



An Official Statistics publication for Scotland

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NHS Scotland Workforce

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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](#).

Executive summary

Statistics on 31 March 2024:

- There were 161,153.4 Whole Time Equivalent (WTE) staff employed by NHS Scotland. This is the highest reported to date, with an increase of 3.2% from the total WTE in March 2023.
- The nursing and midwifery staff group is the largest in NHS Scotland, accounting for 67,168.3 WTE (41.7%) of the workforce. Employment in this group has increased by 3.9% over the past year.
- Employment of medical and dental staff increased by 2.7% to 15,724.4 WTE.
- The number of allied health professionals employed in NHS Scotland increased by 4.2% to 14,028.6 WTE.
- The increase in WTE employment in NHS Scotland was a result of the outflow of 9,922.8, being less than the inflow of 15,680.6 WTE.
- The sickness absence rate for NHS Scotland is unchanged since last year at 6.2%, remaining the highest rate recorded.
- Vacancies in nursing and midwifery and in allied health professions have both decreased since 31 March last year, by 39.3% to 3,382.5 WTE (4.8% of establishment) and by 35.8% to 664.4 WTE (4.5% of establishment), respectively by 31 March 2024.
- Vacancies for medical and dental consultants were 446.6 WTE (6.9% of establishment) at 31 March 2024, which is almost unchanged in number and rate since 31 March 2023.
- Expenditure on medical agency staff increased by 8.3% over the past year to £129.6m.
- Expenditure on nursing and midwifery bank staff rose by 22% over the past year to £338.8m and expenditure on nursing and midwifery agency staff decreased by 10.9% to £151.2m.

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 2023 reports that employment accounted for 69.4% or £6.2 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.

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 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, or staff employed on bank and agency contracts.

From the first of April 2024 [NHS Agenda for Change staff saw a reduction in their working week from 37.5 hours to 37 hours](#). There was an error in the process to update the contracted and conditioned hours for this change in SWISS which resulted in the Whole Time Equivalent (WTE) calculations being incorrect. As such, a combination of data from 29 February 2024 and 30 April 2024 were used to calculate the WTE for 31 March 2024. The change to contracted hours in SWISS also affected the sickness absence data and so sickness absence data for the year ending 29 February 2024 is used instead of that for the year ending 31 March 2024. A detailed explanation of these processes can be found in the [Missing data methodology paper](#).

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](#).

NHS Workforce across the UK

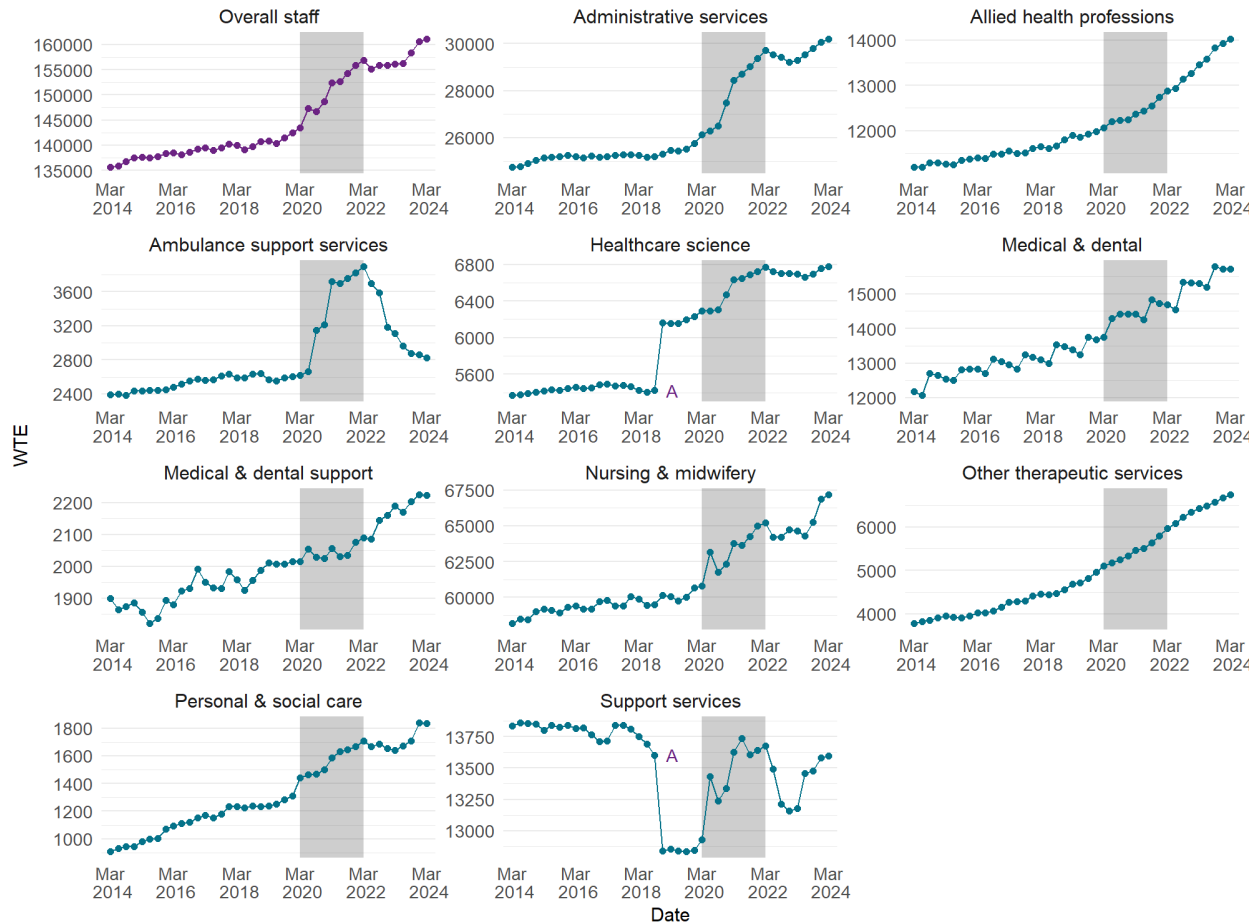
The ONS has recently produced an [article](#) summarising the organisations that publish official statistics on the healthcare workforce for the different nations within the UK, the size and makeup of the health workforce and differences in how the NHS workforce is structured in each nation. It also provides a summary of information available from the GMC and the NMC on the size of the registered workforce.

Employment

On 31 March 2024, NHS Scotland employed 187,157 people. This is an increase of 3.4% since last year, and a 14.4% increase over the past 5 years. Employment measured in Whole Time Equivalent (WTE) increased by 3.2% since 31 March 2023 to 161,153.4 WTE ([Figure 1](#)).

Figure 1: The number of staff employed has grown during the past ten years to 161,153.4 WTE on 31 March 2024

Employed NHS Scotland workforce, whole time equivalent, 31 March 2014 to 31 March 2024



Data Source: SWISS

Footnote:

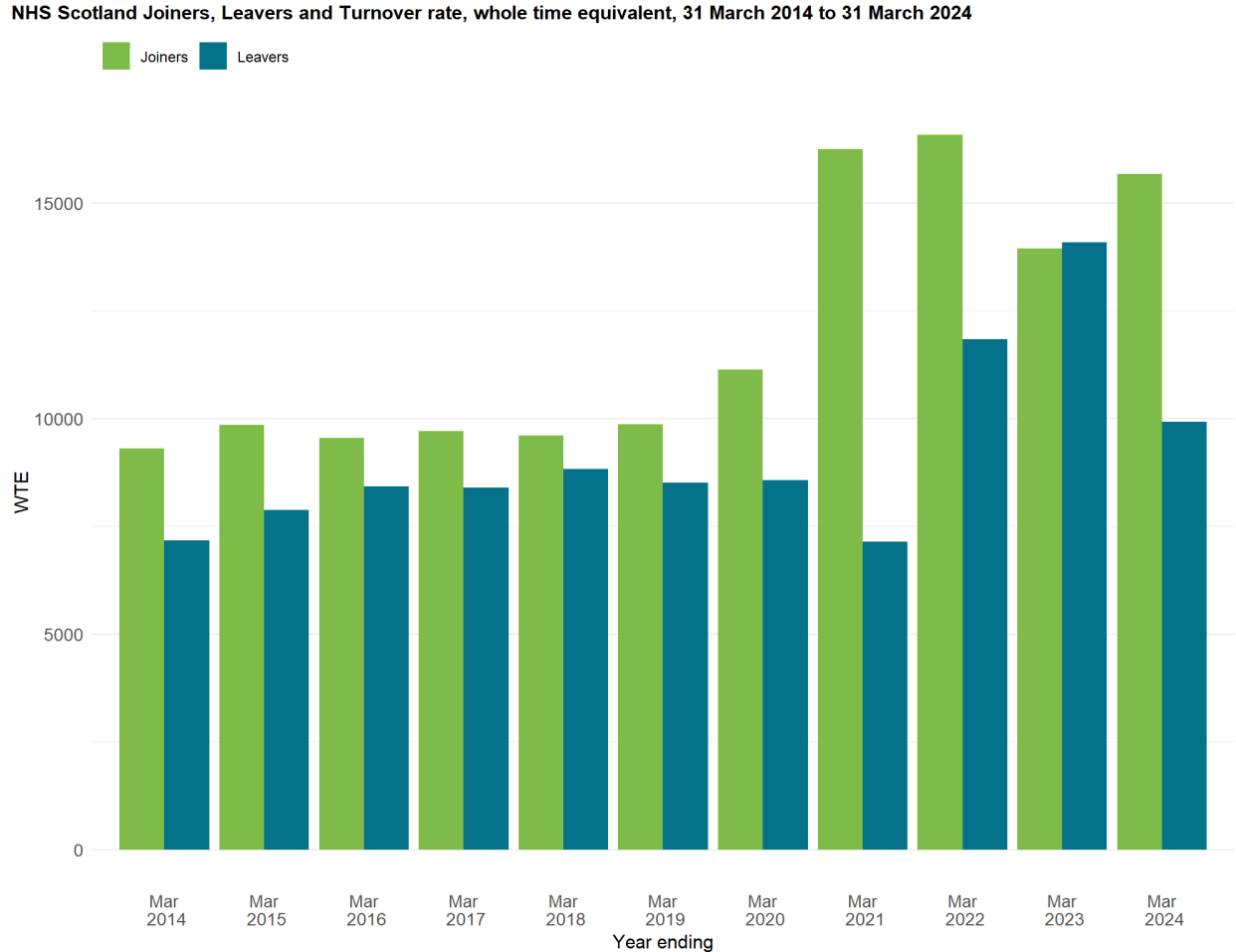
1. Shaded grey area from 30 June 2020 to 31 June 2022 indicates where the COVID-19 pandemic may have affected these data.
2. On 31 December 2018, sterile services were recategorised from support services to healthcare sciences job family (point A)

Over the past year, the number of staff employed in most job families has increased, particularly the Nursing and midwifery job family which had a large increase after a period of stability. The only job family where the number of staff has decreased was Ambulance support services, which would appear to be returning to pre-pandemic employment levels.

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

Inflows and Outflows

Figure 2: The number of joiners in NHS Scotland increased over the past year, while the number of leavers decreased.



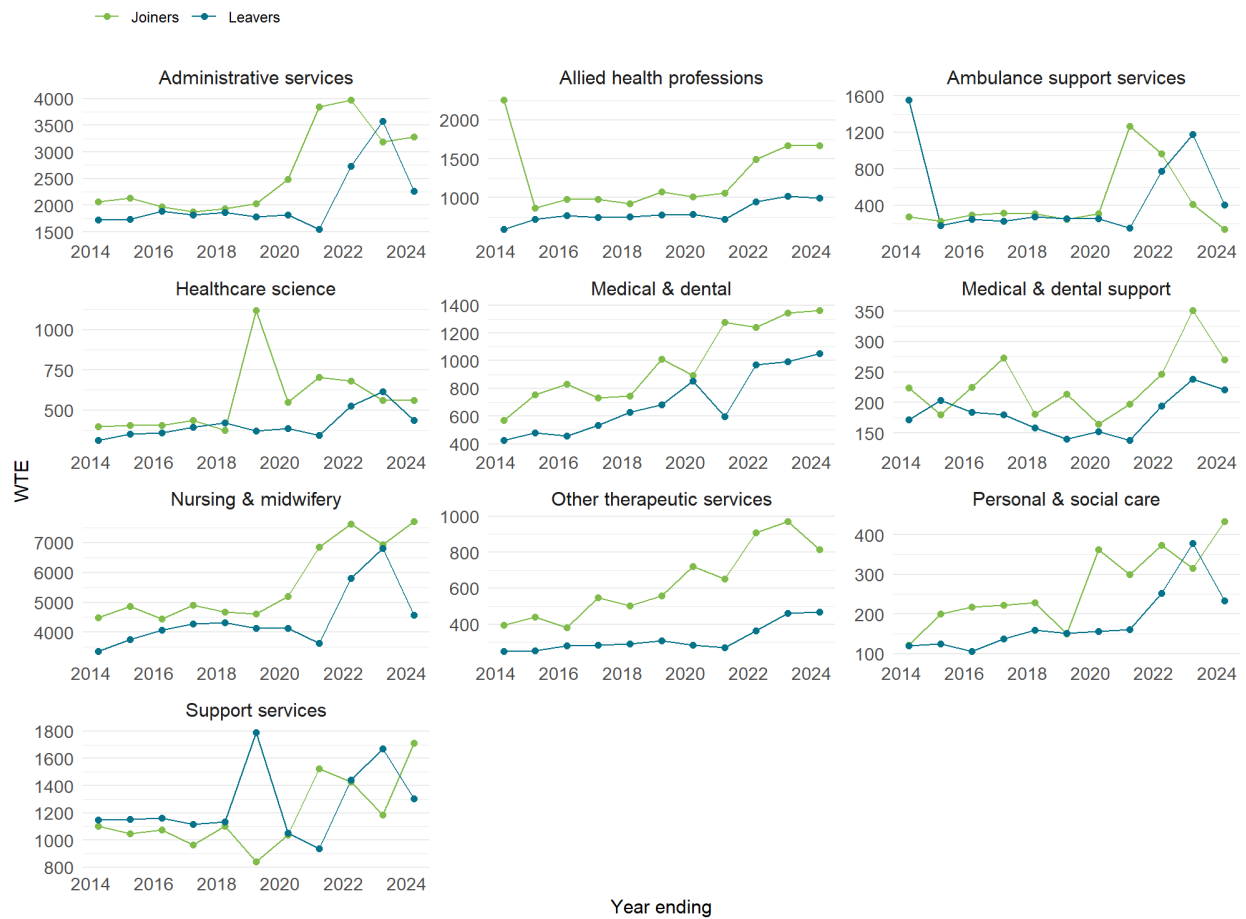
Data Source: SWISS

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 turnover can be found in the [methodologies](#) section below.

In the year ending 31 March 2024, excluding Doctors in training, the outflow from NHS Scotland, 9,922.8 WTE, was less than the inflow, 15,680.6 WTE.

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 2014 to 31 March 2024



Data Source: SWISS

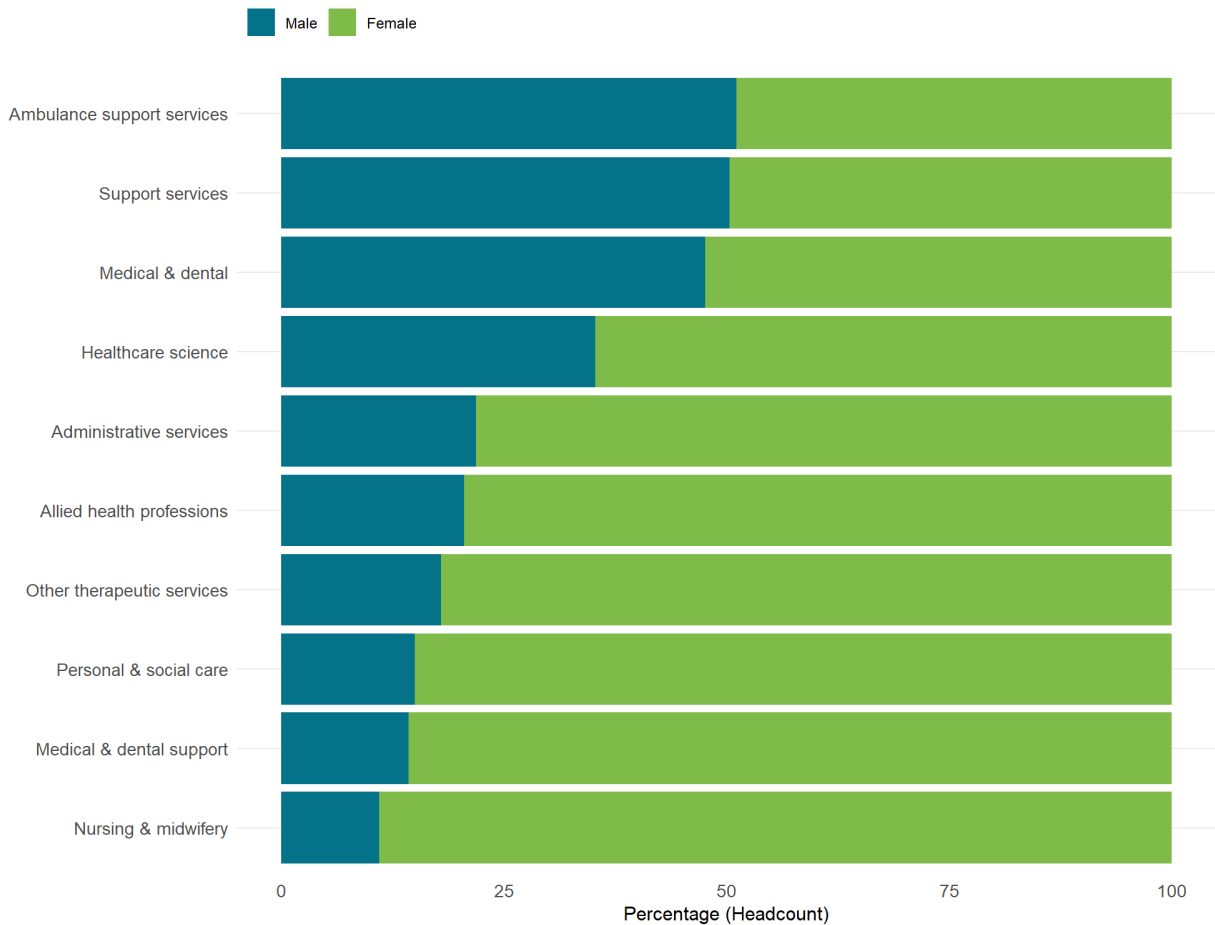
Demographics of the workforce

78.8% of people employed in NHS Scotland are female, although this varies between different staff job families: 49.3% of staff in ambulance support services are female compared with 89.8% of staff in nursing and midwifery ([Figure 4](#)).

Using data from [Labour market in the regions of the UK: July 2024](#) 11.3% of all female employees in Scotland are employed in NHS Scotland. By contrast, 3% of all male employees are employed in NHS Scotland.

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

Percentage of NHS Scotland workforce by sex, whole time equivalent, 31 March 2024



Data Source: SWISS

The age distribution of people employed in NHS Scotland varies between job families ([Figure 5](#)). Over the past 10 years, the nursing and midwifery age distribution has levelled out, where previously there was a peak between 45-54. In other job families such as administrative services, personal and social care, and support services, the peak in the age profile has shifted from 45-54 to 55-64. Over the next 10 years as these staff retire the age profile for these staff groups will level out. Staff groups where there are no large peaks in a particular age groups mean you are less likely to have large outflows due to retirement in a short period of time.

The median age of the people employed in NHS Scotland on 31 March 2024 was 44. This has changed little over the past 10 years.

Figure 5: The age distribution varies by job family

Age distribution of NHS Scotland workforce, headcount, 31 March 2014 and 31 March 2024



Data Source: SWISS

The percentage of people aged under 35 increased from 23.3% ten years ago 31 March 2014 to 27.2% on 31 March 2024 ([Figure 5](#)).

The number of people aged under 35 increased over the same ten-year period in all except three job families: Personal and social care has returned to the same level as ten years ago at 14.7% despite an increase in the years between; Medical and dental support staff decreased by 15.3% to 756; and support services decreased by 7.9% to 3,138. The largest increase in the number of people aged under 35 was ambulance support services: the number of people in this age group increased by 62.2% ([Figure 5](#)).

The percentage of the people employed in NHS Scotland aged over 54 increased from 19.1% ten years ago to 24.3%. The percentage of people in this age group increased for all job families ([Figure 5](#)).

Personal and social care had the largest relative increase in the number of people aged over 54, increasing 36% to 812 headcount.

Contracts

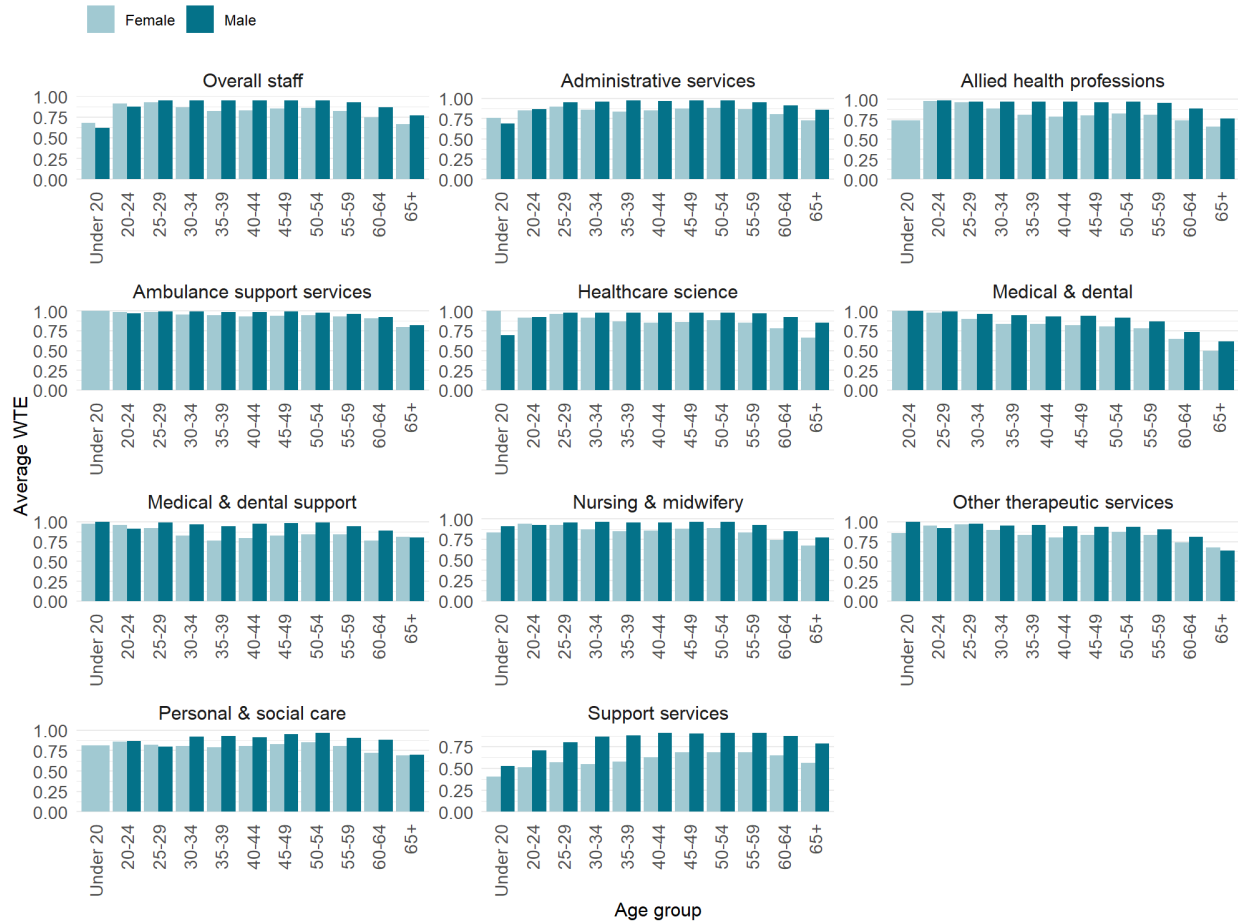
Part-time working

Part-time working in NHS Scotland varies with age and sex and between job families ([Figure 6](#)). One way of quantifying part time working is looking at the average whole time equivalent of staff at different ages, sex and job families.

For most age bands, females have a lower average WTE than males. The greatest difference in average male and female WTE is between the ages of 35-44 and 60-64.

Figure 6: The average WTE for staff varies by sex and age

Average WTE by Age, Sex and Job Family at 31 March 2024



Data Source: SWISS

The [Labour market in the regions of the UK: July 2024](#) reported that that 38.6% of females and 12.8% of males employed worked part-time. The percentage of staff in the NHS Scotland workforce working part-time is higher, with 48.9% of females and 20.5% of males working part time.

Fixed-term contracts

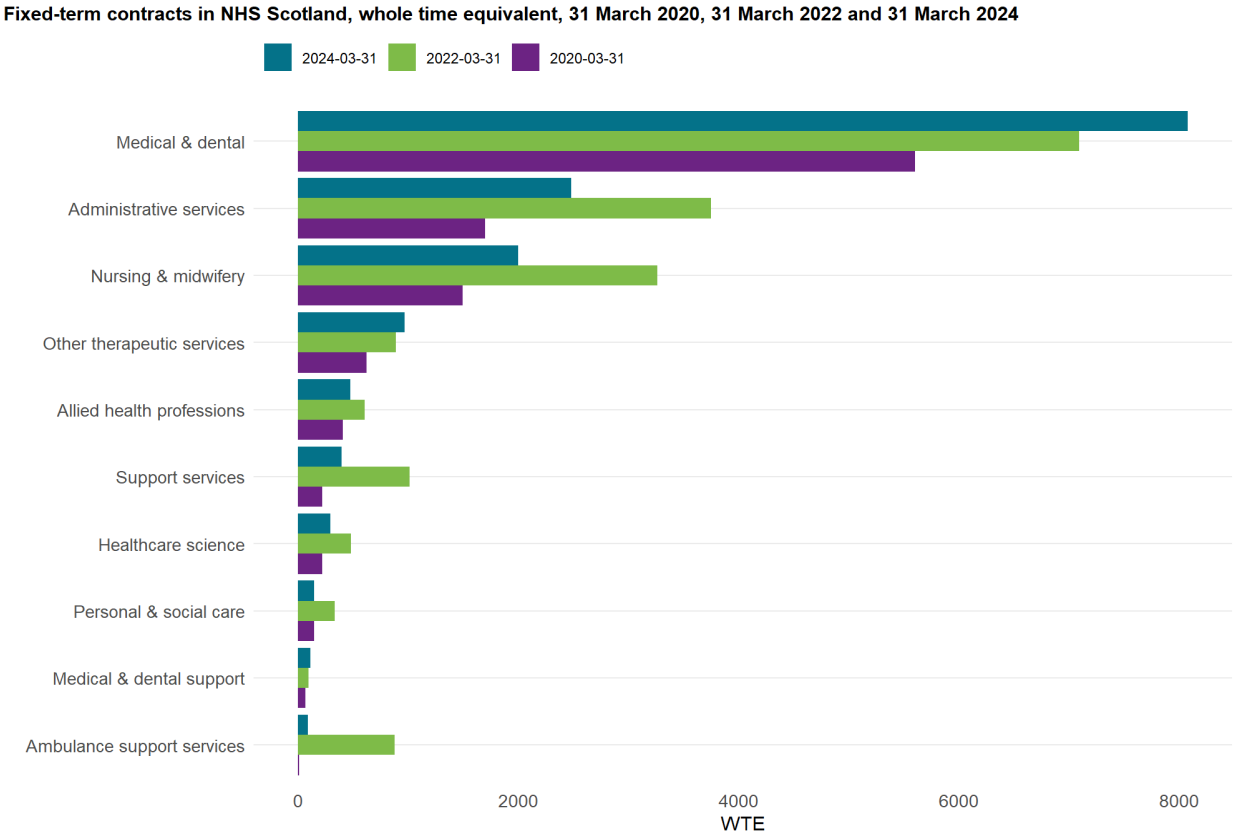
The increase in demand for staff caused by the COVID-19 pandemic was partly met by an increased use of fixed-term contracts, which are used by organisations as a way to increase their flexibility and control costs.

For most job families, the number of fixed-term contracts have begun to decrease towards pre-pandemic levels. However, the number of fixed-term contracts for medical and dental has continued to increase.

Excluding Doctors in Training, fixed-term contracts accounted for 9.3% of employment measured in WTE on 31 March 2024.

The percentage of employment accounted for by fixed-term contracts varies between job families ([Figure 7](#)). In some staff groups, it is routine for contracts to be fixed-term: fixed-term contracts account for 96.1% of employment for doctors in training.

Figure 7: The WTE of people on fixed-term contracts rose over the pandemic but has since fallen, although this varies by job family



Data source: SWISS

Sickness absence

Sickness absence in NHS Scotland can result in cancelled appointments and procedures and lead to increased spend 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; and injury resulting from a crime of violence.

From 1 September 2022, COVID-related absences are recorded as sickness absence (with [COVID-related illness](#) reason). Before this, COVID-related absences were treated as special leave and excluded from these figures.

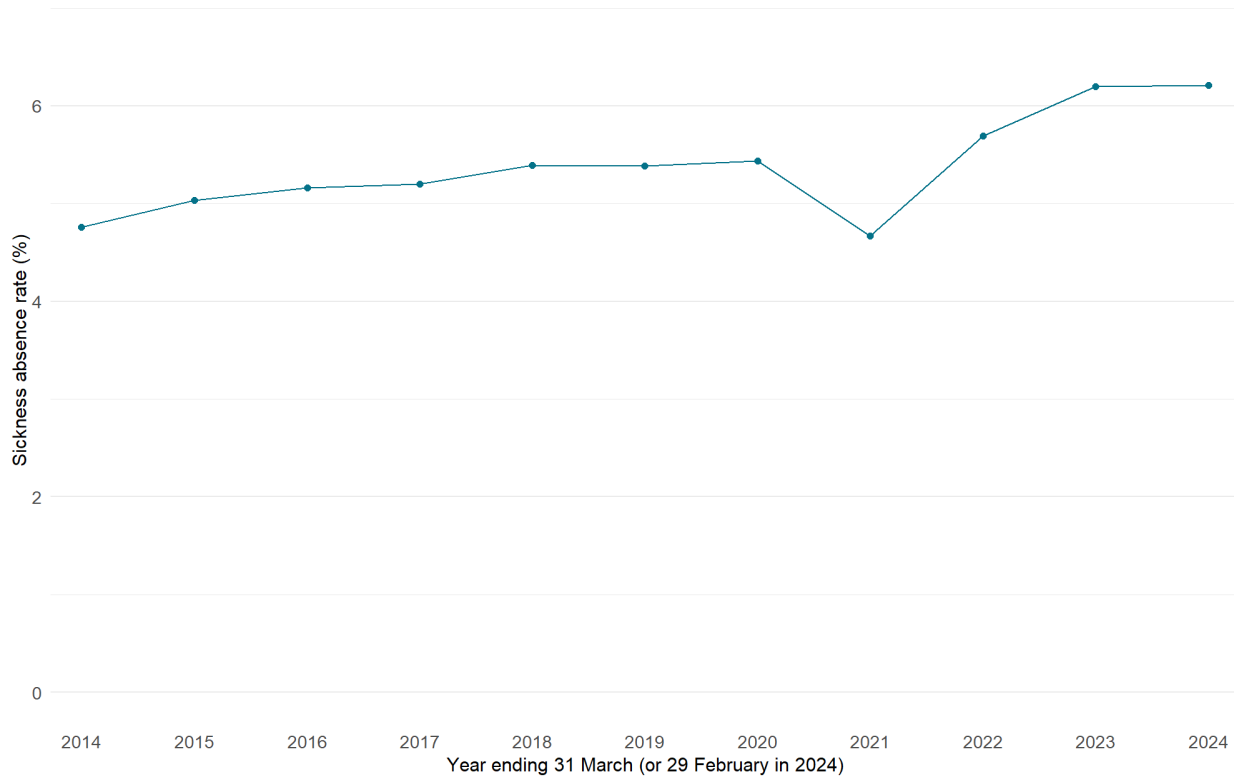
More information is available on the [Sickness absence calculation page on TDI](#).

As described in the [Introduction](#), sickness absence data for the year ending 29 February 2024 is used instead of the year ending 31 March 2024.

The [sickness absence rate](#) in NHS Scotland for the year ending 29 February 2024 was 6.2%, unchanged from the previous year and remaining at the highest rate during the past ten years ([Figure 8](#)). This is equivalent to 9,991.5 WTE over the year.

Figure 8: The sickness absence rate has remained high at 6.2% over the year ending 29 February 2024

Sickness absence rate for NHS Scotland workforce, year ending 31 March 2014 to 29 February 2024



Data Source: SWISS

Footnote: Data is for year ending 31 March 2014-2023 and year ending 29 February 2024.

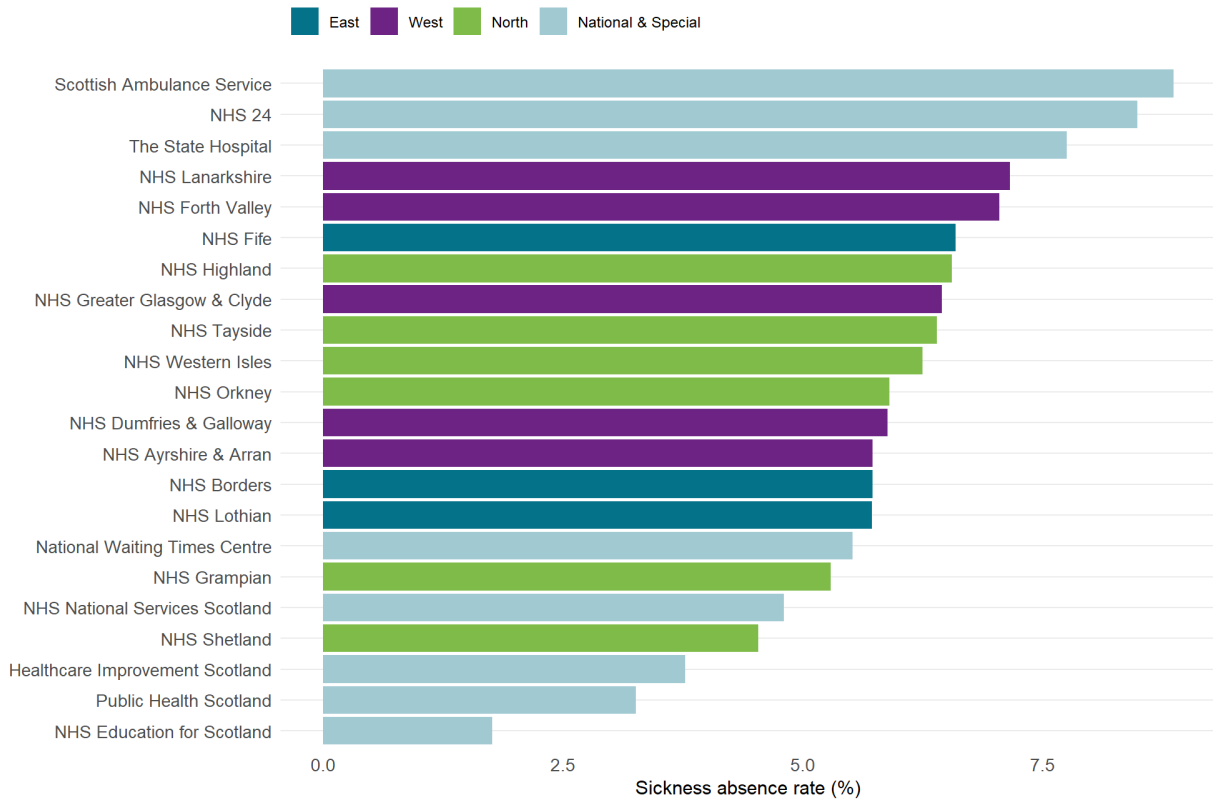
Figure 9 shows the variation in sickness absence rates between NHS Boards. In the year ending 29 February 2024, sickness absence rate decreased in nine boards and increased in 13 boards.

The largest decrease was in NHS Orkney, which decreased by 0.8 percentage points to 5.9%, whilst NHS Highland increased by 0.7 percentage points to 6.6%.

The Scottish Ambulance Service has the highest sickness absence rate at 8.9%.

Figure 9: The sickness absence rate varies between NHS Boards and regions

Sickness absence rate for NHS Scotland workforce, year ending 29 February 2024



Data Source: SWISS

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

Vacancies

Vacancy rates help us to understand labour demand and supply 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.

Vacancy rate is calculated by dividing the number of vacancies by the sum of the staff in post and vacancies (the establishment).

NHS boards provide information on the number of vacancies for medical and dental consultants, nursing and midwifery and allied health professionals. These data are [collected by survey](#). Vacancy data for 31 March, 30 June and 31 December 2020 were disrupted due to the COVID-19 pandemic.

We are currently undertaking a [review](#) into how vacancy data is collected. During the review, we have become aware of some challenges and limitations in how vacancy data are collected and calculated, and we are working on recommendations for how we might improve this data collection process and the accuracy of the resulting statistics. In the meantime, we advise caution when using these vacancy statistics.

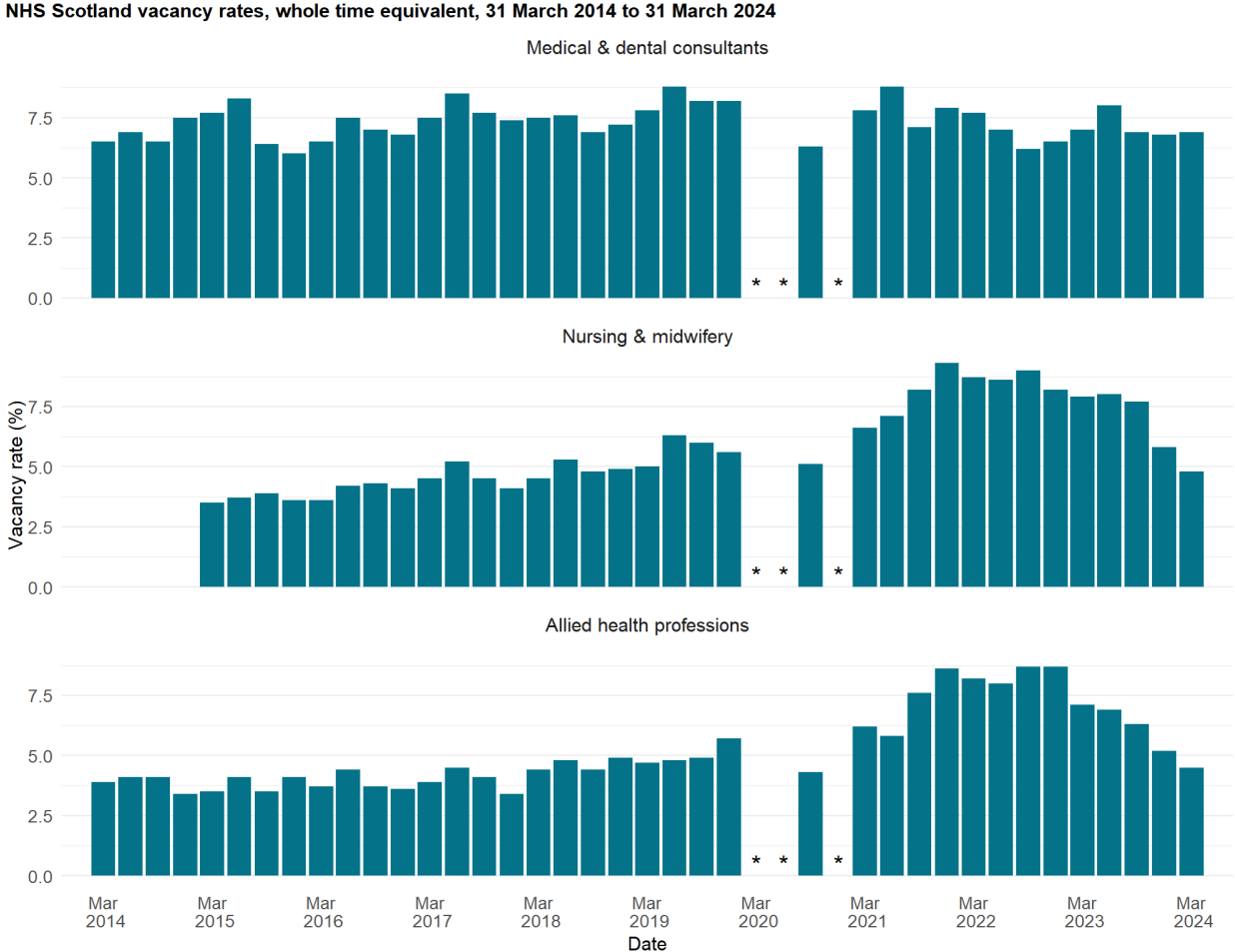
The number and rate of medical and dental consultant vacancies have remained almost the same at 31 March 2024 as they were at 31 March 2023. The number of vacancies in 31 March 2024 were 0.2% lower from 446.6 WTE to 447.7 WTE.

The vacancy rate for Medical and dental consultant vacancies at 31 March 2024 was 6.9% of establishment ([Figure 10](#)). This has changed very little over the past ten years.

For both nursing and midwifery and allied health professions, the vacancy rate has decreased this year, returning to pre-pandemic levels after peaking during 2022 and 2023. During the past year the number of vacancies for allied health professions has decreased by 35.8% to 664.4 WTE and the vacancy rate decreased from 7.1% to 4.5% of establishment ([Figure 10](#)). The number of nursing and midwifery vacancies have dropped by 39.3% to 3,382.5 WTE, and the current vacancy rate has dropped to 4.8% of establishment ([Figure 10](#)).

The trend in the number of vacant posts for nursing and midwifery and allied health professions in NHS Scotland is similar to that of vacancies across the UK, and in particular for the human health and social care sector, 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 10: The vacancy rate for nursing and midwifery and allied health professions has decreased over the past year, while the rate for consultants has stabilised



Data Source: NES Board Collection

Footnote:

1. Data for the dates marked with an asterisk (*) are incomplete and we therefore have not calculated a Scotland value. For March, June, and December 2020 the provision of data were disrupted due to the COVID-19 pandemic.

2. *Nursing and midwifery staff 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](#).

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.

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) came into force on 1 April 2024. This Act contains several provisions about the use and reporting on bank and agency staff.

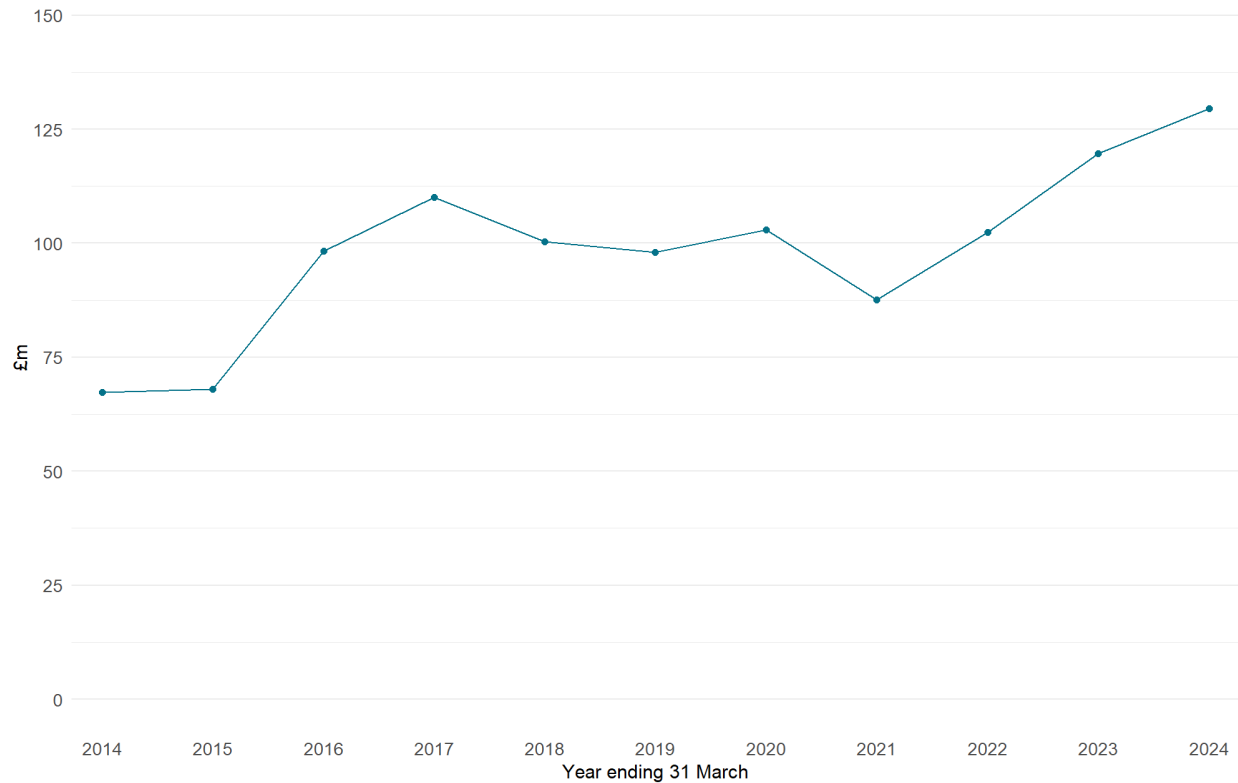
Medical agency

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 8.3% in the past year to £129.6m ([Figure 11](#)), which is 32.3% higher than five years ago (year ending 31 March 2019).

Figure 11: The medical agency expenditure has increased over the past three financial years

NHS Scotland medical agency locum expenditure (£m), year ending 31 March 2014 to 31 March 2024

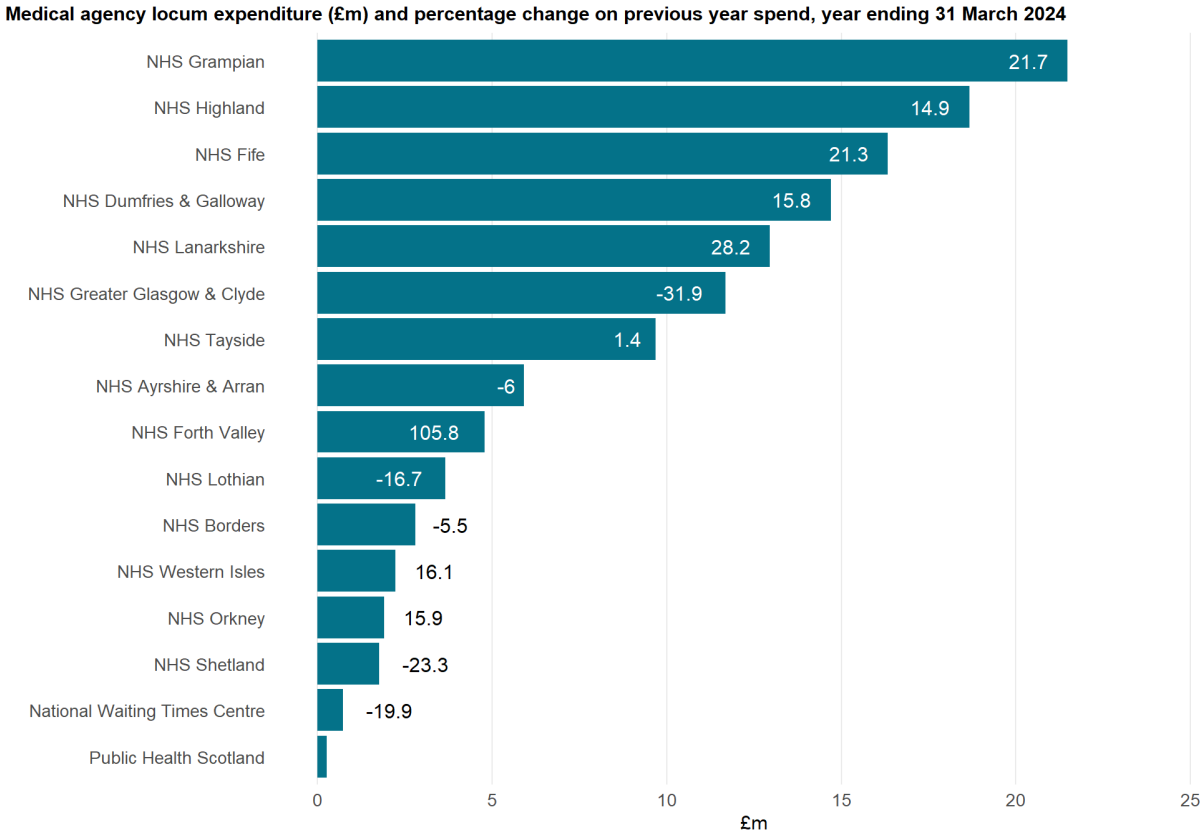


There was an increase in medical agency spending for most NHS Boards ([Figure 12](#)). The largest relative increase was by NHS Forth Valley with an increase of 105.8%, a doubling in costs, to £ 4.8m.

The largest decrease in medical agency spending was by NHS Greater Glasgow & Clyde, where £ 11.7m was spent, 31.9% less than last year.

NHS Grampian spent the most on medical agency: £ 21.5m.

Figure 12: The medical agency expenditure varies by NHS Board over the last financial year



Data Source: NSS Financial Systems

Footnote:

1. *Public Health Scotland had no medical agency spending in the year ending 31 March 2023, so no percentage change is shown.*
2. *Six boards had no medical agency spending in the year ending 31 March 2024 or in the previous year and are not included in [Figure 12](#): NHS National Services Scotland, Scottish Ambulance Service, NHS 24, NHS Education for Scotland, Healthcare Improvement Scotland and The State Hospital.*

Nursing and midwifery bank and agency

Nursing and midwifery bank and agency costs are calculated from NHS Scotland payroll data and are reported by board of employment. In most cases, the board of employment is the same as the health board in which the bank nursing shifts are delivered. However, since the year ending 31 March 2021, NHS Lothian has acted as the employer for most of the staff

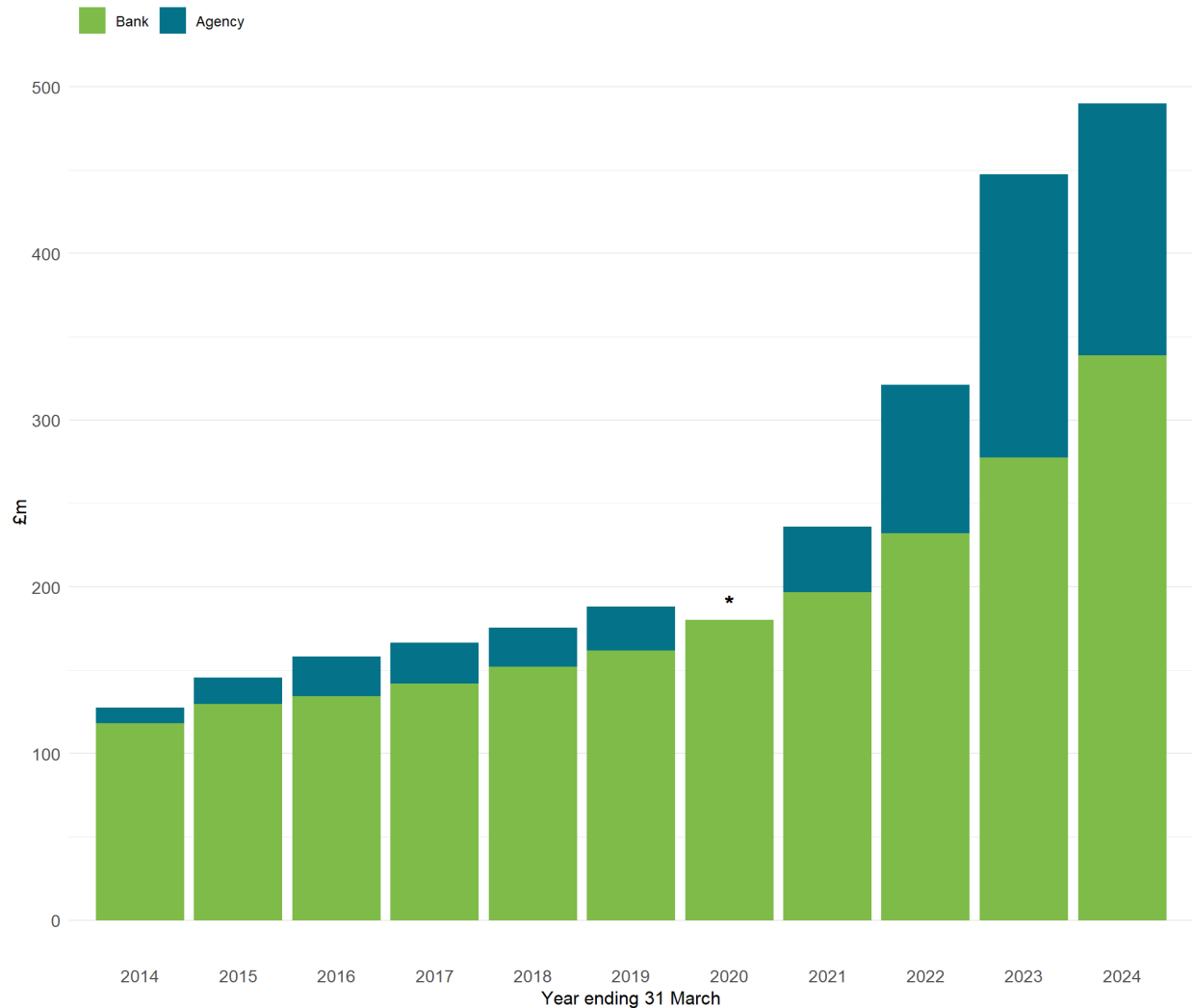
working bank shifts in NHS Borders. Therefore, the total costs reported for NHS Lothian include bank staff shifts delivered in NHS Borders. Moreover, the total costs reported for NHS Borders do not reflect the actual costs of bank staff shifts delivered in that board. The total bank staff costs in the East region and for NHS Scotland are not affected.

Expenditure on nursing and midwifery bank staff increased for the thirteenth consecutive year ([Figure 13](#)). NHS Scotland spent £338.8m, which represented a 22% increase on the previous year.

Expenditure on nursing and midwifery agency decreased by 10.9% to £151.2m.

Figure 13: The nursing bank and agency spend has more than doubled over the past 3 years

NHS Scotland nursing and midwifery bank and agency spend (£m), year ending 31 March 2014 to 31 March 2024



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 14](#)).

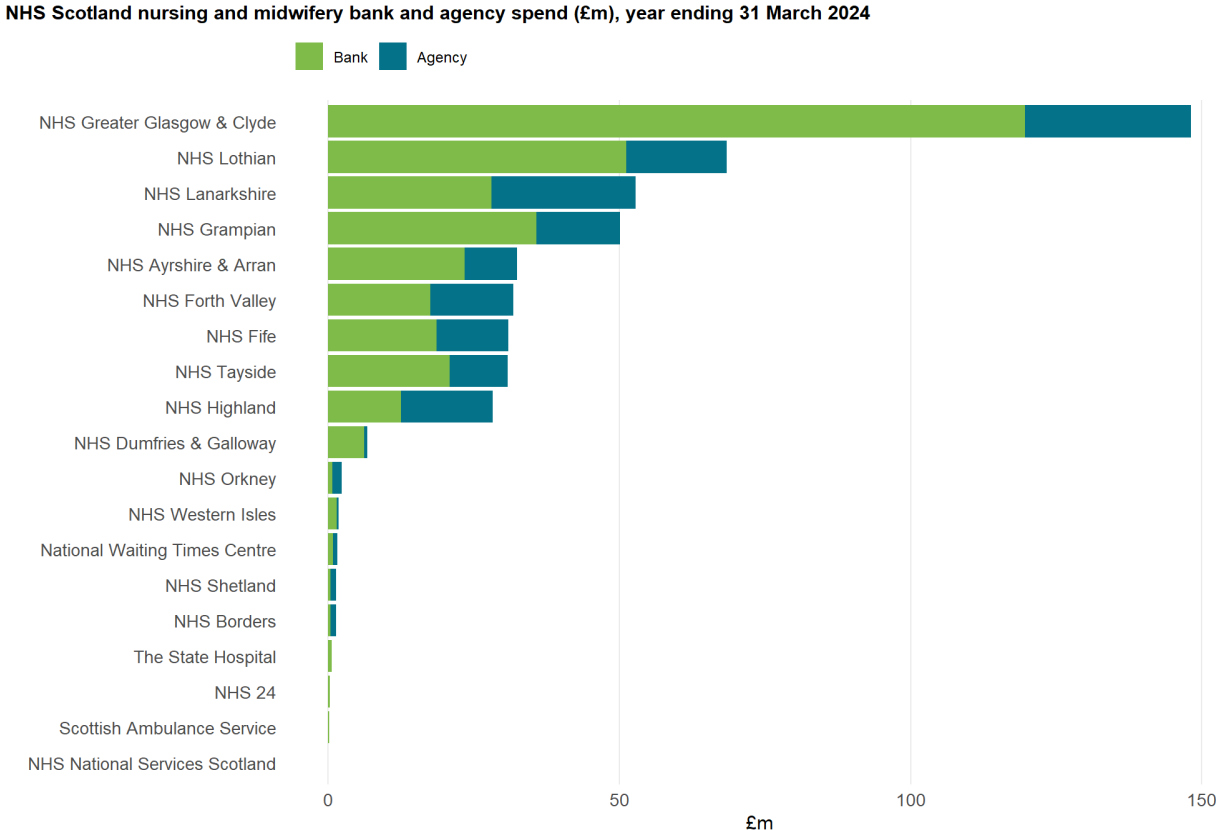
For the year ending 31 March 2024, NHS Greater Glasgow & Clyde spent the most of any board on nursing and midwifery bank and agency staff. Bank staff costs increased 27.6% to £119.6,

which is about a third of the total cost for NHS Scotland; while agency staff costs decreased 19.7% to £ 28.5m.

Bank nursing and midwifery staff costs increased in 12 boards and decreased in seven others. Bank spending increased the most at The State Hospital, with a 290.4% increase (almost tripling) to £ 0.6m. The largest decrease in spending on bank staff by a territorial board was by NHS Shetland, with a 36.5% decrease to £ 0.4m.

Nursing and midwifery agency spend decreased in most NHS Boards who used agency staff in the year ending 31 March 2024. The largest decrease was by NHS Dumfries & Galloway, where agency spending decreased by 65.5% to £ 0.5m. Of the four boards where nursing and midwifery agency spend increased, the largest increase was by 118.8% (more than doubling) to £ 0.4m by NHS Western Isles.

Figure 14: The nursing bank and agency expenditure varies between Board



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

Footnote: Three boards had no nursing and midwifery bank or agency spending in the year ending 31 March 2024 or in the previous year and are not included in [Figure 14](#): NHS Education for Scotland, Healthcare Improvement Scotland and Public Health Scotland.

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

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.

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](#).

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.

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](#).

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.

Vacancy rate is calculated by dividing the number of vacancies by the sum of the staff in post and vacancies (the establishment):

$$\text{Vacancy rate (\%)} = 100 * \text{vacancy WTE} / (\text{vacancy WTE} + \text{staff in post WTE})$$

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 outflow 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.

Turnover metrics do not include Doctors in Training, as they frequently move between NHS Boards as part of their training.

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

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 employment data. 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:

Sickness Absence Rate = (Working Hours Lost / Total Contracted Hours) * 100

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

Total Contracted Hours = 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](#).

Data quality

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.

Review of Vacancy data

Over the last few years, NHS Boards in NHS Scotland have adopted the JobTrain system to manage recruitment activity. All NHS Boards were using the system by 9th December 2019.

Most NHS Boards now use the Yellowfin reporting system to complete the national quarterly [vacancy surveys](#) using JobTrain data, but there is variation between boards in how this is done.

From our initial investigations, there is variation in how boards identify vacancies and in the calculation of the length of a vacancy, 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 are currently speaking to NHS Boards to get a better understanding of how they use Yellowfin and to improve our processes and the data we collect. If you have any questions or would like to discuss vacancy data with us then please email the [NES Datagroup](#).

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](#).

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.

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.

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