



NHS PAY REVIEW BODY

EVIDENCE FROM SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES FOR 2012-13

INTRODUCTION

1. The following evidence has been prepared by the Scottish Government Health and Social Care Directorates (SGHSCD) and informed by NHSScotland employers. The Scottish remit letter from the Cabinet Secretary for Health, Wellbeing and Cities Strategy to the NHS Pay Review Body (NHSPRB) submitted with this evidence, confirms that, for 2012/13, the Scottish Government has announced a pay freeze for all public sector staff earning basic salaries of over £21,000 per annum.
2. The Scottish Government has also confirmed its ongoing commitment to protecting those on the lowest incomes and, having introduced a living wage of £7.15 last year, intends to increase this to £7.20 from 1 April 2012. We have also announced that staff earning basic salaries of less than £21,000 per annum should receive a minimum annual increase of £250. The remit given to the NHSPRB, therefore, seeks a recommendation on the level of uplift to be applied to those Agenda for Change staff who earn under £21,000 per annum.
3. Our evidence this year is in line with the remit and is set out as follows:
 - A. The Scottish Context
 - B. Resources, Affordability and Pay
 - C. Economic and Labour Market Conditions in Scotland
 - D. Workforce
 - E. Workforce Planning
 - F. Employee Experience, Morale and Motivation
 - G. Conclusions

SECTION A – THE SCOTTISH CONTEXT

4. All pay policy for NHS staff in Scotland must be set within the context of the finance made available by Spending Review outcomes. The constraints of the Spending Review already mean that efficiency savings will have to be delivered by Boards in Scotland and this is addressed in more detail in the Resources, Affordability and Pay section of our evidence.
5. The Scottish Government recognises the need to exercise pay restraint in the public sector over the next few years whilst supporting the lowest paid staff where possible. Our pay policy therefore supports these aims by freezing pay for higher earning staff, indicating at least a £250 increase for those earning under £21,000 and seeking to protect the most vulnerable by setting an increased living wage rate of £7.20 per hour. Our living wage policy can be implemented in NHSScotland without affecting the architecture of current Agenda for Change pay scales.
6. In facing the challenges of the future, we are also committed to ensuring that resources are concentrated on frontline services. With this in mind, we announced last year that we intend to reduce the number of senior management posts in NHSScotland by 25% by 1 April 2015. In the first year of the target, NHS Boards made a reduction of 8% (107 WTE posts). Whilst this will mainly affect the NHSScotland Executive and Senior Management cohorts, some of the target group

for this exercise may include more senior non-clinical band 8 and 9 Agenda for Change staff.

7. In the context of tightening budgets, a stable and committed NHSScotland workforce will be key to delivering the Scottish Government's policy objectives. Recognising the concerns that staff may have around job security, one of the key elements of Scottish Government pay policy over the last four years has been the commitment to no compulsory redundancies. The Scottish Government intends to extend this commitment to no compulsory redundancies in NHSScotland for another year. This is important in providing reassurance to staff and allowing them to concentrate on the difficult and stressful jobs they do. In addition, the Scottish Government's policy is that quality of care should be the guiding principle behind all decisions.

Quality Strategy

8. In this time of serious financial challenge the Scottish Government continues to set an ambitious agenda for continuous improvement for healthcare delivery in the NHS through the Healthcare Quality Strategy which was published in May 2010. The Quality Strategy (available at the Quality Strategy website: www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality) builds upon existing foundations of quality in NHSScotland and is a development of the policy direction set out in Better Health, Better Care (2007).

Quality Ambitions

9. The Quality Strategy sets out 3 Quality Ambitions which provide a consistent description of quality for NHSScotland. These are:

Person Centred

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe

- No avoidable injury or harm to people from healthcare they receive, with an appropriately clean and safe environment provided for the delivery of healthcare services at all times.

Effective

- The most appropriate treatments, interventions, support and services provided at the right time to everyone who will benefit, with wasteful or harmful variation eradicated.

10. These Ambitions will act as the focus for priority action for all services and work is underway to streamline and align all work programmes with these.

Quality Alliance Board

11. The Scottish Government has established the Quality Alliance Board (QAB) to ensure the pace and momentum for the implementation of the Quality Strategy including aligning and integrating work. The QAB membership includes NHSScotland, Scottish Government Health and Social Care Directorates, Local Authorities, the Third Sector and others. The implementation of the Quality Strategy is a shared responsibility.

Quality Outcomes

12. Following extensive consideration, consultation and developmental work, the QAB has now agreed six healthcare Quality Outcomes which provide a more comprehensive description of the priority areas for improvement in support of the Quality Ambitions. It is intended that these Quality Outcomes should be shared widely, and they should provide a context for partnership discussions about local and national priority areas for action. They will also inform the future development of an aligned set of Health Improvement, Efficiency, Access to Services and Treatment (HEAT) targets. The 6 healthcare Quality Outcomes are:

- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live well at home or in the community
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare
- Staff feel supported and engaged
- The best use is made of available resources

13. The Quality Ambitions and the Quality Outcomes support consideration of efficiencies through making best use of resources. In addition, the importance of partnership working is reinforced which includes local authority and third sector as well as working with patients and families as partners.

Quality Measurement Framework

14. The Quality Ambitions and Quality Outcomes form part of the Quality Measurement Framework (QMF). This QMF provides a structure for aligning the wide range of measurement that goes on across the NHS in Scotland for different purposes, describing how measurement helps to drive progress towards our Quality Ambitions and demonstrates improvement both locally and nationally. More detailed information on the Quality Ambitions and Quality Outcomes is available at the Quality Strategy website.

15. The Quality Strategy encourages staff to make the changes needed to provide the highest quality healthcare and be supported to do so. In order to achieve this, we will need to have a renewed focus on issues fundamental to our professional and clinical values such as clinical excellence, empathy and compassion for everyone working with and for NHSScotland. Staff who feel valued, respected and involved have been shown to deliver higher quality care for their patients. There is a

recognised correlation between staff experience and wellbeing, and patient experience and wellbeing.

Better Together Programme

16. Linked to this, the Better Together Programme is a national improvement programme central to the delivery and achievement of the principles and ambitions laid out in the national Healthcare Quality Strategy. The programme continues to support NHS Boards to gather and use patient experience data to influence and inform service planning, delivery and redesign. During 2010-11, 15 NHS Boards participated in the second year of this work by procuring and delivering patient experience surveys involving randomly selected patients that had an overnight stay in an acute care setting between October 2009 and September 2010. The 15 surveys have been analysed and collated into one national report which was published on August 30th, along with 15 Board reports and 95 site level reports. These Boards are all developing action plans focusing on the areas that patients have told them should be improved. A third inpatient survey will be undertaken in 2011-12.

17. Further work is being led by this programme regarding the quality of the experience of patients living with long term conditions as well as considering how to access and gather the experiences of those not included in the two national surveys. The programme continues to lead work on developing a mixed portfolio approach to gathering and analysing patient experience with their key partner Healthcare Improvement Scotland.

18. Person centred care can only be delivered if the patient experience is fully explored and understood and therefore this programme of work will continue to mature to ensure that staff and their partners have the capacity and capability to undertake consistent and reliable activities to gather and understand patient experience and that they are mainstreamed and sustainable across the whole system. It continues to provide core data and information on progress toward the national indicator for improving healthcare experience and the national quality outcome indicators for patient experience and patient reported outcome measures.

Workforce Framework

19. [*A Force for Improvement*](#), published at the beginning of 2009, is the workforce framework for NHSScotland and works in synergy with the NHSScotland Healthcare Quality Strategy.

20. NHSScotland has set its sights on becoming a world leader in healthcare quality with its three priorities of person centred, safe and effective care as drivers for change. To achieve this, Boards need to continue to align their workforce plans and structures very closely with financial and service planning, to engage fully with staff side representatives on all of those aspects of planning and service design, and to ensure that services are delivered as effectively and efficiently as possible through the deployment of staff in ways that allow for the optimal use of individuals' skills. As part of that all staff need to be supported and developed within a more productive and empowering culture with greater throughput and service transformation.

Workforce planning and development underpins much of this but must be taken forward in concert with service redesign and reconfiguration.

21. The workforce framework is being used as a tool to support workforce changes underpinning improved services for patients and their families and seeking to achieve best value through a sustainable, affordable and safe workforce.

SECTION B – RESOURCES, AFFORDABILITY AND PAY

22. This chapter sets out the financial context including assumptions on funding available in 2012-13 to 2014-15. It also highlights the challenges the Scottish Government Health and Social Care Directorates face in a period of reduced funding growth whilst demand for services continues to increase alongside higher expectations of service quality.

Background

23. The scale of the real terms total reduction in the Scottish Government budget for 2012-13 to 2014-15 has required tough decisions to be taken about expenditure across government and careful consideration of pressures and priorities in all portfolios.

24. The health budget has received the full health revenue Barnett consequentials over this period, which has lifted the resource budget by 2.3% to £11.0 billion in 2012-13. Allocation to NHS Boards will increase in real terms over the spending review period, reflecting our commitment to frontline services. However capital budgets have reduced significantly and based on the HMT GDP deflator at the time of publication of the 2012-13 Draft Budget, Health figures show a real terms reduction over the spending review period.

25. However, notwithstanding the increase in NHS funding, issues such as the ageing population, new technology and the cost of drugs mean that the NHS will still face considerable budget pressures. These pressures mean that the NHS will need to deliver maximum value from our investment through a focus on increased efficiency while protecting the quality of care.

Financial Position

26. The financial position in 2011-12 is already challenging and NHS Boards are forecasting that they will need to make savings of 3.7% in 2011-12 to ensure financial breakeven.

27. The full extent of additional funding available to NHSScotland for 2012-13 to 2014-15 was confirmed at the Draft Budget 2012-13 announcement on 21 September 2011; NHS Boards will have around 1% additional cash funding in 2012-13 to meet pay and non-pay pressures.

28. First call will be meeting known cost pressures within the system; these include increased costs in respect of pay, supplies, drugs etc.

29. To meet additional pressures from demographics, drugs and technology, it is estimated that NHS Boards will again need to deliver and retain significant efficiency savings to achieve financial balance. Achieving these efficiency savings will be difficult for NHSScotland and will require service redesign issues to be closely considered. In doing so, NHS Boards will need to maintain and enhance the quality of care while also increasing efficiency.

Pay

30. Against the background described above, the NHSPRB has been asked to provide a recommendation on the level of uplift to be applied to those Agenda for Change staff who earn under £21,000 per annum taking account of the Scottish Government's pay policy which recommends a minimum £250 flat rate uplift across the public sector.

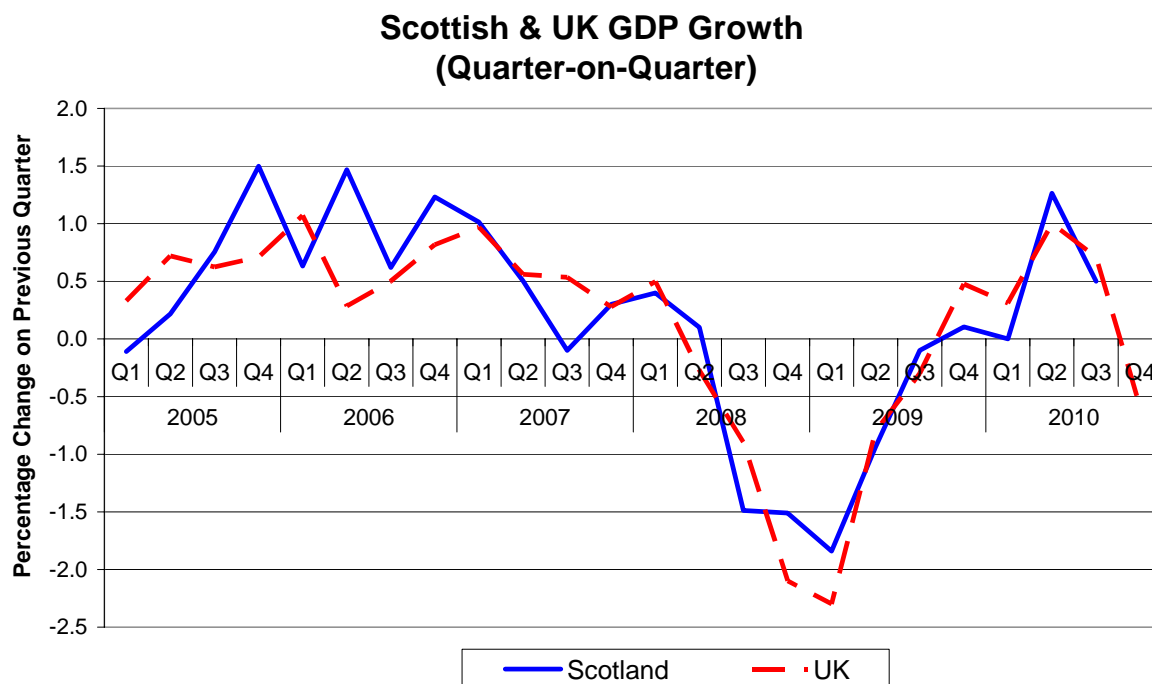
31. For NHS Scotland Agenda for Change staff, a £250 flat rate increase for those currently earning less than £21,000 would equate to a percentage increase of between 1.2% and 1.8%. In 2011/12 there are an estimated 46,000 whole time equivalent staff earning less than £21,000 and who would, therefore, qualify for the £250 flat rate uplift. This equates to some 40% of all Agenda for Change staff. The estimated cost of applying the £250 uplift in Scotland would be some £16m.

32. This is a significant cost for the NHS Scotland budget given the current financial climate and the need for Boards in 2012/13 to find savings to ensure a financial breakeven position as highlighted in the evidence above. These affordability issues are central to the Scottish Government's evidence this year. The Scottish Government has already made a commitment to the lowest paid by maintaining the Scottish Living Wage and uplifting it from £7.15 to £7.20. Taking this into account and contrasting this with the constrained financial position which NHS Scotland will face, the Scottish Government considers the 2012/13 uplift for NHS staff earning under £21,000 a year should be a flat rate not exceeding £250.

SECTION C – ECONOMIC AND LABOUR MARKET CONDITIONS IN SCOTLAND

33. Since the middle of 2010, the recovery from the global financial crisis has slowed as advanced countries struggle with rebalancing their economies. The most recent GDP figures for advanced economies show that growth rates have stagnated, while growth rates in emerging economies have slowed. Although growing much more strongly than advanced economies, emerging economies are beginning to suffer from the impacts of high levels of inflation.

34. The slowdown in global recovery has also been felt in Scotland with GDP in Q1 2011 growing by just 0.1%, coming after a 0.5% fall in Q4 2010. In the UK as a whole the picture has been broadly similar with GDP also falling 0.5% in Q4 2010 though rising 0.5% in the first quarter of this year. The poor Q4 data was blamed on adverse weather conditions and disappointing Q1 data put down to supply disruptions following the Japanese tsunami, the extra bank holiday due to the Royal Wedding and unseasonably warm weather. Provisional data for UK GDP for Q2 2011 indicates that the recovery continued to struggle with a 0.2% increase. Overall, this means that the UK remains 4.1% below its pre-recession peak in output, while Scotland is 4.4% worse off.



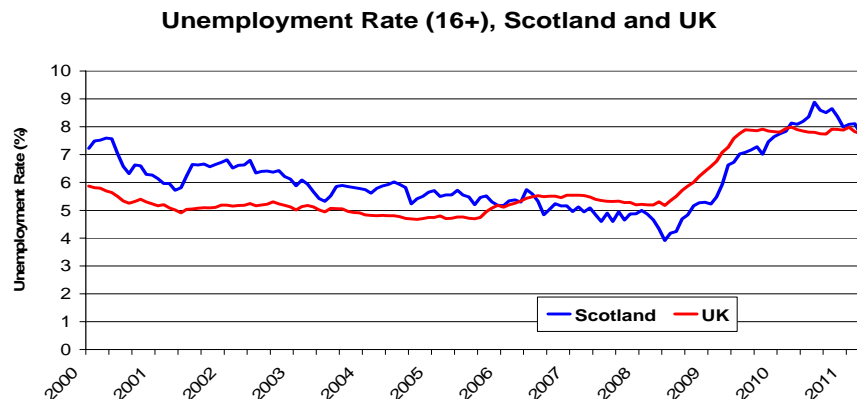
Growth Forecasts

35. The International Monetary Fund (IMF) has recently revised down forecasts for world growth to around 4.3% in 2011 and 4.5% next year due to slowing growth in advanced economies and inflationary pressures resulting in contractionary monetary policy in emerging economies. Advanced economies are expected to grow by just 2.2% and 2.6% in 2011 and 2012 respectively, compared to 6.6% and 6.4% in emerging and developing countries over the same period.

36. Fears over an escalating Eurozone sovereign debt crisis, faltering world economic growth and criticisms of poor political leadership in dealing with the rebalancing of economies has led to considerable volatility in the financial markets in recent months. Banking shares have been particularly badly hit due to uncertainty over their exposure to the sovereign debt crisis countries.

37. Many organisations have downgraded UK growth forecasts since the end of last year, including the IMF who downgraded from 2% to 1.5%. The OECD has also downgraded its forecasts from 1.7% to 1.4% for this year. Moreover the director of the OBR has said that there 'aren't many people' now expecting growth to be as high as the 1.7% it has projected for this year. Growth is likely to remain sluggish in the near term, reflecting the continuing squeeze on households' real incomes.

38. For Scotland, independent forecasts expect growth in GDP of around 1.25% in 2011. The recovery is then expected to gain further momentum in 2012, with growth in GDP between 1.5 and 2%.



The Labour Market

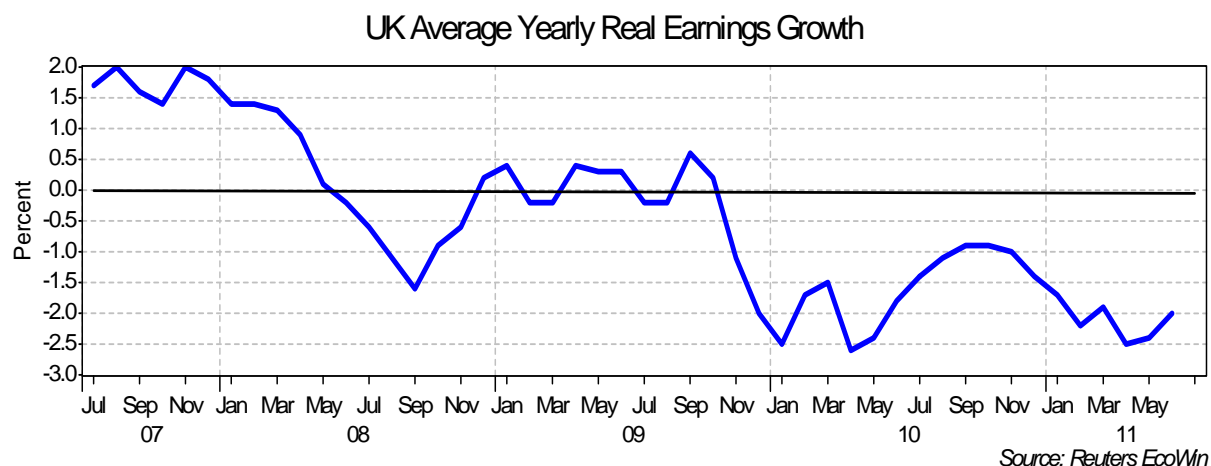
39. The decline in Scottish output during the recession has led to a deterioration in the Scottish labour market. Yet the rate of employment has recovered slightly since then, increasing by 1.6% from April-June 2010 until the same three month period this year. The Scottish unemployment rate is now 7.7%, up from 3.1% prior to the recession, although static over the last three months. This contrasts with the UK as a whole where unemployment rose to 7.9% this month.

40. There has been a continued increase in claimant count levels in Scotland in July 2011, although this is partly influenced by welfare reforms which have pushed people from incapacity benefit to job seekers allowance.

Wages

41. Falling GDP growth and increasing unemployment rates led to a significant reduction in nominal wage growth in the period following the recession. This has been reversed slightly over the past year but the rate of growth of nominal wages is still lagging significantly behind inflation.

42. The whole economy earnings annual growth rate for regular pay (excluding bonuses) was 2.2 per cent for the three months to June 2011, up from 2.1 per cent for the three months to May. These increases in the growth rates for total pay and regular pay were mainly driven by the private sector. Although, as the section on inflation below shows, this still represents a drop in real wages.

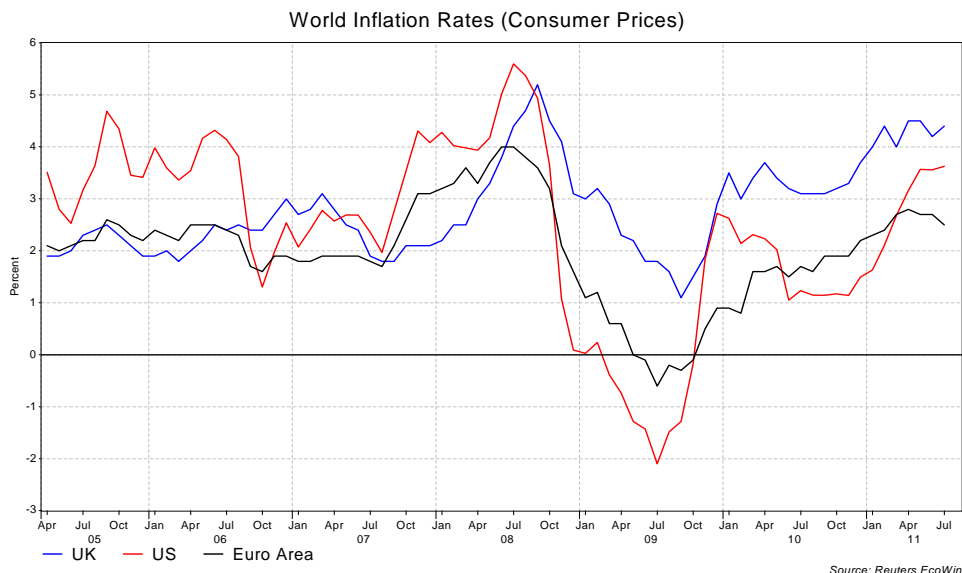


Inflation

43. The rise in the price of commodities continues to put upward pressure on global inflation, though the oil price has fallen back slightly as a result of the recent slowdown in the global economy. In the UK, CPI inflation reached 4.4% in July 2011 and the MPC expects inflation to reach 5% by the end of the year due to temporary factors such as rising utility prices and the VAT rise to 20%, before falling back next year. Once these temporary factors have dissipated, the Bank of England predicts that inflation will fall back to around 2% by 2013, with inflation as likely to be above this target as below.

44. The combination of higher inflation and muted pay growth over the past two years has meant that the average real wage in the UK has fallen in real terms.

45. The MPC is predicted to keep interest rates at record low levels throughout 2011 and much of 2012 as they try to encourage growth in activity in the economy.



Outlook

46. The global recovery is expected to continue through 2011, albeit at a slower pace than in 2010, with growth driven by emerging and developing economies. Advanced economies are forecast to continue to experience a more modest recovery, with significant divergences in the pace of growth.

47. Like the UK, the Scottish economy is forecast to experience a modest recovery in the coming years. The latest independent forecasts predict that Scottish GDP will grow by around 1.2% in 2011. However, significant uncertainty surrounds these forecasts as the strength of the recovery in Scotland will be heavily dependent on conditions within the global economy, the stability of the Eurozone, and the impact of the UK Government's fiscal consolidation programme.

48. The future prospects for the labour market remain unclear. This reflects the uncertainty surrounding the outlook for the global economy – which we would expect to influence labour market conditions – and recent mixed survey data. Whilst the Bank of Scotland Barometer for July 2011 indicates continued improvement in the labour market across a range of measures, the July PMI survey shows a marginal decline in the labour intensive service sector.

49. Inflation is highly likely to surpass 5% this year due to a number of temporary factors. Yet the Bank of England is confident that it will begin to fall next year and be back around the target rate by 2013. It predicts that by 2013 there is as much chance of inflation being below the 2% target as there is of it being above it.

SECTION D – THE WORKFORCE

50. Since last year's evidence was submitted, our Information and Statistics Division (ISD) who, as part of NHS National Services Scotland, provide a national specialist intelligence service for NHSScotland have updated and improved the way in which statistical data is published. Workforce figures are now released on a quarterly basis rather than just once yearly as was previously the case. This allows trends to be followed through seasonal cycles and is made possible by utilising the information captured through the Scottish Workforce Information Standard System (SWISS). In addition to implementing a more frequent publication schedule, ISD continue to work with the 14 NHS Boards and 8 Special Health Boards in Scotland to improve the quality of data collected and thus enhance the part that these statistics can play in improving the delivery of healthcare in Scotland.

51. The more frequent publication arrangements mean that it is possible to present more recent data in this evidence and it should be noted that whilst the 2011-12 evidence quoted figures from September 2009, we are able in this round to present statistics from June 2011. Throughout this section, therefore, figures from June 2011 will be compared against those from September 2009.

52. The improved information available through SWISS, and the considerable work which ISD has done to cleanse the data, means that that it has been possible to eliminate any double counting associated with staff having multiple posts from the headcount figures going back to 2007. This means that the "Headcount" figures presented here are lower than those provided in the 2011-12 evidence. ISD now publish a third set of tables entitled "Employments" which equate to the previous "Headcount" methodology. For the purpose of this evidence, we have used the refreshed Headcount figures as these are the key statistics. Where it would be helpful to look further back than 2007 for Headcount purposes, Employments figures are used to give a like for like comparison.

53. As in previous years, we have attached the ISD source tables on which this narrative is based at the end of the evidence, for information. The relevant tables are indicated within the text for ease of reference. Where it is appropriate to highlight both Whole Time Equivalent (WTE) and Headcount numbers in this section, the WTE will be given first.

General Workforce Data

54. For general background, Tables 1 and 2 give information on the overall numbers of staff in NHSScotland as well as those groups which fall under the Agenda for Change system.

55. The number of WTE Agenda for Change staff working in NHSScotland as at June 2011 was 119,443.3. This represents a decrease of 3,724.5 (3%) over the September 2009 figure and an increase of 1804.7 (1.5%) over the September 2007 level.

56. In headcount terms, the number of staff working in NHSScotland as at June 2011 was 141,691. This is a decrease of 3,062 (2.1%) over the September 2009 figure, and an increase of 3,695 (2.7%) over the September 2007 level.

Turnover

57. Table 3 gives headline figures for each of the last 5 years (April to March) for staff turnover in NHSScotland. The Gross turnover figure includes turnover statistics from all NHSScotland employers and therefore includes staff who might have left one NHS Board to go and work for another. The Net Turnover filters out inter-Board moves and thus gives an overall turnover rate for NHSScotland as a whole. As can be seen, both figures have shown a general downward trend over the last 5 years with gross turnover decreasing more steadily and consistently from a high of 11.5% in 2007-8 to 8.5% in 2010-11. This suggests less inter-Board movement and therefore more staff staying in post longer. An assertion which is borne out by vacancy rates dealt with later in this section. Net Turnover has decreased from a high of 9% in 2007 to a low of 6.8 in 2009-10, followed by a slight rise to 7.1% in 2010-11, probably due to the overall decrease in staff numbers.

Nursing and Midwifery Staff

58. The nursing and midwifery workforce in Scotland stood at 56,681.2 WTE (65,856 headcount) in June 2011 (Tables 4 and 5).

59. This figure represents a WTE decrease of 1,747.2 (2.9%) over the September 2009 level and a small decrease of 368.5 (0.6%) over the September 2007 level.

60. Because nurses and midwives have been monitored closely as a discreet group of staff for some time, it is possible to make comparisons with more historic figures (Tables 8 and 9). Going back over the decade and comparing the 2011 WTE figure with the September 2001 figure reveals an increase of 4,466.8 (8.6%).

61. With regard to headcount, there were 65,856 nursing and midwifery staff working in NHSScotland in June 2011. This represents a decrease of 1,923 (2.9%) over the September 2009 level and 592 (0.9%) over the 2007 level.

62. Comparing the 2011 "Employments" figure (Table 6) to the September 2001 "Headcount" figure, however, reveals an increase of 4,354 (7.0%%).

Vacancy Rates

63. The overall level of nursing and midwifery vacancies has dropped significantly from 1,476.3 (2.5%) in September 2009 (Table 10) to 579.4 (1%) in June 2011 (Table 9). This is the lowest vacancy rate which has been recorded going back to 1996 (Table 11).

64. The vast majority of these vacancies are for less than three months. The over three month vacancy rate, which we believe gives more of an indication of trends in recruitment and retention, is also at the historically low level of 0.3%, down from

0.7% in September 2009. This is also the lowest recorded level going back to 1996 (Table 12).

65. The forgoing figures would seem to indicate that NHSScotland is not experiencing difficulties in recruiting and retaining nursing and midwifery staff

Bank Usage

66. It is Scottish Government policy to utilise the flexibility offered by the nurse bank to, among other things, secure value for money by decreasing the use of more expensive agency staff.

67. The number of people registered as bank nurses has increased in NHSScotland. Bank use in 2010/11 represented 3,066.7 WTE nurses (5.98 million hours divided by 1,950 – the equivalent of one WTE nurse) – See Table 13. This is slightly down on the 2009/10 level of 3,526.2. The longer term view reveals this is part of a considerable upward trend from the 2001/02 level of 1,613.5 WTE nurses. However, Bank usage still only accounted for 5% of the total NHSScotland nursing and midwifery capacity in 2010/11.

Agency Usage

68. It is Scottish Government policy to reduce the usage of agency staff and a national, i.e. Scottish, contract (Best Procurement Initiative) was introduced to ensure best value and savings against the use of agency nurses.

69. Spend on Agency nursing staff has fallen steadily every year since a high of £29.7m in 2003/04 to £4.4m in 2010/11 (Table 14). Agency staff now only account for 0.1% of the total nursing and midwifery capacity (Table 15). The use of the national contract has already realised savings and ceasing the use of “premium rate” agencies will encourage nurses and midwives to register with local nurse banks or contracted agency providers.

Pre-Registration Students in Training

70. The Scottish Government controls annual intake numbers for student nurses and midwives. The annual intake is usually determined by running a supply and demand model based in part on longer term (5 years) demand projections from NHS Boards and analysis of current stock in training, student attrition and retirement rates. There is input from key stakeholders including the professional organisations (RCN, RCM and Unison) and from Care Homes, Hospices, practice nurses, the Scottish Prison Service and independent hospitals. Wider uncertainties around the whole of the public sector landscape and finances have made it more difficult for NHS Boards to make meaningful workforce projections this year for the longer term. The basis on which student nurse and midwife intake for 2011/12 will be determined this year is therefore still under consideration.

71. Student numbers are provided by NHS Education for Scotland as at 31 October. The latest published figures available are for 2009 (Table 16) and show there were 9,936 students training across NHSScotland. This shows an increase

from 2008 of 437 (4.6). In the longer term it is 672 (7.3%) above the number of students in training 5 years previously in 2004 (9,264) and 2,720 (37.7%) above the number 10 years ago in 1999 (7,216).

Allied Health Professionals

72. The Allied Health Professionals (AHP) group is made up of staff delivering Art Therapy, Dietetics, Occupational Therapy, Orthoptics, Orthotics, Physiotherapy, Podiatry, Prosthetics, Radiography and Speech and Language Therapy services (Tables 17 and 18).

73. In WTE terms, as at June 2011 there were 9,412.6 AHP staff working in NHSScotland. This represents a decrease of 166.9 (1.8%) over the September 2009 level and a rise of 461.2 (5.2%) over the September 2007 level.

74. In headcount, as at June 2011 there were 11,378 AHP staff working in NHSScotland. This represents a decrease of 98 (0.9%) over the September 2009 level and a rise of 648 (6%) over the September 2007 level.

Vacancy Rates

75. The number of AHP vacancies as at June 2011 (Table 19) stood at 117.8 or 1.2% of the total establishment. This is a significant decrease from September 2009 (Table 20) when there were 336.3 vacancies (equating to 3.4% of the establishment), and a further decrease again from the September 2007 level (Table 21) when there were 453.4 vacancies representing 4.8% of the establishment.

76. With regard to long term vacancies (over 3 months) these have decreased considerably to just 19.4 (0.2%) in June 2011 from a still relatively low level of 120.8 (1.2%) in September 2009 which was also a decrease from the September 2007 (Table 20) level of 180.8 (1.9%).

77. In previous years there was considerable variability in vacancy rates amongst AHP staff groups, partly due to the small numbers of certain staff groups creating a situation where a relatively small number of vacancies in a given profession could create a large percentage vacancy rate. However, as can be seen from Table 19, vacancy rates are currently universally low amongst this job family.

Vacancy Statistics for Other Staff Groups

78. Whilst we will continue to work with statistical colleagues on an ongoing basis to develop effective information gathering in NHSScotland, vacancy data is not currently available for staff groups other than Nurses, Midwives and AHPs and Pharmacists.

Healthcare Scientists

79. It should be noted that whilst the overall Healthcare Science staff group remains the same as in the September 2009 report, the way in which these staff are categorised and sub-divided has changed slightly. These posts are now divided into

Physiology Sciences (Clinical Psychology, Clinical Sciences Psychology and Clinical Perfusion Physiology), Life Sciences (Biomedical Sciences Life, Clinical Sciences Life, Clinical Technology Life) and Physical Sciences (Clinical Sciences Physical, Clinical Technology Physical, Clinical Photographer/Illustrator Physical and Maxillofacial Prosthetics Physical) (Tables 22 and 23).

80. As at June 2011, there were 5,474.4 WTE healthcare science staff in post in NHSScotland. This represents a decrease of 119.4 (2.1%) over the September 2009 level and a rise of 321.5 (6.2%) over the September 2007 level.

81. In headcount, the June 2011 figure of 6,104 represents a decrease of 156 (2.5%) over the September 2009 level, and a rise of 372 (6.5%) over the September 2007 level.

Other Therapeutic Staff

82. Under the heading Other Therapeutic Staff is grouped staff delivering Clinical Psychology and Counselling, Genetic Counselling, Optometry, Pharmacy and Therapeutic Play staff (Tables 24 and 25).

83. As at June there were 3,448.4 WTE other therapeutic staff in post in NHSScotland. This represents an increase of 121.9 (3.7%) over the September 2009 level and 694.7 (25.2%) over the September 2007 level.

84. In headcount, the June 2011 figure of 4,011 represents a rise of 177 (4.6%) over the September 2009 level and a rise of 848 (26.8%) over the September 2007 level.

Pharmacy Vacancy Rates

85. ISD currently collect hospital pharmacy vacancy data at September each year. Vacancy data for September 2011, however, will not be available until November but September 2010 vacancy data (Table 26) reveals an overall vacancy rate at that point for qualified hospital pharmacists of 8.3% and a vacancy rate at Band 6 of 11.6%. These are still higher in relative terms than other monitored staff groups but represent a considerable improvement from the 40% vacancy rate recorded in May 2009 as part of the Pharmacy Vacancy and Establishment Survey. It is also encouraging to note that the over 3 month vacancy rate is only 4.1%. We will continue to monitor the situation as it develops over the next few years and it remains open to Health Boards encountering difficulties in recruiting Band 6 Pharmacists to apply for a local Recruitment and Retention Premium using the processes in place.

Personal & Social Care Staff

86. The Personal and Social Care staff group covers Chaplaincy, Health Promotion, Sexual Health and Social Work (Tables 27 and 28).

87. As at June 2011 there were 931.7 WTE personal and social care staff in post in NHSScotland. This represents an increase of 168.4 (22.1%) over the September 2009 level and 381.8 (69.4%) over the September 2007 level.

88. In headcount, the June 2011 figure of 1,116 represents a rise of 227 (25.5%) over the September 2009 level and a rise of 421 (60.6%) over the September 2007 level.

Medical and Dental Support Staff

89. This staff group is made up of Physician Assistants, Theatre Services staff and Dental Care Practitioners (Tables 29 and 30).

90. As at June 2011 there were 1,870.6 WTE medical and dental support staff in post in NHSScotland. This represents an increase of 203.2 (12.2%) over the September 2009 level and 798.3 (74.4%) over the September 2007 level.

91. In headcount, the June 2011 figure of 2,204 represents a rise of 276 (14.3%) over the September 2009 level and a rise of 966 (78%%) over the September 2007 level.

Administrative and Support Services

92. This heading encompasses Central Function and Administrative Clinical Support Staff. Also General Services, Hotel Services, Maintenance and Estates Staff and Sterile Services Staff (Tables 31 and 32).

93. As at June 2011 there were 37,891.5 WTE administrative and support services staff in post in NHSScotland. This represents a decrease of 1,641 (4.2%) over the September 2009 level and an increase of 978.6 (2.6%) over the September 2007 level.

94. In headcount, the June 2011 figure of 47,370 represents a decrease of 2,293 (4.6%) over the September 2009 level and a rise of 837 (1.8%) over the September 2007 level.

Emergency Services

95. Emergency Services staff include Ambulance Care Assistants, Drivers, Emergency Medical Dispatch Centre Controllers, Paramedics and Technicians (see Tables 33 and 34).

96. As at June 2011 there were 3,662.9 WTE emergency eservices staff in post in NHSScotland. This represents a decrease of 40.6 (1.1%) over the September 2009 level and an increase of 133.1 (3.8%) over the September 2007 level.

97. In headcount, the June 2011 figure of 3,793 represents a decrease of 43 (1.1%) over the September 2009 level and a rise of 138 (3.8%) over the September 2007 level.

Summary

98. Although most staff groups have seen a reduction in numbers over the last 12 to 18 months it should be borne in mind that this comes at the end of a long period of sustained growth in capacity, and that the September 2009 figures quoted in our 2010-11 evidence represented the peak of this trend. Comparing current workforce data against 2007 data gives a more balanced view. The reduction in numbers is addressed within a workforce planning context in the next section.

SECTION E – WORKFORCE PLANNING

NHS Board Workforce Plans

99. Workforce planning is a statutory requirement and was established in NHSScotland (NHSS) in 2005 with the inception of HDL (2005) 52 “National Workforce Planning Framework 2005 Guidance” (www.show.scot.nhs.uk/sehd/mels/HDL2005_52.pdf) which provided Boards with a base for establishing workforce planning as a key element of the wider planning systems within NHSS.

100. In NHSScotland The “Six Steps Methodology to Integrated Workforce Planning” is the high-level approach used by the workforce planning community across Scotland. The six steps comprise:

- Step 1 – Defining the plan
- Step 2 – Service Change
- Step 3 – Defining the Required Workforce
- Step 4 – Workforce Capability
- Step 5 – Action Plan
- Step 6 – Implementation and Monitoring

101. More detailed background can be found at – www.healthcareworkforce.nhs.uk.

102. Work is continuing on Nursing and Midwifery Workload and Workforce Planning Tools for each workforce area. Although development continues, the tools as they stand are being utilised and are proving to be useful in informing staffing numbers as part of a triangulated approach incorporating professional judgement with quality measures.

103. Similar work is being undertaken for the Allied Health Professions and the Health Care Science Professions.

NHS Board Workforce Projections

104. Future demand for NHS staff groups is estimated by NHS Boards in their workforce plans and workforce demand projections, which take into account factors such as changing models of care and patient demography. With advances in medicine, new technology drug treatments, and new ways of delivering services, medium to long term numerical projections are challenging. However, the majority of the future workforce is the current workforce, therefore projected workforce planning needs to allow for the development of the existing workforce to meet future predicted population and service need.

NHS Board Projected Staff in Post Changes in 2011-12

105. All NHS Boards were asked to provide workforce projections for 2011-12 to enable the Scottish Government and NHS Boards to assess the current workforce and skills mix to ensure this is appropriate to meet current and future needs. NHSS

projected staff in post changes for 2011-12 were published on 30 August on the Scottish Government website (www.scotland.gov.uk/Publications/2011/08/31111000/0). These show a projected overall decrease of 2,390.5 WTE (-1.8%). If these projections are realised, the largest reduction will be in Administrative Services (projected to fall by 4.3%) of which management posts are projected to fall by 9.5% in line with the policy of reducing senior management posts by 25%.

106. Workforce projections are part of the normal planning process undertaken by all NHS Boards to ensure that changes to the NHS workforce are driven by and reflect service redesign in order to maintain and enhance the quality of care while increasing efficiency. All projections have been developed in liaison with local staff side representatives in each NHS Board.

107. Over the last year we have seen NHS Boards deliver a planned reduction in the NHS workforce and the number of acute beds, while at the same time increasing activity and improving quality. We now have the best waiting times performance and the lowest levels of healthcare associated infection on record.

108. Although the commitment to no compulsory redundancies in the NHS remains, it is right for Boards to look critically at service delivery at a time of tightening public sector budgets and part of this is to consider how services should be staffed as patterns of care change. With changes resulting from shifting activity from the acute sector in to community, we can expect to see an associated transfer of activity.

SECTION F – EMPLOYEE EXPERIENCE, MORALE AND MOTIVATION

109. The Scottish Government is clear that, although there is a reduction in the level of recruitment across NHSScotland, there is a need to ensure that NHSScotland is able to provide high-quality safe and effective care through an empowered and flexible workforce which understands the diverse needs of the population and which chooses to work for, and remains committed to, NHSScotland.

110. This approach is strengthened by the long standing commitment to partnership working in NHSScotland, of which we are proud. This leads to better informed and shared decisions, which in turn deliver a better standard of service to patients and their families. NHSScotland's partnership approach merits careful assessment because it is the most established national partnership agreement in the NHS, it provides for ambitious levels of staff involvement, it creates important and distinct institutions for modernising health services, and it receives significant support from the Scottish Government, employers and staff representatives.

111. Nottingham University carried out research to understand how partnership operates in NHSScotland. The initial findings indicate that the industrial relations model within NHSScotland is significantly better than those employed within the rest of the NHS and in particular acknowledges that the separation of terms and conditions negotiations from strategic discussions and policy development has allowed NHSScotland to achieve a stable partnership environment. The research also indicated that the national partnership groups would benefit from further review to ensure that they continue to meet the needs of the various stakeholders. A review of the partnership structures is being taken forward in partnership.

Staff Survey

112. The NHSScotland 2010 staff survey took place between 18 October 2010 and 19 November 2010. A total of 42,061 staff (26%) completed the staff survey, with 90% completing electronic copies and 10% completing paper copies of the survey.

113. To assess performance over time on the Staff Governance Standard, the findings of the 2010 staff survey are compared with those from the 2008 and 2006 staff surveys. The results show improvement in the percentage of positive responses in 2010 on two out of the five strands of the Standard ('well informed' and 'appropriately trained') and little change in two strands ('involved in decisions' and 'treated fairly and consistently'). A smaller percentage of staff provided positive responses on the question of whether they felt 'provided with an improved and safe working environment' than staff responding to the 2008 survey.

114. Key highlights of the 2010 staff survey include the following:

- More staff in NHSScotland felt 'well informed' in 2010 compared to 2008;
- A large majority of staff are clear what their duties and responsibilities are, and they understand how their work fits into the overall aims of the Board;

- Most staff state that they are ‘appropriately trained’, the majority having had an induction when they started their job which they reported as ‘effective’, and meetings with their managers in the last 12 months to appraise their performance and agree a personal development plan or equivalent. A majority also reported support from their immediate manager in accessing the training needs identified. A majority of respondents indicated they were satisfied with the training they receive;
- Most staff indicate their line manager and colleagues encourage, support, help and treat them with the respect they deserve at work;
- Staff felt their Board acts fairly and offers equality of opportunity with regard to career progression/promotion;
- Staff responding to the 2010 survey demonstrated higher levels of employee engagement than staff responding to the 2008 survey; and,
- Overall, NHSScotland meets several of the HSE’s recommended standards to protect staff from workplace stress, in terms of providing sufficient proportions of staff with appropriate levels of support from managers and colleagues; ensuring that employees are not subject to unacceptable behaviour at work (such as bullying); and staff understanding their role and responsibilities.

115. The survey also identifies the following areas where there are opportunities to improve the performance of NHSScotland against its Staff Governance Standard:

- Staff perceptions of whether they are ‘involved in decisions’ suggest that slightly fewer staff felt confident that their ideas or suggestions would be listened to in the 2010 staff survey compared to the 2008 survey;
- More respondents felt they had experienced discrimination in the 12 months prior to the 2010 survey than reported having experienced discrimination in the 12 months prior to the 2008 survey;
- One in three respondents had experienced emotional or verbal abuse in the past 12 months;
- A significant minority of staff who reported incidents of emotional/verbal abuse or bullying did not feel satisfied with the response they received; and,
- The findings also suggest that NHSScotland should explore what more can be done to help staff cope effectively with the demands of their job; to have a say about and some control over the way they work; and to involve staff in change.

Working Well

116. The 2011/12 Working Well Programme marks a departure from the local project challenge funding approach used over the past 2 years. Boards told us that they found this resource-intensive, in terms of staff time and, due to budgetary pressures, projects could not be supported beyond the period for which funding had been awarded. Therefore, to develop a more sustainable approach, a nationally-led strategy is being adopted. Developed in consultation with NHS Boards and their partners, six key themes have been identified around which we have developed a national Working Well programme, comprising the following projects:

- Carers Strategy for NHSScotland
- Financial Capability
- Healthy Lifestyles Survey
- Employability, focussing on young people
- Staff Wellness Weeks
- Occupational Health Passport

117. The intention is that, once the projects are up and running, each Board will incorporate and progress these approaches to meet local needs.

Occupational Health and Safety

118. A new strategic framework, Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland, was published by the Scottish Government in March 2011. This new framework was developed in partnership by the Occupational Health and Safety Strategic Forum (OHSSFor). It sets out how NHSScotland Boards should approach occupational health and safety to keep staff motivated and healthy, engaged and safe. It provides a national statement of aims and priorities, together with a clear framework for delivering improvements in the occupational health and safety of NHSScotland staff. OHSSFor will monitor and support Boards in the delivery of the new strategy.

National Uniform

119. The delivery of a consistent, cost effective National Uniform across NHSScotland provides staff with the professional corporate image that they deserve. The new uniform replaces the previous 250 styles and 100 colours with one unisex style in 7 shades. We have met the needs of staff by providing a better quality, fit for purpose uniform. The consistent colour coding across NHSScotland meets the needs of patients and the public to identify staff by their role. The short-sleeved style helps minimise the risk of infection and cross contamination. The Uniform policy along with the Dress Code and Uniform Laundering policy forms part of a comprehensive package of 3 closely related policies. Bulk purchasing from a single supplier suggests savings of 33% on previous spend, accounting for inflation and same demand level. The uniform has been rolling out in various stages across Boards since the start of 2010 and has been well received. All staff who currently wear a uniform will be in the national uniform by the end of 2012.

Absence Management

120. For the fourth successive year, the annual Sickness Absence rate fell. It is now at 4.74%, down from 5.55% in 2006/07. Scottish Government and NHS Boards are working in partnership with the trades unions to promote attendance rather than just managing absence. NHSScotland's approach to promoting attendance is moving from reactive interventions to proactive health promotion and support for staff. NHS Boards will continue to be supported by Scottish Government through a national programme of sharing best practice and developing new approaches to attendance management.

Migration Advisory Committee

121. NHSScotland Boards have fully delegated authority over employment issues, including how they manage unfilled posts. In their work to restructure and redesign services to ensure high quality patient care, Boards are actively managing their workforce to minimise vacancies. However, where vacancies do occur, some of these may be filled either through redeployments or by advertising the posts, while some others may be left unfilled.

122. During 2011, evidence of hard to fill vacancies was submitted to the Migration Advisory Committee (MAC) who are commissioned by the UK Government to recommend occupations to be included in a National and Scottish Shortage Occupation Lists (NSOL & SSOL). This process involved asking Boards to help with the collection and analysis of long term and hard to fill vacancy data and evidence. Working with NHS Boards, Skills for Health and devolved administrations, a comprehensive list with supporting evidence was submitted on 10 June 2011, to ensure that the position across NHSScotland was taken into account in the development of the shortage occupation lists. MAC has submitted its report to the UK Government, and we await their decision. Where we are successful in getting professions on either of the Lists, Boards will be given the opportunity to recruit from outwith the EEA without needing to satisfy the resident labour market test, ensuring there was sufficient staff to provide the necessary person centred care.

123. In July 2011, the UK Border Agency (UKBA) and the MAC launched consultations relating to the settlement rules for migrants under Tiers 1 and 2. We will be submitting evidence to these consultations, which will include evidence from NHSScotland on the impact which these proposed changes could have on the supply of suitably qualified staff.

Knowledge and Skills Framework

124. Implementation of the Knowledge and Skills Framework (KSF) in Scotland has progressed very well. The implementation of KSF was performance managed and supported by a Health Efficiency Access Treatment (HEAT) target. To achieve the target all Health Boards were required to ensure that at least 80% of AfC staff had development reviews and PDPs completed and recorded on the electronic on-line tool which supports the KSF processes (known as "e-ksf") by 31 March 2011. This target was exceeded at a national level with a 85% achievement level across NHSScotland which is a key milestone towards full implementation and

mainstreaming of the KSF. KSF will now form part of the staff engagement measures under the quality strategy ensuring that progress will continue to be made.

125. It is expected that the effect (impact) of having KSF and eKSF fully implemented will be improved staff engagement, competence and job satisfaction which will result in improved recruitment and retention. Through time, the KSF will help manage role redesign to ensure that new roles required to enable service redesign can be appropriately and effectively developed.

NHS Pension and Total Rewards

126. The NHS pension scheme in Scotland continues to be an integral part of the NHS remuneration package and is considered an invaluable recruitment and retention tool. Pension benefits and employee contributions in the Scottish NHS pension Scheme mirror that of the scheme in England and Wales.

127. Current member contributions vary from 5% to 8.5% of pay with higher earners paying more for their benefits. The Employer's contribution is currently 13.5% which means the amount the employer contributes to the member's pension scheme is still significantly higher than the member contributes. From 1 April 2011 pensions are now revalued in line with the consumer price index.

Future Changes

128. Occupational pensions policy is reserved to the UK Government. Following the recommendations of the Hutton report on reform of public pensions the UK Government, in its October 2010 spending review, decided to increase employee contributions to public service schemes by an average of 3.2% of pay by April 2014. The increases are to be introduced in increments:

- 40% from April 2012;
- a further 40% from April 2013;
- and the final 20% from April 2014;

129. In the Scottish Government Spending Review 2011 announcement of 21 September 2011, The Cabinet Secretary for Finance, Employment and Sustainable Growth set out the Scottish Government's position in respect of the UK Government's policy of increasing public sector pension contributions.

130. In correspondence, the UK Government has stated that if the reforms are not implemented in Scotland, then the Scottish Budget would be reduced by £8.4m per month during 2012-13. Such a move would reduce public sector employment and run contrary to the direction of the Scottish Government's employment policy.

131. The Scottish Government believes the UK Government is taking the wrong course of action and has asked for a change in direction. Should the UK Government refuse to change its position, the Scottish Government will have no choice but to reluctantly apply the increases in employee pension contributions for the NHS, Scheme in Scotland, with built-in protection for the low paid.

132. The Scottish Government will consider the longer term reforms proposed by the UK Government in due course and will continue to engage with Unions and employers as that process commences.

SECTION G – CONCLUSIONS

133. In formulating our evidence to the Review Body we have taken into account the information available to us on recruitment and retention and vacancy rates for the groups covered by the Pay Review Body, the non-pay employment environment which NHSScotland staff are working in and the unprecedented financial challenges faced by NHSScotland at the current time.

134. Although the last 18 months has seen a reduction in the overall number of staff working in NHSScotland, this should be set in the context of a long period of expansion of the workforce. It is also important to highlight that this planned reduction in the NHS workforce and the number of acute beds has been delivered but not at the expense of activity and quality which has increased and improved.

135. Our previous evidence noted the low general vacancy rates in staff groups where this is monitored and speculated that increased emphasis on vacancy management locally where staff numbers are decreasing would put further downward pressure on vacancy rates. This seems to have been the case with vacancy rates now at historically low levels. These statistics reflect the value placed on job security during what are difficult times for the wider economy. NHSScotland is clearly in a strong position in recruitment and retention terms.

136. With regard to non-pay employment issues, the Scottish Government remains committed to making NHSScotland an attractive place to work. The partnership structures which we have developed in Scotland are acknowledged to be valuable by all sides. By allowing staff to be involved in decisions which affect them we help to create a well informed and committed workforce. Through programmes such as Working Well and the considerable work which has gone into implementing the Knowledge and Skills Framework in Scotland, we continue to promote a supportive working environment where staff are encouraged to be healthy, motivated and engaged.

137. In financial terms, although the NHS has been shielded from the degree of savings required of other public services, NHSScotland is still faced with having to make 3.7% savings in 2011/12, and it is anticipated the service will have to make further significant saving in 2012/13. Any increased costs associated with pay will be unwelcome as Boards seek to balance competing claims on resources to meet their objectives in the provision of healthcare.

138. The Scottish Government has already made a commitment to the lowest paid by introducing a living wage of £7.15 in 2011. We intend to increase the living wage level to £7.20 as part of that ongoing commitment. Taking this into account, as well as the recruitment, retention and vacancy situation, and contrasting this with the increasingly challenging financial situation faced by NHSScotland and set out in Section B, **the Scottish Government considers that the 2012/13 uplift for NHS staff earning under £21,000 a year should be a flat rate of £250.**

Table 1

NHSScotland: Overall Workforce Summary (Whole Time Equivalent) by Year

	2007	2008	2009	2010	Mar-11	Jun-11	% Change Mar11 - Jun11
All NHSScotland staff (excluding GPs & GDs) ¹	130,245.0	133,094.3	135,825.3	134,964.2	133,325.6	131,914.9	-1.1
Medical (Hospital, community and public health services)	10,251.6	10,752.6	10,680.5	10,731.8	10,696.6	10,640.0	-0.5
Dental (Hospital, community and public health services)	569.1	603.7	641.4	708.4	722.9	728.4	0.8
Management Grades (non AfC)	1,785.8	1,451.9	1,335.6	1,235.0	1,192.1	1,103.2	-7.5
All Agenda for Change Staff	117,638.6	120,286.1	123,167.8	122,289.0	120,713.9	119,443.3	-1.1
Medical and dental support	1,072.3	1,439.6	1,667.4	1,810.8	1,838.8	1,870.6	1.7
Nursing and midwifery	57,049.7	57,748.9	58,428.4	57,878.3	57,166.9	56,681.2	-0.8
Allied health professions ²	8,951.4	9,242.7	9,579.5	9,595.6	9,510.6	9,412.6	-1.0
Other therapeutic services	2,753.7	3,135.1	3,326.5	3,406.5	3,413.1	3,448.4	1.0
Personal and social care	549.9	692.4	763.3	948.1	971.1	931.7	-4.1
Healthcare science	5,152.9	5,158.4	5,593.8	5,628.0	5,570.7	5,474.4	-1.7
Emergency services ³	3,529.8	3,557.7	3,703.5	3,698.3	3,698.4	3,662.9	-1.0
Administrative services ⁴	22,951.3	23,514.5	24,771.5	24,651.5	24,290.8	23,879.9	-1.7
Support services	13,961.7	14,367.6	14,761.0	14,410.8	14,184.0	14,011.6	-1.2
Unallocated / not known	1,665.9	1,429.0	573.0	261.2	69.6	70.0	0.6

Notes:

1. Due to some staff being 'unallocated', the summation of the individual staff groups within the overall table will not add up to the 'All NHSS staff (excluding GPs & GDs) total'. Unallocated staff are those employees who through AfC have not been assigned to a staff group. The proportion of unallocated staff has decreased over the years since the introduction of AfC as staff assimilated.

Table 2

NHSScotland: Overall Workforce Summary (Headcount) by Year

	2007	2008	2009	2010	Mar-11	Jun-11	% Change Mar11 - Jun11
All NHSScotland staff (excluding GPs & GDs) ¹	153,207.0	156,474.0	159,752.0	158,756.0	156,901.0	155,312.0	-1.0
Medical (Hospital, community and public health services)	11,128.0	11,783.0	11,797.0	11,887.0	11,903.0	11,843.0	-0.5
Dental (Hospital, community and public health services)	695.0	752.0	812.0	871.0	885.0	895.0	1.1
Management Grades (non AfC)	1,903.0	1,502.0	1,377.0	1,255.0	1,213.0	1,123.0	-7.4
All Agenda for Change Staff	137,996.0	141,168.0	145,473.0	144,753.0	143,144.0	141,691.0	-1.0
Medical and dental support	1,238.0	1,666.0	1,928.0	2,135.0	2,167.0	2,204.0	1.7
Nursing and midwifery	66,448.0	67,053.0	67,779.0	67,259.0	66,425.0	65,856.0	-0.9
Allied health professions ²	10,730.0	11,069.0	11,476.0	11,546.0	11,479.0	11,378.0	-0.9
Other therapeutic services	3,163.0	3,596.0	3,834.0	3,934.0	3,960.0	4,011.0	1.3
Personal and social care	695.0	811.0	889.0	1,118.0	1,147.0	1,116.0	-2.7
Healthcare science	5,732.0	5,759.0	6,260.0	6,277.0	6,212.0	6,104.0	-1.7
Emergency services ³	3,655.0	3,681.0	3,836.0	3,833.0	3,834.0	3,793.0	-1.1
Administrative services ⁴	26,996.0	27,746.0	29,161.0	29,007.0	28,583.0	28,094.0	-1.7
Support services	19,339.0	19,787.0	20,310.0	19,644.0	19,337.0	19,135.0	-1.0

NHSScotland: Staff Turnover Trend by Year

Headcount			WTE	
Year (April to March)	Net Turnover Rate	Gross Turnover Rate	Net Turnover Rate	Gross Turnover Rate
2010/11	7.1	8.5	6.4	7.7
2009/10	6.8	8.7	6.1	7.9
2008/09	7.8	10.2	7.2	9.5
2007/08	9.0	11.7	8.3	10.9
2006/07	8.6	11.6	7.9	10.8

Source: Scottish Workforce Information Standard System (SWISS)

Notes: 1. Net figures are defined as joiners, leavers, stability and turnover within NHSS

2. Gross figures are defined as joiners, leavers, stability and turnover from NHS Boards within NHSS. Source: Scottish Workforce Information Standard System (SWISS) - March 2011 extract taken on 19th April 2011. Current turnover methodologies used nationally may differ to those methodologies being applied locally by NHS Boards. ISD, Scottish Government Statisticians and NHS Boards will work together to review turnover methodologies..

Table 4

NHSScotland: Nursing and Midwifery Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Nursing and midwifery staff ¹	57,049.7	57,748.9	58,428.4	57,878.3	57,166.9	56,681.2	-0.8
Nursing ¹	49,575.3	54,058.6	55,357.9	54,802.0	54,101.6	53,785.9	-0.6
Midwifery ¹	2,796.8	2,983.2	3,002.7	3,032.8	3,024.5	2,843.2	-6.0
Nursing and Midwifery	57,049.7	57,748.9	58,428.4	57,878.3	57,166.9	56,681.2	-0.8
Adult	33,748.5	36,604.3	35,899.0	33,196.4	32,386.5	32,225.2	-0.5
Bank	-	24.5	19.2	13.5	10.8	8.8	-18.3
Blood Transfusion Service	156.5	57.1	248.2	272.9	270.7	268.7	-0.7
Children	684.5	813.9	1,440.2	2,311.2	2,471.4	2,500.9	1.2
Community General nurses	4,187.9	4,715.0	4,798.6	3,647.6	3,500.9	3,458.8	-1.2
District nurses	443.4	445.1	515.1	879.7	1,047.1	1,040.3	-0.6
Family planning nurses	22.8	26.0	30.5	99.0	98.2	96.4	-1.8
Health visitors	1,145.3	1,208.5	1,139.8	1,218.2	1,278.0	1,261.5	-1.3
Learning disabilities	905.3	1,023.4	1,123.6	1,253.2	1,241.2	1,224.7	-1.3
Mental health	7,245.8	8,019.9	8,882.8	9,897.8	9,794.7	9,712.3	-0.8
Midwifery	2,796.8	2,983.2	3,002.7	3,032.8	3,024.5	2,843.2	-6.0
NHS 24	374.5	357.0	353.0	364.2	348.9	362.9	4.0
Other nurses	155.8	175.4	176.1	699.0	704.4	696.8	-1.1
Practice nurse	-	-	-	4.9	10.4	11.8	12.8
Public health nurses	144.3	150.3	199.7	262.9	241.8	235.6	-2.6
School nurses	270.1	286.5	306.5	322.7	326.0	313.1	-4.0
Staff nursery	-	-	8.8	49.3	49.8	48.7	-2.2
Training and administration	-	54.1	101.2	146.2	151.4	151.8	0.2
Treatment room nurses	90.7	97.6	115.6	163.1	170.2	167.5	-1.6
Not assimilated	4,677.5	707.2	67.8	43.5	39.9	52.1	30.6

Source: Scottish Workforce Information Standard System (SWISS), latest data extracted 19/04/2011.

Table 5

NHSScotland: Nursing and Midwifery Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Nursing and midwifery staff ¹	66,448.0	67,053.0	67,779.0	67,259.0	66,425.0	65,856.0	-0.9
Nursing ¹	57,762.0	62,576.0	63,981.0	63,434.0	62,599.0	62,260.0	-0.5
Midwifery ¹	3,487.0	3,716.0	3,747.0	3,805.0	3,808.0	3,582.0	-5.9
Nursing and Midwifery	66,448.0	67,053.0	67,779.0	67,259.0	66,425.0	65,856.0	-0.9
Adult	39,135.0	42,227.0	41,333.0	38,399.0	37,441.0	37,269.0	-0.5
Bank	-	32.0	26.0	18.0	14.0	11.0	-21.4
Blood Transfusion Service	257.0	92.0	388.0	416.0	411.0	403.0	-1.9
Children	843.0	1,006.0	1,727.0	2,749.0	2,941.0	2,980.0	1.3
Community General nurses	5,529.0	6,176.0	6,276.0	4,819.0	4,626.0	4,575.0	-1.1
District nurses	500.0	510.0	584.0	1,037.0	1,253.0	1,239.0	-1.1
Family planning nurses	70.0	73.0	83.0	182.0	179.0	172.0	-3.9
Health visitors	1,361.0	1,438.0	1,372.0	1,485.0	1,564.0	1,539.0	-1.6
Learning disabilities	1,000.0	1,124.0	1,224.0	1,361.0	1,345.0	1,326.0	-1.4
Mental health	7,886.0	8,698.0	9,624.0	10,692.0	10,576.0	10,489.0	-0.8
Midwifery	3,487.0	3,716.0	3,747.0	3,805.0	3,808.0	3,582.0	-5.9
NHS 24	577.0	544.0	539.0	568.0	541.0	566.0	4.6
Other nurses	180.0	202.0	205.0	870.0	877.0	866.0	-1.3
Practice nurse	-	-	-	8.0	15.0	16.0	6.7
Public health nurses	169.0	185.0	238.0	318.0	291.0	284.0	-2.4
School nurses	382.0	408.0	435.0	454.0	460.0	446.0	-3.0
Staff nursery	-	-	10.0	55.0	56.0	56.0	-
Training and administration	-	60.0	111.0	161.0	167.0	167.0	-
Treatment room nurses	137.0	142.0	170.0	229.0	239.0	236.0	-1.3
Not assimilated	5,415.0	821.0	77.0	51.0	47.0	59.0	25.5

Source: Scottish Workforce Information Standard System (SWISS), latest data extracted 19/04/2011.

Table 6

NHSScotland: Nursing and Midwifery Staff (Employments) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Nursing and midwifery staff ¹	67,345.0	67,965.0	68,681.0	68,133.0	67,303.0	66,711.0	-0.9
Nursing ¹	58,370.0	63,400.0	64,836.0	64,253.0	63,419.0	63,042.0	-0.6
Midwifery ¹	3,500.0	3,735.0	3,768.0	3,829.0	3,836.0	3,610.0	-5.9
Nursing and Midwifery	67,345.0	67,965.0	68,681.0	68,133.0	67,303.0	66,711.0	-0.9
Adult	39,297.0	42,427.0	41,530.0	38,575.0	37,620.0	37,437.0	-0.5
Bank	-	32.0	26.0	18.0	14.0	11.0	-21.4
Blood Transfusion Service	257.0	92.0	388.0	416.0	411.0	403.0	-1.9
Children	845.0	1,016.0	1,741.0	2,762.0	2,962.0	3,004.0	1.4
Community General nurses	5,666.0	6,398.0	6,490.0	4,968.0	4,757.0	4,702.0	-1.2
District nurses	503.0	513.0	590.0	1,047.0	1,265.0	1,251.0	-1.1
Family planning nurses	72.0	74.0	84.0	184.0	180.0	173.0	-3.9
Health visitors	1,368.0	1,446.0	1,377.0	1,491.0	1,573.0	1,547.0	-1.7
Learning disabilities	1,001.0	1,125.0	1,226.0	1,364.0	1,348.0	1,329.0	-1.4
Mental health	7,904.0	8,726.0	9,661.0	10,738.0	10,618.0	10,522.0	-0.9
Midwifery	3,500.0	3,735.0	3,768.0	3,829.0	3,836.0	3,610.0	-5.9
NHS 24	583.0	546.0	543.0	572.0	547.0	574.0	4.9
Other nurses	182.0	203.0	205.0	885.0	891.0	879.0	-1.3
Practice nurse	-	-	-	8.0	15.0	16.0	6.7
Public health nurses	169.0	185.0	239.0	320.0	291.0	284.0	-2.4
School nurses	385.0	413.0	442.0	456.0	463.0	449.0	-3.0
Staff nursery	-	-	10.0	55.0	56.0	56.0	-
Training and administration	-	61.0	111.0	162.0	168.0	167.0	-0.6
Treatment room nurses	138.0	143.0	173.0	232.0	241.0	238.0	-1.2
Not assimilated	5,475.0	830.0	77.0	51.0	47.0	59.0	25.5

Source: Scottish Workforce Information Standard System (SWISS), latest data extracted 19/04/2011

Table 7

NHSScotland: Nursing and Midwifery Staff (Whole Time Equivalent) - Pre 2007

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006 ²
All nursing and midwifery staff	51,889.4	51,461.0	51,085.7	51,373.5	51,291.6	52,214.4	53,177.5	54,097.0	54,520.9	55,434.3	56,783.9
Senior Nurse Managers¹	212.0	133.9	117.9	102.6	63.9	56.0	44.0	35.6	33.2	28.8	..
Hospital Specialties²	45,358.8	44,893.5	44,399.0	44,485.2	44,210.3	44,791.5	45,263.8	45,779.4	46,026.9	46,739.1	47,469.4
Registered	29,515.0	29,431.5	29,318.0	29,521.0	29,545.5	29,928.3	30,293.7	30,961.6	31,417.1	32,170.2	33,074.1
Acute	14,717.4	14,863.0	15,029.7	15,361.3	15,549.4	15,863.2	16,114.3	16,766.4	17,278.1	18,040.7	..
Midwives	2,408.4	2,406.1	2,354.5	2,367.5	2,377.1	2,339.9	2,334.9	2,365.1	2,392.2	2,411.2	..
Other Maternity	327.7	315.9	310.4	309.4	312.7	303.1	279.9	277.8	284.8	280.8	..
Mental Illness	5,618.1	5,609.5	5,601.6	5,498.5	5,437.2	5,564.4	5,686.6	5,733.4	5,734.0	5,709.5	..
Learning Disabilities	1,329.6	1,276.3	1,197.2	1,178.3	1,139.3	1,045.5	967.6	863.5	821.0	821.1	..
Care of the Elderly	3,964.4	3,760.3	3,573.4	3,505.7	3,385.5	3,309.8	3,294.7	3,266.9	3,212.8	3,165.1	..
Paediatrics	1,149.4	1,194.4	1,239.3	1,299.4	1,343.3	1,438.5	1,544.6	1,599.3	1,602.1	1,649.6	..
Infection Control	-	-	-	-	-	61.9	70.1	89.3	92.1	92.3	..
Other	-	6.0	12.0	1.0	1.0	2.0	1.0	-	-	-	..
Non registered	15,843.8	15,462.1	15,081.0	14,962.4	14,664.9	14,863.1	14,970.1	14,817.7	14,609.9	14,568.9	14,395.3
Acute	5,215.0	5,230.4	5,295.9	5,426.3	5,459.2	5,712.7	5,867.5	6,048.9	6,072.6	6,260.1	..
Other Maternity	751.5	701.9	682.6	686.7	648.8	610.7	603.8	581.2	601.0	578.8	..
Mental Illness	3,909.5	3,764.2	3,699.0	3,642.0	3,588.0	3,667.4	3,704.8	3,642.2	3,575.1	3,529.4	..
Learning Disabilities	1,633.1	1,580.6	1,436.2	1,338.9	1,245.5	1,214.1	1,107.4	943.7	879.6	835.0	..
Care of the Elderly	3,942.4	3,798.6	3,553.3	3,462.9	3,312.8	3,241.5	3,243.3	3,173.7	3,060.5	2,933.8	..
Paediatrics	392.4	379.8	381.1	369.9	373.6	386.0	406.9	421.2	417.2	408.8	..
Infection Control	-	-	-	-	-	-	-	-	-	-	..
Healthcare assistant	-	6.6	32.9	37.5	36.9	30.8	36.4	6.8	3.9	23.0	..
Other	-	-	-	-	-	-	-	-	-	-	..
Community Specialties²	5,967.1	6,048.6	6,140.9	6,304.8	6,392.0	6,723.5	6,919.6	7,216.7	7,305.7	7,457.8	8,198.7
Registered	5,412.4	5,458.1	5,553.1	5,697.1	5,757.2	6,048.1	6,226.1	6,451.6	6,554.5	6,693.0	7,071.9
Health visitor	1,426.4	1,426.6	1,459.0	1,464.4	1,460.1	1,487.7	1,503.4	1,473.2	1,489.1	1,479.5	..
Grades G & above - Whitley only	1,308.8	1,307.5	1,317.3	1,310.6	1,310.6	1,315.9	1,277.2	1,265.1	1,263.3	1,248.7	..
Below Grade G - Whitley only	117.6	135.1	141.7	153.9	149.5	171.8	226.3	208.1	225.8	230.8	..
District nurse	1,780.0	1,799.7	1,852.5	1,939.8	1,935.8	1,999.7	2,008.4	2,012.3	2,027.1	2,048.5	..
Grades G & above - Whitley only	1,008.3	1,001.7	1,011.8	1,027.3	1,018.4	1,033.7	1,020.3	1,036.1	1,024.3	1,031.9	..
Below Grade G - Whitley only	771.7	798.0	840.7	912.5	917.4	966.0	988.1	976.2	1,002.8	1,016.6	..
Community midwife	308.0	291.9	302.6	299.5	286.4	301.1	306.7	321.2	299.9	303.6	..
Combined duty nurse - including midwifery	409.8	378.6	338.2	305.9	264.8	218.9	197.4	176.6	165.7	147.1	..
Combined duty nurse - not including midwifery	24.4	19.4	19.5	17.3	16.1	14.7	12.7	14.3	16.9	16.2	..
Community psychiatric nurse	449.4	484.7	499.4	587.0	627.2	703.4	739.6	877.9	921.1	998.7	..
Community learning disability nurse	151.8	146.3	139.5	133.3	128.5	123.6	103.6	99.9	101.1	100.1	..
School nurse	287.3	277.2	284.4	277.5	289.0	309.8	302.6	294.0	300.7	305.2	..
Clinic nurse	207.1	209.0	204.3	201.4	200.3	199.3	200.1	203.8	209.5	194.3	..
Other	368.3	408.6	453.6	481.2	549.1	689.9	851.5	978.6	1,023.5	1,099.8	..
Non registered	554.8	590.5	587.9	607.6	634.8	675.4	693.5	765.1	751.2	764.8	1,126.8
Auxiliary/assistant	536.0	568.9	576.9	593.8	607.4	634.2	649.2	712.7	691.8	696.9	..
Nursery nurse	18.8	21.6	10.9	13.8	27.3	41.2	44.4	52.3	59.4	67.9	..
Other Specialties²	351.4	385.0	427.8	480.9	625.4	643.4	950.1	1,065.3	1,155.1	1,208.5	1,093.6
Registered	183.6	221.4	244.8	275.8	363.1	392.9	695.8	813.6	901.7	942.0	858.0
Occupational Health	-	-	-	-	87.5	95.1	111.1	127.5	114.7	121.1	..
Blood Transfusion Service	43.8	51.7	52.2	64.5	61.2	59.2	67.4	64.8	78.0	83.7	..
NHS24	-	-	-	-	-	-	244.3	346.8	380.5	374.3	..
Other	139.8	169.8	192.6	211.3	214.5	238.6	273.0	274.6	328.6	362.9	..
Non registered	167.9	163.6	183.0	205.1	262.3	250.5	254.3	251.7	253.3	266.6	235.6
Occupational Health	-	-	-	-	-	-	-	-	-	1.0	..
Blood Transfusion Service	124.8	121.2	123.2	121.8	164.5	159.1	155.9	139.2	143.9	141.2	..
Other	43.1	42.4	59.8	83.3	97.8	91.5	98.4	112.5	109.4	124.4	..

Notes:

1 Nursing management - all nurses on clinical grades are excluded from this category. Some senior nurse managers are employed on senior management grades and are not included in the nursing total.

2 The figures are presented in the same groupings as for previous years and the details for employees who have been assimilated to Agenda for Change have been 'mapped back' as far as possible to the coding used under Whitley to ensure consistency in trend data. Where this has not been possible the data are not shown for 2006.

Table 8

NHSScotland: Nursing and Midwifery Staff (Headcount) - Pre 2007

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All nursing and midwifery staff	62,455	61,943	61,353	61,627	61,560	62,357	63,335	64,293	64,822	65,781	67,099
Senior Nurse Managers¹	217	138	122	105	66	56	44	36	40	29	..
Hospital Specialties²	54,232	53,558	52,816	52,750	52,355	52,748	53,092	53,479	53,752	54,447	55,061
Registered	34,460	34,311	34,120	34,254	34,293	34,552	34,861	35,541	36,105	36,934	37,862
Acute	17,273	17,417	17,591	17,901	18,134	18,394	18,636	19,281	19,882	20,710	..
Midwives	3,003	2,988	2,936	2,947	2,968	2,911	2,902	2,945	2,979	3,016	..
Other Maternity	420	404	380	383	386	375	346	342	353	346	..
Mental Illness	6,099	6,083	6,065	5,953	5,872	5,989	6,116	6,191	6,200	6,190	..
Learning Disabilities	1,433	1,381	1,290	1,265	1,223	1,121	1,039	935	897	899	..
Care of the Elderly	4,835	4,575	4,333	4,236	4,088	3,967	3,917	3,859	3,791	3,713	..
Paediatrics	1,397	1,457	1,513	1,568	1,621	1,729	1,830	1,894	1,903	1,961	..
Infection Control	-	-	-	-	-	64	74	94	100	99	..
Other	-	6	12	1	1	2	1	-	-	-	..
Non registered	19,772	19,247	18,696	18,496	18,062	18,196	18,231	17,938	17,647	17,513	17,199
Acute	6,761	6,742	6,769	6,884	6,902	7,166	7,306	7,434	7,468	7,644	..
Other Maternity	1,027	951	916	919	861	805	785	753	777	749	..
Mental Illness	4,490	4,331	4,259	4,193	4,110	4,189	4,214	4,138	4,052	3,997	..
Learning Disabilities	1,819	1,760	1,593	1,487	1,385	1,346	1,226	1,045	973	932	..
Care of the Elderly	5,130	4,929	4,596	4,462	4,257	4,134	4,116	4,011	3,829	3,638	..
Paediatrics	545	527	523	505	500	515	537	548	542	528	..
Infection Control	-	-	-	-	-	-	-	-	-	-	..
Healthcare assistant	-	7	40	46	47	41	47	9	6	25	..
Other	-	-	-	-	-	-	-	-	-	-	..
Community Specialties²	7,562	7,756	7,872	8,150	8,281	8,690	8,968	9,351	9,461	9,615	10,497
Registered	6,560	6,699	6,821	7,056	7,149	7,508	7,766	8,075	8,216	8,354	8,843
Health visitor	1,605	1,648	1,680	1,698	1,709	1,756	1,789	1,789	1,825	1,826	..
Grades G & above - Whitley only	1,453	1,473	1,496	1,498	1,506	1,527	1,498	1,503	1,510	1,501	..
Below Grade G - Whitley only	152	175	184	200	203	229	301	286	315	325	..
District nurse	2,242	2,271	2,321	2,456	2,450	2,533	2,553	2,574	2,599	2,631	..
Grades G & above- Whitley only	1,161	1,155	1,160	1,174	1,166	1,181	1,179	1,205	1,190	1,210	..
Below Grade G - Whitley only	1,081	1,116	1,161	1,282	1,284	1,352	1,374	1,369	1,409	1,421	..
Community midwife	346	331	346	331	331	343	349	364	343	351	..
Combined duty nurse - including midwifery	463	429	381	348	301	250	224	197	185	167	..
Combined duty nurse - not including midwifery	25	21	20	18	17	18	15	16	19	17	..
Community psychiatric nurse	468	507	524	624	664	742	783	929	982	1,065	..
Community learning disability nurse	159	153	146	140	137	130	108	104	106	105	..
School nurse	385	382	395	388	403	429	424	414	423	421	..
Clinic nurse	310	313	312	310	312	310	303	308	324	287	..
Other	557	644	696	743	825	997	1,208	1,380	1,410	1,484	..
Non registered	1,002	1,057	1,051	1,094	1,132	1,182	1,202	1,276	1,245	1,261	1,654
Auxiliary/assistant	978	1,029	1,035	1,073	1,089	1,114	1,128	1,191	1,154	1,160	..
Nursery nurse	24	28	16	21	43	68	74	85	91	101	..
Other Specialties²	444	491	543	622	858	863	1,231	1,427	1,569	1,690	1,518
Registered	218	266	296	344	458	483	840	1,037	1,179	1,277	1,168
Occupational Health	-	-	-	-	106	114	132	153	137	144	..
Blood Transfusion Service	56	69	70	86	87	82	94	91	107	111	..
NHS24	-	-	-	-	-	-	288	453	525	561	..
Other	162	197	226	258	265	287	326	340	410	461	..
Non registered	226	225	247	278	400	380	391	390	390	413	350
Occupational Health	-	-	-	-	-	-	-	-	-	1	..
Blood Transfusion Service	171	169	170	176	275	266	264	239	242	244	..
Other	55	56	77	102	125	114	127	151	148	168	..

Notes:

1 Nursing management - all nurses on clinical grades are excluded from this category. Some senior nurse managers are employed on senior management grades and are not included in the nursing total.

2 The figures are presented in the same groupings as for previous years and the details for employees who have been assimilated to Agenda for Change have been 'mapped back' as far as possible to the coding used under Whitley to ensure consistency in trend data. Where this has not been possible the data are not shown for 2006.

Table 9

NHSScotland: Nursing and Midwifery Vacancies as at 30 June 2011

	Establishment	Staff in Post	Posts under review	Total Vacancies	vacant	vacant 3	Vacant unknown	Vacancies as a percentage of establishment	
					less than 3 months	months or more		Total	months or more
Nursing and Midwifery - All Location of Service Delivery	57,260.5	56,681.2	12.2	579.4	417.1	161.0	1.5	1.0%	0.3%
Adult	32,558.6	32,225.2	0.0	333.4	260.1	71.8	1.5	1.0%	0.2%
Bank	8.8	8.8	-	-	-	-	-	0.0%	0.0%
Blood Transfusion Service	268.7	268.7	-	-	-	-	-	-	-
Children	2,551.2	2,500.9	4.1	50.2	27.1	23.3	-	2.0%	0.9%
Community General nurses	3,458.8	3,458.8	-	-	-	-	-	-	-
District nurses	1,059.1	1,040.3	-	18.8	9.7	9.1	-	1.8%	0.9%
Family planning nurses	102.0	96.4	1.2	5.6	5.6	-	-	5.5%	0.0%
Health visitors	1,271.0	1,261.5	-	9.5	4.6	4.9	-	0.7%	0.4%
Learning disabilities	1,229.2	1,224.7	-	4.5	-	4.5	-	0.4%	0.4%
Mental health	9,768.5	9,712.3	-	56.2	43.7	12.5	-	0.6%	0.1%
Midwifery	2,867.2	2,843.2	-	24.0	20.6	3.5	-	0.8%	0.1%
NHS 24	362.9	362.9	-	-	-	-	-	0.0%	0.0%
Other nurses	722.6	696.8	6.9	25.8	13.9	11.9	-	3.6%	1.6%
Practice nurse	11.8	11.8	-	-	-	-	-	0.0%	0.0%
Public health nurses	242.9	235.6	-	7.3	5.3	2.0	-	-	-
School nurses	315.1	313.1	-	2.0	2.0	-	-	0.6%	0.0%
Staff nursery	48.7	48.7	-	-	-	-	-	-	-
Training and administration	151.8	151.8	-	-	-	-	-	0.0%	0.0%
Treatment room nurses	167.5	167.5	-	-	-	-	-	0.0%	0.0%
AFC Band 1-4 (Grouped Specialty)	42.0	-	-	42.0	24.5	17.5	-	-	-
AFC Band 5-9 (Grouped Specialty)	-	-	-	-	-	-	-	-	-
Not assimilated	52.1	52.1	-	-	-	-	-	0.0%	0.0%

Source: Scottish Workforce Information Standard System (SWISS). ISD(M)36

Table 10

NHSScotland: Nursing and Midwifery Vacancies as at 30 September 2009

	Vacant for:							Vacancies as a percentage of establishment	
	Establishment	Staff in Post	Posts under review	Total Vacancies	Less than 3 months	3 months or more	Unknown	Total	months or more
Nursing and midwifery staff	59,905.4	58,429.1	38.8	1,476.3	1,006.1	410.1	60.1	2.5%	0.7%
Hospital (All AfC Bands)	43,216.5	42,181.9	27.9	1,034.7	709.7	289.8	35.2	2.4%	0.7%
Adult	32,316.1	31,491.5	19.5	824.6	567.7	221.7	35.2	2.6%	0.7%
Paediatrics	1,221.9	1,154.6	-	67.3	59.0	8.3	-	5.5%	0.7%
Mental health	6,195.1	6,085.1	5.4	110.0	53.7	56.2	-	1.8%	0.9%
Learning disabilities	549.0	543.4	-	5.6	4.0	1.6	-	1.0%	0.3%
Midwifery	1,996.8	1,969.6	3.0	27.2	25.3	1.9	-	1.4%	0.1%
Other nurses	937.7	937.7	-	-	-	-	-	0.0%	0.0%
Community (All AfC Bands)	10,574.8	10,184.3	6.2	390.6	264.0	108.1	18.5	3.7%	1.0%
Health visitors	1,060.0	1,026.6	1.0	33.4	23.5	9.9	-	3.2%	0.9%
District nurses	4,077.0	4,031.6	0.6	45.4	33.0	10.9	1.5	1.1%	0.3%
Public health nurses	177.8	154.8	-	22.9	16.1	6.3	0.5	12.9%	3.6%
School nurses	264.0	257.5	1.4	6.5	5.4	1.1	-	2.5%	0.4%
Paediatrics	90.6	82.9	-	7.7	6.7	1.0	-	8.5%	1.1%
Mental health	2,164.1	2,059.1	0.2	105.0	76.6	18.4	10.0	4.9%	0.9%
Learning disabilities	465.0	453.5	-	11.5	7.5	3.0	1.0	2.5%	0.6%
Midwifery	227.8	222.6	-	5.2	2.6	2.6	-	2.3%	1.1%
Other nurses	1,990.5	1,895.7	-	94.9	48.7	41.7	4.5	4.8%	2.1%
Combined hospital/community (All AfC Bands)	4,195.1	4,155.9	-	39.2	24.2	8.6	6.5	0.9%	0.2%
Health visitors	32.2	32.2	-	-	-	-	-	0.0%	0.0%
Paediatrics	187.6	187.6	-	-	-	-	-	0.0%	0.0%
Mental health	434.9	426.7	-	8.2	8.2	-	-	1.9%	0.0%
Learning disabilities	28.8	23.3	-	5.5	5.5	-	-	19.1%	0.0%
Midwifery	792.2	786.8	-	5.4	3.6	1.8	-	0.7%	0.2%
Other nurses	2,706.2	2,699.4	-	6.8	2.8	-	4.0	0.3%	0.0%
Other/Not applicable (All AfC Bands)	1,851.2	1,839.3	1.7	11.9	8.2	3.7	-	0.6%	0.2%
Not assimilated	67.8	67.8	3.0	-	-	-	-	0.0%	0.0%

Source: Scottish Workforce Information Standard System (SWISS). ISD(M)36

Table 11

NHSScotland Nursing and Midwifery Vacancies as at 31 March

Vacancies as a percentage of establishment

	1996	1997	1998	1999 ⁵	2000	2001	2002	2003	2004	2005 ⁷
Corrected Total²	3.6	3.4	3.4	2.8	2.3	3.2	3.6	3.5	3.7	4.2
Reported Total³	3.6	3.4	3.4	2.8	2.3	3.2	3.6	3.5	3.7	4.2
Registered	3.7	3.6	3.5	3.1	2.6	3.6	4.0	3.9	4.0	4.5
Nurse Managers ⁶	3.3	2.4	1.7	2.3	1.9	3.2	3.1	1.4	1.2	x
Senior Nurse Managers ⁷	x	x	x	x	x	x	x	x	x	22.2
Education	-	4.4	-	-	-	x	x	x	x	x
General (Acute)	4.0	3.7	4.1	3.9	3.2	2.9	5.3	4.4	4.8	5.6
ITU	2.6	4.0	2.9	3.2	2.8	2.4	6.8	8.2	..	..
A&E	1.3	3.3	4.0	5.2	2.2	2.7	3.7	3.1	..	..
Theatre	2.1	2.3	4.6	4.4	3.3	3.9	5.3	6.3	..	..
Other general	4.4	3.8	4.1	3.8	3.2	2.8	5.2	3.9	..	..
Care of the Elderly	6.4	6.1	5.5	4.3	4.0	4.5	4.3	4.8	3.7	5.5
Infection Control	x	x	x	x	x	x	x	2.3	8.7	1.1
Paediatrics	6.5	3.4	4.8	1.9	2.0	2.4	5.7	4.8	2.9	2.7
Midwifery	1.9	1.3	1.3	2.1	1.1	1.3	2.4	3.2	1.0	1.8
Maternity	0.8	3.5	1.4	1.1	3.0	1.2	5.5	3.0	6.2	4.4
Combined Duty Nurse	x	x	x	x	x	0.4	0.7	0.3	3.5	0.6
Health visiting	3.3	2.0	2.2	2.7	1.7	4.6	4.5	3.8	4.7	2.9
District nursing	0.9	1.3	1.6	2.0	2.7	3.1	3.3	2.1	3.1	2.9
Mental health	3.6	3.8	3.3	2.3	1.7	3.7	3.2	2.8	3.5	3.0
Learning disabilities	3.0	7.2	2.9	2.1	1.9	2.9	3.8	4.6	4.4	5.0
Other Community	2.9	2.8	2.5	1.3	0.8	3.5	2.4	5.0	5.0	3.6
Other registered⁸	x	x	x	x	x	x	x	x	15.4	10.2
Registered - speciality not known⁹	x	x	x	x	x	7.1	x	x	x	x
Non registered¹⁰	3.5	2.8	3.1	2.1	1.7	2.5	2.6	2.7	2.7	3.3
Auxiliaries and assistants	3.4	2.8	3.1	2.0	1.7	2.1	2.7	2.7	2.7	3.3
Nursery nurses	5.9	0.8	4.1	2.8	0.3	2.1	0.2	1.6	x	1.5

Notes:

1 Excludes nurses in training. 2 Estimated figures are based on staff in post extracted from Payroll. 3 Response Rate: 1996 (78%), 1997 (83%), 1998 (86%), 1999 (94%), 2000 (94%), 2001(98%), 2002 (97%), 2003 (100%), 2004 (100%) and 2005 (100%).
 4 The vacancy figures relate to posts vacant at 31 March, irrespective of when the vacancy arose. 5 Data are at 30 April. 6 Includes Senior Nurse Managers, Nurse/Midwife Consultants and those on grades H and I (except Infection Control Nurses, Health Visitors and District Nurses). 7 The data collection was revised in 2005. Vacancies for senior nurse managers can be explicitly identified. Other nurse manager vacancies are recorded under the appropriate speciality. 8 New category introduced in the 2004 collection which includes qualified nursing posts not covered in the above categories. 9 North Glasgow unable to fully break down qualified nursing by speciality. 10 Is not the summation of categories below as some trusts were unable to give a detailed breakdown.

Table 12

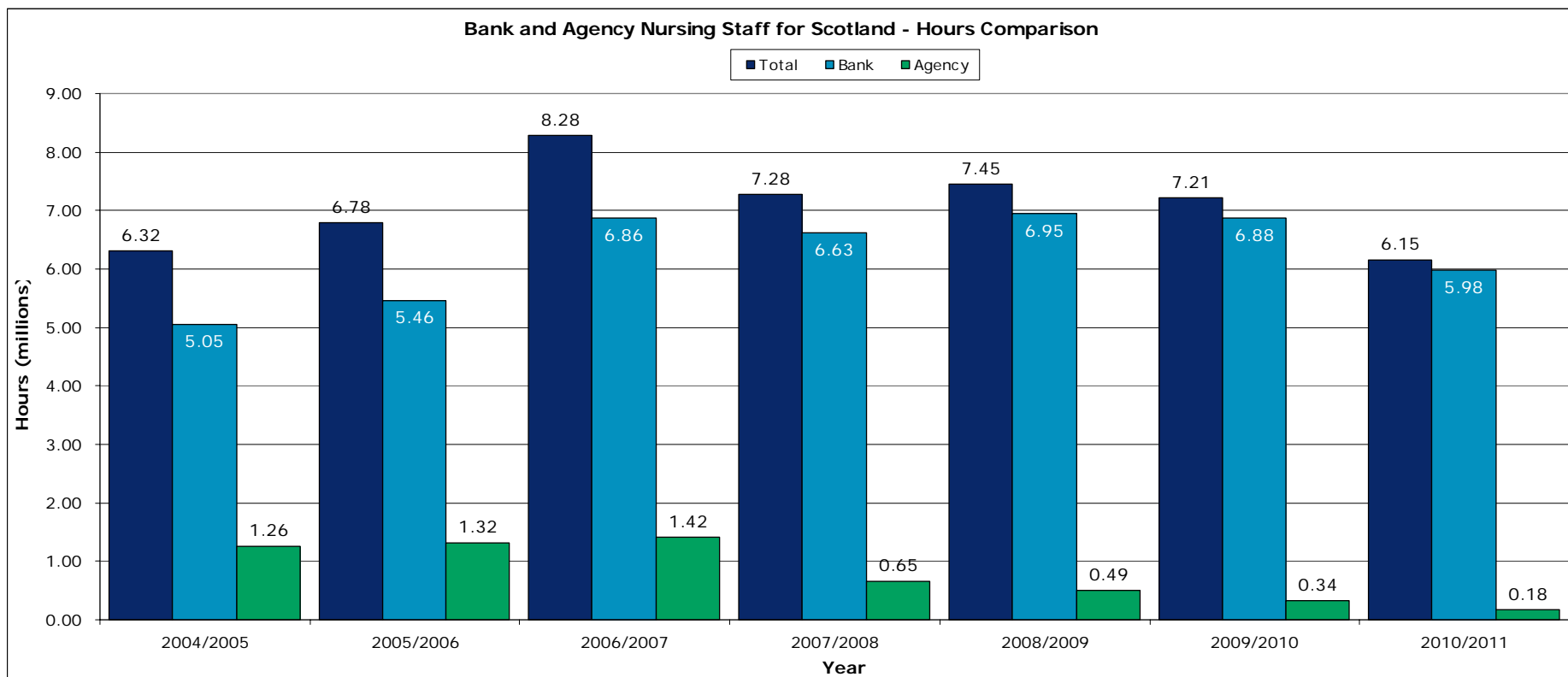
NHSScotland: Nursing and Midwifery Vacancies Over 3 Months as at 31 March

	1996	1997	1998	1999 ⁵	2000	2001	2002	2003	2004	2005 ⁷
Corrected Total²	0.9	1.0	0.8	1.0	0.6	0.5	0.9	1.0	1.1	1.6
Reported Total³	0.9	1.0	0.8	1.0	0.6	0.5	0.9	1.0	1.1	1.6
Registered	0.9	1.0	0.8	1.1	0.7	0.5	1.0	1.1	1.2	1.7
Nurse Managers ⁶	0.8	0.3	0.6	0.4	0.4	1.3	1.2	0.2	0.6	x
Senior Nurse Managers ⁷	x	x	x	x	x	x	x	x	x	7.8
Education	-	4.4	-	-	-	x	x	x	x	x
General (Acute)	0.6	0.9	0.9	1.4	0.7	0.5	1.5	1.3	1.6	2.1
ITU	0.6	1.2	0.7	1.3	0.9	0.4	3.8	2.9	..	..
A&E	0.3	0.8	1.1	0.7	0.3	0.2	1.0	0.8	..	..
Theatre	0.4	0.5	1.1	1.6	0.8	1.3	2.5	1.3	..	..
Other general	0.6	1.0	0.9	1.4	0.7	0.5	1.1	1.2	..	..
Care of the Elderly	2.4	1.5	0.8	0.9	1.4	1.1	1.0	1.2	1.3	2.8
Infection Control ⁷	x	x	x	x	x	x	x	2.3	4.4	-
Paediatrics	1.0	1.1	0.9	0.5	0.5	0.2	0.9	1.9	0.3	0.3
Midwifery	0.6	0.4	0.5	0.7	0.4	0.0	0.7	0.8	0.3	0.7
Maternity	0.2	2.4	0.5	0.2	0.7	0.2	2.5	1.5	1.3	-
Combined Duty Nurse	x	x	x	x	x	0.4	-	0.3	1.5	0.6
Health visiting	1.3	0.5	0.4	0.6	0.6	0.8	1.0	1.1	1.4	0.8
District nursing	0.4	0.5	0.5	0.6	1.0	0.2	0.1	0.4	1.1	0.3
Mental health	1.6	0.9	1.0	1.1	0.5	0.9	0.7	0.7	0.9	0.7
Learning disabilities	1.2	4.6	1.5	1.3	0.9	1.4	2.0	2.5	0.4	1.3
Other Community	0.4	0.1	0.7	0.7	0.0	0.0	0.1	0.7	1.6	0.2
Other registered⁸	x	x	x	x	x	x	x	x	1.5	9.1
Registered - specialty not known⁹	x	x	x	x	x	x	x	x	x	x
Non registered¹⁰	0.8	0.8	0.6	0.7	0.5	0.4	0.5	0.9	0.9	1.2
Auxiliaries and assistants	0.8	0.8	0.6	0.7	0.5	0.4	0.6	0.9	0.9	1.2
Nursery nurses	0.5	0.3	0.3	0.5	-	-	0.2	-	x	1.5

Notes:

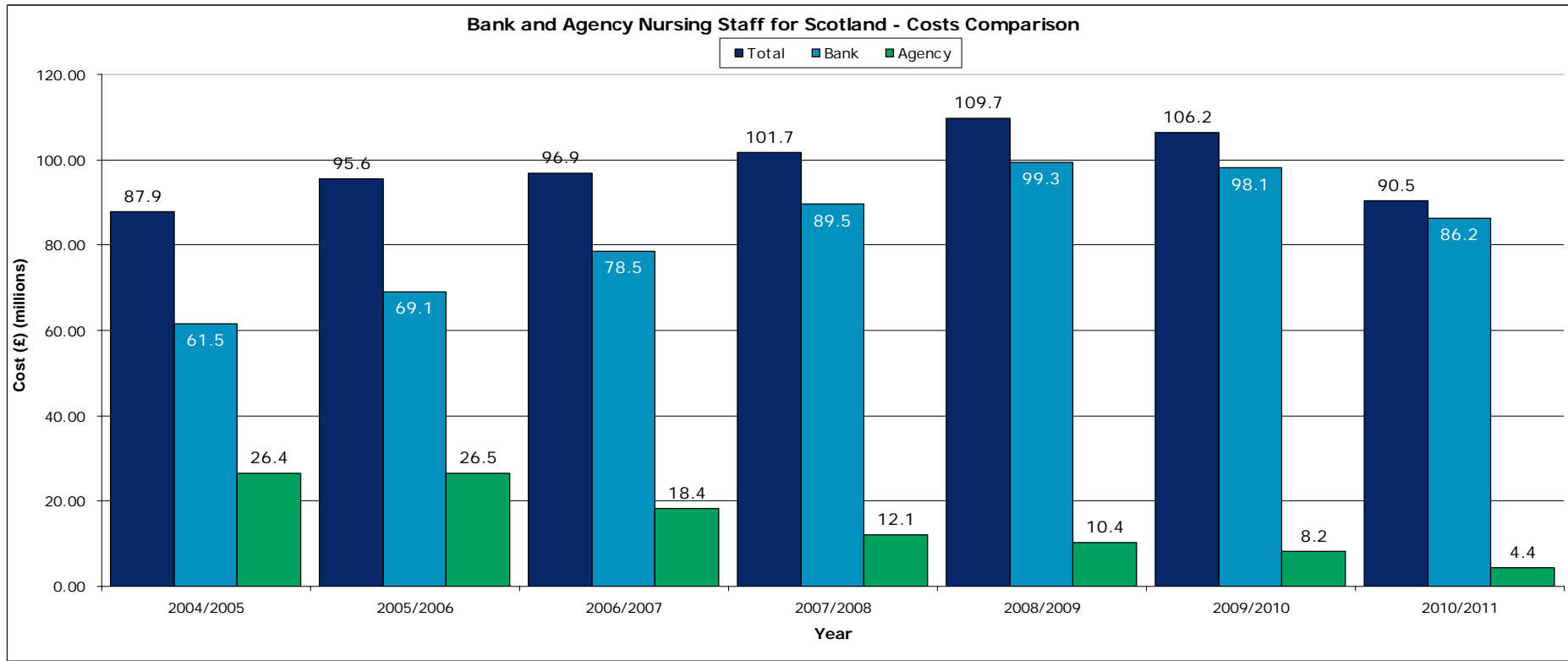
1 Excludes nurses in training. 2 Estimated figures are based on staff in post extracted from Payroll. 3 Response Rate: 1996 (78%), 1997 (83%), 1998 (86%), 1999 (94%), 2000 (94%), 2001(98%), 2002 (97%), 2003 (100%), 2004 (100%) and 2005 (100%). 4 Refers to post that became vacant before 1 January. 5 Data are at 30 April. 6 Includes Senior Nurse Managers, Nurse/Midwife Consultants and those on grades H and I (except Infection Control Nurses, Health Visitors and District Nurses). 7 The data collection was revised in 2005. Vacancies for senior nurse managers can be explicitly identified. Other nurse manager vacancies are recorded under the appropriate specialty. 8 New category introduced in the 2004 collection which includes qualified nursing staff not covered in the above categories. 9 North Glasgow unable to fully break down qualified nursing by specialty. 10 Is not the summation of categories below as some trusts were unable to give a detailed breakdown.

NHSScotland: Bank and Agency Hours for Financial Period 1 April to 31 March



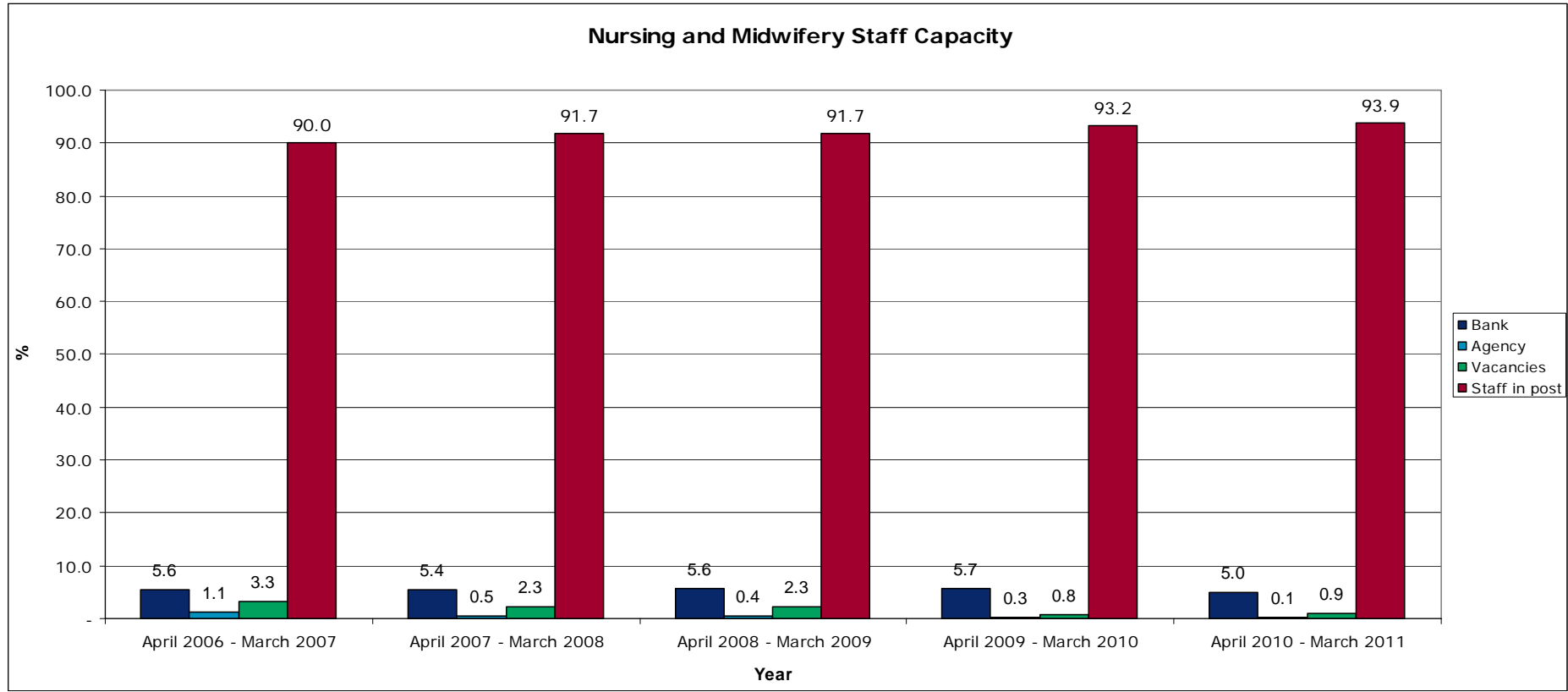
Source: Scottish Workforce Information Standard System (SWISS).

NHSScotland: Bank and Agency Spend for Financial Period 1 April to 31 March



Source: Scottish Workforce Information Standard System (SWISS).

NHSScotland: Nurse and Midwifery Staff Capacity



Source: Scottish Workforce Information Standard System (SWISS).

Table 16

NHSScotland: Nurse and Midwifery Student Intake and Students in Training

	1980/81	1985/86	1990/91	1995/96	1996/97	1997/98	1998/99	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Intakes ¹																		
Initial entrant	..	2707	2779	2377	2575	2538	2783	2866	3242	3365	3395	3608	3698	3592	3391	3437	3260	3467
General/adult	..	1,828	1,846	1,584	1,746	1,679	1,843	1,891	2,203	2,378	2,414	2,581	2,680	2,654	2,476	2,460	2,398	2,520
Mental illness/Mental health	..	534	578	392	414	428	441	463	539	510	486	567	575	542	522	595	427	490
Learning disabilities	..	139	149	88	69	80	102	86	68	50	66	61	68	45	51	33	34	56
Children	..	98	-	145	157	180	214	235	226	222	217	213	190	178	170	170	207	205
Midwifery ⁶	x	x	x	168	189	171	183	191	206	205	212	186	185	173	172	179	194	196
Other	..	108	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Student nurse: enrolled ²	..	805	204	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Conversion student ³																		
General/adult	..	1,362	1,182	453	637	705	651	596	513	494	472	364	185	201	134	158	111	88
General/adult	..	405	396	246	350	435	421	378	365	341	328	264	86	130	60	55	28	39
Mental illness/Mental health	..	159	161	61	132	109	104	96	75	68	84	63	30	37	28	60	30	21
Learning disabilities	..	39	57	14	23	30	23	21	9	12	4	1	5	3	6	5	5	4
Children	..	61	124	52	53	41	35	28	13	25	9	3	11	3	7	10	12	10
Midwifery ⁶	..	698	444	80	79	90	68	73	51	48	47	33	53	28	33	28	36	14
	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
In Training ⁴																		
Initial entrant ⁵	6,100	7,336	7,916	6,191	6,346	6,612	6,887	7,216	7,833	8,217	8,717	8,986	9,264	9,726	9,909	9,660	9,499	9,936
General/adult	4,735	5,873	6,301	4,120	4,314	4,566	4,718	4,981	5,385	5,757	6,187	6,394	6,715	7,113	7,315	7,152	6,884	7,217
Mental illness/Mental health	909	1,007	1,280	1,019	936	939	1,011	1,059	1,184	1,199	1,205	1,262	1,280	1,408	1,386	1,345	1,388	1,421
Learning disabilities	177	229	297	259	219	206	213	202	184	150	157	139	152	138	144	106	102	109
Children	267	202	38	337	396	413	448	506	582	576	598	608	593	545	550	522	560	600
Midwifery ⁶	x	x	x	456	481	488	497	468	498	535	570	583	524	522	514	535	565	589
Other	12	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Student nurse: enrolled ²	3,288	1,185	534	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post registration	2,950	2,623	1,899	696	1,214	1,517	1,955	2,329	2,244	2,074	2,205	1,859	1,644	1,401	1,251	1,094	1,229	1,102
General/adult	1,500	1,250	730	386	483	670	731	712	601	582	627	480	395	269	202	129	103	74
Mental illness/Mental health	330	260	238	107	139	205	185	154	116	115	139	121	99	65	64	71	81	64
Learning disabilities	32	42	42	19	29	41	40	39	26	22	16	4	6	6	11	9	8	9
Children	-	-	109	62	86	86	69	44	36	24	28	12	11	16	14	11	16	17
Midwifery ⁶	1,088	1,071	780	122	126	108	114	118	101	80	81	69	62	68	59	49	48	42
Specialist Nursing Practice	x	x	x	x	51	134	436	848	971	896	969	899	819	754	691	609	717	710
Specialist Community Nursing Practice	x	x	x	x	300	273	380	414	393	355	345	274	252	223	210	216	256	186
Health Visitor	70	116	87	122	155	146	120	168	167	296	215	210	194	181	161	124	126	176
District Nurses	7	110	87	123	123	122	122	123	135	156	138	144	129	128	109	82	86	74

Notes: 1. Intakes of student nurses and midwives commencing in that financial year. Sourced from NHS Education for Scotland's 'Annual Statistical Supplement'. 2. Enrolled nursing training ended in 1994. 3. Comprises students on first to first level and second to first level conversion courses only. 4. Between 1980 and 1991 data relate to staff in training who appear on payroll are at 30 September. From 1995 the data originates from NHS Education for Scotland and are at 31 October. 5. For 1975 to 1991 comprises nurses and midwives in training employed by health boards. After 1991, comprises nurses and midwives in training at higher education institutions. This total includes: 3-year, shortened, honours degree and conversion courses. 6. Prior to 1992/93 there was no direct entry course for midwifery. All courses were for nurses converting to midwifery.

Source: National Manpower Statistics from payroll (NAMS), ISD Scotland, NHS Education for Scotland

Table 17

NHSScotland: Allied Health Professionals Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Allied health professionals	8,951.4	9,242.7	9,579.5	9,595.6	9,510.6	9,412.6	-1.0
Arts therapy (art/music/drama)	32.0	34.9	33.6	32.3	31.6	30.0	-4.9
Dietetics	574.5	600.8	652.8	707.5	698.4	690.1	-1.2
Occupational therapy	2,161.4	2,136.4	2,161.7	2,151.2	2,116.5	2,089.8	-1.3
Orthoptics	72.2	73.1	81.9	89.9	92.9	85.2	-8.3
Orthotics	34.7	44.8	46.7	57.2	58.5	61.0	4.3
Physiotherapy	2,527.4	2,631.7	2,709.8	2,636.7	2,609.2	2,565.9	-1.7
Podiatry	703.6	725.1	735.3	703.2	696.4	692.8	-0.5
Prosthetics	7.8	12.8	11.8	20.3	20.5	20.5	-
Radiography	1,836.8	1,929.0	2,033.3	2,101.0	2,087.8	2,082.9	-0.2
Diagnostic	-	-	-	1,876.4	1,862.9	1,860.5	-0.1
Therapeutic	-	-	-	224.6	224.9	222.4	-1.1
Speech and language therapy	941.8	972.6	1,003.4	980.3	972.5	969.8	-0.3
Multi skilled	59.3	81.5	109.1	116.2	126.3	124.6	-1.3

Source: Scottish Workforce Information Standard System (SWISS), data extracted 13/10/2010 and 19/04/2011.

Table 18

NHSScotland: Allied Health Professionals Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Allied health professionals	10,730.0	11,069.0	11,476.0	11,546.0	11,479.0	11,378.0	-0.9
Arts therapy (art/music/drama)	42.0	46.0	47.0	44.0	43.0	40.0	-7.0
Dietetics	682.0	720.0	781.0	847.0	842.0	832.0	-1.2
Occupational therapy	2,559.0	2,548.0	2,577.0	2,580.0	2,550.0	2,523.0	-1.1
Orthoptics	97.0	100.0	108.0	120.0	123.0	116.0	-5.7
Orthotics	38.0	49.0	53.0	65.0	65.0	67.0	3.1
Physiotherapy	3,120.0	3,227.0	3,333.0	3,261.0	3,231.0	3,190.0	-1.3
Podiatry	830.0	856.0	871.0	851.0	846.0	841.0	-0.6
Prosthetics	8.0	13.0	12.0	21.0	21.0	21.0	-
Radiography	2,137.0	2,234.0	2,345.0	2,416.0	2,407.0	2,400.0	-0.3
Diagnostic	-	-	-	2,168.0	2,156.0	2,152.0	-0.2
Therapeutic	-	-	-	248.0	251.0	248.0	-1.2
Speech and language therapy	1,154.0	1,190.0	1,233.0	1,216.0	1,216.0	1,211.0	-0.4
Multi skilled	72.0	101.0	135.0	138.0	147.0	146.0	-0.7

Source: Scottish Workforce Information Standard System (SWISS), data extracted 13/10/2010 and 19/04/2011.

Table 19

NHSScotland: Allied Health Professionals Staff Vacancies as at 30 June 2011

	Establishment	Staff in Post	Posts under review	Vacant for:			Vacancies as a percentage of establishment		
				Total Vacancies	Less than 3 months	3 months or more	Unknown	Total	3 months or more
Allied Health Professional Staff	9,530.3	9,412.6	1.9	117.8	99.4	19.4	-	1.2%	0.2%
Arts therapy (art/music/drama)	30.0	30.0	-	-	-	-	-	0.0%	0.0%
Dietetics	698.3	690.1	0.2	8.3	6.4	1.9	-	1.2%	0.9%
Occupational therapy	2,122.2	2,089.8	1.6	32.4	25.0	3.4	-	1.5%	1.2%
Orthoptics	86.0	85.2	-	0.8	0.8	-	-	0.9%	0.9%
Orthotics	61.0	61.0	0.0	0.0	-	0.0	-	0.0%	0.0%
Physiotherapy	2,612.7	2,565.9	0.0	46.8	33.5	3.5	-	1.8%	1.3%
Podiatry	697.0	692.8	-	4.2	3.2	0.0	-	0.6%	0.5%
Prosthetics	20.5	20.5	0.0	-	-	-	-	0.0%	0.0%
Radiography ¹	2,096.9	2,082.9	0.0	14.0	21.7	8.1	-	0.7%	1.0%
Diagnostic	1,874.6	1,860.6	0.0	14.0	21.7	8.1	-	0.7%	1.2%
Therapeutic	222.4	222.4	-	-	-	-	-	0.0%	0.0%
Speech and language therapy	980.2	969.8	-	10.4	8.0	2.4	-	1.1%	0.8%
Multi skilled	125.4	124.6	-	0.8	0.8	-	-	0.6%	0.6%

Source: Scottish Workforce Information Standard System (SWISS). ISD(M)36

Table 20

NHSScotland: Allied Health Professionals Staff Vacancies as at 30 September 2009

	Establishment	Staff in Post	Posts under review	Total Vacancies	Vacant for:			Vacancies as a percentage of establishment	
					Less than 3 months	3 months or more	Unknown	Total	3 months or more
Allied Health Professional Staff	9,961.8	9,579.5	46.0	336.3	203.4	120.8	12.1	3.4%	1.2%
Arts therapy (art/music/drama)	35.6	33.6	-	2.0	2.0	-	-	5.6%	5.9%
Dietetics	700.4	652.8	0.9	46.7	25.8	17.4	3.5	6.7%	4.0%
Occupational therapy	2,266.3	2,161.7	10.0	94.7	59.5	33.4	1.8	4.2%	2.8%
Orthoptics	89.1	81.9	-	7.2	3.6	2.6	1.0	8.1%	4.4%
Orthotics	50.3	46.7	-	3.6	3.6	-	-	7.2%	7.7%
Physiotherapy	2,814.3	2,709.8	21.5	83.0	53.4	28.1	1.5	3.0%	2.0%
Podiatry	751.6	735.3	2.4	13.9	4.9	9.0	-	1.8%	0.7%
Prosthetics	11.8	11.8	-	-	-	-	-	0.0%	0.0%
Radiography ¹	2,097.4	2,033.3	11.2	52.9	30.3	18.3	4.3	2.5%	1.5%
Diagnostic	-	-	-	-	-	-	-	-	-
Therapeutic	-	-	-	-	-	-	-	-	-
Speech and language therapy	1,034.7	1,003.4	-	31.3	19.3	12.0	-	3.0%	1.9%
Multi skilled	110.1	109.1	-	1.0	1.0	-	-	0.9%	0.9%

Source: Scottish Workforce Information Standard System (SWISS). ISD(M)36

Table 21

NHSScotland: Allied Health Professionals Staff Vacancies as at 30 September 2007

	Establishment	Staff in Post	Posts under review	Vacant for:			Vacancies as a percentage of establishment		
				Total Vacancies	Less than 3 months	3 months or more	Unknown	Total	3 months or more
Allied Health Professional Staff	9,421.0	8,951.5	16.2	453.4	268.4	180.8	4.2	4.8%	1.9%
Arts therapy (art/music/drama)	33.0	32.0	-	1.0	-	1.0	-	3.0%	3.0%
Dietetics	602.5	574.5	0.6	27.4	15.1	10.7	1.6	4.5%	1.8%
Occupational therapy	2,285.2	2,161.4	3.0	120.9	80.7	40.1	-	5.3%	1.8%
Orthoptics	77.6	72.2	-	5.4	3.0	2.4	-	7.0%	3.1%
Orthotics	42.7	34.7	-	8.0	3.5	4.5	-	18.7%	10.5%
Physiotherapy	2,659.9	2,527.4	5.1	127.4	77.8	47.6	2.0	4.8%	1.8%
Podiatry	732.1	703.6	2.0	26.5	15.0	11.5	-	3.6%	1.6%
Prosthetics	7.8	7.8	-	-	-	-	-	0.0%	0.0%
Radiography	1,926.0	1,836.8	1.8	87.4	40.5	46.3	0.6	4.5%	2.4%
Speech and language therapy	993.9	941.8	3.7	48.5	31.8	16.7	-	4.9%	1.7%
Multi skilled	60.3	59.3	-	1.0	1.0	-	-	1.6%	0.0%

Source: Scottish Workforce Information Standard System (SWISS). ISD(M)36

Table 22

NHSScotland: Healthcare Sciences Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Healthcare science staff	5,152.9	5,158.4	5,593.8	5,628.0	5,570.7	5,474.4	-1.7
							x
Physiology sciences	134.3	223.1	383.9	498.8	525.8	521.8	-0.8
Clinical physiology	134.3	223.1	375.9	456.4	486.5	481.5	-1.0
Clinical sciences physiology	-	-	6.9	17.9	14.8	14.8	-
Clinical perfusion physiology	-	-	1.0	24.5	24.5	25.5	4.2
							x
Life sciences	3,462.5	4,749.9	5,096.1	4,977.2	4,878.8	4,776.4	-2.1
Biomedical sciences life	2,605.8	3,334.6	3,401.6	3,353.9	3,306.4	3,272.3	-1.0
Clinical sciences life	606.1	797.9	920.8	1,163.6	1,113.9	1,070.0	-3.9
Clinical technology life	250.6	617.3	773.7	459.7	458.5	434.0	-5.3
							x
Physical sciences	-	-	62.9	127.5	143.6	153.8	7.1
Clinical sciences physical	-	-	20.9	41.9	39.9	38.8	-2.8
Clinical technology physical	-	-	41.0	66.1	71.4	71.4	-
Clinical photographer / illustrator physical	-	-	1.0	16.5	28.4	38.6	36.1
Maxillofacial prosthetics physical	-	-	-	3.0	4.0	5.0	25.0
							x
Not assimilated	1,553.1	174.4	25.3	24.5	22.5	22.5	-

Source: Scottish Workforce Information Standard System (SWISS)

Table 23

NHSScotland: Healthcare Sciences Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Healthcare science staff	5,732.0	5,759.0	6,260.0	6,277.0	6,212.0	6,104.0	-1.7
							x
Physiology sciences	152.0	250.0	437.0	572.0	602.0	600.0	-0.3
Clinical physiology	152.0	250.0	429.0	528.0	561.0	557.0	-0.7
Clinical sciences physiology	-	-	7.0	18.0	15.0	15.0	-
Clinical perfusion physiology	-	-	1.0	26.0	26.0	28.0	7.7
							x
Life sciences	3,873.0	5,314.0	5,711.0	5,552.0	5,444.0	5,327.0	-2.1
Biomedical sciences life	2,921.0	3,746.0	3,818.0	3,751.0	3,698.0	3,657.0	-1.1
Clinical sciences life	685.0	909.0	1,071.0	1,314.0	1,258.0	1,207.0	-4.1
Clinical technology life	267.0	659.0	822.0	487.0	488.0	463.0	-5.1
							x
Physical sciences	-	-	66.0	133.0	151.0	163.0	7.9
Clinical sciences physical	-	-	21.0	43.0	41.0	40.0	-2.4
Clinical technology physical	-	-	44.0	70.0	76.0	76.0	-
Clinical photographer / illustrator physical	-	-	1.0	17.0	30.0	42.0	40.0
Maxillofacial prosthetics physical	-	-	-	3.0	4.0	5.0	25.0
							x
Not assimilated	1,717.0	193.0	28.0	25.0	23.0	23.0	-

Source: Scottish Workforce Information Standard System (SWISS)

Table 24

NHSScotland: Other Therapeutic Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Other therapeutic staff	2,753.7	3,135.1	3,326.5	3,406.5	3,413.1	3,448.4	1.0
Clinical psychology and counselling ¹	691.6	1,023.6	1,117.6	1,173.0	1,189.0	1,201.5	1.0
Genetic counselling	2.6	9.2	9.7	11.5	12.8	25.3	97.5
Optometry	22.3	35.3	42.1	39.9	39.6	38.4	-2.9
Pharmacy	1,511.7	1,903.4	2,072.3	2,108.8	2,100.8	2,104.7	0.2
Play specialists	62.8	65.9	75.1	72.2	69.8	77.6	11.1
Not assimilated	462.6	97.8	9.8	1.0	1.0	1.0	-

Source: Scottish Workforce Information Standard System (SWISS)

Table 25

NHSScotland: Other Therapeutic Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Other therapeutic staff	3,163.0	3,596.0	3,834.0	3,934.0	3,960.0	4,011.0	1.3
Clinical psychology and counselling ¹	803.0	1,171.0	1,284.0	1,349.0	1,381.0	1,404.0	1.7
Genetic counselling	4.0	13.0	14.0	14.0	16.0	33.0	106.3
Optometry	35.0	59.0	70.0	69.0	68.0	68.0	-
Pharmacy	1,725.0	2,163.0	2,364.0	2,415.0	2,411.0	2,414.0	0.1
Play specialists	74.0	79.0	92.0	86.0	84.0	93.0	10.7
Not assimilated	550.0	126.0	12.0	1.0	1.0	1.0	-

Source: Scottish Workforce Information Standard System (SWISS)

Table 26

NHSScotland: Hospital Pharmacist Vacancies as at 30 September 2010

	Staff in Post		Vacant for:			Total Vacancies	Establishment	Vacancies as a percentage of	
	FTE	Headcount	Less than 3 months	3 months or more	Unknown			Total	3 months or more
Qualified Pharmacists									
Bands 6-9 Total	894.84	1068	14.80	45.05		59.85	955.76	6.3%	4.7%
Band 9	4.50	6		1.00		1.00	5.50	18.2%	18.2%
Band 8d	19.08	20					18.08	-	-
Band 8c	34.88	38		1.10		1.10	35.98	3.1%	3.1%
Band 8b	151.05	167		3.07		3.07	154.08	2.0%	2.0%
Band 8a	369.78	474	1.80	13.90		15.70	386.49	4.1%	3.6%
Band 7	207.36	248	4.00	20.98		24.98	234.44	10.7%	8.9%
Band 6	108.19	116	9.00	5.00		14.00	121.19	11.6%	4.1%

Table 27

NHSScotland: Personal and Social Care Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Personal and social care	549.9	692.4	763.3	948.1	971.1	931.7	-4.1
Chaplaincy	31.0	39.6	35.6	58.6	57.5	59.6	3.6
Health promotion	441.1	607.5	693.3	872.4	896.2	856.8	-4.4
Sexual health	17.6	28.4	31.8	-	-	-	x
Social work	2.9	1.0	1.0	7.8	7.8	6.8	-12.8
Not assimilated	57.4	15.9	1.6	9.2	9.5	8.5	-10.9

Source: Scottish Workforce Information Standard System (SWISS)

Table 28

NHSScotland: Personal and Social Care Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Personal and social care	695.0	811.0	889.0	1,118.0	1,147.0	1,116.0	-2.7
Chaplaincy	63.0	61.0	68.0	120.0	115.0	115.0	-
Health promotion	495.0	679.0	775.0	980.0	1,013.0	984.0	-2.9
Sexual health	25.0	39.0	44.0	-	-	-	x
Social work	4.0	1.0	1.0	8.0	8.0	7.0	-12.5
Not assimilated	109.0	33.0	2.0	10.0	11.0	10.0	-9.1

Source: Scottish Workforce Information Standard System (SWISS)

Table 29

NHSScotland: Medical and Dental Support Staff (Whole Time Equivalent) as at 30 June 2011

	2007	2008	2009	2010	Mar-11	Jun-11	% Change Mar11 - Jun11
Medical and Dental Support	1,072.3	1,439.6	1,667.4	1,810.8	1,838.8	1,870.6	1.7%
Physician assistant	8.0	6.0	-	5.0	7.9	6.9	-12.6%
Theatre services	103.6	134.8	149.9	191.9	166.5	169.8	2.0%
Operating department practitioners	x	x	x	8.0	45.2	56.2	24.3%
Dental care practitioner	924.2	1,293.9	1,516.0	1,605.9	1,619.2	1,637.7	1.1%
Dental nurse	862.4	1,185.2	1,318.9	1,382.4	1,395.7	1,403.0	0.5%
Dental technician	48.0	75.1	126.9	141.3	139.8	136.7	-2.2%
Oral healthcare practitioners	13.8	33.6	70.3	82.3	83.7	98.0	17.1%
Not assimilated	36.6	5.0	1.5	-	-	-	x

Source:

Scottish Workforce Information Standard System (SWISS) - June 2011 extract taken on 19th July 2011.

GP workforce information is sourced from the GP Contractor Database (GPCD) - 2010 extract taken 11th November 2010.

General Dental Services workforce information is sourced from the Management Information and Dental Accounting System (MIDAS) - 2010 extract taken 13th October 2010.

Medical and dental workforce information for hospital, community and public health services (HCHS) is sourced from the medical and dental workforce census (MEDMAN) prior to 2008.

Table 30

NHSScotland: Medical and Dental Support Staff (Headcount) as at 30 June 2011

	2007	2008	2009	2010	Mar-11	Jun-11	% Change Mar11 - Jun11
Medical and Dental Support	1,238.0	1,667.0	1,928.0	2,135.0	2,167.0	2,204.0	1.7%
Physician assistant	8.0	6.0	-	5.0	8.0	7.0	-12.5%
Theatre services	112.0	143.0	158.0	206.0	175.0	180.0	2.9%
Operating department practitioners	x	x	x	8.0	47.0	59.0	25.5%
Dental care practitioner	1,074.0	1,512.0	1,769.0	1,916.0	1,937.0	1,958.0	1.1%
Dental nurse	1,005.0	1,389.0	1,552.0	1,670.0	1,689.0	1,697.0	0.5%
Dental technician	49.0	79.0	135.0	154.0	153.0	149.0	-2.6%
Oral healthcare practitioners	20.0	46.0	88.0	110.0	112.0	127.0	13.4%
Not assimilated	55.0	17.0	12.0	-	-	-	x

Source:

Scottish Workforce Information Standard System (SWISS) - June 2011 extract taken on 19th July 2011.

GP workforce information is sourced from the GP Contractor Database (GPCD) - 2010 extract taken 11th November 2010.

General Dental Services workforce information is sourced from the Management Information and Dental Accounting System (MIDAS) - 2010 extract taken 13th October 2010.

Medical and dental workforce information for hospital, community and public health services (HCHS) is sourced from the medical and dental workforce census (MEDMAN) prior to 2008.

Table 31

NHSScotland: Admin and Support Services Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Total Admin and Support Services	36,912.9	37,882.1	39,532.5	39,062.2	38,474.8	37,891.5	-1.5
Administrative services	22,951.3	23,514.5	24,771.5	24,651.4	24,290.8	23,879.9	-1.7
Central functions ¹	11,325.6	14,445.3	15,297.8	15,118.1	14,858.1	12,577.2	-15.4
Support to clinical staff ¹	6,604.8	8,076.6	9,344.6	9,454.4	9,377.8	11,259.5	20.1
Not assimilated	5,020.9	992.5	129.1	79.0	55.0	43.2	x -21.4
Support services	13,961.7	14,367.6	14,761.0	14,410.8	14,184.0	14,011.6	-1.2
General services	3,028.0	3,481.4	3,554.2	3,491.2	3,473.2	3,440.4	-0.9
Hotel services	7,832.0	8,340.7	8,570.1	8,267.9	8,090.4	8,011.1	-1.0
Maintenance and estates	1,742.9	1,915.7	1,963.6	1,956.3	1,900.6	1,850.3	-2.6
Sterile services	529.5	595.3	668.1	691.2	710.7	701.7	-1.3
Not assimilated	829.4	34.5	5.0	4.1	9.1	8.1	-11.0

Source: Scottish Workforce Information Standard System (SWISS)

Table 32

NHSScotland: Admin and Support Services Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Total Admin and Support Services	46,533.0	47,724.0	49,663.0	48,816.0	48,090.0	47,370.0	-1.5
Administrative services	27,194.0	27,937.0	29,353.0	29,172.0	28,753.0	28,235.0	-1.8
Central functions ¹	12,956.0	16,459.0	17,356.0	17,090.0	16,809.0	14,167.0	-15.7
Support to clinical staff ¹	8,405.0	10,299.0	11,850.0	11,983.0	11,872.0	14,011.0	18.0
Not assimilated	5,833.0	1,179.0	147.0	99.0	72.0	57.0	x -20.8
Support services	19,339.0	19,787.0	20,310.0	19,644.0	19,337.0	19,135.0	-1.0
General services	3,359.0	3,848.0	3,906.0	3,845.0	3,847.0	3,810.0	-1.0
Hotel services	12,626.0	13,313.0	13,690.0	13,067.0	12,784.0	12,679.0	-0.8
Maintenance and estates	1,763.0	1,940.0	1,987.0	1,984.0	1,930.0	1,880.0	-2.6
Sterile services	587.0	661.0	737.0	759.0	780.0	771.0	-1.2
Not assimilated	1,032.0	42.0	5.0	5.0	10.0	9.0	-10.0

Source: Scottish Workforce Information Standard System (SWISS)

Table 33

NHSScotland: Emergency Services Staff (Whole Time Equivalent) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun- 11
Emergency services	3,529.8	3,557.7	3,703.5	3,698.3	3,698.4	3,662.9	-1.0
Ambulance care assistant	862.3	880.1	889.6	872.4	875.0	861.2	-1.6
Auxillary	-	-	-	-	-	-	-
Driver	76.1	69.5	73.4	69.1	64.3	62.0	-3.6
EMDC / control	274.5	291.0	304.5	301.1	300.0	293.4	-2.2
Paramedic	1,233.9	1,255.0	1,309.2	1,376.3	1,376.9	1,374.9	-0.1
Technician	999.7	980.1	1,041.9	997.4	1,002.1	993.4	-0.9
Other	81.0	82.0	85.0	82.0	80.0	78.0	-2.5
Not assimilated	2.4	-	-	-	-	-	x

Source: Scottish Workforce Information Standard System (SWISS)

Table 34

NHSScotland: Emergency Services Staff (Headcount) as at 30 June 2011

	Sep-07	Sep-08	Sep-09	Sep-10	Mar-11	Jun-11	% Change Mar-11 - Jun-11
Emergency services	3,655.0	3,681.0	3,836.0	3,833.0	3,834.0	3,793.0	-1.1
Ambulance care assistant	931.0	948.0	961.0	944.0	947.0	931.0	-1.7
Auxillary	-	-	-	-	-	-	-
Driver	103.0	91.0	97.0	91.0	86.0	81.0	-5.8
EMDC / control	280.0	302.0	319.0	316.0	314.0	307.0	-2.2
Paramedic	1,247.0	1,269.0	1,323.0	1,391.0	1,391.0	1,389.0	-0.1
Technician	1,010.0	989.0	1,051.0	1,009.0	1,016.0	1,007.0	-0.9
Other	81.0	82.0	85.0	82.0	80.0	78.0	-2.5
Not assimilated	3.0	-	-	-	-	-	x

Source: Scottish Workforce Information Standard System (SWISS)