



Llywodraeth Cymru  
Welsh Government

BACKGROUND, DOCUMENT

# Staff directly employed by the NHS: quality report

This report covers the general principles and processes leading up to the production of our statistics.

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# What are these statistics?

These statistics present quarterly information about the number of staff directly employed by the NHS in Wales by NHS organisation, staff group and grade or area of work.

## Source of data and methodology

The data in this release and the accompanying [StatsWales tables](#) comes from the [Electronic Staff Record \(ESR\)](#), provided by Health Education and Improvement Wales (HEIW). The ESR is a payroll and human resources system which covers all NHS organisations in Wales and England. A quarterly extract is downloaded from the ESR Data Warehouse detailing all NHS staff in Wales on the ESR at the last day of the quarter. A detailed breakdown of staff grades and areas of work used in the ESR is available in the [NHS Occupation Code Manual](#).

The data includes all staff directly employed by the NHS in Wales. Directly employed staff on maternity/paternity leave, sickness absence or career break are included. Agency and bank staff are not included.

Primary care staff such as those employed in general medical practices and NHS dental practices are excluded. Primary care practices are contracted differently to staff directly employed by the NHS. Separate statistical releases are issued for these staff.

Staff holding either directly employed locum appointments or agency locum appointments are not included in this release. General Medical Practitioner Locums, directly employed General Medical Practitioners and community/public health medical and dental staff on general payments are also excluded. Records

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with no occupational code have not been included. These records equate to no more than 5 full-time equivalent (FTE) staff in any one year.

For staff working in more than one assignment (job), the full-time equivalent for all assignments is included. One FTE is the equivalent of a person working the standard hours for their grade. The large majority (over 90%) of directly employed staff in NHS Wales are on Agenda for Change pay scales (with the exception of doctors, dentists and very senior managers). Those on Agenda for Change pay scales are contracted to work a standard working week of 37.5 hours if full-time. While not on the Agenda for Change pay scale, medical consultants work in sessions which are 3.75 hours per session, with ten sessions a week, meaning that one full-time equivalent is equal to 37.5 hours. Doctors in training typically work 40 hours a week.

FTE numbers are calculated by dividing the number of hours staff in a grade are contracted to work by the standard hours for that grade. For example, if staff were contracted to work 18.75 hours and the standard hours is 37.5 hours, then this equates to 0.5 FTE. In this way, part-time staff are converted into an equivalent number of full-time staff. Over time, FTE is the most appropriate measure of staff resource to use and is therefore the measure presented in the statistical release.

## Data processing cycle

Data is submitted from HEIW on Excel spreadsheets via Objective Connect, a web-based tool to securely share and receive files.

Validation checks are performed by Welsh Government statisticians and queries referred to HEIW and NHS contacts where necessary.

Once validated, data is published in line with [statement on confidentiality and](#)

**data access** each quarter.

The statistics are currently published quarterly with brief analysis and commentary, in addition to open data format tables which are published on **StatsWales**. A more detailed statistical release is published for data on 30 September each year.

Data is published by staff group and grade or area of work at local health board and national level. The updates as at 30 September from 2022 onwards include information on the characteristics of staff in the NHS in Wales.

## Coverage

NHS staff statistics relate to all staff directly employed by the NHS in Wales during the recording periods. Such staff are recorded on the ESR which acts as a data source for both the quarterly NHS Staff statistics and the Sickness Absence statistics.

Statistics are presented on a quarterly basis from the start of a calendar year onwards.

Data included in the release are published on **StatsWales**.

Data is available from 1979; however there have been a number of changes to the **NHS Occupation Code Manual** and several data quality issues identified in recent years. These affect the comparisons over time for some staff groups.

## What are the potential uses of these statistics?

These statistics will be used in a variety of ways. Some examples of these are:

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- advice to ministers
- to inform debate in the Welsh Parliament and beyond
- to monitor and evaluate staffing levels in the NHS in Wales

## Who are the key potential users of this data?

The main users are:

- ministers, members of the Welsh Parliament, and the Members Research Service in the Welsh Parliament
- NHS organisations
- the Health and Social Services Group in the Welsh Government
- other areas of the Welsh Government
- local authorities
- the research community
- students, academics and universities
- individual citizens and private companies

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

## Strengths and limitations of the data

### Strengths

- Data has coverage for all NHS organisations and includes all staff directly employed by the NHS in Wales.
- Data is available by staff group although some differ slightly to those used

for quarterly reporting on NHS sickness absence rates.

- More detailed data including information by grade or area of work is provided via our StatsWales website.
- Data is available from 1979; however due to changes in the classifications of staff only the overall numbers are strictly comparable over time.
- Data is reported quarterly to provide more timely data.
- Data at 30 September from 2022 onwards includes information on staff characteristics however there is missing data for some fields.

## Limitations

- Staff numbers have some seasonal patterns. Medical and dental and nursing staff numbers tend to decline in the period up until August and then increase from September as graduates start. As such, comparisons are made with the same quarter from the previous year.
- There have been a number of changes to the NHS Occupation Codes Manual and several data quality issues identified in recent years. Whilst at a high level the data are considered robust, some more detailed breakdowns clearly show inconsistencies in the data between health boards and between years.

## Data quality and coding change

Over recent years a number of quality issues have been identified with the data. Some have been resolved, others have not. To help users to interpret the data and understand where those limitations may be, we have introduced this section to more clearly describe those areas.

# Ongoing quality and coding issues

## District nurses

It was identified in 2016 that Cardiff and Vale had a large reduction in district nurses between 2015 and 2016. In the following year Cardiff and Vale re-coded a number of nurses back to district nurses. Following enhancements to the Electronic Staff Record and the link to Nursing & Midwifery Council data it is possible to see how many district nurses (and other staff) have the relevant Specialist Practitioner: District Nurse (SP:DN) qualification. The NHS Occupation Codes Manual clearly states that it should only be those with the relevant qualification and at pay band 6 or above coded as district nurses.

As at 30 September 2023, nearly half (45%) of district nurses were recorded as having the additional SP:DN qualification. The percentage varied widely between health boards and ranged from 78% to 14%.

Of all nursing staff with the SP:DN, just over half were 'other first level' nurses, whilst 38% were district nurses. Future work is planned to better understand this data

## Healthcare Assistants (H1s) and Nursing Assistants and Auxiliaries (N9s)

During 2018 Betsi Cadwaladr and Cwm Taf Health Boards re-coded many of their former Health Care Assistants (HCAs) (occupation code H1) as Nursing Assistants / Auxiliaries (N9), bringing them in line with most of the other health boards. To show as comparable a position as possible over time, HCAs working in nursing services (shown separately in previous years) are now included within the nursing, midwifery and health visiting group (unqualified and total staff).



There remain some health boards who have yet to recode H1s to N9s.

## **Other 1st level nurses with their area of work as ‘community’ and Community Psychiatric Nurses**

During 2018 Betsi Cadwaladr implemented ‘Establishment Control’\* of their nursing, midwifery and health visiting occupation coding which has led to a large number of nursing staff being re-coded to the ‘community’ area of work and an increase in Community Psychiatric Nurses (CPN). Between 2017 and 2018 there is a doubling of other 1st level nurses recorded as working in the community in Betsi Cadwaladr, accounting for most of the overall increase at a Wales level. Similarly there is a trebling of CPNs in Betsi Cadwaladr between 2017 and 2018. It is not possible to recode this historically.

\* Establishment Control is a formal process for matching information on funded posts in an organisation to the details of the staff currently employed in those posts.

## **Other 2nd level nurses**

In 1989 changes to nurse education driven by 'Project 2000' marked the end of Enrolled Nurse training and many Enrolled Nurses converted to 1st level. During 2019, the new Nursing & Midwifery Council (NMC) Professional Registration interface was introduced, providing part & level of the NMC register data, e.g. Level 1 (Staff Nurse) or Level 2 (Enrolled Nurse). Therefore, Enrolled Nurse occupation code should be N7\* or N5\* with an Enrolled Nurse ‘job role’. Health boards were asked to validate their Level 1 and Level 2 nursing data and re-code them if necessary, in line with the guidance issued. However, as the coding is held at Position level, many staff were re-coded incorrectly leading to a large increase in the numbers of ‘Other Level 2 nurses’.

# Historical and resolved quality and coding issues

## Health Visitors

It was identified in 2022 that Hywel Dda had a large reduction in health visitors from 31 December 2021. It appeared a number of health visitors were recorded as Other 1st Level nurses in community services. However, by 31 December 2022 there had been movement of staff back to health visitor codes with numbers more in-line with previous years.

## Ambulance staff

In April 2019 significant changes were made to the ambulance section of the NHS Occupation Codes Manual. More options were made available and some new staff groups/roles were created to provide improved data quality and allow better comparison between Ambulance Trusts across the UK. The ambulance staff group now includes 'emergency call taking and dispatch staff' who were previously coded in the 'administration and estates' staff group. The notes under the ambulance table in the annual release should be read in conjunction with the table, as direct comparison across the years is not possible.

In August 2023, it was noticed that ambulance staff recorded in some new occupation codes were not being included in the published data. This affected ambulance staff coded as 'Emergency / Urgent Care Support Worker - Patient Transport Service' from December 2020 and 'Specialist practitioner (call handling)' from March 2022. Welsh Ambulance Services NHS Trust data was revised in the publication at 31 March 2023. This resulted in an increase in ambulance staff ranging from 2.3% to 10.3% in each of the quarters affected.

## **Paramedics and technicians**

In October 2017 Welsh Ambulance Services NHS Trust (WAST) implemented a national re structuring programme for paramedics. Those paramedics who were prepared to undertake additional training leading to additional competencies and increased responsibilities, were promoted to Band 6. Some paramedics chose not to undertake the additional training and remained at Band 5; they are now classed as technicians. This was the main cause of the reduction in the number of paramedics and the increase in technicians at 30 September 2018.

## **Ambulance personnel**

Following an evaluation of staff grades by WAST during 2015-16, staff previously classified as HCAs and other support staff were re-classified as ambulance personnel; further re-classification took place during 2017 affecting numbers in 2015 and 2016.

## **Children's nurses and midwives**

In 2016 Abertawe Bro Morgannwg re-coded a number of midwives and other staff to children's nurses; Betsi Cadwaladr also undertook a data cleansing exercise the same year; Cwm Taf Morgannwg and Cardiff and Vale re-coded a number of staff to children's nurses during 2019. These re-codings are likely to have been the main reason for the increases seen in the nursing table in the annual release for those years.

## **Nursing support staff**

In August 2023, it was noticed that nursing support staff recorded in some new

occupation codes were not being included in the published data from March 2020. Data was revised in the publication at 31 March 2023. This resulted in an increase in nursing support staff of less than 0.2% in each of the quarters affected.

In May 2024, it was noticed that 17 FTE nursing support staff were incorrectly recorded as registered nurses in the published data for 30 September 2023, and data was revised.

1 FTE children's nurse was incorrectly recorded in the Adult and General area of work in the published data for 30 September 2023 and 31 December 2023. Data was revised in the publication at 31 March 2024 to show the staff in the Paediatric Nursing area of work.

## **GP trainees**

NHS Wales Shared Services Partnership (NWSSP) became the lead employer for General Practice (Doctors in Training only) from 2015 onwards. Prior to that GPs in training who rotated into a GP surgery would be employed by the surgery and therefore leave the NHS Wales payroll. Since 2015 NWSSP keeps continuous employment and these figures are shown against NWSSP (hosted by Velindre NHS Trust until June 2021). In addition to these, GP trainees who are on hospital rotations are recorded under the specialty of their current role against NWSSP from 2015 onwards. Previously these trainees were recorded against the local health boards (LHBs) which hosted the trainee. As a result the numbers recorded against the LHBs in the relevant specialties fell in 2015.

GP trainee figures were shown against Velindre NHS Trust from 2015 to 2021 as it hosted NWSSP until it became an independent organisation on 1 April 2021. Staff transitioned from Velindre NHS Trust to NWSSP between January and May 2021. From June 2021 all NWSSP staff were recorded separately.

## **Dentists (non-hospital dental staff)**

NHS Wales Shared Services Partnership (NWSSP) has now become the lead employer for Foundation Dentists (trainees). As the single lead employer arrangement is rolled out to other grades and specialities, similar to the set-up for GP trainees, more trainees (both medical and dental) will come under Velindre.

In previous years, General Dental Practitioners (occupation code 971) were excluded as they are independent contractors and not directly employed by the NHS. However, during 2017, occupation code 970 (Community Health Service Dental) was removed from the NHS Occupation Codes Manual and staff were re-coded to the most appropriate alternative. In many cases, they were re-coded to 971 (General Dental Practitioners) and were therefore not included in the data published up to 2017. Other LHBs followed suit in 2018 resulting in a further drop in community and public health dentists. However, as they are effectively doing the same job as before, they have since been added back into the data from 2009, and data tables have been revised accordingly.

## **Scientific, therapeutic and technical staff**

In 2014, following an extensive consultation, changes in classification and coding were made to the healthcare science staff group. Re-coding of these records affected staff that had previously not been included within the existing healthcare science staff as they were thought to fit better within the scientific, therapeutic and technical or estates staff. Note that comparisons between years for these staff groups are affected by these changes.

## Healthcare scientists

In August 2023, it was noticed that healthcare scientists recorded in some new occupation codes were not being included in the published data from March 2021. Data was revised in the publication at 31 March 2023. This resulted in an increase in healthcare scientists of less than 0.4% in each of the quarters affected.

## Other staff

Each year there are a small number of records with a valid medical occupation code but with an invalid or missing grade code. These records had been moved to 'Other and non-medical staff' but for the statistical release detailing NHS staff numbers at September 2019 the records were deleted from 2009 onwards. In future, any such records will be flagged with the relevant LHBs at the earliest opportunity so that amendments can be made if necessary.

## Medical and dental staff changes

A Foundation House Officer is a grade of medical staff undertaking the Foundation Programme, a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist and general practice training. Being a Foundation House Officer has been compulsory for all newly qualified medical staff since 2005 and has replaced the traditional grades of House Officer and Senior House Officer.

## Specialty doctors

Negotiations between NHS Employers and The British Medical Association's

(BMA) Staff and Associate Specialist Committee resulted in a new contract for the associate specialist grade and the creation of the new specialty doctor grade from 1 April 2008.

From this date, the grades of staff grade, clinical assistant, hospital practitioner and the old contract of associate specialist were closed to new applicants. Existing eligible staff within the grades listed above and senior clinical medical officers and clinical medical officers had the opportunity to apply to be re-graded to the new associate specialist or specialty doctor grades.

The result of these new contracts is seen in 2009 and later, with the decline in staff grades and growth of the specialty doctor grade. It is expected that numbers will continue to grow in the future.

## Support staff

Support staff, within the Health Care Assistants and other support staff group, includes those who do not have formal NVQ or local Health Care Assistant training. Included are domestic and catering staff as well as some staff dealing directly with patients such as ward receptionists and clerks.

## Quality information

Our statistics are produced to high professional standards set out in the [Code of Practice for Statistics](#). They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Data on [Sickness Absence in the NHS](#) is published on a quarterly basis. The staff groups included in the staff census and sickness absence and data differ

slightly in that:

- locums are removed from the staff census data on the basis of their occupation code, however some locums remain in the sickness absence data.
- since 2018 most health care assistants (HCAs) working in nursing services have been re-categorised, moving from the HCA and other support workers group to nursing support staff. Those support staff working in nursing services that have not been re-coded remain within the HCA and other support staff group within the sickness absence data but from 2009 they are shown as nursing support staff in the staff census data to make comparisons over that time period more meaningful.
- other staff (i.e. general payments and other non-medical staff) are added to the 'administration and estates' staff group within the sickness absence release; they are shown separately in the staff census release and data.

Data on **Vacancies for staff directly employed by NHS Wales** is also published on a quarterly basis. The staff groups included there are determined by the subjective code within ESR and are different to those within the staff census and sickness absence data.

## Relevance

These statistics can be used for monitoring of staff levels by NHS organisation in Wales, and comparisons by staff group.

We encourage users of the statistics to contact us to let us know how they use the data.



## Accuracy

As the Electronic Staff Record is a live system and data extracts are taken from it, data presented may be revised in future editions of the statistical release. In particular, revisions may occur in data by staff group, as work is ongoing to improve occupational coding of staff in NHS Wales.

Each edition of the release presents data correct as at the date extracted.

Over recent years a number of quality issues have been identified with the data. Some have been resolved, others have not. Whilst at a high level the data are considered robust, some more detailed breakdowns clearly show inconsistencies in the data between health boards and between years. The Data quality and coding changes section aims to more clearly describe areas where those limitations may be. We continue to work with the health boards, NHS Trusts, and HEIW to improve this data where issues and inconsistencies are identified.

Information on the characteristics of staff is also sourced from the Electronic Staff Record. Staff characteristics statistics are based on records where a known status was recorded. The percentage of not stated and missing records is included indicating the level of uncertainty with these statistics. If the staff with missing data have a systemically different characteristic profile than those with a known status, these statistics would change.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with our [Revisions, errors and postponements arrangements](#).

## Timeliness and punctuality

Statistics are published as soon as possible after the relevant time period. All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#). Furthermore, should the need arise to postpone an output this would follow our [Revisions, errors and postponements arrangements](#).

For the quarter ended December 2019 onwards, quarterly data has been published on [StatsWales](#).

## Coherence and comparability

The NHS Staff data is collected through the same HR/payroll system, [Electronic Staff Record \(ESR\)](#), which covers all NHS organisations in Wales and includes all staff directly employed by the NHS in Wales. Changes over time to the NHS occupation codes and the resultant re-codes of staff may impact on figures by staff group but the overall numbers are not affected.

Reforms to the NHS in Wales took effect from 1 October 2009 and replaced the previous 22 commissioning local health board and provider NHS Trust organisations by a smaller number in a new structure of 7 geographical local health boards and 3 NHS Trusts.

Health Education and Improvement Wales (HEIW) was established on 1 October 2018 as a Special Health Authority within NHS Wales. Staff numbers for HEIW are shown on StatsWales for the quarter as at 31 December 2018 onwards.

Health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf on 1 April 2019. As set out in a [written](#)

**statement**, from this date, Cwm Taf University Health Board became Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board became Swansea Bay University Health Board. Both the old and new LHBs appear on StatsWales, as appropriate for the periods covered.

NHS Wales Shared Services Partnership (NWSSP) became an independent organisation on 1 April 2021 (previously it was hosted by Velindre NHS Trust). Staff transition from Velindre NHS Trust to NWSSP between January and May 2021. From June 2021 all NWSSP staff were recorded separately and staff numbers for NWSSP are shown on StatsWales for the quarter as at 30 June 2021 onwards.

Digital Health and Care Wales (DHCW) was also established on 1 April 2021. DHCW is a Special Health Authority and replaced the NHS Wales Informatics Service (NWIS). Staff numbers for DHCW are shown on StatsWales for the quarter as at 30 June 2021 onwards.

Although statistics of directly employed NHS staff for Wales and England are extracted from the same underlying system – the NHS Electronic Staff Record (ESR) – differences in the scope of organisations included in the extracts and organisational differences, such as the extent of contracting out, mean that the figures are not in general directly comparable.

Comparisons for specific groups of staff may be possible for FTE staff and assignment count (known as role count in England), but would require investigation case by case. Following a user consultation, a large number of changes were introduced from March 2016 in the figures compiled for **England by NHS Digital**, which would make figures less comparable between Wales and England. The ESR system is not used by the NHS in **Scotland** or **Northern Ireland**.

## Accessibility

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9.30am on the day of publication. Outputs are publicised on [Twitter](#) and are available to download for free.

More detailed data is available at the same time on the [StatsWales website](#) and this can be manipulated online or downloaded into spreadsheets for use offline.

Plain English is used in our outputs as much as possible and adhere to the Welsh Government's accessibility policy.

All our webpage headlines are published in Welsh and English.

## Dissemination

A [quarterly update](#) is published with high level summaries and further interactive data tables are published on [StatsWales](#). A more detailed statistical release is published for the update as at 30 September each year.

## Evaluation

We welcome feedback on any aspect of these statistics which can be provided by email to [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

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