

NHSScotland Workforce Information

Quarterly update of Staff in Post and Vacancies at

31 December 2016

Publication date – 7 March 2017



Contents

Introduction	2
Main points.....	4
Results and Commentary	5
1. Staff in Post.....	5
1.1 Staff groupings	5
1.2 Trend in Staff Numbers.....	7
2. Medical & Dental staff	8
2.1 Staff in Post	8
2.2 Consultant Vacancies	13
3. Nursing and Midwifery.....	15
3.1 Staff in Post	15
3.2 Vacancies	17
4. Allied Health Professions	20
4.1 Staff in Post	20
4.2 Vacancies	22
5. Contract Type and Gender.....	25
Glossary.....	29
List of Tables.....	30
Contact.....	32
Further Information.....	32
NHS Performs	32
Rate this publication	32
Appendices	33
A1 – Background Information	33
A2 – Publication Metadata (including revisions details)	35
A3 – Early Access details (including Pre-Release Access)	37
A4 – ISD and Official Statistics	38

Introduction

The NHSScotland workforce has a significant role to play in the delivery of quality services that meet the needs of patients, their families and the general public in a modern health service.

In June 2013, the Scottish Government launched the [2020 Workforce Vision "Everyone Matters"](#) to ensure that everyone who works for NHSScotland is: treated fairly; empowered to influence the way they work; supported to work to the best of their ability; supported to keep their skills and knowledge up to date.

The [2020 Workforce Vision Implementation Framework and Plan 2014-15](#) sets out the key ambitions, as well as the main challenges, facing the future provision of healthcare services in Scotland. The programme also sets out a framework of what the workforce needs to look like in order to deliver against those ambitions and achieve the 2020 Vision for Healthcare in Scotland.

This report incorporates all staff directly employed by NHS Boards and excludes those working as independent contractors, such as locums, General Medical Practitioners (GPs) and General Dental Practitioners (GDPs). To meet the demand of the public and workforce planning stakeholders, Information Services Division (ISD) has been releasing quarterly workforce information since 2011 providing greater granularity and offering an insight into any possible seasonal variation that isn't always apparent in yearly comparisons. Prior to this, workforce data was released annually as at 30 September in each year. Due to varying sources and frequency of bespoke data collections, the breadth of data released across the year varies. Further detail on the quarterly publication cycle is captured in this [timetable](#).

This latest release of NHSScotland workforce information as at 31 December 2016 includes:

- Trend data for all staff in post across all job families incorporating indicators such as age, gender, contract type, Agenda for Change band, grade, and speciality where applicable.
- Vacancy numbers for nursing and midwifery, allied health professions and consultants.

The primary source of information on staff employed by NHSScotland is the Scottish Workforce Information Standard System (SWISS) which brings together HR and Payroll information. In addition to this, ISD collects a range of information directly from NHS Boards.

As the shape of the workforce continues to evolve and the need for timely and detailed information increases, ISD is committed to improving national Workforce information along with our key stakeholders; the NHS Boards and Scottish Government in order to support local, regional and national workforce planning.

Within this report, section 1 provides an overview of the overall NHSScotland workforce at 31 December 2016, while sections 2, 3 and 4 focus on key staff groups. Section 5 offers a brief overview of Gender / Contract Type information.

R – This publication includes a revision of data to the September 2016 consultant vacancies with a resubmissions made by NHS Grampian due to errors identified in their histopathology figures and a resubmission made by the National Waiting Times Centre due to errors identified in their cardiology figures.

The revision affects the [Consultant Vacancies D2016.xls](#) and [Medical Trend D2016.xls](#) workbooks. The figures for establishment, total vacancies, vacant less than 6 months and vacant 6 months or more for NHS Grampian and the National Waiting Times Centre have been amended accordingly. North Region, the National Bodies and Special Health Boards region and Scotland figures are therefore also affected.

R – This publication includes a revision of data to the September 2016 nursing and midwifery vacancies with resubmissions made by NHS Dumfries & Galloway and NHS National Services Scotland, both due to errors identified in their adult nursing figures and by NHS Western Isles, due to errors identified in their district nursing and health visiting figures.

The revision affects the [Nursing and Midwifery Vacancies D2016.xls](#) and [Non-Medical Trend D2016.xls](#) workbooks. The figures for establishment, total vacancies, vacant less than 3 months, vacant 3 months or more, vacancies as a percentage of establishment, total and 3 months or more for NHS Dumfries & Galloway, NHS Western Isles and NHS National Services Scotland have been amended accordingly. North Region, West Region, National Bodies and Special Health Boards and Scotland figures are therefore also affected.

R – This publication also includes a revision to the non-medical trend table due to an error identified with regional headcount figures for nursing and midwifery. This affected the Direct / Indirect split figures for the neonatal nursing, midwifery (exc. neonatal) and neonatal midwifery sub job families. The figures for March 2014 onwards have now been amended accordingly in the [Non-Medical Trend D2016.xls](#) workbook.

Main points

As at 31 December 2016:

- The number of staff employed by NHSScotland continues to increase gradually. The headcount of 162,302 staff represents a rise of 0.5% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 139,262.0. Over the last 10 years the WTE has risen by 9.6%.
- There were 5,170.3 WTE medical and dental consultants in post, an increase of 1.7% (88.2 WTE) since December 2015 and a reported 42.6% (1,545.7 WTE) since September 2006. Over the last 10 years the greatest percentage increases were reported in emergency medicine (185.1%) and paediatric specialties (84.0%), while medical specialties account for the greatest increase in number (448.6 WTE).
- 6.8% (377.0 WTE) of consultant posts were vacant. This compares to 6.0% at 31 December 2015 and 7.0% at 30 September 2016. Of these vacancies, 180.9 WTE were vacant for more than six months, an increase of 34.0 WTE since 31 December 2015 but a slight decrease of 2.6 WTE since 30 September 2016.
- There were 59,709.1 WTE nursing and midwifery staff in post, an increase of 0.7% (421.7 WTE) from December 2015. Over the last 10 years, the overall WTE has increased by 5.2% and the proportion of qualified staff has increased from 72.2% to 73.5%.
- 4.1% (2,525.5 WTE) of nursing and midwifery posts were vacant. This compares to 3.6% at 31 December 2015 and 4.3% at 30 September 2016. Of these vacancies, 736.5 WTE were vacant for 3 months or more, an increase of 185.4 WTE since 31 December 2015 but a decrease of 88.1 WTE since 30 September 2016.

Results and Commentary

Throughout the report, tables and charts providing an overview of the national workforce are supplemented by detailed trend information at NHS Board level via excel tables available [here](#). Please note, reported figures exclude an array of staff within various staff groups that contribute to the provision of service but are not employed directly by NHS Boards.

1. Staff in Post

This section provides a summary of all staff directly employed by NHSScotland as at 31 December 2016 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as [headcount](#) and [whole time equivalent \(WTE\)](#), which adjusts the figure to take account of part time working.

1.1 Staff groupings

The number of staff employed by NHSScotland continues to increase gradually. At 31 December 2016, NHSScotland had a total headcount of 162,302 staff, which represents a rise of 0.5% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 139,262.0.

Table 1 presents recent trends in workforce by staff group. The majority of the 952.0 WTE increase in staff since 31 December 2015 was seen in HCHS medical staff (223.4 WTE), nursing and midwifery (421.7 WTE) and other therapeutic services (198.5 WTE). Significant annual increases have also been observed in the ambulance services (5.0%), medical and dental support (5.2%) and personal and social care (7.8%) staff groups.

Table 1: NHSScotland Workforce Trend (WTE) by Staff Group

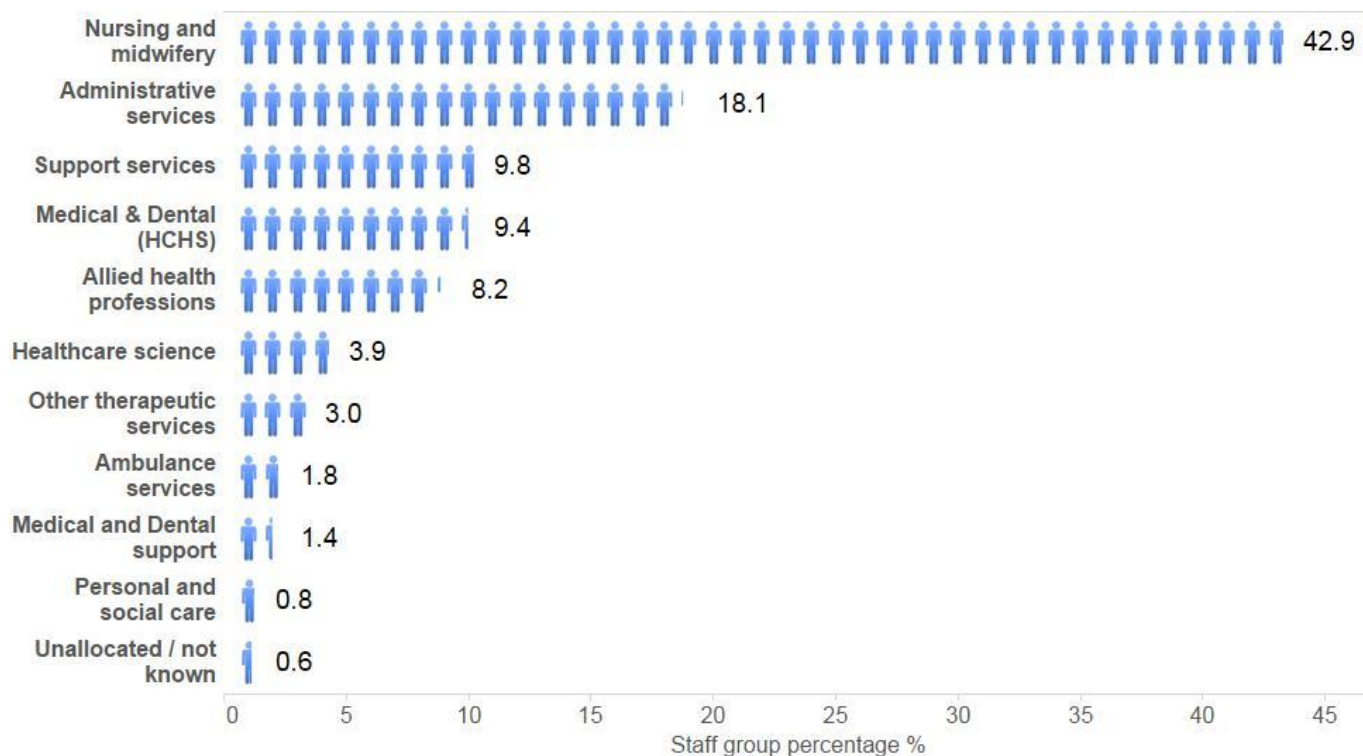
Staff Group	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
All NHSScotland staff	138,310.0	138,651.2	139,262.0	0.4%	0.7%
Medical (HCHS) ¹	12,180.4	12,467.8	12,403.8	-0.5%	1.8%
Dental (HCHS) ¹	642.3	649.9	643.3	-1.0%	0.1%
Medical and dental support	1,894.0	1,930.3	1,992.4	3.2%	5.2%
Nursing and midwifery	59,287.4	59,161.0	59,709.1	0.9%	0.7%
Allied health professions	11,369.3	11,477.6	11,479.3	0.0%	1.0%
Other therapeutic services	3,954.9	4,059.9	4,153.4	2.3%	5.0%
Personal and social care	1,069.1	1,118.5	1,152.4	3.0%	7.8%
Healthcare science	5,443.8	5,450.8	5,485.5	0.6%	0.8%
Ambulance services	2,451.7	2,554.9	2,574.5	0.8%	5.0%
Administrative services	25,245.1	25,224.7	25,188.3	-0.1%	-0.2%
Support services	13,838.8	13,767.5	13,709.2	-0.4%	-0.9%
Unallocated / not known ³	933.3	788.3	770.8	-2.2%	-17.4%

Notes:

1. HCHS - Hospital, Community, and Public Health Services (excluding independent contractors)
2. NHS Highland and Highland Council are currently developing an integrated model for health and social care. Staff involved in the delivery of core integrated services started to transfer from Highland Council to NHS Highland in June 2012. Staff who have transferred into NHS Highland but have not yet been assimilated to AfC are currently recorded as unallocated / not known.

Figure 1 outlines the current shape of the national workforce. The largest staff group is nursing and midwifery which represents 42.9% of all NHSScotland staff. The next largest staff group is administrative services with 18.1%.

Figure 1: NHSScotland Workforce Staff Group^{1,2} Percentages (WTE) as at 31 December 2016



Notes:

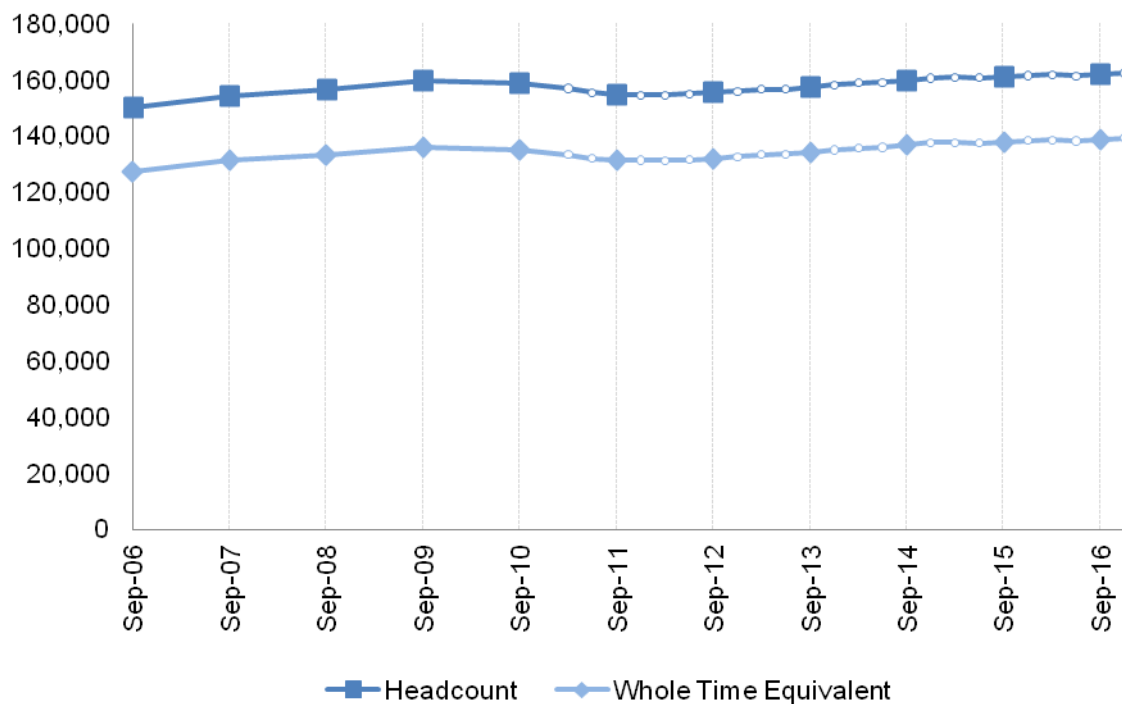
1. A list of the sub job families within each staff group can be found [here](#).
2. HCHS - Hospital, Community, and Public Health Services (excluding independent contractors)

Detailed NHS Board information on the overall workforce, incorporating indicators such as staff group, age, contract type and gender is available [here](#).

1.2 Trend in Staff Numbers

Figure 2 illustrates the change in staff numbers over time. With the exception of a small downward trend between 2009 and 2011, the workforce has continued to grow over the last ten years. The number of staff employed has increased by 8.2% (12,350), while the WTE has increased by 9.6% (12,200.1) since September 2006.

Figure 2: NHSScotland Total Workforce Trend¹



Notes:

1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

NHS Board trend information by staff group is available [here](#).

2. Medical & Dental staff

2.1 Staff in Post

At 31 December 2016, Hospital, Community, and Public Health Services (HCHS) medical and dental staff accounted for 9.4% (13,047.1 WTE) of the NHSScotland workforce. This cohort includes doctors and NHS salaried dentists, including those in training. 39.6% of the medical and dental workforce are consultants, a proportion that has increased by 4.0% since September 2006.

Table 2: NHSScotland Medical and Dental Staff in Post (WTE)

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
HCHS medical and dental staff⁸	12,822.7	13,117.7	13,047.1	-0.5%	1.8%
Consultant ¹	5,082.1	5,174.5	5,170.3	-0.1%	1.7%
Director (Clinical, Medical & Dental) ^{2,6}	76.3	129.2	129.2	0.0%	69.3%
Staff and associate specialist grades ³	1,301.3	1,226.5	1,217.9	-0.7%	-6.4%
Doctors in training ⁴	5,865.3	5,832.5	5,779.3	-0.9%	-1.5%
Other grades ^{5,7}	497.7	755.0	750.3	-0.6%	50.8%

Notes:

1. Staff in the consultant group include consultants and directors of public health.
2. Staff in the director (clinical, medical & dental) group include assistant chief administrative dental officer, assistant clinical director, chief administrative dental officer, clinical director and medical director.
3. Staff in the staff and associate specialist group include staff, associate specialist, clinical medical officer, hospital practitioner, limited specialist, part time dental practitioner para 107 app, part time medical practitioner para 94 app. [clin ass], senior clinical medical officer, specialty doctor, dental officer and senior dental officer.
4. Staff in the doctors in training group include foundation year 1, foundation year 2, doctors in training with NTN, and doctors in training with no NTN.
5. Staff in the other group include clinical fellow, dental advisor [CSA only], dental core training - grade 1, dental core training - grade 2, general professional trainee - dental, other, prescribing advisor, salaried GDP, salaried GP and Sessional GP out of hours.
6. The increase in the number of directors (clinical, medical & dental) is due to previous under reporting from NHS Lothian.
7. The increase in the number of other grades is mainly due to NHS Greater Glasgow & Clyde filling general practice specialty training posts with clinical fellows rather than locum appointments for training as they did previously.
8. As from the 1st April 2016, NHS Grampian's medical and dental figures include medical leadership and support roles such as GP Appraisers, GP Sub Committee Members, Clinical Leads, Medical Director, most of these have a low WTE.

The current 5,170.3 WTE shown in Table 3 represents an increase of 1.7% in consultant doctors and dentists since 31 December 2015 with medical specialties responsible for the largest annual increase (80.7 WTE).

Table 3: NHSScotland Consultants¹ in Post (WTE) by Specialty Groups²

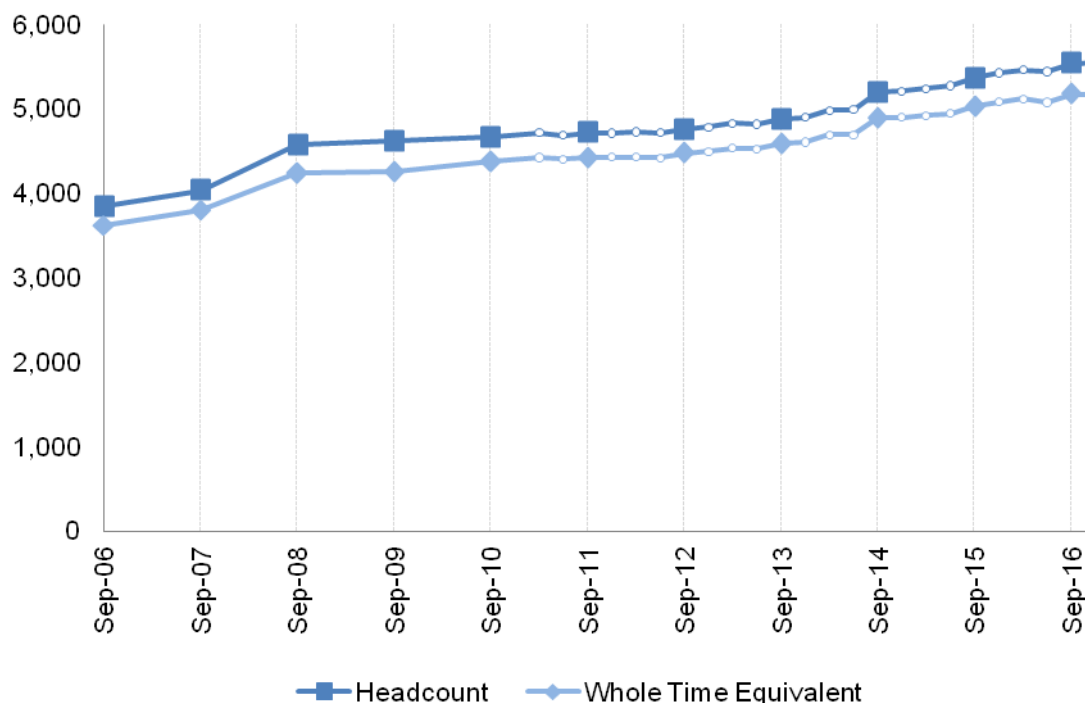
	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
All specialties	5,082.1	5,174.5	5,170.3	-0.1%	1.7%
Emergency medicine	212.3	216.4	216.0	-0.2%	1.7%
Anaesthetics	729.2	731.9	730.9	-0.1%	0.2%
Obstetrics and gynaecology	250.5	249.5	244.8	-1.9%	-2.3%
Clinical laboratory specialties	628.6	634.5	633.2	-0.2%	0.7%
Medical specialties	1,161.0	1,238.4	1,241.7	0.3%	7.0%
Psychiatric specialties	546.6	554.7	548.9	-1.0%	0.4%
Surgical specialties	972.3	966.4	969.3	0.3%	-0.3%
Paediatrics specialties	304.6	306.6	307.7	0.4%	1.0%
Other specialties ²	188.9	180.2	181.3	0.6%	-4.0%
Dental specialties	88.1	96.0	96.4	0.4%	9.4%

Notes:

1. Includes Directors of Public Health
2. A list of specialties within each specialty group can be found [here](#).

Figure 3 illustrates the ongoing growth in number of consultants employed by NHSScotland since 2006. The reported number of consultants employed has increased 44.2% (1,702), while the WTE has increased by 42.6% (1,545.7).

Figure 3: NHSScotland Medical and Dental Consultants Trend^{1,2,3}



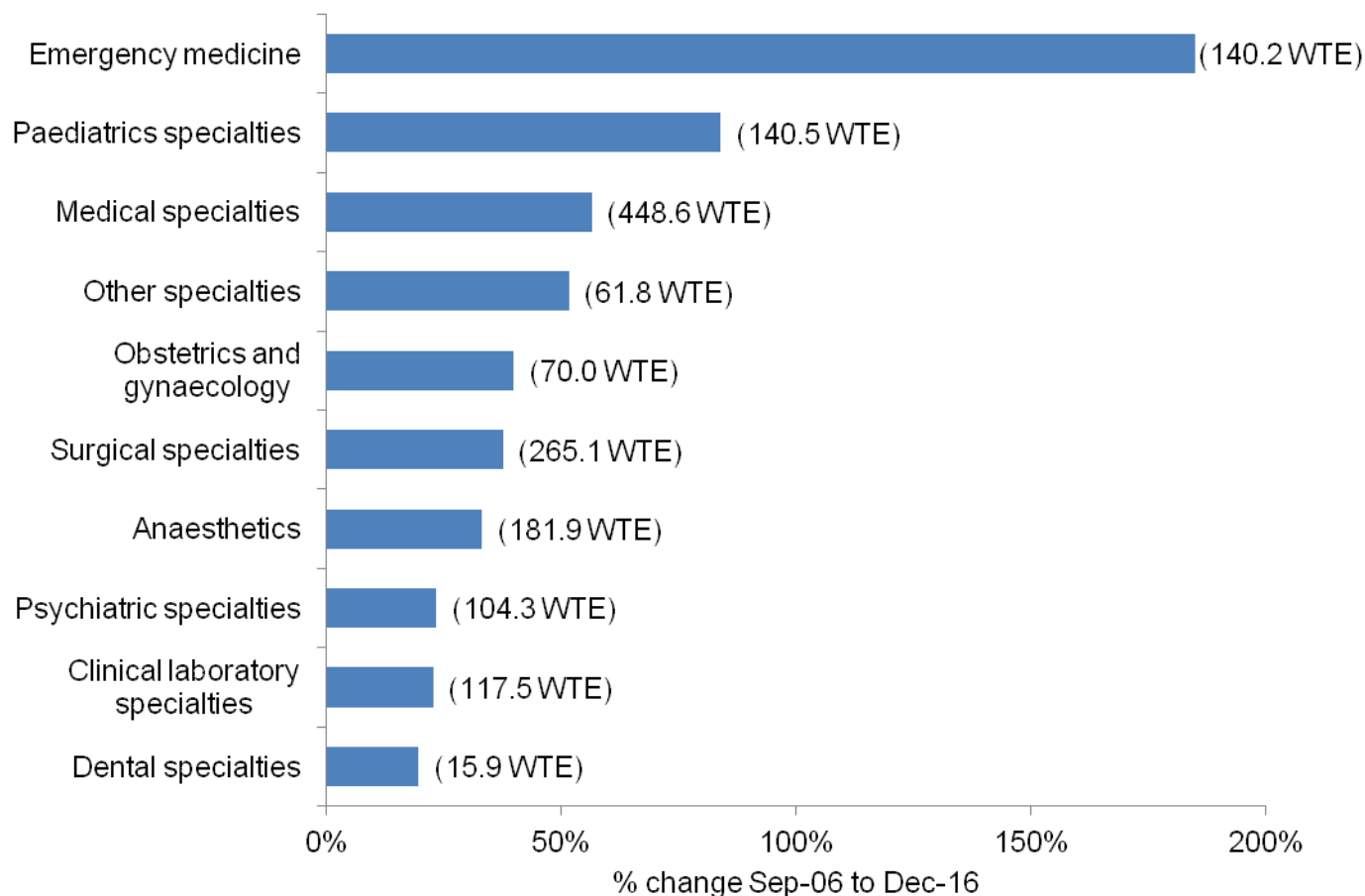
Notes:

1. Includes Directors of Public Health.
2. Data capture and reporting of medical and dental staff by grade has improved over time. While this results in more robust information, caution should be taken when considering long term trends. Specifically, the number of consultants recorded increased noticeably in 2008 and 2014. This relates to migration of source data in 2008 and improved quality assurance following on from the introduction of a new HR system in 2014.
3. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

NHS Board trend information on consultants by specialty is available [here](#).

Split by specialty group, Figure 4 illustrates the percentage and WTE change for consultants in post since September 2006. The biggest percentage increases were reported in emergency medicine (185.1%) and paediatric specialties (84.0%) while medical specialties account for the greatest reported increase in number (448.6 WTE).

Figure 4: Change of NHSScotland Consultants¹ in Post from September 2006 to December 2016 by Specialty Group²



Notes:

1. Includes Directors of Public Health
2. A list of specialties within each specialty group can be found [here](#).
3. Data capture and reporting of medical and dental staff by grade has improved over time. While this results in more robust information, caution should be taken when considering long term trends. Specifically, the number of consultants recorded increased noticeably in 2008 and 2014. This relates to migration of source data in 2008 and improved quality assurance following on from the introduction of a new HR system in 2014.

NHS Board information on consultants in post by specialty is available [here](#).

Table 4 indicates that, while the number of doctors in training grades has decreased by 1.5% since 31 December 2015 to 5,779.3 WTE, there has been an increase in areas such as the emergency medicine (14.1%, 41.0 WTE), clinical laboratory specialties (4.1%, 10.5 WTE) and psychiatric specialties (3.6%, 14.4 WTE) staff groups.

There was a large decrease to the number with a not known medical specialty (part of the 'other specialties' grouping) which fell from 251.5 WTE to 124.7 WTE over the same period. This is likely to be a result of improved recording.

Table 4: NHSScotland Doctors in training (WTE) by Specialty Groups

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
All specialties	5,865.3	5,832.5	5,779.3	-0.9%	-1.5%
Emergency medicine	290.7	328.8	331.7	0.9%	14.1%
Anaesthetics	426.2	435.0	432.0	-0.7%	1.4%
Obstetrics and gynaecology	291.5	281.8	288.2	2.3%	-1.1%
Clinical laboratory specialties	253.2	268.1	263.7	-1.6%	4.1%
Medical specialties	1,715.9	1,689.8	1,711.1	1.3%	-0.3%
Psychiatric specialties	401.7	393.7	416.1	5.7%	3.6%
Surgical specialties	1,203.8	1,162.9	1,198.4	3.1%	-0.4%
Paediatrics specialties	387.8	358.9	371.9	3.6%	-4.1%
Other specialties ²	822.7	851.0	704.9	-17.2%	-14.3%
Dental specialties	71.8	62.6	61.4	-1.9%	-14.5%

Notes:

1. Doctors in training group includes the Foundation House Officer Year 1, Foundation House Officer Year 2, Doctor in Training (with NTN) and Doctor in Training (no NTN) medical grades.
2. Other specialties group includes intensive care medicine, public health medicine, occupational medicine, community sexual and reproductive health, general practice and consultants with a not known medical specialty.

2.2 Consultant Vacancies

In addition to staff in post, Table 5 presents the change in vacancy figures over the last year. At 31 December 2016, 6.8% (377.0 WTE) of consultant posts were vacant. This compares to 6.0% at 31 December 2015 and 7.0% at 30 September 2016. Of these vacancies, 180.9 WTE were vacant for more than six months, an increase of 34.0 WTE since 31 December 2015 but a slight decrease of 2.6 WTE since 30 September 2016.

Table 5: NHSScotland Consultant¹ Vacancies (WTE)

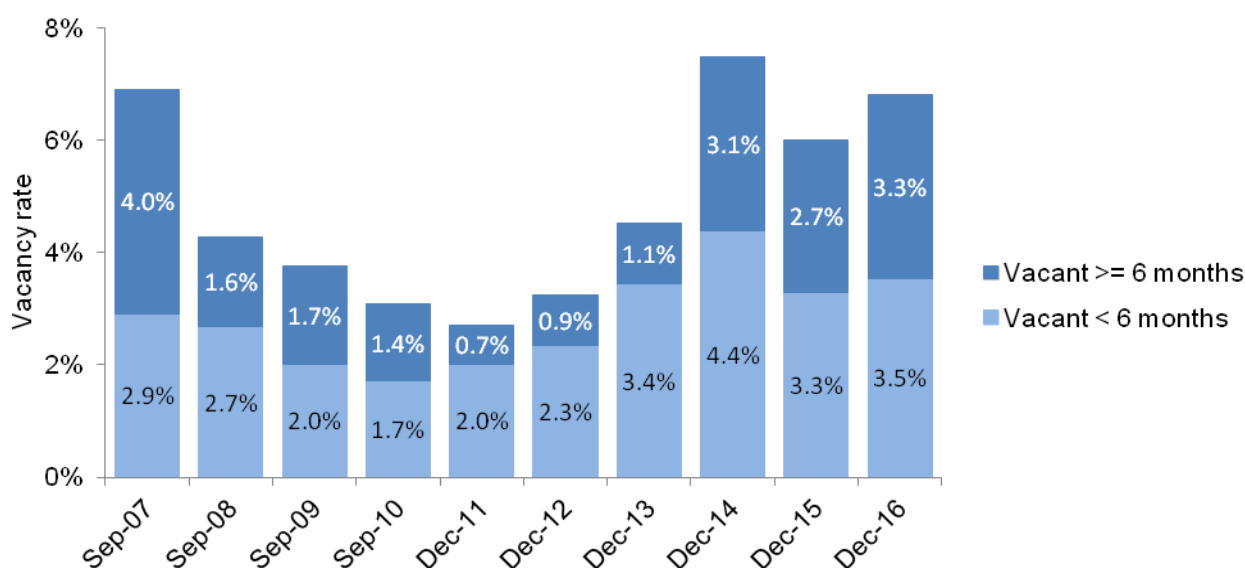
	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
Total vacancies ²	324.8	389.9	377.0	-3.3%	16.1%
Vacant 6 months or more	146.9	183.5	180.9	-1.4%	23.1%
Total vacancy rate ³	6.0%	7.0%	6.8%		

Notes:

1. Includes Directors of Public Health.
2. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore the denominator may include double counting.
3. The denominator used to calculate the vacancy rate is the sum of the total staff in post and total vacancies.

Figure 5 shows the change in rate for consultant posts as at 30 September for 2007 to 2010 (data collected annually) and as at 31 December from 2011 to 2016. Consultant vacancies are split into 'vacant for less than six months' and 'vacant for six months or more'. Since September 2007, the overall vacancy rate has decreased from 6.9% to 6.8% and the proportion of consultant posts remaining vacant for over six months has decreased 4.0% to 3.3%.

Figure 5: Consultant Vacancy Rates by Length of Vacancy¹



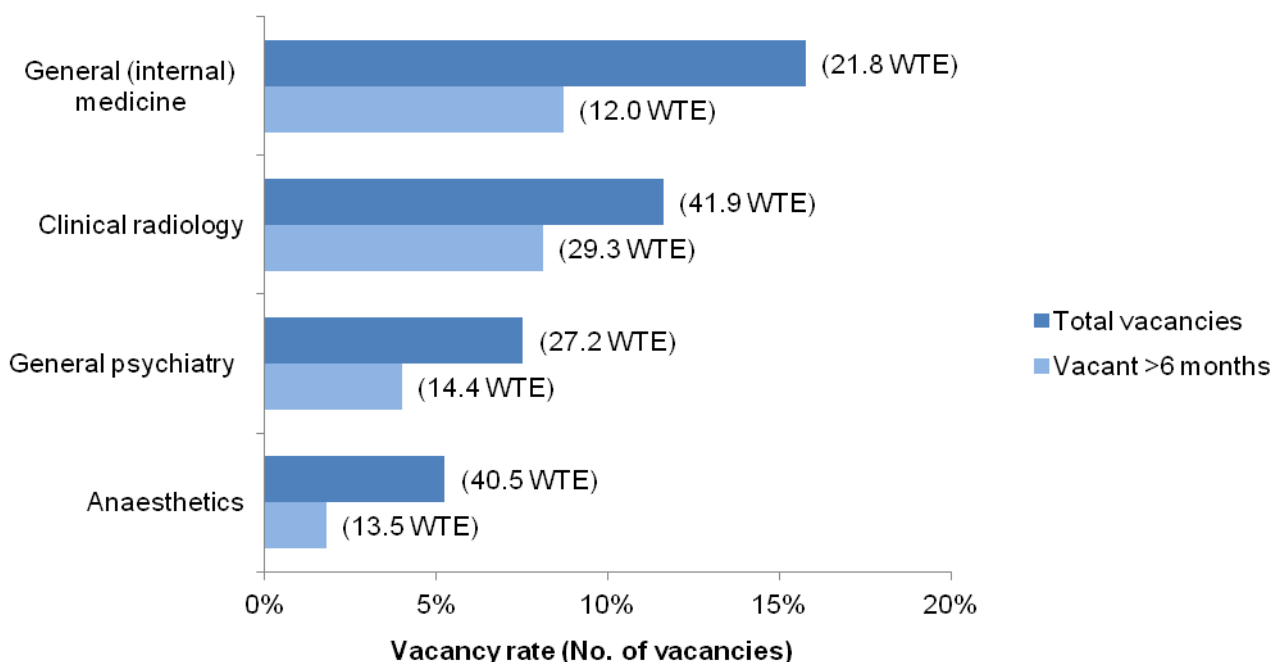
Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.

Figure 6 shows that the highest numbers of vacancies at 31 December 2016 were recorded in general (internal) medicine (15.8% vacancy rate), clinical radiology (11.6%), general psychiatry (7.5%) and anaesthetics (5.3%).

These specialties also had the highest numbers of posts vacant for six months or more – general (internal) medicine (8.7%), clinical radiology (8.1%), general psychiatry (4.0%) and anaesthetics (1.8%).

Figure 6: Consultant Vacancy Rates



Further information on consultant vacancies by specialty and NHS Board is available [here](#).

Trend information on consultant vacancies back to 2003 is available [here](#).

3. Nursing and Midwifery

3.1 Staff in Post

At 31 December 2016, nursing and midwifery staff accounted for 42.9% (59,709.1 WTE) of the workforce in NHSScotland of which 73.5% of staff were qualified¹. Overall, the proportion of qualified staff has increased by 1.3% since September 2006.

Table 6 indicates that the overall number of nursing and midwifery staff has increased by 0.7% since December 2015. Nursing staff increased by 0.9% (494.8 WTE) to 56,762.6 WTE with qualified staff accounting for around two-thirds of this increase. Midwifery staff decreased by 2.1% (61.1 WTE) to 2,874.5 WTE, this was primarily due to a 2.3% decrease in qualified staff.

Table 6: NHSScotland Nursing and Midwifery Staff in Post (WTE)

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
Nursing and midwifery	59,287.4	59,161.0	59,709.1	0.9%	0.7%
Nursing ³	56,267.8	56,246.3	56,762.6	0.9%	0.9%
Qualified ¹	41,090.9	40,690.1	41,430.2	1.8%	0.8%
Unqualified ²	15,176.9	15,556.2	15,332.4	-1.4%	1.0%
Midwifery ³	2,935.6	2,847.8	2,874.5	0.9%	-2.1%
Qualified ¹	2,447.7	2,353.0	2,390.6	1.6%	-2.3%
Unqualified ²	487.9	494.7	483.9	-2.2%	-0.8%
Not assimilated/not known	84.0	67.0	72.0	7.6%	-14.3%

Notes:

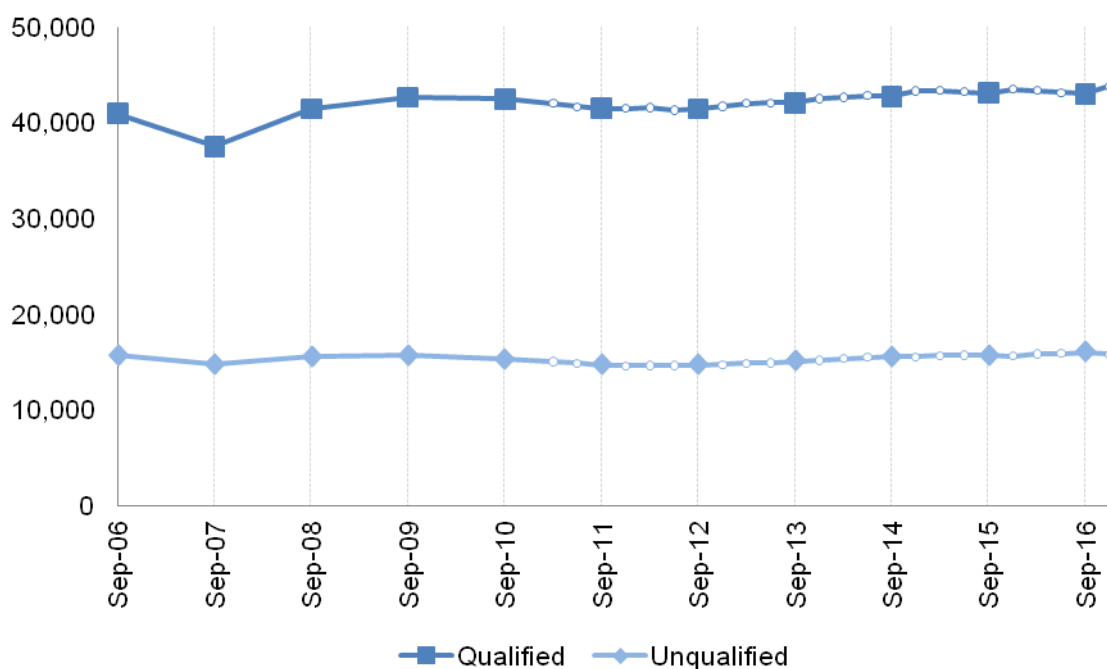
1. Qualified is Agenda for Change bands 5 and above, including interns.
2. Unqualified is Agenda for Change bands 1 to 4.
3. Following a recoding exercise in NHS Greater Glasgow & Clyde, from 31 September 2016 onwards there was a shift from number of staff in post reported in paediatrics and neonatal midwifery to neonatal nursing. This accounted for a 40.0 WTE drop in midwifery for September 16.

Figure 7 illustrates the trend in the number of qualified¹ and unqualified² nursing and midwifery staff employed by NHSScotland.

The gradual upward trend which began in June 2012 has continued with the number of qualified nursing and midwifery staff increasing by 6.0% (2,481.8 WTE) since then while the number of unqualified staff has increased by 7.8% (1,145.2 WTE).

In comparison to September 2006, the number of qualified nursing and midwifery staff has increased by 6.8% (2,794.7 WTE) while the number of unqualified staff has increased by 0.4% (58.6 WTE).

Figure 7: NHSScotland Nursing and Midwifery Trend^{1,2,3,4}



Notes:

1. Qualified nurses and midwives in 2006 are registered nurses and midwives, for 2007 on they are Agenda for Change (AfC) bands 5 and above, including interns.
2. Unqualified nursing and midwifery staff in 2006 are unregistered, for 2007 on they are AfC bands 1 to 4.
3. 2007 was a transitional year while staff assimilated to the new Agenda for Change terms and conditions.
4. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

NHS Board information on nursing and midwifery staff in post by sub job family, Agenda for Change band, age, gender, contract type and location of service delivery is available [here](#).

3.2 Vacancies

In addition to staff in post, Table 7 presents the change in vacancy figures over the last year. At 31 December 2016, 4.1% (2,525.5 WTE) of nursing and midwifery posts were vacant. This compares to 3.6% at 31 December 2015 and 4.3% at 30 September 2016.

Of these vacancies, 736.5 WTE posts were vacant for more than three months, an increase of 185.4 WTE since December 2015. However this also represents a decrease of 88.1 WTE from the figure reported as at 30 September 2016.

Table 7: NHSScotland Nursing and Midwifery Vacancies (WTE)

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
Total vacancies ¹	2,188.7	2,641.5	2,525.5	-4.4%	15.4%
Vacant 3 months or more	551.1	824.6	736.5	-10.7%	33.6%
Total vacancy rate ²	3.6%	4.3%	4.1%		

Notes:

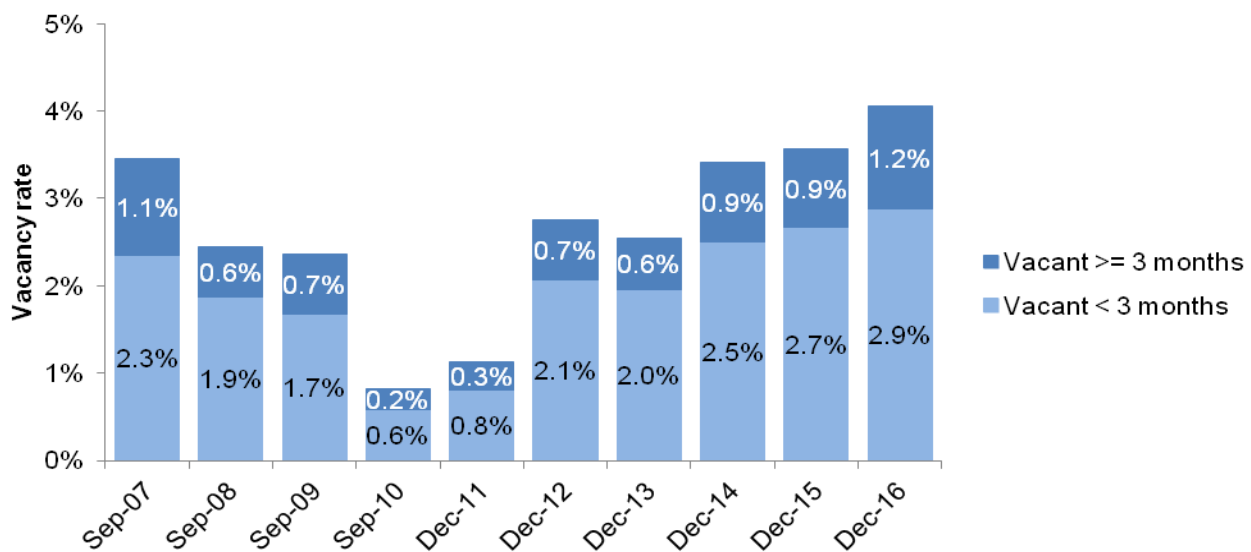
1. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore the denominator may include double counting.
2. The denominator used to calculate the vacancy rate is the sum of the total staff in post and total vacancies.

Figure 8 shows nursing and midwifery vacancy rates as at 30 September for 2007 to 2010 (data collected annually) and 31 December from 2011 to 2016. Nursing and midwifery vacancies are split into 'vacant for less than three months' and 'vacant for three months or more'.

Since September 2007, the overall vacancy rate has increased from 3.5% to 4.1%¹. The proportion of posts remaining vacant for over three months has increased slightly from 1.1% to 1.2% over the same period.

The low vacancy rates in 2010 and 2011 coincide with the economic downturn and reflect a reduction in active recruitment during this period.

Figure 8: Nursing and Midwifery Vacancy Rates by Length of Vacancy¹

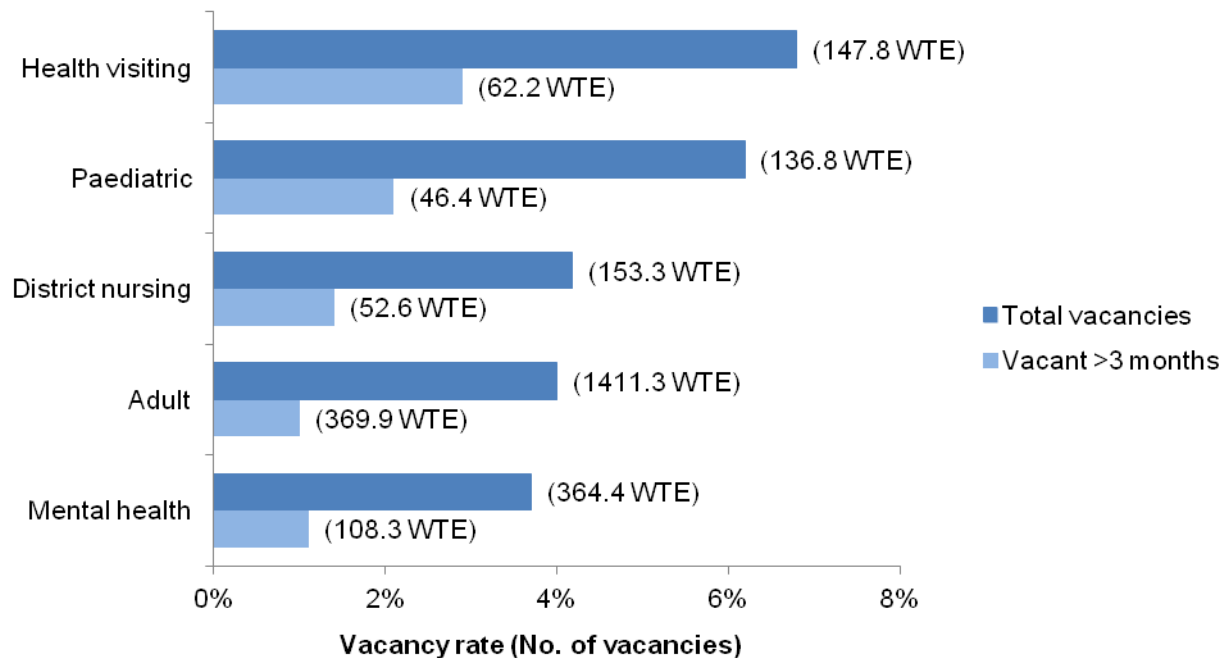


Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.

Figure 9 shows that the highest numbers of vacancies as at 31 December 2016 were recorded in health visiting (6.8% vacancy rate), paediatrics (6.2%), district nursing (4.2%), adult (4.0%) and mental health (3.7%). These same specialties also had the highest rates for posts vacant three months or more.

Figure 9: Nursing and Midwifery Vacancy Rates



NHS Board information on nursing and midwifery vacancies by sub job family, Agenda for Change band group and location of service delivery is available [here](#).

Trend information on nursing and midwifery vacancies back to 2007 is available [here](#).

4. Allied Health Professions

4.1 Staff in Post

Allied health professions are a distinct group of health professionals and support staff that provide a range of diagnostic, technical, therapeutic and direct patient care and support services.

Allied health professions staff accounted for 8.2% (11,479.3 WTE) of the NHSScotland workforce at 31 December 2016. Table 8 provides staff in post figures over the last year broken down by profession.

The majority of the 1.0% (110.0 WTE) increase in allied health professions staff since December 2015 was seen in physiotherapy (34.7 WTE), Diagnostic Radiography (34.0 WTE) and paramedics (20.3 WTE).

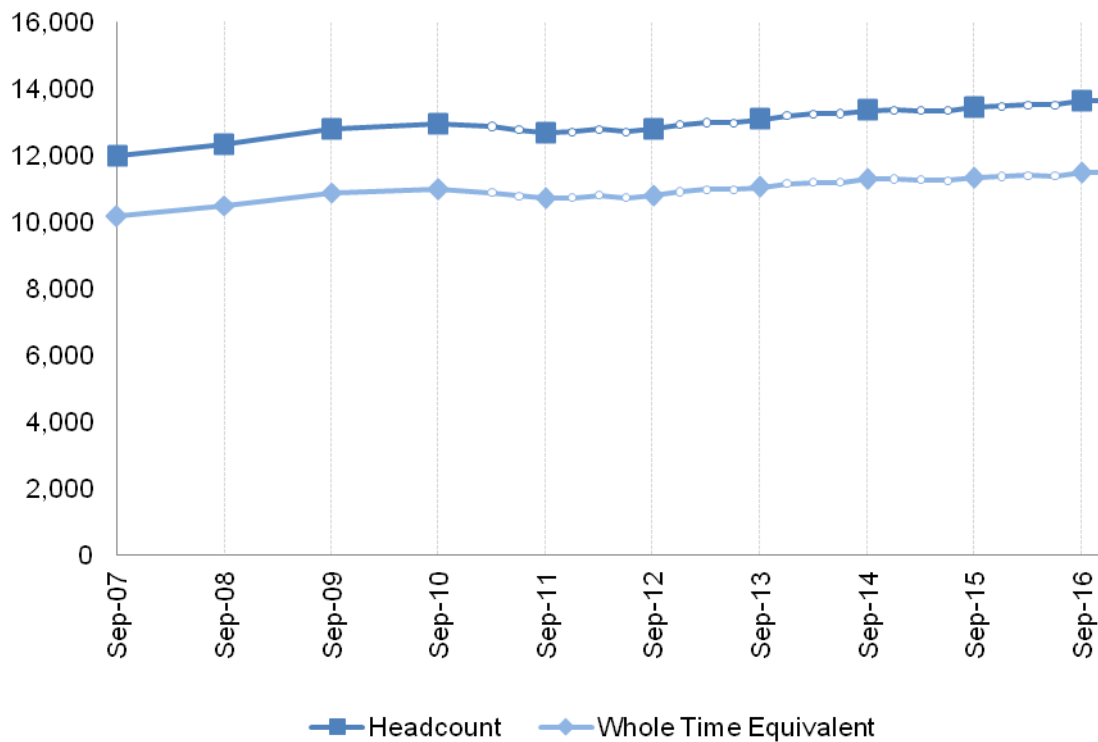
Table 8: NHSScotland Allied Health Professions Staff in Post (WTE)

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
Allied health professions	11,369.3	11,477.6	11,479.3	0.0%	1.0%
Arts therapy (art/music/drama)	23.2	21.3	22.3	4.7%	-3.9%
Dietetics	737.5	742.5	747.7	0.7%	1.4%
Occupational therapy	2,227.8	2,240.3	2,234.6	-0.3%	0.3%
Orthoptics	97.9	96.5	97.7	1.2%	-0.2%
Orthotics	70.2	76.0	76.3	0.5%	8.7%
Paramedics	1,365.2	1,400.2	1,385.5	-1.0%	1.5%
Physiotherapy	2,796.2	2,838.6	2,830.9	-0.3%	1.2%
Podiatry	657.9	640.4	638.4	-0.3%	-3.0%
Prosthetics	25.1	28.1	27.7	-1.4%	10.4%
Radiography	2,248.2	2,282.4	2,293.1	0.5%	2.0%
Diagnostic	1,978.8	2,002.7	2,012.8	0.5%	1.7%
Therapeutic	269.4	279.6	280.3	0.2%	4.1%
Speech and language therapy	964.4	954.7	962.2	0.8%	-0.2%
Multi skilled	155.7	156.7	162.9	4.0%	4.7%

Figure 10 illustrates the growth in the number of allied health professions staff employed by NHSScotland since September 2007, with headcount increasing by 13.7% (1,646) and WTE increasing by 12.7% (1,294.0).

Please note, paramedics from ambulance services were reclassified as allied health professions from 1 April 2013. For the purposes of trend analysis, this has been backdated as far as possible, to 30 September 2007.

Figure 10: NHSScotland Allied Health Professions Trend^{1,2}



Notes:

1. From 1 April 2013, paramedics have been reclassified from ambulance services staff to allied health professions. For the purposes of trend analysis, this has been backdated as far as possible, 2007.
2. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

NHS Board information on allied health professions staff in post by sub job family, Agenda for Change band, age, gender and contract type is available [here](#).

4.2 Vacancies

In addition to staff in post, Table 9 presents the change in vacancy figures over the last year. At 31 December 2016, 3.6% (425.6 WTE) of allied health profession posts were vacant. This compares to 4.1% at December 2015 and 3.7% at 30 September 2016.

Of these vacancies, 117.4 WTE were vacant for more than three months which represents an increase of 44.1 WTE since 30 December 2015.

Table 9: NHSScotland Allied Health Professions Vacancies (WTE)

	Dec-15	Sep-16	Dec-16	% change Sep-16 to Dec-16	% change Dec-15 to Dec-16
Total vacancies ¹	481.3	437.4	425.6	-2.7%	-11.6%
Vacant 3 months or more	72.3	129.7	117.4	-9.5%	62.4%
Total vacancy rate ²	4.1%	3.7%	3.6%		

Notes:

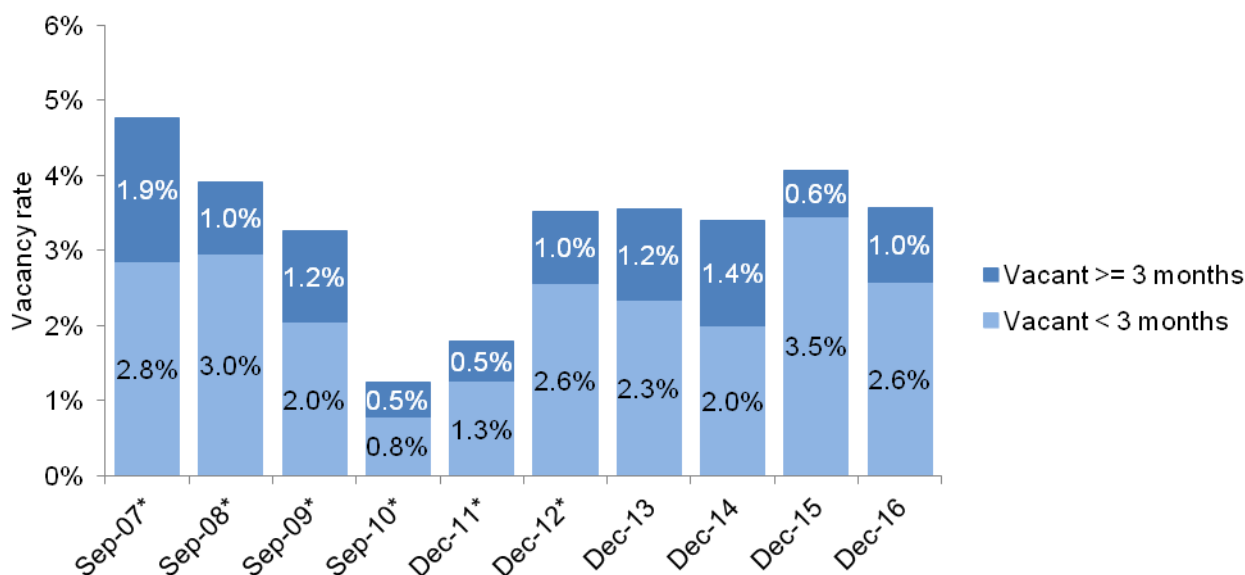
1. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore the denominator may include double counting.
2. The denominator used to calculate the vacancy rate is the sum of the total staff in post and total vacancies.

Figure 11 shows the change in rate for allied health professions vacancy rates as at 30 September from 2007 to 2010 (data collected annually) and 31 December from 2011 to 2016. As paramedics were reclassified from ambulance services to allied health professions from 1 April 2013, AHP vacancy rates calculated for time points prior to December 2013 (identified by * in the chart below) do not include paramedics in the underlying data and have been provided for reference purposes only.

Vacancies are split into 'vacant for less than three months' and 'vacant for three months or more'. The total vacancy rate at September 2007 was 4.7%¹ with 1.9% of posts vacant for three months or more. The rates have been relatively stable in recent years with the slightly lower total vacancy rate of 3.6% at December 2016 and 1.0% of posts lying vacant for three months or more.

The low vacancy rates in 2010 and 2011 coincide with the economic downturn and reflect a reduction in active recruitment during this period.

Figure 11: Allied Health Professions Vacancy Rates by Length of Vacancy¹

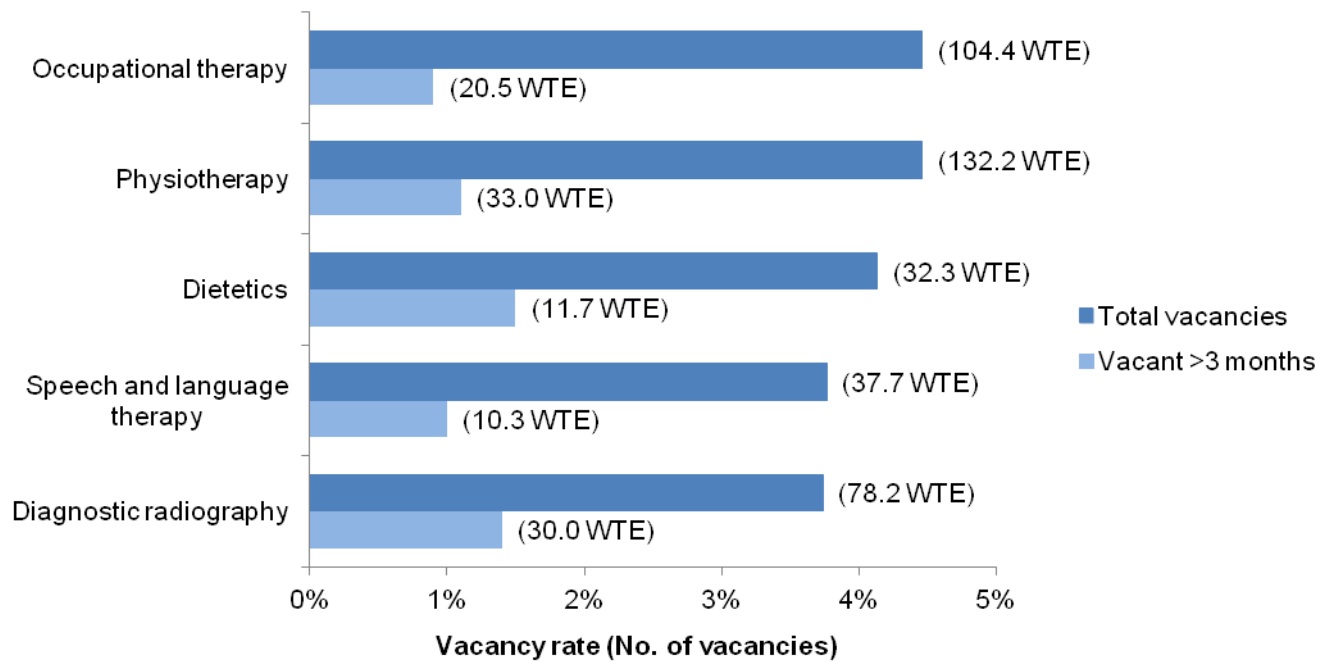


Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.

Figure 12 shows that the highest vacancy rates in December 2016 were recorded in occupational therapy (4.5%), physiotherapy (4.5%), dietetics (4.1%), speech and language therapy (3.8%) and diagnostic radiography (3.7%). These professions also had the highest rates of posts vacant for three months or more.

Figure 12: Allied Health Professions Vacancy Rates



NHS Board information on allied health professions vacancies by sub job family and Agenda for Change band group is available [here](#).

Trend information on allied health professions vacancies back to 2007 is available [here](#).

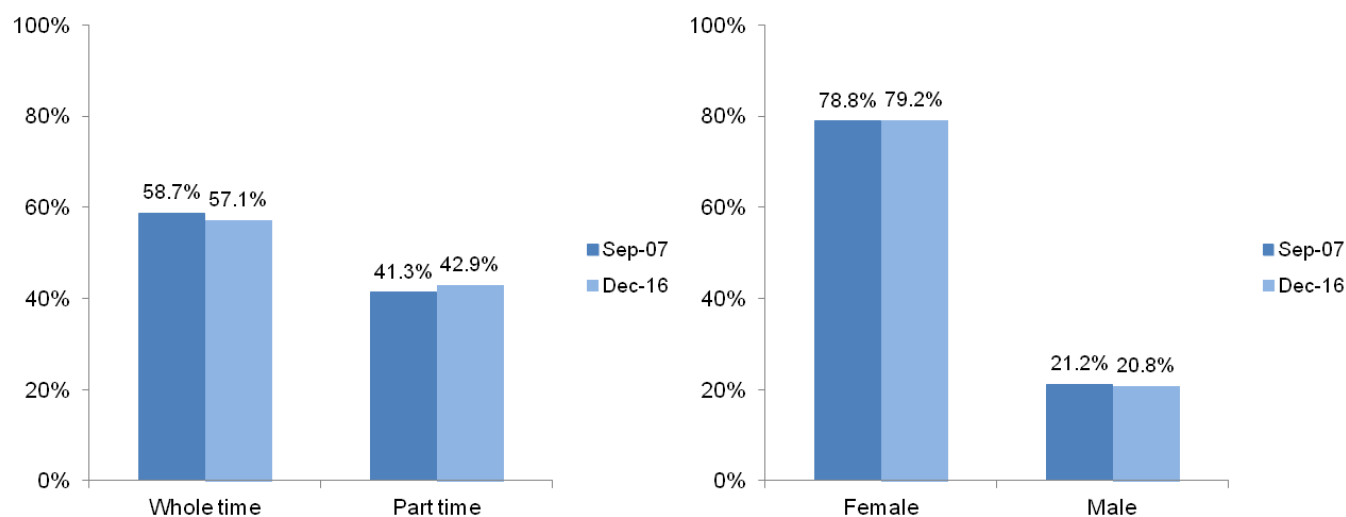
5. Contract Type and Gender

The gender profile across NHSScotland is a key consideration for effective workforce planning alongside an associated demand for flexible working. However, while it is true to say that female staff are far more likely to work part time hours, the demand for flexible working is not simply a gender-specific issue. Affordability, caring responsibilities, or just a desire to work flexibly can all be reasons for working part time hours.

Of course accommodating flexible working patterns can present significant challenges to the effective delivery of services and requires careful planning to ensure that appropriate staffing levels are maintained at all times.

Figure 13 shows that, based on the proportion of overall headcount figures for NHSScotland, there has been very little change in the split of contract type and gender across the workforce when compared with the figures from September 2007.

Figure 13: Contract Type¹ and Gender Profile summary for NHS Scotland

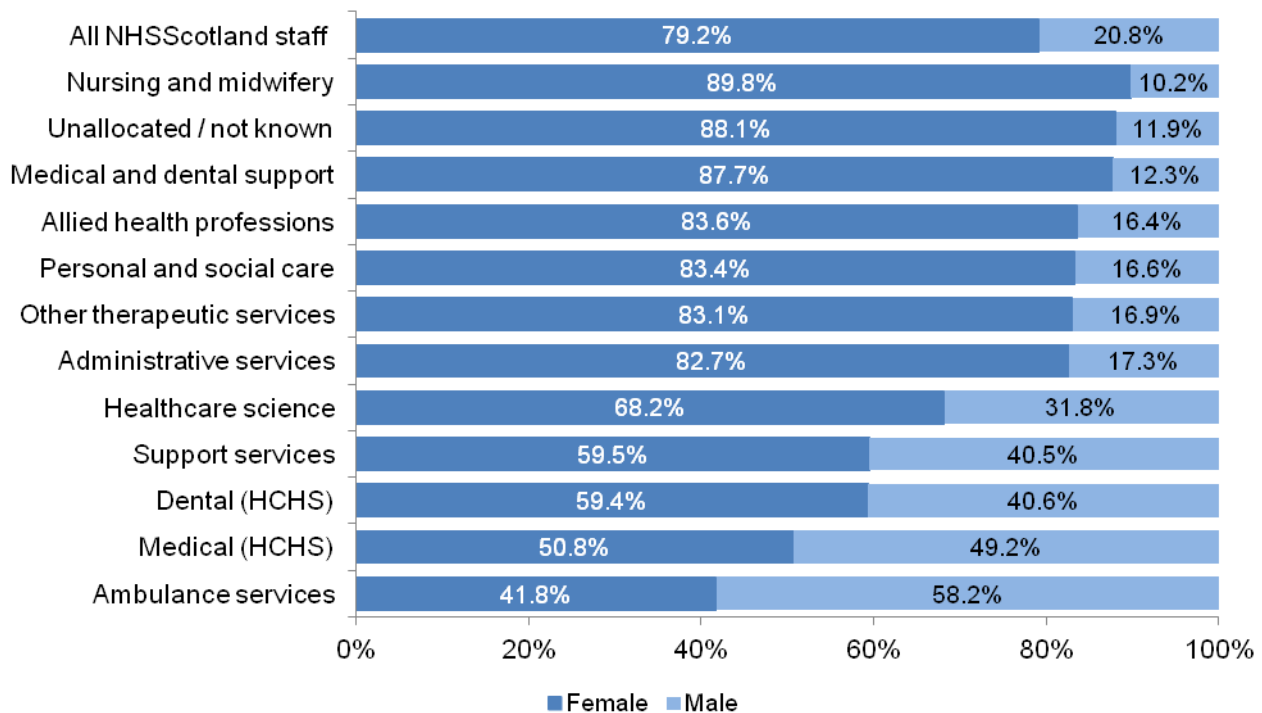


However these figures are based on a high level comparison which can mask differences in the underlying data. In order to look for variation across the workforce the figures for both contract type and gender (as at 31 December 2016) have been broken down to be analysed by staff group.

Over three quarters of the NHSScotland workforce are female. However, similar to the contract type comparison above, this pattern is not uniform across all of the staff groups.

Figure 14 illustrates that, for example, the nursing and midwifery and medical and dental support staff groups both have an even higher proportion of female staff, in the region of 85-90%. On the other hand dental (HCHS) has a near 60/40 (female/male) gender split ratio while the medical (HCHS) staff group has an almost 50/50 split.

Figure 14: Gender Profile of Selected Staff Groups as at 31 December 2016



Across NHSScotland, 42.9% of staff work on a part time basis as at 31 December 2016, a slight increase of 1.6% on the figure at September 2007. However Figure 15 illustrates that the proportions of whole time and part time working staff can vary quite widely across the different staff groups.

For example, in the ambulance services and medical (HCHS) staff groups, less than 25% of staff work part time. In contrast nearly 50% of dental (HCHS), personal and social care and medical and dental support staff work part time. In the support services staff group, more staff actually work part time (61.6%) than whole time (38.4%).

Figure 15: Contract Type Profile of Selected Staff Groups as at 31 December 2016

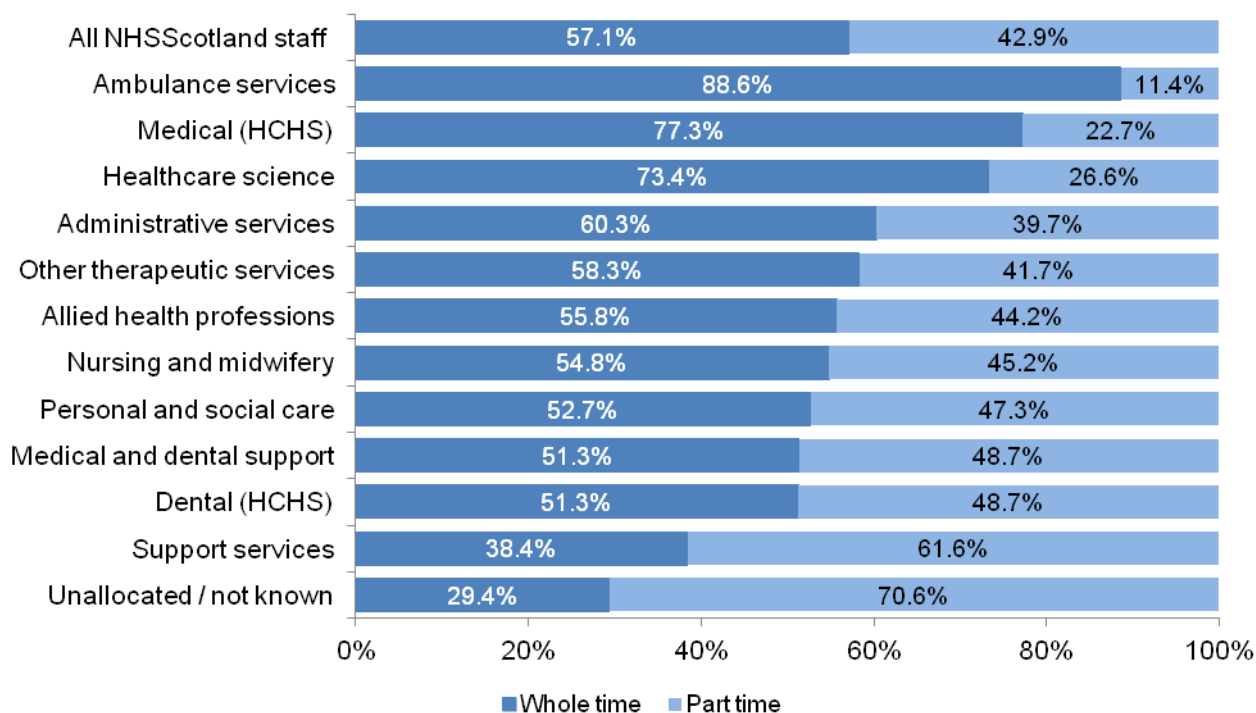
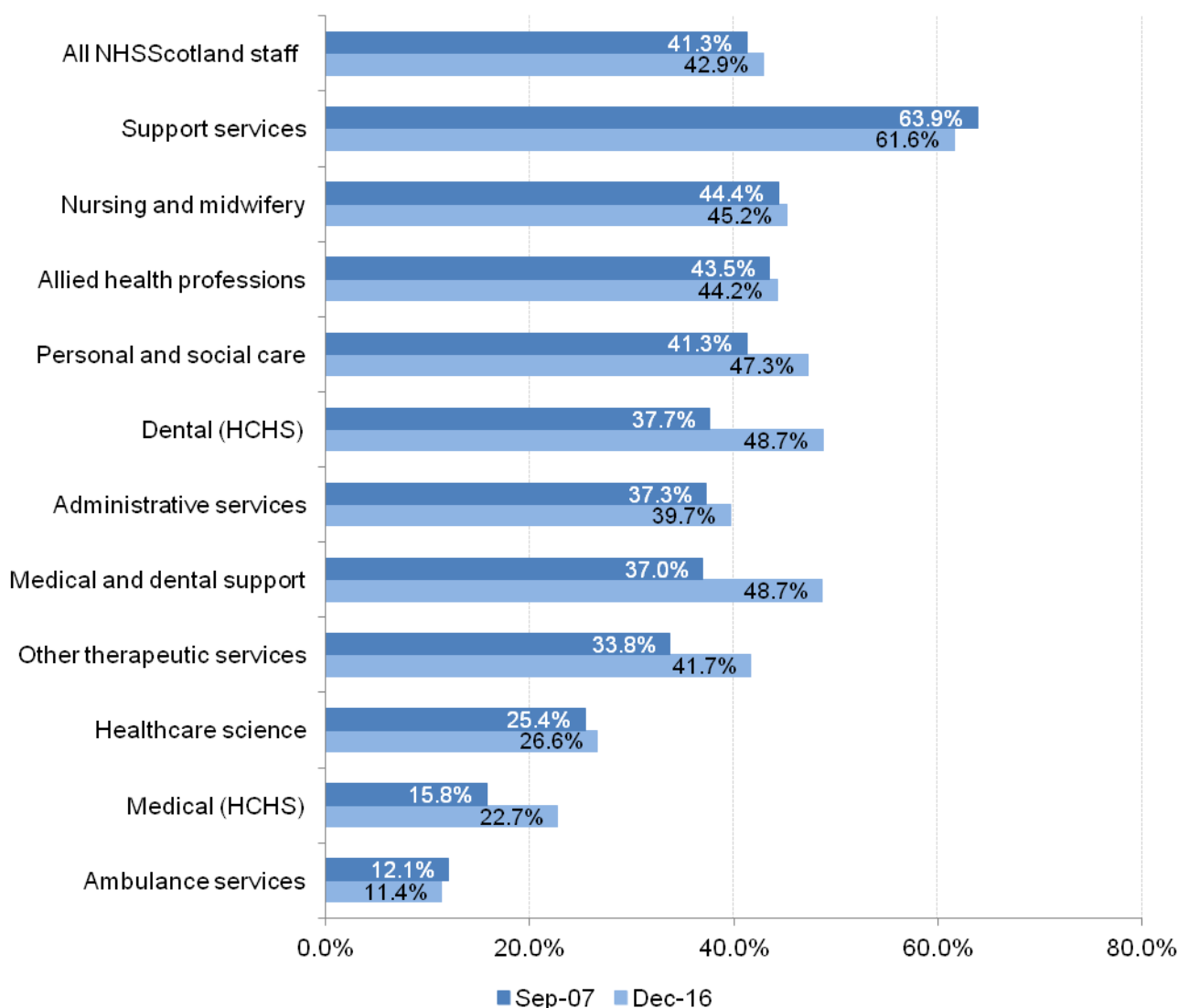


Figure 16 displays the changing proportion of staff working part time across the different staff groups between 30 September 2007 and 31 December 2016.

The figures show that, although the overall change is low, there have been significant increases in a number of staff groups such as dental (HCHS), medical and dental support, personal and social care and other therapeutic services. There has even been a noticeable increase in the proportion of staff working part time in medical (HCHS), up from 15.8% to 22.7%, although staff on whole time contracts are still very much in the majority in this staff group.

Note that some context should be applied to the increases in staff groups such as personal and social care and also medical and dental support as they only make up a small proportion of the overall workforce (0.8% and 1.4% respectively as outlined in Figure 1 earlier). As such it only takes a relatively small increase in underlying numbers for there to be a big effect on the resulting proportions of staff working whole time and part time.

Figure 16: Change in proportion of NHSScotland staff working part time – 30 Sep 2007 to 31 Dec 2016



Further information on contract type and gender at NHS Board level is available [here](#).

Glossary

Agenda for Change (AfC): The national pay system for NHS workforce.

Headcount: The actual number of individuals working within NHSScotland. The Scotland figure eliminates any double counting that may exist as a result of an employee holding more than one post.

Scottish Workforce Information Standard System (SWISS): The main source of NHSScotland workforce statistics. (See Appendix A1 for further information).

Whole time equivalent (WTE): The WTE is calculated by dividing the number of contracted hours by the number of hours worked (conditioned hours). WTE is sometimes a more useful measurement than headcount because it adjusts headcount figures to take account of part time working; e.g. one person may work 20 hours a week, so just using headcount could make the workforce appear larger than it is. WTE is sometimes referred to as full time equivalent (FTE).

A full Workforce information glossary is available on our website [here](#).

List of Tables

Trend

Table No.	Name	Time period	File & size
1	Overall trend	Dec 2016	Excel [537kb]
2	Medical trend	Dec 2016	Excel [16,143kb]
3	Non-medical trend	Dec 2016	Excel [19,390kb]

All Staff

Table No.	Name	Time period	File & size
4	Overall NHSScotland workforce summary by staff grouping	Dec 2016	Excel [8,847kb]
5	Staff turnover	Mar 2016	Excel [354kb]
6	Sickness absence	Mar 2016	Excel [174kb]
7	Equality and Diversity	Mar 2016	Excel [439kb]

HCHS Medical and Dental

Table No.	Name	Time period	File & size
8	Medical & dental staff in post (inc. support staff)	Dec 2016	Excel [13,229kb]
9	HCHS medical and dental staff by specialty	Dec 2016	Excel [29,037kb]
10	HCHS medical and dental staff by grade	Dec 2016	Excel [9,220kb]

HCHS Medical and Dental Consultants

Table No.	Name	Time period	File & size
11	Consultant staff in post	Dec 2016	Excel [1,423kb]
12	Consultant vacancies	Dec 2016	Excel [9,557kb]
13	Consultant contract	Sep 2016	Excel [746kb]

General Dental Service, Public Dental Service and Hospital Dentists

Table No.	Name	Time period	File & size
14	Dentists	Sep 2016	Excel [844kb]

Nursing and Midwifery

Table No.	Name	Time period	File & size
15	Nursing and midwifery staff in post	Dec 2016	Excel [22,877kb]
16	Health visitors	Dec 2016	Excel [551kb]
17	Nursing and midwifery vacancies	Dec 2016	Excel [3,128kb]
18	Clinical nurse specialists	Sep 2016	Excel [7,160kb]
19	Bank and agency nursing and midwifery comparison (capacity)	Mar 2016	Excel [1,236kb]

Nursing and Midwifery Students

Table No.	Name	Time period	File & size
20	Nursing and midwifery - student intakes and students in training	Sep 2016	Excel [41kb]
21	Nursing and midwifery progression rates	Sep 2016	Excel [353kb]

Allied Health Professions

Table No.	Name	Time period	File & size
22	Allied health professions staff in post	Dec 2016	Excel [11,161kb]
23	Allied health professions vacancies	Dec 2016	Excel [3,218kb]

Other Therapeutic and Personal Social Care

Table No.	Name	Time period	File & size
24	Other therapeutic staff and personal social care staff in post	Dec 2016	Excel [6,570kb]

Healthcare Science

Table No.	Name	Time period	File & size
25	Healthcare science staff in post	Dec 2016	Excel [8,816kb]

Administrative Services, Support Services and Ambulance Services

Table No.	Name	Time period	File & size
26	All other staff in post	Dec 2016	Excel [13,588kb]

Pharmacy

Table No.	Name	Time period	File & size
27	Pharmacy vacancies	Sep 2016	Excel [4,039kb]

Contact

Stephen Bush

Senior Information Analyst
0131 275 6809

Sian Guy

Senior Information Analyst
0141 282 2313

Stuart Kerr

Principal Information Analyst
0131 275 6363

Workforce team mailbox

nss.isdwfdinfo@nhs.net

Further Information

The Information Services Division publishes a wide range of workforce statistics. You can find out more by visiting our [workforce homepage](#).

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

Appendices

A1 – Background Information

The main source of workforce statistics is the Scottish Workforce Information Standard System (SWISS). SWISS brings together HR and Payroll information into one system.

A new national HR system, electronic Employee Support System (e:ESS), is currently being rolled out across all boards. As boards migrate to the new system, their data captured in e:ESS continues to feed into SWISS.

Data is shown in AfC job families. More information on what is included in each of the job families can be found [here](#).

Further information on current data sources and collections can be found on the ISD Workforce Statistics [Frequently Asked Questions](#) page.

Vacancies

Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post.

The number of vacancies is a measure of how many posts are being recruited to. Figures may reflect a variety of circumstances within a board such as a gap in staffing or growth of services in which new staff are being recruited to.

However, note that a post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. In contrast, some NHS Boards may not recruit where the post is currently being covered by a locum. NHS Boards are currently working with ISD to improve the consistency and accuracy of vacancy recording.

Health and social care integration

NHS Highland and Highland Council are currently developing an integrated model for health and social care. Staff involved in the delivery of core integrated services started to transfer from Highland Council to NHS Highland in June 2012. Staff who have already transferred into NHS Highland but have not yet been assimilated to AfC are currently recorded as unallocated / not known. Figures are noted on table 1 above.

Data quality

Workforce information is sourced from each board's HR and payroll systems. These are dynamic, operational systems in which the data can change over time due to their live status, and potential additional updates made by individual boards.

It is recognised that the published information does not always reflect the data used at board and regional level when planning and presenting the workforce. Accuracy of coding is crucial to the quality and credibility of the data, and ISD seeks to minimise such data inaccuracies. However, responsibility for data accuracy lies with the boards providing the data.

The ISD workforce team work with boards throughout the year in an attempt to improve data quality. Published information may change over time to reflect these improvements.

e:ESS is being introduced across NHSScotland in phases, with each board at a different stage in the process. A number of boards have migrated their data to e:ESS, and this affects data on location of service delivery, medical grade and medical specialty. Changes have been seen in these as boards review their data as part of the migration process.

A review of community nursing staff data, including district nurses and health visitors, was undertaken in 2014/15 to ensure the availability of more accurate and consistent data reporting for these staff groups. The main section of the review is now complete and workforce information for these staff groups is now available in a separate table. Please see the relevant nursing and midwifery tables for further information.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHSScotland Workforce – Staff in Post and Vacancies.
Description	Quarterly update of NHSScotland staff in headcount and whole time equivalent.
Theme	Health and Social Care.
Topic	Workforce Staff in Post and Vacancies Information.
Format	Excel workbooks.
Data source(s)	Scottish Workforce Information Standard System (SWISS), ISD(M)36.
Date that data are acquired	Staff in Post - 10 January 2017 Vacancies – 20 January 2017
Release date	7 March 2017
Frequency	Quarterly.
Timeframe of data and timeliness	Data as at 31 December 2016.
Continuity of data	Non medical and dental staff data has a break in 2006 due to the introduction of Agenda for Change (AfC). Medical and dental staff data are continuous from 1990.
Revisions statement	High level summary historical trend information was revised in light of the introduction of AfC. This provided the user with comparable trends. It is, however, worth noting that pre-AfC historical trends remain available.
Revisions relevant to this publication	Consultant vacancy table – updated to reflect revision to NHS Grampian and the National Waiting Times Centre's September 2016 returns. The medical trend table has also been updated. Nursing & midwifery vacancies table - updated to reflect revision to NHS Dumfries & Galloway, NHS Western Isles' and NHS National Services Scotland September 2016 returns. The non-medical trend table has also been updated. Non-medical trend table – updated to correct an error identified with regional headcount figures.
Concepts and definitions	Each Excel workbook contains detailed definitions pertinent to the particular staff group of interest.
Relevance and key uses of the statistics	Information published is used to support local, regional and national workforce planning.

Accuracy	<p>Workforce staff in post information is captured through the Scottish Workforce Information Standard System (SWISS) - Workforce Information Repository. Further information on this system, data capture and accuracy can be found within the ISD Workforce Web pages.</p> <p>Vacancy information is signed off by the relevant Director (e.g. Medical Director, Nurse Director etc.).</p>
Completeness	<p>Staff in post information on all NHSScotland employees is captured (100%) within SWISS. However, it is acknowledged that certain fields within the system are better captured than others. ISD continues to work with the SWISS project team and each individual board to improve data quality.</p> <p>All NHS Boards in Scotland return vacancy information.</p>
Comparability	<p>Workforce data are comparable and regularly used in both UK and international comparison reports (e.g. EUROSTAT).</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>All Workforce tables are accessible via the ISD website. Workforce statistics are presented within Excel spreadsheets of staff groupings, where appropriate. Staff groups are split by band, age, gender and contract type. This should minimise the number of spreadsheets a user has to go through to find data, as well as ensure that they are selecting the correct data. Geographical hierarchies are also presented using drop down menus. Spreadsheet formats have been altered for increased clarity by introducing drop-down menus.</p>
Value type and unit of measurement	<p>Headcount and WTE = number, rate, percentage.</p>
Disclosure	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
Official Statistics designation	<p>National Statistics.</p>
UK Statistics Authority Assessment	<p>Completed assessment by UK Statistics Authority. Report published May 2010.</p>
Last published	<p>6 December 2016</p>
Next published	<p>6 June 2017</p>
Date of first publication	<p>Paper publications since 1970s, web publications since 1996.</p>
Help email	<p>nss.isdwfdinfo@nhs.net</p>
Date form completed	<p>February 2017</p>

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.