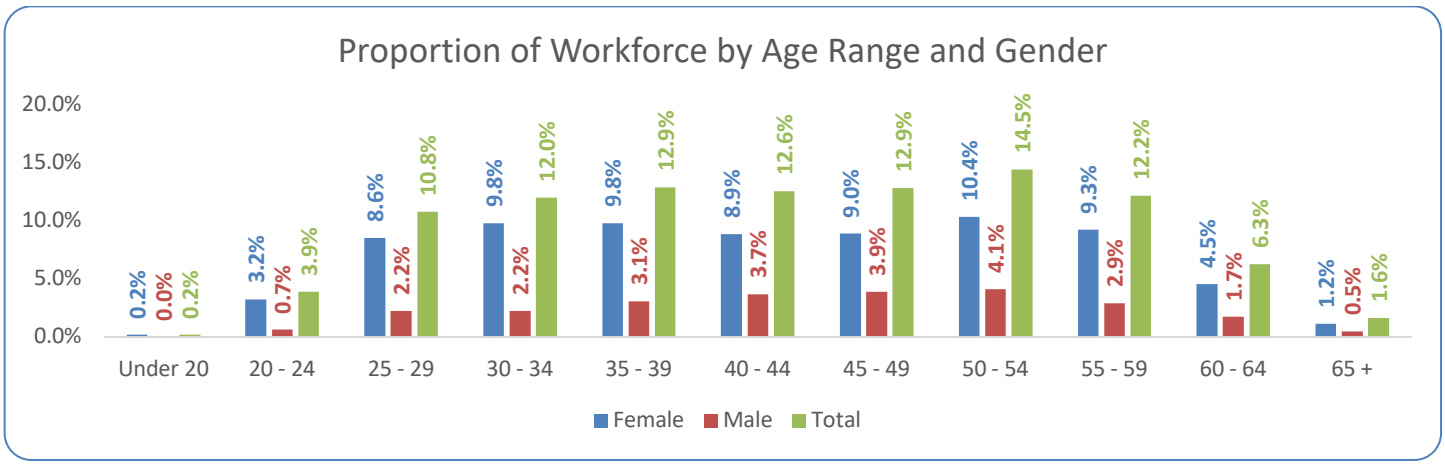


5.5 Sickness Absence by Age and Gender

The two charts below look at the proportion of sickness absence by age range and gender for the period under review and compare that with the proportion of the workforce by age range and gender as at 31 March 2022. There are no huge discrepancies between the proportion of sickness absence that each age range and gender within that age range represent when compared to the proportion of the workforce that they represent. Females aged 40 – 44 and females aged 50 – 54 each have a 2.1% greater share of sickness absence than the percentage of the workforce that age range and gender combination makes up, but those are the biggest discrepancies.

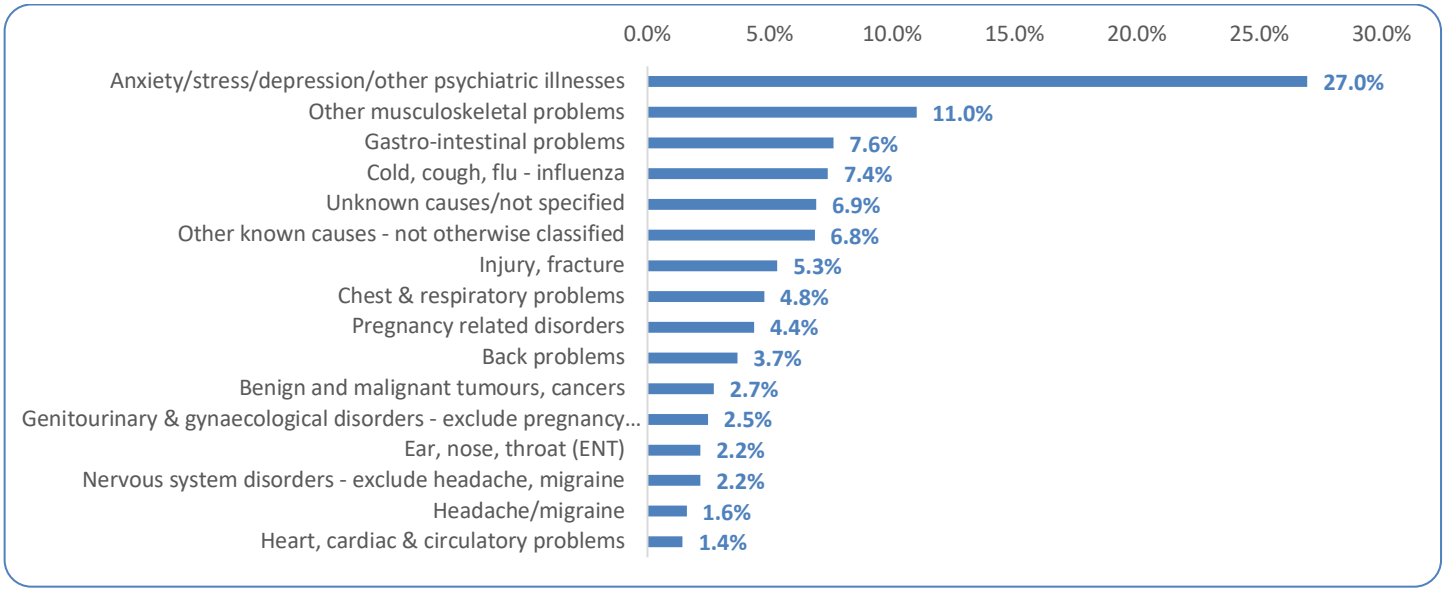
eESS does not allow for non-binary or third genders, and the charts only show Female and Male.





5.6 Reasons for Sickness Absence

When sickness absence is recorded on SSTS an absence reason has to be entered on to the system. The proportionate absence breakdown is shown in the chart below for all of the reasons for sickness absence that caused more than 1.0% of sickness absence.



The most commonly cited reason for sickness absence during the monitored period was “Anxiety/stress/depression/other psychiatric illnesses”, which caused 27.0% of all sickness absence, down from 28.8% the year before. The second most common reason, “Other musculoskeletal problems” was much lower, accounting for 11.0% of hours lost.

In recognition of the impact of anxiety and stress on members of staff, be it work related or otherwise, and especially in light of COVID-19, the Board has established a Health and Wellbeing Group and has produced a Health and Wellbeing Strategy 2020-2023. The Group identifies trends that impact on staff health and wellbeing, and implements measures to reduce any adverse effects of these.

The Health and Wellbeing Strategy 2020-2023 describes the Board’s ambition to “be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing”. The strategy was approved in November 2020, with the Board’s Health and Wellbeing Group supporting its delivery. The strategy focuses on a holistic approach to wellbeing, addressing the inter-connected elements of physical, mental, social and financial wellbeing.

The strategy is delivered through an annual delivery plan. The delivery plan describes how actions will be achieved, key stakeholders, key outputs, outcomes, timelines and evidence of measurement. Progress is presented by the Health and Wellbeing Group to the Executive Management Team, Staff Governance Group, Partnership Forum, and Staff Governance and Person Centred Committee. An annual update is provided, which focuses on monitoring objectives against outputs in the Strategy, and provides an updated annual plan. Specific project updates are shared with relevant committees or groups.

6 Work Life Balance

The Board has a suite of policies, which have been developed to provide members of staff with a range of flexible working options and leave arrangements to help them to balance their lifestyle, whilst maintaining and promoting the best possible service to patients. These policies are based on the Partnership Information Network's "Supporting the Work-Life Balance PIN Policy", which should help the Board to ensure effective recruitment and retention of staff, improve quality of life for its staff by assisting them to balance life and work responsibilities, increase motivation and job satisfaction, reduce absenteeism, improve performance, increase productivity and staff engagement, and ultimately improve service delivery. The NHS GJ's "Carers Guide" can be found by clicking the link.

6.1 Special Leave

Special leave allows management to pursue an appropriate response to a variety of situations, which are not covered by other types of leave available to members of staff, including amongst others:

- the necessary and unexpected need for a member of staff to provide care to any person who reasonably relies on the employee for assistance on an occasion where the person falls ill or is injured;
- an employee who suffers a bereavement; and
- members of staff who perform civic and public duties.

In response to the COVID-19 pandemic extra reasons for special leave were added to account for staff absence:

Reason for Special Leave	Descriptor of Reason for Special Leave
Coronavirus	This will record those who have caring responsibilities and are absent due to these.
Coronavirus – COVID positive	As it says employees who have tested positive for the virus.
Coronavirus – household related – self isolating	Someone in the household of the staff member is displaying symptoms.
Coronavirus – self displaying systems – self isolating	This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted.
Coronavirus – long COVID	If an employee has tested positive, after the self-isolation period they would move onto long COVID if they remain unfit to return to work. This employee would be expected to seek medical advice.
Coronavirus – underlying health conditions	Staff member has underlying health conditions putting them in the at risk category.
Coronavirus – test and protect isolation	Staff member has been told to isolate following contact by test and protect staff
Coronavirus – quarantine	Staff member is required to isolate following their return from a country on the quarantine list
Coronavirus – vaccination reaction	Staff member needs to take time off work in the 48 hours following vaccination as a result of an adverse reaction.

In the monitored period a total of 96457.8 hours of special leave were taken, compared with 128268.8 hours the previous year, broken up by Directorate as shown below:

Directorate	Special Leave Hours
Corporate	18566.2
Golden Jubilee Conference Hotel	2737.9
Heart, Lung and Diagnostic Services	38910.5

National Elective Services	36243.2
Board Total	**96457.8**

The top ten reasons for special leave are shown below:

Reason for Special Leave	Special Leave Hours	% Special Leave
Coronavirus - Covid Positive	31318.6	32.5%
Coronavirus - Household Related - Self Isolating	12499.8	13.0%
Coronavirus - Long Covid	8774.4	9.1%
Coronavirus - Underlying Health Condition	7316.4	7.6%
Phased Return	6322.9	6.6%
Coronavirus - Self displaying symptoms - Self Isolating	6303.5	6.5%
Coronavirus - Test and Protect Isolation	5026.5	5.2%
Carer	3587.6	3.7%
Bereavement	3301.6	3.4%
Coronavirus	1996.6	2.1%

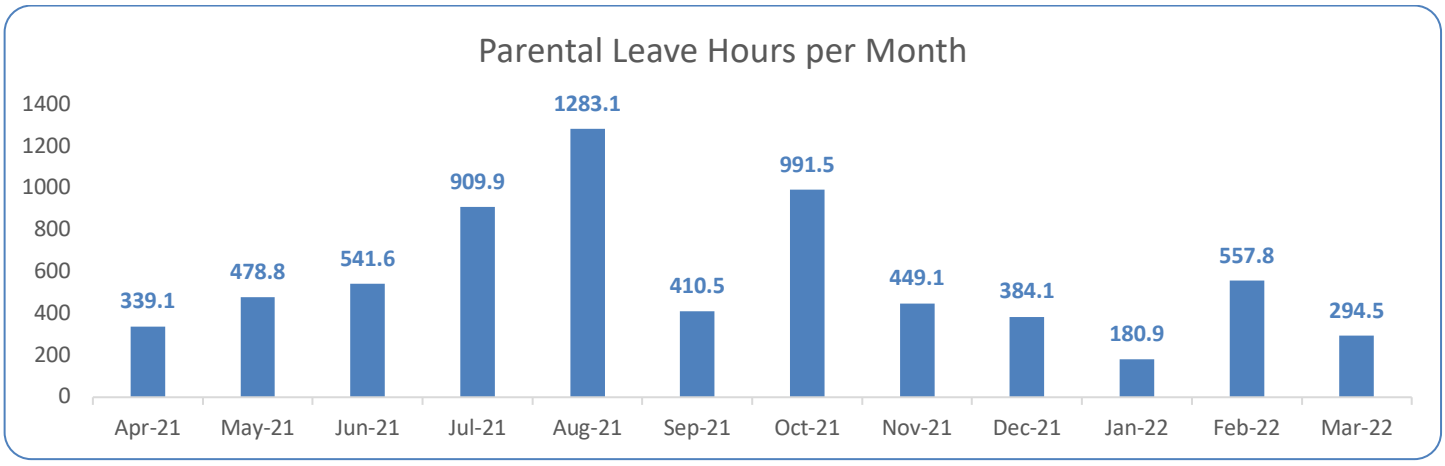
6.2 Parental Leave

Parental leave is expressly for the purpose of allowing parents to spend time with their children and to assist in balancing this with work commitments, thus improving their participation in the workplace.

Between 1 April 2021 and 31 March 2022 a total of 6858.7 hours of parental leave were used, a decrease of 132.4 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Special Leave Hours
Corporate	1228.5
Golden Jubilee Conference Hotel	349.5
Heart, Lung and Diagnostic Services	2984.4
National Elective Services	2296.3
Board Total	**6858.7**

The monthly breakdown of parental leave across the Board during the monitored period is shown below. There is a peak in July and August, during the school summer holidays, which is to be expected. There was also a peak was in October, coinciding with school half-term, and a smaller peak in February for that half-term.



6.3 Maternity Support (Paternity) Leave

Maternity support (paternity) leave applies to non-birthing parents, including biological and adoptive fathers, nominated carers and partners of birthing parents, and allows time off for employees who wish to provide maternity support.

During the monitored period employees used a total of 600.5 hours of maternity support (paternity) leave (an increase of 91.0 hours on the previous year). The breakdown is as shown below:

Directorate	**Special Leave Hours**
Corporate	0.0
Golden Jubilee Conference Hotel	0.0
Heart, Lung and Diagnostic Services	400.0
National Elective Services	200.5
Board Total	**600.5**

7 Diversity and Inclusion

NHS GJ is committed to supporting dignity at work by creating an inclusive working environment. The Embracing Equality Diversity and Human Rights Policy places equality, diversity and human rights at the heart of everything the Board does. Our Diversity and Inclusion Strategy 2021-25 forms an integral part of NHS GJ's aim to promote the health and wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing Strategy 2020-2023, the Involving People Strategy and the Volunteer Strategy. We have set up a Diversity and Inclusion Group to take forward our plans under the nine protected characteristics and the Fairer Scotland Duty (FSD), with each characteristic headed by an Executive Director.

The information covered in this section is based on self-reporting by the Board's staff, and is collected at the point of engagement via the Staff Engagement. Members of staff can also update their equalities details at any time using eESS.

This section covers the protected characteristics as defined in the Equality Act 2010:

- sex;
- age;
- race;
- religion and belief;
- disability;
- sexual orientation;
- marriage and civil partnership;
- gender reassignment; and
- pregnancy and maternity.

The FSD also outlines socio-economic status.

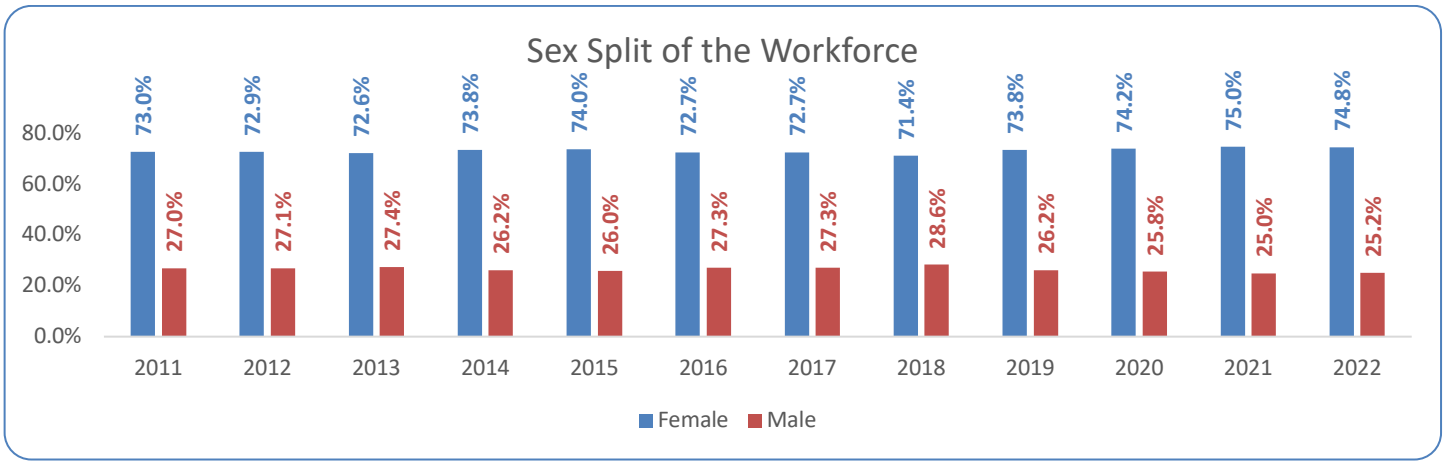
It should be noted that in considering information relating to equality and diversity some numbers are so low that reporting them might enable identification of those employees included in those numbers. Therefore, in some instances in the information shown below, where numbers of employees in a group are five or fewer, those numbers may be aggregated under a group such as "Other".

7.1 Sex

7.1.1 Workforce Breakdown

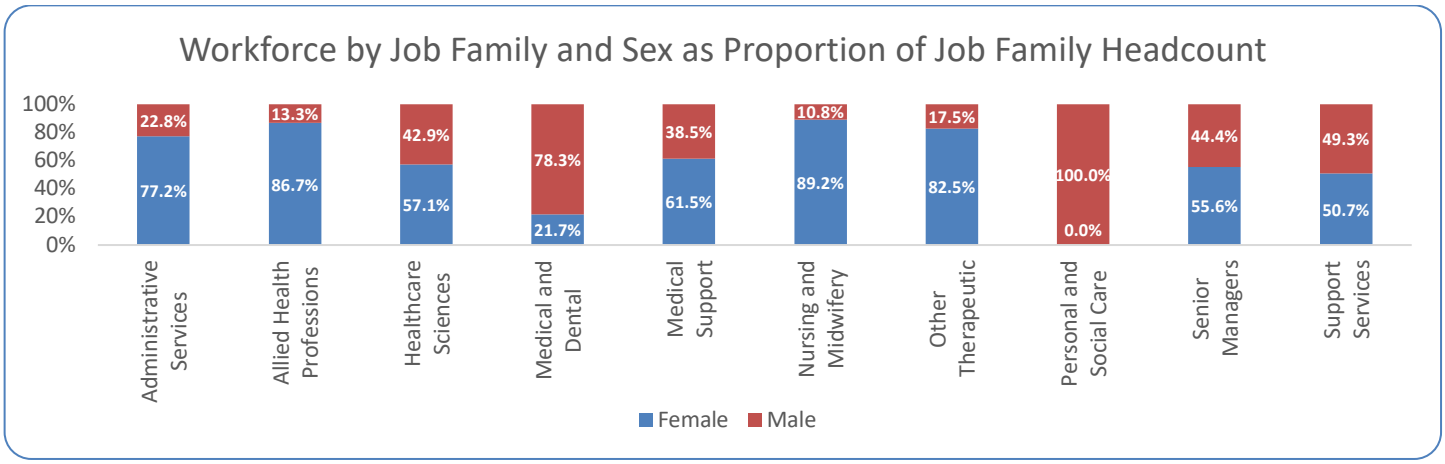
As in previous monitored periods the Board's workforce continues to be predominantly female (1597 headcount), with women representing 74.8% of the workforce as at 31 March 2022. This continues the pattern of previous years:

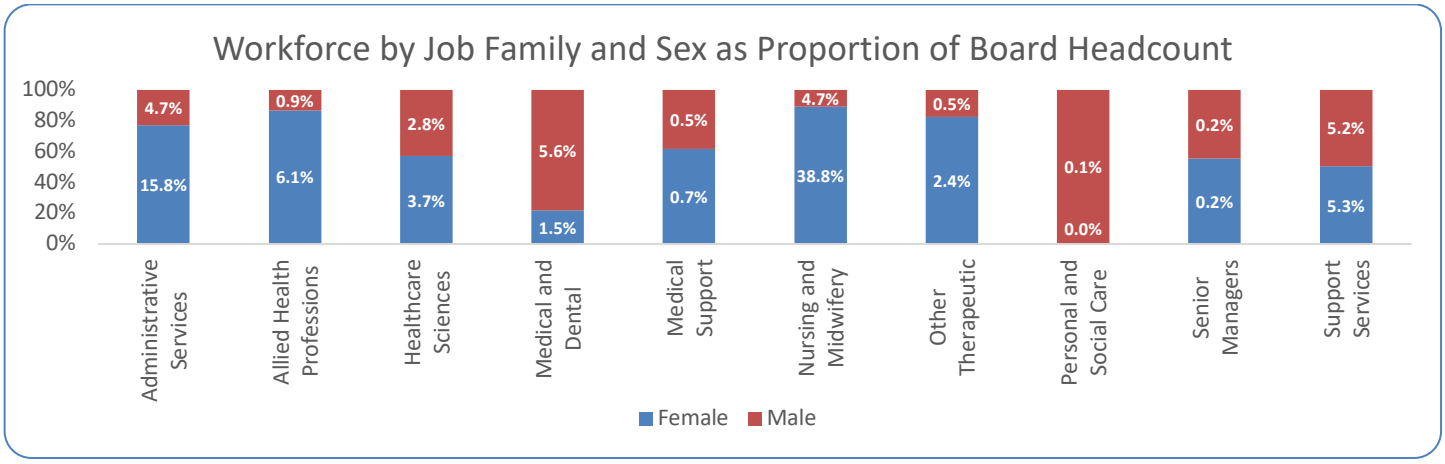
Sex	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Female	73.0%	72.9%	72.6%	73.8%	74.0%	72.7%	72.7%	71.4%	73.8%	74.2%	75.0%	74.8%
Male	27.0%	27.1%	27.4%	26.2%	26.0%	27.3%	27.3%	28.6%	26.2%	25.8%	25.0%	25.2%



While sex split within the Board is 74.8% female to 25.2% male, across Scotland as a whole the Scottish Government's statistics website (https://statistics.gov.scot/home) forecast that as at 30 June 2019 (the latest date the forecast is available) the split for working age people (aged 16 to 64) would be 50.8% female and 49.2% male. Closer to home the sex split for the population of the West Dunbartonshire Council area (in which NHS GJ is situated) on 30 June 2019 was forecast to be 52.0% female to 48.0% male for the working age population.

As mentioned in the previous paragraph the split in Scotland is roughly 50:50. However, the largest job family in the Board is "Nursing and Midwifery", which has traditionally been a female dominated profession, resulting in a higher proportion of female to male staff. The larger proportion of job families within the Board have a female majority, with only "Medical and Dental" and "Support Services" having more male than female staff:





In the table below, which considers the proportion of whole time and part time colleagues by sex as a proportion of the total headcount, we can see that 72.1% of all employees hold full time contracts: 37.5 hours per week for Agenda for Change and Senior Managers; 40 hours per week for medical and dental staff, while 27.9% hold part time posts. 49.3% of the total headcount is full time and female, while 2.3% is part time and male.

Whole Time/Part Time by Sex as Proportion of Total Headcount						
Sex	**Part Time**		**Whole Time**		**Total**	
Female	545	25.5%	1052	49.3%	1597	74.8%
Male	50	2.3%	487	22.5%	537	25.2%
Total	595	27.9%	1539	72.1%	2134	100.0%

The table below looks at the proportion of each sex as part of the total number or either part or whole time headcount. When considering part time workers, women are over-represented, making up 91.6% of all part time workers, when they make up 74.8% of all workers. Men are under-represented – comprising 8.4% of all part time workers by headcount and 25.2% of total headcount.

Whole Time/Part Time by Gender as Proportion of Total Headcount						
Sex	**Part Time**		**Whole Time**		**Total**	
Female	545	91.6%	1052	68.4%	1597	74.8%
Male	50	8.4%	487	31.6%	537	25.2%
Total	595	100.0%	1539	100.0%	2134	100.0%

eESS does not allow for intersex staff to report as such, despite intersex people accounting for up to 1.7% of people globally. Intersex is a sex where the physical and biological sex characteristics of an individual do not conform to either the male or female sex, an example of which is Kllienfelter (47, XXY) syndrome.

7.1.2 Pay Gap

In this report we will also look at the pay gap in relation to sex. The table below shows the average salary split by sex and whole time/part time status:

Sex	Whole or Part Time	Headcount	Average Salary
Female	**Part Time**	545	£32,985
	Whole Time	1052	£35,107
Female Total		1597	£34,383
Male	**Part Time**	50	£51,240
	Whole Time	487	£45,759
Male Total		537	£46,278
Grand Total		2134	£37,376

The average salary for women is almost £12,000 lower than for men (£34,383v v £46,278). Much of this differential can be accounted for due to the greater number of men in the higher paid Medical and Dental job family at Consultant grade. This means that higher paid female staff tend to be outliers, more so than their male counterparts.

Part time female colleagues on average earn a lower salary than whole time women and both whole and part time male staff members (£32,985 v £35,107, £51,240 and £45,759 respectively).

Interestingly, whole time male staff members earn a lower salary than their part time colleagues. Again, this can in part be accounted for due to the number of part-time male colleagues in the higher earning Medical and Dental Consultant grade.

7.1.3 Training Activity

Between April 2021 and March 2022 the NHS GJ workforce attended 12093 training events, with female members of staff attending 9609 (79.5%) of these, and male colleagues attending 2484 (20.5%). This means that male staff members attended proportionately fewer training events than their female counterparts when compared to the proportion of the staff body that the comprise (25.2%).

7.1.4 Career Progression

The monitored period saw a total of 152 promotions and increases in bandings among NHS GJ staff. Of these 123 (80.9%) were female and 29 (19.1%) were male, which means that male colleagues were under-represented in their proportion of promotions when compared to their split of the gender profile of staff as a whole (25.2%).

7.1.5 Turnover

Of the 259 people who left during the monitored period 72.6% were female and 27.4% male as a proportion of headcount, indicating that males were slightly over-represented as leavers, as they made up 25.2% of the workforce at the end of March.

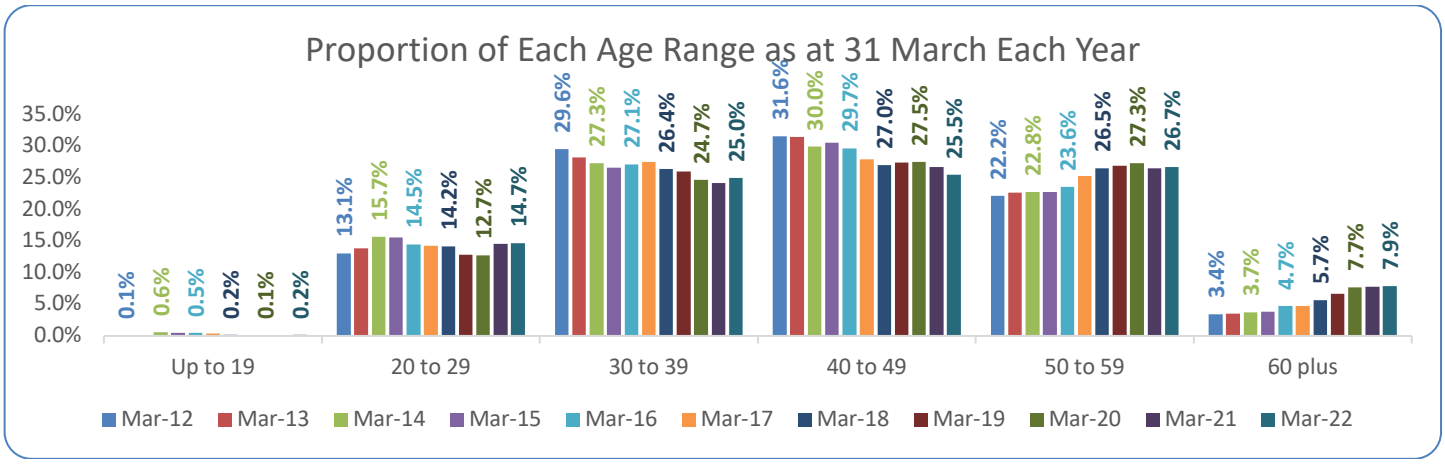
	Leavers		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
Female	188	72.6%	1597	74.8%
Male	71	27.4%	537	25.2%
Total	259	100.0%	2134	100.0%

7.2 Age

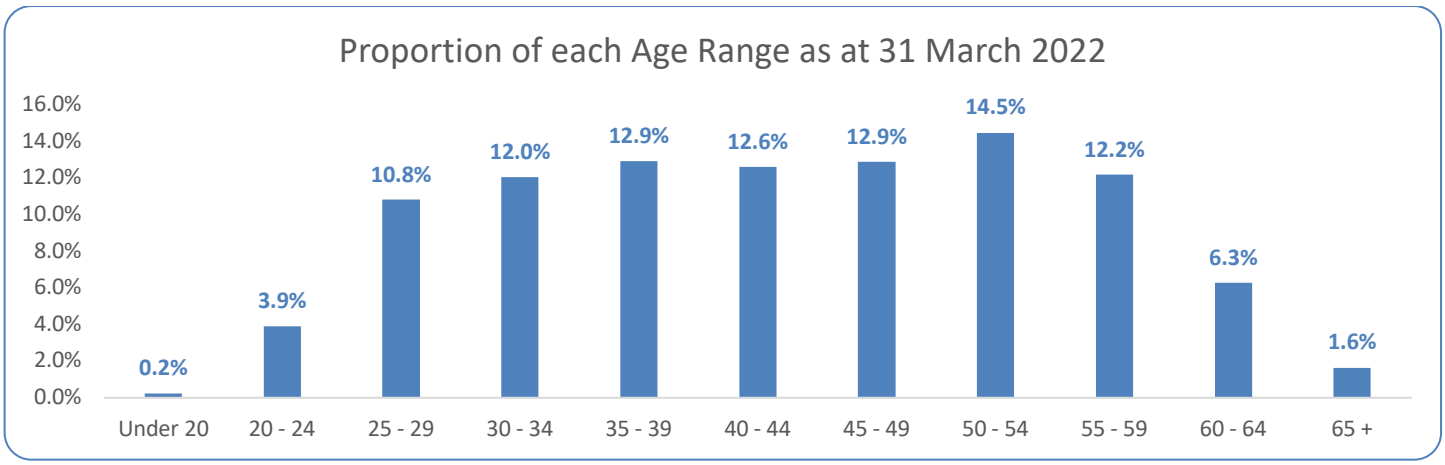
7.2.1 Workforce Breakdown

Our workforce continues to get older, as can be seen in the chart below:

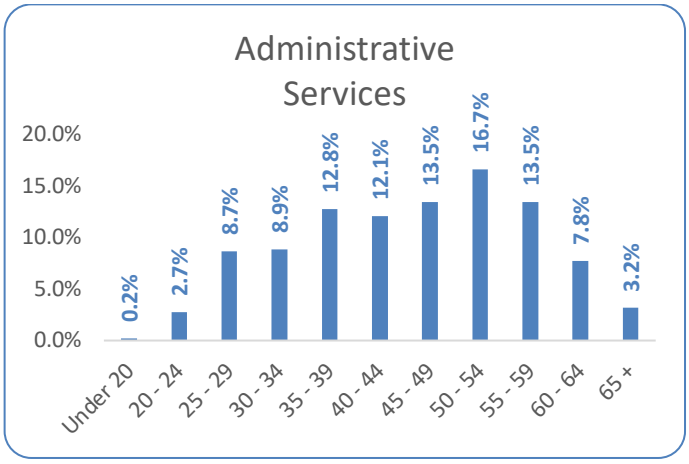
- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.7% in 2022;
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 7.9%;
- the proportion of those in the 30 to 39 age bracket has fallen by just under 5% from 29.6% to 25.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 25.5%.

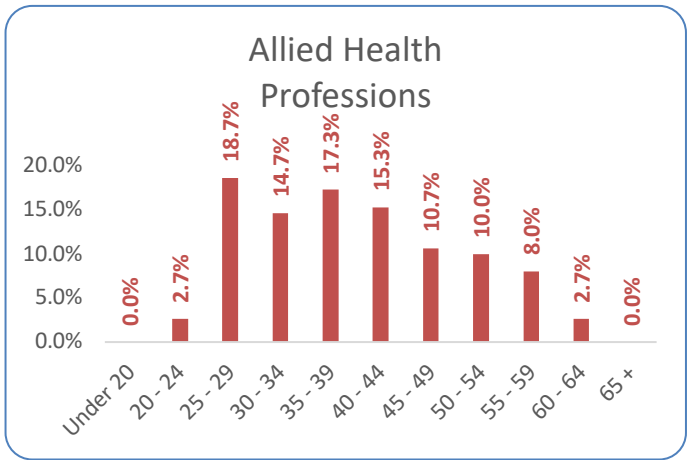


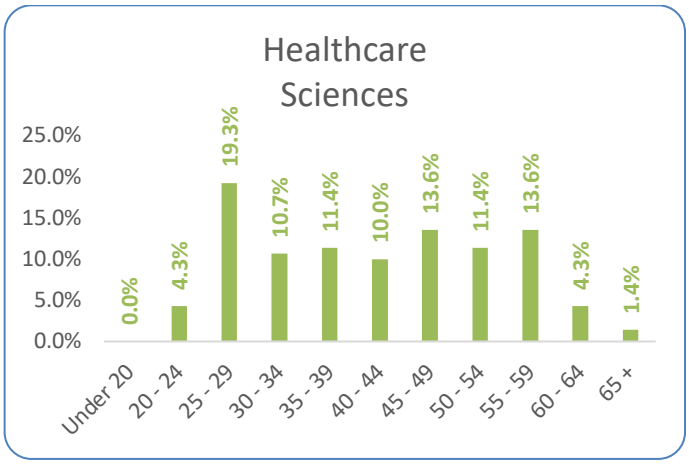
At the request of the Scottish Government, from this year on we will present the age range of our workforce in 5-year increments, rather than 10-year increments:

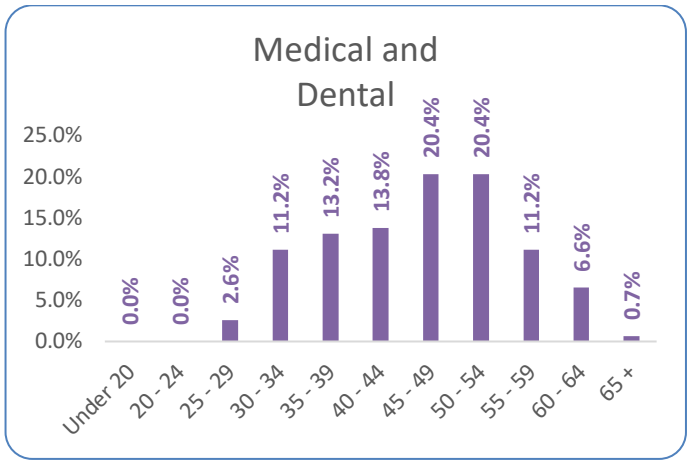


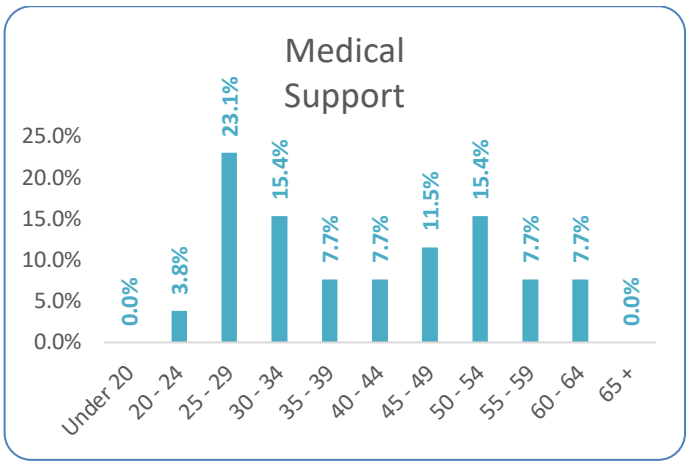
Some job families are more affected by the ageing population than others: 48.4% of staff in Support Services are aged over 50; as are 88.9% of senior manager; and 41.1% of those in Administrative Services. The charts below shows the breakdown of job family by five-year age range:

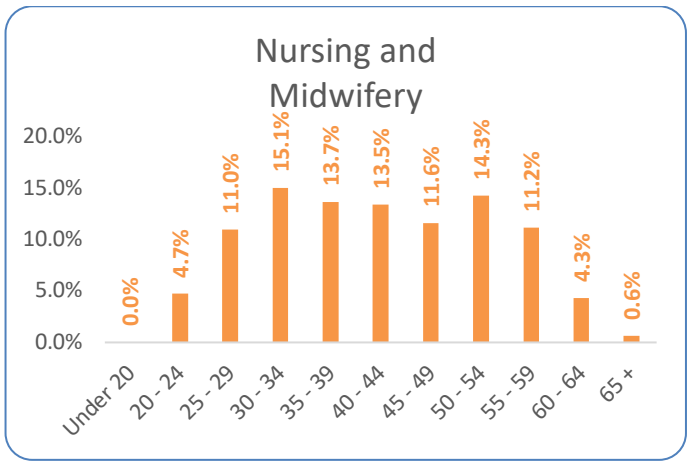

Administrative Services
20.0%
15.0%
10.0%
5.0%
0.0%
0.2%
2.7%
8.7%
8.9%
12.8%
12.1%
13.5%
16.7%
13.5%
7.8%
3.2%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

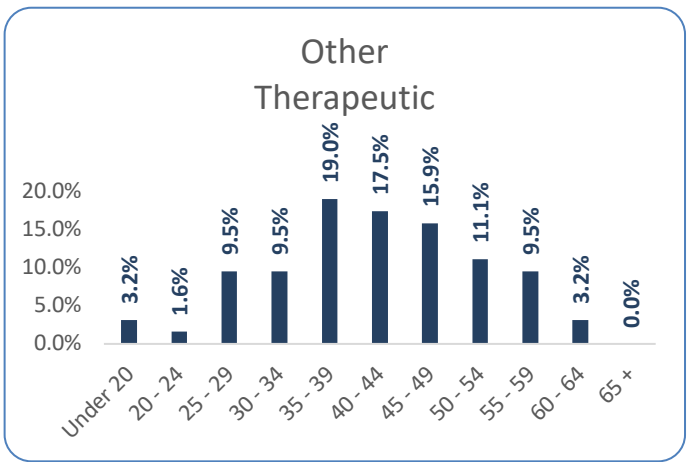

Allied Health Professions
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
2.7%
18.7%
14.7%
17.3%
15.3%
10.7%
10.0%
8.0%
2.7%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

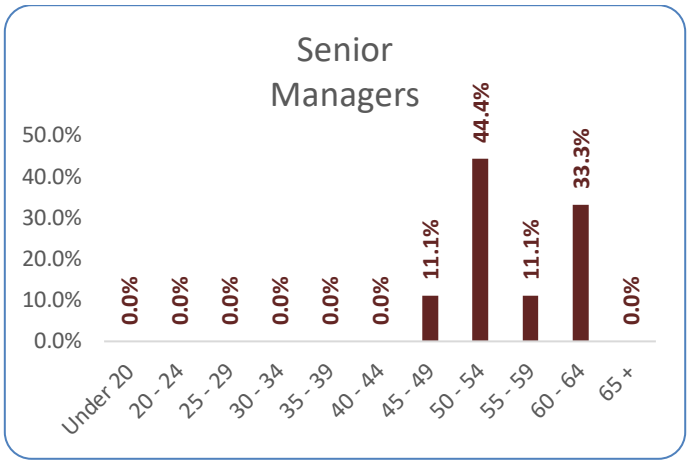

Healthcare Sciences
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
4.3%
19.3%
10.7%
11.4%
10.0%
13.6%
11.4%
13.6%
4.3%
1.4%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

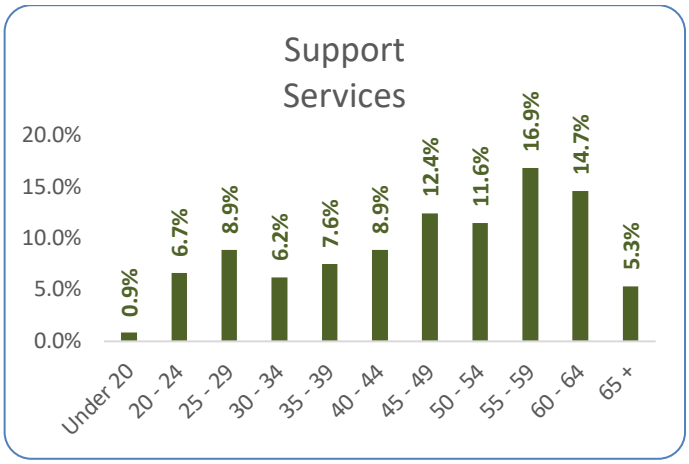

Medical and Dental
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
2.6%
11.2%
13.2%
13.8%
20.4%
20.4%
11.2%
6.6%
0.7%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Medical Support
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
3.8%
23.1%
15.4%
7.7%
7.7%
11.5%
15.4%
7.7%
7.7%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Nursing and Midwifery
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
4.7%
11.0%
15.1%
13.7%
13.5%
11.6%
14.3%
11.2%
4.3%
0.6%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

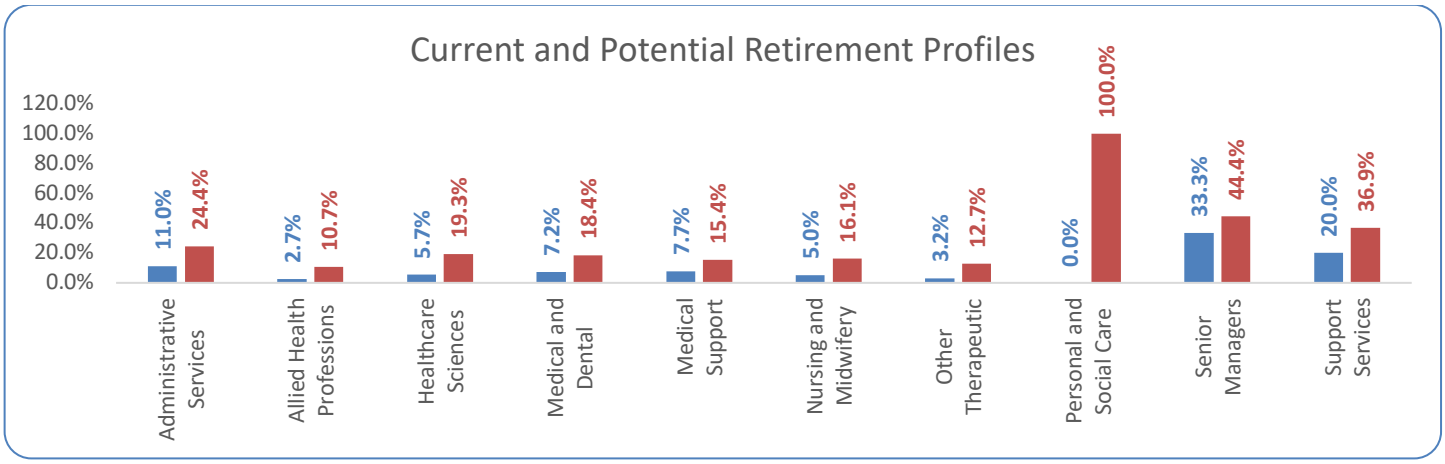

Other Therapeutic
20.0%
15.0%
10.0%
5.0%
0.0%
3.2%
1.6%
9.5%
9.5%
19.0%
17.5%
15.9%
11.1%
9.5%
3.2%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Senior Managers
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
11.1%
44.4%
11.1%
33.3%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +



An understanding of retirement profiles and robust succession planning to ensure sustainability, development and expansion of services are key workforce priorities. To overcome the risks posed by an ageing workforce HR works closely with managers to develop a more integrated approach to workforce planning, by supporting managers to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place.

The following chart shows the current retirement profile and the potential profile for 2027, when considering current staff. The current potential retirement profile (those aged 60 plus) is 7.9%, but by 2027 this could rise to 20.1%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest area of impact is within Support Services, Healthcare Sciences, Administrative Services and Personal and Social Care.



In the three years from 1 April 2019 to 31 March 2022, the average retirement age for someone leaving NHS GJ was 62 years. A breakdown of average retirement age by job family can be seen in the table below:

Job Family	Average Age at Retiral	Job Family	Average Age at Retiral
Administrative Services	64	Nursing and Midwifery	60
Allied Health Professions	60	Other Therapeutic	61
Healthcare Sciences	62	Senior Managers	64
Medical and Dental	60	Support Services	68
Medical Support	60		

The table below compares the proportion of staff in each age range in NHS GJ with the proportion of the population in those age ranges in the local council area (West Dunbartonshire) and Scotland as a whole, as forecast by the Scottish Government for 2019 (source: https://statistics.gov.scot/home). Please note that the Scottish Government statistics counts working age as 16 to 64, so the "60 plus" column for West Dunbartonshire and Scotland only includes people between those ages, while for the Board it includes all employees aged 60 and over, with some being older than 64.

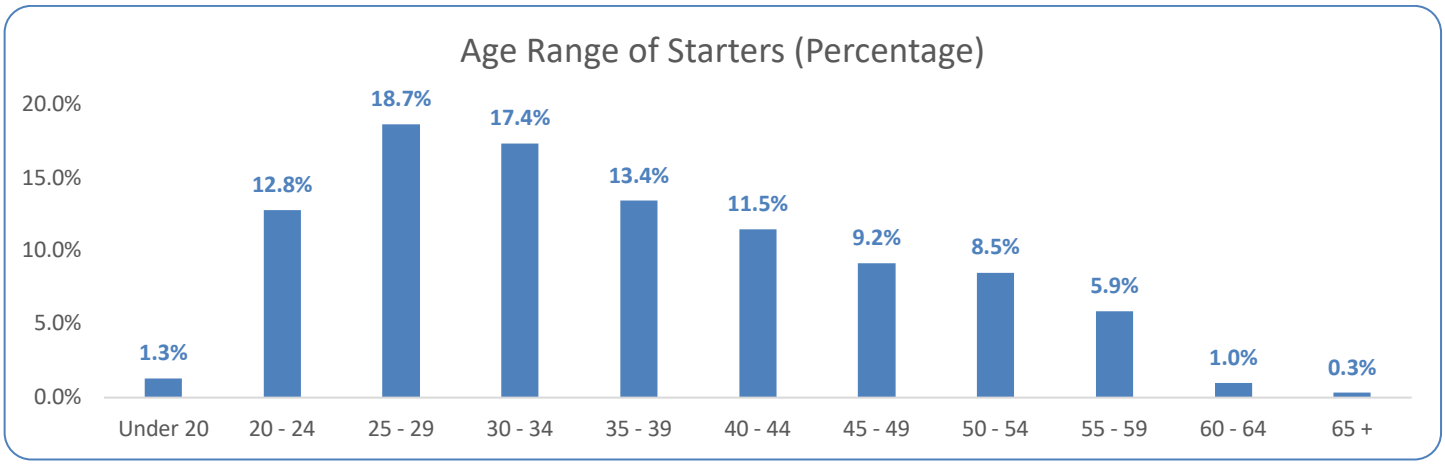
	Up to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 plus
NHS GJ	0.2%	14.7%	25.0%	25.5%	26.7%	7.9%
West Dunbartonshire	8.0%	19.0%	19.3%	18.4%	24.4%	10.9%
Scotland	7.9%	20.5%	20.3%	19.2%	22.4%	9.7%

The table above shows that in both the local area and Scotland as a whole around 8% of the working age population is aged up to 19. However, within the Board only 0.1% of employees fall within this age range, and so is very under-represented in our workforce. At least in part this is because so few of the jobs within the Board could be considered entry level and suitable for school leavers: many require further and higher education qualifications, along with professional registration. This also goes to explain why the proportion of those aged 20 to 29 is lower in the Board than is Scotland and the local area.

Our proportion of 30 to 39 year olds and 40 to 49 year olds, and to a lesser extent 50 to 59 year olds, is higher than in West Dunbartonshire and Scotland as a whole. As can be seen from the age ranges of the job families below our professions that require qualifications to practice tend to be in these age ranges. Our workforce aged 60 plus is lower than the local and national proportions, as many of our staff still retire at around 60, due to benefits of superannuation.

7.2.2 Recruitment Activity

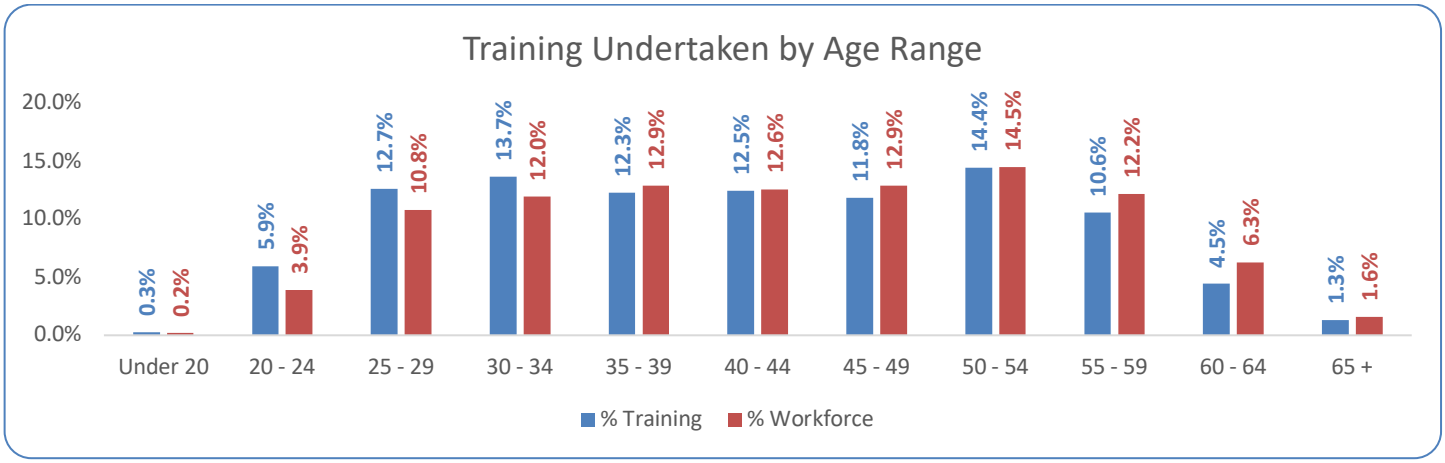
We are unable to provide a breakdown by age of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. We can, however, provide details of the age range of starters within the organisation:



While those in the 25 – 29 age range comprised 10.8% of the workforce during the period under review, they made up 18.7% of starters, while those in the 50 – 54 age bracket make up 14.5% of the workforce, but only 8.5% of new starters.

7.2.3 Training Activity

The proportion of training undertaken by each age range during the period monitored closely reflects the proportion of the workforce that age range comprises, as can be seen from the chart below, with the younger age ranges tending to participate more in training than their proportion of the workforce.



7.2.4 Career Progression

The monitored period saw a total of 152 promotions among NHS GJ's workforce. The table below shows the number and proportion of promotions by age range. It also shows that members of the 35 to 39 age group are most likely to be promoted, while employees up to 19 or 65 plus are least likely to be promoted.

	Promotions		**Workforce**		**% of Age Group Promoted**
	Headcount	**%Headcount**	**Headcount**	**%Headcount**	
Under 20	1	0.7%	5	0.2%	0.0%
20 to 24	3	2.0%	83	3.9%	0.1%
25 to 29	22	14.5%	231	10.8%	1.0%
30 to 34	23	15.1%	257	12.0%	1.1%
35 to 39	29	19.1%	276	12.9%	1.4%
40 to 44	21	13.8%	269	12.6%	1.0%
25 to 49	13	8.6%	275	12.9%	0.6%
50 to 54	21	13.8%	309	14.5%	1.0%
55 to 59	16	10.5%	260	12.2%	0.7%
60 to 64	3	2.0%	134	6.3%	0.1%
65 plus	1	0.7%	35	1.6%	0.0%
Total	**152**	**100.0%**	**2134**	**100.0%**	**7.1%**

7.2.5 Turnover

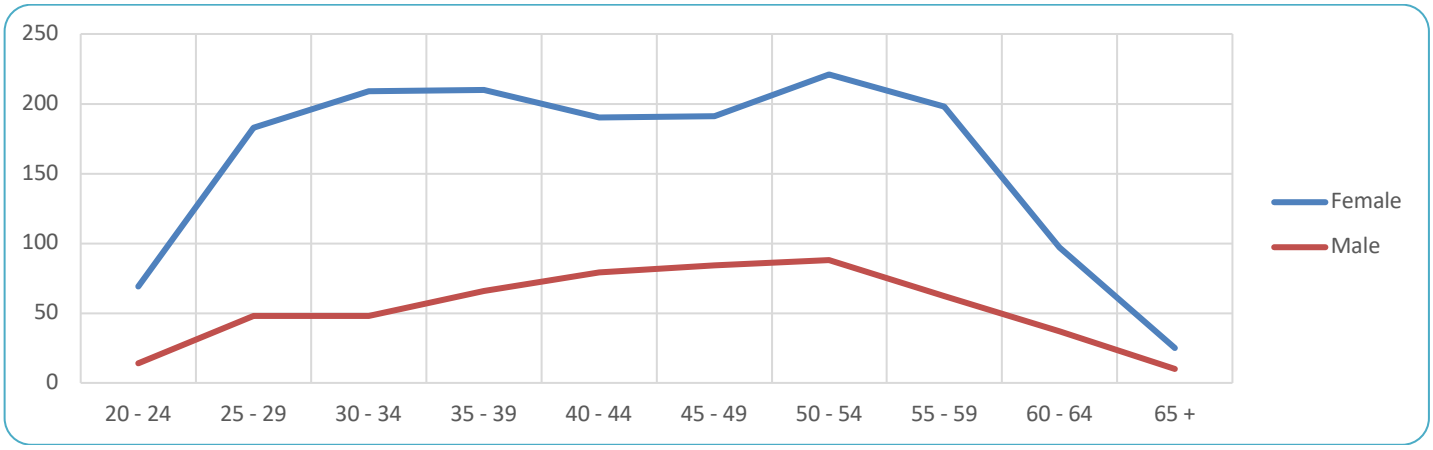
Turnover by age range during the period under review is shown in the table below. The turnover in the 20 to 24, 25 to 29 and 30 to 34 age ranges is higher than would be expected compared to their proportion of the workforce, while that in the 35 to 39, 45 to 49, 50 to 54 and 55 to 59 is lower.

	Leavers		Workforce		Leavers as % of Workforce
	Headcount	% Headcount	Headcount	% Headcount	
Under 20	0	0.0%	5	0.2%	0.0%
20 to 24	19	7.3%	83	3.9%	22.9%
25 to 29	39	15.1%	231	10.8%	16.9%

30 to 34	41	15.8%	257	12.0%	16.0%
35 to 39	29	11.2%	276	12.9%	10.5%
40 to 44	34	13.1%	269	12.6%	12.6%
45 to 49	24	9.3%	275	12.9%	8.7%
50 to 54	21	8.1%	309	14.5%	6.8%
55 to 59	23	8.9%	260	12.2%	8.8%
60 to 64	20	7.7%	134	6.3%	14.9%
65 plus	9	3.5%	35	1.6%	25.7%
Total	259	100.0%	2134	100.0%	12.1%

7.2.6 Intersectionality

Having examined breakdown both by sex and age, it is interesting to consider the intersection of the two. By considering the age profiles of males and females separately, two distinct age distributions can be seen.



The plot above shows that male and female staff have different age distributions. Male staff fall into a single distribution, which peaks at 50 – 54 years, with a long tail to younger ages, while female staff seem to be composed of two distinct age distributions: an older cohort, with a mean age of 50 – 54; and a younger cohort, with a mean age between 30 – 39. This has implications for the ageing workforce. Unless more young, male staff are on boarded to the organisation, as this older cohort of staff ages out or the workforce, the balance of female-to-male staff will swing more heavily towards female staff.

7.3 Race

7.3.1 Definitions

In this section, where "White" is used to categorise members of the Workforce, it includes staff who self-identified as:

- White – Scottish;
- White – Other British;
- White – Irish;
- White – Polish;
- White – Other; or
- White – Gypsy Traveller.

Similarly, the grouping of Black and Minority Ethnic (BAME) members of the workforce, includes staff who self-identified as:

- African – African, African Scottish or African British (shortened below to "African");
- African – Other;
- Asian – Bangladeshi, Bangladeshi Scottish or Bangladeshi British (shortened below to "Asian - Bangladeshi");
- Asian – Chinese, Chinese Scottish or Chinese British (shortened below to "Asian – Chinese");
- Asian – Indian, Indian Scottish or Indian British (shortened below to "Asian – Indian");
- Asian – Pakistani, Pakistani Scottish or Pakistani British (shortened Below to "Asian – Pakistani");
- Asian – Other;
- Caribbean or Black – Other;
- Mixed or Multiple Ethnic Group;
- Other Ethnic Group – Arab, Arab Scottish or Arab British (shortened below to "Other Ethnic Group – Arab"); or
- Other Ethnic Group – Other.

Additionally, some people did not provide information on their ethnicity or preferred not to say what their ethnicity is.

7.3.2 Workforce Breakdown

At the end of the monitored period the largest proportion of employees identified themselves as "White – Scottish", coming in at 67.7% of the workforce, 0.1% less than in March 2021. The next largest group were those that did not provide any information on their ethnicity, with 10.8%, compared to 11.8% the previous year.

Minority ethnic groups made up 6.6% of the workforce (the same as 2021), compared to 4% of the Scottish population as a whole and between 5% and 10% of the population of Glasgow City (Scotland's 2011 census: https://www.scotlandscensus.gov.uk/; Census 2011 equality results: analysis, part two).

The percentage workforce breakdown by ethnicity is shown in the table below as at the end of March each year from March 2012[3]:

[3] In 2012, 2013 and 2014 Asian – Pakistani was counted in "Other Asian" and African was counted in "Other Ethnic Group", as the number of staff members was too low to identify separately.

In the years prior to 2018 "White – Irish", "Mixed or Multiple Ethnic Group" and "Asian – Chinese" staff members were counted in "Other Ethnic Group", as the number of staff members was too low to identify separately.

Ethnicity	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
White – Scottish	56.6 %	58.5 %	63.9 %	66.7 %	66.9 %	67.0 %	69.3 %	67.8 %	67.7 %	67.8 %	67.7 %
No information provided	24.4 %	22.6 %	16.9 %	14.8 %	13.9 %	13.5 %	11.9 %	13.4 %	12.5 %	11.8 %	10.8 %
White – Other British	5.0%	4.4%	4.4%	4.4%	5.2%	4.9%	4.5%	4.7%	5.2%	6.0%	6.3%
White – Other	2.7%	3.0%	3.4%	3.4%	5.2%	5.5%	3.5%	3.8%	3.5%	3.5%	3.8%
Prefer not to say	4.7%	5.2%	4.6%	4.0%	3.2%	3.1%	2.9%	3.2%	3.2%	2.8%	3.0%
Asian – Indian	1.9%	1.7%	1.9%	2.0%	1.8%	2.0%	2.5%	2.3%	2.3%	2.4%	2.5%
White – Irish	N/A	N/A	N/A	N/A	N/A	N/A	1.2%	1.3%	1.3%	1.3%	1.5%
Asian – Other	1.5%	1.4%	1.4%	2.4%	1.5%	1.4%	1.1%	1.1%	1.2%	1.2%	1.2%
Other Ethnic Group	3.2%	3.3%	3.5%	1.5%	1.4%	1.6%	0.9%	1.0%	1.3%	1.0%	1.1%
African	N/A	N/A	N/A	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.9%	0.8%
Mixed or Multiple Ethnic Group	N/A	N/A	N/A	N/A	N/A	N/A	0.8%	0.7%	0.7%	0.7%	0.6%
Asian – Pakistani	N/A	N/A	N/A	0.4%	0.6%	0.6%	0.7%	0.3%	0.5%	0.5%	0.6%
White - Polish	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.2%	N/A

The national census in 2011 showed the racial breakdown of those living in Scotland as at 27 March 2011. At that time, it indicated that the people of Scotland identified their ethnicity as shown in the table below. The NHS Scotland Workforce Statistics release as at 31 March 2022, shows the ethnic group breakdown for staff in NHS Greater Glasgow and Clyde as at 31 March 2022. It might be expected that this would be similar to NHS GJ, but:

Ethnicity	**% Scottish population**	**% NHSGGC staff**	**% NHS GJ staff**
White – Scottish	84.0%	50.8%	67.7%
No information provided	0.0%	30.6%	10.8%
White – Other British	7.9%	8.8%	6.3%
White – Other	2.0%	3.0%	3.8%
Prefer not to say	0.0%	0.8%	3.0%
Minority ethnic group	4.0%	4.8%	6.6%
White Irish	1.0%	1.0%	1.5%

7.3.3 Pay Gap

For the first time, this year NHS GJ's pay gap analysis includes information on pay gaps present between staff from different ethnic backgrounds. We will not dissect pay gaps between individual ethnic groups, but instead highlight the gaps between White and BAME staff. Across NHS GJ, the median pay gap between White and BAME staff was -£0.88 per hour, meaning that BAME staff were found to earn an extra 88p per hour in comparison to their White colleagues. The mean pay gap is also negative, meaning that BAME pay is on average £6.08 per hour higher than their White counterparts. BAME staff are relatively over-represented at higher pay bands, most likely due to the

In 2019 "Other Ethnic Group" included members of staff who identified as "White – Polish", "Asian – Chinese", "Other Ethnic Group – Arab" and "White – Gypsy Traveller", as the number of staff members was too low to identify separately.

In 2020 and 2021 "Other Ethnic Group" included members of staff who identified as "Asian - Chinese", "Other Ethnic Group - Arab", "Asian - Bangladeshi", "White - Gypsy Traveller" and "Caribbean or Black", as the number of staff members was too low to identify separately.

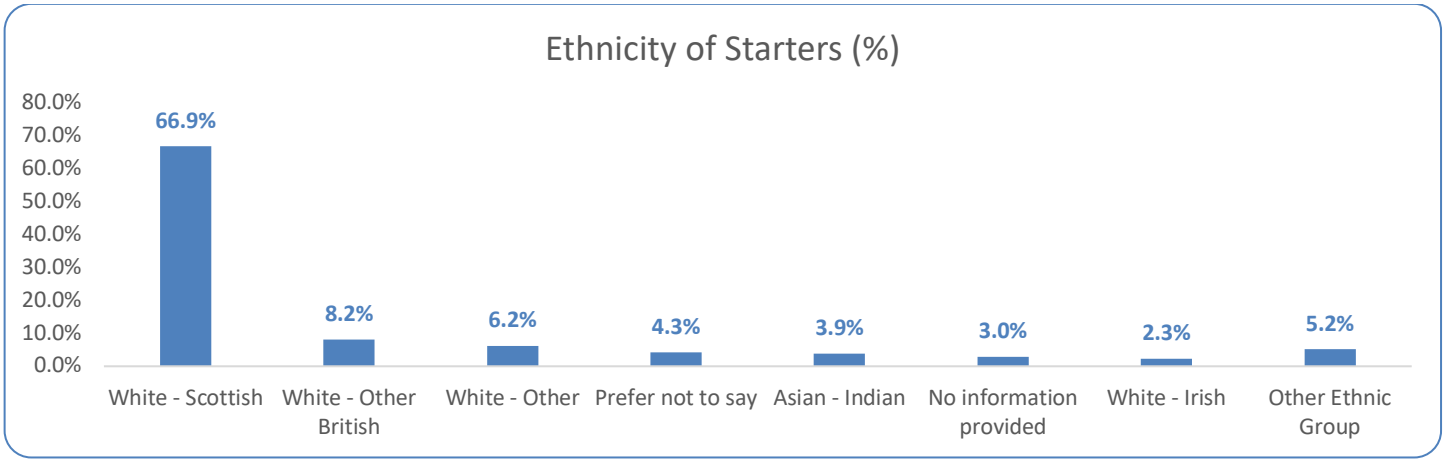
In 2022 "White – Polish" is included in "Other Ethnic Group", as the number of staff members was too low to identify separately.

relatively large presence of BAMD staff in the Medical and Dental job family when compared to their White colleagues.

However, this pay gap reverses when looking at individual job families. In the Medical and Dental job family, there was found to be a mean wage gap off £5.93 per hour (12.67%). This is true of all non-clinical staff, where a £2.28 (14.12%) pay gap was found. Only in clinical staff was a negative pay gap replicated, through the negative pay gap is much smaller at -£0.62 (-3.52%).

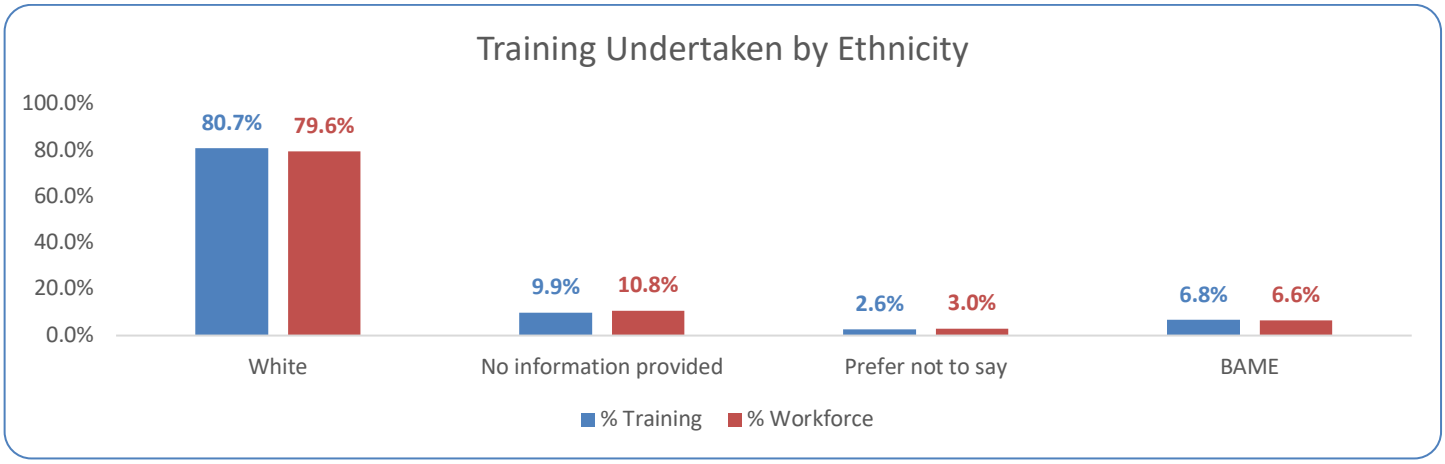
7.3.4 Recruitment Activity

We are unable to provide a breakdown by age of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. We can, however, provide details of the ethnicity of starters within the organisation[4]:



7.3.5 Training Activity

When considering training activity undertaken during the monitored period, in terms of the ethnicity of the participants, the percentage corresponds with the proportion of the workforce those ethnic grouping represents:



7.3.6 Career Progression

During the period under review, of the 152 promoted staff 119 (78.3%) identified as “White – Scottish”, compared with 67.7% of the workforce. 14 (9.2%) of those promoted had not provided information on their ethnicity, eight (5.3%) identified as “White – Other British”, and five (3.3%)

[4] “Other Ethnic Group” includes “Asian – Pakistani”, “Asian – Bangladeshi”, “Asian – Chinese”, “Asian – Other”, “Mixed or Multiple Ethnic Group” and “Caribbean or Black”, as the proportion of staff in each was too low to identify separately.

preferred not to say. The remaining six promoted staff came from several of the other identified ethnic groups. However, the numbers are so small that splitting them may enable identification of the successful applicants.

7.3.7 Turnover

During the period under review the majority of leavers were “White – Scottish”. The proportion of them was just over 10% lower than the proportion of the workforce they make up: 57.4% against 67.7%. The proportion of leavers for whom no information on ethnicity was provided was 7.7%, compared to the 12.5% of the workforce who did not provide information on their ethnicity. Information on the ethnicity of leavers and the workforce can be seen in the table below:

	Leavers		**Workforce**	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
White - Scottish	178	68.7%	1445	67.7%
Other Ethnic Group[5]	22	8.5%	123	8.5%
No information provided	20	7.7%	230	10.8%
White - Other British	17	6.6%	135	6.3%
White - Other	9	3.5%	82	1.2%
Asian – Indian	7	2.7%	54	2.5%
Prefer not to say	6	2.3%	65	3.0%
Total	259	100.0%	2134	100.0%

It can be instructive to examine what proportion of each ethnic group is leaving the workforce. This year, as shown in the table below, the group leaving the organisation at the highest rate is the “Other Ethnic Group category.

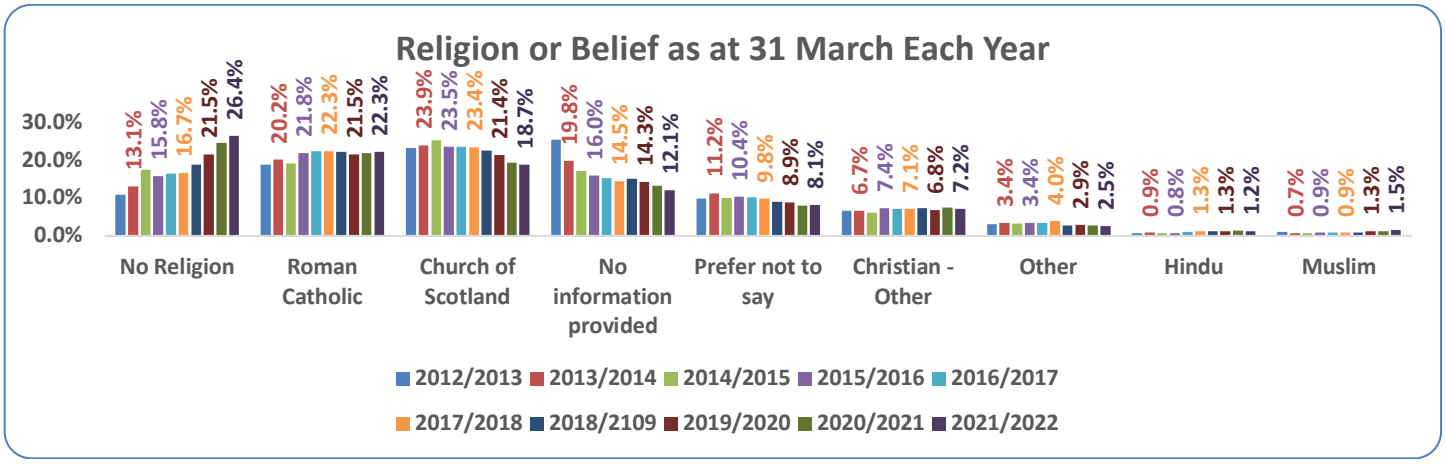
Ethnic Group	**Leavers as % of that Ethnic Group**
White – Scottish	12.3%
Other Ethnic Group	17.9%
No information provided	8.7%
White – Other British	12.6%
White – Other	11.0%
Asian – Indian	12.0%
Prefer not to say	9.2%

[5] "Other Ethnic Group" includes “African”, “Asian – Other”, “Mixed or Multiple Ethnic Group”, “Asian – Pakistani”, “White – Irish”, “White – Polish”, “Asian – Chinese”, “Asian – Bangladeshi” and “Caribbean or Black”, as the number of leavers was too low to identify separately.

7.4 Religion and Belief

7.4.1 Workforce Breakdown

As with other protected characteristics new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years the quality of information provided has improved, with fewer people not providing information on religion and beliefs in the monitored period than in previous years, as can be seen in the chart below. Of those who provided information the largest proportion of staff identify themselves as "No Religion" (26.4% - 1.8% higher than the previous year) or "Roman Catholic" (22.3% - 0.4% up on 2020/2021)[6].



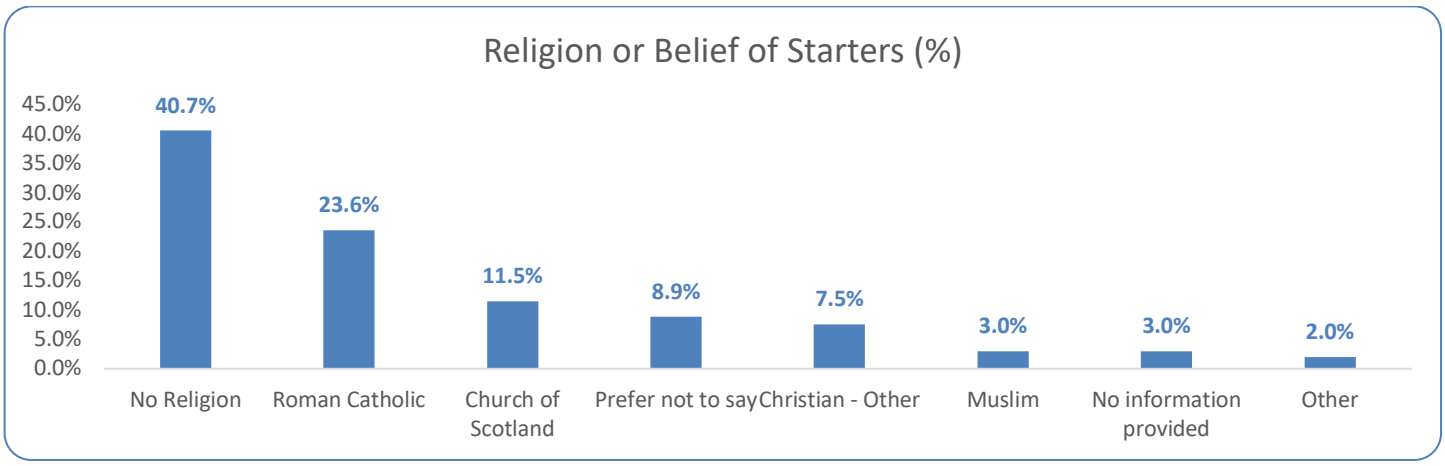
Across Scotland the 2011 census (https://www.scotlandscensus.gov.uk/; Census 2011 equality results: analysis, part two) showed quite a different picture with regard to religion compared to the staff at NHS GJ, as can be seen from the table below. Closer to home NHS Greater Glasgow and Clyde, the geographical Board surrounding NHS GJ, which one might expect to roughly match our percentages, showed a marked difference (NHS Scotland Workforce Statistics release as at 31 March 2022). Our proportion of staff who state that they are "Church of Scotland" is significantly lower than the national figure, while our proportion in the "Roman Catholic" faith is much higher. Interestingly, while 24.6% of staff at NHS GJ say they have "No Religion", this is much lower than for Scotland as a whole, with 36.7% of the general population stating in the 2011 census that they had "No Religion".

Religion or Belief	% Scottish population	% NHSGGC staff	% NHS GJ staff
No religion	36.7%	31.2%	24.6%
Roman Catholic	15.9%	15.6%	21.9%
Church of Scotland	32.4%	12.9%	19.4%
Not stated	7.0%	31.3%	21.2%
Christian – Other	5.5%	5.6%	7.5%
Other[6]	1.1%	6.2%	4.2%
Muslim	1.4%	1.4%	1.3%

7.4.2 Recruitment Activity

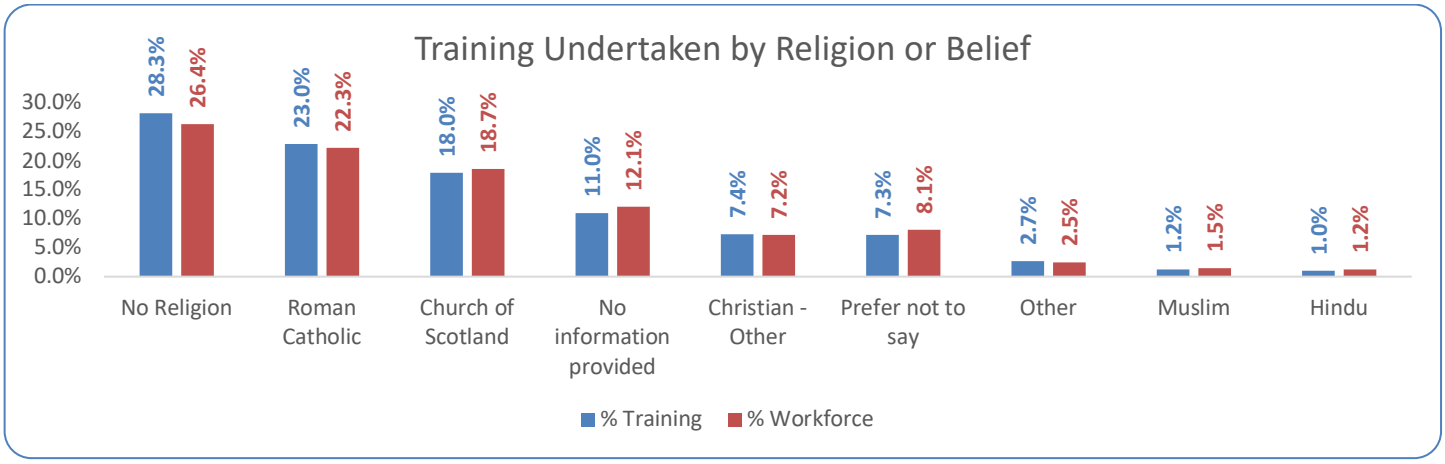
We are unable to provide a breakdown by religion and belief of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. We can, however, provide details of the religion or belief of starters within the organisation[7]:

[6] Faiths which are represented by fewer than 5 members of staff (such as Jewish, Sikh, Buddhist) are not reported individually, but captured within "Other".



7.4.3 Training Activity

The chart below shows that members of each religious group undertook roughly proportionate training in relation to that group's size within the workforce[7].



7.4.4 Career Progression

The table below shows the number and proportions of promotions by religion or belief and compares it to the proportion of the workforce that identifies itself as that religion or belief:

	Promotions		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
No Religion	45	29.6%	563	26.4%
Roman Catholic	32	21.1%	475	22.3%
Church of Scotland	30	19.7%	400	18.7%
No information provided	16	10.5%	259	12.1%
Prefer not to say	15	9.9%	173	8.1%
Christian - Other	9	5.9%	154	7.2%
Other[8]	5	3.3%	110	5.2%
Grand Total	152	100.0%	2134	100.0%

[7] Faiths which are represented by fewer than five members of staff in the training % Training or % Workforce (such as Jewish, Sikh, Buddhist) are not reported individually, but captured within "Other".

[8] Faiths which are represented by fewer than five members of staff in the promotions or workforce headcount (such as Muslim, Hindu, Jewish, Sikh, Buddhist) are not reported individually, but captured within "Other".

7.4.5 Turnover

During 2021-2022 turnover of staff was highest in the group of staff who had “No Religion”: 27.3% of turnover compared to 24.6% of staff:

	Leavers		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
No Religion	86	33.2%	563	26.4%
Roman Catholic	49	18.9%	475	22.3%
Church of Scotland	40	15.4%	400	18.7%
Christian - Other	24	9.3%	154	7.2%
No information provided	20	7.7%	259	12.1%
Prefer not to say	20	7.7%	173	8.1%
Other[9]	20	7.7%	110	5.2%
Grand Total	259	100.0%	2134	100.0%

[9] Faiths which are represented by fewer than five staff members in the “Leavers Headcount” or “Workforce Headcount” column (Hindu, Muslim, Jewish, Sikh and Buddhist) are not reported individually, but captured within “Other”.

7.5 Disability

NHS GJ achieved Disability Confident Leader status and was the first NHS Board in Scotland to achieve this status. Since that time, we have been supporting other NHS Boards to work towards becoming Disability Confident Leaders which is one of the criteria for maintaining that status. This level is reviewed every 3 years.

Disability Confident aims to help businesses to employ and retain disabled people and those with health conditions. The scheme was developed by employers and disabled people's representatives to make it rigorous but easily accessible. The scheme is voluntary and access to guidance, self-assessments and resources is completely free.

Through "Disability Confident" the UK Government will work with employers to fulfil these aims and objectives:

- challenge attitudes towards disability;
- increase understanding of disability;
- remove barriers to disabled people and those with long term health conditions in employment; and
- ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

Further information on "Disability Confident" can be found at:
https://www.gov.uk/government/collections/disability-confident-campaign.

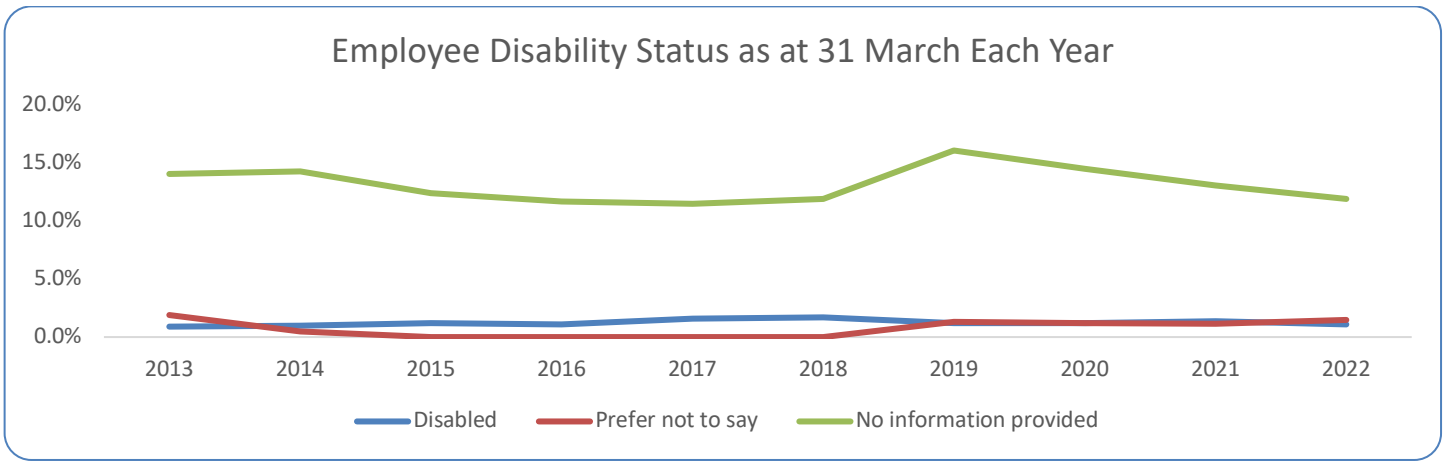
7.5.1 Definitions

Staff have the ability to self-identify as disabled and report on their disability or disabilities, using the staff engagement form when they begin employment, and eESS once they have started employment. We do not ask staff to disclose details of any disability they may identify.

7.5.2 Workforce Breakdown

A large majority of our workforce continues to identify themselves as having "No disability", with the proportion very similar in both March 2013 (83.2%) and March 2022 (85.6%). During this time the proportion of staff that has not provided information on their disability status fell steadily from 14.1% in 2013 to 11.9% in 2018. However, 2019 saw it increase to 16.1%, with a fall back to 11.9% this year.

It is noteworthy that the HR system's questions about disability do not align with best practice. In this case, a list of disability categories is not presented to the user unless they first declare that they do have a disability. Best practice dictates that the questions "Are you disabled?" is answered by a "Tick all that apply" list, including broad disability categories, along with a "No disability" option. This allows a user to recognised any of their disabilities within the list.



The proportion of staff members who identify themselves as "Disabled" has remained relatively steady over the same time period at around 1.0%, and this year it stood at 1.1%, a fall from 1.7% in 2018. While the proportion of staff who declare they have a disability is low in comparison to the general population: 32% of all adults in Scotland (Scottish Health Survey 2017), this is repeated across Boards in NHS Scotland, where 1.2% identified themselves as disabled as at 31 March 2022 (NHS Scotland Workforce Statistics release as at 31 March 2022), with a notable exception in NHS24, where 9.5% of the workforce declared a disability.

It should be noted that some disabilities may arise during the course of employment, so unless staff are regularly surveyed we may never capture that change in information. The HR system allows members of staff to make changes to their self-identified protected characteristics at any time, including their disability status. However, as previously noted, this question is not asked in line with best practice.

7.5.3 Pay Gap

The pay gap between disabled and non-disabled staff has also been calculated for this year's pay gap analysis. However, due to the relatively low rate of disability disclosure, this analysis is an overall pay gap analysis only. There is no median pay gap between disabled and non-disabled staff. The mean pay gap is £0.23 (1.22%), with non-disabled staff earning slightly more than their disabled colleagues. The inclusion of both median and mean pay gaps highlights the skew in the pay distributions. The small difference between the median and mean pay gaps indicates that the pay of non-disabled staff has a wider tail (is less skewed) than their disabled colleagues.

7.5.4 Recruitment Activity

We are unable to provide a breakdown disability status of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. Due to the low numbers of starters who declared that they had a disability we cannot provide a breakdown of disability status for starters.

7.5.5 Training Activity

Members of staff who declared themselves to be disabled undertook 1.1% of all training carried out in 2021-2022, which is exactly the proportion of the workforce they represent.

7.5.6 Career Progression

Five of the 152 members of the workforce who were promoted indicated that they have a disability. This is 3.3% of all promotions, and three times the 1.1% of the workforce our disabled colleagues represent.

7.5.7 Turnover

Of the 259 members of staff who left the Board's employment in 2021-2022, eight declared that they had a disability, representing 3.1% of leavers, almost three times higher than the 1.1% of the workforce they represent.

7.5.8 Intersectionality

Having explored sex and disability separately, it may be insightful to examine the intersection of the two protected characteristics. Specifically, at NHS GJ, both male and female staff are equally likely not to disclose whether they have a disability, combining "Don't know" and "No information provided". Male staff do not disclose at a rate of 3.0%, versus 3.2% for female staff. However, as is shown in the table below, male staff are roughly four times more likely to disclose a disability than female staff, despite global disabilities and long term health conditions being more prevalent in women[10].

Disability declaration	Female	Male
Don't know	9.4%	11.4%
No	86.4%	83.3%
No information provided	1.9%	0.9%
Prefer not to say	1.3%	2.1%
Yes	0.6%	2.4%

[10] https://pubmed.ncbi.nlm.nih.gov/10902052/

7.6 Sexual Orientation

7.6.1 Workforce Breakdown

Trend analysis of sexual orientation over the last five years indicates that the proportion of staff members who report identifying themselves as "Heterosexual" has remained relatively steady at around 76% to 77%. The numbers of those who did not provide information or who "Prefer not to say" has fallen slightly over this time. To help improve the quality of information the Recruitment Team ensures that new members of staff completing engagement forms are asked to complete all parts of the Equal Opportunities Information section of the engagement form, reminding them that replying "Prefer not to say" is an acceptable response, and preferable to not providing any information.

	2018	2019	2020	2021	2022
Heterosexual	76.7%	74.6%	76.0%	77.0%	77.3%
No information provided	14.4%	15.8%	14.9%	14.3%	13.3%
Prefer not to say	6.9%	7.4%	7.0%	6.1%	6.3%
Gay/Lesbian	1.3%	1.5%	1.4%	1.8%	2.1%
Bisexual	0.4%	0.5%	0.4%	0.6%	0.7%
Other	0.2%	0.3%	0.3%	0.3%	0.2%

The quality of information held on the declared sexual orientation of members of staff has improved over the years at NHS GJ, as can be seen in the decrease in the proportion of staff for whom no information is held. This can be seen when compared to other Boards, where the proportion of staff for whom no information has been provided on sexual orientation tends to be higher (NHS Scotland Workforce Statistics release as at 31 March 2022):

Health Board/Area	**Sexual Orientation – no information provided**				
	2018	**2019**	**2020**	**2021**	**2022**
NHS Scotland	28.7%	28.8%	29.8%	26.3%	24.9%
West of Scotland Region	32.8%	34.2%	37.0%	34.9%	32.2%
NHS Greater Glasgow and Clyde	29.6%	30.8%	38.1%	38.7%	36.3%
National Health Boards	36.0%	32.9%	37.8%	29.4%	28.2%
NHS Golden Jubilee	14.4%	15.8%	14.9%	14.3%	13.3%

7.6.2 Recruitment Activity

We are unable to provide a breakdown by sexual orientation of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. We can, however, provide details of the sexual orientation of starters within the organisation[7]:

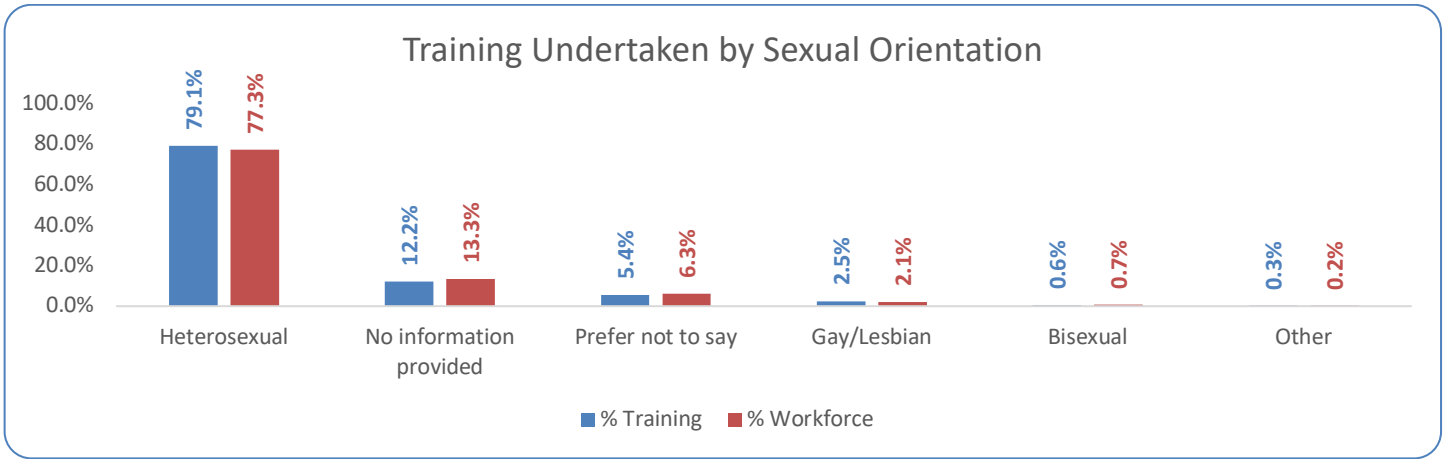
The table below highlights the number and proportion of people who applied for posts, were shortlisted and came on board as new starts in the monitored period, split by declared sexual orientation:

Sexual Orientation	Headcount	Percentage
Heterosexual	256	83.9%
Prefer not to say	19	6.2%
No information provided	13	4.3%
Gay/Lesbian	12	3.9%
Bisexual	5	1.6%
Grand Total	305	100.0%

7.6.3 Training Activity

As can be seen from the chart below training provided during the period under review by sexual

orientation almost exactly matches the proportion expected for that group as a proportion of the workforce.



7.6.4 Career Progression

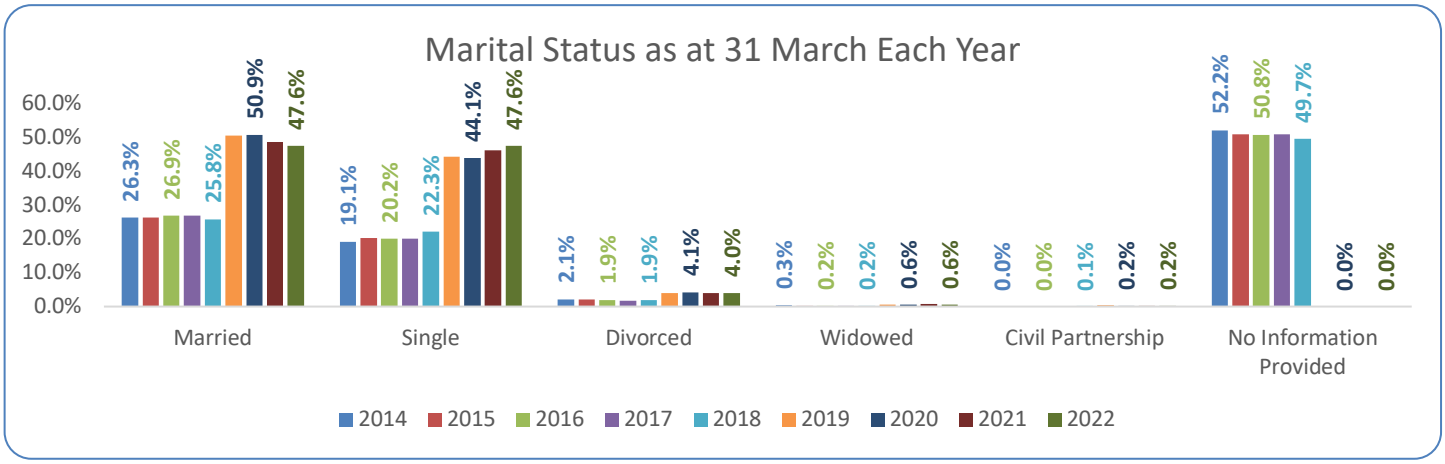
The great majority of promoted staff have declared themselves to be “Heterosexual” – 122 out of 152 promoted posts (80.3%), which is slightly more than the proportion of staff as a whole who identify as “Heterosexual” (77.3%). 15 (9.9%) promoted members of staff did not provide any information on their sexual orientation, while 12 (7.9%) preferred not to say. Information on the sexual orientation of the colleagues who were promoted cannot be provided, as the numbers are too low.

7.6.5 Turnover

During the period under review, 85.7% of leavers identified as “Heterosexual”, compared to 77.3% of the workforce. 8.1% of leavers did not provide any information on their sexual orientation, in comparison to 13.3% of the workforce.

7.7 Marriage and Civil Partnership

As can be seen from the table below in March 2022 just under half of all staff members were married (47.6%) and the same percentage were single. The number of single staff members actually overtook the number of married staff members, by one, for the first time. These proportions have not changed markedly since 2019, but represent sizeable changes to those reported the previous year, with both almost double the percentages reported in 2018[11].



In the language used in eESS "Single" should not be taken as the opposite of "Married". As more people choose not to marry due to social, economic or public health reasons, but are nevertheless in an enduring relationship, it might be better that the language be changed from "Single" to "Unmarried", or else the focus shift from marital status to relationship status.

7.8 Trans Staff

The staff engagement form does not directly ask new members of staff to confirm if they have undergone gender reassignment, or are in the process of doing so, although the national application form does. However, it does ask them whether they describe themselves as trans. During the monitored period five or fewer members of staff identified as trans. This indicates a low occurrence when compared with rates of trans people in Scotland, which is about 0.6% of people.

It should be noted that eESS allows members of staff to amend their personal details, including equalities information. It also contains the question "Have you, are you or do you plan to undergo gender reassignment (changing sex)?" Members of staff have the option to respond "Yes", "No", "Don't know" or "Prefer not to say". Several communications have gone out to staff to inform them of the ability to amend their personal details, including equality information, on eESS. The language of eESS is, in the context of trans individuals, out of date, and misrepresents the process of transition as a chiefly medical exercise.

The eESS system does not account for third gender or non-binary gender options, which would fall under the Trans heading.

7.9 Pregnancy and Maternity

During the monitored period a total of 73 instances of maternity leave were recorded:

- 22 were on maternity leave before 1 April 2021;
- 51 went on maternity leave between 1 April 2021 and 31 March 2022;

[11] Until 2018 members of staff did not have to provide information on their marital status, and many staff members did not provide detail of their marital status. However, eESS and Payroll required information on marital status from eESS implementation in 2018, so Payroll downloaded the detail they held to eESS and from that date onwards all starters have had to provide information on their marital status.

- 29 returned from maternity leave during the period under review;
- 44 were still on maternity leave after 31 March 2022; and
- 7 of those who took maternity leave both went on leave and returned within the monitored period.

8 Developments

Over the coming year, NHS Golden Jubilee has a large number of developments in progress or in development, such as:

- Phase 2 of our hospital expansion, as part of the investment in National Treatment Centres (NTCs). Work continues on our new surgical centre, with the planned expansion of orthopaedic, general and diagnostic surgeries. We will begin to treat patients from the summer of 2023, and are in the process of recruiting the workforce needed, both clinical and non-clinical;
- our post-pandemic remobilisation plan, which describes how we will support NHS Scotland to "Remobilise, Recover and Redesign", following COVID-19;
- the Scottish Government commissioned NHS GJ to establish the Centre for Sustainable Delivery (CfSD) to support care and wellbeing programmes, and to enable Boards across Scotland to achieve the transformation needed to support service recover post-COVID-19. In the coming year and beyond, colleagues in CfSD will be key in developing new workforce capabilities and programmes, moving forward whole system working, which is crucial to NHS Scotland's transformation ambitions;
- 2022/2023 will see a significant expansion in the eHealth team, as we go through a period of digital transformation. We recognise that the growth in the use of digital technology in the delivery of both clinical and support services has accelerated significantly in recent years, and will continue to do so. We need to be able to meet the increased demands of a growing reliance on digital enabled care, which will need a well-resourced, skilled and motivated eHealth workforce;
- NHS GJ and NHS Education for Scotland (NES) have formed the NHS Scotland Academy (NHSAA), a national joint venture that will support the implementation of NHS Scotland's Recovery Plan. The initial focus will be in supporting the immediate workforce priority needs of NHS Scotland, including the acceleration of the appointment of at least 1500 to the NTCs;
- our Health and Wellbeing Strategy 2020-2023 describes the Board's ambition "to be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing". Work is currently progressing on the development of the 2022/2023 Annual Delivery Plan in support of the Strategy. This plan will ensure that its objectives capture any actions that need to be carried forward, align with the Health and Wellbeing Strategy 2020-2023 and any requirements of the Scottish Government, and identifies associated financial support requirements. Over the next year and further into the future we will continue to offer training programmes to support staff health and wellbeing, including: mental health awareness; mindfulness to promote resilience and wellbeing; and stress management; and
- we will continue to promote diversity in 2022/2023, working with staff to ensure we establish an inclusive workplace. Our Diversity and Inclusion Strategy 2021-25 forms an integral part of our aim to promote the health and wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing Strategy 2020-2023, the Involving People Strategy and the Volunteer Strategy. We have worked in partnership with staff and external stakeholders to set out our strategy to further develop our approach to diversity and inclusion. This includes agreeing our equality outcomes for 2021-2025 and describing our ambition to be a leading equality employer and a leader in the design and delivery of inclusive and accessible healthcare services. Our outcomes and associated outputs relating to workforce diversity and inclusion from 2021-2025 are summarised below:
  - Education and training – we will develop a suite of new training materials to further embed equality, diversity and inclusion throughout NHS GJ;
  - On-board diverse talent – we will introduce a number of initiatives to attract and retain diverse talent to the organisation;
  - Leadership and organisation structure - we are committed to creating a more equitable workplace, with diversity across management structures by understanding and addressing

barriers to career progression and promotion by the protected characteristics and Fairer Scotland Duty; and
- Inclusivity and data - we are committed to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling.

These developments, as well as others, are covered in much more detail in our three-year Workforce Plan 2022-2025.