Contents

1 Introduction 4
1.1 Key Findings 4
1.1.1 Expanding Workforce 4
1.1.2 Sickness Absence 4
1.1.3 Ageing Workforce 4
1.1.4 Data Quality 4
2 Current Workforce 6
3 Workforce Turnover 7
3.1 Turnover Rate 7
3.2 Leavers 7
3.3 Reasons for Leaving 8
4 Recruitment 9
4.1 Recruitment Process Optimisation 9
4.2 Starters 9
5 Sickness Absence 11
5.1 Board Wide Sickness Absence 11
5.1.1 2025/2026 11
5.1.2 2016/2017 to 2025/2026 11
5.1.3 Comparison with Other National Boards and NHS Scotland 12
5.2 Long Term and Short Term Sickness Absence 12
5.3 Sickness Absence by Directorate 12
5.3.1 2025/2026 12
5.3.2 2016/2017 to 2025/2026 13
5.4 Sickness Absence by Job Family 14
5.5 Sickness Absence by Age and Sex 14
5.6 Reasons for Sickness Absence 15
6 Supporting Work Life Balance 17
6.1 Special Leave 17
6.2 Parental Leave 17
6.3 Maternity Leave 18
6.4 New Parent Support Leave 18
7 Diversity and Inclusion 20
7.1 Sex 21
7.1.1 Workforce Breakdown 21
7.1.2 Participation 22
7.1.3 Pay Gap 22
7.1.4 Recruitment Activity 23
7.1.5 Training Activity 23

7.1.6 Career Progression 23
7.1.7 Leavers 23
7.2 Age 24
7.2.1 Workforce Breakdown 24
7.2.2 Job Family 24
7.2.3 Retirement Profile 26
7.2.4 Comparative Demographics 26
7.2.5 Recruitment Activity 27
7.2.6 Training Activity 27
7.2.7 Career Progression 27
7.2.8 Leavers 28
7.2.9 Intersectionality 28
7.3 Race 30
7.3.1 Definitions 30
7.3.2 Workforce Breakdown 30
7.3.3 Pay Gap 31
7.3.4 Recruitment Activity 32
7.3.5 Training Activity 32
7.3.6 Career Progression 32
7.3.7 Leavers 33
7.4 Religion and Belief 34
7.4.1 Workforce Breakdown 34
7.4.2 Recruitment Activity 34
7.4.3 Training Activity 35
7.4.4 Career Progression 35
7.4.5 Leavers 36
7.5 Disability 37
7.5.1 Definitions 37
7.5.2 Workforce Breakdown 37
7.5.3 Pay Gap 38
7.5.4 Recruitment Activity 38
7.5.5 Training Activity 38
7.5.6 Career Progression 38
7.5.7 Leavers 38
7.5.8 Intersectionality 38
7.6 Sexual Orientation 40
7.6.1 Workforce Breakdown 40
7.6.2 Recruitment Activity 40
7.6.3 Training Activity 40
7.6.4 Career Progression 41

7.6.5 Leavers 41
7.7 Marriage and Civil Partnership 42
7.8 Trans Staff 42
7.9 Pregnancy and Maternity 42
8 Developments 43
8.1 Culture Programme 43
8.2 Recruitment Process Optimisation 43
8.3 Supporting Our Workforce With Attendance And Wellbeing 43
8.4 Mainstreaming Equalities 43
8.5 Staff Networks 44
8.6 Equality Outcomes 2025-2029 45
8.7 Health and Safety Training Calendar 45
8.8 Health and Safety Monitoring 45
8.9 Stress Awareness 46
8.10 Once for Scotland Health and Safety Policies 46
8.11 Band 5 Nursing Review 46
8.12 Reduced Working Hours 46
8.13 Protected Learning Time 47
8.14 eRostering 47

1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2025 to 31 March 2026. 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". 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 2010, 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.

1.1 Key Findings

1.1.1 Expanding Workforce

The ongoing hospital expansion has contributed to an increase in headcount of 103 when compared to the previous year (2716 v 2613), with whole time equivalent (WTE) increasing to 2461.1 from 2378.2.

1.1.2 Sickness Absence

During the monitored period sickness absence stood at 6.6% of contracted hours. This is an increase on 2024/2025, when it came in at 6.2%, and is higher than the national target of 4.0% and our local target of 5.4%. Of all sickness absence, 58.4% came under the Nursing and Midwifery job family, which comprises 42.8% of the workforce.

Between 1 April 2025 and 31 March 2026 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 1.9% of contracted hours and 28.1% of total sickness absence. This is an increase on the previous year when it accounted for 22.9% of all sickness absence.

1.1.3 Ageing Workforce

Over the last five years, the proportion of those in the workforce aged 60+ has increased from 7.9% in 2021/2022 to 9.4% in 2025/2026. The same time period has seen a decrease in the proportion of the workforce in the 50-59 age bracket, down from 26.7% to 23.5%.

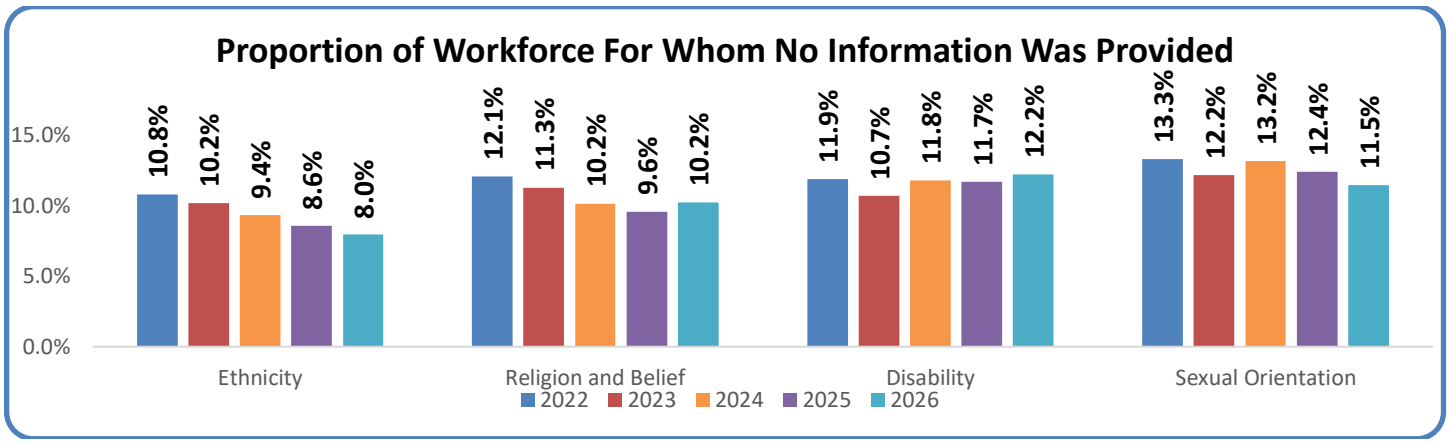
The age bracket that accounts for the greatest proportion of the workforce is now 40-49, at 26.7% (closely followed by 30-39 at 26.3%). Five years ago, it was the 50-59 year olds, at 26.7%. This may be due to individuals retiring, which has seen the percentage in the 50-59 year old age group decrease.

Some job families are more affected by the ageing population than others: 47.3% of the workforce in Support Services are aged over 50 (up by 0.5% on the previous year); as are 71.4% of Senior Managers (a much smaller job family); 34.6% of staff members in Medical and Dental; and 38.2% of those in Administrative Services.

1.1.4 Data Quality

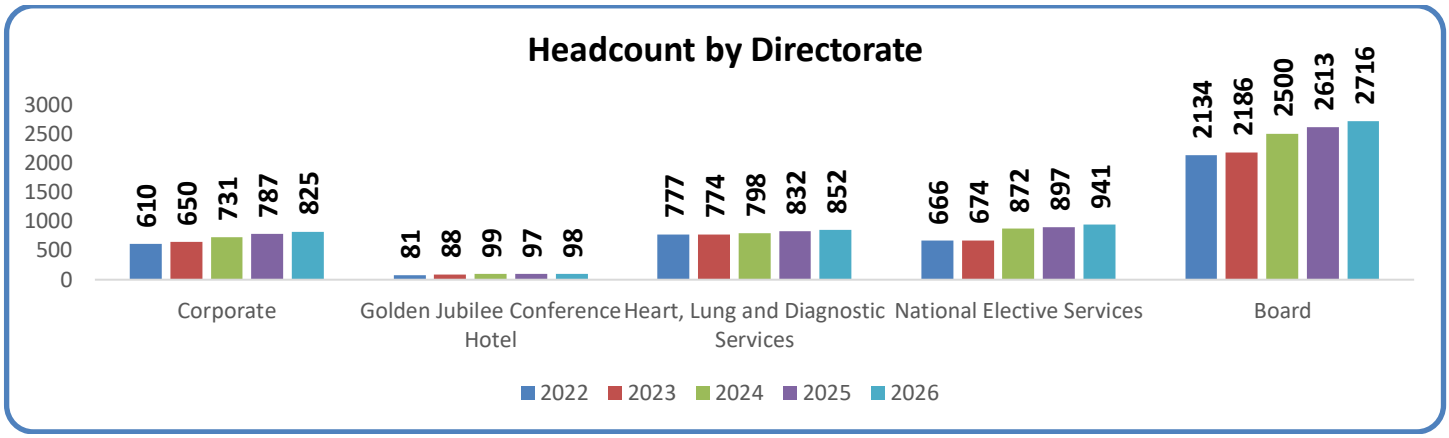
The quality of information held in relation to the protected characteristics of NHS GJ employees has continued to improve over the years, with a decrease in the proportion of the workforce for whom no information has been provided in regard to the protected characteristics, as can be seen in the chart below. This year saw a slight increase in the proportion of the workforce for whom no information was provided in relation to Religion and Belief (0.6% increase) and Disability (0.5% increase). We have taken steps to ask new colleagues to provide these details as part of the on boarding process, reiterating that "Prefer Not to Say" is preferable to not providing information.

We are also undertaking a target campaign in the summer of 2026 via internal communications to encourage existing staff members to feel psychologically safe to disclose personal information relating to the protected characteristics.



2 Current Workforce

As of 31 March 2026, NHS GJ's workforce headcount was 2716 headcount (2378.2 WTE), excluding "Bank" workers, Non-Executive Director posts, honorary posts, and those on Long Term Disability. 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 Centre for Sustainable Delivery (CfSD) also extensively uses fixed term contracts due to the project nature of the work they carry out. The total number is an increase of 103 in headcount on the previous year (+82.9 WTE). The charts below represent how these were split by Directorate as of 31 March each year for the last 5 years.



At the end of the period under review 42.8% of the workforce was in the Nursing and Midwifery job family (0.4% lower than the previous year), as can be seen from the table below. The next largest job family, at 21.1% was Administrative Services (0.3% higher than the previous year).

Job Family	Headcount	% Headcount	WTE	% WTE
Nursing/Midwifery	1162	42.8%	1055.1	42.9%
Administrative Services	573	21.1%	530.0	21.5%
Support Services	294	10.8%	275.0	11.2%
Medical And Dental	211	7.8%	189.7	7.7%
Healthcare Sciences	178	6.6%	162.7	6.6%
Allied Health Profession	171	6.3%	143.4	5.8%
Other Therapeutic	75	2.8%	55.4	2.3%
Medical Support	43	1.6%	40.8	1.7%
Senior Managers	7	0.3%	7.0	0.3%
Personal And Social Care	2	0.1%	2.0	0.1%
Total	**2716**	**100.0%**	**2461.1**	**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 of 31 March 2026, there were 1269 bank workers (compared to 1133 on the same date in 2025), of which 1030 were under Agenda for Change and 239 were doctors or senior managers.

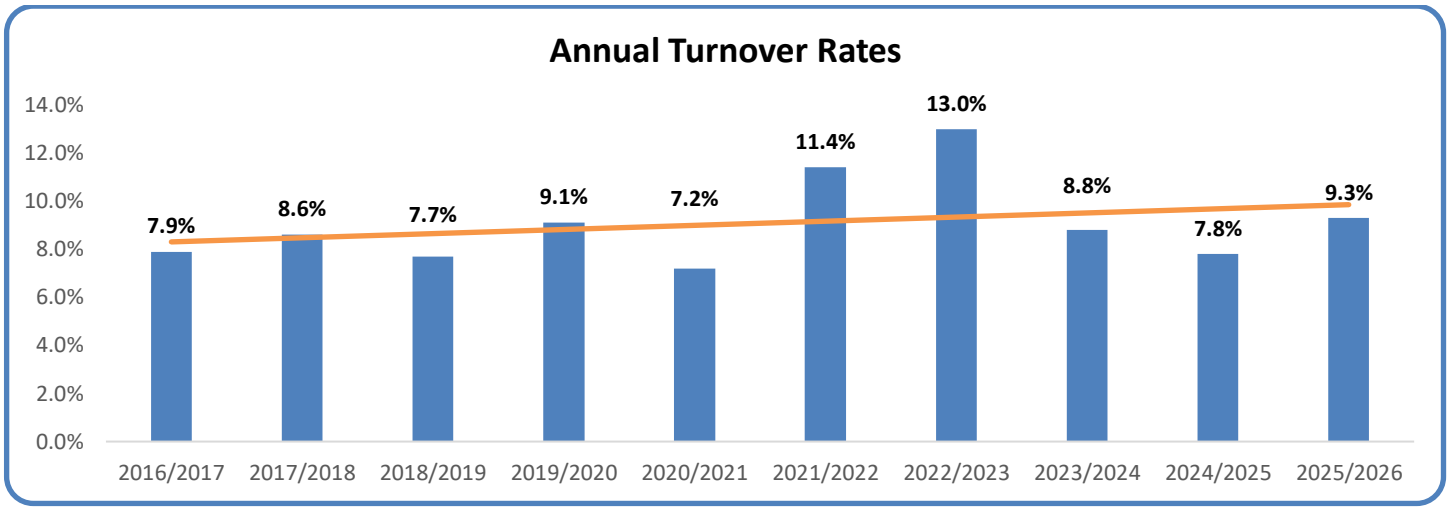
3 Workforce Turnover

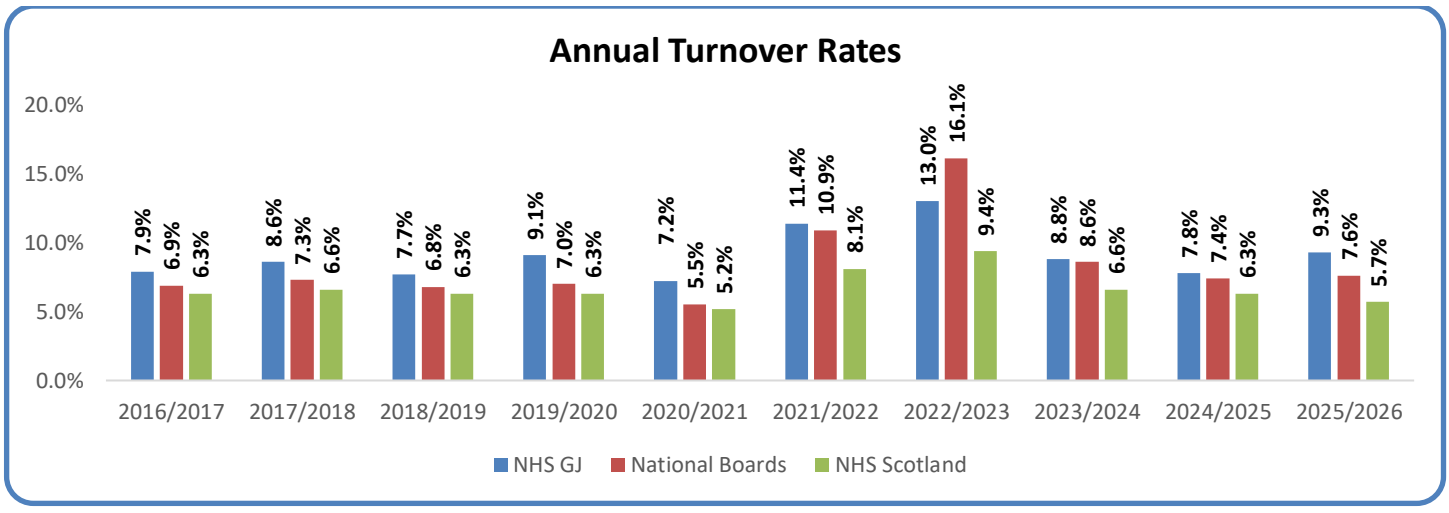
Turnover is calculated using the following formula:

$$\text{Turnover} = \frac{\text{Headcount number of leavers between 01.04.25 and 31.03.26}}{(((\text{Headcount staff in post 01.04.25} - \text{headcount staff in post 31.03.26})/2)*100)}$$

3.1 Turnover Rate

For the year under review the turnover rate was 9.3%[1], an increase of 1.6% on the previous year, as can be seen in the first chart below. The ongoing trend over the last 10 years has been for an increase in workforce turnover, and it was especially high in the 2 years following the COVID pandemic (11.4% in 2021/2022 and 13.0% in 2022/2023. Our turnover rate is higher than for all National Boards combined (7.6%) and for all NHS Scotland Boards combined (5.7%), as can be seen in the second chart below.

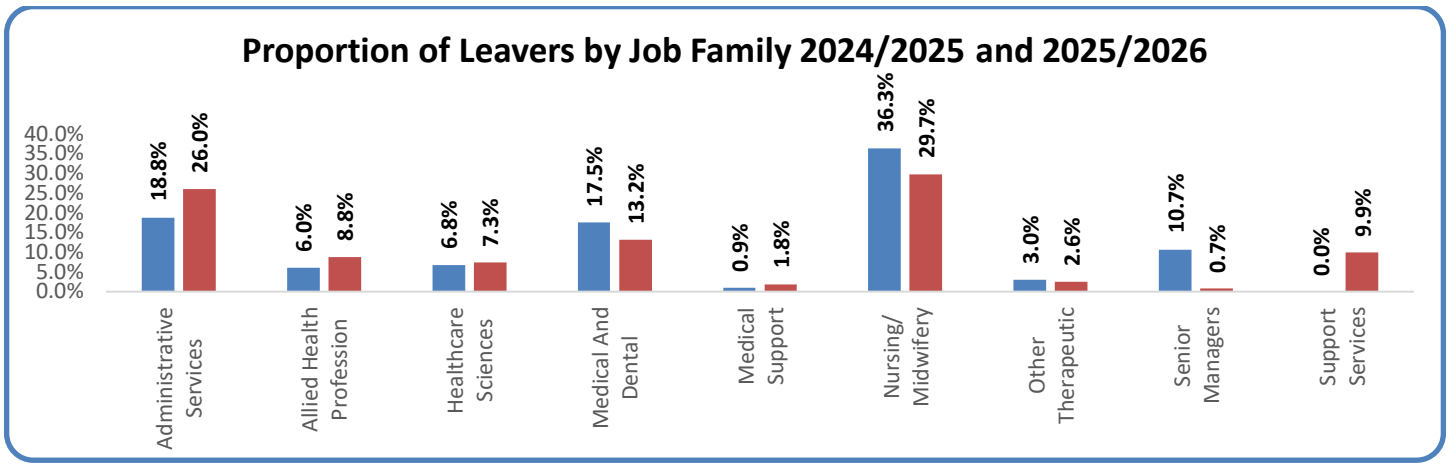




3.2 Leavers

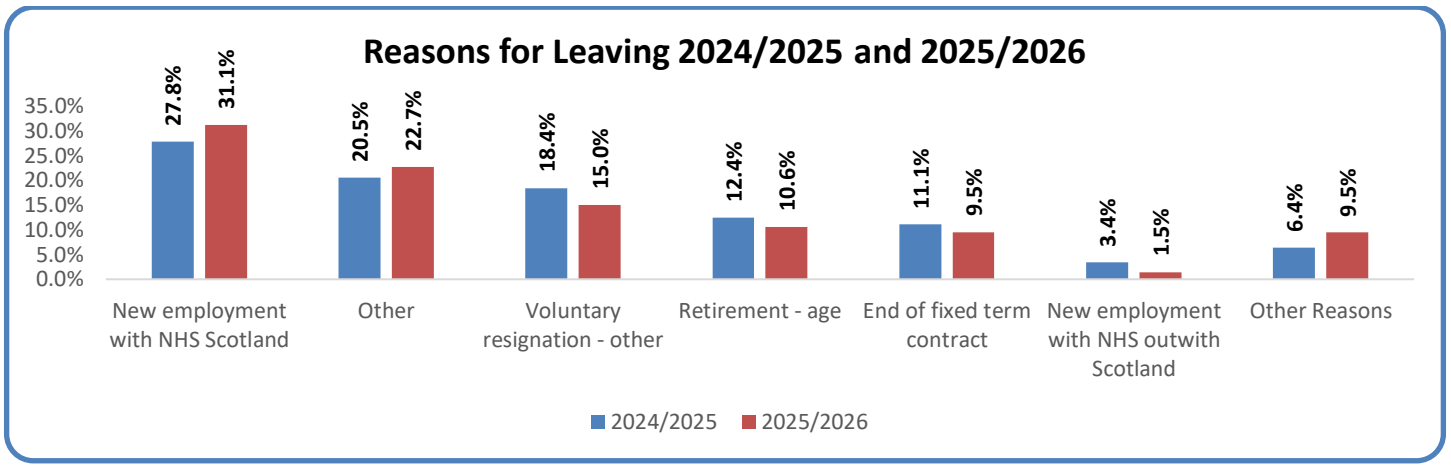
In 2025/2026 a total of 273 members of the workforce left permanent or fixed term posts within NHS GJ. The breakdown of proportion of leavers by job family is shown in the chart below, comparing the rates in 2024/2025 (blue) with 2025/2026 (red):

[1] NHS Scotland Workforce, TURAS Data Intelligence



3.3 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 in 2024/2025 (blue) and 2025/2026 (red). It shows the reasons for leaving as a percentage of the total number of leavers. The most common reason for leaving in both years was because the person had gained new employment with another Board within NHS Scotland[2].



[2] "Other reasons" includes ""Dismissal", "Voluntary resignation – promotion", "Death in service" and "Retirement – Other". They are not identified individually, as the number of leavers was too low to do so.

4 Recruitment

Over the period under review 571.31 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:

- 34 candidates for 32.67 WTE posts withdrew from the recruitment process after the pre-employment checks had commenced. 11 withdrew for personal reasons; 5 accepted another role within NHS Scotland; 6 accepted another, non-NHS, role; and 12 did not give a reason for their withdrawal; and
- offers were withdrawn for 12 candidates for 11.73 WTE posts during the pre-employment checks process.

As of the end of March 2026:

- 41 electronic vacancy requests were going through the approval process;
- 3 posts (2.6 WTE) were out to live advert;
- 16 posts (17.9 WTE) were closed and awaiting shortlisting;
- 18 posts (20.1 WTE) were awaiting interview;
- 1 post (1.0 WTE) had been interviewed for and was awaiting upload of notes/outcomes;
- 38 (33.5 WTE) candidates were at conditional offer stage;
- 1 candidate (1.0 WTE) was awaiting an agreed start date; and
- 7 candidates (5.8 WTE) had an agreed start date.

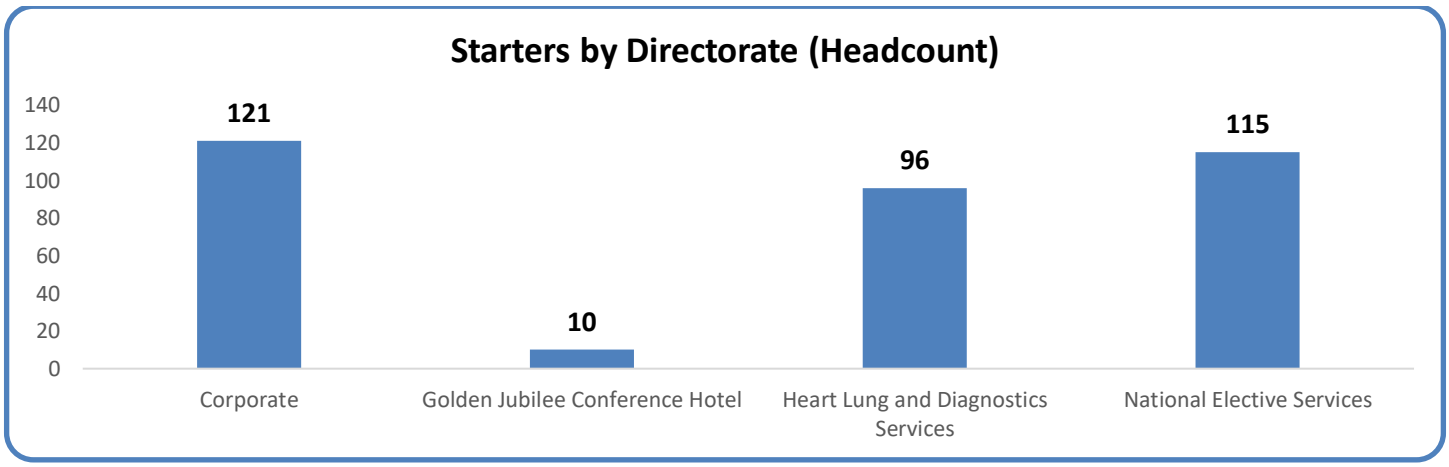
4.1 Recruitment Process Optimisation

We are reviewing all our processes to identify opportunities to improve the hiring manager and candidate experiences. One change we launched in April 2026 is the introduction of our Digital Right to Work checking service. This allows candidates to provide their right to work documentation without the need to visit the recruitment office to present their identification for verification, which will greatly reduce the time it takes for background checks to be completed, and will also be of huge benefit to those candidates who live further afield or who are relocating to take up a post with NHS GJ.

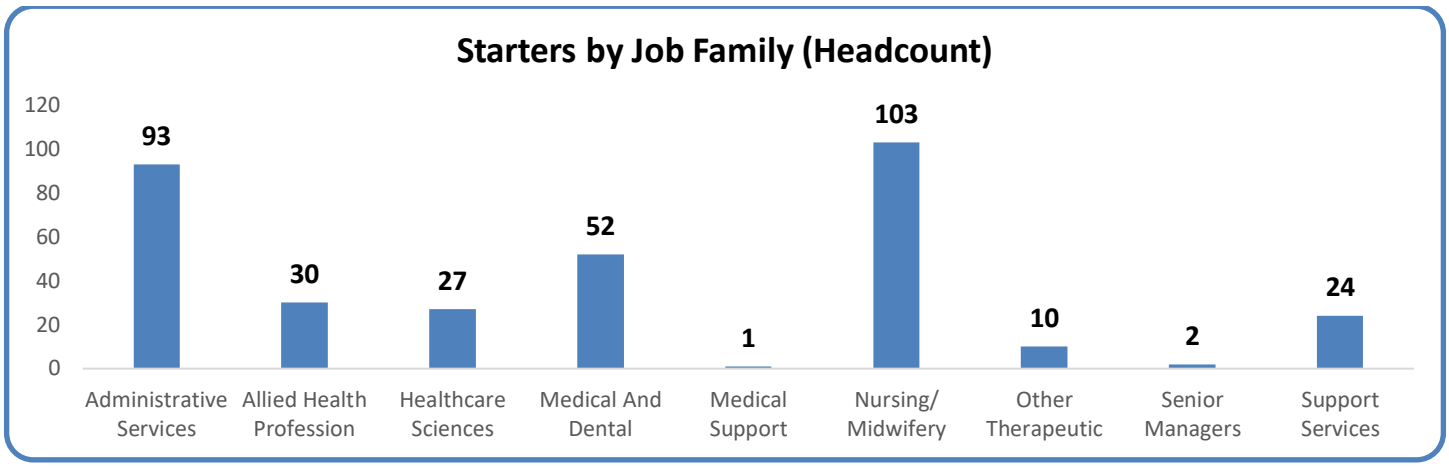
In order to measure our recruitment performance, we are introducing a new recruitment dashboard, where recruitment metrics e.g. Time to Offer and Time to Hire will be monitored and analysed to help identify areas where further improvements can be made across the process to further enhance our service proposition.

4.2 Starters

342 employees started new posts in NHS GJ in 2025/2026. The Directorate split of these new starters is shown in the chart below:



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



It should not be a surprise that the job family with the largest number of new starts in the monitored period was Nursing and Midwifery. It accounted for 30.1% of starters.

5 Sickness Absence

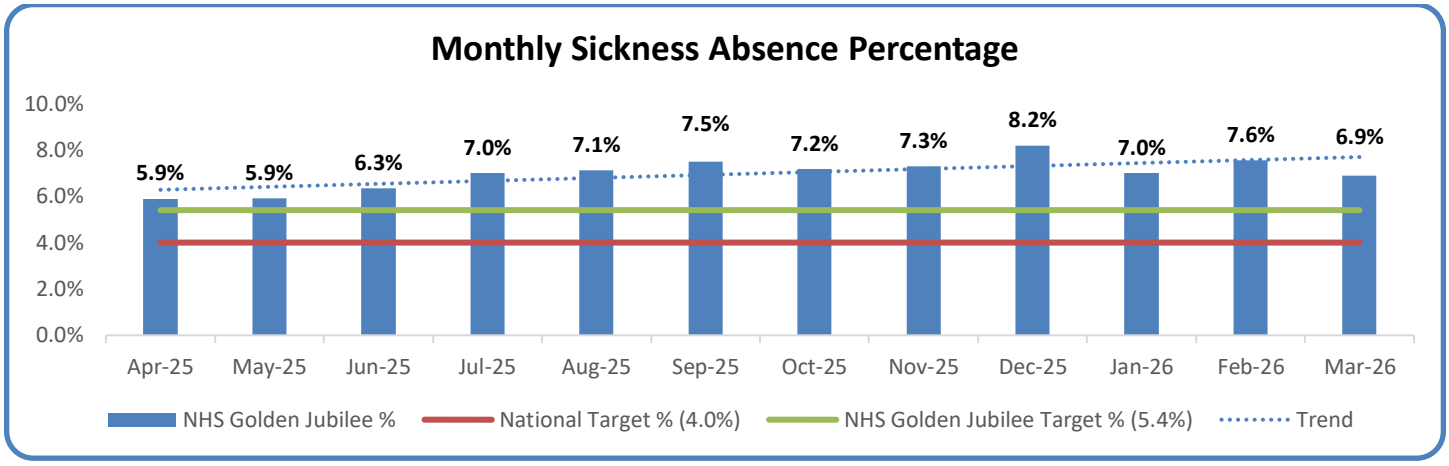
5.1 Board Wide Sickness Absence

5.1.1 2025/2026

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 2025/2026 came in at 6.6%, compared to 6.2% for the previous year. The sickness absence trend over the year was slightly upward, similar to the previous year.

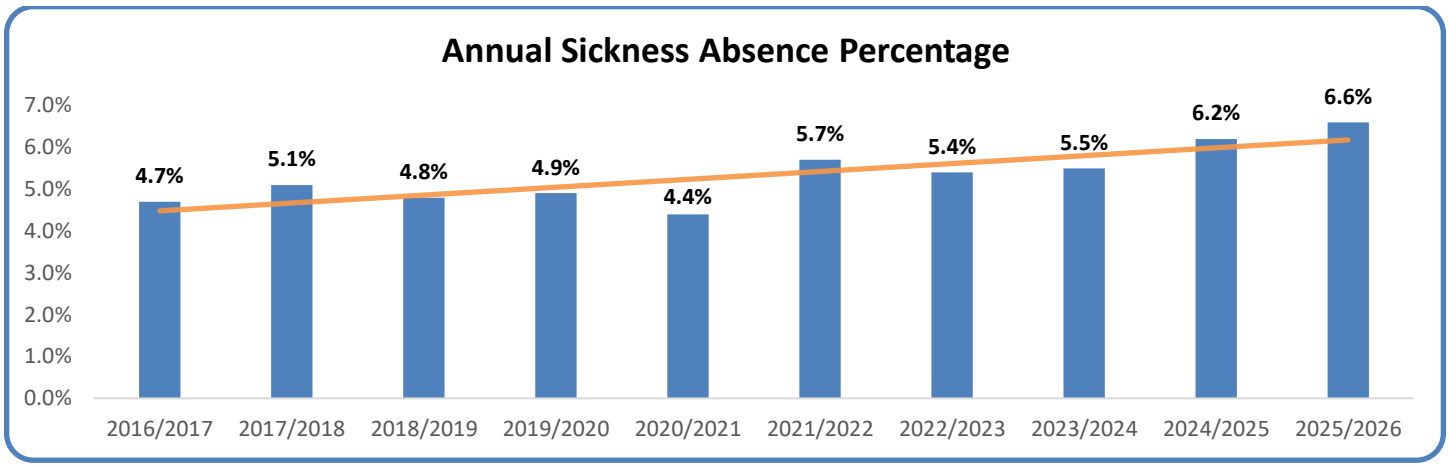
Human Resources continues to work closely with service management to manage sickness absence across the organisation, with the aims of supporting those on sick leave during their absence, providing assistance to enable those on sick leave to return to work, and helping managers to ensure that their team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

In 2025/2026 we introduced a number of initiatives to support our people and management teams, with close links to our Occupational Health team.



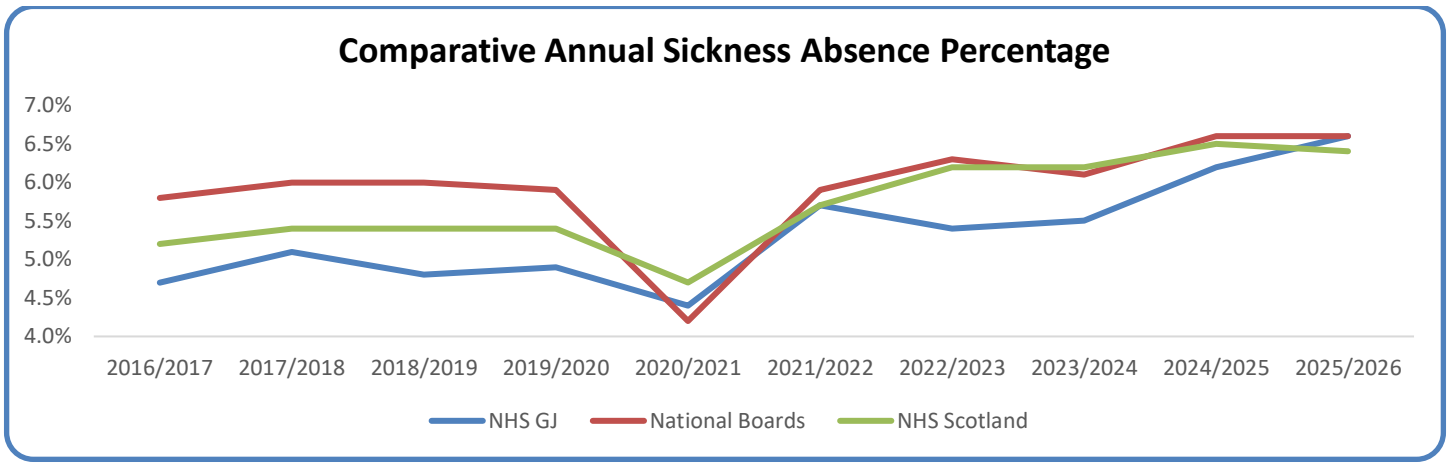
5.1.2 2016/2017 to 2025/2026

In the last 10 years, sickness absence rates for NHS GJ have ranged between 4.4% and 6.6%. At 6.6%, 2025/2026 has a higher rate than 2024/2025, and is the highest we have recorded since we started producing the Workforce Monitoring Report.



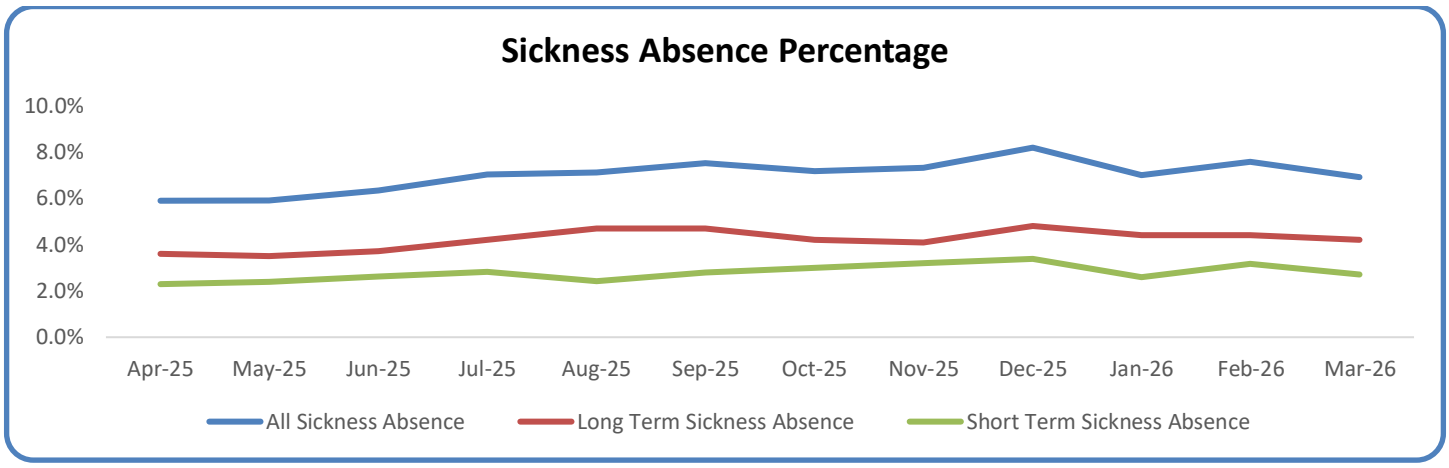
5.1.3 Comparison with Other National Boards and NHS Scotland

Since 2016/2017 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, but this year has matched the rate for the other National Boards:



5.2 Long Term and Short Term Sickness Absence

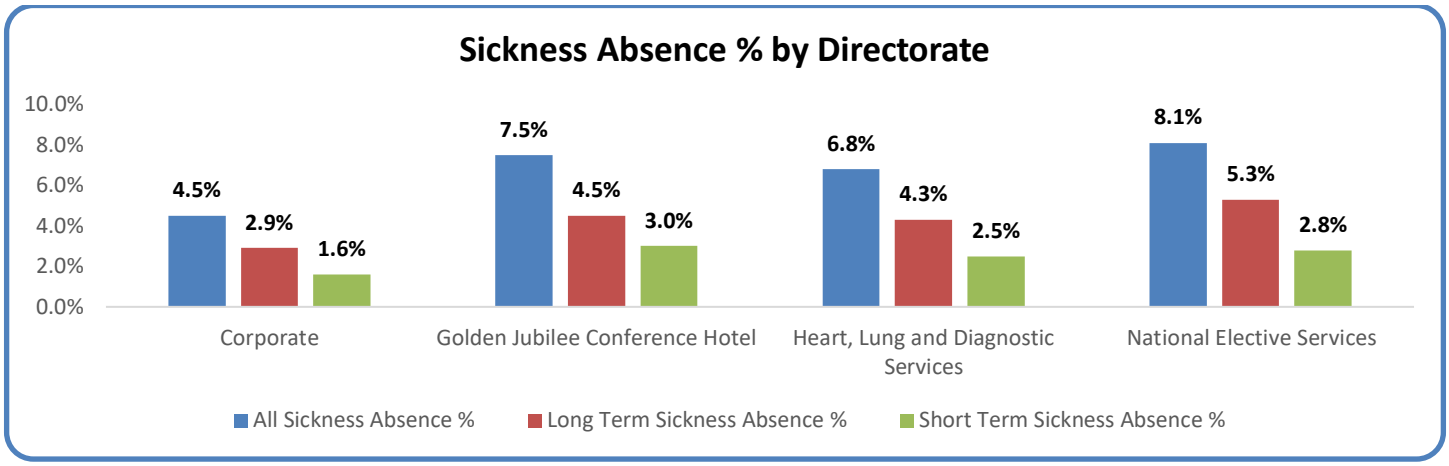
Further analysis splits absences down into long term and short term, with long term representing absences of 29 days or more. The chart below shows monthly absence rates for all, long- and short-term sickness absence.



5.3 Sickness Absence by Directorate

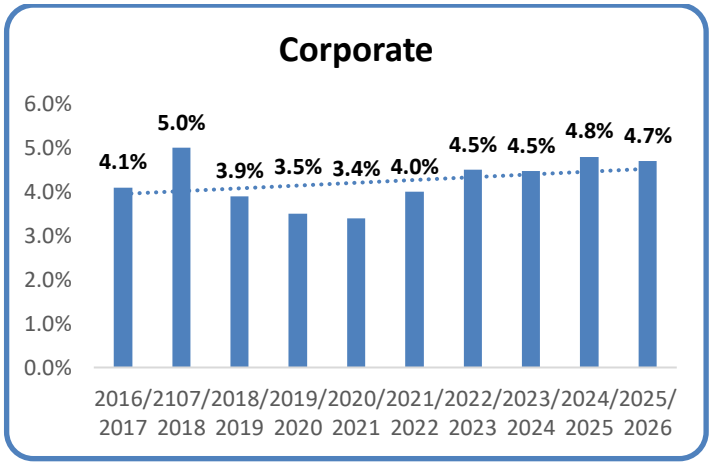
5.3.1 2025/2026

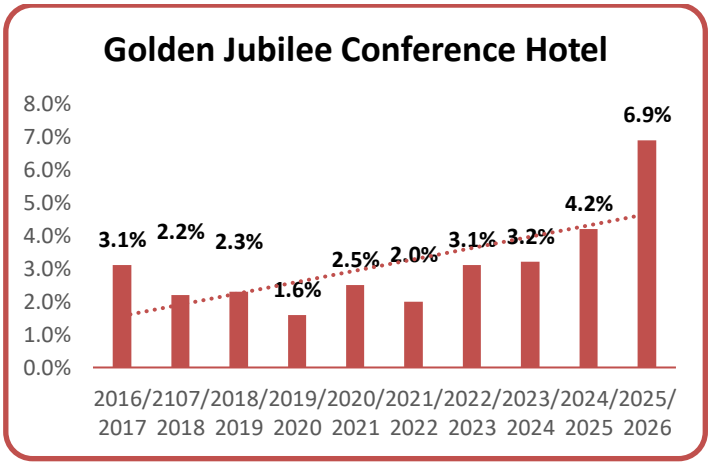
The chart below highlights the total, long term, and short term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rates of all four Directorates are above the national target of 4.0%, but the rate for Corporate (4.5%) is below the local NHS GJ target of 5.4%. In all four Directorates long term sickness absence accounted for more than half of all sickness absence. In 2026/2027, long term sickness absence will be a key area of focus for us.

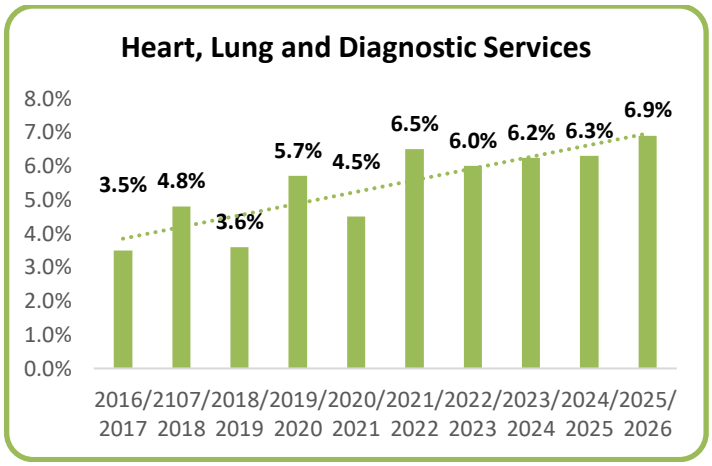


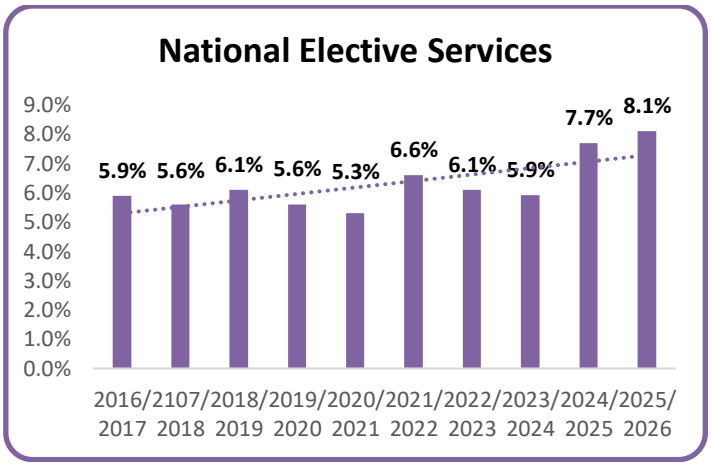
5.3.2 2016/2017 to 2025/2026

The tables below show the sickness absence rates for each Directorate for each year from 2016/2017 to 2025/2026, 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 and the Golden Jubilee Conference Hotel.



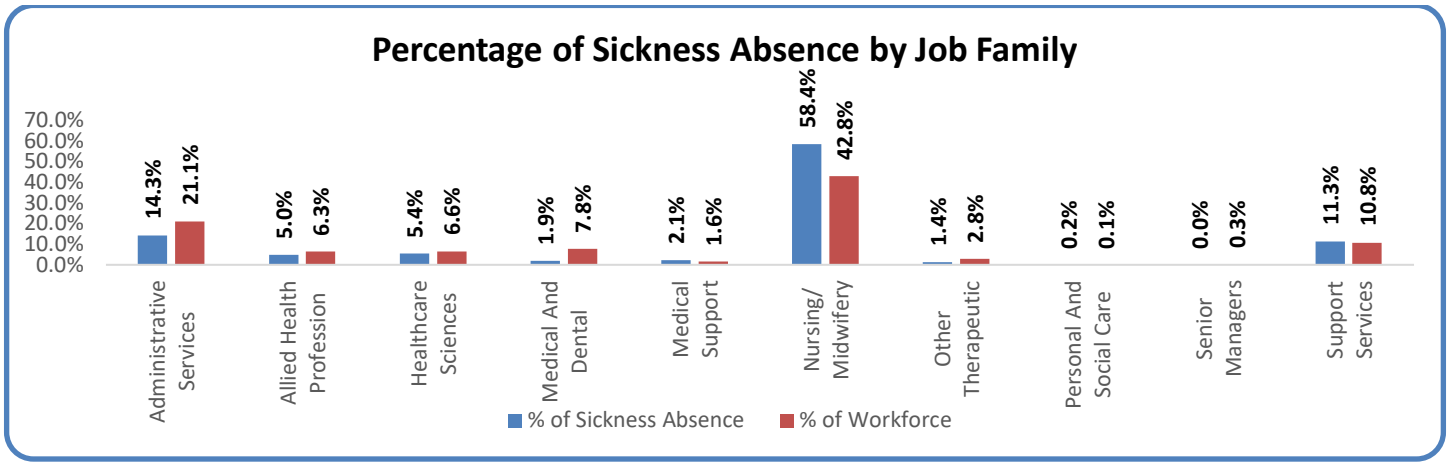






5.4 Sickness Absence by Job Family

Of the total 317778.7 hours of sickness absence in 2025/2026, 185430.5 hours (58.4%) fell under the Nursing and Midwifery job family, so the ratio of sickness absence to nursing population in the workforce is higher than is proportionate, with nursing and midwifery representing 42.8% of the workforce. Both Administrative Services and Medical and Dental have less sickness absence than is proportionate to the workforce they represent.



5.5 Sickness Absence by Age and Sex

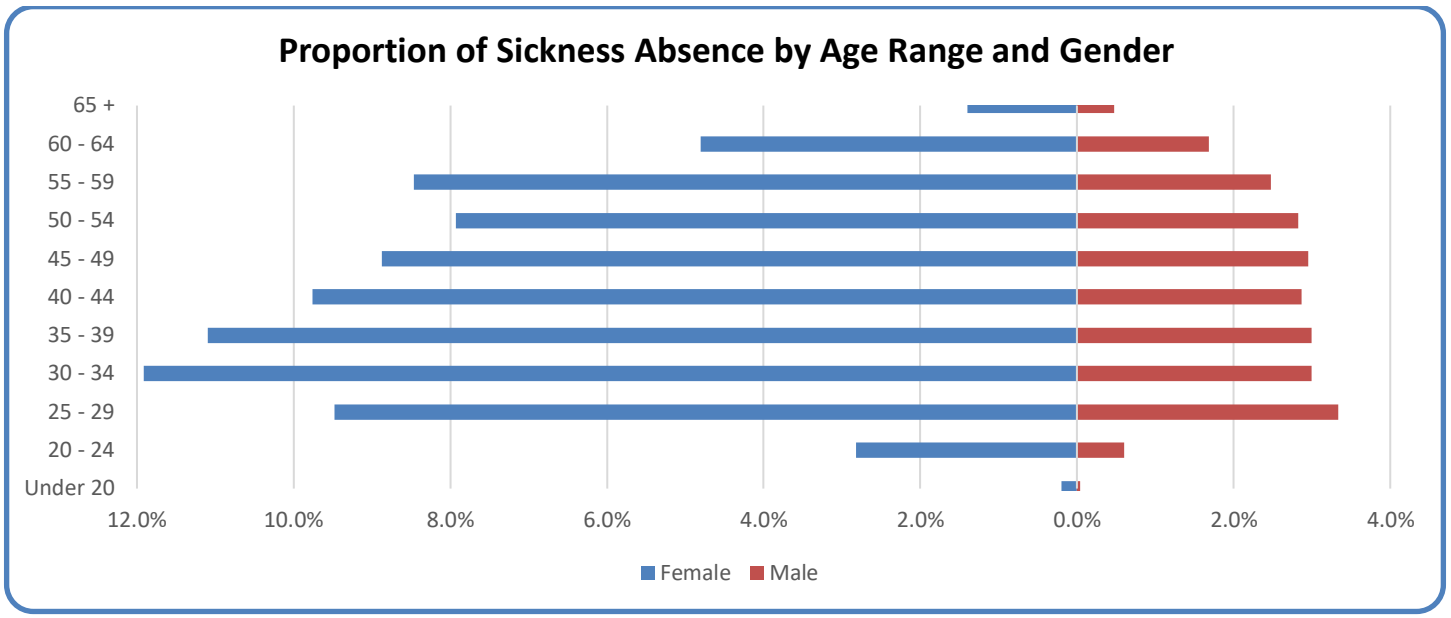
The two charts below look at the proportion of sickness absence by age range and gender for the period under review, and compare that with the proportion of the workforce by age range and gender as of 31 March 2026. The only sectors where there is a real discrepancy between the proportion of sickness absence that each age range and gender within that age range represent when compared to the proportion of the workforce that they represent are:

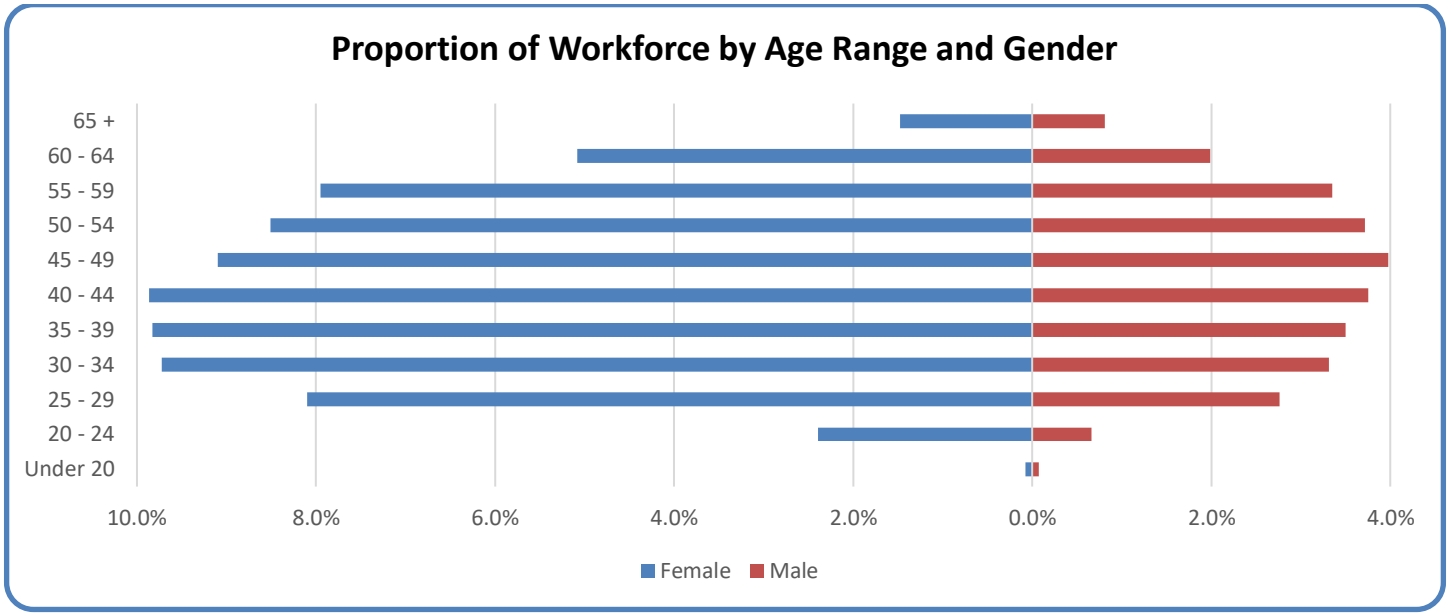
- females aged 25 – 29, with a discrepancy of 1.3% greater absence;
- females aged 30 – 34, with a discrepancy of 2.2% greater absence; and
- females aged 36 – 39, with a discrepancy of 1.3% greater absence.

Overall females make up 76.8% of sickness absence and 72.1% of the workforce.

Males are under-represented in sickness absence rates for all age ranges, when compared to the proportion of the workforce for each age range they comprise.

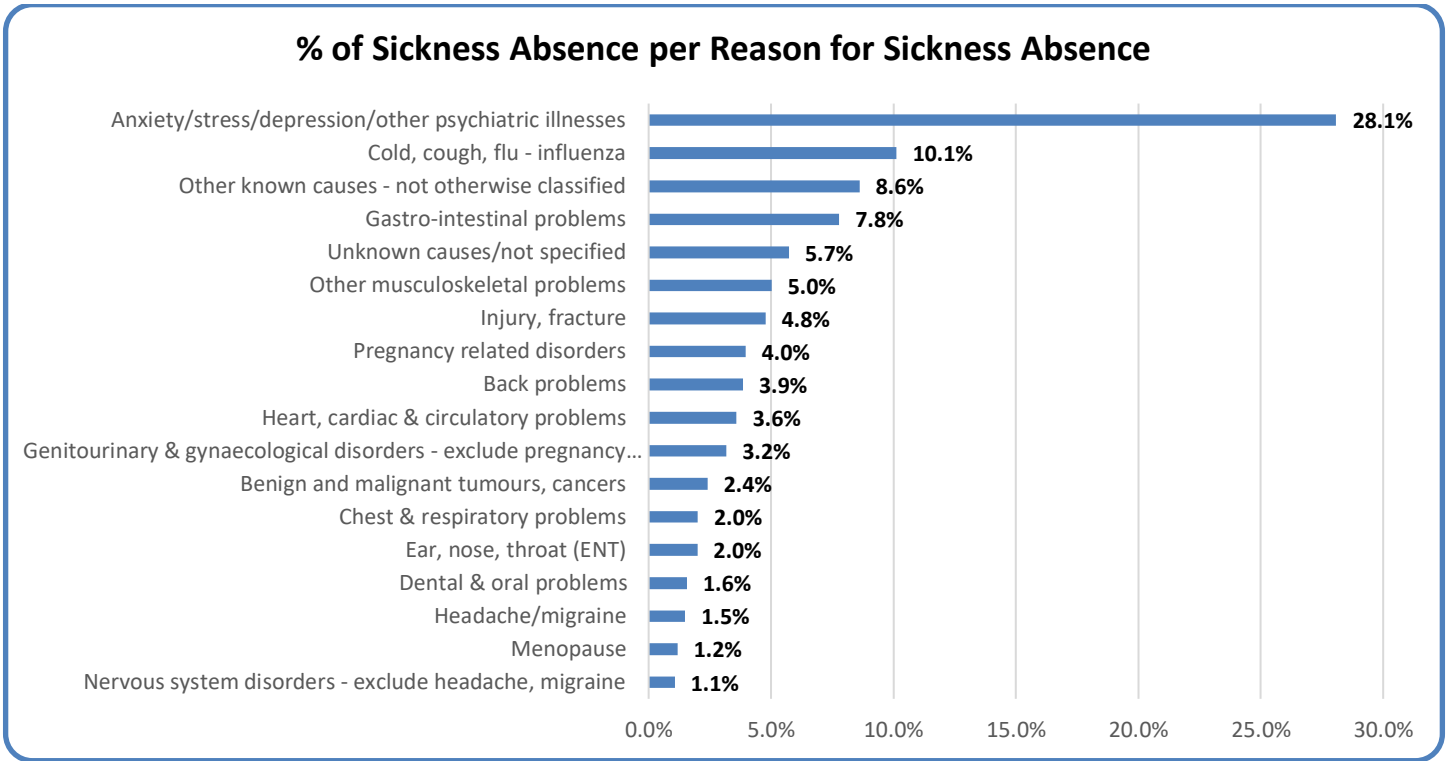
eESS does not allow for non-binary or third genders, and the charts only show Female and Male.





5.6 Reasons for Sickness Absence

When sickness absence is recorded on SSTS an absence reason has to be entered on to the system. The proportionate absence breakdown is shown in the chart below for all of the reasons for sickness absence that caused 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 28.1% of all sickness absence, up from 22.9% the year before. The second most common reason, “Cold, cough, flu – influenza,” was much lower, accounting for 10.1% of hours lost to sickness absence, down from 11.9% in 2024/2025.

6 Supporting Work Life Balance

NHS Scotland has a suite of "Once for Scotland" Workforce Policies, 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.

6.1 Special Leave

The 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 38480.9 hours of special leave were taken, compared with 28891.1 hours the previous year, broken up by Directorate as shown below:

Directorate	Special Leave Hours	Special Leave WTE
Corporate	8439.1	228.1
Golden Jubilee Conference Hotel	1470.9	39.8
Heart, Lung and Diagnostic Services	11161.5	301.7
National Elective Services	17409.4	470.5
NHS GJ Total	**38480.9**	**1040.0**

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

Reason For Special Leave	Special Leave Hours	% Special Leave
Phased Return	12898.7	33.5%
Carer	6515.4	16.9%
Bereavement	5088.3	13.2%
Compassionate	3604.1	9.4%
Medical or dental appointment	2975.1	7.7%
Emergency/domestic issues	2774.5	7.2%
Other Special	1094.0	2.8%
Phased retiral	941.7	2.4%
Medical Suspension	752.3	2.0%
Unknown/Not Applicable	708.5	1.8%

6.2 Parental Leave

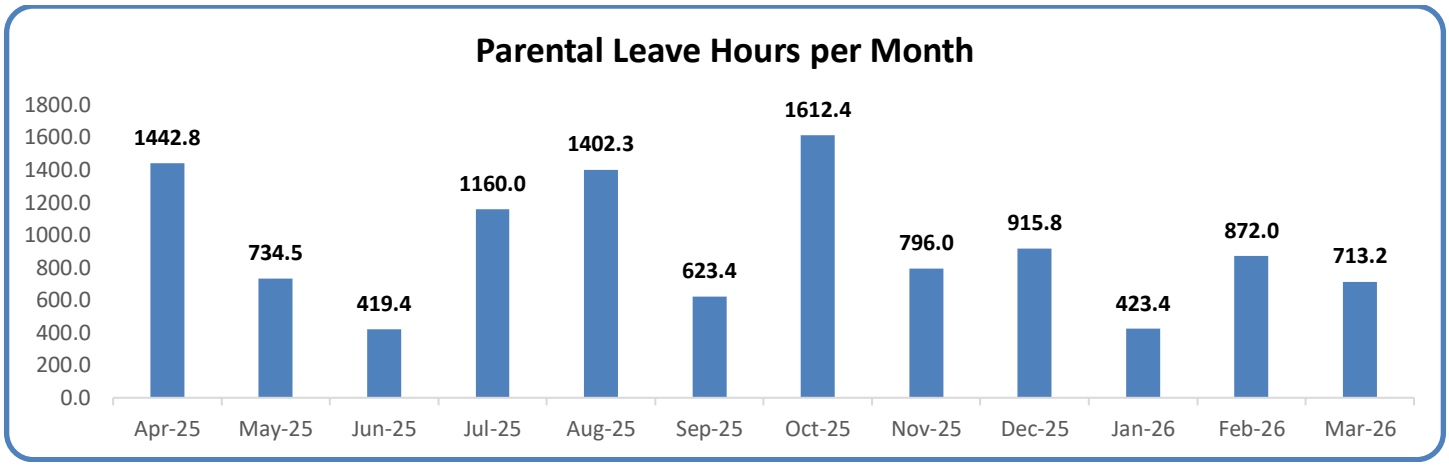
The Parental Leave Policy, which applies to all employees who meet the eligibility criteria, aims to:

- 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 2025 and 31 March 2026 a total of 11115.2 hours of parental leave were used, an increase on 10322.9 hours the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Parental Leave Hours
Corporate	2711.1
Golden Jubilee Conference Hotel	87.0
Heart, Lung and Diagnostic Services	2926.2
National Elective Services	5390.9
NHS GJ Total	**11115.2**

The monthly breakdown of parental leave across NHS GJ during the monitored period is shown below. Parental leave increases in months when there are school holidays, as might be expected, as can be seen below (Easter, summer holidays, October half term, Christmas, and February half term).



6.3 Maternity Leave

The Maternity Policy 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 2025 and 31 March 2026, a total of 101652.3 hours of maternity leave were taken (compared to only 88207.6 hours the previous year), with the Directorate breakdown shown in the table below:

Directorate	Special Leave Hours
Corporate	19983.8
Golden Jubilee Conference Hotel	2494.1
Heart, Lung and Diagnostic Services	40268.9
National Elective Services	38905.5
NHS GJ Total	**101652.3**

6.4 New Parent Support Leave

The New Parent Support Policy 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 1010.8 hours of maternity new parent support leave (compared to 1337.5 hours the previous year). The Directorate breakdown is shown below:

Directorate	**Special Leave Hours**
Corporate	200.9
Golden Jubilee Conference Hotel	73.0
Heart, Lung and Diagnostic Services	359.4
National Elective Services	377.5
NHS GJ Total	**1010.8**

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 Equality Outcomes 2025-2029 form 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 and Culture Programme. 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 championed 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 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

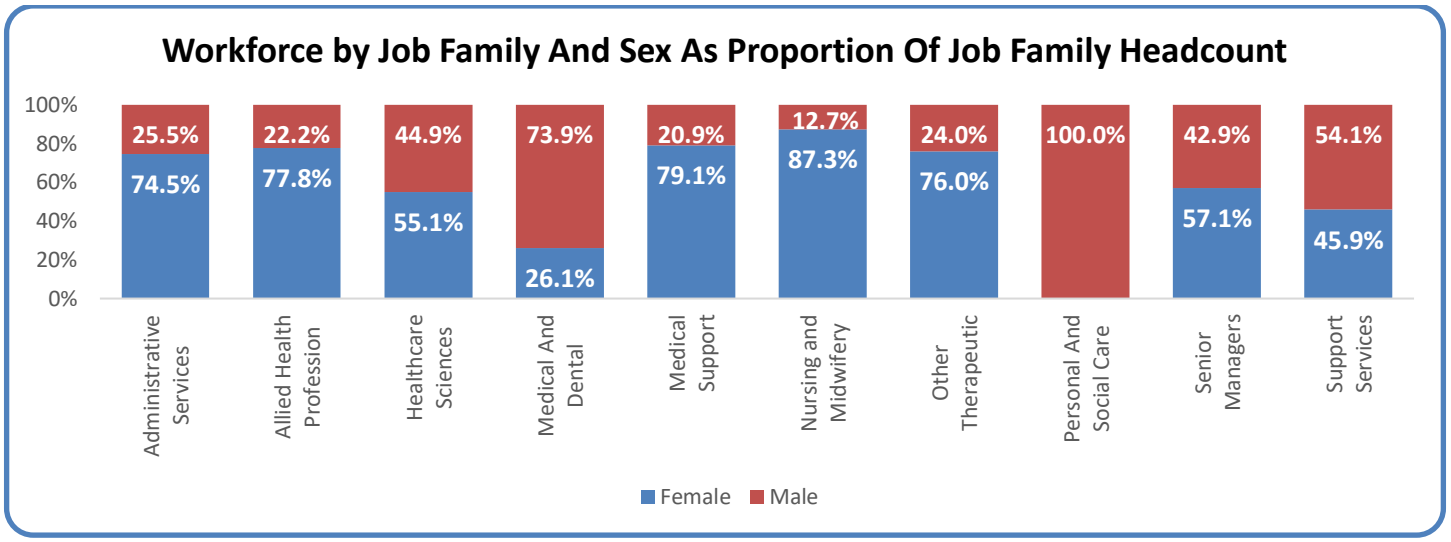
While the protected characteristic in the Act is “Sex,” we ask our colleagues to identify their gender on our Staff Engagement Form and eESS, the HR system, rather than their sex. Therefore, in this report, we refer to gender in relation to our employees. If referring to other groups of people, we may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

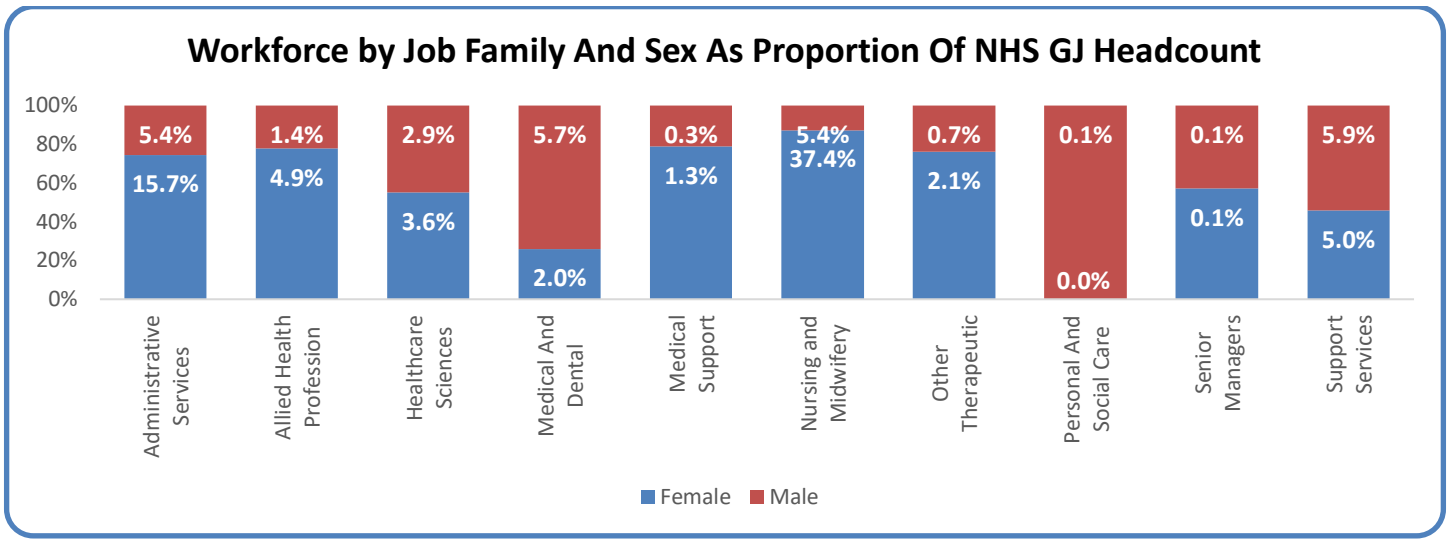
As in previous monitored periods, NHS GJ’s workforce continues to be predominantly female, with women representing 72.1% of the workforce as of 31 March 2026. This is a slight decrease on the previous year:

Gender	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Female	72.7%	71.4%	73.8%	74.2%	75.0%	74.8%	74.0%	73.5%	73.5%	72.1%
Male	27.3%	28.6%	26.2%	25.8%	25.0%	25.2%	26.0%	26.5%	26.5%	27.9%

While gender split within NHS GJ is 72.1% female to 27.9% male, across Scotland as a whole the 2022 census (source: https://www.scotlandscensus.gov.uk) indicated that the split for working aged 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:





7.1.2 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 69.3% of all employees hold full time contracts (37.0 hours per week for Agenda for Change; 37.5 hours per week for Executive Managers; 40 hours per week for medical and dental staff), while 30.7% hold part time posts. 45.2% of the total headcount is full time and female, while 3.8% is part time and male.

	Whole Time/Part Time By Sex As Proportion Of Total Headcount					
Gender	**Part Time**		**Whole Time**		**Total**	
Female	731	26.9%	1227	45.2%	1958	72.1%
Male	104	3.8%	654	24.1%	758	27.9%
Total	**835**	**30.7%**	**1881**	**69.3%**	**2716**	**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 87.5% of all part time workers, when they make up 72.1% of all workers. Men are under-represented – comprising 12.5% of all part time workers by headcount and 27.9% of total headcount.

	Whole Time/Part Time By Sex As Proportion Of Total Headcount					
Gender	**Part Time**		**Whole Time**		**Total**	
Female	731	87.5%	1227	65.2%	1958	72.1%
Male	104	12.5%	654	34.8%	758	27.9%
Total	**835**	**100.0%**	**1881**	**100.0%**	**2716**	**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:

	Gender			
Grade	**Female**	**Male**	**Total**	**Pay Gap %**
Agenda for Change	£21.37	£21.24	£21.34	-0.6%
Medical and Dental	£53.80	£53.80	£53.80	0.0%
Senior Managers	£50.27	£57.71	£53.46	12.9%
Total	**£22.33**	**£28.04**	**£23.92**	**20.4%**

The average hourly rate for women is £5.71 lower than for men (£22.33 v £28.04). 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.

7.1.4 Recruitment Activity

In 2025/2026 there were 342 starters, excluding bank workers. Of these 211 (61.7%) identified as female, and 131 (38.3%) identified as male. This means that male starters were over-represented in comparison to their proportion of the workforce.

7.1.5 Training Activity

Between April 2025 and March 2026, the NHS GJ workforce completed 24508 training events[3], made up of both classroom and online events, with female members of staff attending 19689 (80.3%) of these, and male colleagues attending 4819 (19.7%). 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 (27.9%).

7.1.6 Career Progression

The monitored period saw a total of 157 promotions and increases in bandings among the NHS GJ workforce. Of these 124 (79.0%) were female and 33 (21.0%) were male.

7.1.7 Leavers

Of the 273 people who left during the monitored period, 71.1% were female and 28.9% male as a proportion of headcount, indicating that there was no significant difference in the proportion of leavers to workforce for either gender.

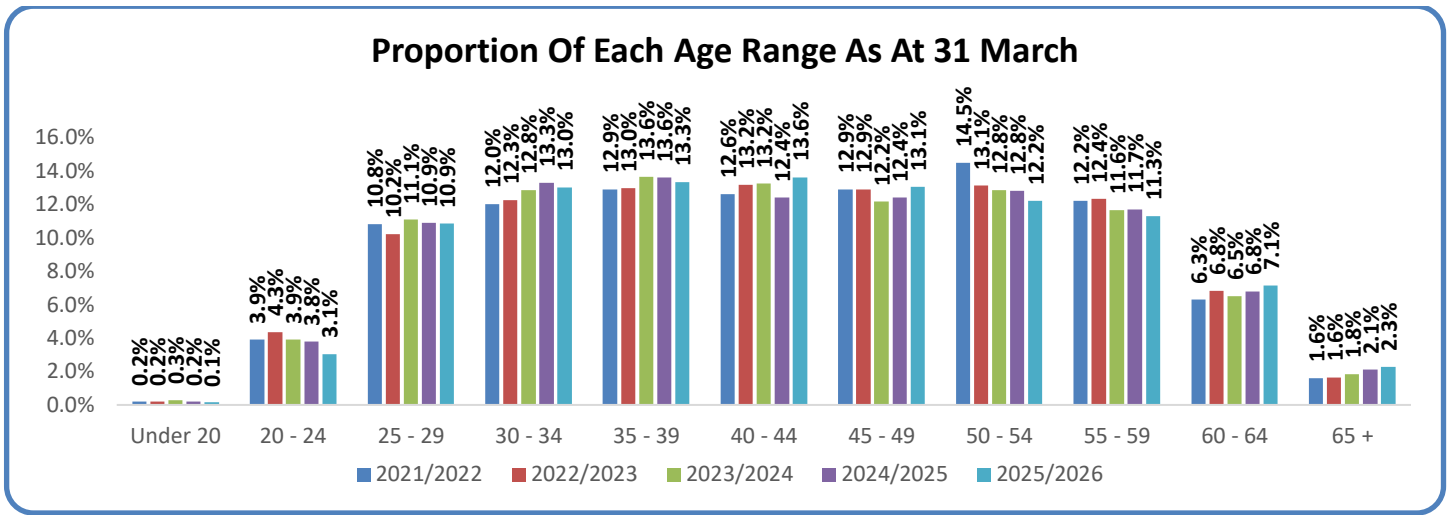
	Leavers		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
Female	194	71.1%	1958	72.1%
Male	79	28.9%	758	27.9%
Total	**273**	**100.0%**	**2716**	**100.0%**

[3] While other information in this report relates solely to employees of NHS GJ (unless stated otherwise), the information on training events includes training undertaken by those who are bank workers, Non-Executive Directors and honorary contract holders.

7.2 Age

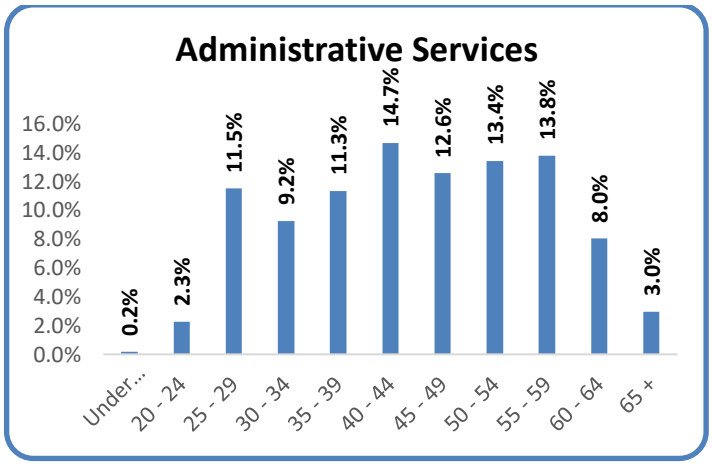
7.2.1 Workforce Breakdown

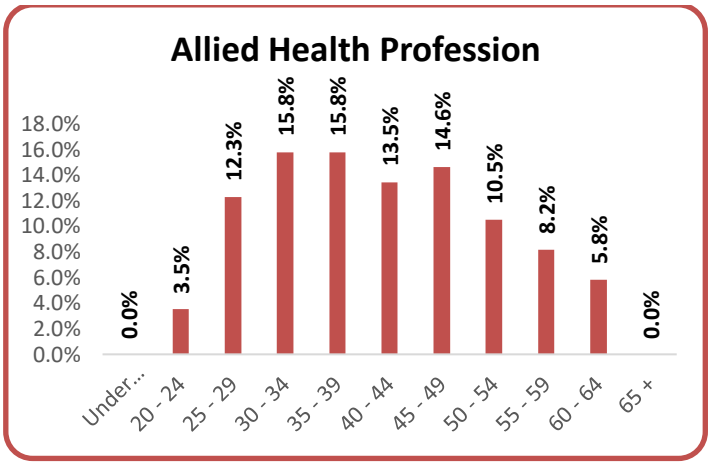
In the Workforce Monitoring Report for 2021/2022, the Scottish Government asked us to report on the age breakdown of the workforce in five-year splits, rather than the ten-year splits we had used up until that point. Therefore, the table below only shows the breakdown of the workforce by age for each year from 2021/2022 to 2025/2026. The change in proportion of the total workforce for each age range over the 5 years is shown in the table below:

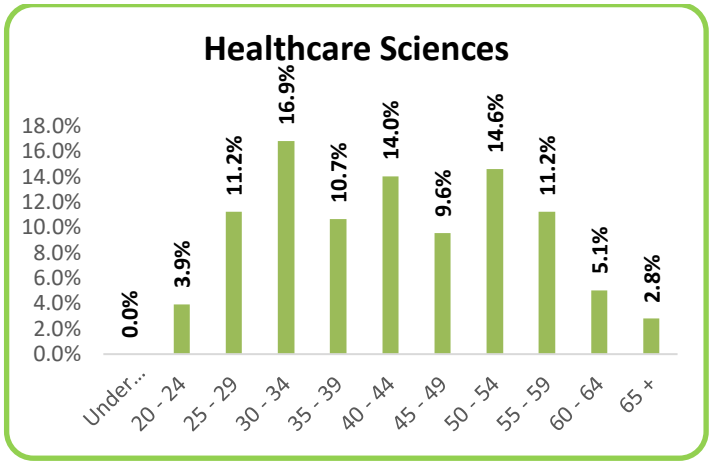


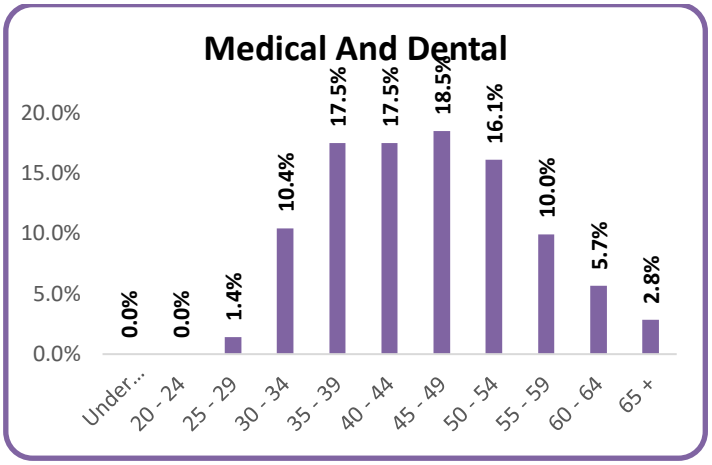
7.2.2 Job Family

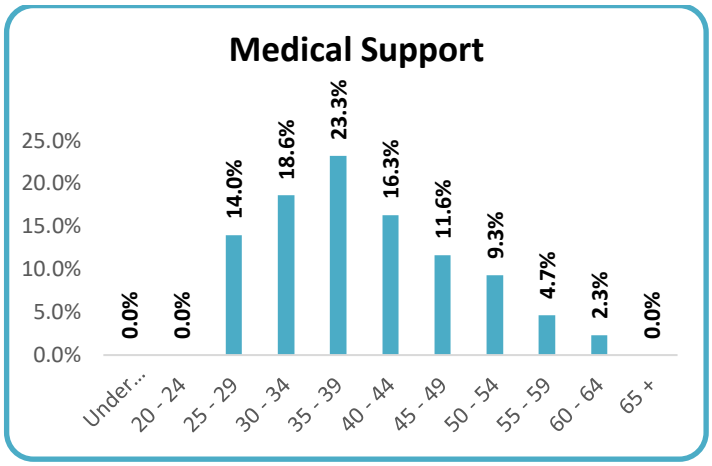
Some job families are more affected by the ageing population than others: 47.3% of staff in Support Services are aged over 50 (compared to 48.2% the previous year); as are 71.4% of Senior Managers (a much smaller job family); 34.6% of the workforce in Medical and Dental; and 38.2% of those in Administrative Services. The age ranges of the workforce within each job family are shown in the charts below:

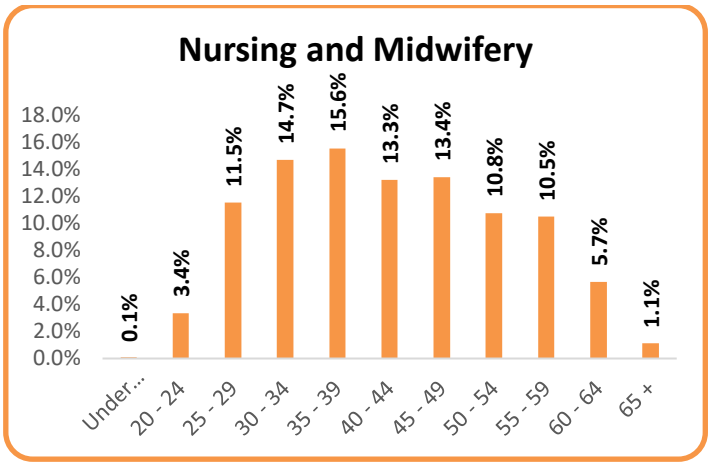


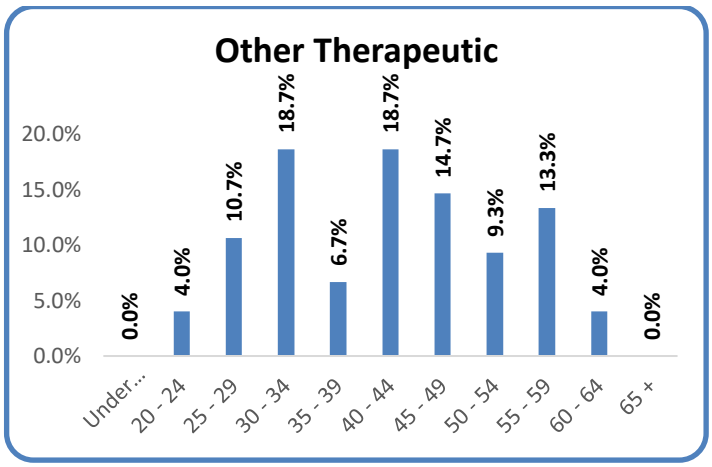


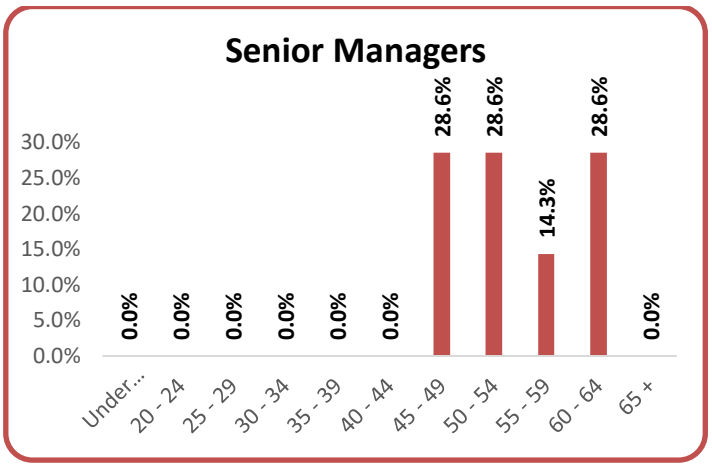

Healthcare Sciences
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.0%
3.9%
11.2%
16.9%
10.7%
14.0%
9.6%
14.6%
11.2%
5.1%
2.8%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

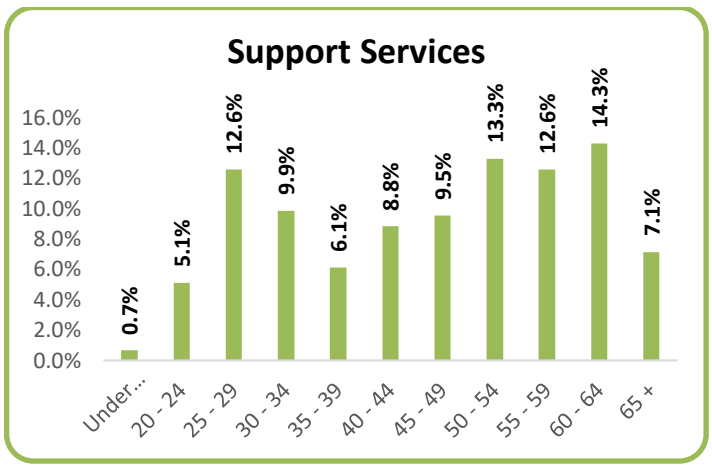

Medical And Dental
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
1.4%
10.4%
17.5%
17.5%
18.5%
16.1%
10.0%
5.7%
2.8%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Medical Support
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
14.0%
18.6%
23.3%
16.3%
11.6%
9.3%
4.7%
2.3%
0.0%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Nursing and Midwifery
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.1%
3.4%
11.5%
14.7%
15.6%
13.3%
13.4%
10.8%
10.5%
5.7%
1.1%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Other Therapeutic
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
4.0%
10.7%
18.7%
6.7%
18.7%
14.7%
9.3%
13.3%
4.0%
0.0%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

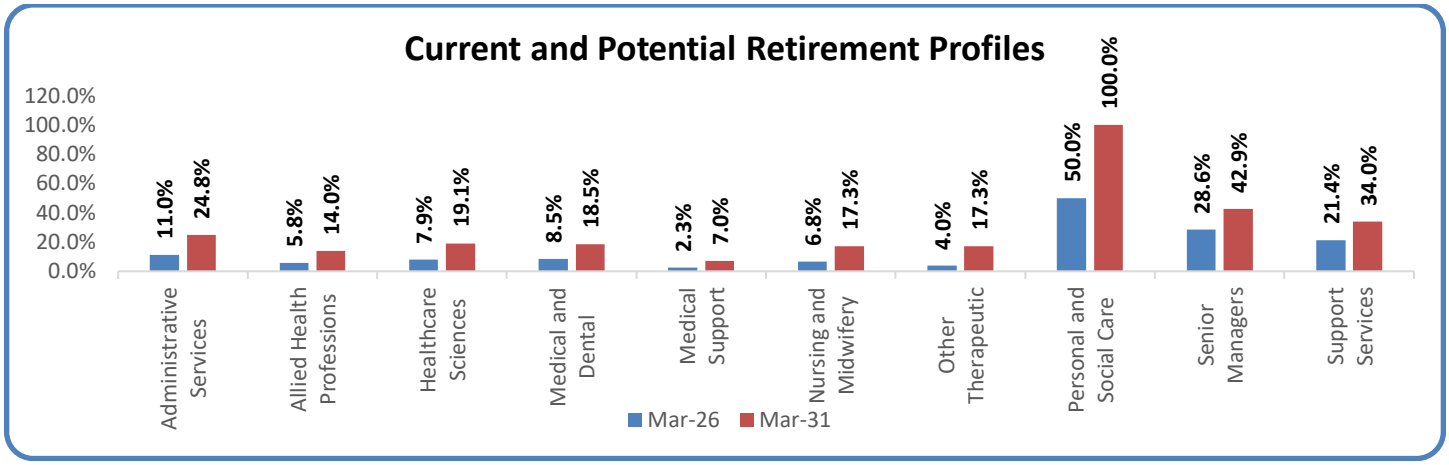

Senior Managers
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
28.6%
28.6%
14.3%
28.6%
0.0%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +


Support Services
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0.7%
5.1%
12.6%
9.9%
6.1%
8.8%
9.5%
13.3%
12.6%
14.3%
7.1%
Under...
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 +

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 2031, when considering current workforce. The current potential retirement profile (those aged 60 plus) is 9.4% (up from 8.9% last year), but by 2031 this could rise to 20.7% (up from 20.1% last year). 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:



We should also note that some groups of staff may be entitled to full retirement from the age of 55 (special classes such as nurses and physiotherapists) without actuarial reduction. Also, all staff are entitled to access their pension from the age of 55.

7.2.4 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.

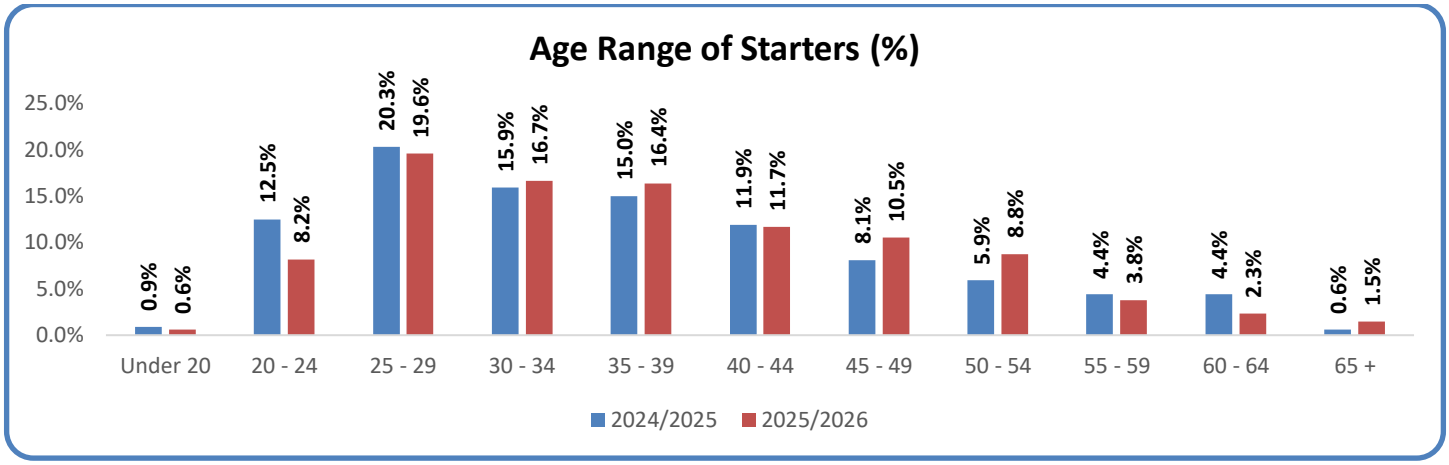
	Up to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 plus
NHS GJ	0.1%	13.9%	26.4%	26.7%	23.5%	9.4%
West Dunbartonshire	6.5%	17.7%	20.2%	18.8%	24.7%	12.0%
Scotland	7.6%	20.0%	18.7%	22.7%	20.0%	11.0%

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 0.1% of employees fall within this age range, and so is very under-represented in our workforce. At least in part this is because so few of the jobs within 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.

7.2.5 Recruitment Activity

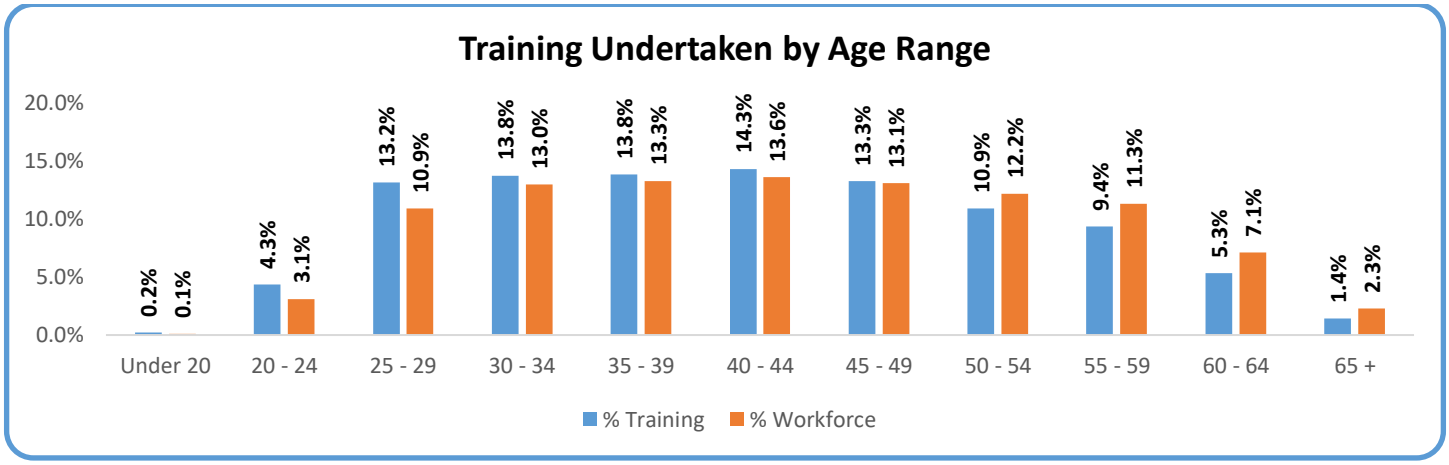
The relative breakdown of starters by age range is shown in the table below, with 2024/2025 in blue and 2025/2026 in red:



There was a sizeable decrease in the proportion of those under 30 starting in 2025/2026, when compared to 2024/2025 (33.7% in 2024/2025 v 28.4% in 2025/2026. We saw an increase in the proportion of starters aged between 30 and 49 (50.9% in 2024/2025 v 55.3% in 2025/2026. There was also an increase in the proportion of starters aged 50 an up (15.3% in 2024/2025 v 16.4% in 2025/2026).

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 157 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 40 to 44 age ranges are

most likely to be promoted, while employees in the under 20, 55 to 59 and 65 plus age ranges are least likely to be promoted.

	Promotions		Workforce		% of Age Group Promoted
	Headcount	%Headcount	Headcount	%Headcount	
Under 20	0	0.0%	4	0.1%	0.0%
20 to 24	4	2..5%	83	3.1%	4.8%
25 to 29	24	15.3%	295	10.9%	8.1%
30 to 34	34	21.7%	354	13.0%	9.6%
35 to 39	23	14.6%	362	13.3%	6.4%
40 to 44	22	14.0%	370	13.6%	5.9%
45 to 49	16	10.2%	355	13.1%	4.5%
50 to 54	16	10.2%	332	12.2%	4.8%
55 to 59	9	5.7%	307	11.3%	2.9%
60 to 64	9	5.7%	192	7.1%	4.7%
65 plus	0	0.0%	62	2.3%	0.0%
Total	**157**	**100.0%**	**2716**	**100.0%**	**6.0%**

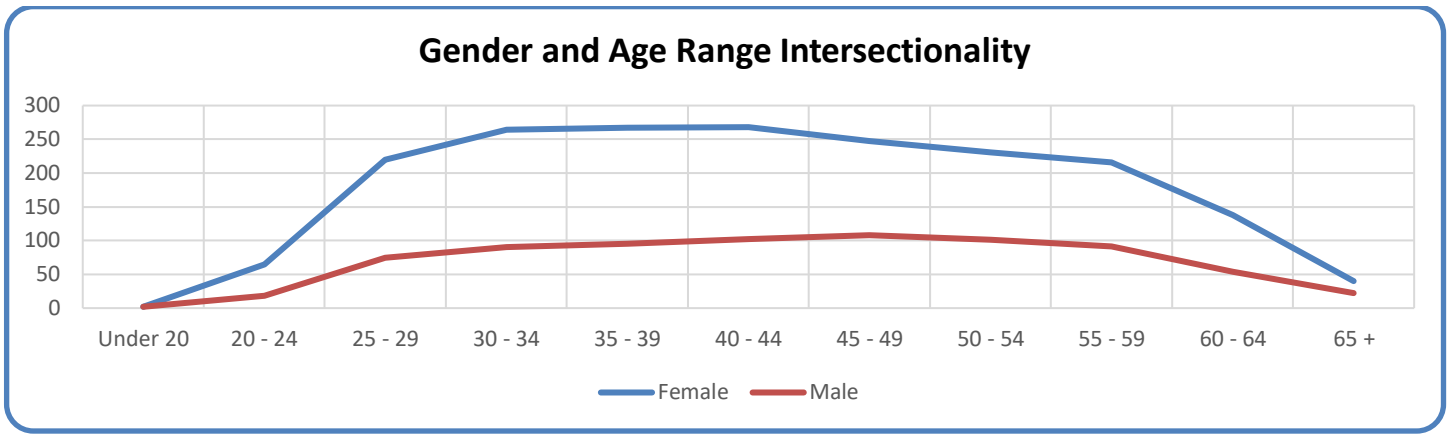
7.2.8 Leavers

Leavers by age range during the period under review is shown in the table below. The number of leavers in the 20 to 24, 30 to 34, 60 to 64 and 65 + age ranges are higher than would be expected compared to their proportion of the workforce, while those in the 35 to 39, 40 to 44, 45 to 49, and 50 to 54 age ranges are lower.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Under 20	0	0.0%	4	0.1%
20 - 24	15	5.5%	83	3.1%
25 - 29	30	11.0%	295	10.9%
30 - 34	52	19.0%	354	13.0%
35 - 39	30	11.0%	362	13.3%
40 - 44	26	9.5%	370	13.6%
45 - 49	16	5.9%	355	13.1%
50 - 54	26	9.5%	332	12.2%
55 - 59	31	11.4%	307	11.3%
60 - 64	20	7.3%	192	7.1%
65 +	27	9.9%	62	2.3%
Total	**273**	**100.0%**	**2716**	**100.0%**

7.2.9 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 chart above shows that male and female members of the workforce have different age distributions. Male staff fall into a single distribution, which peaks at 45 to 49 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.

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 – Roma

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;
- Asian – Pakistani, Pakistani Scottish or Pakistani British (shortened below to "Asian – Pakistani");
- Caribbean or Black;
- 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 the workforce identified themselves as "White – Scottish," coming in at 63.5% of the workforce, 0.8% lower than in March 2025. The next largest group were those that did not provide any information on their ethnic group ("Don't Know" or "No Information Provided"), with 8.0%, compared to 8.6% the previous year.

Minority ethnic groups made up 10.7% of the workforce (1.2% greater than in 2025), 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 of the end of March each year from March 2017[4]:

[4] 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:

- 2017 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".

Ethnicity	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
White – Scottish	67.0%	69.3%	67.8%	67.7%	67.8%	67.7%	66.9%	64.0%	64.3%	63.5%
No information provided	13.5%	11.9%	13.4%	12.5%	11.8%	10.8%	10.2%	9.4%	8.6%	8.0%
White – Other British	4.9%	4.5%	4.7%	5.2%	6.0%	6.3%	6.6%	6.4%	6.6%	6.8%
White – Other	5.5%	3.5%	3.8%	3.5%	3.5%	3.8%	4.1%	4.6%	4.5%	4.9%
Prefer not to say	3.1%	2.9%	3.2%	3.2%	2.8%	3.0%	3.1%	4.8%	5.0%	4.7%
Asian – Indian	2.0%	2.5%	2.3%	2.3%	2.4%	2.5%	3.2%	3.9%	3.8%	4.0%
White – Irish	N/A	1.2%	1.3%	1.3%	1.3%	1.5%	1.5%	1.4%	1.3%	1.6%
Asian – Other	1.4%	1.1%	1.1%	1.2%	1.2%	1.2%	1.2%	1.5%	1.6%	1.9%
Other Ethnic Group	1.6%	0.9%	1.0%	1.3%	1.0%	1.1%	1.1%	1.3%	0.9%	1.3%
African	0.4%	0.4%	0.4%	0.5%	0.9%	0.8%	0.8%	1.2%	1.5%	1.0%
Mixed or Multiple Ethnic Group	N/A	0.8%	0.7%	0.7%	0.7%	0.6%	0.6%	0.7%	0.5%	1.0%
Asian – Pakistani	0.6%	0.7%	0.3%	0.5%	0.5%	0.6%	0.8%	0.9%	0.8%	0.6%
Asian - Chinese	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4%	0.5%
White - Polish	N/A	N/A	N/A	N/A	0.2%	N/A	N/A	N/A	0.2%	0.2%

Scotland's Census 2022 showed the racial breakdown of those living in Scotland as of 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 of 31 March 2026 shows the ethnic group breakdown for staff in NHS Greater Glasgow and Clyde as of 31 March 2026. It might be expected that this would be similar to NHS GJ, but the table below indicates otherwise:

Ethnicity	% Scottish population	% NHSGGC staff	% NHS GJ staff
White – Scottish	77.7%	54.4%	63.5%
No information provided		23.5%	8.0%
White – Other British	9.4%	8.7%	6.8%
White – Other	4.7%	3.4%	4.7%
Prefer not to say		0.8%	4.9%
Minority ethnic group	7.2%	8.2%	10.7%
White – Irish	1.0%	1.1%	1.3%

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:

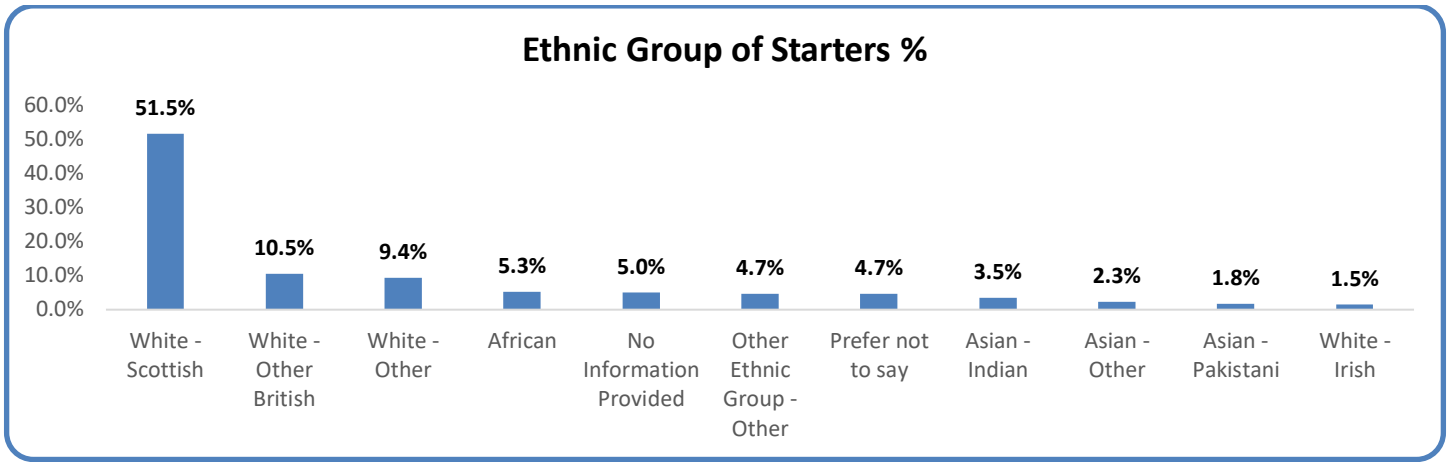
	Ethnicity					
Grade	**Minority Ethnic**	**Don't know**	**Prefer not to say**	**White**	**Total**	**Pay Gap %**
Agenda for Change	£20.09	£25.51	£21.15	£21.25	£21.34	5.5%
Medical and Dental	£47.59	£68.74	£60.30	£55.71	£53.80	14.6%
Senior Managers	N/A	£45.87	£51.67	£55.34	£48.63	N/A
Total	**£25.82**	**£24.90**	**£24.05**	**£23.35**	**£23.92**	**-10.6%**

The average hourly rate for Minority Ethnic colleagues is £2.47 higher than for White colleagues (£25.82 v £22.35). 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.

- 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".
- 2026: "Caribbean or Black", "Asian – Bangladeshi", "Other Ethnic Group – Arab" and "Caribbean or Black – Other".

7.3.4 Recruitment Activity

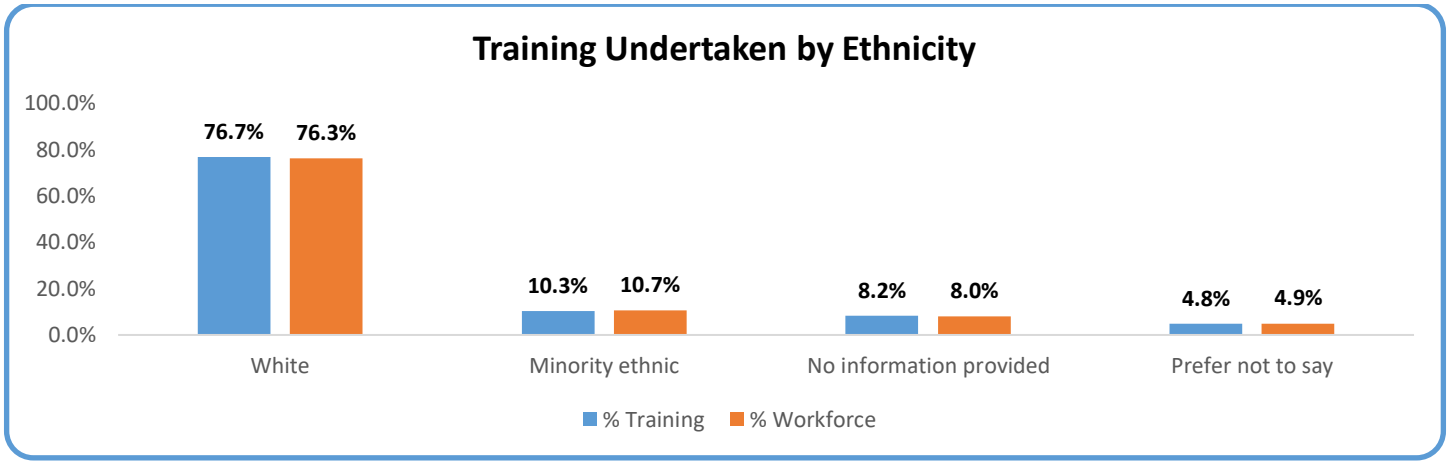
The relative breakdown of starters by ethnic group is shown in the chart below[5]:



Minority ethnic groups made up 17.5% of starters, higher than the 10.7% of the general workforce they represent.

7.3.5 Training Activity

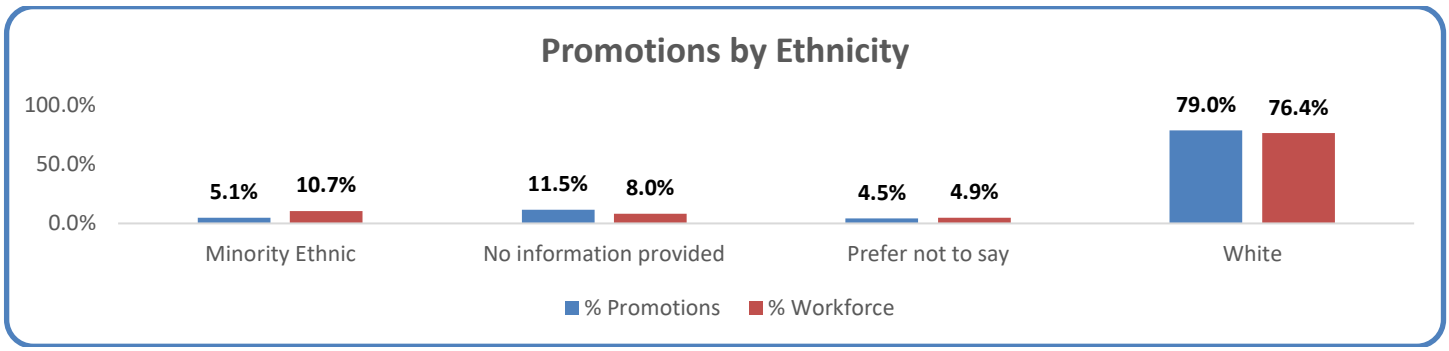
When considering training activity undertaken during the monitored period, in terms of the ethnicity of the participants, the percentage corresponds well with the proportion of the workforce those ethnic grouping represents:



7.3.6 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 79.0% of promotions and 76.4% of the workforce, while Minority Ethnic colleagues represent 5.1% of promotions and 10.7% of the workforce.

[5] "Other Ethnic Group" includes "Asian – Chinese", "Mixed or Multiple Ethnic Group", "Asian – Bangladeshi", "Other Ethnic Group – Arab" and "White – Roma", 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.



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**
White - Scottish	161	59.0%	1724	63.5%
No Information Provided	29	10.6%	216	8.0%
White - Other	21	7.7%	128	4.7%
White - Other British	18	6.6%	185	6.8%
Prefer not to say	17	6.2%	132	4.9%
Other Ethnic Group	8	2.9%	201	7.4%
White - Irish	7	2.6%	35	1.3%
Asian - Other	7	2.6%	44	1.6%
African	5	1.8%	51	1.9%
Grand Total	**273**	**100.0%**	**2716**	**100.0%**

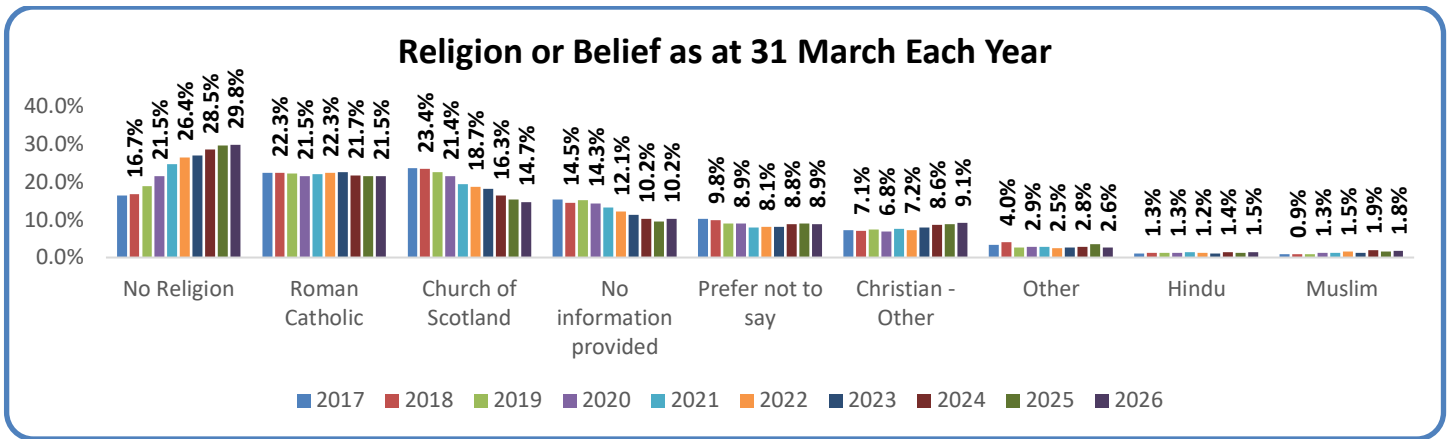
It can be instructive to examine what proportion of each ethnic group is leaving the workforce. This year, as shown in the table below, the group leaving the organisation at the highest rate is the "Prefer not to say" category.

Ethnic Group	Leavers as % of that Ethnic Group
White – Scottish	9.3%
Prefer not to say	12.9%
White – Other British	9.7%
White – Other	16.4%
No information provided	13.4%
Other Ethnic Group	4.0%

7.4 Religion and Belief

7.4.1 Workforce Breakdown

As with other protected characteristics new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years the quality of information provided has improved, with fewer people not providing information on religion and beliefs in the monitored period than in previous years, as can be seen in the chart below. Of those who provided information the largest proportion of the workforce identify themselves as "No Religion" (29.8%: 0.3% higher than the previous year) or "Roman Catholic" (21.5%: the same as 2024/2025)[6].



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 of 31 March 2026). 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 29.8% 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".

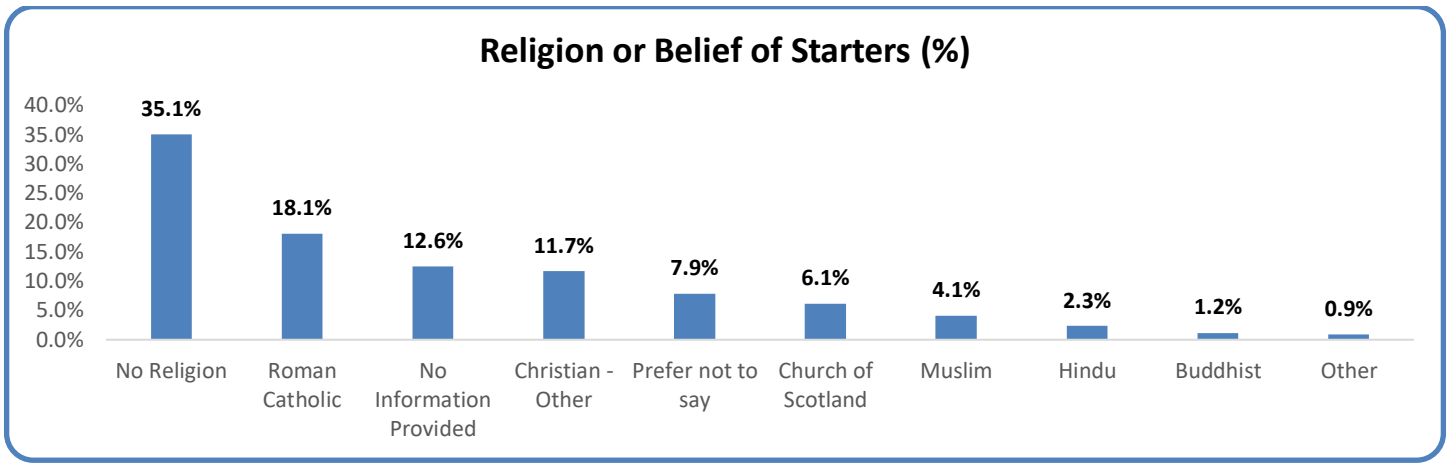
	% Scottish population	% NHSGGC staff	% NHS GJ staff
No religion	51.1%	27.3%	29.8%
Roman Catholic	13.3%	16.6%	21.5%
Church of Scotland	20.4%	12.0%	14.7%
Not stated	6.2%	29.0%	10.2%
Prefer not to say		3.4%	8.9%
Christian – Other	5.1%	7.5%	9.1%
Other	1.2%	1.9%	2.6%
Muslim	2.2%	0.7%	1.8%
Hindu	0.6%	1.6%	1.5%

7.4.2 Recruitment Activity

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

[6] Faiths which are represented by fewer than 5 members of the workforce are not reported individually, but captured within "Other". In 2026 these were "Sikh", "Jewish" and "Another Religion or Body".

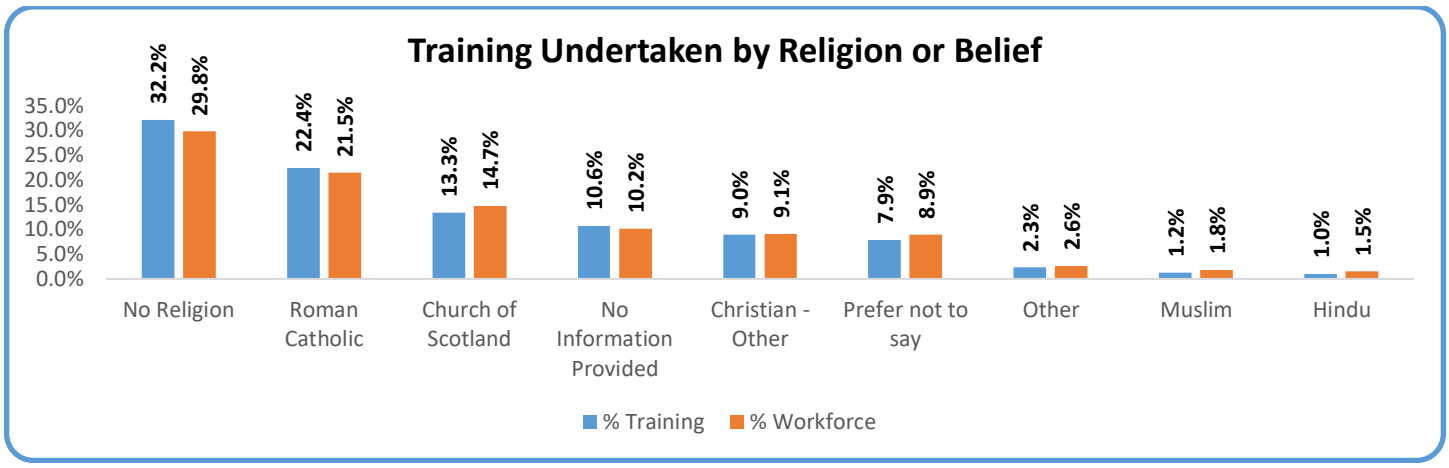
[7] Faiths which are represented by fewer than 5 starters are not reported individually, but captured within "Other". In 2026 this was only "Sikh"



35.1% of starters indicated that they do not have a religion, slightly higher than the 33.1% 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.



7.4.4 Career Progression

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

	Promotions		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
No Religion	47	29.9%	809	29.8%
Roman Catholic	38	24.2%	584	21.5%
Church of Scotland	25	15.9%	247	9.1%
No information provided	22	14.0%	158	5.8%
Prefer not to say	13	8.3%	278	10.2%
Christian – Other	11	7.0%	399	14.7%
Other	1	0.6%	241	8.9%
Total	**157**	**100.0%**	**2716**	**100.0%**

7.4.5 Leavers

During 2025-2026 the proportion of leavers was highest in the group of staff who had “No Religion”: 39.2% of leavers compared to 29.8% of staff:

	Leavers		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
No Religion	107	39.2%	809	29.8%
Roman Catholic	42	15.4%	584	21.5%
No Information Provided	35	12.8%	278	10.2%
Christian - Other	25	9.2%	247	9.1%
Church of Scotland	25	9.2%	399	14.7%
Prefer not to say	22	8.1%	241	8.9%
Muslim	8	2.9%	48	1.8%
Other[8]	9	3.3%	110	4.0%
Total	**273**	**100.0%**	**2716**	**100.0%**

[8] Faiths which are represented by fewer than 5 members of the workforce are not reported individually, but captured within “Other”. In 2026 these were “Hindu”, “Buddhist”, “Sikh” and “Another Religion or Body”.

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 long term health conditions. The scheme was developed by employers and disabled people's representatives to make it rigorous but easily accessible. The scheme is voluntary and access to guidance, self-assessments and resources is completely free.

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

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

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

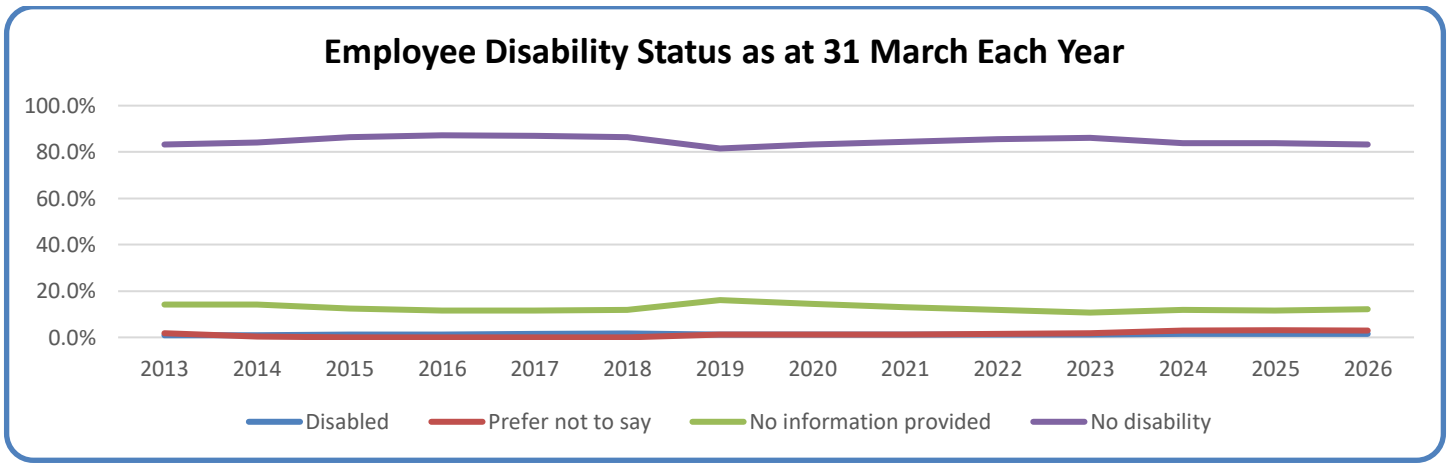
7.5.1 Definitions

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.

7.5.2 Workforce Breakdown

A large majority of our workforce continues to identify themselves as having "No disability," with the same proportion in both March 2013 and March 2026, at 83.2%. 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 12.2% this year.

It is noteworthy that the national HR system's (eESS) 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 steady over the same time period at around 1.0%, and this year it stood at 1.5% (the same as the last 2 years), 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), this is repeated across Boards in NHS Scotland, where 2.3% identified themselves as disabled as of 31 March 2026 (NHS Scotland Workforce Statistics release as of 31 March 2026), with a notable exception in NHS24, where 12.9% 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 update 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.

We are also undertaking a target campaign in the summer of 2026 via internal communications to encourage existing staff members to feel psychologically safe to disclose personal information relating to the protected characteristics.

7.5.3 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**	**Pay Gap %**
Agenda for Change	£21.07	£21.46	£21.63	£22.79	£21.34	-6.2%
Medical and Dental	£65.86	£53.85	£60.34	£63.24	£53.80	-17.4%
Senior Managers		£53.76	£51.67		£53.46	N/A

The average hourly rate for a colleague who has indicated that they have a disability is £1.33 higher for Agenda for Change staff, and £9.39 higher for Medical and Dental staff.

7.5.4 Recruitment Activity

When asked to provide information on their disability status, the vast majority of starters indicated that they did not have a disability (79.2%). The number of starters who did indicate that they have a disability is too low to report on.

7.5.5 Training Activity

Members of the workforce who declared themselves to be disabled undertook 1.3% of all training completed in 2025-2026, which is slightly less than the 1.5% of the workforce who declared that they had a disability.

7.5.6 Career Progression

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

7.5.7 Leavers

Of the 273 members of the workforce who left NHS GJ’s employment in 2025/2026, 6 declared that they had a disability, representing 2.2% of leavers, a greater proportion than the 1.5% of the workforce disabled colleagues represent.

7.5.8 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 4.0%, versus 2.7% for female colleagues. However, as is shown in the table below, male members of the workforce are almost 2.5 times as likely to disclose a disability as their female counterparts, despite global disabilities and long term health conditions being more prevalent in women[9].

Disability declaration	Female	Male
No	84.4%	80.3%
No information provided	11.6%	13.2%
Prefer not to say	2.7%	4.0%
Yes	1.1%	2.5%

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

7.6 Sexual Orientation

7.6.1 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 steady at around 75% to 77%. As of 31 March 2026, this proportion stood at 75.6%, a 0.9% increase on the previous year. The numbers of those who did not provide information fell by 2.3% to 11.5% between 2018 and 2026. 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	2026
Heterosexual	77.0%	77.3%	72.7%	76.3%	77.4%	77.6%	74.6%	74.7%	75.6%
No information provided	13.8%	12.6%	17.8%	14.5%	12.7%	11.0%	12.3%	12.4%	11.5%
Prefer not to say	7.1%	7.8%	7.4%	6.8%	7.0%	7.5%	9.0%	8.7%	8.5%
Gay/Lesbian	1.3%	1.4%	1.3%	1.6%	1.9%	2.5%	2.4%	2.5%	2.7%
Bisexual	0.5%	0.6%	0.4%	0.6%	0.7%	1.0%	1.2%	1.3%	1.3%
Other	0.3%	0.3%	0.3%	0.0%	0.3%	0.4%	0.5%	0.4%	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 of 31 March 2025):

Health Board/Area	Sexual Orientation – No Information Provided								
	2018	2019	2020	2021	2022	2023	2024	2025	2026
NHS Scotland	28.7%	28.9%	29.8%	26.3%	24.9%	21.4%	20.2%	19.5%	18.8%
West of Scotland Region	32.9%	34.3%	37.0%	34.9%	32.2%	29.5%	27.8%	26.3%	26.2%
NHS Greater Glasgow and Clyde	29.6%	30.9%	38.1%	26.3%	36.3%	32.1%	30.3%	28.6%	29.2%
National Health Boards	36.0%	33.0%	37.8%	29.4%	28.2%	22.8%	21.7%	21.4%	20.0%
NHS Golden Jubilee	13.8%	12.6%	17.8%	14.5%	12.7%	11.0%	12.3%	12.4%	11.5%

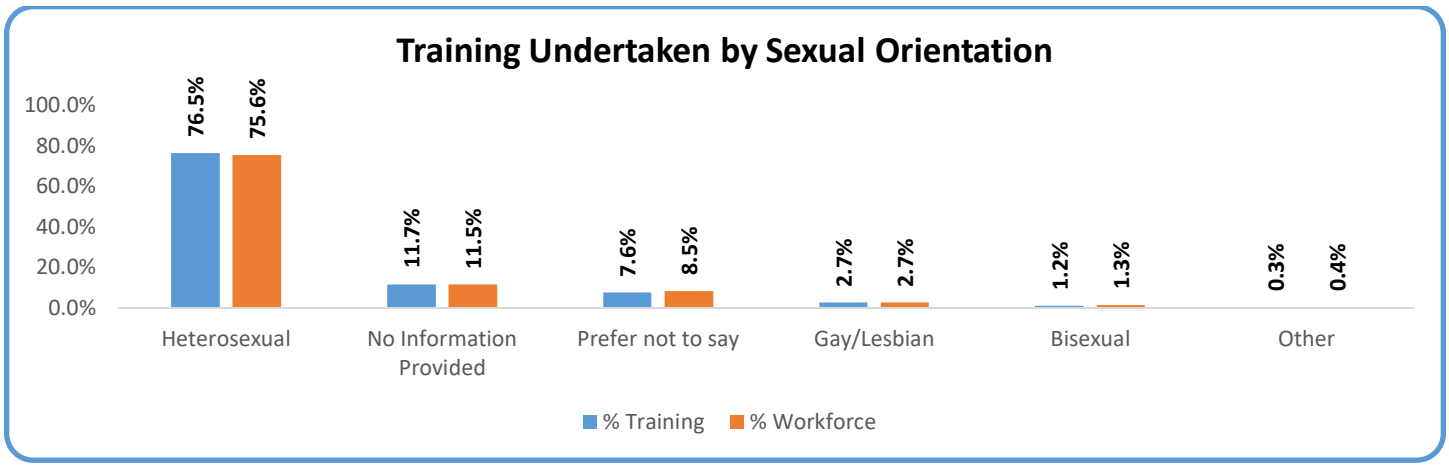
7.6.2 Recruitment Activity

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

Sexual Orientation	Headcount	Percentage
Heterosexual	271	79.2%
Prefer not to say	29	8.5%
No information provided	24	7.0
Gay/Lesbian	13	3.8%
Other	5	1.5%
NHS GJ Total	**320**	**100.0%**

7.6.3 Training Activity

As can be seen from the chart below training provided during the period under review by sexual orientation almost exactly matches the proportion expected for that group as a proportion of the workforce.



7.6.4 Career Progression

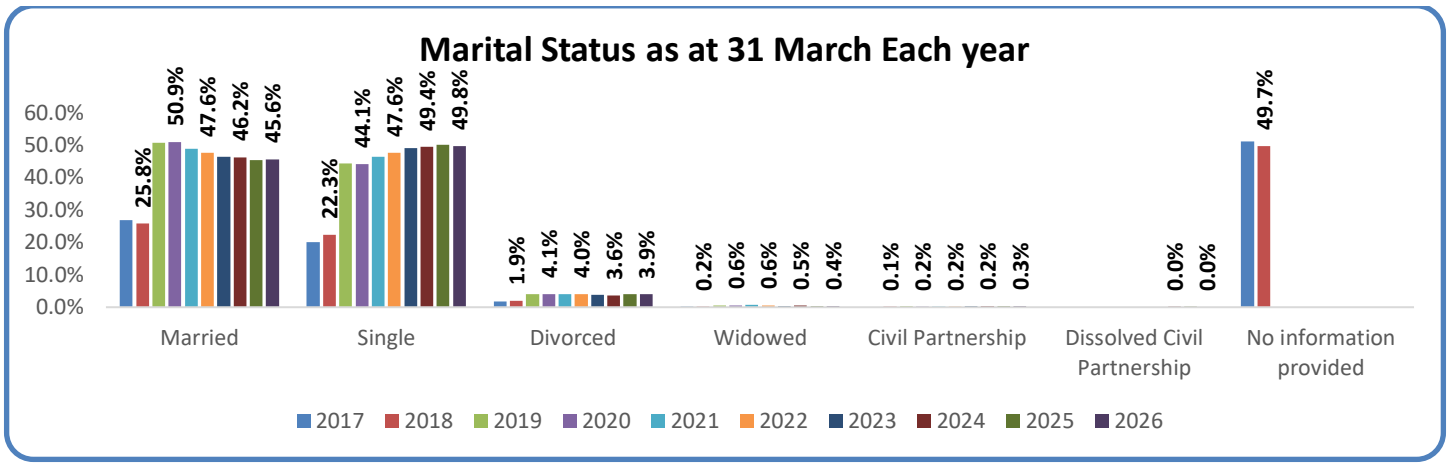
A substantial majority of promoted members of the workforce have declared themselves to be "Heterosexual" – 111 out of 157 promoted posts (70.7%), which is 4.9% lower than the proportion of the workforce as a whole who identify as "Heterosexual" (75.6%). 28 (17.8%) promoted members of the workforce did not provide any information on their sexual orientation, while 11 (7.0%) preferred not to say. The number of promoted members of the workforce who identified themselves as "Gay/Lesbian" or "Bisexual" were both fewer than 5.

7.6.5 Leavers

During the period under review, 71.4% of leavers identified as "Heterosexual," compared to 75.6% of the workforce. 14.7% of leavers did not provide any information on their sexual orientation, in comparison to 11.5% of the workforce. 9.5% of leavers preferred not to identify their sexual orientation, compared to 8.5% of the workforce. The proportion of leavers who identify as "Gay/Lesbian" was 2.2%, compared to 2.7% of the workforce. The proportion of leavers who identify as "Bisexual" was 1.8%, compared to 1.3% of the workforce.

7.7 Marriage and Civil Partnership

In 2025/2026 the proportion of the workforce who indicated that they were married rose slightly compared to the previous year, but since 2019 has dropped from 50.7% to 45.6%. In that time the proportion of the workforce who indicated that they are single has increased from 44.4% to 49.8%[10].



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.

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

7.9 Pregnancy and Maternity

During the monitored period, a total of 123 instances of maternity leave were recorded:

- 51 were on maternity leave before 1 April 2025;
- 72 went on maternity leave between 1 April 2025 and 31 March 2026;
- 58 returned from maternity leave during the period under review;
- 65 were still on maternity leave after 31 March 2026; and
- of those who took maternity leave, 7 both went on leave and returned within the monitored period.

[10] 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.

8 Developments

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

8.1 Culture Programme

Recognising the impact organisational culture has on staff wellbeing, we launched our Kindness Matters culture programme in 2024–2025. The first phase, which involved extensive engagement with staff, volunteers, patients and the public, concluded in July 2025. This engagement provided valuable insight into what contributes to both good and bad days at work for our staff and volunteers. These insights informed a refresh of our Board Values and the development of a new Values and Behaviours Framework. The refreshed Values and Values and Behaviours Framework have been shared through a team based cascade approach, with managers leading meaningful conversations within their teams. As part of this work, staff were also asked to prioritise the areas of action that would have the greatest positive impact on their wellbeing. Building on this feedback, we have agreed an approach to the design and delivery of insight led solutions that reflect the priorities identified by staff and volunteers. This work is being facilitated by leads across the organisation and will be delivered collaboratively over a 5 year period.

8.2 Recruitment Process Optimisation

We are reviewing all our processes to identify opportunities to improve the hiring manager and candidate experiences. One change we launched in April 2026 is the introduction of our Digital Right to Work checking service. This allows candidates to provide their right to work documentation without the need to visit the recruitment office to present their identification for verification, which will greatly reduce the time it takes for background checks to be completed, and will also be of huge benefit to those candidates who live further afield or who are relocating to take up a post with NHS GJ.

In order to measure our performance, as a recruitment team, and also as an organisation, we are introducing a new recruitment dashboard, where recruitment metrics e.g. Time to Offer and Time to Hire will be monitored and analysed to help identify areas where further improvements can be made across the process to further enhance our service proposition.

8.3 Supporting Our Workforce With Attendance And Wellbeing

In 2025/2026 we worked in collaboration with colleagues in our Marketing and Communications Team on an awareness campaign of organisational assistance we offer to employees when they need support with their health and wellbeing. In 2026/2027, this, alongside a revitalised Attendance Management training programme, further promotion of the importance of early intervention and other initiatives promoted through our Occupational Health Service, will help ensure our people know the supports available and how to access these when needed.

Our support for our colleagues with attendance at work and their wellbeing is assisted by both our local Health and Wellbeing Hub and the national Wellbeing Hub, which is available for everyone working in health, social care, and social work in Scotland.

In 2026/2027 our colleagues in the Spiritual Care Team will continue to provide pastoral care to those who need it, in order to support their health and wellbeing. Pastoral care includes the listening ear service, group support, bereavement support, and values based reflective practice.

8.4 Mainstreaming Equalities

NHS Golden Jubilee is committed to mainstreaming equalities across all nine protected characteristics as defined by the Equality Act 2010 and Fairer Scotland Duty (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, Embracing Equality Diversity and Human Rights Policy and our Health and Wellbeing Strategy.

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 2026/2027 we will continue to place 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:

- Phased rollout of holistic care package for SACCS patients.
- NHS Golden Jubilee Conference Hotel partnership with Welcome Brain to provide enhanced service provision for neurodiverse guests and visitors.
- Partnership with AccessAble to deliver detailed digital access guides across all patient pathways.
- Upgrade of existing accessible sanitary facilities within our main hospital building to align with best practice for inclusivity;
- Equalities training focusing on Anti-racism, Active bystander and allyship, Neurodiversity, Prevention of sexual harassment and Managers' essential guide to equalities.
- 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.

8.5 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	Executive Director of Strategy, Planning and Performance
LGBTQ+	Sexual orientation Gender reassignment (trans status)	Executive Director of Nursing
Young Person's	Age	Executive Director of Finance

	Socio-economic status	
Armed Forces	Intersectional	Director of Strategic Communications and Stakeholder Relations
Spiritual Care	Religion and belief Marriage and civil partnership	Executive Director of People and Culture
Women's	Sex	Executive Director of Operations

8.6 Equality Outcomes 2025-2029

NHS GJ is committed to supporting dignity at work by creating an inclusive working environment. Our Equality Outcomes 2025-2029 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, and 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.

8.7 Health and Safety Training Calendar

A Health and Safety Training Calendar has been developed and will be launched in Quarter 1 of 2026/2027. This scheduled calendar focuses on a proactive culture of hazard awareness and reporting.

The programme has been developed to support staff across the organisation with a range of health and safety learning opportunities throughout the year. These sessions are in addition to eLearning modules, and are designed to strengthen knowledge, build confidence, and support a positive safety culture across all teams and services. Engaging in health and safety training plays a key role in creating safer environments for our staff, patients, and visitors.

The topics covered within the calendar will include the following:

- A-Z of managing safety;
- Control of Substances Hazardous to Health (COSHH);
- departmental stress risk assessment;
- health and safety monitoring;
- incident reporting;
- lone working;
- mask fit testing;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR);
- sharps safety; and
- practical training in managing violence and aggression.

8.8 Health and Safety Monitoring

Following the introduction of the digital Health and Safety Audit and Inspection program in the summer of 2025, we look forward to launching the next round of audits in Quarter 3 of 2026/2027.

The purpose of health and safety audits and inspections is to protect the workforce by proactively identifying hazards, ensuring legal compliance, and evaluating the effectiveness of safety systems.

In the year ahead, we aim to increase awareness and ownership of the audit and inspection process as evidenced through the health and safety management audits.

8.9 Stress Awareness

In November 2025 and April 2026, we focused attention on stress as part the national campaign on stress awareness. This provided an opportunity for collaboration between key teams in order to plan and deliver a series of interactive activities. This focused work stream has been well received, and we will continue with similar promotional activity in 2026/2027.

8.10 Once for Scotland Health and Safety Policies

The Once for Scotland Managing Health at Work Policies were launched in March 2026 covering the following:

- adverse weather;
- alcohol and other substances;
- Control of Substances Hazardous to Health (COSHH);
- lone working;
- manual handling;
- menopause and menstrual health;
- smoking and vaping;
- work related driving;
- work related stress; and
- work related violence and aggression.

To support the national launch, we have locally facilitated awareness sessions and will continue to rise awareness via the planned health and safety training calendar.

8.11 Band 5 Nursing Review

The NHS Scotland Band 5 Nursing review officially opened on 17 June 2024, enabling nursing staff across NHS Scotland to submit an application to have their role reviewed through the national job evaluation process. Within NHS GJ, 351 employees, 74% of our Band 5 nursing cohort, have logged their review requests on the national digital portal, with 230 of those requests having now been received locally. At the time of drafting this report, 97 have been processed, 96 of which have resulted in being awarded Agenda for Change Band 6, across the following clinical areas:

- Critical Care;
- Cath Labs;
- Heart Transplant;
- Coronary Care Unit;
- Theatres (PACU, Anaesthetics);
- Ward 2 East;
- Ward 3 East; and
- Ward 3 West.

These outcomes demonstrate the specialist skills we have within our nursing workforce and the potential considerations that should be factored into future workforce models. Whilst discussions have been held internally with senior nurse leaders around this, national discussions are also underway which will be key in shaping the NHS Scotland nursing workforce.

8.12 Reduced Working Hours

As part of the pay settlement for Agenda for Change staff in 2023-2024, it was agreed to conduct a review of the Agenda for Change contracted working hours in NHS Scotland, including a reduction of the working week over a 3 year period. Phase 1 involved Agenda for Change full-time staff reducing

their hours from 37.5 to 37.0 hours from 1 April 2024 (pro rata for part-time staff), without loss of earnings.

The second phase took effect on 1 April 2026, at which time all staff on Agenda for Change terms and conditions transferred to a 36.0 hour working week (*pro rata* for part-time staff). In preparation for full implementation, Department Managers and Service Leads reviewed service requirements and rosters to ensure operational service requirements were maintained, whilst discussing specific changes with their teams to support work life balance. As part of this exercise, managers were asked to consider resource backfill for the hours lost, through retention of part time staff existing hours, additional recruitment, or a combination of both.

Whilst the transition to the new contracted working week appears to have gone smoothly, a workforce systems audit will take place in May 2026, to ensure the workforce information held within all three systems (eESS, Payroll and SSTS) is correct.

8.13 Protected Learning Time

Protected Learning Time (PLT) is a national commitment arising from the 2023/2024 Agenda for Change agreement, designed to ensure staff across NHS Scotland have PLT within their working hours to undertake essential learning and development activities. All NHS Scotland Boards are expected to implement local arrangements that enable equitable access to learning and support workforce development.

During 2025/2026, NHS GJ established a multidisciplinary working group to develop a local PLT approach. This included reviewing mandatory training requirements, identifying barriers to implementation, exploring practical solutions, and supported awareness-raising, monitoring, and recording arrangements. We also contributed to national work streams that successfully agreed and implemented 9 Once for Scotland mandatory learning modules, supporting greater consistency in mandatory training across NHS Scotland.

8.14 eRostering

Optima eRostering implementation has continued throughout 2025/2026, with 48% (50 departments) of the organisation now migrated onto the system. Of the 50 departments implemented, 48 rosters are now live, with some requiring minor ongoing support and adjustments, alongside the implementation of Safecare.

The current status of Departments migrated by Division is as follows:

- Corporate, 29%;
- Golden Jubilee Conference Hotel, 100%;
- Heart, Lung and Diagnostic Services, 51%; and
- National Elective Services. 57%.

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.

The eRostering team has undergone some transformation over the past 4 months, with an additional 3 eRostering Administrators (two fixed term and one permanent role) joining the team to bolster resource. This additional resource is crucial to progress the migration plan, which is projected to be complete by September 2027, ahead of full Payroll interface in March 2028.