



NHS National Waiting Times Centre Board Workforce Monitoring Report

1 October 2010 – 31 March 2011

Submitted April 2011

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EXECUTIVE SUMMARY

Introduction

This Workforce Monitoring Report covers the period 1 October 2010 to 31 March 2011, however there is also analysis of information throughout the 2010/2011 financial year. The report contains valuable information regarding the NWTCB workforce and associated workforce data. The report also identifies and suggests explanation for any trends. Relevant workforce equality information is shown in section 5 which fulfils legislative requirements in light of the Equality Act 2010.

Current Workforce and Organisational Review

In April 2010, a formal review of the organisation's structures commenced in order to ensure that we continue to deliver a service that reflects patient needs and expectations, and one which supports the development of our Clinical Strategy.

This is the final workforce monitoring aligned to the outgoing six Directorate structure and future reports will reflect the organisational review.

Staffing levels will continue to be monitored closely with a view to improving efficiency and maintaining quality of service. In this six month reporting period the Board headcount has remained stable at approximately 1450 substantive staff.

The cumulative turnover figure over the financial year is 8.13%. This is lower than the public sector average and has decreased by approximately 1% since the 2009/2010 financial year.

The Board retention index figure of 5.70% is a decrease on previous reports and evidences NWTCB has improved in retaining our more experienced staff members and keeping skills within the organisation.

Recruitment

The Workforce Review Group continues to review all workforce activities including vacancies at all levels across the organisation which will ensure patient quality is maintained, recruitment is appropriate and best value is achieved. The group continues to scrutinise all new posts, secondments and extensions to temporary contracts.

As anticipated, recruitment activity has decreased since the same period the previous year.

Absence

The sickness absence figure for the 2010/2011 financial year, provided by SWISS, is recorded as 3.97%. This figure is 0.03% lower than the previous year end figure and exceeds the 4% absence Board target.

The potential for significant estimated financial savings related to sickness reduction means that the focus to continue to effectively manage sickness absence remains a high priority.

KSF

The Board significantly exceeded its KSF HEAT target and 87% of staff have a PDP record on e-KSF. Work continues to ensure the sound principles of solid performance management are maintained, consolidated and developed in order to ensure full benefits rationalisation.

Equality and Diversity

The Board has legal duties through the Equality Act 2010 to promote equality of opportunity, eliminate unlawful discrimination and harassment and promote good relations between staff. Equality monitoring included in this report is the key to enable us to evidence that we are fulfilling these obligations.

These principles also apply to the recruitment process and effective monitoring is an essential element in order to ensure that any potential barriers to employment, for any sections of the community, are identified and removed.

Trends and analysis shown in this report support the conclusion that NWTCB does not discriminate on the grounds of any of the legally protected characteristics.

Organisational Review

Phase 1 of the organisational review has been completed and successful appointments have been made.

Future editions of the workforce monitoring report will be aligned to the new structure ensuring meaningful data is produced to support workforce analysis appropriately.

Lindsey I Ferries
Director of Human Resources

(Author: Gavin Millar, HR Advisor – Corporate)
27 April 2011

SECTION 1

CURRENT WORKFORCE

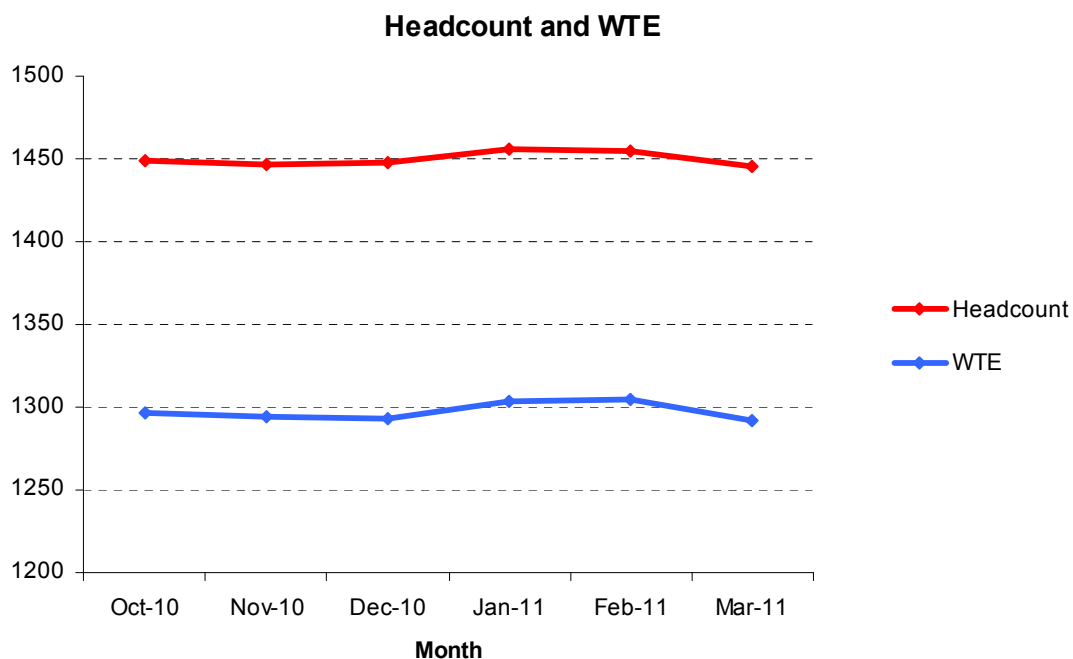
1.1 Board Headcount and WTE

Table 1.1 shows the number of substantive staff employed by the Board at the end of the 2010/2011 financial year. Staff headcount and Whole Time Equivalents (WTE) has remained relatively stable in the past 6 months, as illustrated in Figure 1.1.1. This stability was predicted in the previous monitoring report as turnover rates decrease due to scarcity of job opportunities in the current financial climate.

Table 1.1

Directorate	Headcount	FTE
Beardmore	70	64.35
Cardiac	510	461.68
Clinical Services	177	157.98
Corporate	373	324.47
Surgical	124	108.27
Theatres	191	175.62
TOTAL	1445	1292.07

Figure 1.1.1



1.2 Turnover

Tables 1.2.1 and 1.2.2 below show the monthly Board turnover rates over the 6 month reporting period.

Table 1.2.1

DIRECTORATE	October		November		December	
	No of Leavers	% Turnover	No of Leavers	% Turnover	No of Leavers	% Turnover
Cardiac	2	0	1	0.21%	5	0.98%
Surgical / Ortho	0	1.56%	1	0.9%	1	0.91%
Theatres & Anaesthetics	3	0.66%	2	0.79%	1	0.55%
Clinical Services	1	0.22%	1	0.64%	1	0.66%
Corporate	1	1.58%	2	0.61%	0	0
Beardmore	1	0	0	0	1	1.59%
TOTAL	8	0.58%	7	0.49%	9	0.66%

Table 1.2.2

DIRECTORATE	January		February		March	
	No of Leavers	% Turnover	No of Leavers	% Turnover	No of Leavers	% Turnover
Cardiac	1	0.21%	4	0.67%	4	0.75%
Surgical / Ortho	2	1.56%	0	0	2	1.87%
Theatres & Anaesthetics	0	0	1	0.55%	0	0
Clinical Services	0	0	0	0	1	0.66%
Corporate	0	0	4	1.03%	3	0.55%
Beardmore	0	0	3	3.69%	0	0
TOTAL	3	0.2%	12	0.76%	10	0.64%

The cumulative turnover rate from October 2010 to March 2011 is **3.39%**. This figure represents a total of 49 leavers.

The cumulative turnover figure for the 2010/2011 financial year is **8.13%** representing 116 leavers. This is a reduction of approximately 1.5% on the previous year figure and is indicative of the current job market.

Table 1.2.3 below shows the percentage turnover rates for each Directorate from 1 April 2010 to 31 March 2011. Turnover in the Cardiac Directorate is high due to the large volume of junior doctors leaving in August 2010. Rates in the Beardmore Hotel appear high, however as it is the smallest Directorates, one member of staff leaving has a larger impact on the turnover rate and consequently the figure is slightly skewed.

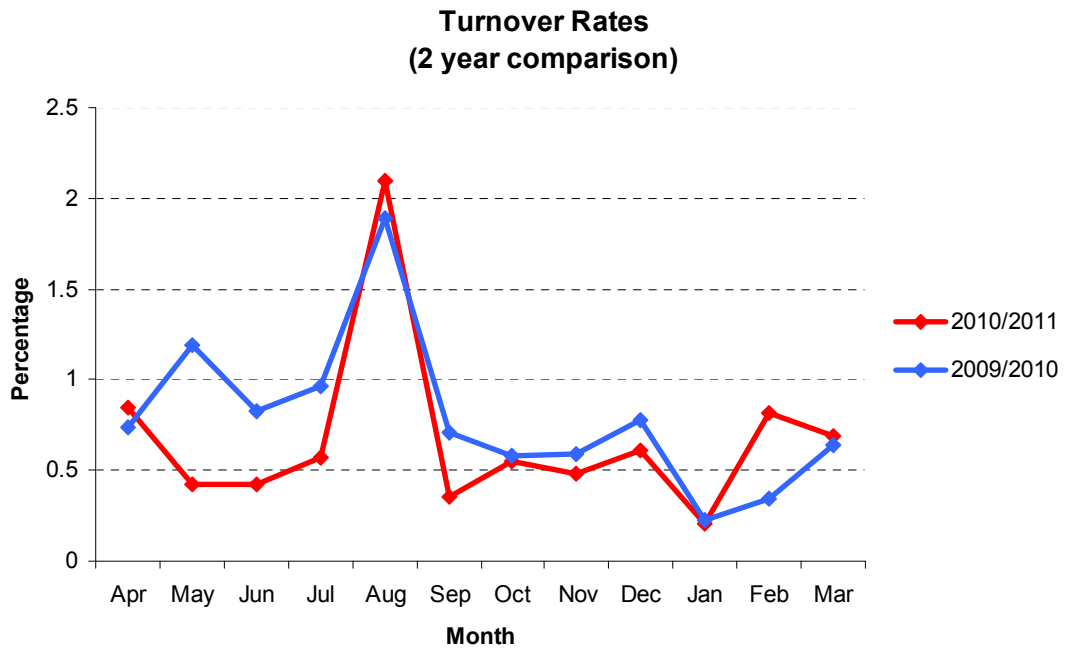
Table 1.2.3

The Board turnover rate of 8.13% is less than the public sector average of 8.6% published in the 2010 CIPD Resourcing and talent planning survey and approximately 5.5% less than the reported overall employee turnover rate for the UK of 13.5%.

Directorate	Percentage Turnover
Beardmore Hotel	14.28%
Cardiac	10.91%
Clinical Services	4.52%
Corporate	6.70%
Surgical / Orthopaedics	8.06%
Theatres / Anaesthetics	5.76%
NWTCB TOTAL	8.13%

Figure 1.2.1 illustrates that turnover has been constantly under 1% in the past 12 months with one obvious exception in August. This large increase can be solely attributed to the junior doctor's rotation. Figure 1.2.1 also highlights that the previous twelve months followed a similar pattern, however the turnover rate has been consistently lower in this financial year compared to 2009/2010. Again, this is an anticipated result of the current economy and job market.

Figure 1.2.1



1.3 Retention

A stability index can be a good indication of how an organisation is at retaining its more experienced employees and is directly linked to the turnover percentage. A stability index percentage which is considerably lower than the turnover percentage may indicate issues within an organisation (a stability index figure of 0% indicates that all leavers have less than one year's service).

Poor induction processes or poor recruitment processes may cause a low stability index as new employees leave shortly after recruitment because they are not being effectively inducted or introduced into the organisation. Conversely, a high stability index (the same percentage as the turnover rate would be the highest possible) may suggest poor succession planning as experienced staff are having to look outside the organisation for progression opportunities.

The statistics used to calculate the NWTCB stability index can be seen in table 1.3 below. This shows staff who left the organisation with over 1 years service i.e. our more experienced highly skilled staff. Of the 116 leavers in the past 12 months, 83 had over one year's service which equates to a stability index figure for the 2010/2011 financial year of **5.70%**.

Table 1.3

Quarter	Number of Leavers with over 1 year service
April – June 2010	19
July – Sept 2010	32
October – December 2010	17
January – March 2011	15
Total	83

This figure has reduced by approximately 1% since the previous monitoring report and by 2% since the first recording of this statistic. This trend indicates that NWTCB is becoming better at retaining our more experienced staff members and keeping skills within the organisation.

SECTION 2

RECRUITMENT

The selection process for phase 1 of the organisational review has been completed and successful appointments were made for the posts of Associate Medical Director, Head of Operations, Head of Nursing, Clinical Specialties Manager, Theatre Services Manager, Operations Manager, Clinical Nurse Manager Ortho/Ophth/Gen/Op, Clinical Nurse Manager Cardiothoracic and Clinical Nurse Manager ICU/HDU.

The selection process for the post of Director of Medical Education and Research and Development Director will be held week commencing 2 May and highlighted in the next edition of this workforce monitoring report.

We are currently reviewing our junior doctor numbers to ascertain how many gaps we are likely to have for August 2011 and are currently advertising for Clinical Fellows in Orthopaedics and Clinical Fellows in Cardiothoracic Surgery. Actual numbers to be appointed will be finalised over the next few weeks. We were successful in our application for eight Certificate of Sponsorships and therefore, if required following interviews, will be able to make any applications with immediate effect.

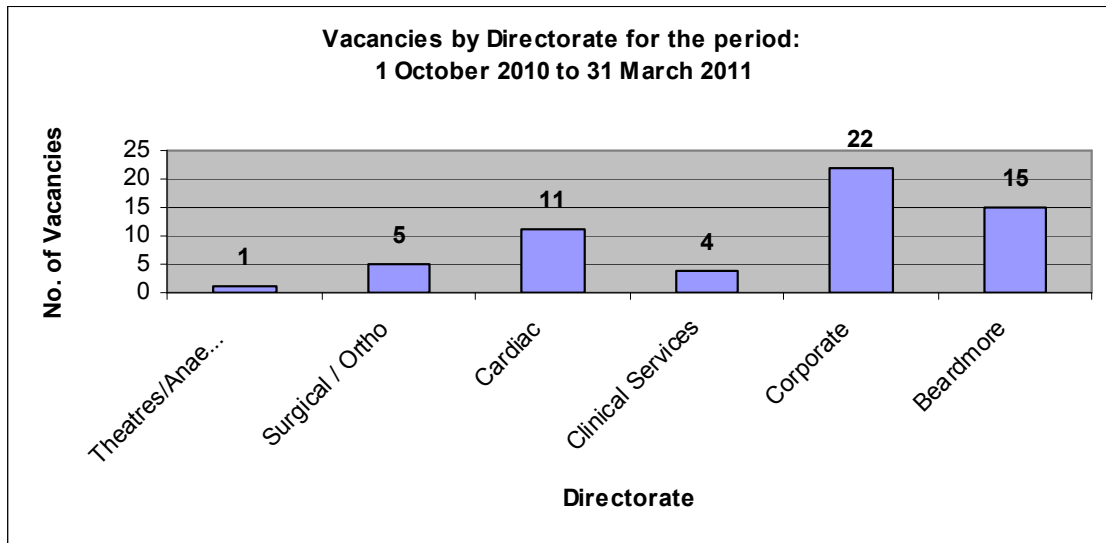
A directive came from the Scottish Government that with effect from 31 December 2010 Boards only recruit as Healthcare Support Workers those who commit to achieving the induction standards and to comply with the code of conduct for HCSW's. All employees that fall under the HCSW model have either completed or are on schedule to complete the induction standards within the required timescale.

On 28 February 2011 the Scottish Government introduced a new membership scheme to replace and improve upon the current disclosure arrangements for new people who work with vulnerable groups. The Protecting Vulnerable Groups Scheme (PVG Scheme) will help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour. Consultation is still ongoing with regards to who will bear the costs of membership of the PVG Scheme however our interim position which has been agreed nationally is that the employee will pay for scheme membership.

Current Recruitment Activity

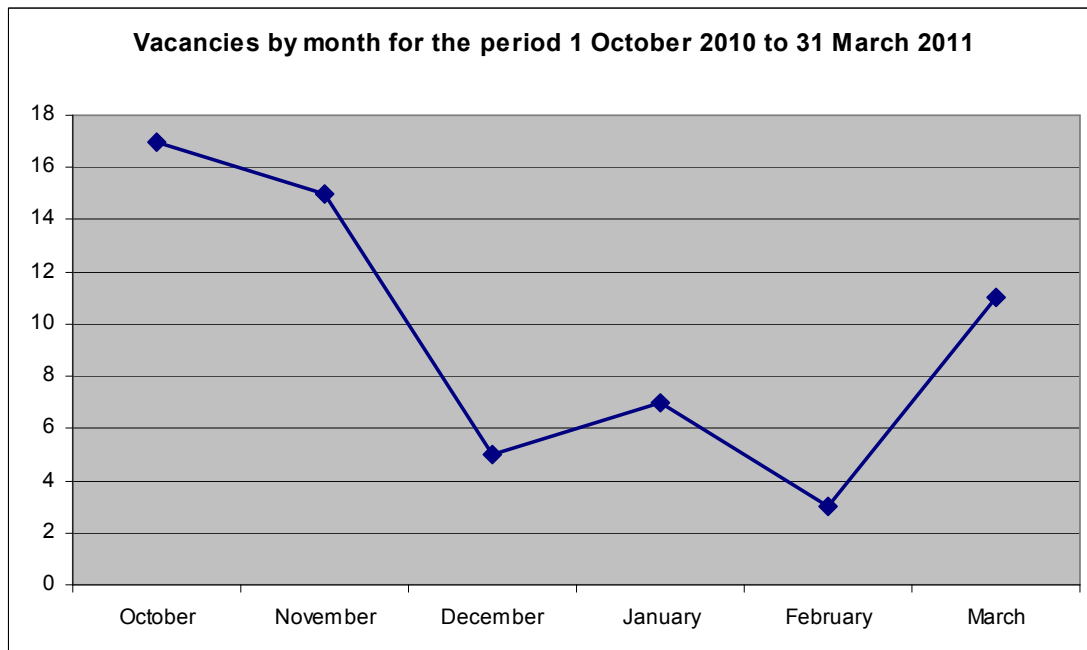
We are continuing to advertise vacancies and for the lower bands or administration posts the volume of applications is extremely high. We review each vacancy independently and will reduce the number of days that the vacancy is open if this is felt the appropriate course of action to minimise the number of applications received. Figure 2.1 overleaf illustrates the total number of vacancies in each Directorate.

Figure 2.1



In this reporting period the majority of recruitment was within the Corporate Directorate for direct replacement of catering staff. We also had an unusually high level of turnover within the Kitchens in the Beardmore Hotel. As consistent with recent reports there continues to be a low level of recruitment activity within Theatres and Anaesthetics.

Figure 2.2



Recruitment for Bank Interpreters and Translators contributed to the larger volume of activity in October. Consistent with previous years, recruitment activity in December, January and February was extremely low as shown in figure 2.2.

SECTION 3

SICKNESS ABSENCE

Table 3.1

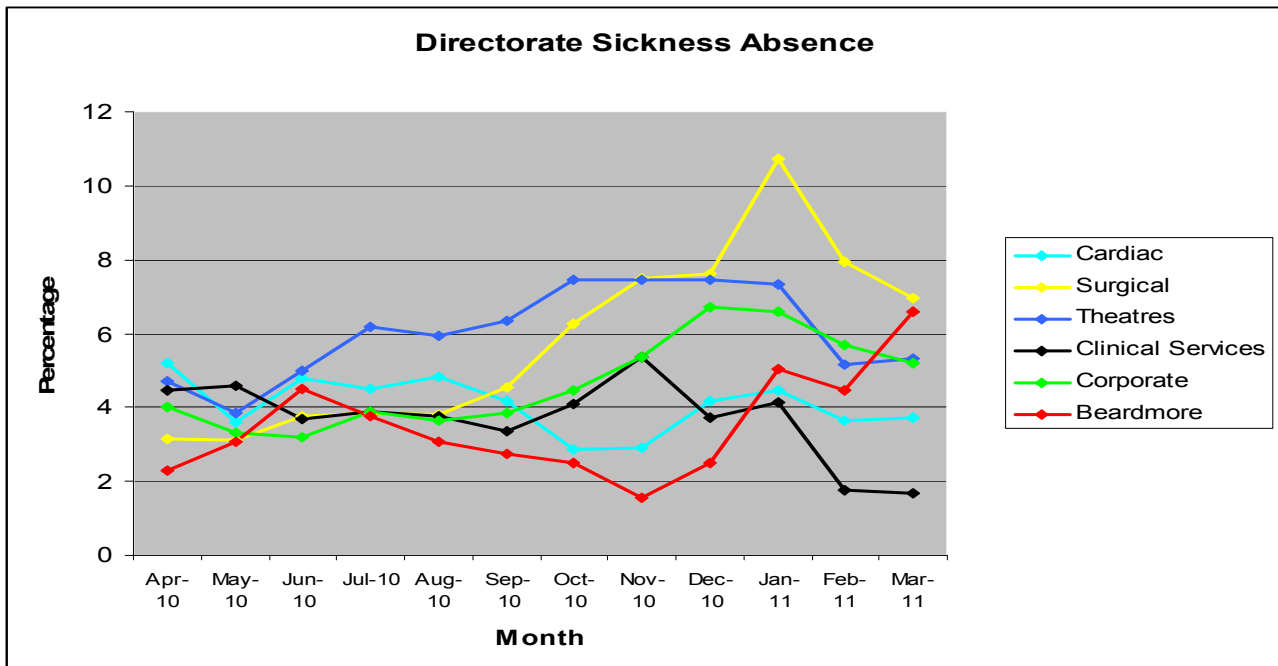
Enter Period start	01/10/2010		
Enter Period end	31/10/2010		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	75767.39	2185.51	2.88%
Surgical / Orthopaedics	18137.64	1138.5	6.28%
Theatres & Anaesthetics	29592.02	2210	7.47%
Clinical Services	24700.97	1010.87	4.09%
Corporate	52575.86	2344.75	4.46%
Beardmore	10296.66	255	2.48%
TOTAL	211070.54	9144.63	4.33%
Enter Period start	01/11/2010		
Enter Period end	30/11/2010		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	75875.01	2197.29	2.90%
Surgical / Orthopaedics	17974.58	1347.5	7.50%
Theatres & Anaesthetics	29462.65	2195.5	7.45%
Clinical Services	24544.44	1319.9	5.38%
Corporate	53086.78	2857	5.38%
Beardmore	10394.49	161	1.55%
TOTAL	211337.95	10078.19	4.77%
Enter Period start	01/12/2010		
Enter Period end	31/12/2010		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	75969.58	3177.99	4.18%
Surgical / Orthopaedics	17811.52	1353.35	7.60%
Theatres & Anaesthetics	29386.56	2193	7.46%
Clinical Services	24613.14	921.25	3.74%
Corporate	53021.56	3569.25	6.73%
Beardmore	10231.43	255	2.49%
TOTAL	211033.79	11469.84	5.44%

Table 3.1 (continued)

Enter Period start	01/01/2011		
Enter Period end	31/01/2011		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	76312	3415.22	4.48%
Surgical / Orthopaedics	17537.58	1878	10.71%
Theatres & Anaesthetics	29386.56	2155.75	7.34%
Clinical Services	25265.38	1049.6	4.15%
Corporate	54097.75	3560.5	6.58%
Beardmore	10394.49	524.5	5.05%
TOTAL	212993.76	12583.57	5.91%
Enter Period start	01/02/2011		
Enter Period end	28/02/2011		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	76678.34	2806.98	3.66%
Surgical / Orthopaedics	17676.72	1402	7.93%
Theatres & Anaesthetics	29490.92	1520	5.15%
Clinical Services	24944.69	438.16	1.76%
Corporate	53893.38	3059.75	5.68%
Beardmore	10557.55	472.5	4.48%
TOTAL	213241.6	9699.39	4.55%
Enter Period start	01/03/2011		
Enter Period end	31/03/2011		
Directorate	Available Hours	Sickness Hours	Sickness Rates
Cardiac	76678.34	2864	3.74%
Surgical / Orthopaedics	17676.72	1232	6.97%
Theatres & Anaesthetics	29490.92	1569.5	5.32%
Clinical Services	24944.69	417.6	1.67%
Corporate	53893.38	2794.61	5.19%
Beardmore	10557.55	697.5	6.61%
TOTAL	213241.6	9575.21	4.49%

3.1 Directorate Absence Reports

Figure 3.1



3.1.1 Cardiac Absence

Average sickness absence rates for the reporting period remained below the 4% target, at 3.64%. This is significant decrease on the last reported figure of 4.45% (April to September). Sickness during the months of October (2.88%) and November (2.90%) dramatically fell and can be attributed to a reduction in short term absences. Absence peaked during January 2011 at 4.48%, however the recorded figures for the months of February and March are again below the 4% target.

The figures for long term absence have improved considerably, with an average of 1% accounting for the overall absence figures for this period. Short term absence across the directorate remains challenging, however this continues to be addressed by departmental managers and HR to ensure the 4% target is maintained.

3.1.2 Surgical / Orthopaedics Absence

Sickness absence within the Surgical/Outpatients directorate has steadily increased in the period with the highest recorded figure of 10.71% in December 2010. Long term sickness absence accounts for over half of all sickness for the majority of the six month period and was attributed to underlying health conditions, post operative recovery time required for treatment of certain conditions. Intervention from Occupational Health has factored heavily in the majority of cases with some staff having returned to work and returns planned for others during the next period. Short term absence across the directorate continues to be a concern with targeted approach from managers and HR in place to address this issue. A total of five cases attributed to absence were progressed to disciplinary proceedings within the period.

3.1.3 Theatres / Anaesthetics Absence

Sickness absence levels have remained high, at an average of 7.4% each month, however there has been a marked improvement in February and March with both months falling below 5.5%. This has been due to a large number of long term absentees, many of whom are now back at work. The reasons for the long term absences have been due to such conditions as musculoskeletal problems, anxiety/stress and gastrointestinal problems.

Several individuals have been recovering from surgery and during their absences regular review meetings have taken place with both Occupational Health and HR.

Short term absences continue to be monitored and meetings arranged when appropriate

3.1.4 Clinical Services Absence

Absence levels have been recorded at below 2% in February and March 2011. This can be attributed to the return to work of a number of staff on long term sick leave.

Short term absences are being addressed early through firm but fair management and leadership in the departments and this is reflected in the falling absence levels.

3.1.5 Corporate Absence

Average sickness absence rates for this reporting period were 5.55% in comparison to the previous reporting period when they were 3.64%. This is an increase of 1.91% and an increase of over 6100 sickness hours. Long term sickness absence has increased by over 70% from the previous reporting period.

Absence rates peaked in December 2010 at 6.73% and have dropped back down to just under 4.5% in March 2011. No month went below the national target of 4%. Long-term sickness absence was at its highest in December 2010 and has remained high right through until March 2011.

Short-term sickness absence was particularly high in January 2011 when over 2480 hours were attributed to short term absence. This is being monitored and appropriate action will be taken where required.

All staff on long-term sickness absence continue to be supported and monitored by Occupational Health, HR and department managers.

3.1.6 Beardmore Hotel Absence

Average sickness absence percentage for the period October 2010 to March 2011 was 3.77%, an increase of 0.5% from the previous six months. The main reason for the increase can be attributed to long term sickness absence. The reasons for the long term absences have mainly been due to musculoskeletal problems. Long term absence is expected to reduce in the next few months as return to work dates have been agreed for three of the five members of staff on long term sick leave.

Short-term sickness has remained the same as the previous reporting period. From October to March there were just over 1000 hours lost due to short term sickness absence. The HR Advisor is supporting the department managers to ensure that absence is being monitored and formal action is being taken where appropriate.

3.1.7 Disciplinary Action due to Sickness Absence

Between 1st April 2010 and 31st March 2011 there have been a total of 31 disciplinary cases due to unacceptable sickness absence levels or failure to follow correct sickness absence procedures. 26 of these cases have resulted in some form of warning, 3 ended with no formal action being taken, one resulted in the employee resigning and one employee was dismissed from the organisation.

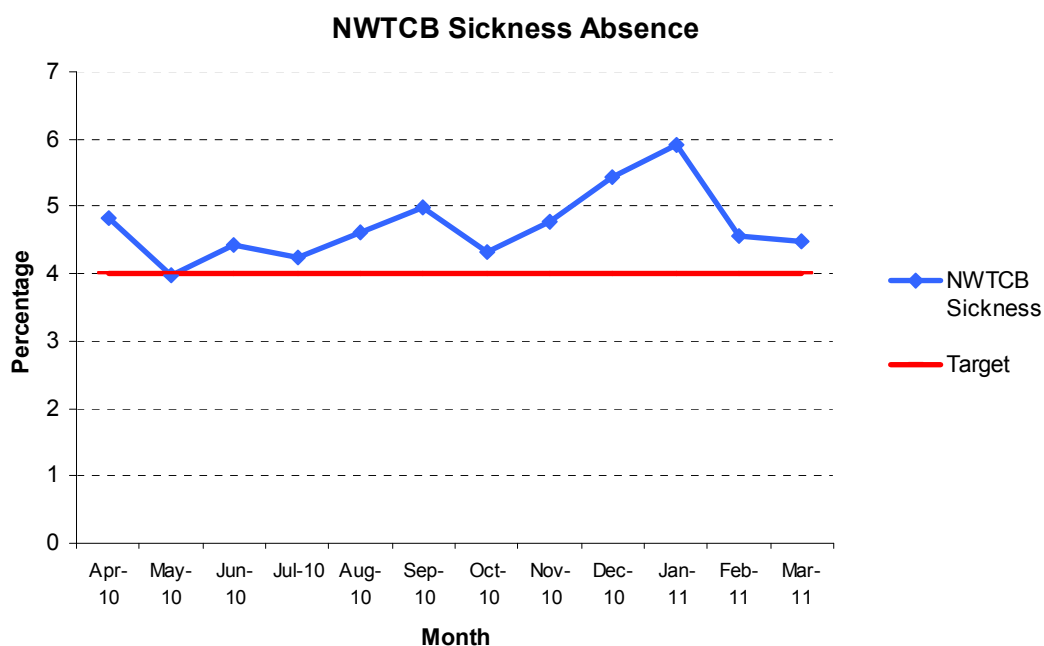
This figure clearly shows that sickness absence is being addressed through the disciplinary policy with over 2.5 disciplinary cases per month attributed to poor attendance records.

3.2 Board Sickness Absence Levels

Figure 3.2.1 shows the levels of sickness absence in the past 12 months. Despite the focus on reducing sickness absence the figure illustrates that the Board have been consistently above the 4% target, however levels have fallen in the past two months since they peaked in January. The reported SWISS figure of 3.97% differs slightly from our own Board figure due to differences in reporting methods.

Reducing and maintaining sickness absence to the target of 4% from our current level of 4.49% would save the Board in excess of £100K per annum. If we could further reduce the absence levels to 3.5% the Board could realise savings in excess of £200,000 per annum. These calculations based on a midpoint Band 5 assumption and do not include 26% employer costs.

Figure 3.2



SECTION 4

WORK-LIFE BALANCE

4.1 Special Leave

Table 4.1 shows the percentage uptake of special leave remains around 0.5% and has remained at a consistent level throughout the past 6 months.. Senior managers had queried the amount of special leave which was granted in previous months however, this figure has reduced since the same period in the previous year and would suggest that special leave is now being managed appropriately

Table 4.1

DIRECTORATE	October		November		December	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	153.75	0.20	316.92	0.42	334.03	0.44
Surgical / Orthopaedics	15	0.08	66	0.37	7.5	0.04
Theatres & Anaesthetics	104.25	0.35	74	0.25	140	0.48
Clinical Services	74.2	0.30	176.7	0.72	145.53	0.59
Corporate	245	0.47	374	0.70	353.92	0.67
Beardmore	7.5	0.07	81.25	0.78	15	0.15
TOTAL	599.7	0.28	1088.87	0.52	995.98	0.47

DIRECTORATE	January		February		March	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	286.25	0.38	257.76	0.34	283.25	0.37
Surgical / Orthopaedics	74.5	0.42	79.5	0.45	43	0.24
Theatres & Anaesthetics	42	0.14	33	0.11	71.25	0.24
Clinical Services	64.25	0.25	63.5	0.25	75.5	0.30
Corporate	402.95	0.74	183	0.34	281.5	0.52
Beardmore	0	0.00	0	0.00	22.5	0.21
TOTAL	869.95	0.41	616.76	0.29	777	0.36

The amount of special leave taken throughout the Board in the past 12 months equates to approximately 5 WTE. The annual cost to the Board is estimated at over £100,000 (making the assumption of mid point Band 5). It is essential that special leave continues to be managed effectively to successfully reduce the impact to service whilst maintaining effective employee relations through a good work-life balance.

4.2 Parental Leave

Table 4.2 shows the percentage uptake of parental leave remains below 0.5% and has remained at a consistent level throughout the past 6 months peaking at 0.43% in October 2010.

In the last year the amount of parental leave taken throughout the Board equates to 2.5 WTE. In terms of cost, this equates to an annual cost of over £60K per annum (making the assumption of the 2.5 WTE being paid at mid point Band 5).

Table 4.2 Parental Leave

DIRECTORATE	October		November		December	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	290.00	0.38	249.00	0.33	110.00	0.14
Surgical / Orthopaedics	182.00	1.00	0.00	0.00	45.00	0.25
Theatres & Anaesthetics	135.00	0.46	65.00	0.22	286.00	0.97
Clinical Services	126.90	0.51	75.00	0.31	54.25	0.22
Corporate	178.25	0.34	57.50	0.11	267.25	0.50
Beardmore	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	912.15	0.43	446.5	0.21	762.5	0.36

DIRECTORATE	January		February		March	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	124.00	0.16	280.09	0.37	300.12	0.39
Surgical / Orthopaedics	0.00	0.00	0.00	0.00	0.00	0.00
Theatres & Anaesthetics	85.50	0.29	85.50	0.29	217.00	0.74
Clinical Services	0.00	0.00	63.50	0.25	5.50	0.02
Corporate	43.50	0.08	21.50	0.04	24.50	0.05
Beardmore	75.00	0.72	0.00	0.00	0.00	0.00
TOTAL	328	0.15	450.59	0.21	547.12	0.26

4.3 Maternity Leave

Table 4.3 shows that maternity leave is highest within Cardiac and Theatres Directorates, with Cardiac peaking at almost 4.5% in December 2010. The Board average for maternity leave has increased by approximately 0.5% to 2.5% since the previous 6 month monitoring report.

As the workforce is three quarters female the likelihood of maternity leave decreasing is low, therefore managers must factor maternity leave into their planned absence when considering workforce planning. This has been taken into account in the recent operation workforce plan templates.

Table 4.3

DIRECTORATE	October		November		December	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	2591.78	3.42	3289.72	4.34	3414.36	4.49
Surgical / Orthopaedics	0	0.00	0	0.00	123	0.69
Theatres & Anaesthetics	579	1.96	726.5	2.47	780	2.65
Clinical Services	501.3	2.03	530.7	2.16	780	3.17
Corporate	660	1.26	660	1.24	345	0.65
Beardmore	0	0.00	0	0.00	0	0.00
TOTAL	4332.08	2.05	5206.92	2.46	5442.36	2.58

DIRECTORATE	January		February		March	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Cardiac	3025.27	3.96	2534.75	3.31	2549.75	3.33
Surgical / Orthopaedics	464	2.65	422.5	2.39	479.5	2.71
Theatres & Anaesthetics	911.5	3.10	871	2.95	986	3.34
Clinical Services	355.5	1.41	483.1	1.94	557.2	2.23
Corporate	532.5	0.98	727.5	1.35	675	1.25
Beardmore	0	0.00	0	0.00	0	0.00
TOTAL	5288.77	2.48	5038.85	2.36	5247.45	2.46

SECTION 5

EQUALITY AND DIVERSITY

NWTC Board is committed to supporting and promoting dignity at work by creating an inclusive working environment.

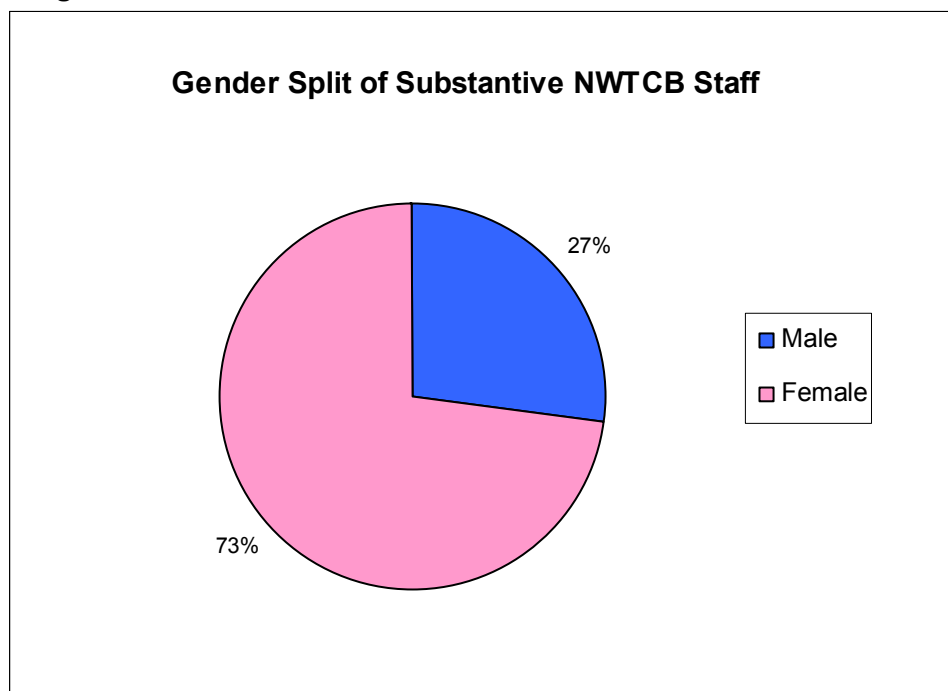
The information presented below is based on self-reporting by NWTCB staff. Data is collected via staff engagement forms when people join or change roles within the organisation.

Protected Characteristics Updates

5.1 Gender

Figure 5.1.1 shows the gender split of our workforce remains approximately three quarters female. The overall percentage of men in the organisation has increased by 1% since the previous monitoring report. This is proportionally representational of NHS Scotland as a whole (benchmarked against ISD figures).

Figure 5.1.1



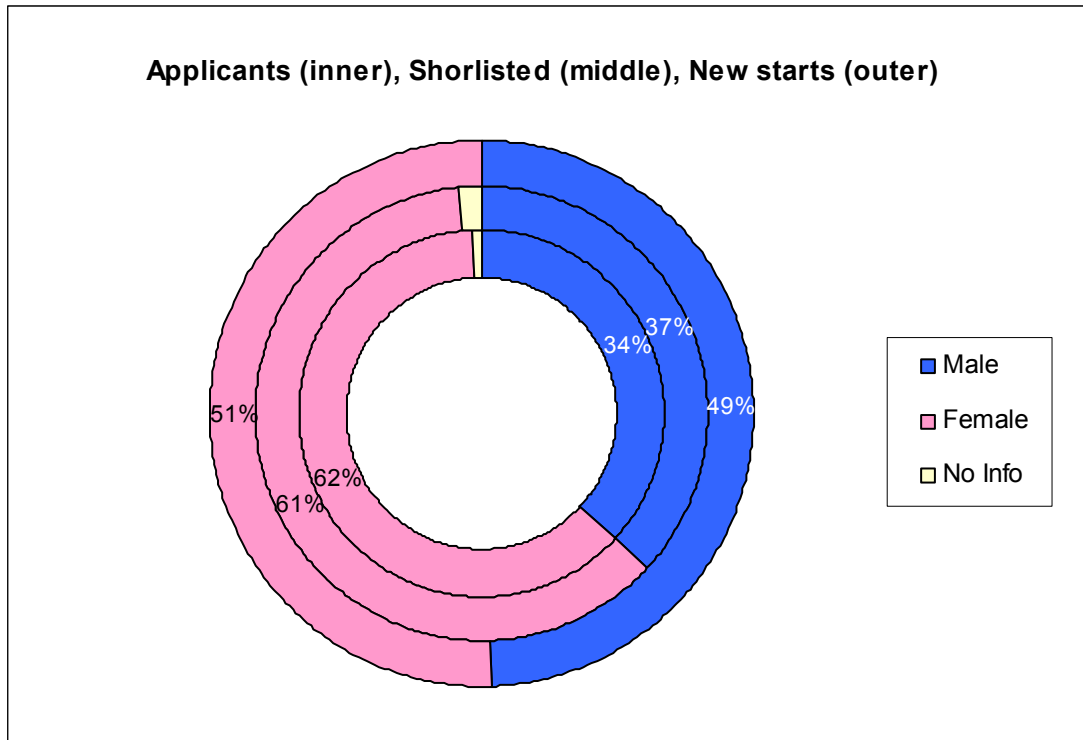
Gender and Recruitment

Figure 5.1.2 illustrates the percentages of men and women who went through the various stages of the recruitment process in the 2010/2011 financial year.

The figure shows that 62% of applicants for all available vacancies in these twelve months were female. The percentage of females shortlisted is 61% and we can confidently conclude that there is no evidence of discrimination in the shortlisting processes.

The percentage of male and female new employees starting work between 1 April 2010 and 31 March 2011 is almost 50/50. This is not the anticipated outcome considering the previous percentages and is not consistent with the proportion of applications from these genders. This area of equality will be monitored closely over the coming months.

Figure 5.1.2



Finally, our data does not show that any person identifying themselves as transgender has applied for a post within NWTGB in the past 12 months.

5.2 Race

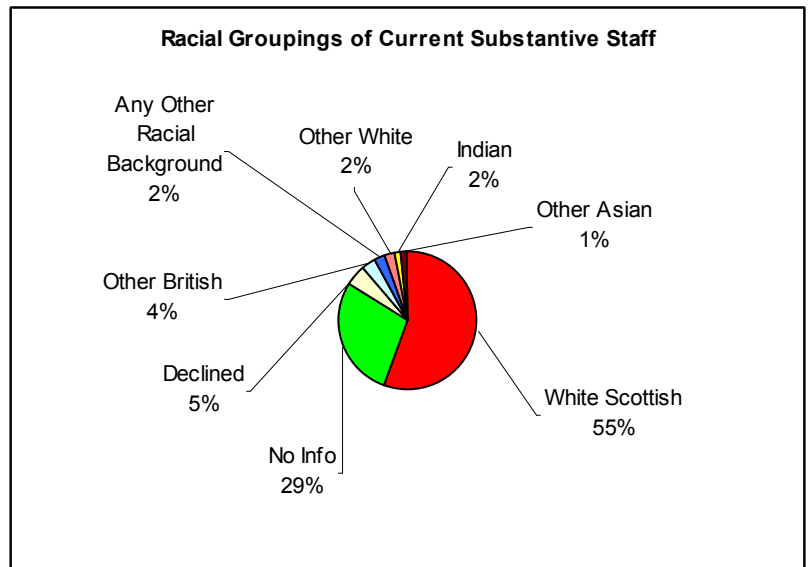
Table 5.2 and figure 5.2.1 overleaf show that more than half the workforce is white Scottish (55%). This figure is comparable with results in NHS Scotland as ISD figures show that a 49% of the workforce is white Scottish

We now have information regarding race for 71% of our staff which is an improvement of approximately 10% over the past 12 months. NWTGB are above average regarding collecting this data as ISD figures show that the national average is down at 63%. With better quality information we can ensure a better working environment for all our staff.

Table 5.2

Racial Group	No. of Staff
White Scottish	791
Declined to comment	412
Other British	51
Other White	34
Other Asian	21
Indian	23
White Irish	12
African	7
Other Ethnic Background	6
Any Mixed Background	<5
Caribbean	<5
Chinese	<5
Pakistani	<5

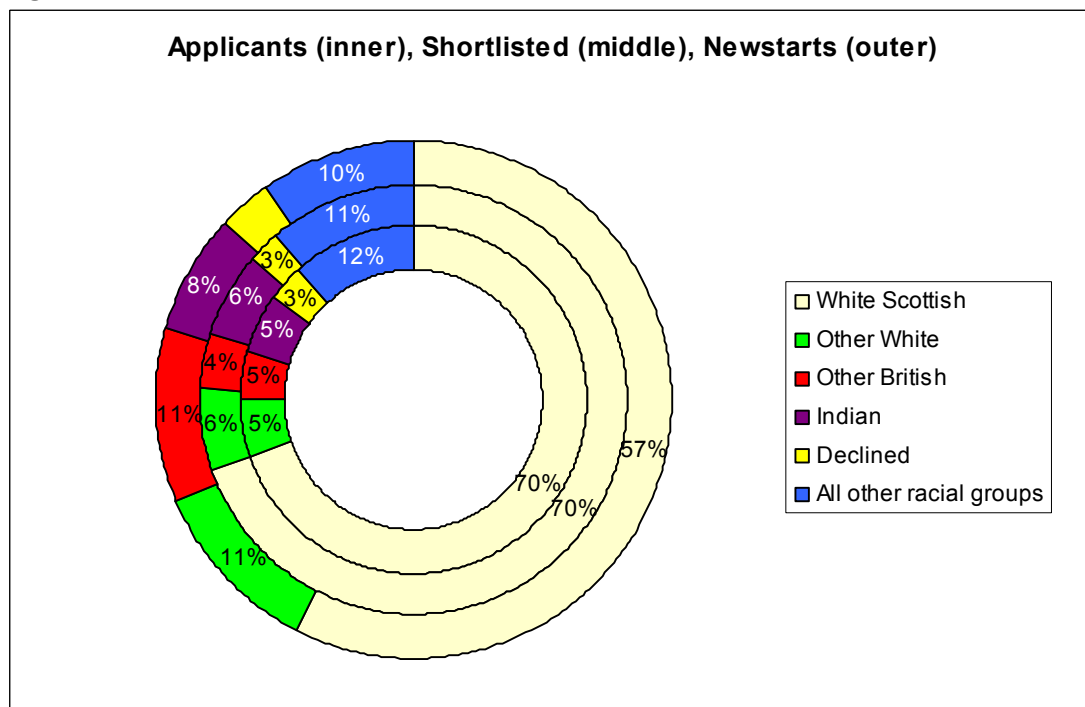
Figure 5.2.1



Race and Recruitment

Figure 5.2.2 below illustrates the racial groups of applicants, interviewees and new employees between 1 April 2010 and 31 March 2011. In this period there were over 1500 application, approximately 500 people were interviewed and just under 100 people became new employees.

Figure 5.2.2



Applications, interviewees and newstarts are predominantly from people who are White Scottish, however there is a close correlation between the percentage of

applicants from ethnic minorities and those who successfully gained employment. This data collected over a 12 month timeframe suggests the Board has no issues regarding discrimination in terms of race throughout the recruitment process.

5.3 Faith & Belief

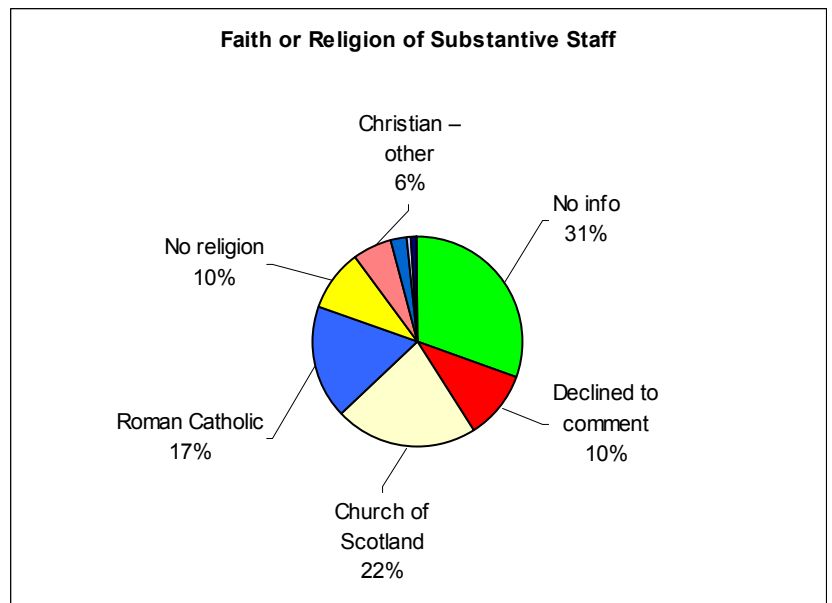
Table 5.3, figures 5.3.1 below illustrate that we have gathered information for just under 70% of our staff with regard to their faith or religious beliefs.

Comparison with NHS Scotland figures show that NWTCB is similar regarding proportional representation of some religions but not others. For example, ISD figures report that 9% of the NHS Scotland workforce is Roman Catholic compared to a much larger 17% in NWTCB. One possible reason for this could be that the quality of the information we have within this Board is higher and therefore categories are populated more accurately.

Table 5.3

Faith or Belief	No. of Staff
No info	439
Church of Scotland	318
Roman Catholic	252
Declined to comment	148
No religion	138
Christian – other	90
Other	33
Muslim	11
Hindu	10
Buddhist	<5

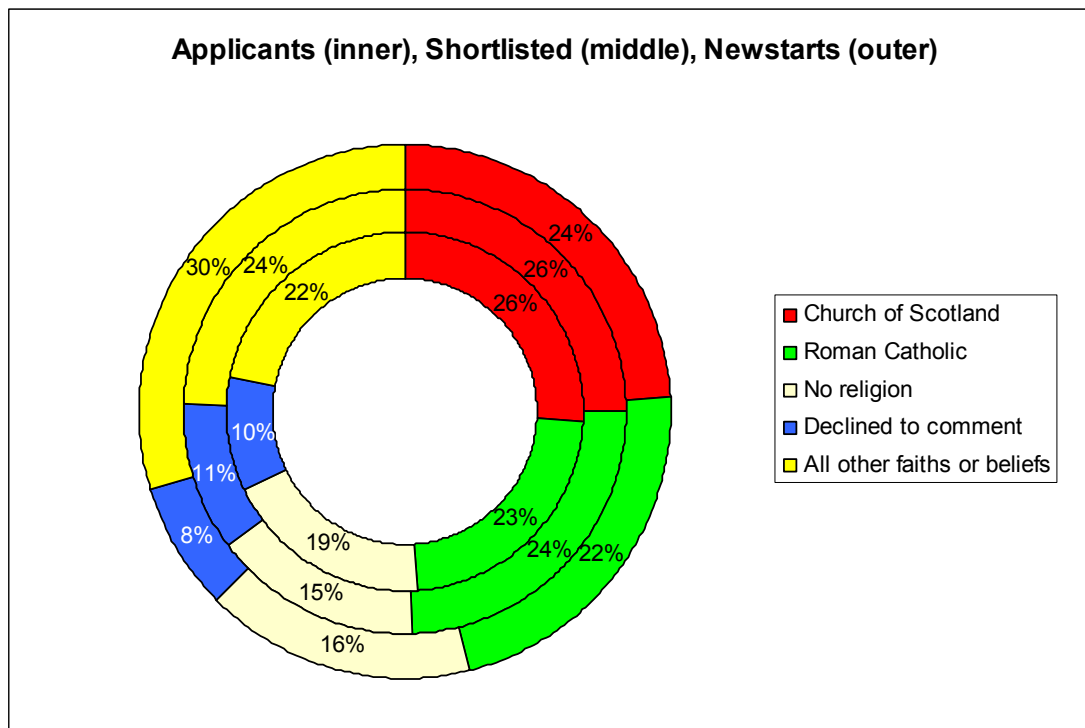
Figure 5.3.1



Faith & Beliefs and Recruitment

Figure 5.3.3 overleaf illustrates the percentages of applicants in the recruitment process from different Faiths or Beliefs in the 2010/2011 financial year. There is a consistent percentage across all religions in terms of applicants to successful candidates. This 12 month data set supports the conclusion that there is no discrimination within the recruitment process regarding religion.

Figure 5.3.3



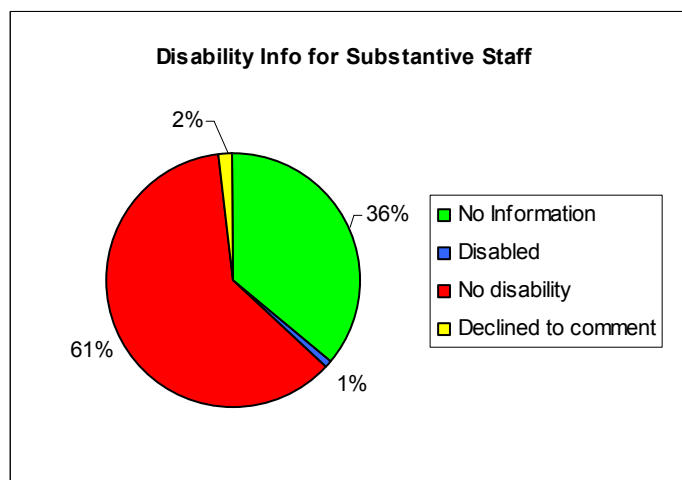
5.4 Disability

Table 5.4 and figure 5.4.1 below illustrate the information held with regards to staff with a disability. At the time of writing, approximately 1% of our staff have disclosed they have a disability.

Table 5.4

Disability	No. of Staff
No Information	518
Disabled	15
No disability	884
Declined to comment	23

Figure 5.4.1



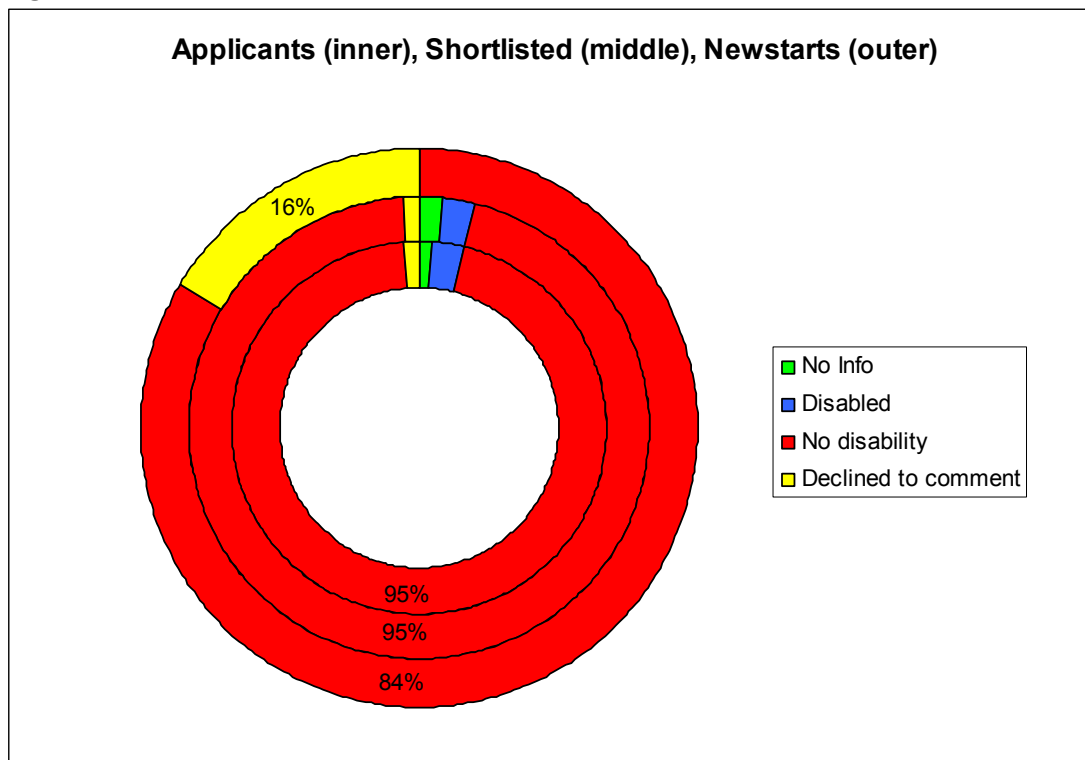
Disability and Recruitment

Figure 5.4.2 below illustrates the percentages of applicants in the recruitment process and their disability status between 1 April 2010 to 31 March 2011.

In these 12 months there were no disabled employees who began work at NWTCB despite 3% of applicants stating that they had a disability, however 16% of newstarts declined to comment on their disability status.

The recruitment team have analysed these figures and liaised with managers regarding disabled applicants. The Recruitment Advisor has ensured that the Disability Symbol Scheme is being implemented consistently and fairly and the statistics suggest that there is no discrimination with regards to disability in the recruitment process.

Figure 5.4.2



5.5 Age

Table 5.5

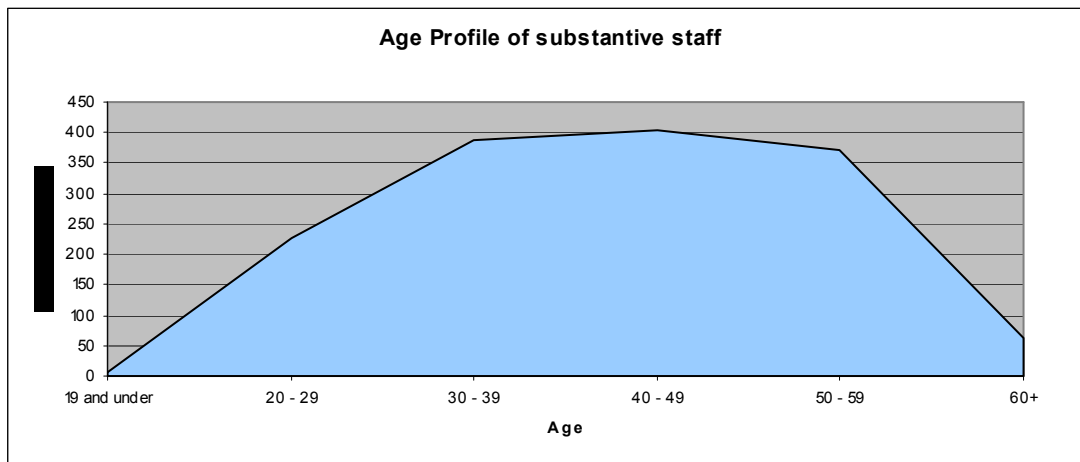
Age	No. of Staff	Percentage
19 and under	5	0.3%
20 - 29	226	15.5%
30 - 39	388	26.7%
40 - 49	403	27.7%
50 - 59	370	25.4%
60 and over	63	4.3%

Table 5.5 to the left shows the age distribution of our staff at 31 March 2011. There has been little change in the age profile in the past year however this area will continue to be monitored. Figure 5.5.1 shows this information graphically.

In accordance with the Employment Equality (Age) Regulations 2006, we have advised staff over the age of 65 that their retirement date will be 31st July 2011. These staff can make a written request to be allowed to continue working after this date should they wish to do so.

Careful consideration will be given to any request to work beyond this retirement date and a decision will be taken at Executive level in respect of any requests.

Figure 5.5.1



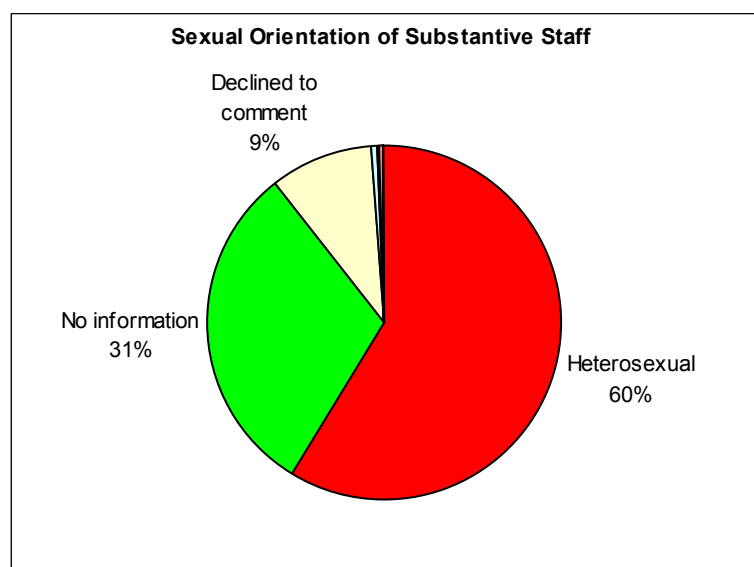
5.6 Sexual Orientation

Table 5.6 and figure 5.6.1 show our workforce with regards to sexual orientation. There has been very little change to these numbers in the past 12 months. Over half our staff (60%) have stated that they are heterosexual.

Table 5.6

Sexual Orientation	No. of Staff
Heterosexual	846
No information	444
Declined to comment	134
Lesbian	7
Bisexual	5
Gay man	<5
Other	<5

Figure 5.6.1

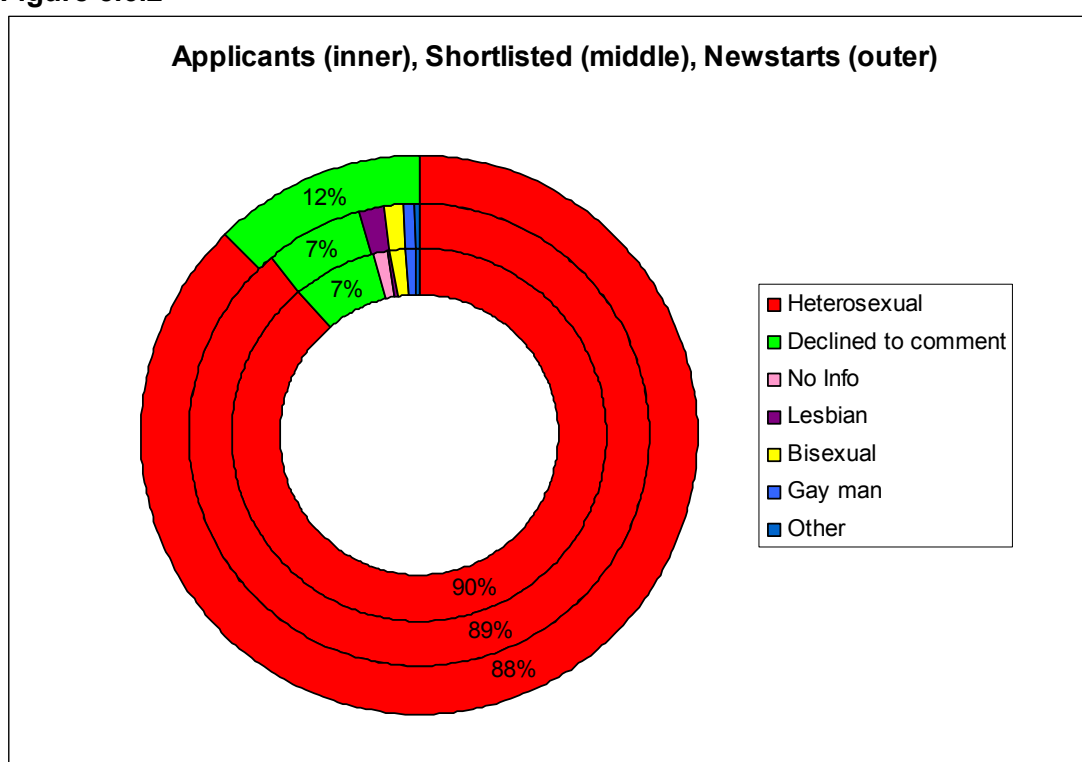


Sexual Orientation and Recruitment

Figure 5.6.2 below shows that approximately 90% of all applicants who applied for a post in the 2010/2011 financial year stated that they were heterosexual. The figures for shortlisted candidates (88%) and new employees (91%) are proportionally consistent with the application percentage.

Whilst these figures show consistency, they also highlight that less than 2% of applicants and no successful candidates were gay. The Board Equality Leads are aware of these figures and are discussing initiatives to encourage an increase in applications from the gay community.

Figure 5.6.2



5.7 Discipline, Grievance & Equality

During the past 12 months there have been approximately 40 disciplinary cases. All disciplinary cases are monitored for trends with regards to the equality. Through analysing the available data we can confidently state that there is no suggestion of any issues with regards to discrimination.

Between 1 April 2010 and 31 March 2011 there were eleven grievances either raised or ongoing. As with the disciplinary cases, these are monitored with regards to equality and at present there is no evidence to suggest discrimination of any kind.

SECTION 6

ORGANISATIONAL REVIEW

A formal review of the organisation's structures was commenced in order to ensure that we continue to deliver a service that reflects patient needs and expectations, and one which supports the ongoing development of our Clinical Strategy.

A full consultation and engagement process commenced in partnership in August 2010 and following emerging themes from staff, an updated structure was approved in January 2011 which will enable the Board to support and develop models of care with more robust operational management.

As of 1 April 2011 the Board has an organisational structure of two Clinical Directorates – Surgical Specialities and Regional & National Medicine, shown in figures 6.1 and 6.2. The Corporate structure has also been realigned to provide additional flexibility and support for the Clinical Directorates.

Figure 6.1

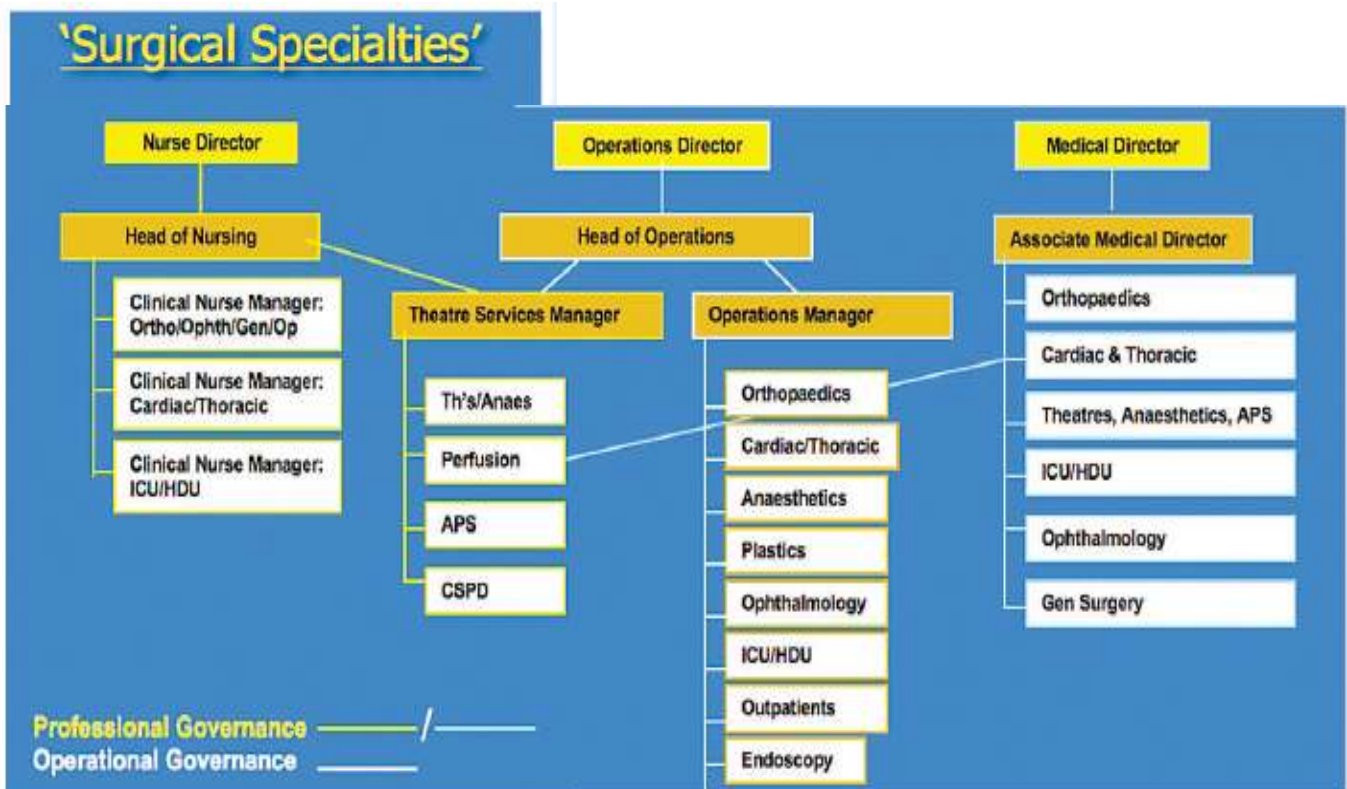
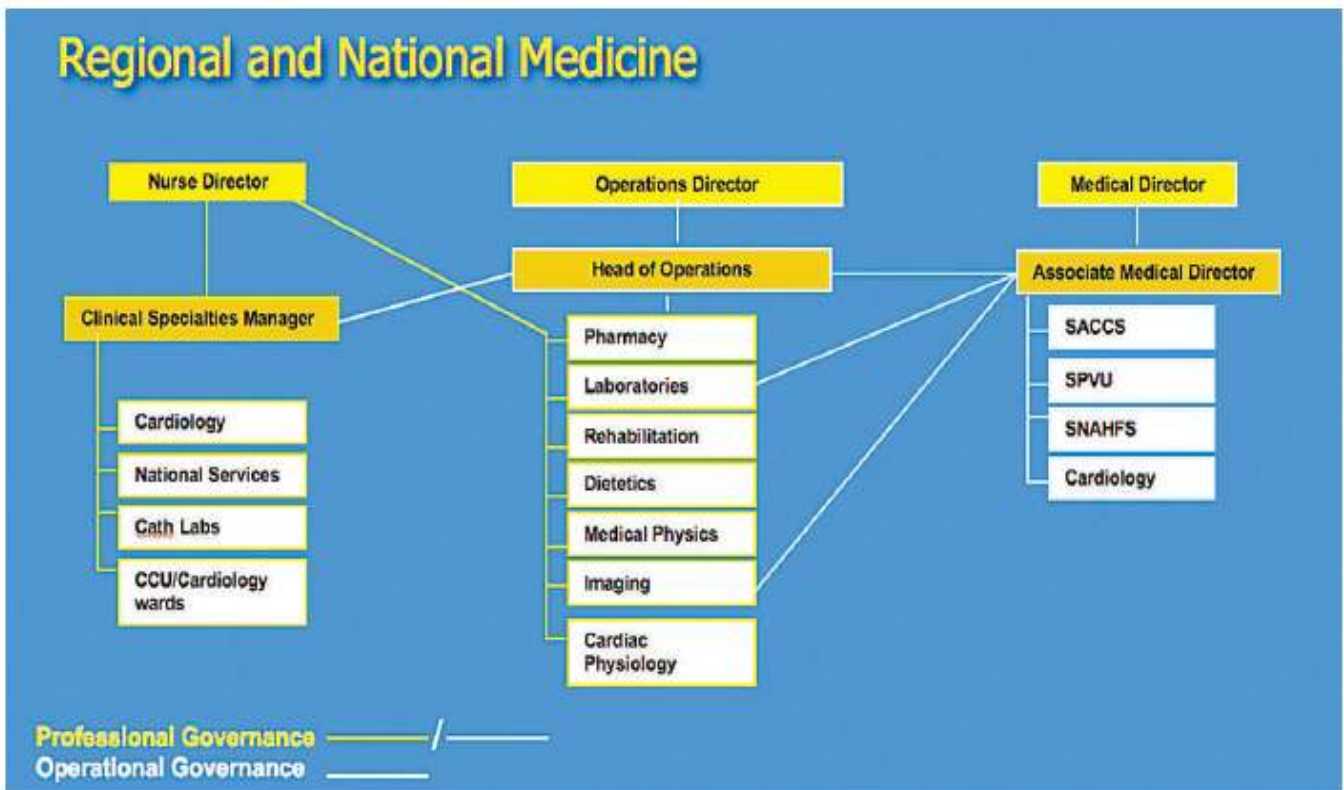


Diagram key: Yellow - professional governance for nursing/AHP/scientists governance, Blue - professional medical governance

Figure 6.2



As described in the recruitment section of this report, the selection process for phase 1 of the organisational review has been completed. There have been successful appointments to the posts of Associate Medical Director, Head of Operations, Head of Nursing, Clinical Specialties Manager, Theatre Services Manager, Operations Manager, Clinical Nurse Manager Ortho/Ophth/Gen/Op, Clinical Nurse Manager Cardiothoracic and Clinical Nurse Manager ICU/HDU.

The selection process for the post of Director of Medical Education and Research and Development Director take place in May. Phase 2 of the organisational review will commence in 2011 on a date yet to be agreed.

Future editions of this monitoring report will be aligned with the new organisational structure and statistics amended accordingly.