NHS Hospital and Community Health Service in England workforce statistics – Response Form

28 May 2015

www.hscic.gov.uk

enquiries@hscic.gov.uk

@hscic

Author: **Bernard Horan**

Workforce Analysis Team
Health and Social Care Information Centre

Date of Consultation: **28 May 2015**

Contents

1) Purpose 4

2) Who this document is aimed at 4

3) How long you have to respond 4

4) Jobs or people? 5

5) Bank staff 6

6) Locums 7

7) Very Senior Managers and Z Occupation Codes 8

8) Type of contract 9

9) Nurse Learners 10

10) Occupation Code to grade mismatch 11

11) Staff groups 12

12) Area of Work and Job Role 14

13) bands for non-medical staff 15

14) Updating the Medical Grades 16

15) Ethnic codes 17

16) Table Structure 18

17) Tables Provided 20

18) Bulletin Contents 21

19) GPs in the Hospital & Community Health Service figures 22

Primary Care staff in the secondary care figures 22

Hospital Practitioners and Clinical Assistants and GPs 23

GPs working in secondary care 24

20) Should we drop the Role Count? 25

21) Workforce Minimum Data Set (extended ESR Data Warehouse download) 26

22) Workforce Minimum Data Set (data from other providers) 27

23) Organisations which should be included in our statistics 28

24) Discontinuation of the Health Visitor Minimum Data Set tables 29

25) England and Wales cross border counting 30

26) Earnings publications to be published quarterly 31

27) Have we missed anything? 32

28) How to respond 33
29) Responses: Confidentiality and disclaimer 33
Appendix A: Methodology for grade and staff group mismatch 34
Appendix F – NHS Networks details 35

1)Purpose

The purpose of this document is to form the basis of responses to our consultation "NHS Hospital and Community Health Service in England workforce statistics – proposed developments".

You do not have to use this form to respond, we will accept any written response and it may be more useful to send us documents that illustrate

2) Who this document is aimed at

Stakeholders who may use the statistics produced (including members of the public) and experts in the NHS and wider health care workforce to ensure that the most effective scrutiny is applied to all proposals.

3) How long you have to respond

This consultation will last 11 weeks following its release and will finish on 13 August 2015.

Details as to how you may respond to the consultation appear on page 32. However we encourage anybody who wishes to express an opinion to talk to us and, if beneficial, other stakeholders if that will help with the development of a response.

We have established a discussion forum on NHS Networks so that people wishing to respond can discuss and air opinions and issues prior to responding. Details of how to access this facility are given in Appendix F. This is in addition to any direct discussion with the HSCIC's Workforce team that you may like to have.

On completion of the consultation period, views, opinions, and evidence will be considered and inform the decision as to how this work progresses. The outcome will be posted on the Workforce area of the HSCIC website in the autumn of 2015 in a document directly responding to the feedback received during the consultation.

Issues raised in the consultation.

4) Jobs or people?

Issues identified

Some people we currently count in our NHS workforce statistics are not getting paid for the job they are counted as doing.

Our proposal

Overall, we feel counting roles where there are indications that there is no one being paid to perform such roles does not provide an accurate indication of the level of service provided by NHS staff.

We propose that NHS HCHS workforce numbers should be rebased with 2009 as a starting year and only staff getting paid should be counted.

Feedback sought

This is not a clear cut issue and we would appreciate suggestions on how we should deal with it in all future workforce statistics.

In particular, we would like to hear your views on whether these data findings should be reflected in the statistics we publish and if you find our proposals to do this are acceptable.

Please add feedback here:

The RCN agrees with the proposals put forward by HSCIC as we feel this would more accurately reflect the numbers of nurses who are actually working delivering care to patients. For example, it seems sensible to exclude the unpaid women on maternity as they are both, not getting paid by the NHS or delivering care.

We also agree that a rebased data set going back to 2009 should be available and feel that 2009 is an appropriate date at which to start.

The only concern we have is that this will then mean that historically some of the figures in RCN past reports will not match the rebased data set and therefore we would ask that clear guidance and explanation is provided alongside the old and rebased data explaining the difference.

More broadly, addressing the issue of whether we report on 'jobs or people', we feel that there is merit in looking at both distinctions but this largely depends on what you are trying to achieve. For example, as the largest trade union for nurses in England we would be interested from data on both the number of people contracted to work for the NHS and similarly the number of jobs being filled.

We feel that in a data set about the workforce of the NHS, the overarching principle is to be able to determine how many staff are delivering care. Therefore, from these two definitions we believe this would be better ascertained through publishing data on 'jobs' (staff actually in post). Although we hope that data about numbers of people would be available on request.

5) Bank staff

Our proposal

We propose that we produce a time series of monthly bank 'staff in post' figures, potentially published quarterly, to show seasonal fluctuation. These would be for all staff groups, not just nurses.

We believe that these additional statistics will enhance the information on service provision within the English NHS and allow a wide range of supplementary analyses to be carried out.

Feedback sought

We have included a set of sample tables in Appendix B and would appreciate feedback on the general idea and the tables we have suggested. In particular, intelligence from people who work as bank staff or who employ bank staff at trusts will allow us to judge whether the data available is just a partial picture of the true situation.

Please add feedback here:

The RCN are pleased with the proposal that the HSCIC will produce quarterly figures showing bank staff in post. We agree that these additional statistics will enhance the available data and help providers and workforce planners monitor the use of bank staff at a national level.

The publication of bank staff will show the number of people (headcount/FTE) who are working additional shifts to their contracted hours. We are happy with this proposal but do not want the figures to be interpreted as such that staff are double counted, making it look like there are more nurses working than there are. However, the addition of bank data will show the additional time nurses are working which is often linked to burnout and stress.

We are happy with the proposed tables in Annex B and find the distinction between staff group and area helpful. In addition, we question whether an additional breakdown for 'staff group' by region would be helpful and allow people to monitor any regional variance as well as seasonal change.

Nursing staff will constitute the main group who use bank staff. We understand that it may be useful to publish this data for all staff groups and ask if the decision is taken not to publish this information that it would be available upon request.

6) Locums

Issues identified

Work has shown that many staff we currently class as locums have patterns of employment that can last years and appear more like fixed term staff or even permanent staff (the categories counted in our main statistics).

The locum figures we currently publish include data from staff who have contracted hours in ESR. This suggests that they are not staff called in at short notice for short periods of work – this model perhaps being how people commonly perceive GP locums to be employed.

Our proposal

We propose that if any doctors currently classed as locums have contracted hours we reclassify them in the main hospital doctor workforce in all staff in post statistics.

We also suggest that, in a similar way to how we propose to classify bank non-medical staff, we now class doctors who are paid for work but have no contracted hours in ESR as locums. These figures would be published in our quarterly bank tables. (Appendix B shows possible Bank tables.)

Feedback sought

Would this change provide useful information?

Will the suggested changes to locum classification cause users major issues?

Are there genuine locums with contracted hours on ESR?

If so will their reclassification to the main hospital doctor workforce in all staff in post statistics create problems?

Is the information that can be derived on locums from the ESR Data Warehouse a significant representation of the locum workforce or are other sources of locums the major providers? If there are other sources, please specify what these are.

Please add feedback here: The RCN agrees with the proposals.

7) Very Senior Managers and Z Occupation Codes

Issues identified

Examination of the data has shown that some managers, including those usually classed as Very Senior Managers (Board level staff such as Chief Executives, Chairpersons, Finance and Nursing Directors etc.) are appearing under another Occupation Code grouping that is not usually shown in our publication, those Occupation Codes starting with Z.

Another issue is that there may be other staff with Z Occupation Codes that are of interest to users. Appendix E contains a list of the Organisation type, Area of Work, Occupation Code classification, Job role and grade of such staff.

Our proposal

We propose that senior managers with an Occupation Code starting with Z are included in our published figures. Criteria based on grade and earnings will be used to double check where such staff appear to be very senior managers.

In addition, other staff that users agree should be included in our figures who currently aren't because they have a Z Occupation Code may also be incorporated into published figures.

Feedback sought

Should Chairpersons be included in the Senior Manager figures we publish – either as a separate group or within the existing Senior Manager group? (Job roles suggest that at least 60 are already included in the existing group but these are not coded using Z codes.)

Should staff that we believe from the available data to be Managers or Senior Managers but who have an Occupation Code starting with Z, be re-classified and included in our published figures?

If so what grade and earnings criteria are appropriate? For example, staff with appropriate job roles, a grade higher than 8b or with a non AfC grade and earnings higher than £45,000?

Please add feedback here:

The RCN agrees with the proposals. It would be useful for the RCN not only to have these roles included but for us to be able to identify those senior role that are filled and required to be filled by registered nurses such as Directors of Nursing.

8) Type of contract

We currently include several contract types in our published NHS staff numbers that appear unusual.

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

Issues identified

The ‘Non-Exec Director/Chair’ is included despite the Occupation Code for such roles currently being excluded from our published data.

If Non-Executive Directors should be excluded, in respondents’ opinions, and Chairpersons should be included in our figures, there are Job Role values that could be used to achieve this.

Our proposal

We propose to exclude Honorary, Prof Exec Committee, Retainer Scheme, Non Exec Directors and Widow/Widower staff from published statistics and act on the response to our questions above relating to Chairpersons.

Feedback sought

We would appreciate opinions and information on the use and inclusion of ‘Honorary’, ‘Prof Exec Committee’, ‘Retainer Scheme’ and ‘Widow/Widower’ contract types in our publications. These staff are currently counted if they have an occupation code we include in our figures.

Please add feedback here:
The RCN agrees with the proposals and thinks this is a sensible approach.

9) Nurse Learners

Issues identified

Although this group sounds like a classification of student nurses, there are three levels of Nurse Learners and only one relates to staff with no nursing registration. Two levels relate to existing qualified nurses who are training for additional registration, for example in Midwifery, Health Visiting or District Nursing.

Our proposal

We propose that in the future only the non-registered group (around 1,200 staff with an Occupation Code starting with P1) continue to be included in the Support to Doctors and Nurses staff group, but the other two groups (around 2,800 people in Occupation Codes starting with P2 or P3) that include qualified nurses, should be included in the Qualified Nurse staff group.

Feedback sought

We would like opinions on whether or not including qualified nurses who are in training in the Qualified Nurses staff group is a sensible suggestion.

Please add feedback here:

The RCN strongly agrees with the proposals.

Being classified as 'Support to Doctors and Nurses' implies that a nurse learner is an unregistered and importantly, an unregulated nurse. Registered or 'qualified' nurses who are training to be midwives, health visitors or district nurses will usually be counted as a registered member of staff in the nursing establishment. As a result of this change the numbers in the qualified workforce will more accurately reflect the registered and regulated workforce population.

Therefore, we welcome the proposals put forward by HSCIC in relation to Nurse Learners.

Lastly, we would still want to be able to identify these 'registered nurse learners' within the qualified nursing workforce data set. In relation to workforce planning it is still useful to know how many registered nurses are working in the NHS but training to become a health visitor or midwife.

10) Occupation Code to grade mismatch

Our proposal

We propose that we apply the checks on appropriate grade to all workforce statistics and where we would normally exclude a record from the Earnings statistics for data quality reasons, we now reclassify the person to 'Unknown Job Classification' or 'Unknown Staff Group' in the staff in post statistics (or another 'Unknown' classification that people think works well).

The current Earnings process as it would be applied to staff in post figures is shown in Appendix A.

Feedback sought

Does our proposal seem acceptable and sensible?

Are there additional clues to staff group within the ESR Data Warehouse that could be employed to enhance our methodology?

Please add feedback here: The RCN agrees with the proposals and thinks this is a sensible approach. Linked, although not directly to this point, is another check we consider could be beneficial to carry out. We believe that a cross check between occupational codes/profiles against Agenda for Change pay bands would help alert for any inconsistencies. The RCN would be happy to work with the HSCIC in unpicking some of these inconsistencies in the nursing workforce if needed.

11) Staff groups

Our proposal

Users should consider whether the staff groups currently provided in each of our publications meet their needs, are clear and consistent enough, and whether there are changes that would improve the usefulness of the statistics.

Possible impact

This issue requires careful attention and broad consensus. Revised time series can be constructed if new groupings are agreed upon.

Feedback sought

Are the staff groupings published still relevant and useful?

Would a 'Frontline NHS staff' category be useful and which staff groups should be included?

If you like the current groupings and would like them to continue then you need to tell us or they may be changed based on feedback from others.

We are happy to directly engage in discussions to provide further information regarding alternative groupings. The NHS Networks forum may also be a good place to discuss and consider other views on what is useful.

Please add feedback here:

Staff groups:

Key to the work the RCN carries out in relation to understanding workforce trends is the workforce data set provided by HSCIC. As part of our work we analyse and interpret these figures. The staff groups as currently defined are useful and do allow us to see the total number of qualified nursing, midwifery, and health visiting staff. The group is then broken down by midwives, health visitors and school nurses.

Nurses, midwives, health visitors and often school nurses have distinct qualifications, including some post-registration qualifications. To determine how many qualified nurses there are working in the NHS as a registered nurses we subtract the number of midwives, health visitors and school nurses from the total. It would be helpful if HSCIC presented the 'qualified nursing workforce' as a distinct category alongside the number of midwives, health visitors and school nurses. If the HSCIC did decide to pursue this option there would need to be a small footnote that the staff group 'Qualified nurse' are people performing the role of a registered and regulated nurse and that those working as midwives, health visitors and school nurses may hold a nursing qualification but are working in a distinct staff group. The RCN are happy to be consulted further on the technicalities around this should this option be explored.

The RCN feels highlighting this distinction would add value to the data set. In doing so, the HSCIC would be providing the public and stakeholders with a more accurate picture of the nursing workforce. As we highlighted in our report *Fragile Frontline* increases in the number of health visitors and midwives have somewhat inflated the overall increases to the total workforce. It would be more open and transparent to present the full breakdown of the total qualified nursing, midwifery, and health visiting staff instead of relying on calculations to be made to determine the staff group working primarily as nurses in secondary and community care.

'Frontline NHS staff':

We do not agree that an additional category name 'Frontline NHS staff' should be included in the data set. The staff groups, as currently defined, give clear breakdowns of staff and separate

our medical, non-medical, support staff, and NHS infrastructure. We believe the current breakdown gives enough information that allows people to extract the categories that work in frontline services.

We envisage issues in clearly identifying staff groups and roles that are in frontline services. The definition would, in our view, be very subjective and arbitrary. In nursing for example, it would be very hard to distinguish which nurses are not in frontline services. It is also important to remember that those in frontline roles, and the quality of patient care often relies on the work of many people who may not be seen to work in frontline roles.

It is also unclear what the purpose of having such a category would be. We would not want to see the creation of narrow or crude definition of 'Frontline NHS staff' to be used in the future, creating situations where decisions are made on the basis of this definition that could potentially result in unintended consequences.

12) Area of Work and Job Role

Issues identified

There are other classifications available in ESR which offer additional insight to the NHS workforce. (2 Trusts do not use ESR).

Area of Work (AoW) is available at three levels:

- Primary – in our opinion this doesn't deliver enough distinction between areas
- Secondary – a more detailed, useful level of detail
- Tertiary – a very detailed split of AoW

Our proposal

We believe that there will be interest in seeing published statistics which use AoW and Job Role and that the HSCIC should begin to include these in published statistics.

Practically we would prefer to publish Secondary level AoW, but Tertiary and Primary levels would be available on request.

Feedback sought

We would appreciate opinions on the use of Area of Work and/or Job Role in future workforce publications.

The main questions are:

- Are they of interest?
- If so, what are the main areas of interest?
- If so, what level of AoW would be preferred?

Please add feedback here:

The RCN agrees with the proposals and thinks this is a sensible approach.

The RCN and other stakeholders would be interested in being able to look at the break down of the workforce down into various levels of detail. There will be some occasions where a very granular breakdown, such as tertiary, will be necessary.

However, we understand that regularly publishing tertiary data would result in a very large data set. Therefore, we agree with the proposal to publish secondary level data but we ask that the HSCIS make it very clear on their website which other areas of work that are available at the three levels to enable the public and stakeholders to request the information they require.

Alternatively, the HSCIC could publish all three levels of data once a year as part of their annual publication series.

13) Grades for non-medical staff

Our proposal

We propose to publish numbers in each staff group by grade in each census publication.

It may be possible to include this information in a graphing tool.

Feedback sought

Is there a general demand for grade information?

Do users want regional figures?

Please add feedback here:

The RCN strongly support these proposals. It would be very useful to us, the public and decision makers to regularly see the Agenda for Change (AfC) grade of staff who are currently working in the NHS. We know that this information has been available upon request and it is data that we routinely obtain from HSCIC. However, we feel it would be more open and transparent to regularly publish this important data set.

It is very important to see the grades of the nursing workforce who are currently in post as it helps us understand the skill mix of the nursing workforce. We think regularly publishing this information is integral to assist national and regional workforce planning.

We would also ask that this data be available and broken down by area of work, job role and HEE region. As explained above, this information, if regularly published would be very useful to many stakeholders including, Trusts, LETBs, HEE, and the RCN. If this breakdown is available but too big to publish regularly, we ask that the HSCIC make it clear to those obtaining data by grade that this level of granular data is available upon request.

14) Updating the Medical Grades

Issues identified

We do not believe our currently published set of grades presents the most useful grade classifications possible.

Our proposal

We will adjust the doctor and dentist grades to reflect user opinion as fed back from this consultation.

Feedback sought

Could the current doctor grade classifications be improved?

If so please identify the grade classifications that would be most useful, if possible with the "old" grades that fit into them.

From what date would any reclassifications be appropriate? – Would a translation of historic grades to the current versions be sensible for all past figures or only from when new grades came into being?

Please add feedback here: No comments.

15) Ethnic codes

Issues identified

A minor complication within these data is that there are two classification systems used. The majority of staff use a more recent system. However, a small minority are classified under an historic system.

Our proposal
The old 'White' category in the left part of the table to be incorporated with the new 'White' category on the right part of the table.
The old 'Black' category to be incorporated with the new 'Black or Black British' category on the right part of the table.
The old 'Asian' to be merged with the new 'Asian or Asian British',
the old 'Unknown' to be merged with the new 'Unknown'.
The old 'Other' to be merged with the new 'Other'.

Note: there is no old 'Mixed' category and no old 'Chinese' category on the left.

Feedback sought

Are there any objections to combining the two ethnicity classifications into a single classification?

Please add feedback here: It is clear that no data will be lost nor the integrity of the data compromised and therefore the RCN agrees with the proposals.

16) Table Structure

Please have a look at the table structure in the national level tables on the first Excel sheet of the publications at the following links.

Annual workforce census publication:

http://www.hscic.gov.uk/catalogue/PUB16973/nhs-staf-2004-2014-over-tab.xls

Monthly staff in post publication:

http://www.hscic.gov.uk/catalogue/PUB17272/nhs-work-stat-jan-2015-nat-tab.xls

Table 1a from the annual publication and 'National – Timeseries' from the monthly publication show similar statistics; the annual census shows a ten year time series, the other a monthly time series. (See Figure 2)

Issues identified

The annual census also contains a set of tables which replicate the same information for headcount and FTE at national and HEE Region level. However the way the annual workforce census is currently structured means that the tables provided are not all together in one link. Some statistics are provided under a Medical & Dental link, some Non-medical, some have combined overall tables (see various links available under Annual workforce census publication, above).

The monthly publication contains spreadsheets containing 55 tables of staff-in-post information and an additional 11 tables containing Health Visitor figures and turnover statistics. A quarterly version of the monthly publication contains at least another 16 tables including turnover, reason for leaving and redundancy figures.

It is therefore very hard to consult on this mass of tables.

Our proposal

Users should take this opportunity to tell us how we can best present our statistics.

Feedback sought

We would appreciate any feedback on how the census and other workforce statistics are presented and whether the split between the medical and non-medical figures in separate publications works well.

Is it more convenient to have headcount, FTE and role count in tables on one sheet rather than three separate sheets?

Would removing the blank rows or standardising the column layout be useful?

It may be that this really isn't of much concern to you and that in itself is a useful response. If that is the case in general we will structure the publication to allow the most efficient production and a simple structure.

The NHS Earnings publications include a graphing tool that uses pivot tables with macros to create bespoke graphs and statistics, specifically the earnings graphing tool.

http://www.hscic.gov.uk/catalogue/PUB14955/nhs-staff-earn-march-2014-provisional-basic-pay-grapher-sept-14.xlsm

This tool uses a set of processed earnings data from the ESR Data Warehouse and allows it to be queried to automatically create statistics and histograms showing the distribution of earnings for staff groups and regions.

Would such tools be useful for staff in post figures – perhaps grade distributions by region? If so what kind of figures would benefit?

Please add feedback here:

On the whole the RCN finds the way the data tables are presented to be user friendly. Blank rows do mean that the tables must be slightly restructured to apply filters but this is not something we feel strongly about as it is not a large inconvenience.

17) Tables Provided

Issues identified

Some of our annual staff census tables have not changed for years, we would like to know if they are still widely relevant.

Our proposal

We propose that future publications will include tables which have been widely requested by users.

Possible impact

New tables that use the extra detail that ESR allows may only go back to 2009 rather than the traditional 10 year time series.

Feedback sought

If you wish us to publish new tables please let us know and if you want to discuss what is possible please contact us.

We have created the discussion spaces to allow people to debate priorities. (See Appendix F)

Please add feedback here:

Tables that the RCN would like to see regularly published include:

- Agenda for Change banding data (as outlined and proposed in this consultation)
- The age of the workforce (as included in the census). Increasingly, this data will be integral to any future long-term workforce planning.
- Earnings data which is vital for the work of the Pay Review Body
- Ethnicity of staff
- Sickness and absence
- Turnover

18) Bulletin Contents

Please have a look at the various bulletins provided with the census.

Overall

http://www.hscic.gov.uk/catalogue/PUB16973/nhs-staf-2004-2014-over-rep.pdf

Non-medical

http://www.hscic.gov.uk/catalogue/PUB16933/nhs-staf-2004-2014-over-rep.pdf

Medical

http://www.hscic.gov.uk/catalogue/PUB16931/nhs-staf-2004-2014-over-rep.pdf

Our proposal

We would like user input to help us focus our written accompaniment to our publications.

Feedback sought

Do you use the information provided in the bulletins we provide with publications?

Would you like to see more information in this part of the publication and if so as tables, graphs, bullet points or some other method of illustration?

Please add feedback here:

The RCN finds the bulletins useful and user friendly. We do not have any substantial comments or suggestions to make on this as we often download the data and interpret it in house and approach the HSCIC if we have any questions or queries which we find very helpful.

As referenced elsewhere in this document, it would perhaps be more helpful and transparent if the HSCIC website more clearly stated what information was available upon request. Often, part of the difficulty is knowing what information is collected but not necessarily routinely published.

19) GPs in the Hospital & Community Health Service figures

There are three areas where there is overlap between the GP workforce census currently published at the same time as the (HCHS) annual workforce Census:

Primary Care staff in the secondary care figures

Our proposal

We propose to use the Primary Care Workforce Minimum Data Set (PCwMDS) to exclude staff counted in that collection from HCHS figures. This will avoid double counting and inappropriate classification of staff.

Feedback sought

Is it appropriate to reclassify these staff or are they correctly operating as an arm of secondary care providers?

Will this reclassification cause issues for users?

Please add feedback here:

The RCN agrees with the proposals to remove duplicates by using the PCwMDS.

However, we would suggest that this is tested for quality assurance. Our concern would be that with any shift to new models of care, and particularly the integration of primary and secondary services, that the commissioning of services may become more complex and it may be that the line between the two isn't as clear.

This said, we think it would be more accurate at present to remove any duplicates as we would not want staff to be double counted in different data sets.

Hospital Practitioners and Clinical Assistants and GPs

Issues identified

Matching Primary Care workforce data to corresponding HCHS data shows that not all medical HPCAs are also counted in the Primary Care census.

Our proposal

We suggest that rather than automatically excluding medical HPCAs from the all doctors total we exclude only those where we identify an HPCA in the GP workforce by matching GMC numbers between the two sets of data.

Feedback sought

Is this an appropriate way of handling the data?

Please add feedback here:
The RCN agrees with the proposals and thinks this is a sensible approach.

GPs working in secondary care

Issues identified

Doctors with an Occupation Code (often referred to as a specialty code for doctors) of ‘800’ are HCHS doctors who are being paid by a trust on ESR whilst they do a placement in a Primary Care setting as part of their training.

At the moment these doctors are not included in the Primary Care Census but are included in the HCHS figures.

However doctors with an Occupation Code of ‘921’ are, according to the Occupation Code manual, Primary Care doctors who are being employed by a secondary care trust. ‘971’ codes are Primary Care dentists similarly employed.

These staff have not been counted in HCHS figures - the only place where these staff are counted is in the Primary Care census. Any ‘921’ doctor who does not show up in the GP data is taken from ESR records and added to the GP data.

Our proposal

We propose that doctors with a specialty code of ‘800’ remain in the HCHS figures and that the ‘921’doctors and ‘971’ dentists are now also counted in all HCHS statistics. This would include earnings.

Feedback sought

We would like comments on whether the counting of such doctors and dentists in HCHS statistics makes sense, and if so what grade they should be or how they should be classified or described.

They already have grade codes which suggest grades but it may make more sense to allocate a standard grade to the Occupation Code. As they are thought to be Primary Care doctors or dentists, it might be odd to think of them as Consultant GPs or Consultant Dentists, for example.

They could be included within the HPCA group, a grade which already accommodates GPs and dentists or be referred to as General Medical Practitioners, General Dental Practitioners or Primary Care Practitioners.

Please add feedback here:

The RCN agrees with the proposals and thinks this is a sensible approach.

20) Should we drop the Role Count?

Issues identified

We are unsure how useful role count is, at least as a regular measure alongside headcount and FTE. However sometimes it is a useful way of understanding issues, for example Table 1 in the **Jobs or people?** section of this consultation.

Our proposal

We propose that we revert to headcount and FTE only in the monthly publications and discontinue role count.

Feedback sought

Are there any issues with dropping role count from the monthly staff in post publications?

Please add feedback here:

The RCN believes that role count should continue to be included in the data set as this allows for the comparison between the headcount figure and the role count; showing the levels of staff who are working in more than one role.

However, if the decision to discontinue this category does go ahead the RCN seeks assurance that this information will still be captured and available upon request.

21) Workforce Minimum Data Set (extended ESR Data Warehouse download)

To fulfil the requirements of Health Education England, NHS England and the Department of Health to understand and plan the health care workforce the Health and Social Care Information Centre is launching additional and enhanced data collections, collectively known as the workforce Minimum Data Set (wMDS).

Another element of this will be an extended download from the ESR Data Warehouse with additional fields requested by users of the data. The full list of fields from the ESR element of the wMDS with descriptions is provided in Appendix D.

Issues identified

This larger data set will provide additional potential to understand the workforce, subject to the completeness and quality of the data.

Our proposal

We will work to assess the completeness, accuracy and utility of these additional ESR fields and use them to add value to our published statistics wherever possible.

Feedback sought

It would help us if users of our statistics looked at the available fields and let us know whether there are additional useful statistics that the data might allow us to provide.

Please add feedback here:

The RCN agrees with the proposals.

Having reviewed the descriptions at Annex D there are many categories of data that we would be interested in. For example, in addition to the data the HSCIC already routinely publishes we are interested in categories such as, reasons for leaving, destination on leaving, average weekly hours, pay/grade related categories, demographics and permit status/sponsorship expiry date.

However, clearly it would not always be proportionate to regularly publish all the information included in Annex D regularly. Therefore, we ask that HSCIC make it clear that information from these categories is available upon request.

22) Workforce Minimum Data Set (data from other providers)

In addition to the data from existing sources the scope of the HSCIC's health workforce publication is being extended to cover organisations providing NHS funded services. This will collect data from Social Enterprises, Community Interest Companies, Hospices and the Independent health care sector amongst other providers. These collections will be carried out every 6 months with the first scheduled for the end of March 2015.

Quarterly collections will be made from the two NHS trusts that do not use ESR with an extended list of data items.

The list of data fields to be collected with descriptions is provided in Appendix D.

Our proposal

We will endeavour to produce aggregated statistical tables for non-NHS providers that replicate as closely as possible the figures that we produce for the NHS, as informed by this consultation, where possible producing overall figures for staff groups for England.

Feedback sought

Are there useful statistics or knowledge that the extension of the collection to the non NHS sectors would make possible? For example we would in the long term hope to publish an all-England count of nurses as a matter of course as an extension of what we currently publish.

Please add feedback here:

The RCN strongly welcomes the proposal to extend to the data set to include workforce data from all NHS funded providers. This is an important step to try and gain a better understanding of the total workforce and to help improve workforce planning cycles.

We understand that initially the data will be available every 6 months and that it will take time for the returns system to be embedded into normal practice for non-NHS providers. However, we suggest that HSCIC work towards the aim of receiving this information and publishing the data quarterly to give us a better understanding of workforce trends.

Tables split by NHS and non-NHS provider would be helpful, as would an overall figure. We note the proposal to publish an all-England count of nurses in the long term. This, of course, is an ambition that we fully support. However, we must be mindful that there are still many nurses working in the independent and social care, including care homes, sectors. Although this may at present be outside the remit of the HSCIC, we hope that in the long term steps will be taken to collect data from across the entire system in order to implement an accurate workforce planning model. Only a whole health and social care system approach would enable HEE to monitor the supply of nurses and commission both the correct number, and the correct types of nurses based on need.

23) Organisations which should be included in our statistics

Currently there are central organisations with data on ESR that are counted in HSCIC's HCHS statistics, for example NHS England and the HSCIC who are no longer NHS organisations as they are Non Departmental Public Bodies.

Issues identified

Is it appropriate to count such organisation's staff within HCHS statistics?

If so are there other organisations that are integral to the operation of the NHS, that may or may not use ESR, but which should also be included, such as the Care Quality Commission, Nice, Monitor, the NHS Trust Development Authority and Public Health England?

Our proposal

We propose that the statistics continue to include the existing set of organisations. However we are providing this opportunity for users to provide their own opinions on the exclusion and inclusion of both existing and additional organisations.

Feedback sought

Which organisations should be included in HCHS workforce statistics?

A useful list of organisations is given on this site https://www.gov.uk/government/publications/how-to-contact-department-of-health-arms-length-bodies/how-to-contact-department-of-health-arms-length-bodies

Please add feedback here:

The RCN believes these Non Departmental Public Bodies should not continue to be included in the HCHS data set. Including these bodies does not reflect the changes made as a result of the 2012 reorganisation. At the very least, we feel this group should be clearly identifiable within the data set.

Instead we suggest a separate bulletin that would provide workforce figures for all the organisations listed. There is certainly a public interest argument which means that the public and stakeholders should be able to know the size of the workforce in these NHS related bodies, even more so as they are publically funded. We know this information can be obtained by approaching the separate organisations, however, we feel there would be value in having this data in one place and published centrally.

Furthermore, to include all employees from the bodies currently included in the NHS Hospital and Community Health Service in England data set does not provide an accurate picture of those working in these settings. Although the numbers may be small this is slightly misleading. For example, many employees at NHS England or HSCIC may work in distinct areas, such as primary care which is not linked to this particular data set.

We do, however, feel that access to this information is important. Therefore, in order to be as open and transparent as possible we feel the best approach would be to include this data as a separate category or bulletin.

24) Discontinuation of the Health Visitor Minimum Data Set tables

Our proposal

As the deadline for this target passed in March 2015 we will publish figures up to the end of June 2015 (which will be published in September 2015) and then discontinue the publication of these tables.

Feedback sought

Will the discontinuation of these figures create issues for users?

Please add feedback here:

Although the number of health visitors is included in the HCHS data set the HVMDS does include substantially more data about health visitors, for example those delivering NHS care for a non-NHS provider. We acknowledge that in the future this may be available through the introduction of the WMDS but this will take time and only be available every 6 months.

Yes, we acknowledge that the Government target date has passed but this is still a very important area of nursing which should be monitored. Having this data available allows us to interrogate any changes to the health visiting workforce and monitor trends.

We ask that this data set continues to be published. If this is not possible, we would seek assurance that this information is still available upon request.

25) England and Wales cross border counting

Issues identified

Staff employed by an NHS organisation in England but shown as working in Wales are excluded from our statistics.
Staff shown as employed in Wales but working in an NHS organisation in England are also excluded from England's figures.

Our proposal

We anticipate that the current methodology slightly undercounts staff providing NHS services in England along the Welsh border. We propose that we ask the Welsh Government to permit us to use their data to identify any cross border workers and reciprocate the arrangement.

Feedback sought
Should both types of staff be excluded?

Please add feedback here: The RCN agrees with the proposals and thinks this is a sensible approach.

26) Earnings publications to be published quarterly

Issues identified

As the earnings figures are rolling 12 month averages we are not convinced of the benefits to users of a monthly rather than quarterly publication.

Our proposal

We propose to resume a quarterly pattern for the earnings publication.

Possible impact

A maximum of 2 months' delay in one set of figures if the frequency changes to quarterly. No information will be lost through this change.

Feedback sought

Do users require earnings statistics quarterly or would publications 4 months apart or 6 months apart be satisfactory?

Please add feedback here:

The RCN agrees with the proposals to resume publishing the earning data quarterly.

27) Have we missed anything?

If you have any thoughts on how we can improve what we currently do or how we can provide new statistics that would be useful, please tell us.

There are limitations to the data that are not necessarily apparent until further investigation has been undertaken. It is possible that certain types or analysis or output are simply not possible given the constraints of the available data.

We are keen to benefit from your intelligence so if you have an idea please suggest it or talk to us first if that seems more sensible.

There will be a separate consultation relating to Absence statistics but we are happy to hear ideas about that area if you have any comments now.

Please add feedback here:

Through previous discussions with HSCIC it was indicated to us that HSCIC were going to look at publishing longitudinal analysis of the data. We are happy to discuss and support the HSCIC in this and this development would allow analysis of workforce dynamics and behaviours. There could potentially be benefits to the RCN having this information. For example, this would contribute to our work on working longer and student nurses.

Lastly, as we have explained in our cover letter, we feel that the Department of Health should re-commission the collection of vacancy data. This data is essential to workforce planning and is a key piece of data required to help monitor the supply or under supply of nurses. We feel this data is integral to the work carried out by HEE and, as they continue to do in Scotland, should be published centrally by the NHS data centre.

28) How to respond

This consultation process is open to ***anyone*** – whether responding as an individual or representing an organisation. The closing date for the consultation is 13 August 2015.

If you wish to discuss any issue, or talk through something that we haven't explained clearly then contact us directly or use the NHS Networks discussion group to engage with other respondents.

Fill in this document or send us comments and feedback in a way that is most convenient for you.
Although we are happy to talk about the proposed developments, we will require a written submission of your views if they are to be considered as part of the consultation.

Please email comments to

enquiries@hscic.gov.uk

with the subject heading clearly stating 'HCHS Workforce Consultation'.

Alternatively, if you are unable to respond via email, you can post your comments/suggestions to:

HCHS Workforce Consultation

Bernard Horan

Room 4 South

1 Trevelyan Square

Boar Lane

Leeds

LS1 6AE

Telephone: 0113 25 47040

Please ensure that you include your contact details (noting the type of organisation you represent, if applicable) on any documents you contribute if you wish us to contact you to inform you of the outcome of the review.

If you have a query regarding how to complete your response, or would like to discuss any issue in order to respond more constructively, or you require a copy of this consultation paper in any other format, e.g. Braille, Large Font, or Audio, please contact the HSCIC on: 0300 303 5678 (9am to 5pm, Monday to Friday) or enquiries@hscic.gov.uk

29) Responses: Confidentiality and disclaimer

The information you send us may be passed to colleagues within the HSCIC, other government departments or related agencies. Even where confidentiality is requested, if a request for disclosure of the consultation response is made in accordance with the freedom of information legislation, and the response is not covered by one of the exemptions in the legislation, the HSCIC may have to disclose the response, in whole or in part.

Appendix A: Methodology for grade and staff group mismatch

Existing Earnings publication reclassification of staff based on their Occupation Code and Job Role proposed for staff in post publications.

- Staff with an Occupation Code that indicates they are a Senior Manager but who have an AfC grade of Band 1 to Band 6 are examined to see what their Job Role suggests their job is. If the Job Role suggests a more appropriate Occupation Code than Senior Manager for their grade then the Occupation Code field is amended to the suggested code.

- Staff with an Occupation Code that indicates they are a Nurse but who have an AfC grade of Band 1 to Band 4 are examined to see what their Job Role suggests their job is.

- If the Job Role suggests a more appropriate Occupation Code then the Occupation Code field is amended to the suggested code. Enrolled and Registered Nurses are permitted to have a Nurse Occupation Code and have an AfC grade of Band 4.

- Other qualified staff who have an AfC grade of Band 1 to Band 3 are examined to see what their Job Role suggests their job is.

- If the Job Role suggests a more appropriate Occupation Code then the Occupation Code field is amended to the suggested code.

- Those staff for which a more appropriate Occupation Code for the grade is not suggested by the Job Role field have their Occupation Code changed to ZZZZ and are classified as ‘Unknown Staff Group’. Their Job Role is changed to ‘Unknown’.

Appendix F – NHS Networks details

How to join NHS Networks

NHS Networks is free to join and is open to anyone interested in engaging in discussions on topics relating to the NHS. If you are interested then please register with NHS Networks

To find out more about NHS networks go to http://www.networks.nhs.uk/getting-the-most-out-of-nhs-networks-free-services-and-paid-support-2013/view

Once you have registered to ask questions or provide opinions about what we are consulting on or how you think healthcare workforce statistics can be improved go to the Home Page and click in the box called 'Share' and select 'Find a network'.

This will give an alphabetical index of networks and a search facility above that.

Our network is called 'Healthcare Workforce Consultation'.

http://www.networks.nhs.uk/

If you would like to engage with us directly please mail bernard.horan@hscic.gov.uk or call Bernard Horan on 0113 25 47040 (please do not leave a message but email instead and leave your number for us to call you).

Although you can discuss issues with us directly or others through NHS Networks we will require a written submission of your final opinions to count towards this consultation.