

*Developing people
for health and
healthcare*

eWorkforce Planning Portal Guidance

May 2015
North West Version 0.2



THE NHS
CONSTITUTION
the NHS belongs to us all



Health Education North West

North West: Version Control

Version	Date	Author / Editor	Key changes
0.1	09/04/2015	Original Author: Elin Sandberg (HEYH) NW Editor: Emma Hood	<ul style="list-style-type: none">• Health Education North West contacts, support, guidance, deadlines and information added
0.2	18/04/2015	NW Editor: Emma Hood	<ul style="list-style-type: none">• Board Sign Off Procedures (section 6.5 clarified for the NW region).

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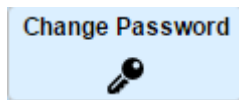
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Notes on this guidance

This document provides detailed guidance for completing the eWorkforce Planning Portal tool (online Collective Forecast Demand Template) which will allow regional aggregation of workforce demand forecasts into an overall national position and future trajectory. The intended audience of this guidance is workforce planning leads in NHS Trusts/secondary care provider organisations in England.

General rules:



blue buttons take you to a different area of the site



green buttons perform an action



red buttons perform an action **which cannot be undone**



yellow buttons download/upload data



yellow buttons download/upload data

Bold text is used to indicate important information.

Italic text is used to indicate information.

For the North West Region:

Please visit the eWIN Workforce Planning Community website page here:

<https://www.ewin.nhs.uk/wfp/resources/item/5605/health-education-north-west-workforce-planning-round-2015-2016>

If you have any questions or need technical support please contact

Workforceplanning@nw.hee.nhs.uk or call 0161 625 7366 to be directed to the appropriate member of the team to deal with your query.

1. Introduction¹

Workforce planning is about ensuring that the NHS has the people we need when we need them. With so many employees occupying so many varied job roles in so many employers spanning multiple sectors workforce planning cannot be the sole responsibility of individual organisations. It is only through a collective approach that we can hope to deliver what patients need both now and in the future. HEE is now established as the single national body which leads and co-ordinates investment in the development of the health and public health workforce, accountable annually for almost five billion pounds of public expenditure on behalf of NHS patients. LETBs are similarly now established as the geographical presence of HEE. LETBs have devolved budgets and are charged with ensuring that employers, informed by staff and patients, are at the forefront of the planning and forecasting process.

It is through these national and local arrangements that we will ensure that the workforce meets the needs of today's patients whilst delivering the future workforce in a way that not only maintains safe staffing levels, but supports the service transformation necessary to improve quality of care. The responsibility for planning to employ safe numbers of staff to deliver *current* services sits ultimately with providers and their boards. But through LETBs providers will influence the investments HEE makes in educating and training the *future* workforce. The engagement of providers will result in better decisions, but we recognise there will always be limitations in our individual and collective ability to predict the future.

1.1 The HEE approach in 2015

This is the third year in which HEE has published comprehensive Workforce Planning Guidance for healthcare. In 2013 our guidance signalled a radical departure from what had gone before, tackling some of the historical systemic barriers to effective workforce planning. We pulled together the medical and non-medical planning decisions, providing an opportunity for relative priorities to be assessed across the entire workforce. In 2014 our Guidance set out clearly the roles and responsibilities of each part of the system, and

¹ This section is taken from HEE's 'Workforce Planning Guidance 2015 for 2016 commissions' document

the milestones to ensure that the local planning processes add up to a coherent and consistent whole.

In the year ahead HEE will consolidate the NHS workforce planning process and harness it to serve the needs of the [Forward View](#) and meet the commitments set out in our [Mandate with the Government](#). In 2015/16 HEE will:

(i) drive *standardisation* of:

- the planning process for all commissioned groups;
- definitions of workforce ‘sets’ (for example when the system talks about adult nurses, everyone is talking about the same occupational groups);
- definitions of and calculation of key terms (e.g. attrition, turnover);
- planning inputs, analyses and modelling at LETB and national level;
- the presentation of outputs so the system as a whole becomes used to seeing and interpreting tables and charts in the same way so that we enable system ‘literacy’ in workforce planning.

(ii) Focus effort and resource on between two and four of the largest medical specialties to develop:

- A standard nation-wide analytical framework for assessing risk to inform commissioning decisions about the number and geographical distribution of training posts. This framework will consider the supply of the medical workforce alongside the supply of other relevant staff. This framework will then be applied to other groups in future years.
- A set of processes and procedures for changing the number of medical training posts, acknowledging the complexities and implications for service associated with this.

(iii) Similarly focus effort and resource on a number of the very smallest specialties and the smallest Allied Health professionals and health care science groups, in recognition of the reality that individual LETBs cannot each commission for such groups, and that these groups vary from each other in terms of important characteristics that influence education commissioning and education delivery.

(iv) Review, *with system partners*, the intake to undergraduate medicine. We know already that there is no longer a clear linkage from student intake to workforce demand. The question – for the system as a whole – is what should be done about this?

(v) Continue the exploration of how planning can evolve to become more rooted in developing characteristics of the future workforce based on the needs of patients and carers as set out in Framework 15, recognising that a key element of the future workforce will need to be flexibility. HEE will continue to develop a 'life-cycle' approach to workforce planning that initially focusses on the needs of children and young people, working alongside planners at a local and national level. A further piece of work will link with patients and stakeholders to develop a set of design principles to ensure that staff can better support self-care and the needs of carers.

1.2 Delivering an in-year plan while planning for the longer term

The results of our *annual* national planning process are published each December in the *Workforce Plan for England* – similarly in the North West, we published our regional workforce strategy and plan here: <https://nw.hee.nhs.uk/our-work/workforce-planning-strategy/2014-15-henw-workforce-strategy-and-plan/> HEE's 2013/14 Workforce Plan for England (for 2014/15 education commissions) was a significant step forward for the system, but recognised that 2013/14 was a year of transition, and that we had to be more ambitious: to be not just more open and transparent about the numbers of staff that we commission, but to start to use our investments to drive the service transformation that future patients will require. HEE's 2014/15 Plan (for 2015/16 commissions) went further – signalling that the future shape, skills and distribution of the workforce must change and that HEE will use levers to help shape the health service around the needs of patients.

This year the challenge is clear: HEE can no longer simply roll forward what has historically been a supply driven system. More specifically HEE will work through the LETBs and with the national advisory groups and the new Workforce Advisory Board to understand the workforce implications of the new care models in the [Five Year Forward View](#), so we can support service transformation at **scale and pace** through more targeted investment in the existing workforce, as well as commissioning new roles for the future. This will also feed into the refresh of the [Strategic Framework](#) in September 2015.

However, the radical change required cannot all happen in one single year, and decommissioning medical training posts, if required, cannot happen without the implications for service delivery being assessed and addressed. So this guidance for the 2015/16 planning round (for 2016/17 commissions) builds once again on previous guidance in respect of processes, timescales, and the roles of providers, commissioners,

and HEE. The guidance again sets out whom in the system needs to do what and by when to deliver the annual plan. It offers the opportunity for all partners in the service to decide the relative importance and priority for different kinds of workforce intervention and investment. The deadlines are clear². But in a significant respect our guidance this year goes further than its predecessors: it is concerned not only with ‘technical’ process but also describes those parts of the workforce where HEE and the LETBs will focus effort in 2015/16, and the ways in which HEE will work as one organisation to develop plans which are both locally responsive but also genuinely nationwide. It also signals our intent to develop specific proposals for medical education commissions to take effect from 2017, to be set out *next* March (2016).

2. A national framework for workforce planning³

This section

- establishes why workforce planning is an important component of the planning of service commissioning and service delivery which must be rooted in the needs of patients;
- summarises the governance framework through which HEE discharges its accountability for investing in the current and future workforce;
- outlines the process for developing HEE’s investment plan; and
- sets the scene for the more detailed articulation of the roles of different parts of the system.

2.1 Workforce : everybody’s business

Discussions about staffing levels, skills, values and behaviours, and how staff are trained and developed are centre stage. While the NHS transitioned to new structures, including the creation of HEE as the single national body to lead and co-ordinate investment in the development of the healthcare and public health workforce, a number of key reports were

² Unlike the rest of the NHS, our annual planning process is driven by the academic sector, and so will always run between April and November. It is vital that our partners are aware of this so they can play their full part in ensuring we make the best decisions possible. How we meet the deadlines is as important as what we produce by when. For it is the conversations between providers and commissioners, between the health and education sectors at local and national level that will create the environment within which we can identify the workforce issues that need to be addressed. This requires a culture of transparency and openness, where we can share and challenge each other’s assumptions, to ensure that the decisions we make result in better care for patients.

³ This section is taken from HEE’s ‘Workforce Planning Guidance 2015 for 2016 commissions’ document

published with workforce at their centre. The Francis Report⁴, and the Governments' response⁵, the Berwick review of patient safety⁶, the NHSE review of Urgent and Emergency Care⁷, the Cavendish Review of Healthcare Assistants and Support Workers⁸ and the Shape of Training review⁹ were all published within a 12 month period.

The system has responded:

- the numbers of clinical staff employed in the NHS has risen;
- the National Institute for Health and Care Excellence is developing a collection of guidelines on safe staffing levels;
- HEE has increased nursing commissions to ensure sustained workforce growth;
- Health Education England has developed 'Framework 15' - a reference point for the system and the conceptual framework for how HEE approaches problems and identifies solutions, ensuring the focus remains on the patient;¹⁰
- The combined leadership of the NHS has signalled that the NHS must develop a workforce able to work across acute and community boundaries and beyond traditional professional demarcations, with flexible skills and with the ability to adapt and innovate. The NHS leadership has also established a new Workforce Advisory Board with senior membership from across the system to develop a health and care workforce with the skills to support the implementation of new models of care¹¹ and 29 'vanguard' sites have been selected to pioneer new models of care delivery;
- the 'Bubb' review on the future of services for people with learning disabilities has reported;¹²
- in March the 'Shape of Caring' review published its initial report.¹³

⁴ www.midstaffspublicinquiry.com/report

⁵ www.gov.uk/government/news/francis-report-on-mid-staffs-government-accepts-recommendations

⁶ www.gov.uk/government/publications/berwick-review-into-patient-safety

⁷ www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

⁹ www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf

¹⁰ <http://hee.nhs.uk/2014/06/03/framework-15-health-education-england-strategic-framework-2014-29/>

¹¹ The Forward View into action : Planning for 2015/16 Para 5.11 <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

¹² <https://www.acevo.org.uk/news/winterbourne-view>

¹³ <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

HEE has *specific* responsibilities. But all parts of the system have parts to play in ensuring the adequate supply of staff with the right skills, values and behaviours in the right numbers to deliver safe, effective high quality care.

2.2 Clear governance

The Board of HEE is accountable for signing off almost five billion pounds of investment in the education and development of the workforce each year.

The HEE Executive has the key collective responsibility for ensuring that the 13 LETB workforce investment plans add up to a coherent plan for England that will deliver the agreed priorities as set out in the Mandate **and** drive the service improvement and transformation required by patients and mandated by the NHS Leadership in the Forward View.

The role of each LETB – the regional committees of HEE - is to provide assurance that the local plans which comprise the aggregate plan are, in turn, robust and evidence based, rooted in the plans of providers reflective of the intentions of commissioners. This is achieved by ensuring that LETB plans are the result of robust local and/or national processes of aggregation, confirmation and challenge.

In order to support this work there are national and regional advisory structures through which stakeholders contribute. The Figures at the end of this section summarise the arrangements that govern HEE's local and national investment.

2.3 Evidence based prioritisation of workforce investment

LETBs, representing *all* local service providers (that is, NHS Foundation Trusts, NHS Trusts, primary care, social care, local authorities and public health) and with links to commissioners and other stakeholders, create the forum wherein providers and commissioners can develop coherent plans to directly shape HEE's investment by collectively identifying the future staffing requirements in terms of skills, values and behaviours, as well as numbers.

The key benefit that HEE aims to achieve through this robust workforce planning process is the ability to compare the relative importance, priority and risk, for different activities and investments so that we are able to actively respond to the service's workforce needs.

The approach relies on the following processes:

- Development of LETB investment plans based on local stakeholder engagement, data analyses, data collection, confirmation and challenge;
- Development of a nation-wide investment plan through systematic analyses of available national data from official and other sources, and aggregation, challenge and if necessary review of LETB plans;
- National triangulation between Health Education England and the other system leaders and stakeholders including NHS England, Public Health England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, the National Institute for Health and Clinical Excellence, NHS Employers and the Local Government Association
- Systematic engagement with national stakeholders throughout the course of the planning cycle, including with Royal Colleges, professional representative organisations and trade unions.

This year we are introducing a number of changes to the planning process:

- HEE collectively will focus resources and planning effort on particular staff groups and particular specialties
- For small groups and small specialties HEE will develop explicitly nationwide workforce plans to inform education commissions. For some groups and specialties individual LETBs will lead this process for identified groups for the country as a whole. For other groups and specialties the HEE national planning team will play a leading role.

This approach is described further in Section 4.

3. Roles and responsibilities¹⁴

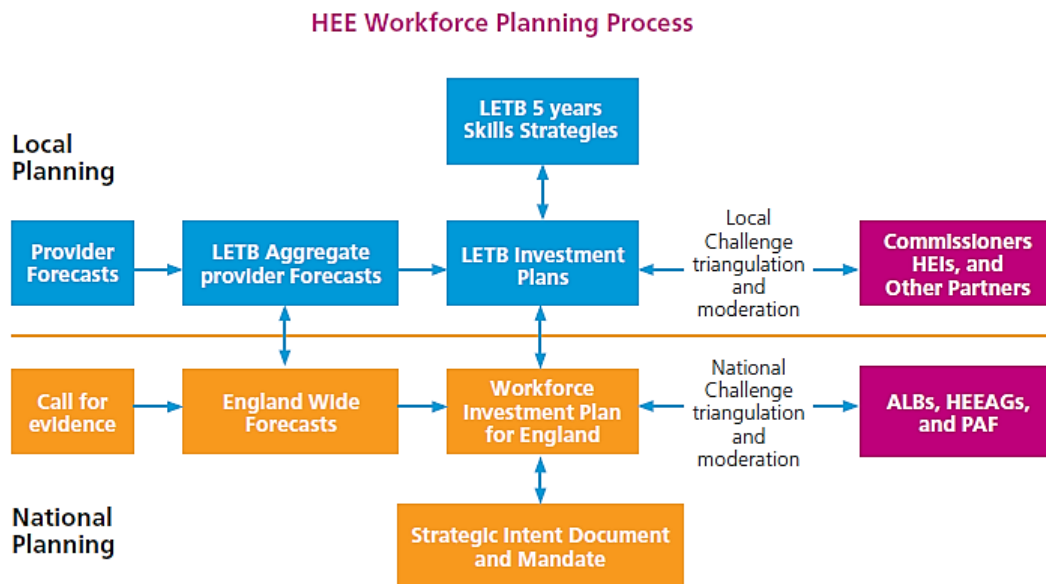
This section sets out the specific roles of partners in the health care system under the following headings:

- Service providers
- Service commissioners
- LETBs

¹⁴ This section is taken from HEE's 'Workforce Planning Guidance 2015 for 2016 commissions' document

- The role of the HEE Planning team; and
- Other Stakeholders.

Figure 1



3.1 The role of service providers

The Health and Social Care Act places a duty on *all* service providers (including NHS Trusts, primary care, local authorities, and providers from the independent and third sector) to support the collective planning of future workforce supply. This means that they need to:

- share information on their current workforce and trends,
- share annual plans with their local LETB,
- ensure that LETBs are able to have a full understanding of the current key areas of under or over supply.

Effective planning depends upon HEE nationally and locally understanding the *full* supply and demand picture.

For General Practices, the development of a locality-level demand forecast covering General Practitioners, and clinical and non-clinical support, should be informed by General Practices as employers. In recognition of this as a new requirement and the differing maturity levels across the country relating to workforce planning in General Practice, as a transitional arrangement General Practices, Area Teams and LETBs are

encouraged to develop their local systems and processes to produce a locality plan, while recognising that the planning guidance may be revised to be more prescriptive following the publication of the Primary Care Workforce Commission report.

Individual service providers, and in particular senior clinical leads, should also play an active role in assessing, challenging, moderating, and agreeing the aggregate forecast for their area through their LETB and associated stakeholder events. Hitherto HEE required that Medical and Nursing Directors sign off provider forecasts and workforce plans, in line with the agreed process for signing off Cost Improvement Plans (CIPs). This year HEE expects further that in NHS Trusts the healthcare science leads sign off the provider forecasts and workforce plans for scientists.

These forecasts will form the basis for:

- Trust Boards, primary care providers and public health providers, to develop and deliver an effective workforce strategy to meet patients' needs, including shorter term supply initiatives and effective operational deployment; and
- the workforce plans and education commissions that HEE will make, through its' LETBs, to secure future supply and drive longer term service transformation.

Access to NHS provider service plans is not the only way that LETBs will assess workforce needs of local providers. LETBs will have on-going dialogue with providers including other healthcare providers, commissioners, and networks, to identify existing gaps or emerging needs. This process of confirmation and challenge informs LETB education investment plans.

3.2 The role of commissioners with providers

In formal *joint*¹⁵ guidance to the system Monitor and the Trust Development Authority (TDA) require NHS Trusts and NHS Foundation Trusts to refresh their operational plans for 2015/16 only noting that the Mandate from the government to the NHS is broadly stable, apart from the introduction of new and important access standards for mental health. The guidance notes specifically the expectation of aligned, realistic activity and

¹⁵ See The Forward View into action : Planning for 2015/16 <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf> and also individual guidance from TDA <http://www.ntda.nhs.uk/blog/2014/12/19/planning-guidance-201516/> and Monitor <https://www.gov.uk/government/publications/annual-planning-review-201516-guidance-for-foundation-trusts>

financial assumptions between commissioners of *all* NHS and public health services and providers, right across the country and that providers and commissioners will work with LETBs to ensure that they can secure the right staff to meet future service needs and their workforce plans are affordable and reflect local strategies for transformation.

Hence commissioners – CCGs, Area Teams and Local Authorities – will need to be actively engaged in LETB led processes, and most notably, in the ‘confirmation and challenge’ process that results in the demand forecasts and the investment plan proposals.

3.3 The role of LETBs

System convenors

LETBs are local ‘system convenors’ for workforce discussions and the bodies that develop the thirteen local investment plans which form the basis for the National Workforce Plan for England. NHS England require commissioners to work with providers and partners in local government to develop strong, robust and ambitious plans, and in turn HEE’s LETBs will engage with commissioners to ensure that education commissioning plans are rooted in both provider and commissioner forecasts of future need, and therefore reflect the workforce required for a transformational change in quality, outcomes and sustainability linked to the Five Year Forward View.

LETBs can only do this if *all* commissioners engage in these discussions. This year LETBs will continue to develop their understanding of supply and demand in the independent and third sector where this is relevant to their local health care economy. LETBs will also engage with local authorities to understand demand from this sector for relevant groups, including Public Health Consultants.

LETBs are encouraged to develop their local systems and processes to produce a locality plan for the General Practice workforce. There is an expectation that progress towards developing the forums for stakeholder engagement (where they do not already exist) and information flows to and from Practices (recognising the introduction of the workforce Minimum Data Set) will be taken forward through the 2015 planning round.

Accessing provider plans and forecasting demand

All LETBs should have the opportunity to access locally the plans providers submit to the NHSTDA and Monitor so that they understand the current workforce position and the future intentions of their partners. Precise arrangements may vary locally. However,

LETBs should be fully aware of any current or anticipated gaps (skills, values and behaviours as well as numbers), in the current workforce. All LETBs will require future workforce forecasts from **all** of their main providers of NHS services (including public health), as in aggregate, these will form the basis for their own plans.

HEE has developed a standard electronic tool to collect and aggregate provider workforce demand forecasts. These forecasts will highlight the direction of travel and potential risks. Of equal importance, but less easily quantified, is the identification of current and future needs in respect of skills, values and behaviours. HEE and its' LETBs have a key role to play on behalf of the service, to work alongside professional regulators to specify the skills and behaviours required of the future workforce as identified by the service itself. Specifying and commissioning these requirements from education providers is as central to our mission as defining the volumes of training we invest in. We will also work alongside service providers to explore how our joint role in respect of Continuing Personal and Professional Development (CPPD) operates to ensure that skills and behaviour gaps within the current workforce can be addressed.

LETB plans are shared with the HEE national team allowing the creation of a meaningful forecast at an England level.

Forecasting supply

Workforce planning is not an exact science. Future forecasts are inherently uncertain and factors other than the outcome of supply and demand forecasting will influence investment decisions. Such factors include programme viability, placement capacity, prioritisation of 'acceptable' risk, and availability of funding. It is within HEE's remit to provide assurance that proposed education commissions are credible, based in part on a proportionate investigation of likely futures and relative risk of over and under-supply. Hence each LETB will be asked to participate in a nationwide approach to supply forecasting.

The aspiration is to understand the General Practice and independent sector supply (through gathering intelligence on the workforce stocks and flows to the same level of detail as NHS employers in 2016), supported by the workforce Minimum Data Set. Supply modelling should be developed to incorporate this data set as it becomes available.

Local confirm and challenge

Each LETB will hold local confirmation and challenge conversations with their partners, including representatives of education provision, on future forecasts. It is for each LETB to

determine how such processes are managed but the approach will involve feeding back aggregated intelligence alongside triangulation analysis and challenge on areas of perceived risk, in order to ensure that forecasts align with:

- Robust supply and demand analysis;
- LETB 5 year Workforce Development strategies;
- Local Commissioning intentions;
- National Priorities as set out in HEE's Mandate; and
- National intelligence, generated through the 'call for evidence' instigated by HEE, including from professional and representative bodies such as patient organisations, Royal Colleges, employer groups, education provider groups, and sector skills councils.

LETBs should also ensure that these forecasts actively reflect the workforce needs of future transformed services as well as representing the needs of services as currently configured and delivered.

Such transparent challenge processes are vital to ensure assumptions are triangulated between individual organisations, are able to be compared to local commissioning intentions, create the opportunity for senior clinical input, and thereby generate stakeholder ownership and acceptance of any scenario (and tolerances) developed for the LETB area.

Following these local processes, each LETB should provide regional workforce forecasts linked to the outcomes of local discussion, as these will form the basis of the agreed Investment Plan Summary Template submission to HEE.

HEE Workforce Planning Guidance 2015/16 for 2016/17 Education Commissions 18

LETB workforce forecasts and development plans should be shared with LETB stakeholders and formally adopted by the LETB Governing Body to indicate they represent the consensus perspective of the service providers within the LETB.

Note: It is important that we continue to stress the nature of these forecasts in the context of their purpose. Any specific numbers generated do not and cannot represent what the sum of the local providers are planning to do by a date five years into the future. The purpose of this forecasting is to identify the general direction and scale of demand and

supply, such that the best possible decisions can be made about how this need is met through our education and training investment.

Investment plans

LETBs will subsequently use their agreed LETB workforce demand and supply forecasts and the nearer term workforce needs identified in annual service plans to develop their **LETB workforce investment plan**. These plans will be developed within the context of, and with reference to, the LETBs' overarching five year workforce development strategies and HEE's fifteen year Strategic Framework.

The future forecasts and assessment of need in annual service plans represent a 'needs analysis' or '*diagnostic*' process. Investment plans represent the *action* HEE intends to take, and money that will be invested in response to these identified needs.

These plans must therefore:

- demonstrate how service transformation will be driven through a combined set of actions with regard to the numbers, skills, values and behaviours of their workforce;
- show the local component of any activity and investment agreed collectively at a national level; and
- explain how any barriers to implementation, e.g. placement capacity or sustainability of education provision, have been fully identified, discussed, and an approach to overcoming any such barriers has been agreed.

A key objective of the HEE planning cycle is to create the opportunity to consider priorities across professional groups, between the needs of the current and future workforce, and between capacity priorities and capability priorities.

3.4 Further information

Further information on specific roles and responsibilities, including leadership for defined group and professions, the role of the national team and the roles of other stakeholders can be found in HEE's 'Workforce Planning Guidance 2015 for 2016 commissions' document.

4. North West Submission Timetable

Please see below key dates associated with the collection of workforce data from NHS Trusts and submission deadlines.

Task	Deadline	Who
Letter to chief executives, HR and medical directors advising of workforce planning process 2015.	15 April	HENW WF Planning Team
Letter to Area Teams and CCG's, advising of workforce planning process 2015 and contribution.	15 April	HENW WF Planning Team
Send out workforce planning return to providers for completion.	15 April	HENW WF Planning Team
Provision of support to provider organisations in completion of workforce planning return	April-July	HENW WF Planning Team
Meeting with each Trust to discuss priority areas and engagement	May-July	HENW WF Planning Team and Providers
Regional workforce planners meeting	June	HENW WF Planning Team and providers
'Direction of travel' preliminary demand indications to HEE National	30 June	HENW WF Planning Team and providers
Final date for completion of workforce planning return.	17 July	Providers
Analysis, challenge and quality check of workforce planning return data.	July- August	HENW WF Planning Team and providers
Confirm and Challenge events	July- August	SWP Team and Providers
1st Cut LETB forecast demand submissions to HEE National	14 August	HENW WF Planning Team and providers
Submission of LETB supply forecasts and assumptions to HEE National	14 August	HENW WF Planning Team

		and providers
Submission of draft investment and workforce plan for review by LETB Board	24 September	LETB Board
Submission of final workforce plan and first cut investment plan to HEE National.	25 September	SWP Team
Feedback to Provider Organisations	Early October	SWP Team
Submission of final LETB Investment plan to HEE National	28 October	HENW WF Planning Team and providers
Workforce Plan 2016/17 published	Feb 2016	HENW

5. The collection template principles

The eWorkforce Planning Portal Tool is the online submission platform for the Collective Forecast Demand Template.

The following principles underpin the design of the Collective Forecast Demand Template and have been set out to ensure core users are aware of its purpose, intention and limitations:

The Collective Forecast Demand Template IS / DOES:

1. Support a joint agenda: for HEE and its LETBs as one organisation
2. Aim to create a 'common currency': so that the system as a whole can talk consistently and transparently about workforce demand
3. Reflect content agreed through collective consensus
4. Appreciative of the required alignment between workforce demand, supply and investment
5. Aim to highlight the direction of future demand as of greater importance than any scrutiny of the individual numbers
6. Only include individual staffing categories considered as "required" (there are no "desirable" elements) to inform a whole workforce planning approach that best;
 - o describes the current workforce
 - o allows a forecast of future anticipated demand
 - o maps back to an education commissioning route where appropriate (either directly i.e. Registered Health Visitor role is supplied through a Health Visiting education programme OR via an evidence based/calculated assumption i.e. Neonatal Nurse

roles can be supplied through a variety of more general foundation nurse education routes, for example; adult or learning disabilities nurse education programmes)

The Collective Forecast Demand Template **ISN'T / DOES NOT:**

1. Include any individual staffing categories considered as “desirable”: where applicable all staffing categories should be populated where the workforce exists
2. An education commissioning template. The information we collect is in two parts: Demand Forecast Templates and Workforce Narratives.

The demand forecast templates were developed by Health Education England. They capture data on Medical and Dental staff, Non-Medical staff and Healthcare Science staff. Each section collects information on baseline staff, forecasted demand, and to reflect the local needs, demand for newly qualified staff. Additionally, in the Workforce Demand section we collect information about workforce risks and challenges.

Workforce Narratives capture any specific workforce challenges and information you need us to know which are not captured in the Workforce Demand section. Whilst we recognise that some questions might be best answered by specialists (for example, Healthcare Visitors), we are looking for individual perspective on the organisational workforce challenges not just a reflection from your own area of work.

6. Using the eWorkforce Tool

The following guidance takes you through a step by step guide of each section in the eWorkforce Tool (online Collective Forecast Demand Template 2015/16).

6.1 Accessing the website

Registration

To be able to access the portal you must first register here:

<https://www.workforceplan.yh.hee.nhs.uk/>

The registration process is in two stages:

Firstly, the LETB will send you a link that will allow you to register. The registration page will ask you to enter basic information about yourself and your Trust/organisation. Once completed, you can submit your registration request.

Figure 1: Registration Page

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The LETB will receive and approve the request. Upon approval you will receive an “Invitation to Contribute” email.

Figure 2: Invitation to Contribute Example

Clicking the link in the email will take you to a page that will allow you to set a password for your account. This will be the password you will use in future to access the portal.

Figure 3: Set Password Page

Once you have saved your new password you will now have access to the portal.

Registered User

Once you registered, you can access Workforce Planning application here <https://www.workforceplan.yh.hee.nhs.uk/> by clicking on Secondary Care Workforce Planning (Hospital, Mental Health, Community and Ambulance) link.

Figure 4: Workforce Plan Dashboard

Welcome to the Workforce Planning Data Collection Portal

The Collective Forecast Demand Template forms part of an underpinning evidence base supporting a "bottom up" approach to workforce planning, building on local expertise and practice to inform education commissioning investment decisions undertaken at regional and national level by Health Education England (HEE) and its Local Education and Training Boards (LETBs).

The Workforce Planning Data collection portal was built to improve the quality of workforce plans, simplify analysis and present more user friendly approach to contribute to the planning round. The portal is a central place where all workforce plans will be saved. Users can access it and make changes at any point of time. The portal includes the following sections: "My Trust", "Workforce Demand", "Narratives" and "Finalise and Submit". You or delegated users are required to fill each section. During the completion you can track you progress in Tasks area. Once completed information needs to be submitted from the "Finalise & Submit" section.

If you have any questions which are not covered by Guidance Document or need technical support please contact Workforce.Information@yh.hee.nhs.uk

If you want to discuss your question with a wider audience, please leave a post in the Q&A section on Workforce Planning Cycle 2014/15 forum [here](#)

Z-Demonstration Trust Overall Progress 12%

Contributors	Name	Progress %
Workforce Planner	Demonstration User	<div style="width: 12%;"></div>
Chief Executive		
Nurse Director		
Medical Director		
Human Resources Director		
Pharmacy lead		

Demonstration User's Tasks All Tasks

Progress: 20%

My Trust

Trust details

Assign Contributors

Workforce Demand

Non-Medical

Clinical

Non-Clinical

Additional

Healthcare Science

Consultant Healthcare Scientists ✓

Manager Healthcare Science ✓

Healthcare Scientists ✓

HCS Practitioners (incl BMS, Physiologists, Technologists) ✓

Healthcare Science Associates

Healthcare Science Assistants

Medical & Dental

Surgery ✓

Psychiatry

Anaesthetics

Intensive Care

A and E

Uncoupled Specialities

Runthrough Specialities

Dentistry / Dental

Stroke

PH Medicine

GP, Comm & PH

Other Specialities

Other M&D

Apprenticeships

Workforce Challenges (or Risks)

Finalise & Submit

Finalise

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The top right hand of the page will have navigation options.

This bottom section of the home page should give the name of your Trust and named contributors. It will show the progress contributors have made in completing their assigned sections.

Home



- The Home button will always bring you back to this page.

Help



- The Help button will provide further instructions should you be struggling.

Change Password



- This button allows you to change your password. You should never share your password, unless your Trust has 2 or more workforce planners contributing to this template.

Logout



- This button will log you out of the system

All Tasks

- This button will allow you to view all the tasks that require completion including those assigned to other contributors. To return to viewing tasks that you must complete click

My Tasks

You will find the following navigational features listed down the right hand side of the dashboard.

Figure 6: Dashboard Navigation Features (Workforce Planner View)

My Trust	
Trust details	
Assign Contributors	
Workforce Demand	
Non-Medical	
Clinical	
Non-Clinical	
Additional	
Healthcare Science	
Consultant Healthcare Scientists	✓
Manager Healthcare Science	✓
Healthcare Scientists	✓
HCS Practitioners (incl BMS, Physiologists, Technologists)	✓
Healthcare Science Associates	
Healthcare Science Assistants	
Medical & Dental	
Surgery	✓
Psychiatry	
Anaesthetics	
Intensive Care	
A and E	
Uncoupled Specialties	
Runthrough Specialties	
Dentistry / Dental	
Stroke	
PH Medicine	
GP, Comm & PH	
Other Specialties	
Other M&D	
Apprenticeships	
Workforce Challenges (or Risks)	
Finalise & Submit	
Finalise	

6.2 My Trust

The first section on the dashboard navigation contains information about your Trust and the people who will work on your submission. It is divided into two subsections; Trust Details and Contributors.

Trust Details

When you first log in, we ask that you check that your Trust details are correct. Click

[Trust Details](#) and check your details.

Figure 7: Trust Details Page

NHS Secondary Care: Workforce Planning
NHS Health Education Yorkshire & the Humber

Home Help Change Password Logout

My Trust Please Review these details and then click save to confirm. Complete Save Cancel

Trust Code:
Z99

Trust Name:
Z-Demonstration Trust

Trust Type:
Acute - Large


Local Area Team:
North Yorkshire and Humber

Address:
Littleton House
Tyny Road
Castertown
South Yorkshire

Postcode:
S88 6DC

My Tasks View All

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Review the details and make any required corrections. Click  once the necessary changes, if any, have been made.

Trust types are as follows:

Acute –Multi-service: Trusts comprising a district general type of acute hospital as well as significant amounts of community activity (non-acute expenditure greater than 15%).
Acute –Teaching: Trusts with an attached undergraduate medical school.
Acute –Large/Medium/Small: Trusts with an A&E department and all core acute specialties. Subdivided into three categories, based on 2011-12 ERIC data on income: <ul style="list-style-type: none"> o Small denotes an annual income of up to £190m o Medium -between £190m and £260m o Large -above £260m
Acute –Specialist: Trusts with very restricted specialties, such as orthopaedic and children’s trusts.
Ambulance Trust: Trusts providing emergency access to health care.
Care Trust: Trusts that provide social care as well as health care.

<p>Community Provider Trust: Trusts responsible for providing community health services for their local population, typically delivering services such as midwifery, community nursing, learning difficulties services, chiropody, community physiotherapy and occupational therapy. May be named “Community Interest Companies (CICs), operating as Social Enterprises</p>
<p>Mental Health and Learning Disability: Trusts with over half of their outpatient activity in mental health specialties. Some trusts concentrate solely on community services, mental health or learning disabilities. Others may have significant acute expenditure but mostly in medicine and elderly, indicating cottage and community hospitals rather than district general hospitals.</p>
<p>Shared Services Organisation: Organisations that provide a central administrative and/or HR function for a number of NHS Trusts.</p>
<p>Others: Any not listed in the above. Organisations in iView that do not fit into any of the above groups. At present, this accounts for only the Post Graduate Institute, an organisation in North East hosting doctors-in-training.</p>

Assign Contributors

Contributors are colleagues within your organisation who need to contribute to your narrative section (more information can be found in [6.4 Workforce Narratives](#)) or who are involved in the finalisation and submission of your Trust's return (more information can be found in [6.5 Finalise and Submit](#)).

Below is an example of contributors used in Yorkshire and the Humber in 2014/15. These will change depending on your LETB geography.

The current contributors list is:	HR or Finance director
Advance Clinical Practice lead	Leadership and Development lead
Allied Health Professionals lead	Medical Director
Apprenticeship lead	Non-Medical prescribing lead
Chief Executive	Nurse Director
Children and Maternity Services lead	Nursing lead
Clinical skills facilities lead	Pharmacy lead
Community workforce lead	Physiotherapy and Occupational Therapy
Diagnostic Radiographer lead	Lead
Healthcare Scientist lead	Support staff lead
HR Director	Values and Behaviours lead

LETBs may request any additions to the contributors list. Please bear in mind that the contributor list comprises functional responsibilities and these will not generally be the same as job titles.


You need to assign contributors based on the section they need to complete. To add contributors click [Contributors](#) and enter the relevant name and email address under each job title ([Figure 8](#)). Once complete click  at the top of the screen.

Figure 8: Trust Contributors Page

NHS Secondary Care: Workforce Planning
NHS Health Education Yorkshire & the Humber

Home Help Change Password Logout

Trust Contributors Please supply detail for each of the following roles. Incomplete Save Cancel

Contributor Role	N/A	Email	Name	
Workforce Planner	<input type="checkbox"/>	Workforce.Information@yh.hee.nhs.uk	Demonstration User	Unassign
Chief Executive	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Nurse Director	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Medical Director	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Human Resources Director	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Pharmacy lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Non-Medical prescribing lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Healthcare Science lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Community workforce lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Children and Maternity Services lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Nursing lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Support staff lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Apprenticeship lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Diagnostic Radiographer lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Allied Health Professionals lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Community workforce lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Advance Clinical Practice lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Values and Behaviours lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Clinical skills facilities lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
HR or Finance director	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Nursing lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Leadership and Development lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign
Physiotherapy and Occupation Therapy lead	<input type="checkbox"/>	<input type="text" value="Enter or Lookup Email"/>	<input type="text" value="Enter Name"/>	Unassign

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Upon saving this data, an 'Invitation to Contribute' email with an Invitation Code will be sent to the new contributors which allow them to register, as described in [7.1 Accessing the website](#), and access the site. Please note each contributor will have individual login details and can only contribute to their assigned sections. Contributors will not be able to make changes to the Workforce Demand templates (although they will be able to view them).

If you need to assign someone else as a contributor to a role that has been previously assigned, click **Unassign** to remove the current contributor and enter the new contributor's details.

If a contributor role is not applicable to your Trust click the N/A box next to the role to reflect this.

Figure 9: Example Contributor's Page

NHS Secondary Care: Workforce Planning
NHS Health Education Yorkshire & the Humber

Home Help Change Password Logout

Welcome to the Workforce Planning Data Collection Portal

The Collective Forecast Demand Template forms part of an underpinning evidence base supporting a 'bottom up' approach to workforce planning, building on local expertise and practice to inform education commissioning investment decisions undertaken at regional and national level by Health Education England (HEE) and its Local Education and Training Boards (LETBs).

The Workforce Planning Data collection portal was built to improve the quality of workforce plans, simplify analysis and present more user friendly approach to contribute to the planning round. The portal is a central place where all workforce plans will be saved. Users can access it and make changes at any point of time. The portal includes the following sections: "My Trust", "Workforce Demand", "Narratives" and "Finalise and Submit". You or delegated users are required to fill each section. During the completion you can track your progress in Tasks area. Once completed information needs to be submitted from the "Finalise and Submit" section.

If you have any questions which are not covered by Guidance Document or need technical support please contact Workforce.Information@vh.hee.nhs.uk

If you want to discuss your question with a wider audience, please leave a post in the Q&A section on Workforce Planning Cycle 2014/15 forum [here](#)

Mutsa Gurupira's Tasks

Progress: 0%

Workforce Narrative

Section 5 - Healthcare Science prescribing

Finalise & Submit

Finalise

City Health Care Partnership Collection Progress 67%

Contributors	Name	Progress %
Workforce Planner	Tony Curtis	67%
Chief Executive	Tony Curtis	67%
Nurse Director	Tony Curtis	67%
Medical Director	Tony Curtis	67%
Human Resources Director	Tony Curtis	67%
Pharmacy lead	Tony Curtis	67%

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Table 1: Contributor suggestions for subsections in the Workforce Narratives Section

#	Form	Contributor
1	<i>Profession specific information</i>	To be assigned at a Trust Level
2	Section 1 – Primary and Community Care	To be assigned at a Trust Level
3	Section 2 – Emergency Care	To be assigned at a Trust Level
4	Section 3 – Mental Health	To be assigned at a Trust Level
5	Section 4 – Nursing	To be assigned at a Trust Level
6	Section 5 – Public Health	To be assigned at a Trust Level
7	Section 5 – Scientific, Therapeutic and Technical	To be assigned at a Trust Level
8	<i>Risk Management</i>	To be assigned at a Trust Level
9	<i>Service/Workforce Transformation</i>	To be assigned at a Trust Level
10	<i>Strategic Oversight</i>	To be assigned at a Trust Level
11	<i>Widening Participation</i>	To be assigned at a Trust Level
12	<i>Other Additional/Local Information</i>	To be assigned at a Trust Level

Multiple organisations

If a workforce planner (or a contributor) works across multiple organisations **using the same email address**, the eWorkforce platform will recognise this. The user will then be able to choose which organisation they are entering data for.

6.3 Workforce Demand

You need to record your workforce data in the Workforce Demand section. This section includes five subsections; Non-Medical, Healthcare Scientists, Medical and Dental, Apprenticeships and Workforce Risks and Challenges.

Navigating and entering data in the Workforce Demand section

To begin entering your workforce numbers, click the section you wish to start completing, that is 'Non-Medical', 'Medical and Dental' or 'Healthcare Scientist'.

In order to enter information/data you need to click on the cells and enter your value. You must only enter numeric values in the cells as text will not be saved.

There are three ways which you can use to navigate between cells. You can

- Use your mouse to click cells;
- Use the TAB or ENTER key on your keyboard or
- Use the arrows on your keyboard.

You must enter some data to complete the section. If you have no data to enter for a particular row double click the Demand Growth % to submit 0 for the row.

You may save the document at any time and return to it at a later date if you wish. If you press cancel, all of your unsaved updates will be lost.

Workforce Demand sections (rows)

The darker coloured rows give information about the rows below and aggregate figures.

Darkest row: Provides an indication of whether the staffing categories listed in Column C are classified as; Clinical / Non-clinical staff or Additional (specialist groups)

2nd darkest row: Highlights those rows which relate to specific clinical roles which due to either their specialist commissioning route or high political interest require their own forecast demand projection as well as being included in the composition of their relative aggregate staffing category; i.e.

- **Relative staffing category:** Maternity/Neonatal Services (inc. SCBU's)

- **Specific Role:** Registered Midwives

Lightest row: Provides a guide to the national standard occupation codes that should contribute to the composition of a specific staffing category. These codes should be used as a guide for Providers when completing the Baseline Staff in Post position as at Mar-15. Future forecast demand for Mar-16 through to Mar-20 should then reflect the projected in year demand positions against those staffing categories

To note:

- i. Rows highlighted in **grey** or other colours represent an automatically calculated/aggregate row
- ii. Rows where no occupation codes are provided against the staffing category represent either an automatically calculated/aggregate row or an “any other” row to capture any other staff (down to local interpretation or due to inadequate coding/data quality issues) that cannot be placed within one of the other named rows
- iii. * Star symbols mark those staffing categories without specific or changing national occupation code standards i.e. Healthcare Scientists and IAPT (Improving Access to Psychological Therapies) – where this is the case further notes are provided towards the bottom of the Non-medical template
- iv. Staffing categories have been aligned as closely as possible to the HSCIC standard published categories
- v. A fuller occupation code list is available in from your LETB. This provides a map as to which occupation codes relate to which staffing category and/or specific role within the Non-medical template; these are mapped against the high level HSCIC standard published categories

Workforce Demand sections (columns)

Each of the sections has four subsections (Figure 10) into which you will enter information.

Figure 10: Workforce Demand Template

Staff Category	Baseline		Demand Growth %	Forecast Demand					Forecast Fill Rate %		Implied Staff from Forecast Fill	Newly Qualified Demand				
	Staff in Post	Current Fill Rate		31st Mar 14	31st Mar 15	31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19	31st Mar 15		31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19	
Non-Medical	51.00	100.00%	51.00	---	54.45	59.05	62.31	66.72	71.43	315.00	210.17	15.00	15.00	15.00	15.00	15.00
Clinical	45.00	100.00%	45.00	---	48.15	51.45	55.35	59.40	63.75	303.00	179.98	15.00	15.00	45.00	176.00	15.00
Registered Nursing, Midwifery and Health visiting staff	15.00	100.00%	15.00	---	16.65	18.45	20.55	22.80	25.35	15.00	3.42	15.00	15.00	15.00	15.00	15.00
Acute, Elderly and General	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Community Services	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Community Psychiatry	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Community Learning Disabilities	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Maternity/Neonatal Services (including SCBU)	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Paediatric Nursing	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Other Psychiatry	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Other Learning Disabilities	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
School Nursing	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Any Other Nursing	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
From the above of which Registered Midwives	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Neonatal Nurses	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Registered Health Visitors	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
District Nurses	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
School Nurses	1.00	100.00%	1.00	---	1.11	1.23	1.37	1.52	1.69	1.00	0.02	1.00	1.00	1.00	1.00	1.00
Qualified Scientific, Therapeutic and Technical Staff	21.00	100.00%	21.00	---	22.05	23.10	24.36	25.62	26.88	105.00	26.90	0.00	0.00	21.00	152.00	0.00
Allied Health Professionals	10.00	100.00%	10.00	---	10.50	11.00	11.60	12.20	12.80	50.00	6.10	0.00	0.00	10.00	31.00	0.00
Art Music/ Drama therapy	1.00	100.00%	1.00	---	1.05	1.10	1.16	1.22	1.28	5.00	0.06	0.00	0.00	1.00	1.00	0.00

A

The 'ESR Staff in Post' column will be pre-populated with the most recent data available from ESR (March 2015 when available).

The 'Baseline Staff in Post' is the full time equivalent (FTE) number of staff in post, directly employed by the Provider organisation as at 31-Mar-15 (exclusive of; agency, bank, locum, vacant posts or hosted staff)

The 'Current Fill Rate' is automatically calculated once you enter your Baseline Demand (Establishment). Baseline demand (establishment) is the number of staff in post plus number of vacancies. For example, if you have 20 midwives and 1 vacant midwife position, your baseline demand will be 21. The 'Current Fill Rate' is calculated by dividing Baseline Staff in Post by Baseline Demand (Establishment).

The Baseline Demand (Establishment) is the required workforce establishment as at 31-Mar-15 (reflective of the replacement for leavers plus predicted change in capacity required plus vacant posts)

B

To enter your Forecast data there are two options:

Option 1

If you expect constant growth for the next 5 years enter the expected growth rate (%) in the 'Demand Growth' column. The 'Forecast Demand' for the next 5 years will be automatically populated.

Option 2

Navigate to each Forecast Demand cell and enter your forecast manually, leaving the Demand Growth cell blank.

C

The 'Forecast Fill Rate' represents the percentage of Forecast Demand as at March 2019 that will be filled by Staff in Post FTE at that point in time. This will automatically calculate the Implied SIP from Forecast Fill Rate. This is calculated (for each row) as; Forecast demand figure inputted as at Mar-15 minus (Forecast demand figure inputted as at Mar-15 multiplied by the percentage (%) Forecast Fill Rate % figure inputted).

D

For each staff row (where applicable) please enter the corresponding forecast demand for newly qualified staff. The information will inform decisions on commissioning levels for education and training.

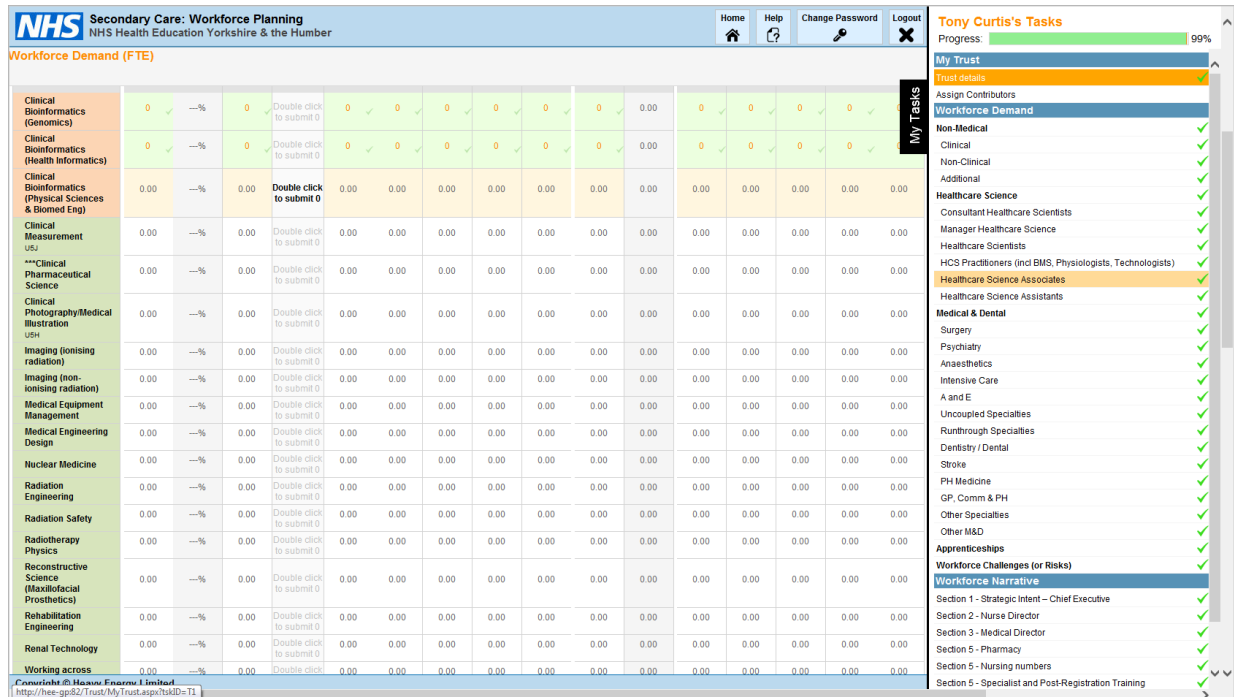
Tasks, View All and Filter buttons

On the right hand side of each section are three buttons that you can use to keep track of the tasks you need to do, filter content and add comments to the template.

My Tasks

My Tasks allows you to navigate from section to section without returning to the home page by clicking the desired section. The pane will show your progress in your tasks, highlighting those sections which are complete and those that are yet to be completed.

Figure 11: My Tasks



[View All](#)

The view all button allows you to view all tasks that have to be completed for your Trust by your and other contributors.

Figure 12: View All

The screenshot shows the 'Secondary Care: Workforce Planning' interface for NHS Health Education Yorkshire & the Humber. The main table displays workforce demand data for various staff categories. A blue 'View All' button is positioned over the 'Newly Qualified' column. On the right, the 'All Trust Tasks' panel shows a progress bar at 67% and a list of tasks with green checkmarks, including 'Uncoupled Specialties', 'Runthrough Specialties', 'Dentistry / Dental', 'Stroke', 'PH Medicine', 'GP, Comm & PH', 'Other Specialties', 'Other M&D', 'Apprenticeships', 'Workforce Challenges (or Risks)', and 'Workforce Narrative'.

Filter

The filter allows you filter sections of the template, as well as being able to hide completed items and show those that invalid.

Figure 5: Filter

The screenshot shows the same interface as Figure 12, but with a 'Filter' button highlighted in the top left. The right-hand side panel, titled 'Filter Groups', provides options to hide demand data. It includes sections for 'Planning Group' (with checkboxes for Informatics, Physical Sc & Biomed Engineering, Life Sciences, and Physiological Sciences), 'Sub Group One' (Support to Qualified Healthcare Science Staff), and 'Sub Group Two' (Healthcare Science Associates). Under 'Filter Items', there are checkboxes for 'Hide Completed Items' and 'Show Invalid Items'.

Comments

The comments button allows you to add notes and comments to a selected row of data. Click any cell in the desired row and then 'Comments' to show the comments box.

Figure 14: Notes and Comments

The screenshot displays the NHS Secondary Care Workforce Planning interface. The main table shows workforce demand (FTE) for various clinical and non-clinical categories. The 'Clinical Measurement' row is highlighted, and a 'Notes & Comments' sidebar is open on the right, allowing users to add notes for that specific row. The sidebar contains a text area with the instruction: 'Use this area to add any notes for the selected row'. The table columns include categories like Clinical Bioinformatics (Genomics), Clinical Bioinformatics (Health Informatics), Clinical Bioinformatics (Physical Sciences & Biomed Eng), Clinical Measurement, etc., with values for FTE and percentage change.

Category	FTE	% Change	Notes	Value 1	Value 2	Value 3	Value 4	Value 5	Value 6	Value 7	Value 8	Value 9	Value 10	Value 11	Value 12	Value 13	Value 14	Value 15
Clinical Bioinformatics (Genomics)	0	—%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Bioinformatics (Health Informatics)	0	—%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Bioinformatics (Physical Sciences & Biomed Eng)	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clinical Measurement	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
***Clinical Pharmaceutical Science	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clinical Photography/Medical Illustration	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Imaging (ionising radiation)	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Imaging (non-ionising radiation)	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Equipment Management	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Engineering Design	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nuclear Medicine	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Radiation Engineering	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Radiation Safety	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Radiotherapy Physics	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reconstructive Science (Maxillofacial Prosthetics)	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rehabilitation Engineering	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Renal Technology	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Working across	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Non-Medical

The Non-Medical template captures data the following staff groups

- Clinical
 - Registered Nursing, Midwifery and Health Visiting Staff
 - Qualified Scientific, Therapeutic and Technical Staff
 - Qualified Ambulance Service Staff
 - Support to Clinical Staff
- Non-Clinical
 - NHS Infrastructure Support
 - General Payments
- Additional

The aggregated template will be populated automatically based on information provided in the Clinical, Non-Clinical and Additional section.

Figure 6: Non-Medical Template

Staff Category	Baseline		Current Fill Rate	Baseline Demand	Demand Growth %	Forecast					Forecast Fill Rate %	Implied SIP from Forecast Fill	Newly Qualified Demand					
	Staff in Post	31st Mar 14				31st Mar 14	Total	31st Mar 15	31st Mar 16	31st Mar 17			31st Mar 18	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 19
	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Non-Medical	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clinical	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Registered Nursing, Midwifery and Health visiting staff	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Acute, Elderly and General NDA, NTA, NSA, NTA, NAA, NCA	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Community Services NDH, NTH, NDB, NHB, NDB, NDB, NTH, NHA, NDH, NEH	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Community Psychiatry NDD, NDD, NDD, NTD, NAD, NCD	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Community Learning Disabilities NDF, NAF, NBF, NDF, NTF, NDF, NDF	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Maternity/Neonatal Services (including SCBUs) NDC, NDL, NTL, NTL, NDC, NDL, NDL, NTL, NTL, NAC, NAL, NCC, NCL	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Paediatric Nursing NBE, NBE, NBE, NBE, NCB	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Psychiatry NDE, NDE, NTE, NAE, NCE	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Learning Disabilities NDD, NDD, NTD, NAD, NCD	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
School Nursing NDK, NDK, NTK, NAK, NDK, NDK	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Any Other Nursing NDU, NDU, NDU, NDU, NTA, NCU	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
From the above of (allied) Registered Midwives	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Neonatal Nurses	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Registered Health Visitors	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
District Nurses	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
School Nurses	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Qualified Scientific, Therapeutic and Technical Staff	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Art Music Drama therapy SDH, SHH, SHH, SHH	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Healthcare Scientists

The 'Healthcare Scientists' template will show aggregated information and will populate automatically with data from the following sections:

- Consultant Healthcare Scientists
- Healthcare Science Practitioners (including BMS, Physiologists, Technologists)
- Healthcare Scientists
- Manager Healthcare Sciences
- Healthcare Science Assistants
- Healthcare Science Associates

Figure 7: Healthcare Scientist Template

Staff Category	Baseline	Current	Baseline Demand	Demand Growth %	Forecast					Forecast Fill Rate %	Implied SIP from Forecast Fill	Newly Qualified Demand				
	Staff in Post	Fill Rate			Total	Demand										
	31st Mar 14	31st Mar 14	31st Mar 14	Total	31st Mar 15	31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 16	31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19
Healthcare Science	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Informatics	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physical Sc & Biomed Engineering	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Life Sciences	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physiological Sciences	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Qualified Healthcare Science Staff	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultant Healthcare Scientists	0.00	—%	0.00	—%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clinical Bioinformatics (Genomics)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Clinical Bioinformatics (Health Informatics)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Clinical Bioinformatics (Physical Sciences & Biomed Eng)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Clinical Measurement (UK)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
***Clinical Pharmaceutical Science	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Clinical Photography/Medical Illustration (UK)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Imaging (ionising radiation)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Imaging (non-ionising radiation)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Medical Equipment Management	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Medical Engineering Design	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Nuclear Medicine	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Radiation Engineering	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Radiation Safety	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Radiotherapy Physics	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—
Reconstructive Science (Maxillofacial Prosthetics)	—	—%	—	—%	—	—	—	—	—	—	—	—	—	—	—	—

Medical and Dental

Medical and Dental aggregated template will be automatically populated with staff data captured in the speciality groups

- Surgery
- Psychiatry
- Anaesthetics
- Intensive Care
- Accident and Emergency
- Uncoupled Specialities
- Runthrough Specialities
- Dentistry/Dental
- Stroke
- PH Medicine
- General Practice, Community and Public Health
- Other Specialities
- Other Medical and Dental

For each speciality you need to record staff in the following job categories:

- Consultants (including Directors of Public Health)
- Trainee Grades
- Career/ Staff Grades
- Other Medical & Dental (balancing figure)

The criteria used to allocate staff into these groups or the baseline data is shown in the table below.

Table 2: Criteria for Allocating Job Roles to Groups

Job Roles on ESR	Workforce Plan Group
Clinical Director - Dental	Consultants (including Directors of Public Health)
Clinical Director - Medical	Consultants (including Directors of Public Health)
Consultant	Consultants (including Directors of Public Health)
Dental Surgeon acting as Hospital Consultant	Consultants (including Directors of Public Health)
General Dental Practitioner	Consultants (including Directors of Public Health)
General Medical Practitioner	Consultants (including Directors of Public Health)
Medical Director	Consultants (including Directors of Public Health)
Salaried Dental Practitioner	Consultants (including Directors of Public Health)
Salaried General Practitioner	Consultants (including Directors of Public Health)
Board Level Director	Consultants (including Directors of Public Health)
Chief Executive	Consultants (including Directors of Public Health)
Manager	Consultants (including Directors of Public Health)
Senior Registrar (Closed)	Trainee Grades
House Officer - Post Registration (Closed)	Trainee Grades
House Officer - Pre Registration (Closed)	Trainee Grades
Registrar (Closed)	Trainee Grades
Specialist Registrar (Closed)	Trainee Grades
Specialty Registrar	Trainee Grades

Associate Specialist (Closed)	Career/ Staff Grades
Clinical Assistant	Career/ Staff Grades
Clinical Medical Officer	Career/ Staff Grades
Dental Officer	Career/ Staff Grades
Hospital Practitioner	Career/ Staff Grades
'Other' Community Health Service	Career/ Staff Grades
Senior Dental Officer	Career/ Staff Grades
Senior House Officer (Closed)	Career/ Staff Grades
Specialty Doctor	Career/ Staff Grades
Staff Grade (Closed)	Career/ Staff Grades
Trust Grade Doctor - Career Grade level	Career/ Staff Grades
Trust Grade Doctor - House Officer level	Career/ Staff Grades
Trust Grade Doctor - SHO level	Career/ Staff Grades
Trust Grade Doctor - SHO Level (Closed)	Career/ Staff Grades
Trust Grade Doctor - Specialist Registrar Level (Closed)	Career/ Staff Grades
Trust Grade Doctor - Specialty Registrar	Career/ Staff Grades
Senior Clinical Medical Officer	Career/ Staff Grades
Foundation Year 1	Other Medical & Dental (balancing figure)
Foundation Year 2	Other Medical & Dental (balancing figure)

Figure 17: Medical and Dental Template

NHS Secondary Care: Workforce Planning NHS Health Education East of England														Home	Help	Change Password	Logout
Staff Category	Baseline	Current	Baseline	Demand	Forecast					Forecast	Implied SIP	Newly Qualified Demand					
	Staff in Post	Fill Rate			Demand	Demand	Demand	Demand	Demand			Fill Rate %	From	Forecast	Forecast	Forecast	Forecast
	31st Mar 13	31st Mar 14	31st Mar 14	2014	31st Mar 15	31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 15	31st Mar 16	31st Mar 17	31st Mar 18	31st Mar 19
Medical & Dental	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical & Dental	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surgery	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Surgery	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultants (including Directors of Public Health) 021	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Trainee Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Career/ Staff Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Medical & Dental (balancing figure)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Paediatric Surgery	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultants (including Directors of Public Health) 022	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Trainee Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Career/ Staff Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Medical & Dental (balancing figure)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Otolaryngology	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultants (including Directors of Public Health) 023	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Trainee Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Career/ Staff Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Medical & Dental (balancing figure)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Trauma and Orthopaedic Surgery	0.00	---	0.00	---	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultants (including Directors of Public Health) 024	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Trainee Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Career/ Staff Grades	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other Medical & Dental (balancing figure)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Workforce Challenges or Risks

This section allows you to record any workforce risks or challenges affecting your Trust.

Figure 8: Risks and Challenges Summary Page

The screenshot shows the 'Workforce Challenges (or Risks)' summary page. At the top, there is a navigation bar with 'Home', 'Help', 'Change Password', and 'Logout' links. Below this, the page title 'Workforce Challenges (or Risks)' is displayed. A 'Submit' button and a '+ Add' button are visible. The main content area is a table with the following columns: 'Brief Description of the challenge or risk to your workforce', 'What is driving this workforce challenge?', 'Which major staff group is affected by this challenge/risk?', 'What is the Job Roles / AFC level Band of those affected (if applicable)', and 'Will the challenge be managed locally or is this a regional/national challenge?'. The table currently shows 'No data available in table'. A 'Filter by Text' input field is located to the right of the table. At the bottom, there are 'Previous' and 'Next' navigation buttons. A vertical sidebar on the right contains 'My Tasks' and 'View All' buttons.



Click  to record a new risk/challenge. Once all risks and challenge have been added click  to submit your information.

Figure 9: Risk/Challenge Entry Page

The screenshot shows the 'Risk/Challenge Entry Page'. At the top, there is a navigation bar with 'Home', 'Help', 'Change Password', and 'Logout' links. Below this, the page title 'Workforce Challenges (or Risks)' is displayed. A 'Submit' button and a '+ Add' button are visible. The main content area is a form with the following sections: 'Brief Description of the challenge or risk to your workforce' (Required), 'What is driving this workforce challenge?' (Required) with radio button options: Financial drivers, Impact of technology / innovation, LETB priorities, National policies, Pathway re-design, Population / Demographics, Quality standards, Service reconfiguration, Skills gap; 'Which major staff group is affected by this challenge/risk?' (Required) with radio button options: Add Prof Scientific and Technical, Additional Clinical Services, Administrative and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists, Medical and Dental, Nursing and Midwifery Registered; 'What is the Job Roles / AFC level Band of those affected (if applicable)' (Required); and 'Will the challenged be managed locally or is this a regional/national challenge?' (Required) with radio button options: Locally managed (by organisation), Health Economy Support, Regional (LETB) Support, National support / influence, All of the above required. At the top right of the form, there are 'Incomplete', 'Save', 'Cancel', and 'Back' buttons. A vertical sidebar on the right contains 'My Tasks' and 'View All' buttons.

6.4 Workforce Narratives

The final section captures information regarding the processes used for assurance of the; quality, extent of integration and engagement in returned workforce plans. (* denotes sections that are yet to be assigned to a contributor)

Figure 20: Workforce Narratives Subsections

Workforce Narrative
Primary and Community Care
Primary and Community Care *
Emergency Care
Emergency Care *
Mental Health
Mental Health *
Nursing
Nursing *
Public Health
Public Health *
Diagnostic and Scientific
Diagnostic and Scientific *
Strategic Oversight
Strategic Oversight *
Service/Workforce Transformation
Workforce Transformation *
Widening Participation
Education Transformation *
Risk Management
Risk Management *
Other Additional/Local Information
Other Additional / Local Information *
Finalise & Submit
Finalise My Tasks

Figure 10: Non-Medical Prescribing, Pharmacy and Healthcare Science Workforce Narratives Section

Secondary Care: Workforce Planning
NHS Health Education Energyshire

[Home](#)
[Help](#)
[Change Password](#)
[Logout](#)

Section 5 - Non-Medical prescribing, Pharmacy and Healthcare Science

Save
Cancel
Delete

Non-Medical prescribing, Pharmacy and Healthcare Science

Non-Medical prescribing

Are you investing in Pharmacist Prescriber roles?

Yes No

How can Health Education Yorkshire and the Humber support you with investing in Pharmacist Prescriber roles?

Why do we need to know this? To identify the levels and content of support required.

Pharmacy

Do you have a Pharmacy lead that we can contact?

Yes No

Please supply their contact details:

Name

Email Address

Phone Number

Why do we need to know this? To help develop a network for Pharmacy workforce matters.

Completing The Workforce Narrative Section

Completing the 'Workforce Narratives' section requires either selecting a Yes/No, or completing a free text box. Once completed, click Save and you can submit your response by

clicking Submit

Figure 11: Example Workforce Narrative Section

NHS Secondary Care: Workforce Planning
NHS Health Education Yorkshire & the Humber

Section 5 - Healthcare Science prescribing

Home Help Change Password Logout

Save Cancel Submit

My Tasks

Has your organisation got a strategy to support workforce planning for the healthcare scientist workforce?
At assistant/associate level (bands 1-4):
Yes we do.

At Practitioner level:
Yes we do.

At Scientist level:
Yes we do.

At Consultant Healthcare Scientist level, i.e. as alternate or additional roles to medical consultant posts in specialist scientific areas:
Yes we do.

Why do we need to know this? We are moving out of the project phase and into the mainstream service delivery and are particularly keen to understand the likely shape of the workforce at all levels.

Who is your nominated lead for discussions on education commissioning for your healthcare scientist workforce?
For Life Sciences:
Name:
Mutsa Gurupira
Email:
mutsa.gurupira@yh.hee.nhs.uk
Phone:
0113 394 7995
For Physiological Sciences:
Name:
Mutsa Gurupira
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6.5 Finalise and Submit

The 'Finalise and Submit' section allows you to review all your tasks and submit your data and narratives once completed.

Contributor's own task finalisation / submission

A contributor will have one or more tasks to complete in the application. Once a contributor has completed their tasks, they will be able to submit and finalise the data they have provided. Workforce planners are predominantly contributors to the plan. Although, they have elevated privileges enabling them to oversee and manage elements of the trust's collection, this area will only show their own tasks.

A contributor will be able to *un*finalise and modify their data until finalisation is at stage 3 (below).

Workforce Planner's collection status overview

Available only to Workforce Planners, this feature will provide a detailed overview of the collection status, as seen in the previous version. This page will give a WP the opportunity to review, chase and tidy up any outstanding detail prior to finalisation and submission for board level sign-off.

Board Sign-off

The sign-off process will also be contributor led. These may include contributors assigned earlier in the process (Chief Exec), or a new contributor role, e.g. Sign-off Board Member (remember we can assign multiple individuals to a contributor role). This is the Sign-Off Board Member. This must include the:

- Chief Executive,

- Clinical / Medical Director
- Director of Nursing
- Director of Finance
- Director of HR / Workforce
- Staff Side Representative

but may also include others.

Once the planner has submitted the final collection data, sign-off board contributors will be emailed and asked to provide final sign off for the data provided.

The sign-off contributor will be asked to provide confirmation (*or evidence*) that the workforce demand forecast:

- Aligns with financial, commissioning and service plans of the organisation
- Aligns with commissioners plans
- Assures safe staffing levels

Once these contributors sign off the collection – the data is locked and available for the LETB and HEE to work with.

Board Sign-off

Figure 12: Incomplete template

My Trust	Completed	Finalised By	On	At
✓ Trust details	22/05/2014	-	-	-
✓ Assign Contributors	-	-	-	-
Workforce Demand	Completed	Finalised By	On	At
✓ Non-Medical	22/05/2014	-	-	-
✓ Clinical	22/05/2014	-	-	-
✓ Non-Clinical	22/05/2014	-	-	-
✓ Additional	22/05/2014	-	-	-
✓ Healthcare Science	22/05/2014	-	-	-
✓ Consultant Healthcare Scientists	22/05/2014	-	-	-
✓ Manager Healthcare Science	22/05/2014	-	-	-
✓ Healthcare Scientists	22/05/2014	-	-	-
✓ HCS Practitioners (incl BMS, Physiologists, Technologists)	22/05/2014	-	-	-
✓ Healthcare Science Associates	22/05/2014	-	-	-
✓ Healthcare Science Assistants	22/05/2014	-	-	-
✓ Medical & Dental	22/05/2014	-	-	-
✓ Surgery	22/05/2014	-	-	-
✓ Psychiatry	22/05/2014	-	-	-
✓ Anaesthetics	22/05/2014	-	-	-
✓ Intensive Care	22/05/2014	-	-	-
✓ A and E	22/05/2014	-	-	-
✓ Uncoupled Specialities	22/05/2014	-	-	-
✓ Runthrough Specialities	22/05/2014	-	-	-

Once all sections have completed, click

 **Finalise & Return**

Figure 24: All Sections Completed

The screenshot shows the 'Finalise & Submit' page in the NHS Secondary Care Workforce Planning system. A modal dialog box titled 'Finalise & Return?' is centered on the screen, asking the user to confirm if they are satisfied with the data. The dialog contains the text: 'If you are satisfied the data you provided is complete, please choose "Yes" to submit the data. You can still change your return but you will need to Finalise again.' There are 'No' and 'Yes' buttons at the bottom of the dialog. In the background, a table lists 13 sections, all of which are marked as 'Completed' with a green checkmark. The table has columns for 'Workforce Narrative', 'Completed', 'Finalised By', 'On', and 'At'. A 'Finalise & Return' button is visible in the top right corner of the page.

Workforce Narrative	Completed	Finalised By	On	At
Section 4 - Human Resources Director	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Non-Medical prescribing	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Healthcare Science prescribing	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Children and Maternity Services	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Diagnostic Radiographers	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Physiotherapy and Occupational Therapy	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Allied Health Professionals	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Primary and Community Care	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Advancing Clinical Practice	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Values and Behaviours	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Clinical skills Facilities	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Training Needs Analysis	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Leadership and Development	22/05/2014	Mutsa Gurupira	22/05/2014	13:24

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Click 'Yes' to submit your return. Once submitted the section will reflect this.

Figure 13: Submitted Return

The screenshot shows the 'Finalise & Submit' page after the return has been submitted. A green checkmark and the text 'Finalised & Returned' are displayed in the top right corner. The table below shows that all 13 sections are now marked as 'Completed' and 'Finalised By' Mutsa Gurupira. The 'On' and 'At' columns show the submission date and time as 22/05/2014 13:24. A 'View All' button is visible on the right side of the table.

Workforce Narrative	Completed	Finalised By	On	At
Section 4 - Human Resources Director	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Non-Medical prescribing	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Healthcare Science prescribing	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Children and Maternity Services	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Diagnostic Radiographers	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Physiotherapy and Occupational Therapy	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Allied Health Professionals	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Primary and Community Care	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Advancing Clinical Practice	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Values and Behaviours	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Clinical skills Facilities	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Skill Sharing – Training Needs Analysis	22/05/2014	Mutsa Gurupira	22/05/2014	13:24
Section 5 - Leadership and Development	22/05/2014	Mutsa Gurupira	22/05/2014	13:24

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7. Terminology

Informed by the National Minimum Dataset definitions v2.6 & National Workforce Planners discussion

Link: <http://www.hscic.gov.uk/datasets/nwd>

The terms and definitions as stated below have been reached via consensus and are relevant to the completion of the Collective Forecast Demand Template via LETBs to the HEE national team. The terms utilised in local discussion / other circumstances may mean different things to different audiences:

In alphabetical order:

- **2014/15 Planning Round** – the Planning Round that has just finished which resulted in decisions reached regarding the commissions for education programmes commencing from September 2015
- **2015/16 Planning Round** - the Planning Round that is just starting which will result in decisions reached regarding the commissions for education programmes commencing from September 2016
- **Arms Length Bodies ('ALBs')** - Executive agencies with particular responsibilities for business areas, accountable to, the Department of Health, Special health authorities and non-departmental public bodies which have a role in the process of national government, but are not part of government departments. Full list of NHS ALBs at <https://www.gov.uk/government/publications/arms-ength-bodies/our-arms-length-bodies>
- **Collective Forecast Demand Template** – the forecast demand planning template reached in joint consensus between HEE and its LETBs in terms of structure and composition in order to provide a “common currency” for the collection of data against particular staffing categories
- **Current NHS workforce** - essentially those staff captured on the Electronic Staff Record (ESR) working in 'core' providers and others where there is access to 'real' (not always correct) data
- **Education commissions** - the number of places invested in/planned to deliver newly qualified staff to contribute to forecast workforce demand
- **Establishment** – Sometimes referred to as 'Baseline Demand' or 'Demand'; sometimes as 'Authorised' or 'Planned' or 'Budgeted' resource. Generally expressed as 'WTE' (see below)
 - this item is the number of staff in post and number of vacancies, for example, if you had 20 midwives and 1 vacant midwife positions, your baseline demand

would be 21. This may be greater than, less than or equal to actual staff in post, depending on number of vacancies the organisation has at the moment.

- **Fill rate** – is a percentage of posts actually filled. It is calculated by dividing actual staff in post by the Establishment.
- **Full Time Equivalent (FTE)** - this item may also be known as “Whole time equivalent (WTE)”. This is the standard method for defining the amount of work of an employee or in a position. It is the basis for most planning and monitoring of the workforce. The workforce is usually expressed in terms of WTE and Headcount numbers. Contracted WTE is calculated by dividing Contracted Hours or Contracted Sessions by the Standard Hours (or Sessions) for the Grade. For example: if the standard hours for a nurse are 37.5 and an individual Staff Nurse contracts to work 22 hours per week, then that employee's WTE is 22 divided by 37.5 = 0.59 WTE. If the standard hours for a full time Junior Doctor are 40 hours a week and an individual Junior Doctor contracts to work 40 hours per week, then that employee's WTE is = 1.00 WTE Note that a similar formula is used when calculating Worked WTE, Budgeted WTE or Paid WTE.
- **Forecast workforce demand** – the future estimated required workforce demand (establishment) as at a particular point in time (reflective of the replacement for leavers plus predicted change in capacity required plus vacant posts)
- **Non-medical education commissions** - The number of student/training places invested in/planned to deliver newly qualified ‘non-medical’ staff to contribute to forecast workforce supply
- **Planning Round** – term used by HEE and LETB workforce planners to describe the period of time within which core aggregate regional and national planning processes take place
- **Staff in Post** –the number of staff directly employed by the Provider organisation (exclusive of; agency, bank, locum or hosted staff), usually measured in terms of Full time equivalent (FTE)
- **Workforce demand** - The total number of staff (usually of a given group) required or forecast to be to required deliver a given (level of) service at a given point in time
- **Workforce supply** - The total number of staff available (usually of a given group) available, or forecast to be available to deliver a given (level of) service at a given point in time

8. Summary of core changes

- The process remains largely the same as in previous years – you are able to download the Excel collection templates for completion and upload them in to the eWorkforce Portal Tool prior to submission
- There are no changes in the medical section of the template.
- There are only minor changes in the non-medical section of the template.

The Healthcare Science section includes additional sections on Informations and Public Health.

9. Support

Further Guidance and Support can be found on line at the eWIN

<https://www.ewin.nhs.uk/wfp/resources/item/5605/health-education-north-west-workforce-planning-round-2015-2016>

If you have any queries about how to complete this eWorkforce Planning Portal once you have consulted the Guidance Document, please contact the workforce planning team at Health Education North West by:

Emailing: Workforceplanning@nw.hee.nhs.uk

Telephone: 0161 625 7366

Appendix 1 – LETB dashboard

Each LETB has a configuration area and a number of specific administration tasks.

When you log in as a LETB, you will see an overview screen with details of each Trust/Provider in your region, a link to the configuration area and a list of current tasks (usually account approvals or password resets).

Your Trusts

This section allows you to see each of your Trusts. By clicking on the Trust name, you can view their data and progress.

Configuration

Demand Configuration (check boxes)

Configure

[Edit Collection Template](#)

Please edit your template to ensure you have assigned Contributor roles to the collection tasks.

By clicking 'Edit Collection Template' you are taken to the configuration settings for all Trusts/Providers in your LETB. *This may be set differently in each LETB.*

The following options are available to modify the demand template for Trusts/Providers. They toggle the number and behaviour of visible columns in the numeric demand sections.

Show ESR SIP and Difference columns

When this option is checked, the ESR Staff in Post and Difference (ESR SIP – Org SIP) columns are visible.

Show Newly Qualified columns

When this option is checked, Trusts/Providers will see additional columns asking specifically about NQ staff in each row.

Show Fill Rate

When this option is checked, the fill rate (Baseline Demand/Establishment / Org SIP)

Recalculate Demand Growth when Establishment value changes

When this option is unchecked, the Forecast for Years 1 to 5 will only be calculated when the Demand Growth % column is modified.

When checked, the Forecast for Years 1 to 5 will be calculated when either the Establishment Column or the Demand Growth % columns are modified.

Retain Demand Growth after Save

When this option is unchecked, the values entered into the Demand Growth % column are discarded after the template has been saved.

When checked, the values entered for the Demand Growth % are saved with the template data. For clarity and consistency, whenever the values in Forecast for Years 1 to 5 are modified, the associated Demand Growth % cell will be cleared.

Contributors

LETBs should use the next section to assign contributors to specific narrative questions.

Each question may have more than one contributor (e.g. Workforce Planner; Chief Executive).

Contributors must be separated with a semicolon ; to be recognised.

This allows the system to automatically assign contributors to narrative questions when they register on the system.

Welcome Text

The final section on the configuration page allows LETBs to set the welcome message that appears for each Trust/Provider. *We recommend that this includes contact details for the LETB workforce planning team.*

This section supports Rich Text (i.e. formatting).

Incoming Access Requests

This section is where the LETB will need to approve incoming access requests and passwords reset requests.