



**NHS Lothian Workforce Report
Workforce Planning Team**

4th Quarter

January 2006 – March 2006

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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

This report is the last of four reports covering the 2005/6 financial year and provides the second complete year of monitoring of workforce trends in utilisation and expenditure as well as other workforce measures such as absence. With the baseline built from April 2004 it is now possible to draw meaningful comparisons and establish where variations and change are occurring.

Within NHS Lothian there is currently no single HR system, from which to draw information payroll is therefore the source for in-post and cost information as well as absence. The other information included comes from either the LUHD PWA HR system or other local systems of collection.

During the quarter the business case for the Lothian-wide roll out of the PWA HR system has been approved by the Lothian Finance and Performance Review Committee. Work is now commencing on initiating the roll-out and a detailed project plan and project initiation document will be developed with the objective of establishing a single electronic staff record for all staff in Lothian.

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.

Within this 2005/6 Q4 report information relating to Health & Safety is being included, initially this includes an overview of current Health and Safety arrangements in NHS Lothian and will, in future reports, detail specific health and safety activity within the organisation.

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.

3. NHS Lothian Staffing Overview

3.1. In-post Staffing

NHS Lothian currently employs 18,304 whole time equivalent (WTE) staff. The table below details staff in post for April 2005 to March 2006 by staff group.

Table 1: Breakdown of Workforce by Staff Group - April 2005 to March 2006

Staff Group	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	YTD Average
Medical	1,722	1,733	1,732	1,733	1,688	1,750	1,749	1,755	1,748	1,754	1,707	1,758	1,736
Nursing Reg	6,233	6,174	6,188	6,183	6,190	6,191	6,242	6,289	6,286	6,260	6,305	6,279	6,235
Nursing Non-reg	2,678	2,630	2,658	2,700	2,693	2,705	2,732	2,722	2,681	2,695	2,712	2,614	2,685
P&T:A	1,665	1,668	1,677	1,690	1,689	1,681	1,683	1,698	1,720	1,725	1,734	1,740	1,697
P&T:B	1,100	1,103	1,109	1,104	1,107	1,107	1,107	1,097	1,101	1,096	1,103	1,110	1,104
A&C	3,133	3,117	3,122	3,144	3,165	3,138	3,128	3,140	3,150	3,120	3,130	3,143	3,136
Ancillary	1,482	1,460	1,471	1,487	1,501	1,480	1,471	1,481	1,479	1,467	1,463	1,464	1,475
Maintenance	201	204	207	200	202	207	199	201	201	197	203	196	201
Total	18,215	18,087	18,162	18,241	18,236	18,259	18,311	18,383	18,365	18,314	18,357	18,304	18,269

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

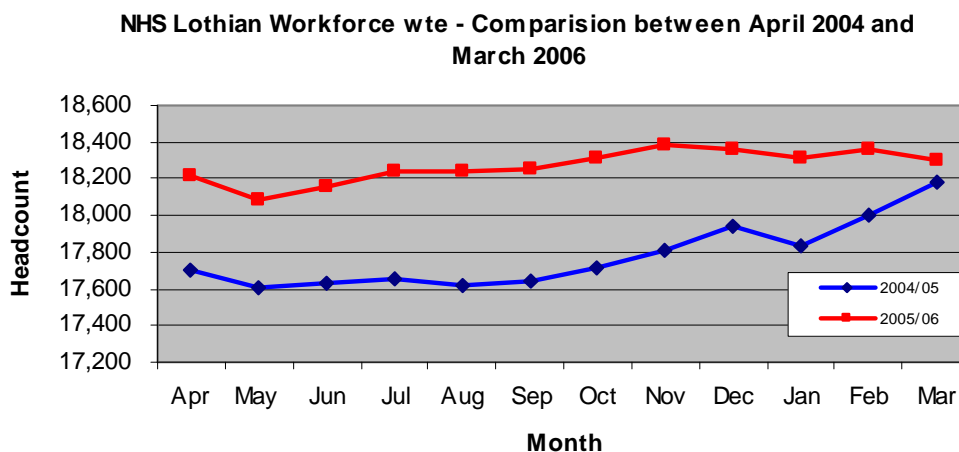
P&T:B include MLSOs and MTOs

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

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

Staff Group	Q1-4 2004/05	Q1-4 2005/06	Change +/-
Medical	1,657	1,736	78
Nur. Reg	6,034	6,235	201
Nur. Non-reg	2,594	2,685	91
P&T:A	1,641	1,697	57
P&T:B	1,093	1,104	11
A&C	3,090	3,136	46
Ancillary	1,462	1,475	14
Maintenance	209	201	-8
Total	17,780	18,269	490

Chart 1.



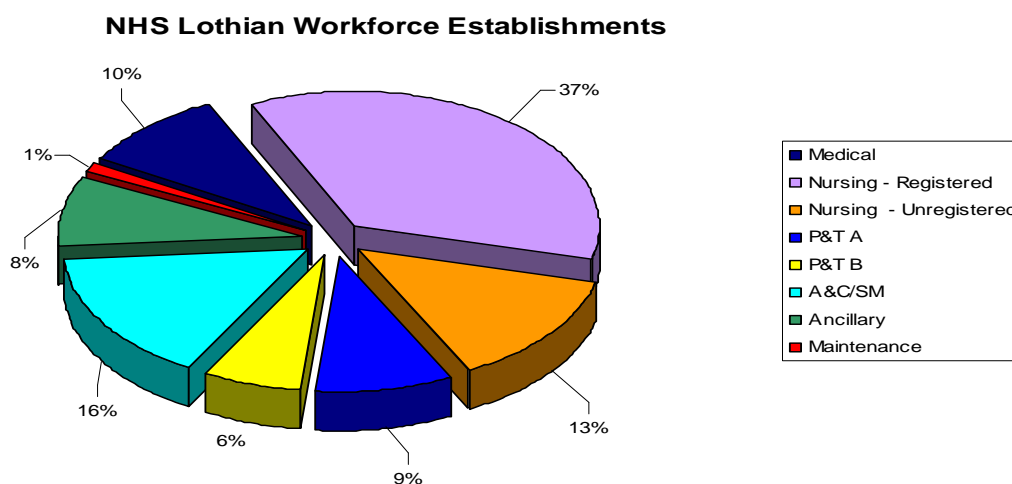
The NHS Lothian Workforce is relatively consistent in overall terms, with no major variation from month to month. There has however been a steady increase month on month with the exception of January and May 2005. The average for 2005/06 has increased by 509 wte (2.86%) over 2004/5. Within this increase there has been an increase in the average of 201wte (3.3%) registered nurses and 84wte in Medical staff (4.7%).

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 December 2005, these will be updated in the Q1 report in 2006/7 to tie in with the new single system.

Chart 2.



The following table shows establishment figures for each staff group within each Division. It now incorporates WLD with LUHD but splits it by division.

Table 3: Establishment figures per staff group per Division

Staff Group	Corporate	Facilities	Medical	Surgical	LPCD	Total
Medical	2	-	611	809	326	1,748
Nursing - Registered	70	-	1,749	2,230	2,401	6,450
Nursing - Unregistered	2	-	610	662	1,155	2,430
P&T A	3	-	636	205	824	1,668
P&T B	11	3	639	313	174	1,140
A&C/SM	484	166	555	529	1,124	2,858
Ancillary	10	910	3	52	528	1,504
Maintenance	-	125	-	-	79	204
Grand Total	582	1,204	4,804	4,802	6,610	18,002

Source – Divisional E-financial Systems

The establishment figures provided are below those for in post, in the year to date in-post figures have been on average 267 wte higher. Workforce Planning is still in discussion with finance to provide Q1 2006/7 establishment data reflecting the single system and can be expected with the Q1 report.

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 and Ancillary are recruited locally*). Vacancies that are on-hold or frozen are not included.

Charts 3 and 4 detail the vacancies under recruitment by staff group and the number under recruitment compared with last financial year.

Chart 3.

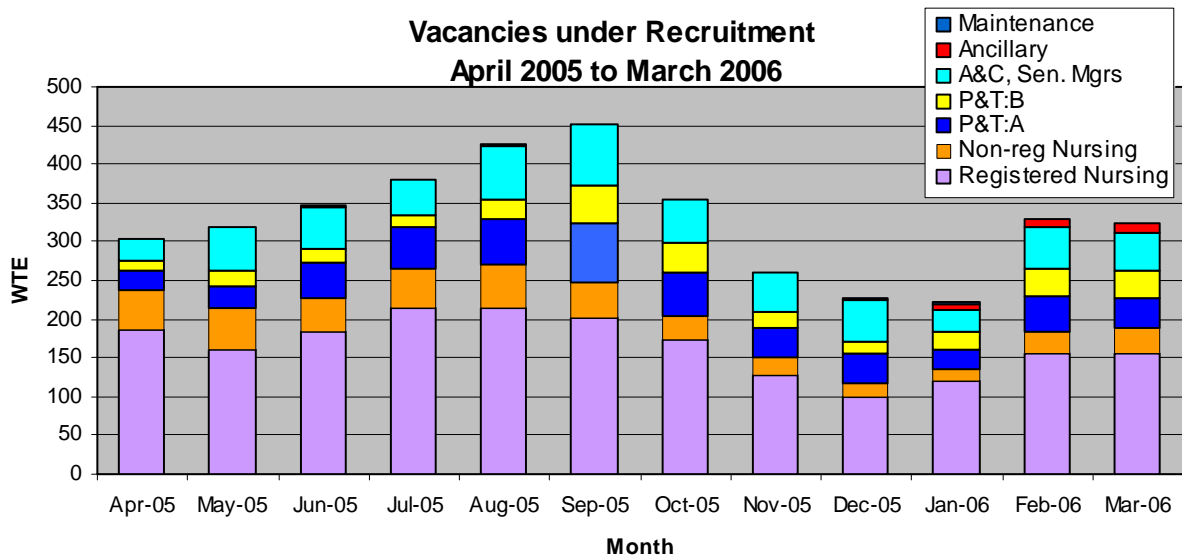
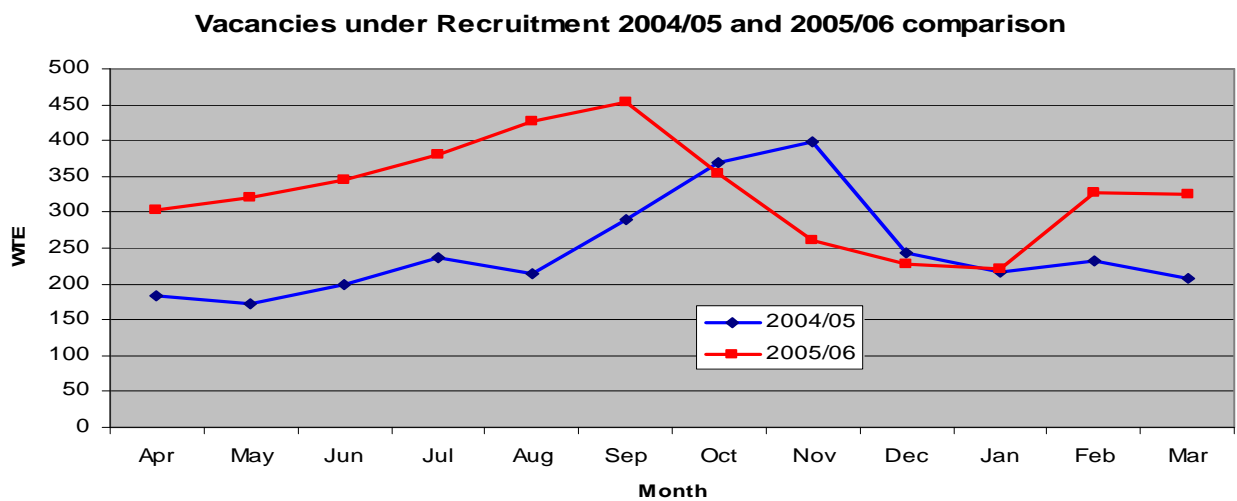


Chart 4.



It is difficult to compare the actual level of increase/decrease on last financial year, as this information was not collected in LPCD in a consistent way. However from the beginning of

September all recruitment is being processed centrally using the PWA HR system and this will provide a consistent and robust source for recruitment information.

There is an increase in recruitment, which is partly due to *Ancillary staff group figures being included since January 2006.

There are three Clinical Management Areas where there is a high percentage of lost workforce utilisation in registered nursing as a result of a combination of a high level of registered nurse vacancies and high sickness absence, these are detailed in the table below:

Table 4: Acute Clinical Management areas (UHD) with combined vacancy and absence rate over 15%

	General Surgery	Head and Neck	Orthopaedic and Rheumatology
Established posts	586.39	271.18	245.67
Operational In-post	523.03	230.15	211.79
Vacancies%	10.29	15.13	13.79
Sickness%	6.93	7.26	6.08
Combined % lost	17.22	22.39	19.87

(March 2006)

4. NHS Lothian Workforce Costs

4.1 In year Workforce Costs

The total workforce costs for 2005/06 were c£602m. The following table details workforce costs for April 2005 to March 2006 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. This also excludes payroll costs such as distinction awards and agency expenditure.

Table 5: Breakdown of Workforce costs by staff group – Q1- Q4 2005/06

Staff Group	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	YTD Total
Medical	12,630,565	12,493,416	12,666,079	12,792,542	12,579,875	12,745,320	12,499,440	12,557,224	12,416,166	12,576,931	12,327,601	12,597,723	150,882,881
Nursing Reg	16,864,588	16,706,788	17,036,359	16,401,380	16,911,957	16,545,319	17,005,982	17,436,229	17,327,516	17,171,198	17,774,965	17,282,400	204,464,680
Nursing Non-reg	4,099,461	4,055,375	4,117,050	4,071,490	4,093,547	4,055,539	4,195,955	4,241,950	4,271,663	4,217,312	4,307,503	3,913,246	49,640,092
P&T:A	4,743,261	4,772,480	4,790,154	4,854,986	4,792,289	4,802,548	4,865,410	4,869,026	4,881,970	4,928,489	4,960,650	4,944,072	58,205,335
P&T:B	2,593,187	2,562,160	2,587,370	2,607,462	2,571,178	2,573,873	2,594,261	2,568,947	2,590,411	2,615,697	2,640,805	2,812,544	31,317,897
A&C	6,466,078	6,425,411	6,428,406	6,698,541	6,420,579	6,450,114	6,526,031	6,470,937	6,564,615	6,671,665	6,711,688	6,512,173	78,346,239
Ancillary	1,870,233	2,265,345	1,818,800	2,295,365	1,831,771	1,999,451	2,225,377	1,787,556	1,777,132	2,355,893	1,934,984	1,804,328	23,966,236
Maintenance	495,142	540,478	479,250	535,131	470,331	489,049	555,929	467,013	469,636	531,666	468,418	443,615	5,945,658
Total	49,762,516	49,821,452	49,923,467	50,256,898	49,671,527	49,661,213	50,468,385	50,398,881	50,299,110	51,068,851	51,126,616	50,310,102	602,769,018

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

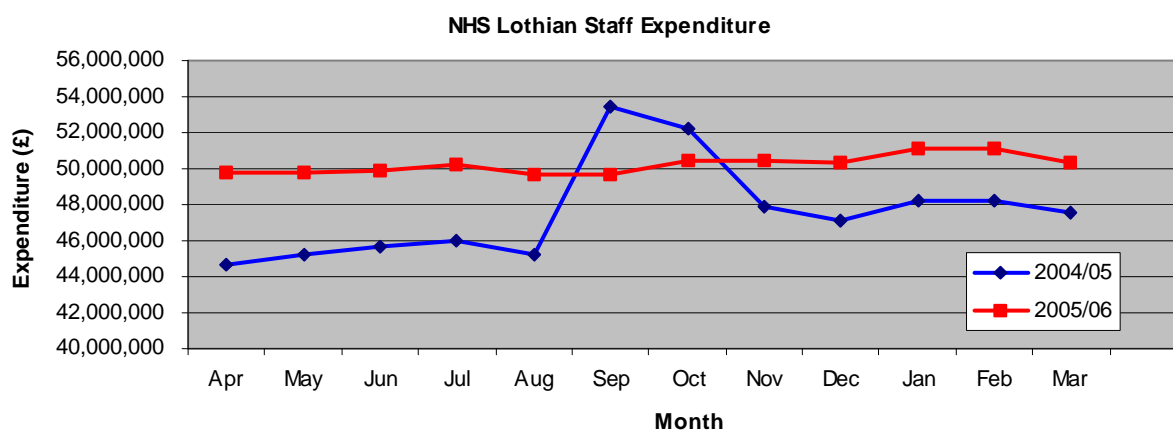
Table 6: Q1-4 2004/05 and Q1-4 2005/06 Workforce costs comparison

Staff Group	Q1-Q4 2004/05	Q1-Q4 2005/06	Change +/-
Medical	147,763,527	150,882,881	3,119,354
Nursing Reg	189,847,473	204,464,680	14,617,208
Nursing Non-reg	46,157,362	49,640,092	3,482,730
P&T:A	54,368,803	58,205,335	3,836,532
P&T:B	29,944,438	31,317,897	1,373,458
A&C	74,033,856	78,346,239	4,312,383
Ancillary	23,272,631	23,966,236	693,605
Maintenance	5,930,012	5,945,658	15,646
Total	571,318,102	602,769,018	31,450,916

Payroll costs have increased by £31.4m (5.49%) for Q1-4 when compared with the same period in 2004/5. The increase is accounted for by the following:

- 3.225% inflationary increase from April 2005 for Agenda for Change staff groups
- £14.6m increase in registered nursing cost as a result of an overall increase in wtes of 3.4% within Lothian and pay inflation

Chart 5.



4.2 Overtime Expenditure

The total overtime costs for April 2005 to March 2006 were c£6.99m, 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 – March 2006

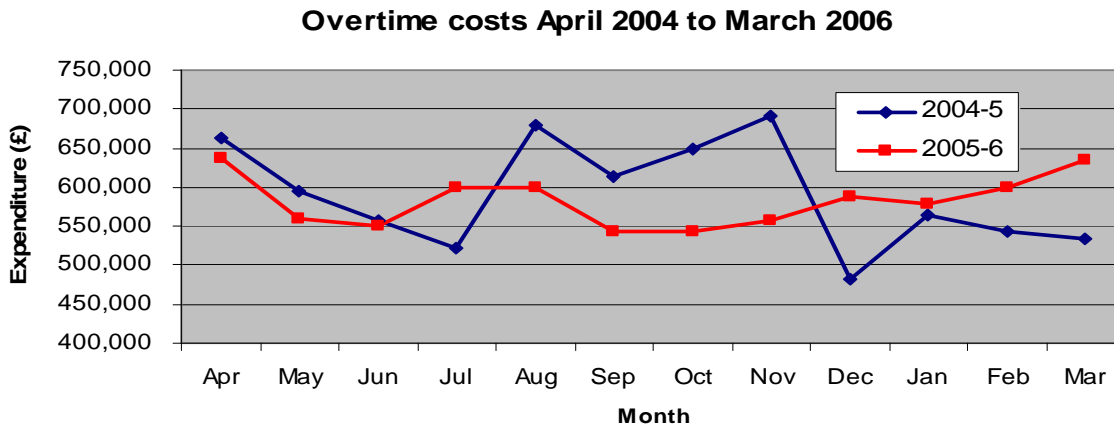
Staff Group	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Total YTD
Nursing Reg	237,980	197,529	205,237	203,132	239,805	188,541	185,326	193,007	205,262	202,931	216,164	257,328	2,532,244
Nursing Non-reg	62,056	52,502	58,443	53,669	58,660	53,714	53,331	63,614	61,644	53,828	51,463	57,566	680,491
P&T:A	33,682	34,254	36,828	36,839	38,893	33,083	30,864	31,954	30,199	35,630	41,664	37,110	421,000
P&T:B	39,619	31,939	37,771	38,527	34,713	28,789	28,584	28,896	26,867	35,381	37,049	32,861	400,996
A&C	74,693	67,015	62,366	66,634	60,485	67,985	71,146	73,874	75,441	68,113	67,065	77,856	832,673
Ancillary	128,690	129,121	108,041	148,296	120,023	118,054	120,525	115,943	132,461	127,957	136,474	133,450	1,519,035
Maintenance	59,762	47,050	42,363	51,530	46,333	52,364	52,623	49,265	55,735	53,841	50,299	38,916	600,081
Total	636,482	559,410	551,050	598,627	598,912	542,529	542,400	556,553	587,610	577,682	600,178	635,087	6,986,519

The table and chart below provide a comparison of overtime costs between 2004/05 and 2005/06 financial years.

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

Staff Group	Q1-Q4 2004/5	Q1-Q4 2005/6	Change +/-
Nursing Reg	2,727,382	2,532,244	195,138
Nursing Non-reg	852,296	680,491	171,805
P&T:A	406,456	421,000	- 14,544
P&T:B	427,548	400,996	26,552
A&C	716,594	832,673	- 116,079
Ancillary	1,423,347	1,519,035	- 95,688
Maintenance	545,537	600,081	- 54,544
Total	7,099,159	6,986,519	112,640

Chart 6.



Overtime costs are down 1.6% in 2005/06 when compared with the same period in the previous financial year. The largest reductions are £195k and £171k for Nursing Registered and Non-registered respectively, there have however been significant increases within A&C - £116k and Ancillary £96k. Costs have increased by £170k in the last quarter, this is most significant in March where registered nursing costs increased by £58k and A&C by £23k.

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 Q1-4 April 2005 to March 2006 were c£22.2m. 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 – March 2006

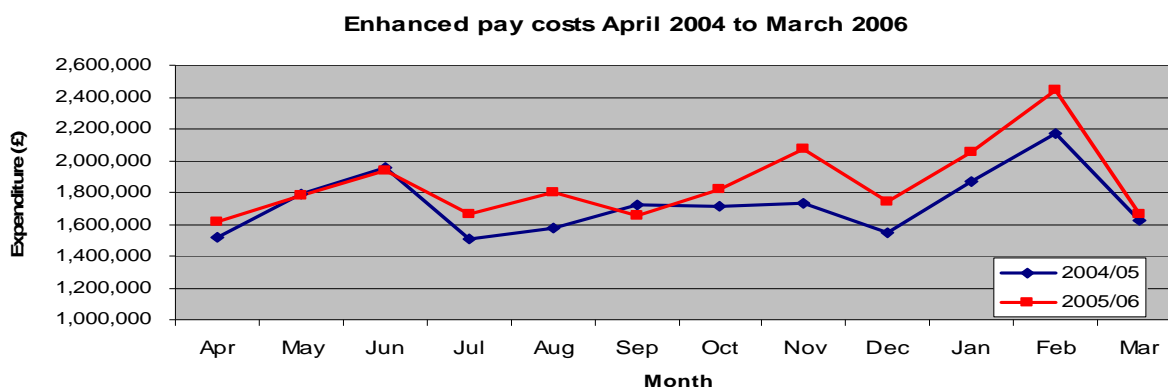
	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Total
Nursing Reg	1,004,050	1,091,415	1,284,385	1,031,327	1,167,121	1,013,142	1,125,534	1,362,180	1,101,301	1,193,382	1,588,393	1,082,273	14,044,502
Nursing Non-reg	339,887	356,333	383,965	341,279	376,105	335,797	365,222	448,802	377,621	399,412	501,996	327,041	4,553,461
P&T:A	6,858	8,446	7,930	5,582	6,821	6,524	19,160	7,870	6,978	11,152	50,751	7,163	145,235
P&T:B	5,999	9,108	12,227	5,287	4,928	5,065	14,378	6,145	5,409	19,183	15,650	7,027	110,406
A&C	68,836	68,450	73,149	60,334	65,837	64,672	74,841	70,927	58,850	88,954	91,649	65,097	851,597
Ancillary	181,202	240,920	176,253	215,802	176,102	223,636	218,507	174,365	183,048	329,381	192,996	170,606	2,482,817
Maintenance	3,228	5,041	3,396	2,934	3,602	4,051	5,507	2,727	3,712	8,402	3,772	3,489	49,861
Total	1,610,060	1,779,712	1,941,306	1,662,546	1,800,516	1,652,888	1,823,148	2,073,015	1,736,918	2,049,867	2,445,208	1,662,695	22,237,880

The table and chart below provide a comparison of enhanced pay costs between the 2004/5 and 2005/6 financial years.

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

Staff Group	Q1-Q4 2004	Q1-Q4 2005	Change
Nursing Reg	13,000,168	14,044,502	1,044,334
Nursing Non-reg	4,353,096	4,553,461	200,365
P&T:A	70,014	145,235	75,222
P&T:B	84,021	110,406	26,385
A&C	855,745	851,597	- 4,148
Ancillary	2,322,292	2,482,817	160,525
Maintenance	45,139	49,861	4,722
Total	20,730,475	22,237,880	1,507,405

Chart 7.



Enhanced pay costs remained relatively static for Q1 & Q2, however in Q3 and Q4 costs have increased by an average of 10%. Overall there has been an increase of 7.3% for the 2005/6 financial year when compared with 2004/5, when adjusted for pay inflation this represents an increase of 4.05%. In the main this increase is accounted for by an increase of 3.3% in registered nurses, with the remainder accounted for by changes in payments for public holidays as a result of Agenda for Change – staff on non-whitley contracts are now paid on the same basis as those on whitley contracts.

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:

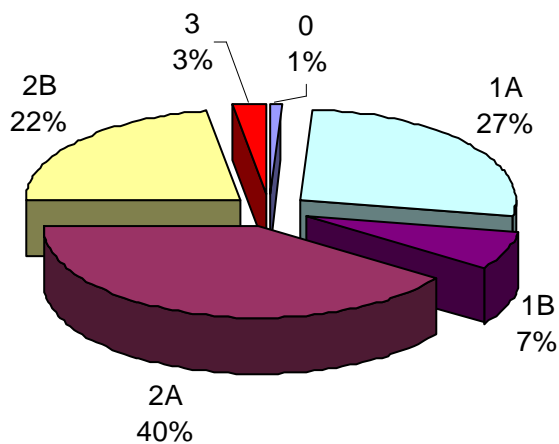
Table 11: Training grade Doctor Banding Payments

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 March 2006.

Chart 8.

Distribution of Training grade rota bandings



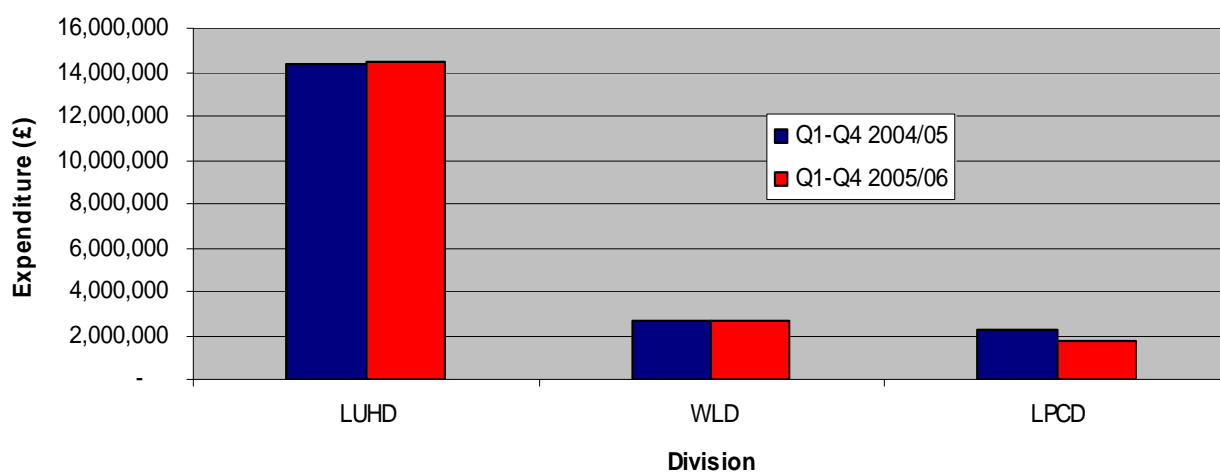
The table and chart below provide a comparison of banding pay costs between 2004/05 and 2005/06.

Table 12: Q1-4 2004/05 and Q1-4 2005/06 banding pay costs comparison (£)

Division	Q1-Q4 2004/05	Q1-Q4 2005/06
LUHD	14,403,597	14,419,648
WLD	2,663,520	2,673,636
LPCD	2,296,679	1,726,055
TOTAL	19,363,796	18,819,339

Chart 9.

Q1-Q4 Comparative Figures- Junior Doctor Banding Expenditure



The expenditure on banding payments has decreased by 2.8% (£544k) in 2005/6 when compared with the previous year. The reduction however in real terms is approximately £1.17m 6% as costs would have been expected to increase by approximately 3.225% in line with pay inflation.

Within NHS Lothian, the University Hospitals Division accounts for 77% of all banding payments with WLD and LPCD at 14% and 9% respectively.

The following table highlights the areas where bandings have changed between Q3 and Q4.

Table 13: NHS Lothian Junior Doctors Bandings Q3/Q4 comparison

Former Division	Banding	Q3 2006	Q4 2006	Change
Acute Organisation	0	17	9	-8
	1A	142.3	190.3	+47
	1B	29	46	+17
	2A	397	366	-31
	2B	225	212	-13
	3	56	18	-38
Acute Organisation Total		866.3	841.3	-25
PCO	1A	60	63	+3
	1B	17	17	0
	2A	14	16	+2
	3	10	6	-4
	F/T	10	10	0
PCO Total		111	102	-9
Grand Total		979.3	943.3	-36

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 TSS 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.

5.1 Sickness Absence

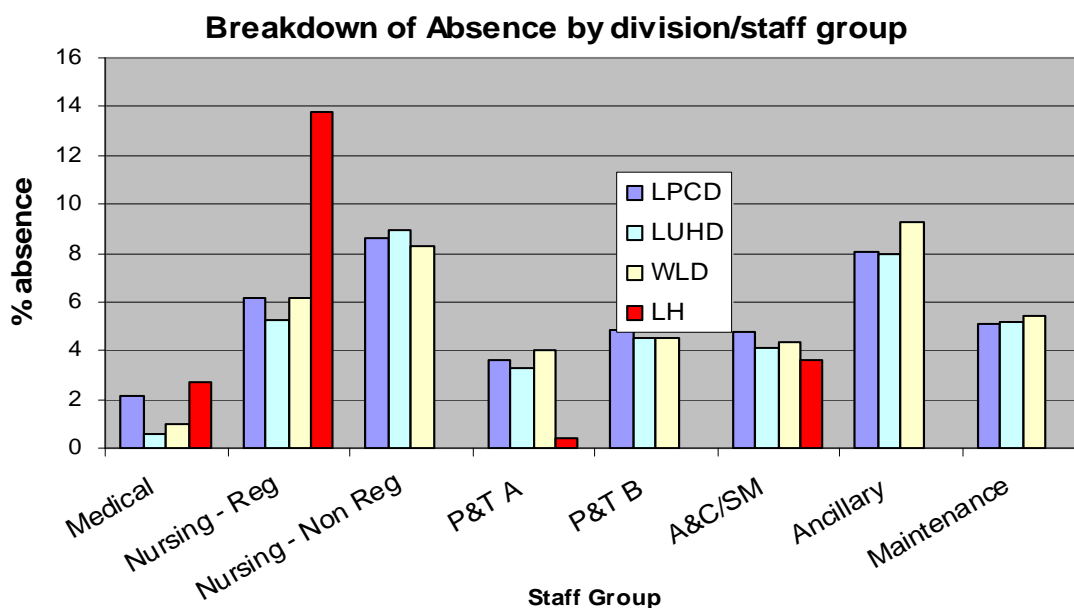
The following table and chart detail the sickness absence for each Division, for the period April 2005 to March 2006. In the table the highest figure for each staff group within Divisions has been highlighted in red.

Table 14: Sickness Absence Percentages by Division

Staff Group	LPCD	LUHD	WLD	LH
Medical	2.17	0.53	0.99	2.71
Nursing - Reg	6.11	5.25	6.12	13.82
Nursing - Non Reg	8.59	8.97	8.32	-
P&T A	3.65	3.24	4.01	0.41
P&T B	4.86	4.51	4.48	-
A&C/SM	4.76	4.14	4.32	3.58
Ancillary	8.05	7.98	9.31	-
Maintenance	5.10	5.13	5.38	-
Grand Total	5.99	4.85	5.97	3.87

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 number in a particular staff group and therefore makes percentages comparatively high. It is however clear that absence levels at WLD are significantly higher than former LUHD and LPCD.

Cumulative registered nursing absence rates for all of Lothian are up to 5.66% compared to a Q3 2005/06 figure of 5.42% for registered nursing, this is as a result of an increase within the former LPCD. Levels within non-registered nursing have reduced slightly to 8.70% compared to Q3 2005/06 cumulative figure of at 9.01%.

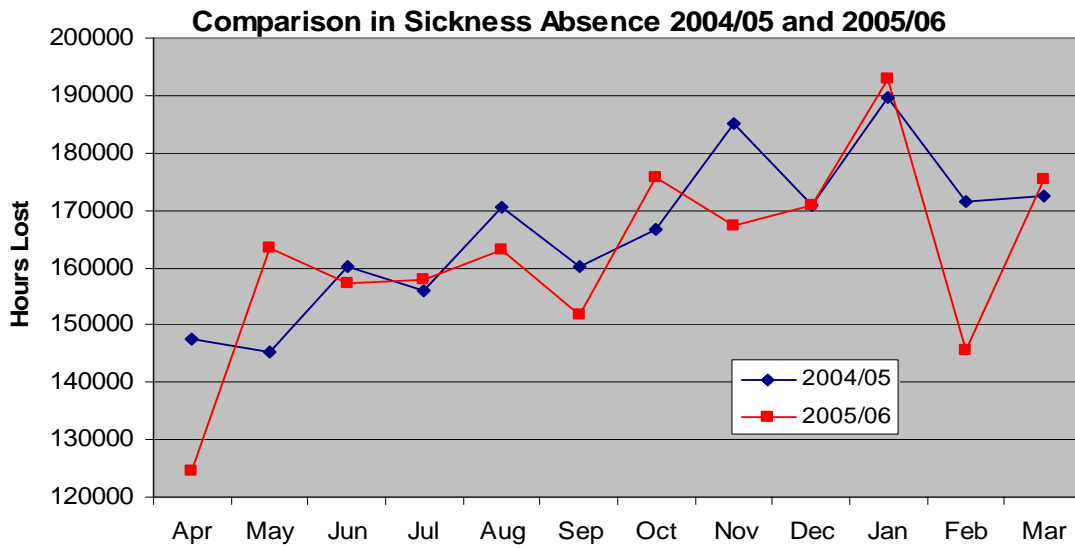
The figures by Division have varied slightly as detailed in the table below:

Table 15: Comparative Sickness Absence Percentages by Division

	LPCD %	LUHD %	WLD %	LH %
QT3	5.80	4.80	5.97	3.65
YTD	5.99	4.85	5.97	3.87
Variance	0.19	0.05	0.00	0.22

Details of total absence hours since April 2004 are detailed in the following chart.

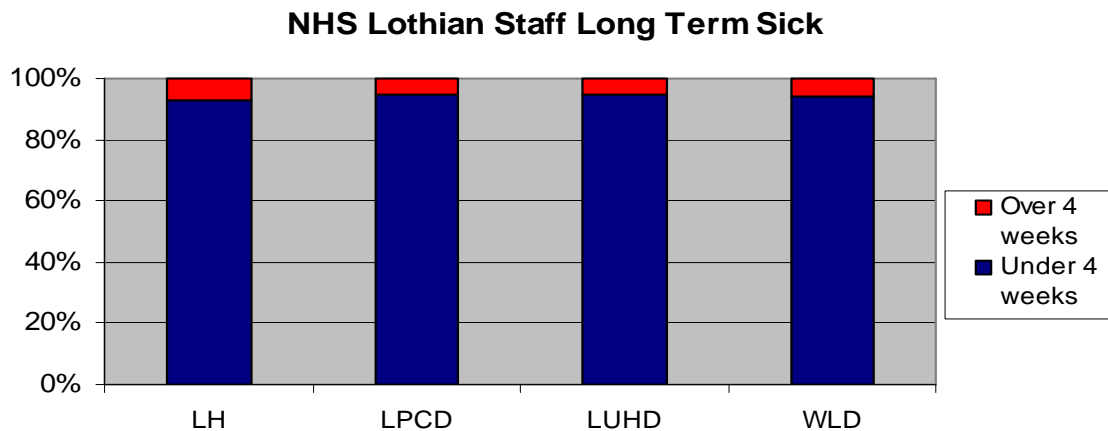
Chart 11.



5.2 Long Term Sickness Absence

The chart below shows (in percentages) the distribution of absence by division classified as 'long term sick' where individuals have been off on sick leave for longer than a four-week period in comparison to those classified as short term sick.

Chart 12.



As can be seen below there is little difference in the ratio of short to long term sick when compared to the previous quarter.

Table 16: Comparing long/short term sick by division

Q3 2005/06	LH	LPCD	LUHD	WLD
Under 4 weeks	90	93	94	93
Over 4 weeks	10	7	6	7

Q4 2005/06	LH	LPCD	LUHD	WLD
Under 4 weeks	93	95	95	94
Over 4 weeks	7	5	5	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 Q3 report.

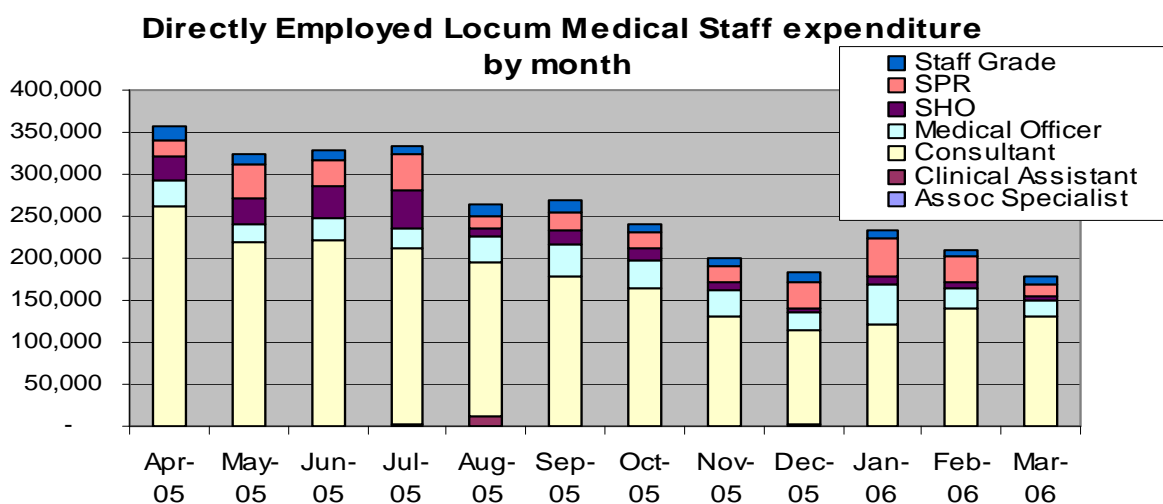
In the Q1-4 2005/6 period NHS Lothian has spent £3.1m on directly employed medical locum staff. Consultant locums represent 66% of expenditure.

The following table and chart illustrate the expenditure on directly employed locum medical staff for Q1-4 2005/6.

Table 17: Directly Employed Locum Expenditure by Month April 2005-March 2006

Grade	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Total YTD Average
Assoc Specialist	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Assistant	404	404	404	2,809	10,779	404	391	404	3,373	404	404	404	1,715
Consultant	262,171	218,135	220,677	209,578	184,651	179,006	162,887	130,374	111,936	120,144	139,088	130,411	172,421
Medical Officer	29,119	22,086	25,397	23,577	31,616	37,783	33,157	31,930	21,173	48,062	24,797	20,338	29,086
SHO	29,374	30,872	40,075	43,913	9,373	16,833	15,394	8,216	3,165	11,020	6,508	3,811	18,213
SPR	20,483	39,717	29,926	43,116	14,510	20,692	18,342	18,393	32,840	44,021	31,490	13,159	27,224
Staff Grade	16,683	12,215	12,845	10,116	12,277	15,427	9,774	10,369	11,556	10,146	7,684	10,580	11,639
Total	358,234	323,429	329,325	333,109	263,205	270,145	239,945	199,686	184,043	233,796	209,971	178,703	260,299

Chart 13.



The following charts provide a comparison of utilisation and expenditure between Q1-4 2004/5 and Q1-4 2005/6

Workforce planning and Medical Staff are currently undergoing a reconciliation process for consultant staffing to ensure that the above costs are fully accurate.

Chart 14.

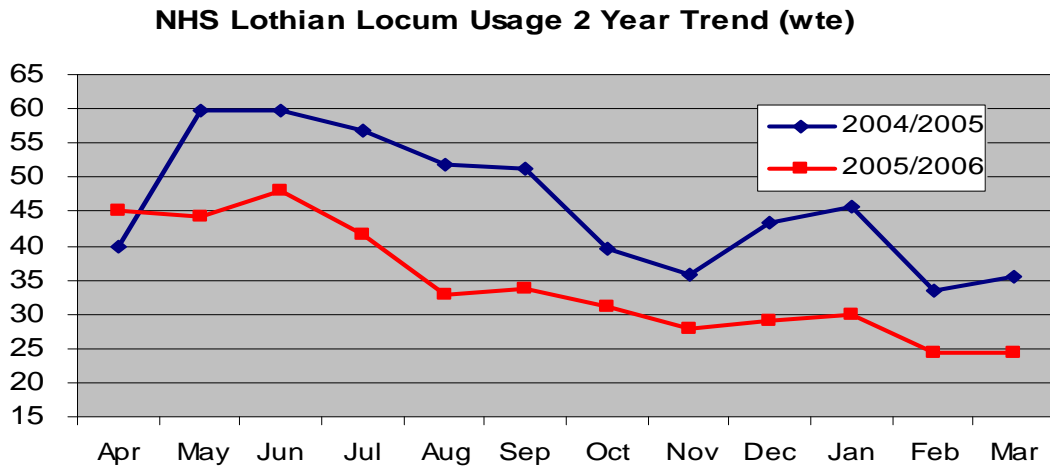
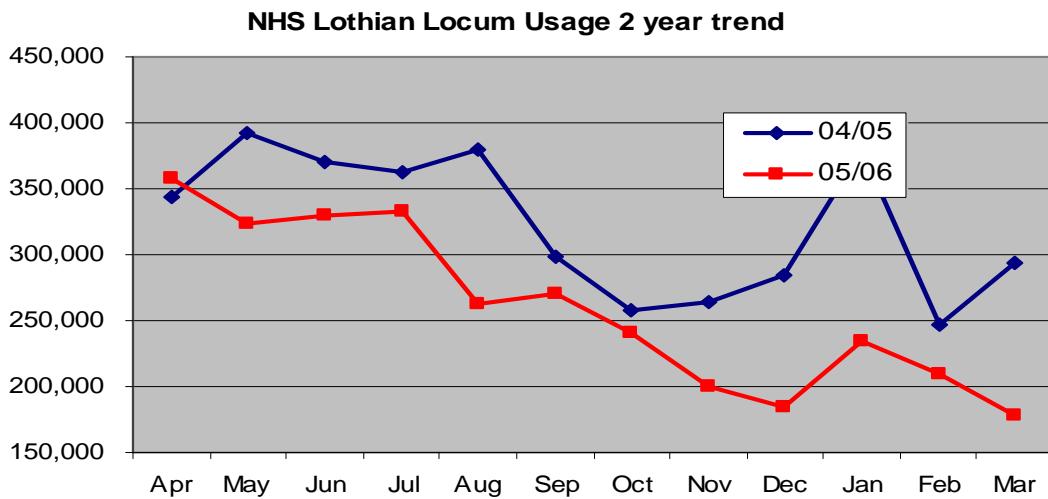


Chart 15.



There has been a continuing reduction in the utilisation of Medical Locums throughout the financial year; this has also been reflected in a reduction in expenditure of £750k when compared with the Q1-4 period in 2004-5.

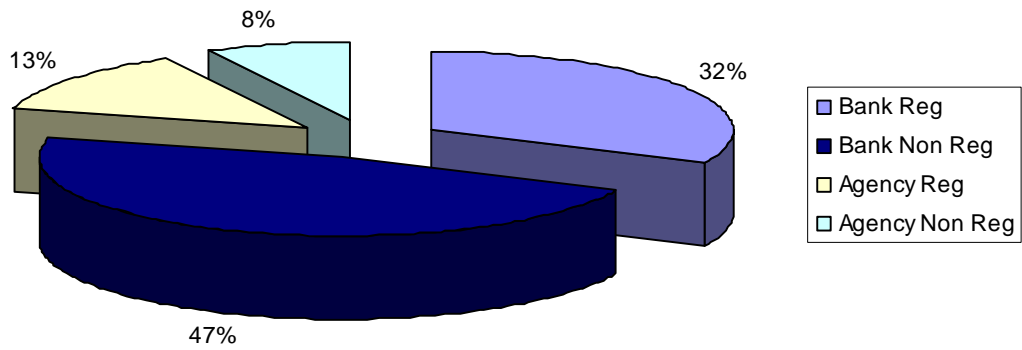
6.2 Nurse Bank and Agency Utilisation

The total bank and agency expenditure for Q1-4 2005/06 is £20.6m

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

Chart 16.

NHS Lothian distribution of Bank Agency Staff from April 2005 to March 2006 (wte)



Source – NHS Lothian Nurse Bank system

The ratio of bank to agency is 79%:21% for the financial year to date 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 Q1-4 2004/5 and Q1-4 2005/6.

Chart 17.

NHS Lothian Bank/Agency Staff 2004/05 and 2005/06

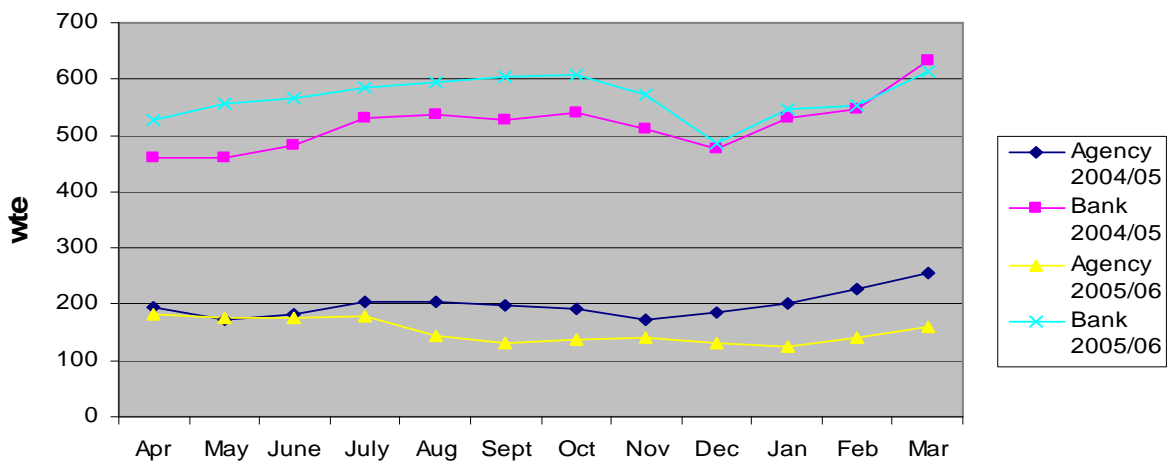
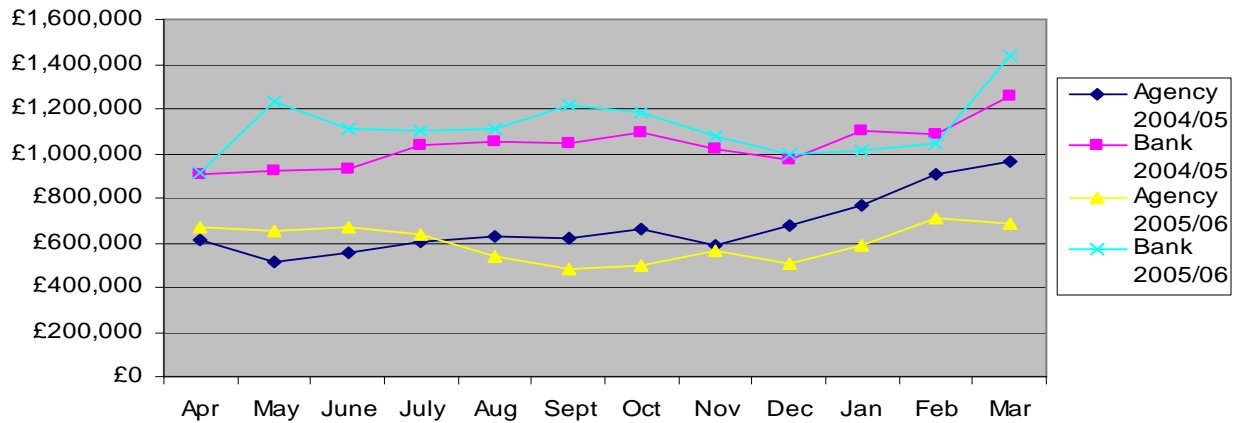


Chart 18.

NHS Lothian Bank/Agency Staff 2004/05 and 2005/06 Expenditure



Source – NHS Lothian Nurse Bank system

Combined bank and agency utilisation has increased in by an average of 1 wte overall Q1-4 2005/06 when compared with Q1-4 2004/05. Agency utilisation is however down an average of 47 wte for the Q1-4 period.

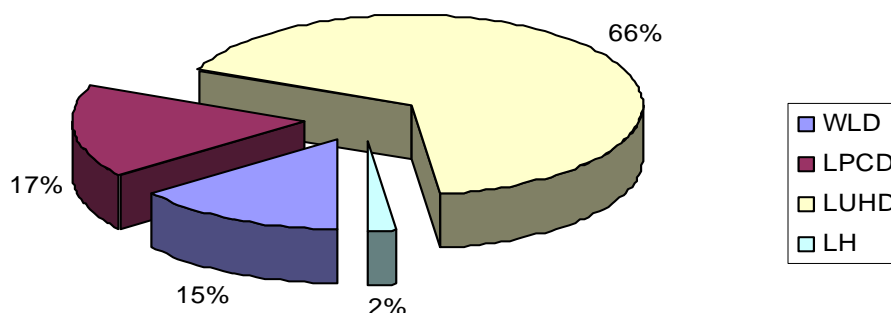
It has been necessary to combine Agency registered and non-registered expenditure as the Nurse Bank and Agency Team are unable to separate out costs held in the financial ledgers into registered and non-registered. This is intended to increase the accuracy of costs in comparison to those previously provided; this however does not enable reporting on non-registered agency expenditure, which is a matter of concern. Both usage and expenditure fluctuate from one quarter to another as information is submitted to the Nurse Bank office.

7. Consultant Medical Staffing

The following chart illustrates the distribution of the 604wte consultant medical workforce, this does not include university employed honorary staff.

Chart 19.

Distribution of Consultants from April 2005 to March 2006 (wte)



The following tables detail Consultant workforce and costs by month.

Table 18: NHS Lothian Consultant WTE Q1-4 2005/06

Division	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	YTD Average
WLD	89	89	88	89	91	91	88	89	86	85	86	86	88
LPCD	99	98	100	100	99	103	103	103	107	103	105	104	102
LUHD	395	398	402	402	404	408	406	403	404	402	403	406	403
LH	11	11	10	10	11	11	11	10	12	11	12	11	11
Total	595	597	601	602	606	612	608	606	609	601	606	607	604

Table 19: NHS Lothian Consultant Costs Q1-4 2005/06

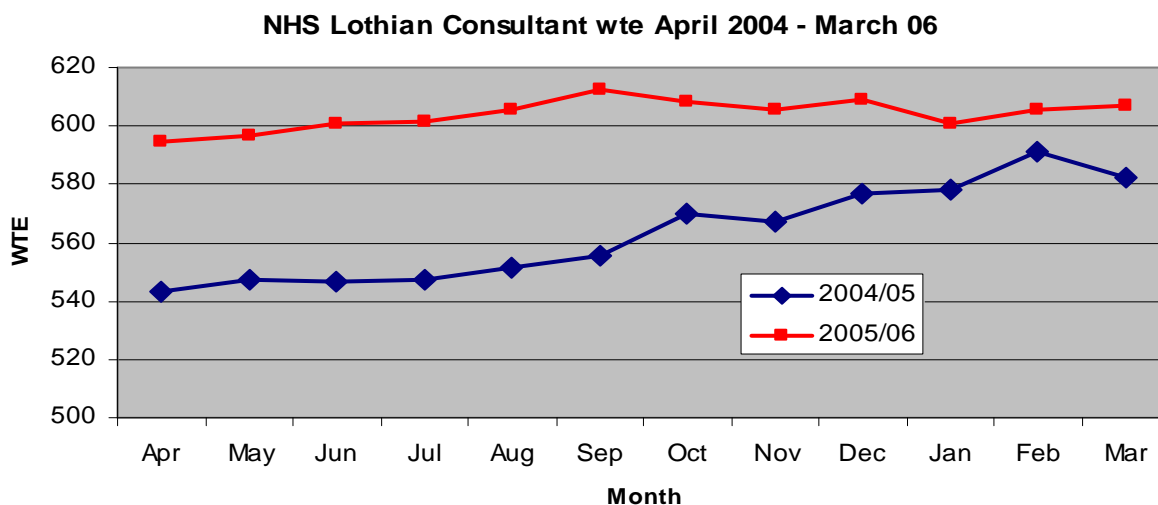
Division	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	YTD
WLD	1,010,237	951,580	999,125	1,120,846	1,008,891	980,706	969,983	958,914	918,895	910,666	979,337	955,085	11,764,265
LPCD	986,904	958,832	994,932	965,960	959,098	1,057,866	993,079	982,863	1,036,953	992,451	1,085,297	1,000,364	12,014,599
LUHD	4,363,277	4,367,375	4,454,149	4,434,111	4,335,229	4,395,497	4,298,323	4,372,530	4,277,610	4,304,112	4,298,760	4,345,804	52,246,777
LH	122,161	110,766	100,754	100,749	97,751	124,736	121,154	107,098	117,806	104,730	119,232	113,452	1,340,389
Total	6,482,580	6,388,552	6,548,959	6,621,666	6,400,970	6,558,805	6,382,539	6,421,406	6,351,264	6,311,959	6,482,626	6,414,705	77,366,031

The following table and chart provide a comparison of utilisation and expenditure between Q1-4 2004/5 and Q1-4 2005/6.

Table 20: NHS Lothian Consultant comparison Q1-4 2004/05 and Q1-4 2005/06 wte

Division	Q1-Q4 2004/05	Q1-Q4 2005/06
WLD	81.41	88.14
LPCD	91.38	102.03
LUHD	380.18	402.74
LH	10.10	11.10
Total	563.06	604.02

Chart 20.

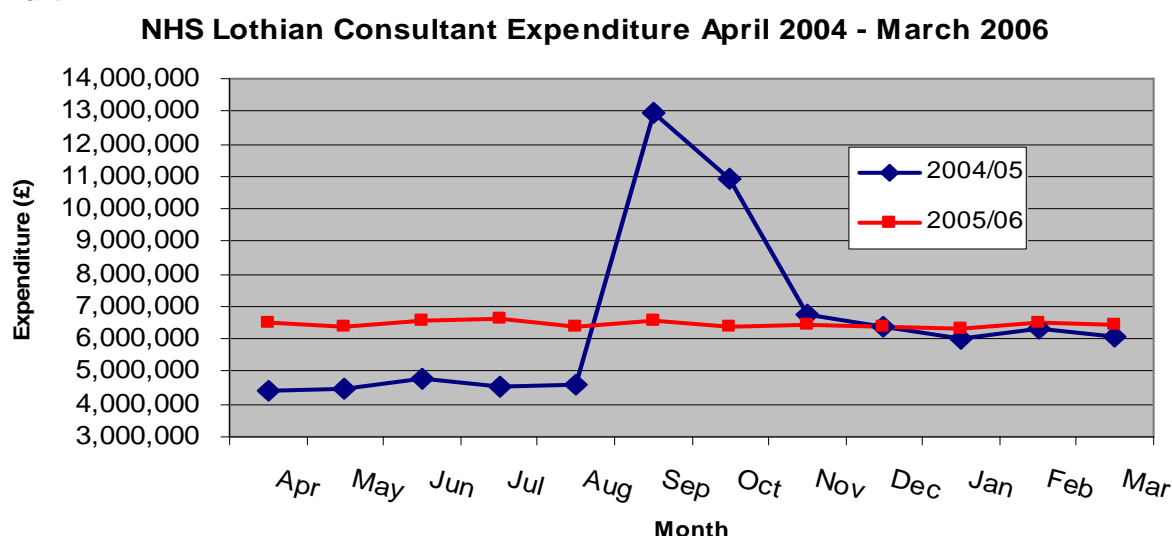


There has been an increase of 40.9 wte (7%) in the consultant workforce in comparison with Q1-4 2004/5. This represents a continuous increase over a period of time and reflects the impact of the new Consultants Contract.

Table 21: NHS Lothian Consultant comparison Q1-4 2004/05 and Q1-4 2005/06 -costs

Division	Q1-Q4 2004/05	Q1-Q4 2005/06
WLD	11,237,605	11,764,265
LPCD	11,512,508	12,014,599
LUHD	54,173,009	52,246,777
LH	1,287,564	1,340,389
Total	78,210,686	77,366,031

Chart 21.



There has been a decrease from £78.2 Q1-4 2004/5 to £77.4m Q1-4 2005/6, a decrease of £0.8m – (1.08%) in pay bill costs, this apparent decrease remains a result of the backdated payments made in the August to October period 2004/5 for the new consultants contract. Within this quarter January to March 2006 costs have increased slightly in compared to the same period in 2004/5, but this is expected with the average increase of 20 wte.

8. Temporary Staffing Measures

8.1 Temporary Contracts

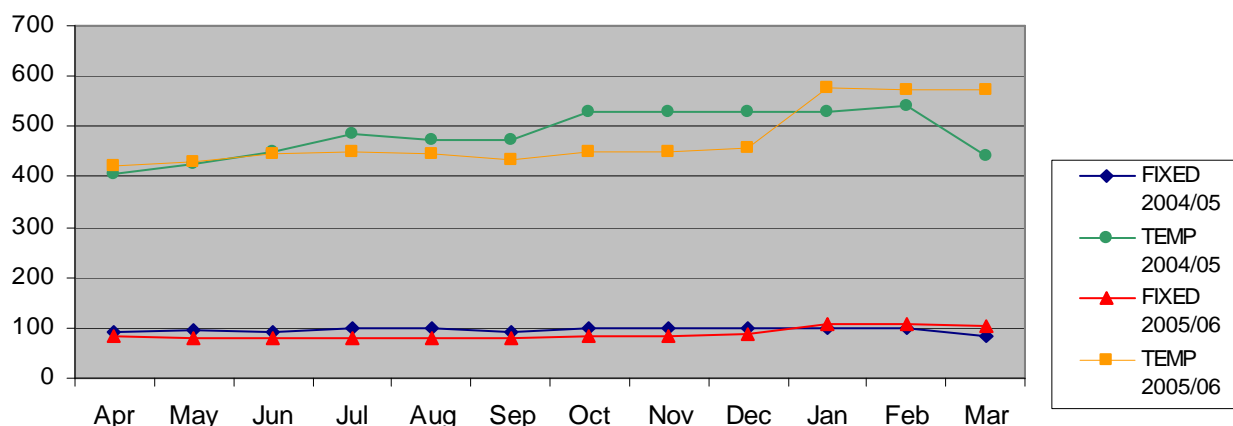
The following table and chart detail the usage of fixed term and temporary contracts, figures are for LUHD only as there are no systems in place within WLD and LPCD for recording this information. This will not be possible until there is a Lothian-wide HR information system.

Table 22: Fixed / Temporary Contracts April 2004 – March 2006 (LUHD)

Contract/Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FIXED 2004/05	90	97	91	100	100	92	98	98	98	99	98	84
TEMP 2004/05	404	426	448	486	473	472	530	528	529	528	540	440
FIXED 2005/06	83	80	80	79	81	81	83	84	88	108	108	105
TEMP 2005/06	422	430	446	448	447	434	449	450	458	575	573	571

Chart 22

**Comparison between Short or Temporary and Permanent or Fixed Contracts
April 2004 to March 2006**



There has been a decrease of 1.74% in the utilisation of temporary contracts in Q1-4 2005/6 when compared with the same period in the previous year. Overall – temporary and permanent contracts - there has been a decrease of 2.59%.

8.2 Secondments

The table below gives details of staff on secondment within LUHD as at the 31st March 2006. There are of course variations – those occasions where staff are currently still on the Lothian pay roll but recharged to other divisions/organisations and consequently the report is limited. Since the introduction of the NHS Lothian Secondment Policy, a homogenised process and template contract has ensured a common approach to the management of secondments.

Table 23: Staff on Secondment by Category

Secondment Category	Heads	WTE
Secondment Outside LUD	3	3
Secondment Same Grade	18	16.52
Secondment To Higher Grade	35	33.17
Secondment To Lower Grade	1	1
Totals	57	53.69

9. Staff Turnover

9.1 Leavers by Staff Group

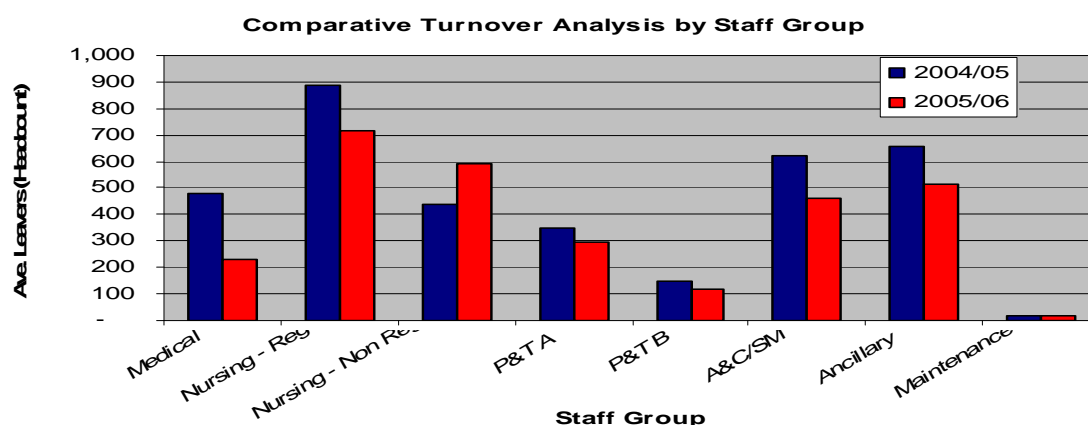
The following table and chart detail the number of staff who terminated their employment with their employing Division by staff group. Note from October 2004 onwards changes between Divisions are no longer dealt with as leavers.

Table 24: Leavers by Staff Group 2004/05 – 2005/06 comparison

Staff Group	2004/05	2005/06
Medical	480	230
Nursing - Reg	889	718
Nursing - Non Reg	436	591
P&T A	348	293
P&T B	146	117
A&C/SM	619	461
Ancillary	657	517
Maintenance	17	17
Total	3,592	2,944

Note – Excludes Nurse Bank staff

Chart 23.



9.2 Leavers by Division

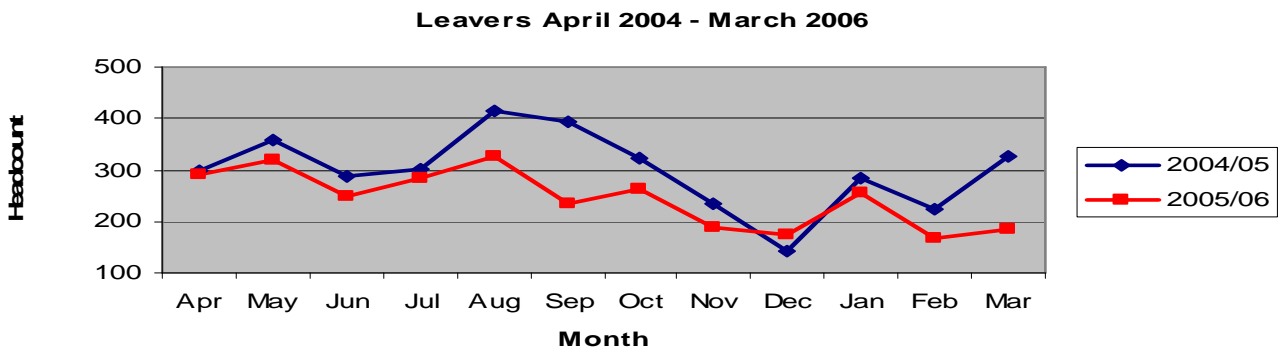
The following table and chart illustrate the number of leavers for each Division in the period April 2005 to March 2006.

Table 25: NHS Lothian Leavers by Division 2005/06 breakdown

Division	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Grand Total
LPD	108	68	80	99	107	76	103	96	65	70	46	81	999
LUHD	137	203	117	138	167	105	130	78	79	110	69	92	1425
WLD	41	50	51	45	53	52	27	25	29	47	33	43	496
LH	6	-	1	2	-	2	4	1	2	4	-	2	24
Grand Total	292	321	249	284	327	235	264	200	175	231	148	218	2944

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

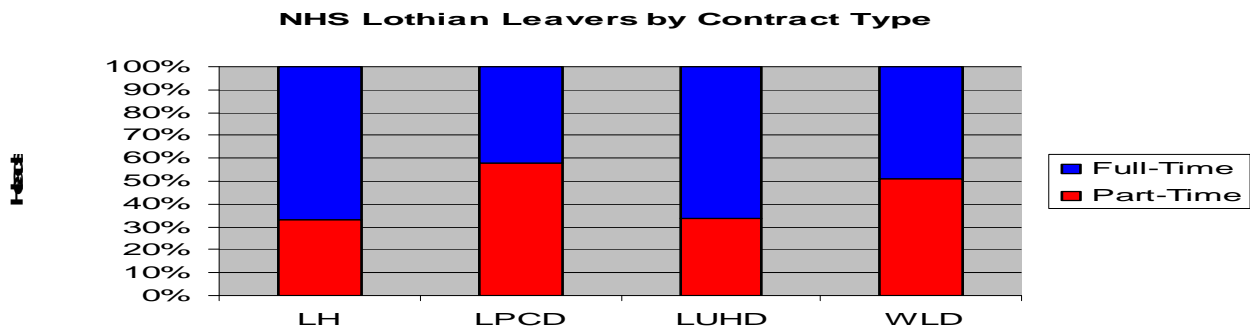
Chart 24. NHS Lothian Leavers April 2004 – March 2006



Staff turnover in NHS Lothian has reduced within LPCD and LUHD, and WLD has remained steady. It is important to note that until September 2004 these leavers may have been going from one Division to another. The number of leavers for Q4 period as a whole in 2005/6 is lower than the same period in 2004/5 continuing the pattern shown in Q3.

9.3 Divisional Leavers by Contract Type

Chart 25. NHS Lothian Leavers by Contract Type

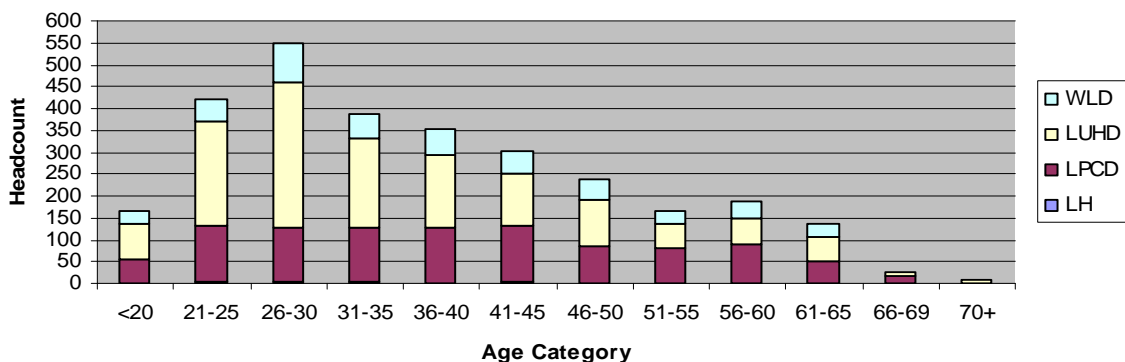


Within LPCD, the high percentage of part-time leavers can be directly attributed to turnover within the nurse bank. In LUHD, trained nursing and AHP staff turnover are worthy of particular note. In order to determine reasons for leaving, it may be deemed necessary to undertake exit interviews. This is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

9.4 Divisional leavers by Age Category

Chart 26.

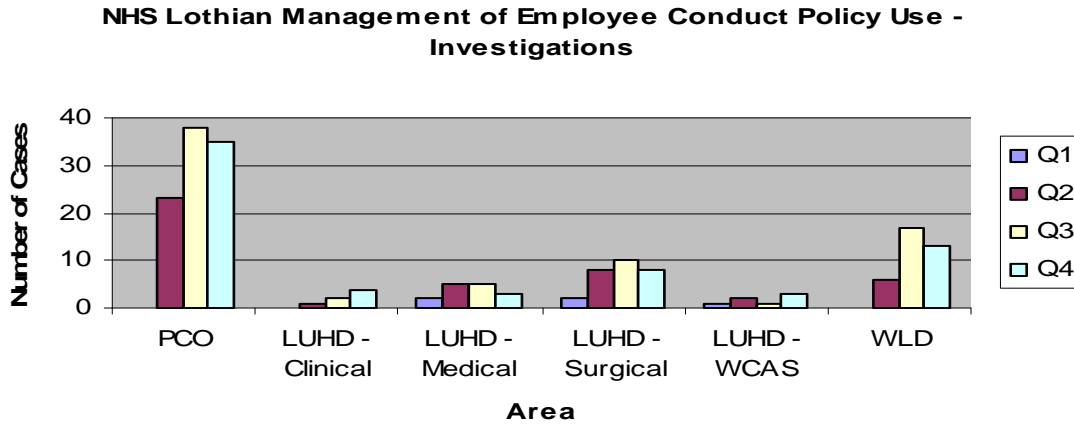
NHS Lothian Divisional Leavers by Age Category 2005-06



10. Disciplinary & Grievance

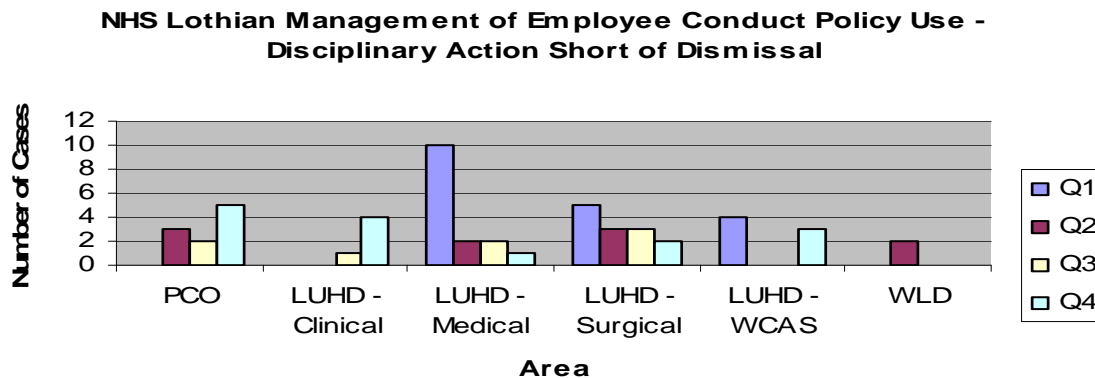
Information on policy monitoring and compliance is now being collated across NHS Lothian's former divisions. A standardized reporting structure has been implemented and will provide statistical information on currently operating and forthcoming NHS Lothian HR Policies.

Chart 27 NHS Lothian Management of Employee Conduct Policy Use - Investigations



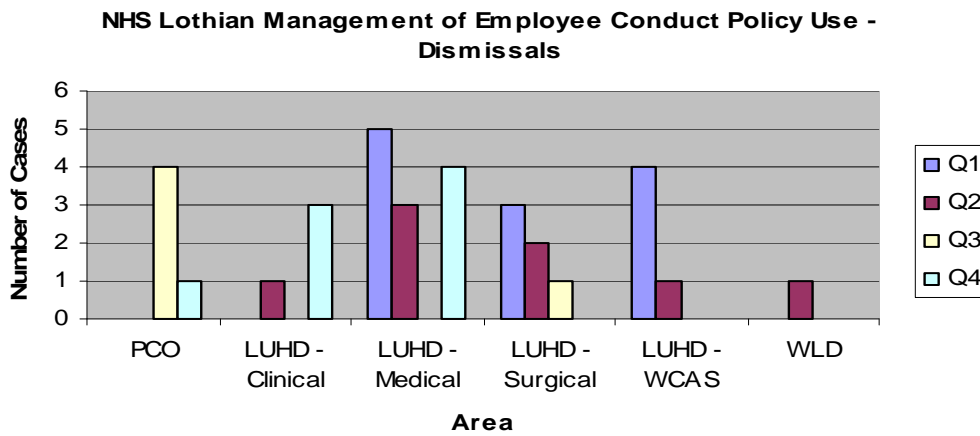
The information below reflects both ongoing and concluded investigations during the fourth quarter of 2005-06. Almost all investigatory hearings in Lothian have been conducted in compliance with the policy timescales. Continuing to expand policy awareness sessions will potentially address areas where a lack of understanding exists. NB. February and March figures have been estimated for PCO as figures are currently unavailable.

Chart 28. NHS Lothian Management of Employee Conduct Use – Disciplinary Action



The most common disciplinary action in cases where dismissal is not considered appropriate remains a recorded verbal warning. However, it is clear that all policy options short of dismissal, where considered appropriate, are being utilized.

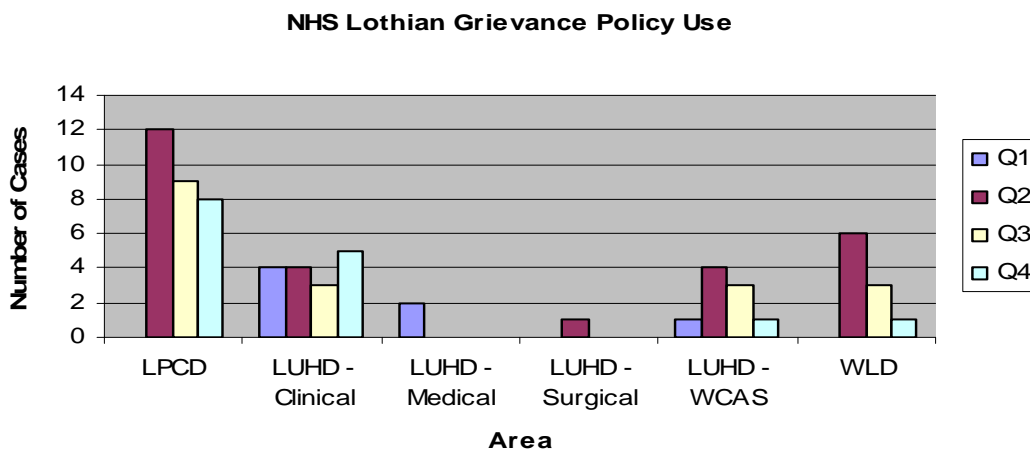
Chart 29. NHS Lothian Management of Conduct Policy Use - Dismissals



During Q4, 7 members of staff were dismissed. Of these, 2 dismissals were in relation to incapacity, 2 in relation to employee conduct and 3 in relation to unsatisfactory probationary periods.

Statistics are not yet available to enable analysis of which stage grievances are most frequently resolved. With the introduction of the new NHS Lothian Grievance Policy and a renewed emphasis on informally resolving grievances, it is anticipated that the number of grievances will continue to rise.

Chart 30: NHS Lothian Grievance Policy Use



11 Human Resources Policy Development

NHS Lothian HR Policy Group Policy Update as at March 2006

PIN Guideline:

Flexible Working Options:

Policy	Lead	Target Date	Progress
Term Time Working	WLBPG/MS	October 2005	Final draft to LPF May 2006
Flexi-Time Systems	WLBPG/MS	October 2005	Final draft to LPF May 2006
Annual Hours Working	WLBPG/MS	TBC	Draft to be completed (new PIN Guideline)
Compressed Working Week	WLBPG/MS	TBC	Draft to be completed (new PIN Guideline)
Flexible Working	WLBPG/MS	TBC	Draft to be completed (new PIN Guideline)
Phased Retiral	WLBPG/MS	TBC	Draft to be completed (new PIN Guideline)
Voluntary Reduced Hours	WLBPG/MS	(Rev) February 2006	Final draft prepared
Zero Hours Contracts	WLBPG/MS	(Rev) February 2006	Final draft prepared; awaiting national guidance

Managing Health at Work:

Policy	Lead	Target Date	Progress
Lone Working Policy	Judith Gaskell	TBC	Consultations completed; re-sourcing implications to be estimated
Alcohol and Substance Use	Judith Gaskell	TBC	Final draft in preparation
Dealing Positively with Stress at Work	Sylvia Mack	TBC	Final draft in preparation
Promoting Safe Manual Handling	MH Training Team	TBC	
Reducing Work-Related Driving Risks	OHS Director	TBC	
Biological and Chemical Hazards	OHS Director	TBC	
Latex Gloves	OHS Director	TBC	

Other PIN Guidelines:

Policy	Lead	Target Date	Progress
Fixed Term Contracts	MS	(Rev) March 2006	Draft to be completed
Facilities Agreement	TBC	April 2006	
Personal Development Planning and Review	David Lee/OD and Training Team	TBC	Link to KSF

Salary Sacrifice Schemes:

Policy	Lead	Target Date	Progress
Child Care Vouchers	Debbie Walker	(Rev) June 2006	Tendering interviews March
Home Computing Initiative	Debbie Walker		Implemented
Loans for Bicycle Purchase	Debbie Walker	TBC	

Other:

Policy	Lead	Target Date	Progress
Absence Records	Judith Gaskell	TBC	Final draft in preparation
Disciplinary Guidance (Internal Audits) + Review of Policy	Mirren Stobie/Joyce Davison	TBC	
Maternity Leave: Review Policy	WLBPG/MS	TBC	Methodology for review to be agreed
Travel Costs on Relocation of Services	Mirren Stobie/Judith Gaskell	TBC	Local consultation March/April
Staff Expenses	Mirren Stobie/Shirley Johnston (Finance lead)	January 2006	Completed
Car Leasing	Finance to lead; Joyce Davison is HR representative	TBC	Draft in preparation
Long Service and Retirement Awards	Janet McGregor/Craig Wright	TBC	
Removal Expenses	Craig Wright	TBC	
Domestic Abuse	TBC	TBC	
Study Leave	David Lee/OD and Training Team	TBC	
Incident Management	Health and Safety		
Long Hours/Working Time Regulations Compliance	TBC	TBC	Link to Internal Audit Review
Gift Aid	TBC	TBC	
First Aid	?		AfC Terms and Conditions Group have standardised payment across Lothian.
Exit Interviews	TBC	TBC	
Concessionary Travel Schemes	TBC	TBC	
Freedom of Information Act (monitoring staff queries in association with grievances)	TBC	TBC	
Use of Internet	IMT	TBC	
Screening Staff for HAI (HR Issues)	TBC	TBC	
Guidance on Maintenance of Personal Files	TBC	TBC	
Death in Service	MS/LM	TBC	

12. Health and Safety

Management of Health and Safety

In LUHD and WLD, responsibility for active management of risks rests primarily with the ward and department managers. Risk assessment tools, written guidance and technical support (from health and safety advisers and others) are all available to support this. Directorate management oversees this role, deals with larger problems and updates directorate risk registers regularly. Divisional management dealt with strategic matters, made action plans, and monitored (in directorate committees) regular reports of the implementation of those action plans by directorates. In LUHD the directorate risk coordinators provided an important monitoring role between wards and departments and directorate management. LPCD is similar except that primary responsibility for risk assessment rested with directorates rather than wards and departments.

Training

In LUHD, all ward and department managers were expected to attend the three core training courses: health, safety and clinical risk management, COSHH, and Incident Investigation. They attended for a refresher course every three years. Total attendances at these courses in 2004/5 was 333.

Health and Safety Advisers collaborated with staff from Training to produce an e-learning package for health and safety induction.

Within LUHD Violence and Aggression courses were attended by just over 3000 people.

Committees

In LUHD, the Health and Safety Policy and Planning Committee, chaired by the Director of Nursing comprised the four heads of service, other managers, advisers, staff representatives. Its roles were to set health and safety strategy for the division, set the annual action plan and monitor its implementation, receive reports (such as audit reports) from the advisers, and deal with such important problems as required attention at the top level. Each service also had a committee (often combined with clinical governance) with remits to update risk registers, act on action plans and audit results, and report to the HSPP Committee. For much of 2005/6 the regular work of these groups has been affected by the reorganisation of NHS Lothian. In particular, auditing and the formal action planning at the organisational level has been in abeyance. The HSPP Committee last met in June 2005. WLD and LPCD both have single health and safety committees with remits similar to the HSPPC described for LUHD.

Statutory Obligations

The Health and Safety Executive were active in all three operational units of NHS Lothian. In LUHD and WLD they undertook investigative visits to front door services and to non-patient handlers for manual handling. They also looked at measures to deal with violence and aggression in A&E, Acute Receiving and Minor Injuries. Their written correspondence since those visits have resulted in improvement programmes in the affected areas. In LPCD, HSE investigated a fatal accident to a patient who appeared to have been crushed by a compressed gas cylinder. Renewed checks on the safety of cylinder handling have been made throughout NHS Lothian.

Documented Guidance

In LUHD 21 new or updated guidance notes and model risk assessments were produced and added to the Health and Safety web site on the intranet. A health and safety newsletter for all staff was begun and local alert notices were issued to supplement the Scotland-wide Safety Action and Hazard Notices. In addition, work was begun on a new Health and Safety Manual – a working tool for ward and department managers for all aspects of their management of risks.

Future Work

The design of systems for the future has been started during 2005/6; it will be continued in 2006/7 along the following lines.

The unified health and safety department is being organised under the Director of Occupational Health and Safety. It is aiming to produce a revised health and safety management system in the first quarter of 2005/6. It will include:

1. a new working manual for ward and department managers
2. a consistent approach to mandatory training for managers
3. consistent and expanding guidance on risks of major concern
4. a systematic approach to a quarterly review cycle and regular audit.
5. a standard format for regular health and safety reports to committees at various levels

All of this is intended to facilitate the implementation of the new NHS Lothian Health and Safety Policy and will include the work of various specialist advisers (many of whom are not part of the OHS Service).

The committee infrastructure is still to be established. The NHS Lothian Health and Safety Committee will meet in the first quarter of 2005/6. It will be assisted by the work of the risk committees established by the new CMTs, in LUHD, and by the CHPs in primary care. A network of risk coordinators is also being formed to assist in cementing the links between CMTs/CHPs and both their constituent wards and departments and the advisory departments. These initiatives depend on the outcome of discussions involving both the OHS Service, the NHS Lothian Health and Safety Committee, other advisers, the risk coordinators and management at various levels.

13. Agenda for Change Transition

This is a new section to the Quarterly report and will keep the Board up to date on the progress of the transition to Agenda for Change(AfC). Over the next few months this report will update on the numbers of staff assimilated onto AfC pay scales and the associated costs of pay arrears and any additional element where grading has increased.

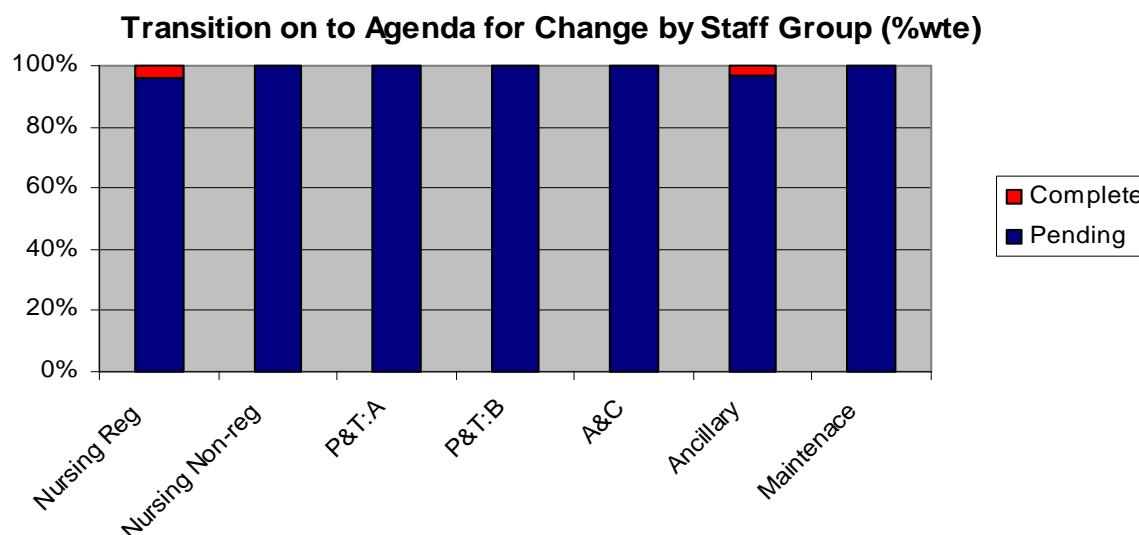
In workforce planning terms this transitional phase poses challenges, as there will be a 'mixed economy' making historical reporting at grade level difficult, it will also impact on the workforce plans as the projected costs and profile of staff may change.

Up to the end of the 4th Quarter a limited number of staff have been assimilated, this is however expected to rapidly accelerate in the coming months. The following table details the progression for the 4th Quarter;

Table 26: Agenda for Change Assimilation

Staff Category	NHS Lothian wte as at March 06	Agenda for wte transition	March % complete
Nursing Reg	6,279	275.29	4.38
Nursing Non-reg	2,614	-	-
P&T:A	1,740	-	-
P&T:B	1,110	-	-
A&C	3,143	-	-
Ancillary	1,464	48.02	3.28
Maintenace	196	-	-
Total	16,546	323	1.95

Chart 31:



In March 2006 Midwives received in the region of £270k in pay arrears based on their AfC assimilations. Future reports will include more detail on pay arrears and will seek to determine the split between inflationary pay and that associated with grading increases.

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