

Borders NHS Board

Meeting Date: 3 October 2019

Approved by:	Dr Tim Patterson, Director of Public Health
Author:	Warwick Shaw, Head of Delivery Support
NHS BORDERS EQUALITY MAINSTREAMING UPDATE 2019	
Purpose of Report:	
The purpose of this report is to provide an update on the 2017 NHS Borders Equality Mainstreaming Report.	
Recommendations:	
The Board is asked to receive and note this update.	
Approval Pathways:	
<i>This report has been prepared for the Board.</i>	
Executive Summary:	
<p>The attached Mainstreaming Report builds upon the base of the 2017 Report and updates the statistical and qualitative elements. There is a Executive summary which highlights our progress with the Public Sector General Equality Duty through the joint initiative Borders Equalities Week, now in its third cycle, and excellent example of public and 3rd Sector co-production.</p> <p>There are no particularly significant changes in either the population profile, or the make up of our staffing complement. Perhaps one area that has received significant press coverage is that of Gender Pay Gap. Our headline figure is 19.1% , however that is very skewed by Medical and Dental staff inclusion, the more long serving and therefore highly remunerated staff are still predominately male as the % of female staff at that level are reflective of graduation numbers in the 1980s. Excluding Medical and Dental staff the gap is 4.2% in favour of female staff.</p> <p>The last 2 years have seen much emphasis placed on developmental work to introduce three specific initiatives and obligations:</p> <ol style="list-style-type: none"> 1. Continuation of the Stonewall Workplace Equality index, and this year we submit for the third time and hope to show a further improvement in our score as we did in 2018.. 2. Introduction of the British Sign Language Act, we are working jointly with SBC and implementing a Borders response. 3. Implementation of the new Augmentative and Alternative Communication rights which will also have a financial consequence for the Board. A single year budget has been identified pending clearer evidence on actual costs. 	

NHS Borders does not have any specific Equalities staff any longer, they were cut upon the transition to a Mainstreaming approach. That does mean that we have to rely on our Equalities Group to monitor progress of the Action Plan and provide the focus necessary to drive and develop the awareness and workstreams. It has to be noted that neither BGH nor Primary Care have been fully committed to this group, or taking on workstreams.

Over the next 2 years the following workstreams need to be undertaken:

1. Further analysis of patient equalities characteristics which we do not well map yet.
2. Expanding the training available to the Board, BET and staff including the implementation of a new e-learning module.
3. Consider how many more cycles of the Stonewall Workplace Equalities Index to complete.
4. Continue to build upon the excellent Borders Diversity Week initiative.
5. Ensure full Clinical Board representation at the Equalities Group
6. Continue to expand our understanding of the information available to us on Equal Pay and see if there are any initiatives that NHS Borders could develop.
7. Ensure that our workforce continues to be reflective of the make up of our population.

Impact of item/issues on:	
Strategic Context	Compliance with legislative requirements.
Patient Safety/Clinical Impact	Compliance with legislative requirements.
Staffing/Workforce	None at present
Finance/Resources	None at present
Risk Implications	As the work progresses risks will be identified and a risk register established. Progress and identification of risks will be overseen by the NHS Borders Equalities Group.
Equality and Diversity	The Action Plan has been developed as a result of the NHS Borders Mainstreaming Equality Update Report 2015 which was fully consulted upon as detailed at a meeting of BET 12 March 2015. It's ongoing development and implementation will ensure compliance with Public Sector Equality Duties (General and Specific)
Consultation	The Action Plan has been developed as a result of the NHS Borders Mainstreaming Equality Update Report 2017. Part of the ongoing consultation for this work includes presentation for discussion at CE strategy group, BET and Board.
Glossary	CE – Clinical Executive BET – Board Executive Team SBC – Scottish Borders Council



NHS BORDERS

EQUALITY MAINSTREAMING REPORT UPDATE

2019

NHS Borders aims to ensure that all of our information is accessible.

Information can be made available in large print, Braille, on tape, easy read (with pictures), and in different languages.

If you would like this information in any of these formats please contact:

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Fax: 01896 823396

Email: equality@borders.scot.nhs.uk

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EXECUTIVE SUMMARY

This report provides a view of how NHS Borders is progressing in the delivery of its vision of itself as an organisation which values diversity and promotes equality. It also presents an update on the 2017 report. It is a valuable tool for the organisation to continue to assess progress and plan further action and a legislative requirement to report progress on mainstreaming the Public Sector Equality Duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012,

Mainstreaming is a long term strategy that aims to make sure that the decisions we make are fully sensitive to the diverse needs and experiences of patients, carers, staff and members of the wider Scottish Borders community. It will improve decision making processes through providing better evidence and information and offers greater transparency and openness.

All Health Boards across NHS Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012, outlined below. The implementation of these legal duties will be monitored by the Equality and Human Rights Commission in Scotland.

The purpose of the Public Sector General Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

The Specific Duties listed below are intended to support public bodies, including Health Boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the Public Sector General Equality Duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment).
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

In order to gather evidence to inform the report, we looked at the local results of the NHS staff survey and identified where they

complemented and reflected progress on our Equality Outcomes. We also include information on our responses to new initiatives such as Stonewall Workplace Equality Index (where we are about to complete our 3rd Annual Cycle), British Sign Language Act (joint work with SBC) and Augmentative and Alternative Communication as well as local training and a renewal of our Equalities impact Assessment work,

Information has also been gathered in the form of case studies to illustrate in a snapshot the progress NHS Borders is making to meet our equality outcomes as evidenced throughout this report.

NHS Borders continues to work to ensure that equality is mainstreamed into working practices and policies. The information within this report shows what is going on across the organisation and good practice examples. Areas that require further development in order to ensure that NHS Borders continues to provide a better service to all includes are identified. In addition the Borders Equalities week annual initiative, now in its third cycle is an excellent example of co-production across sectors and geographically across Borders to fulfil the promotion of equalities Special Duty.

INTRODUCTION

NHS Borders aims to be an organisation which values its different communities, fosters respect for diversity, challenges prejudice and discrimination and promotes equality. Mainstreaming equality is the process by which we hope to achieve this goal. Mainstreaming is the systematic integration of an equality perspective into our everyday work, involving policy makers across all departments, as well as equality specialists and external partners.

Mainstreaming is a long term strategy that aims to make sure that the decisions we make are fully sensitive to the diverse needs and experiences of patients, carers, staff and members of the wider Scottish Borders community. It will improve our decision making process through providing better evidence and information and offers greater transparency and openness.

This is considered against the nine protected characteristics in the Equality Act 2010:

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

NHS Borders first Equality Mainstreaming Report 2013-17 set out its approach to equalities. This included a set of Equality Outcomes which it aimed to achieve.

An updated Equality Mainstreaming Report 2017- 21 replaces the previous Equality Mainstreaming report (2013-17) and serves to meet NHS Borders statutory duty to produce a report.

The development of the Report takes account of the work NHS Borders has undertaken on equalities locally and the national context. It has involved dialogue and consultation with staff together with public Involvement and involvement with local groups and Scottish Borders Council.

This update report provides background information and describes the provides an assessment of progress in mainstreaming equalities within NHS

Borders. It sets out what further changes can be considered. The report concludes with initiatives to be taken to further embed Mainstreaming within the period 2019 to 2021.

The next 2 pages give a brief statistical overview of the Borders population.

Equality and Diversity in the Scottish Borders - Statistics

2017 population of Scottish Borders - 115,020 (National Records of Scotland Vital Events 2017)																						
1,037 births in the Scottish Borders (9.1 per 1,000 compared to 10.3 for Scotland)																						
1,389 deaths in the Scottish Borders (12.2 per 1,000 compared to 10.7 for Scotland)																						
Age (Population (2015, National Records of Scotland)) 16.5% of the Scottish Borders population is under the age of 16 (16.9% Scotland) 53.9% of the Scottish Borders population is aged 16 to 64 (64.4% Scotland) 24.1% of the Scottish Borders Population is aged 65 or older (18.7% Scotland)			Life Expectancy 2014-2016 (National Records of Scotland)																			
			<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Scottish Borders</th> <th colspan="2">Scotland</th> </tr> <tr> <th>Male</th> <th>Female</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>At Birth</td> <td>78.6</td> <td>82.5</td> <td>77.1</td> <td>81.1</td> </tr> <tr> <td>Age 65</td> <td>18.2</td> <td>20.4</td> <td>17.4</td> <td>19.7</td> </tr> </tbody> </table>			Scottish Borders		Scotland		Male	Female	Male	Female	At Birth	78.6	82.5	77.1	81.1	Age 65	18.2	20.4	17.4
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Disability: (Population 2015 National Records of Scotland) 30% of Scottish Borders population have a long term health condition (2011 Census, Scotland = 30%) Learning Disability: In 2011, 612 people resident in Scottish Borders were identified, as having a Learning Disability (LD). As at March 2014, 599 people aged over 16 with learning disabilities were known to the Scottish Borders services, of which 555 had confirmed addresses in the area.			Ethnicity (Scottish Survey Core Questions 2014) <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Scottish Borders</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>White: Scottish</td> <td>73.6%</td> <td>77.9%</td> </tr> <tr> <td>White: Other British</td> <td>22.3%</td> <td>13.1%</td> </tr> <tr> <td>White: Polish</td> <td>0.9%</td> <td>1.7%</td> </tr> <tr> <td>Asian</td> <td>0.3%</td> <td>2.3%</td> </tr> <tr> <td>Other Ethnic Group</td> <td>0.3%</td> <td>1.1%</td> </tr> </tbody> </table>		Ethnicity	Scottish Borders	Scotland	White: Scottish	73.6%	77.9%	White: Other British	22.3%	13.1%	White: Polish	0.9%	1.7%	Asian	0.3%	2.3%	Other Ethnic Group	0.3%	1.1%
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LGBT (Scottish Borders Council – People Dept.) 67% of young people in the Borders said they know someone who is either: Lesbian, Gay, Bisexual or Transgender. 94.6% of people in Scottish Borders identify as heterosexual (Scotland 95.3) 2.8% of adults identify as "LGB & Other" (Lesbian, Gay, Bisexual or Other)			Religion (Scottish Survey Core Questions 2016) <table border="1"> <thead> <tr> <th>Religion</th> <th>Scottish Borders</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>None</td> <td>44.9%</td> <td>48.7%</td> </tr> <tr> <td>Church of Scotland</td> <td>35.5%</td> <td>25.5%</td> </tr> <tr> <td>Roman Catholic</td> <td>6.1%</td> <td>13.8%</td> </tr> <tr> <td>Other Christian</td> <td>9.6%</td> <td>8%</td> </tr> <tr> <td>Other Religion</td> <td>3.2%</td> <td>3.4%</td> </tr> </tbody> </table>		Religion	Scottish Borders	Scotland	None	44.9%	48.7%	Church of Scotland	35.5%	25.5%	Roman Catholic	6.1%	13.8%	Other Christian	9.6%	8%	Other Religion	3.2%	3.4%
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Child Poverty (HMRC August 2014) 14.0% of Scottish Borders live in low income households; within the Scottish Borders there are 8 areas where 30% or more of the children live in low income households.			Fuel Poverty (Scottish Household Survey 2015) 43% of households in the Scottish Borders are in Fuel Poverty (12% are in extreme fuel poverty).																			
Languages in Schools (SBC Information System for Education SEEMIS) 36 different languages are spoken by children within Scottish Borders Schools																						

Scottish Borders Population – Declared Ethnic Groups

	Scottish Borders		Scotland
	Number	%	%
Total	113,870	100	100
White	112,400	98.71	96.02
White - Scottish	89,741	78.81	83.95
White – Other British	18,624	16.36	7.88
White - Irish	767	0.67	1.02
White – Gypsy/Traveller	64	0.06	0.08
White - Polish	1,302	1.14	1.16
White - Other	1,902	1.67	1.93
Mixed or multiple ethnic groups	316	0.28	0.37
Asian, Asian Scottish or Asian British	733	0.64	2.66
Africa	207	0.18	0.56
Caribbean or Black	91	0.08	0.12
Other ethnic groups	123	0.11	0.27

From 2011 Census data

School Pupils - Top 6 Language used at home

	Scottish Borders		Scotland
	Number	%	%
English/Scots	13,299	94.6	92.62
Polish	315	2.2	0.49
Lithuanian	44	1.10	1.09
Portugese	30	0.2	0.24
British Sign Language	28	0.1	1.06
Russian	21	0.1	4.50

From SBC SEEMIS 2017-18

LEGISLATIVE CONTEXT

All health boards across NHS Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012, outlined below. The implementation of these legal duties will be monitored by the Equality and Human Rights Commission in Scotland.

The Equality Act (2010) and Public Sector General Equality Duty

The Equality Act (2010) is the law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society. This single Act replaces previous anti-discrimination laws to make the legislation simpler, to remove inconsistencies and to provide specific protection to people who are discriminated against on the basis of a defined set of nine "protected characteristics".

These characteristics cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the Act protects everyone against unfair treatment.

The three aims of the Act's Public Sector General Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
3. Foster good relations between people who share a protected characteristic and those who do not

The Public Sector General Equality Duty replaces the previous Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

Purpose of the Public Sector General Equality Duty

The purpose of the Public Sector General Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

Specific Duties

In Scotland, an additional set of Specific Duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The Specific Duties listed below are intended to support public bodies, including health boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming Public Sector Equality Duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information Publish statements on equal pay
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HEALTH CONTEXT

The challenge for the NHS is to translate these legislative requirements into an approach to mainstream equality into health policy and practice, which aims in turn to tackle health inequalities and improve health outcomes.

Actions to deliver on equality and address health inequalities are intrinsically linked - health inequalities reflect the systematic differences in health associated with people's unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, for example socio-economic; gender; ethnicity and disability.

In order to address health inequalities effectively, consideration has to be given to the associated implications for people with equality characteristics and the often complex intersections between these. NHS Borders and its Community Planning Partners have endeavoured to address health and social inequalities through a local partnership approach.

The past 2 years have also seen the advent of the BSL Act and within the Smoking Act the enshrining of rights concerning Additional and Assistive Communication aids.

OVERARCHING POLICY CONTEXT

Scottish Government: We live longer, healthier lives and have tackled significant inequalities in Scottish society



National NHS policy priorities:
Quality Strategy, Equally Well, Staff Governance Standards CELs, Christie Report, HEAT Targets/SOAs
(Equality integrated)



NHS Board Corporate Strategies
(Equality integrated)

It makes sense to ensure that the equality agenda is aligned explicitly with existing NHS and Scottish Government (SG) policy priorities and is integrated into internal board performance management systems where possible.

Health Boards have a role to work in partnership with patients, carers, the public, and cross sector partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

NHS Borders is a member of the Scottish Borders Community Planning Partnership. This Partnership is underpinned by equality and diversity considerations; acknowledgment of the strategic priorities / corporate objectives of partnership agencies and the comprehensive strategic integration of these.

WHAT NHS BORDERS HAS ALREADY DONE TO MAINSTREAM EQUALITY

NHS Borders is working hard to ensure that equality is mainstreamed into working practices and policies. As a result much activity has taken place and is demonstrated throughout this report. This section of the report provides an indication of the key actions that have taken place. This includes:

- Setting 9 equality outcomes for NHS Borders the details of which are in the 2013 mainstreaming report, updated in the 2015 and 2017 reports and reported on in this Mainstreaming report.
- The main NHS Borders website has a [section on Equality and Diversity](#) which outlines our commitment and provides useful links for members of the public.
- NHS Borders has adopted the Health Inequalities Impact Assessment process, run a joint training programme with Scottish Borders Council and is publishing completed Assessments.
- NHS Borders has developed an Equality and Diversity microsite on the Staff Intranet which enables staff to access useful information, policies and processes including interpretation and translation guidelines and Health Inequalities Impact Assessment (HIIA) templates. The microsite contains links to national and local equality evidence, including a local demographic profile and the national Equality Evidence Finder.
- An Equality Steering Group with representation from across the organisation has been established to drive forward mainstreaming equality and diversity, the group is Chaired by the Executive Lead for Equalities and attended by the non-Executive Lead for Equalities who provides cross representation to the Board's Public Governance Committee.
- Equality and diversity e-learning is mandatory for all staff and is completed at corporate induction. The training used has been reviewed and is in need of improvement. It is anticipated that an improved

package will be implemented in 2019/20.

- A domestic abuse and other form of Violence Against Women awareness session is delivered to all staff at corporate induction which includes showing a DVD made by local women who have experienced domestic abuse.
- Equality and diversity issues are considered in other corporate training for example Managing Sickness Absence, Child Protection and First Line Manager and also Project Rise, a development program for Managers reporting directly to members of the Board executive Team.
- NHS Borders continues to embed routine enquiry about domestic abuse in the priority areas of mental health, sexual & reproductive health, A&E, primary care, addictions and maternity services as set out in Chief Executive's Letter 41.
- NHS Borders works in partnership with other agencies to protect children and adults from harm and has staff based in the co-located Public Protection Unit alongside staff from Police Scotland and Scottish Borders Council. Hate Crime is a priority and the unit also co-ordinates child and adult protection. There is comprehensive guidance available online which includes information on trafficking, Female Genital Mutilation, Honour Based Violence, Child Prostitution and Children with Disabilities among others.
- The Joint Health Improvement Team (JHIT) remains involved in the co-ordination of the Scottish Borders Violence Against Women Training.

HOW NHS BORDERS IS CONTINUING TO MAINSTREAM EQUALITY

In order to gather evidence to inform this section of the report, we interrogated our HR Staff Information systems, looked at Complaints and Commendations and Staff Partnership perspectives as well as our Equalities Group and membership of the national NHS Equalities group. We have also liaised with interested public groups in Scottish Borders, NHS Borders Public Governance Group and with Scottish Borders Council.

Further evidence has also been gathered in the form of case studies to illustrate in a snapshot the progress NHS Borders is making to meet our equality outcomes as evidenced throughout this report.

NHS Borders Board and the Board Executive Team are committed to mainstreaming equality and a full day's training on EQUALITIES IMPACT ASSESSMENT and its importance was provided to them by colleagues from Health Scotland in 2014. A follow up session was provided during 2018 when new members of the Executive Team and Board were in-post. Further formal training should be provided by 2021.

The membership of the Equality Steering Group continues to be

strengthened with appropriate membership, and amended Terms of Reference which more accurately reflects its role and remit. It has been chaired by the Head of Delivery Support who was the executive lead for Equality and Diversity within NHS Borders. The Joint Director of Public Health will assume this responsibility.

All of NHS Borders policies are Equality Impact Assessed during their development (Health Equalities Impact Assessed from 2017). This assessment details the aims and purpose of the policy and identifies which groups or individuals have been involved or consulted with.

If English is not the first language of a member of staff or patient then, if required, NHS Borders will arrange interpretation and translation services. This can be either face to face or via telephone. Whilst efforts have been made to contain expenditure by encouraging more telephone interpreting the balance is still heavily towards use of face to face interpreting.

To make sure all information is accessible and that we communicate effectively with our patients/staff members, documents can be made available in different formats, for example; Braille, large print, BSL, audio tape or CD, Easy Read and different community languages.

Mainstreaming the Equality Duty as an Employer

NHS Borders is committed to promoting equality and diversity and a culture that actively values difference. It is recognised that people with different backgrounds and experiences can bring valuable insight and skills to the workplace which enhance the way we work.

NHS Borders aims to be an inclusive organisation where diversity is valued, respected and built upon. This will help us to recruit and retain a diverse workforce that reflects the communities we serve.

PROGRESS AGAINST EQUALITY OUTCOMES

1. We are seen as an inclusive and equal opportunities employer where all members of staff feel valued and respected and our workforce reflects our community.

The following tables show the basic breakdown of equality characteristics in the workplace, as well as a general increase in staff numbers the inclusion of rotational Medical Staff in the numbers and analysis accounts for the jump in total staff numbers. Further details is in Annexes A-C.

Figure 1 – Workforce Gender Balance (All Staff)

	Staff %	Number	Staff %	Number	Staff %	Number	Staff %	Number
Gender	2014	2014	2016	2016	2017	2017	2018	2018
Female	82.32%	2505	82.87%	2945	82.59%	2714	82.79%	2756
Male	17.68%	538	17.13%	609	17.41%	572	17.21%	573
Totals	100.00%	3043	100.00%	3554	100.00%	3286	100.00%	2289

Figure 2 – Overall Average Rates of Pay by Gender 2017 and 2018

	Female		Female %		Male		Male s %		Total		Mean Gender Pay Gap Male to Female %	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Total	2714	2756	82.59%	82.79%	572	573	17.41%	17.21%	3286	3329	19.82%	19.11%
Agenda for Change & Senior Managers	2567	2607	84.92%	84.92%	456	463	15.08%	15.08%	3023	3070	-3.1	-4.23%
Medical & Dental	147	149	55.89%	57.53%	116	110	44.11%	42.47%	263	259	5.44%	13.37%

Whilst the headline Gender Pay Gap figure would seem high at over 19% it can easily be seen that excluding Medical and Dental staff then our Female staff are in fact more highly paid. The peculiarity of the Medical and Dental rates being in favour of men are that there are fewer female staff of the age and seniority to have reached the top of their pay scales and additional Discretionary Points.

Policy

NHS Borders has a range of policies addressing inclusion. These policies include:

- Adoption & Fostering Leave
- Annual Leave
- Appraisal, PDP & Review
- Embracing Equality, Diversity & Human Rights Equal Opportunities
- Facilities Agreement
- Fixed-term Contracts
- Flexible Working Requests
- Grievance Induction

- Managing Employee Capability Managing Employee Conduct
- Maternity (and Paternity) Leave Parental Leave
- Recruitment and Selection
- Redeployment
- Retirement
- Sickness Absence
- Special Leave
- Substance and Alcohol Misuse
- Tackling Workplace Bullying and Harassment
- Whistle Blowing

As part of the Tackling Workplace Bullying and Harassment policy, NHS Borders Confidential Contacts provide confidential advice to staff who feel that they are being bullied or harassed. Although they are not counsellors, they are fully trained to listen, to help staff members explore possible ways forward and to outline options.

GOOD PRACTICE EXAMPLE

We have developed guidelines for Transgender Staff and their managers.

NHS Borders managers and staff make good use of flexible working time policy for childcare needs and workplace adjustments to enable staff to continue in or to access employment.

Several areas reported that reasonable adjustments have been made under Department of Work and Pensions (DWP) Access to Work Scheme. This is a grant scheme to offer practical support should staff have a disability, health or mental health condition to ensure reasonable adjustments can be made to help people stay in work, start working or move into self-employment to start a business.

VALUES BASED RECRUITMENT

NHS Borders has introduced Values Based Recruitment, which means that whilst we recruit employees based on their qualifications and experience we recruit individuals who possess (and are able to demonstrate) the behaviours which underpin the core values of our organization. Broadly these values include such attributes as dedication, practicing the highest levels of care, showing courage and embracing innovation. Patients are at the centre of everything that we do and our priority is to ensure that they are safe, cared for

efficiently and effectively by suitably experienced and qualified staff. We can bring our values to life in our everyday tasks by giving a smile; making time for people; challenging others and ourselves to being open to new ideas.

A behavioural framework is under development, which includes the expectation that staff and patients will be considered as individuals and that diversity will be acknowledged.

PROJECT SEARCH

This is a joint venture employment programme with Borders College and Scottish Borders Council. It provides real life work opportunities for young people with additional needs, aged between 17 and 24, who are nearing the end of their time in education and who are committed and ready to progress into paid employment after the course. The course is based at Borders General Hospital where the participants get "hands on" experience in the workplace combined with daily classroom sessions.

Staff Engagement

Service areas report that consultation with staff takes place on NHS Borders wide policies and other, service specific, issues that may affect them e.g. workforce planning. This has been improved and formalised through the planned iMatter rollout - a staff engagement tool that is being introduced to enable staff to influence changes not just within NHS Borders and all departments.

"Ask the Board" is an intranet forum available to all NHS Borders staff. This forum is anonymous and offers staff the opportunity to ask the Board questions about what is happening in the organisation and to discuss any issues or challenges. The topics are wide ranging and there are no boundaries. This forum gives all staff at every level the opportunity to feel comfortable about asking difficult or contentious questions without identification and in the knowledge that a reply will be posted.

GOOD PRACTICE EXAMPLE

REASONABLE ADJUSTMENTS

Support at Work

A member of staff with a hearing dog is being supported to bring the dog into the workplace. Another member of staff with anxiety issues also brings his support dog to work.

2. Our services meet the needs of and are accessible to all members of our community

Recent partnership projects between the Joint Learning Disability Service and the Joint Health Improvement Team (JHIT) aim to ensure that people with Learning Disabilities (LD) have equitable access to information and interventions. People with learning disabilities have:

- a higher number of health needs
- more complex health needs than the rest of the population.
- a higher level of unmet health needs compared with the rest of the population.
- a different pattern of health need compared with the rest of the population.

The projects:

- *A Healthier Me*

This project is aimed at providing information and support through an awareness training programme that will help people with learning disabilities to make practical lifestyle changes to assist their health and wellbeing, including maintaining a healthy weight. This is delivered through a partnership approach by Scottish Borders Learning Disability Service, JHIT and Brothers of Charity Services (Scotland).

- *Sexual Health Project*

This project supports people with learning disabilities to have greater control in making informed choices about their lifestyle, their relationships and the risks they may take. It ensures that such people have access to the same information and services in a way that is appropriate for them.

- *Community Health Flats*

There have been two community health flats in Burnfoot in Hawick and in Langlee in Galashiels which ensured health services are accessible to a community who may not otherwise access them. In 2017, the Hawick flat was relocated within the Burnfoot Community Hub, where HLN is collocated with the Community Trust. This provides a setting for the delivery of selected health services to the local community.

The JHIT reported that accessibility was an area they wished to consider for development after a comprehensive Equalities Impact Assessment of their work streams. The majority of JHIT programmes are run in accessible venues however where accessibility is a barrier other venues or solutions are explored –in this case accessibility is an umbrella term for the barriers facing people who want to access JHIT services. People may have a physical disability; be mothers who are breastfeeding; parents who require a crèche facility to participate in activities or people who live in a remote and rural area where public

transport is an issue.

The current Child Health Strategy includes an improvement framework with consultation across all services and parent/carers and young people.

Where community services are offered, the aim is to provide them as near to peoples home as possible, in accessible premises. The strengthening of community based services is a key theme in the refreshed NHS Borders Clinical Strategy in development in 2017. Home services are available for those meeting the required criteria. All of our Estate has been assessed for physical accessibility and where possible and required changes have been made to configuration, signage and décor to improve accessibility. New builds and modernisation projects are assessed at the design stage and subject to a Health Equalities Impact Assessment; we ensure a number of wide doors are provided for those with larger wheelchairs.

GOOD PRACTICE EXAMPLE

Transitions of Service

Created Transitions Information pack for young people with learning disabilities and family carers

www.scotborders.gov.uk/info/20056/disabilities/328/learning_disabilities/7

3. Our staff treat all service users, clients and colleagues with dignity and respect

NHS Borders Corporate Objectives have been developed to ensure high quality healthcare for all service users that is sustainable, equitable and fit for purpose. These principles have been developed following wide consultation with a variety of stakeholders. We have made a commitment to strive to reduce health inequalities by working in partnership with all independent contractors and community planning partners. The key principles place the patient at the centre of their care: there will be clear communication with patients at all stages of the patient journey and between those involved in their treatment and care.

NHS Borders has a comprehensive complaints procedure in line with the 2012 Charter of Patient Rights and Responsibilities. This informs patients what they can complain about, how to make a complaint and what will happen once the complaint has been received.

Additional Support Guidelines are currently being developed to ensure that staff are aware of what kind of support may be required for patients who have additional support needs for example people who are deaf or hard of hearing, blind or partially sighted, people who have a learning disability and people who require support to communicate.

Staff undergo equality and diversity training and also dignity at work training. NHS Borders have launched the "Give Respect, Get Respect" initiative.

The "Give Respect, Get Respect" For Dignity at Work initiative exists to promote a positive working culture and behaviours, and to develop tools and behaviours that will reduce the perceived or actual levels of bullying or harassment felt across the organisation. NHS Borders is committed to creating a working environment with equality of opportunity, a diverse workforce and equal respect for each individual's contribution to the aims, values and goals of the organisation.

Key Campaign Messages

- Being valued, being listened to and being treated with respect are just some of the things that add up to a dignified workplace
- There is no place for negative behaviour at work. If you see exclusion, humiliation, intimidation. Don't tolerate it. Challenge it.
- Negative behaviour at work doesn't belong at work. Respect for others does. It builds a positive work attitude. And that takes patient care to a higher level.

- Everyone deserves respect. Your colleagues, your boss, your staff, patients and the public. Respect begins by treating others as you'd want to be treated yourself Everyone deserves respect. Both the person and the work they do. Whatever the job, whatever the grade. How you behave towards people matters. Everyone has the right to be respected, just like you.

Tackling Bullying & Harassment at Work (Previously Dignity at Work) Policy
NHS Borders is committed to provide a working environment which is free from harassment, bullying or intimidation of any nature. Every employee of this organisation has a responsibility to treat colleagues with dignity and respect irrespective of their gender, race or ethnicity, relationship or health status, age, disability, sexual orientation, religion, political conviction, membership or non-membership of a staff-side/professional organisation.

Workplace Mediation

NHS Borders recognises that encouraging positive working relationships between individuals will have a positive impact on staff well-being and staff performance.

The organisation wishes to support staff and managers to work together to resolve disputes and conflicts at a local level, to ensure minimum disruption to the delivery of the organisations priorities and objectives, and to maintain high levels of morale and performance.

GOOD PRACTICE EXAMPLE

Learning Disabilities Service Commissioning

Delivered on strategic commissioning plan:

www.scotborders.gov.uk/downloads/file/3237/scottish_borders_learning_disability_service_strategic_commissioning_plan_2016-18

Co-wrote national guidance on writing strategic commissioning plans for people with LD

Supported local citizens panels –translated NHSB Clinical strategy into easy read so that it was accessible to people with learning disabilities

Delivered support to people with learning disability in hospitals, especially BGH, through Liaison Nurse service.

Promoted access to health screening for people with LD

4. We work in partnership with other agencies and stakeholders to ensure everyone has the opportunity to participate in public life and the democratic process

NHS Borders has a robust public involvement process, in line with our statutory responsibility to involve patients and members of the public for whom health services are delivered and designed. We want our patients and the wider community to play an active part in the decisions that affect them. Consulting with our community is an essential part of the work of our Public Involvement team. By engaging patients, carers and the wider community we can:

- make our services more efficient and responsive to local needs
- prioritise services and make best use of limited resources
- highlight our commitment to be open and accountable to the Borders community to recognise that we are not always the ones who know best
- promote a greater sense of ownership and responsibility within our services
- support NHS Scotland Participation Standard

The Public Involvement Team led on the involvement of patients and the public within NHS Borders. The team aims to develop the capacity of all staff to engage with patients and the public as this can lead to better quality care for our patients and can support staff by:

- Providing specialist advice and expertise Supporting access to public involvement groups
- Advising on the use of communication tools and facilities Linking staff with voluntary sector and community groups
- Signposting to relevant academic research, guidance, policy and other sources of information
- Linking with existing projects such as the Patient Experience Programme Providing examples of good practice
- Linking into national bodies and forums

When services are considering public consultation, or identifying the appropriate level of engagement (for example when carrying out a consultation as part of an Equalities Impact Assessment) they can submit a proposal to the monthly meetings of the Scottish Health Council and the Public Involvement Team who will review the proposal and submit a response with a suggested course of action.

The Public Governance Committee was established in November 2005 to monitor, oversee and ensure that appropriate mechanisms are in place for patients and the public to be involved in NHS Borders decision making. The Public Governance Committee reports to Borders NHS Board on the range of Patient Focus Public Involvement (PFPI) activities, including the activities of the Participation Network and Public Partnership Forum.

NHS Borders values volunteers. Volunteering enhances the services we provide, it has benefits for our patients, the individuals who volunteer and helps build stronger communities. Volunteering enables people to participate in public life.

We know that the volunteers give their time for many reasons. Some are former patients wishing to give something back; others are former staff who have expertise they want to share, for others it is the first step into a career in health and social care. We want to make sure that volunteers are treated in a fair and consistent way and that they receive a high quality level of support. The Board is committed to continuing to improve our volunteering processes and support the Scottish Government's NHS Scotland Strategy on Volunteering.

To provide support to staff who engage with volunteers, we have a dedicated Volunteer Coordinator. Information regarding volunteering within the organisation can be found in our intranet section that contains the NHS Borders Volunteering Policy and all the associated resources needed to engage volunteers.

Learning Disability Service

As an integral part of the governance structure of the Joint Learning Disability Service there are citizen's panels in five localities throughout the Borders. Adults with a Learning Disability and family carers are supported to attend the panels and work through a range of local issues as well as discussing and providing input to ongoing issues for people with a learning disability in the whole of the Borders.

Members of the citizens' panel's sit on the Learning Disability Partnership Board and the Policy and Strategy Group where information is exchanged and decisions are made affecting people with a learning disability. People with LD are supported by a staff member before, during and after the meetings.

Local Area Co-ordination is a partnership initiative which provides support to individuals with a learning disability so they can play an active role in their local communities. A Local Area Co-ordinator is a single, local, accessible contact within each community who work alongside individuals and their families/carers, using a person-centred approach to help people access opportunities in their local communities. Through early interventions, we focus on enabling the individual to be involved in their local community and, where possible, avoid becoming dependent on statutory services. The service we provide is flexible and responsive to the needs of clients.

Local Area Co-ordination is fundamentally based on helping individuals improve their own quality of life and become valued and

active members of their local communities.

The Joint Learning Disability Service has a Scottish Borders Action Plan derived from the national strategy, 'The Keys to Life'. As well as engaging directly with the citizen panels, specific events are held to facilitate more in-depth discussions and gather information to form action plans. Provision of accessible information is key to ensuring that people are able to engage at the events. As part of this work, the Learning Disability Service engaged with service users, carers, service providers and other key stakeholders in developing and writing their 2016-2019 Strategic Commissioning Plan

Joint Health Improvement Team

A core function of the JHIT is to identify and address local health improvement priorities in partnership with local communities including those groups who share a protected characteristic. This enables people to directly influence the decisions made by NHS Borders that impact upon them locally.

Mental Health

Mental Health Services work closely with the Scottish Recovery Network to ensure that service users are enabled to influence service delivery. The Scottish Recovery Indicator (SRI) is a service development tool that is used to provide services with a practical tool to review, develop and improve how they supporting recovery, we have set indicators as a set of qualitative measures to describe the impact of services on individuals who experience mental health issues. There is a year on year audit to establish person-centred information and delivery of services which are relevant to people who need them. It underpins the "Passport to Care" a facility for people to use when accessing services which describes their needs in their own words.

5. We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced

Joint Health Improvement Team

Part of the JHIT, The Borders Healthy Living Network (HLN) takes a lead in supporting communities to address health inequalities by building individual and community capacity using a Community Development approach to health improvement and through consultation and working in partnership with other agencies. HLN now operates in 3 regeneration areas in the Borders namely: Eyemouth, Langlee and Burnfoot. The long-term aims of HLN are:

- To reduce inequalities in health
- To empower communities to identify and address health issues.

HLN's approach to achieving these aims has been to work within localities to provide health improvement programmes based on local need. Using a community development approach local priorities are identified with community members and partner agencies and locality programmes initiated to address these priorities.

Although the programmes delivered across the local areas of work differ in their detail they follow the same themes as follows:

- Delivery of health improvement programmes such as cooking skills, living with parents courses
- Provision of no/reduced cost physical activity opportunities
- Developing opportunities for people to increase their connections within their community, for example, drop-in lunches, reminiscence groups
- Taking local actions to address poverty, for example, carbon saving workshops, budget cooking work
- Supporting local initiatives to produce home grown fruit and vegetables Developing volunteering opportunities.

The HLN team is also available to act as a link for other projects within the community, for example, with the support of volunteers helped deliver community based clinics for the Keep Well programme, enabling people who may otherwise not have attended to participate in a valuable health check.

Community Transport Hub

A Scottish Borders Community Planning Partnership project provides a single point of contact for people needing transport provided by a variety of volunteer provided schemes. This is aimed at people who cannot use or communities where there isn't, conventional public transport. The scheme has been given pump priming funding from the Integrated Joint Board and won an award for accessibility at the Scottish Transport Awards in 2016.

6. We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from underrepresented groups is improved

Staff Survey and iMatter discussion responses indicate that service areas make good use of flexible working times for childcare needs and workplace adjustments to enable staff to continue in or access employment. Several areas reported that reasonable adjustments have been made under Department of Work and Pensions Access to Work Scheme - a grant scheme to offer practical support should staff have a disability, health or mental health condition to ensure reasonable adjustments can be made to help people stay in work, start working or move into self-employment to start a business. DWP carry out an assessment and recommend items to be purchased, some of which are refundable in part.

The Joint Learning Disability Service works with the Employment Support Service in Scottish Borders Council to find placements for people with a Learning Disability. Following this and other work the "Project Search" initiative reported earlier was established.

Mental Health services work with the Employment Support Service to support mental health service users who are returning to the workplace.

Volunteering (see previous examples, Outcome 4) also aids with work readiness by enabling people to develop transferable skills.

Adult learning (see Outcome 8) also enables people to develop skills which will enhance their employment opportunities.

NHS Borders is working in Partnership with Borders College, recently accredited to offer the "certificate of work readiness" programmes, offering placements. Previous placements have included one within the Planning & Performance Team for 10 weeks. During this time the student was supported to gain employability skills and experience. We aim to offer this student a Modern Apprenticeship. The JHIT are also looking to provide a Modern Apprenticeship in 2015.

7. We work in partnership with other agencies and stakeholders to ensure the difference in educational attainment between those who are from an equality group and those who are not is improved

We have an SVQ scheme for support workers to ensure that these staff have access to workplace qualifications. In the HR department we have supported people from the community in the "Get Ready for Work" scheme.

HLN is involved in provision of adult learning that has a largely negotiated course content which includes certificated courses where the course content is adapted in response to learner need. Between April and June 2014 HLN delivered 84 sessions to groups including women offenders, people with learning disabilities, men with mental ill health, older men and people with visual impairments.

The Children and Young People's Services Plan

This states the vision and values local partners have for children, young people and their families in the region. In addition, the plan details the key priority areas of work on which the Children and Young People's Leadership group (CYPLG) will focus resources over the next three years with a strong focus on early intervention. The priority areas for the CYPLG include:

- Getting It Right For Every Child (GIRFEC)
- Early Years
- Promoting Children's Rights
- Keeping Children Safe
- Looked After and Accommodated Children and Young People
- Support for parents
- Improved attainment and achievement for all our children and young people
- Improved health and wellbeing for children and young people
- Workforce Planning and Development

8. We work in partnership with other agencies and stakeholders to ensure we have appropriate housing which meets the requirements of our diverse community

NHS Borders is a member of the Scottish Borders Violence Against Women Partnership, safe and appropriate housing is a priority for women experiencing domestic abuse. Staff from the JHIT have been involved in delivering domestic abuse awareness raising sessions to staff working for Registered Social Landlords in the region. Children's services have a close working relationship with housing specifically with regard to high risk domestic abuse cases and MARAC.

The work of the JHIT addresses poverty in local communities which also contributes to this outcome.

Mental Health offer supported accommodation in the Rehabilitation Service where individual needs are addressed by workers and works with partners in the voluntary sector to ensure that service users are able to maintain tenancies through supported living services.

AREAS FOR DEVELOPMENT

Here are the points that we intend to focus on developing next:

Health Inequalities Impact Assessment (HIIA)

Currently most HIAs are completed manually and not submitted to the Boards Equality inbox. There is an Equality page on our public website where they are published and it is still intended that this will become a KPI for the organisation. The need has been impressed on members of BET.

We have sought external assistance and delivered training to key personnel within the Board.

Awareness and Understanding

Despite the efforts of the Equalities Steering Group and some significant efforts by individuals there is good progress in some areas but we have not achieved a cultural shift in the organisation. There are still individuals and services where there is little knowledge or understanding of ALL the needs of the entire Borders population. This situation has not improved as not all services in NHS Borders are represented at the Equalities Steering Group and general frontline knowledge of responsibilities and obligations remains poor. We continue to try and to use the annual Diversity Week as a focus.

Managerial responsibility

While managers are aware of responsibilities under the Equality Act, many remain unconfident and feel only partially aware. This is another issue that may be resolved by further training and the inclusion of Equalities KPIs in quarterly Performance Reviews and our PDP/Appraisal process.

Equality monitoring

A considerable number of staff still choose not to disclose protected characteristic information. As will have been seen from the tables this is improving. It is likely that the issue is the same for patient information. We collect it but people choose not to disclose it; we used to be amongst the best Boards in Scotland for completion of ethnicity monitoring but this has slipped. The Equalities Group arranged training of key Health Information team members in techniques to improve uptake and a small print run of information sheets has been completed in an attempt to improve this specific area.

Duty to consult and engage

While most service areas agreed that they consulted and engaged with the public including protected characteristic groups, there was a lack of evidence of this. The Equalities Group reports to the Boards Public Governance Committee.

Evidence gathering

Gathering the evidence to inform this report has been challenging. Our Workforce information is quite extensive and thanks are due to HR for the gathering, tabling and analysis of this. The limitations of surveys have been recognised however we will be trialling a Stonewall Survey with staff in 2019

as a part of the Workforce Equality Index.

Ownership

Mainstreaming equality and diversity within NHS Borders Leadership has now been strengthened with an Identified Executive Lead and a part-time support officer. There is an Equality Steering Group made up of representatives from all service areas of the organisation. Public Health also provide the administrative function. Other operational and strategic leadership work within the E&D field has been taken on by individuals with an interest in it, in addition to their substantive posts, which means that much of the work is person dependent. This lack of dedicated individual with key responsibility is a weakness and risk that the organisation is aware of.

NEXT STEPS

We need to further educate our workforce and to embed the Outcomes listed below that we are adopting jointly with Scottish Borders Council for the period 2019 to 2021. The next steps for NHS Borders will take into account the areas for development outlined above and will be addressed by an action plan which will be presented to the November 2019 NHS Board Meeting.

1. We are seen as an inclusive and equal opportunities employer where all staff feel valued and respected and our workforce reflects our community. As evidenced by the following statistics our workforce is broadly reflective of the local population, even though it is predominately female. Our recruitment policies appear to be providing an accessible platform for most protected characteristics and we are continuing to invest in initiatives, such as "Project search".

2. Our services meet the needs of, and are accessible to all members of our community and our staff treat all service users, clients and colleagues with dignity and respect. Taking advantage of the relationship being developed within the planning for our Diversity Week we work with representatives of local organisations and individuals sharing protected characteristics to identify problems around all aspects of accessibility. *NHS Borders will revise its policies and processes to ensure that all give due weight to equalities and specifically mention the protected characteristics. After consultation we had intended to further revise our documentation to offer a non-binary gender status, this work has not been progressed and will be covered by the "once for Scotland" initiative.*

3. We work in partnership with other agencies and stakeholders to ensure everyone has the opportunity to participate in public life and the democratic process. *NHS Borders will be working in partnership with SBC and will take steps to ensure that the Joint Services provided through the Joint Integration Board and separately by NHS Borders support our citizens in volunteering and other civic and democratic activities. In particular a joint approach to the Borders response to the BSL Act has been adopted with SBC and other partners.*

4. We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive, there are fewer people living in poverty, and the health inequality gap is reduced. This is core business for the JHIT which focuses on reducing health inequalities by working with partners in third sector and statutory organisations, and with members of local communities. The adoption of the Health Inequalities Impact Assessment has been made with this Outcome in mind.

5. We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent healthy lives as responsible citizens. As well as the obvious role in maintaining physical and mental health we shall educate our large workforce to be more aware, both at work and hopefully in their off duty lives of the needs of those sharing protected characteristics.

6. We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from underrepresented groups is improved. As previously mentioned we are committed to Project Search and have flexible working policies which support this outcome. We will try and find role-models and champions to showcase and inspire others with protected characteristics.

7. We work in partnership with other agencies and stakeholders to ensure the difference in educational attainment between those who are from an equality group and those who are not is improved. The “Getting it Right for Every Child” (GIRFEC) supports families and children and is being implemented by both SBC and NHS Borders. The School Health Service and Child and Adolescent Mental Health Services (CAMHS) are also important contributions to this outcome.

8. We work in partnership with other agencies and stakeholders to ensure we have appropriate accommodation which meets the requirements of our diverse community. Through the Community Planning processes, and in particular Strategic Housing and Strategic Transport groups NHS Borders Equalities input is maintained. Also by close working with our Public Governance Committee it is intended to strengthen this outcome.

WORKFORCE DATA - NHS Borders Mainstreaming Update Report 2019**INTRODUCTION**

This Annex provides detailed analysis of Workforce data required to report its performance against the nine protected characteristics, as well as pay gap information

CONTEXT

Listed public authorities in Scotland are required to publish information on their gender pay gap, and occupational segregation within their organisation. They are also required to report the steps that they are taking to proactively address the inequalities that are faced by their female workforce. “Close the Gap” has produced guidance for Scottish public authorities on the gender and employment aspects of the public sector equality and this report follows of that advice thus the format is different to the previous (first) Mainstreaming Report. It should enable targeting of any particular areas of concern.

Human Resources department has been working hard to reduce this percentage and the eESS data used for the workforce has been updated from data on SGIS where current employees have applied for posts. This is reflected in the overall tables for the characteristics.

The remainder of the missing workforce data will remain until eESS is rolled out to all employees for self-completion (although experience with other self-service systems within the Board does not suggest the improvement will be marked).

WORKFORCE ANALYSIS**THE NINE PROTECTED CHARACTERISTICS**

The data in each section is presented in the following order:

[Gender](#)

[Medical Condition](#)

[Ethnicity](#)

[Religion](#)

[Gender Reassignment](#)

[Sexual Orientation](#)

[Age](#)

As previously mentioned data for Marital Status and Carer Responsibilities is not available at this time.

Headline Data – Gender Pay Gap.

Table 1 Mean Gender Pay gap

Organisational Segregation	Mean Gender Pay Gap Male to Female %	
	2017	2018
Total Organisation	19.82%	19.11%
Agenda for Change & Senior Managers	-3.44	-4.23%
Medical & Dental	5.44%	13.37%

Table 2 Median Gender Pay Gap

Organisational Segregation	Median Gender Pay Gap Male to Female %	
	2017	2018
Total Organisation	-0.16%	-0.07%
Agenda for Change & Senior Managers	-8.66%	-11.51%
Medical & Dental	10.72%	23.10%

There are no bonus considerations.

Table 3 Total Number of Staff and Employments (Contracts)

Year	2017	2018
Total No of Staff	3177	3217
Total No of Employments	3286	3329

Quartile Figures

Year 2017	Lower Quartile		Lower Middle Quartile		Upper Middle Quartile		Upper Quartile	
	Female	Male	Female	Male	Female	Male	Female	Male
Organisation	82.48%	17.52%	82.95%	17.05%	88.93%	11.07%	76.00%	24.00%
Agenda for Change & Senior Managers	82.01%	17.99%	83.73%	16.27%	87.96%	12.04%	85.96%	14.04%
Medical And Dental	62.12%	37.88%	60.00%	40.00%	62.12%	37.88%	39.39%	60.61%

Year 2018	Lower Quartile		Lower Middle Quartile		Upper Middle Quartile		Upper Quartile	
	Female	Male	Female	Male	Female	Male	Female	Male
Organisation	81.61%	18.39%	84.50%	15.50%	87.26%	12.74%	77.79%	22.21%
Agenda for Change & Senior Managers	81.49%	18.51%	83.70%	16.30%	88.28%	11.72%	86.20%	13.80%
Medical And Dental	75.38%	24.62%	56.92%	43.08%	60.00%	40.00%	37.50%	62.50%

Context

By using the mean gender pay gap as an example it will be noted that the senior medical grades severely skew the organisation pay gap for each characteristic. Therefore, apart from gender, data on pay gaps will not be given for the organisation as a whole.

Medical Hourly Pay Bands.

Although some of the bands appear to be too wide, especially the J Grades, splitting out the grade group further results in statistically small groups. Furthermore it is reiterated that The Foundation Years (FY) doctors are only a snapshot, there being 4 intakes per annum, therefore medical & dental figures are likely to fluctuate considerably. From Apr 2018 (next report) FY doctors will be excluded as they are now employed by NHS Lothian.

The band titles should be self explanatory but the composition of J and K grades is shown below:

J Grades – Foundation Year 1 and 2, GPs, Clinical Director, All dentists

K Grade – ‘GP Out of Hrs (Salaried)’ and ‘Others Medical-Dental’

Gender

Note: in these tables a blue negative figure indicates a figure in favour of females

Organisational Segregation	Female Employments		Female Employments % of row		Male Employments		Male Employments % of row		Total Employments		Mean Gender Pay Gap Male to Female %	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Total Organisation	2714	2756	82.59%	82.79%	572	573	17.41%	17.21%	3286	3329	19.82%	19.11%
Agenda for Change & Senior Managers	2567	2607	84.92%	84.92%	456	463	15.08%	15.08%	3023	3070	-3.1	-4.23%
Medical & Dental	147	149	55.89%	57.53%	116	110	44.11%	42.47%	263	259	5.44%	13.37%

Medical Grade	Female Employments		Male Employments		Total Employments		Mean Gender Pay Gap Male-Female %		£/hr difference (red & minus favours female)	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Consultant	46	51	62	70	108	121	6.50%	-1.07%	3.53	-0.55
Medical & Dental J Grade	28	32	15	15	43	47	-0.24%	2.99%	-0.06	0.80
Medical K Grade	16	13	8	7	24	20	-25.11%	1.64%	-11.40	0.81
Specialty & Associate Specialist Dr	20	16	9	8	29	24	-10.89%	-3.96%	-3.97	-1.45
Specialty Registrar	37	37	22	10	59	47	-18.01%	4.97%	-5.64	1.53
Total	147	149	116	110	263	259	5.44%	13.37%	2.41	6.01

'Anonymised' where No in band is 5 or less

Job Family	Aggregated grades	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female %		£ difference (Negative blue favours female)	
		2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
ADMINISTRATIVE SERVICES		<5	<5			<5	<5				
	Band 1	<5	<5			<5	<5				
	Band 2	119	125	11	11	130	136	-0.41	6.75%	-0.04	0.72
	Band 3	149	139	7	9	156	148	-10.86	-3.08%	-1.02	-0.31
	Band 4	117	117	9	8	126	125	3.78	4.61%	0.46	0.56
	Band 5	55	56	12	14	67	70	0.76	2.56%	0.11	0.36
	Band 6	30	32	9	10	39	42	4.64	7.05%	0.83	1.29
	Band 7	25	23	5	5	30	28	4.33	-1.80%	0.92	-0.36
	Band 8a-b	7	12	5	6	12	18	11.55	4.29%	3.27	1.19
	Band 8c-d	6	<5	<5	<5	<13	<10	5.86	-18.63%	2.06	-6.09
ADMINISTRATIVE SERVICES Total		<510	<510	<65	<70	<575	<580	22.19	23.43%	3.51	3.79
ALLIED HEALTH PROFESSION	Band 2		<5	<5	<5	<5	<10		9.26%		0.86
	Band 3	25	28	<5	<5	<30	<33	-2.35	-4.77%	-0.24	-0.47
	Band 4	11	10	<5	<5	<16	<15	1.28	0.64%	0.15	0.07
	Band 5	33	39	7	6	40	45	3.38	-6.62%	0.45	-0.87
	Band 6	106	105	6	8	112	113	-9.4	-16.17%	-1.63	-2.76
	Band 7	45	47	<5	<5	<50	<52	0.56	-4.77%	0.12	-0.99
	Band 8a-b	7	7	<5	<5	<12	<12	9.98	6.00%	2.82	1.65
	Band 8c-d	<5	<5			<5	<5				
ALLIED HEALTH PROFESSION Total		<230	<240	23	23	<255	<265	-4.08	-10.57%	-0.69	-1.72

Job Family	Aggregated grades	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female %		£ difference (Negative blue favours female)	
DENTAL SUPPORT	Band 2	<5	<5			<5	<5				
	Band 3	8	8	<5	<5	9	9	-4.12	-2.81%	-0.4	-0.29
	Band 4	30	30			30	30				
	Band 5	9	9			9	9				
	Band 6	7	7			7	7				
	Band 7	<5	<5			<5	<5				
DTL SP Total		<60	<60	<5	<5	<65	<65	-26.77	-31.26%	-2.62	-3.18
HEALTHCARE SCIENCES	Band 2	6	7		<5	6	<12		-6.77%		-0.67
	Band 3	16	17	5	5	21	22	-0.24	-9.46%	-0.02	-0.9
	Band 4	<5	<5	<5	<5	<10	<10	-1.7	-3.23%	-0.19	-0.37
	Band 5	10	11	7	8	17	19	-21.76	-19.72%	-2.99	-2.69
	Band 6	14	12	<5	<5	<19	<17	-3.05	1.16%	-0.62	0.24
	Band 7	8	8	7	6	15	14	10.35	-23.12%	2.66	-5.9
H SCIENCES Tot		<60	<60	<30	<30	<85	<85	7.35	-3.17%	1.29	-0.52
MEDICAL SUPPORT	Band 5	<5	<5	<5	<5	<10	<10	18.22	12.08%	3.08	2.06
	Band 6			<5	<5	<5	<5		100.00%		20.13
MED SP Total		<5	<5	<5	<5	<10	<10	27.19	19.40%	5.16	3.6
NURSING/ MIDWIFERY	Band 2	163	166	14	18	177	184	-4.37	-5.23%	-0.47	-0.58
	Band 3	180	187	17	18	197	205	-4.48	-2.28%	-0.52	-0.27
	Band 4	11	13			11	13				
	Band 5	565	575	57	53	622	628	-2.59	0.84%	-0.43	0.14
	Band 6	272	266	19	21	291	287	2.29	2.85%	0.44	0.55
	Band 7	103	106	12	10	115	116	-0.59	2.17%	-0.13	0.49
	Band 8a-b	18	16	7	6	25	22	-1.27	-8.37%	-0.31	-2.1
NURSING/ MIDWIFERY Total		1317	<1335	126	<130	1443	<1465	0.7	2.48%	0.12	0.42

Job Family	Aggregated grades	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female %		£ difference (Negative blue favours female)	
OTHER THERAPEUTIC	Band 2	12	12	<5	<5	<17	<17	-9.88	-6.67%	-0.83	-0.59
	Band 3	<5	<5	<5	<5	<10	<10	-11.53	0.59%	-1.03	0.05
	Band 4	13	16	<5	<5	<18	<21	-12.28	-53.51%	-1.41	-5.99
	Band 5	16	18			16	18				
	Band 6	9	12	<5	<5	<14	<17	4.85	15.41%	0.75	2.69
	Band 7	10	8	<5	<5	<15	<13	13.2	-3.24%	2.85	-0.58
	Band 8a-b	31	30	<5	5	<36	35	8.35	2.40%	2.28	0.62
	Band 8c-d	5	5	<5	<5	<10	<10	11.72	-16.39%	4.78	-5.36
OTHER THERAP Total		<100	<105	<20	<20	<120	<125	18.19	4.08%	4.11	0.8
PERSONAL AND SOCIAL CARE	Band 3	<5	<5			<5	<5				
	Band 4	<5	<5			<5	<5				
	Band 5	11	11	<5	<5	<16	<16	-8.96	0.88%	-1.17	0.13
	Band 6	9	8	<5	<5	<14	<13	7.82	10.14%	1.42	2.04
	Band 7	<5	<5	<5	<5	<10	<10	8.05	-38.95%	1.72	-5.55
	Band 8a-b	<5	<5			<5	<5				
	Band 8c-d		<5				<5	7.59		1.32	
PERS & SOC Tot		<40	<45	<15	<15	<40	<40	-40.85	1.98%	-11.53	0.34

Job Family	Aggregated grades	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female %		£ difference (Negative blue favours female)	
		7	8	<5	<5	<12	<13				
SENIOR MANAGERS Total		7	8	<5	<5	<12	<13	8.43	-31.54%	0.84	-9.81
	Band 1	44	31	14	9	58	40	1.3	6.18%	0.14	0.59
	Band 2	197	219	122	131	319	350	7.25	0.50%	0.9	0.05
	Band 3	21	20	19	20	40	40	-2.79	0.85%	-0.35	0.1
	Band 4	<5	<5	20	18	<25	<23	7.64	-0.02%	1.22	0
	Band 5	<5	<5	11	10	<16	<15		17.42%		2.95
	Band 6			6	<5	6	<5	8.89	100.00%	1.9	17.59
	Band 7	<5	<5	<5	<5	<10	<10		0.76%		0.15
	SUPPORT SERVICES	Band 8c-d			<5		<5				
SUPPORT SERVICES Total		<280	<285	<205	<200	<470	<485	11.55	7.89%	1.34	0.91
Grand Total		2567	2607	456	463	3023	3070	-3.1	-4.23%	-0.45	-0.62

Medical Conditions

Because of the low numbers with medical conditions, which we continue to use as a proxy for disability, though we have improved our processes and guidance for “Reasonable Adjustments” we have yet to establish a process for linking the 2.:

1. The job families have been grouped.
2. The bands have been grouped so that within direct healthcare they generally represent HCSW (bands 1-4), registered professionals (bands 5-6) and management grades (bands 7&8, Senior Managers)
3. The population is shown as a percentage rounded to 1 decimal place (consequently may not sum to 100%).

Where the AFC percentage is less than 0.1% (1-3 people) it is shown as <0.1%.

Where the Medical/Dental percentage is less than 1% (1-3 people) it is shown as <1.0%

Combined Bands		All AFC Bands & Senior Managers			
		2017		2018	
Family Groups	Medical Conditions In 12 Mths	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp
Admin & Support Families	No	97.50%	0.04	97.73%	0.02
	Prefer not to say	1.44%	-1.08	1.23%	-0.81
	Yes	1.06%	-1.82	1.04%	-1.05
Direct Healthcare Families	No	98.54%	-0.01	98.51%	-0.01
	Prefer not to say	1.06%	1.32	<1.0%	1.53
	Yes	<1.0%	-0.30	<1.0%	-1.17

Combined Bands		Bands 1-4				Bands 5-6				Bands 7&8, SM			
		2017		2018		2017		2018		2017		2018	
Family Groups	Medical Conditions In 12 Mths	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp
Admin & Support Families	No	97.53%	0.03	97.79%	0.01	95.97%	-0.03	96.09%	-0.04	100.00%	0%	100.00%	0.00
	Prefer not to say	1.41%	-0.74	1.16%	-0.55	2.42%	0.59	2.34%	0.64	0.00%	-		
	Yes	1.06%	-1.59	1.05%	-0.64	1.61%	0.93	1.56%	1.32	0.00%	-		
Direct Healthcare Families	No	98.67%	0.08	98.20%	0.02	98.63%	0.00	98.81%	1.95	97.88%	-0.04	97.85%	-0.05
	Prefer not to say	<1.0%	-0.51	0.72%	-0.03	1.11%	0.41	1.02%	3.15	1.41%	1.66	1.08%	1.87
	Yes	<1.0%	0.00	1.08%	-1.41	<1.0%	-1.74	<1.0%	-0.29	0.71%	2.18	1.08%	2.25

*Because of the relatively low numbers involved, this figure merely indicates that the group is currently at the lower end of the payscale bracket and is a snapshot, rather than an indication of systemic discrimination .

2017

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical & Dental	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
No	>90.00%	-0.10	>90.00%	-0.15	>90.0%	0.87	>90.0%	-0.06	>91.00%	-0.67	>93%	-0.18
Prefer not to say	<5.0%	-2.68	0.00%	-	<10.0%	-9.60	<10.0%	1.56	<10.0%	11.31	3.80%	3.27
Yes	<5.0%	9.41	<10.0%	6.32	0.00%	-	0.00%	-	<10.0%	-9.05	<3.0%	2.76

2018

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical & Dental	
	Medical Condition	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn
No	>90.00%	0.09	>90.00%	-0.16	90.00%	0.27	>90.00%	-0.20	>90.0%	-0.33	>93.00%	-0.03
Prefer not to say	<5.0%	-6.45	<10.0%	0.57	10.00%	-2.47	<10.0%	4.64	<10.0%	3.53	3.47%	-1.13
Yes	<5.0%	4.52	<10.0%	6.73	-	-	-	-	<10.0%	7.49	<3.00%	4.09

Religion

Religion	Bands 1-4				Bands 5-6				Bands 7&8, SM			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	1.92	0.14%	2.12	<1.0%	-3.58	<1.0%	-2.06	0.00%		0.00%	
Christian -Other	4.06%	0.07	4.45%	-0.74	5.87%	-1.34	6.35%	-0.15	6.86%	1.19	8.05%	2.84
Church of Scotland	18.64%	-0.05	18.94%	-0.36	23.96%	0.14	24.33%	-0.11	20.00%	-1.78	20.11%	-1.67
Hiindu	0.00%		0.00%		<1.0%	-2.46	<1.0%	-2.30	0.00%		0.00%	
Muslim	<1.0%	-2.79	0.07%	-2.26	0.00%	-17.17	<1.0%	2.61	0.00%		0.00%	
No Religion	26.90%	-0.51	31.24%	-0.32	23.42%	-1.10	26.47%	-1.14	16.00%	-1.01	19.83%	-1.15
Other	2.25%	-0.06	2.33%	0.07	2.40%	0.31	2.22%	0.86	2.86%	1.03	2.59%	1.03
Prefer Not to Say	43.94%	0.36	38.16%	0.50	39.57%	0.85	35.96%	0.86	50.00%	0.95	45.40%	0.78
Roman Catholic	3.92%	-0.38	4.45%	0.24	4.56%	-0.70	4.44%	0.24	4.29%	-1.52	4.02%	-1.15
Sikh	<1.0%	5.18	0.21%	-1.39	<1.0%	-5.42	0.00%		0.00%		0.00%	

Religion	Admin & Support Families				Direct Healthcare Families				Total AFC SM Population			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	2.64	<1.0%	3.05	<1.0%	-4.42	<1.0%	-3.60	<1.0%	-2.01	<1.0%	-1.34
Christian -Other	4.70%	1.43	5.30%	1.00	5.40%	-0.24	5.86%	0.94	5.16%	0.42	5.67%	1.06
Church of Scotland	19.19%	-0.24	19.60%	-0.35	22.06%	0.11	22.29%	-0.18	21.07%	0.14	21.37%	-0.11
Hindu	0.00%	-12.10	0.00%		<1.0%	-1.95	<1.0%	-1.87	<1.0%	-0.38	<1.0%	-0.35
Muslim	<1.0%	-4.00	<1.0%	-3.42	0.00%		<1.0%	3.04	<1.0%	-6.98	<1.0%	-0.88
No Religion	25.24%	-1.01	28.79%	-0.79	23.57%	-1.49	27.46%	-1.49	24.15%	-1.39	27.92%	-1.29
Other	2.40%	0.99	2.65%	0.79	2.37%	0.36	2.14%	0.83	2.38%	0.57	2.31%	0.59
Prefer Not to Say	44.15%	0.52	38.64%	0.63	42.05%	0.86	37.74%	0.98	42.77%	0.69	38.05%	0.83
Roman Catholic	3.93%	-0.52	4.55%	-0.29	4.39%	-0.56	4.32%	0.23	4.23%	-0.43	4.40%	-0.01
Sikh	<1.0%	1.81	<1.0%	-2.55	0.00%		0.00%		<1.0%	-1.17	<1.0%	-5.46

Religion Medical Grades - 2017

Religion	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical/Dental	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<5.0%	-9.04	<10.0%	-6.90	0.00%		0.00%		<10.0%	-12.62	<3.0%	-14.47
Christian - Other	6.48%	-5.15	16.28%	-1.77	16.67%	-8.71	24.14%	-1.61	22.03%	-6.09	14.45%	-8.22
Church of Scotland	14.81%	-3.98	11.63%	-1.20	16.67%	20.14	13.79%	-0.06	10.17%	3.56	13.31%	2.36
Hindu	<5.0%	14.01	<10.0%	8.44	<10.0%	-12.94	10.34%	10.60	0.00%		3.80%	7.00
Muslim	<5.0%	-2.82	<10.0%	1.42	0.00%		<10.0%	8.18	<10.0%	-14.11	<3.0%	-0.71
No Religion	18.52%	-1.75	30.23%	-3.83	12.50%	-6.80	<10.0%	-6.05	40.68%	5.21	23.19%	-2.85
Other	<5.0%	3.63	<10.0%	-1.19	0.00%		<10.0%	1.07	<10.0%	-12.84	<3.0%	-2.90
Prefer not to say	44.44%	1.23	18.60%	8.20	41.67%	0.79	37.93%	-1.68	13.56%	-0.01	32.32%	5.25
Roman Catholic	6.48%	6.64	11.63%	-1.53	<10.0%	-7.33	<10.0%	-5.01	<10.0%	-4.66	6.84%	-1.80
Sikh	0.00%		0.00%		0.00%		0.00%		<10.0%	-9.05	<3.0%	-17.17

2018

Religion	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical/Dental	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<5.0%	-8.73	0.00%		0.00%		0.00%		<10.0%	3.20	<3.0%	-1.99
Christian - Other	7.44%	0.89	12.77%	0.27	25.00%	-4.98	16.67%	2.72	21.28%	0.65	13.13%	-2.85
Church of Scotland	12.40%	-2.30	12.77%	-1.62	10.00%	-2.57	16.67%	2.34	10.64%	-1.48	12.36%	-1.49
Hindu	<5.0%	-6.92	<10.0%	9.18	0.00%	-48.79	12.50%	-3.39	<10.0%	-4.26	5.02%	-3.63
Muslim	5.79%	-2.58	<10.0%	-6.43	0.00%		<10.0%	-2.99	<10.0%	-1.05	3.86%	1.12
No Religion	19.83%	-4.50	34.04%	-2.53	<10.0%	-2.65	8.33%	-7.40	38.30%	-0.24	23.55%	-6.33
Other	<5.0%	0.37	<10.0%	-5.02	0.00%		<10.0%	2.66	0.00%		<3.0%	-1.70
Prefer not to say	38.02%	0.82	17.02%	7.03	55.00%	3.21	37.50%	0.56	10.64%	1.26	30.50%	5.94
Roman Catholic	7.44%	19.20	12.77%	-1.58	<10.0%	-2.64	0.00%		<10.0%	-0.83	7.34%	6.82
Sikh	0.00%		0.00%		0.00%		0.00%		<10.0%	3.86	<3.0%	-8.10

Ethnicity

Ethnicity	Bands 1-4				Bands 5-6				Bands 7&8, SM			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Asian - all subgroups	<1.0%	-0.86	<1.0%	-0.92	<1.0%	-2.19	<1.0%	0.98	<5.0%	-6.55	<5.0%	-6.57
Black/Caribbean - all groups	<1.0%	-1.96	<1.0%	-0.10	<1.0%	1.41	<1.0%	0.71	0.00%		0.00%	-24.43
Other/Mixed Ethnic Gp	<1.0%	0.06	<1.0%	0.16	<1.0%	0.38	<1.0%	-0.93	<5.0%	-0.80	<5.0%	2.00
Prefer not to say	32.63%	0.45	28.27%	0.47	26.93%	0.66	26.93%	0.89	45.14%	0.90	41.38%	0.56
White - Irish	<1.0%	-0.33	<1.0%	3.19	1.38%	-1.26	1.38%	2.50	<5.0%	-1.98	<5.0%	-0.66
White - Other British	3.05%	-0.60	2.97%	-0.03	1.99%	-1.59	1.99%	-1.73	<5.0%	-4.15	<5.0%	-2.83
White - Other/Polish	5.51%	-0.42	6.93%	-0.63	11.02%	-0.97	11.02%	-0.11	12.00%	1.77	13.22%	1.68
White - Scottish	57.00%	-0.18	59.86%	-0.17	57.54%	-0.10	57.54%	-0.40	38.86%	-1.28	41.38%	-0.95

Ethnicity	Admin & Support Families				Direct Healthcare Families				Total AFC SM Population			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Asian - all subgroups	<1.0%	-2.48	<1.0%	-3.06	<1.0%	-1.92	<1.0%	-2.63	0.26%	-2.90	<5.0%	-3.26
Black/Caribbean - all groups	<1.0%	-3.18	<1.0%	-3.07	<1.0%	1.93	<1.0%	0.51	0.23%	2.12	<5.0%	1.15
Other/Mixed Ethnic Gp	<1.0%	-0.21	<1.0%	0.44	<1.0%	0.01	<1.0%	-1.34	0.76%	-0.49	<5.0%	-0.83
Prefer not to say	32.92%	0.84	28.69%	0.99	32.86%	0.96	29.44%	1.09	32.88%	0.92	29.19%	1.08
White - Irish	<1.0%	0.16	<1.0%	3.40	1.21%	-0.30	1.24%	3.37	0.96%	0.56	<5.0%	4.04
White - Other British	3.36%	-1.07	3.41%	-0.29	1.87%	-2.09	1.84%	-2.04	2.38%	-2.24	<5.0%	-1.84
White - Other/Polish	7.29%	1.74	8.81%	1.97	8.99%	0.34	9.68%	0.49	8.40%	0.97	9.38%	1.06
White - Scottish	54.51%	-0.65	57.29%	-0.80	53.91%	-0.57	56.50%	-0.64	54.12%	-0.61	56.78%	-0.71

Ethnicity Medical & Dental Staff
2017

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical/Dental	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Asian - all subgroups	6.48%	8.24	11.63%	0.92	<10.0%	-12.94	27.59%	2.27	<10.0%	-11.75	9.13%	-0.38
Black/Caribbean - all groups	0.00%		0.00%		0.00%		0.00%		<10.0%	-9.36	<3.0%	-17.48
Other/Mixed Ethnic Gp	2.78%	-5.06	<10.0%	-3.98	0.00%		<10.0%	-4.96	<10.0%	-4.88	3.04%	-6.21
Prefer not to say	21.30%	0.48	11.63%	5.43	>30.0%	1.87	13.79%	-1.40	<10.0%	2.86	17.11%	5.09
White - Irish	2.78%	1.58	<10.0%	1.42	0.00%	-52.99	<10.0%	-0.37	<10.0%	-4.30	<3.0%	-1.42
White - Other British	10.19%	-3.03	11.63%	1.12	0.00%	-52.99	<10.0%	-2.19	<10.0%	-7.35	8.75%	-3.99
White - Other/Polish	26.85%	-3.17	25.58%	-4.57	33.33%	-7.00	17.24%	-1.50	49.15%	2.63	31.18%	-2.45
White - Scottish	29.63%	2.09	34.88%	1.03	25.00%	11.14	24.14%	1.38	22.03%	-0.21	27.76%	2.06

2018

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar		Total Medical/Dental	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Asian - all subgroups	0.83%	10.72	0.00%		0.00%		0.00%		<10.0%	-2.65	<3.0%	3.12
Black/Caribbean - all groups	11.57%	-1.92	10.64%	-1.83	0.00%		29.17%	-2.80	<10.0%	-0.76	11.58%	-2.27
Other/Mixed Ethnic Gp	3.31%	-1.39	<10.0%	-6.43	<10.0%	-8.99	<10.0%	-7.21	<10.0%	-1.05	3.47%	-2.64
Prefer not to say	15.70%	-1.59	10.64%	6.24	40.00%	4.85	12.50%	1.00	<10.0%	0.68	14.67%	4.52
White - Irish	3.31%	2.09	<10.0%	1.27	<10.0%	-2.63	0.00%		0.00%		<3.0%	3.67
White - Other British	9.92%	-3.22	<10.0%	5.97	0.00%		<10.0%	3.15	12.77%	-0.18	8.49%	-0.84
White - Other/Polish	27.27%	-1.05	25.53%	0.43	35.00%	-2.77	20.83%	1.45	23.40%	-1.00	26.25%	-0.02
White - Scottish	28.10%	3.44	40.43%	-2.17	15.00%	-2.60	25.00%	3.43	44.68%	0.80	32.05%	-1.11

Gender Reassignment

Combined Bands	Bands 1-4				Bands 5-6				Bands 7&8, SM			
	2017		2018		2017		2018		2017		2018	
	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp
No	>94.0%	0.00	>94.0%	0.00	97.68%	-0.01	97.93%	-0.02	96.00%	0.02	96.55%	0.02
Prefer not to say	5.00%	-0.02	4.59%	-0.04	2.32%	0.33	2.07%	1.09	<5.0%	-0.54	<5.0%	-0.43
Yes	<1.0%	-1.50	<1.0%	-0.81	0.00%		0.00%	-17.16	0.00%		0.00%	

Gender Reassignment	Admin & Support Families				Direct Healthcare Families				Total AFC SM Population			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for group	% of Group popn	£ Diff to Ave hrly rate for group	% of Group popn	£ Diff to Ave hrly rate for group	% of Group popn	£ Diff to Ave hrly rate for group	% of Group popn	£ Diff to Ave hrly rate for group	% of Group popn	£ Diff to Ave hrly rate for group
No	>93.0%	0.02	>94.0%	0.04	97.02%	0.01	97.27%	-0.01	>90.0%	0.04	>90.0%	0.03
Prefer not to say	5.18%	-0.36	4.64%	-0.70	2.98%	-0.24	2.73%	0.24	<5.0%	-0.91	<5.0%	-0.77
Yes	<1.0%	-2.72	<1.0%	-1.97	0.00%		0.00%		<5.0%	-5.70	<5.0%	-4.88

2017

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
No	96.30%	-0.01	97.67%	-0.29	95.83%	0.28	93.10%	0.22	93.22%	-0.06
Prefer not to say	3.70%	0.14	2.33%	12.09	4.17%	-6.48	6.90%	-2.93	6.78%	0.80
Yes										

2018

Combined Grades	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
No	97.52%	0.04	97.87%	-0.28	90.00%	0.27	91.67%	0.05	93.62%	-0.24
Prefer not to say	2.48%	-1.46	2.13%	12.81	10.00%	-2.47	8.33%	-0.56	6.38%	3.49
Yes										

Sexual Orientation

Sexual Orientation	Bands 1-4				Bands 5-6				Bands 7&8, SM			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	-0.16	<1.0%	-0.68	<1.0%	-3.34	<1.0%	-3.15	0.00%		<5.0%	16.16
Gay/Lesbian	<1.0%	-1.53	<1.0%	-0.88	<1.0%	0.19	<1.0%	-1.65	<5.0%	-6.55	<5.0%	-5.38
Heterosexual	>53%	-0.23	>57%	-0.27	>57.0%	-0.58	>60%	-0.45	>45.0%	-0.95	>50.0%	-0.62
Other	<1.0%	-1.79	<1.0%	-1.39	<1.0%	1.03	<1.0%	-1.11	0.00%		0.00%	-24.43
Prefer not to say	>44.0%	0.32	>38.0%	0.45	>38.0%	0.87	>35.0%	0.82	>45.0%	1.04	>40.0%	0.75

Sexual Orientation	Admin & Support Families				Direct Healthcare Families				Total AFC SM Population			
	2017		2018		2017		2018		2017		2018	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	-1.61	<1.0%	3.86	<1.0%	-4.50	<1.0%	-4.97	<5.0%	-3.97	<5.0%	-1.00
Gay/Lesbian	<1.0%	-2.69	<1.0%	-2.40	<1.0%	-3.76	<1.0%	-3.05	<5.0%	-3.26	<5.0%	-2.92
Heterosexual	>53%	-0.37	>58%	-0.39	>57.0%	-0.56	>60%	-0.49	>52.0%	-0.44	>55%	-0.42
Other	<1.0%	-2.79	<1.0%	-2.61	<1.0%	-3.11	<1.0%	-2.77	<5.0%	-2.95	<5.0%	-2.31
Prefer not to say	>44.0%	0.50	>39%	0.58	>38.0%	0.84	>37%	0.88	>40%	0.65	>35%	0.73

2017

Sexual Orientation	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	0.00%		<10.0%	-3.98	0.00%		<10.0%	-5.01	0.00%	
Gay/Lesbian	0.00%		0.00%		0.00%		0.00%		<10%	-0.37
Heterosexual	74.07%	0.09	>70.0%	-1.73	70.83%	1.45	>65%	1.43	>80.0%	0.20
Other	0.00%		0.00%		0.00%		0.00%		<10%	-0.37
Prefer not to say	25.93%	-0.26	>20.0%	5.92	29.17%	-3.52	>25%	-2.94	>10.0%	-0.01

2018

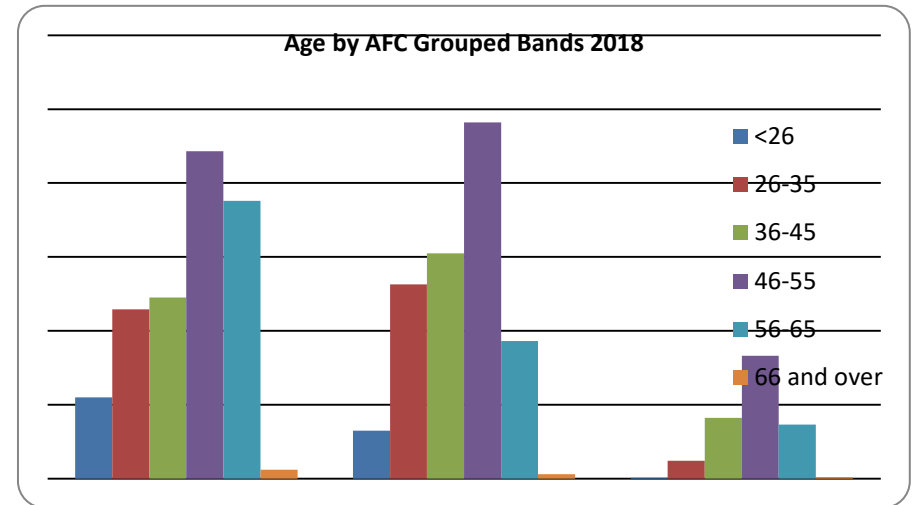
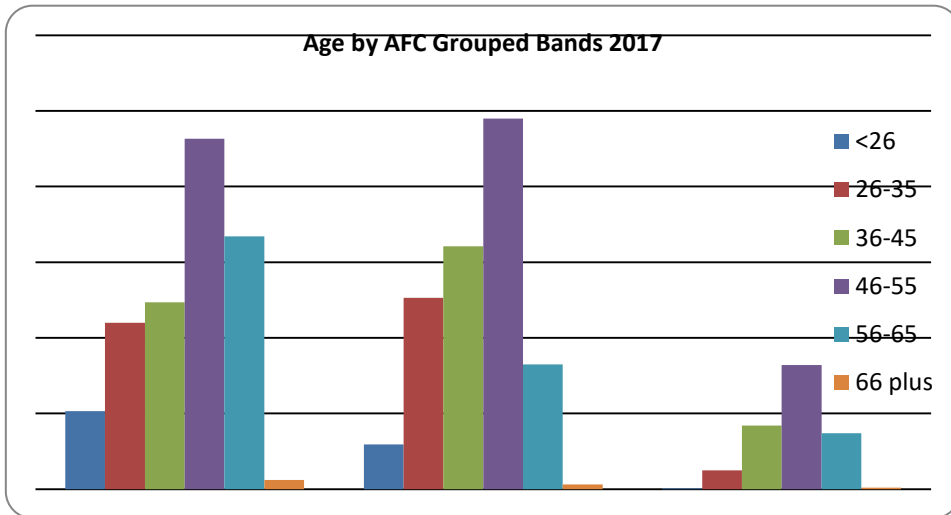
Sexual Orientation	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	0.00%		<10.0%	-5.86	0.00%		0.00%		0.00%	
Gay/Lesbian	0.00%		<10.0%	-3.26	0.00%		0.00%		0.00%	
Heterosexual	>75%	0.39	>70.0%	-1.29	65.00%	-0.66	70.83%	0.27	85.11%	-0.14
Other	<5.0%	-11.06	0.00%		0.00%		0.00%		0.00%	
Prefer not to say	>20%	-0.94	>10.0%	6.16	35.00%	1.23	29.17%	-0.66	14.89%	0.78

WORKFORCE STATISTICS

Age

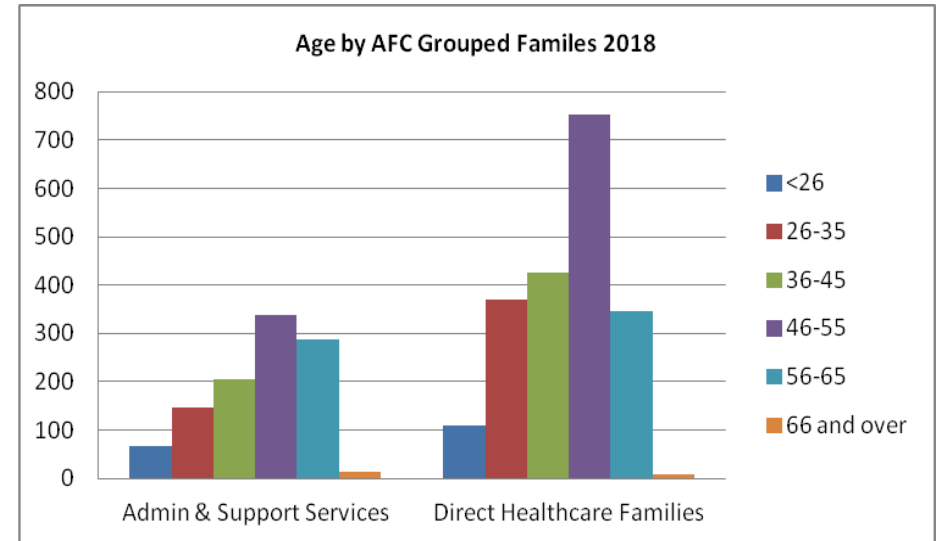
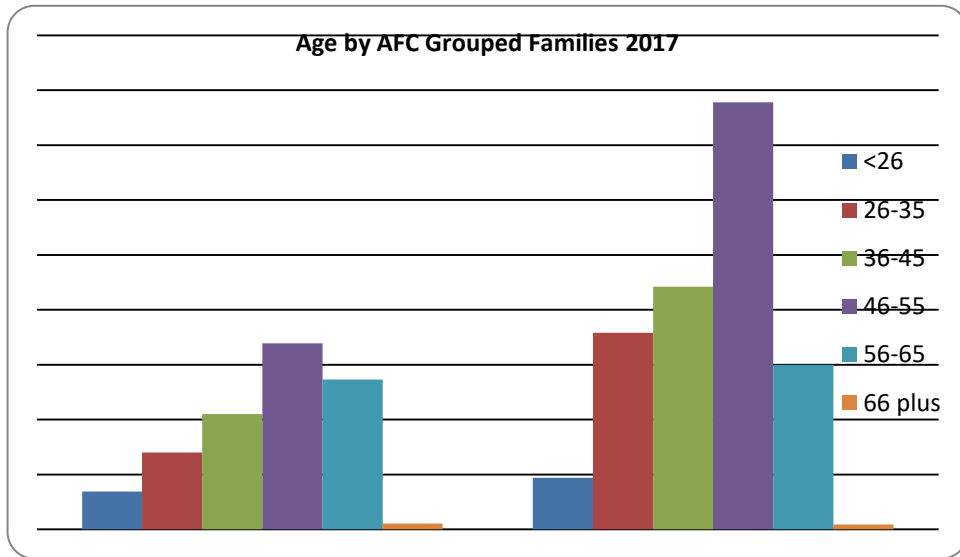
AFC Bands 2017	Age Group						Grand Total
	<26	26-35	36-45	46-55	56-65	66 plus	
Bands 1-4	103	220	247	463	334	12	1379
Bands 5-6	59	253	321	490	165	6	1294
Bands 7, 8 & Snr Mgr	1	25	84	164	74	2	350
Grand Total	163	498	652	1117	573	20	3023

AFC Bands 2018	Age Group						Grand Total
	<26	26-35	36-45	46-55	56-65	66 plus	
Bands 1-4	110	229	245	443	376	12	1415
Bands 5-6	65	263	305	482	186	6	1307
Bands 7, 8 & Snr Mgr	1	24	82	166	73	2	348
Grand Total	176	516	632	1091	635	20	3070



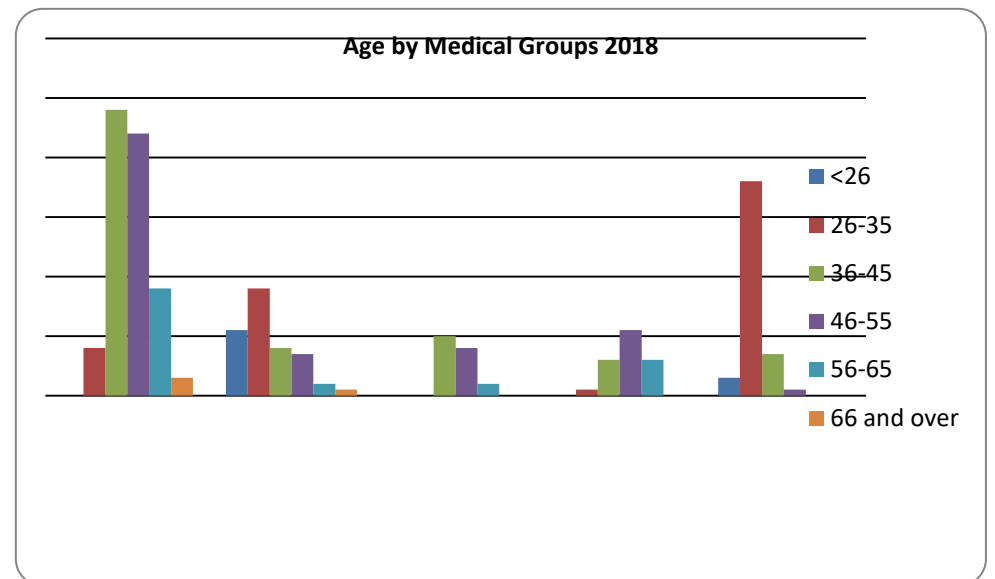
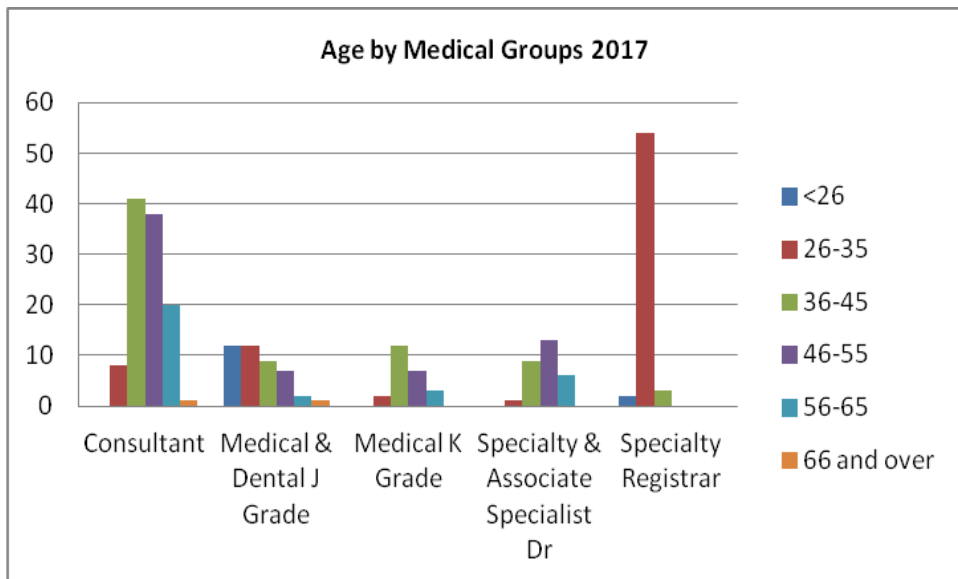
AFC Families 2017	Age Group						Grand Total
Row Labels	<26	26-35	36-45	46-55	56-65	66 plus	Grand Total
Admin & Support Services	69	140	210	339	273	11	1042
Direct Healthcare Families	94	358	442	778	300	9	1981
Grand Total	163	498	652	1117	573	20	3023

AFC Families 2018	Age Group						Grand Total
Row Labels	<26	26-35	36-45	46-55	56-65	66 plus	Grand Total
Admin & Support Services	67	146	205	337	288	13	1056
Direct Healthcare Families	109	370	427	754	347	7	2014
Grand Total	176	516	632	1091	635	20	3070



Medical Grouped Bands 2017	Age Group						
	<26	26-35	36-45	46-55	56-65	66 and over	Grand Total
Consultant		8	41	38	20	1	108
Medical & Dental J Grade	12	12	9	7	2	1	43
Medical K Grade		2	12	7	3		24
Specialty & Associate Specialist Dr		1	9	13	6		29
Specialty Registrar	2	54	3				59
Grand Total	14	77	74	65	31	2	263

Medical Grouped Bands 2018	Age Group						
	<26	26-35	36-45	46-55	56-65	66 and over	Grand Total
Consultant		8	48	44	18	3	121
Medical & Dental J Grade	11	18	8	7	2	1	47
Medical K Grade			10	8	2		20
Specialty & Associate Specialist Dr		1	6	11	6		24
Specialty Registrar	3	36	7	1			47
Grand Total	14	63	79	71	28	4	259



RECRUITMENT

Because the recruitment software assigns a candidate to a vacancy rather than create a history for an individual, it is the number of processes, rather than number of individual people, that is recorded in the following tables. (eg if a person applies for 3 different posts that person's data will be counted 3 times and it may be different on each application). Whilst this may appear to skew the tables it also has the advantage that it records the person's characteristics at the time of application.

Only Agenda for Change (AFC) staff are included as the numbers of Medical staff using standard recruitment forms with mainstreaming data are extremely low (4 applications in the 2 years) and therefore statistics will not be meaningful.

The totals also include bank posts. These have been included in order to show transparency across the whole recruitment process and because once on the bank, people may be allowed to apply for internal vacancies. Last report they were included with substantive post applications. This time they have been separated.

The numbers of applications, interviews and offers indicate the number of occurrences in the period and may not be related to the same vacancies so no 'follow-through' comparison can be made.

The number of offers does not reflect the number of staff who received a contract. In some cases pre-employment checks resulted in an offer withdrawal or the individual withdrew for personal reasons.

GENDER

Substantive Post Applications

	Count of Gender			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
Female	1425	800	155	2380
Male	294	126	40	460
Total	1719	926	195	2840
2018				
Male	450	145	92	687
Female	1901	913	168	2982
Total	2351	1058	260	3669

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	1151	1229	2380
Male	284	176	460
Total	1435	1405	2840
2018			
Female	1316	1666	2982
Male	462	225	687
Total	1778	1891	3669

Substantive Post Invitations to Interview

	Count of Gender			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
Female	581	559	98	1238
Male	112	65	19	196
Total	693	624	117	1434
2018				
Female	903	575	102	1580
Male	198	79	47	324
Total	1101	654	149	1904

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	489	749	1238
Male	109	87	196
Total	598	836	1434
2018			
Female	593	987	1580
Male	196	128	324
Total	789	1115	1904

Substantive Post Offers

	Count of Gender			
2017	Bands 1-4	Bands 5-6	Bands 7,8 & SM	Total
Female	146	198	41	385
Male	25	21	3	49
Total	171	219	44	434
2018				
Female	225	224	43	492
Male	63	28	18	109
Total	288	252	61	601

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	124	261	385
Male	24	25	49
Total	148	286	434
2018			
Female	163	329	492
Male	60	49	109
Total	223	378	601

Bank Applications

	Count of Gender		
2017	Bands 1-4	Bands 5-6	Total
Female	297	93	390
Male	123	10	133
Total	420	103	523
2018			
Female	390	94	484
Male	114	9	123
Total	504	103	607

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	99	291	390
Male	88	45	133
Total	187	336	523
2018			
Female	116	368	484
Male	87	36	123
Total	203	404	607

Bank Invitations to Interview

	Count of Gender		
2017	Bands 1-4	Bands 5-6	Total
Female	148	34	182
Male	57	1	58
Total	205	35	240
2018			
Female	176	31	207
Male	44	6	50
Total	220	37	257

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	60	122	182
Male	43	15	58
Total	103	137	240
2018			
Female	66	141	207
Male	35	15	50
Total	101	156	257

Bank Offers

	Count of Gender		
2017	Bands 1-4	Bands 5-6	Total
Female	36	3	39
Male	16		16
Total	52	3	55
2018			
Female	60	4	64
Male	50	1	51
Total	110	5	115

	Count of Gender		
2017	Admin & Support Services	Direct Healthcare	Total
Female	30	9	39
Male	15	1	16
Total	45	10	55
2018			
Female	57	7	64
Male	49	2	51
Total	106	9	115

MEDICAL CONDITION / DISABILITY

Substantive Post Applications

	Count of Disabled			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	1613	899	189	2701
Prefer Not to Say	31	11	2	44
Yes	75	16	4	95
Total	1719	926	195	2840
2018				
No	2184	1010	253	3447
Prefer Not to Say	37	14	1	52
Yes	130	34	6	170
Total	2351	1058	260	3669

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	1342	1359	2701
Prefer Not to Say	28	16	44
Yes	65	30	95
Total	1435	1405	2840
2018			
No	1635	1812	3447
Prefer Not to Say	32	20	52
Yes	111	59	170
Total	1778	1891	3669

Substantive Post Invitations to Interview

	Count of Disabled			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	657	613	113	1383
Prefer Not to Say	9	6	2	17
Yes	27	5	2	34
Total	693	624	117	1434
2018				
No	1005	629	146	1780
Prefer Not to Say	26	8	0	34
Yes	70	17	3	90
Total	1101	654	149	1904

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	567	816	1383
Prefer Not to Say	12	5	17
Yes	19	15	34
Total	598	836	1434
2018			
No	705	1075	1780
Prefer Not to Say	23	11	34
Yes	61	29	90
Total	789	1115	1904

Substantive Post Offers

	Count of Disabled			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	164	214	44	422
Prefer Not to Say	1	2		3
Yes	6	3		9
Total	171	219	44	434
2018				
Declined to Comment	4	1	0	5
No	267	242	60	569
Yes	17	9	1	27
Total	288	252	61	601

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	143	279	422
Prefer Not to Say	1	2	3
Yes	4	5	9
Total	148	286	434
2018			
Declined to Comment	5	0	5
No	206	363	569
Yes	12	15	27
Total	223	378	601

Bank Post Applications

	Count of Disabled		
2017	Bands 1-4	Bands 5-6	Total
No	408	98	506
Prefer not to Say	1	2	3
Yes	11	3	14
Total	420	103	523
2018			
No	471	101	572
Prefer Not to Say	10	0	10
Yes	23	2	25
Total	504	103	607

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	176	330	506
Prefer not to Say	1	2	3
Yes	10	4	14
Total	187	336	523
2018			
No	191	381	572
Prefer Not to Say	2	8	10
Yes	10	15	25
Total	203	404	607

Bank Post Invitations to Interview

	Count of Disabled		
2017	Bands 1-4	Bands 5-6	Total
No	195	32	227
Prefer not to Say	1	1	2
Yes	9	2	11
Total	205	35	240
2018			
No	204	37	241
Prefer not to Say	3		3
Yes	13		13
Total	220	37	257

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	94	133	227
Prefer not to Say	1	1	2
Yes	8	3	11
Total	103	137	240
2018			
No	94	147	241
Prefer not to Say	1	2	3
Yes	6	7	13
Total	101	156	257

Bank Post Offers

	Count of Disabled		
2017	Bands 1-4	Bands 5-6	Total
No	51	3	54
Yes	1		1
Total	52	3	55
2018			
No	101	5	106
Yes	9		9
Total	110	5	115

	Count of Disabled		
2017	Admin & Support Services	Direct Healthcare	Total
No	44	10	54
Yes	1		1
Total	45	10	55
2018			
No	98	8	106
Yes	8	1	9
Total	106	9	115

ETHNICITY

Substantive Post Applications

2017	Count of Ethnicity			
	Bands 1-4	Bands 5-6	Bands 7,8 & SM	Total
Asian - All subgroups	13	17	8	38
Black / Caribbean - all subgroups	3	12	2	17
Mixed or Other Ethnicity	3	3	3	9
Not given	11	3	3	17
Prefer not to say	12	7	2	21
White - Irish	10	29	5	44
White - Other	125	48	12	185
White - Other British	207	154	52	413
White - Scottish	1335	653	108	2096
Total	1719	926	195	2840
2018				
Asian - all sub groups	26	29	6	61
Mixed or Other Ethnicity	28	10	2	40
Not Given	35	19	1	55
Prefer not to say	11	5	3	19
White - Irish	27	21	3	51
White - Other	130	41	14	185
White - Other British	330	192	52	574
White - Scottish	1747	730	176	2653
Black/ Caribbean - all subgroups	17	11	3	31
Total	2351	1058	260	3669

2017	Count of Ethnicity		
	Admin & Support Services	Direct Healthcare	Total
Asian - All subgroups	16	22	38
Black / Caribbean - all subgroups	7	10	17
Mixed or Other Ethnicity	2	7	9
Not given	10	7	17
Prefer not to say	14	7	21
White - Irish	10	34	44
White - Other	101	84	185
White - Other British	196	217	413
White - Scottish	1079	1017	2096
Total	1435	1405	2840
2018			
Asian - all sub groups	18	43	61
Black/ Caribbean - all subgroups	11	20	31
Mixed or Other Ethnicity	14	26	40
Not Given	24	31	55
Prefer not to say	7	12	19
White - Irish	11	40	51
White - Other	98	87	185
White - Other British	285	289	574
White - Scottish	1310	1343	2653
Total	1778	1891	3669

Substantive Post Invitations to Interview

2017	Count of Ethnicity			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
Asian - All subgroups	3	11	4	18
Black / Caribbean - All subgroups	3	7	2	12
Mixed or Other Ethnicity	3		1	4
Not given	3	2	2	7
Prefer not to say	4	1	1	6
White - Irish	5	18	3	26
White - Other	56	27	6	89
White - Other British	105	108	27	240
White - Scottish	511	450	71	1032
Total	693	624	117	1434
2018				
Asian - all subgroups	9	14	2	25
Black / Caribbean - all subgroups	5	4	1	10
Mixed or Other Ethnicity	8	7	2	17
Not given	12	14	0	26
Prefer not to say	5	5	2	12
White - Irish	16	17	4	37
White - Other	59	21	6	86
White - Other British	157	105	29	291
White - Scottish	830	467	103	1400
Total	1101	654	149	1904

2017	Count of Ethnicity		Total
	Admin & Support Services	Direct Healthcare	
Asian - All subgroups	5	13	18
Black / Caribbean - All subgroups	7	5	12
Mixed or Other Ethnicity	1	3	4
Not given	3	4	7
Prefer not to say	5	1	6
White - Irish	4	22	26
White - Other	48	41	89
White - Other British	90	150	240
White - Scottish	435	597	1032
Total	598	836	1434
2018			
Asian - all subgroups	6	19	25
Black / Caribbean - all subgroups	5	5	10
Mixed or Other Ethnicity	5	12	17
Not given	9	17	26
Prefer not to say	3	9	12
White - Irish	9	28	37
White - Other	38	48	86
White - Other British	117	174	291
White - Scottish	597	803	1400
Total	789	1115	1904

Substantive Post Offers

2017	Count of Ethnicity			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
Asian - All subgroups		1	1	2
Black / Caribbean - All subgroups		2		2
Prefer not to say	1	1		2
White - Irish	2	2		4
White - Other	16	9		25
White - Other British	19	34	9	62
White - Scottish	133	170	34	337
Total	171	219	44	434
2018	Count of Ethnicity			Total
Asian - all subgroups	3	1	1	5
Black/ Caribbean - all subgroups	3	0	0	3
Declined to Comment	0	2	1	3
Mixed or Other Ethnicity	2	2	1	5
Prefer not to say	0	2	2	4
White - Irish	3	3	3	9
White - Other	19	5	2	26
White - Other British	38	45	7	90
White - Scottish	220	192	44	456
Total	288	252	61	601

2017	Count of Ethnicity		Total
	Admin & Support Services	Direct Healthcare	
Asian - All subgroups		2	2
Black / Caribbean - All subgroups		2	2
Prefer not to say	1	1	2
White - Irish	1	3	4
White - Other	13	12	25
White - Other British	10	52	62
White - Scottish	123	214	337
Total	148	286	434
2018	Count of Ethnicity		Total
Asian - all subgroups	2	3	5
Black/ Caribbean - all subgroups	1	2	3
Declined to Comment	1	2	3
Mixed or Other Ethnicity	0	5	5
Prefer not to say	0	4	4
White - Irish	3	6	9
White - Other	14	12	26
White - Other British	30	60	90
White - Scottish	172	284	456
Total	223	378	601

RELIGION**Substantive Post Applications**

2017	Count of Religion			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
Buddhist	1	4		5
Christian - Other	101	101	35	237
Church of Scotland	359	226	40	625
Hindu	4	3	1	8
Jewish	3		1	4
Muslim	2	6	1	9
No religion	1024	450	86	1560
Not Given	57	39	12	108
Other	25	7	3	35
Prefer not to Say	22	11	3	36
Roman Catholic	121	79	13	213
Total	1719	926	195	2840
2018				
Buddhist	11	3	6	20
Christian - Other	165	122	29	316
Church of Scotland	427	233	77	737
Hindu	4	2	0	6
Jewish	2	0	0	2
Muslim	4	4	1	9
No religion	1448	532	112	2092
Not Given	88	38	6	132
Other	28	17	7	52
Prefer not to Say	39	23	9	71
Roman Catholic	135	84	13	232
Total	2351	1058	260	3669

2017	Count of Religion		Total
	Admin & Sp Svcs	Direct Healthcare	
Buddhist	1	4	5
Christian - Other	109	128	237
Church of Scotland	311	314	625
Hindu	6	2	8
Jewish		4	4
Muslim		9	9
No religion	824	736	1560
Not Given	55	53	108
Other	21	14	35
Prefer not to Say	25	11	36
Roman Catholic	83	130	213
Total	1435	1405	2840
2018			
Buddhist	6	14	20
Christian - Other	140	176	316
Church of Scotland	366	371	737
Hindu	2	4	6
Jewish	0	2	2
Muslim	3	6	9
No religion	1048	1044	2092
Not Given	67	65	132
Other	24	28	52
Prefer not to Say	33	38	71
Roman Catholic	89	143	232
Total	1778	1891	3669

Substantive Post Invitations to Interview

2017	Count of Religion			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
Buddhist	2	3		5
Christian - Other	45	63	17	125
Church of Scotland	176	160	28	364
Hindu	1	1		2
Muslim	1	3	1	5
No religion	382	307	54	743
Not Given	24	25	7	56
Other	6	8	2	16
Prefer not to Say	2	4	2	8
Roman Catholic	54	50	6	110
Total	693	624	117	1434
2018				
Buddhist	3	1	5	9
Christian - Other	83	62	16	161
Church of Scotland	212	150	40	402
Hindu	2	1	0	3
Jewish	3	0	0	3
Muslim	1	3	0	4
No religion	671	334	71	1076
Not Given	33	24	2	59
Other	15	8	1	24
Prefer not to Say	16	12	5	33
Roman Catholic	62	59	9	130
Total	1101	654	149	1904

2017	Count of Religion		Total
	Admin & Support Services	Direct Healthcare	
Buddhist	2	3	5
Christian - Other	44	81	125
Church of Scotland	163	201	364
Hindu	2		2
Muslim		5	5
No religion	308	435	743
Not Given	30	26	56
Other	5	11	16
Prefer not to Say	3	5	8
Roman Catholic	41	69	110
Total	598	836	1434
2018			
Buddhist	0	9	9
Christian - Other	56	105	161
Church of Scotland	174	228	402
Hindu	1	2	3
Jewish	0	3	3
Muslim	1	3	4
No religion	465	611	1076
Not Given	22	37	59
Other	12	12	24
Prefer not to Say	12	21	33
Roman Catholic	46	84	130
Total	789	1115	1904

Substantive Post Offers

2017	Count of Religion			
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
Buddhist		1		1
Christian - Other	6	17	5	28
Church of Scotland	38	65	14	117
Muslim		1		1
No religion	106	104	18	228
Not Given	5	6	2	13
Other	1	2		3
Prefer not to Say	1	2	1	4
Roman Catholic	14	21	4	39
Total	171	219	44	434
2018				
Buddhist	1	0	1	2
Christian - Other	22	23	5	50
Church of Scotland	59	70	17	146
Muslim	0	1	0	1
No religion	178	139	31	348
Not Given	3	3	1	7
Other	2	2	1	5
Prefer not to Say	3	2	2	7
Roman Catholic	20	12	3	35
Total	288	252	61	601

2017	Count of Religion		
	Admin & Support Services	Direct Healthcare	Total
Buddhist	1		1
Christian - Other	5	23	28
Church of Scotland	39	78	117
Muslim		1	1
No religion	87	141	228
Not Given	3	10	13
Other	1	2	3
Prefer not to Say	1	3	4
Roman Catholic	11	28	39
Total	148	286	434
2018			
Buddhist	0	2	2
Christian - Other	17	33	50
Church of Scotland	53	93	146
Muslim	0	1	1
No religion	130	218	348
Not Given	3	4	7
Other	2	3	5
Prefer not to Say	2	5	7
Roman Catholic	16	19	35
Total	223	378	601

Bank Post Applications

2017	Count of Religion		
	Bands 1-4	Bands 5-6	Total
Buddhist		1	1
Christian - Other	23	11	34
Church of Scotland	76	29	105
No religion	264	38	302
Not Given	25	15	40
Other	6		6
Prefer not to Say	3	3	6
Roman Catholic	23	6	29
Total	420	103	523
2018			
Christian - Other	22	9	31
Church of Scotland	96	19	115
Muslim	1	0	1
No religion	314	49	363
Other	4	3	7
Not Given	15	5	20
Prefer not to Say	13	11	24
Roman Catholic	38	7	45
Sikh	1	0	1
Total	504	103	607

2017	Count of Religion		
	Admin & Support Services	Direct Healthcare	Total
Buddhist		1	1
Christian - Other	10	24	34
Church of Scotland	34	71	105
No religion	120	182	302
Not Given	6	34	40
Other	4	2	6
Prefer not to Say	2	4	6
Roman Catholic	11	18	29
Total	187	336	523
2018			
Christian - Other	9	22	31
Church of Scotland	40	75	115
Muslim	1	0	1
No religion	125	238	363
Not Given	6	14	20
Other	2	5	7
Prefer not to Say	3	21	24
Roman Catholic	17	28	45
Sikh	0	1	1
Total	203	404	607

Bank Post Invitations to Interview

2017	Count of Religion		
	Bands 1-4	Bands 5-6	Total
Buddhist		1	1
Christian - Other	14	5	19
Church of Scotland	40	7	47
Muslim	1		1
No religion	138	17	155
Not Given	3	3	6
Other	3		3
Roman Catholic	6	2	8
Total	205	35	240
2018			
Christian - Other	9	4	13
Church of Scotland	38	10	48
No religion	143	20	163
Not Given	6	0	6
Other	1	0	1
Prefer not to Say	4	0	4
Roman Catholic	19	3	22
Total	220	37	257

2017	Column Labels		
	Admin & Support Services	Direct Healthcare	Total
Buddhist		1	1
Christian - Other	6	13	19
Church of Scotland	21	26	47
Muslim		1	1
No religion	70	85	155
Not Given		6	6
Other	3		3
Roman Catholic	3	5	8
Total	103	137	240
2018			
Christian - Other	3	10	13
Church of Scotland	21	27	48
No religion	62	101	163
Not Given	4	2	6
Other	0	1	1
Prefer not to Say	2	2	4
Roman Catholic	9	13	22
Total	101	156	257

Bank Post Offers

	Count of Religion		
2017	Bands 1-4	Bands 5-6	Total
Christian - Other	5		5
Church of Scotland	11	2	13
No religion	30	1	31
Other	1		1
Roman Catholic	5		5
Total	52	3	55
2018			
Christian - Other	3	1	4
Church of Scotland	22	2	24
No religion	72	2	74
Not Given	3	0	3
Other	1	0	1
Prefer not to Say	1	0	1
Roman Catholic	8	0	8
Total	110	5	115

	Count of Religion		
2017	Admin & Support Services	Direct Healthcare	Total
Christian - Other	4	1	5
Church of Scotland	10	3	13
No religion	26	5	31
Other	1		1
Roman Catholic	4	1	5
Total	45	10	55
2018			
Christian - Other	3	1	4
Church of Scotland	21	3	24
No religion	70	4	74
Not Given	3	0	3
Other	1	0	1
Prefer not to Say	1	0	1
Roman Catholic	7	1	8
Total	106	9	115

GENDER REASSIGNMENT

Substantive Post Applications

	Count of Gender reassignment			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	1702	918	193	2813
Prefer Not to Say	15	8	2	25
Yes	2			2
Total	1719	926	195	2840
2018				
No	2326	1052	258	3636
Prefer Not to Say	23	5	2	30
Yes	2	1	0	3
Total	2351	1058	260	3669

	Count of Gender reassignment		
2017	Admin & Support Services	Direct Healthcare	Total
No	1421	1392	2813
Prefer Not to Say	13	12	25
Yes	1	1	2
Total	1435	1405	2840
2018			
No	1756	1880	3636
Prefer Not to Say	20	10	30
Yes	2	1	3
Total	1778	1891	3669

Substantive Post Invitations to Interview

	Count of Gender reassignment			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	687	621	115	1423
Prefer Not to Say	5	3	2	10
Yes	1			1
Total	693	624	117	1434
2018				
No	1083	650	148	1881
Prefer Not to Say	17	4	1	22
Yes	1	0	0	1
Total	1101	654	149	1904

	Count of Gender reassignment		
2017	Admin & Support Services	Direct Healthcare	Total
No	589	834	1423
Prefer Not to Say	8	2	10
Yes	1		1
Total	598	836	1434
2018			
No	774	1107	1881
Prefer Not to Say	14	8	22
Yes	1	0	1
Total	789	1115	1904

Substantive Post Offers

	Count of Gender reassignment			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
No	171	217	44	432
Prefer Not to Say		2		2
Total	171	219	44	434
2018				
No	286	251	61	598
Not Given	2	1	0	3
Total	288	252	61	601

	Count of Gender reassignment		
2017	Admin & Support Services	Direct Healthcare	Total
No	148	284	432
Prefer Not to Say		2	2
Total	148	286	434
2018			
No	220	378	598
Not Given	3	0	3
Total	223	378	601

Bank Post Applications

	Count of Gender reassignment		
2017	Bands 1-4	Bands 5-6	Total
No	417	101	518
Prefer not to Say	3	2	5
Total	420	103	523
2018			
No	494	103	597
Prefer Not to Say	10	0	10
Total	504	103	607

	Count of Gender reassignment		
2017	Admin & Support Services	Direct Healthcare	Total
No	185	333	518
Prefer not to Say	2	3	5
Total	187	336	523
2018			
No	200	397	597
Prefer Not to Say	3	7	10
Total	203	404	607

Bank Post Invitations to Interview

Count of Gender reassignment			
2017	Bands 1-4	Bands 5-6	Total
No	203	34	237
Prefer not to Say	2	1	3
Total	205	35	240
2018			
No	217	37	254
Prefer not to Say	3	0	3
Total	220	37	257

Count of Gender reassignment			
2017	Admin & Support Services	Direct Healthcare	Total
No	101	136	237
Prefer not to Say	2	1	3
Total	103	137	240
2018			
No	100	154	254
Prefer not to Say	1	2	3
Total	101	156	257

Bank Post Offers

Count of Gender reassignment			
2017	Bands 1-4	Bands 5-6	Total
No	52	3	55
Total	52	3	55
2018			
No	110	5	115
Total	110	5	115

Count of Gender reassignment			
2017	Admin & Support Services	Direct Healthcare	Total
No	45	10	55
Total	45	10	55
2018			
No	106	9	115
Total	106	9	115

SEXUAL ORIENTATION

Substantive Post Applications

2017	Count of Sexual Orientation			
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
Bisexual	13	1		14
Gay / Lesbian	33	9	3	45
Heterosexual	1567	879	175	2621
Not Given	79	29	14	122
Other	8	2	1	11
Prefer not to Say	18	6	2	26
Questionnaire	1			1
Total	1719	926	195	2840
2018				
Bisexual	17	6	4	27
Gay/ Lesbian	40	11	3	54
Heterosexual	2129	986	238	3353
Not Given	120	44	9	173
Other	6	1	0	7
Prefer not to say	39	10	6	55
Total	2351	1058	260	3669

2017	Count of Sexual Orientation		
	Admin & Support Services	Direct Healthcare	Total
Bisexual	13	1	14
Gay / Lesbian	26	19	45
Heterosexual	1310	1311	2621
Not Given	65	57	122
Other	6	5	11
Prefer not to Say	15	11	26
Questionnaire		1	1
Total	1435	1405	2840
2018			
Bisexual	15	12	27
Declined	81	92	173
Gay/ Lesbian	21	33	54
Heterosexual	1623	1730	3353
Other	5	2	7
Prefer not to say	33	22	55
Total	1778	1891	3669

Substantive Post Invitations to Interview

2017	Count of Sexual Orientation			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
Bisexual	2	1	1	4
Gay / Lesbian	10	3	3	16
Heterosexual	648	600	105	1353
Not Given	27	17	7	51
Other	3	1		4
Prefer not to say	3	2	1	6
Total	693	624	117	1434
2018				
Asian - all subgroups	9	14	2	25
Black / Caribbean - all subgroups	5	4	1	10
Mixed or Other Ethnicity	8	7	2	17
Not given	12	14	0	26
Prefer not to say	5	5	2	12
White - Irish	16	17	4	37
White - Other	59	21	6	86
White - Other British	157	105	29	291
White - Scottish	830	467	103	1400
Total	1101	654	149	1904

2017	Count of Sexual Orientation		Total
	Admin & Support Services	Direct Healthcare	
Bisexual	2	2	4
Gay / Lesbian	7	9	16
Heterosexual	558	795	1353
Not Given	25	26	51
Other	3	1	4
Prefer not to say	3	3	6
Total	598	836	1434
2018			
Asian - all subgroups	6	19	25
Black / Caribbean - all subgroups	5	5	10
Mixed or Other Ethnicity	5	12	17
Not given	9	17	26
Prefer not to say	3	9	12
White - Irish	9	28	37
White - Other	38	48	86
White - Other British	117	174	291
White - Scottish	597	803	1400
Total	789	1115	1904

Substantive Post Offers

2017	Count of Sexual Orientation			
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
Declined to Comment	5	7	1	13
Gay / Lesbian	2		2	4
Heterosexual	162	211	41	414
Other	2	1		3
Total	171	219	44	434
2018				
Bisexual	0	0	1	1
Gay/ Lesbian	8	3	1	12
Heterosexual	271	241	57	569
Prefer not to say	4	2	1	7
Not Given	5	6	1	12
Total	288	252	61	601

2017	Count of Sexual Orientation		
	Admin & Support Services	Direct Healthcare	Total
Declined to Comment	4	9	13
Gay / Lesbian	1	3	4
Heterosexual	141	273	414
Other	2	1	3
Total	148	286	434
2018			
Bisexual	1	0	1
Gay/ Lesbian	3	9	12
Heterosexual	213	356	569
Prefer not to say	2	5	7
Not Given	4	8	12
Total	223	378	601

Bank Post Applications

2017	Count of Sexual Orientation		
	Bands 1-4	Bands 5-6	Total
Bisexual	9	1	10
Gay/Lesbian	8	2	10
Heterosexual	374	84	458
Not Given	25	12	37
Other	2		2
Prefer not to Say	2	4	6
Total	420	103	523
2018			
Bisexual	3	1	4
Gay/Lesbian	10	1	11
Heterosexual	459	84	543
Not Given	20	11	31
Other	1	1	2
Prefer not to Say	11	5	16
Total	504	103	607

2017	Count of Sexual Orientation		
	Admin & Support Services	Direct Healthcare	Total
Bisexual	4	6	10
Gay/Lesbian	4	6	10
Heterosexual	169	289	458
Not Given	9	28	37
Other		2	2
Prefer not to Say	1	5	6
Total	187	336	523
2018			
Bisexual	0	4	4
Gay/Lesbian	3	8	11
Heterosexual	189	354	543
Not Given	7	24	31
Other	1	1	2
Prefer not to Say	3	13	16
Total	203	404	607

Bank Post Invitations to Interview

2017	Count of Sexual Orientation		
	Bands 1-4	Bands 5-6	Total
Bisexual	4		4
Gay/Lesbian	6	1	7
Heterosexual	191	33	224
Not Given	3	1	4
Prefer not to Say	1		1
Total	205	35	240
2018			
Bisexual	1	2	3
Gay/Lesbian	7	2	9
Heterosexual	202	33	235
Not Given	8	0	8
Other	1	0	1
Prefer not to Say	1	0	1
Total	220	37	257

2017	Count of Sexual Orientation		
	Admin & Support Services	Direct Healthcare	Total
Bisexual	2	2	4
Gay/Lesbian	3	4	7
Heterosexual	95	129	224
Not Given	2	2	4
Prefer not to Say	1		1
Total	103	137	240
2018			
Bisexual	0	3	3
Gay/Lesbian	3	6	9
Heterosexual	92	143	235
Not Given	4	4	8
Other	1	0	1
Prefer not to Say	1	0	1
Total	101	156	257

Bank Post Offers

2017	Count of Sexual Orientation		
	Bands 1-4	Bands 5-6	Total
Gay/Lesbian	1		1
Heterosexual	51	3	54
Total	52	3	55
2018			
Bisexual	1	0	1
Gay/ Lesbian	3	0	3
Heterosexual	103	5	108
Not Given	2	0	2
Prefer not to say	1	0	1
Total	110	5	115

2017	Count of Sexual Orientation		
	Admin & Support Services	Direct Healthcare	Total
Gay/Lesbian	1		1
Heterosexual	44	10	54
Total	45	10	55
2018			
Bisexual	1	0	1
Gay/ Lesbian	3	0	3
Heterosexual	99	9	108
Not Given	2	0	2
Prefer not to say	1	0	1
Total	106	9	115

AGE

Substantive Post Applications

	Count of Age Group			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
<26	489	182	9	680
26-35	394	282	52	728
36-45	330	222	61	613
46-55	330	193	61	584
56-65	156	42	10	208
66 plus	4			4
Not given	16	5	2	23
Total	1719	926	195	2840
2018				
<26	716	190	2	908
26-35	568	295	50	913
36-45	364	218	84	666
46-55	471	250	99	820
56-65	186	89	21	296
66 plus	2	3	1	6
not given	44	13	3	60
Total	2351	1058	260	3669

	Count of Age Group		
2017	Admin & Support Services	Direct Healthcare	Total
<26	363	317	680
26-35	347	381	728
36-45	281	332	613
46-55	277	307	584
56-65	151	57	208
66 plus	4		4
Not given	12	11	23
Total	1435	1405	2840
2018			
<26	456	452	908
26-35	382	531	913
36-45	299	367	666
46-55	410	410	820
56-65	193	103	296
66 plus	4	2	6
not given	34	26	60
Total	1778	1891	3669

Substantive Post Invitations to Interview

2017	Count of age group			Total
	Bands 1-4	Bands 5-6	Bands 7,8 &SM	
<26	181	120	4	305
26-35	112	175	39	326
36-45	162	151	30	343
46-55	160	144	38	342
56-65	74	30	5	109
66 plus	1			1
Not given	3	4	1	8
Total	693	624	117	1434
2018				
<26	265	111	1	377
26-35	266	188	31	485
36-45	189	139	46	374
46-55	269	161	55	485
56-65	91	50	14	155
66 plus	1	0	0	1
67 plus	0	1	0	1
68 plus	0	0	1	1
69 plus	1	0	0	1
Not given	19	4	1	24
Total	1101	654	149	1904

2017	Count of age group		Total
	Admin & Support Services	Direct Healthcare	
<26	136	169	305
26-35	103	223	326
36-45	139	204	343
46-55	147	195	342
56-65	69	40	109
66 plus	1		1
Not given	3	5	8
Total	598	836	1434
2018			
<26	148	229	377
26-35	175	310	485
36-45	144	230	374
46-55	215	270	485
56-65	87	68	155
66 plus	1	0	1
67 plus	1	0	1
68 plus	1	0	1
69 plus	1	0	1
Not given	16	8	24
Total	789	1115	1904

Substantive Post Offers

	Count of Age Group			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Total
<26	50	45	1	96
26-25	38	69	14	121
36-45	37	47	14	98
46-55	34	44	13	91
56-65	12	14	2	28
Total	171	219	44	434
2018				
<26	83	51	1	135
26-35	73	72	20	165
36-45	48	55	20	123
46-55	58	53	16	127
56-65	26	20	4	50
66 plus	0	1	0	1
Total	288	252	61	601

	Count of Age Group		
2017	Admin & Support Services	Direct Healthcare	Total
<26	37	59	96
26-25	34	87	121
36-45	31	67	98
46-55	36	55	91
56-65	10	18	28
Total	148	286	434
2018			
<26	46	89	135
26-35	55	110	165
36-45	45	78	123
46-55	50	77	127
56-65	26	24	50
66 plus	1	0	1
Total	223	378	601

Bank Post Applications

2017	Count of Age group		
	Bands 1-4	Bands 5-6	Total
<26	147	12	159
26-35	101	19	120
36-45	72	37	109
46-55	71	17	88
56-65	21	16	37
66 plus	2	1	3
not given	6	1	7
Total	420	103	523
2018			
<26	209	12	221
26-35	106	26	132
36-45	64	24	88
46-55	75	25	100
56-65	43	16	59
66 plus	3	0	3
Not given	4	0	4
Total	504	103	607

2017	Count of Age group		
	Admin & Support Services	Direct Healthcare	Total
<26	60	99	159
26-35	37	83	120
36-45	34	75	109
46-55	34	54	88
56-65	17	20	37
66 plus	2	1	3
not given	3	4	7
Total	187	336	523
2018			
<26	85	136	221
26-35	41	91	132
36-45	24	64	88
46-55	23	77	100
56-65	27	32	59
66 plus	2	1	3
Not given	1	3	4
Total	203	404	607

Bank Post Invitations to Interview

	Count of Age Group		
2017	Bands 1-4	Bands 5-6	Total
<26	61	5	66
26-35	53	9	62
36-45	43	13	56
46-55	37	2	39
56-65	10	6	16
66 plus	1		1
Total	205	35	240
2018			
<26	91	6	97
26-35	46	6	52
36-45	35	11	46
46-55	29	9	38
56-65	19	4	23
66 plus	0	1	1
Total	220	37	257

	Count of Age Group		
2017	Admin & Support Services	Direct Healthcare	Total
<26	28	38	66
26-35	25	37	62
36-45	20	36	56
46-55	21	18	39
56-65	8	8	16
66 plus	1		1
Total	103	137	240
2018			
<26	41	56	97
26-35	19	33	52
36-45	16	30	46
46-55	13	25	38
56-65	12	11	23
66 plus	0	1	1
Total	101	156	257

Bank Post Offers

2017	Count of Age group		
	Bands 1-4	Bands 5-6	Total
<26	21		21
26-35	10		10
36-45	12	2	14
46-55	7		7
56-65	2	1	3
Total	52	3	55
2018			
<26	50	1	51
26-35	21	0	21
36-45	15	1	16
46-55	15	2	17
56-65	8	1	9
Not given	1	0	1
Total	110	5	115

2017	Count of Age group		
	Admin & Support Services	Direct Healthcare	Total
<26	19	2	21
26-35	8	2	10
36-45	10	4	14
46-55	6	1	7
56-65	2	1	3
Total	45	10	55
2018			
<26	47	4	51
26-35	21	0	21
36-45	14	2	16
46-55	15	2	17
56-65	8	1	9
Not given	1	0	1
Total	106	9	115

EMPLOYMENT RELATIONS ACTIVITY AGAINST THE PROTECTED CHARACTERISTICS

Because of the low numbers involved vertical and horizontal segregation has been applied separately. It will be noted that many of the cases involve staff with ‘Not Known’ against the characteristic. These people are probably longer term employees who have not had their characteristics updated in the last couple of years (either because they have left employment or not applied for other jobs).

In addition to those tabulated below there were cases brought by multiple staff and the individual characteristics were not identified.

Gender

2017	Gender		
Case Type	Female	Male	Grand Total
Bullying & Harassment	6	<5	<10
Capability (Health)	6	5	11
Capability (Performance)	5	<5	<8
Conduct	19	10	29
Employment Tribunal Claim	<5		<5
Flexible working req.	<5		<5
Grievance	<5	<5	<8
Ill health retirement/termination	<5		<5
Whistleblowing Concerns			0
Grand Total	<50	<25	<75
2018			
Bullying & Harassment	<5		<5
Capability (Health)	18	5	23
Capability (Performance)	<5		<5
Conduct	7	5	12
Employment Tribunal Claim			0
Flexible working req.	<5		<5
Grievance	<5	<5	<8
Ill health retirement/termination	<5		<5
Whistleblowing Concerns		<5	<5
Grand Total	<45	<20	<55

Age

2017	Count of Age Group					
Case Type	<26	26-35	36-45	46-55	56-65	Grand Total
Bullying & Harassment		<5	<5	<5	<5	<16
Capability (Health)		5	<5	<5	<5	<20
Capability (Performance)	<5	<5	<5	<5		<15
Conduct	<5	7	7	7	<5	29
Employment Tribunal Claim				<5		<5
Flexible working req.	<5					<5
Grievance			<5	<5	<5	<10
Ill health retirement/termination			<5	<5	<5	<10
Whistleblowing Concerns						0
Grand Total	<10	<17	<20	<35	<20	<75
2018						
Bullying & Harassment	<5				<5	<8
Capability (Health)	5	5	6	5	<5	<25
Capability (Performance)				<5	<5	<8
Conduct	<5		<5	6	3	<15
Employment Tribunal Claim						0
Flexible working req.				<5		<5
Grievance			<5	<5		<8
Ill health retirement/termination			<5	<5		<8
Whistleblowing Concerns		<5				<5
Grand Total	<14	<10	<18	<25	<12	<55

Ethnic Origin

	Count of Age Group					
	<26	26-35	36-45	46-55	56-65	Grand Total
2017						
Bullying & Harassment		<5	<5	<5	<5	<10
Capability (Health)		5	<5	<5	<5	<12
Capability (Performance)	<5	<5	<5	<5		<10
Conduct	<5	7	7	7	<5	<31
Employment Tribunal Claim				<5		<5
Flexible working req.	<5					<5
Grievance			<5	<5	<5	<10
Ill health retirement/termination			<5	<5	<5	<12
Whistleblowing Concerns						0
Grand Total	<8	<18	<20	<30	<15	<75
2018						
Bullying & Harassment	<5				<5	<8
Capability (Health)	5	5	6	5	<5	<24
Capability (Performance)				<5	<5	<6
Conduct	<5		<5	6	<5	<16
Employment Tribunal Claim						0
Flexible working req.				<5		<5
Grievance			<5	<5		<8
Ill health retirement/termination			<5	<5		<5
Whistleblowing Concerns		<5				<5
Grand Total	<10	<9	<18	<20	<15	<55

Gender Reassignment

2017	Count of Gender Reassignment?			
	No	Not Known	Prefer not to say	Grand Total
Bullying & Harassment	7		<5	8
Capability (Health)	10		<5	11
Capability (Performance)	5	<5		<9
Conduct	28		<5	29
Employment Tribunal Claim	<5			<5
Flexible working req.	<5			<5
Grievance	<5	<5		5
Ill health retirement/termination	<5			<5
Whistleblowing Concerns				0
Grand Total	<65	<8	<9	<75
2018				
Bullying & Harassment	<5			<5
Capability (Health)	21		<5	23
Capability (Performance)	<5		<5	<5
Conduct	11		<5	<15
Employment Tribunal Claim				0
Flexible working req.	<5			<5
Grievance	<5			<5
Ill health retirement/termination	<5			<5
Whistleblowing Concerns	<5			<5
Grand Total	<50		<10	<55

Long Term Medical Condition / Disability

2017	Count of Medical Condition?			
	No	Prefer not to say	Yes	Grand Total
Bullying & Harassment	7	<5		<10
Capability (Health)	10	<5		11
Capability (Performance)	6			6
Conduct	27	<5	<5	<35
Employment Tribunal Claim	<5			<5
Flexible working req.	<5			<5
Grievance	5			5
Ill health retirement/termination	<5			<5
Whistleblowing Concerns				0
Grand Total	<65	<10	<5	<75
2018				
Bullying & Harassment	<5			<5
Capability (Health)	21	<5	<5	23
Capability (Performance)	<5			<5
Conduct	12			12
Employment Tribunal Claim				0
Flexible working req.	<5			<5
Grievance	<5	<5		<5
Ill health retirement/termination	<5			<5
Whistleblowing Concerns	<5			<5
Grand Total	<50	<8	<5	<55

Religion

	Count of Religion							
2017	Christian - Other	Church of Scotland	No Religion	Not Known	Other	Prefer not to Say	Roman Catholic	Grand Total
Bullying & Harassment		<5	<5	<5		<5	<5	<16
Capability (Health)			6			<5	<5	<13
Capability (Performance)		<5	<5	<5		<5		<15
Conduct	<5	<5	10	6	<5	7		<35
Employment Tribunal Claim						<5		<5
Flexible working req.				<5				<5
Grievance			<5			<5		<7
Ill health retirement/ termination			<5			<5		<8
Whistleblowing Concerns								0
Grand Total	<5	<12	<32	<15	<5	<30	<8	<75
2018								
Bullying & Harassment		<5	<5					<8
Capability (Health)		<5	8	7	<5	5		23
Capability (Performance)						<5		<5
Conduct		<5	<5	5	<5	<5		<17
Employment Tribunal Claim								0
Flexible working req.			<5					<5
Grievance	<5		<5			<5		<12
Ill health retirement/ termination		<5						<5
Whistleblowing Concerns			<5					<5
Grand Total	<5	<14	<23	12	<8	<15		<55

Sexual Orientation

	Count of Sexual Orientation					
2017	Bisexual	Gay / Lesbian	Hetero-sexual	Not Known	Prefer not to say	Grand Total
Bullying & Harassment	<5		<5	<5	<5	<12
Capability (Health)		<5	5	<5		<12
Capability (Performance)			<5	<5		<8
Conduct			14	13	<5	<32
Employment Tribunal Claim				<5		<5
Flexible working req.				<5		<5
Grievance			<5	<5	<5	<12
Ill health retirement/termination			<5	<5		<10
Whistleblowing Concerns						0
Grand Total	<5	<5	<40	<35	<10	<75
2018						
Bullying & Harassment			<5			<5
Capability (Health)			11	10	<5	<28
Capability (Performance)				<5		<5
Conduct			<5	7	<5	<15
Employment Tribunal Claim						0
Flexible working req.				<5		<5
Grievance			<5	<5	<5	<9
Ill health retirement/termination			<5			<5
Whistleblowing Concerns					<5	<5
Grand Total			<22	<25	<15	<55

Pay Band Group

	Count of Band Group			
2017	Bands 1-4	Bands 5-6	Bands 7,8 &SM	Grand Total
Bullying & Harassment	<5	<5	<5	<12
Capability (Health)	8	<5		<12
Capability (Performance)	4		<5	<8
Conduct	23	6		29
Employment Tribunal Claim		<5		<5
Flexible working req.	<5			<5
Grievance	<5	<5	<5	<10
Ill health retirement/termination	<5		<5	<10
Whistleblowing Concerns				0
Grand Total	<50	<20	<15	<75
2018				
Bullying & Harassment	1	1		2
Capability (Health)	21	2		23
Capability (Performance)	1	1		2
Conduct	7	4	1	12
Employment Tribunal Claim				0
Flexible working req.		1		1
Grievance		2	1	3
Ill health retirement/termination		2		2
Whistleblowing Concerns		1		1
Grand Total	30	14	2	<55

Family Grouping

	Count of Family Group			
2017	Admin & Support Services	Direct Healthcare	(blank)	Grand Total
Bullying & Harrassment	<5	<5		8
Capability (Health)	6	5		11
Capability (Performance)	<5	<5		6
Conduct	18	11		29
Employment Tribunal Claim		<5		1
Flexible working req.	<5			1
Grievance	<5	<5		5
Ill health retirement/termination	<5	<5		4
Whisteblowing Concerns				
Grand Total	<45	<35		<75
2018				
Bullying & Harrassment	<5	<5		<8
Capability (Health)	13	10		23
Capability (Performance)	<5	<5		<8
Conduct	<5	9		12
Employment Tribunal Claim				
Flexible working req.	<5			<5
Grievance		<5		<5
Ill health retirement/termination	<5	<5		<8
Whisteblowing Concerns		<5		<5
Grand Total	<35	<30		<55