



# Workforce Monitoring Report

1 April 2018 to 31 March 2019

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# 1 Introduction

This Workforce Monitoring Report covers the period from 1 April 2018 to 31 March 2019. Every twelve months a Workforce Monitoring Report is presented to the Golden Jubilee Foundation's (GJF's) Senior Management Team and the Board in line with the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the Partnership Information Network (PIN) Policy "Embracing Equality, Diversity and Human Rights in NHS Scotland". The PIN policy supports monitoring of the protected characteristics of sex, age, race, religion and belief, disability, sexual orientation, marriage and civil partnership, gender reassignment, and pregnancy and maternity, as defined in the Equality Act 2010, and highlights key findings in relation to these protected characteristics. The report also looks at the effect that sickness absence, employee turnover, employee recruitment and work life balance policies have on employees and the service.

## 1.1 Key Findings

### 1.1.1 Sickness Absence

During the monitored period the average sickness absence rate for the Board was 4.8%, against the national standard of 4.0%. This compares favourably with the previous year's 5.1%. The most commonly cited reason for sickness absence during the monitored period was "Anxiety/stress/depression/other psychiatric illnesses", which made up just short of one quarter of sickness absences recorded, compared to just over one fifth of sickness absence the previous year. As a result, we have developed a range of interventions available for staff who have mental health issues. Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains a significant factor in sickness throughout the NHS in Scotland. We know from staff that the causes of their stress are multi-factorial, including personal areas that we cannot directly address, but we understand that we might be able to help colleagues to manage these areas and provide additional support where appropriate.

In the coming year we will continue this work and also undertake work with [See Me](#), Scotland's Programme to tackle mental health stigma and discrimination. It is funded by Scottish Government and Comic Relief, and is managed by SAMH and The Mental Health Foundation. The Board is working with See Me to look at mental health and wellbeing in the workplace and to help to end mental health discrimination for staff members and patients. This work will also enable us to develop our approach to promoting good mental health and wellbeing, as well as reducing absenteeism resulting from mental health issues.

### 1.1.2 Youth Employment

Those aged up to 19 make up 0.1% of GJF's employees. However, comparisons with the local area and Scotland as a whole show that this age group is under-represented in our workforce: 6.5% of the working age population in West Dunbartonshire is aged up to 19; in Scotland it is 6.6%. At least in part this is because few of the jobs within the Board might be considered entry level and suitable for school leavers: many require further and higher education qualifications, along with professional registration. This also helps to explain why the proportion of those aged 20 to 29 is lower in the Board than is Scotland and the local area (12.9% at GJF; 19.4% in West Dunbartonshire; and 21.0% in Scotland).

GJF is working with a number of bodies with the aim of increasing youth employment in the organisation, such as Investors in Young People and Prince's Trust Scotland. We are also participating in the Young Student Employability Skills Programme and engaging with the MCR Pathways team to support the delivery of a mentoring programme for young people who are care-experienced.

### 1.1.3 Ageing Workforce

Our workforce is getting older:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.9% in 2019;
- the proportion of those working aged over 60 has almost doubled in that time, up from 3.4% to 6.7%;
- the proportion of those in the 30 to 39 age bracket has fallen from 29.6% to 26.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 27.4%.

Some job families are more affected by the ageing population than others: 41.9% of staff in Administrative Services are aged over 50; as are 80.0% of senior manager; and 46.5% of those in Support Services.

To overcome the risks posed by an ageing workforce HR will work closely with managers to develop a more integrated approach to workforce planning, by supporting managers with the local workforce challenges and high priority areas. Managers will be supported to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place.

### 1.1.4 Data Quality

The quality of information held in relation to the protected characteristics of GJF employees has improved considerably over the last few years, with a significant decrease in the proportion of staff for whom no information has been provided in regard to the protected characteristics, as can be seen in the table below. The main exception is disability, which has seen an increase in the period under review, following on from a decrease between March 2013 and March 2018.

	Proportion of staff for whom no information was provided							Difference Mar-13 to Mar-19
	Mar-13	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	
<b>Race</b>	22.6%	16.9%	14.8%	13.9%	13.5%	11.9%	13.4%	-9.2%
<b>Religion and Belief</b>	25.4%	19.8%	17.2%	16.0%	15.3%	14.5%	15.1%	-10.3%
<b>Disability</b>	14.1%	14.3%	12.4%	11.7%	11.5%	11.9%	16.1%	+2.0%
<b>Sexual Orientation</b>	20.0%	18.9%	17.8%	16.0%	15.4%	14.4%	15.8%	-4.2%

The table does show that in the four protected characteristics listed there was an increase in the proportion of staff for whom no information has been provided between March 2018 and March 2019, which may in part be explained by the introduction of the Electronic Employee Support System (eESS) (see below).

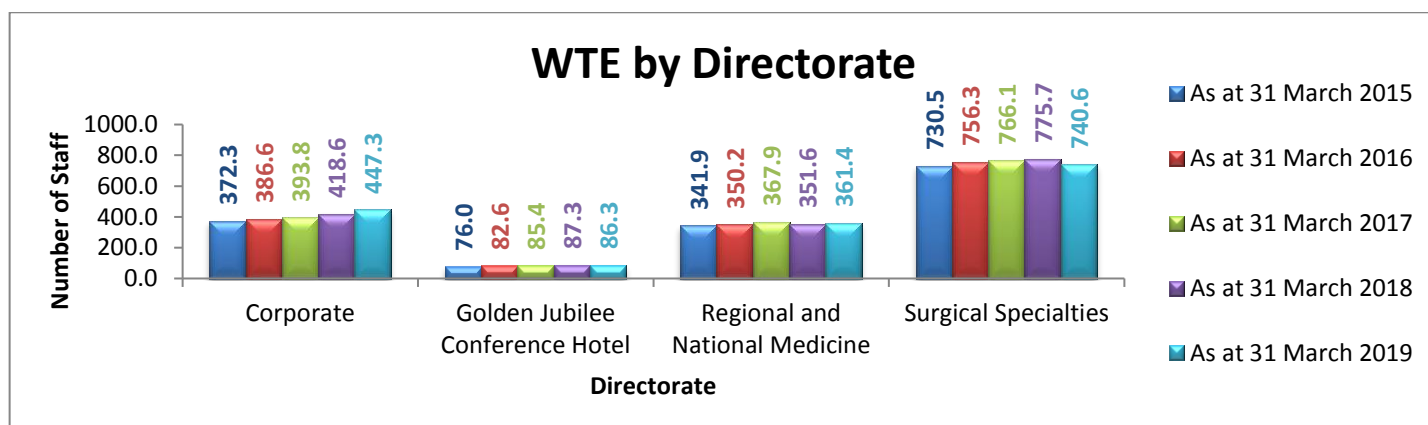
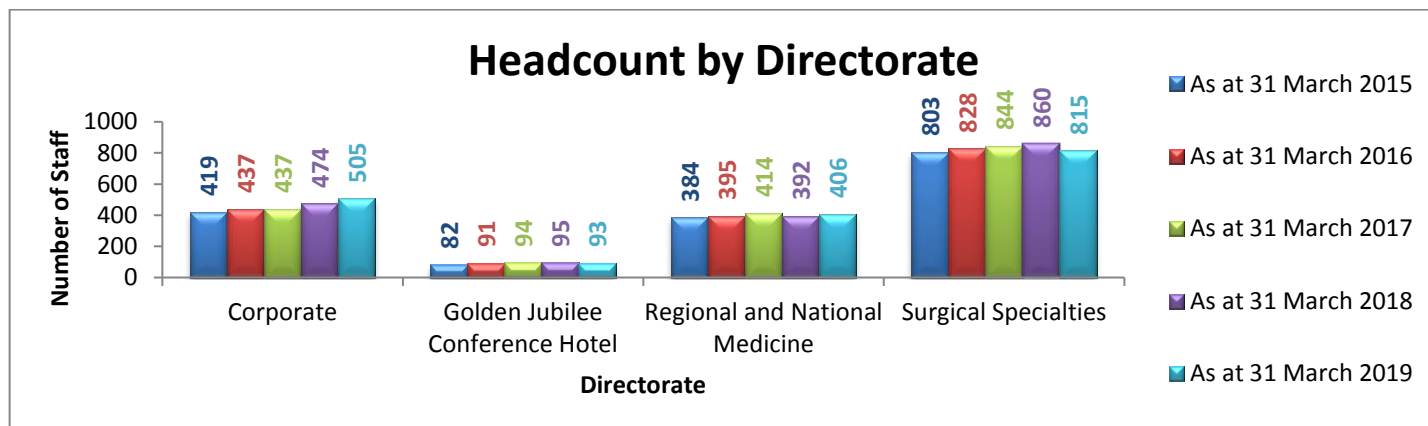
### 1.1.5 Electronic Employee Support System (eESS)

May 2018 saw the introduction and go live of eESS at GJF. This is the HR system that is being implemented across the Scottish Health Boards. The introduction of eESS appears to have had an impact on the quality of the data the GJF holds in relation to some of the protected characteristics, as can be seen in the table above.

It is unclear what has caused the reversal in the proportion of “No information provided” across these characteristics. It may in part be due to mapping of information between the old and the new system. It might also be due to members of staff having access to eESS, with the ability to change the equalities information that the system holds on them. It is hoped that ongoing efforts by the Recruitment Team to ensure that information is provided on commencement of employment, along with the implementation of a new recruitment system in 2018, will help to reverse these changes.

## 2 Current Workforce

As at 31 March 2019 the Board employed 1819 headcount (1635.6 WTE) members of staff, excluding “Bank” workers and Non-Executive Director posts. The majority of these are in substantive permanent posts, but a small number are in fixed term posts, such as Locum Consultants or Clinical Fellows in the Medical and Dental job family. The total number is a decrease of 2 in headcount on the previous year, but an increase in WTE of 2.5. The charts below represent how these were split by Division as at 31 March 2015, 2016, 2017, 2018 and 2019.



As at 31 March 2019 slightly less than 45% of the workforce was in the Nursing and Midwifery job family, as can be seen from the table below. The next largest job family, at under 17% was Administrative Services.

Job Family	Headcount	% Headcount	WTE	% WTE
<b>Administrative Services</b>	306	16.8%	276.74	16.9%
<b>Allied Health Professions</b>	130	7.2%	113.58	6.9%
<b>Healthcare Sciences</b>	120	6.6%	110.07	6.7%
<b>Medical and Dental</b>	128	7.0%	123.53	7.6%
<b>Medical Support</b>	38	2.1%	35.39	2.2%
<b>Nursing and Midwifery</b>	811	44.6%	721.64	44.1%
<b>Other Therapeutic</b>	49	2.7%	37.41	2.3%
<b>Personal and Social Care</b>	1	0.1%	1.00	0.1%
<b>Senior Managers</b>	10	0.6%	10.00	0.6%
<b>Support Services</b>	226	12.4%	206.21	12.6%
<b>Total</b>	<b>1819</b>	<b>100.0%</b>	<b>1635.58</b>	<b>100.0%</b>

As well as substantive and fixed term members of staff the Board also uses “Bank” workers, which provides flexibility to increase staff over and above its core staff cohort at busier times and to cover unexpected absences, such as sick leave. As at 31 March 2019 there were 526 bank workers providing the Board with service, of which 411 came under Agenda for Change and 115 were in the Medical and Dental job family.

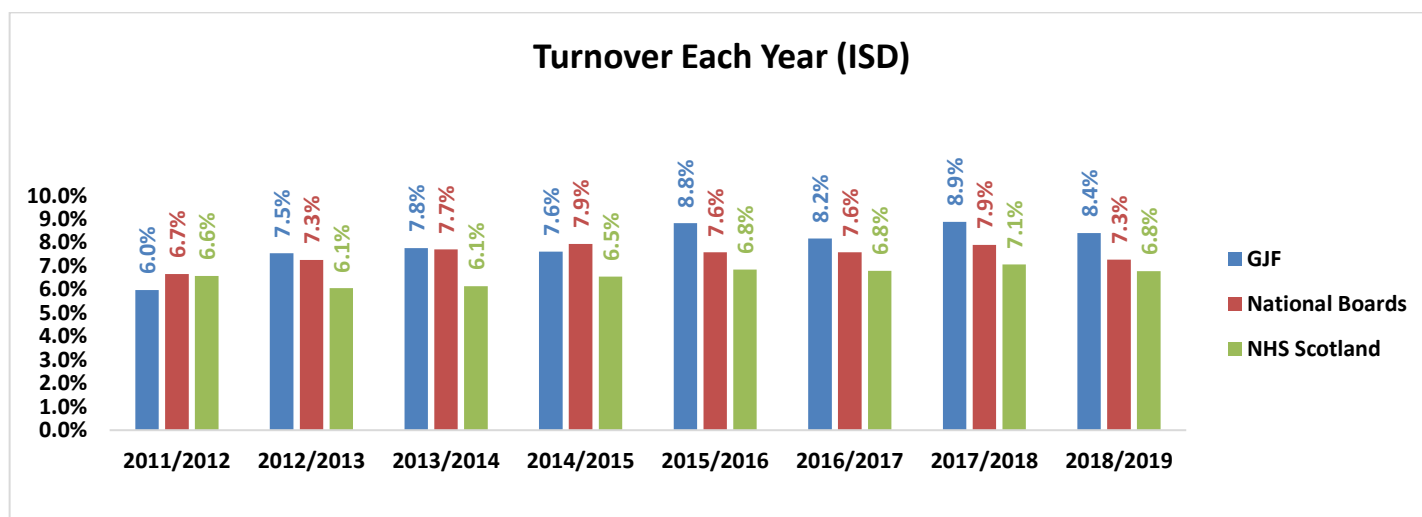
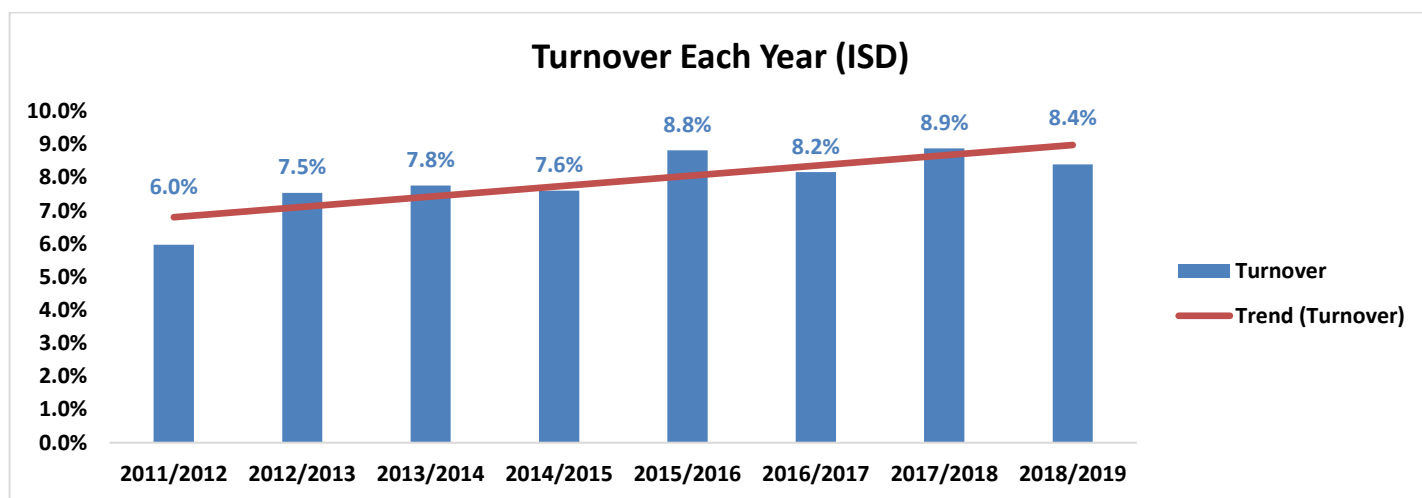


### 3 Employee Turnover

Turnover is calculated using the following formula:

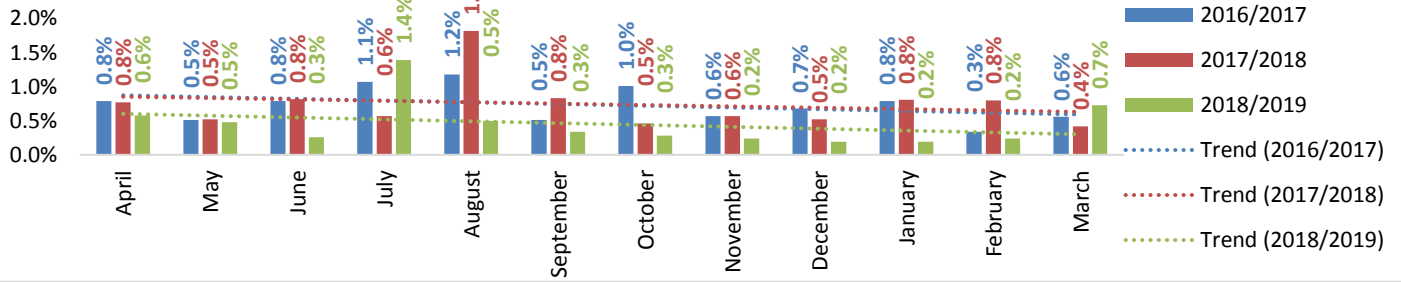
$$\text{Turnover} = \frac{\text{Headcount number of leavers between 01.04.18 and 31.03.19}}{((\text{Headcount staff in post 01.04.18} - \text{headcount staff in post 31.03.19})/2)*100}$$

For the year under review the proportion of leavers was 8.4% of the overall staffing (source: ISD, [https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-06-04/Turnover\\_M2019.xls](https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-06-04/Turnover_M2019.xls)), a decrease on the previous year, as can be seen below. The ongoing trend since April 2011 has been for a slight increase in employee turnover. This turnover is greater than for the other National Boards (7.3% for 01.04.18 to 31.03.19) and the overall NHS Scotland turnover (6.8% at 31 March 2019).



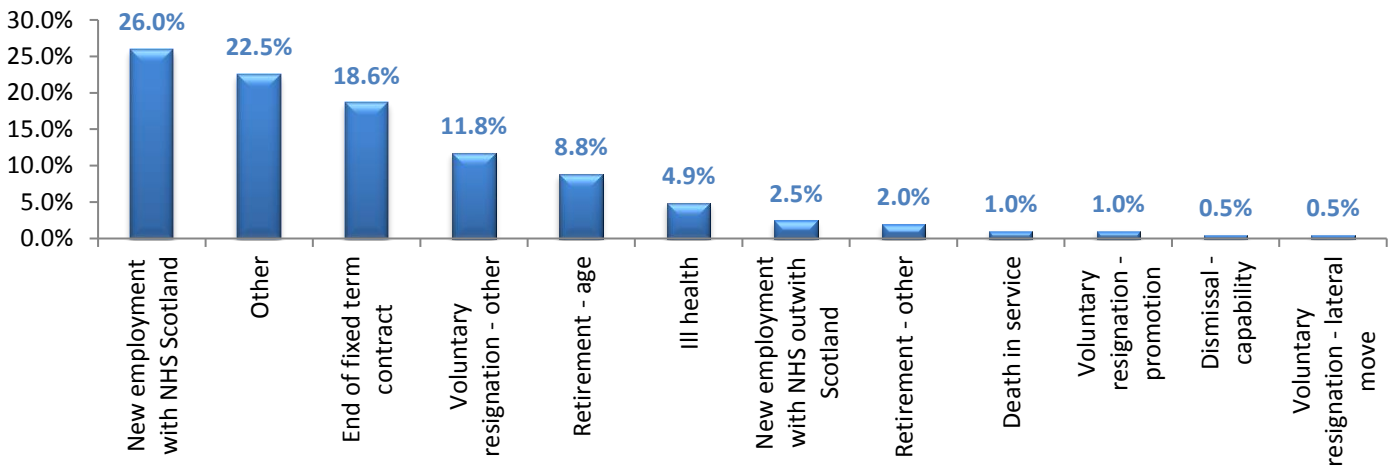
A monthly breakdown of employee turnover for April 2018 to March 2019 by headcount, comparing it to April 2016 to March 2017 and April 2017 to March 2018, is shown below. The July/August peak in turnover due to the junior doctor rotation can clearly be seen in August each year. This spike will be smaller going forward, with only those non-training Clinical Fellows employed by GJF counted, as from August 2018 the doctors in training are employed by NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian while on placement at GJNH. The trend lines show that over the course of the financial year turnover tends to decrease, and in 2018/2019 was at a lower level than in 2016/2017 and 2017/2018.

## Employee Turnover Comparison 2016/2017, 2017/2018 and 2018/2019



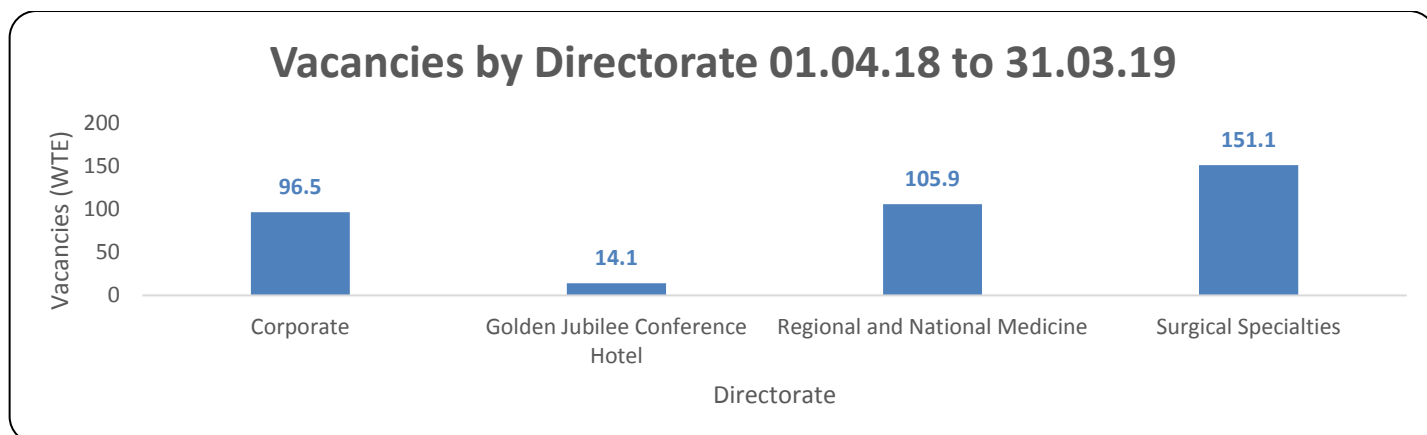
The majority of members of staff who leave the Board’s employment participate in an exit interview with a member of the HR Team. However, in some cases exit interviews are not carried out: either the employee may not want to participate or has already left by the time HR is informed. The chart below highlights reasons for leaving given by those who left the Board’s employment between April 2018 and March 2019. It shows the reasons for leaving as a percentage of the total number of leavers. The most common reason for leaving was due to take up new employment elsewhere in NHS Scotland, which accounted for 26.0% of leavers. “Other” will be used where an exit interview has not been carried out or where the manager has not been provided with a reason for leaving by the member of staff.

## Reason for Leaving as Percentage of Total Leavers

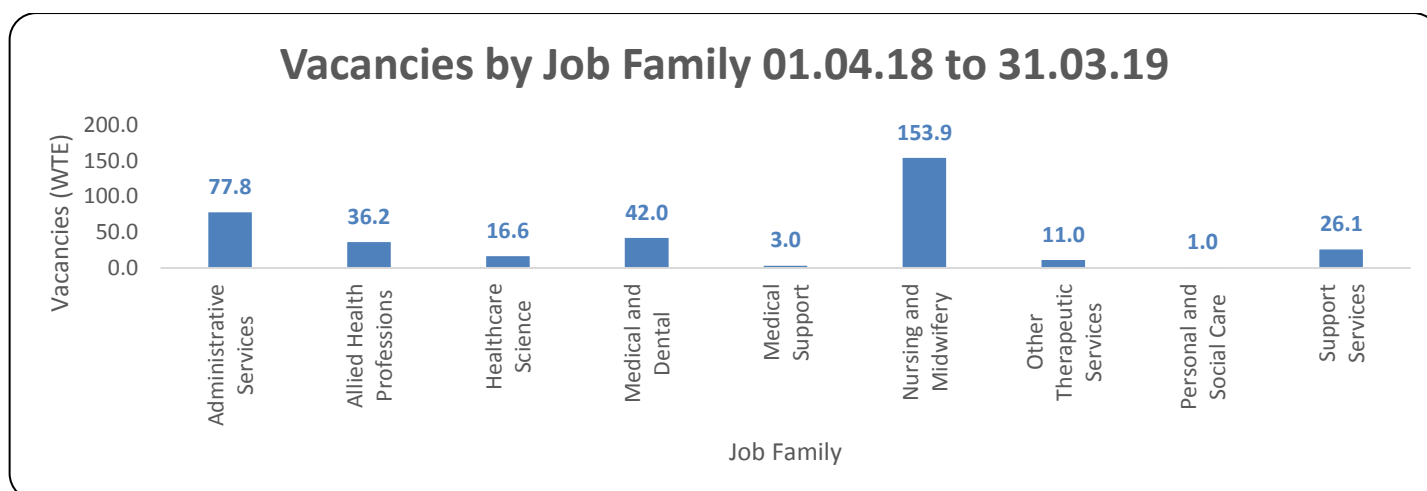


## 4 Recruitment

When the service wishes to fill a vacant post it must be approved by the Workforce Review Group, which meets fortnightly. In the year from 1 April 2018 to 31 March 2019 367.6 whole time equivalent (WTE) vacancies were reported across the Board. 2183 applications were made for these posts, of which 1089 were shortlisted and there were 187 new starts during the year. The greatest number 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 between 1 April 2018 and 31 March 2019 was, as in the previous year, Nursing and Midwifery, with 153.9 WTE, followed by Administrative Services with 77.8 WTE. The chart below shows the job family breakdown of vacancies for the monitored period.



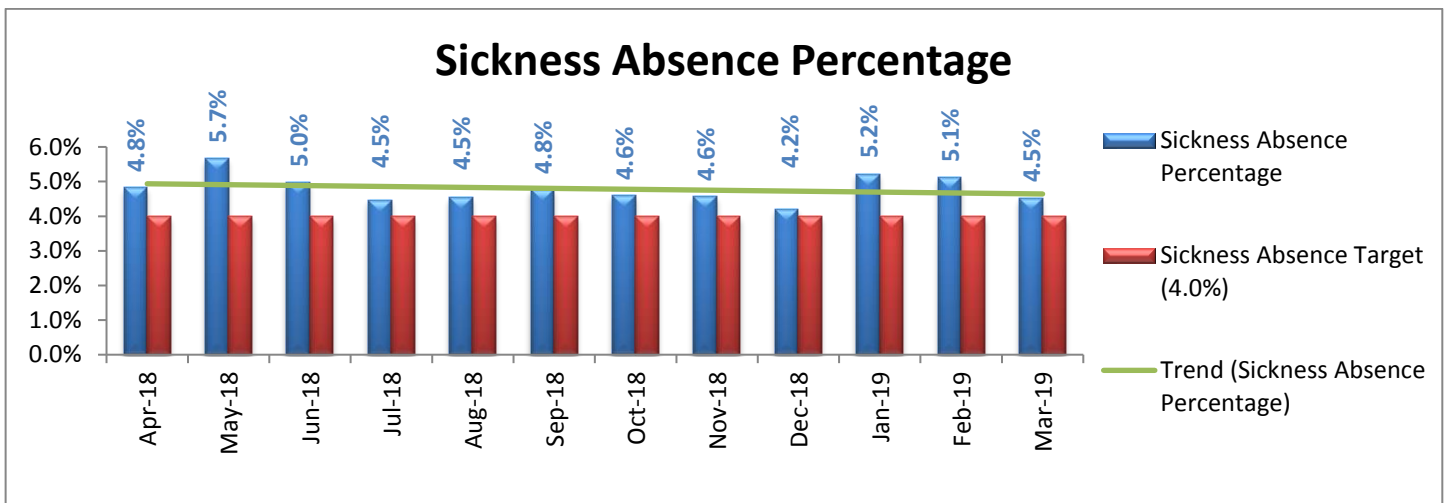
During the year a total of 1775 applications were processed by the Recruitment Team, of which 862 were shortlisted, and 211 of those shortlisted were appointed to posts. Further details on the breakdown of applicants, both successful and otherwise will be provided within the “Equality and Diversity” section of this report.

## 5 Sickness Absence

### 5.1 Boardwide Sickness Absence

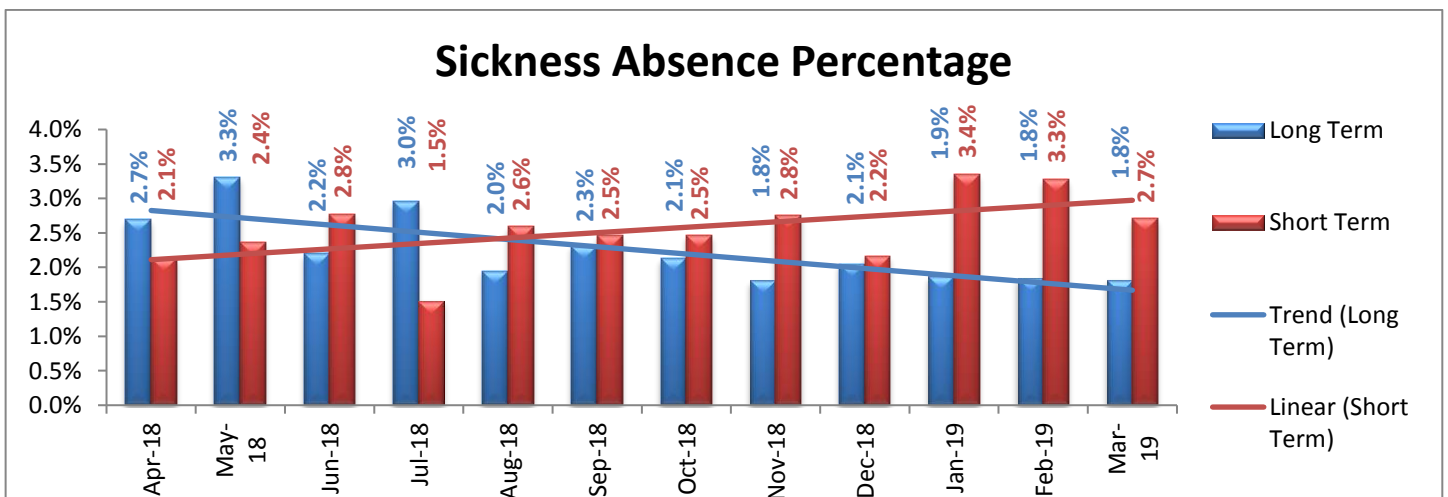
Sickness absence is recorded by the service on the Scottish Standard Time System (SSTS) and statistics relating to the levels of sickness absence at a Departmental, Directorate and Board level are reported monthly to stakeholders by the Human Resources Department. The long term national standard for sickness absence is 4.0%. Over the monitored period the levels of sickness absence for the Board were higher than the national standard each month, as can be seen in the chart below. The annual rate of sickness absence for 2018-2019 came in at 4.8%, compared to 5.1% for the previous year.

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



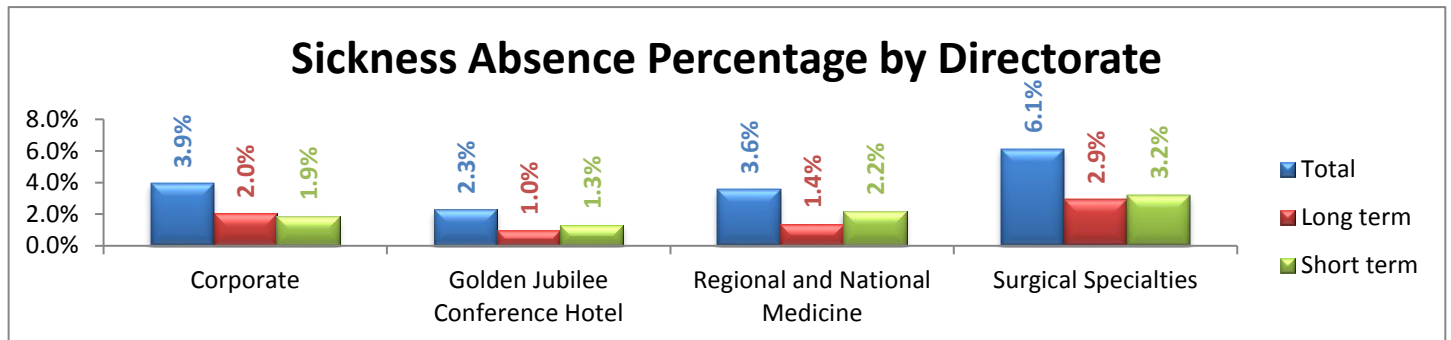
### 5.2 Long Term and Short Term Sickness Absence

Further analysis splits absences down into long term and short term, with long term representing absences over 28 days. The trend for long term absences is downwards over the year, whereas in the previous year it was almost a flat line. The average monthly long term sickness absence rate is 2.3%. As with the previous year, the main issue over the period monitored relates to the increasing trend in short term sickness absence, which is increasing over the year. The average monthly rate of short term sickness absence was 2.5%.



### 5.3 Sickness Absence by Division

The chart below highlights the total, short term and long term sickness absence rates for each of the four Directorates over the monitored period. The sickness absence rates in three of the Directorates are lower than the national target: Corporate, Golden Jubilee Conference Hotel, and Regional and National Medicine.



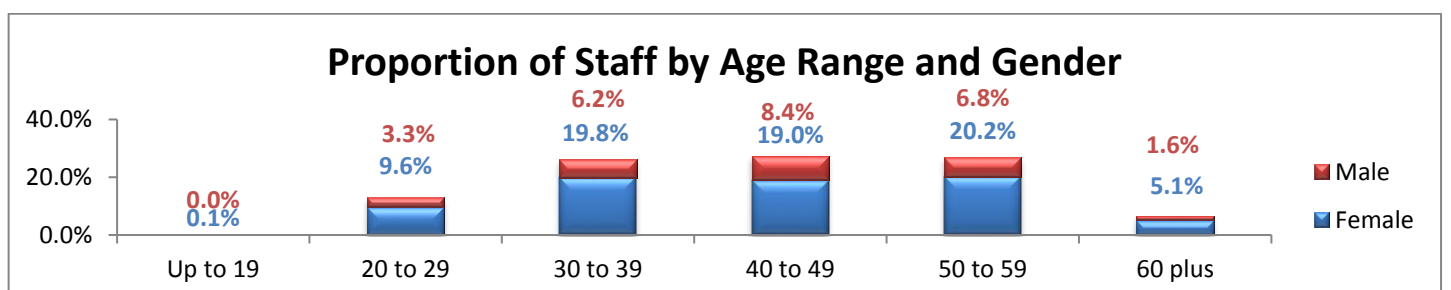
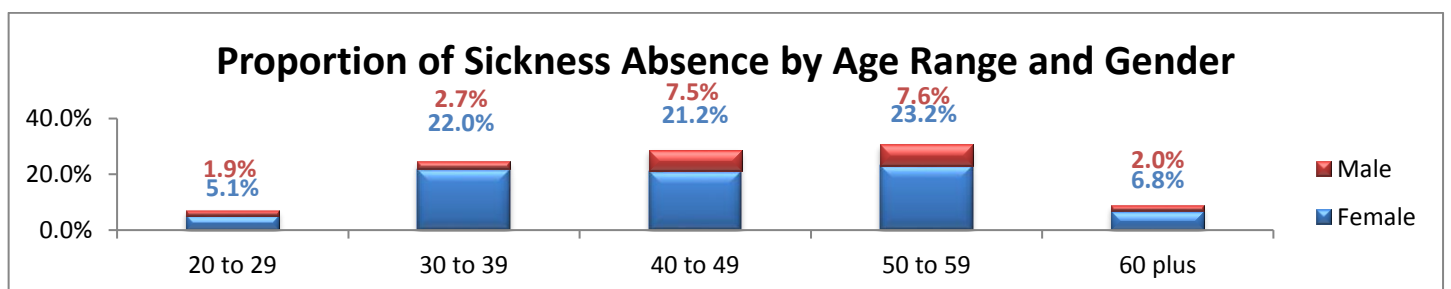
Throughout the year the sickness absence trend has been decreasing for Corporate and the Hotel. However, the trend for both Regional and National Medicine, and Surgical Specialties has been for slightly increasing rates of sickness absence over the monitored period.

### 5.4 Sickness Absence by Age and Gender

The two charts below look at the proportion of sickness absence by age range and gender for the period under review and compare that with the proportion of staff by age range and gender as at 31 March 2019. Three age ranges have almost exactly the same proportion of staff: 30 to 39 (26.0%); 40 to 49 (27.4%); and 50 to 59 (27.0%). It is the 50 to 59 age range that has the largest proportion of sickness absence at 30.8%, closely followed by the 40 to 49 age range at 28.7%.

Unsurprisingly the three age ranges with the highest proportion of staff also have the highest proportion of female staff, which again is almost the same: 30 to 39 (19.8%); 40 to 49 (19.0%); and 50 to 59 (20.2%). They are almost evenly matched in the proportion of sickness absence that they have too: 30 to 39 (22.0%); 40 to 49 (21.2%); and 50 to 59 (23.2%).

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 12.9% of the workforce, but only 7.0% of sickness absence.



## 5.5 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 for sickness absence reasons that caused more than 1.00% of sickness absence. The most commonly cited reason for sickness absence during the monitored period was “Anxiety/stress/depression/other psychiatric illnesses”, which made up just short of one quarter of sickness absences recorded. This is an increase on the previous year, when it caused just over one fifth of sickness absence.

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.

<b>Sickness Absence Reason</b>	<b>Hours Lost</b>	<b>% Sickness Absence</b>
Anxiety/stress/depression/other psychiatric illnesses	34332.0	24.5%
Unknown causes/not specified	14161.8	10.1%
Other musculoskeletal problems	11898.1	8.5%
Gastro-intestinal problems	11717.1	8.4%
Other known causes - not otherwise classified	11338.0	8.1%
Cold, cough, flu - influenza	10865.3	7.8%
Injury, fracture	10560.5	7.5%
Chest & respiratory problems	6081.5	4.3%
Genitourinary & gynaecological disorders	5194.9	3.7%
Back problems	4000.5	2.9%
Heart, cardiac & circulatory problems	3566.4	2.6%
Benign and malignant tumours, cancers	3493.3	2.5%
Ear, nose, throat (ENT)	2749.4	2.0%
Pregnancy related disorders	2691.1	1.9%
Nervous system disorders - exclude headache, migraine	1855.6	1.3%

## 6 Work Life Balance

In August 2018 the Board updated its 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. The GJF's "[Carers Guide](#)" can be found by clicking the link.

### 6.1 Special Leave

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

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

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 13379.8 hours of special leave were recorded, broken up by Directorate as shown below. This total is considerably lower than the previous year (25508.0 hours), which was mainly caused by the increase in special leave in March 2018 caused by adverse weather conditions with the "Beast from the East".

Directorate	Hours of Special Leave
Corporate	5078.5
Golden Jubilee Conference Hotel	255.0
Regional and National Medicine	3479.1
Surgical Specialties	4567.2
<b>Board Total</b>	<b>13379.8</b>

The top reasons for requesting special leave are listed below, with support for phased return from sick leave accounting for 16.0% of special leave. The next three reasons each accounted for almost exactly the same proportion of special leave over the year: bereavement leave, carer leave, and career break, all with over 14%, but under 16%, of the proportion of special leave.

Reason for Special Leave	Special Leave Hours	Proportion of Special Leave
Phased Return	2139.4	16.0%
Bereavement	2116.2	15.8%
Carer	1988.3	14.9%
Career Break	1950.0	14.6%
Compassionate	1537.4	11.5%
Emergency / domestic issues	1367.0	10.2%
Medical or dental appointment	1329.2	9.9%
Other Special	291.0	2.2%
Jury service	252.3	1.9%
Unknown/Not Applicable	169.5	1.3%

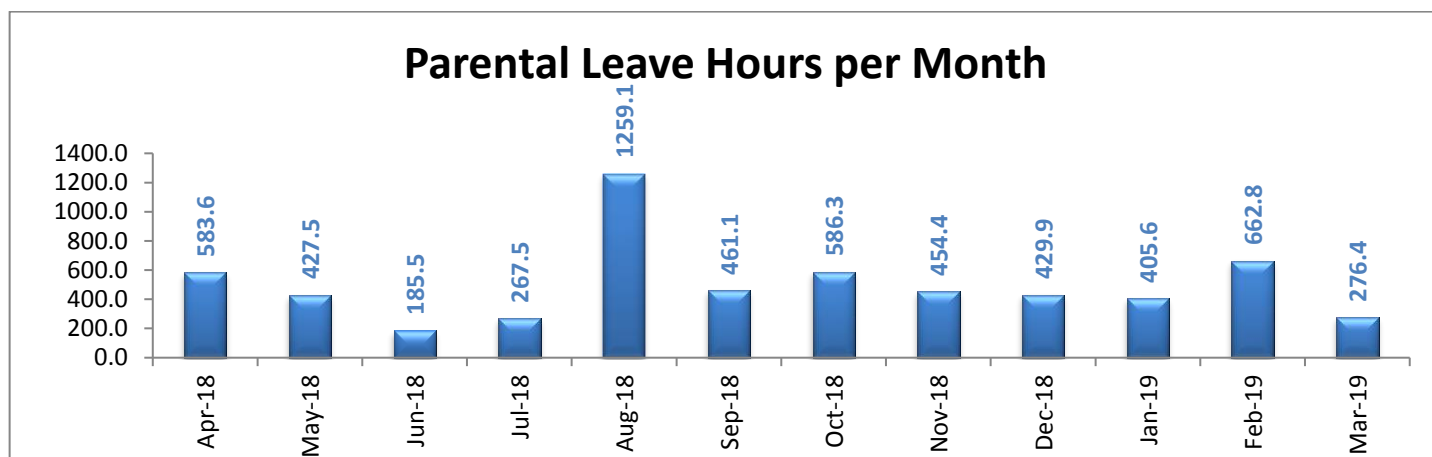
## 6.2 Parental Leave

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

Between 1 April 2018 and 31 March 2019 a total of 6385.9 hours of parental leave were used, a decrease of 1462.3 hours on the previous year. The breakdown of parental leave by Directorate is as shown below:

Directorate	Hours of Special Leave
Corporate	1280.2
Golden Jubilee Conference Hotel	146.0
Regional and National Medicine	1440.0
Surgical Specialties	3519.7
<b>Board Total</b>	<b>6385.9</b>

The monthly breakdown of parental leave across the Board during the monitored period is shown below. As has been seen in previous years there is a clear peak for parental leave in August, during the school summer holidays. Lesser peaks can be seen in April, February and October, which coincide with the Easter and half-term holidays.



## 6.3 Maternity Support (Paternity) Leave

Maternity support (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 932.5 hours of maternity support (paternity) leave (a decrease of 63.4 hours on the previous year). The breakdown was: Corporate 265.5 hours; Golden Jubilee Conference Hotel 157.5 hours; Regional and National Medicine 157.5 hours; and Surgical Specialties 352.0 hours.



## 7 Equality and Diversity

The Board is committed to supporting dignity at work by creating an inclusive working environment. The Embracing Equality Diversity and Human Rights Policy places equality, diversity and human rights at the heart of everything the Board does. 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.

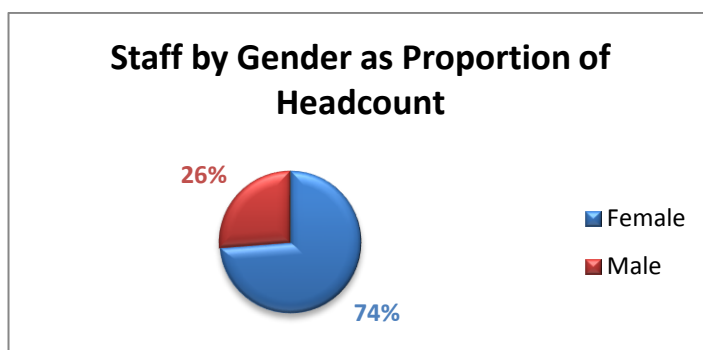
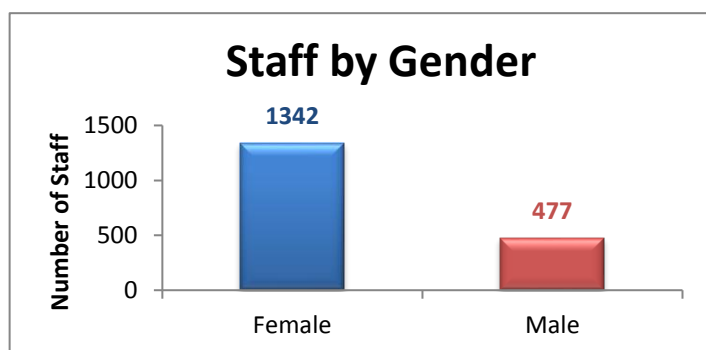
It should be noted that in considering information relating to equality and diversity some numbers are so low that reporting them might enable identification of those employees included in those numbers. Therefore, in some instances in the information shown below, where numbers of employees in a group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

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

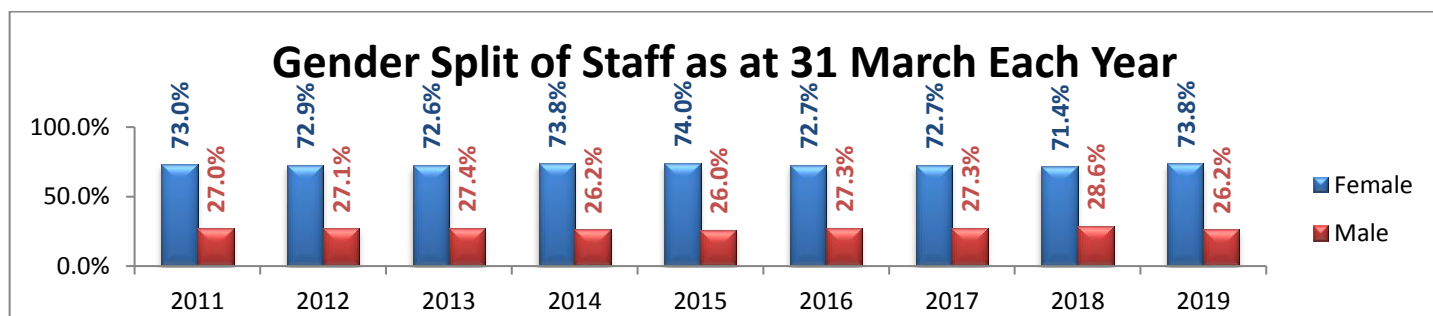
### 7.1 Gender

#### 7.1.1 Workforce Breakdown

As in previous monitored periods the Board's workforce continues to be predominantly female (1342 headcount), with women representing just under 75% of the workforce as at 31 March 2019:

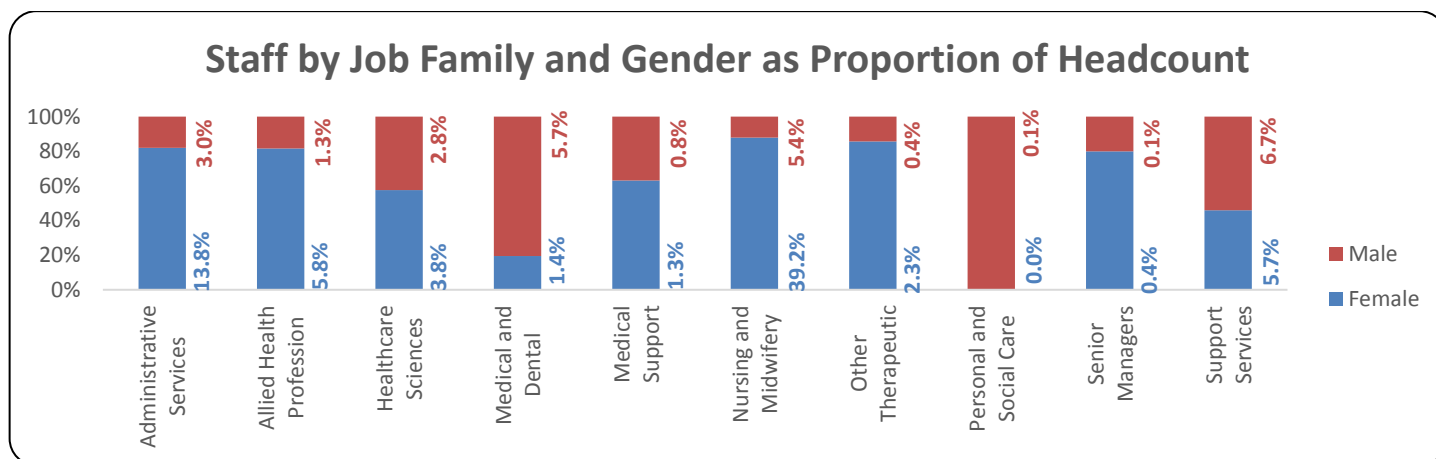


This continues the pattern of previous years:



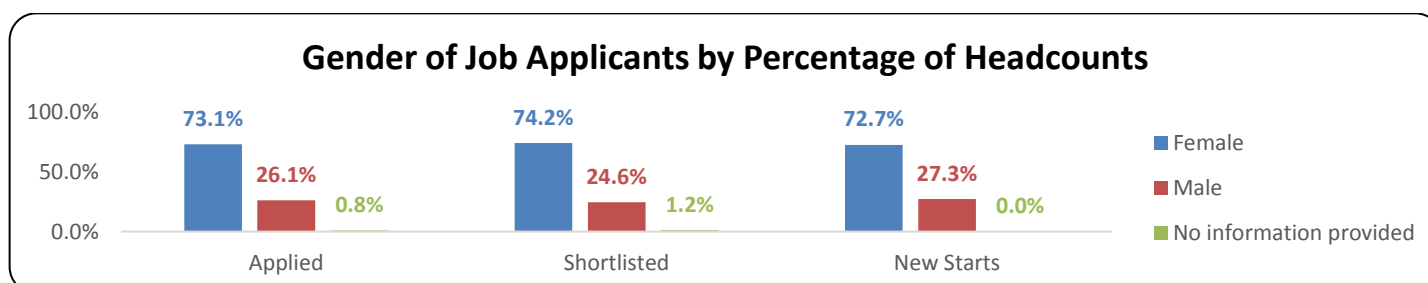
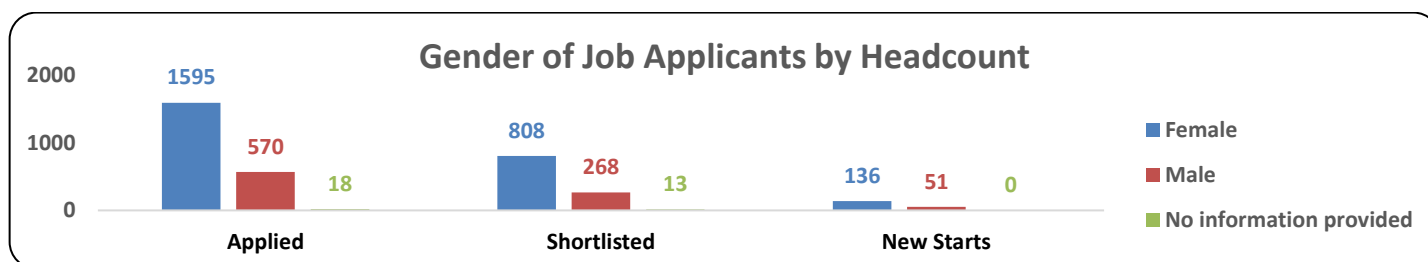
While gender split within the Board is 73.8% female to 26.2% male, across Scotland as a whole the Scottish Governments statistics website (<https://statistics.gov.scot/home>) forecast that for working age people (16 to 64 in their statistics) in 2018 the split would be 50.8% female and 49.2% male. Closer to home the gender split for the West Dunbartonshire Council area (in which the Golden Jubilee Foundation is situated) in 2018 was predicted to be 52.1% female to 47.9% male.

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



### 7.1.2 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 26.1% of applicants for posts were male, as were 24.6% of those shortlisted and 27.3% of new starts, which indicates roughly proportionate appointment of male new starts in relation to male applicants. 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.

### 7.1.3 Training Activity

During the period under review the new NHS Scotland HR system, eESS (electronic Employee Support System), was implemented at GJF. This is used to record attendance on training courses. Between April 2018 and March 2019 the staff at GJF attended 5830 training events, with female members of staff attending 4499 (77.2%) of these, and male colleagues attending 1331 (22.8%). This means that male staff members attend proportionately fewer training events than their female counterparts when compared to the proportion of the staff body that they comprise (26.2%).

### 7.1.4 Career Progression

The monitored period saw a total of 80 promotions and increases in bandings among the Board's staff. Of the promoted staff 57 (71.3%) were female and 23 (28.7%) were male, which represents a roughly proportionate split of the gender profile of staff as a whole.

### 7.1.5 Turnover

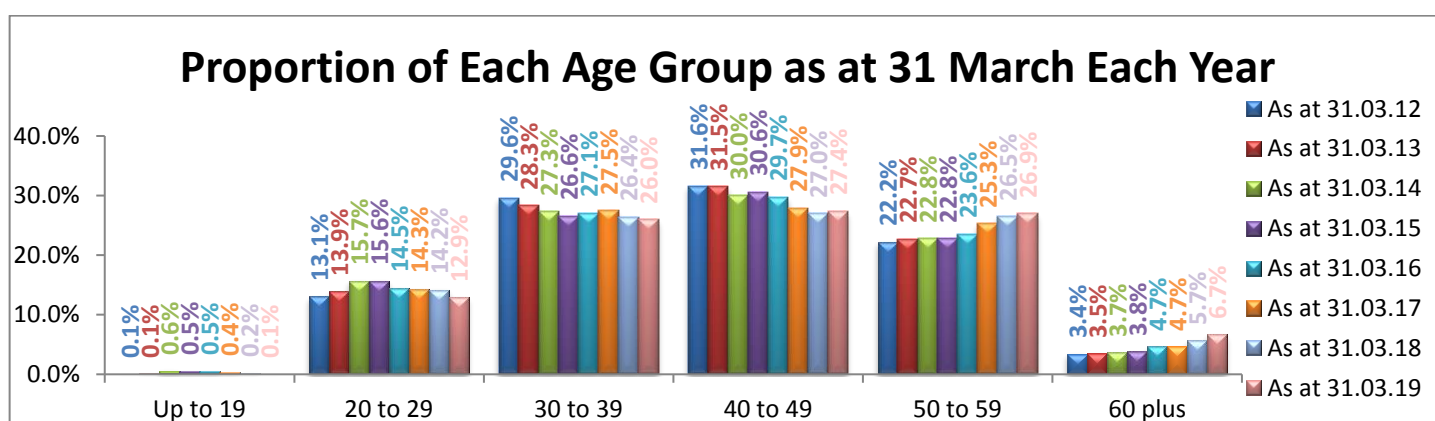
Of those who left 70.1% were female and 29.9% male as a proportion of headcount, indicating that males were over-represented as leavers, as they made up 26.2% of the workforce at the end of March.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
<b>Female</b>	143	70.1%	1342	73.8%
<b>Male</b>	61	29.9%	477	26.2%
<b>Total</b>	204	100.0%	1819	100.0%

## 7.2 Age

### 7.2.1 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. However, since 2012 the proportion of total staff in the 50 to 59 age group has increased by more than 4.5% and the proportion of those in the 60 plus age group has almost doubled to 6.7%. There has been a roughly commensurate fall in the proportion of staff in the 40 to 49 age group. The Board continues to monitor the age range of staff to allow it to carry out succession planning activities for future requirements.



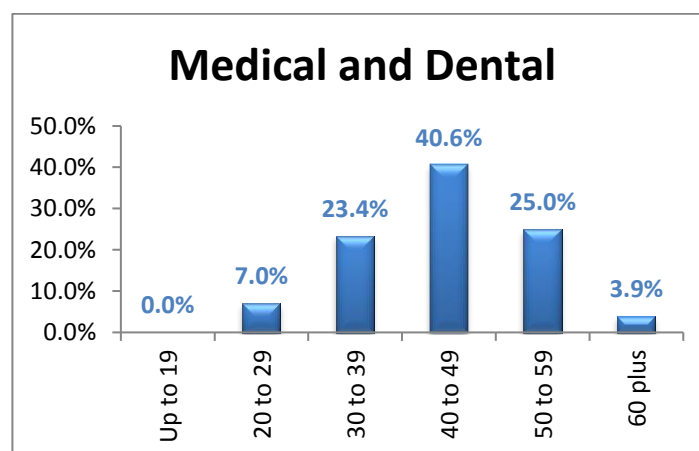
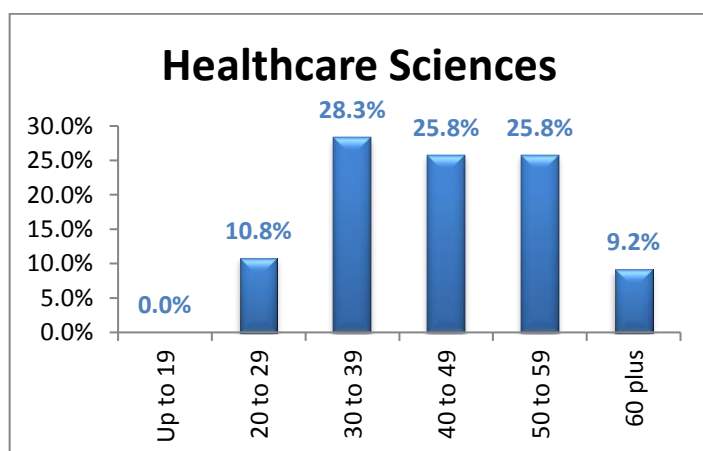
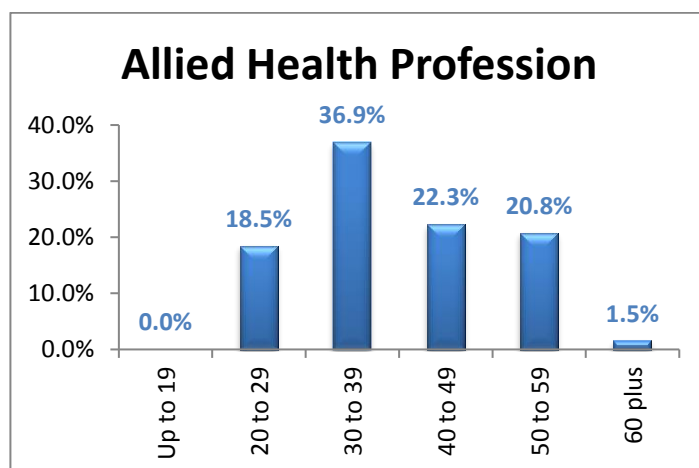
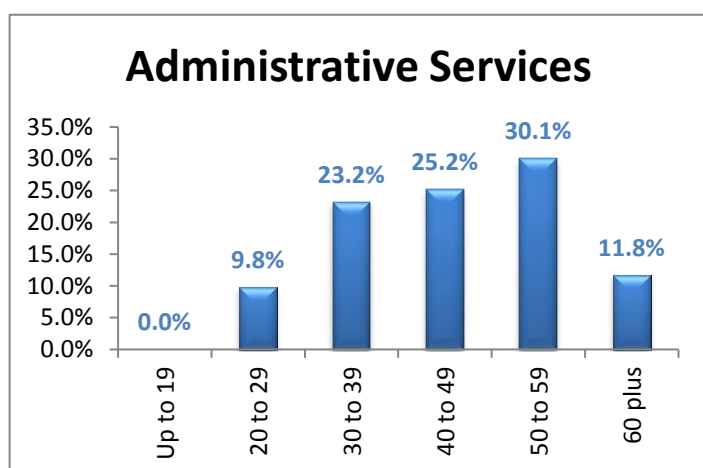
The table below compares the proportion of staff in each age range in GJF with the proportion of the population in those age ranges in the local council area (West Dunbartonshire) and Scotland as a whole, as forecast by the Scottish Government for 2018 (source: <https://statistics.gov.scot/home>). Please note that the Scottish Government statistics counts working age as 16 to 64, so the "60 plus" column for West Dunbartonshire and Scotland only includes people between those ages, while for the Board it includes all employees aged 60 and over, with some being older than 64.

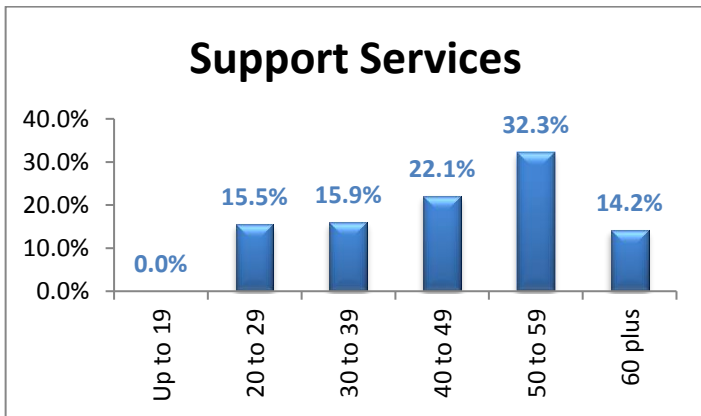
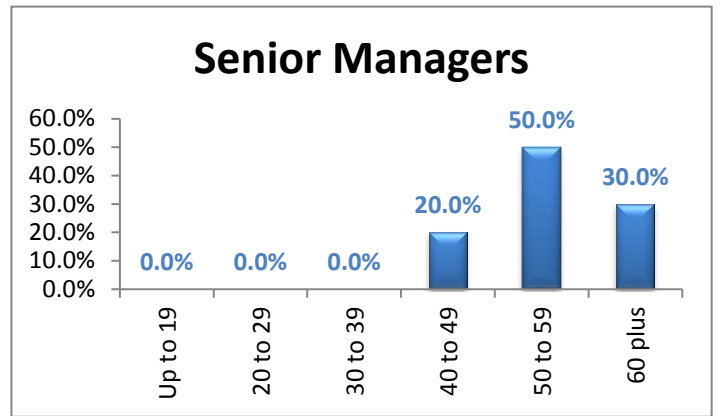
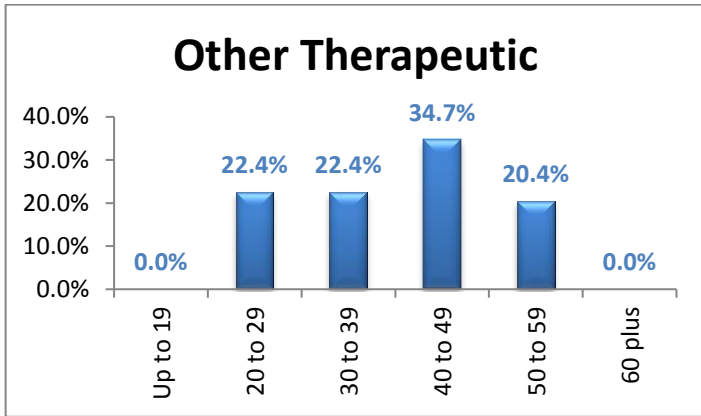
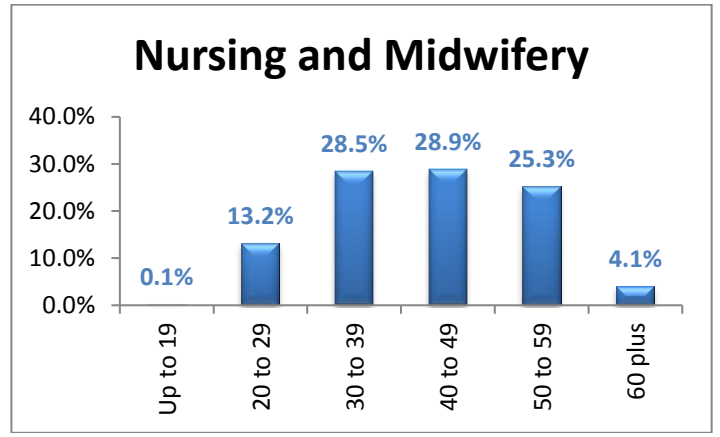
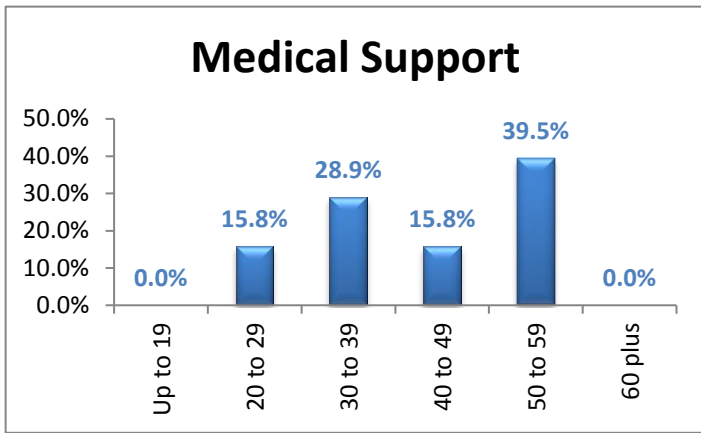
	Up to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 plus
GJF	0.1%	12.9%	26.0%	27.4%	26.9%	6.7%
West Dunbartonshire	6.5%	19.4%	19.4%	19.3%	24.7%	10.7%
Scotland	6.6%	21.0%	20.3%	19.8%	22.7%	9.6%

The table above shows that in both the local area and Scotland as a whole around 6.5% of the working age population is aged up to 19. However, within the Board only 0.1% of employees fall within this age range, and so is very under-represented in our workforce. At least in part this is because so few of the jobs within the Board could be considered entry level and suitable for school leavers: many require further and higher education qualifications, along with professional registration. This also goes to explain why the proportion of those aged 20 to 29 is lower in the Board than is Scotland and the local area.

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

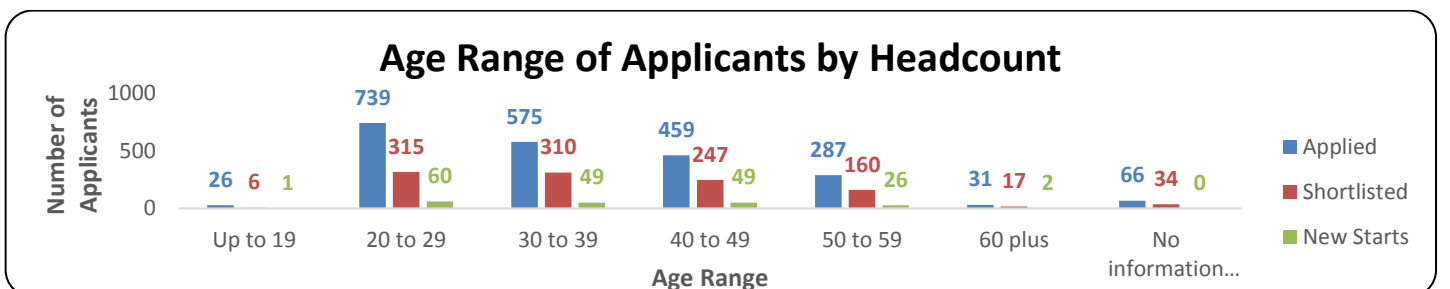
The following charts highlight the age ranges of the workforce in each of the job families, as at 31 March 2019.

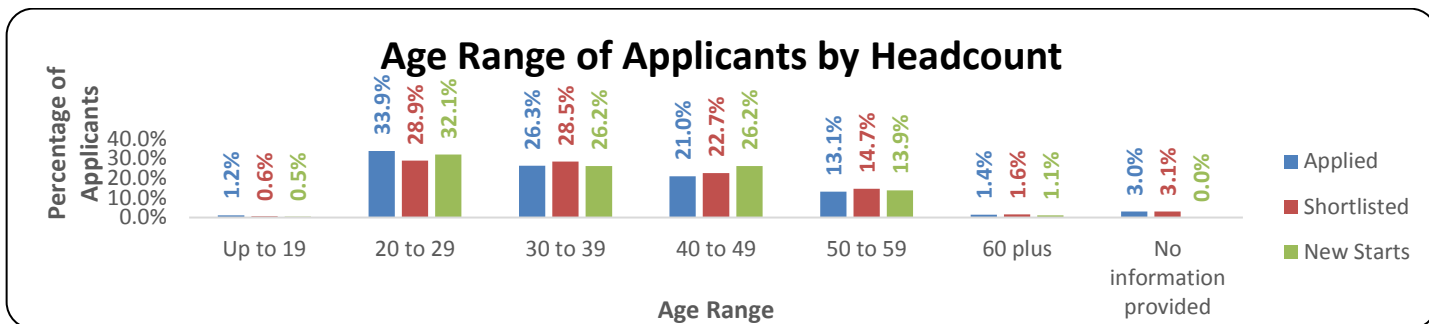




## 7.2.2 Recruitment Activity

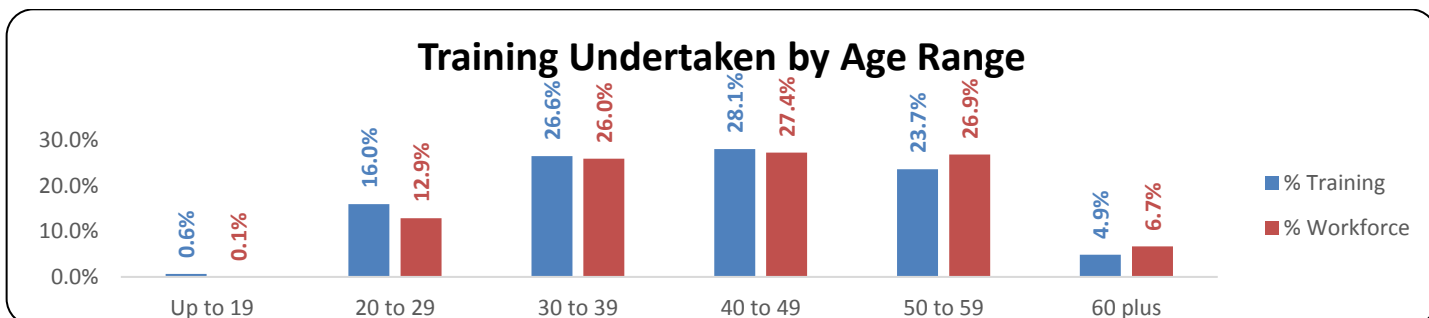
The age range that supplied the largest number of applicants (739, 33.9%), as well as the largest number of those who were shortlisted (315, 28.9%), was 20 to 29, which also provided the largest number of new starts (60, 32.1%). The largest number of those shortlisted was in the 30 to 39 age range (244, 28.3%). Compared to the number of applicants and shortlisted those in the 40 to 49 age range were appointed to a greater proportion of new starts posts than those in other age ranges (26.2% of new starts compared to 21.0% of applicants).





### 7.2.3 Training Activity

The proportion of training undertaken by each age range during the period monitored closely reflects the proportion of the workforce that age range comprises, as can be seen from the chart below.



### 7.2.4 Career Progression

The monitored period saw a total of 80 promotions among the Board's staff. The table below shows the number and proportions of promotions by age range:

Age range	Headcount	Percentage of Headcount
Up to 19	0	0.0%
20 to 29	12	15.0%
30 to 39	29	36.3%
40 to 49	18	22.5%
50 to 59	15	18.8%
60 plus	6	7.5%
<b>Total</b>	<b>80</b>	<b>100.0%</b>

### 7.2.5 Turnover

Turnover by age range during the period under review is shown in the table below. The turnover in the 50 to 59 age range is much lower than would be expected compared to their proportion of the workforce (15.2% turnover, compared to 26.9% of the workforce), while that of those in the 20 to 29 age range is much higher (21.6% turnover, compared to 12.9% of the workforce).

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
Up to 19	2	1.0%	1	0.1%
20 to 29	44	21.6%	235	12.9%
30 to 39	59	28.9%	473	26.0%
40 to 49	48	23.5%	498	27.4%
50 to 59	31	15.2%	490	26.9%
60 plus	20	9.8%	122	6.7%
<b>Total</b>	<b>204</b>	<b>100.0%</b>	<b>1819</b>	<b>100.0%</b>

## 7.3 Race

### 7.3.1 Workforce Breakdown

At the end of the monitored period the largest proportion of employees identified themselves as “White – Scottish”, coming in at 67.8% of the workforce, a decrease of 1.5% on March 2018. The next largest group were those that did not provide any information on their ethnicity, with 13.4%, compared to 11.9% the previous year.

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

Minority ethnic groups made up 5.8% of the workforce, compared to 4% of the Scottish population as a whole and between 5% and 10% of the population of Glasgow City (Scotland’s 2011 census: <https://www.scotlandscensus.gov.uk/>; [Census 2011 equality results: analysis, part two](#)). This represents a decrease on the previous year, down from 6.7%. It is hard to pinpoint reasons for the reduction over the year under review, but it may in part be due to mapping difficulties between the previous HR system and eESS. It may be the case that members of staff have updated their ethnicity details on eESS, an option that was not available to them on the previous HR system. Additionally, since August 2018 GJF no longer employs doctors in training, a number of whom may have come under one of the minority ethnic group headings.

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

	Mar-12	Mar-13	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
<b>White – Scottish</b>	56.6%	58.5%	63.9%	66.7%	66.9%	67.0%	69.3%	67.8%
<b>No information provided</b>	24.4%	22.6%	16.9%	14.8%	13.9%	13.5%	11.9%	13.4%
<b>White – Other British</b>	5.0%	4.4%	4.4%	4.4%	5.2%	4.9%	4.5%	4.7%
<b>White – Other</b>	2.7%	3.0%	3.4%	3.4%	5.2%	5.5%	3.5%	3.8%
<b>Prefer not to say</b>	4.7%	5.2%	4.6%	4.0%	3.2%	3.1%	2.9%	3.2%
<b>Asian – Indian</b>	1.9%	1.7%	1.9%	2.0%	1.8%	2.0%	2.5%	2.3%
<b>White – Irish#</b>	N/A	N/A	N/A	N/A	N/A	N/A	1.2%	1.3%
<b>Asian – Other</b>	1.5%	1.4%	1.4%	2.4%	1.5%	1.4%	1.1%	1.1%
<b>Other Ethnic Group</b>	3.2%	3.3%	3.5%	1.5%	1.4%	1.6%	0.9%	1.0%
<b>Mixed or Multiple Ethnic Group#</b>	N/A	N/A	N/A	N/A	N/A	N/A	0.8%	0.7%
<b>Asian – Pakistani*</b>	N/A	N/A	N/A	0.4%	0.6%	0.6%	0.7%	0.3%
<b>Asian – Chinese ^</b>	N/A	N/A	N/A	N/A	N/A	N/A	0.4%	N/A
<b>African*</b>	N/A	N/A	N/A	0.4%	0.4%	0.4%	0.4%	0.4%

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

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

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

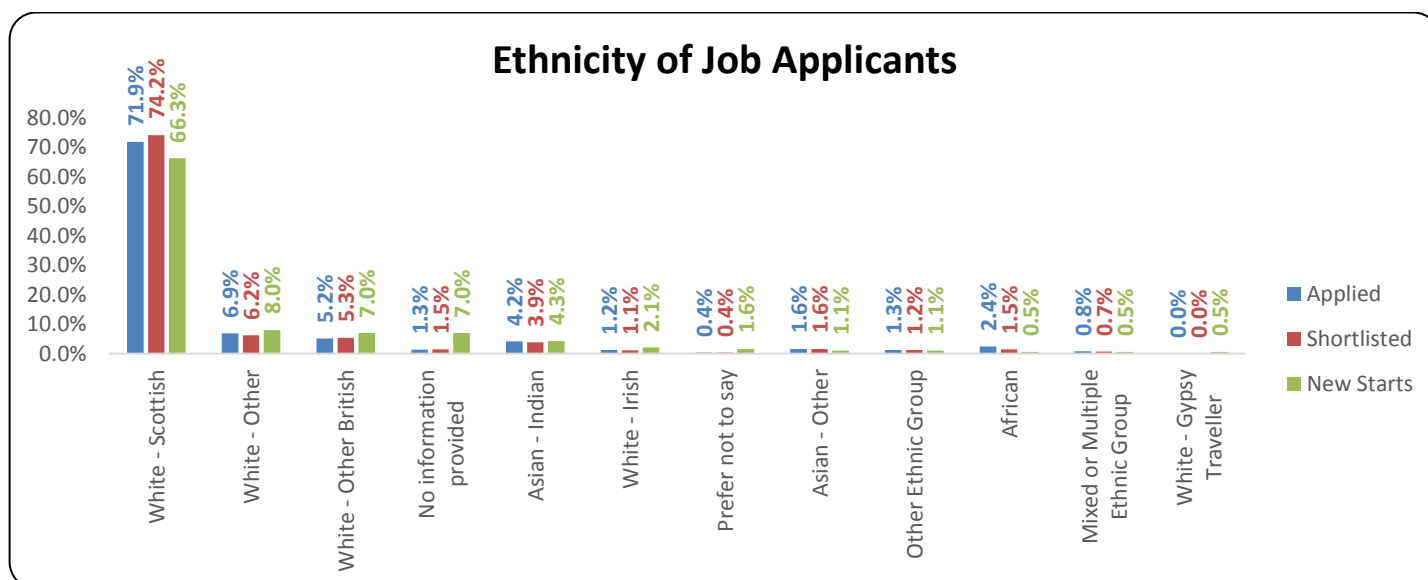
The national census in 2011 showed the racial breakdown of those living in Scotland as at 27 March 2011. At that time, it indicated that the people of Scotland identified their ethnicity as shown in the table below. The ISD Scotland National Statistics release as at 31 March 2018, shows the ethnic group breakdown for staff in NHS Greater Glasgow and Clyde as at 31 March 2018. It might be expected that this would be similar to GJF, but:

Ethnicity	% Scottish population	% NHSGGC staff	% GJF staff
White – Scottish	84.0%	59.5%	67.8%
No information provided	0.0%	18.3%	13.4%
White – Other British	7.9%	10.8%	4.7%
White – Other	2.0%	4.0%	3.8%
Prefer not to say	0.0%	1.1%	3.2%
Minority ethnic group	4.0%	4.9%	5.8%
White Irish	1.0%	1.2%	1.3%

### 7.3.2 Recruitment Activity

The majority of applicants for vacant posts identify themselves as “White – Scottish”, making up 71.9% of applicants, 74.2% of those shortlisted and 66.3% of new starts. The group that stands out, where the proportion of new starts is much higher than that of applicants and those who were shortlisted, is where the new starter did not provide any information on their ethnicity, standing at 7.0% of new starts, compared to only 1.3% of applicants and 1.5% of those who were shortlisted.

Altogether applicants who identified themselves as from a minority ethnic group made up 12.9% of applicants, 11.0% of those shortlisted and 7.5% of new starts over the period monitored. This compares to 10.4% of applicants, 10.3% of those shortlisted and 8.5% of new starts in the period between 1 April 2017 and 31 March 2018. The fall in proportion of new starts from a minority ethnic background in the period under review from a higher proportion of applicants and those shortlisted may indicate a need for unconscious bias training for those participating in recruitment processes, especially interviews.

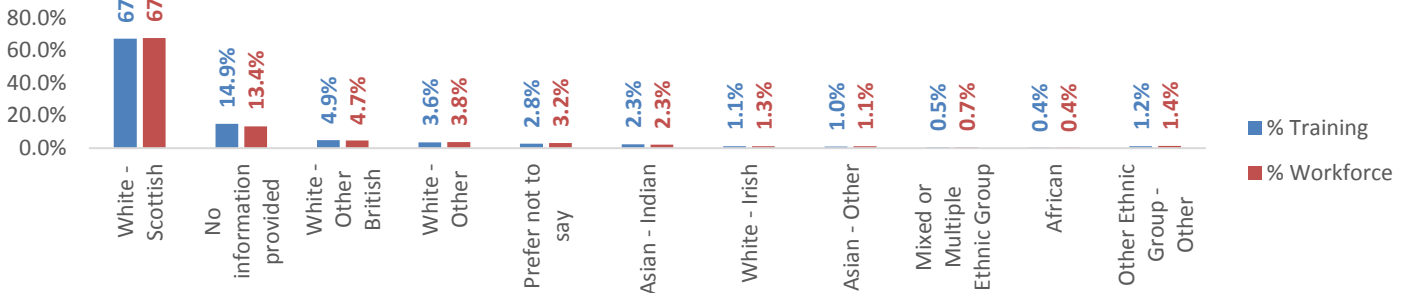


### 7.3.3 Training Activity

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



## Training Undertaken by Ethnicity



### 7.3.4 Career Progression

During the period under review, of the 80 promoted staff 59 (73.8%) identified as “White – Scottish”, compared with 67.8% of the workforce. 10 (12.5%) of those promoted had “Don’t know” against their ethnicity. The remaining 11 promoted staff came from several of the other identified ethnic groups. However, the numbers are so small the splitting them may enable identification of the successful applicants.

### 7.3.5 Turnover

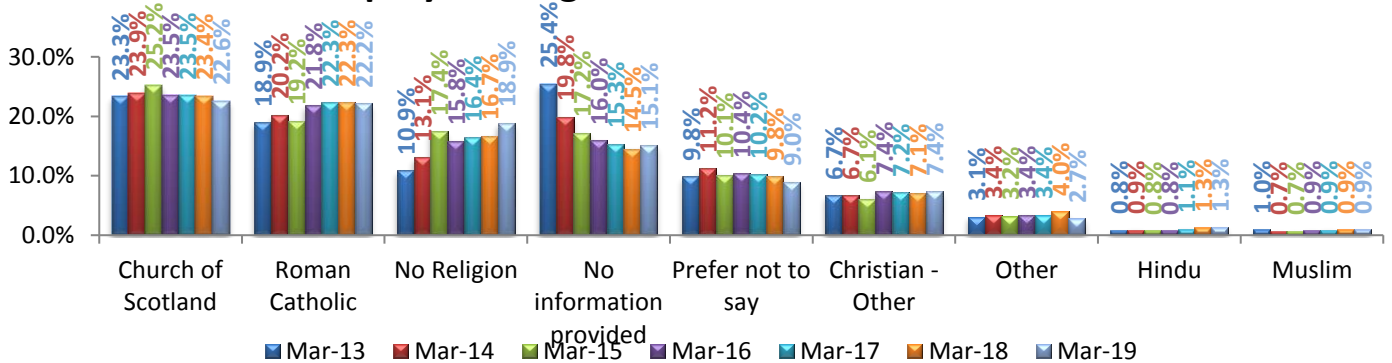
During the period under review the majority of leavers were “White – Scottish”. The proportion of them was roughly the same as the proportion of the workforce they make up: 65.2% against 67.8%. The proportion of leavers for whom no information on ethnicity was provided was almost half the proportion it represents in the workforce: 7.4% compared to 13.4%. The remaining leavers were split across several ethnic groupings, but the numbers are so low that listing them may allow for identification of those employees who left.

## 7.4 Religion and Belief

### 7.4.1 Workforce Breakdown

As with other protected characteristics new starts are asked to provide information in respect of their religious and faith beliefs, as part of the staff engagement process. Over the last few years the quality of information provided has improved, with fewer people not providing information on religion and beliefs in the monitored period than in previous years, as can be seen in the chart below. Of those who provided information the largest proportion of staff identify themselves as “Church of Scotland”, which has been the case since at least March 2012, with the second largest group identifying themselves as “Roman Catholic”.

## Employee Religion as at 31 March Each Year



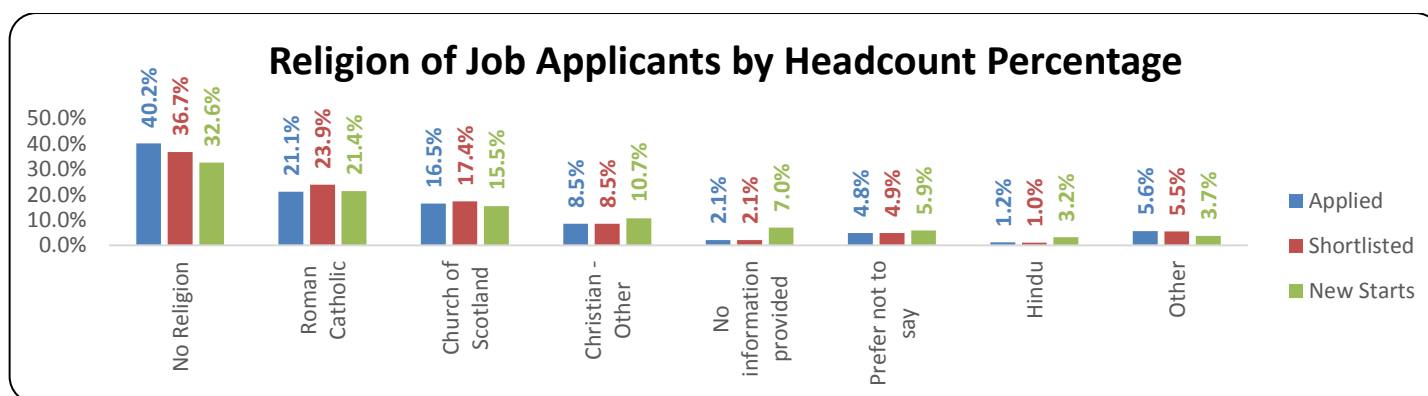
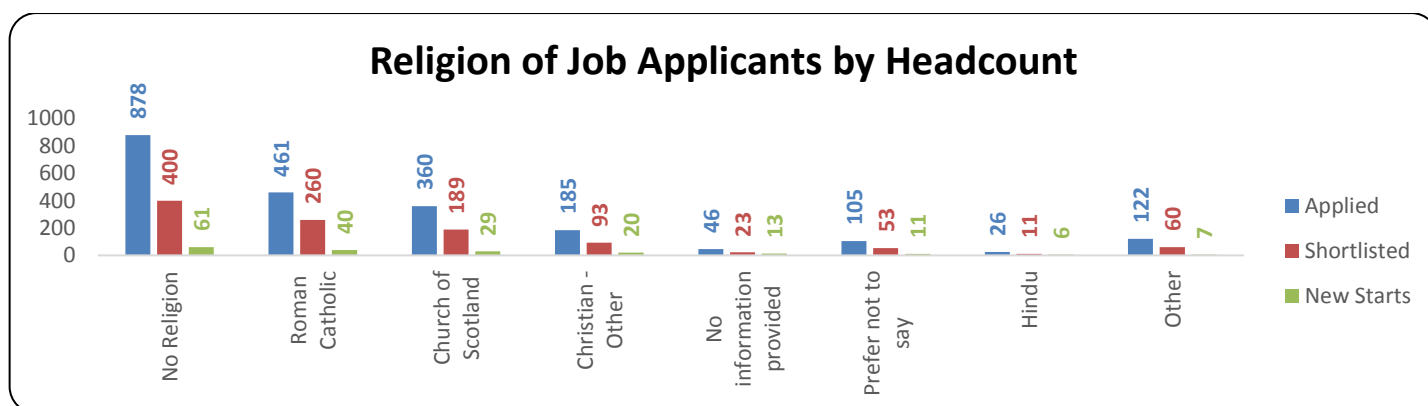
\*Faiths which are represented by fewer than 5 members of staff (eg Jewish, Sikh, Buddhist) are not reported individually, but captured within “Other”.

Across Scotland the 2011 census (<https://www.scotlandscensus.gov.uk/>; [Census 2011 equality results: analysis, part two](#)) showed quite a different picture with regard to religion compared to the staff at GJF, as can be seen from the table below. Closer to home NHS Greater Glasgow and Clyde, the geographical Board surrounding GJF, which one might expect to roughly match our percentages, showed a marked difference (ISD National Statistic release as at 31 March 2018). Our proportion of staff who state that they are “Church of Scotland” is significantly lower than the national figure, while our proportion in the “Roman Catholic” faith is much higher. Interestingly, about half the proportion of staff at GJF say that they have “No Religion” compared to Scotland as a whole (18.9% for GJF v 36.7% for Scotland).

Religion or Belief	% Scottish population	% NHSGGC staff	% GJF staff
<b>Church of Scotland</b>	32.4%	21.6%	22.6%
<b>Roman Catholic</b>	15.9%	18.2%	22.2%
<b>Christian – Other</b>	5.5%	5.6%	7.4%
<b>Muslim</b>	1.4%	0.5%	0.9%
<b>Other</b>	1.1%	1.4%	2.8%
<b>No religion</b>	36.7%	48.4%	18.9%
<b>Not stated</b>	7.0%	1.2%	15.1%

## 7.4.2 Recruitment Activity

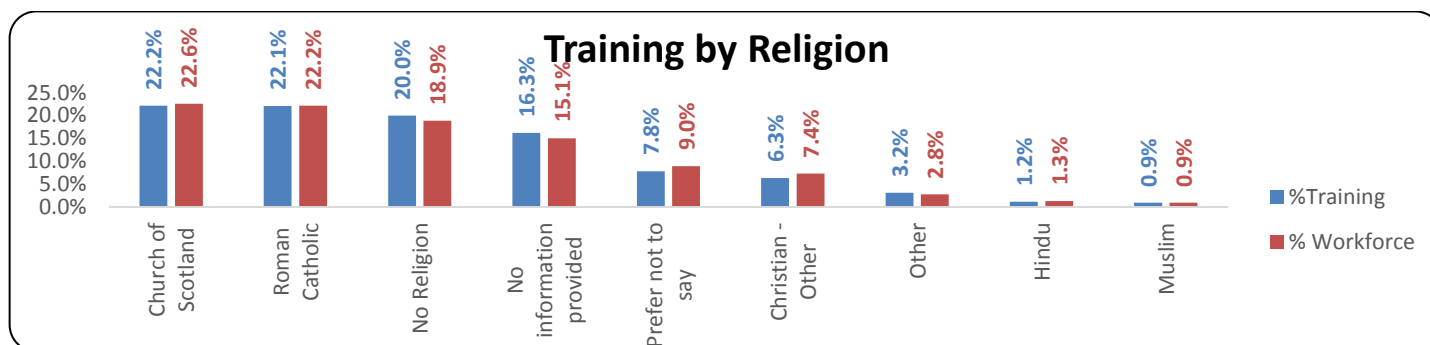
The period under review saw a large change in how applicants identified themselves with regard to religion and belief. In the previous twelve months the largest number of applicants, those shortlisted and new starts identified themselves as “Roman Catholic” (25.1%, 24.6% and 19.4% respectively). However, 2018-2019 saw 40.2% of applicants, 36.7% of those shortlisted and 32.6% of new starts say that they had “No Religion”. Those identifying as “Roman Catholic” were the second largest group, as can be seen in the charts below.



\*Faiths which are represented by fewer than 5 applicants in the “New Starts” or “Shortlisted” columns (Sikh, Muslim, Buddhist, Jewish and Other) are not reported individually, but captured within “Other”.

### 7.4.3 Training Activity

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



\*Faiths which are represented by fewer than 5 members of staff in the workforce percentage (eg Jewish, Sikh, Buddhist) are not reported individually, but captured within "Other".

### 7.4.4 Career Progression

The table below shows the number and proportions of promotions by religion:

Religion	Headcount	% Headcount
Church of Scotland	20	25.0%
Don't Know	12	15.0%
No Religion	19	23.8%
Other	5	6.3%
Prefer not to say	6	7.5%
Roman Catholic	18	22.5%
<b>Total</b>	<b>80</b>	<b>100.0%</b>

### 7.4.5 Turnover

During 2018-2019 turnover of staff was highest in the group of staff who had "No Religion": 22.6% of turnover compared to 18.9% of staff. "Church of Scotland", the largest religious group that staff members declared was equally represented in turnover: they comprised 22.6% of staff and 22.1% of turnover.

	Leavers		Workforce	
	Headcount	% Headcount	Headcount	% Headcount
No Religion	46	22.6%	343	18.9%
Church of Scotland	45	22.1%	411	22.6%
Roman Catholic	41	20.1%	403	22.2%
No information provided	18	8.8%	274	15.1%
Christian - Other	17	8.3%	125	6.9%
Prefer not to say	12	5.9%	163	9.0%
Other	11	5.4%	59	3.2%
Hindu	7	3.4%	24	1.3%
Muslim	7	3.4%	17	0.9%
<b>Grand Total</b>	<b>204</b>	<b>100.0%</b>	<b>1819</b>	<b>100.0%</b>

\*Faiths which are represented by fewer than 5 applicants in the "Leavers Headcount" or "Workforce Headcount" column (Jewish, Sikh and Buddhist) are not reported individually, but captured within "Other".

## 7.5 Disability

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

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

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

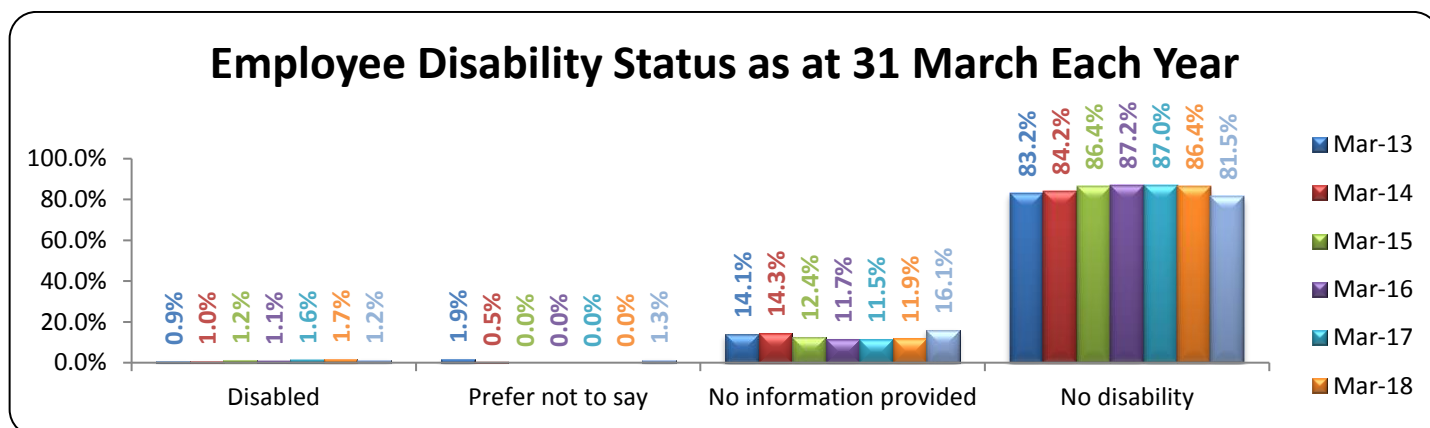
- challenge attitudes towards disability;
- increase understanding of disability;
- remove barriers to disabled people and those with long term health conditions in employment; and
- ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

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

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

### 7.5.1 Workforce Breakdown

A large majority of our workforce continues to identify themselves as having "No disability", with the proportion growing from 81.2% in March 2012 to 87.2% in March 2016. At the end of this monitored period it had fallen to 81.5%. During this time the proportion of staff that has not provided information on their disability status has steadily fallen from 16.1% in 2012 to 11.9% in 2018. However, this year saw it increase to 16.1%. This is an unfortunate reversal, but may in part be due to the introduction of the new HR system and the information that it holds on disability status. It is hoped that this increase in lack of information provided will be short lived and reversed in future years with the improvement of information held on the HR system.



The proportion of staff members who identify themselves as "Disabled" has remained relatively steady over the same time period at around 1.0%, but this year stood at 1.2%, a fall from 1.7% the previous year. Again, this fall of over 0.5% in one year is likely to be due to the information held on disability status on the new HR system. While the proportion of staff who declare they have a disability is low in comparison to the general population: 32% of all adults in Scotland ([Scottish Health Survey 2017](#)), this is repeated across Boards in NHS Scotland, where 0.8% identified themselves as disabled as at 31 March 2019 (ISD: [Equality and Diversity \(March 2019\)](#)).

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

### 7.5.2 Recruitment Activity

Of applicants successfully appointed, those for whom no information was provided regarding their disability status made up 8.0% of new starts in the monitored period, but only 1.9% of applicants and 2.1% of those who were shortlisted. Those identifying themselves as “Disabled” made 5.3% of applications, 4.5% of those shortlisted and 0.5% of new starts.

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

### 7.5.3 Training Activity

Members of staff who declared themselves to be disabled undertook 1.0% of all training carried out in 2018-2019. This is less than the proportion of the workforce they represent – 1.2%.

### 7.5.4 Career Progression

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

### 7.5.5 Turnover

Of the 204 members of staff who left the Board’s employment in 2018-2019 three had declared themselves to be disabled.

## 7.6 Sexual Orientation

### 7.6.1 Workforce Breakdown

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

	Mar-12	Mar-13	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
<b>Heterosexual</b>	64.5%	69.7%	71.2%	72.6%	75.0%	75.7%	76.7%	74.6%
<b>No information provided</b>	25.8%	20.0%	18.9%	17.8%	16.0%	15.4%	14.4%	15.8%
<b>Prefer not to say</b>	8.5%	8.8%	8.5%	8.1%	7.5%	7.3%	6.9%	7.4%
<b>Lesbian</b>	0.4%	0.6%	0.6%	0.7%	0.7%	0.6%	0.8%	0.8%
<b>Gay man</b>	0.3%	0.3%	0.3%	0.3%	0.4%	0.5%	0.5%	0.7%
<b>Bisexual</b>	0.5%	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%
<b>Other</b>	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.3%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The quality of information held on the declared sexual orientation of members of staff has improved over the years at GJF, as can be seen in the decrease in the proportion of staff for whom no information is held. This can be seen when compared to other Boards, where the proportion of staff for whom no information has been provided on sexual orientation tends to be higher (source: ISD Scotland National Statistics release as at 31 March 2018), but is also falling:

Health Board/Area	Sexual Orientation – no information provided		
	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018
NHS Scotland	37.8%	29.5%	28.7%
West Region *	35.9%	33.8%	32.8%
NHS Greater Glasgow and Clyde	34.6%	31.2%	29.6%
National and special health boards #	51.3%	48.1%	36.0%
NHS24	64.0%	50.1%	43.8%

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

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

### 7.6.2 Recruitment Activity

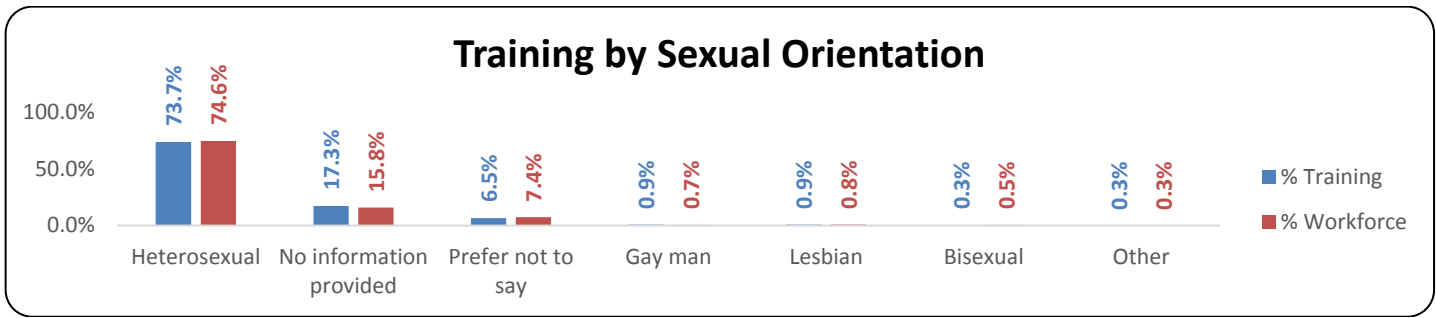
The table below highlights the number and proportion of people who applied for posts, were shortlisted and came on board as new starts in the monitored period, split by declared sexual orientation:

	Applied		Shortlisted		New Starts	
	Count	Proportion	Count	Proportion	Count	Proportion
Heterosexual	2024	92.7%	1012	92.9%	157	84.0%
Prefer not to say	60	2.8%	29	2.7%	*	*
No information provided	44	2.0%	19	1.7%	21	11.2%
Bisexual	20	0.9%	*	*	*	*
Gay	16	0.7%	13	1.2%	*	*
Lesbian	13	0.6%	8	0.7%	*	*
Other	6	0.3%	*	*	*	*
Total	2183	100.0%	1089	100.0%	187	100.0%

\* Where the declared sexual orientation of applicants is represented by 5 or fewer applicants the numbers are not given.

### 7.6.3 Training Activity

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

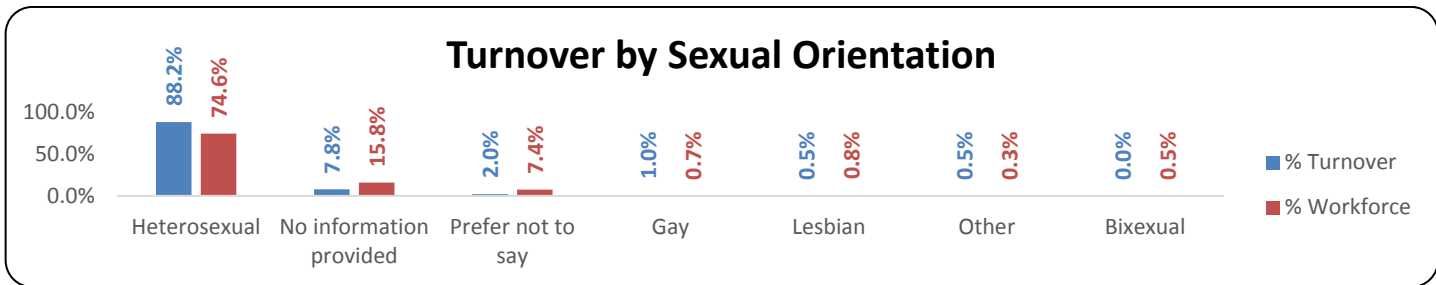


#### 7.6.4 Career Progression

The great majority of promoted staff have declared themselves to be “Heterosexual” – 62 out of 80 promoted posts (77.5%), which is almost exactly the proportion of staff as a whole who identify as “Heterosexual” (74.6%). 11 (13.8%) promoted members of staff did not provide any information on their sexual orientation. The remaining seven promoted staff indicated they are “Gay man”, “Lesbian” or “Prefer not to say”. However, the numbers are so small the splitting them may enable identification of the successful applicants.

#### 7.6.5 Turnover

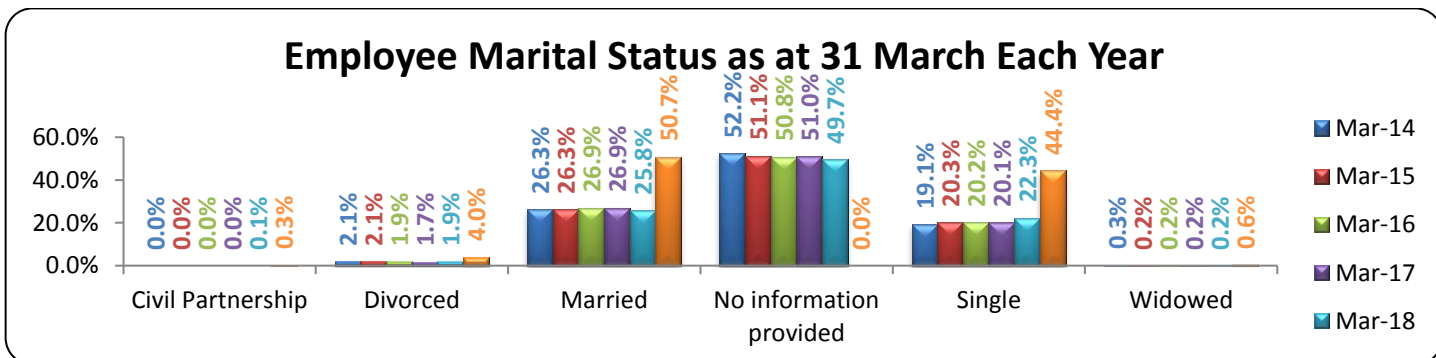
During the period under review turnover by sexual orientation broadly mirrored workforce proportions, as can be seen below, with slightly fewer people who provided no information leaving than were represented in the workforce, and more people who identified as Heterosexual leaving than were represented in the workforce.



#### 7.7 Marriage and Civil Partnership

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

As can be seen from the table below in March 2019 just over half of all staff members were married (50.7%) and 44.4% were single. These proportions represent sizeable changes to those reported the previous year, with both almost double the percentages reported in 2018.



## **7.8 Trans Staff**

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

It should be noted that the new HR system, eESS, allows members of staff to amend their personal details, including equalities information. It also contains the question “Have you, are you or do you plan to undergo gender reassignment (changing sex)?” Members of staff have the option to respond “Yes”, “No”, “Don’t know” or “Prefer not to say”. It is expected that this will be built into the new national electronic Recruitment system, which it is hoped will directly feed eESS with the details of successful candidates, including equalities information. Several communications have gone out to staff to inform them of the ability to amend their personal details, including equality information, on eESS.

## **7.9 Pregnancy and Maternity**

During the monitored period a total of 74 members of staff were on maternity leave at some point: two of them had two periods of maternity leave during the year. 30 were on maternity leave before 1 April 2018, while 46 went on maternity leave between 1 April 2018 and 31 March 2019. 47 returned from maternity leave between 1 April 2018 and 31 March 2019, and 29 were still on maternity leave after 31 March 2019. 16 of those who took maternity leave both went on leave and returned within the monitored period.



## 8 Developments

### 8.1 People Strategy

2019 will see the launch of an updated People Strategy at GJF, the aim of which is to ensure that we have a sustainable, healthy and productive workforce with the capacity and capability to meet the current and future demand for services at GJF. To achieve this aim GJF will focus on the following strategic priorities:

- building and sustaining our workforce for now and for the future;
- developing our workforce and ensuring it is technology ready;
- staff health and wellbeing; and
- regional and national workforce.

#### 8.1.1 Workforce Planning

We will deliver a systemic, forward looking approach to workforce planning, which will allow us to plan and deliver a workforce over the next five years that:

- ensures we match capacity with demand, which will change each year due to expansion, and changing models of care and service delivery;
- enables us to develop the skill mix of our workforce to suit new models of care and ways of working; and
- supports the increasing range and scope of practice within different healthcare professions.

To do this we will:

- introduce a digital platform for workforce planning and analysis that is accessible to teams, managers, HR and the Board;
- invest in, and support the development of, our people in relation to workforce planning;
- develop and deliver comprehensive, forward-looking workforce plans across all specialties and departments;
- actively explore flexible employment models with a focus on joint appointments for medical staff and other clinical groups.

#### 8.1.2 Attracting and Supporting People into a Career in Healthcare

We will continue to work in collaboration with organisations to promote GJF and to increase awareness of jobs now and in the future, improving our strong links with local universities, colleges and schools. Further details will be given in the Recruitment and Employability section below.

#### 8.1.3 Promoting Diversity

We will encourage applicants from minority groups and adjust our recruitment processes to support them to achieve meaningful employment within GJF. In doing this we will link into external agencies who can offer advice in relation to this, such as [Access to Work](#). This will be underpinned by our approach to equalities impact assessment, which helps us to identify and address barriers or negative impacts on staff and service users in recognition of the protected characteristics. We will continue to provide Valuing Diversity training for all staff and in 2019 will introduce unconscious bias training.

#### 8.1.4 Technology Ready Workforce

We will invest in the skills and expertise of our staff to deliver high quality healthcare and adapt to changing models of care and service delivery across the organisation. This will support productivity, job satisfaction and employee engagement.

### **8.1.5 Staff Health and Wellbeing**

We will support our staff to manage their health and wellbeing and ensure that they have a positive work experience by:

- offering health MOTs for staff;
- raising awareness of access to cognitive behavioural therapy to support mental health and wellbeing;
- further integrating the Hotel's Centre for Health and Wellbeing as a resource, including improved staff access and support;
- promoting healthy eating options; and
- introducing training resources to raise awareness of health inequalities.

### **8.1.6 Regional and National Working**

As a national board we are committed to delivering the National Boards' collaborative plan and also delivering regional clinical services within the West Region.

The Corporate Learning and Organisational Development team is working with regional colleagues on the development and delivery of regional organisational development Learning and Development Plans.

## **8.2 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 2018-2019. The focus on improving attendance at work has led to HR and managers working to strict guidelines, which have recently changed following receipt of a Scottish Government circular ([PCS\(2019AFC\)02](#)). The circular recommends that from 1 April 2019:

- NHS Scotland should work towards reducing sickness absence by 0.5% per annum over 3 years, with the aim of achieving an overall NHS Scotland average of less than 4%; and
- common NHS Scotland trigger points should be adopted to prompt and inform the first formal discussions in relation to sickness absence. These should be either 4 separate episodes of absence, or short term absences totalling 8 or more working days within a rolling 12-month period.

HR and managers will continue to work with Occupational Health and Physiotherapy to help staff members remain at work, or support them to return to work when appropriate.

## **8.3 Human Factors Training**

In March 2016 the Board began the training of all members of staff 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. By the end of this monitoring period 1253 members of staff had undertaken the training, an increase of 171 on the previous year. Training will continue throughout the next monitored period. The aim of the training is to help staff to focus on adopting safety positive behaviours and improve the service users' experience.

## **8.4 Staff Experience and iMatter**

1118 of 1775 staff (62.98%) completed the iMatter questionnaire in 2018, giving an Employee Engagement Index (EEI) score of 78. The thermometer rating relating to overall staff feelings towards the organisation remained a positive 7.38, which is a slight decrease from 7.48 in 2017. Out of 143 teams to participate in the service, 100 (69.93%) achieved the required response rate to generate a report. This represents a decrease in the proportion of teams that received a report in 2017, which stood at 79.29% (82 out of 111).

71.32% of teams generated a timeous action plan to introduce change or improvement following on from receipt of the results of the iMatter questionnaire. The HR team supported members of staff and managers in the completion of the action plans and further work will be undertaken to explore some of the areas where reports and action plans were not created or progressed, in order to support these teams.

At the time of writing this report the 2019 iMatter questionnaire had just been distributed to staff for completion. Team managers will be supported by Human Resources and Corporate Learning and Organisational Development to promote engagement with i:Matter and action planning.

## **8.5 Recruitment and Employability**

As can be seen in section 7.2 Age above, our proportion of staff in the lower age ranges is much lower than might be expected when compared to the local area demographics, and those for Scotland as a whole. While in part this is due to the requirement of our professional staff groups to have higher education qualifications, and therefore excludes school leavers, there are posts within the organisation that may be suitable for, and attractive to those who have recently left school. Our HR Manager for Recruitment is working on a number of ways to attract younger employees.

### **8.5.1 Investors in Young People**

In May 2019 GJF retained its Investors in Young People Gold status, recognising its practices and pathways that have positive outcomes for young people in creating a talent pool for the future and helping reduce youth employment through our methods to attract and recruit young people, support and develop them, and retain them in employment.

### **8.5.2 Modern Apprenticeships**

We will explore how we can use the modern apprenticeship scheme to support youth employment and to attract staff into a career with the NHS and the GJF. We will also continue to develop our academic partnerships to ensure we are making best use of all educational and vocational routes into healthcare, for example exploring the relatively new graduate apprenticeships.

We will continue to develop these links, supporting work placements and work experience initiatives as well as visiting local school careers events, including STEM sessions – it is important that students are able to access careers information to support them to make informed choices in relation to their subject choices which will in turn feed our workforce of the future.

In the recent past our Modern Apprenticeships have resulted in permanent posts for three young people. However, more recently we have struggled to attract young people for the limited apprenticeships available. We will continue to promote Modern apprenticeships, especially in light of our forthcoming expansions, with consideration being given to Foundation Apprenticeships for the future.

### **8.5.3 Prince's Trust Scotland**

GJF is currently working with the Prince's Trust Scotland to support their "[Get into Healthcare](#)" programme. The programme has been designed to run for 3 years initially, working with just under 400 young people. It is a six-week programme sponsored by the Scottish Government, which encourages organisations to place people recommended by the Prince's Trust into roles where they will gain valuable work experience. At GJF this will tie in with phase 2 of the expansion plans and will offer up to 12 young people the opportunity to participate in a work placement for six weeks, as long as we are able to guarantee them an interview at the end of that process. It is anticipated that our first placement will be later in 2019.

#### **8.5.4 Young Student Employability Skills Programme**

Our Volunteer Service supports the Young Student Employability Skills Programme, which provides a six-week programme of volunteering to encourage young people to come to the hospital each week and work with our volunteers in a number of different settings. At the end of this time they are awarded with a certificate, which supports their Duke of Edinburgh award. It hopefully also gives them an insight into hospital work for their future careers.

#### **8.5.5 MCR Pathways**

GJF is currently engaging with the MCR Pathways team (<https://mcrpathways.org/>) to support the delivery of a mentoring programme for young people who are care-experienced. This is a new initiative locally and we are working closely with the MCR Pathways team to ensure that our staff are able to participate.

#### **8.5.6 Expansion Plans**

The Phase 1 Ophthalmology expansion, due to open in 2023, and the Phase 2 expansion, due to open in 2023, will require the recruitment of both clinical and support staff to deal with the additional capacity that will come with them.

A draft recruitment plan has been prepared, sharing a variety of different recruitment methods to support the planned expansion within the hospital. Work has begun to develop the Board's recruitment page on the website and also to improve the documentation available to applicants.

An organisational development plan will be developed to support existing and new staff with the Board expansion plans.

As part of the youth employment agenda all appropriate vacancies generated by the hospital expansion will be considered for translation into a modern apprenticeship. As mentioned previously in this document work is also ongoing with the Prince's Trust Scotland.

#### **8.5.7 National Recruitment System**

The new national recruitment system is being finalised, with an implementation plan that will see all NHS Scotland Boards using it by the end of 2019. The pilot Boards will start using the system in February 2019. It is anticipated that we will be in phase 2 of the implementation plan from 1 July 2019. The system is fully online, with applications and shortlisting taking place electronically.

Initial feedback from the pilot sites is very positive. The online application process provides a much more efficient experience for candidates. The system allows candidates to create an account where they can save their personal information and their previous applications. This means that when they want to make a new application they can simply call up that information and amend it. This appears to have improved application rates with anecdotal information coming from the pilot boards that application rates for some previously difficult to fill posts have significantly improved. It is difficult at this early stage to measure whether this has resulted in better fill rates for posts.

#### **8.5.8 International Recruitment**

As part of the change to recruitment services in NHS Scotland, from 1 January 2019 it is piloting a new way of conducting international recruitment, with initial financing for one year. This involves moving towards national recruitment for shortage medical specialties, rather than continuing with a Board by Board approach. The International Recruitment Unit is hosted by NHS Greater Glasgow and Clyde.

Initially the service will facilitate targeted recruitment campaigns aimed at candidates outwith the European Economic Area (EEA), with a focus on four medical specialties: Psychiatry; Anaesthetics; Paediatrics; and General Surgery.

In order to make employers within NHS Scotland more attractive to candidates from overseas, once preferred candidates have been identified the service will provide personalised support and relocation assistance during the on-boarding process to the candidates and their families, including: guidance and support with immigration and regulatory body registration; advice regarding schooling, banking, housing, pensions and so on.

The International Recruitment Service operates a dedicated web site: [www.international.scot.nhs.uk](http://www.international.scot.nhs.uk).

## **8.6 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 continued to make sure to ask new starts to complete this information on their engagement form, even if they mark that they “Declined to comment”.

In last year’s report it was noted that an improvement in information relating to protected characteristics was expected to follow the introduction of the new HR system, eESS. However, a very slight dip in the quality of the information, broadly across the protected characteristics, was seen at 31 March 2019. The reason for this is unclear: it might be due to mapping issues between old and new HR systems. Alternatively, as staff members now have the ability to amend their personal details, including equalities information, it might be that colleagues are changing the details themselves.

A new recruitment system is to be introduced at GJF in 2019, which will record the equalities information, which should go on to populate the HR system. It is expected that completion of this information will be mandatory, even if the applicant uses “Declined to comment”, and will filter onto the HR system for successful candidates. The HR team will keep a close eye on the quality of the equalities information going forward.

## **8.7 Workforce Planning**

### **8.7.1 Digital Platform**

GJF will introduce a new digital platform for workforce planning and analysis that is accessible to every team, line manager, HR and the Board. This platform will use a common data warehouse to upload workforce data to, which will allow stakeholders to report on workforce related metrics. Currently considerable time is invested in extracting, transforming and reporting workforce data, as it is captured and maintained on a number of local and national systems, for example eESS, Payroll, SSTS, HRNet for Recruitment, TURAS and SOAR for appraisals, and iMatter. The solution will provide the ability to report on workforce data regardless of the system the data is located on and has the potential for efficiency savings and greater value added.

### **8.7.2 Local Workforce Planning**

HR will work closely with managers to develop a more integrated approach to workforce planning, by supporting managers with the local workforce challenges and high priority areas. Managers will be supported to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place.

Any changes to our workforce will be driven by improving services to benefit the patient pathway and experience, or to increase efficiency. GJF recognises that partnership working is essential to support the development and implementation of workforce plans and service redesign. The Workforce Planning and Education Steering Group involves the staff side.

## 8.8 Health Interventions

As mentioned previously in this report two of the most common impairments impacting on our staff in the workplace are mental health issues and chronic pain resulting from musculoskeletal conditions. As a result, we have developed a range of interventions available for staff who have mental health issues and we have established a staff physiotherapy service for those with musculoskeletal problems.

Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains a significant factor in sickness throughout the NHS in Scotland. We know from staff that the causes of their stress are multi-factorial, including personal areas that we cannot directly address, but we understand that we might be able to help colleagues to manage these areas and provide additional support where appropriate.

We look to support staff to maintain and improve their health and wellbeing through a range of activities provided by the Centre for Health and Wellbeing team, including “staff challenges”, which have provided a safe environment for staff members to commence their journey to a fitter lifestyle. So far over 200 members of staff have completed the courses and have commented how it has changed their lifestyle and outlook on life, resulting in a change of attitude to fitness and lifelong changes.

Staff in the Centre for Health and Wellbeing have worked closely with various departments, such as Occupational Health, Rehabilitation and Motion Analysis, to consider a full range of routes to improve the health and wellbeing of their colleagues. The team has accelerated the process for staff members recovering from long-term sickness absence by having facilities to assist a speedy recovery. Yoga was introduced and has been very popular.

We are signposting colleagues to support provided either by GJF or other providers, such as:

- financial advice and guidance;
- Occupational Health support;
- the Citizens’ Advice Bureau; and
- legal advice.

In the coming year we will continue this work and also undertake work with [See Me](#), Scotland's Programme to tackle mental health stigma and discrimination. It is funded by Scottish Government and Comic Relief and is managed by SAMH and The Mental Health Foundation. The Board is working with See Me to look at mental health in the workplace and to help to end mental health discrimination for staff members, patients, hotel guests and other service users.

Resources will be made available to staff to help them to build resilience. This will be supported by subject-matter experts, including Corporate Learning and Organisational Development, Spiritual Care and Occupational Health.

## 8.9 Disability Confident

In February 2018 the Board was confirmed as a Level 3 Disability Confident Leader. We are one of only nine employers in Scotland to have achieved this status, and the only NHS Board in Scotland. This status is validation of the work that happens throughout the Board in relation to those with disabilities. We are continuously looking for opportunities to enhance this work and to help other organisations, who may need advice or support.

## **8.10 Glasgow Centre for Inclusive Living (GCIL)**

[Glasgow Centre for Inclusive Living \(GCIL\)](#) is a community business run by disabled people, working for and with disabled people. It is a registered charity and company limited by guarantee. GCIL Employment has developed and delivered innovative and unique services to address the barriers experienced by disabled people when attempting to access the labour market since 2001.

GJF is currently working with GCIL to provide training and employment opportunities for graduates, who may otherwise be excluded from employment.

**All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.**

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعة الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

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