

HEE Star: Accelerating workforce redesign

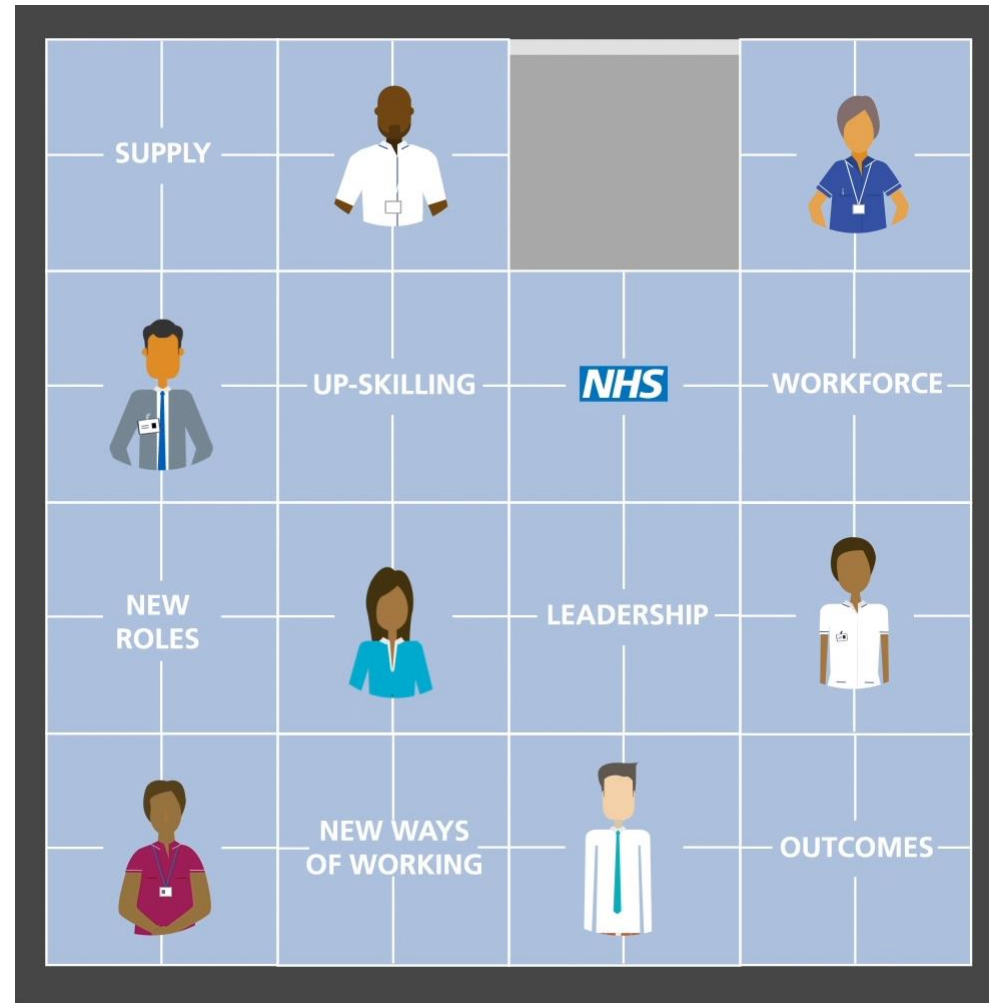
HEE Star Value Proposition

A report to Health Education England by Economics By Design

2021

Developing people
for health and
healthcare

www.hee.nhs.uk



Introduction

The HEE Star is a definitive tool for any workforce redesign programme and Health Education England (HEE) has spent three years researching, building and refining the Star methodology and the set of accompanying resources to become the highly effective solution it has become today.

During the summer of 2020, HEE commissioned health economists *Economics By Design*, to qualify and quantify the value to providers and systems of applying the HEE Star methodology to planning workforce redesign. Evidence drawn from multiple examples of use illustrate greater results in a shorter time period – saving time for senior leaders and clinicians, as well as generating the potential for faster and wider change, given the efficiency and breadth of the design process.



What is the HEE Star?

- The methodology was developed following experiences of re-designing primary care services in the North West, to bring structure to complex conversations and consensus to workforce priorities.
- Based on the principle that improvement happens project by project, the HEE Star is framed around five key enablers of workforce change, or domains: Supply, Up-skilling, New roles, New ways of working, and Leadership.
- The HEE Star has two functions:
 1. To help **structure conversations** for systems coming together to address workforce redesign issues. This takes the form of a **facilitated workshop** which is used to create a **portfolio of projects to prioritise**.
 2. As an **on-line tool** to provide a directory of resources to support project implementation. There are over 300 offers including planning tools, training programmes and core job descriptions.
- Following design by HEE's Transformation leads in 2017, it was tested with providers before being rolled out nationally.
- This research focuses on the Star's function as an OD methodology for workforce redesign.



www.hee.nhs.uk/heestar

Key facts about HEE Star



Health Education England

- **There is a significant workforce development agenda embodied in the NHS People Plan which is designed to address the gap between the growing demand for health care professional staff in England and existing and projected capacity.**
- **Designing an actionable, forward-thinking workforce redesign programme around the needs of patients is complex, time-consuming, and intellectually demanding.**
- **The HEE Star is a design tool for a workforce redesign programme. It uses a structured approach to develop a portfolio of projects to solve specific workforce problems in context.**
- **Customers who have used the HEE Star to address workforce challenges, have reported an array of positive attributes and results.**
- **The HEE Star is a much faster, less costly, and higher quality workforce redesign tool compared to alternative approaches.**

Key findings from the research

- 1. Value estimates have been prepared based on an analysis of the use of the model in three scenarios: national, regional, and local, and an additional five real-world case studies covering a range of workforce topics.**
- 2. Estimates for cost-efficiency are based on assumptions about the savings in staff time achieved by using the HEE Star compared with more traditional approaches to workforce redesign.**
- 3. Conservative estimates suggest that for every £1 of staff time spent on the HEE Star, savings in staff time of between £3 and £6 are achievable.**
- 4. Estimates of the wider return on investment are based on the potential for the HEE Star to deliver a higher quality portfolio of projects compared with more traditional approaches to workforce redesign. An HEE Star portfolio of projects has the potential to deliver increased productivity faster than might otherwise be the case.**
- 5. Conservative estimates suggest the HEE Star approach has the potential to increase the benefits of workforce redesign by between 40% and 65% over a 5-year period.**

Key facts - explained

There is a significant workforce development agenda embodied in the NHS People Plan which is designed to address the gap between the growing demand for health care professional staff in England and existing and projected capacity.

- Providers across NHS England are reporting a shortage of over 100,000 FTE staff.
- Analysis by the King's Fund suggests the NHS workforce gap could reach almost 250,000 by 2030.
- Nursing is facing one of the greatest problems with one in eight posts vacant.
- There are significant shortages in learning disability, primary and community nursing, whilst the mental health nursing workforce dropped by 11% between 2009 and 2019.

House of Commons Library: Health and Social Care Workforce Gap, January 2020¹

NHS Interim People Plan² identifies:

- Need for more people, across more disciplines and new roles working in different ways.
- Need to transform the entire workforce to work together in a different way.
- Need to adopt and utilise technology to change working practices.
- Specific need to tackle nurse vacancies in primary, community mental health and learning disability settings.

Developing an actionable, forward-thinking workforce redesign programme around the needs of patients is complex, time-consuming, and intellectually demanding.

It requires:

- Engagement with many different stakeholders
- Capture of compelling best practice and access to it
- Access to multi-disciplinary expertise
- Strong-co-ordination
- Dedicated leadership, resource and project management.

It is:

- Expensive to do
- Challenging to access all the relevant information needed to inform decisions
- Hard to envisage solutions beyond individual professional or organizational silos
- Demanding to achieve stakeholder consensus on the program and project priorities
- Often “crowded out” by the pressures of the day job
- Difficult to ensure that decisions are based on the right balance of experience, evidence and expertise.

There is a huge and urgent workforce transformation agenda for NHS organisations.

“Ensuring contemporary health leaders and managers have the capabilities to respond to the current landscape is critical”

Figuro et al ³.

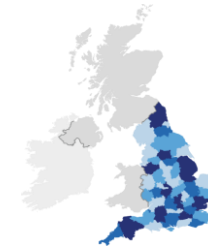
The HEE Star is a design tool for a workforce redesign programme. It uses a structured approach to develop a portfolio of projects to solve specific workforce problems in context.

Stakeholders are at three levels:



1. National

- Policy teams (other ALBs, LGA, Think Tanks)
- Priority programmes (Clinical Networks)
- Wider stakeholders (Royal Colleges, Regulatory Bodies)



2. Regional / Sub-regional

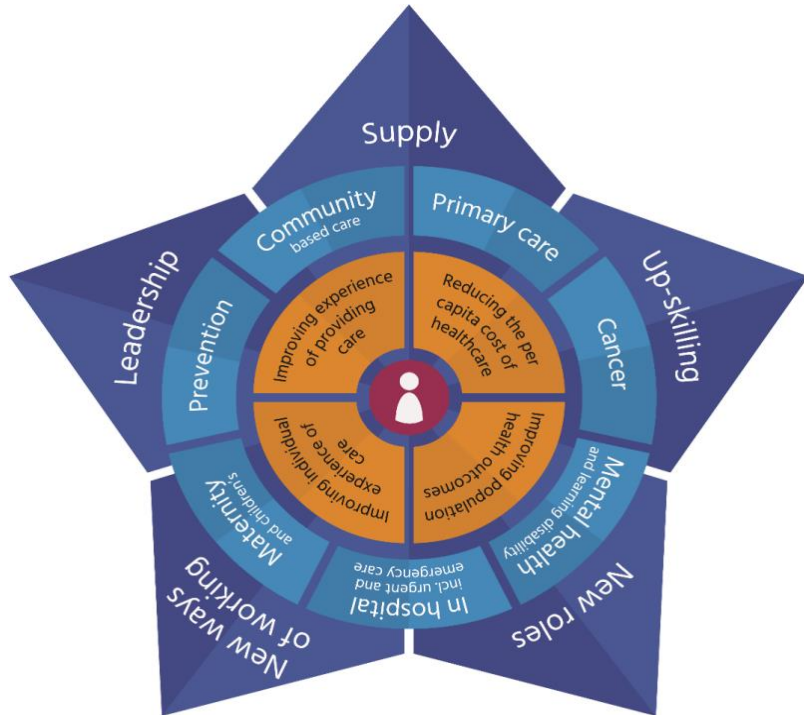
- Regional People Boards
- AHSNs
- Third Sector Bodies
- Social Care



3. STP/ICS

- System Workforce SROs
- Education Providers
- Primary Care Training Hubs
- Integrated Care Partnerships
- Individual Providers

Customers who have used the HEE Star to address workforce challenges have reported an array of positive attributes and results:



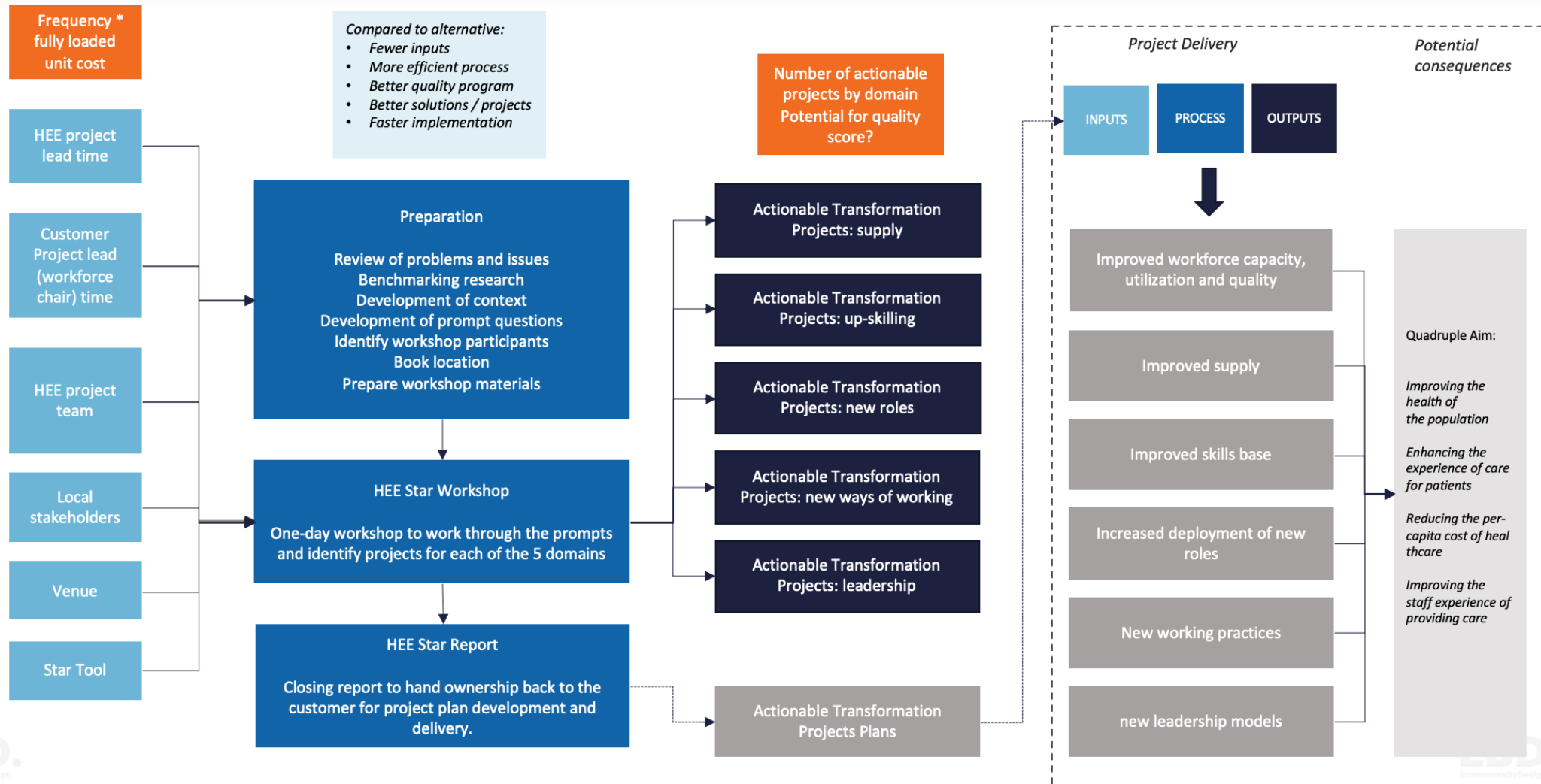
- Evidence based
- Comprehensive
- Structured
- Simple
- Collaborative
- Useable
- Effective
- Practical
- One-stop shop
- Pragmatic
- Solution focused
- Creative
- Inspiring
- Dynamic

30 stakeholder workshops held each resulting in a programme of projects to address workforce redesign issues.



The HEE Star is a much faster, less costly, and higher quality workforce redesign tool compared to alternative approaches.

Logic Model: HEE Star Workshop



Key findings - explained

1. Value estimates have been prepared based on an analysis of the use of the model in three scenarios: national, regional and local, and an additional five real-world case studies covering a range of workforce topics.

Focus	Host organisation	Workforce topic
Local	North West Boroughs Healthcare NHS Foundation Trust	CAMHS: Optimising non-core professionals to increase access to talking therapies
National	Royal College of Psychiatry	Spreading and adopting Physician Associates in Mental Health
National	Health Education England	Physician Associates in Primary Care
Sub-regional	Kent and Medway Cancer Alliance	Addressing the shortage of Reporting Radiographers and Sonographers
National	Centre for Mental Health	Maximising the potential of Peer Support Workers in Mental Health

2. Estimates for cost-efficiency are based on assumptions about the savings in staff time achieved by using the HEE Star compared with more traditional approaches to workforce redesign.



Health Education England

The assumptions shown in the tables have been developed in discussion with the HEE national workforce transformation team.

They relate to the number of workshops, the duration, the team composition, the number and salary profile of the participants at the workshop, and the actual time requirements for preparation and de-brief.

For each of the case studies these assumptions have been varied based on discussions with workshop leads regarding:

- The number of participants based on the actual number of attendees.
- The pay band mix of participants.
- The length and frequency of workshops for the traditional approach.

	Star	Traditional Approach	
		Efficient	Inefficient
Workshops			
Number	1	3	5
Duration (hours)	4	4	4
Workshop team			
Number	2	2	2
Workshop preparation (hours)	24	24	24
Workshop de-brief (hours)	8	8	8
Workshop chair			
Workshop preparation (hours)	2	4	4
Workshop de-brief (hours)	2	4	4

	HEE Star	Traditional approach	
		Efficient	Inefficient
National model			
Number of participants	15	15	15
% VSM	80%	80%	80%
% Band 9	20%	20%	20%
ICS model			
Number of participants	15	15	15
% VSM	80%	80%	80%
% Band 9	20%	20%	20%
Local model			
Number of participants	15	15	15
% VSM	10%	10%	10%
% Band 9	30%	30%	30%
% Band 8	60%	60%	60%

3. Conservative estimates suggest that for every £1 of staff time spent on the HEE Star, savings in staff time of between £3 and £6 are achievable.

	Cost efficiency of the HEE Star				
	HEE Star	Efficient traditional approach		Inefficient traditional approach	
	Cost	Cost	HEE Star cost efficiency ratio	Cost	HEE Star cost efficiency ratio
National model	£17,299.34	£54,181.56	3.13	£90,302.61	5.22
ICS model	£17,299.34	£54,181.56	3.13	£90,302.61	5.22
Local model	£13,008.95	£41,310.39	3.18	£68,850.65	5.29
CAMHS: Optimising non-core professionals to increase access to talking therapies	£13,008.95	£41,310.39	3.18	£68,850.65	5.29
Spreading and adopting Physician Associates in Mental Health	£18,856.48	£58,852.97	3.12	£98,088.28	5.20
Physician Associates in Primary Care	£13,151.44	£41,737.86	3.17	£69,563.10	5.29
Addressing the shortage of Reporting Radiographers and Sonographers	£8,950.78	£29,135.88	3.26	£48,559.80	5.43
Maximising the potential of Peer Support Workers in Mental Health	£13,640.03	£54,723.63	4.01	£91,206.05	6.69

All costs are based on 2019 PSSRU Unit Costs of Health and Social Care (Fully Loaded)⁴

4. Estimates of the wider return on investment are based on the potential for the HEE Star to deliver a higher quality portfolio of projects compared with more traditional approaches to workforce redesign. An HEE Star portfolio of projects has the potential to deliver increased productivity faster than might otherwise be the case.



Health Education England

The assumptions have been developed in discussion with the HEE national team.

Assumptions have been made about:

- **The potential number of staff who would be impacted by this particular workforce development programme (for the hypothetical model these are illustrative, for the case studies these are estimated and were validated with the workshop leads).**
- **The typical pay band to apply to the impacted staff.**
- **The potential value improvement from the workforce development programme regardless of the process of designing it. It is assumed that:**
 - **For the traditional approach this is 0.5% of the value of the staff impacted by the programme.**
 - **For HEE Star this is 0.75% of the value of the staff impacted by the programme.**
- **The pace at which improvement in impact might be achieved under a HEE Star initiated programme and the two traditional scenarios. This varies by case study.**

Workforce value improvement measure	Staffing numbers affected	Illustrative pay band
National model	10,000	8b
ICS model	500	8b
Local model	100	8b
CAMHS: Optimising non-core professionals to increase access to talking therapies	800	7
Spreading and adopting Physician Associates in Mental Health	350	7
Physician Associates in Primary Care	400	7
Addressing the shortage of Reporting Radiographers and Sonographers	300	5
Maximising the potential of Peer Support Workers in Mental Health	860	5

Benefit phasing	Year 1	Year 2	Year 3	Year 4	Year 5
HEE Star	50%	100%	100%	100%	100%
Traditional efficient	25%	75%	100%	100%	100%
Traditional inefficient		50%	100%	100%	100%

5. Conservative estimates suggest the HEE Star approach has the potential to increase the benefits of workforce redesign by between 40% and 65% over a 5-year period.

	Cost effectiveness of the HEE Star			
	Efficient traditional approach		Inefficient traditional approach	
	Comparative NPV of HEE Star	% Increase in NPV from HEE Star	Comparative NPV of HEE Star	% Increase in NPV from HEE Star
National model	£16,458,255.61	41%	£19,625,327.38	49%
ICS model	£857,950.89	43%	£1,050,619.47	53%
Local model	£192,515.17	50%	£251,364.94	65%
CAMHS: Optimising non-core professionals to increase access to talking therapies	£964,378.44	43%	£1,169,663.59	52%
Spreading and adopting Physician Associates in Mental Health	£449,261.76	46%	£566,528.88	58%
Physician Associates in Primary Care	£412,938.94	61%	£440,764.18	65%
Addressing the shortage of Reporting Radiographers and Sonographers	£200,570.80	64%	£228,221.53	72%
Maximising the potential of Peer Support Workers in Mental Health	£670,367.20	44%	£826,830.82	55%

All costs are based on 2019 PSSRU Unit Costs of Health and Social Care (Fully Loaded)⁴

Building the evidence base

The value-proposition analysis is not primary research. Rather it is based on a relatively simple modelling exercise to demonstrate the potential value of using the HEE Star to identify workforce development projects.

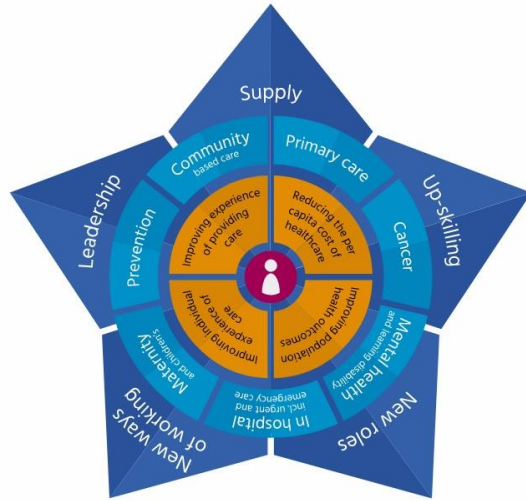
Its main premise is that the HEE Star process saves time for leaders and senior health service professionals and has the potential to generate greater added value and faster implementation and benefits realisation compared to traditional approaches.

This research exercise focussed on the HEE Star being used as a framework to structure workforce conversations through a workshop, and we anticipate that there is also a cost-saving and an increase in quality through the role that the HEE Star plays in signposting to specific resources that aid workforce redesign.

The analysis could be further strengthened by further research into:

- The range and types of traditional approaches used to identify potential solutions and associated projects for given workforce development challenges.
- The costs of these traditional approaches in terms of senior staff time participating in the process, team support (in-house and consultancy).
- The timescales involved in the traditional approaches.
- A comparative sample of workforce development plans which have been developed with and without the support of an HEE Star workshop and an associated quality assessment.
- Ideally comparative mixed methods evaluation of a selection of implemented workforce development programmes initiated via traditional models compared to those initiated by the HEE Star.

Further information and contacts



Find out more about HEE Star on our website:

www.hee.nhs.uk/heestar

Watch HEE Star TV episodes:

http://www.bit.ly/hee_startv

Contact us to discuss:

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Engage with us on social media

[in HEE Innovation and Transformation LinkedIn showcase page](#)

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References

1. <https://commonslibrary.parliament.uk/the-health-and-social-care-workforce-gap/>
2. <https://improvement.nhs.uk/resources/interim-nhs-people-plan/>
3. Figueroa et al. BMC Health Services Research (2019) 19:239 <https://doi.org/10.1186/s12913-019-4080-7>
4. <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/>