Research Brief (10/1012)
Call for proposals: Expedited evidence synthesis to support decision-making by managers and leaders in the NHS.

1. Introduction

This call seeks proposals for several evidence syntheses for the NIHR service delivery and organisation (SDO) research programme. It focuses on five topics. Applicants bidding for more than one of the topics should indicate how they would ensure timely delivery to high quality standards.

Projects will cost between £50,000 and £80,000 and to take from six to nine months. This is a one-stage assessment process.

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from WORD in Wales. The NIHR SDO programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and

- Building research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for SDO commissioned research is decision makers in the NHS in England and Wales – particularly managers and leaders in NHS organisations. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of healthcare to patients.

Further information on the NIHR SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: www.sdo.nihr.ac.uk

2. Background to this call

NHS managers often need relevant evidence to support their decision making to be provided within shorter timescales than those of most research projects. In response the NIHR SDO programme has striven to anticipate future evidence needs and/or those which will be sustained over time. This call aims to respond to the need for timely evidence to support decision makers by commissioning a number of evidence syntheses. .

Even when specific evidence needs of the NHS management and leadership community are identified, the existing state of knowledge is often not well mapped. The domain of health services organisation and delivery extends across a range of disciplines, sectors and settings and countries. It is sometimes unclear whether new primary research is needed, and if so, what. Accordingly, the SDO programme plans to make more routine use of evidence syntheses to scope areas and to identify more specific research issues before primary research of demonstrable utility for management practice is commissioned.

This call for evidence synthesis has three main purposes:

- To respond to the research needs of NHS decision-makers by commissioning rapid evidence syntheses

- To produce short research reports based on those evidence syntheses which will be easily accessible to research users in the NHS management with findings which are relevant and useful.

- To identify gaps in research knowledge of importance to the NHS management community to enable the programme to better target future research commissioning, particularly within its priority areas workstream

Following consultation with SDO stakeholders the five topics on which we wish to commission evidence synthesis are listed in section 3 below. There may be synergies between some of the topics and the SDO programme will welcome multiple applications (where the same research team submits separate proposals to undertake different syntheses from the list below). We will not consider combined applications (where a research team submits individual proposals to undertake more than one of the syntheses listed below). Proposals are likely to cost between £50,000 and £80,000 and the programme envisages that most projects should produce their report between six and nine months of the start date.

In this call, we are seeking proposals to undertake one or more of the evidence syntheses described in section 3. Applicants should bear in mind that the NIHR SDO programme plans to call for applications from teams able to deliver a number of evidence syntheses.

3. Remit of this call: areas for evidence synthesis

This call for proposals is specifically for evidence syntheses in the subjects listed below. Other than falling within the remit of the programme, the other unifying theme is their relevance to NHS managers.

3.1. The effective use of intermediate, step-down, hospital at home and other forms of community care as a replacement for acute inpatient care

3.2. The relationship between research engagement and performance at a clinician, team, service and organisational level in healthcare organisations

3.3. The relationship between NHS board performance and wider organisational performance and effectiveness, and approaches to board assessment, diagnostics and development

3.4. The occurrence, causes, consequences and prevention of inappropriate behaviours in healthcare organisation involving bullying or harassment

3.5. The raising of and dealing with serious concerns about organisational or clinical issues – the management, investigation and resolution of concerns within healthcare organisations.

3.1 The effective use of intermediate, step-down, hospital at home and other forms of community care as a replacement for acute inpatient care

The NHS has focussed on providing care closer to home with a range of initiatives to reduce acute length of stay and offer acute or sub-acute care in the community (1). The long term reductions in both length of stay and in the numbers of acute care beds in hospitals are both in part a product of and a driver for these changes.

There are indications that there is scope to reduce further length of stay and costs in acute care. A study in 2007 (2) concluded shifting care from hospitals to the community is a plausible strategy for improving patient access to specialist care but risks reducing quality and increasing cost. Good evidence-based implementation strategies may help to realize the benefits of shifting care while minimizing the risks. This may be by providing services in other settings (such as an intermediate care facility, nursing home, or the patient's own home) and so avoid hospital admission or permit earlier discharge

An evidence synthesis is needed which would produce a clear conceptual framework for understanding a variety of such schemes (hospital at home, virtual wards, step-down or sub-acute care, intermediate care, etc). In terms of the underlying model of interventions and the replacement/displacement of care involved and the intended consequences, such a framework would include a summary of the available evidence on their clinical and cost-effectiveness, and would explore the evidence on how best to implement such schemes in the NHS.

There is currently a project being carried out evaluating models of care closer to home for children and young people who are ill (3).

3.2 The relationship between research engagement and performance at a clinician, team, service and organisational level in healthcare organisations

The increasing investment in NHS R&D over recent years has focused attention on how NIHR measures or understands the impact of its investment in health research. One important question concerns whether engagement in research has wider benefits for health services performance – at a clinician, team, service or organisational level. For example, healthcare organisations involved in research may be more aware of new developments/techniques and more likely to adopt them. Engagement in research may produce a more questioning and open culture in which performance improves.

In a different but related domain, the *Enhancing Engagement in Medical Leadership* project, led by the NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, has explored the link between medical engagement and organisational performance (4) and has found that correlation between medical engagement and service improvement is clear. Enhancing medical engagement is a cultural issue for organisations and needs constant support and reinforcement. NHS organisations need the tools to not only measure how well they engage doctors but also need strategies to improve in this area. The methods need to be at the core of an organisation's culture, but have a very personal interface (5)

An evidence synthesis is needed which maps and explores the likely or plausible mechanisms through which research engagement might bear on wider performance at clinician, team, service or organisational level. It should review the relevant research literature (not restricted to either the UK NHS or to healthcare settings) to see what empirical support exists to for any theoretical mechanisms. A theoretically and empirically grounded assessment of the relationships, if any, between research engagement and performance should explore issues of causation.

3.3 The relationship between NHS board performance and wider organisational performance and effectiveness, and approaches to board assessment, diagnostics and development

Most NHS organisations are governed by an integrated board, made up of executive directors (including the chief executive), non-executive directors and a non-executive chair. The non-executive members of the board are appointed by the NHS Appointments Commission. NHS foundation trusts have a similar integrated board structure, though non-executive members of the board are appointed by the larger board of governors, which is in turn elected by the foundation trust's membership. NHS board performance is often scrutinised when problems of poor organisational performance or failure are uncovered, or when dysfunctional board relationships lead to senior leaders leaving or being removed and replaced. While actions like these may be necessary to prevent similar problems recurring, they are certainly not sufficient in themselves to secure a meaningful and sustainable turnaround in organisational performance (6). The NHS Institute has an extensive programme of development work aimed at building board capacity, and has produced a board development tool for assessing board performance.

There is a well established literature on board processes/dynamics, and research in the public, private and third sector on boards and their effectiveness in influencing organisational performance. In 2005 a paper examining the literature on building a framework for developing effective NHS boards was produced (7). The NHS confederation has also investigated effective boards in the NHS and concluded that a culture that enables board business to be conducted in a sharper and more focused manner is required (8).

An evidence synthesis is needed which would explore and summarise this large and rather diffuse literature and the smaller literature which is specific to healthcare organisations/the NHS. Its purpose would be to provide a stronger theoretical and empirical framework for the assessment of board performance, for diagnosis and intervention in situations where boards perform poorly or encounter problems/dysfunction, and for board development and capacity building. The evidence synthesis can also inform future decisions regarding new forms of integrated boards with memberships drawn from across the NHS, local authorities and community agencies.

3.4 The occurrence, causes, consequences and prevention of inappropriate behaviours in healthcare organisation involving bullying or harassment

Cases of inappropriate behaviours in healthcare organisations involving what might be termed bullying or harassment occur from time to time, and sometimes come to light in the context of wider organisational problems, failures or dysfunction through investigations or inquiries. NHS Employers provides guidance for NHS organisations and a model policy on bullying and harassment. The 2009 National Staff Survey provided some data on the prevalence of such inappropriate behaviours and their consequences. Around 2% of all staff said they had experienced physical violence from other staff. Of these one in six (17%) had experienced bullying, harassment or abuse from either their line manager or other colleagues (9). Some cases have received widespread media attention, particularly when those involved have been senior clinicians or managers, or when cases have been brought through the courts or raised by trade unions to seek recompense.

A report by McKee (9) investigated how organisational cultural dimensions and staff perceptions of staff well-being and patient safety affect patient care and what improvements are needed to create safer and satisfying workplaces. The report concluded that more integrated thinking is needed around staff well-being and strategies need to be explicit and coherent.

An evidence synthesis is needed which would explore how organisations (not limited to either the NHS/public sector or the UK) deal with problems of inappropriate behaviour, bullying and harassment. Research on the occurrence, causes and consequences of such behaviours should be summarised, and evidence on the effective use and implementation of prevention and management strategies should be synthesised.

3.5 Raising and dealing with serious concerns about organisational or clinical issues – the management, investigation and resolution of concerns within healthcare organisations

One route by which serious organisational performance problems or failures are often first identified is through an individual or individuals within the organisation raising their concerns. This may be done internally or externally or both. Raising concerns in this way can be difficult, especially for less senior and experienced staff, and there is substantial evidence that some people who raise serious concerns can subsequently be disadvantaged by the organisation. Since 1998, "whistleblowers" in NHS organisations have enjoyed statutory legislative protection under the Public Interest Disclosure Act 1998, and NHS organisations should have written policies on whistleblowing. The impact of this legislation in practice on changing organisational attitudes and behaviour is unknown. In some serious recent cases of poor performance, it appears that individuals involved felt unable to raise their concerns either internally or externally; although the 2009 National Staff Survey showed that the majority of staff (81%, compared with 82% in 2008) report they would know how to raise a concern about negligence or wrongdoing by staff, and two-thirds (64%, compared with 66% in 2008) say that there is a system to report their concerns confidentially (9).

Recent SDO projects consider the nature of changing management cultures in the NHS (5). A recent publication in the BMJ found the content of many policies was overly cautious and negative with regards to whistleblowing after reviewing documents from 118 trusts (10).

An evidence synthesis is needed which would explore how organisations (not limited to either the NHS/public sector or the UK) deal with serious concerns raised by individuals, and which would in particular focus on identifying and describing effective organisational systems and strategies for enabling and facilitating the raising of concerns, ensuring that they are investigated and analysed in a timely fashion, and supporting and protecting the interests and positions of those individuals who raise such concerns.

4. Criteria and process for proposal selection

The NIHR SDO programme is seeking full proposals in the areas outlined in section 3 above. Outlined below is the general criteria and process which will be used to select successful proposals, with some particular notes relevant to evidence synthesis.

Applications will be checked for eligibility against the general remit of the programme and the specific remit of this call, and will then be reviewed by members of the Programme Executive Group which takes direct responsibility for the commissioning of evidence syntheses in the NIHR SDO programme. The three main criteria which will be used in assessing the applications are:

- Adherence to the advertised commissioning brief.
- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.

- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved.

Adherence to the advertised commissioning brief

Because the NIHR SDO programme has already identified these topic areas as important, proposals do not need to make that case de novo. However, we will want to see evidence in proposals that the applicants understand and are fully familiar with the content area in which we are seeking evidence synthesis, and recognise the reasons for its relevance and importance to the NHS. In other words, proposals should demonstrate that they already have an established content expertise in the area, and will therefore be well placed to undertake an evidence synthesis, and that they understand the research/evidence needs of the intended audience among NHS managers and leaders, and will be well placed to present the findings from the synthesis in terms which this audience will find relevant and useful.

Scientific rigour and quality of the proposed research, and the expertise and track record of the research team

We do not prescribe a particular methodological approach to evidence synthesis, but wish to see evidence in proposals of a robust, methodologically transparent and defensible approach to synthesis and strong expertise in/understanding of a wide range of methods of synthesis relevant to social and biomedical sciences. The conventional methods prescribed and used in a Cochrane systematic review are likely to be too narrowly focused on one sort of evidence (empirical evidence from experimental, quantitative research) and on one sort of question (concerning the effectiveness of interventions) to meet our needs. Other approaches such as realist or theory-driven synthesis, meta-ethnography, narrative synthesis or meta-narrative synthesis, etc may be needed (11). For these reasons, proposals should contain a clear, comprehensive and well justified explanation of the proposed methodological approach, and should not simply state that a particular, named methodology will be used.

Applicants may wish to review examples of evidence syntheses which the NIHR SDO programme has commissioned and published in the past. Three such projects are:

- 08/1609/138: Continuity of care 2006: what have we learned since 2000 and what are policy imperatives now? Available at http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1609-138
- 08/1201/038: Systematic review of the literature on diffusion, spread and sustainability of innovations in health service delivery and organisation. Available at http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1201-038
- 08/1501/94: Changing cultures, relationships and performance in local health care economies. Available at http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1501-94

Value for money

Value for money will be scrutinised and all costs must be justified. Applicants should be as realistic as possible when costing their proposals.

Other issues

Applicants should note that as evidence syntheses, we do not anticipate that projects commissioned through this call will require NHS research ethics or research governance

approval, though it is of course the responsibility of applicants and investigators to confirm that where necessary with the NHS Research Ethics Service.

We would encourage applicants to make provision in their proposals to consult relevant stakeholders in the research/academic and NHS management and leadership communities on their findings, through workshops, seminars or other mechanisms including seeking comments and views on their reports during drafting.

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from WORD in Wales. Researchers in England and Wales are eligible to apply for funding under this call. Researchers in Scotland and Northern Ireland should contact their Health Department Research and Development Office and Health and Social Care Research & Development, Public Health Agency respectively if they wish to discuss funding opportunities for this type of research.

5. General guidance for applicants

NB: This is general guidance and not all the sections will apply to the specific call

Our main concern is to commission research which is well-designed, will be effectively carried out by the research team, and will provide findings that meet the needs of the NIHR SDO programme and the NHS management and leadership community it serves. In order to achieve this, we encourage applicants to take the following points into account:

- **Theoretical framing and empirical methods.** Issues should be addressed in a way likely to lead to the wide applicability of findings. Applicants should clearly demonstrate links between theoretical and empirical work. Evidence syntheses should cover, where relevant both quantitative and qualitative studies and, where appropriate grey literature. Critical appraisals of the methodologies used in data capture should part of the synthesis.

- **Research team makeup and expertise**. Applicants need to show that they will commit appropriate time and effort to the project. The principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal and who will take responsibility for its implementation, including the incorporation of relevant multi-disciplinary contributions. The NIHR SDO programme encourages inclusion of an element of research capacity-building.

- **Public involvement**. It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users, carers, minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

- **Research governance**. Applicants should ensure that their proposal complies with the Research Governance Framework.

- **Costs and value for money.** Project costs will be carefully scrutinised and must always be well justified. NIHR programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for

equipment over £50,000 – 100%). For non-HEI institutions, NIHR may fund 100% of costs. However, the NIHR SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

6. Dissemination and knowledge mobilisation

Applicants should be able to demonstrate that findings are sustainable by outlining their research plans. Applicants should make clear how findings will be communicated, particularly to service audiences.

Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications. The proposed work should be designed and delivered in a way that is helpful to NHS decision makers. Projects will be expected to deliver interim reports on progress and provisional findings.

Applicants will be expected to deliver a full report detailing all the work undertaken and supporting technical appendices (up to a maximum 50,000 words), an abstract and an executive summary (500 words).

7. Application process and timetable

Any questions, queries or requests for clarification in relation to this call for proposals should be sent by email to sdofund@southampton.ac.uk with the reference number and title of the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, these should be received at least two weeks before the call closing date.

The process of commissioning will be in **one stage** and applicants should submit **full proposals** via the SDO website by **1pm** on **16 September 2010.** No late proposals will be considered. No paper-based submissions will be considered.

Applicants will be notified of the outcome of their full proposal application in January 2011. Please note that these dates may be subject to change.

Reference List

(1) Department of Health (2008). *Delivering care closer to home: meeting the challenge*. London, Department of Health.

(2) Sibbald, B. McDonald, R. Roland, M (2007). Shifting care from hospitals to the community: a review of the evidence on quality and efficiency. *J Health Serv Res Policy* 12 p110-7.

(3) Parker, G. Atkin, K. Birks, Y. et al (2010). *Evaluating models of care closer to home for children and young people who are ill.* Available at http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1704-151.

(4) NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2008). *Engaging doctors: can doctors influence organisational performance?* University of Warwick, NHS Institute for Innovation and Improvement.

(5) Mannion, R. Davies, H. Harrison, S (2010). *Changing management cultures and organisational performance in the NHS (OC2).* Available at http://www.sdo.nihr.ac.uk/files/project/94-final-report.pdf.

(6) Walshe, K. Harvey, G, Hyde, P. et al (2004). Organisational failure and turnaround: lessons for public services from the for-profit sector. *Public Money and Management.* 24 p201-208.

(7) Chambers, N. & Higgins, J (2005). *Building a framework for developing effective NHS boards.* University of Manchester, Centre for Public Policy and Management.

(8) NHS Confederation (2005). *Effective boards in the NHS? A study of their behaviour and culture*. London, NHS Confederation.

(9) Mckee, L. West, R. Flin, A. et al (2010). *Understanding the dynamics of organisational culture change: creating safe places for patients and staff.* Available at http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1501-092.

(10) O'Dowd, A. Hayes, J. Cohen, D (2010). *Whistle while you work: an analysis of NHS foundation trust policies. BMJ* 340. Available at http://www.bmj.com/cgi/content/full/340/may18_2/c2350.

(11) NICE (2006). *Moving beyond effectiveness in evidence synthesis - Methodological issues in the synthesis of diverse sources of evidence.* London, NICE.