

# Workforce Equality Monitoring Report 2020/2021

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## Executive summary

This report is produced annually to help us understand our workforce profile and opportunities within the organisation in respect of the protected characteristic groups defined in the Equality Act 2010. Reporting helps us promote transparency and meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended).

This report covers the period April 2020- April 2021. During this reporting period, our ways of working were impacted by the COVID-19 pandemic. This included the suspension of recruitment activities between March and June 2020, the temporary re-deployment of some staff to clinical and frontline roles, and home-working by default for all staff. Normal activities were significantly disrupted during this period and it is important therefore to read this report with that in mind.

The key findings for this reporting period are as follows:

### Staffing:

- The organisational headcount has increased by 3%, resulting in an overall headcount of 482 staff as of 31 March 2021.
- Staff turnover was 9.1%, which has decreased by 3.7% during the year.
- 23.4% of our staff work part-time. Of these, 87% are female.
- 14.2% of staff are employed on a fixed term contract, increasing by 2.8% from last year.
- The percentage of staff that identify as being disabled is 4.4% - a 0.5% increase on the last reporting period.
- The overall percentage of staff who identified as being from a non-white, minority ethnic group has increased by 0.8 % to 4.6%.
- There has been a 3.3% decrease in the proportion of male staff in the organisation over the last year. The gender split in this period was 77.4% female staff and 22.6% male staff.

### Recruitment:

- Higher rates of disclosure have been evident from applicants across most protected characteristics compared to previous periods.
- Those identifying as disabled on applications has increased by 1.9% in the last period (9.7% of all applications made). The ratio of disabled applicants subsequently appointed has also increased to 11.3% overall and 14.3% for internal appointments.
- Similar to the previous period, the majority of applications (16.9%) came from candidates aged 25-29 and the highest proportion of appointments (15%) were made to those aged 40-44.
- There has been a 4.1% increase in applicants declaring their race or ethnicity compared to last year, alongside a significant rise (11.2% last year to 26.4% this year) in applicants from minority ethnic groups.
- The percentage of applicants choosing to disclose their sex has increased by 3.5% this period. Women applying externally performed better during the recruitment process (i.e. 70% of applicants securing 75% of the offers), and men were proportionally less successful during both internal and external campaigns.

#### Pay Gap:

- Our gender pay gap has increased to 16.9% (Mean) and 14.9% (Median) in favour of men.
- We tested our ethnicity pay gap for the first time and found that whilst those in the 'White-Scottish' group earn on average 16.6% more than the 'White minority' group, the 'Non-white - minority' group earn on average 3.1% more than the 'White Scottish' group
- We tested our disability pay gap for the first time and found an average 24.3% pay difference in favour of non-disabled employees.

## Introduction

- 1.1** Our purpose in Healthcare Improvement Scotland is to ensure that the people of Scotland experience the best quality health and care services. We work with people at every level of the health and social care system and we make sure improvements in care are informed by the experiences of people who deliver and people who use services.
- 1.2** We seek to employ people who are committed to helping deliver a person-centered health and care service that focusses on achieving the best possible outcomes for everyone living in Scotland. Recruiting and retaining a workforce that understands the importance of eliminating discrimination, advancing equality, tackling prejudice and promoting improved understanding between people who share a protected characteristic and people who do not, is key to us achieving our ambitious plans for improvement.
- 1.3** We recognise the benefits of having a diverse workforce that fully reflects the demographic composition of the people living in Scotland. There should be no unfair barriers to being appointed or progressing within Healthcare Improvement Scotland. Where an analysis of our workforce data shows that certain groups are under-represented within our organisation, we will actively consider the steps, including positive action, we can take to improve this. Encouraging underrepresented groups to apply for job roles helps us reach the widest talent pool available. It also supports the development of a workforce that reflects the diversity of the population.
- 1.4** We are an organisation that fully embraces equality and values diversity, and we work hard to ensure that we promote a culture and behaviours that consistently support our organisation's values. We have a zero-tolerance approach to discrimination or any other unacceptable behaviours in the workplace. We want our staff to feel confident to speak up and raise any concerns they might have without fear of retribution or risk of unfair treatment.
- 1.5** Our people are extremely important to us. They make us who we are, and we are committed to making their experience of working with us as good as it can be. We actively promote staff wellbeing, personal development, job satisfaction and recognition of achievement. We have policies and working practises that are intended to support a good work and life balance. We want everyone working for Healthcare Improvement Scotland to feel supported, appreciated and able to progress their career with us. We understand that people can encounter different barriers to career progression throughout their working life. We hope to monitor those barriers through engagement with staff and effectively address anything that comes to our attention.
- 1.6** To support our equality and diversity ambitions and to ensure compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended), we publish an analysis of our workforce equality monitoring data

annually. This report provides information disaggregated by the protected characteristics.<sup>1</sup> It covers the following:

- recruitment at each stage of the selection process
- numbers of part-time and full-time staff
- pay and remuneration
- training and development
- return to work of people who took maternity leave
- return to work of disabled employees following sick leave relating to a condition or impairment
- appraisals
- grievances
- disciplinary action, and
- dismissals and other reasons for leaving

## **2 Definitions and data quality**

- 2.1** The data within the report refers to Healthcare Improvement Scotland (also referred to throughout the report as ‘the organisation’).
- 2.2** The data in this report reflects the position of the organisation as at 31 March 2021.
- 2.3** Where available, data for previous reporting periods has been included to show the year on year changes. Where external data comparators were available, we have noted these within the data tables. When data is not available or the comparator data sets are not a direct read-across, we will highlight this.
- 2.4** Data used within the report are drawn from various sources, principally: eESS (national employee self-service system), Jobtrain (national online recruitment system) and Turas. Where available, external benchmarks are also shown in the report using Scottish Census data and Turas Data Intelligence (TDI) as a comparator to other NHS Boards.
- 2.5** Data is collated at two key points: when a job application is made within JobTrain to inform our recruitment reporting; and by requesting staff engagement to inform our workforce reporting from e-ESS. Being separate systems, there can be slight inconsistencies between the data provided by candidates at these two points. For example, candidates may choose not to disclose full information during recruitment but do so when appointed (or vice versa). However once appointed, eESS enables employees to update aspects of their own data offering an opportunity to regularly remind staff of the importance of providing and updating their equality information.

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<sup>1</sup> age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation

- 2.6** Every effort is made to prioritise, promote and encourage our workforce to apply for internal opportunities before recruiting externally, as per policy. Where external applications have been submitted for internal only vacancies, these are held over and not considered as part of internal shortlisting, but still may appear in the total number of applications received.
- 2.7** The report includes data relating to permanent and fixed-term staff only and does not include external staff recruited to seconded posts, temporary agency staff, self-employed contractors or sessional staff providing specialist clinical or technical expertise.
- 2.8** Information relating to job roles filled using expressions of interest or acting up arrangements are not included. This process is occasionally used to fill short term needs.



### 3 Progress since the previous reporting period

**3.1** In April 2021, we published our [Equality Mainstreaming report](#). The report included information about the progress of Healthcare Improvement Scotland in achieving its equality outcomes between 2017 and 2021. We also published four new equality outcomes, which we will work towards between now and April 2025. Two of our new equality outcomes relate to the diversity and wellbeing of our workforce. These are:

- A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities, and
- Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.

**3.4** We renewed our certification in the Disability Confident scheme and began working towards Disability Confident Leader – Level 3 status. We hope to achieve this by 2023. In the meantime, we continue to operate a [two-tick scheme](#) to help attract and retain disabled employees. We want to open up opportunities at all levels of the organisation. As part of this, we have maintained our relationship with the Glasgow Centre for Inclusive Living's Equality Academy and are currently hosting two disabled graduates with GCIL's support.

**3.5** We have had a significant focus this year on supporting our staff through all the changes, including to our ways of working, brought about by the COVID-19 pandemic. This has included embracing flexible working practices to support staff to manage caring responsibilities and their overall wellbeing. We took part in the 2020 [Everyone Matters Pulse Survey](#) to capture staff experience within the health and social care sector. Healthcare Improvement Scotland stood out as an organisation that is ranked very highly by staff across the categories and would be recommended as a good place to work. We also had the highest survey response rate of all organisations which took part, demonstrating the commitment to celebrate our own achievements and those of our colleagues.

**3.6** As part of our contribution to the Scotland-wide Carers Wellbeing Campaign, one of our employees reflected on his role caring for his dad and how, by listening to others, we can identify and challenge our own assumptions. [Read Alan's blog](#) on our website.

**3.7** We established new health and wellbeing themed pages on our intranet and regularly sign-posted resources to remind staff that their health and wellbeing is important. The pages aim to bring together a range of tools and resources to provide a one stop shop to support employees in meeting their health and wellbeing needs.

**3.8** In 2018 we launched our Making a Difference Awards to recognise staff who help to make Healthcare Improvement Scotland an excellent place to work by demonstrating behaviours associated with our core values, which are:

- Care and compassion
- Dignity and respect,
- Quality and teamwork
- Openness, honesty and responsibility

In January 2021, ten members of staff received recognition for the difference they make and the way they model the NHS Scotland Values: care and compassion, dignity and respect, quality and teamwork and openness, honesty and responsibility.

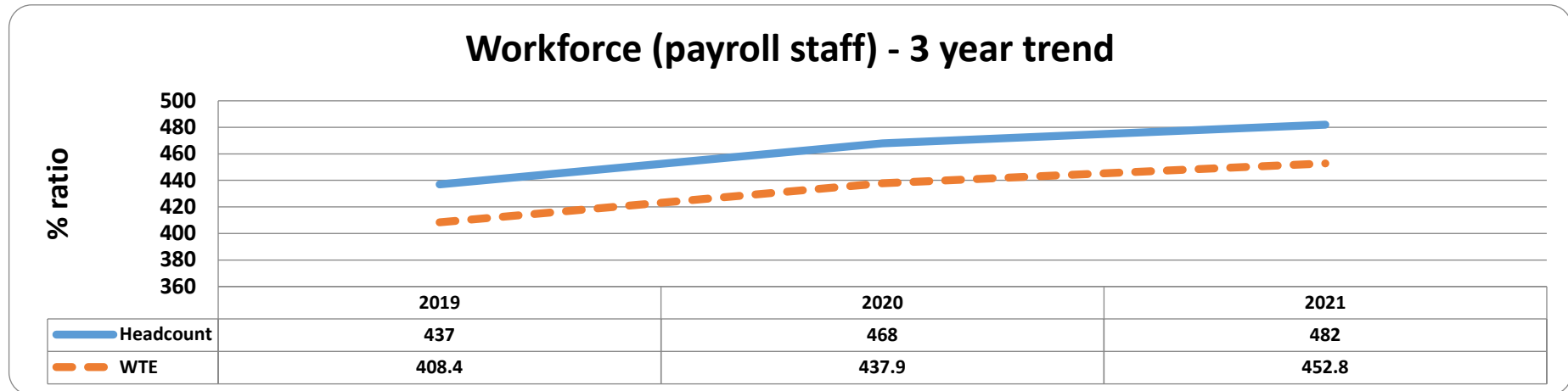
**3.10** To help maintain an inclusive culture and working environment where staff understand the importance of equality and diversity, we have continued to encourage staff to take part in awareness-raising activities intended to tackle prejudice and promote understanding.

**3.11** For example, in June 2020 one of our employees shared their experience around celebrating LGBT+ Pride month during the pandemic. Read [Rosie's blog](#) on our website. In October 2020, one of our employees highlighted International Stammering Awareness Day, explaining in an internal blog how he turned his stammer into a positive and is now helping others do the same.

**3.12** We participated in Mental Health Awareness Week during May 2019. The theme was 'body image – how we think and feel about our bodies.' We asked staff to support and encourage one another to achieve mental health and wellbeing all year round. We highlighted the benefits of both physical exercise and being socially connected, and we shared helpful resources.

**3.13** The Employee Assistance Programme remains available for all employees and members of their household. The support offered includes assistance with home or work issues, managerial support, life management consultancy (to help with legal, financial and consumer issues), and a counselling service. Counselling is provided through a network of independent counsellors, offering a range of expertise.

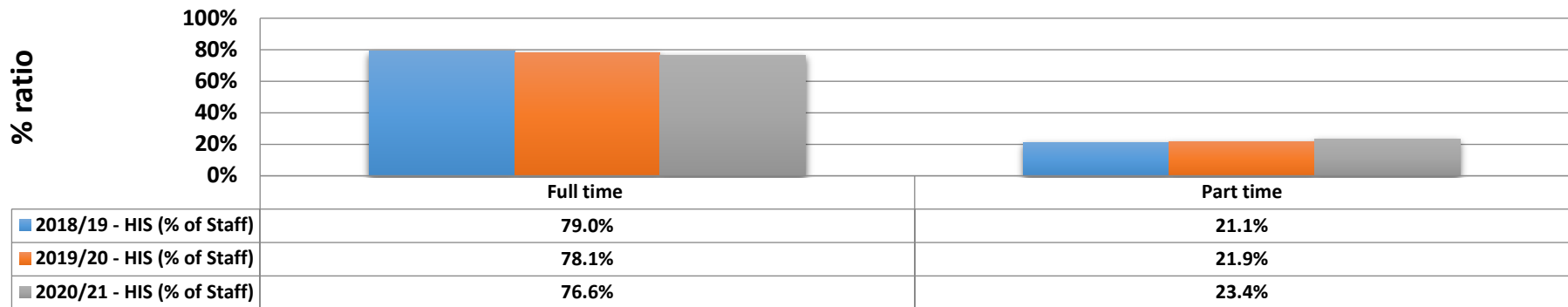
## 4 Workforce data



### Commentary

The organisational headcount of 482 represents a 3% increase compared to last year. Although the growth rate is lower than previous periods, this reflects the ways we had to adapt our workforce and organisational priorities in response to the COVID-19 pandemic.

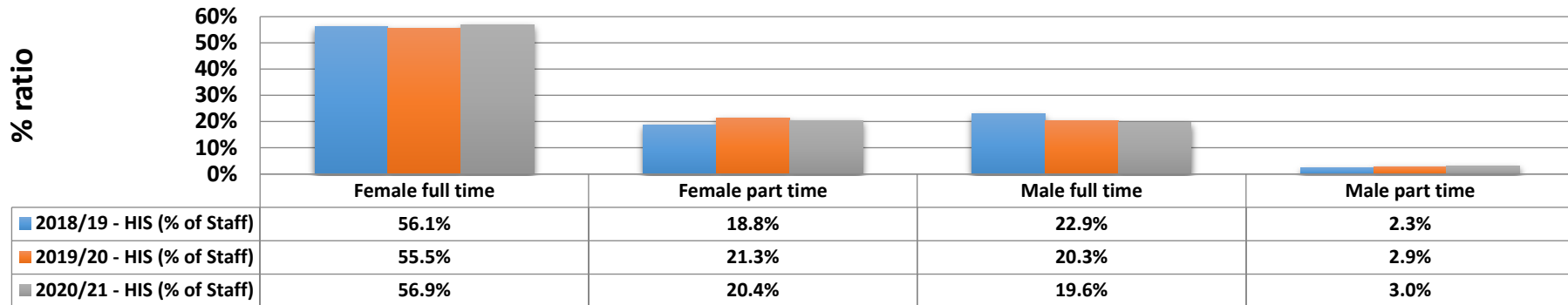
## Full/Part-Time Employment Status



### Commentary

There has been a notable increase (2.3%) in part-time working over the past year. We remain committed to supporting more flexible working patterns for staff. More detail is provided below.

## Workforce by Sex & Work Pattern



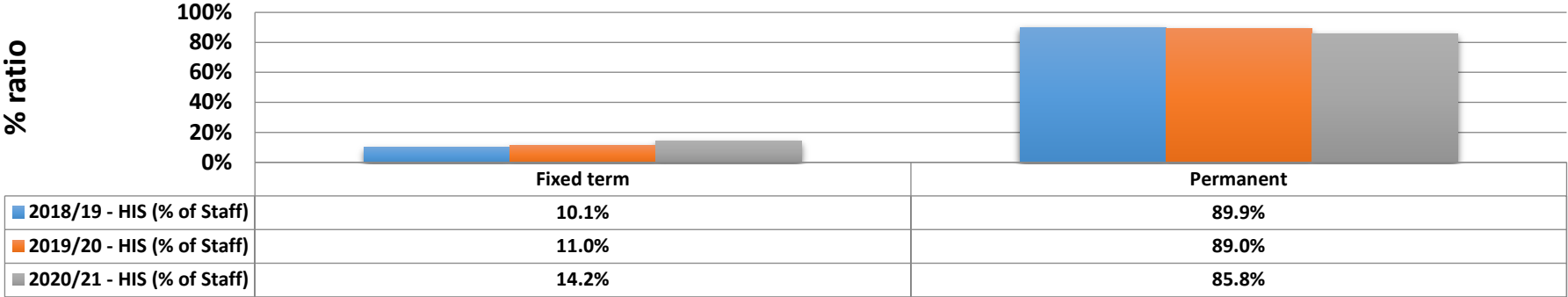
### Commentary

More than one fifth of women employees work part-time. Since 2018/19, 1.6% more females are working in part-time roles.

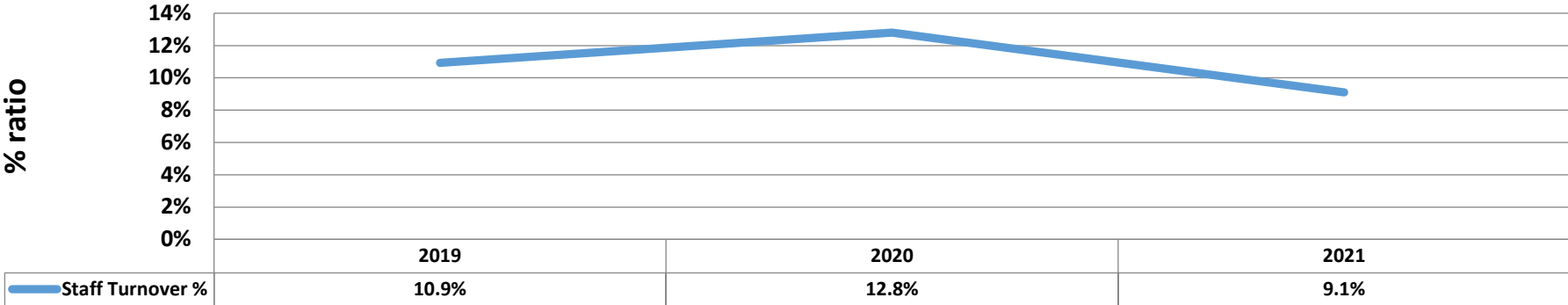
Over the last 3 years, there has been a 3.3% decrease in the number of men working in full time roles in the organisation, with 0.7% more males assuming part-time work patterns.

With approximately 87% of all part-time work undertaken by women, this continues to be an area where the organisation can support women by ensuring that wider opportunities exist for career development. This may mean, for example, encouraging managers to consider more job share opportunities when recruiting to otherwise full-time positions.

### Workforce by Contract Type



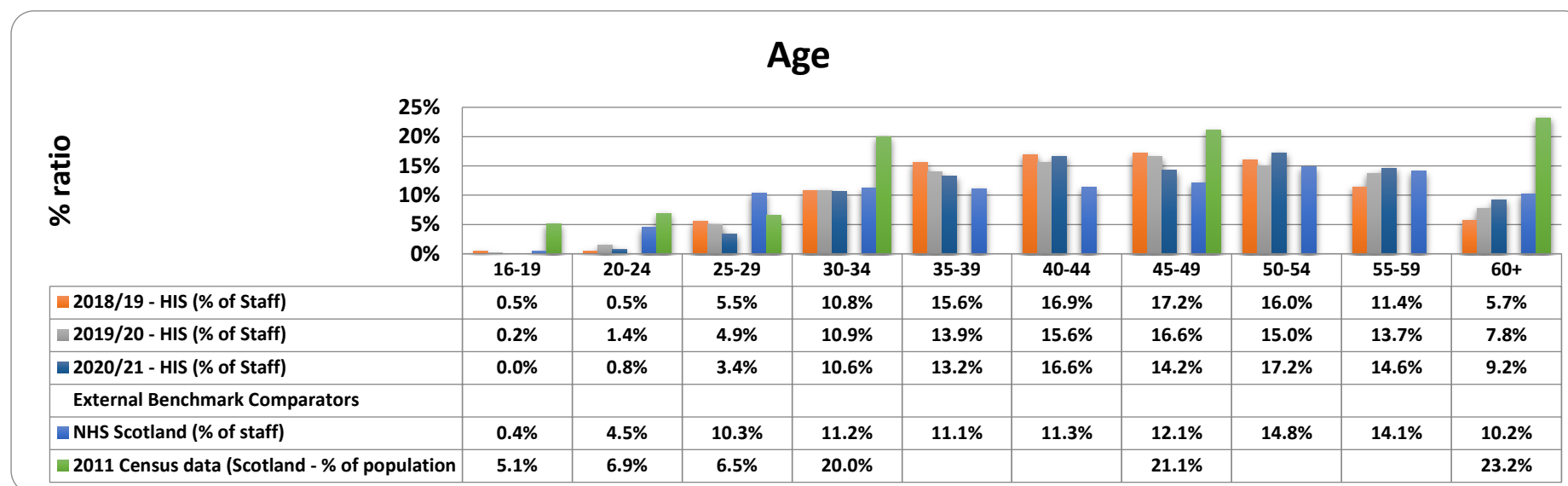
### Workforce Turnover



### Commentary

The percentage of our workforce employed on fixed term contracts has increased by 2.8% in the last year. Staff turnover has decreased by 3.7% compared to 2020. The lower turnover rate may have been influenced by the Covid-19 pandemic which resulted in less people seeking to change roles at a time when they were fewer opportunities available.

## 5 Workforce data by protected characteristics

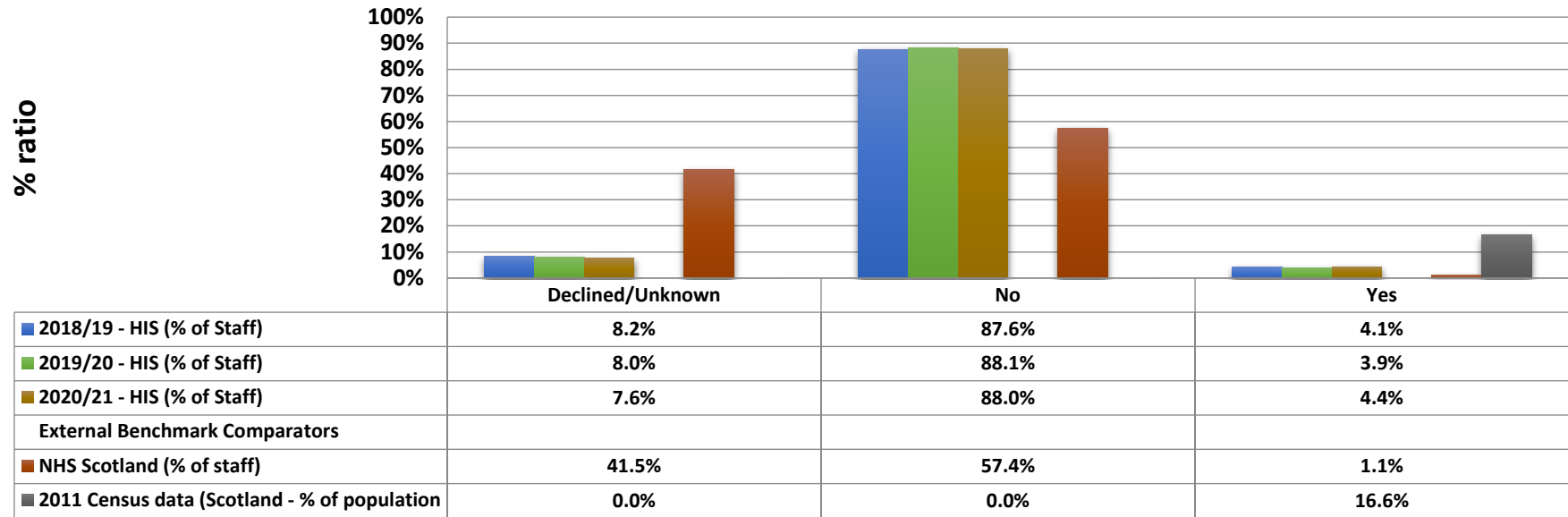


### Commentary

We have no staff under the age of 20 and the percentage of 20-25 year olds working for us is significantly lower than any other age group. There has also been an overall decrease in the number of 25-49 year olds we have employed since 2018/19, and a corresponding increase in employees over the age of 50. This is reflective of an ageing workforce across NHSScotland (as benchmarked above).

Recruiting and retaining younger people to our workforce remains a challenge. The experience and skill level required for most of our job roles is potentially a significant factor in the under-representation of younger people within our workforce.

## Disability



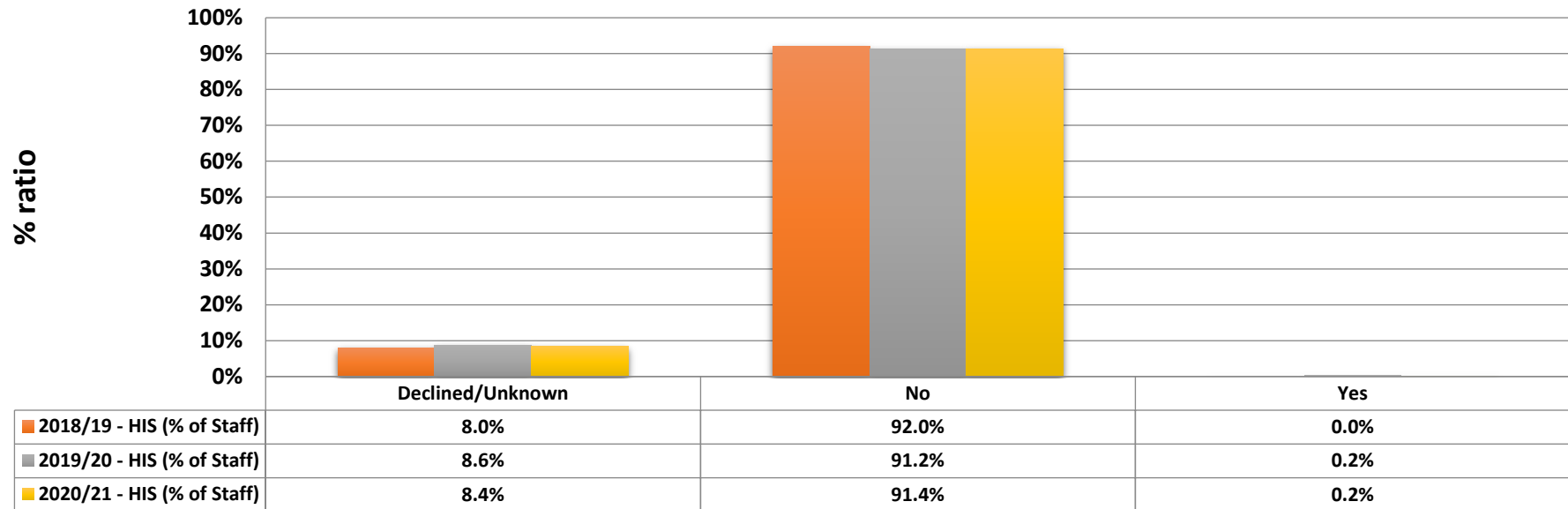
### Commentary

The percentage of staff identifying as being a disabled person or having a long-term health condition is 4.4%. This is an increase of 0.5% since last year. Although significantly un-representative of the population, we have a higher rate of recording than found across NHSScotland. The percentage of people whose disability status is either unknown or they declined to respond has also decreased slightly in the same period (reducing 0.4% since 2019/20).

\* The closest data set within the 2011 Census is for 'economically inactive people aged 16 to 74 who identify as being long-term sick or disabled'. This group accounted for 20% of Scotland's population.



## Trans Status (Gender Reassignment)

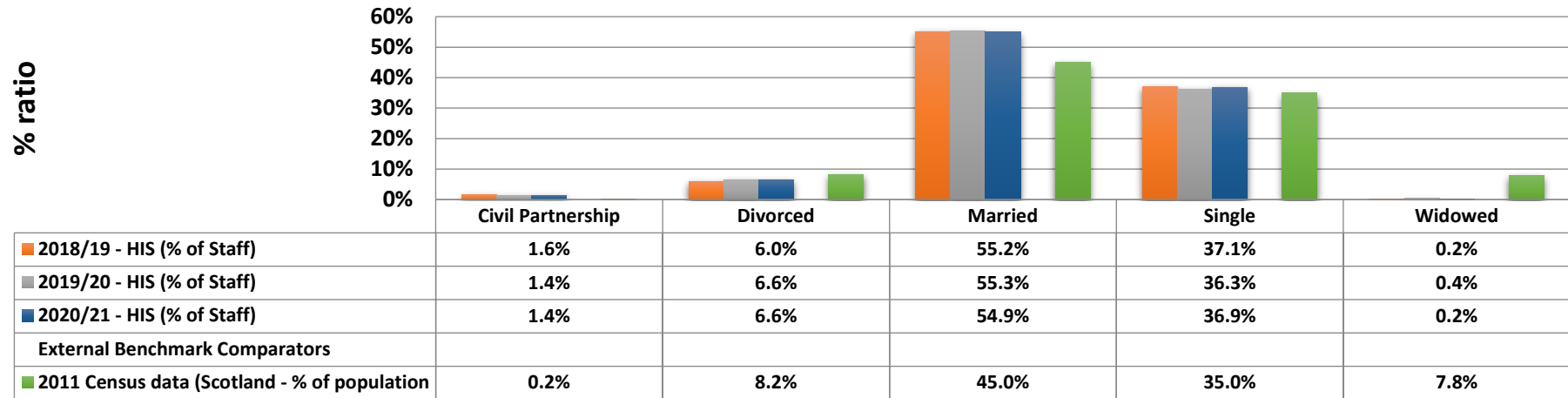


### Commentary

The proportion of staff identifying as a trans person remains at 0.2% for this period. We want to ensure that we are a trans inclusive employer. We will be seeking opportunities to work with partners such as Stonewall Scotland as well as taking forward the actions set out as part of our equality outcomes to help ensure our workplace is inclusive for trans people - and that trans people wishing to work with Healthcare Improvement Scotland are able to identify us as an employer of choice.

**Note:** There is no comparable data for this category as it is not recorded in the 2011 Census. The first ever recording of trans status at national level in Scotland will take place in the next Census in 2022.

## Marriage and Civil Partnership



### Commentary

The marital status of people in our workforce has remained largely unchanged over the previous 3 reporting periods.

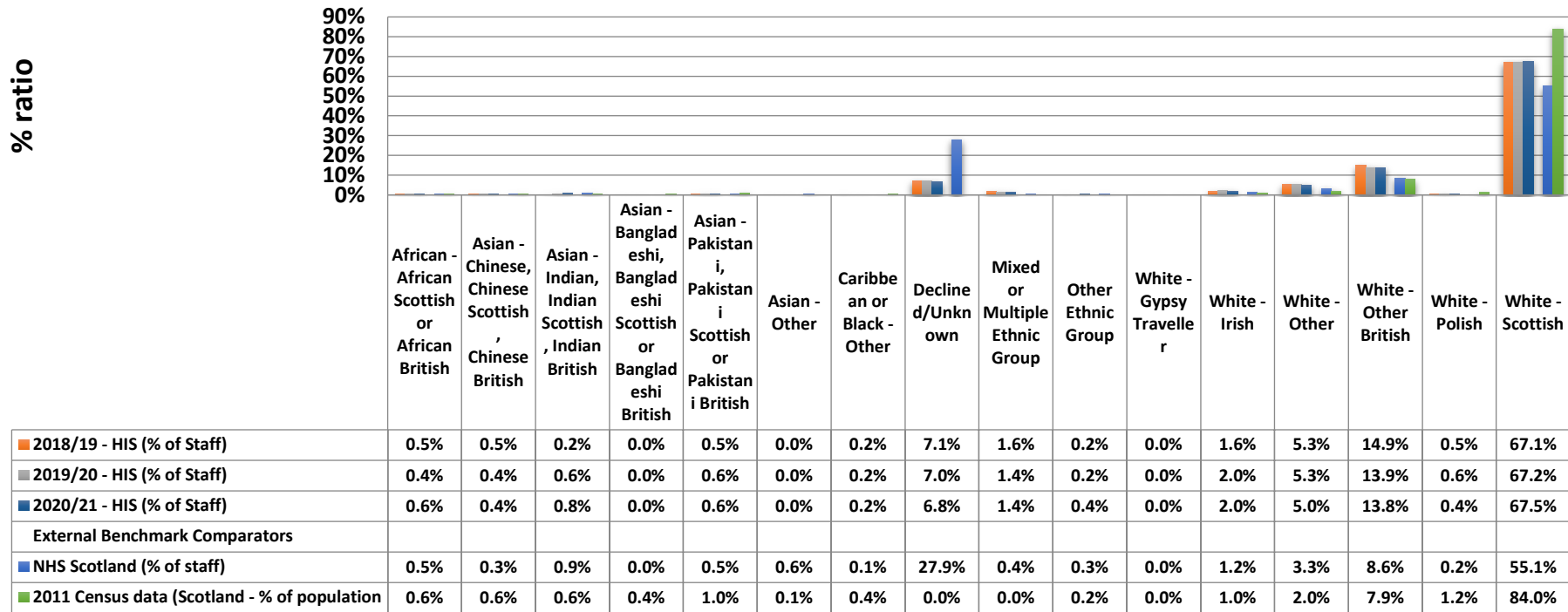
## Pregnancy and maternity

### Commentary

As the numbers for this data set are very low, the amount of information we can report is limited since additional details may make the employees identifiable.

During 2020/21, 16 employees were on maternity leave at points during the year. All employees who returned to work from maternity leave during this reporting period did so to their previous job role and previous pay band.

## Race

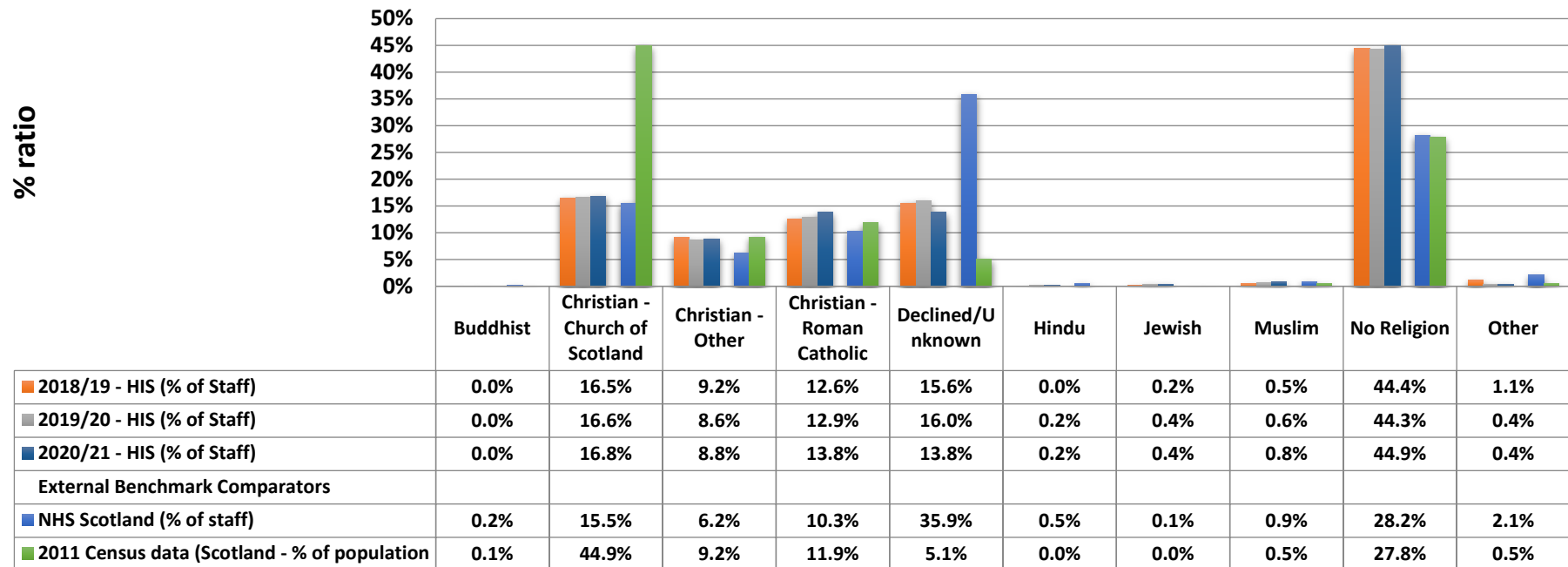


### Commentary

The overall number of staff identifying as part of a minority ethnic group is 4.4% in total. This represents a 0.5% increase from the previous year. This is mostly consistent with the last three years, with a marginal increase in employees from the African-Indian and South Asian groups. The percentage of unknown/declined responses has decreased slightly over the last 3 years and we continually report higher disclosure rates in comparison to other parts of NHSScotland. The number of employees identifying as White–Scottish remains largely unchanged over the last 3 years.

**Note:** the 2011 Census does not have an option for declining to provide information for this characteristic. The ethnicity categories shown are ungrouped (showing current and previous staffing in each) and compared against the specific category within the Census, where this data is available. The ethnic categories shown are those currently represented within our organisation.

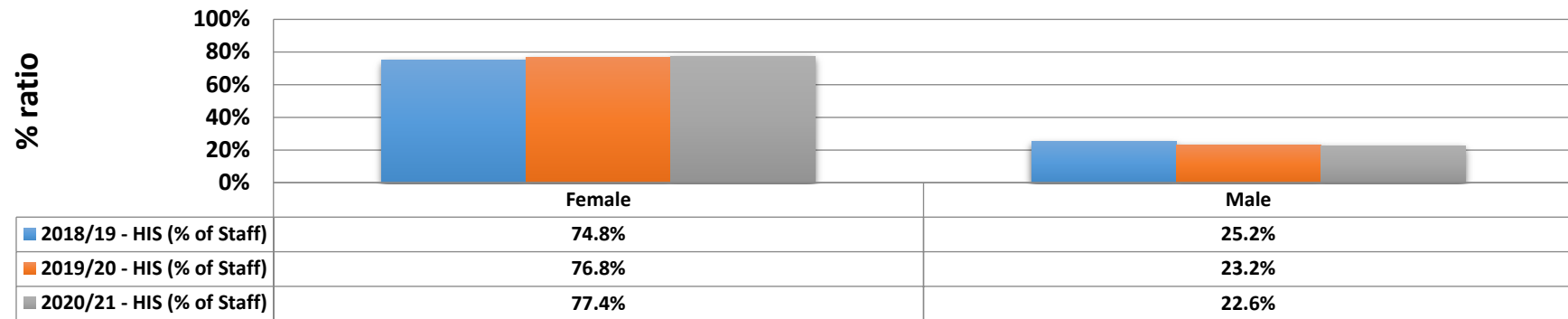
## Religion or Belief



### Commentary

The data for 2020/21 is broadly reflective of previous reporting periods with the largest group declaring no religion. The non-disclosure rate is 13.8% (a decrease of 2.2% since last year) and remains significantly lower than reported across NHSScotland.

## Workforce by Sex

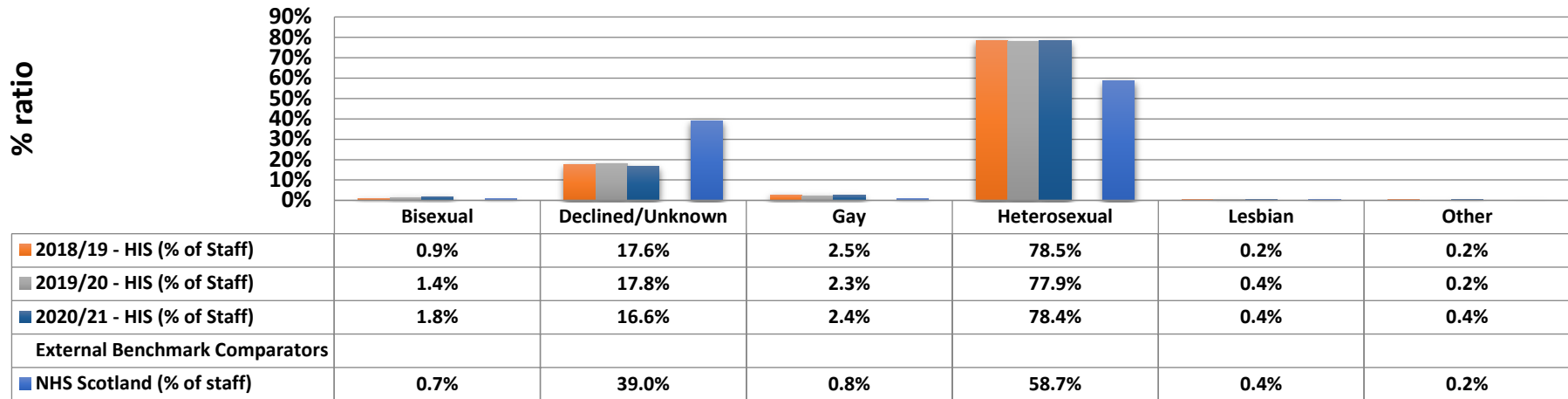


### Commentary

Women make up the majority of our workforce at 77.4%. The proportion of women in the organisation has risen by 2.6% since 2018/19 with a corresponding decrease in the male workforce.

This imbalance is broadly comparable to other NHS boards, with an average 78.8% women, and achieving a gender balance across the NHS in Scotland remains a national challenge. We are continuing to support ways to encourage more applications from male candidates.

## Sexual Orientation



### Commentary

LGBT+ staff currently account for 4.6% of our workforce (an increase of 0.5% from the previous year). The increase may in part be as a result of more people sharing information as the non-disclosure rates have decreased by 1.2% since 2019/20. Once again, our rates of recording remain significantly higher than those across NHSScotland, who report a 39% non-disclosure rate.

Work to promote Healthcare Improvement Scotland as a lesbian, gay, bi+ and trans inclusive employer will continue, supported by our new equality outcomes.

**Note:** there is no comparable data within the 2011 Census Report for this protected characteristic group.

## 6 Recruitment and selection

The following recruitment and selection data shows the key stages of the applicant journey through the selection process broken down by protected characteristics, showing a percentage of those progressing through each stage of the process.

To provide some context for the percentages shown in the applicant journey, a summary of actual activity/number of applications, interviews and offers made is provided below for reference.

### Definitions & available data

The data source is Jobtrain and includes both interim and permanent promotions undertaken as part of a formal recruitment process. The data does not include posts filled internally on a temporary acting-up basis or through informal expressions of interest. At present, data is not available for internal candidates who are applying for promoted posts within the organisation.

In this section, comment and comparisons may be made to the percentage of candidates at each stage of the recruitment process (application, shortlisting & offer) as well as notable differences across the entire recruitment journey.

Example:

- 6.8% of all applications received were from those aged 20-24
- 0.7% of those shortlisted for posts were aged 20-24
- 1.3% of those offered posts were aged 20-24

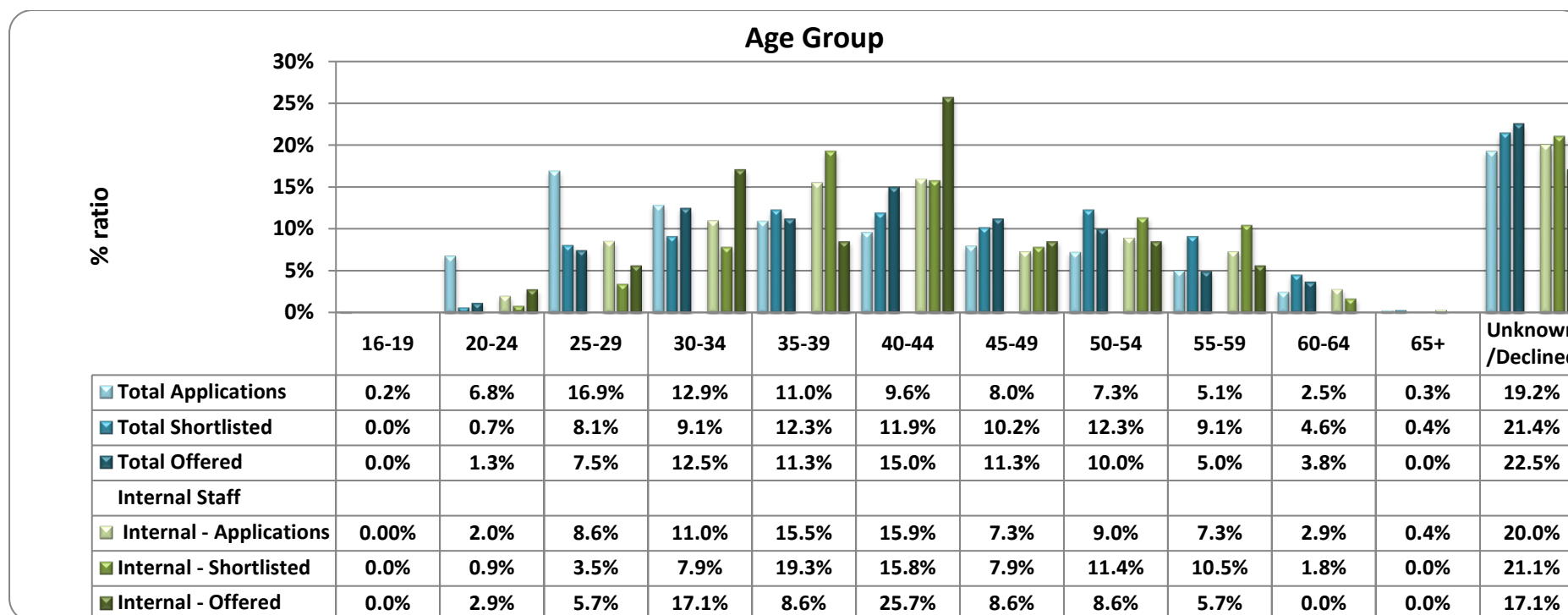
Where drop-off rates are referred to, these are differences between stages (i.e. a 5.5% drop-off rate between those applying and being offered a post within the 20-24 age group) and is a useful indicator of potential barriers within the recruitment process.

### Summary of recruitment activity during the reporting period

Recruitment Activity	2019/20	2020/21	+/- from previous year
Total applications received	1823	1493	-18.1%
Total shortlisted for interview	378	285	-24.6%
Total offered a position	109	80	-26.6%
Internal/NHS candidates applying for posts	678	245	-63.9%
Internal/NHS candidates shortlisted for posts	194	114	-41.2%
Internal/NHS candidates offered posts	61	35	-42.6%

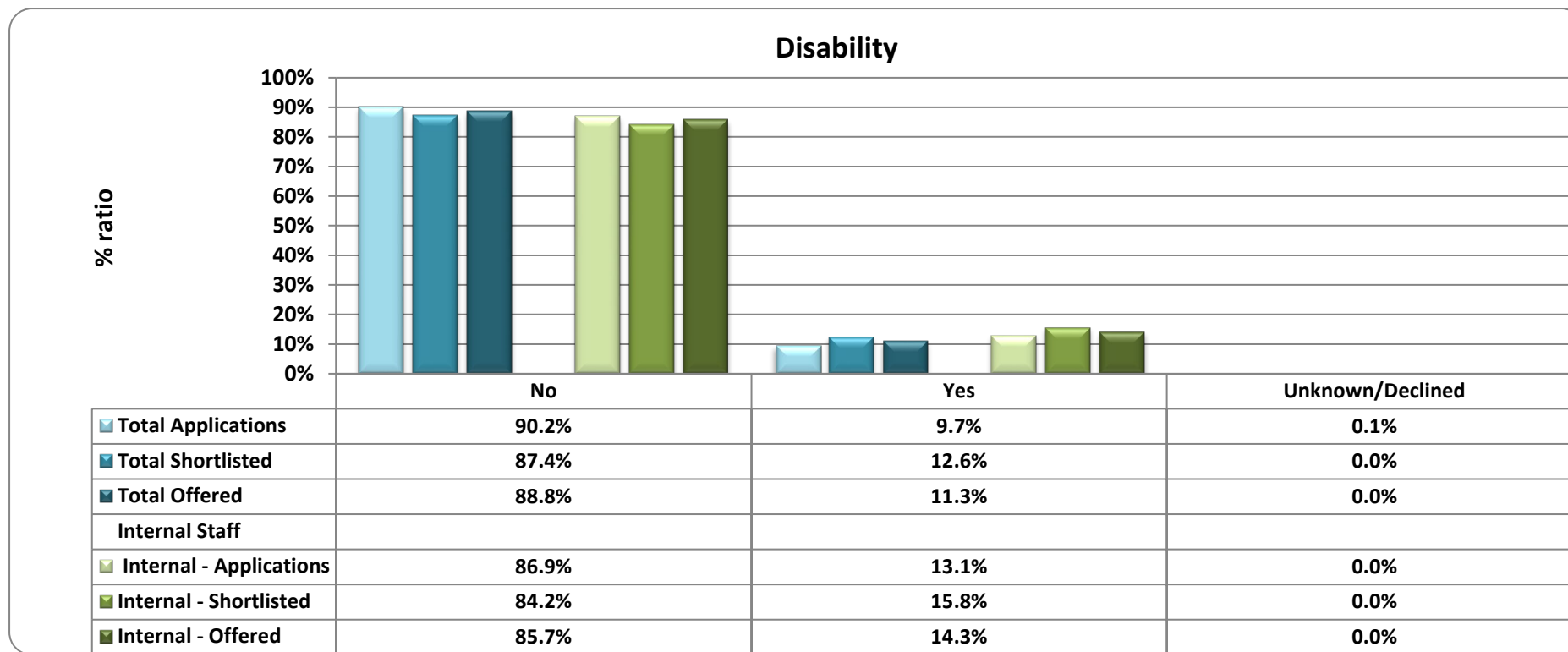
Due to recruitment being suspended as a result of Covid-19, there was a decrease in applications received (-18%), interviews conducted (-25%) and appointments made (-27%) compared to the previous period.





## Commentary

The majority of applications received were from candidates within the combined age ranges of 25-34 (39.8% this year compared to 27.8% last year) and fewest from candidates aged 16-19 (only 0.2%) and over 65 (only 0.3%). Across the whole recruitment journey, from application to offer stage, candidates in the age range of 40-54 were the most successful. On average, people in this age range achieved a 3.8% higher offer to application rate than for other age groups. In contrast, the least successful candidates were people aged between 20 and 29. This group achieved an average offer to application rate of -7.5% (down from -4.8 last year). Unfortunately, no candidates aged under 20 progressed beyond the application stage. We recognise the importance of a balanced age profile in the workforce and want to do more to attract younger people, and support them to fulfil their career ambitions within Healthcare Improvement Scotland.



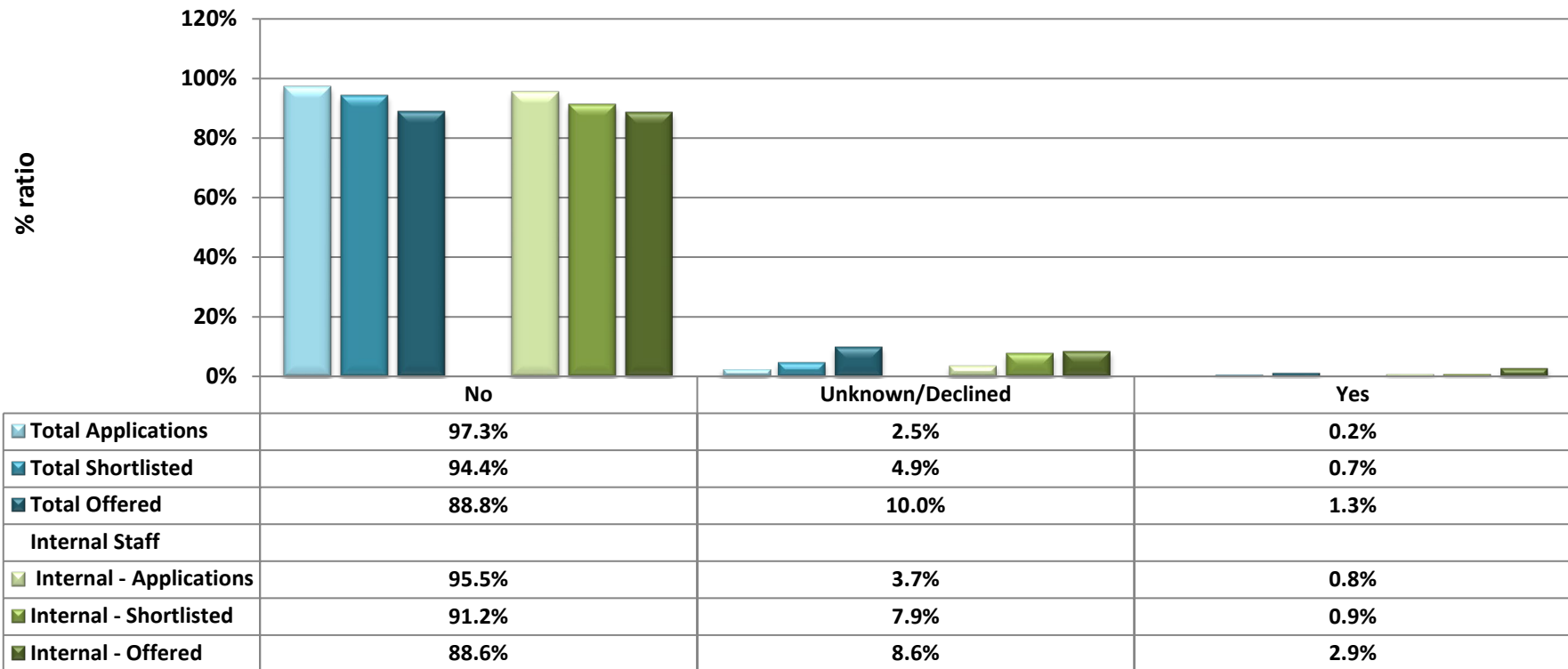
### Commentary

Since last period, there has been a continued increase in the percentage of applicants who shared their disability status (currently 99.9%) and a corresponding 1.9% increase in those identifying as disabled.

Although the majority of offers made were to applicants without a disability (88.8%), candidates identifying as disabled were more successful during the recruitment journey itself than other applicants - 11.3% of all appointments made were offered to disabled candidates (proportionally, 1.6% more offers were made than had applied) and 14.3% of those appointed to internal vacancies were disabled (representing 1.2% more offers proportionally than had applied).

It is encouraging that not only is the recording rate much improved, but also disabled candidates are progressing through each stage.

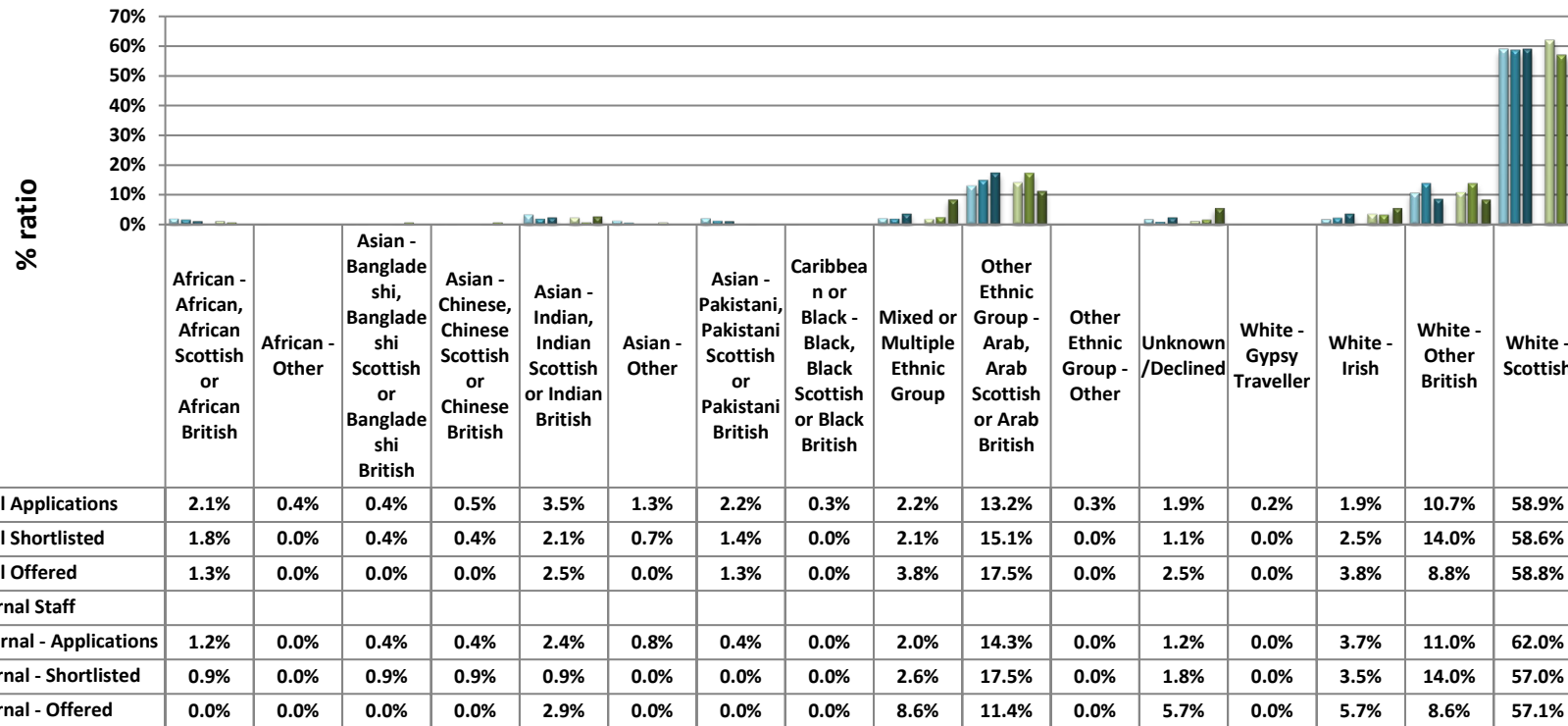
### Trans Status (Gender Reassignment)



### Commentary

There has been a marked increase in applicants choosing to report their status - 78.7% were unknown/declined in the previous period compared to only 2.5% this year. 1.3% of all offers made were to candidates identifying as being Trans (indicating a positive journey during the recruitment process).

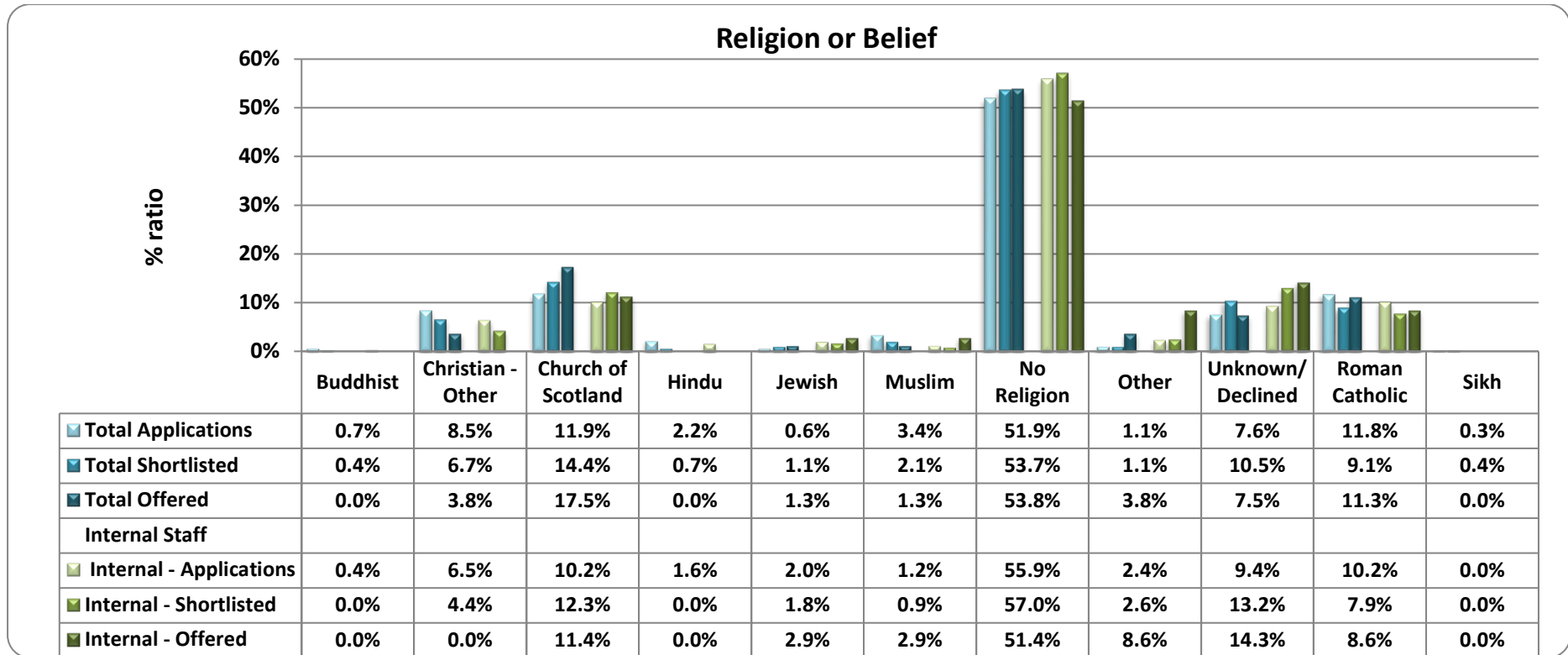
## Race



### Commentary

There has been a 4.1% increase in applicants recording their ethnicity compared to last year (6% in 2019/20 and 1.9% in 2020/21). There has also been a significant rise in applicants from minority ethnic groups (26.4% compared to 11.2% last year). A similar ratio of offers were made to the applications received from this group (26.3%).

71.7% of applicants identified as being within the combined White categories and a similar ratio of those were appointed.

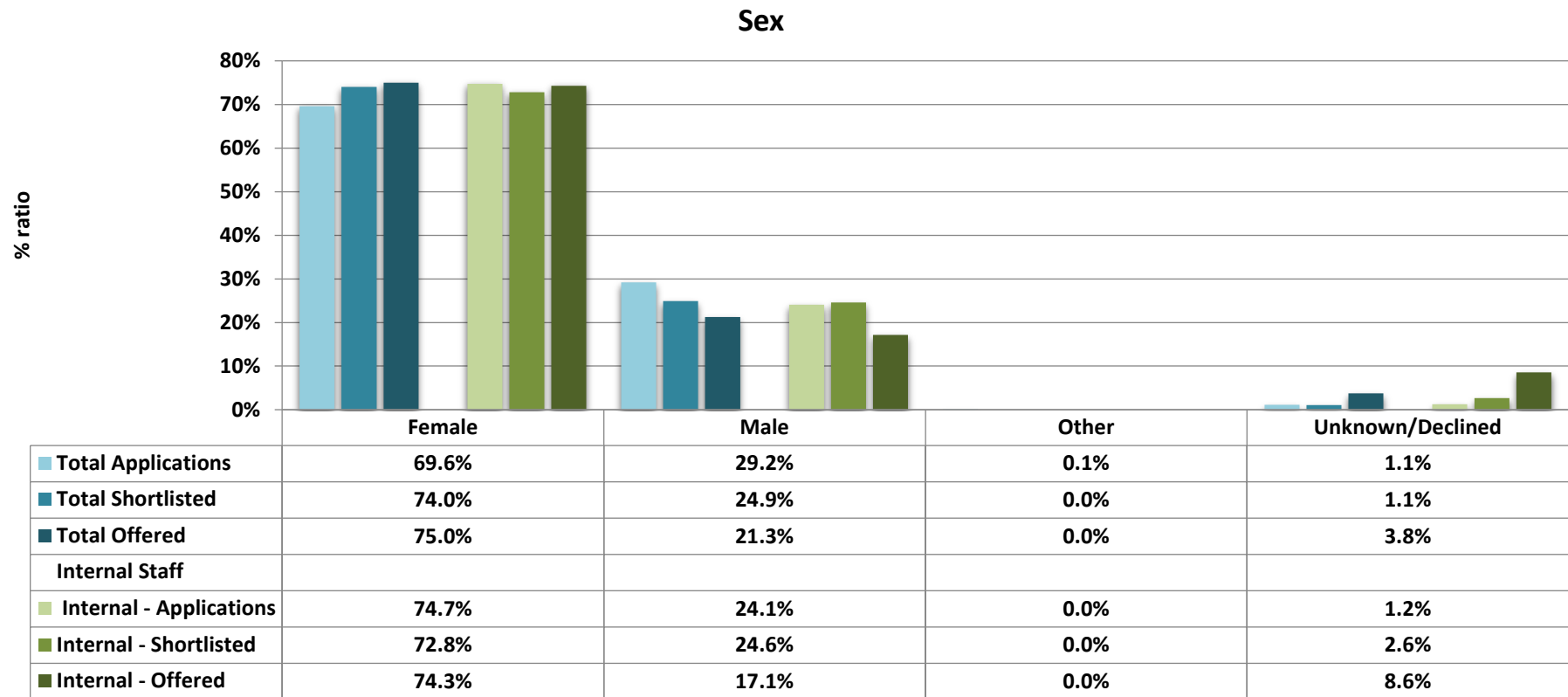


## Commentary

3.6% more applicants chose to record their religion or belief this year compared to last.

The percentage of applications received for each group is broadly reflective of our data across previous years (notwithstanding a small increase in those recording 'no religion' this year – currently 51.9%).

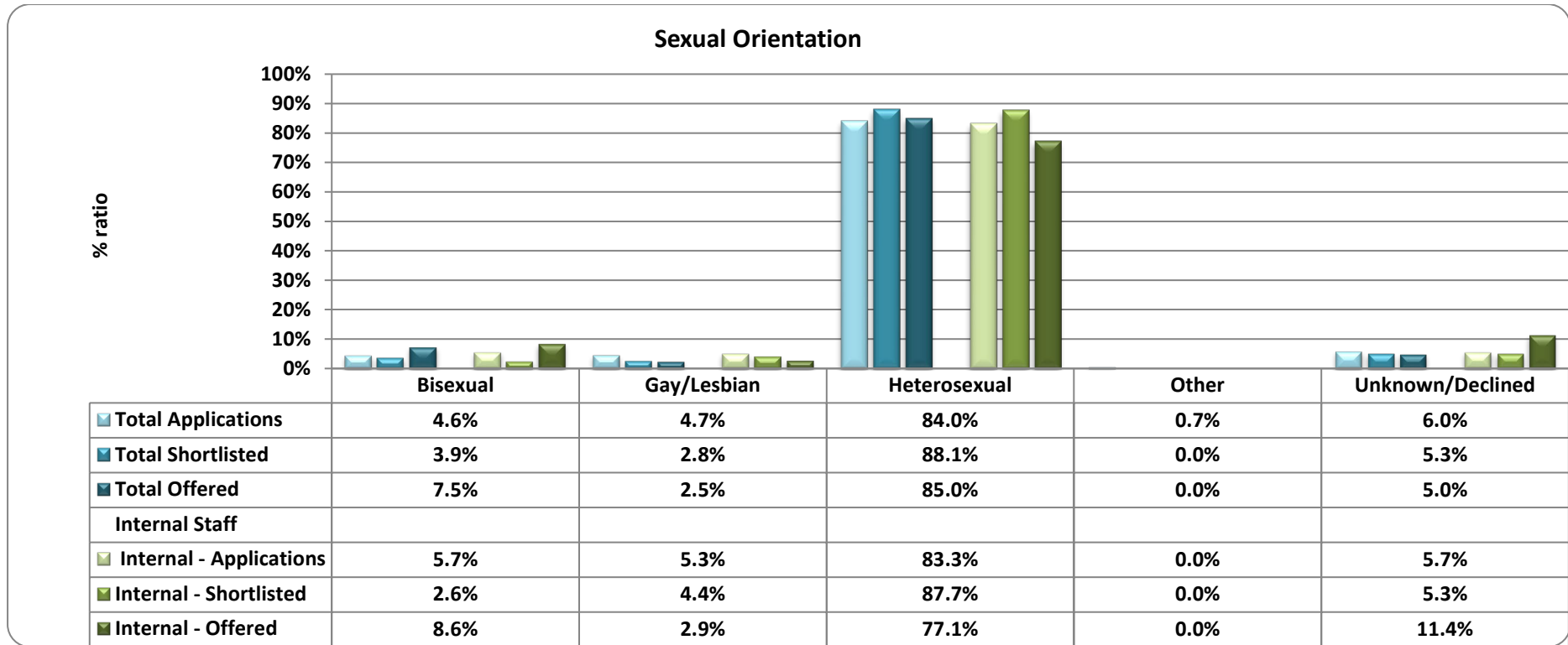
Whilst the Christian-other and Muslim groups showed proportionately fewer offers were made compared to applications submitted (4.7% and 2.1% fewer respectively), other groups reported broadly similar progression through each recruitment stage as in previous years. Internal staff declaring 'Other' and those with unknown/declined responses had the most successful recruitment journey (combined: 11.8% of applicants were in these two groups and 22.9% were appointed).



### Commentary

The percentage of applicants recording their sex has increased by 3.5% this period (showing almost 2.3% more females and 1.2% more males declaring).

Whilst external women candidates performed better during the recruitment process (69.6% of applicants secured 75% of the offers), men were proportionally less successful during both internal and external campaigns (almost 8% fewer for external male applicants and internally, 7% fewer males were appointed than had applied).



**Commentary**

4% more applicants recorded their sexual orientation compared to last period, with applications across all remaining categories showing an increase.

Overall, those identifying as bi+/bisexual had progressed particularly well through the recruitment journey this year (4.6% of applicants and 7.5% of appointments were from this group). The Gay/Lesbian category experienced fewer appointments proportionately compared to applications submitted (application to offer ratios: -2.2% overall and -2.4% internally).

## **7 Organisational development and learning**

### **7.1 Reported access to training**

The data used for this analysis has been taken from the National eESS system (electronic Employee Support System). An anonymised report was drawn to cover the period 1 April 2020 to 31 March 2021. This yielded a total of 860 training opportunities for staff and includes both face to face and eLearning packages as recorded on eESS. (Please note this detail will include those who may have attended training but subsequently left the organisation during the period covered along with Board Members who have been encouraged to attend our Corporate Induction sessions).

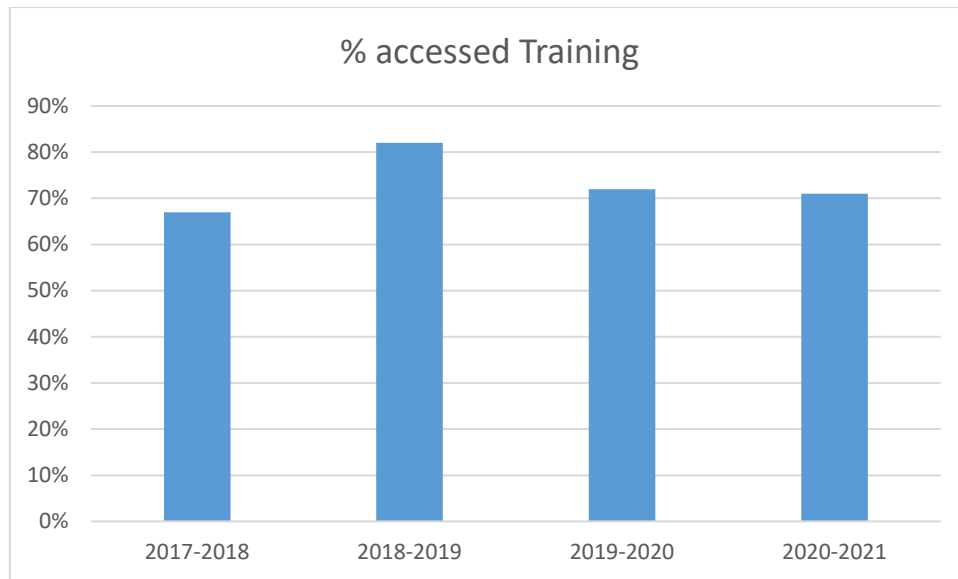
As advised in our Equality Monitoring Report 2020, we have been encouraging employees to consider alternatives to the instructor led/corporate eLearning “training” sessions (reportable on eESS) by promoting participation in less formal approaches such as conferences, workshops, experiential learning and reflection. However, these less formal learning activities are self-directed and not recorded on eESS, making it difficult to quantify and report on. We will continue to reflect on how best to measure this type of learning in the future.

From March 2020, all training was initially put on hold due to our organisational response to Covid 19 including our rapid adoption of a homeworking model as well as the mass redeployment of staff to support the wider health and social care system at this time. Towards the latter part of the year, we introduced training via MS Teams/Zoom to fulfil our commitment to staff for training opportunities that had initially been put on hold. We have continued with predominantly online delivery of learning and development interventions which has increased accessibility, particularly for staff who work in remote locations and previously would have had travel and accommodation considerations when attending any facilitated training sessions.

Similarly, we suspended our annual Bursary Scheme although we continued to support one member of staff who was part way through their continuing education programme via the Scheme. Due to their only being one bursary recipient this year, we are unable to provide data on the protected characteristics.

Based on the reportable data, approximately 313 members of staff accessed training in 2020-21, representing 71% of the total headcount. This figure is similar to that of 2019-20. We are aware that there has been an increasing number of staff recommending and promoting online webinars, especially during this period of “working remotely”. We are unable to track staff attendance on these promoted courses.





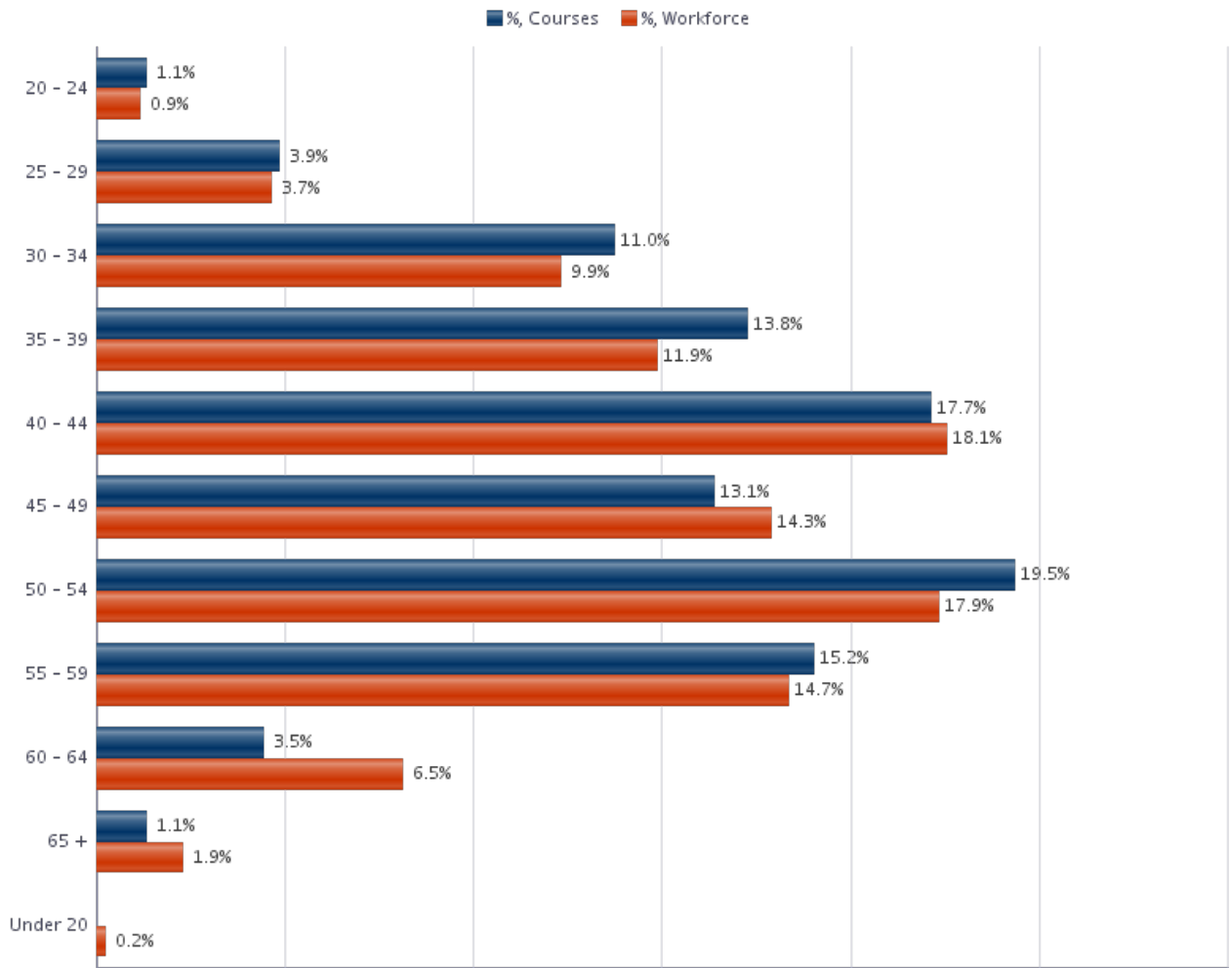
(Figures taken from the previous 3 years Equality Monitoring Reports)

Within the 2020-21 statistics, the reported access to training is broadly in line with the demographic profile of our staff. There were however a few exceptions as noted below:

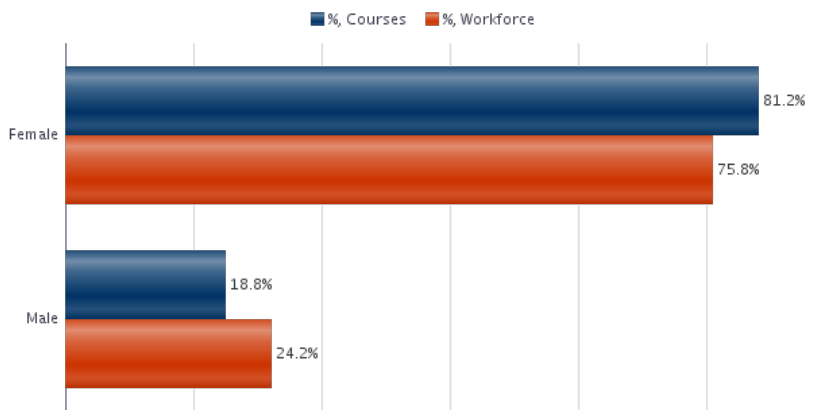
- **Age** those in age band 60-64 & 65+ could be considered underrepresented in attending training.
- **Gender** 5.4% more female staff had access to training than is reflected in the gender ratio within the organisation (with a corresponding drop in males accessing training).
- **Transgender** 4.3% more staff had access to training who did not identify as being Trans t than this ratio of staff represents in the organisation.
- **Disability** 5% less staff had access to training, who reported not having a disability than this ratio of staff represents in the organisation.
- **Sexual Orientation** 5.1% more staff had access to training, who reported as being heterosexual than this ratio of staff represents in the organisation.

As the training data is anonymised, it is a challenge to explore further the reasons why some categories are over or under represented.

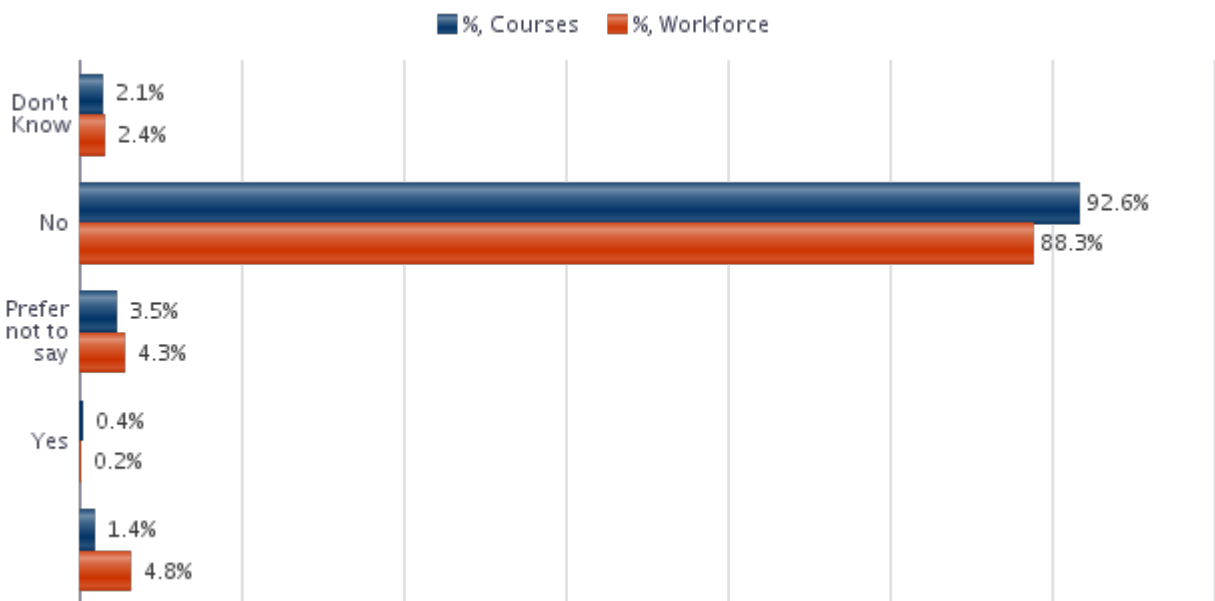
Note: where there is a blank against a category in the tables provided, this signifies a nil response by at least one employee within eEES.



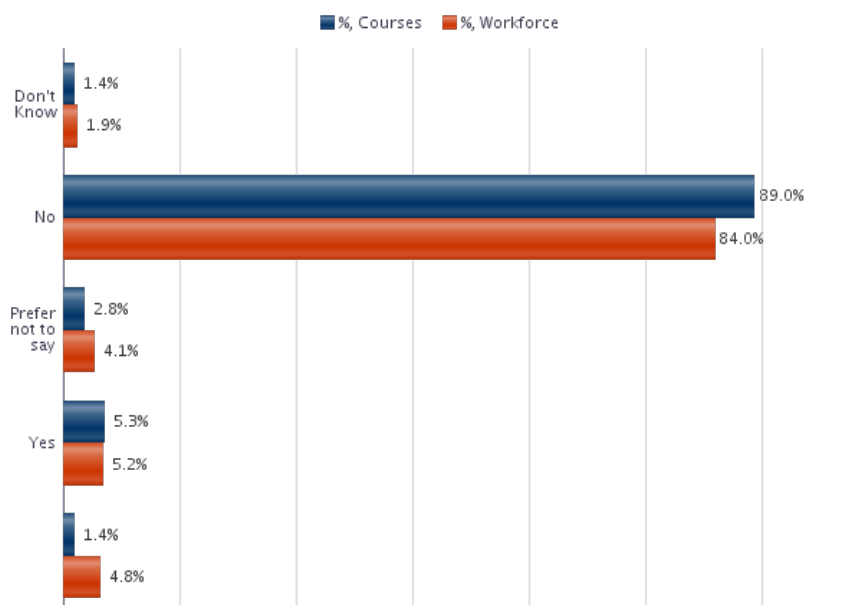
OLM Attendance – Age Category



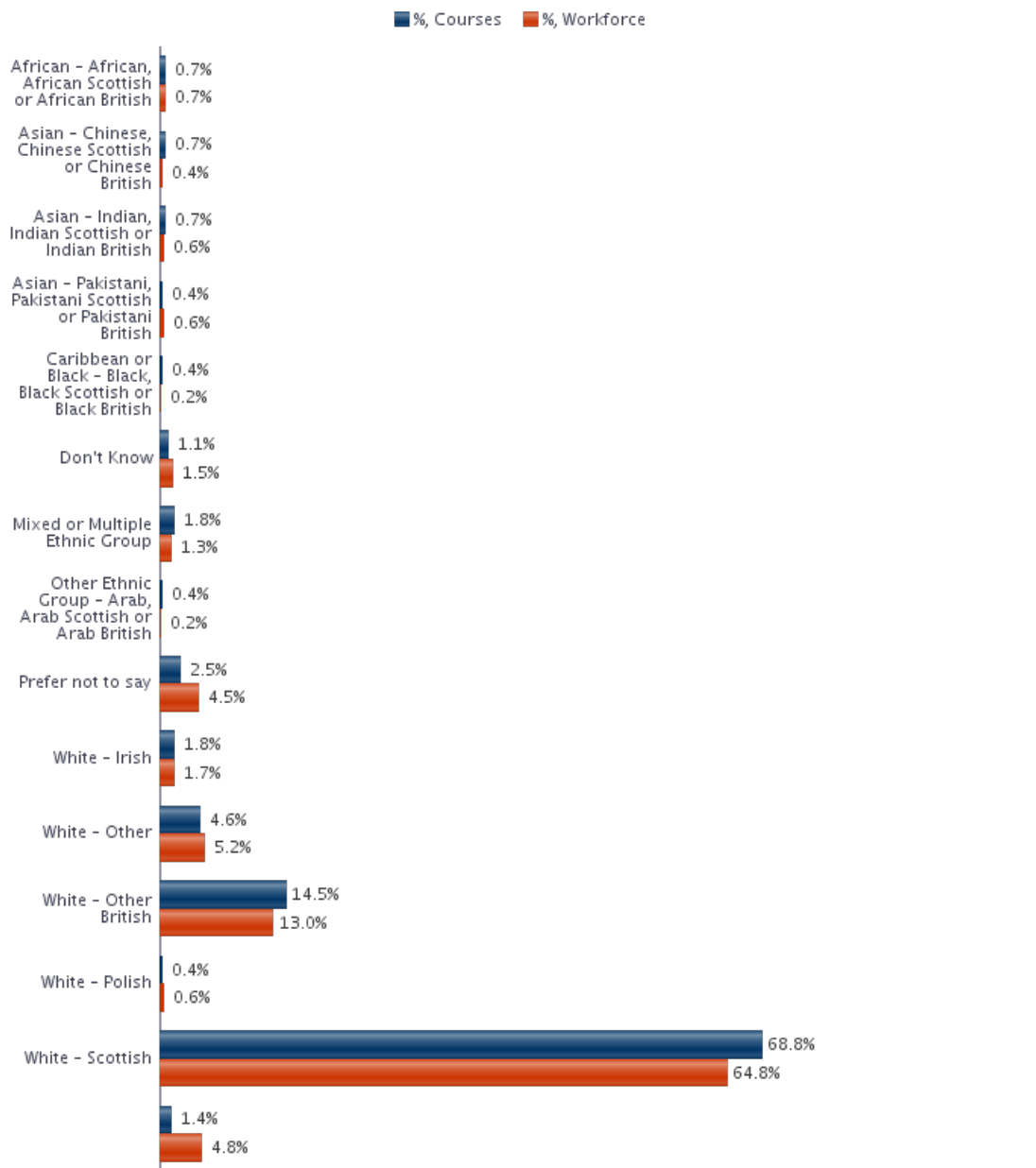
OLM Attendance – Gender Category



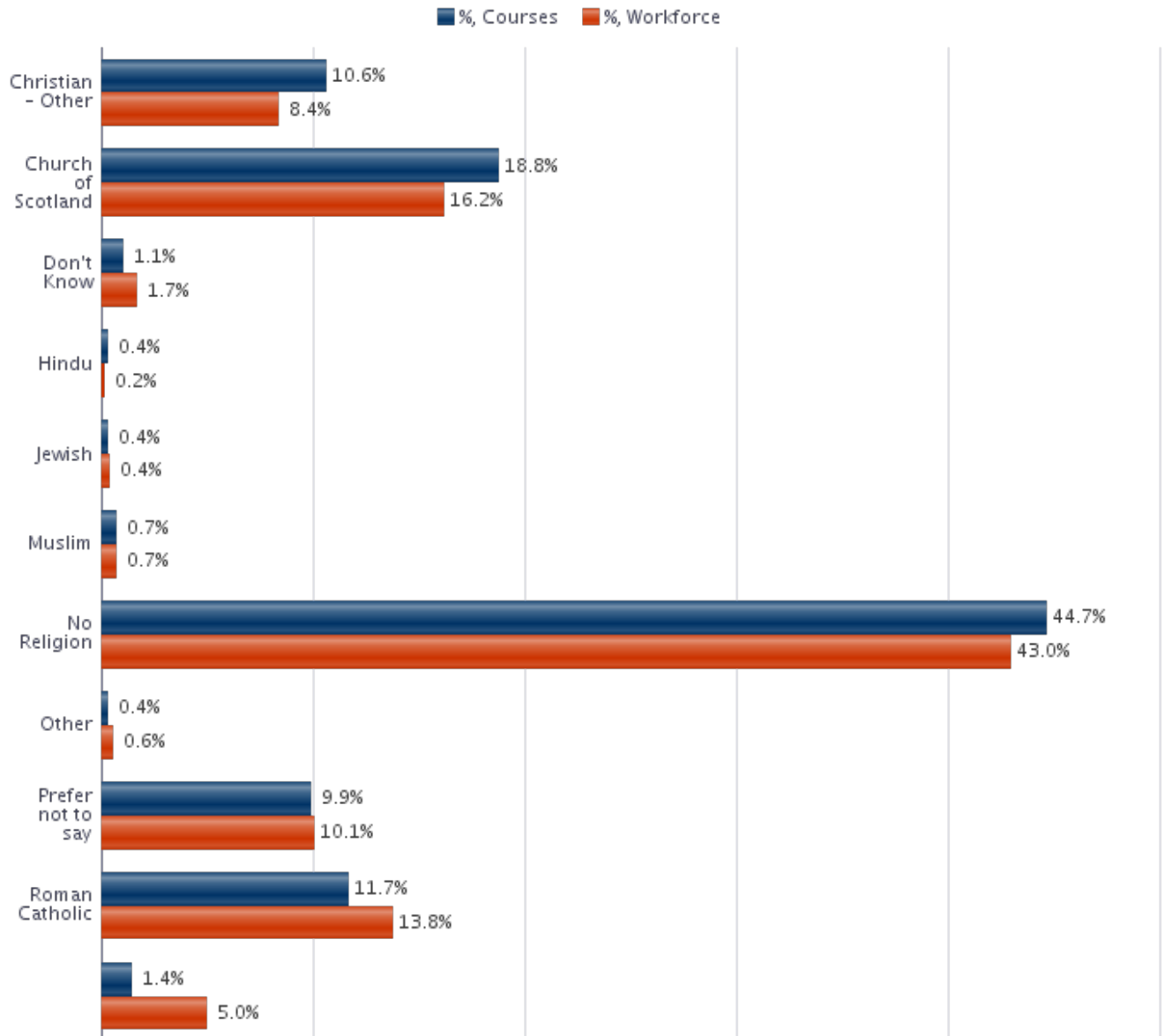
OLM Attendance – Transgender category



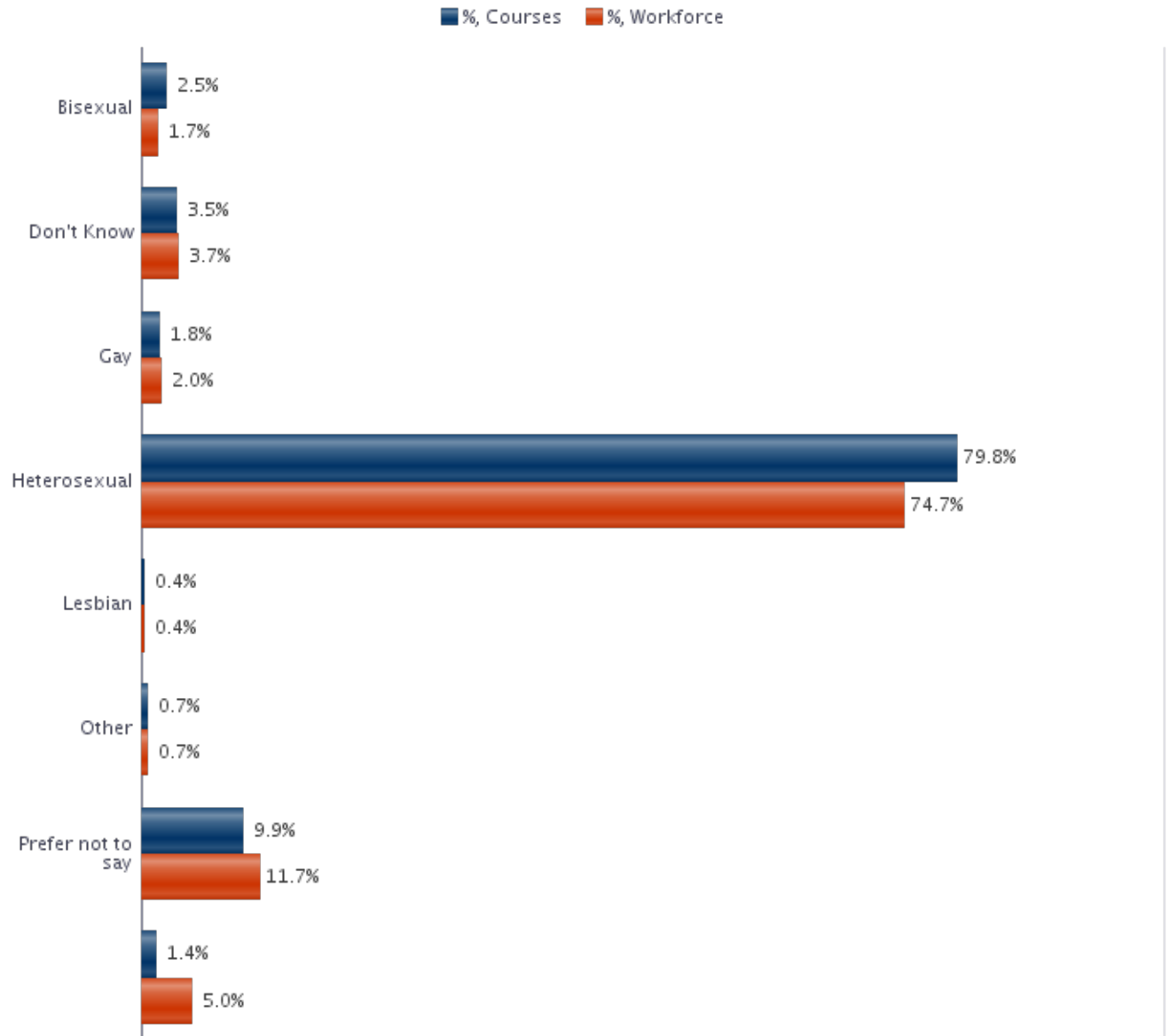
OLM Attendance - Disability Category



OLM attendance – Ethnic Group Category



OLM Attendance – Religious group Category



OLM Attendance - Sexual orientation category

## **Appraisals and Personal Development**

In line with guidance from Scottish Government, our appraisal programme was paused at the start of April 2020 due to the Covid pandemic and the redeployment of staff to support the wider health and social care service at the time.

The appraisal and personal development process was reinstated in October 2020, at which time staff undertook a review of the previous 18-month period (April 2019 – October 2020). We are therefore unable to report meaningful statistics for our appraisal process up to 31 March 2021.

We would however advise that we have taken the opportunity to expand the organisational appraisal process to include a review of wellbeing. Our Personal Development and Wellbeing Review (PDWR) process ensures that the individual's wellbeing will be included within the PDWR discussions. Staff have also been encouraged to include at least one objective in respect of their personal wellbeing, with this process now embedded for future years.

## **8 Pay data**

### **8.1 Occupational segregation data**

Occupational segregation is the concentration of staff based upon their protected characteristics:

- in different job roles (horizontal segregation), or
- at different pay bands (vertical segregation).

Where staff numbers are below 10 in the following breakdown and could make someone identifiable, we have used an asterisk in the tables below. Percentages have been rounded up to the nearest decimal place.



## Disability

**Table 1 - Employments**

	Disabled	Non-disabled	Prefer not to say/Not Known
<b>Job Family/Band</b>			
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	0.0%	*	0.0%
Band 3	0.0%	*	0.0%
Band 4	*	14.5%	*
Band 5	*	14.9%	*
Band 6	*	11.6%	*
Band 7	*	21.2%	*
Band 8A	*	13.3%	*
Band 8B	*	3.7%	*
Band 8C	0.0%	*	0.0%
Band 8D	0.0%	*	0.0%
<b>MEDICAL AND DENTAL</b>	0.0%	2.3%	*
<b>OTHER THERAPEUTIC</b>	0.0%	2.3%	*
<b>SENIOR MANAGERS</b>	0.0%	*	0.0%
<b>Total</b>	<b>4.4%</b>	<b>88.6%</b>	<b>7.1%</b>

Staff numbers below 10 are substituted with \*

## Race

**Table 2 - Employments**

Race	African - African, Scottish or African British	Asian - Chinese, Chinese or Chinese British	Asian - Indian, Indian or Indian British	Asian - Pakistani, Pakistani or Pakistani British	Caribbean or Black - Black, Black Scottish or Black British	Prefer not to say/Not Known	Mixed or Multiple Ethnic Group	Other Ethnic Group - Other	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish
<b>Admin. Services</b>													
Band 2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*
Band 3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*
Band 4	0.0%	*	0.0%	*	0.0%	*	*	0.0%	*	*	2.7%	0.0%	12.2%
Band 5	0.0%	0.0%	0.0%	0.0%	*	*	*	0.0%	*	*	*	*	12.4%
Band 6	0.0%	0.0%	0.0%	*	0.0%	*	*	0.0%	0.0%	*	*	*	7.7%
Band 7	*	*	*	0.0%	0.0%	*	*	0.0%	*	*	4.4%	0.0%	15.6%
Band 8A	*	0.0%	*	0.0%	0.0%	*	*	*	*	*	2.5%	0.0%	9.1%
Band 8B	0.0%	0.0%	0.0%	*	0.0%	*	0.0%	0.0%	*	0.0%	*	0.0%	3.3%
Band 8C	0.0%	0.0%	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	0.0%	*
Band 8D	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	*
<b>Medical</b>	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	0.0%	*	0.0%	*	0.0%	*
<b>Other Therapeutic</b>	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	0.0%	*	0.0%	*	0.0%	*
<b>SENIOR MANAGERS</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	*	0.0%	*
<b>Total</b>	*	*	*	*	*	6.2%	*	*	2.1%	5.2%	14.1%	*	67.4%

Staff numbers below 10 are substituted with \*

## Sex

**Table 3 – Employments & Percentage (horizontal by band)**

	Female	Male	Total
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	100.0%	0.0%	100.0%
Band 3	100.0%	0.0%	100.0%
Band 4	90.5%	9.5%	100.0%
Band 5	86.4%	13.6%	100.0%
Band 6	76.2%	23.8%	100.0%
Band 7	70.5%	29.5%	100.0%
Band 8A	75.4%	24.6%	100.0%
Band 8B	68.2%	31.8%	100.0%
Band 8C	16.7%	83.3%	100.0%
Band 8D	85.7%	14.3%	100.0%
<b>MEDICAL AND DENTAL</b>	41.7%	58.3%	100.0%
<b>OTHER THERAPEUTIC</b>	87.5%	12.5%	100.0%
<b>SENIOR MANAGERS</b>	85.7%	14.3%	100.0%
<b>Total</b>	77.8%	22.2%	100.0%

Staff numbers below 10 are substituted with \*

**Table 4 – Average Pay & Differential by Sex**

	Female Average Pay	Male Average pay	% Difference
<b>ADMINISTRATIVE SERVICES</b>			
Band 2	£10.54		N/A
Band 3	£11.67		N/A
Band 4	£12.47	£12.31	-1.3%
Band 5	£14.93	£15.21	1.8%
Band 6	£18.27	£18.85	3.0%
Band 7	£22.04	£22.42	1.7%
Band 8A	£26.53	£26.51	-0.1%
Band 8B	£31.91	£32.43	1.6%
Band 8C	£39.73	£38.01	-4.5%
Band 8D	£45.30	£46.30	2.2%
<b>MEDICAL AND DENTAL</b>	£52.38	£51.87	-1.0%
OTHER THERAPEUTIC	£33.23	£25.56	-30.0%
<b>SENIOR MANAGERS</b>	£43.74	£62.42	29.9%

Above shows the average hourly pay of staff broken down by their sex and the percentage difference at each pay band.

**Table 5 - Employments & Percentage (vertical by gender totals)**

	Female	Male
<b>ADMINISTRATIVE SERVICES</b>		
Band 2	*	0.0%
Band 3	*	0.0%
Band 4	20.3%	7.5%
Band 5	18.7%	10.3%
Band 6	12.8%	14.0%
Band 7	21.1%	30.8%
Band 8A	13.9%	15.9%
Band 8B	4.0%	6.5%
Band 8C	*	4.7%
Band 8D	*	*
<b>MEDICAL AND DENTAL</b>	*	6.5%
<b>OTHER THERAPEUTIC</b>	3.7%	*
<b>SENIOR MANAGERS</b>	*	*
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Staff numbers below 10 are substituted with \*

Above shows the distribution of staff across pay bands broken down by their sex.

**Table 6 - Part time Employments & Percentages by Sex**

Row Labels	Female	Male
<b>ADMINISTRATIVE SERVICES</b>		
Band 4	95.7%	4.3%
Band 5	100.0%	0.0%
Band 6	86.7%	13.3%
Band 7	95.7%	4.3%
Band 8A	100.0%	0.0%
Band 8B	50.0%	50.0%
Band 8C	100.0%	0.0%
Band 8D	100.0%	0.0%
<b>MEDICAL AND DENTAL</b>	<b>55.6%</b>	<b>44.4%</b>
<b>OTHER THERAPEUTIC</b>	<b>100.0%</b>	<b>0.0%</b>
<b>Grand Total</b>	<b>91.1%</b>	<b>8.9%</b>

Above shows the ratio of part-time workers employed at each pay band broken down by sex.

## Pay gap analysis

The two measures used are the mean and the median as used on the 'Close the Gap' method for different group analysis.

### How the mean pay gap is calculated

Taking the basic hourly rate of pay for each employee, a category is used as a reference to measure others against as shown in the example below to calculate the percentage difference.

$\frac{A-B}{A} \times 100$	<b>A = mean hourly rate of male employees</b>
	<b>B = mean hourly rate of female employees</b>

### How the median pay gap is calculated

The midpoint of the rate of pay is used as shown in the example below to calculate the percentage difference.

$\frac{C-D}{C} \times 100$	<b>C = median hourly rate of male employees</b>
	<b>D = median hourly rate of female employees</b>

## Gender pay gap

Our gender pay gap this year is reported as 16.9% (Mean) and 14.9% (Median) – an increase based on last period (see comparator table below). This analysis is based on all levels of staff from Band 2-Executive grades.

Gender	Workforce % of Headcount	Pay Rate		Pay Gaps	
		Mean Pay	Median Pay	Mean Pay Gap	Median Pay Gap
Female	77.8%	£20.81	£20.23		
Male	22.2%	£25.04	£23.76	<b>16.9%</b>	<b>14.9%</b>
<b>Total</b>	<b>100.0%</b>				

	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Mean Gender Pay Gap</b>	21.5%	19.9%	17.2%	15.3%	16.9%
<b>Median Gender Pay Gap</b>	24.2%	13.4%	14.2%	8.0%	14.9%

## Ethnicity Pay Gap

Our ethnic pay gap is based on the following combined groups:

1. White-Scottish, White-British & White-Irish
2. White Minority/Other Ethnic – including White Polish, White Gypsy Traveller, White Other
3. Non-white Minority Ethnic – including African, African – other, Arab, Asian – other, Bangladeshi, Caribbean, Caribbean – other, Chinese, Indian, Mixed Races, Pakistani, Other Ethnic Group

The 'Unknown/Declined' data is included for completeness but may not be specifically commented upon.

Ethnic Group	Workforce			Pay Rate		Pay Gaps	
	Female	Male	% of Headcount	Mean Pay	Median Pay	Mean Pay Gap	Median Pay Gap
1. White-Scottish/British/Irish	66.2%	17.4%	83.6%	£21.93	£20.30		
2. White - Minority/Other	4.4%	*	5.6%	£18.29	£16.43	16.6%	19.1%
3. Non-white - Minority/Other	3.1%	*	4.6%	£22.60	£22.66	-3.1%	-11.6%
4. Unknown/Declined	4.1%	2.1%	6.2%	£21.77	£20.23	0.7%	0.3%
<b>Total</b>	<b>77.8%</b>	<b>22.2%</b>	<b>100%</b>				

Staff numbers below 10 are substituted with \*

The data indicates that the 'White-Minority/Other' group comprises 5.6% of the workforce and has the widest pay differential, on average being 16.6% lower than the 'White-Scottish, White-British & White-Irish' group (which comprises 83.6% of the workforce). In contrast, the 'Non-white Minority Ethnic' group is showing 3.1% higher pay on average. There is no previous data to compare against.





## Disability pay gap

Our disability pay gap is based on whether staff have a disability or not (those not disclosing their status is shown for reference but may not be specifically commented upon):

Disability Group	Workforce			Pay Rate		Pay Gaps	
	Female	Male	% of Headcount	Mean Pay	Median Pay	Mean Pay Gap	Median Pay Gap
1. Yes	*	*	4.4%	£16.58	£12.96		
2. No	69.9%	18.7%	88.6%	£21.90	£20.30	24.3%	36.1%
3. Unknown/Declined	4.8%	*	7.1%	£23.09	£22.44	5.4%	-10.6%
<b>% of headcount</b>	<b>77.8%</b>	<b>22.2%</b>	<b>100%</b>				

Staff numbers below 10 are substituted with \*

Disabled employees currently represent 4.4% of the workforce and are showing a pay differential of 24.3% compared to those who are not disabled. There is no previous data to compare against.

## **9 Disciplinary action and grievances**

Due to the incredibly low number of grievances (fewer than 10) raised during the reporting period we are unable to report on information relating to this, as it could identify the people involved.

## **10 Dismissals**

There were fewer than 10 dismissals in total during the reporting period. These were in relation to 'end of fixed term contract' dismissals, where we were unable to find suitable opportunities through redeployment, or where the post-holder chose not to consider redeployment.

## **11 Shared parental leave**

Fewer than 10 staff members took shared parental leave during this reporting year and returned to the same post.

## **12 Adoption leave**

No staff members took adoption leave during this reporting year.

## **13 Carers**

44 staff members were supported when taking period(s) of carer leave during this reporting period.

## **14 Parental leave**

30 staff members were supported when taking period(s) of parental leave during this reporting period.

## **15 Compressed working hours**

Due to varying working patterns that many staff responded to during Covid-19 (i.e. return to frontline duties, volunteering, working from home etc.) this information is not readily reportable for this period.

## 16 Future steps

Due to Covid-19, we have responded to significantly changing priorities and different ways of working to support the delivery of health and social care across Scotland. We continue to support staff through this challenging period and respect the diverse needs of those who engage with our organisation.

As we emerge from the pandemic and business activity begins to normalise, planned actions from this report are likely to extend into 2022-23 to allow adequately for implementation and monitoring of the activities shown. As a result, we are looking at re-calibrating the future publishing dates of our Workforce Equality Monitoring reports accordingly.

Planned activities/equality improvements;

- Carer Positive - a cross organisational 'Ways of Working' group was established in 2021 to scope and test how more flexible working arrangements can best support the needs of staff and the service going forward (phase 3 is being rolled-out in April 2022). This is seen as particularly supportive for those with caring responsibilities or those wishing to consider different/hybrid work patterns as we move beyond the pandemic.
- Under 25 age range – we will review how we can attract younger applicants into the organisation and will continue to look at how schemes such as Modern Apprenticeships and GCIL programmes to engage graduates with disabilities can help.
- Gender balance – whilst the workforce gender balance is a recognised issue across NHSScotland, we will explore ways in which we can attract more males into the organisation.
- Disabilities – whilst we may have a higher staff ratio declaring a disability than other NHSScotland employers, we will continue to promote ourselves as a disability confident employer and seek to improve our staff ratio further.
- Disclosure rates – with a general rise in the number of people willing to disclose more equality information across protected characteristics this year (both staff and candidates) - we will continue to encourage this by periodically reminding staff to update their personal information in e-ESS and continue issuing Stonewall's 'Why your data is important' fact sheet as part of every online recruitment pack.
- Improving our employer proposition - there is work underway in 2022 to identify and re-focus how we can promote ourselves, and be 'the best public sector organisation to work for' - to ensure that we attract and retain the widest pool of talent to work with us.

## **17 Contact information**

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