

## Workforce Transformation: Self Diagnostic Tool

### Overview

This tool is designed to help start the discussions and work out what you are trying to achieve before you start exploring workforce transformation. Workforce transformation is not a recipe, there is not a 'one size fits all' but it will depend on local context, case mix, existing capabilities and long-term service needs.

Workforce Transformation is defined as a process, driven by improving the way we recruit, retain, deploy, develop and continue to support the healthcare workforce, to meet the growing and changing needs of local populations.

This document provides some questions that you can use to start your discussions within and across your teams. This document is best used by leaders in a particular service area and can be used at local, regional or national level as a pre-cursor to workforce transformation activity. It will require you to set aside some dedicated time to explore the questions below and the answers you produce.

There are two parts to this process:

- Better understanding your current position, which should be undertaken first; followed by
- Action plan and solutions, which can be undertaken after.

All of this can be done independently, or with the support of your regional or national transformation colleagues.

### Better understanding your current position

#### Problem

- What is the problem you are trying to solve?
- What are your key challenges and barriers to resolving the problem?

#### Context

- What is your current state and what are you aiming for?
- What is the service that your workforce delivers (emergency and/or elective, hospital only – or including community services, daytime only or out of hours included etc.)
- What does your current workforce look like? (all professions, medical rotas staffed by multiple specialty doctors, multiple rotas interacting or single specialty single rota)
- In your current workforce, where are the challenges in recruitment, retention, capability and training?

#### Intelligence

- What policies, programmes of work or other drivers are relevant and will influence in the short, medium and long term?
- What existing work is being undertaken in this space already?

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- What are the patient outcomes that really matter? (speed of delivery, is the service highly technical and needs very specifically trained interventional skills, is it generalist skills with high volume low complexity, are there performance targets/standards that will be important)
- Are there clearly defined service pathways within the service that can be articulated in terms of what the patient needs, or is it a more general service provision? (i.e. elective surgery – from referral to listing to pre-assessment to surgery to recovery to follow up or patient emergency admissions via ED, assessment units, same day emergency care (SDEC), outpatients)
- How will this service change in the next 5-10 years? (i.e. plans for service reconfiguration, network development, shifts into community care, impact of other organisations changing)
- What are the non-negotiable drivers to change? (current or future challenges including service redesign, new interventions, specialised commissioning changes)
- What are the 'non-negotiable' elements that cannot change? (requirement to train medical trainees, contribution to other rotas, consultant working patterns or shared across trusts)

### **Data (e.g. patient/service, population health and workforce etc.)**

- What data exists which would be helpful?
- How accurate is the data?
- What data is missing and needed to proceed?

### **Stakeholders**

- Who are the key stakeholders? (consider stakeholder analysis on all areas: HR, finance, service, performance, trainers, research, doctors, nurses, AHPs including scientists, admin and clerical, support workers, patients and carers)
- How receptive are people to being involved?
- How can we best engage people?

### **Solutions**

- Has the problem you are trying to solve changed?
- What are the opportunities for change? (expansion of medical training slots, shared rotas, additional consultants, shared services across trusts, international opportunities, agreeing to move work into community, reduce duplication, use of technology – virtual clinics etc.)
- Do you have any obvious solutions at this stage?
- Do you need to engage with workforce transformation colleagues to explore options to find solutions?
- Could any of the workforce transformation tools support you?

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## Action plan and solutions

In the table below, you will find five enablers for workforce transformation that you can consider as you start to think about what you can do to address your identified workforce challenges. By going through the five enablers you will start to get a better understanding of:

- *Specific solutions* which you can use i.e. exploring the wider use of anaesthesia associates (AAs)
- *Areas which you need to find out more about* i.e. what your workforce age profile looks like to understand the implications of future retirement plans
- *Areas of best practice* which are being used elsewhere which you want to explore further

Using the questions and prompts below will provide you with an Action Plan for next steps and enable you to think about your workforce issues in a more systematic way.

Enabler	What it is	Factors to consider
Upskilling	Consider the existing workforce – ensuring they are maximally utilised, better able to work flexibly and have the skills and knowledge to be part of the future workforce by adding in skills, enhanced or extended practice, working to top of license, apprenticeship opportunities or other CPD/training opportunities.	<ul style="list-style-type: none"> <li>- Competencies</li> <li>- Skills, skill mix and capacity</li> <li>- Education, training and development</li> <li>- Service user engagement</li> </ul>
New roles	Consider alternative roles to replace or take on some of what doctors do at present designed. Consider what will be needed to meet a defined workforce requirement, e.g. additionality to the workforce, a formal education and training requirement.	<ul style="list-style-type: none"> <li>- The role</li> <li>- Service user involvement</li> <li>- Supervision and mentorship</li> <li>- Monitoring, evaluation and evidence</li> </ul>
Leadership	Consider individuals, organisations and systems in their leadership development – ranging from individual behaviours and skills to organisational development of systems through partnerships. Leaders may need to consider better ways of deploying the workforce, ensuring existing team are efficient, delegation etc.	<ul style="list-style-type: none"> <li>- Leadership in systems and organisations</li> <li>- Culture</li> <li>- Talent management</li> <li>- Reward and recognition</li> </ul>
New ways of working	Emphasis on developing an integrated workforce culture that empowers it to break through system barriers to deliver a practical response, resonating with ICS needs. Consider cross team working, merging rotas, etc.	<ul style="list-style-type: none"> <li>- Integration and MDTs</li> <li>- Flexible working and across boundaries</li> <li>- Team culture</li> <li>- Digital technology impact</li> <li>- Millennials</li> <li>- Innovative practice</li> </ul>

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Supply	Identifying current and future workforce availability in terms of skills, capabilities and numbers, in order to identify new ways to attract and retain. Consider options including locally employed doctors, CESR programmes, international recruitment- IMGs, MTI, GMC sponsorship etc.	<ul style="list-style-type: none"><li>- Workforce information and data</li><li>- Workforce planning</li><li>- Supply/demand variation</li><li>- Education and placements</li><li>- Recruitment and retention</li><li>- Career pathway/progression</li><li>- Health and wellbeing</li></ul>
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If you would like to discuss this guide, or the plans you arrive at having used it, please contact your local Workforce Transformation Team.