



Health & Social Care
Information Centre

Statistical Change Notice relating to NHS Hospital and Community Health Service in England workforce statistics

18 March 2016



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Purpose of this document

This is to clearly state in advance the changes that will take effect in the next publication of NHS Hospital and Community Health Service in England workforce statistics. If you wish to ask us any questions or discuss anything that is not clear enough please call

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How these changes have been decided

The reforms set out in the Health and Social Care Act 2012 introduced new arrangements for commissioning healthcare services and a new system through which education and training is planned, commissioned, funded and delivered.

The Workforce Information Architecture work stream was established by the Department of Health as part of the reforms to review, improve and test the arrangements for handling workforce data and intelligence that will be necessary for the reformed systems to operate effectively. The review recommended that a workforce Minimum Data Set (wMDS) be collected from all providers of NHS-funded care. The reforms also presented an opportunity to improve data quality, as well as data coverage and completeness, to support a step change in the effectiveness of workforce planning.

As a result of this review and in light of increased knowledge of available data and customer feedback the HSCIC have carried out a two stage consultation process and a wide range of users of the statistics fed back opinions and advice. All the changes in this document are directly as a result of the outcome of this consultation process. The original consultation document, the first set of suggested changes and the final decision document are available at the link below.

<http://www.hscic.gov.uk/hchs>

Why these changes are being made

Since 2009 the ESR (Electronic Staff Record) NHS pay and HR system has been the main source of information on the NHS workforce in England. The HSCIC has worked with data from ESR, learning more about its strengths and weaknesses, and with users of workforce statistics.

One of the strengths of the data is that it provides in depth information about each person and job and this can be used to question established methods of counting and classifying.

The HSCIC's focus is entirely on providing the most accurate and useful information on the NHS workforce to users. Our increased knowledge of the data, the feedback from users and the work requested from us over the years, and changes to the structure of the NHS led us to consult on workforce statistics and produce the re classified and enhanced statistics which will be available on 30th March 2016.

When these changes will be implemented

The majority of changes outlined in this document will come into place for our official statistics on 30th March 2016 when we publish September 2015 HCHS statistics as part of a wider Healthcare Workforce set of statistics, and the figures for December 2015 for the first time. Where the changes impact on other statistics we produce we will implement them as soon as resources permit.

Impact of the changes and developments

- The collection of workforce information from the independent workforce sector begins to create a fuller picture of the entire health care workforce in England.
- By moving staff working in Community Interest Companies and Social Enterprises to be part of our new table on the independent sector we will reduce the number of staff that were previously reported in the larger set of NHS staff.
- Categorising staff working in NHS Trusts and CCGs separately to staff working in Central Bodies and support to the NHS creates two groups of organisations based on function rather than one larger set of NHS staff.
- Excluding contracted staff who are not receiving pay for activity from workforce statistics will reduce the number staff that were previously counted.
- Reclassification of staff between staff groups will affect the numbers of staff in specific groups.
- The re-categorisation of the workforce into different groups and between staff groups may affect trends over time.
- The inclusion of additional information in our statistics will increase the amount of detail available on the various elements of the workforce.

To support the understanding of these reclassifications, historical tables showing data from September 2009 to September 2015 will be made available as part of the publication on 30th March 2016 for NHS Trusts and CCGs, Central Bodies and support to the NHS, and contracted staff who are not receiving pay for activity. This publication will also include information on the independent sector workforce as at September 2015.

Detail of Changes

Change 1: We will only count paid staff in our workforce statistics

From the publication of the September 2015 data on 30th March 2016 those workforce statistics derived from the Electronic Staff Record (ESR) data warehouse will focus on staff that have been paid for activity, i.e. directly employed staff providing service at the time they are counted.

The estimate quoted in our consultation documents was that this change would exclude around 40,000 non-earning staff (not paid but currently counted as they were recorded as having a contract) however techniques developed from the consultation feedback have reduced this estimate and a breakdown of such staff will be provided on a quarterly basis at a national level.

In addition the monthly data quality reports that the HSCIC provides to trusts will highlight staff that have contracted hours but have not received pay. This group excludes volunteers.

Some of these staff will be records that have not been closed down, but some will relate to staff who are on long term sickness absence or maternity/paternity leave. This group of staff will be shown as 'Contracted workforce not receiving pay for activity'. Any staff returning to work will then be counted in their appropriate classification.

The fundamental drive behind this change has been to produce statistics that show the number of staff providing services at a point in time.

Change 2: Information on the Independent Sector health care workforce

As part of the Workforce Information Architecture work, the HSCIC is publishing workforce figures collected from independent health care organisations as at 30th September 2015 as part of the healthcare workforce statistics publication due on 30th March 2016.

The data collected directly from the Independent Sector does not represent the entire workforce employed across the whole of this sector and does not only show the staff providing NHS commissioned services.

The data does not allow some of the refinements to be made that can be applied to ESR data and therefore may include staff on maternity leave and career breaks, for example. Therefore this is the workforce directly employed in Independent sector healthcare organisations and will be shown as 'Independent sector healthcare workforce'. Bank and casual staff are excluded.

Change 3: Social Enterprises and CICs as part of the Independent Sector Statistics

We will move all published statistics on Social Enterprises and Community Interest Companies available through ESR from our NHS statistics and include them in the independent health care provider workforce statistics. This will reduce the figures that were traditionally quoted as NHS. This action will also apply to private companies that are using ESR as a payment system. These are

- Carillion IT Services
- Sovereign Healthcare

- VH Doctors Ltd

Change 4: Separation and addition of NHS support organisations and central bodies statistics

In addition to the other central organisations we currently report in our statistics we will in future also count the staff of:

- NHS Professionals
- Northern Deanery
- Public Health England

as part of our workforce statistics. Staff from the Northern Deanery will be allocated to Health Education England if they are not already listed as placed at another NHS organisation.

We will publish data from all support and central bodies in supplementary tables on a quarterly basis separate to what are currently known as HCHS workforce statistics.

The list of central bodies to be published in supplementary statistics is given below:

- Health and Social Care Information Centre
- Health Education England
- National Institute for Health and Care Excellence
- NHS Blood and Transplant
- NHS England
- NHS Professionals
- Public Health England
- NHS Litigation Authority
- Health Research Authority
- NHS Business Services Authority
- NHS Property Services Limited
- NHS Trust Development Authority
- Commissioning Support Units

We do not have data for all organisations that consultation respondents were interested in, Local Authorities, CQC and Monitor for example. For those we have data for we will publish figures.

The reclassification of these organisations as 'Workforce in Central Bodies and support to the NHS' will reduce the figures that were traditionally quoted as NHS HCHS workforce statistics. This group is effectively the workforce in Central Bodies and support to the NHS using ESR.

This will leave workforce directly employed in NHS Trusts and CCGs who are paid as the main focus of our NHS HCHS workforce statistics. This group of staff will be shown as 'NHS Trusts and CCG workforce' which will include the 2 Trusts not using ESR.

Change 5: Any doctor with contracted hours or sessions will be included in the main doctor staff group

Any medical or dental staff that have contracted hours or sessions and are currently classed as Locums in our publications will be reclassified to the main body of doctors.

Any staff that would previously have been classified as Locums will be identifiable in the future if this is of interest, and bespoke statistics are available from the HSCIC which allow customers to

understand the issues they are interested in should additional perspectives of the workforce be required.

Medical or dental staff with no contracted FTE but who receive pay for work will be classed as Locums and the total earnings of such staff paid through ESR are shown in our quarterly earnings publications.

Change 6: A new category for Very Senior Managers

Within our published statistics we will introduce an additional category of Very Senior Manager to go alongside Senior Manager and Manager.

This will involve the re-categorisation of some current staff. Very Senior Managers will be staff with an Occupation code starting with G0. They will have a Job Role that indicates they hold a very senior position within a trust, and not be on an Agenda for Change grade. They will also earn £80,000 or more basic pay if they have a recognised Very Senior Manager Job Role (Chief Executive, Finance Director etc.) or if their Job Role is “Senior Manager” then we will count them if their earn £100,000 or more basic pay.

In quarterly and annual staff in post publications an additional table will show details of other staff that are classified with occupation codes starting with Z. This will only show headcount statistics and will not be replicated in related workforce statistics such as earnings or sickness absence. The figures will not be included in official statistics on the size of the workforce.

Very Senior Managers that have a clinical occupation code will continue to be counted within their clinical group, (Nursing Directors and Medical Directors for example).

Change 7: Exclusion of some contract types

The HSCIC will exclude from our NHS workforce statistics staff with the following contract types in ESR.

- Honorary
- Non-Exec Director/Chair
- Prof Exec Committee
- Retainer Scheme, and
- Widow/Widower

Every quarter a table will be published giving the headcount and contract type but they will not be counted as part of the NHS workforce. These staff will be shown as ‘Non service contract workforce’.

Change 8: Inclusion of nurses undertaking additional training in the nurse statistics

We will include staff with an Occupation Code starting with P1 (Pre-registration learner) in the Support to Doctors and Nurses staff group. Staff with Occupation Codes starting with P2 (Post 1st level registration learner) or P3 (Post 2nd level registration learner) will be included in the Nurse staff group as they are qualified and training in another level of qualification.

Change 9: Reclassification of staff with mismatched grades and occupation codes

Senior managers with Agenda for Change (AfC) grades of 1 to 6 will have their occupation codes reclassified to reflect the occupation suggested by their Job Role.

Nurses with AfC grades of 1 to 4 will have their occupation codes reclassified to reflect the occupation suggested by their Job Role, except where the nurse has a job role of “Staff Nurse” or “Enrolled Nurse” where AfC Band 4 will be allowed.

Other qualified staff who have an AfC grade of Band 1 to Band 3 will have their occupation codes reclassified to reflect the occupation suggested by their Job Role.

Those staff for which a more appropriate Occupation Code for the grade is not suggested by the Job Role field will have their Occupation Code changed to XXX and will be classified as ‘Other staff or those with unknown Classification’. These will still be included in the published statistics.

All changes will be made to the data the HSCIC processes, not changed in any other databases.

Data quality systems will feed the issues back to trusts to help improve the accuracy of the data.

Change 10: Staff groups

- a) The Midwives staff group will no longer be included as a sub category of Qualified Nurses and will be shown as a distinct category of staff in the main tables.
- b) The title “Non-medical” staff to describe over 90% of the NHS workforce will be removed and the focus will be on defining staff by what they are rather than what they are not.
- c) The statistic that shows total non-medical staff will also be removed so that there will be a total NHS workforce statistic followed by the categories of staff within the NHS - Doctors, Ambulance staff, Nurses, etc.
- d) Instead of separate annual Medical and Non-medical workforce publications there will be one set of tables that cover all NHS Trust & CCG staff, shown at varying levels of detail in monthly and quarterly publications.
- e) We will ensure that contact details for assistance in the use of these tables is clearly displayed should any users not be familiar with them.
- f) We will clearly display contact details so that users know they can engage with the HSCIC to obtain bespoke statistics that are not routinely produced in our publications.
- g) Instead of a Qualified Nurse group of staff we now have a Nurse & Health Visitor group, largely because “Qualified” is a redundant expression for a distinct and recognised group of staff. For example we do not say qualified doctor staff group.
- h) Similarly there will be support to doctors and nursing staff rather than unqualified nurses, Ambulance staff rather than Qualified Ambulance staff, etc. This development is intended to

bring the categorisation of NHS staff in line with common parlance and help make the statistics clearer to non-specialist users.

- i) Health Care Assistants with Occupation Codes H1A, H1B, H1C, H1D, H1E, H1F, P1E and P1D will be combined with all staff with Occupation Codes starting with NF, N8 and N9 (Nursing Assistant Practitioner, Nursery nurse and Nursing assistant / auxiliary) to create a Support to clinical staff group.

Change 11: Publish Area of Work and Job Role

The HSCIC will provide experimental pivot table statistics as a part of our publications that will allow Area of Work at Primary and Secondary Area of Work and Job Role to be combined with occupation code defined staff group.

Change 12: Publish Job Grades

The HSCIC will publish numbers in each staff group by grade.

Change 13: Rename Doctor grades

We will rename the doctor grades to align with more current grade descriptions.

The new grades will be:

- Foundation Doctor Year 1
- Foundation Doctor Year 2
- Core Medical Training
- Core Dental Training
- Specialty Registrar
- Hospital Practitioner / Clinical Assistant
- Staff Grade
- Associate Specialist
- Specialty Doctor
- Consultant (including Director of Public Health)
- Other & Unknown HCHS Doctor Grades

Change 14: Revised ethnicity classifications

In future the HSCIC will show historic ethnic classifications aggregated under the heading “Discontinued codes”.

Change 15: Incorporation of Flexible Tables

Where possible tables will be directly linked to aggregate data to allow each table to be recast to show additional detail and different perspectives.

Tables will include contact details of where additional information can be requested.

Data files with as much detail as possible will be made available with each publication.

Innovations such as graphing tools will be introduced as resources permit and continued if feedback indicates they are useful.

Data behind tables will continue to be published in .csv format and extra detail will be added to these data.

Change 16: More focussed bulletins

The content of written bulletins accompanying workforce publications will be focussed on the latest figures published and changes.

Links to standard documents (for example methodology documents) will be included rather than multiple text chapters in each bulletin.

We will extend the linked standard documents to include additional information so that non-specialists can better understand the statistics we publish.

We will include more graphical representations of the figures published in the accompanying tables.

When we are aware of external events or circumstances that relate to the NHS workforce during the period covered by a publication, we will note these.

Change 17: Moving GP practices paid through ESR to Primary Care statistics

Staff delivering primary care services who are being paid through ESR will be excluded from the HCHS statistics and included in the primary care workforce statistics.

Change 18: Only discard doctors who are double counted

When calculating the total headcount number of doctors in our combined primary and secondary care tables we will no longer discard all Hospital Practitioners and Clinical Assistants from the secondary care workforce. In future we will only discard those who have a matching record in the primary care data. This will continue to avoid double counting doctors whilst counting primary care doctors who are delivering secondary care.

Change 19: Classifying primary and secondary care doctors

Doctors with occupation code 921 and dentists with occupation code 971 will be counted in secondary care statistics and classified as Hospital Practitioners. When overall doctor numbers are shown any double counting of these staff will be avoided by checking against GP data.

Doctors with occupation code 800 that are not showing in GP statistics will be counted in secondary care statistics.

The disparity in the frequency and speed of publication of secondary care and primary care workforce statistics may mean that some 800 code doctors will be counted in secondary care until new primary care statistics are published. Such doctors will not be retrospectively reclassified.

Any record where the workplace organisation is given as Gen05 or GenGP will not be included in the HCHS workforce as this will be read as an unequivocal indication that the doctor works in Primary Care.

Change 20: No role count in publications

Role count will no longer be included as a standard measure within any of our workforce publications. The impact of multiple roles will still be apparent within the headcount tables and work showing role count figures will still be available on request.

Change 21: Clarity on how to get unpublished information

We will include a clear list of fields that are downloaded from ESR, whether or not they are currently included in published statistics, and we will make it clear that additional statistics using these fields are available, although sometimes with caveats relating to data quality or completeness. We will also provide contact details so users can discuss the data with us.

Where possible we will create additional exploratory statistics and include them in our quarterly publications. We will also publicise the existence of these additional figures.

We will also list in our publication each month links to the answers to every freedom of information and ad hoc request that we have produced since the previous publication.

Change 22: Re positioning of quarterly NHS HCHS workforce publications

Currently we produced monthly NHS HCHS workforce statistics each month except for in April, July, October and January when we produce an extended set of statistics for January, April, July and October, respectively.

In future we will produce the full set of statistics that we will publish on 30th March 2016 in December and June each year, covering September and March data respectively. And a slightly reduced set in March and September covering December and June data.

This will increase the speed with which detailed figures are available for September and figures will be republished to be included with GP and independent sector figures as required.

Change 23: Inclusion of junior doctor grades in high level turnover statistics

Currently junior doctor grades are not included in turnover statistics. At organisation level this prevents rotation between roles inflating turnover figures. As part of adding grade information to our statistics we will now include junior doctor grades in our high level turnover figures, for example joiners and leavers to NHS Trusts and CCGs as an entire group, as rotation between trusts is separate to this. This brings turnover statistics in line with other statistics incorporating grade.

The suite of changes described above may have further consequences on some of the supporting tables.

For further information

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