



Health & Social Care  
Information Centre

## **Monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England – August 2013, Provisional Statistics**

**Published 21 November 2013**

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.

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## Summary

Provisional monthly figures for headcount, full time equivalent, role count and turnover of NHS Hospital and Community Health Service (HCHS) staff groups working in England (excluding primary care staff) are published today by the Health and Social Care Information Centre (HSCIC) previously known as The NHS Information Centre (The NHS IC).

The data, which is published every month, covers the period from 30 September 2009 to 31 August 2013. It provisionally shows that for the NHS HCHS workforce (excluding primary care staff) in England overall:

- The headcount was 1,181,264 in August 2013. This is 144 (0.0%) less than the previous month (1,181,408) and 1,669 (0.1%) less than in August 2012 (1,182,933).
- The full time equivalent total was 1,034,473 in August 2013. This is 250 (0.0%) more than the previous month (1,034,223) and 2,042 (0.2%) more than in August 2012 (1,032,431).
- The role count was 1,205,324 in August 2013. This is 128 (0.0%) less than the previous month (1,205,452) and 2,348 (0.2%) less than in August 2012 (1,207,672).
- Between August 2012 and August 2013 there were 99,032 (8.8%) leavers from and 96,241 (8.6%) joiners to the NHS in England.

From July 2013 and monthly thereafter we are publishing an extra set of tables based on a new mandatory collection from Area Teams that collects additional Health Visitor workforce information. The collection includes those organisations that do not use ESR such as local authorities and social enterprises not currently captured in the existing monthly workforce publication. The publication of these extra Health Visitor focused numbers will exist as long as the specific collection exists. These tables were previously published from December 2012 to June 2013 by Strategic Health Authorities.

From July 2013 onwards we provided a regional timeseries based on the new Health Education England (HEE) regions to supplement the SHA regional timeseries. From September 2013 onwards we will only publish information based on the new HEE regions. Data will still be available for the old SHA regions on request.

From next month, December 2013, the quarterly NHS Staff Earnings and quarterly Sickness Absence reports will be published on a monthly basis on the same day as the Monthly workforce publication. This is to enable the data in these publications to be available on a more frequent and timely basis.

The full set of data tables can be accessed at:  
<http://www.hscic.gov.uk/pubs/provisionalmonthlyhchsworkforce>

## Revisions and Issues

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

The HSCIC is taking this opportunity to review the content of the workforce publications and give users prior notice of its intended position for how workforce data will be reported from July 2013 and subsequent publications. This position will be kept under review taking on board feedback from users of the data.

The NHS is currently undergoing a structural change resulting in a transition of common functions into a variety of new organisations whose status is different to that previously presented in NHS workforce publications. The structural change took effect as at the 1st April 2013, however the NHS is undergoing a complex transition of employees within administrative HR systems over a series of months both prior to and after this date which is impacting on how the data is reported, especially at organisation level. Three new organisations were created as at the 1st April 2013 that specifically affect how their workforce are counted. There are 2 non-departmental public bodies (NDPB) (the Health and Social Care Information Centre (HSCIC) and the NHS Commissioning Board) and an executive agency (Public Health England). Typically these types of Arm's Length Bodies (ALBs) would be excluded from NHS workforce publications due to them being perceived as part of Government more generally and not employing NHS staff. However, in the case of the HSCIC and the NHS Commissioning Board, both are being seen as NHS employers in the Agenda for Change Handbook. Public Health England will typically employ based on civil service terms and conditions but will have a large proportion of NHS clinical staff transferred to it from what was the Health Protection Agency (HPA).

All monthly and quarterly workforce publications will include all NHS staff on ESR (and the 2 non-ESR NHS Foundation Trusts for Staff in Post figures). This will include the HSCIC and the NHS Commissioning Board as both are seen as NHS Employers.

Public Health England will be excluded from these publications, however discussions are still on-going as to how it should be treated, either in whole or in part with regards the annual workforce Census publication.

Other NDPBs, for example Monitor and CQC have always been and will continue to be excluded from NHS workforce publications.

The HSCIC welcomes feedback from users of the data on their opinions on this matter clearly stating 'Workforce organisations' as the subject heading, via:

Email: [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk)

Telephone: 0845 300 6016

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

The monthly publication is an accurate summary of the validated data extracted from the NHS's HR and Payroll system. It has a provisional status as the data may change slightly over time where trusts make updates to their live operational systems. Given the size of the NHS workforce and the changing composition, particularly during this period of transition, it is likely that we will see some additional fluctuations in the workforce numbers over the next few months reflecting both national and local changes as a result of the NHS reforms.

For example, for the first time, 2013's January data included staff working in the NHS Commissioning Board Authority and Health Education England. This impacts on the total numbers within the Special Health Authority grouping and can be clearly seen within the Quarterly Organisation level tables published in April 2013.

In February 2013, specific movements of staff within the Special Health Authority grouping included the NHS Connecting for Health staff transitioning into the Health and Social Care Information Centre staff numbers. The National Treatment Agency staff transitioning into the Health Protection Agency staff numbers.

The August 2013 publication revised the April 2013 figures at a National level and for Special Health Authorities only. Revisions decreased the April figures by approximately 4,970 for the 'headcount total', 4,700 for the 'full time equivalent total' and 5,000 for the 'role count total'. The revision has been made to exclude the Health Protection Agency as of the 1st April as it has come to light that Public Health England is being reported as the Health Protection Agency in ESR as from the 1st April but is waiting for a name change within the ESR system. As the intention was to always exclude Public Health England from the figures as set out in the text above (on page 5) this revision has had to take place. No regional or organisational level figures were affected for April 2013.

The October 2013 publication revises the HEE region figures for South West, Wessex and the three London HEE regions. The revisions have been made due to 3 organisations being allocated to the incorrect HEE region. This revision does not affect the national totals or any individual organisation totals, only how the organisation are allocated to HEE regions. This issue has been amended within this publication (for all previous months). Also, from October 2013 we have extended the HEE tables back to September 2009 to match the period covered by the national timeseries dataset.

It should be noted that the structural change in the NHS that took effect as at the 1<sup>st</sup> April 2013 impacts on how organisations in existence prior to April 2013 can be allocated to the new Health Education England (HEE) regions that are now in use within the publication. The main impact is in those areas where regional organisations have altered their boundaries, for example the old London SHA is allocated to Health Education North Central and East London region when technically it should be distributed across all 3 new London HEE regions if this were possible. London Ambulance Service also serves all 3 HEE regions in London but is allocated wholly to the Health Education North Central and East London region.

The October 2013 publication revises the Redundancy timeseries figures for every quarter to consistently apply the headcount methodology. The revisions have been made to ensure the totals correctly take into account 1 person may have more than one role and should only be counted as 1 in the total. This revision reduces each quarter's total redundancy figures, the biggest reduction of 11 being in Q4 2012/13 from 3,295 to 3,284. The only quarter to see a rise is Q2 2011/12 which incorrectly referenced an earlier version of the dataset during the original publication and therefore has been revised upwards from 1,597 to 1,626.

## Introduction

This is the latest publication of a new monthly series of the Hospital and Community Health Services (HCHS) workforce statistics using data from the Electronic Staff Record (ESR). The figures do not include data for GPs and practice staff. These figures are presented as a provisional series and are not directly comparable with previous NHS workforce data from the HSCIC. The major differences are that

- headcount figures for non medical staff are a more stringent count of absolute staff numbers, whilst the introduction of a role count presents a better understanding of the multiple roles that staff are filling;
- bank staff are excluded as are other staff groups not available from ESR (e.g. some trainee doctors previously provided by deaneries);
- validation processes have changed;
- total doctor numbers now include the contribution of locum doctors;
- to enable timely release, data published here is validated, but not subject to the same time consuming and burdensome quality checks as the annual workforce census, hence the (current) provisional status of the publication.

The data within this report relates to monthly HCHS workforce statistics for staff at NHS organisations using the ESR. ESR is a payroll and human resources system which, since April 2008, contains staff records for all NHS employed staff in England, except for 2 Foundation Trusts, and replaces over 30 different HR and payroll systems.

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. A programme of work is currently being undertaken to understand the associated issues and to work to resolve the implications for future publications.

In February 2010, the HSCIC launched a 12 week consultation on the proposal for publishing high-level provisional NHS HCHS workforce information on a monthly basis.

Its aim was to consult users on changes to the way NHS HCHS workforce information is collected, processed, and published. These changes will allow us to exploit recent developments (most notably the roll-out of the ESR) 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.

The statistics presented in this Bulletin relate to monthly HCHS workforce data during the period of September 2009 to August 2013 (inclusive).

This data will be published on a monthly basis and every 3 months, (starting in January 2011), a supplemental publication of detailed statistics providing further granularity across

staff groups and work areas will be included. This more detailed data will also be available on request in those months it is not placed on the website. It will include specific topic areas or service priority areas to investigate the data and associated data quality issues at a detailed level e.g. non-med staff groups by grade. From October 2011, compulsory redundancy figures and from October 2012, voluntary redundancy figures at a National level will also appear in the quarterly supplemental publication. We invite comments and suggestions for special topics of interest from users of workforce information to the contact details below. The special topics will be pre-announced in prior monthly publications.

The HSCIC welcomes feedback on the methodology and tables within this publication. Please contact Ian Bullard with your comments and suggestions, clearly stating 'Monthly HCHS Workforce' as the subject heading, via:

Email: [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk)

Telephone: 0845 300 6016

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

## 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 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.

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.

There are 2 Foundation Trusts not on ESR. Their data will be collected for the annual Census and added into the monthly publication throughout the year and these will remain static to ensure the regional and national totals are comparable. Their data will not be

adjusted prior to being added into the publication as it has already been through an existing validation process.

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) 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. Moving from an annual to a monthly publication assists not only the NHS organisations themselves but anyone who is interested in NHS workforce statistics. There is no longer a large time delay between censuses and trends or issues become apparent more quickly.

The aim will be to replace the burdensome annual census collection with the new monthly report from September 2010, with those Trusts who have known data quality issues targeted with help and guidance.

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 Information Standards Board.

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. 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.

The publishing of the September 2009 data based on the new processes enables differences to be noted with the 2009 annual Workforce Census publication to determine the impact of the new methodological approach and the definitions used. A separate technical paper has been produced which investigates the methodological differences and provides explanations around consistency, comparability and continuity where required.

[http://www.hscic.gov.uk/media/9354/Technical-paper-differences-with-the-census/pdf/Technical\\_paper\\_Differences\\_with\\_the\\_Census\\_1010\\_v2.pdf](http://www.hscic.gov.uk/media/9354/Technical-paper-differences-with-the-census/pdf/Technical_paper_Differences_with_the_Census_1010_v2.pdf)

NHS workforce information is also published by Office of National Statistics (ONS), and the HSCIC is a contributor to this of estimates of the size of the NHS workforce each quarter to be used as part of its Public Sector Employment Survey. The monthly publication will

automatically supplement this process and the latest published monthly figures will be used as a basis for future quarterly figures to ONS. This will improve transparency in the approach used and reduce the potential for confusion between the previously used estimates and a fully validated census.

Bank staff and Primary Care workforce will not be included in the monthly report and this will require the continuation of the current annual collection or an improved system.

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, the Primary Care workforce, and information on Bank staff.

**Timeliness and punctuality:**

The ESR data will be published within 3 months of the data time stamp. The first monthly publication of 2010-11 used ESR data for April 2010 and was published on Wednesday 21 July.

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 NHS HCHS Workforce statistics at a National and HEE level for Hospital Doctors and Non Medical Staff by major staff groups. Tables of headcount, FTE, role and turnover counts are available. Further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

Every quarter, starting in January 2011, the publication will also contain detailed statistics providing further granularity across staff groups and work areas, which will be available on request in those months it is not placed on the website. It will also include specific topic areas or service priority areas, to investigate the data and highlight associated data quality issues at a detailed level. From October 2011, compulsory redundancy figures and from October 2012, voluntary redundancy figures at a National level will also appear in the quarterly supplemental publication.

**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.

The aim will be to replace the burdensome annual census collection with the new monthly report from September 2010, with those Trusts who have known data quality issues targeted with help and guidance.

The main role for the census contacts at each Trust will change over time from an annually intensive data provider role to a continuous, less intensive, data checker and quality

assurance role drawing the data from their existing ESR systems. Trusts will have to ensure 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.

### **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 an annual basis and be added into the monthly publication throughout the year to ensure the regional and national totals are comparable. Their data will not be adjusted prior to being added into the publication as it has already been through an existing validation process and their monthly totals will not alter until the next annual time point when they get updated. This is not expected to materially affect the accuracy of national or regional figures. However the inclusion of staff from these sources will have a minor impact on turnover figures as these organisations will effectively be treated as outside the NHS for turnover purposes.

#### **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. A programme of work is currently being undertaken to understand the associated issues and to work to resolve the implications for future publications.

#### **Hosted staff**

A few NHS Organisations host other organisations through their payroll. These people are NHS Employees. Therefore we have added a new designation within the publication to reflect these personnel. Some Trusts do host people but have not yet reflected these properly within the ESR system, therefore these figures for these organisations could change noticeably as we continue to work on Data Quality with organisations. Any such major changes will be flagged.

#### **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.

#### **Locum doctors**

This is the first workforce publication to include locum doctors – within ESR we use the Assignment Type of Contract field to denote who is/is not a locum. These locum doctors carry out the duties of other doctors though on a more short term basis. Historically, Trusts have used different ways of showing whether a doctor is a locum or not. The current method has been determined as the most accurate after feedback from Trusts containing the majority of locum doctors.

### **Trainee doctors (Deaneries)**

Deaneries organise the training of trainee doctors within NHS Organisations in England. The likelihood is that the majority of trainee doctors are on ESR via the Trusts they are based at, however it is possible that not every trainee doctor will be captured in this manner.

### **Missing Data**

After cleansing of the data there are still some issues that we cannot resolve in-house such as missing data fields. The Medical & Dental staff group is particularly affected by this issue, particular data items are below:

- Registration Number
- Ethnicity
- National Insurance Number
- Date of Birth

We will continue to work with affected Trusts to improve this situation;

### **Overall**

In the past, contacts at Trusts have updated their data on spreadsheets sent out every year and not necessarily updated ESR as asked. The known issues above, including the work place versus payroll means that overall numbers (headcount and FTE) within individual organisations may fluctuate considerably in the short term as data quality issues are understood and corrected.

We've tried to improve data quality by making assumptions to appropriately re-classify staff, however if these assumptions are based on poor quality data it may lead to an incorrect result.

## Definitions of Headcount, FTE, etc.

This section states the definitions used within this monthly publication. The old Census methodology has a complex summarisation process which affects the true figures at both national and local levels depending on the staff group involved. Further explanation of the differences between the 2009 Census and this monthly publication are available in a technical paper at: [http://www.hscic.gov.uk/media/9354/Technical-paper-differences-with-the-census/pdf/Technical\\_paper\\_Differences\\_with\\_the\\_Census\\_1010\\_v2.pdf](http://www.hscic.gov.uk/media/9354/Technical-paper-differences-with-the-census/pdf/Technical_paper_Differences_with_the_Census_1010_v2.pdf)

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	Role count
Trust A	1	0.2	1
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 is limited to a maximum of 1.28 FTE as a validation to ensure that staff are not contracted for hours over those set by the European Working Time Directive. However this will limit the hours of some staff who have opted out of this limitation and are contracted to work in excess of 48 hours each week.
- Role count is the total count of specific roles within an organisation and some people may have multiple roles either within or across organisations. This is determined by the unique assignment number given to individuals and each of their roles within ESR.
- Turnover includes statistics on joiners to and leavers from the NHS in England within a specific time period based on headcount. Trainee and locum doctors, bank staff and primary care staff are not included in the calculation. Staff movement within the NHS is not included in the turnover calculations for this publication. Staff in organisations that have ceased to be NHS organisations are not treated as NHS leavers. A small number of staff that move between NHS non ESR and ESR organisations will have a minor impact on the true numbers that join and leave the NHS in England.
- Movements of staff to and from the 2 non-ESR Foundation Trusts and non-ESR NHS Primary Care organisations (e.g. GP Practices and Dentists) are treated as being outside the NHS for the calculation of turnover in this publication.

- Where an entire organisation becomes a non-NHS body the staff are not included from the leaver numbers for turnover. For example NHS Professionals was reclassified as a non-NHS body from the 1<sup>st</sup> April 2010.  
[http://www.opsi.gov.uk/si/si2010/uksi\\_20100425\\_en\\_1](http://www.opsi.gov.uk/si/si2010/uksi_20100425_en_1)

## Methodology (revised November 2011)

There are a number of steps that will be undertaken with the data to add value and improve data quality to reflect the validation process of the 'old' annual census classifications of staff groups prior to publication. If all Trusts improve the quality of their data in ESR, specifically around Occupation codes and completeness of Job Role, this methodology can eventually be reduced or even removed and data published direct from ESR.

The methodology is used to address issues such as missing data, misclassification of staff e.g. non medical staff having medical occupation codes and vice versa; and using the job role to determine the grade of doctors on a local payscale.

The main role for the census contacts at each Trust will change over time from an annually intensive data provider role to a continuous, less intensive, data checker and quality assurance role. Trusts will have to ensure staff are coded in consistent ways (e.g. in dealing with hosted staff), and that the data quality reports made available to them are acted upon.

A monthly extract is downloaded from ESR detailing the following data items. Only those employees with a contracted FTE for assignment greater than zero are extracted.

Data Items	Description
Tm End Date	The extract month displayed as a date (in the format 'DD-MM-YY'). This provides a date stamp for the period of data
Occupation Code	3 digit code identifying an employee's occupation in particular work sectors of the NHS in a consistent way
Ocs Code	The Organisation Data Service (ODS) [previously known as NACS (National Administrative Coding Service)] code allocated to an employing organisation
Gender	An employee's gender, Male or Female
Asg Type Of Contract	The type of employment contract held, e.g. Permanent/Fixed Term/Honorary
Ethnic Origin	The ethnic category to which an employee belongs, as determined by the individual employee
Disability Status	Indicates whether the employee considers their self to be disabled
AfC Band	Agenda for Change band
Contracted WTE for Assignment	The contracted Full Time Equivalent (FTE) for the employee's assignment. When aggregated, shows the number (FTE) of employees in post

Job Role	The title of the Job Role associated with the Position. This is taken from a national list of values enabling planners at local, regional and national level to group related posts and their occupants in a meaningful way
Staff Group	A nationally defined grouping of related Job Roles
Primary Area Of Work	A high level grouping of related Clinical Specialties or Support Functions
Religious Belief	The religious belief category to which an employee belongs, as determined by the individual employee
Sexual Orientation	The sexual orientation category to which an employee belongs, as determined by the individual employee
Pos Workplace Org Code	Main organisation that an employee works at
Unique NHS Identifier	The unique NHS identifier for an employee. When aggregated, shows the number (headcount) of employees in post
Secondary Area Of Work	A grouping of related Clinical Specialties or Support Functions
Tertiary Area Of Work	A Clinical Specialty or Support Function where work is undertaken
Asg Number	Assignment number based on employee number which indicates when an employee holds multiple assignments or roles
Asg Hosted Org	The Assignment is allocated to an Organisation which is 'hosted' by the Employing Authority
Grade Code	The code applicable to a Grade or Payscale
HEE Code	The identifier for the Health Education England (HEE) associated with the employing organisation
NI Number	National Insurance number for an employee
Date Of Birth	The date on which the employee was born
Registration Number	The unique identification number given by the Professional Registration or Membership body
Site Description	The description of the site associated with the Assignment
Site Name	The name of the site associated with the Assignment

The following steps have currently been identified as reflecting census-like classifications of staff through intensive intelligent processing of ESR data.

1. De-duplicate to remove pure duplication of non FTE (full time equivalent) fields.
2. Divide the data into a separate Non Medical dataset and a Medical dataset. Use the set of known medical Payscale as the initial determining field.

3. Cut the records with Medical Occupation Codes from the Non Medical dataset and put them in a set of their own as Local Payscale Medics. (Rationale: They look like medics, we don't recognise their grade code, they are an unknown local grade.)
4. Match the Local Payscale Medics dataset with valid census occupation codes matching job roles with payscale codes to identify unknown doctor grades. (Rationale: The main clue to the grade of a doctor is in the Job Role field.)
5. From the set of remaining Local Payscale Medics match with the last census information to identify as many of their grades as possible from that source – only if they were in the same organisation at the last census. Add these with a revised grade of the correct type to the full medical dataset. (Rationale: The last hard information on their grade we have is from the work we put in to identify it in the 2009 Census.)
6. From the set of remaining Local Payscale Medics with valid census occupation codes match valid non-med job roles and place back in the main non-medical dataset
7. Put all the records that look like census counted doctors together.
8. Recode any Medics incorrectly coded as doctors and add them back to the Non Medical set. (These possibly include non med staff with medical occupation codes – but AfC grade and non med job role, and non med staff with grades that look medical – but with non med occupation code and job role.)
9. Create revised Occupation codes for these returned non medical staff that have incorrect, missing, or medical occupation codes using a job role to occupation code lookup.
10. Examine all Medics to see whether the remainder are locums (using recognised Locum occupation codes and assignment category) and miscoded Non Medical staff.
11. Extract all the locum doctors from the Medical datasets and create a separate database of them.
12. This leaves the Local Payscale Medics as a set which are almost entirely Community Doctors.
13. Cut the community doctors from the main Medical dataset and add them to the Community doctor set.
14. Define each assignment's organisation as the organisation the person works at and allocate all hosted staff to a newly designated organisation called 'Non-geographic central staff'.
15. Produce publication statistics from the final Medical and Non Medical datasets and a dataset of Locum doctors that are usually not counted in the traditional Census publication – in addition we have a data set of Community Doctors that will not be included in the publication but is available on request.

#### Enhancements

- Step 14 was enhanced in November 2011 to capture all hosted staff.

## Results

Graphical representations of monthly HCHS workforce trends covering all published data from this series to date are presented here.

**Tables containing the data are presented separately in Excel format on our website:**  
<http://www.hscic.gov.uk/pubs/provisionalmonthlyhchsworkforce>

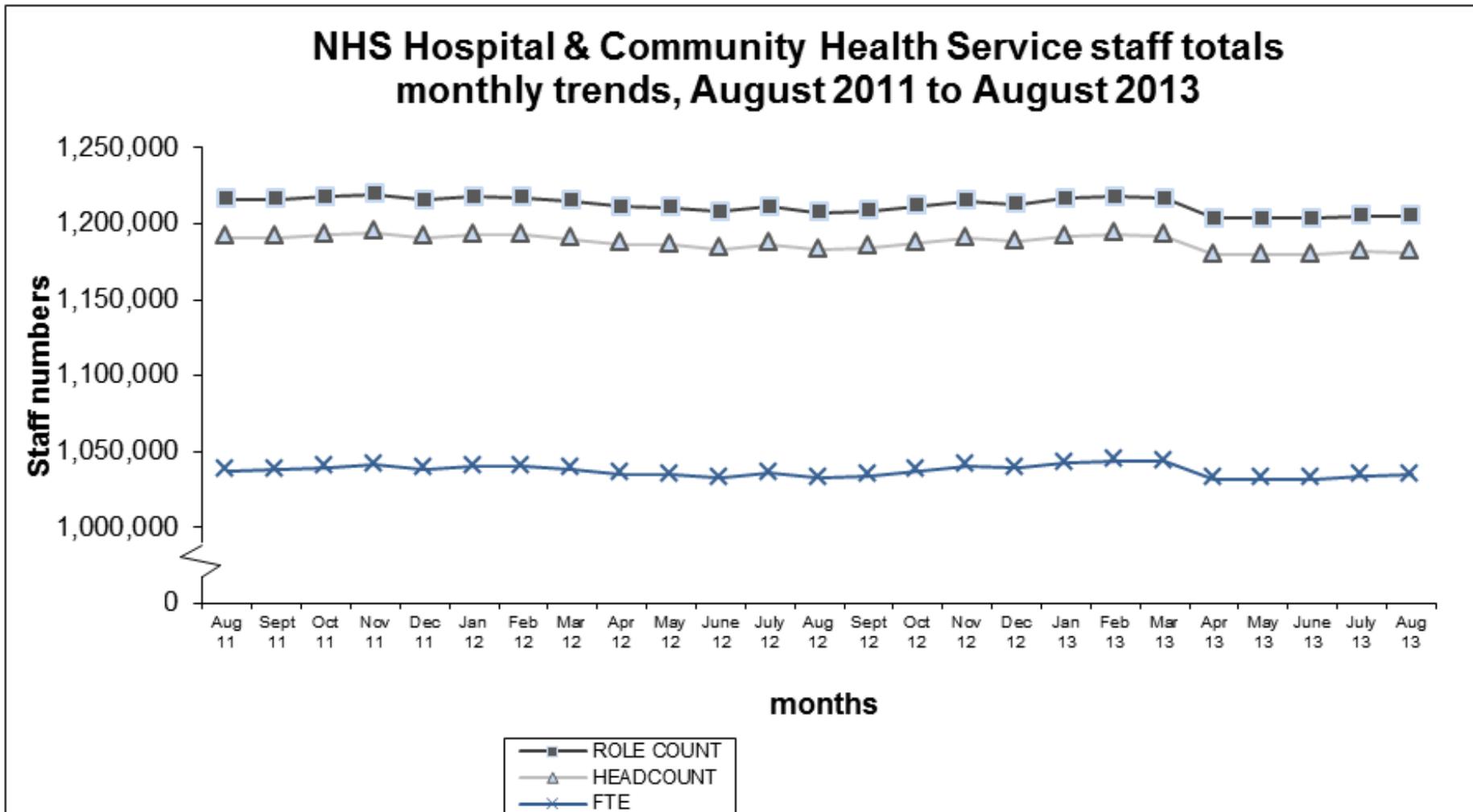
### The tables contain data for the following:

- National level table of headcount, FTE, and role count by major staff groups – for the latest month
- National level table of headcount, FTE, and role count by major staff groups – as a rolling monthly time series
- As above (rolling time series table) - for each HEE regions
- A turnover table showing joiners, leavers from the NHS at a National and HEE level
- National and regional Health Visitor minimum data set – numbers and training places
- Time series of workforce numbers (FTE) by organisation – CSV files

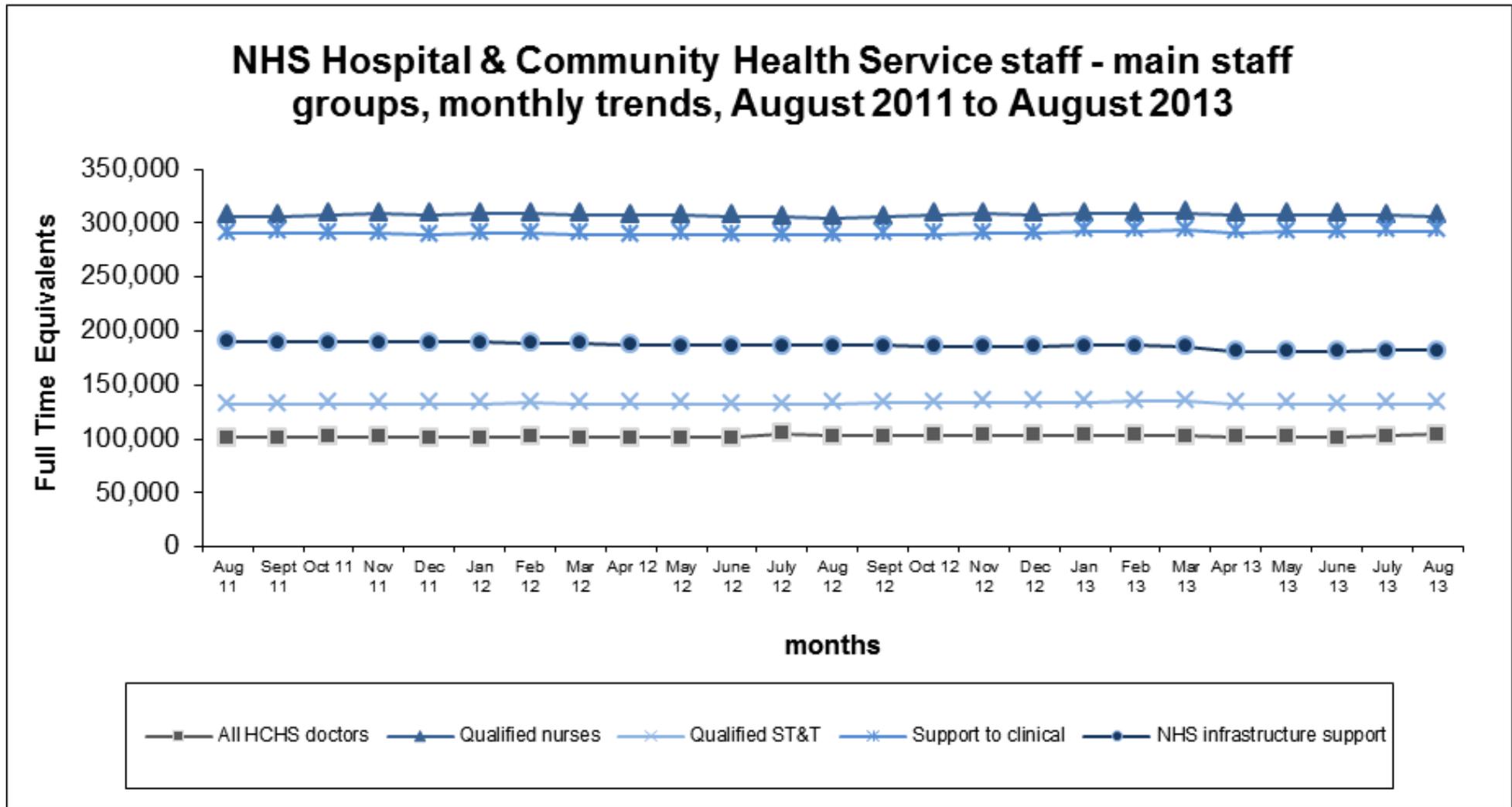
### Monthly HCHS Workforce trends for the NHS in England

These charts demonstrate that the monthly changes are small in the context of overall staff numbers.

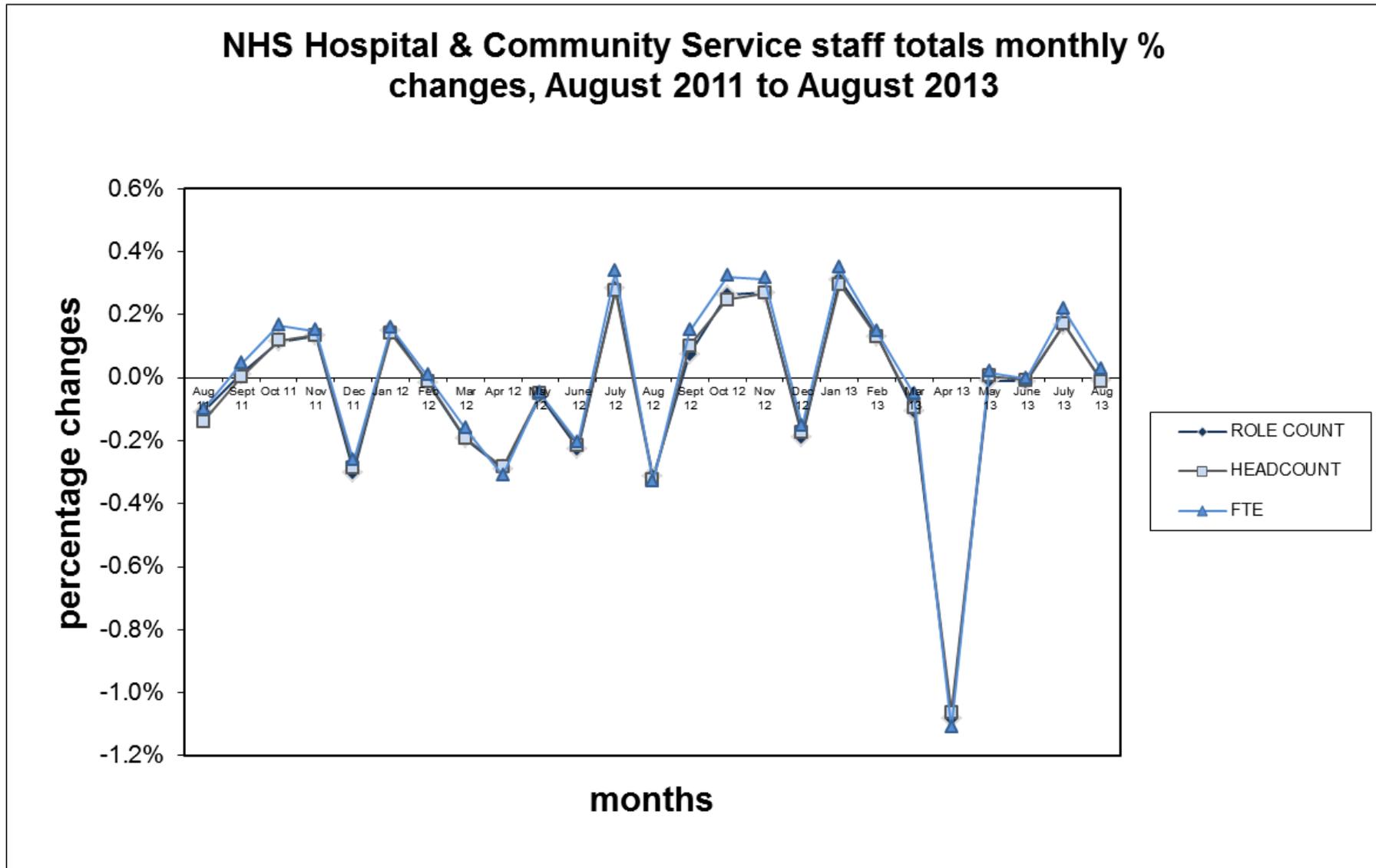
Overall headcount, FTE and role counts for the NHS in England



FTE for main staff groups in the NHS in England



Overall changes from month to month - headcount, FTE and role counts for the NHS in England



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