



# Workforce Monitoring Report

1<sup>st</sup> October 2012 – 31<sup>st</sup> March 2013

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## **EXECUTIVE SUMMARY**

### **Introduction**

This Workforce Monitoring Report covers the period 1 October 2012 to 31 March 2013. Comparisons have been made to the previous reporting period.

<b>Summary of Key Employee Information</b>			
	<b>Mar-11</b>	<b>Mar-12</b>	<b>Mar-13</b>
Headcount	1445	1430	1448
Male/Female ratio	1 to 3	1 to 3	1 to 3
Percentage of staff with a disability	1.04%	1.04%	0.90%
Age bracket containing highest number of staff	40-49	40-49	40-49
Percentage of staff in an ethnic minority group	5.47%	3.92%	5.25%
Sickness Absence (SWISS)	4.49%	4.20%	4.64%

### **Current Workforce**

Staffing levels have continued to be monitored closely and in this six month reporting period the Board headcount has increased by 18 (WTE) to 1,448 substantive staff. This increase has taken place as a direct result of restructuring linked to the previous voluntary severance programme to balance skills mix within teams coupled with the continued increase in activity within the Board. The Workforce Planning and Education Steering Group will monitor activity on a quarterly basis.

### **2011 Census Information**

National Records of Scotland have begun to release data relating to the 2011 Census. To date this has been limited but where appropriate information is included in the report for the purpose of comparison.

It is anticipated by the time of the next Workforce Monitoring Report more meaningful analysis will be possible.

### **New National Workforce System**

It is anticipated that e:ESS will go live from July 2013. Training sessions for staff and managers took place during March and April and support will continue to be provided throughout the implementation period and beyond. Further training will be provided as required.

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.

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 e:ESS 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.

### **Voluntary Severance**

The Voluntary Severance Scheme was reopened in September 2012 with 85 expressions of interest received. Seventeen applications were received and of these, fifteen posts were approved for receipt of a severance package. The sex and age range for those who were successful are as follows:

F	40-49	2
M	40-49	1
F	50-59	6
M	50-59	2
F	60-69	2
M	60-69	2

The proportion of males to females receiving voluntary severance is 1:2 males against a workforce split of 1:3. All of those approved in this scheme left the organisation on or before 31<sup>st</sup> March 2013.

Applications were reviewed following an agreed process with the severance panel meeting on two occasions. Each post was reviewed against the following criteria:

- Application approval needs to support the short and long term workforce needs of the Board including development and redesign of services
- There will be sufficient knowledge, capacity and skill base left within the Service/Department should the application be approved
- All posts approved generated a potential for redesign to generate a more efficient service

A review of the financial impact was assessed using the 2 year payback criteria

This is the second Voluntary Severance Scheme within the Board with the first scheme approving 29 posts.

### **Recruitment Activity**

Work is ongoing to review the recruitment processes with a view to linking them to the new HR system. Recruitment activity has reduced slightly in the current period to 100 posts, a reduction of 1 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.

### **Sickness Absence**

The overall sickness absence figure for the last 6 months, reported in SWISS, was 4.14%. This is a decrease of 0.2% on the previous 6 month reporting period. The fully ratified figure for 2012/13 is 3.73%.

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.

They 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.

### **Equality and Diversity**

As reported previously, all boards have responsibilities in line with the Equal Pay Provisions in the Equality Act Specific Duties. The timetable is as follows:

*By 30<sup>th</sup> April 2013:*

- Boards must publish information on any gender pay gap.
- Boards must publish a statement on equal pay and occupational segregation in relation to gender. This statement must contain the Board’s policy on equal pay, as well as information on occupational segregation.

*By 30<sup>th</sup> April 2015:*

- Boards must publish an updated gender pay gap figure

*By 30<sup>th</sup> April 2017:*

- Boards must publish an updated equal pay and occupational segregation statement for disability and race as well as gender.

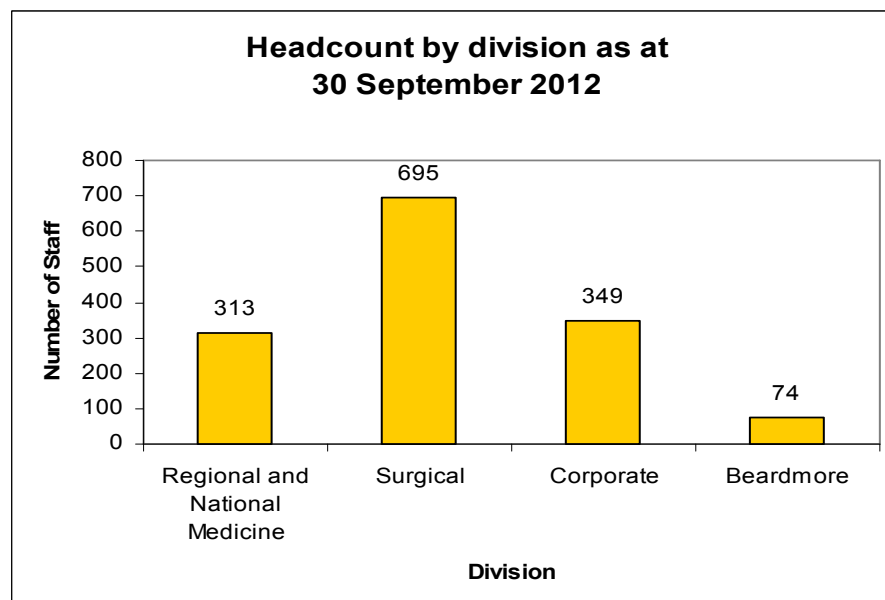
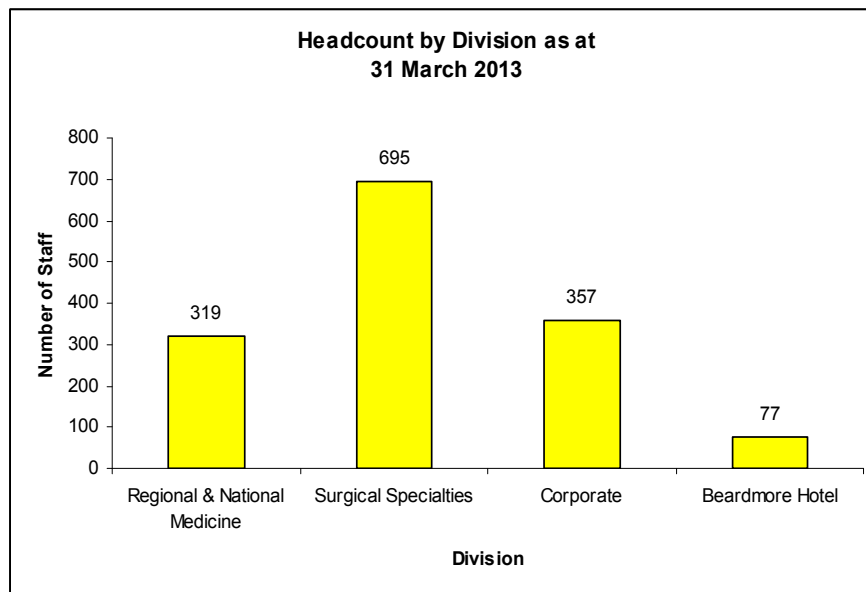
Work is being progressed to ensure that we are on target to meet this timetable.

Elaine Barr  
HR Manager  
04/06/2013

# 1. Current Workforce

## 1.1 Board Headcount and Whole Time Equivalent

The number of substantive staff employed by the Board at the end of March 2013 is shown below by Division. Headcount has increased in the past 6 months by 17 (WTE) to a total of 1,448.



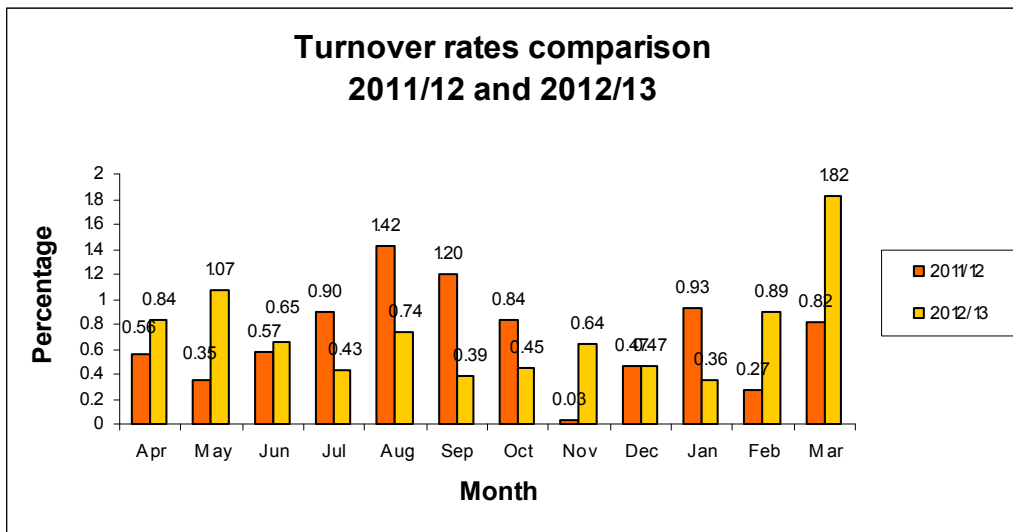
This represents an increase of 17 since the last reporting period and reflects changes within the balance of the workforce following a further voluntary severance programme. The number of staff within the Corporate division has fallen whilst the number of staff in Beardmore, Surgical Specialties and Regional and National Medicine has increased. This can be aligned to a significant increase in activity across the clinical divisions and is a trend which has now continued across the last 12 months.

## 1.2 Employee Turnover

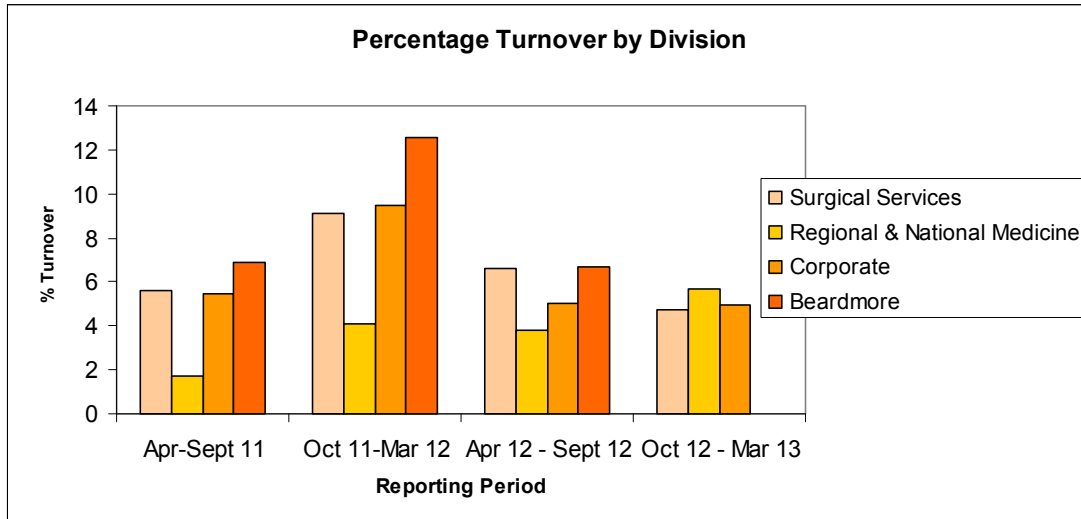
Employee turnover remains low with a total number of leavers for the reporting period of 69. This is shown below broken down by Division.

The total number of staff leaving in this period has fallen and is 69 against 81 for the period 1 April 2012 to 30 September 2012. This includes 15 staff who accepted voluntary severance packages. Due to the size of the division, Surgical Specialties had the highest number of leavers in the period with a total of 33. Regional and National Medicine and Corporate both had 18 leavers with the Beardmore having no leavers. Consistent with previous periods, the number of leavers within the Surgical Specialties Division is higher than the other areas because of the size of the division.

There were no leavers within the Beardmore during the last six months. This is the lowest to date and gives a total number of 5 leavers in the last 12 months. The hotel has undergone a number of changes in the last six months with the appointment of a new Hotel Manager and a review within the Beardmore. A refurbishment programme is also in progress with investment in new lifts and a new reception area. Both have been welcomed by the staff. Morale is good and a recent hotel inspection resulted in the hotel retaining its four star status with praise from the inspector about the facility and services. These may be contributory factors in the decline in the number of leavers.



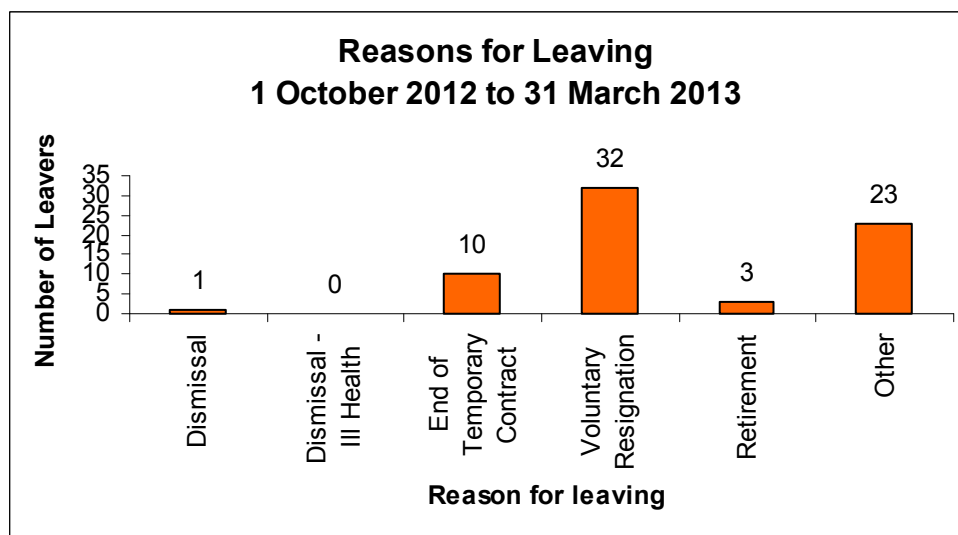
The percentage turnover rates are shown above with a percentage turnover for the six month period of 4.63% - a reduction of just over 0.5% when compared to the previous six months. The total turnover for the 12 months 1st April 2012 – 31<sup>st</sup> March 2013 is 8.75%.



Turnover by division is shown above for the last 4 reporting periods. The most significant variation has been within the Beardmore where turnover has reduced from its highest level of 12.59% to 0% in the current period.

The reasons for leaving are shown below and include the category “other” which includes those 15 staff accepting voluntary severance and leaving the organisation on or before 31<sup>st</sup> March 2013.

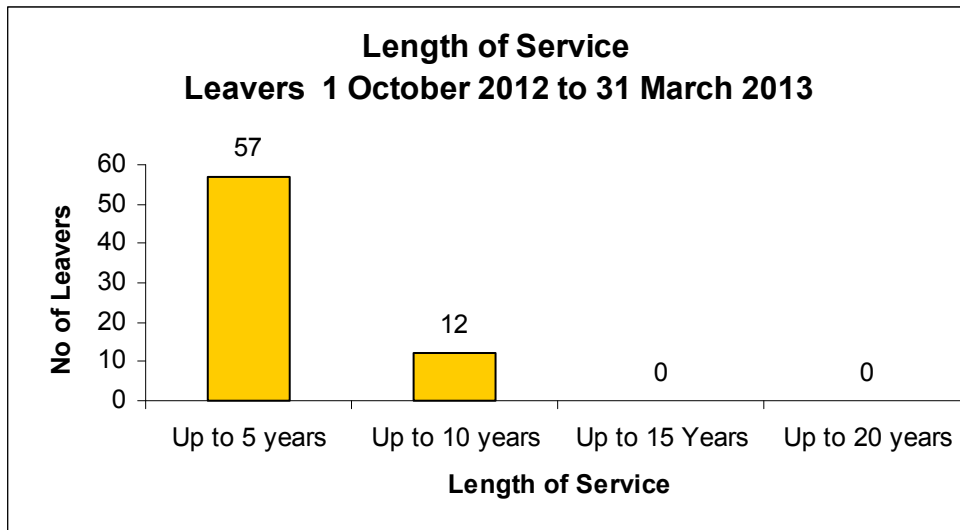
The percentage turnover does not give rise for concern, particularly when considered in the context of voluntary severance. If the voluntary severance element is removed, turnover would have been 54 staff for the six month reporting period.



The number of leavers with less than 5 years service is shown below and is comprised of 10 staff with temporary/fixed term contracts, 16 who moved within the NHS, 1 dismissal, 1 death in service, 2 retirements with the remaining 18, including those in receipt of voluntary severance, listed as voluntary resignation.

Out of the 57 leavers with less than 5 years service, all 10 staff with temporary/fixed term contracts have less than one year's service.





The organisation recognises the importance of a robust induction programme and has recently introduced a refreshed corporate induction programme. A revised departmental induction plan to support staff during their first few months in the organisation is almost complete and will be rolled out across the Board in the next few weeks. Additionally, a bespoke induction programme is in place for junior doctors to ensure that they are up to date with all of the mandatory requirements whilst also familiarising them with the organisation before commencing work in a clinical area.

## 1.3 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
April 2011 - September 2011	48
October 2011 – March 2012	41
April 2012 - September 2012	57
October 2012 – March 2013	51

Of the 51 leavers in the last 6 months, the skill sets for those leaving are widely spread as follows:

Nursing & Midwifery	25
Support Services	5
Admin and Clerical	11
Medical & Dental	3
AHP's	9

The number of leavers in the Medical and Dental category has fallen significantly as a direct result of the junior doctor's rotation. All other areas are broadly similar to previous periods.

The nursing staff left for a variety of reasons including, in some cases voluntary severance and retirement.

No identifiable trend has been identified from the exit interview data.

## 2.0 Recruitment

In this reporting period we were successful in appointing a Medical Director, a Consultant Anaesthetist and a Locum Consultant in Plastic Surgery.

We also advertised a number of other senior medical posts including a Consultant Cardiologist, Consultant Cardiothoracic Anaesthetist, Associate Medical Director for Surgical Specialties, Surgical Lead for SNAHFS and a Governance Lead for Cardiothoracic Surgery. The selection process for all of these posts is currently in progress.

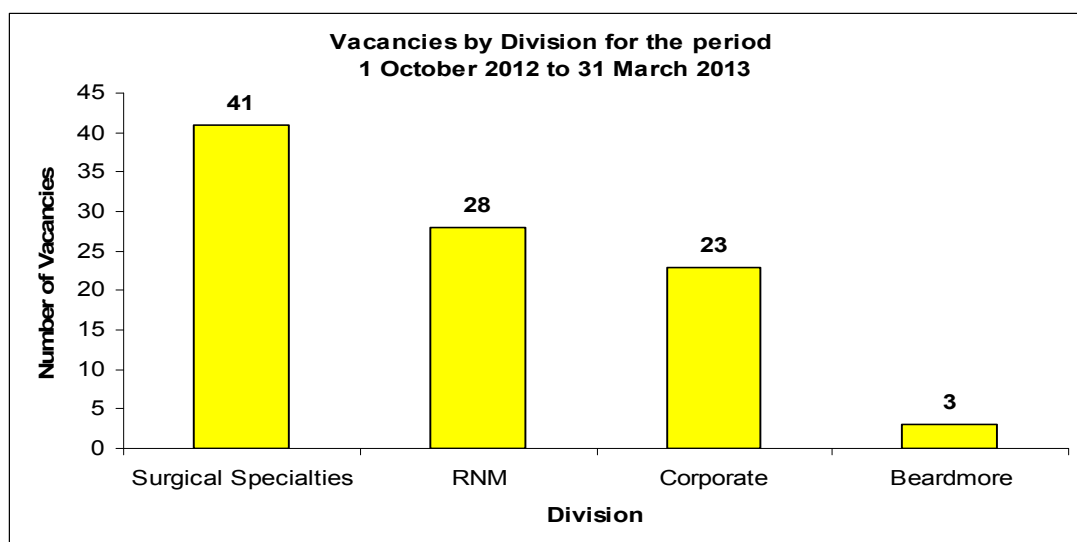
In the last reporting period we had agreed that we would increase the number of places offered under the Scottish Government 'One Year Job Guarantee Scheme' to 20 interns however since then the funding for this scheme has been reduced. A review is taking place to consider the way forward for this scheme within the Board. An additional ten offers were made under the current scheme during November 2012. Since the scheme commenced in March 2011, 10 interns have transferred into fixed term or permanent appointments.

### Current Recruitment Activity

Over this reporting period funding has been released to increase staffing levels to support the additional activity in Orthopaedics and a number of appointments have been made (both permanent and fixed term) in recognition of this.

Discussions are currently taking place with regards to the expansion of our ophthalmic service and the staffing required to support this, together with further expansion of our orthopaedic work.

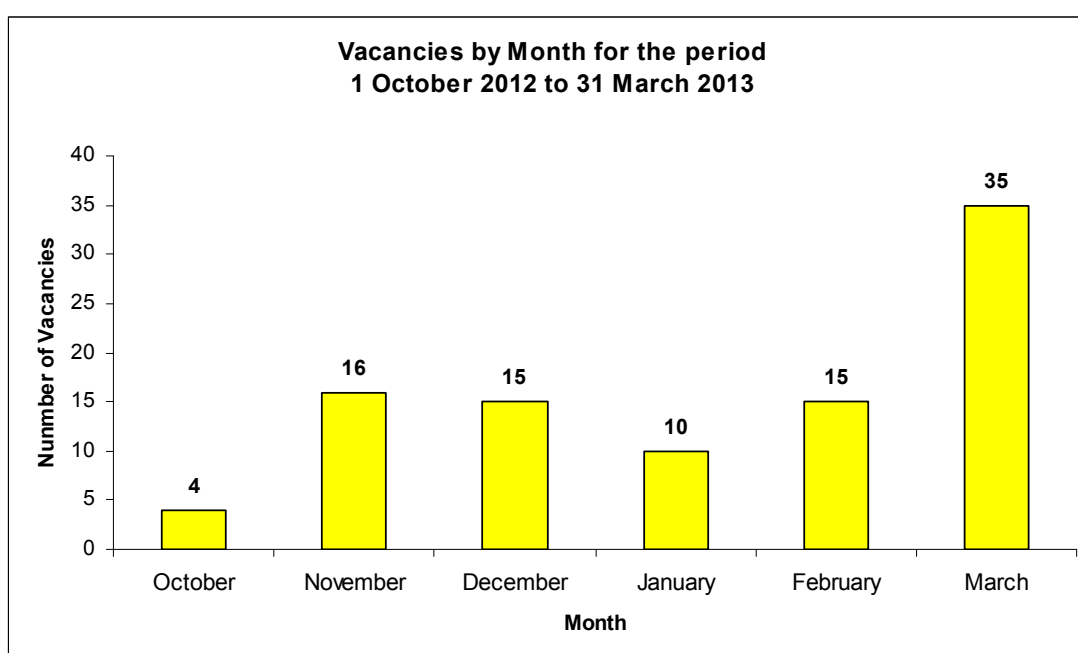
We are continuing to monitor the level of applications for all posts and currently advertise the majority of our posts for one week only to control the number of applications that we receive. As in the previous reporting period this does not seem to have affected the quality of applications.



The figures shown on the previous page represent a significant reduction in vacancies across all divisions with a total of 100 vacancies against 233.64 vacancies in the previous reporting period.

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

The significant increase in March 2013 as explained in the previous workforce monitoring report is a result of a both the significant expansion in orthopaedic work being undertaken within the board and the completion of the voluntary severance exercise which allowed redesign in a number of different parts of the organisation. The posts relating to the redesign were either posts that had been held back pending a skills mix review or were significantly changed.



Apart from the explanation given for the month of March, there are no specific trends within any one month during this reporting period. Our vacancies cover a broad range of specialties and both clinical and non-clinical posts.

### Sponsor Licence

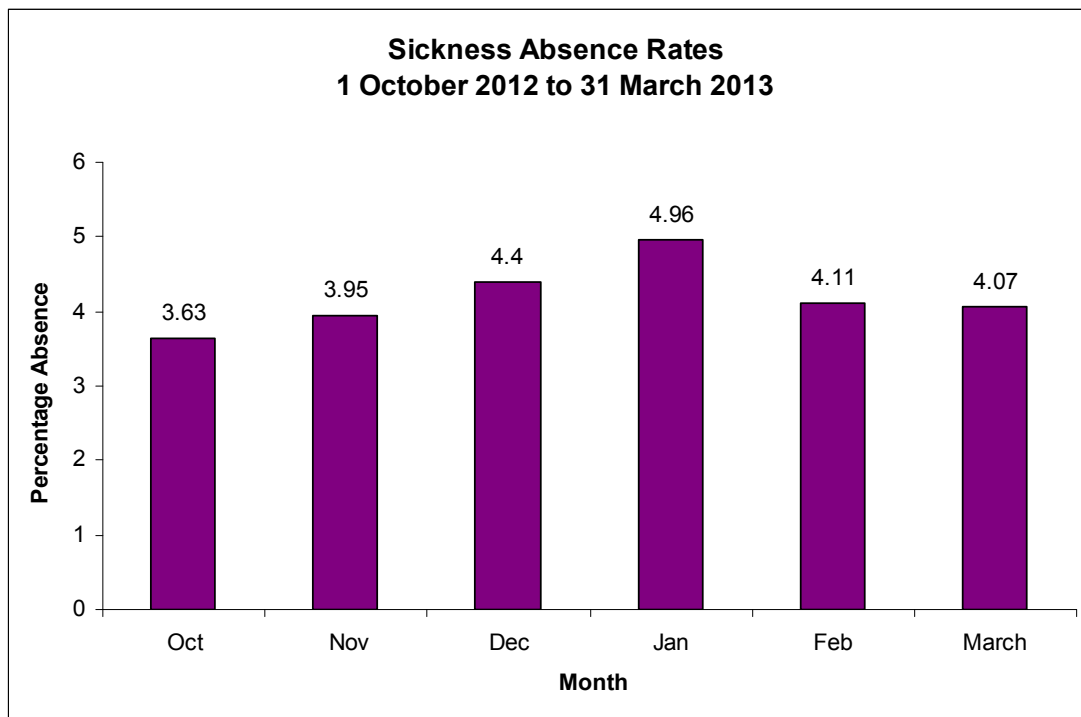
Our current Sponsor Licence expired in March 2013 and a successful application was made to renew this. The renewal was preceded by an audit carried out by the Borders Agency to review our processes and check they comply with legislation. The audit confirmed that our processes are robust and raised no issues. Our current licence will remain in place until November 2015.

### 3. Sickness Absence

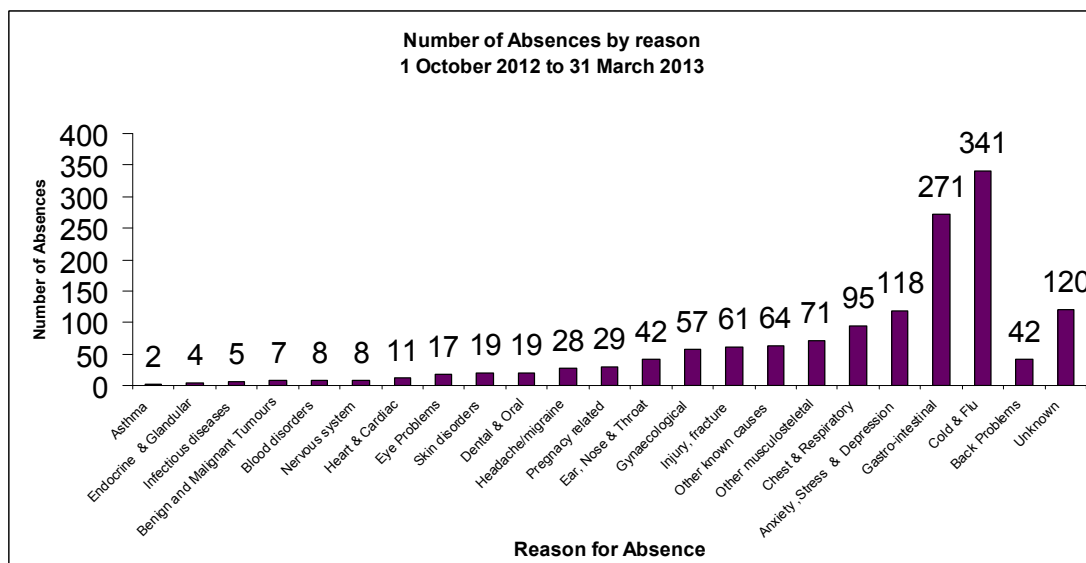
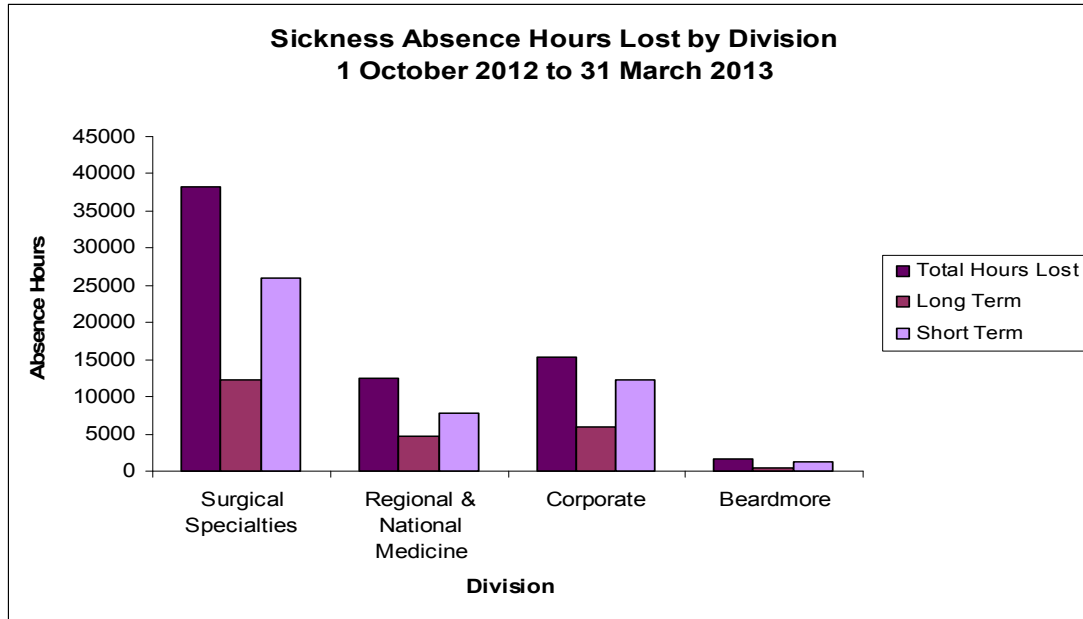
The overall sickness absence figure during the last 6 months was 4.14%. This is slightly above the 4% Board target figure but does reflect a decrease of 0.2% on the previous 6 month reporting period. The overall absence figure for the 12 months 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013 is 3.73%.

Long term absence has reduced by just over 168 hours in the reporting period with a number of staff returning to work following significant absences. In contrast, short term sickness absence increased significantly by 15,977 hours.

Staff routinely receive 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.



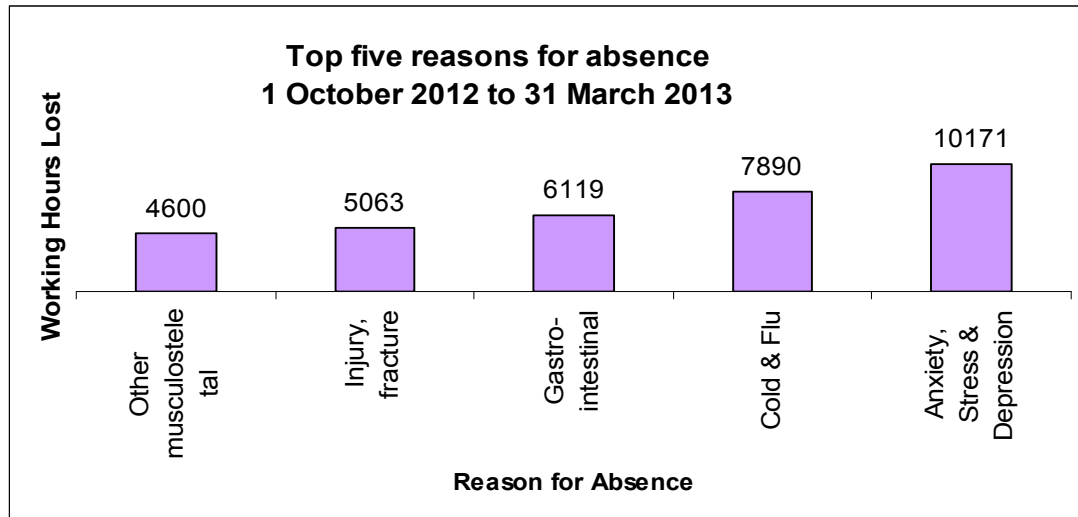
The number of hours lost by division is shown below overleaf.



The HR team have been working closely with managers to reduce the number of absences recorded as “unknown”. This has reduced significantly from 14.7% (8,076 hours) in the previous reporting period to 0.91% (618 hours) in the current period. Work will continue to reduce this category further.

Work has also taken place to reduce the number of absences recorded in the “other known causes” category. This has significantly reduced from 5.8% (3,201 hours) in the last period to 0.81% (550 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

The more accurate reporting of sickness categories will help us to identify any trends or areas of concern and allow action to be taken where appropriate.



The top five reasons for absence are shown above. Anxiety remains the most significant with a total of 10,171 hours lost but it should be noted that this category has reduced from just over 20% to slightly more than 15% of total absence.

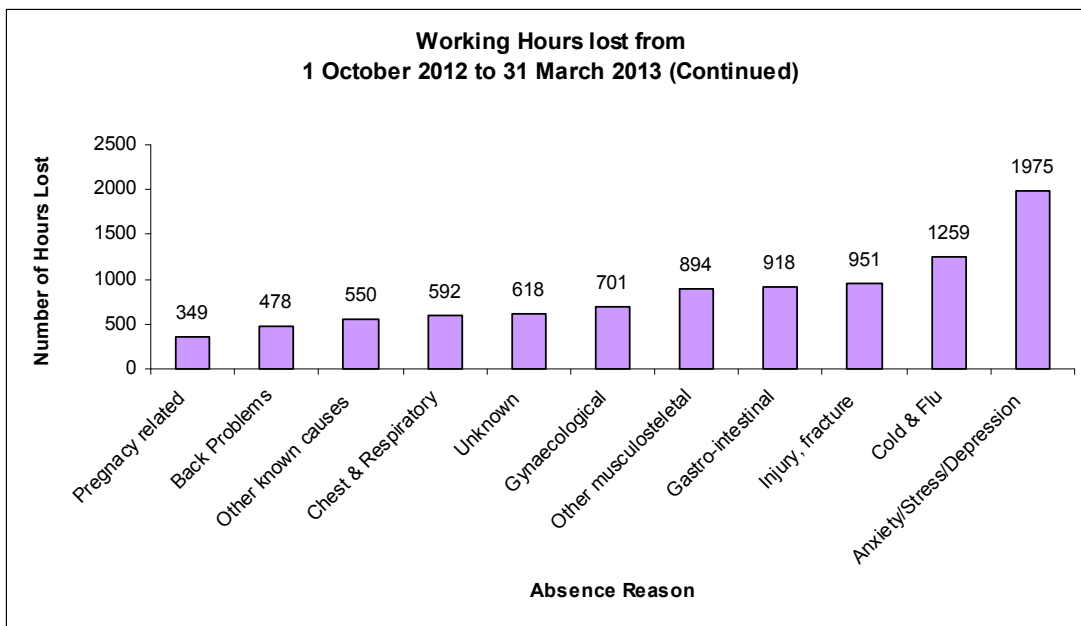
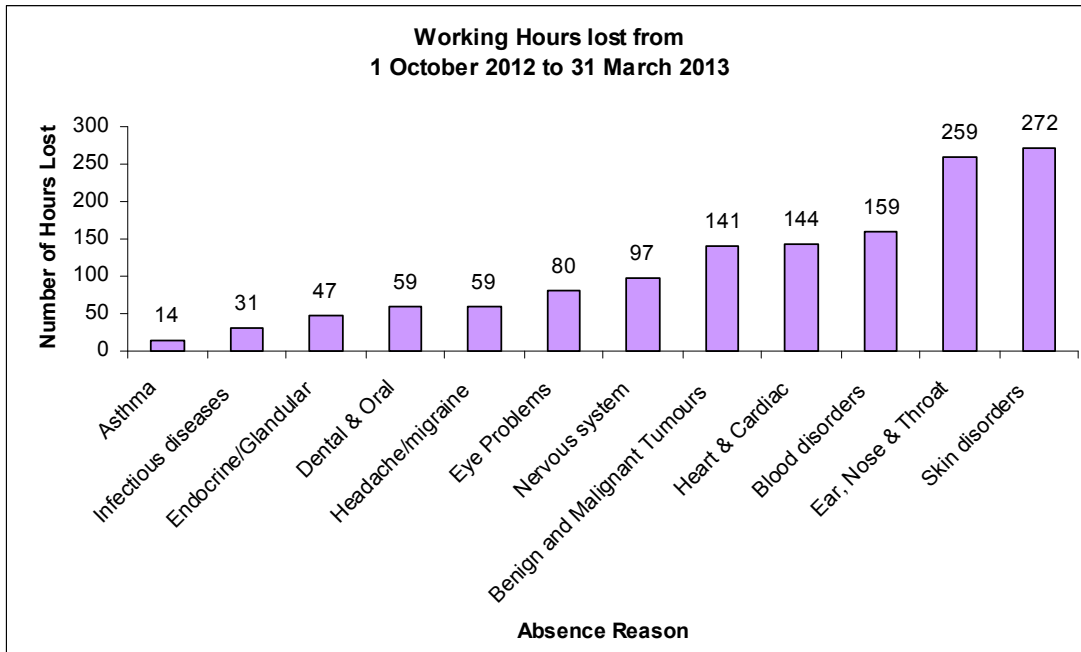
Having analysed the cases reporting Anxiety, Stress, Depression or other psychiatric illness this accounts for 65 people.

22 cases accounted for more than half of the absence (6642.73 hours) and were completely unrelated to work. The reasons for these absences related to a variety of issues from health matters such as post natal depression, psychiatric illness, through to personal relationship issues.

Another 2,898.6 hours relate to 13 people and are work related – three of these people have left the organisation, the remaining ten have all returned to work with the issues causing them stress having been dealt with. The remaining 7,272.9 hours all relate to small individual absences which are for a variety of reasons which are, in the main, personal.

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 listed in the charts overleaf. These 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

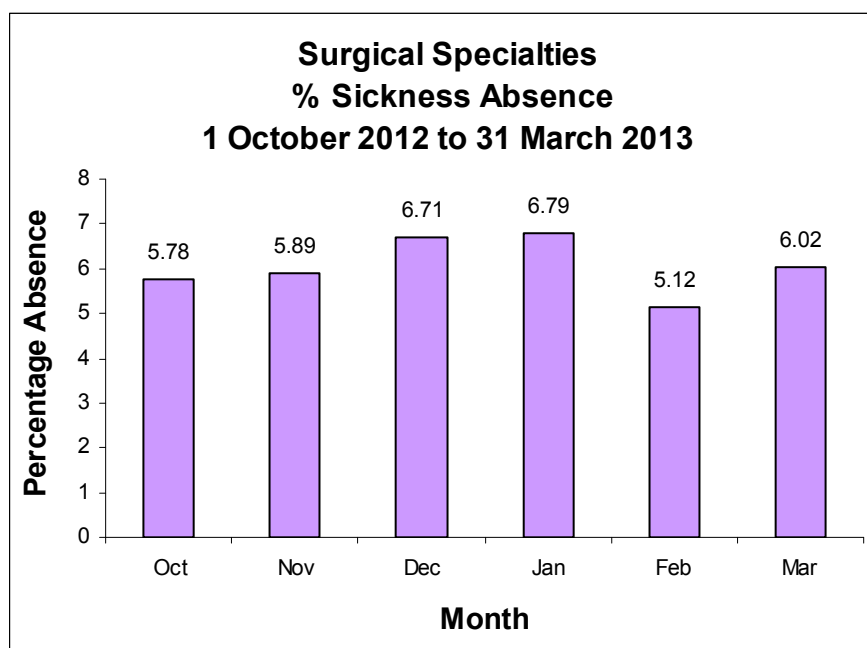
Whilst the overall Board figure for sickness absence for the year is below the 4% target, close scrutiny is given to reviewing the divisional reports. This data is collated from HR.Net as the national figures are unable to provide the level of detail on a divisional basis.

### 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 6.8% in January 2013. When comparing the figures with the same period in 2011/12, there is no obvious trend in the first three months however between January and March absence followed the same pattern i.e. absence increased in January, reduced in February and increased again in March. This can be partly attributed to corresponding increases in long term absence in the latter half of the reporting period.

One of the main reasons for long term absence in several departments is related to anxiety/stress/depression related illnesses. The majority are as a result of non work related issues and appropriate support is being provided to these individuals. Other reasons for long term absence include staff undergoing surgery and the associated post operative recovery times. There are also issues with staff being unfit to work whilst waiting for surgery and delays in the planned surgery being carried out.

10 staff within the division have been managed in line with the capability procedure during the reporting period in relation to sickness absence. The successful sustained improvement in one member of staff's levels of attendance resulted in them being removed from the capability process as they no longer require this level of support. Short term absence continues to be managed in line with the absence management procedures, with guidance and assistance from occupational health where appropriate.

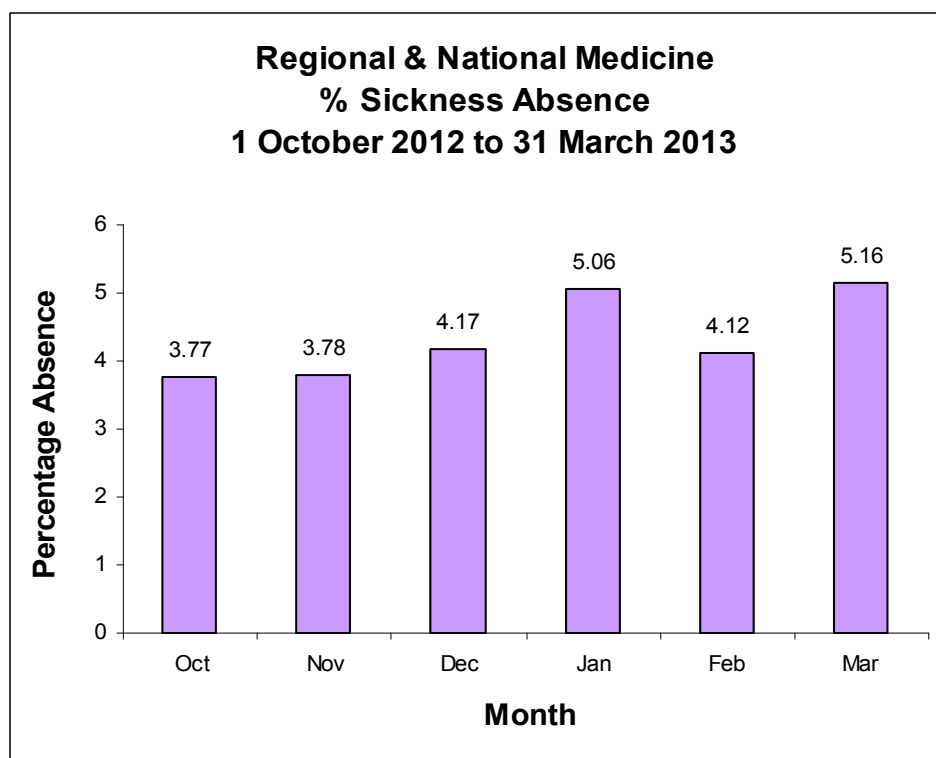


### 3.1.2 Regional & National Medicine

Sickness absence within the Division has fluctuated, peaking in March 2013 with the highest recorded figure of 5.16% during this reporting period. The overall sickness absence figure for Regional and National Medicine in the last 6 months was 4.34%, an increase of 0.44% on the previous reporting period.

Long term sickness absence accounts for 1.53% of the overall figure, with the highest figure of 2.07% being recorded in March 2013. The reasons for these absences varied in nature, however a large proportion can be attributed to muscular skeletal conditions, anxiety/stress or depression or Genitourinary/Gynaecological disorders. Staff who are absent from work due to longer term health conditions continue to be supported by Occupational Health, Departmental Managers and HR. Although long term absence has peaked during March 2013, it is anticipated this figure will significantly reduce during the next reporting period as many staff have now been supported back to work, or have left the organisation.

Short term absence continues to be actively managed through early intervention and support is provided where appropriate.

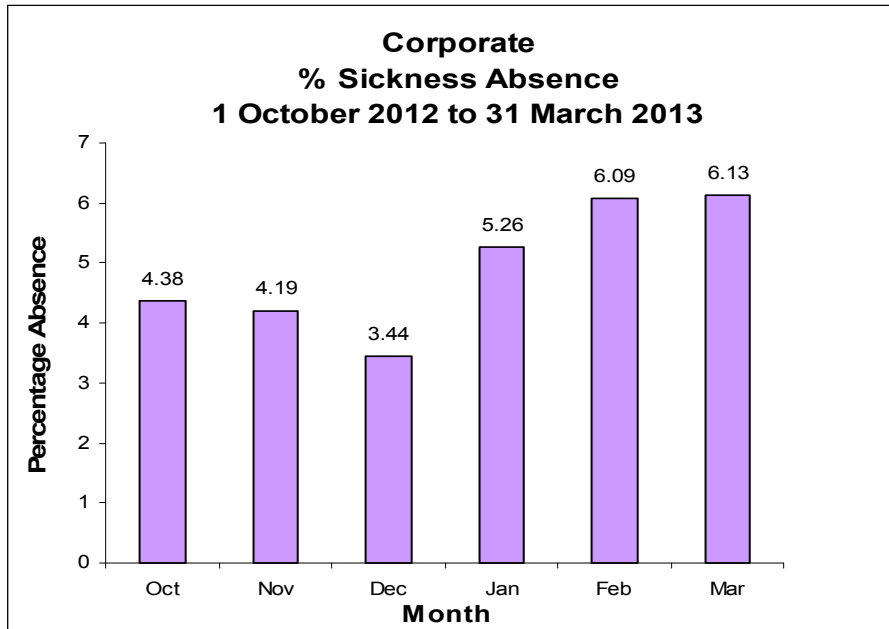


### 3.1.3 Corporate Absence

The average sickness absence rate for this reporting period was 4.91% which is an increase in comparison to the previous reporting period of 0.64%.

Short term absence has increased during this period with long term absence decreasing which is in contrast to that of the previous reporting period where long term absence was higher.

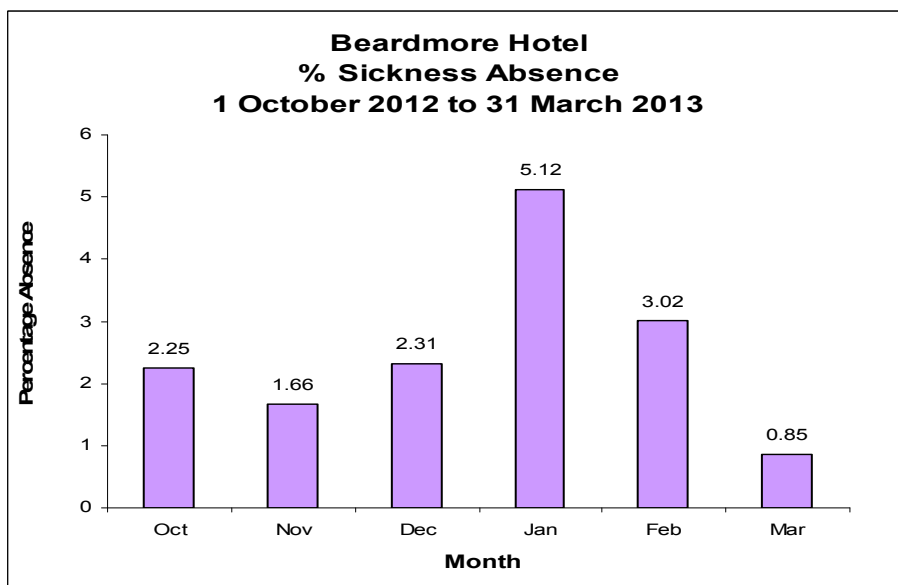
Absence continues to be managed closely with regular review meetings taking place and the appropriate interventions being put in place. The main reasons for absence have been post operative recovery, long term medical conditions, colds and gastro-intestinal problems. Both long and short term absence continue to be managed as a priority.



### 3.1.4 Beardmore Hotel Absence

The average sickness absence rate for this reporting period was 2.54% which is an increase in comparison to the previous reporting period of 0.5%.

Short term absence has been the main cause of sickness absence during this reporting period with the months of October 2012, December 2012 and March 2013 recording no long term absence. Regular review meetings continue and appropriate action taken in relation to this.



### **3.1.5 Disciplinary Action due to Sickness Absence**

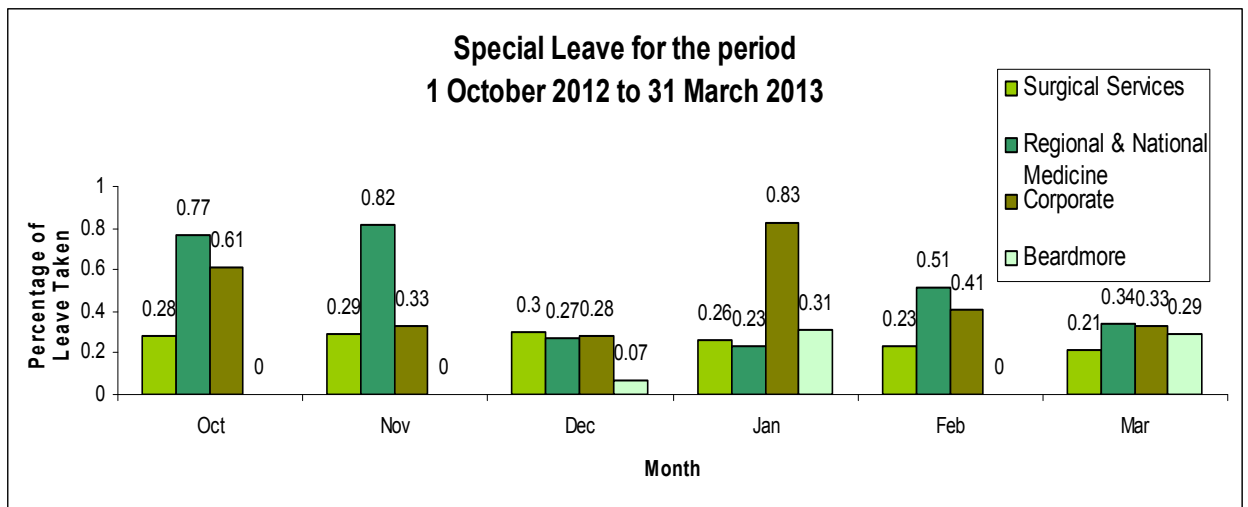
The number of disciplinary cases due to unacceptable sickness absence levels has remained static with 2 in the current reporting period.

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 17 people are at different stages within this process.

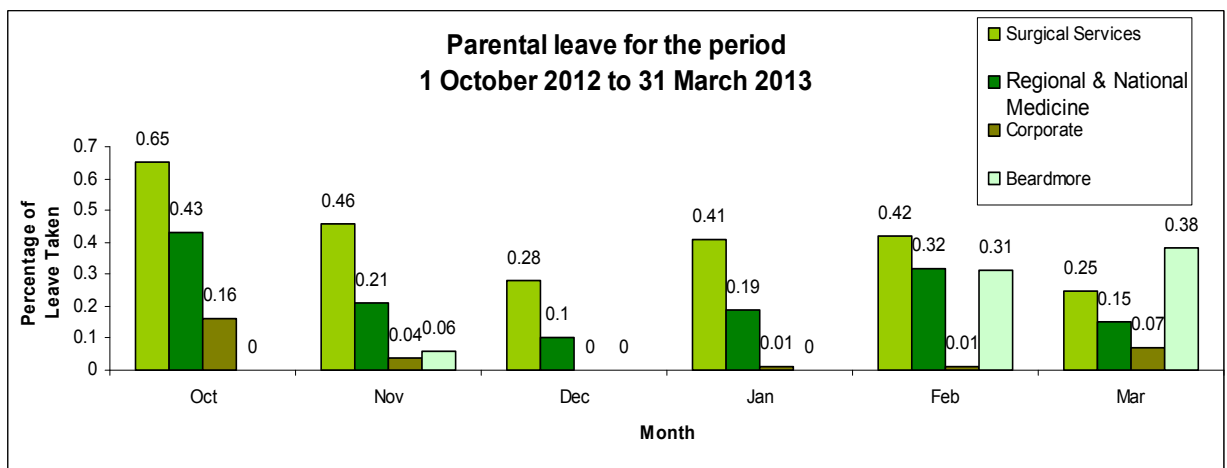
## 4. Work Life Balance

### 4.1 Special Leave

The percentage uptake of special leave has increased by approximately 1% in the current reporting period. Managers understand the reasons for the use of special leave and are using it appropriately. Levels of special leave should not alter greatly and we would expect that the next reporting period will show similar levels. It should be noted that hospital appointments, bereavement leave, etc are all recorded within the special leave category.

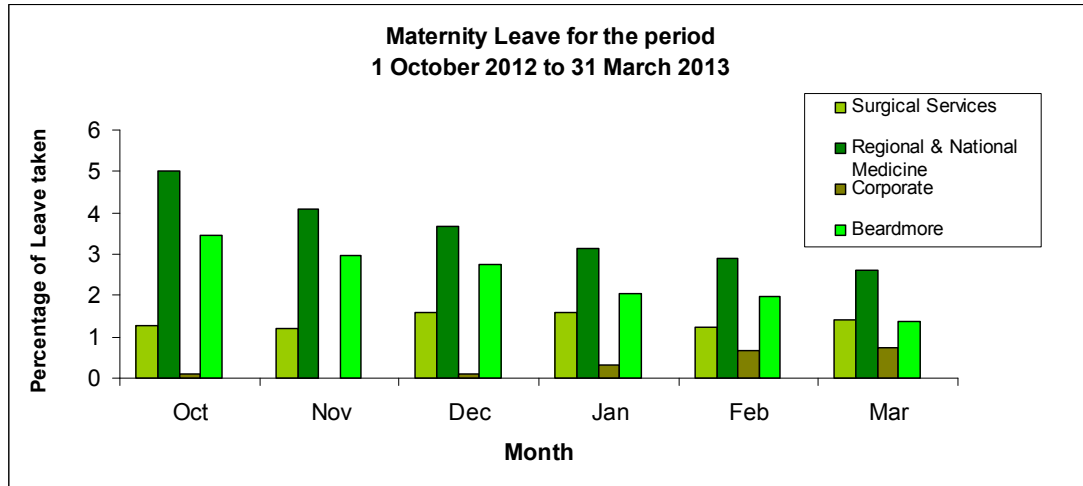


### 4.2 Parental Leave



The uptake of parental leave reduced by just under 0.5%. Managers and staff are aware of the availability of parental leave but this level remains fairly consistent and it is not expected that this will alter greatly in the next reporting period.

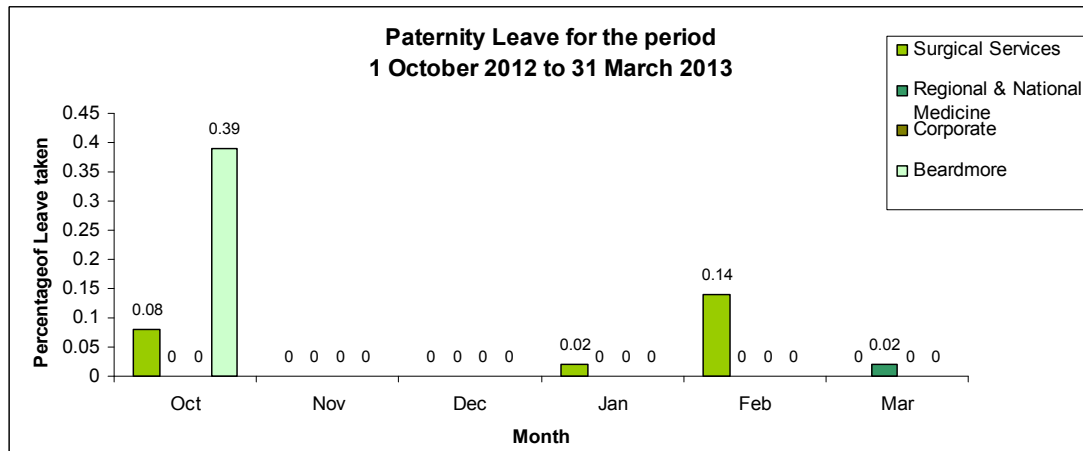
### 4.3 Maternity Leave



The number of staff taking Maternity Leave has fallen by 1,561.99 hours which represents a significant decrease during the current period to 21,700 hours.

### 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 298 hours (39.7 days). This is a reduction of 100 hours 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.

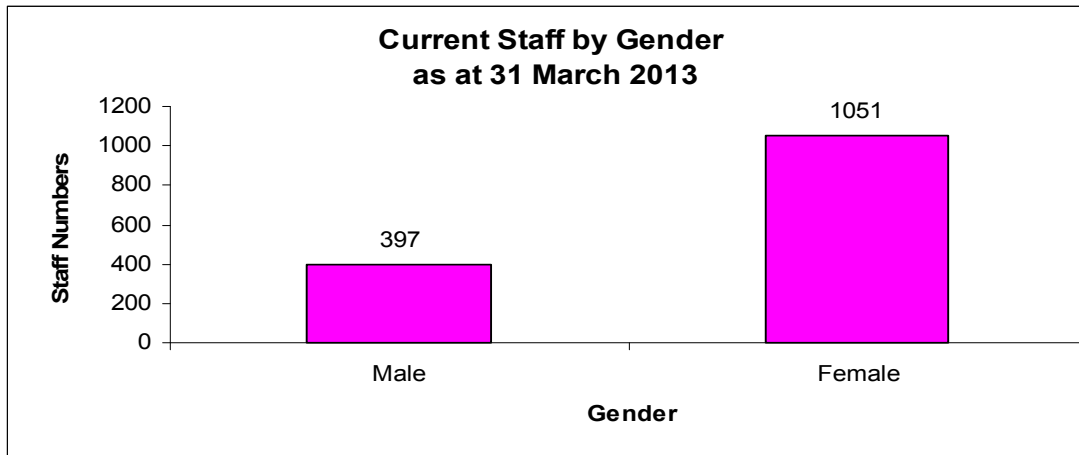
We will continue to capture further data where possible and are using the implementation of our new Workforce system E:ess to encourage staff to provide further information. It is hoped that when we produce the next report increased information will be available.

### **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.

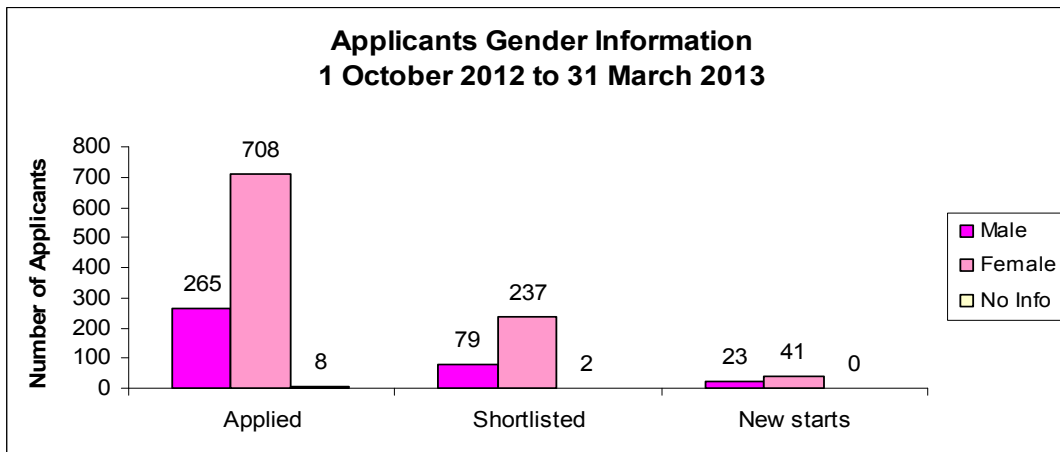


**Gender and Recruitment**

The ratio of male to female applicants is higher than the 1 to 3 split within our staff groups. Just over 37% of applicants were male which translated into 33% of male shortlisted candidates and 56% of new starts which is significantly higher than the ratio of male to females in our current staff group. All applications are shortlisted without information relating to gender and regular checks are carried out by the recruitment team into the quality of shortlisting to ensure fairness.

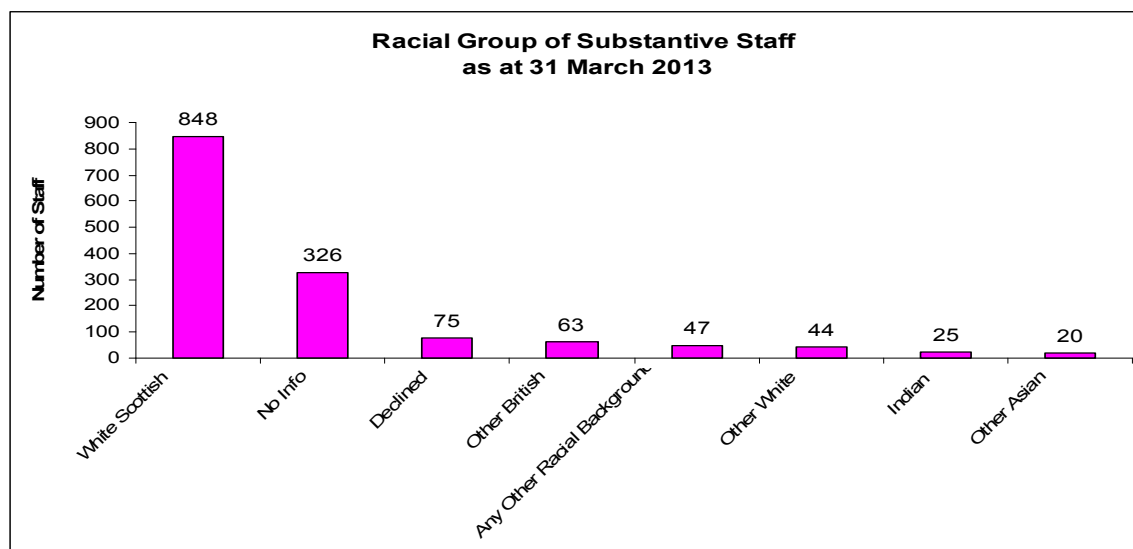
Competency based recruitment is being rolled out across the board with training for recruiting managers and supervisors. The HR team are supporting managers through this process and are able to offer support where required.

A review of the types of post being advertised has not identified any particular clusters or areas for further consideration.





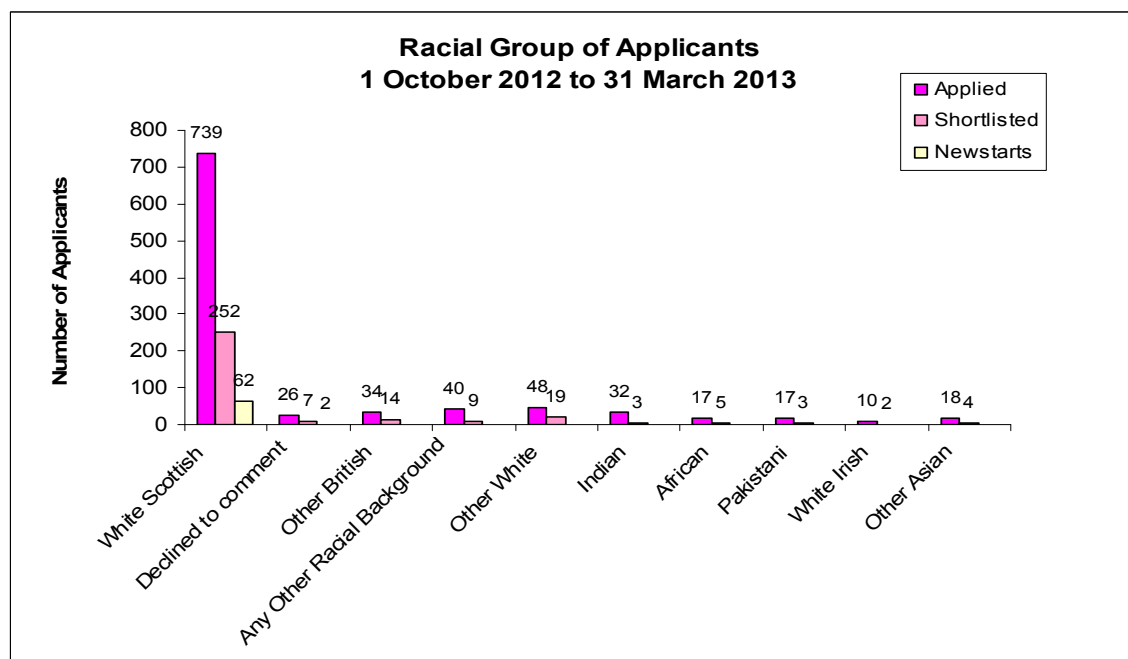
## 5.2 Race



It should be noted that the following Racial Groups all have less than 5 staff members so have not been included in the graph – any Mixed Background, Caribbean, Chinese, other Black and Pakistani.

### Race and Recruitment

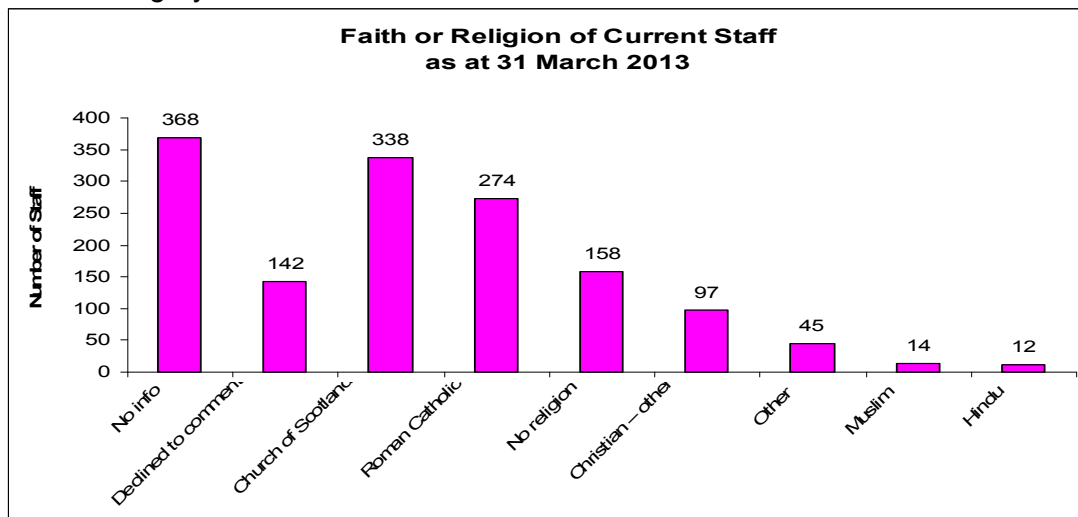
In the current reporting period 981 people applied for posts in the organisation, just over 318 people were interviewed with 64 people appointed.



Applications, interviewees and new starts continue to be predominantly White Scottish. The number of applicants from other racial groups has fallen further from 29% to approximately 21% of all applicants. Information relating to the 2011 Census will be available by the time of the next report and further analysis will be possible at that time.

### 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 fairly static with information being recording in respect of 74.6% 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.

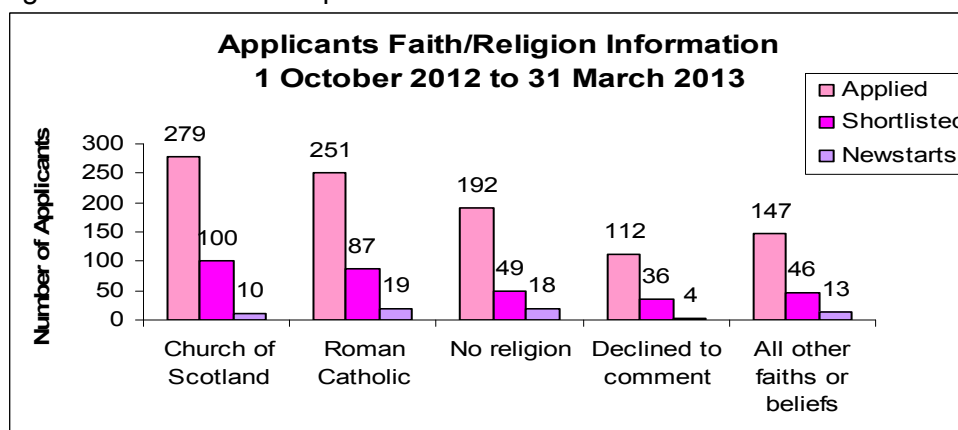


### Faith & Belief and Recruitment

The number of applicants in the period October to March 2013 is 981. The proportion of candidates applying in the first three categories outlined below has altered with a reduction in the number of applicants recording no religion.

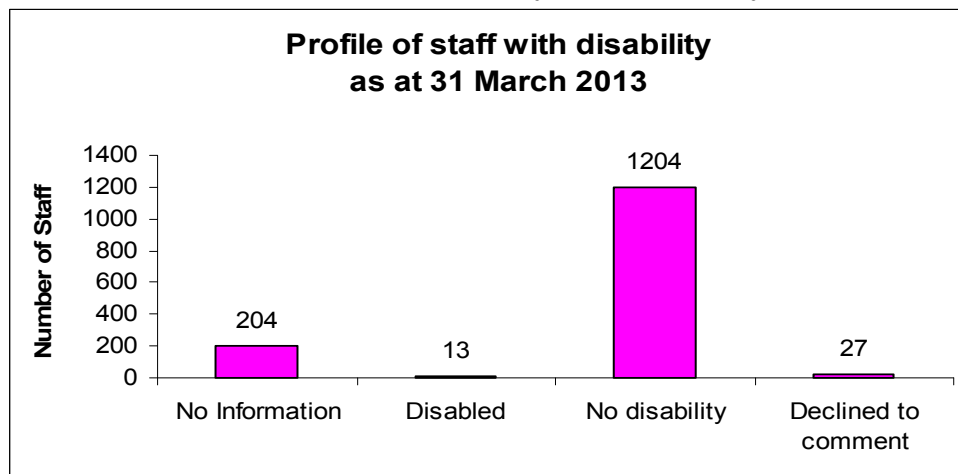
At all stages of the recruitment process the equality and diversity information is held confidentially within the HR Department and is not disclosed to managers. The equality and diversity information is not shared with department managers at any stage of the process before, during or after recruitment.

The recruitment and selection training currently being delivered explains the legislation around this aspect.



## 5.4 Disability

The following chart illustrates the information currently held with regards to staff. We continue to improve the data held in relation to this protected characteristic with the number of staff for whom no information was held reducing from 15% to 14%. Of our current workforce, 0.9% reported that they have a disability.

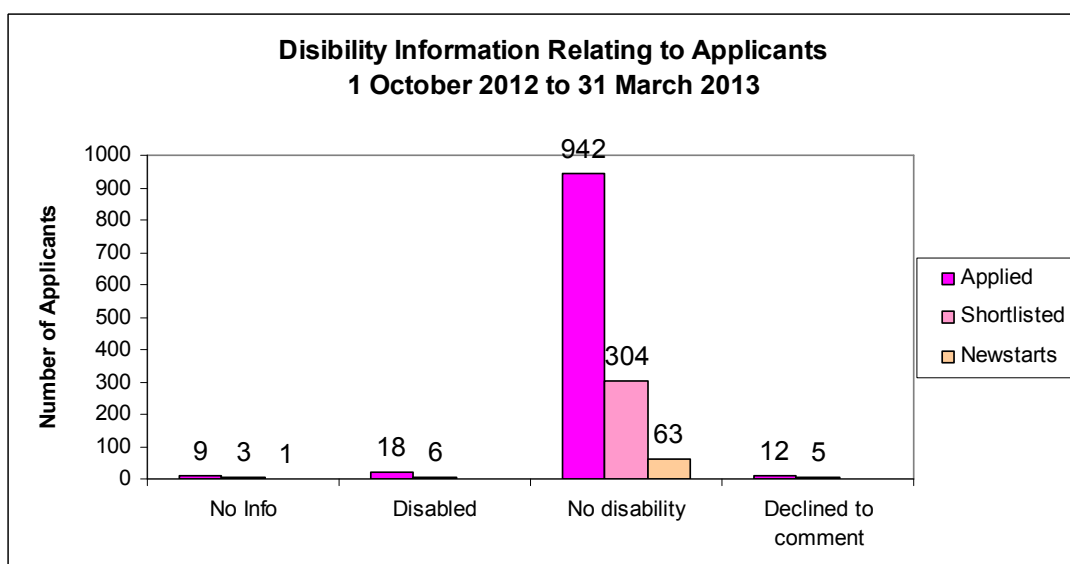


### Disability and Recruitment

Of the 18 applicants who stated that they had a disability, 6 were shortlisted but none were appointed. Following a review of the information relating to these candidates, the candidates who were appointed demonstrated significantly greater experience.

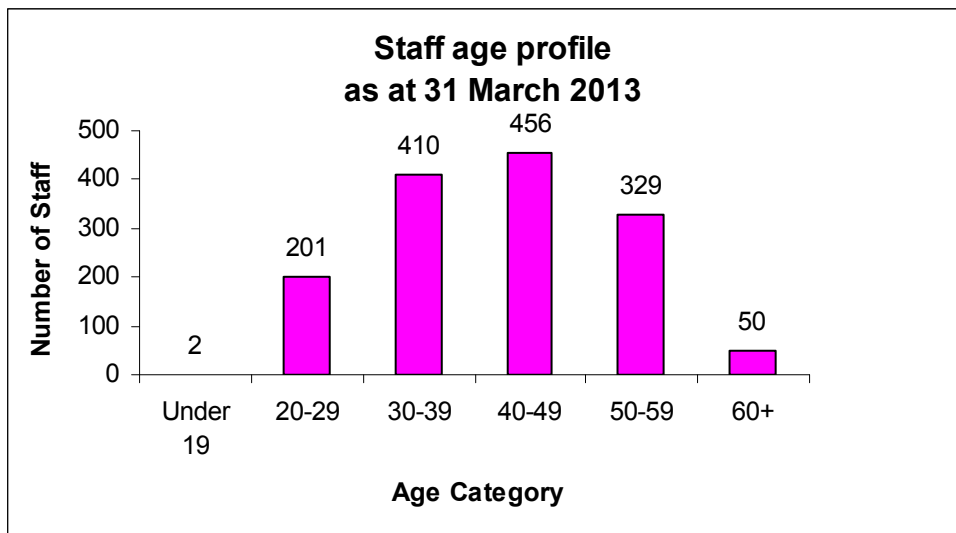
The Disability Symbol Scheme continues to be implemented fairly and consistently and is regularly monitored as part of the normal recruitment process. This ensures that anyone who indicates that they have a disability and meets the essential criteria for the role will be guaranteed an interview.

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.

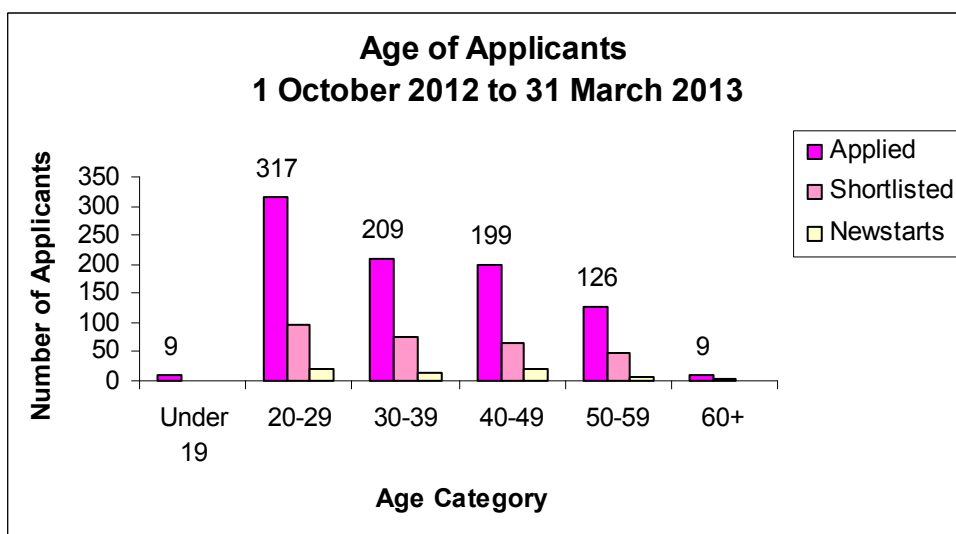


## 5.5 Age

The following chart illustrates the age profile of staff. There is little change since the last reporting period with a slight increase in the under 19, 20 – 29 and 30 – 39 age ranges and a slight reduction in the 40 – 49 and 50 – 60+ age ranges. These reductions are very small and do not present any new concerns. 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.

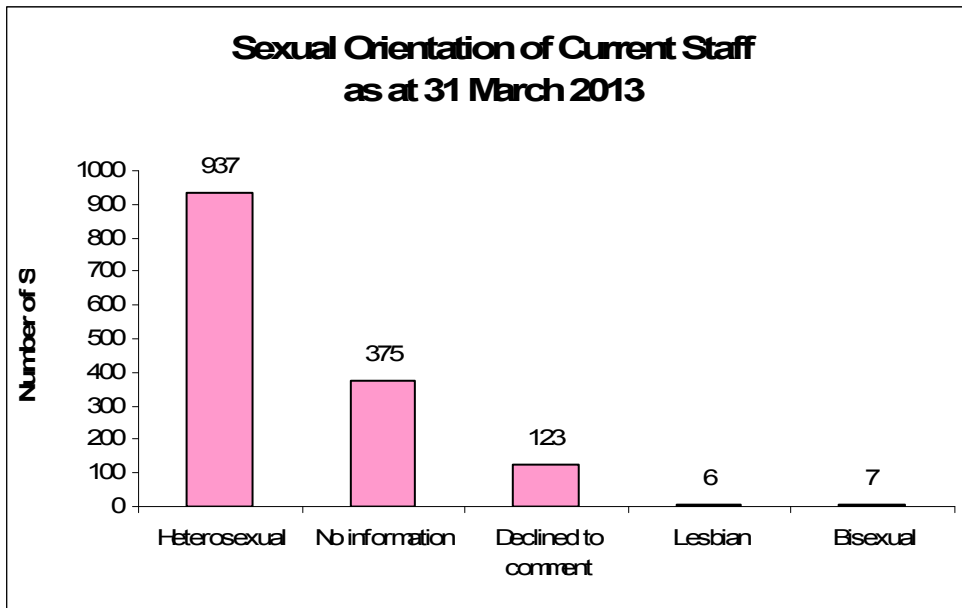


As illustrated below, applicants in the range 20 to 29 continue to be significantly higher with a slightly higher number of appointments in this age range. We have recognised that we employ very few staff under the age of 19 and that our recruitment process does not seem to attract many applicants and are working with a number of external agencies in an effort to try to address this. We are also in discussions with the Communications Team to develop the use Twitter and Face Book as advertising mediums for vacancies to test whether this may encourage more applicants from this age range. We do however recognise that many of our posts are professional posts where it would be highly unlikely that anyone under the age of 19 would have attained the relevant qualifications.



## 5.6 Sexual Orientation

The numbers illustrated in the graph below remain fairly static however unlike the last reporting period we are unable to report on the category “Gay Man” as there are now less than 5 people in this group. The category “other” also contains less than 5 members of staff and is therefore not reported. Both of these categories have remained unchanged since January 2010.



## 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 9 disciplinary cases. 3 resulted in first and final warnings, 4 first written warnings, 1 final written warning and one which was not progressed to formal action. This represents a significant decrease on the previous reporting period. Trends are being monitored however following analysis of the available data there is no suggestion of any issues with regards to discrimination.

There were 13 new grievances in this period – 12 related to the withdrawal of Recruitment and Retention Premium for a specific group of staff and were rejected as not competent grievances with the other relating to the same topic but a different aspect of this which was not upheld and has progressed to the final stage in the process. Additionally the same group of staff raised a collective grievance which was rejected on the same basis.

## 6. Other Information

### 6.1 Organisational Review

There are a number of smaller departmental reviews currently under way. The reviews of both the Laboratories team and the Rehabilitation team are at an advanced stage with individual discussions with members of the Rehabilitation team in relation to the structure within that team scheduled to take place during May.

The review of Administration within Regional and National Medicine has highlighted a number of areas for consideration. Work will begin to progress this in partnership.

### 6.2 Voluntary Severance

A further voluntary severance scheme was opened to staff that met the following criteria.

- Be permanently employed or on a fixed term contract (where redundancy rights apply)
- Have at least 2 years continuous NHS service
- Not be designated for a future transfer to another NHS organisation
- Be in a post which cannot be replaced on a like for like basis

The application process has closed with successful applicants leaving by 31<sup>st</sup> March 2013. The breakdown of the skill-sets involved is as follows:-

Nursing & Midwifery	6
Admin & Clerical	5
Allied Health Professions	4

This number represented 5 people from each of the three divisions i.e. Surgical Specialties, Regional and National Medicine and Corporate.

The process was subject to scrutiny by the severance panel which comprised of a number of directors, a non-executive, the Head of HR and the Employee Director to ensure the process was applied fairly throughout the Board.

### 6.3 EESS

It is anticipated that e:ESS will go live on 17th June 2013. Training sessions for staff and managers took place during March and April and support will continue to be provided throughout the bedding in period. Further training will be provided as required. 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 will continue up to the go live date.

From 1<sup>st</sup> June staff will have the ability to view and update their personal information, request leave and attendance on training courses. We have been using the staff training sessions as an opportunity to encourage staff to provide equal opportunities data not currently on record, which in turn will improve the quality of future monitoring reports.

Both internal and external applicants for vacancies will be able to apply for jobs on line. Managers will be able to track the progress of their vacancies through the system ensuring that they have up to date information at all times.

Elaine Barr  
HR Manager  
27/06/2013