



**Progress Report on
Mainstreaming Report
and Equality Outcomes
2021- 2025**

April 2023

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Urdu

کیا آپکو انگریزی زبان سمجھنے میں مشکل پیش آتی ہے؟
اگر آپکو انگریزی زبان پڑھنے یا سمجھنے میں مشکل پیش آتی ہے
تو یہ دستاویز آپکی مرضی کی زبان اور برٹش سائن لینگویج
(بی ایس ایل) میں بھی دستیاب ہے
برائے کرم مارگریٹ ڈننگ، این ایچ ایس ٹے سائیڈ بورڈ سیکریٹری
سے فون، لکھ کر یا ای میل کے ذریعے رابطہ کریں -

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1. Introduction

Equality should be at the heart of the NHS so that we can provide both support for our staff and services that meet the needs of our patients, communities and the public at large. Embedded with equality there should be a human rights based approach where human rights are also considered as part of how we live, what our rights are as human beings and when/how these rights may be impacted on or breached. We have a right to health, and nutrition as well as equal access to services and the right to privacy, dignity and respect.

As we developed our last NHS Tayside Mainstreaming Report 2021-2025 we were in the midst of a pandemic which affected people's lives in many ways and highlighted even more the inequalities, discrimination and human rights issues that already existing within society but were brought to the forefront by the pandemic.

The Equality and Human Rights Commission published its first report on ***How Coronavirus has Affected Equality and Human Rights 'Is Britain Fairer' Report Series*** which can be accessed through the link:

[Equality and Human Rights Commission \[EHRC\] – How coronavirus has affected equality and human rights 2020 \(equalityhumanrights.com\)](https://equalityhumanrights.com)

This report and guidance from EHRC highlighted that we needed to ensure that our Equality Outcomes were clear, robust and would help to tackle these inequalities and make us a fairer society and would need to address the issues of inequality and fairness for those who use our services, work for us and access our services.

Since we have come out of lock down and a vaccination programme has allowed us to live with this virus much evidence has been produced from research into how COVID-19 and the pandemic impacted on communities, societies, patients and equality groups and those particular protected characteristics who have been disproportionately affected by the pandemic, eg age and older people, ethnic minorities, disabilities and disadvantaged/socioeconomically deprived.

2. Background

To meet its corporate responsibility and legal duty to set out what NHS Tayside wishes to achieve through its mainstreaming activities NHS Tayside was required to produce and publish a mainstreaming report and equality outcomes. NHS Tayside published its third Mainstreaming and Equality Outcomes report 2021-2025 on 30 April 2021, see link below:

[Mainstreaming and Equality Outcomes Report 2021 - 2025](#)

NHS Tayside also has a legal duty to report on progress with how we are mainstreaming equality and making progress with meeting our equality outcomes every two years.

To meet this requirement NHS Tayside will publish this report by 30 April 2023.

The report must detail what NHS Tayside has done over the last two years to make Equality and Diversity an integral part of the way it functions as an organisation. The report must detail NHS Tayside's work in relation to each of the nine protected characteristics as described by the Equality Act 2010.

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race - ethnicity
- Religion or belief
- Sex
- Sexual orientation

The background to the Equalities Legislation is detail under the Legal Background on pages 9 – 11 of the [Mainstreaming and Equality Outcomes Report 2021 - 2025](#)

3. Equality Outcome Implementation Group

In 2021 NHS Tayside Equality Implementation Outcome Group (EOIG) was set up by the Corporate Equalities team, to provide leadership to the action required, to monitor the progress and to improve the reporting on the Equality outcomes. The group includes membership from all departments responsible for our Equality Outcomes and from our three Health and Social Care Partnerships.

The purpose of this group is to:

- To provide assurance to Tayside NHS Board through the Equality and Diversity Governance Group (EDGG) that NHS Tayside is complying with the actions and implementation of the Equality Outcomes identified in the Mainstreaming and Equality Outcomes Report.
- To produce and progress an action plan to identify key responsible persons to ensure each Equality Outcome has assigned actions and progression with implementation.
- To provide a central point of communication and feedback on each Equality Outcome.

4. Staff Training and support

In order to support our staff regarding their responsibilities and compliance with the equalities and human rights legislation NHS Tayside provides equality training and communicates key information and updates through a number of different channels including specific meetings, staff newsletters, information on staffnet and sometimes through social media, eg NHS Tayside Facebook page.

LearnPro

NHS Tayside's mandatory and statutory training is provided through the corporate LearnPro training system. The Equality and Diversity LearnPro module is mandatory for all NHS Tayside staff.

A LearnPro report is produced by the Workforce Directorate for the Staff Governance Committee each month to allow the Staff Governance Committee to monitor compliance with the mandatory and statutory modules.

The target is to work towards all statutory and mandatory training achieving 90% or over compliance. The current compliance for the Equality and Diversity, Human Rights 2019 mandatory module is 85%.

A review of the Learn Pro Equality and Diversity module has been delayed due to staffing pressures within Corporate Equalities Team. This has been identified as a priority and will be actioned by end of May 2023.

NHS Scotland's TURAS platform also provides access for staff to additional Equality and Diversity training resources.

Equality and Diversity Champions Training Programme

We now have over 274 Equality and Diversity Champions across NHS Tayside, the three Health and Social Care Partnerships (HSCPs), Primary Care and Independent contractors. The programme is delivered over 3 days and the objectives are to ensure that participants are skilled, knowledgeable, confident and competent in:

- Understanding some of the key concepts in relation to prejudice, stereotyping, discrimination and how they all impact on all of us
- The NHS policy context; why equality and diversity are important issues for the NHS, business, legal and moral case
- The Equality Act 2010 The Public Sector Equality Duty and The Fairer Scotland Duty
- Challenging inappropriate behaviours, including bullying, harassment and discrimination.
- When, how and what to say around the thorny issue of 'political correctness'

Our next training programme is in August 2023 and training dates will be identified for the year 2024 by autumn 2023. We have over 92 staff on the waiting list to be trained as Equality and Diversity Champions. Information is available on the Equality Diversity and Human Rights Staffnet page in the Equality and Diversity Champions section. We also have a breakdown of

all the Equality and Diversity Champions by their location and information on how you can contact them published on the page.

The Equality and Diversity Champions network meetings are set up to support the Equality and Diversity champions. These are monthly meetings but Champions are requested to attend two meetings per year as a minimum but if they wish they can attend more than two.

There is a programme of training/awareness/education sessions that have been agreed to be delivered throughout the year at the Champions Network meetings in the following topic areas:

- LGBTQ+ awareness sessions on use of terminology
- Gender recognition Bill
- Equality and diversity legislation
- Adult Support and protection
- BSL awareness sessions
- Awareness sessions on gender based violence
- Awareness sessions on all employee networks: Carers, BAME, Disability and LGBTQ+

All Equality and Diversity champions have been requested to attend these update training sessions to ensure that their knowledge and understanding is kept up to date on key equality related priority areas.

Interpretation and Translation (I&T) Awareness sessions

Drop in sessions were organised by the Corporate Equalities Team for staff to come along and seek advice and information on how they can meet the communication needs of patients who require interpretation services. These sessions were delivered in March 2023 in Arbroath Infirmary, Ninewells Hospital, and Perth Royal Infirmary.

Our NHS British Sign Language (BSL) Interpreters have also been delivering bespoke training to wards and departments. They have also been working closely with clinical teams and admin staff on how to work with an interpreter with a particular focus on how to work with a BSL Interpreter and a Deaf/deafblind patient. They also deliver generic BSL awareness sessions once a month.

Equality, Diversity and Human Rights Information on Staffnet

The Equality, Diversity and Human Rights staffnet pages have been developed to provide NHS Tayside staff with an area where they can find information about equality, diversity and human rights.

The Corporate Equalities Team

The Corporate Equalities Leadership Team comprises of the Head of Corporate Equalities and four team leads who are available to provide training and support to staff regarding equality, diversity and human rights.

The Corporate Equalities Team also engage with a range of service users and stakeholders regarding various aspects of equality, diversity and human rights.

The Corporate Equalities Team can be contacted by using the following email address tay.corporateequalities@nhs.scot

5. Equality Outcomes 2021 – 2025

In the 2021 Mainstreaming Report we developed Equality Outcomes for each of the nine protected characteristics to allow us to be more explicit with our actions. Each outcome, if delivered, would therefore contribute to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between persons who share a relevant protected characteristic and persons who do not share it and ensure the Public Sector Duty is an integral part of the way NHS Tayside functions.

For each of NHS Tayside's 11 Equality Outcomes there were a number of supporting actions which have been monitored and reported on through our governance structure for Equality and Diversity.

Governance Reporting

NHS Tayside's Mainstreaming Report and Equality Outcomes for 2021- 25 was approved by Tayside NHS Board in April 2021.

This progress report will be provided to Tayside NHS Board in April 2023 and to the Care Governance Committee and Staff Governance Committee.

Due to a number of factors including responding to COVID-19 and staffing pressures within the Corporate Equalities Team this has meant progress within the first two years has not been as advanced as we would have wished.

Following the publication of the progress report a new two year action plan for 2023 – 2025 will be developed. The actions will be monitored by the multi-disciplinary Equality Outcome Implementation Group (EOIG) which is chaired by the Head of Corporate Equalities. Following each meeting of the EOIG an assurance report will be provided to the Equality and Diversity Governance Group.

Reporting from the EDGG will be to the Care Governance Committee for person centred care, Staff Governance Committee for employment duties and Public Health Committee for the Fairer Scotland Duty.

In April 2025 when NHS Tayside will develop and publish its new and fourth Mainstreaming Report and Equality Outcomes for 2025 – 2029 it will again report on progress with these Equality Outcomes 2021 – 2025.

Equality Outcome 1

Meet our legal duty to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and produce the required statutory reports.

This Equality Outcome has actions for the period 2021 - 2025 and also 2021 – 2022.

Equality Outcome 1: Actions 2021 – 2025	
Action	Progress with Actions
1.1. Equality outcomes report published every four years. This sets out what NHS Tayside wishes to achieve with regard to each of the nine protected characteristics over a four year period and with a two yearly progress update.	<p>The Mainstreaming Report was published on 30 April 2021: Mainstreaming and Equality Outcomes Report 2021 - 2025</p> <p>The Progress Report on the Mainstreaming and Equality Outcomes 2021-2023 provides a two year update on progress to achieve the Equality Outcomes.</p>
1.2. An annual equality and diversity workforce monitoring report. This is a report examining all aspects of the NHS Tayside workforce. This includes an analysis of recruitment, retention, training, promotion and disciplinary action processes in terms of each of the nine protected characteristics.	<p>Annual workforce monitoring reports are integral to the Board fulfilling the requirements of the Public Sector Equality Duty, the duty to gather and use employee data as well as report on the Gender Pay Gap and Occupational Segregation Analysis of the workforce based on Disability, Race and Sex. The Workforce Monitoring Report covers data on all nine protected characteristics and is aimed at encouraging a more inclusive workforce.</p> <p>They have been published as below:</p> <p>NHS Tayside's Workforce Monitoring Report 2021 (for the calendar year 2020)</p> <p>NHS Tayside's Workforce Monitoring Report 2022 (for the calendar year 2021)</p> <p>NHS Tayside's Workforce Monitoring Report 2023 (for the calendar year 2022) (Appendix 1)</p>

Equality Outcome 1: Actions 2021 – 2025

Action	Progress with Actions
	<p>The Workforce Monitoring Report 2023 contains data on workforce composition, recruitment, development and retention for all nine protected characteristics. Some of the data available covers multiple years with progress being made to widen availability of data providing multiple year comparisons for all protected characteristics.</p>
<p>1.3. An equal pay report every two years to ensure there is no gender differential on pay between female and male staff. Every fourth year, the report must also include information to ensure there is no pay differential in terms of race or disability.</p>	<p>An Equal Pay Statement was published on NHS Tayside’s website in 2021:</p> <p>Equal Pay Statement</p> <p>The Occupational Segregation Analysis report focusses on identifying any areas of under-representation either in job families or job grades as well as taking necessary action, promoting equal opportunities in order to reduce pay gaps.</p> <p>For the first time, the Occupational Segregation Analysis Report (Appendix 2) looked at equal pay for the protected characteristics of Disability and Race as well as Sex. The report considered the impact part-time working patterns might be having on the overall pay gaps. The report also took an intersectional approach exploring the impact of Sex on equal pay rates for Disability and Race, providing an at a glance summary for all three protected characteristics.</p> <p>Over the last year, two focused meetings have taken place looking at how employee monitoring systems can be better utilised to produce additional equalities monitoring data and another looking at how reporting on development opportunities can be improved upon. Difficulties with arranging Public Sector Equality Group meetings from the latter half of 2022, has resulted in a delay in discussing proposed actions/recommendations.</p>

Equality Outcome 1: Actions 2021 – 2025

Action	Progress with Actions
<p>1.4. Seek to explore how the roll out of eESS self-service as a tool which might improve the quality of protected characteristic data held by it and to seek to improve the quality of the data held.</p>	<p>An eRostering Programme Board has been established to oversee the roll-out of the Electronic Employee Support System (eESS) self-service tool. It held its first meeting on 27 January 2023.</p> <p>Progress is still continuing to be made regarding the depth and quality of employee monitoring data reported upon. The introduction of Business Objects should help integrate separate reporting systems providing more tailored data for future reports. The delay in the introduction of eESS Self-Serve means less progress has been made in reducing the levels of “Don’t Know” and “prefer Not to Say” responses in both reports. Nonetheless, year on year, we are seeing declines in both categories in terms of Disability, Ethnicity and Sexual Orientation reporting which had been priority actions set previously.</p> <p>At this stage of reporting, it is only possible to draw possible inferences from the data. A number of questions have been posed throughout the Workforce Monitoring Report 2023 acting as markers either for further monitoring or further investigation.</p> <p>Key findings from the reports in Appendix 1 and Appendix 2 include:</p> <ul style="list-style-type: none"> • Under representation in the NHS Tayside workforce composition of a number of people from protected groups covered by protected characteristics; • Disproportionate impact small numbers of employees have on overall percentage changes; • Some people from protected groups being more likely to be recruited than others; • Continued recovery from the COVID-19 pandemic has resulted in a significant increase in completed appraisals in 2022; • Movement between bands more likely for some groups than others but insufficient data to confirm isolated instance or trend; • In the last three years, the NHS Tayside Gender Pay Gap has fallen from -18.1% to -16.24%;

Equality Outcome 1: Actions 2021 – 2025

Action	Progress with Actions
	<ul style="list-style-type: none"> When Gender is compared to Black and Minority Ethnic (BME) and Non-BME and Disabled and Non-Disabled staff members, the gap is the widest between BME female and male staff and the narrowest between Disabled female and disabled male staff members.
<p>1.5. NHS Tayside will evaluate local wellbeing initiatives put in place in response to COVID-19 and consider their ongoing development.</p>	<p>NHS Tayside has established a Wellbeing Group. This is co-chaired by the Employee Director and Director of Workforce.</p> <p>NHS Tayside's highlighted its commitment to further extend the Staff Wellbeing programme and issued a Vital Signs to this effect in January 2023 encouraging more staff to sign up to become Wellbeing champions. The Occupational Health Service provides counselling for any employee who requires it via Care First. This employee assistance programme was evaluated in the summer of 2022 and has been extended for another two years.</p> <p>An NHS Tayside Mental Health and Wellbeing policy has also been developed that can assist and support staff with their mental health and wellbeing at work: NHS Tayside Mental Health and Wellbeing policy</p> <p>Wellbeing service is available for all staff to access. This service is supported by Spiritual care Team and qualified chaplains who are part of the Listening Service.</p> <p>There is a section on Staffnet for staff to access regarding Healthy Working Lives.</p>
<p>1.6. NHS Tayside will evaluate flexible and agile working, including working from home, to assess the beneficial impacts or otherwise to staff.</p>	<p>A Once for Scotland policy on flexible working is currently awaited.</p>

Equality Outcome 1: Actions 2021 – 2022

Action	Progress with Actions
<p>1.7. Promote the importance of the collection of staff data with our Staff Networks to seek their support in promoting the need to ensure that protected characteristic data should be provided and updated to allow the organisation to make informed decisions.</p>	<p>All Workforce Monitoring Reports are shared with Staff Networks for consultation and engagement to help inform actions.</p> <p>Having a diverse workforce serving a local diverse population is known to produce more inclusive better quality care.</p>
<p>1.8. Review the Equality and Diversity LearnPro awareness training module.</p>	<p>A review of the Learn Pro Equality and Diversity module has been delayed due to staffing pressures within Corporate Equalities Team. This has been identified as a priority and will be actioned by end of May 2023.</p>
<p>1.9. Engage with staff to ensure all staff complete our Equality and Diversity LearnPro awareness training module on an annual basis.</p>	<p>LearnPro statistics from the LearnPro Team are shared with Head of Corporate Equalities on a monthly basis to show compliance and uptake. If required actions are identified to encourage completion of the module.</p> <p>In September 2022 the Learning and Development Team embarked on a programme to increase compliance of all Mandatory and Statutory Modules.</p> <p>The plan was to review the LearnPro module figures on a monthly basis with the hope to see an increase to 90% or over. The programme will continue to run over until September 2023.</p> <p>A Vital Signs was issued in February 2023 to encourage all staff to complete the Equality and Diversity module.</p> <p>Awareness regarding this has also been highlighted in the Interpretation and Translation newsletters.</p>

Equality Outcome 1: Actions 2021 – 2022

Action	Progress with Actions
	<p>The most recent and current uptake figures presented to the Staff Governance Committee for the mandatory Equality and Diversity module up until 18 April 2023 are 85% which is a 3% increase from the last published baseline figure in September 2022 (82%).</p> <p>A table detailing the Equality Diversity and Human Rights LearnPro completion levels across the organisation is in Appendix 3, Section 1.</p>
<p>1.10. Support the introduction of a revised Once for NHS Scotland Embracing Diversity and Human Rights Policy.</p>	<p>There is not yet a revised Once for NHS Scotland Embracing Diversity and Human Rights Policy.</p> <p>NHS Tayside would very much support the development of this.</p>
<p>1.11. Work with Care Opinion to facilitate feedback from users of the I&T services and to ensure that this platform is accessible to all regardless of any disability or language barrier.</p>	<p>Care Opinion, formerly Patient Opinion, is a non-profit organization offering patients an opportunity to offer feedback online about their experience of health and social care (Care Opinion). Staff are encouraged to direct patients to submit general feedback via Care Opinion, and for issues of a critical or serious nature via the NHS Tayside's Complaints and Feedback team. NHS Tayside's Interpretation & Translation Service began collaborating with Care Opinion in 2020 at a management level, to develop a model for the translation and moderation of patient stories prior to rolling it out across the UK.</p> <p>The BSL and spoken language teams from NHS Tayside became involved from January 2021. The BSL team reviewed the signed videos on Care Opinion's corporate site, and its accessibility for BSL users. Both teams collaborated with Care Opinion to create the means by which patients, whose first language is not English, to upload feedback in their first or preferred language. As maintaining anonymity is at the heart of Care Opinion, one of the main challenges was to create a pathway for BSL patients submitting feedback by video. The Interpretation and translation spoken languages interpreting team identified</p>

Equality Outcome 1: Actions 2021 – 2022

Action	Progress with Actions
	<p>issues with the accuracy of Google translate. Additionally, the teams considered issues around impartiality, conflict of interest and additional workload.</p> <p>In January 2022, the Interpretation and Translation Service created translated versions of NHS Tayside on How are we doing questionnaire in Polish, Arabic, Romanian, Cantonese and Urdu</p> <p>In August 2022, both teams trialled mock translations, to ensure the pathways were fit for purpose, after which Care Opinion delivered moderator training.</p> <p>The first Romanian and BSL stories, with departmental responses, were published In October 2022 and January 2023 respectively.</p> <p>The Care Opinion Lead/Patient Liaison Response Coordinator has been pivotal in raising awareness of Care Opinion across NHS Tayside clinical settings and asking staff to promote it to patients. Care Opinion is liaising with the Scottish Government to secure additional funding for the translation of publicity materials into other languages.</p>
<p>1.12. Review NHS Tayside’s Feedback and Complaints procedures to ensure accessibility to this regardless of any disability or language barrier.</p>	<p>The Complaints and Feedback Team requested documents to be translated in May 2022 and these documents are now available on Staffnet and NHS Tayside’s website.</p> <p>The Corporate Equalities BSL team are currently discussing with the Complaints and Feedback Team how to make the complaints and feedback service accessible for Deaf/BSL users.</p>
<p>1.13. Work will also be progressed in the area of complaints to ensure ethnicity data is collected.</p>	<p>NHS Tayside’s Complaints and Feedback Team do not currently collect ethnicity data.</p> <p>The Corporate Equalities Team are providing input regarding this as part of the Feedback and Complaints accessibility review.</p>

Equality Outcome 2

Age: A person belonging to a particular age or range of ages.

Promote Person Centred Care and address ageism.

Equality Outcome 2	
Action	Progress with Actions
2.1 Support a multi-disciplinary multi-agency approach with the three Health and Social Care Partnerships and other partners in Tayside to share best practice, training resources and knowledge.	<p>The Corporate Equalities Team Leads each link with one of the three Health and Social Care Partnerships (HSCPs).</p> <p>The three HSCPs have representation on the NHS Tayside's Equality and Diversity Governance Group.</p> <p>An Equalities Outcome Implementation Group was established in 2021 to take forward the Equality Outcomes Actions and has representation from the HSCPs.</p> <p>The Corporate Equalities Team liaise with their colleagues within our local authorities and liaise with other public and third sector stakeholders to share learning and knowledge.</p>
2.2 Undertake equality impact assessment of changes to service provision including discharge planning.	<p>The EQIA Policy has been revised and updated. Communication has been shared about this through the Equality and Diversity Newsletter, the Equality and Diversity Champions Network meetings, and information has been updated on the Equality, Diversity and Human Rights Staffnet page with a link to the new and revised EQIA policy.</p> <p>All Equality Impact Assessments (EQIA) are now reviewed by the Corporate Equalities Team. A generic email address for the Corporate Equalities Team has been set up to facilitate this and this has been promoted across NHS Tayside.</p>

Equality Outcome 2

Action	Progress with Actions
<p>2.3 In collaboration with educational partners seek to re-establish the employability programmes to enable career opportunities for younger people who are at disadvantage in the labour market.</p>	<p>In 2022 the 'Best Start, Bright Futures' strategy was laid before Parliament as part of the tackling child poverty delivery plan. NHS Scotland offered 500 apprenticeships in 2022/23 which doubled the level of existing apprenticeships.</p> <p>Foundation Apprentices (FA) have been targeted at young people in school. This offers college based learning. NHS Tayside build on a pilot used in Dundee and Angus Colleges with the allocation of places in Dundee and Angus.</p> <p>Modern Apprenticeships (MA) have been in place for a number of years for 16-24 year olds to reduce youth unemployment and there have been many changes to this approach over the years. NHS Tayside's first intake of Technical Apprenticeships for pharmacy technicians took place in April 2022 and with the second cohort in September 2022.</p> <p>Work experience placements provide young people with the opportunity to experience working for the NHS and an opportunity to consider a career in health. Following a pause during the pandemic the work experience programmes were restarted with a new process being put in place.</p> <p>All work placements are now be coordinated through the Development team in workforce directorate which ensures the correct process are followed and access to placements is consistent and fair.</p> <p>A young person must be 16 years or more to be considered for work experience and each secondary school across Tayside has a designated Developing Young Workforce (DYW) coordinator who works with senior pupils to explore career paths after school.</p> <p>Following a successful application the coordinator will arrange the placement and manage applications from young people.</p>

Equality Outcome 3

Disability: A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Meet the communication and health care needs of our disability communities and prioritise the promotion of good health to advance equality of opportunity and access to health care and health care information.

Equality Outcome 3	
Action	Progress with Actions
3.1 Retain our Disability Confident Employer Level 2 status at renewal in autumn 2022 then work toward achieving the next level as NHS Tayside has an aspiration of becoming a Disability Confident Level 3 employer. This means becoming a Disability Confident Leader employer in the Tayside area helping and assisting other local employers to become Disability Confident.	<p>We have now achieved Disability Confident Level 3 status as a Disability Confident Leader.</p> <p>Work will now begin to retain this level which will be led by our Workforce Directorate and reported through the established Workforce governance route and Staff Governance Committee.</p>
3.2 Support the further development of the Staff Disability Network to enhance the work experience of our staff with disability.	<p>The Employee Disability Network continues to support our colleagues with a disability and reports on how we are supporting and enhancing the work experience of our staff with disability. The Chair of this network is a member of the EOIG and provides updates and reports to the EOIG.</p> <p>There are circa 80 members now in the Disability Employee Network.</p> <p>The Disability Employee Network have reported to the Workforce and Governance Group after carrying out a survey amongst its members. A follow-up meeting occurred with the</p>

Equality Outcome 3	
Action	Progress with Actions
	<p>Depute Director of Workforce resulting in an action plan to implement agreed actions with the governance surrounding progress to be overseen by the Network.</p> <p>The Corporate Equalities Team provides support to each of the Employee Networks and if any member of staff wishes to join this or any other NHS Tayside Employee Network then they can contact Elizabeth MacCrimmon who provides some administrative support (elizabeth.maccrimmon@nhs.scot).</p>
3.3 Establish a Carers Network recognising during COVID-19 many staff have carried out unpaid caring roles.	<p>A Carers Employee Network has now been established and the Chair of this network is also a member of the EOIG.</p> <p>There are currently over 70 members in the NHS Tayside Carers Network, the group have met four times in the last year. Information to raise awareness of the Network is communicated to staff at different times of the year and a video has been created to promote the Network: Carers Employee Network</p> <p>Staff can access the Carers Network to share their experiences, good or bad, to help make a difference for other staff who are also carers. They can be involved as much or as little as they like, from attending carers events with guest speakers where they can meet other colleagues who are carers and have a chat over a coffee or just receive regular emails with carer information that may help support them in their caring role. There is a trained mediator on offer to carers as a way of facilitating conversations with managers and carers that may be experiencing difficulties, this has been accessed several times over the past year.</p> <p>A specific email has been set up for staff to use and is checked Monday – Friday: tay.carers@nhs.scot</p> <p>There is also a Carers Information page set up on Staffnet.</p>

Equality Outcome 3	
Action	Progress with Actions
	<p>At present NHS Tayside is a Carer Positive employer at Established level and an application has just been submitted for Exemplary status in past few weeks.</p> <p>The Corporate Equalities Team provides support to each of the Employee Networks and if any member of staff wishes to join this or any other NHS Tayside Employee Network then they can contact Elizabeth MacCrimmon who provides some administrative support (elizabeth.maccrimmon@nhs.scot).</p>
3.4 Facilitate all requests for a BSL interpreter both in hours and out of hours.	<p>NHS Tayside Interpretation and Translation is the only service within the NHS in Scotland that provides face to face BSL interpreters for all appointments 24/7, and 365 days a year.</p> <p>We are required to report on progress with the actions identified in NHS Tayside's BSL Local Action Plan (2018 - 2024). This is to meet our legal responsibilities as set out in The BSL Scotland Act 2015. Significant progress has been made with the Local Action Plan.</p> <p>The NHS Tayside British Sign Language Progress Report 2018 - 2021 has been published and translated into BSL and shared on NHS Tayside website site</p> <p>These documents are available on the following page on NHS Tayside's website: Equality and Diversity Publications</p>
3.5 Promote the appropriate use of Contact Scotland Video Relay Service.	NHS Tayside has continued to promote awareness across departments on the use of Contact Scotland video remote service.
3.6 Ensure portable induction loops and install fixed induction loops are put in place when	<p>NHS Tayside's Facilities Directorate are aware of this requirement.</p> <p>This requirement would form part of the EQIA process.</p>

Equality Outcome 3	
Action	Progress with Actions
new buildings are commissioned or existing buildings upgraded.	
3.7 Identify improvements to facilitate better access to NHS Tayside's premises for people with a disability or age-related mobility issues.	This is currently not reported. NHS Tayside will ensure this forms part of the 2023 – 2025 Equality Outcomes Action Plan.
3.8 Support mental health initiatives, such as the Butterfly Scheme for people with dementia and the See me campaign to help overcome the stigma often associated with mental ill health.	A new Mental Health and Wellbeing Policy with input from the disability Equality Network, including staff members with lived experience, was approved early in 2023.
3.9 Continue to consult our local disability and age communities on relevant services and proposed service developments and ensure Equality Impact Assessment are carried out as a result of any service changes.	<p>NHS Tayside's Corporate Equalities Team have promoted their availability to support managers who are undertaking changes or developments to services to ensure an Equality Impact Assessment is instigated at the start of these types of projects.</p> <p>The Team have worked with a number of managers to ensure that EQIAs have been undertaken to demonstrate that NHS Tayside has assessed the impact of decisions on protected groups which is a requirement under the Equalities Act.</p>

Equality Outcome 4

Gender: The process of transitioning from one gender to another.

Meet the specific healthcare needs of our transgender staff and communities.

Equality Outcome 4	
Action	Progress with Actions
4.1 Develop a gender reassignment policy for patients.	<p>The Gender Recognition (Scotland) Bill which seeks to streamline the process by which transgender individuals in the UK can legally apply to change the gender listed on their birth certificate, completed the final stage of the Scottish legislative process in December 2022.</p> <p>However on 16 January 2023 it was blocked from receiving Royal Assent and it now cannot proceed in its current form because of the impact that it would have on UK wide equality matters including employment matters. The Bill is being reconsidered in Scottish Parliament.</p> <p>Therefore NHS Tayside has not progressed with a gender reassignment policy but in the interim, NHS Tayside has been directing staff to the use of the EHRC “Separate and Single Sex Provider’s Guide”.</p>
4.2 Develop transitioning guidance for staff to help them understand gender and transgender including the wide terminology used in this area.	<p>A working group has been established in NHS Tayside to take forward the actions to develop an NHS Tayside Transgender policy for the protected characteristic of gender reassignment.</p> <p>This work was paused due to the Scottish Government Workforce Directorate considering the development of a Once for Scotland approach to the development of a policy to allow all Boards to take a consistent approach to meeting the needs of those with the protected characteristic of gender reassignment. This is ongoing.</p>

Equality Outcome 4	
Action	Progress with Actions
	<p>National Once for Scotland guidance has been produced by Healthcare Improvement Scotland (HIS) about Inclusive Language: HIS Inclusive Language Guide.</p> <p>The words we choose when we write and speak are powerful. Careless use of language can cause offence and imply that we are making assumptions about people, whereas considered and inclusive language is respectful and helps to value people for who they are. We should be aware of the language we use and the impact it has. It is important to reflect on the words we use and to support each other with kindness to use the right terms.</p> <p>Individuals should avoid use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability, and health condition unless these have clear and evident relevance. The HIS guide aims to provide explanations for some of the terms we may use as part of our work, give confidence in using inclusive language when communicating and create a more inclusive environment for everyone.</p> <p>The HIS guide has been shared with NHS Tayside's Equality and Diversity Champions and further training will be provided through the Equality and Diversity Champions network meetings to ensure that inclusive communication forms part of everyone's role in NHS Tayside and to allow the Equality and Diversity champions to take this learning back to their areas of work and share it wider with their colleagues and teams.</p>
4.3 Ensure services meet the needs of transgender patients and that EQIAs are undertaken for any service changes or developments.	NHS Tayside's Corporate Equalities Team have promoted their availability to support managers who are undertaking changes or developments to services to ensure an Equality Impact Assessment is instigated at the start of these types of projects.

Equality Outcome 4	
Action	Progress with Actions
	The Team have worked with a number of managers to ensure that EQIAs have been undertaken to demonstrate that NHS Tayside has assessed the impact of decisions on protected groups which is a requirement under the Equalities Act.
4.4 Review the Equality and Diversity LearnPro awareness training module regarding gender reassignment to ensure improved understanding in relation to gender reassignment.	<p>A review of the Learn Pro Equality and Diversity module has been delayed due to staffing pressures within Corporate Equalities Team. This has been identified as a priority and will be actioned by end of May 2023.</p> <p>This will be taken in to account during this review.</p>

Equality Outcome 5

Marriage: This is a union between a man and a woman or between a same-sex couple.

Civil Partnerships: Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

The Civil Partnership (Scotland) Act 2020 makes civil partnership available to mixed sex couples in Scotland. Intentions can be submitted

Ensure we do not discriminate against staff or patients because they are married or in a civil partnership.

Equality Outcome 5	
Action	Progress with Actions
5.1 Ensure that married staff or staff in a civil partnership are not treated differently from other staff and that our policies or way of working does not put staff who are married or in a civil partnership at a disadvantage.	NHS Tayside continues to ensure that those couples in a marriage or civil partnership are not discriminated against through the application of any of NHS Tayside's policies.
5.2 Raise awareness through staff training of the possibility of undisclosed same sex marriage or civil partnerships to ensure the rights of the same sex marriage partner or civil partner are respected.	NHS Tayside continues to ensure that those couples in a marriage or civil partnership are not discriminated against through the application of any of NHS Tayside's policies. This will be included in the review of the LearnPro module.
5.3 Remind staff that needs of marriage partners, civil partners and common law partners need to be considered, especially if they are a carer and of the requirement	This will be included in the review of the LearnPro module.

Equality Outcome 5	
Action	Progress with Actions
to keep partners fully informed and involved in the provision of care.	It is proposed that the next issue of the Equality and Diversity Newsletter will contain an article about the diverse backgrounds of carers and the need to ensure their involvement in patient care where the patient has consented to this.

Equality Outcome 6

Pregnancy: This is the condition of being pregnant or expecting a baby.

Maternity: This refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Meeting the specific health care needs of pregnant and nursing mothers.

Equality Outcome 6	
Action	Progress with Actions
6.1 All pregnant staff should have a workplace risk assessment.	<p>NHS Tayside workforce processes ensures that all staff who are pregnant or on maternity leave have risk assessments carried out to ensure that they are safe at work and workplace adjustments are made if required.</p> <p>Revised guidance for staff who are pregnant and the importance of having a risk assessment done was issued in June 2022: <u>New and Expectant Mothers' Risk Assessment Policy</u></p> <p>This was communicated to all staff through a Vital Signs in June 2022.</p>
6.2 Respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.	NHS Tayside has a Flexible Working Policy and a Term Time Working Policy however these are due to be superseded by a Once for Scotland Policy. This is expected in September 2023.
6.3 Ensure that pregnant staff receive their full NHS maternity leave and pay entitlements.	NHS Tayside has a Maternity Leave Policy however this is due to be superseded by a Once for Scotland Policy.

Equality Outcome 6	
Action	Progress with Actions
	Once this has been received NHS Tayside will communicate this to ensure staff are aware of key information about maternity leave and benefits.
6.4 Work to improve the outcome of Black Minority Ethnic mothers.	<p>Risk Assessments are undertaken for our pregnant BME members of staff. These ensure that the necessary mitigations and workplace adjustments are put in place.</p> <p>Communication is an important aspect in maternity services. There has been successful pilots of the InSight App within maternity services (the InSight App is a communication tool that allows the clinician and patient to connect to an interpreter using a video interpreting service).</p> <p>Also the Near me system (which is a video service that enables people to attend appointments from home or wherever is convenient) has facilitated interpretation for BME mothers.</p>

Equality Outcome 7

Race: This refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Meet the communication and health care needs of our ethnic and other communities and prioritise the promotion of good health to advance equality of opportunity and access to health care and health care information.

Equality Outcome 7	
Action	Progress with Actions
7.1 Promote positive health and wellbeing and carry out health promotion work within our ethnic communities in co-operation with our three Health and Social Care Partnerships and other partner agencies in Tayside.	<p>The Corporate Equalities has undertaken community engagement work in liaison with the COVID-19 vaccination service. Members of the Interpretation and Translation service went to various community locations to promote the vaccination service and were able to facilitate question and answer sessions.</p> <p>The Corporate Equalities Team have also worked closely with the Health and Social Care Partnerships to support them regarding Tayside wide patient facing health related communications.</p> <p>The Corporate Equalities Team have worked with the University of Dundee to develop health messaging for medical students.</p>
7.2 Continue to develop NHS Tayside's Interpretation and Translation Service by directly employing spoken language interpreters for the most used non English languages in Tayside to support face to face interpretation.	<p>NHS Tayside's Interpretation and Translation Service has continued to develop its In House spoken language team to reflect the top ten languages. See Appendix 3, section 2 for further information.</p>

Equality Outcome 7

Action	Progress with Actions
<p>7.3 Promote the use of NHS Tayside's Interpretation and Translation services and alternatives to this, for example Language Line and Global Connects. Ensure all non English speaking patients receive face-to-face interpretation or telephone interpretation service and ensure both are also available to support all NearMe video consultations.</p>	<p>During 2021 NHS Tayside's Corporate Equalities Interpretation and Translation Team started piloting the InSight App (a remote video interpreting service) at the three main vaccination centres in Tayside for spoken language interpretation.</p> <p>The Interpretation and Translation team worked with clinical and administrative staff in NHS Tayside, GP Practices and Health and Social care to raise awareness of this option and how to use it.</p> <p>During 2021 to 2022 the Corporate Equalities Team Leads have liaised with clinical services to promote the InSight App and gained agreement for piloting and implementation in a number of areas across NHS Tayside. This will now be rolled out in NHS Tayside from 2023 onwards.</p> <p>The Corporate Equalities Administration team have been working with the Near Me Team to help to increase the uptake of the use of the NearMe platform to facilitate interpretation within GP surgeries</p> <p>From 2021 the BSL Team have been working to trial the use of Video Relay Service for BSL users. This is being trialled as part of the triage process within Accident and Emergency and GP services. This is not to replace the face to face BSL interpretation but to allow the clinician to assess/triage a Deaf patient while a face to face interpreter arrives.</p> <p><i>For noting: Language line Insight is a fantastic addition to telephone and face to face interpreting. It connects staff to a video remote interpreter within 30 seconds and is a 24/7 on demand service with no booking required. Not all patient appointments will be suitable for Language Line Insight App and this is where the Interpretation team will assess and triage all appointments to ensure the correct mode of interpreting is offered to the patient which is safe, person centred and effective.</i></p>

Equality Outcome 7	
Action	Progress with Actions
7.4 Engage with staff to ensure they complete the Interpretation and Translation LearnPro awareness training module to raise awareness of the range of support available to meet the communication needs of our different communities.	<p>NHS Tayside has promoted the Interpretation and Translation LearnPro module over the last two years in its Equality and Diversity and Interpretation and Translation Newsletters.</p> <p>The Interpretation & Translation Awareness Training module is to be reviewed in 2023-2024.</p>
7.5 Publish relevant healthcare information including information regarding COVID-19 translated into the most used non English languages in Tayside.	<p>In response to COVID-19 and the need for increased and targeted communication within our various Tayside communities NHS Tayside's Corporate Equalities Team developed Facebook pages for the top community languages and BSL.</p> <p>NHS Tayside Communications Team liaised with the Corporate Equalities Team to ensure that key health information was translated into Tayside's community languages and BSL. The translated information was shared on the various community language Facebook pages.</p> <p>Links were also provided on the Facebook pages and NHS Tayside's website to NHS Inform which contained translated COVID-19 and other health information.</p>
7.6 Promote and encourage our ethnic communities to have the COVID-19 vaccination when offered.	<p>In addition to the communication channel described in Action 7.5 the Corporate Equalities undertook community engagement work in liaison with the vaccination service. Members of the Interpretation and Translation service went to various community locations to promote the vaccination service and were able to facilitate question and answer sessions.</p> <p>To help facilitate our Deaf patients to take up the COVID-19 vaccination BSL interpreters were in attendance at the three main Vaccination Centres.</p>
7.7 Translate NHS Tayside's key public documents in the most used non English languages in Tayside or alternatively	In addition to Action Point 7.5 and 7.6 NHS Tayside's Corporate Equalities Team will arrange for translation of documents on request from staff within the service.

Equality Outcome 7	
Action	Progress with Actions
ensure that these documents contain the offer at the front to make the document available in any other language or format upon request.	All corporate documents advise that they can be translated into different languages or made available in different formats.
7.8 Continue to develop NHS Tayside non English Facebook pages to promote NHS Tayside's public health messages and as a way to engage with our ethnic communities in Tayside.	The Corporate Equalities Interpretation and Translation continue to make information available on the community language Facebook pages, including BSL, that were set up during COVID-19 to promote key NHS Tayside health messages.
7.9 Further develop the role of our spoken language and BSL interpretation and translation staff to encourage our ethnic and other communities to engage with NHS Tayside on an ongoing basis.	<p>The progress with Actions 7.1 to Action 7.8 will be further developed in the Action Plan for 2023-2025.</p> <p>Going forward this Mainstreaming and Equality Outcomes Progress Report 2021-2023 will be published in English, Polish, Arabic, Russian, Romanian, Magyar, Lithuanian, Mandarin, Urdu, Cantonese and BSL. This will be used to help engagement with our communities and patients.</p>

Equality Outcome 8

Ensure there is race equality in NHS Tayside and thereby eliminate discrimination and increase awareness of opportunity for minority ethnic employees in the context of employment and career progression.

Equality Outcome 8	
Action	Progress with Actions
<p>8.1 Promptly investigate any issues or complaints raised by members of staff, patients or the general public with a racial discriminatory element and take appropriate follow up action if required.</p>	<p>The Complaints and Feedback Team send all complaints raised by members of staff, patients and members of the general public that have any concerns regarding protected characteristics including racial discrimination to the Corporate Equalities Team</p> <p>The Workforce Directorate contact the Corporate Equalities Team for advice regarding any staff concerns regarding protected characteristics including racial discrimination.</p> <p>To ensure Complaints responses are more accessible to those patients who require support with spoken and written English eg Deaf patients, Deafblind patients and ethnic minority patients the Corporate Equalities Team will facilitate the translation or interpretation of the responses.</p> <p>The Corporate Equalities Team receive notification of any Datix Reports where Equality or Diversity has been referred to. This allows the Corporate Equalities Team to provide timely advice and support where required.</p> <p>The Police are leading a national multi-agency short life working group regarding the Respect Us Campaign which will follow the national strategy. NHS Tayside are represented by the Communications Team and the campaign will be rolled out in NHS Tayside as per the strategy.</p>
<p>8.2 Support the continued development of the Tayside Black Minority Ethnic Network as</p>	<p>A Black, Asian and Minority Ethnic (BAME) Employee Network was established in 2020 and there are currently 51 members. The first Chair resigned from the position in November 2022 and a new Chair is in post who is the Head of Corporate Equalities.</p>

Equality Outcome 8	
Action	Progress with Actions
<p>an effective method for workforce engagement.</p>	<p>The BAME Employee Network has been established and The Chair reports through the EOIG with updates.</p> <p>The BAME Employee Network undertook a survey of its members in 2021 which has been shared with the network members and are planning to review the outcome of the survey and present a paper to the Staff Governance Committee with actions and recommendations from the survey outcome.</p> <p>To help facilitate networking between members a private network communication channel has been set up in teams for members to communicate with each other.</p> <p>Going forward the BAME Employee Network is also going to review their Terms of Reference.</p> <p>The Corporate Equalities Team provides support to each of the Employee Networks and if any member of staff wishes to join this or any other NHS Tayside Employee Network then they can contact Elizabeth MacCrimmon who provides some administrative support (elizabeth.maccrimmon@nhs.scot).</p>
<p>8.3 Promote links to the National NHS Ethnic Minority Forum and link to the work to be progressed around employment, workplace culture and mental health.</p>	<p>The Chair of NHS Tayside's BAME Employee Network is a member of the Scottish Government Ethnic Minority Forum (EMF). This Forum is Chaired by NHS Tayside's Director of Digital and is made up of the membership of BAME Networks Chairs from across NHS Scotland. Following each Forum meeting the Chair of NHS Tayside's BAME Employee Network will feedback to the BAME Employee Network and link to the work of the EMF.</p> <p>The EMF is supporting the implementation of the anti racist employment strategy 'A Fairer Scotland for All' which was published on 9 December 2022. This is an Anti-Racist</p>

Equality Outcome 8	
Action	Progress with Actions
	<p>Employment Strategy which sets out the actions the Scottish Government will take to help make Scotland's workplaces more diverse, fair and inclusive.</p> <p>This includes some of the following actions for the NHS:</p> <ul style="list-style-type: none"> • improving collection of workforce data, including reporting their pay gap, and take action on the findings • take an anti-racist approach to remove barriers in recruitment, retention and progression practices to improve representation of workers • Drive cultural, attitudinal and organisational change through building an understanding of the impact of institutional racism.
8.4 Review NHS Tayside's recruitment procedures and practice against the Scottish Government's Minority Ethnic Recruitment Toolkit to identify any gaps and make necessary changes.	NHS Tayside should review toolkit with BAME involvement and explore wider input from other NHS Tayside Employee Networks. This will be an action within the 2023 – 2025 Action Plan.

Equality Outcome 9

Religion: This refers to any religion, including a lack of religion.

Belief: This refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Ensure we understand the needs and wishes of patients with religious beliefs and that staff have the confidence to act on these wishes.

Equality Outcome 9	
Action	Progress with Actions
9.1 Support the work of the Department of Spiritual Care.	A Team Lead within the Corporate Equalities Team provides a link to the Spiritual Care Department from Corporate Equalities. The Head of Spiritual Care is a member of the EOIG and EDGG
9.2 Work with the Department of Spiritual Care to review NHS Tayside's Spiritual Care Policy.	The Spiritual Care Policy is due to be reviewed in May 2024.
9.3 Raise awareness of the Spiritual Care Department, ensuring equality of access and information for religious care to all who access NHS Tayside for medical needs and their families; and all staff and volunteers.	The Equality and Diversity Champions Training Programme raises awareness about the spiritual care team and how to access support from the Spiritual Care Department. All Equality and Diversity Champions are therefore able to signpost colleagues if required. The Corporate Equalities Team are available to translate any of the public facing documentation.
9.4 Ensure wide communication and understanding across NHS Tayside of the NHS Education for Scotland Spiritual	The NHS Education Scotland (NES) guidance document ' <i>Spiritual Care A multifaith resource for healthcare staff</i> ' has been shared within NHS Tayside.

Equality Outcome 9	
Action	Progress with Actions
Care: A multi-faith resource for healthcare staff.	<p>Scotland is a religiously and culturally diverse country and this resource was designed to assist NHS staff and volunteers to address some of the spiritual and religious needs of people in their care.</p> <p>This document is available for staff on Staffnet within the Working with Us section. There is also information on the location of multi-faith prayer rooms across Tayside</p> <p>The link for this resource is: Multi faith resource for healthcare staff</p>
9.5 Ensure equality impact assessment of those services which affect religion and belief.	<p>As previously highlighted NHS Tayside has an EQIA Policy which has been revised and updated.</p> <p>An EQIA is required to be carried out on any new or changed policy, strategy or service development therefore any impact of changes to services which may affect religion and belief will be identified as part of this process.</p> <p>All Equality Impact Assessments (EQIA) are now reviewed by the Corporate Equalities Team. A generic email address for the Corporate Equalities Team has been set up to facilitate this and this has been promoted across NHS Tayside.</p>
9.6 Support the department of Spiritual Care in a review of the Spiritual Care spaces in the main hospital sites.	<p>Within the period of this report there has been no request for support to review the Spiritual Care spaces within the main hospital sites.</p>

Equality Outcome 10

Sex: A man or a woman

Provide healthcare support to patients who are victims of gender based violence such as rape, sexual abuse, or who have been trafficked to improve their health outcomes. We will work with our multi agency partners to provide support and staff learning in how to recognise and report gender based violence and how to support those who are being abused in this way.

Equality Outcome 10	
Action	Progress with Actions
10.1 Refresh existing work (policy/protocols) regarding gender based violence.	<p>The Scottish Government Equally Safe Strategy aims to prevent and eradicate violence against women and girls. It recognises the need for a broad range of actions to address gender based violence and is designed to:</p> <ul style="list-style-type: none"> • deliver greater gender equality • ensure a swift, robust response to perpetrators of violence and abuse • promote early, effective intervention to prevent violence or mitigate its impact <p>NHS Tayside has a Gender Based Violence Employee Policy which is due to be reviewed as part of the Once for Scotland approach for workforce policies.</p>
10.2 Continue the routine inquiry of gender based violence in priority areas such as maternity services and Emergency Departments.	<p>NHS Tayside now has a Public Protection structure in place through the Adult Protection Operational Group (APOG) reporting to the executive Public Protection Executive Group (PPEG).</p> <p>This structure is now in place to provide the governance for the prioritisation of work within the portfolio of public protection. The Board Secretary, as the Lead for Corporate Equalities, is a member of the PPEG and the Head of Corporate Equalities is a member of the APOG.</p>

Equality Outcome 10	
Action	Progress with Actions
10.3 Continue to provide training for front line staff and managers to help them recognise the signs of gender based violence and to have the knowledge and skills to respond.	<p>There are resources available within the Equality and Diversity Zone within Turas Learn regarding gender based violence. This is signposted within NHS Tayside's Equality and Diversity Champions training.</p> <p>Within NHS Tayside both the Adult Support and Protection and Child Protection Recognition Level 1 are mandatory LearnPro modules. The compliance with these LearnPro modules are included in Appendix 3, section 3.</p>
10.4 Review our Equality and Diversity LearnPro awareness training module regarding gender based violence to ensure staff can recognise the signs and know how to act.	A review of the Learn Pro Equality and Diversity module has been delayed due to staffing pressures within Corporate Equalities Team. This has been identified as a priority and will be actioned by end of May 2023.

Equality Outcome 11

Sexual orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Meeting the specific healthcare needs of our LGBTQ+ staff and communities.

Equality Outcome 11	
Action	Progress with Actions
11.1 Support the development of our LGBTQ+ Staff Network.	<p>NHS Tayside has an LGBTQ+ Employee Network. The LGBTQ+ network has not met for some time. The Chair of this Employee Network is proposing to restart meetings during the second quarter of 2023.</p> <p>The Corporate Equalities Team provides support to each of the Employee Networks and if any member of staff wishes to join this or any other NHS Tayside Employee Network then they can contact Elizabeth MacCrimmon who provides some administrative support (elizabeth.maccrimmon@nhs.scot).</p> <p>Going forward the Chair of the LGBTQ+ network has also agreed to deliver training to the Equality and Diversity Champions Network meetings on the use of terminology and LGBTQ+.</p>
11.2 Work with the LGBTQ+ Staff Network and Stonewall in order to recommence participation in the Workplace Index.	<p>NHS Tayside previously completed the Stonewall Workplace Equality Index which provided us with data to allow us to develop our Workforce processes and policies for our staff who identify as LGBTQ+.</p> <p>This has not been progressed however this will be revisited within 2023 – 2025.</p>
11.3 Review our Equality and Diversity LearnPro awareness training module regarding sexual orientation to ensure	<p>A review of the Learn Pro Equality and Diversity module has been delayed due to staffing pressures within Corporate Equalities Team. This has been identified as a priority and will be actioned by end of May 2023.</p>

Equality Outcome 11	
Action	Progress with Actions
improve understanding in relation to sexual orientation.	<p>NHS Tayside has participated in Pride Scotland events over the last two years, including the promotion of the NHS Scotland Rainbow badges.</p> <p>NHS Tayside's Sexual Health team have continued to work with LGBTQ+ groups to ensure that NHS Tayside are meeting the health needs and providing services that are accessible to help improve the health outcomes of our LGBTQ+ patients and communities.</p>



NHS Tayside Workforce Monitoring Report 2023

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1. Introduction

NHS Tayside, as a “public Body”, defined by the Equality Act Specific Duties (Scotland) Regulations 2012 is required to produce an annual Workforce Monitoring Report. The scope of the workforce monitoring report 2023 covers employee composition, recruitment, development and staff retention.

Using the analysis of the employee data taken from the workforce monitoring report will assist NHS Tayside to identify targeted positive actions to bridge any gaps highlighted by the monitoring data. The employee monitoring data is separated in to nine distinct groups referred to in the Equality Act 2010 as the nine “protected characteristics” which are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

2. Collecting Workforce Data

The employee data used in this workforce monitoring report covers employee data collected during the calendar year of 2022 and contains data that has not previously been reported on. The primary source of the data has been taken from eESS and ePayroll for Workforce Composition, some of the Development data and Retention data. The Recruitment Data was extracted from JobTrain. Appraisals data has been sourced from Turas.

The employee data currently available for this report has been limited as has the staff resource available due to a number of related Workforce Directorate pressures and issues. In an acknowledgement of the limitations on the currently available data for this report, gaps have been identified and proposed remedial actions suggested to improve the quality of the data for subsequent years. It is anticipated that the imminent introduction of eESS self-serve and use of business objects will assist future improvement.

The difficulties in gathering the necessary data in NHS Tayside is both mirrored across other NHS Boards as well as being reflected more widely for other public bodies across Scotland. In 2021 the Scottish Government set up an Equality Data Improvement Programme which aims to assist Scottish public bodies to collect better quality data and more closely link the gathered evidence to Equality Outcomes and targeted actions going forward. As yet, no additional guidance has been issued to public bodies.

This report has been prepared in the aftermath of the second phase of a Review of the Public Sector Equality Duty in Scotland 2022. The Review looked at the effectiveness of all the Scottish Specific Duties (SSDs).

Key aspects of the SSDs are data collection and publication, in order to encourage better evidence-informed decision making and increase transparency and accountability. It is therefore important that information collected and/or published on the basis of the duties is then used to inform decisions and action that will lead to real change.

In order for listed authorities to engage meaningfully with the SSDs as a whole, it is essential that they are straightforward and cohesive. Improving cohesiveness and reducing perceived bureaucracy relates to all of the SSDs, with a particular focus on regulation 3: Duty to Report Progress on Mainstreaming the Equality Duty (P16).

Similar to last year's report, whilst the quality and quantity of monitoring data improves leading to robust evidence, a series of questions have again been used to help identify the knowledge required in order to ensure that NHS Tayside meets its responsibilities in fulfilling the Public Sector Equality Duty. That being, challenging discrimination, promoting equality and fostering good relations between people who share and those that don't share relevant protected characteristics.

NHS Tayside is committed to improving the quality of and use of employee monitoring data and effectively linking the gathered evidence with the Mainstreaming Equality Outcomes Report Action Plan established to monitor Mainstreaming Equalities Progress and to adapt where necessary. NHS Tayside Equality Outcome 1 (2021-2025) formalises this commitment. In order to fulfil the aims of the Equality Outcome, a planned series of actions in order to achieve meaningful progress will be implemented and monitored. Actions 1-3 and 6 of the Mainstreaming Equality Outcomes Report 2021-2025 (MEOR) Action Plan continue to be progressed.

NHS Tayside has seen a change in the use of a number of electronic employee systems over the last few years and steps continue to be taken to integrate the systems to help produce more meaningful data. The NHS Tayside equal opportunities monitoring form was updated in 2020 to make it easier to complete and to align the categories with eESS.

Given the age of the 2011 Census, unlike previous years, the monitoring data compared in this report relies solely on internal data. Going forward, the most beneficial information to NHS Tayside will be the comparison of in-house employee monitoring data which is why improved data collection forms one of the NHS Equality Outcomes for 2021-2025. Not all the percentages used in the tables equate to 100% which is due to some categories having staff numbers <5. This is done in order to protect the anonymity of staff. Continuing recovery from the COVID-19 pandemic has likely influenced the improved percentage of completion rates compared to 2021.

3. Using Workforce Data to Influence Actions

Workforce Employee Data Collection and Analysis

In 2020 the Public Sector Equality Group undertook a review of the employee data that NHS Tayside routinely collects in order to fulfil our reporting requirements set out in the Equality Act 2010 General Duty and the Specific Duties Scotland Regulations 2012. A refresh of the NHS Tayside Equal Opportunities Monitoring Form was also undertaken at the same time. Information about the easier to use Equal Opportunities Monitoring Form was circulated to all staff along with an explanation as to the importance of gathering information on protected characteristics and what we do with the information. In 2022 all-staff communications have been circulated with a reminder as to why NHS Tayside gathers information on protected characteristics and staff have been further encouraged to complete this information.

Improving the quality of NHS Tayside employee data has been identified as a key priority in order that NHS Tayside can identify areas of underrepresentation within job families or job grades and where indicated take steps to reduce the gaps. A separate report on the Occupational Segregation of Job Families by Job Grade covering the protected characteristics of Disability, Race and Sex has also been carried out using 2022 employee data. This report has extended Equal Pay reporting to cover Disability and Race as well as Sex.

Oversight of data collection and analysis is carried out by the Staff Governance Committee which determines what actions need to be taken in response to recommendations made by the Public Sector Equality Group/Equality and Diversity Governance Group.

Actions 2021-2025:

- An audit of current employee data reporting systems was undertaken in 2022 to establish a bench mark position of the data NHS Tayside is currently able to gather and an assessment made regarding any additional resources needed in order to improve the quality of employee data collection;

- In order to improve the depth of data held for all protected characteristics, a twice yearly all-staff communication will go out to all staff asking staff members to up-date their personal circumstances on the NHS Tayside Equal Opportunities Monitoring form. Staff will be given an explanation as to why they are being asked to do so. Information will also be given regarding what is done with the monitoring data MEOR Actions 1, 3 and 6);
- Once eESS self-serve becomes available, staff will be encouraged to use this platform to record and update their personal information;
- The percentage of recorded data for each protected characteristic will be regularly monitored and targeted steps taken to promote higher levels of the protected characteristic being reported;
- Improvement targets along with a plan of action for reducing the numbers of declined or don't knows for Disability, Ethnicity and Sexual orientation will be set in conjunction with the associated staff employee network.

Staff Employee Networks

In responding to specific concerns raised as a consequence of the impact of the Covid19 pandemic, NHS Tayside set up a Black Asian and Minority Ethnic (BAME) Employee Network in September 2020. In 2021 a further three employee Networks were established. These were the Disability Equality Network, EqualiTAY Network (Lesbian, Gay, Bisexual and Queer Plus) and the Carers Network.

The Armed Forces Network was established in 2022. This provides support for employees who are currently serving in the armed forces and employees who have previously served.

Proposed actions:

- The work of the networks is still being developed and will be reported on in the separate Mainstreaming Progress Report 2023; Regular joint Network Meetings are being held with Senior Staff through the NHS Tayside Employee Network Support Group.

Inclusive Recruitment

NHS Tayside recognises the value and importance of having a diverse workforce and the benefits this has on providing high quality care to the diverse local Tayside population. Building on existing well-established relationships with a number of local groups, made up of members covered by one or more protected characteristics, NHS Tayside is committed to further develop partnership working to improve access to employment within NHS Tayside.

Proposed actions:

- Work with local diversity groups to develop positive actions in response to the analysis of employee data and the need to address areas of under-representation within the NHS Tayside workforce;
- Develop relationships between the various NHS Tayside Employee Networks and local diversity groups.

Employability

NHS Tayside in conjunction with a number of partners, is involved in a number of initiatives aimed at promoting NHS Tayside as a local inclusive employer. Due to the way the various programmes are organised, recruitment of participants tends to be done by partner organisations. Where individuals are successful in gaining employment from participation in any of the initiatives, information on their protected characteristics will be captured within the NHS workforce equal opportunities monitoring data.

Examples of positive action initiatives include:

Age

School work placements for s4-6
Medic Insight S5-6
Developing Young Workforce Dundee and Angus
Prince's Trust
Modern apprenticeships at foundation to graduate level.

All protected characteristics

Administration Academy
Barnardo's Work placements
Healthcare Academy
Health and Social Care Academy SVQ Level 2

Disability

Project Search (learning disability).

Disability Confident

NHS Tayside became a Disability Confident Leader in December 2022 achieving level 3 of the DWP Disability Confident Scheme. NHS Tayside now hopes to encourage other local employers to become Disability Confident.

4. Age

4 (a) Workforce Composition

The table below compares the age profile of NHS Tayside staff as at 31 December 2020, 2021 AND 2022.

Age	Headcount (2020)	Percentage	Headcount (2021)	Percentage	Headcount (2022)	Percentage
16 – 19	26	0.19%	34	0.24%	41	0.29%
20 – 24	601	4.50%	661	4.74%	653	4.67%
25 – 29	1189	8.91%	1293	9.28%	1338	9.56%
30 – 34	1338	10.02%	1475	10.58%	1502	10.73%
35 – 39	1480	11.09%	1524	10.94%	1606	11.48%
40 – 44	1442	10.80%	1555	11.16%	1617	11.56%
45 – 49	1653	12.38%	1608	11.54%	1591	11.37%
50 – 54	2119	15.88%	2104	15.10%	2035	14.54%
55 – 59	2044	15.31%	2140	15.36%	2015	14.40%
60+	1455	10.90%	1542	11.06%	1595	11.40%
Grand Total	13347	100.00%	13936	100.00%	13993	100.00%

Discussion

The number of employees in NHS Tayside in 2021 and 2022 were broadly similar but slightly higher than in 2020. There has been a slight increase in the 15-19 years category year on year from the modest figure in 2020. For three years in a row, the age groups covering 50-59 years remain the largest categories. However, with the exception of the 55-59 category in 2021, the percentages in these two age groups are gradually falling.

Questions

- What are the implications for NHS Tayside in terms of succession planning and retaining levels of knowledge and experience resulting from the current age profile?

- What steps/plans need to be put in place to ensure NHS Tayside continues to be an attractive employer to recruit new staff and retain existing staff in order to maintain a high level of patient care?

4 (b) Recruitment

The table below covers NHS Tayside recruitment for the calendar year of 2022. The number of applicants, candidates shortlisted and appointed are shown as percentages.

Age	Applied	Shortlisted	Appointed
15-19 Years	2.7%	1.8%	2.9%
20-24 Years	12.8%	11.3%	16.1%
25-29 Years	23.2%	17.0%	16.2%
30-34 Years	18.6%	16.3%	14.9%
35-39 Years	13.2%	13.7%	13.4%
40-44 Years	8.9%	11.1%	10.4%
45-49 Years	7.1%	9.5%	8.0%
50-54 Years	6.7%	10.3%	8.4%
55-59 Years	4.2%	5.8%	6.1%
60-64 Years	1.9%	2.2%	2.5%
65+ Years	0.2%	0.3%	0.4%
Prefer not to say	0.6%	0.7%	0.8%

Discussion

Due to JobTrain only introducing a monitoring question for age part way through 2021, 2022 is the first full year of monitoring data. It will take three or more years of data before any sound inferences can be drawn from the data.

The figures above highlight that it is only the age group 35-39 that broadly saw a similar percentage for applicants being shortlisted and then appointed.

The two age bands between 15-19 and 20-24 both saw drops between the percentage applying and the percentage interviewed. The percentage appointed rose significantly for the age band 20-24.

The age band 25-29 showed the biggest drop from those applying, shortlisted and appointed, dropping from 23.2% to 16.2%. All the other age bands between 40-65+ years saw increases in the percentage applying that were shortlisted. The percentage appointed between the ages of 40-54 then decreased from shortlisting to appointment. For those in the age bands 55-65+ years, the percentage increased from shortlisting to appointment, possibly influenced by a preference for returning staff.

Questions

- Does the percentage of successful applicants between the ages of 15-24 demonstrate that the positive action schemes supported by NHS Tayside are working in terms of encouraging younger people to join NHS Tayside?
- What is causing the fall between the percentage of candidates who are shortlisted and then appointed for the age range 25-29?
- Why is the percentage of candidates who are short-listed between the area of 40-65+ higher than those applying and is the percentage appointed between the ages of 55-65+ who are appointed an indication that the Retire and Return policy is working?

4 (c) Development

Data relating to appraisal, movements between bands and statutory and mandatory completion of learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by Age of the staff who completed appraisals in 2022 compared with the completion percentages in 2021.

Information relating to appraisal has been extracted from Turas. The information excludes Bank staff and not all staff, including medical staff use Turas for appraisals.

Age	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22	% appraisals complete/21
16-19	32	8	0	40	40	20.00%	0.00%
20-24	392	240	17	649	632	38.00%	21.40%
25-29	711	548	76	1335	1259	43.50%	20.50%
30-34	794	598	109	1501	1392	43.00%	25.00%
35-39	762	723	113	1598	1485	48.70%	25.80%
40-44	750	760	116	1626	1510	50.30%	27.50%
45-49	738	735	113	1586	1473	49.90%	28.80%
50-54	920	978	127	2025	1898	51.50%	27.10%
55-59	898	992	138	2028	1890	52.50%	25.40%
60-64	545	613	101	1259	1158	52.90%	*23.0%
65+	160	150	36	346	310	48.40%	0
Grand Total	6702	6345	946	13993	13047	48.60%	25.40%

* In 2021 the categories “60-64” and “65+” were combined into the one category “60+”.

Discussion

The number of appraisals completed in 2022 was higher in every age category averaging a completion rate of 48.6% In comparison, the number of appraisals completed in 2021 was 25.4%

There appears to be a difference in completion rates between staff 24 years or younger compared with older staff.

Questions

- What is causing the variation in appraisal figures between younger and older age bands?
- What work can be done to merge different appraisal systems for reporting purposes?

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2022. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Age	Both	Down	Same	Up	Grand Total
16-19	0	0	24	*	25
20-24	*	7	447	76	531
25-29	0	14	880	183	1077
30-34	0	22	1136	159	1317
35-39	0	20	1256	140	1416
40-44	0	11	1304	135	1450
45-49	0	24	1383	93	1500
50-54	0	20	1859	115	1994
55-59	0	23	1822	45	1890
60+	0	13	1188	19	1220
Grand Total	*	154	11299	966	12420

Discussion

The table above highlights that the majority of staff in any given year remain in the same pay bands. The pay bands covering the age group 20-39 years saw the largest increases in the percentage of staff moving up bands. From 40 years onward the percentage moving up bands stabilises around 10% moving up a grade for staff between the ages 40-49 and then significantly tapers off, especially for the last two age bands. Possibly explained by the shift from the Bank into higher bands for Newly Qualified Practitioners.

The numbers moving down bands are much lower and has a less obvious pattern, other than possibly being explained by retired staff returning to lower band Bank roles.

Training — learn Pro

The table below outlines the completion rates of the statutory mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Age	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
16-19	25	*	9	35	71.43%
20-24	453	5	141	599	75.63%
25-29	897	21	335	1253	71.59%
30-34	979	24	410	1413	69.29%
35-39	1087	32	402	1521	71.47%
40-44	1067	43	466	1576	67.70%
45-49	1079	39	407	1525	70.75%
50-54	1354	44	560	1958	69.15%
55-59	1349	55	545	1949	69.21%
60-64	763	50	351	1164	64.99%
65+	186	13	112	311	59.81%
Grand Total	9239	327	3738	13304	

Discussion

The highest level of total completion of all the statutory mandatory modules is in the age band “20-24”. The rest of the age bands with the exception of “40-44” and the two oldest age bands average around 70%

4 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Age	Not Retained	Retained	Grand Total	% Retained
16-19	7	25	32	78.1%
20-24	128	531	659	80.6%
25-29	213	1077	1290	83.5%
30-34	156	1317	1473	89.4%
35-39	113	1416	1529	92.6%
40-44	102	1450	1552	93.4%
45-49	97	1500	1597	93.9%
50-54	119	1994	2113	94.4%
55-59	251	1890	2141	88.3%
60+	330	1220	1550	78.7%
Grand Total	1516	12420	13936	89.1%

Discussion

The percentage of retention increases from the age band of “16-19” up until “50-54”. From the age of 55 onward there is a steady decline dropping around 6% for the age band “55-59” and a further 10% for the age group “60+”.

Question

- What can be done to improve upon the percentages of staff leaving NHS Tayside between the age bands of “54-59” and “60+”?

5. Disability

5 (a) Workforce Composition

The table below looks at the Disability headcount profile between the calendar years of 2019 to 2022.

Disability	NHS Tayside Headcount 2019	Percentage	NHS Tayside Headcount 2020	Percentage	NHS Tayside Headcount 2021	Percentage	NHS Tayside Headcount 2022	Percentage
Don't Know	9322	73.25%	4215	31.93%	4027	28.90%	3669	26.22%
No	2770	21.76%	7674	58.13%	8782	63.02%	9228	65.95%
Prefer not to say	603	4.74%	1029	7.79%	965	6.92%	899	6.42%
Yes	31	0.24%	91	0.69%	162	1.16%	197	1.41%
Grand Total	12726	99.99%	13201	98.55%	13936	100.00%	13993	100.00%

Discussion

For the third year running, the number of don't knows has reduced again in 2022 to 26.22% from 28.9% in 2021. This shows significant progress from the figure of 73.25% in 2019. More work is needed to reduce this figure further.

Staff members appear to be much more certain about not having a disability, with the percentage rising from 21.76% in 2019 to 65.95% in 2022.

Staff confidence in sharing information about their disability has fluctuated over the last four years. The percentage who preferred not to say was 4.74% in 2019 rising to 7.74% in 2020, but has fallen slightly to 6.92% in 2021 and 6.42% in 2022. The increase in staff sharing that they have a disability has risen from 0.24% in 2019 to 1.41% in 2022. This is nearly a six times increase in the percentage rate. It remains likely that this is a vast under reporting of the actual figure given that one in five of the population is estimated to have a disability or long-term health condition.

Questions

- Why are staff still not confident about sharing information about their disability or long-term health conditions?
- Has all-staff communications encouraging staff to update their personal circumstances information (including a definition of what the term disability means) started to make a difference?
- Have communications about the setting up of and presence of a Disability Employee Network started to make staff more confident about sharing information about their disability?
- What further steps are needed to reduce the number of staff who either don't know if they have a disability or are not yet confident about sharing this information with the organisation?

5 (b) Recruitment

The table below shows a comparison between 2020, 2021 and 2022 recruitment data.

Disabled	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
No	92%	92%	93%	91%	92%	92%	95%	94%	92%
Yes	8%	8%	7%	9%	8%	8%	5%	6%	8%

Discussion

The percentage rose from application to appointment for applicants who said they did not have a disability in both 2020 and 2021 but fell from application to appointment in 2022. In 2022 the number of candidates sharing information re having a disability decreased from 8% to 7%. Nonetheless, the number of staff sharing information about having a disability, rose to 8% who were shortlisted and the percentage stayed the same for those who were appointed. This figure is up 3% from the 5% figure in 2020.

The number of staff members appointed in the last three years, who have a disability, provides more evidence of the likelihood of under reporting of disabled staff members discussed at section 5(a) above.

5 (c) Development

Data relating to appraisal, band movement and statutory and mandatory completion of learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by disability of the staff who completed appraisals in 2022.

Disability	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22	% appraisals complete/21
Don't Know	1597	1811	261	3669	3408	53.1%	27.1%
No	4596	4033	599	9228	8629	46.7%	24.2%
Prefer not to say	394	430	75	899	824	52.2%	27.8%
Yes	115	71	11	197	186	38.2%	27.2%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

All of the categories increased in terms of completion rates between 2021 and 2022. The largest percentage of completed appraisals were done by the categories "Don't Know" and "Prefer Not to Say". Both "No" and "Yes" categories were lower than the average completion rate of 48.6% The completion rate for "No" was 8.5% higher than it was for the "Yes" category.

Question

- Are there any obvious reasons why the appraisal completion rates were 8.5% lower for disabled staff?

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2022. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Disability	Both	Down	Same	Up	Grand Total
Don't Know	0	33	3404	147	3584
No	*	111	6953	751	7816
Prefer not to say	0	8	813	57	878
Yes	0	*	129	11	142
Grand Total	*	154	11299	966	12420

Discussion

Significant numbers of staff stayed in their bands throughout 2022. Staff who answered “No” to having a disability had the highest percentage of staff moving up bands.

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Disability	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Don't Know	2340	116	1045	3501	66.84%
No	6213	178	2365	8756	70.96%
Prefer not to say	541	26	294	861	62.83%
Yes	145	7	34	186	77.96%
Grand Total	9239	327	3738	13304	

Discussion

Staff who answered “Yes” to having a disability had the highest completion rate for undertaking all statutory and mandatory modules. Staff in the “prefer Not to Say” category had the lowest completion rate but a relatively high rate for having done some modules.

5 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Disability	Not Retained	Retained	Grand Total	% Retained
Don't Know	443	3584	4027	89.0%
No	966	7816	8782	89.0%
Prefer not to say	87	878	965	91.0%
Yes	20	142	162	87.7%
Grand Total	1516	12420	13936	89.1%

Discussion

The percentages above show there is very little reported variance between all the categories. Retention of disabled staff was slightly lower than the other categories. It is difficult to see with any certainty whether or not there is a retention issue for disabled staff because of the “Don’t Know” and “Prefer Not to Say” staff numbers.

Questions

- Is it possible to obtain data on the reasons why staff are leaving?
- What can be done to reduce the number of don’t knows and prefer not to say responses?

6. Gender Reassignment

6 (a) Workforce Composition

The table below shows the NHS Tayside headcount for the protected characteristic of gender reassignment for the calendar years of 2020, 2021 and 2022.

Gender Reassignment	Headcount 2020	Percentage	Headcount 2021	Percentage	Headcount 2022	Percentage
Don't Know	4167	31.57%	4090	29.35%	3699	26.43%
No	7608	57.63%	8815	63.25%	9348	66.80%
Prefer not to say	1110	8.41%	1024	7.35%	935	6.68%
Yes	8	0.06%	7	0.05%	11	0.08%
Grand Total	13201	100.00%	13936	100.00%	13993	100.00%

Discussion

The percentage of staff in 2021, 29.35% who said they don't know about their gender reassignment fell to 26.43% in 2022 having been 31.57% in 2020. The percentage of staff saying they preferred not to say what their gender reassignment was fell from 7.35% in 2021 to 6.68% in 2022 having been 8.41% in 2020.

Under reporting still remains an issue due to the lack of appropriate choices available for Trans staff to choose on the current NHS Scotland Equal Opportunities Monitoring Form.

Questions

- What can be done to encourage NHS Tayside staff to share information about their gender Identity?
- What role can the LGBQ+ Network, EqualiTAY play in encouraging staff to share information about their gender identity?

6 (b) Recruitment

The table below covers NHS Tayside recruitment for the calendar years of 2020, 2021 and 2022. The number of applicants, candidates shortlisted and appointed are shown as percentages.

Gender	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Prefer not to say	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.3%	0.3%	0.4%
Female	71.6%	70.1%	66.2%	76.5%	77.7%	74.3%	79.2%	82.0%	80.9%
Male	27.7%	29.2%	33.0%	22.9%	21.7%	24.9%	20.6%	17.5%	18.6%
In another way	0.1%	0.1%	0.2%	0.03%	0.1%	0.2%	0.0%	0.1%	0.1%

Discussion

JobTrain does not enable reporting solely on the protected characteristic of gender Reassignment and is jointly captured under the heading of gender. The gender identity of NHS Tayside staff is potentially captured in the “in another way” category and possibly in the “prefer not to say” option. In terms of the “in another way” category, 2022 saw an increase in the numbers of transgender applicants. The Number of transgender applicants who were shortlisted rose from 0.03% in 2020 to 0.2% in 2022. The percentage of transgender staff appointed in 2022 remained the same, 0.1% as those appointed in 2021. This was despite the increased numbers of transgender applicants.

In terms of the “prefer not to say category, the number of applicants choosing this option fell slightly in 2022. The percentage of applicants shortlisted remained the same. There was a slight increase in the percentage appointed in 2022.

6 (c) Development

Data relating to appraisal, band movement and statutory and mandatory completion of learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by gender reassignment of the staff who completed appraisals in 2022.

Gender reassignment	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22	% appraisals complete/21
Don't Know	1631	1806	262	3699	3437	52.5%	26.9%
No	4656	4087	605	9348	8743	46.7%	24.1%
Prefer not to say	411	448	76	935	859	52.2%	28.5%
Yes	*	*	*	11	8	50.0%	42.9%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

In 2022 all the categories in the table showed an increase in completion rates from 2021. The category “No” had the lowest completion rate in both years. The “Yes” category had the highest completion rate, however, this was heavily influenced by the impact a small number of staff can have on overall percentages.

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2021. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Gender reassignment	Both	Down	Same	Up	Grand Total
Don't Know	0	32	3440	155	3627
No	*	113	6989	755	7858
Prefer not to say	0	9	864	55	928
Yes	0	0	6	*	7
Grand Total	*	154	11299	966	12420

Discussion

Staff in the “Yes” category moved up bands the least or stayed in the same band. The impact of staff movement was influenced by a very small number of staff members in the “**Yes**” category affecting percentages. Staff that preferred not to say had the next lowest rate for moving up job bands.

Training — learn Pro

The table below outlines the completion rates of the statutory mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Gender reassignment	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Don't Know	2356	118	1049	3523	66.87%
No	6305	179	2386	8870	71.89%
Prefer not to say	570	30	300	900	63.33%
Yes	8	0	*	11	72.73%
Grand Total	9239	327	3738	13304	

Discussion

Staff that answered “Yes” to being transgender had the highest completion rate for undertaking all the statutory and mandatory modules. All of the categories had relatively high levels of completion rates for some modules.

6 (d) Staff Retention and Turnover

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Gender reassignment	Not Retained	Retained	Grand Total	% Retained
Don't Know	463	3627	4090	88.7%
No	957	7858	8815	89.1%
Prefer not to say	96	928	1024	90.6%
Yes	0	7	7	100.0%
Grand Total	1516	12420	13936	89.1%

Discussion

Staff who answered “Yes” to being transgender had a 100% retention rate. This is explained by the very small number of staff and the impact this has on percentages. All the remaining categories were broadly similar with “Don’t Know” the only category being below the average rate.

Questions

- What can be done to reduce don’t know and prefer not to say responses to improve the quality of data relating to the retention of transgender staff?
- Can options in employee systems and equal opportunities monitoring forms be made more flexible to take in to account staff gender identities?

7 Marriage or Civil Partnership

7 (a) Workforce Composition

The table below compares the NHS Tayside headcount by marriage or civil partnership for the calendar years of 2020, 2021 and 2022.

Marital Status	Headcount 2020	Percentage	Headcount 2021	Percentage	Headcount 2022	Percentage
Civil Partnership	68	0.52%	105	0.75%	143	1.02%
Dissolved Civil Partnership	<5	0.01%	<5	0.01%	<5	0.01%
Divorced	696	5.27%	732	5.25%	755	5.40%
Married	7235	54.81%	7357	52.79%	7178	51.30%
Single	5123	38.81%	5664	40.64%	5843	41.76%
Widowed	78	0.59%	76	0.55%	72	0.51%
Grand Total	13201	100.00%	13936	100.00%	13993	100.00%

Discussion

The number of Civil Partnerships has significantly increased between 2020 (68) to 143 in 2022. Marriage rates still continue to decline whilst the percentage of single staff increased.

7 (b) Recruitment

JobTrain doesn't currently collate recruitment data for the protected characteristic of Marriage or Civil Partnership.

7 (c) Development

Data relating to appraisal, band movement and statutory and mandatory completion of learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by Marriage or Civil Partnership of the staff who completed appraisals in 2022.

Marital status	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22
Civil Partnership	90	47	6	143	137	34.3%
Dissolved Civil Partnership	*	0	0	*	*	0.0%
Divorced	347	355	53	755	702	50.6%
Married	3286	3386	506	7178	6672	50.7%
Single	2945	2523	375	5843	5468	46.1%
Widowed	32	34	6	72	66	51.5%
Grand Total	6702	6345	946	13993	13047	48.6%

Discussion

The category of “Dissolved civil Partnership” showed that no staff had completed an appraisal in 2022. However, this involved a very small number of staff. Staff belonging to the category of “Civil Partnership” had a significantly lower completion rate than the other categories at 34.3%

Question

- Are there any obvious reasons why staff belonging to the category of “Civil Partnership” had a lower rate of completed appraisals?

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2022. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Marital status	Both	Down	Same	Up	Grand Total
Civil Partnership	0	*	85	7	93
Dissolved Civil Partnership	0	0	*	*	*
Divorced	0	13	615	23	651
Married	0	77	6085	425	6587
Single	*	63	4456	506	5026
Widowed	0	0	57	*	61
Grand Total	*	154	11299	966	12420

Discussion

The category of “Dissolved Civil Partnership” had the highest level of band movement upwards, however, this involved very small numbers of staff. The category of “Single both saw the second highest movement upwards of staff and the highest percentage of staff moving down a band.

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Marital status	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Civil Partnership	91	6	31	128	71.09%
Dissolved Civil Partnership	*	*	0	*	50%
Divorced	517	14	189	720	71.81%
Married	4717	179	1965	6861	68.75%
Single	3870	123	1535	5528	70.01%
Widowed	43	*	18	65	66.15%
Grand Total	9239	327	3738	13304	

Discussion

The majority of the categories had a module completion rate around 70%. The two exceptions to this were the categories of “Dissolved Civil Partnership” and “Widowed”. Both these categories had relatively small numbers of staff and this disproportionately affects the overall percentage rate.

7 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Marital status	Not Retained	Retained	Grand Total	% Retained
Civil Partnership	12	93	105	88.6%
Dissolved Civil Partnership	0	*	*	100.0%
Divorced	81	651	732	88.9%
Married	770	6587	7357	89.5%
Single	638	5026	5664	88.7%
Widowed	15	61	76	80.3%
Grand Total	1516	12420	13936	89.1%

Discussion

Most of the categories had a retention rate around the average rate of 89.1%. The two exceptions were “Dissolved Civil Partnership” at 100% and “Widow” at 80.3% Both categories are comprised of very small numbers of staff in the case of “Dissolved Civil Partnership” and a reasonably small number of staff who are widowed.

8. Pregnancy and Maternity

(d) Retention

The information below is taken from eESS and relates to staff who immediately left or returned after maternity leave during the calendar years of 2021 and 2022. A further number of staff <5 left a few months after returning from maternity leave.

Pregnancy & Maternity	2021	2022
Returned to work after maternity leave	268	316
Left after maternity leave	*	13

Discussion

2022 both saw an increase in the number of staff going on maternity leave and the number of staff that did not return. In both years, the number of staff leaving immediately after the end of their maternity leave was very low and suggests staff are being sufficiently supported to be able to return to work.

Question

In order to benefit from intersectional analysis, is it possible to explore the data to see if there is a change between full and part-time working for returning members of staff from maternity leave and how this interacts with the age profile of staff to start to see where the gender pay gap starts to occur or widen?

9. Race

9 (a) Workforce composition

The table below compares the NHS Tayside Headcount for the calendar years of 2019 to 2022.

Ethnicity	NHS Tayside Headcount 2019	Percentage	NHS Tayside Headcount 2020	Percentage	NHS Tayside Headcount 2021	Percentage	NHS Tayside Headcount 2022	Percentage
Black – Other	14	0.11%	54	0.41%	72	0.52%	99	0.71%
Asian – Other	58	0.46%	254	1.92%	298	2.14%	338	2.42%
Caribbean or Black – Other	*	0.03%	11	0.08%	13	0.09%	14	0.12%
Don't Know	1438	11.30%	1099	8.33%	1119	8.03%	1077	7.70%
Mixed or Multiple Ethnic Group	47	0.37%	48	0.36%	66	0.40%	67	0.48%
Other Ethnic - Other	17	0.13%	36	0.27%	39	0.28%	41	0.30%
Prefer not to say	828	6.51%	758	5.74%	708	5.08%	643	4.60%
White - Gypsy Traveller	0	0.00%	0	0.00%	*	0.01%	*	0.01%
White – Irish	158	1.24%	174	1.32%	198	1.42%	193	1.38%
White - Other	251	1.97%	291	2.20%	330	2.37%	343	2.45%
White - Other British	1005	7.90%	1024	7.76%	1108	7.95%	1112	7.95%
White - Polish	60	0.47%	83	0.63%	113	0.81%	137	0.98%
White - Scottish	8846	69.51%	9253	70.09%	9871	70.83%	9925	70.93%
No Answer	0	0.00%	116	0.88%	0	0.00%	0	0.00%
Grand Total	12726	100.00%	13201	99.99%	13936	100.00%	13993	100.00%

Discussion

From 2019-2021, the Black and Asian NHS Tayside ethnicity categories were merged in order to align with the 2011 Census categories. The 2022 data was therefore merged in order that comparisons could be made. Figures and categories from the 2022 Census were not available at the time of compiling this report.

During 2019 to 2022, with the exception of the “Mixed or Multiple Ethnic Group” category in 2020, all of the percentages in the Black, Asian and Minority Ethnic categories have increased. This may have arisen due to the reduction in the “Don’t Know” and “prefer Not to Say” categories. The number of “White – other” and “White – Polish have increased since 2019.

2022 saw a slight decline in the “White – Irish” category whilst the “White –Other British” and the “White – Scottish” categories generally saw a slight increase or broadly stayed the same.

9 (b) Recruitment

The table below covers NHS Tayside recruitment for the calendar years of 2020, 2021 and 2022. The number of applicants, candidates shortlisted and appointed are shown as percentages.

Ethnic Origin	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
African - African, African Scottish or African British	2.3%	4.4%	8.5%	1.3%	2.0%	3.3%	1.0%	1.3%	1.7%
African - Other	0.7%	3.1%	10.7%	0.3%	1.0%	3.1%	0.3%	1.0%	1.3%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	1.0%	0.6%	0.7%	0.8%	0.5%	0.3%	0.5%	0.3%	0.1%
Asian - Chinese, Chinese Scottish or Chinese British	0.3%	0.6%	0.5%	0.3%	0.5%	0.5%	0.3%	0.7%	0.5%
Asian - Indian, Indian Scottish or Indian British	1.7%	3.0%	4.8%	0.9%	1.8%	2.2%	0.7%	1.1%	1.4%
Asian – Other	1.5%	1.8%	1.8%	1.3%	1.3%	1.3%	1.0%	1.2%	0.9%

Ethnic Origin	Applied			Shortlisted			Appointed		
Asian - Pakistani, Pakistani Scottish or Pakistani British	2.0%	2.6%	4.6%	1.4%	1.3%	1.8%	1.0%	1.3%	1.2%
Caribbean or Black - Black, Black Scottish or Black British	0.1%	0.1%	0.1%	0.03%	0.1%	0.1%	0.0%	0.04%	0.1%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.0%	0.03%	0.04%	0.0%	0.01%	0.02%	0.0%	0.02%	0.02%
Caribbean or Black - Other	0.0%	0.02%	0.1%	0.0%	0.01%	0.1%	0.0%	0.0%	0.02%
Mixed or Multiple Ethnic Group	1.3%	1.2%	0.9%	1.2%	0.8%	0.9%	1.1%	0.8%	0.9%
Other Ethnic Group - Arab, Arab Scottish or Arab British	10.3%	6.0%	1.6%	9.0%	4.3%	1.1%	7.0%	4.3%	0.9%
Other Ethnic Group - Other	0.8%	0.9%	0.3%	0.4%	0.4%	0.2%	0.4%	0.3%	0.2%
Prefer not to say	1.4%	1.2%	0.9%	1.0%	1.1%	0.9%	0.7%	0.7%	0.8%
White - Gypsy Traveller	0.01%	0.01%	0.01%	0.0%	0.0%	0.004%	0.0%	0.0%	0.02%
White – Irish	0.9%	1.0%	0.8%	1.5%	1.4%	1.1%	2.0%	2.3%	1.8%
White - Other	0.0%	3.0%	4.7%	0.0%	3.2%	4.6%	0.0%	1.9%	4.1%
White - Other British	8.0%	6.9%	5.8%	9.9%	8.8%	8.2%	9.4%	8.7%	9.0%
White Polish	0.0%	0.8%	1.5%	0.0%	0.9%	1.6%	0.1%	0.7%	1.4%
White – Scottish	68.0%	63.0%	51.7%	70.8%	70.5%	68.8%	74.6%	73.3%	73.6%

Discussion

Both African categories showed significant reductions from application to shortlisting and from application to appointment. The Asian categories also showed marked declines from application, shortlisting and appointments with the decrease being more marked in some categories.

All three years saw higher percentages of “White – Other British” and “White – Scottish” candidates being appointed than applied. 2022 appears to show higher levels of disparity between those applying in certain categories, against the percentages shortlisted and appointed. The “White — Scottish” category showed a significant drop in the percentage of applicants, however, the percentage appointed was only a bit lower than the previous two years.

Questions

- The 2022 recruitment figures highlight that increasing numbers of applicants from a diverse background continue to apply to NHS Tayside, however, this is not yet resulting in increased percentages of staff from a BAME background being appointed – what further work should be progressed to improve upon diversity in recruitment?
- How could the NHS Tayside BAME Network assist with improving diversity in recruitment?

9 (c) Development

Data relating to appraisal, band movement and statutory and mandatory completion of learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by ethnicity of the staff who completed appraisals in 2022.

Information relating to appraisal has been extracted from Turas. The information excludes Bank staff and not all staff, including medical staff use Turas for appraisals.

Ethnicity	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/ 22	% appraisals complete/ 21
African - African, African Scottish or African British	26	11	5	42	37	29.7%	25.0%
African - Other	40	15	*	57	55	27.3%	33.3%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	8	7	*	16	15	46.7%	33.3%
Asian - Chinese, Chinese Scottish or Chinese British	20	15	*	36	35	42.9%	16.7%
Asian - Indian, Indian Scottish or Indian British	63	47	7	117	110	42.7%	25.0%
Asian - Other	58	34	7	99	92	37.0%	27.3%
Asian - Pakistani, Pakistani Scottish or Pakistani British	44	22	*	70	66	33.3%	36.7%

Ethnicity	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/ 22	% appraisals complete/ 21
Caribbean or Black - Black, Black Scottish or Black British	*	*	*	9	8	50.0%	50.0%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	*	*	0	5	5	40.0%	33.3%
Caribbean or Black - Other	*	0	*	*	*	50.0%	0.00%
Don't Know	485	511	81	1077	996	51.3%	24.9%
Mixed or Multiple Ethnic Group	26	36	5	67	62	58.1%	37.8%
Other Ethnic Group - Arab, Arab Scottish or Arab British	11	10	*	22	21	47.6%	33.3%
Other Ethnic Group - Other	13	6	0	19	19	31.6%	7.7%
Prefer not to say	286	316	41	643	602	52.5%	23.1%
White - Gypsy Traveller	*	0	0	*	*	0.0%	0
White - Irish	89	84	20	193	173	48.6%	30.0%
White - Other	157	167	19	343	324	51.5%	29.0%
White - Other British	531	510	71	1112	1041	49.0%	29.2%
White - Polish	81	50	6	137	131	38.2%	17.9%
White - Scottish	4755	4497	673	9925	9252	48.6%	25.1%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

In 2022 all of the ethnicity categories saw an increased appraisal completion rate with the exception of the categories of “African – Other” and Asian Pakistani, Pakistani Scottish, or Pakistani British”. On the whole, BME staff had a lower rate of appraisal completions with a few notable exceptions including “Mixed or Multiple Ethnic Group” which had the highest completion rate at 58.1% Small numbers of staff in some groups again had disproportionate effects on the overall percentages of appraisal completions.

Question

- Would the offer of an interpreter assist some staff members in participating in appraisals?

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2022. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Ethnicity	Both	Down	Same	Up	Grand Total
African - African, African Scottish or African British	0	0	32	0	32
African - Other	0	0	19	*	21
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0	12	*	13
Asian - Chinese, Chinese Scottish or Chinese British	0	0	24	*	26
Asian - Indian, Indian Scottish or Indian British	0	0	80	*	81
Asian - Other	0	*	70	*	75
Asian - Pakistani, Pakistani Scottish or Pakistani British	0	0	49	*	51
Caribbean or Black - Black, Black Scottish or Black British	0	0	*	*	5
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	*	0	*

Ethnicity	Both	Down	Same	Up	Grand Total
Caribbean or Black - Other	0	0	*	0	*
Don't Know	0	8	930	46	984
Mixed or Multiple Ethnic Group	0	0	54	*	57
Other Ethnic Group - Arab, Arab Scottish or Arab British	0	0	15	*	16
Other Ethnic Group - Other	0	0	13	*	15
Prefer not to say	0	7	593	35	635
White - Gypsy Traveller	0	0	0	*	*
White - Irish	0	*	143	19	164
White - Other	0	*	259	20	281
White - Other British	0	7	888	75	970
White - Polish	0	*	86	12	99
White - Scottish	*	125	8022	740	8888
Grand Total	*	154	11299	966	12420

Discussion

Significantly more staff moved up a band during the year than those moving down bands. The impact of this movement depended strongly on the number of staff members belonging to the specific ethnic categories. Three of the categories showed no movement, being “African – African Scottish or African British”, “Caribbean or Black – Caribbean, Caribbean Scottish or Caribbean British” and

“Caribbean Black – Other”. Staff belonging to a white ethnic group generally had a higher upward movement in bands whereas for non-white categories, on the whole, the percentage of upwards movement tended to be smaller. The numbers of staff within certain ethnic groups were very small and this impacted on the overall results discussed.

Question

- What is causing the fluctuations within and between the ethnic groups?

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Ethnicity	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
African - African, African Scottish or African British	26	*	10	37	70.27
African - Other	38	*	13	52	73.08%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	12	*	*	15	75.00%
Asian - Chinese, Chinese Scottish or Chinese British	22	*	10	33	66.67%
Asian - Indian, Indian Scottish or Indian British	62	7	32	101	61.39%
Asian – Other	63	*	26	90	70.00%
Asian - Pakistani, Pakistani Scottish or Pakistani British	39	*	19	60	65.00%
Caribbean or Black - Black, Black Scottish or Black British	6	0	*	9	66.67%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	*	*	0.00%
Caribbean or Black - Other	*	0	0	*	100.00%
Don't Know	647	46	298	991	65.25%
Mixed or Multiple Ethnic Group	39	*	18	60	65.00%
Other Ethnic Group - Arab, Arab Scottish or Arab British	12	*	5	19	63.16%
Other Ethnic Group - Other	13	0	*	16	81.25%
Prefer not to say	387	22	202	611	63.34%
White - Gypsy Traveller	*	0	0	*	100.00%
White – Irish	112	*	68	183	61.20%
White - Other	238	11	76	325	73.23%
White - Other British	750	27	271	1048	71.56%
White - Polish	93	0	33	126	73.81%

Ethnicity	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
White - Scottish	6678	198	2646	9522	70.13
Grand Total	9239	327	3738	13304	

Discussion

Two categories had 100% completion rates, namely “Caribbean Black – Other” and “White Gipsy Traveller”. Both categories are made up of very small staff numbers. The category with the next highest completion rate of learn Pro modules was “Other Ethnic – Other”, again, this category comprised a relatively small number of staff. In terms of the rest of the categories, a number of the BME categories, but not all, tended to have slightly lower completion rates than the non BME categories.

9 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Ethnicity	Not Retained	Retained	Grand Total	% Retained
African - African, African Scottish or African British	10	32	42	76.2%
African - Other	9	21	30	70.0%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*	13	16	81.3%
Asian - Chinese, Chinese Scottish or Chinese British	*	26	29	89.7%
Asian - Indian, Indian Scottish or Indian British	23	81	104	77.9%
Asian - Other	11	75	86	87.2%
Asian - Pakistani, Pakistani Scottish or Pakistani British	12	51	63	81.0%
Caribbean or Black - Black, Black Scottish or Black British	*	5	6	83.3%

Ethnicity	Not Retained	Retained	Grand Total	% Retained
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	*	*	100.0%
Caribbean or Black - Other	*	*	*	75.0%
Don't Know	135	984	1119	87.9%
Mixed or Multiple Ethnic Group	9	57	66	86.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	5	16	21	76.2%
Other Ethnic Group - Other	*	15	18	83.3%
Prefer not to say	73	635	708	89.7%
White - Gypsy Traveller	0	*	*	100.0%
White - Irish	34	164	198	82.8%
White - Other	49	281	330	85.2%
White - Other British	138	970	1108	87.5%
White - Polish	14	99	113	87.6%
White - Scottish	983	8888	9871	90.0%
Grand Total	1516	12420	13936	89.1%

Discussion

The two categories with the highest rate of retention were “Caribbean or Black –Caribbean, Caribbean Scottish or Caribbean British” and “White Gypsy Traveller” at 100% The next highest retained category was “White – Scottish” at 90% The lowest retained category was “Black African – Other” at 70% A majority of the categories with a retention rate of less than 85% were from a BME background.

Question

- What additional data is required to try and understand why there are variations in retention levels?

10. Religion or Belief

10 (a) Workforce Composition

The table below compares the NHS Tayside Religion or Belief headcount data for the calendar years of 2020, 2021 and 2022.

Religion	NHS Tayside Headcount 2020	Percentage	NHS Tayside Headcount 2021	Percentage	NHS Tayside Headcount 2022	Percentage
Buddhist	33	0.25%	40	0.29%	41	0.29%
Christian - Other	797	6.04%	897	6.44%	963	6.88%
Church of Scotland	3194	24.20%	3170	22.75%	2986	21.34%
Don't Know	1204	9.12%	1255	9.01%	1209	8.64%
Hindu	78	0.59%	79	0.57%	86	0.61%
Jewish	8	0.06%	9	0.06%	11	0.08%
Muslim	109	0.83%	123	0.88%	133	0.95%
No Religion	4825	36.55%	5488	39.38%	5758	41.15%
Other	166	1.26%	170	1.22%	179	1.28%
Prefer not to say	1121	8.49%	1081	7.76%	1012	7.23%
Roman Catholic	1515	11.48%	1610	11.55%	1600	11.43%
Sikh	14	0.11%	14	0.10%	15	0.11%
No Answer	137	1.04%	0	0.00%	0	0.00%
Grand Total	13201	100.00%	13936	100.00%	13993	100.00%

Discussion

In terms of the three years covered by the NHS data, a number of non-Christian religion categories stayed broadly the same or had a slight increase in 2022. The category of “No religion” remains the largest category, showing a further increase in 2022. The slight reductions in “prefer Not to Say” and “Don’t Know”. Continued in 2022. Church of Scotland also saw a slight percentage decline.

10 (b) Recruitment

The table below shows a comparison between 2020, 2021 and 2022 recruitment data.

Religion	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Buddhist	0.4%	0.5%	0.7%	0.5%	0.4%	0.5%	0.4%	0.4%	0.3%
Christian - Other	7.7%	12.7%	21.5%	7.7%	9.9%	12.6%	7.0%	9.3%	10.6%
Church of Scotland	11.4%	10.0%	7.2%	13.9%	13.1%	11.0%	14.9%	13.6%	11.5%
Don't Know	0.0%	0.7%	1.3%	0.05%	0.8%	1.1%	0.1%	0.7%	1.5%
Hindu	1.1%	1.7%	3.0%	0.5%	0.9%	1.2%	0.3%	0.6%	0.6%
Jewish	0.1%	0.0%	0.1%	0.05%	0.1%	0.1%	0.1%	0.1%	0.1%
Muslim	4.6%	6.0%	9.1%	2.9%	2.9%	3.6%	1.8%	2.3%	2.0%
No Religion	59.7%	53.8%	43.5%	58.0%	56.5%	55.5%	60.0%	58.6%	59.3%
Other	1.2%	1.2%	1.3%	1.1%	1.3%	1.6%	0.9%	1.2%	1.6%
Prefer not to say	3.8%	3.2%	2.8%	4.0%	3.4%	3.0%	3.2%	3.2%	3.0%
Roman Catholic	9.9%	10.0%	9.3%	11.3%	10.7%	9.7%	11.3%	10.1%	9.3%
Sikh	0.1%	0.1%	0.3%	0.05%	0.1%	0.1%	0.1%	0.04%	0.1%

Discussion

The profile of applicants varied significantly for some religious categories in 2022, with applicants covering the “Christian – Other” and “Muslim” category applying in significantly higher numbers. The percentages appointed did not reflect the increased number of applications. Conversely, applicants from the “No Religion” category significantly fell in 2022, but the percentage appointed only marginally reduced on the 2021 figure.

Questions

- Why are some religious categories performing better than others?

- Do any changes need to be made to the NHS Tayside Mainstreaming Equality Outcomes Report 2021-2025 Action Plan in response to the above data?

10 (c) Development

Data relating to appraisal and band movement has been used to track staff development.

Appraisal

The table below shows a breakdown by Religion or Belief of the staff who completed appraisals in 2022.

Information relating to appraisal has been extracted from Turas. The information excludes Bank staff and not all staff, including medical staff use Turas for appraisals.

Religion	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22	% appraisals complete/21
Buddhist	23	17	*	41	40	42.5%	14.8%
Christian - Other	473	435	55	963	908	47.9%	28.5%
Church of Scotland	1347	1418	221	2986	2765	51.3%	28.2%
Don't Know	546	577	86	1209	1123	51.4%	25.5%
Hindu	54	26	6	86	80	32.5%	18.5%
Jewish	6	5	0	11	11	45.5%	0.0%
Muslim	79	47	7	133	126	37.3%	30.9%
No Religion	2862	2513	383	5758	5375	46.8%	24.1%
Other	85	80	14	179	165	48.5%	30.4%
Prefer not to say	447	500	65	1012	947	52.8%	24.7%
Roman Catholic	773	719	108	1600	1492	48.2%	22.6%
Sikh	7	8	0	15	15	53.3%	36.4%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

All religious categories had a higher appraisal completion rate in 2022 than they did in 2021. The categories of “Hindu” and “Muslim” had the lowest completion rates.

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2021. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Religion	Both	Down	Same	Up	Grand Total
Buddhist	0	*	31	*	36
Christian - Other	0	13	719	59	791
Church of Scotland	0	29	2611	173	2813
Don't Know	0	11	1040	49	1100
Hindu	0	0	65	0	65
Jewish	0	0	9	0	9
Muslim	0	0	88	8	96
No Religion	*	65	4381	502	4949
Other	0	*	142	7	152
Prefer not to say	0	9	893	57	959
Roman Catholic	0	20	1306	110	1436
Sikh	0	0	14	0	14
Grand Total	*	154	11299	966	12420

Discussion

The three categories of “Hindu”, “Jewish” and “Sikh” saw no movement of staff in 2022. The category “No Religion” saw the highest upward movement in bands. The Category “Buddhist” saw a very small upward movement but a bigger downwards movement in bands. The staff numbers in each category played a significant role in the impact a change of bands had on the overall rates.

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Religion	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Buddhist	27	*	6	34	79.41%
Christian - Other	646	26	234	906	71.30%
Church of Scotland	1994	56	807	2857	69.79%
Don't Know	731	53	330	1114	65.13%
Hindu	46	6	26	78	58.97%
Jewish	6	0	*	8	75%
Muslim	71	6	36	113	62.83%
No Religion	3940	106	1470	5516	71.43%
Other	123	*	39	166	74.10%
Prefer not to say	627	31	302	960	68.15%
Roman Catholic	1016	38	484	1538	66.06%
Sikh	12	0	*	14	85.71%
Grand Total	9239	327	3738	13304	

Discussion

The two categories of “Buddhist” and “Sikh” had the highest level of completion rates for the statutory and mandatory learn Pro modules. The categories of “Hindu” and “Muslim” had the lowest completion rates.

10 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Religion	Not Retained	Retained	Grand Total	% Retained
Buddhist	*	36	40	90.0%
Christian - Other	106	791	897	88.2%
Church of Scotland	357	2813	3170	88.7%
Don't Know	155	1100	1255	87.6%
Hindu	14	65	79	82.3%
Jewish	0	9	9	100.0%
Muslim	27	96	123	78.0%
No Religion	539	4949	5488	90.2%
Other	18	152	170	89.4%
Prefer not to say	122	959	1081	88.7%
Roman Catholic	174	1436	1610	89.2%
Sikh	0	14	14	100.0%
Grand Total	1516	12420	13936	89.1%

Discussion

The two categories of “Jewish” and “Sikh” had a 100% retention rate. The categories with the lowest retention rate were “Muslim” and “Hindu” with the remainder roughly being around the average retention rate.

Question

- What additional information is required to explain why some religions have higher retention rates than others?

11. Sex

11 (a) Workforce Composition

The table below compares the NHS Tayside headcount for the protected characteristic of Sex for the calendar years of 2019-2022.

Sex	NHS Tayside Headcount 2019	Percentage	NHS Tayside Headcount 2020	Percentage	NHS Tayside Headcount 2021	Percentage	NHS Tayside Headcount 2022	Percentage
Female	10235	80.43%	10716	80.29%	111385	80.26%	11206	80.08%
Male	2491	19.57%	2631	19.71%	2751	19.74%	2787	19.92%
Grand Total	12726	100.00%	13347	100.00%	13936	100.00%	13993	100.00%

Discussion

Since 2019 the percentage variance between female and male staff has reduced slightly in 2020 with the reduction continuing in 2021 and 2022.

11 (b) Recruitment

The table below shows a comparison between 2020, 2021 and 2022 recruitment data for the protected characteristic of Sex.

Gender	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Prefer not to say	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.3%	0.3%	0.4%
Female	71.6%	70.1%	66.2%	76.5%	77.7%	74.3%	79.2%	82.0%	80.9%
Male	27.7%	29.2%	33.0%	22.9%	21.7%	24.9%	20.6%	17.5%	18.6%
In another way	0.1%	0.1%	0.2%	0.03%	0.1%	0.2%	0.0%	0.1%	0.1%

Discussion

The table above shows that for the last three years female applicants favoured much more positively through the recruitment process than male candidates. The percentage of male candidates applying over the last three years has steadily increased, Nonetheless, the percentage shortlisted and appointed has not followed the same trend. The 2022 figure of 18.6% of males being appointed has risen slightly from the 17.5% figure in 2022 The increase in male applications in the same period rose by 2.8%.

Questions

- Are there any additional actions that need to be added to the NHS Tayside Mainstreaming Equality Outcomes Report 2021-2025 Action Plan to support the recruitment of more male staff members?
- Are there any potential partnership opportunities between NHS Tayside and professional bodies in order to recruit more males in to certain professions such as nursing?
- Do other local, national and international employment opportunities make it harder to employ more equal numbers of female and male staff?

11 (c) Development

Data relating to appraisal, band movement and completion of learn Pro statutory and mandatory modules has been used to track staff development.

Appraisal

The table below shows a breakdown by Sex of the staff who completed appraisals in 2022.

Information relating to appraisal has been extracted from Turas. The information excludes Bank staff and not all staff, including medical staff use Turas for appraisals.

Sex	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete/22	% appraisals complete/21
Female	5296	5153	759	11208	10449	49.3%	26.5%
Male	1406	1192	187	2785	2598	45.9%	20.4%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

Female staff have had a higher appraisal completion rate than male staff for the last two years. The gap between completion has fallen significantly from around 6% to 3.4%

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2021. The movement between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Sex	Both	Down	Same	Up	Grand Total
Female	*	127	9082	810	10020
Male	0	27	2217	156	2400
Grand Total	*	154	11299	966	12420

Discussion

The table above shows that female staff had a slightly larger downward band movement rate than male staff but this was not enough to mitigate the higher band movement rate. Female staff had a higher rate of band increases than male staff.

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Sex	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Female	7489	181	3052	10722	69.85%
Male	1750	146	686	2582	67.78%
Grand Total	9239	327	3738	13304	

Discussion

Female staff had a slightly higher module completion rate than their male counterparts. The table shows that there were proportionately more males that had not started any modules than female staff members.

11 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022, excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Sex	Not Retained	Retained	Grand Total	% Retained
Female	1165	10020	11185	89.6%
Male	351	2400	2751	87.2%
Grand Total	1516	12420	13936	89.1%

Discussion

In 2022, the retention rate for female staff was slightly higher than it was for male staff, being 2.4% higher.

Questions

- Why are slightly more male staff members leaving NHS Tayside?
- The NHS Tayside female to male staff ratio is around 4-1, what steps can be made to increase the number of male staff members through encouraging more male staff members to stay?

12. Sexual Orientation

12 (a) Workforce Composition

The table below compares the NHS Tayside headcount data for the protected characteristic of sexual orientation

Sexual Orientation	NHS Tayside Headcount 2020	Percentage	NHS Tayside Headcount 2021	Percentage	NHS Tayside Headcount 2022	Percentage
Bisexual	123	0.93%	147	1.05%	175	1.25%
Don't Know	2315	17.54%	2359	16.93%	2219	15.86%
Gay	82	0.62%	78	0.56%	68	0.49%
Gay/ Lesbian	0	0.00%	28	0.20%	70	0.50%
Heterosexual	8875	67.23%	9775	70.14%	10012	71.55%
Lesbian	56	0.42%	56	0.40%	44	0.31%
Other	43	0.33%	53	0.38%	65	0.46%
Prefer not to say	1515	11.48%	1440	10.33%	1540	9.58%
No Answer	192	1.45%	0	0.00%	0	0.00%
Grand Total	13201	100.00%	13936	100.00%	13993	100.00%

Discussion

For the last two years, the categories “Don’t Know” and “prefer Not to Say” are gradually falling albeit at a fairly slow rate for “Don’t Know” and a slightly faster rate for “prefer Not to Say”. The categories of “Gay”, and Lesbian” have both seen reductions in 2022 with the categories of “Bisexual”, Heterosexual” and other all seeing increases.

Questions

- What can be done to further reduce the percentages in the categories of “don’t know” and “prefer not to say”?
- How can the EqualiTAY Network, the NHS Tayside LGBTQ+ Employee Staff Network be supported to encourage staff to feel confident to be themselves in the workplace?

12 (b) Recruitment

The table below covers NHS Tayside recruitment for the calendar years of 2020, 2021 and 2022. The number of applicants, candidates shortlisted and appointed are shown as percentages.

Sexual Orientation	Applied			Shortlisted			Appointed		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Bisexual	2.7%	2.6%	2.6%	2.1%	1.8%	2.1%	2.1%	2.1%	2.4%
Don't Know	0.1%	0.3%	0.3%	0.05%	0.2%	0.2%	0.1%	0.1%	0.2%
Gay/Lesbian	2.7%	2.6%	2.5%	2.5%	2.8%	2.8%	2.8%	2.5%	2.3%
Heterosexual	90.8%	90.3%	89.8%	91.6%	91.2%	90.9%	91.6%	91.6%	90.7%
Other	0.4%	0.8%	1.1%	0.4%	0.6%	0.7%	0.4%	0.7%	0.6%
Prefer not to say	3.3%	3.5%	3.6%	3.4%	3.4%	3.3%	3.0%	2.9%	3.7%

Discussion

Comparing the Recruitment data with the Workforce Composition data (section 12 (a)), there is a significant reduction in the percentages of “don’t know” and “prefer not to say” categories since 2020 for the existing NHS Tayside workforce. The “Prefer Not to Say” category for applicants has risen very marginally over the last two years, indicating some applicants are uncertain regarding sharing information about their sexual orientation.

Over the last three years, the “heterosexual category saw a slight increase from application to shortlisting and another slight increase from shortlisting to appointment. All other categories have fluctuated over the past three years.

Question

- Notwithstanding the slight uptick in the percentage of “Prefer Not to Say” category, why is the percentage of “don’t know” and “prefer not to say” categories for Recruitment much smaller than they are for Workforce Composition?

12 (c) Development

Data relating to appraisal, band movement and completion rates of statutory and mandatory learn Pro modules has been used to track staff development.

Appraisal

The table below shows a breakdown by Sexual Orientation of the staff who completed appraisals in 2022.

Information relating to appraisal has been extracted from Turas. The information excludes Bank staff and not all staff, including medical staff use Turas for appraisals.

Sexual orientation	Not completed	Completed	Not on Turas	Grand Total	Total on TURAS	% appraisals complete /22	% appraisals complete /21
Bisexual	97	68	10	175	165	41.2%	18.7%
Don't Know	1014	1047	158	2219	2061	50.8%	26.1%
Gay	30	32	6	68	62	51.6%	23.4%
Gay/Lesbian	38	27	5	70	65	41.5%	0
Heterosexual	4865	4483	664	10012	9348	48.0%	25.4%
Lesbian	22	19	*	44	41	46.3%	25.5%
Other	30	31	*	65	61	50.8%	22.5%
Prefer not to say	606	638	96	1340	1244	51.3%	25.1%
Grand Total	6702	6345	946	13993	13047	48.6%	25.4%

Discussion

Comparison between 2021 and 2022 is not fully reliable as there was not a separate category for “Gay/Lesbian” in 2021. Regardless, all of the categories show a significant increase in appraisal completion in 2022. The two categories with the lowest appraisal rates were “Bisexual” and “Gay/Lesbian”. The categories with the highest completion rate were “Gay” and “Other”.

Movement between job bands

The table below excludes Bank Staff and shows movement between job bands during the calendar year of 2021. The movement

between job bands includes promotion, temporary increased part-time hours at a higher grade or temporary arrangements to cover higher duties. Current data capture does not allow for the single reporting on data relating to promotion. Only staff, covered by the whole calendar year have been included.

Sexual orientation	Both	Down	Same	Up	Grand Total
Bisexual	0	*	108	14	123
Don't Know	0	21	1959	90	2070
Gay	0	0	62	5	67
Gay/Lesbian	0	*	15	5	22
Heterosexual	0	115	7864	772	8751
Lesbian	0	*	42	5	48
Other	0	*	41	6	48
Prefer not to say	*	13	1208	69	1291
Grand Total	*	154	11299	966	12420

Discussion

The impact of small numbers of staff in the Sexual Orientation categories had an impact on the categories showing the highest upward band movement. Four categories including “Bisexual”, “Gay/Lesbian”, “Lesbian” and “Other” all saw movement above 10%. The category of “Bisexual” saw the biggest movement upwards.

Question

- What is causing the different band movement trends between different categories of sexual orientation?

Training — learn Pro

The table below outlines the completion rates of the statutory and mandatory learn Pro modules. This is a snapshot of a given date for reporting, 31 December 2022 and the figures will see fluctuations over the year depending when staff members are due to update their modules.

Sexual orientation	Completed all modules	Not completed any modules	Completed some modules	Grand Total	Percent Complete
Bisexual	119	*	43	166	71.69%
Don't Know	1387	76	616	2079	66.71%
Gay	43	*	17	63	68.25%
Gay/Lesbian	52	*	9	63	82.54%
Heterosexual	6745	201	2605	9551	70.62%
Lesbian	26	0	17	43	60.47%
Other	46	0	16	62	74.19%
Prefer not to say	821	41	415	1277	64.29%
Grand Total	9239	327	3738	13304	

Discussion

The categories “Gay/Lesbian” and “Other” had the highest level of all module completions. The categories of “Lesbian” and “Prefer Not to Say” had the lowest level of completions.

12 (d) Retention

The data below shows a comparison between NHS Tayside staff present throughout the calendar year of 2022 excluding bank staff. The difference in the year-end totals reflects the number of staff employed on the particular days used for comparison.

Sexual Orientation	Not Retained	Retained	Grand Total	% Retained
Bisexual	24	123	147	83.7%
Don't Know	289	2070	2359	87.7%
Gay	11	67	78	85.9%
Gay/Lesbian	6	22	28	78.6%
Heterosexual	1024	8751	9775	89.5%
Lesbian	8	48	56	85.7%
Other	5	48	53	90.6%
Prefer not to say	149	1291	1440	89.7%
Grand Total	1516	12420	13936	89.1%

Discussion

The categories of “Gay/Lesbian” and “Bisexual had the lowest retention rates. The highest retention rate category was (Other” which was just slightly above the average retention rate.

Questions

- Why was the retention rate for Gay/Lesbian and bisexual staff lower than the average rate of retention?
- What is causing the differences in retention percentages between the different sexual orientation categories?

13. Conclusions and Next Steps

Some significant difficulties remain with having to work with different employee systems to extract data relating to the protected characteristics profile of the NHS Tayside workforce. The NHS Tayside Workforce Monitoring Report 2023 has managed to make more use of data, covering some of the protected characteristics in more depth and has included information about completion of statutory and mandatory modules on learn Pro. Continuing recovery from the COVID-19 pandemic has also resulted in higher levels of appraisal completions during 2022 than in 2021.

The use of different systems, means there is some differences in headcount and some percentages do not add up to 100%

The new approach to data reporting is now starting to see the benefit of having NHS Tayside data from previous years in order that comparisons and trends can be explored, particularly in terms of staff composition and recruitment.

Earlier preparation of the Workforce Monitoring Report means there is now a greater opportunity to engage with staff with lived experience, with views/comments on the report having been sought from the four NHS Tayside Staff Networks. The Networks being, the Black and Minority Ethnic Network, Carers Network, Disability Equality Network and EqualiTAY Network (Lesbian, gay, bisexual and queer plus).

NHS Tayside now has a Mainstreaming Equality Outcomes Report Action Plan that integrates the NHS Tayside Equality Outcomes with Scottish Specific Duties reporting requirements. A number of questions have again been raised throughout this report, mainly focusing on how better use of data can be made or asking how gaps can be addressed. These are being used as markers to see if emerging trends in the data merit further scrutiny/action. The results of this approach will then assist with evaluating the progress of the NHS Tayside Equality outcomes and suggest if any additional steps need to be taken or new equality outcomes considered.



NHS Tayside Occupational Segregation by Sex, Race and Disability

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Annex 1 Specialist Doctor and Senior Managers pay scales

1 Data definitions

The data definitions outlined below are applicable for all tables. The employee data used in all of the tables below represents the NHS Tayside head count covering both full-time and part-time staff as at 31 December 2022. A full-time and part-time comparison table is available at section 4(b).

This date has been used to comply with the Equality Act Specific Duties Scotland Regulations 2012 to use annual data not previously reported on.

The average hourly basic rate (HBR) used in the gender tables below is the average hourly rate minus overtime or shift allowances. Variance values are compared with male average basic hourly rates. This means a positive value indicates a higher hourly rate for female employees. Conversely, a (-) value means female employees earning less than their male counterparts. The hourly rates used reflect the hourly rate prior to the 2022-2023 pay uplift which was implemented in January 2023 and backdated in the February 2023 salary payment.

Occupations in the tables are represented by the 9 NHS Tayside job families.

Agenda for Change means that all staff are paid the same according to their band and scale points. Variances in bands for each of the protected characteristics reported in the tables below represents an average figure according to the length of service each employee has and not a difference in rates of pay.

Incremental pay scales uniformly apply according to experience and length of service and this explains some of the variances shown in the equal pay tables below. The percentage of staff working in specific job roles within job families, the distribution of staff working at particular pay bands/grades and whether staff work full or part-time all impact on the data reported on in the following tables.

An Asterisk, * has been used throughout the tables to reflect a value between 1 and 4. This is to avoid the possible identity of some employees.

2 Equal pay at a glance

The table below shows the NHS Tayside staff headcount, percentage of the workforce and average hourly rate according to the protected characteristics of Sex, Ethnicity and Disability.

Protected Characteristic	Headcount Female	Percent	Headcount Male	Percent	Average (BHR/F)	Average (BHR/M)	Variance £	Variance Percent
Sex	11206	80.08%	2787	19.92%	£17.33	£20.69	-£3.36	-16.24%
BME	718	5.13%	325	2.32%	£18.12	£24.99	-£6.87	-27.49%
Not BME	9211	65.83%	2019	14.43%	£19.16	£24.00	-£4.84	-20.17%
Disabled	159	1.14%	38	0.27%	£17.39	£17.90	-£0.51	-2.85%
Not Disabled	7440	53.17%	1788	12.77%	£16.96	£19.55	-£2.59	-13.25%

Discussion

The table highlights the differences between Female and male staff, Staff from a Black and Minority Ethnic background and those that are not and staff who are Disabled and those who are not. The categories of “Don’t Know” and “Prefer Not to Say” were removed from the Ethnicity and Disability data explaining why the overall totals equate to less than 100% the incomplete data makes it difficult to make any strong inferences from the data contained in the above table.

The table shows that the number of female to male employees within NHS Tayside has a ratio of roughly 4:1. The gender pay gap between male and female employees is -16.24% This figure has fallen slightly from the figure reported in 2021 Using 2019 employee data which was -18.1%

The average pay rates for female disabled staff were slightly higher than for females as a whole. Female staff who said they were not disabled had an average hourly rate lower than the female and disabled female average. Female staff not from a BME background earned the highest average basic hourly pay. Female BME staff on average earned more than disabled female staff members and female staff members taken as a whole group.

In terms of all three protected characteristics, male staff earned more than their female counterparts. Disability reported the narrowest gap, where BME reported the widest gap between female and male staff members.

3 Equal pay by Sex, Race and Disability

(a) Equal pay by Sex

Equal Pay/ Sex	Headcount Job Fam	Headcount F	Headcount M	Ave BHR/F	Ave BHR/M	Variance £	Variance Percent 2022	Variance Percent 2019
Administrative Services	2431	2070	361	£14.40	£17.92	-£3.51	-15.59%	-22.64%
Allied Health Profession	1134	977	157	£18.97	£18.43	£0.54	2.91%	2.81%
Dental Support	208	181	27	£14.33	£20.73	-£6.40	-30.87%	-26.90%
Healthcare Sciences	666	429	237	£16.71	£17.93	-£1.22	-6.80%	-12.54%
Medical And Dental	933	480	453	£44.17	£47.58	-£3.41	-7.17%	-9.42%
Medical Support	13	8	5	£15.86	£17.82	-£1.96	-11.00%	-5.65%
Nursing/Midwifery	6441	5777	664	£16.48	£15.48	£1.00	6.46%	6.20%
Other Therapeutic	631	508	123	£21.34	£19.60	£1.74	8.88%	9.85%
Support Services	1536	776	760	£11.20	£12.07	-£0.87	-7.21%	-8.70%
Grand Total	13993	11206	2787	£17.33	£20.69	-£3.36	-16.24%	-18.10%

Discussion

The three job families where female staff earned on average more than male staff have remained the same, namely, Allied Health Professions, Nursing/Midwifery and Other Therapeutic. Whereas the gap has slightly widened for staff in the job families of Allied Health Professions and Nursing and Midwifery, it has slightly narrowed in the Other Therapeutic job family.

In both 2019 and in 2022, Dental Support has shown the widest pay gap between female and male staff members with the gap significantly widening in 2022 to -30.87% from -26.90% in 2019. With pay rates paid at an equal rate for female and male staff under Agenda for Change, it is likely the types of job roles being done by staff and the number of staff members carrying out these roles that is influencing this effect. Whether or not staff work full-time or part-time is also having an impact, see the table covering full-time and part-time comparisons in section 4(b).

In terms of the job family, Administrative Services, there has been a significant narrowing of the gap from -22.64% to -15.59%. Although this remains a significant gap, it is now slightly below the NHS Tayside average pay gap between female and male staff

and remains above the Scottish average of 12.2% The remaining job families saw female staff earn less than their male colleagues in 2022 but this was lower than the Scottish average pay gap.

(b) Equal pay by Ethnicity and Sex

Equal Pay/ Ethnicity	NHS T	Headcount	Headcount	Ave	Ave	Ave	Variance	Variance
	Headcount	F	M	BHR	BHR	BHR	£	Percent
African - African, African Scottish or African British	42	25	17	£19.10	£17.37	£21.65	-£4.28	-19.77%
African – Other	57	39	18	£15.22	£14.25	£17.31	-£3.06	-17.68%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	16	8	8	£25.37	£12.79	£37.96	-£25.16	-66.28%
Asian - Chinese, Chinese Scottish or Chinese British	36	29	7	£25.45	£24.40	£29.80	-£5.40	-18.12%
Asian - Indian, Indian Scottish or Indian British	117	64	53	£32.54	£27.34	£38.81	-£11.47	-29.55%
Asian – Other	99	74	25	£17.30	£16.81	£18.75	-£1.94	-10.35%
Asian - Pakistani, Pakistani Scottish or Pakistani British	70	43	27	£20.69	£17.87	£25.17	-£7.30	-29.00%
Caribbean or Black - Black, Black Scottish or Black British	9	6	*	£17.04	£18.67	£13.79	£4.88	35.39%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	5	*	*	£15.27	£15.75	£13.35	£2.40	17.98%
Caribbean or Black - Other	*	*	*	£23.12	£11.05	£47.25	-£36.20	-76.61%
Don't Know	1077	769	308	£18.13	£17.14	£20.61	-£3.47	-16.84%
Mixed or Multiple Ethnic Group	67	42	25	£21.22	£17.93	£26.74	-£8.81	-32.95%
Other Ethnic Group - Arab, Arab Scottish or Arab British	22	10	12	£22.61	£20.90	£24.03	-£3.13	-13.03%
Other Ethnic Group - Other	19	14	5	£25.10	£26.53	£21.10	£5.43	25.73%
Prefer not to say	643	508	135	£20.18	£18.85	£25.16	-£6.31	-25.08%
White - Gypsy Traveller	*	*	0	£16.91	£16.91	0	0	0.00%
White – Irish	193	159	34	£21.47	£20.36	£26.69	-£6.34	-23.75%
White - Other	343	247	96	£20.85	£18.52	£26.86	-£8.34	-31.05%
White - Other British	1112	844	268	£21.94	£20.31	£27.08	-£6.78	-25.44%

Equal Pay/ Ethnicity	NHS T	Headcount	Headcount	Ave	Ave	Ave	Variance	Variance
	Headcount	F	M	BHR	BHR	BHR	£	Percent
White – Polish	137	110	27	£12.67	£12.76	£12.30	£0.46	3.74%
White - Scottish	9925	8208	1717	£17.06	£16.81	£18.23	-£1.41	-7.73%
Grand Total	13993	11206	2787	£18.00	£17.33	£20.69	-£3.36	-16.24%

Discussion

The table above shows some significant pay gaps both for female and male staff according to their ethnicity. The jobs being done by staff members and the number of female and male staff in each ethnic group is having a big impact on the overall pay gap. Due to a significant amount of very small numbers of staff being represented when job families and job grades are jointly considered, section 5 covering occupational segregation has aggregated the number of staff from ethnic groups separately according to job family and job grade. An Asterisk has been used for numbers less than five. Data is available for internal use comparing job family and job grade but cannot be published due to ensuring anonymity for staff who might otherwise be identified.

(c) Equal Pay by Disability

Equal Pay/ Disability	Headcount	Headcount	Ave BHR	Ave BHR	Variance	Variance
	F	M	F	M	£	Percent
Don't Know	2882	787	£18.14	£22.84	-£4.70	-20.58%
No	7440	1788	£16.96	£19.55	-£2.59	-13.25%
Prefer not to say	725	174	£17.85	£23.38	-£5.52	-23.61%
Yes	159	38	£17.39	£17.90	-£0.51	-2.85%
Grand Total	11206	2787	£17.33	£20.69	-£3.36	-16.24%

Discussion

The largest variances between female and male staff are seen in the “Prefer Not to Say” and “Don’t Know” categories. Female staff who say they are not disabled earn slightly less than the female average and female staff who answer “Yes” to having a disability. Male staff answering “Yes” to having a disability exhibited the smallest pay gap between female and male average earnings and was 13.48% lower than the average basic hourly rate for NHS Tayside male staff members.

4 Occupational segregation by job family and job grade for the protected characteristic of Sex

(a) Job family by Sex

Job Fam/ Sex	Headcount	Headcount F	Percentage	Headcount M	Percentage
Administrative Services	2431	2070	85.15%	361	14.85%
Allied Health Profession	1134	977	86.16%	157	13.84%
Dental Support	208	181	87.02%	27	12.98%
Healthcare Sciences	666	429	64.41%	237	35.59%
Medical And Dental	933	480	51.45%	453	48.55%
Medical Support	13	8	61.54%	5	38.46%
Nursing/Midwifery	6441	5777	89.69%	664	10.31%
Other Therapeutic	631	508	80.51%	123	19.49%
Support Services	1536	776	50.52%	760	49.48%
Grand Total	13993	11206	80.08%	2787	19.92%

Discussion

The two job families of Medical and Dental and Support Services have broadly similar percentages of female and male staff. Female staff outnumber male staff in all the rest of the NHS Tayside job families. This position appears to confirm the observation made at section 3(a) discussing reasons for the sex pay gap being down to the types of jobs being undertaken by staff as opposed

to being paid at different rates. Noting that Agenda for Change pays staff at equal rates according to grade and length of service within grade pay bands.

(b) Full-time and part-time comparison

Job Family	Female		Male		Female		Male	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Administrative Services	1239	831	322	39	59.86%	40.14%	89.20%	10.80%
Allied Health Profession	512	465	133	24	52.41%	47.59%	84.71%	15.29%
Dental Support	63	118	24	*	34.81%	65.19%	88.89%	11.11%
Healthcare Sciences	274	155	199	38	63.87%	36.13%	83.97%	16.03%
Medical And Dental	220	260	314	139	45.83%	54.17%	69.32%	30.68%
Medical Support	7	*	5	0	87.50%	12.50%	100.00%	0.00%
Nursing/Midwifery	3211	2566	531	133	55.58%	44.42%	79.97%	20.03%
Other Therapeutic	287	221	107	16	56.50%	43.50%	86.99%	13.01%
Support Services	122	654	513	247	15.72%	84.28%	67.50%	32.50%
Grand Total	5935	5271	2148	639	52.96%	47.04%	77.07%	22.93%

Discussion

On average, roughly half of NHS Tayside's female staff work full time and half part-time. In comparison, slightly more than three quarters of male staff work full-time and slightly less than a quarter part-time. Some job families have significantly higher percentages of staff working part-time, including the two job families of Administrative Services and Dental support who demonstrated the largest pay gaps.

In terms of Administrative Services, roughly 60% of female staff work full-time and the corresponding figure for part-time staff is 40% around 90% of male staff work full-time and just over 10% part-time.

In terms of the job family Dental Support, the percentages are significantly lower for female staff working full-time compared to male employees. Around a third of female staff work full-time compared to around 90% of male staff.

The percentage ratio of female to male staff does seem to be able to mitigate against full-time and part-time working for some job families. Around 90% of the staff working in Nursing and Midwifery are female, with around 55% working full-time compared to around 80% for male staff.

(c) Job grade by Sex

Job Grade By Sex	Headcount	Headcount F	Percent	Headcount M	Percent
AFC 1	*	*	50.00%	*	50.00%
AFC 2	2419	1711	70.73%	708	29.27%
AFC 3	2139	1709	79.90%	430	20.10%
AFC 4	1103	996	90.30%	107	9.30%
AFC 5	3243	2877	88.71%	366	11.29%
AFC 6	2052	1751	85.33%	301	14.67%
AFC 7	1313	1114	84.84%	199	15.16%
AFC 8A	292	244	83.56%	48	16.44%
AFC 8B	173	142	82.08%	31	17.92%
AFC 8C	51	36	70.59%	15	29.41%
AFC 8D	29	15	51.72%	14	48.28%
AFC 9	6	*	16.67%	5	83.33%
Medical and Dental	933	480	51.45%	453	48.55%
Senior Manager	36	23	63.89%	13	36.11%

Discussion

The table above shows an escalator effect taking place in terms of the percentage of male staff being present in Agenda for Change bands four to nine. On average male staff make up around 20 percent of the workforce and the table highlights an under representation of male staff in the pay bands AFC 4 to AFC 8B. All bands including AFC 8C and above show a greater representation of male staff than the average 20 percent of all NHS male Staff members. This in conjunction with the data highlighted in section 4(b) relating to full and part-time staff explains some of the origins behind the continued pay gap.

Educational and career choices, Shared Caring responsibilities, flexible working and work-life balance opportunities are also likely influencing employment choices and opportunities.

5 Ethnicity Occupational Segregation by Job Family and Job Grade

(a) Ethnicity by job family

Job Fam/Ethnicity	Admin Services	Allied Health Profession	Dental Support	Healthcare Sciences	Medical & Dental	Medical Support	Nursing / Midwifery	Other Therapeutic	Support Services	Total Headcount
African - African, African Scottish or African British	7	5	*	5	*	0	16	*	*	43
African - Other	*	10	*	*	9	0	23	*	*	57
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	*	*	0	*	6	0	*	0	*	16
Asian - Chinese, Chinese Scottish or Chinese British	5	*	0	0	14	0	8	*	*	36
Asian - Indian, Indian Scottish or Indian British	11	5	0	*	67	0	19	*	7	117
Asian - Other	9	*	0	*	15	0	53	*	16	99

Job Fam/Ethnicity	Admin Services	Allied Health Profession	Dental Support	Healthcare Sciences	Medical & Dental	Medical Support	Nursing / Midwifery	Other Therapeutic	Support Services	Total Headcount
Asian - Pakistani, Pakistani Scottish or Pakistani British	14	*	*	10	21	0	9	5	6	70
Caribbean or Black - Black, Black Scottish or Black British	*	0	0	*	*	0	*	0	0	9
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	0	0	0	0	*	0	*	5
Caribbean or Black - Other	0	0	0	0	*	0	0	0	*	*
Don't Know	171	61	12	77	103	*	371	40	241	1077
Mixed or Multiple Ethnic Group	5	7	*	*	14	0	23	6	5	67
Other Ethnic Group - Arab, Arab Scottish or Arab British	*	0	0	*	12	0	*	*	*	22
Other Ethnic Group - Other	*	0	0	*	6	0	8	*	*	19
Prefer not to say	79	36	5	21	82	0	310	11	99	643
White - Gypsy Traveller	0	0	0	0	0	0	*	0	0	*
White - Irish	17	35	*	6	25	0	92	14	*	193
White - Other	47	41	*	13	59	0	105	33	42	343
White - Other British	171	129	7	62	150	*	436	84	69	1112
White - Polish	16	6	*	17	*	0	55	4	34	137
White - Scottish	1867	790	171	434	343	8	4899	417	996	9925
Job Fam Total	2431	1134	208	666	933	13	6441	631	1536	13993

Discussion

The table above shows that all ethnic groups are represented in the NHS Tayside workforce. Many of the BME ethnic groups are represented by very small numbers of staff members. The distribution of staff across the job families is very varied as is the size of the job families. Unsurprisingly, Nursing and Midwifery, Administrative Services, Support Services, Allied Health Professions and Medical and Dental have the most diverse workforces.

White Gypsy Traveller and Caribbean Black — Other are the least represented ethnic groups.

Ethnicity by job grade

The tables below cover job grades AFC 1 to AFC 7 and AFC 8A to Senior Manager.

Part 1 AFC 1 to AFC7

Job Grade/ Ethnicity	AFC 1	AFC 2	AFC 3	AFC 4	AFC 5	AFC 6	AFC 7
African - African, African Scottish or African British	0	*	5	*	13	7	5
African - Other	0	6	5	6	22	9	0
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	*	*	0	*	*	0
Asian - Chinese, Chinese Scottish or Chinese British	0	*	*	*	6	6	*
Asian - Indian, Indian Scottish or Indian British	0	10	6	*	15	8	*
Asian - Other	0	24	9	*	38	6	*
Asian - Pakistani, Pakistani Scottish or Pakistani British	0	11	8	7	13	7	*
Caribbean or Black - Black, Black Scottish or Black British	0	*	*	*	8	*	0
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	*	0	0	*	0	*
Caribbean or Black - Other	0	*	0	0	0	0	0
Don't Know	0	317	217	72	151	100	78
Mixed or Multiple Ethnic Group	0	7	*	5	21	10	5
Other Ethnic Group - Arab, Arab Scottish or Arab British	0	*	0	0	6	*	0
Other Ethnic Group - Other	0	*	*	0	*	*	*

Job Grade/ Ethnicity	AFC 1	AFC 2	AFC 3	AFC 4	AFC 5	AFC 6	AFC 7
Prefer not to say	0	129	96	51	105	93	53
White - Gypsy Traveller	0	0	0	0	0	*	0
White - Irish	0	7	10	5	75	34	24
White - Other	0	58	45	23	63	45	30
White - Other British	0	101	119	78	234	203	106
White - Polish	0	53	29	9	34	9	*
White - Scottish	*	1677	1579	914	2430	1512	1002

Discussion

Agenda for Change bands 1-7 in the main, contain representation from nearly all of the ethnic groups. Some groups are represented by fairly small numbers, especially in some of the BME categories. “White Gypsy Traveller” and Caribbean Black — Other” remain the two least represented groups.

Part 2 AFC 8A to Senior manager

Job Grade/Ethnicity	AFC 8A	AFC 8B	AFC 8C	AFC 8D	AFC 9	Medical & Dental	Senior Manager
African - African, African Scottish or African British	*	0	0	*	0	*	0
African - Other	0	0	0	0	0	0	0
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0	0	0	0	6	0
Asian - Chinese, Chinese Scottish or Chinese British	*	0	0	0	0	14	0
Asian - Indian, Indian Scottish or Indian British	*	0	0	*	0	67	*
Asian - Other	*	0	0	0	0	15	0
Asian - Pakistani, Pakistani Scottish or Pakistani British	*	0	0	0	0	21	*
Caribbean or Black - Black, Black Scottish or Black British	0	0	0	0	0	*	0

Job Grade/Ethnicity	AFC 8A	AFC 8B	AFC 8C	AFC 8D	AFC 9	Medical & Dental	Senior Manager
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	0	0	0	0	0
Caribbean or Black - Other	0	0	0	0	0	*	0
Don't Know	20	5	8	*	0	103	5
Mixed or Multiple Ethnic Group	*	0	0	0	0	14	0
Other Ethnic Group - Arab, Arab Scottish or Arab British	*	0	0	0	0	12	0
Other Ethnic Group - Other	0	*	0	0	0	6	0
Prefer not to say	21	11	*	*	0	82	0
White - Gypsy Traveller	0	0	0	0	0	0	0
White - Irish	7	*	*	*	0	25	*
White - Other	16	*	*	0	0	59	0
White - Other British	64	33	11	7	*	150	*
White - Polish	0	0	0	0	0	*	0
White - Scottish	276	116	29	17	*	343	25

Discussion

BME staff are significantly less represented in the more senior grades represented in the above table with the exception of band 8A and Medical and Dental. Medical and dental saw most ethnic groups being represented with the exception of “African – Other”, “Caribbean or Black — Caribbean, Caribbean Scottish, or Caribbean British” and White Gypsy Traveller”.

There were no BME staff members in band 9 albeit, it only contains 6 staff members. The grade of senior manager contains 36 staff members comprising of 5 who chose “Prefer Not to Say” and 25 staff members who are White Scottish and the remainder being comprised of four other ethnic groups.

6 Disability Occupational Segregation by Job Family and job Grade

(a) Disability by job family

Job Family/Disability	Don't Know	No	Prefer Not to Say	Yes
Administrative Services	773	1405	205	48
Allied Health Profession	305	743	58	28
Dental Support	65	133	9	*
Healthcare Sciences	208	413	31	14
Medical And Dental	279	568	75	11
Medical Support	*	11	0	0
Nursing/Midwifery	1358	4647	364	72
Other Therapeutic	133	452	34	12
Support Services	546	856	123	11

Discussion

Unlike Ethnicity, the protected characteristic of Disability is not further sub-categorised into the many and varied types of disability such as long-term health condition, physical disability, mental health, neurodiversity or sensory impairment, or further still into the component disabilities such as diabetes, arthritis, bipolar, dyslexia or blindness. It is therefore very difficult to know about the representation of the different types of disability and whether or not some are present or absent from within the generic term.

The table above highlights that around three quarters of disabled staff that have shared information about having a disability are present in the three job families of Administrative Services, Allied Health Professions and Nursing/Midwifery.

(b) Disability by job grade

Disability/Job Grade	Don't Know	No	Prefer Not to Say	Yes
AFC 1	*	*	*	0
AFC 2	726	1494	175	24
AFC 3	594	1361	141	43
AFC 4	356	712	97	18
AFC 5	611	2449	148	35
AFC 6	477	1417	119	39
AFC 7	391	825	79	18
AFC 8A	125	243	41	5
AFC 8B	56	101	16	0
AFC 8C	23	25	*	*
AFC 8D	7	19	*	0
AFC 9	5	*	0	0
Medical & Dental	279	568	75	11
Senior Manager	0	13	*	*

Discussion

The overwhelming majority of staff who have shared information about having a disability are represented in the Agenda for Change band 7 and lower. Whereas for Sex, the representation in the job grade “Medical and Dental” was broadly similar and in terms of Ethnicity, this was one of the most ethnically diverse, job grades, however only 1.19% of this job grade is represented by staff answering “Yes” to having a disability.

Annex 1

Medical and Dental and Senior Manager Pay Scales 2022

Information relating to pay scales for Junior Doctors and Consultants can be accessed via the links below:

<https://www.bma.org.uk/pay-and-contracts/pay/junior-doctors-pay-scales/pay-scales-for-junior-doctors-in-scotland>

<https://www.bma.org.uk/pay-and-contracts/pay/consultants-pay-scales/pay-scales-for-consultants-in-scotland>

Speciality Doctor Rates taken from NHS Pay Circular: PCS (DD 2022/02)

Specialty Pay Scales

Speciality Doctor 2022		2022/23
Scale Point	Pay points	Salary
0	1	£54,903
1	1	£54,903
2	1	£54,903
3	2	£65,497
4	2	£65,497
5	2	£65,497
6	3	£69,507
7	3	£69,507
8	3	£69,507
9	4	£77,532
10	4	£77,532
11	4	£77,532
12	5	£85,554

Speciality Doctor 2022		2022/23
13	5	£85,554
14	5	£85,554
15	5	£85,554
16	5	£85,554
17	5	£85,554

Senior Manager pay scales taken from NHS Pay Circular: PCS (ESM 2023/01)

Ray Ranges from 1 April 2022		
Grade	Pay Range Minima	Pay Range Maxima
A	£53,020	£71,458
B	£60,514	£81,673
C	£69,116	£90,805
D	£77,851	£100,791
E	£88,171	£114,606
F	£97,624	£130,459
G	£110,971	£148,650
H	£126,288	£169,523
I	£143,863	£193,475

Equality and Diversity Information

1. LearnPro statistics

Equality, Diversity and Human Rights LearnPro statistics as at 18 April 2023

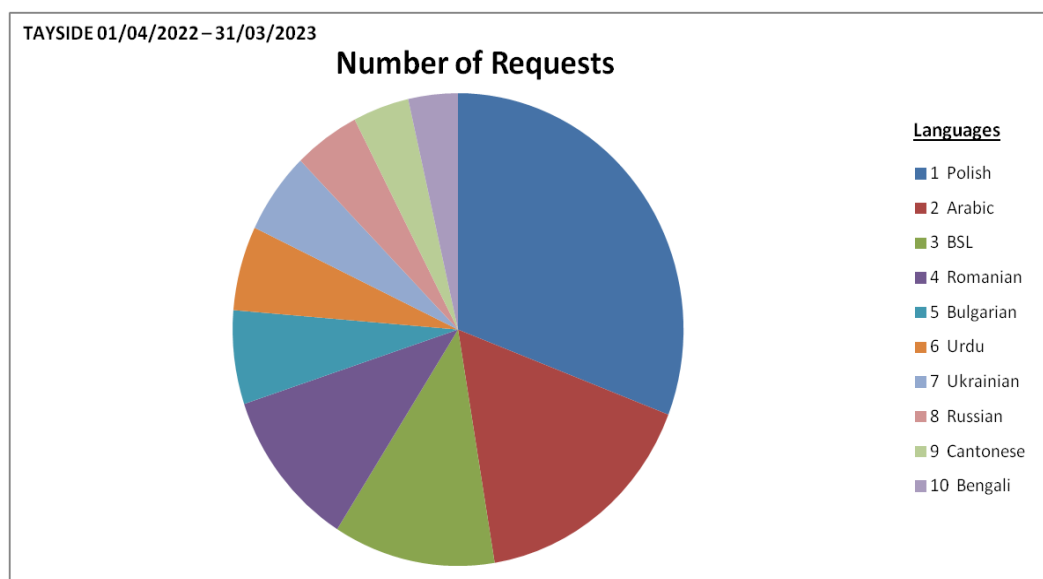
Directorate	Users	Completed	Percent		March 2023 Percent
Access And Assurance	1528	1332	87	↓	89
Corporate & Board	3487	2921	83	↓	85
HSCP – Angus	1005	823	81	↓	83
HSCP – Dundee	1649	1410	85	↓	88
HSCP – Perth & Kinross	1174	1003	85	↓	92
IP Mental Health Services	448	383	85	↓	92
Medicine Division	1263	1031	81	↓	82
Mental Health & LD	194	178	91	↔	91
Operations Division	1590	1444	90	↔	90
Surgery	1951	1678	86	↓	89
Women Children & Families	1415	1206	85	↓	86
TOTAL	15704	13409	85	↓	88

2. NHS Tayside's Interpretation and Translation Service

Spoken Language

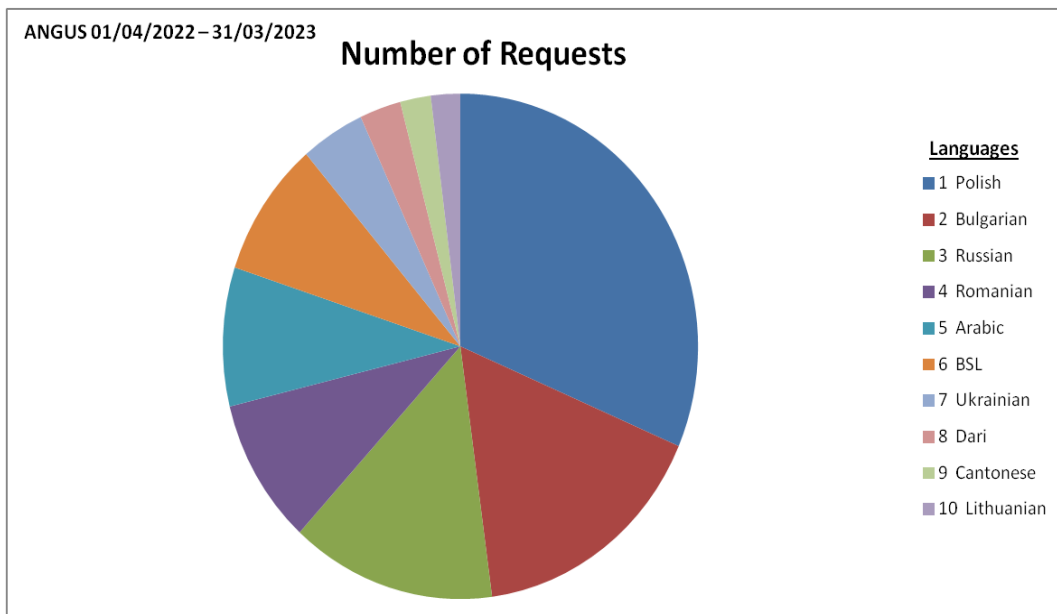
Our top five languages mainly remain the same but we have seen a higher number of requests for Ukrainian language which is the impact of the war in Ukraine and the Ukrainian refugee settlement scheme.

Rank	Language	Number of Requests
1	Polish	3975
2	Arabic	2130
3	BSL	1492
4	Romanian	1404
5	Bulgarian	827
6	Urdu	745
7	Ukrainian	720
8	Russian	610
9	Cantonese	518
10	Bengali	457



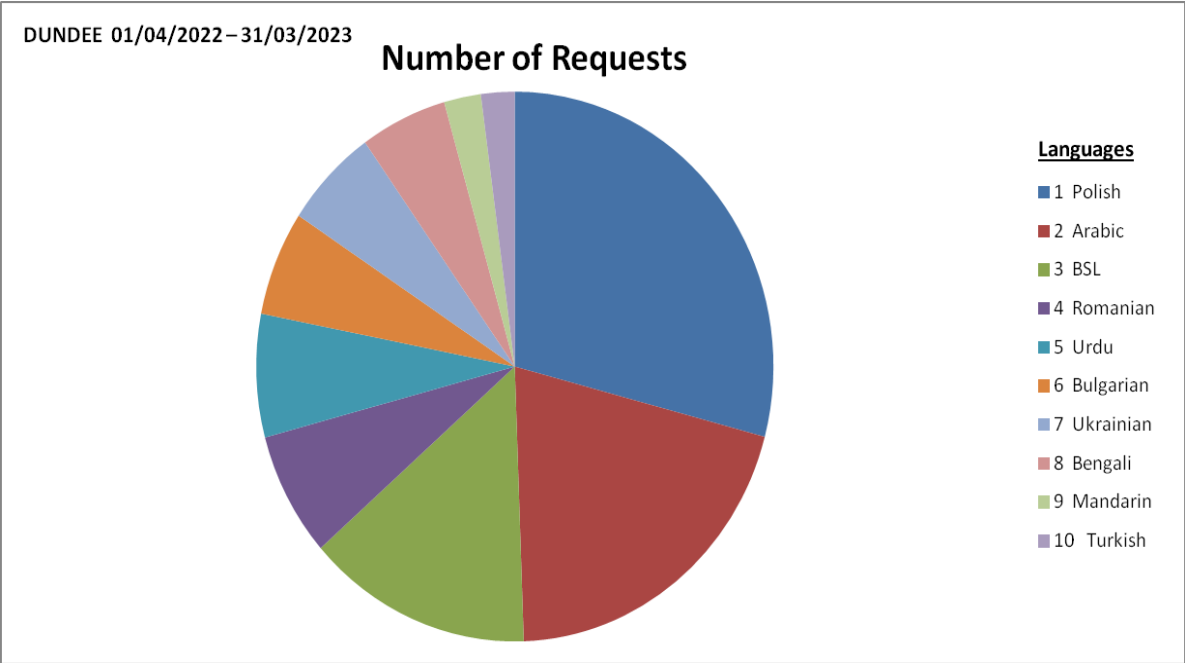
Angus, 1 April 2022 to 31 March 2023

Rank	Language	Number of requests
1	Polish	347
2	Bulgarian	181
3	Russian	154
4	Romanian	103
5	Arabic	98
6	BSL	96
7	Ukrainian	48
8	Dari	31
9	Cantonese	23
10	Lithuanian	22



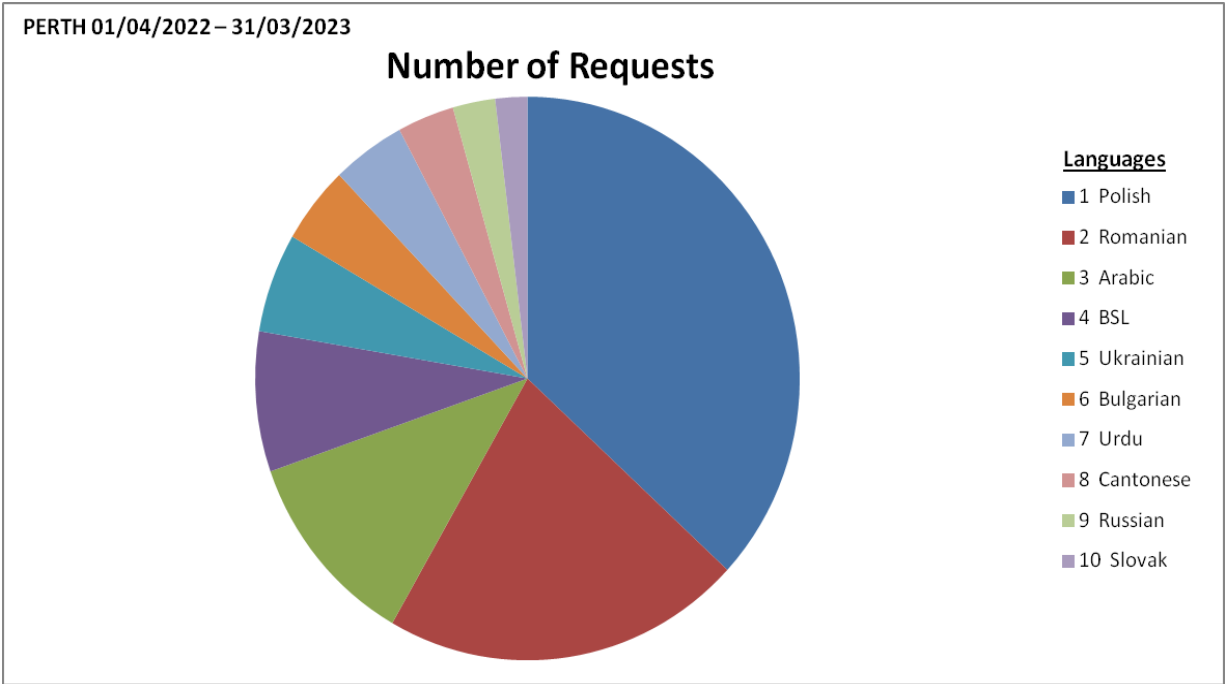
Dundee, 1 April 2022 to 31 March 2023

Rank	Language	Number of requests
1	Polish	2340
2	Arabic	1634
3	BSL	1131
4	Romanian	589
5	Urdu	582
6	Bulgarian	495
7	Ukrainian	476
8	Bengali	436
9	Mandarin	185
10	Turkish	169



Perth, 1 April 2022 to 31 March 2023

Rank	Language	Number of requests
1	Polish	1202
2	Romanian	697
3	Arabic	371
4	BSL	262
5	Ukrainian	186
6	Bulgarian	145
7	Urdu	142
8	Cantonese	110
9	Russian	82
10	Slovak	62



3. Adult Protection and Child Protection LearnPro statistics

Adult Support and Protection LearnPro statistics as at 18 April 2023

Directorate	Users	Completed	Percent		March 2023 Percent
Access And Assurance	1528	1382	90	↔	90
Corporate & Board	3487	3019	86	↑	85
HSCP – Angus	1005	853	84	↔	84
HSCP – Dundee	1649	1491	90	↑	89
HSCP – Perth & Kinross	1174	1089	92	↔	92
IP Mental Health Services	448	412	91	↔	91
Medicine Division	1263	1068	84	↑	83
Mental Health & LD	194	177	91	↑	89
Operations Division	1590	1470	92	↑	90
Surgery	1951	1756	90	↑	89
Women Children & Families	1415	1263	89	↑	87
TOTAL	15704	13980	89	↑	88

Child Protection Recognition Level 1 LearnPro statistics as at 18 April 2023

Directorate	Users	Completed	Percent		March 2023 Percent
Access And Assurance	1528	1375	89	↓	90
Corporate & Board	3487	3012	86	↔	86
HSCP – Angus	1005	836	83	↔	83
HSCP – Dundee	1649	1478	89	↔	89
HSCP – Perth & Kinross	1174	1074	91	↔	91
IP Mental Health Services	448	405	90	↔	90
Medicine Division	1263	1059	83	↑	82
Mental Health & LD	194	179	92	↑	91
Operations Division	1590	1462	91	↑	89
Surgery	1951	1731	88	↔	88
Women Children & Families	1415	1285	90	↑	89
TOTAL	15704	13896	88	↔	88