



WORKFORCE REPORT

Argyll & Bute
IJB March 2023

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INTRODUCTION

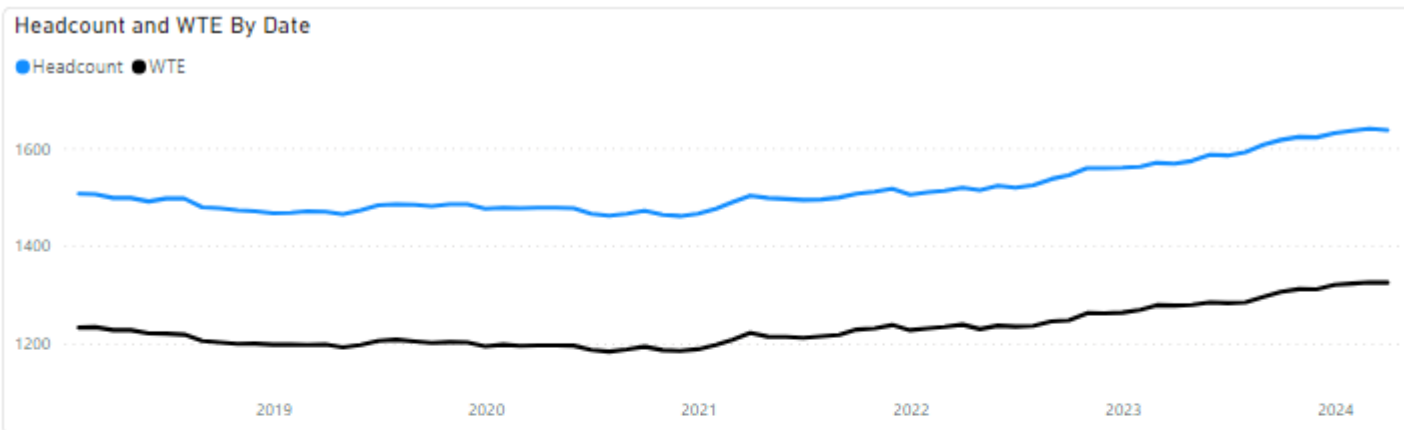
The Workforce Report considers the workforce position as of 31st March 2024, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted.

The report has been developed in partnership with our People Partner and aims to show the current position, trends and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.

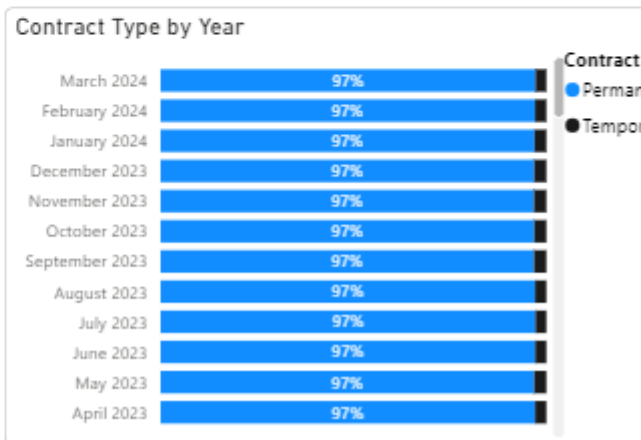
The Workforce Systems Teams proactively assess data quality based on agreed data quality principles that are part of the data quality framework and address data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. Work continues on developing integrated (NHS and Council) data sets where possible.

NHS Workforce dashboards are available at Operational levels as well as Job Families and continue to be developed. Council Health of the Organisation (HOO) reports are distributed to each service lead on a quarterly basis and Absence summaries are distributed monthly.

NHS HEADCOUNT AND WTE



Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
March 2024	1637	-0.18%	0.06%	4.40%
February 2024	1640	0.24%	0.55%	4.46%
January 2024	1636	0.31%	0.86%	4.74%
December 2023	1631	0.55%	0.49%	4.55%
November 2023	1622	-0.06%	0.31%	4.04%
October 2023	1623	0.37%	1.00%	4.11%
September 2023	1617	0.62%	1.57%	4.66%
August 2023	1607	0.94%	1.39%	4.55%
July 2023	1592	0.44%	0.32%	4.46%
June 2023	1585	-0.13%	0.70%	4.34%
May 2023	1587	0.83%	1.21%	4.20%
April 2023	1574	0.38%	0.25%	3.96%



Key points:

4.44% increase of workforce from in the last 12 months.

March 2024 in post figure of **1,637** (headcount) of Substantive Staff an increase of 0.06% in the last 3 months, a reduction of 3 headcount in the last month.

97% of our contacts are permanent and this has been a consistent position since December 2022

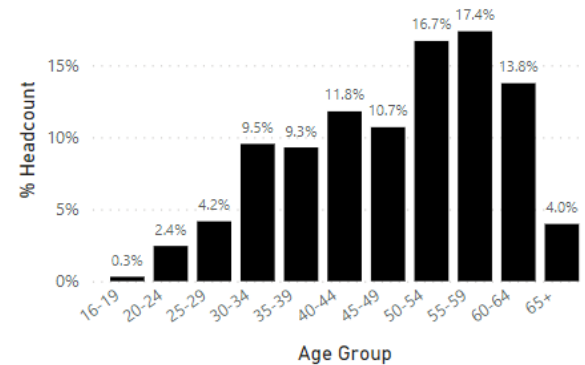
In the last 12 months the workforce has changed across all job families:

Support Services increased by 2%, Personal and Social care reduced by 11%, Other therapeutic increased by 18%, Nursing and Midwifery increased by 7%, Medical and Dental increase by 4%, Dental support reduced by 3%, AHPs increased by 3%, Administration Services increased by 0.3%.

NHS WORKFORCE PROFILE

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	299	237.7
ALLIED HEALTH PROFESSION	188	154.1
DENTAL SUPPORT	36	27.5
HEALTHCARE SCIENCES	27	24.1
MEDICAL AND DENTAL	53	30.4
MEDICAL SUPPORT	3	2.1
NURSING/MIDWIFERY	728	607.9
OTHER THERAPEUTIC	59	51.4
PERSONAL AND SOCIAL CARE	50	40.4
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	205	148.2
Total	1637	1,324.8

Age Profile



Key points:

847 employees are over 50, with 290 over 60 years old (18 % of the workforce) with 65 over 65 (4% of the workforce) an increase in age profile since the last quarter of more than 4%.

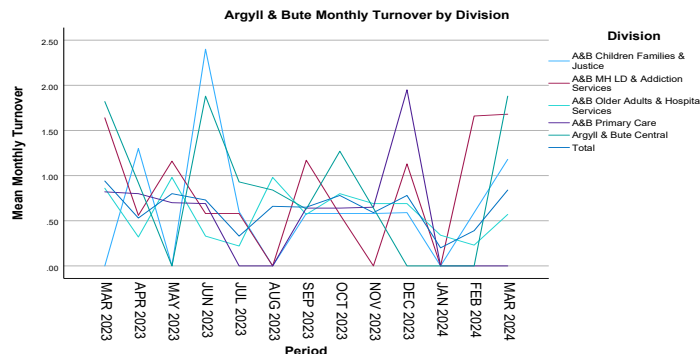
84.5% of our workforce is female

51.6% of our workforce are part time a 0.2 decrease since reported in June

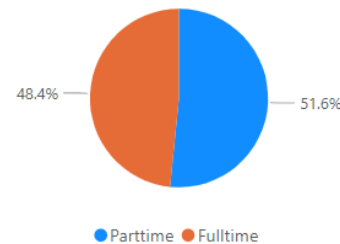
59 employees are fixed term an decrease of 1 since last quarter.

45 employees are under 25 which has increased by 5 since June 2023

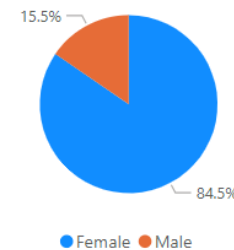
Turnover remains stable and in line with the Board average. We continue to see leavers relating to retirements.



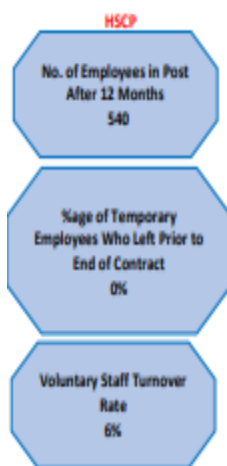
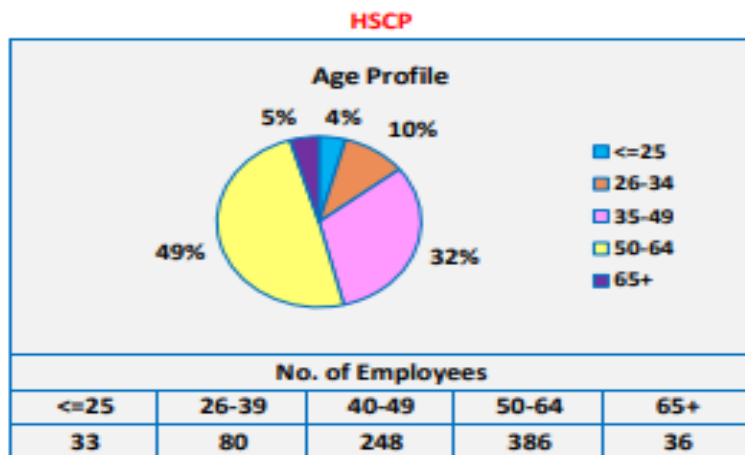
Working Hours



Sex



COUNCIL WORKFORCE PROFILE



	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	329	301	96	28
Temporary	17	20	2	3
	346	321	98	31
Total Emps	796			
Casuals Paid	264			

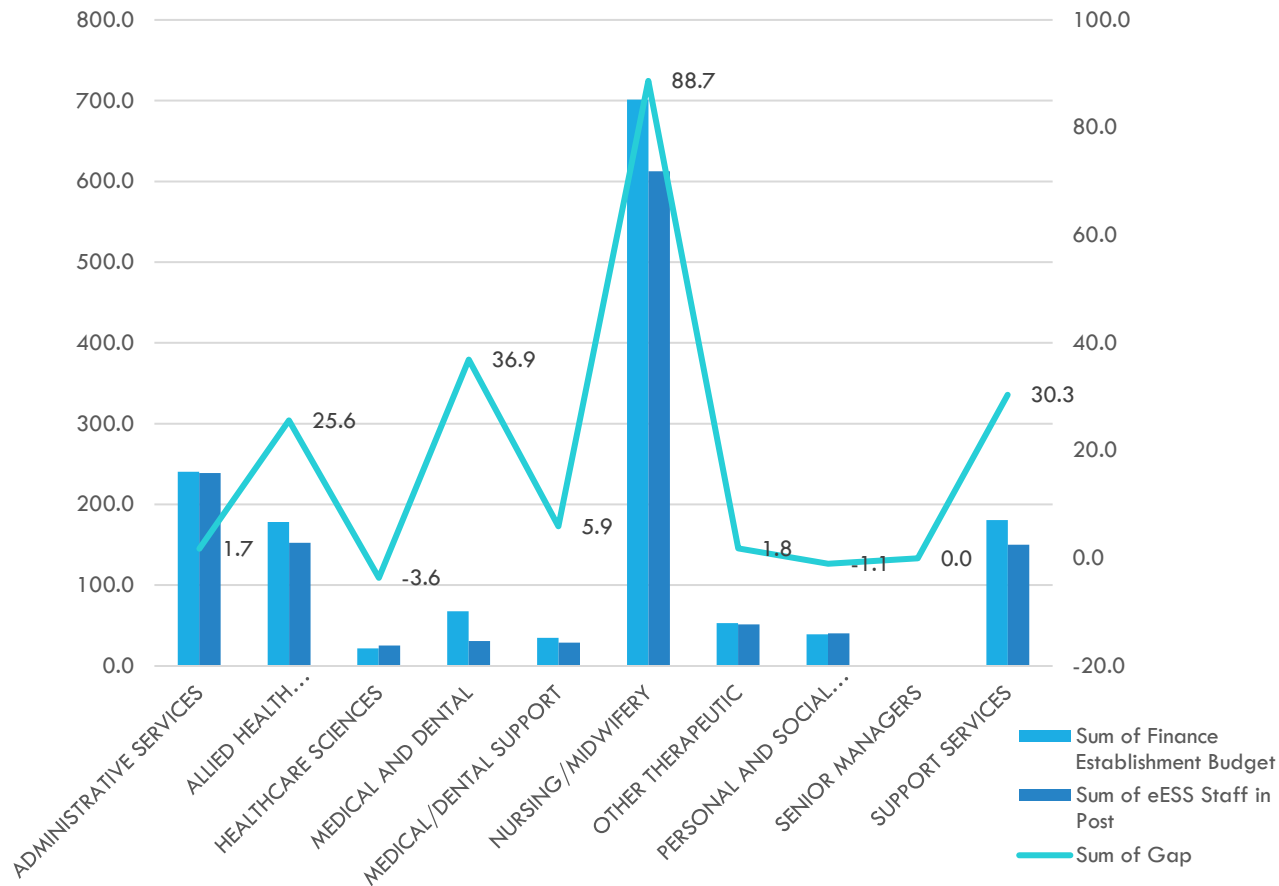
MODERN APPRENTICES	HSCP	Council
New Starts	20	76
Completed	17	55
Secured Job	82%	73%
	<i>(cumulative)</i>	

Key points:

- 53% of the workforce are over 50 with 4% over 65
- 83% of our workforce is female.
- 44% of our workforce are part time
- 5% of our workforce are temporary (42 fixed term)
- Voluntary Turnover rate has increased from a consistent 3% to 6%
- No temporary employees leaving prior to end of contract
- Modern apprenticeship retainment is higher than the council wide figure at 82%

NHS ESTABLISHMENT GAP

	Sum of Finance Establishment Budget	Sum of eESS Staff in Post	Sum of Gap
ADMINISTRATIVE SERVICES	240.6	238.8	1.7
ALLIED HEALTH PROFESSION	178.0	152.4	25.6
HEALTHCARE SCIENCES	21.5	25.2	-3.6
MEDICAL AND DENTAL	67.6	30.7	36.9
MEDICAL/DENTAL SUPPORT	34.5	28.6	5.9
NURSING/MIDWIFERY	701.2	612.5	88.7
OTHER THERAPEUTIC	53.0	51.2	1.8
PERSONAL AND SOCIAL CARE	39.2	40.3	-1.1
SENIOR MANAGERS	1.0	1.0	0.0
SUPPORT SERVICES	180.5	150.1	30.3
Grand Total	1517.1	1330.8	186.3



This information was requested last month and should be considered with caution. There is work underway to marry up finance and HR information to more accurately reflect the establishment gap. This provides an illustration of what is possible and the current data gaps.

The calculation of gap presented within the table and chart presents the Budgeted Wte Establishment (financial summary) less Contracted Wte (eESS).

This does not include those posts currently going through the vacancy management process or out to advert.

The gap presented could also relate to miss alignment of systems between finance and eESS. To align data and provide accurate establishment it is vital that managers update eESS timeously.

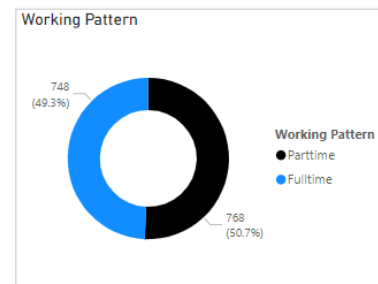
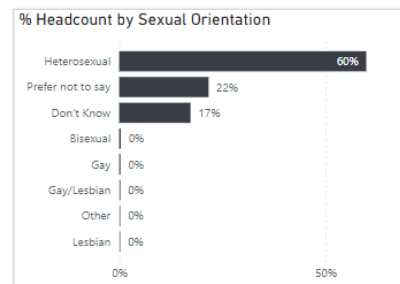
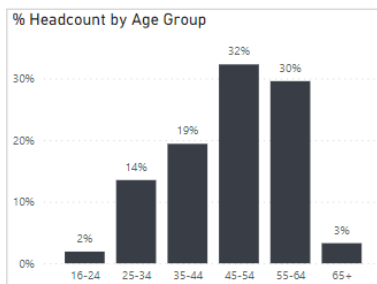
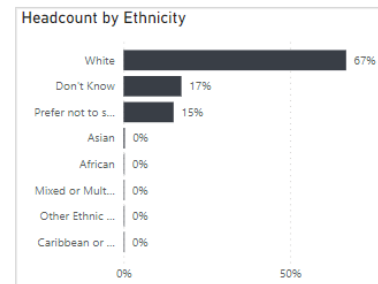
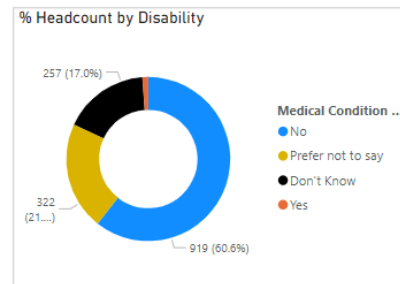
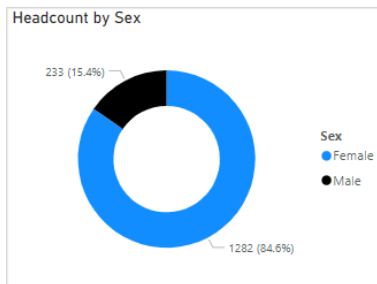
EQUALITY AND DIVERSITY

Key points:

Minor change to the E&D metrics, generally all new starts are completing the information as part of the onboarding process.

For most protected characteristics (notable exceptions being age and gender), somewhere in the region of 40% of the information is unknown because it has not been provided. This figure has remained consistent over the last 3 years.

The key action, therefore, in relation to our Equalities Duties in respect of employees, is to improve the quality of the employee equalities data we hold. Employee Self Service will assist this and allows staff to update their Equalities information and encouraging employees to complete continues.



TIME TO FILL

Time to fill presents a count of days between post added to the recruitment system and the start date of the candidate. The fill period is therefore reliant on timely and accurate data input.

The HSCP council posts take an average of 61 days to fill while the NHS average is 199 days.

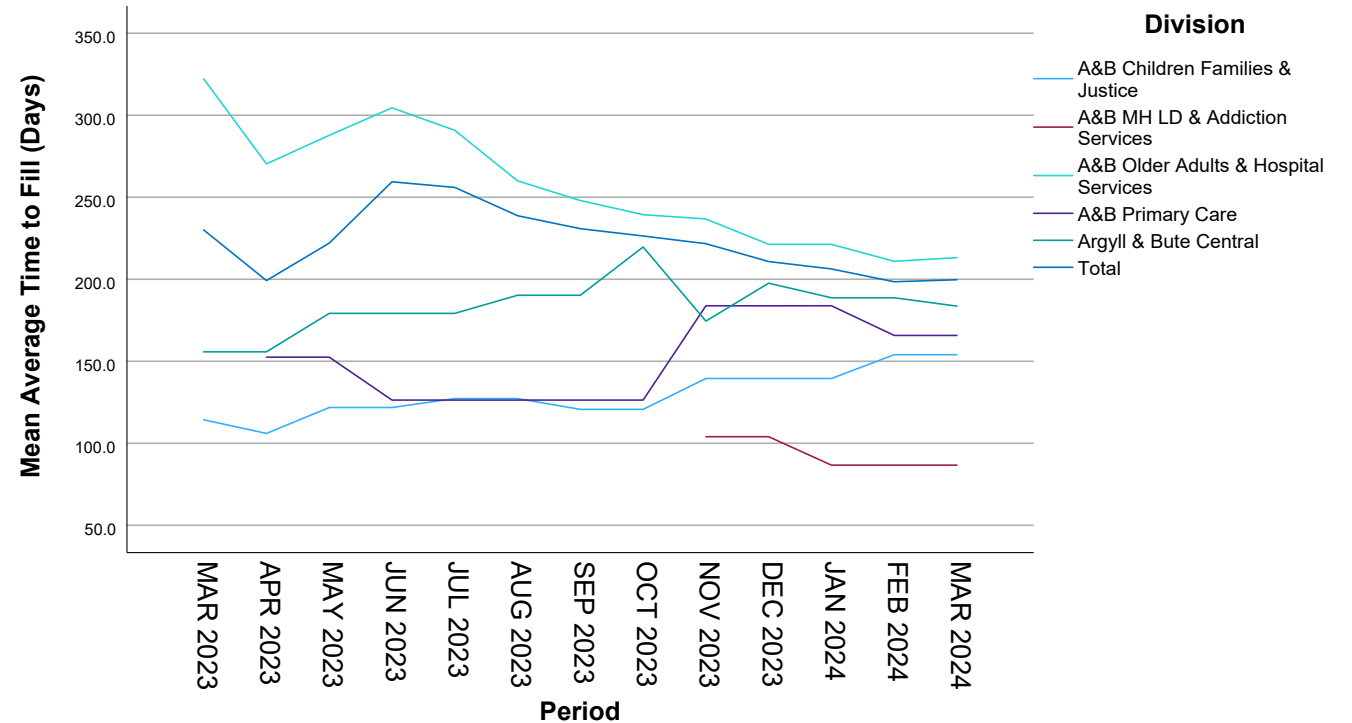
This can be accounted for by a number of factors, of which notice period is just one. Time to fill is higher in professional positions and high bands which can be attributed to longer notice periods.

There has been incremental improvement over the reporting period and within the NHS the Time to Fill is reducing. Both recruitment systems have the capability of reporting at each stage of the recruitment process and a Recruitment Metrics is being finalised for future reporting. This will assist in identifying the source of delays.

For comparison the average Board time to fill is 135 days (as of March 2024) days so there is still work to be done to identify and remove barriers to streamline the process. Scotland wide benchmarking is also being sought and will be used for comparison when available.

Council time to fill has also improved this quarter, reducing from 83 days to 61 with an increase in the numbers of vacancies advertised. At the end of March there were 14 positions that remained unfilled

Argyll & Bute Average Time to Fill (Days) by Division



POSTS	HSCP	Council
No. Advertised	79	365
No. Unfilled	14	61
Average No. of Days to Fill Post	61	56

HSCP CURRENT VACANCIES

NHS vacancies

A&B Children Families & Justice	Administrative Services	1
	Allied Health Professions	7
	Nursing and Midwifery	12
	Total	20
A&B MH LD & Addiction Services	Administrative Services	2
	Allied Health Professions	4
	Nursing and Midwifery	15
	Other Therapeutic	1
	Total	22
A&B Older Adults & Hospital Services	Administrative Services	13
	Allied Health Professions	16
	Healthcare Sciences	3
	Medical and Dental	12
	Nursing and Midwifery	62
	Other Therapeutic	2
	Personal and Social Care	1
	Senior Managers	1
	Support Services	12
	Total	122
A&B Primary Care	Administrative Services	2
	Medical and Dental	1
	Nursing and Midwifery	4
	Other Therapeutic	2
	Personal and Social Care	1
	Total	10
Argyll & Bute Central	Administrative Services	6
	Allied Health Professions	2
	Nursing and Midwifery	3
	Personal and Social Care	8
	Support Services	1
Total	20	

Administrative Services	24
Allied Health Professions	29
Healthcare Sciences	3
Medical and Dental	13
Nursing and Midwifery	96
Other Therapeutic	5
Personal and Social Care	10
Senior Managers	1
Support Services	13
Total	194

This slide provides a detailed breakdown of the vacant posts at the end of March 2024

HSCP vacancy monitoring has resumed and there is weekly scrutiny of the posts going out to advert.

Workforce planning meetings also review vacancies and consider skill mix and alternative methods of delivery.

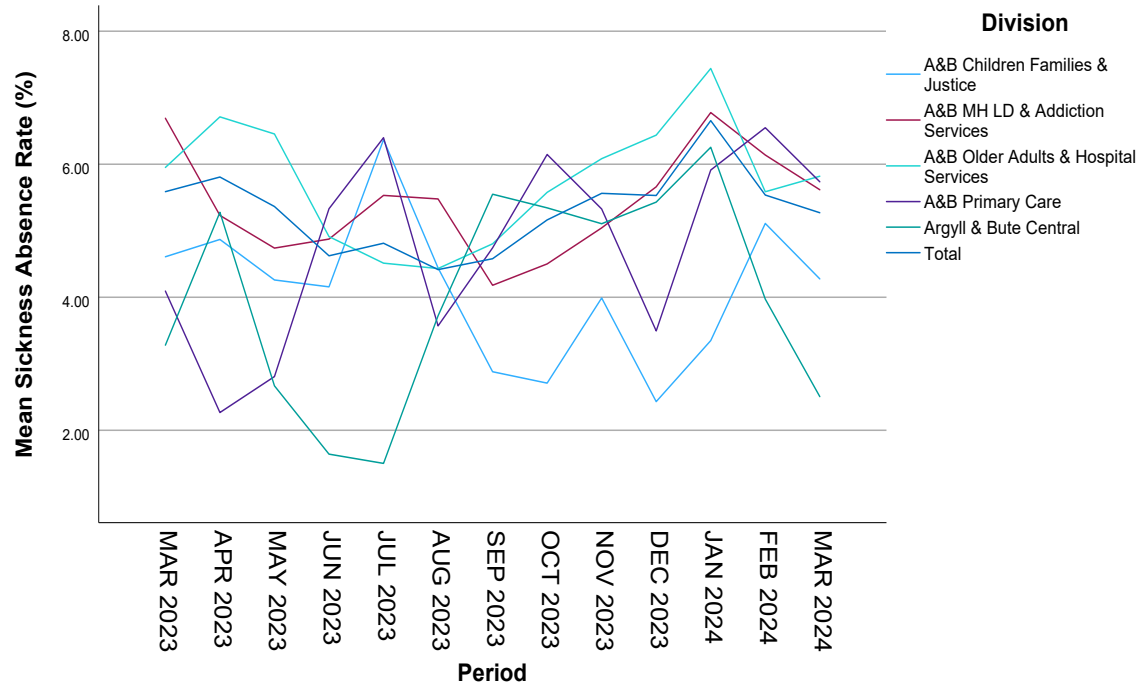
COUNCIL CURRENT VACANCIES

	Jan 24		Feb 24		Mar 24	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	2	22	2	11	2	14
Adult Services – Acute & Complex		6		3		6
Children, Families and Justice	2	9		2	1	5
Strategy P&P					1	
HSCP PL3 DIRECTORATE				1		
Totals	4	37	2	17	4	25
	41		19		29	
	(Temp/Casual 10) (Perm 31)		(Temp/Casual 6) (Perm 13)		(Temp/Casual 10) (Perm 19)	
Overall Total						

|

NHS SICKNESS ABSENCE

Sickness Absence Rate (%) by Division & Month



The graph presents absence rates across our AB Divisions.

The table presents the average absence based on the AB Division rates and a comparison against NHSH absence rate overall and the NHS Scotland national average per month.

Absence rates during the last quarter January – March are at similar levels to the same period last year.

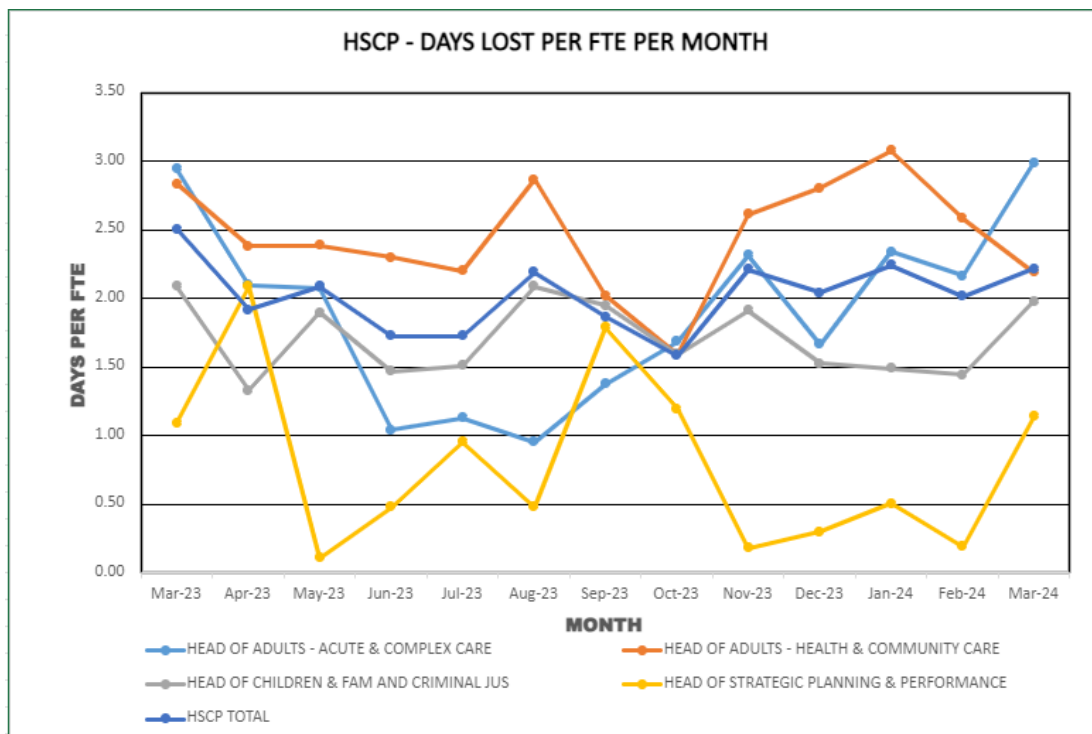
A&B is in the main consistently lower than the highland wide and National average. We await national average rates for March 2024.

	Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Argyll and Bute HSCP Total	5.3%	5.6%	5.8%	5.4%	4.6%	4.8%	4.4%	4.4%	4.9%	5.1%	5.53%	6.66%	5.54%	5.59%
NHS Highland Total	5.6%	6.5%	6.1%	6.0%	6.0%	6.2%	5.5%	6.7%	6.7%	6.6%	6.5%	7.39%	6.51%	6.16%
NHS Scotland Average	6.9%	5.6%	6.3%	5.9%	5.8%	5.8%	6.3%	5.9%	6.5%	6.70%	6.5	6.45%	6.17%	TBC

COUNCIL SICKNESS ABSENCE

The graph and table below show A&B Council Sickness absence across the year

Q4 has seen similar sickness absence levels when compared to last quarter and an improvement when compared to the same period last year.



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to Date
HEAD OF ADULTS - ACUTE & COMPLEX CARE	2.94	2.10	2.08	1.04	1.13	0.95	1.38	1.68	2.32	1.66	2.34	2.16	2.99	
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	2.84	2.38	2.39	2.30	2.20	2.86	2.02	1.60	2.61	2.80	3.08	2.58	2.19	
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	2.09	1.33	1.90	1.47	1.51	2.09	1.95	1.60	1.92	1.53	1.49	1.44	1.98	
HEAD OF STRATEGIC PLANNING & PERFORMANCE	1.10	2.09	0.11	0.48	0.96	0.48	1.79	1.19	0.18	0.30	0.51	0.19	1.14	
HSCP TOTAL	2.51	1.92	2.09	1.73	1.73	2.19	1.87	1.58	2.21	2.04	2.24	2.01	2.22	

Absence reasons presented from absence for 12 month period as at end of March 2024.

NHS SICKNESS ABSENCE REASONS

Absence Reason % for 12-month period up to most recent period shown for absence rates

Unknown causes/not specified	29.17%
Cold, cough, flu - influenza	15.16%
Gastro-intestinal problems	14.13%
Anxiety/stress/depression/other psychiatric illnesses	7.00%
Covid-related illness	4.81%
Chest & respiratory problems	4.62%
Other known causes - not otherwise classified	4.42%
Headache/migraine	4.18%

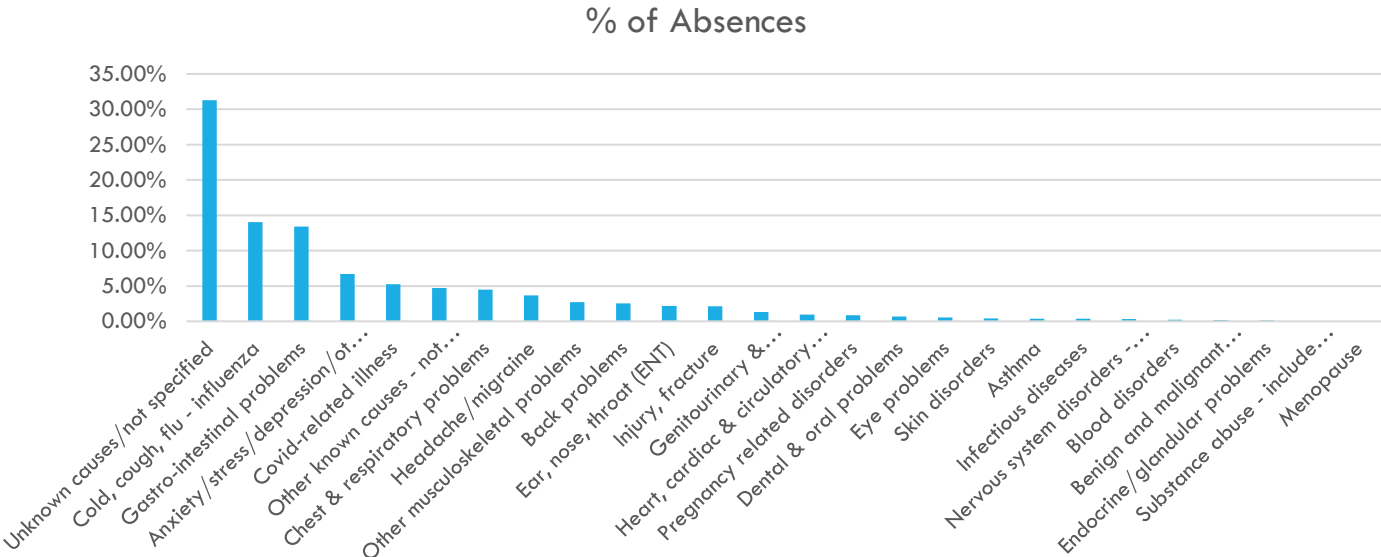
Absences with an unknown cause/not specified remaining high (accounting for around 29%). Managers continue to be asked to ensure that an appropriate reason is recorded on timesheets and for SSTS users, systems are continuously updated.

Manager attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.

For committee purposes absence reason is reported at HSCP level. Heads of Services receive their own divisional information.

- The remaining top 3 reasons for absence are:
- 1)gastro-intestinal
 - 2)cold, cough, flu
 - 3)Anxiety/ stress /depression /other

Covid absence is increasing Board wide and spread 4.81% of our absences.



COUNCIL SICKNESS REASONS & RTW

Top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue Back & Neck Problems Medical Treatment	Stress/Depression/Mental Health/Fatigue Stomach, Liver, Kidney & Digestion Infections

Previous Months Total for Comparison	No of RTWD completed	No of RTWD not completed	RTWD %	Average Time taken to complete (Days)
JULY 2023	30	39	43%	9
AUGUST 2023	25	53	32%	6
SEPTEMBER 2023	33	47	41%	5
OCTOBER 2023	34	38	47%	5
NOVEMBER 2023	44	69	39%	6
DECEMBER 2023	34	57	37%	15
JANUARY 2024	38	62	38%	6
FEBRUARY 2024	50	31	62%	7
MARCH 2024	61	46	57%	7

Absence Reasons

Similar to the national absence profile Stress /Depression /Mental Health remains the top reasons for absence this quarter in both short and long term categories. Back /neck and medical treatments are the 2nd and 3rd top reason for long term absence.

RTW

The last part of the quarter saw a marked improvement in RTW completion reflecting the work in this area.

RTW conversations are an extremely important part of the absence management process and there is a commitment for them to take place within 3 days of return.

REDEPLOYMENT

	End of FTC	Other	Org Change	Pay Protection	
A&B MH LD & Addiction Services Totals					
NURSING/MIDWIFERY					
Band 3					3
Band 6					1
SUPPORT SERVICES					
Band 2				1	
Band 4				1	
A&B Older Adults & Hospital Services					
ADMINISTRATIVE SERVICES					
Band 3					2
Band 4					1
ALLIED HEALTH PROFESSION					
Band 3					1
NURSING/MIDWIFERY					
Band 3			1		4
Band 7		1			
OTHER THERAPEUTIC					
Band 2					1
SUPPORT SERVICES					
Band 1					3
Band 2				3	4
Band 6					1
Argyll & Bute Central					
PERSONAL AND SOCIAL CARE					
Band 6		1			
SUPPORT SERVICES					
Band 2				1	0
Band 4				2	1
Totals	2	1	8		22

As of the 31st March there were 33 employees on the redeployment register.

22 of 33 individuals are retained on the register due to their pay protection status - individuals are in roles but have a protection element.

Overall there are 3 in Administration, 1 in Allied Health Protection, 1 in Healthcare Science, 10 in Nursing and Midwifery, 1 in Other Therapeutic, 1 in Social Care and 17 in Support Services.

All NHS vacancies are considered for redeployment as they arise. Redeployment staff continue to work in partnership with managers, employees and staff side colleagues to secure permanent or fixed term opportunities for staff on the redeployment register.

No council employees currently on redeployment register.

EMPLOYEE RELATIONS

Summary of activity between 1st January and 31st March 2024.

Highlights comparative end of quarter totals.

NHS

	Mar-23	Jun-23	Sept 23	Dec 23	Mar 24
D@W	1	2	8	9	8
Disciplinary	2	2	2	1	1
Grievance	3	4	3	4	7
Capability	0	0	0	0	3
Total	6	8	13	14	19

Since the last quarterly report there has been 1 D@W concluded and 3 new grievances opened. There are also 3 capabilities currently being managed.

*note - NHS reporting individuals involved Council report cases

	Mar-23	Jun-23	Sept 23	Dec-23	Mar-24
B&H	0	0	0	0	0
Discipline	1	0	1	1	2
Grievance	3	2	1	0	2
Capability	0	0	0	0	0
Total	4	2	2	1	4

HSCP Council Disciplinary and Grievance cases remain consistently low. During Q4 23/24 there was one disciplinary concluded and two commenced (still ongoing). Two Grievances were received, one collective and one individual, both ongoing.

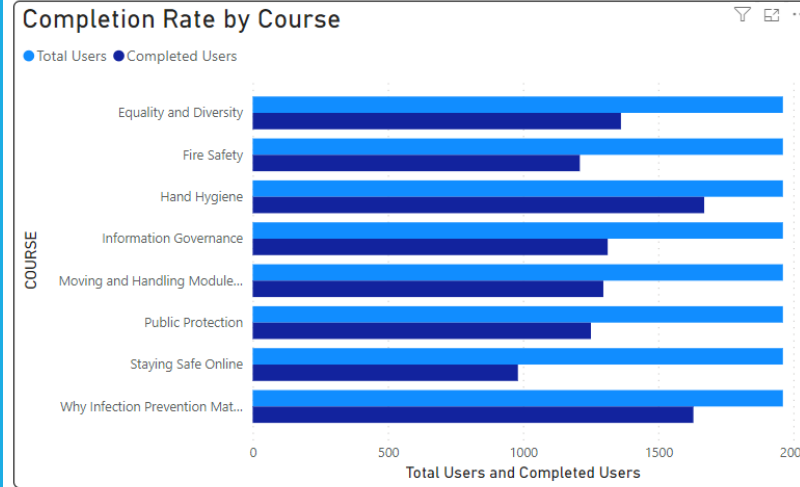
MANDATORY TRAINING

Mandatory Training completion continues to incrementally improve with an end of quarter rate of 68.3 overall

Over the course of the year there has been focused attention on statutory mandatory training resulting in incremental improvement across all stat man training.

With this in place it is anticipated that Board wide the 95% compliance target will be achieved and thereafter maintained.

Violence and Aggression training is Not contained in this quarters report. New revised training is due to be launched on the 1st June and will feature in subsequent reports.



Course	Current Completion Rate
Equality and Diversity	69.5%
Fire Safety	61.7%
Hand Hygiene	85.2%
Information Governance	67.0%
Moving and Handling Module A	66.1%
Public Protection	63.8%
Staying Safe Online	50.0%
Why Infection Prevention Matters	83.1%
Total	68.3%

Month	Equality and Diversity	Fire Safety	Hand Hygiene	Information Governance	Moving and Handling Module A	Public Protection	Staying Safe Online	Why Infection Prevention Matters
April 2023	67%	58%	83%	65%	63%	53%	25%	81%
May 2023	68%	58%	84%	65%	61%	54%	28%	81%
June 2023	68%	59%		66%	62%	54%	30%	82%
July 2023	68%	60%	85%	66%	62%	57%	33%	82%
August 2023	68%	60%	84%	66%	62%	57%	33%	82%
September 2023	68%	60%	85%	66%	63%	58%	38%	82%
October 2023	68%	60%	85%	65%	64%	59%	40%	82%
November 2023	69%	60%	85%	66%	64%	60%	42%	82%
December 2023	69%	61%	84%	66%	64%	61%	43%	82%
January 2024	70%	62%	85%	67%	65%	62%	45%	83%
February 2024	70%	62%	85%	67%	66%	62%	48%	83%
March 2024	69%	62%	85%	67%	66%	64%	50%	83%

MANDATORY TRAINING (COUNCIL)

The table attached details the mandatory training carried out this quarter and the overall compliance rate.

Similar to the NHS compliance there is varying degrees of compliance.

The Council have been working on a new process on the training management system LEON to make it easier for employees to stay on top of their mandatory training.

LEON now notifies employees when their training is due and sends them and their managers reminders. This is the first time this has been in place for council employees and it is hoped it will improve the overall compliance rates going forward.

Mandatory course	Number of HSCP employees completed course prior to Q4	As a percentage of the HSCP total workforce	Number completed in FQ 4	As a percentage of the HSCP total workforce who completed in FQ 4	
E&D	268	34%	0	0%	34%
Data Protection	539	68%	0	0%	68%
Fire Safety Awareness	703	89%	45	6%	95%
Freedom of information	466	59%	38	5%	64%
PREVENT	184	23%	0	0%	23%
Positive Customer Care	440	56%	37	5%	61%

HSCP total workforce end Q4 **787**

APPRAISALS

The appraisal information was requested at last IJB. The table overleaf shows the appraisal completion, recorded on the Turas system for NHS employees. Improvement of appraisal is a Board priority and this will be an area of focus for the year ahead. Improving the appraisal practice and recording

The council moved away from PDP/appraisals to a less formalised quality conversation approach and this is currently being evaluated. A report is due by the end of May and the findings will be reported once available.

Division	Values		
	Total Staff	Completed Appraisal	Percentage
# A&B Children Families & Justice	158	33	21%
# A&B MH LD & Addiction Services	148	20	14%
# A&B Older Adults & Hospital Serv	813	279	34%
# A&B Primary Care	124	37	30%
# Argyll & Bute Central	141	35	25%
Grand Total	1384	404	29%