



# Workforce Monitoring Report

1<sup>st</sup> April 2013 – 30<sup>th</sup> September 2013

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## **EXECUTIVE SUMMARY**

### **Introduction**

This Workforce Monitoring Report covers the period 1<sup>st</sup> April 2013 to 30<sup>th</sup> September 2013. The table below illustrates the key workforce information over the past six months. Staffing levels continue to be monitored closely and in this six month reporting period the Board headcount has increased by 44 whole time equivalent (WTE) to 1,492 substantive staff. The increase is a result of an expansion programme across a number of different areas within the Board including Orthopaedics and Ophthalmology. Information was available from the 2011 census and where appropriate has been referenced in the report. Our employee's average age remains in the 40-49 age bracket and whilst we have no immediate workforce planning issues we continue to focus on succession planning.

<b>Summary of Key Employee Information</b>			
	<b>Sep-12</b>	<b>Mar-13</b>	<b>Sep13</b>
Headcount	1431	1448	1492
Male/Female ratio	1 to 3	1 to 3	1 to 3
Percentage of staff with a disability	0.98%	0.90%	0.93%
Age bracket containing highest number of staff	40-49	40-49	40-49
Percentage of staff in an ethnic minority group	4.96%	5.25%	4.15%

### **New National Workforce System**

Work continues to progress the new national workforce system eESS. The live site was made available to the HR team in March 2013 to enable updates to be applied in respect of new starts, leavers and contractual changes to ensure the system is fully up to date at go live. This work has been completed and is now being maintained until the launch of the system early in 2014.

Staff will have the ability to view and update their personal information, request leave and attendance on training courses and apply for jobs. We will also use the implementation of eESS as an opportunity to encourage staff to provide equal opportunities data which we currently do not hold. This will continue to develop the quality of future monitoring reports. The two areas we are currently focusing on are:

#### **I-Recruitment**

I-Recruitment is a fully integrated online recruitment system and is the starting point for any new member of staff. Once all pre-employment checks are complete an employee record will automatically be created within Core. This module will reduce paperwork and will ensure the recruitment journey for

prospective candidates and line managers is faster and more effective than before.

Every employee will be able to create a personal recruitment profile to hold their information which can be used for applying for jobs. Employees will also be able to track the status of their application as will recruiting managers. Short-listing will be done electronically and will also reduce the amount of paperwork and photocopying within the department.

### **Oracle Learning Management (OLM)**

OLM is the online learning and development system. Staff will be able to browse the learning/training catalogue and make requests to attend courses. The module is very similar to the current way manager's book training through HR.net. This module will help reduce workload within learning & development where a lot of the reports are manually generated.

### **Recruitment Activity**

Work is ongoing to review the recruitment processes with a view to linking them to the new workforce system. Recruitment activity has increased significantly in the current period to 149 posts, an increase of over 45% since the last reporting period. There continues to be a stringent process for the approval of vacancies through the Workforce Review Group which meets fortnightly. The sheer volume of expansion within the Board of our services has led to an increase in headcount of 44 whole time posts which equates to a 3% increase of our total workforce. Recruitment can be explored further from page seventeen.

### **Sickness Absence**

The overall sickness absence figure for the last 6 months, reported in SWISS, was 3.55%. This is a decrease of 0.59% on the previous 6 month reporting period.

Stress/Anxiety/Depression continues to be the highest reason for absence within the organisation. Having analysed the information relating to the individual cases, the majority are not related to work. All staff who are absent in this category are seen by Occupational Health if they are absent for two or more weeks.

Occupational Health offer a variety of support mechanisms including, where appropriate CBT – regardless of whether the issue relates to work or not. They also signpost alternative external agencies where appropriate including the following:

Depression Alliance, Samaritans, Living life, AA, Women's aid, Relate and Cruise

The HR team are continuing to use the Individual Stress Risk Assessment tool to help support early solutions to work related issues. This is being used in conjunction with interventions suggested by Occupational Health.

## **Knowledge and Skills Framework (KSF)**

KSF has been absorbed into business as usual across the Board and significant work has taken place to support managers to continue to conduct Performance Development Reviews (PDR). The current reporting period has ended with a figure of 55% of staff having a current PDR.

Work will continue to increase this figure to meet the Heat standard that 80% of staff should have a PDR by 31<sup>st</sup> March 2014. Since achievement of the KSF HEAT target in 2011, rates of recorded KSF PDPRs have continued to fall. Following feedback from staff, managers and partners, two key resources have been launched in NHSScotland, in order to support both improvement in the quality of PDPR conversations and an increase in the rates of KSF PDPRs.

The first is a new web based resource aimed at all staff who are employed under Agenda for Change NHS Terms and Conditions. It is designed to be an easy to use reference guide to the NHS Knowledge and Skills Framework and the PDPR process. The website offers updated guidance around using KSF and focuses on the 6 Core Dimensions. There are also links to other useful sites and resources as well as a number of case studies. The URL for the web pages is [www.ksf.scot.nhs.uk](http://www.ksf.scot.nhs.uk).

Secondly, from December 2013 a new video resource developed by NES and the Workers' Educational Association will be available through the URL, [www.pdpr.nes.scot.nhs.uk](http://www.pdpr.nes.scot.nhs.uk).

This will provide support for reviewers to make the most of the PDPR process. Through three filmed 10 minute workshops, it helps to uncover:

- Why PDPR is so important for individual staff and for the service.
- How to conduct effective PDPR discussions – with good practice tips from workshop participants.
- How to make the most of learning opportunities in the workplace – and why workplace learning is often the most effective approach.

Human Resources are in the process of liaising with the Communications and Learning and Development Departments to promote this new course along with the new website.

## **Equality and Diversity**

All Boards have responsibilities to provide and analyse management information to comply with the Equalities act – both general and specific duties. This report incorporates some additional sections not previously reported on.

- Training
- Pregnancy and Maternity
- Promotions
- Marriage and Civil Partnerships

- Gender Re-assignment

Additionally we have reported on the protected characteristics in relation to the following:

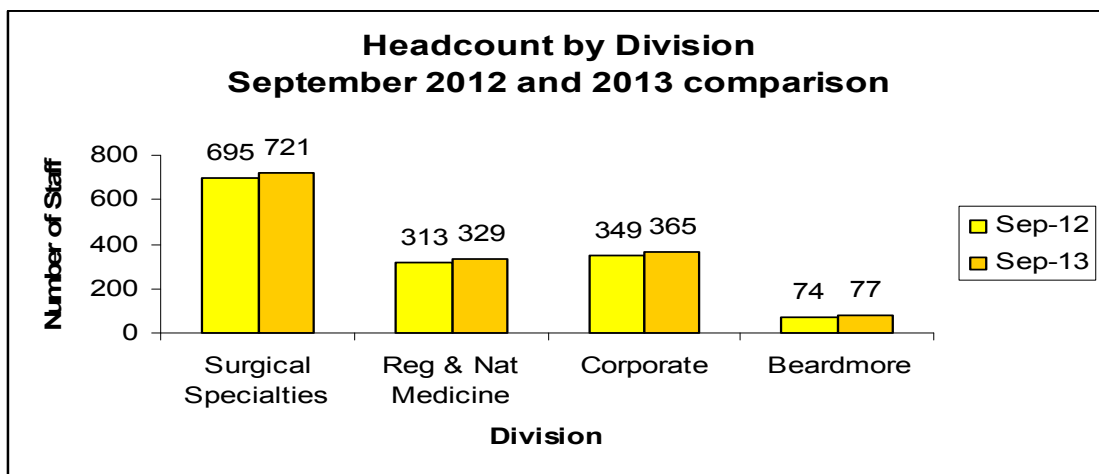
- Recruitment and promotion
- Numbers of part time and full time staff
- Training and development
- Return to work of women on maternity leave
- Appraisals
- Grievances
- Disciplinary action
- Dismissals and other reasons for leaving

Elaine Barr  
HR Manager  
04<sup>th</sup> November 2013

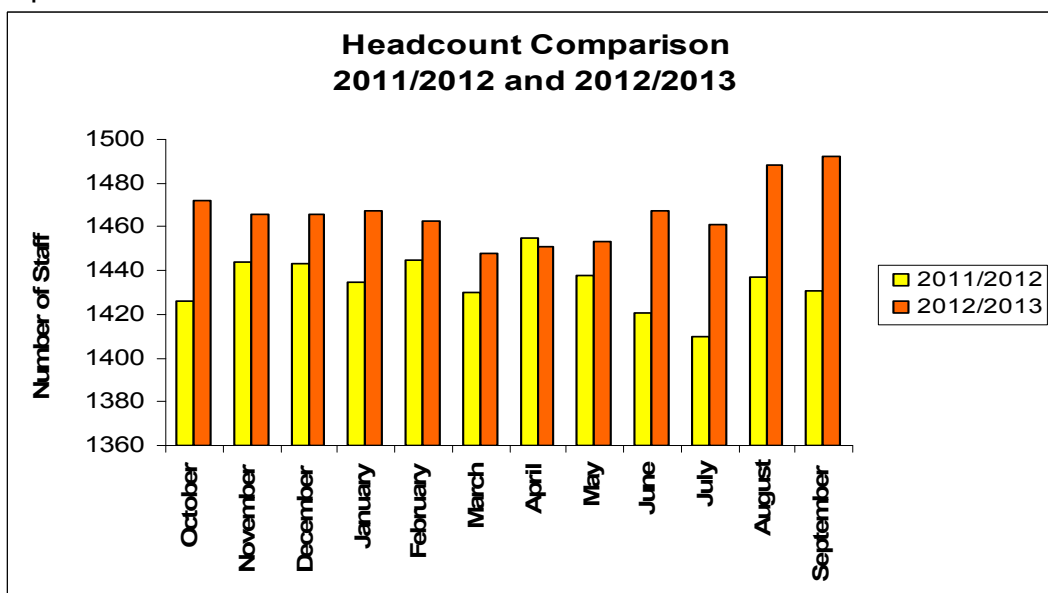
# 1. Current Workforce

## 1.1 Board Headcount and Whole Time Equivalent

The number of substantive staff employed by the Board at the end of September 2013 is shown below by Division. Headcount has increased in the past 6 months by 44 (WTE) to a total of 1,492. The roles recruited to have been across all job families but the majority within Nursing, Medical and Administration. Further information can be viewed on page 14 about the new employees over the past six months.



This increase reflects the Orthopaedic and Ophthalmology expansion programmes that have taken place over the past six months. Headcount is expected to increase again over the next six months because of continued expansion.

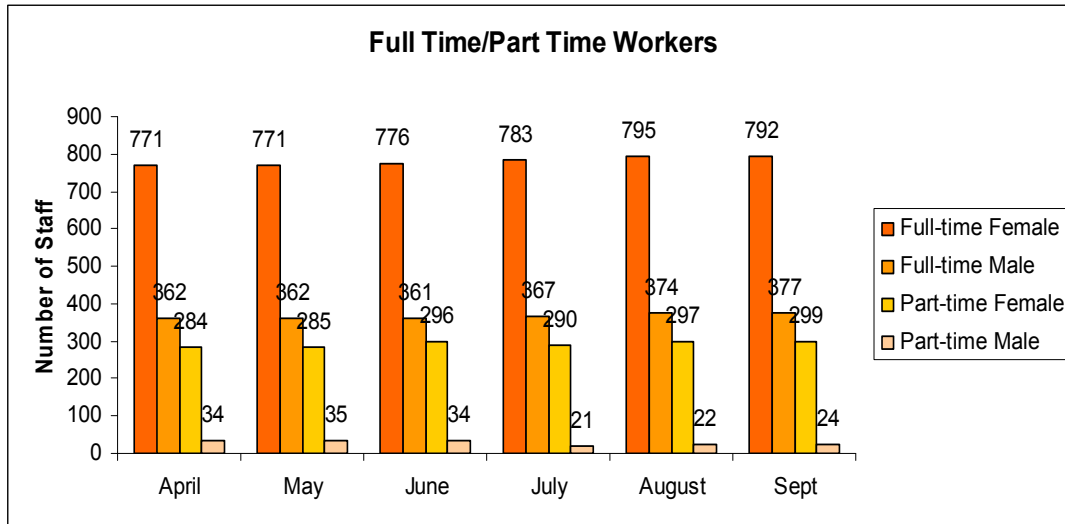


The graph on page seven illustrates the comparison between headcount in the Board over the last two years. It identifies the consistent increase in staff numbers – with the exception of April 2012 which was directly linked to a voluntary severance programme.

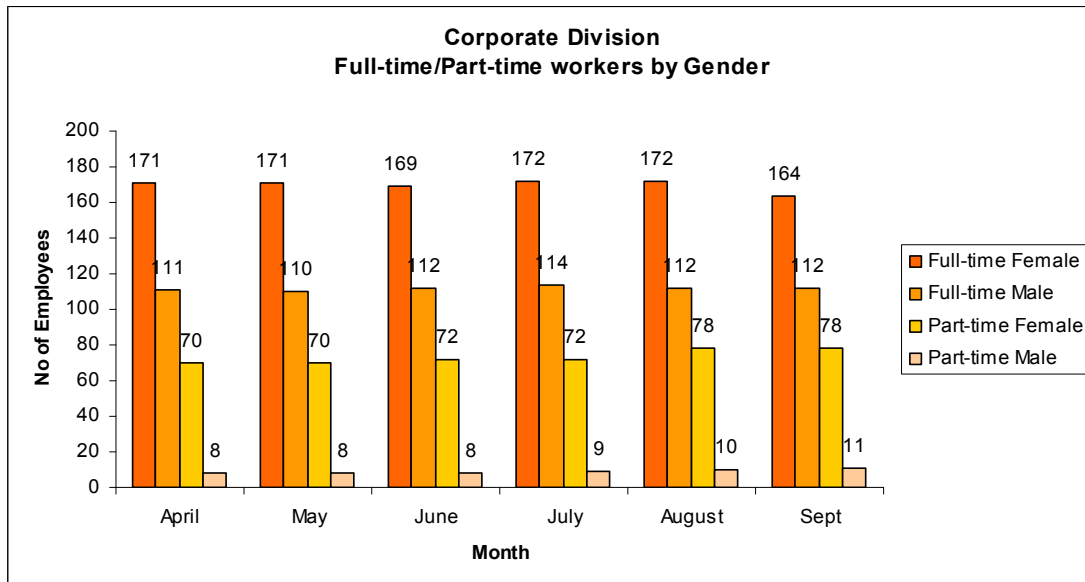


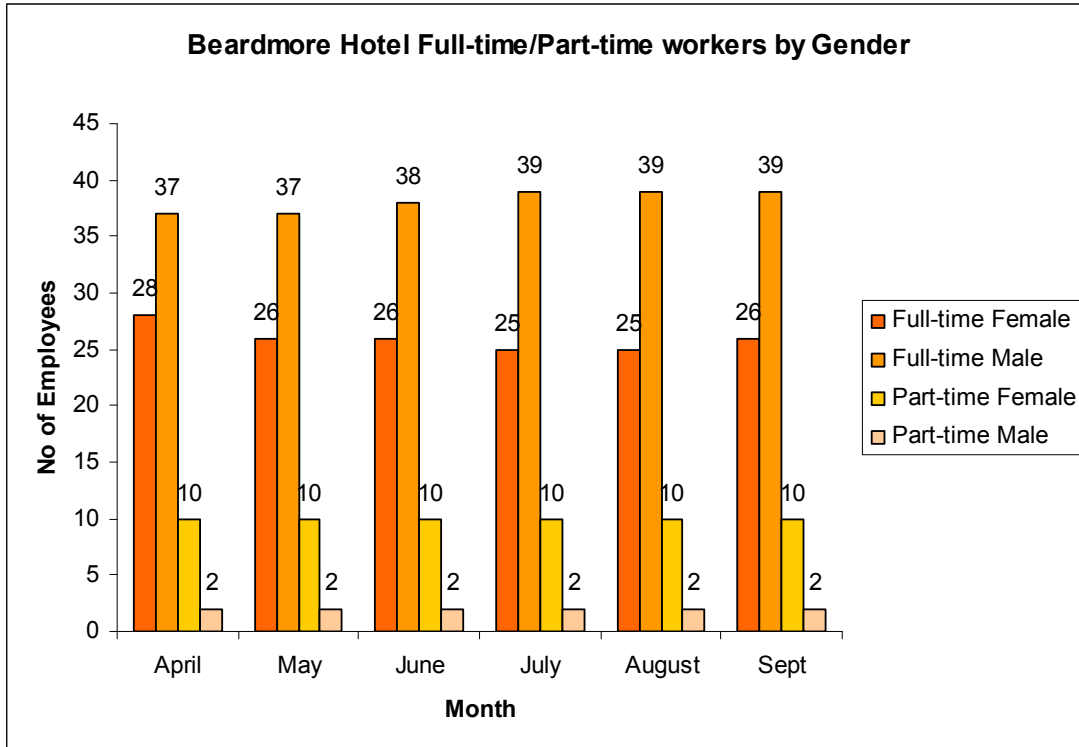
## 1.2 Full Time/Part Time

The number of part time workers working in the Board can be viewed below. The proportion of our workforce who are classed as part time workers is consistently around the 21% level with females making up the majority of this figure.

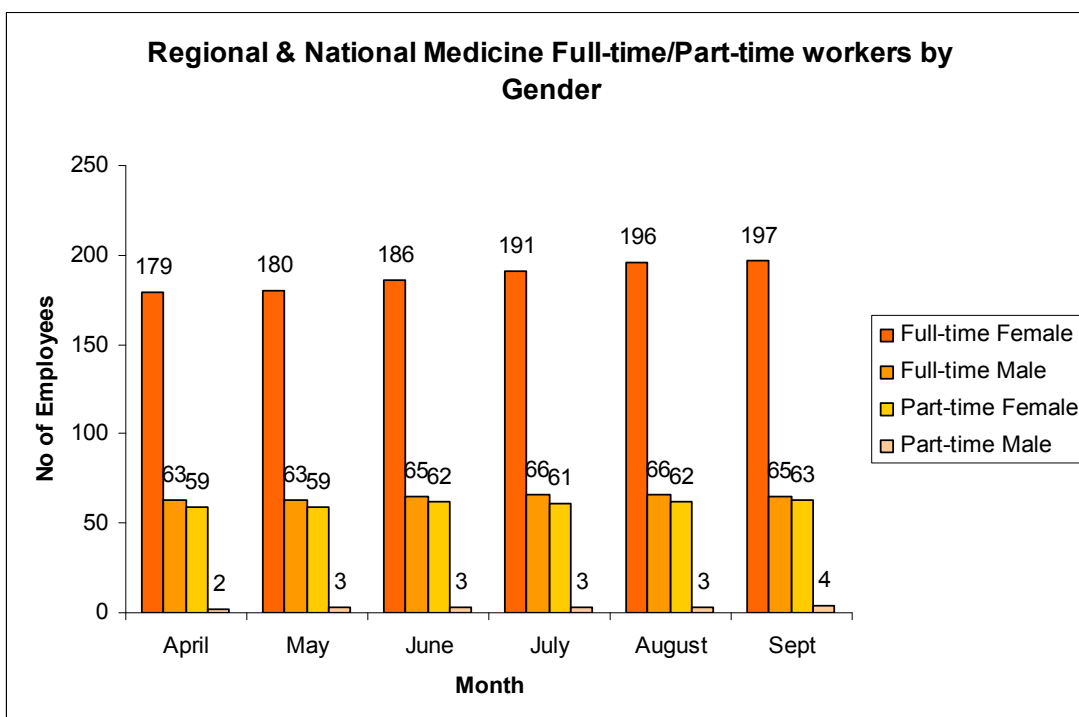


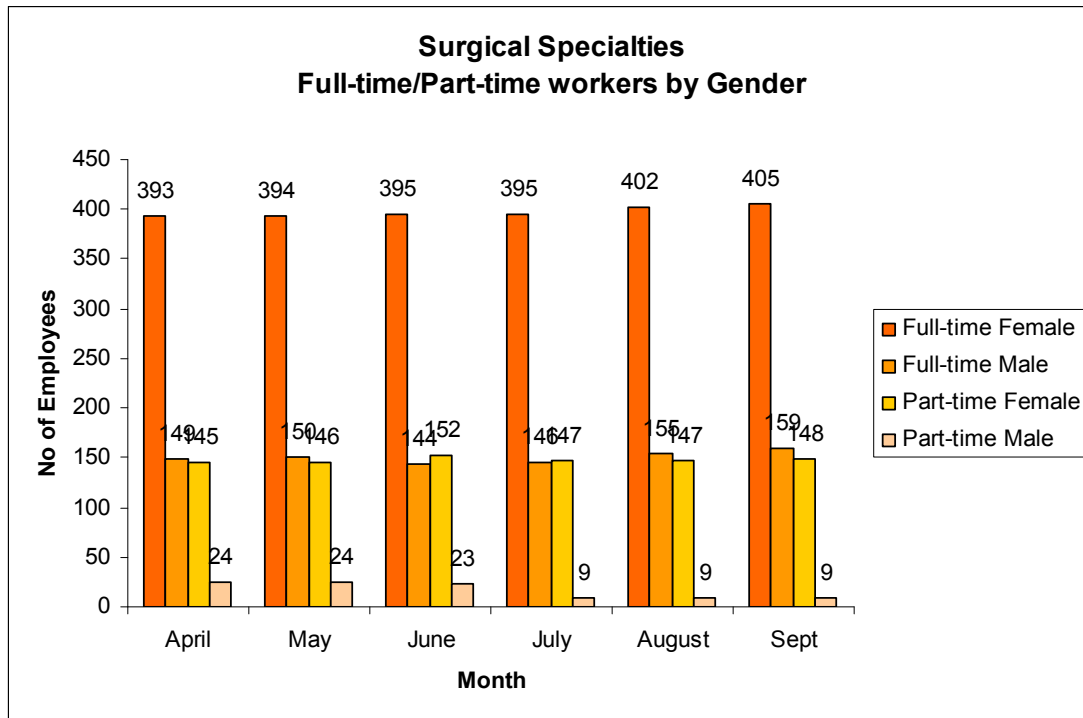
The information has been further broken down and is shown below by division. This shows that in the two clinical divisions the number of part-time Female workers is broadly similar to the number of full-time male workers.





Within the Beardmore Hotel there are more male full time workers than female. This is the opposite to all of the other divisions and also the hospitality sector in the UK. The State of the Nation report 2012 by People 1<sup>st</sup> noted that there are more women than men working in the sector (57 percent female), but women continue to be underrepresented in senior management positions and overrepresented in un-qualified occupations. Within the Beardmore the Director of the Hotel is female, however further work is required to assess our recruitment practices within the hotel to examine why we differ from the national norm in hospitality in the UK.

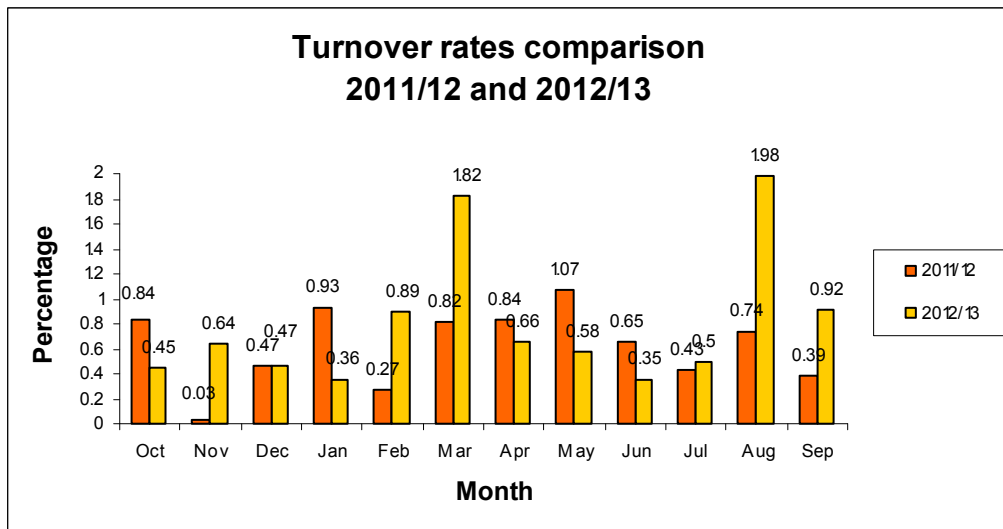
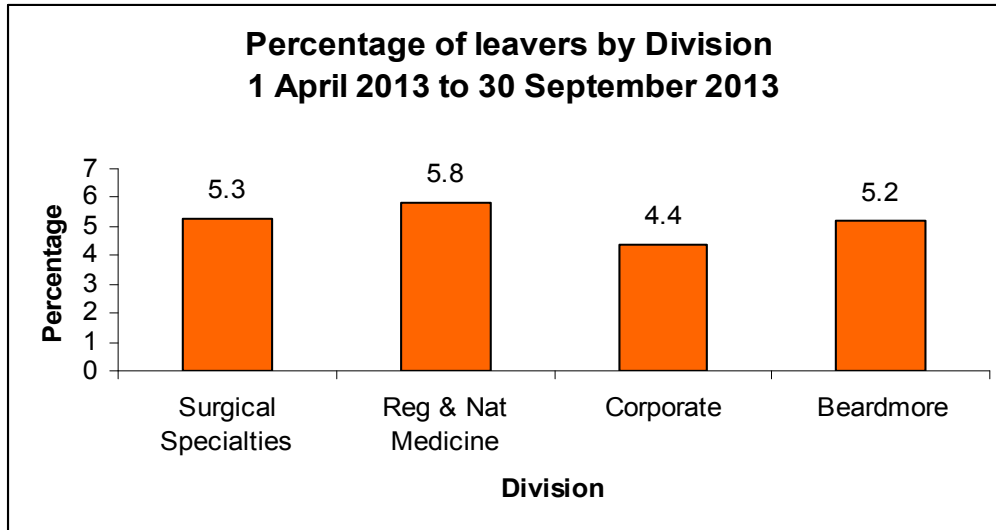




Further exploration of the data relating to part time workers shows that the majority of the part time workers are White Scottish. The ages of the part time workers cover the full spectrum from 17 through to 67. You can also see that in some months within the Surgical Directorate there are more part-time female employees than full-time male. This is related to the professions employed with the Surgical Directorate with the largest being nursing. Further work will be taken forward by the Equalities Group to examine any underlying trends not currently identified.

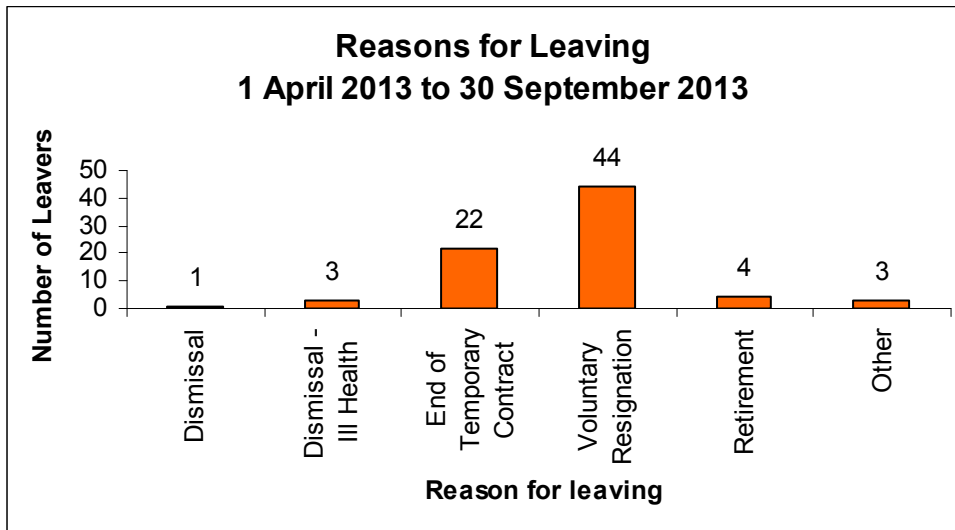
## 1.3 Employee Turnover

Employee turnover remains low with a total number of leavers for the six month reporting period of 77. This is shown below by percentage and broken down by Division. The total number of staff leaving in this period has increased slightly to 77 from 69 for the previous six month period.



The percentage turnover rates by month are shown in the graph above. The information highlights turnover rates in month below 1% apart from on two occasions. The annual turnover percentage for the past 12 months is 9.78% which is classed as low nationally.

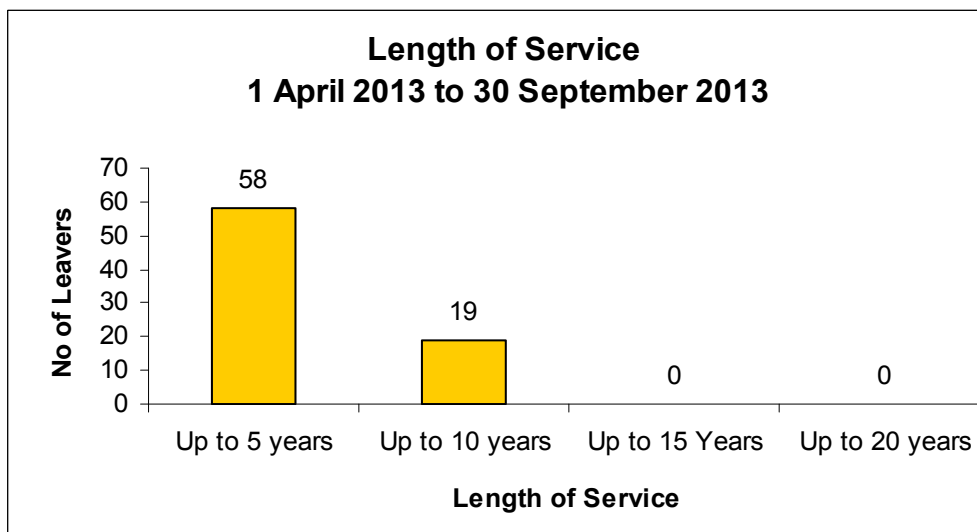
The reasons for leaving are shown overleaf and include the category "other". In the case of the three individuals shown in this category - one left to begin nurse training, the second was absent without authorisation and did not return to work and the final person left for organisational reasons.



The number of leavers with less than 5 years service is shown below and is comprised of 22 staff with temporary/fixed term contracts, 32 who moved within the NHS, 1 dismissal, with the remaining 3 leaving for other reasons.

It should be noted that as part of the organisation’s expansion plan, it was not possible to offer permanent contracts initially as funding was not approved at the outset of the expansion. This resulted in a significantly higher number of temporary contracts. Subsequently a number of those staff with temporary contracts did receive permanent contracts.

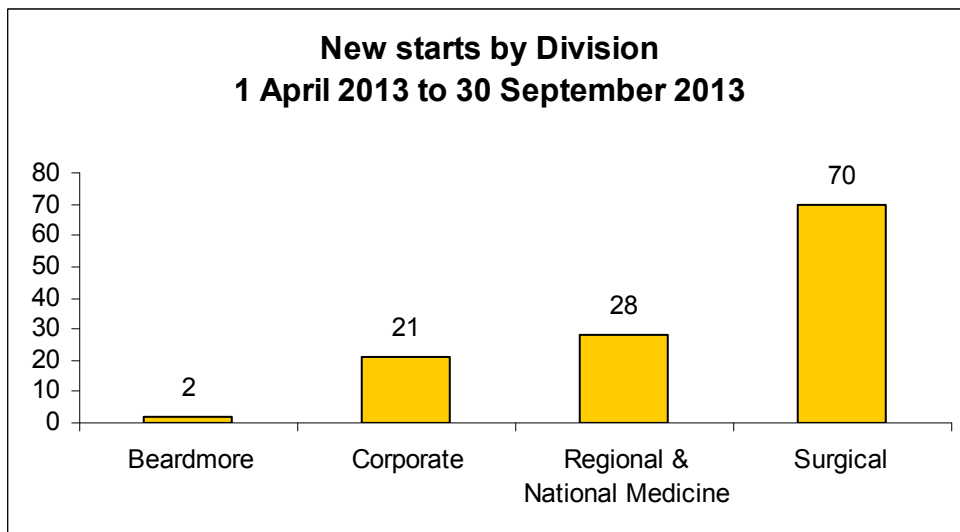
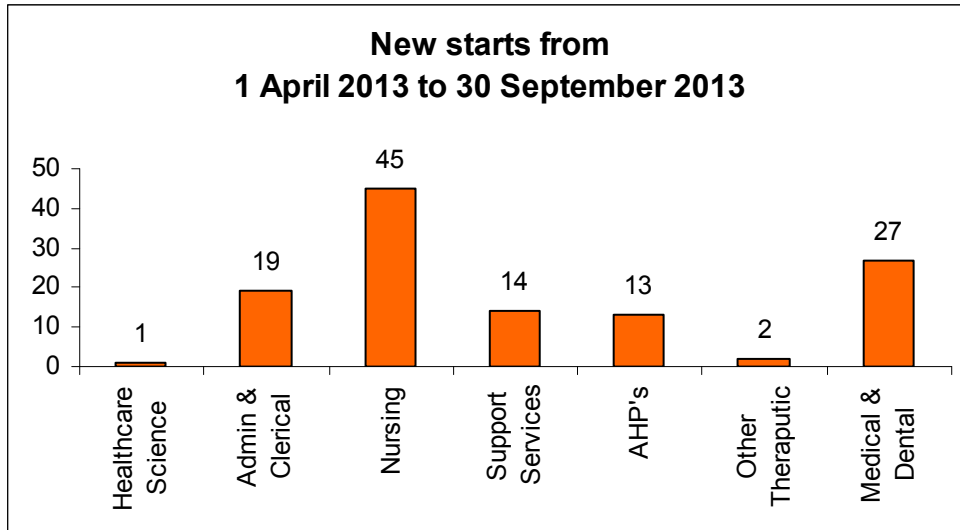
It is normal within professional groups, particularly nursing and medical, that staff move on to find suitable development opportunities. Newly graduated nurses for example would not generally be expected to stay with the organisation for a prolonged period of time.



The organisation recognises the importance of a robust induction programme and as reported previously has refreshed the corporate induction programme incorporating work in respect of the organisation’s values. Additionally the induction programme in place for junior doctors introduces them to the

concept of the organisation's values which are further reinforced by their manager.

### New Starts



## 1.4 Retention

### 1.3 Retention

The table below shows the number of leavers with over 1 year's service for the last two years. The figure has decreased in the last six months however a significant element of this continues to be the junior doctor's rotation.

Quarter	Number of Leavers With over 1 year's service
October 2011 – March 2012	41 (2.86%)
April 2012 - September 2012	57 (3.98%)
October 2012 – March 2013	51 (3.52%)
April 2013 - September 2013	48 (3.2%)

Of the 77 leavers in the last 6 months, the skill sets for those leaving are widely spread as follows:

Nursing & Midwifery	19
Support Services	11
Admin and Clerical	11
Medical & Dental	26
AHP's	10

No identifiable trend has been identified from the exit interview data. The previous section on employee turnover described the main reasons and staff groups that left the Board in the past six months. Fixed term contracts coming to an end and rotational doctor contracts make up about one third of our turnover. The UK Labour turnover rate according to the CIPD is 18%. As a Board we are half the percentage of the UK turnover rate and can demonstrate that we have high employee retention.

High performing organisations in the UK have identified that they benefit from high levels of employee retention. The three most common benefits of high levels of employee retention are;

- Improved team-working
- More skilled and experienced staff;
- Managers being able to match employee's specific strengths and interests to patient needs.

The cost savings which can be achieved through high staff retention are also apparent. These can be achieved by the avoidance of recruiting and training new staff and the associated costs on actual spend and time. There should also be a reduction in the reliance on bank and agency usage.

Other benefits include the security of knowing that our Board is being represented by good quality, experienced employees who are well versed in the Boards way of working, culture and values.

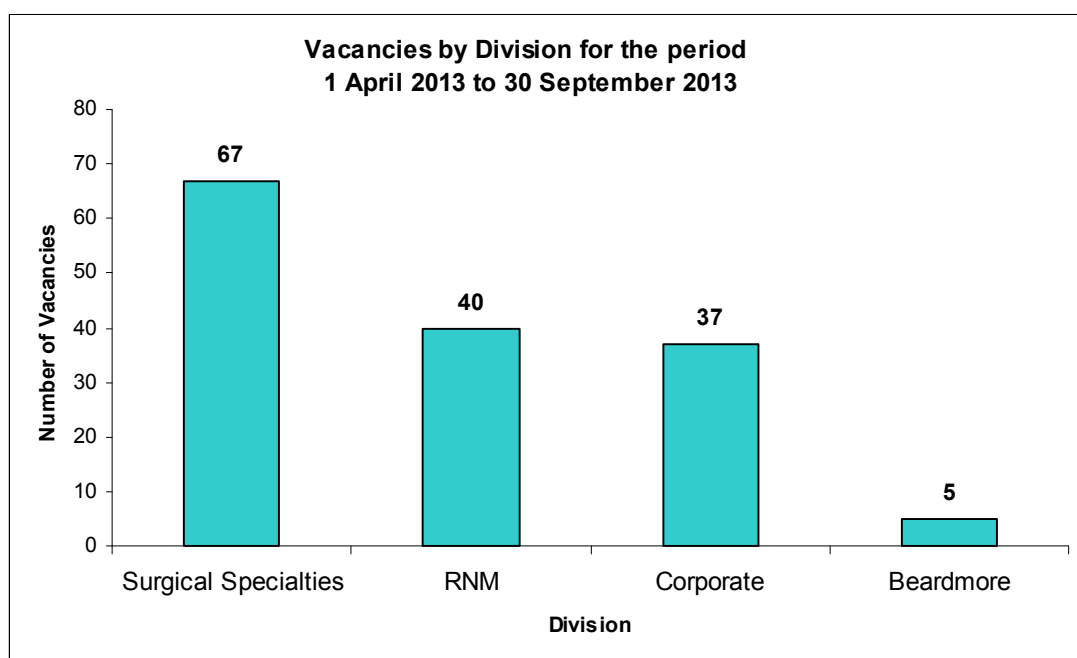


## 2.0 Recruitment

### Current Recruitment Activity

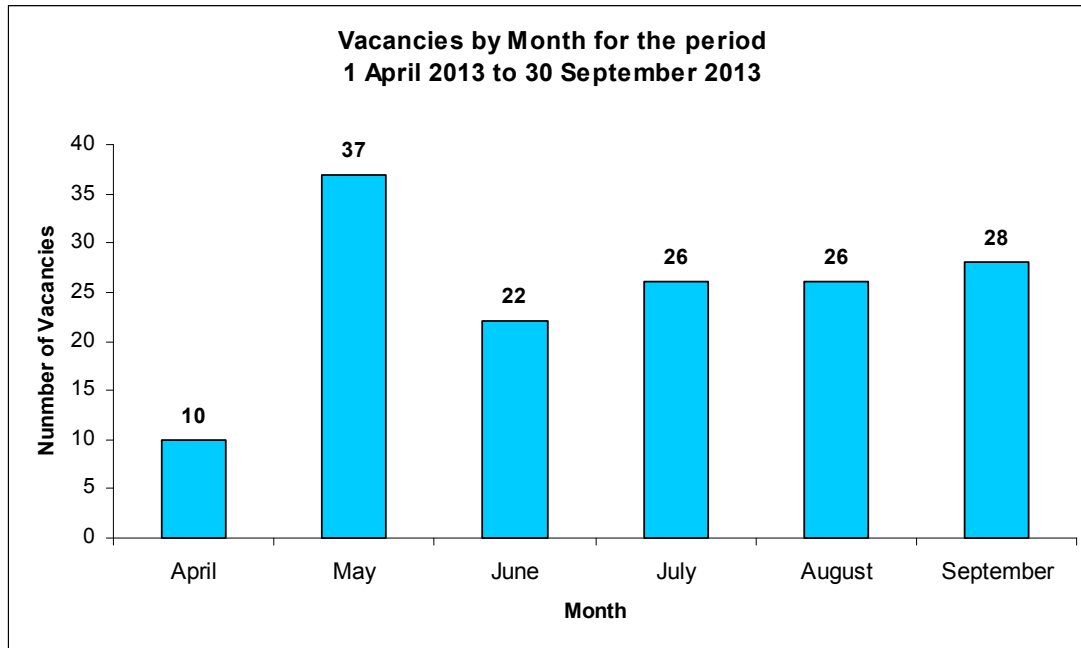
During this reporting period continued expansion has taken place across a number of areas. This has resulted in certain posts being made permanent and new fixed term and permanent posts being introduced. An expansion within Ophthalmology and further expansion within Orthopaedic have contributed to the recruitment activity.

The number of applications for individual posts remains largely unchanged with specialist posts attracting lower numbers of candidates and posts within the Support Services areas appealing to larger numbers. We continue to advertise the majority of our posts for between a week and 9 days to control the number of applications that we receive.



The figures shown on the above represent a significant increase in vacancies across all divisions with a total of 149 vacancies against 95 vacancies in the previous reporting period. This volume of recruitment has been challenging to manage across the organisation.

It should be noted that whilst other sections of the report exclude bank posts, this section reports on all vacancies including bank.



The increase in May is in part due to the recruitment of Clinical Fellows which affected this particular month. The remaining months are fairly constant in terms of number with no specific trends. Vacancies continue to cover a wide range of specialties and both clinical and non-clinical posts.

Over the past six months the recruitment function have processed 2375 application forms. Out of these 2375 application forms 689 were shortlisted for interview and 121 new employees appointed to posts. The average time to fill a post from advert to start date is 15 weeks. Recruitment have agreed a local performance indicator within Human Resources to reduce this time to fill average from 15 weeks to 12 weeks by end of the financial year. This does require the input of managers and applicants to ensure the reduction is realised. The new workforce system will also assist in reducing time to fill by streamlining the current process to a fully online process.

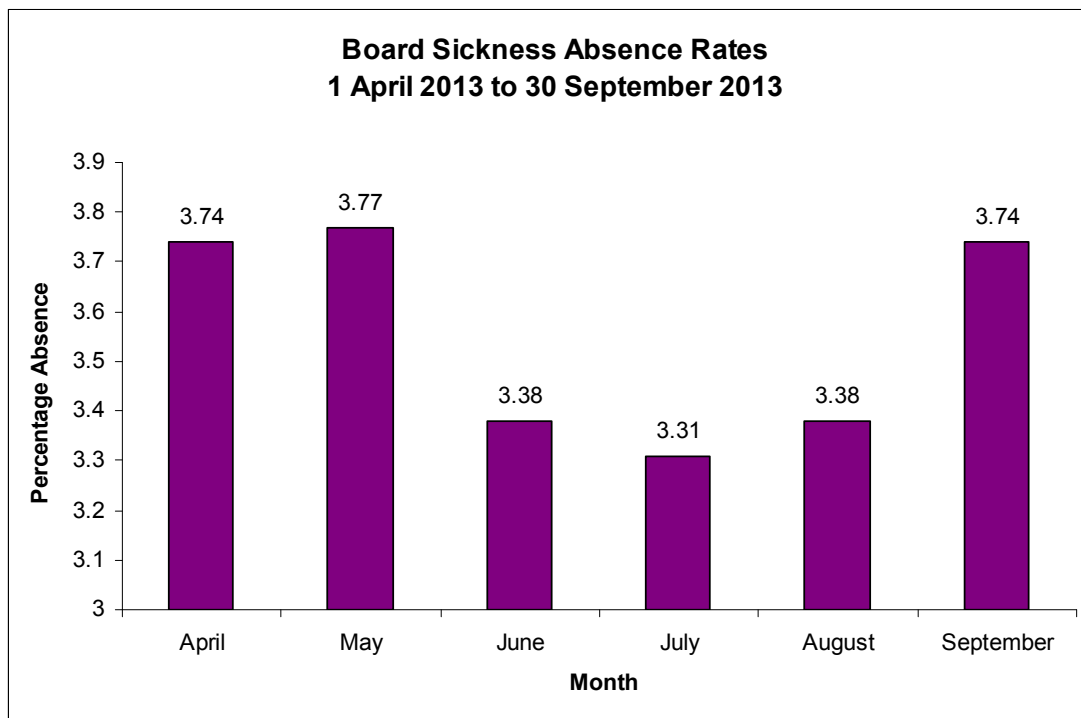
The recruitment function is currently being audited by the performance and planning department. This audit will provide feedback to the function on manager's opinions of the service and views from successful and unsuccessful candidates who applied for posts over the past six months. This feedback will be valuable for the service to adapt and make any changes that users of the service feel would improve what is currently offered. Recruitment aim to deliver a person centred exemplar service to the Board and will continually improve to deliver this objective.

### 3. Sickness Absence

This data from this section on sickness absence is taken from two different data sources. The first source is the SWISS national workforce system which reports data on behalf of NHS Scotland such as sickness absence and workforce planning. The second data source is the current Human Resources system HR.net. That system is used to provide the level of detail required on a Divisional basis that SWISS is unable to. The overall Board figure for sickness absence for the year remains below the 4% Heat Standard.

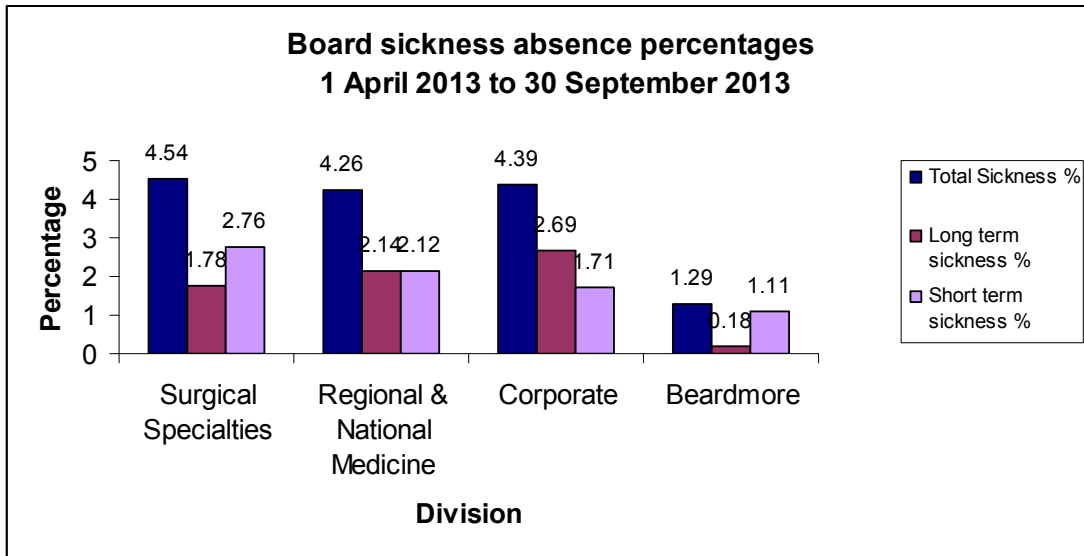
Long term absence has increased by 3,266 hours in the reporting period despite a number of staff returning to work following significant absences. In contrast, short term sickness absence fallen significantly by 17,156 hours. This equates to a 17% drop from the last reporting period on short term absence.

Managers continue to carry out a return to work interview following any period of absence and, where appropriate, support is given. This can be one of a variety of different solutions ranging from alterations to working hours, lighter duties or in more severe cases a different role. The HR team and Occupational Health work closely with managers and staff to ensure that the most appropriate support is available.



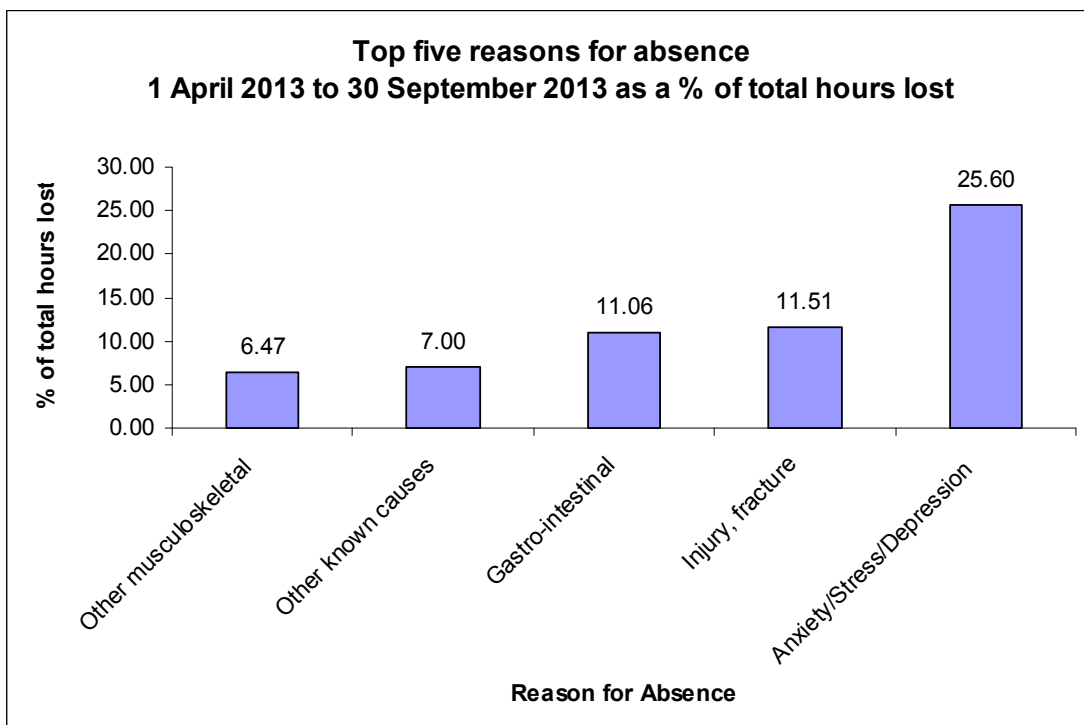
\*Source: SWISS

The sickness percentage lost by division is shown on the next page.

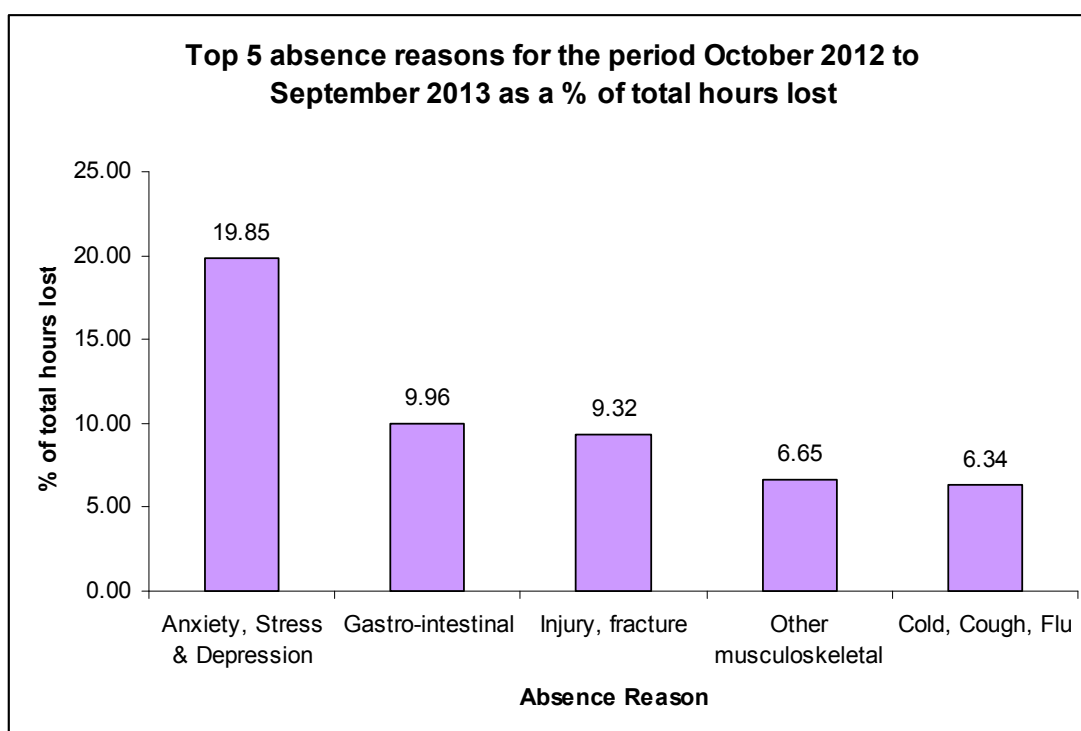


The HR team have continued to work closely with managers to reduce the number of absences recorded as “unknown”. This has reduced significantly from 14.7% (8,076 hours) in the April 2012 – September 2012 to 2.05% (1165 hours) in the current period. This is as a direct result of the continued work by the HR team to support managers to accurately record absence data. Work will continue to maintain this progress.

The hours recorded in the category “Other Known Reasons” has increased to 7% (3977 hours) of the total absence for the current reporting period. The HR team will continue to work with managers to reduce the use of this however on reviewing the data it is apparent that in this period the majority of this information is recorded correctly.



The top five reasons for absence are shown above. Anxiety remains the most significant and accounts for 25.6% of the total hours lost for the period. This has increased significantly since the last reporting period and includes a number of long term absences for recurring depressive illnesses. Only three cases relate to work related stress and these account for 1.5% of total hours lost. One individual has returned to work with the other two continuing to be absent. Work is ongoing to support these individuals to enable them to return to work. The graph below illustrates the top reasons from the previous six month reporting period. Anxiety, Stress and Depression continue to be the most common reason for absence but you can note seasonal variations with cold and flu being present over the winter months. The Board would expect to see this trend replicated over the next six month period due to higher incidences of cold and flu over the colder months of the year.



The remaining hours lost to absence relate to a variety of issues from health matters such as post natal depression, psychiatric illness, through to personal relationship issues.

Both the HR team and the Occupational Health team continue to work with individuals and managers to try to resolve any work related situation at an early stage.

The other reasons for absence are regularly reviewed by the HR team with particular consideration being given to clusters of illness in a particular team. To date, no obvious trend has emerged with the exception of stress. There is some link between absence and the management of performance through the capability process.

## 3.1 Divisional Absence Reports

This data is collated from HR.Net as the national figures are unable to provide the level of detail on a divisional basis.

### 3.1.1 Surgical Specialties Absence

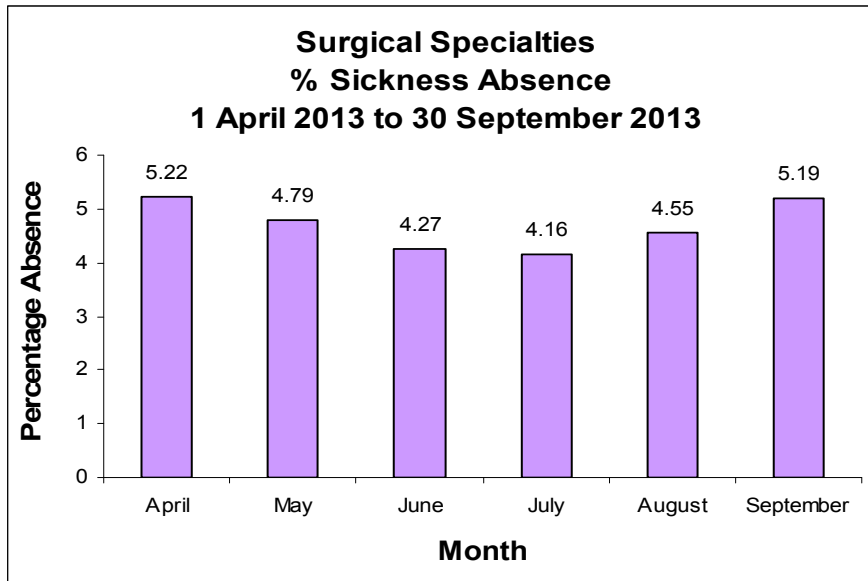
Sickness absence within the Division has remained above the Board target of 4% during this reporting period with the highest recorded figure of 5.19% in September 2013. When comparing the figures with the same period in 2012, there is no obvious trend with both short and long term absence levels fluctuating during the course of both reporting periods.

Long term absence has remained at around 2% for the reporting period. Reasons for long term absence include anxiety/stress/depression related illnesses; the majority of which are as a result of non work related issues with some staff suffering bereavements and the associated impact of this. Appropriate support is being provided to these individuals where necessary.

A number of staff have been absent with musculoskeletal issues, both sustained within and out-with work. The Board has in place a system linked with Occupational Health service to fast track any musco-skeletal injuries directly to our Physiotherapy service. This helps improve outcomes for our staff and result in a more rapid return to the workplace. Other reasons for long term absence include staff undergoing surgery and the associated post operative recovery times, treatment for chronic conditions and staff having investigations carried out to determine the exact nature of the illness and required treatment.

Short term absence has also been an issue in some areas of the division during the reporting period with appropriate interventions undertaken in line with the absence management procedures to manage individual cases where appropriate.

Nine staff within the division are being managed in line with the capability procedure during the reporting period in relation to sickness absence. In addition one member of staff left the organisation for reasons of capability linked to ongoing sickness absence.

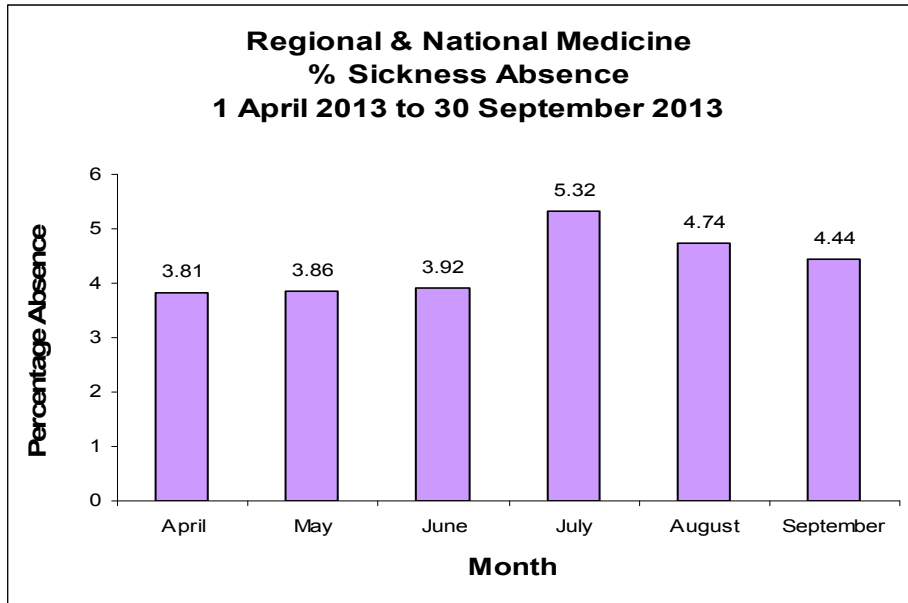


### **3.1.2 Regional & National Medicine**

Sickness absence within the Division has been maintained around the 4% target during this reporting period, with the highest recorded figure of 5.32% being reported in July 2013. During the last reporting period, the sickness level was 4.34%, and when compared with the current period, both figures have consistently remained slightly above 4%. Long term sickness absence accounts for approx 2.2% of the overall figure, which is an increase of 0.67%, however this has begun to improve during the month of September 2013.

The reasons for long term absence vary in nature, with a significant proportion of this attributed to non work related stress/anxiety or depression and other ongoing health complaints. As a number of staff have returned to work during the month of September, it is anticipated the long term absence figure will reduce and this will be reflected in the next reporting period.

Short term sickness absence is being consistently managed by Department Managers. HR and Occupational Health continue to assist Managers in supporting staff with their attendance at work and any ongoing health issues.



### 3.1.3 Corporate Absence

The average sickness absence rate for this reporting period was 4.42% which is a decrease in comparison to the previous reporting period when it was 4.91%. Overall the sickness absence rate has steadily decreased during this period with only slight increases being recorded during May 2013 and September 2013.

Short term absence has decreased during this period with long term absence increasing which is in contrast to that of the previous reporting period where short term absence was higher. Absence continues to be managed in accordance with the attendance management process with regular review meetings taking place and appropriate steps being taken in relation to this. The main reasons for absence have been post operative recovery, long term medical conditions, colds, gastro-intestinal problems and anxiety/stress. Both long and short term absence continues to be managed as a priority.

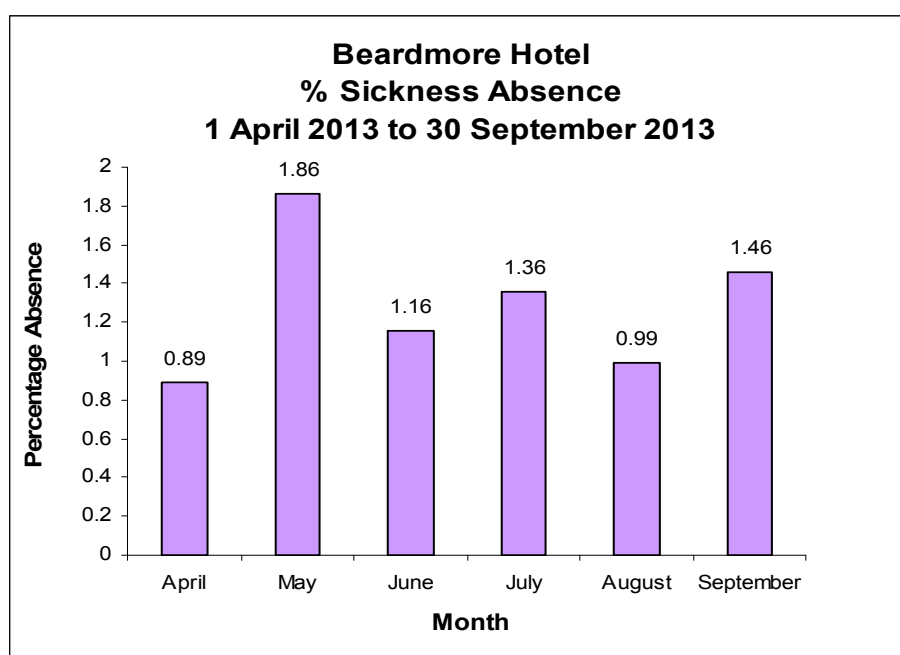




### 3.1.4 Beardmore Hotel Absence

The average sickness absence rate for this reporting period was 1.29% which is a decrease in comparison to the previous reporting period when it was 2.54%. The overall sickness absence rate has remained below 2% continuously throughout this reporting period on a month to month basis.

Short term absence has been the main cause of sickness absence during this period with the months of April 2013 to August 2013 recording no long term absence. Regular review meetings take place and the appropriate steps are taken in relation to this. The main reasons for absence have been colds and gastrointestinal problems. Absence continues to be reviewed with managers and staff and appropriate actions taken at an early stage.



### 3.1.5 Disciplinary Action due to Sickness Absence

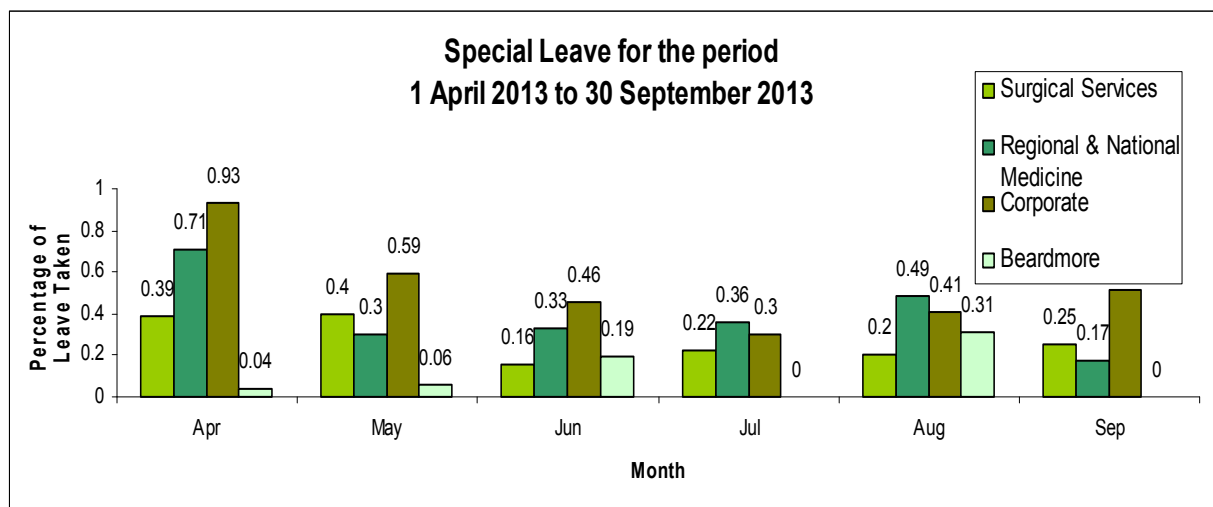
The number of disciplinary cases due to unacceptable sickness absence levels was 4 in the current reporting period.

Staff who have underlying health conditions that may be covered under the Equalities Act continue to be managed in line with the capability policy. Currently 16 people are at different stages within this process.

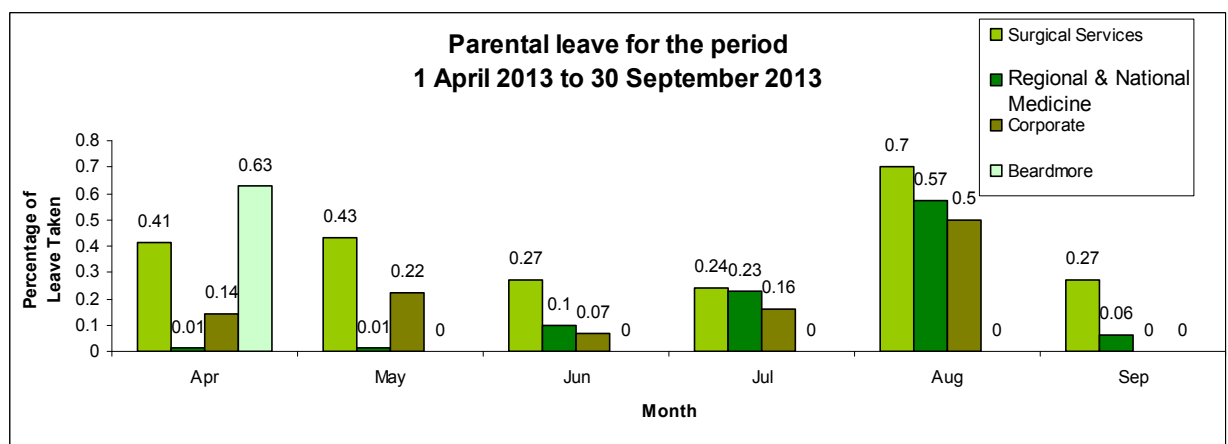
## 4. Work Life Balance

### 4.1 Special Leave

Managers are all fully aware of the reasons for the use of special leave and are using it appropriately. Work has taken place to ensure that staff are aware of the availability of special leave however the levels of this type of leave taken have not altered greatly. We do not expect significant change in the next reporting period. It should be noted that hospital appointments, bereavement leave, etc are all recorded within the special leave category.

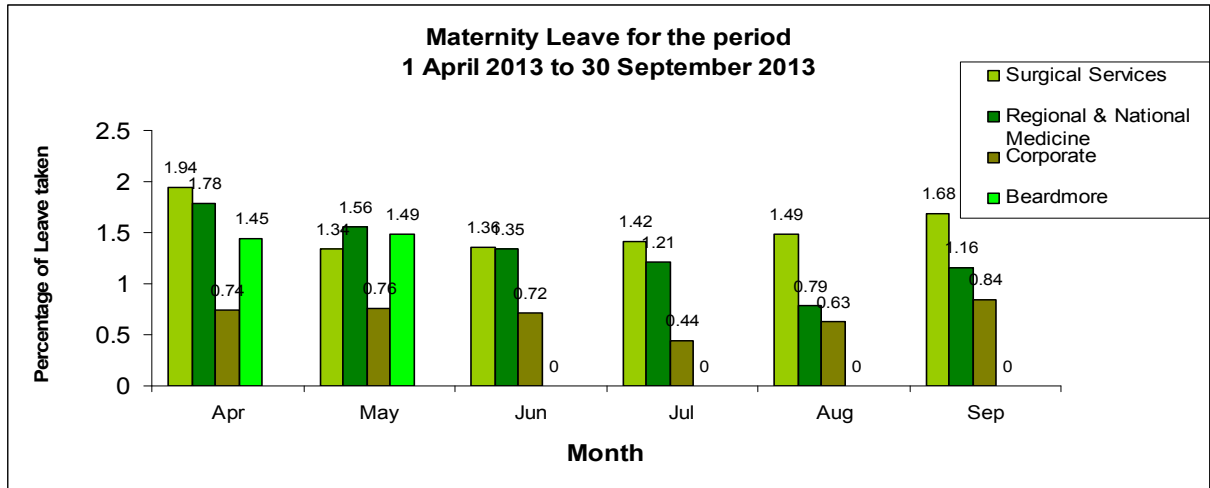


### 4.2 Parental Leave



The uptake of Parental leave has reduced by around 1% during this period. Reminders are regularly given during meetings with managers to ensure that members of staff understand how to access this type of leave.

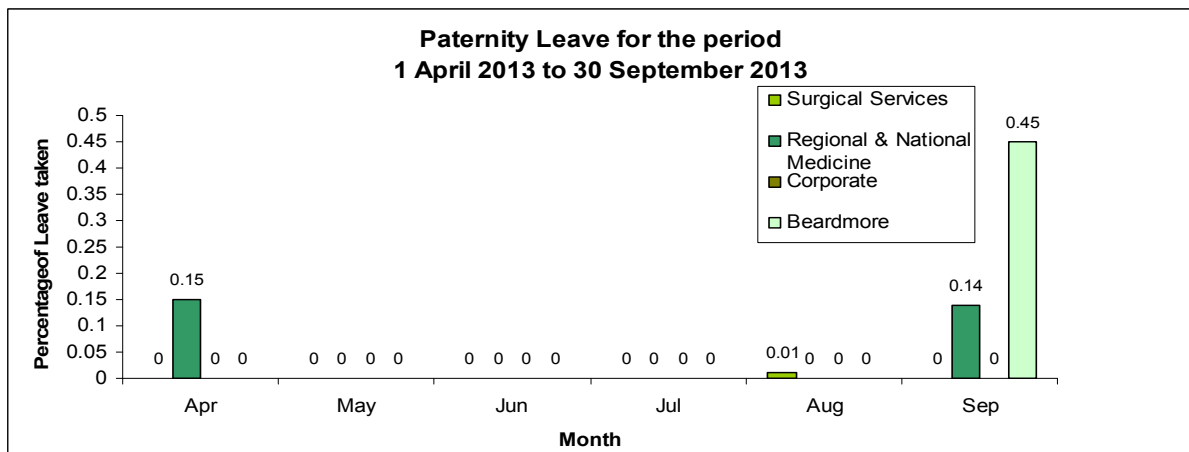
### 4.3 Maternity Leave



The number of staff taking Maternity Leave has fallen by 5,535 hours to 16,064. This represents a significant reduction and is the second reporting period where a reduction in the number of staff taking Maternity Leave has been recorded.

### 4.4 Paternity Leave

The table below shows that no employee took up the option to take extended paternity leave with the total number of hours taken in the reporting period amounting to 209.50 hours (28 days). This is a reduction of 11.7 days on the last period.



## 5. Equality and Diversity

The 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.

The protected characteristics covered by the Equality Duty are:

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

The protected characteristics not reported on in earlier sections are covered within this part of the report.

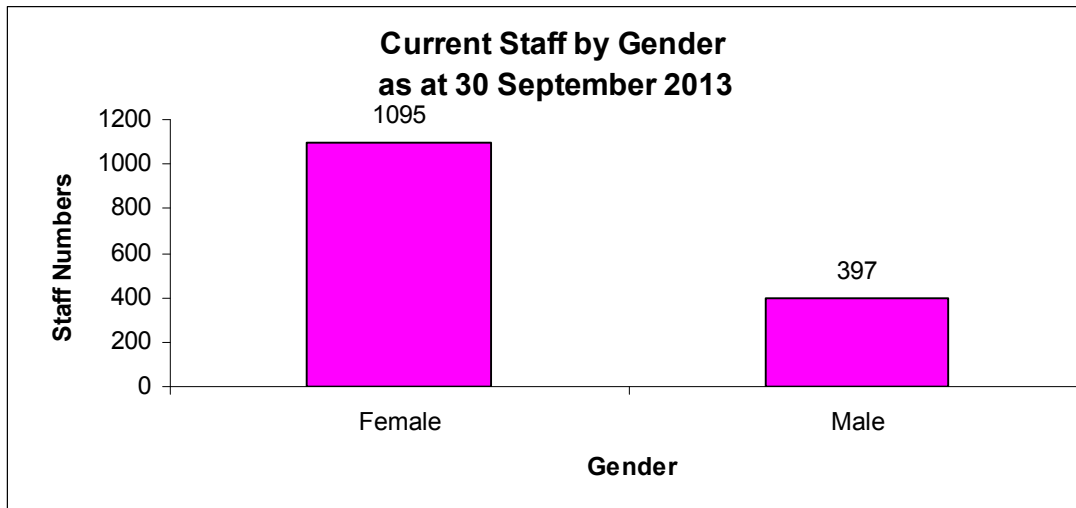
We will continue to capture further data where possible and are using the implementation of our new Workforce system eESS to encourage staff to provide further information. It is hoped that when we produce the next report increased information will be available. Due to the delay in implementing this system progress has been limited. It is anticipated that more information will be available in the next reporting period however this will be limited to part of the period.

### **Protected Characteristics Updates**

#### **5.1 Gender**

The gender split of our workforce remains approximately three quarters female as shown below. This is proportionally representative of NHS Scotland as a whole (benchmarked against ISD figures).

According to the 2011 Census, there are roughly equal numbers of males and females in Scotland. Traditionally, however, most members of the Nursing and Allied Health Professions have been female resulting in a much higher proportion of female to male staff. This is the case across the NHS in Scotland.

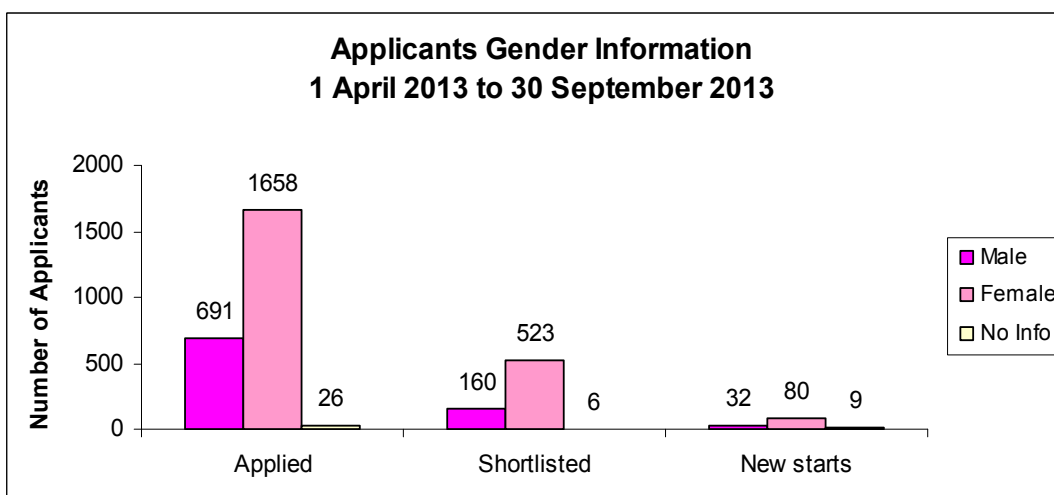


### Gender and Recruitment

The ratio of male to female applicants is higher than the 1 to 3 split within our staff groups. Just over 29% of applicants were male of these, 23% of male applicants were shortlisted translating into 26.5% of new starts. This still left 73.5% of new starters being female which is in line with our current gender demographic in the Board. This figure is in line with our staffing compliment. The previous six monthly report illustrated that 56% of new starts were male.

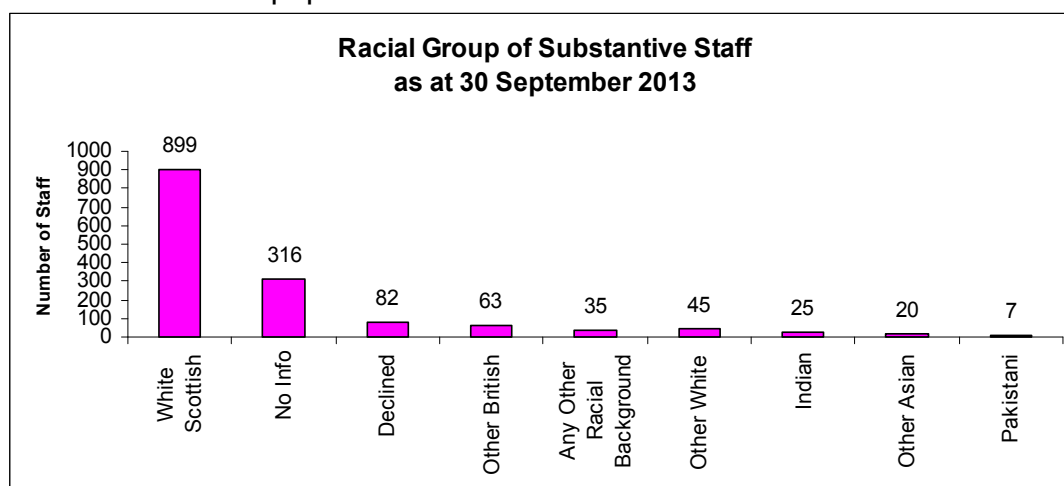
All applications are shortlisted without information relating to gender and regular checks are carried out by the recruitment team into the quality of short listing to ensure fairness. Competency based recruitment continues to be rolled out across the board with training for recruiting managers and supervisors. The HR team are supporting managers through this process and are able to offer individual guidance where required.

A review of the types of post being advertised has not identified any particular clusters or areas for further consideration. The graph below does note that 26 people applied who did not complete their equal opportunities form. Work is ongoing to ensure these forms are completed by every applicant to the Board.



## 5.2 Race

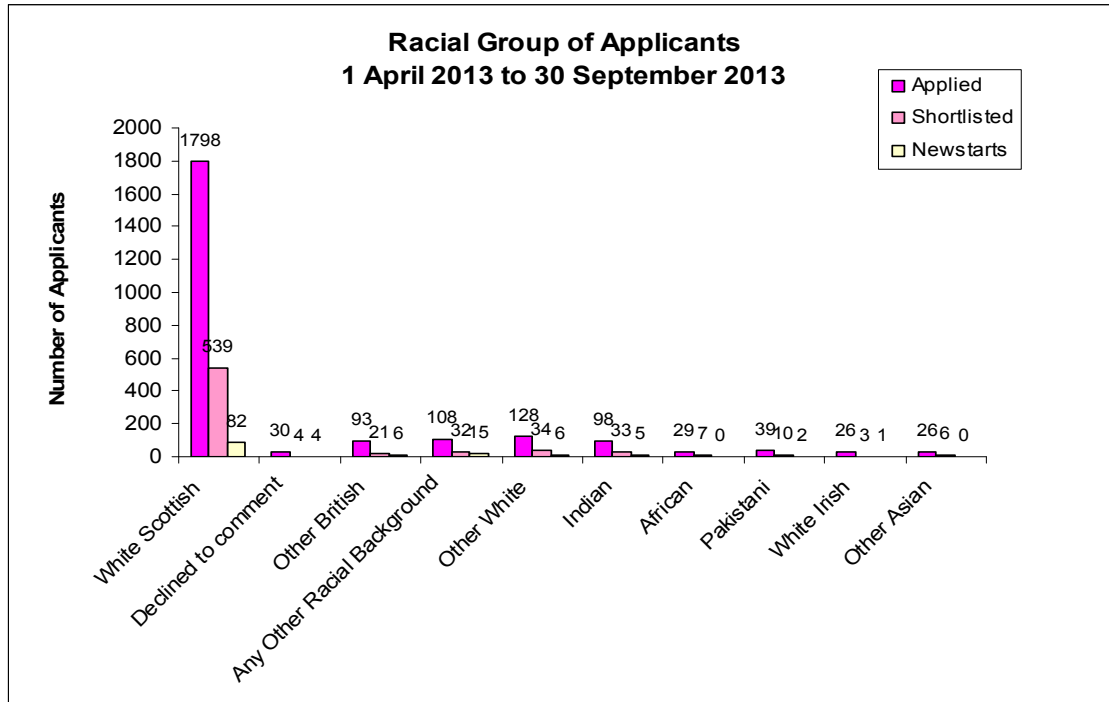
The current racial split of our substantive staff is shown below. Almost 6% of our staff are from minority ethnic groups. This is a significantly higher ratio than the 4% of the population of Scotland shown in the 2011 Census.



It should be noted that the following Racial Groups all have less than 5 staff members so have not been included in these graph – Caribbean and Chinese. We currently have no staff falling into the categories African, African Other, Bangladeshi and Other Black.

### **Race and Recruitment**

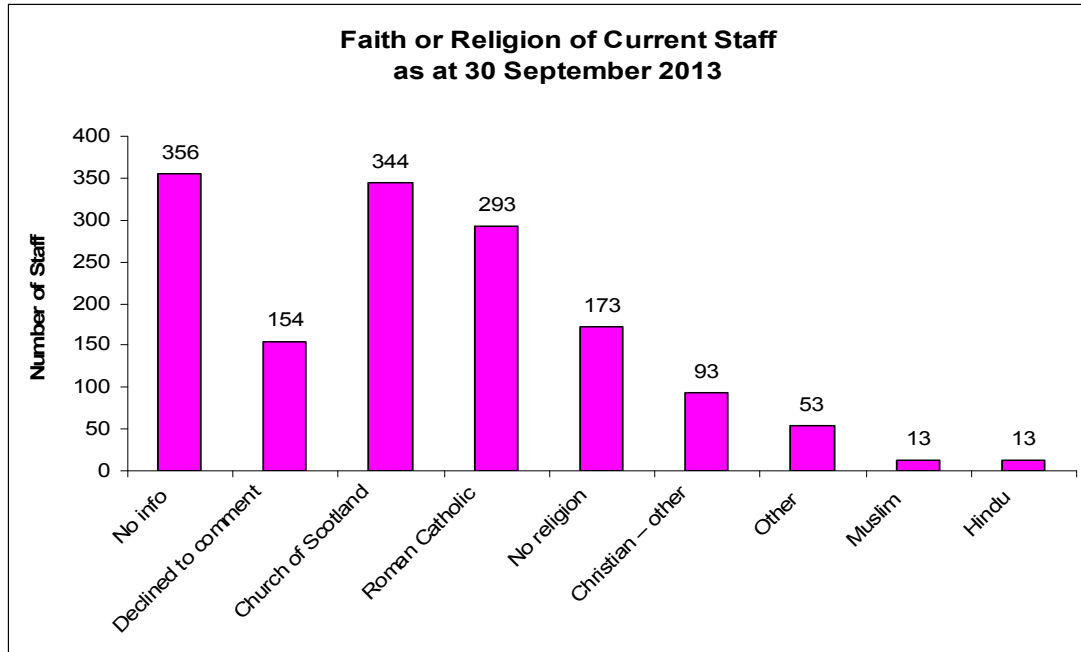
In the current reporting period 2375 people applied for posts in the organisation, 389 people were interviewed and 121 people appointed (including bank staff).



Applications, interviewees and new starts continue to be predominantly White Scottish. The number of applicants from other racial groups has fallen further from 21% to approximately 13% of all applicants. Whilst the population in Scotland has risen by 5% since the time of the last Census, minority ethnic groups account for 4% of the population. Further work will be undertaken by the Equalities Group to examine what supports and programmes can be undertaken to address this situation.

### **5.3 Faith & Belief**

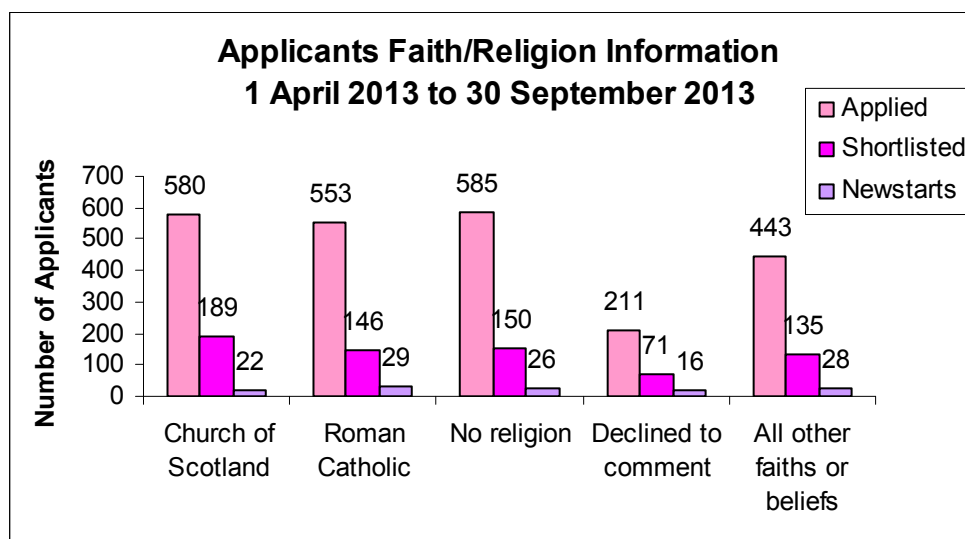
We continue to gather information in respect of the faith or religious beliefs of our staff. The amount of information recorded has remained increased slightly with information being recording in respect of 76% of our staff. All faiths for which there are fewer than 5 members of staff are not reported individually they are captured within the “other” category.



### **Faith & Belief and Recruitment**

The number of applicants in the last reporting period October to March 2013 was 981. This increased significantly during the current reporting period to 2,375 in the current period. The number of candidates recording no information has fallen slightly with a small increase across the other categories.

At all stages of the recruitment process the equality and diversity information is held confidentially within the HR Department and is not disclosed to managers. The data held is for monitoring and reporting purposes to ensure as a Board we meet our Public Sector Equality Duties and identify areas of concern and development.



The proportion of candidates applying has in the first two categories and the category declined to comment outlined above has decreased slightly. The

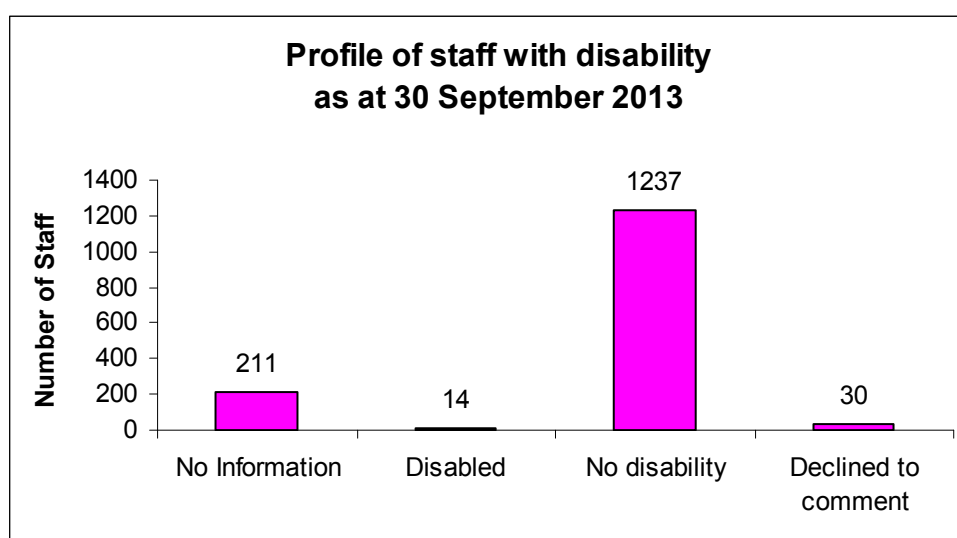


applicants reporting no religion or being recorded within other faiths or beliefs has risen.

According to the 2011 Census, 32% of people living in Scotland stated that they belonged to the Church of Scotland and 16% that they were Roman Catholic. 24% of applicants belonged to the Church of Scotland and 23% were Catholic.

#### **5.4 Disability**

The following chart illustrates the information currently held with regards to staff. There has been little change to the information held in relation to this protected characteristic with the number of staff for whom no information was held reducing from 14% to 13.67%. Of our current workforce, 0.9% reported that they have a disability – this is unchanged from the previous reporting period. We believe this percentage should be higher but some staff do not class or recognise their underlying health condition as being a disability although it may be defined as such nationally.

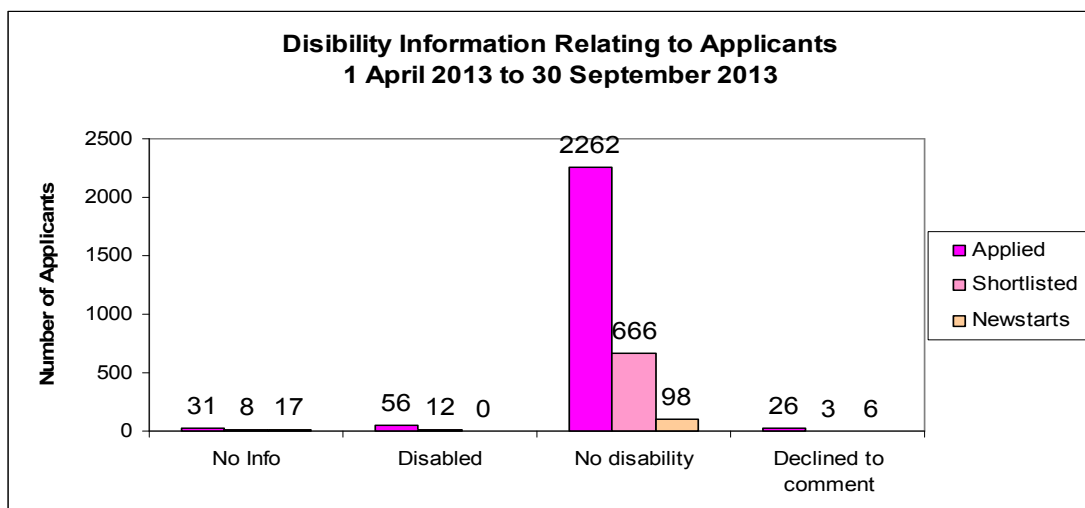


#### **Disability and Recruitment**

The number of applicants declaring any type of disability continues to be extremely low. Of the 56 applicants who stated that they had a disability, 12 were shortlisted but none were appointed. We are looking to undertake work to examine why we did not appoint any applicants with a disability over the past six months and will report this in the next six monthly report.

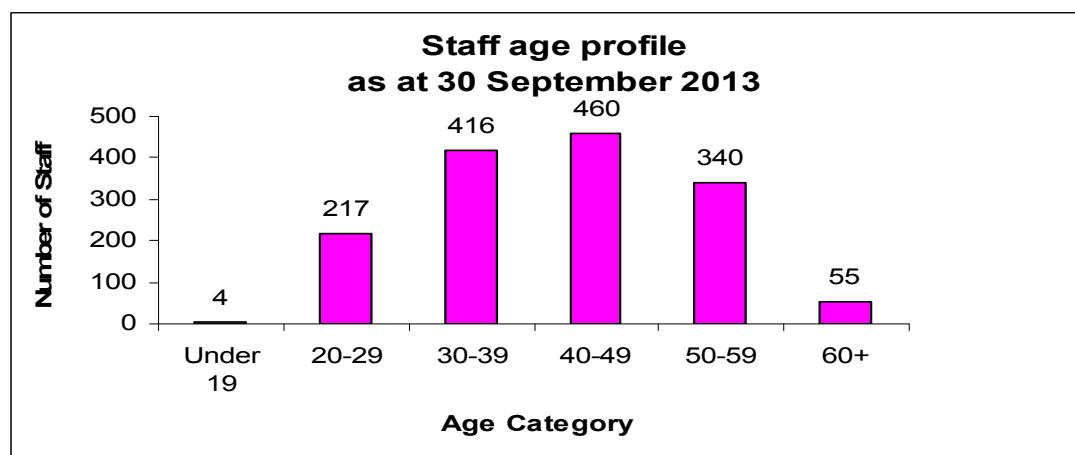
The Disability Symbol Scheme continues to be implemented fairly and consistently and is regularly monitored as part of the normal recruitment process. This ensures that anyone who indicates that they have a disability and meets the essential criteria for the role will be guaranteed an interview.

We continue to advertise vacancies on the SHOW website for financial reasons and also because of the number of applicants we currently receive. Vacancies listed on SHOW are automatically listed with Job Centre Plus in an attempt to reach a wider audience.



## 5.5 Age

The following chart illustrates the age profile of staff. There is little change since the last reporting period with a slight increase in all categories. The age range of our current staff continues to be monitored to ensure that we are planning for future skill gaps where significant numbers of staff reach possible retirement age.



## Age in Recruitment

The table below details the amount of applications we receive by age bracket, the numbers shortlisted and appointed by percentage.

Age Range	Number Applied	Number Shortlisted	Number Appointed	Percentage Shortlisted	Percentage Appointed
20-29	760	168	53	22%	6.97%
30-39	513	181	40	35.3%	7.80%
40-49	443	134	16	30.2%	3.61%
50-59	317	85	8	26.8%	2.52%

The table on the previous page does highlight that we shortlist only 22% of applicants in the 20-29 age range. This could be because of lack of

experience but a piece of work will be undertaken with the Equalities Group to examine this data in further detail.

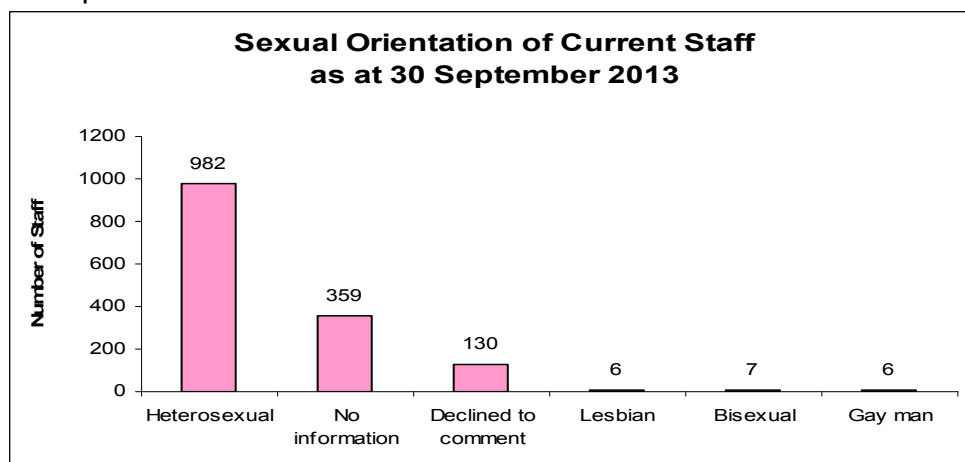
We have acknowledged in previous reports that we employ very few staff under the age of 19 and that our recruitment process does not seem to attract many applicants. This, in part, is due to the nature of the skilled/professional posts where it is unlikely that anyone under the age of 19 would have achieved the qualifications required.

We are also exploring the possibility of introducing Modern Apprenticeships to begin to address this. More information in relation to this will be provided in future reports. We are also in discussions with the Communications Team to develop the use of Twitter and Facebook as advertising mediums for vacancies to test whether this may encourage more applicants from this age range.

The 2011 Census confirmed that Scotland's population is aging with more over 65 year olds than under 15's. This could be of concern in the future in relation to workforce planning.

## 5.6 Sexual Orientation

The numbers illustrated in the graph overleaf remain fairly static. The category "other" also contains less than 5 members of staff and is therefore not reported.



	Applied	Shortlisted	New starts
Heterosexual	2148	634	101
Declined to comment	112	23	11
No Info	65	13	9
Lesbian	11	4	0
Bisexual	18	5	0
Gay man	21	6	0
Other		4	

The table at the bottom of page 37 illustrates that we are unable to quantify if we have appointed any gay men or lesbians as we have 20 new starts with no

information about sexuality. Further work will be undertaken with the Equalities Group and also when eESS is implemented to improve our data and examine further if there is a trend we need to rectify.

### 5.7 Gender Reassignment

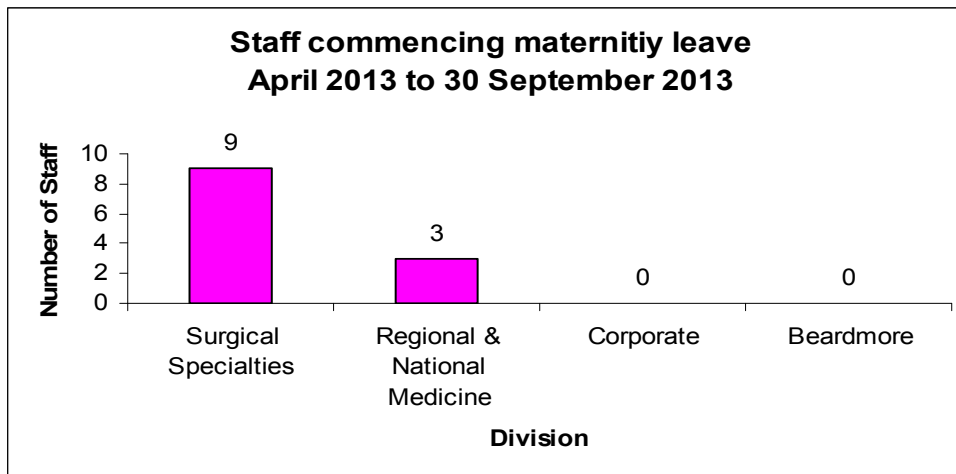
We currently have no staff recorded in this category.

### 5.8 Discipline, Grievance & Equality

During the past 6 months there have been a total of 11 disciplinary cases. 2 resulted in first and final warnings, 8 first written warnings, and one where the employee resigned prior to the hearing being held. This is a small increase on the last reporting period however following analysis of the available data there is no suggestion of any issues with regard to discrimination.

### 5.9 Pregnancy and Maternity

For the first time we are reporting on the number of staff who have commenced maternity leave and the number of staff who have returned from maternity leave during the last 6 months. The graphs providing this information by division are shown below. As this is the first time we have reported this information we are unable to draw any conclusions in relation to this. Comparisons will be made in future reports.



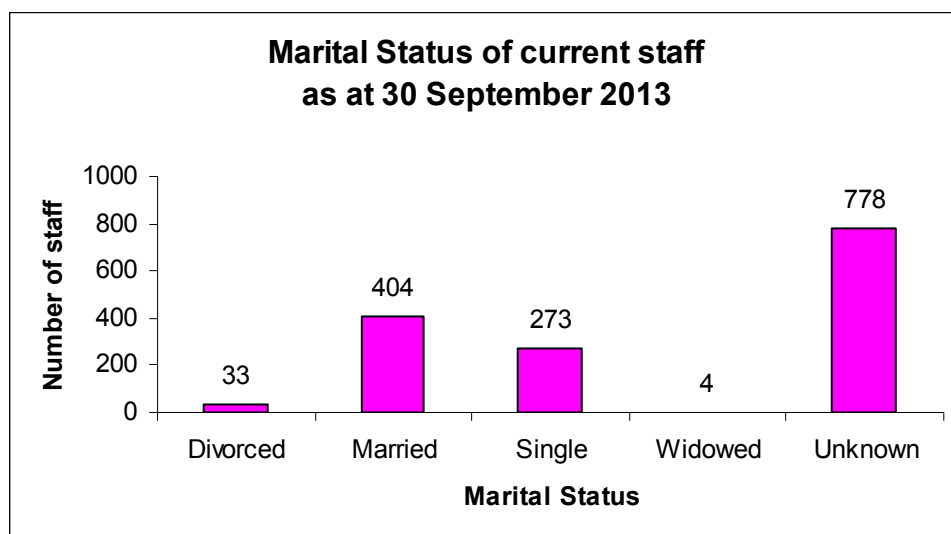
## 5.10 Promotions

During the current reporting period, 10 members of staff were promoted within the organisation, all of whom were white Scottish. Eight were Female and two male with none stating they have a disability. The age range was split from 30-59 and all have said they are heterosexual. This data would be in line with our staffing profile as a whole.

## 5.11 Marriage and Civil Partnership

According to the 2011 Census, 45% of adults are noted as married (or remarried) whilst 35% of adults have never married or registered a same sex civil partnership.

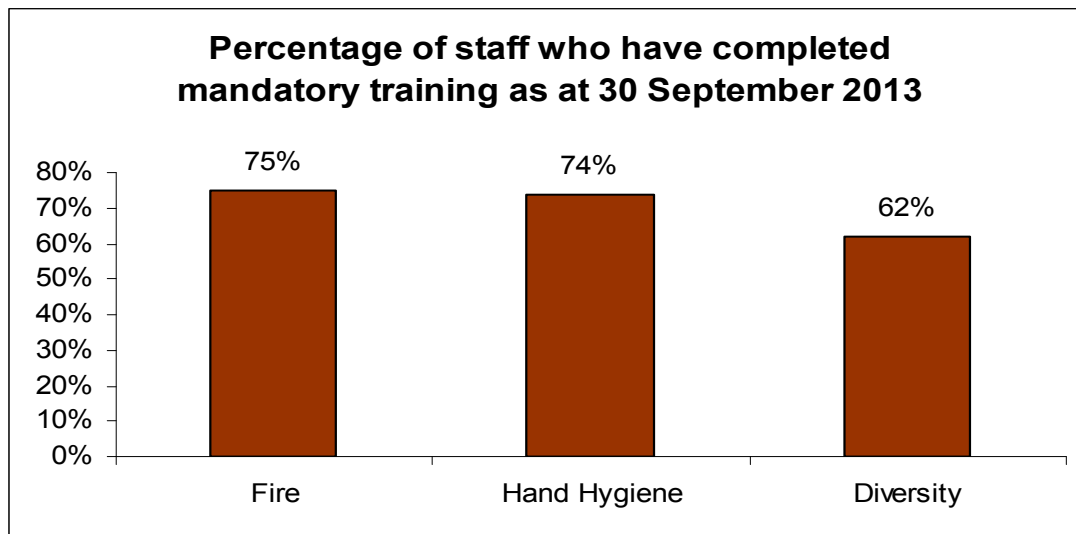
Within our current staff, only 27% are listed as married which is significantly lower than the national profile. It should also be noted that we do not currently collect information on same sex civil partnership. A high proportion of staff have not previously shared this information with us. We will attempt to encourage more detailed provision of information as part of the roll out of the national workforce system.



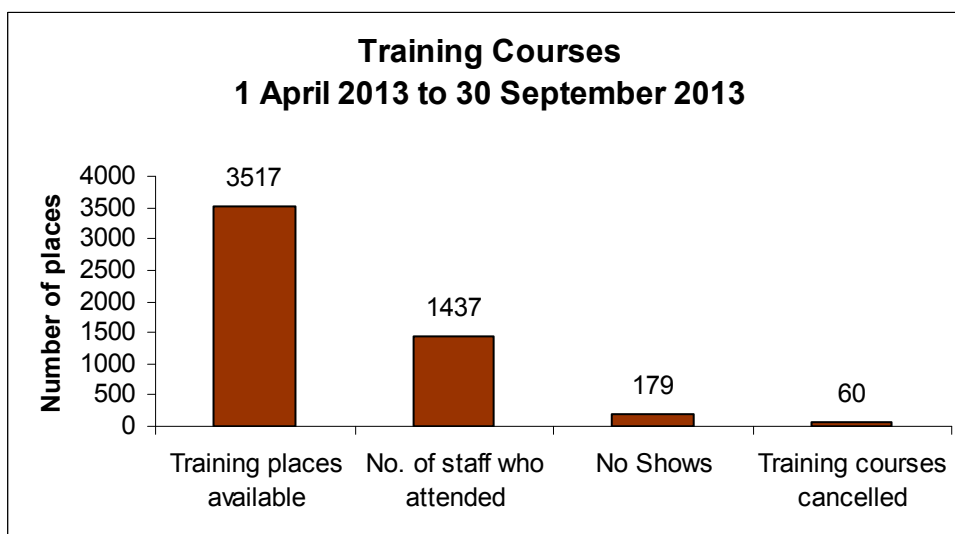
## 6. Training Information

### 6.1 Training Opportunities

The percentage of staff that have completed the mandatory training across the organisation is shown below. In July 2013 the SMT approved Safe Information Handling training as a mandatory training requirement for NWTC staff. The targets for this training are incremental based on a planned trajectory aiming to reach 80% by March 2015. Staff are considered compliant if they have completed the relevant e-learning module or have attended face to face training within the last two years.



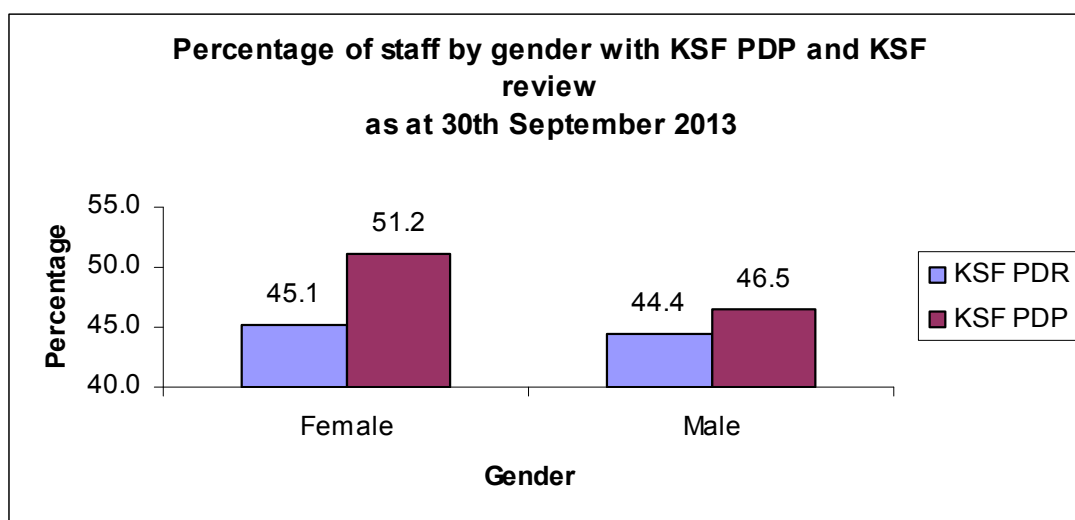
Whilst a high number of training places were available, these were not all taken up and a significant number of training courses were cancelled. Additionally, there were 179 occasions when an employee was booked onto a course but did not attend. Work is ongoing to publicise training to ensure that staff are aware of the opportunities available.



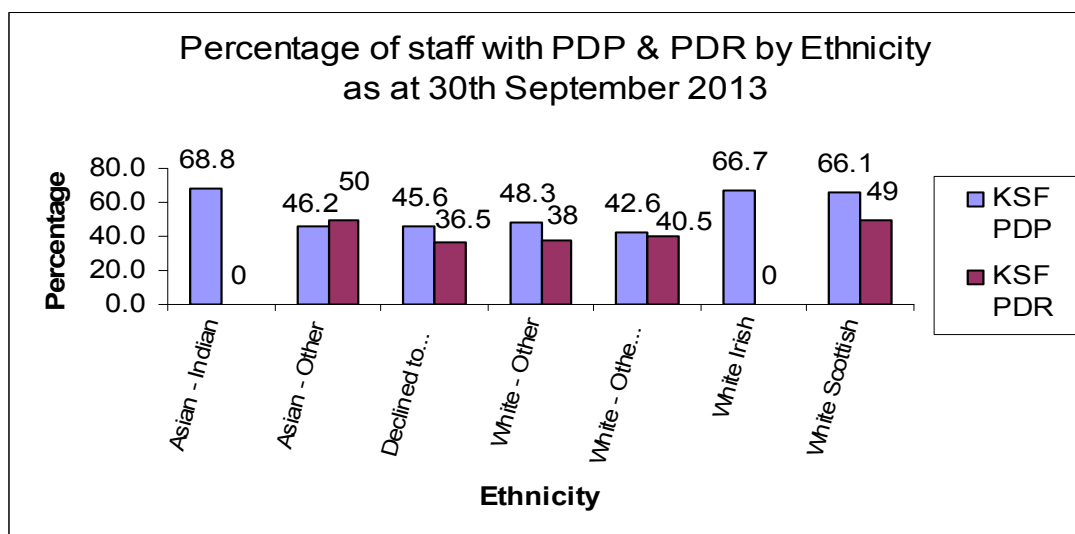
The new Public sector Equality duties require Boards to report on training that is requested by an employee but not provided. At present we are unable to provide such information as we do not record this on any system currently in operation. Confirmation has been provided by the Human Rights Commission that we cannot provide information we do not possess. However we must take steps to try and address the shortfall in information required under the Public Sector Duties. The Human Resources Team are confident that the new OLM system which is part of eESS will be able to provide this information later in 2014.

## 6.2 Personal Development Plans

The percentage of staff with a current PDP is shown below broken down by gender. Work continues to increase this level.



The graph below shows the percentage of staff in each of the reportable ethnic groups with a current PDP.



## 7. Other Information

### 7.1 Organisational Review

All departmental reviews are now under way and nearing completion. The review of the Rehabilitation team is now complete with the review of the Laboratory and Radiology in their final stages.

### 7.2 Recruitment

As a result of the ongoing high levels of recruitment, a tracking process has been implemented which enables senior managers to review the progress of specific vacancies. This will provide them with early notification any areas of concern and enable the HR team to work with them to resolve these. This is an interim solution until the implementation of the recruitment section of e:ESS.

Elaine Barr  
HR Manager  
4<sup>th</sup> November 2013