



Equality Mainstreaming Report 2021



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Chief Executive Foreword

NHS Golden Jubilee has a proud history as an equal opportunities' employer and service provider.

Since becoming a part of the NHS in 2002, we have been on a journey of continuous improvement, creating an inclusive work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates this unique mix of people. This approach ensures we provide the highest possible standard of care and service for every patient, visitor, delegate and guest who comes here.

As an organisation, we are committed to promoting a positive workplace culture, with the Board and Senior Managers playing a vital role in demonstrating strong, inclusive leadership.

Our Organisational Values place dignity and respect at the forefront of everything we do. Our innovative values-based recruitment process ensures that our team not only have the right skills, knowledge and experience for their role, but that they also demonstrate appropriate behaviour which is aligned to these principles.

Our work on equality, diversity and inclusion is an important part of how we demonstrate these values. We have worked hard to make these even more visible and influence how we behave each day. This helps us provide a quality, safe, effective, and person-centred service for everyone who walks through our doors.

Our 2021 Equalities Mainstreaming Report highlights how we have met the requirements of the Scottish Public



Sector Equality Duty. It shows how we have embedded participation and equalities into our services, functions and policies, and provides information on our protected characteristics, gender pay, and demonstrates our progress in implementing our equality outcomes.

Since our last report, we have continued to take significant steps to improve awareness of our responsibilities and to support all staff in delivering these. Key highlights include:

- Disability Confident Leader – 2018
- Stonewall Diversity Champion for 10 years
- Formed a new partnership against Gender Based Violence
- Developed a new user-friendly integrated Equality Impact Assessment (EQIA)
- Renewed our Investor in Volunteers status
- Embedded approach to equality in expansion works
- Investor in Young People Gold Award

As our Hospital expands, we will continue to invest in new and innovative ways to make sure that all of our staff have the opportunities, facilities, resources, and support to get the most out of their roles. This will help us to deliver the highest possible quality services for patients across Scotland.


Jann Gardner
Chief Executive



Mainstreaming overview

Each NHS Board in Scotland has a duty to comply with the three aims of the Public Sector General Duty, the Equality Act 2010, and Specific Duties Scotland Regulations 2012. These three aims are to:

1. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
2. advance equality of opportunity between persons who share a protected characteristic and persons who do not; and
3. foster good relations between people who share a protected characteristic and those who do not.

The Specific Duties Scotland Regulations 2012, detailed below, support public sector bodies in their delivery of the general equality duty:

- Report progress on mainstreaming the public sector equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practice;
- Gather and use employee information;
- Publish statements on equal pay;
- Consider award criteria and conditions in relation to public procurement; and
- Publish in a manner that is accessible.

The aspiration of NHS Golden Jubilee is to do more than just meet our legal obligations. We will strive to continually improve inclusiveness by creating a work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates the unique mix of

people and patients who work for us and use our services. We will share our success with other public sector organisations and will learn from others who have demonstrated best practice.

One of our core values is to value dignity and respect. We are continually working to make these real for every member of staff and every patient that we see and treat. This is how we view mainstreaming equality. Although we produce the required reports and statistics, it is our staff and our patients who will let us know if we are truly mainstreaming equalities for all.

We provide guidance, advice and training to all of our staff so that they understand equality, human rights, health inequalities, and the impact this has on their role within the Board. We have developed bespoke equalities training that every staff member must undertake as part of their mandatory training. Uptake is monitored on a monthly basis and reported to our Executive Team. Equalities have been integrated into our senior leadership programmes, our recruitment training, and every employee's personal development plan.

Responding to comments from our Diversity and Inclusion Network and our iMatter feedback, we continue to re-examine our approach in order to give people greater opportunities to participate in shaping the decisions that impact them. This means increasing the ability of those responsible to recognise and respect individual's rights, as well as being able to hold them to account for their actions.

A closer look inside our report

Our report this year is divided into two distinct sections providing highlights of our progress and commitment to mainstreaming equalities throughout all aspects of service delivery during the reporting period: 2017 to 2020.

Section one focuses specifically on our Hospital expansion project, providing an overview of our approach to embedding the inclusive design agenda within our state-of-the-art Eye Centre.

Section two features a selection of some highlighted projects, workforce monitoring data and written reports connected to various protected characteristics. As you read you will notice different voices as we have included the original words by our contributors to signify commitment to and value we place on diversity.

Section One: Hospital Expansion Equalities Case studies

Introducing our new equality impact assessment process (EQIA)

- New user-friendly design
- Introduction of 'traffic light' impact rating system
- Embedding socio-economic and health inequalities

During 2018, NHS Golden Jubilee undertook a major redesign of the existing Equality Impact Assessment (EQIA) process. The outline objective was to increase awareness and uptake of the EQIA process to further embed equality, diversity and inclusion within the day to day running of the organisation to ensure our patients, visitors and staff are treated with fairness, dignity and respect. Prior to commencing the redesign, a comprehensive review of current EQIA practices within all other Scottish NHS Boards was conducted. This provided an insight into the pros and cons of each EQIA process whilst additionally highlighting the significant variation in approach adopted by each Board. The findings suggest there is a need to simplify the process.

The new EQIA template was specifically designed to be an engaging and user-friendly document. This was achieved through a number of ways including the creation of brand identity and simplification

of the template minimising the number of steps required to complete the assessment process.

A systematic approach was deployed listing the positive, negative and neutral implications associated with each protected characteristic. Negative implications are then itemised with corresponding actions to either eliminate, minimise or manage the impact for identified groups. An impact rating score based on a traffic light coding system provides a visual representation of groups likely to be impacted as a direct result of the proposed policy change.

The remainder of the assessment focuses on stakeholder collaboration and documented research evidence to support the rationale for the EQIA. Finally, a regular monitoring and review structure aims to ensure that the EQIA is kept up to date during the evolution of the policy and in response to future legislative reform.

Inclusive design strategy

Phase one expansion: Eye Centre

Key Highlights

- Principal and secondary wayfinding directories featuring coloured, lettered and tactile zoning.
- Coloured and lettered wayfinding floor lines.
- High contrast interior throughout to assist with wayfinding and identification facilities, features and fixtures/fixtures.
- Easy view flooring incorporating zonal contrast.
- Dementia and visual impairment friendly high contrast signage with tactile pictograms, embossed text and braille.
- Gender neutral toilets throughout all patient areas.
- Integrated hearing loop systems to reception desks and patient interaction areas.
- Enhanced accessibility self-check-in kiosks with pinch/zoom magnification, audio assistance and voice recognition in a suite of 10 languages.
- Scotland's first 'talking toilet' with audio description.
- Enhanced accessibility vending machines.

The interior wayfinding strategy was developed with patient centred care at the forefront of design decisions to create an accessible and intuitive environment. In doing so, we aspire to be one of the most accessible healthcare facilities in the UK and further afield. Our unique approach moves away from traditional healthcare design, featuring a range of visual, tactile, and auditory cues to establish a fresh, vibrant and immersive experience to ensure we meet the varying needs of our diverse patient demographic.

We have worked closely with other Health Boards throughout 2019/2020 to share our approach to achieving design excellence through a series of presentations and workshops with the Elective Centre Expansion Board and Healthcare Improvement Scotland (HIS) Service Design Community of practice. By sharing our evidence-based

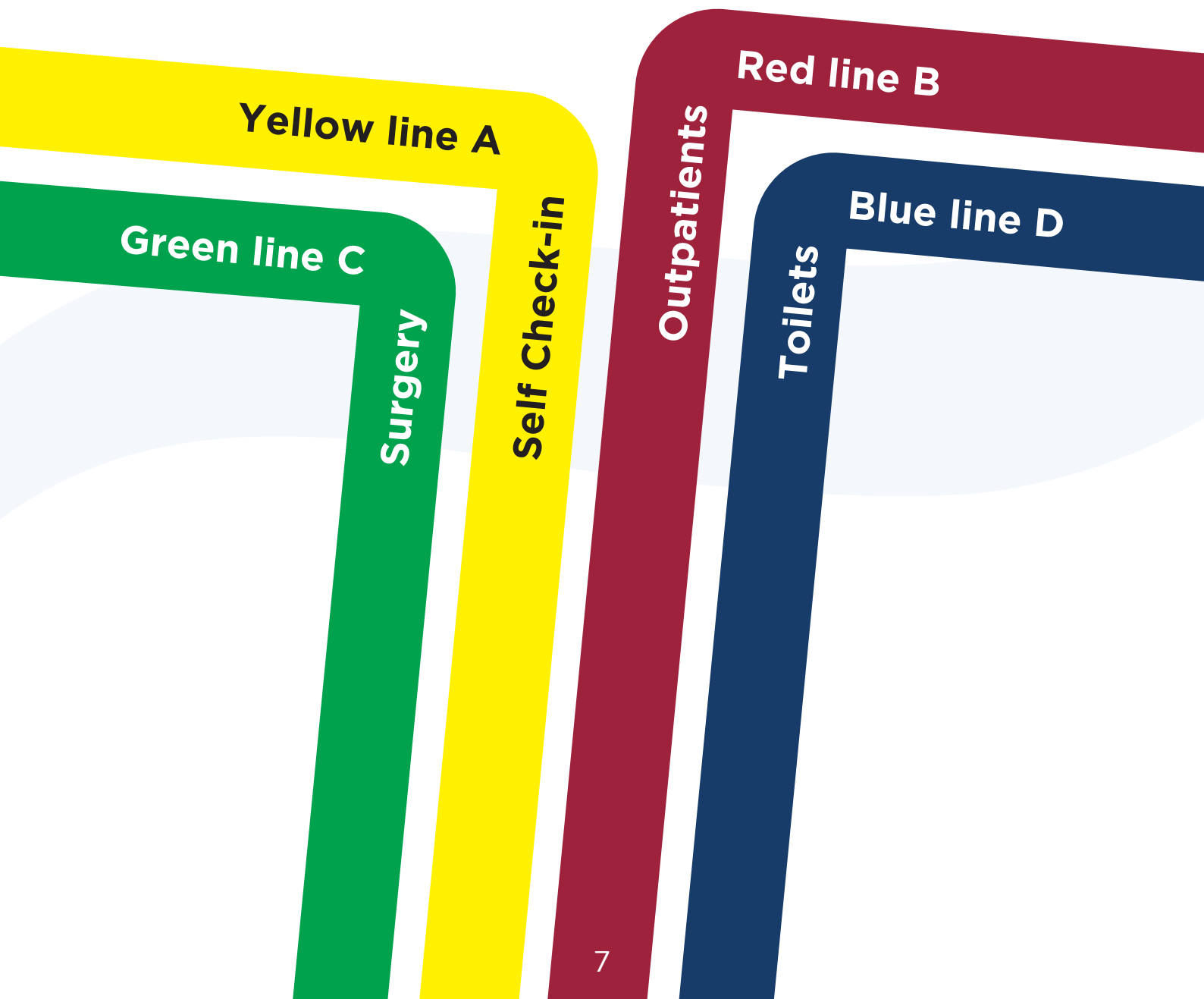
stakeholder engagement practices and lessons learned, we are proactively embedding equalities on a national level with particular focus on the design and delivery of the Elective Centre expansion programme across Scotland.

Wayfinding directories

Our principal and secondary wayfinding directories are located within the entrance foyer and self-check-in zone. They provide a simplified, high contrast and legible directory featuring coloured and lettered zoning in addition to tactile qualities.

Wayfinding floor lines

Our new Eye Centre features integrated coloured/lettered wayfinding floor lines to provide a continuous, legible, and reassuring path of travel between key facilities and departments. Colours are chosen in line with best practice guidance to provide a strong visual contrast when viewed in greyscale to take account of people with colour blindness. In addition, lettered zoning provides an additional cue for people who have limited colour perception, helping to create a truly inclusive wayfinding experience for our service users.



Zone by colour

Our building interior features visual impairment, autism and dementia friendly coloured and tonal zoning, strategically located at key decision points throughout all patient areas to create distinction and assist with wayfinding, navigation, and orientation. We have also implemented a psychology of colour approach within our interior design strategy to reflect the functional attributes of each space to promote increased brain wave activity within the Self Check-in and Outpatient areas and reduce stress and anxiety within the entrance foyer and Surgical zones. In doing so we aim to promote the health and wellbeing of our service users throughout all patient pathways.

Cool Blue – Entrance foyer and Self Check-in zone

Helps to make a space feel larger and creates a calming effect upon entering the building.

Yellow - Entrance waiting area
Stimulating colour, often used in activity areas to increase brain wave activity. Yellow is a good colour for Alzheimer's patients as it can help trigger memories and increase cognitive function.

Red - Outpatients
Recommended for high activity areas and communal spaces where stimulation is required. Increases brain wave activity, helping people to focus their attention.

Green - Surgery
This earthy colour is associated with growth and life. Promotes reduced activity within the central nervous system, helping people feel calmer.

Easy view flooring

We worked closely with our stakeholders when determining the most suitable flooring to maximise the accessibility of our patient pathways. This was complimented with a review of best practice guidance to ensure we capture and incorporate the required specifications to meet the diverse needs of our service users.

Our interior features visual impairment and dementia friendly 'earth theme' marmoleum throughout all patient areas to provide high contrast definition between circulation and waiting areas.

We have selected a flooring range to create a uniform, non-patterned, low glare appearance to provide clarity and reduce visual confusion and disorientation.

Dark theme toilets

Our toilet interiors have been developed with patient focus at the heart of the design. We understand that glare can often be an issue for people with a visual impairment, particularly following dilation at the examination stage or post-surgery phase. With this in mind, we have introduced dark theme interiors throughout all patient toilets to reduce glare and provide visual clarity for the detection of grab rails, fixtures/fittings and the toilet seat in line with best practice recommendations.

Audio descriptive toilet

At NHS Golden Jubilee, we are always looking to implement innovative solutions to remove barriers to access for our service users. We are proud to introduce the first audio description toilet in Scotland located within our 'all gender' accessible baby change facility in the Check-in zone



of our new Eye Centre. The RoomMate by ADI Access provides a descriptive overview of the facilities features, including the location and distance of the toilet, emergency alarm, grab rails, sink, hand dryer and waste disposal units.

Demonstrating our commitment to trans equality

We have developed a truly inclusive signage strategy based on a comprehensive review of the latest best practice guidance alongside feedback from our network of valued stakeholders. Our room identification signs have been designed to incorporate a range of assistive elements targeting all user groups to provide clarity and promote independent access to key departments and facilities. In doing so, demonstrating our commitment to equality and diversity and extending a warm welcome to every patient regardless of personal characteristic.

All of our toilets within patient areas are designated as single occupancy 'all gender' facilities, demonstrating our commitment towards trans equality. Our staff are provided with similar facilities on level 2 including an 'all gender' accessible toilet and private changing rooms. Our signs feature a range of visual and tactile cues to assist people with a range of visual impairments and dementia including:

- Strong visual contrast when viewed in both colour and greyscale.
- Dementia friendly toilet symbol.
- Wheelchair layout configuration indicator providing options for left hand (LH) and right hand (RH) transfer.
- Tactile pictograms.
- Integrated hearing loop symbols.
- Embossed text.
- Easy read large print fonts in accordance with best practice guidance for short distance viewing.
- Corresponding grade 1 Braille with locator marker.

Introducing feature directional wordcloud arrows

We recognise that visiting the Hospital for an appointment or procedure can often be a stressful experience for our patients, many of whom are first time visitors. With this in mind, we wanted to ensure that our toilets are clearly signposted in all waiting areas and paths of travel. In order to understand how we can best support this goal, we undertook a series of engagement activities with key stakeholder groups from Ophthalmology outpatients, Visibility Scotland and Alzheimer's Scotland.

The majority of this work was undertaken during 2019 and comprised of survey analysis, focus groups and design workshops. Participants were

asked to rate a series of design options based on digital concepts and tactile prototypes.

The end product provides an innovative design comprising of a large, high contrast tactile directional arrow with large scale, high contrast, tactile symbols and complimentary wording.

Our wordcloud arrows provide complimentary information to room signs and offer a dual function. From a distance the arrows have a solid appearance and are orientated towards the direction of travel to adjacent toilets.

When viewed in close proximity, tactile words are revealed providing information relating to the key features within each toilet, for example 'wheelchair accessible', 'all gender', 'baby change' and 'toilets'. Each 1.2-metre-high arrow is mounted for optimal viewing allowing ease of access for people regardless of whether in a seated or standing position. 16 Providing feature manifestations to full height glazing
NHS Golden Jubilee is firmly committed to safeguarding the health, safety

and wellbeing of patients, staff and visitors whilst accessing facilities and services on our campus. We have paid particular attention to the design and appearance of full height glazing to ensure it is clearly visible to mitigate against injuries associated with potential impact. This is particularly important in the case of the Eye Centre where all of our patients will have some degree of visual impairment and can often perceive full height glazing as an opening if not clearly highlighted using visual contrast. We have exceeded best practice

guidance through the design and installation of feature manifestations applied to glazing within the entrance foyer, entrance waiting area and surgery waiting area as detailed below.

Entrance foyer and Surgery waiting area

Application of NHS Scotland branding featuring the iconic manifestation with iconic buildings and bridges from the Glasgow and regional skyline.

Introducing enhanced accessibility self check-in kiosks

Enhanced Accessibility kiosks

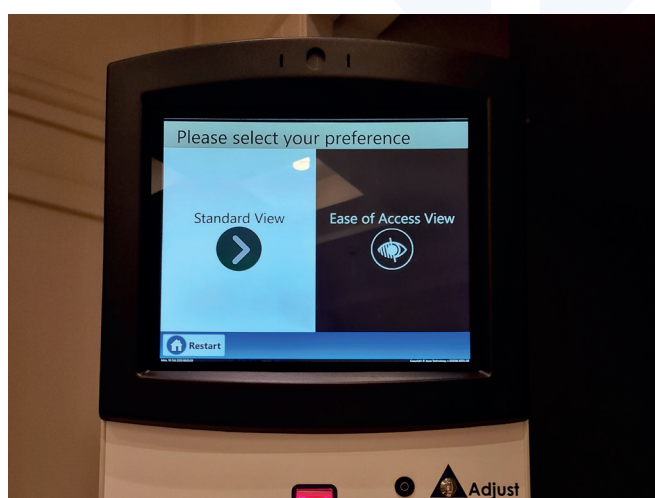
Our building interior features visual impairment, autism and dementia friendly coloured and tonal zoning, strategically located at key decision points throughout all patient areas to create distinction and assist with wayfinding, navigation, and orientation. We have also implemented a psychology of colour approach within our interior design strategy to reflect the functional attributes of each space to promote increased brain wave activity within the Self Check-in and Outpatient areas and reduce stress and anxiety within the entrance foyer and Surgical zones. In doing so we aim to promote the health and wellbeing of our service users throughout all patient pathways.

Overview

During 2018, NHS Golden Jubilee undertook a comprehensive review of existing self-check-in kiosk provisions throughout healthcare facilities across the UK and wider afield. We quickly realised that the range of 'off the shelf' kiosks would not meet the varying needs of the

diverse patient population we serve. We took an ambitious and proactive approach to tackling this issue by embarking on a consultation phase with our stakeholder networks in conjunction with a review of best practice guidance for touch screen interactivity. Feedback and data was then reviewed and a set of enhanced specifications were drawn up to address the needs of people with a range of abilities spanning across multiple cultural backgrounds.

In order to turn our vision into a reality we established a strategic partnership with Jayex, a leading kiosk supplier, to develop a bespoke product incorporating a suite of enhanced accessibility functionality.



Our new state of the art kiosks provides an industry first for inclusivity. Empowering independence and promoting the principles of the social model of disability, we understand that a person is often disabled by physical features and social practices rather than factors associated with their personal attributes.

Assistive functionality

Our kiosks offer the following functionality:

- Fully height adjustable kiosks providing optimal reach range for wheelchair users.
- A selection of colour theme options allowing patients to personalise

- their contrast preferences.
- A suite of ten core languages to promote cultural diversity.
- Voice guidance providing step by step instructions to assist with the check in process.
- Magnification with pinch and zoom allowing for optimal text height viewing.
- Text to speech output providing audio feedback when using the on- screen keyboard.
- Voice recognition, enabling hands free check in.

The Welcome app for disabled service users

At NHS Golden Jubilee, we are always looking at ways to improve the accessibility of our services and patient pathways. Following a recommendation from the Cabinet Secretary for Health and Sport, we launched a trial of the WelcoME platform by Neatebox in 2020, specifically targeted at our high volume ophthalmology outpatients.

WelcoME allows NHS Golden Jubilee service users to outline their specific accessibility requirements in advance of their arrival on-site. Once users have done so, we are notified of the visit request and receive an overview of the patient's condition, including, photos to assist with identification and disability awareness refreshers from a diverse list of common and less well-known conditions to facilitate meaningful and person-centred interactions during the arrival and check in process.

The Welcome app is a cloud based system and therefore does not require the introduction of additional I.T. infrastructure within the existing network. All customer interactions are located in one dashboard and can be accessed from any device (PC, Mac, tablet or mobile) by multiple Golden Jubilee users.

Our team will be notified within the platform and via email when the patients request a visit, when they are approaching the "geofence" and when they arrive at the Main Entrance. Additionally, the platform enables staff to get in touch with service users to update them of any changes to their visit and manage expectations accordingly.

We understand that the introduction of new infection control guidance preventing family and friends from accompanying patients to their appointments will have a greater negative impact upon disabled patients than other user groups. As a result, we have extended the trial period during 2021 and broadened the scope to include coverage across all patient pathways and elective services.

This continued rollout will help to remove barriers to access (physical/social/mental health) for our disabled patients during their arrival and check in process and promote NHS Golden Jubilee as a leader in the forefront of adopting a socially responsive and person-centred approach to healthcare provision. In doing so, we aim to help enable disabled people to independently access NHS Golden Jubilee services, enhancing equality of opportunity and empowering freedom of movement by removing barriers to access.

Age

Overview

We have different strands of our work in relation to Age. We continue to monitor the age demographics of patients and ensure that the design or redesign of services takes account of this knowledge.

With the development work for the Ophthalmic expansion, our Lead Nurse for Dementia has participated in some of the meetings and discussions about design and use of colour to ensure that this is both dementia friendly and contrasting for patients with impaired vision.

By increasing knowledge in both quality improvement methodologies and dementia needs, there is now an improvement plan in place to improve compliance with use of the Single Question in Delirium (SQID).

This helps clinical staff to quickly identify patients who might be developing delirium and reduce incidence of this when combined with staff education on this topic.

We have developed guidelines for increased nursing support for patients with altered cognition to ensure that patients are monitored closely and staff receive the support they require. One to one supervision may be required for many reasons and steps have been made to ensure that we have sufficient activity materials to support their and to help reduce the patient's stress/distress. Providing this support can be mentally challenging and tiring, and the guidance recommends that staff are rotated at two hourly intervals.

Dementia education continues to be delivered throughout the year for all groups of staff. Course content maps to the Scottish 'Promoting Excellence' Framework (2011), and we continue to actively support staff to

participate in the national Dementia Champions programme and the 'Best Practice in Dementia Care' course for clinical Health Care Support Workers (run by Stirling University).

To date we have 10 Dementia Champions and 54 HCSWs who have successfully achieved the 'Best Practice' course.

Our Board Dementia Strategy was approved by the Board in February 2019, this strategy outlines our key objectives going forward over the next three years when caring for patients with dementia. Included in this strategy are our aims for supporting staff in our employment with early diagnosis of dementia. By strengthening the knowledge of Human Resources staff and line managers about early recognition and resources available, we can better support staff showing signs of dementia and those with caring responsibilities.





Supporting Young People

NHS Golden Jubilee, we are committed to supporting people of all age groups.

2018 was the Year of Young People and saw the Board receive recognition from West Dunbartonshire Council for our commitment to the Schools Employability Skills Programme. Thanks to the programme, since then we have established links with a number of local schools and have been established and 32 students from five different schools took up placements with us over the last two years. Each placement offers students a chance to take part in a number of different roles over six weeks, including outpatient support, pastoral care, welcome and way finding, and quality walkrounds (measuring patient experience). We plan to continue growing this service and including more school age people in the life and work of our organisation.

In 2018, our Board also became the first in NHSScotland to be awarded the Investor in Young People accreditation at Gold Level. The framework recognises good practice in three domains of youth employment: attraction and recruitment, support and development and retention.

We continue to participate in the Modern Apprentice Scheme and review opportunities within the workplace to deliver this. Examples include placements of people to work within the Catering and Housekeeping Teams.

We have a member of staff participating in the Graduate Apprenticeship Scheme and six additional members of staff applying for year two, relating to opportunities in eHealth and Business administration. Year two focuses on enhancing skills, knowledge and career development for staff of all ages.

We continue to monitor our staff age demographics and the variations within specific departments. Changes to retirement legislation several years ago has led to our workforce becoming more age diverse.

The Chief Nursing Officer for Scotland published the Nursing 2030 Vision in November 2017. The vision acknowledges not only the changes to the nursing profession and the delivery of care moving forward, but also to the age demographics of the profession. Nursing staff are now working longer into middle age, changing the balance of demographics.

Within the Hospital nursing team, we have reviewed the age demographic of our staff and the impact this can have (both positive and the challenges). We developed our Roster Policy in 2018 which sets our aims for ensuring that shift patterns are fit for purpose in terms of work life balance, breaks between shifts and requests processes, and the opportunities to review the length of shifts in order that these are suitable for patient clinical needs and for staff wellbeing.

Pastry Chef

We regularly engage and work with local schools and support organisations to offer work placements or work experience for young people. We were approached and asked if we could support a young person with cerebral palsy to work in our kitchen. The school was having difficulty placing her because of her disability and the adjustments that would be required to accommodate her. Following discussion with our Catering Manager, a risk assessment was carried out which identified the adjustments which needed to be put in place to support the placement.

The young person came to work in the kitchen for one week. They achieved a lot and great care was taken to ensure that the individual was safe and that they were gaining meaningful experience.

They expressed an interest in cake decoration, which is not something we do in the Hospital kitchen. An approach was made to the Chef in the Hotel kitchen who agreed to give the young person two days experience in his pastry kitchen. We used the same risk assessment information and were easily able to replicate the adjustments made in the Hospital kitchen.

The individual was extremely happy with her time here and while she decided that this was probably not the right environment for her, she was certain that she wanted to go further into the pastry side of things.

From the organisation's perspective, the teams in both areas were completely supportive of the individual, looking after her, ensuring she had everything she needed and generally coaching and mentoring her within two very busy environments in the workplace to deliver this. Examples include placements of people to work within the Catering and Housekeeping Teams.



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We were asked by a local school to meet with two young people - one who had autism and one who was a wheelchair user - who wanted to get some experience in our Hotel kitchen. The school was finding it difficult to find the right work placement for them and we agreed to meet with them to see if it would be possible for us to place them.

Our Executive Chef met with both young people and took them on a tour of the hotel kitchen. Having met them, he had a better understanding of their requirements and he agreed to make the necessary adjustments within the kitchen.

Both young people attended and were supported throughout their placement. They gained experience in a variety of different skills which reinforced the training they were receiving in school. One in particular found the experience particularly rewarding. In his words, this was “awesome” and he has continued his studies in this area.

This individual is very keen to progress to a full job in a kitchen and undoubtedly when he has completed school will be looking for work in our Hotel. As with the previous example, the adjustments were not enormous, for example, a high stool

was needed for the wheelchair user. He had sufficient mobility to move from his chair to the stool and the challenge was ensuring that he remained sitting, as he likes to stand. He was able to do this for short periods. If he stood for too long there was a danger that he may faint.

Therefore, we asked for his permission to share this with other team members so that they could remind him he needed to sit down. This could have been a big risk in a kitchen with all of the hazards, however, the team were able to make sure he was safe and someone worked alongside him at all times, reminding him of the need to sit. They took responsibility for him, and made sure he had everything he needed while in our workplace. The Hotel already had facilities that were suitable for him so there were no major adjustments required.

Disability

The Golden Jubilee Conference Hotel was named Scotland’s ‘Most Accessible’ at the industry’s top awards night. Two members of staff also lifted prestigious titles at the Scottish Hotel Awards in Glasgow on 28 April 2019.

Hotel Manager, Gary Flanagan, was named as Scotland’s Food and Beverage Manager of the Year, while Chef Garry Gault received the accolade for Banqueting Chef of the Year. As an NHS and public sector venue of choice, the Golden Jubilee Conference Hotel prides itself on the level of accessibility it provides all guests, customers and delegates.

Our four-star venue, which was named Conference Hotel of the Year at the 2018 awards, was once again shortlisted for the top award after winning the Regional Glasgow title in January. As well as Mr Flanagan and Mr Gault, Sasha Paton was nominated for the Duty/Operations Manager of the Year title and Margaret Young was up for the Banqueting Individual category.

“We are very passionate about catering for people of all abilities here at the Golden Jubilee Conference Hotel. We constantly review and invest in accessible features within our facilities and services, so I am absolutely delighted this has been recognised on a national level at these fantastic awards.

“Our staff are among the most dedicated team in the business and go the extra mile for guests, customers, and delegates, always striving to deliver the best possible service.

“I’d like to congratulate Denis and Garry on their individual wins and Margaret and Sasha for winning the Regionals and making the shortlists for the National titles.

“It’s very much a team effort at the Golden Jubilee and all of our staff deserve great praise for their hard work, professionalism and dedication to top class customer service.” said Bronagh Bell, Hotel Director. We worked with an external agency to support an applicant with disabilities for an

apprenticeship within our housekeeping team. We reviewed our recruitment process and made small adjustments so that it was possible for the applicant to be considered. The interview process focuses heavily on asking competency based questions such as, “tell us about a time when...”



In this case, following discussion with Clydebank College who were supporting the candidate with applications, we amended the process to ask questions that would be more easily achieved by that individual e.g., Tell us about yourself. From those wider questions, the candidate was encouraged to tell us about the things they had been doing since they left school, which parts they liked, which areas they struggled with and what support the individual thought they might need if they were successful in their application.

We encouraged the candidate to present us with a folder of information that contained the certificates they had achieved both in and after school. The total information we gathered supported answers to the questions we would have asked in a different way. The individual was successfully

appointed into the apprenticeship – because they were the best candidate for the role and we accepted that, because of their disability, they would require additional support.

The disability the individual lives with is a lesser known condition which means that they require information to be presented in a specific way and for it to be covered a number of times before they are comfortable with it. Understandably, the candidate is very knowledgeable about their condition and is open and honest about what is needed from us to make things work well for them. For our part, we want all of our staff to succeed, so we listened and adjusted our processes, training and timescales so that they could do well.

To support the team within the organisation to better understand this condition, training was given before they joined us. Feedback we received about our student revealed they were very methodical in their work, polite, cheerful and well liked both by colleagues and patients. They successfully completed their apprenticeship and were given a permanent contract within the housekeeping team. They continue to work well within the organisation and are keen to progress to other areas of work.

For the organisation, the satisfaction of seeing a nervous young person grow into a much more confident employee has been extremely rewarding. The team benefited from extra training, they listened and made adjustments as required and were delighted when we were able to confirm a permanent role. This team member is still with the organisation and is thriving within the team.

We understand that two of the most common impairments impacting in the modern workplace are mental health issues and chronic pain resulting from musculoskeletal conditions. As a result, our Occupational Health service has a range of interventions available for staff who have mental health issues and we have also

established a staff physiotherapy service for staff with musculoskeletal problems.

Other work that we have undertaken to support our staff who have impairments includes:

- Participating in the Disability Confident Scheme (formerly “positive about disability two ticks”). This means that any applicant with a disability who meets the minimum job criteria is guaranteed an interview. The Golden Jubilee has achieved Level 3: Disability Confident Leader.
- Working with the Glasgow Centre for Inclusive Living (GCIL) and funding a graduate trainee post.
- Developed a managers guide about disability and reasonable adjustments. This has been reviewed to ensure that the terminology is current.
- Developed a Menopause Guide, to ensure that managers understand the impact that this can have on some individuals and how to support them.
- Developed a Carers Guide for staff, which gives practical examples of how board policies can support staff who are carers.
- Delivered training, supported by Age Scotland, on Dementia in the Workplace
- Signed up to “See Me”. This is a programme funded by the Scottish Government and Comic Relief, and managed by the Scottish Association for Mental Health (SAMH) and the Mental Health Foundation, whose aim is to tackle mental health stigma and discrimination.
- Establishing a Staff Disability Network where staff can share experiences and provide support to colleagues as well as helping the Golden Jubilee shape services, policies etc. This now has a Facebook page which staff can ask to join.

As a public sector organisation, we also have to ensure that we support our service users who have impairments. To this end

we have been working with volunteers, patient representatives and third sector organisations to ensure that as we expand our services we are meeting people’s needs. .

Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains the biggest factor in sickness throughout the NHS. We know from staff that the cause of their stress is multifactorial including lots of personal areas that we cannot directly address, but we understood that we could help decrease it and provide additional support where appropriate. As a result, we looked to support staff to maintain and improve their health and wellbeing through a range of activities provided by the Centre for Health and Wellbeing team. This included staff challenges’ which have provided a safe environment for staff members to commence their journey to a fitter lifestyle. So far over 200 staff members have completed the courses and have commented that it has changed their lifestyle and outlook, resulting in a change of attitude to fitness and lifelong changes.

The Health and Wellbeing team have worked closely with various departments such as Occupational Health, Rehabilitation and Motion Analysis to consider a full range of routes to improve staff’s Health and Wellbeing. The team has accelerated the process for staff members recovering from long time sickness by having the facilities to help assist a speedy recovery.

Yoga was introduced which has been very popular and is one of the major ways the team helps to combat stress related conditions. We are also signposting staff to support provided either by the organisation or other providers such as:

Health and wellbeing initiatives and facilities provided by the organisation including:

- Financial advice and guidance;
- Occupational health support;
- Citizen’s advice bureau; and
- Legal advice



Race

The Equality Act (2010) sets out nine protected characteristics as a framework for furthering diversity. Though great on paper, in practice, there is often a knowledge gap between those delivering vital services for the Hospital, and those working primarily on diversity and inclusion. Reducing this knowledge gap was a key outcome for the review period. To that end, the Golden Jubilee has been host to several external speakers on these issues.

On 12 October 2018, we were delighted to be joined by two guest speakers for a lunchtime learning event to mark Black History Month.

We heard from Sofi Taylor, Health Improvement Lead, NHS Greater Glasgow and Clyde and member of Unite Union

Scottish Executive Committee, and Rose Sehakizinka, Project Coordinator, Isaro Social Integration Network.

Sofi gave us a fascinating and entertaining talk about migration and black and ethnic minority issues in the NHS, demonstrating how black workers, in particular nurses, have been treated when arriving in the UK.

Rose told us about the work of Isaro, a social integration network working to support people from ethnic minority groups in West Dunbartonshire. ISARO run a wide range of community activities and we have agreed to improve connections between Golden Jubilee and groups such as Isaro in our local area.

Religion or belief

In Scotland today over 63% of people identify themselves as religious, however it is understood that many of those and the remaining 37% identify as being “spiritual”, with beliefs and commitments which are deeply important to their health, wellbeing, and sense of personhood. In order to attend to all of those people (particularly those from minority backgrounds) we have embedded training on Spiritual Care and Religion and Belief to all new staff in the organisation. This training takes place in four ways:

- We have specific sessions for all registered nurses which last for 30 minutes and allows a deeper understanding of the key principles involved in attending to the “Spiritual Care” of patients, relatives and themselves.
- A three-hour session is now provided to all Health Care Support Workers to

reflect on what is meant by, and how to identify needs around religion, belief and corresponding spiritual issues. Techniques for supporting people from these backgrounds are also given and acknowledges this is applicable to patients, families and their colleagues.

- A session is provided to all new doctors and includes best practice around supporting people at the end of their lives while taking into consideration their faith and belief particularly for people from minority backgrounds.
- All new staff receive mandatory “live” diversity training which lasts for three hours and includes an exploration of what faith and belief may mean to people as well as guidelines for how best to attend to their needs.

We have also worked on developing our social media coverage of significant festivals of all world faiths and beliefs which includes short stories, pictures, reflections and articles. In our Spiritual Care Centre we have also developed experience days, information sessions, and events with art installations such as Holocaust Memorial Day. Although mainly connected to people of the Jewish faith, this is also very relevant to many other protected characteristics.

As well as these training resources we have also employed a Spiritual Care Lead. Their role is to provide spiritual care to patients, relatives and staff and to oversee the Spiritual Care department which is comprised of Volunteer Services, Mortuary Services, Interpretation and Translation, as well as pastoral care volunteers.

The department is based in a purpose built Spiritual Care Centre consisting of welcoming, sanctuary space, quiet rooms and a place for 1-2-1 and small group conversations. It is available within easy access of the Hospital and Hotel premises.

The sanctuary welcomes people of all faiths and beliefs, with resources available for worship. It also welcomes people who simply need a rest. In line with best practice, our spiritual care provider is registered with and adheres to the code of conduct of the UK Board of Healthcare Chaplains. They will listen to those who need to talk, tell their story and describe their feelings, concerns or hopes in the context of their current health status, and then respond in an appropriate way which helps those find personal meaning and resilience. This service has had a significant uptake from our increasing patient footprint as well as by Hospital staff over the last two years. We have a number of volunteers who provide support

to members of a specific faith or belief groups (e.g. Roman Catholic Extraordinary Ministers of the Eucharist). These individuals come under the direction of the Spiritual and Pastoral Care department, and are registered with the Volunteer department. Pastoral Care Volunteers have a different role from religion or belief group volunteers and their key aim is to attend to the widely recognised need of “being heard” at difficult times in a manner that is inclusive of both faith and belief. We have increased the number of these volunteers by 50% over the last two years and continue to develop the diversity of these volunteers by recruiting from various sources.

In the last two years NHS Golden Jubilee has increased its focus on the importance of spiritual care and wellbeing which is deeply connected to faith and belief as part of our person-centred approach to caring for our patients and staff. Building on our earlier work to equip our staff to be attentive to matters of religion and belief from their first day working with us, we have incorporated spiritual care awareness, spiritual care interventions and self-care training as part of every new nurse and doctor’s induction to our organisation. We have also begun offering spiritual wellbeing and resilience training to all nursing students within the organisation. Over the last two years every department can request this training and our Healthcare Support Worker and Dementia leads have both incorporated it into CPD events for their teams. The purpose of this training is not only to enhance the ability of our staff to care for themselves, but to be able to care for their colleagues, patients and relatives in a way that is mindful of religion, belief, and spirituality broadly.



During the Coronavirus pandemic, which impacted the majority of 2020, the Spiritual Care Service was maintained by teleconferencing technology and was available to all patients, relatives and staff regardless of their religion or

beliefs. We also began re-drafting our spiritual care policy to incorporate a more embedded spiritual care approach, allowing all staff to have a clear role in providing spiritual care at the appropriate level in their working environment.

Sex

Background

As part of the work for our Mainstreaming Report, we produced a summary of our gender pay gap analysis. We have committed to review this data within twelve months of the information being published in the 2021 Mainstreaming Report. The following summary reflects the updated pay audit and highlights any differences and comparisons over the previous twelve-month period.

As an NHS employer, we continue to work with our employees to ensure a fair and transparent system from recruitment, progression and pay that is easy to understand.

We have continued to carry out this pay audit using a national template to ensure that employees' pay and income are based on principles of equality, rather than historical systems, which may not have been robustly checked for their fairness.

General Points

- We continue to employ more females than males. The ratio of female to male staff is almost 3:1.
- The mean average pay for males is £19.81 per hour, while that for females is £15.33 per hour. This represents a difference of £4.48 per hour, which is £0.10 less than it was in the previous twelve-month period.
- The median average pay for both male and female employees is the same, at £15.29 per hour. This is the top point on the Band 5 salary scale and reflects that many nurses are on this pay point.
- We continue to have proportionately more female than male employees in lower Agenda for Change (AfC) bands: 28.17% of AfC staff are females in Bands 1 to 4, with males making up 11.51% of staff in these bands.
- There continues to be some hourly pay differentials between male and female staff across the different staff groups within the organisation. The largest differentials are in medical staff, where



males earn £3.91 more than females, and Senior Managers, where females earn £8.58 per hour more than males.

- Female staff access flexible working and career breaks in a larger number than our male employees.

The majority of our staff are employed on AfC terms and conditions, which have been legally tested to ensure that the system is fair and equitable for all staff. Once an employee has reached the top of their AfC pay band, there is no further increase and, over time any pay differentials will reduce. We will continue to monitor and report on all AfC band variations.

Administrative Services

- 81.79% of the staff in this job family are female, a slight decrease on the previous twelve months, down from 82.67%.
- There is a variance of 10.84% between average hourly rates of male and female administration staff, with male workers being paid higher: £14.70 compared to £13.11.
- The differential appears to be due to the hourly rate paid due to incremental drift on Band 6 to 8 salary scales.

Allied Health Professions

- Female members of this job family outnumber their male counterparts by more than 4:1, as 81.25% of staff are female.
- Female members of staff earn on average £0.76 per hour more than their male colleagues:
- £16.97 compared to £16.21. At least in part this might be accounted for by the fact that there are greater numbers of female colleagues in senior posts (21 in Bands 7

to 8B), when compared with the number of male colleagues (5 in the same bands).

Healthcare Sciences

- 58.26% of staff in this job family are female, which represents a slight decrease since the last audit.
- The variance in average hourly rates of male and female staff in this job family that was reported in the last audit (9.36% in favour of males) has disappeared in this analysis. The variance is now £0.03 (0.04% in favour of females).

Medical and Dental

- As of August 2018, NHS Golden Jubilee no longer employs doctors in training, and are no longer included in this analysis. Instead, they are employed by one of the regional Lead Employers: NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian.
- The majority of our medical workforce continues to be male: 81.10% compared with 18.90% for females.
- There is a variance of 10.02% between average hourly rates of male and female doctors, with male doctors paid an average hourly rate of £38.99, compared to £35.08 for female doctors. This represents a departure from the downwards trend that has been seen over the last few years in the disparity between male and female doctors' pay.
- Discretionary points have been awarded to more male Consultants than female Consultants in the 2018 round of awards: 11/15 points (73.33%) went to male doctors, with 4/15 awarded to female doctors (26.67%). Of those doctors who were eligible to apply for discretionary points 42/51 (82.35%) were male and 9/51 (17.64%) were female. Therefore,

a higher proportion of female doctors were awarded discretionary points than were eligible to apply for them.



- We have established that the pay differential exists because of incremental drift, and also because we employ more male doctors than females at this time. We will continue to monitor this situation, but over time we continue to expect to note the differential decreasing as some male doctors retire and our female doctors continue to progress through incremental points.

Medical Support

- Male staff members in this job family earn on average £0.94 more per hour than their female colleagues.
- This is one job family where male colleagues are more evenly represented, making up 43.33% of staff members.

Nursing and Midwifery

- 11.88% of nurses are male, which is roughly the same as reported during the last audit (11.98%).
- There is a variance of £0.53 (3.62%) between average hourly rates of male and female nurses, with female nurses being paid higher, at £15.28 per hour.

- We continue to have more females employed at senior bands, Band 7 and above, in this job family. Of the 107 nurses at Band 7 and above, 91 are female (85.05%), which is slightly below their proportion of overall staff in the job family.

Other Therapeutic

- Of the job families that come under the Agenda for Change banner, this is the one with the highest monetary variance between male and female colleagues: male workers earn on average £1.62 more than their female counterparts.

Senior Managers

The majority of our Senior Managers continues to be female, who earn on average £8.58 more per hour than their male counterparts (24.28%).

Support Services

- The Support Services job family is made up of employees from Catering, Housekeeping, Portering, Maintenance and Security services. The majority of staff working in the Golden Jubilee Conference Hotel falls under this job family.
- This is one of only two job families with a higher proportion of male than female staff: 53.67% male and 46.33% female.
- In this job family males are paid on average £1.44 more per hour than their female colleagues: £11.31 compared to £9.88 per hour. This is the highest percentage variance in the job families under the Agenda for Change banner.
- This variance has been caused by incremental drift and the fact that we have more male staff members employed at higher bands in Support Services.



Conclusion/Recommendation

Our analysis has demonstrated that whilst there are some pay gaps, these are predominantly caused by incremental drift which we will continue to monitor, update and report on. Our Human Resources team will continue to work with Managers, Staff, Partnership Representatives and the Equalities Group to monitor these issues and to help reduce pay differentials that exist.

We will also continue to enhance the information contained within our Workforce Monitoring Report in relation to the protected characteristics and how we present our data in the most meaningful way to ensure we continue to meet and exceed our Public Sector Act Duty.

This paper has been reviewed by the Equalities Group and SMT members are asked to review this data and note the changes over the last twelve months.

According to the Scottish Government Annual domestic abuse report, a domestic abuse incident in Scotland is reported every 11 minutes. West Dunbartonshire Local Authority Area has the highest instance of domestic abuse in Scotland. The 2016/17 Scottish Government crime statistics recorded 155 incidents per 10,000 head of population compared to the national average of 109 per 10,000 head of population.

Police Scotland joined together with employers in West Dunbartonshire as part of a new campaign focussed on tackling domestic abuse. This initiative was launched on 19 September 2018 within NHS Golden

Jubilee and was aimed at educating local employers about the harmful behaviours associated with domestic abuse in order to recognise these behaviours and raise awareness within the workplace.

Representatives from Police Scotland, NHS Golden Jubilee, West of Scotland College Campus in Clydebank, Aggreko and Chivas all took part in the training which was facilitated by Medics Against Violence.

This initiative has empowered representatives from the Golden Jubilee to recognise and identify our role in recognising harmful behaviours linked to domestic abuse. This collaborative working has delivered education, training and the development of various duty of care policies specifically related to domestic abuse. This has led to a real opportunity to help reduce domestic violence and encourage reporting in West Dunbartonshire.

The training programme provided employers with important information about the different harmful behaviours associated with domestic abuse and how to identify and raise awareness of them. A number of representatives from our Equalities Group attended the training and whilst we are not experts on domestic abuse, we were provided with increased knowledge, confidence and support to raise awareness to support colleagues. We will continue to promote our Gender Based Violence Policy and regularly review this to ensure the information and contact details are kept up to date.



Sexual orientation

In October of 2019, our head of Performance and Planning Carole Anderson was named in the Yahoo Finance OUTstanding LGBT+ Public Sector Executives List for the third year in a row. Carole was placed 14th on the list of high profile public sector LGBT+ champions from around the world.

“Carole is a true inspiration to staff across NHS Golden Jubilee and this recognition is extremely well deserved.” said Jann Gardner, Chief Executive, of NHS Golden Jubilee.

Carole was previously in the list, ranking seventh in both 2017 and 2018. Due to the Coronavirus pandemic, the list was not published in 2020. Yahoo News, who publishes the annual lists, cited Carole’s efforts, working with Stonewall; her coaching programme, guiding senior and executive management to understand the experience of LGBT+ staff; and her work developing and leading local community groups, in furthering the cause of LGBT diversity.

“I am so proud to work at NHS Golden Jubilee – as a values based organisation, we are dedicated to providing an inclusive working environment that welcomes individuals of all backgrounds and takes pride in celebrating our unique mix of people.” - Carole Anderson, Head of Performance and Planning.

Stonewall, the Lesbian, Gay, Bisexual and Transgender (LGBT) charity has published its LGBT in Health report (2019) on the experiences of LGBT people accessing healthcare in Scotland and the evidence shows there is much more that NHS Organisations need to do.

- one in four LGBT people have witnessed negative remarks or discriminatory behaviour by healthcare staff;
- 13% of trans people surveyed had been refused care by a healthcare service; and

- 27% said that healthcare staff lacked understanding of specific LGBT health needs.

We continue to work with Stonewall Scotland to improve our training for staff and reinforce the importance of the NHS Golden Jubilee zero tolerance approach to bullying and harassment and ensure that our staff have the knowledge and understanding to provide care for LGB or T patients and support LGB or T colleagues.

Our equality work has led to the introduction of new diversity training programmes for staff and people managers, the Golden Jubilee LGBT network group and Allies and a range of opportunities for staff to learn about equality and show their support. NHS Golden Jubilee recently marked 10 years as a Stonewall Scotland Diversity Champion. During this journey, we have become a leading LGBT employer learning and sharing best practice and have been placed in the Top 100 Employers list for the last five years. The Board has been the top performing NHSScotland Board in the Workplace Equality Index (WEI) for the past five years, and was recognised as the equal second top Health and Care Organisation in the UK in the WEI in 2019.

Recognising the ten-year commitment as a Stonewall Diversity Champion, NHS Golden Jubilee was gifted the inaugural Star Performer award at the Stonewall Scotland Workplace Awards in March 2019. As a committed member of the Stonewall Good Practice programme, we have delivered awareness, raised and shared our LGBT good practice with a range of other Scottish public sector organisations, from councils and housing organisations to other NHS Boards. We have also participated in a session focused on bringing senior leaders on board with inclusive strategies as a key way to ensure their permanency and

acceptance by the rest of the organisation at the Stonewall Scotland Workplace conference in November 2017. This session explored how Senior Leaders can be empowered, and empower their teams and staff, to support LGBT inclusion initiatives and engage effectively with diversity and inclusion strategies.

Noting the specific needs of LGBT patients in hospice and end of life care, we have provided training events for St Margaret of Scotland Hospice, Clydebank, and NHS Tayside, and working with the University of the West of Scotland, we continue to provide training on LGBT issues to student nurses while on placement here.

Every February we mark LGBT History Month as a way of raising awareness of current issues facing LGBT people and remember key points in history that have shaped our politics and culture.

Over the years, we have been commended for our staff network group activity, innovative approach to equalities in procurement, prominent role models and diversity champions and, most importantly, our collaboration with other NHS and public sector organisations for sharing good practice on LGBT equality.

As an Organisation which will be undergoing significant expansion over the next five years and beyond, we have begun working with our key construction partner to share LGBT best practice and encourage joint working across our sectors. Our group of enthusiastic LGBT Allies has grown since its establishment two years ago, and they are now keen to self-organise, setting up awareness-raising stalls, joining learning sessions and marching with our LGBT network group at Pride Glasgow. We have also rolled out rainbow lanyards as a visible way for staff to show their support and commitment to equality and inclusion across all equality groups.

Recognising some of the specific challenges experienced by trans and non-binary staff and service users, we have developed and refined guidance for staff and managers to support staff transitioning at work. We have also developed an inclusive language guide for our hotel staff to improve their service delivery to trans and non-binary service users.

Lastly, we have delivered case study learning sessions on trans inclusive care to nurse leaders, encouraging the information cascade at ward level.

Having launched our first tranche of Golden Jubilee Role Models, featuring staff with diverse characteristics who model the NHS Golden Jubilee values, we continue to be passionate advocates for LGBT equality and inclusion and are working to increase the numbers and range of role models and allies across our services.

23 September marks Bi Visibility Day – an important time to raise awareness of bi-phobia and the negative responses and behaviours experienced by bi people from heterosexual, lesbian and gay communities.

As an employer committed to equality, we feel it's important to mark this day as bi people are too often ignored and marginalised as part of LGBT-focused work. However, research shows they experience higher levels of mental ill health than equivalent heterosexual or lesbian/gay populations. Unfortunately, a range of stereotypes still persist in relation to bi people such as the assumption that they are promiscuous, or incapable of monogamy.

Recognising that the specific experience of bi people can be very different to that of lesbian and gay people, we held a learning session for our staff, when Joanna Walker (pictured) from Virgin Money UK talked about her experiences of being a bi role model and how we can support and encourage our bi staff to be confident in their identity at work.

Appendices

Embedding equalities Our governance structure Person Centred Committee (PCC)

Our PCC provides assurance to the Board that appropriate structures and processes are in place to address issues of diversity, equality and human rights, as well as the governance requirements of Patient Focus Public Involvement (PFPI). Our PCC is chaired by one of our Non-Executive Board Members and is attended by representatives of our Executive Team and Partnership Forum. The Executive Lead is our Director of Quality, Innovation and People.

Involving People Group

We believe that people have a right to be involved in the planning and delivery of care and services, and in activities which promote improved care and wellbeing, irrespective of defining characteristics and in a way that respects diversity and promotes equality whilst respecting the wish of the individual. The central concept is simple – by involving people, everyone will benefit. Our Involving People Group coordinates the delivery of this strategy. The Executive Leads are our Nurse Director and our Director of Quality, Innovation and People.

Volunteer Forum

Our Volunteer Forum is designed as our pulse checker for inclusivity and engagement. The group is chaired by a Non-Executive Director, comprised of and contributed to by volunteers, local partners, our Volunteer Services Manager, our Employee Director and observed by the National Volunteer Programme Project Officer. The executive lead for this group is our Director of Quality, Innovation and People.

Diversity and Inclusion Group

Our Equalities Group maintains a clear objective to embed equalities across our organisation. Our Equalities Group is comprised of senior managers, Staff Side representatives, the Leads for each protected characteristic and our Diversity Champions. The Executive Lead is our Director of Quality, Innovation and People.

Senior Management Team and Partnership Forum Our Senior Management Team and Partnership Forum provide visible leadership on participation and equalities, as reflected in our Corporate Balance Scorecard and Local Delivery Plan. Both groups approve all staff policies prior to publication and approve any recommendations arising from equality impact assessments.

Planning and Project Management

Approach Our project management process ensures that early consideration is given to any potential impacts on people with protected characteristics. This, in turn, allows us to consider any requirements to involve patients, carers, voluntary organisations and other stakeholders in the design and delivery of any new services or service improvement programmes.

Equality and Diversity

The Board is committed to supporting dignity at work by creating an inclusive working environment. The [Embracing Equality Diversity and Human Rights Policy](#) places equality, diversity and human rights at the heart of everything the Board does. As at 31 March 2020 86% of staff had completed equality and diversity training since commencing employment with the Board.

The information covered in this section is based on self-reporting by the Board's staff and job applicants, and is collected at the point of engagement via the Staff Engagement Form or during the application process.

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

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

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

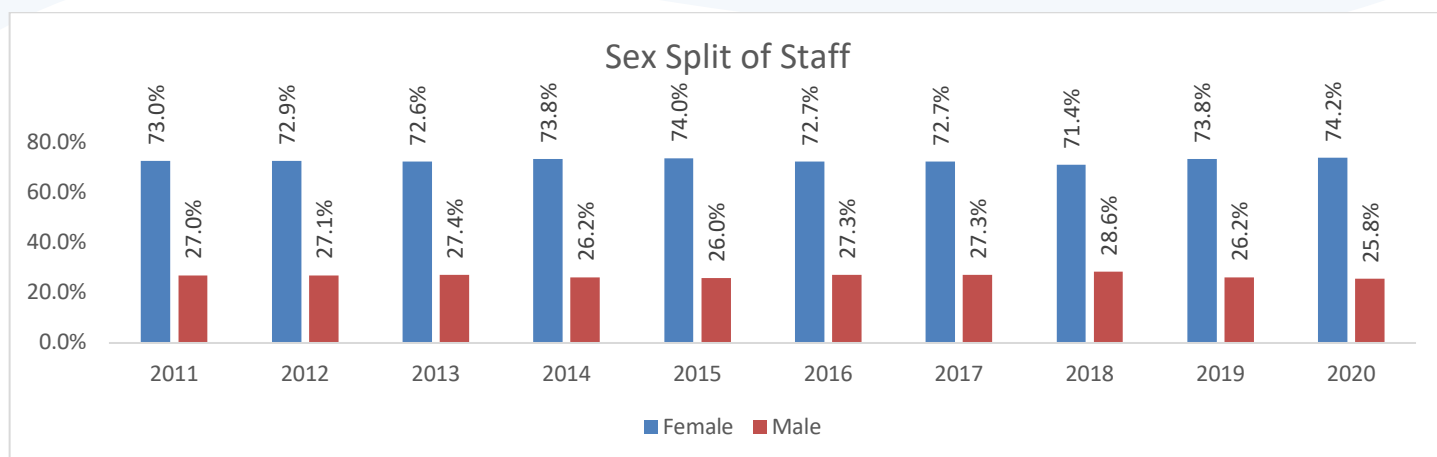
The Board trains members of staff to champion diversity and currently has 13 diversity champions.

Sex

Workforce Breakdown

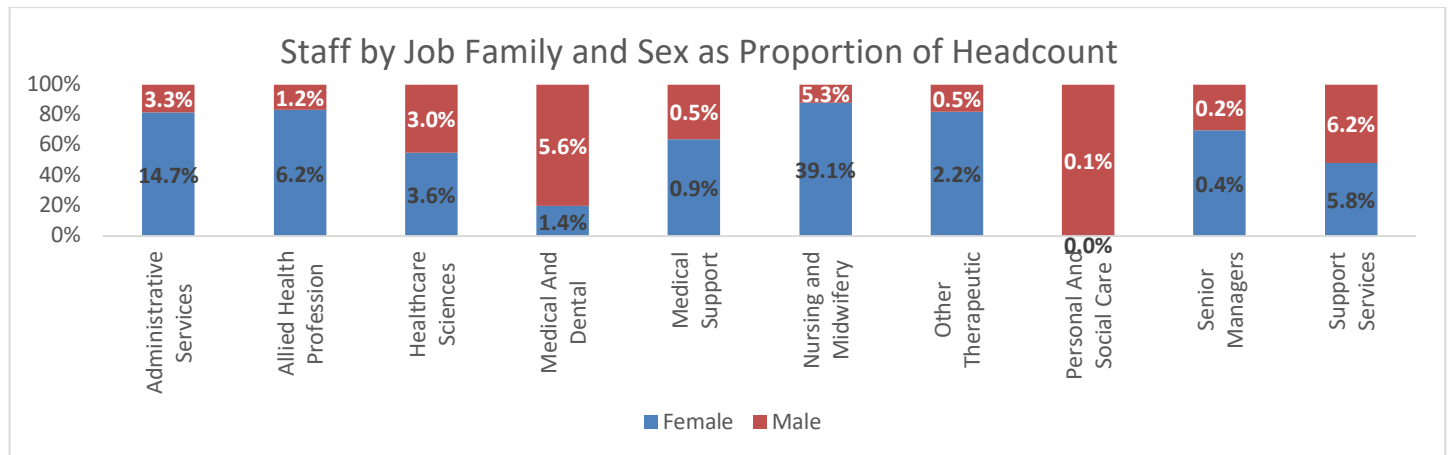
As in previous monitored periods the Board's workforce continues to be predominantly female (1381 headcount), with women representing 74.2% of the workforce as at 31 March 2020. This continues the pattern of previous years:

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



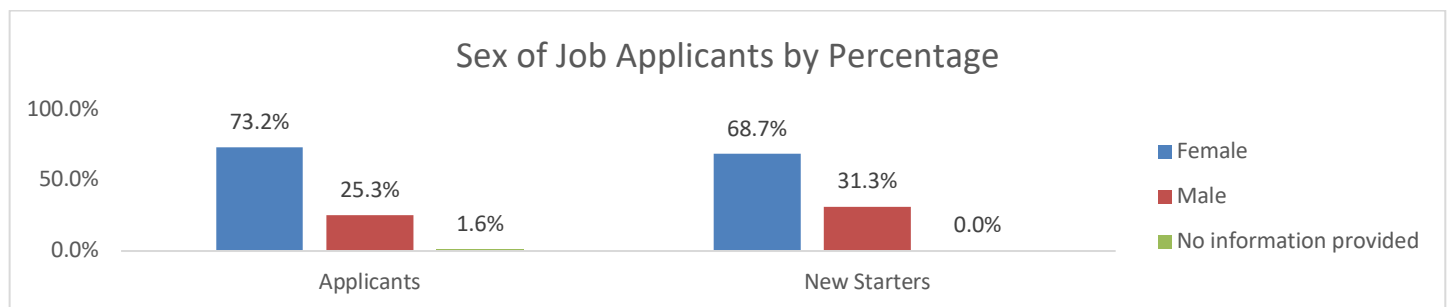
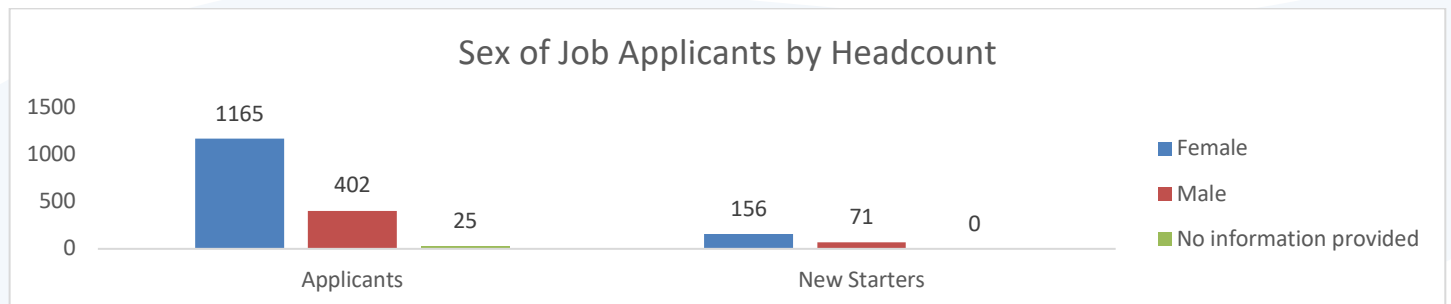
While sex split within the Board is 74.2% female to 25.8% male, across Scotland as a whole the Scottish Government's statistics website (<https://statistics.gov.scot/home>) forecast that as at 30 June 2019 the split for working age people (aged 16 to 64) would be 50.8% female and 49.2% male. Closer to home the sex split for the population of the West Dunbartonshire Council area (in which the NHS Golden Jubilee is situated) on 30 June 2019 was forecast to be 52.0% female to 48.0% male for the working age population.

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



Recruitment Activity

As part of the recruitment process applicants are asked to provide equality monitoring information. While the majority of applicants do provide this information, some choose not to. This can be seen in the charts below, in which a number of applicants for posts opted to choose neither "Male" nor "Female", or did not state a sex.



During the monitored period 25.3% of applicants for posts were male, as were 31.3% of new starts, which indicates that proportionately there were more male new starters in relation to male applicants.

Training Activity

Between April 2019 and March 2020 the staff at NHS GJ attended 9896 training events, with female members of staff attending 7461 (75.4%) of these, and male colleagues attending 2435 (24.6%). This means that male staff members attended proportionately slightly more training events than their female counterparts when compared to the proportion of the staff body that they comprise (25.8%).

Career Progression

The monitored period saw a total of 68 promotions and increases in bandings among the Board's staff. Of the promoted staff 52 (76.5%) were female and 16 (23.5%) were male, which represents a roughly proportionate split of the sex profile of staff as a whole.

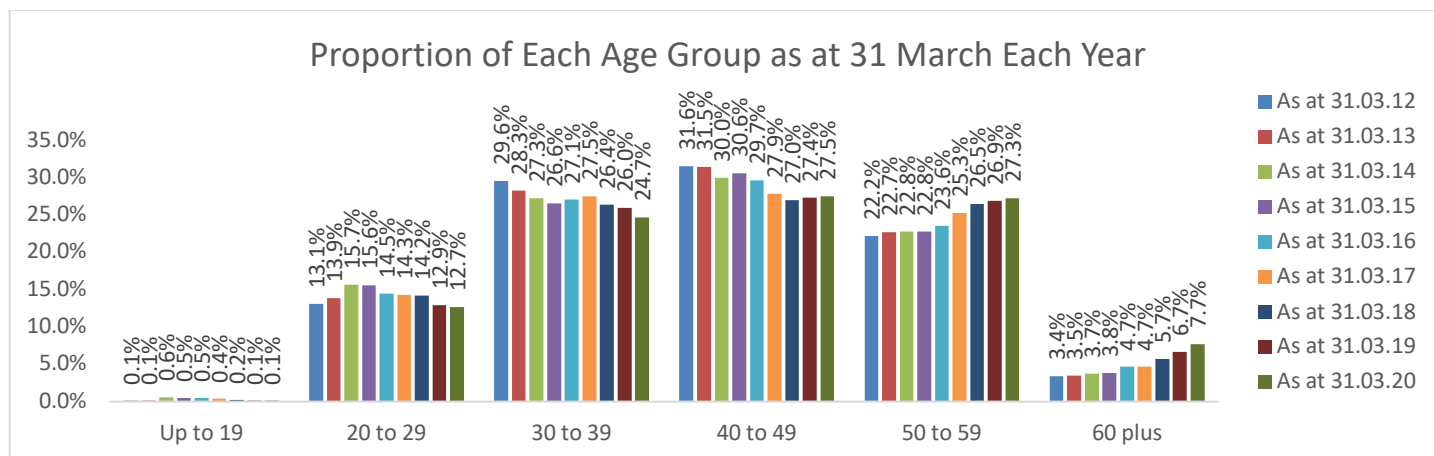
Turnover

Of the 195 people who left during the monitored period 65.1% were female and 34.9% male as a proportion of headcount, indicating that males were over-represented as leavers, as they made up 26.2% of the workforce at the end of March.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Female	127	65.1%	1381	74.2%
Male	68	34.9%	480	25.8%
Total	195	100.0%	1861	100.0%

Age Workforce Breakdown

Over the last few years the age profile of the Board's workforce has changed very little, with minor annual fluctuations in the proportion of the workforce that each age group comprises. However, since 2012 the proportion of total staff in the 50 to 59 age group has increased by 5.1% and the proportion of those in the 60 plus age group has more than doubled to 7.7%. There has been a roughly commensurate fall in the proportion of staff in the 40 to 49 age group. The Board continues to monitor the age range of staff to allow it to carry out succession planning activities for future requirements.



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

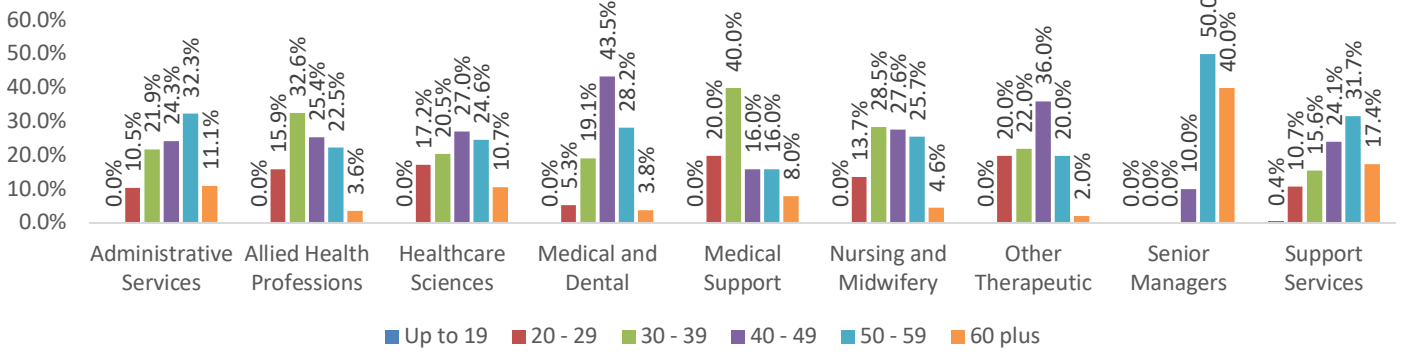
	Up to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 plus
NHS GJ	0.1%	12.7%	24.7%	27.5%	27.3%	7.7%
West Dunbartonshire	8.0%	19.0%	19.3%	18.4%	24.4%	10.9%
Scotland	7.9%	20.5%	20.3%	19.2%	22.4%	9.7%

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

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

The chart below highlights the age ranges of the workforce in each of the job families, as at 31 March 2020.

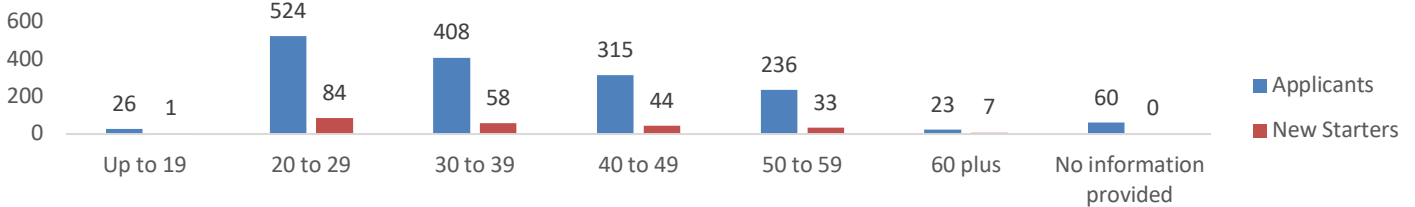
Job Family by Age Range



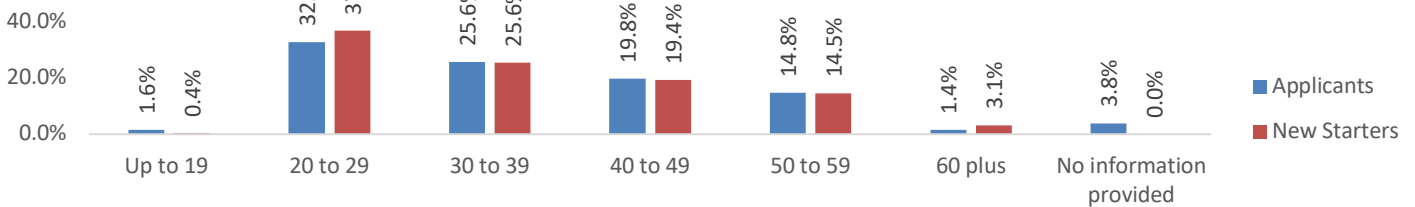
Recruitment Activity

The age range that supplied the largest number of applicants (524, 32.9%), as well as the largest number of those who took up post (84, 37.0%), was 20 to 29. The number of new starters to the number of applicants was roughly proportionate to the number of applicants for each of the other age ranges.

Age Range of Applicants by Headcount



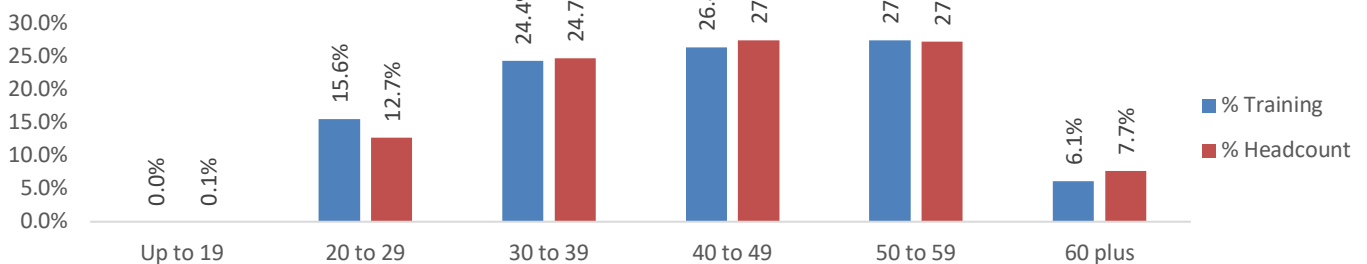
Age Range of Applicants by Percentage



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.

Training Undertaken by Age Range



Career Progression

The monitored period saw a total of 68 promotions among the Board's staff. The table below shows the number and proportion of promotions by age range:

	Promotions		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Up to 19	0	0.0%	1	0.1%
20 to 29	8	11.8%	237	12.7%
30 to 39	14	20.6%	460	24.7%
40 to 49	22	32.4%	511	27.5%
50 to 59	20	29.4%	508	27.3%
60 plus	4	5.9%	144	7.7%
Total	68	100.0%	1861	100.0%

Turnover

Turnover by age range during the period under review is shown in the table below. The turnover in the 40 to 49 and 50 to 59 age ranges is much lower than would be expected compared to their proportion of the workforce, while that of those in the 20 to 29 age range is much higher.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Up to 19	2	1.0%	1	0.1%
20 to 29	43	22.1%	237	12.7%
30 to 39	56	28.7%	460	24.7%
40 to 49	42	21.5%	511	27.5%
50 to 59	37	19.0%	508	27.3%
60 plus	15	7.7%	144	7.7%
Total	195	100.0%	1861	100.0%

Race

Workforce Breakdown

At the end of the monitored period the largest proportion of employees identified themselves as “White – Scottish”, coming in at 67.7% of the workforce, 0.1% less than in March 2019. The next largest group were those that did not provide any information on their ethnicity, with 12.5%, compared to 13.4% the previous year.

Until 2019, year on year the number of employees who did not provide information on their race was falling, with a slight increase in 2019. The decrease of 0.9% in the number of employees who did not provide information on their race between 2019 and 2020 is in part due to the Recruitment Team, which continues to be proactive in encouraging new members of staff to ensure that equality monitoring information is included on the staff engagement form, even if the staff member completes “Prefer not to say”.

Minority ethnic groups made up 6.2% of the workforce (an increase of 0.4% on 2019), compared to 4% of the Scottish population as a whole and between 5% and 10% of the population of Glasgow City (Scotland’s 2011 census: <https://www.scotlandscensus.gov.uk/>; [Census 2011 equality results: analysis, part two](#)).

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

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

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

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

° In 2020 “Other Ethnic Group” includes White - Polish, Asian - Chinese, Arab, Caribbean or Black, and White - Gypsy Traveller

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

The national census in 2011 showed the racial breakdown of those living in Scotland as at 27 March 2011. At that time, it indicated that the people of Scotland identified their ethnicity as shown in the table below. The ISD Scotland National Statistics release as at 31 March 2018, shows the ethnic

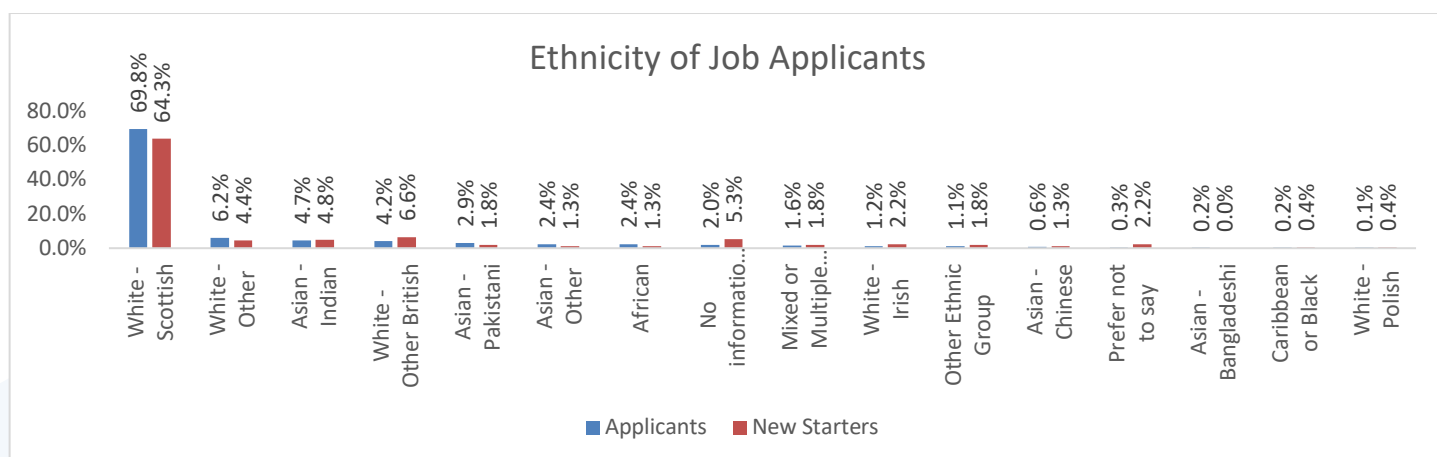
group breakdown for staff in NHS Greater Glasgow and Clyde as at 31 March 2018. It might be expected that this would be similar to NHS GJ, but:

Ethnicity	% Scottish population	% NHSGGC staff	% NHS GJ staff
White – Scottish	84.0%	59.5%	67.7%
No information provided	0.0%	18.3%	12.5%
White – Other British	7.9%	10.8%	5.2%
White – Other	2.0%	4.0%	3.5%
Prefer not to say	0.0%	1.1%	3.2%
Minority ethnic group	4.0%	4.9%	6.5%
White Irish	1.0%	1.2%	1.3%

Recruitment Activity

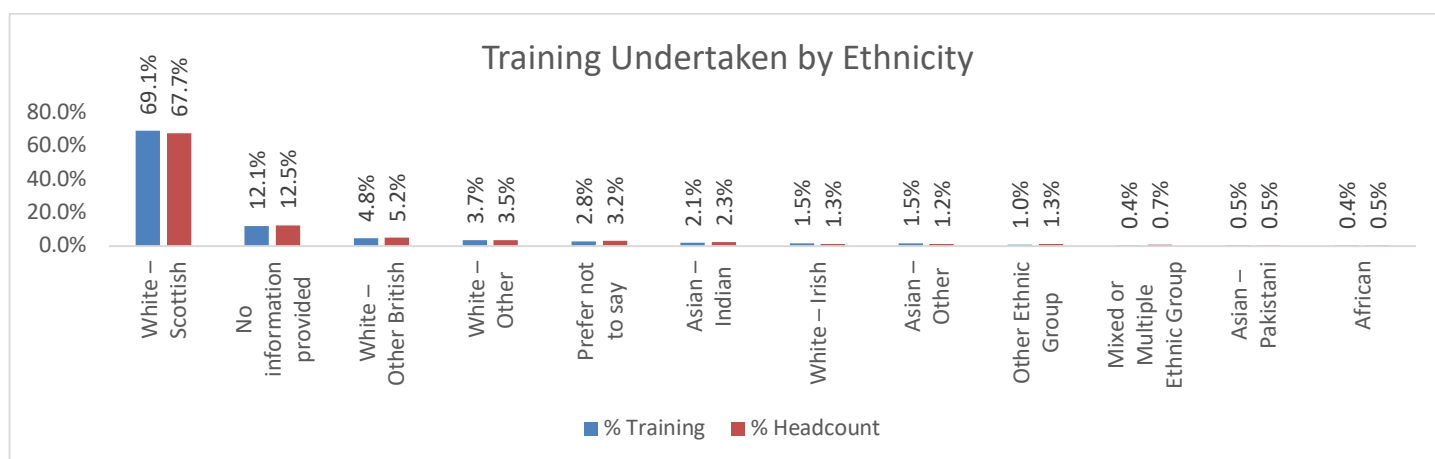
The majority of applicants for vacant posts identify themselves as “White – Scottish”, making up 69.8% of applicants and 64.3% of new starts. The group that stands out, where the proportion of new starts is much higher than that of applicants and those who were shortlisted, is where the new starter did not provide any information on their ethnicity, standing at 5.3% of new starters, compared to only 12.0% of applicants.

Altogether applicants who identified themselves as from a minority ethnic group made up 16.2% of applicants and 14.5% of new starters over the period monitored. This compares favourably to 12.9% of applicants and 7.5% of new starters in the period between 1 April 2018 and 31 March 2019.



1.1.1 Training Activity

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



“Other Ethnic Group” includes White - Polish, Asian - Chinese, Arab, Caribbean or Black, and White - Gypsy Traveller.

Career Progression

During the period under review, of the 68 promoted staff 48 (70.6%) identified as “White – Scottish”, compared with 67.7% of the workforce. 7 (10.3%) of those promoted had not provided information on their ethnicity. The remaining 13 promoted staff came from several of the other identified ethnic groups. However, the numbers are so small the splitting them may enable identification of the successful applicants.

Turnover

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

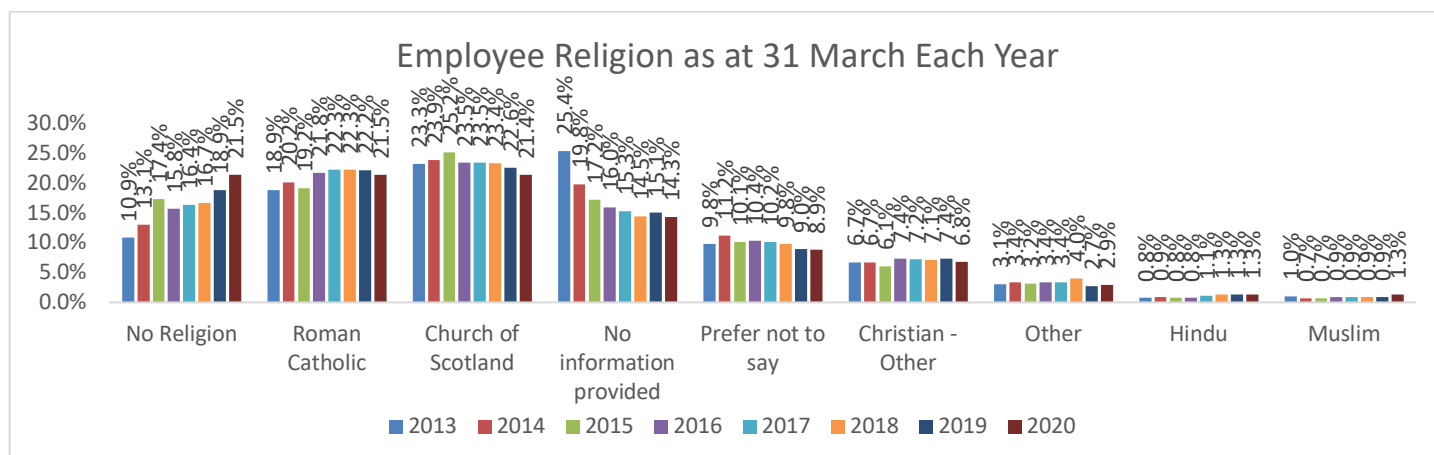
	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
White - Scottish	112	57.4%	1259	67.7%
Other Ethnic Group *	21	10.8%	104	5.6%
White - Other	18	9.2%	66	3.5%
No information provided	15	7.7%	233	12.5%
Asian - Indian	12	6.2%	42	2.3%
White - Other British	10	5.1%	97	5.2%
Prefer not to say	7	3.6%	60	3.2%
Grand Total	195	100.0%	1861	100.0%

* "Other Ethnic Group " includes White - Irish, Asian - Pakistani, Asian - Chinese, White - Polish, Mixed or Multiple Ethnic Group, African, and Other Ethnic Group – Other, as the number of staff members was too low to identify separately.

Religion and Belief

Workforce Breakdown

As with other protected characteristics new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years the quality of information provided has improved, with fewer people not providing information on religion and beliefs in the monitored period than in previous years, as can be seen in the chart below. Of those who provided information the largest proportion of staff identify themselves as either “No Religion” or “Roman Catholic”, both with 21.5% of the workforce. “Church of Scotland”, which has had the highest proportion of staff each year since at least 2012 comes in at a very close third in 2020, with 21.4% of staff identifying under that banner.



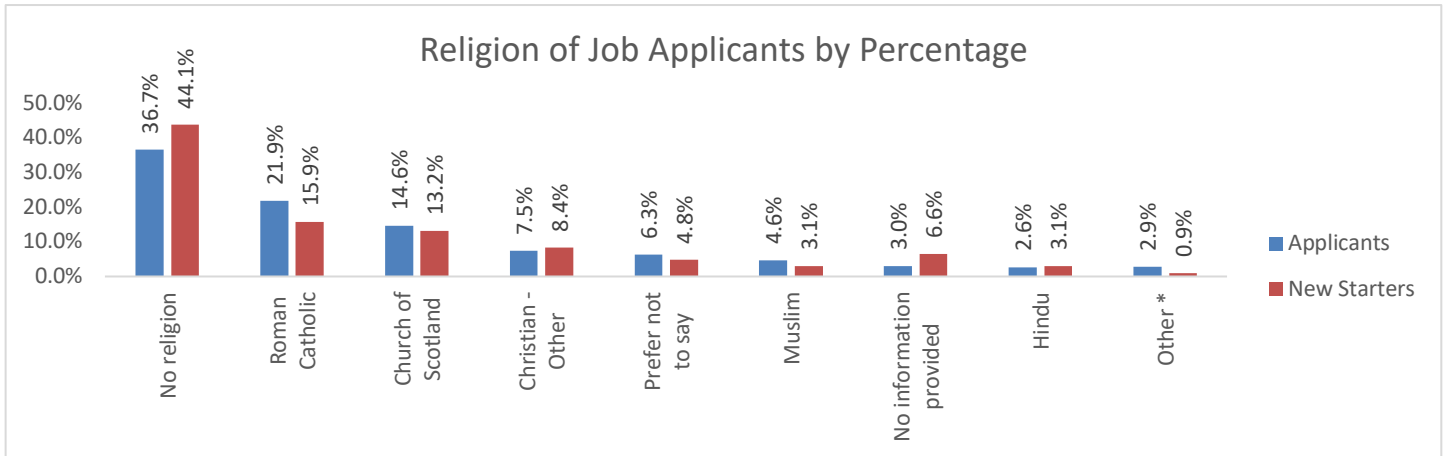
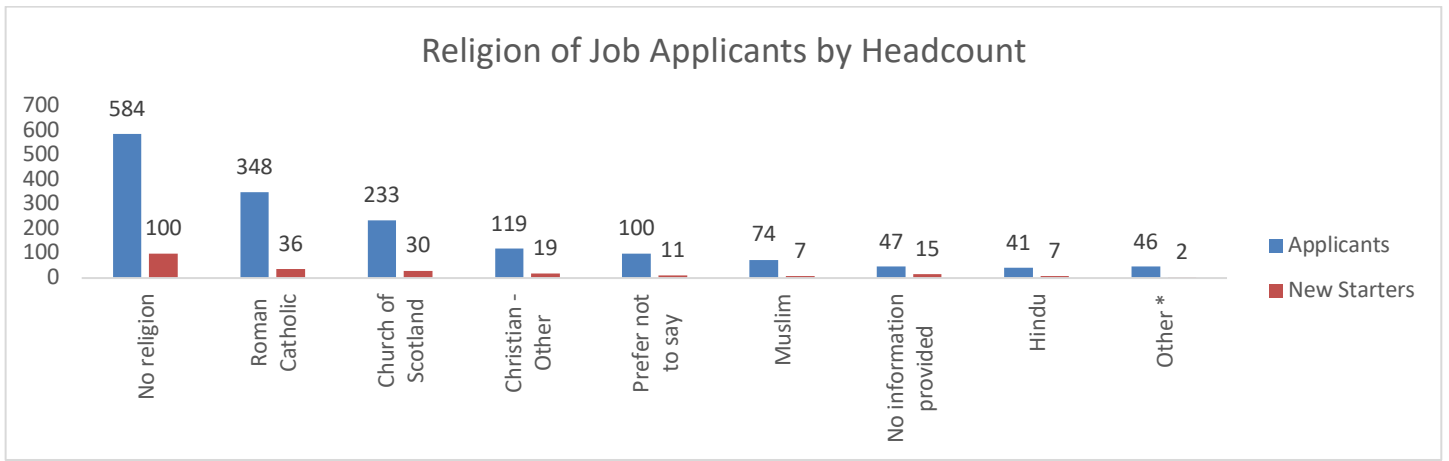
*Faiths which are represented by fewer than 5 members of staff (such as Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.

Across Scotland the 2011 census (<https://www.scotlandscensus.gov.uk/>; [Census 2011 equality results: analysis, part two](#)) showed quite a different picture with regard to religion compared to the staff at NHS GJ, as can be seen from the table below. Closer to home NHS Greater Glasgow and Clyde, the geographical Board surrounding NHS GJ, which one might expect to roughly match our percentages, showed a marked difference (ISD National Statistic release as at 31 March 2018). 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 21.5% of staff at NHS GJ say they have “No Religion”, this is much lower than for Scotland as a whole, with 36.7% of the general population stating in the 2011 census that they had “No Religion”.

Religion or Belief	% Scottish population	% NHSGJC staff	% NHS GJ staff
No religion	36.7%	48.4%	21.5%
Roman Catholic	15.9%	18.2%	21.5%
Church of Scotland	32.4%	21.6%	21.4%
Not stated	7.0%	1.2%	23.2%
Christian – Other	5.5%	5.6%	6.8%
Other	1.1%	1.4%	4.2%
Muslim	1.4%	0.5%	1.3%

Recruitment Activity

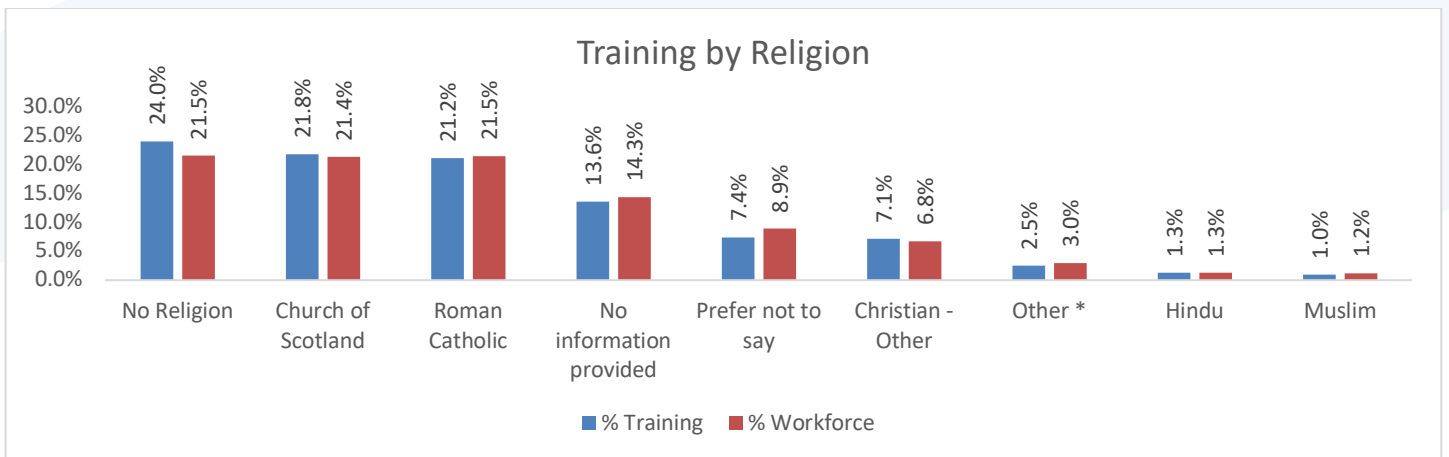
36.7% of applicants through HRNet between 1 April 2019 and 30 March 2020 identified themselves as having no religion, as did 44.1% of new starters. This was by some distance the largest group. The next most-identified faith group was Roman Catholic, which accounted for 21.9% of applicants and 15.9% of new starters.



*Faiths which are represented by fewer than five applicants or new starters (Sikh, Buddhist and Jewish) are not reported individually, but captured within “Other”.

1.1.2 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.



*Faiths which are represented by fewer than five members of staff in the workforce percentage (such as Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.

Career Progression

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

Promotions	Workforce
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	Headcount	% Headcount	Headcount	% Headcount
Church of Scotland	19	27.9%	398	21.4%
Roman Catholic	18	26.5%	400	21.5%
No Religion	10	14.7%	401	21.5%
Christian - Other	7	10.3%	126	6.8%
No information provided	7	10.3%	267	14.3%
Prefer not to say	6	8.8%	166	8.9%
Other *	1	1.5%	103	5.5%
Grand Total	195	100.0%	1861	100.0%

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

Turnover

During 2019-2020 turnover of staff was highest in the group of staff who had "No Religion": 24.6% of turnover compared to 21.5% of staff:

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
No Religion	48	24.6%	401	21.5%
Church of Scotland	45	23.1%	398	21.4%
Roman Catholic	37	19.0%	400	21.5%
Christian - Other	19	9.7%	126	6.8%
No information provided	16	8.2%	267	14.3%
Prefer not to say	13	6.7%	166	8.9%
Other	9	4.6%	78	4.2%
Hindu	8	4.1%	25	1.3%
Grand Total	195	100.0%	1861	100.0%

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

Disability

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

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

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

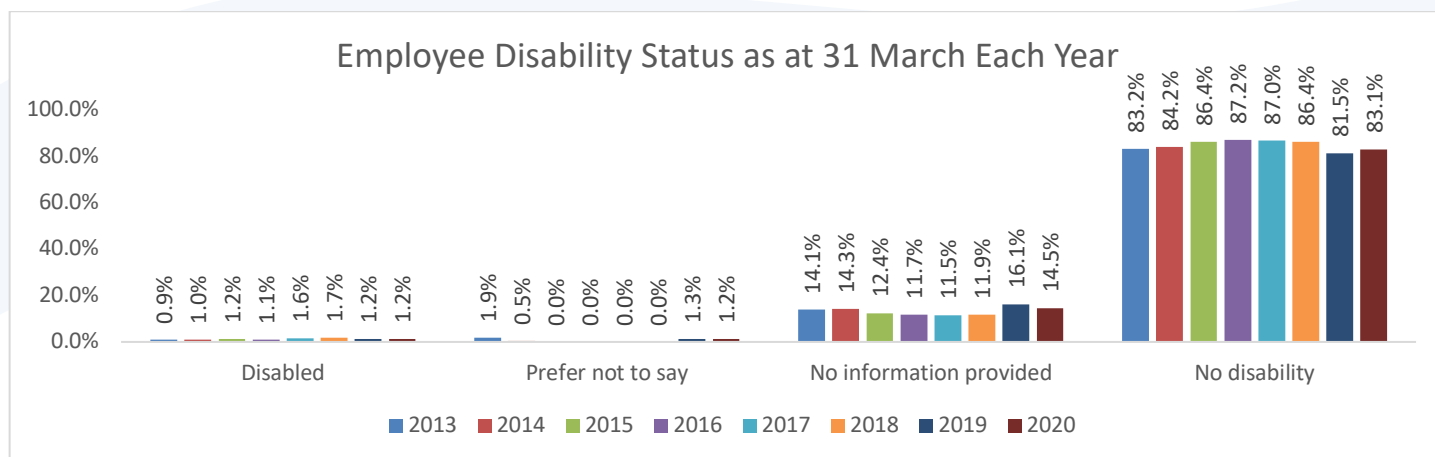
- challenge attitudes towards disability;
- increase understanding of disability;
- remove barriers to disabled people and those with long term health conditions in employment; and
- ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

Further information on "Disability Confident" can be found at:

<https://www.gov.uk/government/collections/disability-confident-campaign>.

Workforce Breakdown

A large majority of our workforce continues to identify themselves as having "No disability", with the proportion almost exactly the same in both March 2013 (83.2%) and March 2020 (83.1%). During this time the proportion of staff that has not provided information on their disability status fell steadily from 14.1% in 2013 to 11.9% in 2018. However, 2019 saw it increase to 16.1%, with a fall back to 14.5% this year. This is an unfortunate change, but may in part be due to the introduction of the new HR system and the information that it holds on disability status. It is hoped that this increase in lack of information provided will be short lived and reversed in future years with the improvement of information held on the HR system.



The proportion of staff members who identify themselves as "Disabled" has remained relatively steady over the same time period at around 1.0%, but this year, as last, stood at 1.2%, a fall from 1.7% in 2018. While the proportion of staff who declare they have a disability is low in comparison to the general population: 32% of all adults in Scotland ([Scottish Health Survey 2017](#)), this is repeated across Boards in NHS Scotland, where 0.8% identified themselves as disabled as at 31 March 2019 (ISD: [Equality and Diversity \(March 2019\)](#)).

It should be noted that some disabilities may arise during the course of employment, so unless staff are regularly surveyed we may never capture that change in information. The HR system allows members of staff to make changes to their self-identified protected characteristics at any time, including their disability status.

We recognise that not all impairments are visible and from reviewing our sickness absence monitoring reports we know that two of the most common impairments impacting in the workplace are mental health issues and chronic pain resulting from musculoskeletal conditions. As a result, we have developed a range of interventions available for staff who have mental health issues and we have also established a staff physiotherapy service for staff with musculoskeletal problems. Further information is provided in the [Developments](#) section of this report.

Recruitment Activity

Of applicants successfully appointed, those for whom no information was provided regarding their disability status made up 6.2% of new starts in the monitored period, but only 2.4% of applicants. Those identifying themselves as “Disabled” made 3.5 % of applications and 0.4% of new starters.

It is recognised that ideally we should have zero “No information provided” for new starts. Our Recruitment Team is proactive in encouraging those who do not wish to comment to use the “Prefer not to say” option on the staff engagement form. It is hoped that as eESS has now been implemented in the Board it will lead to a reduction in “No information provided” for new starts.

Training Activity

Members of staff who declared themselves to be disabled undertook 1.0% of all training carried out in 2019-2020. This is less than the proportion of the workforce they represent – 1.2%.

Career Progression

One of the members of staff who were promoted between April 2018 and March 2019 indicated that they had a disability.

Turnover

Of the 195 members of staff who left the Board’s employment in 2019-2020 none declared themselves to be disabled.

Sexual Orientation Workforce Breakdown

Trend analysis of sexual orientation over the last eight years indicates that the proportion of staff members who identify themselves as “Heterosexual” grew until March 2018, peaking at 76.7%, as can be seen in the chart and table below, and at the end of March 2020 sat at 76.0%. The numbers of those who did not provide information or who “prefer not to say” have also been decreasing, but both saw a slight increase in the year to 31 March 2019. To help improve the accuracy of information the Recruitment Team ensures that new members of staff completing engagement forms are asked to complete all parts of the Equal Opportunities Information section of the engagement form, reminding them that replying “Prefer not to say” is an acceptable response, and preferable to not providing any information.

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Heterosexual	64.5%	69.7%	71.2%	72.6%	75.0%	75.7%	76.7%	74.6%	76.0%
No information provided	25.8%	20.0%	18.9%	17.8%	16.0%	15.4%	14.4%	15.8%	14.9%
Prefer not to say	8.5%	8.8%	8.5%	8.1%	7.5%	7.3%	6.9%	7.4%	7.0%
Lesbian	0.4%	0.6%	0.6%	0.7%	0.7%	0.6%	0.8%	0.8%	0.9%
Gay man	0.3%	0.3%	0.3%	0.3%	0.4%	0.5%	0.5%	0.7%	0.5%
Bisexual	0.5%	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.4%
Other	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The quality of information held on the declared sexual orientation of members of staff has improved over the years at NHS GJ, as can be seen in the decrease in the proportion of staff for whom no information is held. This can be seen when compared to other Boards, where the proportion of staff for whom no information has been provided on sexual orientation tends to be higher (source: <https://www.isdscotland.org/Publications/index.asp>, Public Health Scotland National Statistics release as at 31 March 2019):

Health Board/Area	Sexual Orientation – no information provided			
	2016	2017	2018	2019
NHS Scotland	37.8%	29.5%	28.7%	28.8%
West Region *	35.9%	33.8%	32.8%	34.2%
NHS Greater Glasgow and Clyde	34.6%	31.2%	29.6%	30.8%
National and special health boards #	51.3%	48.1%	36.0%	32.9%
NHS24	64.0%	50.1%	43.8%	39.2%

* West Region represents NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, and NHS Lanarkshire.

“National and special health boards” represents The State Hospital, NHS GJ, Scottish Ambulance Service, NHS24, NHS National Services Scotland, NHS Education for Scotland, NHS Health Scotland and NHS Healthcare Improvement.

Recruitment Activity

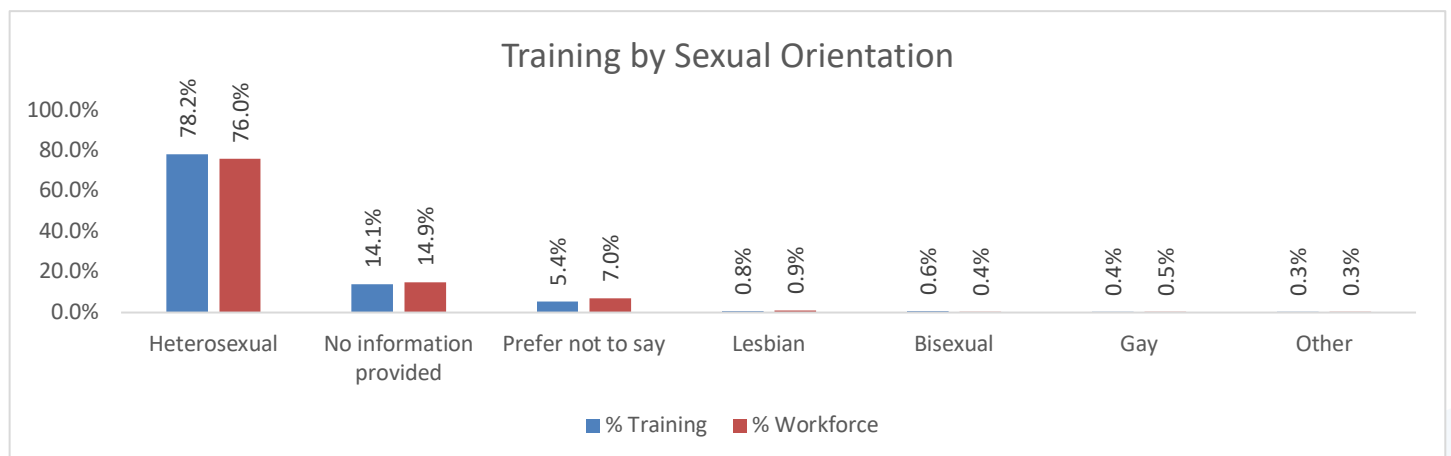
The table below highlights the number and proportion of people who applied for posts and came on board as new starts in the monitored period, split by declared sexual orientation:

	Applicants		New Starters	
Heterosexual	1455	91.4%	199	87.7%
Prefer not to say	49	3.1%	5	2.2%
No information provided	36	2.3%	15	6.6%
Gay	28	1.8%	*	*
Lesbian	10	0.6%	*	*
Bisexual	8	0.5%	*	*
Other	6	0.4%	*	*
Grand Total	1592	100.0%	227	100.0%

* Where the declared sexual orientation of applicants/new starters is represented by five or fewer applicants/new starters the numbers are not given.

Training Activity

As can be seen from the chart below training provided during the period under review by sexual orientation almost matches the proportion expected for that group as a proportion of the workforce. However, both gay men and lesbians were underrepresented in training compared to the proportion of the workforce that they make up:



Career Progression

The great majority of promoted staff have declared themselves to be “Heterosexual” – 57 out of 68 promoted posts (83.8%), which is almost 8% greater than the proportion of staff as a whole who identify as “Heterosexual” (76.0%). 6 (8.8%) promoted members of staff did not provide any information on their sexual orientation. The remaining seven promoted staff indicated they are “Lesbian” or “Prefer not to say” or “Other”. However, the numbers are so small the splitting them may enable identification of the successful applicants.

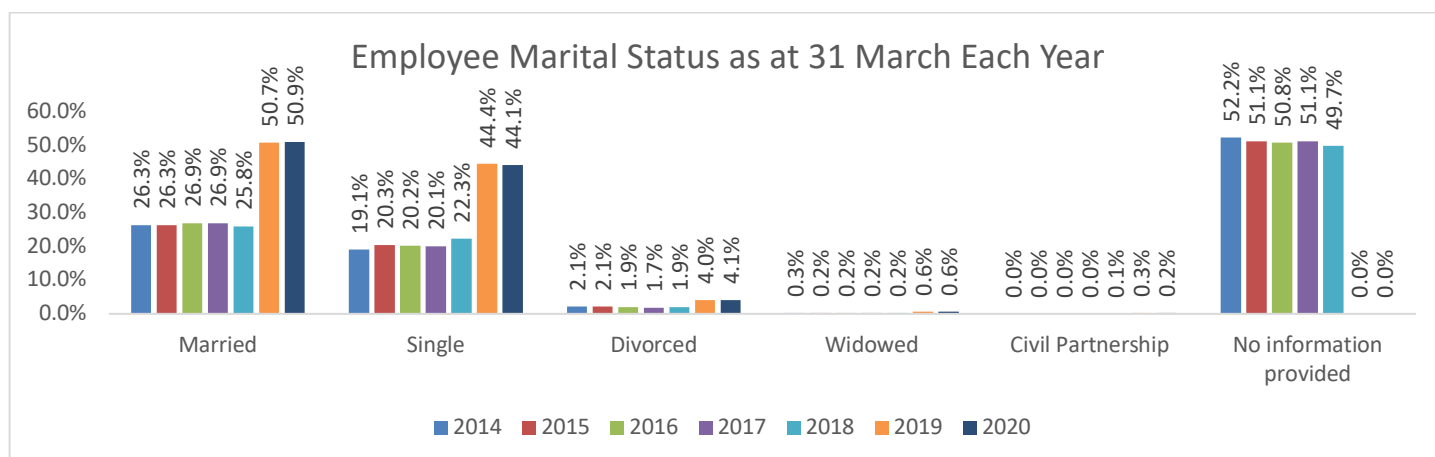
Turnover

During the period under review turnover by sexual orientation broadly mirrored workforce proportions, with slightly fewer people who provided no information leaving than were represented in the workforce (10.8% v 14.9%), and more people who identified as Heterosexual leaving than were represented in the workforce (79.0% v 76.0%).

Marriage and Civil Partnership

In previous monitoring periods the majority of staff chose not to provide information on their marital status, or this information was not held on the HR system. However, as the Payroll system has to hold details of marital status, with the full implementation of eESS in May 2018, the Payroll system downloaded this to eESS, so full information on marital status can be provided for this monitoring period.

As can be seen from the table below in March 2020 just over half of all staff members were married (50.9%) and 44.1% were single. These proportions have not changed markedly since 2019, but represent sizeable changes to those reported the previous year, with both almost double the percentages reported in 2018.



Trans Staff

The staff engagement form does not directly ask new members of staff to confirm if they have undergone gender reassignment, or are in the process of doing so, although the national application form does. However, it does ask them whether they describe themselves as trans. During the monitored period five or fewer members of staff identified as trans.

It should be noted that the new HR system, eESS, allows members of staff to amend their personal details, including equalities information. It also contains the question “Have you, are you or do you plan to undergo gender reassignment (changing sex)?” Members of staff have the option to respond “Yes”, “No”, “Don’t know” or “Prefer not to say”. Several communications have gone out to staff to inform them of the ability to amend their personal details, including equality information, on eESS.

Pregnancy and Maternity

During the monitored period a total of 77 members of staff were on maternity leave at some point:

- one of them had two periods of maternity leave during the year;
- 33 were on maternity leave before 1 April 2019;
- 44 went on maternity leave between 1 April 2019 and 31 March 2020;
- 43 returned from maternity leave between 1 April 2019 and 31 March 2020;
- 34 were still on maternity leave after 31 March 2020; and
- 10 of those who took maternity leave both went on leave and returned within the monitored period.



Beardmore Street, Clydebank, G81 4HX

Tel: 0141 951 5000

www.nhsgoldenjubilee.co.uk