

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/78</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>24 June 2025</b>
<b>Title:</b>	<b>Workforce Strategy 2025-2030</b>
<b>Sponsoring Director/Manager:</b>	<b>Natalie Smith Interim Director of Human Resources and Organisational Development</b>
<b>Report Authors:</b>	<b>Dr Mathew Pay Head of HR Strategic Development</b>

## **1 Purpose**

1.1 The purpose of the attached paper is to:

- Present the proposed Workforce Strategy 2025-2030 to the NHSGGC Board for approval.

## **2 Executive Summary**

2.1 The strategy sets out four strategic pillars and outlines NHSGGC's ambition to create a safe, inclusive, and sustainable workforce.

2.2 Implementation will be phased with a Year 1 delivery plan and outcome framework to follow.

## **3 Recommendations**

3.1 The NHSGGC Board are asked to approve the Workforce Strategy 2025–2030.

3.2 Agree that the strategy will be published and communicated across NHSGGC following this meeting.

## **4 Response required**

4.1 This paper is presented for approval.

## **5 Impact Assessment**

## BOARD OFFICIAL

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                 |
|------------------------|-----------------|
| • Better Health        | Positive impact |
| • Better Care          | Positive impact |
| • Better Value         | Positive impact |
| • Better Workplace     | Positive impact |
| • Equality & Diversity | Positive impact |
| • Environment          | Positive impact |

## 6 Engagement & Communications

- 6.1 A wide-ranging programme of staff engagement was delivered to inform the development of the strategy. This included thematic workshops, directorate-level feedback, and review of iMatter and staff health survey results.
- 6.2 The process was overseen by the Workforce Strategy Steering Group and Reference Group, with regular updates shared through established governance routes.
- 6.3 Formal feedback and endorsement were sought from the Area Partnership Forum, Area Joint Trade Unions and Professional Organisations Committee, NHSGGC Corporate Management Team, and Staff Governance Committee.
- 6.4 Monthly updates were provided to the HR Senior Management Team and Workforce Strategy Steering Group, with fortnightly updates to the Reference Group.

## 7 Governance Route

- 7.1 This paper has been previously considered by the following groups as part of its development:
  - Human Resources Senior Management Team
  - Corporate Management Team
  - Area Partnership Forum
  - Workforce Strategy Steering Group
  - Workforce Strategy Reference Group
  - Staff Governance Committee

## 8 Date Prepared & Issued

- 8.1 Date prepared: May 2025  
Date issued: 16 June 2025.

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## 1 Introduction

- 1.1 This paper presents the NHSGGC Workforce Strategy 2025–2030 for approval.
- 1.2 The strategy sets out our shared direction for workforce development over the next five years, structured around four pillars:
- Safety, Health and Wellbeing;
  - Culture and Leadership;
  - Learning and Careers; and
  - Recruitment and Retention.

## 2 Background

- 2.1 This strategy builds on the previous 2021–2025 Workforce Strategy, which saw a range of strategic commitments delivered or embedded as business-as-usual by the first quarter of 2025. It reflects significant national and local developments, including the Health and Care (Staffing) (Scotland) Act 2019, the NHS Recovery Plan, and the Scottish Government's National Workforce Strategy for Health and Social Care.
- 2.2 It is one of several enabling strategies underpinning NHSGGC's wider strategic framework, including "The GGC Way Forward and Transforming Together". The strategy directly supports delivery of the Board's Corporate Objectives across Better Health, Better Care, Better Value, and Better Workplace.
- 2.3 This paper follows prior scrutiny and input from the Staff Governance Committee, Corporate Management Team, Area Partnership Forum, Workforce Strategy Steering Group, and Workforce Strategy Reference Group.

### **3 Assessment**

- 3.1 The strategy was developed through extensive internal engagement, including staff-side partners, senior leaders, equality groups, and staff networks. It is informed by workforce data, feedback from iMatter and the Staff Health Survey, recruitment and retention data, and lessons learned from the previous strategy.
- 3.2 The strategy supports the following corporate objectives:
- Better Workplace: COBW 15 to COBW 20
  - Better Value: COBV 11 to COBV 13
  - Better Care: COBC 09
- 3.3 Three options were considered:
- Do nothing: This would risk strategic drift and reduced accountability.
  - Extend the previous strategy: This was ruled out due to evolving national policy and local priorities.
  - Approve new strategy (recommended): Reflects the current context, supports a proactive and measurable approach.
- 3.4 Strategic impact:
- Better Health: Addresses staff wellbeing and supports population health via workforce roles.
  - Better Care: Supports high-quality, safe care through workforce redesign and planning.
  - Better Value: Promotes efficiency, skill mix optimisation, and digital enablement.
  - Better Workplace: Promotes inclusion, development, flexible working, and engagement.
- 3.5 The strategy is fully aligned to NHS Scotland's values and the Public Sector Equality Duty. A full Equality Impact Assessment has been completed (Appendix two), confirming no unmitigated risks.
- 3.6 Dependencies include:
- Workforce supply pipeline
  - Digital enablers and eRostering
  - Budget availability and senior leader ownership.

### **4 Conclusions**

- 4.1 NHSGGC requires a refreshed workforce strategy to respond to workforce pressures, statutory duties, and our ambition to be a great place to work. The strategy provides a clear, deliverable framework built on engagement, evidence, and alignment with national and local priorities.

### **5 Recommendations**

- 5.1 The Board is asked to approve the NHSGGC Workforce Strategy 2025–2030.
- 5.2 Subject to approval, implementation will commence from 1 August 2025.



## **6 Implementation**

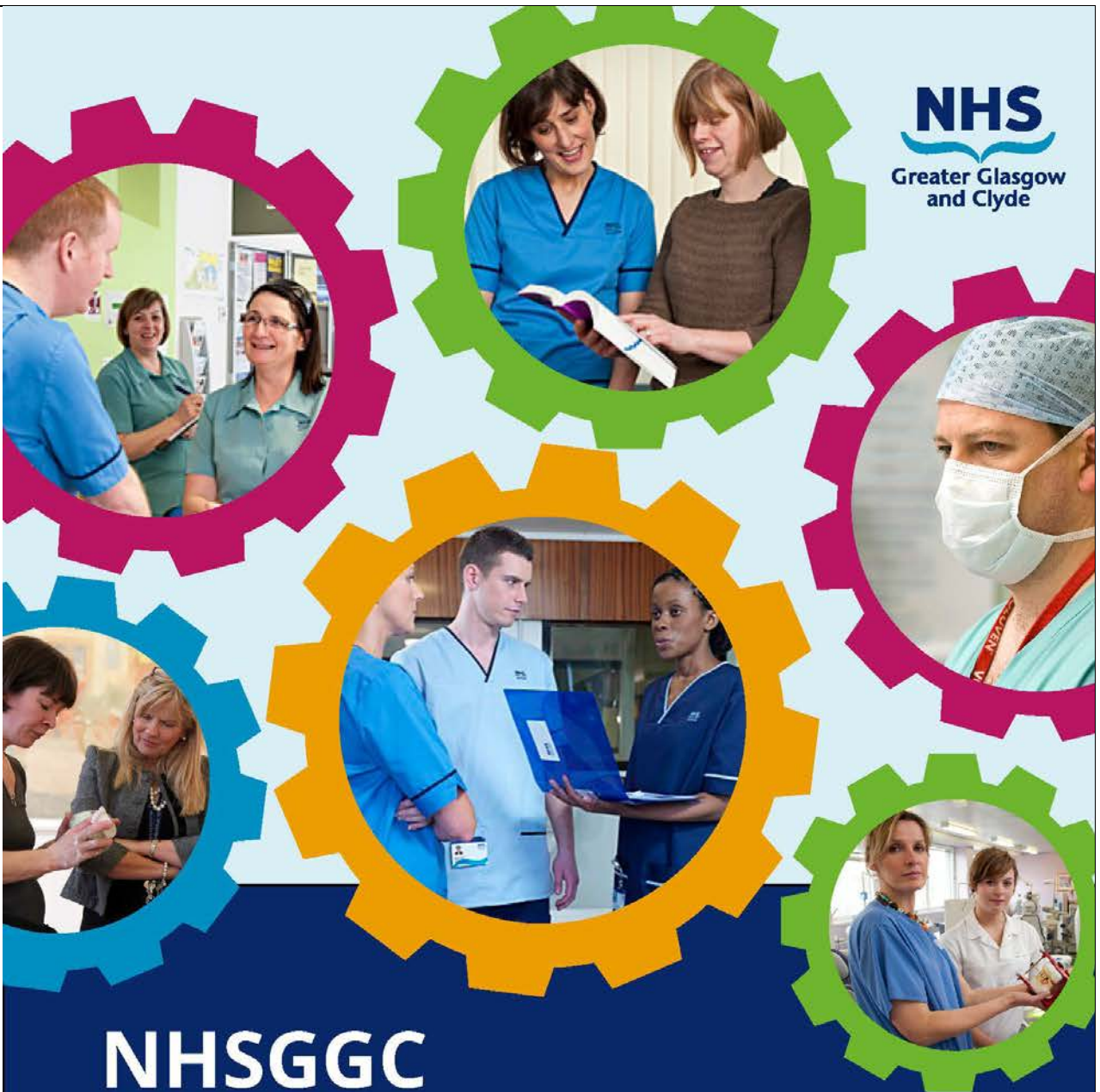
- 6.1 A five-year delivery framework will support implementation. This includes:
- A Year 1 Delivery Plan (August 2025–March 2026)
  - An annual planning cycle, agreed through the Corporate Management Team
  - Quarterly reporting to the Staff Governance Committee and Area Partnership Forum
  - A full mid-point review in 2028
- 6.2 Communications will be led by HR and Comms teams. Engagement will include line manager briefings, digital content, and staff networks.

## **7 Evaluation**

- 7.1 Strategy evaluation will be based on:
- Key Performance Indicators aligned to each pillar
  - Existing data (e.g. iMatter, staff survey, absence, turnover, PDP&R compliance)
  - Directorate-level workforce reporting
  - Annual Board updates
- 7.2 Resourcing for delivery and evaluation will be aligned to the HR Annual Operating Plan, with additional evaluation capacity to be scoped in Year 1.

## **8 Appendices**

- 8.1 Appendix 1: Workforce Strategy 2025-2030.
- 8.2 Appendix 2: Equality Impact Assessment (Workforce Strategy 2025–2030).



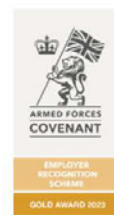
# NHSGGC Workforce Strategy

## 2025-2030



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## Foreword

We are delighted to present NHS Greater Glasgow and Clyde's Workforce Strategy. This strategy outlines our ambitions for our workforce over the next five years and how our aim of a **Better Workplace** underpins our commitment to outstanding patient care in everything we do.

Our staff have shared with us how their commitment to our patients, service users, families and communities is at the heart of our values and the strong bonds of team working that enable us to continue to deliver excellence in even the most challenging of circumstances. We want to continue to be that employer of choice, supporting our staff through every stage of their career, and attracting the best from across Scotland and beyond.

The development of the strategy was driven by the feedback our staff provided through a focussed period of engagement, in addition to insight gained from iMatter, our staff health questionnaire, Investors in People and feedback from our partnership representatives who have been involved at every stage.

Our strategy is organised around **four pillars**.



**Safety, Health  
and Wellbeing**



**Culture and  
Leadership**



**Learning and  
Careers**



**Recruitment and  
Retention**

All of our ambitions have been tested and we have all risen to the challenge of supporting our people, be that colleagues, patients, carers or our families; we are all leaders and many of our proudest moments have come from achievements in our teams.

The energy, drive and compassion our workforce community has shown will support us to deliver our ambitions and continue to strive to deliver our services through teamwork.



**Natalie Smith**  
Interim Director of  
Human Resources and  
Organisational Development



**Ann Cameron-Burns**  
Employee Director





# Our Workforce Strategy Ambition

Building on the strong foundation of our 2021-2025 Workforce Strategy, NHSGGC will continue to support and develop our workforce over the next five years. While we have made significant progress, the healthcare landscape remains complex and demanding. Our new strategy will build on previous successes while adapting to the evolving needs of our workforce and the people we serve. The focus will remain on delivering excellent care to patients, service users, and their families, while fostering an environment that empowers staff and supports their professional and personal development.

Our Board has set out an ambitious strategy - through Transforming Together - and a suite of underpinning strategies, and our new workforce strategy builds on that, setting out how we will continue to develop our workforce to meet our organisational goals. Central to achieving these goals is our commitment to strong partnership working, which ensures that the voices of staff, trade unions, and management are heard and considered in decision-making processes. By maintaining and strengthening these collaborative relationships, we will foster a supportive work environment where challenges are addressed collectively, and solutions are developed that benefit the entire organisation. This collaborative approach will continue to be a cornerstone of how we shape our workforce strategy and respond to the evolving needs of healthcare.

Our strategy is closely aligned with the Scottish Government's Transform and Reform priorities, ensuring that NHSGGC's workforce is equipped to deliver sustainable, high-quality care. Specifically, we support the four key ambitions:

- Improve access - by expanding workforce capacity, optimising recruitment and retention strategies, and embedding new models of care, we will ensure timely and equitable access to services.
- Harness digital and innovation - we will embrace digital tools and technological innovation to streamline workforce processes, enhance training and development, and improve service delivery. This aligns with the government's commitment to expanding digital health solutions, including the integration of patient-facing digital platforms.
- Shift the balance of care - our workforce planning will prioritise community-based and multidisciplinary models, ensuring care is delivered in the most appropriate settings. This aligns with national efforts to reduce hospital pressures and strengthen primary and community care.
- Improve population health - by embedding preventative and person-centred approaches into workforce development, we will contribute to wider public health goals, including tackling health inequalities and improving long-term outcomes for Scotland's population.

As the healthcare environment becomes increasingly complex, NHSGGC is committed to building a workforce that is agile, innovative, and capable of meeting evolving demands. Over the next five years, we will focus on **empowering our staff** by equipping them with the skills, tools, and support needed to deliver high-quality, person-centred care. By fostering a **culture of accountability** and **continuous learning**, we will enable our staff to take ownership of their roles and contribute to the organisation's success.

Our approach will involve nurturing talent, enhancing career progression, and supporting leadership development to ensure all staff feel prepared for the challenges ahead.

We will also **prioritise diversity and inclusivity**, recognising that a diverse workforce brings valuable perspectives that drive innovation and improve patient outcomes.

**Embracing technology** as a key enabler, we aim to streamline tasks and improve communication and collaboration, allowing our staff to focus more on patient care.

**Consistent communication** across the organisation will be essential to keep everyone aligned with our goals and open to continuous feedback.

By embedding these principles into our strategy, we will create a resilient, skilled workforce ready to deliver excellent care and maintain NHSGGC's leadership in the healthcare sector.



# Our Core Values and Commitments

NHS Greater Glasgow and Clyde has an agreed set of corporate objectives set out under the following ambitions:



The successful delivery of our corporate objectives is underpinned by the Workforce Strategy and in delivering this we will remain true to our core values which are:



Within our **Corporate Objectives**, we will ensure that all employees are:



In addition to the Board's commitments above, **staff should also ensure** that they:

- **Keep themselves up to date with developments** relevant to their job within the organisation
- **Commit to continuous personal and professional development**
- **Adhere to the standards** set by their regulatory bodies
- **Actively participate in discussions** on issues that affect them either directly or via their trade union/professional organisation
- **Treat all staff, patients and service users with dignity and respect** while valuing diversity
- **Ensure that their actions maintain and promote the safety, health and wellbeing** of all staff, patients, service users and carers.

These dual commitments are in place to ensure all staff have a positive experience at work, where they feel motivated and engaged within their role, team and the Board.





## Drivers for Change

The healthcare landscape is undergoing rapid transformation, driven by shifting demographics, technological advancements, and evolving patient expectations. In response, NHSGGC's 2025-2030 Workforce Strategy aims to proactively shape a workforce that can thrive amid these changes. Our approach is rooted in supporting staff development, fostering innovation, and embedding a culture that embraces adaptability. By anticipating the forces driving change, we will ensure that our workforce is not only prepared to meet future challenges but is also empowered to seize new opportunities in delivering outstanding care.

**Feedback from our staff is clear:** while the Board must continue developing and embracing change, it is crucial to balance this with allowing sufficient time for new initiatives, systems, and ways of working to become embedded in our culture. The previous Workforce Strategy introduced numerous changes to NHSGGC, and staff continue to adapt and embrace this evolving culture. As one staff member noted,

“We need to continue to build on good practice.”

Others emphasised that while there is now a “**brilliant array and suite of learning**” available, more time is needed to see and feel its impact. The consensus is that often improving and enhancing existing initiatives can be more effective than developing and introducing new ones:

“We need to improve and enhance what we already have – it’s not all about introducing and replacing.”

Similarly, staff expressed a desire to make the most of current tools,

“We have some excellent tools to help us do our jobs! We now need to find out how to use them to develop in our roles.”

The growing **ageing population** will increase demand for long-term care, palliative services, and chronic disease management, while also requiring support for an older workforce. Additionally, **shifts in demographics**, including greater ethnic diversity, will necessitate adapting NHSGGC's services to meet the needs of diverse communities. At the same time, **generational changes** are shaping the workforce, with younger employees bringing different career expectations and needs. However, NHSGGC will continue to work with and support all generations, ensuring that the needs of the entire workforce are addressed. The Scottish Government's **Transform and Reform** commitments to expanding NHS capacity and integrating specialist frailty teams into emergency care reflect the need for a workforce strategy that supports evolving patient needs.



Our NHSGGC Digital Strategy is a key enabler for our Workforce Strategy. We recognise our workforce has an ever increasing reliance on digital services. Our Digital Strategy commits us to understanding the diverse needs of our workforce, continually evolving our digital services so they support and enable our workforce to deliver for our patients, service users and communities. Through smart and ever improving digital services, we will enable our staff to make better informed decisions and deliver better outcomes. Key to this, will be ensuring our staff have the right skills and systems to deliver, and we will continue to work in partnership to deliver this over the course of our Workforce Strategy. The adoption of **Artificial Intelligence (AI) technologies**, such as machine learning and natural language processing, presents opportunities to support our workforce with streamlining administrative tasks, improving diagnostics, and enhancing patient care, though ethical considerations must be carefully managed. Likewise, advancements in **digital health**, including telemedicine and electronic health records, offer new ways to improve patient care and operational efficiency. Meanwhile, growing public awareness of environmental issues is driving the demand for **sustainable healthcare practices**.

Changes in **employment law** and regulations, including health and safety standards and employee rights, will influence NHSGGC's workforce management and associated costs. At the same time, the organisation must continue to adapt to a complex regulatory framework governing healthcare provision, quality standards, and patient safety, such as the requirements set out in the **Health and Care (Staffing) (Scotland) Act 2019**.

NHSGGC has been working closely with the six **Health and Social Care Partnerships** (HSCPs) to align workforce strategies and enhance integrated care delivery. However, there remains a critical need to streamline these collaborative efforts to improve our efficiency and effectiveness, ensuring that shared workforce objectives are met and that the quality of care continues to improve across Greater Glasgow and Clyde.

**Budgetary constraints** are driving a programme of efficiency across NHS Scotland, meaning that NHSGGC will need to continue delivering excellent care with optimised resources. We will work collaboratively across Scotland to identify ways of working that support this change.

Given the fast-changing environment, we will review our strategy in 2028 to assess progress and adapt to any changes. Monitoring and review arrangements are outlined in the Governance Section at the end of this strategy.



# Our Workforce Strategy

## Community Pillar 1 – Safety, Health and Wellbeing



### Our Safety, Health and Wellbeing Ambition

Safety, health and wellbeing are an integral part of everyone's way of working. Working towards and maintaining high compliance in our workplaces with competent trained staff, supported with safety measures will improve colleague physical and mental health and wellbeing.

We recognise that our staff are our greatest asset, and their ability to deliver outstanding outcomes for our patients and service users is directly linked to their physical and mental health. We are dedicated to ensuring an environment where every employee feels valued, supported and empowered to contribute their best. This requires a comprehensive approach that encompasses robust safety measures and a culture that prioritises employee wellbeing.

To meet this challenge, we have set out **four strategic objectives** for our Safety, Health and Wellbeing pillar.

### 1 Objective one

#### A safe and healthy workplace.

##### We will:

Ensure a safe and healthy workplace for all staff.

##### This will be delivered by:

- Embedding compliance and best practice, delivering a positive work environment that supports the health and safety of our staff
- Discussing staff wellbeing needs during PDP&R conversations
- Developing and implementing a Positive Engagement Conversations (PECs) toolkit for leaders to use with their teams.

##### We will know we have achieved success when:

- Training compliance levels exceed 90% across the organisation
- At least 90% of respondents of the Staff Health Survey confirm they have had a wellbeing discussion during their PDP&R conversation
- Increased use of the newly developed Positive Engagement Conversations toolkit
- Achieve a score of 80 or more in iMatter in relation to the organisation cares about my health and wellbeing.





## 2 Objective two

### Comprehensive wellbeing support for staff.

#### We will...

Deliver a comprehensive programme of support and services for staff wellbeing, to promote physical and mental health.

#### This will be delivered by...

- Access to a multi-disciplinary Occupational Health service which offers a range of assessment and treatment options including: Physiotherapy assessment and treatment, specialist OH Nursing and Physician assessment, Mental Health input including evidence based individual and group based interventions
- Development of Occupational Health and Spiritual Care support model for staff, including seamless significant incident response and bereavement support
- Introducing digital health checks for staff.

#### We will know we have achieved success when:

- There is a year-on-year reduction in sickness absence rates
- Increase awareness of resources available to support staff health and wellbeing to 80% of respondents to the Staff Health Survey
- Future staff wellbeing initiatives are informed by the aggregated digital results of all health checks
- The numbers of colleagues completing the Stress Guided Conversation Training in eESS increases year on year.

## 3 Objective three

### A culture that puts health, safety and wellbeing at its heart.

#### We will:

Embed in every part of NHSGGC a culture that ensures clear accountabilities for leaders at every level and enables staff to take responsibility for their own health, safety and wellbeing.

#### This will be delivered by:

- Systematic implementation of the Safety, Health and Wellbeing (SHaW) performance framework embedded within the SHaW Culture Framework
- All services regularly accessing and completing the tasks within the SHaW Task Calendar
- Managers awareness of resources and pathways that are available when crisis support for staff is required.



**We will know we have achieved success when:**

- There is a year-on-year reduction in sickness absence rates
- 90% of teams use the Task Calendar
- 90% of applicable tasks in the Task Calendar are completed
- The NHSGGC crisis support pathway is agreed and available.

**4 Objective four****Flexible working that supports our staff and our organisation.****We will:**

Support a flexible working environment that enables a work-life balance for our staff across their career, reflecting their changing needs, while supporting service delivery.

**This will be delivered by:**

- Flexible working options promoted wherever appropriate across our recruitment activity
- Embedding flexible working options as a key principle of any organisational and service redesigns
- Compliance with NHS Scotland/NHSGGC work-life balance policies
- Monitoring uptake of reasonable adjustments in the workplace.

**We will know we have achieved success when:**

- We achieve a 10% reduction in the number of flexible working appeals raised
- Over 80% of reasonable adjustments suggested by Occupational Health have been implemented as evidenced via results of monthly audit of staff who have had at least one recommendation suggested.



## Community Pillar 2 - Culture and Leadership



### Our Culture and Leadership Ambition

To develop a compassionate, collaborative, and empowered workforce that delivers exceptional patient care through strong leadership, learning and involvement of staff.

At the heart of our ambition to be a great place to work for all our staff, delivering outstanding outcomes for our patients and services users, is ensuring we continue to embed the right culture. Key to our success is ensuring we do this for all our staff, across all job families, locations, bandings and diversity of backgrounds.

We recognise that leadership is key to this and we will continue to foster an environment where managers are supported to deliver great things for their people. This will require clear management structures, strong performance management and a clear alignment between the goals of the organisation and every team within NHSGGC.

To meet this challenge, we have set out **four strategic objectives** for our Culture and Leadership Pillar.

### ① Objective one

#### A supportive and respectful workplace.

##### We will:

Ensure our staff work in a culture that is respectful, collaborative and supportive, underpinned by an environment where staff feel comfortable speaking up about concerns and where we are kind to each other in all our interactions.

##### This will be delivered by:

- Expanding and reinforcing culture change programmes that embed our values and behaviours
- Growing our culture of kindness and compassion, through further developing Civility Saves Lives, Peer Support and other networks of staff support at the front-line.





**We will know we have achieved success when:**

- We have continuous year-on-year improvement in our iMatter scores for 'Speaking Up' and 'Being Treated with Dignity and Respect', with scores sitting within the green 'Strive and Celebrate' category
- Our better workplace shows positively in our measures of attendance and the number of grievances raised by staff
- Attendance numbers for training programmes relating to poor behaviours, conduct, civility and by-standing have all increased.

**2 Objective two****An empowering and accountable environment.****We will...**

Create the conditions for accountability at all levels for delivering great outcomes for our patients, our service users and our organisation. This includes setting clear, measurable expectations, against which staff feel enabled and supported to succeed.

**This will be delivered by...**

- Developing and implementing leadership programmes that put person-centred, empowering, and supportive people management at their heart
- Continuing to embed the Investors in People framework with refreshed development plans in each Site Cluster that incorporate themes from iMatter conversations.

**We will know we have achieved success when:**

- iMatter response rates and action planning are above 60%
- We have improved in the level of our Investors in People accreditation across each of our Site Clusters when we are re-accredited in 2027.

**3 Objective three****Clear vision and open communication.****We will...**

Ensure clear, two-way communication continually informs and sustains our positive culture. Our staff will feel heard and that they have a say in decision-making. Leadership is visible and present in our services, with a continual focus on a Better Workplace for our staff.

**This will be delivered by...**

- Continuing to identify what is important to staff through engagement, conversations and continuous dialogue, putting the employee voice at the centre of always striving for a better workplace
- Staff having objective setting, appraisal and career conversations with their manager, aligned with clear organisational aims.



**We will know we have achieved success when:**

- Our annual iMatter Employee Engagement Index (EEI) Score is top quartile compared to other large territorial boards in Scotland
- Leaders feel trained, empowered and supported to lead and manage their teams effectively and in line with our organisational focus, values and behaviours, and 75% report on this positively.

**4 Objective four**

**Inclusive and welcoming culture, where all staff feel valued for their contribution.**

**We will...**

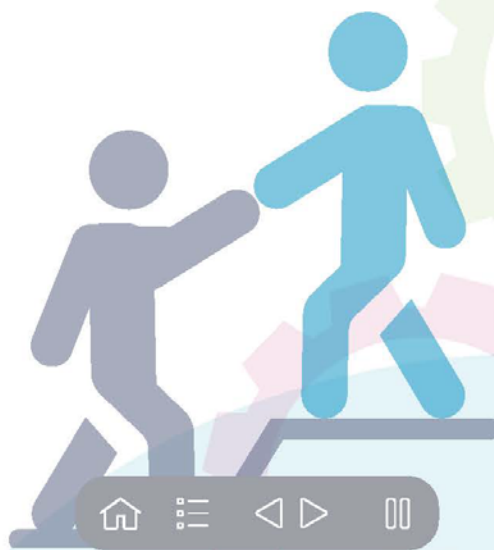
Have an inclusive and welcoming culture for all staff, where staff from all backgrounds can thrive and be their authentic selves.

**This will be delivered by...**

- NHSGGC continuing to tackle discrimination in all its forms, ensuring that our processes, policies, ways of working and access to development and career growth are free of bias and create equality of opportunity for all
- Leaders taking accountability for ensuring staff feel appreciated and valued, underpinning high levels of motivation and commitment.

**We will know we have achieved success when:**

- We have embedded a data led and segmented approach to further diversifying our workforce, putting in place plans and strategies to ensure that key job families represent the communities we serve
- The iMatter score for 'I am confident my ideas and suggestions are acted upon' is at least 80
- The iMatter score for 'I feel sufficiently involved in decisions relating to my organisation' is at least 60.





## Community Pillar 3 – Learning and Careers



### **Our Learning and Careers Ambition**

Staff development, learning and career progression is aligned to our workforce plan while supporting individual professional and personal growth, enabling a future ready workforce.

Developing our staff is critical to ensuring NHSGGC has a future-ready workforce equipped to deliver high-quality care. Our workforce strategy recognises the increasing role of digital tools in healthcare, aligning with national efforts to integrate digital solutions into patient care pathways and workforce training. By embedding continuous learning, supporting professional growth, and providing clear career pathways, we will address skill gaps, improve the employee lifecycle, and prepare for emerging service demands.

Staff who see opportunities for progression and feel valued in their development are more likely to stay with the organisation and perform at their best. This not only benefits individuals but strengthens the long-term sustainability and effectiveness of our healthcare services. By fostering an environment that supports both professional and personal growth, we aim to build a motivated workforce that is well-prepared to meet the challenges ahead.

To meet this challenge, we have set out four strategic objectives for our Learning and Careers Pillar.

### **1 Objective one**

**Build clear career pathways for growth and development.**

#### **We will...**

Align career pathways with workforce planning goals to support progression, succession planning, and retention. These pathways will offer staff accessible opportunities for growth through meaningful PDP&R conversations. This will be delivered by...

- Creating structured career pathways to outline progression routes
- Developing appropriate programmes to support our staff, in response to organisational learning gaps
- Ensuring regular and meaningful PDP&R conversations are held for all staff.



**We will know we have achieved success when:**

- Collaborative conversations are available to our staff to enable them to share their experience of PDP&R
- Staff understand the career pathways open to them and the support they need to progress their career aspirations
- At least 30% of vacancies are filled through internal movement
- At least 75% of succession roles have an identified successor.

**2 Objective two****Design flexible learning for future-ready skills****We will...**

Deliver outstanding teaching and learning, offering flexible delivery that meets the needs of both the organisation and the individual. This approach will equip staff with skills for the future, enabling them to adapt to evolving technologies, service demands and delivery of care.

**This will be delivered by...**

- Monitoring the effectiveness of teaching and learning, using this feedback to deliver continuous improvement in the learner experience
- Flexible curricula that can be responsive to organisational demands and learner needs.

**We will know we have achieved success when:**

- Our teaching and learning programmes are aligned to our workforce planning actions and organisational strategies
- We can demonstrate how digital technologies have enhanced the knowledge and skills of our workforce.

**3 Objective three****Shape qualification frameworks for future workforce competencies.****We will...**

Shape qualification and competency frameworks, providing leadership and support to meet the future skills and knowledge needs of our workforce. This will involve ongoing collaboration with partners in the education sector, Scottish Government, NES, and professional agencies.

**This will be delivered by...**

- Regular engagement events with staff to encourage shared practice, networking and discussion
- Regular connections with our education partners and key stakeholders to ensure they are aware of our strategic requirements for workforce development



- A Youth Forum to inform the employment of young people (16-24).

**We will know we have achieved success when:**

- Early career offerings for young people (aged 16-24) have increased by 20%
- Increased collaboration activity with our key strategic education stakeholders produces new and revised programmes.

## **4 Objective four**

### **Empowering people managers for high performance and engagement.**

**We will...**

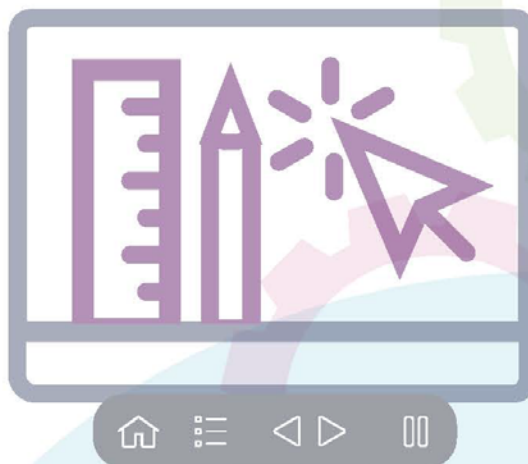
Continue to equip our people managers with the knowledge, skills, and resources needed to foster a positive team environment and help individuals understand their roles and responsibilities and to perform to the best of their abilities. This will enable managers to enhance staff experience and achieve high team performance.

**This will be delivered by...**

- A learning provision that underpins the roles and responsibilities for managers that are outlined in the NHSGGC People Management Guide
- Development of the NHSGGC Senior Managers Programme.

**We will know we have achieved success when:**

- We continue to achieve a green 'Strive and Celebrate' category for iMatter components covering effective team working and managing performance
- We can demonstrate that our managers are using the People Management Guide self-assessment tool to inform their personal development and to direct required learning
- We can evidence the role of the people manager in the effective induction experience for new staff
- High levels of participation, and positive feedback, from Senior managers on the NHSGGC Senior Managers programme.





## Community Pillar 4 – Recruitment and Retention



### **Our Recruitment and Retention Ambition**

Attract and retain diverse, talented staff through inclusive practices, clear career pathways, and a supportive work environment that values flexibility, wellbeing, and professional growth.

Recruitment and retention are critical to ensuring NHSGGC can meet the evolving healthcare demands over the next five years. With an ageing population, growing service pressures, and post-pandemic challenges, NHSGGC requires to build on our sustainable and skilled workforce to deliver high-quality patient care. It is not just about filling vacancies but attracting staff who are adaptable, innovative, and able to work in multidisciplinary teams. In a competitive global market for healthcare talent, NHSGGC must adopt agile and inclusive recruitment practices to secure the expertise needed for future demands.

A diverse workforce is essential to improving patient outcomes and ensuring services are equitable and reflective of the communities served. By embracing inclusive recruitment and offering clear career pathways, flexibility, and a supportive work environment, NHSGGC can continue positioning itself as an employer of choice. This will not only attract talented professionals but also foster retention by promoting wellbeing and professional growth, ensuring a resilient workforce that is ready to meet the healthcare challenges of tomorrow.

To meet this challenge, we have set out three strategic objectives for our Recruitment and Retention pillar.



## 1 Objective one

**Streamline recruitment processes for efficiency and effectiveness.**

### **We will...**

Enhance our recruitment systems and processes to reduce the time taken to fill critical vacancies, ensuring we respond swiftly to workforce needs. We will attract high-calibre candidates while ensuring a seamless experience for both applicants and hiring managers.

### **This will be delivered by...**

- Reviewing the end-to-end recruitment process, aiming to further increase effectiveness
- Exploring the introduction of a fast-track hiring process for business-critical roles and a cohort approach to routine recruitment of entry level posts
- Developing a range of training sessions to support hiring managers to achieve efficient and effective recruitment.

### **We will know we have achieved success when:**

- The average time to fill business critical vacancies has reduced by 10%, demonstrating more efficient and streamlined recruitment processes
- Our candidate experiences surveys show a satisfaction rate of 85% or higher, reflecting a positive and inclusive recruitment process.

## 2 Objective two

**Enhance onboarding and retention for long-term success.**

### **We will...**

Strengthen our onboarding programmes to retain new hires with NHSGGC for more than two years. This will involve integrating new staff effectively into the organisation's culture and providing continuous support and development opportunities to align with their professional goals.

### **This will be delivered by...**

- Reviewing and refreshing the end-to-end induction process for effectiveness
- Providing an onboarding mentor ('buddy') to staff joining NHSGGC
- Introducing an organisational feedback mechanism following an employee's onboarding experience.

### **We will know we have achieved success when:**

- At least 90% of new hires remain with NHSGGC for more than two years, indicating successful onboarding, integration, and alignment with the NHSGGC's values and culture.



- At least 30% of vacancies are filled through internal movement, highlighting successful career development and retention of existing talent
- At least 80% of new employees to NHSGGC are assigned a buddy within the first week.

### **Objective three**

#### **Promote diversity and internal career development.**

##### **We will...**

Actively advance diversity and inclusion efforts in recruitment and retention, creating an equitable and welcoming workforce that represents the diverse communities we serve. This will be delivered by...

- Increasing the use of diversity-focused recruitment marketing
- Implementing regular training for hiring managers on inclusive hiring practices, and strategies to assess candidates based on skills and potential
- Encouraging diverse interview panels for key recruitment processes to provide multiple perspectives and ensure fair evaluation of candidates.

##### **We will know we have achieved success when:**

- Our annual recruitment data shows year-on-year improvement in the diversity of candidates hired, particularly in terms of ethnicity, gender, disability, age, and socioeconomic background, ensuring our workforce better reflects the communities we serve.



## How We Will Achieve This

In order to meet our corporate objectives and fulfil our commitment to provide safe, compassionate, high quality care to our patients we need a highly skilled, committed and engaged workforce.

In developing this Workforce Strategy, we have outlined the national and local drivers for change. These pressures create a platform for change and innovation, however we must not lose sight of the more fundamental requirement to adapt the workforce to better support our patient and population needs. We will work together in partnership with our staff, trade unions and management to provide them with the skills, the support and the structure to navigate future change successfully whilst continuing to ensure they derive both pride and satisfaction from their work.

NHSGGC's Corporate Objectives are the road map and compass by which all activity is guided and measured for success over the next five years. We will deliver this Workforce Strategy through a supporting framework of strategies and plans, which when taken together are regularly reviewed to ensure that this Strategy is a 'living document'.

NHSGGC already measures a range of Key Performance Indicators each month in relation to workforce, these are reported via several governance routes to the NHSGGC Board. These include measures such as staff attendance, personal development and appraisal completion rates, staff experience and other metrics such as recruitment, vacancies, turnover and use of supplementary staffing. These measures will be built upon to ensure a wide range of both quantitative and qualitative evidence is utilised to support the success of this Strategy and published in Directorate and Health and Social Care Partnership storyboards.

## Scope of this strategy

This Workforce Strategy applies to NHSGGC's core workforce. Primary Care, including General Practice, Pharmacy, Dentistry, and Optometry, is out of scope and is addressed in the Primary Care Strategy 2024-2029. Workforce planning for these services will be managed separately, and stakeholders should refer to the relevant strategy for details on workforce commitments in these areas.





## Monitoring and Governance

In developing our new Workforce Strategy our focus has been on articulating the organisation's values and objectives in a way that makes a clear connection between current and future activity, the contribution of services, partners and stakeholders and the strategic direction and focus of NHSGGC between now and 2030, essentially linking strategy with delivery.

We are building on the success of the 2021-2025 strategy, and much of what is proposed here is not about new developments but embedding the work already started ensuring that services, programmes and initiatives are consistently implemented across NHSGGC so that they support and benefit all our staff.

Detailed below is the governance framework outlining how we will deliver and monitor this strategy.

- A high level three year plan will be developed, with a focus on measurable outcomes
- An annual delivery plan will be agreed via the Corporate Management Team, with key projects and initiatives that will deliver on those measurable outcomes
- Progress against the annual delivery plan will be reported quarterly through the Staff Governance Committee and the Strategy Area Partnership Forum
- An annual update of progress will be provided through the NHSGGC Board.

We will develop a programme of engagement to support the publication and promote the Workforce Strategy, and to seek further ideas, constructive challenge and feedback.

The strategy is in place for five years however, given the pace of change, we will conduct a review in 2028, updating the strategy to reflect material changes in our internal and external environment.

## Strategy to delivery

This is NHS Greater Glasgow and Clyde's second Workforce Strategy and we believe that the pillars set out above help us achieve our ambitions of becoming a world class public sector organisation and a great place to work for all our staff.



[www.nhsggc.scot](http://www.nhsggc.scot)



## Appendix: Strategy Alignment

This appendix provides a structured overview of how the NHSGGC Workforce Strategy 2025-2030 aligns with the Scottish Government's Transform and Reform priorities:



**Improve  
access**



**Harness digital  
and innovation**



**Shift the  
balance of care**



**Improve  
population health.**

### Pillar one: Safety, Health and Wellbeing

Workforce Strategy objective	Improve access	Harness digital and innovation	Shift the balance of care	Improve population health
A safe and healthy workplace	✓		✓	✓
Comprehensive wellbeing support	✓		✓	✓
Culture of health, safety and wellbeing	✓		✓	✓
Flexible working	✓	✓	✓	



## Pillar two: Culture and leadership

Workforce Strategy objective	Improve access	Harness digital and innovation	Shift the balance of care	Improve population health
Supportive and respectful workplace	✓		✓	✓
Empowering and accountable environment	✓	✓	✓	
Clear vision and open communication	✓	✓	✓	
Inclusive and welcoming culture	✓			✓

## Pillar three: Learning and careers

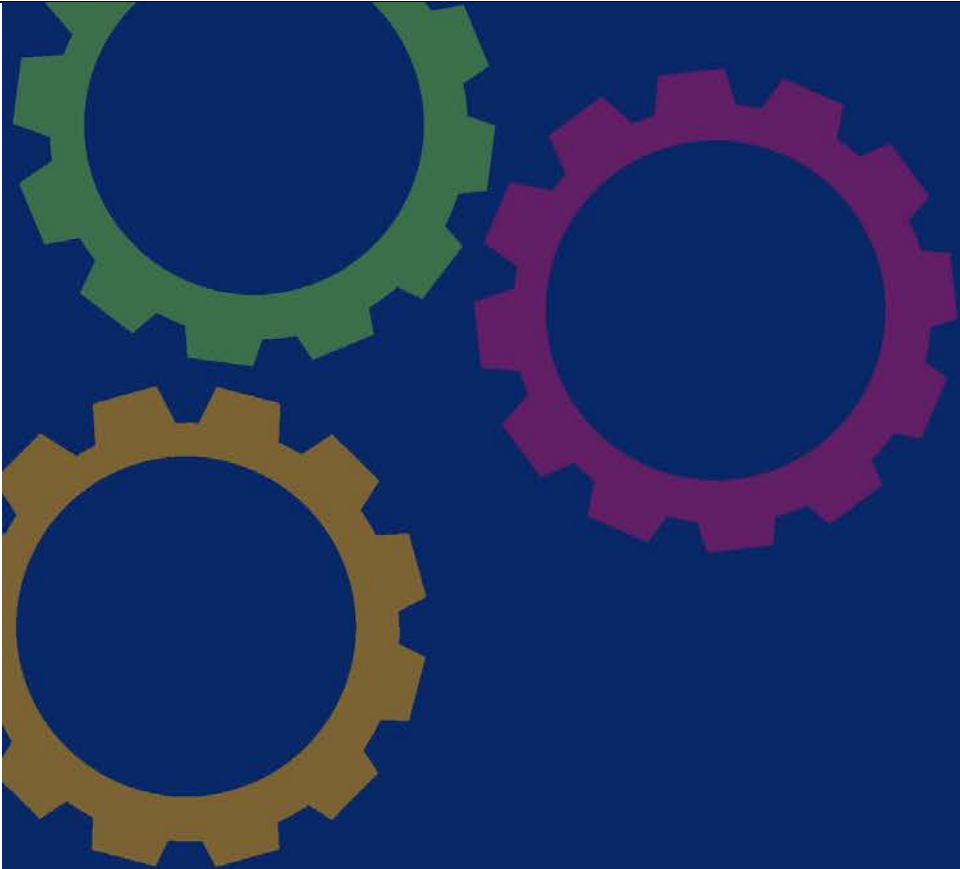
Workforce Strategy objective	Improve access	Harness digital and innovation	Shift the balance of care	Improve population health
Career pathways for growth and development	✓	✓	✓	
Flexible learning for future-ready skills	✓	✓	✓	
Qualification frameworks for future workforce competencies	✓	✓	✓	
Empowering people managers for high performance	✓	✓	✓	



## Pillar four: Recruitment and retention

Workforce Strategy objective	Improve access	Harness digital and innovation	Shift the balance of care	Improve population health
Streamline recruitment	✓	✓		
Enhance onboarding and retention	✓	✓		
Promote diversity and internal career development	✓		✓	✓





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### NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [Equality@ggc.scot.nhs.uk](mailto:Equality@ggc.scot.nhs.uk) for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

[NHSGGC Workforce Strategy 2025-2030](#)

Is this a: Current Service ☒ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

The Workforce Strategy 2025-2030 for NHS Greater Glasgow and Clyde (NHSGGC) outlines a comprehensive plan to support, develop, and empower its workforce over the next five years. It aims to create a safe, inclusive, and forward-looking working environment that enhances the health, wellbeing, and engagement of staff while ensuring the delivery of high-quality, person-centred care to patients, service users, and their families. The strategy is structured around four pillars:

- Safety, Health and Wellbeing
- Culture and Leadership
- Learning and Careers
- Recruitment and Retention

Each with specific objectives to ensure that NHSGGC remains a leading employer and healthcare provider.

The strategy focuses on addressing emerging challenges such as demographic changes, increasing demand for healthcare services, technological advancements, and evolving workforce expectations. By embedding inclusivity, flexibility, and continuous professional development, the strategy aims to attract and retain a talented, diverse workforce capable of meeting the needs of the communities it serves.

Key objectives include:

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- Ensuring the physical and mental wellbeing of staff through robust support systems.
- Promoting a culture of respect, collaboration, and innovation.
- Providing career development opportunities to foster professional growth.
- Enhancing recruitment and retention practices to secure a resilient workforce.

The Workforce Strategy was selected for Equality and Quality Impact Assessment (EQIA) because it is central to NHSGGC's ability to deliver equitable and high-quality care to its diverse population. The strategy directly aligns with the organisation's priorities as articulated in its Corporate Objectives, Transforming Together programme, and Equality Outcomes Report. Specifically, it underpins NHSGGC's commitment to:

- Fostering a diverse and inclusive workforce that reflects the communities it serves.
- Promoting equal opportunities for all staff, irrespective of their background.
- Complying with legal obligations under the Equality Act 2010, including the Public Sector Equality Duty, to eliminate discrimination, advance equality, and foster good relations.

The EQIA ensures that the strategy proactively identifies and mitigates potential inequalities, particularly for staff from protected characteristic groups, and maximises its positive impact. The rationale for its selection also considers:

- The proportionality and relevance of workforce policies to organisational success.
- Potential legal and reputational risks associated with failing to address equality concerns effectively.
- The strategy's role in addressing locally identified outcomes, such as reducing employment inequalities, promoting diversity in leadership, and improving staff health and wellbeing.

This EQIA offers a high-level assessment of possible risk associated with the content and possible application of the Workforce Strategy. Where additional streams of work are generated by the Strategy, they will be subject to their own EQIA assessment to ensure a robust, system-wide approach is undertaken. Through this EQIA process, NHSGGC seeks to reinforce its dedication to transparency, accountability, and the continuous improvement of its workforce practices, ensuring alignment with both organisational goals and legal standards.

**77 Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

**Name:**

Mathew Pay

**Date of Lead Reviewer Training:**

15 June 2010 (*Refreshed December 2024*)

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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Mathew Pay – Workforce Strategy Manager  
Liam Spence – Head of Staff Experience

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<p>For the implementation of the Workforce Strategy 2025–2030, NHSGGC routinely collects equalities information from its workforce as part of its legal and organisational commitment to equality, diversity, and inclusion. This includes data from the following sources:</p> <p>Employee records:</p> <ul style="list-style-type: none"> <li>Collected during recruitment and updated throughout employment, covering protected characteristics such as age, sex, ethnicity, disability, religion or belief, sexual orientation, and marital status.</li> </ul> <p>Staff surveys:</p> <ul style="list-style-type: none"> <li>Tools such as iMatter and the Staff Health Survey capture data on staff experiences, wellbeing, and engagement. These surveys often include questions to identify trends</li> </ul>	<p>While NHSGGC strives for comprehensive equalities data collection, several challenges exist:</p> <p>Data disclosure reluctance:</p> <ul style="list-style-type: none"> <li>Some staff may be hesitant to disclose personal information, particularly regarding characteristics such as disability, sexual orientation, or gender identity.</li> </ul> <p>Inconsistent data updating</p> <ul style="list-style-type: none"> <li>Employees may not update their equality information regularly, leading to outdated records.</li> </ul> <p>Complex data needs:</p> <ul style="list-style-type: none"> <li>The intersectionality of characteristics can be difficult to assess and address within standard reporting frameworks. On this basis, NHSGGC has updated our onboarding processes to ensure a</li> </ul>



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		<p>or disparities across protected characteristics.</p> <p>Occupational health data:</p> <ul style="list-style-type: none"> <li>Information is gathered through staff interactions with Occupational Health services, highlighting any specific needs related to disability or health conditions.</li> </ul> <p>Recruitment and retention metrics:</p> <ul style="list-style-type: none"> <li>Analysis of recruitment, retention, and promotion data ensures fairness and inclusivity. This includes data on applicants' demographics and progression within the organisation.</li> </ul> <p>Feedback mechanisms:</p> <ul style="list-style-type: none"> <li>Formal grievance reports, informal concerns, and engagement sessions with staff, trade unions, and equality networks help identify equality-related challenges.</li> </ul> <p>Mandatory training data:</p> <ul style="list-style-type: none"> <li>Compliance rates for training on equality, diversity, and inclusion are routinely monitored.</li> </ul> <p>As this strategy represents a continuation of NHSGGC's existing workforce initiatives, the</p>	<p>high level of data collection for new starts and has conducted a number of communication campaigns such as Ple-EESS Update your EESS</p> <p>Survey response rates:</p> <ul style="list-style-type: none"> <li>While tools like iMatter are valuable, response rates can vary, potentially skewing the representativeness of the data.</li> </ul> <p>NHSGGC acknowledges that some protected characteristic data, such as gender reassignment or specific health conditions, may not be comprehensively collected due to disclosure sensitivities and current system limitations. Where data is incomplete or unavailable, NHSGGC compensates by:</p> <ul style="list-style-type: none"> <li>Encouraging anonymous feedback through surveys and engagement events.</li> <li>Collaborating with equality networks and employee resource groups to understand underrepresented voices.</li> <li>Focusing on qualitative feedback alongside quantitative data to address gaps.</li> </ul> <p>By addressing these barriers, NHSGGC aims to continually improve its equality data</p>
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		<p>equalities data gathered from current employees is highly relevant to the development and application of the policy. Key data includes:</p> <ul style="list-style-type: none"> <li>• Trends in workforce diversity reflecting the communities served by NHSGGC.</li> <li>• Disparities in access to learning, career progression, or wellbeing resources for different protected characteristic groups.</li> <li>• Representation levels in leadership roles across age, gender, ethnicity, and other protected characteristics.</li> <li>• Evidence from local population demographics to ensure the workforce aligns with the needs of the diverse communities in Greater Glasgow and Clyde.</li> </ul> <p>All the above are congruent with responsibilities outlined in the Equality Act (Specific Duties)(Scotland) Regulations 2012 which require NHSGGC to gather and use employee information to better perform the duty.</p>	<p>collection processes, ensuring that the Workforce Strategy promotes fairness and inclusivity across all aspects of its implementation.</p>
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

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2.	Please provide details of how data captured has been/will be used to inform policy content or service design.		Data on grievances and complaints, particularly those related to discrimination, informs the development of a more inclusive culture. For instance, feedback from iMatter and equality networks highlighted the need to reinforce respect and collaboration within teams, influencing the inclusion of initiatives such as the Civility Saves Lives programme.	Certain protected groups may not provide equality data due to privacy concerns, leading to incomplete insights that could unintentionally perpetuate inequalities. <ul style="list-style-type: none"><li>● Increase efforts to build trust and improve anonymous data collection methods to encourage disclosure.</li></ul>		
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).					
	1) Remove discrimination, harassment and victimisation	✓			Recruitment and retention data, including diversity metrics, help ensure inclusive hiring practices and equitable opportunities for progression. For example, disparities identified in representation led to the introduction of measures such as unconscious bias training for hiring managers and diversity-focussed recruitment marketing.	If data analysis is not robust or lacks a focus on intersectionality, policies could fail to address the nuanced needs of diverse groups. <ul style="list-style-type: none"><li>● Employ diverse analytical teams and consult equality networks to ensure data is interpreted inclusively. For example, all our data is presented to our Workforce Equality Group quarterly.</li></ul>
	2) Promote equality of opportunity	✓				
	3) Foster good relations between protected characteristics.	✓				
4) Not applicable						
			Workforce diversity data has informed the design of career pathways to ensure all staff, regardless of background, have equitable access to opportunities. For example, structured career pathways and mentorship schemes aim to address underrepresentation of specific groups in leadership roles.	A reliance on numerical data may overshadow qualitative insights, potentially missing lived experiences of marginalised staff. <ul style="list-style-type: none"><li>● Balance quantitative analysis with focus groups and regular engagement with equality-focused employee networks.</li></ul>		
			Insights from Occupational Health and staff feedback have driven improvements in flexible working policies and wellbeing			

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		<p>initiatives, ensuring accessibility for staff with disabilities or caring responsibilities.</p> <p>Analysis of feedback from staff equality networks and surveys informed the inclusion of peer support programmes and culture change initiatives to strengthen relationships within teams.</p> <p>Data from training compliance reports led to enhanced provision of equality, diversity, and inclusion training, ensuring all staff are equipped to contribute to a respectful and inclusive workplace.</p>							
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required						
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <table><tr><td>1) Remove discrimination, harassment and victimisation</td><td>✓</td></tr><tr><td>2) Promote equality of opportunity</td><td>✓</td></tr><tr><td>3) Foster good relations between protected characteristics</td><td>✓</td></tr></table>	1) Remove discrimination, harassment and victimisation	✓	2) Promote equality of opportunity	✓	3) Foster good relations between protected characteristics	✓	<p>Evidence shows that diverse leadership teams drive better organisational performance and innovation. This informed NHSGGC's commitment to tackling bias in recruitment, increasing representation in leadership, and implementing leadership development programmes tailored to underrepresented groups.</p> <p>Research indicates flexible working improves staff wellbeing, especially for women, carers, and disabled employees. This shaped the inclusion of flexible working options and</p>	<p>The strategy may not fully reflect the experiences of marginalised groups if evidence is overly general or not specific to NHSGGC's workforce.</p> <ul style="list-style-type: none"><li>Conduct targeted engagement sessions with equality networks and use qualitative research to complement broader studies.</li></ul> <p>Staff resistance to inclusive practices (e.g., bias training) could limit the effectiveness of policy implementation.</p>
1) Remove discrimination, harassment and victimisation	✓								
2) Promote equality of opportunity	✓								
3) Foster good relations between protected characteristics	✓								

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	4) Not applicable		organisational redesigns prioritising work-life balance.	<ul style="list-style-type: none"> <li>Embed inclusion into organisational values through leadership-led culture change and continuous communication.</li> </ul>
			<p>Studies highlight that certain groups, such as ethnic minorities and LGBTQ+ staff, face higher rates of workplace stress. This informed NHSGGC's focus on enhanced wellbeing resources, such as stress management training and access to tailored Occupational Health support.</p> <p>Evidence about unconscious bias and cultural competence has led to mandatory equality and diversity training for all staff, ensuring inclusive practices in patient care and internal staff relationships.</p>	
			<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.		<p>Engaged staff, including those from protected characteristic groups, to gather insights into workplace experiences and needs. This highlighted the importance of wellbeing resources, inclusive leadership, and equitable career opportunities.</p> <p>Input from equality networks (e.g., LGBTQ+, disability, and ethnic minority groups) helped shape policy decisions, such as introducing</p>	<p>Some protected groups may not participate fully in engagement activities, resulting in an incomplete understanding of their experiences.</p> <ul style="list-style-type: none"> <li>Increase outreach and targeted engagement to ensure all groups, including marginalised voices, are represented - such as through our staff led equality groups</li> </ul>



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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).		<p>tailored wellbeing initiatives and leadership development programmes.</p> <p>Direct feedback from underrepresented groups provided qualitative insights on barriers in recruitment, progression, and workplace culture, leading to practical interventions.</p> <p>Regular discussions with trade unions and partnership representatives ensured equality considerations were prioritised in policy development.</p> <p>Highlighted the need for greater representation in leadership roles, more support for reasonable adjustments, and enhanced flexible working practices.</p>	<p>Frequent consultations may lead to staff disengagement or survey fatigue, limiting the quality of input.</p> <ul style="list-style-type: none"> <li>Use concise, well-targeted engagement tools and ensure feedback visibly informs policy to demonstrate value to participants.</li> </ul> <p>Insights from engagement may not reflect nuanced, intersectional issues faced by specific groups.</p> <ul style="list-style-type: none"> <li>Cross-reference quantitative survey data with qualitative feedback to capture a complete picture of experiences.</li> </ul> <p>Implementation of policies informed by engagement (e.g., unconscious bias training) may encounter resistance from some staff.</p> <ul style="list-style-type: none"> <li>Embed equality initiatives within the organisational culture, with leadership visibly supporting these changes.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics	✓		
	4) Not applicable			
			Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>		<p>NHSGGC ensures compliance with accessibility standards across its facilities, including ramps, lifts, accessible toilets, and signage for people with physical disabilities. Regular audits assess accessibility gaps.</p> <p>Occupational Health services offer adjustments to support staff with disabilities, ensuring the workplace environment is inclusive.</p> <p>Policies include flexible and remote working options, reducing physical accessibility barriers for staff who may face challenges commuting or navigating physical spaces.</p> <p>NHSGGC incorporates accessibility into service redesigns, ensuring new developments meet or exceed accessibility requirements.</p> <p>Regular engagement with staff, including disability networks, identifies potential barriers and informs improvements to physical spaces and workplace adjustments.</p>	<p>Older premises may lack full compliance with modern accessibility standards, posing challenges for staff or service users with disabilities.</p> <ul style="list-style-type: none"> <li>Conduct targeted refurbishment of older facilities, prioritising accessibility enhancements.</li> </ul> <p>Staff and managers may not fully understand the available resources or processes for workplace adjustments.</p> <ul style="list-style-type: none"> <li>Increase awareness of accessibility policies through targeted training and communications.</li> </ul> <p>Remote and flexible working tools may not be fully accessible to staff with visual or auditory impairments.</p> <ul style="list-style-type: none"> <li>Ensure digital platforms and tools comply with Web Content Accessibility Guidelines (WCAG) and provide training on their use.</li> </ul> <p>Renovations or service redesigns could temporarily limit accessibility.</p> <ul style="list-style-type: none"> <li>Communicate changes proactively and provide alternative arrangements during disruptions.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics.	✓		
	4) Not applicable			
			Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?  Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	NHSGGC employs multiple communication methods, including written, verbal, digital, and face-to-face formats, to ensure accessibility for all staff and service users, irrespective of their abilities or preferred communication styles.  Digital platforms comply with accessibility standards, such as Web Content Accessibility Guidelines (WCAG), to ensure inclusivity for individuals with visual, auditory, or cognitive impairments.  Documents and communications are routinely provided in alternative formats, such as large print, Braille, or audio, upon request.  Easy-read formats and translations into different languages are available to accommodate staff and service users with literacy challenges or for whom English is not a first language.  Regular feedback sessions with equality networks and staff forums help identify potential communication barriers.  Clear communication pathways for staff with disabilities or other protected characteristics ensure their voices are heard during consultations or policy discussions.	Not all staff or service users may have access to or familiarity with digital communication tools. <ul style="list-style-type: none"><li>Provide alternative methods for non-digital communication and training for staff on how to use digital tools effectively.</li></ul> Non-English speakers or those with literacy difficulties may find it challenging to access or understand key information. <ul style="list-style-type: none"><li>Expand translation services and use pictorial or easy-read materials to complement written communications.</li></ul> Some teams may not consistently provide accessible formats or apply inclusive practices. <ul style="list-style-type: none"><li>Introduce regular audits to ensure compliance with accessibility and inclusivity standards across all communication channels.</li></ul> Feedback from equality networks and forums may not always be acted upon, reducing trust. <ul style="list-style-type: none"><li>Establish transparent processes to show how feedback influences policy and communication changes.</li></ul>
	1) Remove discrimination, harassment and victimisation	✓	
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics	✓	
	4) Not applicable		

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		Equality, diversity, and inclusion training includes modules on inclusive communication practices to ensure staff understand how to communicate equitably.	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The Workforce Strategy 2025–2030 is designed to be inclusive across all age groups, ensuring equitable opportunities for professional development, wellbeing support, and flexible working options.</p> <p>Career pathways are aligned to support employees of all ages seeking development and adaptation to career-ending transitions or flexible retirement for older staff.</p> <p>Data from workforce feedback and demographic trends informed the policy's focus on catering to intergenerational differences:</p> <ul style="list-style-type: none"> <li>• Younger staff - initiatives such as apprenticeships, early career development programmes, and mentorship schemes.</li> <li>• Older staff - support for managing health challenges, phased retirement</li> </ul>	<p>Tailored policies for specific age groups (e.g., early career programmes) might be perceived as inequitable by other staff.</p> <ul style="list-style-type: none"> <li>• Communicate clearly that age-focused initiatives address identified needs and gaps while ensuring equal access to opportunities for all employees.</li> </ul> <p>Young employees may not fully engage with policies or initiatives due to a lack of tailored communication.</p> <ul style="list-style-type: none"> <li>• Use targeted messaging, mentorship opportunities, and peer-led engagement strategies to ensure inclusion.</li> </ul> <p>If career opportunities for younger entrants (e.g., apprenticeships) are insufficiently promoted, NHSGGC may miss opportunities to support workforce diversity.</p>



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		options, and accommodations for physical or cognitive changes.	<ul style="list-style-type: none"> <li>Enhance outreach efforts to schools and colleges to raise awareness of career pathways within NHSGGC.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓	
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics.	✓	
	4) Not applicable		
(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The Workforce Strategy 2025–2030 emphasises the importance of reasonable adjustments for employees with disabilities, ensuring their needs are met through policies that facilitate inclusive working environments.</p> <p>Regular audits and feedback mechanisms assess the implementation and effectiveness of adjustments, such as accessible workspaces, adaptive technology, and flexible working arrangements.</p> <p>Dedicated Occupational Health services provide tailored mental and physical health support for employees with disabilities. This includes physiotherapy, mental health counselling, and guidance on workplace accommodations.</p>	<p>Not all teams may implement reasonable adjustments effectively or in a timely manner.</p> <ul style="list-style-type: none"> <li>Strengthening monitoring and accountability measures to ensure adjustments are consistently applied across the organisation such as the new survey launched in 2024</li> </ul> <p>Employees and managers may not be aware of available disability support services or adjustment processes.</p> <ul style="list-style-type: none"> <li>Improve communication and training to raise awareness of resources and procedures, ensuring all staff can access necessary support. For example, through Disability History Month communications.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓	
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics.	✓	
	4) Not applicable		

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		<p>Stress risk assessments and digital health checks are incorporated to proactively address workplace challenges faced by staff with disabilities.</p> <p>Recruitment processes include measures such as diversity-focused job advertisements and unconscious bias training for hiring managers, ensuring that candidates with disabilities are treated equitably.</p> <p>Career pathways and training programmes are designed to be accessible to all, removing barriers to progression.</p> <p>Input from disability networks and individual staff feedback ensures that the voices of employees with disabilities inform policy development and service design.</p>	<p>Digital tools and systems may not fully comply with accessibility standards, impacting employees with visual, auditory, or cognitive impairments.</p> <ul style="list-style-type: none"> <li>Regularly review and update digital platforms to meet accessibility guidelines and provide training for staff in their use.</li> </ul> <p>Employees with disabilities may face stigma or unconscious bias in the workplace, impacting their experience and career progression.</p> <ul style="list-style-type: none"> <li>Continue to promote inclusive culture initiatives, such as Disability History Month, the Reasonable Adjustment Passport and peer support programmes, to foster respect and understanding.</li> </ul>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<b>Gender Reassignment</b>  <b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b>	<p>The Workforce Strategy 2025–2030 commits to fostering an inclusive environment, explicitly addressing the needs of transgender and non-binary employees. Policies support gender transition in the workplace, including time off for medical</p>	<p>Transgender employees may face unconscious bias or microaggressions, negatively affecting their experience at work.</p> <ul style="list-style-type: none"> <li>Enhance EDI training and create peer-support programmes to build</li> </ul>

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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).		<p>appointments and adjustments to uniform or dress codes.</p> <p>Equality, diversity, and inclusion training includes specific modules on gender identity to reduce stigma, raise awareness of the challenges faced by transgender employees, and equip staff to be allies.</p> <p>NHSGGC offers access to employee assistance programmes (EAPs), Occupational Health services, and confidential counselling for staff intending to undergo, currently undergoing or who have undergone a process to reassign their sex.</p> <p>Engagement with equality networks and staff forums ensures transgender voices are heard and informs policy improvements to address potential barriers in recruitment, career progression, and workplace culture.</p>	<p>understanding and foster allyship among staff.</p> <p>Some managers may lack knowledge or confidence in supporting transgender employees during gender transition processes.</p> <ul style="list-style-type: none"><li>Provide managers with clear guidance on implementing gender-inclusive policies consistently.</li></ul> <p>Transgender employees may hesitate to disclose their gender identity due to fear of discrimination or lack of trust in confidentiality.</p> <ul style="list-style-type: none"><li>Foster a culture of trust through visible leadership support, confidential reporting systems, and active promotion of inclusivity, such as through our Trans Day of Remembrance Event held with Police Scotland.</li></ul>
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics	✓		
	4) Not applicable			
	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership		NHSGGC ensures that workplace policies, such as leave entitlements, spousal benefits, and pensions, apply equally to employees in marriages and civil partnerships.	Employees in civil partnerships may perceive or experience inequities compared to those in marriages, especially regarding spousal benefits.
	Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?			

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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).		<p>Recruitment and employment processes are designed to prevent discrimination based on marital or civil partnership status. Policies explicitly prohibit bias or preferential treatment linked to this protected characteristic.</p> <p>Wellbeing resources, such as counselling services and employee assistance programmes (EAPs), are accessible to all employees, including those in marriages or civil partnerships, recognising the potential impact of personal relationships on mental health and work-life balance.</p> <p>Regular employee surveys and equality monitoring ensure that staff with marital or civil partnership status are treated equitably in all aspects of workplace policy and practice.</p>	<ul style="list-style-type: none"> <li>Ensure through the Once For Scotland process that policies to ensure parity between marriage and civil partnership entitlements reflect equality and communicate this clearly to staff.</li> </ul> <p>A focus on policies for married or civil partnership employees might unintentionally exclude or disadvantage single employees.</p> <ul style="list-style-type: none"> <li>Ensure policies and benefits are inclusive of all relationship statuses, not solely focused on marriage or civil partnerships.</li> </ul> <p>Employees in civil partnerships may feel underrepresented in engagement activities or feedback mechanisms.</p> <ul style="list-style-type: none"> <li>Actively engage all relationship groups to ensure diverse perspectives inform policy development.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics	✓		
	4) Not applicable			
(e)	<b>Pregnancy and Maternity</b>  Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?		NHSGGC provides comprehensive maternity leave and pay entitlements, alongside policies for shared parental leave and flexible working arrangements to support employees during pregnancy and after childbirth.	Employees on or returning from maternity leave may face unconscious bias or lack of opportunities for career progression. <ul style="list-style-type: none"> <li>Provide training for managers to ensure transparent, equitable access to career development for</li> </ul>



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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).		<p>Risk assessments are routinely conducted for pregnant employees to ensure workplace safety and necessary adjustments.</p> <p>Wellbeing Resources:</p> <p>Occupational Health services and Employee Assistance Programmes (EAPs) include support specifically for employees who are pregnant or returning to work after maternity leave, addressing physical and mental health needs.</p> <p>Employees on maternity leave are supported to stay connected with their teams and organisational developments through Keeping in Touch (KIT) days, ensuring smooth reintegration into the workplace.</p> <p>Flexible working arrangements post-maternity leave enable employees to balance work and childcare responsibilities.</p> <p>Staff feedback through surveys and equality networks helps identify barriers faced by employees during pregnancy and maternity, ensuring policies remain responsive.</p>	<p>employees returning from maternity leave.</p> <p>Pregnant employees might not receive timely or adequate adjustments to their work environment, impacting their health or safety.</p> <ul style="list-style-type: none"><li>Strengthen monitoring of risk assessments and ensure adjustments are consistently implemented.</li></ul> <p>Employees on extended leave might feel disconnected from organisational updates or team dynamics.</p> <ul style="list-style-type: none"><li>Increase the use of KIT days and ensure managers actively communicate with employees during maternity leave.</li></ul> <p>Limited awareness or inconsistent implementation of flexible working policies could disadvantage employees returning after maternity leave.</p> <ul style="list-style-type: none"><li>Promote flexible working options consistently across teams and monitor uptake to identify and address gaps.</li></ul>
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics.	✓		
	4) Not applicable			
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(f)	Race			

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<p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p>NHSGGC has implemented diversity-focused recruitment strategies, such as targeted advertising and unconscious bias training, to address barriers faced by underrepresented racial and ethnic groups.</p> <p>Monitoring of recruitment data ensures fair representation of diverse racial groups across all roles and levels.</p>	<p>Employees from racial and ethnic minority groups may face systemic or unconscious bias, limiting opportunities for career advancement.</p> <ul style="list-style-type: none"> <li>Regularly review progression data and ensure leadership programmes actively support underrepresented groups.</li> </ul>
<p><b>1) Remove discrimination, harassment and victimisation</b></p>	<p>✓</p>	
<p><b>2) Promote equality of opportunity</b></p>	<p>✓</p>	<p>Employees may experience racism or microaggressions that impact their workplace experience.</p>
<p><b>3) Foster good relations between protected characteristics</b></p>	<p>✓</p>	<ul style="list-style-type: none"> <li>Strengthen anti-racism training and provide clear reporting mechanisms with visible consequences for discriminatory behaviour.</li> </ul>
<p><b>4) Not applicable</b></p>		
	<p>Career pathways and leadership programmes are designed to be accessible to employees from all racial backgrounds, addressing potential disparities in progression opportunities.</p> <p>Equality, diversity, and inclusion training includes cultural competence and anti-racism modules to reduce bias and foster mutual respect among staff.</p> <p>Engagement with racial and ethnic minority staff networks ensures their voices inform policy and identify barriers related to recruitment, progression, and workplace culture.</p> <p>Support mechanisms, including confidential reporting systems for racism or discrimination, ensure employees can address concerns safely and effectively.</p>	<p>Employees for whom English is not their first language may face challenges in accessing training or engaging fully in workplace activities.</p> <ul style="list-style-type: none"> <li>Offer language support services and ensure workplace communications are clear and accessible.</li> </ul>

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(g)	Religion and Belief		NHSGGC ensures that its policies respect and accommodate diverse religious beliefs, including providing space and time for prayer or religious observance and accommodating dress codes related to faith.  Equality, diversity, and inclusion training includes awareness of religious and cultural diversity, aimed at reducing discrimination and fostering respect for all beliefs.  Flexible working policies consider religious observances, such as allowing adjustments during religious holidays or fasting periods (e.g., Ramadan).  Regular engagement with staff from various religious backgrounds through forums and surveys ensures their needs are identified and addressed in policy development.  Catering services within NHSGGC facilities include options to meet diverse dietary requirements related to religion, such as halal, kosher, or vegetarian options.	Employees may lack access to appropriate spaces for prayer or other religious practices. <ul style="list-style-type: none"><li>Conduct audits of facilities to ensure sufficient provision for quiet rooms or prayer spaces, and make adjustments as necessary.</li></ul> Work schedules may inadvertently conflict with religious holidays or observance requirements. <ul style="list-style-type: none"><li>Promote awareness among managers about accommodating religious observances and provide guidance on flexible scheduling.</li></ul> Employees may experience microaggressions or lack of understanding related to their religious practices. <ul style="list-style-type: none"><li>Strengthen cultural competency training and ensure a clear pathway for reporting and addressing complaints of religious discrimination.</li></ul> Policies that accommodate certain religious practices may be perceived as preferential treatment by other staff. <ul style="list-style-type: none"><li>Clearly communicate the rationale for accommodations to foster understanding and inclusivity.</li></ul>
	Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?			
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).			
	1) Remove discrimination, harassment and victimisation	✓		
	2) Promote equality of opportunity	✓		
	3) Foster good relations between protected characteristics.	✓		
4) Not applicable				

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex		
	Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?		
	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).		
	1) Remove discrimination, harassment and victimisation	✓	
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics.	✓	
	4) Not applicable		
		<p>The current female to male ratio of the NHSGGC workforce is 3.74 (November 2024). Taking this into consideration, the Workforce Strategy 2025–2030 includes policies to promote gender equity, such as ensuring fair recruitment, retention, and promotion processes for all employees, regardless of sex.</p> <p>Monitoring of gender representation across roles and leadership positions ensures progress towards reducing disparities.</p> <p>Occupational Health and wellbeing programmes are inclusive of issues that may disproportionately affect one sex, such as maternity-related health concerns or menopause support for women.</p> <p>Flexible working options support work-life balance, acknowledging that caregiving responsibilities often disproportionately fall on women.</p> <p>Regular engagement with staff, including analysis of survey responses by sex, ensures that gender-specific concerns are identified and addressed.</p>	<p>Women may remain underrepresented in senior roles, perpetuating gender disparities.</p> <ul style="list-style-type: none"> <li>Implement and monitor targeted leadership development programmes for women and set measurable diversity goals for leadership teams.</li> </ul> <p>Unconscious gender bias may influence decision-making in recruitment, promotion, or team dynamics.</p> <ul style="list-style-type: none"> <li>Strengthen unconscious bias training and regularly audit processes to identify and address disparities.</li> </ul> <p>Male-dominated professions within NHSGGC may discourage female participation or advancement due to workplace culture or lack of representation.</p> <ul style="list-style-type: none"> <li>Promote role models and mentorship programmes to encourage diversity in traditionally male-dominated areas.</li> </ul> <p>Women may disproportionately face barriers to career progression due to caregiving responsibilities.</p> <ul style="list-style-type: none"> <li>Expand flexible working opportunities and offer support for</li> </ul>



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		Equality and diversity training includes modules to prevent sex-based discrimination, harassment, or bias.	employees balancing caregiving with career development.
(i)	<b>Sexual Orientation</b>  <b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b>  <b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b>	<p>The Workforce Strategy 2025–2030 ensures that policies, including benefits, parental leave, and workplace accommodations, are equally applicable to employees of all sexual orientations.</p> <p>NHSGGC supports LGBTQ+ staff networks that provide safe spaces for employees to share experiences and offer feedback on organisational policies and practices.</p>	<p>Employees may face stigma, microaggressions, or discriminatory behaviour related to their sexual orientation.</p> <ul style="list-style-type: none"> <li>Strengthen anti-discrimination training, promote allyship initiatives, and ensure robust systems for reporting and addressing concerns.</li> </ul> <p>Employees may feel reluctant to disclose their sexual orientation due to fear of bias or lack of trust.</p>
	1) Remove discrimination, harassment and victimisation	✓	<ul style="list-style-type: none"> <li>Encourage anonymous feedback mechanisms and create a culture of trust to improve engagement from all staff.</li> </ul>
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics.	✓	<p>Inclusive policies may not be consistently applied across all teams or departments.</p> <ul style="list-style-type: none"> <li>Increase awareness and training for managers to ensure policies are uniformly implemented.</li> </ul>
	4) Not applicable		<p>LGBTQ+ staff may feel burdened by visibility efforts or perceive tokenism in inclusion initiatives.</p>

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		orientation and create an inclusive workplace culture.	<ul style="list-style-type: none"> <li>Work collaboratively with LGBTQ+ networks to design meaningful, sustainable, and authentic inclusion strategies.</li> </ul>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>In addition to the above, if this constitutes a 'strategic decision' you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions and complete a separate assessment. Additional information available here: <a href="https://www.gov.scot/publications/fairer-scotland-duty/guidance-for-public-bodies/pages/1-introduction.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p>	<p>NHSGGC ensures inclusive recruitment practices that target economically disadvantaged areas through outreach programmes, apprenticeships, and entry-level opportunities.</p> <p>Recruitment campaigns highlight flexible pathways into NHS roles to remove barriers for individuals with limited prior experience or qualifications.</p> <p>Policies include access to affordable travel schemes, salary advances, and financial wellbeing resources, such as guidance on managing income and access to external financial advice services.</p> <p>Flexible working policies support employees with caregiving responsibilities, which often disproportionately affect those experiencing socioeconomic disadvantage.</p> <p>NHSGGC adheres to the Scottish Living Wage and promotes internal progression to</p>	<p>Individuals from low-income backgrounds may face challenges in meeting entry requirements for certain roles.</p> <ul style="list-style-type: none"> <li>Expand access to apprenticeships, provide pre-employment training programmes, and collaborate with local communities to raise awareness about NHS career opportunities.</li> </ul> <p>Employees may struggle with indirect costs, such as transport, childcare, or uniforms, which can disproportionately affect those from disadvantaged backgrounds.</p> <ul style="list-style-type: none"> <li>Offer financial support schemes, such as subsidised transport and childcare, and ensure uniform policies are equitable.</li> </ul> <p>Employees experiencing poverty may feel excluded or face stigma in workplace interactions.</p> <ul style="list-style-type: none"> <li>Promote an inclusive culture that normalises discussions about</li> </ul>

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		<p>enable employees to achieve financial stability.</p> <p>Regular monitoring ensures pay equity and highlights opportunities for further improvement.</p> <p>Free or low-cost wellbeing programmes, including mental health support and counselling, are available to all staff, with targeted efforts to ensure accessibility for those affected by socioeconomic challenges.</p> <p>NHSGGC has conducted strategic assessments to ensure that decisions related to workforce policies actively address inequalities caused by socioeconomic disadvantage, focusing on improving outcomes for those most at risk.</p>	<p>financial wellbeing and provides confidential access to support resources.</p> <p>Employees from lower-income households may lack access to necessary technology or connectivity for digital training.</p> <ul style="list-style-type: none"> <li>• Provide on-site access to digital resources and flexible, non-digital learning options.</li> </ul>
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>NHSGGC's recruitment strategies are designed to remove barriers for marginalised groups, such as ex-offenders, asylum seekers, and ex-service personnel, by offering tailored entry-level opportunities and outreach programmes.</p> <p>Collaboration with third-sector organisations supports individuals with complex histories (e.g., homelessness or addiction) to access meaningful employment pathways.</p>	<p>Employees or service users from marginalised groups may face stigma, discrimination, or lack of understanding from colleagues or management.</p> <ul style="list-style-type: none"> <li>• Enhance training on unconscious bias and lived experiences of these groups, and establish peer-support networks to foster understanding and inclusion.</li> </ul>

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		<p>Occupational Health services and Employee Assistance Programmes (EAPs) provide tailored mental health and addiction support, addressing the specific needs of staff from these groups.</p> <p>Flexible working policies and reasonable adjustments ensure equitable participation in the workforce for those with additional challenges, such as health issues related to addiction or the effects of trauma.</p> <p>Equality and diversity training includes modules on understanding the experiences and challenges of vulnerable groups, such as asylum seekers, refugees, and travellers, fostering a culture of empathy and support.</p> <p>NHSGGC works with local community groups and charities to better understand the needs of vulnerable populations, ensuring their voices are considered in policy and service design.</p> <p>Policies ensure that employees and service users are not disadvantaged due to their legal or social status, such as those involved in prostitution or asylum seekers awaiting status determination.</p>	<p>Individuals with non-standard employment histories, such as prisoners or ex-offenders, may face difficulties accessing roles due to perceived risks.</p> <ul style="list-style-type: none"> <li>• Develop targeted employment schemes for ex-offenders and partner with rehabilitation services to ensure a fair chance for employment.</li> </ul> <p>Vulnerable individuals may be unaware of or unable to access support services due to their transient or precarious living situations.</p> <ul style="list-style-type: none"> <li>• Enhance communication channels and partnerships with community organisations to ensure support is widely known and accessible.</li> </ul> <p>Travellers may face difficulties in accessing flexible work arrangements or being understood within workplace culture.</p> <ul style="list-style-type: none"> <li>• Provide cultural competency training and work closely with traveller community representatives to identify barriers and solutions.</li> </ul>
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8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>		<p>Cost-saving measures may inadvertently reduce access to services disproportionately relied upon by certain groups, such as mental health support or flexible working resources.</p> <ul style="list-style-type: none"> <li>Ring-fence funding for critical equality-related services and prioritise cost savings in areas with minimal direct impact on protected groups.</li> </ul> <p>Measures such as reduced travel allowances or increased out-of-pocket expenses could disproportionately affect low-income employees, including those from disadvantaged socioeconomic backgrounds.</p> <ul style="list-style-type: none"> <li>Ensure cost reductions do not target benefits critical to financially vulnerable employees and offer financial support options, such as travel subsidies or salary advance schemes.</li> </ul> <p>Reduced budgets for equality, diversity, and inclusion training could hinder progress on fostering inclusivity.</p> <ul style="list-style-type: none"> <li>Maintain core training programmes and explore cost-effective alternatives, such as digital or peer-led training initiatives.</li> </ul>
	1) Remove discrimination, harassment and victimisation	✓	
	2) Promote equality of opportunity	✓	
	3) Foster good relations between protected characteristics.	✓	
	4) Not applicable		
		<p>Any cost-saving measures within the Workforce Strategy 2025–2030 are designed to minimise the risk of negative impacts on protected characteristic groups. This includes prioritising efficiency improvements, such as streamlining processes, over reductions in staffing or resources.</p> <p>Cost savings are balanced with maintaining or enhancing support services critical for protected groups, such as wellbeing initiatives, flexible working arrangements, and equality training.</p> <p>Stakeholder engagement, including input from equality networks and trade unions, ensures that proposed cost-saving measures are reviewed for potential disproportionate impacts on specific groups.</p> <p>Regular evaluation of cost-saving impacts ensures that unintended consequences on protected groups are identified and addressed promptly.</p>	



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			<p>Cost-saving measures might lead to reduced staffing levels or support, increasing workload and stress, potentially impacting groups already facing workplace barriers (e.g., carers or employees with disabilities).</p> <ul style="list-style-type: none"> <li>• Monitor workload impacts and ensure adequate staffing to prevent disproportionate strain on specific groups.</li> </ul>
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>NHSGGC requires all staff to complete statutory and mandatory training programmes covering equality, diversity, and human rights, ensuring a foundational understanding of inclusivity and anti-discrimination principles. Recorded completion rates for this training are regularly monitored and reported to ensure compliance across the organisation. Current data shows a high completion rate, with consistent efforts to achieve 100% compliance.</p> <p>In addition to mandatory training, NHSGGC offers tailored learning opportunities for managers and teams, focusing on areas such as unconscious bias, cultural competence, and anti-racism.</p>	<p>Some teams or departments may have lower compliance with mandatory training requirements.</p> <ul style="list-style-type: none"> <li>• Implement targeted follow-ups and reminders to ensure all staff complete required training within specified timeframes.</li> </ul> <p>Staff may perceive mandatory training as repetitive or disengaging, reducing its impact.</p> <ul style="list-style-type: none"> <li>• Introduce engaging, scenario-based learning and incorporate real-life examples to enhance relevance and interest.</li> </ul> <p>Training programmes may not adequately address the intersectionality of protected characteristics.</p>

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	<p>Specific modules address the unique challenges faced by protected characteristic groups, such as supporting gender transition, accommodating disabilities, and fostering LGBTQ+ inclusion.</p> <p>Equality networks actively contribute to the design and delivery of learning programmes, ensuring content reflects real workplace experiences and challenges. Peer-led workshops and discussion forums promote dialogue between staff from diverse backgrounds, fostering mutual understanding and collaboration.</p> <p>Leadership programmes include a focus on inclusive leadership practices, equipping managers with the skills to support diverse teams and address workplace discrimination effectively.</p> <p>Learning content is regularly reviewed and updated based on staff feedback, legislative changes, and organisational priorities to maintain relevance and effectiveness.</p>	<ul style="list-style-type: none"><li>• Update learning content to include case studies and examples that reflect the overlapping experiences of individuals with multiple protected characteristics.</li></ul> <p>Digital learning platforms may present accessibility challenges for some employees (e.g., those with disabilities).</p> <ul style="list-style-type: none"><li>• Ensure all training is accessible by adhering to Web Content Accessibility Guidelines (WCAG) and offering alternative formats, such as face-to-face sessions or printed materials.</li></ul>
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

NHSGGC's Workforce Strategy 2025–2030 prioritises the protection of human rights for staff, patients, and service users across all aspects of policy and service design. The strategy explicitly aligns with key rights under the Human Rights Act, such as the right to dignity and privacy, by ensuring that workplace and service environments respect confidentiality, personal preferences, and cultural needs. Mechanisms like gender-appropriate facilities, communication aids, and safeguards for personal data are integral to maintaining these rights.

The strategy also addresses the right to freedom from discrimination by embedding equality, diversity, and inclusion principles throughout recruitment, career progression, and workplace practices. Training on cultural competence and anti-discrimination ensures staff are equipped to recognise and address potential biases or barriers.

NHSGGC acknowledges potential risks, such as gaps in communication support for those with specific needs, which could infringe on the right to freedom of expression. Mitigating actions include expanding interpretation services and training staff to use communication tools effectively. Similarly, policies ensure that staff and service users are involved in decisions that affect them, aligning with the right to respect for private and family life. This is supported by regular engagement through surveys, equality networks, and consultation processes.

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Cultural and religious needs are respected under the right to freedom of thought, belief, and religion, with flexibility in policies to accommodate diverse practices. Privacy audits and robust data safeguards address potential breaches of the right to respect for private and family life, particularly in open-plan environments or digital systems.

By proactively identifying risks and implementing mitigations, the strategy ensures that NHSGGC upholds human rights in its workforce policies and service design, fostering a culture of respect, dignity, and inclusion for all.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

### Participation:

Regular engagement with equality networks, trade unions, and staff forums ensures that diverse voices inform policy development. Staff surveys, focus groups, and consultations provide opportunities for all employees, particularly those from underrepresented groups, to contribute their perspectives.

- Implementation of targeted initiatives based on staff feedback, such as flexible working policies, improved mental health support, and career development opportunities.

### Accountability

Clear accountability mechanisms are embedded, including regular audits of equality practices and reporting progress to governance committees.

- Monitoring of key performance indicators (KPIs) related to recruitment diversity, training completion rates, and the effectiveness of adjustments for employees with specific needs.

### Non-discrimination and equality

Anti-discrimination policies and mandatory equality, diversity, and human rights training are implemented to foster an inclusive environment. Recruitment practices are reviewed to eliminate bias and ensure fairness.

- Introduction of diversity-focused recruitment strategies, unconscious bias training, and targeted support for vulnerable groups.

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### Empowerment

Staff are empowered to understand and assert their rights through training, accessible resources, and clear communication channels. Support systems, such as employee assistance programmes and equality networks, enhance awareness and confidence.

- Development of educational materials and tools to enable employees to navigate workplace challenges and advocate for themselves effectively.

### Legality

The strategy aligns with legal obligations under the Equality Act 2010 and the Human Rights Act 1998, ensuring that all actions are compliant with human rights law.

- Ongoing legal reviews to ensure all policies meet statutory requirements.

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

## United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16<sup>th</sup> July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. The full list of articles to be considered is available [here](#) for information.

**No Discrimination:** Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

The EQIA process explicitly addresses discrimination against children by considering the potential impact of the Workforce Strategy on protected characteristic groups, including young people. Key actions include:

Inclusive employment practices:



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- Apprenticeship and early-career programmes are designed to ensure equitable access for young people, regardless of socioeconomic background, disability, race, or other protected characteristics.

### Support for young carers:

- Flexible working options and wellbeing initiatives indirectly benefit children who are dependents of NHSGGC employees, ensuring their care needs are not compromised.

### Diverse and inclusive recruitment:

- Outreach initiatives target younger demographics, especially those from underrepresented groups, ensuring equal access to employment opportunities.

**Best Interests of the child:** Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that a options considered need to be reframed against the best possible outcome for children.

The Workforce Strategy indirectly supports the best interests of children by enabling NHSGGC employees who are parents, guardians, or carers to balance their work and caregiving responsibilities. This includes:

### Parental leave policies:

Robust parental leave provisions ensure employees can care for their children without detriment to their employment.

### Flexible working options:

Policies allow parents and guardians to manage work-life balance effectively, ensuring children receive adequate care and attention.

### Access to support services:

Employees with caregiving responsibilities for children can access mental health and financial wellbeing resources, reducing stress and promoting family stability.

**Life, survival and development:** Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

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The strategy supports the development of young employees (up to the age of 18) through:

Apprenticeship and training opportunities:

Dedicated early-career programmes equip young people with skills and experience, fostering professional growth and independence.

Mentorship and career pathways:

Clear career pathways are in place to guide young employees through their professional development while respecting their rights as young workers.

**Respect of children's views:** Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Not applicable

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:



Option 1: No major change (where no impact or potential for improvement is found, no action is required)



Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)



Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)



Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):



Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not applicable.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
No actions identified.		

Ongoing 6 Monthly Review    please write your 6 monthly EQIA review date:

Not applicable.

Lead Reviewer:  
EQIA Sign Off:

Name            Mathew Pay  
Job Title       Workforce Strategy Manager  
Signature       M.Pay  
Date             25 November 2024

Quality Assurance Sign Off:  
(NHSGGC Assessments)

Name            Alastair Low  
Job Title       Planning Manager  
Signature       A Low  
Date             25/11/24

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Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.