



Golden Jubilee Foundation

Patients at the heart of progress



Workforce Monitoring Report

1st April 2016 to 31st March 2017

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1. Executive Summary

1.1 Introduction

This Workforce Monitoring Report covers the period from 1st April 2016 to 31st March 2017. For several of the areas monitored in the Report comparisons are also made with previous years.

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 1448 (as at 31st March 2013) to 1789 (as at 31st March 2017), an increase of 341 (23.55%). In the last twelve months the difference is +38 (2.17%). 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 3:1, with only slight fluctuations over the last four years. This year the actual percentage split is 72.72% female and 27.28% male.

Over each of the last five years the highest proportion of staff members has continuously been in the 40 to 49 age group. This is closely followed by those in the 30 to 39 age group.

As at 31st March 2017 just over two thirds of members of staff identify themselves as “White Scottish”, while 5.98% consider themselves to be in an ethnic minority group. This represents a rise in both of these groups since the previous year.

In March 2017 just under a quarter of staff identified their religion as “Church of Scotland”, which has been the most numerous religious group cited by employees over each of the last five years.

With regard to disability, the proportion of staff members employed by the Board who have commented on whether or not they consider themselves to be disabled has increased over the last five years, having risen from 0.90% in 2013 to 1.63% in 2017.

The majority of staff members indicate that they are heterosexual, with the proportion increasing over the last four years from 69.74% to 75.74%, which is likely to be linked to the fall in the number who gave no information or declined to comment, which collectively have fallen from 28.80% in March 2013 to 22.69% in March 2017.

	March 2013	March 2014	March 2015	March 2016	March 2017	
Headcount	1448	1583	1688	1751	1789	
Female:Male ratio	3:1	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	40 to 49	
Race	White Scottish	58.48%	63.87%	66.70%	66.91%	67.02%
	Ethnic Minority	6.37%	6.82%	6.70%	5.58%	5.98%
Religion – Church of Scotland	23.34%	23.94%	25.20%	23.52%	23.31%	
Percentage of staff with a disability	0.90%	0.95%	1.18%	1.08%	1.63%	
Sexual orientation – heterosexual	69.74%	71.20%	72.63%	75.00%	75.74%	

1.2 Equality and Diversity

Every twelve months a 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 1st April 2016 to 31st March 2017 193.89 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 303 posts. It also saw an increase in headcount of 38, which equates to an increase in the total workforce of 2.17%, due to continued expansion of our services.

1.4 Sickness Absence

For the 12 months between 1st April 2016 and 31st March 2017 the sickness absence percentage for the Board was 4.73%, against the national standard of 4%. This compares favourably to the previous year's 5.21%, which may reflect the effectiveness of the systems in place to instigate meetings between staff members who have reached absence trigger points, management and representatives of the Human Resources Department.

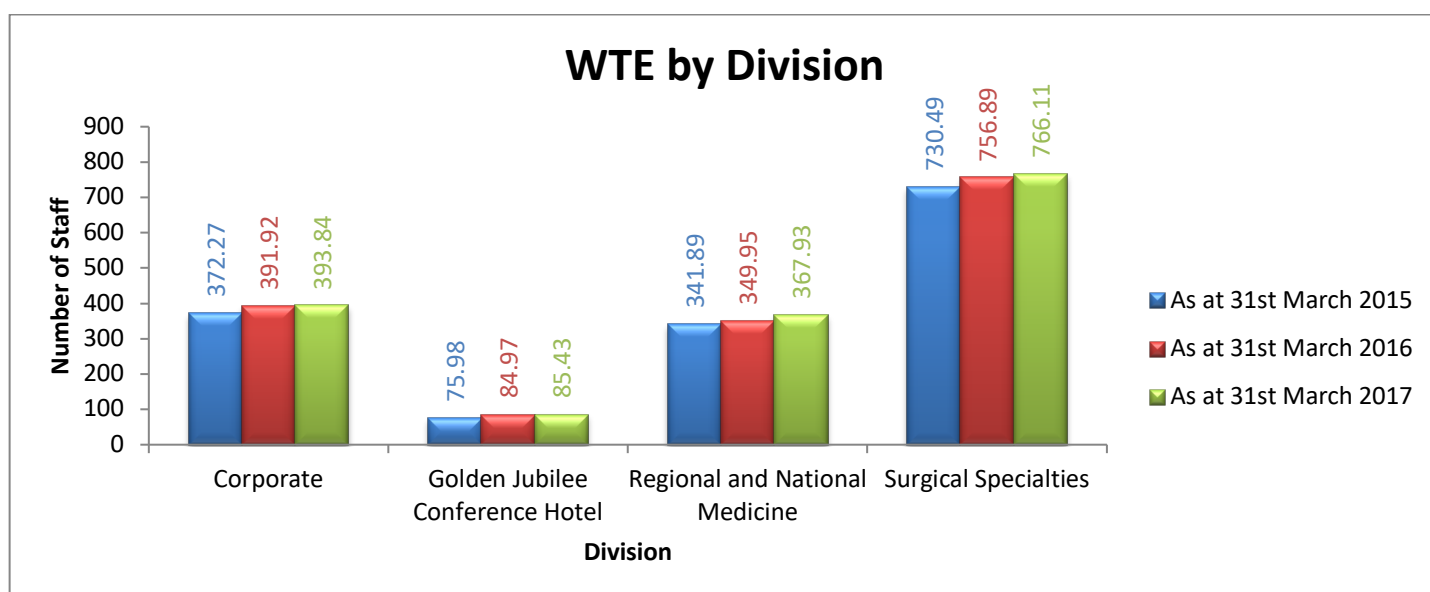
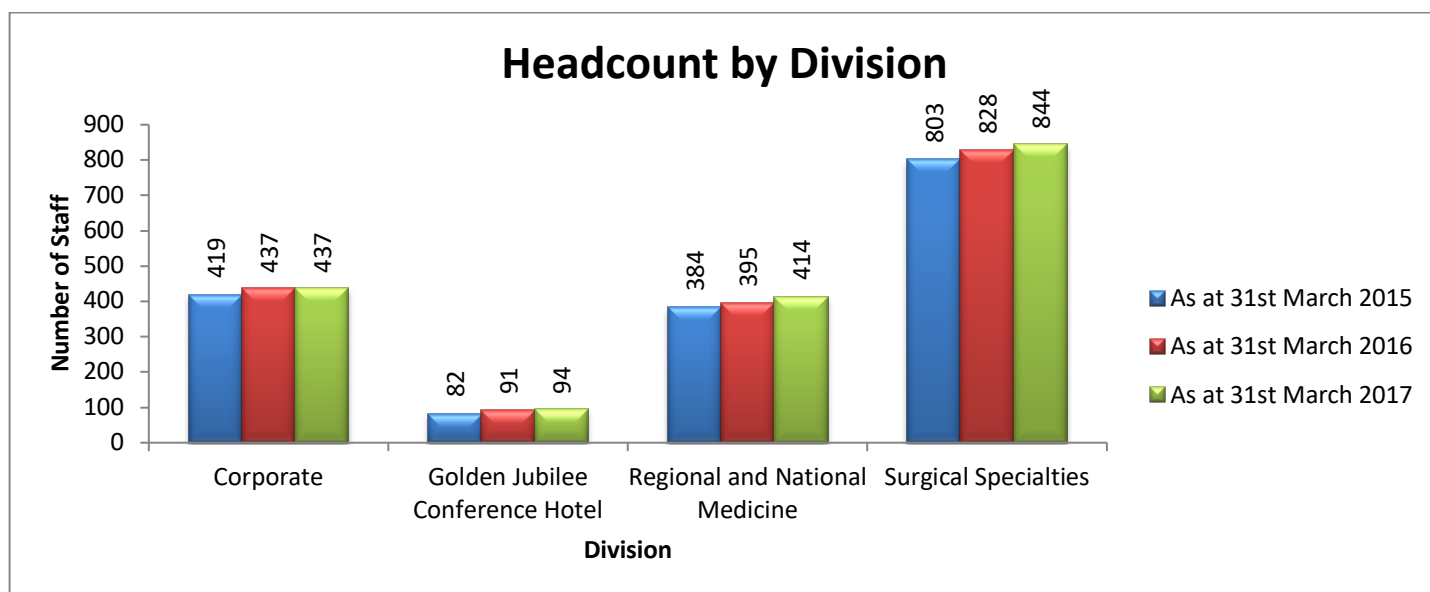
1.5 Performance Management

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 2016/2017 saw 88% of medical staff with a prescribed connection to the Board undertake an appraisal. By the end of the year 84% of staff members under Agenda for Change had completed 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 31st March 2017 the Board employed 1789 headcount (1613.32 WTE) members of staff, excluding “Bank” staff. 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 38 (37.66 WTE) on the previous year. The table and charts below represent how these were split by Division as at 31st March 2015, 2016 and 2017.

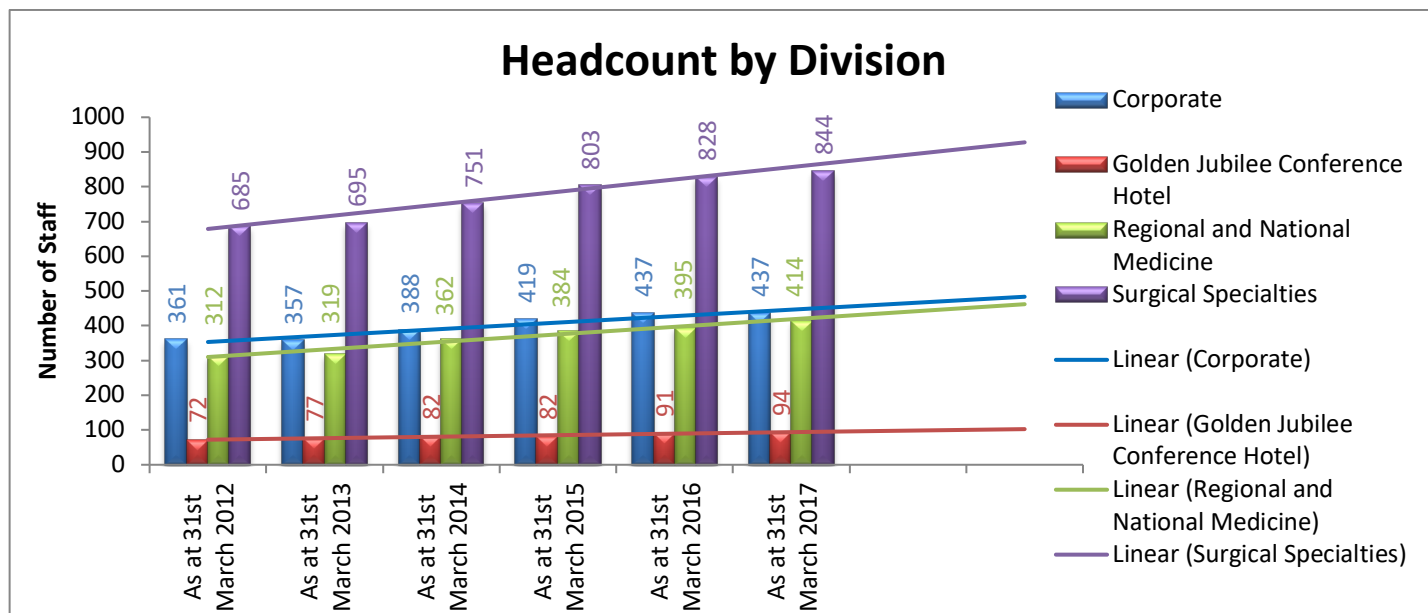
Division	As at 31 st March 2015		As at 31 st March 2016		As at 31 st March 2017	
	Headcount	Headcount	Headcount	WTE	Headcount	WTE
Corporate	419	372.27	437	386.60	437	393.84
Golden Jubilee Conference Hotel	82	75.98	91	82.58	94	85.43
Regional and National Medicine	384	341.89	395	350.17	414	367.93
Surgical Specialties	803	730.49	828	756.31	844	766.11
Total	1688	1520.63	1751	1575.66	1789	1613.32



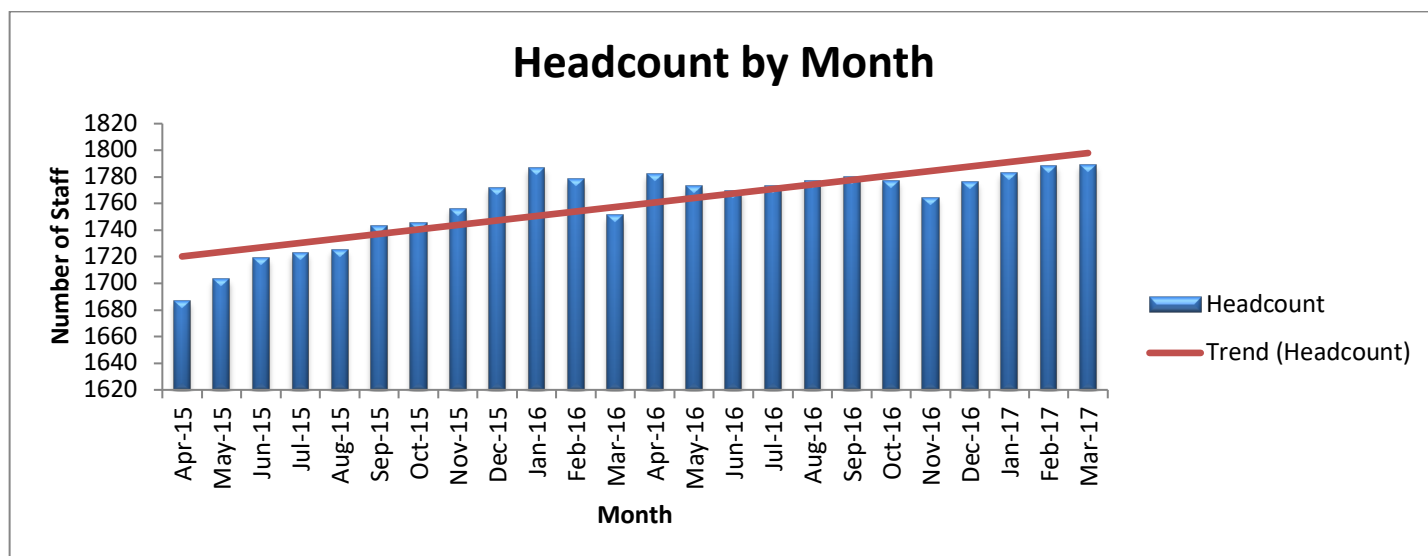
Whereas the table and charts above look at the workforce at the end of each the last three financial years, those below compare workforce headcount at 31st March each year since 2012. The table, and especially the chart, show the steady growth in headcount in each of the Divisions at the end of the financial year, and extrapolated trend lines indicate the

likely ongoing increase in headcount. As a *caveat* it should be pointed out that 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 31st March 2012	As at 31st March 2013	As at 31st March 2014	As at 31st March 2015	As at 31st March 2016	As at 31st March 2017
Corporate	361	357	388	419	437	437
Golden Jubilee Conference Hotel	72	77	82	82	91	94
Regional and National Medicine	312	319	362	384	395	414
Surgical Specialties	685	695	751	803	828	844
Total	1430	1448	1583	1688	1751	1789



This increasing trend can also be seen clearly when looking at the chart below, which shows the overall monthly headcount for the Board from April 2015 to March 2017.

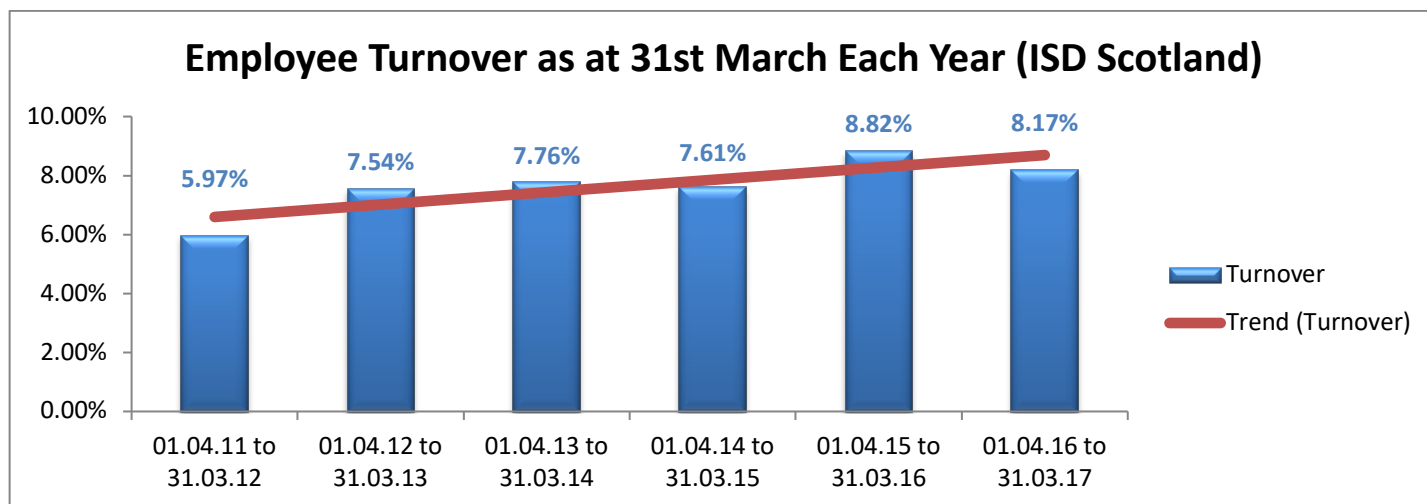


As well as substantive and fixed term members of staff the Board also uses “Bank” staff with “as and when required” contracts, which provides flexibility to increase staff over and above its core staff cohort at busier times and to cover unexpected absences, such as sick leave. Medical staff members employed by other Boards also provide cover for Clinical Radiology through bank posts with the Board, which as of 31st March 2017 employed one Consultant (1.0 WTE) in this specialty. As at 31st March 2017 there were 318 bank staff providing the Board with service, of which 231 came under Agenda for Change and 87 were in the Medical and Dental job family.

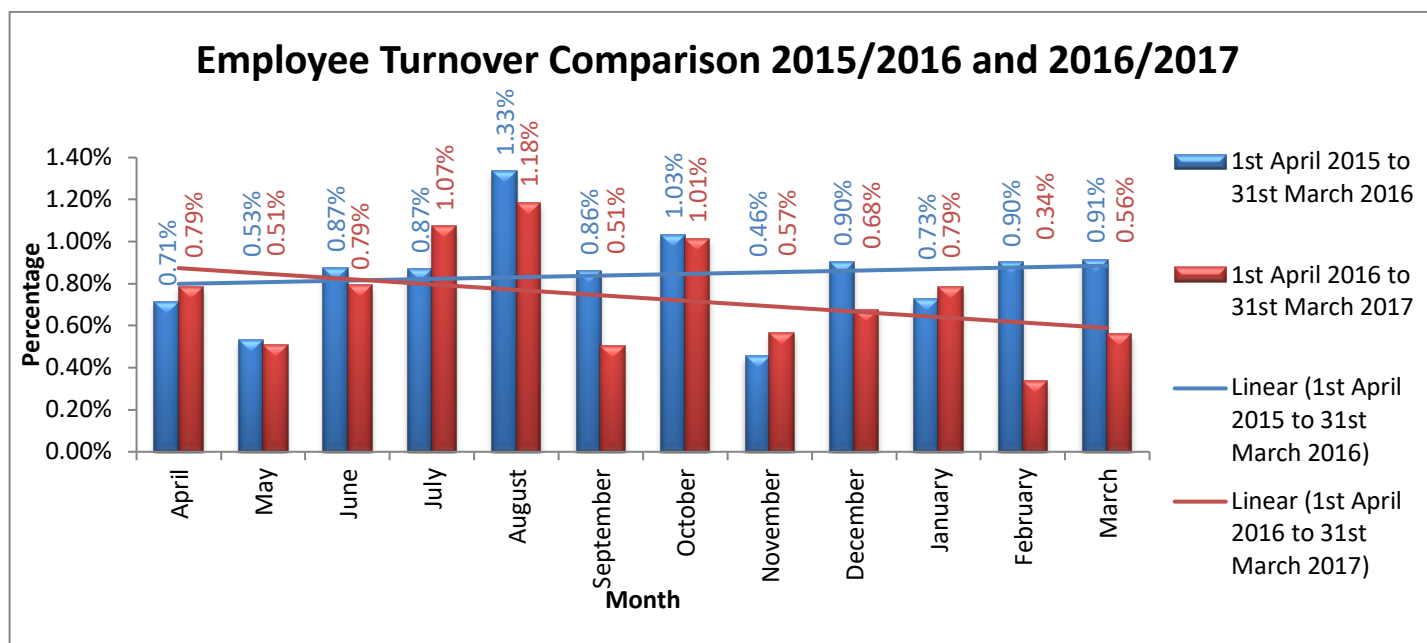
2.1 Employee Turnover

For the year under review the proportion of leavers was 8.17% of the overall staffing headcount (as reported by ISD), a slight decrease on the previous year, as can be seen below. The overall trend since April 2011 has been for a slight increase in employee turnover. This turnover is greater than for the other Special Boards (7.58% for 01.04.16 to 31.03.17) and the overall NHS Scotland turnover (6.79% at 31st March 2016).

Employee turnover by Division is reported to managers on a monthly basis. If monthly turnover gives management cause for concern they are expected to take appropriate action to monitor ongoing turnover and mitigate the proportion of employees leaving.



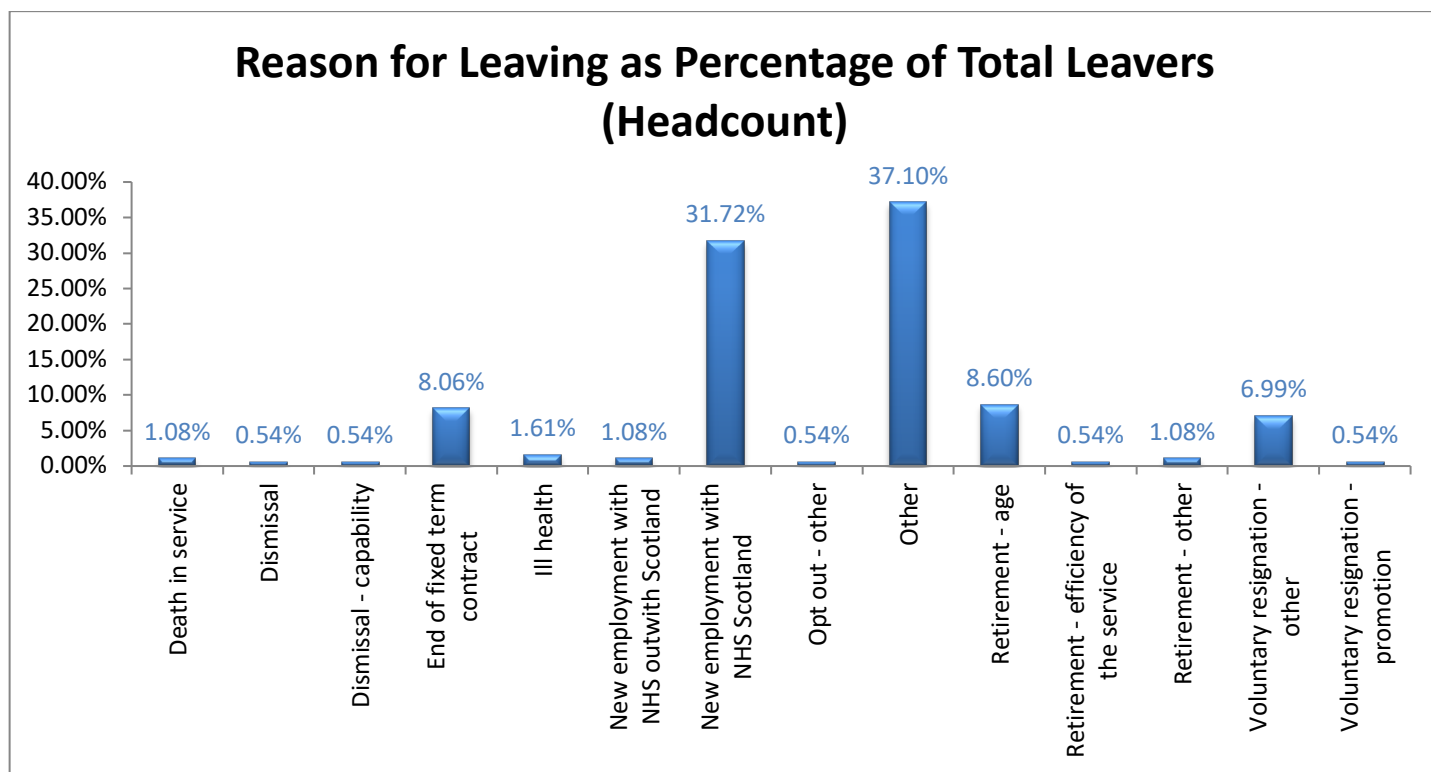
A monthly breakdown of employee turnover for April 2016 to March 2017 by headcount, comparing it to April 2015 to March 2016, is shown below. The August peak in turnover due to the junior doctor rotation can clearly be seen in August each year. The trend lines show that while the tendency was for a slight increase in turnover between the start and end of 2015/2016, for 2016/2017 it was decreasing.



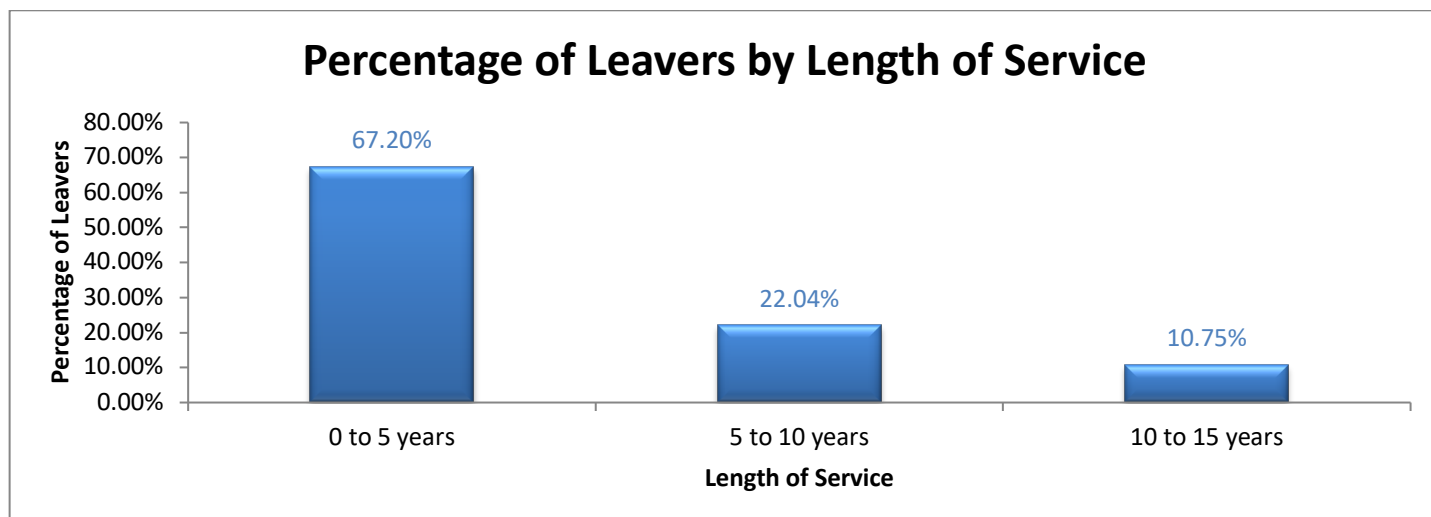
The majority of members of staff who leave the Board’s employment participate in an exit interview with a member of the HR Team. However, in some cases exit interviews are not carried out: either the employee may not want to participate or has already left by the time HR is informed. The chart below highlights reasons for leaving given by those who left the Board’s employment between April 2016 and March 2017. It shows the reasons for leaving as a percentage of the total reasons for leaving. The most common reason for leaving is given as “Other”, accounting for 37.10% of

leavers. Leaving to take up new employment in NHS Scotland is the second most popular reason for terminating employment – 31.72% of leavers cited this as their reason for leaving.

There may be an issue with reporting leaving statistics, as the reasons for leaving on the notification of termination form and those on HRNet do not match, which may result in higher “Other” reasons for leaving, as a match between the two systems cannot be made. It is expected that the introduction of eESS and the removal of notification of termination forms and HRNet will resolve this issue from 2018/2019.

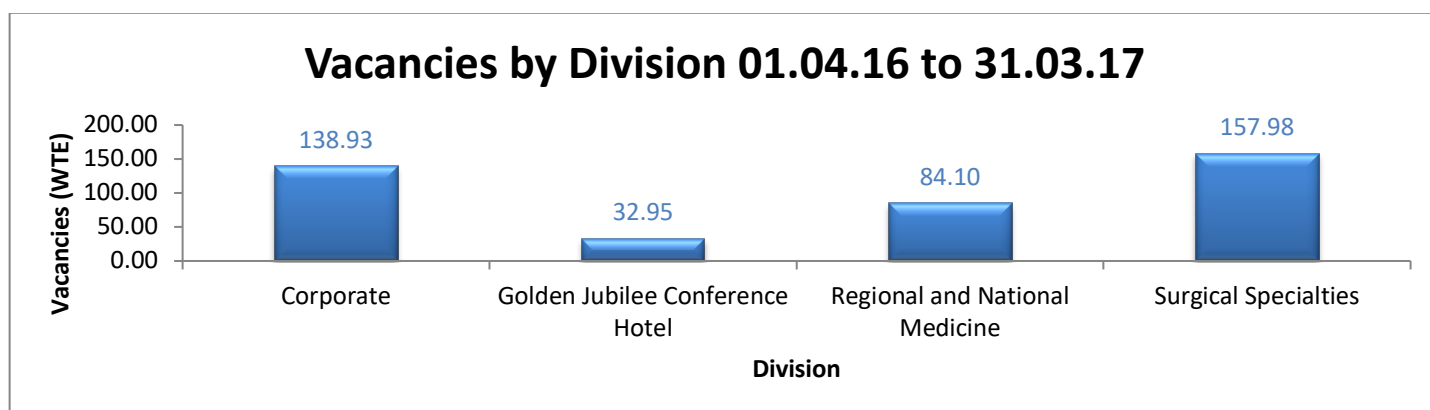


Data indicates that the longer a member of staff is employed by the Board the less likely they are to leave, with more than two thirds of those who left the Board’s employment in 2016/2017 having been employed for less than 5 years, as can be seen below. The trend of leavers by length of service is similar to that reflected in previous workforce monitoring reports.

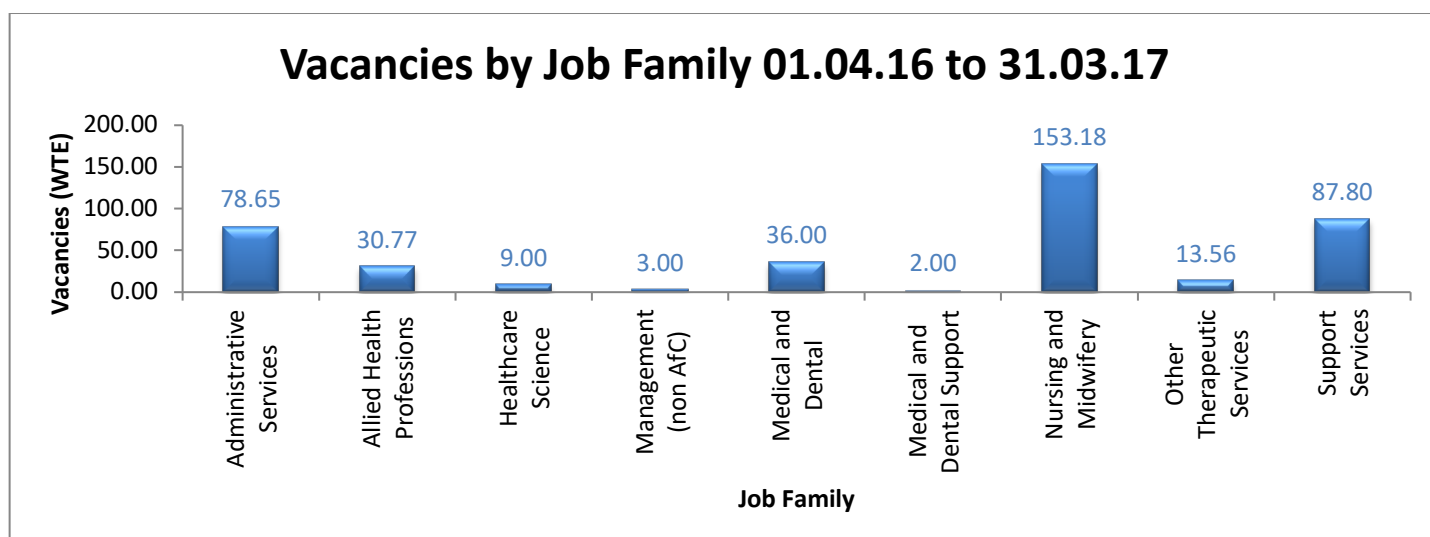


3. Recruitment

During the monitored period there were a total of 413.96 whole time equivalent vacancies across the Board. 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, as in the previous year, Nursing and Midwifery with 153.18, followed by Support Services with 87.8. The chart below shows the job family breakdown of vacancies for the monitored period.



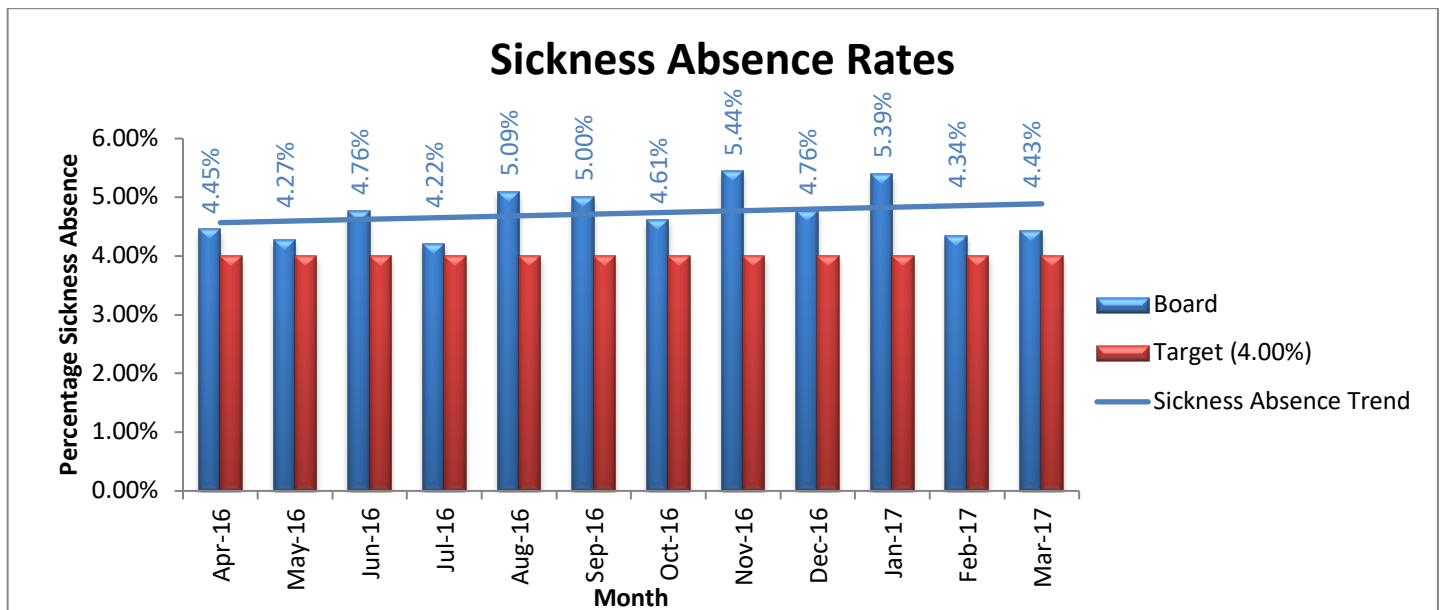
During the year a total of 2251 applications were processed by the Recruitment Team, of which 969 were shortlisted, and 303 of those shortlisted were appointed to posts. Further details on the breakdown of applicants, both successful and otherwise will be provided within the “Equality and Diversity” section of this report.

4. Sickness Absence

4.1 Boardwide Sickness Absence

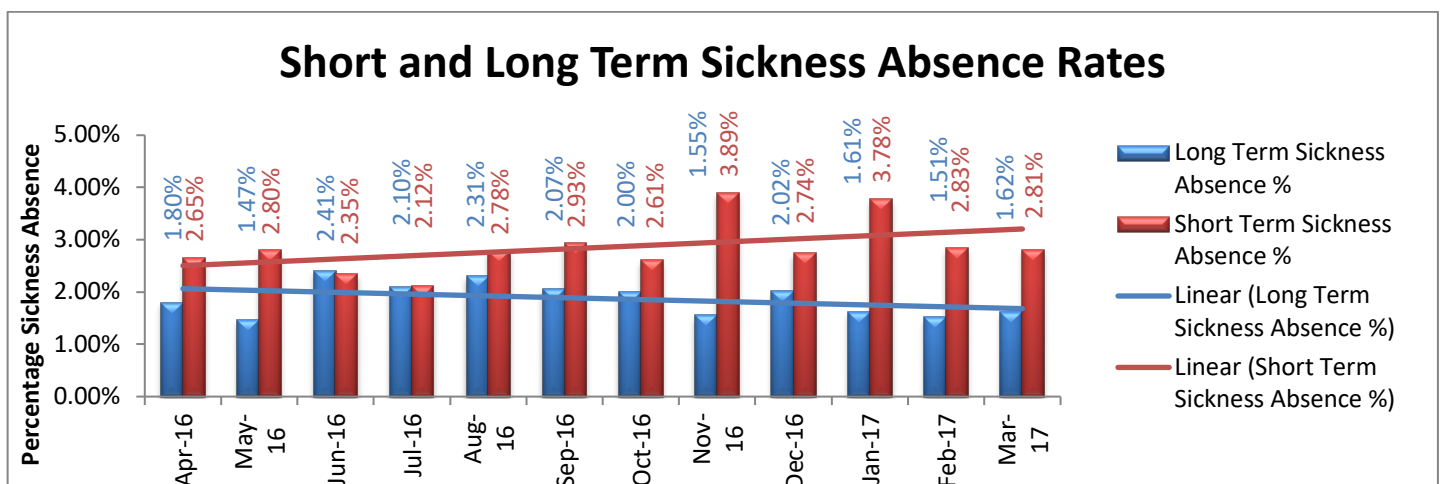
Sickness absence is recorded by the service on the Scottish Standard Time System (SSTS) and statistics relating to the levels of sickness absence at a Departmental, Divisional and Board level are reported monthly to stakeholders by the Human Resources Department. The long term national standard for sickness absence is 4%. Over the monitored period the levels of sickness absence were higher than the national standard for the Board each month, as can be seen in the chart below. However, these figures are considerably lower than the previous year, with the average monthly rate of sickness absence for 2016/2017 coming in at 4.73%, compared to 5.63% for the previous year.

The decrease in sickness absence rates might in part be attributed to the efforts of both the Human Resources Department and managers, who continue to work 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.



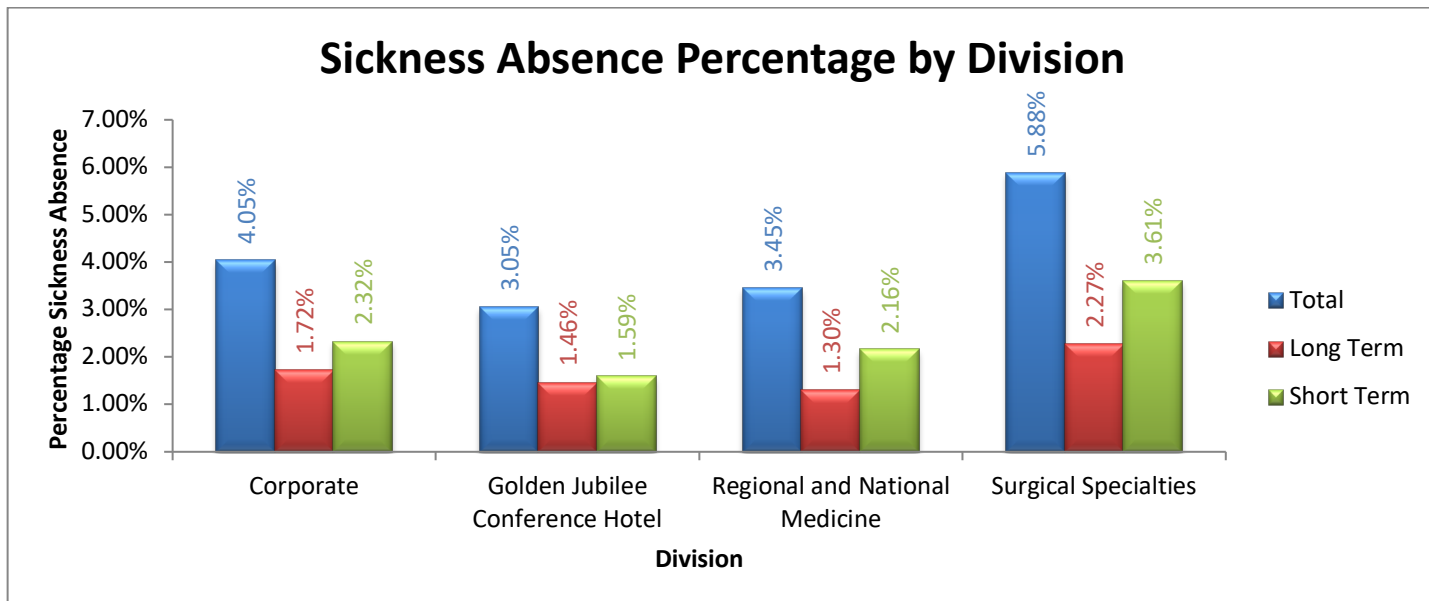
4.2 Short Term and Long Term Sickness Absence

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 for them to decrease over the year, whereas in the previous year the trend was increasing slightly. The average monthly long term sickness absence rate is 1.87%. The main issue over the period monitored relates to the increasing trend in short term sickness absence, which is slightly increasing over the year, but with a much shallower gradient than the previous year's increase. The average monthly rate of short term sickness absence was 2.86%.

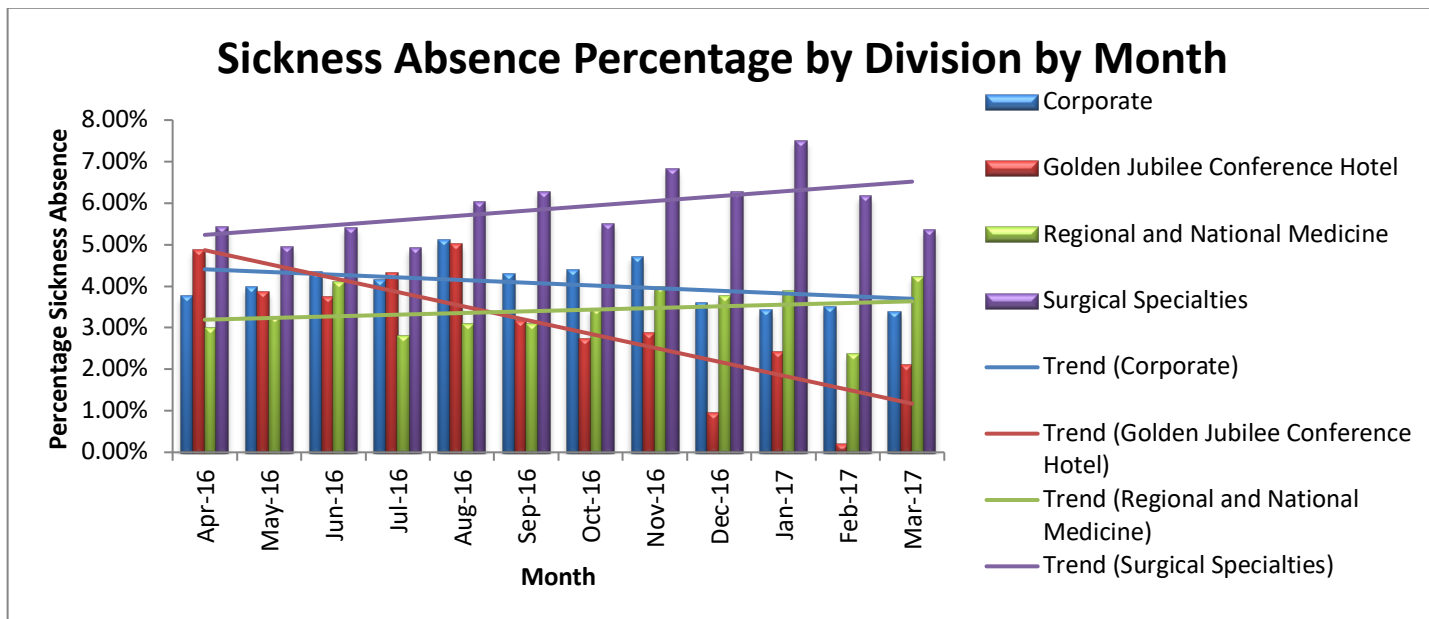


4.3 Sickness Absence by Division

The chart below highlights the total, short term and long term sickness absence rates for each of the four Divisions over the monitored period. Both Regional and National Medicine (3.45%) and the Golden Jubilee Conference Hotel (3.05%) fall under the 4.00% national target, while Corporate just misses it at 4.05%. Surgical Specialties exceeds the standard at 5.88% overall, which is a 0.38% improvement on the previous year.



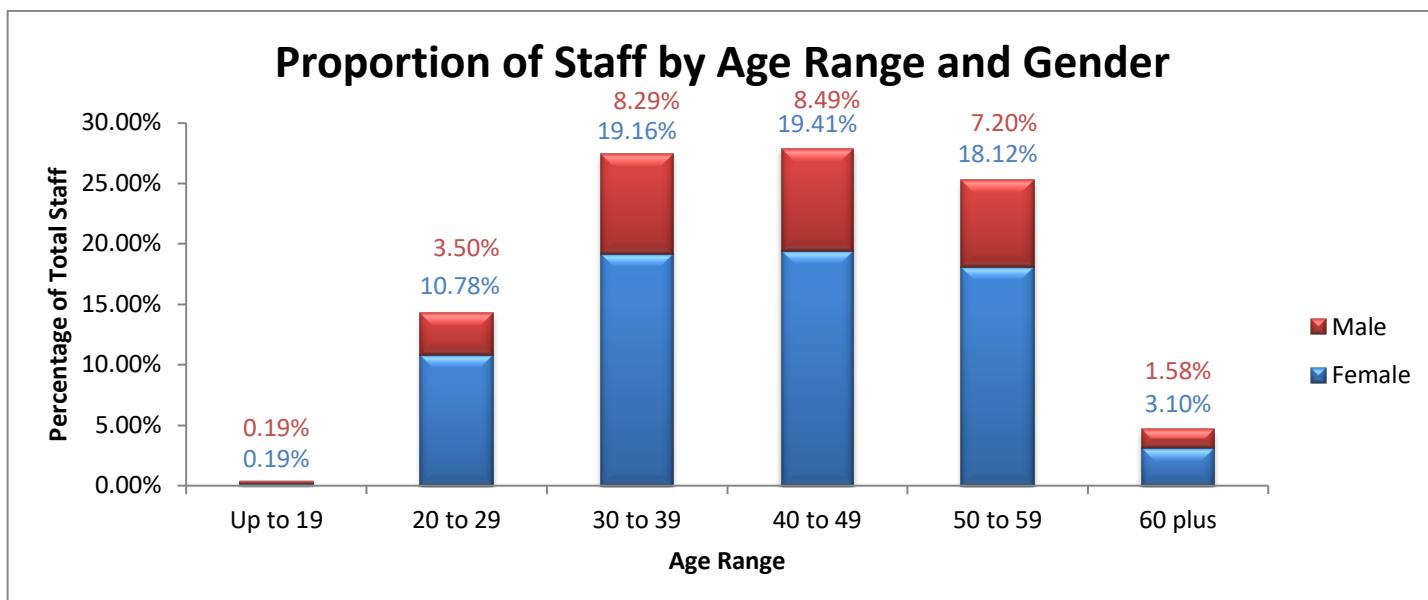
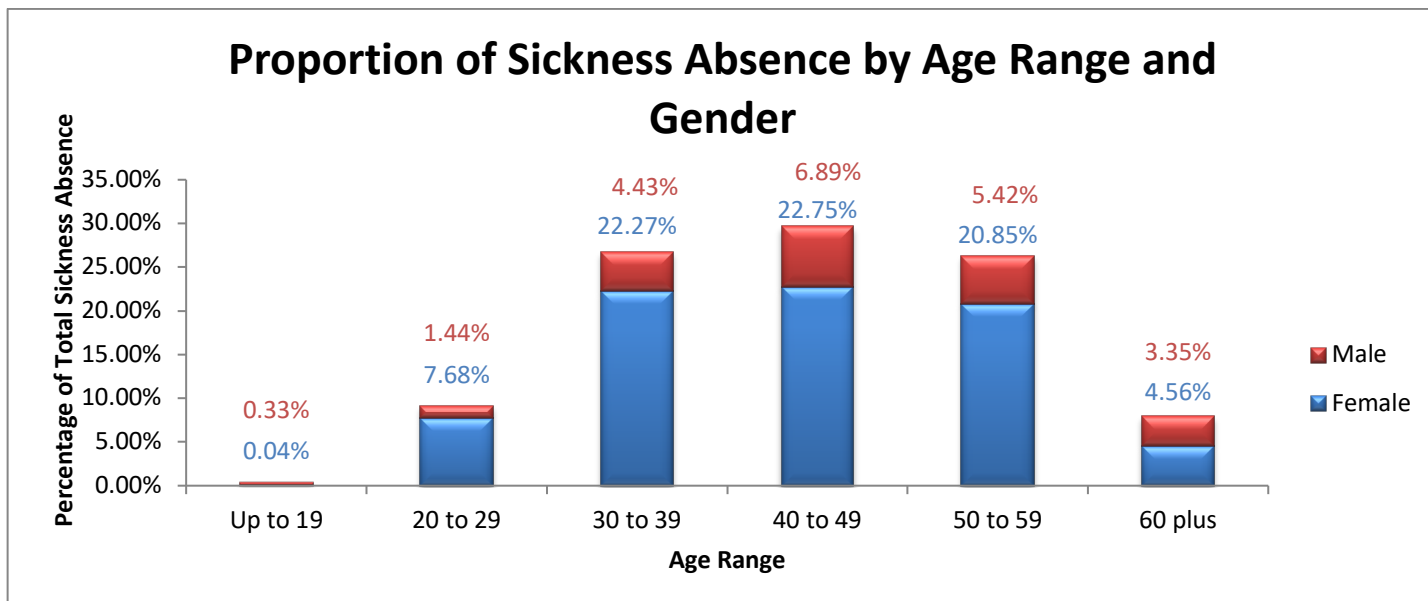
Throughout the year the sickness absence trend has been decreasing for both Corporate and, more steeply, the Golden Jubilee Conference Hotel, as can be seen from the chart below. However, the trend for both Regional and National Medicine and Surgical Specialties has been for slightly increasing rates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



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 (29.64%), which also made up the largest proportion of staff (27.90%), indicating that this group was slightly over-represented in the sickness absence statistics. Female staff in this age group represented more sickness absence than their proportion of the staff make up would indicate: 22.75% to 19.41%.

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 9.12% of the workforce, but 14.28% 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.

Members of staff who are absent with work related stress are asked to complete a work stress risk assessment questionnaire in order to bottom out work related issues. Options are considered to put in place support mechanisms that can help employee back to work and to stay at work on their return. Referrals can be made to Occupational Health and employees have the opportunity to attend cognitive behavioural therapy and employee counselling. Additionally Learning and Organisational Development can help employees to manage stressful situations through education and training.

The chart below highlights the most common reasons for sickness absence during the period monitored, with the top reason for absence accounting for more than the number of hours lost as the next three reasons added together. Four of the top five reasons for sickness absence remain unchanged from the previous monitored period, but in the

monitored period “Other musculoskeletal problems” replaced “Injury, fracture” (which fell to the sixth highest reason for sickness absence) at number 2 on the list of reasons. 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	42630.25	28.06%
Other musculoskeletal problems	14960.44	9.85%
Cold, cough, flu - influenza	12981.43	8.55%
Gastro-intestinal problems	12737.69	8.39%
Unknown causes/not specified	9673.92	6.37%
Injury, fracture	8897.06	5.86%
Other known causes - not otherwise classified	6025.76	3.97%
Chest & respiratory problems	5569.68	3.67%
Pregnancy related disorders	5107.26	3.36%
Back problems	5085.20	3.35%
Ear, nose, throat (ENT)	4434.20	2.92%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	4318.43	2.84%
Benign and malignant tumours, cancers	4109.75	2.71%
Eye problems	2705.00	1.78%
Blood disorders	2664.75	1.75%
Heart, cardiac & circulatory problems	2525.14	1.66%
Skin disorders	1295.00	0.85%
Headache/migraine	1215.25	0.80%
Asthma	1099.00	0.72%
Infectious diseases	1004.25	0.66%
Dental & oral problems	937.97	0.62%
Nervous system disorders - exclude headache, migraine	905.32	0.60%
Burns, poisoning, frostbite, hypothermia	514.50	0.34%
Endocrine/glandular problems	472.50	0.31%
Substance abuse - include alcoholism & drug dependence	30.00	0.02%
Grand Total	151899.75	100.00%

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](#)", 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.

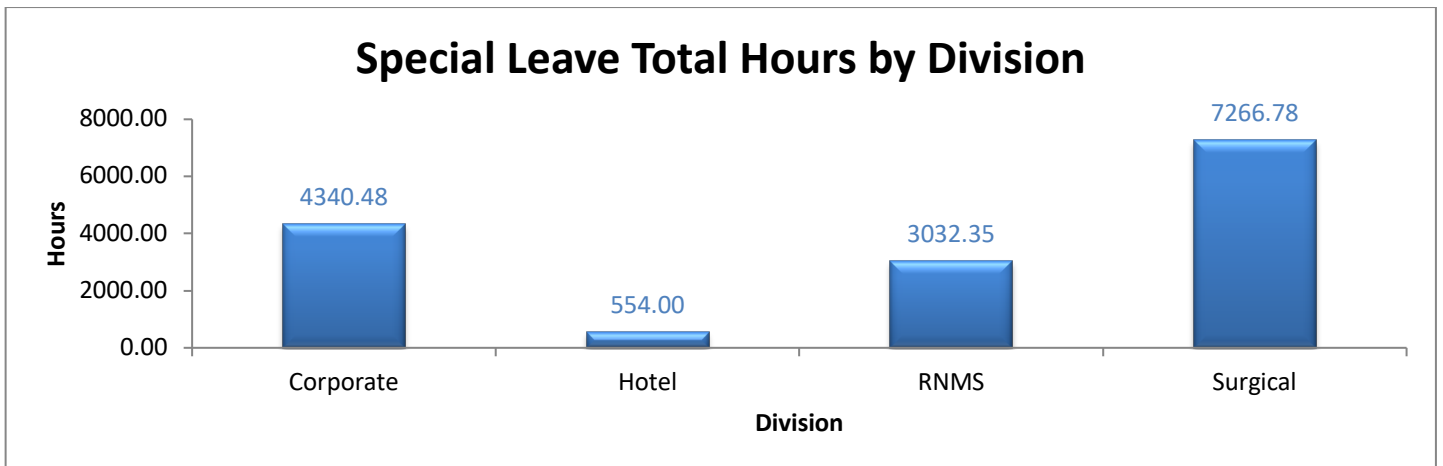
5.1 Special Leave

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.

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 15193.61 hours of special leave were recorded, broken up by Division as shown below:



The monthly breakdown of special leave across the Board during the monitored period is shown below:



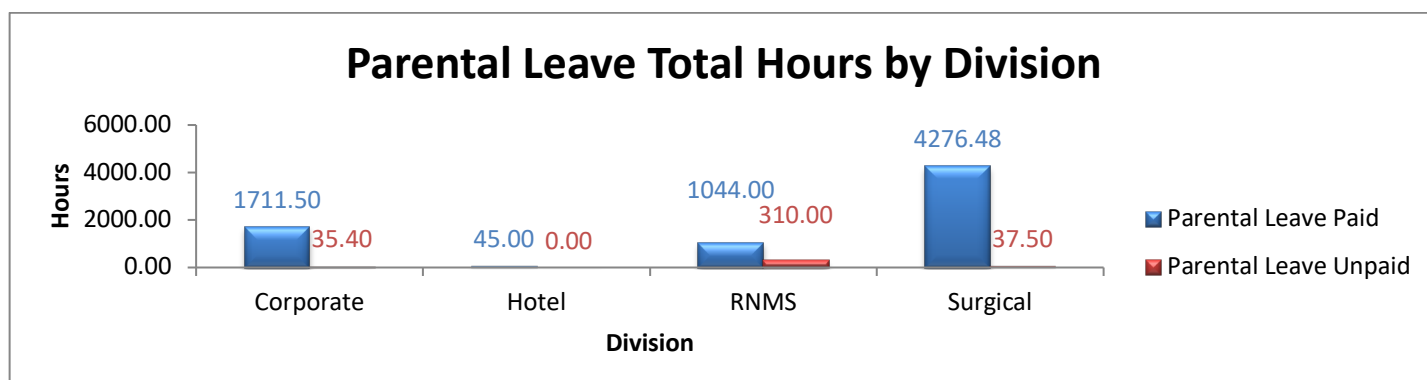
The top reasons for requesting special leave are listed below, with time off for bereavement accounting for just under one fifth of special leave, and carer leave coming in 4% below that.

Reason for Special Leave	Hours Lost	Percentage of Special Leave
Bereavement	2962.65	19.50%
Carer	2351.24	15.48%
Phased Return	2240.71	14.75%
Compassionate	2082.43	13.71%
Medical or dental appointment	1418.29	9.33%
Emergency / domestic issues	1211.09	7.97%
Other Special	1141.63	7.51%
Jury service	482.25	3.17%
Career Break	380.82	2.51%

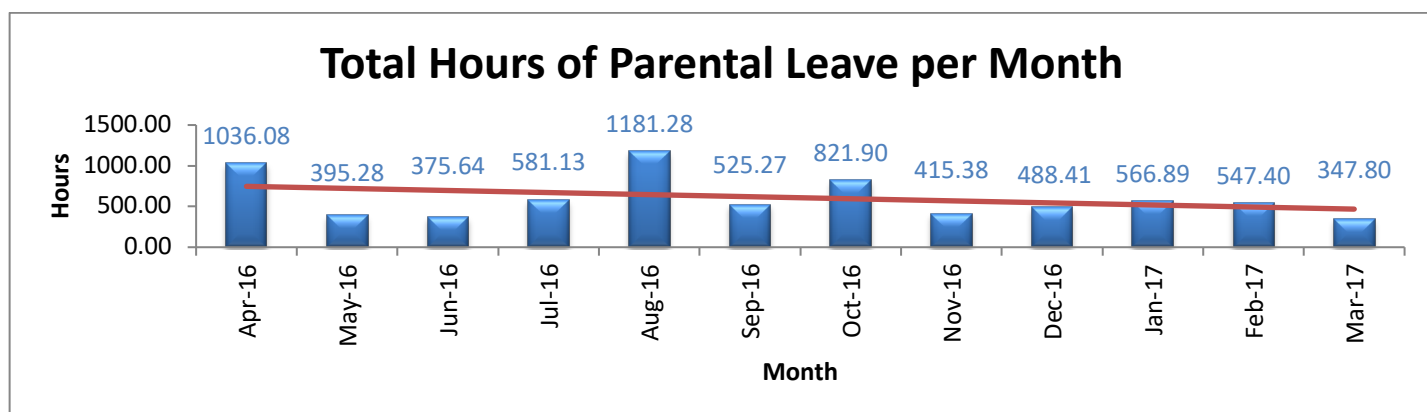
5.2 Parental Leave

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 1st April 2016 and 31st March 2017 a total of 7459.88 hours of parental leave were used (an increase of 438.50 hours on the previous year). The great majority of this was paid leave (7076.98 hours, 94.87% of all parental leave), with only 382.90 hours of unpaid leave taken (5.13% of all parental leave). The breakdown of parental leave by Division is as follows:



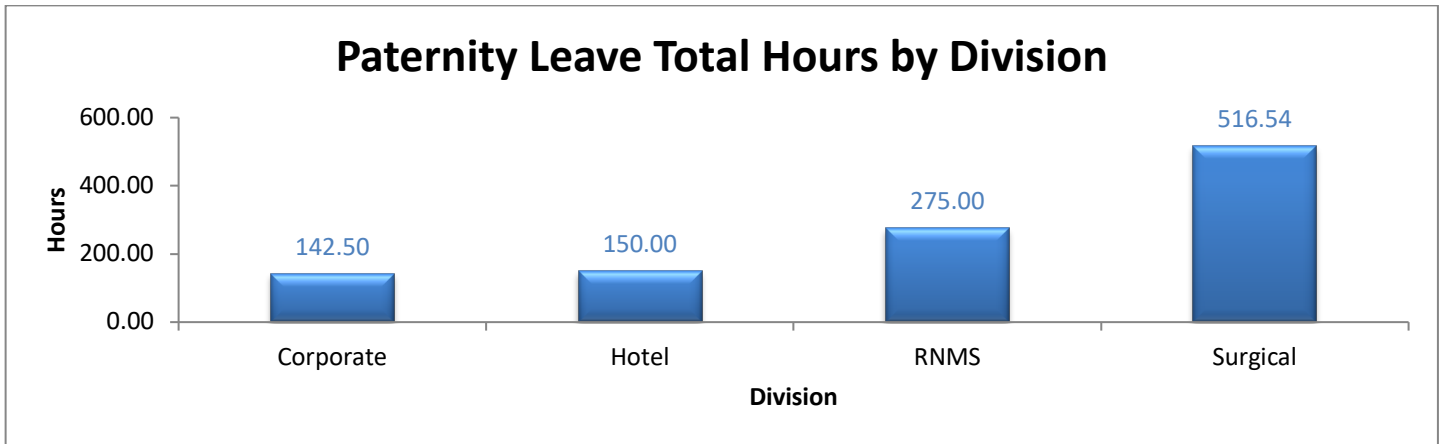
The monthly breakdown of parental leave across the Board during the monitored period is shown below. The trend over the period was for parental leave to decrease from April to March, as was the case in the previous year, with a clear peak in August, coinciding with school holidays. Lesser peaks can be seen in April and October, which coincide with the East and October half-term holidays.



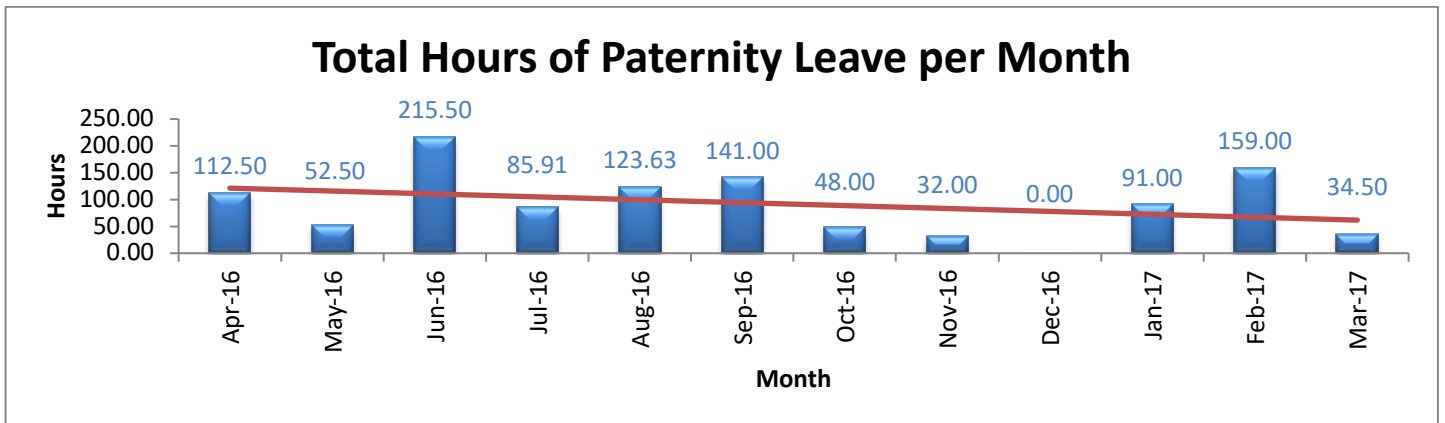
5.3 Paternity Leave

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 1084.04 hours of paternity leave (an increase of 420.04 hours on the previous year), 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 decrease towards the end of the year.



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 places equality, diversity and human rights at the heart of everything the Board does. 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:

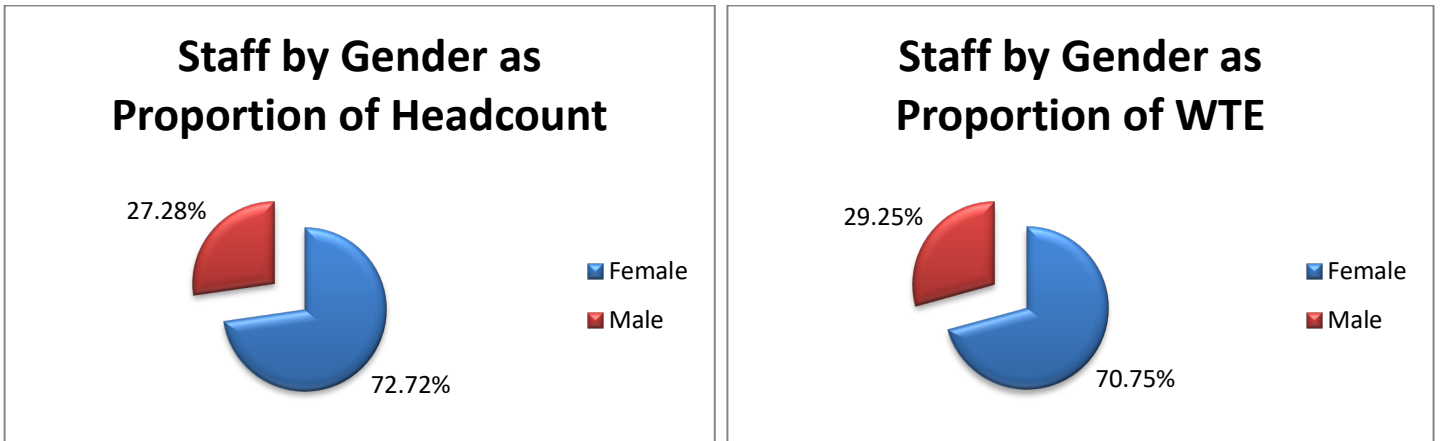
- gender;
- age;
- race;
- religion and belief;
- disability;
- sexual orientation;
- marriage and civil partnership;
- gender reassignment; and
- pregnancy and maternity.

The Board trains members of staff to champion diversity and currently has 19 diversity champions.

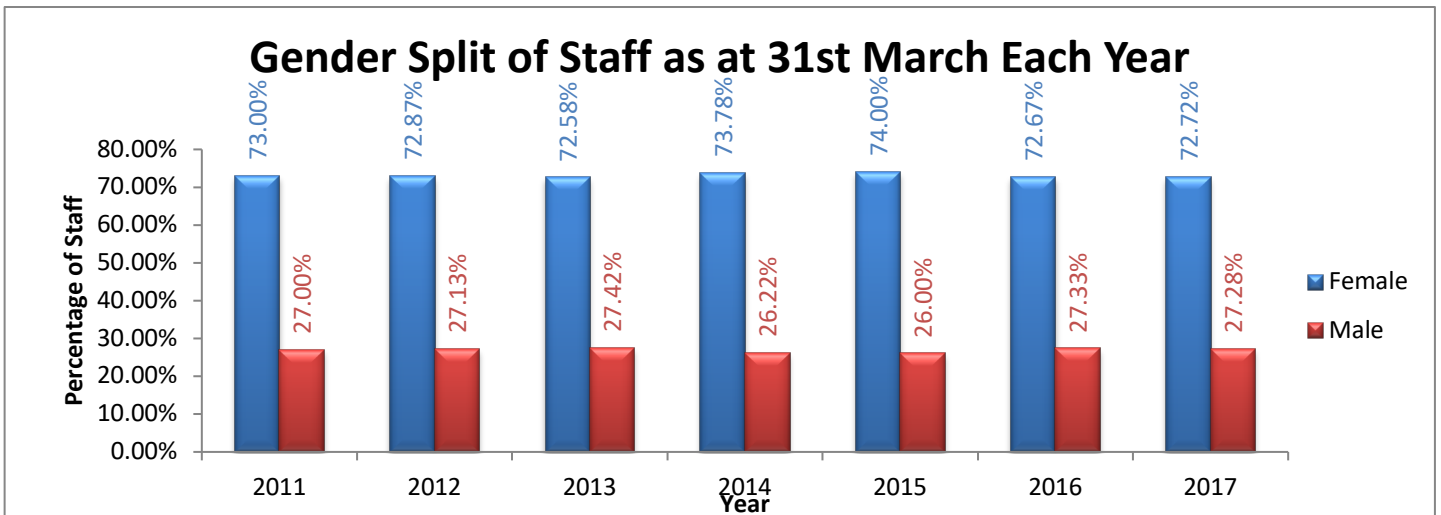
6.1 Gender

6.1.1 Workforce Breakdown

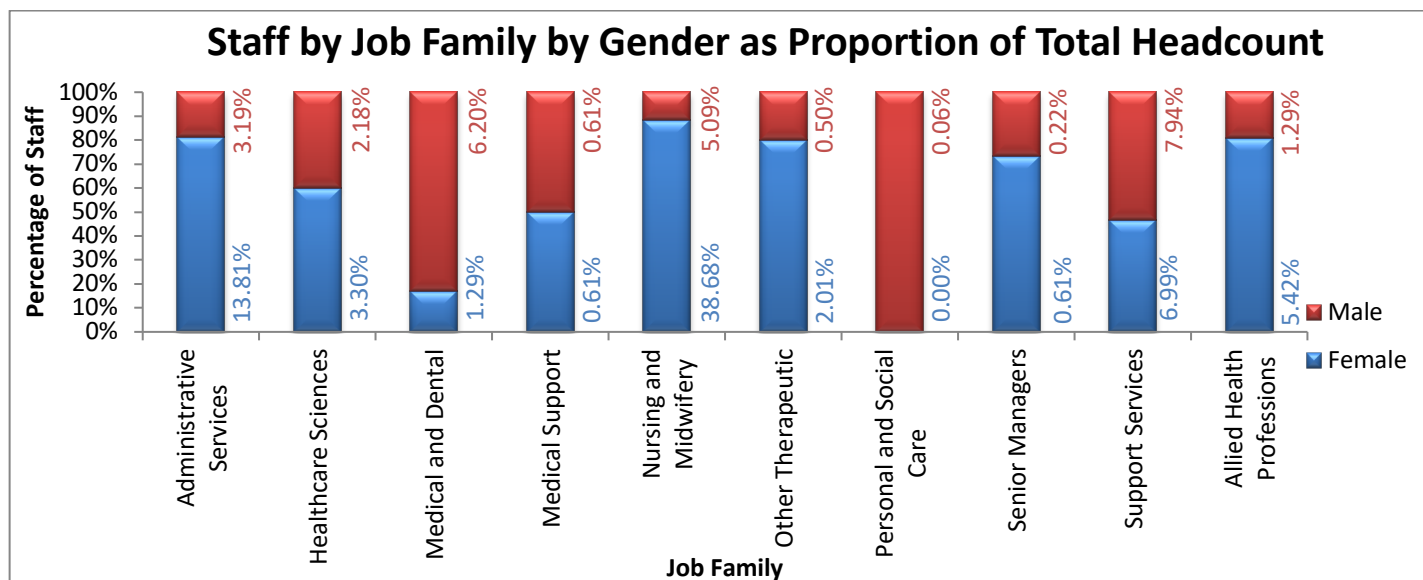
As in previous monitored periods the Board's workforce continues to be predominantly female, with women representing over 70% of the workforce as at 31st March 2017:



This continues the pattern of previous years:

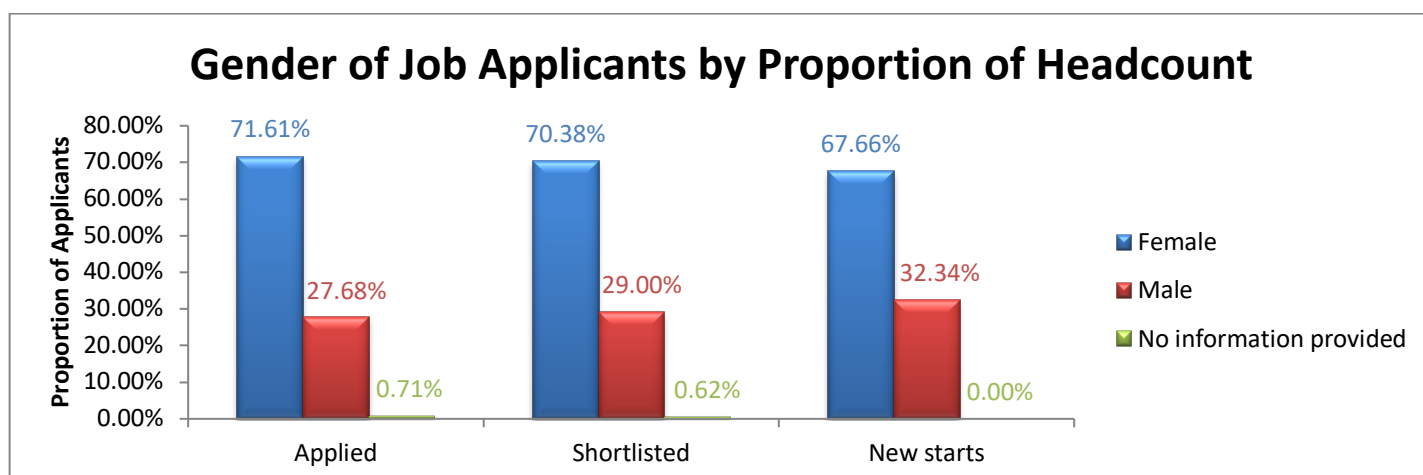
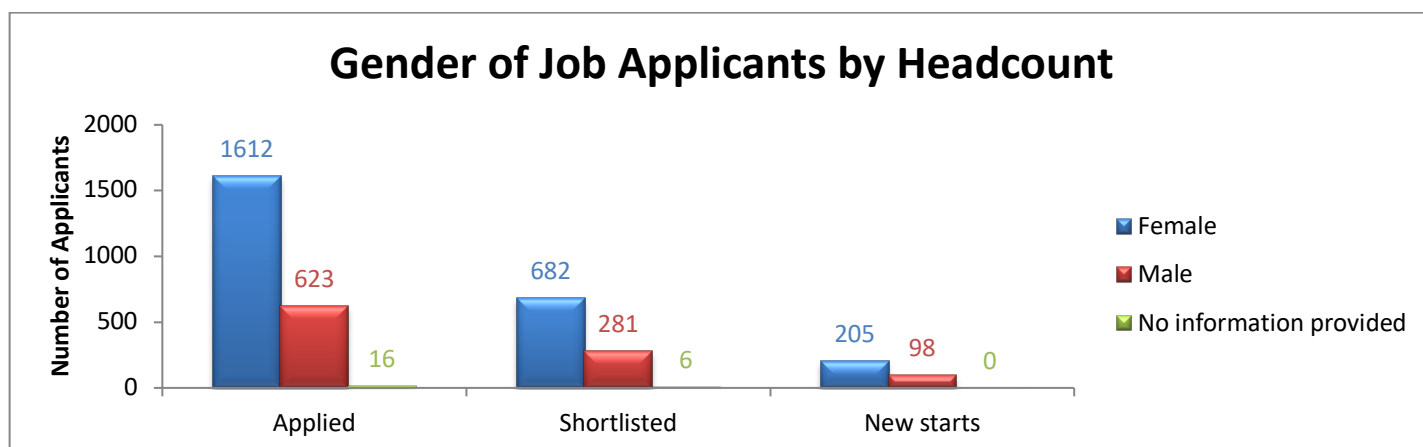


While gender split in Scotland is roughly 50:50 the largest job family in the Board is “Nursing and Midwifery”, which has traditionally been a female dominated profession, resulting in a higher proportion of female to male staff. The higher proportion of job families within the Board have a female majority,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



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 charts below, in which a number of applicants for posts opted to choose neither “Male” nor “Female”, or did not state a gender.

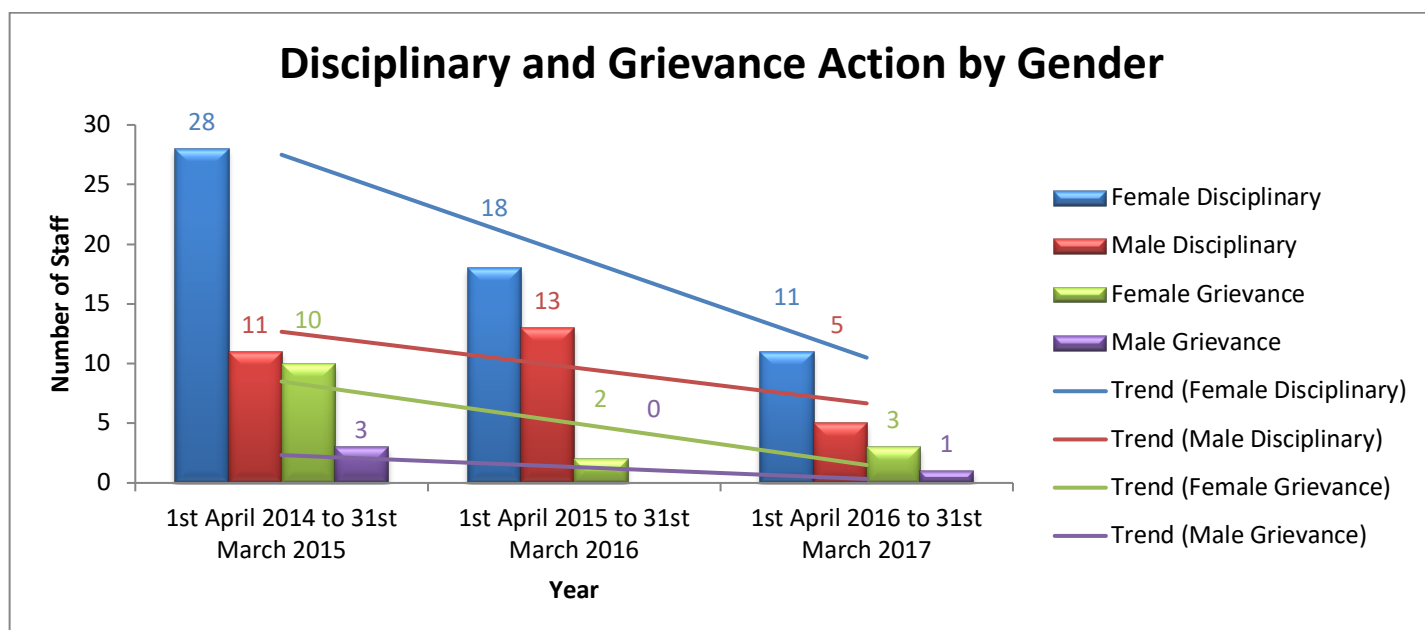


During the monitored period 27.68% of applicants for posts were male, as were 29.00% of those shortlisted and 32.34% of new starts, so a male applicant had a slightly higher chance of being shortlisted than a female one, and a slightly higher chance of being appointed. It should be noted that short-listing of applicants takes place without equality information being made available to the person short-listing, with the aim of ensuring equality.

The Board is also rolling out unconscious bias training, which should help interviewers to ensure that they do not take potential biases relating to stereotypes associated with protected characteristics into the interview room, thereby helping to ensure objective interviewing.

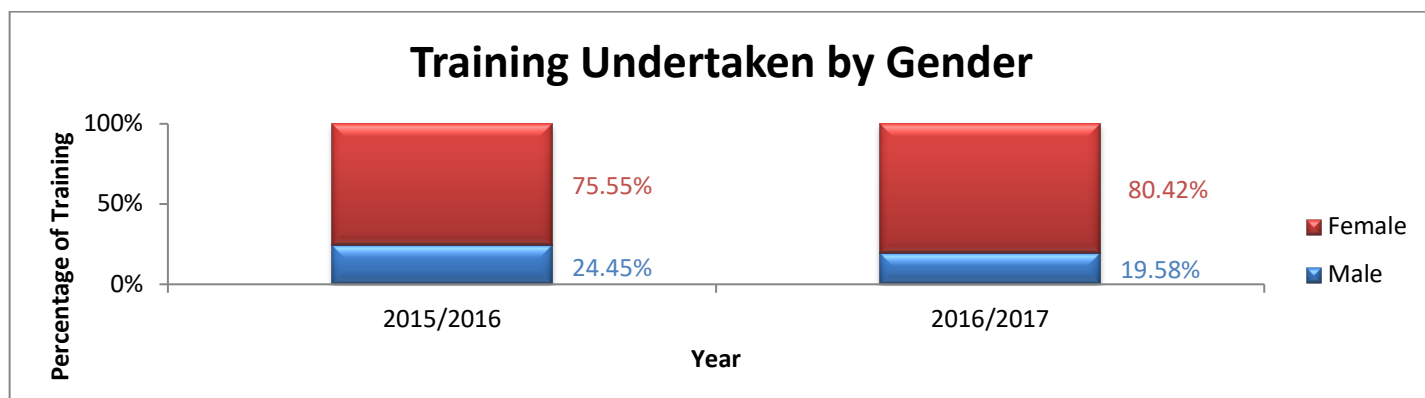
6.1.3 Discipline and Grievance Activity

Over the monitored period there were a total of 16 disciplinary cases (11 female and 5 male) and 4 grievances (3 female and 1 male). The number of disciplinary cases is down on the previous year, as can be seen from the table below, when there were 31 cases (18 female and 13 male). However, the number of grievances has risen slightly, from 2 to 4 (3 female and 1 male). The chart below clearly indicates the downward trend over the last three years for disciplinary cases and grievances for both genders:



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: they comprise 72.72% of the workforce, but undertook 80.42% of training activity. This is a 4.87% increase in the proportion of training activity on the previous year, as can be seen from the chart below:

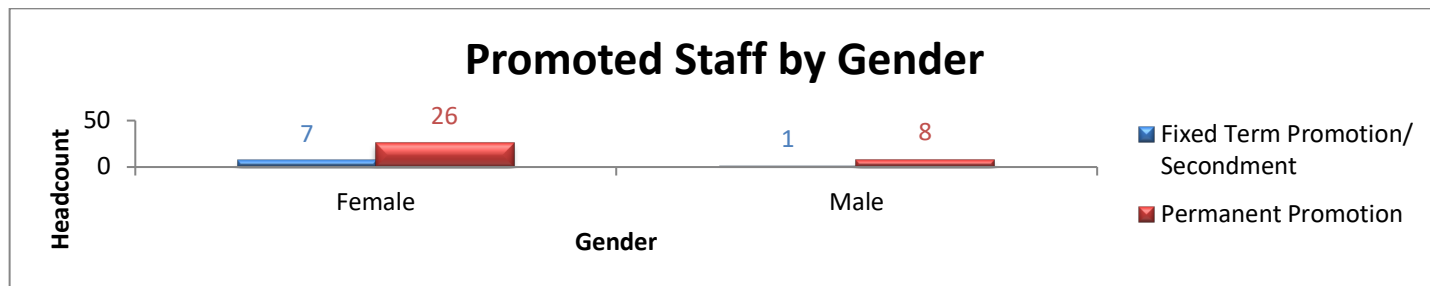


6.1.5 Career Progression

The monitored period saw a total of 42 promotions among the Board’s staff, the majority of which (34) were permanent, with the remainder either fixed term promotions or secondments. Of the 34 permanent promotions during

the monitored period 26 were female (76.47%) and 8 were male (23.53%), which roughly corresponds with the gender make up of the staff cohort.

There were considerably more fixed term promotions/secondments for female members of staff than for males, coming in at 7:1. However, it should be noted that 76.47% of applicants for these posts were female, with 23.53% male, so the fact that females were appointed to 87.5% of these posts should not be seen as an issue.



6.1.6 Turnover

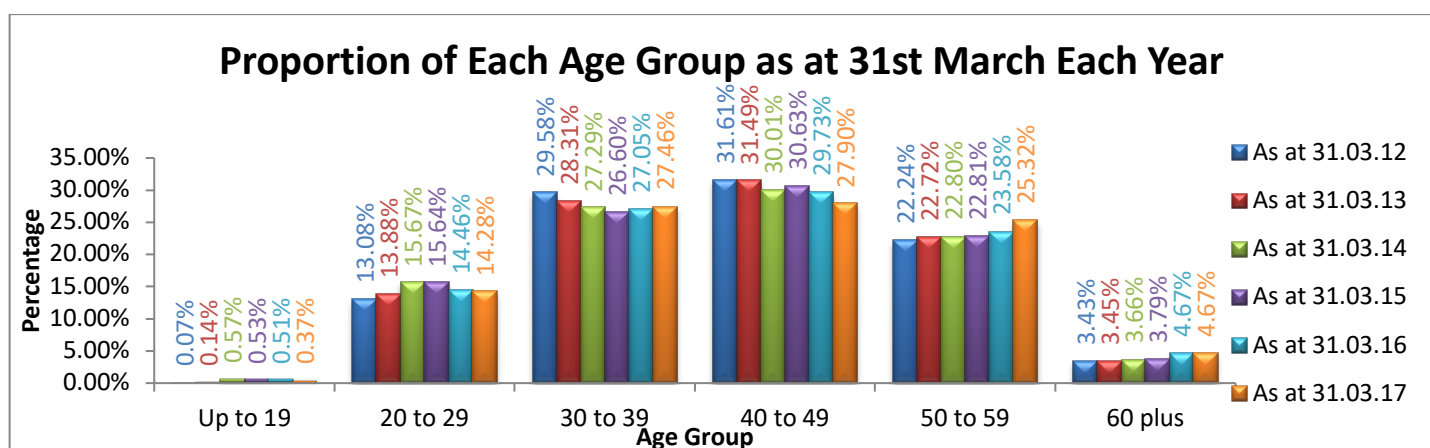
As previously reported ISD have reported that employee turnover for the year was 8.17% of overall staffing headcount for the year. Of these leavers 62.37% were female and 37.63% male as a proportion of headcount, indicating that males were over-represented as leavers, as they made up 27.28% of the workforce at the end of March.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Female	116	62.37%	1301	72.72%
Male	70	37.63%	488	27.28%
Total	186	100.00%	1789	100.00%

6.2 Age

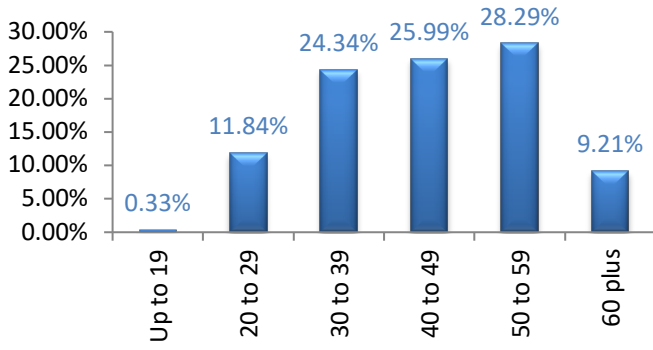
6.2.1 Workforce Breakdown

Over the last few years the age profile of the Board's workforce has changed very little, with minor annual fluctuations in the proportion of the workforce that each age group comprises. The Board continues to monitor the age range of staff to allow it to carry out succession planning activities for future requirements.

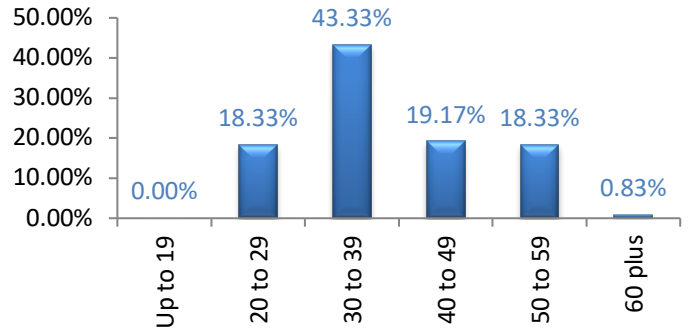


The following charts highlight the age ranges of the workforce in each of the job families, as at 31st March 2017.

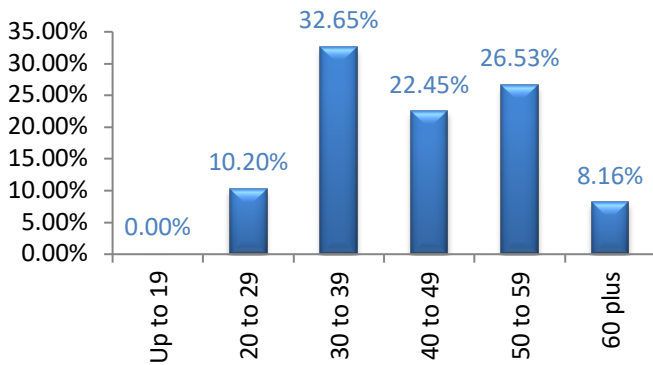
Administrative Services



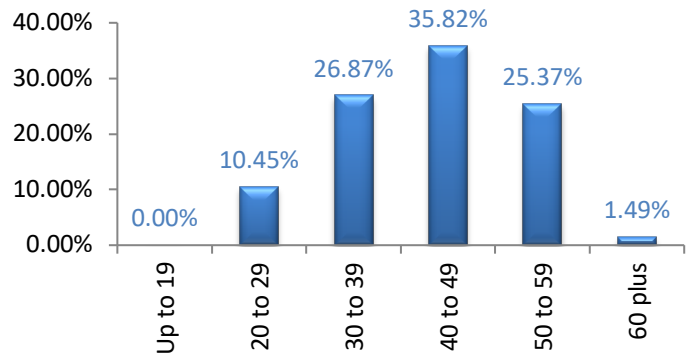
Allied Health Professions



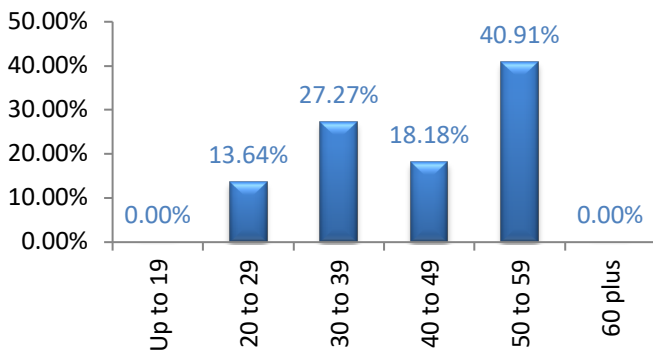
Healthcare Sciences



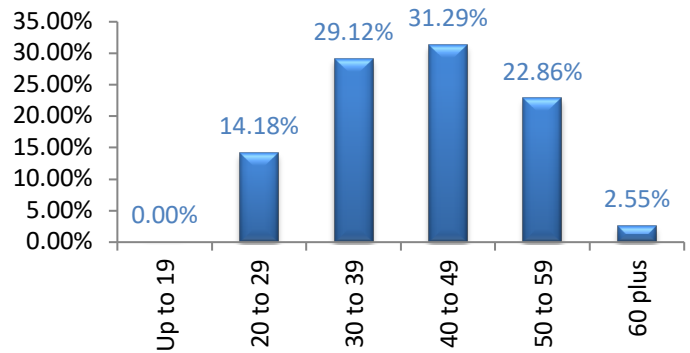
Medical and Dental



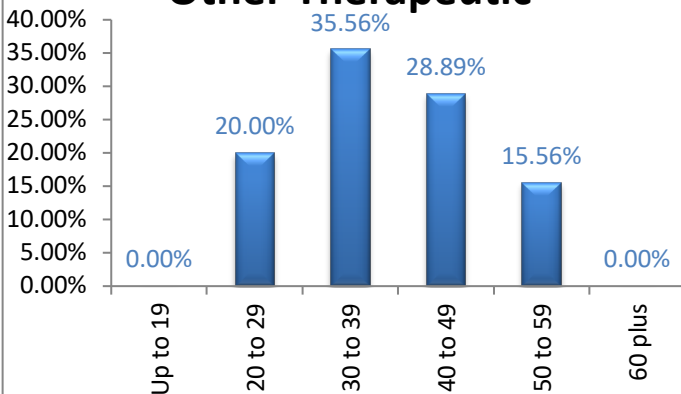
Medical Support



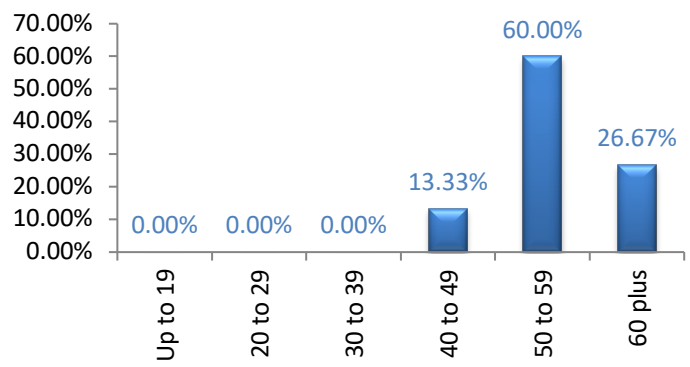
Nursing and Midwifery

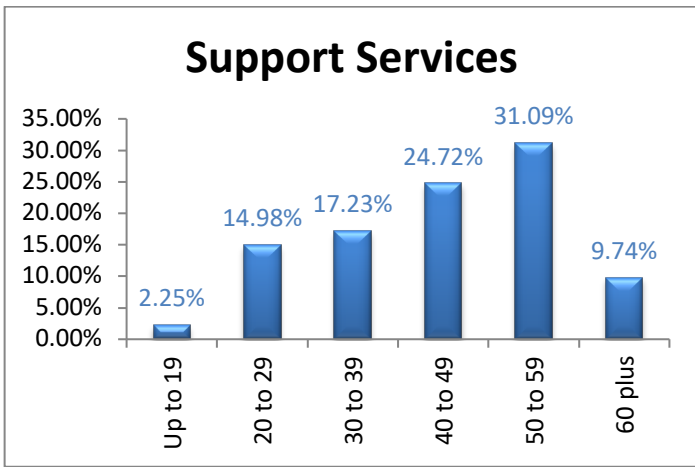


Other Therapeutic



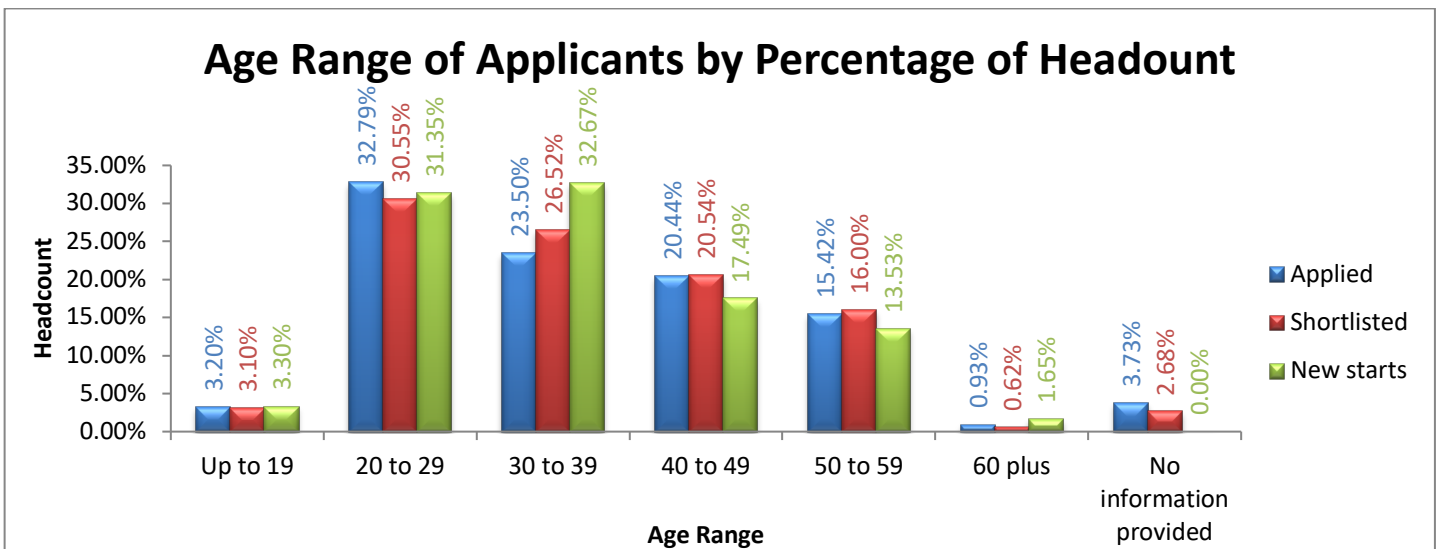
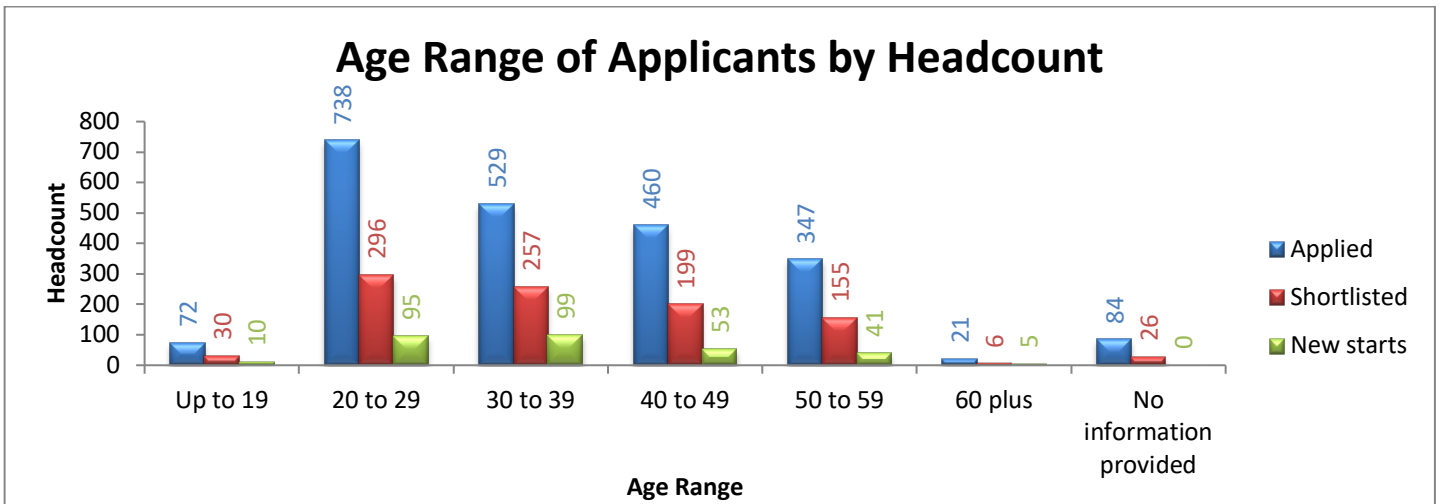
Senior Managers





6.2.2 Recruitment Activity

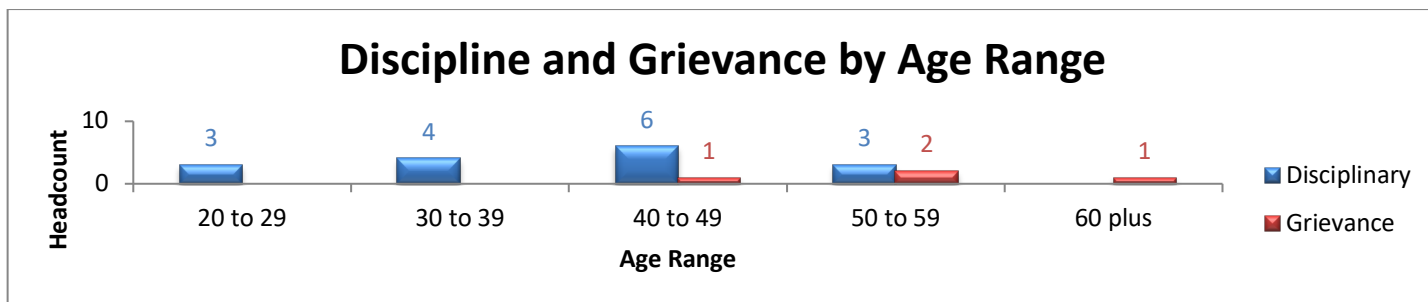
The age range that supplied the largest number of applicants (738, 32.79%) and the largest number of those who were shortlisted (296, 30.55%) was 20 to 29, whereas the largest number of new starts were from the 30 to 39 age group (99, 32.67%). Compared to the number of applicants those in the 30 to 39 age range were appointed to a greater proportion of new starts posts than those in other age ranges (32.67% of new starts compared to 23.50% of applicants).



6.2.3 Discipline and Grievance Activity

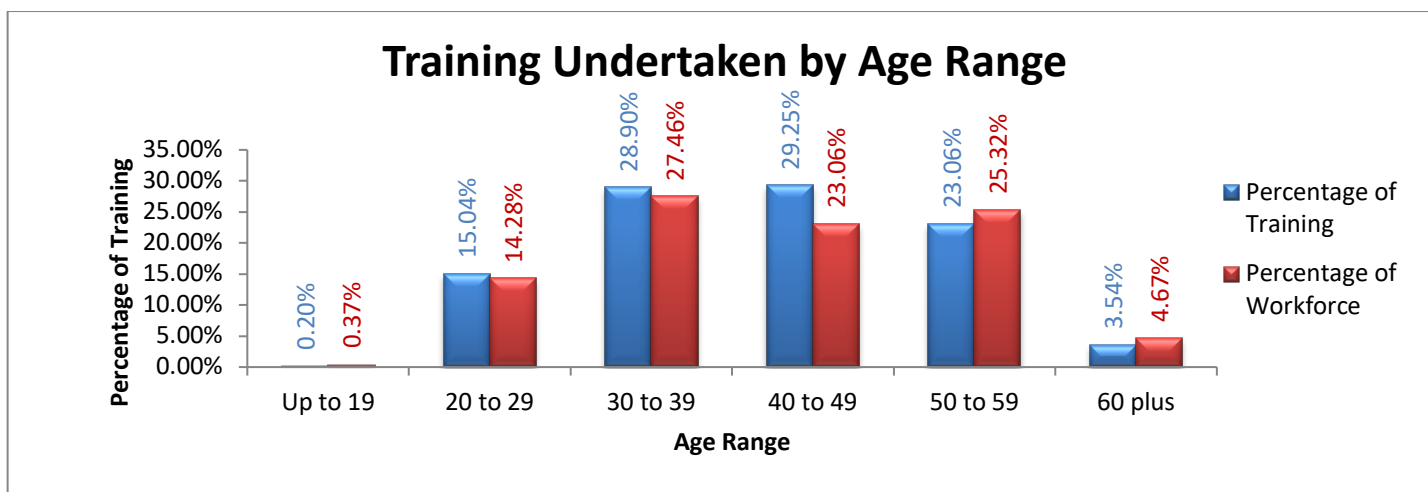
During the period under review a large minority of those who underwent disciplinary action (6 out of 16, 37.50%) were in the 40 to 49 age group, which is disproportionately high when compared to the proportion of the workforce they

comprise (27.90%). Despite this disproportionately higher number, there is no pattern to link any of the matters subject to the disciplinary process with capability:



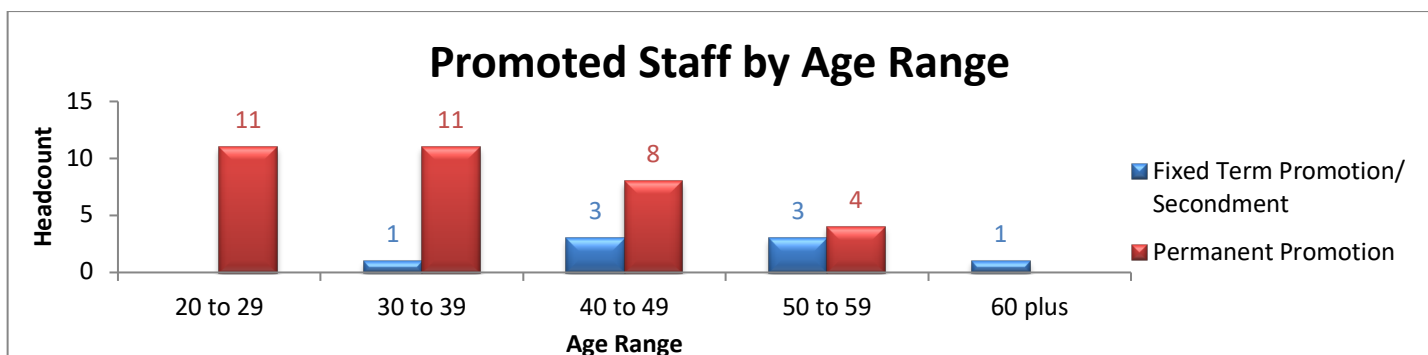
6.2.4 Training Activity

The proportion of training undertaken by each age range during the period monitored almost exactly reflects the proportion of the workforce that age range comprises, as can be seen from the chart below. The main exception is the 40 to 49 age range, which undertook 29.25% of training, but comprises 23.06% of the workforce.



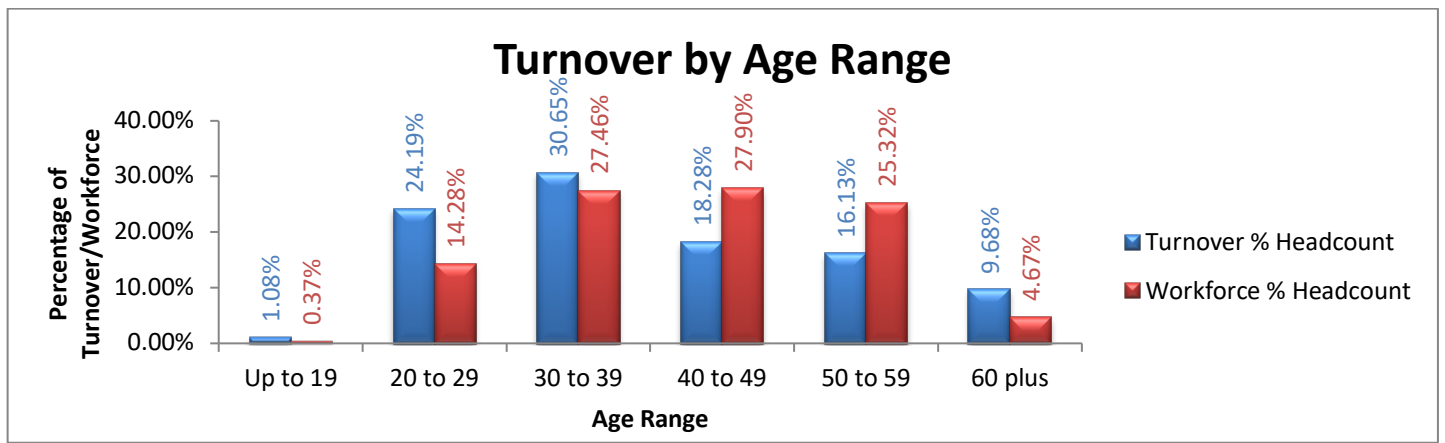
6.2.5 Career Progression

The monitored period saw a total of 42 promotions among the Board’s staff, the majority of which (34) were permanent, with the remainder either fixed term promotions or secondments. The breakdown by age range is shown in the table below. Both the 20 to 29 and 30 to 39 age groups had 11 permanent promotions each.



6.2.6 Turnover

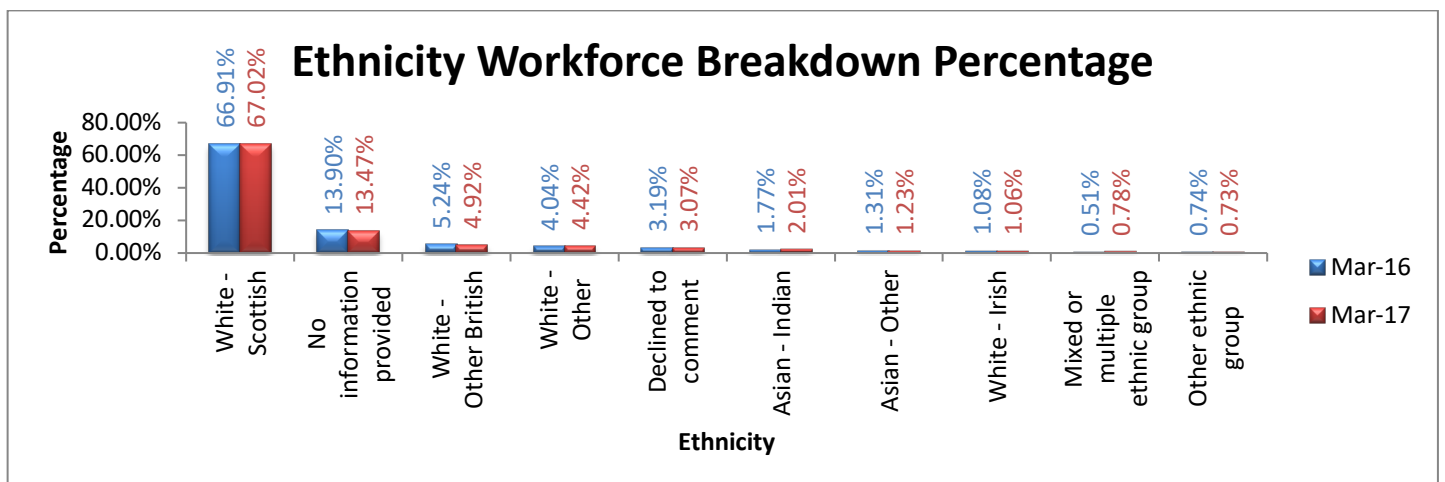
Turnover by age range during the period under review is shown in the table below. There might be a concern that the numbers are so high in the 20 to 29 age range – 24.19% of the turnover headcount, compared to 14.28% of the workforce. The turnover in the 40 to 49 and 50 to 59 age ranges is lower than would be expected compared to their proportion of the workforce, as can be seen in the chart below:



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 67.02% of the workforce, up slightly from 66.91% as at March 2016. The next largest group were those that did not provide any information on their ethnicity, with 13.47%, compared to 13.90% the previous year. Year on year we are seeing the number who did not provide this information falling, and the Recruitment Team has been more proactive in encouraging new members of staff to ensure that equality monitoring information is included on the staff engagement form, even if the staff member completed “Declined to comment”. Minority ethnic groups made up 5.81% of the workforce, compared to 4.00% of the Scottish population as a whole (source: Scotland’s 2011 census). At March 2016 minority ethnic groups made up 5.58% of the workforce, so the change in the monitored period was negligible.



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

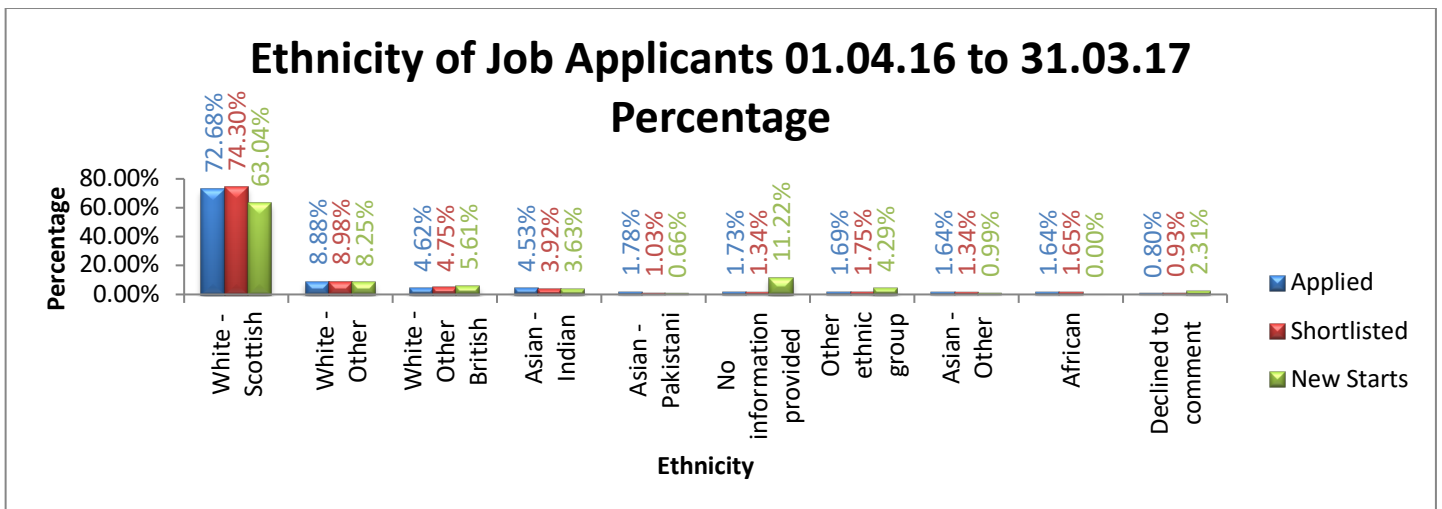
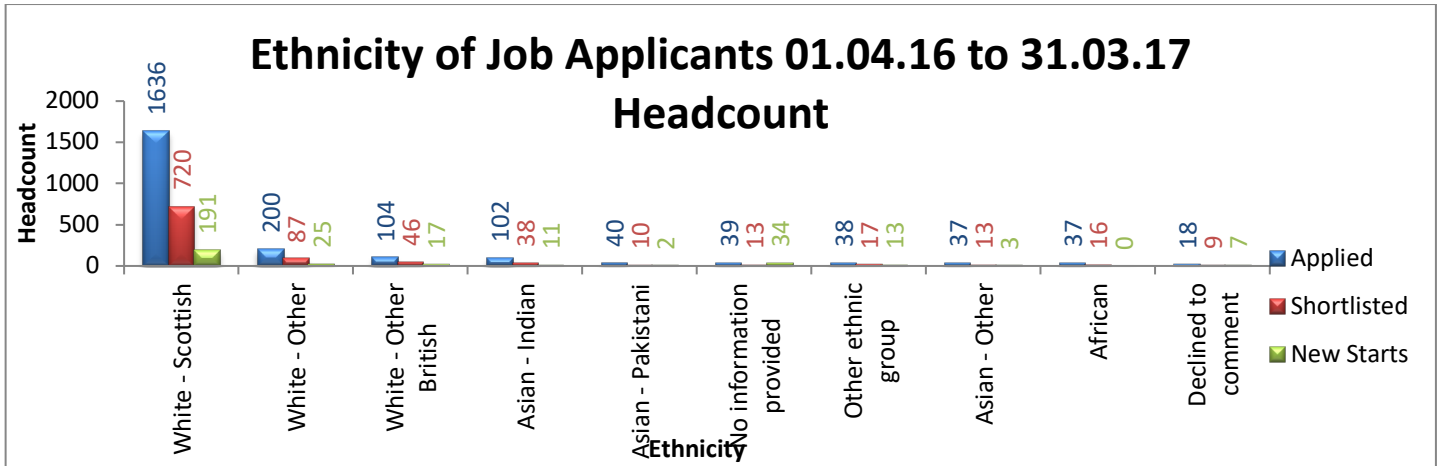
	March 2012	March 2013	March 2014	March 2015	March 2016	March 2017
White - Scottish	56.60%	58.48%	63.87%	66.70%	66.91%	67.02%
No information provided	24.44%	22.56%	16.87%	14.80%	13.90%	13.47%
White - Other	2.71%	3.04%	3.41%	3.40%	5.18%	5.54%
White - Other British	5.00%	4.36%	4.42%	4.40%	5.24%	4.92%
Declined to comment	4.65%	5.19%	4.61%	4.00%	3.19%	3.07%
Asian - Indian	1.88%	1.73%	1.90%	2.00%	1.77%	2.01%
Other Ethnic Group	3.19%	3.25%	3.54%	1.50%	1.37%	1.62%
Asian - Other	1.53%	1.38%	1.39%	2.40%	1.48%	1.40%
Asian - Pakistani*	0.00%	0.00%	0.00%	0.40%	0.57%	0.56%
African*	0.00%	0.00%	0.00%	0.40%	0.40%	0.39%

* In 2012, 2013 and 2014 Asian - Pakistani was counted in "Other Asian" and African was counted in "Other Ethnic Group".

6.3.2 Recruitment Activity

As would be expected the large majority of applicants for vacant posts identify themselves as "White Scottish", making up 72.68% of applicants, 74.30% of those shortlisted and 63.04% 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 11.22% of new starts, compared to only 1.73% of applicants and 1.34% of those who were shortlisted.

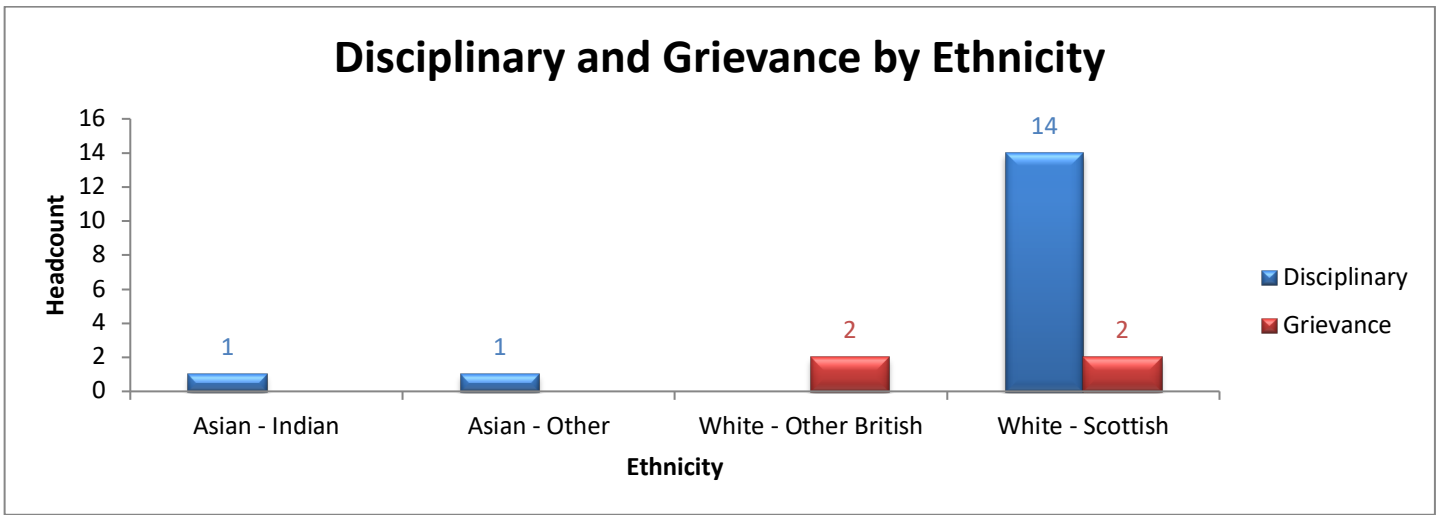
Altogether applicants who identified themselves as from a minority ethnic group made up 11.28% of applicants, 9.69% of those shortlisted and 9.57% of new starts over the period monitored. This compares to 11.78% of applicants, 9.40% of those shortlisted and 6.94% of new starts in the period between 1st April 2015 and 31st March 2016.



6.3.3 Disciplinary and Grievance

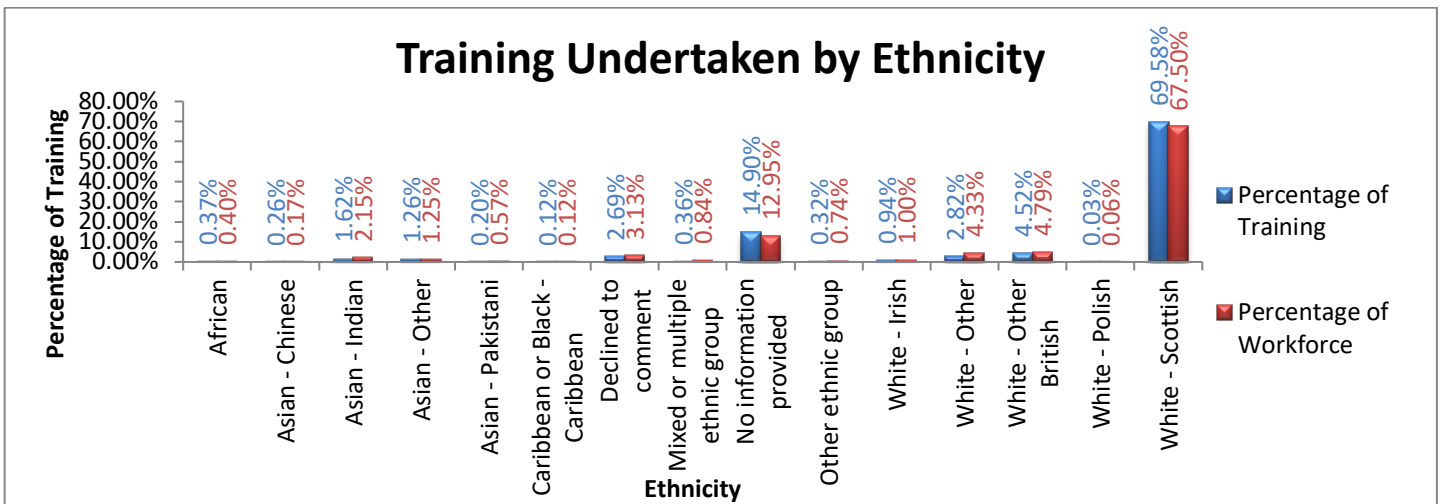
The great majority of disciplinary action carried out during the period under review involved staff members who identified themselves as "White – Scottish" – 14 out of 16, 87.5%.

Disciplinary and Grievance by Ethnicity



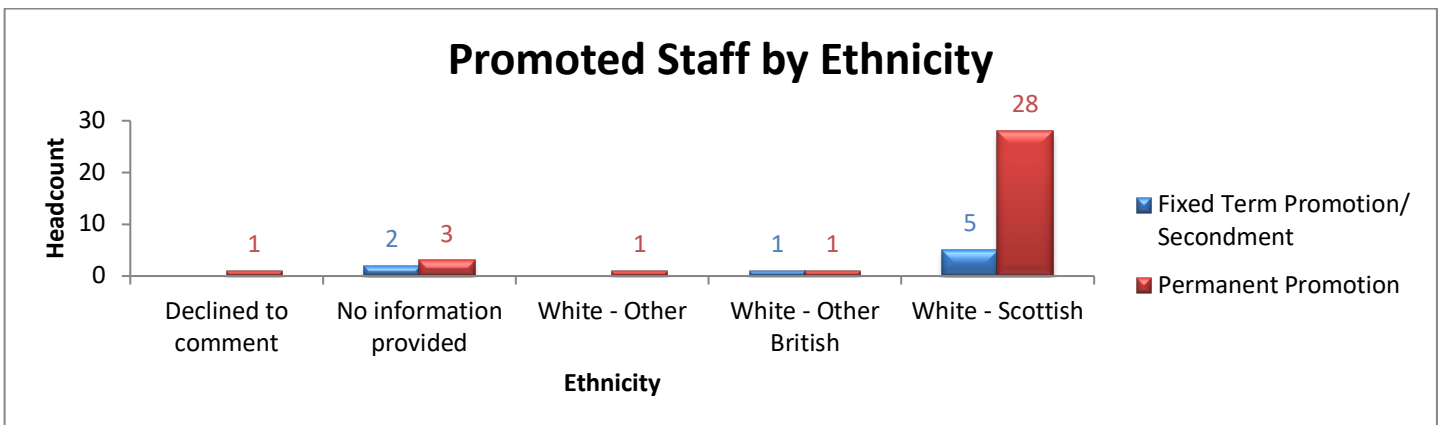
6.3.4 Training Activity

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 represent. This can be seen in the chart below:



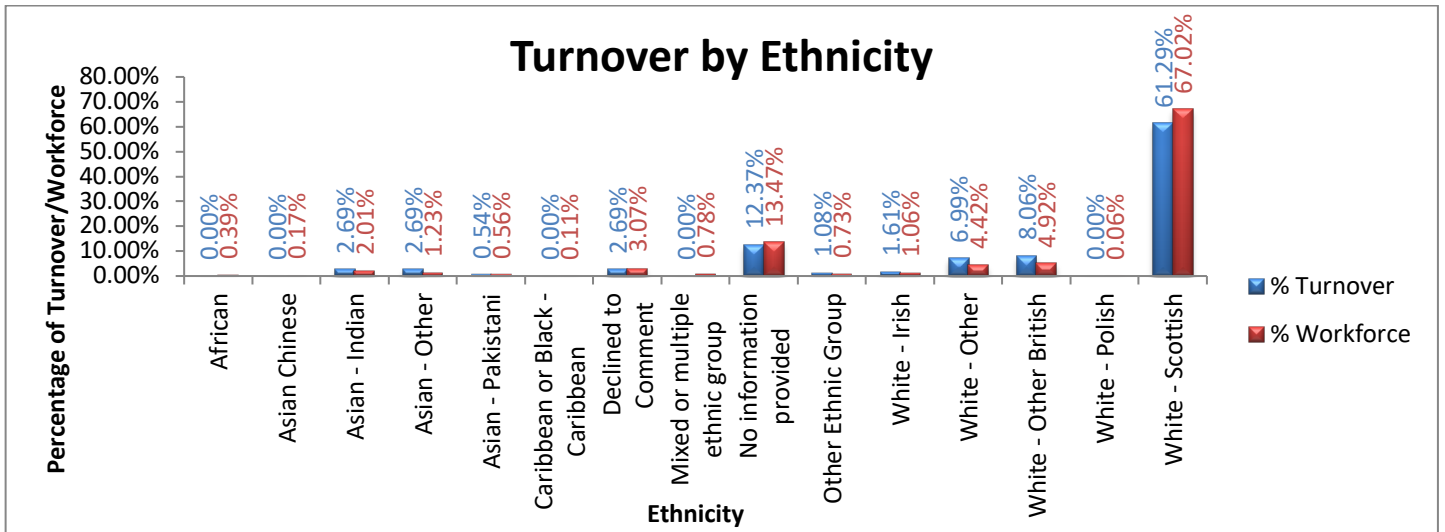
6.3.5 Career Progression

During the period under review, of the permanently promoted staff 28 (82.35%) identified as “White – Scottish”, compared with 67.02% of the workforce. Given the small numbers involved of the other ethnic groups, both in promoted staff and in the workforce as a whole, it may be meaningless to try to compare the proportion of those promoted with the proportion of those in the workforce.



6.3.6 Turnover

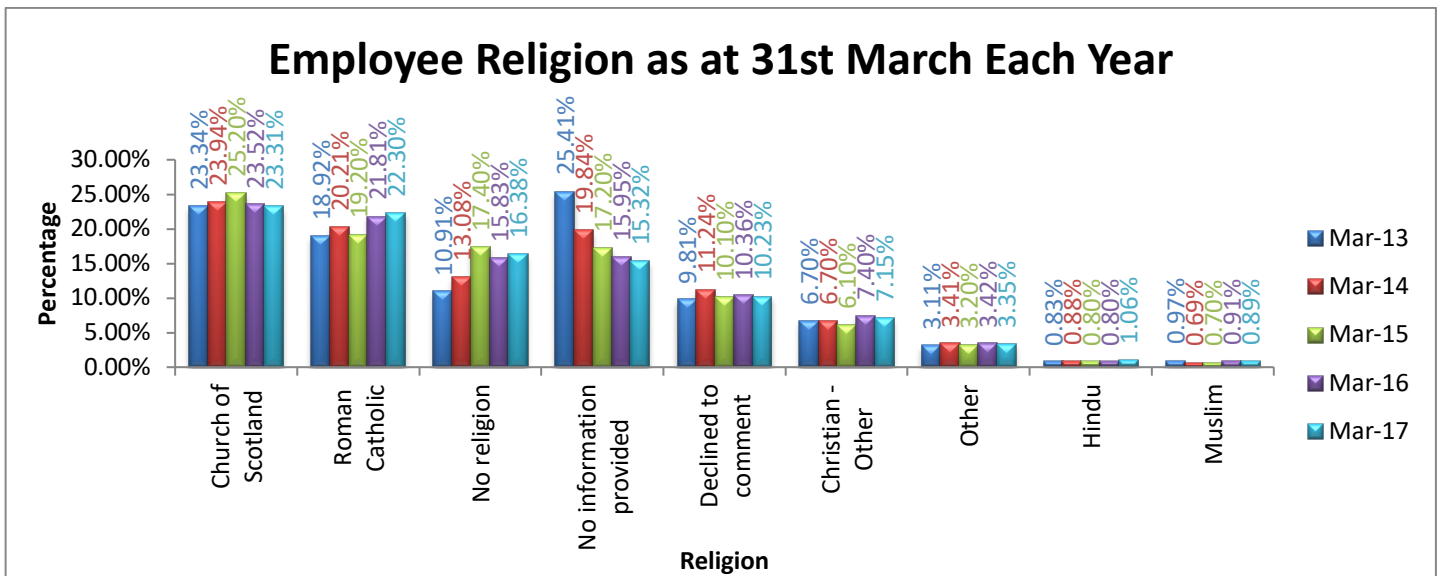
As would be expected, during the twelve months from April 2016 to March 2017 the majority of leavers were “White – Scottish”. The proportion of them was slightly lower than the proportion of the workforce they make up: 61.29% against 67.02%. As with the previous section the small numbers involved in the turnover of the other ethnic groups mean that comparisons with workforce could be insignificant.



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 fewer people not providing information on the 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 “Church of Scotland”, which has been the case since at least March 2012, with the second largest group identifying themselves as “Roman Catholic”.

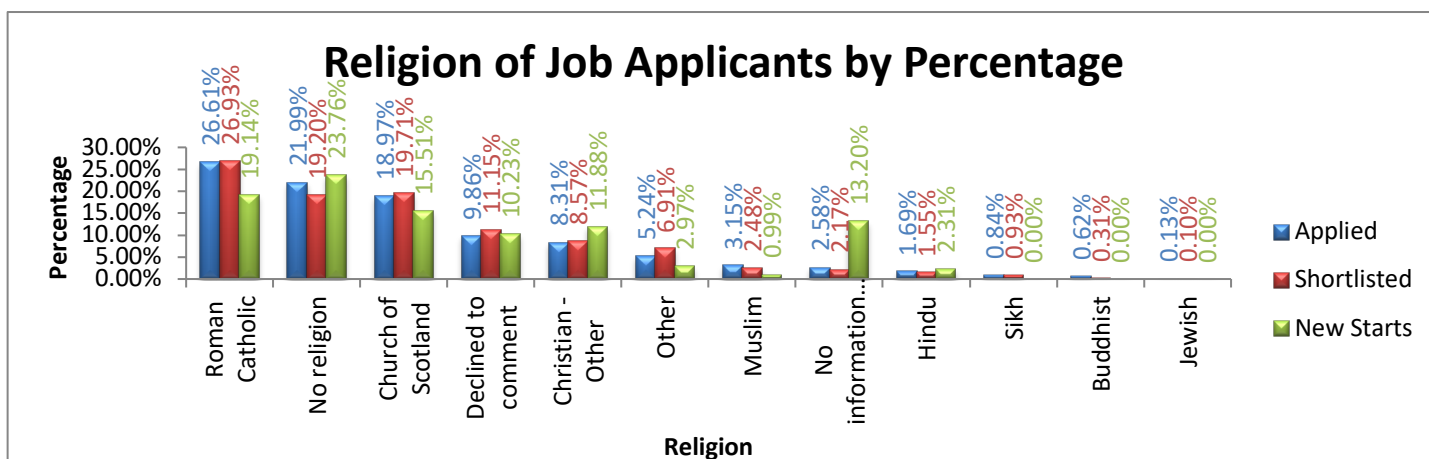
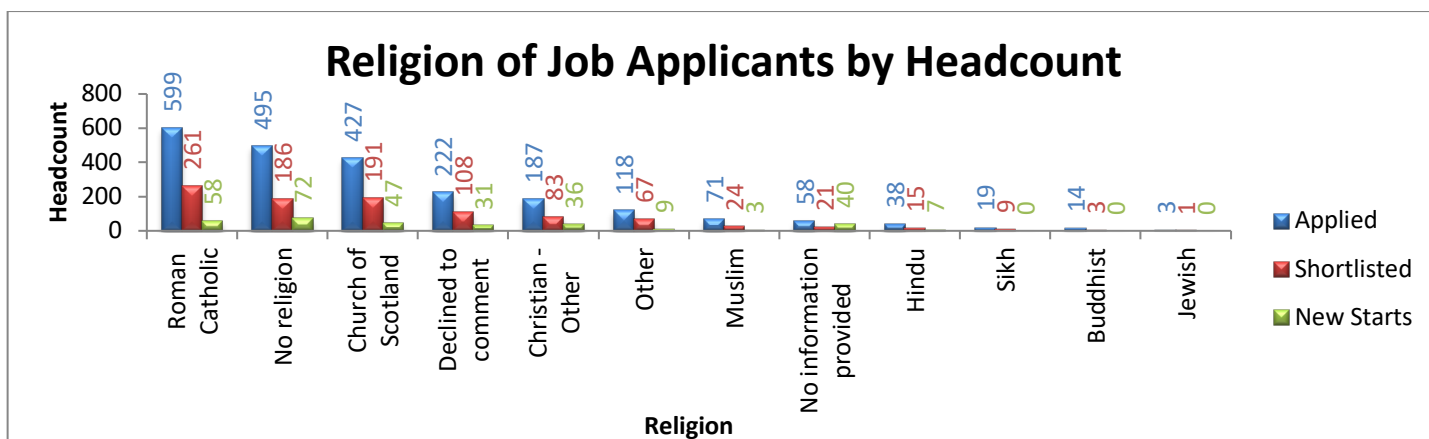


*Faiths which are represented by fewer than 5 members of staff (eg Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.

6.4.2 Recruitment Activity

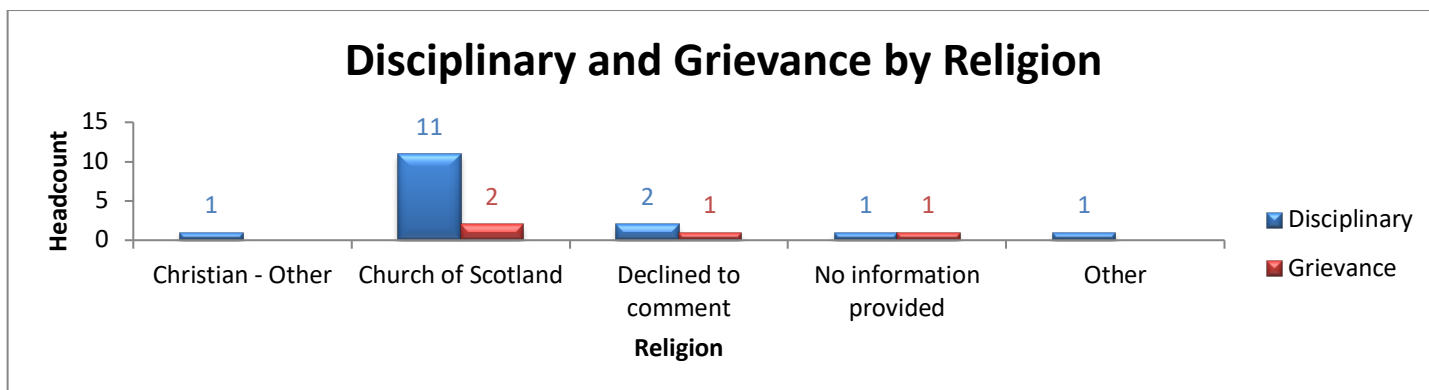
Of applicants for jobs in the monitored period the largest number identified themselves as “Roman Catholic”, followed by “No religion”, as can be seen from the charts below. The percentage breakdown of those who applied, who were shortlisted and were new starts is roughly proportionate, with the exception of: “No religion”, “Christian – other” and “No information provided”, where the proportion of new starts were higher than those who applied and those who

were shortlisted; and “Church of Scotland”, where the proportion of new starts was lower at 15.51% when compared to the percentage of those who applied (19.71%) and those who were shortlisted (19.71%).



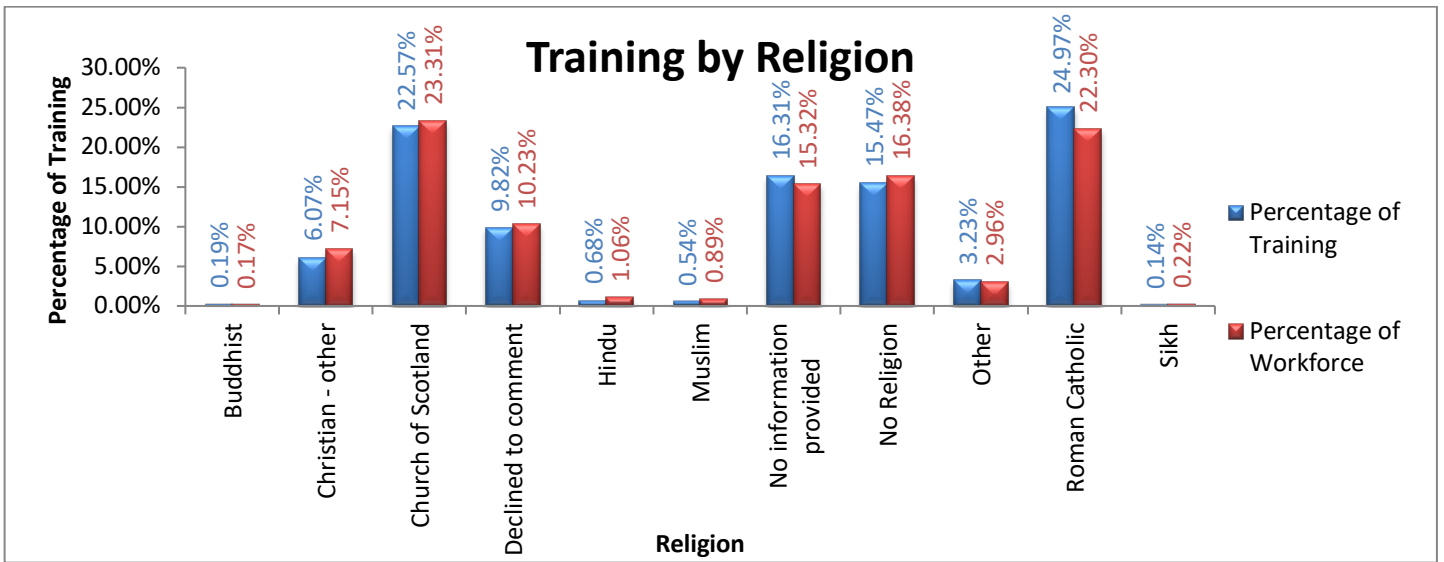
6.4.3 Disciplinary and Grievance

The majority of staff who underwent disciplinary action in 2016/2017 identified their religion or belief as “Church of Scotland”. They represent 23.31% of the workforce, but 68.75% of disciplinary action. However, the second largest religious grouping, “Roman Catholic”, which represents 22.30% of the workforce, had no disciplinary action.



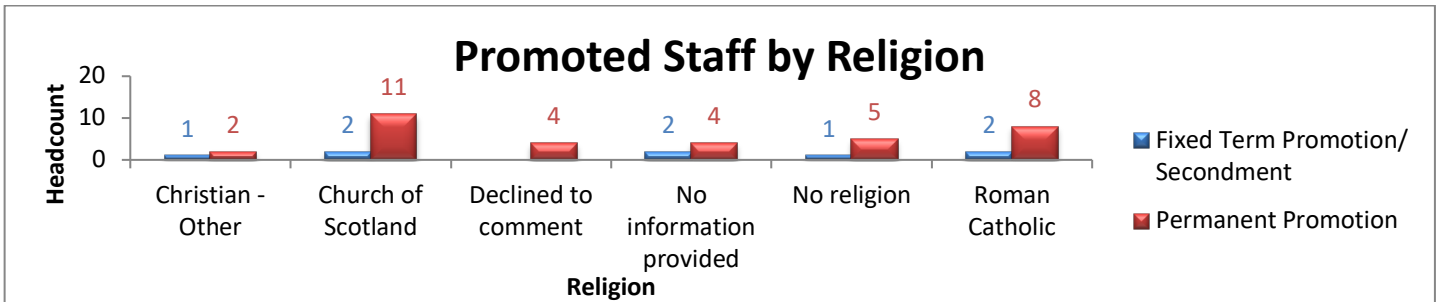
6.4.4 Training Activity

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



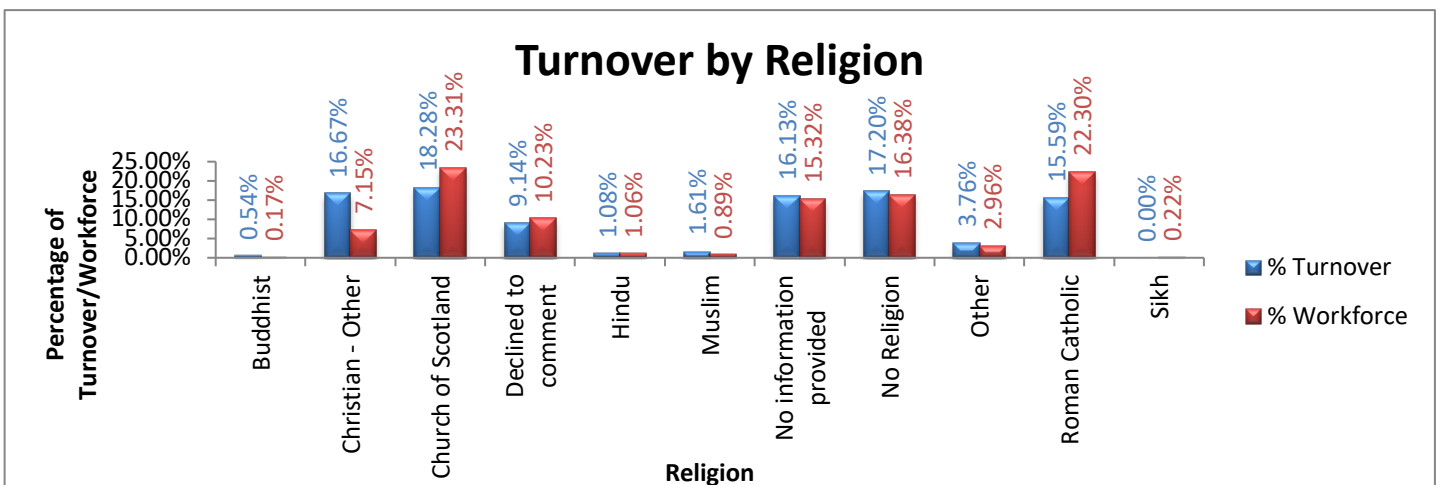
6.4.5 Career Progression

11 of the 34 permanently promoted members of staff identify themselves as “Church of Scotland”, representing 32.35% of permanent promotions. This is higher than the proportion of the Workforce that this religious grouping represents – 23.31%. The proportion of permanent promotions represented by the “Roman Catholic” group almost exactly mirrors their representation in the workforce as a whole – 23.53% and 23.30% respectively.



6.4.6 Turnover

During 2016/2017 turnover of staff was highest in the largest religious group – “Church of Scotland”. It represented 18.28% of turnover, compared to 23.31% of the workforce. “Christian – Other” was very overrepresented in turnover compared to the proportion of the workforce that this group makes up – 16.67% against 7.15%. However, the “Roman Catholic” group was underrepresented – 15.59% of turnover, but 22.30% of the workforce. The remaining religious groups had comparable turnover and workforce representation.



6.5 Disability

During the monitored period the Golden Jubilee Foundation transferred from the “Positive About Disability” *two ticks* scheme to the new “Disability Confident” scheme. The Board automatically received the Level 2 – Disability Confident Employer badge for 12 months at the time of transfer.

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.

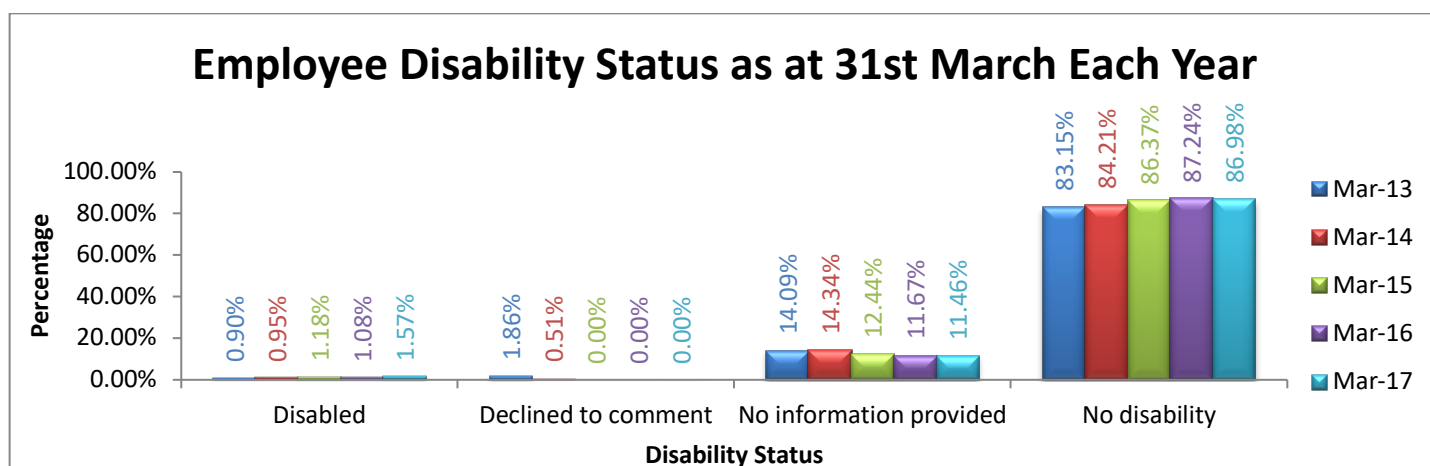
Through “Disability Confident” the UK Government will work with employers to fulfil these aims and objectives:

- 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>.

6.5.1 Workforce Breakdown

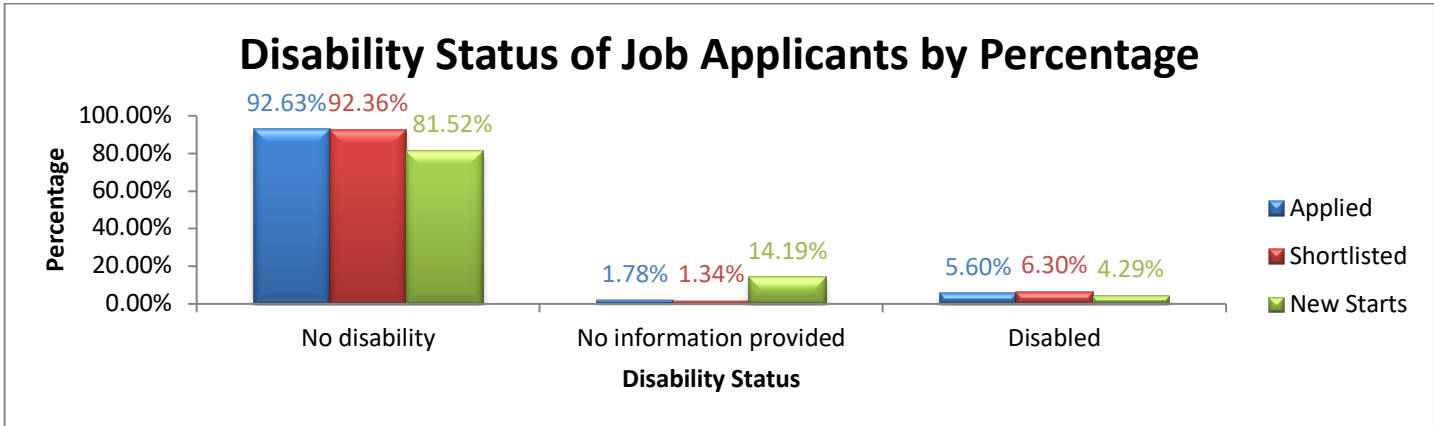
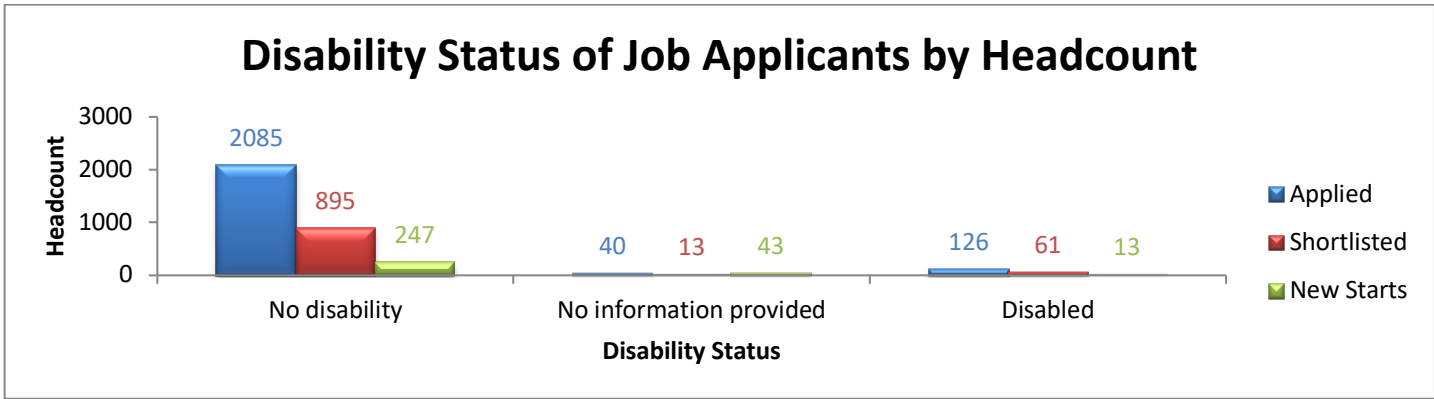
The great majority of our workforce continues to identify themselves as having “No disability”, with the proportion growing from 81.19% in March 2012 to 87.24% in March 2016. At the end of this monitored period it had fallen slightly to 86.98%. During this time the proportion of staff that has not provided information on their disability status has steadily fallen from 16.08% in 2012 to 11.46%. The proportion of staff members who identify themselves as “Disabled” has remained relatively steady over the same time period at around 1.00%, but this year increased to 1.57%



6.5.2 Recruitment Activity

Of applicants successfully appointed, those for whom no information was provided regarding their disability status made up 14.19% of new starts in the monitored period, but only 1.78% of applicants and 1.34% of those who were shortlisted. Those identifying themselves as “Disabled” made 5.60% of applications and 4.29% of new starts.

It is recognised that ideally we should have zero “No information provided” for new starts. Our Recruitment Team is more proactive in encouraging those who do not wish to comment to use the “Decline to comment” option on the staff engagement form. It is hoped that the introduction of eESS in 2017/2018 will lead to a reduction in “No information provided” for new starts.



6.5.3 Disciplinary and Grievance

None of those members of staff who faced disciplinary action or who were part of a grievance procedure during the period under review declared themselves to be disabled.

6.5.4 Training Activity

Members staff who declared themselves to be disabled made up 1.80% of all training carried out in 2016/2017. This compares slightly favourably to their proportion of the workforce – 1.57%

6.5.5 Career Progression

None of the members of staff who were promoted between April 2016 and March 2017 had indicated that they had a disability.

6.5.6 Turnover

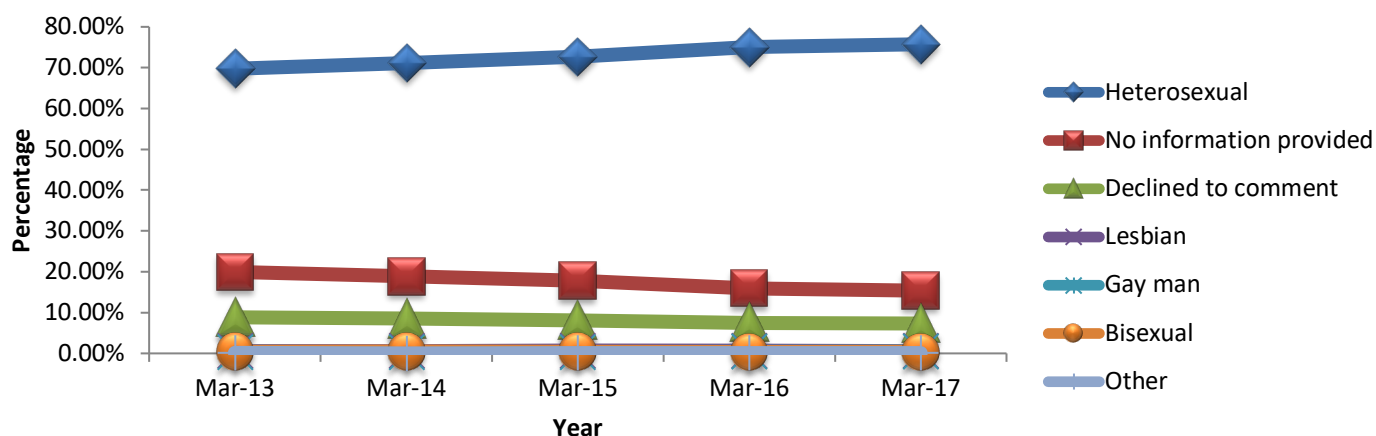
Of the 186 members of staff who left the Board’s employment in 2016/2017 none had declared themselves to be disabled.

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 decreasing slightly.

Employee Sexual Orientation as at 31st March Each Year



	Mar-13	Mar-14	Mar-15	Mar-16	Mar-17
Heterosexual	69.74%	71.20%	72.63%	75.00%	75.74%
No information provided	19.96%	18.87%	17.77%	16.00%	15.37%
Declined to comment	8.84%	8.53%	8.12%	7.46%	7.32%
Lesbian	0.57%	0.60%	0.65%	0.68%	0.61%
Gay man	0.32%	0.30%	0.30%	0.40%	0.45%
Bisexual	0.44%	0.48%	0.41%	0.34%	0.39%
Other	0.13%	0.00%	0.12%	0.11%	0.11%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

6.6.2 Recruitment Activity

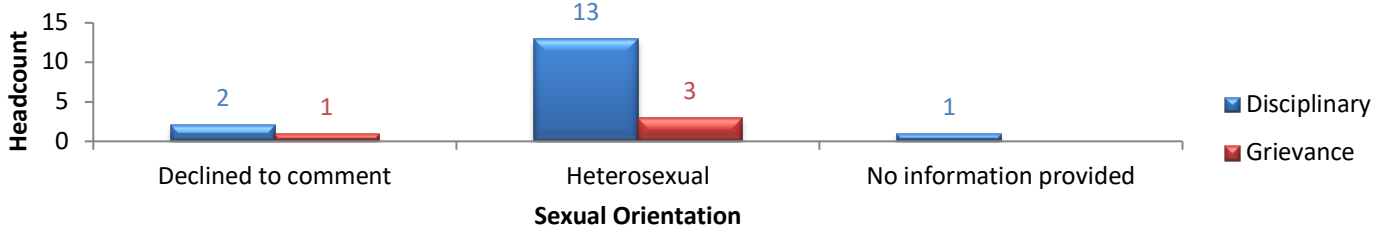
The table below highlights the number and proportion of people who applied for posts, were shortlisted and came on board as new starts in the monitored period, split by declared sexual orientation:

	Applied		Shortlisted		New Starts	
	Count	Percentage	Count	Percentage	Count	Percentage
Heterosexual	2043	90.76%	879	90.71%	235	77.56%
No information provided	49	2.18%	20	2.06%	40	13.20%
Declined to comment	83	3.69%	37	3.82%	22	7.26%
Gay man	38	1.69%	16	1.65%	3	0.99%
Bisexual	18	0.80%	5	0.52%	1	0.33%
Lesbian	14	0.62%	7	0.72%	1	0.33%
Other	6	0.27%	5	0.52%	1	0.33%
Grand Total	2251	100.00%	969	100.00%	303	100.00%

6.6.3 Disciplinary and Grievance

A summary of disciplinary action and grievances by sexual orientation can be seen in the chart below:

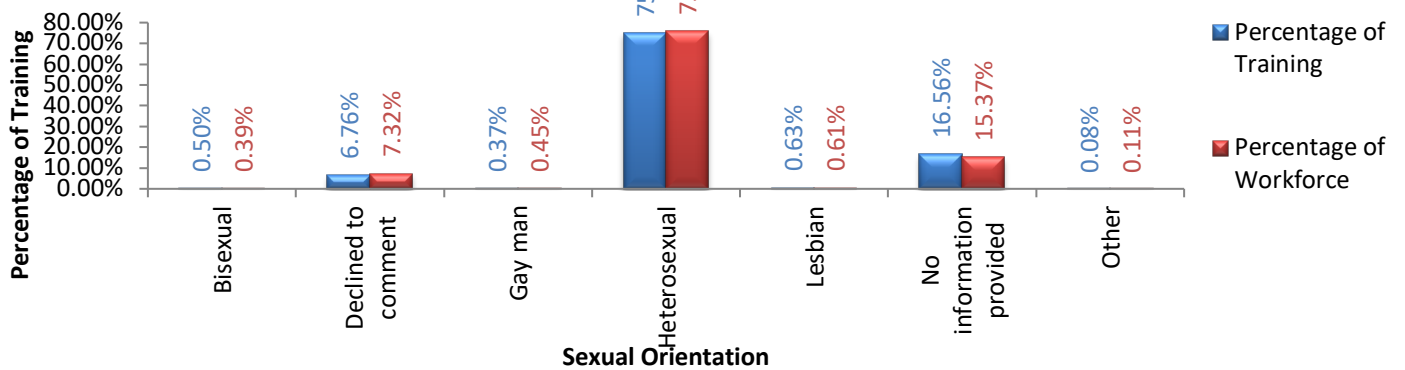
Disciplinary and Grievance by Sexual Orientation



6.6.4 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:

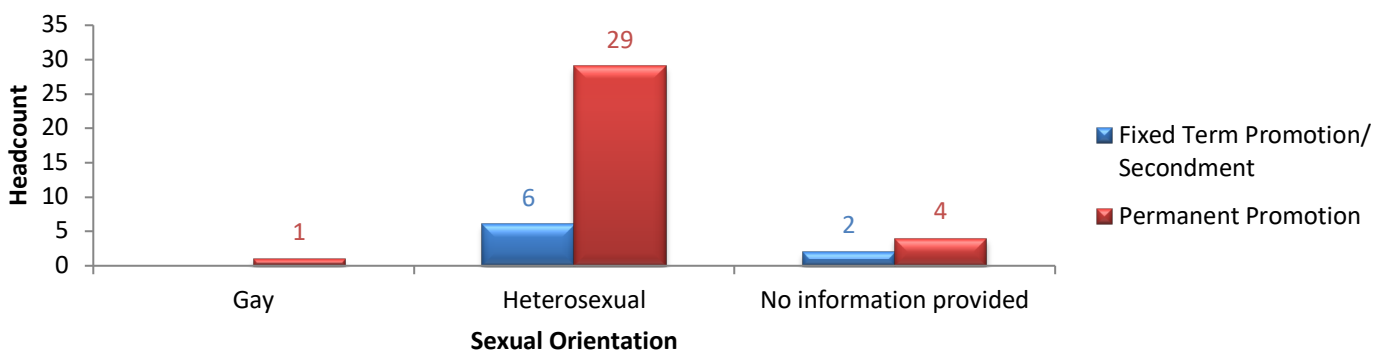
Training by Sexual Orientation



6.6.5 Career Progression

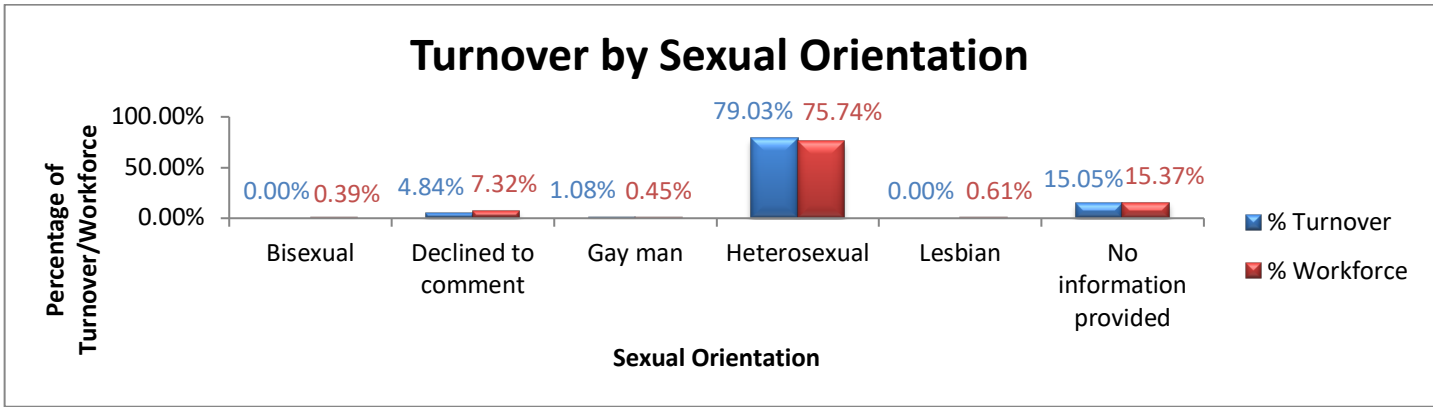
As would be expected based on their proportion of the workforce the great majority of promoted staff have declared themselves to be “Heterosexual” – 29 out of 34 permanent promotions and 6 out of 8 fixed term promotions. A summary of all promotions can be seen below:

Promoted Staff by Sexual Orientation



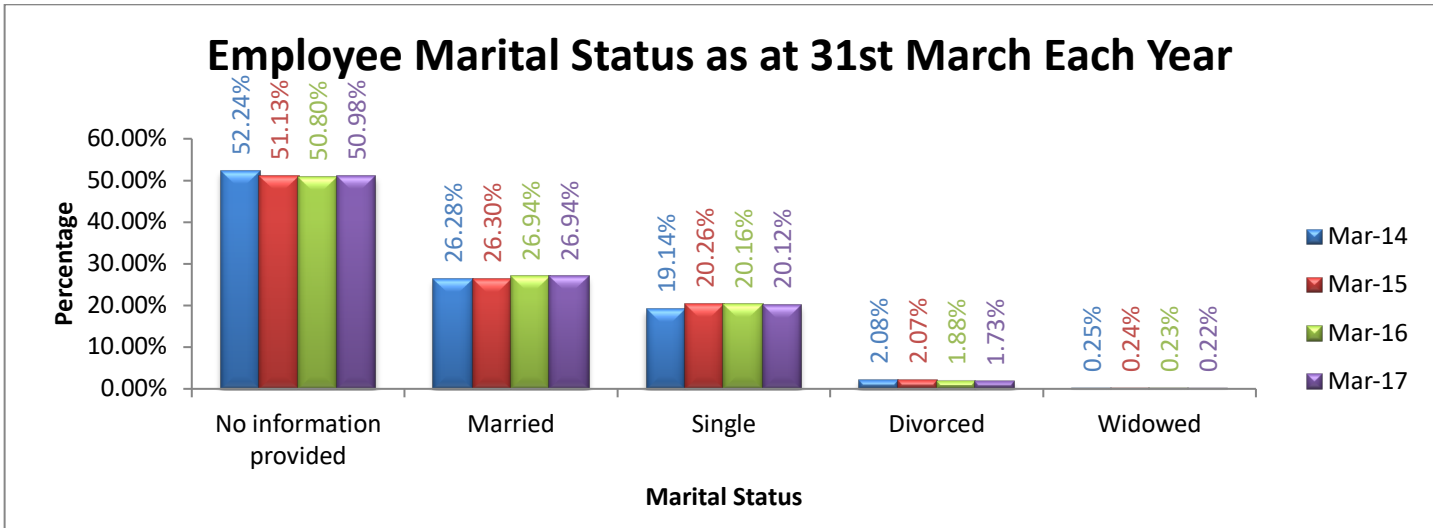
6.6.6 Turnover

During the period under review turnover by sexual orientation broadly mirrored workforce proportions, as can be seen below:



6.7 Marriage and Civil Partnership

As reported in previous monitoring the majority of staff in the monitored period chose not to provide information on their marital status. 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.



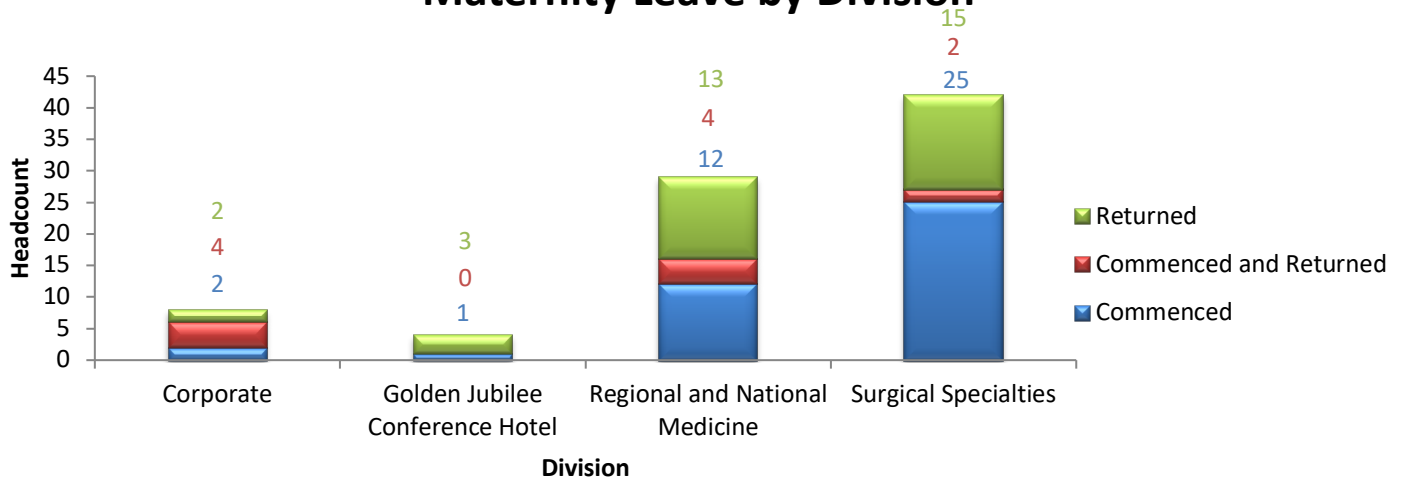
6.8 Transgender Staff

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 no members of staff identified as trans.

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 of those who commenced and returned from maternity leave between 1st April 2016 and 31st March 2017 can be seen on the chart below.

Maternity Leave by Division



7. Development

7.1 Sickness Absence

As in previous years, improving attendance at work, and reducing sickness absence statistics, was an ongoing priority for the Human Resources Team, managers, Occupational Health and Physiotherapy during 2016/2017. The focus on improving attendance at work has led to Human Resources and managers working to strict guidelines: they meet with members of staff who have had more than four absences in a twelve-month period; or who have been on long-term absence for more than 28 days. They work with Occupational Health and Physiotherapy to help staff members remain at work, or support them to return to work when appropriate.

2017/2018 will see continuing efforts to improve attendance at work, and support employees who are off sick to return to work as appropriate.

7.2 Disability Confident

Already in 2017/2018 the Level 2 Disability Confident Employer self-assessment has been carried out and the Board is working through the process which will allow us to become a Level 3 Disability Confident Leader, with a view to implementing Level 3 over the summer of 2017.

7.3 Human Factors Training

In March 2016 the Board began the training of all 1800 members of employees in Human Factors, a one 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. By the end of May 2017 over 770 members of staff had undertaken the training day. Training will continue throughout the next monitored period. The aim of the training is to improve patient care and help staff to focus on adopting safety positive behaviours.

7.4 Unconscious Bias Training

The Board is looking for a provider of unconscious bias training, with the aim of trialling it in the Human Resources and Learning and Organisational Development teams, before training the Senior Management Team and rolling it out to the wider organisation in 2018/2019. Unconscious bias training aims to end discrimination and bias within an organisation, by asking individuals to consider their behaviours and the impact they have on that organisation's openness to diversity.

7.5 Staff Governance and iMatter

The iMatter tool, which was designed with staff in NHS Scotland, as part of the Staff Governance Standard, to help individuals, teams and Health Boards understand and improve the staff experience, 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.

We have rolled out iMatter to every employee in the Board on two occasions to date and are about to commence our third cycle. On each occasion the Board had an EEI score of 77% which was very encouraging. We are using the iMatter model to work with teams to offer support. We are offering our values based team facilitation tool to teams identified through matter that require support. We are also linking our human factors and quality improvement training to iMatter and our values.

7.6 Recruitment

7.6.1 Investors in Young People

The Board hold Investors in Young People Gold status and continues to work to maintain and develop this, which includes working with the recently introduced young person's forum to consider some of our working practices seen through the eyes of a young person, for example our recruitment and work placement processes.

7.6.2 Enhanced Recruitment

The Board will implement an enhanced recruitment plan, which will incorporate a variety of recruitment methods to support expansion over the next few years. Post dependent recruitment might include open days and different levels of assessment centres.

7.6.3 Modern Apprenticeships

The Board will continue to support the Modern Apprenticeship scheme run by Skills Development Scotland, and plans to introduce further apprenticeships over the next twelve months.

7.6.4 Adult Returners

The Recruitment Team is currently exploring opportunities to work with West Dunbartonshire Council's Housing and Employability Team on their "Working4U" scheme for adult returners. This service supports people who are unemployed return to work, providing assistance with benefits and debt, learning, digital literacy and preparation for work.

7.7 Human Resources Staff Intranet

In 2017/2018 work will be undertaken to improve the quality and quantity of information available to the Board's staff members, which might be considered to fall under the Human Resources heading:

- policies and procedures;
- terms and conditions;
- Learning and Organisational Development;
- Occupational Health;
- Health and Safety;
- Recruitment;
- workforce planning and information; and
- attendance management; and
- staff benefits.

The aim is to have such information available in a more user-friendly style and format, which will be available from home, as well as work, and which can be accessed on smart phones and tablets.

7.8 Equalities Information

One of the things that is apparent when reading the main body of this report is that many members of staff have chosen not to provide information in relation to their protected characteristics. This is slowly improving year by year, and over the monitored period the Recruitment Team made sure to ask new starts to complete this information on their engagement form, even if they mark that they "Declined to comment".

It is anticipated that an improvement in information relating to protected characteristics will take place following the introduction of the electronic employee support system, "eESS", the new Scotland-side HR system, which gives members of staff the opportunity to update their information personally, rather than having to go through HR, their manager or Payroll Services. The aim is to implement eESS in the Board in the next monitoring period.

7.9 Mandatory Training

Within the Board all members of staff must attend Corporate Induction and undertake four mandatory training topics:

- hand hygiene;
- fire safety;
- valuing diversity; and
- safe information handling.

Over and above these topics the various professions have subjects that are mandatory for them to undertake, such as medical staff carrying out blood transfusion and death certification training.

During the monitored period Learning and Organisational Development worked closely with colleagues in eHealth, Human Resources and other teams to put together a monthly report, which lists by Department the number of those compliant with mandatory training, those who have either not completed the training or their cover has expired, and those for whom their training will expire in the following three months.

During the next period to be monitored the aim is for 90% of staff members to comply with mandatory training standards. Monthly reports will also be compiled to provide detail on blood transfusion training, and potentially death certification training, compliance for medical staff.

7.9 Leadership Framework

The Board has established a Leadership Framework, which has the ambition of providing all members of staff with Human Factors and Quality Improvement training. It is anticipated that this will result in an empowered workforce, which is actively involved not only at a team level, but also across the organisation. In the first year over 50% of our workforce has undertaken training. Our success in Human Factors training was showcased at the 2017 NHS Scotland event in June.

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