Understanding what supports workforce transformation whilst introducing the **C**linically-**L**ed workforc**E** and **A**ctivity **R**edesign [CLEAR] methodology in an organisation.

A rapid insight evaluation from the perspectives of an Integrated Care Board and Acute Foundation Trust.

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Introduction

The National Health Service (NHS) is facing escalating demands amidst demographic shifts, technological advancements, and evolving patient expectations. To navigate these challenges effectively there is a need to embrace innovation and redesign the workforce to align with current health care needs. This not only entails identifying gaps and adapting roles, but also supporting and empowering staff throughout the workforce transformation process. Support to staff can occur in several ways including providing training, resources, and promoting multidisciplinary collaboration. Empowering staff to embrace change, work as a team not only improves their job satisfaction but can improve the safety outcomes for patients (Berry et al, 2020).

33n are described as a company who provide solutions that respond to the needs of the healthcare system and its workforce whilst delivering safe and effective outcomes for patients. Their CLEAR (**C**linically **L**ead workforc**E** and **A**ctivity **R**edesign) programme provides innovation expertise, and data analysis. Its improvement methodology focuses on training clinicians to redesign services, building intrinsic capacity and capability and optimising patient care (Corner et al, 2022).

Background

The NHS People Plan (2020/2021) emphasised the need for workforce redesign. This included exploring new ways of working and delivering care, particularly across systems, to best meet the needs of local populations. In 2023, NHS England (NHSE) released their long-term workforce plan which highlighted the need to remodel the workforce to optimise patient care. They set out three core principles to attain this through training, retaining, and reforming the current and future workforce. Within their plan to reform the workforce, they included the need to improve productivity by training staff to work differently. There are many improvement tools available to NHS organisations including NHS IMPACT. Some organisations adopt specific tools to support their improvement journey such as the model for improvement (East London Foundation Trust).

Frimley Integrated Care Board (ICB) were awarded initial funding (phase one) to undertake a bespoke improvement piece of work using the CLEAR methodology. They approached Frimley Health NHS Foundation Trust who agreed to undertake this within the Urgent and Emergency Care (UEC) frailty pathway. The funding entailed two clinical members of staff having protected time to undertake the project. These clinicians were supported and trained as CLEAR associates (Appendix One). Alongside this project Frimley ICB applied for further funding (phase two) to develop an initial design of a system/regional CLEAR faculty. This included clinicians undertaking a one-day course in CLEAR essentials (Appendix One).

Methodology

This rapid insight evaluation involved extended interviews with clinicians, workforce transformation responsible officers, project leads and employees from 33n between December 2023 and February 2024.

The aim of the review was to evaluate the implementation of the programme including:

- What has enabled it to move forward
- System-wide learning
- How regional workforce support has evolved.

The methodology, including interview questions, was co-designed and agreed by Health Innovation Oxford and Thames Valley (formerly Oxford Academic Health Science Network), Frimley ICB, and NHSE.

Population: Frimley ICB, Frimley Health NHS Foundation Trust and 33n agreed to take part. Key personnel from the programme were identified by Frimley ICB and introduced to the lead evaluator at Health Innovation Oxford and Thames Valley. They contacted everyone via electronic mailing.

Interviews: Data was collected through semi-structured interviews (Appendix Two) lasting on average 45 minutes. All interviews took place virtually and were conducted by one interviewer.

Fifteen personnel were contacted to participate via electronic mailing (Table One). Thirteen interviews were undertaken across three organisations (13/15, 87% response rate). One interviewee declined as were leaving the organisation, and one did not respond after repeated contact. The person responsible for the application of funding employed by NHS England (formerly Health Education England) had left the organisation, therefore we were unable to interview them.

Table One: Breakdown of interviews per organisation

Organisation	Number invited to interview	Number actual interviews
Frimley Integrated Care Board	5	4
Frimley Health NHS Foundation Trust	5	5
33n company (CLEAR methodology)	4	3
East Lancashire Hospitals NHS Trust (NHS host for 33n)	1	1
Total number of interviews	15	13

Other documents: Key documents provided by Frimley ICB and 33n were reviewed (Appendix Three).

Analysis: Interviews were transcribed, and data reviewed using thematic analysis.

Data sharing: All interviews were confidential. All transcripts were anonymous, stored on a secure drive and deleted after the report agreed.

Funding: This work was commissioned by NHS England (formerly Health Education England).

Findings

The use of the CLEAR methodology in the frailty pathway was undertaken in Frimley Health NHS Foundation Trust, covering both Wexham Park Hospital and Frimley Hospital. The national CLEAR team based at 33n supported and trained two CLEAR associates who were seconded two days a week for six months from their clinical roles. Frimley ICB funded and supported the programme.

Workforce transformation

When staff interviewed at Frimley Health were asked to say how ready they felt their organisation was to embed workforce transformation as business as usual using a score of 1-10 (1=not ready, 10=ready), they had an average response rate of 72% (total score 36/50) ready. Due to multiple system reorganisations, Frimley ICB felt that they were 40% (total score 8/20) ready to embed as business as usual. However, they were clear to acknowledge that the board was supportive of workforce transformation, and with substantive team members a joint vision could be built. All agreed that workforce transformation is a constant necessity which requires in depth understanding and collaboration. There was uniformity between the Trust, ICB and 33n that the following contribute to successful workforce transformation:

- Engagement - senior decision makers, middle management, and staff in the pathway
- Protected time and funding to project manage change
- Clear evidence-based aims and objectives
- Return on investment including reducing admissions and length of stay.

Approach and funding

Health Education England approached Frimley Integrated Care Board to discuss the opportunity of funding a CLEAR fellowship programme. The initial thought was to promote a fellowship secondment where 1-2 clinicians were seconded to a yearlong programme. The intention was to facilitate the growth of a cohort of CLEAR associates who could develop into a regional network to support the system in this methodology. Due to finite funding, the offer morphed into two phases. Phase one included training two CLEAR associates to undertake 1-2 CLEAR projects within the frailty pathway. Phase two was to develop an initial design for a system/regional CLEAR faculty to deliver in house training across the region. Funding was allocated to train 30 clinicians for one day in CLEAR essentials (Appendix One). Frimley ICB approached Frimley Health NHS Foundation Trust to discuss a collaboration around this funding. Senior staff at Frimley Health then disseminated the offering to managers and clinical staff in the frailty pathway.

Whilst Frimley Health have invested heavily in their own quality improvement methodology (Frimley Excellence), they are an innovative Trust who recognised the potential benefits the programme offered. They key areas that were particularly attractive to them were:

- Full funding, including two clinical staff seconded to undertake the project
- External supplier to provide support and impetus to keep the project moving
- CLEAR methodology training for staff to support improvement locally
- Time and a user-friendly platform to deep dive into data
- Use of data to plan workforce requirements in this service for the next five years.

Enablement of the programme to progress and what could be enhanced further

Phase one of the programme was led by two clinicians who were seconded two days a week to fulfil the role. The funding enabled them the time to do this. They trained in the CLEAR methodology, becoming CLEAR associates, and engaged 61 members of staff within the frailty pathway across nine organisations. Through data and service engagement they identified several projects that could be taken forward in 2024. Dedicated time enabled the CLEAR associates to explore the data in a user-friendly format, engage a diverse group of clinicians and co-design future projects. Input from a senior responsible officer with wider knowledge of the system brought unique insight. This ensured that all areas of the frailty pathway were engaged in the scoping phase. The engagement of the Chief People Officer was crucial to free any blockages in the system. In this instance it enabled timely data sharing agreements to be signed with Information Technology and Information Governance (IT/IG).

"(The) Chief People Officer was instrumental in unlocking the agreements with Information Technology"
Programme Lead

"It's about funding. Having the funding to second staff meant that they could focus on the project"
Senior Manager

"CLEAR (33n) have the experience behind them and their support is great. They helped to keep the project on track and brought harmony"
Clinician

In the latter stages of the project more visible project management support from the ICB to the Trust has occurred. This was noted to have been useful around bridging a gap between the company and Trust, as well as a conduit for relationship building and general project support.

Support from 33n was appreciated by the CLEAR associates. With their clinical knowledge, and understanding they brought clarity and helped to keep the project on track. Short regular project meetings facilitated this as well as the six weekly governance meetings held by the ICB.

Several areas were noted where the programme could have been enhanced further. Frimley Health felt that to understand the whole frailty pathway data from the Ambulance Trust should have been reviewed alongside the hospital data. This was out of the scope of the programme. This highlighted the need to co-design the original scope. The timing of data collection was difficult as Frimley Health had just installed a new electronic records system. This made accessing the most recent data problematic. It was suggested that the timing would have been better once the system was fully integrated so that current data could be used. The inclusion of the direct manager of the service was thought to be crucial to ensure they are onboard with the process as it evolves.

Phase two around developing a cohort of CLEAR faculty was harder to implement with limited success to date. Some of the difficulties around this were due to:

- Releasing clinical staff for a day of training alongside current pressures
- Frimley Health have invested heavily in their own improvement methodology, therefore it's harder to "sell" a new methodology

- It was felt that the depth of the CLEAR methodology could not be grasped in one day to support a train the trainer faculty. However, this light touch training could lead to a raised awareness of future CLEAR associate training opportunities.

Key findings: Engagement is vital from board to the floor. Each person has a role to play in the smooth running of a programme. Significant delays can occur with other departments and an executive sponsor can unlock these quickly. Short update meetings keep momentum going and highlights any concerns. Funding for staff to co-ordinate these projects is non-negotiable. Development of regional cohorts requires co-design with the organisations in the region.

System-wide learning

At the beginning of the programme, Frimley ICB had already been awarded the funding and then sought collaboration with Frimley NHS Foundation Trust. Interviewees shared potential ideas how the system could support workforce re-design going forward.

Co-design

The importance of co-design was highlighted as the first step in any programme. This in turn would support national, regional, and local priorities. There was a consensus that if the whole pathway of frailty had been thought out prior to the programme starting, then in this instance it would have included community and the ambulance service in the overall design. In this co-design phase, the scope of the project should be articulated.

During the design phase of the regional cohort for a CLEAR faculty it was felt that an in-depth consultation with organisations would have been beneficial. The aim would be to ensure that awareness of the bespoke offer of the CLEAR methodology was understood, as well as what training was needed to grow a regional clinical cohort. 33n note that the CLEAR methodology does not seek to take over already existing improvement methodologies but to bring unique insight to extremely complex clinical pathways.

> "We need the ideas to come from inside the organisation. The ICB can help to develop that and support commissioning"
> *Project Lead*

> "CLEAR associates across the South East may work."
> *Senior Leader*

> "The ICB have unique role. They can find out what is working elsewhere and support in innovation and growth"
> *Senior Leader*

Supporting Organisations

One interviewee noted that currently, healthcare is a tough environment for ideas to thrive. Most services appear to be in constant crisis management.

There were a variety of thoughts around how the ICB could support local and regional workforce transformation capability and capacity. All interviewees agreed that the ICB could start with building relationships with local organisations and discover where a collaborative approach would be most beneficial. At times it was thought that fresh eyes in clinical

pathways was extremely helpful. The programme support that the ICB offered ensured governance of the programme, the connection of key parties and links with external agencies. Creating space for key stakeholders to innovate together was thought to be a key area the ICB could facilitate. Whilst the cohort for a CLEAR faculty has not yet materialised, there was some value seen for a South East workforce transformation network. This could be a platform to share ideas, learning, and case studies.

As the ICB matures it was felt that a combined workforce strategy may support cohesion within the region. It was suggested that a starting point could be the ICB defining and articulating their vision around what support they offer to organisations around workforce transformation.

Adopting and sustaining innovations

To date this programme has had limited workforce transformation. However, the importance of sustaining innovations and new pathways were noted to be key. There was a general feeling that within healthcare there is pressure to adopt innovations at pace. Whilst healthcare is complex there were a few suggestions that may increase the speed of adoption. The first was ensuring key relationships, buy-in and co-design are in place at the beginning of a project. An executive sponsor can facilitate the prompt signing of IT/IG agreements which reduces time and resources spent on these foundations. Once these are signed, data analysts can work promptly on transcribing the data into a usable format for clinicians and managers to review. Other ingredients thought to support adoption at pace included changing the culture of managers and leaders to understand change management.

"The slowness of implementation is maddening. We need more people to think differently." Clinician

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Key Findings: A clear offering from the ICB to organisations around how they can support with workforce transformation. Co-design is paramount for regional workforce transformation to thrive. Understanding what organisations have already adopted and what could support them further will support buy-in.

Discussion

The NHS is currently facing unprecedented challenges with an aging population, widening health inequalities gap, reduction of funding, and a shortage of staff. Whilst these are only some of the challenges, each one is multifaceted. Traditional workforce planning methodologies and educational approaches may not be enough to address the current crisis.

There is evidence to suggest a shift in thinking is required. This is to reframe workforce planning in health and social care away from silo-based workforce projection models towards methodologies that recognise professions overlapping in their scope of practice. Several countries are exploring a needs-based approach which focuses on redesigning professional role, regulation, education, and practice to meet the evolving health care requirements (Gorman 2019). This approach recognises the need to align workforce skills and supply with patient and population health needs (Fraher ad Brandt, 2019).

The CLEAR methodology in this evaluation has been used to look at a complex pathway with fresh eyes from a workforce perspective, involving the clinician from the start. Through the interrogation of quantitative and qualitative data, it has offered insight into clinical pathways and future training. The evolving projects can be used to re-design the frailty pathway thus meeting the ever-changing needs of the population.

Introducing a workforce re-design methodology can be challenging. This evaluation has highlighted that smooth introduction within organisations can be supported through sustainable funding, collaborative ownership, and leaders trained in change management. Alongside these, there are three key ingredients highlighted to enable the region to progress towards their full potential of collaborative working.

Building relationships across health and social care facilitates conversations to explore key priorities to organisations. Through this understanding the ICB can identify where collaboration is best served to ensure the improved services are offered to patients. These relationships can empower staff to own and design a better service.

Co-design is paramount brining key stakeholders, influencers, and early adopters to the discussions. By identifying early adopters and influencers, the ICB can leverage their enthusiasm and support to champion co-designed workforce initiatives. These individuals can serve as advocates, helping disseminate information, facilitate training, and inspire others to embrace new approaches. The aim being to drive successful adoption, and implementation of workforce re-design strategies across the region.

Creating space for staff and patients to innovate together. There are many multifaceted burdens on health and social care organisations. These may lead to reactive rather than proactive change. Through existing relationships, the ICB is in a unique position to bring individuals together to innovate solutions together across clinical pathways creating collaboration across the region.

This evaluation has highlighted that change management is complex and workforce transformation is not immune to these complexities. Integrated Care Boards operate at a regional level with multiple organisations and decision makers who have varying priorities. The ICB has a unique role in bringing these multiple stakeholders together from a variety of settings to unite in a common purpose.

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Appendix One – Levels of CLEAR training

	Level of knowledge/ experience gained	Ease of spread	Length of project/ course
A taste of CLEAR	Basic introduction to CLEAR and transformation	High	4 hours
CLEAR Essentials	Introduction to CLEAR and transformation with group learning	High	1 day
CLEAR Focus	A mechanism to rapidly adopt and spread locally tailored models of care and workforce	High	12-16 weeks
CLEAR Method	10 interactive days of workshops of learning and doing constrained projects	Med-High	Each workshop 2 days
CLEAR Implementation	Support to implement new models of care and workforce across the NHS and social care.	Med-High	16-32 weeks
CLEAR Compact	Project performed by experienced practitioners from the CLEAR national faculty	Med	14 – 17 weeks
CLEAR Complete	In-depth understanding and able to perform redesign work building capability in organisations and systems	Low-med	26 weeks (+ project initiation phase)

Appendix Two – Interviews with key personnel

Introduction to interviews

Thank you for taking the time to talk to us about your experience of taking part in the CLEAR programme. Your feedback is valuable to us as it will help us to understand how the funding has benefited you and workforce transformation in your organisation. Health Innovation Oxford and Thames Valley will review all interviews and aggregate themes for the final report for Frimley ICB and NHSE.

There are a few things I would like to go over with you about the interview, final report, and confidentiality of your interview.

- your response will be completely anonymous
- I would like to take notes throughout the interview to ensure accuracy – these notes will be deleted upon completion of the evaluation
- the content of the interviews will only be seen anonymously by other members in the evaluation team
- your feedback will contribute to the evaluation report
- we will not name anyone in the report – we will note the number of interviewees
- the report will describe the themes coming out of the interviews and we may use quotes from the interviews, but again these would remain anonymous.

Do you have any questions and are you happy to go ahead with the interview.

Questions

Generic Workforce Transformation

1. Within your current role, what responsibilities do you hold regarding workforce transformation?
2. What is your understanding of workforce transformation and the need for it in your organisation?
3. What are the conditions that contribute to successful workforce transformation within an organisation (Key Ingredients)?
4. How are clinicians in your organisation involved in workforce transformation?
5. On a scale of 1-10 (1=not likely, 10= likely) how ready do you feel your organisation is to embed workforce transformation as business as usual?

Introduction of the CLEAR programme

6. How did you find out about the CLEAR programme?
7. What did you think it offered to your organisation?
8. How has it been used to within the local environment?
9. What did you want it to achieve?
10. Has it done what you wanted it to?
11. What has enabled it to work well?
12. What would have helped to make it even better?

13. What would be needed to continue to support this programme of work to become business as usual?
    a. For example what do you feel about the development of a community of practice for the South East CLEAR Associates

14. Are there any other approaches that you are aware of that may have been useful?

Future ICB transformation

15. How can the ICB support local organisations to develop their workforce transformation capacity and capability?
16. How can we speed up the process of implementation of programmes like CLEAR so that impetus is not lost, and organisations build internal resources to sustain improvements?

Questions for the CLEAR National Team

1. How can CLEAR support sustained workforce transformation?
2. What are the enablers to a smooth introduction at local level?
3. How do you overcome any barriers to the introduction of the innovation (Key ingredients to what has worked well)?
4. What are the enablers/barriers for a system wanting to build internal faculty capable of delivering in-house CLEAR training / project delivery?
5. How do you support organisations to sustain the CLEAR methodology once initial training undergone?

Appendix Three – Review of key documents

Document Name	Author	Date
Health Education England South East In Year Investment Proposal Form 2022-2023 (project proposal)	David Hearn	March 2022
Frimley Integrated Care Board (ICB) – paper to set out national context of CLEAR. Considerations for Frimley ICS to scale CLEAR expertise	Emilio Escobar	Unclear
CLEAR UEC (Frailty) Project Scope – Frimley Health NHS Foundation Trust	Claire Brewster	15th December 2022
CLEAR – it's origin, Frimley's Journey, and key work blocks presentation to Frimley ICB	Emilio Escobar	March 2023
Frimley UEC Frailty Project – ICB presentation	Emilio Escobar	July 2023
Key Stakeholder Meeting presentation	Emilio Escobar	July 2023
Clear Programme stakeholder's guide	Lucy Purdy	October 2023
CLEAR – flyer for CLEAR essentials training	Lucy Purdy	December 2023