



NHS Lothian Workforce Report

Workforce Planning Team

1st Quarter

April 2005–June 2005

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1. Purpose

The purpose of this report is to provide the EMT with:

- Overview of the NHS Lothian Workforce numbers, costs, staffing profile
- Key issues of concern and actions required
- Detail on progress with a range of workforce issues such as policy development and workforce development activity.

2. Background

Prior to the introduction of single system working there has been no consistent workforce reporting for NHS Lothian. Furthermore there was no common workforce information base or human resources information system from which to draw information.

A detailed matrix of required workforce information for NHS Lothian has now been developed and circulated to HR Teams across NHS Lothian. The information in this report represents the first outputs of this approach. Work is underway to establish sources and mechanisms for reporting the remaining information.

All of the detailed information within this 'overview level' report can be 'drilled down'. It can also be stratified by a range of factors such as Division, grade, site, etc.

All information within this report covers staff who are on NHS Lothian payroll, it does not cover staff employed by University etc. who work on NHS sites. GP and Dental practice staff are also not covered as a result, the Workforce Planning Team are however attempting to pull together information on these groups from other areas and will be included in the future. As a consequence the report will not match exactly workforce information published by ISD.

It had been intended that information would have been rebased to match with the new NHS Lothian structure, this however has not been possible as there has been insufficient information on revised financial structures. If these are in place then the report will be amended accordingly.

An update on the Healthcare Academy has been included as an appendix providing background on past and future activity.

3. NHS Lothian Staffing Overview

3.1. In-post Staffing

NHS Lothian currently employs 17,486 whole time equivalent (WTE) staff. The table below details staff in post for April to June 2005/06 by staff group.

Table 1: Breakdown of Workforce by Staff Group - April 2005 to June 2005

Staff Group	Apr-05	May-05	Jun-05	YTD Average
Medical	1,512	1,429	1,506	1,482
Nursing Reg	5,998	5,900	5,967	5,955
Nuring Non-reg	2,565	2,477	2,564	2,535
P&T:A	1,623	1,593	1,640	1,619
P&T:B	1,066	1,044	1,078	1,063
A&C	3,056	3,313	3,051	3,140
Ancillary	1,477	1,486	1,472	1,478
Maintenance	206	204	209	207
Total	17,503	17,444	17,486	17,478

P&T:A include AHPs, Clinical Scientists/Psychologists, Radiographers and Pharmacists.

P&T:B include MLSOs and MTOs

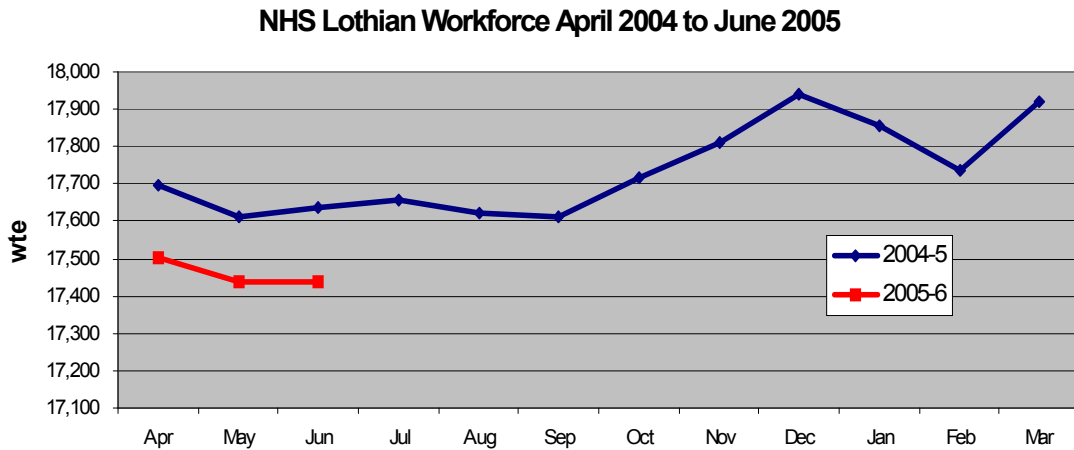
The table and chart below provide a comparison of staff in post between Q1 2004/05 and Q1 2005/06.

Table 2: Q1 2004/05 and Q1 2005/06 Workforce comparison

	Q1 2004/05	Q1 2005/06
Medical	1,635	1,482
Nur. Reg	5,990	5,955
Nur. Non-reg	2,612	2,535
P&T:A	1,616	1,619
P&T:B	1,088	1,063
A&C	3,025	3,140
Ancillary	1,468	1,478
Maintenance	213	207
Total	17,648	17,478

The NHS Lothian Workforce is relatively consistent in overall terms, with minimal variation between months. There has however been a decrease of 202 WTE between the average for Q1 2005/06 and Q2 2004/05. The pattern for Q1 2005/06 is however similar to that of the previous year.

Chart 1.

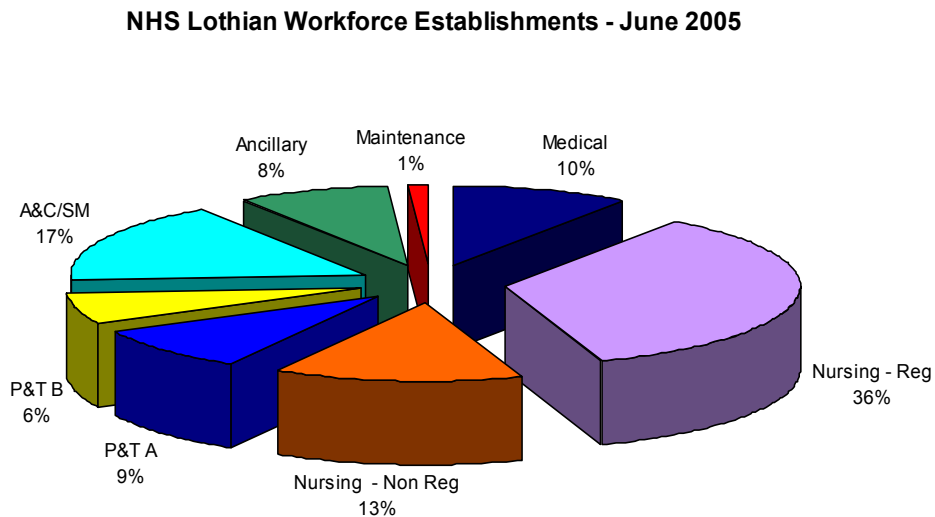


3.2. Established Posts

Workforce Establishment figures used are those held within the three financial systems within Lothian. These are the same figures that Operational Managers receive in their budget statements and use for the management of their services.

The following chart is the distribution of the workforce establishments by staff group across NHS Lothian as at June 2005.

Chart 2.



The following table shows establishment figures for each staff group within each Division.

Table 3: Establishment figures per staff group per Division

Staff Group	WLD	LUHD	LH	LPCD	Total
Medical	241	1,204	15	272	1,732
Nursing - Reg	930	3,356	6	1,901	6,193
Nursing - Non Reg	374	1,044	-	971	2,389
P&T A	200	762	1	663	1,626
P&T B	132	839	-	152	1,123
A&C/SM	435	1,438	190	892	2,955
Ancillary	396	556	-	521	1,473
Maintenance	65	66	-	78	210
Grand Total	2,774	9,265	212	5,450	17,700

Source – Divisional E-financial Systems

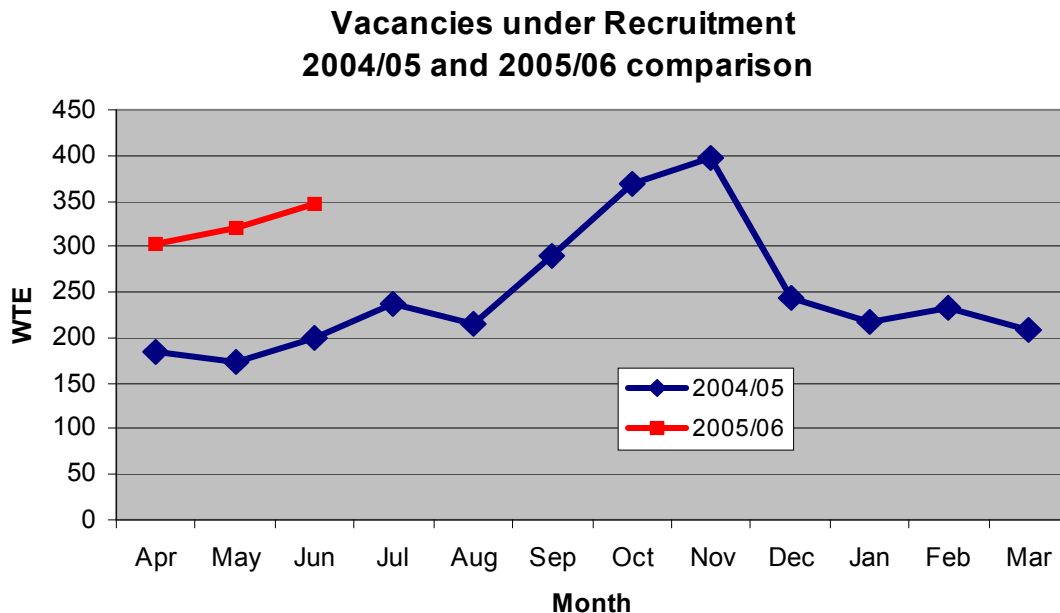
The establishment figures provided are 280 wte above the in post staff for Q1 2005/06. This appears to be associated with the overall increase in establishments 601 wte on the last financial year. The increases on 2004/05 year within UHD and PCD are 364 wte and 177 wte respectively. In UHD the largest increases have been 223 wte within Nursing and 80wte within Ancillary staff. In PCD the largest increases have been 66 wte within Nursing and 68 wte in P&TA.

3.3 Vacancies

3.3.1 Vacancies Actively under Recruitment

The following vacancies are those actively under recruitment for all staff groups except medical staff (Medical staff are not recruited via any HRIT system). Vacancies that are on-hold or frozen are not included.

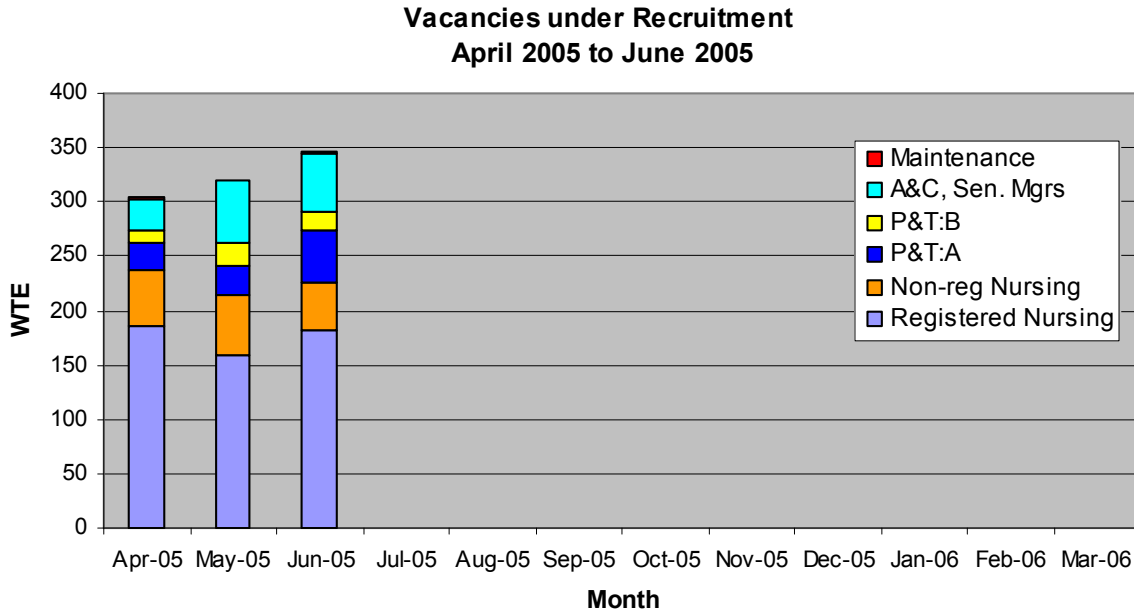
Chart 3.



Vacancies under recruitment are up by 138 wte compared to the average for Q1 2004/05 this reflects the reduction of in overall workforce outlined in section 3.1, with heavy recruitment underway to fill the gaps in the workforce.

The following chart shows this distribution by staff group.

Chart 4.



There are several areas with a very high level of vacancies within Medical and Surgical Services in the UHD. These include the areas in the table below:

Table 4: Medical & Surgical Services areas (UHD) with high vacancy level

2005-6 Q1	Theatres & Anesthetics	Orthopaedics	Combined Assessment	Acute Medicine	Medicine for the Elderly
Establishment wte	383.86	233.98	118.00	131.24	167.92
Vacancies wte	42.92	26.23	13.02	12.97	11.79
% vacancies wte	11.2%	11.2%	11.0%	9.9%	7.0%

These were also areas highlighted in the Q4 2004/05 report when levels were higher, there has however been significant reductions in the vacancy level in Q1 2005/06 for Combined Assessment, Acute Medicine and Medicine for the Elderly. However despite these reductions levels still remain high.

In order to address some of the difficulties faced a recruitment strategy has been developed and now forms part of the HR Strategy.

From August 2005 all recruitment will be processed via the PWA HR System, this will enable future reports to detail all recruitment activity across Lothian.

4. NHS Lothian Workforce Costs

4.1 In year Workforce Costs

The total workforce costs for Q1 2005/06 - April 2005 to June 2005 were c£141.7m. The following table details workforce costs for April to June 2005 by staff group. These costs represent the Gross Charge to NHS Lothian and include all employers' costs and additional payroll costs such as overtime and shift premiums, details of these are included later on in this report.

Table 5: Breakdown of Workforce costs by staff group – Q1 2005/06

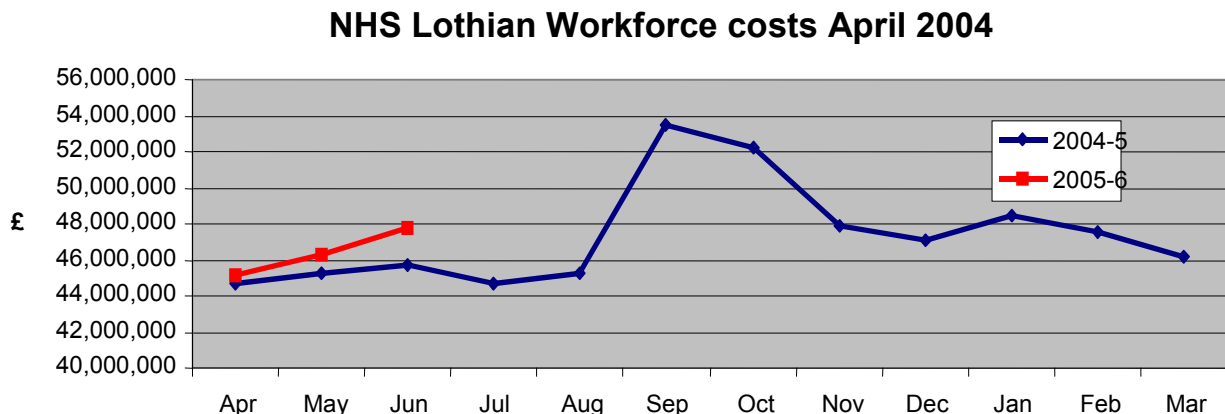
Staff Group	Apr-05	May-05	Jun-05	YTD
Medical	11,501,873	10,444,314	11,418,158	33,364,345
Nursing Reg	16,335,482	15,854,648	16,525,502	48,715,633
Nursing Non-reg	3,939,723	3,839,689	3,954,725	11,734,136
P&T:A	4,646,517	4,588,136	4,703,354	13,938,007
P&T:B	2,543,266	2,467,621	2,576,820	7,587,708
A&C	6,346,175	6,239,142	6,303,111	18,888,428
Ancillary	1,857,564	2,265,345	1,810,286	5,933,195
Maintenance	506,373	538,065	487,948	1,532,386
Total	45,150,040	46,236,960	47,779,905	139,166,905

The table and chart below provide a comparison of workforce costs between Q1 2004/05/05 and Q1 2005/06.

Table 6: Q1 2004/05 and Q1 2005/06 Workforce costs comparison

	Q1 2004	Q1 2005
Medical	30,867,141	33,364,345
Nursing Reg	47,027,627	48,715,633
Nursing Non-reg	11,646,675	11,734,136
P&T:A	13,384,006	13,938,007
P&T:B	7,414,642	7,587,708
A&C	17,925,293	18,888,428
Ancillary	5,774,504	5,933,195
Maintenance	1,551,802	1,532,386
Total	135,591,690	139,166,905

Chart 5.



Workforce costs are up by 2.64% for Q1 2005/06 when compared with Q1 in 2004/05, this is however below what would normally be expected for wage inflation, which for groups affected by Agenda for Change would be 3.225%. The lower costs reflect the lower numbers of staff in post.

4.2 Overtime Expenditure

The total overtime costs for Q1- April 2005 to June 2005 were c£1.74m. The following table illustrates the distribution of overtime costs by staff group for this period.

Table 7: Distribution of Overtime costs by staff group April 2005- June 2005

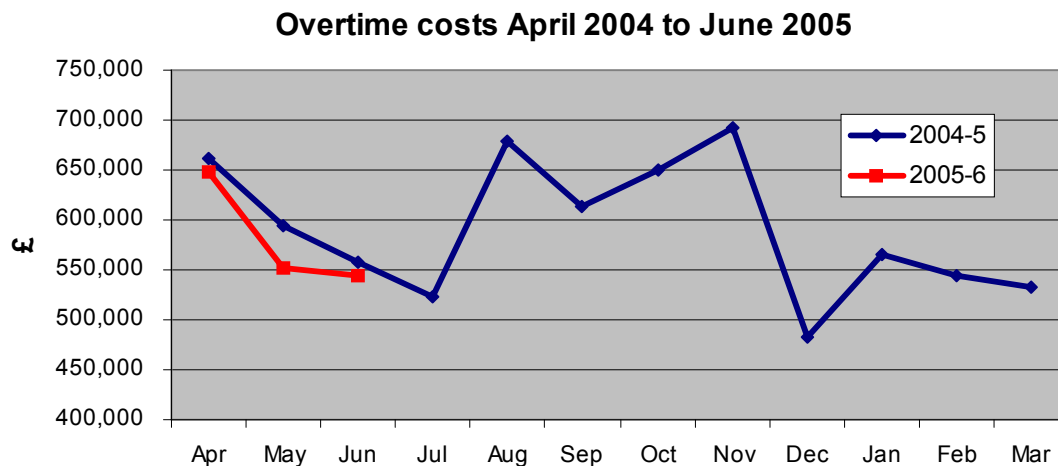
	Apr-05	May-05	Jun-05	Total YTD
Nursing Reg	252,357	189,682	198,179	640,218
Nursing Non-reg	66,742	50,996	58,250	175,988
P&T:A	32,471	32,469	37,103	102,043
P&T:B	40,807	31,813	36,619	109,239
A&C	74,079	60,049	57,368	191,496
Ancillary	124,440	135,396	108,680	368,515
Maintenance	57,062	51,406	47,072	155,540
Total	647,957	551,812	543,270	1,743,038

The table and chart below provide a comparison of overtime costs between Q1 2004 and Q1 2005.

Table 8: Q1 2004/05 and Q1 2005/06 overtime costs comparison

	Q1 2004	Q1 2005
Nursing Reg	723,385	640,218
Nursing Non-reg	236,956	175,988
P&T:A	95,495	102,043
P&T:B	116,020	109,239
A&C	165,723	191,496
Ancillary	329,508	368,515
Maintenance	148,449	155,540
Total	1,815,536	1,743,038

Chart 6.



Overtime costs are down 4% for Q1 2005/06 compared to figures produced in Q1 2004/05, with notable reductions of 3.8% and 2.6% within registered and non-registered nursing respectively.

Within the UHD overtime, enhanced, locum and banding payments are reported locally to Service Managers by the Workforce Planning Team, highlighting areas where costs are comparatively high. Once the revised organisational structures and associated reporting structures are completed the Workforce Planning Team will link with service heads to discuss reporting requirements to ensure that detailed reporting extends to all of NHS Lothian.

4.3 Enhanced Pay Costs

These payments are made to staff working on a shift basis and as such attract an enhancement for night, un-social, Saturday and Sunday hours working.

The total enhanced costs for Q1 2005/06 - April 2005 to June 2005 were c£5.28m. The following table illustrates the distribution of enhanced pay costs by staff group for this period.

Table 9: Distribution of Enhanced pay costs by staff group April 2005/06 - June 2005/06

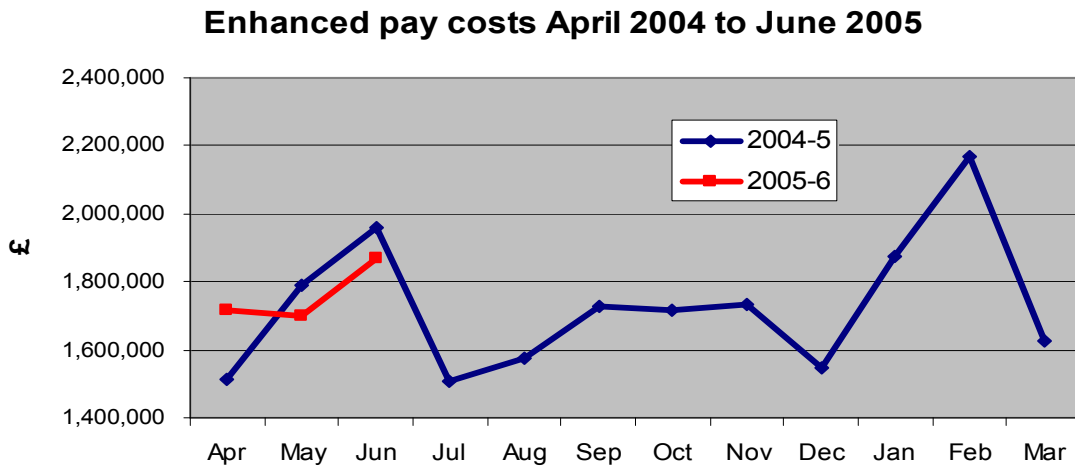
	Apr-05	May-05	Jun-05	Total
Nursing Reg	1,049,677	1,019,399	1,224,516	3,293,592
Nursing Non-reg	342,762	349,498	374,619	1,066,879
P&T:A	15,296	7,130	7,336	29,763
P&T:B	23,560	8,720	12,089	44,369
A&C	80,513	66,545	71,118	218,177
Ancillary	199,369	240,920	175,376	615,664
Maintenance	4,088	5,041	3,396	12,525
Total	1,715,265	1,697,253	1,868,451	5,280,970

The table and chart below provide a comparison of enhanced pay costs between Q1 2004 and Q1 2005.

Table 10: Q1 2004/05 and Q1 2005/06 enhanced pay costs comparison

	Q1 2004/05	Q1 2005/06
Nursing Reg	3,262,504	3,293,592
Nursing Non-reg	1,144,182	1,066,879
P&T:A	16,971	29,763
P&T:B	22,159	44,369
A&C	227,086	218,177
Ancillary	582,303	615,664
Maintenance	9,526	12,525
Total	5,264,730	5,280,970

Chart 7.



Enhanced pay costs have remained static increasing by only 0.31%; this reflects the lower 'in post' staffing levels. Given a steady state it would be expected that costs would have increased by the 3.225% cost of living increase.

4.4 Training Grade Doctor Banding Payments

Training grade medical staff receive these payments in relation to the banding of their rota, with hours over 40 attracting a premium payment. These are as follows:

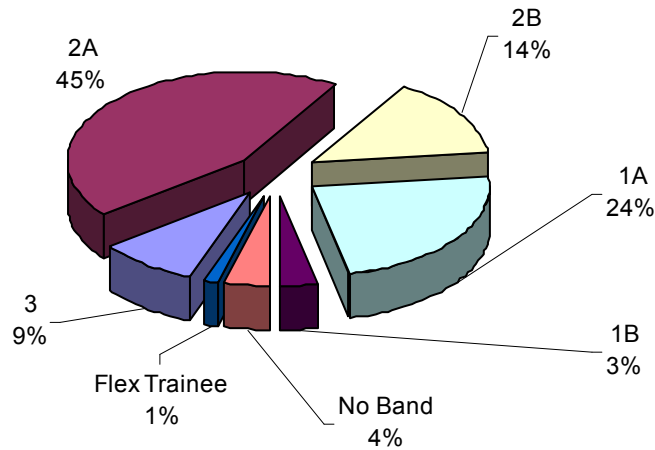
Table 11: Training grade Doctor Banding Payments

Band	% Enhancement applied to basic salary	
1a	50	Up to 48 hours (with unsocial hrs, on-call element)
1b	40	Up to 48 hours
2a	80	48-56 hours (with unsocial hrs, on-call element)
2b	50	48-56 hours
3	100	Non-compliant (Due to hours > 56, lack of breaks)

The following chart details the distribution of training grade doctors banding payment costs for June 2005.

Chart 8.

**Distribution of Training Grade staff by band
(June 2005)**



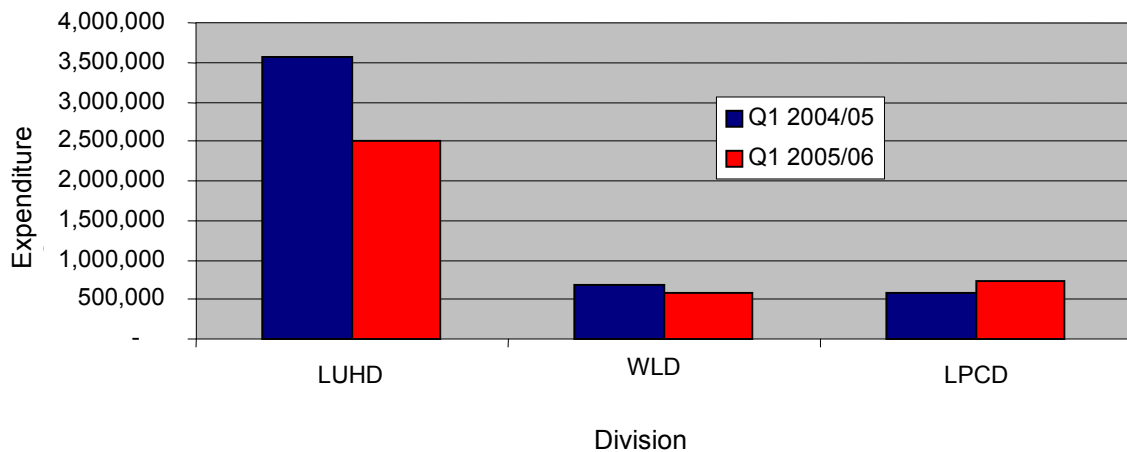
The table and chart below provide a comparison of banding pay costs between Q1 2004/05 and Q1 2005/06.

Table 12: Q1 2004/05 and Q1 2005/06 banding pay costs comparison

	Q1 2004/05	Q1 2005/06
LUHD	3,564,219	2,513,576
WLD	677,197	571,553
LPCD	580,552	728,305
TOTAL	4,821,968	3,813,434

Chart 9.

**Q1 Comparative
Junior Doctor Banding**



The above analysis indicates that there has been significant progress in reducing banding payments and ensuring compliance illustrates the progress made in decreasing banding payments to junior doctors. When Q1 2005/06 is compared with Q1 2004/05 there is a reduction of approximately £1m.

Within NHS Lothian, the University Hospitals Division accounts for almost two thirds (63%) of all banding payments. However, within the highest banding level, West Lothian Healthcare Division represents 55% of band 3 payments.

The following table highlights the areas where the band 3 payments arise. The table shows both rotas and actual headcount by specialty.

Table 13: NHS Lothian Junior Doctors on Band 3

Area	No of Rotas				No of Headcount			
	LPCD	LUHD	WLD	Grand Total	LPCD	LUHD	WLD	Grand Total
A&E	-	-	1	1	-	-	2	2
Anaesthetics	-	-	3	3	-	-	13	13
CFMHS Snr Rota	1	-	-	1	2	-	-	2
Haem/Onc	-	1	-	1	-	5	-	5
Medical Paeds (Specialty)	-	1	-	1	-	8	-	8
Plastics	-	-	3	3	-	-	15	15
RVH/A&E/Wstrn	2	-	-	1	5	-	-	5
Surgical Paeds	-	1	-	1	-	5	-	5
Grand Total	2	3	7	12	7	18	30	55

5. Absence Management

Across Lothian there are different processes for collecting sickness absence information with different IT systems used to collect it, the following table indicates current situation within each Division.

LUHD	Currently rolling out PWA HR System Intranet E-manager solution, which enables absence information to be input at ward manager level. This covers the range of absence reasons – sickness, maternity, careers, study leave etc. There are Service roll-out plans in place and these are being progressively implemented to ensure full coverage of all staff groups. After implementation returns can be electronically generated and forwarded to payroll services as hard copy.
LCPD	All absence information fed to payroll via manual returns. There is a reporting capability from historical payroll data, this however only covers sickness absence.
WLD	Sickness absence is currently input using the Budgetscan time and attendance system, this is done at ward manager level. This covers all staff except Medical and Nurse Bank staff and feeds payroll electronically.
LH	All absence information fed to payroll via manual returns.

Given the need for a comprehensive HR system it is intended that in the short to medium term the PWA HR system in LUHD will be rolled out across Lothian linking in with time and attendance systems where there is potential duplication.

In the absence of a common HR system and common HR process it is difficult to obtain a comprehensive report on all absences. It is however possible to pull historical sickness absence information via historical payroll reporting, this report will seek to monitor this on an on-going basis.

5.1 Sickness Absence

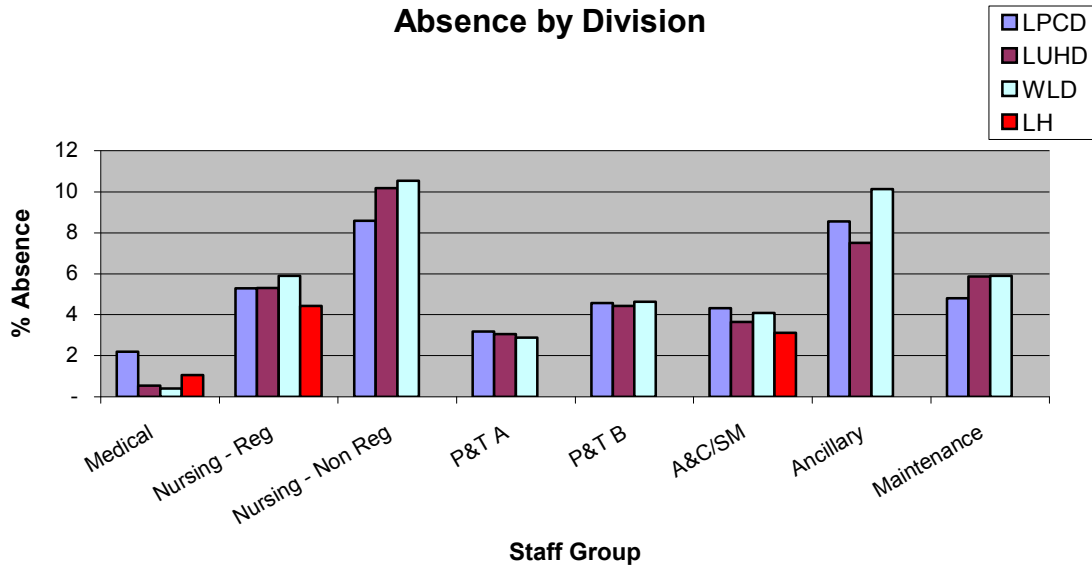
The following table and chart detail the sickness absence for each Division, for the period April 2005 to June 2005. In the table the highest figure for each staff group within Divisions has been highlighted in red.

Table 14: Sickness Absence Percentages by Division

Staff Group	LPCD (%)	LUHD (%)	WLD (%)	LH(%)
Medical	2.20	0.55	0.41	1.05
Nursing - Reg	5.29	5.31	5.89	4.43
Nursing - Non Reg	8.60	10.18	10.54	
P&T A	3.18	3.06	2.89	
P&T B	4.56	4.43	4.64	
A&C/SM	4.32	3.65	4.08	3.12
Ancillary	8.56	7.52	10.14	
Maintenance	4.81	5.87	5.89	
Grand Total	5.62	4.96	6.14	3.00

In the case of medical staff it is difficult to determine the true level of absence as historically this is not collected and fed to payroll on a consistent basis.

Chart 10.

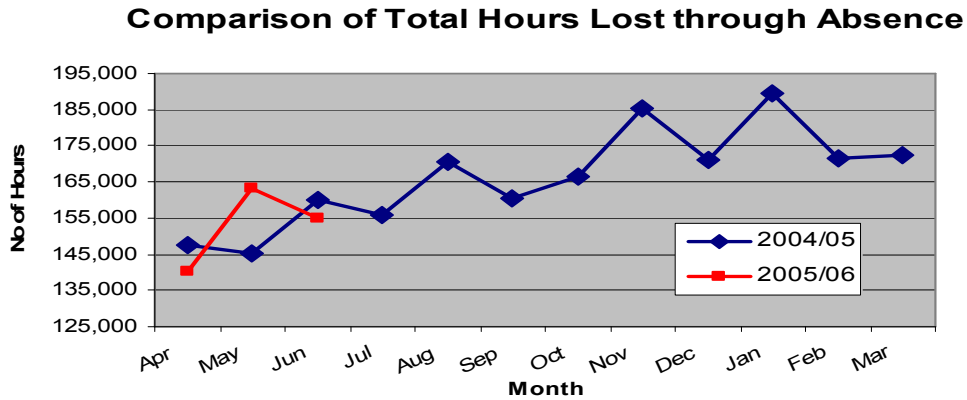


As with previous quarters there are significant differences in levels of sickness absence between Divisions, in some cases this is because there are a low numbers in the staff group and therefore make percentages comparatively high. Nursing absence rates are down to 5.4% compared to Q4 2004/05 figure of 6.1% for Registered Nursing and a small drop to 9.56% compared to Q4 2004/05 figure of 9.8% for Non-registered Nursing for NHS Lothian; this varies between the Division with WLD still the highest though they have reduced slightly with 5.89% compared to 6.6% for Registered and 10.54% compared to 11.7% for non-registered respectively.

Figures with regards to other staff groups are all slightly higher than previous figures this is due to a more detailed reporting system – figures now include paternity leave, industrial injury in addition to sick leave, authorised absence, and maternity leave.

A quarterly comparison is shown in the chart below.

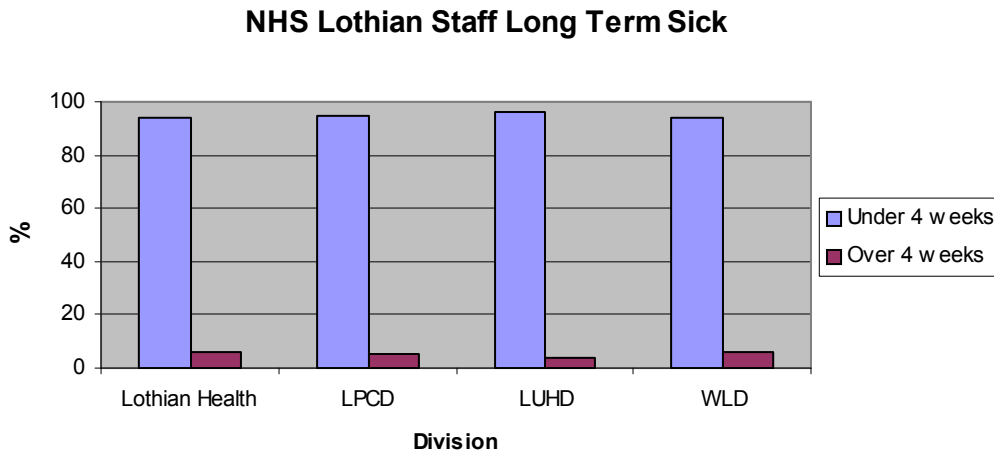
Chart 11.



5.2 Long Term Sickness Absence

The chart below shows (in percentages) how many by division are classified as 'long term sick' have been off on sick leave for longer than a four-week period in comparison to those not classified as long term sick.

Chart 12.



As can be seen below there is little difference in the long term sick figures compared to the last quarter.

Table 15: Comparing long time sick by division

Q4 2004/05	LH	LPCD	LUHD	WLD
Under 4 weeks	93	94	96	93
Over 4 weeks	7	6	4	7

Q1 2005/06	LH	LPCD	LUHD	WLD
Under 4 weeks	94	95	96	94
Over 4 weeks	6	5	4	6

6. Staff Supplements

6.1 Directly Employed Medical Locums

This section details Locums paid via NHS Lothian payroll. It does not include expenditure on Locums employed via external agencies; this information will be added to the report in the future.

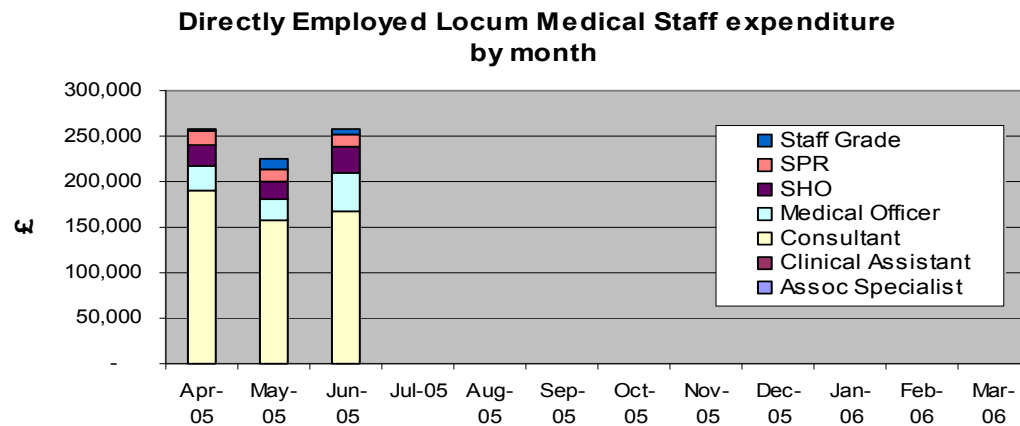
In the Q1 2005/6 period NHS Lothian has spent £884,195 on directly employed medical locum staff. Consultant locums represent 68% of expenditure.

The following table and chart illustrate the expenditure on directly employed locum medical staff for Q1 2005/6.

Table 16: Directly Employed Locum Expenditure by Month April 2005-June 2005

	Apr-05	May-05	Jun-05	YTD Total
Assoc Specialist	-	-	-	-
Clinical Assistant	-	-	-	-
Consultant	189,643	158,570	168,028	516,241
Medical Officer	27,470	21,398	42,479	91,347
SHO	24,008	19,232	28,313	71,554
SPR	14,158	14,182	12,579	40,919
Staff Grade	1,465	10,939	7,202	19,606
Total	256,744	224,321	258,601	739,666

Chart 13.



The following charts provide a comparison of utilisation and expenditure between Q1 2004/5 and Q1 2005/6

Chart 14.

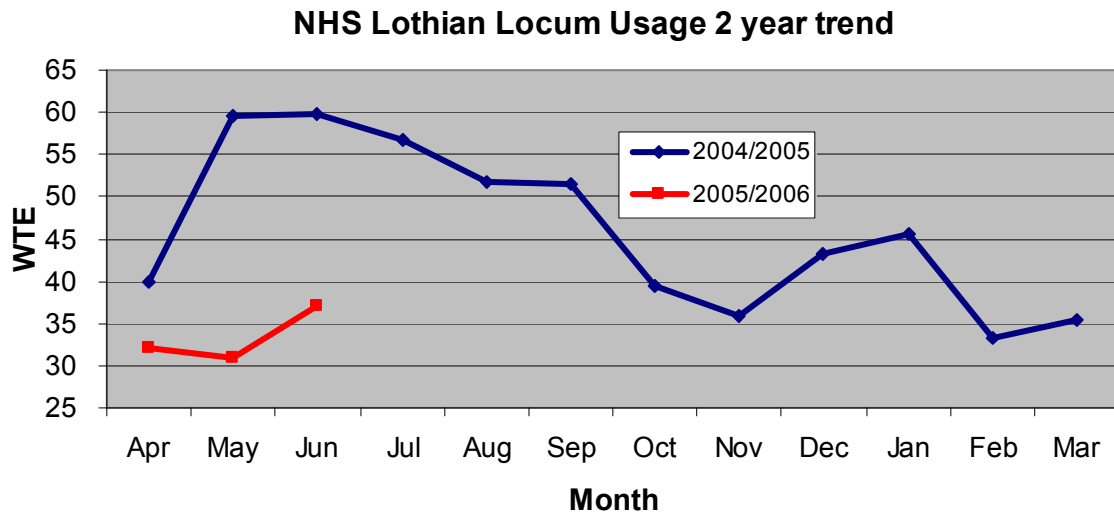
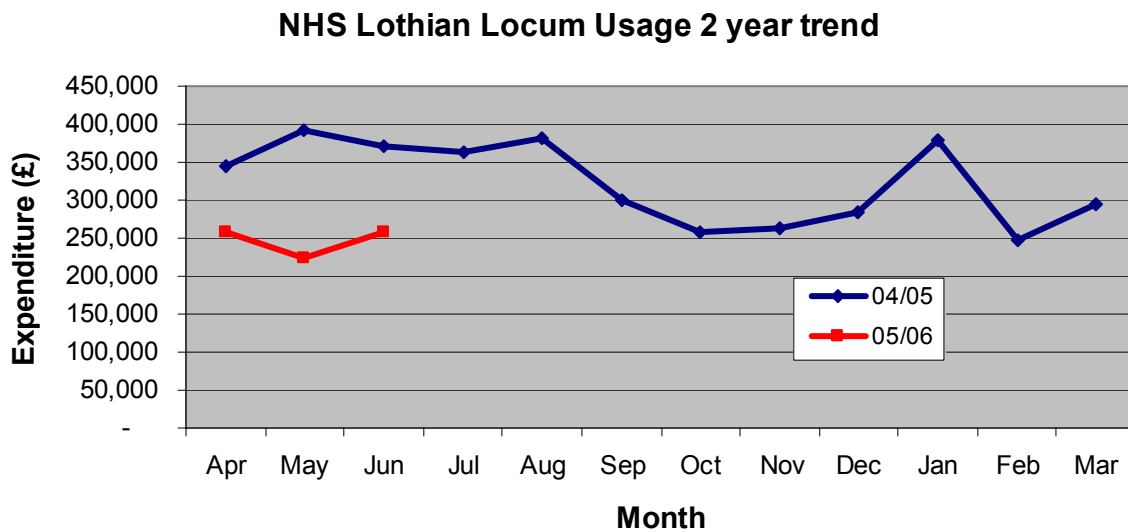


Chart 15.

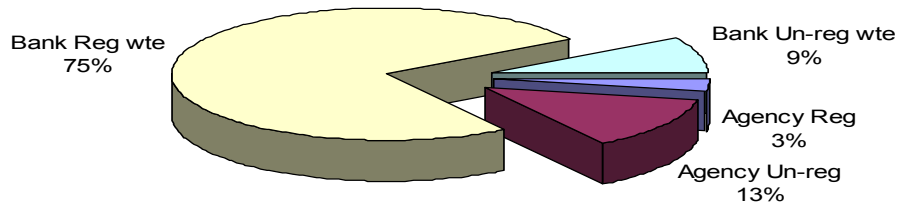


6.2 Nurse Bank and Agency Utilisation

The following chart details the distribution of bank and agency utilisation staff.

Chart 16.

Bank / Agency WTE Distribution



Source – NHS Lothian Nurse Bank system

The ratio of bank to agency is 84%:16% for the financial year this contrasts with 72%:28% for the last financial year. The reduction in agency staffing has continued to be the main focus for action within Divisions.

The following charts provide a comparison of utilisation and expenditure between Q1 2004/5 and Q1 2005/6

Chart 17.

Comparison between 2004/05 and 2005/06 WTE Agency and Bank Staff

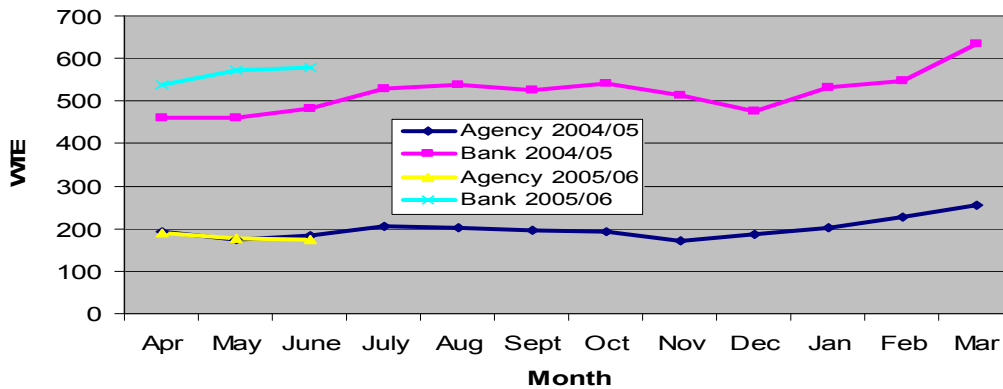
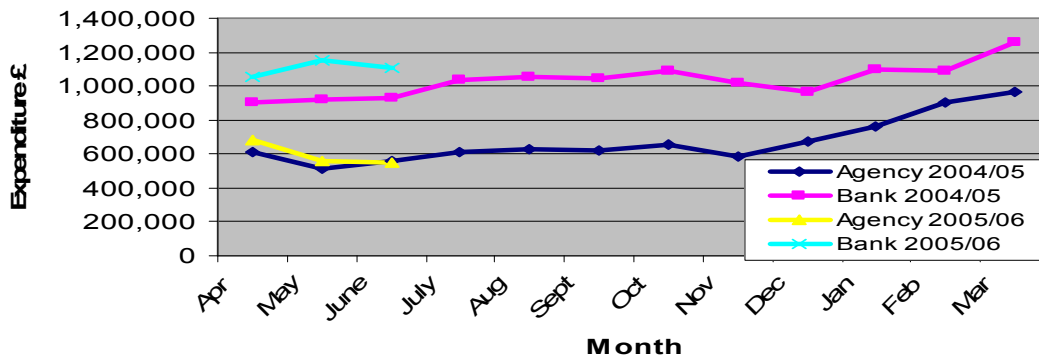


Chart 18.

Comparison between 2004/05 and 2005/06 Agency and Bank Staff Expenditure



Utilisation had increased in Q4, utilisation has however returned to anticipated levels, marginally below the similar period last year. There has however been an increase of an average of 96 wte per month in Bank nursing, this is relates to the lower in post staff indicated in section 3.1 and the high number of vacancies under recruitment detailed in section 3.3.

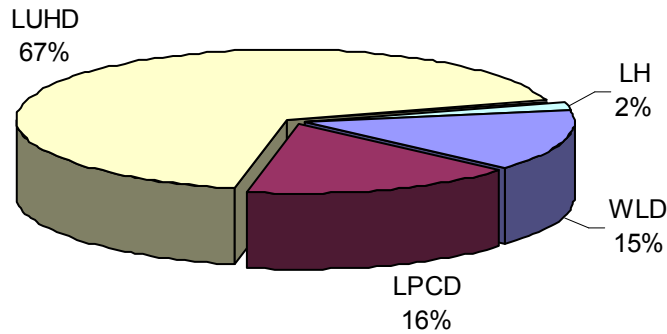
The Workforce Planning Team will work with the Nurse Bank and Agency Team in order to agree a reliable information source that will satisfy reporting requirements.

7. Consultant Medical Staffing

The following chart illustrates the distribution of the 597 wte consultant medical workforce.

Chart 19.

Distribution of Consultant Workforce Q1 2005



The following tables detail Consultant workforce and costs by month.

Table 17: NHS Lothian Consultant WTE by Month Quarter 1 2005/06

Division	Apr-05	May-05	Jun-05	YTD Average
WLD	85.50	87.88	87.61	87
LPCD	96.13	98.79	96.83	97
LUHD	395.10	406.07	406.05	402
LH	9.68	9.95	10.70	10
Total	586.41	602.68	601.18	597

Table 18: NHS Lothian Consultant Costs by Month Quarter 1 2005/06

Division	Apr-05	May-05	Jun-05	YTD
WLD	843,096	866,491	810,655	2,520,242
LPCD	1,206,182	1,239,653	1,218,571	3,664,406
LUHD	3,366,463	3,459,879	3,425,906	10,252,248
LH	91,862	94,411	102,350	288,623
Total	5,507,603	5,660,435	5,557,482	16,725,519

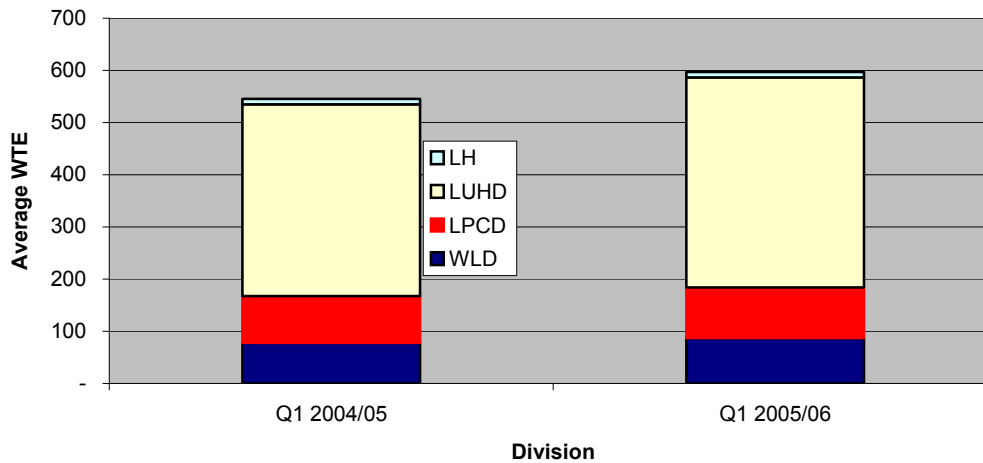
The following charts provide a comparison of utilisation and expenditure between Q1 2004/5 and Q1 2005/6.

Table 19: NHS Lothian Consultant comparison Q1 2004/05 and Q1 2005/06 WTE

Division	Q1 2004/05	Q1 2005/06
WLD	77.68	87.00
LPCD	89.55	97.25
LUHD	367.89	402.40
LH	10.42	10.11
Total	545.54	596.76

Chart 20.

Q1 Comparative Consultant WTE



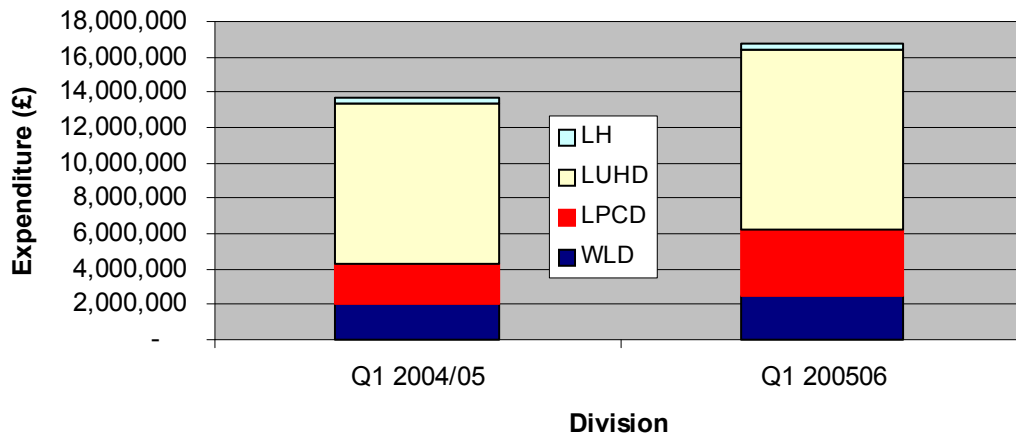
There has been an increase of 51 wte (9.3%) in the consultant workforce in comparison with Q1 2004/5. This represents a significant increase in a relatively short period of time and reflects the impact of the new Consultants Contract.

Table 20: NHS Lothian Consultant comparison Q1 2004/05 and Q1 2005/06 -costs

Division	Q1 2004/05	Q1 2005/06
WLD	2,015,388	2,520,242
LPCD	2,256,875	3,664,406
LUHD	9,131,447	10,252,248
LH	255,659	288,623
Total	13,659,369	16,725,519

Chart 21.

Comparative Q1 Consultant Expenditure



There has been an increase from £13.7m Q1 2004/5 to £16.7m Q1 2005/6, an increase of £3m this represents a 21% increase in paybill costs. This is as a result of the new consultants contract.

8. Temporary Staffing Measures

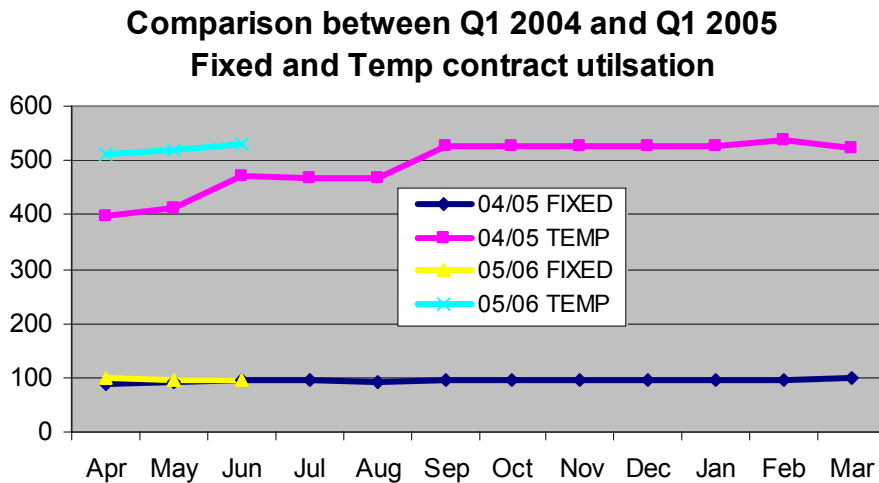
8.1 Fixed and Temporary Contracts

The following table and chart detail the usage of fixed term and temporary contracts, figures are for LUHD only as there are no systems in place within WLD and LPCD for recording this information. This will not be possible until there is a Lothian-wide HR information system.

Table 21: Fixed / Temporary Contracts April 2004 – June 2005 (LUHD)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
04/05 FIXED	90	93	95	94	91	96	96	96	96	97	96	99
04/05 TEMP	397	411	470	466	469	526	526	525	525	525	536	521
05/06 FIXED	100	95	94									
05/06 TEMP	513	519	529									

Chart 22



There has been an increase of 20% in the utilisation of temporary contracts in Q1 2005/6

8.2 Secondments

The NHS Lothian Recruitment Centre is establishing a information base on secondments, which will cover all of Lothian and enable improved monitoring of numbers and associated costs.

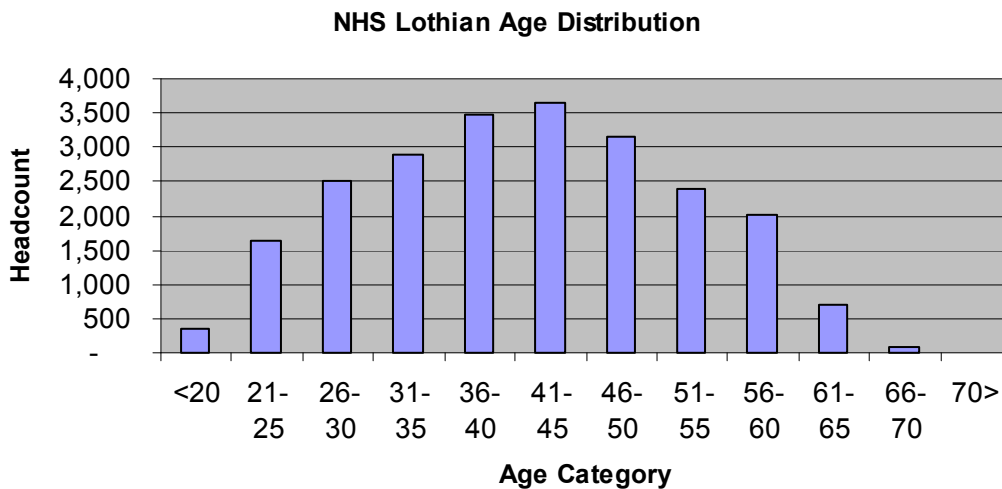
9. Demographics

9.1 Age Distribution

The demographic profile of the workforce within Lothian and Scotland is seen as a key issue.

The following charts illustrate the age distribution of the NHS Lothian workforce across Lothian, by Division and by staff group. (Headcount)

Chart 23.



NHS Lothian, as a whole, shows a normal age distribution. However, these figures mask certain aspects of the workforce demographic, which may be a cause for concern. For example, over 75% of maintenance staff are aged over 50 and registered nurses, whilst maintaining an overall average age of 39, show differences across NHS Lothian Divisions. (LPCD ave. 42; LUHD ave. 37; WLD ave. 41). The overall difference, as demonstrated below in chart 27, is largely attributable to the University Hospitals Division registered nursing staff.

Chart 24.

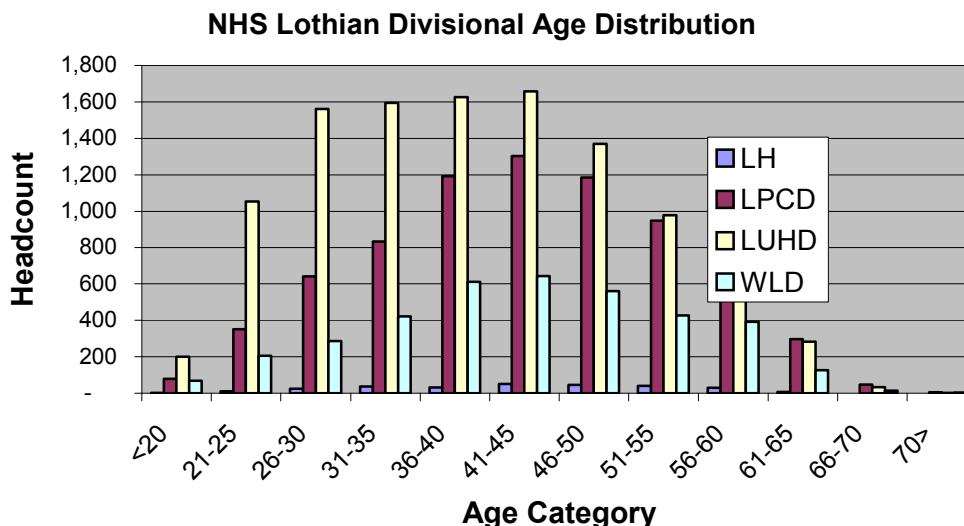
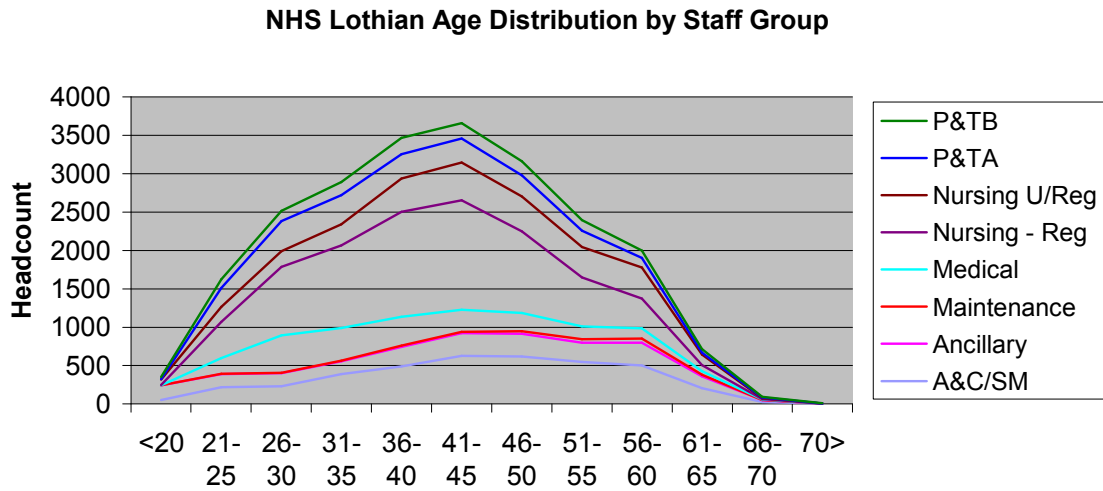


Chart 25.

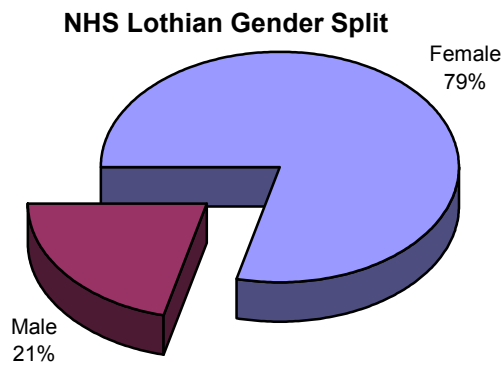


As above, the normal age distribution within specific staff groups masks an underlying divisional difference. Examples include Medical staff who are, on average, 5 years younger in LUHD than in LPCD and AHP staff who are, on average, 4 years younger in LUHD than in WLD.

9.2 Gender Distribution

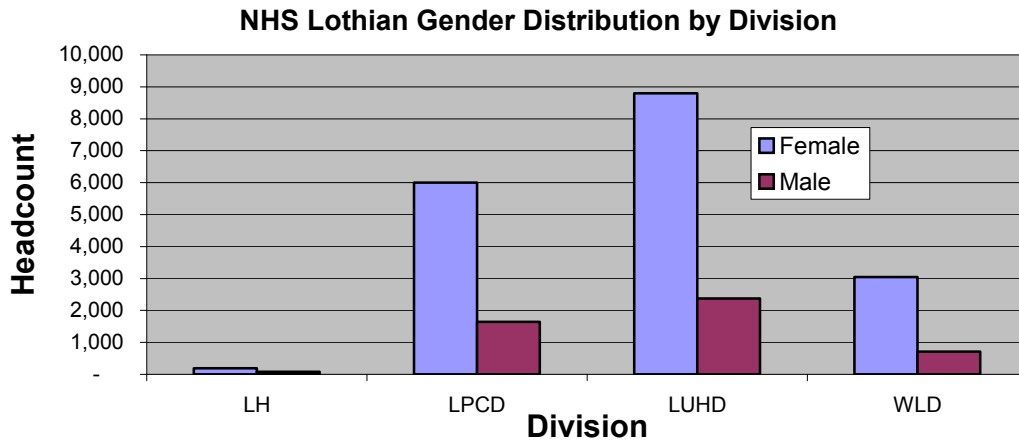
The following charts illustrate the gender distribution of the NHS Lothian workforce across Lothian, by Division and by staff group. (Headcount)

Chart 26.



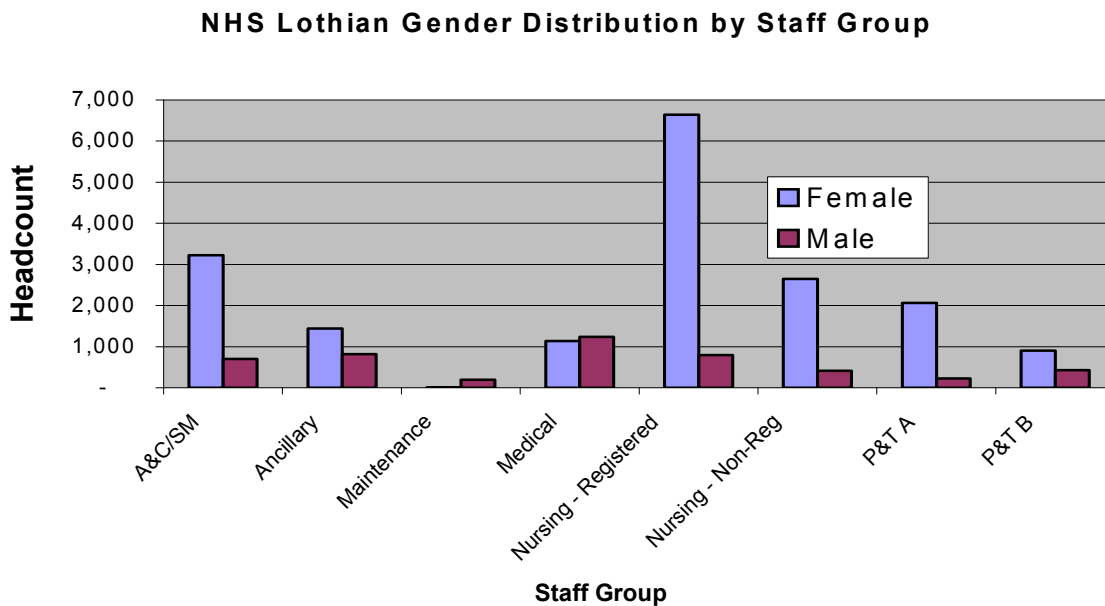
The gender demographic of NHS Lothian mirrors the national situation. However, analysis of maintenance and consultant staff shows male dominance of 98% and 66% respectively.

Chart 27.



The overall percentage gender demographic is continued at divisional level with the exception of Lothian Health Board where, although still largely populated by female staff, the gender split is slightly more even at 70%/30%.

Chart 28.



9.3 Distribution of Full / Part-Time Workforce

The following charts illustrate the distribution by contractual obligation of the NHS Lothian workforce across Lothian, by Division and by staff group. (Headcount)

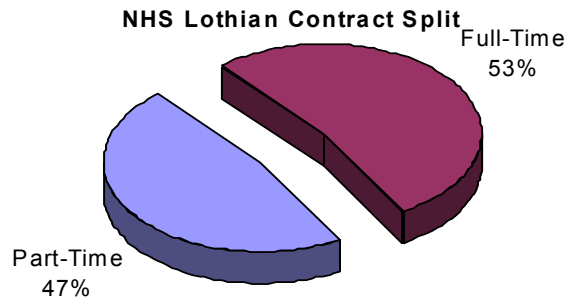
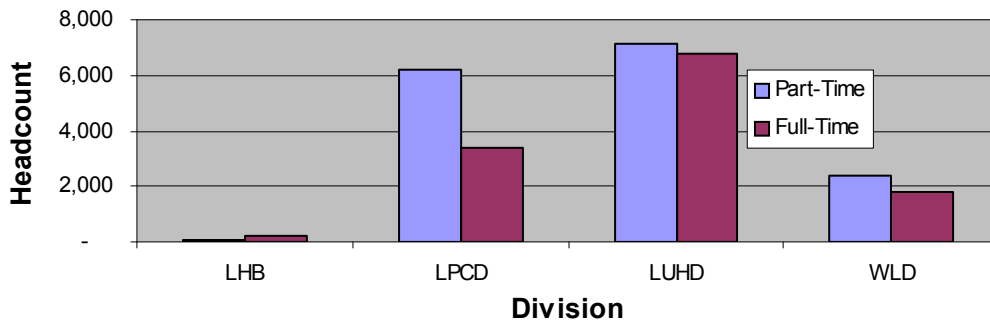


Chart 29.

The majority of staff groups show a relatively even numerical split between full-time and part-time staff. One particular exception is maintenance staff where out of 201 employed staff there is only one part-time employee. 76% of NHS Lothian ancillary staff is employed on a part-time basis. The following demonstrates the divisional distribution with the notable exception of LPCD whose workforce is two thirds constituted by part-time employees.

Chart 30.

NHS Lothian Contract Split by Division



NHS Lothian Contract Distribution by Staff Group

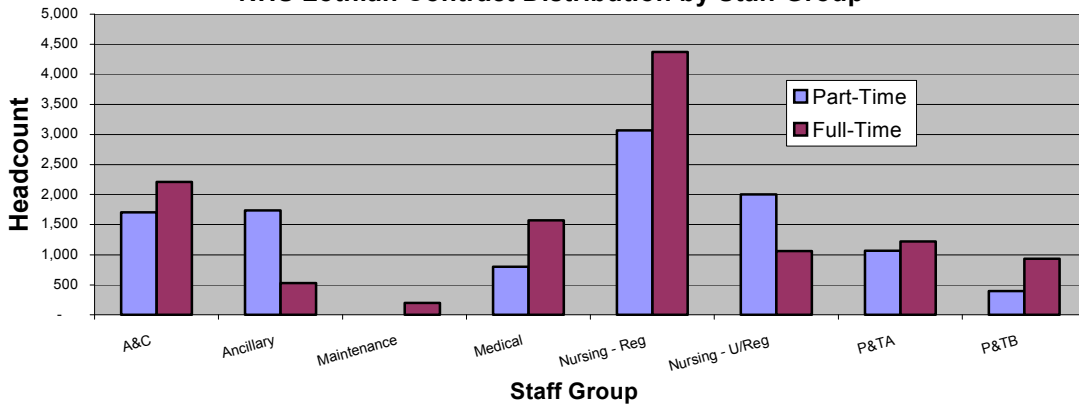


Chart 31.

As shown above ancillary and unregistered nursing are constituted by a higher percentage of part-time employees. Within these staff groups, significant proportions live locally.

10. Staff Turnover

10.1 Leavers by Staff Group

The following table and chart detail the number of staff who terminated their employment with their employing Division by staff group. Note from October 2004 onwards changes between Divisions are no longer dealt with as leavers.

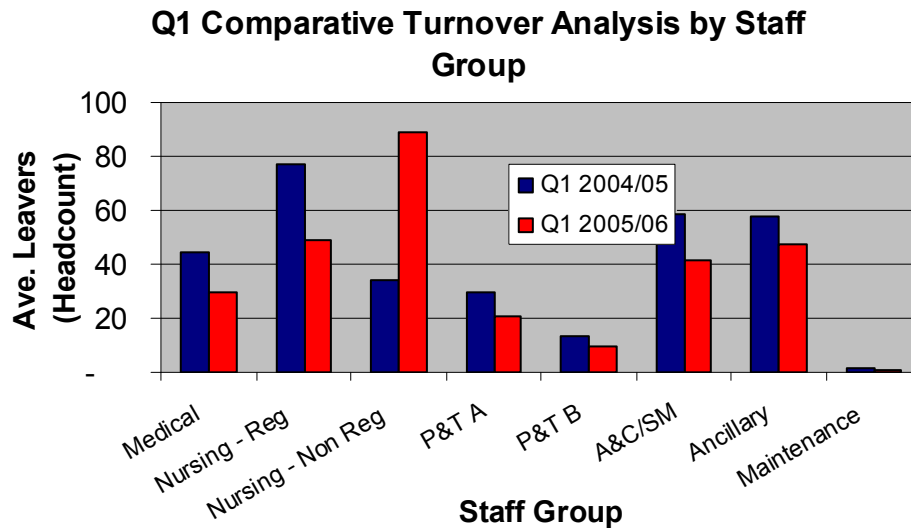
Table 22: Leavers by Staff Group Q1 2004/05 – Q1 2005/06 comparison

Staff Group	Q1 2004/05	Q1 2005/06
Medical	45	30
Nursing - Reg	77	49
Nursing - Non Reg	34	89
P&T A	30	21
P&T B	13	9
A&C/SM	58	41
Ancillary	58	48
Maintenance	1	1
Total	316	287

Note – Excludes Nurse Bank staff

Note – August and March figures for medical staff have been adjusted to account for the impact of junior doctors rotation, which result in an artificially high number of leavers.

Chart 32.



10.2 Leavers by Division

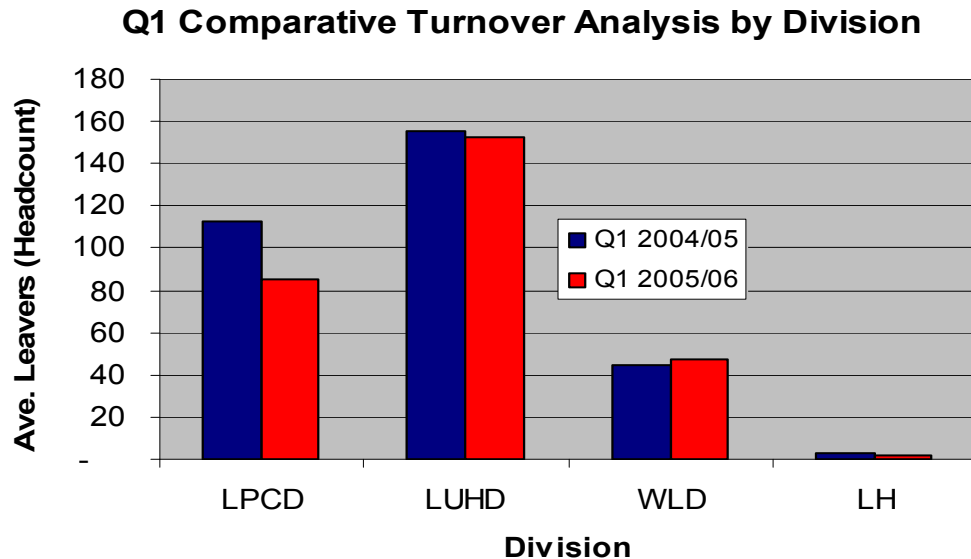
The following table and chart illustrate the number of leavers for each Division in the period April 2004 to June 05.

Table 23: NHS Lothian Leavers by Division Q1 2004/05 – Q1 2005/06 comparison

Division	Q1 2004/05	Q1 2005/06
LPCD	113	85
LUHD	156	152
WLD	45	47
LH	3	2
Total	316	287

Note: LUHT and WLT Medical figures in August have been adjusted to remove impact of the change over in junior doctors rotations.

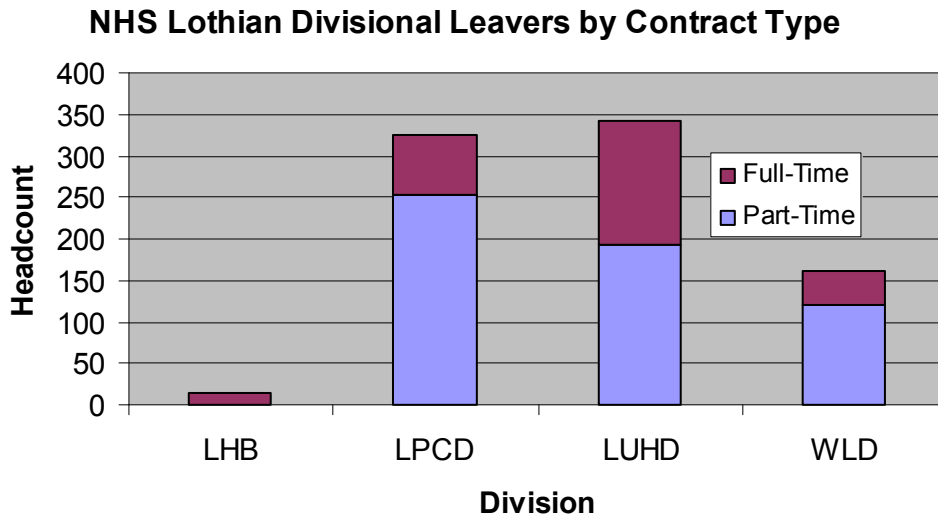
Chart 33.



Staff turnover in NHS Lothian has reduced within LPCD and LUHD, and WLD has remained steady. It is not possible to determine the reasons for leaving for all of Lothian as there are not HRIT systems in place record these, it is also often difficult to determine underlying reasons as employee may not wish to disclose reason to line manager. In the Q2 report analysis of information held on LUHD will be included.

10.3 Divisional Leavers by Contract Type

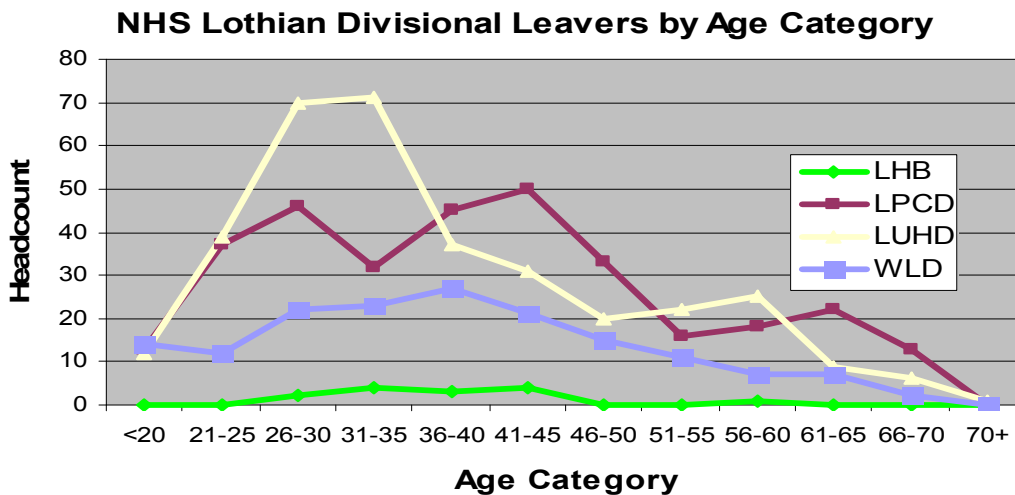
Chart 34.



Within LPCD, the high percentage of part-time leavers can be directly attributed to turnover within the nurse bank. In LUHD, trained nursing and AHP staff turnover are worthy of particular note. In order to determine reasons for leaving, it may be deemed necessary to undertake exit interviews. This is an area, which is currently being considered by the NHS Lothian recruitment team.

10.4 Divisional leavers by Age Category

Chart 35.



Within LUHD and LPCD, the high turnover of younger staff can be attributed, in part, to a proportionately high number of D and E Grade nurses leaving.

11. Disciplinary & Grievance

A template for recording details of disciplinaries and grievances has been developed for use across Lothian. This template will shortly be adapted to capture detailed activity within both the NHS Lothian Grievance and Management of Employee Conduct procedures.

The following tables detail the number of cases within the disciplinary process and the outcomes.

Chart 36.

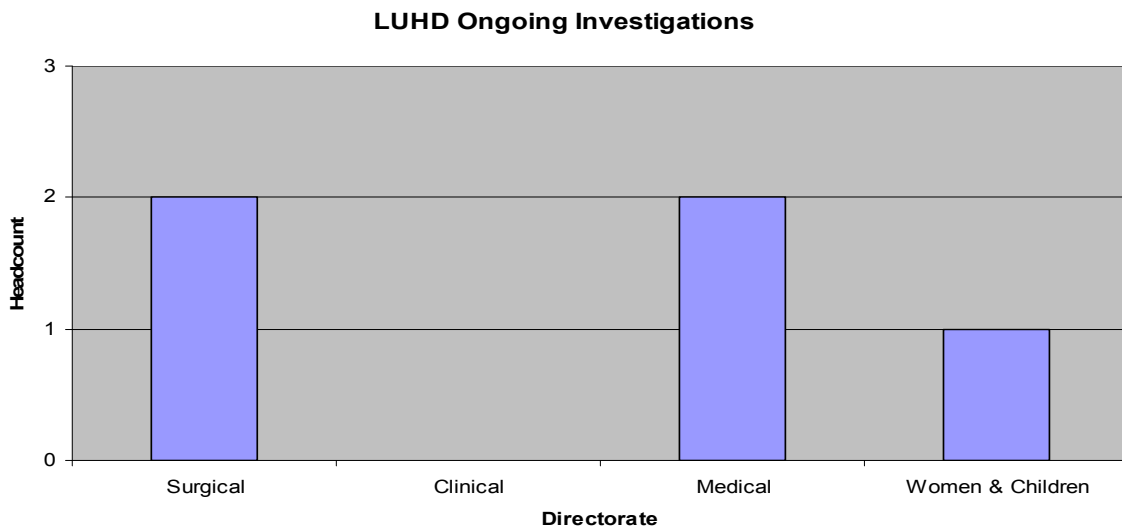
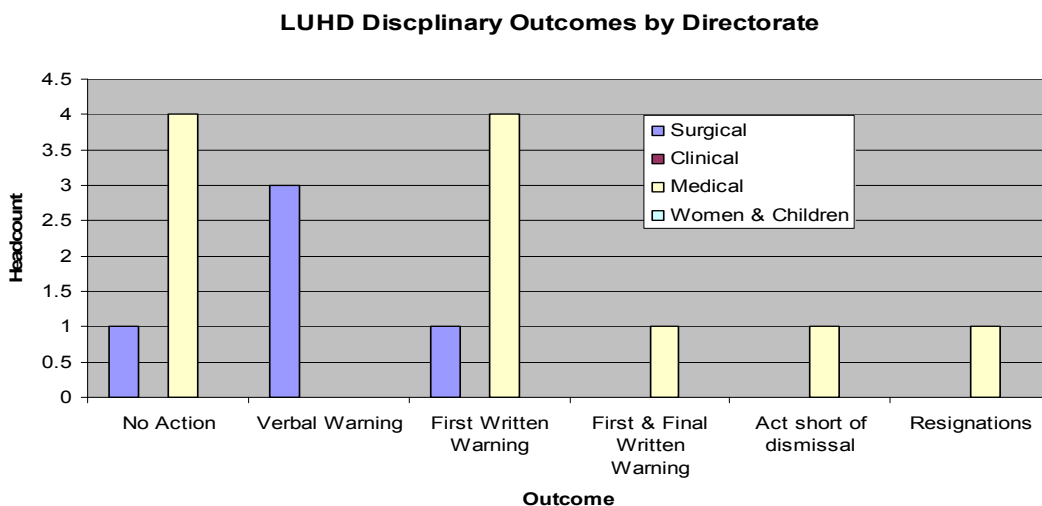


Chart 37.



Data only received from LUHD. At this time it is only possible to supply reports on grievances and disciplinary matters from LUHD, this situation will change in the future reports.

12. Human Resources Policy Development

Policy Update as at 30 June 2005

New policies completed and approved by Lothian Partnership Forum (implementation as from May 2005)

Career Breaks
Homeworking
Job Sharing

Policies completed, approved by Lothian Partnership Forum and awaiting implementation (supporting infrastructure to be put in place)

Dignity at Work
Equal Opportunities
Freedom of Speech
Race Equality

Policies submitted for approval by Lothian Partnership Forum

Redeployment

Policies at final drafting stage

Promoting Attendance

Policies due for first /reconsideration by HR Policy Group

Lone Working
Management of Violence and Aggression
Term Time Working
Flexi-Time Systems

Policies currently in preparation

Flexible Working Options: Phased Retiral
Team Based Self Rostering
Voluntary Reduced Hours
Zero Hours Contracts

Absence Records
Adverse Weather Policy
Alcohol and Substance Misuse
Dealing Positively with Stress

Policies proposed for development during 2005/2006

“Salary Sacrifice” Schemes: Child Care Vouchers
Home Computing Initiative
Loans for Bicycle Purchase

Flexible Working Options: Annual Hours Working
Compressed Working Week

Flexible Working Hours
Part Time Workers Policy

Biological and Chemical Hazards
Reducing Work-Related Driving Risks
Promoting Safe Manual Handling
Removal Expenses
Study Leave

Note:

Employment Policy Manuals containing all the policies implemented as from April 2005 have been distributed to all departments across NHS Lothian; the policies are also accessible on the four intranet sites.

Policy awareness sessions for line managers are being conducted in June and July across a range of sites.

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