

An Official Statistics publication for Scotland

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This is an Official Statistics Publication

This report accompanies the latest release of the Official NHS Workforce Statistics on [Turas Data Intelligence](#). All statistics have been produced in compliance with the UK Statistics Authority's [Code of Practice for Statistics](#).

1. Executive summary

Statistics on 31 March 2023:

- There were 156,178.7 Whole Time Equivalent (WTE) staff employed by NHS Scotland. This is slightly lower (0.4%) than in March 2022, which was the highest reported to date.
- The nursing and midwifery staff group is the largest in NHS Scotland, accounting for 64,642.9 WTE (41%) of the workforce. Employment in this group has dropped by 0.9% over the past year from its peak in March 2022.
- Employment of medical and dental staff increased by 4.2% to 15,309.7 WTE.
- The number of allied health professionals employed in NHS Scotland increased by 4.5% to 13,462.2 WTE.
- The reduction in WTE employment in NHS Scotland was a result of the outflow of 14,089.8 WTE, being greater than the inflow of 13,946.7 WTE.
- The sickness absence rate for NHS Scotland increased by 0.5 percentage points to 6.2%, the highest rate recorded.
- The number of recorded vacancies have decreased: by 10.3% for nurses and midwives; by 8.2% for medical and dental consultants; and by 10.6% for allied health professionals.
- Expenditure on medical agency staff increased by 17% over the past year to £120m.
- Expenditure on nursing and midwifery bank staff rose by 20% over the past year to £278m and expenditure on nursing and midwifery agency staff rose by 91% to £170m.

2. Introduction

NHS Education for Scotland (NES) is the source for Official Statistics on the NHS Scotland Workforce. The [purpose](#) of publishing these data is to serve the public good by informing the public about social and economic matters and by assisting in the development and evaluation of public policy.

The NHS Scotland 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. Staffing also accounts for a large proportion of the NHS Scotland budget: the [Scottish Health Service costs report](#) for the year ending 31 March 2022 reports that employment accounted for almost 68.4% or £5.7 billion of hospital costs.

NES publishes quarterly updates on several indicators, including employment and vacancies. These data support NHS Boards and the Scottish Government with local, regional and national workforce planning. This annual report reviews these indicators for the past year.

2.1 Workforce data and information

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

The data presented within this report, as well as in our [dashboards and tables](#), include all staff employed directly by NHS Boards and exclude those working as independent contractors, such as General Medical Practitioners (GMPs) and General Dental Practitioners, and staff employed on bank and agency contracts.

In conjunction with this report, comprehensive workforce data are available via the [Turas Data Intelligence website](#).

A full list of these data and a timetable of future releases are available on our [webpages](#).

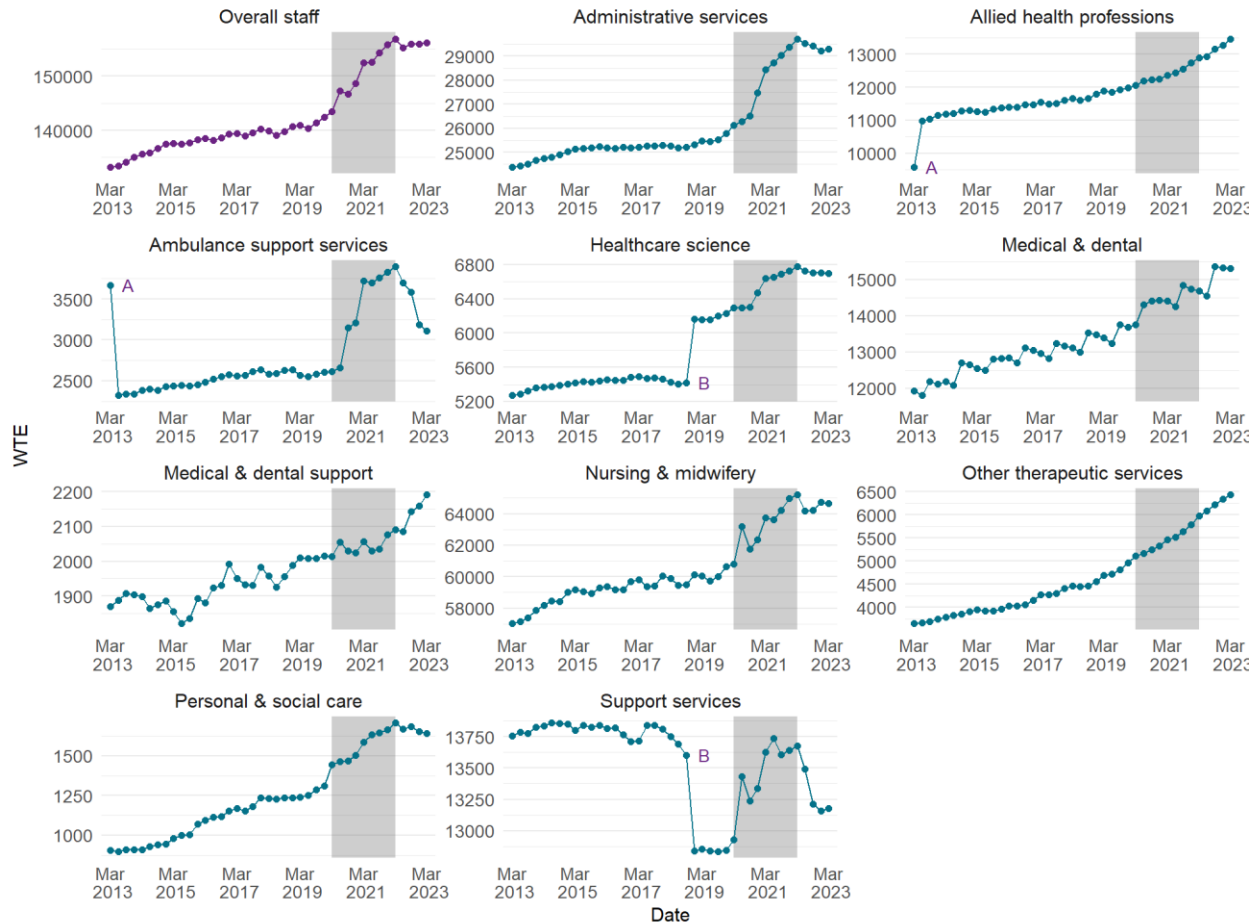
Official workforce publications prior to 3 December 2019 can be accessed via the [ISD Workforce publication page](#).

3. Employment

On 31 March 2023, NHS Scotland employed 180,954 people. This is a slight reduction of 0.4% since last year. Employment measured in Whole Time Equivalent (WTE) also decreased by 0.4% to 156,178.7 (Figure 1).

Figure 1: The number of staff employed has grown during the past ten years to 156,178.7 WTE

Employed NHS Scotland workforce, whole time equivalent, 31 March 2013 to 31 March 2023



Data Source: SWISS

on 31 March 2023

Footnote:

1. Shaded grey area from 31 March 2020 to 31 March 2022 indicates where the COVID-19 pandemic may have affected these data.
2. Paramedics were recategorised from ambulance support services staff to allied health professions on 1 April 2013 (point A).

3. *On 31 December 2018, sterile services were recategorised from support services to healthcare sciences job family (point B)*

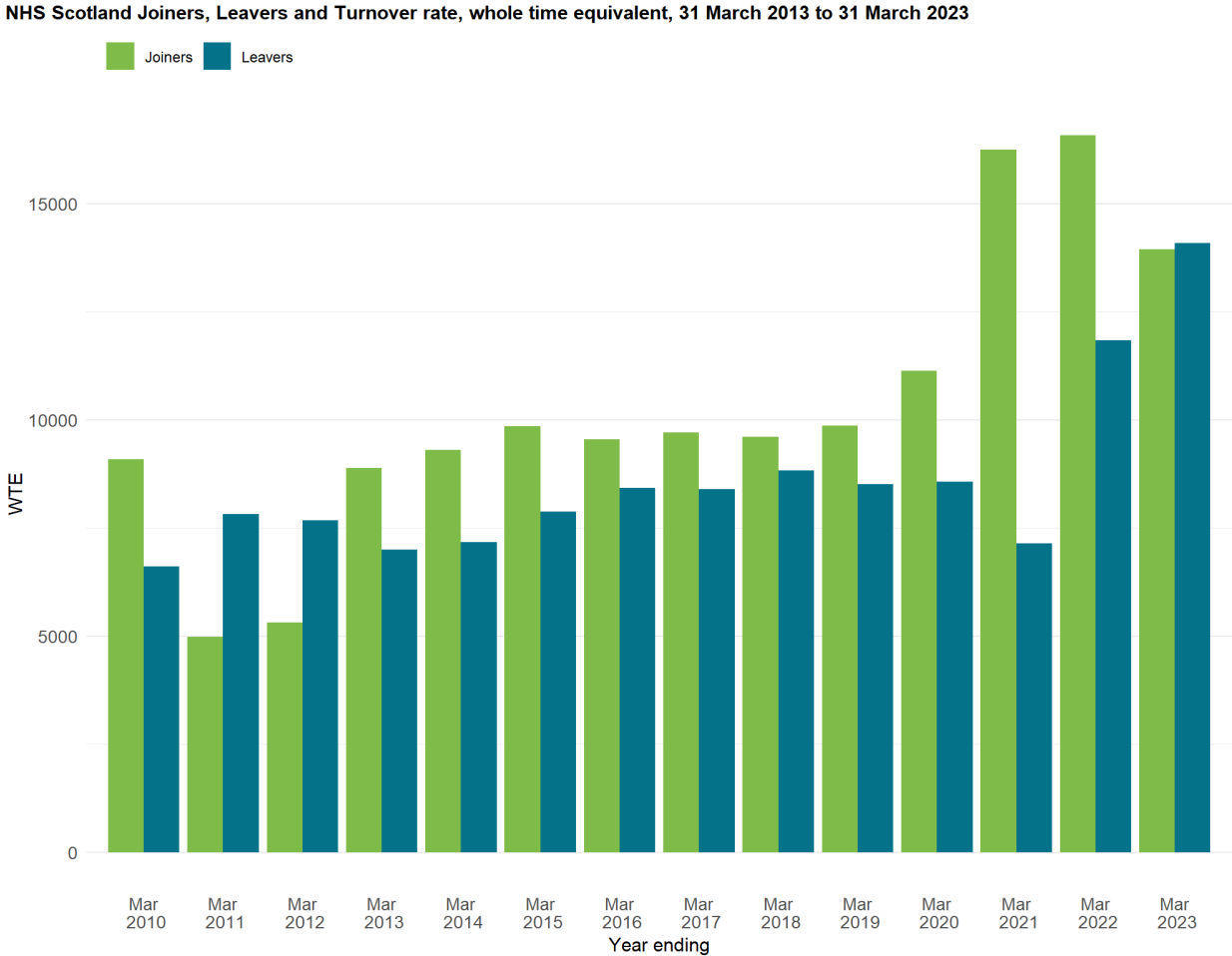
Over the past year, [Figure 1](#) shows that some job families which had large increases during the pandemic, such as Ambulance support services, Support services, Administrative services, and Nursing and midwifery have decreased. This is likely to reflect the reduction in demand for staff to provide COVID-related services such as testing, tracing and vaccination programmes.

Employment in other job families, such as medical and dental and allied health professions, have continued to increase.

These changes in employment can be explored in more detail in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

3.1 Inflows and Outflows

Figure 2: The number of joiners in NHS Scotland increased over the pandemic but has since fallen, whereas the number of leavers decreased at the beginning of the pandemic but has since risen.



Data Source: SWISS

Changes in employment reflect the difference between the number of people joining NHS Scotland, inflows, and the number of people leaving NHS Scotland, outflows. The method used to calculate these flows can be found in the [methodologies](#) section below.

In the year ending 31 March 2023 the outflow from NHS Scotland, 14,089.8 WTE, was slightly higher than the inflow, 13,946.7 WTE ([Figure 2](#)).

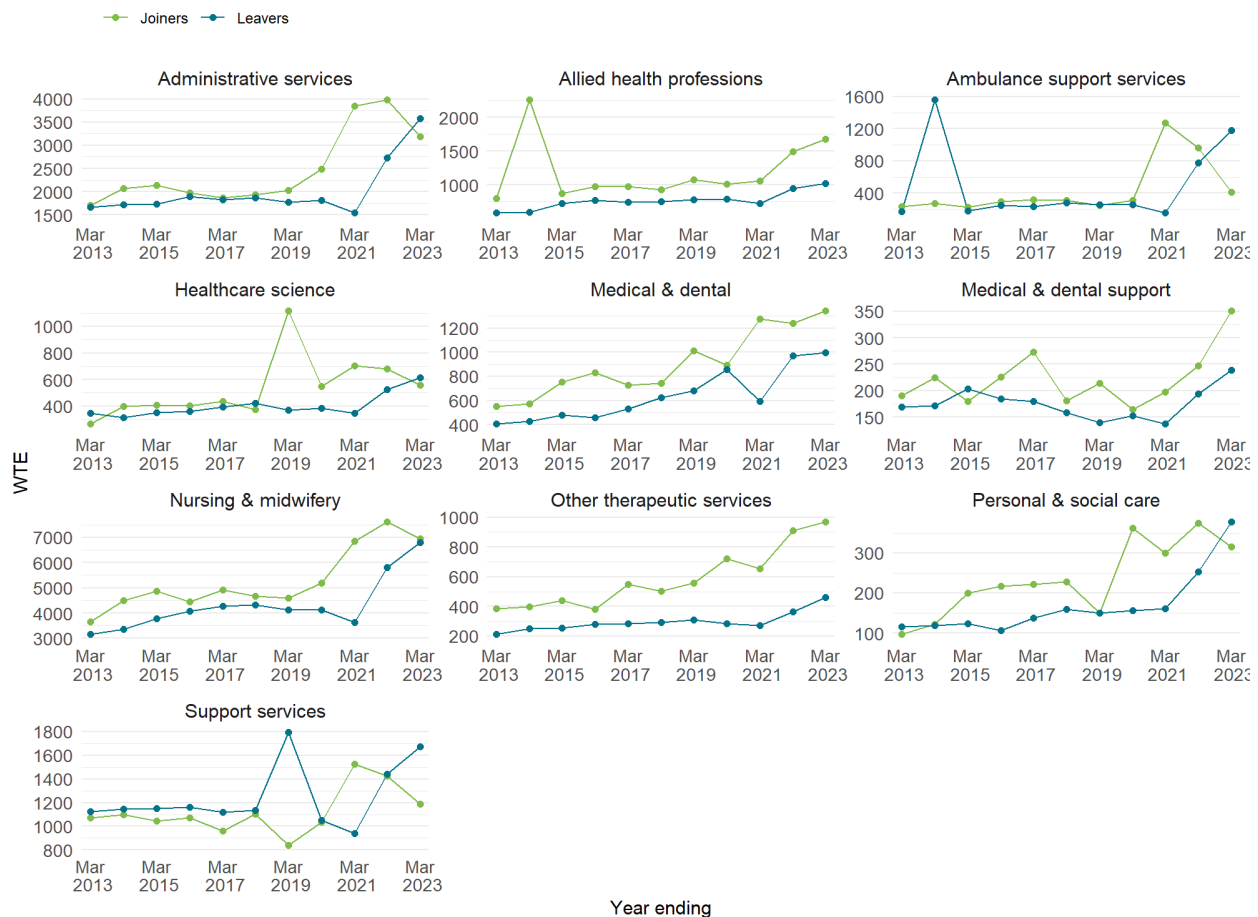
One of the ways that the NHS Scotland workforce responded to the pandemic was by increasing the use of fixed-term contracts to respond to specific needs such as delivering

vaccinations and the increase in Covid-19 testing. This is reflected in the inflows in 2021 and 2022. The expiry of these contracts account for quarter of the outflow in 2023.

This pattern seems to be evident in the Administrative services, Ambulance support services, Nursing and midwifery and Support services job families ([Figure 3](#)).

Figure 3: The number of joiners and leavers in NHS Scotland varies between job families

NHS Scotland Joiners and Leavers, whole time equivalent, 31 March 2013 to 31 March 2023



Data Source: SWISS

3.2 Demographics of the workforce

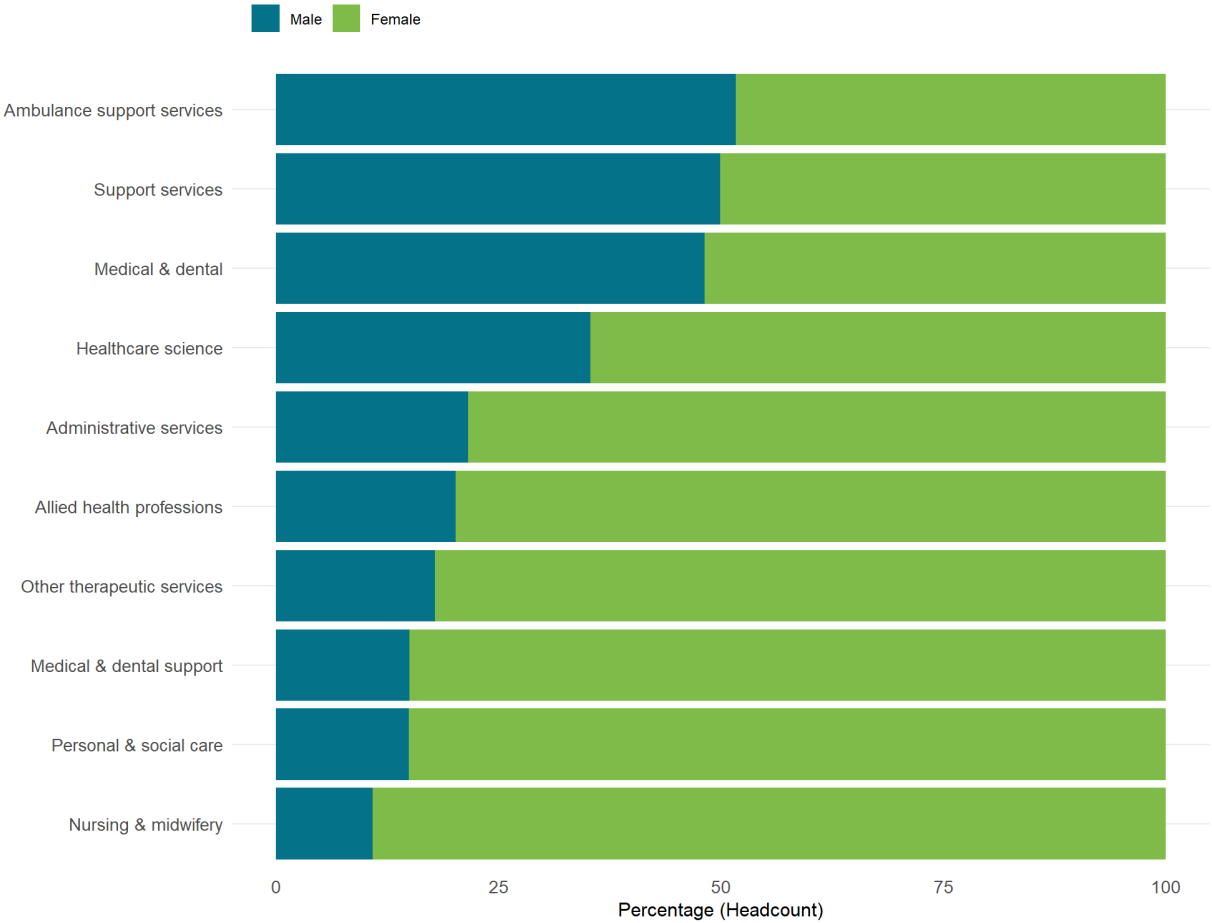
This section examines the age and sex distribution of people employed in NHS Scotland.

Based on data from the [Labour Force Survey in December - February 2022](#) 10.7% of all female employees in Scotland are employed in NHS Scotland. By contrast, 2.9% of all male employees are employed in NHS Scotland.

Females account for 78.8% of people employed in NHS Scotland, although this varies between job families: 48.9% of staff in ambulance support services are female compared with 90.0% of staff in nursing and midwifery (Figure 4).

Figure 4: The sex distribution in the workforce varies by job family

Percentage of NHS Scotland workforce by sex, whole time equivalent, 31 March 2023

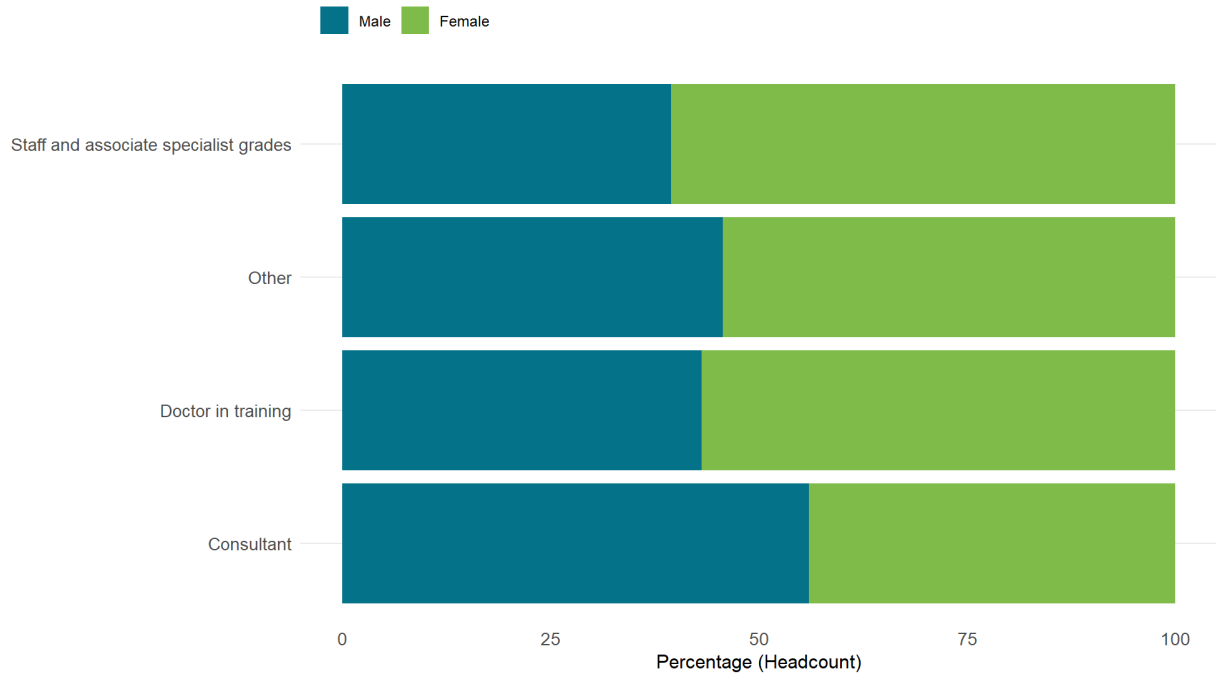


Data Source: SWISS

Figure 5 shows that the sex distribution of medical and dental consultants may change as a result of the sex distribution of doctors in training, who are likely to become consultants in the future.

Figure 5: In the medical workforce, there are more females than males in all grades except Consultant

Percentage of NHS Scotland Medical workforce by Grade and sex, headcount, 31 March 2023



Data Source: SWISS

The median age of the people employed in NHS Scotland on 31 March 2023 was 44.

The age distribution of people employed in NHS Scotland varies between job families ([Figure 6](#)).

Figure 6: The age distribution varies by job family

Age distribution of NHS Scotland workforce, headcount, 31 March 2013 and 31 March 2023



Data Source: SWISS

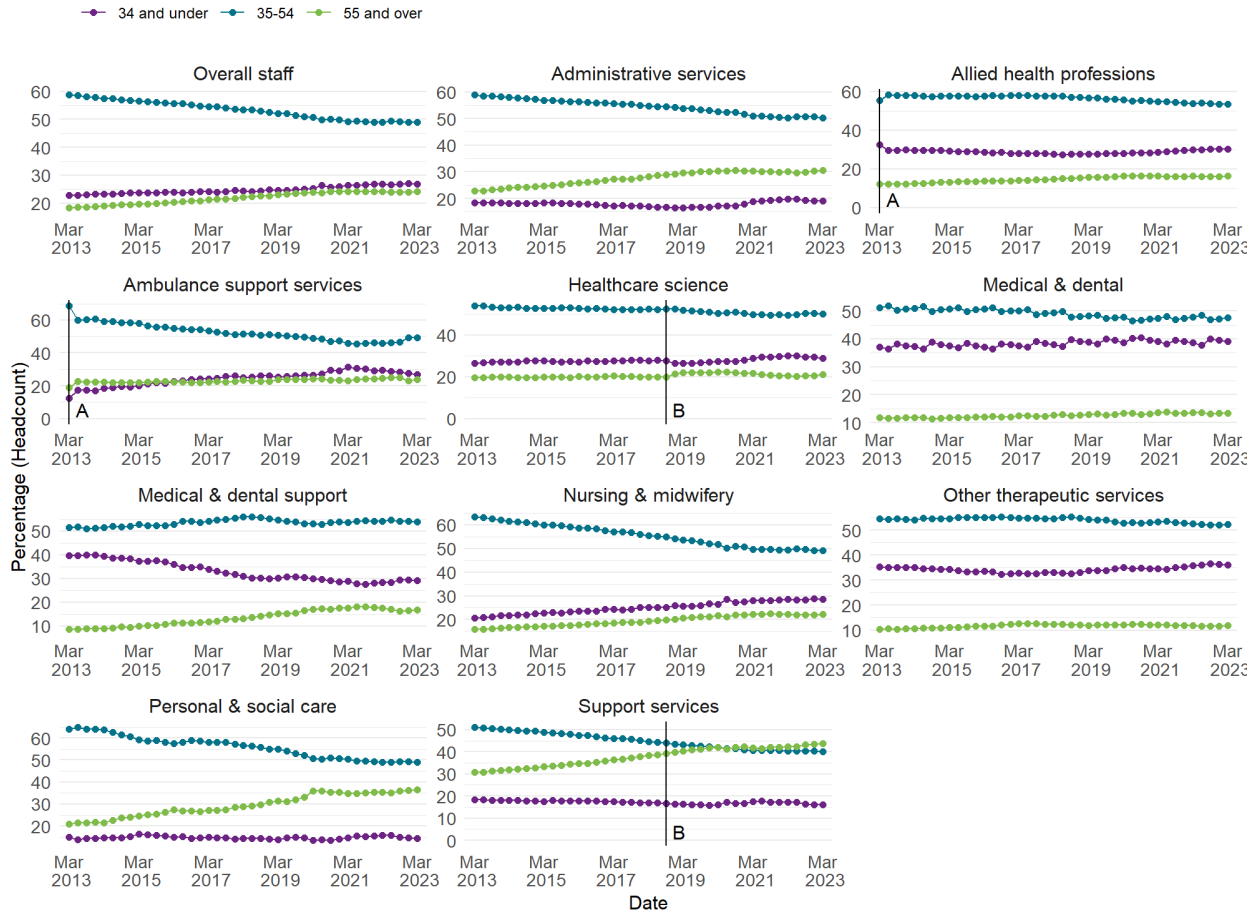
The percentage of the people older than 54 is a lead indicator of future outflows from NHS Scotland.

This percentage increased from 18.4% ten years ago to 24.2% and increased in all job families (Figure 7).

Personal and social care had the largest relative increase in the number of people aged over 54 36.5% to 744.

Figure 7: The age distribution varies over time between job families

Percentage of the NHS Scotland workforce by age group, headcount, 31 March 2013 and 31 March 2023



Data Source: SWISS

Footnote:

1. Paramedics were re-categorised from ambulance support services staff to allied health professions on 1 April 2013 (line marked A).
2. On 31 December 2018, sterile services were re-categorised from support services to healthcare sciences job family (line marked B).

3.3 Contracts

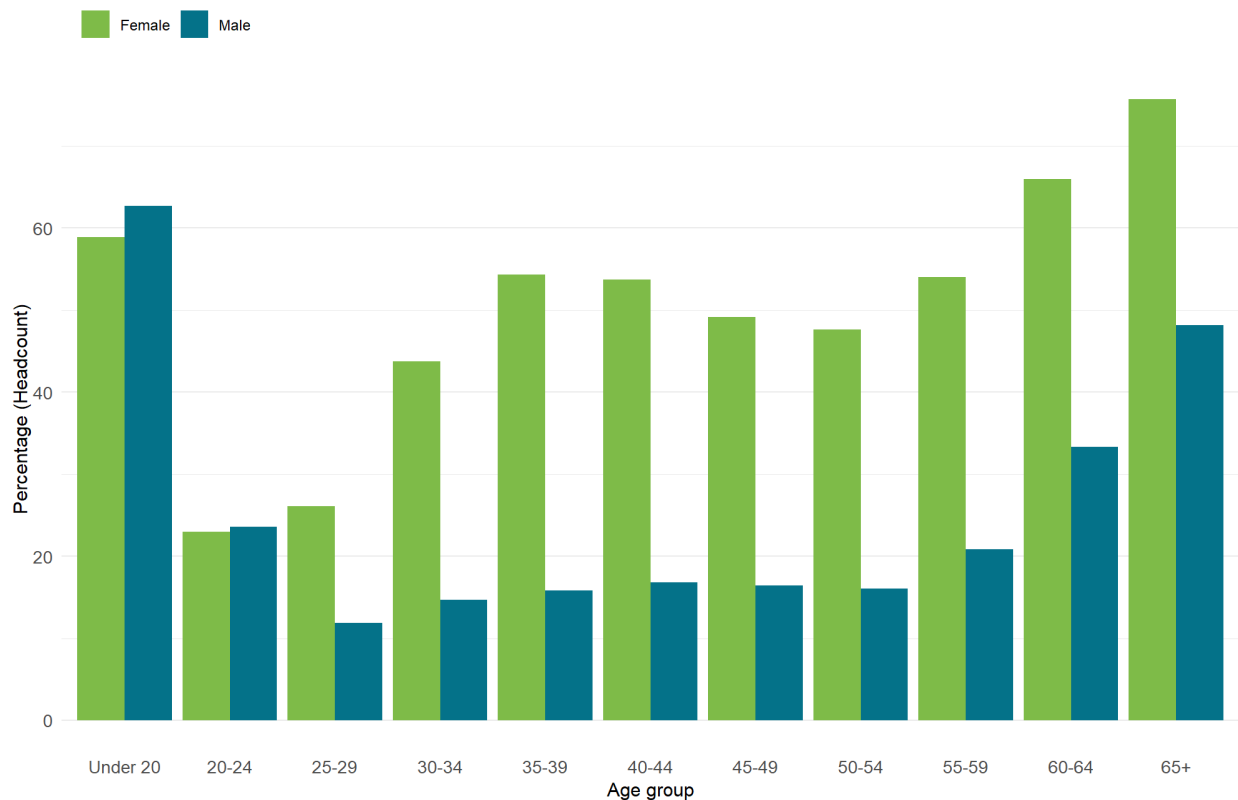
3.3.1 Part-time working

The [Labour Force Survey in Dec - Feb 2022](#) reported that 38.1% of females and 13.7% of males worked part-time. The percentage of staff in the NHS Scotland workforce working part-time is slightly higher.

Part-time working in NHS Scotland varies with age and sex ([Figure 8](#)). In general the percentage of people working part-time in NHS Scotland is greater for females than males and increases with age.

Figure 8: The percentage of staff working part-time varies by sex and age

Percentage of staff working part-time, NHS Scotland, headcount, 31 March 2023



Data Source: SWISS

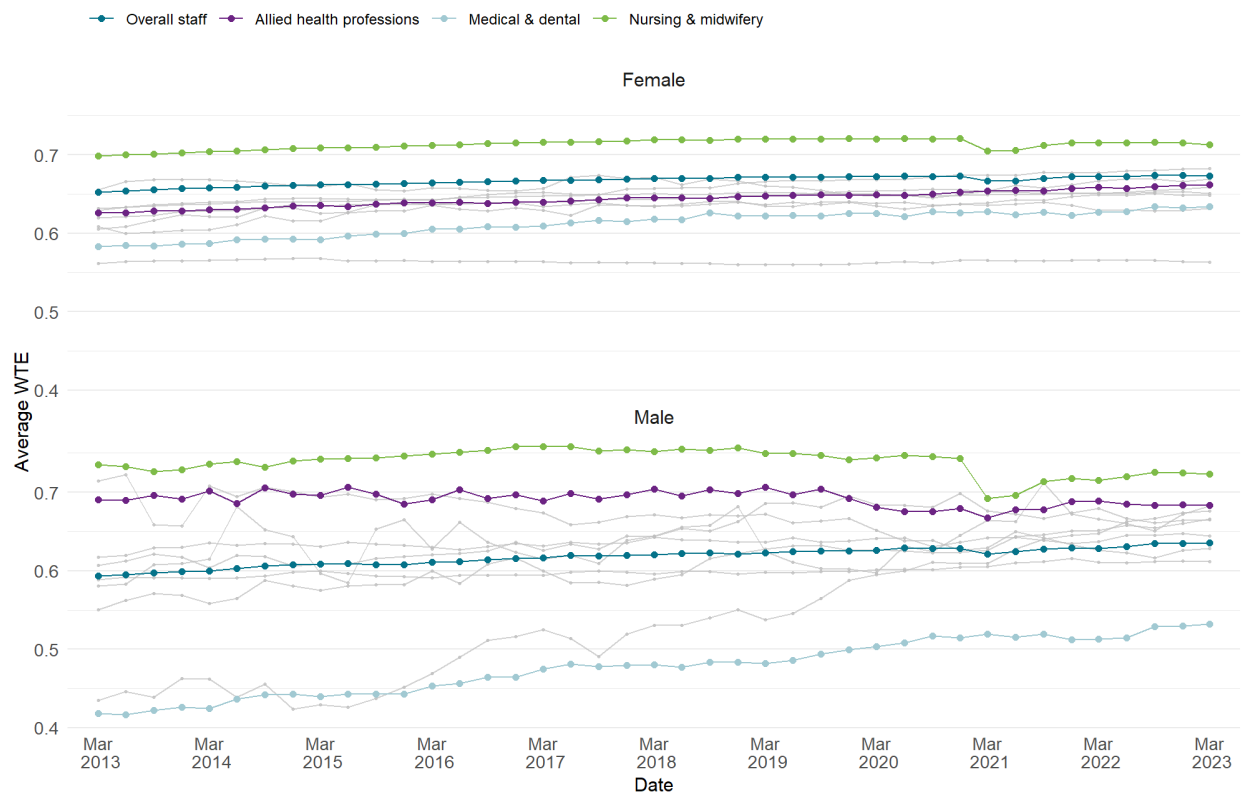
There is also variation in the WTE for people who work part-time by sex and job family. During the past decade mean WTE for people who work part-time has increased for both females and males in most staff groups ([Figure 9](#)). Assuming a weekly standard of 37.5 hours, the

average WTE for females has increased from 0.65 to 0.67 which equates to an extra 0.8 hours a week. For males, the increase is slightly larger, from 0.59 to 0.64, roughly 1.6 hours.

Figure 9 shows that there was a reduction in mean WTE between 31 December 2020 to 31 March 2021 for part-time nursing and midwifery staff reflecting the relatively large number of part-time fixed-term contracts during this time: between 31 December 2020 and 31 March 2021 71.5% of the additional staff were on part-time, fixed-term contracts.

Figure 9: The average WTE for part time staff has increased over the past decade for both female and male staff

Average WTE of part-time staff in NHS Scotland, 31 March 2013 to 31 March 2023



Data source: SWISS

Footnote: The unlabelled time series show the extent of the variation in part-time working between job families.

3.3.2 Fixed-term contracts

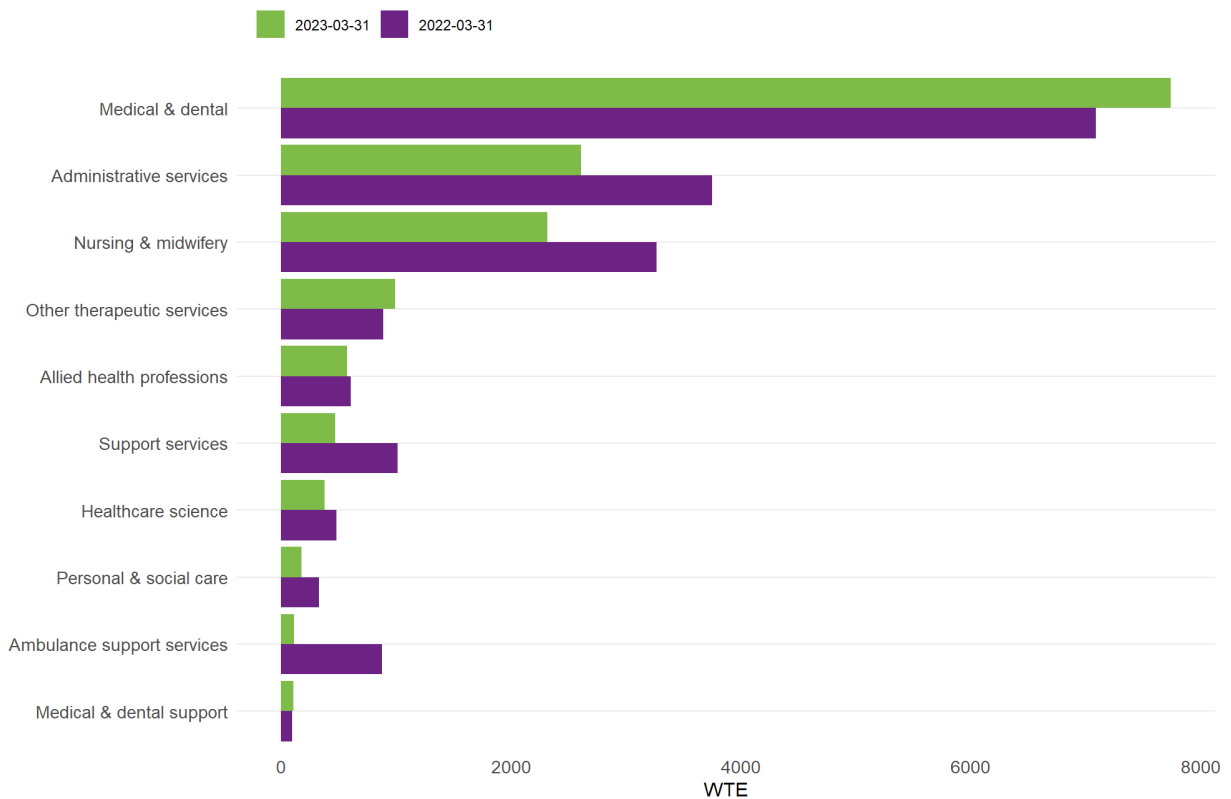
The increase in demand for staff caused by the COVID-19 pandemic was partly met by an increased use of fixed-term contracts. Over the past year the number of staff on a fixed-term contract has fallen.

Excluding Doctors in Training, fixed-term contracts accounted for 9.9%, of employment measured in WTE on 31 March 2023.

The percentage of employment accounted for by fixed-term contracts varies between job families ([Figure 10](#)). In some staff groups, it is routine for contracts to be fixed-term: fixed-term contracts account for 95.6% of employment for doctors in training.

Figure 10: The WTE of people on fixed-term contracts fell in most job families

Fixed-term contracts in NHS Scotland, whole time equivalent, 31 March 2022 and 31 March 2023



Data source: SWISS

4. Sickness absence

Sickness absence in NHS Scotland can result in cancelled appointments and procedures and lead to increased spending on supplementary staff, such as medical locum and agency nurses. The Scottish Government set a [national standard](#) which required NHS Boards to achieve a sickness absence rate of 4.0% or less from 31 March 2009.

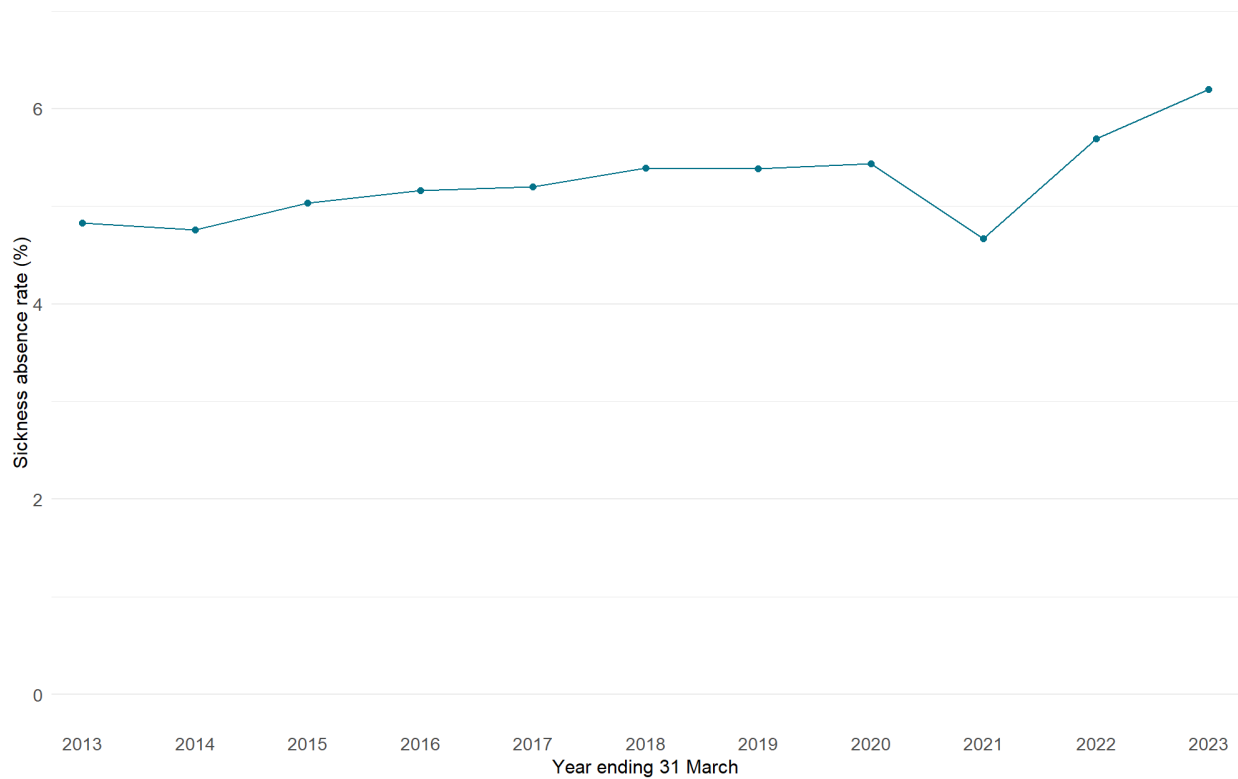
Sickness absence includes: normal sick leave; unpaid sick leave; industrial injury; accident involving a third party; injury resulting from a crime of violence; and, since September 2022, COVID-related absences.

More information on how sickness absence is calculated is available on the [Sickness absence calculation page on TDI](#).

The [sickness absence rate](#) in NHS Scotland for the year ending 31 March 2023 increased by 0.5 percentage points to 6.2%, the highest rate during the past ten years ([Figure 11](#)). This is equivalent to 9,718.6 WTE over the year.

Figure 11: The sickness absence rate has increased to 6.2% over the year ending 31 March 2023

Sickness absence rate for NHS Scotland workforce, year ending 31 March 2013 to 31 March 2023

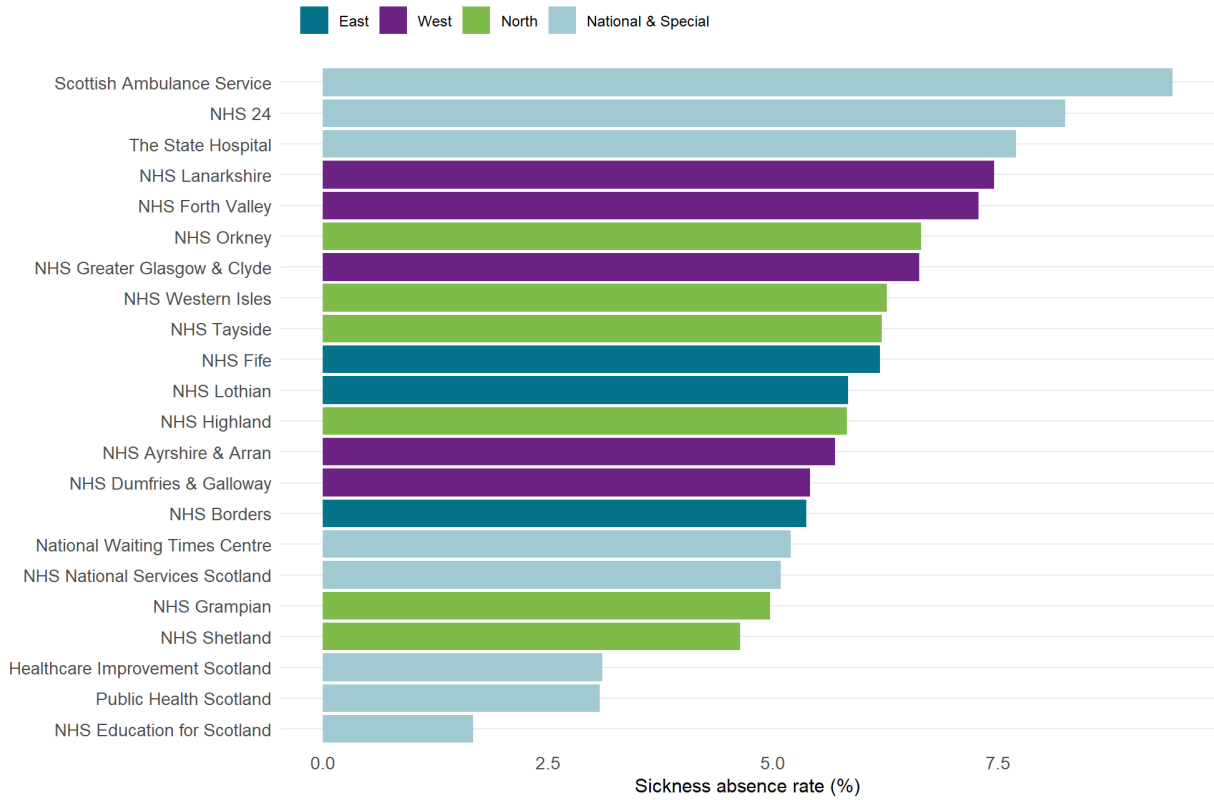


Data Source: SWISS

Figure 12 shows the variation in sickness absence rates between NHS Boards. There was an increase in the sickness absence rate in most NHS Boards during the past year. The NHS Board with the largest increase was NHS Orkney, in which the sickness absence rate increased by 1.8 percentage points to 6.7%.

Figure 12: The sickness absence rate varies between NHS Boards and regions

Sickness absence rate for NHS Scotland workforce, year ending 31 March 2023



Data Source: SWISS

More detail on sickness absence data can be found in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

5. Vacancies

Vacancy rates help us to understand the demand and supply for labour in NHS Scotland. [The ONS](#) say high vacancy rates could indicate that current staff have a larger workload to cope with staff shortages.

A vacancy is defined as a post which has been cleared for advert after having been through the redeployment process (internal or external advert) and remains a vacancy until an individual starts in the post. Reported vacancies therefore include posts that are vacant due to staff leaving and the creation of new posts available due to the expansion of services.

NHS boards provide information on the number of vacancies for medical and dental consultants, nurses and midwives and allied health professionals. These data are [collected by survey](#). NES is currently undertaking a [review](#) of vacancy data.

Between 31 March 2022 and 31 March 2023, the number of vacancies for medical and dental consultants decreased by 8.2% to 446.6 WTE. The vacancy rate, which takes into account the changes in the number of employed staff, decreased from 7.7% on 31 March 2022 to 7% on 31 March 2023 ([Figure 13](#)).

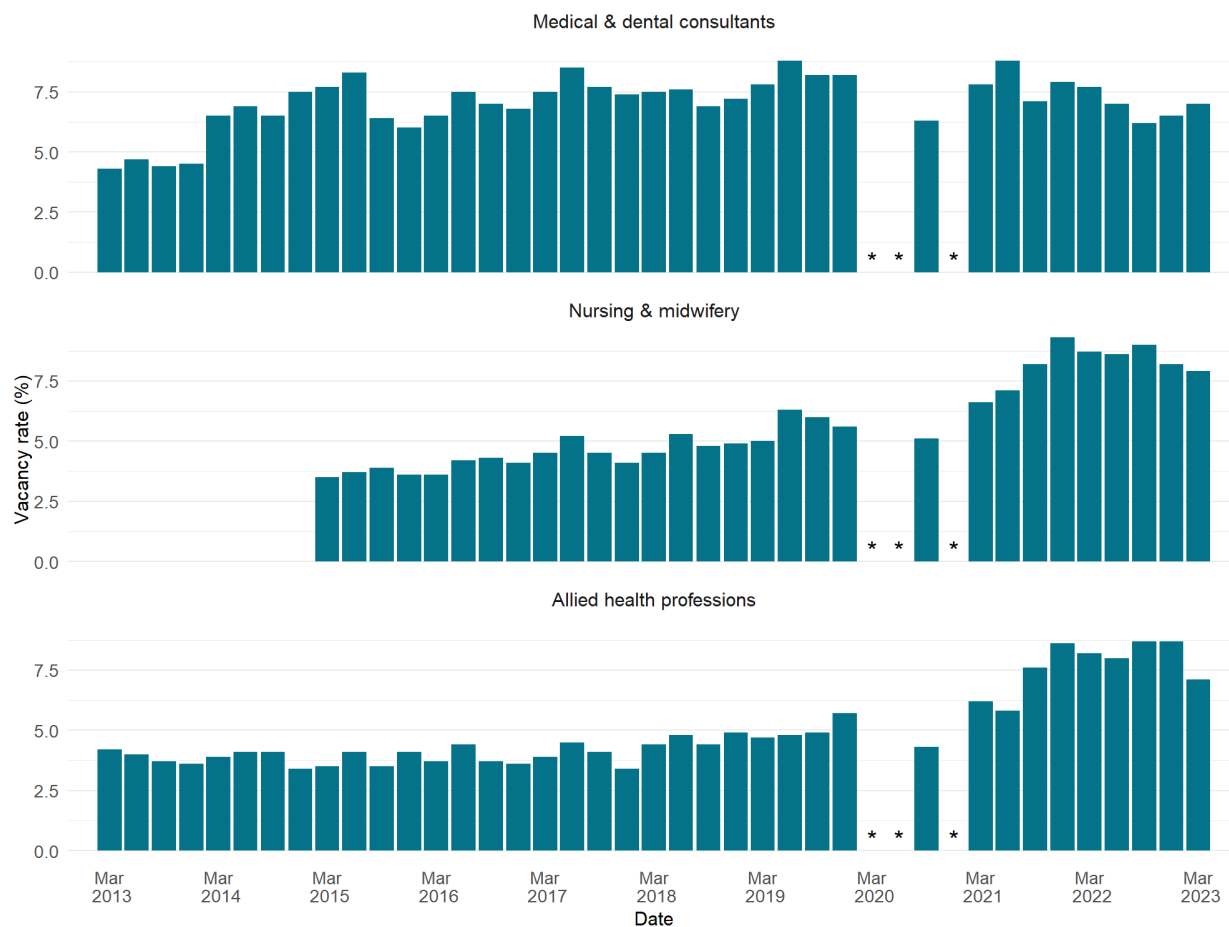
During the past year the number of vacancies for allied health professions has decreased by 10.6% to 1,034.5 WTE and the vacancy rate decreased from 8.2% to 7.1% ([Figure 13](#)).

Since March 2022 the number of vacancies for nurses and midwives dropped by 10.3% to 5,568.4 WTE and the vacancy rate changed from 8.7% to 7.9% ([Figure 13](#)).

The number of vacant posts in NHS Scotland during the recent past has followed a similar pattern to the vacancies reported by the [UK Labour Market Vacancy Survey](#): vacancies fell during the early part of the pandemic in March to June 2020, and then rose to record levels before falling again.

Figure 13: The vacancy rate for medical and dental consultants, nursing and midwifery and allied health professions has decreased slightly over the past year

NHS Scotland vacancy rates, whole time equivalent, 31 March 2013 to 31 March 2023



Data Source: NES Board Collection

Footnote:

1. For the dates marked with an asterisk (*) data provided are incomplete and we therefore have not calculated a Scotland value. For March, June, and December 2020 the provision of data was disrupted due to COVID-19 pandemic.
2. Nursing and midwifery staff the vacancy figures are shown from the community review (March 2015) onwards.

Variation in vacancies over time are available in the [NHS Scotland workforce dashboard on the Turas Data Intelligence website](#).

6. Bank and agency

NHS Boards use supplementary staff to temporarily fill vacant posts, cover sickness absence or various forms of leave, and provide additional temporary capacity. Bank staff are NHS employees while Agency staff are employed by private companies.

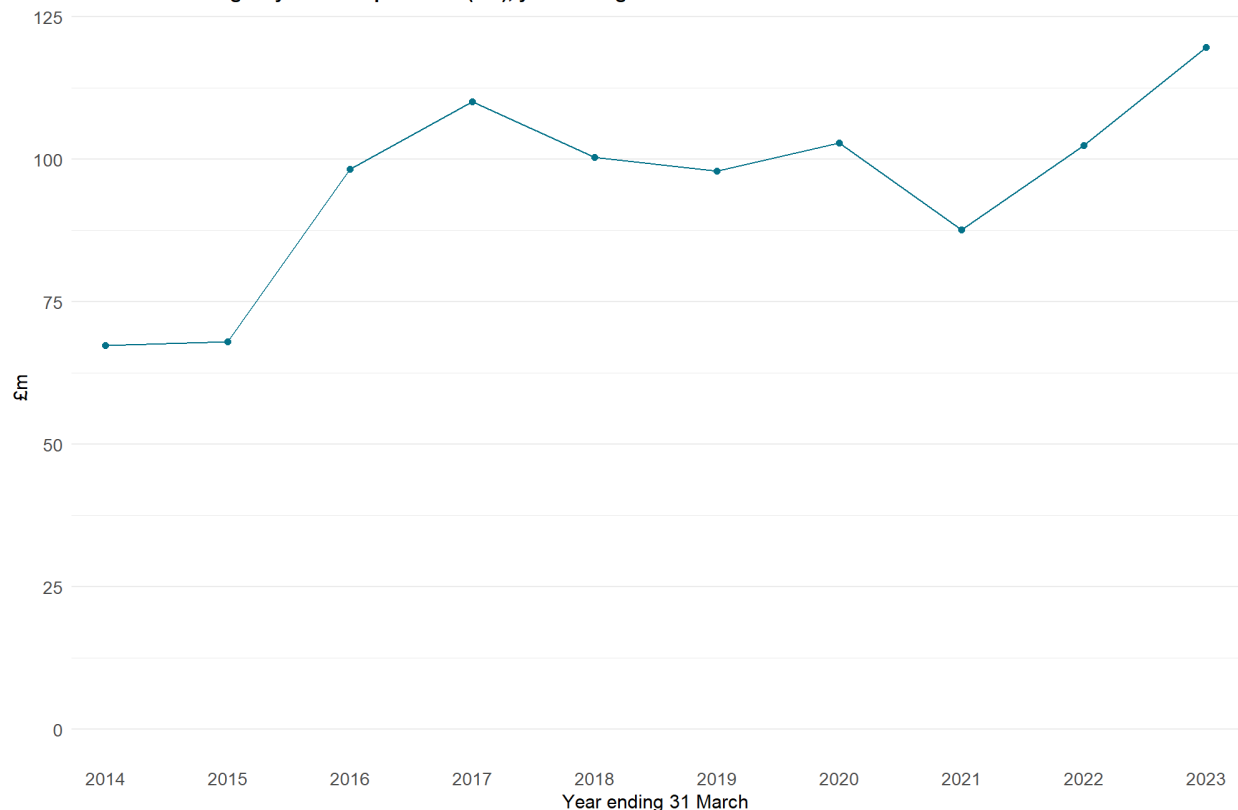
6.1 Medical agency

The annual expenditure on medical agency staff contained in this report includes those who are hired through private agencies and not locums who are directly employed by NHS Boards.

The national expenditure on medical agency staff has increased by 16.8% in the past year to £119.6m ([Figure 14](#)).

Figure 14: The medical agency expenditure has increased by around a third during the past two financial years

NHS Scotland medical agency locum expenditure (£m), year ending 31 March 2014 to 31 March 2023

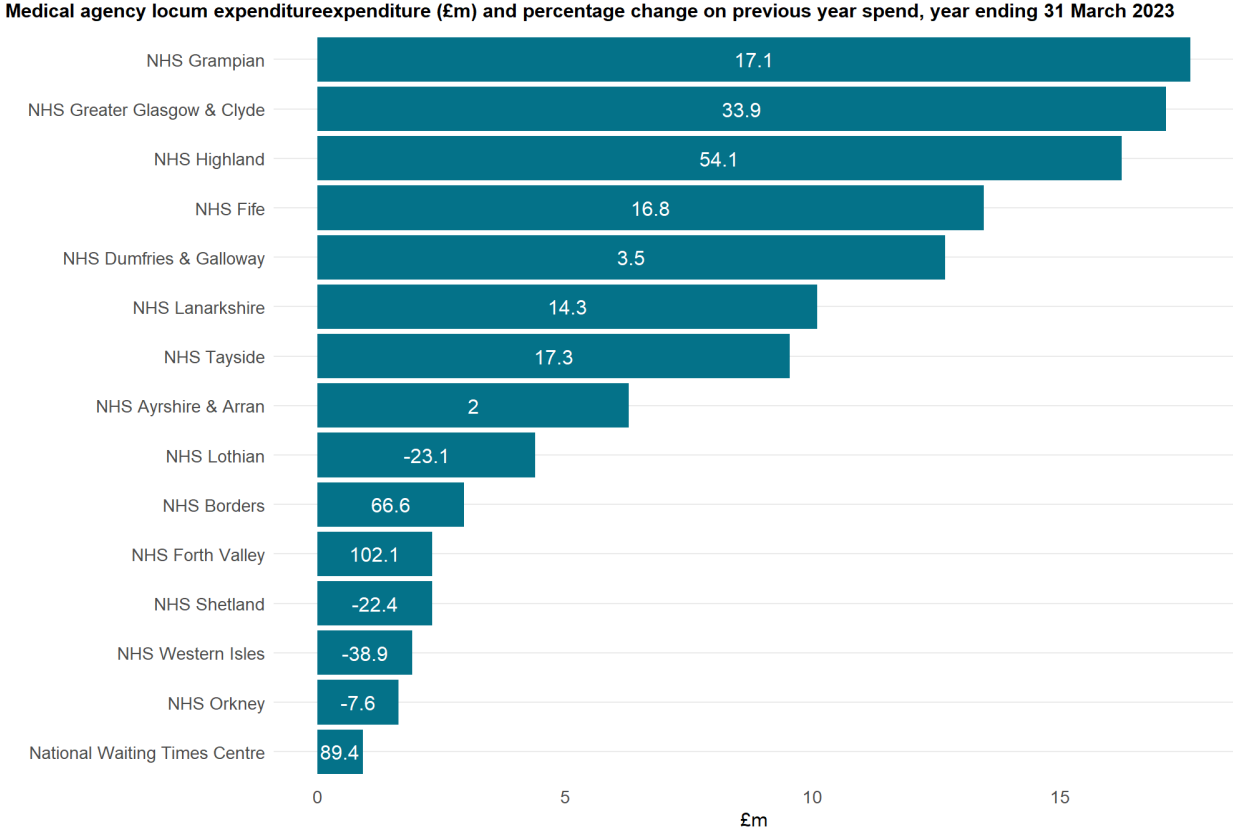


Data Source: NSS Financial Systems

There was an increase in medical agency spending for most NHS Boards. The largest relative increase was by NHS Forth Valley with £ 2.3m, which increased spending by 102.1%. NHS Grampian spent the most on medical agency: £ 17.6m.

The three island Boards and NHS Lothian spent less on medical agency during the year ending 31 March 2023 ([Figure 15](#)).

Figure 15: The medical agency expenditure varies by NHS Board over the last financial year



Data Source: NSS Financial Systems

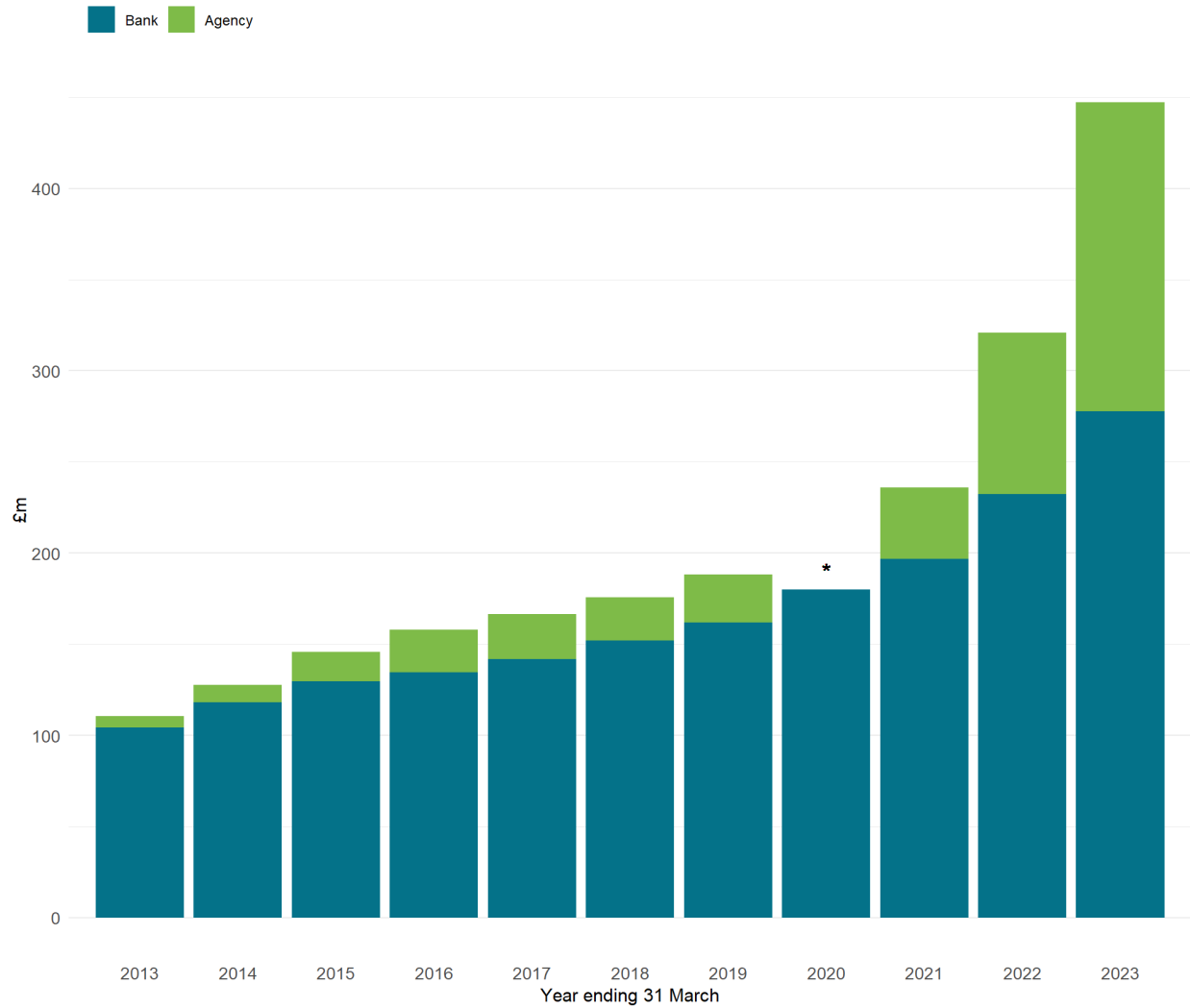
6.2 Nursing bank and agency

Expenditure on Bank staff increased for the twelfth consecutive year ([Figure 16](#)). NHS Scotland spent £277.7m, which represented a 19.6% increase on the previous year.

Expenditure on nursing and midwifery agency increased by 91% to £169.7m. Nursing and midwifery agency hours increased by 71.0% to 3.4m hours.

Figure 16: The nursing bank and agency spend has increased sharply over the past 2 years

NHS Scotland nursing and midwifery bank and agency spend (£m), year ending 31 March 31 March 2013 to 31 March 2023



Data Source: SWISS (Bank) and NES Board Collection (Agency)

Footnote: For the dates marked with an asterisk (*) data provided are incomplete and we therefore have not calculated a Scotland value.

Expenditure on nursing and midwifery bank and agency staff varies between NHS Boards ([Figure 17](#)).

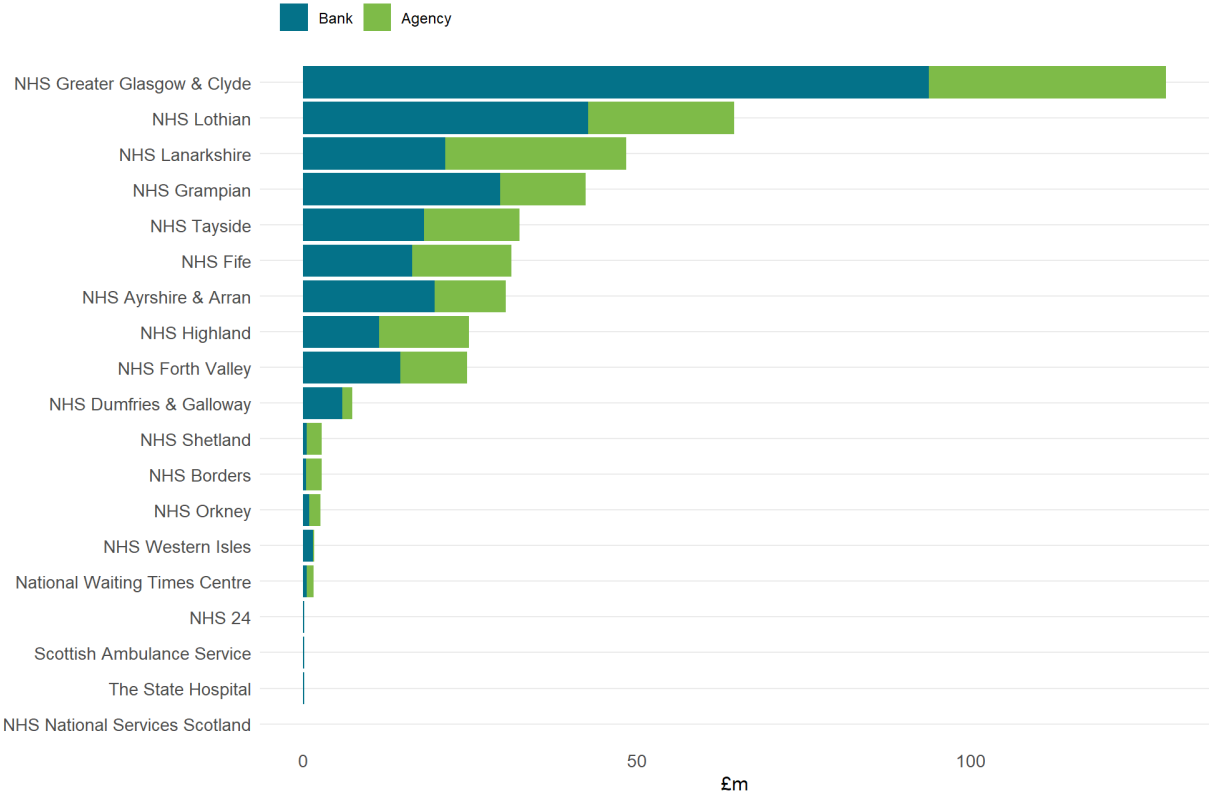
For the year ending 31 March 2023 NHS Greater Glasgow & Clyde spent £ 93.7m on bank staff, which was about a third of the total.

Of the 19 NHS Boards who used bank staff, two territorial NHS Boards spent less this year than last year: NHS Borders and NHS Western Isles.

Expenditure on Agency staff increased in all NHS Boards who used them and in four of the 15 NHS Boards who used agency staff the amount spent more than doubled.

Figure 17: The nursing bank and agency expenditure varies between Board

NHS Scotland nursing and midwifery bank and agency spend (£m), year ending 31 March 2023



Data Source: SWISS (Bank) and NES Board Collection (Agency)

Users can explore the bank and agency data in the [**NHS Scotland workforce dashboard on the Turas Data Intelligence website.**](#)

7. Appendix 1: About our data

NES publishes a wide range of data and information on [Turas Data Intelligence \(TDI\)](#), Scotland's official source of information on the NHS workforce. In addition to using our [Report catalogue](#) to help you navigate content on TDI, you will find information on all our data sources, our data quality assurance processes, and our statistical methods in our [About our Data and Reports](#) pages.

7.1 Data sources

The employment and training data published by NES are derived from a number of different sources. A brief overview of the data sources used in official statistics publications is available on our [Data sources and quality assurance](#) page, with more detailed information on specific data sources available in linked sub-pages, for example, [Vacancy surveys](#) and the [Scottish workforce information standard system](#).

The main source of workforce statistics is the [Scottish Workforce Information Standard System \(SWISS\)](#). SWISS brings together HR and Payroll information into a single data repository.

The national HR system is the [Electronic Employee Support System \(e:ESS\)](#).

From 30 September 2018, the employment model for Doctors in Training (DiTs) changed to a Lead Employer model, with a small number of Boards directly employing all DiTs. An implication of this for workforce reporting was that DiTs' Board of Placement, as opposed to Board of Employment, was not stored in SWISS and had to be sourced from a different system, Turas People (maintained by NHS Education for Scotland). For doctors in training, SWISS is merged with Turas People.

From 30 September 2018, staff on Locum Appointment in Training (LAT) and Locum Appointment in Service (LAS) grades were included in the NHS Scotland medical workforce figures for the first time. This change impacts trend figures for the doctor in training grade (staff on a LAT grade) and the other grade (staff on a LAS grade).

Further information on current data sources and collections can be found on the [Turas Data Intelligence Data sources and quality assurance](#).

7.2 Glossary of terms and definitions

We publish an [A-Z listing](#) of important terms to help our users understand and interpret our statistics. Many of these definitions include signposts to more detailed information or related topics elsewhere on TDI.

7.3 Data processing and analytical methods

The [methods pages](#) on TDI describe the methods for processing and analysing the data behind the statistics reported in our dashboards, reports, and summaries. Here you will find information on how we source and merge data on [Doctors in Training](#) with the SWISS employment data, how we compile data on the [Dental workforce](#) from different sources, and how we calculate [staff turnover](#) and [sickness absence rates](#).

7.3.1 Vacancy reporting

Vacancies are defined 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.

[Job Train](#) is the new national job recruitment system all NHS boards in Scotland now use. All NHS Boards were using the system by 9th December 2019.

7.3.2 Turnover

The methodology for turnover was revised in 2016 and historical figures were refreshed accordingly. At an NHS Scotland level:

- Outflow is defined as the number of staff who were employed as at 31 March year n-1 and not in post at 31 March year n.
- Inflow is defined as the number of staff who are employed as at 31 March year n and were not in post at 31 March year n-1.

- Turnover is calculated as the number of leavers divided by staff employed as at 31 March year n-1.

Turnover is the rate at which employees leave the workforce and is calculated by dividing the outflow over the year by the staff employed at the start of the period.

More detail on the turnover calculation is available on [TDI](#).

7.3.3 Sickness absence rate

Sickness absence is defined as an absence belonging to one of the following groups: normal sick leave, unpaid sick leave, industrial injury, accident involving a third party, and injury resulting from a crime of violence. The NES Data Group extract these data from SWISS which is fed from Scottish Standard Time System (SSTS). SSTS records all time and attendance information, but only sickness absence data flows to SWISS.

From 1 September 2022, COVID-related absences were recorded as sickness absence (with COVID-related illness reason). Prior to this COVID-related absences were treated as special leave absence, as this does not affect pay. During the transition of how these data are recorded, users were allowed to update previously entered sickness absences reasons to COVID-related illness. This was relevant for some boards who introduced the change in COVID-related absence recording in May.

The first instance of a sickness absence recorded with a COVID-related illness reason is from August 2022.

The sickness absence data is for all staff directly employed by NHS Scotland. For information governance reasons, these data have not been through the same processing as the staff reported. Therefore, the staff included in these data might be slightly different compared with the employment data. For example, any doctors in training will be included in the Board as recorded in SWISS (Board of Employment).

The sickness absence rate is calculated by:

$$\text{Sickness Absence Rate} = (\text{Working Hours Lost} / \text{Total Contracted Hours}) * 100$$

The weekly contracted hours is adjusted to give the contracted hours over the sample period:

$$\text{Total Contracted Hours} = \text{weekly contracted hours} * 52.179$$

where 52.179 is used to standardise the number of weeks in a year (including a leap year every four years).

More detail on the sickness absence calculation is available on [TDI](#).

7.4 Data quality

7.4.1 NHS Board data sources

Workforce information is sourced from each NHS Board's HR and payroll systems. NES works with boards to ensure the quality of the data but these are live, operational systems in which data can and does change over time. It is recognised that the published information does not always reflect the data used at local and regional level when Boards are engaged in planning and reporting on the workforce. Accuracy of data coding is crucial to the quality and credibility of the data, and NES works to minimise data inaccuracies arising from local differences in practice. However, responsibility for data accuracy lies with the NHS Boards providing the data.

The NES Data group work with Boards throughout the year to improve data quality. Published information may change over time to reflect these improvements.

7.4.2 Review of Vacancy data

Over the last few years, Boards in NHS Scotland have adopted the JobTrain system to manage recruitment activity. Most Boards now use data from JobTrain to complete the national quarterly [vacancy surveys](#), but there is variation between boards in how this is done particularly when reporting the duration of vacancies

From our initial investigations, the largest variation arises in the calculation of vacancy length, which is carried out when reporting the number of vacancies in categories according to how long a post has been vacant, e.g., Vacant less than three months, Vacant between three and six months, etc.

NES is already working with the National Recruitment Reporting short life working group on the use of JobTrain data and definitions. We will continue to work with this group and with data providers in all Boards as we conduct a fuller review of vacancy data in line with our responsibilities for [quality assuring administrative data](#).

We will post fuller plans for the review in due course, but we are highlighting this intention to our users now. In the meantime, we advise caution when using statistics relating to length of

vacancy, and if you have any questions or would like to discuss vacancy data with us then please [get in touch](#).

7.4.3 Review into location of service delivery and country of qualification data

We have completed a review into the Location of Service Delivery (LoSD) and Country of Qualification (CoQ) data in the NHS Scotland Workforce publication to ensure it meets the Official Statistics standard. This means checking the Trustworthiness, Quality and Value as outlined in the [Code of Practice for Statistics](#). Following engagement with our data providers and users we have taken the following action from August 2021.

In its current state, LoSD has reduced value to our users because of the quality of data. However, reporting grouped location data would be of value to many users if it can be robust. Whilst a further assessment is undertaken, we will continue to publish LoSD with a note identifying that it is under review.

Responses from data providers highlighted that there are two places which CoQ can be sourced:

- the professional body section in eESS and
- the GMC interface. The first is currently used to report the data.

Respondents overwhelmingly do not use CoQ data from this source for reporting or analysis because there is no business need. Therefore, these data have not been reported as part of the NHS Scotland workforce official statistics publication since the December 2021 release. We will continue to monitor information requests which could be answered using these data.

A full report is available on [TDI](#).

8. Appendix 2: Official statistics information

As a provider, we adhere to the [Code of Practice for Statistics](#) and are regulated by the [Office for Statistics Regulation](#). You can find more information on the [Code of Practice](#), our protocols for [Early and Pre-release Access](#) to our publications, reports on [events impacting our publications](#), our [publication timetable](#), and information on how and when we [receive data from our data suppliers](#) on our website.

8.1 Early release for quality assurance and management information

Publication outputs are released to key stakeholders in NHS Boards HR and Workforce directorates ahead of their release to the public. This early release occurs two weeks before the public release of the data and is to support quality assurance. Outputs are made available to a restricted list of people via Turas Data Intelligence (TDI). This list is verified a week before Early Release goes live.

NES works with data providers at NHS Boards prior to this point to understand any data quality issues or significant changes in figures. Therefore, it is unlikely that any unknown issues would arise during the Early Release period. Since NES have been responsible for the official statistics publications (December 2019), there have been no issues reported via Early Release. If a data quality issue were to be made known to NES, we would work with the NHS Board to annotate this within the publication output if it were not possible to update the figures.

We also make data available to named contacts in Scottish Government for management information purposes only and under strict embargo ahead of the publication's release.

8.2 Pre-release access to official statistics

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", NES 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.

Named individuals in the following organisations are approved to receive standard Pre-Release Access:

- Scottish Government Health & Social Care Directorate
- NHS Board Chief Executives
- NHS Board Communication leads