

# This is an Official Statistics Publication

NHS Education for Scotland (NES) was named as a provider of Official Statistics in The Official Statistics (Scotland) Amendment Order 2019. The following statistics have been produced in compliance with the UK Statistics Authority's Code of Practice for Statistics.

Find out more about the Code of Practice at:

<https://www.statisticsauthority.gov.uk/osr/code-of-practice/>

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# 1 Executive summary

Statistics as at 31 March 2020:

- There were 167,025 staff employed by NHSScotland, the highest reported to date and a 1.8% annual increase. The Whole Time Equivalent (WTE) has also grown by 1.8% over the same period to 143,440.6.
- In Financial Year (FY) 2019/20, the WTE inflow to NHSScotland has increased to a high of 11,159.1 WTE. The WTE outflow has remained relatively stable since 2015/16, with an outflow of 8,603.5 WTE recorded this financial year.
- The sickness absence rate for NHSScotland in FY 2019/20 was 5.3%, a slight decrease from the previous financial year (5.4%). This does not include COVID-19 related absence.
- There were 13,749.3 WTE Medical and Dental staff in post, an annual increase of 2.7%. Doctors in Training and Consultants account for 44.4% (6,110.8 WTE) and 39.9% (5,488.7 WTE) of the Medical and Dental workforce, respectively.
- The national expenditure on Medical agency locum staff has increased by 5% to £102.9 million in FY 2019/20.
- The Nursing and Midwifery staff group is the largest in NHSScotland, accounting for 60,811.8 WTE (42.4%) of the workforce. It has increased by 1.2% over the past year.
- The NHSScotland expenditure on Nursing and Midwifery bank staff rose by 11.2% from FY 2018/19 to £180.03 million in FY 2019/20.
- There were 12,065.3 WTE Allied Health Professions in post, an annual increase of 1.5%.
- There were 3,700 dentists working in Scotland, a small 0.7% annual increase. The majority of these dentists are self-employed under contract to the NHS and are in addition to the staff in post above.

## 2 Introduction

### 2.1 The NHSScotland Workforce

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. Staffing also accounts for a large portion of the NHSScotland budget – [the Scottish Health Service costs report](#) for the year ending March 2019 reports that staff accounted for almost 68% or £4.6bn of hospital costs.

This report reflects on the latest statistics at 31 March 2020 for the overall NHSScotland workforce and proceeds to focus on Medical and Dental staff, Nurses and Midwives, Allied Health Professions (AHPs) and other staff groups such as Administrative Services and Healthcare Sciences.

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, NHS Education for Scotland (NES) collects a range of information directly from NHS Boards.

The data presented within this report, as well as in our [dashboards and tables](#) (see Section 1.2), includes 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), as well as any staff employed by independent contractors.

Throughout out this report, numbers of staff in post and vacant posts are described in terms of Headcount (HC) or Whole Time Equivalent (WTE), a measure that takes part-time working into account.

### 2.2 Further workforce data and information

In conjunction with this report, comprehensive workforce data at 31 March 2020 is available via the dashboards on the Turas Data Intelligence [website](#):

Five dashboards (Overall, Medical and Dental, Nursing and Midwifery, AHPs and Other Staff Groups) present quarterly data over a ten-year period for staff in post. Due to changes in Nursing and Midwifery job families, the Nursing and Midwifery dashboard only contains data back to March 2015 to allow for direct comparisons and consistent trends.

The dashboards contain a range of data including age band, contract type and sex, Agenda for Change (AfC) band, grade and specialty where applicable, all of which are available as chart visuals or tables. Using the [Turas Data Intelligence platform](#), users can explore the dashboards to quickly identify trends and compare professions, NHS Boards and regions.

Vacancy numbers and rates are available for consultants, nursing and midwifery and AHPs.

Much of the data are also available in Microsoft Excel tables. A full list of tables is available on our [webpages](#).

## **2.3 Official Workforce Statistics**

NHS Education for Scotland (NES) is the source for Official Statistics on the NHSScotland Workforce. NES adheres to the [Code of Practice for Official Statistics](#) which is published by the UK Statistics Authority (UKSA). We work to ensure the statistics we produce meet the three pillars of this code: Trustworthiness, Quality and Value.

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

A timetable of future releases is available on our [website](#).

The latest Scottish government policy on workforce planning and the importance of national statistics can be found on the Scottish Government [website](#).

### **2.3.1 Public Health Scotland**

Public Health Scotland was formed on 1 April 2020. This NHS Board is formed of staff from NHS Health Scotland and some of the staff previously working in NHS National Services Scotland (NSS). As this publication is based on a 31 March census date, these staff are reported as working in the Boards they were working at that time. Future publications will report on staff working for Public Health Scotland.

### **2.3.2 The Covid-19 Pandemic**

Vacancy data and Nursing and Midwifery agency data are not included in this report as a result of interruptions to data flows arising from the Covid-19 pandemic. The vacancy

information reported here relates to the already published data for the previous quarter ending 31 December 2019.

The increase in staff numbers that has occurred during the COVID-19 pandemic response is not reflected in the data presented in this report, as these data are based on a 31 March 2020 census point before these additional staff were added to the NHSScotland workforce.

The sickness absence data reported here are for financial year 2019-20 and will therefore not capture any change in sickness absence due to the Covid-19 pandemic.

### 3 The Overall Workforce

#### 3.1 Staff in post

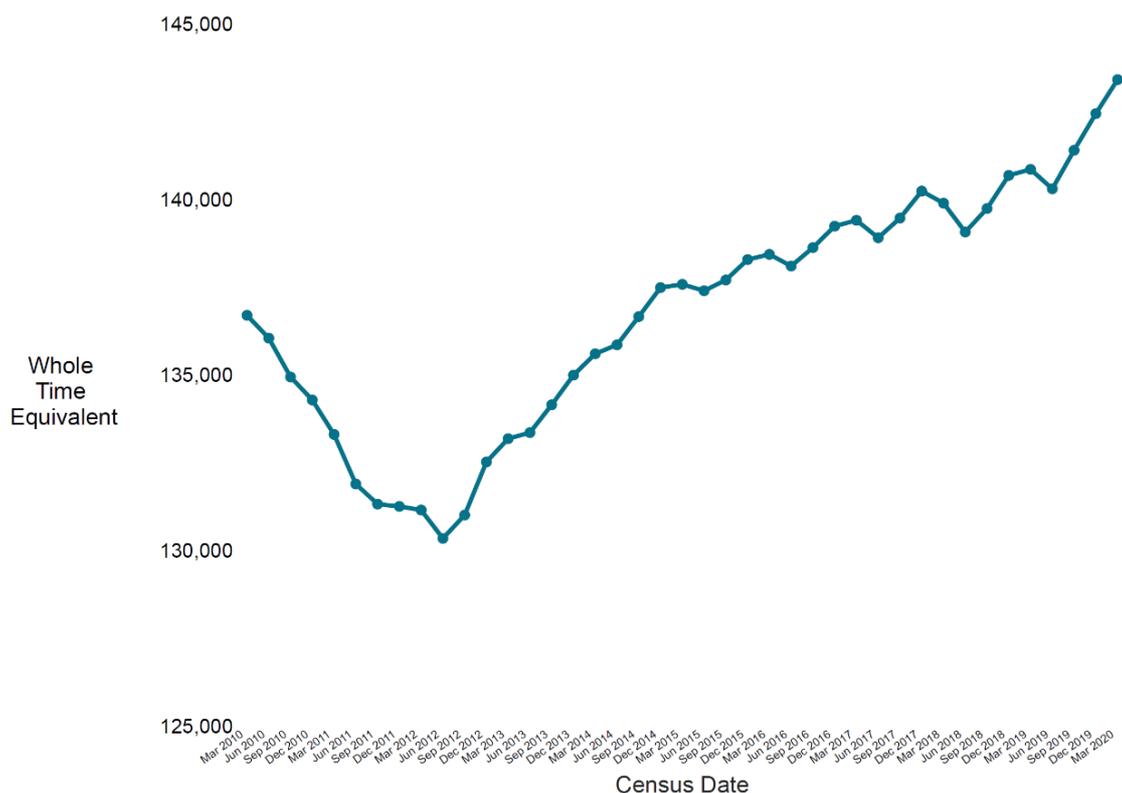
On 31 March 2020, NHSScotland had a total headcount (HC) of 167,025 staff, the highest reported to date and a 1.8% increase in the past year. Adjusting for part-time working, the Whole Time Equivalent (WTE) also rose by 1.8% to 143,440.6 WTE. An increase in staff numbers was seen in most NHS Boards.

Excluding the Island and Special Boards<sup>1</sup>, NHS Lanarkshire had the largest percentage change between 31 March 2019 and 31 March 2020. The number of WTE staff in post increased by 4.6%, 514.3 WTE.

Figure 1 shows an increase in WTE since the economic downturn.

**Figure 1: Staff in Post numbers have increased steadily since June 2012**

Whole Time Equivalent Staff in Post, March 2010 – March 2020



<sup>1</sup> Due to smaller staff counts in these Boards there can often be large fluctuations in annual percentage change.

Figure 1 suggests that there is some seasonal variation in the quarterly census data, particularly since 2015, with staff numbers tending to drop in June before returning to the longer-term upward trend in September. However, there were a few years when this seasonal pattern was not evident.

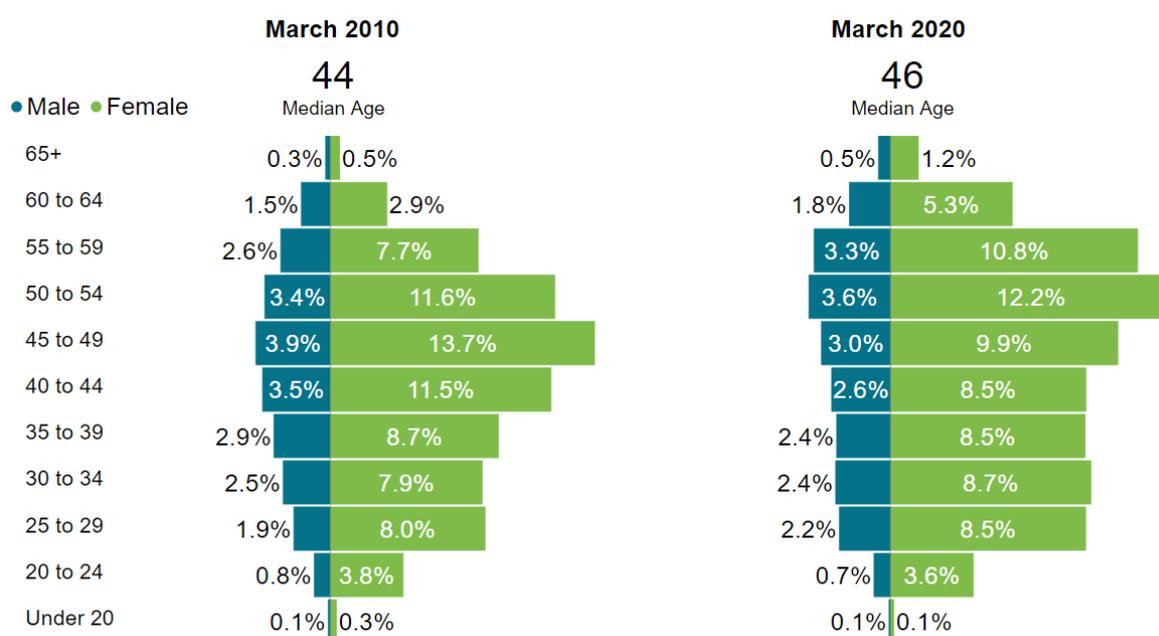
There are various factors which affect the workforce numbers at different times throughout the year, such as the availability of newly qualified graduates and retirement of existing staff. This seasonal variation is particularly evident when viewing trends for the number of staff employed by the larger NHS Boards where there are greater numbers of staff in training. The most recent quarter (ending 31 March 2020) is unusual in that it shows a more pronounced increase on the previous quarter's WTE than has been observed in recent years.

### 3.2 Age and sex profile

The NHSScotland workforce is ageing (Figure 2). The percentage of the workforce over the age of 55 has increased from 15.4% to 22.9%, with the median age increasing from 44 to 46. The population pyramids in Figure 2 show that the largest age group in March 2010 was 45-49 years, whereas this is now 50-54 years. This is likely to lead to increased outflows in the future as this group approaches retirement. However, the overall distribution is somewhat flatter in the pyramid for 31 March 2020 compared to ten years ago.

**Figure 2: The workforce has grown older since March 2010 for both males and females**

Whole time equivalent workforce median age and age band breakdown by sex



Information on the overall number of staff in post over the past ten years is available within the Overall dashboard on the Turas Data Intelligence [website](#). Information on long term trends (> 10 years) within each NHS Board is available within the Overall trend table on [our website](#).

Almost 80% of the NHS workforce is female. The percentage of (WTE) female staff varies between staff groups and within staff groups between time periods. For example, the percentage ranges from 44.4% in Ambulance Services to 89.2% in Nursing and Midwifery. There are various factors in this variation, such as increasing numbers of female Doctors in Training (DiTs) which was previously a more male dominated section of the workforce.

The number of men working in NHSScotland fell during the economic downturn in the early 2010s and has only surpassed the pre-downturn numbers in December 2019.

### **3.3 Staff Turnover**

High rates of staff turnover<sup>2</sup> in an organisation can indicate a loss of organisational knowledge, increased costs in recruitment of new staff and costs for induction and training.

The WTE outflow from NHSScotland has been relatively stable since 2015/16 with around 8,500 WTE staff leaving each year (range: 8,418 - 8,853, average: 8,569.5). The inflow of WTE has also remained stable over the same period at around 9,700 WTE (range: 9,572-9,881, average: 9,704.8). This year, however, the inflow has increased to a high of 11,159.1 WTE. This increase is seen in most NHS Boards, although NHS Lanarkshire has seen a larger than average increase, mainly driven by an increase in numbers of Nurses and Midwives.

### **3.4 Sickness absence**

Sickness absence<sup>3</sup> in NHSScotland can result in cancelled appointments and procedures and lead to increased expenditure 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. The national rate has varied between a high of 5.6% in 2006/07 to a low of 4.6% in 2011/12.

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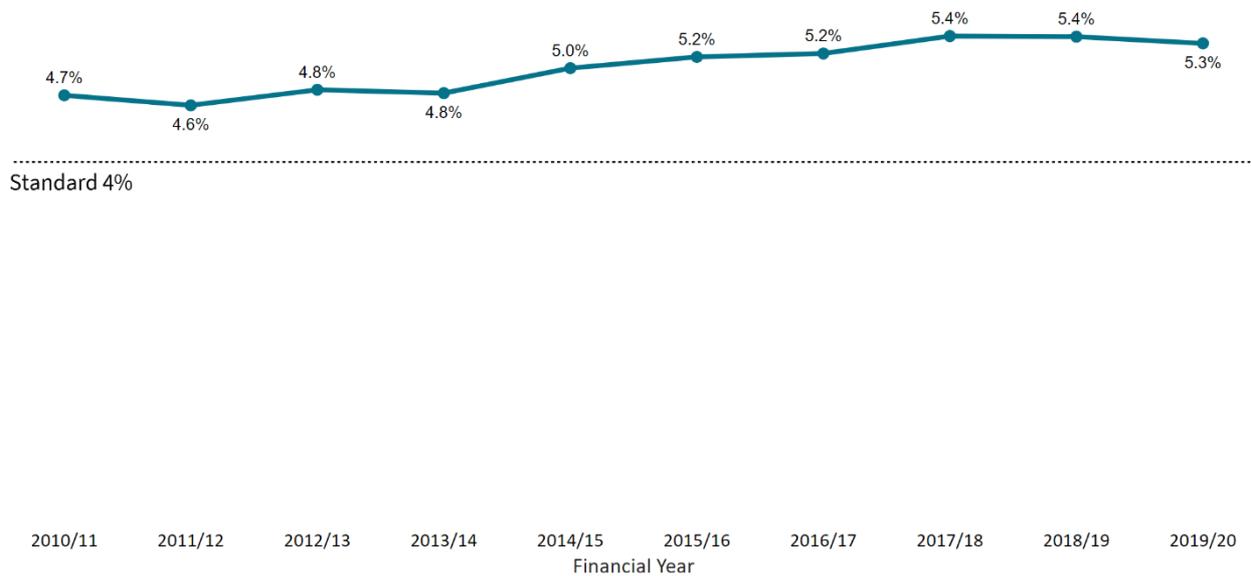
<sup>2</sup> The methodology used to calculate turnover rates is explained in further detail in Appendix 1. Turnover rates can be explored in more detail in the Overall Staff Dashboard on our [website](#).

<sup>3</sup> The 2019/20 data presented here does not include absences related to the Covid-19 pandemic.

The sickness absence rate for NHSScotland in 2019/20 was 5.3%, which is a slight decrease from last year (5.4%). Figure 3 below shows the national sickness absence rate for each of the past ten years.

**Figure 3: The Overall NHSScotland Sickness Absence rate has increased between 2010/11 and 2019/20**

National sickness absence rate (%) with dotted line showing 4% standard



In the latest year (2019/20), one territorial NHS Board (NHS Shetland) and three Special Boards (Healthcare Improvement Scotland, NHS Health Scotland and NHS Education for Scotland) met the 4% target.

The [Scottish Government announced](#) that NHSScotland should work towards reducing sickness absence by 0.5% per annum over three years, beginning on 1 April 2019 with the aim of achieving an overall NHSScotland average of less than 4.0%.

Sickness absence rates can be explored in more detail in the Overall Staff Dashboard available on [our website](#).

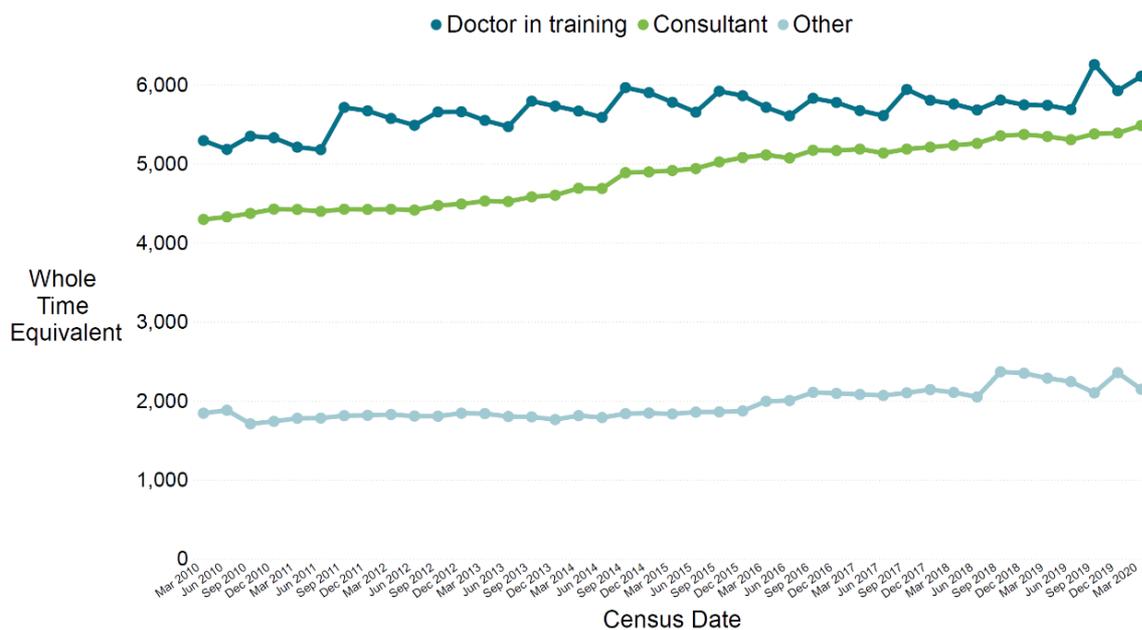
## 4 The Medical and Dental Workforce

### 4.1 Staff in Post

The Hospital, Community and Public Health Service (HCHS) Medical and Dental workforce includes all salaried doctors and dentists, including those in all stages of training, but excludes General Practitioners (GPs) and General Dental Practitioners (GDPs) working as independent contractors. This workforce accounts for 9.6% of the NHSScotland workforce on 31 March 2020 and has increased by 20.2% since 31 March 2010, from 11,442.1 WTE to 13,749.3 WTE. This rate of growth outpaces the 4.9% increase in the overall NHSScotland workforce during the same time period. Doctors in Training (DiTs)<sup>4</sup> and Consultants account for 44.4% (6,110.8 WTE) and 39.9% (5,488.7 WTE) of the WTE Medical and Dental workforce respectively. Whilst both groups show a steady increase of staff in post over the past ten years, the increase in the number of Consultants (27.7%, 1,189.5 WTE) accounts for most of the increase (see Figure 4).

**Figure 4: The Medical and Dental workforce has increased over a ten-year period**

Whole Time Equivalent Doctors in Training<sup>5,6</sup>, Consultants and other Medical and Dental staff, March 2010 – March 2020



<sup>4</sup> Doctors in Training (DiTs) include Foundation trainee doctors at Foundation Year 1 and 2

<sup>5</sup> The group labelled Other includes Directors, Staff and Associate Specialists, Dental officers, Senior Dental Officers and Specialty doctors

<sup>6</sup> Data sources: NHS Education for Scotland – Scottish Workforce Information Standard System; NHS Education for Scotland – Turas People

### **4.1.1 Changes to data**

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. An accompanying data quality exercise revealed staff inaccurately recorded as a DiT grade instead of Other grade, as such DiT show inflated figures prior to 30 September 2018.

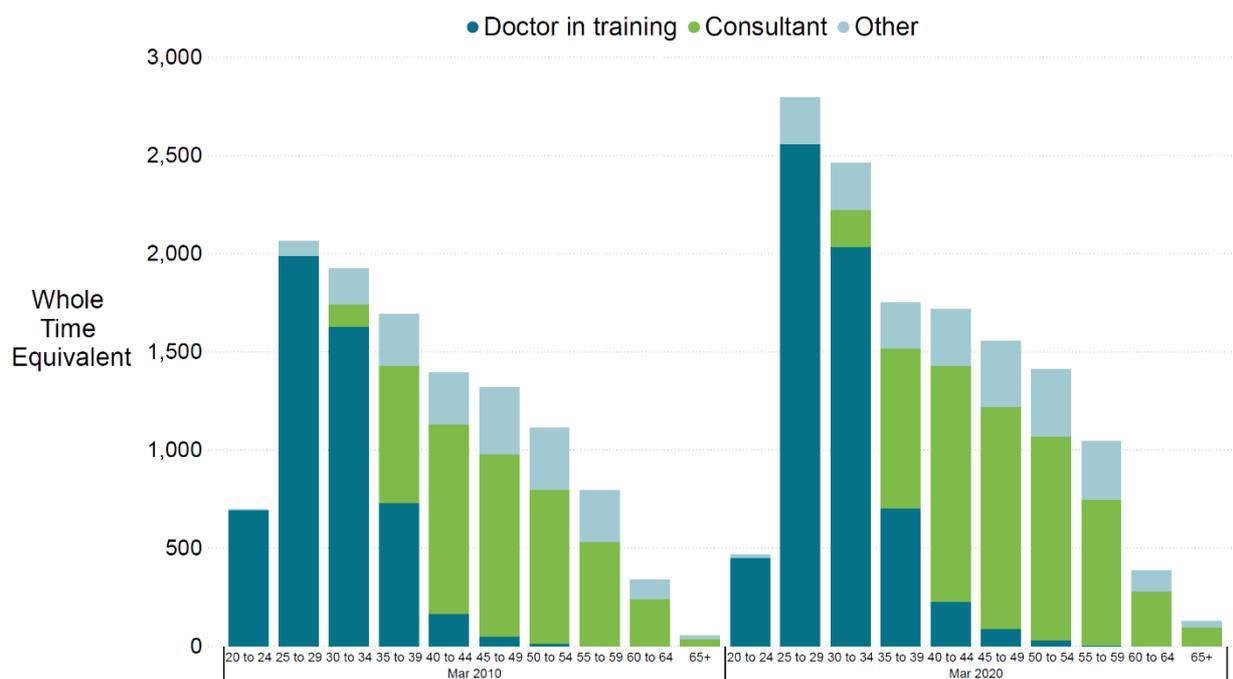
From 30 September 2018, staff on Locum Appointment in Training and Locum Appointment in Service grades were included in the NHSScotland workforce figures for the first time. This change impacts trend figures for the Doctor in Training grade (staff on a LAT grade) and the Other grade (staff on a LAS grade).

## **4.2 Age and sex profile**

The increase in DiTs and Consultants is spread more or less evenly across age groups within these two staff groups (Figure 5). An exception to this are DiTs aged 20-24. This group has decreased by just over a third (244.5 WTE) since 31 March 2010, and accounts for only 7.4% of all DiTs compared to 13.1% ten years ago. This decrease appears to be offset by greater numbers of DiTs aged 25-29 and 30-34 in the workforce, which suggests a tendency for people to enter the medical and dental workforce at a later age. There may be a number of reasons for this, such as more people starting a Primary Medical or Dental qualification later; taking longer to complete their qualification; taking a career break during, or immediately after, University; or a combination of these.

**Figure 5: The changing age profile of NHS Doctors March 2010 – Mar 2020<sup>7</sup>**

Medical and dental whole time equivalent staff by age category, March 2010 and March 2020



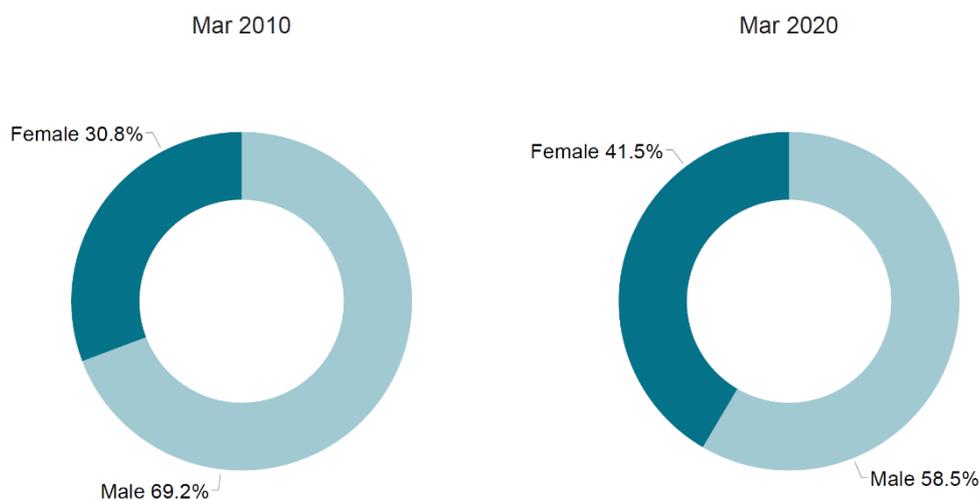
Similar analysis of the Consultant workforce indicates that, despite an absolute increase in all age groups, the workforce is ageing (Figure 5). The proportion of Consultants aged under 40 has remained relatively constant and is 18.3% (1,002.7 WTE) on 30 March 2010 to 18.3% (1,002.7 WTE) at 31 March 2020. Additionally, the number of Consultants aged 55 and over has increased by 38.0% (307.7 WTE) and now accounts for 20.3% of Consultants compared with 18.8% at 31 March 2010. This is likely to lead to increased outflows from the Consultant workforce in the future as this group nears retirement.

At 31 March 2020, 57.2% (3,493.9 WTE) of Doctors in Training are female compared with 55.2% at 30 March 2010 (Figure 6). Over the same time period, the proportion of female Consultants has increased from 31.5% to 41.5%.

<sup>7</sup> Data sources: NHS Education for Scotland – Scottish Workforce Information Standard System; NHS Education for Scotland – Turas People

## Figure 6: Numbers of female NHS Consultants are increasing

Sex profile of NHS Consultants March 2010 – March 2020<sup>8</sup>



### 4.3 Consultant Vacancies

Up to date vacancy data are not included in this report as a result of interruptions to data flows arising from the Covid-19 pandemic. The following information relates to the already published data for the previous quarter ending 31 December 2019.

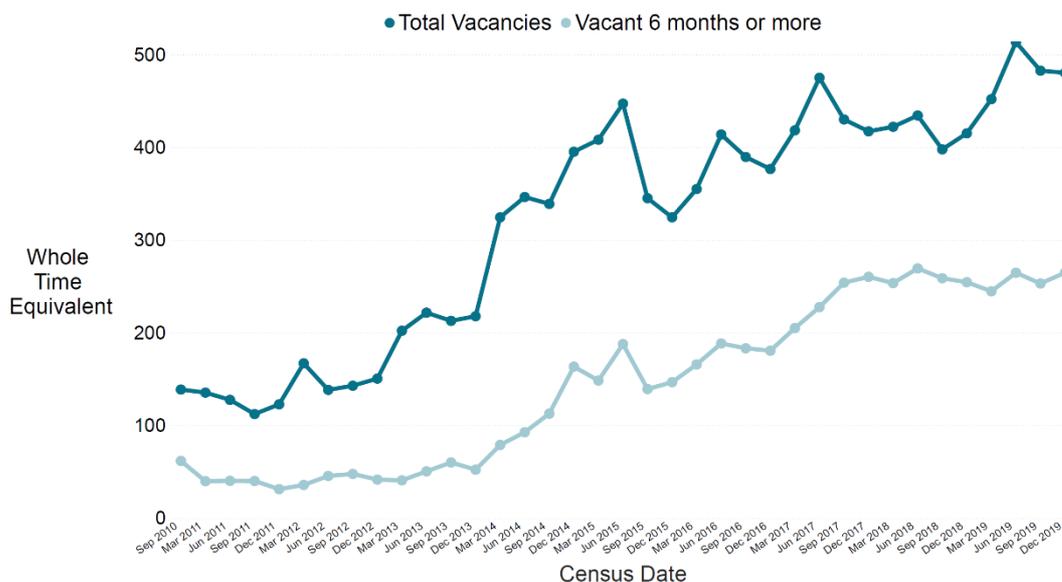
At 31 December 2019, there were 480.8 WTE **vacant** Consultant posts, a 15.7% (65.3 WTE) increase from the previous year and a 21.5% (85.2 WTE) increase over the previous five years (Figure 7). Of the posts that were vacant at 31 December 2019, 55.1% (265.1 WTE) posts had been vacant for six months or more.

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<sup>8</sup> Data sources: NHS Education for Scotland – Scottish Workforce Information Standard System; NHS Education for Scotland – Turas People

### Figure 7: The number of vacant Consultant posts has increased over a ten year period

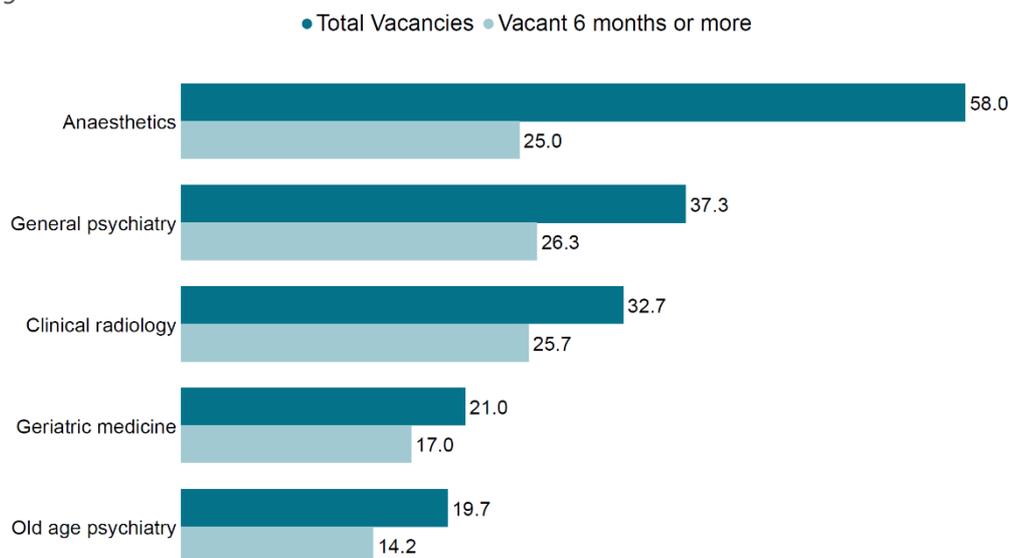
Vacant Whole Time Equivalent Consultant posts in NHSScotland by vacancy length, March 2010 – March 2020



Just over a quarter of Consultant vacancies were in Anaesthetics (58.0 WTE), General psychiatry (37.3 WTE) and Clinical radiology (32.7 WTE) (Figure 8). Of these specialties, the number of Anaesthetics vacancies increased by more than half (21.0 WTE) over the past year, while vacancies in both General Psychiatry and Clinical Radiology had decreased, by 21.0% (9.9 WTE) and 17.0% (6.7 WTE) respectively.

### Figure 8: The number of Consultant vacancies differs between specialties

The five medical specialties with most whole time equivalent Consultant vacancies at 31 March 2019



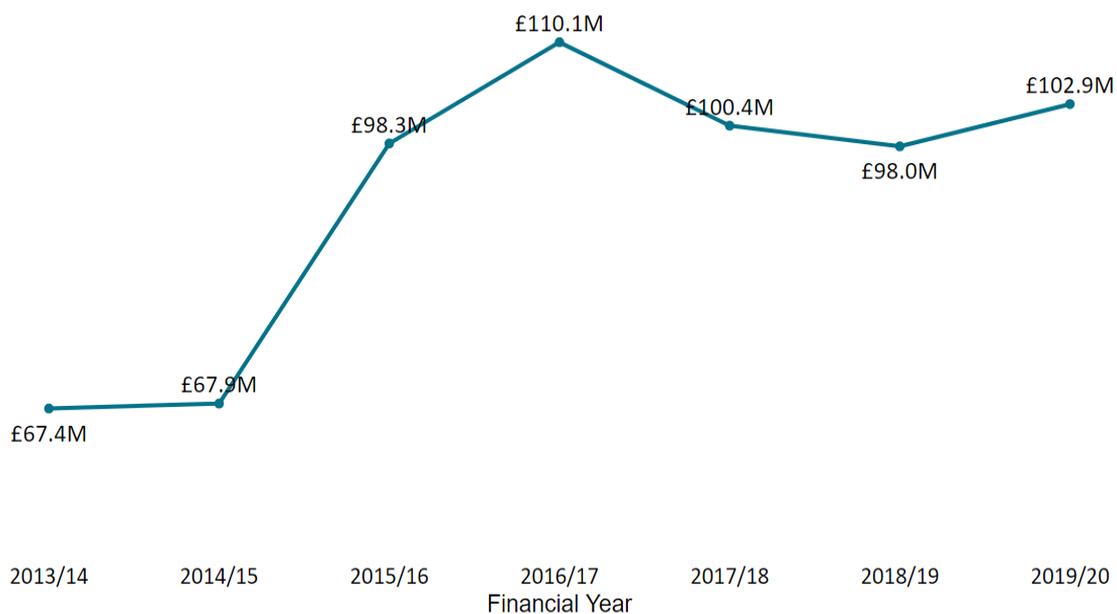
#### 4.4 Medical Agency

Agency locum doctors and dentists are used by NHS Boards to support the workforce by providing additional temporary capacity. The annual expenditure on locums includes those who are hired through private agencies (and not locums who are directly employed by NHS Boards).

Following two consecutive years of decrease, Figure 9 shows that national expenditure on agency locums has increased by 5% in the past year to £102.9 million, second highest value recorded since 2013/14.

### Figure 9: Expenditure on medical agency doctors has increased

Expenditure on Medical Agency Locums in NHSScotland over the past seven financial years<sup>9,10</sup>



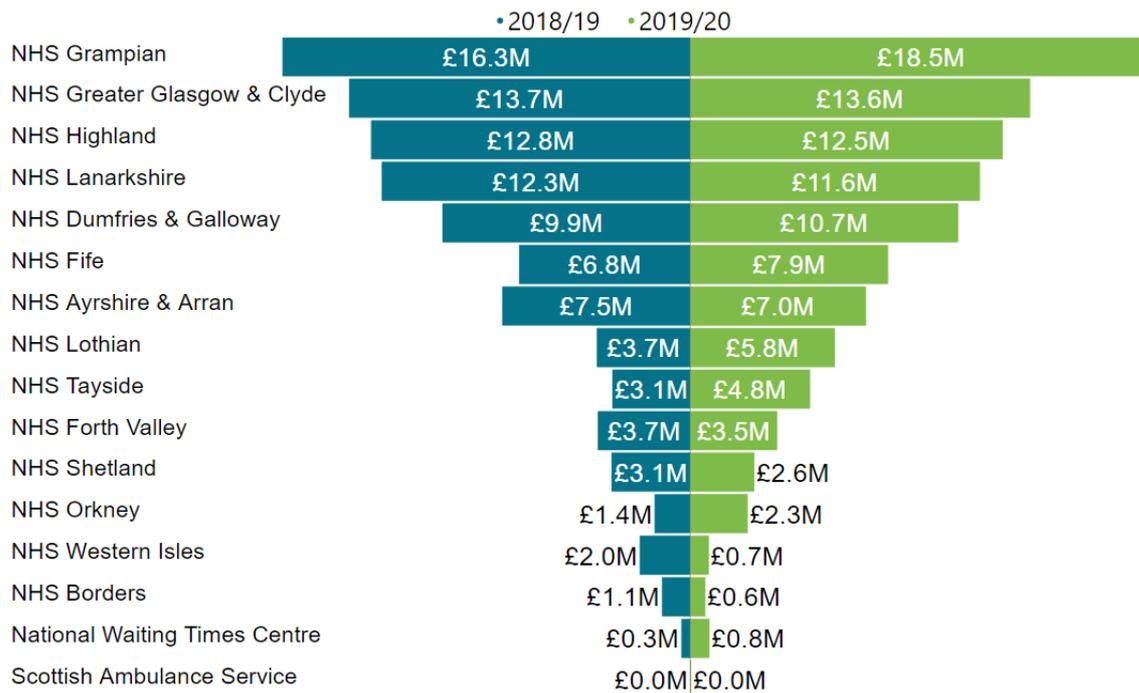
The change in medical agency locum expenditure varies across NHS Boards: six Boards show an increase and eight Boards show a decrease from 2018/19 to 2019/20 (Figure 10).

<sup>9</sup> This data is sourced from the NHSScotland financial systems and all the figures shown are verified by the relevant NHS Board's Director of Finance.

<sup>10</sup> Given the developmental nature of the dataset, please note that the figures are presented as 'experimental statistics'

### Figure 10: Expenditure on medical agency doctors varies between NHS Boards

Comparison of Medical Agency Locum expenditure in financial years 2018/19 and 2019/2020 by NHS Board



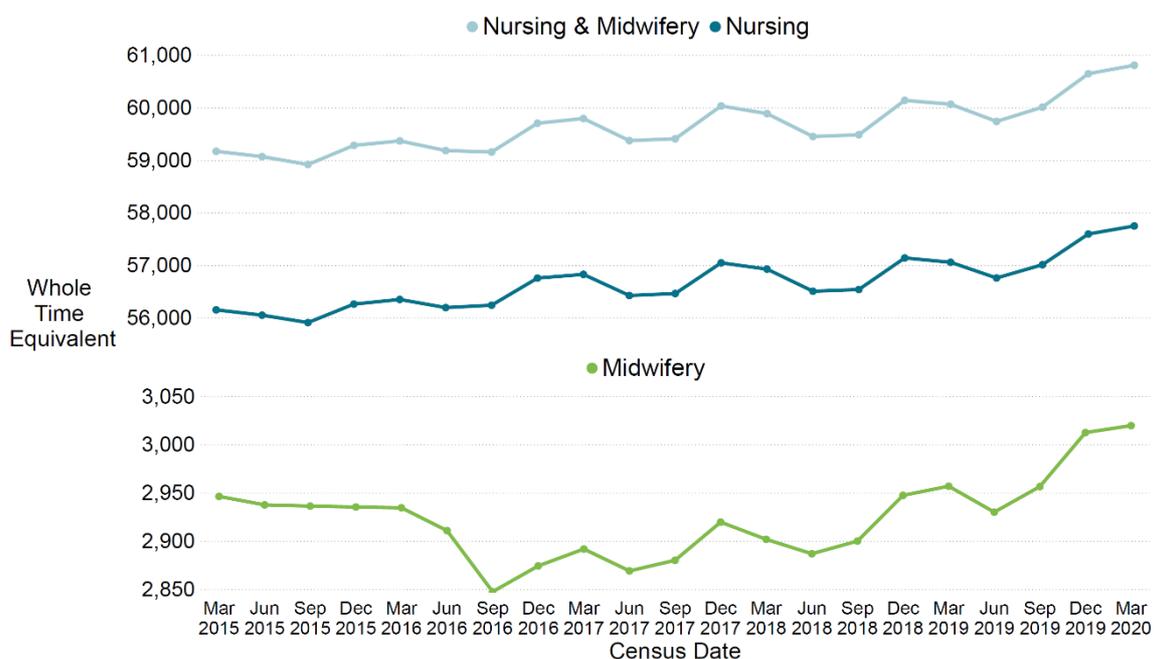
## 5 The Nursing and Midwifery Workforce

### 5.1 Staff in Post

The Nursing and Midwifery (NM) workforce incorporates all staff working within the Nursing and Midwifery job family, including qualified and support staff<sup>11</sup>, and excludes those not directly employed by NHS boards. This workforce is by far the largest staff group in NHS Scotland, accounting for 42.4% (60,811.8 WTE) of the workforce at 31 March 2020. It has increased by 2.8% (1,637.2 WTE) over the past five years and by 1.2% (741.3 WTE) during the past 12 months. The time series for both professions display some seasonality. This is likely to be a result of increased numbers of retirements amongst staff in the months around the end of a financial year, and an increase in recruitment of new graduates to fill vacant posts in Autumn.

**Figure 11: The nursing and midwifery workforce has been growing steadily**

Nursing and Midwifery Whole Time Equivalent Staff in Post March 2015 – March 2020



<sup>11</sup> Qualified staff at AfC Bands 5 – 9; Support staff at AfC Bands 1 – 4

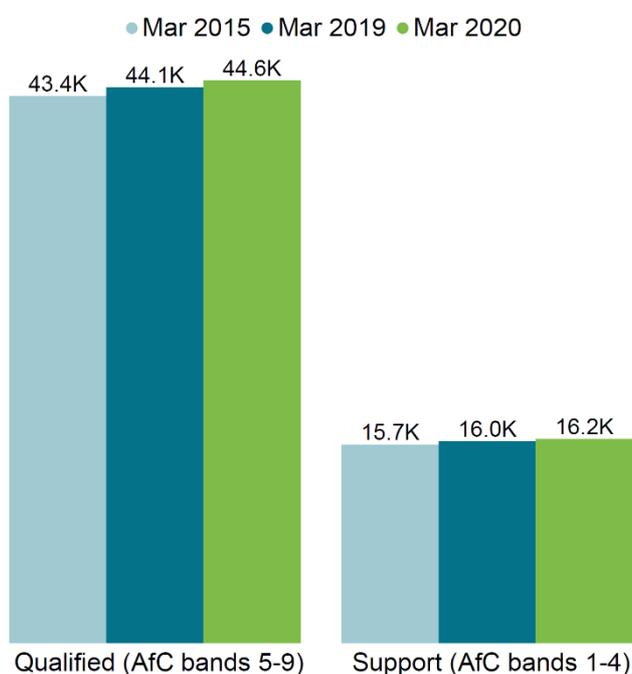
Nurses account for 95.0% (57,754.3 WTE) of the NM workforce, with midwives accounting for 5.0% (3,020.1 WTE).<sup>12</sup> While the midwifery workforce has grown at a faster rate over the past 12 months (2.1% compared with 1.2% for Nursing), the longer-term growth has been similar for both (2.8% for Nursing and 2.5% for Midwifery) since 31 March 2014. Nursing workforce has the greatest impact on the overall trend as it is the largest job family.

### 5.1.1 Agenda for Change bands

Analysing the NM workforce by Agenda for Change (AfC) pay bands enables a comparison of workforce growth between Qualified staff and Support staff. Figure 12 indicates that both the Qualified and Support components of the NM workforce have seen a similar rate of growth over the past five years, including over the past 12 months.

**Figure 12: Qualified and support staff numbers have increased over the past five years**

Workforce growth in Nursing and Midwifery Qualified and Support Staff (WTE) March 2015 - March 2020



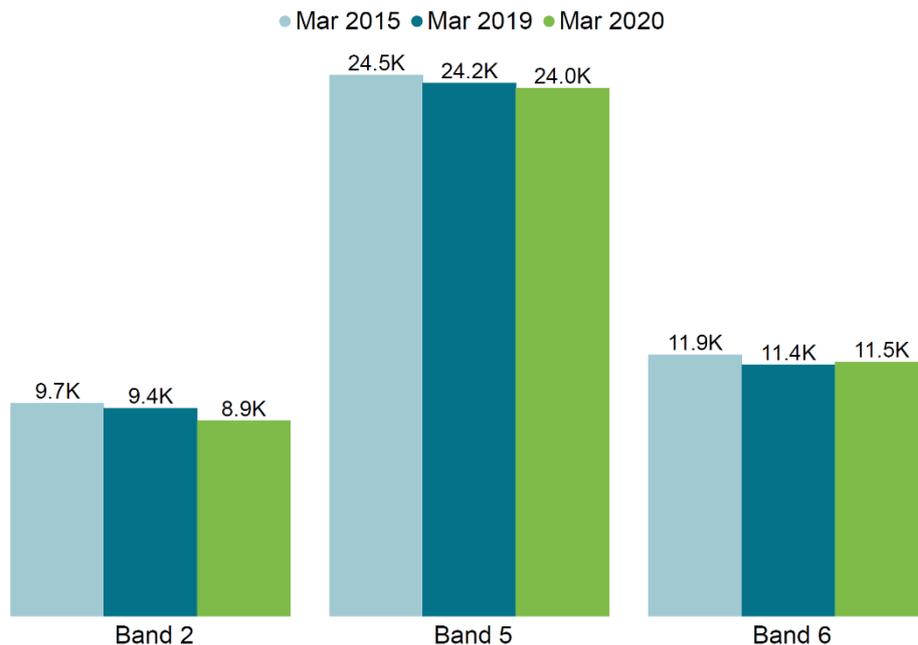
Analysing further, there are some differences within the Qualified and Support staff groups (Figure 13). The lowest AfC bands within each group (bands 2 and 5) have seen a decrease in WTE staff in post over the past five years. Band 2 has had the greater decrease over the five-

<sup>12</sup> The remaining 37.5 WTE is affiliated to the Not assimilated/Not known staff group

year period since March 2015 (-8.2%, -795.0 WTE) and a drop of -6.0% (-565.7 WTE) over the past year alone.

### Figure 13: The nursing and midwifery workforce has not grown uniformly

Whole Time Equivalent Nursing and Midwifery staff at Agenda for Change) Bands 2, 5 and 6, March 2015 – March 2020



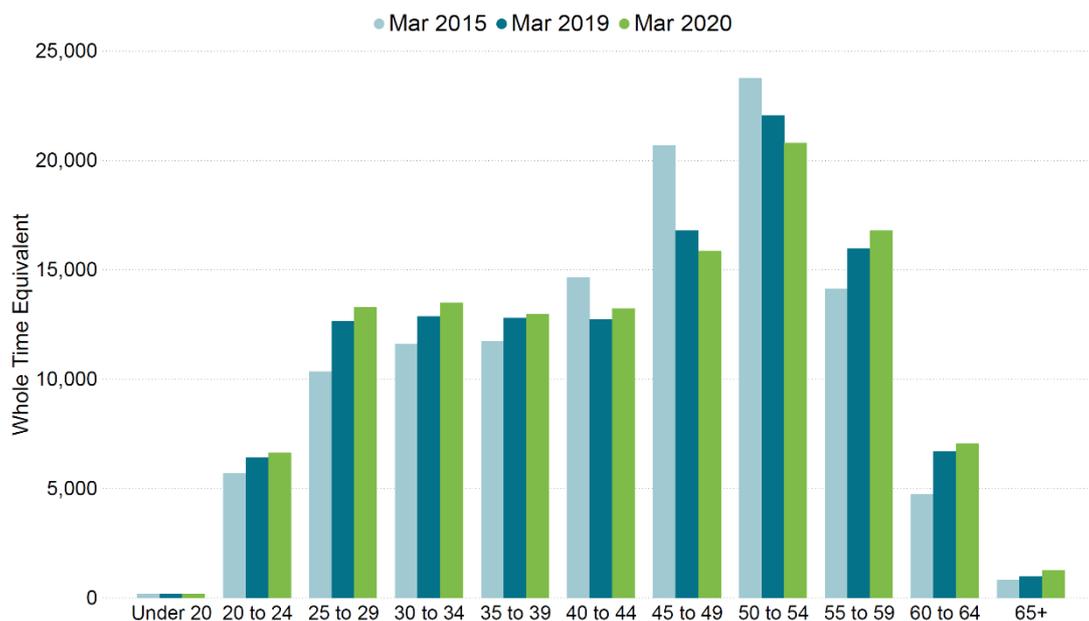
## 5.2 Age profile

The age profile of the NM workforce is changing.

There have been increases over the past five years in all age groups below 40 years of age, amounting overall to a 3,528.3 increase in WTE (Figure 14). There has also been a 2,707.8 WTE increase over the same period in staff aged 55 years or over.

**Figure 14: The age profile of the nursing and midwifery workforce is changing**

Nursing and Midwifery WTE staff by age group, March 2015 to March 2020

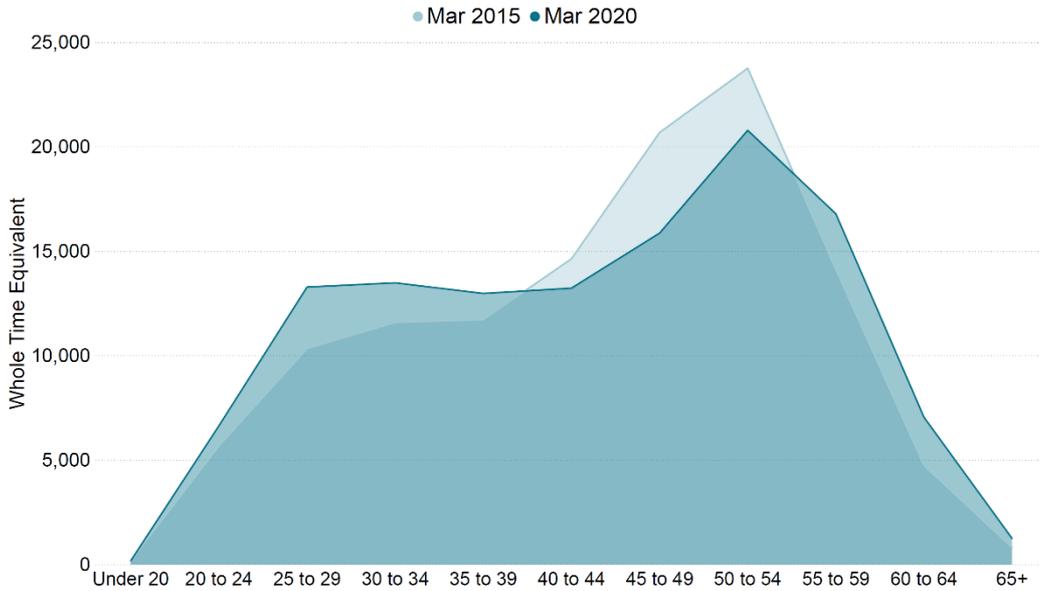


For the 45-49 and 50-54 age groups, the same period has seen decreasing numbers of staff in these groups.

Staff numbers in the 45 – 59 age range remain higher than in other age groups, with implications for higher future outflows as these staff approach retirement. However, the overall picture is of a relatively younger workforce than at the same time five years ago (see Figure 15).

**Figure 15: The nursing and midwifery workforce has grown younger overall in the past five years**

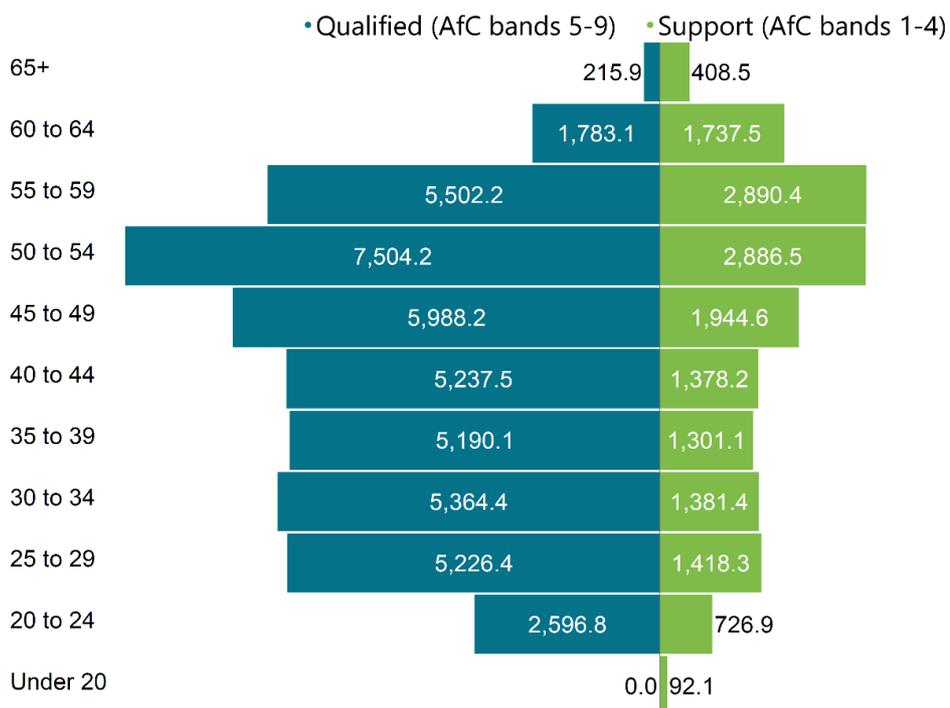
Whole Time Equivalent Nursing and Midwifery staff by age group, March 2015 – March 2020



The NM age distribution at 31 March 2020 differs between the Qualified and Support staff groups (Figure 16). The percentage of Support staff aged 55 years or over was almost twice as high as in the Qualified staff group (31.2% vs. 16.8%) while the Support staff group had a lower percentage of staff in the 25-44 age bracket (33.9% vs. 47.1%). These differences are strongly influenced by the Adult Nursing sub-job family which constitutes 56.5% of the total NM workforce (WTE) and has an age distribution across AfC bands very similar to the overall NM workforce.

**Figure 16: The proportion of nursing and midwifery staff aged 55 years or older is higher among support staff**

Age group comparison of Nursing and Midwifery qualified and support Staff in Post (WTE) on 31 March 2020

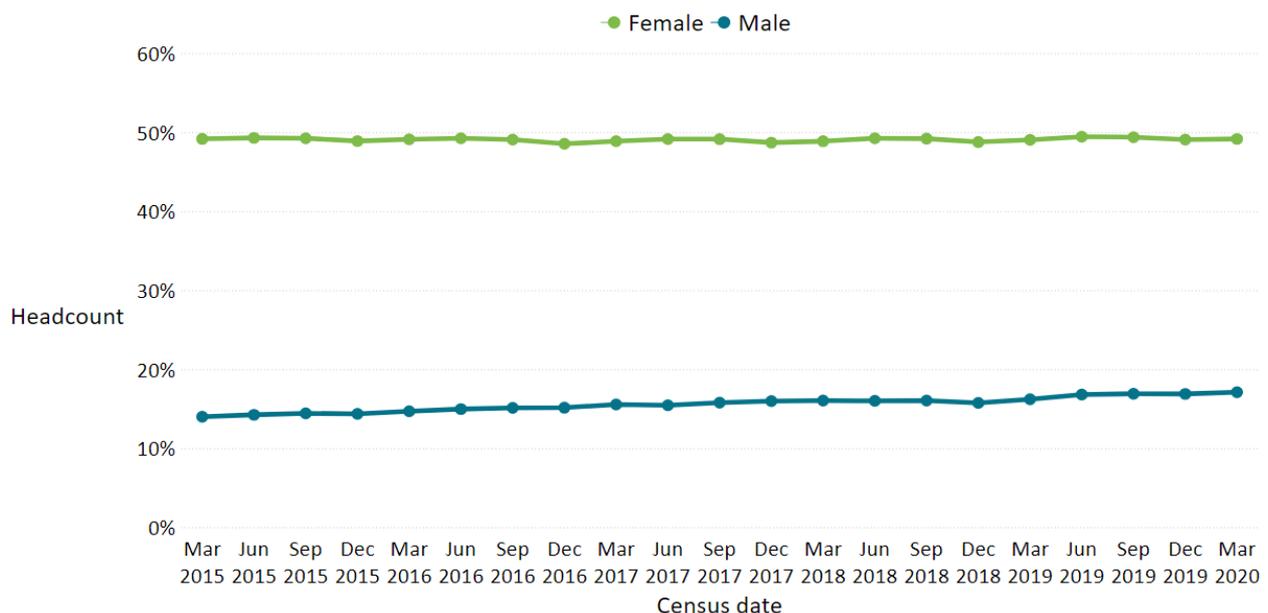


### 5.3 Part-time working

Part-time working in the NM workforce has increased over the past five years, with some differences evident between males and females (see Figure 17). The percentage increase has been greater for males (3.1%) than females (0.0%), though it must be kept in mind that the total number of males working part-time accounts for a headcount of just 1,179. An exception to this overall picture is among females working in the Midwifery sub-job family, where the percentage of staff working part time has decreased by 3.4% over the past five years.

### Figure 17: The percentage of males working part-time in Nursing and Midwifery has been increasing

The percentage of males and females (head count) working part-time in Nursing and Midwifery March 2015 to March 2020



## 5.4 Nursing and Midwifery Vacancies

Up to date vacancy data are not included in this report as a result of interruptions to data flows arising from the Covid-19 pandemic. The following information relates to the already published data for the previous quarter ending 31 December 2019.

The number of Nursing and Midwifery **vacancies** at 31 December 2019 was 3,606.9 WTE, an increase of 64.8% (1,418.2 WTE) since December 2015 (see Figure 18).<sup>13</sup> A similar increase was seen in posts vacant for 3 months or more (63.2%, 348.1 WTE). At 31 December 2019, posts vacant for three months or more comprised 24.9% of all NM vacancies.

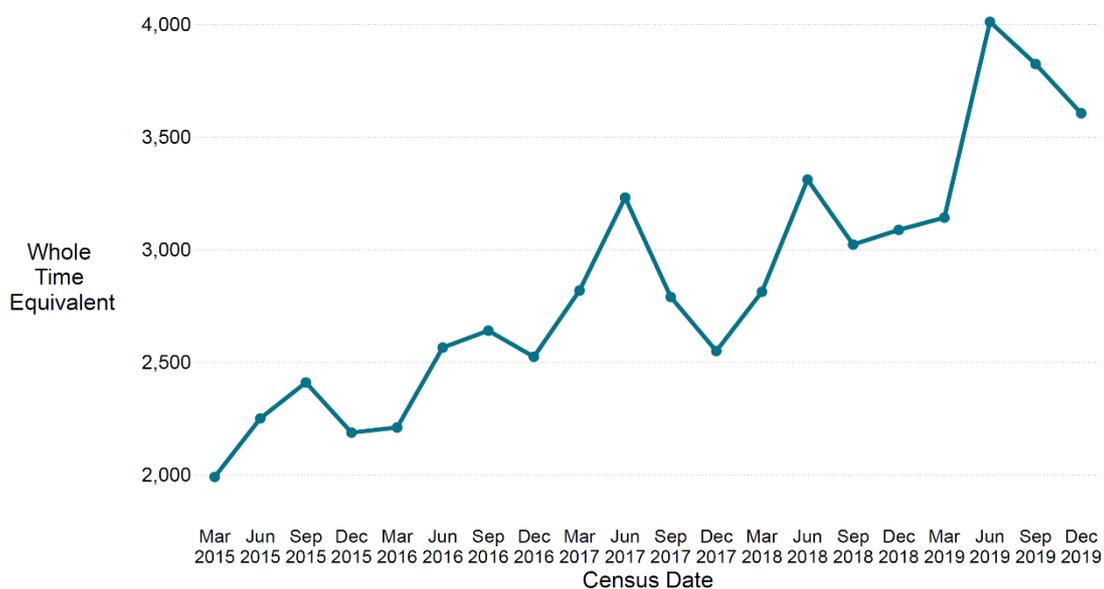
As with the staff in post data, the vacancies time series has a seasonal component: numbers tend to rise from December and peak in June.

<sup>13</sup> Data for vacancies are only available from March 2015 when the Community review of nursing sub-job families was finalised.

The largest numbers of vacant posts were in the three largest Nursing sub-job families (Adult, Mental Health and District Nursing), together representing 80.0% of all NM vacancies<sup>14</sup>. All three have seen increases in recent years. Mental Health Nursing and District Nursing vacancies have seen a consistent increase over the past four years, respectively 191.2% (467.5 WTE) and 222.2% (251.1 WTE). Adult Nursing vacancies have increased at a higher rate over the same period than the total NM vacancy trend (32.1%, 440.0 WTE) (see Figure 18).

**Figure 18: The number of nursing and midwifery vacancies has increased over the past five years**

Nursing and Midwifery Whole Time Equivalent Vacancies Dec 2015 – Dec 2020



## 5.5 Bank Staff

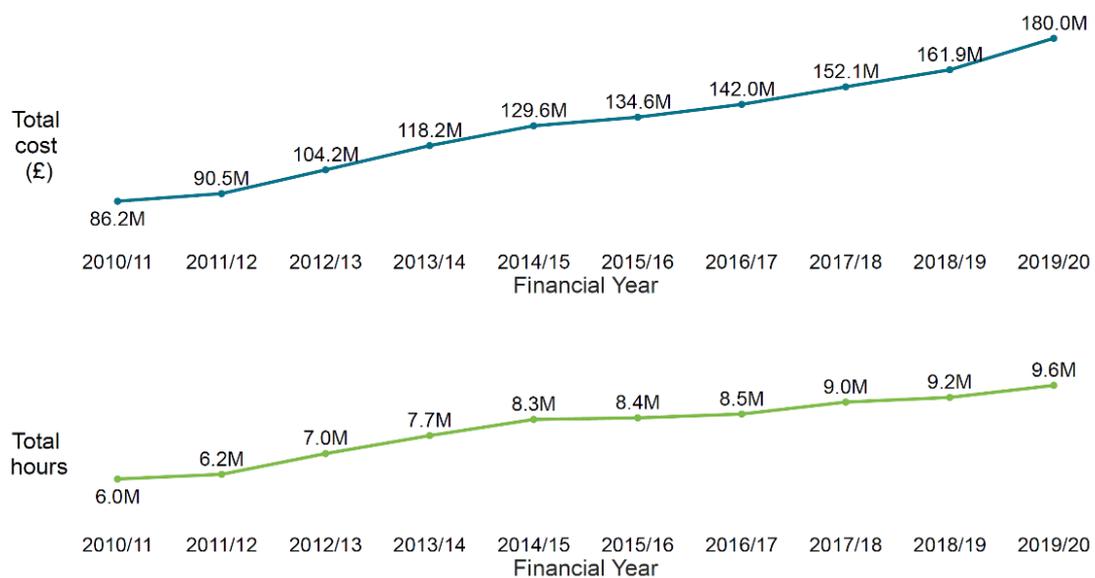
NHS Boards use supplementary staff to temporarily fill vacant posts, to cover sickness absence and maternity/paternity or annual leave, and to provide additional temporary capacity. Bank staff are NHS employees while Agency staff are employed by private companies.

<sup>14</sup> Vacancy data is collected for a smaller number of specified sub-job families compared with staff in post data.

The 2019/20 bank staff figures show an increase for the ninth consecutive year (see Figure 19). NHSScotland expenditure on bank staff rose by 108.9% (£93.87 million) since 2010/11. In the year between 2018/19 and 2019/20 expenditure rose by 11.2% (£18.16 million) equating to an additional 470, 000 hours worked by bank staff compared with the previous year.

**Figure 19: The use of nursing and midwifery bank staff has increased over the past five years**

NHS Scotland Nursing and Midwifery bank staff hours and cost 2010/11 to 2019/20



Nursing and Midwifery agency data are not included in this report as a result of interruptions to data flows arising from the Covid-19 pandemic.

## 6 The Allied Health Professions Workforce

### 6.1 Staff in Post

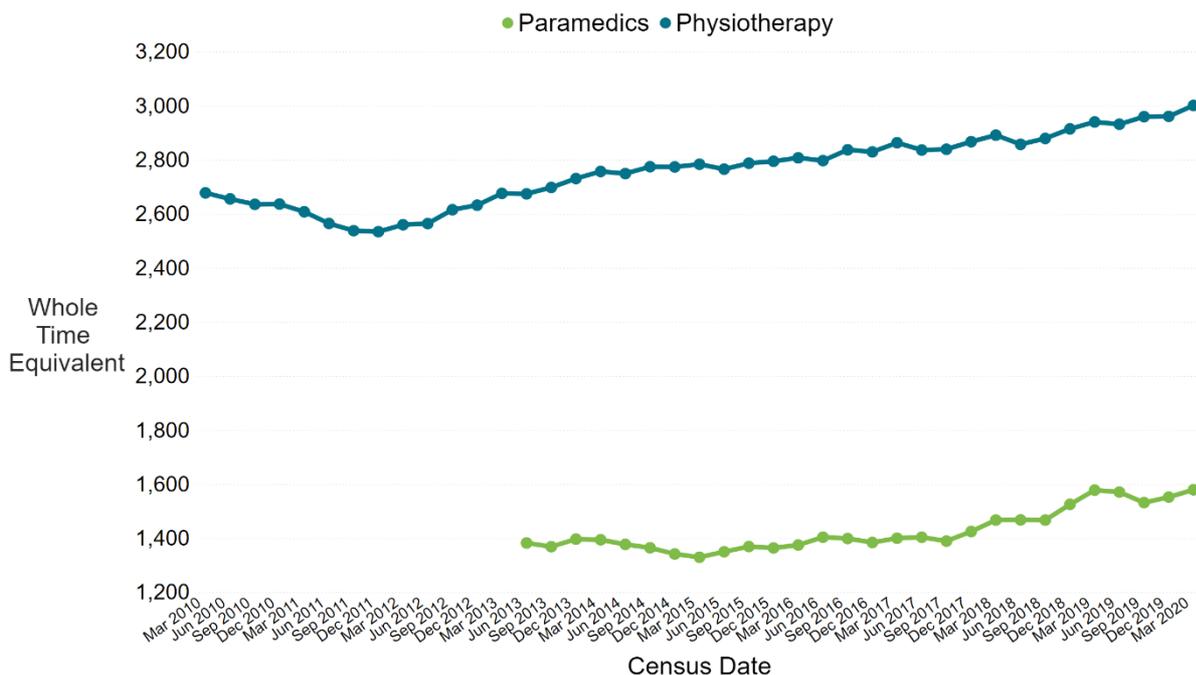
The Allied Health Professions (AHPs) are a group of health professionals who apply their expertise to prevent disease transmission, diagnose, treat and rehabilitate people of all ages. Working with a range of technical and support staff, they may deliver direct patient care, rehabilitation, treatment, diagnostics and health improvement interventions aimed at restoring and maintaining optimal physical, sensory, psychological, cognitive and social functions of patients. We report on thirteen distinct professions as well as individual professions categorised as mixed-skilled or whose exact profession is unknown (see our dashboard for full details).

The AHP workforce accounts for 8.4% of the NHSScotland workforce at 31 March 2020 (12,065.3 WTE) and has increased by 7.1% since March 2015. Like the Nursing and Midwifery workforce, the AHP workforce can be divided into Qualified staff (Agenda for Change bands 5 - 9) and Support staff (Agenda for Change bands 1 - 4). 84.5% of AHPs in the NHSScotland workforce are Qualified.

Physiotherapy is the largest Allied Health Profession and accounts for almost a quarter (24.9%) of the AHP workforce. Since 30 September 2010, the Physiotherapy workforce has increased by 13.9% to 3,002.6 WTE at 31 March 2020. Another group of AHPs with a similar growth rate is Paramedics, classified as an Allied Health Profession in 2013. Paramedics account for 13.1% of the AHP workforce and their numbers have increased by 14.2% (since 30 June 2013) to 1,580.7 WTE at 31 March 2020 (Figure 20).

**Figure 20: Growth of two Allied Health Professions workforces (Paramedic and Physiotherapy staff)**

Whole time equivalent staff in post for physiotherapy and paramedics, March 2010 – March 2020

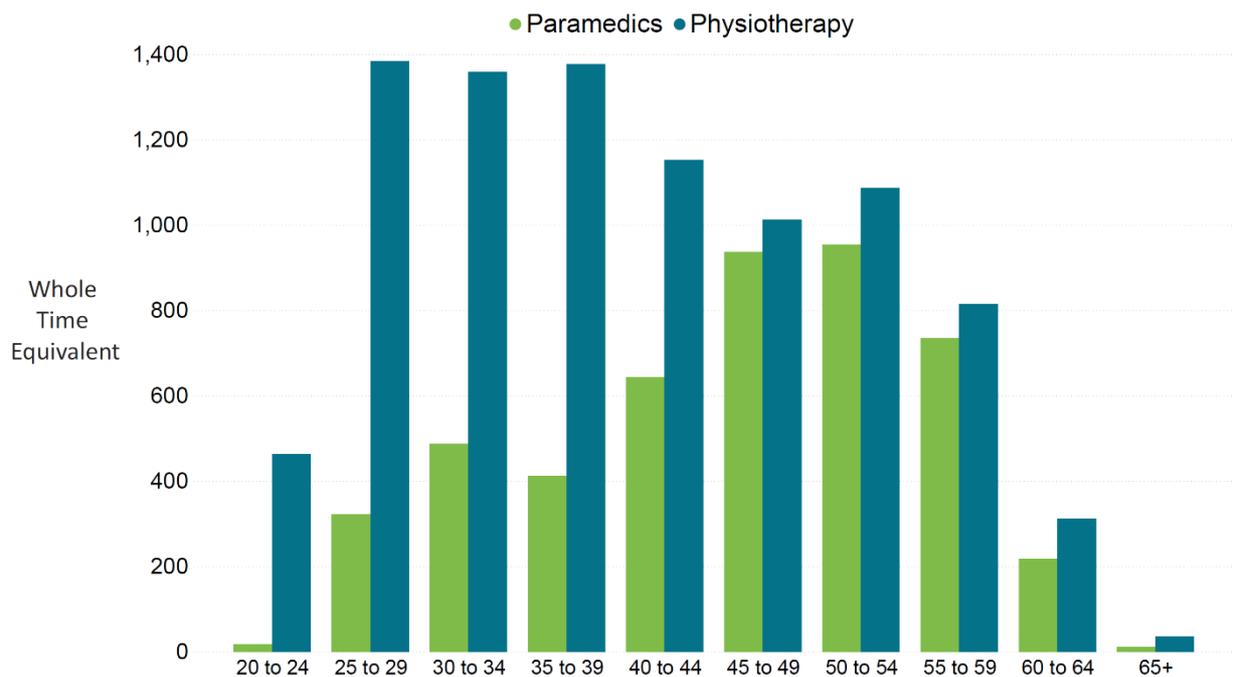


## 6.2 Age and sex

The median age of the AHP workforce at 31 March 2020 is 42 years, with 16.0% of the workforce aged 55 years or over. However, the age profile varies between the different AHP professions. For example, Physiotherapy has a relatively young workforce with a median age of 40 and 12.9% aged 55 and over, whereas the Paramedic workforce have a median age of 48 and 20.4% are aged 55 and over (Figure 21).

**Figure 21: The Paramedic workforce has an older age profile than the Physiotherapy workforce**

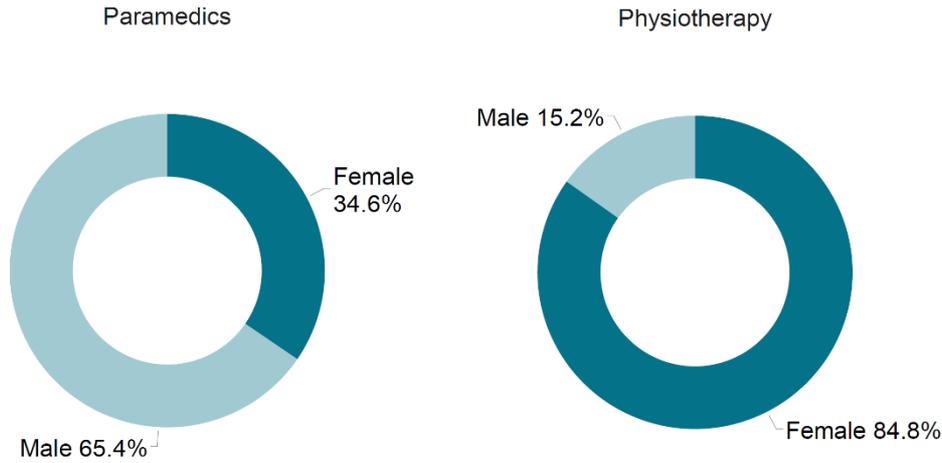
Age group comparison of Physiotherapist and Paramedic WTE staff in post, March 2020



The AHP workforce is predominantly female, with paramedics being the only profession where the majority of staff are male (Figure 22). The inclusion of paramedics in the AHP workforce from June 2013 caused a shift in the overall AHP ratio of females to males from that point.

## Figure 22: The differing sex profiles of the paramedic and physiotherapist workforces

Percentage of male and female WTE staff in post in the paramedic and physiotherapist workforces, March 2020



### 6.3 Vacancies

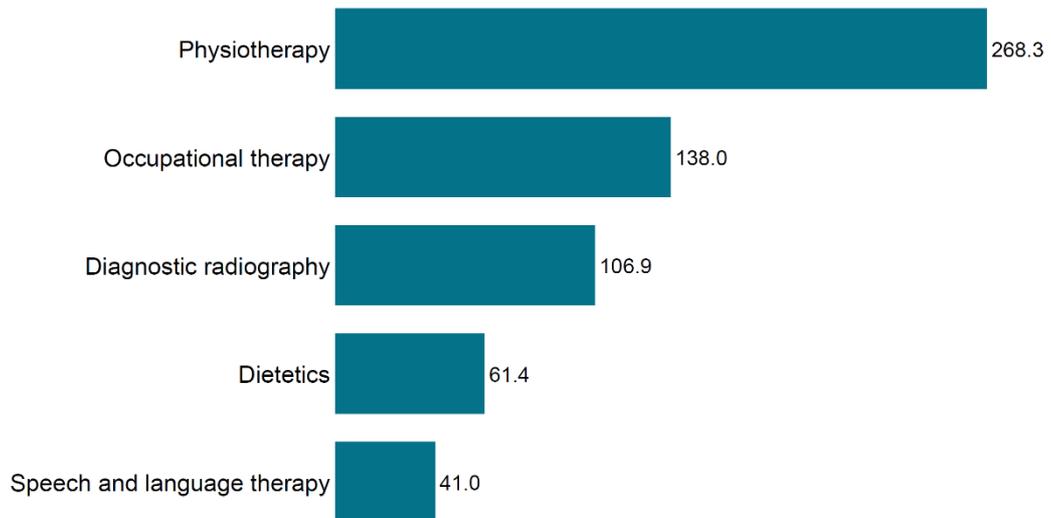
Up to date vacancy data are not included in this report as a result of interruptions to data flows arising from the Covid-19 pandemic. The following information relates to the already published data for the previous quarter ending 31 December 2019.

Numbers of AHP vacancies at 31 December were at a ten-year high, with 724.3 WTE vacancies across NHSScotland. Of these vacancies 218.3 WTE (30.1%) had been vacant for three months or more.

The five Allied Health Professions with the highest numbers of vacancies are shown in Figure 23. Physiotherapy accounted for over a third of AHP vacancies (268.3 WTE) and has seen an 80.5% increase in vacancies over the past five years (119.7 WTE). Occupational therapy accounts for just under a fifth of the vacancies with 138.0 WTE, with Diagnostic radiography closely following with 106.9 WTE.

**Figure 23: Physiotherapy had the highest number of vacancies in December 2019**

The five Allied Health Professions with highest numbers of WTE vacancies, December 2019



## 7 Other staff groups

### 7.1 Staff in Post

There are seven job families under the Other Staff Groups (OSG) heading, contributing 56,524.3 WTE to the NHSScotland workforce at 31 March 2020. Table 1 lists these job families in order of size (WTE staff in post).

**Table 1: Administrative Services is the largest of the job families categorised as Other Staff Groups**

Number of staff in post by job family as Whole Time Equivalent and percentage of all Other Staff Groups, March 2020

Job family	WTE	Percentage of Other Staff workforce
Administrative Services	26,120.4	46.2%
Support Services	12,930.2	22.9%
Healthcare Science	6,295.4	11.1%
Other Therapeutic Services	5,104.0	9.0%
Ambulance Support Services	2,616.2	4.6%
Medical and Dental Support	2,014.3	3.6%
Personal and Social Care	1,443.8	2.6%

To explore a detailed breakdown of job and sub-job families and view time series data, please visit the Other Staff Groups dashboard on the Turas Data Intelligence [website](#)

As with other job families, staff categorised as OSG can be divided into Qualified and Support staff. Excluding staff whose posts are not assimilated to AfC or where the band of the post is not known, Qualified and Support staff account for 39.6% and 60.4% of the total WTE, respectively.

Compared to March 2019, the total number of OSG staff has increased by 1,531.8 WTE (2.8%). However, the increase has not been uniform across Qualified and Support staff: WTE Support staff increased by 1.4% during this period while Qualified staff increased by 5.1%.

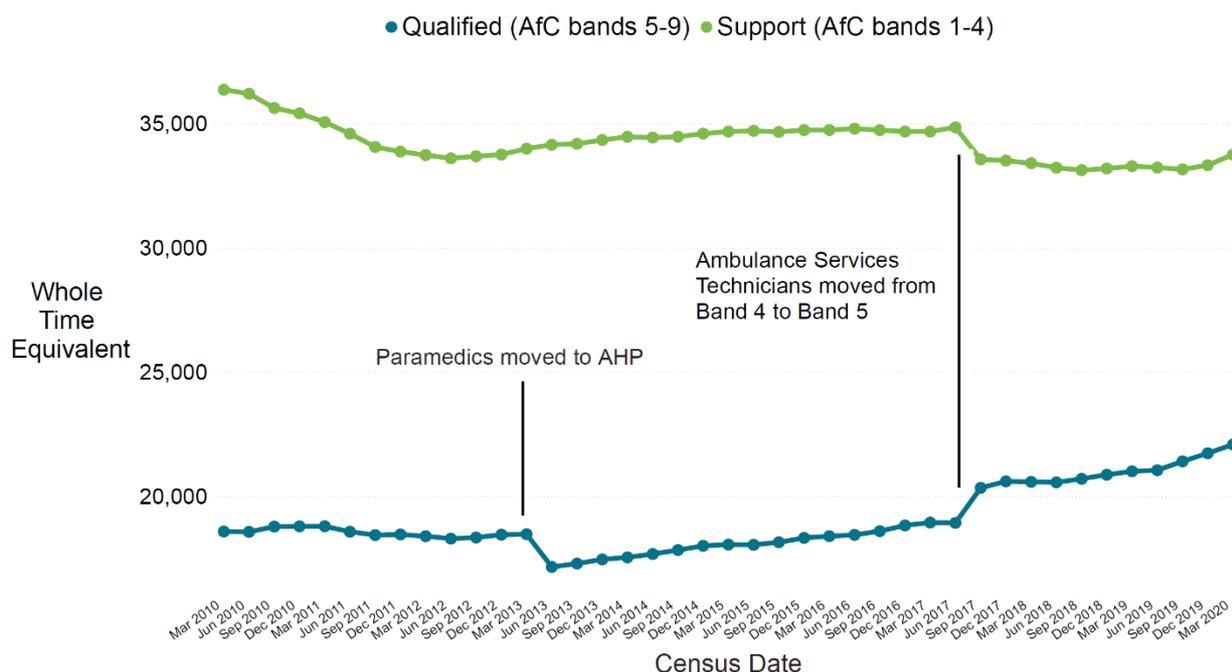
### 7.2 Qualified and Support Staff

The differences between Support and Qualified staff are observable over a longer time period. Looking at a ten-year period, there is a decrease in the number of staff banded at AfC 1 – 4 and

an increase in staff banded AfC 5 – 9. Figure 24 displays these trends and highlights some key changes in data affecting staff numbers over this period.

**Figure 24: Support staff numbers have decreased over time while qualified staff numbers have increased**

Whole time equivalent staff within Other Staff Groups, March 2010 – March 2020



The staff group labelled “Not assimilated/not known” has also decreased steadily since March 2010, from 1,442.5 to 654.1 In March 2020, a decrease of 54.7%. This downward trend is partly explained by the integrated Health and Social Care model implemented in NHS Highland. Staff who transferred from Highland Council to NHS Highland have gradually assimilated into AfC banded posts. These staff will therefore also have contributed to increases in AfC Support and Qualified staff numbers.

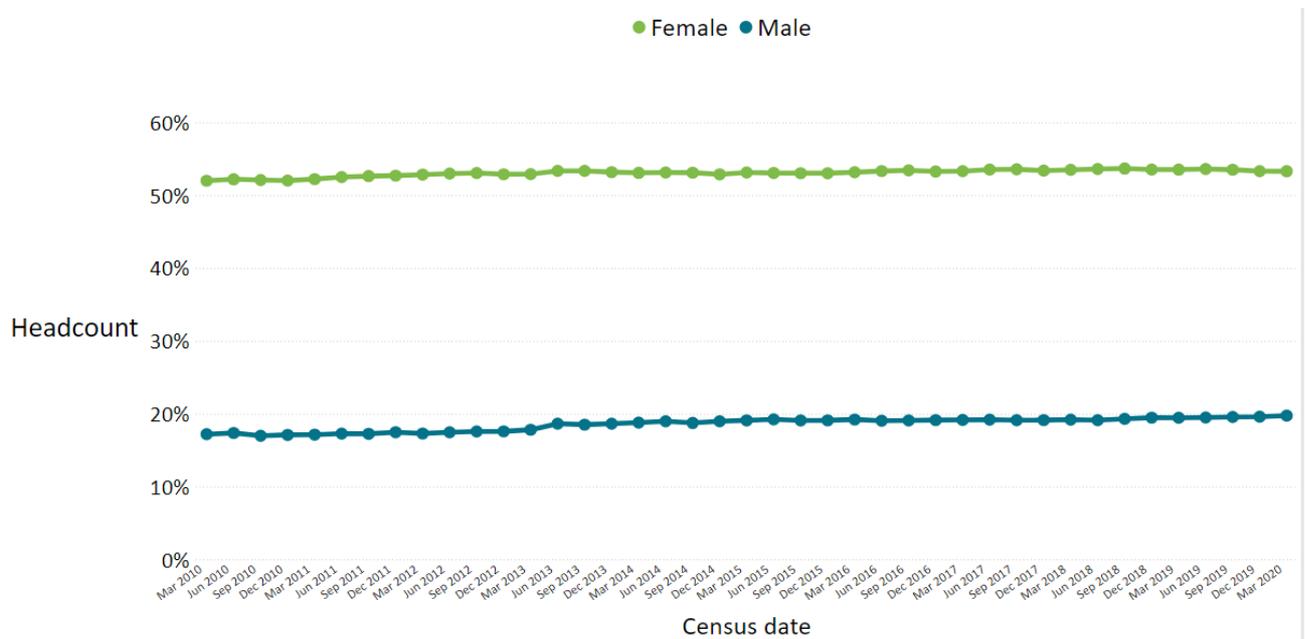
At 31 March 2020 there are 22,105.1 WTE staff in post in the OSG Qualified subgroup. This is the highest number of qualified staff over the ten-year period and is an 18.8% increase since March 2010.

### 7.3 Sex and part-time working

The proportions of both male and female OSG staff (headcount) working part-time have increased over recent years (Figure 25). The percentage of the OSG Male workforce increased from 17.3% in March 2010 to 19.8% in March 2020. Over the same period the percentage of the Female OSG workforce increased from 52.1% to 53.4%.

**Figure 25: The percentage of both males and females working part-time in Other Staff Groups has increased over the past ten years**

Percentage of headcount male and female staff in Other Staff Groups working part-time, March 2010 – March 2020



## 8 Appendix 1: Data sources

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.

Following the change to the Doctors in Training (DiT) employment model a new source of data, Turas People, has been utilised to identify DiT board of placement and medical specialties. Turas People is maintained by NHS Education for Scotland and is used to administer training by enabling employment and trainee information to be easily shared between lead employers, placement Boards and doctors in training.

A national HR system, the Electronic Employee Support System (e:ESS), is currently being rolled out across all NHSScotland Boards. While NHS Boards migrate to the new system, any data captured in e:ESS continues to be fed into SWISS. Twenty-one of the 22 NHS Boards are now using e:ESS, with only NHS Grampian still to migrate.

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

## 9 Appendix 2: Methodologies and Data Quality

### 9.1 Methodologies used in this report

#### 9.1.1 Net Turnover

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

**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.

#### 9.1.2 Vacancy reporting

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.

Job Train is the new national job recruitment system all NHS boards in Scotland now use. All NHS Boards were using the system by 9<sup>th</sup> December 2019.

## **9.2 Data quality**

### **9.2.1 NHS Board data sources**

Workforce information is sourced from each NHS Board's HR and payroll systems. 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. e:ESS was introduced across NHSScotland in phases, with only one NHS Board, NHS Grampian, due to migrate later in 2020. When NHS Boards migrated their data to e:ESS, this affected 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.

### **9.2.2 Community Nursing review**

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.

### **9.2.3 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 health visitor figures for the Board and, by extension, for NHSScotland.

## 10 Appendix 3: Early access to official statistics

Early access details Pre-Release Access 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

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