WORKFORCE RESEARCH PROGRAMME

THE ROLE, ORGANISATION AND MANAGEMENT OF SUPPORT STAFF IN SECONDARY CARE

Introduction

Under its Workforce Research Programme, the SDO is inviting proposals for up to three empirical studies that will undertake investigations into the role and impact of enhanced support staff roles and 'role redesign' in secondary care.

Workforce planning is a key aspect to the successful organisation and management of health and social care delivery in the NHS. In response to the need for a structured programme of research in this area, the SDO R&D Programme prioritised a series of investigations in this field which began with three scoping studies examining the impact of local labour factors on the organisation and delivery of health services (Elliott et al, 2004); the relationship between health services workforce and health outcomes (Hewitt et al, 2004); and an examination of skill mix in secondary care (Carr-Hill et al, 2004).

These reviews showed that a great deal of research had been carried out on the health care workforce over many years, but found that well conducted research with reliable conclusions was comparatively absent. In particular, it was concluded that research was required to evaluate the developing role and contribution of support staff on the efficiency of service delivery and patient care (Carr-Hill et al, 2004).

Background

Since the 'NHS Plan' (Department of Health, 2000) there has been greater policy recognition that 'role redesign' of the secondary care workforce is required to help the NHS achieve it optimum workforce capacity. One of the central strategies in this process, as set out in the NHS human resources strategy 'HR in the NHS Plan' (Department of Health, 2002), has been to ensure that all levels of the workforce are supported to acquire the skills that ultimately create systemic benefits through the appropriate delegation of roles and the substitution of tasks:

a policy known as the 'Skills Escalator' (Department of Health, 2000, 2001). By creating new roles, expanding existing ones, and sharing tasks 'up and down' the care pathway between clinical and non-clinical staff it is argued that the workforce should become more efficient, should reduce waste, should improve working lives, and also improve patient care (NHS Modernisation Agency, 2004, 2005). The process of 'role redesign' has also been underpinned by a move to a 'fair pay' system manifest in the policy of Agenda for Change (Department of Health, 2004).

The need for skill-mix changes in secondary care is supported by research reviews that, for example, reveal that much of the time of qualified nurses (in excess of 50%) has been spent on administrative, domestic or housekeeping duties rather than patient care (Jenkins-Clarke and Carr-Hill, 2002). Moreover, a systematic review of the international evidence strongly suggests that higher nurse staffing and a 'richer' skill mix in acute hospitals are associated with improved patient outcomes (Lankshear et al, 2005). In the context of the shortage of available nurses in the NHS, there is thus a clear need to improve the effectiveness of the nursing workforce – and that of allied health professionals - through forms of workforce reorganisation.

Whilst the scoping papers commissioned by the SDO revealed some anecdotal evidence for the impact of the introduction and extension of ward housekeepers on the nature of nursing workloads in hospitals, they concluded that there was little or no evidence on the effectiveness of the wider roles of support workers, health care assistants and ward housekeepers and their impact on patient care (see Carr-Hill et al, 2004). The review, therefore, called for an investigation into new workforce patterns to examine the use of these new and expanded roles for support staff to uncover how they may improve the effectiveness of the overall hospital workforce.

It has also been recognised that there is a need to develop appropriate infrastructures and learning opportunities to ensure that support staff are valued and integrated into the wider NHS workforce. Hence, the availability of career progression prospects that encourage staff development are recognised as a need, not least as a process to help with the current high turnover of staff (North East Yorkshire and North Lincolnshire Workforce Development Confederation, 2006).

Current call for proposals

To further understand the role and impact of enhanced support staff roles and 'role redesign' in secondary care, the SDO Programme wishes to invite proposals that aim to evaluate different aspects of the role, organisation and management of support staff in secondary care. Up to **three** projects will be chosen and applicants should note that **value for money** is an important consideration in respect of this research.

In our definition, support staff include those employed in the NHS who have no formal professional qualification and typically include 'hotel' service providers (such as domestics, porters and receptionists) to those with a specific nurse and/or clinical support role (such as health care assistants, ward housekeepers). Given that skills and competencies of the various support staff groups will vary, researchers will need to establish clear definitions of different groups and their roles.

Since there is little available evidence to understand the effective development and use of support staff in secondary care, how different models have impacted on staffing workloads and patterns; and how key outcomes such as workforce efficiency, waiting lists, cleanliness of hospitals, and the quality of patient care are affected by such changes are topics which could be included in the investigation. The primary objective of each piece of research, therefore, will be to assess the extent to which changes in workforce patterns and the roles of support staff can have a positive impact on such outcome measures.

Within this remit, the following questions should be considered in the design of a research project in this call:

- What are the key factors that enable and/or inhibit new support staff functions to flourish and develop in secondary care?

- How can the roles of support staff be integrated with that of the professional workforce in a way that best optimises patient care?

- What is the impact of enhanced support staff roles on the workloads of allied health professionals, nurses and doctors in secondary care?

- To what extent do the enhanced roles of support staff lead to more appropriate, cost-effective, and high quality care provision?

- How do different arrangements for the organisation and management of support services impact on service performance and delivery?

Methods

Applicants should provide a clear conceptual and theoretical grounding for this research and are encouraged to explore a variety of methods. Applicants should provide a full description of the study design and should demonstrate that they have a research team in place with the appropriate research skills.

Outputs

The principal output of research projects funded through this call will be a report containing details of the research and its findings. This report will need to include:

- A short and coherent executive summary of no more than three pages;
- A full account of the methods used in the research project, including a critical appraisal of these methods;
- Rigorous and detailed conclusions that evaluate the role and contribution of support staff for the effective organisation and delivery of secondary care services, including an analysis of 'best practice' in this process;
- A commentary that indicates how these findings relate to current policy and practice in workforce planning, and the key lessons to be learned; and
- An agenda that establishes the key areas for further research and the appropriate methods that should be used in this research.

Successful applicants may also be required to present their completed work to the SDO Programme and its relevant stakeholders at various times. A report on the interim results of this study will also be required to be delivered in-project.

References

Carr-Hill R, Currie L, Dixon P (2004) Skill mix in secondary care: SDO 'scoping' exercise. Centre for Health Economics, University of York

Department of Health (2000) The NHS Plan. A plan for investment. A Plan for reform. The Stationery Office, London

Department of Health (2001) Working together, being together. The Stationery Office, London

Department of Health (2002) HR in the NHS Plan: more staff working differently. Department of Health, London

Department of Health (2004) Agenda for Change: Final agreement. Agenda for Change Project Team, Leeds

Elliott R, Scott A, Skatun D, Farrar S, Napper M (2004) The impact of local labour market factors on the organisation and delivery of health services. Final report for the NHS SDO R&D Programme. HERU, University of Aberdeen.

Hewitt C, Lankshear A, Maynard A, Sheldon T, Smith K (2004) Health service workforce and health outcomes: a scoping study. Department of Health Sciences, University of York.

Jenkins-Clarke S and Carr-Hill R (2002) Improving the effectiveness of the nursing workforce, *Nursing Research*

Lankshear A, Sheldon T, Maynard A (2005) Nurse staffing and health care outcomes: a systematic review of the international evidence, *Adv Nurs Sci,* April-June 28 (2): 163-174

NHS Modernisation Agency (2004) *Changing workforce programme. Role redesign: review of activities 2003/4,* NHS Modernisation Agency, London

NHS Modernisation Agency (2005) *Changing workforce programme. Developing support worker roles in rehabilitation and intermediate care services,* NHS Modernisation Agency, London

North East Yorkshire and North Lincolnshire Workforce Development Confederation (2006), Workforce Development: New Ways of Working, www.neynlwdc.nhs.uk/WorkforceDevelopment/NewWaysOfWorking/index.htm

Application process and schedule

Up to three projects will be commissioned. The process of commissioning will be in **one stage** and applicants should submit **full proposals**.

Applicants must submit proposals using the **A4 Full Proposal application form,** which is available as a Word 97 file or Rich text format from:

- the SDO website: http://www.sdo.lshtm.ac.uk/calls.htm, or
- by e-mail from: **Donna.Cox@LSHTM.ac.uk**

Please do not use any previously obtained version of an SDO Programme application form.

To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to **Donna.Cox@LSHTM.ac.uk** with the words **'OP124. query'** in the subject/header.

Questions received by **Wednesday 21 June 2006** will have generic answers posted on the SDO website (**www.sdo.LSHTM.ac.uk**) by **Wednesday 28 June 2006.**

No other correspondence about this research call can be entered into.

Applicants are asked to submit proposals by **Wednesday 26 July 2006, at 1.00 pm to:**

Donna Cox
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

AN ORIGINAL PLUS TWENTY HARD COPIES of the completed **A4 Full Proposal application form** should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Full Proposal application form** can be found at the front of the application form.

Funding within a budget of **£800,000** is available for awarding **up to three** projects within an envelope of **£150,000 to £400,000** for each project. **Applicants should note that value for money is an important consideration in respect of this research.** Proposed costs of the project should not exceed the limits stated above. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

Following submission of **full** proposals successful applicants will be notified no later than **October 2006.** Projects should take from **18 months** to no longer than **three years** to complete and start no later than **December 2006.** Please note that these dates are approximate and may be subject to change.

The SDO Programme will look favourably on proposals that include an element of research capacity building**.**

Please clearly label the outside of the envelope in which you submit your proposal with the following: **'Tender Documents – OP124'**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the 'Call for Proposals' page.

Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required

(information regarding this can be found on the SDO website under the 'Calls for Proposals' page).

Successful candidates will be expected to attend at least one meeting with the SDO Programme at their Central London offices during the project lifetime and as such should ensure that travel costs are appropriately costed within the proposed budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: http://www.sdo.lshtm.ac.uk to familiarise themselves with the work of the SDO Programme and its workforce research programme.