



# **Equal Pay Statement and Gender Pay Gap Information**

**April 2021**

## 1. National Context

Women in Scotland currently earn, on average, 10.4% less per hour than men (a decrease of 2.9% since 2019), and 29.7% less when you compare women's part time hourly rate to men's full time hourly rate (an increase of 1.3% since 2019)<sup>1</sup>.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

Women's labour market participation has been adversely impacted by COVID-19. Women are more likely to work in shutdown sectors such as retail and hospitality and women's poverty rates (and therefore child poverty rates) will rise as a result of low-paid women being particularly affected by job disruption. Women are bearing the brunt of the increase in childcare and care for adults in the home, making paid work more difficult and women are greater risk of losing their job over the course of the recession<sup>2</sup>.

According to Close the Gap, the gender pay gap is caused by a range of factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as Female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Biased and un-transparent recruitment, development and progression practice
- Male-oriented workplace cultures
- Discrimination in pay and grading systems

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

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<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/annualsurveyofhoursandearningsashegenderpaygaptables>

<sup>2</sup> Close the Gap, 2021 'The Gender Pay Manifesto' <https://www.closesthegap.org.uk/content/resources/The-Gender-Pay-Gap-Manifesto---2021-Scottish-Parliament-elections.pdf>

## **2. Legislative Framework**

The Equality Act 2010 sets out that people should not be discriminated against in employment, when seeking employment, or when engaged in occupations or activities related to work, because of their sex. The Equality Act also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

The Act stipulated that all Health Boards (as were all public bodies) across NHS Scotland were required to comply with the 3 aims of the Public Sector Equality Duty, and to meet the requirements of the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012.

### **Specific Duties**

The General Duty is supported by **Specific Duties**, set out in regulation, which came into force on 27 May 2012. The requirements of the Specific Duties in relation to pay gap and occupational segregation reporting are as follows:

- **Duty to publish gender pay gap information**
- **Duty to publish statements on equal pay**

In addition to gender, the specific duties also require that occupational segregation analysis and reporting must include the following:

- **Disability** – comparing distribution of people who identify as disabled and those who identify as not disabled
- **Race** – comparing distribution of persons who fall into a minority racial group and those who do not

## **3. Equal Pay and the Gender Pay Gap**

Equal pay is a legal requirement. Employees performing work of the same value must be paid at the same rate, regardless of their protected characteristics.

In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

## **4. Equal Pay Statement**

This statement has been agreed in partnership and will be reviewed on a regular basis by NHS Dumfries and Galloway Staff Governance Committee.

NHS Dumfries and Galloway is committed to the broad principles of equality of opportunity in employment and believe that staff should receive equal pay for the

same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Dumfries and Galloway understand that the right to equal pay between women and men is a legal right under both domestic and European law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Dumfries and Galloway to taking the following steps:

- Publish gender pay gap information by 30 April 2021
- Publish a statement on equal pay between women and men by 30 April 2021, and to include the protected characteristics of race and disability

It is good practice and reflects the values of NHS Dumfries and Galloway that pay is awarded fairly and equitably.

NHS Dumfries and Galloway recognise that in order to achieve equal pay for employees doing the same or broadly similar work, work related as equivalent or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

#### *National Terms and Conditions*

NHS Dumfries and Galloway employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms and Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) contracts of employment. Some staff are employed on the NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

#### *Staff Governance Standard*

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

### **Occupational Segregation**

Occupational segregation refers to the distribution of people defined by specific characteristics, for example, by disability, gender or race, into different types of work. Many factors influence this clustering effect for example, gender norms and stereotypes; assumptions about men's and women's capabilities, preferences and skills; the culture associated with male dominated occupations and sectors and access to training and development opportunities. Occupational segregation restricts choices for men and women. The jobs most likely to be done by women are those associated with low pay, and fewer opportunities to progress.

Occupational segregation occurs both between and within economic sectors, and is typically described in 2 ways:

**Horizontal segregation** refers to the clustering of people, for example men and women, into different types of work. Examples include, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles within NHS Scotland.

**Vertical segregation** refers to the clustering of people, for example men and women, into different levels of work. Examples include a higher proportion of women work in lower pay bands, and a higher proportion of men work in senior management within NHS Scotland.

### **Horizontal segregation by gender**

NHS Dumfries and Galloway employs more women than men. In November 2020, the Board employed 83% women, compared with 17% men.

**Appendices 1, 2, 3 and 4** show the distribution of men and women across all of the Job Families. Women represent the majority of the workforce within all the majority of the Job Families with the exception of Medical and Dental and Medical Support.

Within the Agenda for Change cohort, the Job Families with the highest percentage of women within their workforce were in the Allied Health Professions (95%), Dental Support (92%) and Nursing/Midwifery (90.3%).

The Job Families with the highest percentage of men in their workforce were Medical and Dental (59.8%), Medical Support (50%) and Healthcare Sciences (30.2%).

### Vertical Segregation by gender

Table 1 shows overall the numbers of men and women working across the different pay grades as at November 2020.

The table above shows that there were more women than men employed in most of the pay grades, with the exception of Medical and Dental grades and Band 8D. The pay band with the highest percentage of women is Non-AfC roles, followed by Band 5.

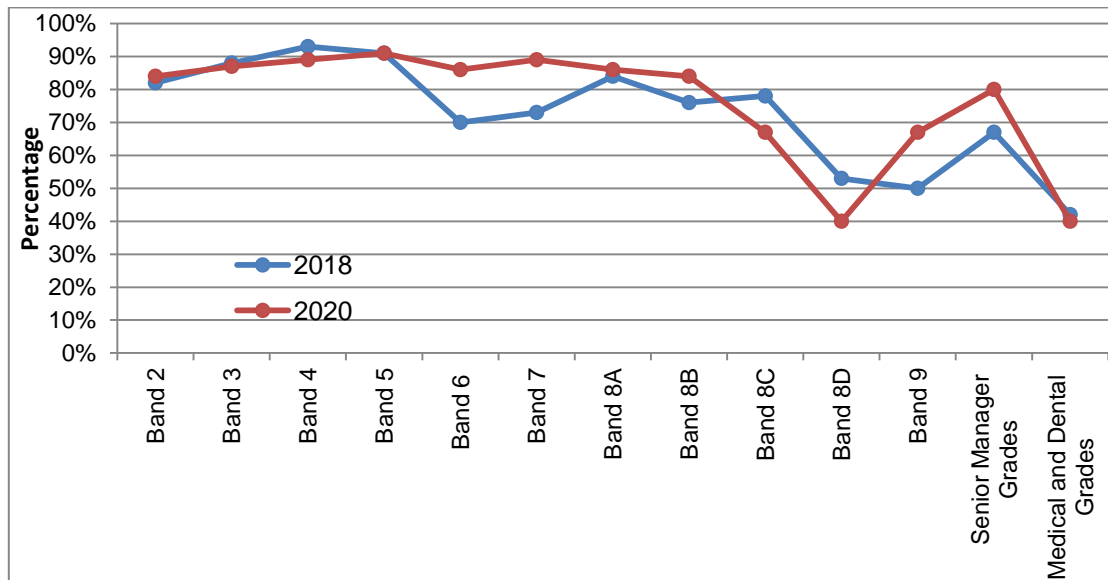
**Table 1: Number of employees by gender and pay Band as at November 2020.**

Band	Women	Percentage	Men	Percentage	Total
1	*	50.0%	*	50.0%	*
2	1,241	83.6%	243	16.4%	1,484
3	514	86.5%	80	13.5%	594
4	271	89.4%	30	10.6%	301
5	1,146	90.7%	115	9.3%	1,261
6	591	86.2%	95	13.8%	686
7	354	88.5%	46	11.5%	400
8A	89	86.4%	14	13.6%	103
8B	32	84.2%	6	15.8%	38
8C	10	66.7%	5	33.3%	15
8D	6	40.0%	9	60.0%	15
9	*	66.7%	*	33.3%	*
Senior Manager Grades	*	80.0%	*	20.0%	*
Medical and Dental Grades	170	40.2%	253	59.8%	423
Not AfC	36	94.7%	*	5.3%	38
Total	4,467	82.7%	901	17.3%	5,368

**Table 2** shows a comparison of the percentage of women employed at the various pay grades between 2018 and 2020.

The relatively small numbers of people employed in Band 8A to Band 9 mean that small changes in headcount can show a large percentages change. For example if there 5 people in a band, 1 person leaves and is replaced by someone of a different gender, then there will be change of 20%.

**Table 2: Percentage of employees by gender and pay Band**



## Gender Pay Gap

**Appendix 1** shows the overall gender pay gap for the organisation as at November 2020. On average, men employed within NHS Dumfries and Galloway were paid on average £5.18 or 24.8% more than women, compared with 26% in 2019.

This varies quite considerably between the overall Job Families. The gap within the Senior Managers cohort is 18.8%, although this Job Family is made up of a small number of people. The gap for Medical and Dental staff is 9.8%, and the gender pay gap for Agenda for Change Staff is 0.7%.

**Appendix 2** shows that within the Medical and Dental Job Family, the overall pay gap is 9.8%. The grade with the highest pay gap within this Job Family is categorised as 'Part time Medical Practitioner Para 94 app. [clin ass]' where there is a pay gap of -36.4%. Within the category of 'Clinical Fellow' there is a pay gap of 22%.

**Appendix 3** shows that within the Senior Manager Job Family, where the pay gap is 18.8%. Despite this Job Family consisting mainly of female employees, at the highest grade (Grade F), there are no female employees.

**Appendix 4** shows that overall for Agenda for Change staff, the pay gap is 0.7% and this is broken down into more specific Job Families and the bandings within these.

The Job Families of Administrative Services (21.1%), Allied Health Professions (7.3%), Other Therapeutic (21.6%), Personal and Social Care (7.8%) and Support Services (7.0%) all have a gender pay gap in favour of male employees.

The Job Families of Healthcare Sciences (-5.4%) and Nursing and Midwifery (-1.0%) each have pay gaps in favour of women.

### **Occupational segregation by minority ethnic group**

**Appendices 5 and 6** show the overall distribution of staff by ethnic categories by Job Family and pay band. We have followed the guidance of the Coalition of Racial Equality and Rights, aggregating White Other into a category distinct from White Scottish and British to account for the effects of migration. Due to small numbers we have also aggregated the various Black, Asian and Minority Ethnic categories into one group for the purposes of reporting.

0.75% of the NHS Dumfries and Galloway workforce have disclosed that they identify as Black, Asian or Minority Ethnic. 54.5% of the workforce have indicated White Scottish or British, 29.2% have not provided any information, 8.3% have declined to respond and 7.3% have identified as White Other.

**Appendix 5** shows that the majority of staff who identify as Black, Asian or Minority Ethnic are employed within the Medical and Dental Job Family (50%), followed by Nursing and Midwifery (29%). Other colleagues who identify as Black, Asian or Minority Ethnic are spread across some of the other Job Families.

**Appendix 6** shows that Black, Asian and Minority Ethnic staff were represented across pay bands 1 – 7. Again the majority of Black, Asian and Minority Ethnic staff (50%) occupied posts within the Medical and Dental grades.

### **Occupational segregation by disability**

Only 1.3% of NHS Dumfries and Galloway staff have identified as disabled. However, 72% of the workforce has not provided any information. 16.5% identify as not disabled and 10.1% have declined to respond. Therefore, there is no data available on 82.1% of the workforce. The number of staff identifying as disabled is very small and as such, makes it challenging to publish more detailed information. Work is ongoing to improve the equalities data collected which will impact on these numbers.

**Appendix 7** shows that staff identifying as disabled are represented across most of the Job Families. 42% of staff that have identified as being disabled are employed within Nursing and Midwifery and 27% are employed within Administrative Services.



**Appendix 8** shows that disabled staff are represented across pay bands 1 – 8. Disabled staff are almost equally represented across bands 1 – 7.

The lack of data and small numbers around the protected characteristics of disability and ethnicity makes it difficult to draw any definitive conclusions about patterns of occupational segregation in relation to ethnicity and disability.

## **5. Positive action to enhance attraction, development and retention of underrepresented groups**

### **Glasgow Centre for Inclusive Living Graduate Scheme**

NHS Chief Executives supported the establishment of the Glasgow Centre for Inclusive Living Equality Academy's Professional Careers Programmes within NHS Scotland Boards. The aim of the programme is for boards to provide a 2 year paid employment opportunity for disabled graduates by providing experience of employment and to help set them up for a long-term sustainable career. NHS Dumfries and Galloway has taken part in this scheme and have offered placements as part of the 2 cohorts that have ran to date.

### **Disability Confident scheme**

NHS Dumfries and Galloway currently hold Disability Confident Level 2 'Employer Status'.

The Disability Confident commitments include:

- Offering an interview to disabled candidates
- To ensure there is a mechanism in place to discuss with disabled employees what can be done to make sure they can develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.

Work will be undertaken in 2021 to review the application and apply for Level 3 'Leader' Status.

## **6. Next Steps**

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statements and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years
- Continue to inform employees as to how pay practices work and how their own pay is determined
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the Equality Act 2010
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union Representatives
- Empower staff and managers to work flexibly and effectively with a focus on outcomes, supporting flexible and agile working arrangements and work-life balance
- Regularly review data to scrutinise performance and drive improvement across recruitment practices, career progression and retention in relation to the protected characteristics.
- Continue to progress through the Carer Positive Framework to support carers in the workplace
- Consider intersectionality within the 'Developing the Young Workforce' strategy as an integral part of the work. For example, encouraging younger women into a range of various roles within the Board, including those which are often stereotyped as 'men's work'
- Work towards the Disability Confident Level 3 award
- Establishment and development of staff networks for protected characteristic groups with opportunities to discuss and share experiences
- Review our job descriptions and person specifications to remove unnecessary criteria that may be indirectly disadvantaging people from protected characteristic groups
- Develop an action plan for this work which will be monitored through the internal Staff Governance Committee

Responsibility for implementing this policy is held by the NHS Dumfries and Galloway Workforce Director.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

## **Appendices**

### **Overview**

The tables contained within the appendices from page 15 onwards, show the pay differences and occupational segregation data between male and female staff, and the occupational segregation data in relation to ethnicity and disability.

- Summary of the overall gender pay gap across NHS Dumfries and Galloway (Appendix 1)
- Medical and Dental Staff by Grade (Appendix 2)
- Senior Managers by Grade (Appendix 3)
- Agenda for Change staff by Job Families and pay band (Appendix 4)
- Horizontal Occupational Segregation Data by Ethnicity (Appendix 5)
- Vertical Occupational Segregation Data by Ethnicity (Appendix 6)
- Horizontal Occupational Segregation Data by Disability (Appendix 7)
- Vertical Occupational Segregation Data by Disability (Appendix 8)

### **Data definitions within pay gap data**

The data presented covers all substantively employed staff and the average hourly rate for basic pay. This does not include overtime.

Where data relates to 5 or less individuals, detail on pay has been asterisked (\*) out to avoid individuals being identified.

The data is presented in the following format:

- Employment count by gender and the proportional percentage of gender split within the grade
- The average hourly basic rate pay by both genders and the total (for both males and females) represented in pounds sterling (£)
- The percentage variance of difference when comparing male to female average hourly pay rates

*\*Please note that the totals within Appendix 1 for the total organisation differ from the overall totals from the Job Family tables. This is due to a number of staff who have pay band 'not assimilated' and are not included in the 'Job Family' tables but are included within the overall organisation figures.*

APPENDIX 1	Organisation Gender Pay Gap as at November 2020								
	Female			Male			Total Headcount	Monetary Variance Male to Female Hourly rate £	Monetary Variance Male to Female %
Job Family	Female Headcount	Female Count as % of Job Family	Average Basic Hourly Rate £	Male Headcount	Male Count as % of Job Family	Average Basic Hourly Rate £			
Agenda for Change	3,694	86.5%	15.02	576	13.5%	15.12	<b>4,270</b>	<b>0.10</b>	0.7%
Medical and Dental	118	40.2%	37.04	164	59.8%	41.06	<b>282</b>	<b>4.02</b>	9.8%
Senior Managers	*	80.0%	37.80	*	20.0%	46.53	*	<b>8.73</b>	18.8%
<b>Total</b>	*	<b>82.6%</b>	<b>15.72</b>	*	<b>17.4%</b>	<b>20.90</b>	<b>4,557</b>	<b>5.18</b>	24.8%

APPENDIX 2		Medical and Dental Grades as at November 2020							
Job Family	Medical Grade	Female			Male			Total Headcount	Monetary Variance Male to Female %
		Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
Medical and Dental	Associate Specialist	12	66.7%	45.74	6	33.3%	44.22	18	-3.4%
Medical and Dental	Clinical Director	*	100.0%	43.37	-			*	
Medical and Dental	Clinical Fellow	10	73.9%	17.09	*	26.1%	21.90	14	22.0%
Medical and Dental	Consultant	41	31.7%	47.83	92	68.3%	49.40	133	3.2%
Medical and Dental	Dental Core Training - Grade 1	*	100.0%	19.23	-	-	-	*	-
Medical and Dental	Dental Officer	*	62.5%	29.01	-	-	-	*	
Medical and Dental	Foundation House Officer Year 1	*	28.6%	12.72	*	71.4%	12.31	*	-3.3%
Medical and Dental	General Practice Specialty Training	-	-		*	75.0%	16.23	*	
Medical and Dental	Hospital Practitioner	*	16.7%	49.19	*	83.3%	49.19	*	0.0%
Medical and Dental	Medical Director	*	66.7%	48.23	*	33.3%	54.10	*	10.9%
Medical and Dental	Other	*	20.0%	45.58	*	80.0%	38.39	6	-18.7%
Medical and Dental	Part time Medical Practitioner Para 94 app. [clin ass]	*	25.0%	48.86	*	75.0%	35.82	5	-36.4%
Medical and Dental	Salaried GP	*	21.1%	22.53	13	78.9%	25.18	17	10.5%
Medical and Dental	Senior Dental Officer	*	53.3%	40.01	-	-	-	*	-
Medical and Dental	Specialist Registrar	-	-	-	*	100.0%	17.31	*	-
Medical and Dental	Specialty Doctor	22	45.5%	33.42	24	54.5%	32.77	46	-2.0%
Medical and Dental	Specialty Registrar	8	64.7%	17.06	6	35.3%	18.17	14	6.1%
<b>Medical and Dental Total</b>		<b>118</b>	<b>40.2%</b>	<b>37.04</b>	<b>164</b>	<b>59.8%</b>	<b>41.06</b>	<b>282</b>	<b>9.8%</b>

<b>APPENDIX 3</b>		<b>Senior Manager Grades as at November 2020</b>							
		<b>Female</b>			<b>Male</b>			<b>Total Headcount</b>	<b>Monetary Variance Male to Female %</b>
<b>Job Family</b>	<b>Senior Manager Grade</b>	<b>Headcount</b>	<b>Percentage</b>	<b>Average Hourly Rate £</b>	<b>Headcount</b>	<b>Percentage</b>	<b>Average Hourly Rate £</b>		
Senior Managers	Executive/Senior Manager Grade D	*	100.0%	36.46	-	-	-	*	-
Senior Managers	Executive/Senior Manager Grade E	*	100.0%	41.84	-	-	-	*	-
Senior Managers	Executive/Senior Manager Grade F	-	-	-	*	100.0%	46.53	*	-
<b>Senior Managers Total</b>		*	<b>80.0%</b>	<b>37.80</b>	*	<b>20.0%</b>	<b>46.53</b>	<b>5</b>	18.76%

APPENDIX 4		Agenda for Change Job Families as at November 2020							
Job Family	Agenda for Change Banding	Female			Male			Total Headcount	Monetary Variance Male to Female %
		Female Headcount	Female headcount as % of banding	Average Hourly Rate £	Male Headcount	Male headcount a % of banding	Average Hourly Rate £		
ADMINISTRATIVE SERVICES	Band 2	139	90.1%	10.28	16	9.9%	10.34	155	0.6%
	Band 3	205	92.4%	11.53	17	7.6%	11.38	222	-1.3%
	Band 4	144	89.0%	12.72	18	11.0%	12.50	162	-1.8%
	Band 5	55	77.5%	15.61	16	22.5%	14.53	71	-7.4%
	Band 6	37	63.8%	18.01	21	36.2%	18.64	58	3.4%
	Band 7	27	66.7%	21.72	13	33.3%	21.91	40	0.9%
	Band 8A	19	82.6%	26.03	*	17.4%	26.29	*	1.0%
	Band 8B	8	80.0%	31.30	*	20.0%	32.76	*	4.5%
	Band 8C	*	60.0%	38.36	*	40.0%	37.89	5	-1.2%
	Band 8D	*	37.5%	45.19	5	62.5%	45.86	*	1.5%
	Band 9	*	50.0%	52.41	*	50.0%	54.81	*	4.4%
<b>ADMINISTRATIVE SERVICES Total</b>		<b>641</b>	<b>84.8%</b>	<b>13.70</b>	<b>115</b>	<b>15.2%</b>	<b>17.59</b>	<b>756</b>	22.1%
ALLIED HEALTH PROFESSION	Band 3	65	98.7%	11.58	-	-	-	65	-
	Band 4	19	100.0%	12.40	-	-	-	19	-
	Band 5	43	89.8%	14.02	5	10.2%	13.40	48	-4.6%
	Band 6	*	97.0%	18.82	*	3.0%	19.41	*	3.0%
	Band 7	70	93.3%	22.93	5	6.7%	23.07	75	0.6%
	Band 8A	*	90.9%	27.30	*	9.1%	27.30	*	0.0%
	Band 8B	*	100.0%	33.80	-	-	-	*	-
	Band 8C	*	100.0%	39.31	-	-	-	*	-
<b>ALLIED HEALTH PROFESSION Total</b>		<b>339</b>	<b>95.0%</b>	<b>17.75</b>	<b>15</b>	<b>5.0%</b>	<b>19.15</b>	<b>354</b>	7.3%
DENTAL	Band 4	28	96.4%	12.51	*	3.6%	11.60	*	-7.8%

SUPPORT									
	Band 5	*	75.0%	13.31				*	
	Band 6	*	100.0%	17.58				*	
	Band 7	*	100.0%	21.80				*	
	Band 8B	*	100.0%	32.76				*	
<b>DENTAL SUPPORT Total</b>		*	<b>92.5%</b>	<b>13.85</b>	*	<b>7.5%</b>	<b>11.60</b>	*	<b>-19.4%</b>
HEALTHCARE SCIENCES	Band 2	*	66.7%	10.22	*	33.3%	10.02	*	-2.0%
	Band 3	21	59.5%	11.27	15	40.5%	11.22	<b>36</b>	-0.4%
	Band 4	*	70.0%	12.60	*	30.0%	12.76	*	1.3%
	Band 5	*	85.7%	14.30	*	14.3%	14.98	*	4.5%
	Band 6	32	72.7%	19.64	12	27.3%	19.50	<b>44</b>	-0.7%
	Band 7	*	78.6%	22.76	*	21.4%	22.37	*	-1.7%
	Band 8A	*	50.0%	26.29	*	50.0%	26.29	*	0.0%
	Band 8C	*	100.0%	39.31				*	
<b>HEALTHCARE SCIENCES Total</b>		<b>96</b>	<b>69.8%</b>	<b>16.35</b>	<b>39</b>	<b>30.2%</b>	<b>15.51</b>	<b>135</b>	<b>-5.4%</b>
MEDICAL SUPPORT	Band 5	1	50.0%	16.17	1	50.0%	16.17	<b>2</b>	0.0%
<b>MEDICAL SUPPORT Total</b>		<b>1</b>	<b>50.0%</b>	<b>16.17</b>	<b>1</b>	<b>50.0%</b>	<b>16.17</b>	<b>2</b>	<b>0.0%</b>
NURSING/MIDWIFERY	Band 2	411	89.5%	10.43	52	10.5%	10.35	<b>463</b>	-0.8%
	Band 3	140	85.2%	11.44	25	14.8%	11.41	<b>165</b>	-0.3%
	Band 4	*	94.7%	12.39	*	5.3%	11.60	*	-6.8%
	Band 5	797	92.3%	15.34	66	7.7%	15.41	<b>863</b>	0.5%
	Band 6	341	88.4%	18.63	46	11.6%	18.31	<b>387</b>	-1.7%
	Band 7	197	92.3%	21.76	14	7.7%	22.46	<b>211</b>	3.1%
	Band 8A	*	88.6%	26.16	*	11.4%	26.29	*	0.5%
	Band 8B	*	76.9%	31.83	*	23.1%	31.20	*	-2.0%
	Band 8D	*	50.0%	43.85	*	50.0%	43.85	*	0.0%
<b>NURSING/MIDWIFERY Total</b>		<b>1,962</b>	<b>90.3%</b>	<b>15.47</b>	<b>213</b>	<b>9.7%</b>	<b>15.32</b>	<b>2,175</b>	<b>-1.0%</b>
OTHER THERAPEUTIC	Band 2	*	83.3%	9.96	*	16.7%	10.19	*	2.3%
	Band 3	*	88.9%	10.82	*	11.1%	11.55	*	6.3%



	Band 4	*	95.7%	12.43	*	4.3%	11.60	*	-7.2%
	Band 5	*	96.2%	14.56	*	3.8%	13.78	*	-5.7%
	Band 6	*	95.7%	17.10	*	4.3%	17.02	*	-0.5%
	Band 7	33	87.8%	21.35	5	12.2%	20.93	38	-2.0%
	Band 8A	*	92.6%	26.73	*	7.4%	25.29	*	-5.7%
	Band 8B	*	90.9%	32.76	*	9.1%	30.43	*	-7.7%
	Band 8C	*	71.4%	37.04	*	28.6%	39.31	*	5.8%
	Band 8D	*	40.0%	44.86	*	60.0%	45.19	*	0.7%
	Band 9	*	100.0%	54.81				*	
<b>OTHER THERAPEUTIC Total</b>		<b>178</b>	<b>87.9%</b>	<b>19.00</b>	<b>20</b>	<b>12.1%</b>	<b>24.22</b>	<b>198</b>	21.6%
PERSONAL AND SOCIAL CARE	Band 3	*	86.7%	11.10	*	13.3%	11.55	*	3.9%
	Band 4	5	100.0%	12.53	-	-	-	5	-
	Band 5	*	84.6%	15.13	*	15.4%	16.17	*	6.4%
	Band 6	*	50.0%	18.52	*	50.0%	16.25	*	-14.0%
	Band 7	*	80.0%	22.66	*	20.0%	23.51	*	3.6%
	Band 8A	*	100.0%	27.30	-	-	-	*	-
<b>PERSONAL AND SOCIAL CARE Total</b>		<b>36</b>	<b>83.7%</b>	<b>14.68</b>	<b>7</b>	<b>16.3%</b>	<b>15.92</b>	<b>43</b>	7.8%
SUPPORT SERVICES	Band 1	*	50.0%	9.44	*	50.0%	9.44	*	0.0%
	Band 2	336	73.1%	10.34	121	26.9%	10.34	457	0.0%
	Band 3	48	72.1%	11.39	19	27.9%	11.45	67	0.5%
	Band 4	11	61.1%	12.34	7	38.9%	12.43	18	0.7%
	Band 5	5	45.5%	15.12	6	54.5%	16.17	11	6.5%
	Band 6	*	30.0%	17.51	*	70.0%	18.81	*	6.9%
	Band 7	*	50.0%	23.51	*	50.0%	22.21	*	-5.9%
	Band 8A	*	50.0%	25.29	*	50.0%	27.30	*	7.4%
	Band 8C	-	-	-	*	100.0%	39.31	*	-
<b>SUPPORT SERVICES Total</b>		<b>407</b>	<b>70.9%</b>	<b>10.73</b>	<b>165</b>	<b>29.1%</b>	<b>11.54</b>	<b>572</b>	7.0%
<b>AGENDA FOR CHANGE Total</b>		<b>3,694</b>	<b>86.5%</b>	<b>15.02</b>	<b>576</b>	<b>13.5%</b>	<b>15.12</b>	<b>4,270</b>	<b>0.7%</b>

<b>APPENDIX 5</b>											
<b>Horizontal Occupational Segregation by Ethnicity</b>											
<b>Ethnic Group</b>	<b>Admin Services</b>	<b>Allied Health Profession</b>	<b>Dental Support</b>	<b>Healthcare Sciences</b>	<b>Medical Support</b>	<b>Nursing/ Midwifery</b>	<b>Other Therapeutic</b>	<b>Personal and Social Care</b>	<b>Support Services</b>	<b>Medical and Dental</b>	<b>Senior Managers</b>
Black, Asian and Minority Ethnic	*	*	-	*	-	10	*	-	-	17	-
No response	189	90	7	36	*	568	82	14	209	131	-
Prefer not to say	49	28	*	7	-	180	11	5	63	33	-
White - Other	34	21	-	10	-	176	13	4	40	34	-
White – Scottish and British	480	214	26	79	*	1,237	90	20	259	67	5
<b>Total</b>	*	*	<b>35</b>	*	*	<b>2,171</b>	*	<b>43</b>	<b>572</b>	<b>282</b>	<b>5</b>

<b>APPENDIX 6</b>						
<b>Vertical Occupational Segregation by Ethnicity</b>						
<b>Ethnic Group</b>	<b>Bands 1 - 3</b>	<b>Bands 4 - 5</b>	<b>Bands 6 - 7</b>	<b>Bands 8A - 9</b>	<b>MEDICAL and DENTAL</b>	<b>SENIOR MANAGERS</b>
Black, Asian and Minority Ethnic	8	6	*	-	17	-
No response	526	424	214	35	131	-
Prefer not to say	172	95	66	12	33	-
White - Other	96	85	96	22	34	-
White – Scottish and British	896	739	667	108	67	5
<b>Total</b>	<b>1,698</b>	<b>1,349</b>	*	<b>17</b>	<b>282</b>	<b>5</b>

APPENDIX 7	Horizontal Occupational Segregation by Disability										
Disability	Admin Services	Allied Health Profession	Dental Support	Healthcare Sciences	Medical Support	Nursing/ Midwifery	Other Therapeutic	Personal and Social Care	Support Services	Medical and Dental	Senior Managers
No response	520	259	26	97	*	1,570	141	32	422	211	*
No	139	49	6	19	-	368	41	6	76	49	*
Prefer not to say	81	39	*	17	-	211	15	4	68	24	-
Yes	16	7	-	2	-	25	*	*	6	*	-
<b>Total</b>	<b>756</b>	<b>354</b>	<b>*</b>	<b>135</b>	<b>*</b>	<b>2,174</b>	<b>*</b>	<b>*</b>	<b>572</b>	<b>*</b>	<b>5</b>

APPENDIX 8	Vertical Occupational Segregation by Disability					
Disability	Bands 1 - 3	Bands 4 - 5	Bands 6 - 7	Bands 8A - 9	Senior Managers	Medical and Dental Grades
No response	1,215	960	755	139	*	211
No	282	229	167	26	*	49
Prefer not to say	183	143	105	7	-	24
Yes	18	17	21	-	-	*
<b>Total</b>	<b>1,698</b>	<b>1,349</b>	<b>1,048</b>	<b>174</b>	<b>5</b>	<b>*</b>