# Introduction

This Workforce Monitoring Report covers the period from 1 April 2024 to 31 March 2025. Every twelve months a Workforce Monitoring Report is presented to NHS Golden Jubilee’s (NHS GJ) Executive Team and 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](https://www.staffgovernance.scot.nhs.uk/media/1363/embracing-equality-diversity-and-human-rights-in-nhsscotland-pin-policy.pdf)”. 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 the workforce and the service.

## Key Findings

### Expanding Workforce

The ongoing hospital expansions and our remobilisation efforts post-COVID-19 have contributed to an increase in headcount of 113 when compared to the previous year (2613 v 2500), with whole time equivalent (WTE) increasing to 2378.2 from 2277.1.

### Sickness Absence

During the monitored period sickness absence stood at 6.2% of contracted hours. This is an increase on 2023/2024, when it came in at 5.5%, and is higher than the national target of 4.0% and our local target of 5.4%. Of all sickness absence, 58.0% came under the Nursing and Midwifery job family, which comprises 43.2% of the workforce.

Between 1 April 2024 and 31 March 2025 the main reason for sickness absence, as recorded on the Scottish Standard Time System (SSTS), was “Anxiety/stress/depression/other psychiatric illness”. It accounted for 1.4% of contracted hours and 22.9% of total sickness absence. This is a slight decrease on the previous year, when it accounted for 23.0% of all sickness absence.

### COVID-19

In 2024/2025, sickness absence for COVID-19 reasons fell considerably when compared to the previous year, coming in at 3654.3 hours, compared to 39954.4 hours in 2023/2024. This represented 1.3% of sickness absence and 0.1% of contracted hours. 2024/2025 was the first year since the pandemic started that we did not use Special Leave for COVID-19 related absences, with all absences coming under sick leave.

### 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 2025 (the same proportion as in 2024);
* the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.9% (up 0.5% in a year);
* the proportion of those in the 30 to 39 age bracket has increased from 25.3% to 26.9%; and
* the proportion of those in the 40 to 49 age bracket has fallen from 25.5% to 24.8%.

Some job families are more affected by the ageing population than others: 46.8% of the workforce in Support Services are aged over 50 (down by 1.6% on the previous year); as are 71.4% of Senior Managers (a much smaller job family); 36.1% of staff members in Medical and Dental; and 39.4% of those in Administrative Services.

### 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 the workforce 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 the Electronic Employee Support System (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.

# Current Workforce

As at 31 March 2025, NHS GJ’s workforce headcount was 2613 headcount (2378.2 WTE), 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 113 in headcount on the previous year (101.1 WTE). The charts below represent how these were split by Directorate as at 31March each year.

At the end of the period under review 43.2% of the workforce was in the Nursing and Midwifery job family (1.4% lower than the previous year), as can be seen from the table below. The next largest job family, at 20.8% was Administrative Services (0.2% lower than the previous year).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **Headcount** | **% Headcount** | **WTE** | **% WTE** |
| Nursing/Midwifery | 1129 | 43.2% | 1023.8 | 43.0% |
| Administrative Services | 543 | 20.8% | 503.4 | 21.2% |
| Support Services | 293 | 11.2% | 274.1 | 11.5% |
| Medical And Dental | 191 | 7.3% | 173.8 | 7.3% |
| Healthcare Sciences | 162 | 6.2% | 149.3 | 6.3% |
| Allied Health Profession | 157 | 6.0% | 133.1 | 5.6% |
| Other Therapeutic | 70 | 2.7% | 56.0 | 2.4% |
| Medical Support | 59 | 2.3% | 55.8 | 2.3% |
| Senior Managers | 7 | 0.3% | 7.0 | 0.3% |
| Personal And Social Care | 2 | 0.1% | 2.0 | 0.1% |
| **Total** | **2613** | **100.0%** | **2378.2** | **100.0%** |

The workforce is not all on permanent or fixed term contracts: NHS GJ also uses “Bank” workers, which provides flexibility to increase the workforce over and above its core staff cohort at busier times, and to cover unexpected absences, such as sick leave. As at 31 March 2025, there were 1133 bank workers (compared to 1075 on the same date in 2024), of which 890 were under Agenda for Change and 241 were doctors.

# Workforce Turnover

Turnover is calculated using the following formula:

|  |  |
| --- | --- |
| Turnover = | Headcount number of leavers between 01.04.24 and 31.03.25 |
| (((Headcount staff in post 01.04.24 – headcount staff in post 31.03.25)/2)\*100) |

## Turnover Rate

For the year under review the turnover rate was 7.8%[[1]](#footnote-2), a decrease of 1.0% on the previous year, as can be seen in the first chart below. The ongoing trend since 2015/2064 has been for an increase in workforce turnover. However, this year and last year, having lower turnover rates, have made the trend line less steep than it was previously. Our turnover rate is higher than for all National Boards combined (7.4%) and for all NHSScotland Boards combined (6.3%), as can be seen in the second chart below.

## Leavers

In 2024/2025 a total of 234 members of the workforce left permanent or fixed term posts within NHS GJ. The breakdown of proportion of leavers by job family is shown in the chart below:

## Reasons for Leaving

When a member of the workforce leaves NHS GJ’s employment, the reason for leaving is entered onto eESS, the HR system, if that person provides a reason for leaving. The chart below highlights reasons for leaving recorded for those who left NHS GJ’s employment between April 2024 and March 2025. 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 27.8% of leavers (lower than the previous year’s 38.0%)[[2]](#footnote-3).

# Recruitment

Over the period under review 644.84 WTE posts were recruited to/filled. This includes candidates who were still going through pre-employment checks or had agreed a start date, but had not yet started by the end of March. In the twelve months to the end of March:

* 603 electronic vacancy requests (EVRs) for 659.69 WTE posts were approved;
* 44 candidates for 33.83 WTE posts withdrew from the recruitment process after the pre-employment checks had commenced;
* offers were withdrawn for 20 candidates for 19.24 WTE posts during the pre-employment checks process;

As at the end of March 2025:

* 147 EVRs were going through the approval process;
* 13 posts (14.0 WTE) were out to live advert;
* 8 posts (9.6 WTE) were closed and awaiting shortlisting;
* 22 posts (36.60 WTE) were awaiting interview;
* 9 posts (9.4 WTE) had been interviewed for and were awaiting upload of notes/outcomes;
* 61 (57.8 WTE) candidates were at conditional offer stage;
* candidates (2.6 WTE) were awaiting an agreed start date; and
* 29 candidates (27.12 WTE) had an agreed start date.

## 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.

## Starters

The Directorate split of the 320 starters in 2024/2025 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 32.5% of starters.

# Sickness Absence



## Board Wide Sickness Absence

### 2024/2025

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%, and in 2024/2025 NHS GJ set a local target of 5.4%. Over the monitored period the levels of sickness absence for NHS GJ were higher than the national and local targets each month, as can be seen in the chart below. The annual rate of sickness absence for 2024/2025 came in at 6.2%, compared to 5.5% for the previous year. The sickness absence trend over the year was slightly upward, similar to the previous 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 team members remain at work. We provide absence management training, 1:1 sessions for managers and employees, and monthly updates on sickness absence at departmental, directorate and organisational level, to support attendance at work.

### 2015/2016 to 2024/2025

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 6.2%. At 6.2%, 2024/2025 has a higher rate than 2023/2024, and is the highest we have recorded since we started producing the Workforce Monitoring Report.

### 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:

## 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.

## Sickness Absence by Directorate

### 2024/2025

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 rates of all four Directorates are above the national target of 4.0%, coming in at 4.5%, but the rates for Corporate (4.8%) and the Golden Jubilee Conference Hotel (4.2%) are below the local NHS GJ target of 5.4%.In all four Directorates long term sickness absence accounted for more than half of all sickness absence.

### 2015/2016 to 2024/2025

The tables below show the sickness absence rates for each Directorate for each year from 2015/2016 to 2024/2025, along with the trend for sickness absence for each Directorate. All four Directorates show an increasing sickness absence rate trend over the years reviewed, with the most pronounced increase in Heart, Lung and Diagnostic Services.

## Sickness Absence by Job Family

Of the total 287176.3 hours of sickness absence in 2024/2025, 166621.3 hours (58.0%) affected the Nursing and Midwifery job family. As can be seen from the chart below this is well above the 43.2% 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.

## 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 2025. 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 2.6% greater share of sickness absence than the percentage of the workforce that age range and gender combination makes up, and females aged 40 – 44 have a 2.4% greater share of sickness absence, but those are the largest discrepancies. Overall, females make up 73.5% of the workforce and 80.5% of all sickness absence.

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

## 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 1.0% or more of sickness absence.

The most commonly cited reason for sickness absence during the monitored period was “Anxiety/stress/depression/other psychiatric illnesses”, which caused 22.9% of all sickness absence, up from 22.5% the year before. The second most common reason, “Cold, cough, flu – influenza”, was much lower, accounting for 11.9% of hours lost to sickness absence, up from 10.5% in 2023/2024.

# Supporting Work Life Balance

NHS Scotland has a suite of “Once for Scotland” [Workforce Policies](https://workforce.nhs.scot/), which have been developed to provide members of the workforce with a range of standardised policies to be used consistently and seamlessly across the NHS in Scotland. Some of these policies relate to flexible working options and leave arrangements to help members of the workforce to balance their lifestyle, whilst maintaining and promoting the best possible service to patients.



## Special Leave

The [Special Leave Policy](https://workforce.nhs.scot/policies/special-leave-policy-overview/special-leave-policy/), which applies to all employees, allows employers to provide a supportive and person-centred response where everyday arrangements break down, or urgent and unforeseen situations arise, such as:

* the sudden and immediate need to provide care to a family member, a dependent, a close friend or a colleague;
* the death, including miscarriage, or serious illness of a family member, a dependent, a close friend or a colleague;
* emergencies or unexpected domestic situations.

In addition, the policy provides child bereavement leave, planned unpaid carer’s leave, and time off to undertake civic and public duties and attend specialist clinical appointments.

In the monitored period, a total of 28891.1 hours of special leave were taken, compared with 28710.9 hours the previous year, broken up by Directorate as shown below:

|  |  |
| --- | --- |
| **Directorate** | **Special Leave Hours** |
| Corporate | 6281.9 |
| Golden Jubilee Conference Hotel | 884.0 |
| Heart, Lung and Diagnostic Services | 8637.4 |
| National Elective Services | 13087.8 |
| **NHS GJ Total** | **28891.1** |

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

|  |  |  |
| --- | --- | --- |
| **Reason For Special Leave** | **Special Leave Hours** | **% Special Leave** |
| Phased Return | 8678.4 | 30.0% |
| Carer | 4395.6 | 15.2% |
| Bereavement | 3182.2 | 11.0% |
| Compassionate | 2603.2 | 9.0% |
| Medical or dental appointment | 2354.4 | 8.1% |
| Emergency / domestic issues | 2296.8 | 8.0% |
| Bad weather conditions | 1756.0 | 6.1% |
| Phased retiral | 1385.7 | 4.8% |
| Other Special | 823.8 | 2.9% |
| Unknown/Not Applicable | 618.7 | 2.1% |

## Parental Leave

The [Parental Leave Policy](https://workforce.nhs.scot/policies/parental-leave-policy-overview/), which applies to all employees who meet the eligibility criteria, aims to:

* outline the eligibility procedure employees must use to request parental leave;
* provide details about employees’ statutory and contractual rights; and
* confirm parental leave pay arrangements.

Between 1 April 2024 and 31 March 2025 a total of 10322.9 hours of parental leave were used, an increase of 819.8 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

|  |  |
| --- | --- |
| **Directorate** | **Special Leave Hours** |
| Corporate | 2647.6 |
| Golden Jubilee Conference Hotel | 164.9 |
| Heart, Lung and Diagnostic Services | 3289.5 |
| National Elective Services | 4220.9 |
| **NHS GJ Total** | **10332.9** |

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.

## Maternity Leave

The [Maternity Policy](https://workforce.nhs.scot/policies/maternity-policy-overview/) aims to:

* outline the eligibility procedure employees must use to request maternity leave;
* provide details about employees; statutory and contractual rights; and
* confirm maternity leave and pay arrangements.

The Maternity Policy applies to all employees who meet the eligibility criteria, as well as bank, agency and sessional workers who meet specific eligibility criteria.

Between 1 April 2024 and 31 March 2025, a total of 88207.6 hours of maternity leave were used (26496.7 hours more than the previous year), with the Directorate breakdown shown in the table below:

|  |  |
| --- | --- |
| **Directorate** | **Special Leave Hours** |
| Corporate | 18083.5 |
| Golden Jubilee Conference Hotel | 3522.2 |
| Heart, Lung and Diagnostic Services | 35859.6 |
| National Elective Services | 30742.3 |
| **NHS GJ Total** | **88207.6** |

## New Parent Support Leave

The [New Parent Support Policy](https://workforce.nhs.scot/policies/new-parent-support-policy-overview/) aims to:

* outline the procedure that eligible employees must use to request new parent support leave (also known as paternity leave); and
* provide details about employees’ statutory and contractual rights to new parent support pay (also known as paternity pay).

The New Parent Support Policy applies to all employees who meet the eligibility criteria.

During the monitored period employees used a total of 1337.5 hours of maternity new parent support leave (an increase of 568.0 hours on the previous year). The Directorate breakdown is shown below:

|  |  |
| --- | --- |
| **Directorate** | **Special Leave Hours** |
| Corporate | 435.5 |
| Golden Jubilee Conference Hotel | 149.5 |
| Heart, Lung and Diagnostic Services | 302.0 |
| National Elective Services | 450.5 |
| **NHS GJ Total** | **1337.5** |

# 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](https://scottish.sharepoint.com/:w:/r/sites/StaffNet/_layouts/15/Doc.aspx?sourcedoc=%7BF1675B47-4893-4107-929C-011DCBA10FAE%7D&file=NHS%20Golden%20Jubilee%20Embracing%20Equality%2C%20Diversity%20and%20Human%20Rights%20Policy.doc&action=default&mobileredirect=true) places equality, diversity and human rights at the heart of everything NHS GJ does. Our [Diversity and Inclusion Strategy 2021-25](https://www.nhsgoldenjubilee.co.uk/application/files/1216/1614/9040/6.4b_Diversity_Inclusion_Strategy_Final_Version.pdf) forms an integral part of NHS GJ’s aim to promote the health and wellbeing of the workforce, 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](https://www.nhsgoldenjubilee.co.uk/application/files/1616/2642/7823/Health__Wellbeing_Strategy_3.pdf). We have set up a Diversity and Inclusion Group to take forward our plans under the nine protected characteristics and the [Fairer Scotland Duty](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20(the,disadvantage%2C%20when%20making%20strategic%20decisions.) (FSD), with each characteristic headed by an Executive Director.

The information covered in this section is based on self-reporting by NHS GJ’s workforce, and is collected at the point of engagement via the Staff Engagement Form. Members of the workforce 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](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20(the,disadvantage%2C%20when%20making%20strategic%20decisions.) 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”.

## Sex

### 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 (1920 headcount), with women representing 73.5% of the workforce as at 31 March 2025. This continues the pattern of previous years:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **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% | 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% | 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. Closer to home the split for the population of the West Dunbartonshire Council area (in which NHS GJ is situated) on the census date was 51.7% female to 48.3% male for the working age population.

As mentioned in the previous paragraph, the gender 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 members of the workforce. Most job families within NHS GJ have a female majority, with only “Medical and Dental”, “Personal and Social Care” and “Support Services” having more male than female staff:

### Participation

In the table below, which considers the proportion of whole time and part time members of the workforce by gender as a proportion of the total headcount, we can see that 71.1% of all employees hold full time contracts (37.0 hours per week for Agenda for Change; 37.5 hours per week for Senior Managers; 40 hours per week for medical and dental staff), while 28.9% hold part time posts. 47.8% of the total headcount is full time and female, while 3.3% is part time and male.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Whole Time/Part Time By Sex As Proportion Of Total Headcount** | | | | | |
| **Gender** | **Part Time** | | **Whole Time** | | **Total** | |
| **Female** | 670 | 25.6% | 1250 | 47.8% | 1920 | 73.5% |
| **Male** | 86 | 3.3% | 607 | 23.2% | 693 | 26.5% |
| **Total** | **756** | **28.9%** | **1857** | **71.1%** | **2613** | **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 88.6% of all part time workers, when they make up 73.5% of all workers. Men are under-represented – comprising 11.4% 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** | 670 | 88.6% | 1250 | 67.3% | 1920 | 73.5% |
| **Male** | 86 | 11.4% | 607 | 32.7% | 693 | 26.5% |
| **Total** | **756** | **100.0%** | **1857** | **100.0%** | **2613** | **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.

### 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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Gender** | | |
| **Grade** | **Female** | **Male** | **Total** |
| **Agenda for Change** | £20.28 | £20.46 | £20.32 |
| **Medical and Dental** | £48.18 | £52.04 | £50.88 |
| **Senior Managers** | £45.39 | £52.96 | £48.64 |
| **Total** | **£21.20** | **£26.95** | **£22.73** |

The average hourly rate for women is £5.75 lower than for men (£21.20 v £26.95). 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 members of the workforce tend to be outliers, more so than their male counterparts.

### Recruitment Activity

In 2024/2025 there were 320 starters, excluding bank workers. Of these 211 (65.9%) identified as female, and 109 (34.1%) identified as male. This means that male starters were over-represented in comparison to their proportion of the workforce.

### Training Activity

Between April 2024 and March 2025 the NHS GJ workforce completed 19743 training events, with female members of staff attending 16446 (83.3%) of these, and male colleagues attending 3297 (16.7%). This means that male staff members attended proportionately fewer training events than their female counterparts when compared to the proportion of the workforce that males comprise (26.5%).

### Career Progression

The monitored period saw a total of 106 promotions and increases in bandings among the NHS GJ workforce. Of these 74 (69.8%) were female and 32 (30.2%) were male. This means that a greater proportion of male colleagues were promoted when compared to their proportion of the workforce.

### Leavers

Of the 234 people who left during the monitored period, 64.5% were female and 35.5% male as a proportion of headcount, indicating that males were over-represented as leavers, as they made up 26.5% of the workforce at the end of March.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Leavers** | | **Workforce** | |
|  | **Headcount** | **% Headcount** | **Headcount** | **% Headcount** |
| **Female** | 151 | 64.5% | 1920 | 73.5% |
| **Male** | 83 | 35.5% | 693 | 26.5% |
| **Total** | **234** | **100.0%** | **2613** | **100.0%** |

## Age

### 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 each year from 2021/2022 to 2024/2025. 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 2011/2012 to 24.5% in 2024/2025 (the same as the previous year);
* the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 8.9% (up 0.5% in a year);
* the proportion of those in the 30 to 39 age bracket has fallen by just under 3% from 29.6% to 26.9%. This is an increase of 0.5% on the previous year, when it stood at 26.4%; and
* the proportion of those in the 40 to 49 age bracket has fallen from 26.1% to 24.8% (down from 25.4% in 2023/2025.

### 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 the workforce in Medical and Dental; and 37.7% of those in Administrative Services. The age ranges of the workforce within each job family is shown in the charts below:

### 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 2030, when considering current workforce. The current potential retirement profile (those aged 60 plus) is 8.9%, but by 2030 this could rise to 20.1%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest areas of impact are within Personal and Social Care, Support Services, Senior Managers and Administrative Services:

### Comparative Demographics

The table below compares the proportion of the workforce 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** |
| **NHS GJ** | 0.2% | 14.7% | 26.9% | 24.8% | 24.5% | 8.4% |
| **West Dunbartonshire** | 6.5% | 17.7% | 20.2% | 18.8% | 24.7% | 12.0% |
| **Scotland** | 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 only 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 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 workforce still retire at around 60, due to benefits of superannuation. This may change going forward, with the increase in the national pension age.

### 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. The proportion of starters aged over 60 was slightly higher in 2024/2025 compared to 2023/2024 (5.0% v 4.1%). In part this is due to those who participated in “retire and return”.

### 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.

### Career Progression

The monitored period saw a total of 106 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, 30 to 34, 35 to 39 and 65 plus age groups are most likely to be promoted, while employees in the under 20, 20 to 24 and 50 to 54 age group are least likely to be promoted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Promotions** | | **Workforce** | | **% of Age Group Promoted** |
| **Headcount** | **%Headcount** | **Headcount** | **%Headcount** |
| **Under 20** | 0 | 0.0% | 5 | 0.2% | 0.00% |
| **20 to 24** | 2 | 1.9% | 100 | 3.8% | 2.00% |
| **25 to 29** | 28 | 26.4% | 285 | 10.9% | 9.82% |
| **30 to 34** | 17 | 16.0% | 347 | 13.3% | 4.90% |
| **35 to 39** | 22 | 20.8% | 356 | 13.6% | 6.18% |
| **40 to 44** | 8 | 7.5% | 324 | 12.4% | 2.47% |
| **45 to 49** | 7 | 6.6% | 323 | 12.4% | 2.17% |
| **50 to 54** | 7 | 6.6% | 334 | 12.8% | 2.10% |
| **55 to 59** | 8 | 7.5% | 306 | 11.7% | 2.61% |
| **60 to 64** | 4 | 3.8% | 177 | 6.8% | 2.26% |
| **65 plus** | 3 | 2.8% | 56 | 2.1% | 5.36% |
| **Total** | **106** | **100.0%** | **2613** | **100.0%** | **4.06%** |

### Leavers

Leavers by age range during the period under review is shown in the table below. The number of leavers in the 20 to 24, 25 to 29, 40 to 44, 60 to 64 and 65 + age ranges are higher than would be expected compared to their proportion of the workforce, while those in the 45 to 49, 50 to 54 and 55 to 59 age ranges are lower.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Leavers** | | **Workforce** | | **Leavers As % Of Workforce** |
| **Headcount** | **% Headcount** | **Headcount** | **% Headcount** |
| Under 20 | 0 | 0.0% | 5 | 0.2% | 0.0% |
| 20 - 24 | 16 | 6.8% | 100 | 3.8% | 16.0% |
| 25 - 29 | 34 | 14.5% | 285 | 10.9% | 11.9% |
| 30 - 34 | 26 | 11.1% | 347 | 13.3% | 7.5% |
| 35 - 39 | 35 | 15.0% | 356 | 13.6% | 9.8% |
| 40 - 44 | 38 | 16.2% | 324 | 12.4% | 11.7% |
| 45 - 49 | 14 | 6.0% | 323 | 12.4% | 4.3% |
| 50 - 54 | 13 | 5.6% | 334 | 12.8% | 3.9% |
| 55 - 59 | 18 | 7.7% | 306 | 11.7% | 5.9% |
| 60 - 64 | 22 | 9.4% | 177 | 6.8% | 12.4% |
| 65 + | 18 | 7.7% | 56 | 2.1% | 32.1% |
| Total | **234** | **100.0%** | **2613** | **100.0%** | **9.0%** |

### 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 members of the workforce 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 employees 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.

## Race

### 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 – 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.

### Workforce Breakdown

At the end of the monitored period the largest proportion of the workforce identified themselves as “White – Scottish”, coming in at 64.3% of the workforce, 0.3% greater than in March 2024. The next largest group were those that did not provide any information on their ethnic group (“Don’t Know” or “No Information Provided”), with 8.6%, compared to 9.4% the previous year.

Minority ethnic groups made up 9.5% of the workforce (0.1% greater than in 2024), 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[[3]](#footnote-4):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Group** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| 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% | 64.3% |
| 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% | 8.6% |
| 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% | 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% | 4.6% | 4.5% |
| 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% | 5.0% |
| Asian – Indian | 1.9% | 1.7% | 1.9% | 2.0% | 1.8% | 2.0% | 2.5% | 2.3% | 2.3% | 2.4% | 2.5% | 3.2% | 3.9% | 3.8% |
| 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% | 1.3% |
| 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% | 1.6% |
| 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% | 0.9% |
| 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% | 1.5% |
| 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% | 0.5% |
| 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% | 0.8% |
| Asian - Chinese | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0.4% |
| 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 | 0.2% |

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 2025](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/03-june-2025-workforce/?pageid=14061) shows the ethnic group breakdown for staff in NHS Greater Glasgow and Clyde as at 31 March 2025. It might be expected that this would be similar to NHS GJ, but:

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **% Scottish population** | **% NHSGGC staff** | **% NHS GJ staff** |
| **White – Scottish** | 77.7% | 54.5% | 64.3% |
| **No information provided** |  | 24.3% | 8.6% |
| **White – Other British** | 9.4% | 8.8% | 6.6% |
| **White – Other** | 4.7% | 3.3% | 4.7% |
| **Prefer not to say** |  | 0.7% | 5.0% |
| **Minority ethnic group** | 7.2% | 7.3% | 9.5% |
| **White – Irish** | 1.0% | 1.1% | 1.3% |

### 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Ethnicity** | | | | |
| **Grade** | **Minority Ethnic** | **Don’t know** | **Prefer not to say** | **White** | **Total** |
| **Agenda for Change** | £19.40 | £22.52 | £20.11 | £20.18 | £20.32 |
| **Medical and Dental** | £45.16 | £58.83 | £50.29 | £52.55 | £50.88 |
| **Senior Managers** |  | £44.00 | £49.56 | £49.38 | £48.63 |
| **Total** | **£24.76** | **£24.90** | **£24.05** | **£22.16** | **£22.74** |

The average hourly rate for Minority Ethnic colleagues is £2.60 higher than for White colleagues (£24.76 v £22.16). 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.

### Recruitment Activity

The relative breakdown of starters by ethnic group is shown in the chart below[[4]](#footnote-5):

Minority ethnic groups made up 13.4% of starters, higher than the 9.5% of the general workforce they represent. In part this is due to NHS Scotland activity to recruit nurses from overseas.

### Training Activity

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

### Career Progression

The chart below shows the ethnic grouping 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 69.8% of promotions and 76.9% of the workforce, while Minority Ethnic colleagues represent 17.9% of promotions and 9.5% of the workforce.

### 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: 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** |
| **White - Scottish** | 126 | 53.8% | 1680 | 64.3% |
| **Prefer not to say** | 21 | 9.0% | 130 | 5.0% |
| **White - Other British** | 16 | 6.8% | 172 | 6.6% |
| **White - Other** | 15 | 6.4% | 118 | 4.5% |
| **No information provided** | 17 | 7.3% | 225 | 8.6% |
| **Other Ethnic Group[[5]](#footnote-6)** | 12 | 5.1% | 102 | 3.9% |
| **Asian - Indian** | 11 | 4.7% | 99 | 3.8% |
| **Mixed or Multiple Ethnic Group** | 6 | 2.6% | 14 | 0.5% |
| **African** | 5 | 2.1% | 38 | 1.5% |
| **White - Irish** | 5 | 2.1% | 35 | 1.3% |
| **Total** | **234** | **100.0%** | **2613** | **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 “Prefer not to say” category.

|  |  |
| --- | --- |
| **Ethnic Group** | **Leavers as % of that Ethnic Group** |
| **White – Scottish** | 6.4% |
| **Prefer not to say** | 16.2% |
| **White – Other British** | 9.3% |
| **White – Other** | 12.7% |
| **No information provided** | 7.6% |
| **Other Ethnic Group** | 11.8% |

## Religion and Belief

### 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 the workforce identify themselves as “No Religion” (29.5%: 1.0% higher than the previous year) or “Roman Catholic” (21.5%: 0.2% down on 2023/2024)[[6]](#footnote-7).

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 2025](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/03-june-2025-workforce/?pageid=14061)). 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 29.5% 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”.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% Scottish population** | **% NHSGGC staff** | **% NHS GJ staff** |
| **No religion** | 51.1% | 34.9% | 29.5% |
| **Roman Catholic** | 13.3% | 16.9% | 21.5% |
| **Church of Scotland** | 20.4% | 12.9% | 15.3% |
| **Not stated** | 6.2% | 20.2% | 9.6% |
| **Prefer not to say** |  | 3.7% | 9.0% |
| **Christian – Other** | 5.1% | 7.4% | 8.8% |
| **Other** | 1.2% | 1.6% | 3.6% |
| **Muslim** | 2.2% | 1.7% | 1.5% |
| **Hindu** | 0.6% | 0.7% | 1.3% |

### Recruitment Activity

The breakdown of starters by religion or belief is shown in the chart below[[7]](#footnote-8):

42.8% of starters indicated that they do not have a religion, higher than the 29.5% 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.

### 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.

### 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** | 35 | 33.0% | 771 | 29.5% |
| **Roman Catholic** | 29 | 27.4% | 561 | 21.5% |
| **Christian - Other** | 14 | 13.2% | 229 | 8.8% |
| **Prefer not to say** | 9 | 8.5% | 235 | 9.0% |
| **Church of Scotland** | 7 | 6.6% | 399 | 15.3% |
| **Other[[8]](#footnote-9)** | 12 | 11.3% | 418 | 16.0% |
| **Total** | **106** | **100.0%** | **2613** | **100.0%** |

### Leavers

During 2024-2025 the proportion of leavers was highest in the group of staff who had “No Religion”: 30.3% of leavers compared to 29.5% of staff:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Promotions** | | **Workforce** | |
|  | **Headcount** | **% Headcount** | **Headcount** | **% Headcount** |
| **No Religion** | 71 | 30.3% | 771 | 29.5% |
| **Roman Catholic** | 40 | 17.1% | 561 | 21.5% |
| **Church of Scotland** | 35 | 15.0% | 399 | 15.3% |
| **Prefer not to say** | 26 | 11.1% | 235 | 9.0% |
| **Christian - Other** | 18 | 7.7% | 229 | 8.8% |
| **No information provided** | 15 | 6.4% | 250 | 9.6% |
| **Muslim** | 13 | 5.6% | 40 | 1.5% |
| **Hindu** | 6 | 2.6% | 35 | 1.3% |
| **Other[[9]](#footnote-10)** | 10 | 4.3% | 93 | 3.6% |
| **Total** | **234** | **100.0%** | **2613** | **100.0%** |

## 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>.

### Definitions

Members of the workforce 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 members of the workforce to disclose details of any disability they may identify.

### 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 2025 (83.8%). During this time the proportion of the workforce 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 11.7% 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 the workforce 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 the workforce who declare they have a disability is low in comparison to the general population: 32% of all adults in Scotland ([Scottish Health Survey 2017](https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/)), this is repeated across Boards in NHS Scotland, where 1.8% identified themselves as disabled as at 31 March 2025 ([NHS Scotland Workforce Statistics release as at 31 March 2025](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/03-june-2025-workforce/?pageid=14061)), with a notable exception in NHS24, where 11.4% of the workforce declared a disability.

It should be noted that some disabilities may arise during the course of employment, so unless the workforce is regularly surveyed we may never capture that change in information. The HR system allows members of the workforce 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.

### 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Disability Status** | | | | |
| **Grade** | **Don’t know** | **No** | **Prefer not to say** | **Yes** | **Total** |
| **Agenda for Change** | £20.05 | £20.47 | £20.17 | £21.75 | £20.33 |
| **Medical and Dental** | £55.53 | £51.11 | £47.12 | £60.80 | £51.07 |
| **Senior Managers** |  | £48.48 | £49.56 |  | £48.64 |
| **Total** | **£22.60** | **£22.95** | **£24.10** | **£22.73** | **£22.75** |

The average hourly rate for a colleague who has indicated that they have a disability is £0.22 lower than a colleague who has indicated that they do not have a disability (£22.73 v £22.95).

### Recruitment Activity

When asked to provide information on their disability status, the vast majority of starters indicated that they did not have a disability (81.6%). However, 5 starters (1.6%) did identify as disabled.

### Training Activity

Members of the workforce who declared themselves to be disabled undertook 1.9% of all training completed in 2024-2025, which is slightly more than the 1.5% of the workforce who declared that they had a disability.

### Career Progression

The number of people who were promoted who indicated that they had a disability was fewer than 5.

### Leavers

Of the 234 members of the workforce who left NHS GJ’s employment in 2024/2025, 6 declared that they had a disability, representing 2.6% of leavers, a greater proportion than the 1.5% of the workforce disabled colleagues represent.

### 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 members of the workforce are equally likely not to disclose whether they have a disability. Male colleagues do prefer not to disclose at a rate of 4.2%, versus 2.7% for female colleagues. However, as is shown in the table below, male members of the workforce are three times as likely to disclose a disability as their female counterparts, despite global disabilities and long term health conditions being more prevalent in women[[10]](#footnote-11).

|  |  |  |
| --- | --- | --- |
| **Disability declaration** | **Female** | **Male** |
| No | 84.7% | 81.2% |
| No information provided | 11.6% | 11.8% |
| Prefer not to say | 2.7% | 4.2% |
| Yes | 1.0% | 2.7% |

## Sexual Orientation

### Workforce Breakdown

Trend analysis of sexual orientation since 2018 indicates that the proportion of members of the workforce who report identifying themselves as “Heterosexual” has remained relatively steady at around 75% to 77%. However, by 31 March 2025, this proportion had fallen to 74.7%. The numbers of those who did not provide information fell by 1.4% to 12.4% between 2018 and 2025. To help improve the quality of information the Recruitment Team ensures that new members of the workforce completing the Staff Engagement Form are asked to complete all parts of the Equal Opportunities Information section of the form, reminding them that replying “Prefer not to say” is a perfectly acceptable response, and preferable to not providing any information.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **Heterosexual** | 77.0% | 77.3% | 72.7% | 76.3% | 77.4% | 77.6% | 74.6% | 74.7% |
| **No information provided** | 13.8% | 12.6% | 17.8% | 14.5% | 12.7% | 11.0% | 12.3% | 12.4% |
| **Prefer not to say** | 7.1% | 7.8% | 7.4% | 6.8% | 7.0% | 7.5% | 9.0% | 8.7% |
| **Gay/Lesbian** | 1.3% | 1.4% | 1.3% | 1.6% | 1.9% | 2.5% | 2.4% | 2.5% |
| **Bisexual** | 0.5% | 0.6% | 0.4% | 0.6% | 0.7% | 1.0% | 1.2% | 1.3% |
| **Other** | 0.3% | 0.3% | 0.3% | 0.0% | 0.3% | 0.4% | 0.5% | 0.4% |

The quality of information held on the declared sexual orientation of members of the workforce has improved over the years at NHS GJ, as can be seen in the decrease in the proportion of members of the workforce for whom no information has been provided. This can be seen when compared to other Boards, where the proportion of members of the workforce for whom no information has been provided on sexual orientation tends to be higher ([NHS Scotland Workforce Statistics release as at 31 March 2025](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/03-june-2025-workforce/?pageid=14061)):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sexual Orientation – No Information Provided** | | | | | | | |
| **Health Board/Area** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **NHS Scotland** | 28.7% | 28.9% | 29.8% | 26.3% | 24.9% | 21.4% | 20.2% | 19.5% |
| **West of Scotland Region** | 32.9% | 34.3% | 37.0% | 34.9% | 32.2% | 29.5% | 27.8% | 26.3% |
| **NHS Greater Glasgow and Clyde** | 29.6% | 30.9% | 38.1% | 26.3% | 36.3% | 32.1% | 30.3% | 28.6% |
| **National Health Boards** | 36.0% | 33.0% | 37.8% | 29.4% | 28.2% | 22.8% | 21.7% | 21.4% |
| **NHS Golden Jubilee** | 13.8% | 12.6% | 17.8% | 14.5% | 12.7% | 11.0% | 12.3% | 12.4% |

### 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 | 242 | 75.6% |
| Prefer not to say | 36 | 11.3% |
| No information provided | 20 | 6.3% |
| Gay/Lesbian | 14 | 4.4% |
| Bisexual | 8 | 2.5% |
| **NHS GJ Total** | **320** | **100.0%** |

### 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.

### Career Progression

The great majority of promoted members of the workforce have declared themselves to be “Heterosexual” – 71 out of 106 promoted posts (67.0%), which is 7.7% lower the proportion of the workforce as a whole who identify as “Heterosexual” (74.7%). 10 (9.4%) promoted members of the workforce did not provide any information on their sexual orientation, while 12 (11.3%) preferred not to say. Information on the sexual orientation of the colleagues who were promoted who identify as “Gay/Lesbian” is 8 (7.5%). The number of promoted members of the workforce who identified themselves as “Bisexual” or “Other” were both fewer than 5.

### Leavers

During the period under review, 73.1% of leavers identified as “Heterosexual”, compared to 74.7% of the workforce. 9.8% of leavers did not provide any information on their sexual orientation, in comparison to 12.4% of the workforce. The proportion of leavers who identify as “Gay/Lesbian” was 4.3%, compared to 2.5% of the workforce. Fewer than 5 leavers identified as “Bisexual”.

## Marriage and Civil Partnership

In 2024/2025 the proportion of the workforce who indicated that they were married fell again, and since 2019 has dropped from 50.7% to 45.3%. In that time the proportion of the workforce who indicated that they are single has increased from 44.4% to 50.1%[[11]](#footnote-12).

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.

## 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.

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

## Pregnancy and Maternity

During the monitored period a total of 101 instances of maternity leave were recorded:

* 33 were on maternity leave before 1 April 2024;
* 68 went on maternity leave between 1 April 2024 and 31 March 2025;
* 44 returned from maternity leave during the period under review;
* 53 were still on maternity leave after 31 March 2024; and
* of those who took maternity leave, 15 both went on leave and returned within the monitored period.

# Developments

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

## Culture Programme

Our focus on staff health and wellbeing has been a key driver for further investment in a Board-wide culture programme. We have a track record of providing high quality support to our staff with all facets of their wellbeing, for example the Employee Assistance Programme and the Listening Ear service. We recognise the value in what is already being offered to staff and are keen to build on this and more strategically tackle the root causes of poor wellbeing.

During 2024-25 we launched our Kindness Matters culture programme, which is based on methodology that has kindness at its core, with growing evidence that being kind has huge benefits: people who show kindness to others are calmer, happier, less stressed and more productive. The relationships we have with our colleagues and the quality of those interactions are also shown to improve, including team wellbeing and effectiveness. All of these are fundamental to staff wellbeing and staff experience

To date, the Kindness Matters programme has involved extensive engagement with staff and volunteers to identify what makes a good day and a bad day at work, as well as engaging with patients and the public regarding their experience at the NHS GJ. Going forward, this feedback, along with existing organisational data, will enable us to review our organisational values and identify a behaviour framework to support these values. We will also identify priority actions to ensure we weave these new values into all aspects of organisational life.

## Supporting Our Workforce With Attendance And Wellbeing

We recognise that working in healthcare is incredibly rewarding, but can sometimes be challenging. In 2025/2026 we are undertaking a programme to ensure that the workforce knows that their health and wellbeing are our top priorities, and how we can support them whether they are at work or off due to an illness. As part of this support HR colleagues are carrying out drop-in information sessions to talk managers and colleagues through any questions they may have about:

* attendance, health and wellbeing, guidelines and policies;
* how to make a referral to Occupational Health (manager referral or self-referral);
* phased returns to work after a prolonged period of sickness absence;
* reasonable adjustments; and
* anything else that colleagues might like to ask regarding attendance and wellbeing.

Our support for our colleagues with attendance at work and their wellbeing is assisted by both our local [Health and Wellbeing Hub](https://www.nhsgoldenjubilee.co.uk/working-us/supporting-our-staff/health-and-wellbeing-hub) and the national [Wellbeing Hub](https://wellbeinghub.scot/), which is available for everyone working in health, social care and social work in Scotland

## Mainstreaming Equalities

NHS Golden Jubilee is committed to mainstreaming equalities across all nine protected characteristics as defined by the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance) and [Fairer Scotland Duty](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/) (FSD) to build on our long-standing reputation as a progressive organisation that is focused on maintaining an inclusive culture for our patients, service users, customers, workforce, and volunteers.

We recognise the immense value that a diverse workforce brings by offering different perspectives on how we deliver high-quality, safe, effective and person-centred care. This diversity helps to foster a healthy, vibrant, and inclusive culture throughout our organisation. Alongside this, we are also deeply committed to the ongoing development of the care and services we provide to patients, ensuring equality of access for the diverse population of Scotland we proudly serve.

We have multiple strategies, policies and work streams specifically focusing on embedding equality, diversity and inclusion throughout our organisational culture, including the [NHS Golden Jubilee Equality Outcomes 2025 – 2029](https://www.nhsgoldenjubilee.co.uk/publications/reports/equalities/equalities-outcomes-2025-29/equality-outcomes-diversify-talent), [Embracing Equality Diversity and Human Rights Policy](https://scottish.sharepoint.com/:w:/r/sites/StaffNet/_layouts/15/Doc.aspx?sourcedoc=%7BF1675B47-4893-4107-929C-011DCBA10FAE%7D&file=NHS%20Golden%20Jubilee%20Embracing%20Equality%2C%20Diversity%20and%20Human%20Rights%20Policy.doc&action=default&mobileredirect=true) and our [Health and Wellbeing Strategy](https://www.nhsgoldenjubilee.co.uk/application/files/1616/2642/7823/Health__Wellbeing_Strategy_3.pdf).

Our Equalities group is chaired by the Deputy Director of People and Culture and meets on a quarterly basis to ensure that progress on the delivery of our Equality Outcomes forms an integral part of the organisational governance structure.

In 2025/2026 we are placing a strong focus on mainstreaming equalities across the organisation via the following strategies and workstreams, which will have an impact on patients and our workforce:

holistic care package for SACCS patients with a learning disability.

* level 4 ward upgrade, featuring best practice design for inclusivity, focusing on dementia/visual impairment friendly design;
* introduction of a dedicated breast-feeding facility for staff;
* upgrade of existing accessible sanitary facilities within our main hospital building to align with best practice for inclusivity;
* a suite of training focusing on neurodiversity, prevention of sexual harassment and managers’ responsibilities for disabled employees;
* establishment of a national short-life working group to generate and deliver a new Accessible Communications Policy for NHS Scotland;
* NHS GJ Disability Leadership conference;
* introduction of new equalities monitoring tab within the Clinical Governance service user feedback template to allow for thematic analysis to be undertaken according to protected characteristic;
* introduction of equalities monitoring for participants undertaking medical trials within the Research Institute;
* introduction of QR codes on hotel restaurant/bar menus to generate alternative digital formats for use by assistive technology; and
* review of Staff Networks to enhance opportunities and outputs.

## Anti-Racism Action Plan

In October 2025, NHS GJ will launch its new Anti-Racism Action Plan (ARAP) to coincide with Black History Month. Our ARAP will focus on targeted measures to mitigate racialized health inequalities for our workforce and service users, establishing NHS GJ as a proud anti-racist organisation. Our plans will be structured around the themes of:

* leadership and accountability;
* organisational culture;
* equity of opportunity;
* using data to inform actions; and
* addressing concerns.

## Staff Networks

NHS GJ recognises the benefits that staff networks can bring towards fostering an inclusive workplace culture. Over recent years we have embarked on an ambitious journey to establish a family of seven networks led by our workforce, for our workforce to represent the nine protected characteristics and Fairer Scotland Duty. Each Network Chair is a member of the NHS GJ Equalities Group, which gives colleagues an extra way to have their voice heard and share their lived experience.

Our current Staff Networks are:

|  |  |  |
| --- | --- | --- |
| **Staff Network** | **Protected Characteristic** | **Executive Lead** |
| Ethnic Minority | Race | Medical Director |
| Ability | Disability | Director of Strategy, Planning and Performance |
| LGBT+ | Sexual orientation  Gender reassignment (trans status) | Director of Nursing |
| Young Person’s | Age  Socio-economic status | Director of Finance |
| Armed Forces | Intersectional | Director of Strategic Communications and Stakeholder Relations |
| Spiritual Care | Religion and belief  Marriage and civil partnership | Director of People and Culture |
| Women’s | Sex | Director of Operations |

## Equality Outcomes 2025-2029

NHS GJ is committed to supporting dignity at work by creating an inclusive working environment. Our [Equality Outcomes 2025-2029](https://www.nhsgoldenjubilee.co.uk/publications/reports/equalities/equalities-outcomes-2025-29) form an integral part of NHS GJ’s aim to promote the health and wellbeing of our patients, service users, customers, workforce, and volunteers.

For our workforce, we hope to achieve the following:

|  |  |
| --- | --- |
| **Theme:** | **Outcome:** |
| Cultivating an inclusive culture and rebalancing our workforce and volunteer profile to reflect the demographic diversity within society | Increase applications, on boarding, quality of data and retention of people with protected characteristics with a focus on age, disability, race, an sexual orientation. |
| Establishing an ethos of intersectional harmonisation and creating a culture of acceptance, trust, transparency and respect. | Deliver targeted interventions to mainstream equalities for the workforce and volunteers, adopting a holistic intersectional approach. |

## 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. At the time of writing this report, 73 submissions had been made for review and 47 reviews had resulted in a change of banding for the individuals who had requested the reviews.

## Reduced Working Hours

Another strand of the 2023/2024 pay settlement for Agenda for Change staff was to consider the reduction of the working week. As a result of this, the working week for a full time member of staff will 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 Scottish Government has confirmed that the reduction to 36.0 hours per week will take effect on 1 April 2026.

Initial work has taken place with managers across the organisation to plan for the impact of the reduction in hours from 1 April 2026, and a final plan will be submitted to the Scottish Government in the third quarter of 2025/2026.

## 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, and 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](https://www.publications.scot.nhs.uk/files/pcs2024-afc-01.pdf).

## eRostering

In 2024/2025, NHS GJ started the roll-out of Optima by [RLDatix](https://rldatix.com/en-nam/), 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 enables:

* 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.

In 2024/2025, implementation of Optima was completed across 20 rosters in the following areas:

* Critical Care (4 departments):
* Rehabilitation;
* Radiology (both clinical and non-clinical);
* Theatres; and
* Housekeeping.

2025/2026 sees further roll-out across the following departments:

* Workforce (including Human Resources, Recruitment, Occupational Health, Spiritual Care, and Learning and Organisational Development);
* Quality, Performance, Planning and Programmes;
* Marketing and Communications;
* Finance;
* Clinical Governance; and
* Golden Jubilee Conference Hotel (multiple departments).

1. [NHSScotland Workforce, TURAS Data Intelligence](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/?pageid=1243) [↑](#footnote-ref-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. [↑](#footnote-ref-3)
3. In the following years the number of members of the workforce who identified as the mentioned ethnicities was fewer than 5 and so was counted as “Other Ethnic Group”, unless stated otherwise:

   * 2012 to 2014: Asian – “Pakistani” was counted in "Other Asian" and “African” was counted in "Other Ethnic Group";
   * 2015 to 2018: “White – Irish”, “Mixed or Multiple Ethnic Group” and “Asian – Chinese”.
   * 2019: “White – Polish”, “Asian – Chinese”, “Other Ethnic Group – Arab” and “White – Gypsy Traveller;
   * 2020 to 2021: "Asian - Chinese", "Other Ethnic Group - Arab", "Asian - Bangladeshi", "White - Gypsy Traveller" and "Caribbean or Black”;

   2022 “White – Polish”.

   2023 to 2024: “Asian Chinese”, “White Polish”, “Other Ethnic Group – Arab”, “White – Gypsy Traveller” and “Caribbean or Black”.

   2025: “Asian Bangladeshi” and “Caribbean or Black”. [↑](#footnote-ref-4)
4. “Other Ethnic Group” includes “Asian – Bangladeshi”, “Asian – Chinese”, “Asian – Pakistani”, “Caribbean or Black”, “Mixed or Multiple Ethnic Group” and “White – Polish”, as the number of starters who identified as belonging in these ethnicities was fewer than 5 each, and so was too low to identify separately. [↑](#footnote-ref-5)
5. “Other Ethnic Group” includes “Asian – Chinese”, “Asian – Pakistani”, “Asian – Other” and Other Ethnic Group – Arab”, as the number of leavers who identified as belonging in these ethnicities was fewer than 5 each, and so was too low to identify separately. [↑](#footnote-ref-6)
6. Faiths which are represented by fewer than 5 members of the workforce are not reported individually, but captured within “Other”. In 2025 these were “Jewish”, “Other – Christian” and “Another Religion or Body”. [↑](#footnote-ref-7)
7. Faiths which are represented by fewer than 5 starters are not reported individually, but captured within “Other”. In 2025 these were “Buddhist”, “Sikh” and “Another Religion or Body”. [↑](#footnote-ref-8)
8. Faiths which are represented by fewer than 5 members of the workforce are not reported individually, but captured within “Other”. In 2025 these were “Hindu”, “Muslim” and “No information provided”. [↑](#footnote-ref-9)
9. Faiths which are represented by fewer than 5 members of the workforce are not reported individually, but captured within “Other”. In 2025 these were “Buddhist” and “Jewish”. [↑](#footnote-ref-10)
10. <https://pubmed.ncbi.nlm.nih.gov/10902052/> [↑](#footnote-ref-11)
11. Until 2018 members of the workforce did not have to provide information on their marital status, and many of them 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. [↑](#footnote-ref-12)