

NHSScotland Workforce Information

Quarterly update of Staff in Post and Vacancies at

31 March 2017

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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.....	8
1.3 Net Turnover.....	9
2. Medical & Dental staff	11
2.1 Staff in Post	11
2.2 Consultant Vacancies	17
3. Nursing and Midwifery.....	19
3.1 Staff in Post	19
3.2 Vacancies	21
4. Allied Health Professions	24
4.1 Staff in Post	24
4.2 Vacancies	26
5. Nursing and midwifery: bank & agency staff	29
5.1 Average WTE	29
5.2 Cost	30
5.3 Average hourly rates.....	30
5.4 Average agency rates in NHS Boards	31
6. Other information updated in this release	32
6.1 Dental Workforce	32
6.2 Sickness Absence	32
6.3 Equality and Diversity	33
Glossary	34
List of Tables.....	36
Contact.....	38
Further Information.....	38
NHS Performs	38
Rate this publication	38
Appendices	39
A1 – Background Information	39
A2 – Publication Metadata (including revisions details)	41
A3 – Early Access details (including Pre-Release Access)	43
A4 – ISD and Official Statistics	44

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.

This report provides a summary of the latest statistics on the overall workforce across NHSScotland and proceeds to focus on key staff including consultants, doctors in training, qualified nurses and Allied Health Professionals (AHPs). The report is supplemented by an extensive set of [tables](#) detailing NHS Board trend information on many aspects of workforce data as outlined below.

Please note, the data presented within the report and supplementary tables incorporates all staff directly employed by NHS Boards and excludes those working as independent contractors, such as locums and General Medical Practitioners (GPs).

This latest release of NHSScotland workforce statistics provides quarterly updates at 31 March 2017 on the following:

- 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 specialty where applicable.
- Vacancy numbers for consultants, nursing and midwifery and AHPs.

There is a biannual update at 31 March 2017 on:

- Number of NHS dentists split by age, gender and Scottish Index of Multiple Deprivation.

There are also annual updates at 31 March 2017 on:

- Net turnover, joiners and leavers by job family.
- Bank and agency usage for nursing and midwifery staff.
- Sickness absence rates.
- Equality and diversity information including religion, ethnic group, sexual orientation, transgender status and disability status.

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. Due to varying sources and frequency of bespoke data collections, not all published tables are updated at this time of year. Please see [timetable](#) for further detail on quarterly releases.

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. [Appendix 1](#) references the latest Scottish Government policy on workforce planning and the importance of National Statistics.

R – This publication includes a revision of data to the December 2016 consultant vacancies with a resubmission made by NHS Greater Glasgow and Clyde due to errors identified in their cardiology figures.

The revision affects the Consultant Vacancies M2017.xls and Medical Trend M2017.xls workbooks. The figures for establishment, total vacancies, months or more for NHS Greater Glasgow and Clyde have been amended accordingly. West Region and Scotland figures are therefore also affected.

Main points

As at 31 March 2017:

- The 162,598 staff employed by NHSScotland represents an increase of 0.6% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 139,430.9. The WTE has risen by 6.3% since March 2012, representing 5 years of consecutive growth. While the number of staff continues to increase, the annual rate of growth has slowed down in the last 2 years.
- There were 5,189.2 WTE medical and dental consultants in post, representing an increase of 17.2% (761.5 WTE) over the last five years. While the number of consultants working in NHSScotland continues to increase, the annual rate of growth has decreased from 4.0% at 31 March 2016 to 1.4% at 31 March 2017.
- 7.4% (415.7 WTE) of consultant posts were vacant. This compares to 6.5% at 31 March 2016. Of these vacancies, 204.3 WTE were vacant for more than six months, an increase of 38.2 WTE.
- There were 59,798.6 WTE nursing and midwifery staff in post, representing an increase of 0.7% in the last year (426.2 WTE). Following a reduction in staff during 2012, the WTE has risen by 5.9% (3,331.3 WTE), representing 5 years of consecutive growth. While the number of staff continues to increase, the annual rate of growth has slowed down in the last 2 years.
- Nursing and midwifery vacancies have increased by 27.5% since March 2016 to 2,818.9 WTE. Of these vacancies, 670.6 WTE were vacant for 3 months or more, an increase of 227.5 WTE since 31 March 2016. The total number of vacancies is the highest ever reported by ISD but this is partly due to improved recording.
- The sickness absence rate for NHSScotland in 2016/17 was 5.20%, a slight increase from 5.16% 2015/16. Over the last ten years, the national rate has continued to exceed the current national standard of 4%, fluctuating between a low of 4.63% in 2011/12 to a high of 5.55% in 2006/07.
- NHSScotland spent a total of £166.5 million on nursing and midwifery bank and agency staff during the latest financial year. This represents an increase of £8.4 million (5.3%) in comparison to 2015/16. The majority of this spend was on bank staff (£142 million, an increase of 5.5% on the previous year) with the remaining spend on agency staff (£24.5 million, up 4.4%).

Results and Commentary

Section 1 provides an overview of the overall NHSScotland workforce at 31 March 2017, while sections 2, 3 and 4 focus on key staff groups. Section 5 offers an insight into nursing and midwifery bank and agency usage. The report concludes with a set of statistics that are published less frequently, including sickness absence rates.

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, including GPs and locums 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 March 2017 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 March 2017, NHSScotland had a total of 162,598 headcount of staff, which represents a rise of 0.6% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 139,430.9.

[Table 1](#) presents recent trends in workforce by staff group. The majority of the WTE increase in staff since 31 March 2016 was seen in nursing and midwifery (426.2 WTE), other therapeutic services (241.2 WTE) and allied health professions (156.6 WTE). Significant annual increases have also been observed in personal and social care (7.1%), medical and dental support (3.8%) and ambulance services (3.2%).

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

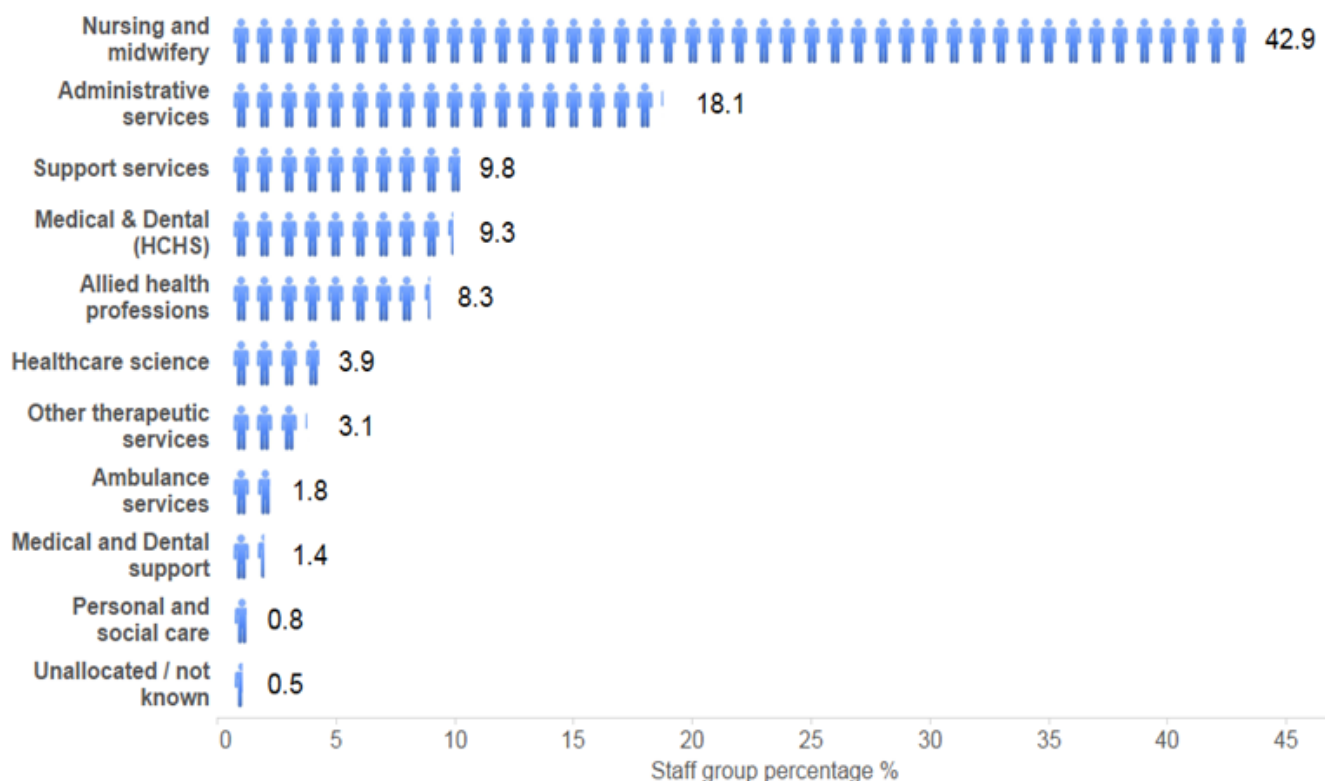
Staff Group	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
All NHSScotland staff	138,458.2	139,262.0	139,430.9	0.1%	0.7%
Medical (HCHS) ¹	12,174.6	12,403.8	12,325.9	-0.6%	1.2%
Dental (HCHS) ¹	657.0	643.3	625.2	-2.8%	-4.8%
Medical and dental support	1,879.9	1,992.4	1,951.2	-2.1%	3.8%
Nursing and midwifery	59,372.4	59,709.1	59,798.6	0.1%	0.7%
Allied health professions	11,394.9	11,479.3	11,551.5	0.6%	1.4%
Other therapeutic services	4,026.7	4,153.4	4,267.9	2.8%	6.0%
Personal and social care	1,092.9	1,152.4	1,170.2	1.5%	7.1%
Healthcare science	5,458.1	5,485.5	5,492.4	0.1%	0.6%
Ambulance services	2,482.2	2,574.5	2,562.7	-0.5%	3.2%
Administrative services	25,199.9	25,188.3	25,211.4	0.1%	0.0%
Support services	13,816.2	13,709.2	13,717.3	0.1%	-0.7%
Unallocated / not known ²	903.3	770.8	756.6	-1.8%	-16.2%

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 Percentages (WTE) as at 31 March 2017^{1,2}



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)

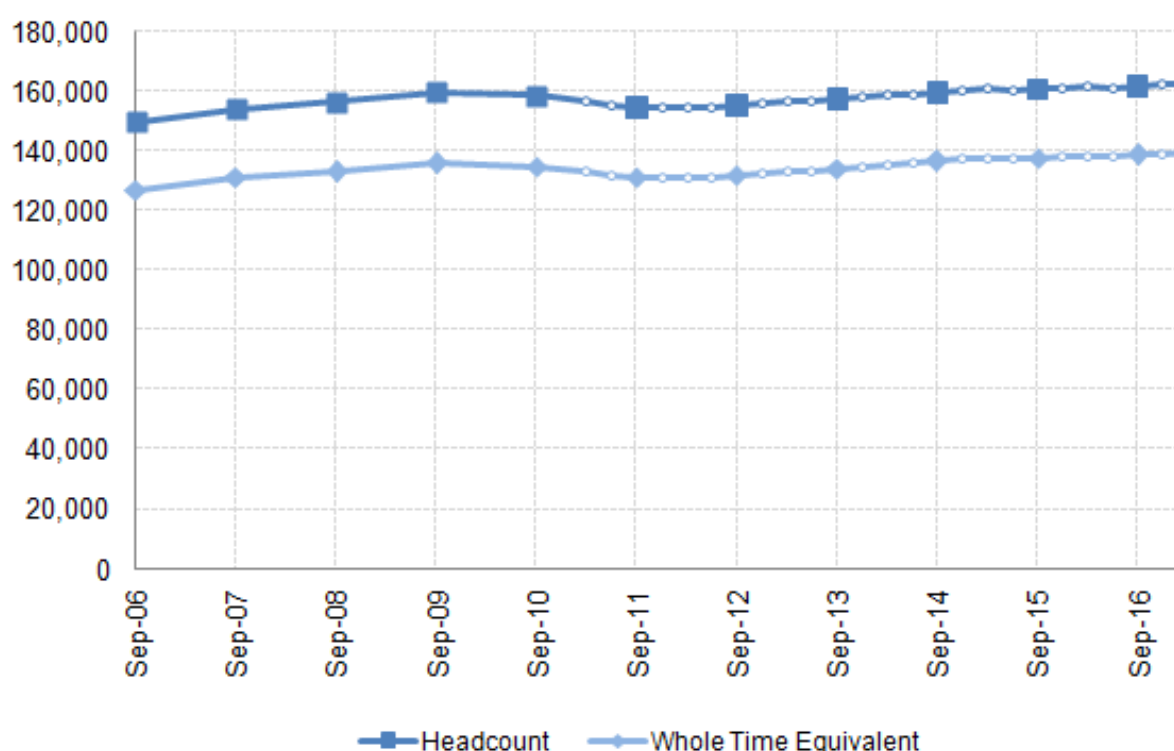
For each NHS Board a breakdown of the workforce by staff group, age, contract type and gender is available [here](#).

1.2 Trend in Staff Numbers

Figure 2 illustrates the change in staff numbers over time. Accounting for seasonal variation, a reduction in the overall workforce between 2009 and 2012 during the economic downturn has been followed by 5 years of consecutive growth. The number of staff employed has increased by 5.3% (8,232), while the WTE has increased by 6.3% (8,258.8).

While the workforce continues to increase gradually, the rate of annual WTE growth has reduced from 1.8% at 31 March 2014 to 0.7% at 31 March 2017. Over the last year, the greatest rate of growth has been within Personal and social care (7.1%), while the number of HCHS dental staff has dropped by the greatest proportion (4.8%).

Figure 2: NHSScotland Total Workforce Trend¹



Notes:

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

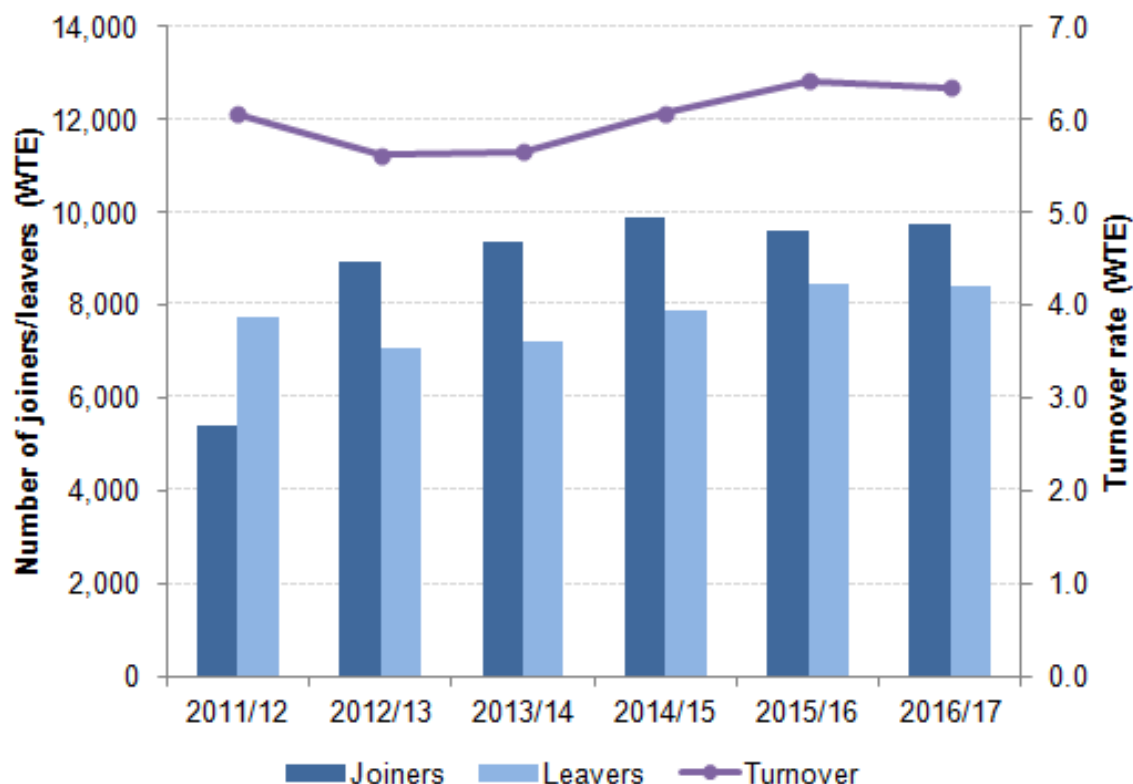
Information on the trends within each NHS Board can be found [here](#).

1.3 Net Turnover

Net turnover is the rate at which employees leave the workforce and is calculated by dividing the number of net leavers over the year by the staff in post at the start of the period. The number of leavers is derived by comparing staff employed by NHSScotland at two census points (i.e. beginning and end of financial year). Further information on the methodology is available in [Appendix 1](#).

As illustrated in Figure 3, NHSScotland turnover has increased slightly in recent years, peaking at 6.4% in 2015/16. The reduction in gap between joiners and leavers in the last 2 years reflects the slowdown in growth identified above.

Figure 3: NHSScotland Net Joiners, Leavers and Turnover Trend^{1,2}



Notes:

1. Excludes HCHS medical and dental training grades. This is to avoid the distortion caused by the frequent rotation of staff in training placements.
2. NHSScotland joiners and leavers do not include staff changing roles or moving between NHS Boards.

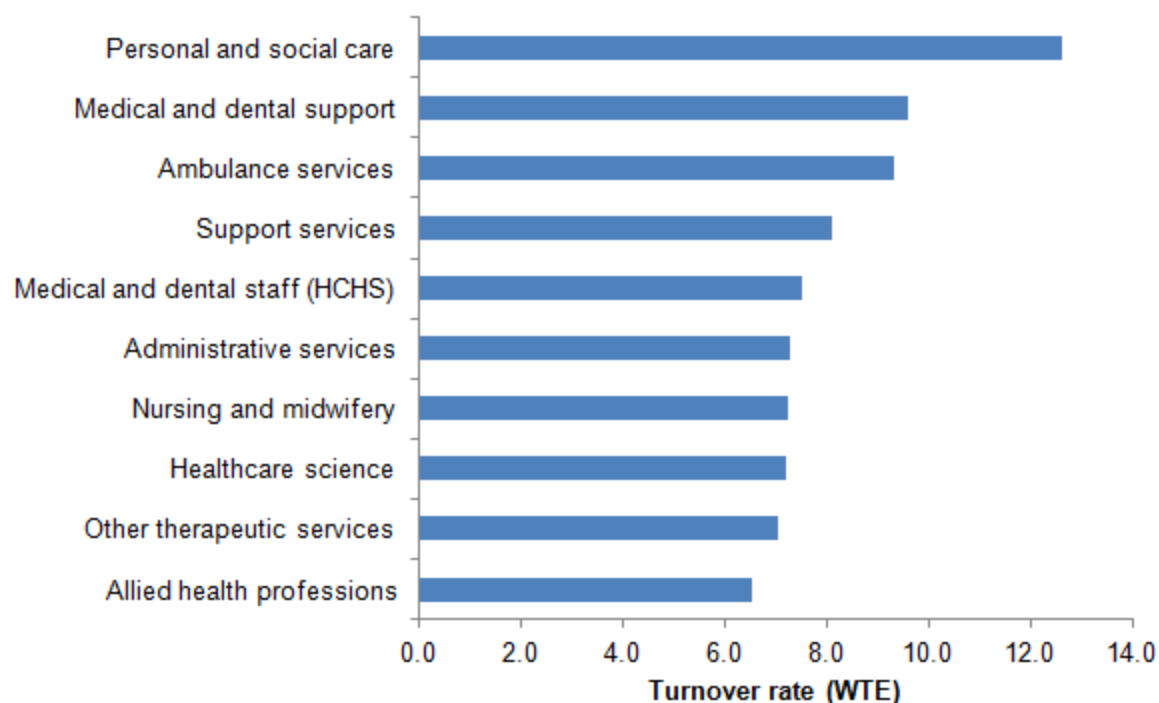
Figure 4 shows the net turnover of staff during financial year 2016/17 by staff group. Please note a subtle difference in calculation when comparing turnover for all staff with specific staff groups. Specifically:

- For overall staff turnover, leavers are defined as staff no longer employed within NHSScotland
- For individual staff group turnover, those who have left one group and joined another within NHS Scotland are included as leavers.

Consequently, turnover at staff group level is generally higher than overall staff turnover.

Personal and social care, which accounts for 0.8% of workforce, has consistently had the highest turnover of staff over the last six years with a rate of 12.6% in 2016/17. AHPs had the lowest with a turnover rate of 6.5%.

Figure 4: NHSScotland Net Turnover by Staff Group April 2016 to March 2017^{1,2}



Notes:

1. Excludes HCHS medical and dental training grades. This is to avoid the distortion caused by the frequent rotation of staff in training placements.

Information on net joiners, leavers and turnover for each NHS Board by staff group is available [here](#).

2. Medical & Dental staff

2.1 Staff in Post

At 31 March 2017, Hospital, Community, and Public Health Services (HCHS) medical and dental staff accounted for 9.3% (12,951.1 WTE) of the NHSScotland workforce. This cohort includes all salaried doctors and dentists, including those in training but excludes GPs, GDPs and staff working as locums. While the workforce has increased in the last year, Table 2 highlights a 0.7% drop since December 2016, primarily due to a decrease in doctors in training. This tends to be a seasonal trend with the number of doctors in training peaking at September each year.

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

	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar- 17	% change Mar-16 to Mar- 17
HCHS medical and dental staff^{1,6}	12,831.6	13,047.1	12,951.1	-0.7%	0.9%
Consultant	5,115.6	5,170.3	5,189.2	0.4%	1.4%
Director (Clinical, Medical & Dental) ⁴	79.5	129.2	126.5	-2.1%	59.2%
Staff and associate specialist grades ²	1,288.9	1,217.9	1,208.7	-0.8%	-6.2%
Doctors in training ³	5,718.2	5,779.3	5,677.3	-1.8%	-0.7%
Other grades ⁵	629.4	750.3	749.3	-0.1%	19.1%

Notes:

1. Information on the grades included in each group can be found [here](#).
2. The staff and associate specialist group includes the specialty doctor group, dental officers and senior dental officers.
3. The doctors in training group includes foundation year 1, foundation year 2, doctors in training with NTN and doctors in training with no NTN.
4. The increase in the number of directors (clinical, medical & dental) is due to previous under reporting from NHS Lothian.
5. 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.
6. 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.

Consultants account for 40.1% of the medical and dental workforce, a proportion that has increased by 2.7% in the last 5 years. Table 3 provides a breakdown by major specialty group. The WTE of consultants has increased by 1.4% over the last year with consultants working in medical specialties accounting for the largest increase (85.2 WTE).

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

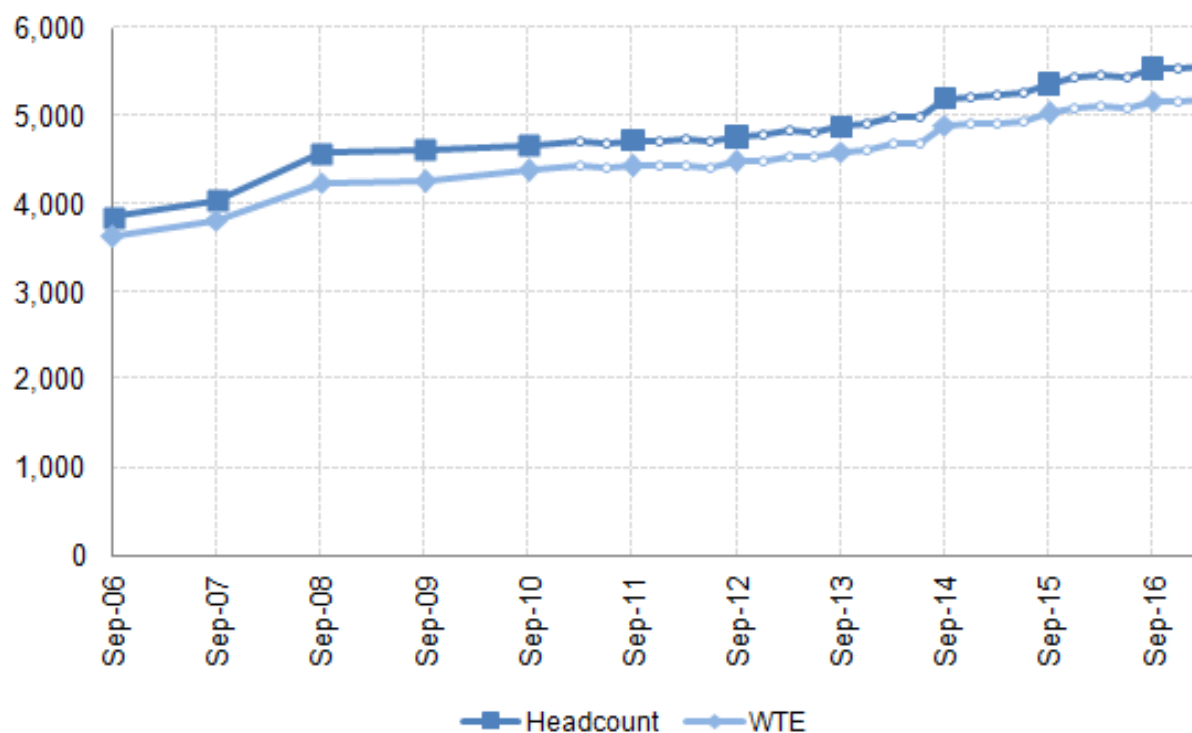
	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
All specialties	5,115.6	5,170.3	5,189.2	0.4%	1.4%
Emergency medicine	210.3	216.0	220.6	2.2%	4.9%
Anaesthetics	734.0	730.9	739.8	1.2%	0.8%
Obstetrics and gynaecology	251.4	244.8	244.2	-0.3%	-2.9%
Clinical laboratory specialties	629.0	633.2	633.3	0.0%	0.7%
Medical specialties	1,181.5	1,241.7	1,266.7	2.0%	7.2%
Psychiatric specialties	548.2	548.9	544.6	-0.8%	-0.7%
Surgical specialties	975.0	969.3	965.3	-0.4%	-1.0%
Paediatrics specialties	306.8	307.7	293.8	-4.5%	-4.2%
Other medical specialties ²	191.7	181.3	185.1	2.1%	-3.4%
All dental specialties	87.8	96.4	95.8	-0.6%	9.2%

Notes:

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

Figure 5 shows the upward trend in the number of consultants employed by NHSScotland since 2006. Since the growth of the workforce slowed down in 2012, the number of consultants employed has increased by 17.8% (840) and the WTE has increased by 17.2% (761.5). While the number of consultants working in NHSScotland continues to increase, the annual rate of WTE growth has decreased from 4.0% at 31 March 2016 to 1.4% at 31 March 2017.

Figure 5: NHSScotland Medical and Dental Consultants Trend^{1,2,3}



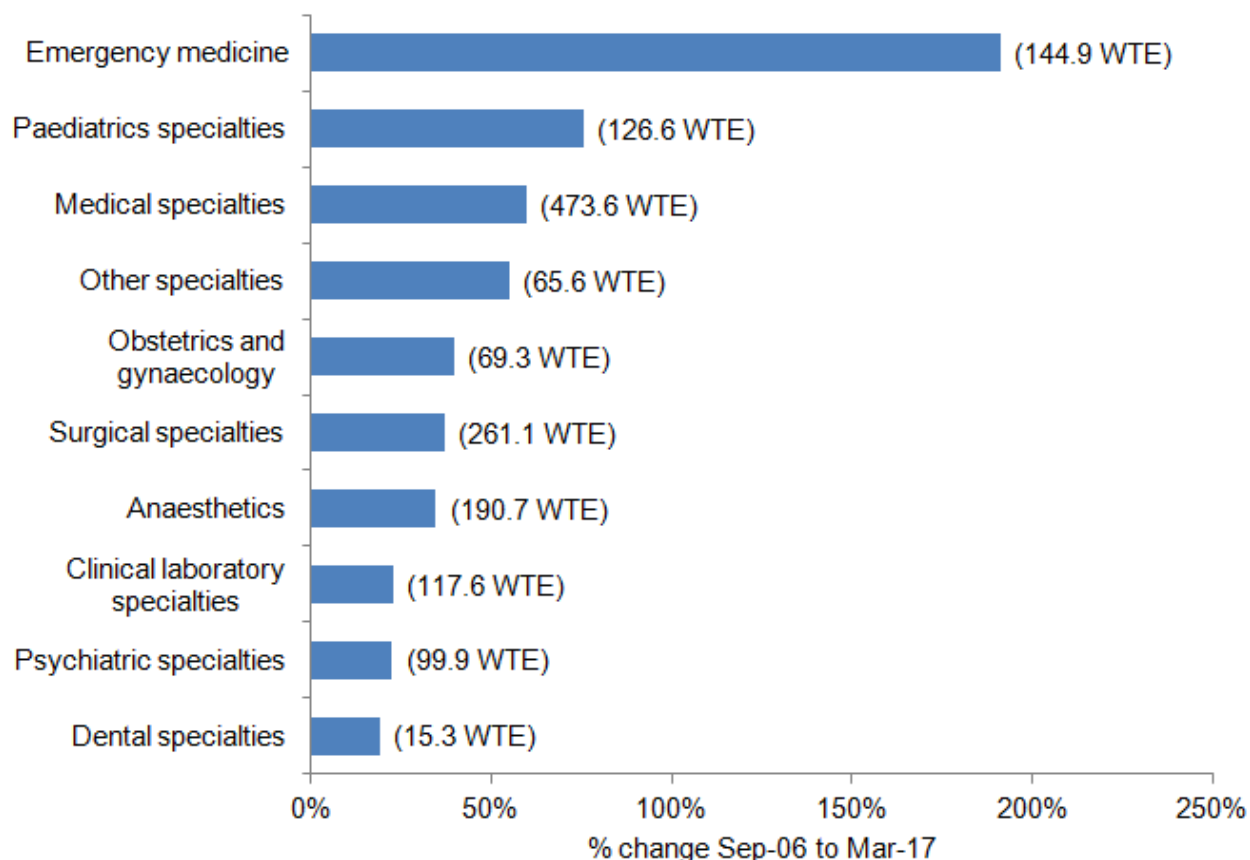
Notes:

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.

Information on the trends within each NHS Board in respect of the number of consultants within each specialty can be found [here](#).

Split by specialty group, Figure 6 illustrates the percentage and WTE change for consultants in post since September 2006. The biggest percentage increases were reported in emergency medicine (191.2%) and paediatric specialties (75.7%) while medical specialties account for the greatest reported increase in number (473.6 WTE).

Figure 6: Change of NHSScotland Consultants¹ in Post from September 2006 to March 2017 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.

Information on the number of consultants in each NHS Board by specialty is available [here](#).

Table 4 indicates that the number of doctors and dentists in training grades has decreased by 0.7% since 31 March 2016 to 5,677.3 WTE. This is the 2nd consecutive year the number of doctors and dentists in training has decreased, with the current figure 6.5 WTE higher than recorded at 31 March 2014.

The majority of the decrease since March 2016 was seen in obstetrics and gynaecology (6.5%, 18.7 WTE), dental specialties (26.2%, 17.7 WTE) and other specialties (7.0%, 55.6 WTE). There have been increases in emergency medicine (13.2%, 38.1 WTE), psychiatric specialties (5.6%, 21.2 WTE) and clinical laboratory specialties (4.4%, 11.1 WTE).

Table 4: NHSScotland Doctors and Dentists in Training (WTE) by Specialty Groups

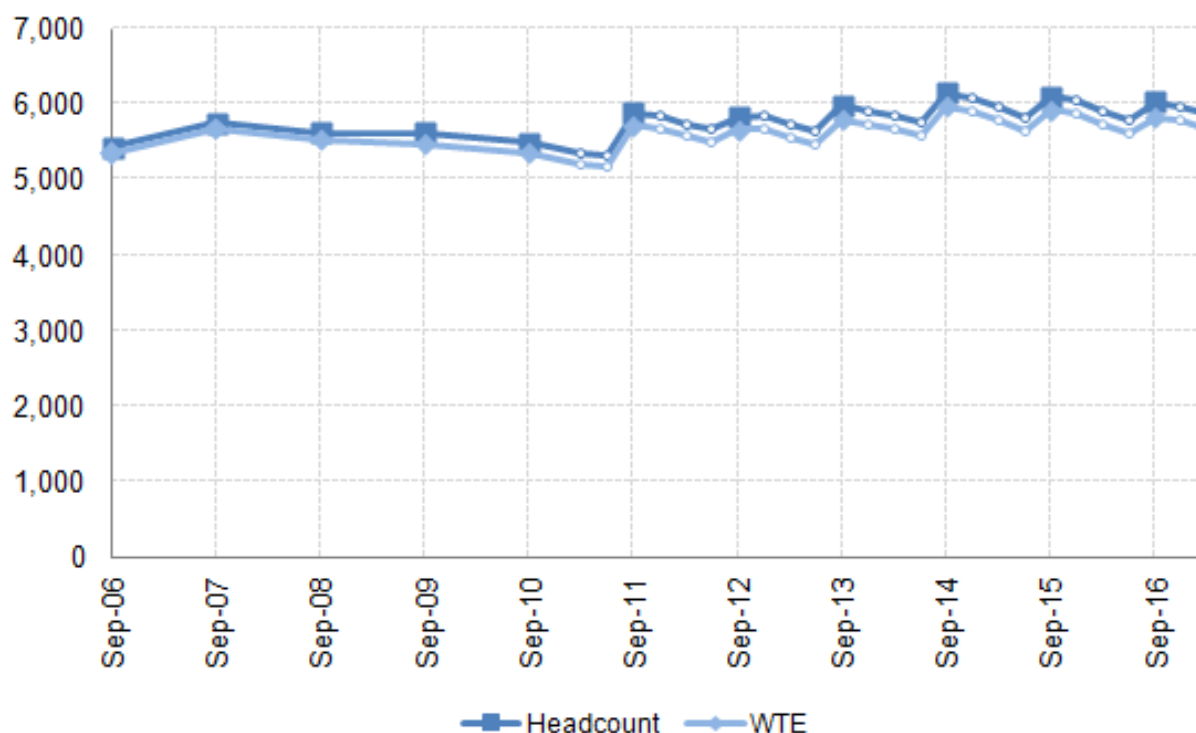
	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
All specialties	5,718.2	5,779.3	5,677.3	-1.8%	-0.7%
Emergency medicine	288.5	331.7	326.6	-1.5%	13.2%
Anaesthetics	401.8	432.0	404.6	-6.3%	0.7%
Obstetrics and gynaecology	287.1	288.2	268.4	-6.9%	-6.5%
Clinical laboratory specialties	252.1	263.7	263.2	-0.2%	4.4%
Medical specialties	1,718.2	1,711.1	1,718.0	0.4%	0.0%
Psychiatric specialties	378.7	416.1	399.9	-3.9%	5.6%
Surgical specialties	1,154.0	1,198.4	1,141.4	-4.8%	-1.1%
Paediatrics specialties	379.3	371.9	370.1	-0.5%	-2.4%
Other medical specialties ²	790.9	704.9	735.3	4.3%	-7.0%
Dental specialties	67.6	61.4	49.9	-18.7%	-26.2%

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. A list of specialties within each specialty group can be found [here](#).

As alluded to previously, Figure 7 illustrates a seasonal trend with the number of doctor and dentists in training reflecting a drop-off following September intakes. Since 2006, the number of doctors and dentists in training has increased by 8.2% (443) while the WTE has increased by 6.4% (341.2). Despite the overall upward trend that followed a downturn between 2007 and 2011, the number of doctors and dentists in training has decreased for the 2nd consecutive year, dropping by 0.7% (40.9 WTE) since March 2016 to 5,677.3 WTE. The current figure is 6.5 WTE higher than the number in post at 31 March 2014.

Figure 7: NHSScotland Doctors and Dentists in Training Trend¹



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

2.2 Consultant Vacancies

Table 5 presents the change in vacancy figures over the last year. At 31 March 2017, 7.4% (415.7 WTE) of consultant posts were vacant. This compares to 6.5% at 31 March 2016 and 6.8% at 31 December 2016. Of these vacancies, 204.3 WTE were vacant for more than six months, increases of 38.2 WTE since 31 March 2016 and 22.4 WTE since 31 December 2016.

Table 5: NHSScotland Consultant¹ Vacancies (WTE)

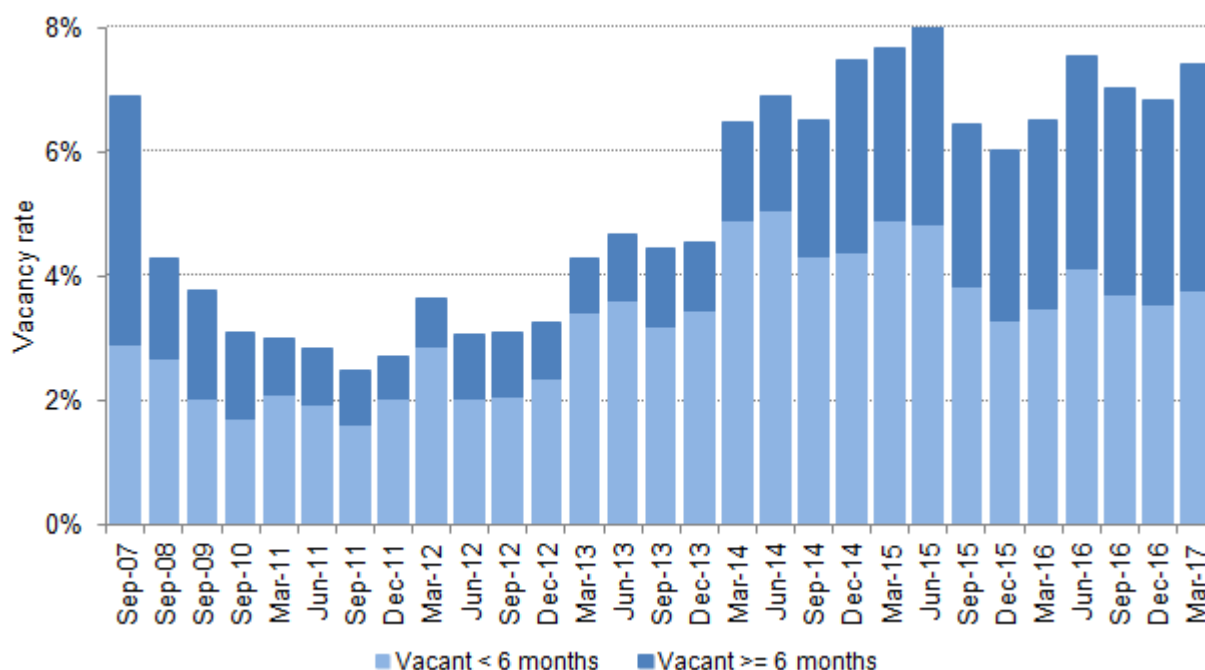
	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
Total vacancies ²	355.4	378.0	415.7	10.0%	17.0%
Vacant 6 months or more	166.1	181.9	204.3	12.3%	23.0%
Total vacancy rate ³	6.5%	6.8%	7.4%		

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 8 shows the change in vacancy rate for consultant posts since 30 September 2007. 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 increased from 6.9% to 7.4% while the proportion of consultant posts remaining vacant for over six months has decreased from 4.0% to 3.6%.

Figure 8: Consultant Vacancy Rates by Length of Vacancy¹



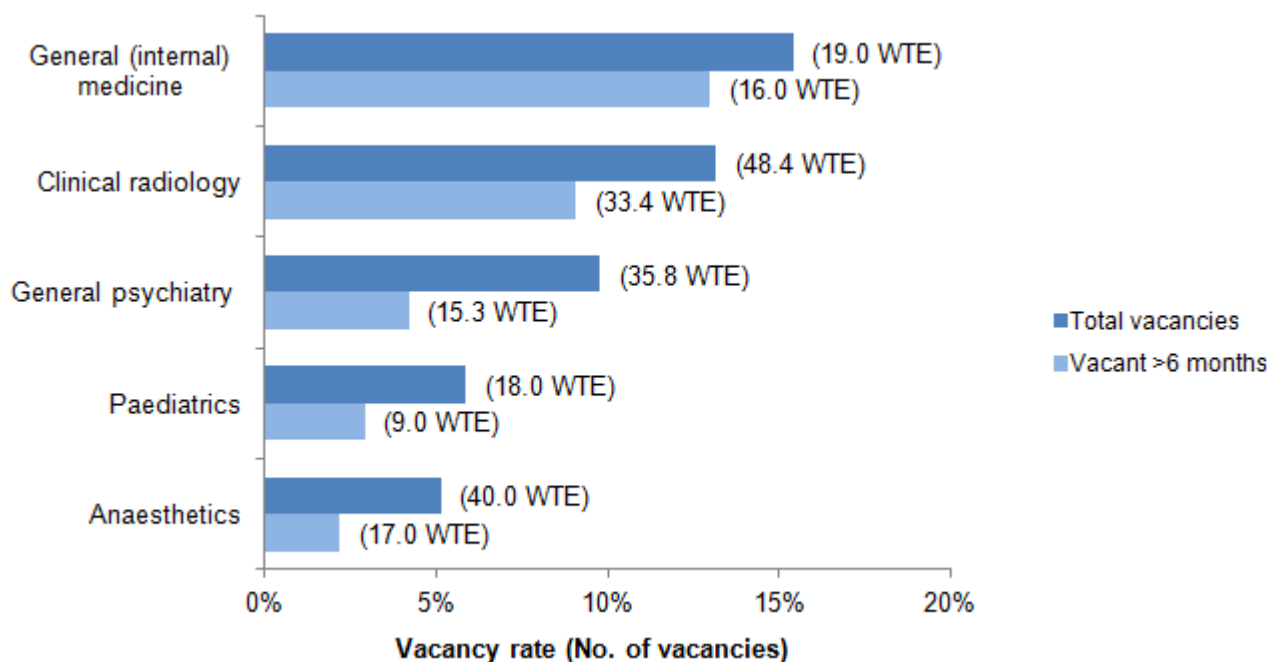
Notes:

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

Figure 9 shows that the highest numbers of vacancies at 31 March 2017 were recorded in general (internal) medicine (15.4% vacancy rate), clinical radiology (13.2%), general psychiatry (9.8%), paediatrics (5.9%) and anaesthetics (5.1%).

With the exception of paediatrics, these specialties also had the highest numbers of posts vacant for six months or more along with emergency medicine (11.0 WTE; 4.7% vacancy rate).

Figure 9: Consultant Vacancy Rates as at 31 March 2017



Further information on consultant vacancies by specialty and NHS Board can be found [here](#).

Additional trend information on consultant vacancies stretching back to 2003 is available [here](#)

3. Nursing and Midwifery

3.1 Staff in Post

At 31 March 2017, nursing and midwifery staff accounted for 42.9% (59,798.6 WTE) of the workforce in NHSScotland. 73.2% of the workforce is qualified, a proportion that has remained relatively steady, increasing by 0.9% in the last ten years.

Table 6 indicates that the overall number of nursing and midwifery staff has increased by 0.7% since March 2016. Nursing staff increased by 0.8% (477.4 WTE) to 56,833.0 WTE with qualified staff accounting for the majority of this increase. Midwifery staff decreased by 1.5% (42.8 WTE) to 2,892.1 WTE but this is primarily due to change in recording practices in NHS Greater Glasgow and Clyde as noted below.

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

	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
Nursing and midwifery	59,372.4	59,709.1	59,798.6	0.1%	0.7%
Nursing ³	56,355.6	56,762.6	56,833.0	0.1%	0.8%
Qualified ¹	40,967.2	41,430.2	41,358.5	-0.2%	1.0%
Support ²	15,388.4	15,332.4	15,474.6	0.9%	0.6%
Midwifery ³	2,934.8	2,874.5	2,892.1	0.6%	-1.5%
Qualified ¹	2,451.1	2,390.6	2,399.5	0.4%	-2.1%
Support ²	483.8	483.9	492.6	1.8%	1.8%
Not assimilated/not known	82.0	72.0	73.5	2.1%	-10.3%

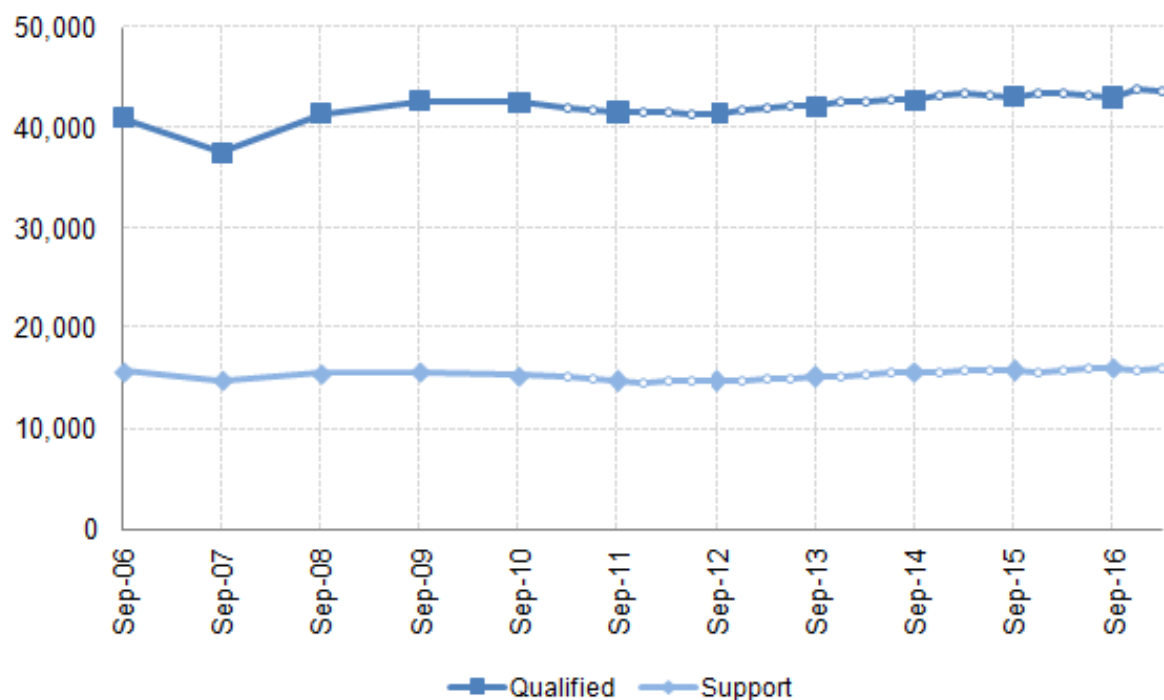
Notes:

1. Qualified relates to staff on Agenda for Change bands 5 and above, including interns.
2. Support relates to staff on Agenda for Change bands 1 to 4.
3. Following a recoding exercise in NHS Greater Glasgow & Clyde, from 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 December 16.

Figure 10 illustrates the trend in the number of qualified¹ and support² nursing and midwifery staff employed by NHSScotland.

Following a reduction in workforce between 2009 and 2012, there has been 5 consecutive years of growth within nursing and midwifery. The number of qualified nurses has increased by 0.8% in the last year. This compares to 1.6% and 0.1% at 31 March 2015 and 2016 respectively. Annual growth in the number of support nurses has gradually declined from 3.5% at 31 March 2014 to 0.6% for the latest year.

Figure 10: NHSScotland Nursing and Midwifery Trend (WTE)^{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. Support 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 can be found [here](#).

3.2 Vacancies

Table 7 presents the change in vacancy figures over the last year. Nursing and midwifery vacancies increased by 27.5% in the last year to 2,818.9 WTE. Of these vacancies, 670.6 WTE posts were vacant for more than three months, an increase of 227.5 WTE since March 2016 but 65.8 WTE lower than the figure reported as at 31 December 2016.

Table 7: NHSScotland Nursing and Midwifery Vacancies (WTE)

	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
Total vacancies ¹	2,211.4	2,525.5	2,818.9	11.6%	27.5%
Vacant 3 months or more	443.2	736.5	670.6	-8.9%	51.3%
Total vacancy rate ²	3.6%	4.1%	4.5%		

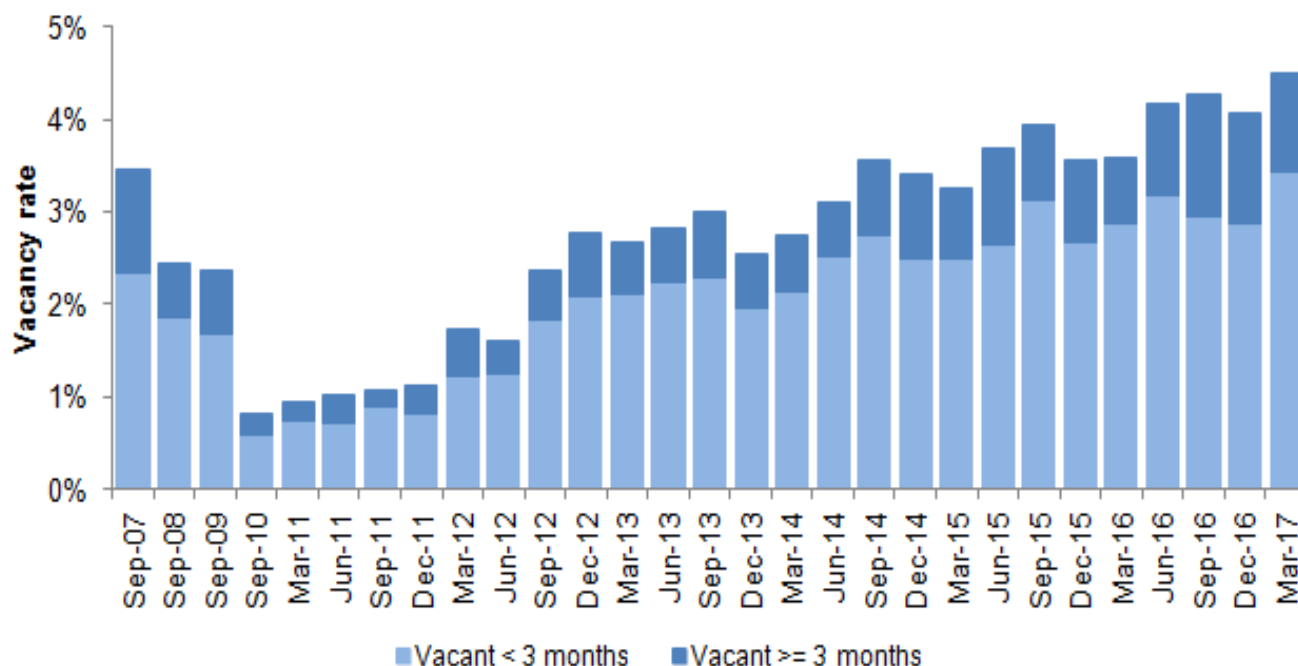
Notes:

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 nursing and midwifery vacancy rates since 30 September 2007. Nursing and midwifery vacancies are split into 'vacant for less than three months' and 'vacant for three months or more'.

The low vacancy rates reported in 2010 and 2011 reflect a reduction in active recruitment coinciding with the economic downturn. Since then, vacancy rates have gradually increased to the current rate of 4.5%, the highest ever reported. Please note the increase in the past year is partly due to improved recording in NHS Lothian.

Figure 11: Nursing and Midwifery Vacancy Rates by Length of Vacancy^{1,2}

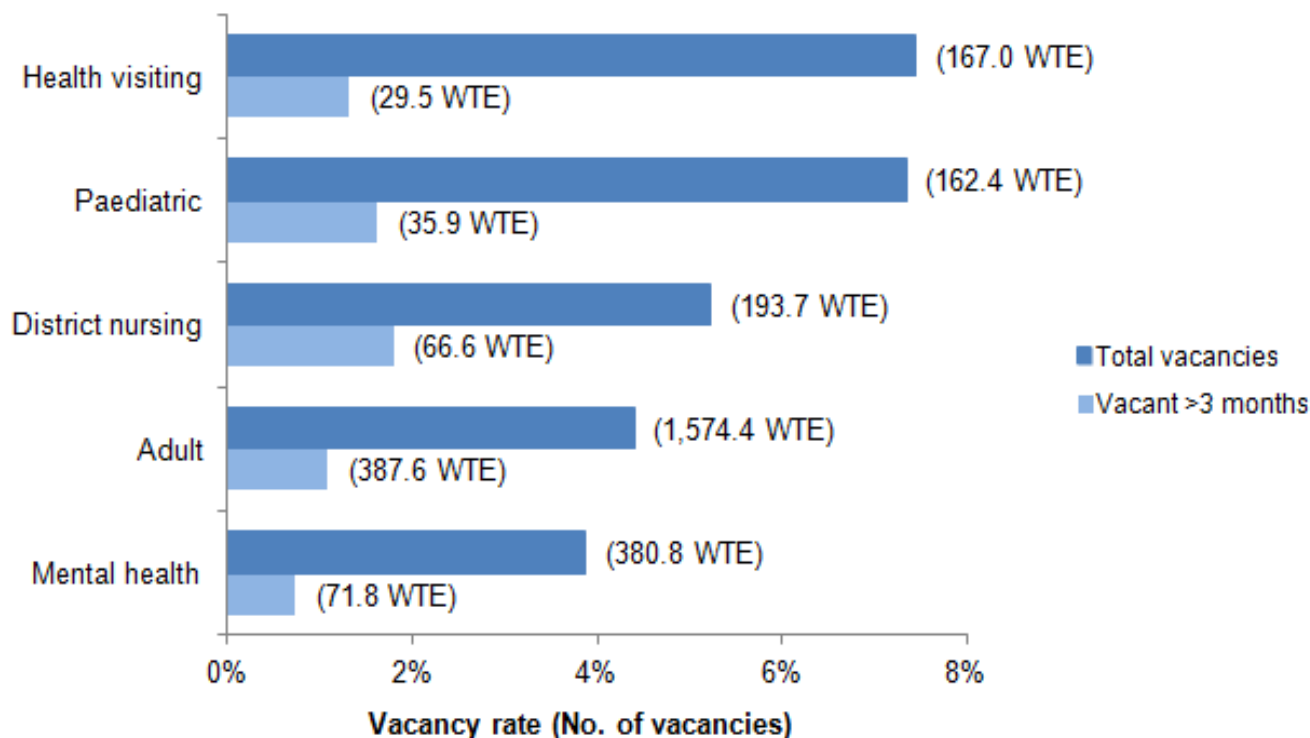


Notes:

1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
2. Does not include proportion (%) of vacancies with unknown length of vacancy.

Figure 12 shows that the highest numbers of vacancies as at 31 March 2017 were recorded in health visiting (7.4% vacancy rate), paediatrics (7.3%), district nursing (5.2%), adult (4.4%) and mental health (3.9%). These same specialties also had the highest numbers of posts vacant three months or more.

Figure 12: Nursing and Midwifery Vacancy Rates as at 31 March 2017



Information on nursing and midwifery vacancies in each NHS Board 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 (AHPs) 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.

AHP staff accounted for 8.3% (11,551.5 WTE) of the NHSScotland workforce at 31 March 2017. Table 8 provides staff in post figures over the last year broken down by profession.

The majority of the 1.4% (156.6 WTE) increase in AHP staff since March 2016 was seen in physiotherapy (55.7 WTE), paramedics (25.2 WTE) and occupational therapy (23.1 WTE).

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

	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
Allied health professions	11,394.9	11,479.3	11,551.5	0.6%	1.4%
Arts therapy (art/music/drama)	23.5	22.3	21.0	-5.8%	-10.8%
Dietetics	733.9	747.7	747.6	0.0%	1.9%
Occupational therapy	2,238.2	2,234.6	2,261.2	1.2%	1.0%
Orthoptics	102.2	97.7	98.0	0.4%	-4.1%
Orthotics	72.0	76.3	78.3	2.5%	8.7%
Paramedics	1,376.2	1,385.5	1,401.4	1.1%	1.8%
Physiotherapy	2,809.0	2,830.9	2,864.7	1.2%	2.0%
Podiatry	649.0	638.4	641.4	0.5%	-1.2%
Prosthetics	26.1	27.7	29.7	7.2%	13.8%
Radiography	2,243.1	2,293.1	2,273.4	-0.9%	1.4%
Diagnostic	1,970.7	2,012.8	1,990.1	-1.1%	1.0%
Therapeutic	272.4	280.3	283.3	1.1%	4.0%
Speech and language therapy	969.8	962.2	969.4	0.8%	0.0%
Multi skilled ¹	152.0	162.9	165.3	1.5%	8.8%

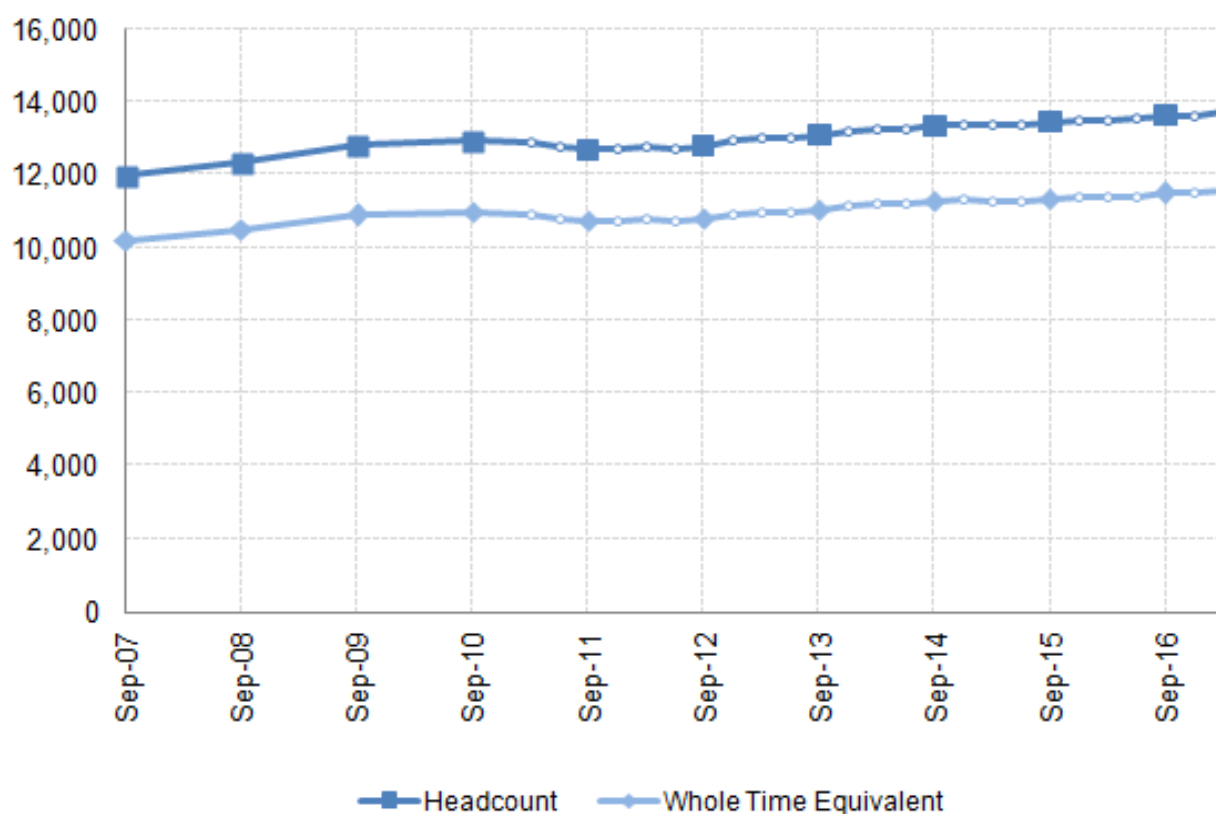
Notes:

1. Multi skilled AHP staff work across more than one discipline and include support workers and AHP leads.

Figure 13 illustrates the growth in the number of AHPs staff employed by NHSScotland since September 2007, with headcount increasing by 14.6% (1,745) and WTE increasing by 13.4% (1,366.2). Following a reduction in workforce during 2012, there has been 5 consecutive years of growth within AHPs. In contrast to other staff groups the rate of growth of AHPs has not slowed down in the last two years. The annual WTE growth rate has increased for the last two consecutive years with a rate of 1.4% at 31 March 2017 compared to 0.7% at 31 March 2015.

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

Figure 13: 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.

Information on the number of AHP staff in each NHS Board by sub job family, Agenda for Change band, age, gender and contract type is available [here](#).

4.2 Vacancies

Table 9 presents the change in vacancy figures over the last year. At 31 March 2017, 3.9% (463.0 WTE) of AHP posts were vacant. This compares to 3.7% at March 2016 and 3.6% at December 2016.

Of these vacancies, 131.8 WTE were vacant for more than three months which represents an increase of 18.0 WTE since 31 March 2016.

Table 9: NHSScotland Allied Health Professions Vacancies (WTE)

	Mar-16	Dec-16	Mar-17	% change Dec-16 to Mar-17	% change Mar-16 to Mar-17
Total vacancies ¹	435.1	425.6	463.0	8.8%	6.4%
Vacant 3 months or more	113.9	117.4	131.8	12.3%	15.8%
Total vacancy rate ²	3.7%	3.6%	3.9%		

Notes:

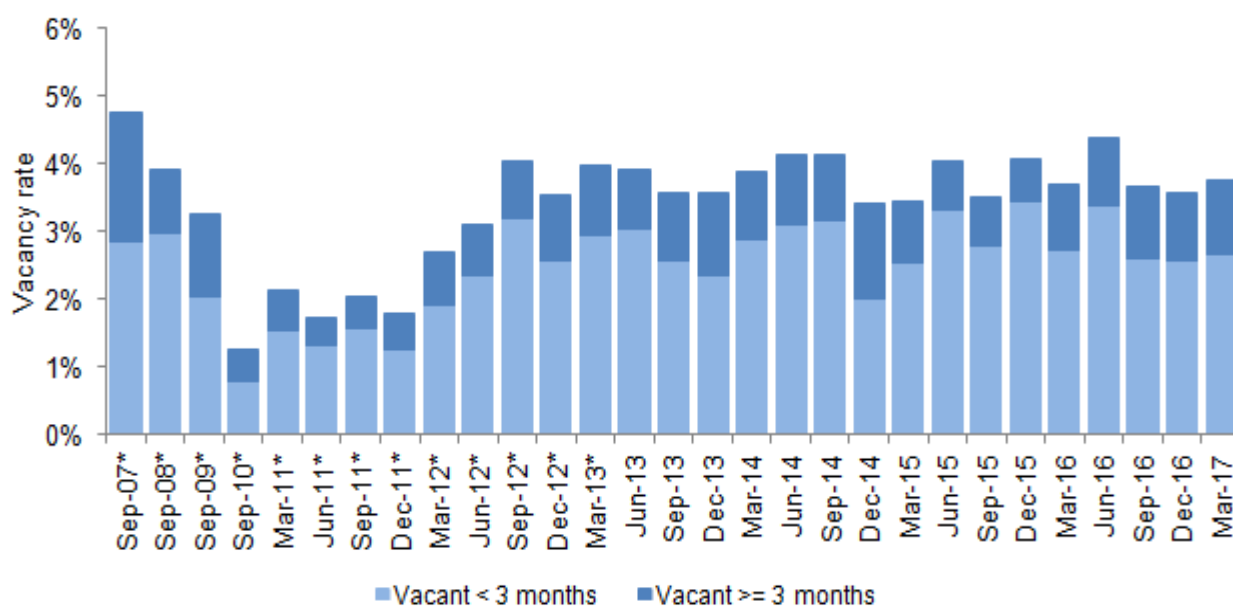
1. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included 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 14 shows AHP vacancy rates since 30 September 2007. As paramedics were reclassified from ambulance services to AHPs from 1 April 2013, AHP vacancy rates calculated for time points prior to June 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%² with 1.9% of posts vacant for three months or more. The rates have been relatively stable in recent years with a vacancy rate of 3.9% at March 2017 and 1.1% 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 14: Allied Health Professions Vacancy Rates by Length of Vacancy^{1,2}

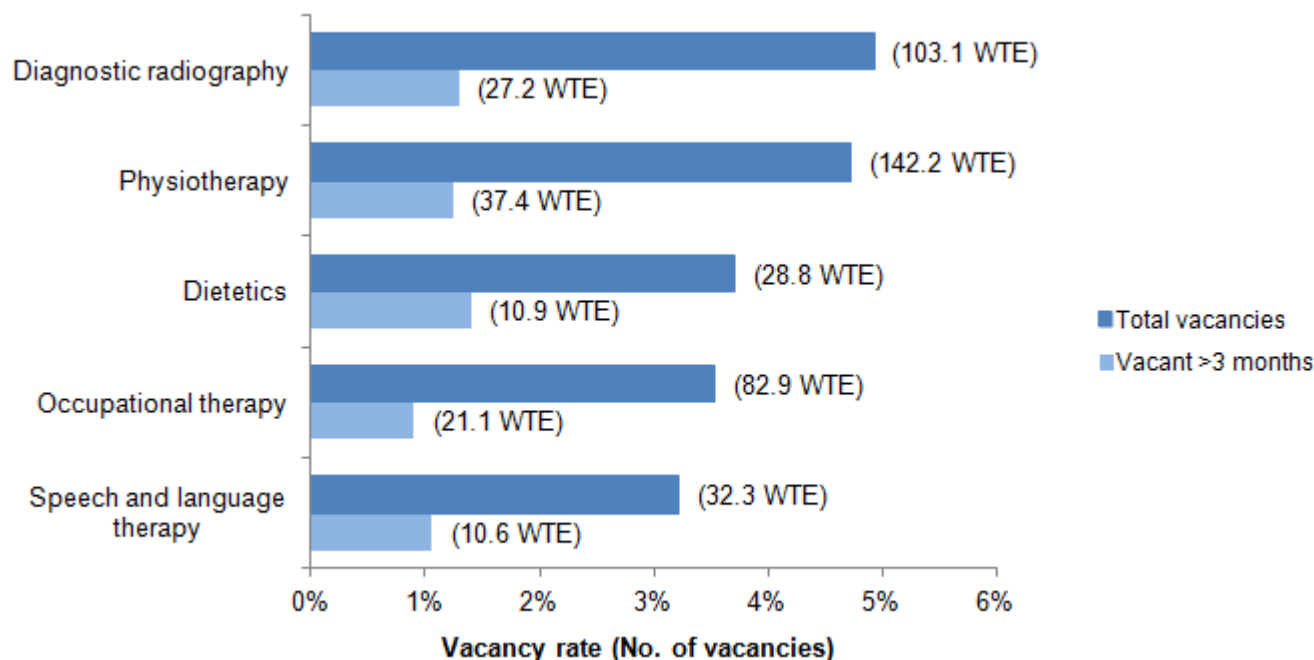


Notes:

1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
2. Does not include proportion (%) of vacancies with unknown length of vacancy.

Figure 15 shows that the highest numbers of vacancies in March 2017 were recorded in diagnostic radiography (4.9% vacancy rate), physiotherapy (4.7%), dietetics (3.7%), occupational therapy (3.5%) and speech and language therapy (3.2%). Across all high volume professions, the vacancy rate for 3 months or longer tends to be in the region of 1%.

Figure 15: Allied Health Professions Vacancy Rates as at 31 March 2017



Information on the number of vacant AHP posts in each NHS Board, by sub job family and Agenda for Change band group, is available [here](#).

Information on the trends (back to 2007) with respect to AHP vacancies is available [here](#).

5. Nursing and midwifery: bank & agency staff

NHS Boards use extra staff to help maintain safe staffing levels and provide flexibility for services during periods of constraint. These are either bank staff (NHS employees working extra shifts) or agency staff (employed by private companies).

Bank and agency staff can be used to:

- temporarily fill vacant posts
- cover sickness absence and maternity/paternity or annual leave
- react to sudden increases in patient numbers
- assist with waiting list initiatives

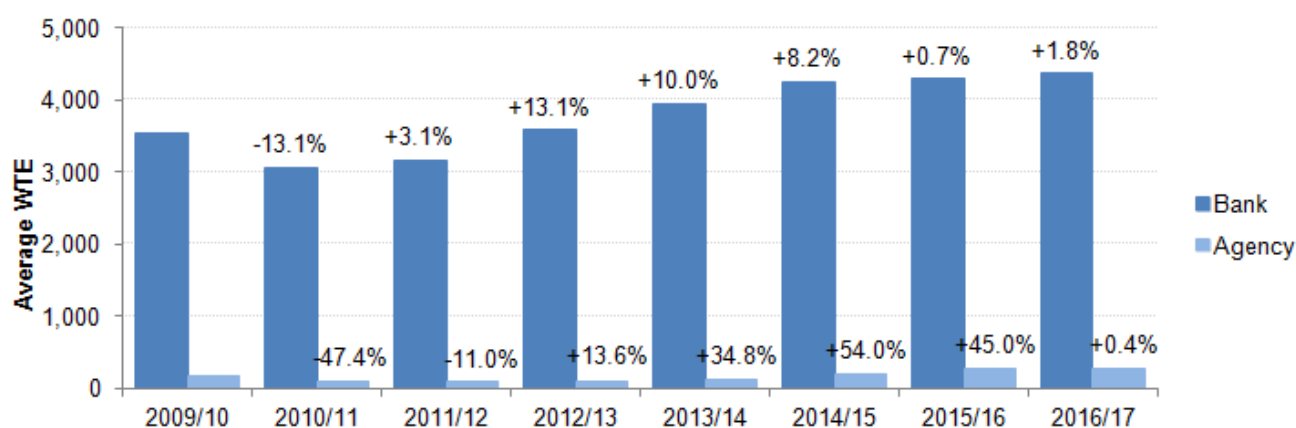
Information on the number of hours worked by bank and agency staff is collected from NHS Boards. This is used to determine an average WTE based on the assumption that a person works 37.5 hours a week, 52 weeks a year. The cost of using these staff is also collected.

5.1 Average WTE

In 2016/17 bank nursing and midwifery staff provided 4,364 WTE of cover, an increase of 77 WTE (1.8%) on the previous year. NHS Greater Glasgow & Clyde (1,563 WTE), NHS Lothian (734 WTE), NHS Grampian (523 WTE) and NHS Lanarkshire (450 WTE) accounted for nearly 75% of this total.

Agency nursing & midwifery staff provided 278 WTE of cover (238 WTE qualified staff, 40 WTE support staff), a slight increase of 1 WTE (0.4%) on the previous year. However, as outlined in Figure 16 below, this is notably a much slower annual rate of increase when compared to previous years. NHS Greater Glasgow & Clyde (58 WTE), NHS Grampian (42 WTE) and NHS Tayside (42 WTE) accounted for just over half of the overall total.

Figure 16: Cover provided by bank and agency nursing and midwifery staff and annual rate of change; Average WTE; 2009/10 to 2016/17

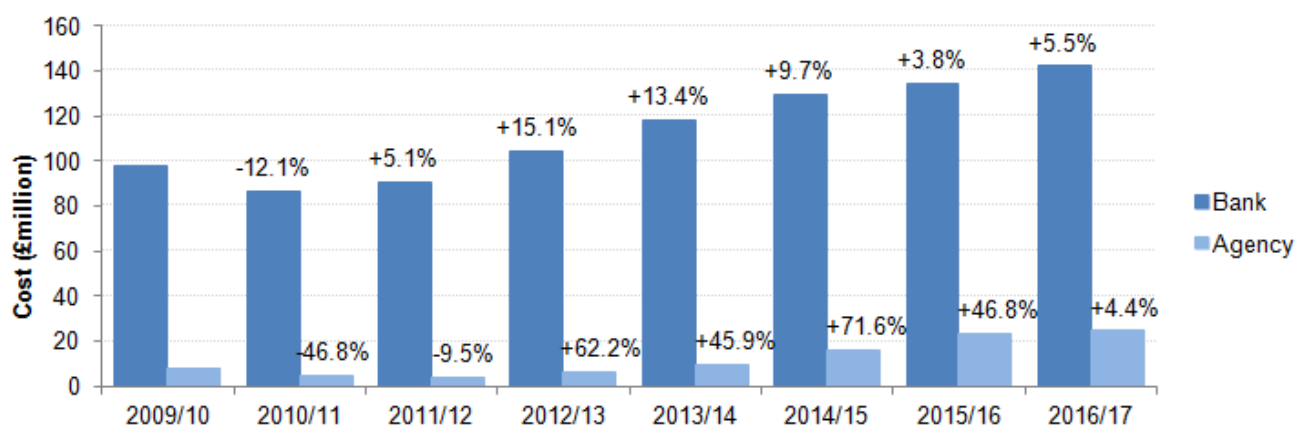


5.2 Cost

In 2016/17 NHSScotland spent a total of £166.5 million on bank and agency staff. This represents an increase of £8.4 million (5.3%) on the previous year. The majority of this spend was on bank staff (£142 million, an increase of 5.5% on the previous year).

The remaining spend was on agency staff (£24.5 million, up 4.4%). As shown in Figure 17 below, this is a considerably slower rate of growth than in the previous four years during which time agency spend rose from £3.9 million in 2011/12 to £23.5 million in 2015/16.

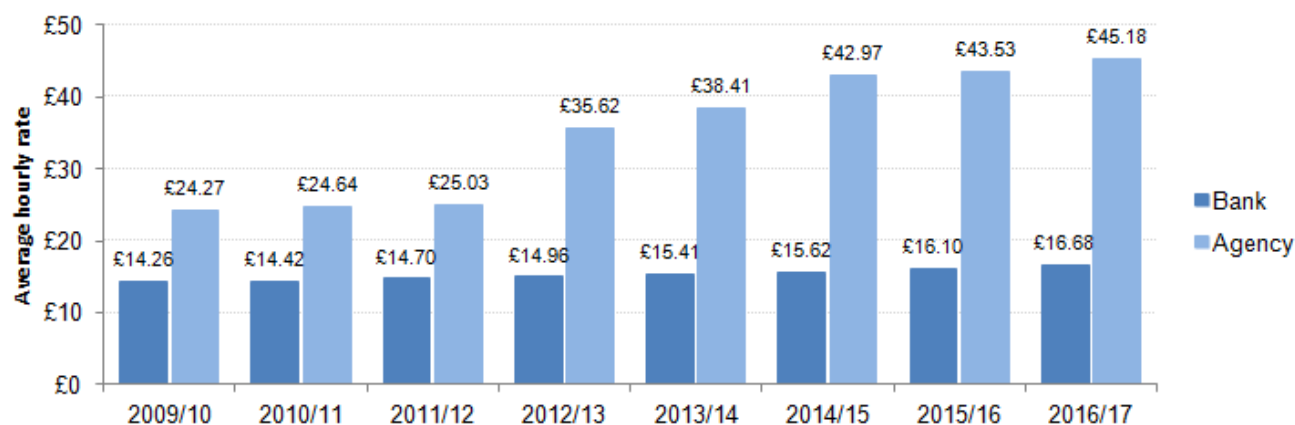
Figure 17: Cost of employing bank and agency nursing & midwifery staff and annual rate of change; 2009/10 to 2016/17



5.3 Average hourly rates

A comparison of Figures 16 and 17 show that, while the overall proportion of agency staff is low compared to bank staff, agency staff account for a higher proportion of the costs than they do for the cover provided. The main reason for this is presented in Figure 18 below.

Figure 18: Average hourly rate for bank and agency nursing and midwifery staff; 2009/10 to 2016/17



Between 2009/10 and 2011/12, average hourly rates for agency staff were generally stable and increased at a similar annual rate to bank staff rates. However, from this point onwards, there was a clear and rapid increase in the average hourly rate for agency staff.

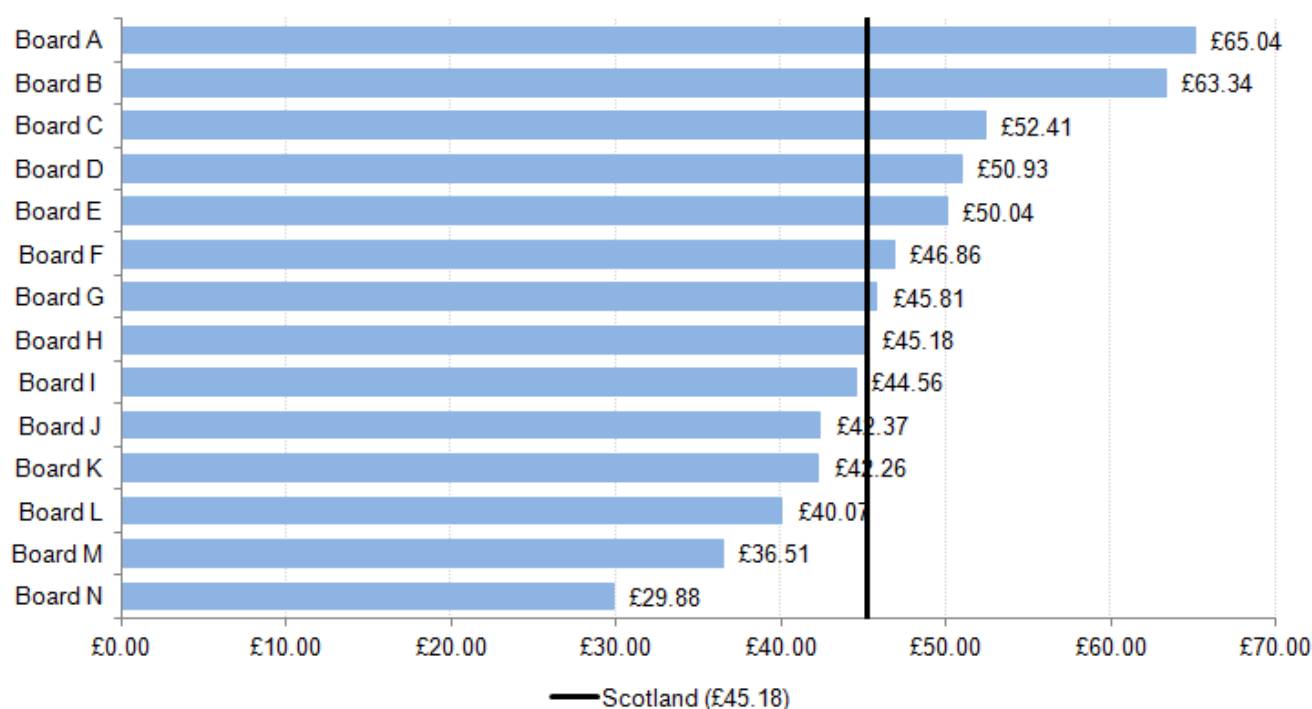
As of 2016/17 the average hourly rate for agency staff (£45.18) is now around 80% higher than it was in 2011/12 (£25.03).

5.4 Average agency rates in NHS Boards

Figure 18 above displays the average hourly rate for agency staff across Scotland. However, as outlined in Figure 19 below, the average hourly rates varied quite widely for NHS Boards who used agency staff in 2016/17.

The cost of using agency staff is a particular issue for the more rural NHS Boards - the top 3 in Figure 19 below are all in this category. This is likely to be due to the difficulty of securing staff that are willing to travel to more rural locations. Other factors which can affect the cost of using agency staff include the specialty / grade of staff involved and the particular skills mix of the staff that are required by each NHS Board.

Figure 19: Average hourly rate for agency nursing and midwifery staff in NHS Boards in 2016/17¹



1. NHS Board names have been anonymised due to the small underlying numbers involved in some cases.

With several underlying pressures such as ongoing financial constraints, an increasing vacancy rate (as outlined earlier in section 3.2) and difficulties with staff retention (net turnover rate is also increasing for nursing & midwifery), bank and agency nursing & midwifery staff are a small but important component of the NHS workforce.

Further information on bank and agency nursing and midwifery staff is available [here](#).

6. Other information updated in this release

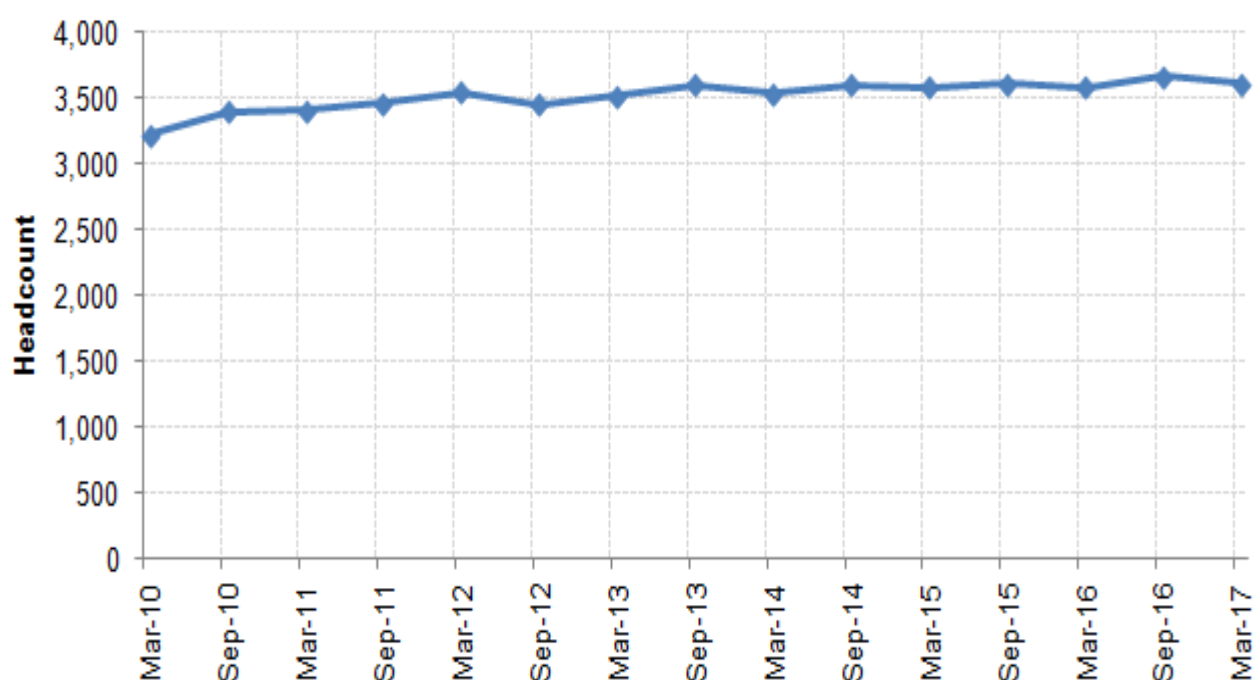
This section brings together a range of workforce statistics derived from the information collected less frequently than the core quarterly data. Each topic is supplemented by detailed NHS Board information via excel as indicated below.

6.1 Dental Workforce

Biannually, ISD produces summary statistics reflecting the dental workforce across Scotland. This cohort includes General Dental Service, Public Dental Service and hospital dentists.

As demonstrated in Figure 20 the number of dentists has remained relatively stable. There was a headcount of 3,613 dentists working across Scotland at 31 March 2017, an increase of 0.7% (25 headcount) since 31 March 2016.

Figure 20: NHSScotland Dentists Trend (Headcount)



Information on the number of dentists in each NHS Board by age, gender and Scottish Index of Multiple Deprivation quintile (of dental practice where applicable) is available [here](#).

[The latest \(2016\) dental workforce report](#) is a further collaboration between NHS Education for Scotland (NES) and NHS National Services Scotland (NSS). The purpose of this latest report in the dental workforce series is to provide analysis, intelligence and modelling to support workforce planning for dental services in Scotland.

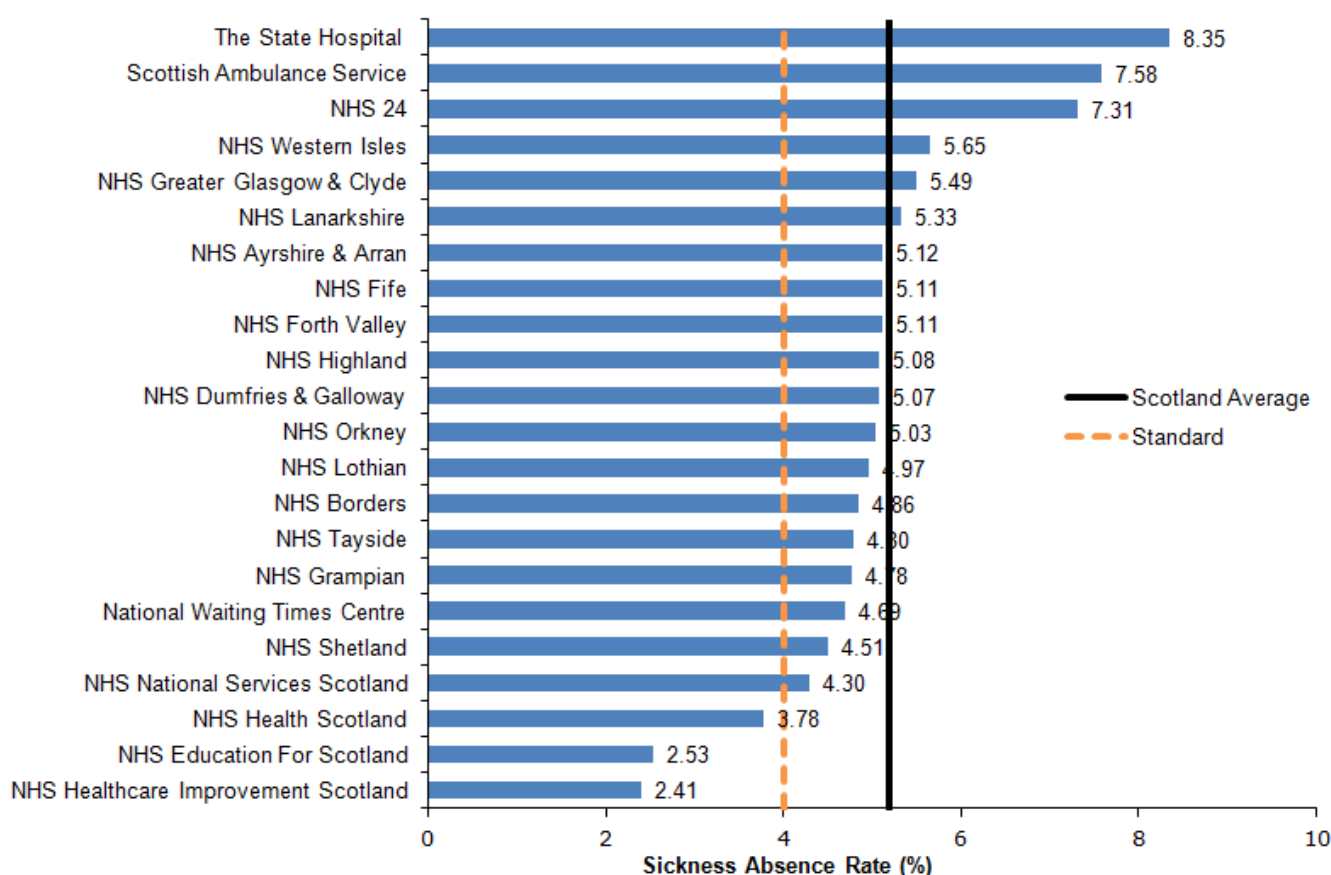
6.2 Sickness Absence

Sickness absence in NHSScotland can result in cancelled appointments and procedures. It can also lead to increased pressure on staff and patients, increased costs of employing bank and agency staff, and reduced efficiency. To help monitor and manage these risks, the

Scottish Government introduced a national standard which requires NHS Boards to achieve a sickness absence rate of 4% or lower.

The sickness absence rate for NHSScotland in 2016/17 was 5.20%, a slight increase from 5.16% in the previous year. Over the last ten years, the national rate has fluctuated between a high of 5.55% in 2006/07 to a low of 4.63% in 2011/12. Figure 21 shows sickness absence rates by NHS Board for the latest financial year.

Figure 21: Sickness absence rate by NHS Board; April 2016 to March 2017



Notes:

1. Sickness absence rate is hours lost divided by total contracted hours.

Information on sickness absence trends for each NHS Board is available [here](#).

6.3 Equality and Diversity

Information presented in this section is based on self-reporting by staff in NHS Scotland. Data is collected via staff engagement forms when people join or change organisations within NHS Scotland, or via a questionnaire exercise undertaken for all staff in post. Information on all equality and diversity categories, which include ethnic group, religion, disability, transgender and sexual orientation, is available [here](#).

Glossary

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

Allied health professions (AHPs) The Allied health professions are a distinct group of healthcare professionals who apply their expertise to diagnose, treat and rehabilitate people of all ages and all specialties. AHPs are distinct from medicine, pharmacy and nursing and include professions such as physiotherapy, dietetics, speech and language therapy, occupational therapy, podiatry.

Assimilation: Term, in a workforce context, of the process to bring all NHSScotland staff to the new harmonised Agenda for Change NHS pay system.

Census date: Dates at which data are collected at specified points of the year for workforce monitoring purposes. Workforce census dates are based on financial year quarters: Q1 – 30th June, Q2 – 30th September, Q3 – 31st December & Q4 – 31st March.

Clinical fellowships: Specialty training posts which allow the post holder to spend 25% of their time on academic training as well as 75% in clinical training, and prepare for an application for a training fellowship for a higher degree.

Electronic employee support system (e:ESS): The e:EES project aims to introduce a single national HR system for all boards in NHSScotland. The system will hold and manage employment information for all staff employed by NHSScotland's 14 territorial and 8 special health boards, and will create a common national repository of workforce information.

Establishment: Term used in calculating NHSScotland vacancy information to describe total filled and vacant posts by discipline and specialty type e.g. paediatric nurse. Establishment is calculated by adding the number of staff in post to the number of vacant posts.

General dental service (GDS) NHS general dental services are provided by general dental practitioners, under a national contract between themselves and the NHS Boards. General dental practitioners are independent contractors. They are free to choose whether to join a NHS Board's dental list and whether to provide NHS dental treatment to each individual patient.

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.

Public Dental Service (PDS) Introduced in January 2014 and brings together the previously separate salaried and community dentists.

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

Sickness absence rate: Calculated as hours lost divided by total contracted hours.

Turnover: The rate at which employees leave the workforce and is calculated by dividing the number of leavers over the year by the staff in post at the start of the period. The number of leavers is derived by comparing staff employed by NHSScotland at two census points.

Vacancies: 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.

Whole time equivalent (WTE): The WTE adjusts headcount figures to take account of part-time working. For example, NHS Agenda for Change staff work 37.5 whole-time hours per week so a staff member working part-time at 30 hours per week would be calculated as 0.8 WTE. 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	Mar 2017	Excel [546kb]
2	Medical trend	Mar 2017	Excel [16,660kb]
3	Non-medical trend	Mar 2017	Excel [20,018kb]

All Staff

Table No.	Name	Time period	File & size
4	Overall NHSScotland workforce summary by staff grouping	Mar 2017	Excel [9,151kb]
5	Staff turnover	Mar 2017	Excel [404kb]
6	Sickness absence	Mar 2017	Excel [171kb]
7	Equality and Diversity	Mar 2017	Excel [460kb]

HCHS Medical and Dental

Table No.	Name	Time period	File & size
8	Medical & dental staff in post (inc. support staff)	Mar 2017	Excel [13,389kb]
9	HCHS medical and dental staff by specialty	Mar 2017	Excel [32,482kb]
10	HCHS medical and dental staff by grade	Mar 2017	Excel [9,603kb]

HCHS Medical and Dental Consultants

Table No.	Name	Time period	File & size
11	Consultant staff in post	Mar 2017	Excel [1,463kb]
12	Consultant vacancies	Mar 2017	Excel [10,122kb]
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	Mar 2017	Excel [876kb]

Nursing and Midwifery

Table No.	Name	Time period	File & size
15	Nursing and midwifery staff in post	Mar 2017	Excel [26,591kb]
16	Health visitors	Mar 2017	Excel [645kb]
17	Nursing and midwifery vacancies	Mar 2017	Excel [3,506kb]
18	Clinical nurse specialists	Sep 2016	Excel [7,160kb]
19	Bank and agency nursing and midwifery comparison (capacity)	Mar 2017	Excel [1,271kb]

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	Mar 2017	Excel [11,600kb]
23	Allied health professions vacancies	Mar 2017	Excel [3,298kb]

Other Therapeutic and Personal Social Care

Table No.	Name	Time period	File & size
24	Other therapeutic staff and personal social care staff in post	Mar 2017	Excel [6,907kb]

Healthcare Science

Table No.	Name	Time period	File & size
25	Healthcare science staff in post	Mar 2017	Excel [9,206kb]

Administrative Services, Support Services and Ambulance Services

Table No.	Name	Time period	File & size
26	All other staff in post	Mar 2017	Excel [14,070kb]

Pharmacy

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

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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

Scottish Government policy

In June 2013, the Scottish Government launched the [2020 Workforce Vision "Everyone Matters"](#) to ensure that everyone who works for NHS Scotland 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.

Earlier this year, the Scottish Government launched a [Discussion document](#) on National Health and Social Care Workforce Planning. As part of a consultation phase, the document sets out ideas on workforce planning at national, regional and local level. It also asks questions about a number of key areas, including governance, workforce planning roles, workforce data and recruiting and retaining staff. Feedback to the consultation will help form the national workforce plan, scheduled for release in June 2017.

Data Source

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.

Net Turnover

The methodology for turnover was revised in 2016 and historical figures were refreshed accordingly. Specifically:

- Leavers are defined as employees who were in post as at 31 March year n and not in post at 31 March year n+1.
- Joiners are defined as employees who are in post as at 31 March year n+1 and were not in post at 31 March year n.
- Turnover is calculated as the number of leavers divided by staff in post as at 31 March year n.

Net turnover is the rate at which employees leave the workforce and is calculated by dividing the number of net leavers over the year by the staff in post at the start of the period. The term 'net' is employed as the methodology does not account for staff who leave and join (or vice-versa) within the two census points.

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.

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 local 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.

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.

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 - 12 April 2017 Vacancies – 21 April 2017
Release date	6 June 2017
Frequency	Quarterly.
Timeframe of data and timeliness	Data as at 31 March 2017.
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 Greater Glasgow and Clyde's December 2016 return. The medical trend table has also been updated.
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	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. Vacancy information is signed off by the relevant Director (e.g. Medical Director, Nurse Director etc.).
Completeness	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. All NHS Boards in Scotland return vacancy information.
Comparability	Workforce data are comparable and regularly used in both UK and international comparison reports (e.g. EUROSTAT).
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	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.
Value type and unit of measurement	Headcount and WTE = number, rate, percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority. Report published May 2010.
Last published	6 June 2017
Next published	5 September 2017
Date of first publication	Paper publications since 1970s, web publications since 1996.
Help email	nss.isdwfdinfo@nhs.net
Date form completed	May 2017

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 (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie 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.