NHSScotland Workforce

Latest statistics at 31 March 2018

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This is a National Statistics Publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

They comply with the Code of Practice for statistics and are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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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. Throughout the year, the Information Services Division (ISD) within National Services Scotland publishes quarterly updates on an extensive set of indicators, including staff in post and vacancies which supports NHS Boards and the Scottish Government with local, regional and national workforce planning.

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.

This new annual report reflects on the latest statistics at 31 March 2018 for the overall NHSScotland workforce and proceeds to focus on key clinical staff including consultants, doctors and dentists in training, qualified nurses and midwives and allied health professions (AHPs). Having discussed staff in post and vacancies across the aforementioned staff groups, the report concludes with a look at the underlying characteristics of the workforce including age, contract type and gender.

Please note, the data presented within the report, dashboards and tables incorporates all staff employed directly by NHS Boards and excludes those working as independent contractors, such as locums, general medical practitioners (GPs) and general dental practitioners (GDPs).

Following a consultation on proposed changes to modernise the presentation, improve the usability and enhance the accessibility of NHSScotland workforce statistics, this release marks a gradual shift in how workforce statistics are presented. The purpose of this new annual report is to highlight national trends that can be explored further via dynamic dashboards.

In conjunction with this report, comprehensive workforce data at 31 March 2018 is shared across the following outputs:

Dashboards

- Four dashboards (Overall, Medical and Dental, Nursing and Midwifery and AHPs) replace 10 historic Excel tables. The dashboards present quarterly data over a 5 year trend for all staff in post.
- The reformed output presents indicators such as age, contract type and gender, Agenda for Change (AfC) band, grade and specialty where applicable. All of which are available as chart visuals or tables. Via the ISD Workforce website, users can explore the
dashboards to quickly gauge shifts in trends and draw comparisons across NHS Boards and regions.

- The three associated dashboards also include vacancy numbers and rates for consultants, nursing and midwifery and AHPs.

**Open data**

- Aggregated data underlying the dashboards for 31 March 2018 is available as five CSV files to meet the 3* criteria for ‘open data’, meaning staff in post and vacancy data is available in a structured, machine-readable, non-proprietary format to support individual analytical needs. Files are stored in the [NHSScotland Open Data platform](#). Subsequent updates will be released quarterly for the latest census.

**Data tables**

- Supplementary long term trend data for staff in post and vacancies continues to be available via Excel.
- Quarterly updates to a collection of other staff in post tables including Healthcare Science. See the [list of tables](#) for the full breadth of information.
- Biannual update on Number of NHS dentists split by age, gender and Scottish Index of Multiple Deprivation.
- Annual updates 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 first release of Medical agency locum spend, presented as experimental statistics.
- Due to varying sources and frequency of bespoke data collections, not all published tables are updated at this time of year. Please see the [timetable on the ISD Workforce website](#) 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 continue improving national workforce information along with our key stakeholders 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.

Going forward:

- Data will continue to be released quarterly, supplemented by a brief summary report. Commencing with this release, an improved annual report will be published every June. The final detailed quarterly report was published on 6 March 2018.
- Subject to feasibility and further user engagement, the remaining Excel tables (e.g. net turnover and sickness absence) will be gradually replaced by dashboards over the course of 2018/19.
- The design, functionality and content of the dashboards will continue to evolve in line with user requirements and advancing software. Furthermore, improvements to the ISD website are in the pipeline which will help provide the optimal platform for data visualisation, prioritise user navigation and ensure compatibility with smart devices.

As a recognised producer of Official Statistics in Scotland, ISD works to the Code of Practice for Official Statistics which is maintained by the UK Statistics Authority (UKSA). Our Official Statistics publications are regularly assessed by the UK Statistics Authority and are designated to have complied with the Code of Practice. UKSA assessment reports on ISD publications are available on their website. We pride ourselves in meeting our obligations under the code for objectivity, integrity and transparency. If you wish to discuss any of the new content or proposed developments further, you are welcome to contact Stuart Kerr, Principal Information Analyst, on 0131 275 6363 or email stuartkerr2@nhs.net.

R – This publication includes a revision of December 2017 consultant vacancy data. NHS Dumfries & Galloway made a resubmission due to errors identified in Old age psychiatry and Oral & maxillofacial surgery (both vacant six months or more). The figures for establishment and total vacancies for NHS Dumfries & Galloway, West Region and Scotland figures have been amended accordingly. All other regions and boards are unaffected. Previously published figures can be found at Consultant_Vacancies_D2017.xls

R This publication also includes a revision of the March, June, September and December 2017 nursing & midwifery vacancy data. NHS Grampian made a resubmission due to errors identified in their Other, AfC bands 5 to 9. 1 WTE position vacant since February 2017 had not been recorded. Changes to March, June, September and December 2017, for the appropriate vacancy length, have now been made. NHS Lanarkshire made a resubmission for December 2017 due to errors identified in their community, district nursing vacant less
than 3 months. Changes to December 2017, for both AfC bands 1 to 4 and AfC bands 5 to 9, have now been made. The figures for establishment and total vacancies for NHS Grampian and NHS Lanarkshire have been amended accordingly. North Region, West Region and Scotland figures have also been updated. All other regions and boards are unaffected. Previously published figures can be found at

Nursing and Midwifery Vacancies D2017.xls

This publication also includes a revision of the nursing and midwifery vacancy data prior to December 2014. Due to a processing error the totals for Nursing for all quarters prior to December 2014 were reported inaccurately across all measures. This has now been amended. Figures for overall Nursing and Midwifery totals, as well as Midwifery totals are unaffected. Previously published figures can be found at Non-Medical Trend D2017.xls
Main Points

- The 163,061 staff employed by NHSScotland represents an increase of 0.3% over the last year. The WTE, which adjusts for part time working, has risen by the same rate to 139,918.4. Whilst there has been six consecutive years of annual growth, the rate of growth is slowing.

- Net turnover was 6.6% in 2017/18, an increase from 6.3% in the previous year. The total number of staff joining NHSScotland in the past year has remained steady whereas the total number of leavers has risen. This has contributed to the slowdown in growth.

- 7.5% (422.5 WTE) of medical and dental consultant posts were vacant. Whilst the vacancy rate is the same as that a year ago, the number of posts vacant for six months or more has seen a 23.6% (48.6 WTE) increase to 253.9 WTE.

- 2,812.7 WTE of nursing and midwifery posts were vacant. This represents an annual decrease of 0.3% (7.2 WTE) but the vacancy rate is unchanged at 4.5%. Of these vacancies, 852.5 WTE were vacant for more than three months, a 27.1% (181.9 WTE) increase on last year.

- NHSScotland spent £23.6 million on nursing and midwifery agency staff during the last financial year. This represents a decrease of 3.6% in comparison to 2016/17. Total spend on bank staff increased by 7.1% to £152.1 million.

- Sickness absence rate for NHSScotland in 2017/18 was 5.39%, up from 5.20% in the previous year and marking the fourth consecutive annual increase. The current national target of 4% has fluctuated between a high of 5.55% in 2006/07 to a low of 4.63% in 2011/12 and therefore the standard has yet to be achieved at the national level.

- The median age of the national workforce has increased from 43 to 46 between 30 September 2008 and 31 March 2018. The proportion of staff aged 50 and over has increased from 29.0% to 39.0% over the same period.
1. Overall Staff in Post

This section provides a summary of all staff directly employed by NHSScotland as at 31 March 2018 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. Please note that the majority of the figures quoted in this report will be WTE.

1.1 Summary

![Staff in post (WTE)](image)

<table>
<thead>
<tr>
<th>Staff in post (WTE)</th>
<th>Largest staff group</th>
<th>Age profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>139,918.4</td>
<td>Nursing and midwifery 42.8% (59,892.0 WTE)</td>
<td>Median age: 46 yrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Aged 55 and Over: 21.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender and Contract Type</th>
<th>Net turnover (2017/18)</th>
<th>Sickness absence rate (2017/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>6.6%</td>
</tr>
<tr>
<td>PT</td>
<td>Male</td>
<td>5.39</td>
</tr>
<tr>
<td>WT</td>
<td></td>
<td>Joiners - 9,825.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leavers - 8,863.5</td>
</tr>
</tbody>
</table>

Notes:
1. Figures are as at 31 March 2018 unless otherwise specified.

A breakdown of the workforce by staff group, age, contract type and gender for each NHS Board is available within the **Overall dashboard** on the ISD Workforce website.

Further data, including sickness absence and turnover that is yet to be transformed into dashboards, is available via the **Data Tables** section of the website.

1.2 Trend

At 31 March 2018, NHSScotland reported a total headcount of 163,061 representing 0.3% in the last year. Adjusting for part time working, the WTE has also risen by 0.3% to 139,918.4 WTE.
The trend in overall staff numbers (WTE) within NHSScotland is illustrated in Figure 1 below. It outlines growth in the overall workforce between 2007 and 2009, a reduction between 2009 and 2011 during the economic downturn and then a return to growth from then until the present year. The inset chart displays the percentage and WTE change in the overall workforce by territorial Board in the year to 31 March 2018.

**Figure 1: NHSScotland Total Workforce Trend**

<table>
<thead>
<tr>
<th>Territorial Board</th>
<th>Percentage Change in WTE</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Scotland</td>
<td>3.0% (16.8)</td>
<td>140,261.9</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>2.2% (449.8)</td>
<td>130,873.0</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>1.5% (157.1)</td>
<td>126,594.0</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>1.2% (42.5)</td>
<td>120,779.0</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>1.1% (100.9)</td>
<td>119,653.0</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>0.9% (23.3)</td>
<td>119,210.0</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>0.4% (20.1)</td>
<td>116,166.0</td>
</tr>
<tr>
<td>NHS Scotland</td>
<td>-0.3% (487.6)</td>
<td>115,763.0</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>-0.5% (-34.1)</td>
<td>115,368.0</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>-0.7% (-236.7)</td>
<td>115,360.0</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>-0.7% (-85.9)</td>
<td>115,941.0</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>-1.2% (-9.6)</td>
<td>115,516.0</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>-1.3% (-8.6)</td>
<td>115,403.0</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>-1.4% (-113.9)</td>
<td>114,269.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>-1.8% (-217.7)</td>
<td>113,051.0</td>
</tr>
</tbody>
</table>

Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
2. Information for the Special Health Boards is available in the overall dashboard.

It should be noted that March is not necessarily the highest (or lowest) point for the year in terms of the total number of staff. There are various factors which have an effect on the workforce numbers at different times throughout the year such as the availability of newly qualified graduates and retirement of staff. To date, the highest workforce figure was the 140,261.9 WTE (163,446 headcount) recorded at 31 December 2017.

There is some seasonal variation present in the quarterly census data with staff numbers tending to drop in June before returning to the longer term upward trend in September. Note that this seasonal variation described is particularly evident when viewing trends for the
number of staff employed by the larger Health Boards where there are larger numbers of staff in training.

Although the overall trend shows that the workforce continues to increase gradually, the annual rate of growth has slowed in recent years as outlined in Figure 2 below.

**Figure 2: Trend in annual rate of change in the NHSScotland workforce**

![Graph showing annual rate of change in NHSScotland workforce](image)

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

Information on the overall staff in post covering the last five years is available within the **Overall dashboard** on the ISD Workforce website.

Additional information on long term trends (> 5 years) within each NHS Board is available within the **Overall trend** table in the **Data Tables** section of the website.

### 1.3 Net turnover

**Net turnover** is the rate at which employees leave the workforce and is calculated by dividing the net number of leavers over a financial year by the number of staff in post at the start of that year.

For NHSScotland turnover:

- Leavers are defined as staff employed within NHSScotland at the beginning of the financial year but no longer employed within NHSScotland at the end of the financial
year. Note that those who have left and then rejoined NHSScotland within the year are **not** counted as leavers.

- Joiners are defined as staff that were not employed within NHSScotland at the beginning of the financial year but were employed within NHSScotland at the end of the financial year.

As illustrated in Figure 3, NHSScotland turnover has been increasing in recent years with only a slight drop in 2016/17. It also shows that the total number of joiners has remained steady whereas the total number of leavers has risen. This has contributed to the slowdown in growth that was identified in Figure 2 above.

**Figure 3: NHSScotland Net Joiners, Leavers and Turnover Trend**

![Figure 3: NHSScotland Net Joiners, Leavers and Turnover Trend](image)

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 number of joiners, leavers and net turnover of staff by NHS Board during financial year 2017/18. Please note a subtle difference in calculation when comparing turnover for NHSScotland with turnover at Board level.

For Board level turnover:

- Leavers are defined as those employed within a Board at the start of the financial year but are either employed within another NHS Board or no longer employed within NHSScotland at the end of the financial year.
Consequently, with a higher proportion of leavers involved, turnover rates at Board level are consistently higher than the rate for NHSScotland.

**Figure 4: Net Joiners, Leavers and Turnover, overall staff, by territorial Board, 2017/18**

![Net Joiners, Leavers and Turnover, overall staff, by territorial Board, 2017/18](chart)

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. Joiners and leavers do not include staff changing roles within an NHS Board.
3. Information for the Special Health Boards is available in the Turnover table.

Further information on net joiners, leavers and turnover for each NHS Board by staff group is available within the **Turnover** table in the **Data Tables** section of the ISD Workforce website.

Further information on the turnover methodology is available in **Appendix 1**.

### 1.4 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 2017/18 was 5.39%, a slight increase from 5.20% in the previous year. Figure 5 shows that the national rate has fluctuated between a high of 5.55% in 2006/07 to a low of 4.63% in 2011/12 and therefore the standard has yet to be achieved at the national level. The inset chart in Figure 5 displays the sickness absence rates at Board level for 2017/18 and shows that only one territorial Board achieved the standard in this financial year with the majority reporting sickness absence rates above 5%.

Figure 5: Trend of sickness absence rate for NHSScotland by financial year

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

Information on sickness absence trends for each NHS Board is available within the Sickness absence table in the Data Tables section of the ISD Workforce website.
1.5 Staff groups

Further information on the change in workforce by staff group is presented in Table 1 below. Over the last year, the greatest proportionate growth has been reported in the personal and social care and other therapeutic services staff groups. The greatest increase in WTE occurred in Medical (HCHS) with an annual increase of 191.2 WTE.

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

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>All NHSScotland staff</td>
<td>133,205.3</td>
<td>139,430.9</td>
<td>139,918.4</td>
<td>0.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Medical (HCHS)</td>
<td>11,224.0</td>
<td>12,325.9</td>
<td>12,517.1</td>
<td>1.6%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Dental (HCHS)</td>
<td>701.8</td>
<td>625.2</td>
<td>590.6</td>
<td>-5.5%</td>
<td>-15.8%</td>
</tr>
<tr>
<td>Medical and dental</td>
<td>1,869.8</td>
<td>1,951.2</td>
<td>1,958.2</td>
<td>0.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Nursing and midwifery</td>
<td>57,036.6</td>
<td>59,798.6</td>
<td>59,892.0</td>
<td>0.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Allied health professions</td>
<td>9,583.4</td>
<td>11,551.5</td>
<td>11,653.1</td>
<td>0.9%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Other therapeutic services</td>
<td>3,651.2</td>
<td>4,267.9</td>
<td>4,458.0</td>
<td>4.5%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Personal and social care</td>
<td>906.3</td>
<td>1,170.2</td>
<td>1,231.9</td>
<td>5.3%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Healthcare science</td>
<td>5,273.5</td>
<td>5,492.4</td>
<td>5,423.7</td>
<td>-1.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>3,670.1</td>
<td>2,562.7</td>
<td>2,586.7</td>
<td>0.9%</td>
<td>-29.5%</td>
</tr>
<tr>
<td>Administrative services</td>
<td>24,381.9</td>
<td>25,211.4</td>
<td>25,258.1</td>
<td>0.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Support services</td>
<td>13,755.9</td>
<td>13,717.3</td>
<td>13,749.4</td>
<td>0.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unallocated / not known</td>
<td>1,150.7</td>
<td>756.6</td>
<td>599.6</td>
<td>-20.8%</td>
<td>-47.9%</td>
</tr>
</tbody>
</table>

Notes:
1. A list of the sub job families within each staff group can be found in the FAQ section of the ISD Workforce website.
2. HCHS - hospital, community, and public health services (excluding independent contractors)
3. Paramedics were reclassified from ambulance services staff to AHPs from 1 April 2013.
4. 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 that have transferred into NHS Highland but have not yet been assimilated to Agenda for Change bands are currently recorded as unallocated / not known.

In contrast to the overall growth in workforce, there is a noticeable drop in Dental (HCHS) staff. While the total number of adults and children registered with a NHS dentist in Scotland continues to increase, the small proportion attributed to Public Dental Service (PDS) - dentists that are either directly employed by Boards or community dentists who provide services in areas where a safety net is required for people unable to obtain care from 'High
Street’ dentists – has decreased in recent times. This in part explains the decrease in Dental (HCHS) staff.

Further information about the overall dental workforce, including those not directly employed by NHSScotland, can be found in the Dentists table on the ISD Workforce website.

Figure 6 outlines the current shape of the NHSScotland workforce. The largest staff group is nursing and midwifery which represents 42.8% of all NHSScotland staff.

Figure 6: NHSScotland Workforce proportions (% of WTE), by staff group, as at 31 March 2018

Notes:
1. A list of the sub job families within each staff group can be found in the FAQ section of the ISD Workforce website.
2. HCHS - hospital, community, and public health services (excluding independent contractors)
2. Medical and Dental staff

As outlined in Figure 6, medical and dental (HCHS) staff (combined) accounted for 9.4% of the NHSScotland workforce as at 31 March 2018. This staff group includes all salaried doctors and dentists, including those in all stages of training but excludes GPs, GDPs and staff working as locums.

2.1 Summary

A breakdown of the workforce by grade, age, contract type, gender and consultant vacancies for each NHS Board is available within the Medical & Dental dashboard on the ISD Workforce website.

Further information about longer term trends (>5 years) and medical and dental support staff is available in the Medical Trend and Medical and Dental staff in post tables in the Data Tables section of the website.
2.2 Staff in post

Table 2 presents the change in the medical and dental workforce over a one year and a five year period. The latest figures show that there has been an increase of 1.2% over the last year and an increase of 9.9% over the last 5 years. Further information by grade is presented below.

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCHS medical and dental staff ¹</td>
<td>11,925.9</td>
<td>12,951.1</td>
<td>13,107.7</td>
<td>1.2%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Consultant</td>
<td>4,531.6</td>
<td>5,189.2</td>
<td>5,237.7</td>
<td>0.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Director (Clinical, Medical &amp; Dental) ²</td>
<td>82.1</td>
<td>126.5</td>
<td>143.2</td>
<td>13.2%</td>
<td>74.4%</td>
</tr>
<tr>
<td>Staff and associate specialist grades</td>
<td>1,360.2</td>
<td>1,208.7</td>
<td>1,202.0</td>
<td>-0.6%</td>
<td>-11.6%</td>
</tr>
<tr>
<td>Doctors in training</td>
<td>5,552.5</td>
<td>5,677.3</td>
<td>5,760.1</td>
<td>1.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Other grades ³</td>
<td>399.4</td>
<td>749.3</td>
<td>764.7</td>
<td>2.1%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

Notes:
1. Information on the grades included within each group can be found in the Variables guide which is available via the FAQ section of the ISD Workforce website.
2. The increase in the number of directors (clinical, medical & dental) is due to previous under reporting from NHS Lothian.
3. 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. Also the National Waiting Times Centre previously recorded clinical fellows as doctors in training but they are now recorded as other grades.

2.3 Net turnover

As illustrated in Figure 7 below, the net turnover rate for medical and dental staff in NHSScotland has been increasing in recent years due to a rise in the number of leavers from a previously stable level. Please note that this analysis does not include doctors and dentists in training who are excluded due to the frequent rotation of staff in training placements.
Figure 7: Net Joiners, Leavers and Turnover Trend for Medical and Dental staff; NHSScotland $^{1,2}$

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 8 shows the number of joiners, leavers and net turnover of staff by NHS Board during financial year 2017/18. As outlined in section 1.3 earlier there is a subtle difference in the calculation used to calculate Board level turnover which leads to consistently higher turnover rates than for NHSScotland. Further information on the turnover methodology is available in Appendix 1.
Figure 8: Net Joiners, Leavers and Turnover, Medical and Dental staff, by territorial Board, 2017/18 \(^1,2,3\)

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. Joiners and leavers do not include staff changing roles within an NHS Board.
3. Information for the Special Health Boards is available in the Turnover table.

Information on net joiners, leavers and turnover for each NHS Board by staff group is available within the Turnover table in the Data Tables section of the ISD Workforce website.

2.4 Consultants

Consultants account for 40% of the medical and dental workforce, a proportion that has increased by around 2% in the last five years. The consultant role is a senior, specialist position which involves leading a multidisciplinary team of doctors, nurses and other health professionals and taking on ultimate responsibility for the safe and effective care of all patients that are referred to them.
2.4.1 Staff in post

Table 3 provides a breakdown by major specialty group and shows there has been a 0.9% annual increase with growth in all groups apart from clinical laboratory specialties, psychiatric specialties, other medical specialties and all dental specialties.

Table 3: NHSScotland Consultants\(^1\) in Post (WTE) by Specialty Groups\(^2\)

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>All specialties</td>
<td>4,531.6</td>
<td>5,189.2</td>
<td>5,237.7</td>
<td>0.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>149.0</td>
<td>220.6</td>
<td>227.4</td>
<td>3.1%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>644.2</td>
<td>739.8</td>
<td>756.8</td>
<td>2.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>215.8</td>
<td>244.2</td>
<td>248.6</td>
<td>1.8%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Clinical laboratory specialties</td>
<td>563.1</td>
<td>633.3</td>
<td>621.9</td>
<td>-1.8%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>1003.9</td>
<td>1266.7</td>
<td>1293.4</td>
<td>2.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Psychiatric specialties</td>
<td>532.2</td>
<td>544.6</td>
<td>536.9</td>
<td>-1.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>836.1</td>
<td>965.3</td>
<td>974.9</td>
<td>1.0%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Paediatrics specialties</td>
<td>227.0</td>
<td>293.8</td>
<td>331.0</td>
<td>12.7%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Other medical specialties</td>
<td>255.5</td>
<td>185.1</td>
<td>156.1</td>
<td>-15.7%</td>
<td>-38.9%</td>
</tr>
<tr>
<td>All dental specialties</td>
<td>105.0</td>
<td>95.8</td>
<td>90.5</td>
<td>-5.5%</td>
<td>-13.7%</td>
</tr>
</tbody>
</table>

Notes:
1. Includes directors of public health
2. A list of specialties within each specialty group can be found in the FAQ section of the ISD Workforce website.

Figure 9 shows the trend in the number of consultants employed by NHSScotland since 2006 and indicates a reported high at the latest census date. It is notable that, overall, the trend shows steady and continuous growth, even through the economic downturn which led to a reduction in the number of overall staff as outlined in Figure 1 earlier. The inset chart displays the percentage and WTE change in the consultant workforce by territorial Board in the year to 31 March 2018.
Figure 9: NHSScotland Medical and Dental Consultants Trend ¹,²,³,⁴

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.
4. Information for the Special Health Boards is available in the medical and dental dashboard.

There is also a seasonal trend in the consultant numbers in that there is often a small decrease between the April and June censuses. A major factor in this seasonality is an increase in retirements in the months leading up to and around the end of a financial year and then a delay in the vacated posts being filled whilst Boards wait to recruit those obtaining their Certificate of Completion of Training (CCT) over the summer months.
Information on the trends (>5 years) within each NHS Board in respect of the number of consultants within each specialty is available within the Medical trend table in the Data Tables section of the ISD Workforce website.

2.4.2 Consultant vacancies

Table 4 provides a summary of the number and rate of consultant vacancies and shows that, while the overall vacancy rate is the same as the previous year, a greater proportion of the vacancies are longer term (vacant for 6 months or more).

Table 4: NHSScotland Consultant¹ Vacancies (WTE)

<table>
<thead>
<tr>
<th></th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total vacancies²</td>
<td>202.5</td>
<td>418.7</td>
<td>422.5</td>
<td>0.9%</td>
<td>108.7%</td>
</tr>
<tr>
<td>Vacant 6 months or more</td>
<td>41.0</td>
<td>205.3</td>
<td>253.9</td>
<td>23.6%</td>
<td>519.1%</td>
</tr>
<tr>
<td>Total vacancy rate³</td>
<td>4.3%</td>
<td>7.5%</td>
<td>7.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

It should be noted that there is variation in the number of vacancies throughout the year. Figure 10 outlines the trend for the consultant vacancy rates recorded at each census since 30 September 2007, distinguishing between the proportion of posts that were vacant less than six months and those vacant six months or more. Following a relatively low rate of vacancies reported from 2008 to 2013, the overall vacancy rate has remained consistently above 6% since March 2014, peaking at 8.5% at 30 June 2017. However the proportion of posts that were vacant for six months or more has increased since then and now accounts for over half of the total vacancies.
Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

The consultant vacancy rates show the reverse seasonal trend when compared to the consultant staff in post figures. In Figure 10 above it can be seen that, within each year, the highest vacancy rates are normally reported in June whereas this same month generally marks the point where the staff in post figures decrease as outlined in section 2.4.1 earlier.

Figure 11 details the consultant vacancy rates by NHS Board and by length of vacancy.
The highest vacancy rates are generally in Boards with more of a rural profile whereas Boards that incorporate (or are in close proximity to) medical and dental training schools generally have the lowest vacancy rates. Prospective medical and dental students from rural locations move to Scotland’s major cities in order to undertake their training at university. Once there they are more likely to stay for their professional training. There is an ongoing challenge for Boards with a more rural profile to attract them back home once they are qualified.

One such Board is NHS Dumfries & Galloway which has, as seen in Figure 11 above, one of the highest consultant vacancy rates at 31 March 2018 with all vacancies having been long term (six months or more). NHS Lanarkshire, despite being located in the central belt, have a relatively high vacancy rate when compared to NHS Greater Glasgow & Clyde and NHS Lothian suggesting that they may suffer from the attractions of living and working in Scotland’s two largest cities either side of it.

Figure 12 shows the trend of vacancy rates for six specialties which had the highest number of vacancies in NHSScotland as at 31 March 2018. Many also display a high proportion of posts that are vacant for 6 months or more.
Clinical radiology shows the highest vacancy rate for NHSScotland and it has consistently been above 10% for several years. The proportion of posts that are vacant for six months or more has also risen steadily in recent years and is now around 80% of all vacancies in this specialty. Anaesthetics is one of the specialties with the highest number of vacancies however the vacancy rate for this specialty is comparatively low.

Further information on vacancies covering the last five years can be found in the Medical and Dental dashboard on the ISD Workforce website.

Additional trend information on consultant vacancies (>5 years) is available within the Medical trend table in the Data Tables section of the website.

2.5 Doctors and dentists in training

Doctors and dentists in training are the consultants of the future and therefore it is vital that there is a healthy ‘pipeline’ of trainees to help meet the future workforce requirements of NHSScotland.
The recent trend in medical and dental training numbers within NHSScotland is illustrated in Figure 13 below. It highlights a reduction in staff between 2007 and 2010 before a significant increase in 2011. Since then, the number of trainees has fluctuated year on year, peaking in 2014. Further information, including trainee figures at specialty level for each NHS Board, is available within the Medical & Dental dashboard on the ISD Workforce website.

**Figure 13: NHSScotland Doctors and Dentists in Training Trend**

Notes:
1. Doctors in training group includes the foundation house officer year 1, foundation house officer year 2 and doctor in training medical grades.
2. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

The addition of the latest figures for March continues the seasonal trend which is clearly demonstrated in Figure 13 above, although a different pattern than that shown for overall staff earlier. Rather than just a drop in the quarter ending June, there is a continuous drop in the numbers through December, March and June. The large increases demonstrated in the September figures are a result of the new intake of graduate medical and dental students who are beginning the next stage of their training.

The repetitive trend of a drop in trainee numbers over the course of the year stems from newly qualified/fully certified staff moving into consultant posts. While all medical and dental
trainees join at the same time of year, there is a more staggered approach to them leaving as once they receive their CCT, they may have to wait to attain a suitable consultant post.

2.6 Medical agency locum spend

For the first time ISD present information on agency medical locum spend. Note this does not represent locums employed directly by NHS Boards. This new data is primarily sourced from the national General Ledger – which receives information from national payroll – and local invoices processed through the accounts payable section of the finance system. All figures are verified by NHS Directors of Finance. Given the developmental nature of the dataset, please note medical agency locum figures are presented as ‘experimental statistics’ and not ‘national statistics’. NHS Boards use agency medical locums as and when required to:

- temporarily fill vacant posts
- cover sickness absence and maternity/paternity or annual leave
- provide additional temporary capacity
- assist with waiting list initiatives

Following three years of consecutive growth, Figure 14 shows that national spend on agency locums has decreased by 8.8% in the last year to £100.4 million.

**Figure 14: Total spend on medical agency staff and annual rate of change; NHSScotland; 2013/14 to 2017/18**

![Figure 14: Total spend on medical agency staff and annual rate of change; NHSScotland; 2013/14 to 2017/18](image)

Figure 15 outlines the breakdown of spend by Board on 2017/18
Figure 15: Total spend on medical agency staff by Board; 2017/18

Further information by NHS Board is available within the Medical agency table in the Data Tables section of the ISD Workforce website.
3. Nursing & Midwifery staff

As outlined in Figure 6 earlier, nursing and midwifery is by far the largest staff group within the NHSScotland workforce, accounting for 42.8% of the workforce directly employed by NHS Scotland. Encompassing a wide variety of roles, nurses and midwives are at the heart of the provision of safe and effective care to patients in both hospital and community settings.

3.1 Summary

<table>
<thead>
<tr>
<th>Staff in post (WTE)</th>
<th>Qualified</th>
<th>Age profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>59,892.0</td>
<td></td>
<td>46 yrs</td>
</tr>
<tr>
<td></td>
<td>Support 26.7%</td>
<td>% Aged 55 and Over</td>
</tr>
<tr>
<td></td>
<td>Qualified 73.3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net turnover (2017/18)</th>
<th>Bank &amp; Agency spend</th>
<th>Vacancy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2%</td>
<td>£152.1M</td>
<td>4.5%</td>
</tr>
<tr>
<td>Joiners - 4,684.4</td>
<td>Agency £23.6M</td>
<td>Vacant &gt;=3 months</td>
</tr>
<tr>
<td>Leavers - 4,324.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. Figures are as at 31 March 2018 unless otherwise specified.

NHS Board information on nursing and midwifery staff in post by sub job family, Agenda for Change band, age, contract type, gender and vacancies is available within the Nursing and Midwifery dashboard on the ISD Workforce website.

Further information about longer term trends (>5 years) is available in the Non-Medical Trend table in the Data Tables section of the website.

Due to variation in the frequency of bespoke data collections, not all published tables are updated at this time of year. Figures for advanced nurse practitioners, clinical nurse specialists and nursing and midwifery student intakes, students in training and progression rates were last updated in the quarterly update report which was published on the ISD Workforce website in December 2017.
3.2 Staff in post

Table 5 presents the change in the nursing and midwifery workforce over a one year and a five year period. The latest figures show that there has been an increase of 0.2% over the last year and an increase of 5.0% over the last 5 years.

**Table 5: NHSScotland Nursing and Midwifery Staff in Post (WTE)**

<table>
<thead>
<tr>
<th></th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing and midwifery</td>
<td>57,036.6</td>
<td>59,798.6</td>
<td>59,892.0</td>
<td>0.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Nursing</td>
<td>53,982.6</td>
<td>56,833.0</td>
<td>56,932.9</td>
<td>0.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Qualified 1</td>
<td>39,655.8</td>
<td>41,358.5</td>
<td>41,440.8</td>
<td>0.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Support 2</td>
<td>14,325.8</td>
<td>15,474.6</td>
<td>15,492.1</td>
<td>0.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Midwifery</td>
<td>2,968.7</td>
<td>2,892.1</td>
<td>2,902.1</td>
<td>0.3%</td>
<td>-2.2%</td>
</tr>
<tr>
<td>Qualified 1</td>
<td>2,410.7</td>
<td>2,399.5</td>
<td>2,408.9</td>
<td>0.4%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Support 2</td>
<td>558.0</td>
<td>492.6</td>
<td>493.2</td>
<td>0.1%</td>
<td>-11.6%</td>
</tr>
<tr>
<td>Not assimilated/not known</td>
<td>85.3</td>
<td>73.5</td>
<td>57.0</td>
<td>-22.4%</td>
<td>-33.2%</td>
</tr>
</tbody>
</table>

Notes:
1. Qualified relates to staff on Agenda for Change (AfC) bands 5 and above, including interns.
2. Support relates to staff on AfC bands 1 to 4.

Figure 16 illustrates the trend in the number of nursing and midwifery staff employed by NHSScotland and shows that there was growth in the overall workforce between 2007 and 2009, a reduction between 2009 and 2012 during the economic downturn and then a return to growth from then until the present year. The inset chart displays the percentage and WTE change in the nursing and midwifery workforce by territorial Board in the year to 31 March 2018.
Information Services Division

Figure 16: NHSScotland Nursing and Midwifery Trend (WTE) $^{1,2}$

Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
2. Information for the Special Health Boards is available in the Nursing and midwifery dashboard.

The seasonal trend identified earlier is also present in the nursing and midwifery figures with staff numbers tending to drop in June before rising again in September onwards. The reasons for this trend are similar to those outlined earlier for consultants – an increase in retirement rates amongst staff in the months leading up to and around the end of a financial year and a focus on a block recruitment of new graduates to fill vacant posts in September and October. Another factor can be the level of recruitment of seasonal workers to cater for the increased demand on services over the winter months.

Information on the trends (>5 years) within each NHS Board in respect of the number of nursing and midwifery staff within each nursing specialty is available in the **Non-Medical Trend** table in the **Data Tables** section of the website.
3.3 Net turnover

As demonstrated in Figure 17 below, the net turnover rate for nursing and midwifery staff has been increasing for several years due to the increasing number of leavers in each year. The rate has stabilised in the most recent figures however the number of joiners has decreased from the previous year.

Figure 17: Net Joiners, Leavers and Turnover Trend for Nursing and Midwifery staff; NHSScotland

Notes:
1. NHSScotland joiners and leavers do not include staff changing roles or moving between NHS Boards.

Figure 18 shows the number of joiners, leavers and net turnover of staff by NHS Board during financial year 2017/18. As outlined in section 1.3 earlier there is a subtle difference in the calculation used to calculate Board level turnover which leads to consistently higher turnover rates than for NHSScotland. Further information on the turnover methodology is available in Appendix 1.
Figure 18: Net Joiners, Leavers and Turnover for Nursing and Midwifery staff by NHS Board, 2017/18

Notes:
1. Joiners and leavers do not include staff changing roles within an NHS Board.

Information on net joiners, leavers and turnover for each NHS Board by staff group is available within the Turnover table in the Data Tables section of the ISD Workforce website.

Further information on the turnover methodology is available in Appendix 1.

3.4 Nursing and midwifery vacancies

Table 7 provides a summary of the number and rate of nursing and midwifery vacancies and shows that, while the overall vacancy rate is the same as the previous year, a greater proportion of the vacancies are longer term (vacant for 3 months or more).
Table 7: NHSScotland Nursing and Midwifery Vacancies (WTE)

<table>
<thead>
<tr>
<th></th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total vacancies 1</td>
<td>1,609.1</td>
<td>2,818.9</td>
<td>2,812.7</td>
<td>-0.3%</td>
<td>79.0%</td>
</tr>
<tr>
<td>Vacant three months or more</td>
<td>327.2</td>
<td>670.6</td>
<td>852.5</td>
<td>27.1%</td>
<td>160.5%</td>
</tr>
<tr>
<td>Total vacancy rate 2</td>
<td>2.7%</td>
<td>4.5%</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

A further breakdown of information on nursing and midwifery vacancies including by Agenda for Change pay band or by qualified/support staff is available on the Nursing and Midwifery dashboard on the ISD Workforce website.

It should be noted that there is variation in the number and rate of vacancies throughout the year. Figure 19 outlines the trend in vacancy rates for nursing and midwifery posts recorded at each census since 30 September 2007, distinguishing between the proportion of posts that were 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. Vacancy rates have steadily increased since then, peaking at 5.2% in June 2017.
Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.

In recent years it had been possible to see another seasonal trend in the nursing and midwifery vacancy rates with a steady increase throughout the first half of the year, a peak in September and then a decrease in December. This trend reflected increased retirement rates in the early part of the year and also the timescale for recruitment of the newly qualified graduate nursing and midwifery staff which extends throughout the summer months. Graduates generally enter the workforce in September or October once they have obtained their registration number. However the recent figures show that the 2017 peak was actually in June which may indicate a possible shift in the seasonal trend.

Figure 20 shows the nursing and midwifery vacancy rates by NHS Board as at 31 March 2018.
Figure 20: Nursing and Midwifery Vacancy Rates by length of vacancy; by Board; as at 31 March 2018 \(^1,2\)

![Bar chart showing vacancy rates by Board]

Notes:
1. NHS Health Scotland and NHS Healthcare Improvement Scotland do not have any nurse and midwifery staff within their workforce and are therefore not shown in the chart.
2. NHS Education for Scotland, NHS Health Scotland, NHS Healthcare Improvement Scotland and the Scottish Ambulance Service do not have any nursing and midwifery vacancies and are therefore not shown in the chart.

Focusing on the territorial Boards, it is clear from the above chart that the highest vacancy rates are in several Boards in the north of the country. The majority of the other Boards have a vacancy rate in the 3.5 – 5% range which, as outlined in Figure 17 earlier, has been the normal range in recent years.

Figure 21 shows the trend of vacancy rates for the six nursing specialties which had the highest number of vacancies in NHSScotland as at 31 March 2018.
As can be seen in Figure 21 above, the highest individual vacancy rate for nursing and midwifery is for health visiting staff. This is a direct reflection of the Scottish Government commitment, made in June 2014, to create 500 new health visitor posts within NHSScotland. The health visiting vacancy numbers above include both training posts (Band 5) and qualified posts (Band 6 and above). Further detail on this as well as other areas of nursing and midwifery is available within the Nursing and Midwifery dashboard on the ISD Workforce website.

Trend information (>5 years) on nursing and midwifery vacancies back to 2007 is available within the Non-medical trend table in the Data Tables section of the website.

### 3.5 Health visitors

The latest health visitor figures presented in the dashboard, which includes information on AfC band, age and contract type, show that the number of qualified staff continues to grow, increasing by 10.9% in last year to 1,737 (1,518.2 WTE, up 11.9%).

Please note that when looking to compare the increase in workforce since the commitment was made, a review of the accuracy of data on community nursing staff categories,
including health visitors, was undertaken in 2014 to ensure more accurate and consistent reporting for these staff groups. It is therefore not possible to compare data published prior to March 2015 with latest figures. Further information on 2014 estimates is available on the ISD Workforce website.

3.6 Nursing and midwifery bank and agency staff

NHS Boards use temporary staff such as bank (NHS employees working extra shifts) or agency (employed by private companies) nurses and midwives as and when required to:

- temporarily fill vacant posts
- cover sickness absence and maternity/paternity or annual leave
- provide additional temporary capacity
- assist with waiting list initiatives

Information on the number of hours worked by bank and agency staff and the cost of using these staff is collected from NHS Boards. In 2017/18, NHSScotland spent £152.1 million on nursing and midwifery bank staff. This represents an increase of 7.1% in comparison to the previous financial year.

Total spend on agency staff decreased by 3.6% to £23.6 million. As shown in Figure 22 below, this is the first annual decrease in agency spend since 2011/12.
Figure 22: Total spend on bank and agency nursing & midwifery staff and annual rate of change; NHSScotland; 2009/10 to 2017/18

Figure 23 outlines the breakdown of bank and agency spend by Board in 2017/18.

Figure 23: Total spend on bank and agency nursing & midwifery staff by Board; 2017/18

A further breakdown of information on bank and agency nursing and midwifery staff – including hours worked and average WTE – is available on the Bank & Agency tab within the Nursing and Midwifery dashboard on the ISD Workforce website.
4. Allied Health Professions

AHPs are a distinct group of health professionals and support staff that provide a range of diagnostic, technical, therapeutic, direct patient care, rehabilitation and support services. Many AHPs are developing further within their roles to take on extended skills and different functions. Paramedics are also included in this staff group as they were reclassified from ambulance services to AHPs from 1 April 2013. As outlined in Figure 6 earlier, AHPs account for 8.3% of the workforce directly employed by NHS Scotland.

4.1 Summary

![Staff in post (WTE)](image)

- **Support** 15.6%
- **Qualified** 84.4%

<table>
<thead>
<tr>
<th>Gender &amp; Contract Type</th>
<th>Net Turnover (2017/18)</th>
<th>Vacancy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td><strong>Male</strong></td>
<td><strong>6.5%</strong></td>
</tr>
<tr>
<td>PT</td>
<td>WT</td>
<td>Joiners - 927.8</td>
</tr>
</tbody>
</table>

**Age profile**
- Median age: 42 yrs
- % Aged 55 and Over: 14.6%

Notes:
1. Figures are as at 31 March 2018 unless otherwise specified.

NHS Board information on AHP staff in post by profession, Agenda for Change band, age, contract type, gender and vacancies is available within the AHP dashboard on the ISD Workforce website.

Further information about longer term trends (>5 years) is available in the Non-Medical Trend table in the Data Tables section of the website.

4.2 Staff in post

Table 8 shows that there has been a 0.9% increase in the AHP workforce over the last year and 6.2% over the last 5 years. Please note, for the purpose of reporting percentage
change over five years, paramedics have been classed as AHPs at 31 March 2013 in the table below.

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

<table>
<thead>
<tr>
<th></th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
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<tr>
<td><strong>Allied health professions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts therapy (art/music/drama)</td>
<td>23.1</td>
<td>21.0</td>
<td>21.9</td>
<td>4.5%</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Dietetics</td>
<td>700.4</td>
<td>747.6</td>
<td>740.1</td>
<td>-1.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>2,108.3</td>
<td>2,261.2</td>
<td>2,253.4</td>
<td>-0.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Orthoptics</td>
<td>95.5</td>
<td>98.0</td>
<td>99.7</td>
<td>1.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Orthotics</td>
<td>65.4</td>
<td>78.3</td>
<td>77.0</td>
<td>-1.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Paramedics</td>
<td>1,387.7</td>
<td>1,401.4</td>
<td>1,468.6</td>
<td>4.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>2,677.2</td>
<td>2,864.7</td>
<td>2,892.9</td>
<td>1.0%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>672.8</td>
<td>641.4</td>
<td>620.5</td>
<td>-3.3%</td>
<td>-7.8%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>24.0</td>
<td>29.7</td>
<td>30.3</td>
<td>1.9%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Radiography</td>
<td>2,131.4</td>
<td>2,273.4</td>
<td>2,285.5</td>
<td>0.5%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>1,887.4</td>
<td>1,990.1</td>
<td>1,992.9</td>
<td>0.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>244.0</td>
<td>283.3</td>
<td>292.6</td>
<td>3.3%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Speech and language therapy</td>
<td>968.0</td>
<td>969.4</td>
<td>984.4</td>
<td>1.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Multi skilled¹</td>
<td>117.3</td>
<td>165.3</td>
<td>178.8</td>
<td>8.1%</td>
<td>52.4%</td>
</tr>
</tbody>
</table>

Notes:
1. Multi skilled AHP staff work across more than one discipline and include support workers and AHP leads.
2. Paramedics were reclassified from ambulance services staff to AHPs from 1 April 2013.

Figure 24 illustrates the growth in the number of AHP staff employed by NHSScotland since September 2007. The trend shows a reduction in workforce through 2010 and 2011 during the economic downturn followed by consecutive years of steady growth since then.
Notes:
1. Paramedics were reclassified from ambulance services staff to AHPs from 1 April 2013. For the purposes of trend analysis, this has been backdated to 2007 to provide a second trend line (light blue) for reference in the chart above.
2. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
3. Information for the Special Health Boards is available in the AHP dashboard.

The seasonal trend outlined in earlier sections is also present within the AHP workforce figures, albeit on a smaller scale than that seen in the other staff groups. While the figures do generally show the pattern of a drop in June before a rebound in September, it is usually either a small decrease or a brief pause in the overall growth of the AHP workforce.

Information on the trends (>5 years) within each NHS Board in respect of the number of AHPs within each profession is available in the Non-Medical Trend table in the DataTables section of the website.
4.3 Net turnover

As illustrated in Figure 25 the net turnover rate for AHPs has maintained a steady level in recent years, reflecting the relative balance in the number of leavers within each year.

Figure 25: NHSScotland net Joiners, Leavers and Turnover Trend for Allied Health Professions\textsuperscript{1,2}

![Graph showing net joiners, leavers, and turnover trend from 2011/12 to 2017/18]

Notes:
1. NHSScotland joiners and leavers do not include staff changing roles or moving between NHS Boards.
2. Paramedics were reclassified from ambulance services staff to AHPs from 1 April 2013. The 2013/14 joiners figure is not presented in the above chart due to the distortion caused by this reclassification.

Figure 26 shows the number of joiners, leavers and net turnover of staff by NHS Board during financial year 2017/18. As outlined in \textit{section 1.3} earlier there is a subtle difference in the calculation used to calculate Board level turnover which leads to consistently higher turnover rates than for NHSScotland. Further information on the turnover methodology is available in Appendix 1.
Information on net joiners, leavers and turnover for each NHS Board by staff group is available within the **Turnover** table in the **Data Tables** section of the ISD Workforce website.

Further information on the turnover methodology is available in **Appendix 1**.

### 4.4 AHP vacancies

Table 9 provides a summary of the number and rate of AHP vacancies and shows increases both annually and over the last five years. The longer term increase is in part explained by the absence of vacancy figures for paramedics in the March 2013 data. However there have also been increases in the number of vacancies in other professions such as diagnostic radiotherapy, physiotherapy and podiatry.
Table 9: NHSScotland Allied Health Professions Vacancies (WTE)

<table>
<thead>
<tr>
<th></th>
<th>Mar-13</th>
<th>Mar-17</th>
<th>Mar-18</th>
<th>% change Mar-17 to Mar-18</th>
<th>% change Mar-13 to Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total vacancies(^1)</td>
<td>425.3</td>
<td>463.0</td>
<td>536.4</td>
<td>15.8%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Vacant three months or more</td>
<td>102.7</td>
<td>131.8</td>
<td>157.7</td>
<td>19.6%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Total vacancy rate(^2)</td>
<td>4.2%</td>
<td>3.9%</td>
<td>4.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 in the rate calculation is the sum of the total staff in post and total vacancies.
3. Paramedics were reclassified from ambulance services to AHPs from 1 April 2013 therefore AHP vacancy data for March 2013 do not include paramedics.

It should be noted that there is variation in the number and rate of vacancies throughout the year. Figure 27 outlines the trend in vacancy rates for AHP posts recorded at each census since 30 September 2007, distinguishing between the proportion of posts that were vacant for less than three months and vacant for three months or more. The lower rates in 2010 and 2011 coincide with the economic downturn and reflect a reduction in active recruitment during this period.

Figure 27: Allied Health Professions Vacancy Rates by Length of Vacancy\(^1,2,3\)

Notes:
1. Paramedics were reclassified from ambulance services to AHPs from 1 April 2013. AHP vacancy rates calculated for time points prior to June 2013 do not include paramedics.
2. Does not include proportion (%) of vacancies with unknown length of vacancy.
3. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards.
The AHP vacancy rates do show a more consistent pattern than that seen earlier with the consultant vacancies and also nursing and midwifery vacancies. The overall rate tends to vary within a range from 3.5% to 4.5% while the rate for longer term vacancies (three months or more) varies within a range from 1% to 1.5%. However, even accounting for this stability, peak vacancy rates can still be seen in the month of June which reflects the trend as seen in earlier sections. This is not surprising given that AHP posts generally require a degree level qualification and therefore recruitment will be focused around the academic year. Figure 28 shows the AHP vacancy rates by NHS Board as at 31 March 2018.

**Figure 28: Allied Health Professions Vacancy Rates by length of vacancy; by Board; as at 31 March 2018**

![Bar chart](chart.png)

Notes:
1. NHS Health Scotland and NHS Healthcare Improvement Scotland do not have any AHP staff within their workforce and are therefore not shown in the chart.
2. NHS24, NHS Education for Scotland, NHS National Services Scotland and the State Hospital do not have any AHP vacancies and are therefore not shown in the chart.

As with the nursing and midwifery vacancies it is clear from the above chart that recruitment of AHPs appears to be a particular issue for several Boards in the north of Scotland with many of the vacancies being long term (vacant for three months or more). NHS Highland has the highest vacancy rate with vacancies in several professions including those shown in Figure 29. This illustrates the trend of vacancy rates for the six professions which had the highest number of vacancies in NHSScotland as at 31 March 2018.
Figure 29: Allied Health Professions Vacancy Rates as at 31 March 2018

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

Information on the number of vacant AHP posts in each NHS Board, by profession and Agenda for Change band group, is available within the AHP dashboard on the ISD Workforce website.

Information on the trends (>5 years) with respect to AHP vacancies is available within the Non-medical trend table in the Data Tables section of the website.
5. In focus: Workforce characteristics

It is widely recognised that NHSScotland faces a number of challenges. From recruitment and retention difficulties, as touched upon earlier, to an ageing population, there are a variety of factors that require consideration when projecting future supply and demand in order to continue delivering safe, sustainable and high quality services.

The purpose of this concluding section is to provide a brief insight into how available data on the underlying characteristics of the workforce may help inform planning decisions at a local, regional and national level. Specifically, we look at age, gender and part time working – all of which can be interrogated further via the dashboards. Information is also available on equality and diversity.

5.1 Age

The age profile of the workforce is integral to workforce planning. This is an important consideration for succession planning and ensuring specialist knowledge and clinical supervision skills are present across the skill mix and age range of staff and professions to avoid knowledge gaps if staff leave the service through retirement.

Since September 2008 the median age of the national workforce has increased by 3 years to 46. Figure 30 demonstrates the growing proportion of staff aged 50 and over in the latest figures when compared to the position just under 10 years ago.

Figure 30: Age Profile of NHSScotland Workforce (WTE) 

Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards therefore a direct 10 year comparison is not possible.
Figure 31 demonstrates the ageing workforce in even more detail by displaying the trend of the overall workforce numbers (WTE) by age group. Note that for ease of viewing on the trend chart the age groups have been combined further into ‘Under 40’, ‘40 to 49’, ‘50 to 59’ and ‘60+’ groupings.

**Figure 31: Trend of NHSScotland workforce by age group (WTE); 30 Sep 2008 – 31 Mar 2018**

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

The chart clearly shows a significant drop in the ‘Under 40’ age group between September 2009 and mid 2012 before steady growth back up to previous levels since then. Over the same period the oldest age group (60+) has nearly doubled in size albeit still a comparatively small proportion of the overall workforce.

The most striking aspect in Figure 31 is the crossover in the trends for the ‘40 to 49’ and ‘50 to 59’ age groups in March 2014 and that this gap has continued to widen in the four years since. At first glance this pointed to a possible retention issue with staff in the ‘40 to 49’ age group being the root cause for this. However, analysis of underlying net turnover, joiners and leavers over this period did not fully support this theory. Instead the main issue is the drop in the ‘Under 40’ numbers a few years earlier. As time went by, staff moving into the ‘50 – 59’ age group were replaced by fewer people from the ‘Under 40’ age group, hence the crossover outlined in the trend chart.
Figure 32 illustrates that the proportion of staff aged 50 and over in NHSScotland has increased from 29.0% to 39.0% between 30 September 2008 and 31 March 2018 and compares the staff groups over the same period.

**Figure 32: Change in proportion of NHSScotland staff aged 50 and over – 30 Sep 2008 to 31 Mar 2018**

Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards therefore a direct 10 year comparison is not possible.

It is clear from the above chart that the proportion of NHSScotland staff aged over 50 has increased across all staff groups since September 2008 and it also shows that the trends outlined in Figure 31 earlier are not just confined to certain staff groups.

Further information on age at NHS Board level is available on the dashboards on the ISD Workforce website.
5.2 Contract type and gender

The contract type and gender profile across NHSScotland are also key considerations for effective workforce planning. Figure 33 shows that, based on the proportion of overall WTE figures for NHSScotland, there has been little change in the gender split across the workforce when compared with figures from September 2008 however there has been an increase in the proportion of staff who are working part time, particularly with female staff who are more likely to choose this way of working.

Figure 33: Contract Type and Gender Profile trend (WTE) for NHS Scotland

Affordability, caring responsibilities, or just the desire to work flexibly can all be reasons for working part time hours. This ability to work (or train) flexibly can help to attract or retain staff that might otherwise be put off or choose not to follow a career in the NHS. However accommodating flexible working patterns can present significant challenges to the effective and safe delivery of services and requires careful planning to ensure that appropriate staffing levels are maintained at all times.

Figure 34 displays the changing proportion of staff working part time across the different staff groups between 30 September 2008 and 31 March 2018.
Figure 34: Change in proportion of NHSScotland staff working part time – 30 Sep 2008 to 31 Mar 2018

Notes:
1. Workforce data was published annually until September 2010 and then quarterly from March 2011 onwards therefore a direct 10 year comparison is not possible.

This demonstrates a wide variation across the different staff groups but also that there have been significant increases in part time working in many areas. However some context should be applied to increases such as in personal and social care and also medical and dental support as they only make up a small proportion of the overall workforce (0.9% and 1.4% respectively as outlined in Figure 6 earlier). It therefore only takes a relatively small increase in underlying numbers for there to be a big effect on the proportions of staff working whole time and part time.

There have been notable increases in the proportion of medical (HCHS) and dental (HCHS) staff working part time (although staff on whole time contracts are still very much in the
majority in the former). Taking a closer look at these staff groups, Figure 35 illustrates the trend for medical and dental consultants split by gender and contract type.

**Figure 35: Staff in Post Trend (WTE) for medical and dental consultants in NHS Scotland; by Contract Type and Gender; 30 Sep 2008 – 31 Mar 2018**

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

As outlined earlier in the report the consultant staff group maintained a growing workforce even throughout the financial downturn. Part time working is also on the increase although, at 15.9% of all consultants (male and female), it is still a relatively small proportion that choose to work in this way.

Figure 36 shows the number of doctors and dentists in training, many of whom will become the consultants of the future.
The numbers of female trainees is shown to have grown steadily while male trainees have decreased. There are signs that more trainees are choosing – or have the opportunity – to work part time. However, while these numbers have grown steadily, the proportion of those working part time remains a small part of the trainee workforce. From a long-term workforce planning perspective however, consideration must be given to the future configuration of the consultant workforce as the predominately female pipeline may lead to an increase in demand for part time working.

Further information on contract type and gender at NHS Board level is available on the dashboards on the ISD website.

5.3 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 within the Equality and Diversity table on the ISD Workforce website.
Glossary

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

**Advanced Nurse Practitioner (ANP):** An experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice.

ANPs are educated at Masters Level in advanced practice and are assessed as competent in this level of practice. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by high level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.

Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependant on their area of expertise.

**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.

**Clinical Nurse Specialist (CNS):** A registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification (if available) in a clinical specialty. They practice at an advanced level and may have sole responsibility for care episode or defined client/group. Due to the multidisciplinary nature of some nursing roles a nurse may
work in more than one specialty, however only one specialist area is recorded for each nurse.

**Electronic employee support system (e:ESS):** The e:ESS 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 eight 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 (‘High Street dentists’). 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.

**Net 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.

**Public Dental Service (PDS):** Introduced in January 2014 and brings together the previously separate salaried and community dentists. Salaried dentists are directly employed by NHS boards and provided an alternative service to independent dentists where this is considered the best solution to meet local needs. People can also register with salaried dentists. Historically, the Community Dental Service (CDS) provided a 'safety net' dental service for people who were unable to obtain care from independent dentists (through the General Dental Service (GDS)), such as patients with special care needs or patients living in areas where there were few NHS dentists providing GDS.

**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.
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 of terms document is available in the FAQ section of the ISD Workforce website.
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<td>Sep 2017</td>
<td>Excel [363kb]</td>
</tr>
<tr>
<td>16</td>
<td>Other therapeutic staff and personal social care</td>
<td>Mar 2018</td>
<td>Excel [10.4 MB]</td>
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<td>Healthcare science staff in post</td>
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<tr>
<td>18</td>
<td>All other staff in post</td>
<td>Mar 2018</td>
<td>Excel [36.4 MB]</td>
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<td>19</td>
<td>Pharmacy vacancies</td>
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### Further Information

Further Information can be found on the [ISD website](#).  
For more information on workforce statistics see the [Workforce section of our website](#).  
The next release of this publication will be 4 June 2019.

### Rate this publication

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

Appendix 1 – 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 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.

In June 2017 the Scottish Government published Part 1 of the National Health and Social Care Workforce Plan. The plan outlines measures that are designed to strengthen and harmonise NHSScotland workforce planning practice nationally, regionally and locally to ensure that NHSScotland has the workforce it will need to address future demand for safe, high quality services. These measures include the establishment of a National Workforce Planning Group and increases in the number of training places for medicine, nursing and midwifery.

Part 2 of the Plan was published in December 2017 and outlined a framework for improving workforce planning in social care. Part 3 was then published in April 2018 to cover the primary care setting. Together these will enable different health and social care systems to move together towards publication of a second full Health and Social Care Workforce Plan later in 2018 and beyond.

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. While Boards migrate to the new system, any data captured in e:ESS continues to be fed into SWISS.

Data is shown in AfC job families. A list of the sub job families within each staff group can be found in the FAQ section of the ISD Workforce website.

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.

From August 2018, NHS Education for Scotland (NES) will be the lead employer for all GP, Public Health and Occupational Medicine trainees. Several Boards have been ‘early adopters’ to this change with a number of their new and existing trainees already switching over with NES now reported as their employer. This is the reason for the increase reported in the latest GP trainee figures for NES. Boards involved in the early adoption (Ayrshire & Arran, Borders, Dumfries & Galloway, Forth Valley, Grampian, Highland, Lanarkshire and Tayside) may show an overall decrease in trainee doctors in several specialties as a result.

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.

ANP data presented for two census points, Mar 16 and Sep 17, were source via verified aggregate returns and SWISS respectively. The absence of NHS Lothian data for Mar 16 is explained as follows:

*In March 2016 NHS Lothian carried out a scoping exercise throughout all services to establish the number of Advanced Nurse Practitioners who were in post at that time.*

*This data was subsequently reviewed in September 2017 where data quality issues were identified covering a number of factors; that some names given were individuals who were still in training or had not completed their training, and that some of the names given were not in Advanced Nurse Practitioner roles. There is now a robust process in place to reduce any error in reporting and to ensure that all future data collected is accurate.*

*As such, Lothian has taken the decision to publish September 2017 data only, and would like all subsequent ANP data to be measured against this number.*

**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 that 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.
A proportion of NHS Highland’s health visitors are employed by Highland council and not by the Board and are therefore not included in the ISD health visitor figures for the Board and, by extension, for NHSScotland.
## Appendix 2 – Publication Metadata

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<th>Metadata Indicator</th>
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<td><strong>Publication title</strong></td>
<td>NHSScotland Workforce.</td>
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<tr>
<td><strong>Description</strong></td>
<td>Quarterly update of NHSScotland staff in headcount and whole time equivalent.</td>
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<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care.</td>
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<tr>
<td><strong>Topic</strong></td>
<td>Workforce Staff in Post and Vacancies Information.</td>
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<td>Excel workbooks.</td>
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<td><strong>Data source(s)</strong></td>
<td><a href="http://example.com">Scottish Workforce Information Standard System</a> (SWISS), ISD(M)36.</td>
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<td>Staff in Post – 10 April 2018</td>
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<td><strong>Continuity of data</strong></td>
<td>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.</td>
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<td><strong>Revisions statement</strong></td>
<td>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.</td>
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<td><strong>Revisions relevant to this publication</strong></td>
<td>Consultant vacancy table – updated to reflect revisions to NHS Dumfries &amp; Galloway’s December 2017 return. The medical trend table has also been updated.</td>
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<td>Nursing and midwifery vacancy table - updated to reflect revisions to NHS Grampian’s March, June, September and December 2017 returns and NHS Lanarkshire’s December 2017 return.  The non medical trend table has also been updated.</td>
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<td>Concepts and definitions</td>
<td>Each Excel workbook contains detailed definitions pertinent to the particular staff group of interest.</td>
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<tr>
<td>Relevance and key uses of the statistics</td>
<td>Information published is used to support local, regional and national workforce planning.</td>
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| 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. |
<p>| 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. |
| UK Statistics Authority          | Completed assessment by UK Statistics Authority. Report published |</p>
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<td>Last published</td>
<td>6 March 2018</td>
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<tr>
<td>Next published</td>
<td>4 June 2019</td>
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<td>Date of first publication</td>
<td>Paper publications since 1970s, web publications since 1996.</td>
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Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", HPS is 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
Appendix 4 – 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.