

Welcome to the November 2015 WRaPT update newsletter

WRaPT tool and development updates

With an emphasis on continuous improvement the WRaPT team is always looking for ways to add value.

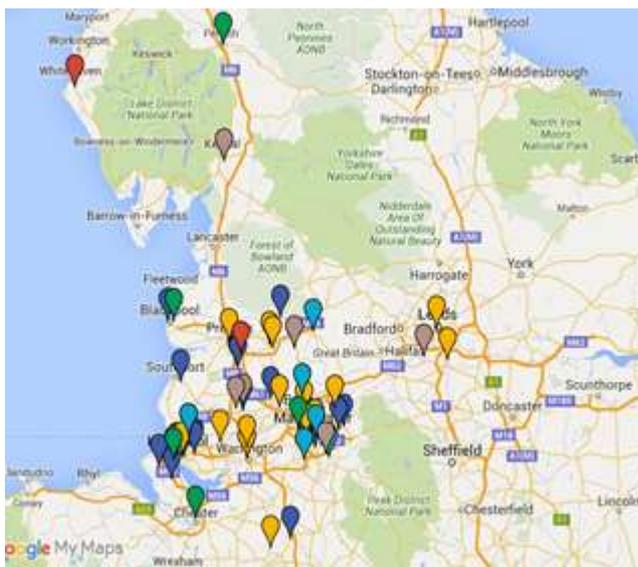
Part of the extended offer currently in development is the **Workforce Profile Calculator** which uses the workforce data stored in WRaPT to enable the automatic analysis of workforce to give organisations and cross-economy groups line of sight of the profile and potential challenges facing their future workforce. Look out for updates on this in future Newsletters and on the website.

To support the upload of data to WRaPT, we have created an **Upload Validator**. The Upload Validator is an Excel based tool designed to ensure the WRaPT upload process goes smoothly. To do this, it provides two main pieces of functionality. First, it identifies errors in datasets and displays them to users in detail to enable quicker diagnosis of issues if used before attempting to enter data directly into WRaPT. Second, it encourages best practice, displays warnings for datasets that will not be useable for modelling due to missing or mismatched information, and additionally warns about possible mistakes in datasets.

WRaPT Tool Demo

You can see for yourself the improvements made, by accessing our WRaPT Tool demonstration. This Prezi provides an insight into how the tool works and walks you through the different screens, so you can understand both the repository and scenario modelling elements of the tool. Click [here](#) to view the WRaPT Tool Demo, which is also located at the bottom of the webpage.

Regional Engagement



The WRaPT team has continued to make contact with organisations throughout the North West and so far has collected workforce data for over 80 organisations, containing in excess of 150k lines of information. In addition to this, activity data has been collected for 25 separate analysis projects within these organisations, feeding a variety of scenario models. WRaPT contacts are maintained through an online CRM, Hubspot, which enables the team to monitor our reach and spread of organisations and target resources accordingly. Please keep us informed of changes to contacts and details.

Members of the WRaPT Team attended the recent Integrated Care Showcase Event at the Last Drop Village, hosted by Health Education North West. The event provided a good opportunity to meet with people from across the region and talk about how WRaPT can support transformation and workforce planning. Team members also attended a number of the workshop sessions to inform thinking about future WRaPT opportunities and development potential.

Going forwards the WRaPT team will continue to focus much of their support to the six North West Vanguard Sites (Better Care Together, Fylde Coast Local Health Economy, Salford Together, Stockport Together, West Cheshire Way and Wirral Partners). For information on the Vanguard sites please click [here](#). As the Vanguards are at different stages of developing their care models for future delivery of services, members of the WRaPT team are closely involved in supporting this in any way that we can. If you are involved in a Vanguard and require assistance from the team, please get in touch. Some examples of the work being done and support offered are outlined below:

Stockport Together

The WRaPT team created a high level activity baseline from HRG codes, providing the design teams with a driver baseline for them to edit. The team identified workforce baselines to assist them in shaping the future direction of design and created an extensive report including workforce profiling which will inform their modelling phase. By analysing complex functions and presenting it back in a simplified way, areas of need and poor data quality were identified. Workforce, activity and driver baseline data is now in the WRaPT tool and scenario modelling is expected to commence soon.

Better Care Together

The Team are closely involved in three key elements of Better Care Together – Ophthalmology, MSK and Respiratory, with a view to supporting many more as the project progresses.

By reducing inpatients and locum clinics savings opportunities were demonstrated within the Ophthalmology service. On this basis a baseline can be built upon to transform the service provision going forwards. The WRaPT Team assisted with initial and wider engagement ultimately bringing the process into focus.

The team has been involved in primary data collection work for the MSK stream, which has assisted the Vanguard in joining together areas of service change and highlighted further work which is being supported by WRaPT.

For the Respiratory stream the team has engaged in the identification of data need and has now begun the validation process for workforce over 3 localities. This will create an evidence base that aligns with their service redesign going forwards.

WRaPT Case Studies

You can view all the existing WRaPT Case studies [here](#).

Frequently Asked Questions

See attached for the WRaPT frequently asked questions and please feel free to direct any WRaPT questions to us, using the email below and we will respond.

Team Changes

Just to let you know that Katy Pattinson has now left the WRaPT team to take up a new post at Blackburn College. New to the team are Fiona Lord who has joined to take on the Project Lead role and Andrew Connor who has joined on a one-year work placement focusing on model development, technical solutions and wider project support.

Contact Us

As always, we welcome contact from any health and social care organisation across the North West who are interested in using WRaPT to support planned transformation or who are interested in learning more about the tool. Contact us at wrapt@lancashirecare.nhs.uk or by telephoning 07950 852 558.

Kind regards

The WRaPT Team

wrapt@lancashirecare.nhs.uk

WRaPT FAQ's

1. Why would we need to analyse data in WRaPT when we can do it already in excel?

For small teams or small groups of teams, excel is sufficient. When you need to look at multiple teams with a variety of interactions or analyse teams that have integrated activity across different organisations, WRaPT far exceeds the functionality of excel. WRaPT can hold a vast amount of data in its repository and create complex scenarios based on any amount of that data.

WRaPT enables you to securely upload, store and analyse data from more than one organisation which provides an additional level of data protection. The analysis function can be used to easily filter and report on both workforce and activity data sets providing visibility of potential workforce equality impact if changes are made to activity levels through scenario modelling.

2. We know that data quality is an issue in our organisation so how can WRaPT help this?

Data quality is a recognised issue through the health and social care economy. WRaPT has the flexibility to match any form of activity data to workforce data through the use of cost centres. Reviewing data prior to upload has driven workforce data cleansing to reflect only staff contributing to activity within each cost centre, and where activity data has not existed, we have worked with teams to build a view from the bottom up.

By gathering the data from around your organisation to import into the WRaPT tool you will be able to identify areas of need and use the WRaPT tool to create meaningful discussions with all the parts of your organisation that need to work together to address the data quality issues. Ongoing use of WRaPT by individual departments will ensure continued data quality throughout the whole organisation.

3. Determining driver data is time consuming - why would we commit the resource?

Workforce planning is a time consuming exercise for any organisation. By investing some of that time in accurate driver creation for use within the WRaPT tool, you can be confident that the outputs from the scenario models are reliable and replicable.

The WRaPT team can help you to create your drivers in the first instance and will work with you and your teams to refine them in line with your service knowledge and expertise.

When driver data is completed, workforce and activity can be refreshed as often as required; producing new reports and scenarios instantly without the need for any additional work.

Driver data is critical to demonstrate the link between known workforce levels and costs, and the delivery of activity levels. Without this information, it is not possible to accurately model scenarios

to understand the implications in terms of WTE and workforce costs when activity of workforce levels change. We recognise that this is considered to be the "difficult" part and can often be resource heavy, but we have been working with organisational and cross-economy transformation projects to reduce the amount of time associated with this activity. We have achieved this by pre-populating the driver data set by estimating the % of time spent by each staff role on each activity which is then validated through discussion with service managers and clinical leads. This process has driven the development of the model as we are looking at the auto-creation of drivers within the tool for user validation to further streamline this part of the data collection process.

4. Won't the data be "out of date" as soon as it's been uploaded?

That depends what you consider to be "out of date". Whilst the workforce and activity are in constant flux and therefore, to some extent always a little out of date, the WRaPT tool is designed to take a snapshot in time.

The original aim was that you would load the data just before a planning round, or before using it for a major tender. You can also make changes in the system itself if you wanted to reflect changes at a broad level before doing analysis.

WRaPT works on annual figures so any seasonal trends will be accounted for. Over the year many small changes would have a minimal impact on modelling outputs but data can be refreshed at any time if large changes to workforce or activity have occurred.

5. How can the Workforce Data be accurate when it doesn't contain Bank and Agency use or supernumerary elements of the workforce such as junior doctors and student nurses/social workers who contribute to delivering activity?

These elements can be added very easily. Whilst bank/agency/temp staff are not normally stored alongside the substantive workforce, WRaPT can incorporate them just so long as they are correctly detailed within the workforce template and have an associated cost centre with aligned activity, just like every other role in the workforce.

6. We don't have the activity data recorded the way you need it for the tool, what can we do?

Activity data can be any number of things, from clinic appointments to population sizes. Obviously, accurately recorded data produces the best results but the activity input for WRaPT depends very much upon the questions that you want WRaPT to help you to answer. Selecting an activity that reflects the work done by a team or group of teams, can be as simple or complex as you choose, there are many ways to view this. The WRaPT team can work through this with you to identify a measure that you feel is indicative.

7. Our cost centres are not recorded in our activity data, what can we do now?

We can normally associate team names with activity; these can then be matched with other data sets that contain corresponding cost centres. Where this is not possible, primary data collection within the individual teams is necessary to align them correctly.

The WRaPT team can help with this.

8. We need to link our staff together as they work in a team and do not create activity independently, can WRaPT help with this?

At this time, the WRaPT tool does not have this functionality but we are looking into how we might develop the tool to incorporate this in the future.

9. We need to model our workforce using more detailed activity data so that we can see how many additional patient contacts we can make if we changed the length of our appointments. Can WRaPT do this?

We are currently exploring the development of an additional layer of activity information that would provide our users with this ability, however current functionality does not provide for this. The WRaPT team currently do this data work outside of the tool.

10. We have a lot of sickness in our team, how can we add that to the model?

You can do this in 2 ways.

- You could upload your workforce with adjusted WTE against the roles that are producing less activity due to sickness. This would mean that the operational workforce was directly proportional to the activity that they affected. If you then chose to model an increase in workforce to the actual WTE value, the tool would show you how much that sickness is costing or how much additional activity could be done if you didn't have the high sickness rates.
- Alternatively you could upload your workforce and activity as they stand and set benchmarks for the amount of activity that you think you should be affecting, you can then model how your activity and workforce would look as you reduce your sickness rates over time and get closer to your benchmarked ideal.

11. We are creating new roles for our integrated community teams, how can we model for this?

You can create new roles in your base data and as your activity shifts to these new roles you can reduce other areas whilst increasing the activities that are related to the new roles.

12. How can we factor in the need for mandatory training, 1-2-1 reviews and team education time?

Training that is directly related to the WTE of a role can be factored in to drivers and given an activity count.

However, mandatory training; which is specific to the individual person filling each role, must be done outside of the tool at this time. WRaPT can tell you how many additional WTE you will need to accommodate an increase in activity; it does not know how many people you will decide to use in order to fill those roles.

For example, if you needed 6 additional WTE for a particular role, you may decide to fill them with 10 part time employees, requiring mandatory training time x 10 not x 6.

13. Can we put workforce skills into the tool?

There is no functionality within the tool for skills at this time

14. We think we have too many staff, can WRaPT tell us how many we should have?

WRaPT can only model on the data that it is given and it is reliant on the user's experience and service knowledge to import relevant information and interpret the outputs accordingly.

However you could use your service knowledge and expectations to model your data in 2 ways.

- You could upload your workforce with adjusted WTE against the roles that are producing less activity than expected. This would mean that the operational workforce was directly proportional to the activity that they affected. If you then chose to model an increase in workforce to the actual WTE value, the tool would show you how much that sickness is costing or how much additional activity could be done if you didn't have the high sickness rates.
- Alternatively you could upload your workforce and activity as they stand and set benchmarks for the amount of activity that you think you should be affecting, you can then model how your activity and workforce would look as you increase your efficiency rates over time and get closer to your benchmarked ideal.

15. Why is all fixed activity classed as admin or management? We have lots of other activities that we need to account for that are not reflected in recorded activity.

We classify "fixed" activity as that which is done within a role but does not vary with other activity. It does not have to be management or admin, it can be classed as "non-clinical activity". Scenario models that adjust the activity **exclude Fixed activity** from the output as only variable activity is adjusted. Many administrative or management activities can be deemed to be variable if they flex alongside the variable workload and can therefore be added as a variable activity alongside clinical activity.

16. If we can get accurate data into the tool now, how long will it take to create some scenarios?

As soon as your data is loaded you can start to model without delay.

17. How much does it cost?

It's FREE! The tool is funded by Health Education North West and is available free of charge to all health and social care providers throughout the North West.

18. We have already started some pilot projects to test proposed transformational changes to our teams, can WRaPT help us to analyse what outcomes we can expect

from these?

Yes. Retrospective analyses are a great way to test expected results especially if accurate data has been collected throughout.

19. Can I use this for administration functions too?

Yes. WRaPT can be used for any variable activity.

20. The system appears not to have financial development – we can't see the financial impact of changes

As WRaPT is a workforce planning tool, financial outcomes are limited to the salary costs stated in the base data. The tool assumes that these values are the costs associated to these employees, thus the financial impact of the scenario outcomes are based solely on these figures.

On costs are not included unless you choose to build them into the base data.

21. A template or tool to build activity from the bottom up would be useful

Whilst this functionality does not exist within the tool at this time, the WRaPT team would be happy to help you to create this outside of the tool.

22. It is really complicated?

Yes, it's a complex tool but we've made it as user friendly as possible. The WRaPT team are available to provide training, help and support where required.

We have also designed a number of helpful documents, presentations and video's that will guide you through all aspects of the tools functionality and are available on our website:

www.WRaPT.org.uk

We will continue to add to this resource as the project progresses.

23. How can one workforce planner sitting at the centre of a Trust use this system?

The tool is not designed to be used by a single workforce planner. The power of this system comes in giving front line teams the tools to plan their workforce, and for this to then be collated centrally. Whilst it takes time for front line teams to think through how they currently meet demand and how they might do it in the future, workforce planning is much more powerful this way.

If however the centrally held data is robust and relational, uploading the data sets to the tool and developing the drivers will provide a broad picture centrally, which you can use to roughly model demand changes.

24. What are we doing to engage GPs in this?

We have developed a GP data collection tool which has been rolled out and is being used by about a third of practices in the North West. We have a GP and a GP Practice Manager on the steering group, and have used the full functionality at a GP Practice in Chorley. We have also presented at GP events and WRaPT has been well received.

25. Data is not standard between the NHS, LA and voluntary sector – how can we compare data between them?

You need to understand your data and relationships before you start to create your data sets. If you are undertaking a cross economy project, you will need to be clear about the questions that you want to ask before you decide what measurable data to input into the tool.

The aim of the system is not to compare organisations, or parts of organisations with each other, but to create a platform from which their relationship to each other might become more visible to all concerned.

26. What are the information governance protocols around protected characteristics? Why do we keep this in the tool?

The tool does not keep any identifiable data; therefore protected characteristics cannot be associated with an individual.

Ownership of the data remains with the organisation that provides it. It is accessed via a secure log on and any sharing of data is only undertaken under robust data sharing agreements between the organisations concerned.

Protected characteristics were included so that an impact analysis can be done on the changes, and to aid in workforce planning. If you are uncomfortable, then these cells can be omitted from the upload.

27. What happens if organisations choose to omit certain elements of data (e.g. finances/protected characteristics) – will it work?

Generally, yes. The system just needs a hierarchy, role name etc., cost centre and WTE and it will work. You could leave costs and protected characteristics out of the upload and it would still work. Obviously, the richness of information available to HENW for regional planning would be reduced in this instance.

28. What happens when I get stuck? Who can I call?

The WRaPT project team will be available to assist you and can be contacted through:

wrapt@lancashirecare.nhs.uk

Or via our website: www.wrapt.org.uk