## Mapping Service Changes

## – exploring how roles might need to evolve to improve services

## Introduction

In this the second Guide of our Workforce Planning Series we examine an approach to map the enhancements to roles required to deliver planned service changes. The following technique is a highly engaging workshop based approach that requires the input of representatives of every level of staff involved in a service. Staff often find it useful to think about what a customer or end-user wants, even better - involve your end-user in the design of your service.

## Understanding the Process

Before the activity begins it is useful to have an idea of the service pathway. In clinical settings the patient pathway is usually well described, in other settings, it may take a little time to arrive at an agreed series of events required to deliver the intended service outcome. Where this is not already agreed and subscribed to, the facilitator will need to help participants determine the key elements of the service journey.

*Exercise 1.*

Ask participants to identify key words that describe steps of the process, writing each on a post-it note. Then encourage participants to move the post-its around to arrive at the optimum sequence (it may be that participants need to plug gaps or missing steps). Having arrived at an agreed sequence ask participants whether any steps can be eliminated or done in parallel to speed up the process. Allow time for discussion but keep the session focused on what needs to be done rather than who does it.

To deliver required productivity gains, further develop role clarity, competence based workforce planning and effective training needs analysis it is important that the model of working is agreed.

## Mapping Role enhancements to Service Change

Once a process has been redesigned it is important to assess the implications for different staff groups. It is worth identifying those staff groups that are unstable in advance of the exercise (i.e. high turn-over rates, difficult to fill roles, low levels of job satisfaction).

With agreed process steps identified it is now time to identify the roles involved in delivering each step. Identifying who is involved now and then considering who might be best involved in the future is a simple way of mapping the change. Facilitators should be mindful that steps involving high levels of activity and low levels of complexity should be delivered by appropriate staff to optimise performance. Steps involving high levels of complexity or having a high impact on the functioning of the service are worthy of special consideration too - It is usually wise to ensure that the most highly skilled staff members are involved in these steps. As a general rule there is a greater chance of delays/inefficiencies when steps involve multiple roles reflecting an increased risk of ineffective communication and an increased likelihood of delegation or ‘handing-off’ tasks.

*Exercise 2.*

Ask participants to identify who is undertaking a step now (N) and who will undertake it in future (F) it is helpful to include all roles and any roles that may be a part of the future service model. In clinical settings it is also helpful to think through who will undertake a step only when working with high levels of complexity (HCO).

Figure 2. on the final page is an example of the output of this exercise. This example exercise was based on the need to ensure that the most highly skilled staff members are involved in initial assessments to ensure that treatment planning is optimised and the appropriateness of internal referrals and delegation maximised. In this instance it has also been used as a mechanism to understand the impact of the introduction of new roles and ways of working. During the exercise some staff groups take on a new task, while others give up a task to another staff group. Where a task is core to the role and needed to deliver the service, the staff group continue to undertake it.

At the end of the process ensure you capture the changes planned to provide narrative content to accompany the Service Change Map.

Figure 1: Key issues to address and questions to ask

|  |  |
| --- | --- |
| Issue | Question |
| Perception that too many staff are involved in one pathway | How can the pathway be simplified by involving fewer staff groups while multi-skilling others? |
| Where there are delays at particular points in the pathway | Who else could do this task, if they were adequately trained?    |
| Where there are ‘difficult to fill’ roles | What tasks can be undertaken by existing roles? |
| Staff feel that they aren’t maximising use of their skills | What would enable staff to concentrate on their key functions? |
| Staff feel they take on too many additional tasks | What tasks could they pass on to others in order to free up their time? |

For further advice, information and guidance please contact the Trust Workforce Planning and Development Service

We support managers through:

* Specialist workforce planning training and facilitation
* Workforce Information and Analysis
* Workforce development solutions

## Figure 1: Examplar Service Change Map

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Care Element | Consultant Psychiatrist | Psychologist 8c | Adv Practitioner | Psychologist 8a | Psychologist 7 | Adv OT Practitioner | Senior Prac. Nurse | Senior Prac. OT | Social Worker | Nurse Practitioner | OT Practitioner | Ass. Practitioner | STR | OTA | Peer Support Recovery Worker | Peer Recovery Worker | Volunteers |
| Assessment 1 | N+F | N+F | F | FWhen 8c unavailable |  |  | N |  | N | N | N |  |  |  |  |  |  |
| Assessment 2 | N+FHCO | N+FHCO | FHCO | N+F | N+F | N+F | N+F | N+F | N+F | N+F | F | FContributes Elements | N+FContributes Elements | N+FContributes Elements | FContributes Elements |  |  |
| Monitoring | N+FHCO |  | FHCO |  |  | N+F | N+F | N+F |  | N+F | F | F | N+F |  | F | F |  |
| Therapeutic Interventions |  | N+FHCO | F | N+F  | N+F | N+F | N+F |  |  | N+F | F | FSupporting Role |  |  |  |  |  |
| Family/Carer Interventions |  |  |  |  |  | N+F | N+F | N+F | N+F | N+F | F | F | N+F | N+F | F |  |  |
| Accomodation |  |  |  |  |  | N+F |  | N+F | N+F |  | F |  | N+F | N+F | F | F |  |
| Enabling Interventions |  |  |  |  |  | N+F |  | N+F | N+F |  | F | F | N+F | N+F | F | F | F |
| Care Co-ordination |  |  | FHCO |  |  | N+F | N+F |  | N+F | N+F | F |  |  |  |  |  |  |

Key: N = now; F= future; N+F= now and in the future, HCO=Highly Complex Cases Only