Workforce Redesign Resource Toolkit
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Foreword

The NHS stands at an important point in its history – a crossroads.

The [NHS Five Year Forward View](#) sets out a shared direction that focuses on managing demand, increasing efficiency and optimising funding. The challenges that it explores have developed over time and now demand urgent attention.

In order to meet that demand changes have to be made in how services are delivered and who they are delivered by.

All staff in the NHS already have very busy, intense jobs. Workforce redesign is often asked of them as an addition to that already complex role.

In order to support and simplify that additional task this Workforce Redesign Resource Toolkit was commissioned by Guys and St Thomas’ NHS Foundation Trust and funded by Health Education England South London.

The aim was to produce an interactive Toolkit that can be used by teams, services or directorates to understand their workforce and future education requirements.
The future of the NHS?

Candace Immerson and Richard Bohmer, writing as part of their Time to Think Differently Series, for the Kings Fund, have endeavoured to stimulate debate about the changes needed for the NHS and Social Care system to meet the challenges of the future.

They have identified a need for managers and leaders to think differently about how health and social care is delivered, who delivers it and where it takes place.

There are a number of options available for leaders and managers when thinking about redesigning the workforce. These include:

- **Capacity expansion**
- **Redistribution** - particularly of skills between professional groups
- **Retraining** the various professional groups to work in a new way
- **Creation** of new jobs not previously done by anyone else.

Each of the four options pose both challenges and benefits.

Joni Jabball, also writing for the Kings Fund, identifies that one common response to the issues facing the NHS, caused by changing demand, is to think about changing training provision. However, most of the staff who will be working in the NHS in ten years time are already in the NHS.

Workforce redesign needs to focus more on re-training or re-assigning and re-purposing the current workforce, so they have the skills needed to deliver new models of profession, than on the training of new medical, clinical, nursing and Allied Health Care (AHP) staff.

Current staff will be required to develop the skills to care for people with multiple needs that span both physical and mental health. They will also need to develop skills to act as a healthcare partner or facilitator and that will require significant organisational culture change.
Key challenges

- Prospective workforce gaps
- Changing nature of work
- New technologies
- Protocol driven care
- Waste reduction
- Professional relationships
The demand for health and social care workers is growing but the number of workers is not. Many NHS Trusts are already finding it hard to recruit nurses and senior AHPs. Conversely it is predicted, by the Centre for Workforce Intelligence, that although there will be an oversupply of hospital doctors there will be an undersupply of GPs, emergency, geriatric and psychiatric specialists, which is particularly where demand is growing.
Key challenges

Prospective workforce gaps

Changing nature of work

New technologies

Protocol driven care

Waste reduction

Professional relationships

There is a growing and changing demand for care. The number of older people with multiple and complex conditions is increasing. Lifestyle factors, such as obesity, are increasing the burden of chronic disease. The developments in treatments and the introduction of new drugs increases our ability to treat disease and prolong life. All these factors increase demand for care.
Key challenges

- Prospective workforce gaps
- Changing nature of work
- New technologies
- Protocol driven care
- Waste reduction
- Professional relationships

New medical and information technologies will profoundly influence the need to change the makeup of the workforce. It is anticipated that the creation of new healthcare tasks and different ways of working, including enhanced roles for patients will change what the work is, where it can be done and who does it.
Key challenges

Prospective workforce gaps

Changing nature of work

New technologies

Protocol driven care

Waste reduction

Professional relationships

Medical knowledge has changed from the general to the specific (Bohmer 2009). Health problems for which there was previously no right answer can now be addressed by a clinical guideline embedded in the software of a decision support tool. Future better understanding of diseases will enable better treatment but will also cause an increase demand for geneticists and genetic counsellors (Centre for Workforce Intelligence 2013).
Applying waste reduction techniques can help to redesign workflow, task allocation, and the physical layout of care facilities. It also has the potential to change the number and type of staff required to deliver care.
Key challenges

Prospective workforce gaps
Changing nature of work
New technologies
Protocol driven care
Waste reduction
Professional relationships

Not only is the nature and work of the health and care sector changing but so too is the traditional connection between one particular profession and one particular type of work. There has also been the creation of entirely new roles, particularly in the area of care coordination, where staff work across organisational and sector boundaries.
Addressing future challenges

Workforce redesign is about creating fit for future structures, with the right roles, delivering the right service, filled with the right staff.

That is a complex challenge which demands action.

In the future the need will be to shift from single specialism professions to a multi professional approach to care. This requires a willingness to challenge the balance of the current professional hierarchy and role specialism.
How can this toolkit be used?

How can it help?
How can this toolkit be used?

For each of the key stages in the Toolkit there is a separate section.

It is recommended that you complete each section in turn and involve all key stakeholders at each stage.

Effective workforce redesign takes time so ensure you factor in sufficient time in your project plan for contingencies.

Whilst it is important to read all sections of the Toolkit, you can navigate to the section you are most interested in by using the navigation buttons as described in the adjacent box.
How can it help?

The Workforce Redesign Resource Toolkit is a practical document.

It will take you through the key steps required for effective workforce redesign.

The Toolkit is a learning tool for those who wish to enhance their understanding and practice of workforce redesign.

The Toolkit aims to strike a balance between practical application and theory.

It may not contain everything you want to know about workforce redesign but should provide you with enough to enable you to confidently progress your planned changes.

There are useful links to online tools and further resource through the different sections and in the Useful Resources and Links Page at the end of the Toolkit.

Who is it for?

The Toolkit is for anyone dealing with workforce redesign in particular and also for wider organisational development.

What it isn’t

The Toolkit is not a traditional approach to workforce planning which is based more on a quantitative analysis.

The shift required in the modern NHS is to think more about qualitative analysis together with quantitative.

This Toolkit won’t produce numbers for you but it will help you plan in a more holistic way.
What is workforce redesign?

Key thoughts to consider in workforce redesign

How do you do it?
What is workforce redesign?

Workforce redesign is:

a process that enables the review of existing structures and ways of working to maximise the potential of staff and enable the effective use of resources to better meet the needs of the people using the services and their carers.

Organisations are encouraged to re-think assumptions and revisit fundamentals for service delivery.

They should also be thinking about delivery from a service user perspective and examine if current practices meet service need and if so who is delivering the service.
Key thoughts to consider in workforce redesign

Is the workforce aligned to the work?

The future workforce needs to be based on future work. If not, there is a risk that any model of care will be driven by the available workforce. It is not possible to separate workforce redesign from work redesign.

Are you planning sustainable new roles?

A lesson from the many workforce modernisation initiatives of the 2000s was that roles developed in isolation are difficult to sustain. Not only are these roles too reliant on individual goodwill that can then disappear when an individual leaves their post and the lack of a nationally recognised competence framework limits the capacity for individuals to deploy their skills elsewhere and build their careers.

How can you develop teams not just individual professional groups?

Clinical staff work within multidisciplinary teams and the quality of teamwork is a major contributor to the quality of patient care (Borrill et al 2000). Strong teams can also reduce dependence on any single professional group and so work can be shared. For an example of this look at the Hospital at Night initiative.

Do you have the support and engagement of patients?

There needs to be a change in culture so that patients are better supported to take more responsibility for their own care. In the future, while greater access to information and remote consultations could increase the proportion of self-care, the increase in continuous self-monitoring and identification of those ‘at risk’ of disease could significantly increase the need for professional care. The challenge will be support patients in a way that decreases rather than increases demand.
What is local leadership like?

Local adaptations are key to success, and local leaders need support in their efforts to redesign and better engage their workforces. Effecting a smooth transition is dependent on skilled local managers, who can shape organisational culture, manage staff-side relationships, understand and account for patient and community preferences, and mobilise local educational resources.

How can you support the informal workforce?

We need to recognise the potential value of the extended informal workforce that includes patients, carers and volunteers. With more and more fit retirees, there is an opportunity to foster a ‘social movement’ to support those in need. Organisations could and should take a much more strategic approach to the support and development of volunteers.

Are the staff you have the staff you will have?

Analysis of changing demand often calls for reform to training. However, most of the staff we have today are the staff we will have in ten years time. Workforce redesign needs to focus on re-training or re-aligning so current staff have the skills needed to deliver new models of care.

Are you training the right people?

Approximately 60 per cent of the NHS’s training budget is spent on the most highly paid health professionals, doctors (12 per cent of the workforce) and 35 per cent is spent on nurses and allied health professionals, who account for 40 per cent of the total NHS workforce. Despite the fact that biggest growth in need will be in hands-on, out-of-hospital, and social care. There are national workforce development funding streams for support workers, such as health care assistants and an apprenticeship levy coming in from 2017 which will enable targeted development for support workers as well as for higher apprentice development.
How do you do it?

There are many different ways to redesign work and the workforce.

Whatever method is employed and we suggest a proven method in this Toolkit, the people element is crucial to ensure success.

It is also essential that Toolkit users should approach the situation they are facing without a fixed solution in mind.

A more detailed description, together with relevant tools, can be found in the following sections.
Case study: Physician Associates

Broadening Foundation Training recommended a number of changes in Foundation Medical Training. This resulted in a drop in the total number of foundation doctors working in acute surgical and medical areas. With a reduction in numbers it was necessary to assess the impact on care delivery and develop a plan to meet the gap in staffing. There is also a move to increase to 7 day services which will increase the need for medical staff.

In order to provide directorates with data on foundation doctor activity a shadowing activity took place and for an entire shift and all activities recorded. The results were used to inform workforce planning.

The decision was taken to introduce the role of Physician Associate to support doctors in the management of patients and includes: taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans.
A pause for thought

Workforce redesign can produce significant benefits for an organisation. However, it is not a miracle cure and before embarking on any redesign project it is crucial to determine if workforce redesign is the right solution for the problem.

There can be a tendency to jump into workforce redesign without spending enough time assessing the problems.

• Be careful to not just examine symptoms but look deeper for root problems and
• ensure that root problems are examined in detail.

Only by identifying root problems can you determine if workforce redesign is your proper solution.

Without first systematically analysing all the data and developing a thorough understanding of the underlying issues workforce redesign is unlikely to succeed.
Future trends

Your business case

Why consult?
Future trends in workforce redesign

There are some key shifts in emphasis that are shaping the organisation of the future.

The way in which organisations are structured has shifted from closed hierarchies to open, networked formats.

Roles are also being reshaped to encompass elements which may have not been associated with that role in the past.

Examples of some of the changes in emphasis can be found in the table on the following pages.
### Conventional model

- Individual position/job as basic unit of organisation.
- External relationships dealt with by dedicated specialists, namely, public relations officers.
- Vertical flow of information.
- Decisions come down, information flows up (purely central).
- Hierarchy (deep structures).
- Emphasis on structure.
- Control-oriented (rules and standard procedures to manage risk, increase predictability and fairness).

### Emerging model

- Team as basic unit (team roles becoming more fluid, based on multiskilled individuals).
- Densely networked internally and with the environment (individuals responsible for building own relationships).
- Horizontal and vertical flow of information.
- Decisions made where the information resides (decentralised as far as possible).
- Flat (larger span of control, empowered staff, information sharing).
- Emphasis on process.
- Directed towards self-organisation (results and outcomes-oriented (less red tape, more projects, communities of practice, “do what needs to be done”).

*Table continues on following page >*
<table>
<thead>
<tr>
<th>Conventional model</th>
<th>Emerging model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed hours.</td>
<td>Flexibility (Flexihours, part-time).</td>
</tr>
<tr>
<td>Upward career path.</td>
<td>Flexible career paths (not only managerial).</td>
</tr>
<tr>
<td>Standardised evaluation and reward system.</td>
<td>Customised evaluation and reward systems based on output, type of team, type of measures.</td>
</tr>
<tr>
<td>Single strong culture with expectation of homogeneous behaviour.</td>
<td>Diversity of viewpoints and behaviour (there is still a strong emphasis on values which ensures common direction of behaviour).</td>
</tr>
<tr>
<td>Local value chain (all in-house).</td>
<td>Value chains crossing borders and organisations (outsourcing, networking).</td>
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Organisational structure follows operational plan, follows strategy

Some times there can be is a tendency to redesign organisational structures and the workforce without careful consideration of the organisation’s strategy or what it is trying to achieve or improve.

An organisational structure is not an end in itself but a means of achieving a particular strategy or delivery of outputs and in in the case of the NHS, service delivery.

The rationale for any workforce redesign intervention should be to address a strategic need or to improve the performance of the organisation.

• Do you know what you organisation’s strategy is?

• How does it link to the Workforce Redesign plans you are thinking of?
All workforce redesign must be supported by a sound business case

- When considering a workforce redesign, it is essential to analyse the benefits and risks associated with the new structure.
- Only if the benefits outweigh the risks should you proceed to restructure.
- A sound business case must provide adequate answers to the following questions in the table on the next page.
What to address in a business case

<table>
<thead>
<tr>
<th>Questions to be addressed in a business case</th>
<th>Description of typical content</th>
</tr>
</thead>
</table>
| What is the reason for considering a redesign or a workforce change? | • A clear statement of the reason for the change decision:  
  – A performance problem? 
  – A change in strategy? 
  – A change in mandate? 
  – A new business unit, department, team? |
| Why is the change regarded as a solution? | • A clear indication why the problem or strategy requirement can be addressed through a workforce change as opposed to other options, for example training, outsourcing, changing the strategy, or adjusting HR systems. |
| What is the proposed redesign? | • Providing a clear indication of the formal and informal structure. The formal structure can be seen in the organogram, and the informal or governance structures are all the meetings, forums, policies, committees, teams etc. which are required to deliver. |
## Questions to be addressed in a business case

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the benefits of the change?</strong></td>
<td>• This section should indicate the financial and non-financial benefits and how the change will improve service quality, cost (reduction or improved return on capital employed), volume or any other KPI of the organisation.</td>
</tr>
</tbody>
</table>
| **How will the change be implemented?** | • What are the implementation considerations for implementing the change? This includes:  
  - How the change and impact on people will be managed.  
  - What communication will have to take place.  
  - What training will be done.  
  - Where and when implementation will take place. |
| **How will the success and benefit be measured?** | • How will we make sure we know if the redesign is effective? Typical measures to consider:  
  - Decision making cycles.  
  - Information lead time (how long do we wait for information).  
  - Reduction in duplication in jobs. |
Do we have to consult?

Consultation is an important and necessary step in any workforce redesign process. It is a process of dialogue that should contribute to making decisions about the new structure or redesigned service.

There are also Employment Law requirements associated with some workforce redesign and advice must be taken from a qualified HR professional.

How extensively you consult and the format for the consultation will depend on the nature and extent of the organisational structuring exercise or redesign.

If the workforce redesign exercise is comprehensive, it is likely that you will need to consult extensively.

Consultation is an opportunity to enhance the process and is not simply a duty to be performed.

If you intend to Consult with service users the Patient Experience Team have developed their own Toolkit to support this and they can be contacted for advice about the best way to go about it.

Consultation has benefits and challenges. For more information please see the tables on the following pages.
Benefits of consultations

• Opportunity to provide **accurate information** to affected staff, management and stakeholders.

• Opportunity to **solicit insights** and ideas from staff, management and stakeholders.

• Creates a climate for **building consensus** on organisational structure.

• Improves **quality of decisions**.

• Generates **ownership** of organisational design process and outcome.

Challenges of consultations

• **Not** always clear whom to consult.

• Can be **time-consuming**.

• Can raise **unrealistic expectations** from stakeholders.

• Requires **skills** in communicating, negotiating and building consensus.

• Requires **planning** and resources to be performed effectively.
Helpful tips for meaningful consultations

- Be **clear** about the **objectives** of consultation and what you want to achieve.
- Identify whom to consult. Where possible, involve **all** those who will be **affected** by the outcome or who can contribute to the process.
- There is no single “right” method for consultation. Choose the method or mix of methods that best suit the circumstances.
- Have a realistic plan for consultation backed up with adequate resources.
- Be transparent in your consultations.
- Ensure that the information you provide in consultations is timely, clear, accurate and can be understood by participants.
- Give feedback to participants about how the information has been used to inform decisions.
- Treat everybody’s views with respect.
- Ensure that statutory consultations comply with legislation.
Workforce Redesign Resource Toolkit

This six stage Toolkit provides a framework for Workforce Redesign within the NHS.

It is suggested that you read through all the stages before you undertake any actions. This will help you get an overall picture of what all the stages involve.

It is important to understand that this Toolkit is a suggested framework and is not yet validated.

Each Workforce Redesign project is different and you may find that you do things slightly different for different projects.
1. Diagnose the problem

2. Vision

3. Determine future requirements

4. Design

5. Pilot and implement

6. Sustain
1. Diagnose the problem

Establish a rationale for your Workforce Redesign and obtain support for this work from an appropriate sponsor.
Overview

This section is all about building up a really good picture of the current situation.

For any workforce redesign to be successful it is essential to diagnose the problem to be addressed and measure and understand the current situation.

It is important to identify what people, knowledge, skills and behaviours you already have, together with what will be required and where it will be required.

Without this analysis even the most comprehensive finance and business plans will not deliver the changes required.

Most healthcare systems are very complex and processes so interrelated, that multiple, concurrent perspectives have to be analysed.

If one element is taken as the key focus this could negatively affect another of the elements.

For example if the focus is solely financial then this could impact on quality etc.

Analysis of all the elements that make up successful service delivery must take place.

It is also crucial to understand the level of change required within each of those elements.

It will allow you to generate the evidence you need to proceed.
1. The first step is to consider what data (qualitative and quantitative) you already have – what is it telling you?

Some examples of where you may find the data you need are:
- Trust performance data
- Workforce information
- Budget information
- Observation of current processes
- Results of employee focus groups
- Results of service user focus groups

2. Secondly consider external data, there is always wisdom to be gained by learning from others.

Some helpful approaches include:
- Literature review
- Visits to other non NHS organisations and companies
- Internet search
3. Thirdly map the current situation and use appropriate diagnostic tools to determine what the root causes of the situation are.

The simplest model for mapping the current situation is to use the PESTLE approach. This is commonly used for strategic planning. It covers the:
- Political
- Economic
- Social
- Technological
- Legal and
- Environmental aspects of an issue.

Another simple model is the SWOT approach which allows analysis of the:
- Strengths
- Weaknesses
- Opportunities and
- Threats

Both exercises are best done as group activities.

Suggested tools for helping you in your diagnosis are listed on the following page.

You may also want to consider your own organisation’s results from the:

- Staff Survey
- Patient Satisfaction Survey
- Friends and Family Test
Questions to ask yourself

• Have lessons been learnt from past projects which might be helpful in guiding the current redesign?

• Can many small redesign projects lead to transformation or should it be a ‘Big Bang’ approach?

• How many projects are enough?

• Which industries or institutions could be visited or contacted?

• Is our assessment from lessons learned from these visits the ones which are likely to be helpful in this redesign?

• What is the ideal balance between training all employees and highly training or reskilling a subset of employees?

• How do we avoid under optimising opportunities or any unintended consequences?

• What is the best way to analyse all the data including process mapping data?
Relevant online tools

Process Mapping – An Overview

Cause and Effect

Identifying problems - An Overview

Identifying problems – Root Cause Analysis using 5 Whys

Identifying problems – Affinity Diagram

Staff Perceptions

Appreciative Inquiry Model
2. Vision

A vision transforms the organisation.

It provides a picture of what could be.

It is a catalyst that can impel an organisation to move toward a gold standard for service delivery.
Why is a vision important?

A vision aligns people in activities that cut across the organisation.

A vision facilitates goal setting and planning. It helps people set priorities.

The vision says, “This is what we stand for.”

A vision defines what you will do as well as what you will not do.

Examples used in Health and Social Care

Our aspiration is to have a health and social care system with…

- No avoidable death or disease
- No needless pain
- No feelings of helplessness amongst users and staff
- No unwanted delay
- No waste
- No inequality in service delivery
How do you create a vision?

Leaders of workforce redesign must set out the Vision of the new design for their colleagues and service users.

You must have a Vision of what your services will look like in the short, medium and long term. It must also be built around service users requirements and the key issues affecting service delivery and safety.

It is also useful to gather input from stakeholders when developing the Vision.

A Vision can be developed from scratch or adapted from models or frameworks that others have found useful.

What is essential though is that the Vision is inspiring and uses emotive language.

An example from GSTT Cancer Services is: ‘Our ambition is that GSTT will be a World Class centre for the treatment of Cancer, where patients receive the best possible care and support.’

Another example is: ‘We will be the best hospital in the World’.

This may sound audacious but that is what you want in a Vision.

However your Vision is developed remember to:

- **Dream big**
- **Brainstorm many ideas**
- **Trust your hunches**
- **Think without limits**
Brainstorming

Five key rules of brainstorming
1. All ideas are acceptable; judgement is ruled out until the process is complete
2. Freewheeling is welcome: the wilder the better. Humour triggers the right brain so this really helps to get original ideas flowing
3. Quantity counts at this stage, not quality
4. Build on the ideas put forward by others
5. Every person and every idea has equal worth

How to use it
You should first establish the purpose and topic of each brainstorming session. Everyone in the group then calls out their ideas spontaneously and they are written down to be analysed later.

Is the workforce aligned to the work?
• Brainstorming can help you to think up ideas without hasty judgements. Stick to the tried and tested rules and techniques, and you will have an effective way of generating ideas around problems, solutions and next steps.
• You can use brainstorming during the initial generation of ideas; it is also a useful way of getting people involved. The approach works particularly well when solving people-related problems.
• One of the first things you need to determine is whether you should use a brainstorming session at all. You should only use brainstorming for generating lots of new ideas and solutions - it should not be used for analysis or decision making.

When does it work best?
How often does your team discuss the same problems over and over again? How often do you think "I've tried this before and it didn't work?" Techniques like brainstorming can help you to clarify the issue and think up new ideas so you can move onto the next steps.
Techniques that build on brainstorming

**Bullet proofing**

Bullet proofing enables you to identify and plan for potential obstacles by asking questions such as:
- What could possibly go wrong?
- What are some of the difficulties that could occur?
- What is the worst imaginable thing that could occur?
- What negative effect could this project or change have on another team's work?

**Edward De Bono’s Six Thinking Hats**

A technique where a group has short discussions or idea generation or decision making from a singular perspective in a planned sequence. There are six perspectives (hence the six hats) and one of these is a ‘brainstorming’ hat (it’s green representing growth like trees, grass, flowers). The others are yellow (like the sun, positive), black (negative), red (like fire, feelings), white (like paper, information) and blue (like the sky, controls the process).

**What next?**

You need to agree what to do with the ideas generated. It’s best to agree this upfront and there are some technique to help you do to this as a group. For example there is a silent idea generation method that also includes grouping called **Affinity Diagram**. Other approaches include dot voting where everyone has say three dots to select on their favourite ideas. The **Six Thinking Hats** is another approach which includes a way to brainstorm and take forward a selection of ideas.

**Examples**

"No idea is so outlandish that it should not be considered with a searching, but at the same time, steady eye." - Winston Churchill

"Perfect solutions of our difficulties are not to be looked for in an imperfect world." - Winston Churchill
### Relevant tools

- **Four Columns** – Link your project to the Organisation’s aims
- **Identifying problems** - Affinity Diagram
- **6 Thinking Hats**
- **Wish For the Seemingly Impossible**
Before you move on to the next stage ensure you have written your vision for your redesign.
3. Determine future requirements

You have a Vision for the future.

Now you have to map out the requirements for the redesigned workforce. You must describe how the new model will be provided and structured; what staff will be required, how and where they will be deployed and what skills, experience and knowledge they will need.

It must also fit into the budget allocated and take into consideration the wider NHS and local landscape.
Overview

This section requires you to determine the functions of the new service to be delivered.

How this can be approached is covered extensively in the document published by the Centre for Workforce Intelligence and can be viewed here.

In short you must ensure that you have;
• fully understood the service to be provided
• map out the functions to be delivered by that service
• determine the activities required to deliver the function
• identify the skills required to deliver the function
• determine the numbers and types of staff required
• determine the level of staff required
• what additional skills are required

Once these areas have been examined and the requirements identified, analysis of the current workforce must be undertaken.

This may have been done as part of Section 1 – Diagnose the Problem – but if not it must be done now.

Areas to be considered are current staff;
• existing job functions
• employment status
• classification and
• qualifications and skills possessed

Once this information has been gathered you should be able to identify the gaps in workforce needs and be able to determine what could and should be done about them.

Further information and useful tools can be found at NHS Employers.
Case study: Guy’s Orthopaedic Outreach Team

The orthopaedic outreach team at Guy’s Hospital have improved the service provided for patients with hip and knee replacements.

The nurses and therapists have redesigned their roles and trained each other up so they are able to demonstrate competences outside their traditional professional boundaries.

This means that each patient only needs to be visited by one professional instead of three.

This means that patients leave hospital from the second day after surgery, providing it is clinically safe to do so, and receive dedicated care from an outreach team of nurses and therapists in their own home.
4. Design

You can now turn the Vision into reality and gain further support and approval for the work to be done.
Overview

This stage is about creating the redesigned workforce and putting your plans into a deliverable project. It may appear as a recap on previous stages but it allows the opportunity to solidify ideas.

Set out below are the sub stages that will ensure you keep your project on track.

1. Capture the information about what you are going to deliver in this redesign in a Project Charter document or if a more complex project in a Project Initiation Document. (Ensure you update them through the project).
   Project Charter Template
   Project Initiation Document Template

2. Ensure you have identified the underlying issues that create the need for the redesign and gather staff and patient feedback to help identify underlying causes.
   Brainstorming
   Six Thinking Hats
   Affinity Diagram

3. Once you have gathered all the evidence and the underlying issues have been defined, you can establish what is in scope and ensure your redesign focuses on what has been deemed to be the most important thing to tackle. All other issues are out of scope.

4. Identify individuals who are critical to achieving the redesign and engage them as soon as possible. A plan has to be developed for how communication will take place with these key people.
   Stakeholder Analysis

5. Consider challengers – who may challenge the change and your proposal. How will you deal with this?
   Resistance - Understanding It

Continue on next page >
Overview (continued)

6. Do you need to recruit a project team or do you have the resources available to you already?

7. Establish a way of identifying all the issues and risks that may occur. Develop a risk log.
   Risk Management Guide

8. Map out the benefits of the change - consider current costs and outcomes
   Benefits Realisation
How are you thinking?

The use of creative thinking at this stage may help to discover innovative ways of delivering the redesign you need and making the improvements that are required.

Creative thinking is a way of looking at problems or situations from a fresh perspective that suggests unorthodox solutions (which may look unsettling at first). Creative thinking can be stimulated both by an unstructured process such as brainstorming, and by a structured process such as lateral thinking.

As identified in earlier sections of this Toolkit the NHS is changing and if we - the staff, clinicians, managers and leaders within the NHS, continue to think as we have always thought, we are likely to get the same results we have had before, regardless of the new structures and priorities that surround us.

It is thinking differently and doing differently - that will allow us to deliver the changes required.

Thinking differently can help to ensure that services are not just improved but transformed.

Learn more here.
Design and redesign

Now you have a solid grounding and are sure of your plans and planning, you can design your new service and redesign any roles that may be required to support and deliver it.

This work will also help inform corporate workforce requirements, corporate training programmes and funding streams for education.

However, the biggest problem may be to plan for something which does not yet exist and what cannot be known in advance.

• How do you know what will work?

• How can you assess the knock-on consequences of the changes you want to make?

Helen Bevan, Chief Transformation Officer from NHS England, wrote that: ‘we can learn from design experts. They all follow a similar process. They seek to understand the goals required in a given situation, work out the unique characteristics of the situation and utilise design rules based on experience and expertise.

Design is about engineering and performance; creating products and services that are reliable, durable and fit for purpose.

However, design is also about aesthetics and the emotional and sensory connection that the service user makes with the service.

How can we design services that are as much about how patients feel, and about their whole experience of care, as they are about functionality?

User-based-design should become a core NHS principle; recognising patients, carers and families as producers and participants rather than just receivers of healthcare systems.

Learn more here.
Role redesign

By challenging and changing set patterns of work and role specification, role redesign can benefit the entire team and the service user.

If you can answer no to any of the following questions role redesign may also be appropriate for you workforce redesign work.

Do you have evidence to support the assertion that the staff under review:
- all make use of their training and skills
- give enough time to service user care
- are there in enough numbers to provide a safe, timely and effective service
- are in roles that are designed around service user needs
- all use the technology available.

If you do want to redesign roles it may not be necessary to create entirely new roles. Instead you could extend an existing role so it has the capability to undertake an identified task.

Sometime a task moves between different levels of skill and sometimes it is only an element of the workload that an individual undertakes however complex.

More details can be found on how to conduct role redesign via NHSIQ.
Case study: South London Integrated Care Team (SLIC)

Southwark and Lambeth Citizens Board developed a set of ‘I’ statements to describe what was important to them about care provided for long-term conditions.

The citizens, working with health and social care teams developed a set of core competences that would be needed to meet the ‘I’ statements and improve integrated care.

The most important competences as rated by stakeholders were developed with Skills for Health. An education and training programme to help staff across health and social care professions and support workers develop the competences is now in place.

This means that, for example, social workers and healthcare professionals can all do a falls assessment and refer on appropriately. This cross-skilling is better for patient experience and use of limited resources.
National case studies

Northern Lincolnshire and Goole NHS Foundation Trust (PDF)

Heart of England NHS Foundation Trust (PDF)

Sheffield Teaching Hospitals NHS Foundation Trust (PDF)
5. Pilot and implement

You now have to consider the feasibility of testing out the proposed changes before implementation.

If a pilot is not feasible then implementation is the next step.
Consultation

As mentioned in the introduction section, you will probably be required to consult as there are likely to be changes to individual jobs which will have employment law implications.

Also if you are considering resulting changes to service delivery you must consider consulting with service users.

Don’t forget that there is a PPE Toolkit that can help you with this.

The benefit of consulting widely is that it offers you the opportunity to open up your proposals to challenge by key stakeholders.

PDSA

You may find it useful at this stage to use the Plan, Do, Study, Act (PDSA) cycle which is a proven methodology for testing and implementing change.

Full Implementation

Before fully implementing ensure that all testing has been finalised.

A suggested model for implementation is:

1. ‘Launch’ the change
2. Implement first steps in a timely fashion
3. Motivate and offer support
4. Lead by example
5. Create early wins
Introduction to the Model

Key stages

1. Diagnose
2. Vision
3. Determine
4. Design
5. Pilot
6. Sustain
6. Sustain

It is now essential to ensure that changes which have been implemented are sustained.
How do I ensure the redesign is sustained?

• Once the redesign is fully implemented, monitor it to ensure the original aims and benefits are continuing to be realised - with new ways of working continuing rather than the old ways being reverted back to.

• Once the project is complete, share the learning - both good and bad - with colleagues and other departments. This helps the organisation make the most out of learning from the experience of completed projects.

• A key element of this step is to carry out a post project review to ascertain what went well and to celebrate achievements. At the same time, objectively analyse the things that did not go well without highlighting individual blame. All of this learning should be reflected in the lessons learning log to aid future projects.
Useful resources and links
Useful resources and links

Additional resources


Workforce Planning and New Models of Care

The Carter Review – efficiency through workforce redesign

Skills for Care – the principles of workforce redesign

Social Care Institute for Excellence

NHS Improving Quality