Workforce outcomes measurement model

Discussion version - March 2013
Introduction

This workforce outcome measurement model has been developed and tested in partnership with a range of employers across England. Through testing we believe we have begun to develop a simple model that can help us to identify workforce outcomes linked to person centred outcomes. We do not claim that this model is complete but by putting it into the public domain we are now asking service providers and local authorities to help us to refine define and continue to build on the work we have done so far.

Reasons for implementing workforce outcomes measurement model

- Increasing community needs
- Increased expectations
- Decreasing funds
- More focus on whether workforce investment is really making a difference

This workforce outcomes measurement model focuses on whether workforce interventions are really making a difference to the individual using the service. It has been developed to support the transformation of the workforce development process and ensure that resources are used in the best possible way to achieve better outcomes and better experiences of care and support services. It significantly raises the probability of workforce spend providing a good return on investment, adding value and provides evidence that supports the justification of workforce development activity.

It provides a simple way of realistically linking the impact and benefits of workforce interventions to measurable person centred outcomes for the individuals who are supported and outcomes for the service, organisation or community. It can be utilised to measure change in the short, medium and long term and for both simple and complex challenges.

In line with our other workforce commissioning resources, it is based on the principle of involving key people in decision making i.e. leaders, all levels of management, the workforce, people using the service, families, carers, community, commissioners and other professionals. It brings together service delivery, workforce development and financial planning. It is a six stage approach that utilises the workforce commissioning model: analyse – plan – do – review.
The model is underpinned by a number of key principles

1. There must be commitment by all involved to the delivery of a person centred outcomes focused service. One that will meet the needs and aspirations of the people using the service and improve their quality of life.

2. There must be commitment, support and participation of all parties involved to the application of the model; including leaders, all levels of management, the workforce, people using the service, families, carers, community, commissioners and other professionals.

3. People who use the services and their carers should be included in the analysis, planning, design and implementation of outcomes and performance measurement processes, ensuring they are practical, relevant and useful.

4. There must be an effective communication mechanism in place between all parties

Applying the model

The workforce outcomes measurement model uses a set of prescribed questions to define outcomes, actions and measurement of any workforce change programme.

- It starts with an identified area requiring improvement or development. It is important that improvements can be measured from a clear starting point to a well-defined goal.

- It recognises that added value is best achieved when the whole organisation contributes and works together effectively.

- It encourages a broad view and challenge to ensure that the wider implications of workforce actions are considered.

- Workforce interventions and outcomes are jointly owned, identified, planned, delivered and reviewed by all parties.

- Workforce interventions are not delivered in isolation.

- There needs to be explicit consideration of resources required.
It requires clarity of thinking and measurement of inputs, outputs and outcomes.

**Measuring outcomes not inputs and outputs**

Too often we measure what is easy rather than what is right. We count the number of training days, the cost of training or the satisfaction score from training participants because these are easy to track, not because they measure what matters. What really matters is the impact of workforce investment on outcomes which services achieve for people.

<table>
<thead>
<tr>
<th>Processes</th>
<th>Set of interrelated or interacting activities that transform inputs into outputs - how the change is delivered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inputs</td>
<td>What is put in, taken in, or operated on by any process or system</td>
</tr>
<tr>
<td>Outputs</td>
<td>The activities, services and products produced – what is delivered</td>
</tr>
<tr>
<td>Outcomes</td>
<td>The changes, benefits, learning or other effects that take place as a result of the services and activities provided – what is achieved</td>
</tr>
<tr>
<td>Personal outcomes</td>
<td>Capture the changes and benefits experienced by people who use the services as a result of the services that have been provided by the care service.</td>
</tr>
<tr>
<td>Indicators</td>
<td>The signs and signals that are monitored in order to measure the progress in the delivery of services (outputs and processes) and in the changes it brings about (outcomes)</td>
</tr>
<tr>
<td>Monitoring</td>
<td>The routine collection and recording of information, to keep track of day to day activities and progress. Its purpose is to provide regular feedback on how things are going and help make decisions.</td>
</tr>
</tbody>
</table>

It is important to keep in mind the difference between process, inputs, outputs and outcomes.

- Inputs deliver outputs and the end product of a process is an output. A personal outcome is the result that the output has on the person using the service.

- Successful outputs do not necessarily achieve desired outcomes.

- Indicators form the basis of the monitoring and reviewing process. They provide the information that enables measurement of the progress and effects of the activity.
Example

<table>
<thead>
<tr>
<th>Input</th>
<th>Process</th>
<th>Output</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coal, wood, match</td>
<td>Strike match, light fire</td>
<td>Fire</td>
<td>Person feels warm and comfortable</td>
</tr>
<tr>
<td>Ingredients</td>
<td>Prepare Meal</td>
<td>Nutritionally balanced Meal</td>
<td>People are supported to have adequate nutrition and hydration</td>
</tr>
</tbody>
</table>

It can be a challenge to identify desirable outcomes.

An outcome is a level of performance, or achievement and should be SMART.

- **Specific and significant**
- **Measurable and Meaningful**
- **Attainable and achievable**
- **Realistic, relevant, reasonable, results-orientated**
- **Time Based**
The workforce outcome measurement model

For each of the six stages there are a series of enabling questions, prompts and tips
Stage 1 - Identify issues and desired outcome

1. What are the issues that need to be addressed?

2. What desired outcomes are not being met?

3. How do you know?

**Prompts and tips**

Identified issues may relate to either current or future anticipated needs of individuals, service, organisation or community.

Identified issues may be simple or complex and require simple or complex solutions – simple issues do not always have simple solutions, complex issues can have simple solutions.

In order to track progress and effectiveness of interventions it is important to have a clear understanding and measure of both the current position and the desired outcome.

What information or data was used to identify the need for change? Was it base line data such as person centred plans, assessment data, complaints, reviews, inspections, observation, financial monitoring, change in legislation, policy,


Do you need any more information to clarify the issue? Do you have all the right people involved?

All parties involved should agree what success will look like for them and how it will be measured – outcome indicators.

Identified desired outcomes should be SMART.

It is sometimes a challenge to identify SMART outcomes for some types of issues particularly, new, future and anticipated requirements. It is acceptable to ‘best guess’ and refine along the way.

It does not need to be perfect.
Stage 2 – Identify change required

1. What needs to change?
2. Is it a solely a workforce issue?
3. Is a combined approach required?
4. How will the change be achieved?
5. What are the workforce implications?
6. How, when and by whom will overall progress towards achieving the desired outcome be monitored?

Prompts and tips

It is unlikely that the cause of the issue i.e. what needs to change will be isolated to one area of activity or function and a combination of co-ordinated changes will be required to achieve the desired outcome.

Just as desired outcomes were jointly identified and owned; planned change must also be jointly identified, planned and owned.

Below are some areas where change may be required

- Improved quality of service delivery
- Improved productivity
- Market development and growth
- Service redesign
- Process redesign
- Environment
- Technology
- Policy
- Culture

They do not all at first glance appear to be relevant to workforce issues however it is extremely likely that any planned change will have workforce implications. Change requires an integrated approach.

Consider what can and cannot be achieved without workforce change
What evidence is there available to suggest these changes will achieve the desired outcome?

Be realistic about what can be done with the available resources

Consider who needs to be involved how changes will be communicated

Record who needs to do what and by when.

Be clear about how, when and by whom progress will be monitored.

See *Using the ‘Principles of Workforce Redesign*

[www.skillsforcare.org.uk/workforcedesign](http://www.skillsforcare.org.uk/workforcedesign)
Stage 3 – Identify workforce development requirements

1. What workforce attitudes, knowledge, skills, behaviours, productivity, capacity or policies are required to achieve the desired outcome?

2. What workforce attitudes, knowledge, skills, behaviours, productivity, capacity or policies already exist?

3. What will the workforce do differently as a result of any intervention?

4. What is the gap?

5. Who needs the workforce intervention?

6. What are the workforce challenges/barriers?

7. What is the anticipated impact of this workforce change to the desired outcome?

8. How, when and by whom will planned changes be measured and monitored?

Prompts and Tips

Identify who needs to be involved in the workforce change process and how you will keep them informed e.g.

- Local community
- People who use services, families and carers
- Service commissioners
- Other external organisations
- Senior management
- Finance, HR, IT and other internal functions
- Workforce – paid and unpaid

Workforce change programmes could involve:

- Increase/decrease capacity
- Workforce reassignment – change in rota patterns
- Workforce redesign – job roles, new roles
- Workforce learning – capability, knowledge, skills, attitudes, behaviours and proficiency levels.
- Culture
What baseline data do you have about the workforce? – The National Minimum Data Set for Social Care (NMDS-SC) is a good starting point. Consider also using appraisals, personal development plans, skills audits.

Consider who needs development – the paid workforce such as senior managers, line managers, team leaders, front line care staff, support services, and technical professional staff. Consider volunteers too.

Consider who else may require development - people using the service, carers, families, circles of support, communities and partner agencies.

Do they have common/different needs?

Ensure all parties have a clear understanding of how the identified workforce change will lead to the achievement of the desired outcome.

Change without measureable improvement is meaningless.
Stage 4 - Design cost effective workforce solution(s)

Translate the workforce gap into actions - explore and generate efficient cost effective solutions

1. What workforce interventions are likely to achieve the desired change?

2. Are these interventions specific to certain people/structures that have a role in the person’s or care group’s lives, or are there more generic requirements?

3. What resources are available?

4. Do anticipated benefits justify the investment?

5. Who will deliver the intervention?

6. How will you measure success in terms of process, outputs and workforce outcomes?

7. Is there an implementation plan which includes timescales and a mechanism for validating and monitoring interventions?

Prompts and Tips

It is important to have crystal clear understanding of the workforce outcomes required before any interventions are designed.

A range of workforce interventions may be required to achieve the desired outcomes.

For more detailed information about the design and acquisition of cost effective workforce solutions including qualifications visit www.skillsforcare.org.uk.

The following are examples of Skills for Care publications that provide support in designing cost effective workforce solutions:

- Choosing workforce learning guide
- Recruitment and retention toolkit for small and medium sized employers.
- Employing personal assistants toolkit.

For information about sources of funding for skills development including the Workforce Development Fund visit www.skillsforcare.org.uk/funding
Stage 5 - Implement and monitor solution

1. Deliver the intervention to all those with identified need


3. Are the interventions achieving the intended change?

4. Are there any barriers to achievement?

5. How will the barriers be addressed?

Prompts and Tips

Having already agreed outcome measures, outcome indicators, required change, timescales and cost effective methodology, implementation should be the simplest phase of the cycle.

It is however at the monitoring stage that challenges and barriers to implementation which were not identified at the planning stage will be highlighted and will need to be addressed.
Stage 6 - Review and redefine

1. Is the intervention achieving the desired outcome?
2. If not why not?
3. Was the intended improvement(s) achieved?
4. What do the improvements look like?
5. Have you identified any additional improvements?
6. What feedback is there to support long term sustainability and improvement?
7. What next?

Prompts and Tips

It is important to establish the reasons that prevented the achievement of the outcome. The information gained will help in setting of outcomes and identify further improvements in service.

Reasons that may prevent the achievement of the outcome

- Outcome was not clear to all those involved (people who use services, carers, workforce, those developing solutions etc.)
- Outcome measurement was not specific enough
- Required resources were not made available
- Insufficient planning
- Timescales were unrealistic
- Progress was not monitored effectively
- People unwilling to engage
- Outcome became invalid – no longer required
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