NHS
Golden Jubilee

Workforce Monitoring Report

1 April 2020 to 31 March 2021

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1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2020 to 31 March 2021. Every twelve months a Workforce Monitoring Report is presented to NHS Golden Jubilee's (NHS GJ) Senior Management Team and the Board in line with the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the Partnership Information Network (PIN) Policy "Embracing Equality, Diversity and Human Rights in NHS Scotland". The PIN policy supports monitoring of the protected characteristics of sex, age, race, religion and belief, disability, sexual orientation, marriage and civil partnership, gender reassignment, and pregnancy and maternity, as defined in the Equality Act, and highlights key findings in relation to these protected characteristics. The report also looks at the effect that sickness absence, employee turnover, employee recruitment and work life balance policies have on employees and the service.

1.1 Key Findings

1.1.1 Expanding Workforce

The ongoing hospital expansions and our remobilisation efforts post-COVID-19 have contributed to an increase in headcount of 211 when compared to the previous year (2072 v 1861).

1.1.2 Sickness Absence

During the monitored period the average sickness absence stood at 4.4% of contracted hours. This compares favourably with 2019-2020, when it came in at 4.9%, and 2018-2019, when it stood at 4.8%, but remains higher than the national target of 4.0%. Of all sickness absence, 61.4% came under the Nursing and Midwifery job family, which comprises 44.4% of the workforce.

Between 1 April 2020 and 31 March 2021 the main reason for sickness absence, as recorded on SSTS, was "Anxiety/stress/depression/other psychiatric illness". It accounted for 1.3% of contracted hours and 28.8% of total sickness absence. This is an increase on the previous two years, when it accounted for 24.0% to 24.5% of all sickness absence. Supporting staff mental health is a key priority, and our Health and Wellbeing Strategy provides support to allow people to develop good mental health habits in the same way it promotes the benefits of physical exercise and a balanced diet.

This may be linked to COVID-19. Staff with certain underlying health conditions were asked to shield at home, and took the time as special leave. As such, it is possible that sickness absence related to certain underlying health conditions was not incurred in the period under review, as those staff were on special leave. This would inflate values not associated with underlying health conditions, such as Anxiety/stress/depression/other psychiatric illness, whilst reducing the overall proportion of hours taken as sick leave.

Nevertheless, in absolute terms, the proportion of sickness absence taken for Anxiety/stress/depression/other psychiatric illness has risen relative to 2019-2020, accounting for 1.3% of contracted hours in the period under review, and 1.2% in 2019-2020.

1.1.3 COVID-19

The COVID-19 pandemic caused a large increase in the use of special leave during the monitored period, as all absences due to COVID-19 were recorded as special leave. The number of hours of special leave taken rose from 31250.5 in 2019/2020 to 128268.8 in 2020/2021: an increase of 410.5%. Of all special leave, 88.4% (113382.2 hours) was due to COVID-19. COVID-19 absence also accounted for 3.1% of all contracted hours. A more detailed breakdown of COVID-19 absences is given in Section 6.1 of this report.

We expect absences due to COVID-19 to continue into 2021/2022, which will inevitably impact on workforce availability. A small number of colleagues remain absent from work due to long COVID,

and this may continue for some time to come. Underlying health conditions may also mean that colleagues will have to continue to shield. However, some have roles within the organisation that mean that they can work effectively from home. Members of staff may have to isolate with no notice, which will incur short term difficulties for local staffing.

1.1.4 Ageing Workforce

Our workforce continues to get older:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.5% in 2021 (although this is slightly lower than the 27.3% in 2020);
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 7.8% (up 0.1% in a year);
- the proportion of those in the 30 to 39 age bracket has fallen by just over 5% from 29.6% to 24.2%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 26.7%.

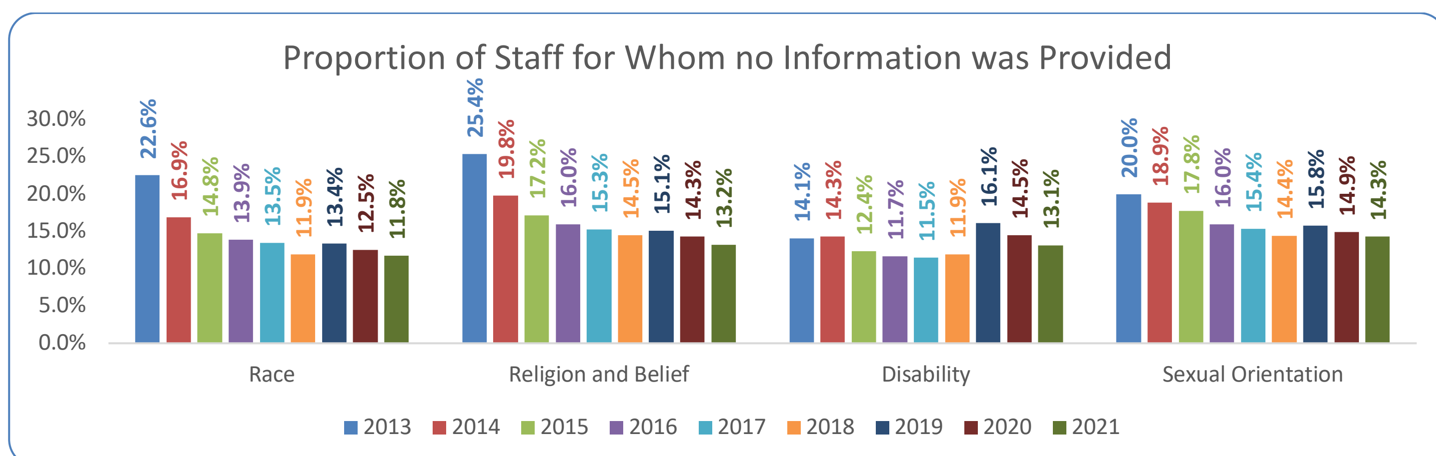
Some job families are more affected by the ageing population than others: 48.0% of staff in Support Services are aged over 50; as are 92.9% of Senior Managers; and 43.7% of those in Administrative Services.

An understanding of retirement profiles and robust succession planning to ensure sustainability are key workforce priorities. To overcome the risks posed by an ageing workforce HR works closely with managers to develop an integrated approach to workforce planning.

The current potential retirement profile (those aged 60 plus) is 7.8% (up 0.1% on the previous year), but by 2026 this would rise to 19.2%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest area of impact is within Administrative Services and Support Services.

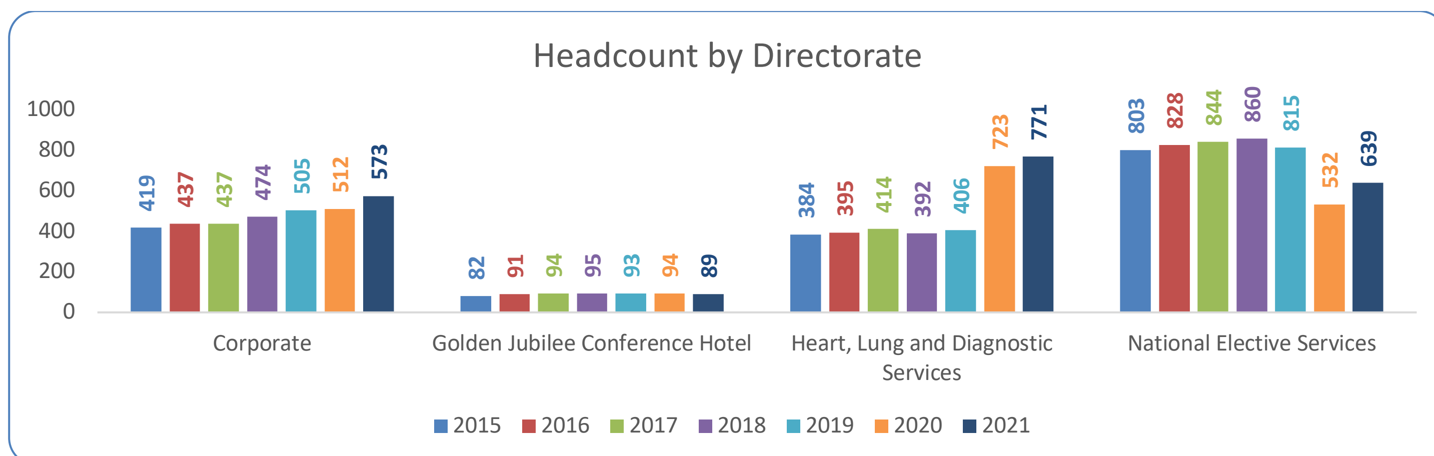
1.1.5 Data Quality

The quality of information held in relation to the protected characteristics of NHS GJ employees has improved considerably since 2013, with a significant decrease in the proportion of staff for whom no information has been provided in regard to the protected characteristics, as can be seen in the chart below. Each characteristic shows a slight "wobble" in data quality, associated with the implementation of the eESS system in 2018-2019. The most significant of these wobbles was with Disability, but the data quality is heading in the right direction again.



2 Current Workforce

As at 31 March 2021 the Board employed 2072 headcount (1875.7 WTE) members of staff, excluding “Bank” workers and Non-Executive Director posts. The majority of these are in substantive permanent posts, but a small number are in fixed term posts, such as Locum Consultants or Clinical Fellows in the Medical and Dental job family. The total number is an increase of 211 in headcount on the previous year (207.7 WTE). The charts below represent how these were split by Directorate as at 31 March each year.



The increase in staff numbers is more than five times that of the previous year. Factors that influenced workforce growth during the period under review include remobilisation post-COVID and the ongoing hospital expansion programme. The new Eye Centre opened in autumn 2020 and as at 31 March 2021 we had recruited 32.6 WTE nursing staff over and above the previous establishment figure, with more to be recruited and appointed in 2021.

At the end of the period under review 44.5% of the workforce was in the Nursing and Midwifery job family, as can be seen from the table below. The next largest job family, at 19.4% was Administrative Services.

Job Family	**Headcount**	**% Headcount**	**WTE**	**% WTE**
Nursing and Midwifery	921	44.4%	834.1	44.5%
Administrative Services	403	19.4%	364.6	19.4%
Support Services	221	10.7%	205.0	10.9%
Allied Health Professions	152	7.3%	128.6	6.9%
Medical And Dental	139	6.7%	132.9	7.1%
Healthcare Sciences	138	6.7%	126.1	6.7%
Other Therapeutic	58	2.8%	47.1	2.5%
Medical Support	26	1.3%	24.9	1.3%
Senior Managers	14	0.7%	12.4	0.7%
Total	**2072**	**100.0%**	**1875.7**	**100.0%**

As well as substantive and fixed term members of staff the Board also uses “Bank” workers, which provides flexibility to increase staff over and above its core staff cohort at busier times and to cover unexpected absences, such as sick leave. As at 31 March 2021 there were 827 bank workers providing the Board with service, of which 637 came under Agenda for Change and 190 were in the Medical and Dental job family.

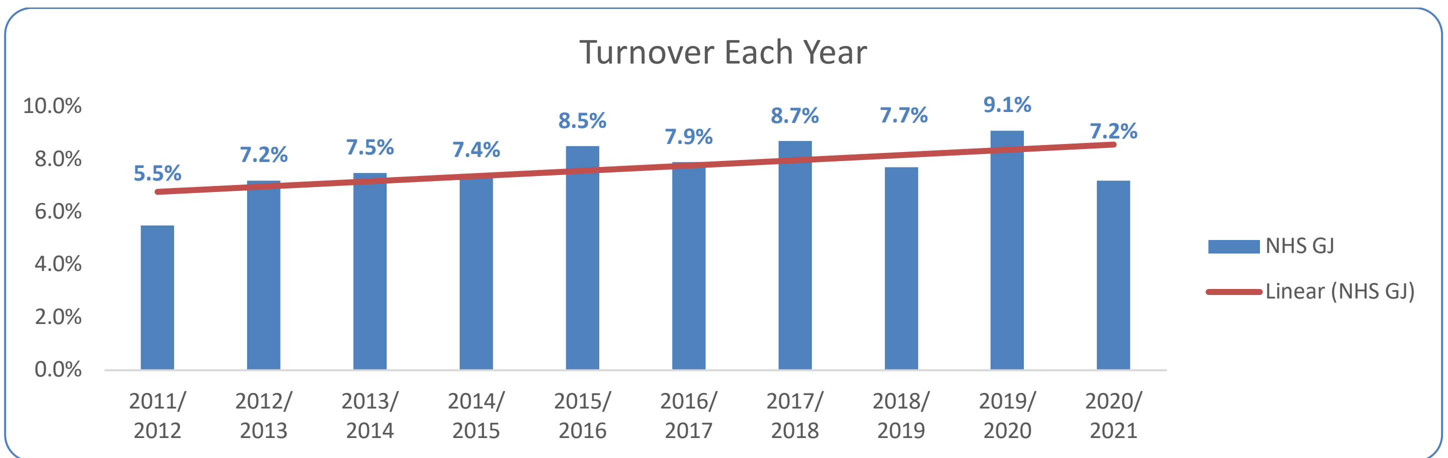
3 Employee Turnover

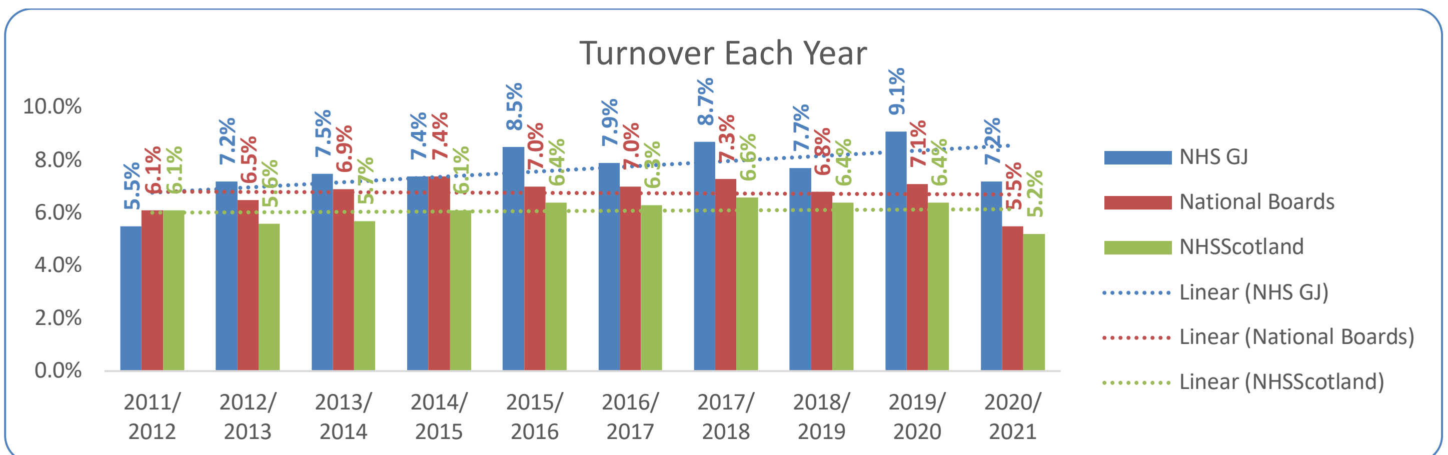
Turnover is calculated using the following formula:

$$\text{Turnover} = \frac{\text{Headcount number of leavers between 01.04.19 and 31.03.20}}{((\text{Headcount staff in post 01.04.19} - \text{headcount staff in post 31.03.20})/2)*100)}$$

3.1 Turnover Rate

For the year under review the proportion of leavers was 7.2% of the overall staffing (source: https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/publications/01-june-2021/dashboards/overall-staff-in-post/), a decrease of 1.9% on the previous year, as can be seen below. The ongoing trend since April 2011 has been for a slight increase in employee turnover. This turnover is greater than for the other National Boards (5.5% for 01.04.20 to 31.03.21, which is 2.0% lower than the previous year) and the overall NHS Scotland turnover (5.2% at 31 March 2021, down 1.6% on 2019/2020). Since 2011/2012 the turnover trend for NHS GJ has been increasing, while it is almost flat for National Boards and NHSScotland. It is likely that the pandemic has had an effect on people choosing not to leave their post, given the decrease in turnover rates for NHS GJ, National Boards and NHSScotland.

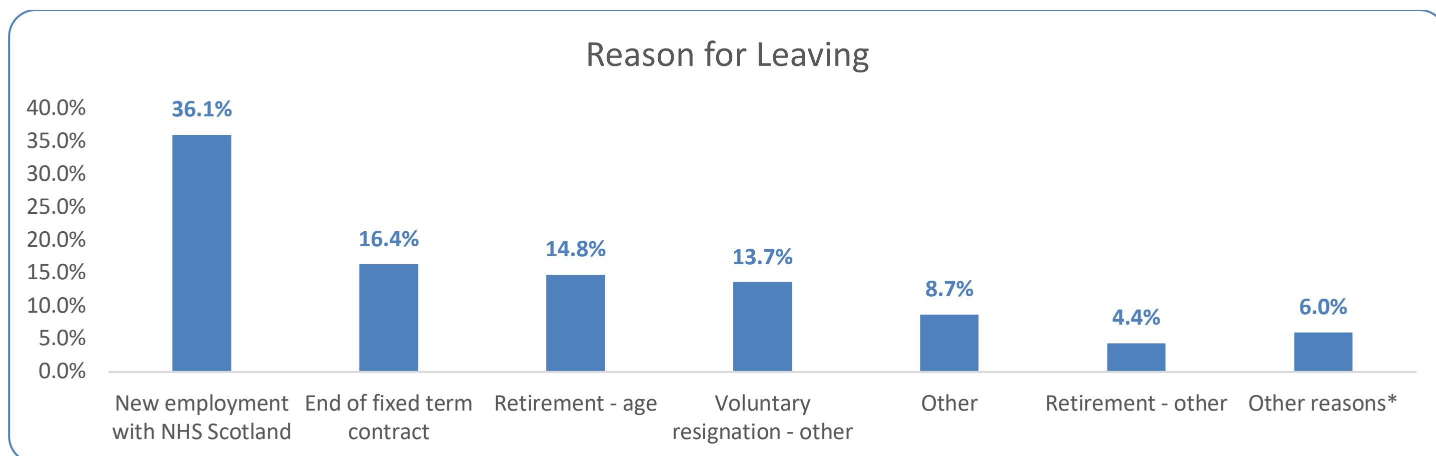




3.2 Reasons for Leaving

When a member of staff leaves the Board's employment the reason for leaving is entered onto eESS, the HR system, if that member of staff provides a reason for leaving. The chart below highlights reasons for leaving showing on eESS for those who left the Board's employment between April 2020 and March 2021. It shows the reasons for leaving as a percentage of the total number of leavers. The

most common reason for leaving was because the person had gained new employment with another Board within NHSScotland. This represents 36.1% of leavers.



* “Other reasons” includes “New employment with NHS outwith Scotland”, “Ill health”, “Voluntary resignation – other”, “Pregnancy”, “Death in service” and “Dismissal”, as the number of leavers was too low to identify separately.

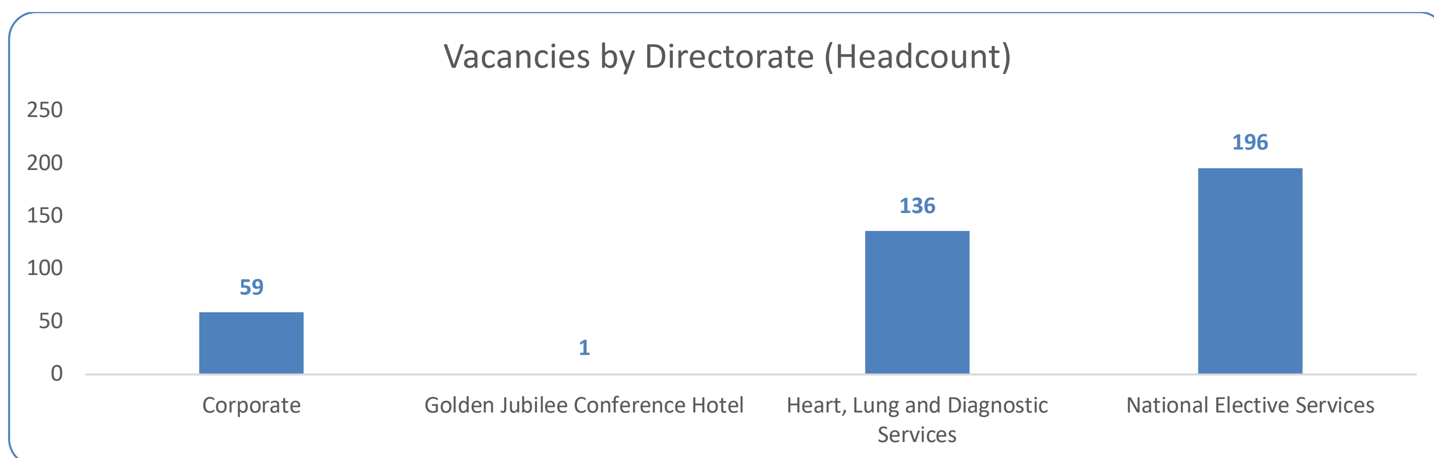
4 Recruitment

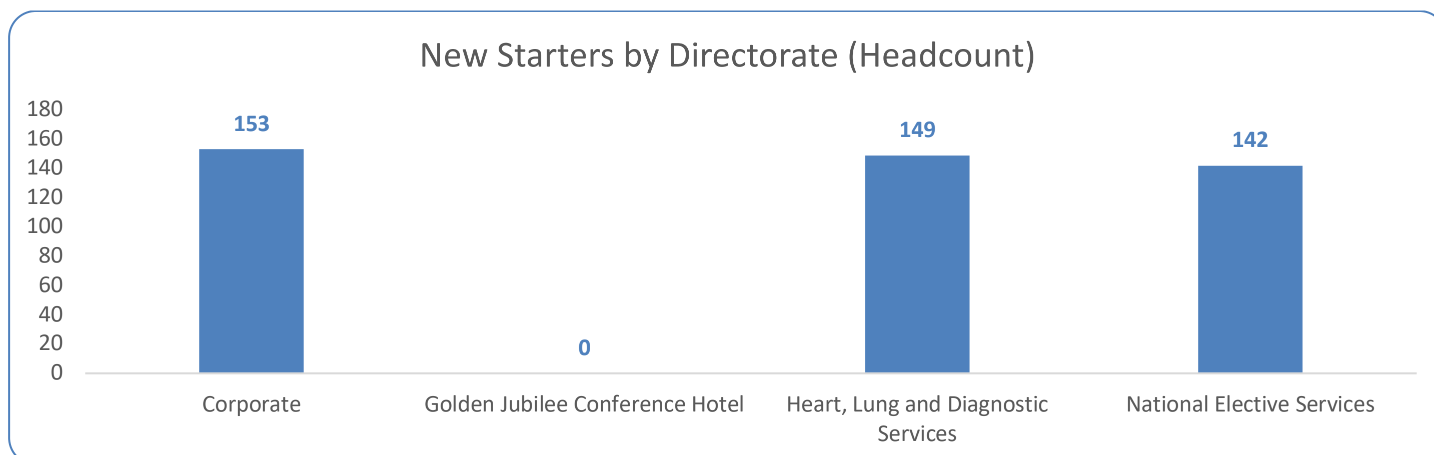
The service continues to follow the previously agreed system to recognise vacancies, including the vacancy approval form. Work is ongoing to look at whether it would be feasible incorporate this into Jobtrain, the national recruitment system, so that it all takes place digitally, and removes some of the time taken to secure approval. This will be decided in the next few months.

During the year from 1 April 2020 to 31 March 2021 we have continued to use the NHSScotland recruitment system, the previously mentioned Jobtrain. This had been upgraded since the previous year, and now incorporates additional functionality. The system is still being added to and improved, and the next iteration will include a direct interface with eESS, which will reduce some of the duplication that currently takes place.

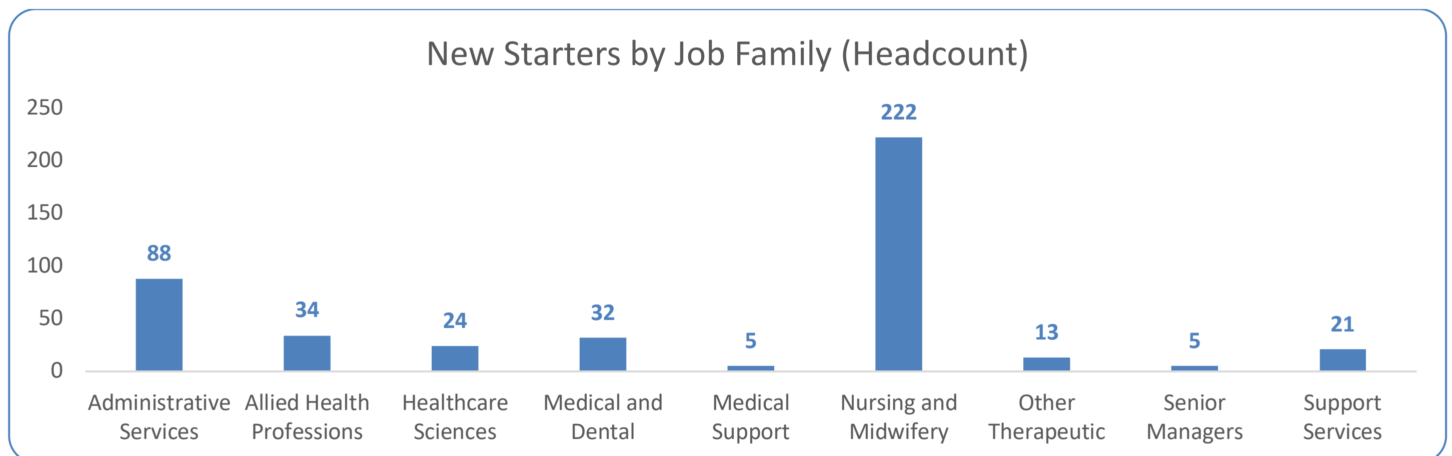
We are now able to use standard management reports from the system. However, these have limitations. The solution is a report writing function, which is currently being explored, with a view to creating bespoke reports for the organisation. These reports will be generated automatically for transmission to hiring managers, thereby removing the need for ad hoc information to be produced. Currently this is still an ongoing project which we will be able to report on further in the future.

In the year from 1 April 2020 to 31 March 2021 we had a headcount of 392 vacancies across the Board on Jobtrain. 7075 applications were made for these posts. There was a headcount total of 444 new starters in the year. Please note that during 2020/2021 a number of colleagues who are identified as new starters were transferred to the Board from the Scottish Government under the Transfer of Undertakings (Protection of Employment) Regulations 2006. These were not identified as vacancies. The Directorate split of vacancies and new starters are shown below:





Due to the limitations of the reports from Jobtrain, at this time we are unable to provide a breakdown of vacancies and those who were shortlisted by job family, which has been provided in previous years. It is expected that this situation will change next year with the introduction of bespoke reports. We can however, provide a breakdown of new starters by job family:



It should not be a surprise that the job family with by far the largest number of new starts in the monitored period was Nursing and Midwifery. In fact, they accounted for exactly 50% of the new starters.

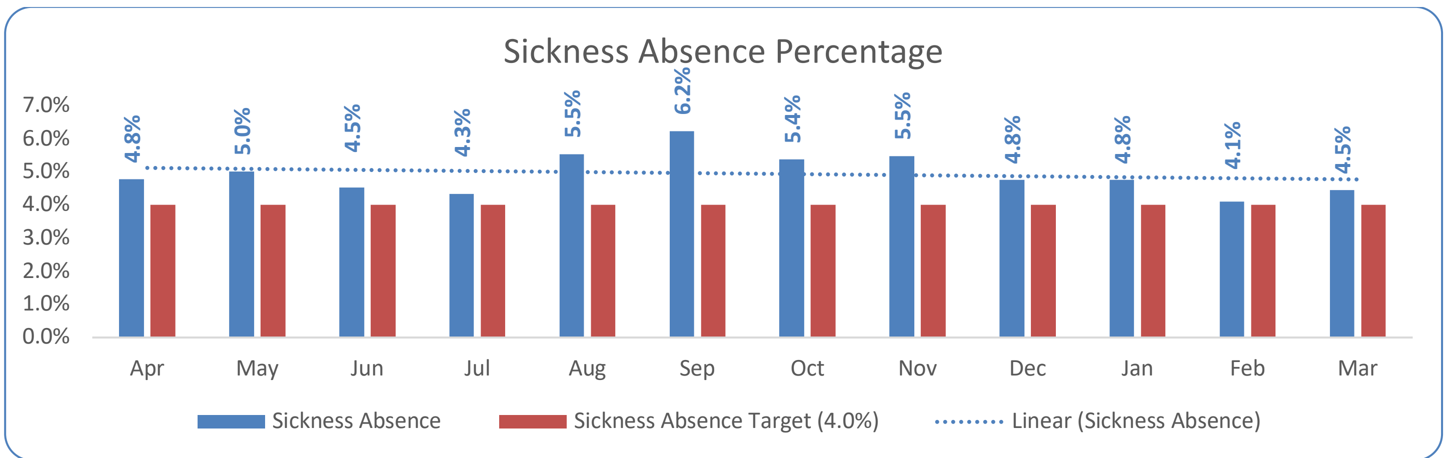
5 Sickness Absence

5.1 Boardwide Sickness Absence

5.1.1 2020/2021

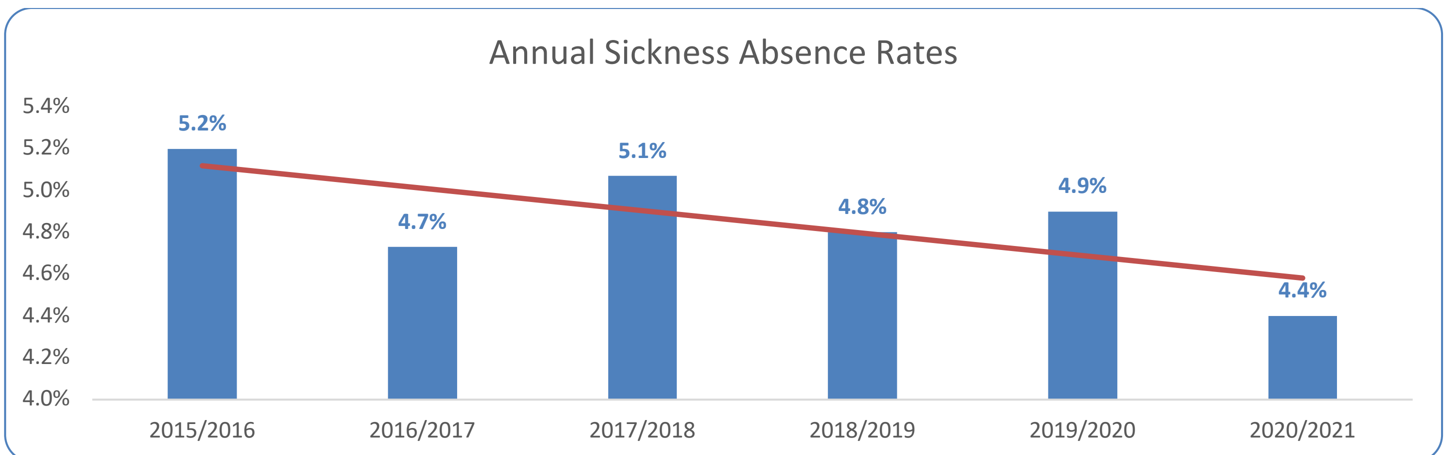
Sickness absence is recorded by the service on the Scottish Standard Time System (SSTS) and statistics relating to the levels of sickness absence at a Departmental, Directorate and Board level are reported monthly to stakeholders by the Human Resources Department. The long term national standard for sickness absence is 4.0%. Over the monitored period the levels of sickness absence for the Board were higher than the national standard each month, bar February, as can be seen in the chart below. The annual rate of sickness absence for 2019-2020 came in at 4.4%, compared to 4.9% for the previous year. The sickness absence trend over the year is slightly downward, whereas the previous year it was a shallow upward trend.

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



5.1.2 2015/2016 to 2020/2021

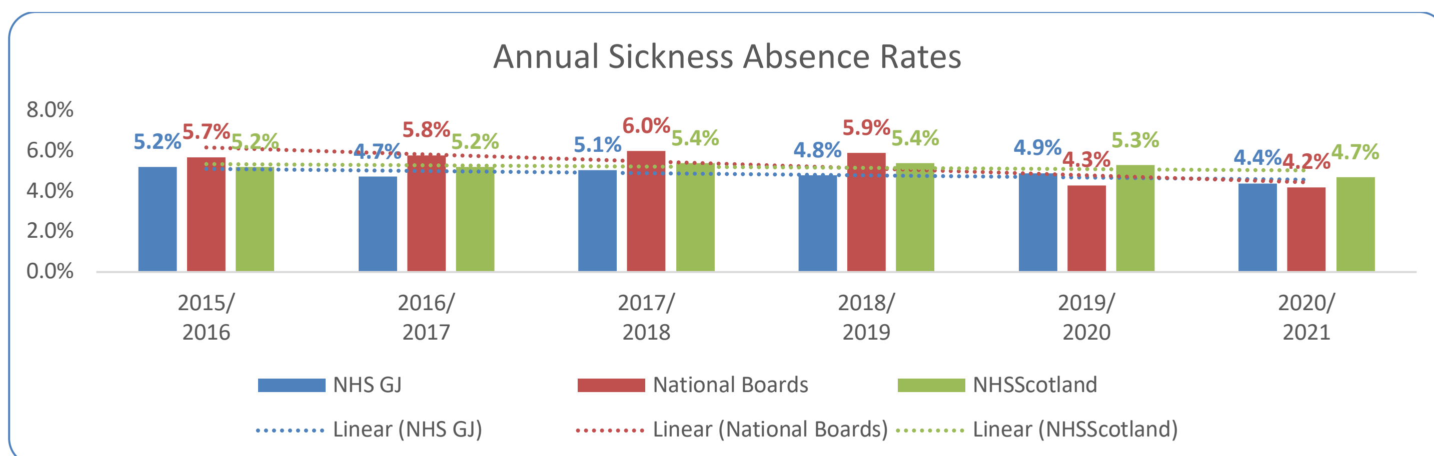
We started to produce the annual Workforce Monitoring Reports to cover 2015/2016. Since that year sickness absence rates for the Board have ranged between 4.7% and 5.2%. At 4.4% 2020/2021 has had the lowest rate of sickness absence since 2015/2016, and the trend for sickness absence since then has been downwards, as can be seen in the chart below.



5.1.3 Comparison with Other National Boards and NHSScotland

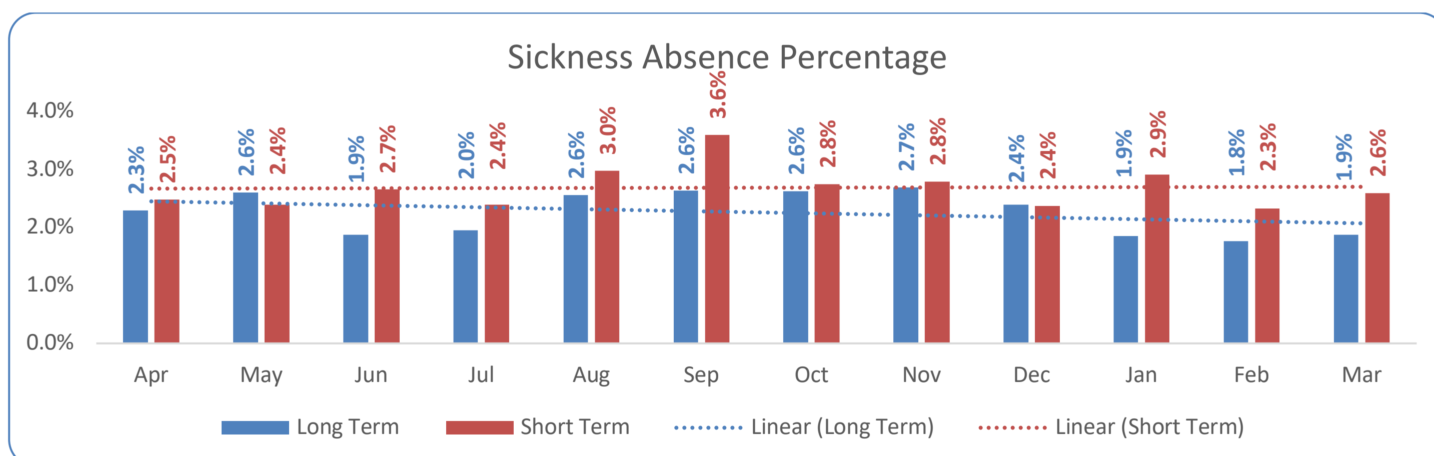
Since 2015/2016 sickness absence rates for NHS GJ have tended to be lower than for the National Boards and NHSScotland as a whole, as can be seen in the chart below. As well as NHS GJ, the

National Boards and NHSScotland have also experienced a slightly decreasing trend in sickness absence rates since 2015/2016.



5.2 Long Term and Short Term Sickness Absence

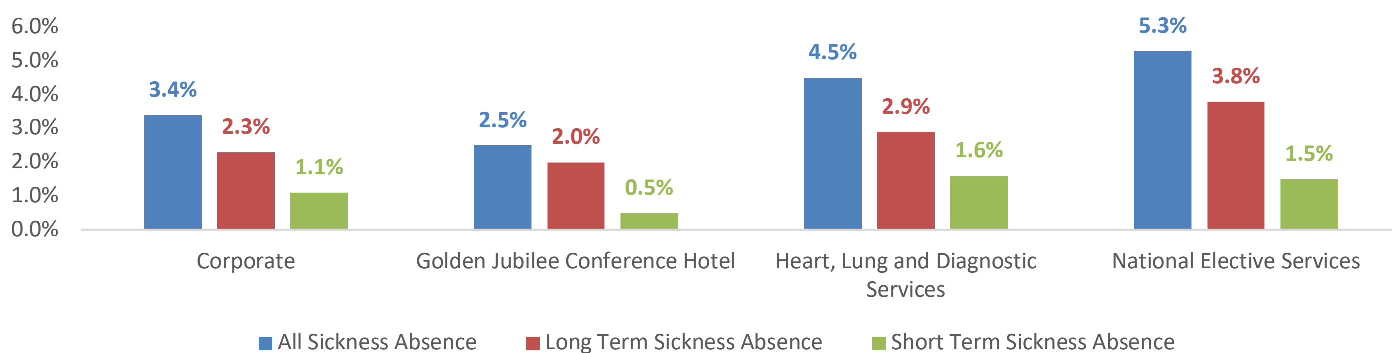
Further analysis splits absences down into long term and short term, with long term representing absences over 28 days. The trend for long term absence is slightly downwards over the year. The average monthly long term sickness absence rate is 2.9%. The trend for short term sickness absence is constant. The average monthly rate of short term sickness absence was 1.4%.



5.3 Sickness Absence by Directorate

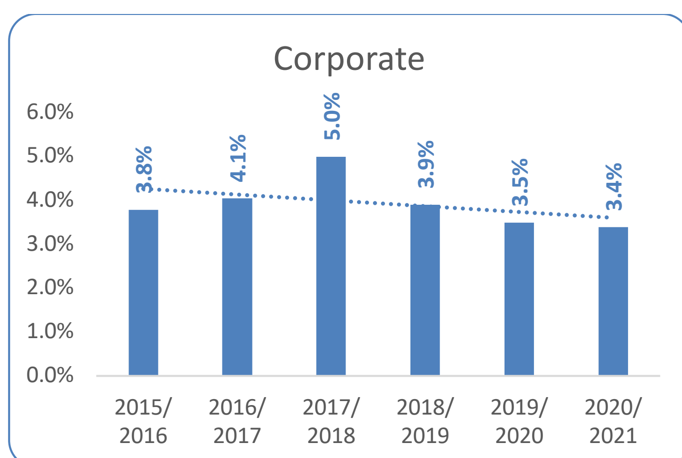
5.3.1 2020/2021

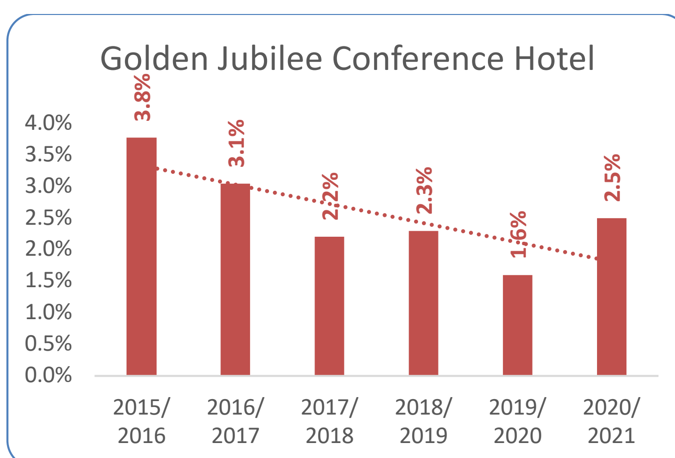
The chart below highlights the total, short term and long term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rates in Corporate and the Golden Jubilee Conference Hotel are lower than the national target of 4.0%, coming in at 3.4% and 2.5% respectively. In both of the clinical Directorates the rate of sickness absence was higher than the national target: Heart, Lung and Diagnostic Services came in at 4.5%; and National Elective Services sat at 5.3%.

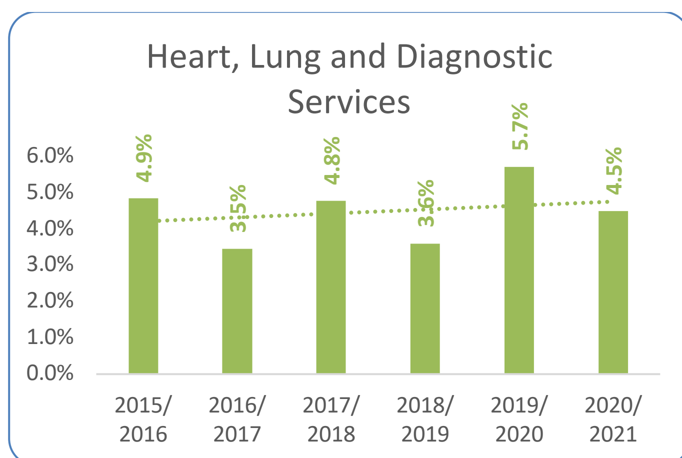


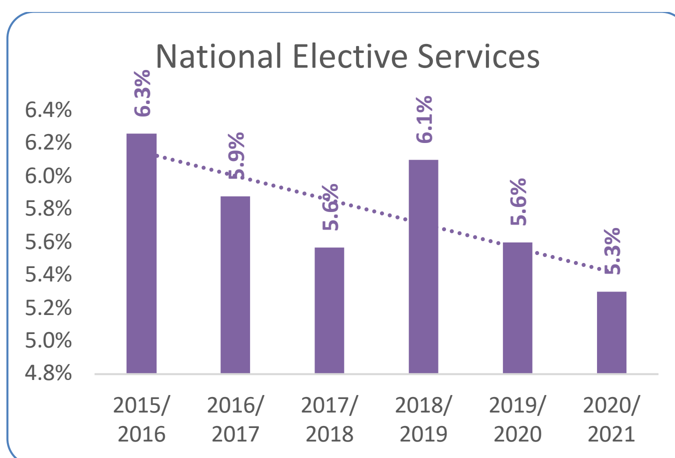
5.3.2 2015/2016 to 2020/2021

The tables below show for each Directorate their sickness absence rates for each year from 2015/2016 to 2020/2021, along with the trend for sickness absence for each Directorate. In Corporate, the Golden Jubilee Conference Hotel and National Elective Services that period saw decreases in sickness absence, while there was a slight increase in Heart, Lung and Diagnostic Services.



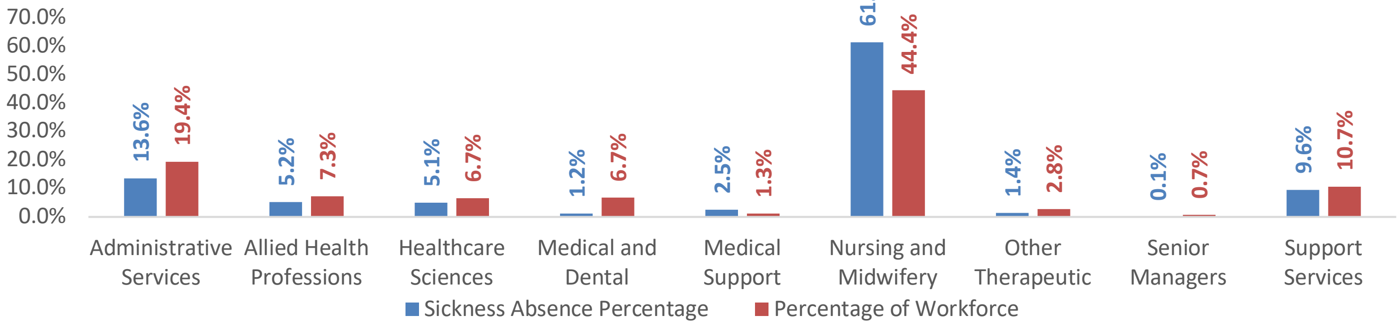






5.4 Sickness Absence by Job Family

For the first time this year we will look at sickness absence by job family. Of the total 161300.39 hours of sickness absence in 2020-2021, 99072.0 hours (61.4%) affected the Nursing and Midwifery job family. As can be seen from the chart below this is well above the 44.4% of the workforce that they represent. Both Administrative Services and Medical and Dental have considerably less sickness absence than might be expected compared to the proportions of the workforce they represent.



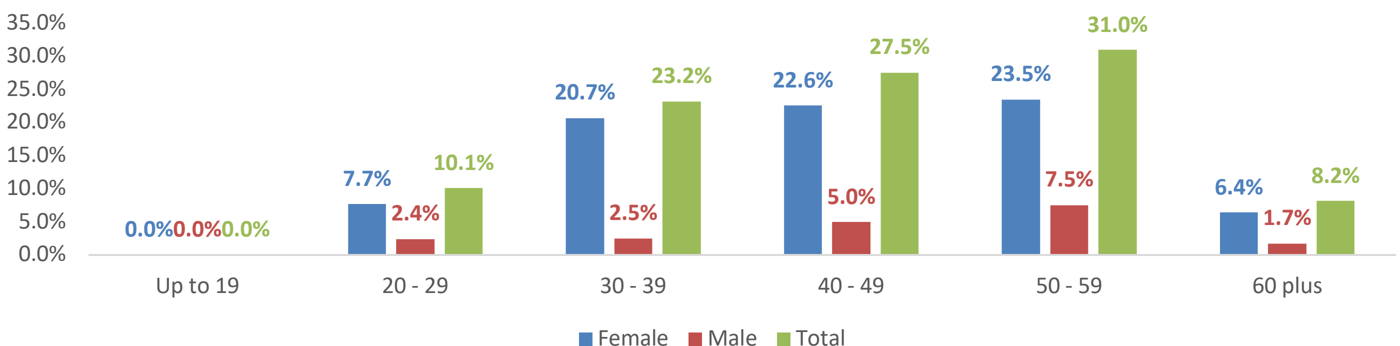
5.5 Sickness Absence by Age and Gender

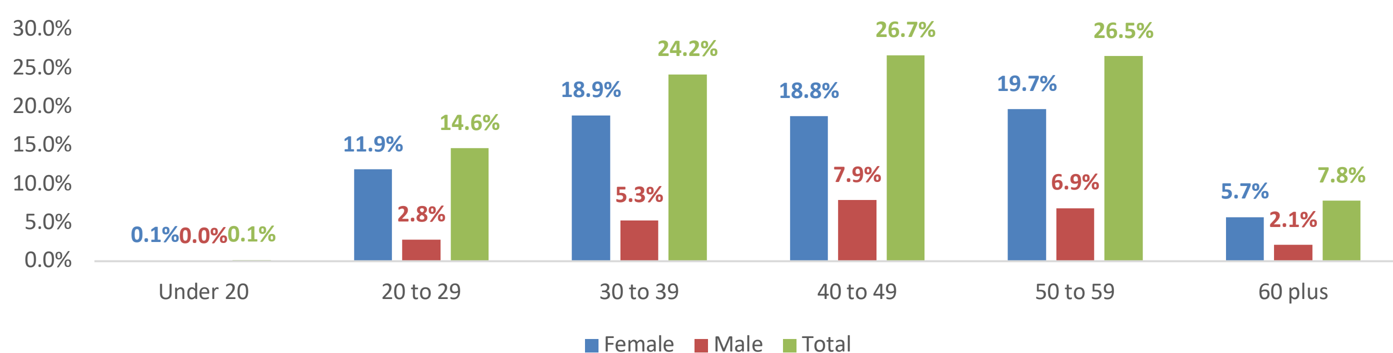
The two charts below look at the proportion of sickness absence by age range and gender for the period under review and compare that with the proportion of the workforce by age range and gender as at 31 March 2021. Two age ranges have almost exactly the same proportion of staff: 40 to 49 (26.7%); and 50 to 59 (26.5%). It is the 50 to 59 age range that has the largest proportion of sickness absence at 31.0%, which is 4.5% more than the proportion of staff it represents. In comparison, the 40 to 49 age range's proportion of sickness overall sickness absence is only 0.8% higher than the proportion of staff it represents (26.7%).

The three age ranges with the highest proportion of staff also have the highest proportion of female staff: 30 to 39 (18.9%); 40 to 49 (18.8%); and 50 to 59 (19.7%). They are quite evenly matched in the proportion of sickness absence that they have too: 30 to 39 (20.7%); 40 to 49 (22.6%); and 50 to 59 (23.5%), all coming in slightly higher than their proportion of overall staff.

The age range that was most under-represented in the sickness absence statistics when compared to the proportion of staff that it comprised was the 20 to 29 year olds, which made up 14.6% of the workforce, but only 10.1% of sickness absence.

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





5.6 Reasons for Sickness Absence

When sickness absence is recorded on SSTS an absence reason has to be entered on to the system. The proportionate absence breakdown is shown in the table below for the top ten reasons for sickness absence. The most commonly cited reason for sickness absence during the monitored period was "Anxiety/stress/depression/other psychiatric illnesses", which caused 28.8% of all sickness absence, up from 24.0% the year before. It may be the case that the stresses that have been caused in dealing with the COVID-19 pandemic have contributed to the nearly 5% increase in the proportion of sickness absence that this reason represents.

In recognition of the impact of anxiety and stress on members of staff, be it work related or otherwise, and especially in light of COVID-19, the Board has established a Health and Wellbeing Group and has produced a Health and Wellbeing Strategy. The Group identifies trends that impact on staff health and wellbeing, and implements measures to reduce any adverse effects of these.

The Health and Wellbeing Strategy describes the Board's ambition to "be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing". The strategy was approved in November 2020, with the Board's Health and Wellbeing Group supporting its delivery. The strategy focuses on a holistic approach to wellbeing, addressing the inter-connected elements of physical, mental, social and financial wellbeing.

The strategy will be delivered through an annual action and delivery plan. The delivery plan will describe how actions will be achieved, key stakeholders, key outputs, outcomes, timelines and evidence of measurement. Progress will be presented by the Health and Wellbeing Group to the Executive Management Team, Staff Governance Group, Partnership Forum, and Staff Governance and Person Centred Committee. An annual update will be provided which will focus monitoring objectives against outputs in the Strategy, and provide an updated annual plan. Specific project updates will also be shared with relevant committees or groups.

Sickness Absence Reason	Hours Lost	% Sickness Absence
Anxiety/stress/depression/other psychiatric illnesses	46496.0	28.8%
Other musculoskeletal problems	16368.2	10.1%
Unknown causes/not specified	14949.7	9.3%
Other known causes - not otherwise classified	14876.3	9.2%
Gastro-intestinal problems	12001.8	7.4%
Back problems	8992.1	5.6%
Injury, fracture	7050.9	4.4%
Benign and malignant tumours, cancers	6014.6	3.7%
Cold, cough, flu - influenza	5540.6	3.4%
Chest & respiratory problems	5116.4	3.2%

6 Work Life Balance

The Board has a suite of policies, which have been developed to provide members of staff with a range of flexible working options and leave arrangements to help them to balance their lifestyle, whilst maintaining and promoting the best possible service to patients. These policies are based on the Partnership Information Network's "Supporting the Work-Life Balance PIN Policy", which should help the Board to ensure effective recruitment and retention of staff, improve quality of life for its staff by assisting them to balance life and work responsibilities, increase motivation and job satisfaction, reduce absenteeism, improve performance, increase productivity and staff engagement, and ultimately improve service delivery. The NHS GJ's "Carers Guide" can be found by clicking the link.

6.1 Special Leave

Special leave allows management to pursue an appropriate response to a variety of situations, which are not covered by other types of leave available to members of staff, including amongst others:

- the necessary and unexpected need for a member of staff to provide care to any person who reasonably relies on the employee for assistance on an occasion where the person falls ill or is injured;
- an employee who suffers a bereavement; and
- members of staff who perform civic and public duties.

In response to the COVID-19 pandemic extra reasons for special leave were added to account for staff absence:

Reason for Special Leave	Descriptor of Reason for Special Leave
Coronavirus	This will record those who have caring responsibilities and are absent due to these.
Coronavirus – COVID positive	As it says employees who have tested positive for the virus.
Coronavirus – household related – self isolating	Someone in the household of the staff member is displaying symptoms.
Coronavirus – self displaying systems – self isolating	This will record a staff member who is displaying symptoms and allow testing of key workers to be targeted.
Coronavirus – long COVID	If an employee has tested positive, after the self-isolation period they would move onto long COVID if they remain unfit to return to work. This employee would be expected to seek medical advice.
Coronavirus – underlying health conditions	Staff member has underlying health conditions putting them in the at risk category.
Coronavirus – test and protect isolation	Staff member has been told to isolate following contact by test and protect staff
Coronavirus – quarantine	Staff member is required to isolate following their return from a country on the quarantine list

In the monitored period a total of 128268.8 hours of special leave were taken, compared with 31250.5 hours the previous year, broken up by Directorate as shown below:

Directorate	Special Leave Hours
Corporate	28472.9
Golden Jubilee Conference Hotel	7037.6
Heart, Lung and Diagnostic Services	42244.4
National Elective Services	50513.9
Board Total	**128268.8**

The increase was mainly caused by special leave due to COVID-19. The top ten reasons for special leave are shown below:

Reason for Special Leave	Special Leave Hours	% Special Leave
Coronavirus - underlying health conditions	56298.9	43.9%
Coronavirus - household related - self isolating	15759.0	12.3%
Coronavirus – self displaying systems – self isolating	9301.2	7.3%
Coronavirus – test and protect isolation	8938.4	7.0%
Coronavirus - COVID positive	8517.4	6.6%
Coronavirus	6217.2	4.8%
Coronavirus - long COVID	5743.7	4.5%
Bereavement	3356.1	2.6%
Phased Return	3248.3	2.5%
Carer	2621.6	2.0%

We expect absences due to COVID-19 to continue into 2021/2022, which will inevitably impact on workforce availability. A small number of colleagues remain absent from work due to long COVID, and this may continue for some time to come. Underlying health conditions may also mean that colleagues will have to continue to shield. However, some have roles within the organisation that mean that they can work effectively from home. Members of staff may have to isolate with no notice, which will incur short term difficulties for local staffing.

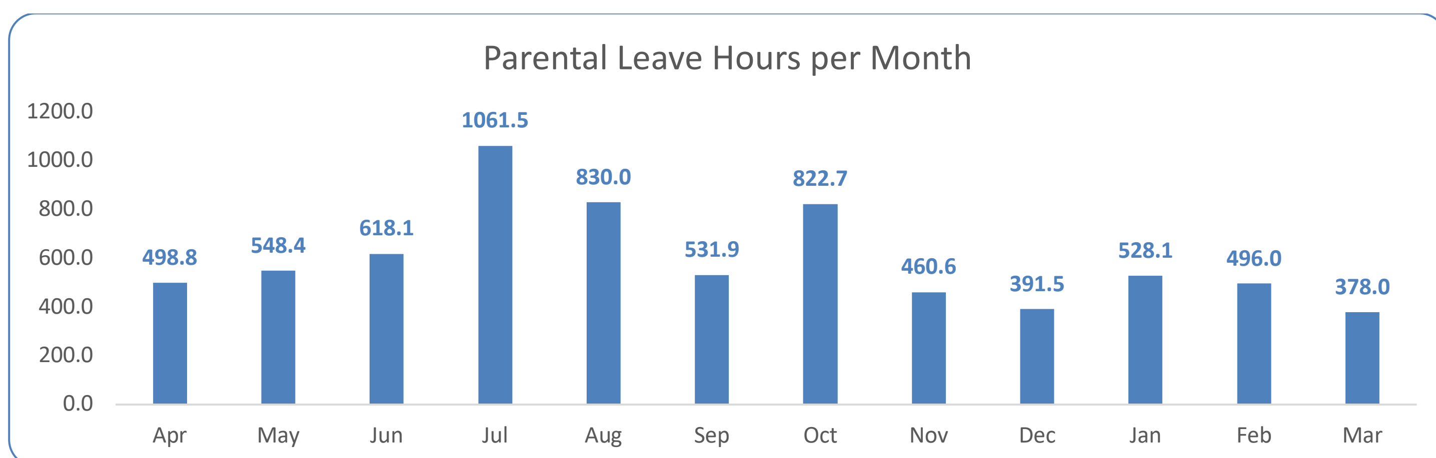
6.2 Parental Leave

Parental leave is expressly for the purpose of allowing parents to spend time with their children and to assist in balancing this with work commitments, thus improving their participation in the workplace.

Between 1 April 2020 and 31 March 2021 a total of 6991.1 hours of parental leave were used, a decrease of 528.9 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Special Leave Hours
Corporate	972.1
Golden Jubilee Conference Hotel	567.0
Heart, Lung and Diagnostic Services	2977.4
National Elective Services	2474.6
Board Total	**6991.1**

The monthly breakdown of parental leave across the Board during the monitored period is shown below. There is a peak in July and August, during the school summer holidays, which is to be expected. There was also a peak was in October, coinciding with school half-term.



6.3 Maternity Support (Paternity) Leave

Maternity support (paternity) leave applies to non-birthing parents, including biological and adoptive fathers, nominated carers and partners of birthing parents, and allows time off for employees who wish to provide maternity support.

During the monitored period employees used a total of 509.5 hours of maternity support (paternity) leave (a decrease of 220.8 hours on the previous year). The breakdown is as shown below:

Directorate	Special Leave Hours
Corporate	0.0
Golden Jubilee Conference Hotel	75.0
Heart, Lung and Diagnostic Services	179.0
National Elective Services	255.5
Board Total	**509.5**

7 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. Our Diversity and Inclusion Strategy forms an integral part of NHS GJ's aim to promote the health and wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing Strategy, the Involving People Strategy and the Volunteer Strategy. We have set up a Diversity and Inclusion Group to take forward our plans under the nine protected characteristics and the Fairer Scotland Duty, with each characteristic headed by an Executive Director. Current members of the Diversity and Inclusion Group can be found here.

As at 31 March 2021 76% 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.

The Fairer Scotland Duty also outlines socio-economic status.

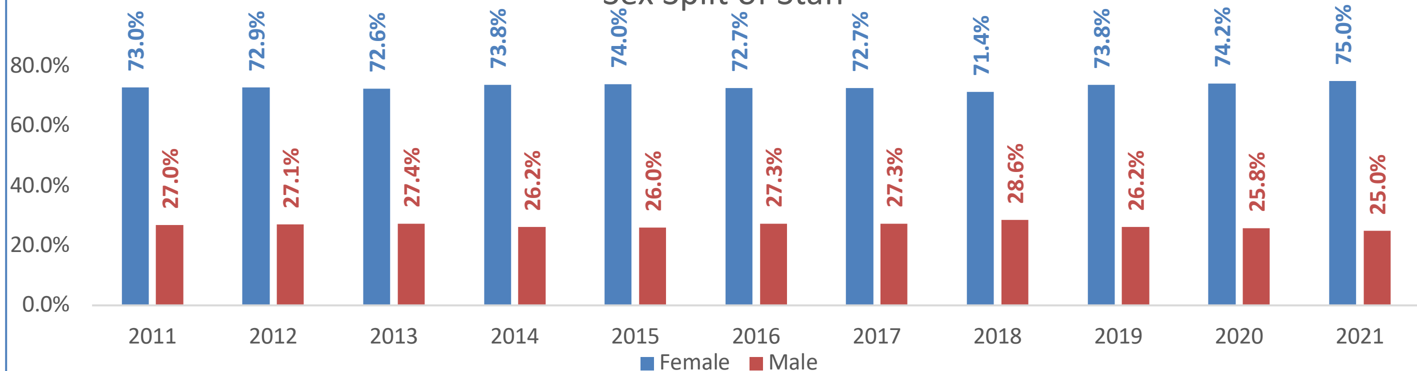
It should be noted that in considering information relating to equality and diversity some numbers are so low that reporting them might enable identification of those employees included in those numbers. Therefore, in some instances in the information shown below, where numbers of employees in a group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

7.1 Sex

7.1.1 Workforce Breakdown

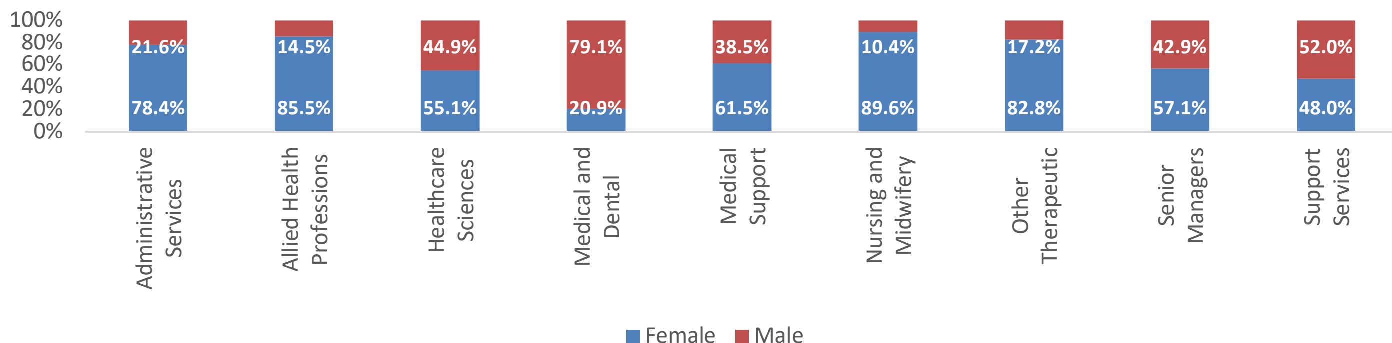
As in previous monitored periods the Board's workforce continues to be predominantly female (1554 headcount), with women representing 75.0% of the workforce as at 31 March 2021. This continues the pattern of previous years:

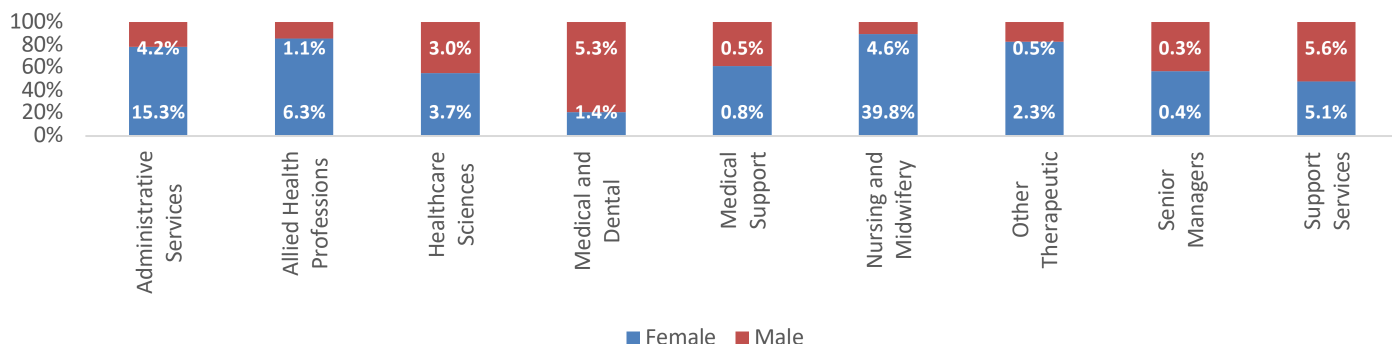
Sex	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Female	73.0%	72.9%	72.6%	73.8%	74.0%	72.7%	72.7%	71.4%	73.8%	74.2%	75.0%
Male	27.0%	27.1%	27.4%	26.2%	26.0%	27.3%	27.3%	28.6%	26.2%	25.8%	25.0%



While sex split within the Board is 75.0% female to 25.0% male, across Scotland as a whole the Scottish Government's statistics website (https://statistics.gov.scot/home) forecast that as at 30 June 2019 (the latest date the forecast is available) the split for working age people (aged 16 to 64) would be 50.8% female and 49.2% male. Closer to home the 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 the 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 larger proportion of job families within the Board have a female majority, with only "Medical and Dental" and "Support Services" having more male than female staff:





This is the first report where we have looked at sex in relation to whole time versus part time working. The table below, which considers the proportion of whole time and part time colleagues by sex as a proportion of the total headcount, shows that more than 70% of all employees hold full time contracts: 37.5 hours per week for Agenda for Change and Senior Managers; 40 hours per week for medical and dental staff, while just under 30% hold part time posts. 48.2% of the total headcount is full time and female, while 2.5% is part time and male.

	Whole Time/Part Time by Sex as Proportion of Total Headcount					
Sex	**Part Time**		**Whole Time**		**Total**	
Female	555	26.8%	999	48.2%	1554	75.0%
Male	52	2.5%	466	22.5%	518	25.0%
Total	607	29.3%	1465	70.7%	2072	100.0%

The table below looks at the proportion of each sex as part of the total number or either part or whole time headcount. When considering part time workers, women are over-represented, making up 91.4% of all part time workers, when they make up 75.0% of all workers. Men are under-represented – comprising 8.6% of all part time workers by headcount and 25.0% of total headcount.

	Whole Time/Part Time by Gender as Proportion of Total Headcount					
Sex	**Part Time**		**Whole Time**		**Total**	
Female	555	91.4%	999	68.2%	1554	75.0%
Male	52	8.6%	466	31.8%	518	25.0%
Total	607	100.0%	1465	100.0%	2072	100.0%

The HR system, eESS, does not allow for intersex staff to report as such, despite intersex people accounting for up to 1.7% of people globally. Intersex is a sex where the physical and biological sex characteristics of an individual do not conform to either the male or female sex, an example of which is Kllienfelter (47, XXY) syndrome.

7.1.2 Salary

In this report we will also look at salary differentials in relation to gender/sex for the first time. The table below shows the average salary split by gender and whole time/part time status:

Sex	**Whole or Part Time**	**Headcount**	**Average Salary**
Female	**Part Time**	555	£31,867
	Whole Time	999	£34,008
Female Total		1554	£33,243
Male	**Part Time**	52	£49,219
	Whole Time	466	£43,829
Male Total		518	£44,370
Grand Total		2072	£36,025

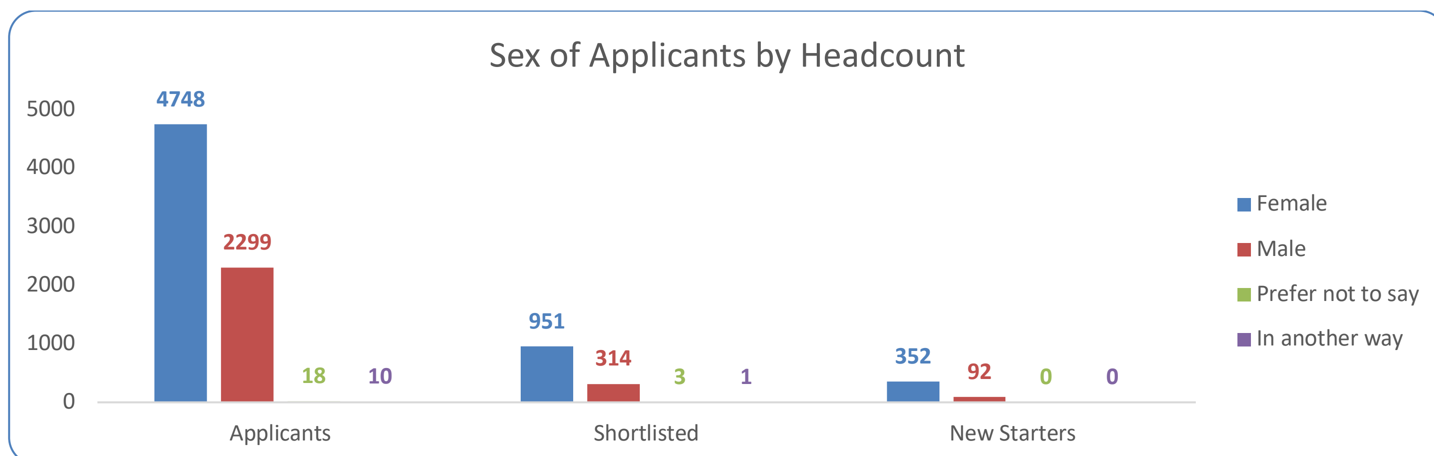
The average salary for women is more than £10,000 lower than for men (£33,243 v £44,370). Much of this differential can be accounted for due to the greater number of men in the higher paid Medical and Dental job family at Consultant grade.

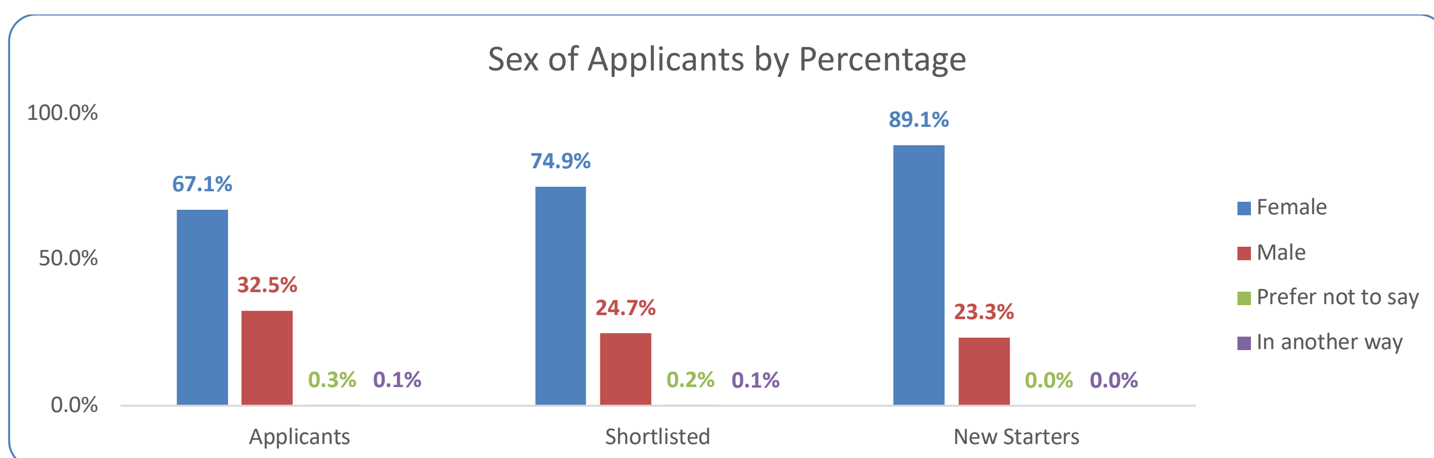
Part time female colleagues on average earn a lower salary than whole time women and both whole and part time male staff members (£31.387 v £34.008, £43,829 and £49,219 respectively).

Interestingly, whole time male staff members earn a lower salary than their part time colleagues. Again, this can in part be accounted for due to the number of part-time male colleagues in the higher earning Medical and Dental Consultant grade.

7.1.3 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 “Prefer not to say”, rather than identify a sex.





During the monitored period 32.5% of applicants for posts were male, as were 24.7% of those shortlisted and 23.3% of new starts, which indicates that proportionately there were fewer male new starters in relation to male applicants.

7.1.4 Training Activity

Between April 2020 and March 2021 the staff at NHS GJ attended 11188 training events, with female members of staff attending 8918 (79.7%) of these, and male colleagues attending 2270 (20.3%). This means that male staff members attended proportionately fewer training events than their female counterparts when compared to the proportion of the staff body that the comprise (25.0%).

7.1.5 Career Progression

The monitored period saw a total of 128 promotions and increases in bandings among NHS GJ staff. Of these 91 (71.1%) were female and 37 (28.9%) were male, which means that male colleagues were slightly over-represented in their proportion of promotions when compared to their split of the gender profile of staff as a whole (25.0%).

7.1.6 Turnover

Of the 183 people who left during the monitored period 72.7% were female and 27.3% male as a proportion of headcount, indicating that males were over-represented as leavers, as they made up 25.0% of the workforce at the end of March.

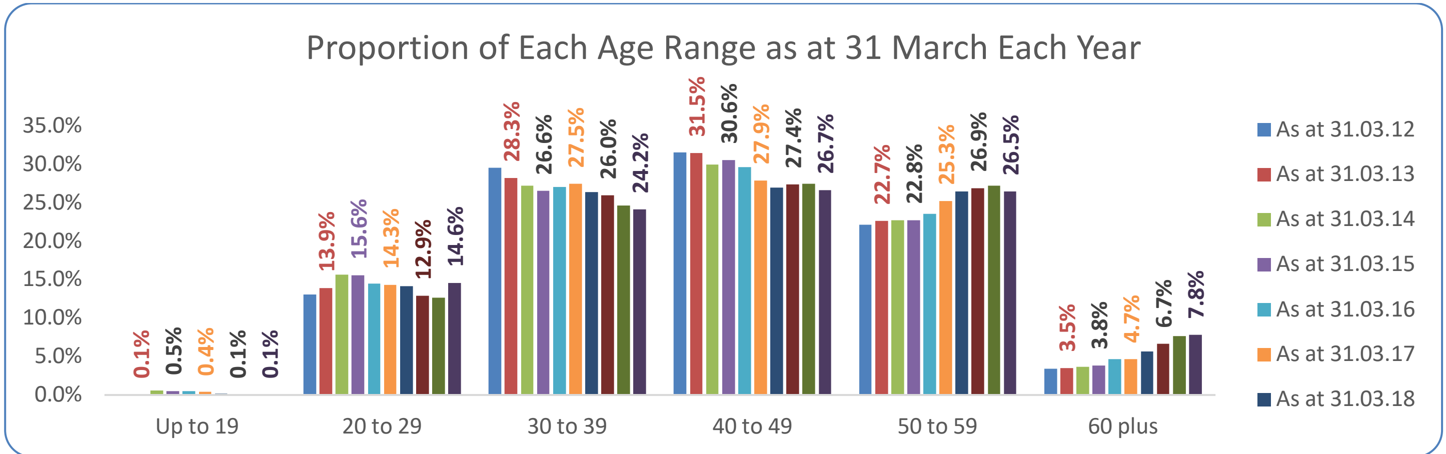
	Leavers		Workforce	
	Headcount	**% Headcount**	**Headcount**	**% Headcount**
Female	133	72.7%	1554	75.0%
Male	50	27.3%	518	25.0%
Total	183	100.0%	2072	100.0%

7.2 Age

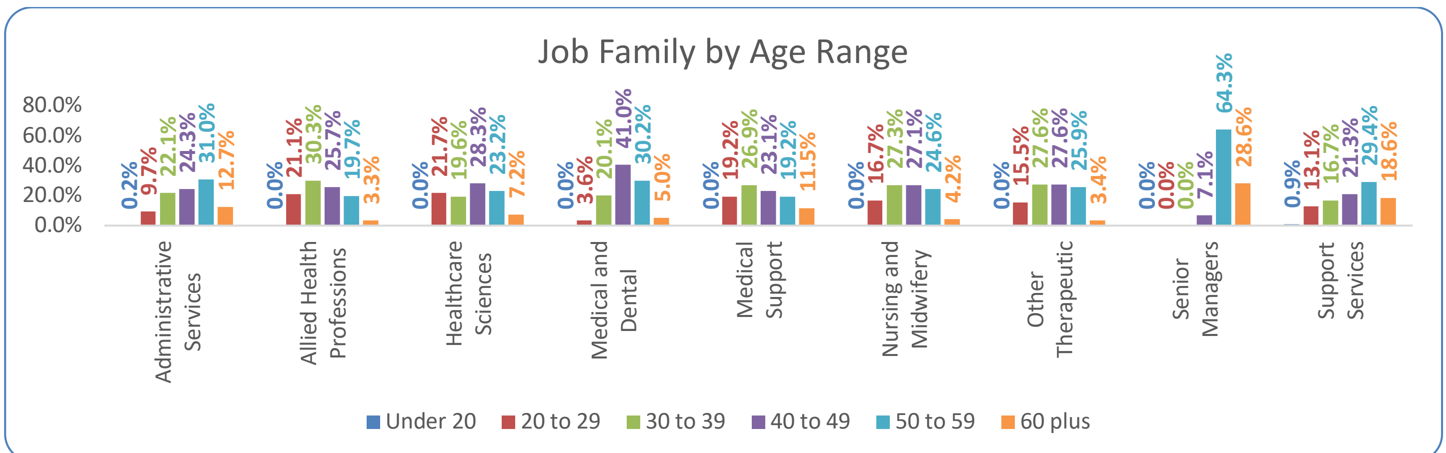
7.2.1 Workforce Breakdown

Our workforce continues to get older, as can be seen in the chart below:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.5% in 2021;
- the proportion of those working aged over 60 has more than doubled in that time, up from 3.4% to 7.8%;
- the proportion of those in the 30 to 39 age bracket has fallen by just over 5% from 29.6% to 24.2%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 26.7%.

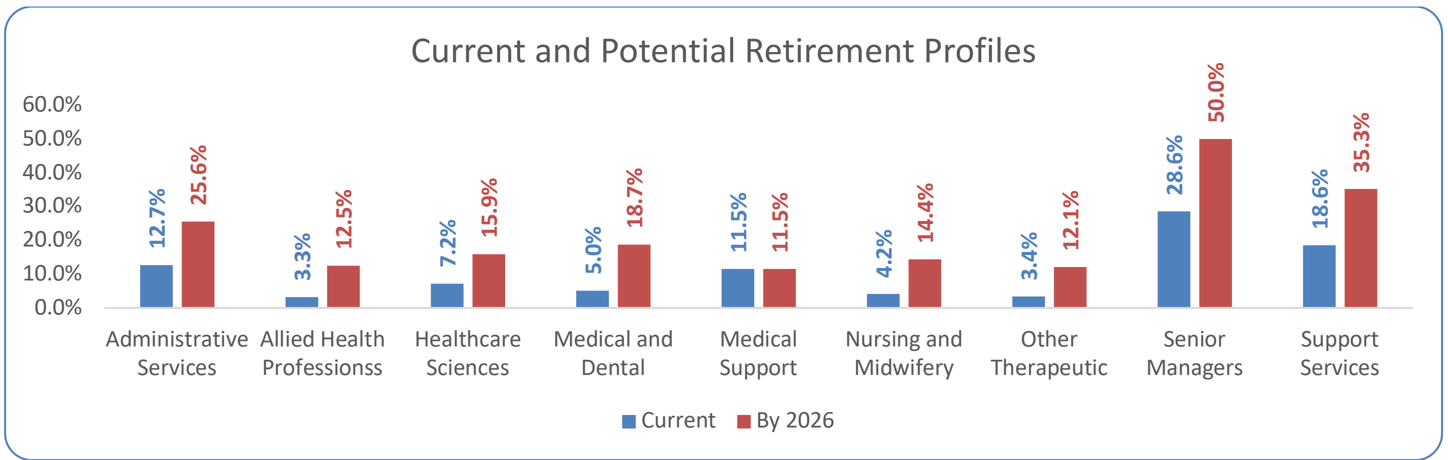


Some job families are more affected by the ageing population than others: 48.0% of staff in Support Services are aged over 50; as are 92.9% of senior manager; and 43.7% of those in Administrative Services. The chart below shows the breakdown of job family by age range:



An understanding of retirement profiles and robust succession planning to ensure sustainability, development and expansion of services are key workforce priorities. To overcome the risks posed by an ageing workforce HR works closely with managers to develop a more integrated approach to workforce planning, by supporting managers to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place. There is a recognition amongst senior managers that further work is needed in this area, which will be carried out in the coming year.

The following chart shows the current potential retirement profile and the potential profile for 2025, when considering current staff. The current potential retirement profile (those aged 60 plus) is 7.8%, but by 2026 this would rise to 19.2%. Over a 5-year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest area of impact is within Administrative Services, Senior Managers and Medical and Dental.



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%	14.6%	24.2%	26.7%	26.5%	7.8%
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%

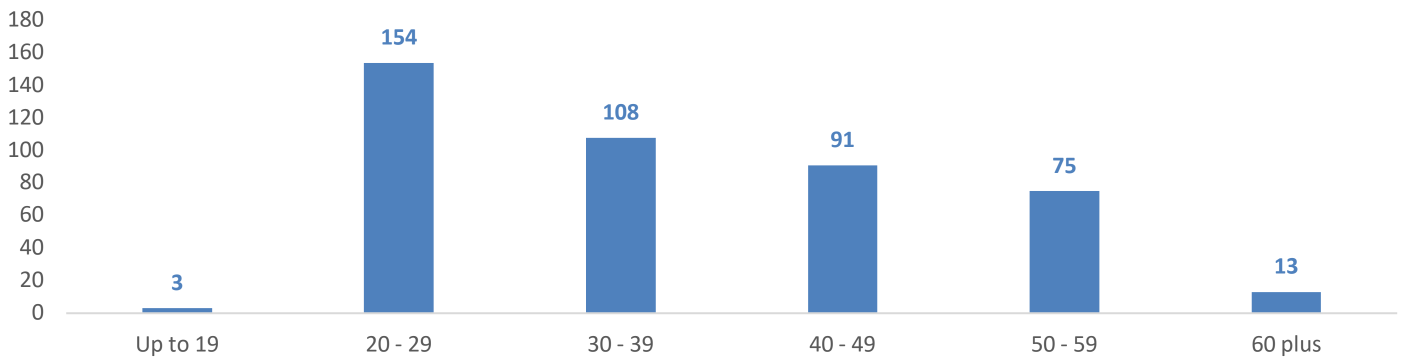
The table above shows that in both the local area and Scotland as a whole around 8% of the working age population is aged up to 19. However, within the Board only 0.1% of employees fall within this age range, and so is very under-represented in our workforce. At least in part this is because so few of 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.

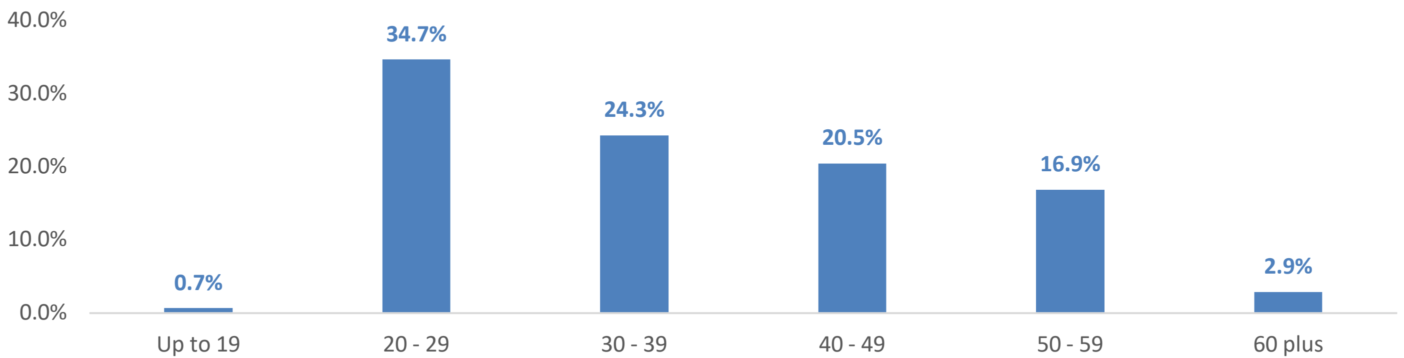
Our proportion of 30 to 39 year olds and 40 to 49 year olds, and to a lesser extent 50 to 59 year olds, is higher than in West Dunbartonshire and Scotland as a whole. As can be seen from the age ranges of the job families below our professions that require qualifications to practice tend to be in these 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.

7.2.2 Recruitment Activity

We are unable to provide a breakdown by age of applicants and those who were shortlisted for the period under review, as this is not provided by the current suite of Jobtrain reports. It is hoped that this will be resolved for next year's report, with the introduction of new reports later in the year.

We can provide details of the age range of new starters within the organisation:

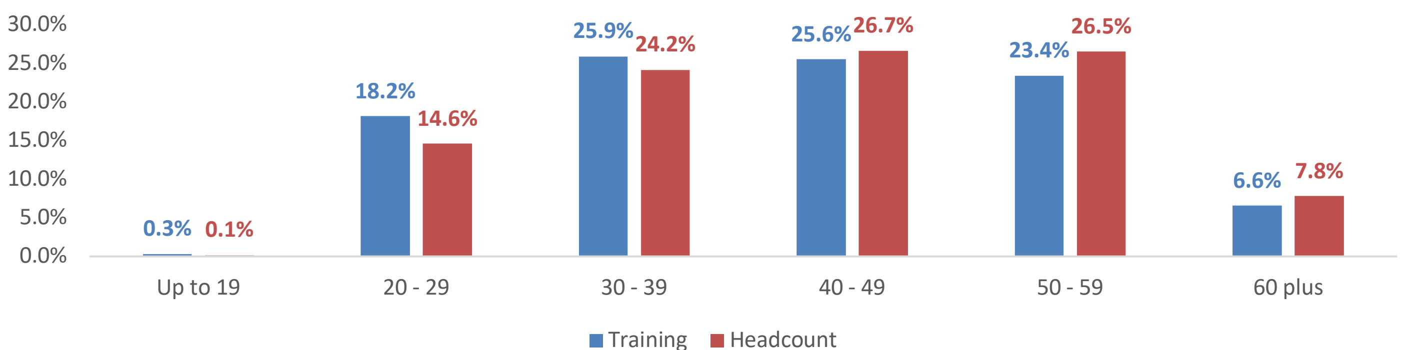




While those in the 20 – 29 age range comprised 14.6% of the workforce during the period under review, they made up 34.7% of new starters, while those in the 50 – 59 age bracket make up 26.5% of the workforce, but only 16.9% of new starters.

7.2.3 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.



7.2.4 Career Progression

The monitored period saw a total of 128 promotions among the Board's staff. The table below shows the number and proportion of promotions by age range. It also shows that members of the 30 to 39 age group are most likely to be promoted, while employees up to 19 are least likely to be promoted, though this is likely to be skewed, as the staff numbers are so low, and these employees are most likely to be on an apprenticeship or other placement programme.

	Promotions		Workforce		% of Age Group Promoted
	Headcount	%Headcount	Headcount	%Headcount	
Up to 19	0	0.0%	3	0.1%	0.0%
20 to 29	16	12.5%	303	14.6%	5.3%
30 to 39	38	29.7%	501	24.2%	7.6%
40 to 49	35	27.3%	553	26.7%	6.3%
50 to 59	35	27.3%	550	26.5%	6.4%
60 plus	4	3.1%	162	7.8%	2.5%
Total	**128**	**100.0%**	**2072**	**100.0%**	**6.2%**

7.2.5 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 lower than would be expected compared to their proportion of the workforce, while that of those in the 20 to 29 and 60 plus age ranges are higher.

	Leavers		Workforce		Leavers as % of Workforce
	Headcount	% Headcount	Headcount	% Headcount	
Up to 19	0	0.0%	3	0.1%	0.0%
20 to 29	50	27.3%	303	14.6%	16.5%
30 to 39	45	24.6%	501	24.2%	9.0%
40 to 49	28	15.3%	553	26.7%	5.1%
50 to 59	36	19.7%	550	26.5%	6.6%
60 plus	24	13.1%	162	7.8%	14.8%
Total	183	100.0%	2072	100.0%	8.8%

7.3 Race

7.3.1 Workforce Breakdown

At the end of the monitored period the largest proportion of employees identified themselves as "White – Scottish", coming in at 67.8% of the workforce, 0.1% more than in March 2020. The next largest group were those that did not provide any information on their ethnicity, with 11.8%, compared to 12.5% the previous year.

Minority ethnic groups made up 6.6% of the workforce (an increase of 0.4% on 2020), 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	2021
White – Scottish	56.6%	58.5%	63.9%	66.7%	66.9%	67.0%	69.3%	67.8%	67.7%	67.8%
No information provided	24.4%	22.6%	16.9%	14.8%	13.9%	13.5%	11.9%	13.4%	12.5%	11.8%
White – Other British	5.0%	4.4%	4.4%	4.4%	5.2%	4.9%	4.5%	4.7%	5.2%	6.0%
White – Other	2.7%	3.0%	3.4%	3.4%	5.2%	5.5%	3.5%	3.8%	3.5%	3.5%
Prefer not to say	4.7%	5.2%	4.6%	4.0%	3.2%	3.1%	2.9%	3.2%	3.2%	2.8%
Asian – Indian	1.9%	1.7%	1.9%	2.0%	1.8%	2.0%	2.5%	2.3%	2.3%	2.4%
White – Irish #	N/A	N/A	N/A	N/A	N/A	N/A	1.2%	1.3%	1.3%	1.3%
Asian – Other	1.5%	1.4%	1.4%	2.4%	1.5%	1.4%	1.1%	1.1%	1.2%	1.2%
Other Ethnic Group #^°	3.2%	3.3%	3.5%	1.5%	1.4%	1.6%	0.9%	1.0%	1.3%	1.0%
African	N/A	N/A	N/A	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.9%
Mixed or Multiple Ethnic Group #	N/A	N/A	N/A	N/A	N/A	N/A	0.8%	0.7%	0.7%	0.7%
Asian – Pakistani *	N/A	N/A	N/A	0.4%	0.6%	0.6%	0.7%	0.3%	0.5%	0.5%
White - Polish	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.2%

* In 2012, 2013 and 2014 Asian – Pakistani was counted in "Other Asian" and African was counted in "Other Ethnic Group", as the number of staff members was too low to identify separately.
# In the years prior to 2018 White – Irish, Mixed or Multiple Ethnic Group and Asian – Chinese staff members were counted in "Other Ethnic Group", as the number of staff members was too low to identify separately.
^ In 2019 "Other Ethnic Group" included members of staff who identified as "White – Polish", "Asian – Chinese", "Other Ethnic Group – Arab" and "White – Gypsy Traveller", as the number of staff members was too low to identify separately.
° In 2020 and 2021 "Other Ethnic Group" included members of staff who identified as "Asian - Chinese", "Other Ethnic Group - Arab", "Asian - Bangladeshi", "White - Gypsy Traveller" and "Caribbean or Black", as the number of staff members was too low to identify separately.

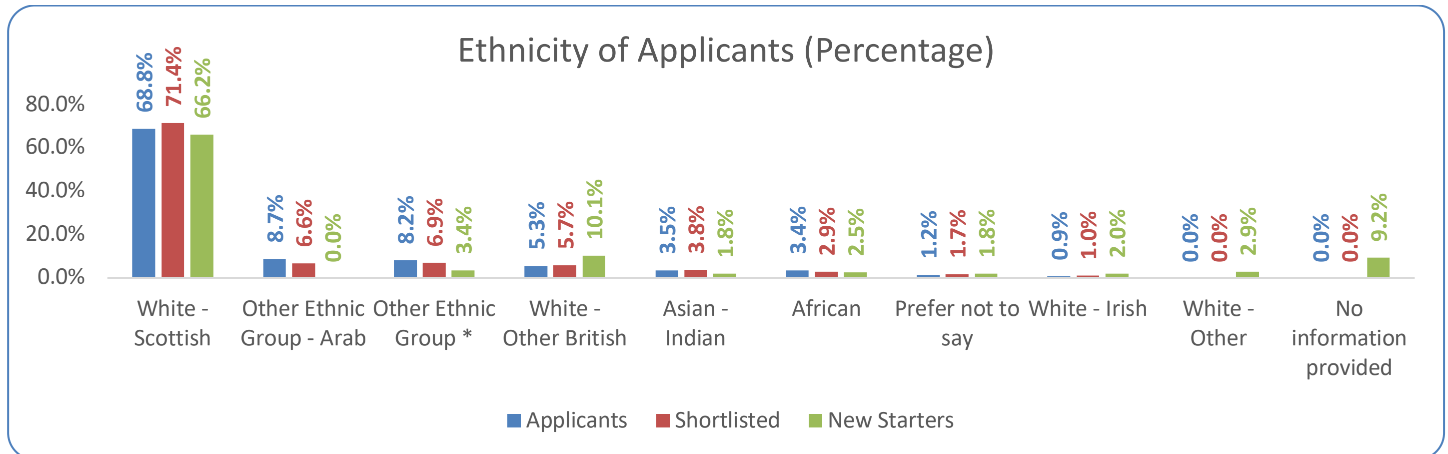
The national census in 2011 showed the racial breakdown of those living in Scotland as at 27 March 2011. At that time, it indicated that the people of Scotland identified their ethnicity as shown in the table below. The ISD Scotland National Statistics release as at 31 March 2018, shows the ethnic group 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%	67.8%
No information provided	0.0%	18.3%	11.8%
White – Other British	7.9%	10.8%	6.0%

White – Other	2.0%	4.0%	3.5%
Prefer not to say	0.0%	1.1%	2.8%
Minority ethnic group	4.0%	4.9%	6.6%
White Irish	1.0%	1.2%	1.3%

7.3.2 Recruitment Activity

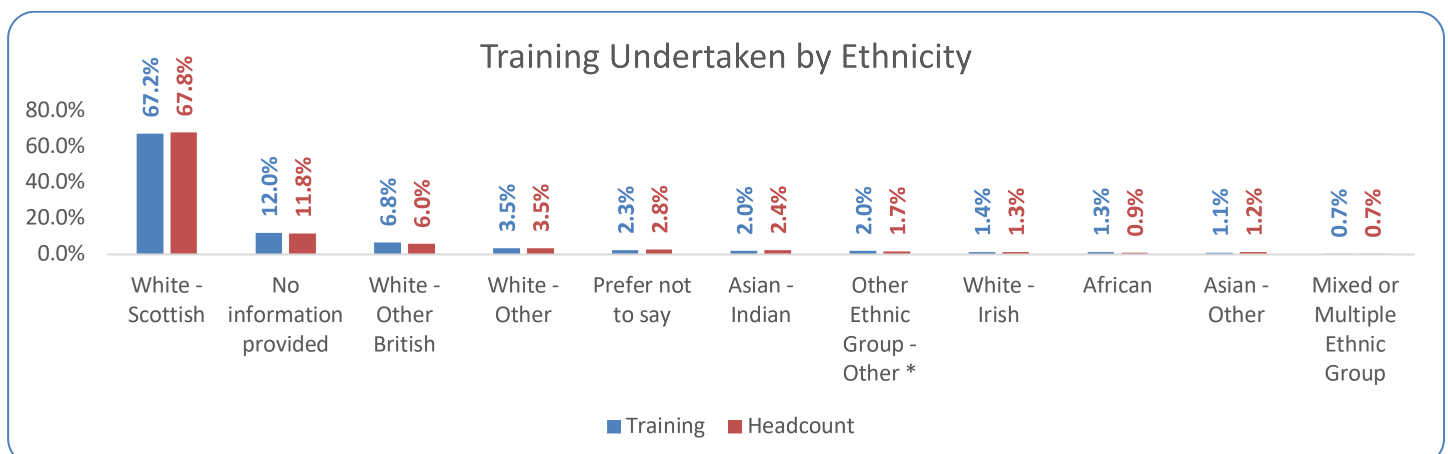
The majority of applicants for vacant posts identify themselves as "White – Scottish", making up 68.8% of applicants, 71.4% of those shortlisted and 66.2% of new starts. The Jobtrain reports has identified a sizeable proportion of applicants and those shortlisted coming under the "Other Ethnic Group – Arab" heading, but there were no new starters showing on eESS under this heading. This is an issue with Jobtrain, which will be remedied before next year's report. Additionally, Jobtrain does not give applicants the option not to provide information on their ethnicity, whereas new starters do not have to provide these details.



* "Other Ethnic Group" includes "Asian – Pakistani", "Asian – Bangladeshi", "Asian – Chinese", "Asian – Other", "Mixed or Multiple Ethnic Group" and "Caribbean or Black", as the proportion of staff in each was too low to identify separately within one or more of Applicants, Shortlisted or New Starters.

7.3.3 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 "Asian – Pakistani", "Asian – Chinese", "White – Polish", "Other Ethnic Group – Arab", "White - Gypsy Traveller", "Asian Bangladeshi", and "Caribbean or Black", as the proportion of staff in each was too low to identify separately.

7.3.4 Career Progression

During the period under review, of the 128 promoted staff 101 (78.9%) identified as “White – Scottish”, compared with 67.8% of the workforce. Eight (6.3%) of those promoted had not provided information on their ethnicity, and five (3.9%) preferred not to say. The remaining ten 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.

7.3.5 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:

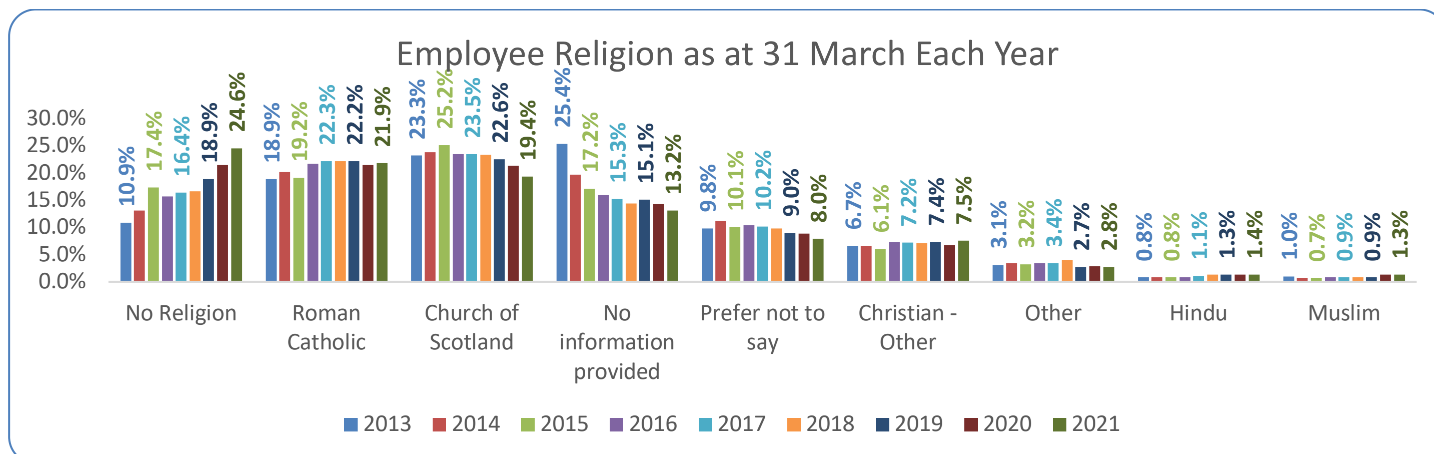
	Leavers Headcount	Workforce % Headcount	Leavers Headcount	Workforce % Headcount	Leavers as % of Workforce
White - Scottish	123	67.2%	123	67.2%	8.8%
No information provided	20	10.9%	20	10.9%	8.2%
Other Ethnic Group *	12	6.6%	12	6.6%	8.5%
White - Other British	10	5.5%	10	5.5%	8.1%
White - Other	6	3.3%	6	3.3%	8.3%
Prefer not to say	6	3.3%	6	3.3%	10.3%
White - Irish	6	3.3%	6	3.3%	22.2%
Total	183	100.0%	183	100.0%	8.8%

* "Other Ethnic Group" includes “Asian – Pakistani”, “Asian – Indian”, “Asian – Other”, “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.

7.4 Religion and Belief

7.4.1 Workforce Breakdown

As with other protected characteristics new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years the quality of information provided has improved, with fewer people not providing information on religion and beliefs in the monitored period than in previous years, as can be seen in the chart below. Of those who provided information the largest proportion of staff identify themselves as “No Religion” (24.6%) or “Roman Catholic” (21.9%).



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

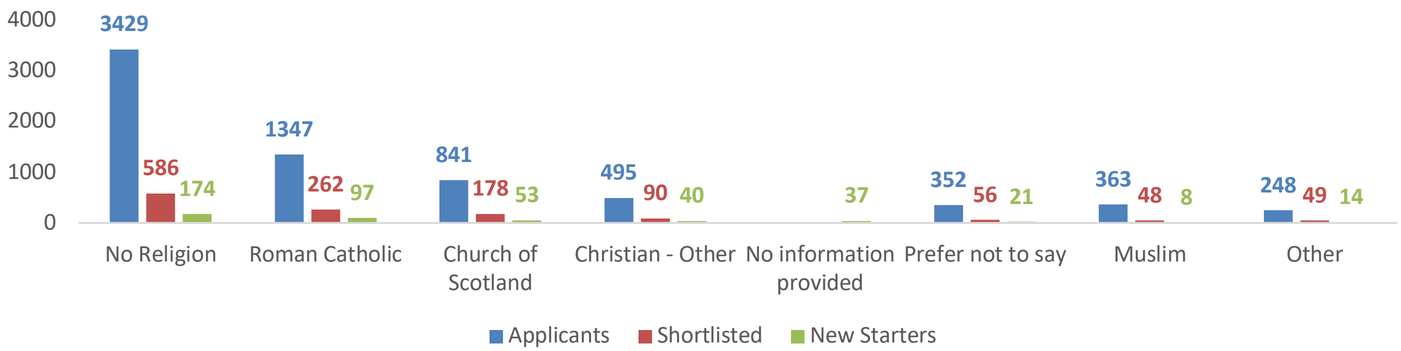
Across Scotland the 2011 census (https://www.scotlandscensus.gov.uk/; Census 2011 equality results: analysis, part two) showed quite a different picture with regard to religion compared to the staff at NHS GJ, as can be seen from the table below. Closer to home NHS Greater Glasgow and Clyde, the geographical 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 24.6% of staff at NHS GJ say they have “No Religion”, this is much lower than for Scotland as a whole, with 36.7% of the general population stating in the 2011 census that they had “No Religion”.

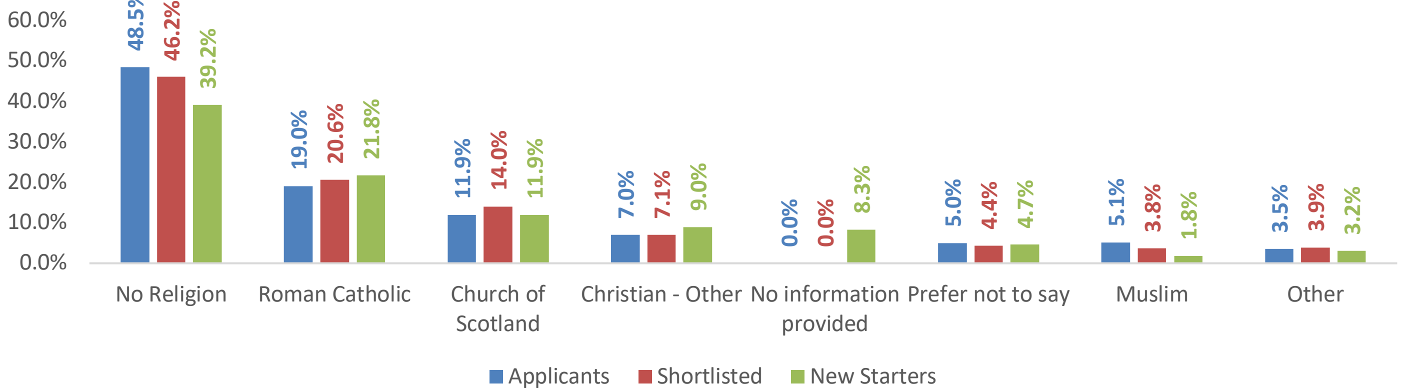
Religion or Belief	% Scottish population	% NHSGGC staff	% NHS GJ staff
No religion	36.7%	48.4%	24.6%
Roman Catholic	15.9%	18.2%	21.9%
Church of Scotland	32.4%	21.6%	19.4%
Not stated	7.0%	1.2%	21.2%
Christian – Other	5.5%	5.6%	7.5%
Other *	1.1%	1.4%	4.2%
Muslim	1.4%	0.5%	1.3%

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

7.4.2 Recruitment Activity

48.5% of applicants, 46.2% of those who were shortlisted, and 39.2% of new starters in the period under review identified themselves as having no religion. This was by some distance the largest group. The next most-identified faith group was Roman Catholic, which accounted for 19.0% of applicants, 20.6% of those who were shortlisted and 21.8% of new starters.

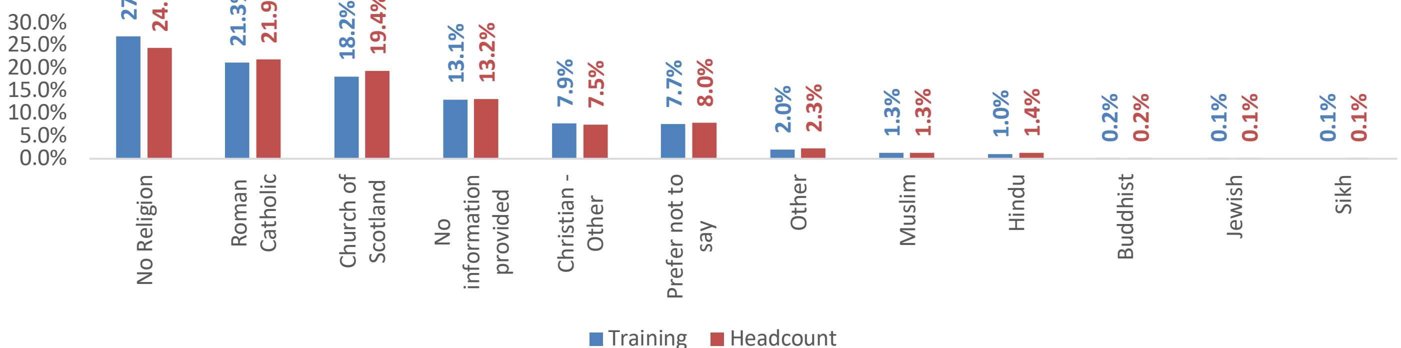




*Faiths which are represented by fewer than five applicants, those shortlisted or new starters (Sikh, Buddhist, Hindu and Jewish) are not reported individually, but captured within "Other".

7.4.3 Training Activity

The chart below shows that members of each religious group undertook roughly proportionate training in relation to that group's size within the workforce.



7.4.4 Career Progression

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

	Promotions		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Church of Scotland	35	27.3%	509	24.6%
Roman Catholic	31	24.2%	454	21.9%
No Religion	25	19.5%	402	19.4%
Christian - Other	12	9.4%	273	13.2%
No information provided	12	9.4%	165	8.0%
Prefer not to say	8	6.3%	156	7.5%
Other *	5	3.9%	113	5.5%
Grand Total	128	100.0%	2072	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”.

7.4.5 Turnover

During 2020-2021 turnover of staff was highest in the group of staff who had “No Religion”: 27.3% of turnover compared to 24.6% of staff:

	Leavers		Workforce		Leavers as % of Workforce
	Headcount	% Headcount	Headcount	% Headcount	
No Religion	50	27.3%	509	24.6%	2.4%
Roman Catholic	42	23.0%	454	21.9%	2.0%
Church of Scotland	40	21.9%	402	19.4%	1.9%
No information provided	22	12.0%	273	13.2%	1.1%
Prefer not to say	13	7.1%	165	8.0%	0.6%
Christian - Other	10	5.5%	156	7.5%	0.5%
Other *	6	3.3%	113	5.5%	0.3%
Total	183	100.0%	2072	100.0%	8.8%

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

7.5 Disability

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:

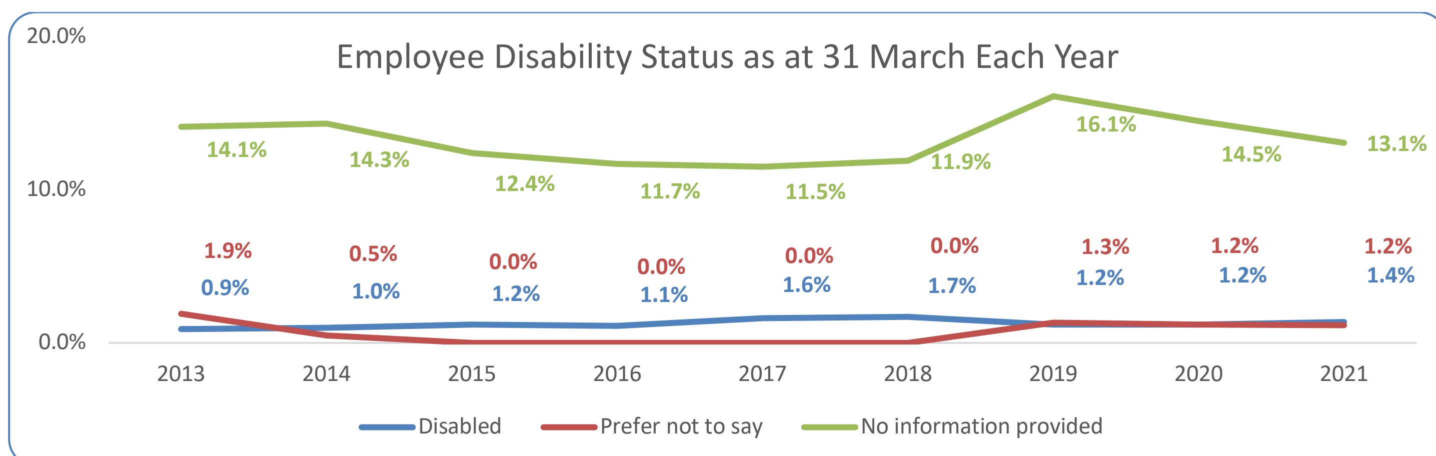
- challenge attitudes towards disability;
- increase understanding of disability;
- remove barriers to disabled people and those with long term health conditions in employment; and
- ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

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

7.5.1 Workforce Breakdown

A large majority of our workforce continues to identify themselves as having "No disability", with the proportion very similar in both March 2013 (83.2%) and March 2021 (84.4%). 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 13.1% 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.

It is noteworthy that the HR system's questions about disability do not align with best practice. In this case, a list of disability categories is not presented to the user unless they first declare that they do have a disability. Best practice dictates that the questions "Are you disabled?" is answered by a "Tick all that apply" list, including broad disability categories, along with a "No disability" option. This allows a user to recognised any of their disabilities within the list.



The proportion of staff members who identify themselves as "Disabled" has remained relatively steady over the same time period at around 1.0%, but this year it stood at 1.4%, 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)), with a notable exception in NHS24.

It should be noted that some disabilities may arise during the course of employment, so unless staff are regularly surveyed we may never capture that change in information. The HR system allows members of staff to make changes to their self-identified protected characteristics at any time, including their disability status. However, as previously noted, this question is not asked in line with best practice.

7.5.2 Recruitment Activity

Jobtrain only allows applicants to identify whether or not they have a disability, while eESS allows new starters to prefer not to say what their disability status is, or to provide no information at all. Those who identify themselves as disabled made up 6.2% of applicants, 4.9% of those shortlisted and 1.6% of new starters. 7.7% of new starters did not provide any information on their disability status and 1.4% preferred not to say.

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.

7.5.3 Training Activity

Members of staff who declared themselves to be disabled undertook 1.1% of all training carried out in 2020-2021, which is almost exactly the proportion of the workforce they represent – 1.2%.

7.5.4 Career Progression

The number of colleagues who were promoted and who identify as having a disability is too low to report.

7.5.5 Turnover

Of the 183 members of staff who left the Board’s employment in 2020-2021 the number who declared themselves to be disabled is too low to report.

7.6 Sexual Orientation

7.6.1 Workforce Breakdown

Trend analysis of sexual orientation over the last nine years indicates that the proportion of staff members who report identifying themselves as "Heterosexual" has grown from 64.5% in 2012 to 77.0% in 2021. The numbers of those who did not provide information or who "Prefer not to say" have also been decreasing. 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	2021
Heterosexual	64.5%	69.7%	71.2%	72.6%	75.0%	75.7%	76.7%	74.6%	76.0%	77.0%
No information provided	25.8%	20.0%	18.9%	17.8%	16.0%	15.4%	14.4%	15.8%	14.9%	14.3%
Prefer not to say	8.5%	8.8%	8.5%	8.1%	7.5%	7.3%	6.9%	7.4%	7.0%	6.1%
Lesbian	0.4%	0.6%	0.6%	0.7%	0.7%	0.6%	0.8%	0.8%	0.9%	1.0%
Gay man	0.3%	0.3%	0.3%	0.3%	0.4%	0.5%	0.5%	0.7%	0.5%	0.8%
Bisexual	0.5%	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.4%	0.6%
Other	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%	0.3%

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, as well as NHS GJ.

"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 Healthcare Improvement Scotland.

7.6.2 Recruitment Activity

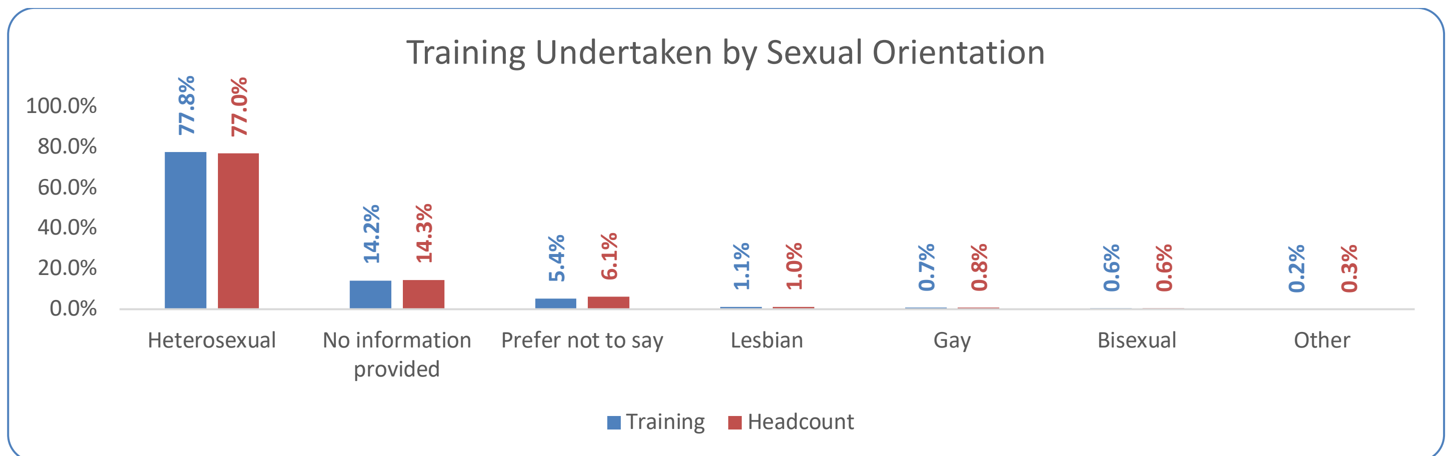
The table below highlights the number and proportion of people who applied for posts, were shortlisted and came on board as new starts in the monitored period, split by declared sexual orientation:

	Applicants		Shortlisted		New Starters	
	Headcount	Percentage	Headcount	Percentage	Headcount	Percentage
Heterosexual	6449	91.2%	1173	92.4%	365	92.4%
Prefer not to say	234	3.3%	41	3.2%	16	4.1%
Gay/lesbian	213	3.0%	38	3.0%	12	3.0%
Bisexual	154	2.2%	14	1.1%	*	*
Other	25	0.4%	*	*	*	*
Total	7075	100.0%	1269	100.0%	395	100.0%

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

7.6.3 Training Activity

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



7.6.4 Career Progression

The great majority of promoted staff have declared themselves to be “Heterosexual” – 97 out of 128 promoted posts (75.8%), which is almost the same as the proportion of staff as a whole who identify as “Heterosexual” (77.0%). 16 (12.5%) promoted members of staff did not provide any information on their sexual orientation, while 11 (8.6%) preferred not to say. Information on the sexual orientation of the other four colleagues who were promoted cannot be provided, as the numbers are so low.

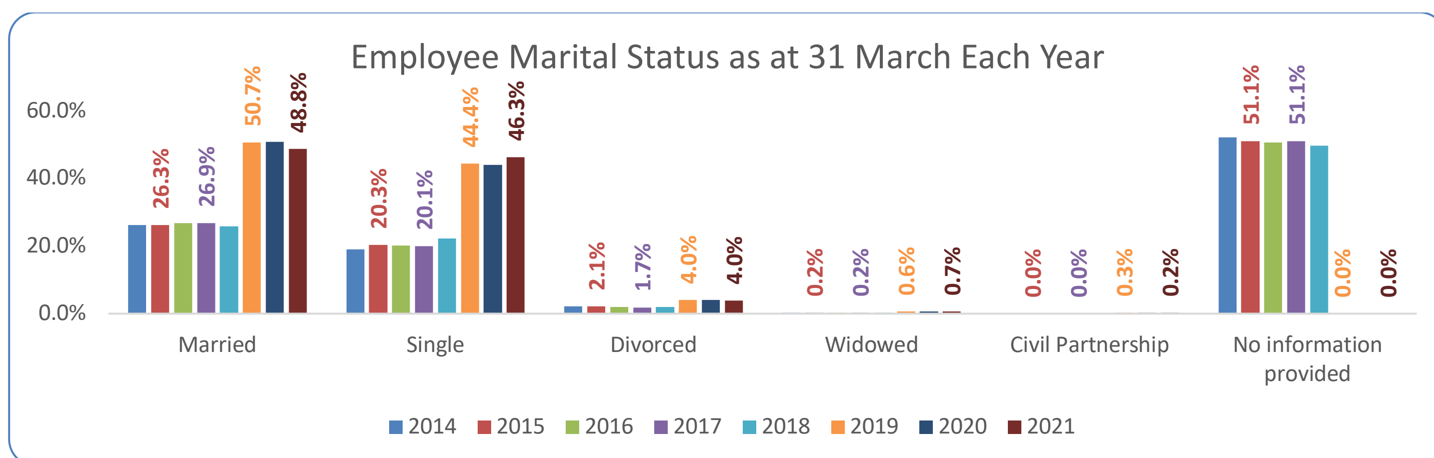
7.6.5 Turnover

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 (11.5% v 14.3%), and more people who identified as Heterosexual leaving than were represented in the workforce (82.0% v 77.0%).

7.7 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 2021 just under half of all staff members were married (48.8%) and slightly fewer were single (46.3%). 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.



In the language used in eESS "Single" should not be taken as the opposite of "Married". As more people choose not to marry due to social, economic or public health reasons, but are nevertheless in an enduring relationship, it might be better that the language be changed from "Single" to "Unmarried", or else the focus shift from marital status to relationship status.

7.8 Trans Staff

The staff engagement form does not directly ask new members of staff to confirm if they have undergone gender reassignment, or are in the process of doing so, although the national application form does. However, it does ask them whether they describe themselves as trans. During the monitored period five or fewer members of staff identified as trans. This indicates a low occurrence when compared with rates of trans people in Scotland, which is about 0.6% of people.

It should be noted that 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. The language of eESS is, in the context of trans individuals, out of date, and misrepresents the process of transition as a chiefly medical exercise.

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

7.9 Pregnancy and Maternity

During the monitored period a total of 65 members of staff were on maternity leave at some point:

- 35 were on maternity leave before 1 April 2020;
- 30 went on maternity leave between 1 April 2020 and 31 March 2021;
- 45 returned from maternity leave during the period under review;

- 20 were still on maternity leave after 31 March 2021; and
- 10 of those who took maternity leave both went on leave and returned within the monitored period.

8 Developments

8.1 Supporting Staff Physical and Psychological Wellbeing

The health and wellbeing of our staff and volunteers is of critical importance and our commitment is articulated in both our Health and Wellbeing Strategy and our COVID-19 Remobilisation Plan (RMP).

A Health and Wellbeing Group has been established, which is co-chaired by the Head of L&OD and the Employee Director. The Group identifies trends that impact on staff health and wellbeing, and implements measures to reduce any adverse effects of these. It also developed and implemented the Health and Wellbeing Strategy.

The Health and Wellbeing Group, with partnership representation, recently carried out a health and wellbeing gap analysis and the outputs of this have been used to inform both the immediate and long-term actions needed to support the Health and Wellbeing Strategy.

A Health and Wellbeing Champion has been identified. Their role is to represent NHS GJ and link in with national networks and Scottish Government colleagues.

In addition, the Partnership Forum has been engaged and consulted on our approach to health and wellbeing during the pandemic, and in developing our longer term plans for supporting our workforce. The Partnership Forum is fully involved in all workforce and wellbeing elements relating to the delivery of the RMP.

During 2021/2022 we will continue to offer training programmes to support staff health and wellbeing, including: mental health awareness; mindfulness to promote resilience and wellbeing; and stress management (facilitated by Glasgow Clyde College through Flexible Workforce Development Funding).

8.1.1 Health and Wellbeing Strategy

A key feature of our refreshed approach to health and wellbeing has been the development, in partnership, of a Health and Wellbeing Strategy, which describes the Board's ambition to "be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing". The strategy was approved in November 2020, with the Board's Health and Wellbeing Group supporting its delivery. The strategy focuses on a holistic approach to wellbeing, addressing the inter-connected elements of physical, mental, social and financial wellbeing. This builds on existing support and strengthens our approach particularly in relation to mental health and wellbeing.

The strategy will be delivered through an annual action and delivery plan. The delivery plan will describe how actions will be achieved, key stakeholders, key outputs, outcomes, timelines and evidence of measurement. Progress will be presented by the Health and Wellbeing Group to the Executive Management Team, Staff Governance Group, Partnership Forum, and Staff Governance and Person Centred Committee. An annual update will be provided which will focus monitoring objectives against outputs in the Strategy, and provide an updated annual plan. Specific project updates will also be shared with relevant committees or groups.

The 2021/2022 Health and Wellbeing Action Plan recognises the good progress that has already been made with a range of health and wellbeing support services and resources, which includes:

- Occupational Health Rehabilitation Service;
- home working guides;
- health and wellbeing resource;
- COVID-19 information;
- bereavement support; and

- psychological first aid.

The health and wellbeing priority actions for 2021/2022 include:
- enhancing current psychological services;
- developing training that supports individual, team and organisational mental health and wellbeing;
- exploring options to introduce a resilience framework, which supports measurement, training and self-care;
- reviewing a range of policies and processes that support health and wellbeing;
- establishing and promoting relationships with organisations that support financial wellbeing;
- establishing the need for a wellbeing hub;
- developing proposals for a platform that supports on/off site access to health and wellbeing information and services;
- developing robust training and reintegration programmes for all staff returning to work onsite or within their original teams, post COVID-19; and
- reviewing existing management programmes to reflect latest leadership and health and wellbeing theory and tools.

8.1.2 COVID-19

8.1.2.1 Absence

As mentioned in Section 1.1.2 above, the COVID-19 pandemic caused absences from work in 2020/2021 that no previous year had to contend with, resulting in a loss of 3.1% of contracted hours during the period under review.

We expect absences due to COVID-19 to continue into 2021/2022, which will inevitably impact on workforce availability. A small number of colleagues remain absent from work due to long COVID, and this may continue for some time to come. Underlying health conditions may also mean that colleagues will have to continue to shield. However, some have roles within the organisation that mean that they can work effectively from home. Members of staff may have to isolate with no notice, which will incur short term difficulties for local staffing.

8.1.2.2 Risk Assessment

The link between ethnicity and increased COVID-19 mortality rates is a major concern given the diverse workforce of NHSScotland. NHS GJ has taken immediate steps to ensure that staff wellbeing is prioritised throughout the pandemic with occupational health risk assessments completed for our staff with underlying health conditions and those from a Black, Asian and Minority Ethnic background (BAME).

8.1.2.3 Supporting Staff who are Shielding or Redeployed

Managers, individuals and teams impacted by shielding were offered support from the L&OD and HR teams. This offer included a posted comfort package, electronic signposting to health and wellbeing resources, with a signed NHS GJ branded card from the Chief Executive, the Chair and the Workforce Director. There was also an invitation to attend a virtual #TeamJubilee Connect session, with the aim of providing a safe space to make connections, maintain feeling part of the team and valued, with an emphasis on values, kindness, togetherness and a sense of community.

8.1.2.4 Staff Vaccinations

Boards across Scotland, including NHS GJ, undertook a significant amount of work in a very short time to develop and implement plans for the COVID-19 vaccination programme, which started on 8 December 2020. We had to call on a number of additional staff from different departments (including Occupational Health, Pharmacy, Health and Safety, Booking Office, Infection Control and Support Services), and redeploy staff to run the programme successfully.

NHS GJ vaccination planning made provision for all staff to be offered the vaccine, with priority

afforded to clinical front-line staff in line with national guidance. In 2021/2022 we project that we will need additional staffing to resource the COVID-19 and seasonal flu vaccine programmes.

8.1.2.5 Agile/Hybrid Working Arrangements

We have extended the use of agile working, supporting many staff to work remotely and helping them to achieve a better work-life balance during the pandemic. It is our intention that agile working becomes "business as usual" for relevant staff groups. Guidance to support staff working from home was developed and is available via HR Connect.

Remote working and the need for social distancing in the workplace have accelerated the rollout of MS Teams to facilitate meetings and training programmes. Guidance to support staff accessing training using MS Teams was developed and is issued as part of joining instructions. We see agile working as continuing in 2021/2022, and becoming a more permanent feature of the way we work.

8.1.2.6 Supporting Staff Reintegration

Ongoing work to identify ways to support the reintegration and return of individuals shielding or redeployed continues. This includes working collaboratively, with Boards sharing how they support staff affected by COVID-19, as well as working with a local college provider through the Flexible Workforce Development Fund to provide bespoke bite-sized sessions with a focus on health and wellbeing.

8.1.2.7 Emotional Wellbeing

As we learn to live with COVID-19 restrictions, it becomes even more important that we look after our emotional wellbeing. Our staff have demonstrated real determination to pull together and have shown resilience in dealing with pandemic pressures and uncertainty. The Health and Wellbeing Strategy provides mechanisms to support emotional wellbeing and maintain resilience.

8.2 Diversity and Inclusion Strategy

NHS GJ is a progressive organisation with a strong track record of promoting diversity and working with staff to ensure we establish an inclusive workplace. We recognise the value that a diverse workforce brings in offering different perspectives on how we deliver high quality, safe, effective, person-centred care, and maintain a healthy, vibrant and inclusive culture throughout our organisation.

The Diversity and Inclusion Strategy forms an integral part of our Board's overarching aim to promote the wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing Strategy, the Involving People Strategy and the Volunteer Strategy.

We have worked in partnership with staff and external stakeholders to set out our strategy to further develop our approach to diversity and inclusion. This includes agreeing our equality outcomes for 2021-2025 and describing our ambition to be a leading equality employer and a leader in the design and delivery of inclusive and accessible healthcare services. Our outcomes and associated outputs relating to workforce diversity and inclusion from 2021-2025 are summarised below.

8.2.1 Education and Training

We will develop a suite of new training materials to further embed equality, diversity and inclusion throughout the organisation, including:

- launching the redesigned Equality Impact Assessment process, and creation of an associate new eLearning module;
- introducing facilitation of disability awareness training for hiring managers to raise awareness of, and support for, disabled applicants, during the recruitment process, based on common disabilities, including neurodiversity;

- delivering unconscious bias training for Executive leaders and senior management, and integration with mandatory diversity training for all new staff on-boarding;
- introducing additional diversity and inclusion training, using both eLearning and classroom training; and
- curating a living library and communications outreach based on equality calendar events.

8.2.2 On-board Diverse Talent

We will introduce a number of initiatives to attract and retain diverse talent to the organisation through the following measures:

- review of visualisations and language featured on the NHS GJ website, with particular focus on the careers page to ensure that imagery is representative of the diverse workforce we strive for;
- identification of existing barriers for disabled applicants during the initial stages of the employee life cycle; and
- employability engagement activities with underrepresented groups, including people from BME, disability, LGBT+ and low socio-economic backgrounds.

8.2.3 Leadership and Organisational Structure

We are committed to creating a more equitable workplace, with diversity across management structures by understanding and addressing barriers to career progression and promotion by the protected characteristics and Fairer Scotland Duty (FSD) by:

- building and understanding of the underrepresentation of BME staff within leadership roles through trend analysis of annual workforce monitoring date and a review of exit interview procedures;
- providing visibility and representation to underrepresented groups within the organisation through the creation of staff networks for BME, LGBT+ and disability;
- facilitating forums to represent the remaining protected characteristics and FSD; and
- embedding diverse leadership across the organisation through the creation of Executive Leads to represent the protected characteristics and FSD.

8.2.4 Inclusivity and Data

We are committed to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling, including:

- introduction of ethnicity pay-gap monitoring within the annual workforce monitoring publications;
- engagement on a national level via the NHSScotland Equality and Diversity Leads network to influence the update of language and terminology used within data monitoring processes; and
- the development of a new engagement portal for managers and staff to initiate two-way sensitive conversations to enhance staff wellbeing and mitigate barriers to progression through the introduction of a new organisational Health Passport.

8.3 Staff Experience

Staff experience and engagement underpins and forms a key part of a healthy organisational culture from recruitment onwards. Staff experience is a term used to describe the extent to which staff feel motivated, supported and valued at work. It is reflected in the levels of engagement, motivation and productivity.

Understanding staff experience is the first step to help maintain and improve it. This will benefit not only staff: it ultimately benefits the experience of the patient or service user.

8.3.1 Induction

Staff induction has been reviewed and updated to reflect COVID-19 restrictions, with a view to maintaining a positive on-boarding experience. Both manager and staff corporate induction programmes are offered as eLearning modules, which can be accessed from work and personal

devices. All new starters are also given the opportunity to participate in the Corporate Welcome Event and Chief Executive Dialogue sessions, which are hosted virtually using Microsoft Teams.

8.3.2 Appraisal

One of the key points of contact between managers and their team members is the annual appraisal discussion. It is recognised that wellbeing has a significant impact on staff performance and, as such, should form an integral part of this dialogue. Work is ongoing to refresh and update training and support materials to enable effective and meaningful appraisal discussions.

8.3.3 iMatter

iMatter is the NHSScotland staff experience continuous improvement model, used nationally across all Boards in Scotland. It forms a key part of the Healthy Organisational Culture element of the National 2020 Workforce Vision: Everyone Matters (click here to view animation on what iMatter is). The annual process is based on a validated staff engagement questionnaire, which generates a Team Report containing the results including the Employee Engagement Index (EEI) score. The line manager discusses the report with the team, agreeing the team's main strength (what we do well) along with up to three improvement actions (areas for improvement). This action plan is captured on a team "Storyboard", with progress monitored throughout the year, generating team stories that capture the staff experience journey. Following a pause in 2020/2021, iMatter will return in 2021/2022, and the process for planning and executing the iMatter survey is well under way in Boards across Scotland.

8.4 Supporting the Workforce Through Transformational Change

As NHS GJ experiences, and plans for, significant change, a number of resources and programmes are being developed to support people through change, whilst recognising the pandemic has created unprecedented levels of challenge for our society.

The HR and L&OD teams offer bespoke support to departmental managers and staff who experience any level of change. In 2021/2022 a Change Management Toolkit will be launched by NHS GJ. This toolkit is designed to support those leading change to have conversations that will support people through those changes.

We recognize there are many other challenges and NHS GJ continues to plan for possible eventualities related to the pandemic, and support structures are in place to mitigate the effects of COVID-19 in the workplace, including:

- the previously mentioned Strategic Workforce and Transition Steering Group;
- supporting and enabling working from home where possible;
- risk assessments for colleagues with underlying health conditions and pregnant staff members;
- reassignment of at risk staff to lower risk roles and areas;
- reassignment of Hotel staff to support colleagues in other areas of NHS GJ, as well as NHS LJ;
- ensuring physical and social distancing in the workplace (minimizing staff numbers where distancing is difficult, adjusting working hours, moving and removing desk space, and putting in place one-way circulation in corridors);
- providing support for staff isolating, including colleagues being paid as if at work; and
- providing health and wellbeing support, as mentioned previously in this document.

8.4.1 Recruitment

Having considered the current workforce and the challenges associated with hiring staff during the last twelve months, it is likely that in the next twelve months we will face challenges recruiting the following skillsets:

- Theatre nursing staff;
- Consultants in Anaesthetics;
- Consultants in General Surgery; and

- Consultants in Ophthalmology.

The impact of insufficient nursing staff in Theatres would be significant. There is a national shortage of fully trained theatre staff, and, in an effort to improve our hire and retention rates we have increased the use of social media. We will continue to measure the impact this has had on our ability to recruit in this area.

Additionally, we have increased the number of cohorts of Theatre Academy places. We are now offering posts twice per year to help to reduce the gaps in our workforce. In 2021/2022 we will re-advertise around June, with a view to attracting student nurses who will be close to their qualification date.

As part of the NHSScotland Academy programme we are developing a National Treatment Centre Accelerated Workforce Programme, which will focus on scrub and recovery nurses, surgical first assistants, anaesthetic assistants, and ophthalmology and non-clinical support services, to help address shortages, which are likely to arise across all of the National Elective Centres.

In relation to Consultant vacancies, we have already introduced greater joint working posts between local Boards. It is likely that this will continue over the next twelve months, and in some areas will increase in frequency. In Ophthalmology part-time opportunities have been offered to increase the number of Consultants who are likely to want to work at NHS GJ, and at the same time reduce the dependency on Waiting List Initiative payments.

8.4.2 New Ways of Working

NHS GJ has implemented a Workforce of the Future Programme, the aim of which is to further develop our approach to agile and flexible working. It considers how, when and where staff work, and will ensure:

- staff have access to work spaces that meet their individual needs to undertake their role;
- teams can work together effectively;
- we make the best use of flexible working policies that support work life balance and staff health and wellbeing;
- we make the best use of the space available in the hospital site, providing the right mix of office, meeting and collaboration spaces; and
- we make the best use of technology to support agile working and a digital workplace, including remote working and working from home.

The consideration of new ways of working has become essential to:

- ensure resilience and safety of staff during the pandemic;
- accommodate a temporary reduction in the amount of office space available due to expansion and physical distancing requirements; and
- optimise the use of office space across the hospital site to accommodate the growing workforce.

8.4.3 Workforce Risk Register

The Workforce Planning and Transition Steering Group holds and updates the workforce risk register. It is reviewed regularly and updated by this group. Each risk has control measures and mitigations in place. Risks that are identified on the risk register include:

- workforce capacity;
- workforce capability;
- staff health and wellbeing; and
- extended working days and the working week.

8.5 Recruitment and Employability

We continue to work proactively in relation to developing the young workforce. During the restrictions caused by the COVID-19 pandemic it was challenging to take some of this work forward. A number of plans had to be postponed and are now being revisited with a view to taking these forward in 2021-2022.

8.5.1 Foundation Apprenticeships

Prior to the pandemic we were ready to commence recruitment to foundation apprenticeship posts. However, as a result of more staff having to work from home, it was not practical to run with this in 2020-2021. We do plan to introduce foundation apprenticeships in the school year starting in August 2021, with a number of areas considering adopting a foundation apprentice. We are also working proactively with Skills Development Scotland to develop a new healthcare foundation apprentice. This will not be in place in time for the August start date. However, it will be available soon after this, and we will support its introduction from within the Board.

8.5.2 Investors in Young People

We retained our Investors in Young People gold status, and have plans to encourage our current young people to support us to make NHS GJ an attractive destination of choice for young people who are still in school. This was also delayed because of the pandemic, and will be restarted over the next few months. More information will be supplied in the next report.

8.5.3 Modern Apprenticeships

Modern apprenticeships have been offered in Business Administration and Housekeeping. We also plan to offer other opportunities in clinical and non-clinical areas.

Many of our normal activities in relation to modern apprenticeships were postponed due to the pandemic. We would normally visit schools to give information about careers in the NHS, support STEM events and so on, but these were cancelled. Instead we worked with the Glasgow Science Centre to develop an interactive on line game which is being offered in schools. The game helps young people understand where science subjects could help them in their career choices. It is a series of diagnostic tests which require specific skills or equipment. The young person has to negotiate and trade with other participants to secure tests, equipment or skills to help them to treat a patient. The aim of the game is to become Director of Healthcare Science before any of the other players.

We have plans for another science project which we will reactivate once the Glasgow Science Centre has reopened to the public.

8.5.4 Student Nurses

As part of our work during the last 12 months, we introduced student nurses who were in their final year of qualification to support clinical staff. These nurses were previously with us on placement and had agreed to work with us as a trainee nurse until their qualification was completed. At the end of that period all of those who wanted to stay with us were offered permanent posts. This is a model we will adopt for the future.

8.6 Strategic and Service Developments

NHS GJ's strategic developments include the Hospital Expansion Programme, development of the NHSScotland Academy, the Centre for Sustainable Delivery and Hotel development plans. Unforeseen service developments include supporting NHSScotland recover from the COVID-19 pandemic, including delivery of complex cancer and priority 2 services.

8.6.1 Hospital Expansion Phase 1 – Eye Centre

The new Eye Centre is staffed by a combination of existing theatre ophthalmology staff,

ophthalmology outpatient staff, and theatre volunteers, in addition to Optometrists and Consultant Ophthalmologists. We have recruited 32.6 whole time equivalent (WTE) nursing staff in Bands 2 to 5 over and above the 22.5 staff who were in post prior to the expansion. They have taken up their posts. A further 17.3 WTE have been recruited, but have yet to take up post, which leaves us still to appoint to 9.1 WTE to staff all six Eye Centre theatres.

The new staff in the Eye Centre undertake a bespoke Ophthalmology Nurse Development Programme, which provides the training needed to allow staff to work across all areas of the Eye Centre. A specific focus has been to provide nursing staff to work in the peri-operative area.

In addition to the nursing staff recruited, a further 22.9 WTE clinical and non-clinical staff have been recruited to support the Eye Centre.

8.6.2 Hospital Expansion Phase 2 – Surgical Centre Workforce Model

While planning the workforce for the new Surgical Centre, new models of staffing were explored, including the potential for new ways of working, new working patterns, reviewing skill mix to ensure efficient use of existing resources to meet the workload demands and capacity. Integration of the Surgical Admissions and Recovery Unit (SARU) and pre-/post-operative care nursing teams will be a key change to the existing workforce model.

By the end of the financial year 2021/2022 it is expected that there will be a total of 82.0 WTE additional staff when compared to financial year 2019/2020, excluding numbers required for remobilisation. This number will grow during the following years with the ongoing increase in ophthalmology and surgical procedures. By the end of financial year 2034/2035 the forecast is that there will be a total of 574.0 WTE additional members of staff when compared to 2019/2020.

8.6.3 Model for Cancer Surgery Delivery

Cancer surgery is currently delivered by surgeons from four referring Boards taking responsibility for specific theatre lists, and operating on their own patients. There remains the option of these services being delivered through various clinical delivery models ranging from:

- a network model where surgeons rotate in to operate at NHS GJ each week;
- direct recruitment or joint surgical posts being established for a defined period circa 1-2 years to support recovery plans;
- individual surgeons agreeing and carrying out procedures at NHS GJ on a case-by-case basis (current approach, which is resource-intense for small volumes);
- surgeons from a Board taking responsibility for several days’ theatre capacity at NHS GJ, operating on their own patients; and
- similarly, critical peri- and post-op specialist staff co-opted through direct recruitment or a blended model to ensure resilient and effective pathways are in place which ensure high quality outcomes and patient experience.

It is anticipated that a blend of these different staffing models could be used depending on specialty or procedure case mix. In all cases, NHS GJ will provide core Consultant Anaesthetists, theatres staff, ward staff, Allied Health Professionals, Healthcare Science staff and other support staff and services.

8.6.4 Golden Jubilee Conference Hotel

The Hotel employed 96 members of staff, 93 of whom worked solely in the Hotel pre COVID-19. By April 2021, the Hotel has reduced its headcount by 11 as a result of staff taking up new permanent job opportunities in the Golden Jubilee Hospital. With restrictions placed on normal operating during the pandemic the Hotel has maintained a core team to keep the Hotel operating and has adapted and fully optimised its workforce, with staff redeployed into various projects across the Hospital, and at

the temporary facility the Louisa Jordan/ Hydro Vaccination Centre. The Hotel will continue to deploy its workforce flexibly to meet ongoing priorities and in roles suitable to their skills and expertise.

In response to changing NHS Scotland needs and the impact of the pandemic on the hospitality industry, the Hotel will pursue a 'holding' strategy until the health and economic environment stabilises through the course of this financial year, with a plan to develop a new long term strategy in early 2022. This will reflect the assumption that the post pandemic recovery period may extend for up to 18 months. It will focus on developing the Hotel as the home of the NHSScotland Academy recognising that a phased transition will be required to fully optimise usage of the Hotel resources.

8.7 NHSScotland Academy

The NHSScotland Academy (NHSS Academy) is an ambitious joint venture between NHS Education for Scotland (NES) and NHS GJ. It will support the transformation and sustainability of the health and social care workforce through the development and delivery of new accelerated learning and development offerings for key roles.

The NHSS Academy will align to NHSScotland mobilisation plans to ensure appropriate prioritisation of roles and to maximise our ability to attract, train and develop people into the health and social care workforce as part of a "once for Scotland" solution.

The NHSS Academy will be based at NHS GJ, as part of a hub and spoke national academy model for NHSScotland. NES will hold primacy on educational governance, workforce development and planning. The NHSS Academy will build on the respective skills and facilities of both partner organisations, bringing together NES's experience in workforce development and digital learning with NHS GJ's clinical and patient experience outcomes, training and hotel facilities, as well NHS GJ's portfolio of innovation and the Centre for Sustainable Delivery (CfSD). NHSS Academy will add to the immersive skills and simulation opportunities in Scotland for learners, which make the most of technology enhanced learning.

Following the 2021 Scottish Government election, the NHSS Academy will provide a critical role in addressing the workforce requirements of Boards' remobilisation plans, and support the commitment to attract members of staff to the National Treatment Centres Programme, with the added benefit of having direct access to the clinical expertise of one of Scotland's operational National Treatment Centre settings.

The overall objectives of the NHSS Academy are to:

- work collaboratively with key partners to identify targeted priorities for developing additional capacity and new capabilities with NHS Scotland;
- develop a collaborative model of delivery, ensuring key strengths from NHSS Academy parent organisations are optimised;
- provide accelerated learning for specific clinical specialisms identified as priority roles and/or which are needed to deliver a workforce fit for the future, using simulation and recognising the future potential of haptics for clinical training;
- provide engaging and attractive training programmes linked to recruitment and career progression;
- work in partnership with NHS Boards, schools, colleges, universities and industry partners to provide learners with a positive, modern learning experience using a blended education model, combining state of the art physical facilities with technology enhanced learning;
- add to current education and training provision to ensure consistency and efficiency across the system, avoiding duplication; and
- support excellence in clinical skills teaching and education, and increase the pace and scale of skills creation to enable sustainability, resilience and innovation in health and social care provision

in Scotland.

Working with the Scottish Government and other partners to accelerate workforce development, the NHSS Academy will support sustainable growth in NHS Scotland's clinical and non-clinical activity through the delivery of suitably trained roles. With an initial focus on accelerated workforce training to support current elective challenges, course development will be prioritised against need. The NHSS Academy is working as part of a multidisciplinary team to develop a plan which describes by professional group, by Board, in a phased plan, the recruitment, training and on boarding plan for Scotland - this will be critical in defining the early work plan of the NHS Scotland Academy.

One of the first initiatives will be to increase the number of endoscopists in Scotland, providing much needed clinical capacity to address endoscopy and cancer waiting times, and roles central to the delivery of the National Treatment Centres programme. There is considerable potential to broaden the scope of accelerated workforce development programmes in the future to include additional roles and professions. Each phase of NHSScotland's Academy will be aligned to the agreed governance processes across both parent Boards and will align to the Programme for Government (PfG) and the strategic/policy needs of the Health and Social Care Management Board (H&SCMB) and Care Programmes.

NHSS Academy will work with partners where there is an urgent need for growth in the workforce across Scotland to address the workforce pressures in the following areas:

- enhancing teams to meet the needs of National Treatment Centres, including opportunities for the healthcare support workers within the perioperative workforce, as well as a range of non-clinical band 2-4 roles;
- providing workforce development to support increased ICU demand – looking at pathways from healthcare support work through to advanced practitioners;
- post COVID-19 pandemic remobilisation plans, for example: endoscopy and changes to pharmacy roles, including prescribing and a range of theatre practitioners; and
- retention in areas where recruitment is challenging, including some healthcare scientists (for example: cardiac physiologists).

The NHSS Academy will respond to workforce needs identified through the CfSD's activity to support the national efforts to remobilise, recover and redesign, towards a better healthcare system. The NHSS Academy stands ready to support any impact of the Feeley report on the health and social care workforce.

The NHSS Academy also proposes to offer unique opportunities to bring a brand new generation into the NHS workforce, including those who may not have previously viewed the NHS as an employer of choice. Through the establishment of NHSScotland Youth Academy, there is an opportunity to develop targeted programmes that would support Scottish Government's ambitions to improve youth employment opportunities. NHSS Academy is also scoping workforce development opportunities to support employability pipelines into NHSScotland for a range of groups, for example: service personnel leaving the armed forces; and those looking for opportunities to retrain in light of the impact of the pandemic on their existing job roles.

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