



Health & Social Care
Information Centre

NHS Staff Earnings Estimates

**Estimates to December 2015, Provisional
statistics**

Published 30 March 2016



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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

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Your views on our statistics

The HSCIC welcomes feedback on the methodology and tables within this publication. Please contact Bernard Horan with your comments and suggestions, clearly stating 'NHS Staff Earnings' as the subject heading, via:

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Executive Summary

This report, which is published every quarter, covers the period from 30 April 2008 through to 31 December 2015. It uses four main earnings measures, provisionally showing overall figures for the NHS HCCHS workforce (excluding primary care staff) in England:

- The mean annual basic pay per full time equivalent (FTE) was £29,999 in the 12 month period up to the end of December 2015. This is £242 (0.8%) more than in December 2014.
- The mean annual earnings per person were £31,108 in the 12 month period up to the end of December 2015. This is £200 (0.6%) more than in December 2014.
- The mean annual basic pay per person was £26,488 in the 12 month period up to the end of December 2015. This is £240 (0.9%) more than in December 2014.
- The mean annual non-basic pay per person (which is split into ten sub components in Table 3) was £4,619 in the 12 month period up to the end of December 2015. This is £40 (-0.9%) less than in December 2014.

These figures are based on the most recent twelve months of data and are presented by staff group in the publication (Tables 1 & 2). This publication also includes tables which examine the non-basic pay elements in greater details (Table 3) and provides total payments to bank staff (Table 4).

A graphing tool is also available so that users can view the distribution of annual basic pay per person or annual earnings per person by staff group and Health Education England (HEE) area. Please note the graphs are based on those individuals who only appear in each of the 12 months of data.

The full set of data tables and graphs can be accessed at:

<http://www.hscic.gov.uk/pubs/staffearndec15prov>

Locum Other Doctors in Training and NHS Infrastructure Support staff working in the Hotel, property & Estates area saw the largest individual staff group percentage increases in mean annual basic pay per Full Time Equivalent (FTE) over the last year, whilst locum hospital practitioners & clinical assistants and NHS Infrastructure Support managers saw the largest decrease according to the report, which considers the earnings of over 1 million staff working in NHS hospital and community services in England (excluding GP surgeries).

The figures show that, considering mean annual basic pay per Full Time Equivalent (FTE) for the major NHS staff groups in the 12 months to December 2015:

Doctors (including consultants and registrars, but excluding locums and GPs), on average earned £59,573, a 0.5% increase on the same period in 2014.

Within this staff group:

- Hospital practitioners and clinical assistants saw the largest percentage increase on 2014 at 1.6% to £68,675.

Mean annual basic pay per FTE for Qualified nurses including Midwives and Health Visitors was £30,934 in the 12 months to December 2015, a 0.7% increase on 2014.

Within this staff group:

- School nurses saw the largest percentage increase on 2014 at 0.9% to £33,319 while health visitors saw the largest reduction with a fall of 0.6% to £33,585.

Mean annual basic pay per FTE for infrastructure support staff was £28,522, a 1.4% increase on 2014.

Within this staff group:

- Hotel, Property & Estates saw the largest percentage increase on 2014 at 1.7% to £17,562 while managers saw a decrease of 0.9% to £48,472.

The report also shows the mean annual basic pay per FTE of:

- Qualified scientific, therapeutic and technical staff was £34,611, a 0.4% increase on 2014.
- Qualified ambulance staff was £27,160, a 0.9% increase on 2014.
- Support to clinical staff was £18,776, a 1% increase on 2014.

Revisions and Issues

As expected with provisional statistics, some figures may be revised from month to month as issues are uncovered and resolved. Users are advised to always use the latest published tables for their analyses.

Introduction

This statistical bulletin relates to staff paid by English NHS organisations via the Electronic Staff Record (ESR). ESR is a payroll and human resources system for all English NHS organisations, with the exception of two foundation trusts that have opted out of the system. An extract is taken for each month's data from the ESR Data Warehouse 2 months after the month end. This delay is to allow all outstanding payments to be processed. The most recent 12 months of data are combined so that annual earnings estimates can be calculated. This publication relates to the 12 month period ending in September 2015.

Data Quality

Accuracy

A provisional status is applied as the data is flowing from an operational system which may change slightly over time due to its live status and potential additional updates. Current analyses have shown that data for the same time frame, extracted 6 months later has a difference at a National level of less than 0.1%.

As expected with provisional statistics, some figures may be revised from month to month as issues are uncovered and resolved.

No refreshes of the provisional data will take place either as part of the regular publication process, or where minor enhancements to the methodology have an insignificant impact on the figures at a national level, however the provisional stamp allows for this to occur if it is determined that a refresh of data is required subsequent to initial release. Where a refresh of data occurs, it will be clearly documented in the publications.

The HSCIC seeks to minimise inaccuracies and the effect of missing and invalid data but responsibility for data accuracy lies with the organisations providing the data. Methods are continually being updated to improve data quality.

The changing nature of organisations that provide NHS services as part of Transforming Community Services (TCS) may impact on the overall totals as a greater number of third party providers of NHS services are excluded from the figures. A programme of work is currently being undertaken to understand the associated issues and to work to resolve the implications for future publications.

A monthly data extract from ESR is put through a number of validation processes. Specific issues are highlighted and reports sent to each organisation informing them of their levels of data quality and any issues they can then act on. This has been well received by the NHS and has meant that more Trusts are willing to update data to save validation work in future. We want this to become the norm within NHS organisations and ensure greater emphasis is placed on improving data validation at source. See the methodology section below for further detail. Data cleansing exercises as a result of policy directives (for example Health Visitors) to provide an accurate baseline before the formal monitoring process begins can also have an impact on data quality and on trends within time series.

Figures are an accurate estimate of the data supplied and validated as described above. However, given the size of the NHS workforce, it's constantly changing composition, and the nature and timing of local data entry and checking processes, there will always remain some uncertainty in the true position of the NHS workforce.

As the underlying administrative systems improve, the HSCIC will study changes and anomalies with the aim of better quantifying the remaining uncertainty in the figures. Users are encouraged to contact the HSCIC, via the responsible statistician, with any suggestions for improvement or concerns with published tables, validation, methodology, etc.

Figures in the publication are however presented to the nearest whole number. This facilitates consistency checks between different analyses of workforce data, and avoids users introducing calculation error when deriving other statistics such as percentage changes.

Relevance

The statistics exploit recent developments (most notably the roll-out of the ESR and the Monthly HCHS Workforce publication) to improve the service enjoyed by users of NHS workforce information and to reduce the burden on NHS Organisations to complete and return this data. By improving the quality and depth of the NHS Staff Earnings estimates assists not only the NHS organisations themselves but anyone who is interested in NHS Earnings statistics.

Relevance of NHS workforce information is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by an NHS-wide Standardisation Committee for Care Information (SCCI).

Significant changes to the NHS Staff Earnings publication (e.g. frequency or methodology) are subject to consultation, in line with recommendations of the Code of Practice for Official Statistics and as was carried out between April and June 2012.

Comparability and Coherence

These figures are presented as a provisional series and are not directly comparable with previous NHS workforce figures. The HSCIC welcomes feedback on the methodology, plus the content and accuracy of tables within this publication.

A provisional status is applied as the data is flowing from an operational system. No refreshes of the provisional data will take place as part of the regular publication process, however the provisional stamp allows for this to occur if it is determined that a refresh of data is required subsequent to initial release. Where a refresh of data occurs, it will be clearly documented in the publications.

Earnings estimates for Bank staff who are paid through ESR are made available as part of this publication. Earnings statistics for the Primary Care workforce (GPs and Dentists) are available at:

<http://www.hscic.gov.uk/primary-care>

Timeliness and punctuality

ESR data will be published within 3 months of the data time stamp of the most recent month covered by the publication. This publication includes data to 31 December 2015 and was published on 30 March 2016.

Data will typically be published on the 21st of the month of publication, unless that falls on a Friday, Saturday, Sunday or Monday in which case it may be the first Tuesday thereafter, (or first Wednesday thereafter if a Bank Holiday Monday is involved) to allow for 24 hour pre-release access.

Accessibility

The NHS Staff Earnings publication consists of high-level estimates at a National level for Hospital Doctors and Non-Medical Staff by major staff groups. Further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

The publication may also contain detailed statistics providing further granularity across staff groups and work areas for specific topic areas or service priority issues, which will be available on request in those months they are not placed on the website.

Performance cost and respondent burden

The statistics exploit recent developments (most notably the roll-out of the Electronic Staff Record, ESR) to reduce the burden on NHS Organisations to complete and return this data by extracting the data from administrative systems.

Trusts will have to ensure that staff are coded consistently (e.g. in dealing with hosted staff), and that the data quality reports made available to them are acted upon.

Confidentiality, Transparency and Security

The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics.

Change in Methodology

Earnings statistics have been published in various forms by the Health and Social Care Information Centre (HSCIC) since its inception and by the Department of Health (DH) before that. Following a consultation period that ended in June 2012, the first data tables using the new methodology for NHS earnings data were published alongside those using the old methodology in September 2012. This publication only contains data tables produced using the new methodology.

Using the new methodology the following four measures are calculated:

- **Mean annual basic pay per FTE** – is the mean amount of basic pay paid per 1 full-time equivalent post in a 12 month period.
- **Mean annual earnings per person** – is the mean amount paid to an individual in a 12 month period, regardless of the contracted FTE.
- **Mean annual basic pay per person** – is the mean amount of basic pay paid to an individual in a 12 month period, regardless of the contracted FTE.
- **Mean annual non-basic pay per person** – is the mean amount, over and above basic pay, paid to an individual in a 12 month period, regardless of the contracted FTE (this is further split into ten separate measures – see Appendix A for a list and descriptions)

The old methodology contained mean annual basic pay per FTE, but the annual figure was estimated using the three most recent months of data. In the new methodology this figure uses 12 months of data to improve the accuracy of the measure.

Annual total earnings per FTE were also estimated using three months of data and the method of calculation assumed that all additional payments made to part time staff could be grossed up to a full time estimate. This had obvious disadvantages – i.e. a temporary injury allowance may be a flat payment where staff get the full amount whether they work full time or part time causing the old method to inflate part time staffs' total earnings. The new methodology does not include total earnings measures by FTE and all non-basic pay measures are measured per person.

Median values are no longer included in the publication and these are replaced with an Excel-based graphing tool that allows users to examine the spread of basic pay or total earnings. Users are asked to select either the medical or the non-medical staff groups and whether they want to view pay distribution by HEE areas or nationally. They are then asked to select the size of pay groupings with a minimum amount of £1,000. The tool then uses a macro to produce a graph based on the desired attributes. This is provided for Excel 2010 on HSCIC's website with an Excel 2003 version available on request.

Estimates of the median pay for the pay and groupings selected are shown in the graphing tool. However, the graphing tool only uses data from staff who have worked in all the 12 months covered by the statistics.

The Methodology

Information from across a range of fields such as occupation code, grade code and job role is used to make assumptions to fill in incomplete records which would have originally been excluded from the earnings estimates. For example, the job role field is used to determine the grade of doctors that are on a local payscale and also resolves issues such as non-medical staff having medical occupation codes and vice versa or non-medical staff having an occupation code that contradicts the level of their Agenda for Change (AfC) band.

A process is then applied to select the most appropriate FTE value for each pay record. FTE is a crucial field in the creation and estimation of full time basic pay figures. The old methodology used the worked FTE field from ESR and any unrealistically high or low figures were excluded from the final statistics. In the new methodology full time basic pay is calculated using both worked FTE and contracted FTE. Very often these produce the same figures, but where there is a difference the figure which corresponds most closely to the criteria for each grade as set out below is chosen.

- For staff on AfC terms and conditions the annualised full time basic pay figure which is closest to an increment point for the grade given decides whether worked or contracted FTE is used.
- Staff on AfC grades whose pay is less than 60% of the minimum of the pay for their grade and staff with pay greater than 150% of the maximum of the pay for their grade are excluded from the calculation of earnings statistics.
- For consultant doctors the annualised full time basic pay figure should be between £62,000 and £350,000 (inclusive). For associate specialists the annualised full time basic pay figure should be between £38,000 and £91,000 (inclusive).
- For registrars the annualised full time basic pay figure should be between £25,000 and £56,000 (inclusive). For specialty doctors the annualised full time basic pay figure should be between £35,000 and £76,000 (inclusive). For staff grade doctors the annualised full time basic pay figure should be between £34,000 and £76,000 (inclusive).
- For doctors in training – house officers, senior house officers, foundation year 2 (F2) & other doctors in training – the annualised full time basic pay figure should be between £20,000 and £46,000 (inclusive).
- For HPCA doctors the annualised full time basic pay figure should be between £45,000 and £111,000 (inclusive).
- For other doctors the annualised full time basic pay figure should be between £20,000 and £350,000 (inclusive).
- For non AfC non-medical staff the annualised full time basic pay figure should be between £13,600 and £300,000 (inclusive). (This category of staff can catch from the lowest paid to senior executive level. There is no definitive reference table that gives guidance on what is the appropriate pay range for a staff group. The limits quoted here only exclude the worst outliers.)

Records that do not meet these conditions are excluded from the earnings calculations. The limits are based on the national pay circulars issued by NHS Employers and these limits will be reviewed annually to ensure they remain consistent with national guidance.

The latest pay circulars are available at:

<http://www.nhsemployers.org/your-workforce/pay-and-reward/pay>

Results

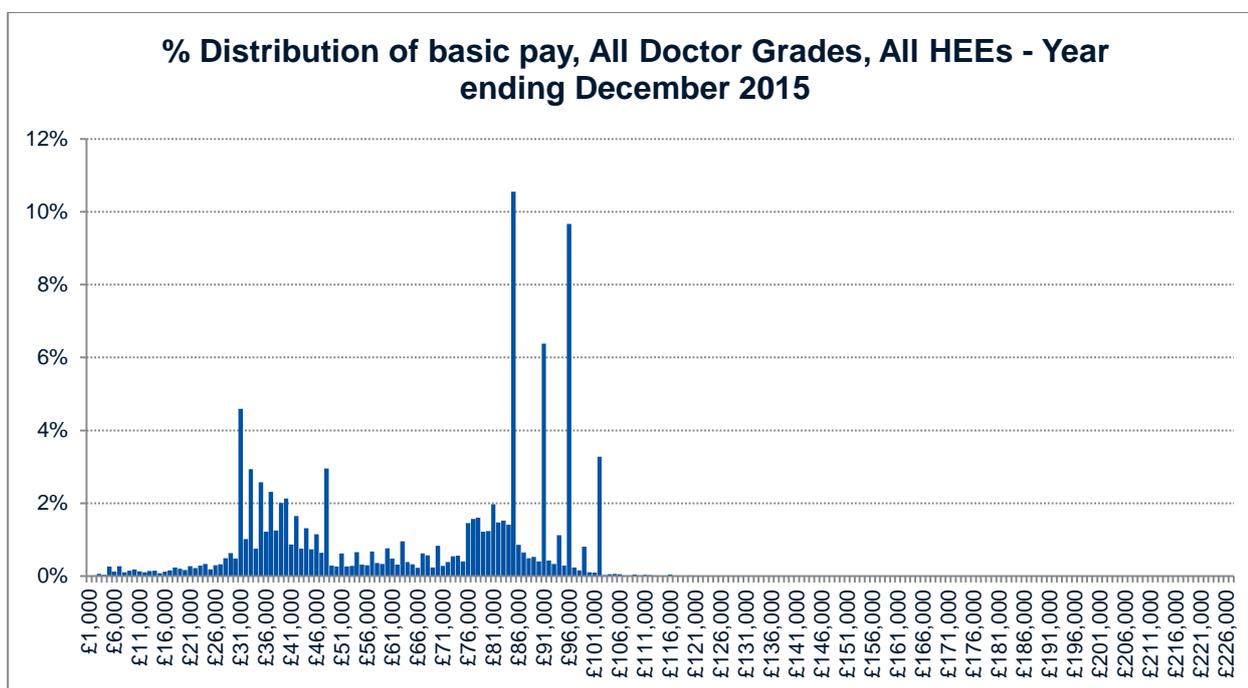
Graphs and charts summarising a selection of the data are presented here. The data, in full, are presented in the excel tables on the HSCIC's website here:

<http://www.hscic.gov.uk/pubs/staffearndec15prov>

Table 1

Table 1 in the Excel file on the HSCIC website shows the four main earnings measures by staff group and includes a breakdown of the additional non-basic pay measures. The distribution of basic pay per person for all HCHS doctors including locums is shown in Figure 1.

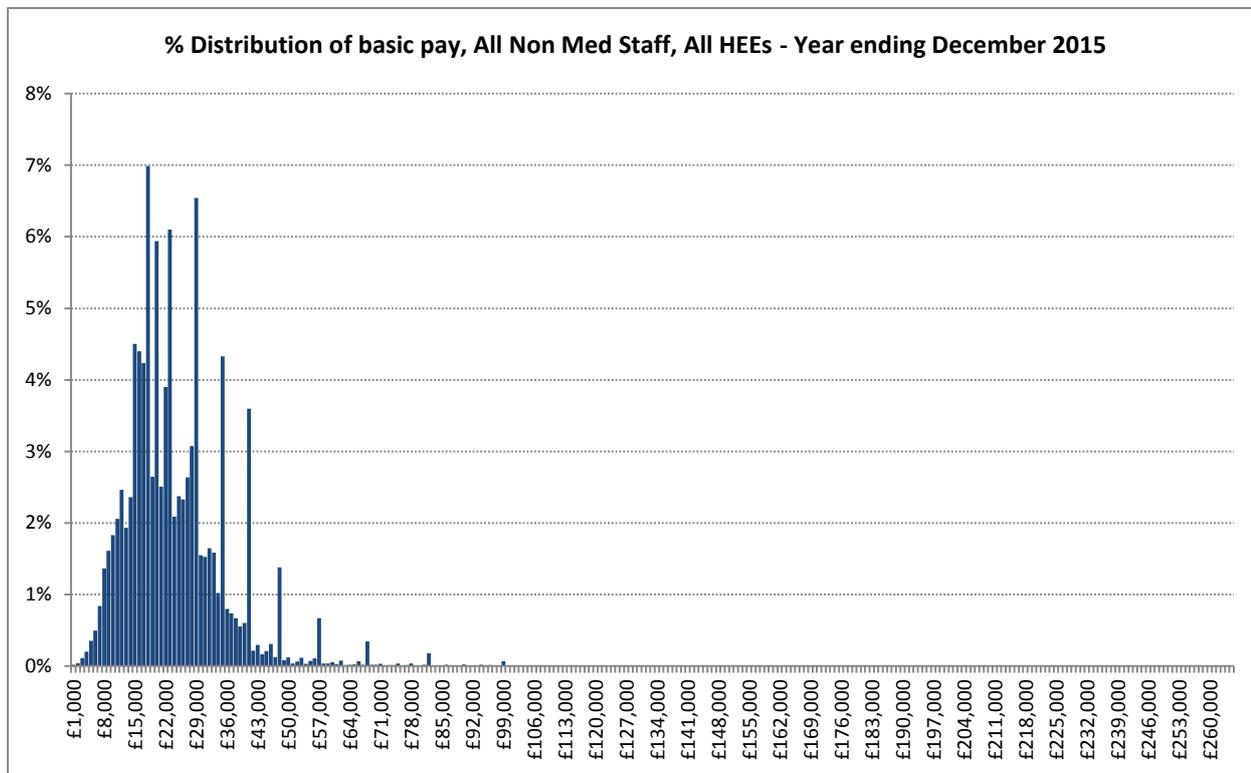
Figure 1



The distribution has several distinct peaks between £31,000 and £48,000 and then four distinct peaks between £85,000 and £102,000.

Figure 2 below shows the same distribution for non-medical staff groups.

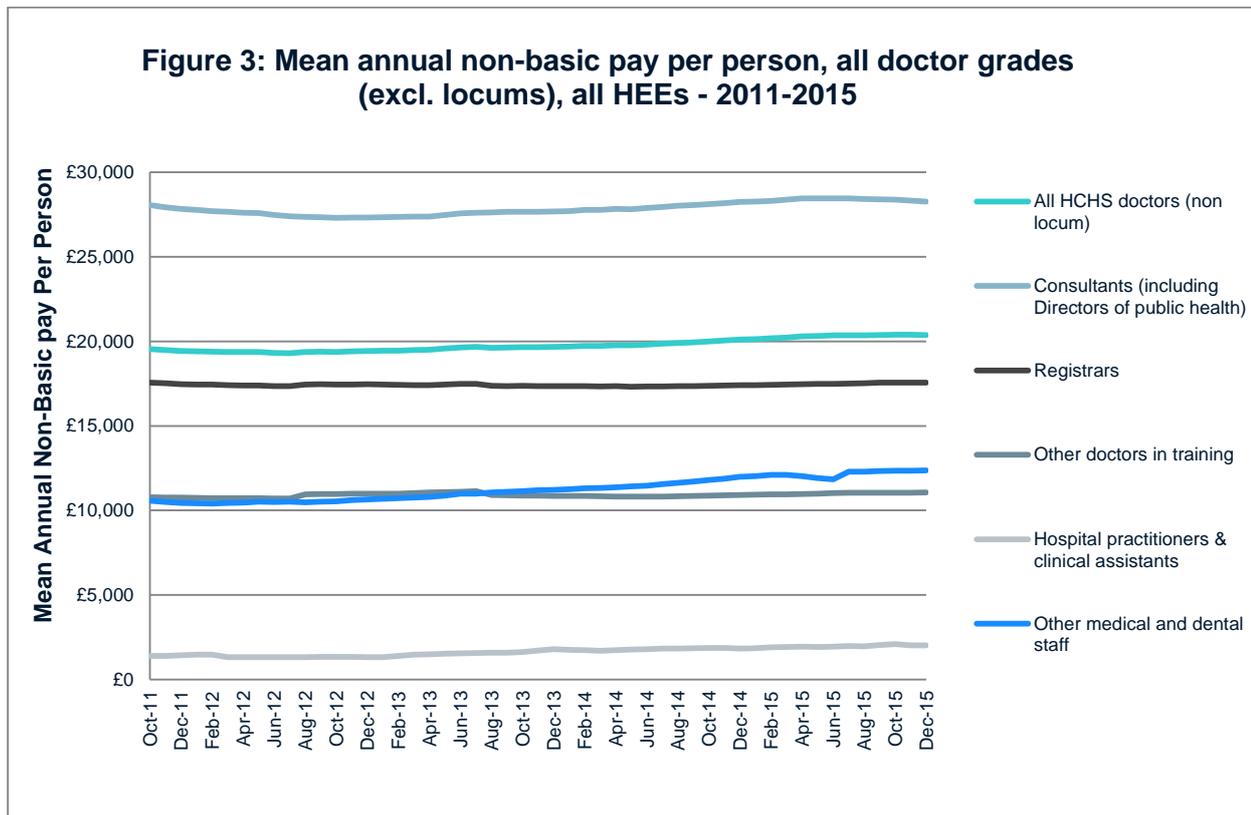
Figure 2



There are several distinct peaks in this distribution also, which could be equated to various spine points on the Agenda for Change pay scale. Users can modify these graphs for different HEE areas and staff groups, for both basic pay and total earnings per person by using the graphing tool on our website.

Table 2

Table 2 in the Excel file on the HSCIC website is split into four parts which shows each of the four main earnings measures by staff group over a 5 year period, back to the 12 months ending March 2009. Non-basic pay per person is presented in Figure 3 and shows how non-basic pay has varied for HCHS doctor staff groups over 4 years.



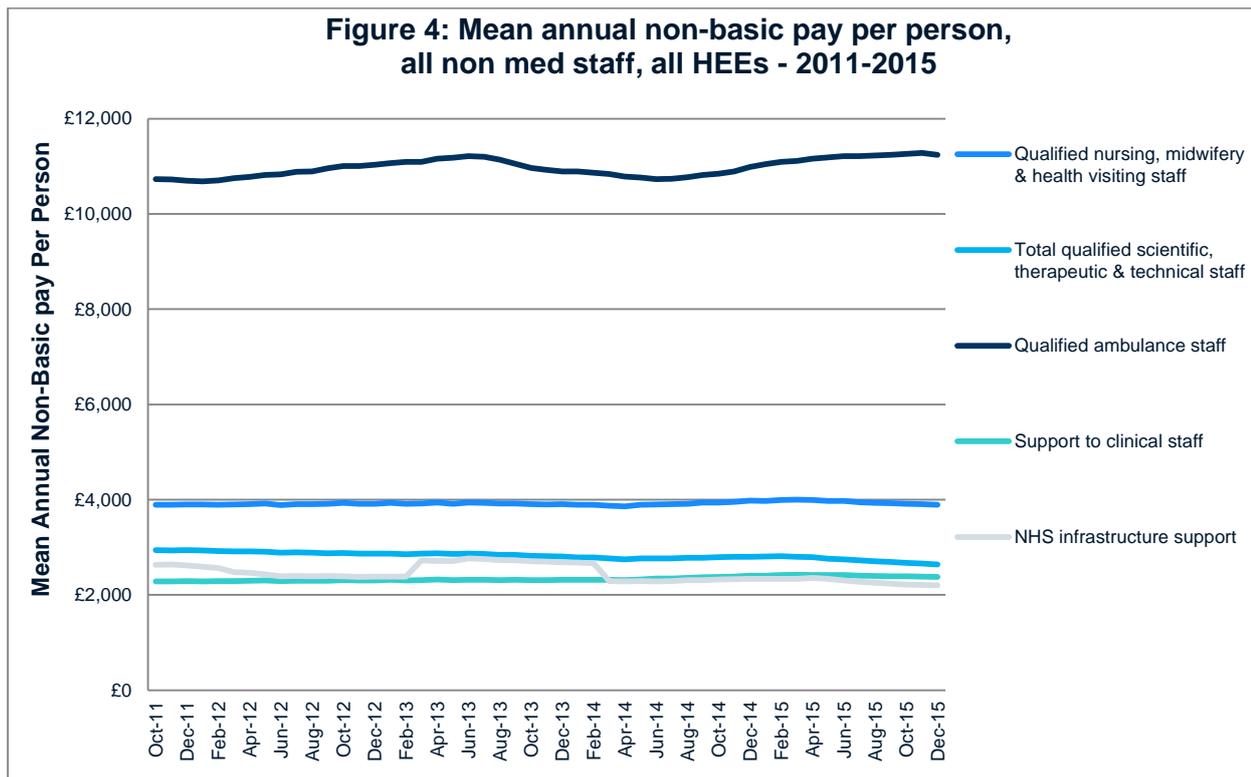


Table 3

Table 3 in the Excel file on the HSCIC website is split into ten sections which look at the ten non-basic pay measures by staff group in more detail.

Figure 5 shows the average amount of each of the ten measures received per person for all HCHS doctors including locums.

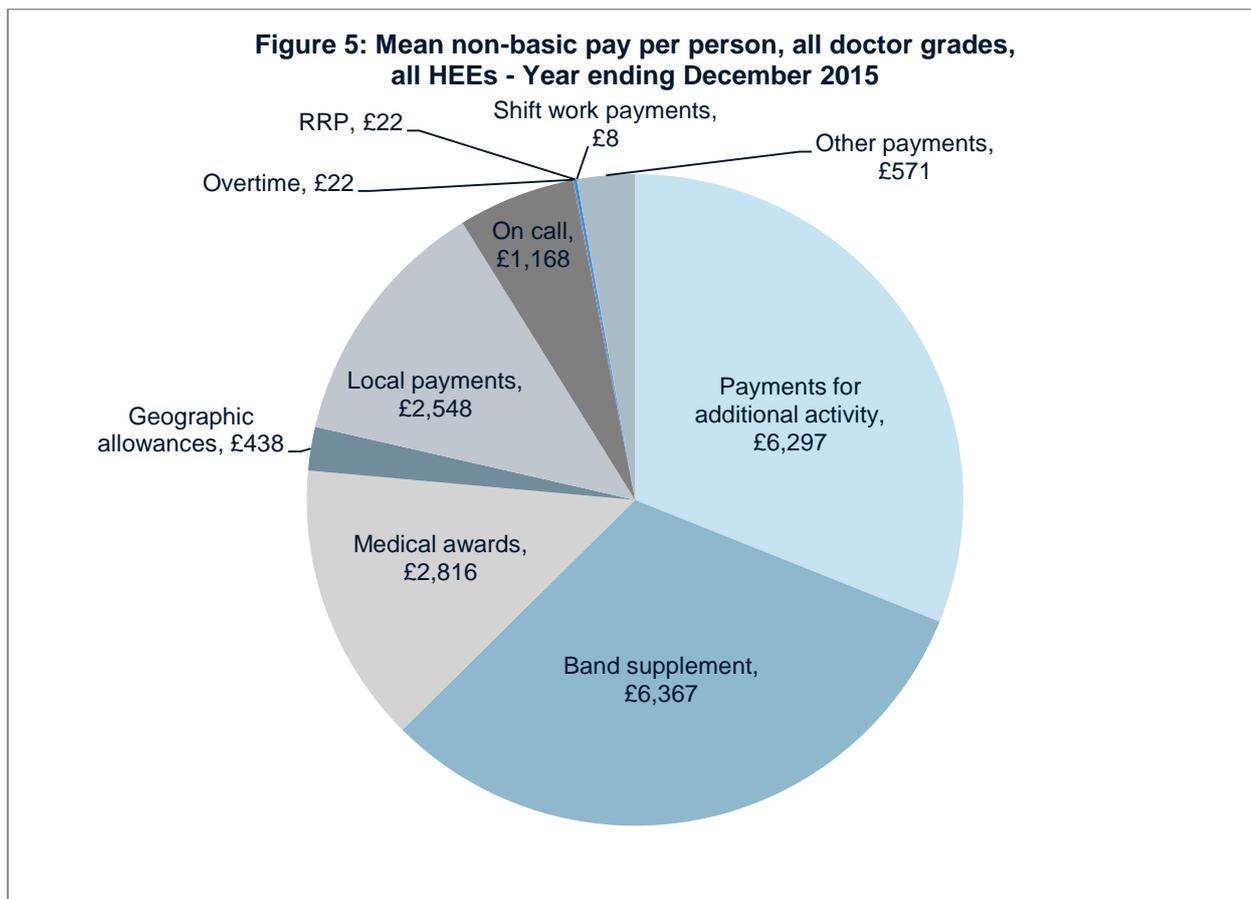


Figure 6 shows the same data for non-medical staff groups.

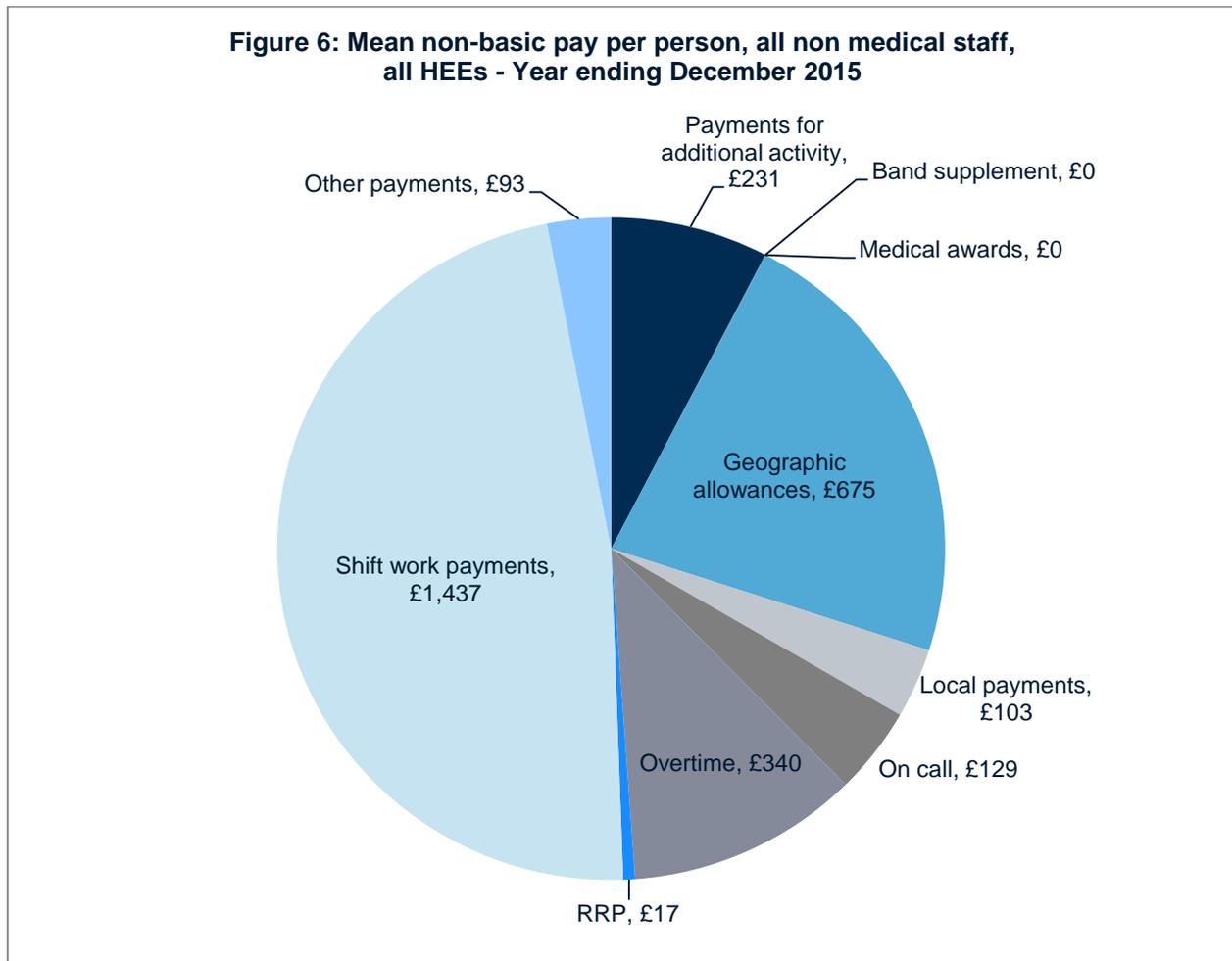
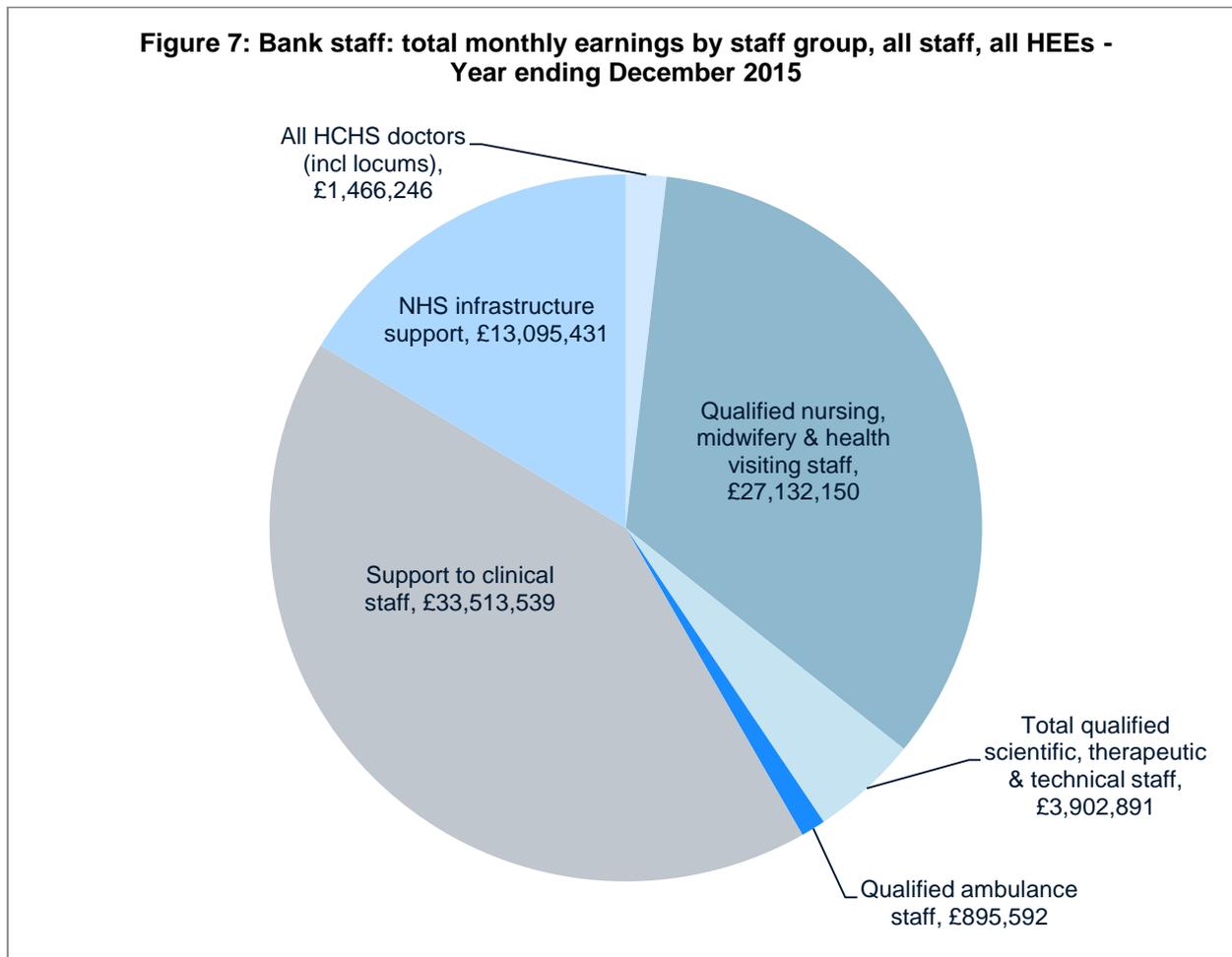


Table 4

Table 4 in the Excel file on the HSCIC website shows the total monthly earnings for bank staff by staff group for each month from April 2008 to December 2015.

Figure 7 below shows how much of this was spent on each staff group in December 2015.



Appendix A – Description of non-basic paymeasures

HSCIC Publication Group	Payroll Group in ESR Data Warehouse	Payroll Group Definition
Basic Pay	Salary / Basic Pay	Pay for contracted time.
Payments for Additional Activity	Additional Standard Time	Additional time between the Contracted and the Standard FTE for the grade. Includes time in lieu and redundancy payments, etc.
	Additional PA	Payment made for additional Programed Activities (PA's) performed by Consultant Doctors. This does not include extra sessions (or work done under the old contract) they are included in the 'Additional Standard Time' Payroll Group.
Band Supplement	Band Supplement	Junior Doctors receive a multiplier to their basic salary based on a number of factors which correspond to the number of hours worked, availability for on call and the antisocial hours they work.
Medical Awards	Clinical Excellence Awards	Specific payment made under the new Medical Consultant contract.
	Discretionary Points	Discretionary points awarded to Medical Consultants under the old contract that have not been subsumed into Clinical Excellence Awards
	Distinction Awards	Distinction Awards given to Medical Consultants under the old contract that have not been subsumed into Clinical Excellence Awards
Geographic Allowances	Geographic Allowance	A payment relating to cost of living normally based on a geographical area. Includes London Weighting, Cost of Living Supplement (COLS) and Agenda for Change High Cost Area payments.
Local Payments	Local	Any payroll element created and paid by an individual organisation rather than part of the national ESR solution.
On Call	On Call/Standby	Any form of payment for staff either on-call or standing-by, whether on Whitley Council or Agenda for Change terms. It includes payments made when staff are actually called into work.
Overtime	Overtime/ADH	Any payment for additional time beyond the standard FTE for the grade. (In determining Payroll Groups this one takes priority over others - any Overtime payment would go here. For example the Element 'ASC Alt Shift OT PAY NHS' would normally go under Shift Working/flexibility but since it has the OT tag it goes under Overtime/ADH.)
RRP	RRP General	Any form of Recruitment and Retention Premium (RRP) excluding those funded from the Department of Health (known as general).
	RRP Long Term	Any form of Recruitment and Retention Premium (RRP) funded from the Department of Health (known as general).
Shift Work Payments	Shift Working	Any form of payment for unsocial hours and shift working. Includes night, weekend and bank holiday time. Includes Agenda for Change payments for outside normal hours work.
Other Payments	Bonus/PRP	Any form of bonus or performance related pay. Excludes discretionary points, distinction awards and clinical excellence awards which are grouped separately.
	Directors of Public Health Supplement	Specific payment type made to Directors of Public Health. (Also known as Chief Officer's Supplement.)
	Occupational Absence	Occupational Pay for Adoption, Maternity, Paternity. (Excludes Statutory absence payments).
	Other	Any payment that does not fit into any of the other categories listed here.
	Protected Pay	Payments made to staff that have moved onto Agenda for Change but whose previous contracts provided higher pay overall.

Notes

1. In determining Payroll Groups 'Overtime' takes priority over others - any Overtime payment would go here. For example the Element 'ASC Alt Shift OT PAY NHS' would normally go under Shift Working/flexibility but since it has the OT tag it goes under Overtime/ADH.
2. Some elements are classed as 'Not required for DW' because they merely contain the details or calculations which are used to derive the final payment. (e.g. Whereas the 'Enhanced Contracted NHS' and 'Enhanced NR NHS' elements are included as the front facing elements for payment of the Enhancements, other 'Enhanced' elements such as 'Enhanced Calculator NHS' are not required.)
3. Acting Up Adj ENH PAY NHS' is classed as 'Salary / Basic Pay' because although it involves an element of Shift Working the majority of it would be extra basic pay due to the Acting Up aspect. (Note that 'Acting Up Adj OT PAY NHS' is classed as overtime even though the majority of it would actually be basic pay because of rule 1 above.)
4. Many elements are classed as 'Not Required for DW', this includes Calculations, Deductions and Expense type Payments.
5. The DW is intended to be used for strategic purposes rather than operational. The Payroll Groupings are intended to enable indicative high level reporting of the volume and cost of particular payment types, they are not intended to enable a payroll accounting system at supra-Trust level. Specific Element and comprehensive expense/deduction analysis will require Trust involvement using payroll/finance reports.

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