

# Supporting medical productivity data collection

# Guide to the 2018/19 data collection process and to improving ESR data quality

November 2019

## Introduction

Lord Carter's [productivity review](#) in 2016 recognised that we do not have a full understanding of medical productivity. At the time, each specialty considered its consultant workforce in terms of whole time equivalents, taking no account of the variation in the number of sessions each colleague is paid for (usually 10 to 12 programmed activities (PAs)/week although often more), extra duty payments (EDPs; paid, for example, for NHS waiting list initiatives) and the fact that each consultant contributes a different proportion of their time to delivering direct clinical care (DCC) sessions. This information is needed to accurately benchmark medical productivity in the Model Hospital but was not available nationally in a format that could be easily obtained and analysed.

Over the last few years, while the manual collection of this data has been invaluable to trusts, it has also put a great burden on them and on NHS England and NHS Improvement. In response to trust feedback we are now moving from manual to automated collection and publication of electronic staff record (ESR) data on the Model Hospital. This should improve data quality and increase the frequency with which data is refreshed.



This change will impact on acute, acute specialist, community and mental health trusts.

## Data collection process for 2018/19 data

Trust 2018/19 data will be automatically extracted from ESR, with no manual data collection using Excel spreadsheets, and published on the Model Hospital in November 2019 and then refreshed in March 2020. **This phased publication gives trusts the opportunity to review their data, identify data quality issues and correct them at source on ESR.** From March 2020 we will start more frequent data reconciliation, aiming to release data in quarterly rather than annual tranches.

An additional change is that starting with the 2018/19 data collection we will be reporting workforce data by ‘workplace’ rather than by ‘lead employer’.

## Improving ESR data quality

The quality of data published on the Model Hospital depends on how accurately it is recorded in ESR. The rest of this document is a guide to how you should record data in ESR; following this will help ensure high quality information is collected using a consistent methodology.

**Please make sure everyone in your organisation who is well placed to improve the quality of ESR data sees this guide.** Improving data quality should be a priority for your organisation – high quality data gives your board a better understanding of the trust’s medical productivity, including which departments require more support and common themes for improving productivity across the organisation.

We have identified three key actions that have a big impact on the quality of data transferred from ESR to the Model Hospital, and cover these below:

- ensure consultants are mapped to the correct specialties
- correctly categorise consultant hours/sessions
- ensure employee costs are recorded correctly.

We encourage you to check the accuracy of your data using the [occupation and job role data verifier](#). Please also refer to the [ESR best practice guidance](#) and Appendix A of this document for the official ESR guidance for the ‘job planning’ section of ESR.

### Ensure consultants are mapped to the correct specialties

One of the biggest sources of data quality issues is not assigning clinicians to their right specialty. This is especially a problem for:

- doctors-in-training – they frequently rotate between specialties but their movement is not always updated on ESR
- consultants generally – a common example is anaesthetists being recorded as intensive care doctors and vice versa
- consultants working in multiple specialties not having the correct specialties recorded on ESR or not having the full time equivalent (FTE) proportion recorded correctly between specialties.

Specialty data is reported on the Model Hospital using the GIRFT specialties (see Appendix B). Workforce data is mapped to these GIRFT specialties using a mix of the ‘occupation code’ and ‘area of work’ assigned to staff members on ESR (and if these conflict we give precedence to ‘area of work’), so ensuring these two data points are correct is particularly important.

### **Correctly categorise consultant hours/sessions**

To understand medical productivity you need to know how your employees spend their contracted time. Table 1 shows how you should record activity in the ESR ‘medical and dental job plan’ section.

**Table 1: Programmed activity sessions**

<b>Direct clinical care (DCC) sessions/hours</b>	<b>Supporting professional activities (SPA) sessions/hours</b>	<b>Additional NHS responsibility (ANR) sessions/ hours</b>	<b>Other external relevant NHS duty hours</b>
All clinical and clinically-related activity, including activities such as multidisciplinary team meetings, patient-related clinical administrative tasks (eg writing letters), digital tasks such as virtual clinics or telehealth monitoring, and undertaking laboratory or other diagnostic work	Activities such as appraisal, teaching, training, mandatory training, research, audit, clinical management and continuing professional development (CPD)	Includes appointed roles both within the trust and the wider NHS, eg clinical director, ‘speak up’ guardian and clinical governance lead	Includes external roles that bring benefit to the NHS but are not connected to the agreed job plan outcomes, eg academic posts, trade union duties, roles in professional bodies or royal colleges

### **Ensure employee costs are recorded correctly**

Another key data point for understanding medical productivity is the financial cost of employing clinical staff and this needs to be accurately allocated in the ‘costs’ section of ESR. Table 2 gives the key definitions that will help with this.

**Table 2: Electronic staff record payment group**

Payroll group	Definition
<b>Additional PA</b>	Payment made for additional programmed activities (PAs) performed by consultant doctors. This does not include extra sessions (or work done under the old contract); they are included in 'Additional standard time'.
<b>Additional standard time</b>	Additional time between the contracted and the standard FTE for the grade. Includes time in lieu and redundancy payments, etc.
<b>Band supplement</b>	Junior doctors receive a multiplier to their basic salary based on a number of factors which correspond to the number of hours worked, availability for on-call and the antisocial hours they work.
<b>Bonus/PRP</b>	Any form of bonus or performance-related pay excluding discretionary points, distinction awards and clinical excellence awards which are grouped separately.
<b>Clinical excellence awards</b>	Specific payment made under the new medical consultant contract.
<b>Directors of public health supplement</b>	Specific payment type made to directors of public health (also known as the chief officer's supplement).
<b>Discretionary points</b>	Discretionary points awarded to medical consultants under the old contract that have not been subsumed into clinical excellence awards.
<b>Distinction awards</b>	Distinction awards given to medical consultants under the old contract that have not been subsumed into clinical excellence awards.
<b>National Insurance</b>	Costs incurred by the employer relating to National Insurance contributions.
<b>Pension</b>	Costs incurred by the employer relating to pension contributions.
<b>Geographic allowance</b>	A payment relating to cost of living normally based on a geographical area. Includes London weighting, cost of living supplement (COLS) and Agenda for Change (AfC) high cost area payments.
<b>Local</b>	Any payroll element created and paid by an individual organisation rather than as part of the national ESR solution.

<b>Not required for DW</b>	Any payment not required in the data warehouse (DW). (includes all deductions and expense type payments). For clarity, this group is <b>not</b> present in the DW.
<b>Occupational absence</b>	Occupational pay for adoption, maternity and paternity, excluding statutory absence payments.
<b>On-call/standby</b>	Any form of payment for staff either on-call or standing-by, whether on Whitley Council or AfC terms, including payments made when staff are actually called into work.
<b>Other</b>	Any payment that does not fit into any of the other categories listed here.
<b>Overtime/ADH</b>	Any payment for additional time beyond the standard FTE for the grade. In determining payroll groups this one takes priority over others – any overtime payment would go here. For example, the element 'ASC Alt Shift OT PAY NHS' would normally go under Shift Working but since it has the OT tag it goes under Overtime/ADH.)
<b>Protected pay</b>	Payments made to staff who have moved onto AfC but whose previous contract provided higher pay overall.
<b>RRP general</b>	Any form of recruitment and retention premium (RRP) excluding those funded from the Department of Health and Social Care (known as long term).
<b>RRP long term</b>	Any form of RRP funded from the Department of Health and Social Care (known as long term).
<b>Salary/basic pay</b>	Pay for contracted time.
<b>Shift working</b>	Any form of payment for unsocial hours and shift working, including nights, weekends and bank holidays. Includes AfC payments for work outside normal hours.
<b>Total earnings</b>	This is a summation of all the 'Earnings' payroll groups and therefore excludes the 'Employer charge' groups of National Insurance and pension.

## How we extract data from ESR

We include this brief outline of how we extract data from ESR onto the Model Hospital for information only.

'Staff in post' and 'Cost' data are reported separately on ESR and we use the following selection criteria.

### **ESR selection criteria (cost)**

Excluded types of assignment contract: 'Honorary', 'Bank', 'Widow/Widower' and 'Retainer scheme'.

The annual cost data is the sum of the 'Total earnings', 'Actual National Insurance' and 'Actual pension' fields for the financial year.

To report extra duty payments, 'Additional PA' from ESR payroll group has been used. Table 2 gives the full list of payroll groups.

### **ESR selection criteria (full time equivalent)**

1. User Person Type – Employee%
2. Include status: 'Active assignment', 'Acting up' and 'Internal secondment'.
3. Exclude Assignment types of contract: 'Honorary', 'Bank', 'Widow/Widower' and 'Retainer scheme'

All recorded 'Contracted hours' and 'Programmed activity (PA)' are automatically converted to FTE on ESR. The conversion rules are used for medical and dental staff is:

$$40 \text{ hours} = 1 \text{ FTE} \text{ and } 10 \text{ PAs} = 1 \text{ FTE}$$

We use the average for the monthly sum of FTEs for the financial year to report annual staff in post and contracted FTEs for the assignment to report FTE numbers.

# Appendix A: Enter and maintain medical and dental job plans

## Enter and maintain medical and dental job plans

The relevant employee details record must be retrieved before the data can be entered.

**Note:** Decision box – answer **No** to the Date Track option.

NHS ESR

(N) People > Enter and Maintain > (B) Others > Extra Information

Enter HR Extra Information

1. Click the **Others** button on the **Enter HR Information - Combined** form and select **Extra Information** from the list of values shown. The **Enter HR Extra Information** form will open.

The screenshot shows a software window titled 'Enter HR Extra Information(Jackson, Mr. Sam)'. The window has a list of categories under 'Type' and a 'Details' section.

**Type**

- Administrator Actions Approvals
- CRB and Vetting Checklist
- Development Support
- Employment Checklist Details
- Illegal Working Checklist
- Medical and Dental Job Plans
- NHS CRS Person Registration
- NHS Key Worker Living Programme
- NHS Special Leave

**Details**

[ ]

2. Select Medical and Dental Job Plans from the list.

3. Click in the **Details** field.

4. The **Extra Person Information** form will open automatically. Use the horizontal and vertical slide on this form

Some fields are longer than visible in the normal window.

The screenshot shows a Windows-style dialog box titled "Extra Person Information". It contains two vertical lists of text labels followed by input fields. The top list includes: Job Plan Type, Date Last Reviewed, Signed at last Review, Next Review Date, Direct Clinical Care Duties (Including on-call work) Hours, Direct Clinical Care Duties (including on-call work) Sessions, On-Call Hours (included in DCC), On-Call Sessions (included in DCC), Supporting Professional Activities Hours, Supporting Professional Activities Sessions, Research/Education PA Hours, Additional NHS Responsibilities Hours, Additional NHS Responsibilities Sessions, SAS In Hours, SAS Out of Hours, and On-Call Rota Arrangements. The bottom list includes: Management Responsibilities Hours, Management Responsibilities Sessions, Travelling Time, Other External Relevant NHS Duty Hours, Additional Fee Paying Work Hours, Responsibility Allowance PA Hours, Average Weekly Private Practice Hours, Total DCC/SPA Hours, Total DCC/SPA Sessions, Total Hours of Other Duties, and Total Commitment in Hours. At the bottom right are buttons for OK, Cancel, Clear, and Help.

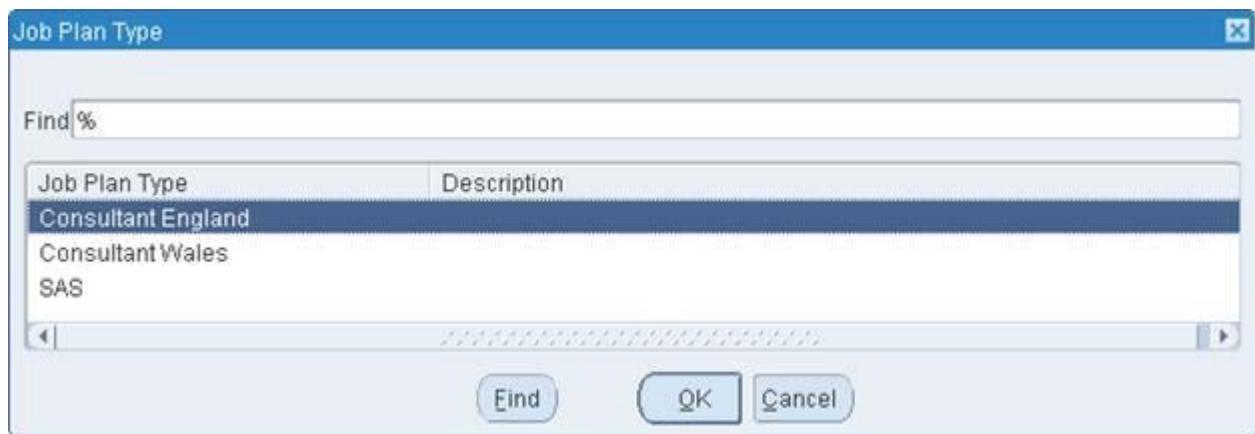
### **Job plan type**

The available types are:

- consultant England

- consultant Wales
- SAS (specialty and associate specialist doctors).

5. Click the  icon in the Job Plan Type field and select the appropriate option from the list of values shown.



6. Click in the Date Last Reviewed field and enter the review date.

7. Click the  icon in the **Signed at Last Review** field and select Yes or No from the List of Values shown.

8. Click in the **Next Review Date** field and enter the date when the plan is next being reviewed.

9. Click in the **Direct Clinical Care Duties (Including On-call Work) Hours** field and where appropriate enter the number of hours:

- up to 80 hours can be entered to three decimal places and the value can be overridden if required.

10. Click in the **Direct Clinical Care Duties (Including On-call Work) Sessions** field and where appropriate enter the number of hours:

- up to 20 sessions can be entered to three decimal places and the value can be overridden if required.

The Direct Clinical Care Duties ‘Hours’ and ‘Sessions’ fields for consultant England and Wales job plans have been linked as follows:

- An automatic calculation has been created when either field has a value entered, eg if a user inputs a value into the ‘Hours’ field, this will automatically calculate and populate the ‘Sessions’ field based on the ‘Job Plan Type’ and vice versa. The calculation is as follows:
  - consultant England: hours divided by 4 to derive the value for the sessions, eg  $45 \text{ hours}/4 = 11.25$  sessions
  - consultant Wales: hours divided by 3.75 to derive the value for the sessions, eg  $45 \text{ hours}/3.75 = 12$  sessions
  - SAS: no auto calculation – manual entry.
- Where both ‘Hours’ and ‘Sessions’ are recorded for the same ‘Job Plan Type’, the value for ‘Sessions’ always takes precedence and overwrites the associated ‘Hours’ value.

9. Click in the **On-Call Hours (included in DCC)** field and where appropriate enter the number of hours:

- up to 40 hours can be entered to three decimal places.

10. Click in the **On-Call Sessions (included in DCC)** field and where appropriate enter the number of sessions:

- up to 10 sessions can be entered to three decimal places.

11. Click in the **Supporting Professional Activities Hours** field and where appropriate, enter the number of hours:

- up to 80 hours can be entered to three decimal places and the value can be overridden if required.

12. Click in the **Supporting Professional Activities Sessions** field and where appropriate enter the number of sessions:

- up to 20 sessions can be entered to three decimal places and the value can be overridden if required.

The image shows a screenshot of a software application's interface. It features four horizontal input fields. Each field has a label above it in bold black font. The first two fields are grouped under the heading 'On-Call' and the last two under 'Supporting Professional Activities'. The labels are: 'On-Call Hours (included in DCC)', 'On-Call Sessions (included in DCC)', 'Supporting Professional Activities Hours', and 'Supporting Professional Activities Sessions'. Each label is positioned to the left of a corresponding white rectangular input box.

The Supporting Professional Activities 'Hours' and 'Sessions' fields for consultant England and Wales job plans have been linked as follows:

- An automatic calculation has been created when either field has a value entered. For example, if a user inputs a value into the 'Hours' field, this will automatically calculate and populate the 'Sessions' field based on the 'Job Plan Type' and vice versa. The calculation is as follows:
    - consultant England: hours are divided by 4 to derive the value for sessions, eg  $45 \text{ hours}/4 = 11.25 \text{ sessions}$
    - consultant Wales: hours are divided by 3.75 to derive the value for the sessions, eg  $45 \text{ hours}/3.75 = 12 \text{ sessions}$
    - SAS: no auto calculation – manual entry.
  - Where both 'Hours' and 'Sessions' are recorded for the same 'Job Plan Type', the value for 'Sessions' always takes precedence and overwrites the associated 'Hours' value.

13. Click in the **Research/Education PA Hours** field and where appropriate enter the number of hours:

- up to 40 hours can be entered to three decimal places.

14. Click in the **Additional NHS Responsibilities Hours** field and where appropriate enter the number of hours:

- up to 40 hours can be entered to three decimal places.

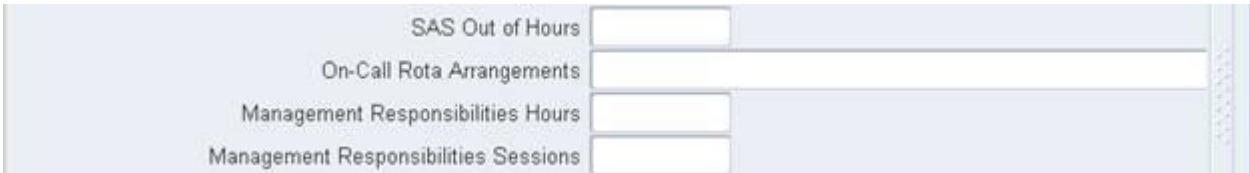
15. Click in the **Additional NHS Responsibilities Sessions** field and where appropriate enter the number of sessions:

- up to 10 sessions can be entered to three decimal places.

16. Click in the **SAS In Hours** field and where appropriate enter the number of hours:

- up to 80 hours can be entered to three decimal places and the value can be overridden if required.

Research/Education PA Hours	<input type="text"/>
Additional NHS Responsibilities Hours	<input type="text"/>
Additional NHS Responsibilities Sessions	<input type="text"/>
SAS In Hours	<input type="text"/>

17. Click in the **SAS Out of Hours** field and where appropriate enter the number of hours:
- up to 80 hours can be entered to three decimal places and the value overridden if required.
18. Click in the **On-Call Rota Arrangements** field and where appropriate enter the arrangements – this is a free text field.
19. Click in the **Management Responsibilities Hours** field and where appropriate enter the number of hours:
- up to 40 hours can be entered to three decimal places.
20. Click in the **Management Responsibilities Sessions** field and where appropriate enter the number of sessions:
- up to 10 sessions can be entered to three decimal places.
- 
21. Click in the **Other External Relevant NHS Duty Hours** field and where appropriate enter the number of hours
- up to 40 hours can be entered to three decimal places.
22. Click in the **Additional Fee-Paying Work Hours** field and where appropriate enter the number of hours:
- up to 40 hours can be entered to three decimal places.
23. Click in the **Responsibility Allowance PA Hours** field and where appropriate enter the number of hours:
- up to 40 hours can be entered to three decimal places.
24. Click in the **Average Weekly Private Practice Hours** field and where appropriate enter the number of hours:
- up to 40 hours can be entered to three decimal places.

Other External Relevant NHS Duty Hours	<input type="text"/>
Additional Fee Paying Work Hours	<input type="text"/>
Responsibility Allowance PA Hours	<input type="text"/>
Average Weekly Private Practice Hours	<input type="text"/>

- **Total DCC/SPA Hours:** an automatic calculation will be created based on the values entered in the following fields:
  - Direct Clinical Care Duties (Including On-call Work) Hours
  - Supporting Professional Activities Hours.
- **Total DCC/SPA Sessions:** an automatic calculation will be created based on the values entered in the following fields:
  - Direct Clinical Care Duties (Including On-call Work) Sessions
  - Supporting Professional Activities Sessions.
- **Total hours of other duties:** An automatic calculation will be created based on the values entered in the following fields:
  - Additional NHS Responsibilities Hours
  - Management Responsibilities Hours
  - Other External Relevant NHS duties Hours
  - Responsibility Allowance PA Hours
  - Research/Education PA Hours
  - Additional Fee-paying Work Hours.
- **Total commitment in hours:** an automatic calculation will be created based on the values entered in the following fields:
  - Total DDC/SPA Hours
  - Total Hours Of Other Duties.

**Note: all automatic calculations outlined above will be performed on saving the record. To check the update values, re-query the record once it has been saved.**

25. Click the  button, then the  icon to save the record.

26. Click the  icon to close the form.

## Maintain a medical and dental job plan

There are two approaches to maintaining a medical and dental job plan:

- amend existing record – no history
- create a new record for each review period cycle – history created.

- The NHS solution recommended best practice is to create a new record, so that each review period cycle shows as a separate details row and can be reported on collectively or individually.

27. To create a new plan, follow the steps under the **Enter a Medical and Dental Job Plan** section. Where more than one plan has been recorded, multiple rows will be displayed in the **Details** area.

## Viewing a medical and dental job plan on ESR

The Terms And Conditions of Service Consultant (2003) and the SAS Contracts and Terms and Conditions of Service (2008) provides the contractual framework within which the annual job planning process takes place.

Once recorded on ESR, the information can be accessed from the My ESR Dashboard for users of the Employee Self Service URP.

The screenshot shows the My ESR Dashboard. On the left, there is a vertical sidebar with various links: My Role, My Pages (Dashboard, Portal Content), ESR Navigator, My Personal Information, My Pay & Rewards, My Learning, My Compliance & Competency, My Absence, My Appraisals and Reviews, My Employment (with a dropdown arrow), Employment Information, Medical & Dental Job Plans (which is highlighted with a yellow box), My Property Register, My Talent Profile, and Manage Internet Access. The main content area includes sections for Announcements (WELCOME TO YOUR ESR), My Payslip (with a pay slip for 90931774 dated 25-Oct-2017), My Enrolments And e-Learning (listing a course titled '503 Fire Safety'), My ESR Calendar (showing Tuesday, November 7, 2017), and other personal information sections like My Total Reward Statements and My Personal Information.

**NHS** My Employment     Home     Navigator     Favorites     Settings     Logged In As 503KSTEELE     Help     Logout     Portal

Medical and Dental Job Plans: Extra Information     Back

Employee Name Steele, Mrs. Kerry  
Employee Number 20000235

Medical and Dental Job Plans should only be completed for Consultants and SAS Doctors.

Medical and Dental Job Plans

The Medical and Dental Job Plans: Extra Information page is displayed.  
Roll your cursor over the highlighted areas to learn more about the different regions on the page.

	Status	Job Plan Type	Date Last Reviewed	Total DCC/SPA Hours	Total DCC/SPA Sessions	Total Hours of Other Duties	Total Commitment in Hours
<input checked="" type="radio"/>	Consultant England		06-Oct-2017	28.000	7.000	6.000	34.000

Click the **CONTINUE** button to proceed.

Click the **CONTINUE** button to proceed.

## Appendix B: GIRFT specialties

- Acute medicine
- Anaesthesia and perioperative medicine
- Breast surgery
- Cardiology
- Cardiothoracic surgery
- Clinical oncology
- Cranial neurosurgery
- Dentistry
- Dermatology
- Diabetes and endocrinology
- Ear, nose and throat
- Emergency medicine
- Gastroenterology
- General medicine
- General surgery
- Geriatric medicine
- Haematology
- Imaging and radiology
- Intensive and critical care
- Medical oncology
- Mental health
- Neurology
- Obstetrics and gynaecology
- Ophthalmology
- Oral and maxillofacial
- Orthopaedics
- Other
- Paediatric medicine
- Paediatric surgery
- Pathology
- Plastic surgery and burns
- Renal
- Respiratory
- Rheumatology
- Urology
- Vascular

If you have any questions or would like to give feedback, please contact us at  
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