



NHS Lanarkshire Workforce Equality Monitoring Report (January – December 2018)

1. Purpose

The aim of this report is to inform the Equality & Diversity Steering Group of the 2018 NHS Lanarkshire (NHSL) workforce profile based on protected characteristics and the current equality monitoring of this data.

2. Background

Following the release of Equality Act (Specific Duties) (Scotland) Regulations 2012 and the PIN Policy “Embracing Equality, Diversity & Human Rights in NHS Scotland”, annual equality and monitoring reports have been presented to the Equality & Diversity Steering Group since October 2012. The PIN policy supports monitoring of the protected characteristics of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation, as defined in the Equality Act 2010. It also entails an extensive list of areas for monitoring during recruitment, employment and termination of employment.

This report highlights the data that is currently available for equality monitoring in NHSL and where there are gaps in intelligence. Data has been sourced from January 2018 to December 2018.

3. Workforce Profile

In this equality monitoring exercise, consideration has been given to the protected characteristics of age, gender, ethnicity, religion, sexual orientation and disability in relation to recruitment, training, disciplinary and grievance. Analysis of the remaining protected characteristics has not yet been undertaken e.g. gender reassignment; marriage and civil partnership; pregnancy and maternity.

As at 31st December 2018, NHSL employs 10,660.34 WTE (12,314 headcount) staff. This shows an increase of 22.28 WTE / 51 headcount since December 2016. The workforce consists of 84.93% female and 15.07% male staff. The majority (65.88%) of the workforce are 40 years old or older, largely consistent with the data from 2016.

Information on gender and age is available for all staff but limited information is available regarding the protected characteristics of ethnicity (77.62%), disability (47.88%), religion (64.74%) and sexual orientation (62.44%). The PIN Policy suggests that to be useful, data must be available for the majority of staff. While further improvements in data capture rates have

been shown since 2016, data incompleteness still limits NHSL’s ability to fully identify inequalities in some protected characteristics.

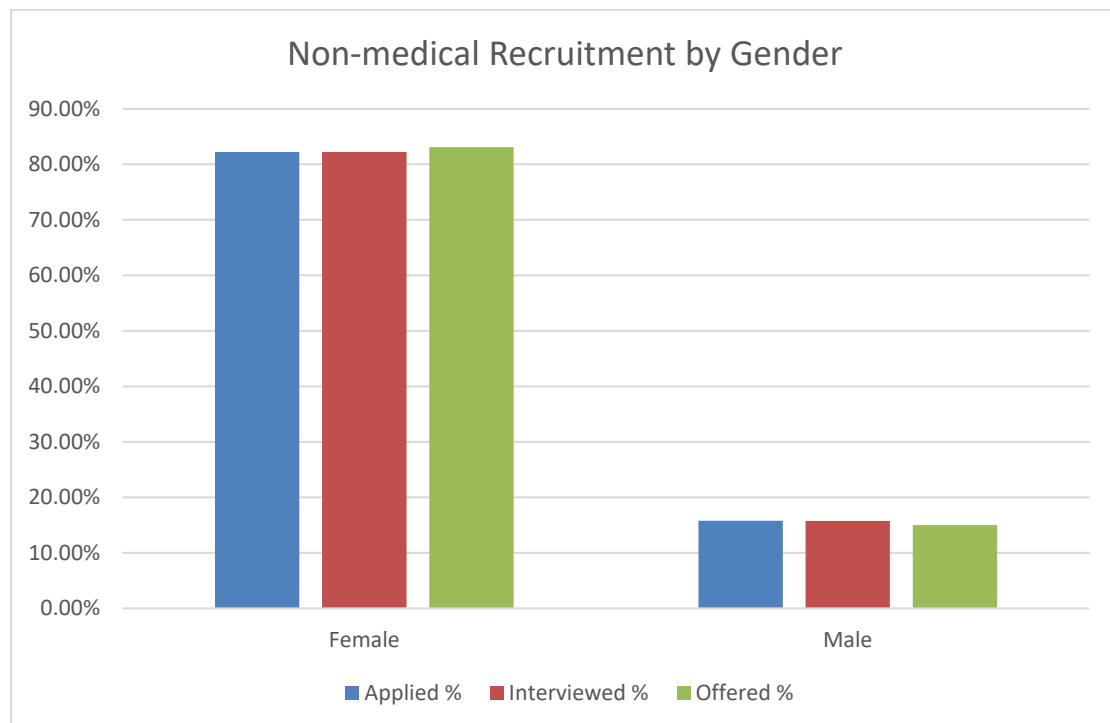
As new staff are recruited to NHSL, they must complete an equality monitoring form, although they can decline to provide specific details. With a current turnover of 8.19% of staff per annum, it is anticipated that through current recruitment NHSL data on protected characteristics will continue to increase.

The new Electronic Employee Support System (EESS), once fully implemented, will provide the facility for staff to directly update their personal data electronically. This may reduce the time required to obtain a more complete data set.

3.1 Gender

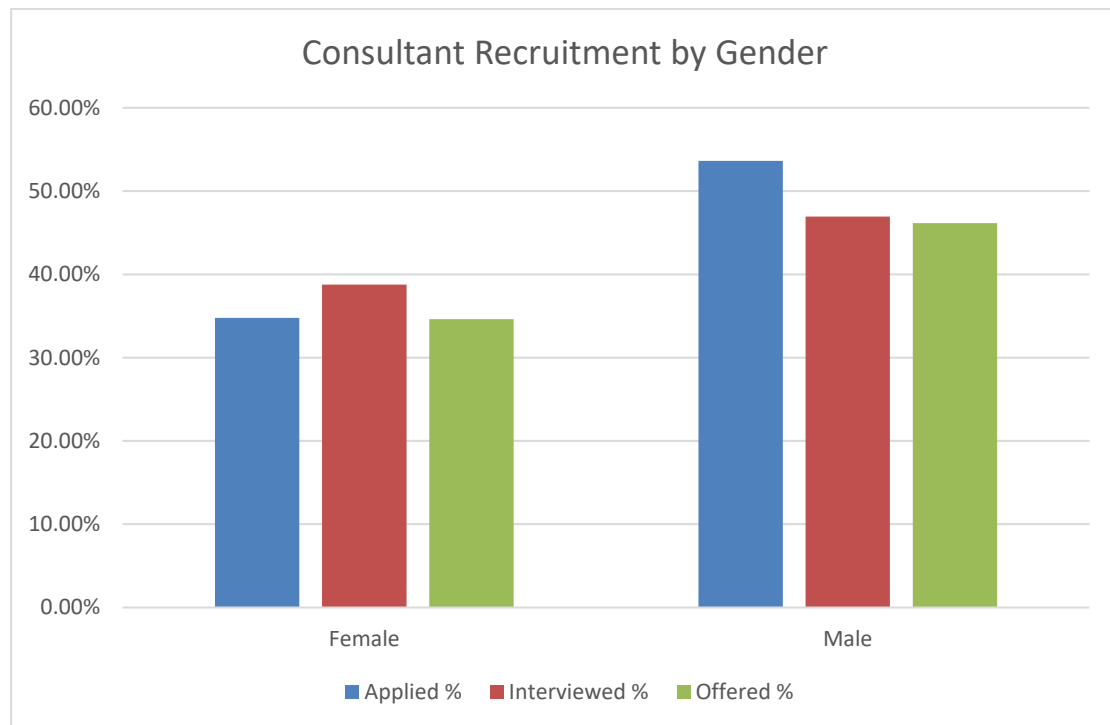
Almost 85% of the NHSL workforce is female. A lower percentage account for grievances (67%) and (74%) are involved in disciplinary proceedings. These percentages for grievances have decreased slightly since 2016 data (down 10 percentage points), and increased very slightly for disciplinary proceedings (up 2 percentage points).

In the last 12 months NHSL has had 6,986 applicants for non-medical posts (a decrease of 3,094 from the 2016 data). Approximately 82% (5,743) of applicants and 83% (781) of those offered posts have been female. Males accounted for just under 16% (1,102) of applicants and 15% (141) of posts offered. Gender was not recorded for 1.91% (18) of those offered posts.



In a sample of 69 Medical consultant applications (decrease of 83 since 2016 data), nearly 35% were female and roughly 54% were male. Of the 26 offered posts, 46% were male and nearly 35% female. This reflects a slight decrease (4%) in the proportion of posts offered to males

compared to the 2016 data, and an increase in the proportion of data unable to be quantified by gender (5% in 2016, over 19% in 2018).



Some data is available for Speciality Doctor Recruitment but as the sample size is very small, further analysis is not valid.

The table below shows that the female proportion of the NHSL workforce by staff group ranges from 49.55% (Medical and Dental) to 92.11% (Medical and Dental Support). Compared to NHS Scotland (Source: ISD, September 2018), NHSL has a nearly 6% higher proportion of female staff which remains consistent with the 2016 position. The main staff groups showing variation to the national position are:

- Administrative Services, NHSL has 5% higher percentage of females in this staff group.
- Allied Health Profession, NHSL has 7% higher percentage of females in this staff group.
- Healthcare Sciences, NHSL has 6% higher percentage of females in this staff group.
- Medical & Dental Support, NHSL has 5% higher percentage of females in this staff group.
- Support Services, NHSL has 9% higher percentage of females in this staff group.

Job Family	NHS Lanarkshire		NHS Scotland		Variance	
	Female	Male	Female	Male	Female	Male
ADMINISTRATIVE SERVICES	87.62%	12.38%	82.30%	17.70%	5.32%	-5.32%
ALLIED HEALTH PROFESSION	90.23%	9.77%	83.46%	16.54%	6.77%	-6.77%
HEALTHCARE SCIENCES	74.78%	25.22%	68.36%	31.64%	6.42%	-6.42%
MEDICAL AND DENTAL	49.55%	50.45%	52.08%	47.92%	-2.53%	2.53%
MEDICAL AND DENTAL SUPPORT	92.11%	7.89%	86.32%	13.68%	5.78%	-5.78%
NURSING/ MIDWIFERY	91.37%	8.63%	90.00%	10.00%	1.37%	-1.37%
OTHER THERAPEUTIC	82.48%	17.52%	83.55%	16.45%	-1.07%	1.07%
PERSONAL AND SOCIAL CARE	82.42%	17.58%	84.92%	15.08%	-2.50%	2.50%
SUPPORT SERVICES	69.25%	30.75%	59.60%	40.40%	9.66%	-9.66%
GRAND TOTAL	84.97%	15.02%	79.24%	20.76%	5.73%	-5.73%

Although a significantly higher proportion of the NHSL workforce are female, from the data available, gender does not appear to have a significant influence on incidence of grievance, disciplinary or recruitment. This is broadly comparable to the December 2016 position.

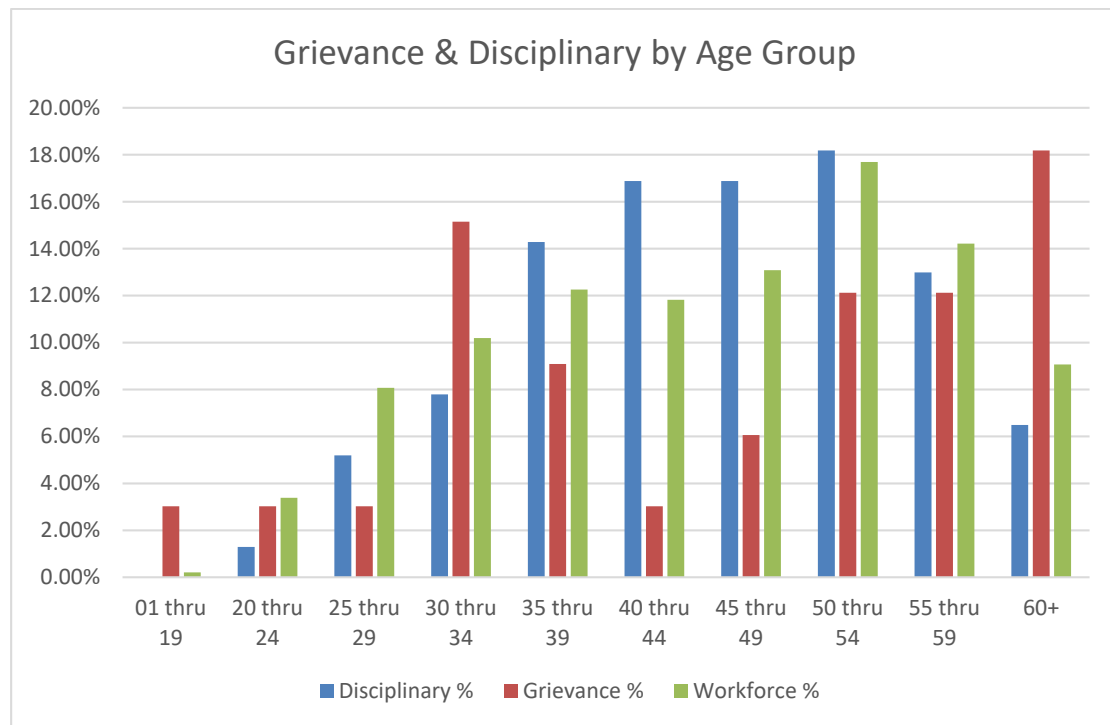
3.2 Age

Nearly 66% of the NHSL workforce are over 40 years old.

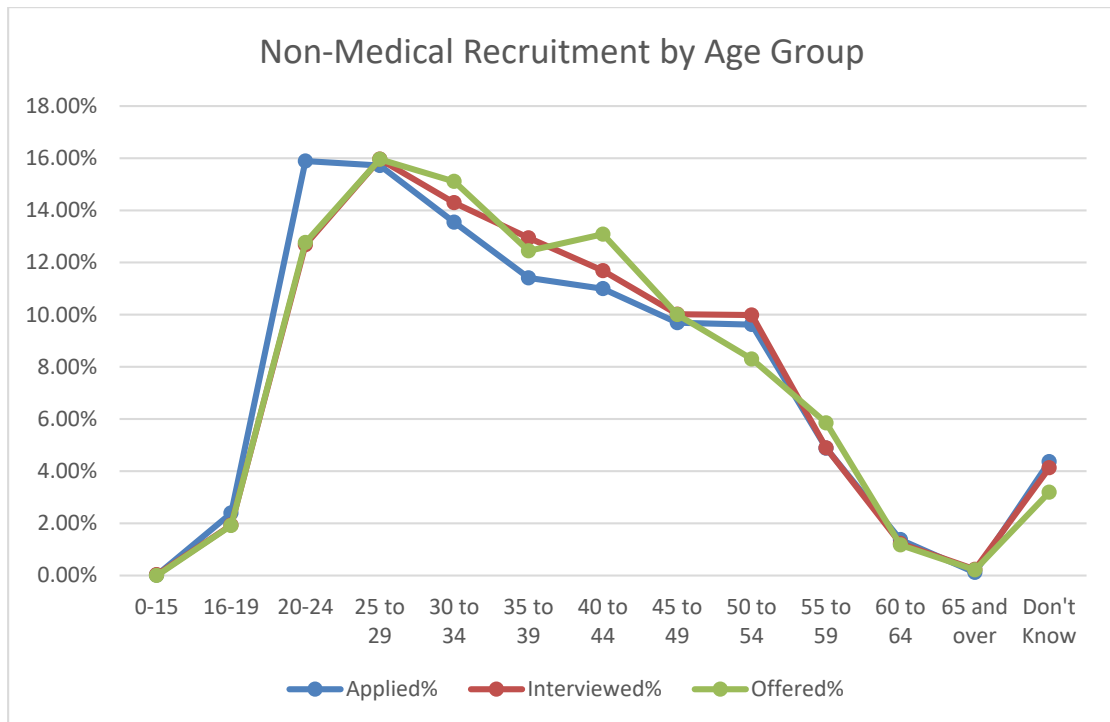
Grievances are disproportionately high in the under-19 years of age group; accounting for 3.03% of all grievances compared to just 0.21% of the workforce. The 30-34 age group is also disproportionately high; accounting for 15.15% of grievances compared to 10.19% of the workforce. Lastly, the 60+ age group accounts for 18.18% of grievances compared to 9.07% of the workforce. Analysis indicates that the most common reason for grievance cases remains 'Bullying, Harassment', as per the 2016 report.

The age groups most likely to be involved in disciplinary action has also shifted since the 2016 report. Disciplinary are now proportionally highest in the 40-44 age group; accounting for 16.88% of all disciplinary compared to 11.82% of the workforce. Analysis for the most

common reason for disciplinary proceedings identified hearings under the Conduct policy, predominantly in the realm of Fairwarning breaches.

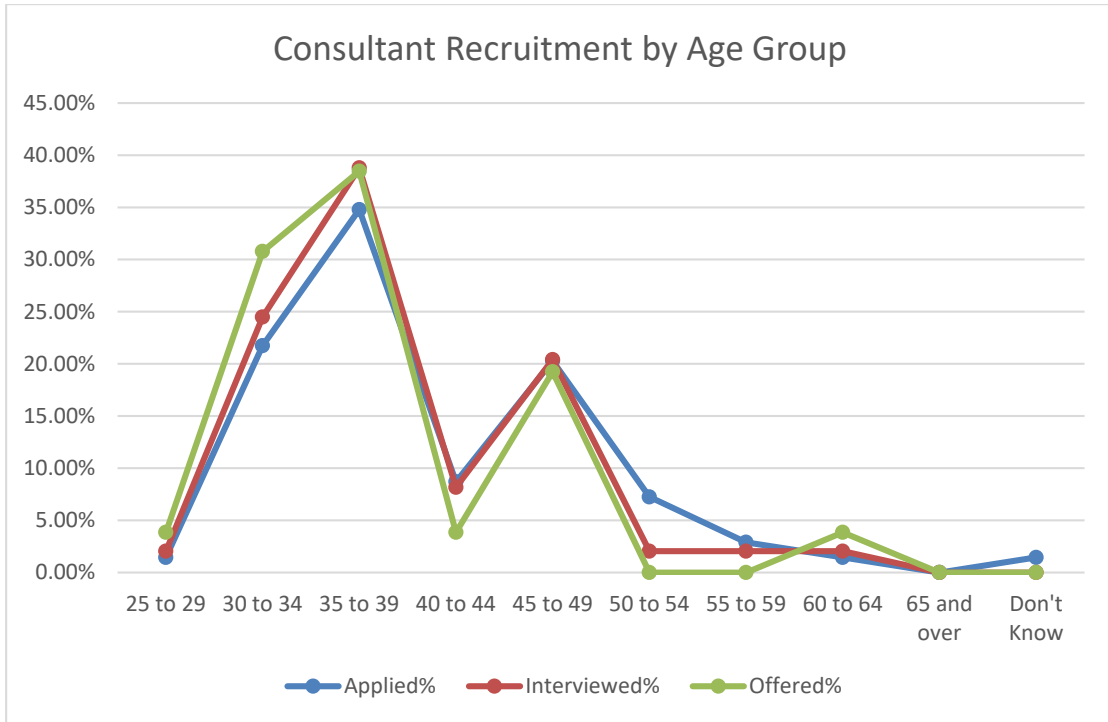


The proportion of staff applying for posts is fairly evenly matched to those being interviewed and offered posts except in three groups. The 20-24 age group show a higher percentage applying (15.89%) than being interviewed and offered (12.77%). This continues the trend seen in the 2016 report. The 30-34 and 40-44 age groups have higher percentages of staff being offered posts (13.54% and 10.99% respectively) to those applying (15.11% and 13.09% respectively).

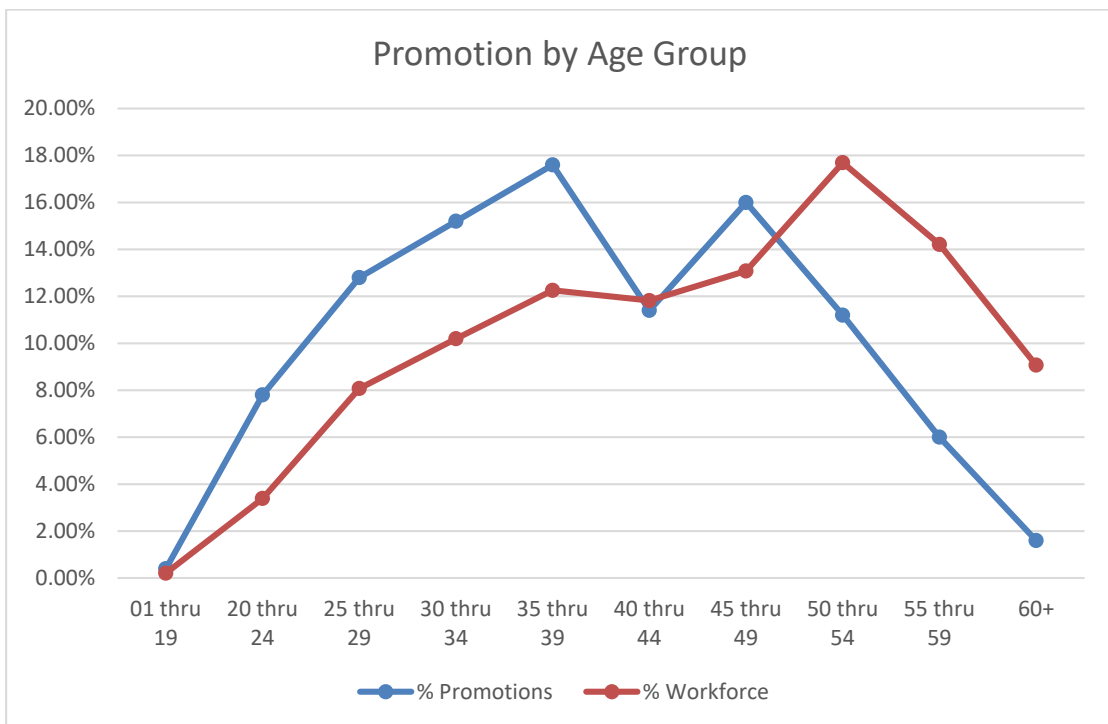


In consultant recruitment, the proportion of staff applying for posts shows some variance across 8 age groupings for candidates applying, being interviewed and being offered posts, as shows in the table below.

	% Applications	% Interviews	% Offers
25 to 29	1.45%	2.04%	3.85%
30 to 34	21.74%	24.49%	30.77%
35 to 39	34.78%	38.78%	38.46%
40 to 44	8.70%	8.16%	3.85%
50 to 54	7.25%	2.04%	0.00%
55 to 59	2.90%	2.04%	0.00%
60 to 64	1.45%	2.04%	3.85%
Don't Know	1.45%	0.00%	0.00%



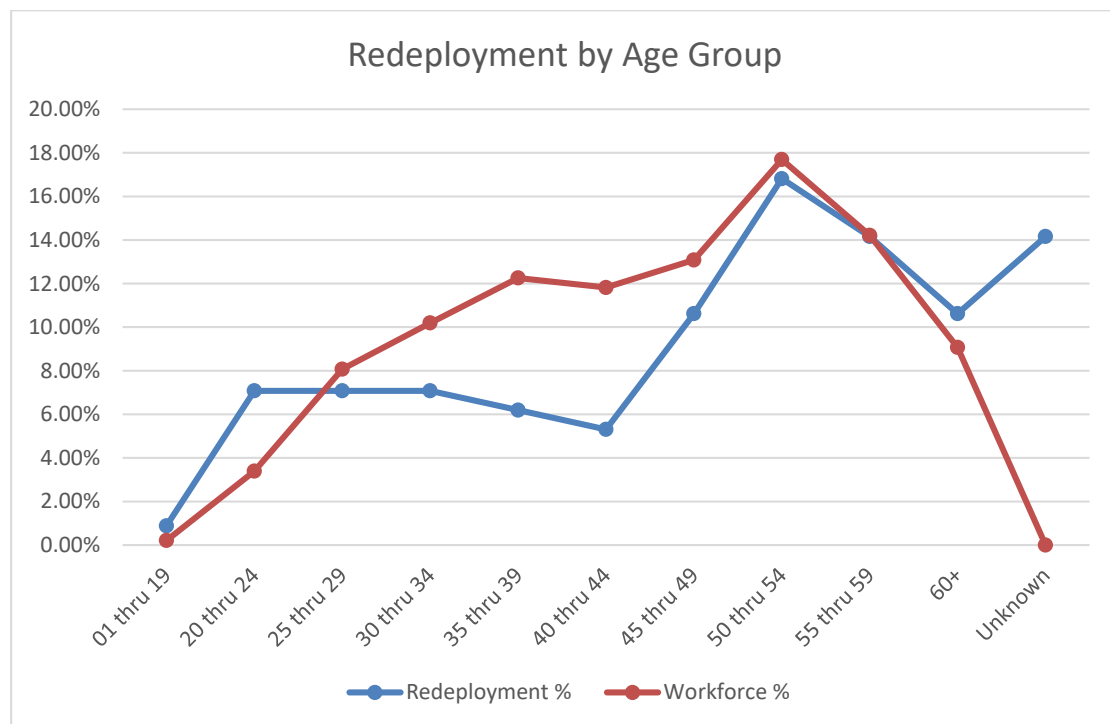
Staff promotions have been identified by comparing staff band data at January 2018 to December 2018, focussing on staff on Agenda for Change pay scales only. In this reference period, 500 promotions were identified and included in the sample, which is a slight increase compared to December 2016 figure (407).



The number of promotions for staff aged 50 years or above (94 / 18.8%) is disproportionately low to the percentage of the workforce in this age range (40.98%). The 25-44 year age group account for (285 / 57%) of promotions (42.34% of the workforce. This is a consistent trend since 2014.

The data included in the sample for redeployment looks at all staff on the redeployment register from January 2018 to December 2018 including senior managers. This amounted to 113 staff, compared to 173 at December 2016. Within this data set are 16 staff members (14.16% of redeployments during the period) who left NHSL employment during the redeployment period, and as such we no longer hold data on their ages for these purposes.

The workforce of up to 29 years of age account for 15.04% (17 staff) of the workforce on the redeployment register; whilst accounting for 11.64% of the NHSL workforce. This is a significantly closer alignment than in 2016, when this section of the workforce accounted for 35.84% of redeployments but only 12.76% of the overall workforce. The over 45 age group accounts for 52.21% (59 staff) of the workforce on the redeployment register; whilst accounting for 54.06% of the workforce. Again, this is a significant realignment since 2016, when the over 45 group accounted for 31.79% of redeployments but 54.16% of the overarching workforce.



The significance of findings relating to the other protected characteristics (disability, sexual orientation, ethnicity and religion) and redeployment is restricted by the limited availability of data.

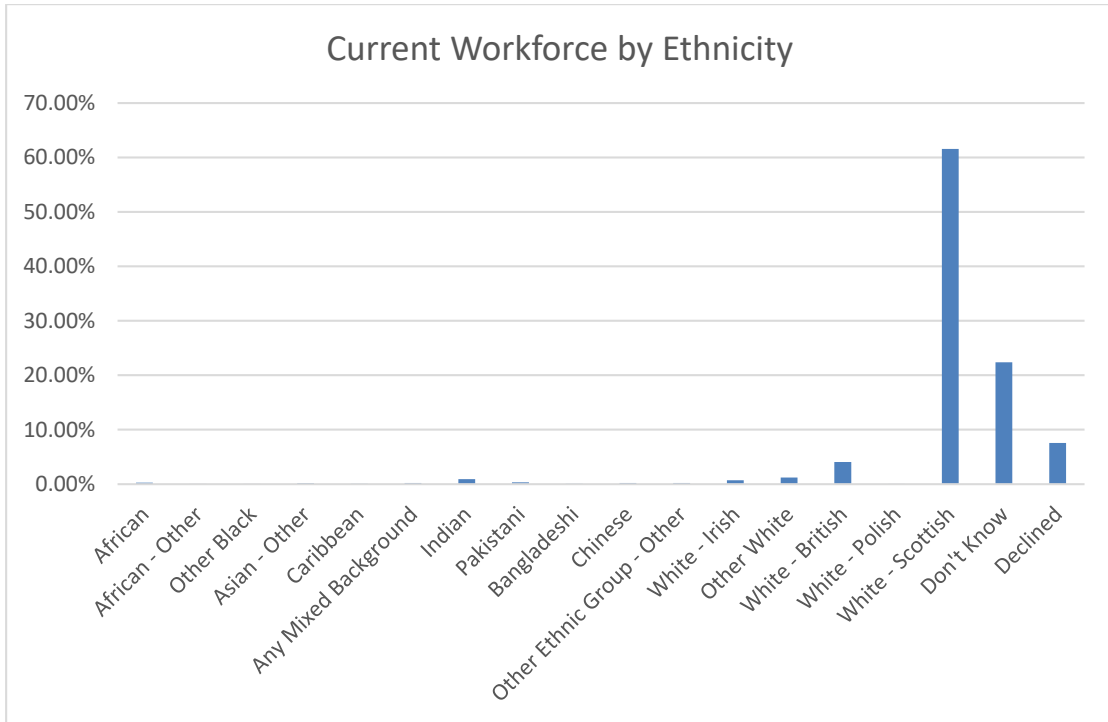
3.3 Ethnicity

The 2011 census indicated that 93.5% of North and 91.5% of South Lanarkshire residents were born in Scotland. In each council, the non-white ethnic population accounted for only about 2% of residents (increase of 1% since 2001 census). As data on the ethnicity of 29.95% of the current NHSL workforce is not available (a slight decrease in unavailable data since December 2016), it is not possible to determine if NHSL has a workforce representative of the ethnicity of the community. It should be noted that of the group with no ethnicity data, 7.57% of staff have opted to withhold this data (a slight increase from the 2016 position of 6.36%).

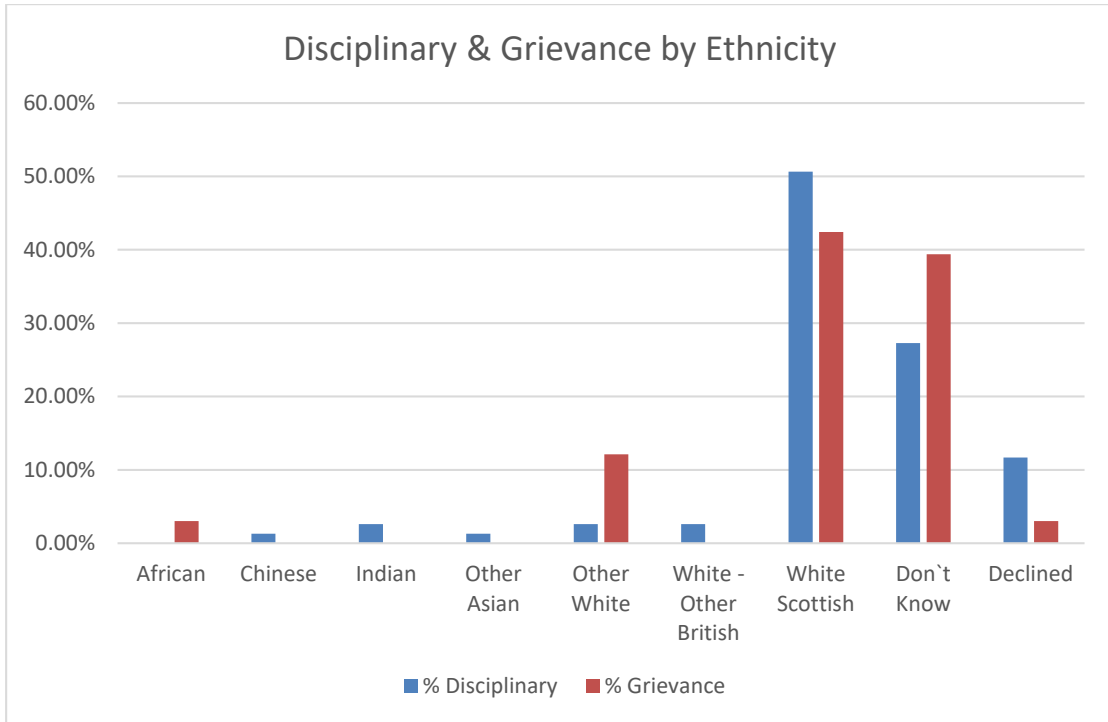
Ethnicity of NHSL Workforce at 31st December 2018

Ethnic Group	Number	%
African	33	0.27%
African - Other	5	0.04%
Other Black	3	0.02%
Asian - Other	23	0.19%
Caribbean	6	0.05%
Any Mixed Background	26	0.21%
Indian	112	0.91%
Pakistani	42	0.34%
Bangladeshi	6	0.05%
Chinese	27	0.22%
Other Ethnic Group - Other	25	0.20%
White - Irish	88	0.71%
Other White	150	1.22%
White - British	499	4.05%
White - Polish	1	0.01%
White - Scottish	7580	61.56%
Don't Know	2756	22.38%
Declined	932	7.57%
Grand Total	12314	100.00%

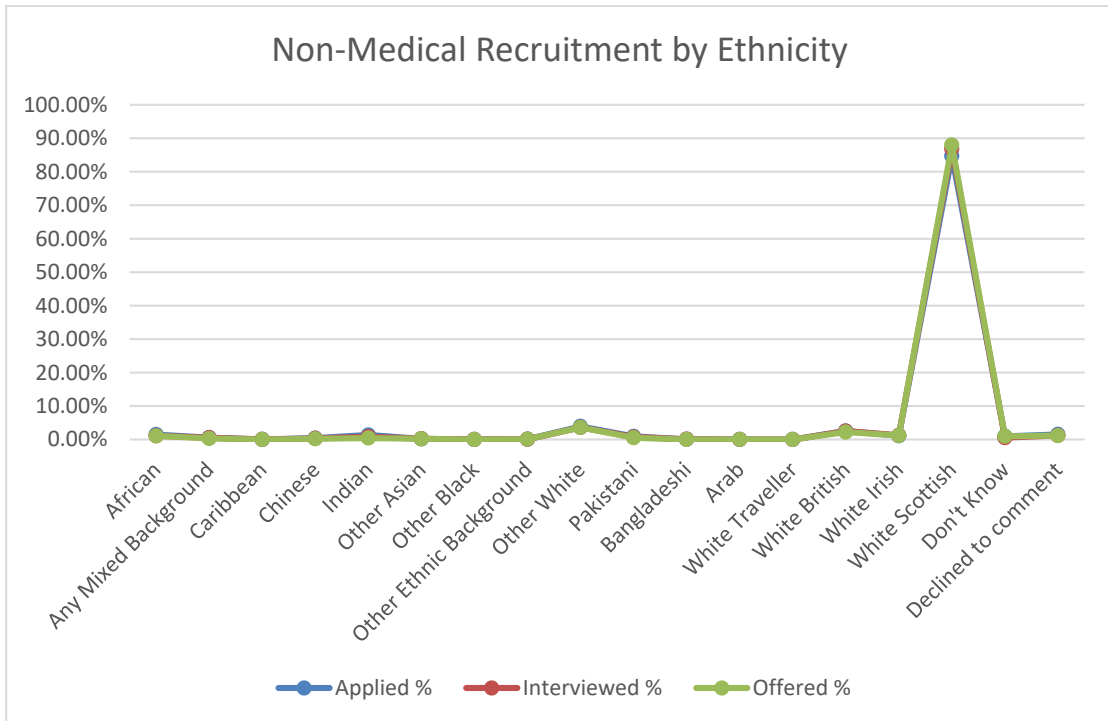
Consequently, the potential to determine fairness in grievance, disciplinary, etc. by ethnicity is compromised.



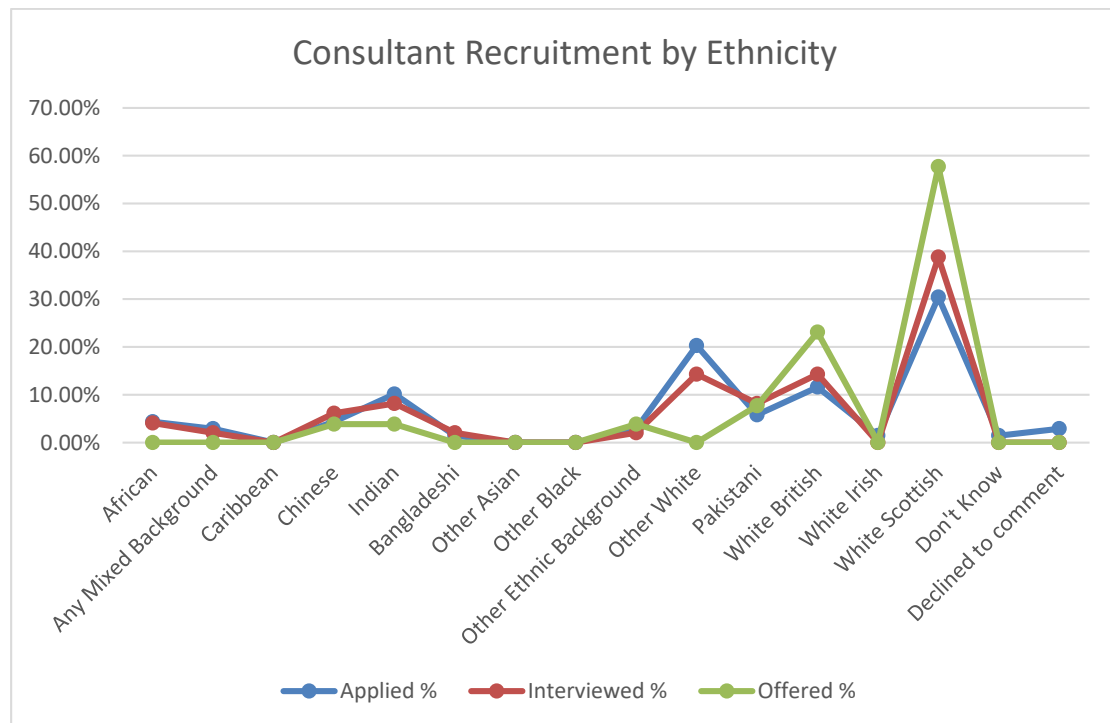
When comparing grievances to ethnicity, 14 (42.42%) of grievances occur in the “Not Known” and “Declined to comment” groups - these groups account for nearly 30% of the workforce. This is on a par with December 2016 report data (14 / 46.67%) grievances).



In non-medical recruitment during this period, there were 6986 applicants and 940 offers; consequently the conversion rate was 13.46% of applications to offer. 84.71% of those that applied were White Scottish, with 86.85% being interviewed and 87.98% being offered posts. The proportion of applicants to offers by ethnic group is comparable across all ethnic groups.



In consultant recruitment during this period, there were 69 applicants and 26 offers; giving a conversion rate of 37.68%. White British and White Scottish candidates exceed this with conversion rates of 75% and 71.43% respectively. Candidates of Pakistani and Other Ethnic backgrounds also exceeded this with 50% conversion rates. This represents a reduction in conversion rate for Pakistani candidates from 2016 figures (54.5%). The conversion rate for Indian candidates has stabilised at 33%, having dipped to 25% in 2016.



Although there may be explanations for lower recruitment of certain ethnic groups (e.g. recruitment legislation) this is not clear from the available data.

3.4 Religion

Religion is unknown for 46.24% of the current workforce which therefore challenges the value of any further comparison (10.98% declined to comment).

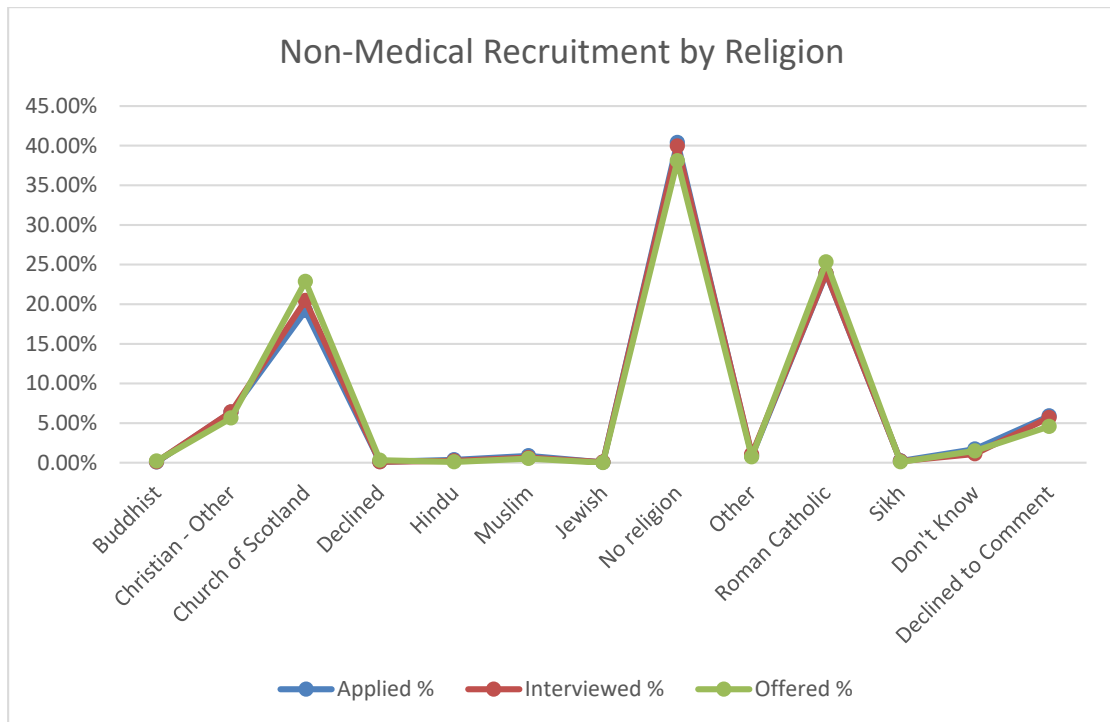
Religion of NHSL workforce as 31st December 2018

Religion	Total	%
Buddhist	11	0.09%
Christian - Other	514	4.17%
Church of Scotland	1954	15.87%
Hindu	82	0.67%
Jewish	11	0.09%
Muslim	67	0.54%
No Religion	1925	15.63%
Other	91	0.74%
Roman Catholic	1957	15.89%
Sikh	8	0.06%
Don't Know	4342	35.26%
Declined	1352	10.98%
Grand Total	12314	100.00%

The data continues the trend of 2014 and 2016 in that there appears to be a high level of grievances and disciplinarys for those who have not disclosed religion. Given that there could be a number of reasons for non-disclosure and that staff members within this group may fall into any of the others, this finding is probably of no significance. This will continue to be reported and may change as data collection improves.



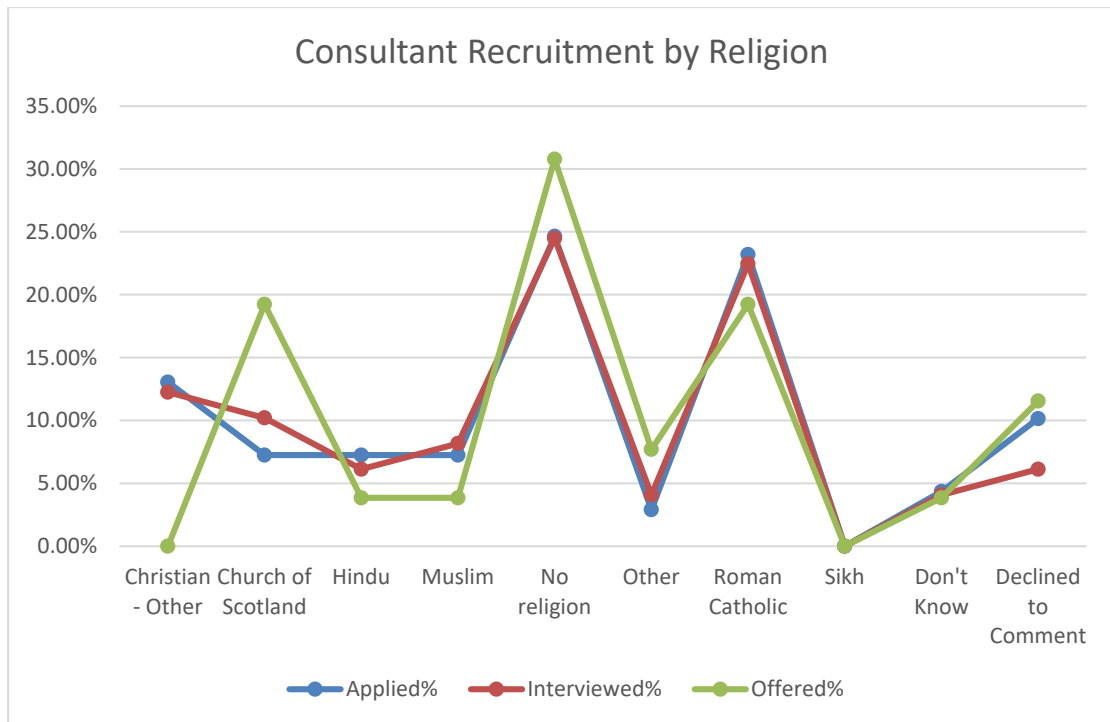
There appears to be good correlation between the religion of those applying, being interviewed and offered non-medical posts. The possible exception to this is with Church of Scotland candidates, who form 19.18% of applicants but 22.87% of offers made.



In consultant recruitment, the conversion rate from applicants to those offered posts is 37.68%, a decrease of 1.72% since the 2016 report. There were significant variances from this conversion rate among the groups, as shown in the table below.

Religion	Conversion rate
Christian - Other	0.00%
Church of Scotland	100.00%
Hindu	20.00%
Muslim	20.00%
No religion	47.06%
Other	100.00%
Roman Catholic	31.25%
Don't Know	33.33%
Declined to Comment	42.86%

Having increased in the 2016 year, applications from Hindu and Muslim candidates have decreased in 2018, to 7.25% of applications in both cases (previously 11.18% for Hindu applicants and 18.42% for Muslim applicants), with conversion rates of 20% (previously 35.3% for Hindu applicants and 25% for Muslim applicants.)



3.5 Sexual Orientation

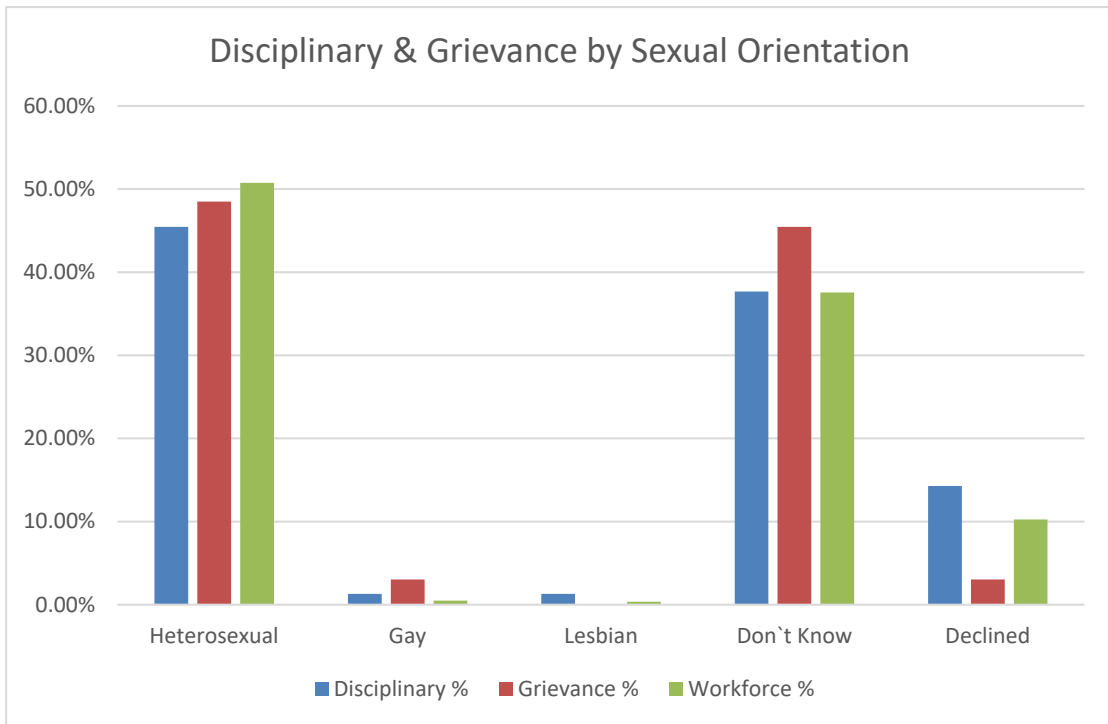
Data on sexual orientation is only available for 52.18% of the workforce which makes further analysis difficult.

Sexual Orientation of NHSL Workforce at 31st December 2018

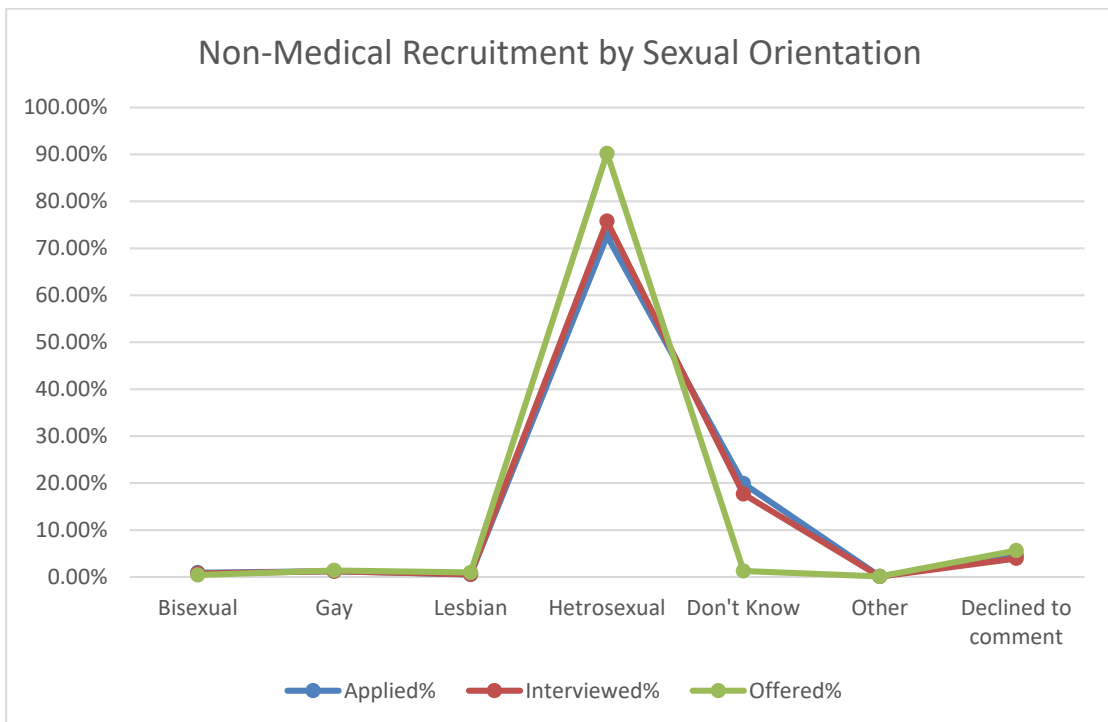
Sexual Orientation	Total	%
Bisexual	42	0.34%
Gay	62	0.50%
Heterosexual	6248	50.74%
Lesbian	44	0.36%
Other	30	0.24%
Don't Know	4625	37.56%
Declined	1263	10.26%
Grand Total	12314	100.00%

10.26% of the workforce has declined to provide this data (a slight reduction from 11.49% in 2016) and for a further 37.56% no data is currently available.

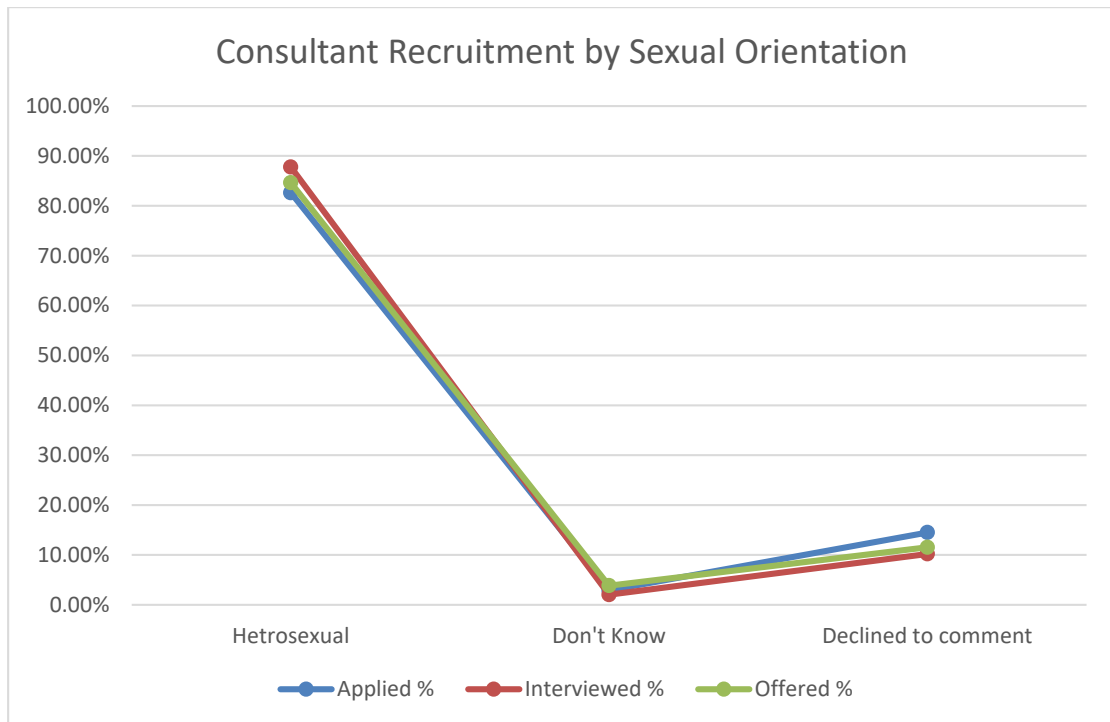
As the resulting sample size is very small, detailed analysis regarding grievances and disciplinarys is not possible as any conclusions drawn would not be reliable.



On application, 24.69% of non-medical candidates' sexual orientation was unknown, with 4.68% actively declining to comment. This group accounted for 7.02% of offered posts. Heterosexuals accounted for 72.65% of applicants but over 90% of those offered posts.



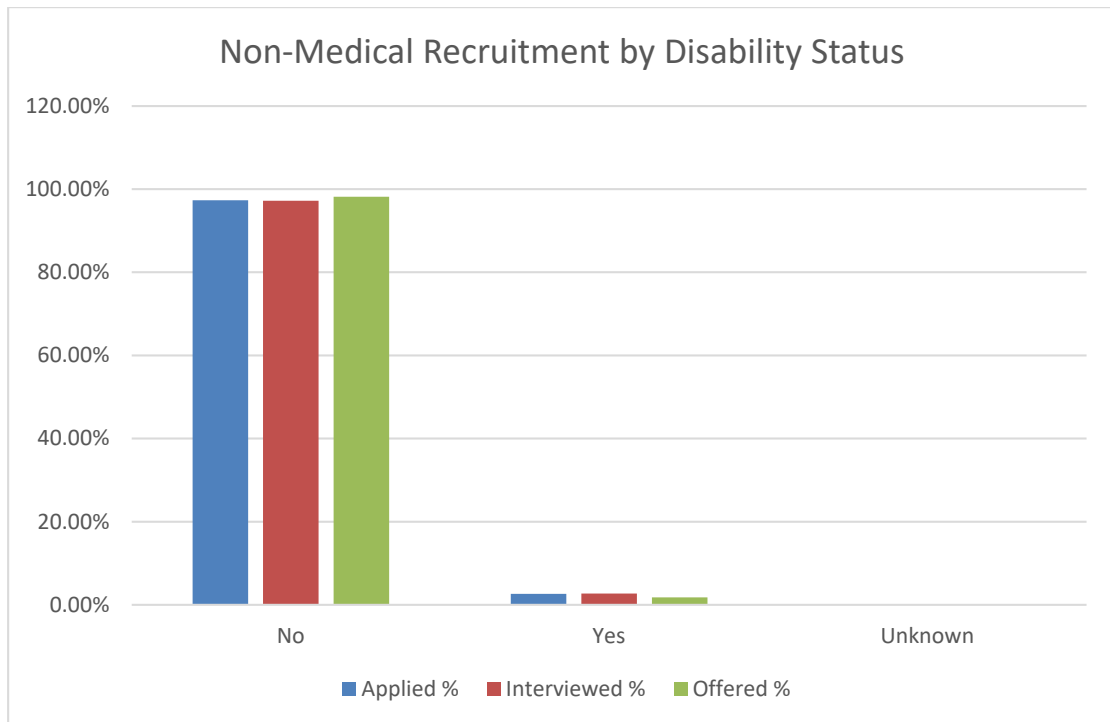
All consultants-level applicants either indicated that they were heterosexual, or a small number declined to comment. Of the 10 candidates (14.49%) that opted not to disclose their sexual orientation when they applied, 3 (11.54%) were offered a post.



3.6 Disability

Very little is known about the workforce who consider themselves to have a disability. Data is only available for 39.36% of the workforce, an increase of 3.81% from December 2016 position. A further 8.62% have declined to comment, an increase of nearly 1% since 2016.. The available data confirms that 42 staff (0.34%) have a disability, a decrease of 5 staff members from December 2016 position.

In the reference period, 185 non-medica applicants indicated they had a disability and 17 of those were offered a post (9% conversion rate), this slightly higher than the December 2016 position of 6% conversion rate, but is lower than the general conversion rate of 13.46%. None of the 69 consultants who applied for posts indicated that they had a disability.



4. Discussion

NHSL currently has robust data regarding gender and age of the in-post workforce, however data on the protected characteristics of ethnicity, religion, sexual orientation and disability is limited; covering from only 35% (transgender status) up to 70% (ethnicity) of the workforce. Natural turnover and revised data collection will result in greater equality data but it could take some time to complete a full data set for all staff.

The continued rollout and future development of EESS will improve the capture of equalities data at the point of recruitment and each interaction thereafter. The capture of this data will provide the opportunity to improve the accuracy of information in relation to equality.

The protected characteristics as per Equality Act 2010

The following characteristics are protected characteristics—

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

Monitoring as per Embracing Equality, Diversity & human Rights in NHS Scotland – PIN Policy

Recruitment (including redeployment)	Applicants for employment (internally and externally)
	Those who are successful (or not) in the short-listing process
	Those who are successful (or not) at each subsequent stage of the selection process
During Employment	Workers in post by job, location and band/grade
	Applicants for training
	Workers who receive training
	Time spent at a particular band/grade
	Workers who benefit (or not) via PDPR/Appraisal procedures (e.g. gateway progression with KSF or PRP with Executive & Senior Management Cohort)
	Requests for flexible working
	Allocation of discretionary points in the case of medical/dental staff
	Pay
	Occupational segregation
	Workers involved in grievance/dignity at work procedures
	Workers subject to formal procedures relating to conduct, capability or sickness absence
	Workers displaced as a result of organisational change
	Termination of employment
Retirement	
Resignation (including exit interview information)	
Termination for other reasons	

