Staff directly employed by the NHS in Wales

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. Therefore, General Medical and Dental Practitioners (and staff employed by these practitioners) are excluded as they are independent NHS contractors - 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 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.

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 for the grade 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 Afon, the Welsh Government secure web data transfer system.

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 with brief analysis and commentary, in addition to open data format tables which are published on StatsWales.

Data is published by staff group and grade or area of work at local health board and national level.

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:

- 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.

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 consistent 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.

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 changes

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. Enhancements to the Electronic Staff Record mean that it is now possible to see which of those district nurses have the relevant qualification (SP:DN). The NHS Occupation Codes Manual clearly states that it should only be those with the relevant qualification and they should be pay band 6 or above. Further work will be undertaken to improve the quality of this data.

Healthcare Assistants (H1s) and Nursing Assistants / 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’ / 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

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.

Paramedics / technicians

In October 2017 Welsh Ambulance Services NHS Trust (WAST) implemented a national restructuring 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 / 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.

**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 Velindre NHS Trust, which hosts NWSSP. In addition to these, GP trainees who are on hospital rotations are recorded under the specialty of their current role against Velindre NHS trust 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.

**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 / 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.

**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 / 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/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.

**Key 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.

**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.

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 the only 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.

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 brief statistical release is published with high level summaries and further interactive data tables are published on StatsWales.

**Evaluation**

We welcome feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

Produced by the Knowledge and Analytical Services, Welsh Government

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