



# **Workforce Monitoring Report 2023-2024**

**Draft – Subject to Governance Approval**

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# 1 Introduction



This Workforce Monitoring Report covers the period from 1 April 2023 to 31 March 2024. Every 12 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 our overall headcount of 314 people 314 when compared to the previous year (2500 v 2186).

### 1.1.2 Sickness Absence

During the monitored period sickness absence stood at 5.5% of contracted hours. This is slightly higher than 2022-2023, when it came in at 5.4%, but lower than 2021-2022, when it stood at 5.7%. Overall this is higher than the national target of 4.0%.

56.5% of all sickness absence came under the Nursing and Midwifery job family, which comprises 44.4% of the workforce.

Between 1 April 2023 and 31 March 2024 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% of total sickness absence. This is a decrease on the previous year, when it accounted for 27% of all sickness absence.

Supporting staff mental health is a key priority, and our [Health and Wellbeing Strategy](#) 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 COVID-19 fell considerably in 2023/2024 when compared to the previous year. The number of hours of special leave taken due to reasons associated with COVID-19 stood at 6,826.02 in the period under review, accounting for 0.2% of contracted hours. The previous year the rate was 1.0%. The number of hours of sickness absence due to COVID-19 was 3,9954.4.

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 24.5% in 2024 (although this is down on the 25.5% in 2023);
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.4% (down 0.1% in a year);
- the proportion of those in the 30 to 39 age bracket has grown by just over 1% from 25.3% to 26.5%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 25.5% to 25.4%.

Some job families are more affected by the ageing population than others: 48.2% of staff in Support Services are aged over 50 (up by 0.2% on the previous year); as are 83.3% of Senior Managers (a much smaller job family); 37.4% of staff members in Medical and Dental; and 37.7% 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 8.4% (down 0.1% on the previous year), but by 2029 this would rise to 20.0%. 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 (34.3%) and Administrative Services (23.3%).

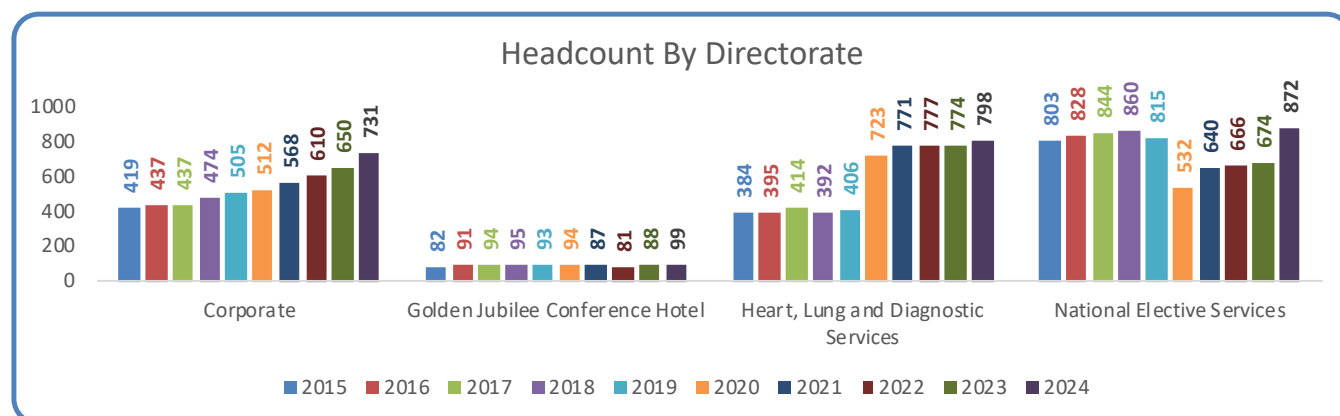
### 1.1.5 Data Quality

The quality of information held in relation to the protected characteristics of NHS GJ employees has improved considerably since 2013. There has been 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 we are seeing improvements in this data quality.



## 2 Current Workforce

As of 31 March 2024 NHS GJ employed 2,500 headcount (2277.1 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 314 in headcount on the previous year (290.0 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 44.6% of the workforce was in the Nursing and Midwifery job family (1.2% higher than the previous year), as can be seen from the table below. The next largest job family, at 21.0% was Administrative Services (0.2% lower than the previous year).

Job Family	Headcount	% Headcount	WTE	% WTE
Nursing and Midwifery	1,109	44.4%	1016.1	44.6%
Administrative Services	515	20.6%	477.1	21.0%
Support Services	274	11.0%	254.6	11.2%
Medical and Dental	182	7.3%	164.7	7.2%
Allied Health Professions	154	6.2%	129.0	5.7%
Healthcare Sciences	151	6.0%	137.4	6.0%
Other Therapeutic	67	2.7%	52.3	2.3%
Medical Support	40	1.6%	37.9	1.7%
Senior Managers	6	0.2%	6.0	0.3%
Personal and Social Care	2	0.1%	2.0	0.1%
<b>Total</b>	<b>2,500</b>	<b>100.0%</b>	<b>2277.1</b>	<b>100.0%</b>

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 of 31 March 2024 there were 1,075 bank workers, of which 696 were under Agenda for Change and 239 were doctors. This is an increase of 268 bank workers on the same date in 2023.



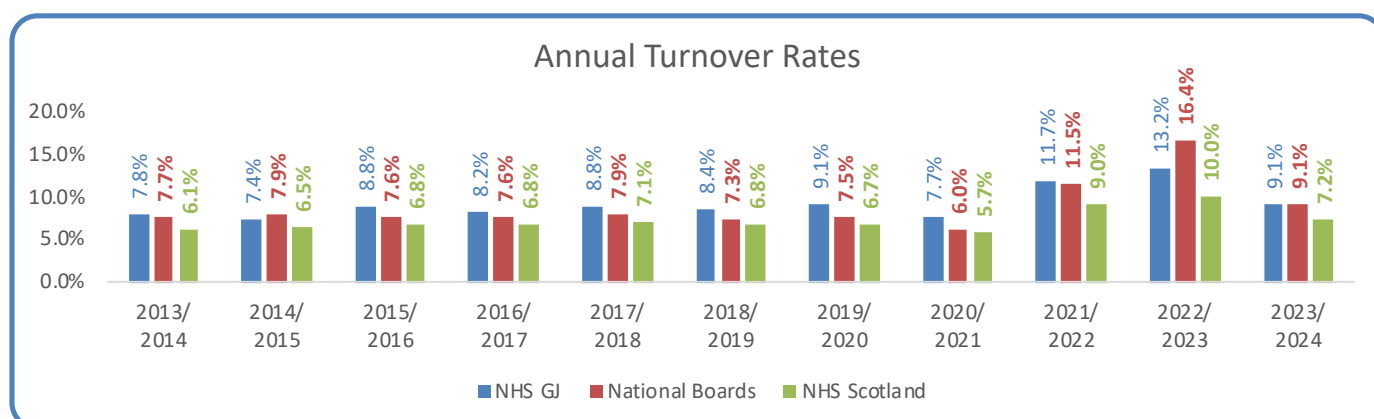
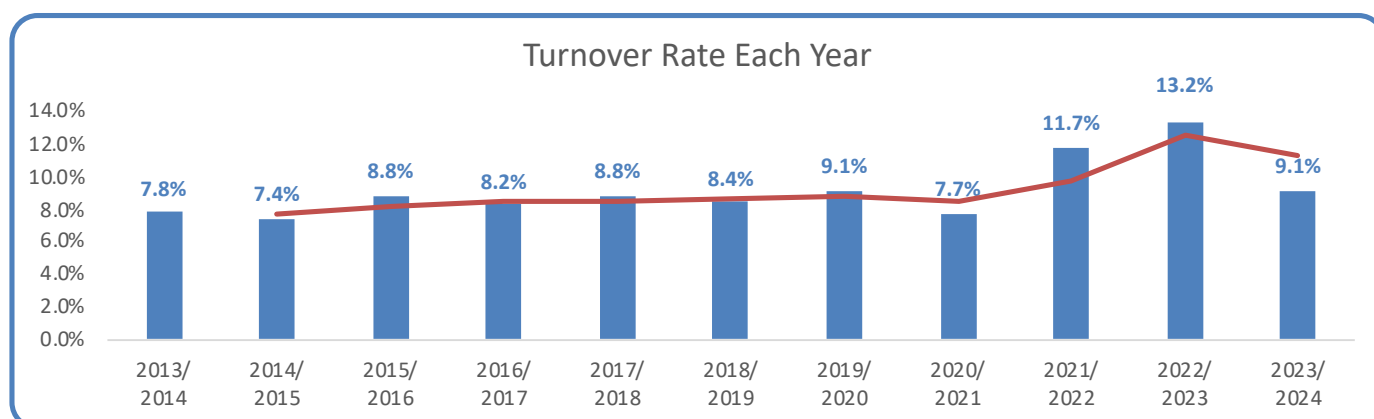
# 3 Employee Turnover

Turnover is calculated using the following formula:

$$\text{Turnover} = \frac{\text{Headcount number of leavers between 01.04.22 and 31.03.23}}{(((\text{Headcount staff in post 01.04.22} - \text{headcount staff in post 31.03.23})/2)*100)}$$

## 3.1 Turnover Rate

For the year under review the turnover rate was 9.1%<sup>1</sup>, a decrease of 4.1% on the previous year, as can be seen below. The ongoing trend since 2013/2014 has been for an increase in employee turnover. However, this year that trend has changed. This turnover is the same as National Boards taken together (also 9.1% for 01.04.23 to 31.03.24), but higher than the overall NHS Scotland turnover (7.2%) at 31 March 2024.



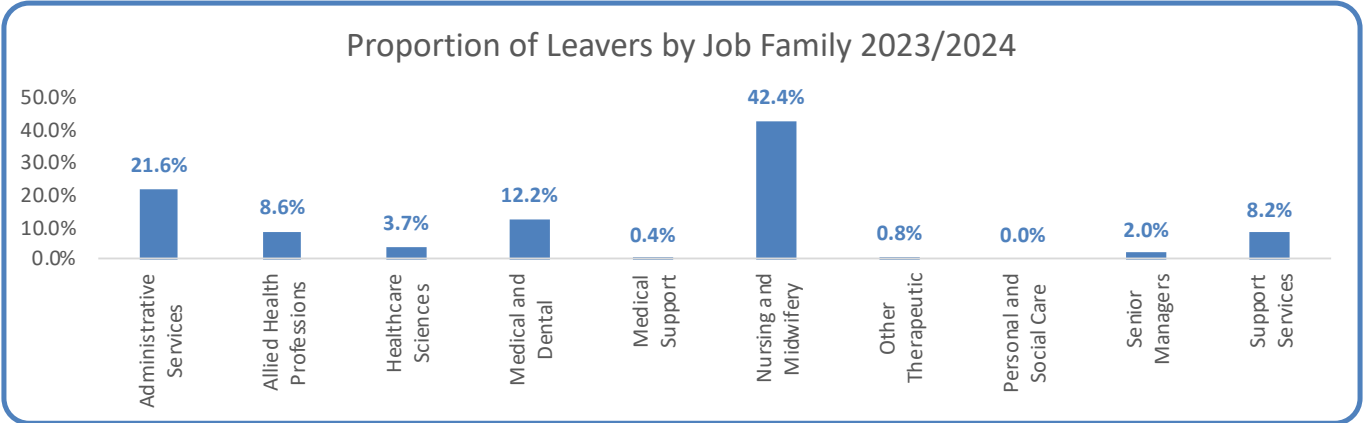
<sup>1</sup> NHS Scotland workforce | Turas Data Intelligence





### 3.2 Leavers

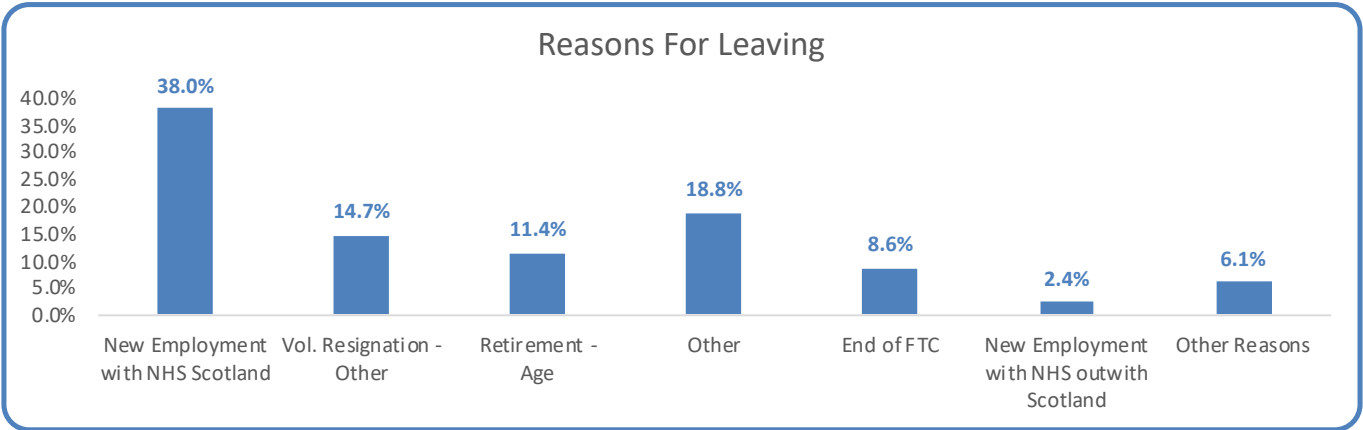
In 2023/2024 a total of 245 people left posts within NHS GJ. The breakdown of proportion of leavers by job family is shown in the chart below:



### 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 2023 and March 2024. 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% of leavers (same as on the previous year)<sup>2</sup>.



<sup>2</sup> “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 1,107.53 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:

- 604 (headcount) people had started new posts, equating to 556.89 WTE;
- 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.

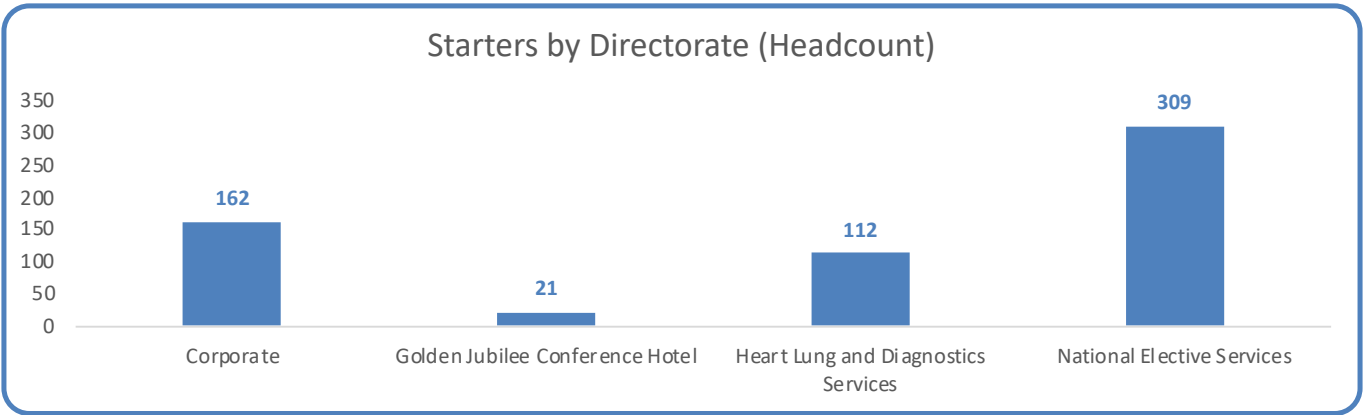
The nursing team has already identified some potentially suitable staff and we are working through the NMC requirements to ensure that this programme will be viable. We have confirmation that we will be able to continue to use the Scottish Government funding for the costs associated with this training (exam costs, travel, NMC registration and so on).



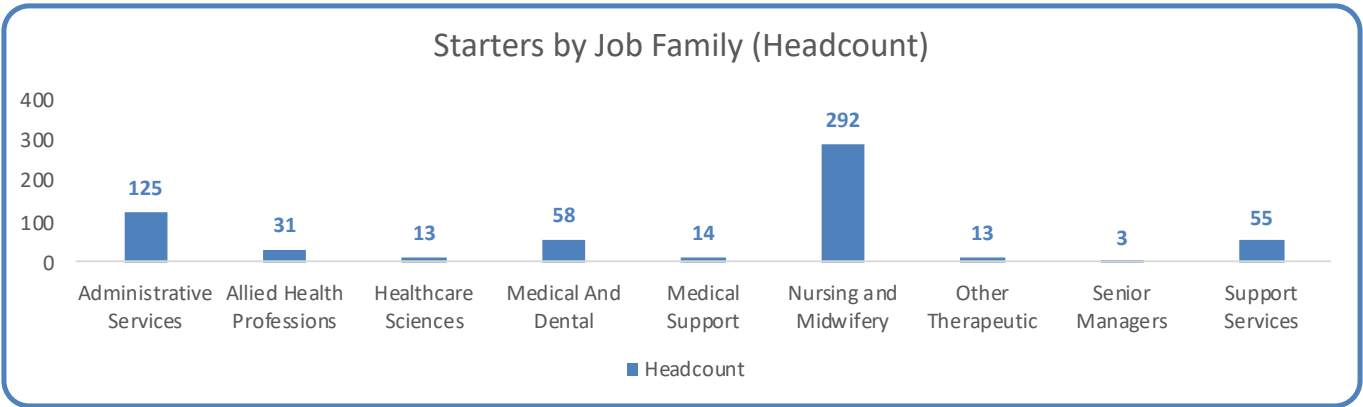
We have also requested NHS Professionals begin to search for theatre staff. Preliminary discussions have taken place. They are confident that they will be able to support our programme, although they will not be able to deliver suitable nurses in time for the June cohort intake.

## 4.2 Starters

The Directorate split of the 604 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 48.3% of starters.

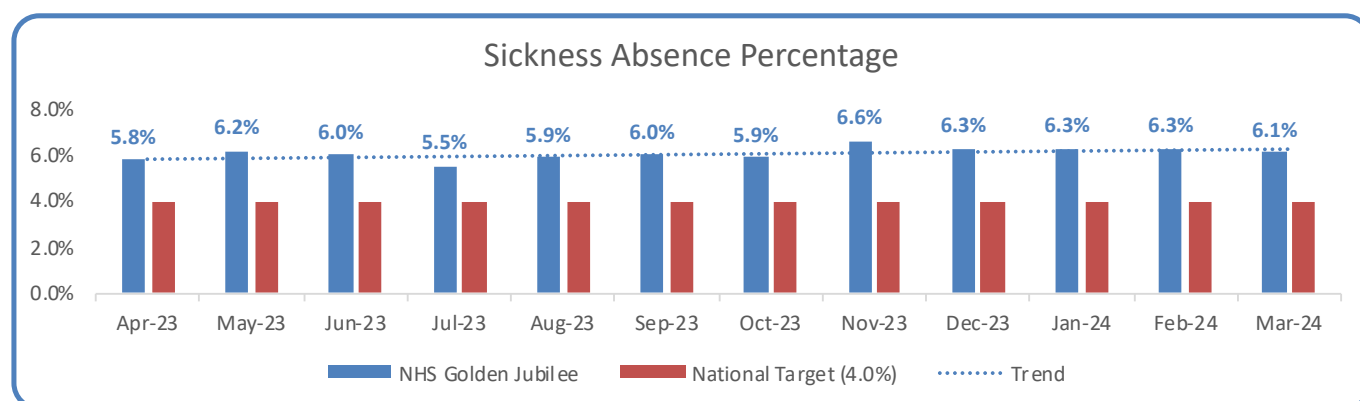
# 5 Sickness Absence



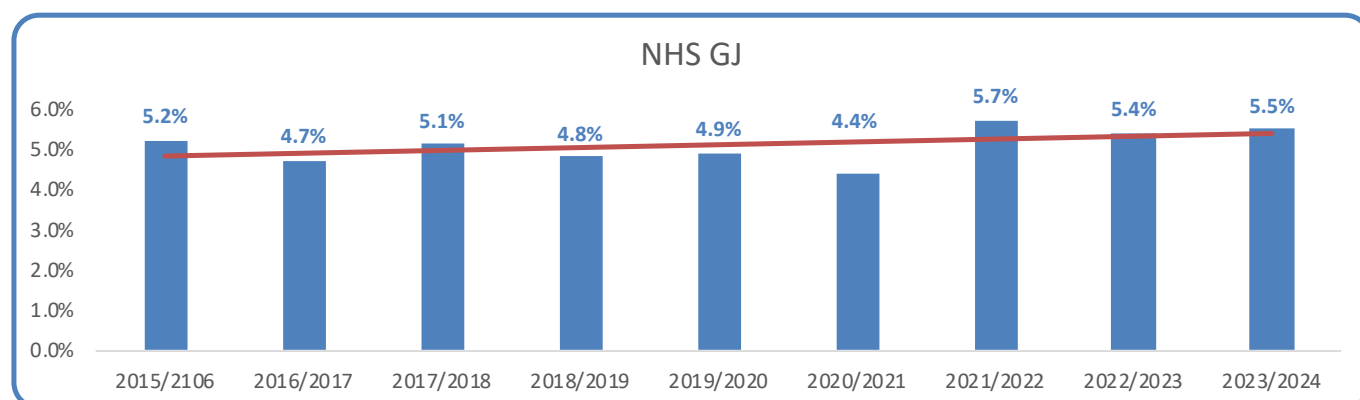
## 5.1 Board Wide Sickness Absence

### 5.1.1 2023/2024

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 2023/2024 came in at 5.5%, compared to 5.4% 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.

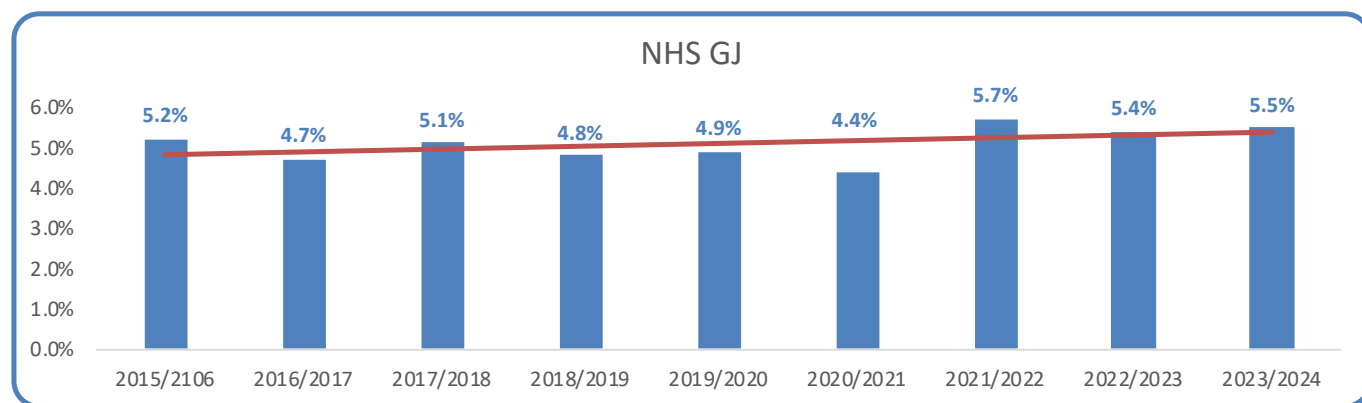


Human Resources continues to work closely with service management to manage sickness absence across the organisation, with the aims of supporting those on sick leave during their absence, providing assistance to enable those on sick leave to return to work, and helping managers to ensure that their staff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



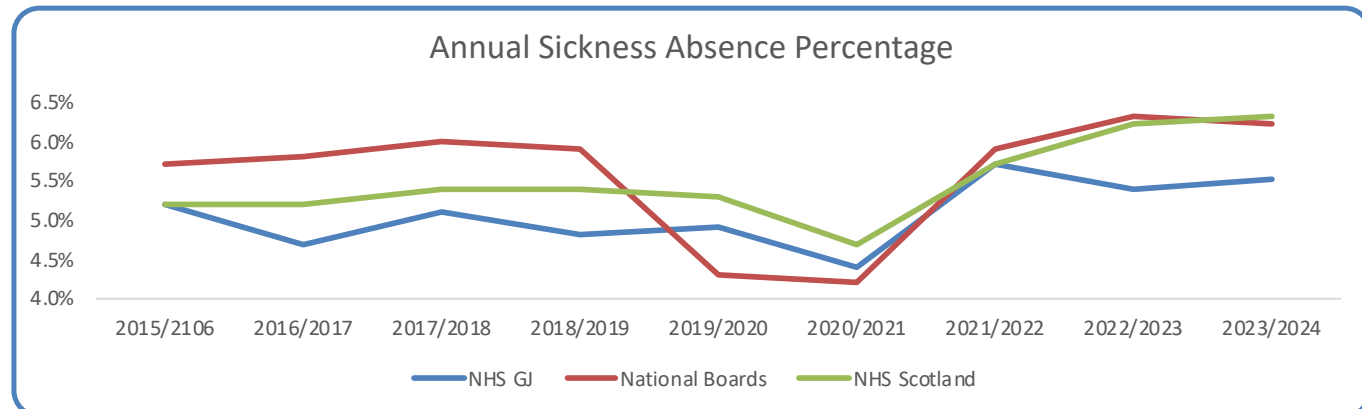
### 5.1.2 2015/2016 to 2023/2024

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 5.5% 2023/2024 has a slightly higher rate than 2022/2023, and the trend for sickness absence since then has relatively flat, as can be seen in the chart below.



### 5.1.3 Comparison with Other National Boards and NHS Scotland

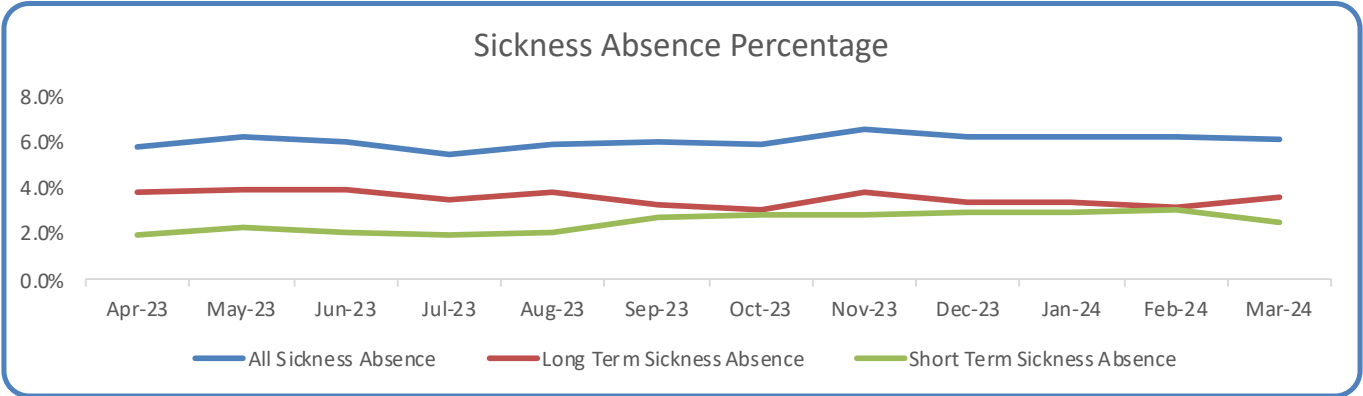
Since 2015/2016 sickness absence rates for NHS GJ have tended to be lower than for the National Boards and NHS Scotland as a whole, as can be seen in the chart below.





## 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.

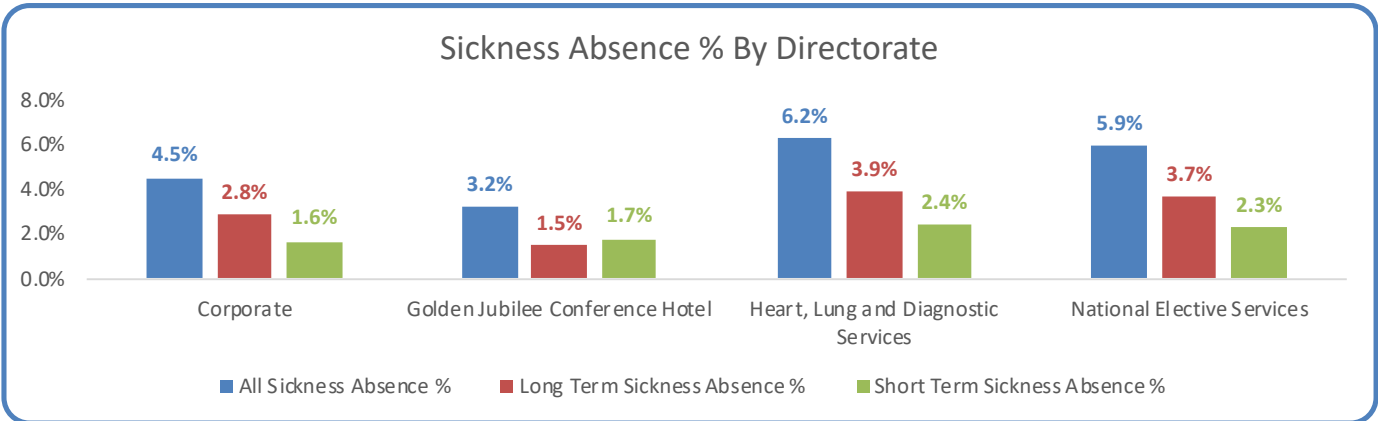


## 5.3 Sickness Absence by Directorate

### 5.3.4 2023/2024

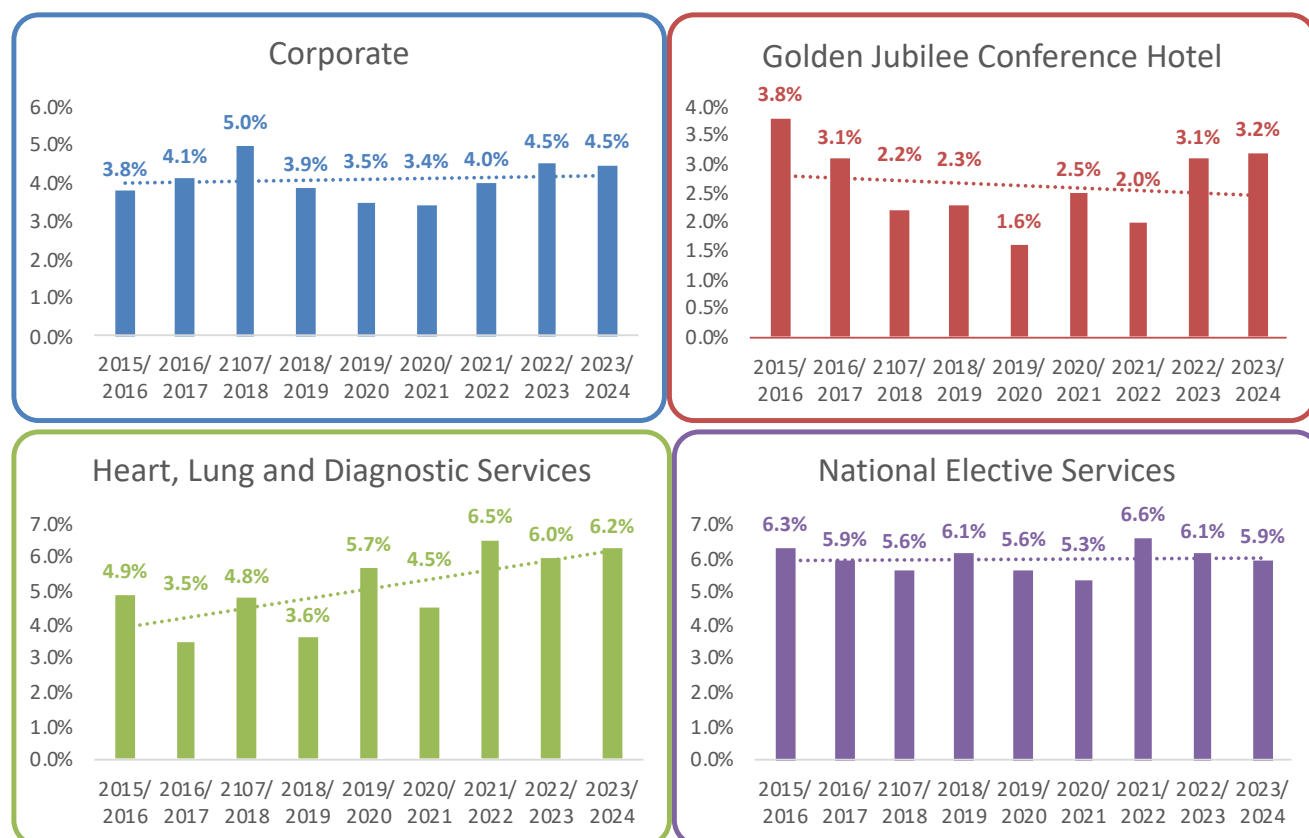
The chart below highlights the total, long term and short term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rate in Corporate is just above the national target of 4.0%, coming in at 4.5%, while that in the Golden Jubilee Conference Hotel is lower than the national target, coming in at 3.2%.

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 6.2%; and National Elective Services sat at 5.9%. In all directorates long term absence accounted for most of the sickness absence (2.8%, 1.5%, 3.9% and 3.7% respectively).





### 5.3.5 2015/2016 to 2023/2024



The tables below show for each Directorate their sickness absence rates for each year from 2015/2016 to 2023/2024, 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 246783.9 hours of sickness absence in 2023-2024, 139503.2 hours (56.5%) affected the Nursing and Midwifery job family. As can be seen from the chart below this is well above the 44.4% 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.

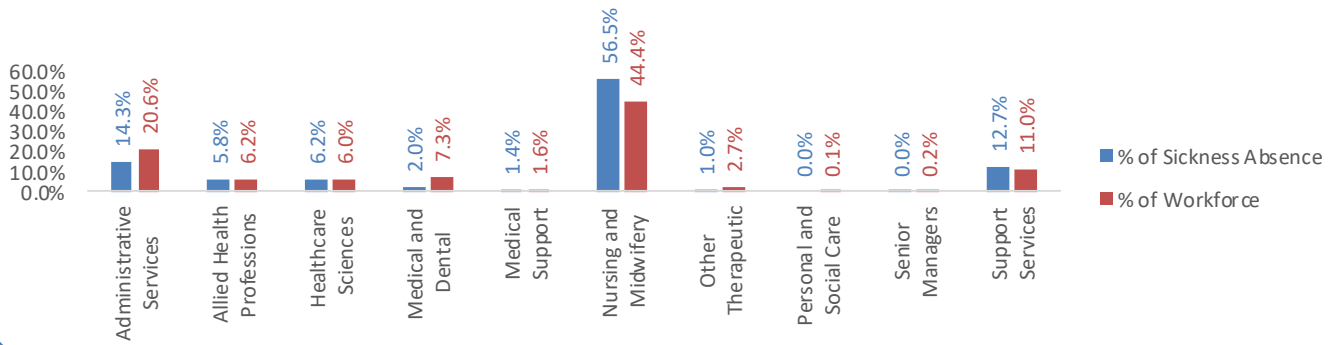
## 5.5 Sickness Absence by Age and Gender

The 2 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 2024.

There are no major 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.



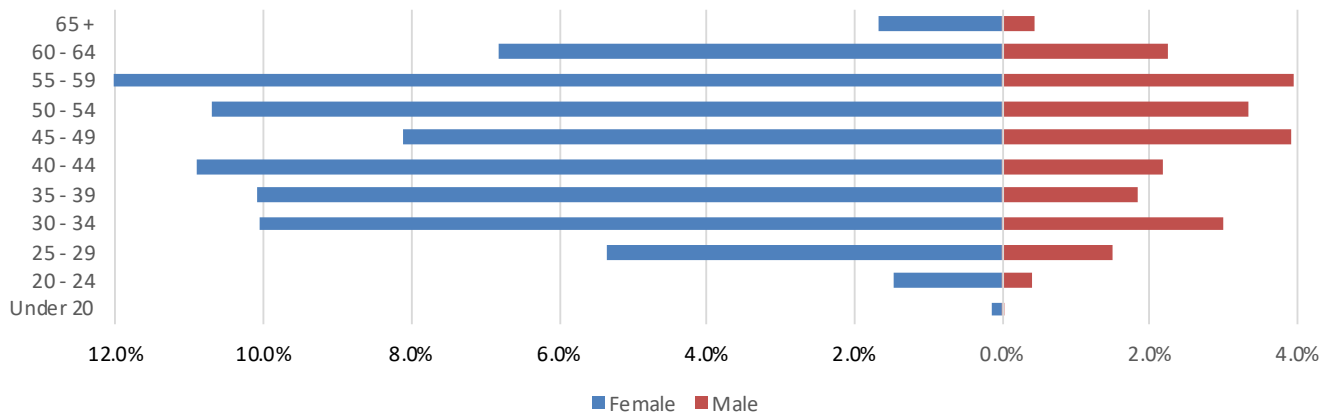
Percentage Of Sickness Absence By Job Family



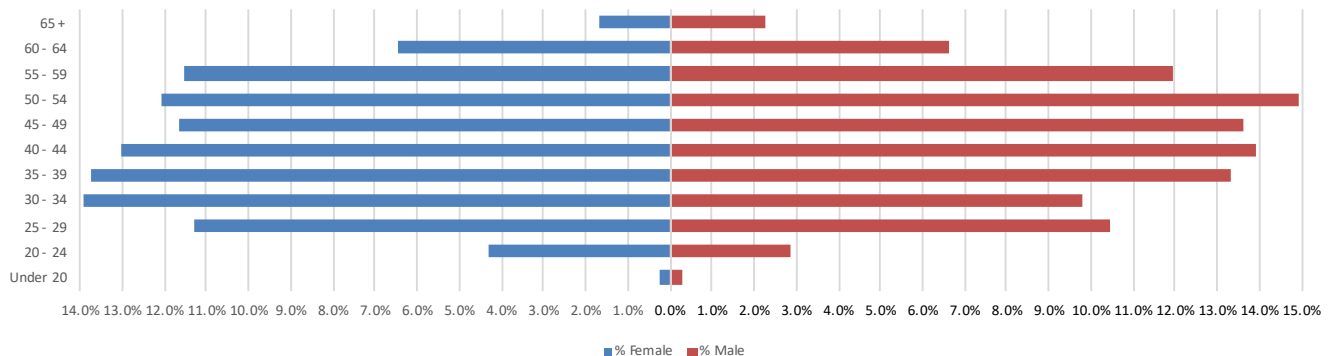
Females aged 55 – 59 have a 3.5% greater share of sickness absence than the percentage of the workforce that age range and gender combination makes up, and females aged 60 – 64 have a 2.1% greater share of sickness absence, but those are the largest discrepancies.

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

Proportion of Sickness Absence by Age Range and Gender



Proportion of Workforce by Age Range and Gender

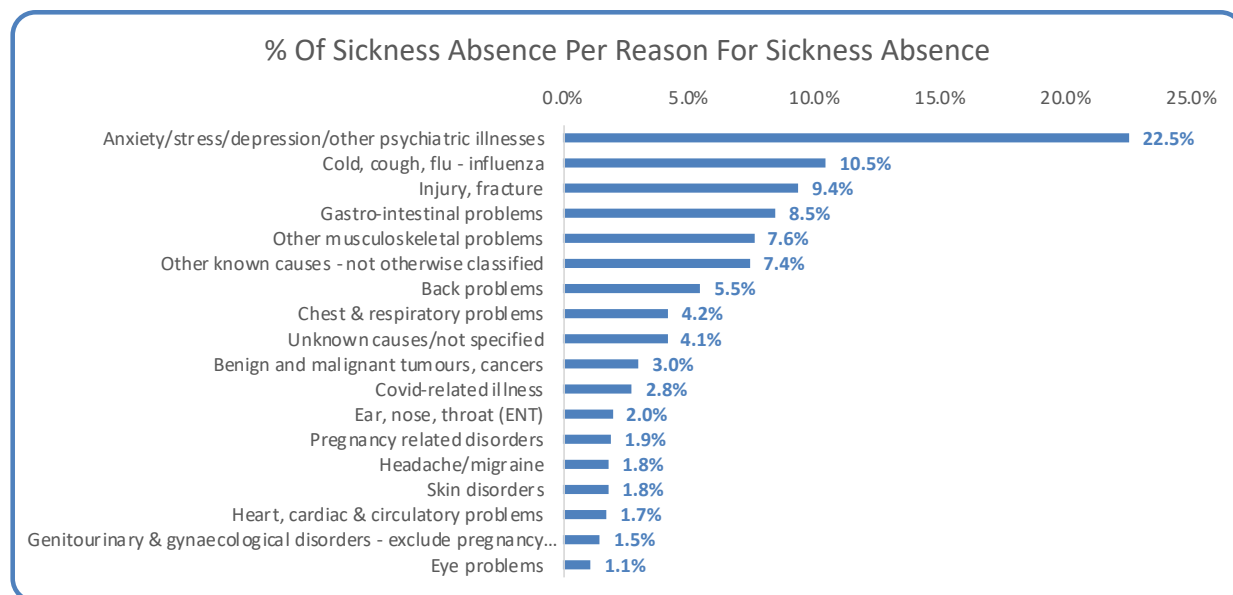






## 5.6 Reasons for Sickness Absence

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% of sickness absence.



The most commonly cited reason for sickness absence during the monitored period was “Anxiety / stress / depression / other psychiatric illnesses”, which caused 22.5% of all sickness absence, down from 23.0% the year before. The second most common reason, “Cold, cough, flu – influenza” was much lower, accounting for 10.5% 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](#). 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](#) 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.

Colleagues can access the NHS GJ policies through SharePoint.

## 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 the monitored period a total of 28710.9 hours of special leave were taken, compared with 62882.2 hours the previous year, broken up by Directorate as shown below:

Directorate	Special Leave Hours
Corporate	6060.8
Golden Jubilee Conference Hotel	957.0
Heart, Lung and Diagnostic Services	9286.1
National Elective Services	12407.0
<b>NHS GJ Total</b>	<b>28710.9</b>



The top 10 reasons for special leave are shown in the table below:

Reason for Special Leave	Special Leave Hours	% Special Leave
Phased Return	7196.0	25.1%
Coronavirus – COVID - Positive	5067.4	17.6%
Bereavement	4192.5	14.6%
Carer	3713.5	12.9%
Compassionate	2318.6	8.1%
Medical or dental appointment	1848.7	6.4%
Emergency / domestic issues	1585.5	5.5%
Phased retiral	943.5	3.3%
Other Special	591.6	2.1%
Unknown/Not Applicable	544.8	1.9%

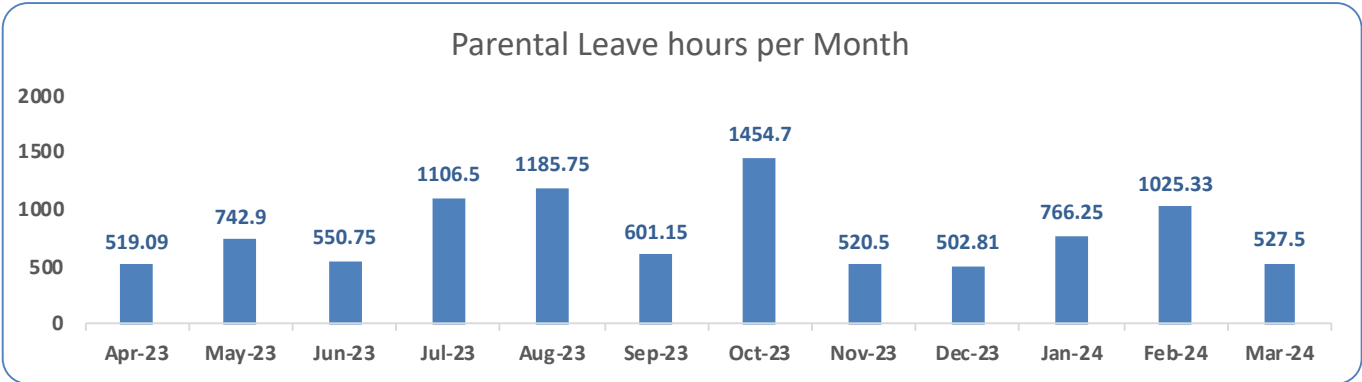
## 6.2 Parental Leave

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 2023 and 31 March 2024 a total of 9513.1 hours of parental leave were used, an increase of 1533.2 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Special Leave Hours
Corporate	1916
Golden Jubilee Conference Hotel	31.5
Heart, Lung and Diagnostic Services	3329.0
National Elective Services	4236.3
<b>NHS GJ Total</b>	<b>9513.1</b>

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 in October, coinciding with school half-term, and a smaller peak in February for that half-term.





## 6.3 Maternity Leave

The NHS Scotland Maternity 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 “pregnant worker” is used it refers to the employee who gave birth, regardless of that employee’s gender identity or trans identity.

Between 1/4/23 and 31/3/24, a total of 61,710.9 hours of maternity leave were used (29,427.8 hours less than the previous year), with the Directorate breakdown shown in the table below:

Directorate	Special Leave Hours
Corporate	16459.0
Golden Jubilee Conference Hotel	1275.0
Heart, Lung and Diagnostic Services	23999.8
National Elective Services	19977.0
<b>NHS GJ Total</b>	<b>61710.9</b>

## 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 769.5 hours of maternity support (paternity) leave (an increase of 148.0 hours on the previous year). The Directorate breakdown is shown below:

Directorate	Special Leave Hours
Corporate	227.0
Golden Jubilee Conference Hotel	75.5
Heart, Lung and Diagnostic Services	387.0
National Elective Services	80.0
<b>NHS GJ Total</b>	<b>769.5</b>

# 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](#), 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 5 or fewer, those numbers may be aggregated under a group such as "Other".



# 7.1 Sex

## 7.1.1 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.

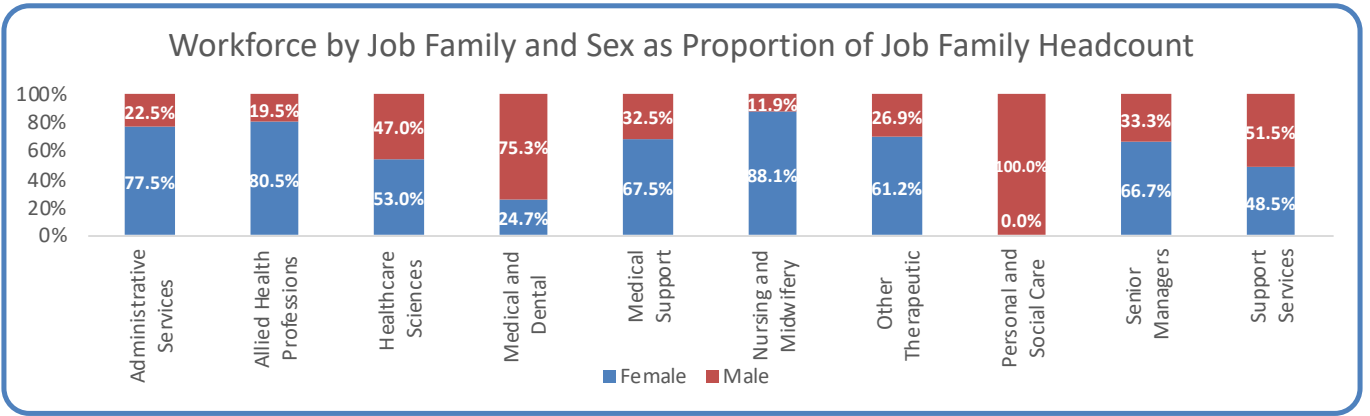
As in previous monitored periods NHS GJ’s workforce continues to be predominantly female (1838 headcount), with women representing 73.5% of the workforce as at 31 March 2024. This continues the pattern of previous years:

Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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%	73.5%
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%	26.5%

While gender split within NHS GJ is 73.5% female to 26.5% male, across Scotland as a whole the 2022 census (source: <https://www.scotlandscensus.gov.uk>) indicated that the split for working age people (aged 16 to 64) was 51.1% female and 48.9% male.

In the West Dunbartonshire Council area (in which NHS GJ is situated) on the census data was 51.7% female to 48.3% male for the working age population.

However, while Scotland is approximately 50/50, 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:





### 7.1.2 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 72.4% 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 27.6% hold part time posts. 49.2% of the total headcount is full time and female, while 3.2% is part time and male.

Whole Time/Part Time by Sex as Proportion of Total Headcount						
Gender	Part Time		Whole Time		Total	
Female	609	24.4%	1229	49.2%	1838	73.5%
Male	80	3.2%	582	23.3%	662	26.5%
Total	689	27.6%	1811	72.4%	2500	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 88.4% of all part time workers, when they make up 73.5% of all workers. Men are under-represented – comprising 11.6% of all part time workers by headcount and 26.5% of total headcount.

Whole Time/Part Time by Sex as Proportion of Total Headcount						
Gender	Part Time		Whole Time		Total	
Female	609	88.4%	1229	67.9%	1838	73.5%
Male	80	11.6%	582	32.1%	662	26.5%
Total	689	100.0%	1811	100.0%	2500	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.

### 7.1.3 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	Gender				
	Female	Male	Total	Pay Gap £	Pay Gap %
Agenda for Change	£18.91	£18.97	£18.92	£0.06	0.3%
Medical and Dental	£43.76	£47.04	£46.20	£3.28	7.0%
Senior Managers	£36.07	£50.20	£41.37	£14.13	28.1%
Total	£19.63	£25.16	£21.10	£5.53	22.0%

The average hourly rate for women is £5.53 lower than for men (£19.63 v £25.16). 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.





#### 7.1.4 Recruitment Activity

In 2023/2024 there were 604 starters, excluding bank workers. Of these 435 (72.0%) identified as female, and 169 (28.0%) identified as male. This is roughly proportionate to their representation in the overall workforce (73.5% and 26.5% respectively).

#### 7.1.5 Training Activity

Between April 2023 and March 2024 the NHS GJ workforce attended 14784 training events, with female members of staff attending 11832 (80.0%) of these, and male colleagues attending 2952 (20.0%). 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 they comprise (26.5%).

#### 7.1.6 Career Progression

The monitored period saw a total of 191 promotions and increases in bandings among NHS GJ staff. Of these 148 (77.5%) were female and 43 (22.5%) were male, which means that promotion by gender was almost exactly the same as the proportion of the workforce each gender comprises.

#### 7.1.7 Leavers

Of the 245 people who left during the monitored period 74.7% were female and 25.3% male as a proportion of headcount, indicating that males were slightly under-represented as leavers, as they made up 26.5% of the workforce at the end of March.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
<b>Female</b>	183	74.7%	1838	73.5%
<b>Male</b>	62	25.3%	662	26.5%
<b>Total</b>	<b>245</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>



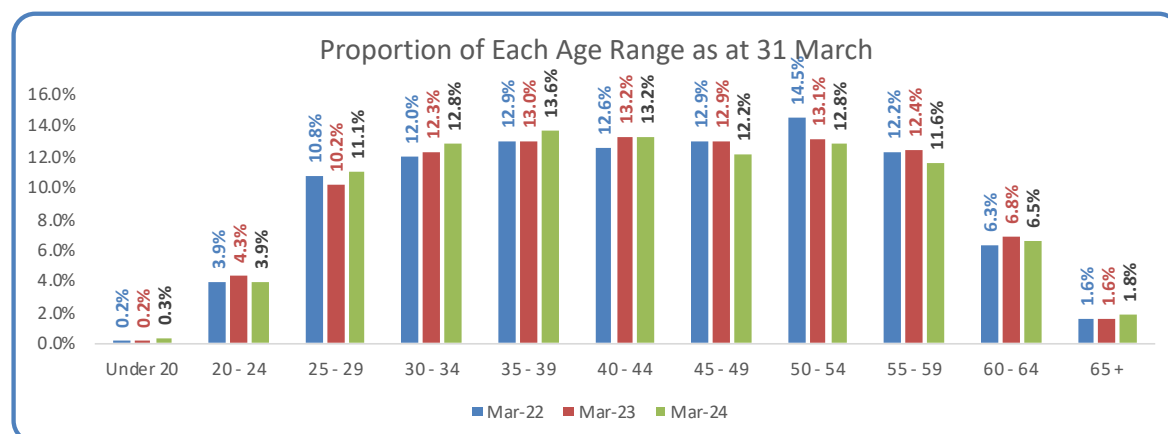
## 7.2 Age

### 7.2.1 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, 2022/2023 and 2023/2024.

However, taking into account information from previous Workforce Monitoring Reports, our workforce continues to get older:

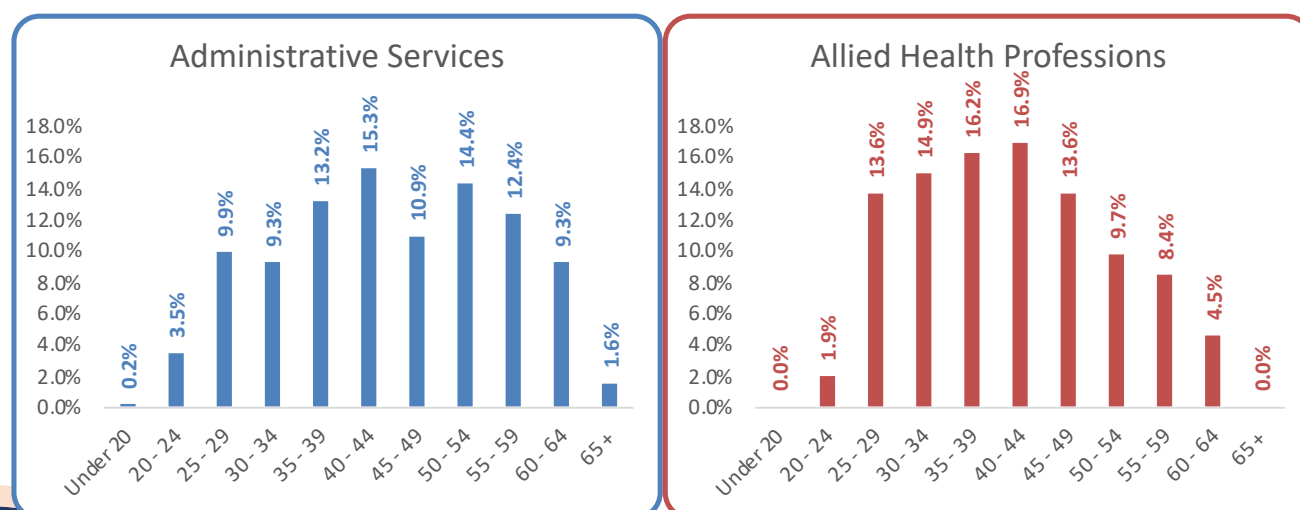
- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 24.5% in 2024 (although this is up on the 26.7% in 2022);
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.4% (down 0.1% in a year);
- the proportion of those in the 30 to 39 age bracket has fallen by just over 3% from 29.6% to 26.5%. This is an increase of 1.2% on the previous year, when it stood at 25.5%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 26.1% to 25.4%.



### 7.2.2 Job Family

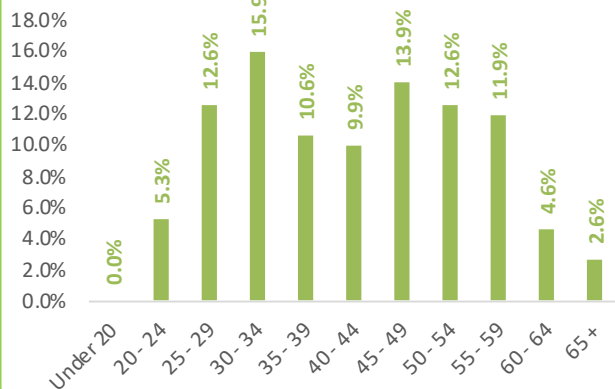
Some job families are more affected by the ageing population than others: 48.2% of staff in Support Services are aged over 50 (up 0.2% on the previous year); as are 83.3% of Senior Managers (a much smaller job family); 37.4% of staff members in Medical and Dental; and 37.7% of those in Administrative Services.

The age ranges of staff within each job family is shown in the charts below:

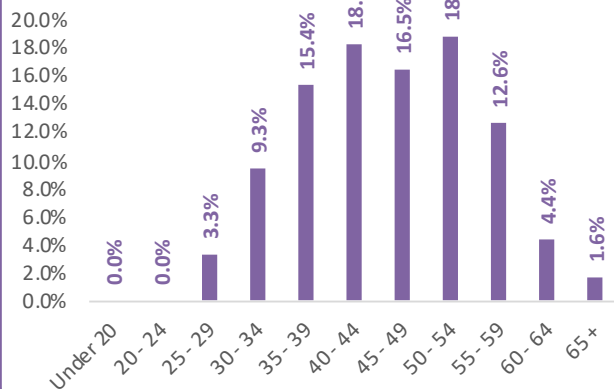




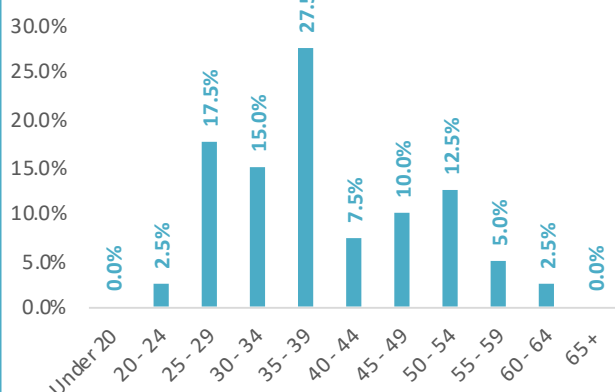
### Healthcare Sciences



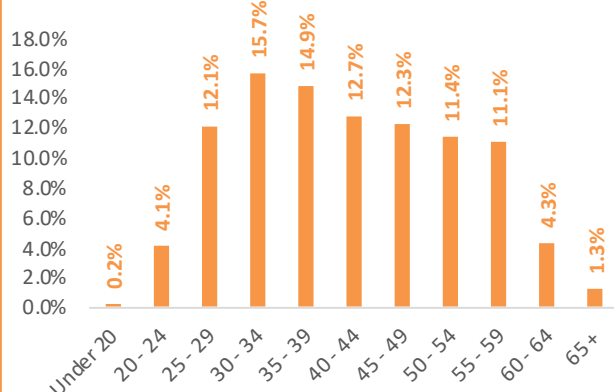
### Medical and Dental



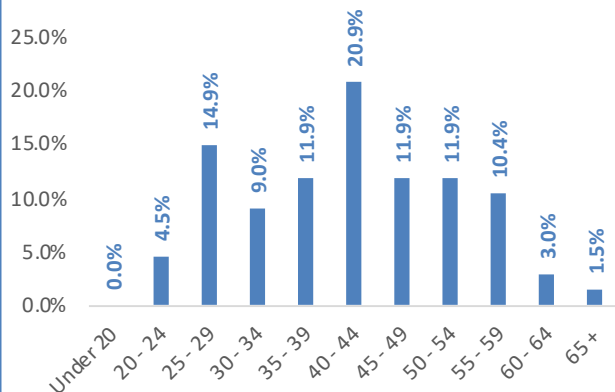
### Medical Support



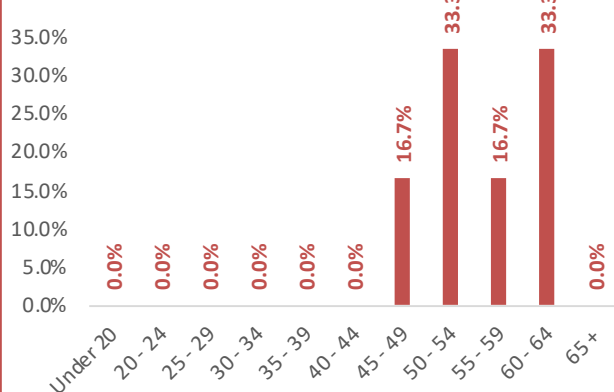
### Nursing and Midwifery



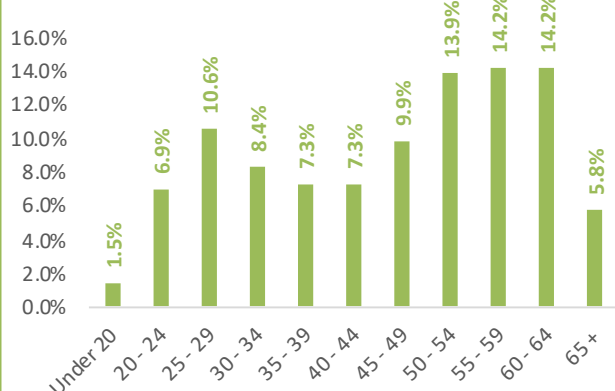
### Other Therapeutic



### Senior Managers



### Support Services



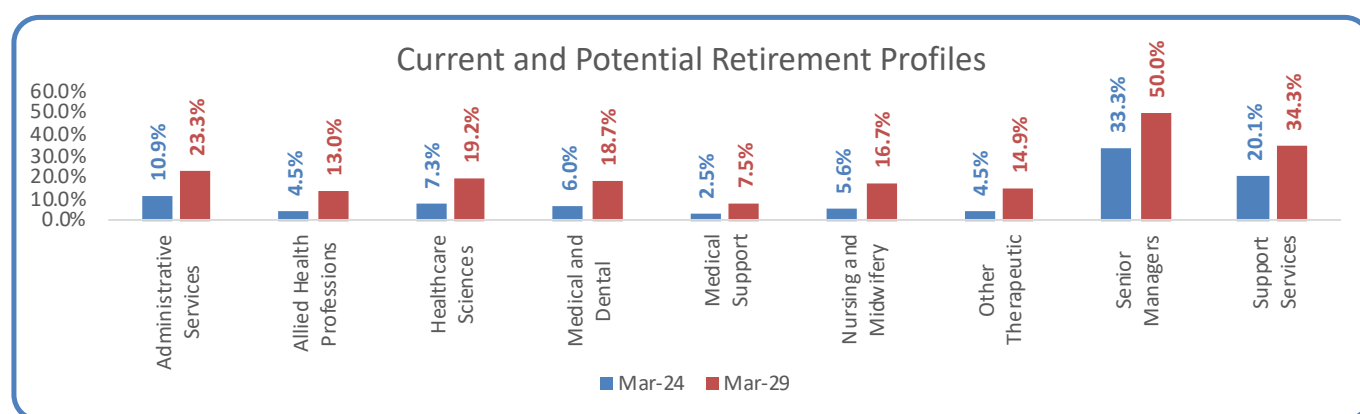
### 7.2.3 Retirement Profile

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 2029, when considering current staff. The current potential retirement profile (those aged 60 plus) is 8.4%, but by 2029 this could rise to 20%.

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.



### 7.2.4 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 shown in the 2022 census (source: <https://www.scotlandscensus.gov.uk>).

Previously used Scottish Government statistics counted 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
<b>NHS GJ</b>	0.3%	15.0%	26.5%	25.4%	24.5%	8.4%
<b>West Dunbartonshire</b>	6.5%	17.7%	20.2%	18.8%	24.7%	12.0%
<b>Scotland</b>	7.6%	20.0%	18.7%	22.7%	20.0%	11.0%

The table above shows that in both the local area and Scotland as a whole around 7% of the working age population is aged up to 19.



However, within NHS GJ 0.3% 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.

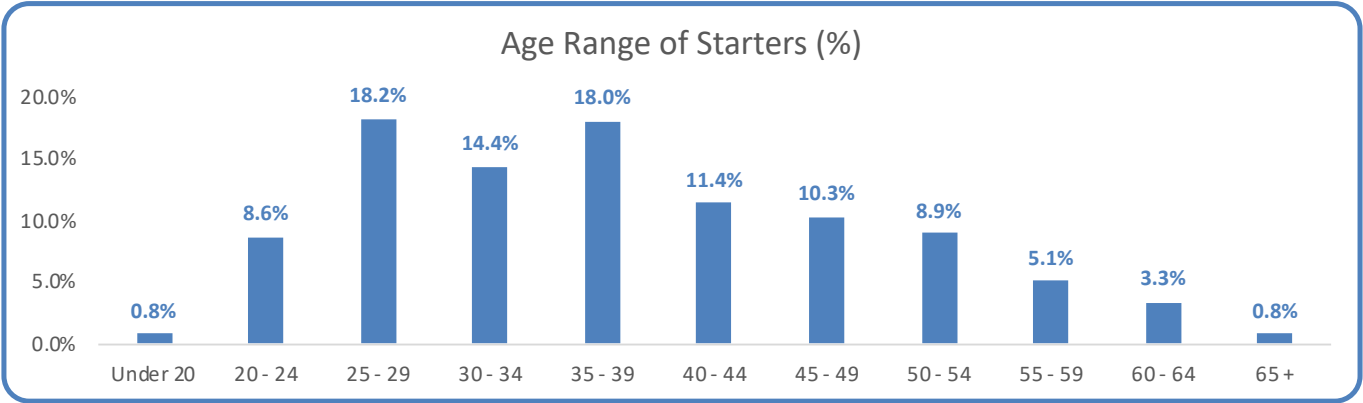
This also helps to explain why the proportion of those aged 20 to 29 is lower in NHS GJ than in Scotland and the local area. Our proportion of 30 to 39 year olds and 40 to 49 year olds is higher than in West Dunbartonshire and Scotland as a whole.

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.

7.2.5 Recruitment Activity

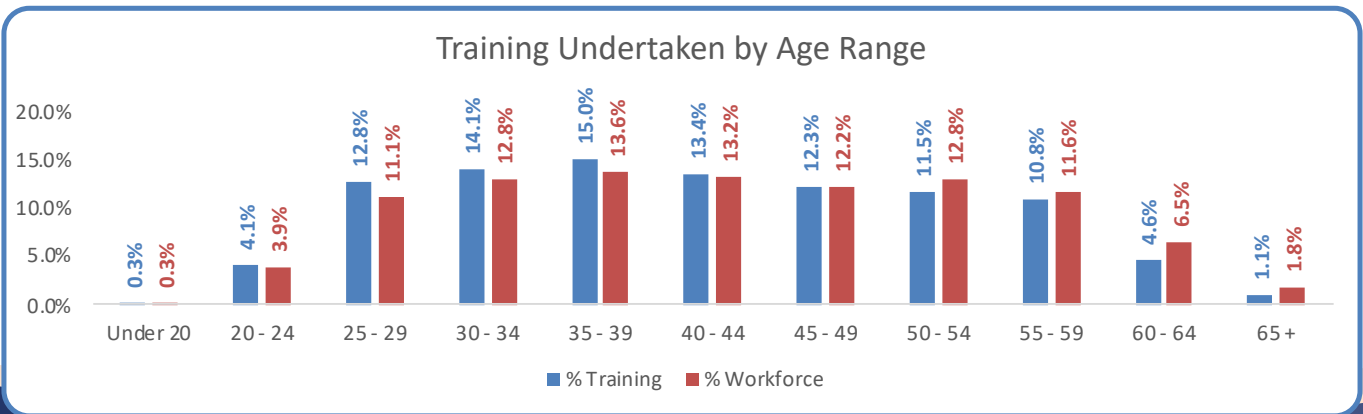
The relative breakdown of starters by age range is shown in the table below:



This shows that starters tend to be in the younger age ranges, more so than in the previous year. However, while last year the proportion of starters aged over 60 was 5.2%, this year it was 4.1%, with some of these being retirees who returned to work.

7.2.6 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.





## 7.2.7 Career Progression

The monitored period saw a total of 191 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 35 to 39 and 30 to 34 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	
<b>Under 20</b>	0	0.0%	7	0.3%	0.0%
<b>20 to 24</b>	9	4.7%	98	3.9%	9.2%
<b>25 to 29</b>	20	10.5%	277	11.1%	7.2%
<b>30 to 34</b>	30	15.7%	321	12.8%	9.3%
<b>35 to 39</b>	32	16.8%	341	13.6%	9.4%
<b>40 to 44</b>	29	15.2%	331	13.2%	8.8%
<b>45 to 49</b>	22	11.5%	304	12.2%	7.2%
<b>50 to 54</b>	19	9.9%	321	12.8%	5.9%
<b>55 to 59</b>	19	9.9%	291	11.6%	6.5%
<b>60 to 64</b>	10	5.2%	163	6.5%	6.1%
<b>65 plus</b>	1	0.5%	46	1.8%	2.2%
<b>Total</b>	<b>191</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>	<b>7.6%</b>

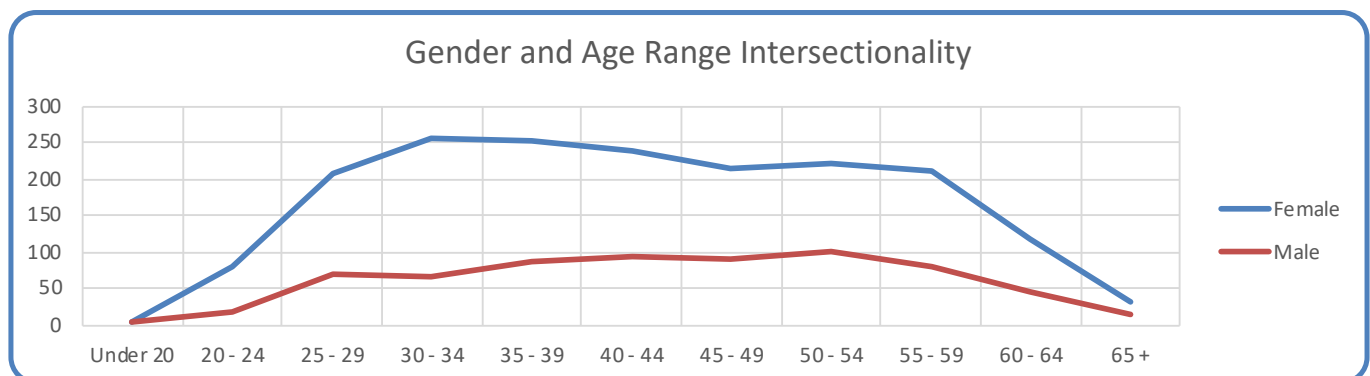
## 7.2.8 Leavers

Leavers by age range during the period under review is shown in the table below. The leavers in the 35 to 39 age range especially is higher than would be expected compared to their proportion of the workforce, while that in the 20 to 24, 60 to 64 and 65 plus age ranges is lower.

	Leavers		Workforce		Leavers as % of Workforce
	Headcount	% Headcount	Headcount	% Headcount	
<b>Under 20</b>	1	0.4%	7	0.3%	14.3%
<b>20 to 24</b>	12	4.9%	98	3.9%	12.2%
<b>25 to 29</b>	30	12.2%	277	11.1%	10.8%
<b>30 to 34</b>	31	12.7%	321	12.8%	9.7%
<b>35 to 39</b>	44	18.0%	341	13.6%	12.9%
<b>40 to 44</b>	23	9.4%	331	13.2%	6.9%
<b>45 to 49</b>	25	10.2%	304	12.2%	8.2%
<b>50 to 54</b>	18	7.3%	321	12.8%	5.6%
<b>55 to 59</b>	23	9.4%	291	11.6%	7.9%
<b>60 to 64</b>	27	11.0%	163	6.5%	16.6%
<b>65 plus</b>	11	4.5%	46	1.8%	23.9%
<b>Total</b>	<b>245</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>	<b>9.8%</b>

### 7.2.9 Intersectionality

Having examined breakdown both by gender and age, it is interesting to consider the intersection of the 2. By considering the age profiles of males and females separately, 2 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 and 34.

This has implications for the ageing workforce. Unless younger, male staff are on boarded to the organisation, as this older cohort of staff ages out of 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 Minority Ethnic 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 64.0% of the workforce, 2.9% less than in March 2023. The next largest group were those that did not provide any information on their ethnicity (“Don’t Know” or “No Information Provided”), with 9.4%, compared to 10.2% the previous year.

Minority ethnic groups made up 9.4% of the workforce (1.9% greater than in 2023), compared to 7.2% of the Scottish population as a whole, 3.2% of the population of West Dunbartonshire’s population and 19.3% of the population of Glasgow City, according to Scotland’s 2022 census (source: <https://www.scotlandscensus.gov.uk>).



The percentage workforce breakdown by ethnicity is shown in the table below as at the end of March each year from March 2012<sup>3</sup>:

Ethnicity	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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%	64.0%
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%	9.4%
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%	6.4%
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%	4.6%
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%	4.8%
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%	3.9%
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%	1.4%
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%	1.5%
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%	1.3%
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%	1.2%
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%	0.7%
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%	0.9%
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	N/A

Scotland's Census 2022 showed the racial breakdown of those living in Scotland as at 20 March 2022. 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 2024](#) shows the ethnic group breakdown for staff in NHS Greater Glasgow and Clyde as at 31 March 2024. It might be expected that this would be similar to NHS GJ, but:

Ethnicity	% Scottish population	% NHSGGC staff	% NHS GJ staff
<b>White – Scottish</b>	77.7%	53.9%	64.0%
<b>No information provided</b>		26.1%	9.4%
<b>White – Other British</b>	9.4%	9.6%	6.4%
<b>White – Other</b>	4.7%	3.4%	4.6%
<b>Prefer not to say</b>		0.8%	3.9%
<b>Minority ethnic group</b>	7.2%	5.0%	9.4%
<b>White Irish</b>	1.0%	1.2%	1.4%

<sup>3</sup> 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.



### 7.3.3 Pay Gap

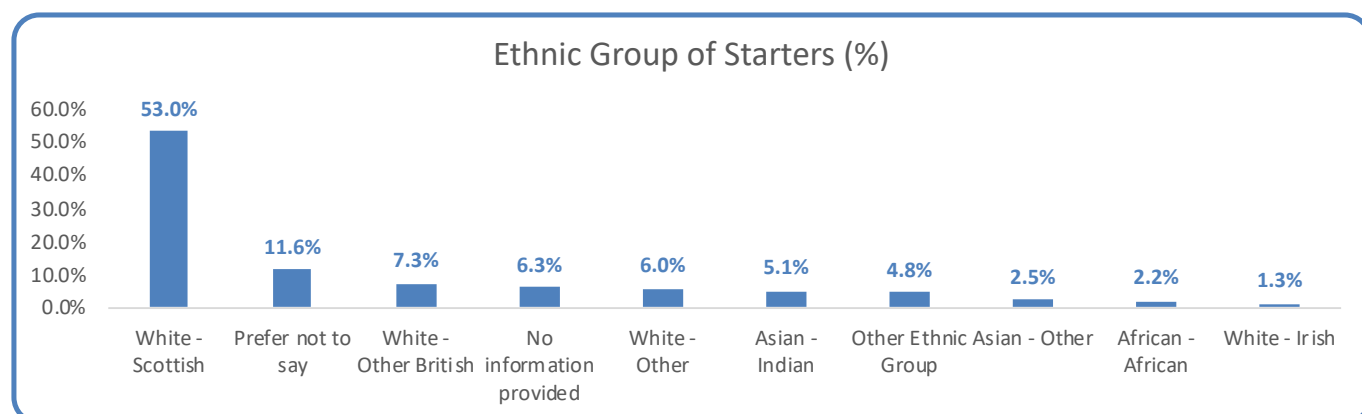
In this report we will also look at the pay gap in relation to ethnicity. The table below shows the average hourly pay split by ethnicity for members of the workforce on Agenda for Change, Medical and Dental, and Senior Managers pay scales:

Grade	Ethnicity				
	Minority Ethnic	Don't know	Prefer not to say	White	Total
<b>Agenda for Change</b>	£18.04	£20.89	£19.15	£18.76	£18.92
<b>Medical and Dental</b>	£40.18	£53.58	£47.65	£47.89	£46.20
<b>Senior Managers</b>		£24.99		£46.83	£41.37
<b>Total</b>	£23.39	£23.66	£22.19	£20.44	£21.10

The average hourly rate for Minority Ethnic colleagues is £2.95 higher than for white (£23.39 v £20.44). Some of this differential may be able to be accounted for due to the higher proportion of Minority Ethnic colleagues in the Medical and Dental job family, compared to the proportion of Minority Ethnic colleagues in the Agenda for Change job families.

### 7.3.4 Recruitment Activity

The relative breakdown of starters by ethnic group is shown in the chart below<sup>4</sup>:



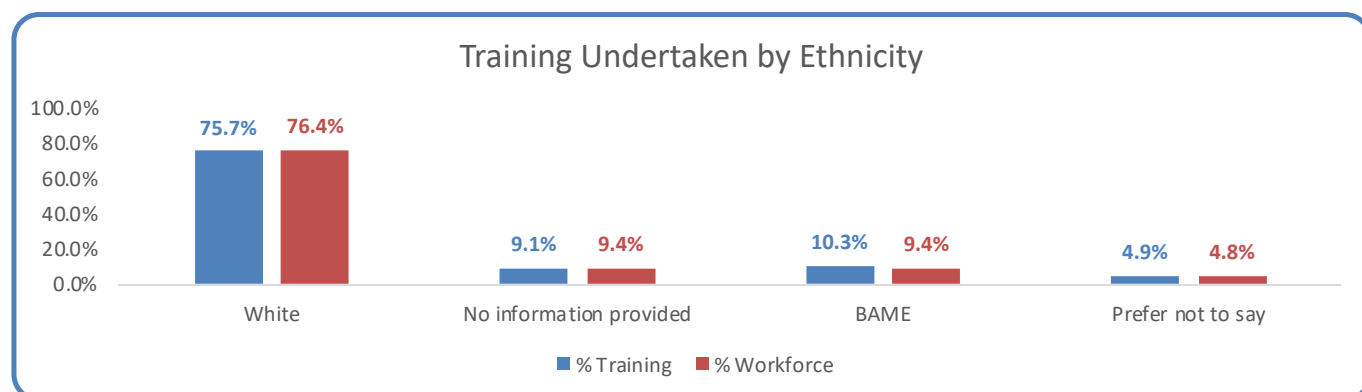
Minority ethnic groups made up 12.4% of starters, slightly higher than the 9.4% of the general workforce they represent. In part this is due to NHS Scotland activity to recruit nurses from overseas.

<sup>4</sup> "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.



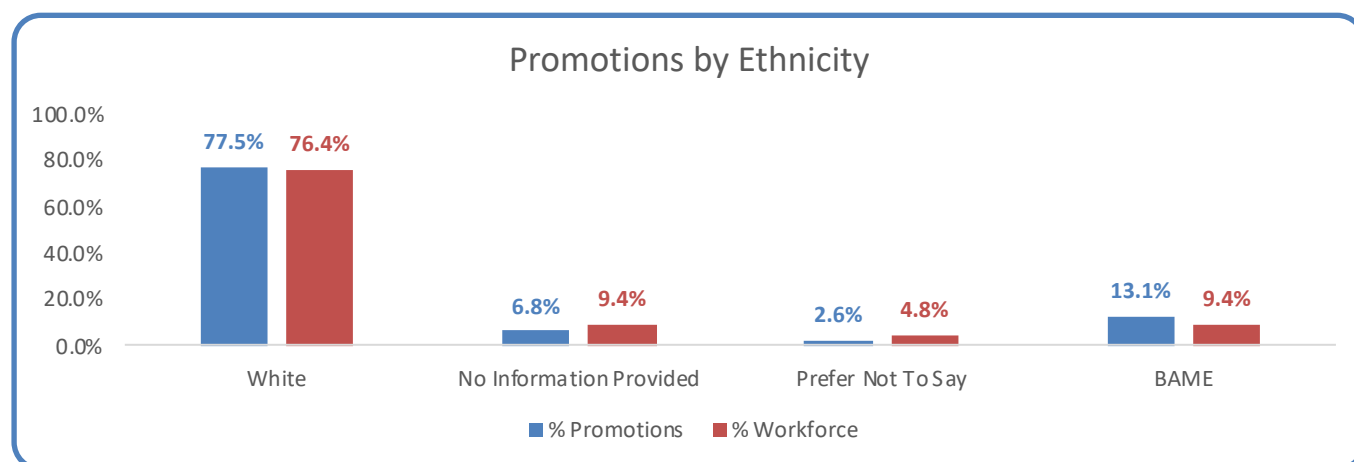
### 7.3.5 Training Activity

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

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 77.5% of promotions and 76.4% of the workforce, while Minority Ethnic colleagues represent 13.1% of promotions and 9.4% of the workforce.





### 7.3.7 Leavers

During the period under review the majority of leavers were “White – Scottish”. The proportion of them was almost exactly the same as the proportion of the workforce they make up: 64.5% of leavers compared to 64.0% of the workforce. The proportion of leavers for whom no information on ethnicity was provided was 2.0%, compared to the 9.4% 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
<b>White - Scottish</b>	158	64.5%	1599	64.0%
<b>No information provided</b>	5	2.0%	234	9.4%
<b>White – other British</b>	25	10.2%	159	6.4%
<b>Other Ethnic Group<sup>55</sup></b>	35	14.3%	273	10.9%
<b>Prefer not to say</b>	14	5.7%	120	4.8%
<b>White – Other</b>	8	3.3%	115	4.6%
<b>Total</b>	<b>245</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>

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.

<b>Ethnic Group</b>	<b>Leavers as % of that Ethnic Group</b>
White - Scottish	9.9%
No information provided	2.1%
White – other British	15.7%
Other Ethnic Group	12.8%
Prefer not to say	11.7%
White – Other	7.0%

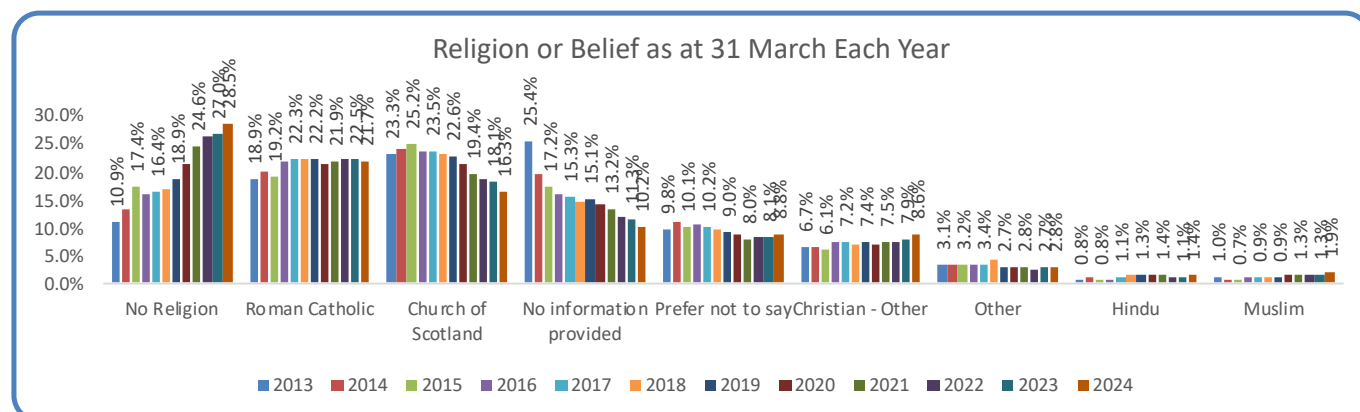
<sup>5</sup> “Other Ethnic Group” includes “African”, “Asian – Bangladeshi”, “Asian – Chinese”, “Asian – Other”, “Asian – Pakistani”, “Mixed or Multiple Ethnic Group” and “White – Irish, as the number of leavers was too low to identify separately.

## 7.4 Religion and Belief

### 7.4.1 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. From those who provided information the largest proportion of staff identify themselves as “No Religion” (28.5%: 1.5% higher than the previous year) or “Roman Catholic” (21.7%: 0.8% down on 2022/2023)<sup>6</sup>.



Scotland’s Census 2022 (source: <https://www.scotlandscensus.gov.uk>) 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 28.5% of staff at NHS GJ say they have “No Religion”, this is much lower than for Scotland as a whole, with 51.1% of the general population stating in the 2022 census that they had “No Religion”.

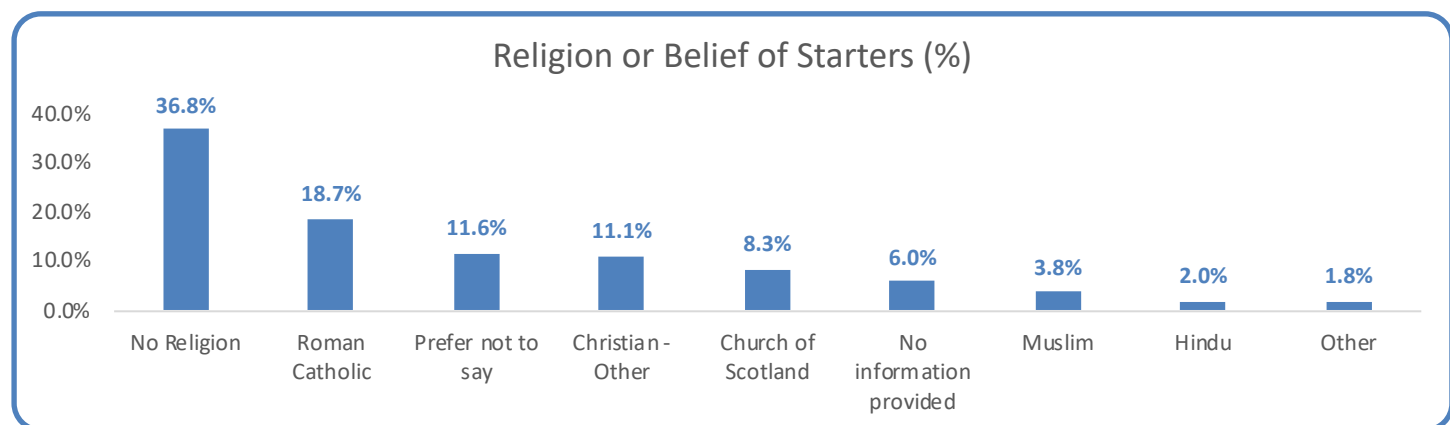
Religion or Belief	% Scottish population	% NHSGGC staff	% NHS GJ staff
<b>No religion</b>	51.1%	33.5%	28.5%
<b>Roman Catholic</b>	13.3%	16.7%	21.7%
<b>Church of Scotland</b>	20.4%	13.8%	16.3%
<b>Not stated</b>	6.2%	22.4%	10.2%
<b>Prefer not to say</b>		3.8%	8.8%
<b>Christian – Other</b>	5.1%	6.3%	8.6%
<b>Other<sup>6</sup></b>	1.2%	1.6%	2.8%
<b>Muslim</b>	2.2%	1.3%	1.9%
<b>Hindu</b>	0.6%	0.6%	1.4%

<sup>6</sup> Faiths which are represented by fewer than 5 members of staff (such as Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.



## 7.4.2 Recruitment Activity

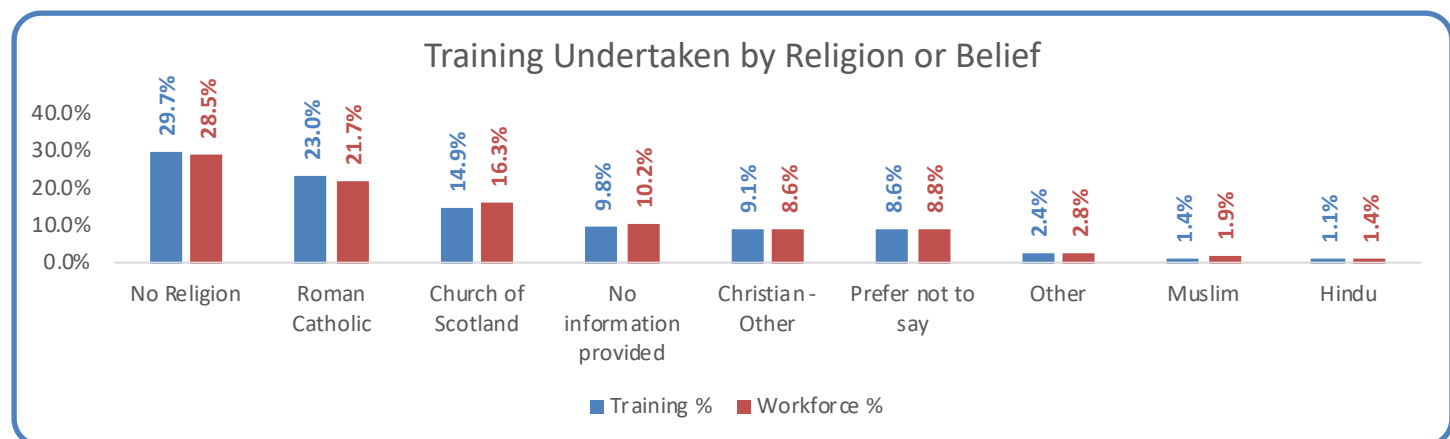
The breakdown of starters by religion or belief is shown in the chart below<sup>7</sup>:



36.8% of starters indicated that they do not have a religion, higher than the 28.5% 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 starters.

## 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<sup>7</sup>.



<sup>7</sup> 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".



### 7.4.4 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
<b>No Religion</b>	46	24.1%	712	28.5%
<b>Roman Catholic</b>	53	27.7%	542	21.7%
<b>Church of Scotland</b>	32	16.8%	408	16.3%
<b>No information provided</b>	14	7.3%	254	10.2%
<b>Prefer not to say</b>	15	7.9%	219	8.8%
<b>Christian - Other</b>	21	11.0%	214	8.6%
<b>Other<sup>88</sup></b>	10	5.2%	151	6.0%
<b>Total</b>	<b>191</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>

### 7.4.5 Leavers

During 2023-2024 proportion of leavers was highest in the group of staff who had “No Religion”: 35.9% of leavers compared to 28.5% of staff:

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
<b>No Religion</b>	88	35.9%	712	28.5%
<b>Roman Catholic</b>	56	22.9%	542	21.7%
<b>Church of Scotland</b>	33	13.5%	408	16.3%
<b>No information provided</b>	20	8.2%	254	10.2%
<b>Prefer not to say</b>	23	9.4%	219	8.8%
<b>Christian - Other</b>	18	7.3%	214	8.6%
<b>Other<sup>99</sup></b>	7	2.9%	151	6.0%
<b>Total</b>	<b>245</b>	<b>100.0%</b>	<b>2500</b>	<b>100.0%</b>

<sup>8</sup> 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”.

<sup>9</sup> 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>.

### 7.5.6 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.

### 7.5.7 Workforce Breakdown

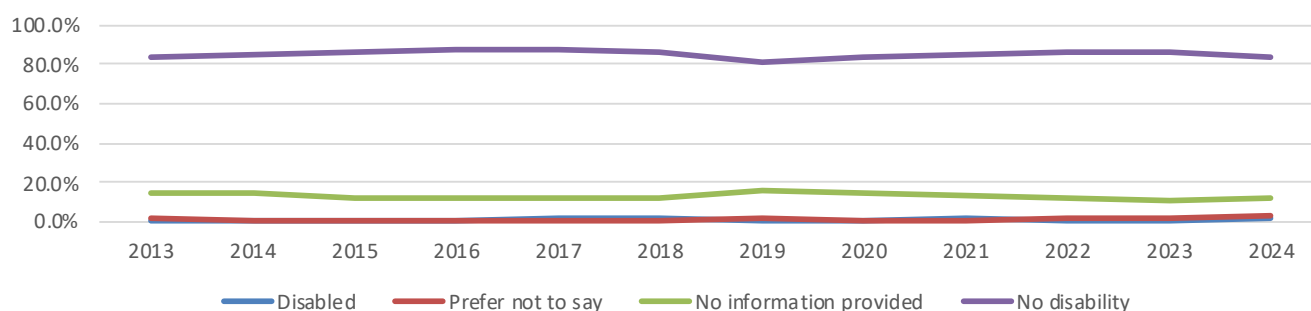
A large majority of our workforce continues to identify themselves as having "No disability", with the proportion very similar in both March 2013 (83.2%) and March 2024 (83.8%). During this time the proportion of staff that has not provided information on their disability status fell steadily from 14.1% in 2013 to 11.9% in 2018.

However, 2019 saw it increase to 16.1%, with a fall back to 10.7% in 2023 and back up to 11.8% 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.



Employee Disability Status as at 31 March Each Year



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 1.5%, 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 1.4% identified themselves as disabled as at 31 March 2024 ([NHS Scotland Workforce Statistics release as at 31 March 2024](#)), with a notable exception in NHS24, where 9.1% 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.

### 7.5.8 Pay Gap

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

Grade	Disability Status				
	Don't know	No	Prefer not to say	Yes	Total
Agenda for Change	£18.09	£18.99	£20.11	£19.21	£18.92
Medical and Dental	£48.41	£46.48	£37.65	£55.03	£46.20
Senior Managers		£41.34			£41.37
Total	£19.92	£21.23	£22.65	£20.18	£21.10

The average hourly rate for a colleague who has indicated that they have a disability is £1.05 lower than a colleague who has indicated that they do not have a disability (£20.18 v £21.23).

### 7.5.9 Recruitment Activity

When asked to provide information on their disability status, the vast majority of starters indicated that they did not have a disability (77.0%). However, 18 starters (3.0%) did identify as disabled.



### 7.5.10 Training Activity

Members of staff who declared themselves to be disabled reflects 1.5% of all training carried out in 2023-2024, which is less than the proportion of the workforce they represent.

### 7.5.11 Career Progression

4 of the 191 members of the workforce who were promoted in 2023/2024 indicated that they had a disability.

### 7.5.12 Leavers

Of the 245 members of staff who left NHS GJ's employment in 2023/2024, 3 declared that they had a disability, representing 1.6% of leavers, a smaller proportion than the 2.4% of the workforce disabled colleagues represent.

### 7.5.13 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 prefer not to disclose at a rate of 3.8%, versus 2.6% 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<sup>10</sup>.

Disability declaration	Female	Male
Don't know	7.1%	8.2%
No	84.6%	81.6%
No information provided	4.6%	4.1%
Prefer not to say	2.6%	3.8%
Yes	1.2%	2.4%

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/10902052/>



## 7.6 Sexual Orientation

### 7.6.14 Workforce Breakdown

Trend analysis of sexual orientation since 2018 indicates that the proportion of staff members who report identifying themselves as “Heterosexual” has remained relatively steady at around 75% to 77%. However, as at 31 March 2024, this proportion had fallen to 74.6%. The numbers of those who did not provide information or who “Prefer not to say” has risen by 2.8% 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	2024
<b>Heterosexual</b>	77.0%	77.3 %	72.7%	76.3%	77.4%	77.6%	74.6%
<b>No information provided</b>	13.8%	12.6%	17.8%	14.5%	12.7%	11.0%	12.3%
<b>Prefer not to say</b>	7.1%	7.8%	7.4%	6.8%	7.0%	7.5%	9.0%
<b>Gay/Lesbian</b>	1.3%	1.4%	1.3%	1.6%	1.9%	2.5%	2.4%
<b>Bisexual</b>	0.5%	0.6%	0.4%	0.6%	0.7%	1.0%	1.2%
<b>Other</b>	0.3%	0.3%	0.3%	0.0%	0.3%	0.4%	0.5%

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 2024](#)):

Health Board/Area	Sexual Orientation – no information provided						
	2018	2019	2020	2021	2022	2023	2024
<b>NHS Scotland</b>	28.7%	28.9%	29.8%	26.3%	24.9%	21.4%	20.2%
<b>West of Scotland Region</b>	32.9%	34.3%	37.0%	34.9%	32.2%	29.5%	27.8%
<b>NHS Greater Glasgow and Clyde</b>	29.6%	30.9%	38.1%	26.3%	36.3%	32.1%	30.3%
<b>National Health Boards</b>	36.0%	33.0%	37.8%	29.4%	28.2%	22.8%	21.7%
<b>NHS Golden Jubilee</b>	13.8%	12.6%	17.8%	14.5%	12.7%	11.0%	12.3%

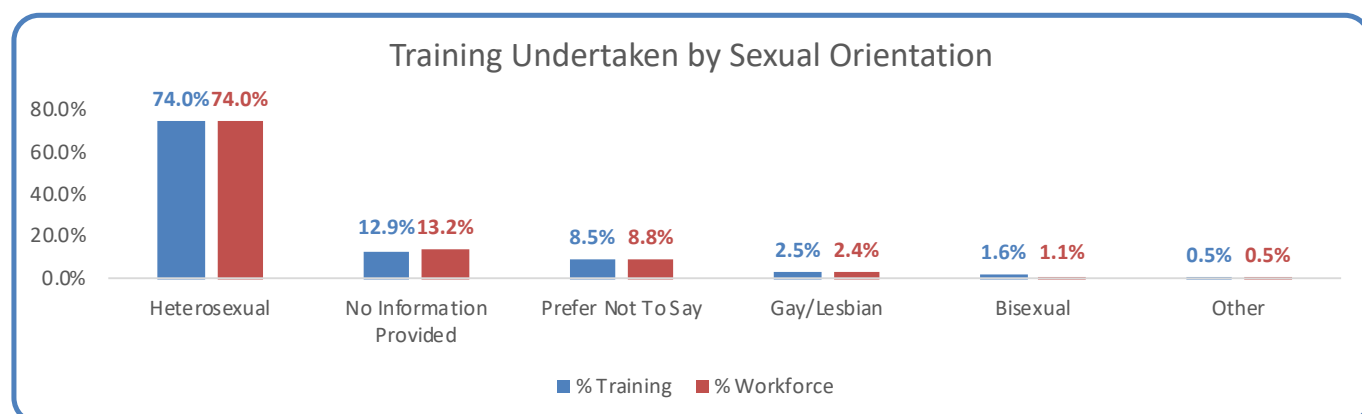
### 7.6.15 Recruitment Activity

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

Sexual Orientation	Headcount	Percentage
Heterosexual	385	63.7%
Prefer not to say	84	13.9%
No information provided	97	16.1%
Gay/Lesbian	17	2.8%
Bisexual	16	2.6%
Other	5	0.8%
<b>NHS GJ Total</b>	<b>604</b>	<b>100.0%</b>

### 7.6.16 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.



### 7.6.17 Career Progression

The great majority of promoted staff have declared themselves to be “Heterosexual” – 151 out of 191 promoted posts (79.6%), which is slightly more than the proportion of staff as a whole who identify as “Heterosexual” (74.0%). 16 (8.4%) promoted members of staff did not provide any information on their sexual orientation, while 13 (6.8%) preferred not to say. Information on the sexual orientation of the colleagues who were promoted who identify as “Gay/Lesbian” is 10 (5.2%). Nobody identified themselves as “Bisexual” or “Other” amongst promoted staff.

### 7.6.18 Leavers

During the period under review, 76.3% of leavers identified as “Heterosexual”, compared to 74.0% of the workforce. 9.8% of leavers did not provide any information on their sexual orientation, in comparison to 13.2% of the workforce. The proportion of leavers who identify as “Gay/Lesbian”, “Bisexual” or “Other” is 6.5% compare with the workforce of 4.0%.



## 7.7 Marriage and Civil Partnership

In 2023/2024, there are more married than single members of staff again, with 46.2% single and 49.4% married. These proportions have not changed markedly between 2019 and 2022, but represent sizeable changes to those reported in 2018<sup>11</sup>.

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 5 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.

Due to restrictions with the data capture software system (eESS), we are currently unable to report on non-binary/other gender classifications.

## 7.9 Pregnancy and Maternity

During the monitored period a total of 79 instances of maternity leave were recorded:

- 36 were on maternity leave before 1 April 2023;
- 43 went on maternity leave between 1 April 2023 and 31 March 2024;
- 44 returned from maternity leave during the period under review;
- 35 were still on maternity leave after 31 March 2023; and
- 9 of those who took maternity leave both went on leave and returned within the monitored period.

<sup>11</sup> 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.



# 8 Developments

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

## 8.1 Hospital Expansion

Summer 2024 will see the first theatre opening in Phase 2 of the hospital's expansion, pushed back from the original date of December 2023. 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	278.09
Medical	41.78
Other clinical	39.55
Non-clinical	125.86
<b>Total</b>	<b>485.28</b>

## 8.2 eRostering

In 2024/2025 NHS GJ will roll out Optima by [RLDatix](#), a workforce management solution for compiling rosters, managing leave and recording time worked by all staff.

The switch to RLDatix's Optima software is part of the programme led by NHS National Services Scotland to move to a single eRostering solution for all Scottish Health Boards.

The eRostering project also aligns with the implementation of the Health and Care (Staffing) (Scotland) Act which came into effect from April 2024.

As well as improving rostering practices, matching staffing levels to patient needs, and supporting delivery of better healthcare services, Optima's suite of linked software applications will enable:

- managers to view, amend and approve rosters easily and on the go;
- staff to have easier access to their roster and greater control over their work/life balance;
- bank staff to book and manage shifts more easily; and
- ward managers, senior nurses and clinical leads to have confidence that the right number and skill mix of staff are in the right place at the right time.





## 8.3 Band 5 Nursing Review

The NHS Scotland pay settlement for Agenda for Change staff in 2023/2024 included an agreement by the Scottish Government to review all Band 5 nursing posts. A process has been developed for the delivery of a bespoke banding review for Band 5 nurses, and a digital portal for the submission and consideration of applications as part of the review has also been established.

The portal went live on 17 June 2024, allowing Band 5 nurses to submit their applications for review.

## 8.4 Reduced Working Hours

Another strand of the 2023/2024 pay settlement for Agenda for Change staff related to the reduction of the working week. As a result of this, the working week for a full time member of staff will eventually reduce from 37.5 hours per week to 37.0 hours per week (pro rata for part time staff). The first 30 minute reduction in the working week took effect on 1 April 2024.

The reduction in the working week has an overall aim of reducing to 36 hours by 1 April 2026. At the national level, the Reduced Working Week Group will work to consider how this can be achieved safely, along with an evaluation of the first 30-minute reduction.

## 8.5 Protected Learning Time

The third strand of the 2023/2024 pay settlement for Agenda for Change staff was that they would be entitled to protected time for statutory, mandatory and profession-specific learning.

These provisions are effective from 1 April 2024. There is a recognition that learning and development is essential to NHS Scotland's efforts to improve the wellbeing and retention of staff, building diverse and complementary skills, contributing to improved patient care and clinical outcomes. The national policy on protected learning time can be found in NHS Circular [PCS\(AFC\)2024/1](#).



## 8.6 Health and Wellbeing Hub

NHS GJ's [Health and Wellbeing Strategy](#) made the development a virtual [Health and Wellbeing Hub](#) a key priority, which would enable partner organisations to provide outreach services to our staff. This would enable our staff to access support from organisations who are often better placed to provide the support needed, and which staff would feel more comfortable approaching.

The Health and Wellbeing Hub is now available for staff to access, pointing them to national and local resources and support. A Wellbeing telephone helpline has also been made available for staff.

## 8.7 Registration of Medical Associate Professions

From December 2024 the General Medical Council (GMC) will become a multi-professional regulator, regulating doctors, Physician Associates (PAs) and Anaesthesia Associates (AAs) (PAs and AAs are collectively known as Medical Associate Professions, or MAPs).

The aim of the regulation of PAs and AAs is to help assure patients, colleagues and employers that PAs and AAs have the knowledge and skills needed to work safely, and to ensure that they can be held to account if serious concerns are raised regarding them or their practice. Further details on the regulation of MAPs can be found on the [GMC](#) website.

## 8.8 Diversity Networks

NHS GJ's work on equality, diversity and inclusion is an important part of how we demonstrate our organisational values. We will continue to work hard to make these values more visible and appreciate how they influence how we behave. This will help us to provide a quality safe, effective and person centred service for our patients, visitors, guests, colleagues and volunteers.

To assist in our work on equality, diversity and inclusion we have a growing number of staff networks and forums led by staff, for staff. There are currently seven diversity Networks, and we have plans to establish fore issue-based forums going forward. Each Network Chair is a member of the NHS GJ Diversity and Inclusion Group, which gives colleagues an extra way to have their voice heard and share their lived experience.

Our current diversity Networks are (links with further information on each Network can be followed only by colleagues with access to NHS GJ's Sharepoint):

- [Ability Network](#);
- [Armed Forces Network](#);
- [Ethnic Minority Network](#);
- [LGBT+ Network](#);
- [Spiritual Care Network](#);
- [Women's Network](#); and
- [Young Persons Network](#).



**Draft – Subject to Governance Approval**

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