NHS
Golden Jubilee

Workforce Monitoring Report 2023

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1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2022 to 31 March 2023. 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 52 when compared to the previous year (2186 v 2134).

1.1.2 Sickness Absence

During the monitored period sickness absence stood at 5.4% of contracted hours. This is lower than 2021-2022, when it came in at 5.7%, but higher than 2020-2021, when it stood at 4.4%, and is higher than the national target of 4.0%. Of all sickness absence, 57.8% came under the Nursing and Midwifery job family, which comprises 43.3% of the workforce.

Between 1 April 2022 and 31 March 2023 the main reason for sickness absence, as recorded on SSTS, was "Anxiety/stress/depression/other psychiatric illness". It accounted for 1.3% of contracted hours and 23.0% of total sickness absence. This is a decrease on the previous year, when it accounted for 27.0% 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 2022/2023 when compared to the previous year. The number of hours of special leave taken due to COVID-19 reasons stood at 39954.4 in the period under review, accounting for 1.0% of contracted hours. The previous year the rate was 2.0%. Sickness absence due to COVID-19 reasons came in at 8143.4 hours (0.2% of contracted hours). 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 25.5% in 2023 (although this is down on the 26.7% in 2022);
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.5% (up 0.6% in a year);
- the proportion of those in the 30 to 39 age bracket has fallen by just over 4% from 29.6% to 25.3%. This is an increase of 0.3% on the previous year, when it stood at 25.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 25.5% (the same as in 2022).

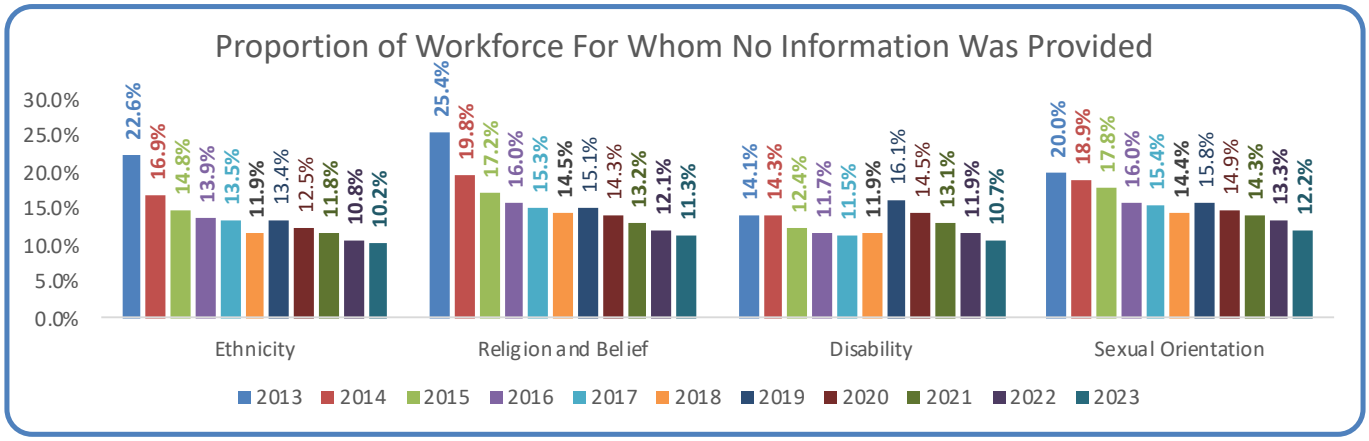
Some job families are more affected by the ageing population than others: 48.0% of staff in Support Services are aged over 50 (down 0.4% on the previous year); as are 71.4% of Senior Managers (a much smaller job family); 40.8% of staff members in Medical and Dental; and 39.8% of those in Administrative 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 8.5% (up 0.6% on the previous year), but by 2028 this would rise to 20.8%%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. Of our larger job families, the biggest area of impact is within Support Services (37.4%) and Administrative Services (23.1%).

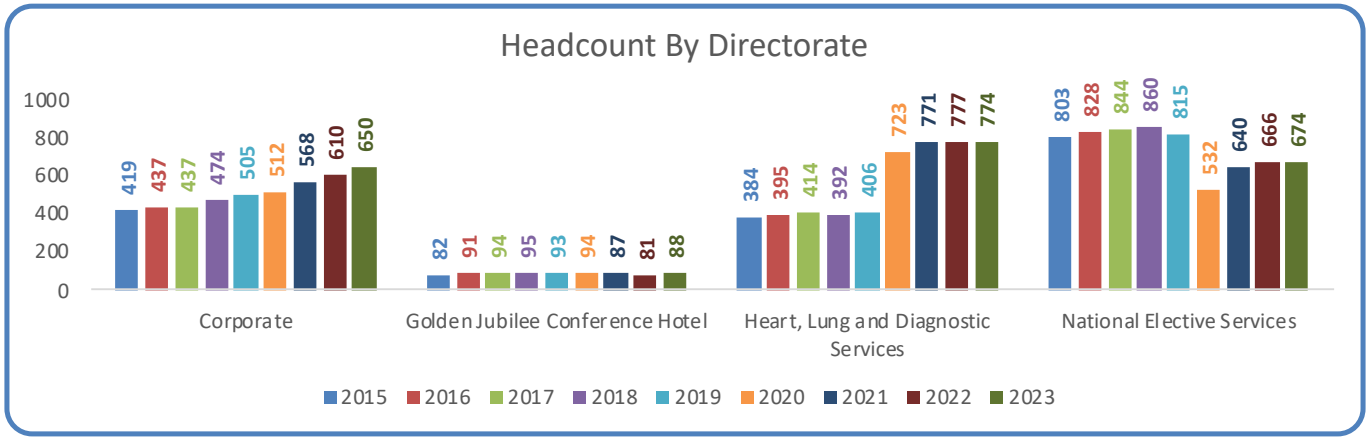
1.1.5 Data Quality

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. Due to systems issues associated with the implementation of eESS in 2018, the quality of data for each characteristic experienced an inconsistency that year. The most significant of these inconsistencies was with Disability, but the data quality is heading in the right direction again.



2 Current Workforce

As at 31 March 2023 NHS GJ employed 2186 headcount (1987.1 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 52 in headcount on the previous year (49.2 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 43.4% of the workforce was in the Nursing and Midwifery job family (0.1% lower than the previous year), as can be seen from the table below. The next largest job family, at 21.2% was Administrative Services (0.7% higher than the previous year).

Job Family	Headcount	% Headcount	WTE	% WTE
Nursing and Midwifery	946	43.3%	861.4	43.4%
Administrative Services	455	20.8%	420.6	21.2%
Support Services	246	11.3%	227.3	11.4%
Medical and Dental	157	7.2%	145.0	7.3%
Healthcare Sciences	147	6.7%	134.7	6.8%
Allied Health Professions	147	6.7%	124.4	6.3%
Other Therapeutic	53	2.4%	40.2	2.0%
Medical Support	26	1.2%	24.5	1.2%
Senior Managers	7	0.3%	7.0	0.4%
Personal and Social Care	2	0.1%	2.0	0.1%
Total	**2186**	**100.0%**	**1987.1**	**100.0%**

As well as substantive and fixed term members of staff NHS GJ 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 2023 there were 907 bank workers, of which 696 were under Agenda for Change and 211 were doctors. This is an increase of 104 bank workers on the same date in 2022.

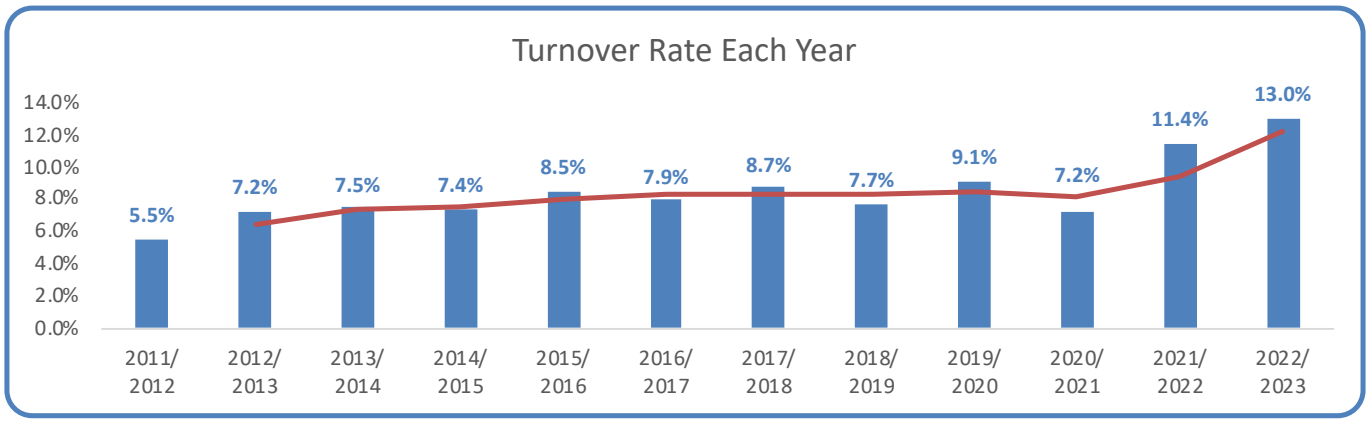
3 Employee Turnover

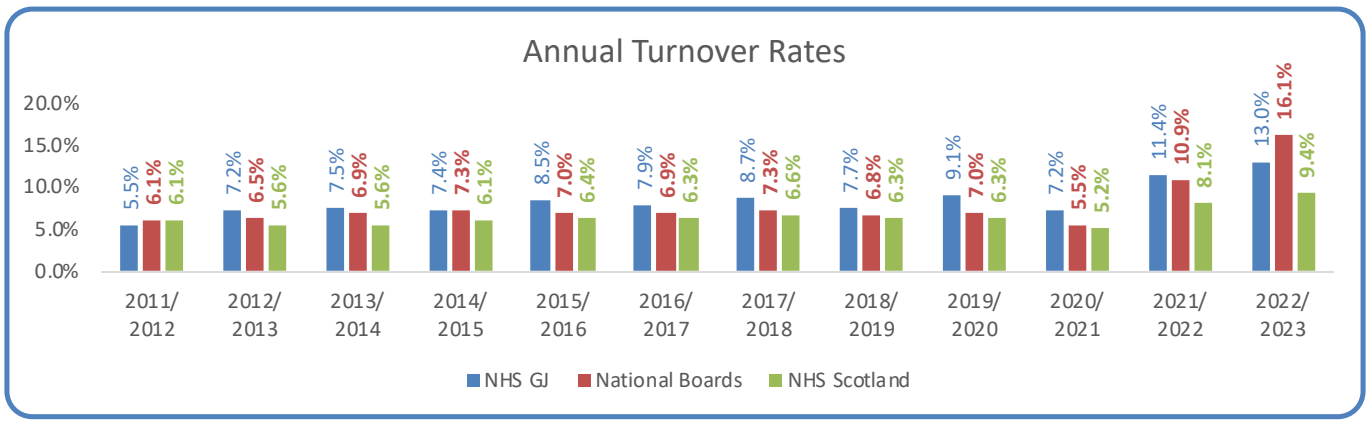
Turnover is calculated using the following formula:

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

3.1 Turnover Rate

For the year under review the turnover rate was 13.0%[1], an increase of 1.6% 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 less than the National Boards taken together (16.1% for 01.04.22 to 31.03.23, which is 5.2% higher than it was the previous year), but higher than the overall NHS Scotland turnover (9.4% at 31 March 2023, up from 8.1% in 2021/2022). 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 and 2022/2023.

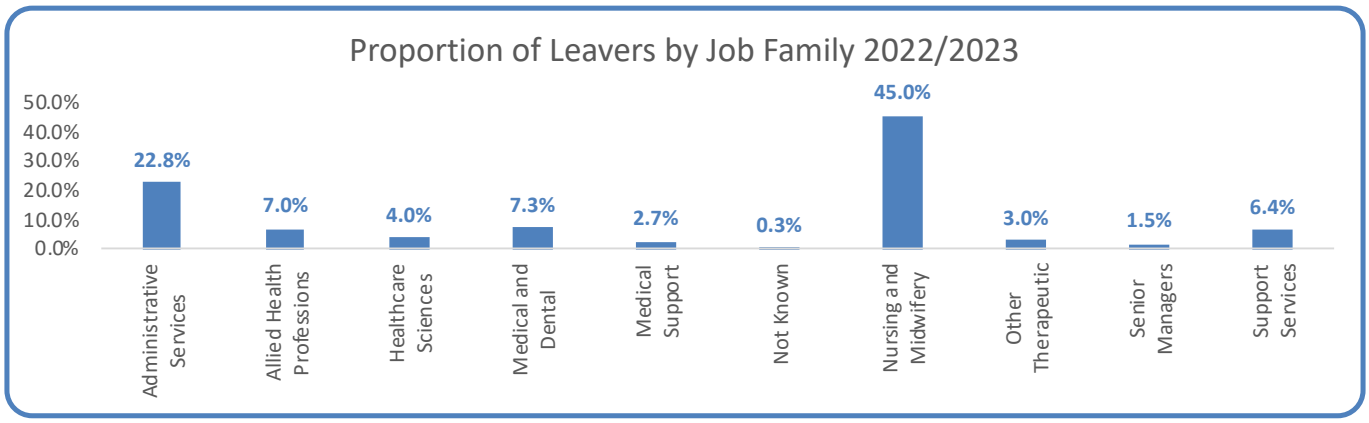




1 NHS Scotland workforce | Turas Data Intelligence

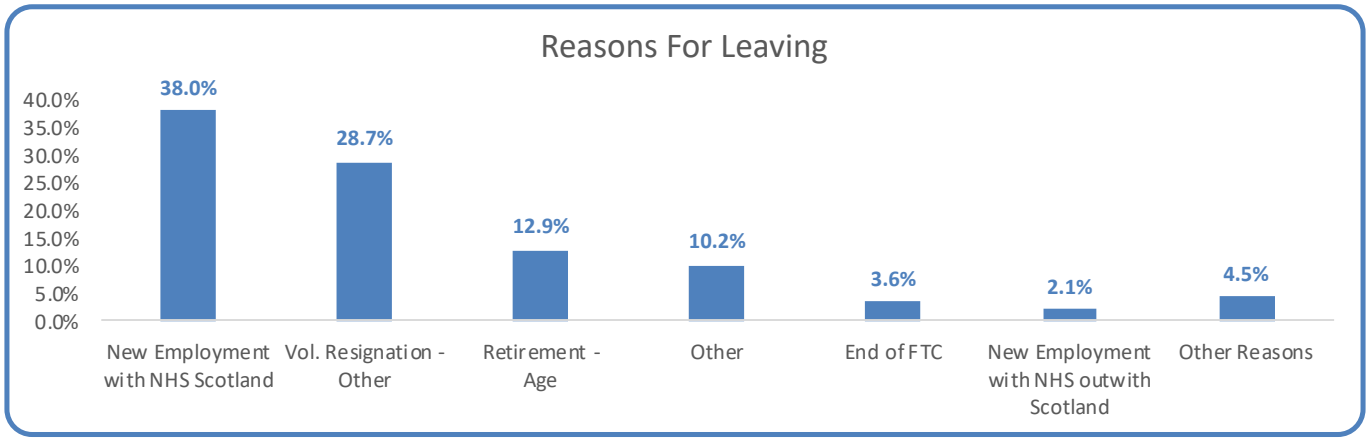
3.2 Leavers

In 2022/2023 a total of 329 people left posts within NHS GJ. The breakdown of proportion of leavers by job family is shown in the chart below:



3.3 Reasons for Leaving

When a member of staff leaves NHS GJ'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 NHS GJ's employment between April 2022 and March 2023. It shows the reasons for leaving as a percentage of the total number of leavers. The most common reason for leaving was because the person had gained new employment with another Board within NHS Scotland. This represents 38.0% of leavers (up 3.9% on the previous year)[2].



2 "Other reasons" includes ""Dismissal", "Voluntary resignation – promotion", "Death in service" and "Retirement – Other". 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, with the response to Phase 2 of the hospital expansion, as well as other recruitment activity across NHS GJ. We have advertised 1107.53 WTE posts, of which 764.73 have been recruited to. This includes candidates who are still going through pre-employment checks, or who have agreed a start date. Withdrawn posts, withdrawn offers and candidates who have withdrawn are not included.

At the end of the period under review:

- 48 (headcount posts were going through the recruitment approval process;
- 16 live adverts or 16.73 WTE posts;
- 27 posts closed and awaiting shortlisting for 35.95 WTE;
- 30 posts awaiting interview for 31.51 WTE;
- 10 posts interviewed and awaiting the uploading of notes for 11.48 WTE;
- 120 candidates at conditional offer stage for 111.53 WTE;
- candidates with checks completed and awaiting start dates for 6.00 WTE; and
- 44 candidates with start date agreed for 40.43 WTE.

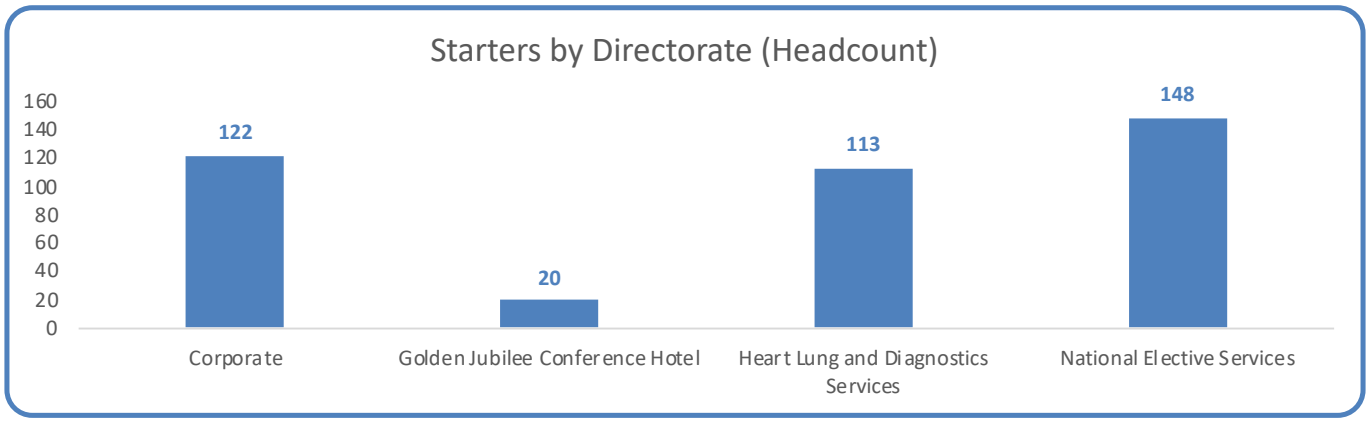
4.1 International Recruitment

As part of a national initiative, we are participating in an international recruitment drive for registered nurses. At the end of the period under review, we were experiencing some challenges with the supply pipeline from our current supplier and expected to receive fewer candidates for our next intake cohort. This is disappointing, and we have taken a number of steps to mitigate this. In order to fully use the places for our OSCE programme we are looking to use those places for current members of staff who have joined NHS GJ from overseas and had a previous nursing qualification but were unable to obtain support to achieve the translation to UK NMC. The nursing team has already identified some potentially suitable staff and we are working through the NMC requirements to ensure that this programme will be viable. We have confirmation that we will be able to continue to use the Scottish Government funding for the costs associated with this training (exam costs, travel, NMC registration and so on).

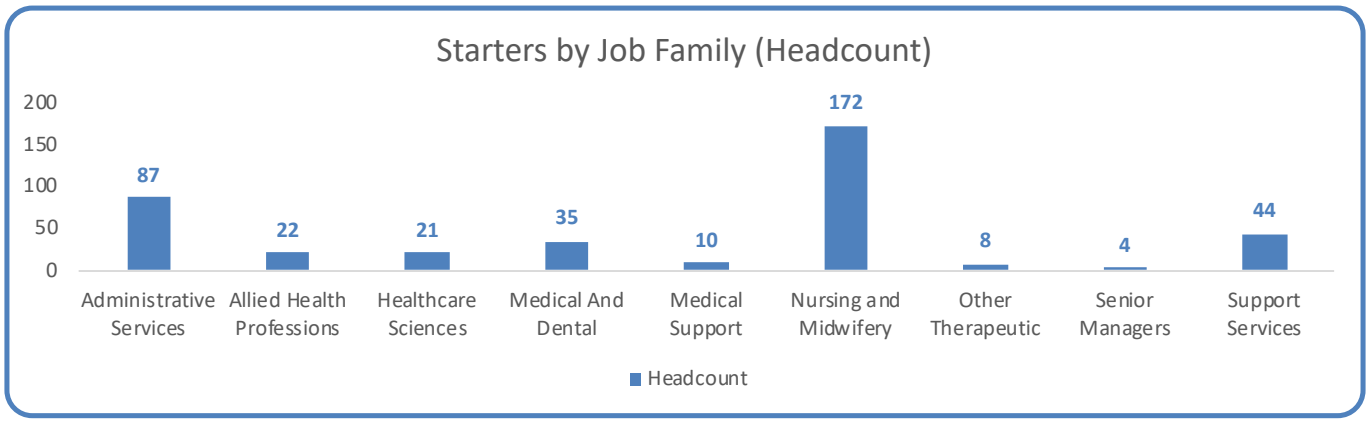
We have also requested NHS Professionals begin to search for theatre staff. Preliminary discussions have taken place. They are confident that they will be able to support our programme, although they will not be able to deliver suitable nurses in time for the June cohort intake.

4.2 New Starters

The Directorate split of the 403 new starters is shown in the chart 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 42.7% of new starters.

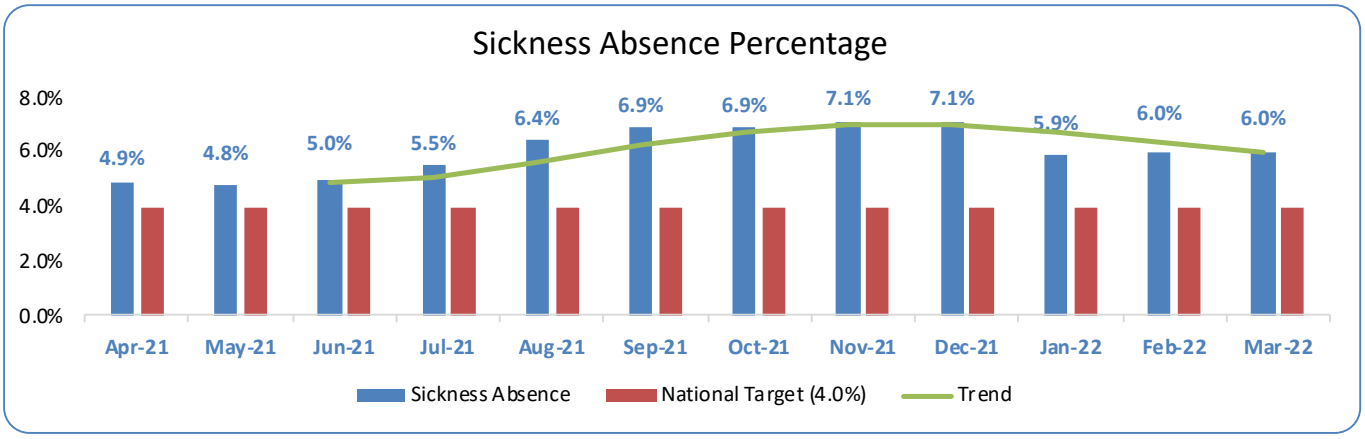
5 Sickness Absence

5.1 Board Wide Sickness Absence

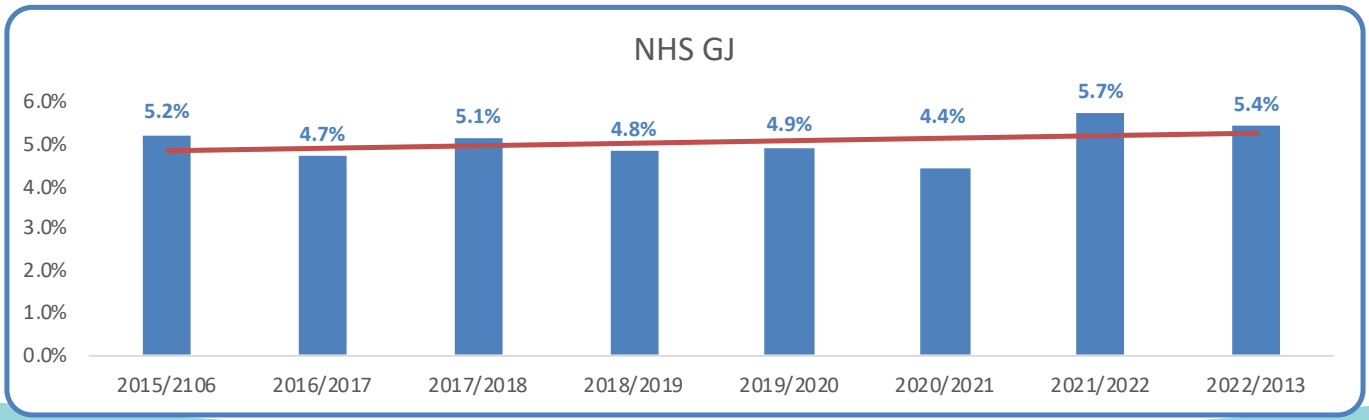
5.1.6 2022/2023

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 NHS GJ were higher than the national standard each month, as can be seen in the chart below. The annual rate of sickness absence for 2022/2023 came in at 5.4%, compared to 5.7% for the previous year. The sickness absence trend over the year was slightly upward, similar to the previous year, but using a three-point moving average trend shows that it was falling towards the end of the year.

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.

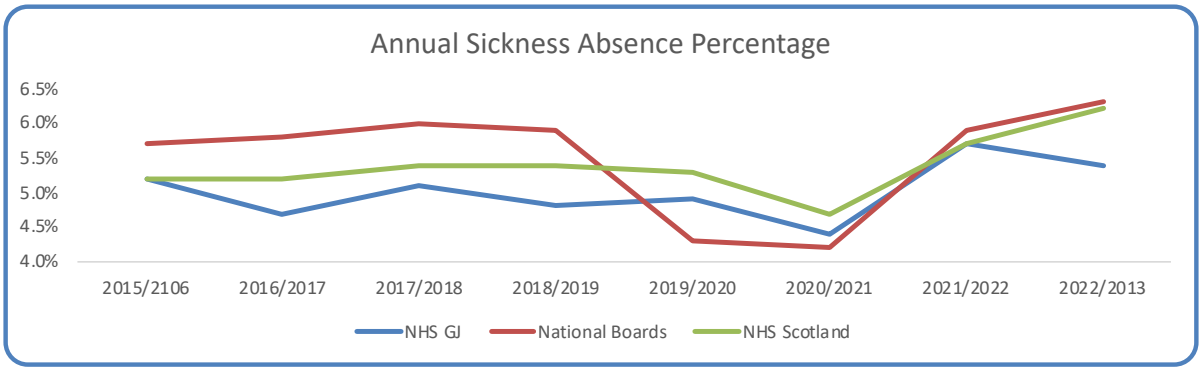


We started to produce the annual Workforce Monitoring Reports to cover 2015/2016. Since that year sickness absence rates for NHS GJ have ranged between 4.4% and 5.7%. At 5.4% 2022/2023 has a lower rate than 2021/2022, and the trend for sickness absence since then has relatively flat, as can be seen in the chart below.



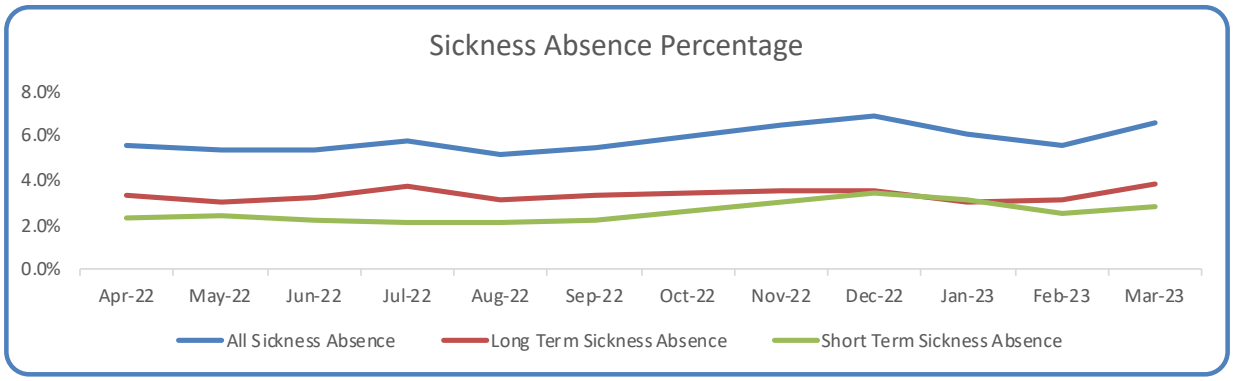
5.1.7 Comparison with Other National Boards and NHS Scotland

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.



5.2 Long Term and Short Term Sickness Absence

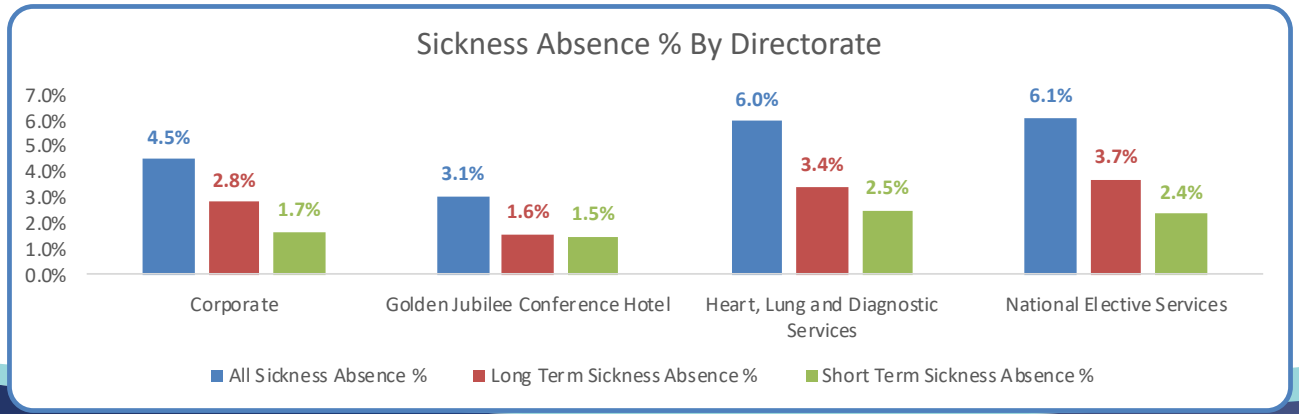
Further analysis splits absences down into long term and short term, with long term representing absences of 29 days or more. The chart below shows monthly absence rates for all, long- and short-term sickness absence.



5.3 Sickness Absence by Directorate

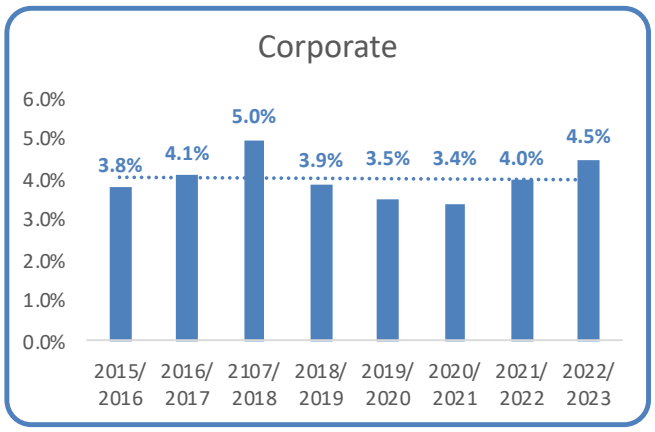
5.3.8 2022/2023

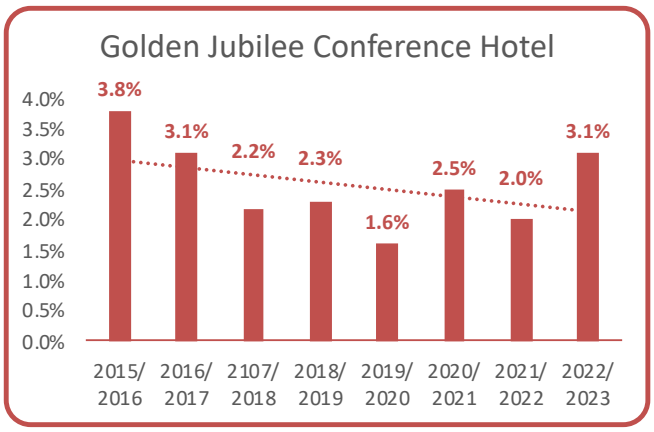
The chart below highlights the total, long term and short term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rate in Corporate is just above the national target of 4.0%, coming in at 4.5%, while that in the Golden Jubilee Conference Hotel is lower than the national target, coming in at 3.1%. 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 6.0%; and National Elective Services sat at 6.1%. In all directorates long term absence accounted for most of the sickness absence (2.8%, 1.6%, 3.4% and 3.7% respectively).

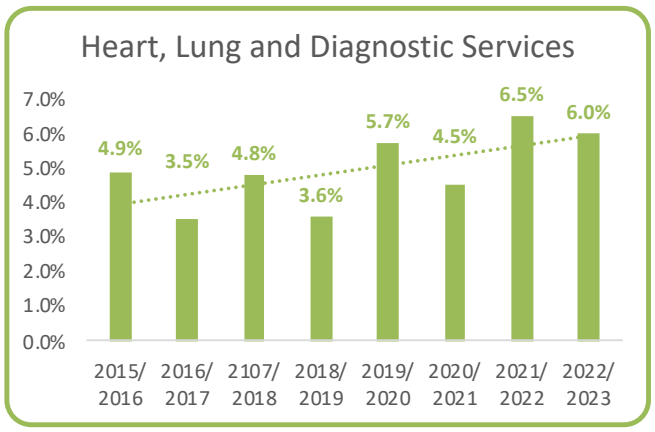


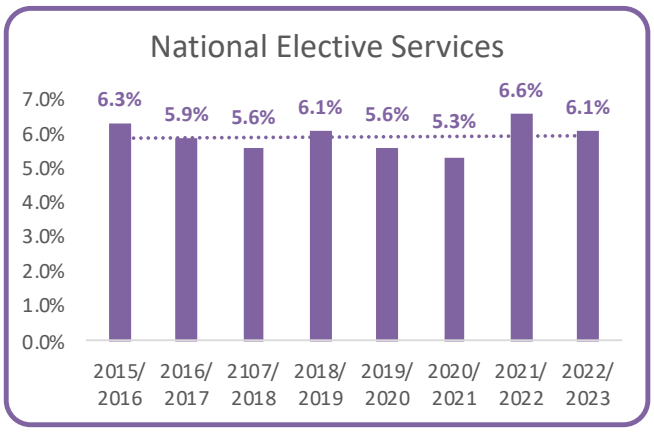
5.3.9 2015/2016 to 2022/2023

The tables below show for each Directorate their sickness absence rates for each year from 2015/2016 to 2022/2023, along with the trend for sickness absence for each Directorate. In Corporate and National Elective Services the trend is flat over the period, while in the Golden Jubilee Conference Hotel it is falling. Heart, Lung and Diagnostic Services has experienced an upward trend in sickness absence.



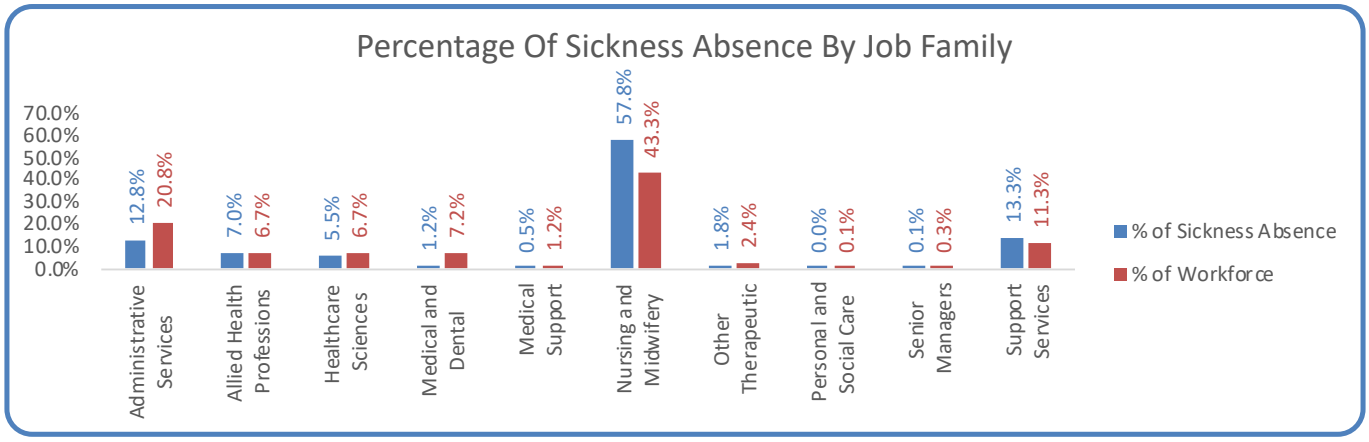






5.4 Sickness Absence by Job Family

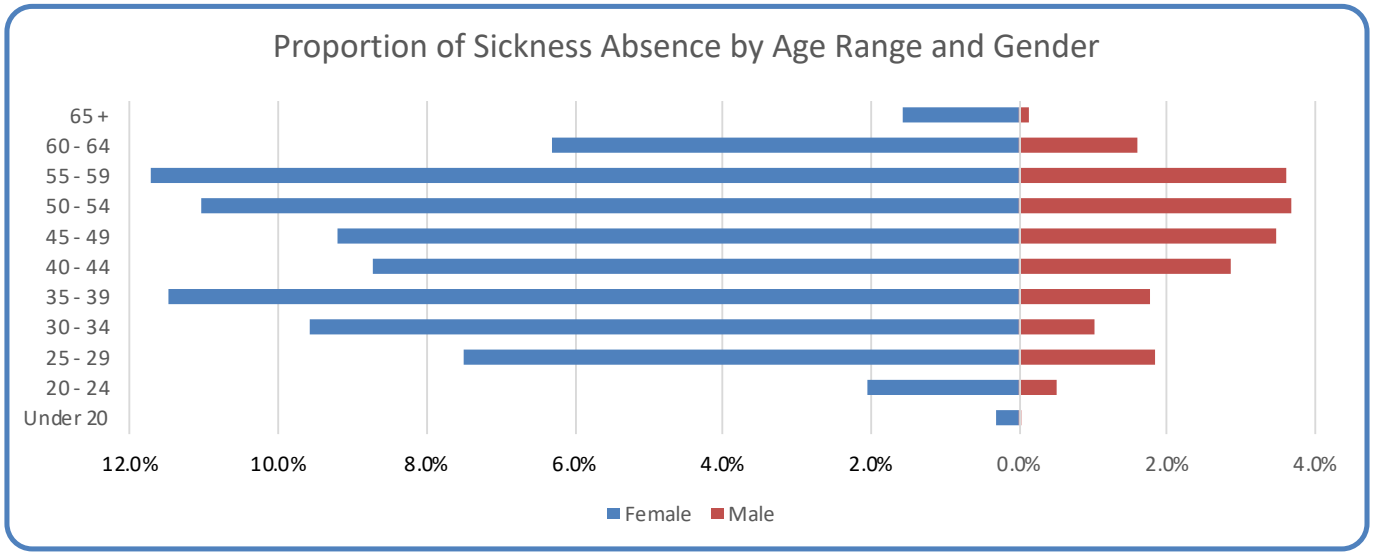
Of the total 212652.6 hours of sickness absence in 2022-2023, 122962.8 hours (57.8%) affected the Nursing and Midwifery job family. As can be seen from the chart below this is well above the 43.3% of the workforce that they represent. Both Administrative Services and Medical and Dental have considerably less sickness absence than might be expected compared to the proportions of the workforce they represent.

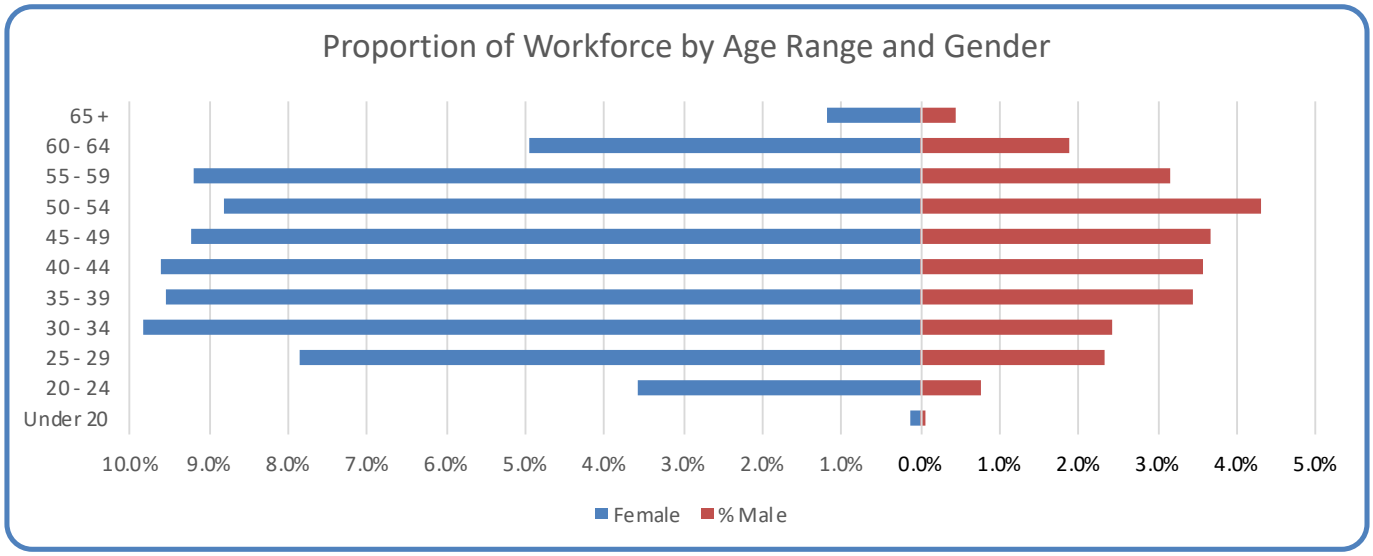


5.5 Sickness Absence by Age and Gender

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 2023. 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 55 – 59 have a 2.5% greater share of sickness absence than the percentage of the workforce that age range and gender combination makes up, and females aged 50 – 54 have a 2.2% greater share of sickness absence, but those are the largest discrepancies.

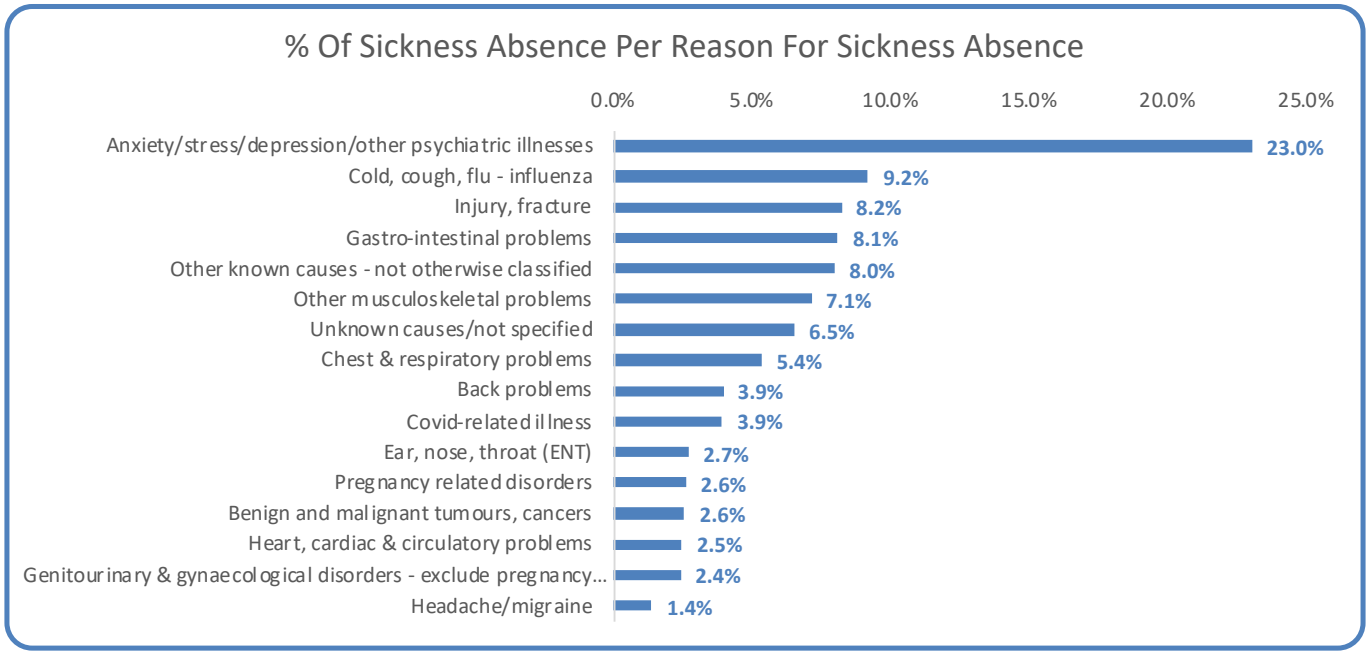
eESS does not allow for non-binary or third genders, and the charts only show Female and Male.





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 23.0% of all sickness absence, down from 27.0% the year before. The second most common reason, “Cold, cough, flu – influenza”” was much lower, accounting for 9.2% of hours lost to sickness absence.

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, NHS GJ 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 NHS GJ’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 NHS GJ’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

NHS GJ 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 NHS GJ 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 Policy" 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. With the reduction in absence due to COVID-19 in 2022/2023, the need for these reasons for special leave reduced, and for part of the year COVID-19 special leave was only available to those who tested positive for COVID-19. Any other absence due to COVID-19 is now recorded as sick leave.

In the monitored period a total of 62882.2 hours of special leave were taken, compared with 96457.8 hours the previous year, broken up by Directorate as shown below:

Directorate	Special Leave Hours
Corporate	11644.4
Golden Jubilee Conference Hotel	1241.8
Heart, Lung and Diagnostic Services	25506.5
National Elective Services	24489.5
NHS GJ Total	**62882.2**

The top ten reasons for special leave are shown in the table below:

Reason for Special Leave	Special Leave Hours	% Special Leave
Coronavirus - Covid Positive	31843.2	46.3%
Coronavirus - Long Covid	9350.9	13.6%
Phased Return	6991.8	10.2%
Phased retiral	3621.7	5.3%
Bereavement	3521.5	5.1%
Compassionate	2833.7	4.1%
Carer	2753.6	4.0%
Emergency / domestic issues	1560.8	2.3%
Medical or dental appointment	1421.6	2.1%
Career Break	1162.5	1.7%

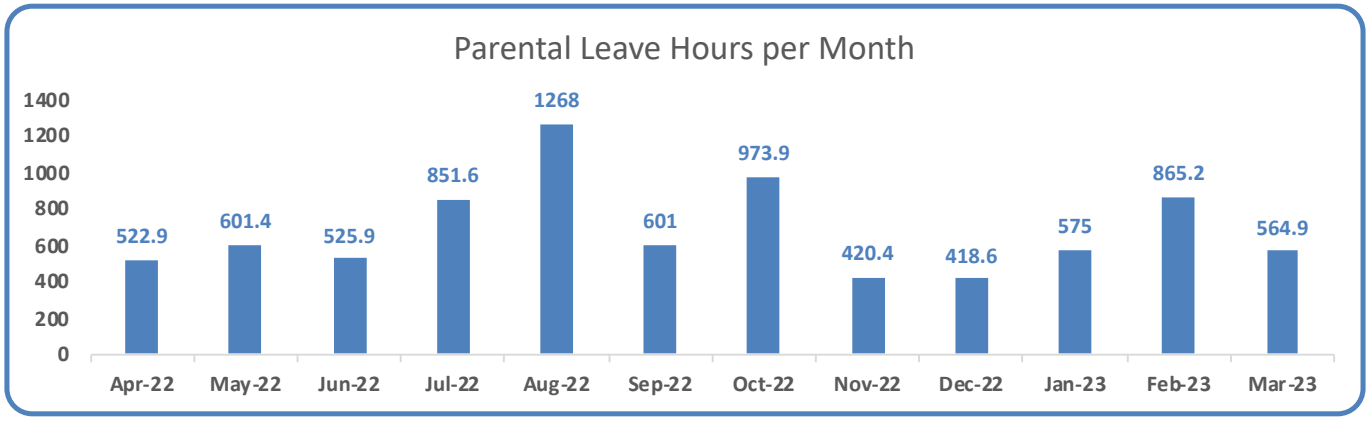
6.2 Parental Leave

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 2022 and 31 March 2023 a total of 7979.9 hours of parental leave were used, an increase of 1121.2 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Special Leave Hours
Corporate	1256.3
Golden Jubilee Conference Hotel	84.5
Heart, Lung and Diagnostic Services	3678.6
National Elective Services	2960.5
NHS GJ Total	**7979.9**

The monthly breakdown of parental leave across NHS GJ 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 Leave

Our Maternity Leave Policy sets out the rights and responsibilities of employees, regardless of gender identity and trans identity, who are pregnant or have recently given birth, and gives details of the arrangements for antenatal care, pregnancy-related illness, and maternity leave and pay. The policy aims to implement best practice in the processing of applications, management of pregnant workers and return to work arrangements. The policy is inclusive and where the term "mother" is used it refers to the employee who gave birth, regardless of that employee's gender identity or trans identity.

Between 01.04.22 and 31.03.23, a total of 91138.7 hours of maternity leave were used (36292 hours more than the previous year), with the Directorate breakdown shown in the table below:

Directorate	Special Leave Hours
Corporate	16489.7
Golden Jubilee Conference Hotel	0.0
Heart, Lung and Diagnostic Services	42825.2
National Elective Services	31823.8
NHS GJ Total	**91138.7**

6.4 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 621.5 hours of maternity support (paternity) leave (an increase of 20.5 hours on the previous year). The Directorate breakdown is shown below:

Directorate	Special Leave Hours
Corporate	188.0
Golden Jubilee Conference Hotel	0.0
Heart, Lung and Diagnostic Services	355.5
National Elective Services	77.5
NHS GJ Total	**621.0**

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 NHS GJ 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 NHS GJ's staff, and is collected at the point of engagement via the Staff Engagement Form. 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 (the Act):

- 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

7.1.10 Workforce Breakdown

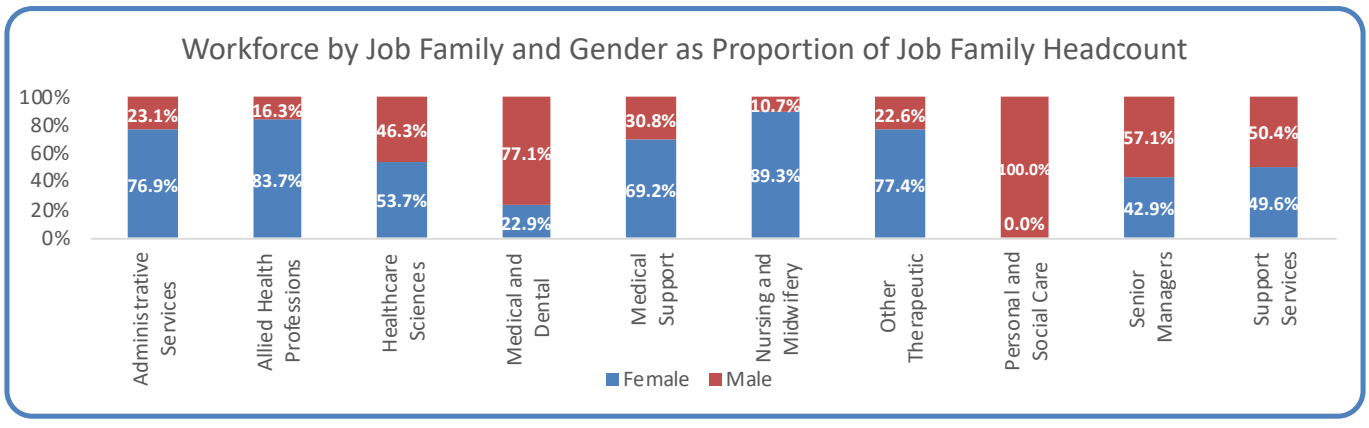
While the protected characteristic in the Act is “Sex”, we ask our colleagues to identify their gender on our staff engagement form and eESS, the HR system, rather than their sex. Therefore, in this report, we refer to gender in relation to our employees. If referring to other groups of people, we may refer to sex or gender, dependent on how the data on them are presented.

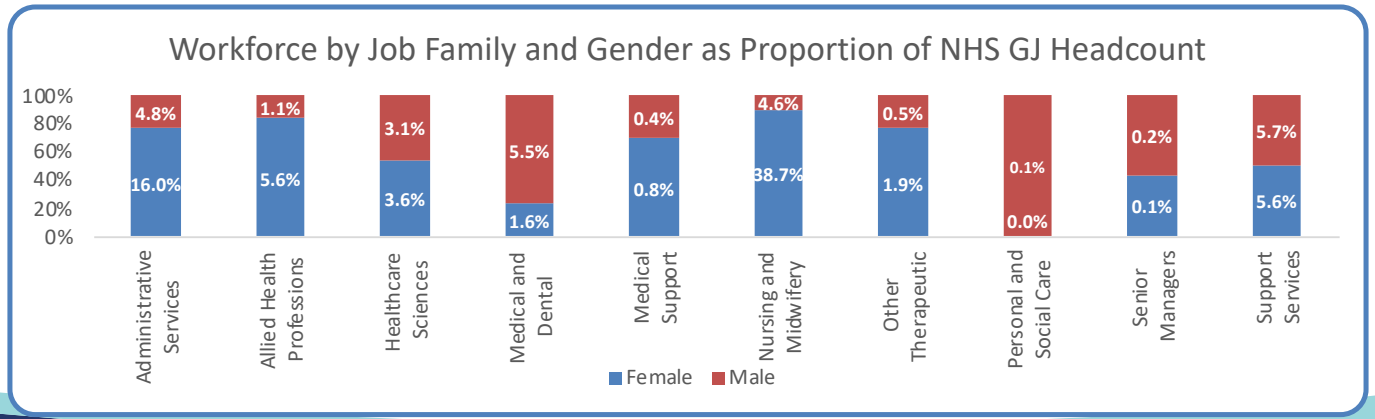
As in previous monitored periods NHS GJ’s workforce continues to be predominantly female (1617 headcount), with women representing 74.0% of the workforce as at 31 March 2023. This continues the pattern of previous years:

Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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%	74.0%
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%	26.0%

While gender split within NHS GJ is 74.0% female to 26.0% 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 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 NHS GJ 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 NHS GJ have a female majority, with only “Medical and Dental” and “Support Services” having more male than female staff:





7.1.11 Participation

In the table below, which considers the proportion of whole time and part time colleagues by gender 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. 48.9% of the total headcount is full time and female, while 2.7% is part time and male.

	Whole Time/Part Time by Gender as Proportion of Total Headcount					
Gender	**Part Time**		**Whole Time**		**Total**	
Female	549	25.1%	1068	48.9%	1617	74.0%
Male	60	2.7%	509	23.3%	569	26.0%
Total	**609**	**27.9%**	**1577**	**72.1%**	**2186**	**100.0%**

The table below looks at the proportion of each gender as part of the total number or either part or whole time headcount. When considering part time workers, women are over-represented, making up 90.1% of all part time workers, when they make up 74.0% of all workers. Men are under-represented – comprising 9.9% of all part time workers by headcount and 26.0% of total headcount.

	Whole Time/Part Time by Gender as Proportion of Whole/Part Time Headcount					
Gender	**Part Time**		**Whole Time**		**Total**	
Female	549	90.1%	1068	67.7%	1617	74.0%
Male	60	9.9%	509	32.3%	569	26.0%
Total	**609**	**100.0%**	**1577**	**100.0%**	**2186**	**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 Klinefelter (47, XXY) syndrome.

7.1.12 Pay Gap

In this report we will also look at the pay gap in relation to gender. The table below shows the average hourly pay split by gender for members of the workforce on Agenda for Change, Medical and Dental, and Senior Managers pay scales:

Grade	Female	Male	Total
Agenda for Change	£18.12	£18.05	£18.11
Medical and Dental	£40.39	£45.07	£43.89
Senior Managers	£33.23	£49.83	£42.45
Total	£18.75	£24.32	£20.20

The average hourly rate for women is £5.57 lower than for men (£18.75 v £24.32). 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.

7.1.13 Recruitment Activity

In 2022/2023 there were 403 new starters, excluding bank workers. Of these 290 (72.0%) identified as female, and 113 (28.0%) identified as male. This is roughly proportionate to their representation in the overall workforce (74.0% and 26.0% respectively).

7.1.14 Training Activity

Between April 2022 and March 2023 the NHS GJ workforce attended 12975 training events, with female members of staff attending 10290 (79.3%) of these, and male colleagues attending 2685 (20.7%). 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 (26.0%).

7.1.15 Career Progression

The monitored period saw a total of 139 promotions and increases in bandings among NHS GJ staff. Of these 105 (75.5%) were female and 34 (24.5%) were male, which means that promotion by gender was almost exactly the same as the proportion of the workforce each gender comprises.

7.1.16 Leavers

Of the 329 people who left during the monitored period 77.5% were female and 22.5% male as a proportion of headcount, indicating that males were slightly under-represented as leavers, as they made up 24.0% of the workforce at the end of March.

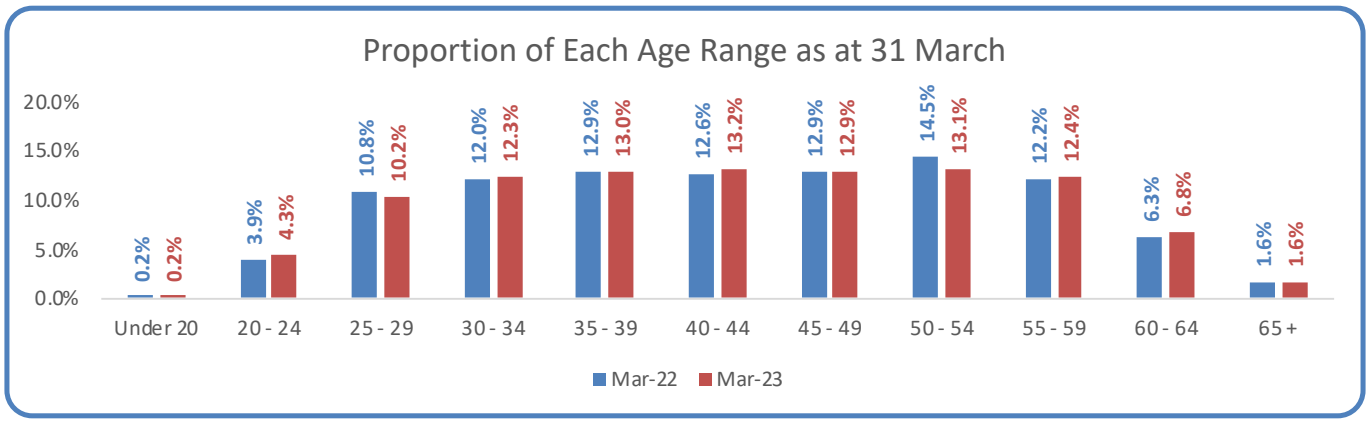
	Leavers		Workforce	
Gender	**Headcount**	**% Headcount**	**Headcount**	**% Headcount**
Female	255	77.5%	1617	74.0%
Male	74	22.5%	569	26.0%
Total	**329**	**100.0%**	**2186**	**100.0%**

7.2 Age

7.2.17 Workforce Breakdown

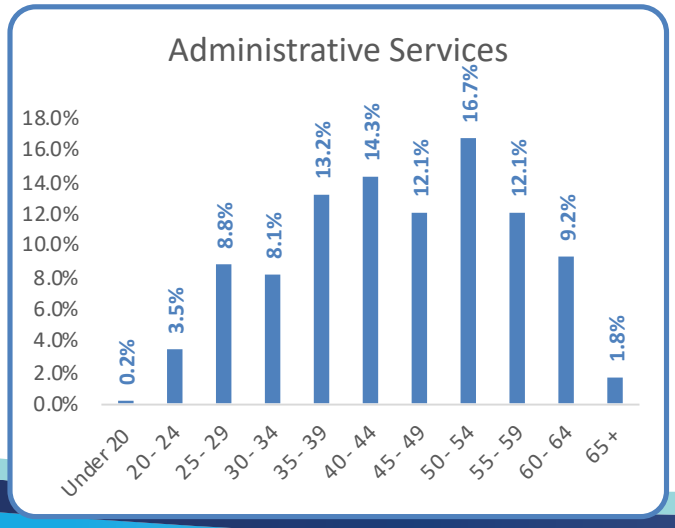
In the Workforce Monitoring Report for 2021/2022, the Scottish Government asked us to report on the age breakdown of the workforce in five-year splits, rather than the ten-year splits we had used up until that point. Therefore, the table below only shows the breakdown of the workforce by age for 2021/2022 and 2022/2023. However, taking into account information from previous Workforce Monitoring Reports, our workforce continues to get older:

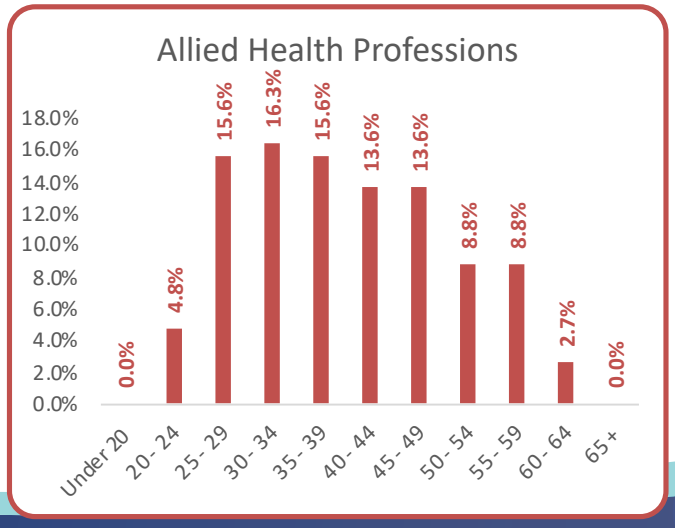
- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 25.5% in 2023 (although this is down on the 26.7% in 2022);
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.5% (up 0.6% in a year);
- the proportion of those in the 30 to 39 age bracket has fallen by just over 4% from 29.6% to 25.3%. This is an increase of 0.3% on the previous year, when it stood at 25.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 25.5% (the same as in 2022).

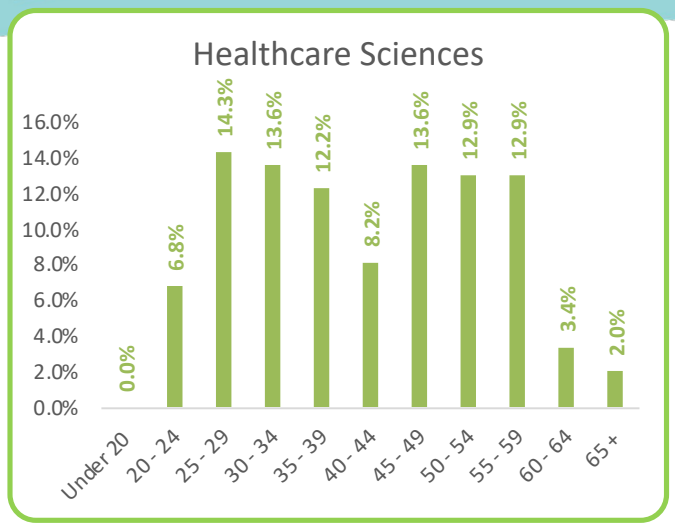


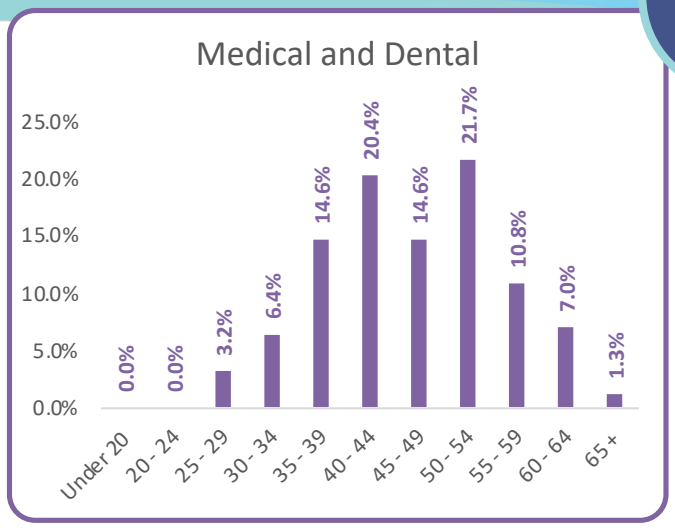
7.2.18 Job Family

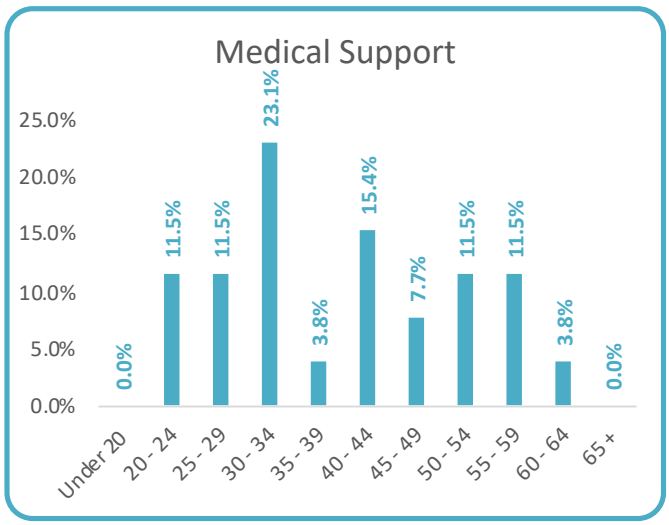
Some job families are more affected by the ageing population than others: 48.0% of staff in Support Services are aged over 50 (down 0.4% on the previous year); as are 71.4% of Senior Managers (a much smaller job family); 40.8% of staff members in Medical and Dental; and 39.8% of those in Administrative Services. The age ranges of staff within each job family is shown in the charts below:

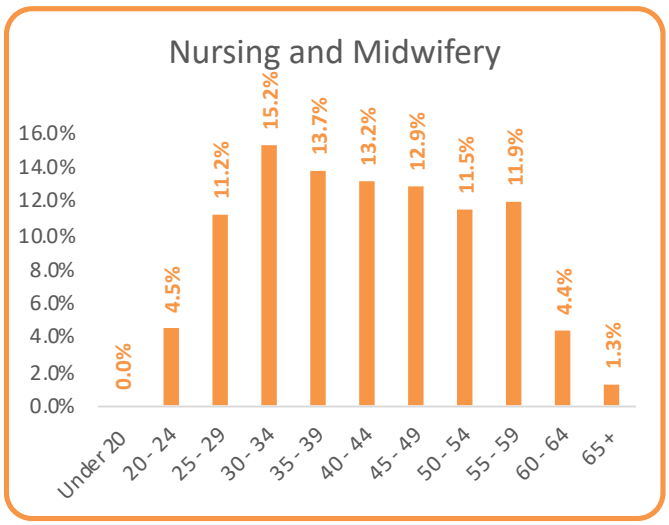


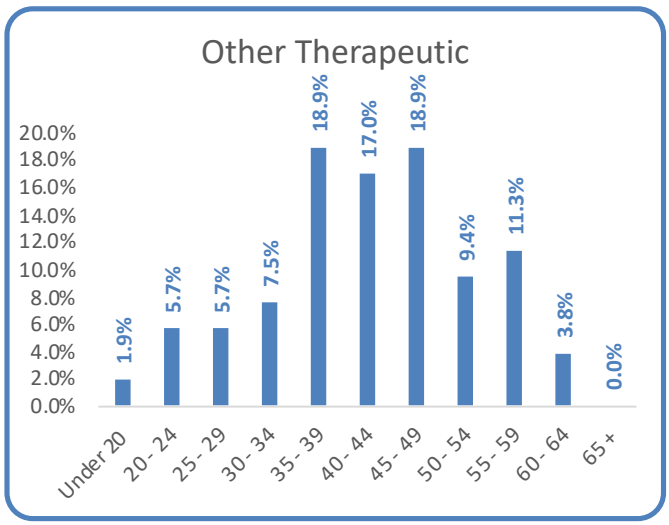


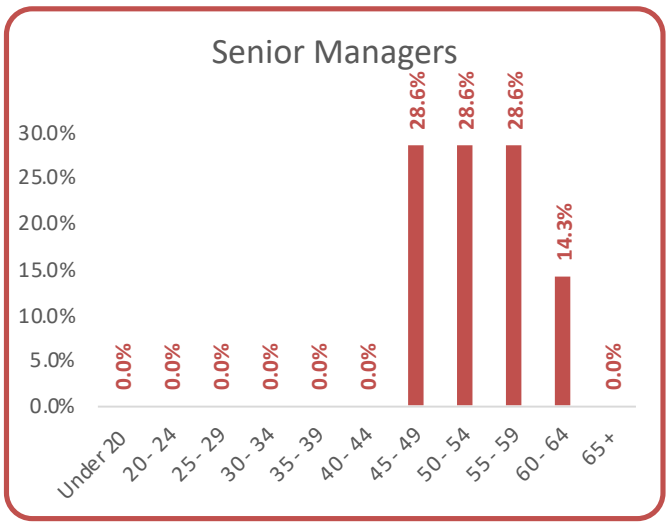

Healthcare Sciences
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.0%
6.8%
14.3%
13.6%
12.2%
8.2%
13.6%
12.9%
12.9%
3.4%
2.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+

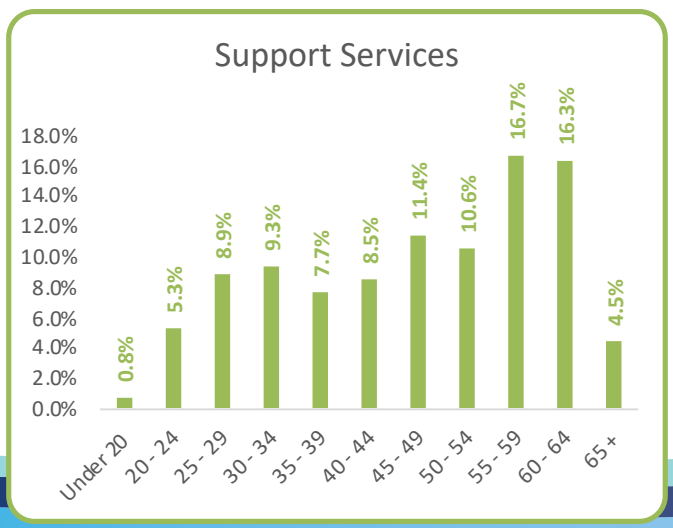

Medical and Dental
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
3.2%
6.4%
14.6%
20.4%
14.6%
21.7%
10.8%
7.0%
1.3%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+


Medical Support
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
11.5%
11.5%
23.1%
3.8%
15.4%
7.7%
11.5%
11.5%
3.8%
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
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.0%
4.5%
11.2%
15.2%
13.7%
13.2%
12.9%
11.5%
11.9%
4.4%
1.3%
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%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
1.9%
5.7%
5.7%
7.5%
18.9%
17.0%
18.9%
9.4%
11.3%
3.8%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+

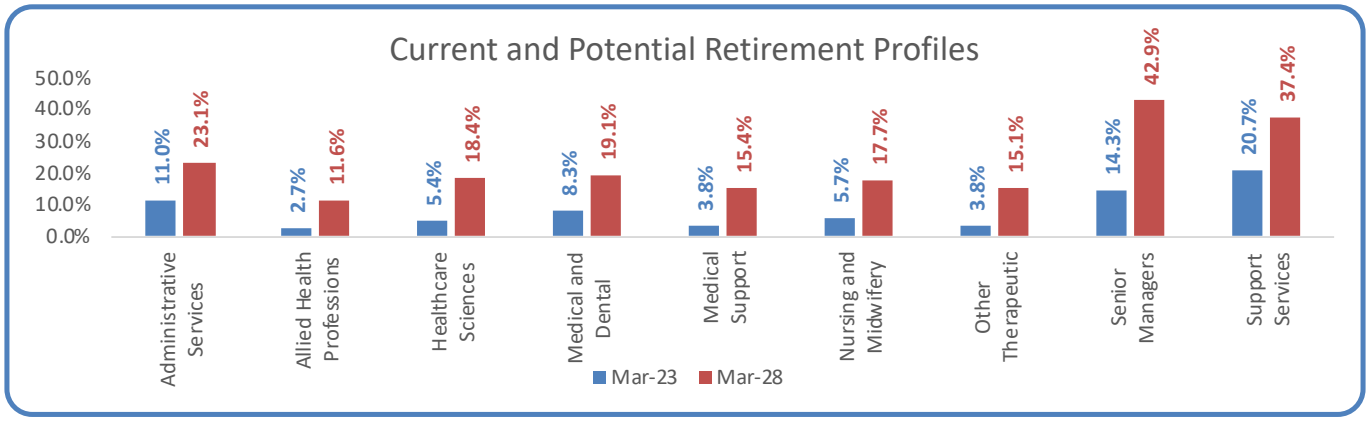

Senior Managers
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
28.6%
28.6%
28.6%
14.3%
0.0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+


Support Services
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.8%
5.3%
8.9%
9.3%
7.7%
8.5%
11.4%
10.6%
16.7%
16.3%
4.5%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+

7.2.19 Retirement Profile

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 2028, when considering current staff. The current potential retirement profile (those aged 60 plus) is 8.5%, but by 2028 this could rise to 20.8%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest areas of impact are within Support Services, Senior Managers and Administrative Services.



7.2.20 Comparative Demographics

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: 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 NHS GJ it includes all employees aged 60 and over, with some being older than 64.

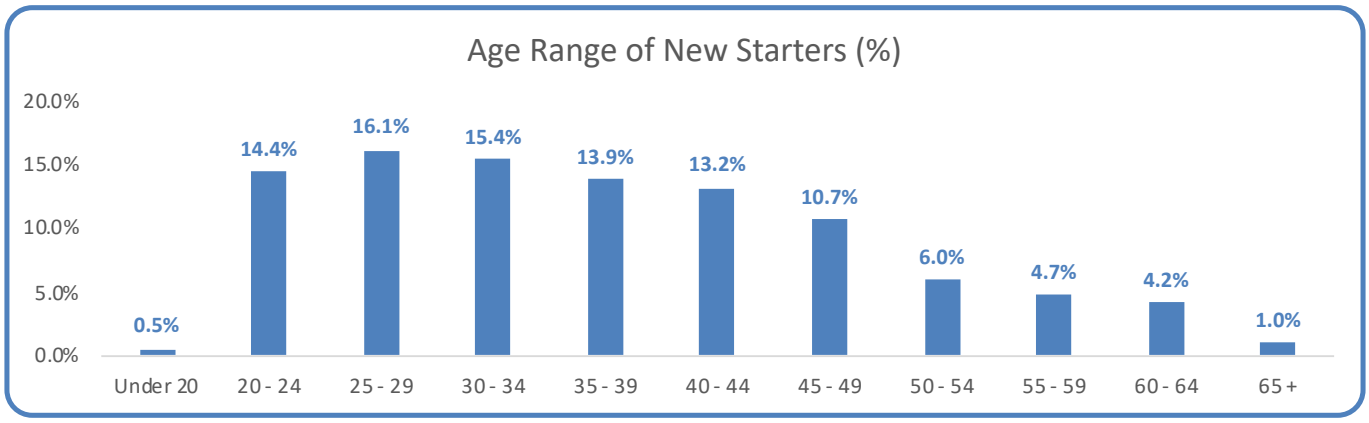
	Up to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 plus
NHS GJ	0.2%	14.5%	25.3%	26.1%	25.5%	8.5%
West Dunbartonshire	8.0%	19.0%	19.3%	18.4%	24.4%	10.9%
Scotland	7.9%	20.5%	20.3%	19.2%	22.4%	9.7%

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 NHS GJ 0.2% 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 NHS GJ 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 NHS GJ than in 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 above, 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. This may change going forward, with the increase in the national pension age.

7.2.21 Recruitment Activity

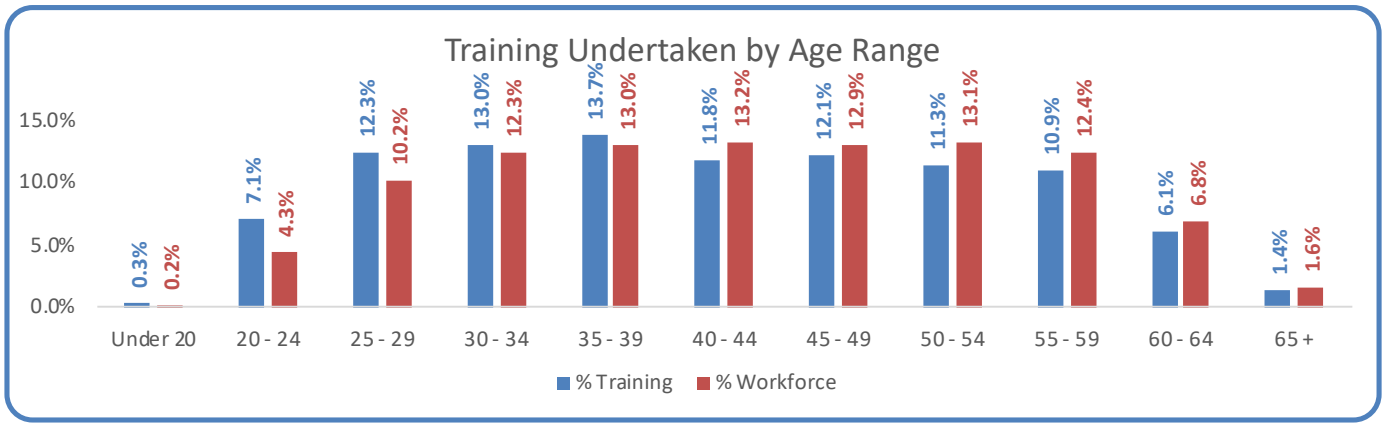
The relative breakdown of new starters by age range is shown in the table below:



This shows that new starters tend to be in the younger age ranges, more so than in the previous year. However, while last year the proportion of new starters aged over 60 was 1.3%, this year it was 5.2%, with some of these being retirees who returned to work.

7.2.22 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.



7.2.23 Career Progression

The monitored period saw a total of 139 promotions (including positive changes in bands/grades) 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 25 to 29 and 35 to 39 age groups are most likely to be promoted, while employees in the under 20, 20 to 24, 60 to 64 and 65 plus age group are least likely to be promoted.

	Promotions		Workforce		% of Age Group Promoted
	Headcount	%Headcount	Headcount	%Headcount	
Under 20	0	0.0%	4	0.2%	0.0%
20 to 24	3	2.2%	95	4.3%	3.2%
25 to 29	22	15.8%	223	10.2%	9.9%
30 to 34	24	17.3%	268	12.3%	9.0%
35 to 39	26	18.7%	284	13.0%	9.2%
40 to 44	18	12.9%	288	13.2%	6.3%
45 to 49	19	13.7%	282	12.9%	6.7%
50 to 54	18	12.9%	287	13.1%	6.3%
55 to 59	7	5.0%	270	12.4%	2.6%
60 to 64	2	1.4%	149	6.8%	1.3%
65 plus	0	0.0%	36	1.6%	0.0%
Total	**139**	**100.0%**	**2186**	**100.0%**	**6.4%**

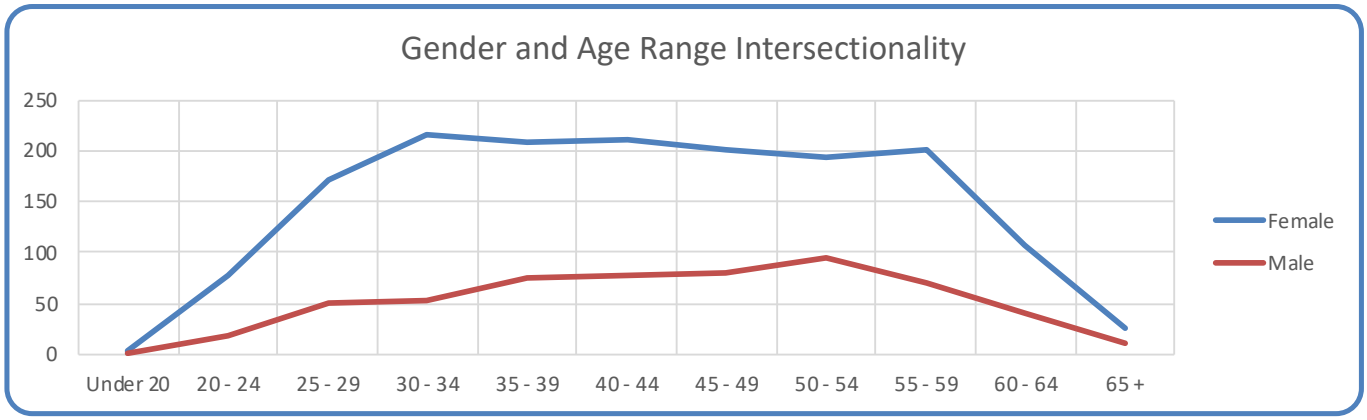
7.2.24 Leavers

Leavers by age range during the period under review is shown in the table below. The leavers in the 25 to 29 age range especially is higher than would be expected compared to their proportion of the workforce, while that in the 50 to 54, 40 to 44 and 45 to 49 age ranges is lower.

	Leavers		Workforce		Leavers as % of Workforce
	Headcount	% Headcount	Headcount	% Headcount	
Under 20	0	0.0%	4	0.2%	0.0%
20 to 24	18	5.5%	95	4.3%	18.9%
25 to 29	57	17.3%	223	10.2%	25.6%
30 to 34	40	12.2%	268	12.3%	14.9%
35 to 39	43	13.1%	284	13.0%	15.1%
40 to 44	31	9.4%	288	13.2%	10.8%
45 to 49	33	10.0%	282	12.9%	11.7%
50 to 54	28	8.5%	287	13.1%	9.8%
55 to 59	36	10.9%	270	12.4%	13.3%
60 to 64	25	7.6%	149	6.8%	16.8%
65 plus	18	5.5%	36	1.6%	50.0%
Total	**329**	**100.0%**	**2186**	**100.0%**	**15.1%**

7.2.25 Intersectionality

Having examined breakdown both by gender 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 to 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 55 – 59; and a younger cohort, with a mean age between 30 to 34. 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

7.3.26 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.

7.3.27 Workforce Breakdown

At the end of the monitored period the largest proportion of employees identified themselves as “White – Scottish”, coming in at 66.9% of the workforce, 0.8% less than in March 2022. The next largest group were those that did not provide any information on their ethnicity (“Don’t Know” or “No Information Provided”), with 10.2%, compared to 10.8% the previous year.

Minority ethnic groups made up 7.5% of the workforce (0.9% greater than in 2022), 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]:

Ethnicity	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
White – Scottish	56.6%	58.5%	63.9%	66.7%	66.9%	67.0%	69.3%	67.8%	67.7%	67.8%	67.7%	66.9%
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%	10.2%
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%	6.6%
White – Other	2.7%	3.0%	3.4%	3.4%	5.2%	5.5%	3.5%	3.8%	3.5%	3.5%	3.8%	4.1%
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%	3.1%
Asian – Indian	1.9%	1.7%	1.9%	2.0%	1.8%	2.0%	2.5%	2.3%	2.3%	2.4%	2.5%	3.2%
White – Irish	N/A	N/A	N/A	N/A	N/A	N/A	1.2%	1.3%	1.3%	1.3%	1.5%	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%	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%	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%	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%	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%	0.8%
White - Polish	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.2%	N/A	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 (the last date for when information was available at time of writing this report), 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%

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.

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.

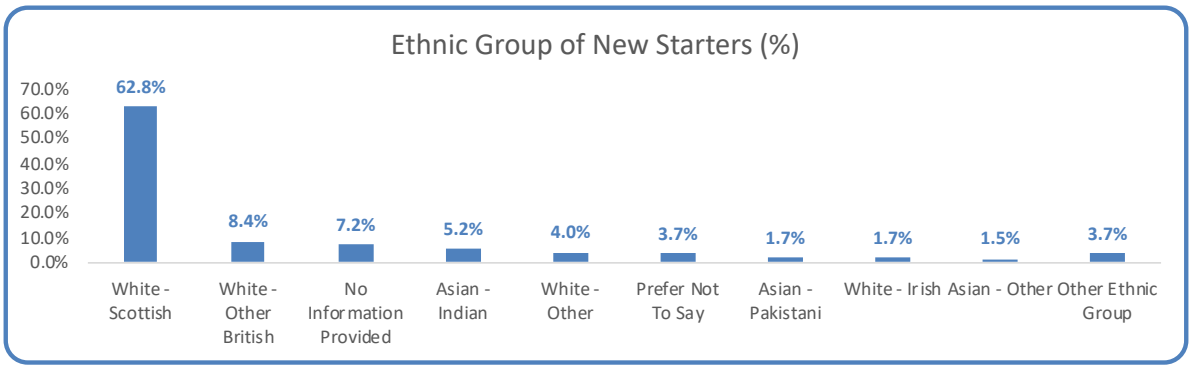
In 2020 and 2021 "Other Ethnic Group" included members of staff who identified as "Asian - Chinese", "Other Ethnic Group - Arab", "Asian - Bangladeshi", "White - Gypsy Traveller" and "Caribbean or Black", as the number of staff members was too low to identify separately.

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

In 2023 "Other Ethnic Group" included members of staff who identified as "Asian Chinese", "White Polish", "Other Ethnic Group – Arab", "White – Gypsy Traveller" and "Caribbean or Black", as the number of staff members was too low to identify separately.

7.3.28 Recruitment Activity

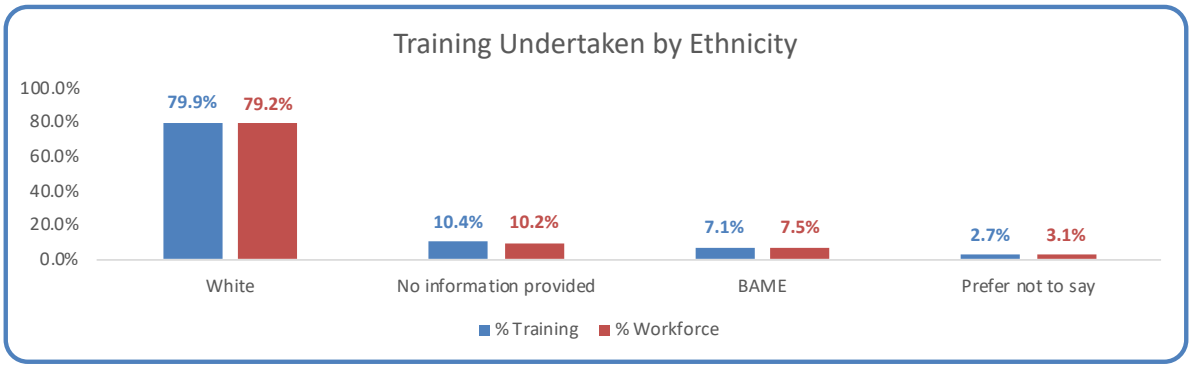
The relative breakdown of new starters by ethnic group is shown in the chart below[4]:



Minority ethnic groups made up 12.2% of new starters, far higher than the 7.5% of the general workforce they represent. In part this is due to NHS Scotland activity to recruit nurses from overseas.

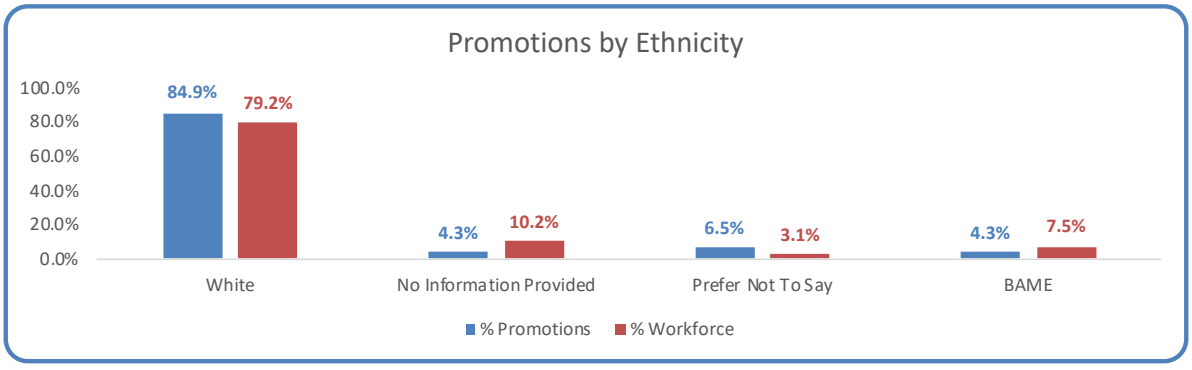
7.3.29 Training Activity

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:



7.3.30 Career Progression

The chart below shows the ethnic breakdown of members of the workforce who were promoted during the period under review, and compares that with the proportion of the workforce that ethnicity comprises. From this we can see that those who identify as White represent 84.9% of promotions and 79.2% of the workforce, while BAME colleagues represent 4.3% of promotions and 7.5% of the workforce.



4 "Other Ethnic Group" includes "African", "Mixed or Multiple Ethnic Group", "Asian – Chinese" and "Other Ethnic Group – Arab", as the proportion of staff in each was too low to identify separately.

7.3.31 Leavers

During the period under review the majority of leavers were "White – Scottish". The proportion of them was just almost exactly the same as the proportion of the workforce they make up: 67.5% of leavers compared to 66.9% of the workforce. The proportion of leavers for whom no information on ethnicity was provided was 10.9%, compared to the 10.6% 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	222	67.5%	1462	66.9%
No information provided	36	10.9%	222	10.2%
White – other British	26	7.9%	144	6.6%
Other Ethnic Group[5]	24	7.3%	201	9.2%
Prefer not to say	12	3.6%	68	3.1%
White – Other	9	2.7%	89	4.1%
Total	**329**	**100.0%**	**2186**	**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 "White – other British" category.

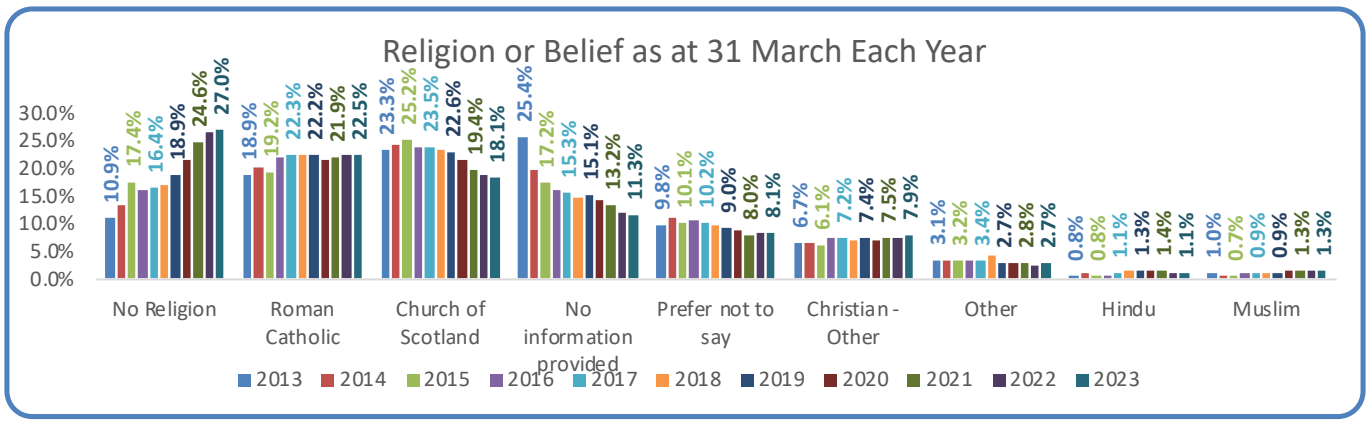
Ethnic Group	Leavers as % of that Ethnic Group
White - Scottish	15.2%
No information provided	16.2%
White – other British	18.1%
Other Ethnic Group	11.9%
Prefer not to say	17.6%
White – Other	10.1%

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

7.4 Religion and Belief

7.4.32 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" (27.0%: 0.6% higher than the previous year) or "Roman Catholic" (22.5%: 0.2% up on 2021/2022)[6].



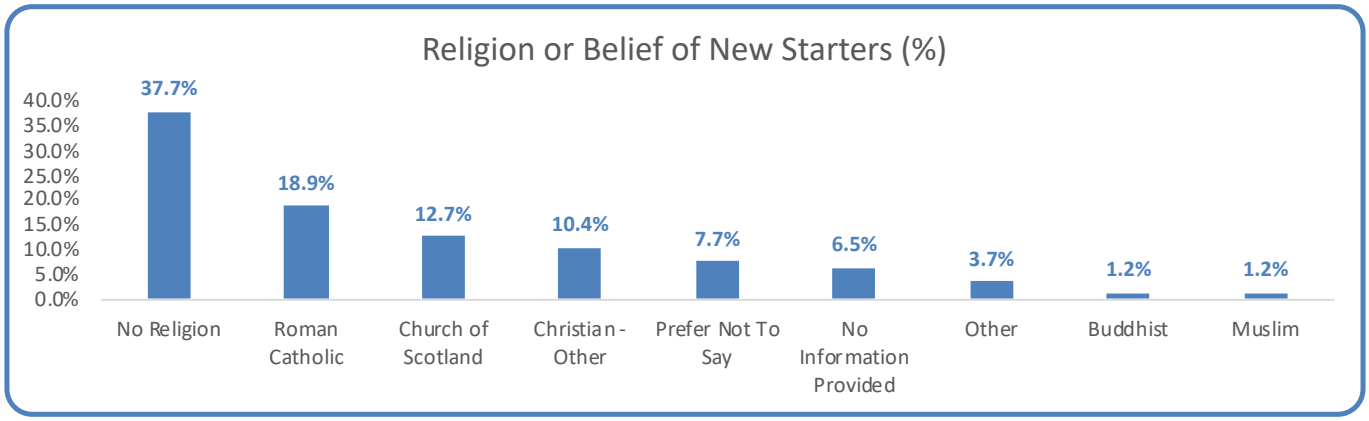
Across Scotland the 2011 census (https://www.scotlandscensus.gov.uk/; Census 2011 equality results: analysis, part two) showed quite a different picture with regard to religion compared to the staff at NHS GJ, as can be seen from the table below. Closer to home NHS Greater Glasgow and Clyde, the geographical 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%	27.0%
Roman Catholic	15.9%	15.6%	22.5%
Church of Scotland	32.4%	12.9%	18.1%
Not stated	7.0%	31.3%	19.4%
Christian – Other	5.5%	5.6%	7.9%
Other[6]	1.1%	6.2%	2.7%
Muslim	1.4%	1.4%	1.3%

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".

7.4.33 Recruitment Activity

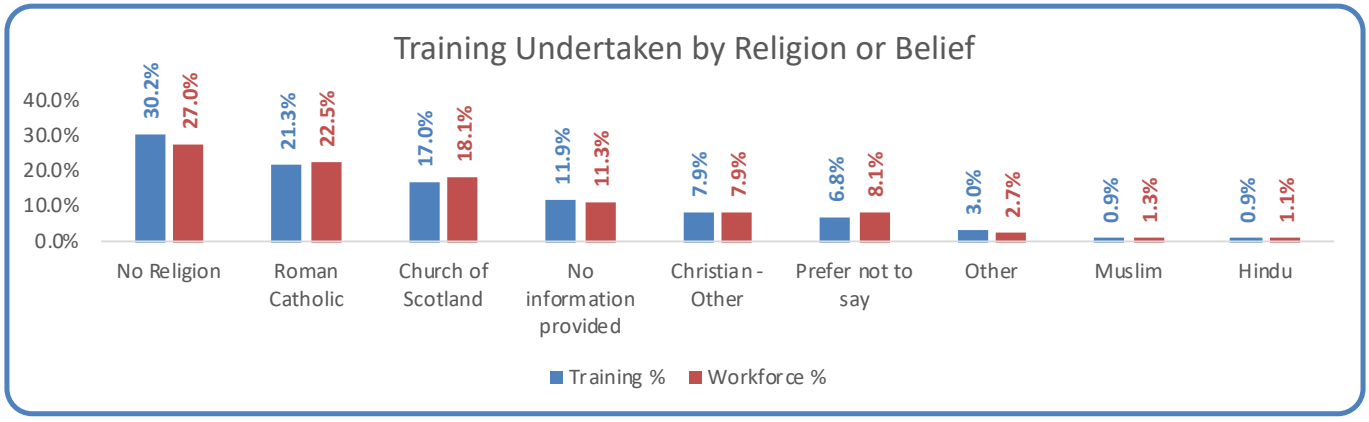
The breakdown of new starters by religion or belief is shown in the chart below[7]:



37.7% of new starters indicated that they do not have a religion, higher than the 27.0% of the general workforce who stated that they do not have a religion. When compared to the general workforce, both Roman Catholic and Church of Scotland are under-represented in their proportions of new starters.

7.4.34 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 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".

7.4.35 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	39	28.1%	590	27.0%
Roman Catholic	39	28.1%	491	22.5%
Church of Scotland	26	18.7%	395	18.1%
No information provided	11	7.9%	248	11.3%
Prefer not to say	12	8.6%	177	8.1%
Christian - Other	5	3.6%	172	7.9%
Other[8]	7	5.0%	113	5.2%
Total	**139**	**100.0%**	**2186**	**100.0%**

7.4.36 Leavers

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

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
No Religion	121	36.8%	590	27.0%
Roman Catholic	58	17.6%	491	22.5%
Church of Scotland	51	15.5%	395	18.1%
Christian - Other	36	10.9%	248	11.3%
No information provided	25	7.6%	177	8.1%
Prefer not to say	19	5.8%	172	7.9%
Other[9]	19	5.8%	113	5.2%
Total	**329**	**100.0%**	**2186**	**100.0%**

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”.

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.

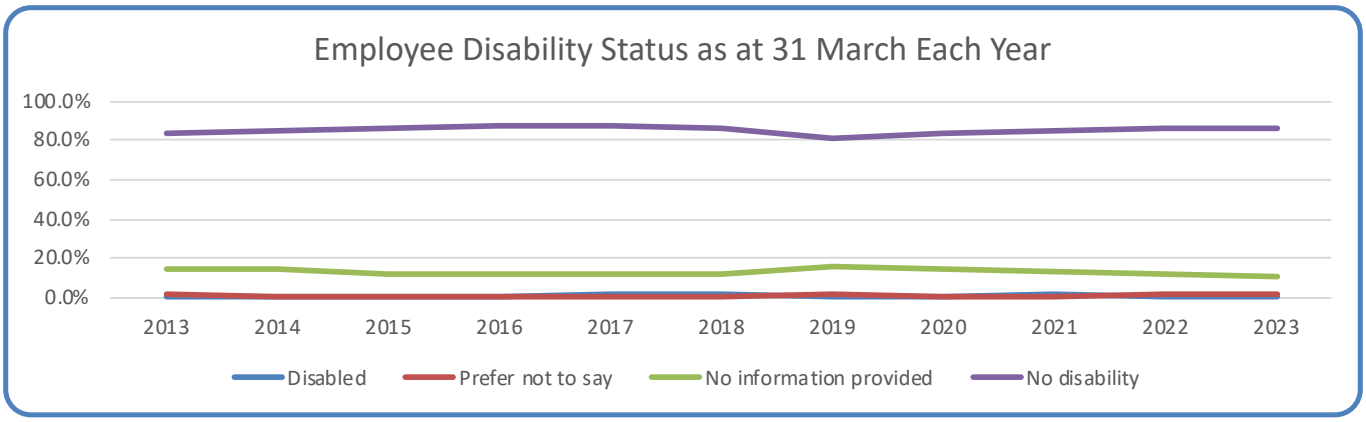
7.5.37 Definitions

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.

7.5.38 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 2023 (86.2%). 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 10.7% 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 recognise 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 1.2%, 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.

7.5.39 Recruitment Activity

When asked to provide information on their disability status, the vast majority of new starters indicated that they did not have a disability (90.8%). However, five new starters (1.2%) did identify as disabled.

7.5.40 Training Activity

Members of staff who declared themselves to be disabled undertook 1.5% of all training carried out in 2022-2023, which is slightly more than the proportion of the workforce they represent.

7.5.41 Career Progression

None of the 139 members of the workforce who were promoted in 2022/2023 indicated that they had a disability.

7.5.42 Leavers

Of the 329 members of staff who left NHS GJ's employment in 2022/2023, three declared that they had a disability, representing 0.9%% of leavers, a smaller proportion than the 1.2% of the workforce disabled colleagues represent.

7.5.43 Intersectionality

Having explored gender 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 prefer not to disclose at a rate of 2.8%, versus 1.6% for female staff. However, as is shown in the table below, male staff are roughly twice as likely to disclose a disability as female staff, despite global disabilities and long term health conditions being more prevalent in women[10].

Disability declaration	Female	Male
Don't know	8.7%	9.3%
No	86.8%	84.5%
No information provided	2.0%	1.4%
Prefer not to say	1.6%	2.8%
Yes	0.9%	1.9%

7.6 Sexual Orientation

7.6.44 Workforce Breakdown

Trend analysis of sexual orientation over the last six 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 by 2.0% 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	2023
Heterosexual	76.7%	74.6%	76.0%	77.0%	77.3%	76.8%
No information provided	14.4%	15.8%	14.9%	14.3%	13.3%	12.2%
Prefer not to say	6.9%	7.4%	7.0%	6.1%	6.3%	7.1%
Gay/Lesbian	1.3%	1.5%	1.4%	1.8%	2.1%	2.5%
Bisexual	0.4%	0.5%	0.4%	0.6%	0.7%	1.0%
Other	0.2%	0.3%	0.3%	0.3%	0.2%	0.4%

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

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%

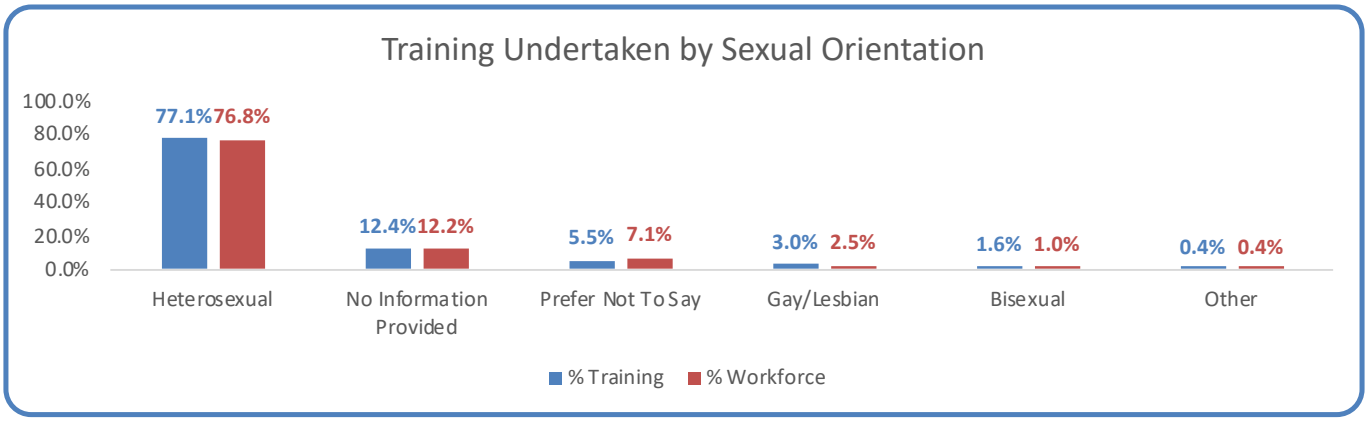
7.6.45 Recruitment Activity

The table below highlights the number and proportion of new starters in the monitored period, split by declared sexual orientation:

Sexual Orientation	Headcount	Percentage
Heterosexual	313	77.7%
Prefer not to say	34	8.4%
No information provided	28	6.9%
Gay/Lesbian	13	3.2%
Bisexual	11	2.7%
Other	4	1.0%
NHS GJ Total	**403**	**100.0%**

7.6.46 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.



7.6.47 Career Progression

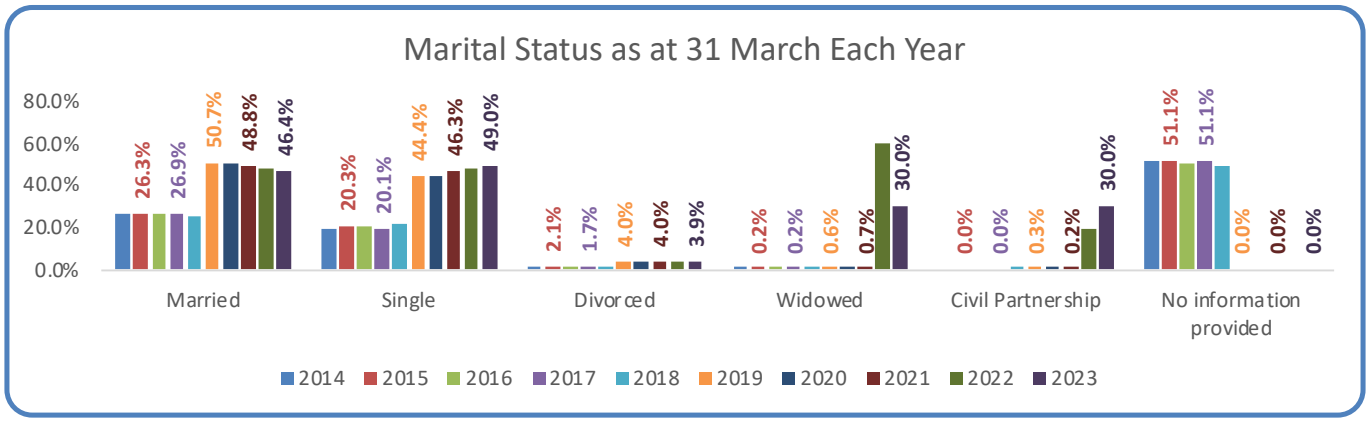
The great majority of promoted staff have declared themselves to be “Heterosexual” – 110 out of 139 promoted posts (79.1%), which is slightly more than the proportion of staff as a whole who identify as “Heterosexual” (76.8%). 13 (9.4%) promoted members of staff did not provide any information on their sexual orientation, while 11 (7.9%) preferred not to say. Information on the sexual orientation of the colleagues who were promoted who identify as “Gay/Lesbian”, “Bisexual” or “Other” cannot be provided, as the numbers are too low.

7.6.48 Leavers

During the period under review, 78.7% of leavers identified as “Heterosexual”, compared to 76.8% of the workforce. 13.7% of leavers did not provide any information on their sexual orientation, in comparison to 12.2% of the workforce. The proportion of leavers who identify as “Gay/Lesbian”, “Bisexual” or “Other” cannot be provided, as the numbers are too low.

7.7 Marriage and Civil Partnership

For the first time 2022/2023 sees definitively more single than married members of staff, with 49.0% single and 46.4% married. 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.

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.

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 gender)?” 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 102 instances of maternity leave were recorded:

- 44 were on maternity leave before 1 April 2022;
- 58 went on maternity leave between 1 April 2022 and 31 March 2023;
- 60 returned from maternity leave during the period under review;
- 42 were still on maternity leave after 31 March 2023; and
- 16 of those who took maternity leave both went on leave and returned within the monitored period.

8 Developments

There are a number of developments in progress, which will have an impact on our workforce.

8.1 Hospital Expansion

December 2023 will see the first theatre opening in Phase 2 of the hospital's expansion, which is due to be completed by April 2025. This will give increased capacity for the treatment of orthopaedic surgery, general surgery and diagnostic cases. We are in the process of recruiting the quantity and quality of staff to ensure that we have the right people in the right place at the right time to allow us to treat these cases. By the time the expansion is completed we will have recruited the following posts over and above our "core" workforce:

Job Family	WTE
Nursing	272.87
Medical	50.19
Other clinical	36.47
Non-clinical	124.23
Total	**483.76**

8.2 Expansion of Heart, Lung and Diagnostic Services

Heart, Lung and Diagnostics Services (HLDS) is the largest Directorate within the hospital regarding workforce. It provides the second largest cardiology unit in the UK, is one of three of the largest thoracic units within the UK and has the fourth largest cwardiac unit in the UK, along with a growing cardiac imaging centre. HLDS has the following aims:

- to be an international centre of excellence;
- to maintain growth and development;
- to create and carry out world-class research;
- to be a provider of excellence in education;
- to be a preferential employer; and
- to have a sustainable workforce.

In 2023/2024 HLDS has the following strategic priorities, which will impact on the workforce:

- to increase capacity within Radiology by:
  - using five/seven working;
  - introducing a third CT scanner and a fifth MRI scanner;
  - redesigning the medical workforce;
  - supporting Ca pathways; and
  - expanding capability within laboratories;
- to increase capacity within Interventional Cardiology;
- to increase capacity within Cardiac Surgery by:
  - further extending the working day and prehabilitation; and
  - introducing mitral/aortic strategies;
- to increase capacity within Thoracic Surgery by:
  - recruiting a sixth surgeon;
  - increasing the use of robotics; and
  - increasing lung Ca screening;
- to increase capacity and flex within Critical Care; and
- to increase capacity within the National Services Division, including retrieval.

8.3 People Strategy

In 2023/2024 NHS GJ is developing a People Strategy. The aim of this Strategy will be to:

build and develop our workforce in order to meet NHS GJ's goals;

define our ambition for our people and detail how this will be delivered; and

support the full workforce journey through areas such as workforce planning, staff engagement, health and wellbeing, and employee development.

The People Strategy will be essential to:

- help us attract, recruit and retain a workforce that will deliver our goals and responsibilities in healthcare and hospitality;
- provide knowledge of our approach to workforce in NHS GJ to potential, new and existing employees; and
- make decisions regarding where to invest time, resources and budgets, to enable us to be an exemplar employer.

In June 2023 a series of engagement sessions were held with members of the workforce to help us to shape the Strategy. Further details of activities and actions relating to the People Strategy will be made available on a dedicated Intranet page.

8.4 Health and Wellbeing

Our Health and Wellbeing Strategy is going into its third and final delivery year. It describes NHS GJ'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 is delivered through an annual delivery plan, and is supported by a Health and Wellbeing Group to lead on delivery of the Strategy. To date the focus of the Health and Wellbeing Delivery Group has been on establishing services and providing staff support. During 2023/2024 the Group's focus is being reviewed, and a key element of the Group's work going forward will be to identify a matrix to support the impact and development of a future Strategy.

We will continue to offer training programmes to support the health and wellbeing of our workforce, to maintain and improve both mental and physical health (such as raising mental health awareness, as well as mindfulness to promote resilience and wellbeing), and also financial and social health.

8.5 Employability Strategy

2023/2024 will see the development of our Employability Strategy, the aim of which will be to make NHS GJ an attractive employment prospect for demographic groups who may not have thought of building a career in the NHS, such as: young people; care leavers; military veterans.

8.6 Spiritual Care Strategy

2023/2024 is the first delivery year of the Spiritual Care Strategy 2023-2026. This Strategy empowers our staff to put spiritual care at the heart of care planning and service delivery. Spiritual care is the practice of loving kindness, empathy and tolerance in daily life. In the healthcare setting, it is about listening to what is important to the person. Spiritual care is a key element of our holistic approach to delivering caring and compassionate high quality, person-centred care for the people of Scotland.

The Strategy sets out four key priorities:

- leading the way in providing inclusive care for all patients, families, volunteers and staff;
- ensuring care planning reflects the holistic nature of healthcare;
- supporting patients, carers, families and staff experiencing loss, grief and bereavement; and
- embedding spiritual care and wellbeing training for healthcare staff and volunteers.

Across the lifespan of the Strategy, we will:

- work with staff and volunteers to promote the spiritual care and wellbeing service;
- engage with staff, patients, visitors and volunteers to promote the benefits of accessing services;
- continue to provide high quality spiritual care support for staff, visitors, patients and volunteers who experience loss, grief and bereavement;
- provide training and support to our staff and volunteers to increase their confidence and capability to provide care planning that is holistic and person-centred; and
- deliver an increased number and range of training and education opportunities for staff and volunteers to embed spiritual care, including reflective practice, in how we work.

8.7 Volunteer Strategy

2023/2024 is also the first delivery year of the Volunteer Strategy 2023-2026, which was developed in collaboration and consultation with a wide range of staff, volunteers and partners. The Strategy adopts the principles of the Scottish Government Framework for Volunteering, ensuring that it:

- is flexible and responsive to the growing and changing needs of NHS GJ and our patients;
- enables and supports volunteers to move within and across services, to connect socially and to know that they are valued and valued and appreciated;
- meaningful and purposeful; and
- recognises the diversity of our Team Jubilee volunteers.
- These principles will inform our objectives over the next three years and raise the profile of volunteering at NHS Golden Jubilee.

The Volunteer Strategy Action Plan is currently being finalised in consultation with the Volunteer Forum. The Action Plan will describe the actions required against priority activities and detail their progress. This will be especially important with the opening of phase 2 of the hospital expansion from December 2023, which will require an increase in the number of volunteers, and a change in roles that they may take on.

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