



WORKFORCE REPORT

Argyll & Bute
IJB August 2023

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INTRODUCTION

The Workforce Report considers the workforce position as of 30th June 2023, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted. Note trend lines represents date range 31st January 2018 –30th June 2023.

The report has been developed in partnership with our People Partners and aims to shows 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 assesses data quality based on agreed data quality principles that are part of the data quality framework and addresses 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.

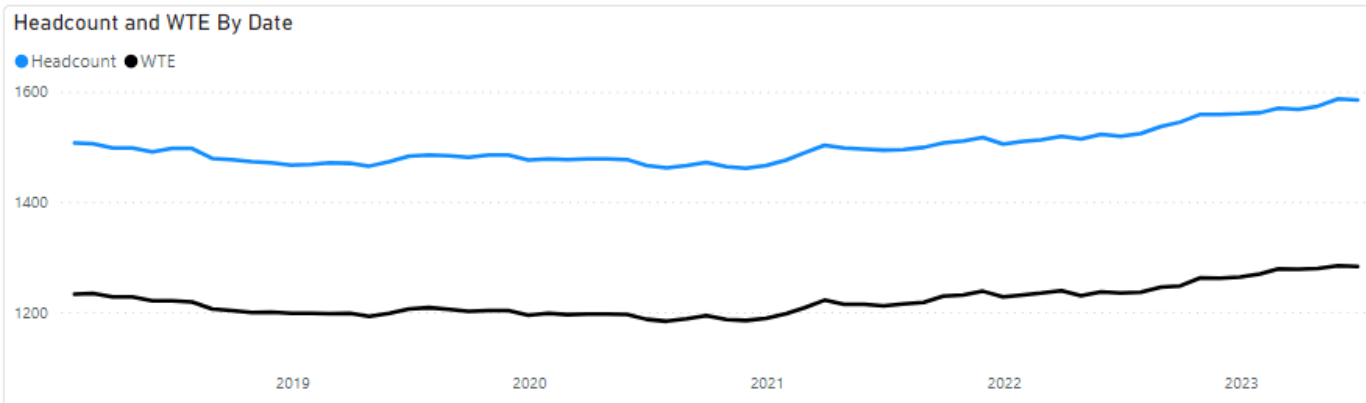
NHS HEADCOUNT AND WTE

Key points:

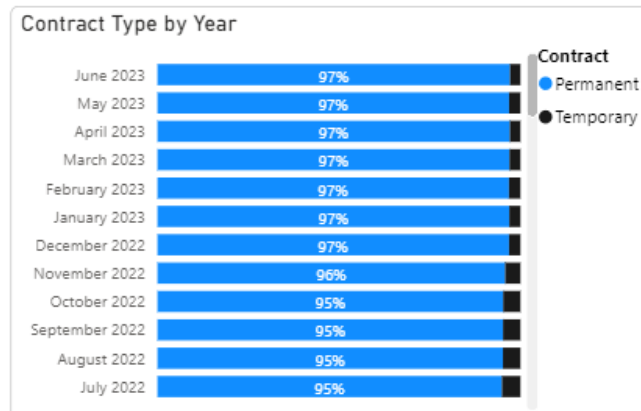
4.34% increase of workforce from in the last 12months

June 2023 in post figure of **1,585** (headcount) of Substantive Staff an increase of 61 overall since July 2022. With the highest increase seen across our Medical profession.

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



Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
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%
March 2023	1568	-0.13%	0.38%	3.23%
February 2023	1570	0.51%	0.64%	3.77%
January 2023	1562	0.13%	0.19%	3.44%
December 2022	1560	0.06%	0.06%	3.65%
November 2022	1559	0.00%	0.91%	2.77%
October 2022	1559	0.91%	1.43%	3.18%
September 2022	1545	0.52%	1.38%	2.52%
August 2022	1537	0.85%	1.18%	2.54%
July 2022	1524	0.33%	0.07%	1.94%



NHS WORKFORCE PROFILE

Key points:

827 employees are over 50, with 268 over 60 years old (17 % of the workforce) with 59 over 65 (3.7% of the workforce)

84.5% of our workforce is female

51.6% of our workforce are part time a 0.7 increase since reported in March

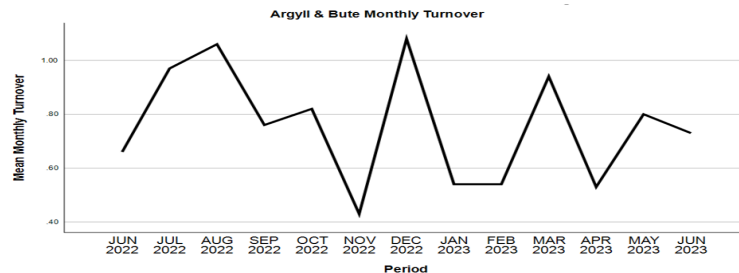
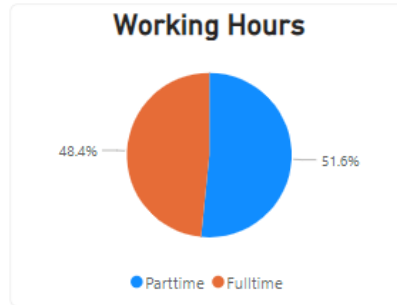
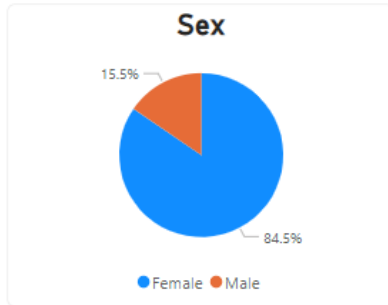
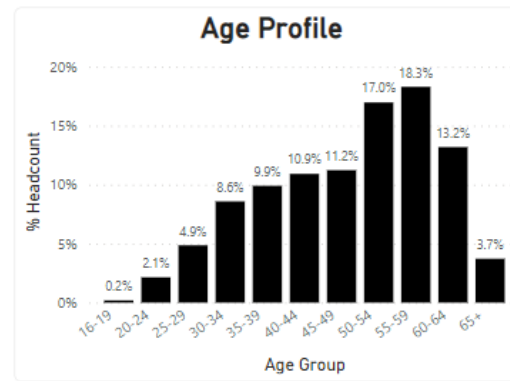
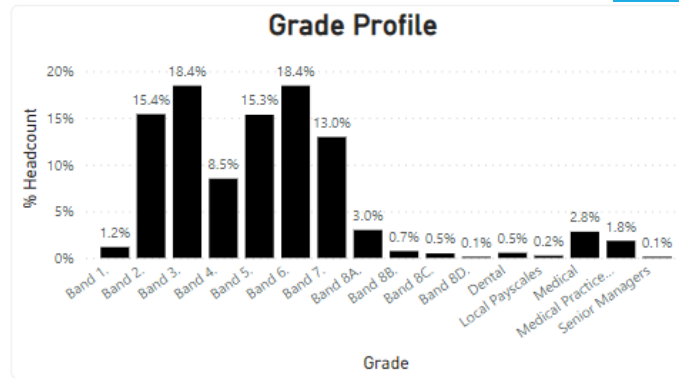
51 employees are fixed term a reduction from 56 last quarter.

37 employees are under 25 which has remained the same since December 2022

Turnover remains stable and in line with the Board average. We continue to see leavers relating to retirements Recently launched an on boarding and Exit Interview survey to gather information on peoples experiences in joining us and also why they leave. This will inform future action and continuous improvement

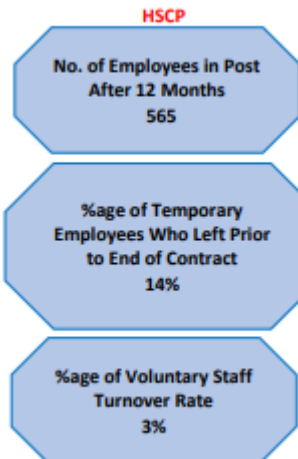
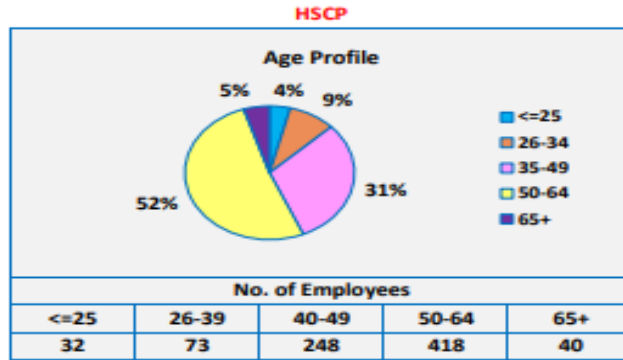
- Grade
- Select all
 - Band 1 - 4
 - Band 5 - 7
 - Band 8A - 8B
 - Band 8C - 8D
 - Local Payscales
 - Medical & Dental
 - Medical Practice (2c)
 - Senior Managers

Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	295	232.8
ALLIED HEALTH PROFESSION	180	146.9
DENTAL SUPPORT	35	27.6
HEALTHCARE SCIENCES	29	26.1
MEDICAL AND DENTAL	54	30.9
MEDICAL SUPPORT	2	1.2
NURSING/MIDWIFERY	694	580.6
OTHER THERAPEUTIC	50	44.7
PERSONAL AND SOCIAL CARE	51	41.4
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	206	149.9
Total	1585	1,283.0



NOTE: Method for obtaining turnover data changed from December 2022

COUNCIL WORKFORCE PROFILE



	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	322	351	81	32
Temporary	18	21	4	1
	340	372	85	33
Total Emps	830			
Casuals Paid	262			

MODERN APPRENTICES	HSCP	Council
New Starts	20	73
Completed	17	53
Secured Job	82%	74%
	<i>(cumulative)</i>	

Key points:

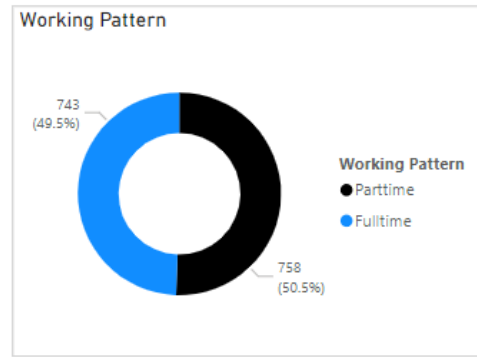
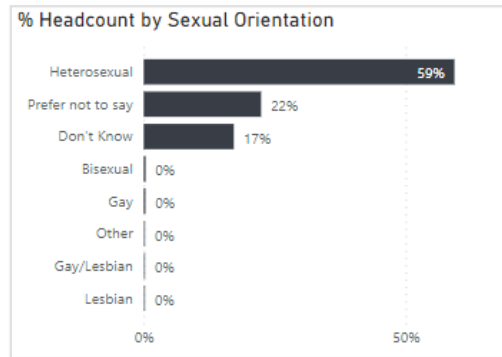
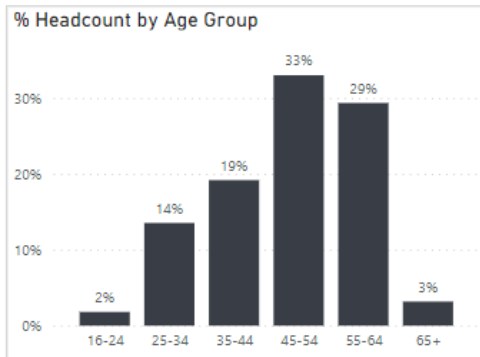
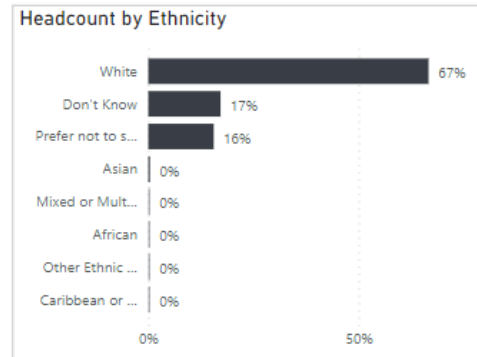
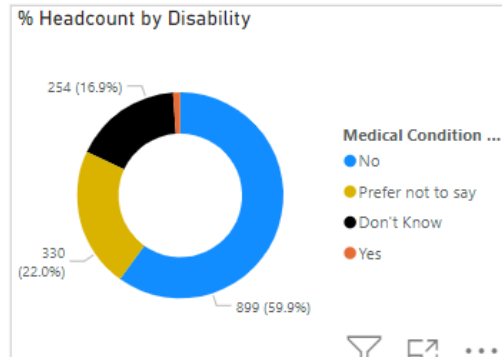
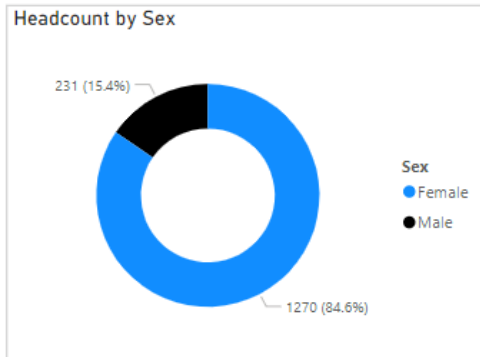
- 57% of the workforce are over 50 with 5% over 65
- 86% of our workforce is female.
- 49% of our workforce are part time
- 5% of our workforce are temporary (44 fixed term)
- Voluntary Turnover rate remains consistent at 3%

EQUALITY AND DIVERSITY

Key points:

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 that will allow staff to update their Equalities information and a focused exercise is due to commence in quarter 3, encouraging this completion.



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 council posts take an average of 100 days to fill while the NHS average is 182 days. This can be accounted for by a number of factors, or 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.

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.

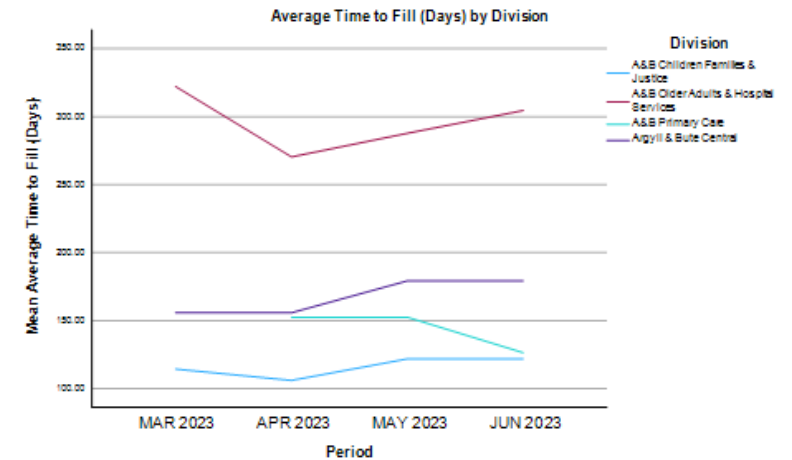
For comparison the average Board time to fill is 121.98 days so there is still work to be done to identify and remove barriers to streamline the process. Scotland wide benchmarking is also being sought and will be used for comparison when available.

The NHS stats have shown an improvement since they were reported at the end of last quarter reducing from 230 – 182 and may be an early reflection of the improvement work being done in this area.

Council

NHS

POSTS	HSCP	Council
No. Advertised	109	482
No. Unfilled	20	79
Average No. of Days to Fill Post	100	89



		Average Time to Fill (Days) By Division			
		Division			
		A&B Children Families & Justice	A&B Older Adults & Hospital Services	A&B Primary Care	Argyll & Bute Central
		Average Time to Fill (Days)	Average Time to Fill (Days)	Average Time to Fill (Days)	Average Time to Fill (Days)
Period	MAR 2023	114.3	322.1	.	155.8
APR 2023		106.0	270.3	152.5	155.8
MAY 2023		121.8	287.8	152.5	179.2
JUN 2023		121.8	304.5	126.3	179.2

Note: Where a division is not shown, this is because there are no hired candidates within the 12 month period up to the final day of the period date.

HSCP CURRENT VACANCIES

NHS vacancies

Vacancies by Division & Job Family					
Division	Job Family	Job Family	Administrative Services	Number of Vacancies	
				Count	Sum
A&B Children Families & Justice	Job Family	Administrative Services	1	1	
		Allied Health	2	2	
		Professions			
		Medical and Dental	1	1	
		Nursing and Midwifery	1	2	
		Total	5	6	
	A&B MH LD & Addiction Services	Job Family	Medical and Dental	1	1
			Nursing and Midwifery	2	2
			Total	3	3
	A&B Older Adults & Hospital Services	Job Family	Administrative Services	2	2
			Allied Health	9	9
			Professions		
			Healthcare Sciences	1	1
			Medical and Dental	3	7
			Nursing and Midwifery	13	14
Other Therapeutic			2	2	
Total			30	35	
Argyll & Bute Central	Job Family	Nursing and Midwifery	1	1	
		Total	1	1	
Total	Job Family	Administrative Services	3	3	
		Allied Health	11	11	
		Professions			
		Healthcare Sciences	1	1	
		Medical and Dental	5	9	
		Nursing and Midwifery	17	19	
		Other Therapeutic	2	2	
Total	39	45			

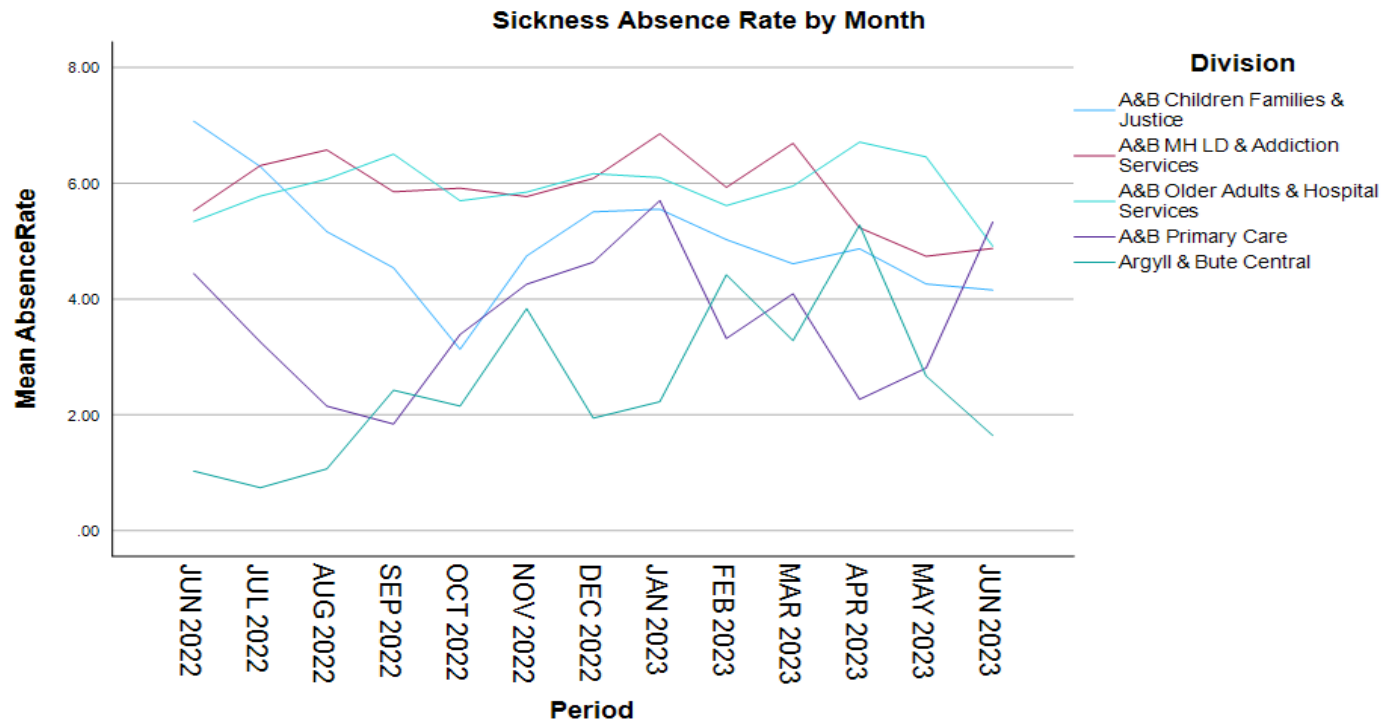
Count is the number of job adverts; sum is the total number of vacancies across those adverts

Council Vacancies

	Apr 23		May 23		Jun 23	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care	1	15	4	6	6	19
Adult Services – Acute & Complex	5	2		2	2	2
Children, Families and Justice	6	3	1	10	1	7
Strategy P&P						1
HSCP PL3 DIRECTORATE						
Totals	12	20	5	18	9	29
	32 (Temp 12) (Perm 20)		23 (Temp 7) (Perm 16)		38 (Temp 13) (Perm 25)	
Overall Total	93					

This slide provides a detailed breakdown of the vacant posts at the end of June. Information relating to re-advertising and posts vacant for a long period of time is being further developed and will be provided when available

NHS SICKNESS ABSENCE



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

The format and content of the short and long term breakdown previously provided is being reviewed and will follow when available

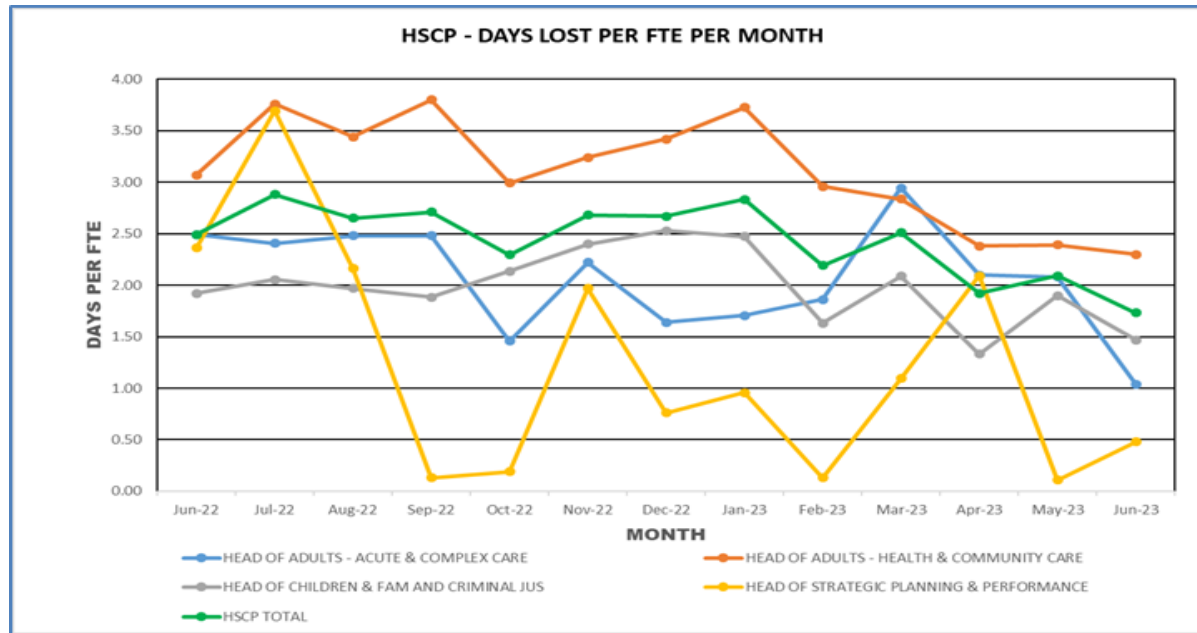
Although Quarter 1 ended with a reduced sickness absence %, compared to the same period last year, April and May were significantly higher.

June levels are the lowest recorded this year and this is also replicated in the council stats overleaf.

A&B is in the main consistently lower than the highland wide and National average

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Argyll and Bute HSCP															
Argyll and Bute HSCP Total	4.66%	4.84%	5.15%	5.37%	5.42%	5.55%	5.04%	5.18%	5.45%	5.84%	5.34%	5.59%	5.81%	5.36%	4.62%
NHS Highland Total	4.94%	5.11%	5.19%	5.11%	5.21%	5.98%	6.04%	6.11%	6.83%	6.62%	5.60%	6.49%	6.12%	5.97%	5.99%
NHS Scotland Average	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.83%	6.87%	5.60%	6.25%	5.94%	TBC

COUNCIL SICKNESS ABSENCE



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

Q1 has seen improved sickness absence levels when compared to last quarter and the same period last year.

June levels are the lowest recorded this year

Future reports will provide wider council and national comparisons

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
HEAD OF ADULTS - ACUTE & COMPLEX CARE	2.49	2.41	2.48	2.48	1.46	2.22	1.64	1.70	1.86	2.94	2.01	2.08	1.04
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	3.07	3.76	3.44	3.80	2.99	3.24	3.42	3.73	2.96	2.84	2.38	2.39	2.30
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	1.92	2.06	1.97	1.88	2.13	2.40	2.53	2.47	1.63	2.09	1.33	1.90	1.47
HEAD OF STRATEGIC PLANNING & PERFORMANCE	2.36	3.69	2.16	0.13	0.19	1.97	0.76	0.96	0.13	1.10	2.09	0.11	0.48
HSCP TOTAL	2.49	2.88	2.65	2.71	2.30	2.68	2.67	2.83	2.19	2.51	1.92	2.09	1.73

It should be noted that Strategic Planning & Performance only has 18 council employees hence any absence seems steep in comparison to other Services

NHS SICKNESS ABSENCE REASONS

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

NHS Absence Reason	Total % of Absences
Anxiety/stress/depression/other psychiatric illnesses	6.24%
Asthma	0.31%
Back problems	3.08%
Benign and malignant tumours, cancers	0.26%
Blood disorders	0.44%
Chest & respiratory problems	3.83%
Cold, cough, flu - influenza	12.18%
Covid-related illness	3.43%
Dental & oral problems	0.97%
Ear, nose, throat (ENT)	2.07%
Endocrine/glandular problems	0.22%
Eye problems	0.84%
Gastro-intestinal problems	12.27%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	1.72%
Headache/migraine	2.77%
Heart, cardiac & circulatory problems	0.84%
Infectious diseases	0.35%
Injury, fracture	2.07%
Menopause	0.04%
Nervous system disorders - exclude headache, migraine	0.26%
Other known causes - not otherwise classified	5.28%
Other musculoskeletal problems	3.12%
Pregnancy related disorders	0.79%
Skin disorders	0.48%
Unknown causes/not specified	36.15%

Absence reasons presented from absence for 12 month period as at 30th June 2023.

36.15% of the absences are still being recorded with no reason and this remains the highest category, impacting on the accuracy of the other absence reason information .

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)cold, cough, flu
- 2)gastro-intestinal
- 3)Anxiety/ stress /depression /other

COUNCIL SICKNESS REASONS & RTW

Council top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue	Stress/Depression/Mental Health/Fatigue
	Back & Neck Problems	Infections
	Other Musculo-Skeletal Problems	Chest & Respiratory

Previous Months Total for Comparison	No of RTWI completed	No of RTWI not completed	RTWI %	Average Time taken to complete (Days)
APRIL 2023	32	43	43%	7
MAY 2023	38	48	44%	7
JUNE 2023	26	35	43%	3
Average over FQ1 23/24	32	42	43%	6

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 muscular skeletal complaints are the 2nd and 3rd top reason for long term absence.

Short term absence reasons this quarter mirror the same chest and respiratory and minor infections seen in NHS absence.

RTW

Last quarters RTW improvement has not continued this quarter and remains low at 43% despite monthly reporting and system improvements. More focused work is required to identify the barriers to fulfilling this requirement. A 43% completion rate is evident across the council.

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. Further investigation is required to identify the management, administration and system barriers

EMPLOYEE RELATIONS

Summary of activity between
01/04/20223 and 30/06/23 and
comparative end of quarter totals

NHS

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
DAW	3	4	1	2	1	2
Disciplinary	1	4	1	2	2	2
Grievance	2	3	3	4	3	4
Capability	0	0	0	0	0	0
Total	6	11	5	8	6	8

Since the last quarterly report there has been 1 Disciplinary case opened and one closed, one new grievance and 1 D@W investigation commenced.

Council

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
B&H	0	0	0	0	0	0
Discipline	2	1	1	1	1	0
Grievance	1	2	3	2	3	2
Capability	0	0	0	0	0	0
Total	3	3	4	3	4	2

HSCP Council Disciplinary and Grievance cases are consistently low. In Q1 one disciplinary and one grievance case was concluded with no new cases. There remain two grievances at appeal stage.

REDEPLOYMENT

As of the 30th June there were 41 employees are on the redeployment register within AB.

Within AB the redeployments proximately span across bands 2-5 with high levels across Nursing and Midwifery and Support Services.

The 'other' category includes, :

- End of Employment Break
- Injury at Work
- Pay Protection*

People Services continue to carry out weekly reviews of the vacancy schedule to identify appropriate matches and offer support.

JOB FAMILY	End of FTC	Grievance	Organisation Change	Other	Grand Total
ADMINISTRATIVE SERVICES			1	3	4
ALLIED HEALTH PROFESSION				2	2
DENTAL SUPPORT				1	1
NURSING/MIDWIFERY	1	2		17	20
PERSONAL AND SOCIAL CARE				1	1
SUPPORT SERVICES			10	3	13
Grand Total	1	2	11	27	41

MANDATORY TRAINING

Month	CYBER_SECURITY	EQUALITY	FIRE_SAFETY	HAND_HYGIENE	INFORMATION_GOVORNANCE	MOVING_HANDLING_MODULE_A	PUBLIC_PROTECTION	VIOLENCE_AGGRESSION	WHY_INFECTON_PREVENTION	
July 2022		63%	47%	79%		57%	59%	37%	31%	77%
August 2022		64%	48%	79%		58%	60%	39%	30%	77%
September 2022		64%	48%	79%		58%	60%	39%	30%	77%
October 2022		65%	49%	80%		59%	61%	41%	30%	77%
November 2022	2%	66%	54%	82%		61%	64%	45%	30%	79%
December 2022	6%	66%	54%	82%		62%	64%	46%	33%	80%
January 2023	9%	66%	55%	82%		62%	65%	47%	33%	80%
February 2023	15%	66%	55%	82%		62%	65%	47%	33%	80%
March 2023	21%	68%	58%	83%		65%	64%	52%	34%	80%
April 2023	25%	67%	58%	83%		65%	63%	53%	34%	81%
May 2023	28%	68%	58%	84%		65%	61%	54%	34%	81%
June 2023	30%	68%	59%	84%		66%	62%	54%	36%	82%

AB report a Mandatory Training completion rate of 62.7% 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.

There remains low levels of compliance in Cyber Security and Violence and Aggression*

*It is important to note that the e learn Violence and aggression training is for the administrative job family.

Patient facing staff receive mandatory practical training on violence and aggression and moving and handling

There is now an established task and finish group discussing Statutory Mandatory training across the board, with a clear commission agreed by EDG for the group composition, scope and outcomes required.