



WORKFORCE REPORT

Argyll & Bute
IJB November 2023

CONTENT

- Introduction
- Headcount and WTE
- Workforce Profile
- Equality and Diversity
- Vacancies
- Sickness Absence
- Employee Relations
- Redeployment
- Mandatory Training

INTRODUCTION

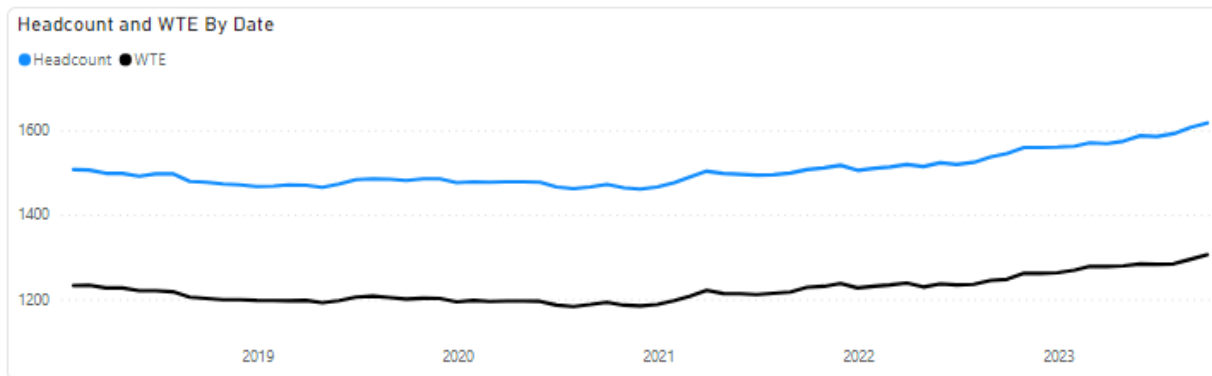
The Workforce Report considers the workforce position as of 30th September 2023, providing high level information for A&B HSCP. Some sections may represent an alternative timeline and will be highlighted. Note trend lines represents date range 31st January 2018 –30th September 2023.

The report has been developed in partnership with our People Partner 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.

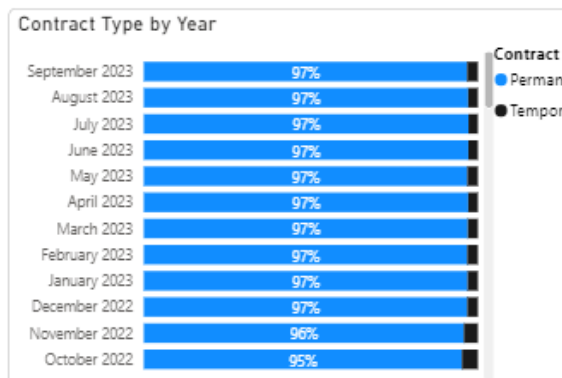
The Workforce Systems Teams proactively assesses data quality based on agreed data quality principles that are part of the data quality framework and addresses data quality issues at source to ensure that our workforce data is of high quality, reliable, and valuable to NHS Highland, and its stakeholders. 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



Month Year	Total Headcount	Last 1 Months % Change	Last 3 Months % Change	Last 12 Months % Change
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%
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%



Key points:

4.66% increase of workforce from in the last 12months

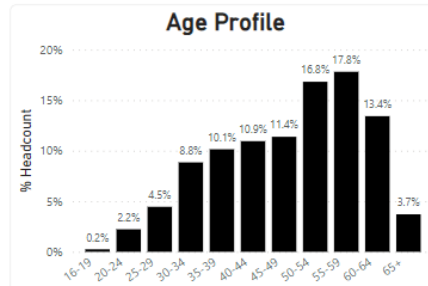
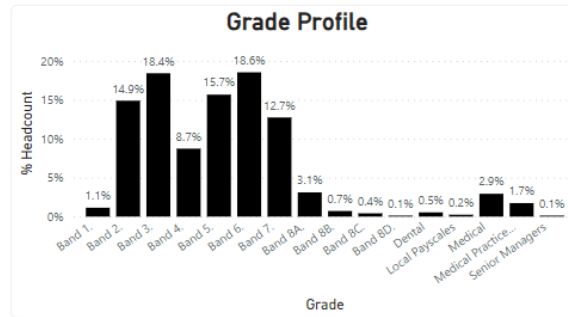
September 2023 in post figure of **1,617** (headcount) of Substantive Staff an increase of 32 overall since June 2023 (0.62% increase)

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

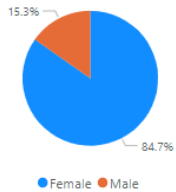
NHS WORKFORCE PROFILE

Headcount/WTE by Job Family

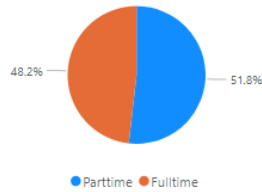
Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	296	232.9
ALLIED HEALTH PROFESSION	184	150.0
DENTAL SUPPORT	36	27.7
HEALTHCARE SCIENCES	29	26.1
MEDICAL AND DENTAL	57	32.8
MEDICAL SUPPORT	2	1.2
NURSING/MIDWIFERY	718	600.2
OTHER THERAPEUTIC	52	45.6
PERSONAL AND SOCIAL CARE	50	40.5
SENIOR MANAGERS	1	1.0
SUPPORT SERVICES	203	147.6
Total	1617	1,305.6



Sex



Working Hours



Monthly Turnover (%) By Division

Period	Total Monthly Turnover	
	Period	Turnover (%)
AUG 2022		1.06
SEP 2022		.76
OCT 2022		.82
NOV 2022		.43
DEC 2022		1.08
JAN 2023		.54
FEB 2023		.54
MAR 2023		.94
APR 2023		.53
MAY 2023		.80
JUN 2023		.73
JUL 2023		.33
AUG 2023		.66

Key points:

837 employees are over 50, with 277 over 60 years old (17 % of the workforce) with 60 over 65 (3.7% of the workforce)

84.7% of our workforce is female

51.8% of our workforce are part time a 0.1 increase since reported in June

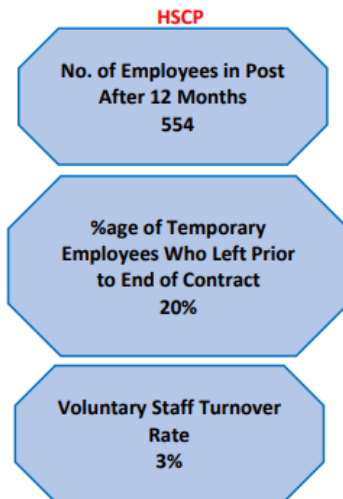
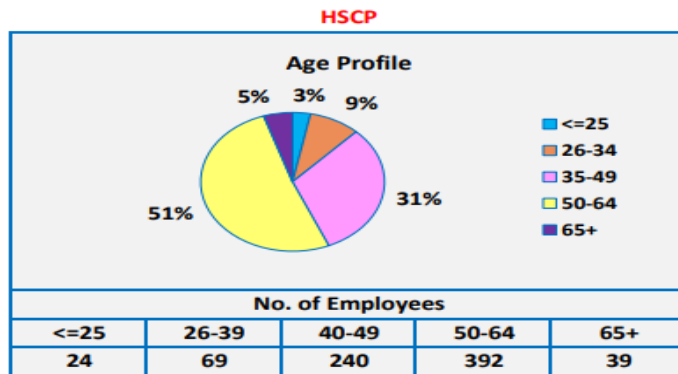
60 employees are fixed term an increase of 10 since last quarter.

40 employees are under 25 which has increase by 3 since June 2023

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

We 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

COUNCIL WORKFORCE PROFILE



	HSCP			
	Female		Male	
	Full-time	Part-time	Full-time	Part-time
Permanent	308	315	82	31
Temporary	15	25	3	3
	323	340	85	34
Total Emps	782			
Casuals Paid	264			

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

Key points:

- Q2 has seen an overall reduction in head count (48) mainly attributed to centralisation of catering and cleaning. While these post still work in the same location they are reported out with the HSCP structure. This is an ongoing exercise and will effect future reports until finalised.
- This has had a marginal impact on the overall demographic:
 - 55% of the workforce are over 50 with 5% over 65
 - 85% of our workforce is female.
 - 48% of our workforce are part time
 - 6% of our workforce are temporary (46 fixed term)
 - Voluntary Turnover rate remains consistent at 3%

EQUALITY AND DIVERSITY

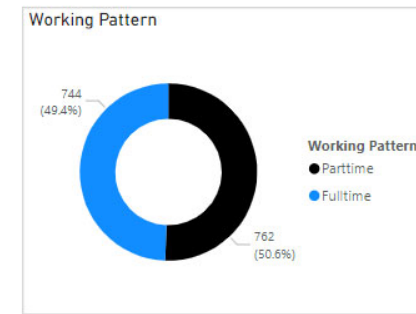
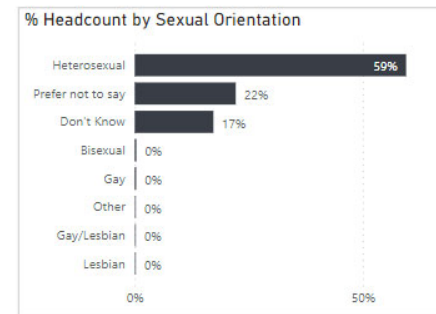
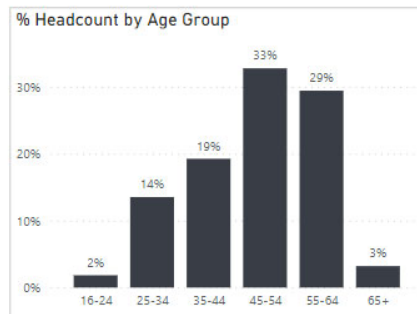
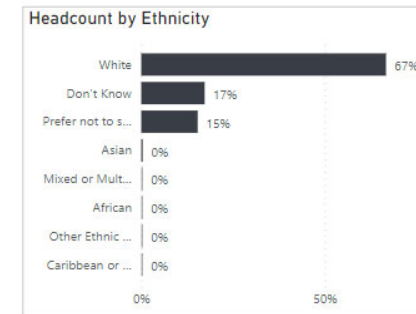
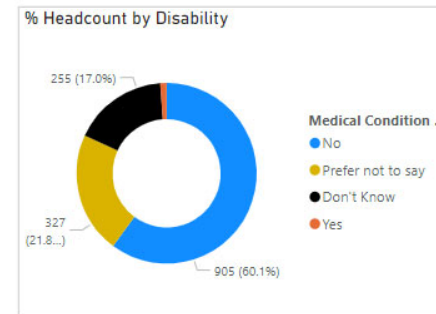
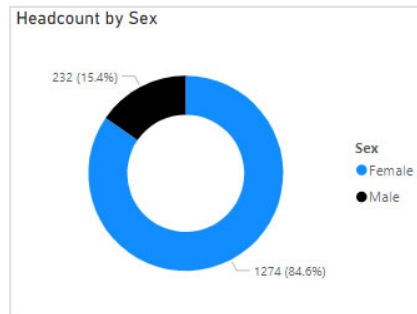
Key points NHS:

Only an increase in 2 Headcount since June extract.

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.

Council – We do not have E&D reporting in the same format for council employees but have requested completion information and are hopeful that an improved data set will be achievable in the new workforce management system.



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 98 days to fill while the NHS average is 188 days (an increase of 8 days since June 2023). 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.

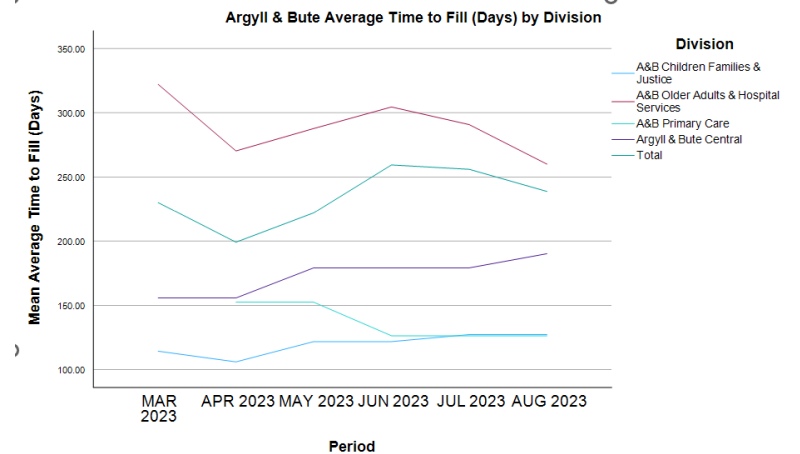
Both recruitment systems have the capability of reporting at each stage of the recruitment process and a Recruitment Metrics is being finalized for future reporting. This will assist in identifying the source of delays.

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.

Council

POSTS	SPP	Council
No. Advertised	0	499
No. Unfilled	0	105
Average No. of Days to Fill Post	0	98

NHS



Average Time to Fill (Days) By Division													
Period		Division											
		A&B Children Families & Justice		A&B MH LD & Addiction Services		A&B Older Adults & Hospital Services		A&B Primary Care		Argyll & Bute Central		Total	
		Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired	Average Time to Fill (Days)	Number of Candidates Hired
MAR 2023	114.3	3	.	0	322.1	7	.	0	155.8	4	230.1	14	
APR 2023	106.0	4	.	0	270.3	10	152.5	2	155.8	4	199.2	20	
MAY 2023	121.8	5	.	0	287.8	14	152.5	2	179.2	5	222.0	26	
JUN 2023	121.8	5	.	0	304.5	34	126.3	3	179.2	5	259.4	47	
JUL 2023	127.3	4	.	0	290.8	39	126.3	3	179.2	5	256.0	51	
AUG 2023	127.3	4	.	.	260.0	48	126.3	3	190.3	4	238.8	59	

HSCP CURRENT VACANCIES

NHS vacancies

Vacancies by Division & Job Family

Division	Job Family	Job Family	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		

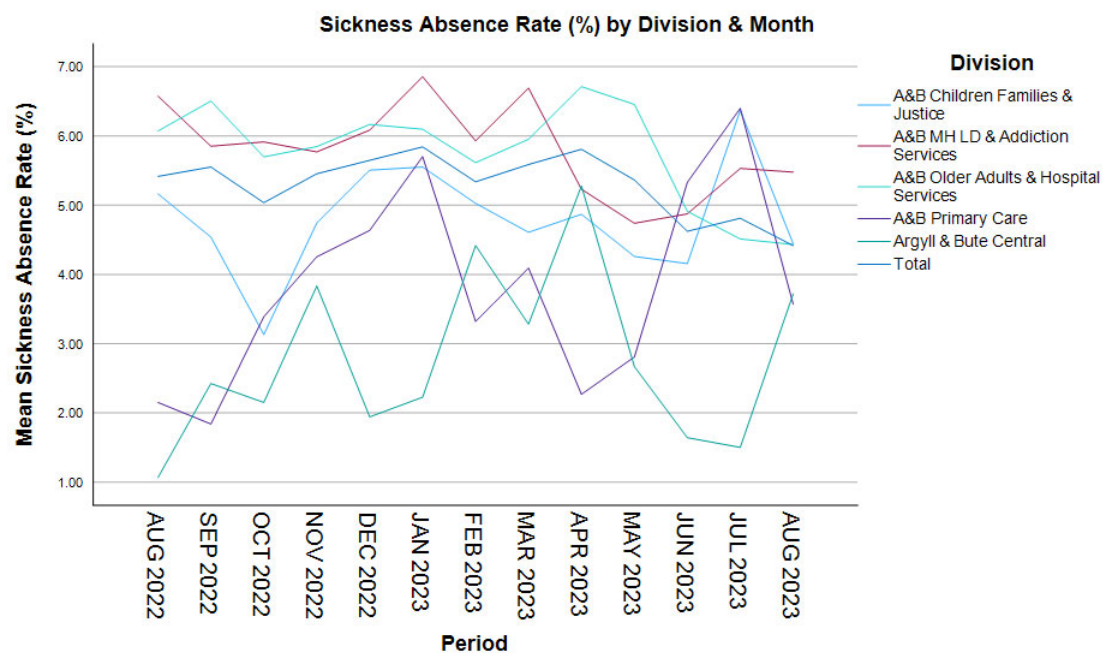
Count is the number of job adverts; sum is the total number of vacancies across those adverts

Council Vacancies

	Jul 23		Aug 23		Sep 23	
	Internal/RF	External	Internal/RF	External	Internal/RF	External
Adult Services – Health & Community Care		18	1	30		22
Adult Services – Acute & Complex		7	1	9		12
Children, Families and Justice	2	5	2	13	1	15
Strategy P&P						
HSCP PL3 DIRECTORATE						
Totals	2	30	4	52	1	49
	32 (Temp 10) (Perm 22)		56 (Temp 24) (Perm 32)		50 (Temp 15) (Perm 35)	
Overall Total	131					

This slide provides a detailed breakdown of the vacant posts at the end of September. 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.

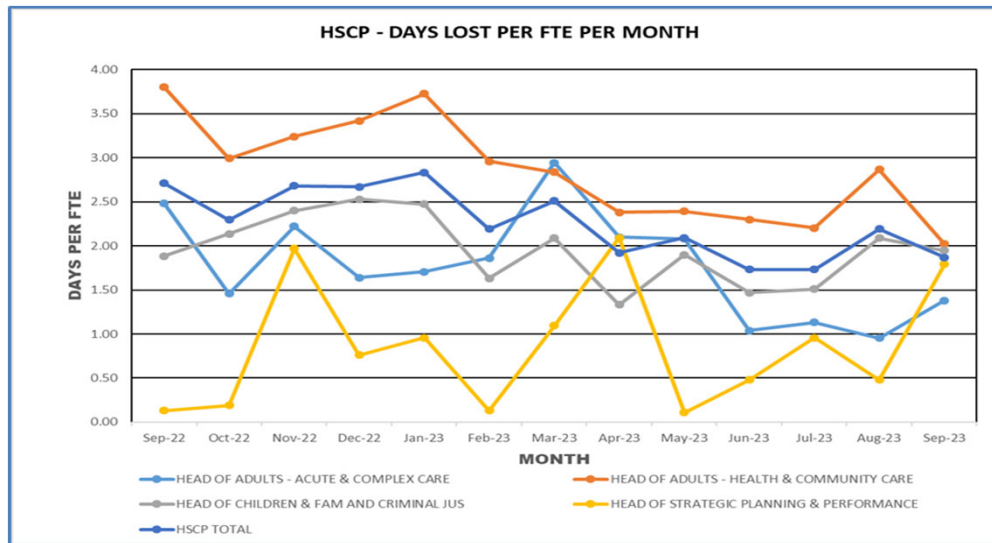
August levels are the lowest recorded this year and this is also replicated in the council stats overleaf.

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

Awaiting September stats to be added when received

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep
Argyll and Bute HSCP													
Argyll and Bute HSCP Total	5.55%	5.04%	5.18%	5.45%	5.84%	5.34%	5.59%	5.81%	5.36%	4.62%	4.81%	4.42%	4.58
NHS Highland Total	5.98%	6.04%	6.11%	6.83%	6.62%	5.60%	6.49%	6.12%	5.97%	5.99%	6.16%	5.47%	TBC
NHS Scotland Average	6.24%	6.33%	6.75%	7.35%	6.83%	6.87%	5.60%	6.25%	5.94%	5.78%	5.78%	TBC	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 the same period last year.

Future reports will provide wider council and national comparisons

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
HEAD OF ADULTS - ACUTE & COMPLEX CARE	2.48	1.46	2.22	1.64	1.70	1.86	2.94	2.01	2.08	1.04	1.13	0.95	1.38
HEAD OF ADULTS - HEALTH & COMMUNITY CARE	3.80	2.99	3.24	3.42	3.73	2.96	2.84	2.38	2.39	2.30	2.2	2.86	2.02
HEAD OF CHILDREN & FAM AND CRIMINAL JUS	1.88	2.13	2.40	2.53	2.47	1.63	2.09	1.33	1.90	1.47	1.51	2.09	1.95
HEAD OF STRATEGIC PLANNING & PERFORMANCE	0.13	0.19	1.97	0.76	0.96	0.13	1.10	2.09	0.11	0.48	0.96	0.48	1.79
HSCP TOTAL	2.71	2.30	2.68	2.67	2.83	2.19	2.51	1.92	2.09	1.73	1.73	2.19	1.87

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

Absence Reason % for 12-month period up to most recent period shown for absence rates		Division					
Absence Reason		A&B Children Families & Justice % of Absences	A&B MH LD & Addiction Services % of Absences	A&B Older Adults & Hospital Services % of Absences	A&B Primary Care % of Absences	Argyll & Bute Central % of Absences	Total % of Absences
Anxiety/stress/depression/other psychiatric illnesses		10.87%	8.97%	5.42%	8.52%	7.04%	6.55%
Asthma		.	0.45%	0.37%	.	.	0.29%
Back problems		1.09%	4.04%	3.20%	2.24%	0.70%	2.88%
Benign and malignant tumours, cancers		0.54%	0.45%	0.25%	.	0.70%	0.29%
Blood disorders		.	.	0.37%	1.35%	0.70%	0.42%
Chest & respiratory problems		2.72%	5.38%	3.82%	3.59%	0.70%	3.67%
Cold, cough, flu - influenza		10.33%	15.25%	11.21%	17.04%	12.68%	12.15%
Covid-related illness		3.80%	3.59%	4.99%	4.04%	1.41%	4.47%
Dental & oral problems		0.54%	1.79%	1.17%	.	1.41%	1.09%
Ear, nose, throat (ENT)		1.09%	4.04%	1.54%	4.04%	0.70%	1.92%
Endocrine/glandular problems		.	0.45%	0.12%	0.90%	.	0.21%
Eye problems		.	.	0.68%	1.79%	0.70%	0.67%
Gastro-intestinal problems		6.52%	18.39%	13.55%	18.83%	7.04%	13.56%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders		1.09%	0.45%	1.66%	3.14%	1.41%	1.63%
Headache/migraine		1.09%	2.69%	3.02%	3.14%	3.52%	2.88%
Heart, cardiac & circulatory problems		.	0.45%	0.99%	1.35%	0.70%	0.88%
Infectious diseases		.	0.90%	0.43%	.	.	0.38%
Injury, fracture		1.63%	2.69%	1.79%	3.59%	0.70%	1.96%
Menopause		.	0.45%	.	.	.	0.04%
Nervous system disorders - exclude headache, migraine		.	.	0.18%	0.45%	.	0.17%
Other known causes - not otherwise classified		5.98%	4.93%	5.67%	0.90%	3.52%	5.05%
Other musculoskeletal problems		2.17%	1.35%	3.69%	3.59%	0.70%	3.17%
Pregnancy related disorders		2.72%	0.45%	0.74%	2.24%	.	0.96%
Skin disorders		.	1.35%	0.37%	0.90%	0.70%	0.50%
Substance abuse - include alcoholism & drug dependence		.	.	0.06%	.	.	0.04%
Unknown causes/not specified		47.83%	21.52%	34.73%	18.39%	54.93%	34.18%

Note: % is calculated based on the number of absence episodes per division, not the working days lost.

Absence reasons presented from absence for 12 month period as at 31st August 2023.

34.18% 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 .

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 4.5% of our absences.

COUNCIL SICKNESS REASONS & RTW

Top 3 reasons for absence	Long Term	Short Term
HSCP	Stress/Depression/Mental Health/Fatigue	Infections
	Back & Neck Problems	Stress/Depression/Mental Health/Fatigue
	Other Musculo-Skeletal Problems	Stomach, liver kidney and digestion

Previous Months Total for Comparison	Long Term Continuous	Employees hitting Long Term trigger	10 + Days	4 + Instances	Stress	No of RTWI completed	No of RTWI not completed	RTWI %	Average Time taken to complete (Days)
APRIL 2023	35	9	37	15	4	32	43	43%	7
MAY 2023	34	13	51	20	14	38	48	44%	7
JUNE 2023	35	11	41	23	9	26	35	43%	3
JULY 2023	30	11	33	16	9	30	39	43%	9
AUGUST 2023	35	9	48	18	5	25	53	32%	6
SEPTEMBER 2023	31	10	42	22	7	33	47	41%	5
Average since April 2023	33	11	42	19	8	31	44	41%	6

Average over FQ2	29	46	39%	7
-------------------------	-----------	-----------	------------	----------

Absence Reasons

Stress /Depression /Mental Health remains the top reasons for long term absence this quarter and second for short term absence.

infections are the top reason for short term absence

Short term absence reasons this quarter mirror the cough cold flue and gastro infections seen in NHS absence.

RTW

While this quarter showed an overall improvement in RTW completion (39%) The quarter ended with the year so far average of 41% Despite monthly reporting and system improvements there is little improvement. More focused work is required to identify the barriers to fulfilling this requirement. This is being discussed at SLT.

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 1st July 2023 and 30th September 2023.

Highlights comparative end of quarter totals.

NHS

	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sept 23
B&H	3	4	1	2	1	2	7
Disciplinary	1	4	1	2	2	2	0
Grievance	2	3	3	4	3	4	3
Capability	0	0	0	0	0	0	0
Total	6	11	5	8	6	8	10

Since the last quarterly report there has been 5 new formal DAW cases opened. One grievance case 2 disciplinary cases closed. Within B&H there are 2 cases involving more than one complaint accounting for 4 of the 7 cases above.

Council

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

HSCP Council Disciplinary and Grievance cases are consistently low. During Q2 there was one disciplinary case ongoing. Within Grievances, one concluded in August and the other is at the Appeal stage, due in November 2023.

REDEPLOYMENT

As of the 30th September there were 33 employees on the redeployment register, a reduction of 8 since 30th June with 41 employees.

There are high levels of redeployments across bands 2-5 with high levels across Nursing and Midwifery and Personal and Social Care.

The 'other' category may include:

- Breakdown in working relationships
- End of Employment Break
- Injury at Work
- Pay Protection

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.

	Capability	End of FT	Grievance	Org Change	Other	Grand Total
Job Family						
Administrative Services					2	2
Nursing & Midwifery				1	12	13
Support Services				11	4	15
Allied Health Profession					1	1
Dental Support					2	2

MANDATORY TRAINING (NHS)

AB report a Mandatory Training completion rate of 67.7% overall, an increase since June where MT in AB was reported at 62.7%

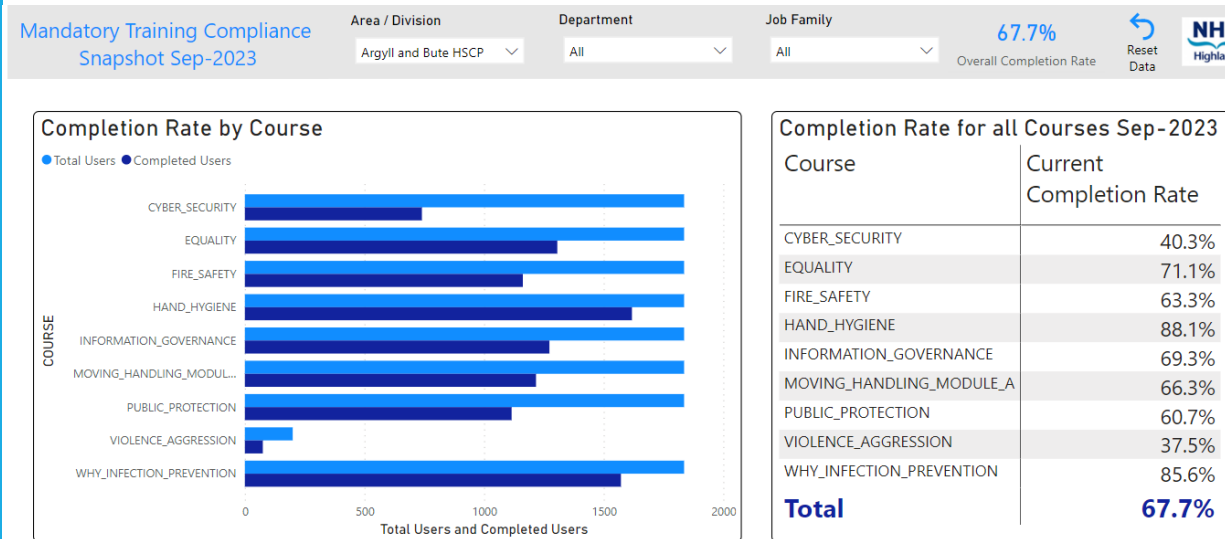
Over the course of the year there has been focused attention on statutory mandatory training resulting in incremental improvement across all stat man training.

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.



Month	CYBER_SECURITY	EQUALITY	FIRE_SAFETY	HAND_HYGIENE	INFORMATION_GOVERNANCE	MOVING_HANDLING_MODULE_A	PUBLIC_PROTECTION	VIOLENCE_AGGRESSION	WHY_INFECTION_PREVENTION
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%
July 2023	33%	68%	60%	85%	66%	62%	57%	39%	82%
August 2023	33%	68%	60%	85%	66%	62%	57%	39%	82%
September 2023	40%	71%	63%	88%	69%	66%	61%	38%	86%

MANDATORY TRAINING (COUNCIL)

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

Mandatory course	Number of HSCP employees completed course prior to Q2	As a percentage of the HSCP total workforce	Number completed in FQ 2	As a percentage of the HSCP total workforce who completed in FQ 2	Total
E&D	269	35%	0	0%	35%
Data Protection	546	72%	0	0%	72%
Fire Safety Awareness	705	93%	55	7%	99%
Freedom of information	464	61%	39	5%	66%
PREVENT	184	24%	0	0%	24%
Positive Customer Care	432	57%	58	8%	65%

HSCP total workforce end Q2 762