Competence Based Approach to Workforce Redesign

User guide and key

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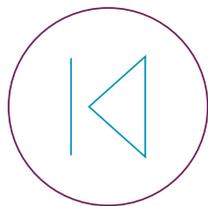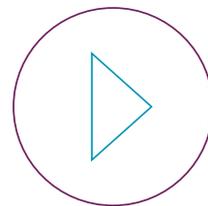
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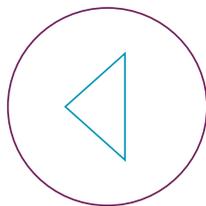
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Competence Based Approach to Workforce Redesign

This workforce resource will provide NHS Wales with support to undertake role redesign or workforce redesign. The approach will provide a detailed methodology to supplement the NHS Wales Standards and Guidance to Role Redesign

(NLIAH 2007, Standards and Guidance for Role Redesign in the NHS in Wales)

Contents

For further information

Betsi Cadwaladr University Health Board have used this approach with their "Designed for Competence" Project which looked at redesigning community services and identifying the workforce competences for managing Diabetes. The approach has also been used to develop the Assistant Practitioner role in Mental Health and Learning Disability Services. and the Artificial Limb and Appliance Service to , identify new roles and extend the roles of staff in post

For further information contact *Marianne.Walmsley@wales.nhs.uk* or *Mandy.Hughes@wales.nhs.uk*

Welsh Ambulance Services NHS Trust used this approach to develop competence frameworks for their Ambulance services and also for their Clinical Contact Centres. Contact *Andrew.Jenkins@wales.nhs.uk* or *Helen.Rees10@wales.nhs.uk*

Defining the vision of your future service

1. Introduction

This workforce resource provides a step-by-step process to assist NHS managers and staff at all levels to design new roles and redesign existing roles. It is recognised that 80% of our current staff will be working for the service in 10 years time, hence the need to train and develop our existing workforce in the development of new or different skills and competencies where this is required. The prudent healthcare agenda provides a real opportunity to consider how the workforce is utilised and deployed. Applying the prudent healthcare principles will require a thoughtful re-design of the workforce at all levels which will need to be supported through appropriate training and education to underpin new ways of working. This Competence Based Approach to Workforce Redesign provides a methodology to supplement the NHS Wales Standards and Guidance for Role Redesign *www.weds.wales.nhs.uk*

A competency based approach to role redesign is a workforce improvement methodology that can help to improve patient services, address staff shortages, support skill mix issues and improve job satisfaction through the development of new and amended work roles. It can benefit the whole healthcare team from support staff to the medical workforce by helping to challenge and change established roles and patterns of practice and working. NHS staff are required to posses a unique set of skills and knowledge in order to support people with complex needs. It is therefore the workforce who must inform and drive the modernisation of working practices and service delivery.

To support the introduction of new, changed, expanded roles, it is first necessary to identify the competencies and skills needed by individual staff and or a team. Once the competences have been identified packages of education and training will need to be developed to prepare and support the workforce to change and modernise workforce practices and service delivery.

To undertake role re-design it is essential to work in partnership with existing staff to define the competence profile of the staff required to deliver the service. The competence profile of staff is the knowledge, understanding, values and performance required to safely deliver a service or aspect of care to service users. This information can assist in understanding:
• The needs of the patient/service
• The tasks or functions required to meet those needs

2. Background

Expanding workforce capacity by simply increasing workforce numbers and doing more of the same is no longer a viable solution and alternative approaches are needed. A competence based approach to workforce redesign is one of a range of workforce solutions available to support NHS Wales to meet both the strategic and operational changes required now and in the future.

The workforce is our biggest asset and it is therefore essential that we have staff with the right skills, knowledge, values and beliefs delivering consistently high standards of care. Applying a competence based approach to workforce redesign will help to support staff to bring about the changes needed to the way people are cared for through the development of a skilled, flexible, and sustainable workforce.

What are Competences?
Competences are descriptions of tasks which are made up of:
• The knowledge, understanding, values and performance to perform a task
Competences may also be referred to as National Occupational Standards. A database of competences for health and social care can be found at *www.skillsforhealth.org.uk*

Key Principles
The underlying principle of any service and workforce change is to meet the needs of patients and service users. This is the central objective of the competence based approach. To help achieve this objective a methodology has been developed based upon the following principles:
• To support the full redesign of a service or for smaller scale service, workforce, role redesign projects
• Begin with the end in mind – the process begins with identifying the future vision of the service
• Focus on the competences requirement for the whole workforce/team required to deliver the future service which will help to prevent silo thinking
• Focus on competences and not existing roles – this will enable appropriate delegation within and across professional groups
• Focus on staff involvement and engagement from the outset, unlocking the knowledge and expertise held within the workforce/team and or service.

These Principles will enable workforce redesign to occur in an environment which:
• Focuses on the needs and quality of care delivered to patients/service users
• Challenges thinking about who does what
• Promotes creativity and innovation in redesigning the workforce
• Avoids duplication of tasks and contributes to more effective working
• Provides greater opportunities for the provision of seamless services
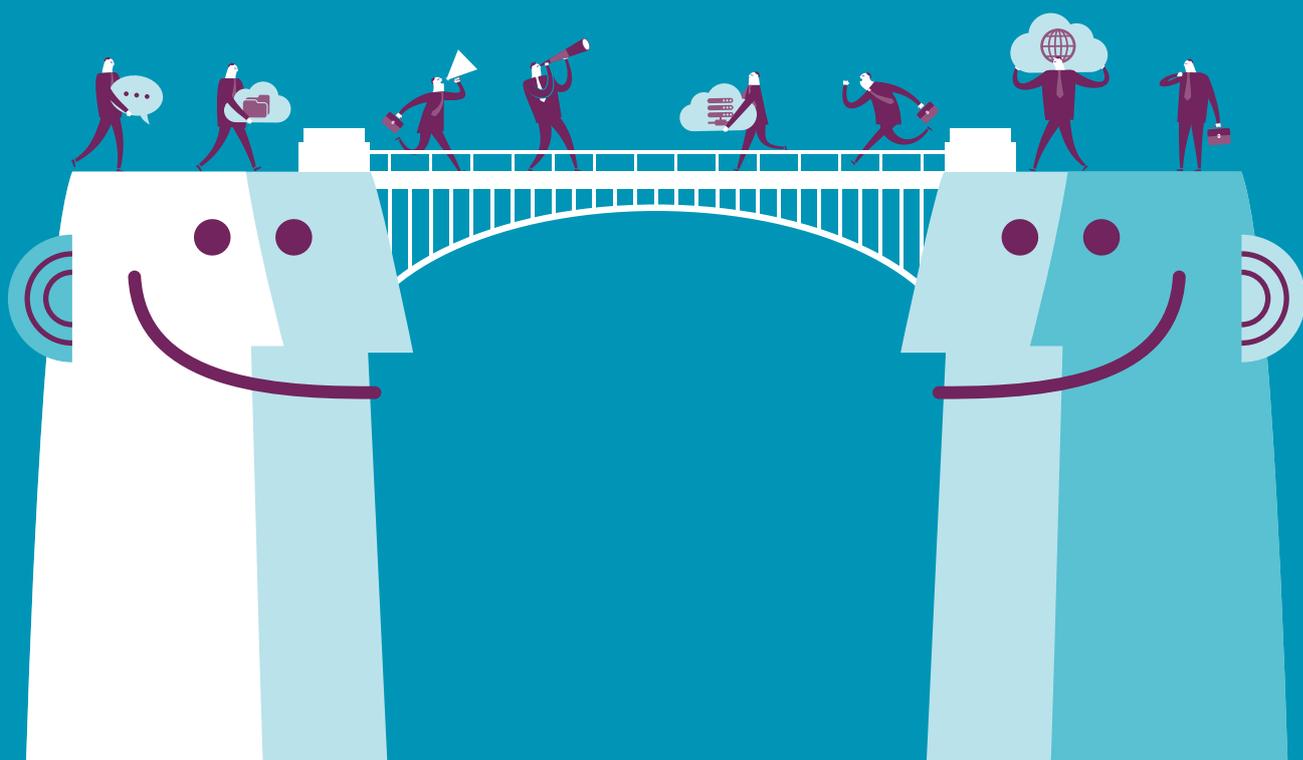
3. Benefits of using a Competence Based Approach to workforce redesign

This approach to workforce redesign puts the patients/ service user at the centre of service change and supports the following:

• The development of a service or workforce built around the patient and service user needs
• Staff involvement and engagement from the outset, unlocking the knowledge and expertise within the service
• Development of a workforce who have the appropriate skills to deliver the right service, in the right place at the right time and cost
• Enables the service to better identify and influence the workforce training and education requirements from education providers
• Promotion of integrated planning taking into account, service, workforce and financial aspects, by clearly identifying the service requirements, the associated competence and the staff required to safely undertake the function.

4. When to use this approach

Here are some triggers that may indicate when a competence based approach is required:

• When developing a new service or following reconfiguration of services
• When opportunities arise within the workforce such as vacancies
• When the service is not meeting the needs of patients/service users
• When the service has not changed despite advances in technology
• When service demand is exceeding the capacity to deliver care, or conversely where demand has dropped
• When services are experiencing pressures or staff shortages
• When improvements to workforce efficiency is required such as duplication of work

5. Preparation

For a workforce change to be successful management and preparation through the development of a work programme is essential. (See Workforce Education and Development Services website – Click here) There are a range of activities that will assist in making the process go smoothly summarised below with a brief rationale highlighting why they are important:

Process	Rationale
Planning	Investing time to properly prepare and plan the work is essential for change to be successful. **1000 Lives Plus; WG Planning Framework; Developing the Workforce element of the Planning Framework; WEDS Workforce Planning Pages**. The timescale involved in using the competence based approach depends on the scope of the service and the resources and support available. As a minimum it is likely to take 6 days, but it could take longer. Plan stakeholder engagement events no more than 2-3 weeks apart to keep the momentum going and to allow time for preparation between meetings/workshops.
Resources	Identify the resources and in particular the skills and expertise you will need to support the work programme. For example, time, access to excel and facilitation skills.
Consider the Scope	It is important to understand what the future service/workforce will look like. The following link provides tools, models and resources to help you plan and develop your workforce: **Working Differently, Working Together**
Stakeholder Involvement	Service and workforce change can impact on the immediate service, ward, department or locality but it may also have a wider impact on other internal/external services/agencies. Understanding the scope of the change and the anticipated possible impact will help you to include all relevant stakeholders from the beginning.
Familiarisation with Skills for Health Competence Tools website	This methodology uses the Skills for Health electronic tools and competence database. You will need an account with Skills for Health, available from *www.skillsforhealth.org.uk*
Microsoft Excel skills	Transferring the competence profiles into an excel database is essential to be able to analyse the competences in a range of different ways.
Evaluation	It is essential to consider how the workforce change will be evaluated. Having baseline information of the current service/workforce etc is important and should be determined in full at the end of Step 1.

6. Managing the Work Programme to ensure success

For change to be successful it is necessary to have the right composition of people involved from the beginning. For the purpose of this methodology, a Workforce Working Group should be established. Having appropriate, motivated and engaged representatives on this group is essential to the success of the workforce change required.

The **Workforce Working Group** should have the following characteristics:
• Service manager able to plan and facilitate change
• Be representative of the clinical and non-clinical workforce and the service
• Credibility amongst peers

• Knowledge of both the current and future service model
• Authority to act and be accountable
• Commitment and capacity to attend all meetings/workshops

The **Workforce Working Group** will be responsible for completing the initial work up to and including Step 6 of the Competence Based Approach to Workforce Redesign Model below. Once Step 6 is completed and achieved, wider stakeholder and clinical engagement should be sought through the establishment of a **Workforce Engagement Group**.

The **Workforce Engagement Group** will be drawn from the Stakeholder analysis and should also include representatives from across and within different teams and staff groups.
• Staff affected by the proposed change
• Staff side/Trade Unions
• Patients and or Service Users
• Workforce and Organisational Development staff
• Education, Training and Development Staff

7. Model of Competence Based Approach

The 10 steps to a Competence Based Approach to Workforce Redesign are outlined below. Further detail can be provided in section 2 or by clicking onto the step within the model.

Focus on the Patient

1. Focus on the Patient
2. Identification of key stakeholders
3. Define the vision of future service
4. Identification of competences
5. Allocate competence to career framework level
6. Identify and create new roles from competence
7. Quality assure profiles
8. Undertake training needs analyses
9. Implementation - change management
10. Evaluation

A step
by step
approach

Using the Competence Based Approach to workforce redesign

This next section provides information on the purpose and expected outcomes of undertaking each of the steps within the model.

Step 1 **Focus on the patient**

Purpose | Keeping the patient at the centre of your thinking throughout the 10 steps ensures that you are able to define your service and workforce in line with your service user requirements.

To do this you will need to:
• Consider your current patient pathway
• Consider what the changed/new service will look like and forget the constraints in your current service.
• What are the local and national strategies for your service area?
• What are the issues, hot spots, challenges for your service area?
• Consider what needs to be done, don't think about existing roles and responsibilities, think about the ideal future service
• Compare the current service with the proposed new service - what makes it different?
• Can things be done differently and be clear why this is necessary
• Have a clear understanding of your current workforce skills and competence

Expected outcome | A clear understanding of the scope of work

Step 2 **Identification of stakeholders**

Purpose | A stakeholder group is necessary to ensure that you have cross representation of individuals or organisations that may be affected by any change introduced as a result of the work programme. The stakeholders will assist in developing clarity on the scope of the work being undertaken

To do this you will need to:
• Identify who needs to be involved
• Ensure as far as possible the right people on the group, the experts and individuals who both support and also those who may have reservations about the proposed change.
• Include clinicians and non clinicians and where required external stakeholders for example representatives from the Local Authorities who understand and have an interest in the service and workforce issues, challenges and priorities.
• Produce Terms of Reference to steer and support the planned work and ensure progress is maintained and the change required is achieved.
• Identify lead clinical representatives with the clinical expertise and understanding of what workforce skills and knowledge will be required.

Expected outcome | Identification and Establishment of the Reference Group

Step 3 **Define the future service**

Purpose | To develop the future service vision and future proof the workforce to be able to deliver the service, it is important to anticipate what the internal and external influences could be that may impact on the workforce. And, to identify solutions to mitigate against these where required.

To do this you will need to:
• Check what work has already taken place as some teams may have undertaken similar visioning work previously.
• If a vision has already been worked up, it is worth checking whether this is still valid and ensure that the Reference Group are signed up to it.

Expected outcome | A clear agreed vision of the future service model
• Emerging ideas of the workforce implications of the future service model
• Ideally an agreed competence profile from the Skills for Health database (may need IT access for this, if this is to be done with the Reference Group)

Step 4 **Identification of the competences**

Purpose | To produce a profile of competences from the Skills for Health database to meet the future service requirements

To do this you will need to:
• Have access to the Skills for Health database
• Identify competence based on what happens in the proposed re defined service 80% of the time

Expected outcome | At the end of this step, you will have produced:
• A competence profile for the whole future service in both a Skills for Health account and excel spreadsheet.
• Competences allocated into functions

Step 5 **Allocate competence to career framework levels**

Purpose | To start breaking down the large competence scope into more manageable workable sizes so that it becomes possible to identify any new or changed roles that may be materialising. (**Click here**)

To do this you will need to consider the competence across the NHS Career Framework.
   The NHS career framework consists of nine different levels at which a function could be performed, from level 1 initial entry level jobs to more senior staff at level 9. It aids workforce flexibility, providing a common currency to map employees' competence portfolios, and to identify areas of transferability to other job roles.

You will need to:
• Start considering the competence across the breadth of the NHS career framework.
• Sort the competence into those that can appropriately be undertaken by a registered practitioner and those that can appropriately be undertaken by an unregistered practitioner

Expected outcome | At the end of this step, you will have:
• Split the profile up into Support Worker and Registered Practitioner tasks
• Started the process of defining roles

Step 6 **Identify and create new or redesigned roles from competences**

Purpose | To begin the process of defining roles by reviewing the competence within each career framework level and identifying the roles that emerge

To do this you will need to:
• Scrutinise each of the competence that can be undertaken by each level of practitioner i.e. registered or unregistered to understand what potential roles may emerge from the competence profile
• Build a list of roles that may emerge from the competence profile
• Consider where there may be duplication of effort and look to see how this can be reduced through the re allocation of competences

Expected outcome | At the end of this step, you will have:
• Competence profiles for the roles that you have identifed

Step 7 **Quality assure role profiles**

Purpose | To review the roles and the associated competence profile to ensure that the competence profile associated with the new role is fit for purpose.

To do this you will need to:
• Determine the frequency that the task will be carried out and if competence can be maintained
• Ensure that the care provided to patients is not fragmented by adding too many layers of worker into the system
• Clarify that the role has sufficient breadth and depth and ensure that there are no competence missing
• Ensure that appropriate governance can be put in place.

Expected outcome | At the end of this step, you will have:
• Clearly defined roles
• Identification of any missing competences and where they need to be allocated.

Step 8 **Undertake training needs analyses**

Purpose | To complete a training needs analysis by identifying the current workforce competencies and mapping these against the future service model requirements.

To do this you will need to:
• Identify the current competence and skill set of your workforce.
• Identify that staff would have sufficient opportunity to undertake the competency by assessing the frequency that they would have opportunity to undertake the task,
• Identify any training needs linked to the competency by completing a training needs analyses

This will support the identification of:
• What the training needs of the workforce are
• Where capacity can be released

This will allow you to
• Offer staff access to credit rated learning that is fit for purpose.

A comprehensive training needs analyses will enable you to see where staff are carrying out role functions that should be undertaken by another team member, therefore providing an opportunity to release capacity and improve workforce efficiency.

Expected outcome | A comprehensive training needs analysis developed that shows the current team compared to the future competence profile

Step 9 **Implementation**

Purpose | The value of including staff in the creation of a sustainable service cannot be underestimated. To manage the successful implementation of the change it will be essential to engage and communicate as early and as widely as possible. Proposed changes are more likely to be sustainable if all stakeholders are fully engaged.

Any workforce change implemented as a result of this work must be done following organisational policies and procedures and with the support of staff side.

To do this you will need to:
• Ensure early engagement
• Consideration of the overall service and workforce not just one persons role in isolation
• Remain focussed on what needs to be achieved
• Radical change is acceptable if this is needed. However, small workforce changes can have a significant impact in achieving change and improvements.

The key features of implementing change successfully are to:
• Communicate, communicate, communicate
• Articulate why the change is needed and predicted benefits
• Be open and honest
• Focus on the benefits

Expected outcome | Successful implementation of the service redesign and new and innovative roles

Step 10 **Evaluation**

Purpose | Whilst this is described as step 10, evaluation measures should be established at the beginning of the work programme in order to have a baseline to benchmark against. The evaluation will measure the impact of the redesign on the staff and service users. It is helpful and reduces duplication to use data and information already available and routinely collected where possible.

To do this you may, for example, want to:
• Have staff satisfaction with their roles and responsibilities increased
• Have compliments or complaints risen

Expected outcome | Clear statistical and narrative evaluation of the benefits of the project

A sustainable workforce which also embraces the philosophy of effective team working

1. The Process – Facilitated meetings/workshops

This section provides detailed information on how to complete each of the steps in Section 2 above by providing some tips, suggested resources and sign posting to other helpful resources to facilitate successful meetings/workshops. Managing the steps to achieve agreement and outcomes is an important function. Each step does not necessarily require a separate meeting/workshop and two or three of the steps can be completed during one session if appropriate.

To ensure confidence and drive to the change management process planning and organising the meetings/workshops efficiently and giving appropriate time (2-3 weeks) gap is essential and will support enthusiasm and momentum.

Steps **three** to step **seven** will be completed through **facilitated meetings/workshops** and are described in detail in this section

Steps **eight** to **ten** will be completed following the meeting/workshop in partnership with education and training providers and Workforce and Organisational Development Specialists.

Step 1   Achieved ahead of the facilitated meeting/workshop

Step 2   Achieved ahead of the facilitated meeting/workshop

Step 3   Define the vision of your future service

Resources required	Top tips for facilitation	Process

• National and local published strategies and priorities.
 	
• Flip charts and pens
  Post-its
  White tack and cellotape.
 	
• Laptop, projector and access to Skills for Health website (optional).
	• Check what work has already taken place as some teams may have undertaken similar visioning work previously.
	
	• If a vision has already been worked up, it is worth checking whether this is still valid and ensure that the Workforce Working Group are signed up to it.
	
	• Keep the patient/service user at the centre
	
	  Keep the focus on the future.
	
	• Avoid focusing on any constraints or barriers at this stage.
		With the **Workforce Working Group** undertake the following activities
		
		• SWOT Analysis ✪
		
		• PESTLE Analysis ✪
		
		• STOP START CONTINUE ✪
		
		• Good Practice template ✪
		
		Key Features of the future Service Model
		
		Identifying the Workforce Requirements.

Step 4 Identification of the competences

Step 5   Allocate competence to career framework levels

Resources required	Top tips for facilitation	Process

• Delegation guidelines for NHS Wales.
 	
• Career Framework guide and individual career framework labels (1-9).
 	
• Stop, Start and Continue SWOT and PESTLE from Step 1(useful to refer to when discussing the allocation of competence).
 	
• Scissors and stapler Flip chart and pens.
	• This step requires preparation in advance of the meeting/workshop.
	
	Have the competence on a spreadsheet that you can display on a larger screen. OR have the competence lists printed out.
	
	Suggested tip is to print the lists out in to small groups of 10-20 competence. This allows for group work.
	
	• Make sure the competence shows the indicative KSF level. This will provide an indicative marker in deciding if the competence can be allocated to a registered or unregistered practitioner.
	
	• Have the career framework levels and descriptors available for reference, so that members of the group can see the descriptions for the core responsibilities of a role at certain levels of the career framework.
		There are 2 parts to this process:
		• **Allocating the competences to the Career Framework level**
		• **Starting the process of allocating competences to a defined role**
		Here are the rules:
		• Focus on the career framework level rather than roles and agenda for change bands (although this is difficult as there is a correlation).
		  As a rule of thumb:
		  – KSF Level1 and 2 = Career Framework Support Worker levels 1-4
		  – KSF Level 3 and 4 = Career Framework levels 5-9
		• Allocate the competence at the safest lowest career framework level.
		Focus on what happens 80% of the time considering:
		• The frequency that the task will be performed.
		  The care process, e.g. is the competence to cannulate useful at support worker level without being able to medicate.
		• Governance arrangements.
		• A small number of competences may generate discussion, if this cannot be resolved within 5 minutes then park the competences for discussion later. The high level descriptor of these competences may not be a reflection of what is detailed inside the document. Focusing on discussions around these competences can very easily affect the flow and energy in the room.
		• Spread the labels of the career framework levels around the room. Take each group of competences in the KSF levels 1-4 and allocate them to the appropriate career framework levels.
		• Review those parked by looking at the detail of the competences on line and allocate appropriately.
		• Discard any inappropriate competences (the "outs") and identify any missing competences and allocate as appropriate.
		• At this stage proceed straight to Step 6.

Step 6 Identify and create new roles from competences

| Resources required	Top tips for facilitation	Process
• Competences allocated within each level of the career framework. • Excel spreadsheet. • Access to lap top, projector and printer. • Flip chart, pens and stapler.	• Don't worry if these roles seem the same as the current roles. It is during Step 7 that you really start to focus on developing role clarity and the opportunity for further creative thinking and innovation. • When the group are allocating the competences to the role, make sure that they have a focus on the future service provision. • Allocate the competence to the role but continue to consider: (i) The frequency that the task will be performed and whether their competence will be maintained through frequent enough practice. (ii) The care process, e.g. is the competence to cannulate useful at support worker level without being able to medicate? (iii) Governance arrangements What happens 80% of the time. (iv) Reducing duplication and provision of a seamless service. (v) How staff will be deployed (numbers of staff/geographic area/rotas). (vi) Depth and breadth of roles . **Option** • You can do this stage either in paper or electronic format depending on access to equipment and printing. If you're doing it in a paper version, sort the competence titles in alphabetical order and print off in landscape format with some blank columns to the left for some role headings to be added. • Staple each of the sheets together to form a list of the total competence profile.	• Arrange the competences in alphabetical order within each career level. • Set up the lap top and projector open the excel spreadsheet with the competence titles in alphabetical order. • Review the competences within each career framework and identify the key roles that are emerging. • List the roles as they emerge onto the flip chart and ask the group to review the roles and agree a final list of roles. **Key Questions to ask** – Is the workforce profile realistic from a service, workforce and financial perspective? – Is there an increase of roles or a decrease? – How does this compare with the current situation? – Will this meet the future service needs and reduce the threats and weaknesses and increase the strengths and opportunities? • On either the paper Excel spreadsheet or the electronic one; write the names of the roles in a column across the top, starting with roles in the lowest careers level and working up to the highest level. • Up to this point, the group will have allocated competences at a single level; this next stage looks at the competences as they occur across different roles. • You don't need to do this for each competence but for the competences that have been assigned within the relevant career levels. For example: "Registered Practitioners won't have competences from the support worker level although it would be assumed that they could if required and if competent to do so, carry out that task but not frequently" • This will create a "building block" approach to competences within the service and assist with the development of role clarity. • Once all the competences have been allocated across the roles, capture any key points and issues that have arisen, in preparation for Step 7.

Step 7   Quality assure role profiles

Resources required	Top tips for facilitation	Process
• Spreadsheet of competences. • Spreadsheet of updated competences in role order (building block approach). • Spreadsheet of competences across: – All Support Worker levels – All Registered practitioner levels – Support Workers and Registered Practitioners across each Professional groups e.g. nursing, physiotherapy (building block approach). • Spreadsheet of competences in each function across all relevant roles.	• Keep a master copy of the whole competence profile in role order and keep a copy for editing. • To create a building block approach may require manual manipulation of the spreadsheets, rather than just using the sort function. • It is difficult to be prescriptive in this section and describe what to look for. • Keep the focus on the vision of the future service and all the previous information that has been collated to provide a context and assist with constructive challenge and decision making.	• To review the competence you will need to consider: – The frequency that the task will be performed and whether competence will be maintained – The care process, e.g. is the competence to cannulate useful at support worker level without being able to medicate? – Governance arrangements – What happens 80% of the time – Reducing duplication and provision of a seamless service – How staff will be deployed (numbers of staff/ geographic area/rotas) – Depth and breadth of roles. 1) Capture all feedback on flipchart. 2) Start with the whole role profile. 3) Review individual roles and consider the number and range of competences within each role. Remember that roles can have breadth and depth but not both. 4) Review the roles: – all Support Worker levels – all Registered practitioner levels – across the career levels, Support Worker and Registered Practitioner – Support Workers and Registered Practitioners across each Professional groups e.g. nursing, physiotherapy. 5) Review the roles across the functions 6) Make any necessary changes and ensure the following is transparent – Does it meet the future service requirements? – Is it logical? – Will it meet patient/ service user needs? – Is it compliant with national guidelines and strategies? – Does it provide effective team working and role clarity? – Is it realistic, affordable and sustainable? By this stage the benefits of this Competence Based Approach to Workforce Redesign are starting to be realised: – Challenges thinking about who does what. – Provides an opportunity to stop doing things that may no longer be required – Promotes creativity and innovation in workforce redesign – Solves workforce "problems".

Experiencing the pressure and problems

2. Facilitators resources

This section provides the resource tools required to support the **facilitated meeting/workshop**.
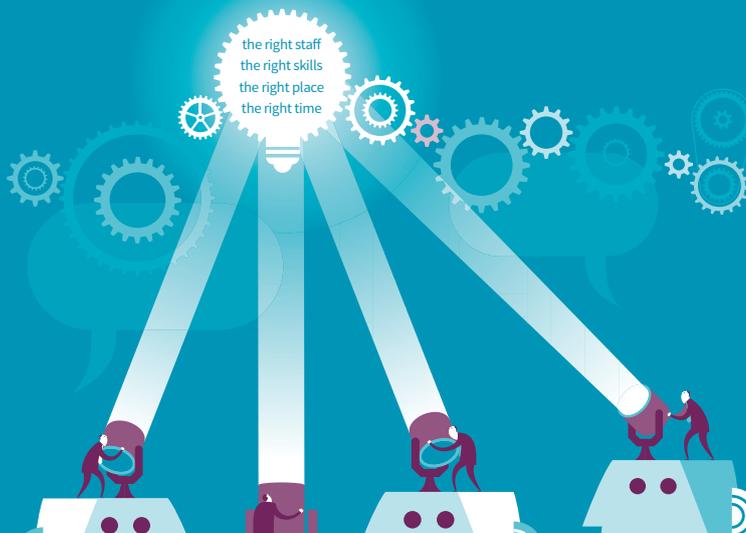
PESTLE Analysis Template

PESTLE Analysis enables the team to look at the pressures and problems that may be experienced by the team/service. PESTLE provides a bird's eye view of the whole environment from many different angles that should be checked and kept track of while contemplating a certain ideas or plans.

There are certain questions that need to be asked while doing this analysis. They are:

• **Political** – What is the political situation and how can it affect the organisation?

• **Economic** – What are the economic factors?

• **Social** – How much importance does culture have and what are its determinants?

• **Technology** – What technological innovations are current or anticipated?

• **Legal** – Are there any current or anticipated legal issues?

• **Environment** – What are the environmental concerns?

All aspects of this technique are crucial for any change whether at a strategic or operational level within an organisation.

References: http://www.cipd.co.uk/hr-resources/factsheets/pestle-analysis.aspx + http://en.wikipedia.org/wiki/PEST_analysis

Situation being analysed:

criteria examples	political	economical	criteria examples
• Current legislation • Future legislation • International legislation • Regulatory bodies and processes • Government policies • Government term and change • Funding, grants and initiatives			• Economy trends • Budget forecasts • Savings schemes • Staffing numbers • Expected savings
criteria examples	social	technological	criteria examples
• Workforce demographics • Staff survey • Media views • Ethnic/religious factors • Ethical issues			• Competing technology development • Research funding • Associated/dependent technologies • Replacement technology/ solutions

Note: PEST analysis can be useful before SWOT analysis because PEST helps to identify SWOT factors. PEST and SWOT are two different perspectives but can contain common factors.

SWOT Analyses

A SWOT analysis is a tool used to understand the Strengths, Weaknesses, Opportunities, and Threats that impact on an initiative or change. It involves stating the objective of the programme of work and identifying the internal and external factors that are either supportive or unfavorable to achieving that objective. Users of SWOT analysis need to ask and answer questions that generate meaningful information.

To complete a SWOT analyses of the current service to meet the future vision follow the process below:

Process
1. Divide the group into sub-groups and allocate each with a different starting point of Strength, Weakness, Opportunity or Threat.
2. Each group will discuss all 4 factors but at least all of the energy will not be focuses on one section (usually strength) and the last factor (usually threats) being rushed at the end.
3. Ask each sub group to begin brainstorming each theme. Allow 30 minutes in total for the task, but ask that 20 minutes is focussed on their starting point, with the remaining 10 minutes used to quickly brainstorm the other 3 sections.
4. Once this is completed bring the groups back to the centre and feedback to the room

– Start with the team that had weaknesses as their starting point, ask the other groups to add in anything extra at the end
– Document on a flipchart
– Repeat with threats and finish with strengths and opportunities
– Keep the discussion realistic and focused on the results of the SWOT.

SWOT Analyses Poster

SWOT analyses provides a structure to
• Identify and appreciate the strengths of a situation
• Identify and define the weaknesses
• Identify and make the most of opportunities
• Identify, acknowledge and understand the possible threats.

Where appropriate consider:
• The service
• Future vision
• People (right staff, right time, right place)
• Workforce information
• Finance
• Demographics
• Service user expectation and experience.

SWOT Analyses Poster	
STRENGTHS	**WEAKNESSES**
• What strengths do you have as a service? • What do you do well? • What do other people think that you do well?	• What could be developed? • What could you improve? • What is working less optimally than you would wish? • What is being done badly? • What should you avoid doing? • What do you avoid doing?
OPPORTUNITIES	**THREATS**
• What will happen in your service in the next 5 years? • What opportunities do you see for developing your service? • What could be a win win situation? • What is the legislation saying that could help you in the near future? (refer to key documents)	• What are the barriers to service development? • What sort of obstacles do you face? • What change is coming? • What funding do you have? • What is the legislation saying?

Understanding good practice

Undertaking your good practice enables the team to be clear about those aspects of the service that works well and provide a real patient focused service.

Ensuring that this information is captured helps to remind the team as the process is progressing of the positive aspects of the service that need to be maintained, built on and developed further.

GOOD PRACTICE TEMPLATE	
What do you do well?	**What is your good practice**
What do your service users like?	

GOOD PRACTICE TEMPLATE continued

GOOD PRACTICE TEMPLATE continued
STOP. START. CONTINUE.

To complete this exercise think about:
• The Workforce • The SWOT • What you do well • What your good practice is

WHAT SHOULD WE START DOING?	**WHY?**

WHAT SHOULD WE CONTINUE DOING?	WHY?

WHAT SHOULD WE STOP DOING?	WHY?

Glossary of Terms

Credit rated learning: learning credits made to a learner in recognition of the achievement of learning outcomes, for a unit of learning on the Qualification and Credit Framework.

Christmas tree: a visual depiction of your staffing linked to the NHS career framework, the ideal workforce configuration should have the shape of a Christmas tree.

Competence profile: competences/National Occupational Standards (NOS) describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level. A competence profile is therefore a list of competence specific to a job role.

CPD: continuous professional development. The means by which staff maintain their knowledge, skills and competence in relation to their job.

QCF: the Qualifications and Credit Framework is a way of recognising achievement through the award of credit for the achievement of units and qualifications. It provides a simple and rational organising framework that presents learner achievement and qualifications in a way that is easy to understand, measure and compare. It gives individuals the opportunity to learn in a more flexible way and enables a wider range of organisations, including employers, to have their training recognised.

Skills for Health team assessment tool: a tool to enable you to undertake a skill mix analysis of your team. It can show you where the team has gaps in competence as well as showing which competences are met and by whom. It can also predict the impact of skills loss when a team member is leaving.

Standards of role redesign: role redesign is an essential building block of service redesign and involves the creation of new blended roles and the reshaping and development of existing roles. The Standards and Guidance for Role redesign were developed by the National Leadership and Innovation Agency for Health to support managers and staff at all levels who are thinking of developing new roles.

Team profiles: individual team members competence profiles mapped against the full competence profile for your work area, giving a clear team profile and allowing you to see that all the competence required to deliver the service are undertaken by the team.

Training needs analyses: the assessments of the training requirements based on the competence profile of your staff.

Workforce configuration tool: a tool that allows you to define and use a number of simple assumptions to model the potential future workforce and its financial implications. This will enable you to model scenarios around changing skill mix, and view the potential financial implications of those changes.

Patient pathway: the "patient pathway" is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

Stakeholder reference group: a group to provide early engagement and involvement in the development of the vision for future service delivery.

Facilitator: someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion.

Facilitator handbook: a resource which the facilitator will use to assist with the process of workforce development and change.

Terms of reference: terms of reference show how the scope will be defined, developed, and verified. They should also provide a documented basis for making future decisions and for confirming or developing a common understanding of the scope among stakeholders.

Competence: the skills, knowledge and understanding needed to undertake a particular task or job.

Localities: Within Betsi BCUHB, North Wales has been split into 14 'localities'. Localities have a population of between about 30,000 and 50,000 people. l. Each locality has a multi-agency Locality Leadership Team which looks at how community based services can work together to respond to the needs of local residents with the overall aim of trying to keep people closer to home for longer and prevent, where appropriate, unnecessary hospital admissions.

Career framework: a framework of competences that can be used in a number of ways- such as personal development planning

KSF: knowledge and skills frameworkidentify the knowledge and skills that individuals need to apply in their post.

NLIAH: the National Leadership and Innovation Agency for Healthcare (NLIAH) is part of NHS Wales and works with Trusts and Health Boards to deliver better quality and safer patient services.

Skills for Health: the Sector Skills Council, for all health employers; NHS, independent and third sector. They can directly support you and your staff to plan and manage workforce development and change.

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This workforce resource will provide NHS Wales with support to undertake role redesign or workforce redesign. The approach will provide a detailed methodology to supplement the NHS Wales Standards and Guidance to Role Redesign *(NLIAH 2007, Standards and Guidance for Role Redesign in the NHS in Wales)*