

NHS National Waiting Times Centre Board Workforce Monitoring Report

1 April – 30 September 2011

Submitted October 2011
Board Approval 17th November 2011

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EXECUTIVE SUMMARY

Introduction

This Workforce Monitoring Report covers the period 1 April 2011 to 30 September 2011, and it should be noted that whilst there are comparisons to the previous period as a result of an organisational restructure the normal levels of comparison have not been possible.

Organisational Review

In April 2010, a formal review of the organisation's structures commenced. This resulted in a reduction from 3 Directorates to 2 Divisions – Surgical Specialities and Regional & National Medicine. The Corporate structure has also been realigned to provide additional flexibility and support for the Clinical Divisions.

Following the completion of this Phase 2 affecting 34 senior managers commenced on 1st April 2011.

It is anticipated that this will be complete with recommendations available by the end of December 2011.

Current Workforce

Staffing levels have been monitored closely and in this six month reporting period the Board headcount has fallen slightly to 1424 substantive staff.

The cumulative turnover figure in the same period is 5%. This represents an increase of 1.61% for the last six month period but it should be noted that this period includes the Junior Doctor rotation which accounts for the majority of the difference and therefore turnover remains relatively static.

New National Workforce System

A new national system for the recording and reporting of staff information is currently being developed. The Board is due to be implementing this system in early 2012 as part of phase 2 of the roll out.

An implementation group has been formed and is developing a plan for the roll out of the system across the Board.

The implementation of the system will be used as an opportunity to validate the information held whilst at the same time collecting new information to support better reporting in future.

Recruitment Activity

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.

Work commenced to consider the implications for the Board of the Agency Workers Regulations which came into force on 1st October 2011. A working group reviewed the regulations implementing a new method for approving the use of agency staff to allow close monitoring.

Sickness Absence

The sickness absence figure for the 2010/2011 financial year, provided by SWISS, was 3.97%. Over the period April – September 2011, whilst three out of six months exceeded 4%, the overall average was in line with the Scottish Government Heat Standard of 4%.

The management of sickness absence remains a high priority for the organisation and is actively monitored on a monthly basis through Performance and Planning.

Revised sickness absence guidelines were approved through partnership altering the way absence is managed with the majority of long-term absence (absence of 4 weeks or more) being handled through the Capability Process.

Knowledge and Skills Framework (KSF)

Since the last report, KSF activities have been absorbed into business as usual within the Board. Whilst we were successful in exceeding the KSF HEAT target work is now ongoing to ensure that all staff continue to receive a Personal Development Review and that this is recorded on the e-KSF system.

Equality and Diversity

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

We recognise that there are difficulties with staff unwillingness to disclose certain information and we will be continuing to monitor this area as a priority.

These principles also apply to the recruitment process and effective monitoring continues to be a priority to ensure that potential barriers to employment are identified and removed.

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

Elaine Barr
HR Manager

7 November 2011

SECTION 1 CURRENT WORKFORCE

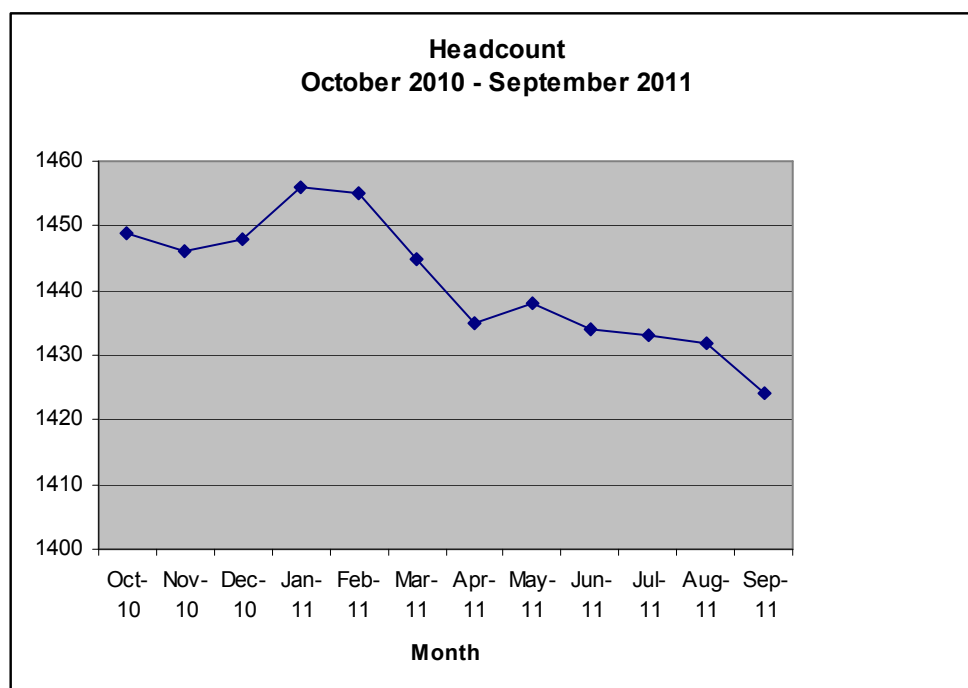
1.1 Board Headcount and WTE

Table 1.1 shows the number of substantive staff employed by the Board at the end of September 2011. Staff headcount has fallen in the past 6 months by 21 people (16.54 WTE), as illustrated in Figure 1.1.1. This was expected as a number of posts have not been filled by seconded staff but not replaced on a permanent basis whilst we are conducting skill mix reviews in a number of areas. It is likely that the number will increase slightly in the next reporting period once the reorganisation has been completed.

Table 1.1

Division	Headcount	FTE
Regional and National Medicine	298	267.27
Surgical	692	625.27
Corporate	361	315.59
Beardmore	73	67.4
TOTAL	1424	1275.53

Figure 1.1.1



1.2 Turnover

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

Table 1.2.1

DIVISION	April		May		June	
	No of Leavers	% Turnover	No of Leavers	% Turnover	No of Leavers	% Turnover
Surgical Services	5	0.68%	3	0.39%	2	0.39%
Regional & National Medicine	0	0%	1	0.40%	0	1.16%
Corporate	3	0.92%	1	0.30%	3	0.58%
Beardmore	0	0	0	0	0	0
TOTAL	8	0.56%	5	0.35%	6	0.57%

Table 1.2.2

DIVISION	July		August		September	
	No of Leavers	% Turnover	No of Leavers	% Turnover	No of Leavers	% Turnover
Surgical Services	6	0.75%	14	2.16%	9	1.04%
Regional & National Medicine	1	0.38%	1	0.40%	2	0.60%
Corporate	4	1.23%	3	0.80%	6	1.66%
Beardmore	2	2.63%	1	1.50%	2	2.96%
TOTAL	13	0.90%	19	1.42%	19	1.20%

The cumulative turnover rate from April to September 2011 is **5%**. This figure represents a total of 70 leavers and is a slight reduction in turnover for the same period last year where there were 67 leavers.

Table 1.2.3 below shows the percentage turnover rates for each Division from 1 April 2011 to 30 September 2011. The percentage turnover in the Beardmore Hotel has been highest in the organisation however as the smallest Division this represents only 5 leavers.

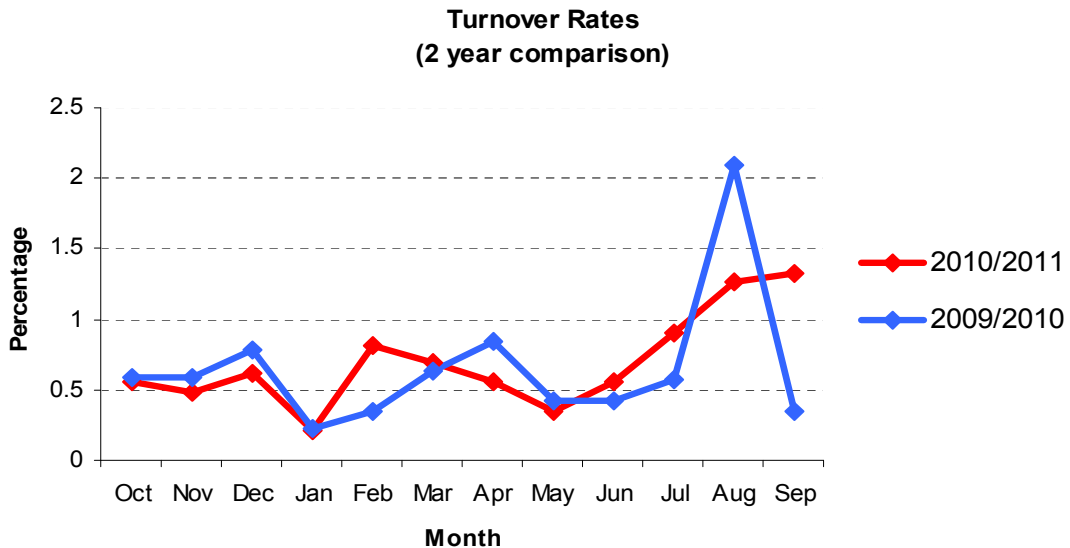
Table 1.2.3

The cumulative turnover figure in the same period is 5%. This represents an increase of 1.61% for the last six month period but it should be noted that this period includes the Junior Doctor rotation which accounts for the majority of the difference.

Division	Percentage Turnover
Beardmore Hotel	7.09%
Corporate	5.49%
Regional & National Medicine	2.94%
Surgical Services	5.41%
NWTCB TOTAL	5%

Figure 1.2.1 illustrates that turnover has been fairly consistent remaining below 1% in the past 12 months with the exception of August and September. The increase in August can be attributed in the main to the junior doctor's rotation. In September however there is no obvious reason for higher than normal turnover rates.

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).

Whilst, 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 70 leavers in the past 6 months, 48 had over one year's service which equates to a stability index figure for the same period of **3.37%**.

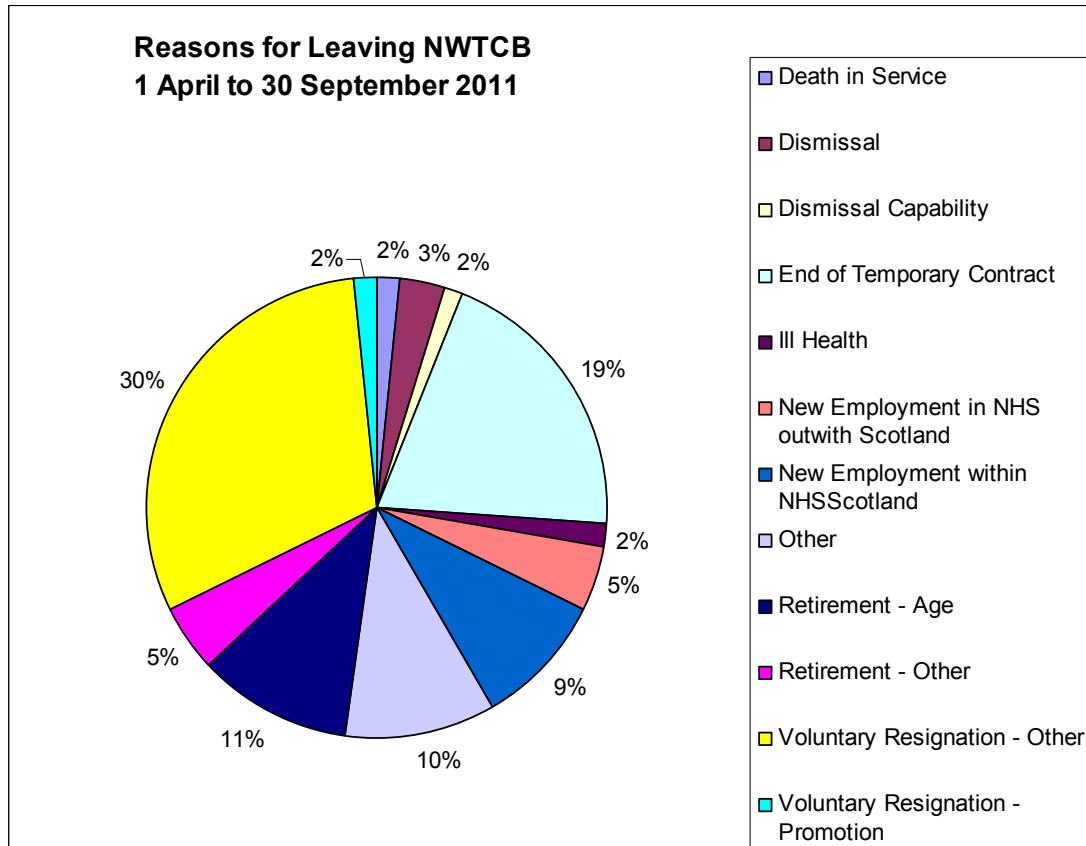
Table 1.3

Quarter	Number of Leavers with over 1 year service
April – June 2011	15
July – September 2011	33
Total	48

This figure has increased by just over 1% since the previous monitoring report and suggests that we have lost more of our experienced staff in recent months.

Table 1.4 below shows the reasons recorded for leavers during the reporting period.

Table 1.4



SECTION 2

RECRUITMENT

We have been actively recruiting for the Medical Management posts and Department Specialty Management positions the majority of which have been filled. Recruitment is currently underway for the remainder of the posts.

In this reporting period we advertised for a Consultant Thoracic Surgeon and a Consultant Anaesthetist. We were successful in appointing a Consultant Thoracic Surgeon on a locum basis with a start date of 3rd August 2011 however we did not appoint to the post of Consultant Anaesthetist. At present the Medical Director is considering what action to take.

Our junior doctors commenced employment on 3 August. We successfully managed to fill all of the posts with only one gap arising due to a candidate declining our offer of employment at the last minute however have now filled this post with the individual commencing employment late October.

The healthcare support worker model continues to progress. In total 29 new healthcare support workers have been recruited by the Board since the implementation date of 31 December 2010 including both permanent and bank positions. Although there has been progress against the implementation of this model some managers and staff required extra support and guidance in relation to obtaining evidence and establishing the relevance to certain roles, e.g. admin roles.

A National online application process has been introduced for The Scottish Government's 'One Year Job Guarantee Scheme' offering new graduates internship placements of 22.5 hours per week employment for one year. Since the introduction of this service we have interviewed, and subsequently made offers of employment to, 7 applicants and are currently working through their pre-employment checks. The closing date for the next round of applications was 30 September and we will be advised by late October if we have received any further applications. At present a total of 18 interns may be accommodated within the Golden Jubilee National Hospital.

Current Recruitment Activity

Despite the current economic climate and the work ongoing within the Board to realise financial savings, we advertised 112 vacancies during the reporting period. It should be noted that whilst other sections of the report exclude bank posts, this section reports all vacancies including bank and temporary. The volume of applications is extremely high and to ensure that we are able to manage the number of applications for each post we continue to review each vacancy regularly with the majority of posts closing after one week rather than two.

Some particularly high numbers of applicants were received as follows:

Band 5 Registered Nurse – Critical Care (9 posts) (closed after 5 days)	165 applicants
Band 2 Radiology Admin Assistant (closed after 3 days)	135 applicants
Band 5 Registered Nurse Theatres (Closed after 4 days)	131 applicants

Band 5 Physiotherapist (2 posts)
(Closed after 5 days)

108 applicants

The management of such high levels of applications present challenges organisationally and regular discussion takes place in an effort to ensure that posts remain open for the optimum amount of time.

In this reporting period the majority of recruitment was within the Surgical Specialties Division and included the recruitment of our Junior Doctors. This resulted in Medical Staff accounting for a higher than normal proportion of our vacancies.

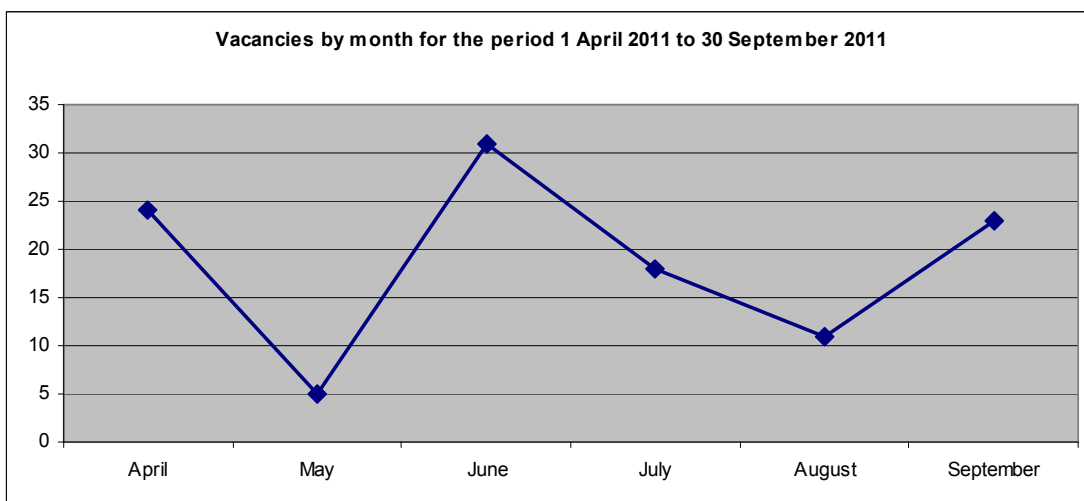
We also recruited 12 Registered Nurses for Critical Care and a high volume of recruitment within our Rehabilitation Department where the majority of these vacancies were for Bank workers to increase the existing pool.

Figure 2.1



As shown in Figure 2.2 below, the recruitment activity in April, June and September was high. This directly links to specific pieces of recruitment - Junior Doctors in April, Critical Care Registered Nurses in June with recruitment for Bank Interpreters and Translators contributing to the larger volume of activity in September.

Figure 2.2



SECTION 3

SICKNESS ABSENCE

Table 3.1

Period start	01/04/2011		
Period end	30/04/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	3981.28	104921.58	3.79%
Regional & National			
Medicine	872.14	43060.76	2.03%
Corporate	1584.67	53160.7	2.98%
Beardmore	555.5	10916.28	5.09%
TOTAL	6993.59	212059.32	3.30%

Period start	01/05/2011		
Period end	31/05/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	3618.19	104464.88	3.46%
Regional & National			
Medicine	1323.7	43060.76	3.07%
Corporate	2268.75	53349.85	4.25%
Beardmore	203.75	11079.34	1.84%
TOTAL	7414.39	211954.83	3.50%

Period start	01/06/2011		
Period end	30/06/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	4659.01	104260.51	4.47%
Regional & National			
Medicine	1670.53	43125.99	3.87%
Corporate	1973.75	53275.93	3.70%
Beardmore	465.5	11414.16	4.08%
TOTAL	8768.79	212076.59	4.13%

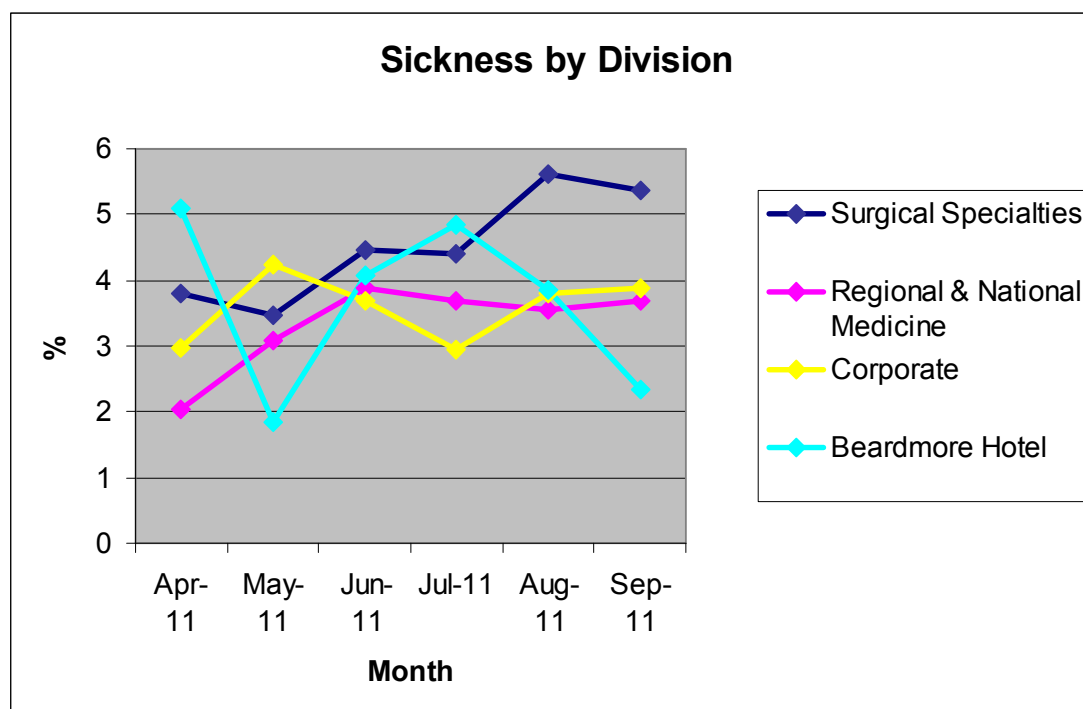
Period start	01/07/2011		
Period end	31/07/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	4535.64	103378.34	4.39%
Regional & National Medicine	1576.73	42729.21	3.69%
Corporate	1562.25	52949.81	2.95%
Beardmore	539	11120.65	4.85%
TOTAL	8213.62	210178.01	3.91%

Period start	01/08/2011		
Period end	31/08/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	5876.05	104526.8	5.62%
Regional & National Medicine	1556.25	43819.97	3.55%
Corporate	1997.5	52517.16	3.80%
Beardmore	415.5	10827.14	3.84%
TOTAL	9845.3	211691.07	4.65%

Period start	01/09/2011		
Period end	30/09/2011		
Division	Sickness Hours	Available Hours	Sickness Rates
Surgical Specialties	5594.69	104087.63	5.37%
Regional & National Medicine	1616.84	43689.52	3.70%
Corporate	2017	51784.48	3.89%
Beardmore	256.5	10990.2	2.33%
TOTAL	9485.03	210551.83	4.50%

3.1 Divisional Absence Reports

Figure 3.1



3.1.1 Surgical Specialties Absence

Sickness absence within the Surgical Specialties Division has steadily increased during the reporting period with the highest recorded figure of 5.6% in August. Absence has followed a similar organisational trend to the same period in 2010, with a steady increase from June onwards. This can be attributed to corresponding increases in long term absence for a variety of reasons, such as staff undergoing surgery and post operative recovery times, time required for treatment of chronic conditions, underlying health conditions and treatment for injuries. A number of staff have returned to work from long term sick leave and returns are being planned for others in conjunction with HR and Occupational Health. Short-term absence continues to be monitored on an ongoing basis with appropriate action taken by managers where levels escalate to unacceptable levels.

3.1.2 Regional & National Medicine

Average sickness absence rates for April 2011 to September 2011 were 3.32%. Rates were at their lowest in April – 2.03% and peaked in June 2011 at 3.87%; this can be attributed to an increase in long-term absences during. Long-term sickness, absence of four weeks or more, accounted for 43% of the overall absence rates.

23% of the overall absence in the Division was attributed to stress and anxiety related illnesses resulting in the loss of 2018 working hours. The most common reason for short-term absence was gastro-intestinal problems resulting in the loss of 811 hours.

3.1.3 Corporate Absence

Average sickness absence rates for this reporting period were 3.59%. This represents a significant reduction in comparison to the previous reporting period when they were 5.55%. Absence rates peaked in May 2011 at 4.25% and have been maintained at below the Board's target in the other 5 months of this period.

The management of absence continues to be a priority with regular reviews being carried out with managers to ensure that this progress is maintained.

3.1.4 Beardmore Hotel Absence

Average sickness absence percentage for the period April to September 2011 was 4.03%, an increase of 0.26% from the previous six months. The main reason for the increase continues to be long term sickness absence. A number of the individuals have now returned to work and it is expected that the figures will fall in the next reporting period.

The HR Advisor is supporting the department managers to ensure that absence is being monitored and formal action is being taken where appropriate.

3.1.5 Disciplinary Action due to Sickness Absence

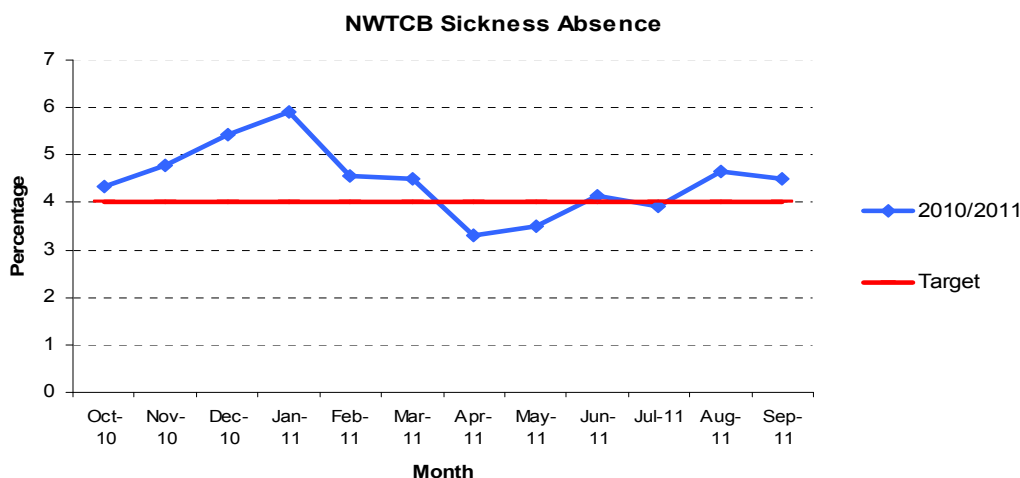
In this reporting period, the number of disciplinary cases due to unacceptable sickness absence levels has reduced to a total of 4 disciplinary cases these resulted in one first and final warning and 3 written warnings. This represents a significant reduction in the number of cases reaching the disciplinary stage however does not indicate a lessening in the focus on managing attendance at work.

A change to the way we manage sickness absence has also resulted in 6 capability cases related to sickness absence. These are staff who have an underlying health condition that may be covered under the Equalities Act and require to be supported slightly differently.

3.2 Board Sickness Absence Levels

Figure 3.2.1 overleaf shows the levels of sickness absence in the past 12 months. Ongoing management of sickness absence has helped to maintain a level of around the 4% target however in August and September the figures climbed to just above the target figure. The total number of hours lost equals almost 51,000 which equates to a cost of almost £650,000 for the period.

Figure 3.2



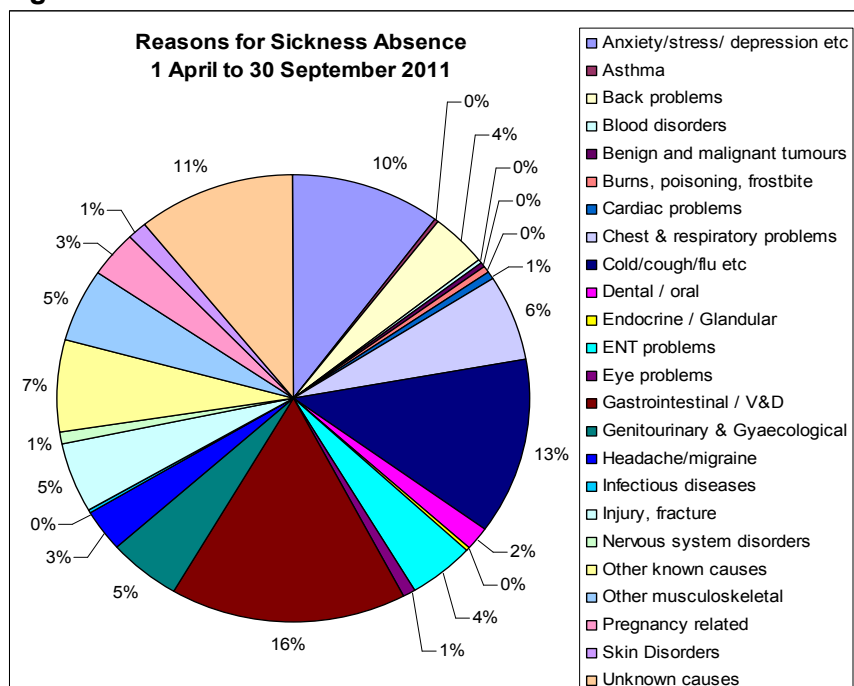
3.3 Reasons for Sickness Absence

Figure 3.3.1 clearly illustrates that the reasons for sickness absence in the past 6 months have been extremely diverse and there is no clear pattern or trend. The most common reason for sickness absence continues to be gastrointestinal problems including vomiting and diarrhoea, with 16% of all absences attributed to this.

The episodes of absence due to coughs, colds and flu was 13% which is higher than expected through the summer months and it is anticipated that this figure will increase as we move into winter.

The two main causes of absence in this period are gastrointestinal and anxiety. The category “unknown causes” has reduced and managers continue to be encouraged to record absence accurately to support better reporting.

Figure 3.3.1



SECTION 4

WORK-LIFE BALANCE

4.1 Special Leave

Table 4.1 shows the percentage uptake of special leave has reduced significantly. Managers are now clear on the appropriate use of special leave are reporting it more accurately. It is therefore expected that these reduced levels will, remain unchanged in future reporting periods.

Table 4.1

DIVISION	April		May		June	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	394.78	0.38	282.50	0.27	341.50	0.33
Regional & National Medicine	114.25	0.27	147.67	0.34	121.42	0.28
Corporate	178	0.33	168.75	0.32	171.25	0.32
Beardmore	0	0	0	0	2.50	0.02
TOTAL	687.03	0.32	598.92	0.28	636.67	0.30

DIVISION	July		August		September	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	247.75	0.24	426	0.41	423.25	0.41
Regional & National Medicine	161.82	0.38	74.00	0.17	126.55	0.29
Corporate	175.5	0.33	50.25	0.10	383.75	0.74
Beardmore	0	0	0	0	7.50	0.07
TOTAL	585.07	0.28	550.25	0.26	941.05	0.45

The amount of special leave taken throughout the Board in the past 12 months equates to less than 2.5 WTE, a reduction of approximately 2.5 WTE for the period April 2010 to March 2011. This represents a saving estimated at just over £12,000 (calculated using the assumption of mid point Band 5). This should have realised benefits to service delivery whilst still supporting work-life balance.

4.2 Parental Leave

Table 4.2 shows the percentage uptake of parental leave remains below 0.5% peaking at its highest monthly figure of 0.47% in August 2011. This represents a slight reduction against the last reporting period.

Table 4.2 Parental Leave

DIVISION	April		May		June	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	448	0.43	322.5	0.31	358	0.34
Regional & National Medicine	203.62	0.47	58.5	0.14	45.00	0.10
Corporate	109.75	0.21	18.00	0.03	15.00	0.03
Beardmore	0	0	8.5	0.08	0	0
TOTAL	761.37	0.36	407.5	0.19	418	0.20

DIVISION	July		August		September	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	267.31	0.26	546.62	0.52	254	0.24
Regional & National Medicine	85.75	0.20	135.50	0.31	54.75	0.13
Corporate	101.25	0.19	317.50	0.60	78	0.15
Beardmore	0	0	0	0	0	0
TOTAL	454.31	0.22	999.62	0.47	386.75	0.18

4.3 Maternity Leave

Table 4.3 shows that maternity leave is highest within Surgical Services. This is to be expected given the size of the division as opposed to the remainder of the organisation. The Board average for maternity leave has decreased by approximately 0.5% to 2.0% since the previous 6 month monitoring report. This figure is consistent with the same reporting period last year.

As the workforce is almost three quarters female there is a likelihood of this figure increasing again in future months therefore managers must continue to consider maternity leave when planning their workforce.

Table 4.3 Maternity Leave

DIVISION	April		May		June	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	2986	2.85	3418.78	3.27	2838.50	2.72
Regional & National Medicine	579	1.34	704.60	1.64	973.65	2.26
Corporate	405	0.76	375	0.70	541.75	1.02
Beardmore	0	0	0	0	0	0
TOTAL	3970	1.87	4498.38	2.12	4353.9	2.05

DIVISION	July		August		September	
	No Hours taken	% of available hours	No Hours taken	% of available hours	No Hours taken	% of available hours
Surgical Services	2898.87	2.80	2729	2.61	2214.88	2.13
Regional & National Medicine	903.96	2.12	1210.2	2.76	834.92	1.91
Corporate	492	0.93	510	0.97	682	1.32
Beardmore	0	0	0	0	0	1.77
TOTAL	4294.83	2.04	4449.2	2.10	3731.8	1.77

SECTION 5

EQUALITY AND DIVERSITY

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

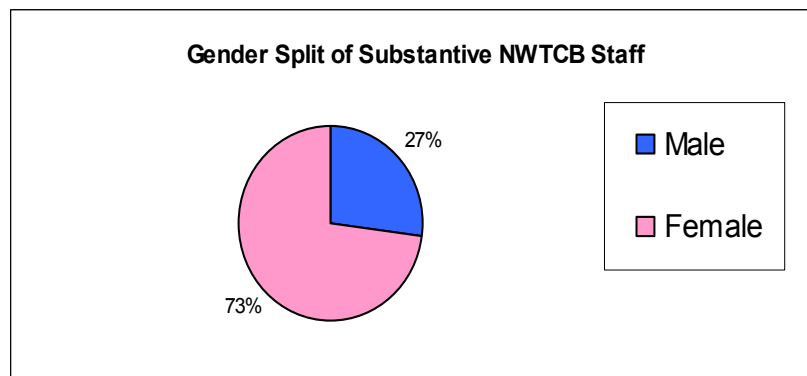
The information presented below is based on self-reporting by NWTCB staff. Data is collected via staff engagement forms when people join or change roles within the organisation.

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 is unchanged since the previous monitoring report. This is proportionally representational of NHS Scotland as a whole (benchmarked against ISD figures).

Figure 5.1.1



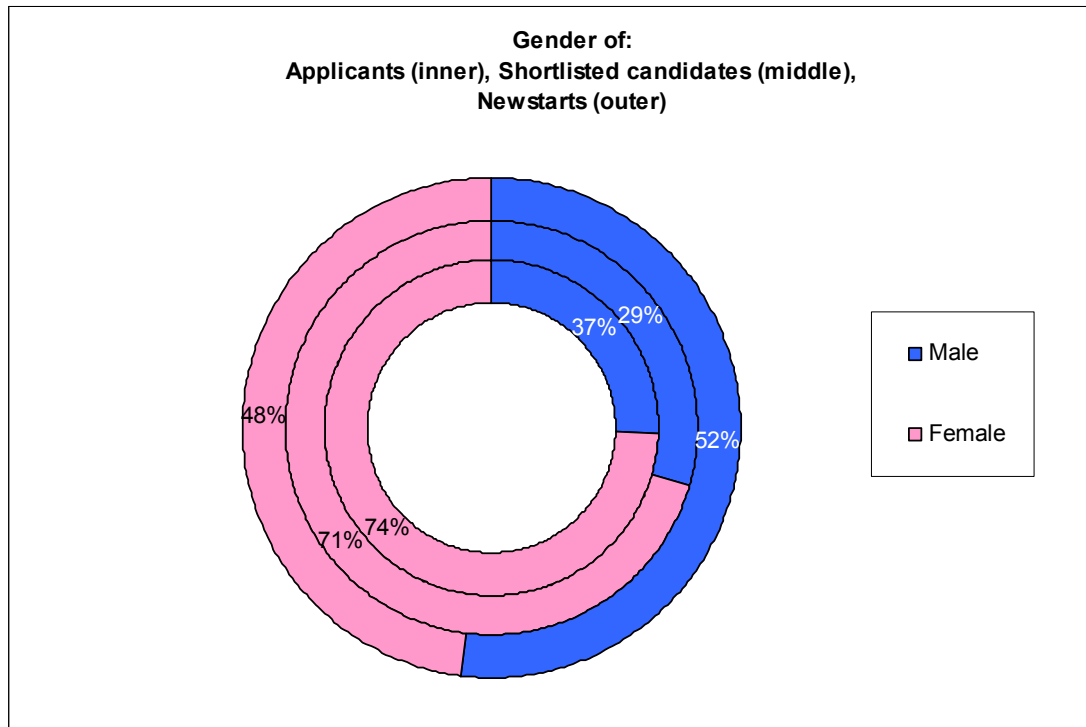
Gender and Recruitment

Figure 5.1.2 illustrates the percentages of men and women who went through the various stages of the recruitment process in the current reporting period.

The figure shows that 74% of applicants for all available vacancies in these six months were female. The percentage of females shortlisted is 71%.

The percentage of male and female new employees starting work between 1 April 2010 and 31 March 2011 is 48/52. This suggests that a disproportionate number of males started work and this area will continue to be closely monitored to ensure that there is no discrimination in the recruitment process.

Figure 5.1.2



Finally, our data does not show that any applicant has identified themselves as transgender during this reporting period.

5.2 Race

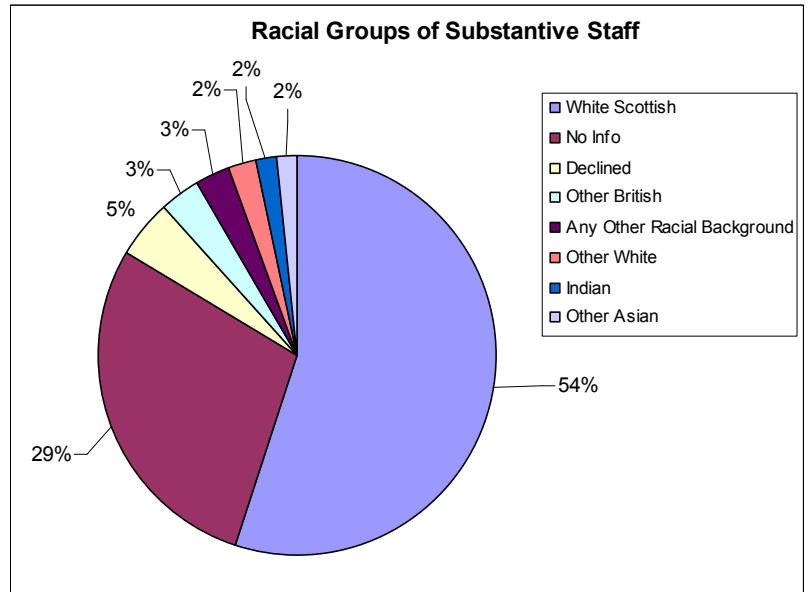
Table 5.2 and figure 5.2.1 overleaf show that more than half the workforce is white Scottish (54%). This figure is comparable with results in NHS Scotland as ISD figures show that a 49% of the workforce is white Scottish.

We now have information regarding race for 67% of our staff – a slight reduction since the last reporting period. NWTCB continue to have captured a slightly higher percentage of data as ISD figures show that the national average is 65%. We will continue to encourage staff to provide this information and anticipate that the next opportunity to collect missing data will relate to the introduction of the new National HR system in 2012.

Table 5.2

Racial Group	No. of Staff
White Scottish	784
Declined to comment	473
Other British	47
Other White	34
Other Asian	22
Indian	24
White Irish	14
African	8
Other Ethnic Background	7
Any Mixed Background	<5
Caribbean	<5
Chinese	<5
Pakistani	<5

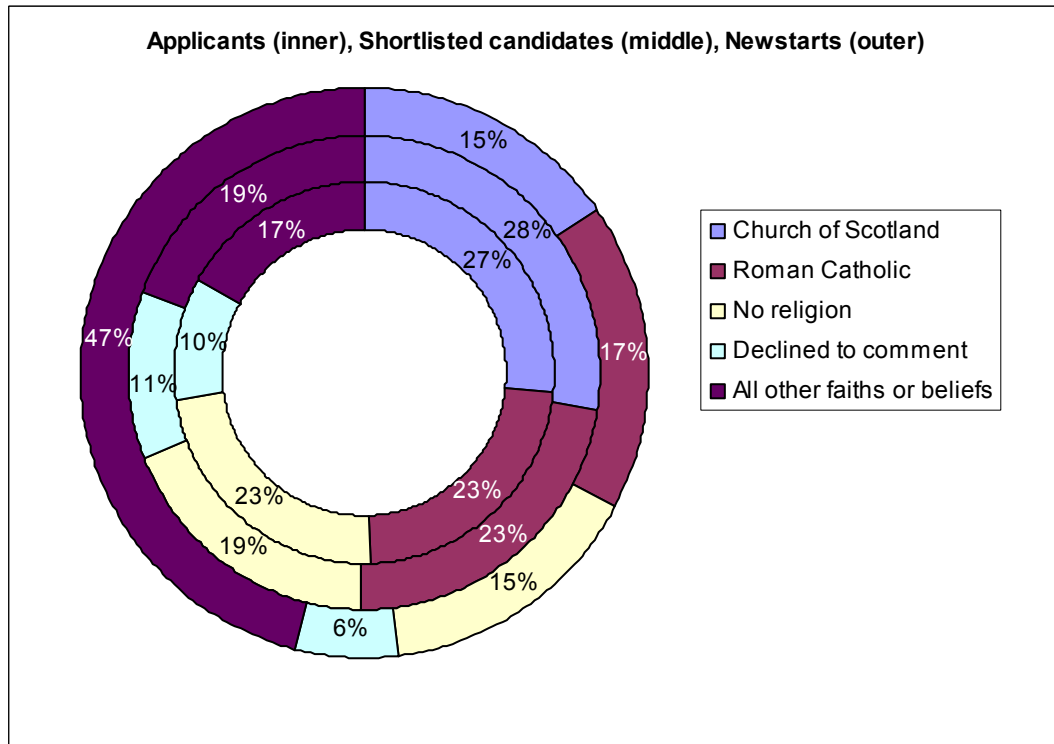
Figure 5.2.1



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 1430 applications, just over 300 people were interviewed and just over 50 people became new employees.

Figure 5.2.2



Applications, interviewees and newstarts continue to be predominantly from people who are White Scottish. The percentage of applicants from other racial groups is slightly lower than in the previous reporting period with the percentage of shortlisted candidates remaining the same. The number of newstarts is higher than previously reported. The data suggest that the Board has no issues regarding discrimination in terms of race throughout the recruitment process.

5.3 Faith & Belief

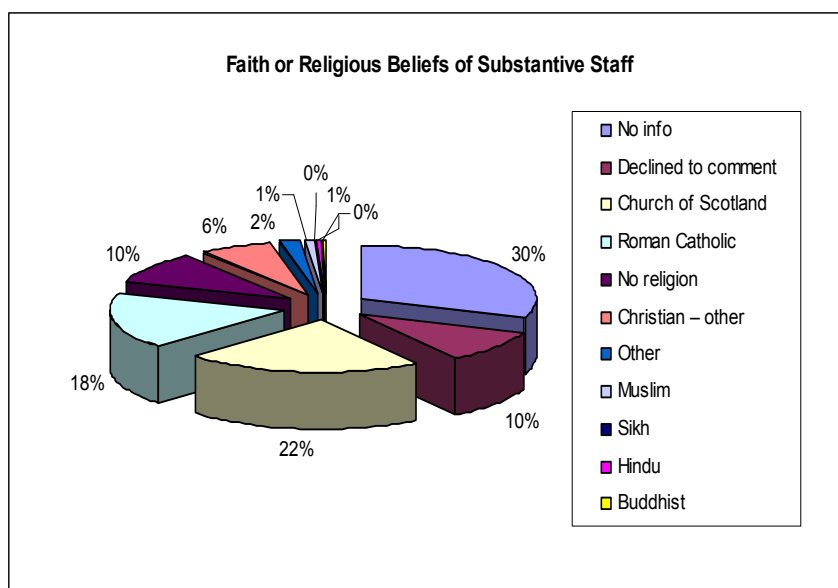
Table 5.3, figures 5.3.1 below illustrate that we have gathered information for just under 60% of our staff with regard to their faith or religious beliefs. This is a reduction in information gathered in previous months.

Comparison with NHS Scotland figures show that NWTCB is similar regarding proportional representation of some religions but not others. ISD figures report that 9% of the NHS Scotland workforce is Roman Catholic whilst the percentage within the NWTCB is much higher at 17.6%. However 20% of NHS Scotland Staff stated their religion as Church of Scotland which is similar to the 22% in NWTCB.

Table 5.3

Faith or Belief	No. of Staff
No info	441
Church of Scotland	311
Roman Catholic	251
Declined to comment	140
No religion	136
Christian – other	92
Other	31
Muslim	10
Hindu	9
Buddhist	<5
Sikh	<5

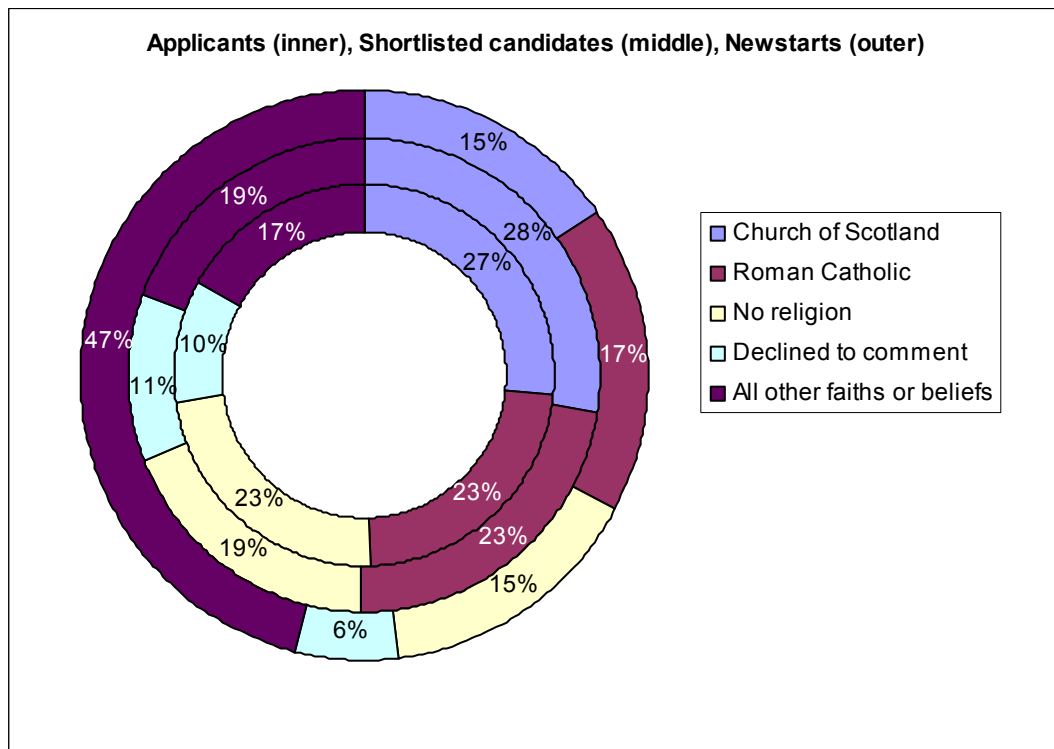
Figure 5.3.1



Faith & Belief and Recruitment

Figure 5.3.3 overleaf illustrates the percentages of applicants in the recruitment process from different Faiths or Beliefs in the period April to September 2011. The number of applicants for the - category “all other faiths and beliefs” is broadly proportionate to the other categories. The number of newstarts in the same category are however significantly higher. This is in contrast to previous reporting periods where the newstarts were consistent with the applicants. To ensure that there is no discrimination, this will be monitored closely over coming months.

Figure 5.3.3



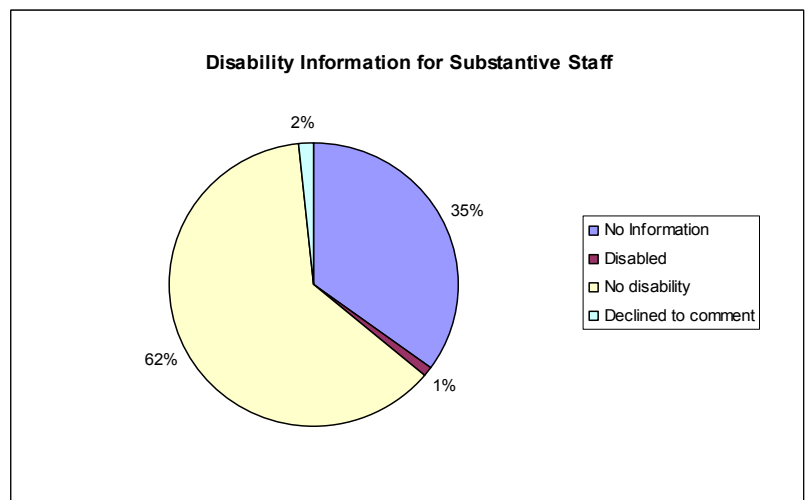
5.4 Disability

Table 5.4 and figure 5.4.1 below illustrate the information held with regards to staff with a disability. As previously, approximately 1% of our staff disclosed that they have a disability. The percentage of staff that decided not to disclose information regarding disability has continued to fall since the same period last year.

Table 5.4

Disability	No. of Staff
No Information	499
Disabled	14
No disability	888
Declined to comment	23

Figure 5.4.1



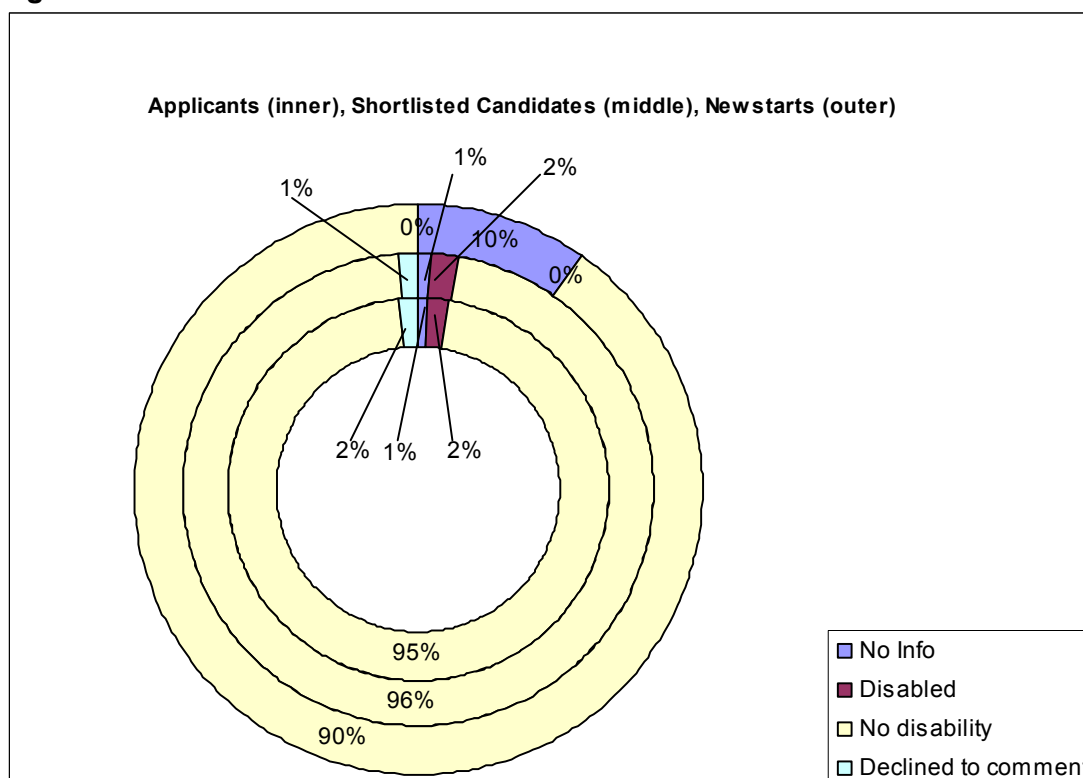
Disability and Recruitment

Figure 5.4.2 below illustrates the percentages of applicants in the recruitment process and their disability status between 1 April and 30 September 2011.

In this reporting period no disabled employees began work at NWT CB despite 2% of applicants stating that they had a disability.

The Recruitment Advisor has confirmed that the Disability Symbol Scheme is being implemented consistently and fairly.

Figure 5.4.2



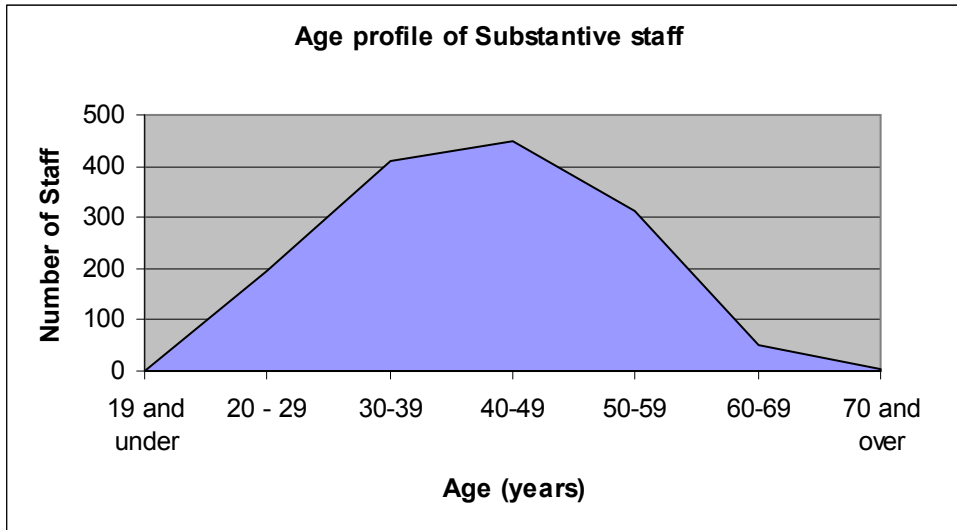
5.5 Age

Table 5.5

Age	No. of Staff	Percentage
19 and under	1	0.07%
20 – 29	194	13.6%
30 – 39	411	28.9%
40 – 49	450	31.6%
50 – 59	312	21.9%
60 and over	56	3.93%

Table 5.5 to the left and figure 5.5.1 overleaf show the age distribution of staff at 30 September 2011. The age profile has changed slightly with an increase in the percentage of staff aged between 30 and 49 and a corresponding decrease in all of the other age groups.

Figure 5.5.1



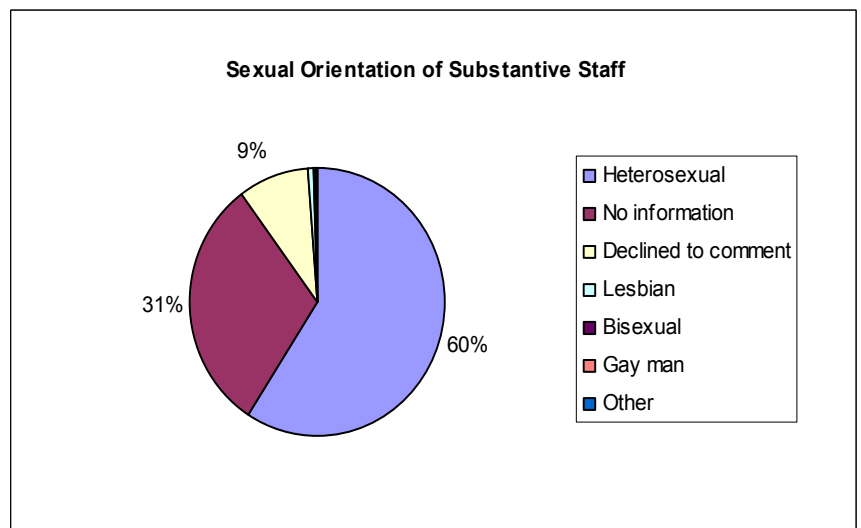
5.6 Sexual Orientation

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 this period. Over half our staff (60%) have stated that they are heterosexual.

Table 5.6

Sexual Orientation	No. of Staff
Heterosexual	842
No information	437
Declined to comment	129
Lesbian	7
Bisexual	<5
Gay man	<5
Other	<5

Figure 5.6.1

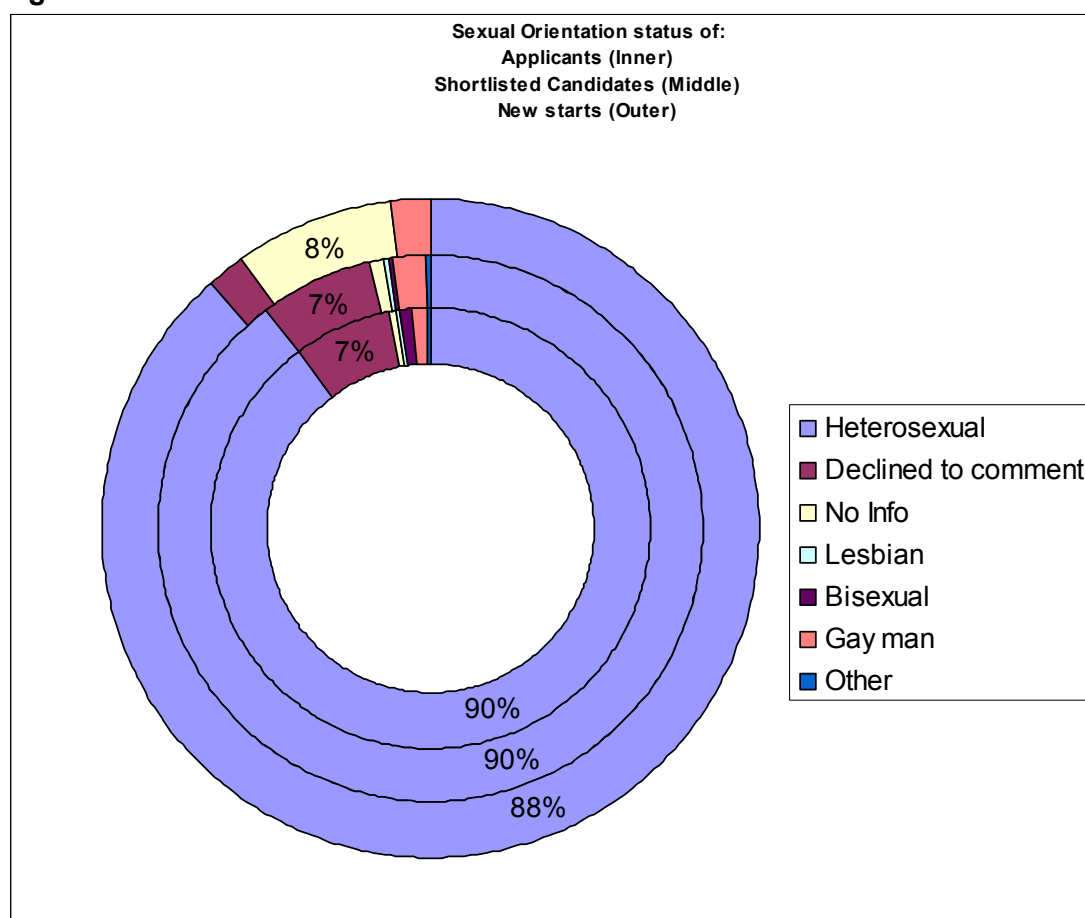


Sexual Orientation and Recruitment

Figure 5.6.2 below shows that approximately 90% of all applicants stated that they were heterosexual. The figures for shortlisted candidates (90%) and new employees (88%) remain proportionally consistent with the application percentage.

Whilst these figures show consistency, they also demonstrate that in this reporting period only 1% of applicants were gay translating to 2% of newstarts. This is an improvement on the previous reporting period.

Figure 5.6.2



5.7 Discipline, Grievance & Equality

During the past 6 months there have been approximately 19 disciplinary cases. All disciplinary cases are monitored for trends with regards to the equality. By analysing the available data there is no suggestion of any issues with regards to discrimination.

Between 1 April 2011 and 30 September 2011 there were 4 new grievances. 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

In April 2010, a formal review of the organisation's structures commenced. This review was carried out in partnership and staff feedback helped shape the structure of the organisation. This resulted in a reduction from 3 Directorates to 2 Divisions – Surgical Specialities and Regional & National Medicine. The Corporate structure has also been realigned to provide additional flexibility and support for the Clinical Divisions.

Following this, in December 2010, the Senior management Team and Partnership Forum agreed that the purpose of phase two of our organisational review was to review all management (clinical and non clinical) posts in Band 8a and above who were not affected during phase one.

The intention is to review job content and management responsibilities in relation to direct care services (where appropriate).

The key drivers for the review continue to be:

- The NHS Scotland Quality Strategy
- Patient experience and pathways
- Continuous improvement and service redesign
- Greater emphasis on efficiency and productivity
- Challenging financial environment
- Management of corporate risk
- Clinical Strategy

The information collected by the Heads of Operations or Executive Directors will be considered and used to inform the key recommendations. It is anticipated that a draft proposal of the key recommendations will be available by the end of December 2011. More information will be reported in subsequent reports.