The WRaPT Process

Define the Challenge and the Goal

When looking at a piece of work involving WRaPT we look at it as a project. Because of this we use a number of checks and controls to ensure that everything is in place to ensure that the project fulfils its objectives and delivers what it is intended to do. As with any project it is essential to determine and document a list of specific goals, deliverables, features, functions, tasks, deadlines and any associated costs. In other words, it is what needs to be achieved and the work that must be done to deliver a project.

For WRaPT, there are a number of key elements that will help ensure success and these are described below:

What is in scope?

A WRaPT project is likely to be part of a larger programme of work. This may be a whole system transformation where there are many workstreams or separate projects all culminating together to deliver a whole system change. The WRaPT work might only be with a single workstream or might be across the entire redesign programme. For this reason it is essential to identify and document what is in and out of scope.

When doing so it is important to think about the clinical problem or question that exists, the organisations involved, the links between workstreams, any local/regional/national initiatives that might impact or benefit, interdependencies with other projects/programmes and the size and scale of the project and therefore the level of resource required.

Understanding the interdependencies of and on a project will help to ensure that it is aligned with any overall programme objective and also reduce the risk of unhelpful surprises further down the line. For example, a system level programme could include multiple organisations and within each of these organisations there might be a pre-existing transformation programme in place which could impact the wider programme. Having sight and knowledge of these is helpful from early on to avoid any duplication, derailment or conflict of objective.

It is also helpful to document what is out of scope so that all parties are clear on what is not included and it is a helpful reference point if scope creep is starting to occur.

Who needs to be involved?

When thinking about who needs to be involved it is helpful to think about it in terms of both the different organisations involved in the project and then the types of skills and knowledge that are required for success linked to the focus of the project. It is not always the case that everything will be done by different people so by identifying what is needed first; the identification of people can then take place. There might be training needs which, if met, will not only benefit the success of the project but also increase capability and sustainability for future projects using WRaPT.

If there are a number of organisations involved, it is likely that there will need to be a lead(s) from each organisation to take ownership for making sure tasks are completed and progress is made. There might also be a senior level contact who can be the point of escalation should progress be problematic.

The types of skills and knowledge needed include data collection and analysis, facilitation, clinical expertise relevant to the project and any associated focus, knowledge of information governance and data sharing, workforce transformation and planning and engagement and communications.

It might be that existing groups are established that can take the WRaPT project governance under its existing structure and this is usually preferable to establishing new groups. Large transformation programmes usually have a workforce group and this is a good starting point to place the WRaPT project, bearing in mind of course the other leads and contacts that need involvement who might not be members of an existing group. If this is the case, a process for ensuring their involvement should be established.

Sign-off

It is important to get the project scope signed off so that all parties are familiar with the objectives, deliverables, resources etc needed and there is collective agreement on this.

Mobilisation

In conjunction with scoping the project there are a number of steps to take to mobilise it ready for progress to commence. In essence this is where the project starts to come to life.

It is ideal to have meetings/calls with all the leads involved and even become a member of a group (if not already) to feed in/out about the WRaPT project. It is very important to involve IG leads at the earliest opportunity when mobilising the project because they will be the ones most likely asked to sign-off the data sharing agreement.

In respect of IG and data sharing, relevant agreements and data flows will need setting up and issuing for sign-off from all the relevant organisations/parties and this is an essential early step and is often one that delays progress to data collection and analysis.

In parallel with the above, requests can start to go out to data leads to give notice of the data that is being requested and the format in which it is required. If this is done early, data extraction can be scheduled in to workloads in good time thereby reducing the risk of delays in receiving the data. This might be workforce data, activity data or both.

Having project documentation in place is helpful to record the steps needed, who is responsible for delivery and the timescales so that overall progress can be tracked and there are samples available on the WRaPT Website.

Understanding the Current State

Once the scope has been identified and the project team are mobilised, the next step is to understand the way in which the current system or project operates. In basic terms this step is gaining insight into how the services within the project are currently being delivered, who is delivering them and what they are doing. Data collation and assessment is recommended to understand the makeup of the current workforce, where they are deployed and what activity (ies) they are doing. There are various types and/or sources of information that are required to understand the current state.

For the WRaPT Tool

The WRaPT process uses three main types of data; Workforce, Activity and Drivers. The first step is acquiring workforce data for the project i.e. who is delivering the service now. Using workforce data alone will not give a full picture of the current state; it only gives an idea of who is involved but not what they are doing. The next step is therefore to collect activity data. Activity data is bespoke to each project and in simplistic terms can be collated at high level for example, taking home visits as a high level activity to a more granular level i.e. wound dressings.

Activity will be determined depending on the nature of the planned changes / redesign. For example it is not productive or of value to collect granular level information on wound dressings if the project question is about reducing home visits, as that specific task will fall within the generic umbrella of home visits. We have significant expertise in determining the right level and type of activity information that should be collected for a project. Supplementing the activity data is driver information, which is essentially the time taken per activity, and this is the third piece of information required to understand the current state.

The WRaPT Training goes through the process of data collection and modelling using the WRaPT tool.

Wider Data collection and usage

What else can we do with the data once it is collected?

1. Produce a Workforce Baseline – this can be done immediately after collection as all the data is available.

   Once the workforce data has been collated it will allow us to build a baseline picture of the staff group, role, pay band and age profiles of the workforce involved in a project, in addition to where staff are working and what activities they are carrying out. The baseline may raise areas for further questioning or confirm assumptions that have been made in the case for carrying out the project

2. Demand analysis and forecasting – using activity data; in various forms to gain insights and understand demand i.e. through the use of Tableau.

   Activity collation and analysis of this type is wider than the core WRaPT approach to workforce planning and is carried out within Steps 2 and 3 of the WRaPT journey.

Activity of this type is typically collated at patient level (non-identifiable) and then segmented by patient cohort to understand the epidemiology i.e. prevalence of conditions, demographics and socio economic factors.

Some of the common activity datasets that are used to understand patient behaviour are as follows:

Source	Abbreviation	Types
Patient Administration System	PAS	A&E Admissions Bed occupancy Waiting times
Secondary Uses Service	SUS	A&E Admissions
Hospital Episode Statistics	HES	Admissions Outpatient appointments A&E attendances
Electronic Patient Record	EPR	Service level hospital data
Public Health England	PHE	Specific health conditions Lifestyle Deprivation
Office for National Statistics	ONS	Demographic Socio economic

Data analysis will vary for each of the above data sources and is largely dependent on the dataset in use. The "who, what, when, where, why" of the patient cohorts are the basis of the analysis. Some of the common areas to analyse are as follows:

- Reasons for attendance
- Referral from / to
- Episodes of attendance
- Demographic profile
- Diagnosis
- Who have they been seen by
- When were they seen
- Prevalent conditions

Following analysis, multi-agency and professional judgement meetings with the client organisation should be set up to allow for validation of the analysis and to explore and ask further questions of the dataset.

The WRaPT team can advise and support systems and organisations with activity data analysis and data visualisation.

3. Create scenario models – via Steps 3 and 4 of the WRaPT process

4. Explore conducting a Skills matrix analysis – if your challenge is skills specific

Developing the Future State

The fundamentals of this step are to develop ideas and scenarios of what the future of the service or project will look like. When undertaking this stage, we would assess the feasibility of what can be developed in conjunction with the knowledge of the context and the data / information collated to understand the current state (aligning data and research).

Transformation initiatives can vary for each project and are not confined to only one new area of development. We find that there are 3 broad categories that they fit into:

- Service Improvement – new processes, equipment etc
- New Ways of Working – use of technology, integration opportunities etc
- Skill Mix changes – use of new roles, multi-disciplinary teams etc.

Developing future state ideas requires stakeholder engagement which can take place via meetings, interviews or focus groups. One of the preferred options is to conduct a workshop with a large stakeholder group. The majority of the stakeholders are usually the people identified in Stage 1 since many of them are operational staff, and so they can identify new ways of working and generate potential options with a realistic view of any barriers or limitations. In addition, engagement would also include wider stakeholders such senior leads / decision makers both clinical and non-clinical, so that they can review and validate options.

It is also useful to investigate if there are other areas where they have introduced similar transformation initiatives that can be aligned to the project, so research and collating best practice is key. Research does not need to be NHS specific, initiatives that have been developed in the private sector and internationally can also be applied. WRaPT use a range of resources and these can be found here: *Link to Library.*

Once the options have been assessed and finalised by the senior leads, we are able to define and confirm the impacts of the change / initiative and relate this back to the workforce and / or the activity. Mapping the future state against the current state enables us to start thinking about what the changes mean in terms of numbers, which we are then able to model.

Modelling the Future State

Once we have developed the future state and having worked through stages 1-3 of the WRaPT process, the next stage is to model the impact of the changes identified. This can be for any number of new scenarios; however it is often between 2 and 3. These are usually around the themes of 1) optimising the current workforce, 2) introducing new ways of working (e.g. tele-medicine) and 3) introducing new roles into the team.

This stage utilises the outputs of all the work carried out so far on the project and at this stage the WRaPT tools can be populated with the current state (both the workforce baseline and activity baseline aligned with the workforce) and the future focus (new model of care with aligned and validated activity shifts/changes and any new roles or redesigned responsibilities to carry out activity shifts/changes).

As with any change to the delivery of care, clinical validation is an essential element and when the WRaPT Team work with organisations and systems we always ensure that any and all changes have been overseen and validated by clinical leads. This can be done by presenting all models back to key stakeholders e.g. SRO and Clinical Leads.

Modelling the future state can provide you with a detailed picture of the projected cost, activity and staffing changes of the redesign proposal being worked on. By going through the process to get to the modelling stage, there should be a shared understanding of how the model was produced and agreement on the accuracy and validity of it.

Implementation

Following the development of scenario models, the WRaPT team can support with implementation of the preferred model. There are various change processes and tools that we can use at this stage such as action planning, leadership and OD development, manage cultural change and investment planning.