Golden Jubilee Foundation

Patients at the heart of progress

Equality Mainstreaming report

2017

Contents

1 Foreword

The Golden Jubilee Foundation has a proud history as an equal opportunities employer and service provider.

Since our creation in 2002, we have been on a journey to continually improve inclusion by creating a work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates our unique mix of people. This approach ensures we can continue to provide the highest possible standard of care and service for every patient, visitor, delegate and guest who comes here.

We have invested significant effort in promoting a positive workplace culture, with the Board and senior managers specifically taking a strong leadership stance. Our Organisational Values place dignity and respect at the heart of everything we do with our innovative values-based recruitment process ensuring that our employees not only have the right skills, knowledge and experience for their role, but they also demonstrate behaviour aligned to our Values.

Our work on equality, diversity and inclusion is an important part of how we demonstrate these Values, especially valuing dignity and respect. We have worked hard to make our Values even more visible and influence how we behave each and every day. This helps us provide a quality, safe, effective, and person centred service for our patients, visitors and guests.

Our Equalities Mainstreaming Report for 2014-16 highlights how we have met the requirements of the Scottish Public Sector Equality Duty. It shows how we have embedded participation and equalities into our services, functions and policies, provides information on our protected characteristics and gender pay, and demonstrates our progress in implementing our equality outcomes.

Since our last report, we have continued to take large steps to improve awareness of our responsibilities and to support all staff in achieving these.

Key highlights include:

- Top Health and Social Care Provider in the UK – Stonewall Workplace Equality Index 2016
- Employer of the Year (over 200 employees) – Icon Awards 2016
- Level Two Disability Confident employer – 2016
- Launched travel guide for all staff with focus on supporting staff across difference equality groups
- Commended for inclusive procurement practices – Stonewall 2016

As we move forward, we will continue to invest in new and innovative ways to make sure that all of our staff continue to have the opportunities, facilities, resources, and support to get the most out of their roles at the Golden Jubilee; this will help us to deliver the highest quality services for patients across Scotland.

Jill Young
Chief Executive

2 Mainstreaming Overview

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

These three aims are to:

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

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

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

The aspiration of the Golden Jubilee Foundation is to do more than merely meet our legal obligations. We will strive to continually improve inclusiveness by creating a work environment that not only welcomes individuals of all backgrounds, but actively highlights and celebrates the unique mix of people and patients who work for us and use our services. We will share our success with other public sector organisations and will learn from others who have demonstrated best practice.

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

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

We are currently re-examining our approach to give people greater opportunities to participate in shaping the decisions that impact them. This means increasing the ability of those responsible for fulfilling rights to recognise and respect those rights, as well as holding them to account for their actions.

We are exploring a range of methods for improving our approach, including using the Panel Principles which focus on Participation, Accountability, Non-discrimination and equality, empowerment and legality. Our mainstreaming report is presented as a combination of highlight reports and case studies.

3 Highlights of our equality improvement work

Age

We collect information on the age demographics of our patients in order that we are aware of needs according to the age groups of our patients. We have reviewed our inpatient assessment documentation and screening tools for patients to remove age related assessments in line with the revised published Standards for Older People (2015).

We ensure that our risk assessments are based on clinical needs and professional judgement and not just applied according to the age of our patients. This includes risk assessments for care planning when considering risk of falls and cognitive impairment.

We continue to work on implementation of the Delirium Care Bundle (TIME bundle) and will be rolling this out in the surgical wards in early 2017.

Dementia education is delivered through a variety of courses, including corporate induction training, helping to raise awareness from the very start of employment within the Foundation.

A total of 44 Health Care Support Workers (HCSW) have completed the 'Best Practice in Dementia Care' course with a further eight colleagues participating at present.

Eleven staff have completed the National Dementia Champions programme with two members of clinical staff joining the programme in 2017.

Learning is embedded and reinforced via the provision of further study days throughout the year. Staff have the opportunity to complete Dementia and Delirium modules on the electronic learning platform Learnpro™. We are currently liaising with West Dunbartonshire Council to run 'Dementia Friends' education sessions for our hotel staff.

The HCSW and Dementia Champions meet monthly to support improvement work and are focusing on the development of activity resources to support patients with distress/ delirium.

The Lead Nurse is also strengthening Board links with the West Dumbarton Dementia Group, who will act as peer reviewers when required.

To ensure patients needs are identified and met, the Lead Nurse is working with Clinical Governance and Outpatient colleagues to include the elements of "Supporting the Surgical Journey for the Patient with Dementia" in our patient records.

The number of youth employment opportunities we offer continues to rise. Between December 2014 and December 2016, we provided 77 opportunities for young people in a range of positions across support services, administration, and the hotel.

We have increased our participation in the Modern Apprentice scheme, pledging opportunities for those aged 16 to 24 to engage with work. We have identified a range of suitable roles within catering, housekeeping, hotel services, and engineering. Recruitment is under way and discussions are taking place with West College Scotland to finalise the associated modules to be undertaken.

We are working towards Investors in Young People accreditation, in keeping with our work to attract young people into our organisation.

We continue to deliver student nurse placements, student work placements and are undertaking recruitment sessions to promote education and career opportunities within local colleges and schools.

4 Case Studies

1

Study 1: The Alzheimer Scotland Reminiscence Group

We are working hard to ensure we meet the needs of our patients with dementia. We continue to deliver on our local Dementia Strategy, which was approved by the Board in 2015, and will be updated in line with the Scottish Government revised National Dementia Strategy (expected in spring 2017).

Over the past six years, Alzheimer Scotland in West Dunbartonshire has worked closely with our Clinical Education team and the Lead Nurse for Dementia. This positive working relationship led to the introduction of a local reminiscence group within the hospital. This has been running successfully since September 2015, with facilitation from the Alzheimer Scotland Dementia Advisor and Community Activity Organiser and support from the Golden Jubilee Volunteer Manager and volunteers.

Photographs of Clydebank were used with the group, including Singers factory, which many people in Clydebank could relate to either through personally working there or through childhood spent in Clydebank. The group also used some football reminiscence materials which proved to be very popular with one particular patient.

Attendance numbers were kept small initially, with a high ratio of staff/volunteers to give the group the best possible start. The group has continued to grow and there is a regular attendance of around 14 participants and three volunteers per session.

Feedback from those who attended with their relatives has been very positive. Family members commented on how much better their relative's mood had been for the remainder of the day after attending the group, and many examples of how this group has supported the person with dementia and their carer.

The group has grown in strength with relationships and friendships established. There is a great camaraderie within the group, not only with attendees but also with facilitators and volunteers.

Our staff said that it was a wonderful experience and a privilege to be part of this project. Our Volunteer Manager and hospital volunteers support these ensuring their smooth running. We have helped to facilitated 30 sessions since its introduction in 2015, with more planned for 2017.

2

Study 2: Young Student Programme

In 2014 we were approached by the Employability Transitions Officer, Educational Services, and West Dunbartonshire Council to ask if we would be willing to participate in the Employability Skills Programme for sixth year (S6) school students.

Part of the transition from school to work, the Employability Skills Programme is designed to equip pupils with transferable employability skills, including soft skills such as communication, team working, problem solving, and leadership.

In 2014 we ran a pilot with seven S6 students from St Peter the Apostle High School. Each student shadowed a volunteer for one and a half hours a week over 10 weeks.

Following the success of this, the scheme was expanded in June 2015 to include Clydebank High School as well as St Peter the Apostle High School.

This time, eight students from each school took part in a six-week programme that ran from October 2015 to January 2016. Students attended for one and a half hours per week, giving them 10 hours of volunteering towards their Duke of Edinburgh Award.

The programme included a classroom-based induction to find out about the hospital and services we offer. The students met our Medical or Nursing Director, heard one a Heart Transplant Patient's story and watch a cataract operation on YouTube.

We invited the students to attend our Annual Volunteer Events to give feedback to staff and volunteers on how the programme has helped them gain confidence and skills. Students received a certificate of attendance from the Foundation and a certificate of acknowledgement to the commitment and support of the Employability Skills Programme.

The success of the programme has generated further interest from Vale of Leven Academy.

Disability

Our sickness absence figures tell us that stress, anxiety and depression are the highest causes of sickness absence. We have a responsibility to support our staff, even when the causes of their stress, anxiety or depression may relate to life in general, rather than have a specific work related cause.

Our Occupational Health team have improved the range of psychological support mechanisms available to staff, with Cognitive Behavioural Therapy (CBT) available, where appropriate. We have a service level agreement in place with NHS Greater Glasgow & Clyde which allows the Board to provide enhanced mental health support to our employees when they most need it.

The Board has looked beyond the tradition OH route to provide staff with other support tools, including:

- Caring Behaviours Assurance System (CBAS) – underpinned by the principle of self-care and the development of resilience in participants.
- Heartmath – a scientifically-validated system of techniques that help individuals to transform their stress, boost their resilience, and empower higher performance.
- Schwartz Rounds – these are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

We have also recently signed up to See Me, a Scottish programme funded by the Scottish Government and Comic Relief, and managedby the Scottish Association for Mental Health and the Mental Health Foundation, whose aim is to tackle mental health stigma and discrimination, which should further enhance understanding of metal health across the Foundation.

3

Study 3: Working with the Glasgow Centre for Inclusive Living

We have been working closely with the Glasgow Centre for Inclusive Living (GCIL), a user-led organisation that has been delivering independent living services for two decades.

GCIL services are delivered by disabled people for disabled people, and are designed to empower disabled people to assert more control over their lives.

Working in partnership with the Scottish Government and NHSScotland, the GCIL Equality Academy is currently running a Professional Careers Programme which has sought to place disabled graduates in professional roles with each of NHSScotland's 22 NHS boards.

A graduate trainee started working with the HR department in January 2016.

A nominated placement supervisor has overall responsibility for the trainee during their placement with support from a coordinator at GCIL.

The trainee initially supported Recruitment and Employment Services and will follow a planned rotation between different departments.

By undertaking a variety of different roles with changing responsibilities, the trainee will gain valuable work experience within the NHS including an overall understanding of the operational management of a hospital.

We will work closely with the trainee to understand their experience of our organisation and to explore any opportunities to improve what we do.

4

Study 4: Supporting Disabled Staff

Our workforce monitoring data told us that only 1% of our workforce are declaring that they have a disability. Yet we know from Scottish Census data that approximately 20% of 25-65 year olds in West Dunbartonshire say their health limits their day to day activities a little or a lot.

We recognise that to be comfortable with declaring any disability, our staff need to trust the organisation and we need to increase awareness of disability in the workforce.

Managers' knowledge of disability, and their understanding of how they could support staff, varies across the organisation. We recognised that staff would be less likely to discuss their disability if they felt that their manager wasn't understanding and supportive. It was agreed that enhancing management understanding would be the start of the improvement journey.

A "Managers' Guide - Supporting Disabled Staff" was developed to provide a quick reference guide. It covers the employee journey from recruitment through to leaving the organisation and provides information and practical steps to providing employment for disabled people and appropriate reasonable adjustments, giving examples of the impact and benefits of various disabilities.

To assist staff with disabilities who are travelling overseas on behalf of the Foundation (e.g. short term work projects, attendance at conferences), a travel guide has been developed which highlights areas to be considered and requires a risk assessment to be completed before leaving.

We are in the process of establishing a Staff Disability Network. We have held drop-in sessions for staff to share their experiences of disability in the workplace and to shape what form any future disability network should take.

As well as providing a support framework for staff, the network will be a resource for input and feedback on the potential impact of new policies and service changes on disabled staff.

Supporting Lesbian, Gay, Bisexual and Transgender (LGBT) Staff and Service Users

Stonewall UK's "Unhealthy Attitudes" (2015) research found that many staff say that they have received little or no equality and diversity training. Those who have report key issues relevant to caring for patients with specific protected characteristics, e.g. LGB or T, have not been included in sufficient depth.

We are working closely with Stonewall UK to address this. We have been a member of the Stonewall Diversity Programme since 2008, and have taken part in the UK-wide Stonewall Workplace Equality Index (WEI) since 2009. The Board has been top performing NHSScotland Board in the WEI for the past six years, and was recognised as the top Health and Care Organisation in the UK in the 2016 WEI.

During the past two years, as a result of the success of our partnership with Stonewall Scotland, we were specifically asked by Paul Gray, Chief Executive of NHSScotland, to provide leadership and support to other NHS Boards in light of our consistent Top NHS Board status for the past few years and performance in the WEI in 2016. Following this, one of our Senior LGBT Leads worked with the Scottish Government Head of Staff Governance, providing advice and a briefing paper on the links between using the WEI and the delivery of the Scottish priorities on Equality, Workforce and Quality. She also described how this could be used to drive wider benefits for staff and service users across NHSScotland. This work has been instrumental in supporting the new partnership agreement between Stonewall Scotland and NHSScotland to drive improvements for LGBT staff and service users.

As a committed member of the Stonewall Good Practice programme, we have delivered awareness-raising and shared our LGBT good practice with a range of other Scottish public sector organisations, from councils and housing organisations to other NHS Boards.

Study 4: Supporting Disabled Staff

We have also presented on our approach to equalities in procurement at the Stonewall Scotland Workplace Conference in November 2016. Noting the specific needs of LGBT patients in hospice and end of life care, we also presented at a training event at St Margaret of Scotland Hospice, Clydebank.

We were approached by a representative from Human Resources in the Scottish Government to help support their improvement work around employee monitoring and development of their employee network group.

Recognising that LGBT staff are one of the groups who could be vulnerable to experiencing bullying and harassment at work, we developed a guidance booklet for staff covering definitions and examples of bullying, how to report it, information on our Prevention of Bullying and Harassment policy, details of Confidential Contacts who can provide advice and signpost individuals for support and other reporting routes including trade union representatives and Diversity Champions.

Launched on International Day Against Homophobia, Bi-and Transphobia (IDAHOBiT) in 2016, we produced a guide for our staff travelling abroad for work. This contained specific reference to the needs of LGBT travellers and provided access to sources of information on different legislative and cultural situations across the world. The guide also contains a risk assessment process to be used when deciding on the level of support needed when LGBT staff travel to specific countries on Board business.

We have expanded our existing Equality and Diversity training programmes by rolling out a set of new training and education materials to promote positive behaviours and support and upskill all staff on LGBT awareness. Over the past year, we have focussed on the specific training needs of people managers and Human Resources staff. We have also delivered tailored training on caring for LGBT patients with nursing staff and awareness-raising on hate crime as part of our annual equality week. Working with the University of the West of Scotland, we continued to provide training on LGBT issues to student nurses while on placement here.

As a response to research demonstrating poor experiences of trans people in the workplace and when accessing healthcare services, we have taken forward a range of activities in conjunction with LGBT charities. We have worked with the Scottish Transgender Alliance (STA) to consult on a range of new good practice guides. We held an awareness workshop on non binary issues and launched a new staff guide on “Caring for our transgender patients”.

As part of our work to revise and update our Dress Code and Uniform policy, we worked with the STA to ensure that our policy offers all staff non gendered clothing options. An accompanying guide has also been provided for managers. Working with STA and Stonewall Scotland, we developed a Transitioning at Work guide for staff and managers. This was launched during a trans learning session where a trans woman shared her personal journey with staff from across the organisation and Stonewall Scotland showcased their new suite of trans guides.

Our strong commitment to valuing diversity and inclusion was recognised in the Icon Awards in both 2015 and 2016. We were delighted to be a runner up in the Employer of the year award at the inaugural Icon Awards in 2015 and to be named Employer of the Year (over 200 employees) in October 2016.

Race

We have appointed a new lead for Race, who will increase awareness of the information and support available to service users, and will work to improve the collection of data in this area. Our target is to improve our collection of both qualitative and quantitative data to identify areas for improvement. We will encourage more involvement from our Diversity champions and will heighten awareness through our equalities calendar and seek guest speakers to join meetings or provide activities for wider groups of staff.

5

Study 5: Supporting Refugees

Last year we worked with West Dunbartonshire Council to support the transition of three separate groups of refugees into the local community. Working with the local authority to support their commitments to refugees, we are proud to provide a key support to welcome our new neighbours. The Golden Jubilee Conference Hotel provided welcoming and comfortable accommodation and food on their first night in their new community.

The Golden Jubilee also supported the Refuweegee Project, which aimed to provide every refugee in Glasgow with a welcome pack, including essential items such as toiletries, hats, gloves, scarves, stationary, clothing, books and items for children, to give them a proper Glasgow welcome!

At the heart of the packs are the “Letters from the Locals”. Postcards, letters or post-it notes with words which are welcoming and kind.

Thanks to incredible support from staff, patients and visitors we were able to donate a huge collection of items on behalf of the Foundation.

Pregnancy and Maternity

In 2016, the appointment of a new lead for Pregnancy and Maternity and a review of our maternity policy led to an improvement in storage of expressed breast milk and the locations available for a mother to express.

We have recently introduced shared parental leave, meaning parents are able to choose how they share care of their child during the first year after birth.

Gender

A detailed gender pay gap analysis, provided in Appendix 3, has highlighted the existence of some gender pay gaps. These will be examined further by the Board with an action plan developed to address these.

We have recently appointed a new Lead for Gender within the Board and look forward to progressing this work over the next two years.

Religion and Belief

Our Spiritual Care Policy was approved by the Board in 2016, outlining our approach to supporting patients, relatives, visitors and staff.

Our Spiritual and Pastoral Care department comprised of directly employed spiritual care providers (healthcare chaplains) and volunteers. The department is based in a purpose built Spiritual Care Centre consisting of welcoming, sanctuary space, quiet rooms and office space, all available within easy access of the hospital and hotel premises. The sanctuary welcomes people of all faiths and beliefs, with resources available for worship. A quiet room is provided for individuals or families and for confidential spiritual care.

In line with best practice, our spiritual care providers are registered with and adhere to the code of conduct of the UK Board of Healthcare Chaplains. They make no assumptions regarding a person’s faith or beliefs. They will listen as they tell their story and describe their feelings, concerns or hopes in the context of their current health status, and then respond in an appropriate way which helps those in care to find personal meaning and resilience.

Volunteers who come into the hospital to provide support to members of a specific faith or belief group (e.g. Roman Catholic Extraordinary Ministers of the Eucharist) come under the direction of the Spiritual and Pastoral Care department and are registered with the volunteer department.

Pastoral Care Volunteers have a different role from faith or belief group volunteers and representatives.

Appendices

1 Governance structure

Appendix 1 Embedding equalities – our governance structure

The Golden Jubilee Foundation family includes the Golden Jubilee National Hospital, Golden Jubilee Research Institute, Golden Jubilee Innovation Centre and Golden Jubilee Conference Hotel.

Governance Structure

- **Person Centred Committee (PCC)**
  Our PCC provides assurance to the Board that appropriate structures and processes are in place to address issues of diversity, equality and human rights, as well as the governance requirements of Patient Focus Public Involvement (PFPI). Our PCC is chaired by one of our Non Executive Board Members and is attended by representatives of our Executive Team and Partnership Forum. The Executive Lead is our Director of Quality, Innovation and People.
- **Involving People Group**
  We believe that people have a right to be involved in the planning and delivery of care and services, and in activities which promote improved care and wellbeing, irrespective of defining characteristics and in a way that respects diversity and promotes equality whilst respecting the wish of the individual. The central concept is simple – by involving people, everyone will benefit.
  Our Involving People Group coordinates the delivery of this strategy.
  The Executive Leads are our Nurse Director and our Director of Quality, Innovation and People.
- **Equalities Group**
  Our Equalities Group maintains a clear objective to embed equalities across our organisation. Our Equalities Group is comprised of senior managers, Staff Side representatives, the Leads for each protected characteristic and our Diversity Champions. The Executive Lead is our Director of Quality, Innovation and People.
- **Senior Management Team and Partnership Forum**
  Our Senior Management Team and Partnership Forum provide visible leadership on participation and equalities, as reflected in our Corporate Balance Scorecard and Local Delivery Plan. Both groups approve all staff policies prior to publication and approve any recommendations arising from equality impact assessments.
- **Planning and Project Management Approach**
  Our project management process ensures that early consideration is given to any potential impacts on people with protected characteristics. This, in turn, allows us to consider any requirements to involve patients, carers, voluntary organisations and other stakeholders in the design and delivery of any new services or service improvement programmes.
- **Quality Framework**
  Our Quality Framework provides assurance that safe, effective, person centred care is delivered at all times through three key programmes of Governance, Quality Indicators, and a Values Based Workforce.

We have developed a unique digital application that allows our staff to view and analyse up to date key indicators in quality, safety, performance, and patient experience. The information can be seen by both staff and patients and can be accessed at the touch of a button with the potential to view an individual ward, hospital, Board or across NHSScotland.

We have worked with our patients and visitors to establish what information is relevant. This has resulted in dashboards showing information, such as falls and infection rates, outside every ward and area of the Golden Jubilee. We will continue to involve patients and visitors, and to update these metrics, to ensure our information is accessible for all.

Appendix 2 Equal pay statement (gender)

This statement has been agreed in partnership and will be reviewed on a regular basis through the Involving People Steering Group and Person Centred Committee.

The Golden Jubilee Foundation supports the principle of equal opportunities in employment and believe that staff should receive equal pay for the same or broadly similar work or work of equal value, regardless of their gender, race, colour, nationality, ethnic and national origin, sexual orientation, age, marital status, religion or belief, or whether or not they have a disability.

The right to equal pay between women and men is a legal right under both domestic and European law, and that other legislation is in place in the UK, concerning race, colour, nationality, ethnic and national origin, disability, sexual orientation, religion or belief, age, and part time and fixed term employees. This legislation includes provisions relating to pay.

We recognise that, in order to achieve equal pay for employees doing the same or broadly similar work or work of equal value, we should operate pay systems which are transparent, based on objective criteria, and are free from unlawful bias.

Our objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality.

We will:

- Review and monitor this policy statement and achievement against the key actions detailed below through our Involving People Steering Group, on an annual basis
- Ensure there are communication systems in place to inform all employees on how pay practices work and how their pay is determined. This will include information about what policies exist to deal with concerns about their pay.
- Ensure that all managers and those involved in making decisions about pay, benefits and grading, are provided with policies and guidance to enable consistent and fair practice.
- Continuously monitor our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave.
- Undertake regular monitoring of the impact of our practices in line with the Equality Act 2010.

Responsibility for implementing this statement is held by Jill Young, Chief Executive.

If a member of staff wishes to raise a concern at a formal level relating to equal pay, the Dealing with Employee Grievance Policy is available for their use.

April 2017

Appendix 3 Equal pay

Summary of GJF pay gap analysis

Initial Assessment

As an NHS employer, we have worked with our employees to ensure a fair and transparent system from recruitment, progression and pay that is easy to understand. Using a national template, we have carried out this pay audit to ensure that employees' pay and income are based on principles of equality, rather than historically systems which may not have been robustly checked for their fairness. Our analysis has shown that whilst there are some gaps these are caused by incremental drift which we will continue to monitor, update and report on.

General Points

- We publish bi-annual information on our gender split.
- We employ more females than males. The ratio of female to male staff is almost 3:1.
- The mean average pay for males is £18.47 per hour compared to the mean average pay for females being £14.53 per hour.
- The median average pay for both male and female employees is the same, £14.74 per hour.
- 28% of our female staff work part-time and 2% of our male staff work part time hours.
- We have proportionally more female employees than male in lower Agenda for Change (AfC) bands; this is consistent with our gender split.
- There are some hourly pay differentials between male and female staff.
- Female staff access flexible working and career breaks in a larger number than our male employees.

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

Medical and Dental Staff – Key Points

- The majority of our medical workforce are male.
- There is a variance of 4.28% between average hourly rates of male and female doctors, with male doctors being paid higher. This variance has decreased over the last 2 years (previously 9.94%).
- Discretionary points have been awarded to more male Consultants than female Consultants as there were more eligible doctors who were male who could apply for an award of discretionary points.
- We have established that the pay differential exists because of incremental drift, and also because we employ more male doctors than females at this time. We will continue to monitor this situation but over time we expect to note the differential decreasing as some male doctors retire and our female doctors continue to progress through incremental points.

Senior Managers and Board Members – key points

The majority of our Senior Manager and Board workforce is female. The ratio of female to male staff is 2:1.

Agenda for Change posts

Administration – key points

- 80.67% of the administrative workforce is female.
- There is a variance of 10.54% between average hourly rates of male and female administration staff, with male workers being paid higher.
- The differential appears to be due to the hourly rate paid due to incremental drift on Band 6 to 8 salary scales. This in itself does not make the differential unfair but this does require to be monitored and analysed to ensure the differential reduces over the next five years.

Healthcare Sciences – key points

- 60% of this staff group is female.
- There is a variance of 6.46% between average hourly rates of male and female Healthcare Scientists, with male scientists being paid higher.
- The differential has occurred because of the difference in incremental pay and also because we currently have more males employed at senior bands (8B and 8C) in this sector. We will continue to monitor this and report on a regular basis.

Nursing and Midwifery – key points

- 11.46% of our nurses are male.
- There is a variance of 5.76% between average hourly rates of male and female nurses, with female nurses being paid higher.
- We currently have more females employed at senior bands, Band 7 and above, in this sector. We will continue to monitor this and report on a regular basis.

Support Services – key points

- The Support Services staff group is made up of employees from Housekeeping, Portering, Maintenance and Security services.
- This staff group employs 6.46% more male than females.
- There is a variance of 11.52% between average hourly rates of male and female support service staff, with male staff being paid higher.
- This variance has been caused by incremental drift and the fact that we have no females currently employed in senior bands in support services. This does require to be monitored and consideration given for any future appointments. Further work as above will be carried out in conjunction with our Equalities Group.

Conclusion

Our Human Resources team will continue to work with Senior Managers, the Medical Director and the Equalities Group to monitor these issues and to help reduce pay differentials that exist.

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

We will ensure that we continue to pay our staff fairly and in line with our Equal Pay Statement. We will report an update on this position at the end of 2017/18 to our Senior Management Team, Partnership Forum and Board.

Appendix 4 Equal pay statement (race and disability)

This statement has been agreed in partnership and will be reviewed on a regular basis through the Involving People Steering Group and Person Centred Committee.

The Golden Jubilee Foundation supports the principle of equal opportunities in employment and believe that staff should receive equal pay for the same or broadly similar work or work of equal value, regardless of their gender, race, colour, nationality, ethnic and national origin, sexual orientation, age, marital status, religion or belief, or whether or not they have a disability.

The right to equal pay based on race and/or disability is a legal right under both domestic and European law, and that other legislation is in place in the UK.

We recognise that, in order to achieve equal pay for employees doing the same or broadly similar work or work of equal value, we should operate pay systems which are transparent, based on objective criteria, and are free from unlawful bias.

Our objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality.

We will:

- Review and monitor this policy statement and achievement against the key actions detailed below through our Involving People Steering Group, on an annual basis
- Ensure there are communication systems in place to inform all employees on how pay practices work and how their pay is determined. This will include information about what policies exist to deal with concerns about their pay.
- Ensure that all managers and those involved in making decisions about pay, benefits and grading, are provided with policies and guidance to enable consistent and fair practice.
- Continuously monitor our existing and future pay practices for all our employees
- Undertake regular monitoring of the impact of our practices in line with the Equality Act 2010.

Responsibility for implementing this statement is held by Jill Young, Chief Executive.

If a member of staff wishes to raise a concern at a formal level relating to equal pay, the Dealing with Employee Grievance Policy is available for their use.

April 2017

Appendix 5 Employment Monitoring Report – 1st April 2015 to 31st March

Contents

1. Executive Summary

1.1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2015 to 31 March 2016, whereas previous reports covered six-month periods, from 1 April to 30 September and from 1 October to 31 March each year. For many of the areas monitored in the report, comparisons are also made with the years ending 31 March 2013, 2014 and 2015.

The table below summarises the comparison of key workforce information over the last four years, during which the headcount of Board employees has risen from 1,448 (as at 31 March 2013) to 1,751 (as at 31 March 2016), an increase of 303. In the last 12 months, the difference is +63. The increase over this time period is as a result of the continued expansion programme across several departments within the Board.

The ratio of female to male staff remains at almost three to one, with only slight fluctuations over the last four years.

Over each of the last four years, the average age of our employees continues to be in the 40 to 49 age group. This is closely followed by those in the 30 to 39 age group.

As at 31 March 2016, two thirds of members of staff identify themselves as “White Scottish”, while 5.58% could be considered to be in an ethnic minority group. This represents a rise in those identified as White Scottish since the previous year and a fall in those in an ethnic minority.

In March 2016, just under a quarter of staff identified their religion as “Church of Scotland”, which has been the largest religious denomination over the last four years.

The proportion of staff who have commented on whether or not they consider themselves to be disabled has increased over the last four years, but has fallen slightly in the last 12 months, from 1.18% to 1.08%.

The majority of staff indicate that they are heterosexual, with the proportion increasing over the last four years from 69.74% to 75.00%.

In each of the last three years, the majority of staff have provided no information on their marital status, with this information not available for 2013.

Summary of key workforce information					
		March 2013	**March 2014**	**March 2015**	**March 2016**
Headcount		1,448	1,583	1,688	1,751
Female:Male ratio		3:1	3:1	3:1	3:1
Age bracket with highest proportion of staff		40 to 49	40 to 49	40 to 49	40 to 49
Race	**White Scottish**	58.48%	63.87%	66.70%	66.91%
	Ethnic Minority	6.37%	6.82%	6.70%	5.58%
Religion – Church of Scotland		23.34%	23.94%	25.20%	23.52%
Percentage of staff with a disability		0.90%	0.95%	1.18%	1.08%
Sexual orientation – heterosexual		69.74%	71.20%	72.63%	75.00%
Marital status – no information provided		Not available	52.24%	51.13%	50.80%

1.2 Equality and Diversity

Our Workforce Monitoring Report is presented to the Senior Management Team and the Board in line with the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the 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 or belief, disability, sexual orientation, marriage and civil partnership, gender reassignment, and pregnancy and maternity, as defined in the Equality Act 2010.

The report also highlights the monitoring of the current workforce, recruitment, sickness absence, and work-life balance.

1.3 Recruitment Activity

In the year from 1 April 2015 to 31 March 2016, 369.86 whole time equivalent (WTE) vacancies were reported across the Board. If the service wishes to fill vacant posts, this must be approved by the Workforce Review Group, which meets fortnightly.

The year saw the appointment of 346 posts. It also saw an increase in headcount of 63, which equates to an increase in the total workforce of 3.73%, due to continued expansion of our services.

1.4 Sickness Absence

For the 12 months between 1 April 2015 and 31 March 2016 the sickness absence percentage for the Board was 5.21%, against the national standard of 4%. Both management and Human Resources are working together to address the sickness absence levels. When absence triggers are activated, meetings take place with the member of staff, their manager and a representative of the Human Resources Department.

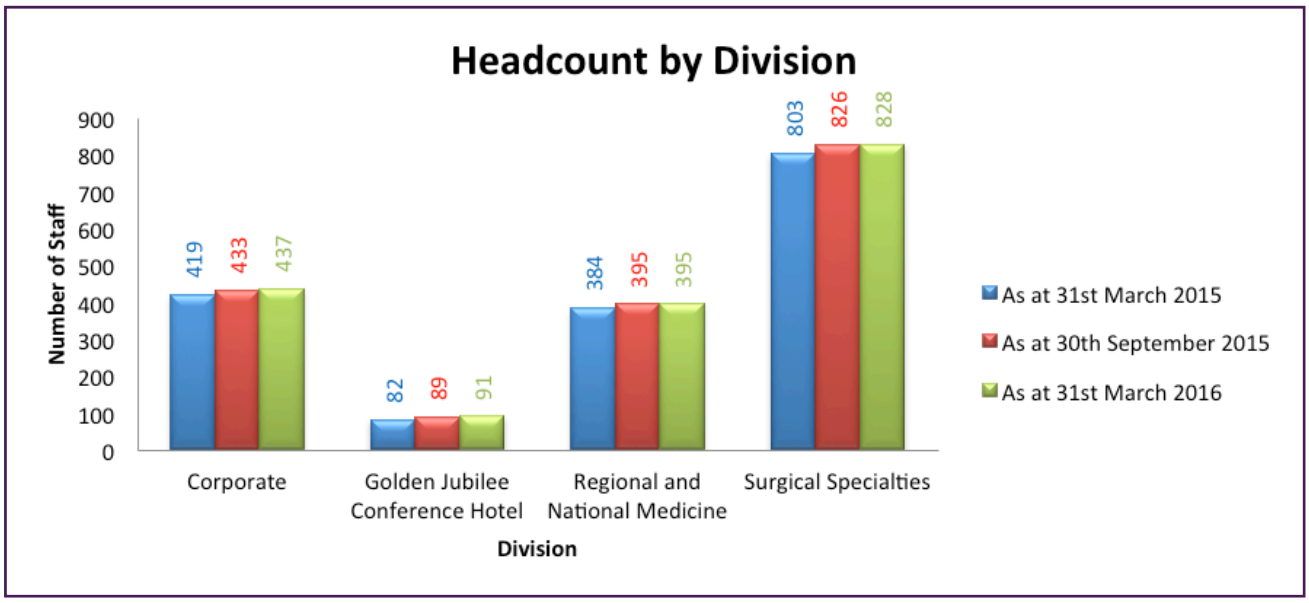
1.5 Performance Management

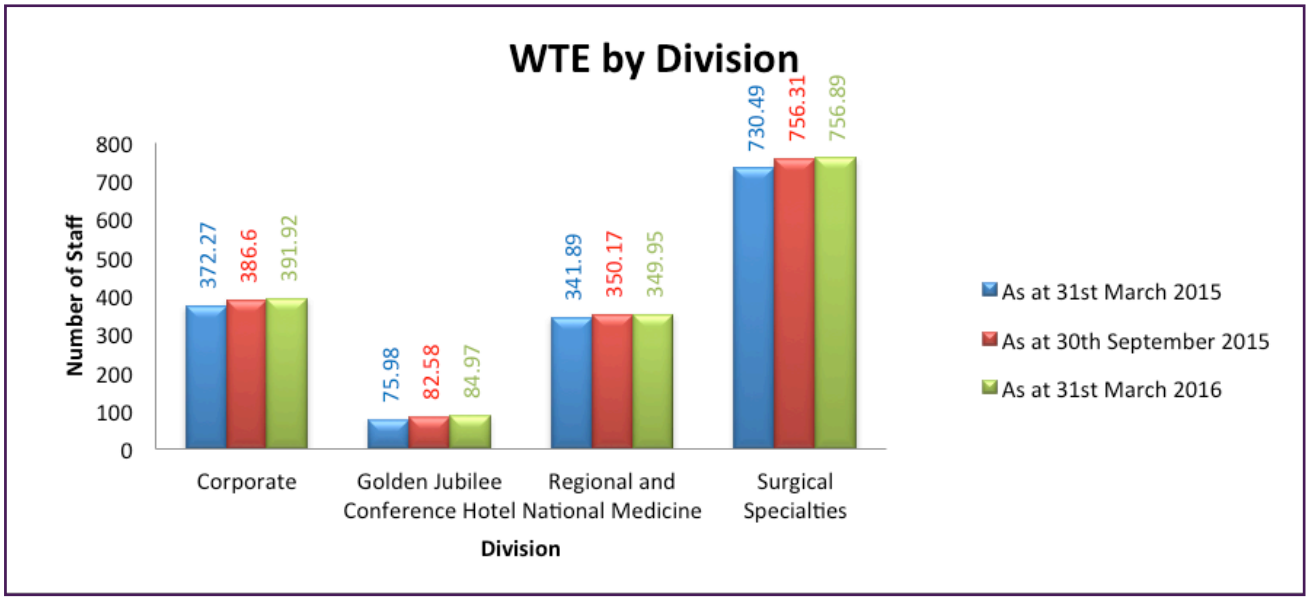
There is continued use by all staff groups within the Board of performance management systems that have been implemented to maintain staff motivation and build upon skills and competencies. The year 2015/2016 saw 95% of medical staff with a prescribed connection to the Board undertake an appraisal, with 70.02% of staff members under Agenda for Change completing their Knowledge and Skills Framework Personal Development Review. The performance of senior managers is reviewed annually and continues with 100% compliance.

2. Current Workforce

As at 31 March 2016, the Board employed 1,751 staff (1,583.73 WTE). The majority of these are in substantive permanent posts, but a small number are fixed term posts, such as Locum Consultants or Clinical Fellows in the Medical and Dental job family. The total number is an increase of 63 on the previous year and eight on the previous six months. The table and chart below represent how these were split by Division over the last year at six monthly intervals.

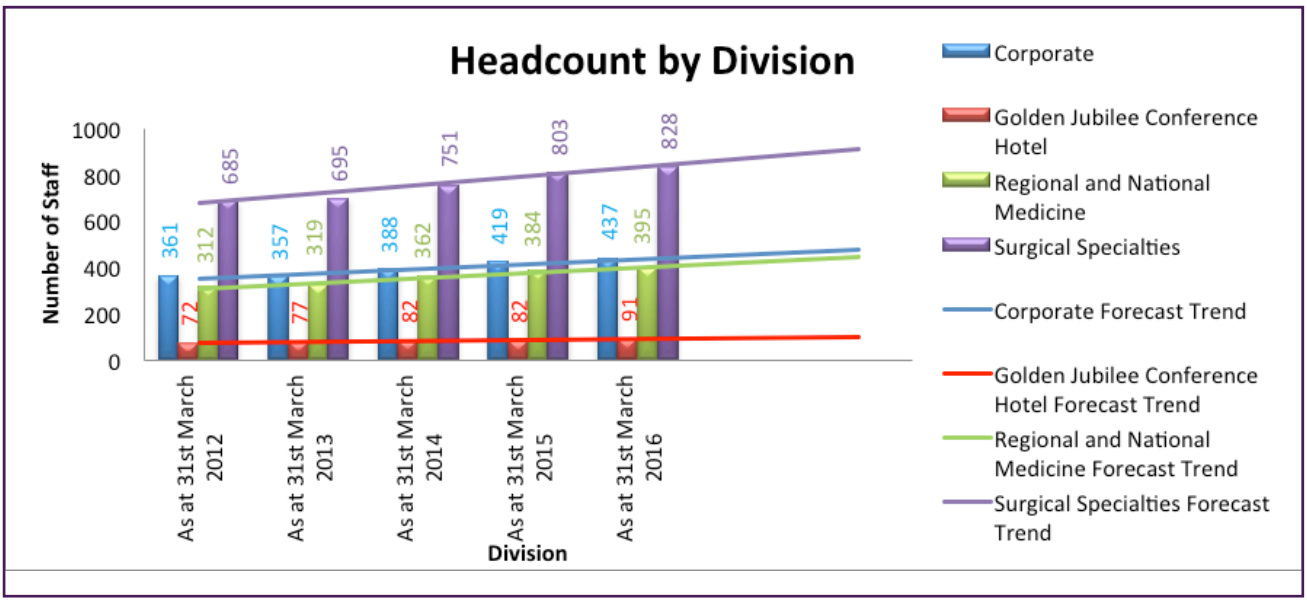
Division	As at 31 March 2015		As at 30 September 2015		As at 31 March 2016	
	Headcount	WTE	Headcount	WTE	Headcount	WTE
Corporate	419	372.27	433	386.60	437	391.92
Golden Jubilee Conference Hotel	82	75.98	89	82.58	91	84.97
Regional and National Medicine	384	341.89	395	350.17	395	349.95
Surgical Specialties	803	730.49	826	756.31	828	756.89
Total	1,688	1,520.63	1743	1,575.66	1,751	1,583.73



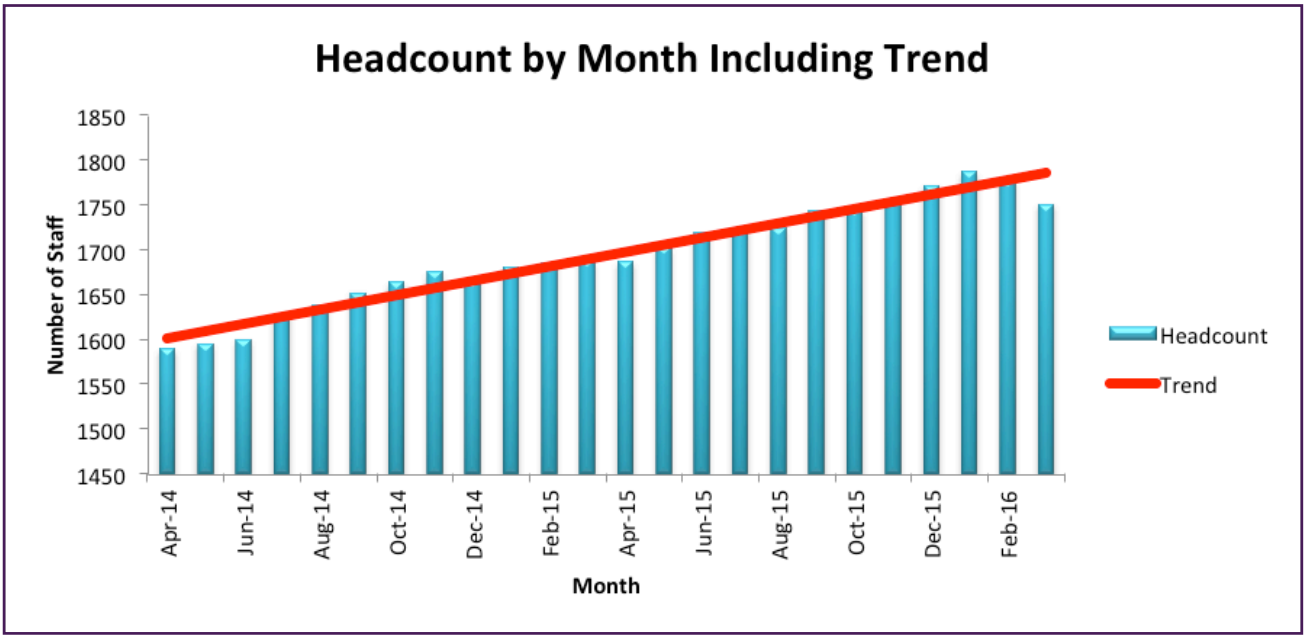


Whereas the table and charts above look at the workforce over the last year, those below compare workforce headcount at 31 March each year since 2012. The table, and especially the chart, show the steady growth in headcount in each of the Divisions at the end of the financial year. The extrapolated trend lines indicate the likely ongoing increase in head count, although the speed and phasing of possible future expansions have not been taken into account in the trend line, so future numbers could be very different.

	As at 31 March 2012	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016
Corporate	361	357	388	419	437
Golden Jubilee Conference Hotel	72	77	82	82	91
Regional and National Medicine	312	319	362	384	395
Surgical Specialties	685	695	751	803	828
Total	1,430	1,448	1,583	1,688	1,751



This increasing trend can be seen more clearly when looking at the chart below, which shows the monthly head count from April 2014 to March 2016.

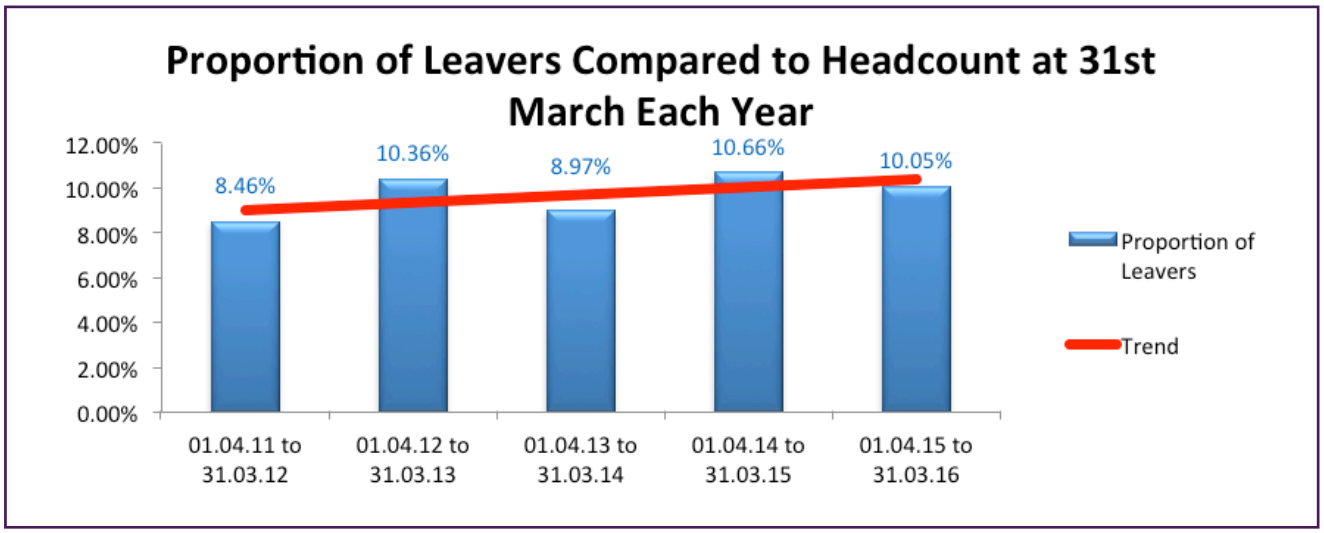


As well as substantive and fixed term staff, we also use “Bank” staff with “as and when required” contracts, which provides flexibility to increase staff over and above its core staff cohort at busier times and to cover unexpected absences, such as sick leave. Medical staff members employed by other Boards also provide cover for Clinical Radiology through bank posts with the Board, which does not employ any substantive medical staff in this specialty. As at 31 March 2016, there were 296 bank staff providing the Board with service, of which 210 came under Agenda for Change and 86 were in the Medical and Dental job family.

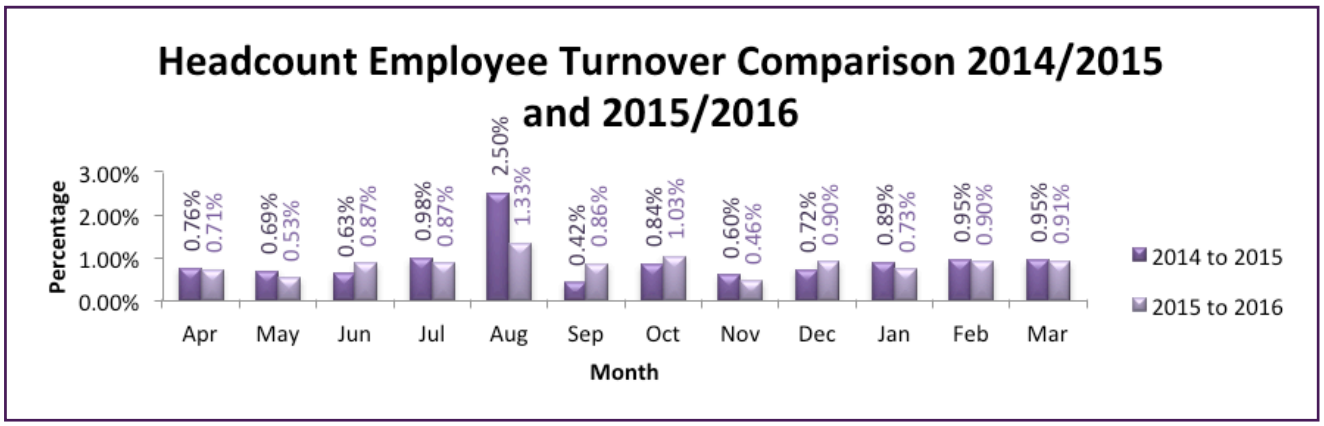
2.1 Employee Turnover

Turnover of employees continues to be low. For the year from 1 April 2015 to 31 March 2016, 176 people left their posts, of which 87 were in the six months to the end of the financial year. This was a minimal fall on the previous six months, when turnover was 89. It should be pointed out that the previous six months includes the August junior doctor rotation, during which more than the average number of doctors rotate to posts out with the Board. In August 2015, the turnover was 23, compared to the annual monthly average of 14.

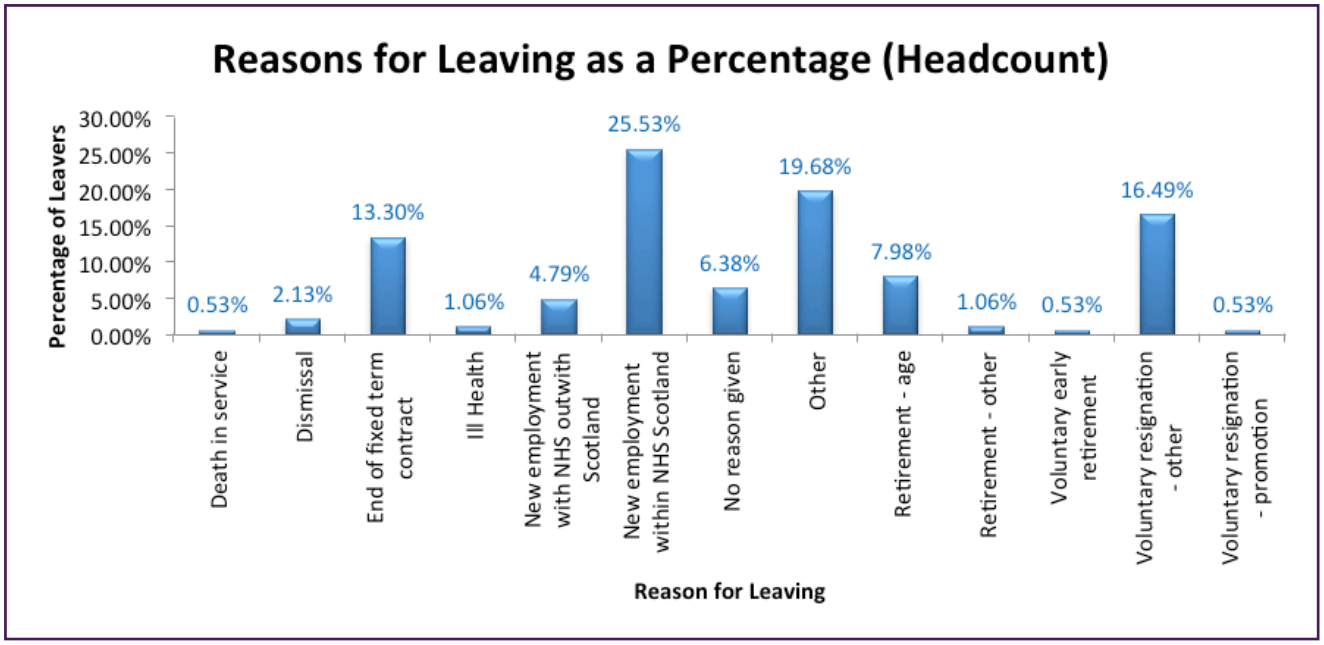
For the year the proportion of leavers was 10.05% of the overall staffing headcount, a slight fall on the year before, as can be seen below. However, it should be pointed out that the overall trend since April 2011 has been for a slight increase in employee turnover. This turnover is greater than for the other national NHS Boards (at 7.6%, a 0.9% increase in the same period) and the overall NHSScotland turnover (a 0.2% increase to 6.8%). The turnover will continue to be monitored closely.



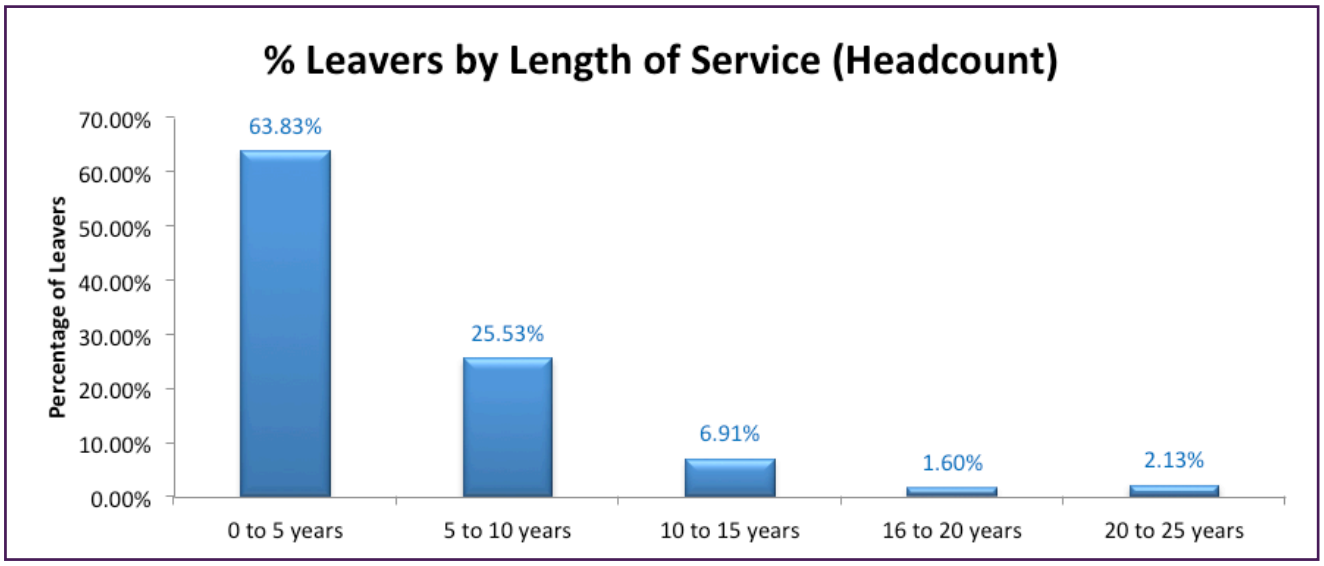
A monthly breakdown of employee turnover for April 2015 to March 2016 by headcount, comparing it to April 2014 to March 2015, is shown below. The peak in turnover due to the junior doctor rotation can clearly be seen each August, especially in 2014.



The majority of staff who leave the Board's employment participate in an exit interview with a member of the HR Team. However, in some cases, exit interviews are not carried out: either the employee may not want to participate or has already left by the time HR is informed. The chart below highlights reasons for leaving given by those who left the Board's employment between April 2015 and March 2016. It shows the reasons for leaving as a percentage of the total reasons for leaving. The most common reason for leaving (25.53% of leavers in the year) is to take up new employment in NHSScotland. A total of 19.68% of leavers cited the reason for leaving as "other"; there is no significant pattern or theme identified as the staff members vary within a range of bands and roles and also from a number of different departments. We will continue to monitor and analyse this information.

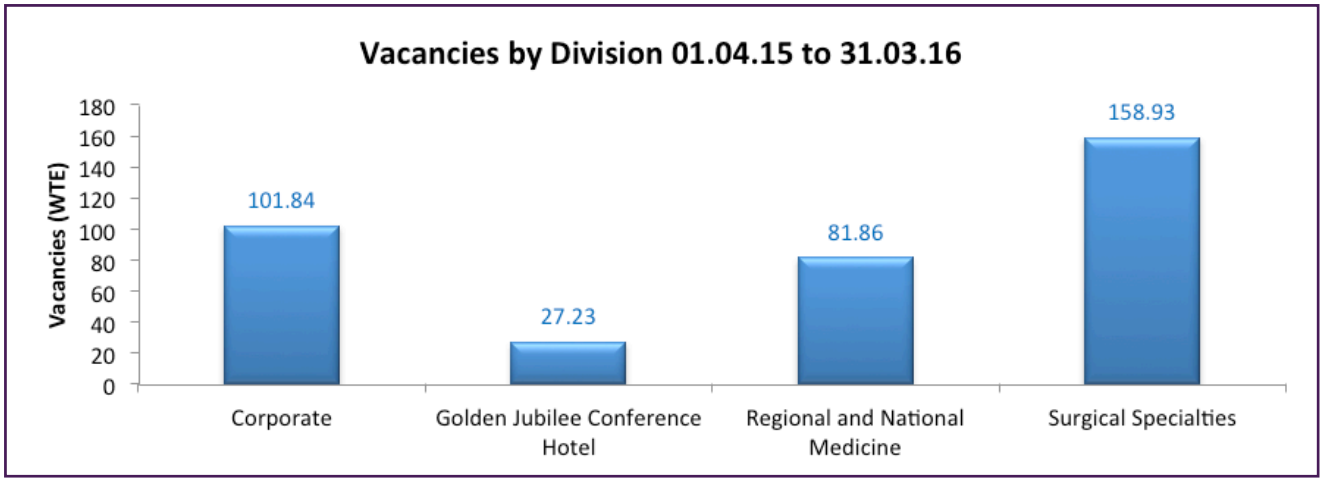


The data suggests that the longer a member of staff remains employed by the Board, the less likely they are to leave, with almost two thirds of those who left the Board's employment in 2015/2016 having been employed for less than five years, as can be seen below. The trend of leavers by length of service is similar to that reflected in previous workforce monitoring reports.

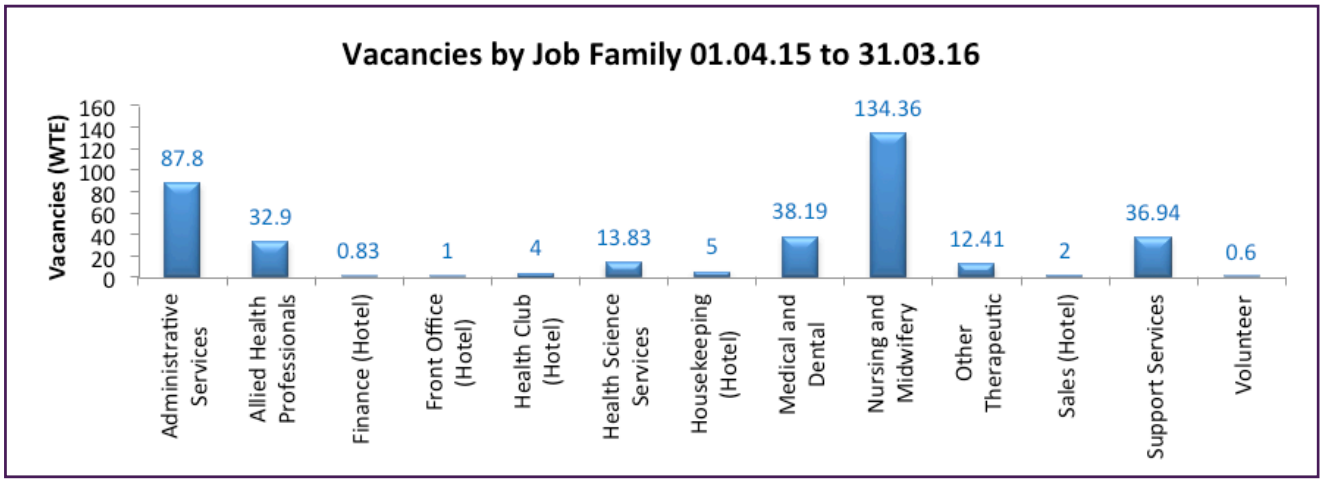


3. Recruitment

During the monitored period, there were a total of 369.86 whole time equivalent vacancies across the Board, with 198.71 in the first six months and 171.15 in the second six months. The greatest proportion of vacancies was within our largest Division, Surgical Services, as can be seen in the chart below.



The job family with the largest number of vacancies during the year was Nursing and Midwifery with 134.36, followed by Administrative Services with 87.8. The chart below shows the job family breakdown of vacancies for the monitored period.

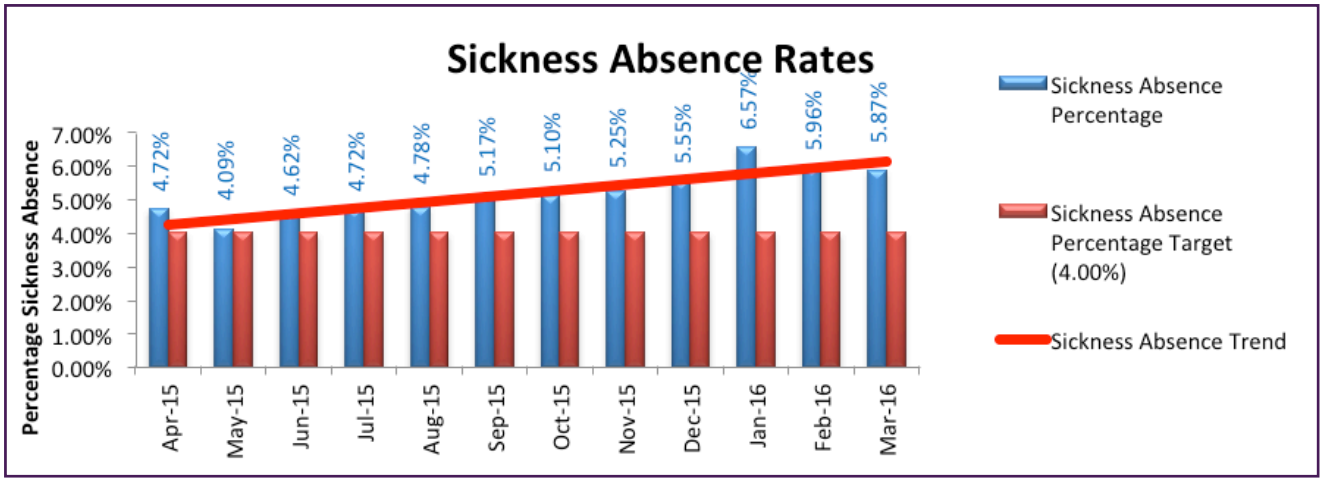


During the year, a total of 3,109 applications were processed by the Recruitment Team, of which 1,223 were shortlisted, and 346 appointed to posts. Further details on the breakdown of applicants, both successful and otherwise, will be provided within the “Equality and Diversity” section of this report.

4. Sickness Absence

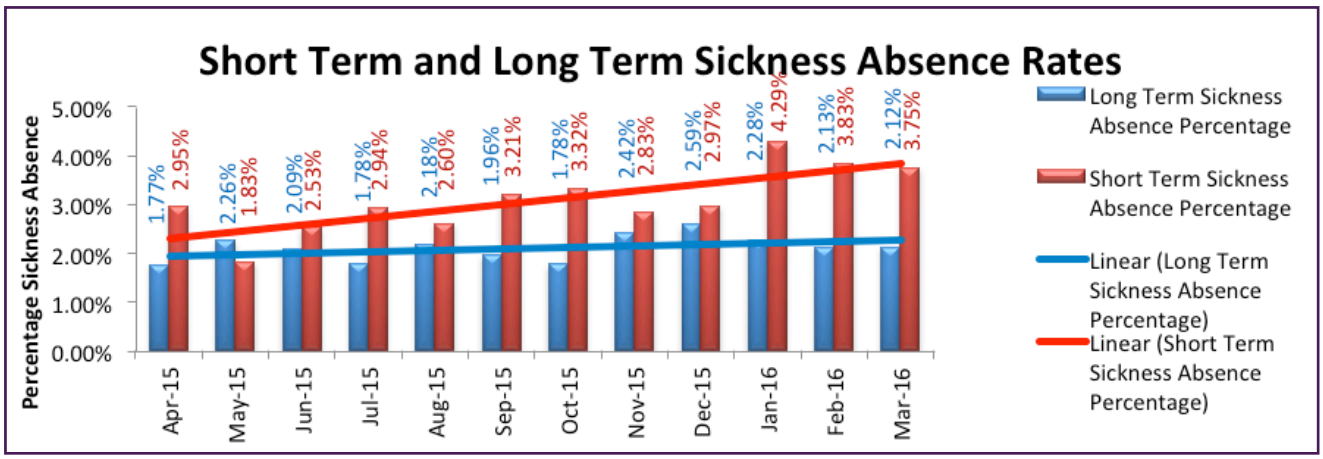
4.1 Board-wide Sickness Absence

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, Divisional and Board level are reported monthly by the Human Resources Department. The long term national standard for sickness absence is 4%. Over the monitored period, the levels of sickness absence were higher than the national standard each month, rising steadily throughout the year, from 4.72% in April 2015 to 5.87% in March 2016, as can be seen in the chart below. Both the Human Resources Department and managers have recognised this increase and are working closely together to monitor and manage episodes of sickness absence, with the aim of supporting those on sick leave back to work and reducing sickness absence levels.



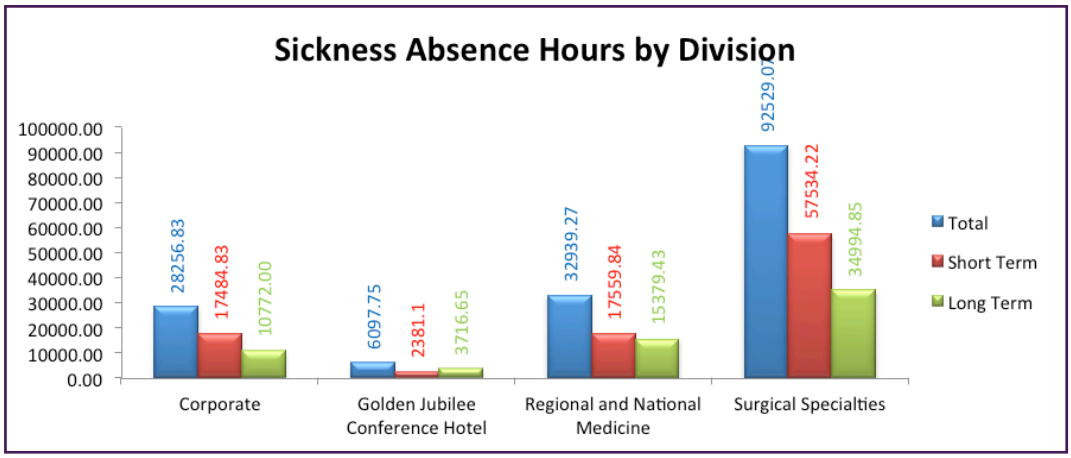
4.2 Short Term and Long Term Sickness Absence

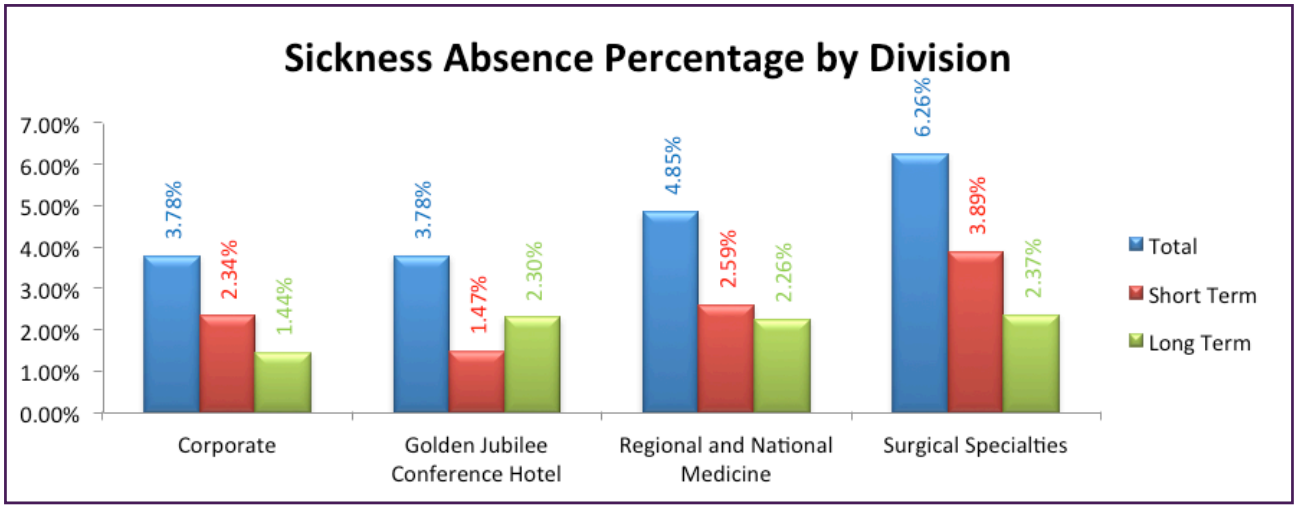
Further analysis splits absences down into short term and long term, with long term representing absences over 28 days. The trend for long term absences is a slightly raising gradient, but stays around 2.00% over the year. However, the main issue over the period monitored relates to the increase in short term sickness absence. The trend shows a pronounced increase over the year.



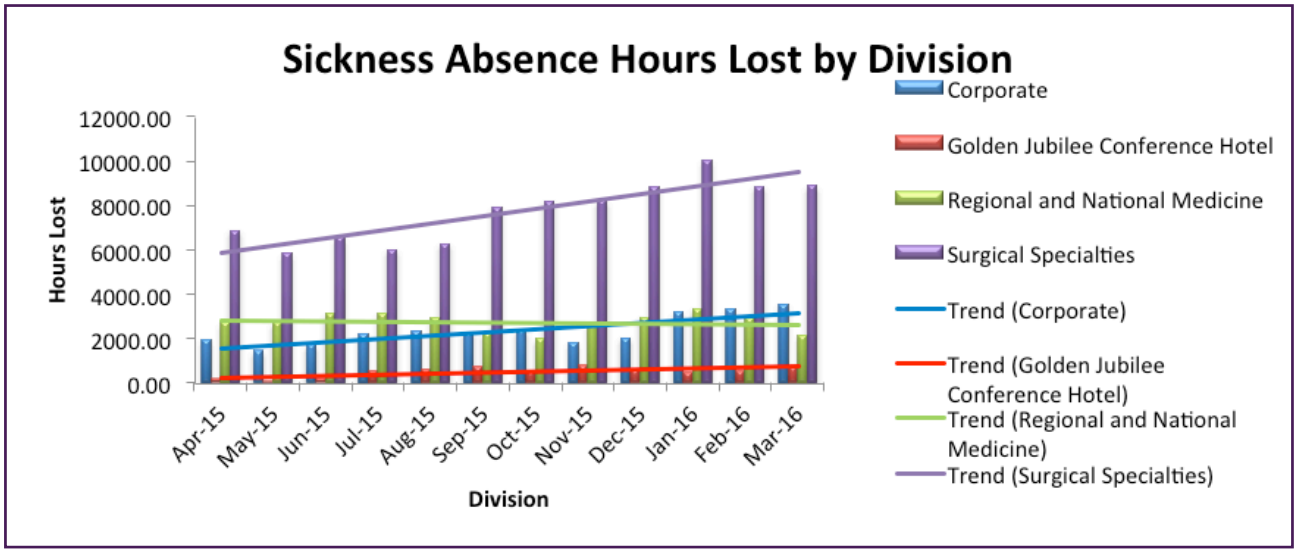
4.3 Sickness Absence by Division

The charts below highlight the total short term and long term sickness absence hours and percentages of contract hours for each of the Divisions over the monitored period. Both Corporate and the Golden Jubilee Conference Hotel fall under the 4.00% Heat Standard at 3.78% overall, while Regional and National Medicine comes in slightly over the target at 4.85%, with roughly equal levels of short term and long term absences. Surgical Specialties exceeds the standard at 6.26% overall, with a higher level of short-term sickness absence of 3.89%.





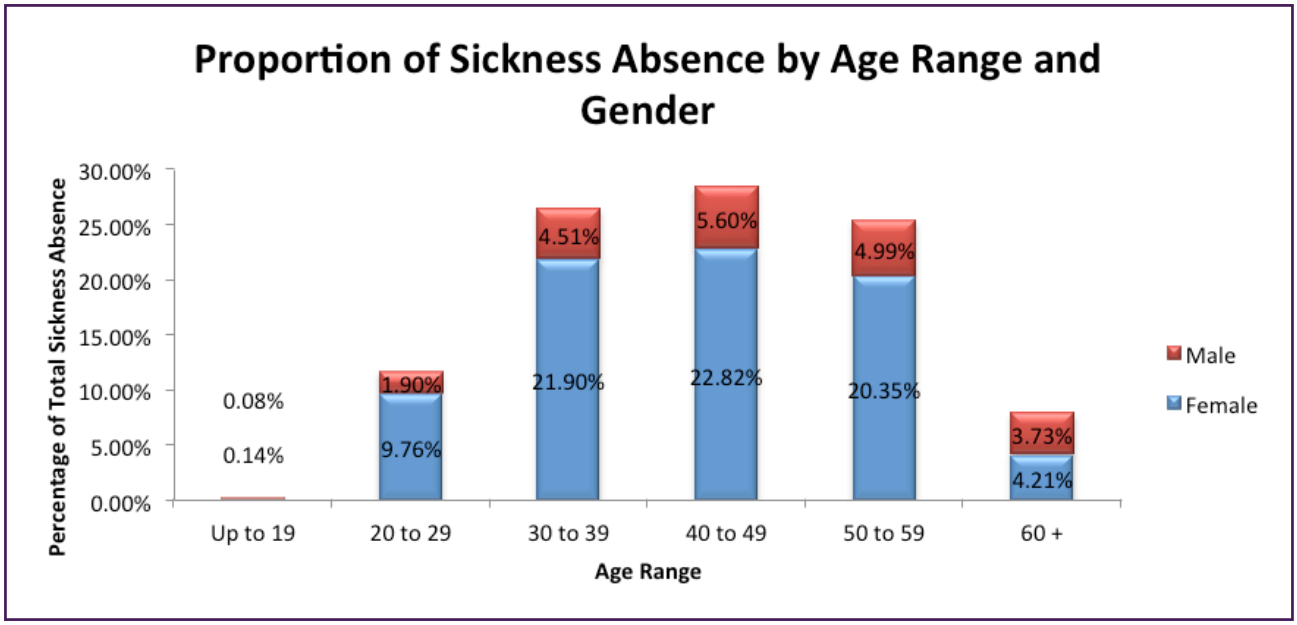
Throughout the year, the sickness absence trend has been steady for both Regional and National Medicine and the Golden Jubilee Conference Hotel, as can be seen from the chart below. However, the trend for Corporate has been for slightly increasing sickness absence over the monitored period, while it has risen more steeply for Surgical Specialties.

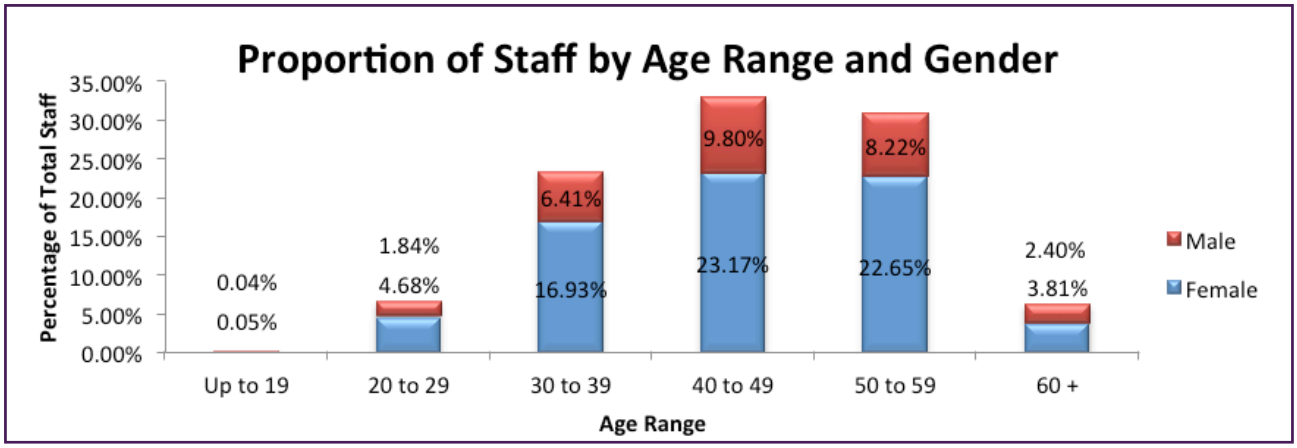


4.4 Sickness Absence by Age and Gender

The two charts below look at the proportion of sickness absence by age range and gender and compare that with the proportion of staff by age range and gender. The first chart shows that the biggest proportion of sickness absence was in the 40 to 49 age group (28.42%), which also made up the largest proportion of staff (32.97%), indicating that this group was slightly under-represented in the sickness absence statistics. In this age group, both male and female staff accounted for less sickness absence than their numbers would indicate.

The age range that was most over-represented in the sickness absence statistics, when compared to the proportion of staff that it comprised, was the 20 to 29 year olds, especially females in that age group, which made up 4.68% of the workforce, but 9.76% of sickness absence.





4.5 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. The most commonly cited reason for sickness absence during the monitored period was “Anxiety/stress/depression/other psychiatric illnesses”, which made up slightly more than a quarter of sickness absences recorded.

The chart below highlights the most common reasons for sickness absence during the period monitored, with the top reason for absence accounting for almost as many hours lost as the next three reasons added together. The top five reasons for sickness absence remain unchanged from the previous reporting period. Management, Human Resources and Occupational Health have robust processes in place to work with staff members to reduce the number and length of sickness absences, assisting staff to remain at work and return to work sooner.

Sickness absence reason	Hours lost	Proportion of sickness absence
Anxiety/stress/depression/other psychiatric illnesses	40,295.20	25.19%
Injury, fracture	15,791.57	9.87%
Gastro-intestinal problems	14,743.46	9.22%
Cold, cough, flu – influenza	14,456.99	9.04%
Other musculoskeletal problems	12,966.65	8.10%
Unknown causes/not specified	12,160.07	7.60%
Genitourinary and gynaecological disorders – exclude pregnancy related disorders	7,422.87	4.64%
Other known causes – not otherwise classified	7,416.99	4.64%
Chest and respiratory problems	6,345.54	3.97%
Back problems	4,678.89	2.92%
Benign and malignant tumours, cancers	4,280.00	2.68%
Pregnancy related disorders	4,107.95	2.57%
Ear, nose, throat (ENT)	3,729.40	2.33%
Heart, cardiac and circulatory problems	1,980.25	1.24%
Headache/migraine	1,884.89	1.18%
Eye problems	1,806.63	1.13%
Infectious diseases	1,370.00	0.86%
Skin disorders	1,243.00	0.78%
Nervous system disorders – exclude headache, migraine	1,055.50	0.66%
Blood disorders	725.50	0.45%
Dental and oral problems	687.49	0.43%
Endocrine/glandular problems	460.25	0.29%
Asthma	339.00	0.21%
Substance abuse – include alcoholism and drug dependence	24.00	0.02%
Burns, poisoning, frostbite, hypothermia	19.00	0.01%
Grand Total	**159991.09**	**100.00%**

The Board is currently reviewing wellbeing and looking at its strategic direction over the next 10 years, which will ensure that we deliver a coordinated approach across every staff discipline to maximise wellbeing for every employee. The Board has also engaged with See Me to offer advice, support and training to our staff and managers on mental health issues.

5. Work Life Balance

In August 2015, the Board implemented an updated suite of policies that 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**". These aim to improve quality of life for staff by assisting them to balance life and work responsibilities, increasing motivation and job satisfaction, reducing absenteeism, improving performance, increasing productivity and staff engagement, and ultimately improving service delivery.

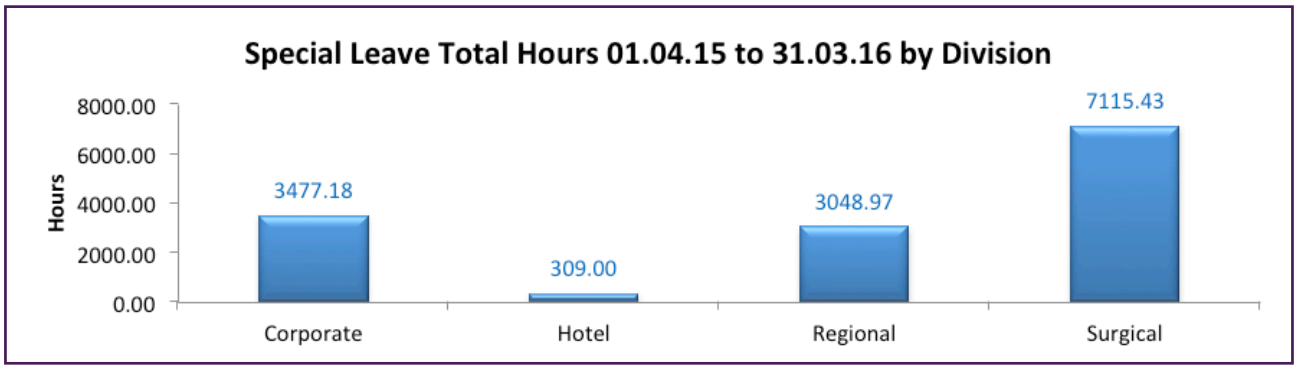
5.1 Special Leave

Special leave allows managers 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 but not limited to:

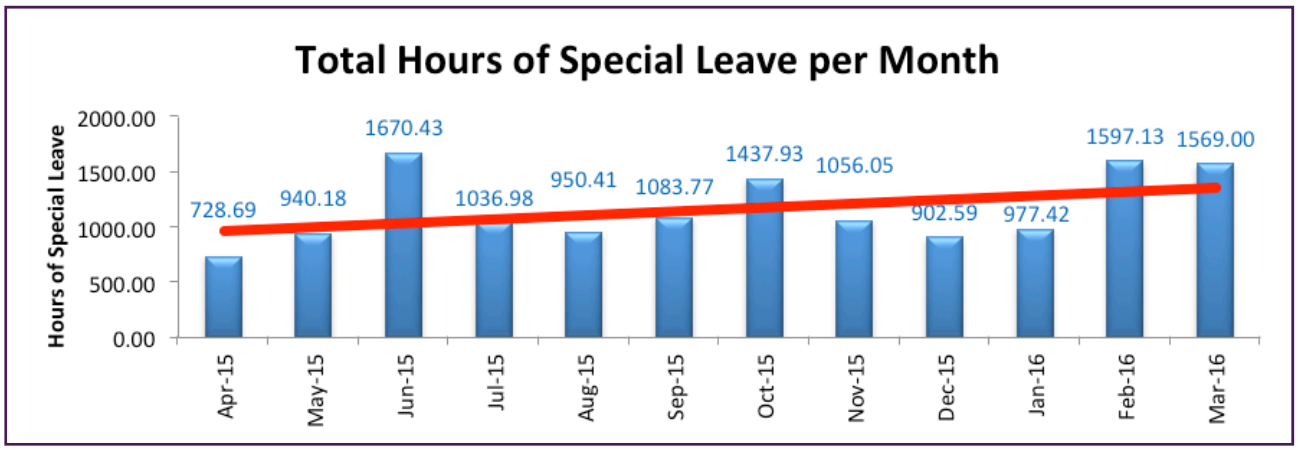
- the necessary and unexpected need for a member of staff to provide care to any person who reasonably relies on the employee for assistance on an occasion where the person falls ill or is injured;
- an employee who suffers a bereavement; and
- members of staff who perform civic and public duties.

The special leave policy allows for absence where normal arrangements break down without notice or where an urgent and unforeseen situation arises.

In the monitored period, a total of 13,950.58 hours of special leave were recorded, broken down by Division as shown below:



The monthly breakdown of special leave across the Board during the monitored period is shown below. The trend over the period was for special leave to increase from April to March, and the chart clearly shows spikes in June, October, February and March.



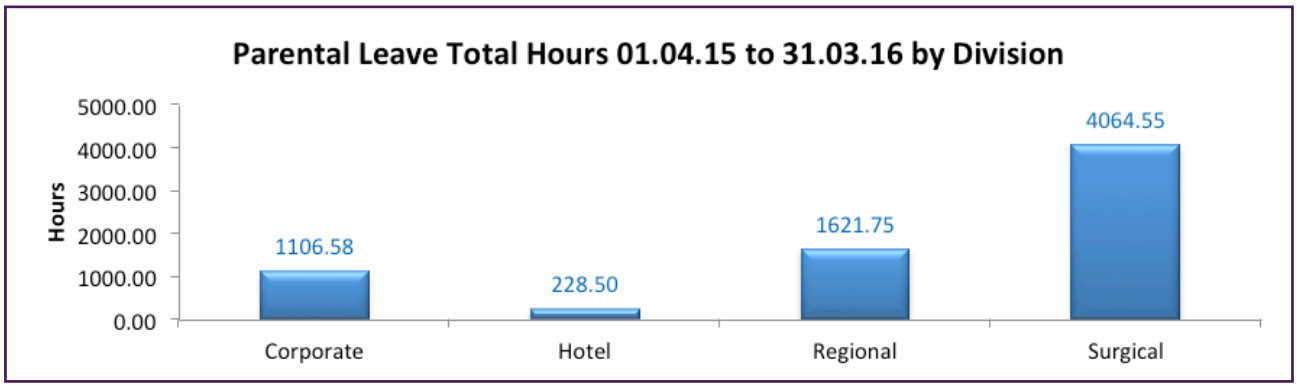
The top 10 reasons for requesting special leave are listed below, with time off for bereavement accounting for just over 20%, and time used to facilitate phased returns coming in just below that. It should be noted that the initial two weeks of a phased return to work following long term sickness absence can be supported by special leave, following which annual leave can be used to extend this.

Reason for Special Leave	Hours Lost	Percentage of Special Leave
Bereavement	3,008.05	21.55%
Phased return	2,735.06	19.59%
Carer	2,288.91	16.40%
Compassionate	2,083.20	14.92%
Medical or dental appointment	1,135.46	8.13%
Emergency/domestic issues	1,029.50	7.38%
Other special	785.48	5.63%
Jury service	340.17	2.44%
Court service	164.25	1.18%
Unknown/not applicable	114.00	0.82%

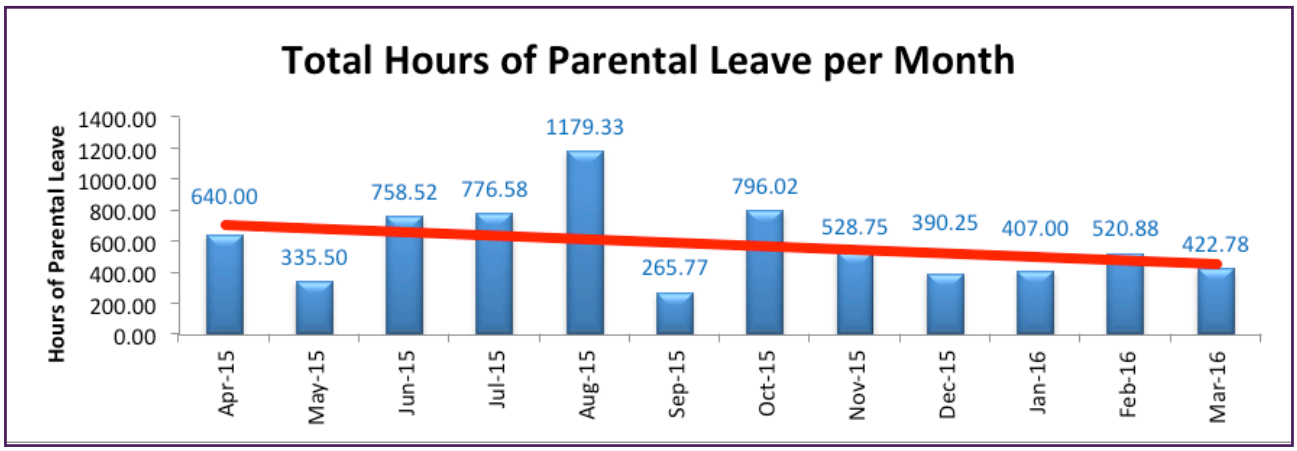
5.2 Parental Leave

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

Between 1 April 2015 and 31 March 2016, a total of 7,021.38 hours of parental leave were used, broken down by Division as follows:



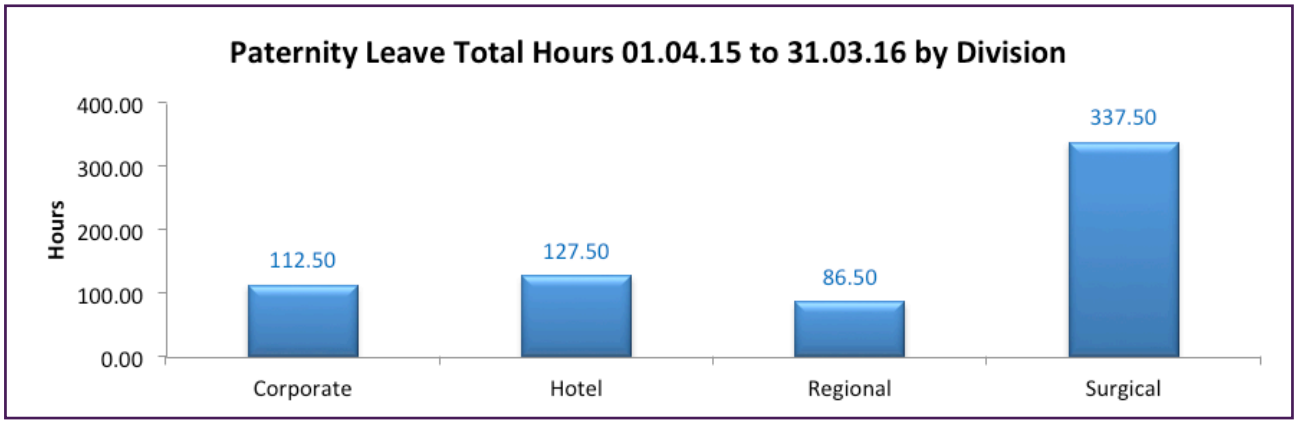
The monthly breakdown of parental leave across the Board during the monitored period is shown below. The trend over the period was for parental leave to decrease from April to March, with a clear peak in August, coinciding with school holidays.



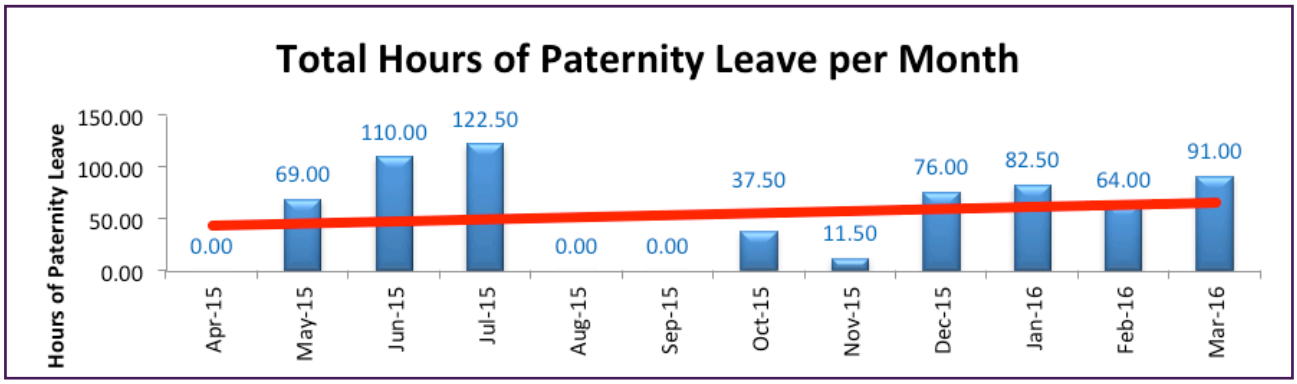
5.3 Paternity Leave

Paternity leave applies to biological and adoptive fathers, nominated carers, and same-sex partners, and allows time off for employees who wish to provide maternity support.

During the monitored period, employees used a total of 664 hours of paternity leave, as shown below:



The monthly breakdown of paternity leave across the Board during the monitored period is shown below. The trend over the period was for paternity leave to increase towards the end of the year, with three months in the first half of the year having no paternity leave.



6. 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 puts these at the heart of everything the Board does. The information covered in this section is based on self-reporting by staff and is collected at the point of engagement, via the Staff Engagement Form.

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

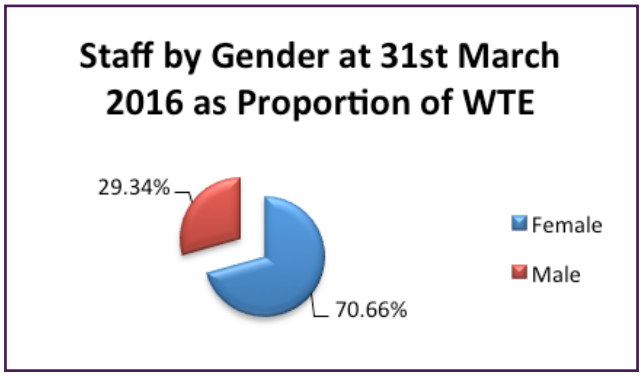
- gender;
- age;
- race;
- religion and belief;
- disability;
- sexual orientation;
- marriage and civil partnership;
- gender reassignment; and
- pregnancy and maternity.

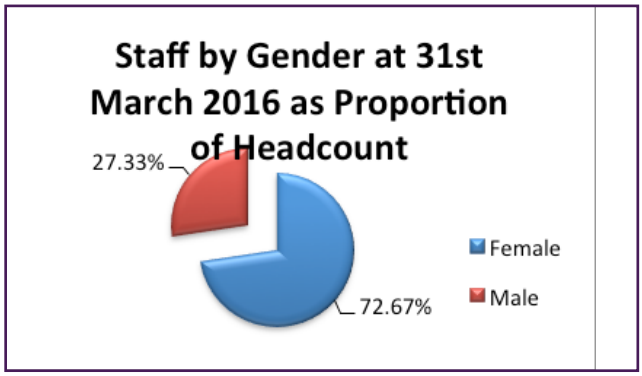
The Board currently has 20 staff who have completed the Diversity Champions traning and can provide signposting and guidance to our staff.

6.1 Gender

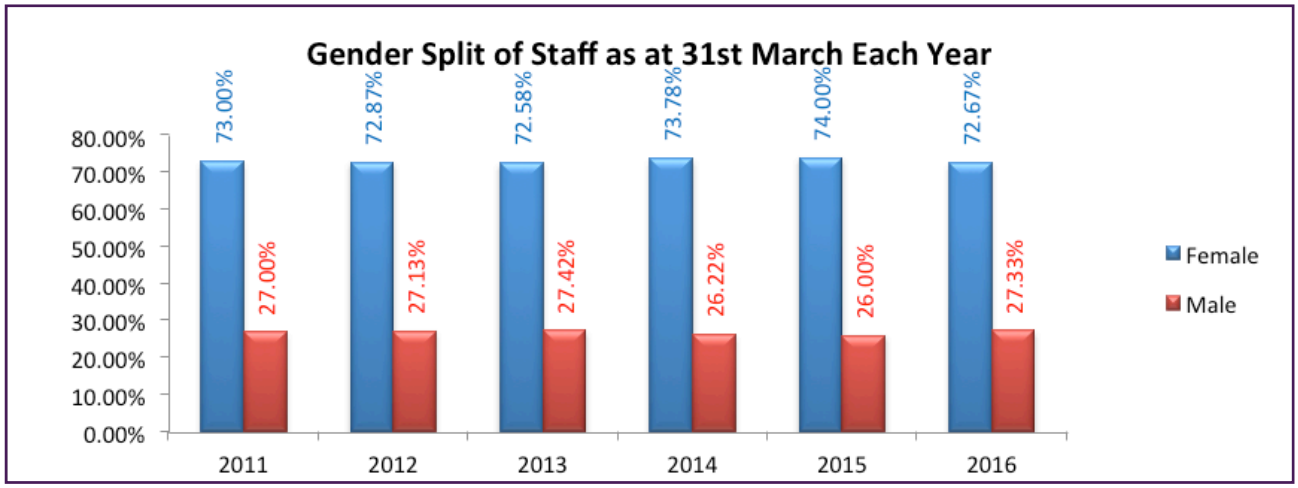
6.1.1 Workforce Breakdown

As in previous reporting periods, the Board's workforce continues to be predominantly female, with women representing over 70% of the workforce as at 31 March 2016:

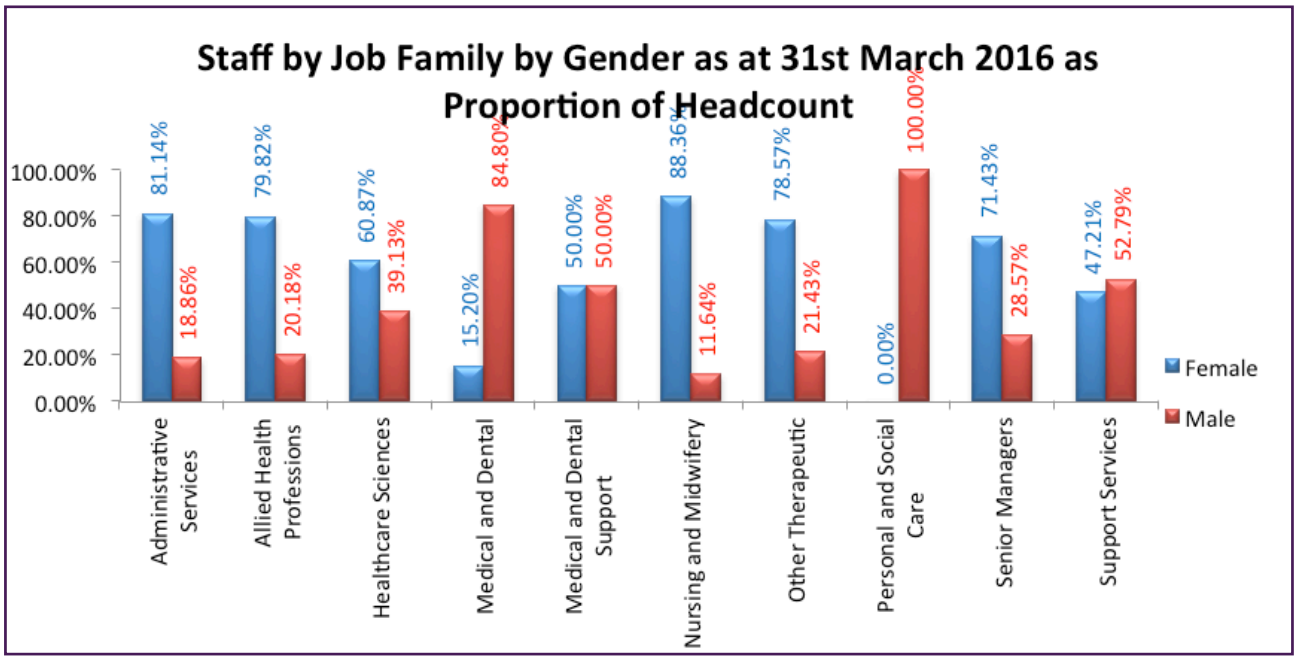




This continues the pattern of previous years:

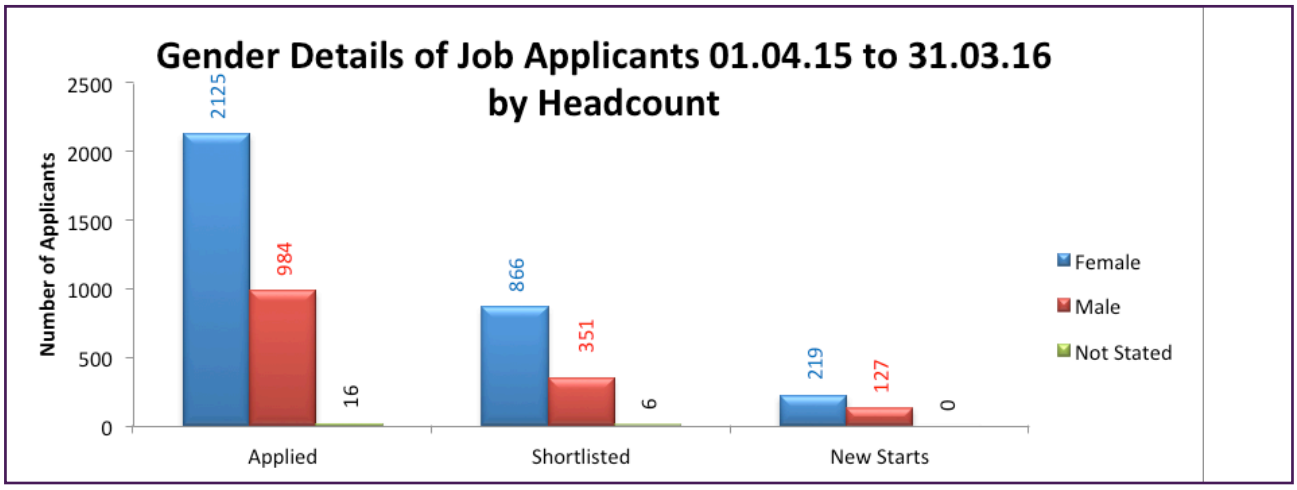


While gender split in Scotland is roughly 50:50, the majority of job families within the Board have a female majority, with only "Medical and Dental", "Personal and Social Care" and "Support Services" having more males than females. The largest job family in the Board is "Nursing and Midwifery", which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



6.1.2 Recruitment Activity

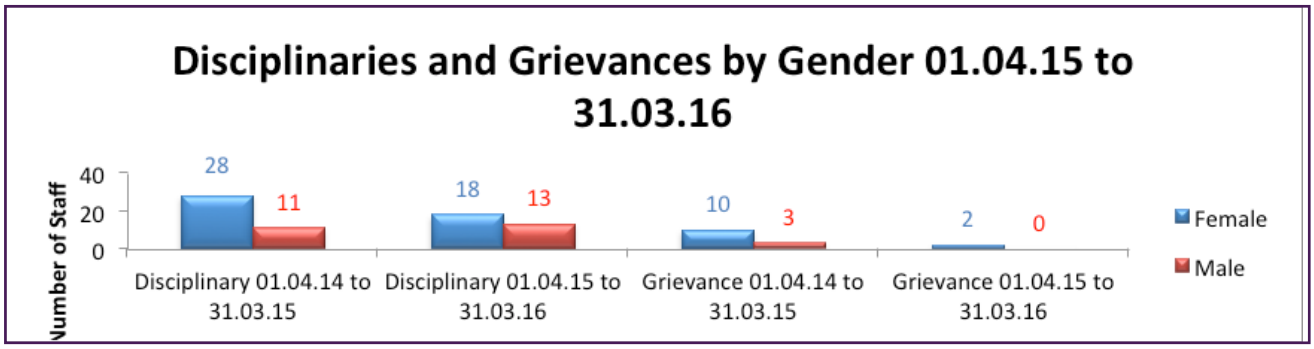
As part of the recruitment process, applicants are asked to provide equality monitoring information. While the majority of applicants do provide this information, some choose not to. This can be seen in the chart below, in which a number of applicants for posts opted to choose neither "Male" nor "Female",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



During the reporting period, males accounted for 31.49% of applicants, 28.70% of those shortlisted and 36.71% of new starts; therefore a male applicant had a slightly lower chance of being shortlisted than a female one, but a slightly higher chance of being appointed. It should be noted that shortlisting of applicants takes place without equality information being made available to the shortlister, with the aim of ensuring equality. We intend to introduce further training in the form of unconscious bias training to equip staff with the core skills they need to recruit, manage and develop diverse teams.

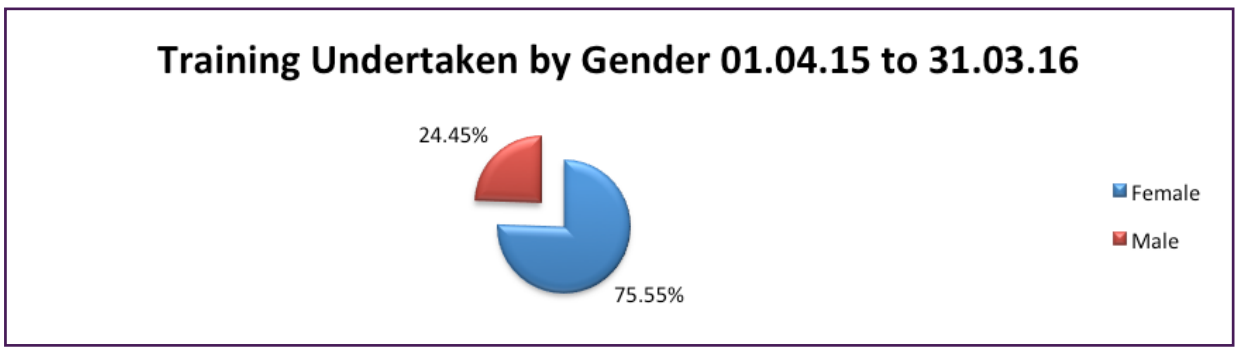
6.1.3 Discipline and Grievance Activity

During the reporting period, there were a total of 31 disciplinary cases (18 female and 13 male) and two grievances (both female). This is down on the previous year, as can be seen from the table below, when there were 39 disciplinary cases (28 female and 11 male) and 13 grievances (10 female and 3 male).



6.1.4 Training Activity

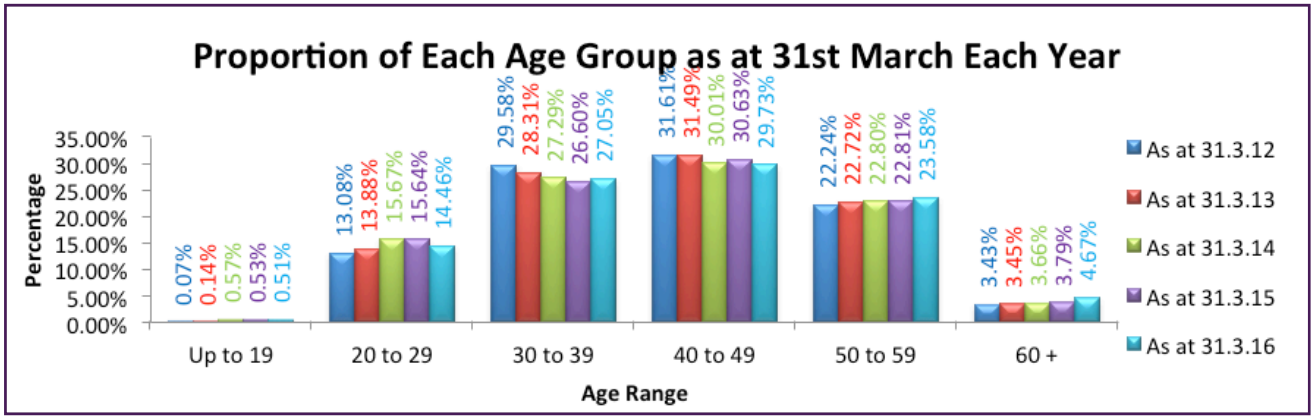
The split by gender of training activity undertaken during the monitored period slightly favours female participation in training events when compared to their proportion of the workforce, 30%, whereas they comprised 75.55% of participants in training events, as can be seen below. This is almost exactly the same proportions as for the previous year:



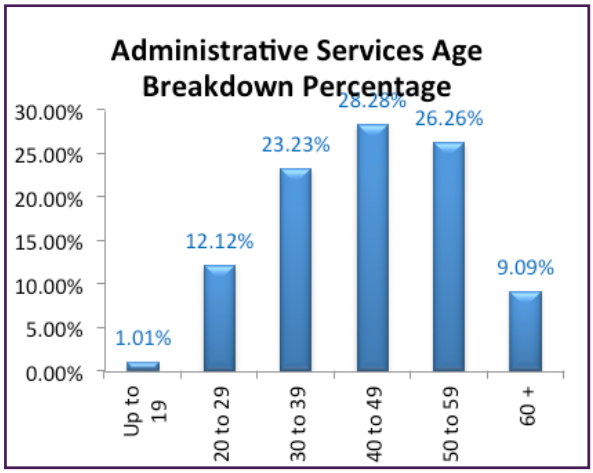
6.2 Age

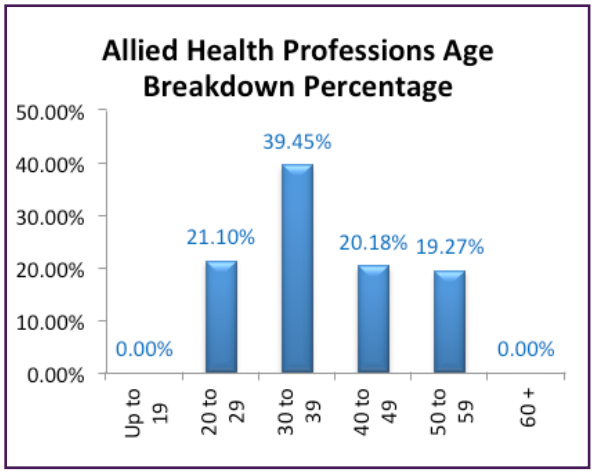
6.2.1 Workforce Breakdown

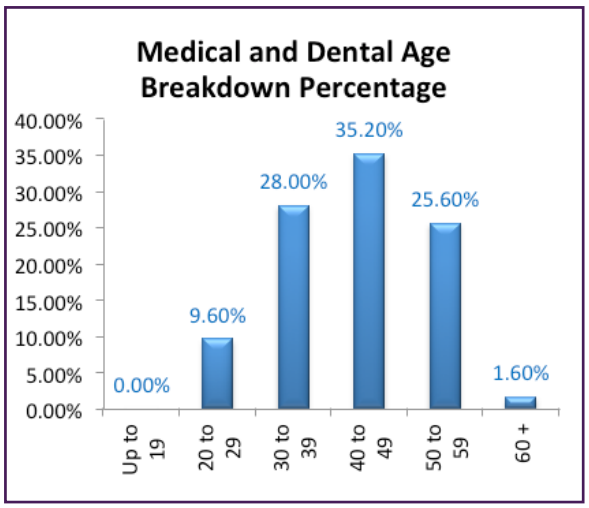
Over the last few years, the age profile of the Board's workforce has changed very little, with the biggest change showing in the 30 to 39 year old age group, which has fallen by just over 2.5% between March 2012 and March 2016, as can be seen in the chart below. There has also been a smaller fall in the 40 to 49 age group, with slight increases in the 20 to 29 and 50 to 59 age groups. The Board continues to monitor the age range of staff to allow it to carry out succession planning activities for future requirements.

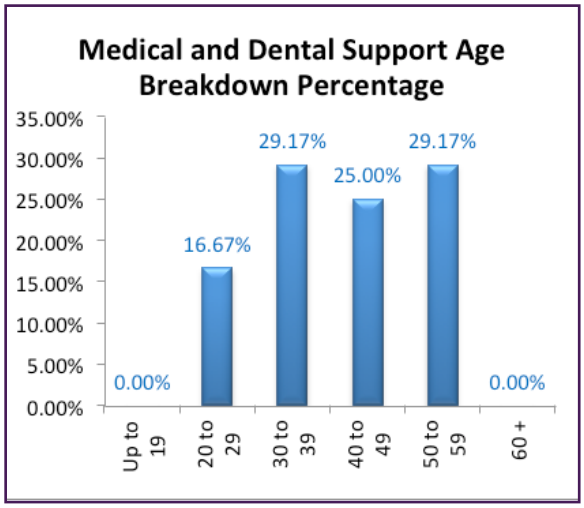


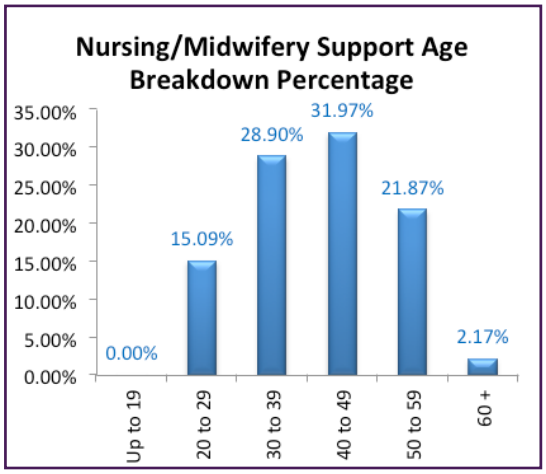
The following charts highlight the age ranges of the workforce in each of the job families, as at 31 March 2016 (the Personal and Social Care job family chart is not included – there are two members of staff, one in the 50 to 59 age group and the other in the 60+ age group).

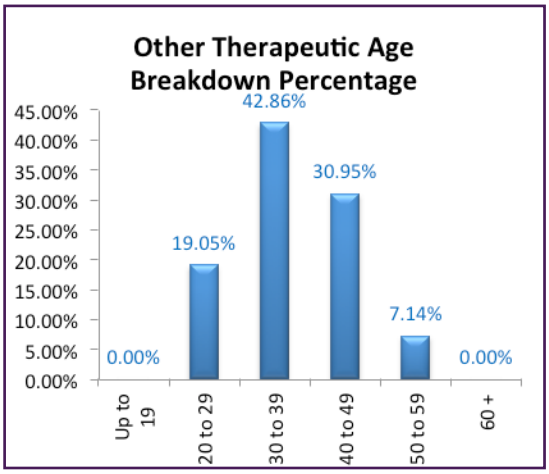


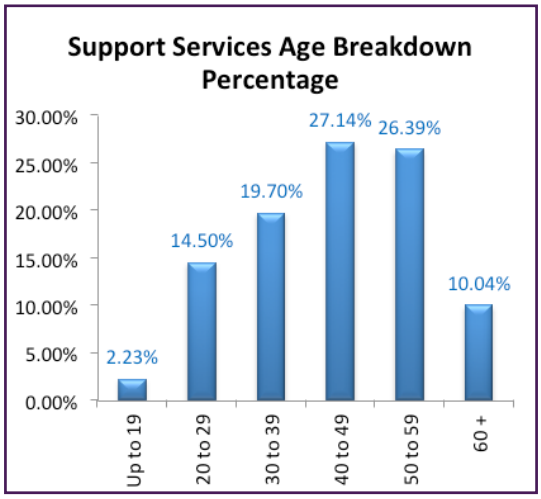






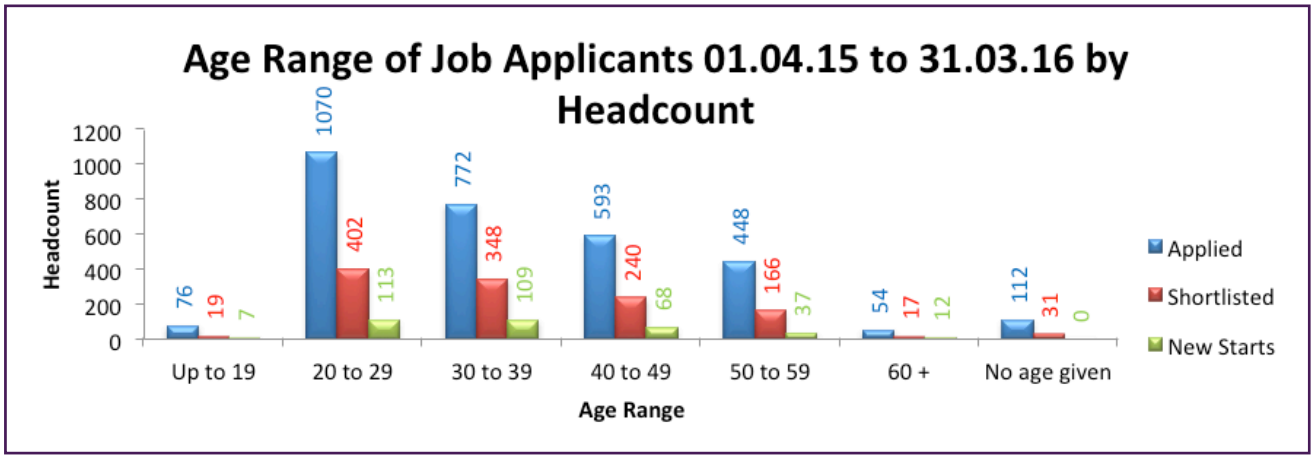


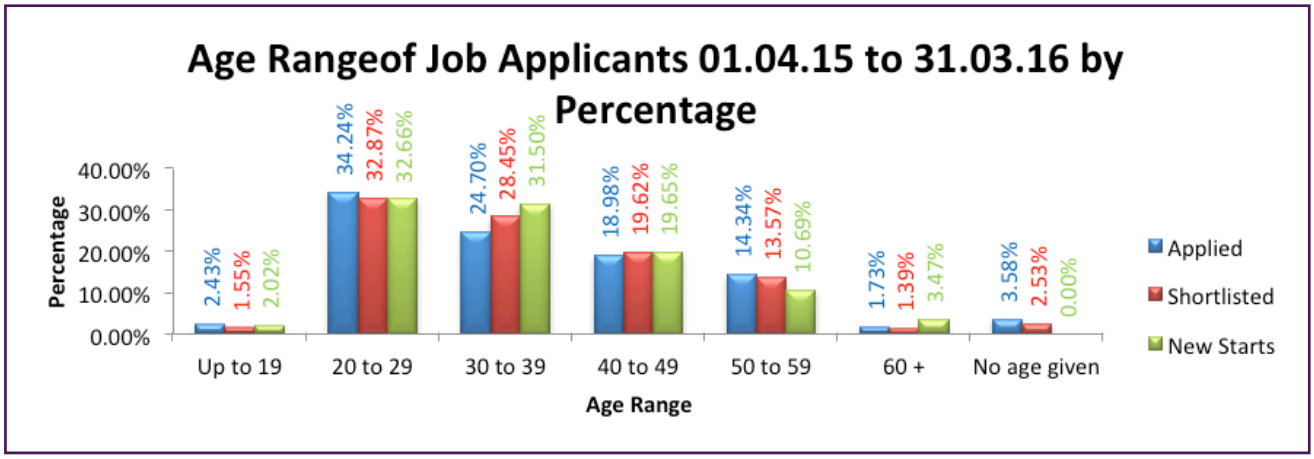




6.2.2 Recruitment Activity

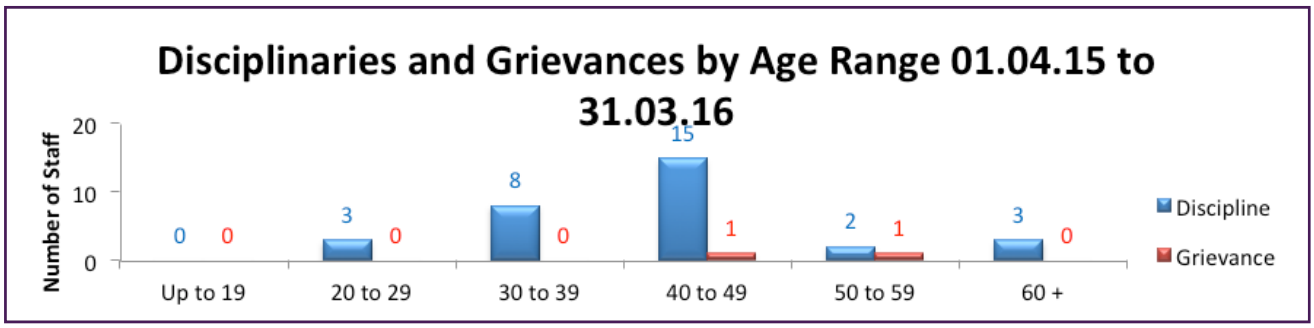
The 20 to 29 age range supplied the largest number of applicants (34.24%), those who were shortlisted (32.87%) and new starts (32.66%). The 30 to 39 age range were appointed to a greater proportion of new starts, with 24.70% of applicants and 31.50% of new starts.





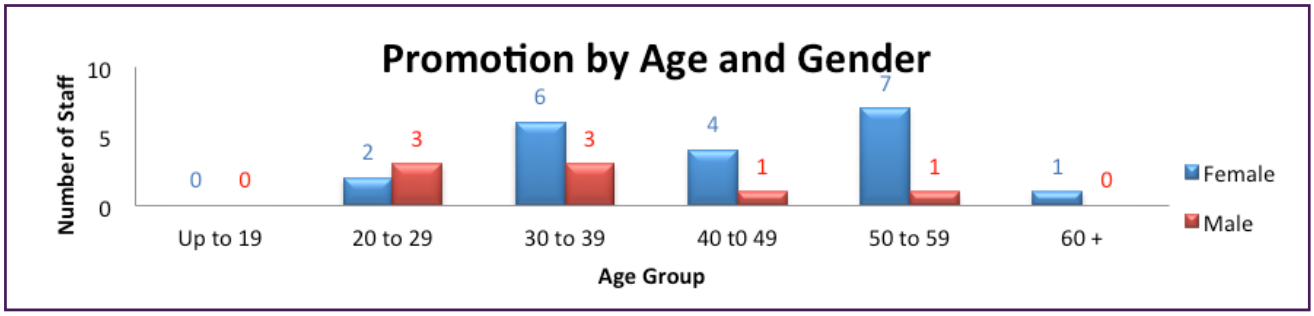
6.2.3 Discipline and Grievance Activity

During the reporting period, a large minority of those who underwent disciplinary action (15 out of 31, 48.39%) were in the 40 to 49 age group, which is disproportionately high when compared to the proportion of the workforce they comprise (29.73%):



6.2.4 Promoted Staff

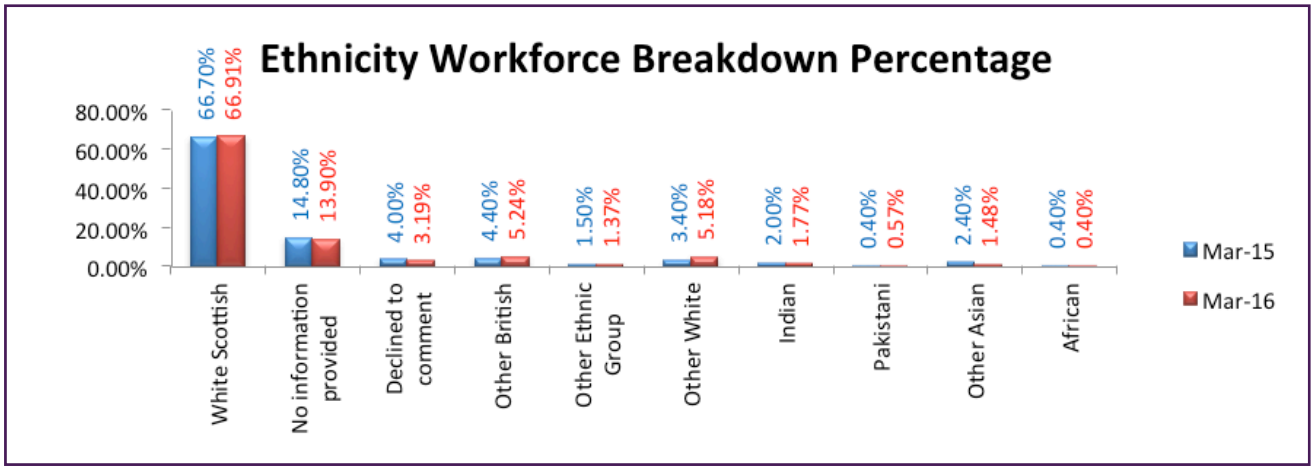
The monitored period saw a total of 28 promotions among the Board's staff, with the breakdown by age and gender shown in the table below. Of these 28 staff, 20 were female, with seven in the 50 to 59 age group and six in the 30 to 39 age group. Of the eight promoted male staff, three were in the 20 to 29 age group and three in the 30 to 39 group.



6.3 Race

6.3.1 Workforce Breakdown

At the end of the monitored period by far the largest proportion of employees identified themselves as "White – Scottish", coming in at 66.91%, up slightly from 66.70% as at March 2015. The next largest group were those that did not provide any information on their ethnicity, with 13.90%, compared to 14.80% the previous year. Minority ethnic groups made up 5.58% of the workforce, compared to 4.00% of the Scottish population as a whole (source: Scotland's 2011 census). At March 2015, minority ethnic groups made up 5.59% or the workforce, so the change in the monitored period was negligible.



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

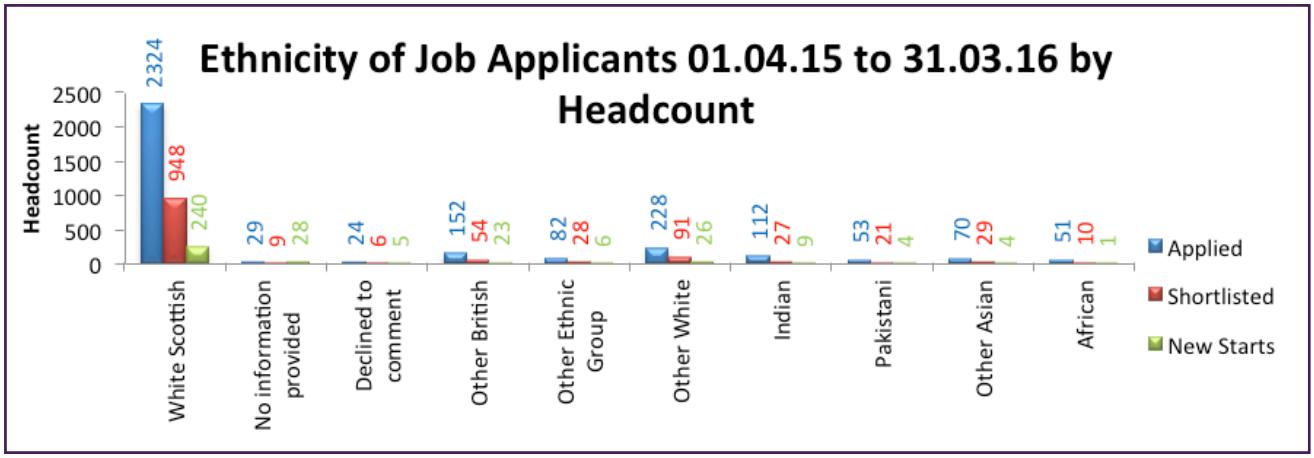
	March 2012	March 2013	March 2014	March 2015	March 2016
White Scottish	56.60%	58.48%	63.87%	66.70%	66.91%
No information provided	24.44%	22.56%	16.87%	14.80%	13.90%
Declined to comment	4.65%	5.19%	4.61%	4.00%	3.19%
Other British	5.00%	4.36%	4.42%	4.40%	5.24%
Other Ethnic Group	3.19%	3.25%	3.54%	1.50%	1.37%
Other White	2.71%	3.04%	3.41%	3.40%	5.18%
Indian	1.88%	1.73%	1.90%	2.00%	1.77%
Pakistani*	0.00%	0.00%	0.00%	0.40%	0.57%
Other Asian	1.53%	1.38%	1.39%	2.40%	1.48%
African*	0.00%	0.00%	0.00%	0.40%	0.40%

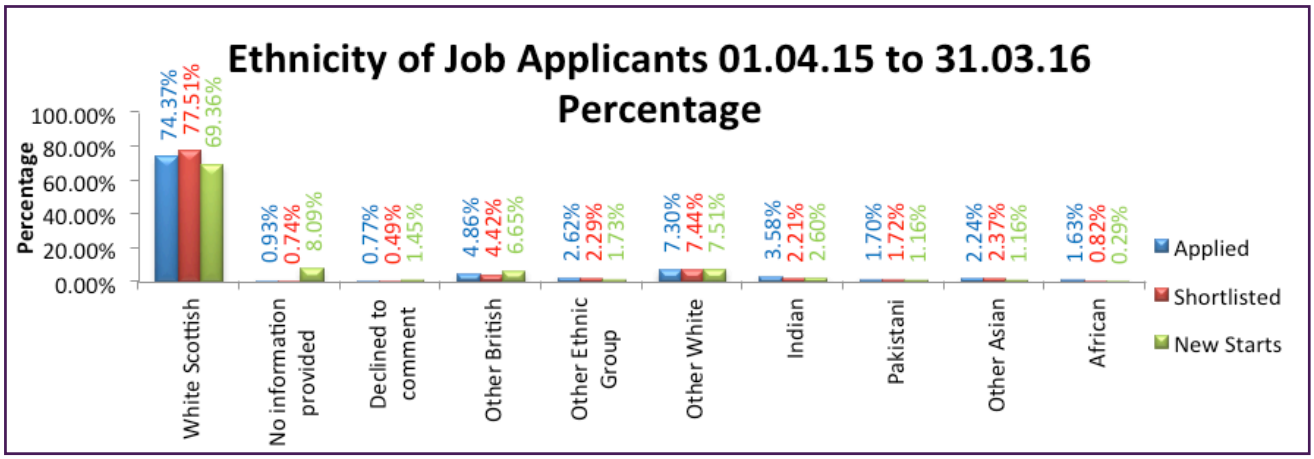
* Pakistani was counted in “Other Asian” and African was counted in “Other Ethnic Group” in 2012, 2013 and 2014.

6.3.2 Recruitment Activity

As would be expected, the majority of applicants for vacant posts identify themselves as “White Scottish”, making up 74.37% of applicants, 77.51% of those shortlisted and 69.36% of new starts. The group that stands out, where the proportion of new starts is much higher than that of applicants and those who were shortlisted, is where the applicant did not provide any information on their ethnicity, standing at 8.09% of new starts, compared to only 0.93% of applicants and 0.74% of those who were shortlisted.

Applicants who identified themselves as from a minority ethnic group made up 11.78% of applicants, 9.40% of those shortlisted and 6.94% of new starts. This compares to 12% of applicants, 8.8% of those shortlisted and 8.4% of new starts in the period between 1 April and 30 September 2015, so the second half of the year saw a slight drop across all three comparators.

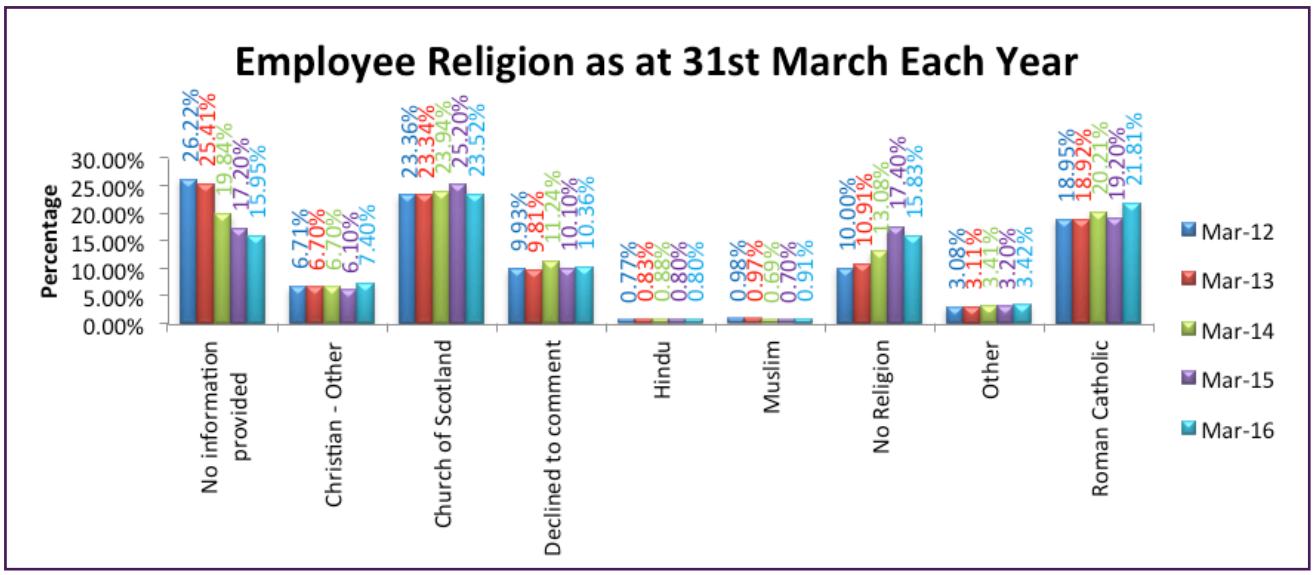




6.4 Religion and Belief

6.4.1 Workforce Breakdown

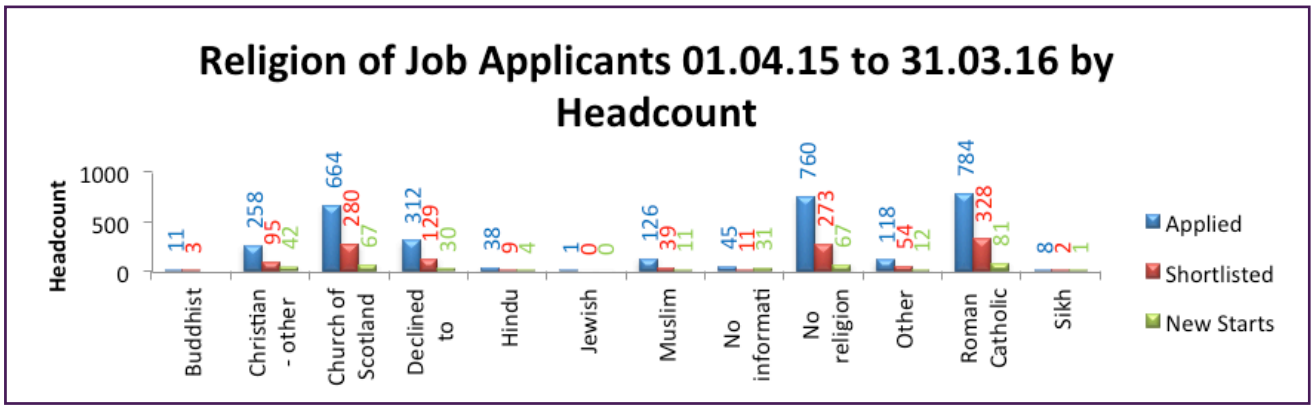
As with other protected characteristics, new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years, the quality of information provided has improved, with a drop in the number of people not providing information 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 “Church of Scotland”, which has been the case since at least March 2012, with the second largest group identifying themselves as “Roman Catholic”. The number indicating that they have “No Religion” has increased each year to March 2015, with a slight fall in the reporting period.

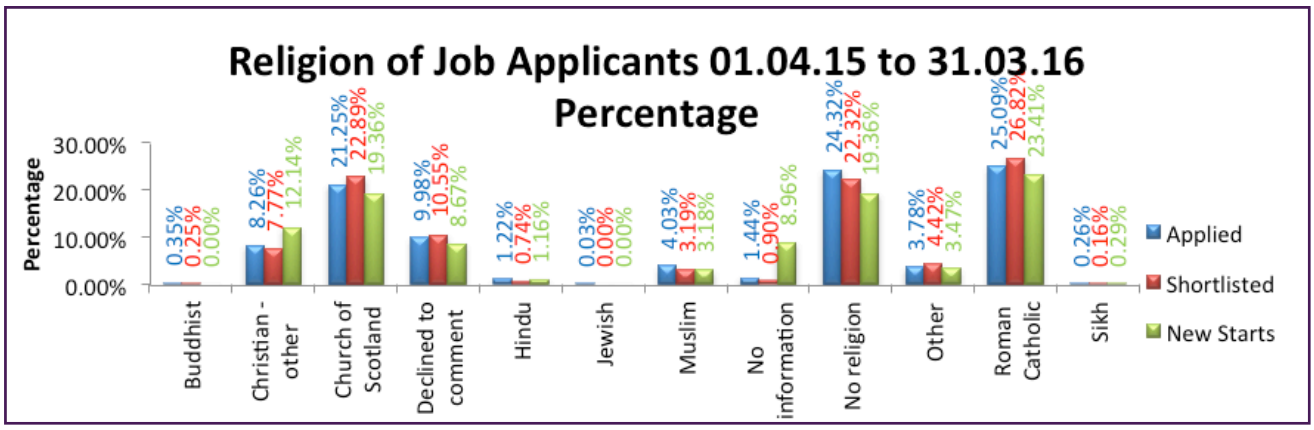


*Faiths which are represented by fewer than five staff (e.g. Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.

6.4.2 Recruitment Activity

Of applicants for jobs in the reporting period, the largest number identified themselves as “Roman Catholic”, followed by “No religion”, as can be seen from the charts below. The percentage breakdown of those who applied, who were shortlisted and were new starts is roughly proportionate, with the exception of: “Christian – other” and “No information provided”, where the proportion of new starts were higher than those who applied and those who were shortlisted; and “No religion”, where the proportion of new starts was lower at 19.36% when compared to the percentage of those who applied (24.32%) and those who were shortlisted (22.32%).

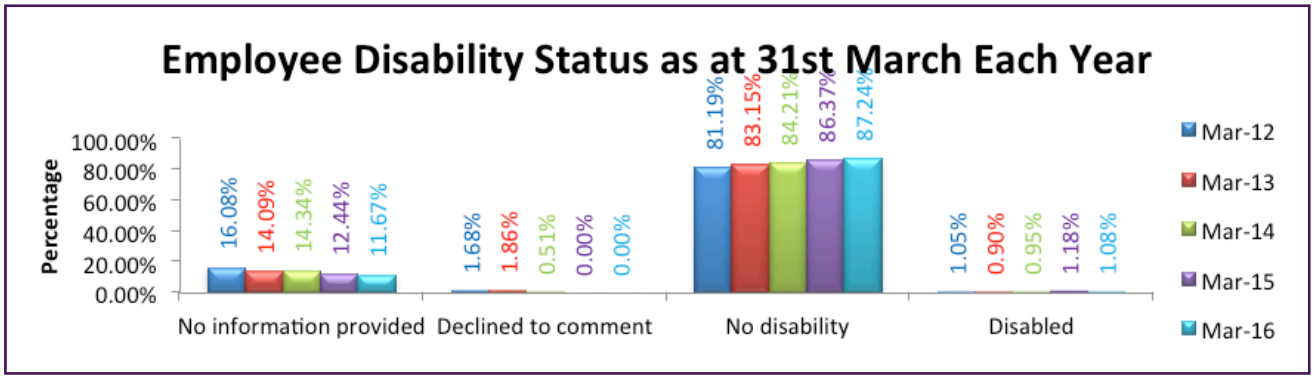




6.5 Disability

6.5.1 Workforce Breakdown

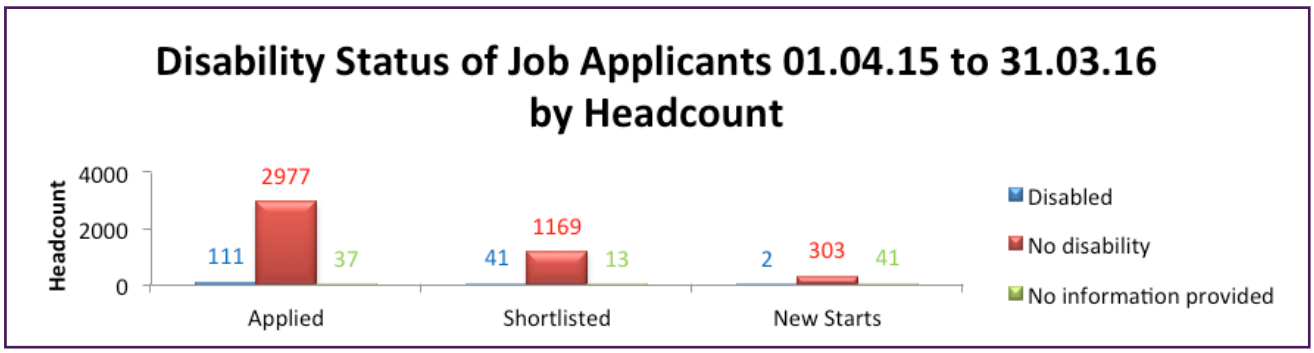
The majority of our workforce continues to identify themselves as having “No disability”, with the proportion growing from 81.19% in March 2012 to 87.24% in March 2016. During this time, the proportion of staff that has not provided information on their disability status has steadily fallen from 16.08% to 11.67%. The proportion of staff members who identify themselves as “Disabled” has remained relatively steady over the same period, at around 1.00%.

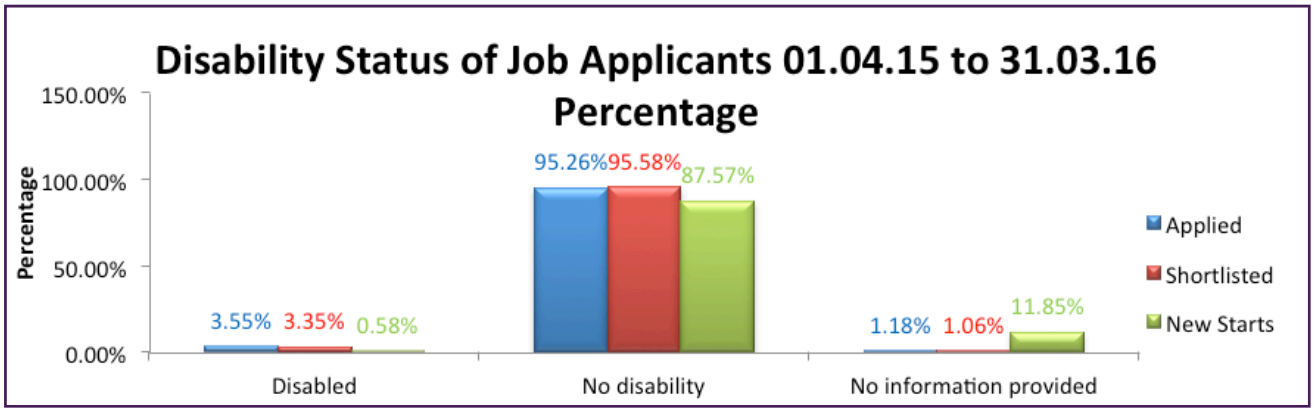


6.5.2 Recruitment Activity

Of applicants successfully appointed, those for whom no information was provided regarding their disability status made up 11.85% of new starts in the monitored period, but only slightly more than 1.00% of applicants and those who were shortlisted. Those identifying themselves as "Disabled" made 3.55% of applications, but only 0.58% of new starts.

It is recognised that, although we would ideally have zero "No information provided" for new starts, staff have the right not provide this. The Recruitment team encouraged those who do not wish to comment to use the "Decline to comment" option on the staff engagement form.





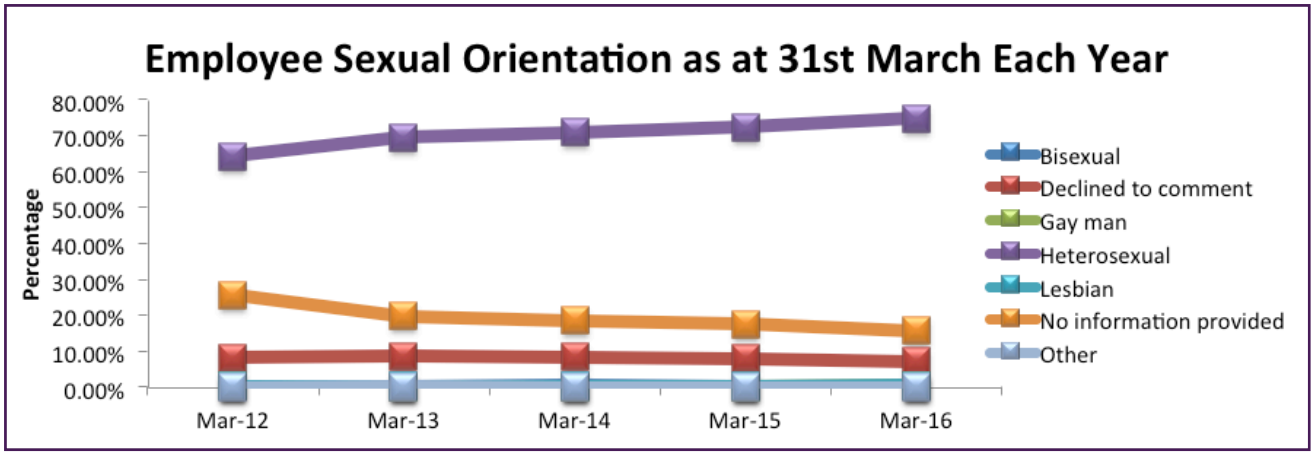
As part of the Disability Symbol scheme, any applicant who indicates that they have a disability and who meets the essential criteria for the role, will be guaranteed an interview. The scheme is implemented fairly and consistently and continues to be monitored as part of the recruitment process. However, it should be noted that insight from disabled people and employers suggests that the scheme is "out of date in a modern day setting", with key commitments having been superseded by legislation such as the Equality Act 2010, which requires employers to treat disabled people fairly and equally throughout the employment life cycle. A new Disability Confident scheme was launched in July 2016, providing an improved journey, helping employers to recruit and retain disabled people. The Board will adopt this scheme during the next period to be monitored.

The Board is conscious that there is a disconnection between job applicants disclosing disability during the recruitment process and those members of staff who have their disability status recorded. Therefore, work is being undertaken to ensure accurate demographic information is held for the workforce, which will help to ensure that, as an employer, we are supporting staff members appropriately.

6.6 Sexual Orientation

6.6.1 Workforce Breakdown

Trend analysis of sexual orientation over the last five years indicates that the proportion of staff members who identify themselves as "Heterosexual" continues to grow, as can be seen in the chart and table below, while those who have not provided any information has reduced steadily over the same period. The number who declined to comment is also coming down.



	Mar-12		Mar-13		Mar-14		Mar-15		Mar-16	
Bisexual	7	0.48%	7	0.44%	8	0.48%	7	0.41%	6	0.34%
Declined to comment	123	8.47%	140	8.84%	141	8.53%	137	8.12%	131	7.46%
Gay man	5	0.34%	5	0.32%	5	0.30%	5	0.30%	7	0.40%
Heterosexual	937	64.49%	1104	69.74%	1177	71.20%	1226	72.63%	1317	75%
Lesbian	6	0.41%	9	0.57%	10	0.60%	11	0.65%	12	0.68%
No information provided	375	25.81%	316	19.96%	312	18.87%	300	17.77%	281	16%
Other	0	0%	2	0.13%	0	0%	2	0.12%	2	0.11%
Total	1,453	100%	1,583	100%	1,653	100%	1,688	100%	1,756	100%

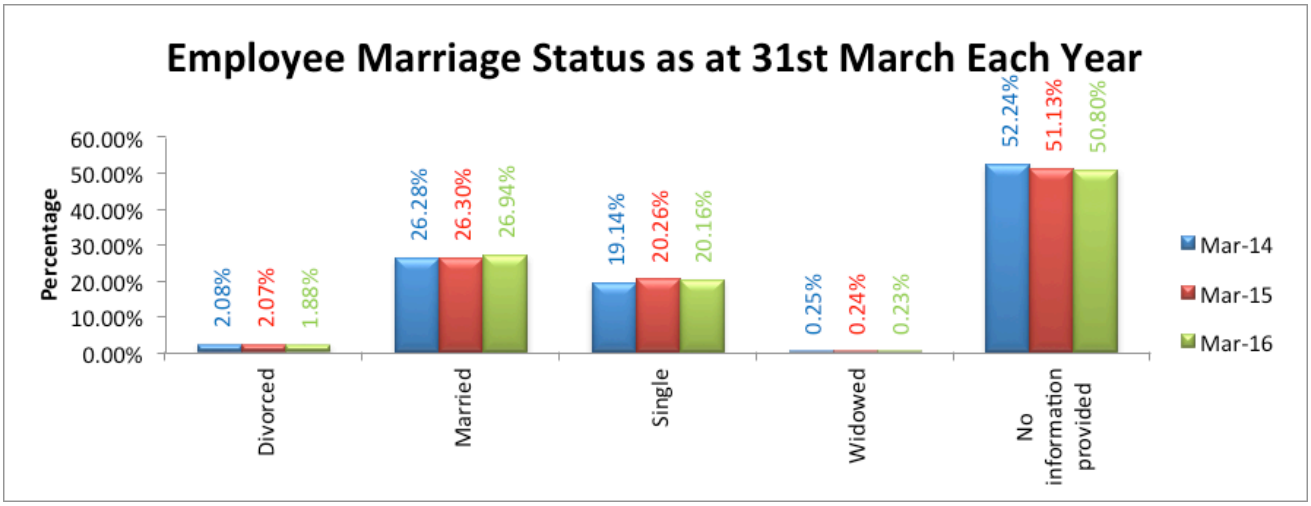
6.6.2 Recruitment Activity

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

	Applied		Shortlisted		New Starts	
Bisexual	14	0.45%	5	0.41%	0	0.00%
Declined to comment	119	3.81%	46	3.76%	6	1.73%
Gay man	39	1.25%	13	1.06%	4	1.16%
Heterosexual	2,888	92.42%	1,141	93.30%	305	88.15%
Lesbian	9	0.29%	2	0.16%	2	0.58%
No information provided	43	1.38%	3	0.25%	29	8.38%
Other	13	0.42%	13	1.06%	0	0%
Total	**3,125**	**100%**	**1,223**	**100%**	**346**	**100%**

6.7 Marriage and Civil Partnership

A majority of staff in the monitored period chose not to provide information on their marital status, continuing the picture from the previous two years. The information remains relatively constant for the other options available to our staff members too, as can be seen in the chart below. Given that many members of staff are in substantive posts and turnover is low, it is unlikely that this picture will change significantly in monitoring periods in the short to medium term. It should be pointed out that the option to enter “Civil Partnership” is not available, so this data cannot be captured accurately.

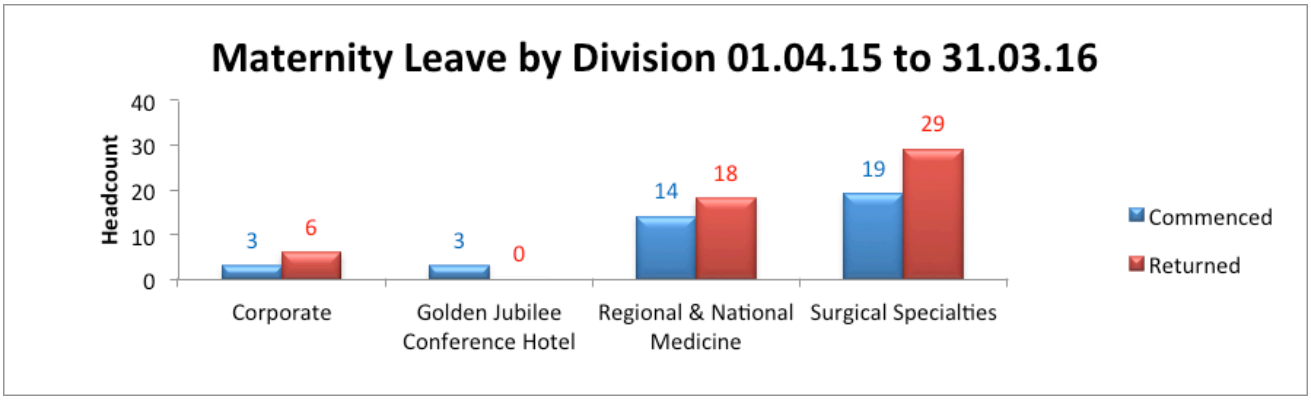


6.8 Transgender Staff

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 if they describe themselves as trans. During the monitored period we identified no transgender staff.

6.9 Pregnancy and Maternity

During the monitored period, a total of 39 members of staff went on maternity leave, while 53 returned from maternity leave. The Divisional breakdown or those who commenced and returned from maternity leave between 1 April 2015 and 31 March 2016 can be seen on the chart below.



7. Development

7.1 Sickness Absence

Improving attendance at work, and reducing sickness absence statistics, is a priority for the Human Resources Team, managers, Occupational Health and Physiotherapy. A renewed focus on this in the last half of 2015 has continued into 2016/2017. Human Resources and managers are working to strict guidelines and will meet with members of staff who have had more than four absences in a 12-month period or who have been on long-term absence for more than 28 days, working with Occupational Health and Physiotherapy to help staff members remain at work, or support them to return to work when appropriate.

Human Resources have provided team managers with training to assist with the management of sickness absence, and will continue to do so proactively with newly appointed managers.

7.2 Disability Confident

As mentioned in 6.5.2, Recruitment Activity under 6.5 Disability the next monitoring period will see the implementation and monitoring of the "Disability Confident" scheme. Launched in July 2016, this helps employers to recruit and retain disabled people, providing them with an improved journey to and through the workplace. As a current Disability Symbol "two ticks" employer, the Board will automatically receive the Level 2 – Disability Confident Employer badge for 12 months, during which time we will aim to complete the Level 2 Disability Confident Employer self-assessment process to retain this level or to progress to Level 3 – Disability Confident Leader. Further information on Disability Confident can be found at **www.gov.uk/government/collections/disability-confident-campaign**.

7.3 Human Factors Training

In March 2016, the Board began the training of all 1,751 members of employees in Human Factors, a half-day training course which takes account of the fact that the majority of errors and complaints in the NHS are due to human factors: systems, human interaction, environment, equipment and personal issues. The aim of the training is to improve patient care and help staff to focus on adopting safety positive behaviours. By the end of August 2016, more than 600 members of staff had undertaken the training. Uptake g will continue to be monitored.

7.4 Staff Governance and iMatter

The iMatter tool was designed with staff in NHS Scotland, as part of the Staff Governance Standard, to help individuals, teams and Boards understand and improve the staff experience. This was fully implemented by the Board in 2015, providing managers and their teams with information on staff experience, which is used to support continuous improvement of the team's working practices.

2016/2017 will see ongoing use of iMatter, with the second iMatter questionnaire completed by individuals in June 2016.

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