
Healthcare Workforce Statistics: England September 2015

Hospital and Community Health Services and
Independent Sector Healthcare Services –
Experimental statistics



**We are the trusted
national provider of
high-quality information,
data and IT systems for
health and social care.**

www.hscic.gov.uk

enquiries@hscic.gov.uk

 **[@hscic](https://twitter.com/hscic)**

This product may be of interest to employers, stakeholders, policy officials, commissioners and members of the public. Interests will range from comparisons of the NHS workforce at local, regional and national levels to managing recruitment, staffing and training and prioritising commissioning.

Author: Workforce and Facilities,
Health and Social Care Information Centre

Responsible statistician: Bernard Horan, Section Head

Version: V1.0

Date of publication: 30 March 2016

Contents

Executive Summary	5
Main Findings	6
Overall NHS Trust & CCG staff totals	6
Independent Sector Healthcare Services	8
Revisions and Issues	9
NHS Hospital and Community Health Service (HCHS): Detail of Changes	10
Change 1: We will only count paid staff in our workforce statistics	11
Change 2: Information on the Independent Sector health care workforce	11
Change 3: Social Enterprises and CICs as part of the Independent Sector Statistics	11
Change 4: Separation and addition of NHS support organisations and central bodies statistics	12
Change 5: Any doctor with contracted hours or sessions will be included in the main doctor staff group	12
Change 6: A new category for Very Senior Managers	13
Change 7: Exclusion of some contract types	13
Change 8: Inclusion of nurses undertaking additional training in the nurse statistics	13
Change 9: Reclassification of staff with mismatched grades and occupation codes	13
Change 10: Staff groups	14
Change 11: Publish Area of Work and Job Role	15
Change 12: Publish Job Grades	15
Change 13: Rename Doctor grades	15
Change 14: Revised ethnicity classifications	15
Change 15: Incorporation of Flexible Tables	15
Change 16: More focussed bulletins	16
Change 17: Moving GP practices paid through ESR to Primary Care statistics	16
Change 18: Only discard doctors who are double counted	16
Change 19: Classifying primary and secondary care doctors	16
Change 20: No role count in publications	17
Change 21: Clarity on how to get unpublished information	17
Change 22: Re positioning of quarterly NHS HCHS workforce publications	17
Change 23: Inclusion of junior doctor grades in high level turnover statistics	17
Data Quality	18
Background:	18

NHS Hospital and Community Health Service (HCHS)	18
Independent Sector	22
<hr/>	
Definitions	25
<hr/>	
HCHS specific definitions:	26
<hr/>	
Further Information	28
<hr/>	

Executive Summary

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 better understanding of the workforce data, the HSCIC have carried out a consultation on the Hospital and Community Health Service workforce with a wide range of users and stakeholders. One of the key outcomes of the review and consultations is to categorise the workforce more clearly to show where the workforce are working, whether in a hospital, a GP practice or in the Independent sector.

This publication document provides a summary of the Healthcare workforce in England as at 30 September 2015 as experimental statistics. Included in this are:

- High level workforce statistics for all Healthcare services including Hospital and Community Health Services (HCHS) and the Independent Sector Healthcare Services. The statistics for Independent Sector Healthcare Services are a partial return not covering the whole sector. More detailed statistics for the Independent Sector Healthcare Providers will be made available in future publications as a greater proportion of this sector is included in the collection.
- Detailed statistics for Hospital and Community Health Services.
- Information on the re-categorisation of the workforce and methodological changes to the HCHS workforce statistics and resulting data quality issues which need to be understood when considering these results.
- Details of definitions and methodology used in the collection and publication of these statistics.

Definitions of who is included

Hospital and Community Health Service - The Hospital and Community Health Service workforce are staff working in NHS Trusts, Clinical Commissioning Groups (CCGs), Central and support bodies to the NHS receiving payment for service provision and have contracts to provide services.

Independent workforce - These statistics relate to the workforce directly employed in a range of Independent Sector Healthcare organisations in England as at 30 September 2015. The data submitted via the workforce Minimum Data Set Collection Vehicle (wMDSCV) does not allow some of the refinements to be made that can be applied to Electronic Staff Record (ESR) data and therefore these figures may include staff on maternity leave and career breaks, for example.

Main Findings

As at 30 September 2015

- The number of Full Time Equivalent (FTE) staff working in the NHS¹ in England has increased by 1.8 per cent (18,300²) since 2014.
- 1.05² million FTE staff were working for the NHS Hospital and Community Health Services in England, compared to 1.03² million in 2014. This covers staff working in NHS Trusts and CCGs', Central Bodies and support to NHS.

Overall NHS Trust & CCG staff totals

- There were 1,151,138 staff in the NHS Trust & CCG Workforce, an increase of 19,559 (1.7%) since 2014
- There were 1,014,218 full time equivalent (FTE) staff in the NHS Trust & CCG Workforce, an increase of 19,968 (2.0%) since 2014

Professionally qualified clinical staff

- There were 616,766 Professionally qualified clinical staff in NHS Trusts and CCGs, an increase of 6,876 (1.1%) since 2014
- There were 552,708 FTE Professionally qualified clinical staff in NHS Trusts and CCGs, an increase of 6,520 (1.2%) since 2014

Hospital and Community Health Service (HCHS) Medical and Dental Staff

- There were 111,127 HCHS Medical and Dental Staff, an increase of 1,288 (1.2%) since 2014
- There were 104,498 FTE HCHS Medical and Dental Staff, an increase of 1,279 (1.2%) since 2014

Of which:

- There were 45,349 Consultants, an increase of 1,744 (4.0%) since 2014
- There were 42,903 FTE Consultants, an increase of 1,612 (3.9%) since 2014
- There were 52,633 Doctors in training, a decrease of 310 (0.6%) since 2014
- There were 51,308 FTE Doctors in training, a decrease of 256 (0.5%) since 2014

¹ NHS Hospital and Community Health Services covering staff working in NHS Trusts and CCGs', Central Bodies and support to the NHS.'

² Figures over one million are rounded to the nearest 10,000 and figures over 10,000 but less than 100,000 have been rounded to the nearest 100. Percentages have been rounded to the nearest decimal point.

Nurses & health visitors

- There were 314,966 Nurses & health visitors, an increase of 2,790 (0.9%) since 2014
- There were 281,474 FTE Nurses & health visitors, an increase of 2,494 (0.9%) since 2014

Midwives

- There were 25,418 midwives, an increase of 85 (0.3%) since 2014
- There were 20,934 FTE midwives, an increase of 96 (0.5%) since 2014

Ambulance staff

- There were 18,862 Ambulance staff, an increase of 488 (2.7%) since 2014
- There were 17,880 FTE Ambulance staff, an increase of 443 (2.5%) since 2014

Scientific, therapeutic and technical staff (ST&T)

- There were 146,792 ST&T staff, an increase of 2,252 (1.6%) since 2014
- There were 127,921 FTE ST&T staff, an increase of 2,208 (1.8%) since 2014

Support to clinical staff

- There were 350,053 Support to clinical staff, an increase of 9,333 (2.7%) since 2014
- There were 299,439 FTE Support to clinical staff, an increase of 9,552 (3.3%) since 2014

NHS Infrastructure Support

- There were 181,961 NHS Infrastructure Support staff, an increase of 3,256 (1.8%) since 2014
- There were 158,101 FTE NHS Infrastructure Support staff, an increase of 3,816 (2.5%) since 2014

Of which:

Central functions

- There were 87,228 Central functions staff, an increase of 2,490 (2.9%) since 2014
- There were 78,309 FTE Central functions staff, an increase of 2,637 (3.5%) since 2014

Hotel, property & estates

- There were 63,900 Hotel, property & estates staff, a decrease of 1,054 (1.6%) since 2014
- There were 50,244 FTE Hotel, property & estates staff, a decrease of 525 (1.0%) since 2014

Senior managers

- There were 9,733 Senior managers, an increase of 489 (5.3%) since 2014
- There were 9,259 FTE Senior managers, an increase of 466 (5.3%) since 2014

Managers

- There were 21,219 Managers, an increase of 1,308 (6.6%) since 2014
- There were 20,290 FTE Managers, an increase of 1,237 (6.5%) since 2014

Independent Sector Healthcare Services

The figures include those records extracted from the Electronic Staff Record (ESR) or provided via the workforce Minimum Data Set Collection Vehicle (wMDSCV) as at 30 September 2015 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 16 organisations based on the 15 providers which made valid submissions out of the 17 which took part in this collection, plus data (from March 2015) for 1 organisation which made a valid submission in March 2015 but was unable to complete a valid submission for the September 2015 collection.

At 30 September 2015; 43,648 FTE Independent Sector Healthcare staff are working within the 41 providers described above, of which:

- 18,554 FTE are Professionally qualified clinical staff
 - 486 FTE are Doctors
 - 11,156 FTE are Nurses and Health Visitors
 - 6,891 FTE are Scientific, therapeutic & technical staff
- 13,686 FTE are Support to clinical staff
- 11,237 FTE are Infrastructure support staff. Of these 1,591 FTE are managers and senior managers
- 171 FTE are Other staff or those with an unknown classification

The information provided for the Independent Sector Healthcare workforce does not represent the entire workforce employed across the whole of this sector and does not only show the staff providing NHS commissioned services.

Revisions and Issues

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 consultation on the Hospital and Community Health Service workforce and a wide range of users of the statistics fed back opinions and advice. All the changes in this Healthcare workforce publication are directly as a result of the outcome of this consultation process. The detail of the consultation is available at the link below.

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

Experimental Statistics

This is an experimental statistics publication in light of these large changes. The classification of **experimental** statistics is in keeping with the UK Statistics Authority's Code of Practice. Experimental statistics are new official statistics that are undergoing evaluation. They are published in order to involve users and stakeholders in their development, and as a means to build-in quality at an early stage. The UK Statistics Code of Practice states that "effective user engagement is fundamental to both trust in statistics and securing maximum public value..." and that as suppliers of information, it is important that we involve users in the evaluation of experimental statistics.

The UK Statistics Code of Practice can be accessed via the following web-link:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/code-of-practice-for-official-statistics.pdf>

Following this publication work will continue to seek user feedback, now that real data are available on the new basis, and to continue to develop the NHS Workforce statistics to meet user needs. To help us ensure that our publications are as useful and informative as possible, we welcome comments on this publication. We will consider these comments to inform the production of future reports. Please send comments clearly stating 'HCHS Workforce' as the subject heading, via:

Email: enquiries@hscic.gov.uk

Telephone: 0300 303 5678

Post: 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

NHS Hospital and Community Health Service (HCHS): Detail of Changes

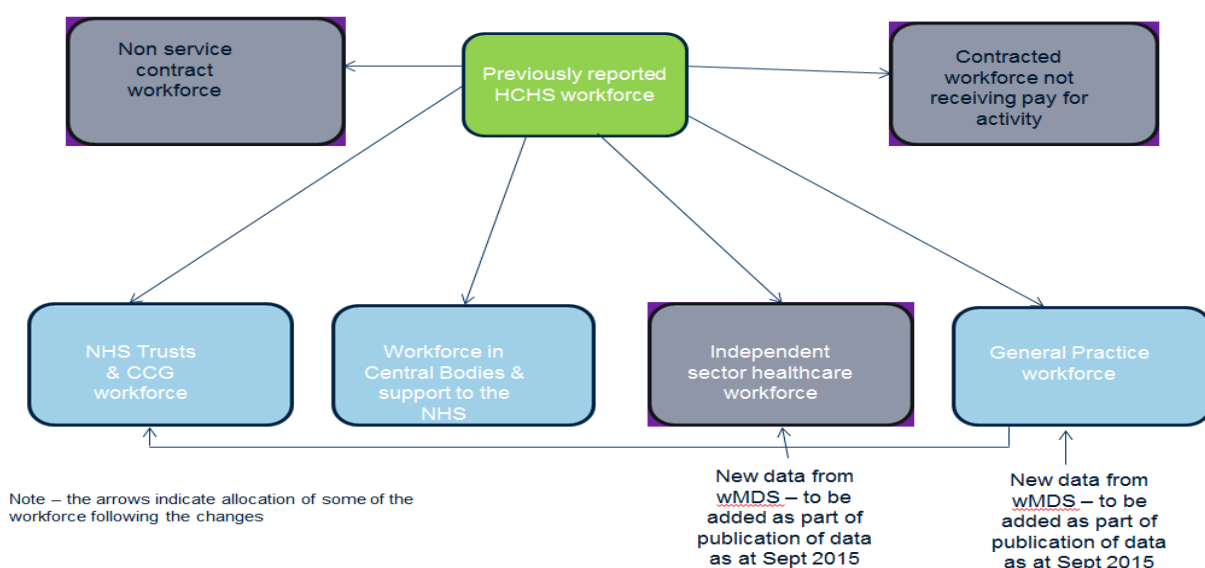
Since 2009 the ESR (Electronic Staff Record) NHS pay and HR system has been the main source of information on the NHS workforce in England.

The HSCIC'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 in this publication.

The changes include re-categorisation of staff between groups of staff. To help explain the changes the diagram below shows where the staff have moved from the old to the new reporting categories. Table 5 and its dynamic diagram show the major changes to how organisations are defined and the changes from the HCHS data as at 30 September 2015 previously published in December 2015 to the numbers of staff working in NHS Trusts and CCGs under the new methodology. Note that in addition to the main changes for which the impact is presented in the diagram, there are some other changes which are listed in this section. These include changes between staff groups that are not displayed individually. This explains the difference between the net effect of the reported changes shown in table 5, column N and the overall difference in column D.

Example of impact of move to new reporting categories.

Note: as part of the publication for release on 30th March a time series of figures under these new main categories in blue will be produced and the main categories in purple will be shown as at Sept 2015



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

From the publication of the September 2015 data on 30 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 around 25,095 full time equivalent (FTE) staff who were previously counted within the HCHS workforce are now not included based on September 2015 data. Table 5 and the published time series of these figures for 2009 to 2015, which will be updated in each quarterly publication, show these figures.

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 30 September 2015 as part of this healthcare workforce statistics publication.

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 HCHS staff by around 17,854 FTE as at 30 September 2015 – see Table 5 and the time series for 2009 to 2015 in Table 4. 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. Around 26,798 FTE staff as at 30 September 2015 that were previously classed as HCHS staff are now within this new category– see Table 5 and the time series for 2009 to 2015 in Tables 2a and 2b.

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 central bodies, CQC and Monitor for example. For those we have data for we will publish figures, i.e. those organisations using ESR.

The new classification for staff working in these central and support bodies is ‘Workforce in Central Bodies and support to the NHS’.

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 grade category of Very Senior Manager within the Senior Manager staff group.

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 they earn £100,000 or more basic pay.

In quarterly and biannual 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 Trust & CCG workforce. These staff will be shown as ‘Non service contract workforce’ and account for around 212 FTE staff as at 30 September 2015 previously counted in the HCHS workforce– see Table 5.

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.

Approximately 3,970 FTE staff have been changed by this process.

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".

A significant piece of work is being undertaken across healthcare information to consider a fundamental standard for equalities in response to the needs to be able to provide information in respect of the Equalities Act, to which workforce information will conform. This standard is in the early stages of development and includes the consideration of the aligning the current NHS ethnic category values with the ONS 2011 values as one aspect.

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. This affects around 189 FTE staff as at 30 September 2015 - see Table 5.

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.

See the NHS Occupation Code Manual for more information.

<http://www.hscic.gov.uk/article/2268/NHS-Occupation-Codes>

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 30 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.

Data Quality

Background:

Healthcare workforce statistics in England are compiled from data supplied by around 500 NHS organisations and some independent healthcare providers. The Health and Social Care Information Centre (HSCIC) liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

Recent years have seen significant changes to the core IT systems which feed workforce statistics (NHS payroll, practice payments, etc.). These changes have presented opportunities to reduce the burden of collection, and improve the quality and timeliness of workforce data, both for formal statistical publication and for NHS management and planning. They also occasionally highlight shortcomings in previous systems, processes and practices.

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.

NHS Hospital and Community Health Service (HCHS)

Accuracy:

A provisional experimental 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 experimental 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.

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 revisions section for further detail.

Figures are an accurate summary of the data supplied and validated as described above. However, given the size of the NHS workforce, its 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.

The two Foundation Trusts not on ESR will have their data collected quarterly and added into the publication throughout the year. Their data will not be adjusted prior to being added into the publication as it has already been through an existing validation process.

Relevance:

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 workforce publication (e.g. frequency or methodology) are subject to consultation, in line with recommendations of the Code of Practice for Official Statistics.

Comparability and Coherence:

This is the latest publication of a new bi-annual series of Healthcare workforce statistics using data from the ESR. As such, these figures are presented as a provisional experimental 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.

An experimental 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.

The data for the end of September published as provisional data in December will also be republished in March as part of a biannual consolidated experimental position capturing information from those NHS organisations not using ESR, alongside the Primary Care workforce and the Independent Sector healthcare workforce.

Timeliness and punctuality:

The ESR data will be published within 3 months of the data time stamp.

Data will typically be published on the 21st of each month, unless that falls on a Friday, Saturday, Sunday or Monday in which case it will 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:

This publication consists of high-level statistics on the workforce in HCHS NHS Trusts & CCGs and Central Bodies & support to the NHS in England.

These statistics are at a National and HEE region level for HCHS Staff by major staff groups. Tables of headcount, and FTE are available. Further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

Performance cost and respondent burden:

The statistics use administrative data from ESR for all but two trusts, creating no burden on most trusts. The two non ESR trusts provide standard extracts from their own staff record systems on a quarterly basis.

Confidentiality, Transparency and Security:

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

General issues to consider:

2 non-ESR Trusts

There are 2 Foundation Trusts not on ESR. (Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust) Their data will be collected on a quarterly basis and be added into the monthly publication. Their data is not suitable for the creation of turnover statistics.

Transforming Community Services (TCS)

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. Following the introduction of the wMDS from the Independent sector Healthcare Services, it is hoped to capture more of these staff as part of the new information on the Independent Sector Healthcare workforce.

Staff who work at different locations

Some staff are on one Trust's payroll but work within a different Trust. This should be reflected in the ESR system and is used for publishing purposes to show where the staff actually works. If Trusts do not record this then the staff will be reflected as working at the employing organisation rather than the workplace organisation.

Independent Sector

Background

As part of the Workforce Information Architecture work, the HSCIC is publishing workforce figures collected from independent health care organisations as at 30 September 2015 as part of this publication.

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.

The figures include those records extracted from the Electronic Staff Record (ESR) or provided via the workforce Minimum Data Set Collection Vehicle (wMDSCV) as at 30 September 2015 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 16 organisations based on the 15 providers which made valid submissions out of the 17 which took part in this collection, plus data for 1 organisation which made a valid submission in March 2015 but was unable to complete a valid submission for the September 2015 collection.

Accuracy

The statistics relate to the workforce directly employed in a range of Independent Sector Healthcare organisations in England as at 30 September 2015. The data submitted via the wMDSCV does not allow some of the refinements to be made that can be applied to ESR data and therefore the figures may include staff on maternity leave and career breaks, for example.

For two organisations, where the contracted hours equalled the standard hours, a new full-time equivalent (FTE) was calculated based on 37.5 hours being one FTE and under 37.5 hours being a part-time FTE. For one organisation, no FTE, contracted hours or nature of contract data was available, so an FTE of 0.5 was assigned to all records to allow their inclusion in the figures.

Where Occupation Code was missing or an incomplete Occupation Code had been provided, some substitutions were made based on available information, for example Job Role.

Relevance

Relevance of 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 the Standardisation Committee for Care Information (SCCI). More information on SCCI can be found at <http://www.hscic.gov.uk/isce>

Additionally the HSCIC has worked with representatives of Independent Sector Healthcare organisations throughout the development of the workforce Minimum Data Set and continues to do so to ensure that the data collected and published is relevant to them.

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with the Code of Practice for Official Statistics.

Two such consultations took place in 2014 and 2015 as discussed elsewhere in this publication, the results of which have contributed to the enhanced data provided for Independent Sector Healthcare organisation workforce in this publication.

Comparability and Coherence

No nationally recognised pay scale information has been included for data provided via the wMDSCV, therefore no indication of grade for medical and dental staff has been provided.

Due to the data quality and completeness issues described in the accuracy section, a direct comparison of the Independent Sector Healthcare workforce with the wider Healthcare workforce presented elsewhere in this publication is not possible at this time.

An aspect of the changes in this publication has been to move all published statistics on Social Enterprises and Community Interest Companies available through ESR from our NHS HCHS statistics and include them in the Independent Sector Healthcare 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.

Timeliness and Punctuality

This publication includes the results of the second wMDS collection as at 30 September 2015. One data provider was unable to make a valid submission as at 30 September 2015, we have therefore included data based on their successful submission as at 31 March 2015 to allow their inclusion this publication.

The Independent Sector Healthcare workforce data is made available as soon as possible after it has been validated and compiled.

Accessibility

Further detailed analyses of the Independent Sector Healthcare workforce data may be available on request, subject to resource limits and compliance with confidentiality and disclosure control requirements.

Performance cost and respondent burden

This collection has been through the HSCIC's Burden Advice and Assessment Service (BAAS) process. The burden assessment process forms part of the assurance processes that all organisations asking to collect health or adult social care data must complete. This includes acceptance by the Standardisation Committee for Care Information (SCCI). The assessment methodology includes panels, discussions, surveys and visits. This collection has been approved by SCCI.

The majority of the statistics related to the Independent Sector Healthcare organisations are directly extracted from the Electronic Staff Record (ESR) to assist in the reduction of the burden on Independent Sector organisations. To keep the burden of this collection at the minimum for Independent Sector Healthcare data providers who do not use the ESR we developed a facility to submit data using a newly built workforce Minimum Data Set Collection Vehicle (wMDSCV) (<https://wmdscv.hscic.gov.uk/>) which includes inbuilt validations.

Confidentiality, Transparency and Security

The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics. In addition, there is agreement with the providers of Independent Sector Healthcare workforce information via the wMDSCV that the data will not be disaggregated below national level to avoid any potential issues related to commercial sensitivity between individual organisations.

General Points

Due to data quality issues, and specifically completeness of key fields which would allow the unique identification of individual members of staff, it has not been possible to provide Headcount Information for the Independent Sector healthcare staff whose data has been provided through the wMDS data collection (rather than extracted from ESR). As such the Independent Sector Healthcare workforce figures are provided as Full time Equivalent only, as was the case in the first publication of this information.

As further improvements in data quality and completeness are made it is the intention to increase the amount of data provided for this element of the healthcare workforce and this may include providing some level of Headcount Information.

Revisions and Issues

This is the first publication Independent Sector Healthcare organisation workforce information as at the 30 September, it is also the first time that data extracted from the ESR and collected directly via the wMDSCV has been combined in a table of Independent Sector Healthcare workforce information.

Definitions

This section states the definitions used within each of the Healthcare Workforce publications. The Census headcount methodology changed from the 2010 census onwards and further explanations are available in the section below.

An example of how the headcount methodology for the Workforce Census data (from 2010 onwards) will count a member of staff who works across 2 hospitals, 0.2 of their time at Trust A and 0.8 of their time at Trust B, is shown in the table below:

	Headcount	FTE	Role / Contract count
Trust A	1	0.2	1
Trust B	1	0.8	1
Regional	1	1	2
Nationally	1	1	2

Headcount refers to the total number of staff in either part time or full time employment within an organisation and/or job group. Subtotals such as area totals or job group totals are unlikely to add up to match the national figures because at a national level figures would only include a count of each individual once. However it is possible for that individual to be working in two or more part time roles in more than one area and/or job group. In these cases they would appear once in each area and/or job group.

FTE is the full time equivalent and is based on the proportion of time staff work in a role.

Hospital and Community Health Service - FTE is the full time equivalent and is based on the proportion of time staff work in a role. FTE does not, therefore, measure the total hours in which work is carried out. For example a doctor may be expected to work 48 hours in a week and this would be a FTE of 1. A nurse is usually expected to work 37.5 hours each week, this is also 1 FTE. In both cases they may work longer and some staff may do overtime. That is not captured in the data used in this publication. Our earnings statistics show pay for additional work.

Independent workforce - Full-time equivalent (FTE) refers to the proportion of each role's full time contracted hours that the post holder is contracted to work. 1 would indicate they work a full set of hours, 0.5 that they worked half time.

Sources of data

The data relate to the 30 September in each year.

The following general notes apply to all tables. Additional notes affecting individual tables are given as footnotes to the tables concerned.

HCHS specific definitions:

Career grades

The component grades of this group are Consultant (including Directors of Public Health), specialty doctor, associate specialist and staff grade.

Doctors in training and equivalents

The component grades of this group are registrar group, Foundation Doctor Year 2 and Foundation Doctor Year 1.

Registrar group

The component grades of this group are Specialty Registrar, Core Medical Training and Core Dental Training.

Country of qualification

The primary medical qualification used to identify the country of qualification is based on information held on each individual doctor on the GMC register. The countries are grouped into UK, European Economic Area (EEA) and Outside the European Economic Area.

Nursing and health visiting staff are those who are employed as nurses and hold at least a second level registration with the Nursing and Midwifery Council (NMC).

Midwife staff are those who are employed as midwives and hold at least a second level registration with the Nursing and Midwifery Council (NMC).

Scientific, therapeutic and technical staff includes the following three areas:

i) Qualified Allied Health Professionals

are defined as those AHPs that are solely in the qualified Scientific, Therapeutic and Technical (ST&T) staff group within:

- Chiropody/podiatry
- Dietetics
- Occupational therapy

- Orthoptics/optics
- Physiotherapy
- Radiography (diagnostic and therapeutic)
- Art, music and drama therapy
- Speech and language therapy.

Other qualified AHPs exist outside of the qualified ST&T staff group (e.g. qualified Ambulance Staff) however these are not shown as AHPs within HSCIC workforce publications.

ii) Healthcare scientists includes:

- Life Sciences/Pathology
- Physiological Sciences,
- Clinical Engineering & Physical Sciences
- and Others.

iii) Other staff within Qualified ST&T contains the rest of the qualified ST&T group

Ambulance staff includes:

- Managers
- Emergency Care Practitioners
- Paramedics
- Ambulance Technicians

Support to clinical staff group includes staff in the following areas:

i) Support to doctors & nursing staff which includes nursing assistants, nursing auxiliaries, nursery nurses, healthcare assistants, porters and medical secretaries.

ii) Support to ST&T staff which includes trainees, helpers and assistants, as well as healthcare assistants, general support workers, clerical & administrative staff and maintenance & works staff specifically identified as supporting ST&T staff.

iii) Support to ambulance staff which includes ambulance personnel, trainee ambulance personnel as well as clerical & administrative staff and maintenance & works staff specifically identified as supporting ambulance staff. This includes 999 operators.

NHS infrastructure support includes staff in:

- central functions - (e.g. personnel, finance, IT, legal services and library services);
- hotel, property & estates (e.g. laundry, catering, caretakers and domestic services, gardeners, builders, electricians);
- administrative managers & senior managers.

A detailed breakdown of all levels and areas of work is available in the Occupational Code manual; a copy of this is available on The HSCIC's web site at:

<http://www.hscic.gov.uk/article/2268/NHS-Occupation-Codes>

Table Conventions

Full time equivalent (FTE) figures appear rounded to the nearest whole number.

Totals may not add to the sum of their components as a result of rounding.

The following general notes apply to all tables; additional notes affecting individual tables are given as footnotes to the table.

The following symbols have been used in tables:

..	not available
-	zero
.	not applicable
0	more than zero but less than 0.5

Further Information

Further NHS workforce information for other counties in the UK is available at:

Wales: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-staff>

Scotland: <http://www.isdscotland.org/Health-Topics/workforce/>

Northern Ireland: <https://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics>

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Bernard Horan, Section Head

ISBN 978-1-78386-670-0

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

Copyright © 2016 Health and Social Care Information Centre. All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.