Workforce Repository and Planning Tool

Approach to Workforce Planning

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Purpose

WRaPT is the ***Workforce Repository and Planning Tool*** which enables the collection, analysis and modelling of workforce information from organisations and providers across the whole health and social care economy. It is a flexible tool which at its core establishes the relationship between workforce capacity and service activity.

It has been designed to provide a secure workforce repository and reporting function and facilitates the ***analysis*** of large amounts of workforce and activity data across multiple organisations, creating the ability to align workforce with activity without utilising personally identifiable data. Scenarios can be ***modelled*** on any number of future states based on workforce, activity and efficiency changes. WRaPT does not seek to replicate financial modelling, safer staffing or eRostering tools, nor does it replace service knowledge, creative thinking and expertise. Rather, the use of WRaPT promotes ***meaningful discussions*** between teams, organisations and cross economy groups.

This document sets out the process the WRaPT Team utilise to support Commissioners, Providers and Cross-Economy Groups to design and implement services that meet the needs of the populations they serve through data driven workforce transformation. This approach is intended to use various data sources to enable clinicians and care providers to design effective and innovative solutions to the various challenges faced in the current Health and Social Care environment.

Scoping and Mobilisation

Key Stakeholder Engagement

To determine the shape, size and direction of any redesign project it is imperative that scoping meetings are held with both the Senior Responsible Officer (SRO) and the Clinical Lead in order to determine:

- The intentions of the programme: financial outcomes, intended structure, etc.
- The clinical intentions: quality measures, clinical leadership, etc
- Key contacts: both data and clinical
- The current picture of services which are currently provided (if applicable)
- Process and any milestones to be adhered to
- Available resources
- Deliverables/Outputs

By defining the above points, we should be able to develop a clear understanding of both the scope and direction of the programme as well as beginning to form a picture of the clinical intentions.

Identifying the Patient Cohort

Whilst the definition of the patient cohort to be covered by the new service may evolve during the design process it is important to form an initial view on the types of patients that the service will cover. At this early stage this will predominantly be provided by discussions with the Clinical Lead for the programme/project. This will later be validated by a group of stakeholders including the Service Managers, Clinicians and other staff involved in the redesign.

Key Outputs

- Initial understanding of the intended redesign and the existing services this will affect
- Early definition of the intended patient cohort for the new/redesigned service
- Key contacts for the provision of data and clinical guidance
- Established group of key stakeholders
- State of readiness assessment i.e. how quickly could the project move forwards and how much engagement is required to get stakeholders on board?

Current State

Service Mapping

Based on the scope and direction of the project as well as the initial patient cohort identified, it is possible at this early stage to form a map of the services which currently, or will be, included in the redesign. The map should include (where possible/scope dependent):

- Acute Hospital Sites
- Community Services: individual base locations
- Social Care Providers: Individual base locations
- Primary Care Centres/Practices
- Any charitable or third sector providers in scope

Utilising this information to form a map allows for an early understanding of the geography of the locality and forms a validation check to ensure all key contacts have been identified during the scoping & mobilisation meetings.

Workforce Analysis

Once the providers have been identified and mapped, the production of a reliable workforce baseline picture enables the programme to form a deeper understanding of the make-up of their partner organisations and the individual projects or workstreams they contribute to.

Gaining an understanding of the skill mix that constitutes the current workforce related to individual projects will also enable the key stakeholder group to begin to form new ideas as to how the capacity could be redeployed more effectively.

More details on how to produce workforce baseline reports can be found in the WRaPT Manual.

Activity Analysis

In conjunction with the Workforce Baseline a comprehensive view of the current activity for the locality/clinical area is a powerful tool in shaping discussions with the key and wider stakeholder groups. This data will also form the activity baseline used in the WRaPT tool. Depending on the scope data could be analysed to define:

- Admissions
    - Major disease groups or burdens
    - Frequency of admission and re-admission
    - Length of stay
    - Location admitted from
- Accident & Emergency Attendances
    - Major diagnoses or groups
    - Frequent attenders
    - Location attended from
- Social Care/ Domiciliary Care

    - Number and length of visits
    - Requirements for care
    - Any additional needs
- Primary Care
    - Reasons for attendance
    - Frequent attenders

This list is not exhaustive and all analysis should be based upon the scope and requirements of the programme. Additional information on how to carry out this analysis can be found in the WRaPT Manual.

Stakeholder Review

Forming an accurate picture of the current state of any team, service, organisation or cross economy group through data alone is often flawed and as such the WRaPT Team utilise engagement with the staff to build a robust appreciation of the services involved.

Utilising the range of analysis and reporting done to date, these engagements will also aim to build a greater understanding of:

- Current pressures, blockers and frustrations
- Any existing or previous programmes which have previously looked at these areas
- Nuances particular to the area i.e facility availability, transport constraints, etc.
- Initial ideas for how the services could be improved and work differently going forwards

Key Outputs

- Map of relevant services for the area and an understanding of how the layout has an impact on service delivery
- Accurate workforce baseline to be used in engagement as well as forming the base data for modelling
- Activity data analysis for the locality/area
- List of current blockers/frustrations with some suggestions for solutions
- Initial ideas for how the service(s) can transform to achieve their aims
- Validation of which teams/services will be in scope for the redesign
- Further development of understanding of patient cohort to be covered

Developing the Future State

Once the current state has been determined, the focus shifts to the future state and how care can be delivered differently in order to meet the needs of the programme. The WRaPT approach to designing the future state is built around understanding the current activity created by a patient group and determining how that care could be delivered differently to deliver the goals of the programme.

Assessment

To assess the state of the programme the following should be considered/reviewed:

- Project charter and any business cases (draft or finalised)
- Do the early indicators suggest the clinical redesign proposed will meet the needs of the programme?
- The viability of the proposal when outside factors are considered such as: historic difficulty in recruiting certain staff or national shortages in particular specialties
- Does the programme have wide ranging engagement and support from the wider stakeholder group and ultimately the clinical teams it will affect?

Once these factors have been considered it is possible to determine the extent of support required to progress the redesign proposal towards its goals.

Define Engagement

Dependent on the assessment as above the team may facilitate one or more engagement sessions with the staff involved to develop the following transformation initiatives where required:

- Service Improvement: Processes, Equipment, Relationships, etc.
- New Ways of Working: Use of Technology, Care Navigation, Integration Opportunities, Pathway Changes, etc.
- Skill Mix Changes: Use of New Roles, Multi-Disciplinary Teams, Combined Health and Social Care Roles, etc.

The structure of the sessions will be dependent on the level of engagement from the stakeholders and can be tailored to fit with existing workforce planning methods such as Population Centric or the Six Steps models.

Data Driven Engagement

Utilising data gathered in forming the current state, the session(s) will provide analysis of the current workforce and activity data to the clinical and non-clinical stakeholders to promote discussion and feedback to determine:

- What changes are likely to affect the service(s) from both within and outside the control of the group?
- What strategic connections will be required in order to deliver meaningful change?

- Is the patent cohort identified correct?
- How can those patients be cared for differently to achieve the goals of the programme?
- What are the new activities within the revised delivery model?
- How does this impact on the existing teams/roles?
- What are the key skills and competencies required in order to deliver the new activities based on the case load/cohort identified?
- Which roles encompass the skills required? Does this suggest the need for the deployment of a new role type?
- How will the service be delivered considering: facilities, technology and other logistical factors?
- Which activity metrics will allow for accurate modelling of the current service as well as relevant metrics for monitoring performance as the changes are implemented?
- Are there any existing frustrations/blockers/problems that haven't been addressed as a result of the above?

Output Analysis & Research

To fully understand the potential for the ideas gathered in the workshop(s) the team may research other areas already practicing/deploying elements of the proposed ideas. Specifically, for information relating to the service delivery model and patient cohort covered in order to compare to the locality/area being redesigned. The team will also seek to gather data relating to the activity covered by other areas and where relevant, the impact this has had on the inter-related teams and units in their region.

Output Alignment

The output research will then be aligned with the locality being redesigned, to do this effectively multiple factors are to be considered such as the geography of each area and historical difficulties recruiting to certain roles or specialties.

From the work carried out to this point the team will know possess:

- Validated workforce baseline for the teams involved
- Current activity data related to those teams
- Conditions for change as suggested by the stakeholder group
- New model of care delivery suggested by the the group
- Aligned research including activity shifts

These are aligned with the current teams and where necessary, roles within those teams, to produce a clear view of the transition from the current to the future state and how this will be delivered.

Validation and Refinement

Using the aligned picture of the current to future state the team will validate the research and shifts identified with key stakeholders in order to ensure agreement on the direction and

extent of the redesign. This session is key as the activity shifts and their alignment will be the basis for the workforce modelling in WRaPT.

Depending on the size, scale and nature of the programme it may be necessary to hold an additional session with parts of, or the whole wider stakeholder group to ensure shared agreement on the alignment of changes to their services.

Key Outputs

- Engagement with the programme from across the wide stakeholder group
- Shared agreement on the patient cohort to be covered by the new service
- Key changes to deliver the new model of care for the patient cohort
- Alignment of changes to the current workforce
- Research to support the proposed changes aligned to the current state
- Shared agreement of the impact of the proposed new model of care on the current activity
- Shared agreement that the new model of care will deliver the objectives of the programme as well as improving the care for patients

Future State Modelling

Modelling the Redesign

The final stage of the WRaPT approach to workforce planning utilises the outputs from all the work so far to populate the WRaPT Tool:

- Current State: Workforce baseline for the tool
- Current State: Activity baseline aligned with the workforce
- Future Focus: New model of care with aligned and validated activity shifts/changes
- Future Focus: New roles or redesigned responsibilities to carry out activity shifts/changes

For details of how to create models within the WRaPT Tool please see the WRaPT Manual.

Validation of WRaPT Model

All models created using this methodology should be presented back to the key stakeholders and should cover:

- Data sources for WRaPT inputs
- How activity has been aligned to the workforce
- Details of stakeholder engagements and the outputs gathered
- Research supporting the outputs
- Any assumptions made and how these have been formulated
- Alignment of the outputs to the workforce and the impact on activity
- Current and future state projections of:
    - Staff changes (WTE)
    - Activity Changes
    - Cost change (£)
- Details of what is not included in the above i.e medicine costs, estates, etc.

By going through this validation process it will enable the SRO and Clinical Lead to raise any queries or potential issues which may need to be addressed both in the WRaPT model and for the implementation of the redesigned care model.

Key Outputs

- WRaPT model illustrating the projected cost, activity and staffing changes of the redesign proposal
- Shared understanding of how the model was produced
- Agreement on the accuracy and validity of the modelling
- Shared understanding of what has not been included in the model and would need to be determined before implementation

References

Number	Detail	Link
1.	WRaPT Manual	
2.	WRaP Data Analysis Guide	
3.	WRaPT Tool	www.thisiswrapt.org.uk/home/login
4.		
5.		