



# Strategic Command

## Defence Healthcare Delivery Optimisation (DHDO) Workforce Management Service (WFM) eRostering and eJob Planning

### **DRAFT Statement of Requirements (SoR)**

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## MOD DHDO PROGRAMME

## Introduction

### Purpose

1. This document presents the Ministry of Defence's (the Authority) Defence Medical Services (DMS) Draft Statement of Requirements (SOR) for its Workforce Management (WFM) capabilities of the overall Defence Healthcare Delivery Optimisation (DHDO) programme architecture against which bidders will be assessed during any potential Invitation to Tender (ITT). These capabilities include:
  - a. eRostering
  - b. eJob planning
  - c. Workforce Analytics and Reporting.
2. This Statement of Requirements has been drafted to support the workforce management eRostering and eJob Planning RFI and does not represent the totality of DHDO's workforce management specification of requirements. Any information contained in this draft SOR may be retained, amended, or deleted in its entirety prior to any formal release of a final SOR to accompany an Invitation To Tender (ITT).
3. Workforce management digital capability is seen as a key component in supporting Defence Primary Healthcare (DPHC) in helping to match clinical resources to health demand – both in supporting the recovery from COVID-19 and in business-as-usual operations.
4. Elements of capacity planning have been included in the requirements to understand the extent to which these requirements make up the capability of Commercial off the Shelf (COTS) eRostering and eJob Planning tools.

### Status

5. This is a draft version of this document until endorsed by both the Coordinating Design Organisation (Technical) and Coordinating Design Organisation (Business).

### Structure of this document

6. This document is structured as follows:
  - a. **The DHDO programme.** Provides background information, context and an overview of the Programme
  - b. **WFM Overview.** Provides background information including objective, expected benefits and guiding principles
  - c. **Workforce Management Elements.** Provides an overview of the relevant components of workforce management including eRostering and eJob Planning
  - d. **WFM eRostering and eJob Planning Requirements Specification.** Provides an introduction to the user requirements
  - e. **Workforce Analytics and Reporting.** Provides an introduction to the user requirements.

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**The DHDO Programme****Programme overview**

7. The DHDO programme will deliver a high performance, data-driven, medical and occupational health service that utilises proven and analytical innovations

8. DHDO as a transformation programme is led by Defence Medical Services (DMS) for Defence Primary Healthcare (DPHC)

9. The healthcare needs of the armed forces are changing; we will implement a range of operational data analysis and reporting capabilities, alongside intelligent Population Health Management to support enhanced decision making and dynamic coordination of the workforce to meet the health needs of our patient population. Digital tools will improve operational efficiency and in turn, positively impact clinical outcomes to:

- Ensure the workforce operates at the top of its training
- Align workforce resource to patient demand
- Provide reliable data to empower DPHC to shape services and flexibly manage resources.

**Programme objectives**

- a. A safe, effective, modern, digitally enabled, flexible, resilient, 'evergreen' and affordable DPHC that meets the needs of its patients, its staff, the single Services and wider Defence objectives.
- b. The delivery of a range of digital products and services that will increase options for types of clinical encounters, empower patients by increasing involvement in their own healthcare and contribute to DMS resource optimisation, to maximise the benefits of DPHC delivery transformation via solutions that are:
  - Common, with utility across the different healthcare specialities
  - Employing open standards
  - Data driven
  - Proven and assured.

**Programme benefits**

10. DHDO has four Aims:

- a. Improved patient outcomes
- b. Increased deployability of military personnel
- c. Increased value for money
- d. Staff engagement and professional fulfilment.

Underpinned by improved patient and healthcare delivery personnel experience.

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**Workforce Management Overview****Overview**

11. The DHDO programme is seeking to integrate Commercial Off The Shelf (COTS) products and services to support workforce management operations. The programme is entering the Market Engagement phase and intends to hold a procurement exercise for one or a number of products to support workforce management across DHPC.

12. DPHC currently employs c. 4,100 staff and additionally 700 single service staff and 100 locally employed civilians. The scale of DPHC can be seen below in *Figure 1. DPHC size and scale*. Locally employed civilians will be out of scope for this RFI.



*Figure 1. DPHC size and scale*

13. DPHC is looking to gather information on eRostering and eJob Planning products to support the matching of clinical capability to demand. Currently medical treatment facilities handle rostering at local level. Demand is primarily driven by localised patient at risk (PAR) numbers. There are also external demand drivers such as provision of surge capacity to support the mobilisation of reservists or the treatment of refugees.

14. Workforce management solutions should take into consideration the options and challenges in replacing some roles. For instance, if a military GP is deployed for military operations, it may be that unless backfill can be found, clinical services cannot be offered. Whereas some administrative roles may be more easily covered and may have less immediate operational or clinical impact.

**Workforce management benefits**

15. Desired benefits from the implementation of workforce management digital support include:
- Improved utilisation of clinicians through better matching of capacity and skills to demand
  - Increased visibility of the workforce including staff availability and capacity gaps

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- c. Decreased use of locums and temporary health-workers due to more efficient and effective use of DPHC resources
- d. Increased ability for clinical and operational staff to access and view rosters and planned activity
- e. Dashboards and reporting to improve decision making, resource planning and to support the optimisation of service delivery and safety.

**DHPC organisational intent**

16. **Intent:** To move to a grouping model for DPHC resources. The grouping model will create networks of combined practices allowing resources to be shared across networks to standardise GP and Primary Care Services optimised to local patient and customer needs.

17. **Vision:** To restructure DPHC from 6 Regional and 6 Dental Headquarters to 9 Medical Groups, 6 Dental Groups and a Healthcare Recovery Group in order to deliver optimised integration of Defence Healthcare Pathways for better patient outcomes, improved deployability of Defence people and value for money. The groups are defined as follows:

- a. **Defence Healthcare Recovery Group.** A group of nationally managed, locally delivered healthcare capabilities commanded by a technical commander through a group headquarters and comprising Mental Health (MH), Rehabilitation (Rehab) and Occupational Health (OH) services.
- b. **Medical Groups.** A group of medical centres led by a primary care expert Medical Commander based within a hub. All patients registered to the group have access to same services reducing unexpected variation, making best use of Medical Information Services (Med IS) and setting conditions for further productivity gains.
- c. **Dental Groups.** A group of Dentist-led dental centres commanded through 6 Dental Group HQs delivering national and local services.

18. Any eRostering solution will support the move to a grouping or integrated care model. The solution must also support current ways of working which includes both elements of integrated care and examples of medical centres operating independently.

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## **Workforce Management Elements**

### **Workforce management process**

19. Workforce management activity covers demand modelling through health needs analyses, capacity planning, through to eRostering and reporting capability. This RFI is focused on eRostering and eJob Planning solutions. The following paragraphs set out the DHDO programme's initial view of desired capability with the more detailed user requirements at



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21. eRostering, eJob Planning and Analytics **User Requirements.****eRostering**

22. DHDO sees eRostering as a means to provide an overview of staffing across the organisation (or group of organisations), highlighting hotspots where intervention is needed to ensure that staffing levels are safe and efficient.

23. eRostering will provide real-time details of staffing levels that can be used to manage demand, staff changes and patient acuity and dependency while considering skill-mix and staff availability.

24. eRostering should support the proactive planning and management of resource allocation to ensure safe, efficient and cost-effective operations.

25. eRostering should provide flexibility to cope with resourcing issues.

26. eRostering can bring together, in one central place, management information on working patterns, annual leave, sickness absence, staff skill mix and movement of staff between facilities. This enables managers to quickly build rotas to meet patient demand. Employees are able to access the system to check their rotas and make personal requests.

27. An eRostering capability provides managers and senior clinical staff to make informed decisions and influence culture change and service design.

**eJob Planning**

28. e-Job Planning is important for using eRostering to its maximum potential. eJob Planning enables the workforce availability and capacity to be defined accurately and in line with service objectives. This information can then be used to create accurate rosters. Ideally eJob Planning systems will be adopted in conjunction with eRostering systems.

29. A job plan is a prospective, professional agreement describing each employee's duties, responsibilities, accountabilities and objectives. It sets out how an employee's working time is spent on specified direct clinical care (DCC), specified supporting professional activities (SPA) and other activities (DPHC or wider Defence activities).

30. A comprehensive job plan will show the timetabling of scheduled activities and define the number of flexibly timetabled, annualised activities. This enables monitoring of an individual employee's annual outputs, particularly when combined with eRostering.

**Reporting and analytics**

31. ERostering and eJob Planning solutions will provide analytical and reporting tools, populated with near real time data on (for example) resourcing profiles, capacity gaps, workforce utilisation, plans against actual activity, etc.

32. Solutions will report against agreed DPHC clinical service KPIs and highlight any issues of non-compliance against defined business rules.



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**eRostering, eJob Planning and Analytics User Requirements****User requirements**

33. The following pages define at high level the user requirements of a workforce management eRostering and job planning solution.

<b>eRostering and job planning requirements</b>	
<b>Role</b>	<b>Requirement</b>
<b>Clinician</b>	I need to create my job plan, detailing when I am available for rostering in Direct Clinical Care (DCC) such as face to face and virtual consultations. I must be able to define absences such as leave, CPD, SPA, Military Activities / Training and sickness.
	I need to be able to view a forward look of my rostering and understand where I will be working and the location and nature of my appointments.
	I need to be able to create and make changes to my job plan and request changes to my rostering on a variety of devices including my MoD PC / Laptop, Tablet or Mobile Phone/other personal devices.
	I can be rostered against activity that supports my personal development plans and training needs.
	I need to obtain notifications and requests for meeting staffing needs.
<b>Practice Manager</b>	I need to understand the demand for my facility's services and clinics and create a schedule that defines the type of services / clinics / appointments / staffing requirements for a planning horizon of one month across all the facilities I manage.
	I need to be able to define if an appointment is a face-to-face consultation or a virtual triage / consultation from a patient outside of my local treatment facility.
	I need to understand my supply of appropriately skilled and qualified clinicians across various specialisms who I can roster onto my clinical schedule from within my facility, within all facilities I manage and those available from my wider organisational group. Note: will need to identify Military and Civilian staff.
	I need to roster my schedule and identify gaps, issues and conflicts.
	I need to request face-to-face / virtual temporary workforce (e.g., through locums, staff bank arrangements, etc.) cover where gaps still exist and cannot be filled through rostering of the permanent workforce.
	I need to have a range of analytical and reporting tools to effectively manage my facilities.
	I need access to the organisational structure including staff line manager information.

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eRostering and job planning requirements	
Role	Requirement
<b>Operational Management at group or regional level</b>	I need to understand if the allocation of activity is fair and equitable.
	I need to understand and action where staff continuity with a patient is required.
	I need a range of analytical and reporting Tools – utilisation / wait Lists / agreed KPIs / easy to configure dashboards.
	I need to create, read, update and delete national, regional and local workforce reports / dashboards.
	I need feedback from staff when issues arise with the roster.
	I need flags or alerts to identify where staff skill level is insufficient to meet the allocated task.
	I need to accept or reject staff requests (applicable to line managers, practice manager and HQ level).
	I need to access information from various systems and sources e.g., skills matrix, staff locations, absence tracker (annual leave, training days, sick leave, public holidays, etc.).
	I need to create, read, update and delete rosters.
	I need to know staff availability and capacity gaps across the workforce.
	I need to know the resource profile of the workforce by skill mix (clinical and non-clinical) at national, regional and local levels.
	I need an understanding of the expected clinical output of the workforce.
	I need to manage the allocation of tasks / development of rota based on meaningful units of work e.g., Programmed Activities (PAs).
<b>Organisation at Command/HQ level</b>	I need to know the contractual work locations for staff.
	I need to configure eRostering solutions in line with national working time directives.
	I need “single version of truth” visibility of my workforce as a totality, with drill down to Group and Medical Treatment Facility level.
	I need an organisation wide view of demand and workforce supply, identifying issues, gaps and conflicts.
	I need to view, manage and approve temporary labour requests.
	I need to be able to extract WFM information to feed into strategic workforce plans.
	I need to receive and respond to Military tasking requests (e.g., loans to NHS, Operations and exercises, etc.).

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eRoosting and job planning requirements	
Role	Requirement
	I need a range of analytical and reporting tools – utilisation / wait lists / agreed KPIs / easy to configure dashboards.
	I need to understand my Cost to Serve (Perm and Temp across all Groups and at MTF level).

**Confidentiality**

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**Annex A****Job Planning and eRostering high level design**

The following DRAFT diagram (*Figure 2*) shows at high level how eJob planning and eRostering work in conjunction with each other. It is noted that these are separate activities and may be delivered using discrete COTS products.

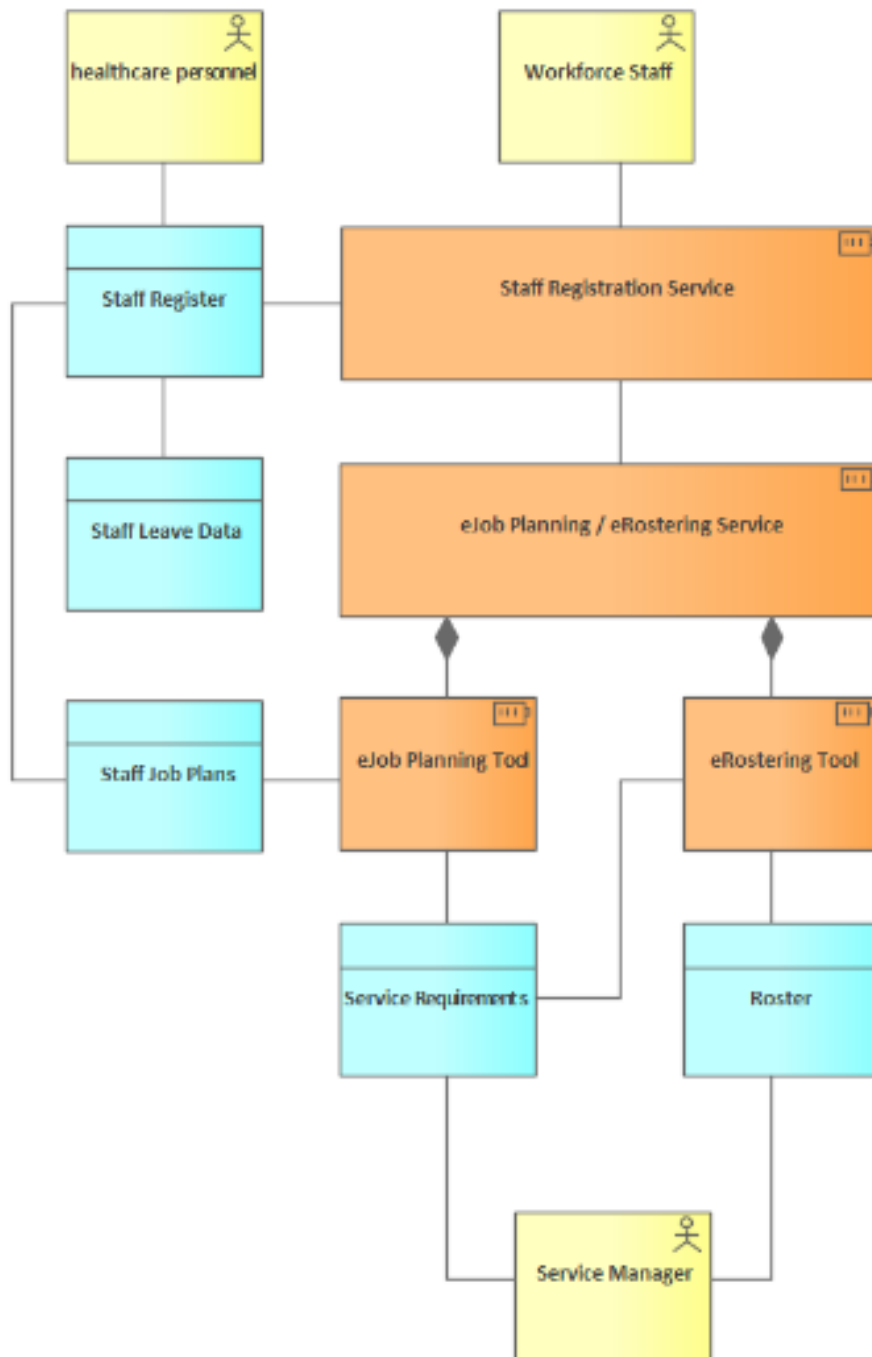


Figure 2 – eJob Planning and eRostering High Level DRAFT Design