

NHS Workforce Statistics

October 2016, Provisional Statistics

Published 25 January 2017

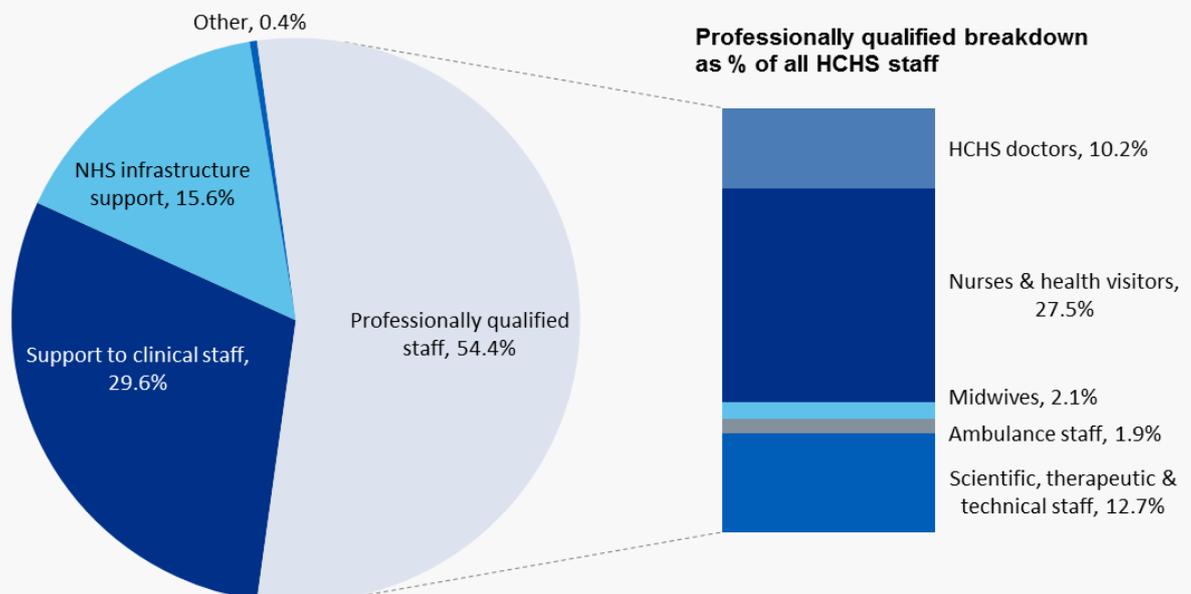
Provisional monthly figures for headcount and full time equivalent (FTE) NHS Hospital and Community Health Service (HCHS) staff groups working in NHS Trusts and CCGs in England

Key findings

In October 2016:

- The headcount was 1,181,396 in October 2016. This is 5,728 (0.5%) more than the previous month (1,175,668) and 25,330 (2.2%) more than in October 2015 (1,156,066).
- The full time equivalent (FTE) total was 1,042,627 in October 2016. This is 5,572 (0.5%) more than the previous month (1,037,054) and 23,840 (2.3%) more than in October 2015 (1,018,787).
- Professionally qualified staff make up over half (54.4%) of the HCHS workforce (based on FTE).

NHS Hospital & Community Health Service staff - main staff groups, October 2016, Full Time Equivalent



Source: NHS Digital
Figures may not equal 100% due to rounding

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All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at www.statisticsauthority.gov.uk/assessment/code-of-practice

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.

Summary

These monthly NHS workforce statistics reflect the changes and developments following our recent consultation. For more information please refer to the Introduction. There are also more details available at <http://digital.nhs.uk/workforce>

Major changes as a result of the consultation include:

- The focussing of this publication on staff in NHS Trusts and CCGs in England
- The quarterly publication of staff in NHS Support Organisations and Central Bodies in England
- The counting of staff in Social Enterprises and Community Interest Companies to NHS Digital's publication covering healthcare staff in the independent healthcare sector
- The removal of records that are not receiving earnings for activity, for example a woman who has a contract but who is on maternity leave during the period covered by these statistics
- The removal of some non-service contracts, for example Widow or Non-Executive Director
- The reclassification of some staff to different staff groups

Provisional monthly figures for headcount and full time equivalent (FTE) NHS Hospital and Community Health Service (HCHS) staff groups working in NHS Trusts and CCGs in England are published today by NHS Digital.

The data, which is published every month, covers the period from 30 September 2009 to 31 October 2016.

To access the full set of data tables [click here](#):

Staff earnings (quarterly) and sickness absence (monthly) reports can be accessed at:

[Sickness Absence rates September 2016](#)

[NHS Earnings September 2016](#)

An additional set of statistics on staff in Trusts and CCGs and information for NHS Support Organisations and Central Bodies are published each;

September (showing June statistics)

December (showing September statistics)

March (showing December statistics)

June (showing March statistics)

Note: From March 2017 these quarterly reports will include statistics on the nationality of staff (previously published every six months) showing quarterly figures from September 2015 onwards.

Recent responses to requests for additional analysis

Every month NHS Digital produces a range of additional work for customers that may be of interest to other users of NHS workforce statistics. This work is available on the following webpage which is continually updated: <http://content.digital.nhs.uk/suppinfofiles>

For convenience some of the recent NHS workforce related items have been grouped together and listed on the 'Supplementary Information Annex' excel document which accompanies this publication.

Further Information

If you are interested in statistics that are not contained within our publications or wish to discuss any related matter please contact Bernard Horan with your requests, comments and suggestions via:

Email: enquiries@nhsdigital.nhs.uk

Telephone: 0300 303 5678

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

Revisions and Issues

As expected with provisional statistics, some figures may be revised from month to month as issues are uncovered and resolved. Historical revisions and issues are highlighted in previous editions of this publication, available here: <http://content.digital.nhs.uk/workforce>

We will continue to review these statistics and take on board feedback from users.

All monthly workforce publications include NHS Trust and CCG staff in England on ESR (and the 2 non-ESR NHS Foundation Trusts for Staff in Post figures).

NHS Digital welcomes feedback from users of the data on their opinions on this matter clearly stating 'NHS Workforce' as the subject heading, via the contact details in the 'Further Information' section above.

Note: From September 2016 onwards we are including a separate document (Data Quality Annex).

The purpose of this document is to highlight issues that NHS Digital is aware of and which may have an impact on the data contained in the monthly HCHS workforce statistics publications.

This annex should not be considered as a complete list of all issues and should be treated with a degree of caution as it represents the best

information available to NHS Digital at the time of its publication, but it may be revised in future as further information becomes available.

It is intended that this Annex will be updated on a monthly basis where appropriate - and we welcome feedback and comments to inform this process via the contact details in the 'Further Information' section above.

Introduction

Please note, this publication presents the new style of the healthcare workforce following the results of recent NHS workforce consultation carried out by the HSCIC (first published 30 March 2016).

These changes have been made public and will show a significant impact on the figures from this point forward in comparison to previously published data.

The results of the consultation can be found at:

<http://content.digital.nhs.uk/hchs>

All previous months (back to September 2009) have been reconfigured and are available either within the accompanying Excel tables or as CSVs (published with the March 2016 report on 22 June 2016 and available at <http://www.hscic.gov.uk/pubs/hchsworkmar16>).

The data within this report relates to monthly HCHS workforce statistics for staff in NHS Trust and CCGs in England on ESR (and the 2 non-ESR NHS Foundation Trusts for Staff in Post figures). ESR is a payroll and human resources system which, since April 2008, contains staff records for all NHS employed staff in England.

The following NHS staff groups are not included on the ESR system

- GPs, GP Practice staff and other Primary Care providers e.g. Dentists
- 2 Foundation Trusts (Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust)
- Those staff groups affected by Transforming Community Services (TCS) where the service is now provided by a non NHS organisation

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 external to the NHS are excluded from the figures.

The statistics presented in this Bulletin relate to monthly HCHS workforce data. It is not possible to produce compatible figures before September 2009.

These data are published on a monthly basis and every 3 months, a supplemental publication of detailed statistics providing further granularity across staff groups and work areas are included. These more detailed data are also available on request in those months it is

not placed on the website. It includes specific topic areas or service priority areas to investigate the data and associated data quality issues at a detailed level e.g. staff groups by grade. We invite comments and suggestions for special topics of interest from users of workforce information to the contact details above

Data Quality

Data Quality Annex:

Accompanying each monthly report is a separate data quality document. The purpose of this document is to highlight issues that NHS Digital is aware of and which may have an impact on the data contained in the monthly HCHS workforce statistics publications.

Accuracy:

A provisional status is applied as the data are flowing from an operational system which may change slightly over time due to its live status and potential ongoing 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.

NHS Digital 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.

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 monthly series of HCHS workforce statistics using data from the ESR. As such, these figures are presented as a provisional series and are not directly comparable with previous NHS workforce figures. NHS Digital 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.

The data for the end of September published as provisional data in December will also be republished in March as part of an annual consolidated census position capturing information from those organisations not using ESR, including the Primary Care 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:

The monthly publication consists of high-level HCCHS NHS Trust and CCG staff in England at National, HEE and organisational level 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.

Confidentiality, Transparency and Security:

The standard NHS Digital 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 are collected on a quarterly basis and added into the monthly publication. Their data are 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.

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.

Definitions of Headcount and FTE

This section states the definitions used within this monthly publication.

The methodology for the monthly publication will count a doctor who works across 2 hospitals, 0.2 of their time at Trust A and 0.8 of their time at Trust B, as shown in the table below:

	Headcount	FTE	
Trust A	1	0.2	
Trust B	1	0.8	1
Regional	1	1	2

- Headcount refers to the total number of staff in either part time or full time employment within an organisation and/or area of work. Subtotals such as HEE totals or areas of work 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 part time roles in more than one HEE and/or area of work. In these cases they would appear once in each HEE and/or area of work.
- 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.

Methodology

There are a number of steps taken with the data to add value, improve data quality and assist classification to staff groups prior to publication.

1. Only staff who have a contracted full time equivalent (FTE) greater than zero are extracted from ESR.
2. The data is divided into a separate Non Medical dataset and a Medical and Dental dataset using the set of known medical Payscale as the initial determining field.
3. Successive tests using corroborative fields within the data to confirm or reclassify records between the medical and non-medical sets.
4. Fields within the data are used to determine the grade of the medical staff.
5. Occupation codes are used to classify non-medical staff into staff groups and these are checked to ensure that the grades of staff are appropriate to their role. Where it is not, a new staff group is assigned based on other information within the person's record. Where that is not possible the person is classed as having an unknown staff group.
6. Each job of each person is allocated to the organisation where they work. This can differ to the trust holding their record.
7. The data is matched against earnings data. Where a person is not earning, or their record shows they are not a recent starter in post, the record is not included in statistics showing staff who provide services.

8. The data is split into classifications based on the organisation staff work in. This classification determines whether a job is shown as at an NHS Trust or CCG, at an NHS Support Organisation or Central Body, or is an independent healthcare provider that is using ESR. This classification determines which publication a record is included in.

The Data

Tables containing the data are presented separately in Excel format on our website: <http://www.digital.nhs.uk/workforce>

The tables contain data for the following:

- National and HEE regional level table of headcount and FTE by major staff groups – as a rolling monthly time series
- Time series of workforce numbers (FTE) by organisation – CSV files
- Time series of workforce numbers (headcount and FTE) by organisation, including:

Medical grades by organisation and Staff groups by area and level by organisation
- Time series of staff groups (FTE) by level and area
- Doctors by grade and specialty (FTE).

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