Technical guidance: workforce planning 2018/19

February 2018
About NHS Improvement and Health Education England

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
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1. 2018/19 Workforce planning technical guidance: what’s new?

1. NHS Improvement and Health Education England (HEE) continue to work together to ensure that trust planning requirements identify the workforce planning requirements for delivering patient services. This is designed to ease the burden on trusts but also align short-term planning needs with longer-term resource requirements.

2. All providers are responsible for ensuring workforce plans meet future requirements while aligning with activity and financial needs to deliver care to patients. Each arm’s length body will review providers’ submissions in accordance with its role in the health system, while also collaborating on overall planning requirements for the NHS. This document details specific changes to the template, which we recommend you consider before completing the template and submission of workforce plans.

NHS Improvement operational plans: summary of changes

3. NHS Improvement will collect workforce plans for one year (2018/19) and the planning template is intended to reflect a refresh and expansion of the one-year position return in last year’s planning process. As a result the template remains largely unchanged with the exception of the following:

- Pay spend plan will not be collected through the workforce planning template. It will be collected through the existing means of finance planning return. This is intended to reduce duplication and minimise burden of completion.
- An added summary sheet which provides a quick view overview of the whole time equivalent (WTE) workforce plan elements.
Health Education England plans: summary of changes

4. The 2018/19 Health Education England (HEE) forecast demand template has been reviewed to ensure it meets HEE’s business requirements. A draft template was tested with some NHS trusts and feedback from user testing incorporated into the template. Outlined below are the substantial changes from the 2016/17 template:

- Forecast demand is collected for two years, instead of five years.
- Increased level of detail for medical specialties: it is important to capture the current workforce position to have the stock and shortfall across the system.
- Community/hospital split for nursing: it is important for the data to show the split of nursing roles, distinguishing between a hospital or community setting. With many sustainability and transformation programmes (STPs) focusing on the movement of services from acute to community, and a stronger focus on cross-boundary working (NHS/social care/public Health) it is vital to have baseline data to enable discussions with local workforce action boards (LWABs) and social care.
- Healthcare science roles are aggregated to three high level rows, to reduce burden in completion.
- Inclusion of new roles: there is a requirement to capture data on new roles emerging in the workforce each year. A number of priority work programmes are in place in HEE to meet workforce targets. It is essential that baseline data is collected to provide a measurement to monitor the progress of these work programmes and the effect of these new roles on the wider workforce.

Planning requirements 2018/19: overview and contacts

5. The operational workforce plan is designed to capture workforce information that forms part of the trust’s integrated plans. This submission is intended to act as a refresh and expansion by month of the financial year 2018/19 workforce plan submitted in last year’s planning process. For 2018/19 the workforce plan is profiled for each month, including 2017/18 forecast outturn values.
6. Submissions should be prepared in accordance with this guidance and aligned with the finance plan submission.

7. Table 1 summarises the sections to be included in the plan.

### Table 1: Summary of sections in the operational workforce plan

<table>
<thead>
<tr>
<th>Workforce planning tab</th>
<th>Summary</th>
<th>Contact point for queries/support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover</td>
<td>Contains trust name, contact details in the event of query and executive sign-off.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>Information</td>
<td>Provides information relating to the template’s format and structure.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>0. Self Cert</td>
<td>Trusts sign off their plan submission. The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>Summary</td>
<td>This tab is intended to provide a high level overview of the workforce plan and is dynamically linked to other areas of the template.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>2. WTE</td>
<td>Substantive, bank and agency WTE forecasts by staff group and by professions.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>3. Hosted</td>
<td>Hosted staff (where applicable) WTE forecasts by staff group and professions.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>4 - 7. WF Bridge</td>
<td>Substantive bank and agency WTE bridge sections. Mandatory narrative required where highlighted.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>8. KPI</td>
<td>Forecasted baseline 31 March 2018 year-end % rates and monthly forecasts to 31 March 2019.</td>
<td><a href="mailto:NHSI.workforce@nhs.net">NHSI.workforce@nhs.net</a></td>
</tr>
<tr>
<td>9. Forecast demand (HEE)</td>
<td>Actual staff in post (SIP) position as at 30/09/17 and forecasted position for WTE baseline at 31 March 2018</td>
<td>North: <a href="mailto:WPINorth@hee.nhs.uk">WPINorth@hee.nhs.uk</a> Midlands and East: <a href="mailto:WIT.ME@hee.nhs.uk">WIT.ME@hee.nhs.uk</a></td>
</tr>
</tbody>
</table>
year-end and annual forecasts for financial years, 2018/19.

| Validations | Summary of any errors highlighted, to be cleared before final submission. | London: Workforceintelligence.lase@hee.nhs.uk  
South: Workforceintelligence.south@hee.nhs.uk |

8. If you have difficulty clearing any validation errors or general queries about inputting data please refer to table 1 above for information on who to direct your query to.

9. For submission portal queries, ie obtaining access to the submission portal, please contact it.support@improvement.nhs.uk. Also use this email contact if you have any new users who require access to the portal.
2. Cover section

1. This section will already carry trust identifying details including the organisation (org) code which is the unique identifier for your trust. You are required to provide contact details of who has completed the template (this named individual will act as primary contact during the submission process). The contact details of the authoriser should be recorded as detailed in Section 4 of this guidance.
3. Information section

1. This section provides information on the template’s structure and format. In this section you will be able to identify:

   • editable cells – current year input, comparative year input, next planning year input
   • protected cells – including no input, pre-populated, calculated and information buttons
   • expected signs – specified as positive or negative
   • pre-submission checks – these include a series of validation checks which help identify where there may have been an input error or adverse data.
4. Self-certification (tab reference ‘0. SelfCert’)

1. The trust leads needs to complete this. They are expected to be at trust executive director level, with lead responsibility for workforce planning.

2. By authorising the plan, the executive director confirms it is a true reflection of the organisation’s workforce plan and reconciles with both finance and activity plans in all relevant aspects.
5. Summary (tab reference ‘1. Summary’)

1. This section provides a high level summary of the trust workforce plan provides a quick reference overview for use by both the trust and NHS Improvement.

2. It specifically details the end-of-year position for the year previous (31/03/18) and the period ending the planning collection (31/03/19).

3. The narrative presented on the form reflects the corresponding cell to which narrative has been input in the respective area of the form.
6. Whole-time equivalent staffing forecast section (tab reference ‘2. WTE’)

1. This section collects whole-time equivalent (WTE) forecast information by staff and professional groups for substantive, bank and agency staff numbers.

2. Substantive staff WTE should be based on WTEs from the electronic staff record (ESR), or similar workforce system, adjusted for:
   - secondments in and secondments out
   - recharges in and recharges out
   - staff provided or received through provider-to-provider contracts.

3. In each case the forecast outturn should be the 2017/18 (as at 31 March 2018) baseline WTE.

4. The monthly 2018/19 forecast WTE should be aligned with the 2018/19 employee benefits/pay spend plan position submitted in the finance plan submission.

5. For each heading the trust is required to provide the planned monthly profile of WTEs for the 2018/19 financial year.

6. The difference in WTE changes will trigger a section for mandatory commentary and the trust is required to give a narrative description to explain the WTE change.

7. Where a monthly profile includes multiple changes the trust should describe each change.

8. Where commentary remains optional the trust can still add narrative to explain a change. This narrative will also complement the summary tab as detailed in section 5.
7. Hosted staff (tab reference ‘3. Hosted’)

1. A number of trusts will host staff via their electronic staff record system (ESR) for payroll purposes; the template includes a section which enables the recording of WTE staffing levels for hosted staff.

2. An example of this type of workforce may include a trust that hosts doctors in training for the local area while the junior doctors undergo rotation with several providers as part of their training. This section provides an opportunity to highlight this element of the workforce to ensure trusts providing this service are easily identifiable when cross-checking against productivity metrics.

3. In each case the 2017/18 forecast outturn should be the 2017/18 (as at 31 March 2018) baseline WTE.

4. For each heading the trust is required to provide the planned monthly profile of WTEs for the 2018/19 financial year.

5. Where such staff provide services to the hosting trust, these should be reflected in the rest of the template consistent with previous workforce planning submissions. This section is intended to give trusts the opportunity to reflect the staffing levels recorded on the trust’s ESR system for hosting purposes.
8. Bridge (multiple sections)

1. The purpose of the bridge sections is to assess the changes planned in WTE from 2017/18 forecast outturn to 2018/19 monthly plan.

2. The bridge is divided into four sections:
   - substantive staff
   - bank staff
   - agency staff
   - a summary that consolidates the previous three sections (substantive, bank and agency bridge sections).

3. For each bridge section:
   - the forecast outturn for staff in post at 31 March 2018 is populated automatically from the staffing forecast section previously completed
     - the resulting 2018/19 planned WTE must match the planned WTE shown in the staffing forecast section and validations are in place to assist.

4. For each bridge, monthly detail is required for 2018/19.

5. The trust should break down the planned WTE changes and enter into the relevant sections described below:
   - Efficiency programme relates to WTE changes arising from the trust efficiency plans, cost improvement programme or productivity plans.
   - Investment to deliver efficiencies relate to WTE changes from investments the trust is making to help deliver efficiencies.
   - Service changes relate to transfers or developments that are not part of the workforce 2017/18 forecast outturn but are planned to start on or after 1 April 2018 and before 31 March 2019 – for example, the trust:
     - will begin working in a new service area, or will be withdrawing a service
     - has won or lost a service by tender
     - will be providing a new service in a new locality or providing an existing service in a new way that will result in a material change to the workforce
– service change may involve a service redesign (if this is not part of an agreed productivity programme)
– service change may involve a change in commissioner
– may provide services differently as a result of collaborative working with other STP providers.

• **Volume changes** relate to changes in WTE associated with changing planned volumes of contracts with commissioners (not related to productivity schemes).
• **Better Care Fund** (BCF) is the WTE change due to commissioning changes relating to the BCF.
• **Education and training** (including impact of HEE funding) relates to WTE changes either to salaried trainees or supported staff.
• **Research** relates to any WTE change to research staff arising from either national funding changes, grants, patient activity levels or other research spend changes.
• **Investment to deliver CQUIN** relates to the changes in WTE investment to deliver agreed CQUIN schemes.
• **Seven-day hospital services** relates to the WTE change arising from seven-day services pilots or WTE changes to comply with seven-day services clinical standards.
• **Redundancy and restructuring** relates to WTE changes arising from planned redundancy or restructuring, including those arising from normal operations.
• **Transaction** is for WTE change arising from any planned major acquisition or disinvestment. The transaction changes must be carried out according to the NHS Transaction Manual (https://improvement.nhs.uk/resources/supporting-nhs-providers-considering-transactions-and-mergers/), have an NHS Improvement-approved project plan and contain an expected completion date in the respective planning year.
• **Safer staffing** is for any WTE changes arising from an establishment review of safe staffing numbers.
• **Overseas recruitment (EU excluding UK)** should detail any planned recruitment in which workforce will be sourced from an EU country (Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark,
Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden).

- **Overseas recruitment (non-EU excluding UK)** should detail any planned recruitment sourced from any country other than those EU countries listed above.
- **Apprenticeships** relates to any planned apprentice schemes intended to be recruited by the trust.

**Mandatory narrative**

6. A requirement for mandatory commentary is triggered as a result of the WTE changes entered, and the trust should give a description to explain the material change. Where there are multiple WTE changes the trust should give additional narrative to explain. The trust may expect to receive a request for additional narrative information where data entry or narratives in the bridge sections are limited.

7. Where commentary remains optional, the trust can still add narrative to explain an element of the plan that is below a mandatory trigger.

8. Suggested narrative description includes, but is not limited to:

   - plans to recruit a staff group (eg midwives) due to increase in service provision
   - transfer of undertakings (protection of employment) regulations TUPE transfer of staff mid-year
   - establishment review, skill mix of a division or service area
   - reduction of agency staff and recruitment to substantive posts
   - reduced length of stay resulting in lower staff numbers
   - trainees graduating and taking up substantive posts
   - reduction in numbers due to increased use of technologies
   - STP developments and approaches to service provision.
9. Bridge summary section

1. The trust should review the bridge statistics and sense-check the values against the cost changes in the finance plan.
10. Workforce key performance indicators (reference tab ‘8. KPI’)

1. The trust is required to enter the baseline end-of-year outturn forecast for 2017/18, percentage rate and monthly forecasts for 2018/19 for the workforce indicators outlined in the bullet points below. It is assumed that the trust’s year-end position is the trust board’s approved target for each key performance indicator (KPI).

2. We recommend that in developing these forecasts no exemptions are applied to the information including removal of those staff on maternity, new starters and long-term sick. Providers should seek to understand trends and patterns in workforce KPIs and map these accordingly against planned levels of sickness absence, turnover and appraisal completion, ie seasonal fluctuations, attainment of pensionable age and impact on potential retirements. We envisage that planning in this way will enable the trust to plan resource to meet demand requirements, recognising increased workforce levels and mitigating reliance on agency staff by using bank staff.

3. We recommend that trusts do not set targets based on 1/12ths. Targets should be complemented by planned intervention and support to address levels of sickness absence, turnover and improved appraisal rates.

4. Variables such as workforce stability and sickness absence will be considered when reviewing the information. Where staff are seconded to another organisation, the trust should plan for the role if it has had to back-fill it or is recruiting to it, especially if the secondment is for more than a year.

5. Spaces for commentary have been provided for the trust to include narrative to explain any exceptions or changes:
• **Staff turnover** – calculated by dividing the total leavers (WTE) within the month by an average of the number of staff in post (WTE) at the start of the month and the number of staff in post (WTE) at the end of the month.

• **Short-term sickness absence** – in-month % rate. Short-term sickness is usually defined as a period of absence of less than 28 days (NHS Employers).

• **Long-term sickness absence** – in-month % rate. Long-term sickness is usually defined as a period of absence of more than 28 days (NHS Employers).

• **Total sickness absence** – in-month % rate for all staff.

• **Vacancy rate** – % as a calculation of in-month reported WTE staff in post against planned workforce levels. A vacancy is defined as a post the trust is actively trying to fill. Total vacancy rates are calculated using:
  – total number of whole-time equivalent vacancies
  – total funded or budgeted establishment (staff in post + vacant posts).

• **Agenda for Change (AfC) staff appraisal** – the number of appraisals completed for Agenda for Change-contracted staff within the last 12 months, which can be calculated using:
  – total number of Agenda for Change staff appraisals completed in last 12 months
  – total number of Agenda for Change staff due appraisal.

• **Medical staff appraisal** – the medical appraisal completion rate for the current validation year.¹ This should include all medical and dental staff who are employed substantively by the trust.

• **Mandatory training completion rates** – the trust planned completion rate, which is expected to reflect a 12-month rolling achievement rate.

¹ To be consistent with the period reported to the trust board, either financial or calendar year.
11. Validation section

1. The template contains a number of validation checks on the internal consistency of information. All validations should be passed before submission. Please email NHSI.workforce@nhs.net if you are unable to clear a validation before submission day. All validations will be described in the validation section and there are hyperlinks to each cell to reconcile and assist with the error clearance process. Please adhere to these guidelines to help minimise error:

   • Avoid dragging and dropping as this can corrupt formulas; please use ‘copy’ and ‘paste special values’ for data extracted from other sources.
   • The correct signage and currency must be used – eg WTE numbers; figures should be rounded to the nearest whole figure; please do not enter decimals or your own formulas.
   • Ensure when submitting that data is not password-protected or linked to other workbooks.
   • Where no values are required, cells should be left blank or a zero value inserted; please do not write in ‘NIL’ or ‘N/A’.
   • Ensure completion of reconciliation file.
   • Check the validation section summary to ensure all errors are cleared before submission.
   • Ensure the header section has been completed with executive sign-off.

Occupational code tool

2. This section provides cross-mapping between the ESR standard occupation codes and the higher level and sub-level staff groupings they apply to.

3. Red highlights closed occupation codes.

4. Occupational code v14.1 is used to inform the occupational code tool and is available from: http://content.digital.nhs.uk/article/2268/NHS-Occupation-Codes
12. Triangulation data

1. A ‘Triangulation Data’ tab has been included in each planning template this year. It presents all data points used in the triangulation template, no input is required in this tab as the values in column J are calculated automatically. The ‘Triangulation Data’ tab is for reference purposes only, no additional work is required. Column E shows the main code and column F shows the sub code for each data point, column J calculates the relevant value. For each group of data points there is a link in column L which takes the user through to the source data.

1. **Column B (Staff groups):** Rows showing aggregate staffing categories (such as ‘Qualified Ambulance Service Staff’) are shown in bold text, and totals in adjacent columns are automatically calculated based on any figures that have been entered into the corresponding staff group rows below, eg:

<table>
<thead>
<tr>
<th>Qualified Ambulance Service Staff</th>
<th>115.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Paramedic</td>
<td>55.0</td>
</tr>
<tr>
<td>Ambulance Technician</td>
<td>40.0</td>
</tr>
<tr>
<td>Other Qualified Ambulance Staff</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Information is required at a detailed level relating to staff groups as some job roles and specific clinical roles require their own row, as well as being included in their staff group numbers. This is due to either their specialist commissioning route or high political interest. These roles will be shown in italics below their groupings, starting with the words ‘of which’ e.g.

<table>
<thead>
<tr>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>of which ADULT High Intensity Therapists (IAPT)</td>
</tr>
</tbody>
</table>

When columns F, G, I, and J are completed in these ‘of which’ rows, the sum of these rows is compared against the staff group total. If the components add up to a larger number than the number entered for the staff group, the staff group row will be shaded light red in the affected column. This indicates that the ‘of which’ rows below it should be checked for accuracy, eg:
2. **Column F (Actual Staff in Post)** – This is the number of full/whole-time equivalent (WTE) staff in post (SIP), directly employed by the organisation as of 30 September 2017 (exclusive of agency, bank, vacant posts or hosted staff). Data can only be entered into green or red shaded cells in this column. Entering a number greater than 0 in this column makes column G mandatory for that row, which will then be shaded red until it is filled in. Data should be added to columns F and G first, before entering data into columns I and J.

3. **Column G (Actual Establishment)**: This is the current workforce establishment in WTE as of 30 September 2017. Establishment is sometimes referred to as ‘Baseline Demand’, ‘Funded Establishment’, or ‘Authorised/Planned/Budgeted Resource’. Data can only be entered into green or red shaded cells in this column. Entering a number greater than 0 in this column makes columns F, I and J mandatory for that row, which will then be shaded red until filled in. Data should be added to columns F and G first, before entering data into columns I and J.

4. **Column H (Vacancies)**: This is a calculated column that subtracts the Actual SIP from the Actual Establishment to give a vacancy number in WTE. It serves as an estimate of vacancies within a staff group/category. The following scenarios will cause column H to be shaded orange, on rows where data has been entered by the organisation:

   If there are any concerns or variations on the vacancy numbers, these should be noted within the commentary column (column O).

5. **Columns I & J (Planned Establishment)**: These are the planned/forecast workforce establishment numbers in WTE for the next two years (as of 31 March 2018 in column I, and 31 March 2019 in column J). They should include vacant posts and any predicted changes in required capacity. Data can only be entered into green or red shaded cells in these columns. If a number greater than 0 has been entered in column G for a row, both columns I and J will display the words ‘To Complete’ and be shaded red on that row, until they have been filled in with numeric data.

   If data needs to be removed from a row or rows, the best method is to delete the data in columns I and J first, and then delete data from columns F and G.
Similarly, data should be added to columns F and G first, before entering data into columns I and J.

Any number entered in column I will be compared against column G, with some scenarios triggering validation popups, shading of cells and potentially mandatory commentary, as follows:

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned establishment WTE is more than a 10% increase on the previous year’s establishment WTE</td>
<td>The planned establishment cell turns red, and commentary for the row becomes mandatory. A validation popup box appears, asking if this data is correct. After clicking ‘No’, the cell remains red until a new value is entered. After clicking ‘Yes’, the cell remains red until a comment is entered in column O (as instructed in the popup).</td>
</tr>
<tr>
<td>Planned establishment WTE is a 5% - 10% increase on the previous year’s establishment WTE</td>
<td>The planned establishment cell turns amber, and commentary for the row becomes mandatory. A validation popup box appears, asking if this data is correct. After clicking ‘No’, the cell remains amber until a new value is entered. Clicking ‘Yes’ automatically enters the required comment into column O, and removes the amber shading from the cell.</td>
</tr>
<tr>
<td>Planned establishment WTE is more than a 10% decrease from the previous year’s establishment WTE</td>
<td>The planned establishment cell turns red, and commentary for the row becomes mandatory. A validation popup box appears, asking if this data is correct. After clicking ‘No’, the cell remains red until a new value is entered. After clicking ‘Yes’, the cell remains red until a comment is entered in column O (as instructed in the popup).</td>
</tr>
</tbody>
</table>

Column J is validated in the same way. However, it is compared against column I (so that the WTE change is monitored year-on-year).

6. **Columns K & L (Planned WTE Change):** These are automatically calculated columns that subtract Actual Establishment from each of the Planned Establishment columns, to show the change in WTE each year from the Actual (current) Establishment.
7. **Columns M & N (Planned % Change):** These are automatically calculated columns that show the percentage change each year between the Actual (current) Establishment and the Planned Establishment.

8. **Columns O & T (Commentary and Commentary Requirements):** Column O contains free-text cells for notes about each row. Commentary can be entered against any row, however rows where columns I or J have triggered validation popups may require commentary. Column T is calculated to show whether commentary is mandatory for a row, e.g. Optional commentary or Mandatory commentary, and whether the requirement has been met if it is mandatory, e.g. Mandatory commentary complete.

9. The template contains validation measures so that significant changes in forecast establishment for March 2018 and 2019 in comparison to most recent staff in post are flagged as amber or red. If flagged, an optional (for amber) or mandatory (for red) commentary in column O will be asked for.

10. In addition to the workforce data collection template, an Occupational code look up has been provided to help you map job role to occupational code.

11. As providers continue to transform their services and workforce it is likely that new roles will continue to be introduced. There is an occupational code for Physician Associates (PAs) – code S1X. However, at the moment there is no coding for Advanced Clinical Practitioners across all the staff categories. It will therefore be important that you adopt a consistent approach to the coding of new roles that mitigates the risk of double counting.

**Non-medical workforce**

12. There have been significant changes to how pre-registration undergraduate courses are funded. The information requested has been kept to a minimum yet is consistent with the need to indicate to the system, as early as possible, any potential areas of workforce pressure or imbalance between available supply and service demand.

13. The staffing categories have been aligned as closely as possible to NHS Digital’s standard published categories, however, minor changes have been made to this year’s template at a more granular level (see section one ‘What’s New’).
14. The template is organised into the following sections:

- Registered Nurses (hospital and community based)
- Allied Health Professionals and other Scientific, Therapeutic & Technical STT
- Ambulance service
- Support to clinical
- Apprenticeships
- Infrastructure support
- Non-funded and general payments
- Healthcare Science.

For each staff group you are required to complete actual baseline.

15. The entries for Healthcare Scientists have been rationalised into three sub categories. Support to Healthcare Scientists can be found in the support to clinical staff section.

Medical workforce

16. HEE commissions postgraduate medical training in each of the main training routes to ensure the supply of the future workforce. To balance investment between the current (ie service need) and future workforce, HEE requires detailed information on the number of consultants and other medical staff in each medical specialty.

17. Each occupation code is listed once in the collection. Medical specialties have been grouped into broad ‘themes’; these reflect either broad priorities (for example, Cancer and Diagnostics, the Acute Care and Anaesthetics and Intensive Care) or primary area of work (for example, Medicine or Pathology). If you cannot find a specialty in its area of work, please check the priority themes in bold at the top of the list (for example, General Pathology is included in Cancer and Diagnostics rather than Pathology). Dental specialties have been grouped by specialty only (ie all dental specialties are together).

18. The template asks for:
• **The number of foundation trainees:** these are doctors and dentists at foundation year 1/foundation year 2 level; please include all staff in this category as a total number.

• **The number of consultants, in post and required:** for the staff-in-post figure, please include long-term employed locums but not staff provided through agencies.

• **The number of trainees:** that is, doctors and dentists in training. Please include core and acute care common stem (ACCS) numbers as well as registrars, *excluding* foundation trainees (who are counted separately). This number should reflect the cohort currently working within the particular specialty (i.e. Staff in Post), regardless of their individual training programme;

• **The number of other medical and dental staff:** that is, all other non-consultant, non-training staff. Please include specialty and associate specialist (SAS) and trust doctors in this figure.

19. Alongside WTE current staff in post and establishment posts, commentary can also be provided, with mandatory commentary required where an annual change in establishment WTE is greater than +/- 10%.

20. There are a number of collaborative arrangements in the provision of the consultant workforce in England, whereby an employing trust directly employs the consultant, but the consultant is also ‘seconded’ for part of the work to deliver a service at (a) neighbouring trust(s), for which the employing trust cross-charges the neighbouring trust(s). Where this arrangement applies, the employing trust should capture all their employees under establishment, and should record their future demand as the total number of consultants needed to deliver the totality of the service for which they have funds to provide. Staff ‘seconded’ to another organisation should therefore be recorded as an employee of the employing trust. It follows that trusts may therefore need to collaborate to understand actual future demand.