



Workforce Monitoring Report

1st April 2012 – 30th September 2012

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EXECUTIVE SUMMARY

Introduction

This Workforce Monitoring Report covers the period 1 April 2012 to 30 September 2012. Comparisons have been made to the previous reporting period.

Summary of Key Employee Information			
	Mar-11	Mar-12	Sep-12
Headcount	1445	1430	1431
Male/Female ratio	1 to 3	1 to 3	1 to 3
Percentage of staff with a disability	1.04%	1.04%	0.98%
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%	4.96%
Sickness Absence	4.49%	4.20%	4.05%

Current Workforce

Staffing levels have continued to be monitored closely and in this six month reporting period the Board headcount has increased by 1 (WTE) to 1431 substantive staff. This increase has taken place as a direct result of continued increase in clinical activity.

New National Workforce System

Significant progress has been made in preparation for the implementation of the new National Workforce Information System – e:ESS. The NWTCB is in phase 2 of the implementation plan which is scheduled to take place in March 2013.

Work is continuing to prepare the data for migration from our current system. A training schedule will be available shortly for key systems user with a more detailed plan to follow.

Once implemented this system will change the way managers interact with their staff and the Human Resources team.

Voluntary Severance

The Voluntary Severance Scheme introduced in December 2011 resulted in one hundred expressions of interest. After receiving estimates of the severance package on offer, fifty nine signed applications were submitted.

Twenty nine posts were approved for receipt of a severance package the majority of whom were female aged between 50 and 59. These have now been processed with most of these leaving by the end of March 2012. A small number have been

extended beyond this date to ensure that required redesign has taken place. It was also anticipated that the scheme would allow for further redesign to take place within the Board.

Following on from this a new scheme has been opened with applications invited from all staff groups. This could have significant implications for the skill mix of the staff within the organisation. Applications are due to close in 12th October and more detail will be provided in the next report.

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 in the current period to 101 posts, a reduction of 9.64 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.

One Year Job Guarantee Scheme

Since the introduction of the Scottish Government's "One year Job Guarantee Scheme" for nurses in March 201 we have had 16 interns within the hospital. Six of these have been successful in securing permanent roles within the Board.

Sickness Absence

The overall sickness absence figure during the last 6 months was 4.34%. This is higher than the 4% Board target figure and is a slight increase on the previous 12 months.

According to the CIPD, half of public sector organisations report an increase in stress related absence over the past year. Stress/Anxiety/Depression continues to be the highest reason for absence within the organisation. In an effort to minimise the impact of this the HR team have begun 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 45% of staff having a current PDR. We are on track to meet our next quarterly target of 60% and a final year target of 80%.

Equality and Diversity

All boards have responsibilities in line with the Equal Pay Provisions in the Equality Act Specific Duties. The timetable is as follows:

By 30th 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 30th April 2015:

- Boards must publish an updated gender pay gap figure

By 30th April 2017:

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

Whilst work is already ongoing in relation to some elements, a plan is being developed to ensure that we meet all elements of this timetable.

Equalities Celebration

The Board's 10th anniversary Equalities Celebration took place on Thursday 4th October 2012. The event showcased how far we have come in supporting positive cultures and behaviours in the past decade, as well as looking forward at how the Board will continue this work in the years to come.

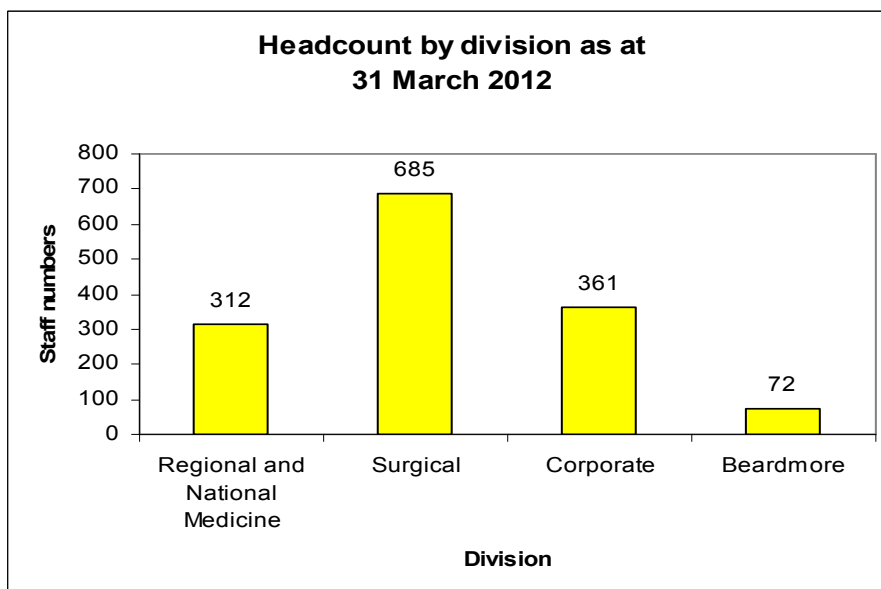
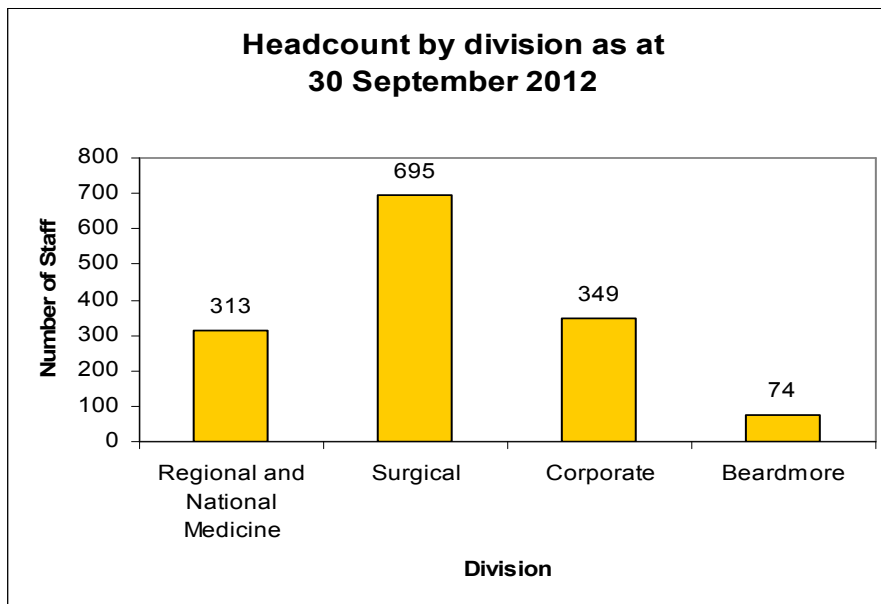
The event was well attended with Alistair Pringle, Head of Patient Focus & Equalities at the Scottish Government, presenting our Diversity Champions with their certificates.

Elaine Barr
HR Manager

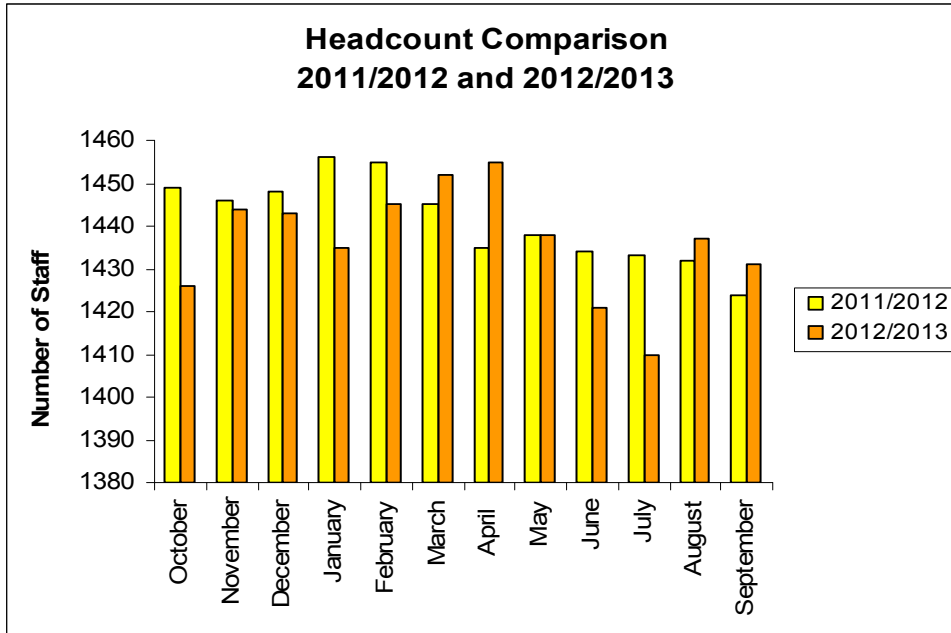
1. Current Workforce

1.1 Board Headcount and Whole Time Equivalent

The number of substantive staff employed by the Board at the end of September 2012 is shown below by Division. Headcount has increased in the past 6 months by 1 (WTE) to a total of 1,431.



This follows on from a decrease of 15 in the previous reporting period and reflects changes within the balance of the workforce following a 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 is likely to continue.

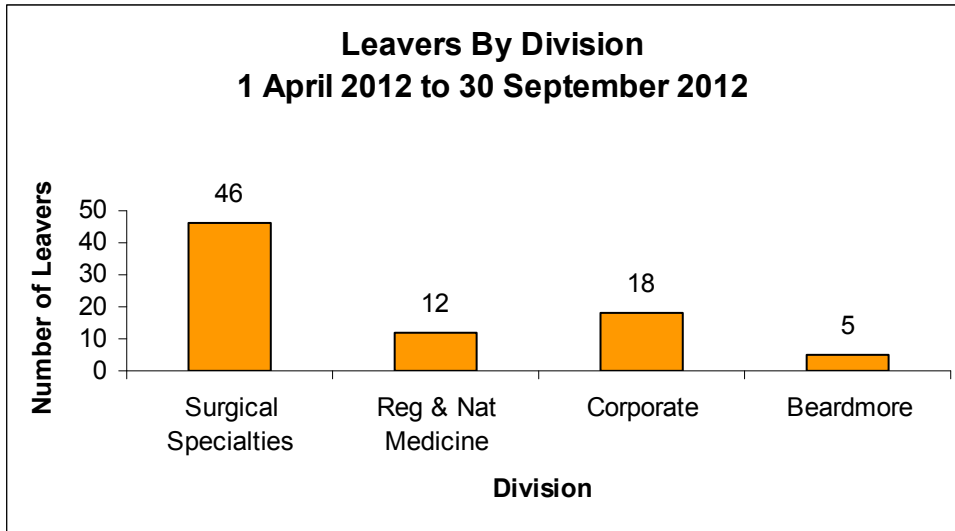


Headcount has fluctuated throughout the year with the lowest recorded staff level in July 2013. July historically has low numbers followed by an increase during August as a result of the junior doctor rotation coupled with fewer people looking to begin a new job in July because of annual leave.

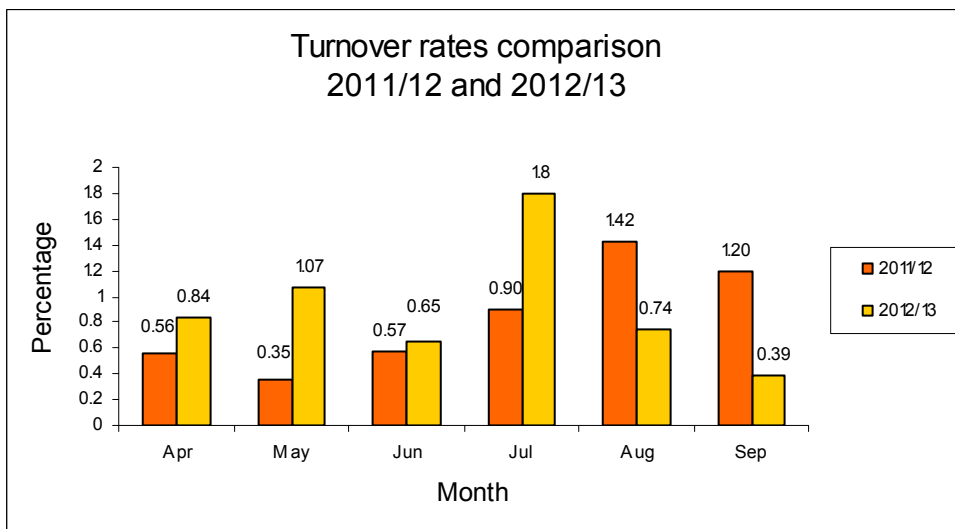
1.2 Employee Turnover

The number of leavers by division for the reporting period is 81. This is shown below broken down by Division. It is expected that the number of leavers within the Surgical Specialties Division would be higher than others because of the size of the division.

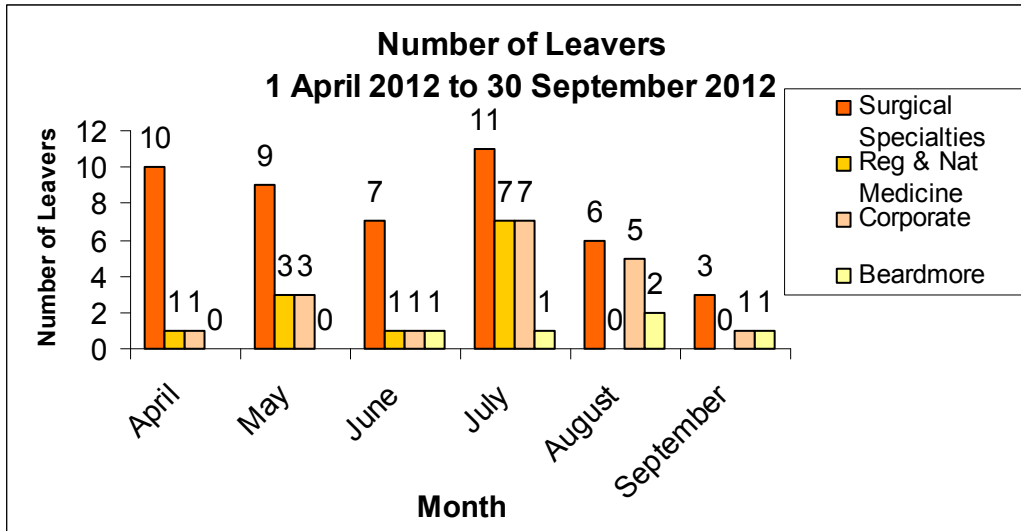
The number of staff leaving the Beardmore has fallen slightly, Regional and National Medicine is unchanged with the number leaving Corporate and Surgical Specialties significantly reduced.



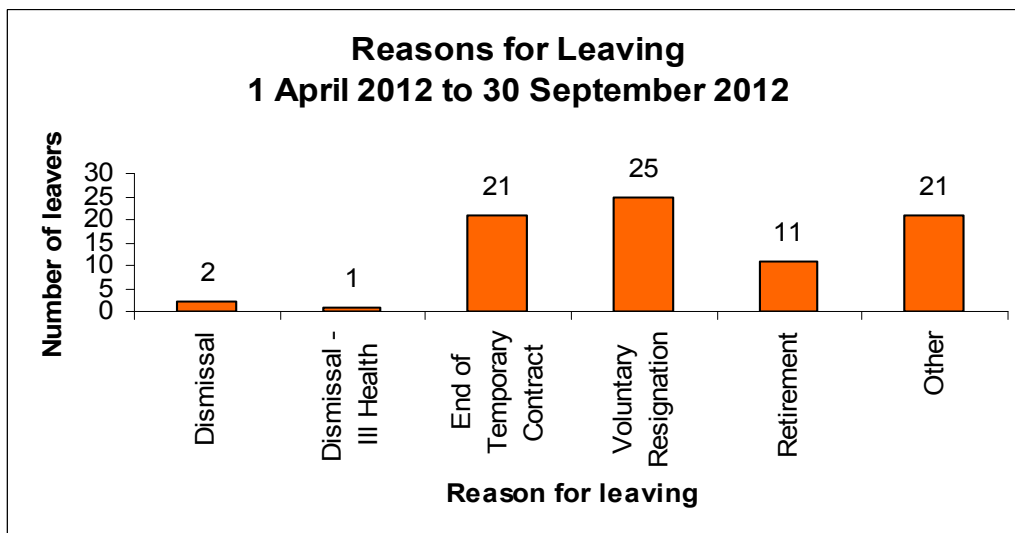
The total number of staff leaving in this period is 81 against 120 in the previous period. This is a significant reduction and reflects a mixture of staff who accepted voluntary severance packages, the junior doctor rotation and a number of staff who retired as part of the Board's planned retirement programme. The percentage turnover rates are shown below with a percentage turnover for the period of 5.66%.



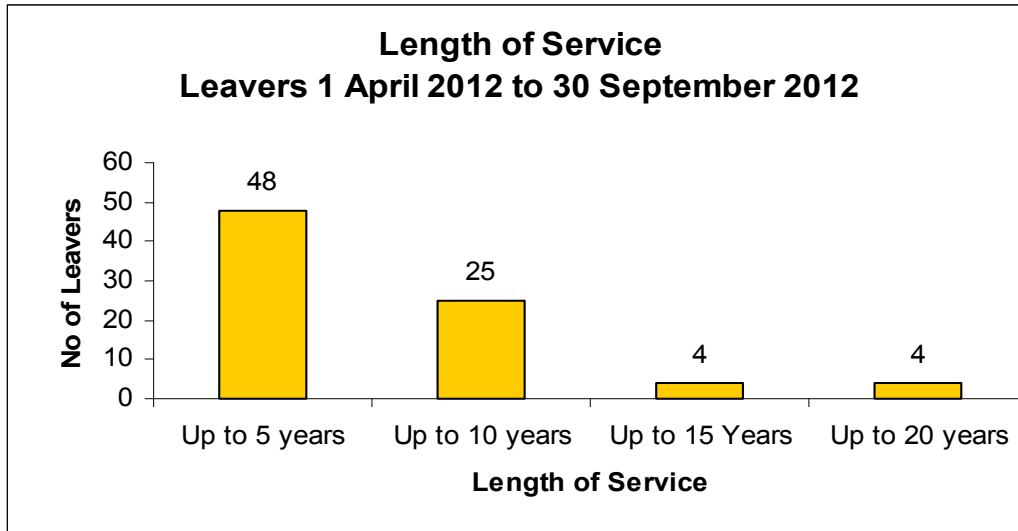
The number of leavers by division is shown overleaf.



The reasons for leaving are shown below and include the category “other”. This represents those staff who accepted voluntary severance. The remainder of those who left through the voluntary severance programme left before the current reporting period.



The number of leavers with less than 5 years service continues to be influenced by the junior doctor’s rotation (18) and the number of temporary/fixed term contracts (21) and provides reassurance that there is not a disproportionate number of new staff leaving the organisation.



The organisation recognises the importance of a robust induction programme and regularly revisits corporate induction to ensure that it is fit for purpose. A programme to refresh corporate induction is almost complete and will be rolled out shortly. This will be complimented by a focussed departmental induction plan which will support new staff during their first few months in the organisation. 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 current reporting period and the previous two periods. The figure has increased in the last six months however this is mainly due to the number of staff with fixed term contracts which have come to an end during this time together with 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

Of the 81 leavers in the last 6 months, the skill sets for those leaving are widely spread as follows:

Nurses	23
Health Care Support Workers	8
Admin and Clerical	13
Medical	21
AHP's	5
Ancillary	11

The number of leavers in the admin and clerical category has fallen significantly but this reduction can be almost entirely attributed to the voluntary severance programme reported in the last period. All other areas are broadly similar to previous periods.

The medical staff are mainly rotational junior doctors with the nursing staff leaving for a variety of reasons including, in some cases voluntary severance, retirement and one dismissal.

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

2.0 Recruitment

In this reporting period we were successful in appointing to several Consultants posts including a Consultant in Cardiothoracic Anaesthesia and Intensive Care, a Consultant Cardiothoracic Transplant Surgeon, a Consultant Cardiologist (SACCS), a Locum Consultant Cardiologist, a Consultant Non-cardiac Anaesthetist and a Consultant Orthopaedic Surgeon. We also successfully recruited to our third Speciality Doctor in Transplantation.

Under the Scottish Government 'One Year Job Guarantee Scheme' for nurses we had previously agreed that we could offer 18 places. Discussions have recently taken place and we have now increased the number of places available at The Golden Jubilee National Hospital to 20. The additional places will be offered within Critical Care. Applications for the scheme are being considered with the closing date for applications being 30 November 2012.

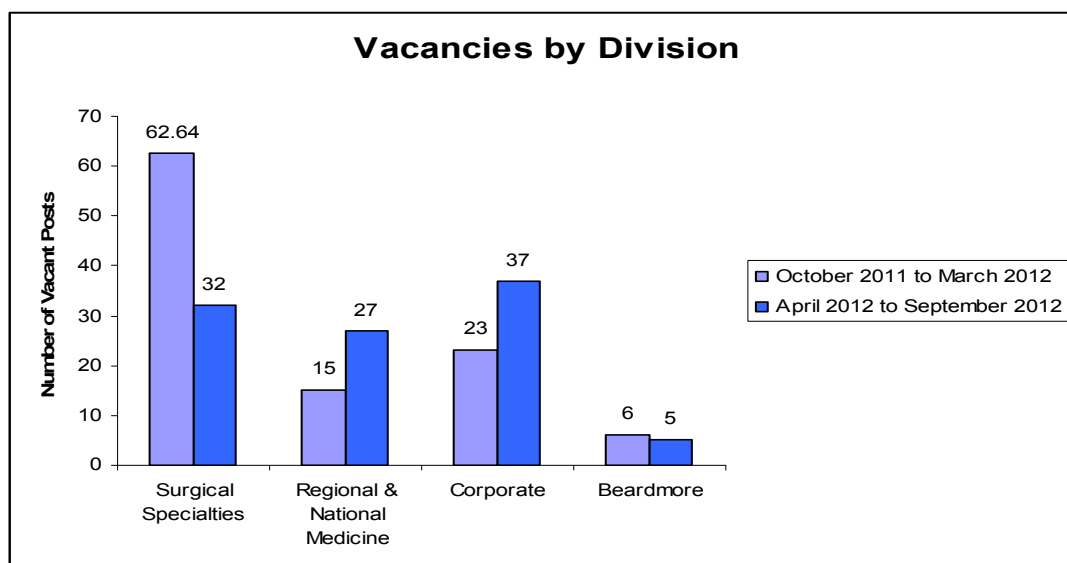
We currently have five interns working within the hospital and therefore can offer places to 15 from the November intake.

From the 16 interns that have been placed within the hospital since the scheme began in March 2011 six have transferred into fixed term or permanent appointments.

Current Recruitment Activity

With the continued difficulties in the economic climate we are reviewing the length of time we place adverts on an individual post by post basis to try to control the number of applications that we receive. As in the previous reporting period we continue to advertise the majority of posts for one week rather than two however this does not appear to have affected the quality of applications with the majority of managers reporting that they have received good calibre candidates.

In this reporting period 101 WTE posts were advertised. This is a reduction of 9.64 WTE posts on the last reporting period. The majority of recruitment within the Surgical Specialties Division was for nursing posts – both trained and untrained supporting the increased activity within Orthopaedics. The vacancies, by Division, are shown below.

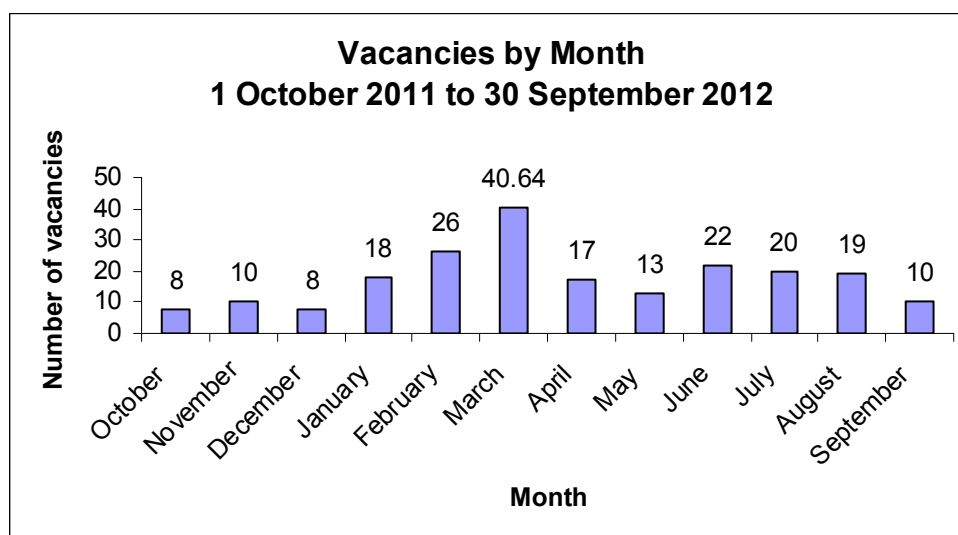


The figures shown on the previous page represent a significant fall in vacancies within Surgical Specialties, by more than 50%, a small reduction of 1 post within the Beardmore and large increases in both Corporate and Regional and National Medicine. Some of this relates to redesign work that has taken place since the voluntary severance programme.

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

A review of the administrative staff across Regional and National Medicine is currently ongoing to ensure that there is a more balance split of administrative support throughout the division.

The significant increase in March 2012 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

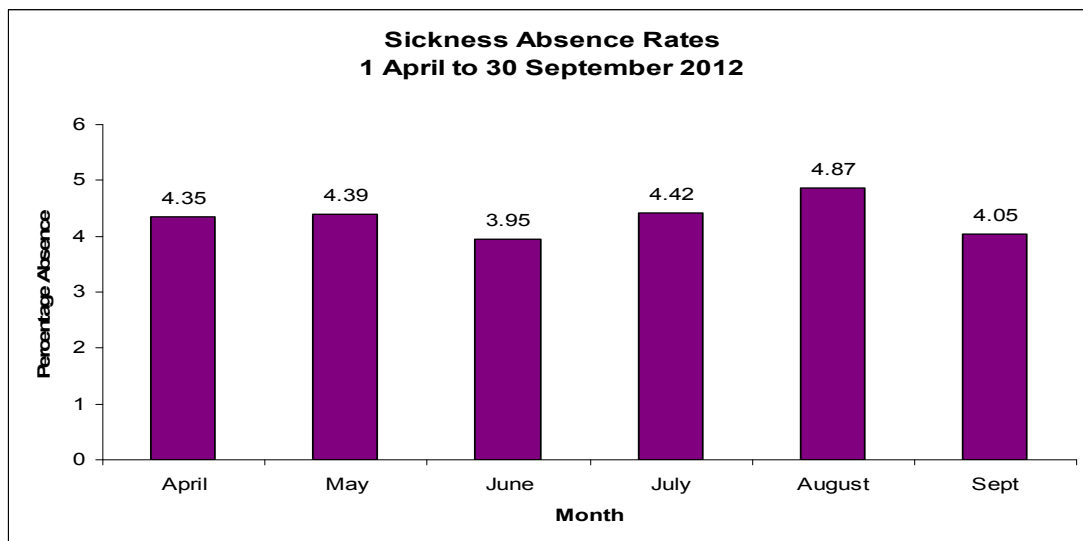
Our current Sponsor Licence is due to expire later this year. This requires to be renewed every three years to allow us to continue to recruit overseas staff. An application to renew our licence has been made to the UK Borders Agency and we have no reason to expect that this will not be renewed.

3. Sickness Absence

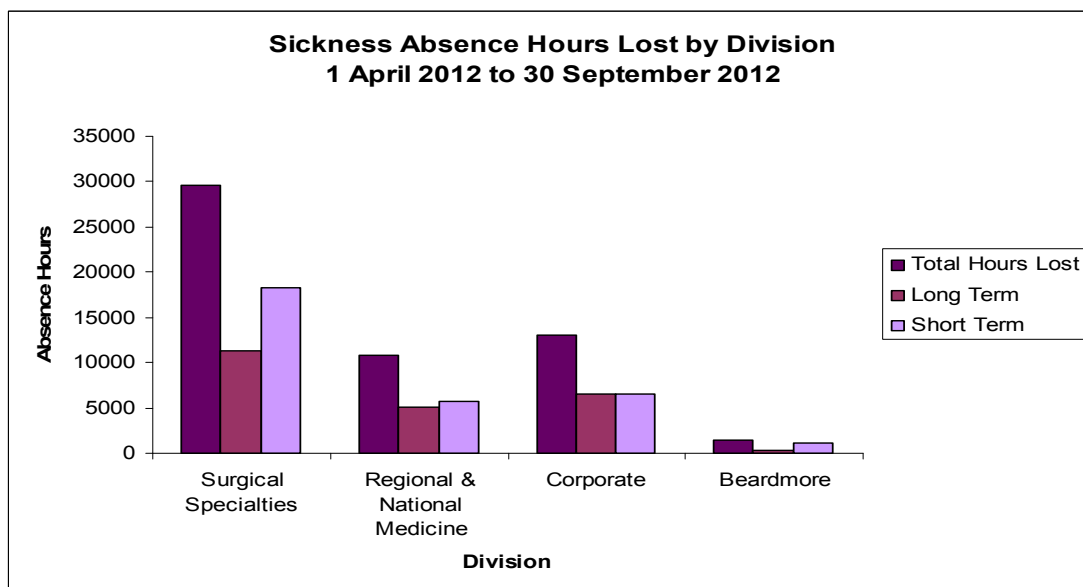
The overall sickness absence figure during the last 6 months was 4.34%. This is higher than the 4% Board target figure and is a slight increase on the previous 12 months.

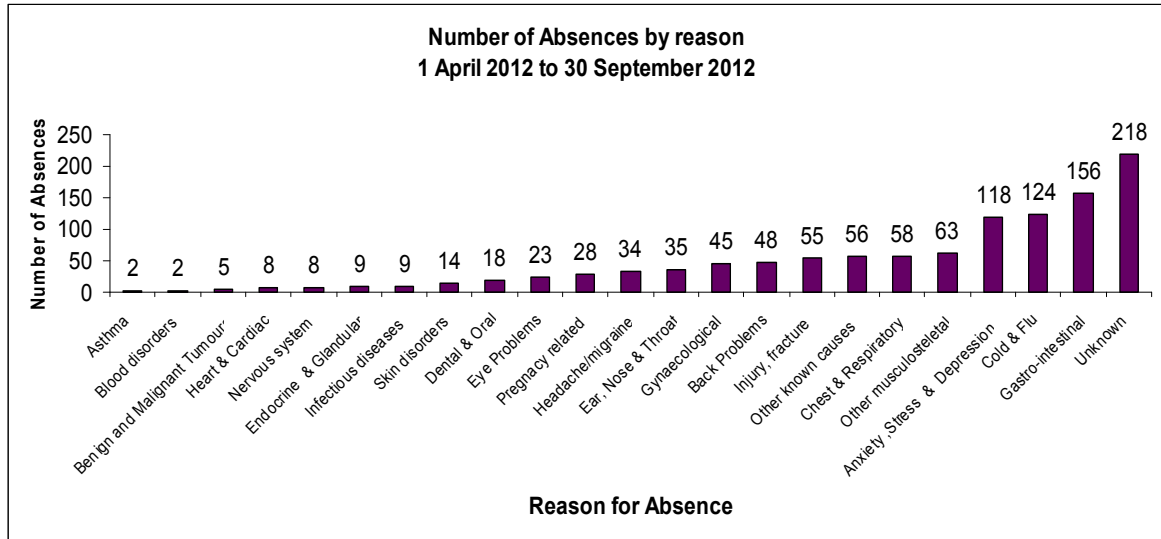
The number of hours' sickness absence during the last 6 months was 54,876 resulting in estimated cost, excluding employer costs, unsocial hours, on-call etc of in excess of £689,000 pounds (based on a mid-point Band 5 basic salary).

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 and is broadly proportionate to the size of the divisions.

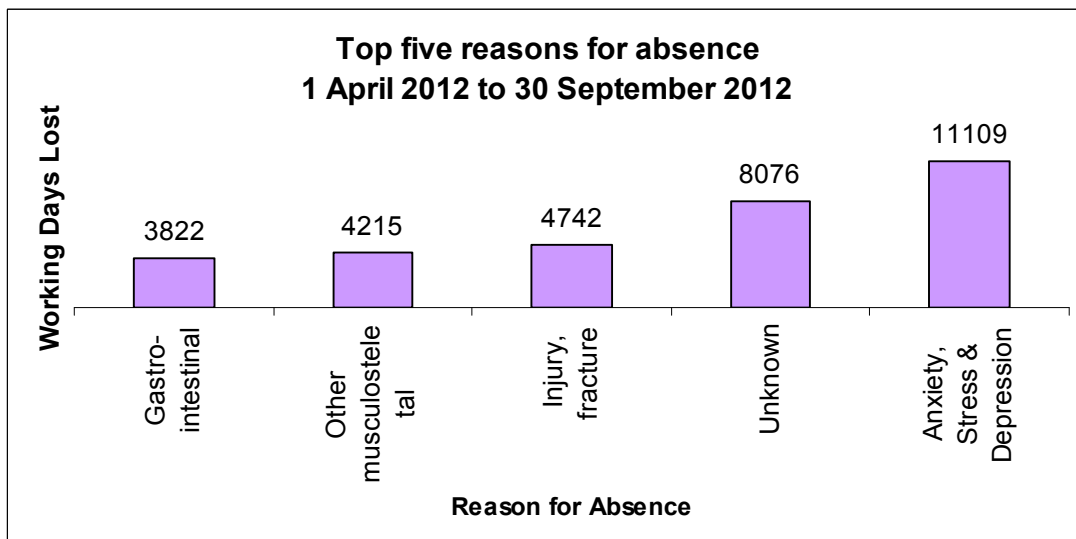




The level of “unknown” absence recorded has grown significantly and work is being undertaken by the HR team to remind managers of the importance of recording all absence reasons. The evidence provided by managers suggests that when members of their team are absent for short periods, they are not always able to record the reason until they have completed their return to work interview. They then fail to return to the payroll system to retrospectively record the information.

Additionally some staff members do not have the appropriate permissions to enable them to record reasons for absence through the SSTS system for reasons of confidentiality (e.g. where a member of the admin team inputs the data for authorisation). A more senior member of that particular team would then revisit the absence entry to correct this.

As with previous months, the number of “other known causes” which is used when managers are unable to assign a particular condition to one of the other categories provided has remained fairly constant. The HR team have produced reports to show who the individual staff members are. This has shown the specific areas where data is not being captured correctly. A programme is in place to work with these individuals in an effort to rectify the problem however it is accepted that we are unlikely to eliminate use of this clause completely.



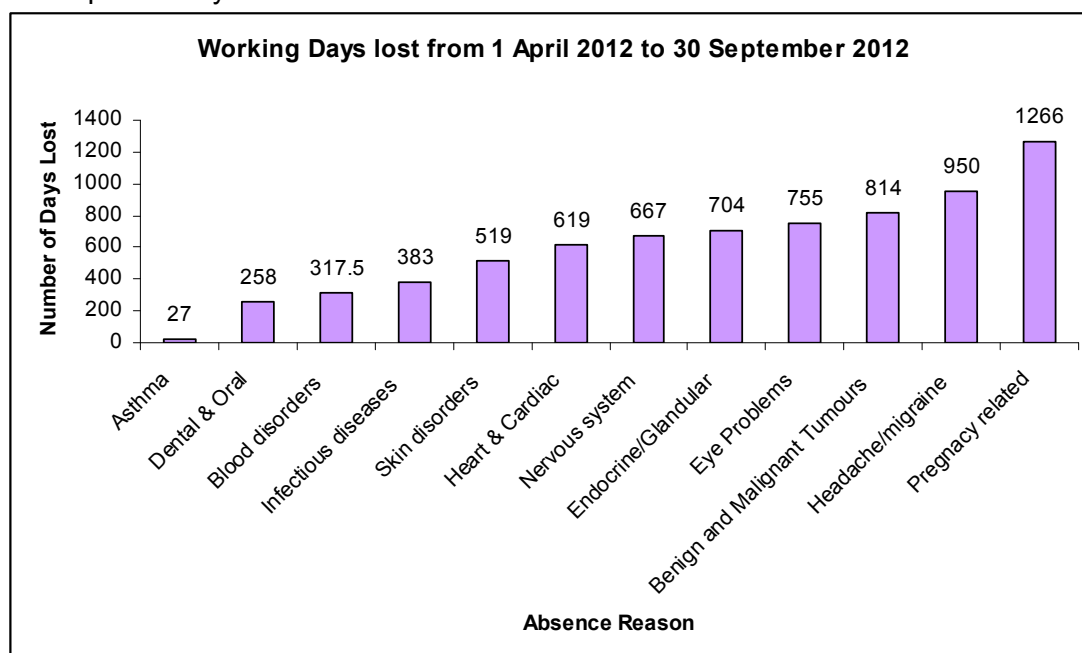
The top five reasons for absence are shown above. Anxiety remains the most significant and is responsible for just over 20% of total absence. The new Individual Stress Risk Assessment tool is now being used where appropriate in an effort to identify solutions at an early stage.

Having analysed the cases reporting Anxiety, Stress, Depression or other psychiatric illness 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.

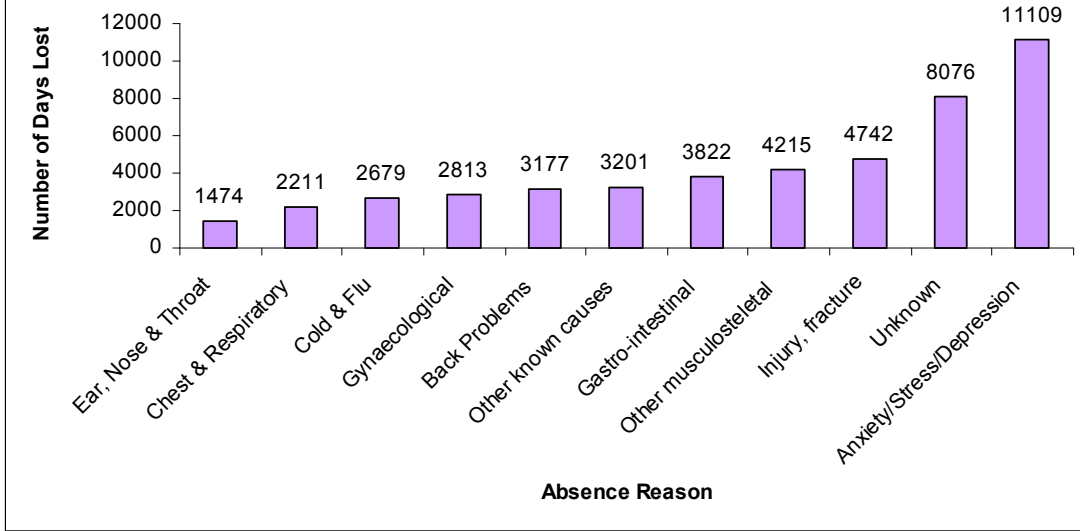
Another 3,429.48 hours relate to 8 people and are work related – four of these people have left the organisation, the remaining four have all returned to work with the issues causing them stress having been dealt with. The remaining 1,036.79 hours all relate to small individual absences which are for 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. This is isolated to the individuals being managed however there is also another area where an investigation has caused higher than normal levels of stress. This is being monitored with solutions being developed locally.



**Working Days lost from 1 April 2012 to 30 September 2012
(Continued)**



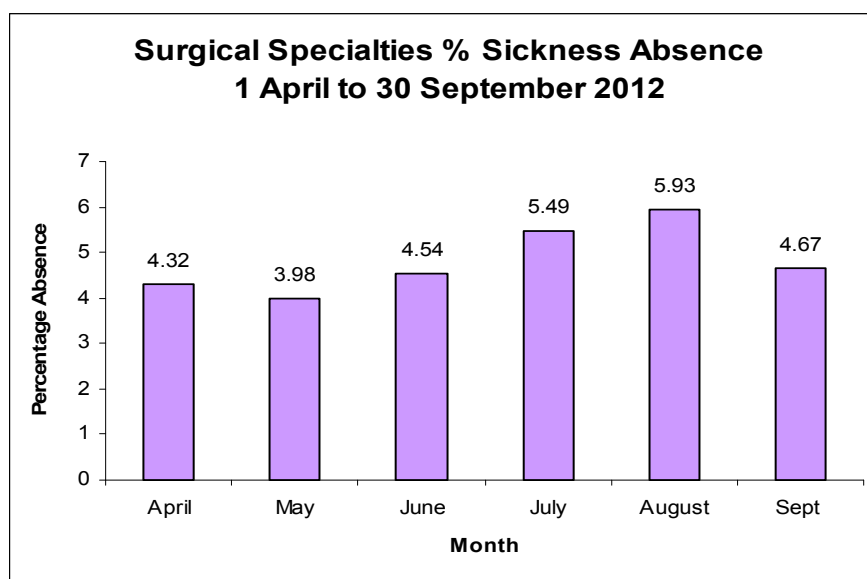
3.1 Divisional Absence Reports

3.1.1 Surgical Specialties Absence

Sickness absence within the Division has steadily increased during the reporting period with the highest recorded figure of 5.93% in August. Absence has followed a similar trend to the same period in 2011, although with a marked increase from May 2012 onwards. This can be attributed to corresponding increases in long term absence

Long term absence is due to a variety of reasons including staff undergoing surgery, mainly for musculoskeletal problems and the associated post operative recovery times. Other reasons for long term absence include anxiety/stress related illnesses, time required for treatment of chronic conditions and underlying health conditions.

10 staff within the division were supported in managing their absence in line with the capability procedure during the reporting period with this continuing in all cases. All other absences were managed in line with the absence management procedures to ensure that staff received appropriate levels of support. Additionally the levels of sickness absence sustained by one member of staff required to be addressed formally through the disciplinary process during this period.



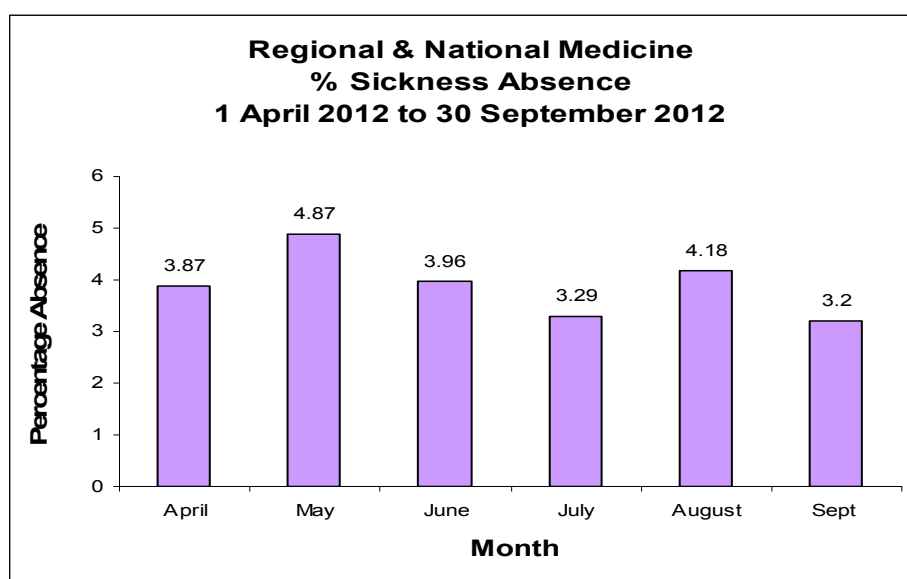
3.1.2 Regional & National Medicine

Sickness absence rates for this reporting period were 3.91% in comparison to the previous reporting period when they were 3.44%. This is an increase of 0.47% from the previous reporting period.

Absence rates peaked in May 2012 at 4.87% and have dropped down to 3.2% in September 2012. Long-term sickness absence was at its highest in May 2012 and has reduced by 43% since then with the highest reason attributed to Anxiety/Stress/Depression. Staff who are absent long-term continue to be supported and monitored by Occupational Health, HR and department managers in line with the appropriate guidance.

Short-term sickness absence was particularly high in April 2012 with the most common identifiable reason being recorded as “Gastro-intestinal problems”. By comparison, the reason which incurred the highest number of days lost was recorded as “other known causes” work is ongoing to explore the reasons for the high use of this category.

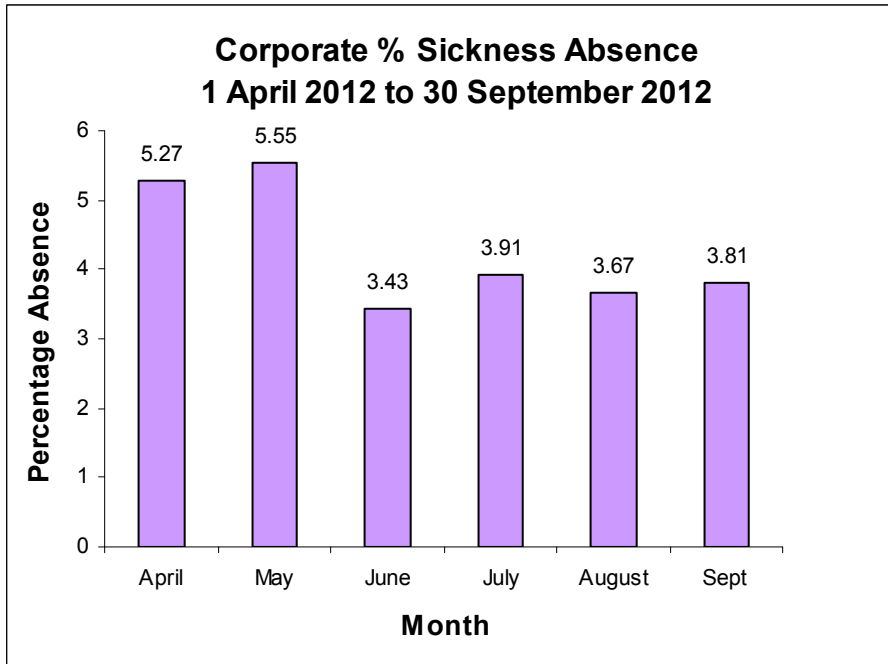
Five members of staff are currently being supported by the Boards Capability procedure, in order to assist with their ongoing health and attendance at work. Two members of staff remain on long term absence due to their health condition and they continue to be reviewed with the aim of helping them to return to work when well enough to do so.



3.1.3 Corporate Absence

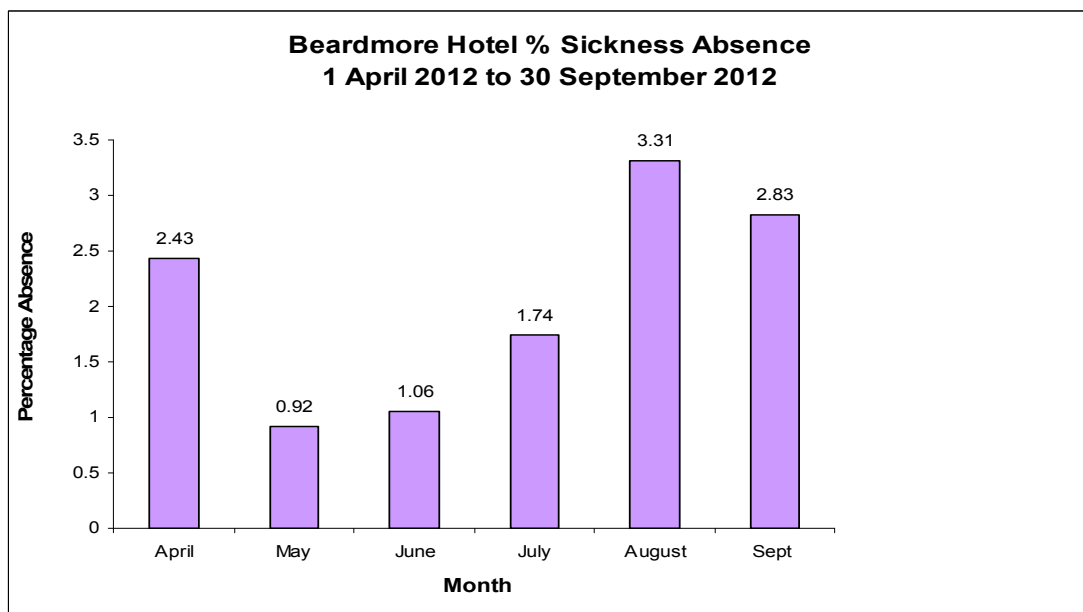
The average sickness absence rate for this reporting period was 4.27%, which is an increase in comparison to the previous reporting period when it was 4.03%. Whilst this represents an increase in overall sickness absence, a high proportion of this can be accounted for by the high absence levels recorded during April and May. Subsequent sickness absence rates have decreased and in the last four months have remained below 4%.

Long term sickness absence has increased during this period in contrast to the previous reporting period when short term sickness absence was higher. Absence continues to be managed in accordance with the relevant processes and is due to staff undergoing surgery with the associated post operative recovery, stress or long term conditions. Some of the stress is recorded as work related and work is ongoing to work with those individuals to help support their return to the workplace. The management of short term absence also continues to be a priority with managers carrying out regular review meetings to ensure that staff are given appropriate support.



3.1.4 Beardmore Hotel Absence

The average sickness absence percentage for the period April 2012 to September 2012 was 2.04%, a decrease from 2.43% from the previous six months. Absence rates remained low between April 2012 and July 2012, with short term absence being the main cause of absence and no long term absence being recorded in those months. In August 2012 long term absence increased and is the main cause of sickness absence for the remainder of the period. Both long and short term absence continue to be managed as a priority.



3.1.5 Disciplinary Action due to Sickness Absence

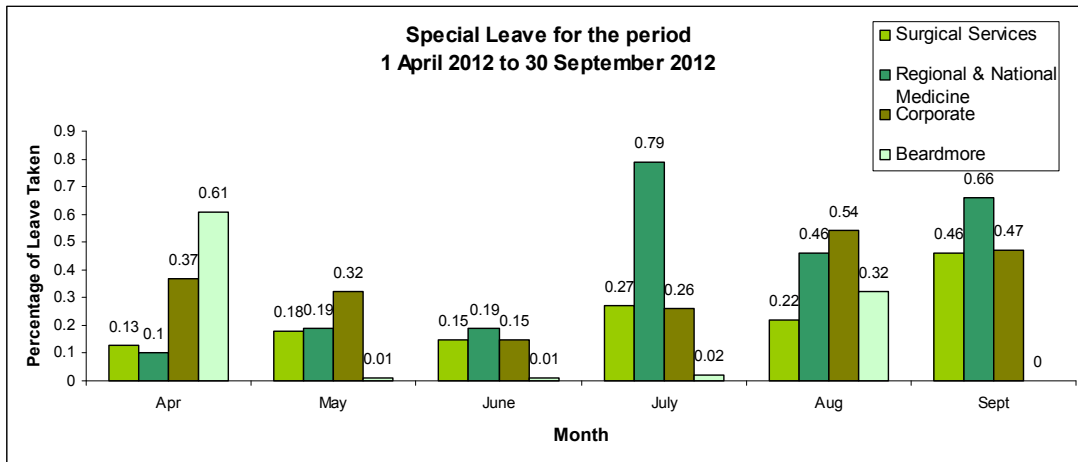
The number of disciplinary cases due to unacceptable sickness absence levels has fallen further to 2 in the current reporting period.

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 19 people are at different stages within this process.

4. Work Life Balance

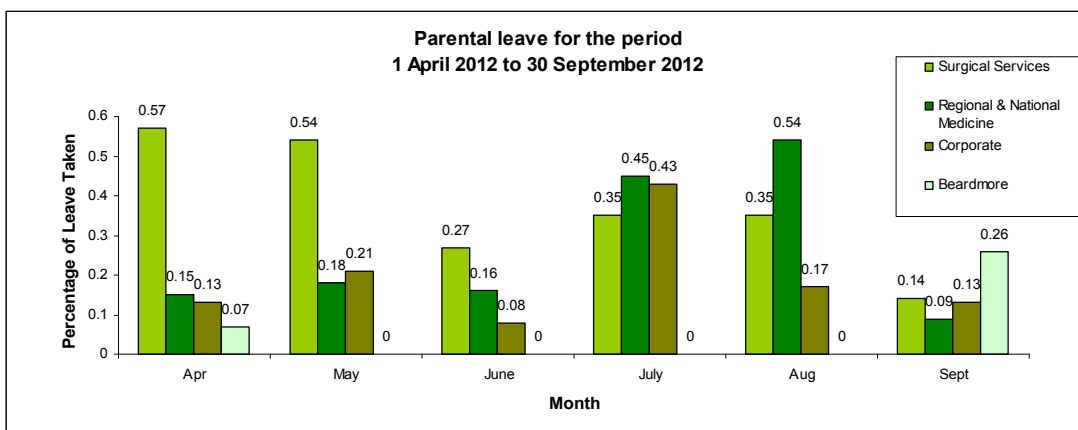
4.1 Special Leave

The percentage uptake of special leave has remained broadly similar to that in the previous reporting period. Managers understand the reasons for the use of special leave and are using it appropriately. Our expectation that the levels would remain unchanged has been confirmed and it is expected that this trend will continue. It should be noted that hospital appointments, bereavement leave, etc are all recorded within the special leave category.



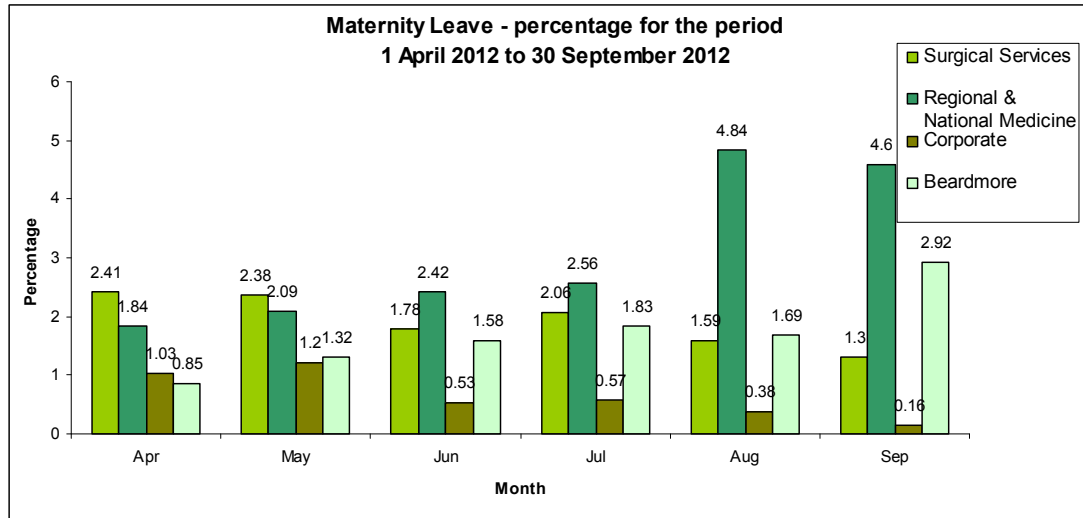
As the approximate cost of Special Leave for the 6 month period was approximately £47,000 (when calculated using the mid-point of Band 5 with no on-call etc.) this is an area we will continue to focus on to ensure that it is used and recorded appropriately.

4.2 Parental Leave



The uptake of Parental Leave increased by 576.84 hours during the current period to 3,646.74 hours.

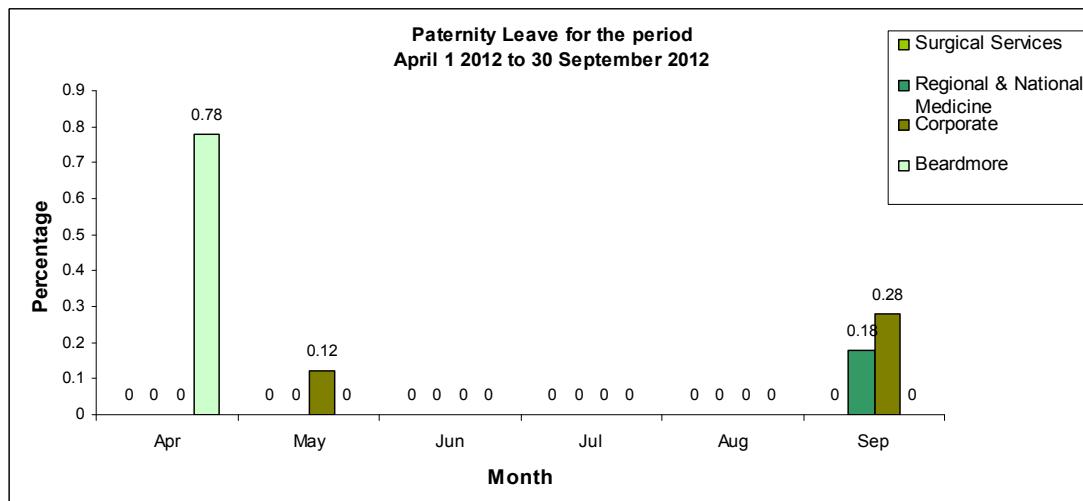
4.3 Maternity Leave



The number of staff taking Maternity Leave has fallen by 2,401.31 hours which represents a significant decrease during the current period to 23,261.99 hours.

4.4 Paternity Leave

Table 4.4 shows that no employee took up the option to take extended paternity leave. Only five employees took paternity leave over the six month reporting period. The total number of hours taken was 369 (9.84 days).



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.

Where no information is available against any of the characteristics, we will continue to try to capture data where possible although we recognise that it is unlikely we will manage to achieve 100%.

Diversity Champions

In May 2012, 18 staff members from across the Board were trained as Diversity Champions. These Champions will raise awareness of equality and diversity across the organisation and help drive behavioural and cultural change across the service. Diversity Champions provide a focus and communication channel for the discussion and implementation of equality and diversity concerns and practices in the organisation. They will also assist in the promotion of equality and opportunity across our Board.

Equalities Celebration

The Board's 10th anniversary Equalities Celebration took place on Thursday 4th October 2012. The event showcased how far we have come in supporting positive cultures and behaviours in the past decade, as well as looking forward at how the Board will continue this work in the years to come.

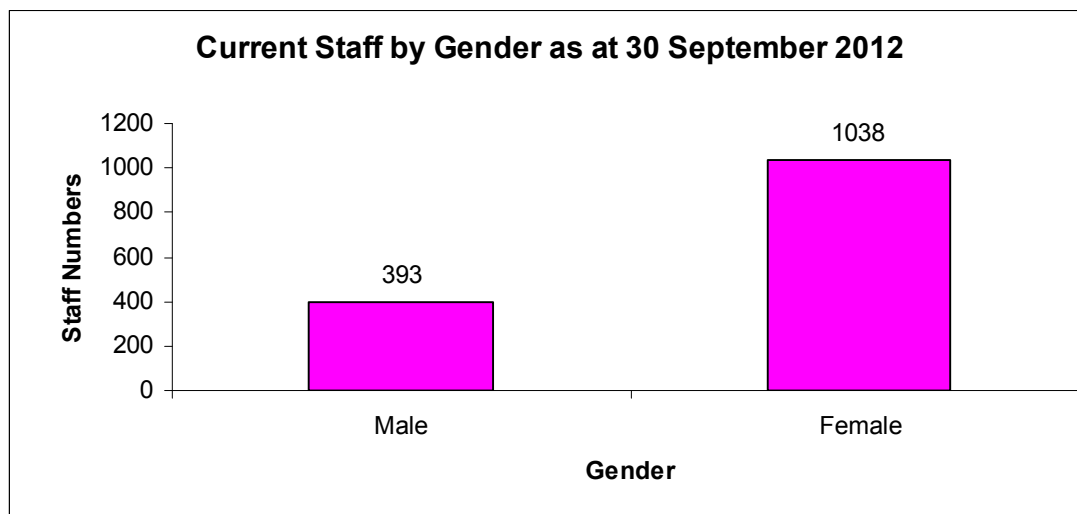
The event was well attended with Alistair Pringle, Head of Patient Focus & Equalities at the Scottish Government, presenting our Diversity Champions with their certificates. The first screening of our new film about equality, diversity and values was also shown at the celebration.

Protected Characteristics Updates

5.1 Gender

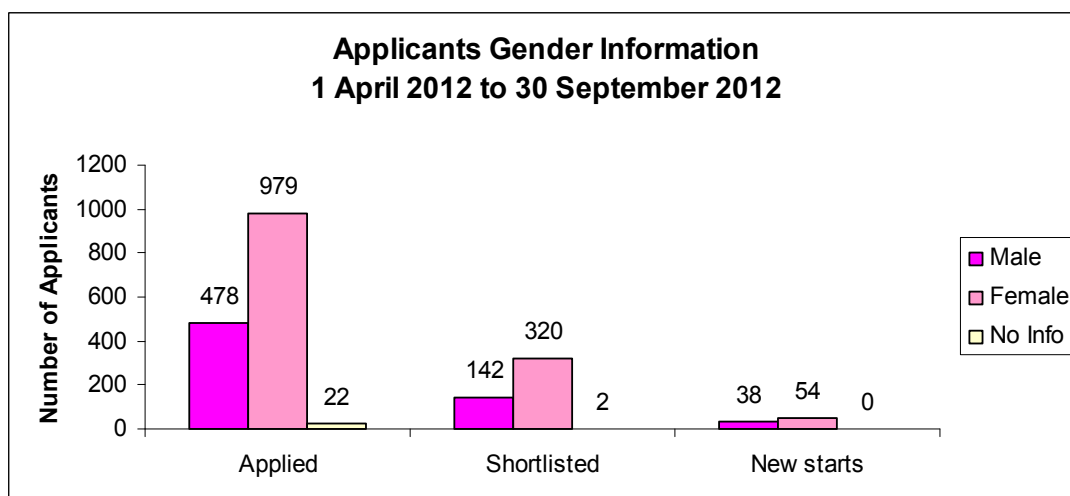
The gender split of our workforce remains approximately three quarters female as shown below. This is proportionally representative of NHS Scotland as a whole (benchmarked against ISD figures).

In Scotland, there are roughly equal numbers of males and females. 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.



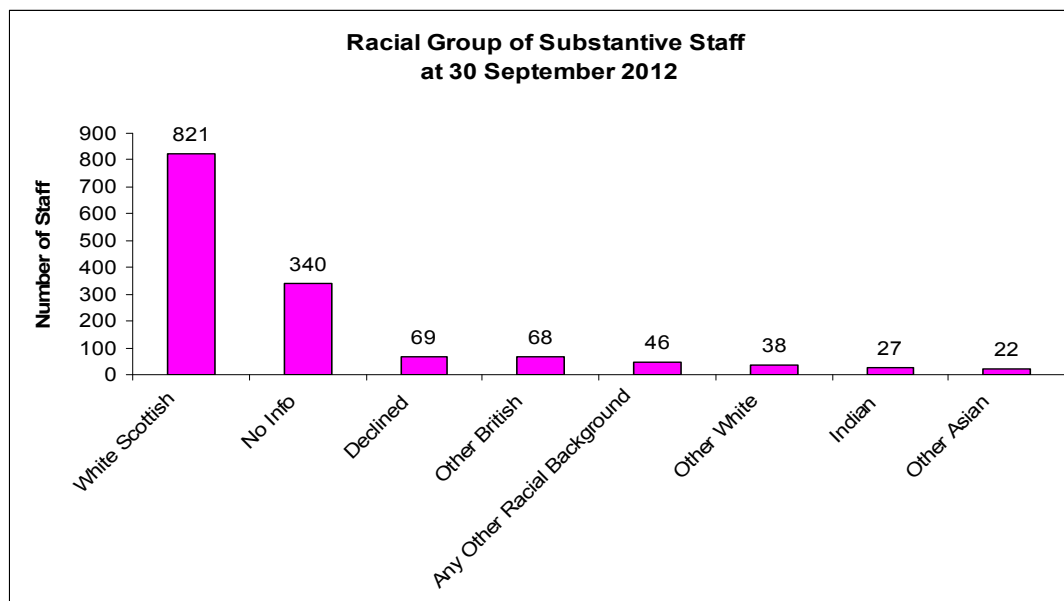
Gender and Recruitment

The ratio of male to female applicants is not representative of the 1 to 3 split within our staff groups. Almost 48% of applicants were male whilst this translated into 44% of male shortlisted candidates and 41% of new starts.



The proportion of male new starts is higher than previously and is consistent with the percentages across the whole process.

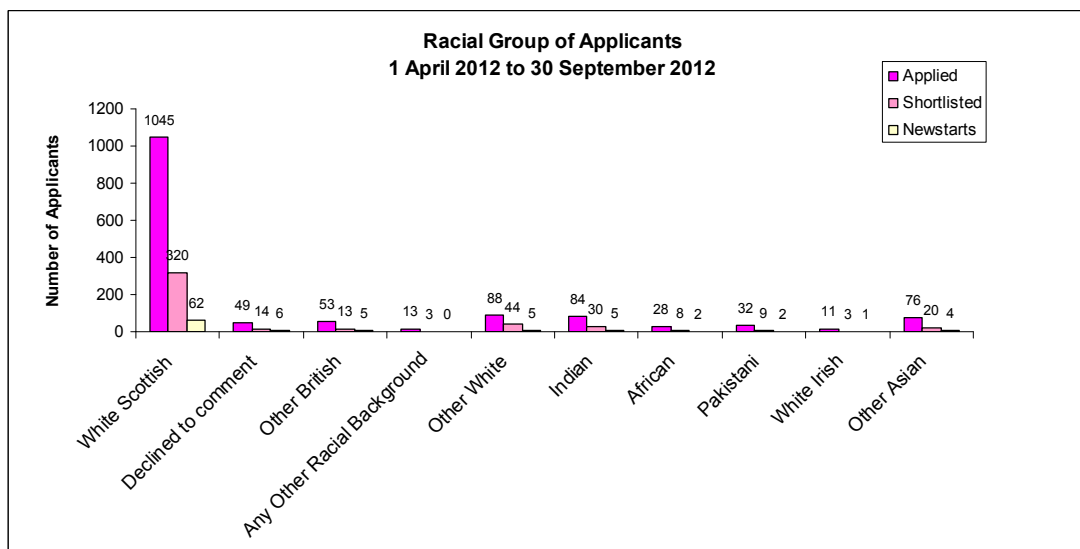
5.2 Race



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

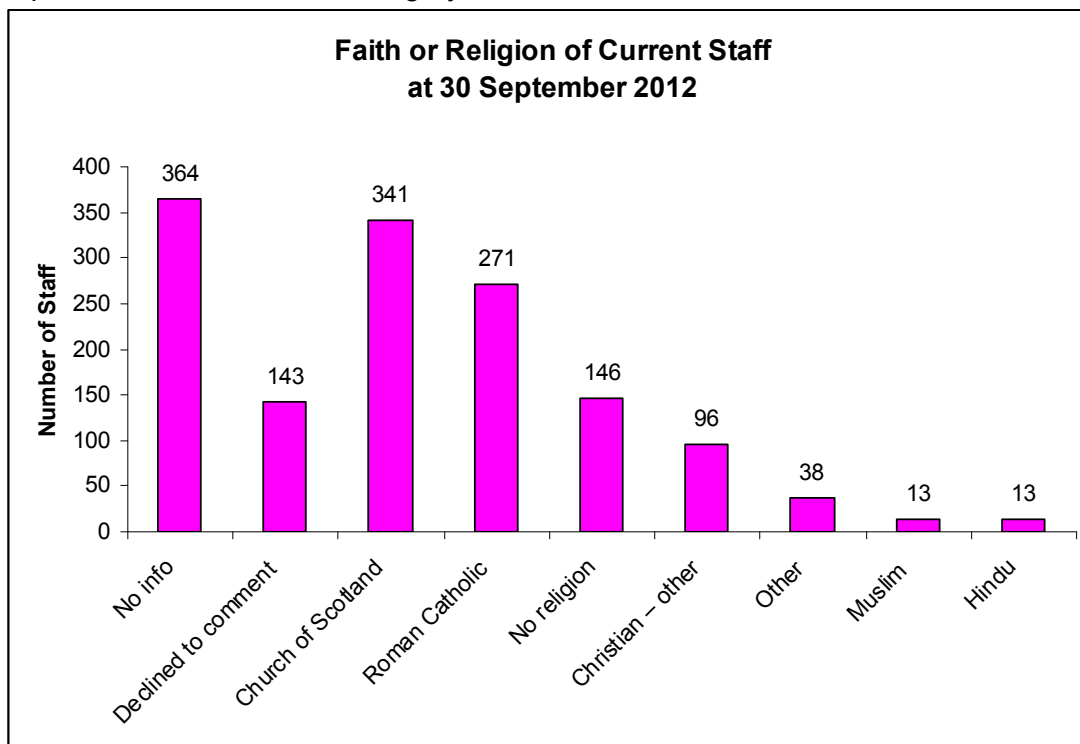
In the current reporting period 1479 people applied for posts in the organisation, just over 464 people were interviewed with 92 people appointed.



Applications, interviewees and newstarts continue to be predominantly White Scottish. The number of applicants from other racial groups remains low at approximately 29% of all applicants.

5.3 Faith & Belief

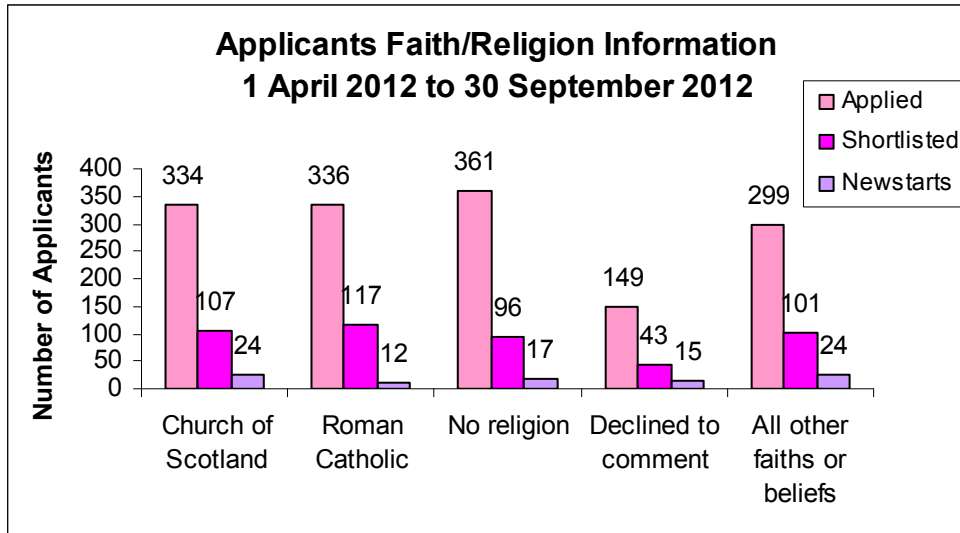
We continue to gather information in respect of the faith or religious beliefs of our staff. The amount of information recorded has continued to increase and we now hold information in respect of 74.5% of our staff. All faiths for which there are fewer than 5 members of staff e.g. the Jewish faith are not reported individually they are captured within the “other” category.



Faith & Belief and Recruitment

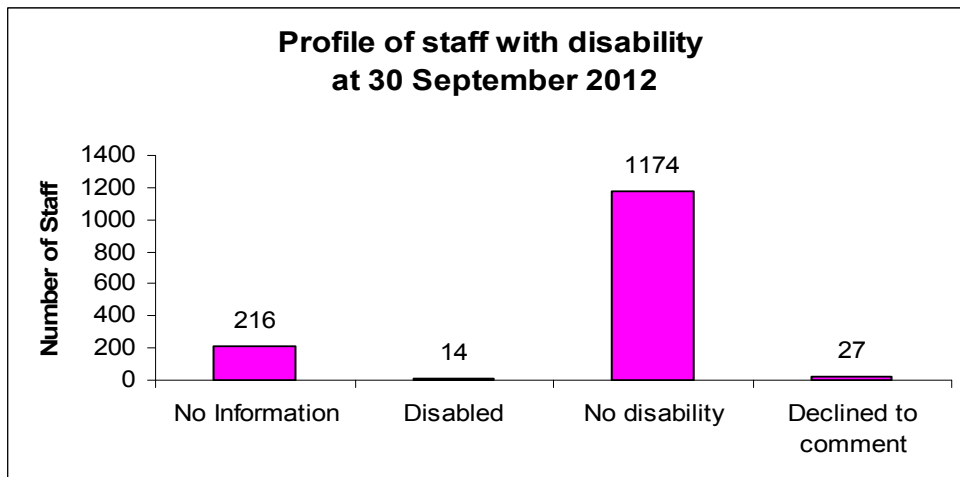
The number of applicants in the period April to September 2012 is 1,479. The proportion of candidates applying in the first three categories outlined below is broadly similar. The same number of candidates who listed their religion as “Church of Scotland” and “All Other Faiths or Beliefs” were appointed.

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. This information is not shared with department managers at any stage of the process before, during or after recruitment. It is therefore fair to assume that there is no discrimination on the grounds of faith and belief during the process.



5.4 Disability

The following chart illustrates the information currently held with regards to staff. We have significantly improved the data held in relation to this protected characteristic with the number of staff for whom no information was held reducing to 15%.

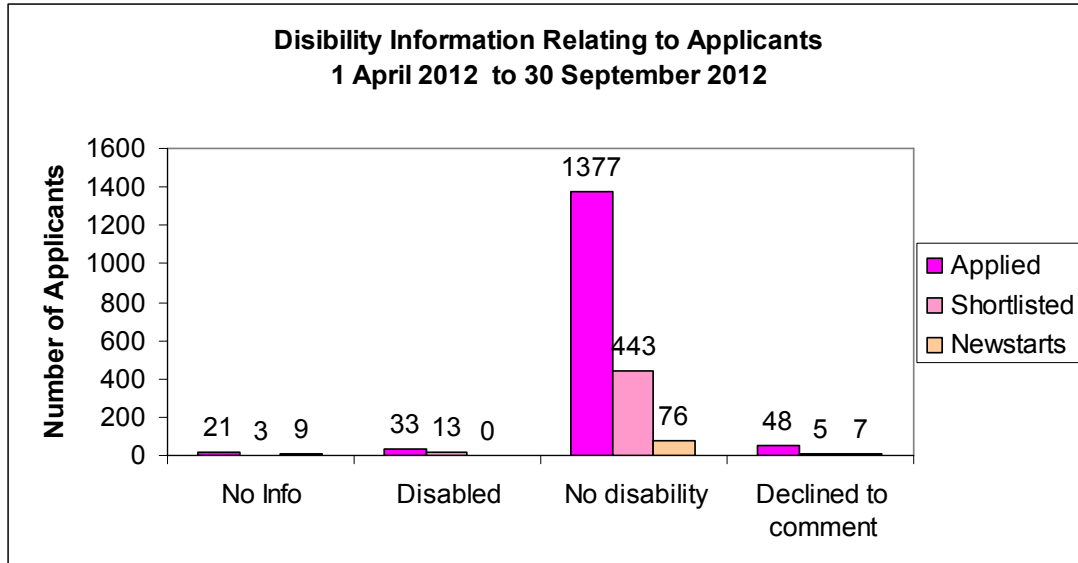


Disability and Recruitment

Of the 33 applicants who stated that they had a disability, 13 were shortlisted but none were appointed.

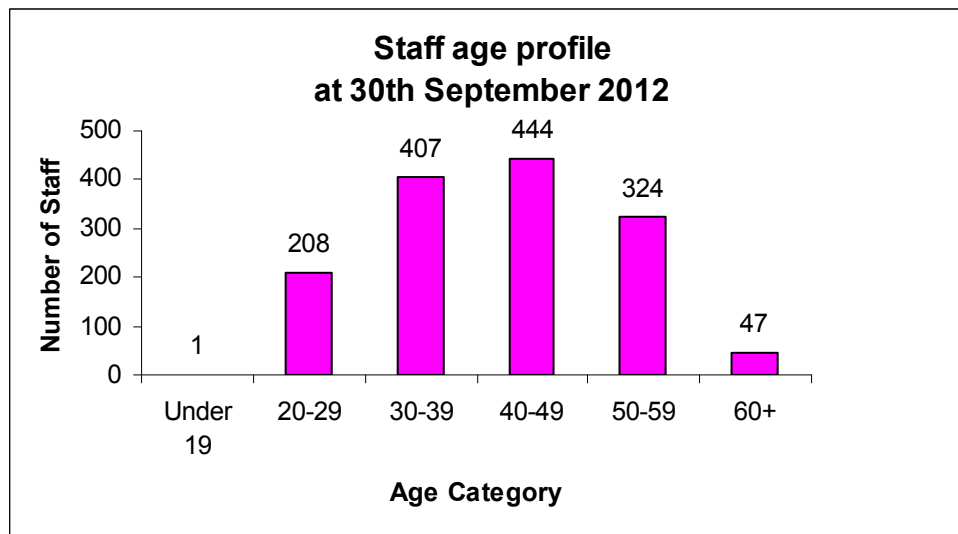
The Disability Symbol Scheme continues to be implemented fairly and consistently and is regularly monitored as part of the normal recruitment process. This ensures that anyone who indicates that they have a disability and meets the essential criteria for the role will be guaranteed an interview.

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.

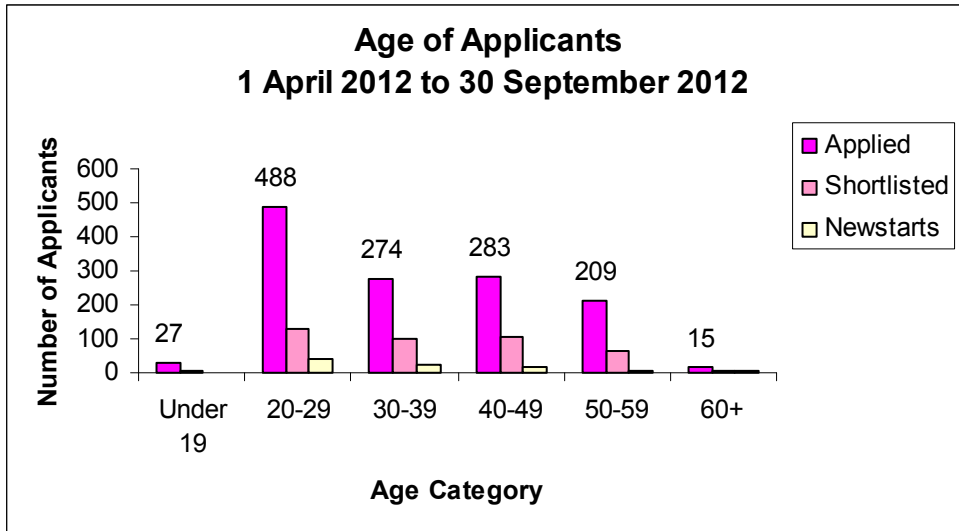


5.5 Age

The following chart illustrates the age profile of staff. There is little change since the last reporting period with a slight reduction in the 30 – 39 and 40 – 49 age groups and a small increase in the 20 -29 and 50 – 60+ age ranges.

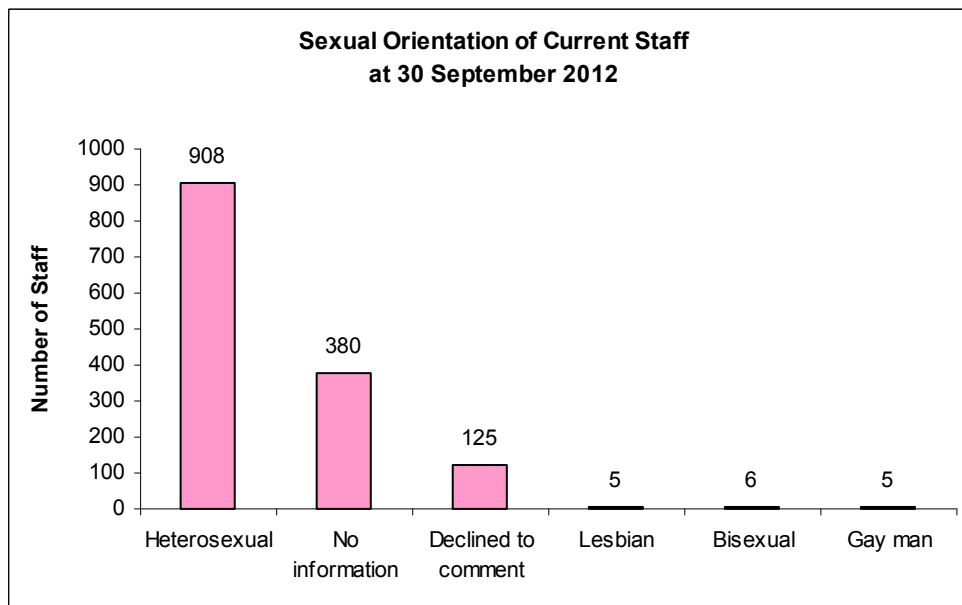


As illustrated below, applicants in the range 20 to 29 continue to be significantly higher with a slightly higher number of appointments in this age range.



5.6 Sexual Orientation

The numbers illustrated in the graph below remain fairly static with the only change of note being that we are now able to report on the category “Gay Man” as there are now 5 people in this group. The category “other” contains less than 5 members of staff and is therefore not reported.



5.7 Discipline, Grievance & Equality

During the past 6 months there have been a total of 19 disciplinary cases. 6 resulted in first and final warnings, 10 first written warnings, one demotion and two dismissals. This represents a fairly significant increase 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 3 new grievances in this period.

5.8 Gender Reassignment

We currently have no staff recorded in this category.

6. Other Information

6.1 Organisational Review

No further Organisational Reviews have taken place since the last reporting period. There are a number of smaller departmental reviews currently under way with a review of the Administrative Team in Regional and National Medicine nearing a conclusion. The review of the Beardmore has moved forward with a review of their current housekeeping services currently ongoing. The Laboratories team and the Rehabilitation team are embarking on reviews which will be carried out in partnership.

6.2 Voluntary Severance

A further voluntary severance scheme was opened to staff that meet 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 is in progress and a further update will be provided in the next Workforce Monitoring Report.