THE WORKFORCE CHANGE CHECKLIST:

AN EVIDENCE BASED PRACTICE GUIDE FOR IMPLEMENTING SUCCESSFUL WORKFORCE CHANGE

Susan Nancarrow, Alison Roots, Anna Moran, Sandra Grace, Kerry Lyons.

2013

THE WORKFORCE CHANGE CHECKLIST: AN EVIDENCE BASED PRACTICE GUIDE FOR IMPLEMENTING SUCCESSFUL WORKFORCE CHANGE

This evidence-based practice guide was developed by systematically analysing the outputs of 55 workforce redesign projects implemented by the Allied Health Professions' Office of Queensland Health between 2008 and 2013. This analysis was supplemented by a systematic review of the literature pertaining to health practitioner models of care (Nancarrow et al. 2012). To our knowledge, this is the largest analysis of workforce change of its type, and one of the few evidence-based workforce change guides available.

How to use the checklist

The Workforce Change Checklist (WCC) draws on evidence of effective processes to enhance workforce change which are based on the following principles:

>   (1) Drivers for change need to be closely linked to clinical practice and patient care. Workforce change needs to be driven by perceived or potential benefits to patients, staff, and/or services at a local level.
>
>   (2) The context for workforce change must be supportive at all levels. This includes a supportive legislative and industrial environment, a supportive professional environment, and supportive leadership and champions.
>
>   (3) Mechanisms for workforce change should include the engagement of key stakeholders, access to resources to support the implementation and performance of the role, a facilitated change management process, and appropriate governance and support structures.

This WCC identifies a series of questions that relate to the principles of workforce change which can be used to guide effective change practices.

Workforce Change Checklist

Principle 1: Drivers for change need to be closely linked to clinical practice and patient care.

Workforce change needs to be driven by perceived or potential benefits to patients, staff, and /or services at a local level.

Drivers for change

- ☐ Has a service analysis been performed to understand context and need?

- ☐ Has the model of care been designed to maximise service impact?

- ☐ Has a business case been proposed for the implementation and sustainability of the new role?

- ☐ Is there a locally identified need for this role?

If no, what needs to be done?

_____

_____

Problem Identification

What is the problem being addressed?

_____

_____

_____

Who is affected (key stakeholders - likely to include patients, staff, and the service)?

_____

_____

_____

What is the impact of this problem on each of the stakeholders?

Stakeholder group (e.g. staff, patients, the service)	Impact of the problem

What is the problem from the patient's perspective?
    I.e. What problem is the patient experiencing?
- ☐ Inefficiency – waiting too long
- ☐ Ineffectiveness – care / service not good enough
- ☐ Inaccessibility – not available (cost or distance)
- ☐ Inappropriateness – not the right service
- ☐ Other …. specify

_____

_____

_____

What are the processes that create this problem? Process analysis (this includes tasks, but needs to be seen from more than just the provider/staff perspective, include the patient).

_____

_____

_____

Goal Identification
What are you trying to achieve?

_____

_____

_____

Goals for whom – who are you trying to achieve it for?

_____

_____

What is the most important outcome?

_____

_____

_____

Forming a Solution
How can this goal be achieved?
- ☐ Do more of the same
- ☐ Delegation/role redesign (giving the job to someone else)
- ☐ Service redesign (changing the way that existing staff work together)
- ☐ Provide a new service
- ☐ Other

What are all the possible solutions to the patient's problem?

_____

_____

_____

_____

What are the realistic solutions to the patient's problem within existing contexts and resources?

_____

_____

What are the resource implications of implementing these solutions?

_____

_____

_____

What solutions are you considering and why?

_____

_____

_____

_____

Risk Assessment

What are the possible risks?
- staffing
- resources
- funding
- time
- training
- engagement
- executive support

_____

_____

_____

What are the barriers and facilitators to achieving the outcomes?

_____

_____

_____

_____

Comments / actions required

_____

_____

_____

_____

_____

_____

_____

Principle 2: The context for workforce change must be supportive at all levels. This includes a supportive legislative and industrial environment, a supportive professional environment, and supportive leadership and champions.

Support structures
- ☐ Is there legislation to support the development of the new role? (e.g. existing award structures)
- ☐ Is there evidence of success of this role elsewhere?
- ☐ Is there a local champion for this role?
- ☐ Will the new role encroach on any other disciplines / professions?
- ☐ Have they been consulted?
- ☐ Are they supportive of the implementation of the new role or service?
- ☐ Is there clearly identified corporate sponsorship and management support for the new role?
- ☐ Does the sponsor have the support and buy-in of high level stakeholders (senior medical officials, service directors)?

Comments / actions required
_____
_____
_____

Organisational context of change
- ☐ Is the organisation open and responsive to change?
- ☐ Is the organisation stable or going through a period of change?
- ☐ Are other organisations or services that will be affected by the changes supportive?
- ☐ Are other change processes being implemented simultaneously?

Comments / actions required
_____
_____
_____

Funding and resources
- ☐ Are staff available to perform the new/modified roles?

- ☐ Is implementation of the new role dependent on additional funding?

- ☐ Can the role be embedded into practice without additional funding (sustainability)?
    - o If not, is funding available to support the new role?
    - o If so, for how long?

- ☐ What is the proposal for sustainability of the role when this funding ends?

- ☐ Is there an appropriate work space to carry out the new role? Is it located close enough to other required services?

- ☐ Is necessary equipment available to do the job on the days and in the location required to do the job?

- ☐ Are the necessary patient information systems in place (e.g. data sharing)?

☐ Has sufficient additional, protected staff time been allocated to implement the new role (including project management time, time for supervision, time for training, time for induction, time for review and evaluation of the changes being made)?

☐ Are other necessary 'tools' available to implement the new role, including screening and referral tools, triage, assessment and treatment guidelines?

Comments / actions required

_____

_____

_____

Principle 3: Mechanisms for workforce change should include the engagement of key stakeholders, access to resources to support the implementation and performance of the role, a facilitated change management process, and appropriate governance and support structures.

Processes of engagement

☐ Who is the senior sponsor responsible for supporting the project?

_____

☐ Are they located geographically close to the implementation site?

☐ Is there medical support and involvement?

☐ Are appropriate directors engaged and supportive, both locally and at executive level?

☐ Has the union been involved and are they supportive?

☐ Have service users been consulted?

☐ Is the professional body supportive?

Comments / actions required

_____

_____

_____

Governance and change management processes

☐ Have you established a reference group with relevant expertise to guide and implement the role?

☐ What is the identified governance structure?

Comments / actions required

_____

_____

_____

Project management

- [ ] Is there a project manager with dedicated responsibility for implementation of the new role?
- [ ] Is there on-site project management?
- [ ] Is a structured change tool being used (such as the Calderdale Framework)?
- [ ] Is this to be a facilitated change management approach?
- [ ] Are all affected staff involved in the decision making processes?
- [ ] Does the project manager have access to research support if required?

Comments / actions required

_____

_____

For delegated models of workforce change

- [ ] Have the roles been clearly codified (documented)?
- [ ] Are the boundaries of the new role clear?
- [ ] Have all affected stakeholders been consulted?
- [ ] Has a task analysis and delegation framework been developed in consultation with all stakeholders?
- [ ] Are all staff in clear agreement on the delegation framework?
- [ ] Is appropriate training available for the new staff?
  - For all staff affected by the change?
- [ ] Has a clear supervisory structure been determined?
- [ ] Is the necessary legislation and industrial award in place to support the new role?
- [ ] Have all professional accountabilities and responsibilities been determined and agreed on?

Comments / actions required

_____

_____

Is this being undertaken as a research project?

- [ ] Is there appropriate academic mentorship and methodological support available?
- [ ] Has ethics approval been sought / obtained?
- [ ] Are the mechanisms for patient recruitment clearly outlined?
- [ ] Are the outcomes achievable within the time frame?
- [ ] Are both patient and staff outcomes being measured?

Comments / actions required

_____

_____

Capturing project success

- Was the project implemented as planned?
- Were the project goals achieved?
- Was there full local acceptance and adoption of the role?
- Have you developed and codified practices that can facilitate uptake of the role in a new site? If so, document these below.

_____

_____

_____

- Has the role or a derivate of original model implemented in a new site?
- Is there local stakeholder understanding of and support for the role?
- Is the role being used appropriately by stakeholders?
- Document the impacts, service benefits or efficiencies associated with new role for each stakeholder groups.

Stakeholder group (e.g. staff, patients, the service)	Impact of the new MoC / new role

Other Comments / actions required

_____

_____

_____

References

Nancarrow SA, Roots A, Moran A, Grace S, Lyons KJ. (2012) *Queensland Health Practitioners Models of Care Project: Evaluation, learning, and upscaling of results for a national audience. Phase 1: A systematic review of the literature.* Southern Cross University and Health Workforce Australia.

Useful resources

Workforce change tools and workforce planning

Smith, R. & Duffy, J. (2010) Developing a competent and flexible workforce using the Calderdale Framework. *International Journal of Therapy and Rehabilitation*. 17(5): p. 254-262.

Schoo, A.M., Boyce, R.A., Ridoutt, L. & Santos, T. (2008). 'Workload capacity measures for estimating allied health staffing requirements', *Australian Health Review*, vol. 32(3): 548-558.

National Workforce Projects (n.d.a). Service Reconfiguration Using Christmas Trees [Online] http://www.healthcareworkforce.nhs.uk/resources/latest_resources/service_reconfiguration_using_christmas_trees.html

NHS Careers. (2006). Career Framework Diagram, available at: http://www.nhscareers.nhs.uk/images/table-diagram.jpg

Lanner Group Limited. (2002a). Bed Planning at Calderdale and Huddersfield NHS Trust (Case Study: Witness), available at: http://www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=doc_download&gid=20&Itemid=82

National Workforce Projects. (2006). Dental Workforce Resource Pack [Online] http://www.healthcareworkforce.nhs.uk/resources/nwp_resources/dental_workforce_resource_pack.html

National Workforce Projects (n.d.a). Guidance Series: Job Shadowing. [Online] http://www.healthcareworkforce.nhs.uk/resources/latest_resources/job_shadowing.html

Drive for Change. (2008). Engaging your workforce: the drive for change approach [Online] *http://www.driveforchange.org.uk/index.asp*

Change management

Massey, L. & Williams, S. (2005). CANDO: implementing change in an NHS trust. *International Journal of Public Sector Management* **18** (4):330-349.

Massey, L. & Williams, S. (2006). Implementing change: the perspective of NHS change agents. *Leadership and Organization Development Journal* **27** (8):667-681

Action research

Waterman, H., Tillen, D., Dickson, R., & De Koning, K. (2001). Action Research: A Systematic Review And Guidance For Assessment. *Health Technol Assess.*

Changing role boundaries / role flexibility

Griffiths, J., Austin, L., & Luker, K. (2004). Interdisciplinary teamwork in the community rehabilitation of older adults: an example of flexible working in primary care. *Primary health care research and development* 5**,** 228–239.

Nancarrow, S. A. & Borthwick, A. M. (2005). Dynamic Professional Boundaries in the Health Care Workforce. *Sociology of Health and Illness*, 27(7): 897-919.

Willis, E. (1991). Medical Dominance: Division of Labour In Australian Health Care. A*llen and Unwin*