

# Developing a high-performance support workforce in acute care: innovation, evaluation and engagement

Ian Kessler,<sup>1\*</sup> Karen Spilsbury<sup>2</sup> and Paul Heron<sup>3</sup>

<sup>1</sup>Department of Management, King's College London, University of London, London, UK

<sup>2</sup>Department of Health Sciences, University of York, York, UK

<sup>3</sup>Saïd Business School, University of Oxford, Oxford, UK

\*Corresponding author

Declared competing interests of authors: none

Published August 2014

DOI: 10.3310/hsdr02250

## Scientific summary

Developing a high-performance support workforce in acute care

Health Services and Delivery Research 2014; Vol. 2: No. 25

DOI: 10.3310/hsdr02250

NIHR Journals Library [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

# Scientific summary

## Background

As concerns among policy-makers and practitioners about the quality of frontline health care have come to the fore in recent years, attention has focused on the structure and capability of the nursing workforce, and particularly on the role of the nurse support worker. Such an interest in the nurse support worker is hardly surprising. While a long-standing component of the nursing workforce, this worker has emerged over the last few decades as the main bedside presence. However, as support workers are unregistered employees, positioned at Agenda for Change pay bands 2 to 4 and assisting registered nurses (RNs), there has been caution regarding their use. Most recently, this caution has deepened just at the point when the cost and productivity pressures facing the NHS have prompted trust managers to reconsider how they organise their nursing workforces and, as part of this process, how the nurse support role might be used.

Against this backdrop, our study on the support workforce in acute care is particularly timely. It builds upon previous research carried out at the University of Oxford on support workers at pay bands 2 and 3 and at the University of York on assistant practitioners (APs) at band 4. Both projects were mainly diagnostic studies, highlighting the problems faced by trust managers in their use and management of support workers. In contrast, the current study explores how trusts have sought to change their approach to the utilisation of nurse support workers, allowing us to contribute to a more applied and forward-looking agenda.

## Objective

The current project comprised three themes. First, an **innovation** theme sought to sharpen our understanding of different forms of innovation, distinguishing between new roles and between new ways of working and managing. This provided a platform for mapping the incidence of innovative practice in relation to support workers. It also established the basis for exploring how and why some trusts were able to innovate in these respects, while others were not.

Second, an **evaluation** theme explored the consequences of initiatives taken by trusts in managing and using their nurse support workforce. It examined why such initiatives were taken, as a means of assessing whether or not and how they had impacted on various stakeholder outcomes. In so doing, this theme sought to strengthen the evidence base on the use and consequences of new support worker policies and practices.

Third, an **engagement** theme was driven by findings from the initial Oxford and York studies, which suggested the fragmented and disordered nature of trust practice as it related to the use and management of support workers. It brought together actors with a stake in the role as a means of sharing 'good practice', identifying and addressing common problems and issues, and exploring ways forward.

The study drew lessons from each of these themes and sought to deepen our understanding of workforce change involving support workers by drawing upon overlapping research literatures associated with organisational change, inter-occupational relations and institutional analysis.

## Methods

The **innovation** theme comprised different phases of research: scoping discussions with over 100 NHS policy-makers and practitioners; a survey of nurse and human resources (HR) directors in all English trusts ( $n = 94$ ); and six case studies purposively selected to reflect different forms of innovation, and based mainly on interviews and documentary sources – two cases on new management practice, three on new work roles and one on new ways of working.

The **evaluation** theme assessed six initiatives in four different trusts. These initiatives were selected by the trusts themselves and examined using a variety of research techniques including staff surveys, interviews with trust staff and managers, and documentary material. The initiatives were evaluated according to the aims set for them by the trusts themselves and how they impacted on various stakeholders. We sought to evaluate the respective initiatives at two points in time: (1) before or during the implementation of the initiative, generating baseline data; and (2) following the implementation of the initiative, allowing measurement of changes in attitudes, behaviours and outcomes.

The **engagement** theme was based upon regional workshops in London, Leeds, Taunton and Birmingham. Attended by over 100 participants, they were organised on the basis of a facilitated discussion that addressed a common set of questions covering the use and management of support workers both now and in the future.

## Results

### Innovation

The scoping phase of the innovation theme highlighted an array of innovative practice in the management of support workers, but fewer innovations in ways of working or work roles. Indeed, the scoping exercise revealed ongoing uncertainties as to how to develop this support workforce. The survey confirmed some of these findings. It suggested the widespread use of certain new management practices, for example more rigorous entry requirements and extended induction programmes. However, the survey also indicated that, in many trusts, the infrastructure to support innovative practice remained underdeveloped.

The results from the six innovation cases (ICs) were as follows:

1. Values-based recruitment: comprising a mandatory open day for applicants, the use of values-based interviews, and the introduction of a 2-week induction, this innovation was developed on the basis of partnership working between nursing, HR and training directorates. It resulted in a greater understanding of the health-care assistant (HCA) role among applicants, fewer 'no-shows' at interview stage and lower staff turnover.
2. Specialist assistant practitioners: this innovation introduced specialist APs into select clinical areas. The APs completed a foundation degree (FD) and competencies devised by the trust's education department in partnership with a local college. The APs became embedded in, and positively viewed by, ward teams, contributing to various improvements in care quality.
3. Colorectal support worker: located in a specialist colorectal nursing team and performed by a single band 3 post-holder, this new role was responsible for stoma care. It required 1 week of specialist training and relied on the post-holder's background and experience in stoma care. The role became an expert resource to stakeholders, while relieving specialist nurses of 'routine' tasks and managing patient emotions.

4. Support worker development nurse: performed by a single post-holder, this corporate role was dedicated to improving training and development opportunities for support workers. Working with ward-based clinical practice facilitators, the role focused on new trust-wide and bespoke ward-based support worker training programmes. The role was linked to higher participation in such programmes and a broader appreciation of support worker training opportunities within the trust.
5. Surgical assistant practitioner: performed by a single post-holder, this role supported specialist nurses and consultants in a dermatology operating suite. The role was supported by a consultant dermatologist providing extensive on-the-job training. Once in place, the role ensured staffing flexibility, increased capacity to deliver a one-shop clinical and surgical service, and improved patient flows.
6. Clinical support worker trainer: providing assistance to support worker trainees, this role was located in the trust's corporate training department. The post-holder established one-to-one meetings with trainees, drop-in sessions and supported the delivery of the trust's new induction programme. The role was linked to an improved completion rate among trainees, an improved trust capacity to take-on trainees, and relief to other members of the training team.

### Evaluation

The results from the six evaluations were as follows.

1. Calderdale Framework: this initiative sought to apply a seven-stage model, the Calderdale Framework, designed to review and redistribute nursing tasks to a pilot ward and to generate interest in, and possible take-up of, the process across the trust. It was evaluated according to awareness of and engagement in the stages, mainly in the pilot ward. The early stages of the framework were completed, with high awareness and engagement on the pilot ward. There was, however, uncertainty about future progress on the ward and across the trust, generating staff frustration.
2. Beginner competencies: this initiative introduced a set of competencies for all those starting and already in post as band 2 HCAs. They were to be acquired or validated within a given time frame. The initiative was evaluated according to whether or not the HCAs had acquired or validated the competencies on time. Most new starters failed to complete the competencies as required by the end of the probation period. There was also a low take-up of the competencies among existing people in band 2.
3. Extended induction: this initiative took the form of a new 2-week competency-based induction programme to be completed by HCA starters before they 'hit the ward'. It was evaluated according to the proportion of new starters who completed it before starting on the ward; whether or not the new programme was 'fit for purpose' at ward level; and whether or not it produced better prepared starter support workers. The evaluation found a significant proportion of HCAs starting on the ward before completion, ward concerns about the design of induction, and no noticeable difference in attitudes and behaviours between support workers on the old and new induction.
4. Accelerated development programme: this initiative introduced an accelerated, 9-month apprenticeship programme for a cohort of maternity care assistants (MCAs). It was part of a broader reorganisation of the midwifery workforce at the trust, involving the increased use of band 3 MCAs and fewer registered midwives. It was evaluated according to timely completion rates on the programme and the level of acceptance among midwives of the new MCA role. The evaluation revealed low completion rates and an uneven but growing acceptance of the band 3 MCA role.
5. Medicines management: 12 APs located in seven pilot clinical areas were trained to administer eight medicines regulated by standard operating procedures. This initiative was delayed due to a failure to agree on protocols, a lack of understanding about the initiative, and nurse doubts about its value.

6. Assistant practitioner roll-out: this initiative sought to introduce APs across most clinical areas in the trust. The trainee programme comprised a FD, acquiring a set of competencies, and practical assessments. The initiative was evaluated according to completion of the training programme, along with the acceptance and use of the AP role in the clinical areas. Most of the trainees successfully completed the training, but there was an uneven acceptance of the AP role, leading to disillusionment among qualified APs.

### Engagement

The regional workshops were an important end in their own right. Many themes raised at the workshops resonated with those emerging in the innovation and evaluation themes. However, there was an emerging consensus on the need for a standard approach to the management of support workers based on the following features: more refined, values-based recruitment; ensuring literacy and numeracy skills; more robust induction completed before new starters 'hit the ward'; a differentiation in the tasks of bands 2, 3 and 4 support workers, underpinned by a set of competencies for each band; and these competencies providing the basis for the development of support workers.

### Discussion

While this study's three themes covered a diffuse set of issues, this should not detract from a cross-cutting interest in changes to the use and management of nurse support workers. The study revealed that such changes remain patchy and difficult. The innovation scoping phase highlighted ongoing dilemmas about how to deal with support workers, while the national innovation survey confirmed the uneven adoption of innovative practice. In combination, these sources suggested that the development of new roles and ways of working was particularly problematic given the clinical governance issues raised. Indeed, implementation problems were confirmed in the evaluation cases. At the same time, the ICs revealed how such change might be achieved, while the regional workshops suggested that, by drawing on the experiences of stakeholders, improved approaches to support workers might be 'hammered out'.

From across the three themes, it became clear that effective change in the use and management of support workers rested on a balance between top-down and bottom-up organisational approaches. New practice often developed at the 'bottom' of a trust, that is within wards, in an opportunistic and ad hoc way, but needed top-level support, in terms of resource and validation, to become established and consolidated. Given the need for such a balance, it was concerning that our national innovation survey suggested that trusts often lacked the infrastructure to champion and develop the support role. Trust managers need to provide top-down encouragement for bottom-up initiatives, and to signal their commitment to the further development of the nurse support workers through more clearly identifying and engaging senior level champions for the role.

Change to the use and management of support workers also faced resistance from various occupational groups, most notably at the AP–nurse interface, the point at which support roles were at their most extended. However, this resistance was contingent on the rationale underpinning the use of APs. It was most intense where support roles were perceived as a substitute for nurses. In such circumstances, RNs were concerned about their accountability for unregistered support workers performing complex clinical tasks. Trust managers need to ensure that nurses fully comprehend their accountability for the support role and to check that nurses are appropriately delegating tasks to those in that role. Nurses were less threatened where there was an articulated service need for an extended support role. It is a finding that suggests trusts need to be more selective in their approach to the use of these roles.

Finally, support workers were revealed as deeply embedded in the distinctive institutional practices of their clinical area and ward. As unregistered workers beyond the standardising influence of a national regulatory system, their use and management was susceptible to ward-based needs and circumstances. Trust-wide initiatives faced difficulties in breaking through this 'mosaic' of ward practices, with 'institutional

entrepreneurs' emerging as important in effecting change. The 'heroic efforts' of such figures were complemented by more prosaic 'institutional work', reflected in partnership working between functional areas and an inclusive approach ensuring the legitimacy of change. Indeed, in the absence of partnership working, institutional change could easily become stalled or subverted. Managers from different functional areas within a trust need to align their values, goals and expectations in relation to support workers, and to co-operate in their attempts to improve the use and management of this key group of employees.

## Conclusion

The use and management of nurse support workers will remain a central concern of NHS policy-makers and practitioners in their search for more compassion and dignity in care. The timeliness of this study is reflected in policy developments related to support workers arising during the period of our research: the publication of a Code of Conduct and minimum training standards for support workers and recommendations on the recruitment and training of support workers made by the government-commissioned Cavendish Review. The current study will provide a useful resource in addressing these new challenges. It might also encourage researchers to explore, in greater depth, issues associated with the use and management of support workers, for example perceived nurse accountability for support workers; the nature of occupational resistance to nurse support roles; the development of a trust infrastructure more sensitive to developing support roles; and the scope for partnership working between trust functions in dealing with these roles.

## Funding

Funding for this study was provided by the Health Services and Delivery Research programme of the National Institute for Health Research.

# Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) ([www.publicationethics.org/](http://www.publicationethics.org/)).

Editorial contact: [nihredit@southampton.ac.uk](mailto:nihredit@southampton.ac.uk)

The full HS&DR archive is freely available to view online at [www.journalslibrary.nihr.ac.uk/hsdr](http://www.journalslibrary.nihr.ac.uk/hsdr). Print-on-demand copies can be purchased from the report pages of the NIHR Journals Library website: [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

## Criteria for inclusion in the *Health Services and Delivery Research* journal

Reports are published in *Health Services and Delivery Research* (HS&DR) if (1) they have resulted from work for the HS&DR programme or programmes which preceded the HS&DR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

## HS&DR programme

The Health Services and Delivery Research (HS&DR) programme, part of the National Institute for Health Research (NIHR), was established to fund a broad range of research. It combines the strengths and contributions of two previous NIHR research programmes: the Health Services Research (HSR) programme and the Service Delivery and Organisation (SDO) programme, which were merged in January 2012.

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services including costs and outcomes, as well as research on implementation. The programme will enhance the strategic focus on research that matters to the NHS and is keen to support ambitious evaluative research to improve health services.

For more information about the HS&DR programme please visit the website: [www.netscc.ac.uk/hsdr/](http://www.netscc.ac.uk/hsdr/)

## This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its proceeding programmes as project number 10/1008/17. The contractual start date was in April 2011. The final report began editorial review in July 2013 and was accepted for publication in November 2013. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

**© Queen's Printer and Controller of HMSO 2014. This work was produced by Kessler *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.**

Published by the NIHR Journals Library ([www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)), produced by Prepress Projects Ltd, Perth, Scotland ([www.prepress-projects.co.uk](http://www.prepress-projects.co.uk)).

## **Health Services and Delivery Research Editor-in-Chief**

**Professor Ray Fitzpatrick** Professor of Public Health and Primary Care, University of Oxford, UK

## **NIHR Journals Library Editor-in-Chief**

**Professor Tom Walley** Director, NIHR Evaluation, Trials and Studies and Director of the HTA Programme, UK

## **NIHR Journals Library Editors**

**Professor Ken Stein** Chair of HTA Editorial Board and Professor of Public Health, University of Exeter Medical School, UK

**Professor Andree Le May** Chair of NIHR Journals Library Editorial Group (EME, HS&DR, PGfAR, PHR journals)

**Dr Martin Ashton-Key** Consultant in Public Health Medicine/Consultant Advisor, NETSCC, UK

**Professor Matthias Beck** Chair in Public Sector Management and Subject Leader (Management Group), Queen's University Management School, Queen's University Belfast, UK

**Professor Aileen Clarke** Professor of Public Health and Health Services Research, Warwick Medical School, University of Warwick, UK

**Dr Tessa Crilly** Director, Crystal Blue Consulting Ltd, UK

**Dr Peter Davidson** Director of NETSCC, HTA, UK

**Ms Tara Lamont** Scientific Advisor, NETSCC, UK

**Professor Elaine McColl** Director, Newcastle Clinical Trials Unit, Institute of Health and Society, Newcastle University, UK

**Professor William McGuire** Professor of Child Health, Hull York Medical School, University of York, UK

**Professor Geoffrey Meads** Professor of Health Sciences Research, Faculty of Education, University of Winchester, UK

**Professor Jane Norman** Professor of Maternal and Fetal Health, University of Edinburgh, UK

**Professor John Powell** Consultant Clinical Adviser, National Institute for Health and Care Excellence (NICE), UK

**Professor James Raftery** Professor of Health Technology Assessment, Wessex Institute, Faculty of Medicine, University of Southampton, UK

**Dr Rob Riemsma** Reviews Manager, Kleijnen Systematic Reviews Ltd, UK

**Professor Helen Roberts** Professor of Child Health Research, University College London, UK

**Professor Helen Snooks** Professor of Health Services Research, Institute of Life Science, College of Medicine, Swansea University, UK

Please visit the website for a list of members of the NIHR Journals Library Board:  
[www.journalslibrary.nihr.ac.uk/about/editors](http://www.journalslibrary.nihr.ac.uk/about/editors)

**Editorial contact:** [nihredit@southampton.ac.uk](mailto:nihredit@southampton.ac.uk)