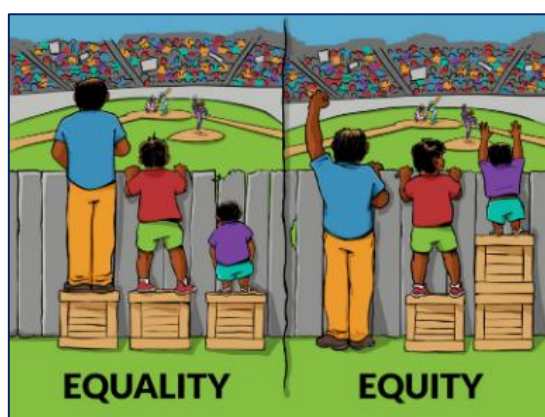


**Equalities Outcomes Update Report 2017-21 and 2021-25**  
**including Workforce Monitoring**  
**and Non-Executive Board Member Gender Profile**



**Person Centred Improvement Lead - April 2021**

**The State Hospitals Board for Scotland**

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The State Hospital’s Board recognises the need to ensure all stakeholders are supported to understand information about the services we provide. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

# SECTION 1

## Introduction

Although The State Hospital (TSH) shares the same values, aims and challenges as the rest of NHS Scotland, it has the unique, dual responsibility of caring for very ill, detained patients as well as protecting everyone from harm. The hospital, located in Lanarkshire, provides high secure care for a maximum of 140 male patients as a national service for Scotland and Northern Ireland.

'Public involvement' mechanisms differ from stakeholder engagement approaches adopted by other public authorities, due to the nature of the very limited and specialist patient group. TSH works closely with external regulatory and supporting organisations, third sector partners, carers, volunteers, independent partners and Forensic Network colleagues to ensure that local practice is reflective of community services, where this is possible.

## Commitment

The State Hospitals Board (the Board) is committed to ensuring that service delivery is informed by the experience of those who are impacted. Due to the nature of the care environment, service commissioners cannot personally experience the impact of outputs. The Board therefore invests significantly in its structures to support patients and carers to share the experience of local and national drivers which impact on care. In addition to quantitative data, qualitative data is considered imperative to highlighting and acting on experiences which indicate inequalities of experience within the protected characteristic groups.

## Embedding Equality

- **Equality Outcomes** - Evidence based, targeted improvements relating to identified inequalities impacting on Protected Characteristic groups.
- **Equality Impact Assessments** - All policies/protocols, service change initiatives are informed by Equality Impact Assessments (EQIA).
- **Patient Pre-Admission Specific Needs Assessment** - Prior to admission, patient needs highlighted and reasonable adjustments assessed to prioritise human rights and support continuity of equitable access to all aspects of service delivery.
- **Patient Equalities Monitoring** - TSH Person Centred Improvement Steering Group monitor patient profiles to inform the need for service change.

## The State Hospital Patient Profile

An annual audit is undertaken in September of each year to identify any trends and better understand where there may be commonalities of inequitable experience within the patient group:

- **Age Range:** 19 – 77.
- **Individual Ages:** '20's' x 24, '30's' x 37, '40's' x 28, '50's' x 15, '60's' x 7, '70's' (*number too low to disclose due to risk of patients being identified*).
- **Disability:** 36 patients identified as having a physical disability.
- **Gender Reassignment:** No patients.

- **Marriage / Civil Partnership Status:** 103 patients identify as being single, six divorced and five widowed.
- **Race / Ethnicity:** The majority of patients identify as white (BAME numbers too low to disclose due to risk of patients being identified).
- **Religion and / or Belief:** 27 patients describe themselves as Protestant, 27 as Roman Catholic with other faiths including Buddhism, Mormon, Jehovah's Witness and Russian Orthodox, Pagan, Hinduism also identified (numbers too low to disclose due to risk of patients being identified).
- **Sexual Orientation:** This data has not previously been routinely gathered. Processes are now in place to support patients to disclose their sexual orientation, where they feel able to do so incorporated within pre-admission data gathering.

The September 2020 audit relates to a total patient population of 114 at that time. In comparison to an aging population within the community, TSH patient group is predominantly less than 50 years of age.

TSH provides psychiatric care limited to in-patient male patients who are detained in conditions of maximum security as they are deemed to pose a risk to themselves and / or others. Due to the complexity of caring for patients with a range of mental health conditions who are protected by the Mental Health (Scotland) Act 2015, 'gender' is not a straightforward characteristic to navigate as the processing skills required to identify with gender may be impacted by a patient's wider mental health issues, which may be fluid in nature.

Average duration of stay in TSH is six years, however there are of course some patients whose journey is more rapid and some who remain in the care of TSH for considerably longer.

## Equality Outcomes

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require listed authorities, including TSH, to publish equality outcomes at intervals of not more than four years and to publish a report on the progress within every two years. Previously, when undertaking this piece of work, TSH initiated engagement via stakeholder events, with smaller groups coming together to work up individual outcomes. However, restrictions relating to the need to mitigate the risk of Covid-19 has resulted in a very different approach during the past twelve months. With restrictions on in-person events and patient use of virtual platforms, in addition to environmental challenges, TSH has required to develop different ways of engaging key stakeholders, to support development of the updated suite of equality outcomes.

The Public Sector Equality Duty (general duty) requires public authorities to:

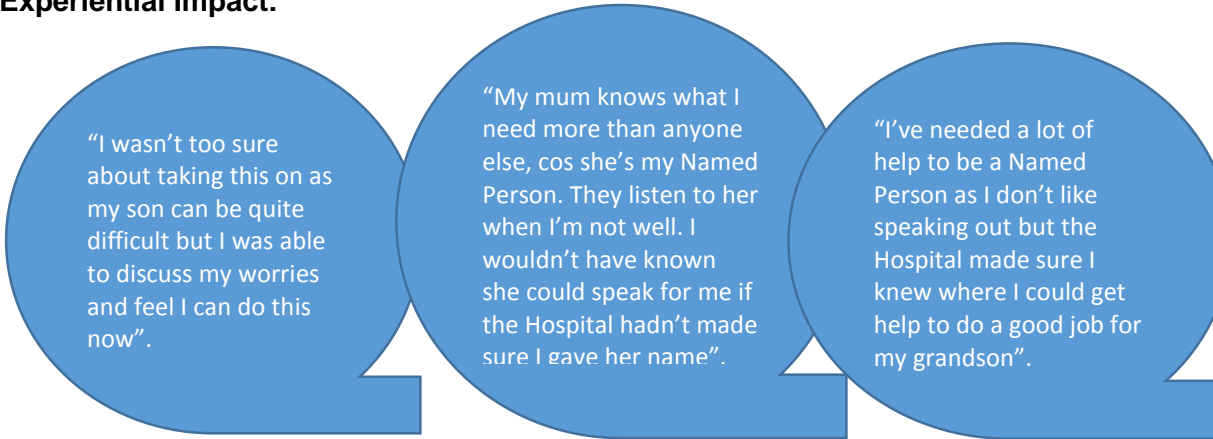
- Eliminate discrimination.
- Advance equality of opportunity.
- Foster good relations for relevant protected characteristic groups (age, disability, gender reassignment, pregnancy / maternity, marriage & civil partnership, race & ethnicity, religion & belief, sex, sexual orientation).

TSH equality outcomes must represent marked improvements to service delivery which have a positive impact on improving the experience of those who experience discrimination and disadvantage. Relevant local equality evidence, linked to societal inequality evidence ensures a wider lens is applied to the marginalised TSH patient group and has been considered in the prioritisation of those included within the 2021-25 plan.

## Governance and Reporting

Responsibility for monitoring progress to Equality Outcomes is detailed within each outcome. Update reports will be analysed by the Person Centred Improvement Lead and scrutinised by the Person Centred Improvement Steering Group bi-annually. The Organisational Management Team will include the annual progress report within the group work plan for March of each year. Annual updates are published via TSH website in April of each year.

## Equality Outcomes 2017-21 Update

Equality Outcome No 1	
<b>Aim:</b> The State Hospital will ensure the needs of vulnerable patients with a mental health diagnosis are protected by embedding implementation of section 22 of the Mental Health (Scotland) Act 2015.	
<b>Objective:</b> All patients within the State Hospital are advised of their right to have a Named Person, who is informed of the responsibilities of this role.	
<b>Update:</b> Evidence to support process in place to ensure that all patients are advised of their right to have a Named Person. Named Persons provided with information explaining the role and support available where there are any challenges.	
<b>Experiential Impact:</b>	 <p>“I wasn’t too sure about taking this on as my son can be quite difficult but I was able to discuss my worries and feel I can do this now”.</p> <p>“My mum knows what I need more than anyone else, cos she’s my Named Person. They listen to her when I’m not well. I wouldn’t have known she could speak for me if the Hospital hadn’t made sure I leave her name”.</p> <p>“I’ve needed a lot of help to be a Named Person as I don’t like speaking out but the Hospital made sure I knew where I could get help to do a good job for my grandson”.</p>
Evolving improvements: Now included within the Mental Health Practice Steering Group work plan to monitor uptake and work closely with the locally based independent Patients’ Advocacy Service to support a proactive approach to engaging patients in this right.	

*Feedback from TSH patients and Named Persons (2020)*

## Equality Outcome No 2

**Aim:** The State Hospital will implement individually tailored healthy lifestyle plans which support the physical health and wellbeing of all patients within the Hospital.

**Objective:** Healthy lifestyle plans are in place, which engage patients, carers and staff in supporting a holistic approach to physical health and wellbeing, contributing to patient weight loss.

**Update:** Healthy lifestyle plans now in place and continue to evolve.

### Impact:

Year of admission	Average % weight gain one year after admission
2016/7	21.7
2017/8	13.1
2018/19	18.1
2019/20	10.3

“Having a plan makes you think a bit more about how much sweets you’re buying and I guess I wouldn’t have as much to spend on goodies if I was paying rent and stuff.”

“Glad to see they’re doing something about my brother’s weight. Didn’t recognise him when I saw him for the first time a few months after he was admitted he was so big.”

“No other places have ever bothered to care enough about my son to do this which makes him really think about what might happen because he’s so heavy.”

“I don’t really like talking about my weight but I don’t have much money and I had no clothes for a while because I couldn’t fit into the clothes I had when I came in. My key worker helped me to understand why we need to have healthy plans – I wouldn’t do it if it was left up to me.”

*Feedback from TSH patients and carers (2020)*

### Equality Outcome No 3

**Aim:** The State Hospital will deliver services which enable all patients within the Hospital to benefit from equitable access to care and treatment.

**Objective:** Individual patient Care and Treatment Plans are explicit in terms of identifying and making provision for needs which may impact on a patient's ability to meaningfully engage in care and treatment processes and contribute to the review of progress.

**Update:** Pilot Care Programme Approach (CPA) documents developed to support more meaningful engagement of patients with an Intellectual Disability has informed a more tailored approach to the CPA process for this patient group. The Mental Health Practice Steering Group has highlighted this piece of work as a priority, embedded within implementation plans for the refreshed Clinical Service Delivery Model, with a view to introducing Care and Treatment Plans which are reflective of the stage of the recovery journey in terms of supporting meaningful engagement. *This project has been delayed as a result of the impact of Covid-19.*

**Future Plans:** This piece of work will continue under the auspices of the refreshed Clinical Service Delivery Model project and will therefore evolve, responding to inequalities within protected characteristic groups (age, disability and race & ethnicity, religion & belief), therefore improving the experience, for those with:

- Sensory impairments.
- Dementia.
- Autism.
- Language barriers.
- Spiritual care needs.

This piece of work has also been incorporated within TSH Realistic Medicine Action Plan: Shared Decision Making principle.

The scope of this piece of work has been extended to ensure that inequalities relating to meaningful involvement of carers within the CPA process results in improved experience for this group also.



## The State Hospital Equality Outcomes 2021-25

### Development Process

A wide range of internal data was scrutinised to inform priority of inequalities selected for inclusion in the new TSH Equality Outcomes. This information was considered in conjunction with external evidence, where this was helpful given the unique nature of the setting, to support a more robust approach to ensuring that societal comparisons were given due consideration. Following stakeholder consultation, a total of 13 highlighted inequalities were considered for inclusion within TSH Equality Outcomes. When scrutinising the supporting evidence, it was agreed that three related to linked inequalities which should be combined to form one and a further two were very similar and could also be merged. This resulted in a total of seven equality outcomes being prioritised, which were considered to be achievable, and creating tangible opportunities to make a difference to the experience of protected characteristic groups.

Three inequalities have not been included within the revised outcomes:

- Inequity of financial support for patients – Result of legislation which differentiates between patients admitted to TSH via the Criminal Justice System and those transferred through the Mental Health system.
- Supporting staff to work longer – Existing national work stream.
- Inequalities of access to enable all staff to meaningfully engage in virtual training – Already sighted on this issue. Support plan in place to ensure all staff can benefit from training / career development programmes which rely on electronic engagement.

### Outcome Action Plans

Individual Outcome Plans, detailing realistic short, medium and long-term actions are currently in development (completion deadline June 2021) to support change which has a significant positive impact on people's experience. Outcome measures will be agreed with relevant protected characteristic groups, engaging external support as required.

### Understanding the Impact

Outcome Leads are responsible for improving stakeholder experience, focussing on tangible, experiential change.

## Prioritised Equality Outcomes

### Equality Outcome No 1

The outcome of every TSH CPA review process will evidence a collaboratively developed, individually tailored care and treatment plan.

#### Issue

Generic document used to guide the CPA process. Feedback highlights inequalities relating to the ability of patients / carers to equitably engage in the process, specifically those who are 'hard to reach' as result of barriers to communication including sensory impairment, Dementia, Autism, Intellectual Disability and / or positive symptoms relating to mental health condition.

#### Supporting evidence

- TSH patient, staff, carer and Named Person feedback (ongoing).
- Scottish Government: Patient rights and responsibilities charter (2019).
- Scottish Government: Realising Realistic Medicine (2016).
- Scottish Government: 'What Matters to You?' initiative (2016).
- Barron Report: Independent Review into the Delivery of Forensic Mental Health Services (2021).
- Scottish Government: Carers (Scotland) Act (2016).
- Drennan & Woolridge: Making Recovery a Reality in Forensic Settings (2014).
- TSH Triangle of Care engagement process (2020).

#### Relevant protected characteristic groups

Age, Disability, Race and Ethnicity, Religion and Belief.

#### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Medical Director.  
Implementation Lead: Consultant Psychiatrist.

## Equality Outcome No 2

Practice, supported by policy, is embedded to ensure that all TSH patients who experience increased emotional distress are cared for adopting a consistent, least-restrictive, person-centred, trauma-informed approach.

### Issue

Inconsistent approach to supporting patients whose mental health deteriorates to continue to engage in activities which are of value to them.

### Supporting evidence

- Mental Welfare Commission: Rights, Risks and Limits to Freedom (2021).
- Healthcare Improvement Scotland: From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care (2019).
- Scottish Government: Mental Health – Scotland's Transition and Recovery (2020).
- Scottish Patient Safety Programme: Mental Health (2012).
- TSH patient, carer and Named Person feedback (ongoing).
- Scottish Government Mental Health Strategy 2017-2027.
- Scottish Government: Mental Health (Scotland) Act 2015.
- Scottish Government: Realising Realistic Medicine (2016).
- TSH Review of Safety Data (2018).
- TSH Clinical Pause Project (2018).

### Relevant protected characteristic groups

Age, Disability, Race, and Ethnicity, Religion and Belief.

### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Director of Nursing, AHPs & Operations.  
Implementation Lead: Senior Nurse, Nursing Practice Development.

### Equality Outcome No 3

All TSH patients are supported to participate in a level of physical activity which reciprocates national recommendations, introduced as part of health and wellbeing preventative guidelines.

#### Issue

84% of TSH patients are overweight / obese compared to Scottish population comparative data of 65%. Anti-psychotic medication may be a contributory factor, in addition to mental / physical health presentation, environmental restrictions, choice of activities and motivation, all of which impact on equitable engagement in physical activity. An individually tailored approach to supporting physical activity is required to mitigate potential health inequalities.

#### Supporting evidence

- Scottish Government: Scottish health survey (2019).
- World Health Organisation: Guidelines on Physical Activity and Sedentary Behaviour (2020).
- TSH physical health audit (2019).
- Observatory for Sport in Scotland: Exercise halved obesity levels in new research (2020).
- Public Health Scotland: Physical activity overview (2021).
- NHS Scotland: Physical activity guidelines (2019).

#### Relevant protected characteristic groups

Age, Disability, Race and Ethnicity.

#### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Medical Director.  
Implementation Lead: Consultant Psychiatrist.

## Equality Outcome No 4

All TSH patients are cared for in ward cohorts which reflect the patient's current stage of recovery, enabling a person-centred model of care which delivers least restrictive practice.

### Issue

Current mixed ward model results in inequalities relating to freedom of movement, choice and impacts on quality of life for patients whose mental health supports a less restrictive approach.

### Supporting evidence

- TSH Clinical Service Delivery Model stakeholder consultation (2018).
- TSH patient, staff and carer feedback (ongoing).
- Mental Welfare Commission feedback.
- What Matters to You? Initiative (2018).
- The State Hospital Annual Review (2015).

### Relevant protected characteristic groups

Age, Disability, Religion and Belief.

### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Director of Nursing, AHPs & Operations, Medical Director.  
Implementation Lead: Head of Corporate Planning & Business Support.

## Equality Outcome No 5

TSH will introduce use of digital platforms, enabling patients to communicate safely, effecting reciprocity of access with people who experience mental health.

### Issue

The majority of TSH patients currently have no access to virtual technology and many lack the skills to engage in this way. Those who have skills in this respect, with prolonged lack of use, are likely to become de-skilled and will therefore be disadvantaged when leaving TSH. Increasing use of virtual platforms to engage in physical health appointments with external organisations, engage in Mental Health Tribunals, attend Court proceedings and maintain contact with family and friends has highlighted this gap in access and skills.

### Supporting evidence

- Forensic Network Communications Review process (2021).
- Scottish Government: Digital health & care in Scotland (2018).
- Inspiring Scotland: Digital exclusion in Scotland (2020).
- Carnegie UK: Learning from lockdown (2020).
- 'What Matters to You?' initiative (2018).
- TSH Patient, carer, staff and volunteer feedback (ongoing).
- Inspiring Scotland (2020).
- Urban Big Data Centre (2020).

### Relevant protected characteristic groups

Age, Disability, Religion and Belief, Race and Ethnicity.

### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Director of Finance and eHealth.  
Implementation Lead: Skye Centre Manager.

## Equality Outcome No 6

Tailored processes, adopting a least restrictive approach are in place to support reciprocity of access to TSH physical environment for all patients.

### Issue

Some areas of TSH environment are not accessible to all patients (particularly those with complex needs) as a result of mental / physical health presentation, location, security restrictions. Work is required to review policies which influence decision making in this respect and reasonable adjustments made to support equitable access where it is safe to do so.

### Supporting evidence

- TSH Clinical Service Delivery Model stakeholder consultation (2018).
- TSH Staff, patient and carer feedback (ongoing).
- 'What Matters to You?' initiative (2018).
- Mental Health Act (Scotland) (2015).
- The Human Rights Act (1998).
- TSH Patient Partnership Group feedback (2018).
- Barron Report: Independent Review into the Delivery of Forensic Mental Health Services (2021).

### Relevant protected characteristic groups

Age and Disability.

### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Director of Security, Estates & Facilities.  
Implementation Lead: Clinical Security Liaison Manager (ID ward).

## Equality Outcome No 7

Every member of staff and volunteer will be signposted to and have access to informal, independent, individually tailored Pastoral Support which reflects a holistic approach to staff wellbeing.

### Issue

There have been significant challenges and uncertainty for staff during the past twelve months in response to the impact of Covid-19, with the impact of the pandemic affecting individuals in different ways: physically, emotionally, socially and psychologically. However, due to the nature of the care environment, TSH staff experience challenges regularly which differ from those of NHS staff in other settings. In addition to work related challenges, staff also experience a wide range of personal stressors including finances and relationships and would therefore benefit from a more holistic approach to support.

### Supporting evidence

- TSH Staff Sickness Absence Data (2020).
- NHS Scotland Staff Sickness Absence Data (2020).
- TSH staff feedback (ongoing).
- TSH Wellbeing Survey (2020).
- TSH iMatter Pulse Survey data (2020).

### Relevant protected characteristic groups

All.

### Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead: Director of Human Resources & Wellbeing.  
Implementation Lead: Professional Nurse Advisor.



## Summary

Considerable progress has been made over the past four years in relation to further embedding the equalities agenda, in particular the Equality Impact Assessment process. This more widespread practice has resulted in application of an equality 'lens' to policies and service change proposals, highlighting the value in understanding the impact of service delivery from a wide range of perspectives.

There is a wide range of TSH feedback methods in place to ensure that, regardless of barriers to communication, all patients and carers are enabled to share their experience. This commitment supports wider understanding of the impact of service delivery decisions for those with 'lived experience', highlighting inequalities which may appear minimal in nature however, are significant in impact.

The 2017-21 Equality Outcomes process has proved useful as the foundation on which the 2021-25 'equality building bricks' can be constructed to support more robust equalities thinking in all areas of service delivery. The new suite of outcomes 'bold' and aspirational however reflect the commitment of TSH to remove inequalities and make the local experience the best it can be for all stakeholders.

This next four-year plan will inform implementation of the refreshed TSH Clinical Service Delivery Model, help to bridge the digital divide, improve the physical health of patients, focus on delivery of least restrictive care and ensure the voices of patients and carers inform equality of care through shared decision making.

We know that supporting staff is imperative to delivery of high quality, person centred care and treatment, therefore prioritising equality of access to additional staff support is a well merited outcome.

Within this period, it is likely that TSH Equality Outcomes will contribute to informing major changes across the Forensic Network estate which may come about as a result of the Barron Recommendations. TSH will work closely with external partners to ensure continuity and consistent approach to deliverables in relation to equalities practice.

TSH welcomes feedback and / or suggestions / queries which may be helpful to inform future iterations of this dynamic document. Please contact the Person Centred Improvement Lead via [tsh.personcentredimprovementteam@nhs.scot](mailto:tsh.personcentredimprovementteam@nhs.scot).

## SECTION 2

### Introduction to the Annual Workforce Monitoring Report 2021

In accordance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 there is a responsibility to publish two yearly reports relating to the Board equality data, and to identify progress made in terms of quality of data collection to support this duty. In 2015 authorities were required to publish:

- A mainstreaming report.
- Employee information together with details of the progress made in gathering and using that information to better meet the duty.
- A report on progress made towards achieving equality outcomes published in 2013.
- Gender Pay gap information.

### Current Position

There are internal arrangements and processes in place to ensure that progress towards achieving the above duties is being met.

While some improvements in data completeness have been seen in this report it is recognised, that capturing workforce data relating to the relevant Protected Characteristics can still be improved upon. This is due to the fact that the data sources currently available do not always capture all of the relevant data and do not directly link to Protected Characteristic information. It also has to be noted that data captured by staff questionnaire is reliant upon employees completing this fully and accurately and sharing the relevant information with the Board as their employer. This may result in gaps in the information which is available for the Board to analyse to support the determination of appropriate actions going forward.

### Workforce Reports

A review was previously undertaken during 2016/17 to review the sources of data captured which is used to inform these reports in order that they may be developed over time to become more meaningful in terms of the content. An ongoing review of data capture forms a key component of the implementation of the national workforce system eESS.

The individual reports attached deal with the following workforce areas:

- Report 1 - Workforce Profile
- Report 2 - Recruitment
- Report 3 - Employee Relations
- Report 4 - Gender Pay Gap

## General Comments

In preparing this report a number of important actions have been identified:

- Steps will be taken during 2021/22 to review the current reporting arrangements.
- Steps will also be taken to update the regular workforce reports to the Partnership Forum.
- This will ensure that these become embedded into the business of the Board as well as meeting the legal reporting requirements.

This report is based upon the data available as at 31 March 2021 in order to fulfil the requirement to report during 2021. As part of a biennial reporting cycle, during 2020/21 these reports will be repeated, with data pulled as at 31 March 2021. This will enable a comparison to be made of the performance within all of the areas detailed in the three reports stated above in order to monitor progress within these areas and to identify any specific issues that may require to be addressed.

It should also be recognised that as the Board has a total workforce of 653 at time of this report, that for certain categories of information the numbers involved will be 5 or less. This means that the level of breakdown required in all of the reports specified is not always achievable. Therefore, where information is considered to be personally identifiable the relevant tables have been modified to ensure confidentiality. Data which identifies a headcount ranging from 0 to 5 is represented by an asterisk.

Also due to the small numbers involved for certain protected characteristics it has only been possible to report on numbers from a total Board basis without further breakdown by job family to ensure confidentiality.

## REPORT 1 – WORKFORCE PROFILE

### **Purpose**

These reports will be repeated every two years. The purpose of this Report is to:

- Analyse the composition of the workforce. By comparing this composition against the results from Scotland's latest published Census and future Workforce Profile reports it will be possible to measure progress in delivering our commitment that our workforce should reflect the diversity of the population.
- Where appropriate identify steps which could be taken to reduce underrepresentation of people from particular Protected Characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles.

It is recognised that there is a need to provide relevant Workforce Data to the Partnership Forum on a regular basis.

It is still intended that these reports will be developed to better detail the composition of the Board's Workforce based on the Protected Characteristics listed within the Equality Act 2010. This will need to be based upon the data capture processes within the Board.

### **Scope**

This report details the composition of our workforce relating to the Protected Characteristics of Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Race, Religion or Belief, Sex and Sexual Orientation. The categories identified within these Protected Characteristics are consistent with the categories identified within the results from Scotland's Census 2011. It will be seen from the report that there is insufficient data on certain Protected Characteristics. This will be considered in the review already referred to with regard to implementing steps to work towards capturing and analysing this data more fully in future years.

Information has not been included for the Protected Characteristic of Pregnancy & Maternity. This Protected Characteristic offers a specific challenge as there are no agreed indicators or measures to be reported. The Equality and Human Rights Commission believe analysis and reporting of pregnancy/maternity data would be most relevant and appropriate in the domains of staff development and retention.

Effort has been made to detail Protected Characteristic information by headcount within individual job families. However, due to the numbers identified this level of breakdown is not always possible. Where information is considered personally identifiable the tables within this report have been modified to ensure confidentiality. Data which identifies a headcount ranging from 0 to 5 is represented by an asterisk.

Due to the small numbers involved for certain Protected Characteristics it has only been possible to report on numbers from a total Board basis without further breakdown by job family to ensure confidentiality.

## Data Source

Two main sources of Protected Characteristic information have been utilised for this report.

Historically, Protected Characteristic Information has been uploaded to the national Scottish Workforce Information Standard System (SWISS) when individuals are appointed to The Board. The information was captured through the completion of the New Start Engagement form. In addition, any Protected Characteristic information captured during the recruitment process, by completion of the Equal Opportunity Questionnaire. In future, when fully utilised this information will be recorded on eESS to assist in the data quality of these particular reports.

With the combination of these data sources this should improve our ability to report on Protected Characteristic information. Although it is recognised that where there are gaps identified in the data captured other methods of capture may need to be considered.

## Workforce Profile

As at 31 March 2021 the Board employed 653 employees totalling 576.87 WTE staff. This represents an increase of 16 headcount or 0.72 WTE since 31 March 2019.

## Age

Table 1 (Breakdown of Workforce by Age and Job Family) shows the age demographics of the workforce within five-year age ranges. By representing the total staff within each five-year age range as a percentage of the total staff, comparison is also made with the age demographics of the workforce shown as at 31<sup>st</sup> March of 2014, 2015, 2016 and 2019. This analysis indicates that the age demographics of the workforce since 2016 have remained reasonably constant, with only slight variations within each of the age brackets. Notably in this report, there is a decrease in the higher age group of 60+, and a corresponding increase in lower age groups, particularly in the 20-24 and 30-34 categories.

**Table 1: Breakdown of Workforce by Age and Job Family**

All Staff by Job Family and Age Group – Headcount as at 31 March 2021

Job Family	Age Group										Headcount
	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	
Administrative Services	2	4	9	9	21	21	15	12	6	6	<b>105</b>
Allied Health Profession	1	5	1	3		2	1	2	1		<b>16</b>
Medical and Dental				1	4	4	2	1			<b>12</b>
Nursing and Midwifery	14	37	45	40	40	38	66	54	20	2	<b>356</b>
Other Therapeutic		9	3	4	1	1	3				<b>21</b>
Senior Managers						1	3	2	2	2	<b>10</b>
Support Services	2	7	11	10	9	21	36	21	15	8	<b>140</b>
<b>Grand Total</b>	<b>19</b>	<b>62</b>	<b>69</b>	<b>67</b>	<b>74</b>	<b>86</b>	<b>125</b>	<b>90</b>	<b>43</b>	<b>18</b>	<b>653</b>

Table 2 (Age of the Workforce, by Job Family) shows the MODE - most commonly occurring age bracket in each job family.

**Table 2: Mode age of the Workforce, by Job Family**

Job Family	Mode Age Group				
	2021	2019	2016	2015	2014
Administrative Services	40-44	40-44	40-44	45-49	40-44
Allied Health Profession	25-29	25-29, 30-34	40-44	35-39, 40-44	40-44
Medical and Dental	40-44	40-44	35-39, 40-44	35-39, 40-44, 45-49	40-44
Nursing / Midwifery	50-54	50-54	50-54	50-54	50-54
Other Therapeutic	25-29	25-29	25-29, 30-34	30-34	30-34
Senior Managers	50-54, 55-59	50-54, 55-59	50-54	50-54	55-59
Support Services	50-54	45-49	45-49	45-49	45-49
<b>ALL STAFF</b>	<b>50-54</b>	<b>50-54</b>	<b>50-54</b>	<b>45-49</b>	<b>40-44</b>

Table 2 shows that the Mode Age has moved from 40-44 in 2014, to 45-49 in 2015, to 50-54 in 2016, 50-54 in 2019 where it has remained in 2021. This confirms the position that our workforce remains weighted towards an older demography, and appears to be increasing in age.

The State Hospital workforce appears to be slightly older than the applicable South Lanarkshire area demographic: according to the 2011 census, the mode age of the economically active workforce in South Lanarkshire is 45-49. Given that the census data is now eight years old, a variance of one five-year age bracket in 2019 may not be significant.

## Disability

There are a range of sources providing information on the percentage of the population who consider themselves as falling under this Protected Characteristic however these sources often focus on a particular disability or health condition. As a consequence, comparing the size of the workforce who consider themselves to be disabled in line with the Equality Act against a local and national average can prove difficult.

The closest comparator may be the results from Scotland's Census 2011 which confirmed 9.60% of the population of South Lanarkshire responded to having a long term health condition that impacts on their day to day activities a lot, with a further 10.10% responding that their activities were limited a little. In June 2014 further information was released correlating long term health condition and age. These results suggest that the proportion of the population responded to having a long term health condition increased with age.

Table 3 (Breakdown of Workforce by Disability and Job Family) provides some information with regards to the numbers of staff who consider themselves to have a long term health condition impacting on their daily activities as at 31 March 2021. This table shows that in the Job Families of Administrative Services, Nursing and Midwifery and Support Services there are 5 or less in each group who consider themselves to meet the definition of Disability under the Equality Act.

A significantly larger amount of data has been captured from the workforce in this report compared to the 2019 report – we now hold information on Disability for 46.40% of the workforce. This includes those employees who declined to answer. This data set is reliant upon the workforce responding to the questionnaires issued and completion of the forms supplied during the recruitment and engagement process, but further improvements in data collection may be possible in future.

**Table 3: Breakdown of Workforce by Disability and Job Family**

Job Family	Don't Know	No	Prefer not to say	Yes	Not Known
Administrative Services	41	47	4	3	10
Allied Health Professions	2	7	1	1	5
Medical and Dental	6	5			1
Nursing / Midwifery	146	164	15	3	28
Other Therapeutic	2	10			9
Senior Managers	1	2	1		6
Support Services	58	62	14	1	5
<b>Grand Total</b>	<b>252</b>	<b>295</b>	<b>34</b>	<b>8</b>	<b>64</b>

% Breakdown (31 March 2021) 53.60% (information not known)  
 % Breakdown (7 January 2019) 51.83% (information not known)  
 % Breakdown (31 March 2016) 92.53% (information not known)  
 % Breakdown (31 March 2015) 92.44% (information not known)  
 % Breakdown (31 March 2014) 92.33% (information not known)

While the percentage of respondent data captured in this report is significantly greater than in previous years, it could be assumed that a proportion of staff members with a disability are not captured, instead falling into the unknown category or declining to answer. The table above would indicate that only 1.22% of the workforce consider themselves to have a disability.

The most commonly occurring (MODE) age bracket within the workforce is 50-54, and the results of Scotland's Census 2011 indicates that the percentage of the population within that age bracket who consider themselves to have a long term health condition impacting a lot on their day-to-day activities is 10.71%, with a further 10.06% considering themselves to have a long term health condition impacting their day-to-day activities a little. Given that the State Hospital workforce skews towards a female-dominated workforce, it is worth noting that the census 2011 data indicates that within the same mode age bracket, women in the South Lanarkshire are more likely to consider themselves to have a disability, with 11.73% reporting a long term health condition impacting a lot on their day-to-day activities, and a further 10.42% considering themselves to have a long term health condition impacting their day-to-day activities a little.

## Gender Reassignment

No member of staff has declared that they have undertaken, or plan to undertake, gender reassignment surgery. Further analysis of this Protected Characteristic has therefore not been carried out.

## Marriage and Civil Partnership

To date the Board has not routinely analysed this data in a structured manner. This will continue to be reviewed in order to determine how progress can be made in collating this data. It should be noted that although captured it is difficult to make comparison between this information and the results from Scotland's Census 2011 going forward. Information of this Protected Characteristic is captured at the point of recruitment, however it is likely that information is only updated where this reflects a change in the staff members Surname (i.e. Married, Divorced). As such, the data may not be reflective of an accurate current status in the workforce at any point in time.

As a current global figure, the data held indicates that 28.79% of the workforce are single, 43.64% are married and 3.21% are divorced. The Scottish Census 2011 allows more reporting categories than this, which renders a direct comparison more difficult – 24.18% were single, 44.46% were married and 12.17% divorced.

## Race

The Board holds ethnicity information on 54.98% of its workforce (including those who declined to answer), a decrease of 7.38% when compared to the information available in the last report in 2019.

**Table 4: Breakdown of Workforce by Ethnicity, by Job Family**

Job Family	African - African, African Scottish or African British	Asian - Indian, Indian Scottish or Indian British	Asian - Other	Don't Know	Other Ethnic Group - Other	Prefer not to say	White - Irish	White - Other	White - Other British	White - Scottish	Not Known
Administrative Services				18	*	*	*	*	*	57	18
Allied Health Professions				*					*	*	6
Medical and Dental		*		*		*			*	*	
Nursing / Midwifery	*			105		12	*	*	9	166	56
Other Therapeutic				*		*			*	10	8
Senior Managers				*		*				*	*
Support Services		*	1	19		12	*	*	7	73	24
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>146</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>8</b>	<b>25</b>	<b>315</b>	<b>116</b>

Data on the Ethnicity of 45.02% of the workforce remains unavailable and it is therefore difficult to determine if the Board has a workforce representative of the ethnicity of the population of South Lanarkshire. Furthermore, the categories included for self-definition in the Scottish Census are more detailed and comprehensive than those used by the Board, which makes a direct comparison of the categories difficult and subject to some interpretation.

The rollout of eESS may assist in the collation of data to enhance intelligence within this category.



Table 4 indicates the difference between the percentages of the workforce in each category compared against the results of the 2011 Census results for South Lanarkshire.

**Table 5: Indicative breakdown of workforce by Ethnicity, by Job Family**

Job Family	White Scottish	White British	White Irish	Other White	Indian	Other Asian	African	Other Black	Don't Know	Declined	TOTAL
Administrative Services	66.27	2.32	2.32	2.32	0.00	0.00	0.00	0.00	20.93	5.81	<b>13.17</b>
Allied Health Professions	50.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	<b>1.53</b>
Medical and Dental	33.33	16.66	0.00	0.00	8.33	0.00	0.00	0.00	33.33	8.33	<b>1.84</b>
Nursing / Midwifery	55.33	3.00	1.00	1.33	0.00	0.00	0.33	0.00	35.00	4.00	<b>45.94</b>
Other Therapeutic	76.92	7.69	0.00	0.00	0.00	0.00	0.00	0.00	7.69	7.69	<b>1.99</b>
Senior Managers	66.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.66	16.66	<b>0.92</b>
Support Services	59.35	5.69	0.81	1.62	0.81	0.81	0.00	0.00	15.45	9.76	<b>18.84</b>
<b>TOTAL</b>	<b>48.85</b>	<b>3.83</b>	<b>0.91</b>	<b>1.23</b>	<b>0.30</b>	<b>0.15</b>	<b>0.15</b>	<b>0.00</b>	<b>22.82</b>	<b>4.90</b>	
South Lanarkshire demographic per 2011 census	91.61	3.85	1.02	1.24	0.43	2.86	0.21	0.13			
Variance between Board and SL demographic	<b>-42.76</b>	<b>-0.02</b>	0.11	0.01	<b>-0.13</b>	<b>-2.71</b>	<b>-0.06</b>	<b>-0.13</b>			

Table 5 indicates that the ethnicity breakdown of the workforce is different from the ethnicity of the population of South Lanarkshire, most notably in the categories of White Scottish and Other Asian. As previously mentioned, a number of factors should be considered before drawing conclusions from this comparison – particularly the high percentage of unknown or unquantifiable data covering up to 43.86% of our workforce (including those who declined to answer).

## Religion or Belief

The Board holds Religion or Belief information on 76.72% of its workforce, a significant increase of 31.63% when compared to the information available as at 31 March 2021.

Table 6 (Breakdown of workforce by Religion or Belief and Job Family) below shows the workforce headcount by the Religion or Belief categories as listed in Scotland's Census 2011, broken down into Job Families.

**Table 6: Breakdown of workforce by Religion or Belief and Job Family**

Job Family	Buddhist	Christian - Other	CoS*	Don't Know	Hindu	Jewish	Muslim	No Religion	Other	Prefer not to say	RC**	Not known
Administrative Services		*	27	12				37	*	7	11	7
Allied Health Professions		*	*	*				6			*	*
Medical and Dental			*	*	*	*	*	*		*		
Nursing / Midwifery		20	82	83				90		15	39	27
Other Therapeutic		*		*				8			*	6
Senior Managers			*	*				*		*		*
Support Services	*	12	46	19				33		12	9	8
<b>Grand Total</b>	<b>*</b>	<b>37</b>	<b>157</b>	<b>119</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>178</b>	<b>*</b>	<b>37</b>	<b>67</b>	<b>53</b>

\*Church of Scotland

\*\*Roman Catholic

Table 7 (Breakdown of workforce by Religion or Belief across reporting years) shows the changes in the percentages of the workforce in each category of religion or belief in successive reporting years.

**Table 7: Breakdown of workforce by Religion or Belief across reporting years**

Percentage of total Workforce	Buddhist	Church of Scotland	Hindu	Jewish	Muslim	Roman Catholic	Christian - Other	Other	No Religion	Declined	Blank / Unknown
2021	0.15%	24.04%	0.15%	0.15%	0.15%	10.26%	5.66%	0.32%	27.26%	5.67%	8.11%
+/- Difference 2019-21	-0.01%	0.08%	-0.01%	-0.01%	-0.01%	-0.08%	1.67%	0.00%	3.02%	-1.99%	20.06
2019	0.16%	23.92%	0.16%	0.16%	0.16%	10.53%	3.99%	0.32%	24.24%	7.66%	28.71%
+/- Difference 2016-19	0.16%	3.36%	0.16%	0.16%	0.16%	4.93%	2.13%	0.32%	12.38%	-0.12%	-20.19%
2016	0.00%	20.56%	0.00%	0.00%	0.00%	5.60%	1.86%	0.00%	11.86%	7.78%	48.90%
+/- Difference 2015-16	-	15.02%	-	-	-	3.29%	-21.55%	-	-0.46%	-0.54%	2.68%
2015	0.00%	5.54%	0.00%	0.00%	0.00%	2.31%	23.41%	0.00%	12.32%	8.32%	46.22%
+/- Difference 2014-15	-	-0.65%	-	-	-	2.31%	1.29%	-	-0.51%	-2.74%	3.16%
2014	0.00%	6.19%	0.00%	0.00%	0.00%	0.00%	22.12%	0.00%	12.83%	11.06%	43.06%

There is a marked decrease in the Unknown category as one would expect given the increased proportion of data held – the table demonstrates that the category No Religion has shown a substantial increase, with most other categories remaining reasonably stable.

Table 8 indicates the difference between the percentages of the workforce in each category compared against the results of the 2011 Census results for South Lanarkshire.

**Table 8: Comparison between workforce and local demographic by Religion or Belief**

Sample	Buddhist %	CoS* %	Hindu %	Jewish %	Muslim %	RC** %	Christian – Other %	Other %	No Religion %	Declined %	Blank / Unknown %
TSH workforce 2019		24.04	0.15	0.15	0.15	10.26	5.66	0.32	27.26	5.67	8.11
Scottish Census 2011, South Lanarkshire population	0.12	35.12	0.17	0.06	0.80	22.23	3.98	0.18	30.56	6.66	
Variance between board and local population	0.03	-11.08	-0.02	0.09	-0.65	-11.97	1.68	0.14	-3.30	-0.99	

\*Church of Scotland

\*\*Roman Catholic

Table 8 indicates that the majority of responding employees (76.11% of respondents, 39.96% of total workforce) within the Board are of a Christian faith (i.e. Church of Scotland, Roman Catholic or Other Christian). The Board appears to have an almost matched underrepresentation from the local population in both Church of Scotland and Roman Catholic categories. It appears that the percentage of the workforce reporting a Religion or Belief is higher than the percentage of the population in South Lanarkshire, where 30.6% responded in Scotland's Census 2011 they hold no Religion or Belief.

It should also be noted that the Scottish Census contains the category Sikh, at 0.12% of the total South Lanarkshire population. There were no respondents who identified as Sikh in the workforce data.

## Sex

The Board workforce consists of 381 female staff (58.35%) and 278 male staff (42.57%).

Table 9 (Variation in sex balance across reporting years) shows the sex balance shift of the workforce across since 2014.

**Table 9: Variation in sex balance across reporting years**

Job Family	Change in % 2019-2021		Change in % 2019-2021		Change in % 2015-2016		Change in % 2014-2015	
	Female	Male	Female	Male	Female	Male	Female	Male
Administrative Services	-0.84%	0.84%	0.37%	-0.37%	0.34%	0.33%	-1.62%	1.62%
Allied Health Profession	-5.36%	5.36%	0.55%	-0.55%	7.70%	-7.70%	0.40%	-0.40%
Medical and Dental	-1.02%	1.19%	21.43%	-21.43%	6.03%	-6.05%	-4.62%	4.62%
Nursing/Midwifery	-0.37%	4.43%	5.40%	-5.40%	0.51%	-0.52%	0.60%	-0.60%
Other Therapeutic	1.02%	-1.02	-10.71%	10.71%	8.01%	-8.01%	-7.40%	7.40%
Senior Managers	20.00%	-20.00%	-28.57%	28.57%	14.29%	-14.29%	-10.72%	10.72%
Support Services	-1.63%	1.63%	-0.30%	0.30%	0.00%	0.00%	1.22%	-1.22%
<b>TOTAL</b>	<b>-0.40%</b>	<b>0.39%</b>	<b>2.84%</b>	<b>-2.84%</b>	<b>1.13%</b>	<b>-1.13%</b>	<b>-1.08%</b>	<b>1.08%</b>

Table 9 shows that since 2019, there has been a decrease of 0.40% in the female proportion of the workforce.

Table 10 (Breakdown of workforce by Sex and Job Family) shows that within this breakdown there are wide variations between individual Job Families, with the female proportion of the workforce ranging from 0% within Senior Management to 87.50% within Allied Health Professions.

**Table 10: Breakdown of Workforce by Sex and Job Family**

2019					2016				
Female		Male		TOTAL	Female		Male		TOTAL
Headcount	%	Headcount	%		Headcount	%	Headcount	%	
77	83.70%	15	16.30%	92	80	83.33%	16	16.67%	96
13	92.86%	1	7.14%	14	12	92.31%	1	7.69%	13
6	42.86%	8	57.14%	14	3	21.43%	11	78.57%	14
165	47.97%	179	52.03%	344	149	42.57%	201	57.43%	350
15	75.00%	5	25.00%	20	18	85.71%	3	14.29%	21
0	0.00%	5	100.00%	5	2	28.57%	5	71.43%	7
89	64.49%	49	35.51%	138	92	64.79%	50	35.21%	142
<b>365</b>	<b>58.21%</b>	<b>262</b>	<b>41.79%</b>	<b>627</b>	<b>356</b>	<b>55.37%</b>	<b>287</b>	<b>44.63%</b>	<b>643</b>

2015					2014				
Female		Male		TOTAL	Female		Male		TOTAL
Headcount	%	Headcount	%		Headcount	%	Headcount	%	
16	16.33%	98	87	85.29%	15	14.71%	102	16	16.33%
*	15.39%	13	16	84.21%	*	15.79%	19	*	15.39%
11	84.61%	13	*	20.00%	12	80.00%	15	11	84.61%
207	57.82%	358	160	42.87%	214	57.22%	374	207	57.82%
4	22.22%	18	23	85.18%	*	14.82%	27	4	22.22%
6	85.72%	7	*	25.00%	6	75.00%	8	6	85.72%
50	35.21%	142	89	63.57%	51	36.43%	140	50	35.21%
<b>296</b>	<b>45.61%</b>	<b>649</b>	<b>380</b>	<b>55.47%</b>	<b>305</b>	<b>44.53%</b>	<b>685</b>	<b>296</b>	<b>45.61%</b>

The results from Scotland's Census 2011 identifies the population breakdown of South Lanarkshire by sex was 51.93% female compared to 48.07% male. This breakdown was similar to the figure for the rest of Scotland. Our workforce perhaps shows a slight skew towards a more female-dominated workforce than the local demographic, which is not at all unusual in the Health context.

## Sexual Orientation

The Board holds information on Sexual Orientation for 76.56% of its workforce (including those who chose to decline to answer), an increase of 13.08% when compared to the information available in 2019.

Table 11 (Breakdown of workforce by Sexual Orientation) below shows the percentage of the workforce by the recognised Sexual Orientation categories. This data is measured across the total headcount of staff and is not broken down into Job Families.

**Table 11: Breakdown of workforce by sexual orientation**

Sexual Orientation	Administrative Services	Allied Health Profession	Medical and Dental	Nursing / Midwifery	Other Therapeutic	Senior Managers	Support Services
Bisexual		*					
Don't Know	20	*	*	94	*	*	35
Gay	*	*		*			*
Heterosexual	65	9	6	211	11	*	78
Lesbian				*			*
Other							*
Prefer not to say	*	*	*	17		*	13
	12	*	*	26	8	*	8
	<b>105</b>	<b>16</b>	<b>12</b>	<b>356</b>	<b>21</b>	<b>10</b>	<b>140</b>

Table 11 indicates that the increase in data collected is largely directly related to an increase in staff identifying as heterosexual, and a decrease in those choosing not to disclose. Other staff have responded indicating a non-heterosexual orientation but these are small enough in number as to require representation by asterisk in the above table.

As questions relating to sexual orientation were not included in Scotland's Census 2011 there is no hard information on the proportion of the population reporting to be Lesbian, Gay or Bisexual. Stonewall, the LGBT lobbying group believes a Government estimate of between 5-7% of the population is reasonable however it is recognised that obtaining information on an individual's sexual orientation presents challenges. For example, in a Household Survey, carried out by the General Register Office for Scotland, only 31% of individuals returned their questionnaire. 2.2% of respondents declared a non-heterosexual orientation.

Although it is possible, based on the estimates available, that the percentage of the workforce declaring a non-heterosexual sexual orientation is lower than the population of South Lanarkshire, direct comparisons cannot be made.

## Next Steps

The Board has demonstrated a significant increase in the data captured to enable comparison of the workforce with the local population across a number of the Protected Characteristics, but it is noted that some direct comparisons with Scottish Census data (for example, in the case of ethnicity categories) remains difficult. The analysis carried out within this report indicates both a broad comparability between the workforce and the local population within some of the Protected Characteristics and a general internal parity where this varies, but there are a number of steps which could be taken to address under-representation within certain Protected Characteristics and show our commitment to Equality, Diversity and Human Rights. The Board is committed to improve and refine data collection.

From the analysis undertaken it is apparent that the Board does not have a high number of employees within the age brackets 16–17, 18–19 and 20-24. Some gains have been made in this area, with an increase of 2.47% in the proportion of staff in the 24-29 age bracket between 2019 and 2021. The Board remains committed to the concept and development of Modern Apprenticeships, and work will continue to investigate options for increasing the recruitment of younger staff groups.

While more data has been gathered on the disability status of the workforce, it is likely that the number of employees who have a long-term health condition or disability impacting on their day-to-day activities is still significantly underrepresented. In part, this may be due to the “snapshot” nature of data collection at commencement of employment, with information relating to certain Protected Characteristics of the workforce not being updated as an employee’s circumstances change throughout the course of their employment. Further steps could be taken to encourage the employment of candidates with long-term health conditions or disabilities – while it is necessary for employees of the State Hospital to be physically able to undertake Prevention of Management of Violence and Aggression training this would not prevent the employment of individuals with long-term health conditions or disabilities that do not require them to undertake such training.

While it is difficult to determine whether the ethnicity of the total workforce reflects the ethnic diversity of the population of South Lanarkshire due to both the proportion of data unknown and the difference in recording metrics between the Board and the census, it should be noted that there are significant variations in the ethnicity profiles between individual Job Families.

While the Board has displayed a significant overall increase in the data captured and reported within this paper, the analysis identifies that the quality of information held on employees for certain Protected Characteristics may be outdated, with questions remaining as to whether changes in the individual circumstances are being advised and recorded. The Board will continue to examine how the rollout of eESS may assist to collect more recent and relevant data throughout the employee life cycle.

## REPORT 2 – RECRUITMENT

### **Executive Summary**

This report focuses on the Recruitment and Redeployment activity between 1 April 2020 to 31 March 2021 to ensure our recruitment and selection policies are being applied appropriately.

During this time 64 vacancies were progressed and 1,601 individual applications were received. There were no employees to be considered for redeployment to alternate positions in line with the redeployment policy, and as a result there is no data on redeployment to analyse.

By analysing the Protected Characteristic status of applicants during the recruitment process we can monitor whether our processes are being applied fairly and analyse how recruitment activity likely to impact on the future workforce demographics. Information on Protected Characteristics was gathered on all applicants with the exception of age which is not yet recorded on Job train (National Recruitment Portal). With such a low percentage of applicant data, caution should be taken in generalising from the findings of this report.

### **Purpose**

This report provides monitoring information in the following circumstances:

The composition of those applicants for positions advertised within the Board between 1 April 2020 to 31 March 2021 who completed ethnicity and diversity monitoring forms, based on:

- Disability status
- Race
- Religion or Belief
- Sex
- Sexual Orientation

### **Scope**

Data captured from voluntary ethnicity and diversity monitoring forms at the point of application is compared against sources including ISD NHS Scotland Workforce Statistics and Scotland's Census 2011, to enable the continued monitoring and analysis of Protected Characteristic information throughout the employment cycle. The overall aim of this monitoring and analysis is to ensure employment practices applied within The Board are not, unintentionally, having a negative impact on the groups identified within the Equality Act.

### **Recruitment Profile**

During the period 1 April 2020 to 31 March 2021 there were 1,601 identifiable individual applications received for positions throughout The Board, with 64 of these applicants being appointed to positions. This equates to an overall conversion rate of 3.99%.

## Disability

Disability Status	Applicants	Offers	Conversion Rate
No	1508	63	4.17%
Yes	93	1	1.07%

Of the 1601 identifiable applications received, 93 of the applicants (5.81%) indicated they had a physical or mental health condition or disability that would come under the Equality Act 2010.

## Marriage & Civil Partnership

Protected Characteristic information for Marriage and Civil Partnership is captured at the point of commencement through the completion of Staff Engagement Forms. There is no facility to capture this information during the Recruitment and Selection Process within the current system – future development and implementation of the Job Train module for eESS should provide this data in future.

## Race

Of the 1601 identifiable individual applications received, only 20 (1.02%) of applicants preferred not to provide details on their ethnicity.

Ethnic Group	Applicants	Offers	Conversion Rate
White - Scottish	1104	57	5.16%
Any other White Background	162	2	1.23%
White - Other British	149	3	2.00%
Asian, Asian Scottish, Asian British - Indian	35	0	0%
Asian, Asian Scottish, Asian British - Pakistani	26	0	0%
Black, Black Scottish, Black British - African	22	0	0%
Any other Asian Background	16	1	6.25%
Any Mixed Background	15	0	0%
White - Irish	15	0	0%
Any other Black Background	12	0	0%
Asian, Asian Scottish, Asian British - Chinese	11	0	0%
Asian, Asian Scottish, Asian British - Bangladeshi	5	0	0%
Black, Black Scottish, Black British - Caribbean	3	0	0%
Any other ethnic background	6	0	0%
Prefer not to say	20	1	5%



## Religion or Belief

Information on religion or belief systems was provided by 95.51% of identifiable applicants.

Religion	Applicants	Offers	Conversion Rate
No Religion (none)	901	40	4.43%
Church of Scotland (Christianity)	231	9	3.89%
Roman Catholic (Christianity)	203	11	5.41%
Christianity (other)	110	1	0.90%
Islam	44	0	0
Hinduism	13	0	0
Buddhism	6	0	0
Sikhism	5	0	0
Other faith/belief	16	0	0
Prefer not to say	72	3	4.16%

As mentioned earlier in his report, the majority of responding employees (53.91% of respondents, 38.44% of total workforce) within the Board are of a Christian faith (i.e. Church or Scotland, Roman Catholic or Other Christian). While the high conversion rate for Roman Catholic applicants may go towards addressing the identified underrepresentation as compared to the local population, underrepresentation of Hindu and Muslim staff members will not be addressed by recent recruitment activity.

It appears that the percentage of the workforce reporting a Religion or Belief is higher than the percentage of the population in South Lanarkshire, where 30.6% responded in Scotland's Census 2011 they hold no religion. With a lower conversion rate for applicants identifying as having No Religion (9.09% versus 9.55%), and a slight majority (51.04%, excluding those unknown or not provided data points) of employment offers being made to staff members who identified a religious belief system, this trend may continue.

## Sex

1,597 applicants provided detail on their identifiable sex.

Sex	Applicants	Offers	Conversion Rate
Female	882	45	5.10%
Male	710	19	2.67%
In Another Way	5	0	0
Prefer not to say	4	0	0

The conversion rate for male applicants was slightly higher than the overall conversion rate (10.72% versus 9.55%), and the conversion rate for female applicants was slightly lower than the overall conversion rate (8.87% versus 9.55%). Given the higher numbers of female applicants, however, the number of successful female candidates is considerably higher than the number of successful male candidates.

## Sexual Orientation

Of the 1601 identifiable individual applications, 1545 (96.50%) provided information on their sexual orientation.

Sexual Orientation	Applicants	Offers	Conversion Rate
Heterosexual	1418	58	4.09%
Gay/ Lesbian	71	4	5.63%
Bisexual	49	0	0
Other	7	0	0
Prefer not to say	56	2	3.57%

Gay/ Lesbian candidates experience a higher conversion rate than any other group.

The Board holds information on Sexual Orientation for 63.48% of its workforce (including those who chose to decline to answer), and the majority (54.23%) are heterosexual.

## REPORT 3 – EMPLOYEE RELATIONS

### **Purpose**

This report analyses the information collated in the following circumstances:

- The total numbers of employees involved in the formal stages of a range of HR Policies and Procedures initiated between 1 April 2020 and 31 March 2021.

### **Scope**

The Equality, Diversity and Human Rights Policy sets out the range of factors to be monitored to ensure its principles and values are met. This report focuses on the range of indicators identified 'during employment'. The factors identified during this phase of the employment cycle include:

- Applications for Training.
- Employees who receive Training.
- Requests for Flexible Working.
- Employees involved in Grievance / Dignity at Work Procedures.
- Employees displaced as a result of Organisational Change.

Prior to the full implementation of the national Electronic Employee Support System (eESS), certain aspects of this information were collated in paper records or discrete electronic systems. While the rollout of the eESS platform has made data collation on training requests and events available, work is still continuing to extract this data in a format that allows for investigation.

At this point it has not been possible to analyse data regarding any requests for flexible working without making assumptions that would render any conclusions drawn vulnerable to misinterpretation.

This report focuses on the total number of employees' subject to formal procedures relating to the Management of Employee Conduct Policy, and those who have raised Grievances in accordance with the Dealing with Employee Concerns Policy. All procedures initiated between 1 April 2020 and 31 March 2021 is captured within the data.

### **Employee Relations Profile**

A total of 11 employees were involved in the formal stages of the Management of Employee Conduct and Dealing with Employee Concerns Policies. This amounts to 1.7% of the workforce based on the headcount as at 31 March 2021.

This report analyses the Protected Characteristic status of these 11 employees to ensure the application of the identified HR Policy is not unintentionally having a detrimental impact on any protected group(s).

Table 1 below details the number of employees involved in the formal stages of each of the HR Policies, in addition to the percentage this makes of the total workforce.

**Table 1: Number of Employees involved in formal stages of HR Policies**

Policy No	HR14	HR41	HR12	HR01	HR15
	Management of employee conduct	Bullying and Harassment (Dignity at work)	Dealing with employee grievances	Attendance Management	Employee Capability
Total Number of Employees	6	*	*	*	*
Percentage of Workforce	0.92%	*	*	*	*

Due to the low number of employees involved in the formal stages of the Dignity at Work, Attendance Management and Employee Capability policies, it is not possible to identify meaningful trends in the data.

### **Protected Characteristic – Disability**

No employee(s) engaged in the formal stages of any HR Policies declared they have a physical or mental health condition or disability that would meet the definition of Disability under the Equality Act 2010.

As such, further analysis of this protected characteristic has not been carried out.

### **Protected Characteristic – Gender Reassignment**

No employee engaged in the formal stages of any HR Policies identified has declared they have undertaken, or plan to undertake, gender reassignment surgery.

As such, further analysis of this protected characteristic has not been carried out.

### **Protected Characteristic – Religion or Belief**

Data has not been consistently collated on the religion of belief of employees' subject to enactment of HR policies. While some information has been collated, the low resulting numbers in each group means that we are unable to report on the data that does exist.

Full reports are now in place and should enable reporting of this characteristic in future reports. For the purposes of this report, no further analysis is possible.

## Protected Characteristic – Sexual Orientation

All employees engaged in the formal stages of all HR Policies who declared a sexual orientation indicated that they were heterosexual.

As such, no further analysis of this characteristic has been undertaken.

## Protected Characteristic – Sex

Of the 11 staff involved in either disciplinary or grievance proceedings, 18.18% were female, and 81.82% were male.

Given that male employees make up only 42.57% of the workforce but 63.64% of employees engaged in the formal stages of HR Policies, it appears that men are overrepresented in that sample of employees who are subject to disciplinary procedures or who raise a grievance.

## Protected Characteristic – Age

The table below compares the proportion of staff in each age group in the State Hospital workforce as a whole, and those involved in the formal stages of HR processes.

Age Group	Workforce Proportion	Proportion in formal HR Processes
20-24	2.90%	*
25-29	9.49%	0.45%
30-34	10.56%	*
35-39	10.26%	*
40-44	11.33%	0.15%
45-49	13.17%	*
50-54	19.14%	0.30%
55-59	13.78%	*
60+	9.34%	*

There are three age groups who appear to be overrepresented in the proportion of the workforce involved in the formal stages of HR processes as compared to their relevant proportion of the workforce:

- Staff aged 25-29 make up 9.49% of the workforce, but 0.45% of those in the formal stages of HR processes.
- Staff aged 40-44 make up 11.33% of the workforce, but 0.15% of those in the formal stages of HR processes.
- Staff aged 50-54 make up 19.14% of the workforce, but 0.30% of those in the formal stages of HR processes.

## **Disciplinary Procedures - Management of Employee Conduct**

A total of seven employees were investigated under the Management of Employee Conduct Policy between 1 April 2020 and 31 March 2021.

## **Grievance Procedures**

One grievance was submitted under the Dealing with Employee Concerns (Employee Grievance) policy during the period 1 April 2020 and 31 March 2021 this was then withdrawn.

Due to small numbers of employees involved, it is difficult to draw conclusions from this data.

## **Protected Characteristic – Ethnicity**

More than half (51.28%) of the ethnicity data for the group of staff managed under this policy is unknown. 41.03% identified as White Scottish and 7.69% declined to share this information. As more than half of this information is unavailable, it is not possible to draw any meaningful conclusions from this analysis.

## REPORT 4 – GENDER PAY GAP

The State Hospitals Board for Scotland is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

The State Hospitals Board for Scotland understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require The State Hospital to taking the following steps:

- Publish gender pay gap information biennially.

It is good practice and reflects the values of The State Hospitals Board for Scotland that pay is awarded fairly and equitably. While some slight pay differentials are noted this is to do with the makeup of the workforce and the length of service and which pay point individuals have reached on their scale. The pay scales are national pay scales with clear rules and guidelines as to how individual should be placed and progress through their pay scale.

The State Hospitals Board for Scotland recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

### Analysis of Equal Pay at The State Hospitals Board for Scotland

The table on the next page provides the following information:

- The gender pay gap across the Workforce split into the three broad staff groups of Agenda for Change, Executive / Senior Managers and Medical and Dental.
- The comparison across the three staff groups and the breakdown by grade / job title across each of these three groups.

As noted above, whilst there would appear to be some gender pay gap differentials, all staff are paid on national pay scales with very clear rules and regulations about the placing and movement through the salary scales. The occupational segregation among the employees of The State Hospital, providing information on the concentration of men and women, persons who are disabled and persons who are not and persons who fall into a minority racial group and persons who do not.

Table A: Gender Pay Gap - Job Family					
Job Family		Female Employments	Male Employments	Gender Pay Gap Male to Female	Total Employments
Agenda for Change Staff Total		382	264	1.67%	646
MEDICAL AND DENTAL Total		5	8	24.50%	13
SENIOR MANAGERS Total			5		5
Grand Total		387	277	8.00%	664
Table B: Occupational Segregation by Gender					
Job Family	Grade	Female Employments	Male Employments	Gender Pay Gap Male to Female	Total Employments
SENIOR MANAGERS	Exec Mgr Grade C		2		2
	Exec Mgr Grade D		2		2
	Exec Mgr Grade E		1		1
SENIOR MANAGERS Total			5		5
Job Family	Grade	Female Employments	Male Employments	Gender Pay Gap Male to Female	Total Employments
MEDICAL AND DENTAL	Consult Psychiatry	4	7	1.71%	11
	Spec Doctors	1	1	38.93%	2
MEDICAL AND DENTAL Total		5	8	9.40%	13
Job Family	Bands	Female Employments	Male Employments	Gender Pay Gap Male to Female	Total Employments
ADMINISTRATIVE SERVICES	Band 2	2			2
	Band 3	22	2	2.67%	24
	Band 4	28			28
	Band 5	18	3	-14.01%	21
	Band 6	5	6	-11.81%	11
	Band 7	5	1	2.92%	6
	Band 8A	5	2	-3.82%	7
	Band 8B		1		1
	Band 8C	2			2
ADMINISTRATIVE SERVICES Total		87	15	16.96%	102
ALLIED HEALTH PROFESSION	Band 4	3	1	-6.68%	4
	Band 5	4			4
	Band 6	2	1	4.52%	3
	Band 7	3			3
	Band 8A	1			1
ALLIED HEALTH PROFESSION Total		13	2	-19.39%	15
NURSING/MIDWIFERY	Band 3	51	80	-0.26%	131
	Band 4	6	10	-0.31%	16
	Band 5	78	67	2.08%	145
	Band 6	17	19	0.59%	36
	Band 7	13	8	-2.43%	21
	Band 8A	5	2	15.23%	7
	Band 8B	2			2
	Band 8C	1	1	0.00%	2
NURSING/MIDWIFERY Total		173	187	-6.58%	360
OTHER THERAPEUTIC	Band 5	5			5
	Band 6	4	2	-2.37%	6
	Band 8A	4			4
	Band 8B		1		1
	Band 8C	3	2	-3.74%	5
	Band 8D		1		1
OTHER THERAPEUTIC Total		16	6	27.73%	22
PERSONAL AND SOCIAL CARE	(blank)	1			1
PERSONAL AND SOCIAL CARE Total		1			1
SUPPORT SERVICES	Band 2	59	10	1.09%	69
	Band 3	22	29	4.35%	51
	Band 4	6	1	-8.16%	7
	Band 5	2	5	0.34%	7
	Band 6	2	2	-18.35%	4
	Band 7	1	4	-6.86%	5
	Band 8B		2		2
	Band 8C		1		1
SUPPORT SERVICES Total		92	54	19.55%	146
Staff Total		382	264	1.67%	646



## SECTION 3

### Non-Executive Board Member Gender Profile

The Scottish Government Public Appointments Team is responsible for all appointments that are regulated by the Ethical Standards Commissioner, including the appointment of non-executive members of The State Hospitals Board for Scotland (the Board).

The Gender Representation on Public Boards (GRPB) 2018 Act requires that 50% of the Board's non-executive members are women, detailed as the Gender Representation Objective (GRO) for the boards of listed Scottish public authorities. Appointing persons and public authorities therefore require to take steps towards achieving the GRO.

The GBRP Act encourages boards to take positive action measures intended to address the disadvantage experienced by groups sharing a protected characteristic.

The legislation requires public bodies to report on progress during the period 29 May 2020 – 30 April 2021 in relation to meeting the requirements of the GBRP Act.

During this reporting period, three vacancies for non-executive board members arose. Given the timing of these vacancies, a single recruitment process was undertaken for all three vacancies.

A total of 24 applications were received from women, representing 44% of all the applications received. Three appointments were made; two of these were women.

There is a vacancy for the position of Chair of the Board, with the recruitment process currently underway, but not included in the data as the process will conclude out with the reporting period.

Currently, non-executive membership of the Board is 60% male and 40% female. Therefore, the GRO of 50% has not been met. Positive action measures were taken to encourage applications from women in this competition, through positive advertising, underlining the value of different experience and points of view. This specific wording aspired to realise applications from a wide range of talented people, irrespective of their religion or belief, sex, age, gender identity, disability, sexual orientation, ethnic origin, political belief, relationship status or caring responsibilities. It was highlighted that applications would be particularly welcome from people with protected characteristics who are under-represented, such as women, disabled people, LGBTI+ people, those from Black, Asian and Minority Ethnic communities and people aged under 50.