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Developing a high performance support workforce in acute healthcare: innovation, evaluation and engagement

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AIMS AND OBJECTIVES

This project has been funded by the NIHR SDO as part of a responsive workstream which provides continuation funding to two previous SDO funded projects: a University of Oxford study led by the Chief Investigator, Dr Ian Kessler, (Study Title: Strategic approaches to support workers in the NHS: A shared interest; NIHR SDO Reference: 08/1619/155; REC Reference: 07/Q1606/58) on the role of support workers at Agenda for Change pay bands 2 and 3; and a University of York study led by one of the current project's co-applicants, Dr Karen Spilsbury, (Study Title: Evaluation of the development and impact of assistant practitioners supporting the work of ward-based registered nurses in acute NHS Trusts in England; NIHR SDO Reference: 08/1619/159; REC Reference: 07/MRE04/20) on assistant practitioners at pay band 4.

In combining the findings and the research teams from these studies an exciting and unique opportunity is provided to identify and explore further ways in which the full range of support worker roles can be more efficiently and effectively designed, used, and managed by acute trusts. This follow-up work is particularly timely as the National Health Service (NHS) enters a period of financial constraint. The upcoming period of constraint is likely to encourage an increasing focus on support worker roles as a means of addressing pressure on the cost and quality of healthcare provision.

The initial Oxford and York studies provided a firm foundation for an understanding of support roles in acute healthcare. This project takes the work forward in an integrated, focused and engaged way, so ensuring that the full potential of our earlier research is realised in terms of contributing to improved policy, practice and stakeholder engagement.

The project objectives:

- **Primary objective**. To identify and facilitate the development of innovative and sustainable management and working practice as it relates to support worker roles in an acute healthcare setting.
- **Secondary objectives**.
    1. To evaluate various acute trust policies and practices designed to improve the efficiency and effectiveness of stakeholder interaction with support worker roles.
    2. To secure the engagement of various stakeholders in sharing knowledge, practice and learning on support worker roles.

Three sets of research questions, which derive from these objectives, structure the research:

1. **Innovation**: What form has sustainable innovative practice in the design, organisation and management of support worker roles taken? Where is this innovative practice to be found within and between trusts? What explains its emergence?
2. **Evaluation**: How efficient and effective are selective management practices in improving stakeholder interaction with support worker roles?
3. **Engagement**: How might stakeholder expectations, knowledge and experience contribute to the design, development and management of the support workforce? How might this information be used to develop tools which enable these stakeholders to engage more efficiently and effectively with these roles?

BACKGROUND

Policy context

Support worker roles, typically working alongside in support of the registered nurse, have been a longstanding feature of the workforce in secondary healthcare (Hardie & Hockey, 1978; Stokes &

Warden, 2004). Over recent years they have assumed increasing importance in the delivery of acute care. The last twenty years or so have seen a recalibration of nursing and clinical tasks and responsibilities, with more flexible working practices being promoted through role extension, expansion and redesign (Buchan & Calman, 2004). Registered nurses have adopted new, more specialist roles (Royal College of Nursing (RCN), 2005) and become more focused on administrative activities revolving around the target-based performance management regime in the health service. This has created 'gaps' in direct care delivery to patients at the bedside and a much broader work space within which support workers have been able to develop and undertake nursing duties. The result has been an increasing emphasis on the value of support roles in the delivery of nursing care by policy makers, managers and practitioners.

This increased emphasis has been reflected in a number of developments. First, support workers have been seen as the vehicle for the pursuit of a variety of policy objectives: as a relief taking on 'routine' tasks delegated by nurses; as a substitute for registered staff in the context of skill mix reviews; as a future potential supply of qualified practitioners; and as a source of distinctive capabilities in the provision of quality healthcare (Department of Health (DH), 2002; 2009). Second, the number of support workers has grown over the last decade, with acute healthcare constituting the main setting for their employment. In 2008 there were some 284,000 full time equivalent workers 'supporting clinical staff', a 29% rise since 1998. Third, there has been an ongoing search for new and more innovative forms of work organisation typically linked to the search for flexible service delivery, with major implications for the distribution of tasks across the nursing workforce. Fourth, there have been attempts to develop a new assistant practitioner role working at the registered nurse interface, and more firmly rooted in accredited qualifications.

Most recently these developments have been framed by Agenda for Change. The 2004 Department of Health-union agreement established a new pay and grading structure, underpinned by systems designed to facilitate new and more flexible ways of working. As the preface to Agenda for Change states (DH, 2004a:2):

> 'The signatories to this agreement will accordingly work together to meet the reasonable aspirations of all the parties to…assist new ways of working which best deliver the range and quality of services required, in as efficient and effective a way as possible, and organised to meet the needs of patients.'

Agenda for Change placed the old healthcare assistant grades A & B at pay bands 2 & 3 and established a new assistant practitioner role at band 4. Support workers at these levels share an increasingly important role in the provision of direct nursing care to patients, while currently remaining unregulated. The healthcare assistant role is defined by the Nursing and Midwifery Council (NMC, 2006) as:

> 'As those who provide a direct service – that is they have a direct influence/effect on care and treatment to patients and members of the public and are supervised by and/or undertake healthcare duties delegated to them by NMC registrants.'

Despite the range of developments and aspirations centred on support workers, there has been ongoing debate amongst policy makers and practitioners about the nature and consequences of these roles. Only a couple of years ago a House of Commons Select Committee Report (2007: para.222) reiterated the value of support workers:

> 'Rather than training all staff from scratch, more opportunities are required for groups such as healthcare assistants to upgrade their skills and take on more challenging responsibilities.'

At the same time, this report highlighted the need for workforce development at pay band 4 given the skewed distribution of the current NHS workforce across levels. Similarly the recently published report from a Commission on the Future of Nursing and Midwifery (2010) stressed 'The need for

clarity on the roles and functions of nursing and maternity support workers'. These debates on support worker roles have assumed their sharpest and most intense form in the search for a balance between flexibility and service quality. As an unregulated role with low barriers to entry, the support worker remains an affordable and readily accessible supply of labour for hospitals, but at the cost of residual concerns about patient safety, concerns given added weight by high profile cases of care failure linked to the organisation of the nursing workforce (DH, 2004b; NMC, 2006; Saks & Allsop, 2007; Francis, 2010).

The pursuit of clarity in the structure and contribution of support worker roles at pay bands 2 to 4, as well as attempts to improve the management of these roles, are likely to become pressing issues in the upcoming period of public expenditure constraint. Skill and grade mix issues, along with a broader consideration of work roles and ways of working in the NHS will become increasingly central to the efficient and effective delivery of acute healthcare. As the Health Service Journal reported, a number of hospitals are 'planning to replace nurses with lower paid assistants to cut costs' (Gainsbury, 2009), a development likely to result in trusts reviewing the structure of their nursing workforces. These expenditure pressures might be seen to combine with those generated by the shift to an all graduate nursing profession by 2013, also encouraging some trusts to consider replacing registered nurses with a broader range of support worker roles and, in particular, to review the potential role of the assistant practitioner.

Literature

The evidence base on support worker roles in nursing has been slow to develop, particularly relative to research on the development of nurse roles, and remained somewhat limited in scale. Nonetheless this research has established a demographic profile of healthcare assistants (Unison, 2008) and explored the contours and nature of support worker roles (Spilsbury, 2004; Spilsbury & Meyer, 2004), often stressing the tacit and under-rewarded nature of the skills provided by such workers (Thornley, 1996, 2000, 2002). In exploring the impact of the support workforce attention in large part has focused on the consequences for registered nurses: whether nurses valued the roles; how they use them; and how they respond to challenges to their professional status (Dingwall, 1977; Reeve, 1994; McLaughlin et al, 2000; Doherty, 2007; Bach et al, 2008). The consequences of support roles for other stakeholders, including the support workers themselves, has received less attention. There have been attempts to explore job satisfaction (Knibb et al, 2006; Unison, 2008), and how support workers perceive their role (Workman, 1996). However there has been limited consideration of the quality of support workers' work, their general well-being and their opportunities for career development. Most striking has been the absence of any significant attempt to assess how patients view and engage with these support roles.

The Oxford (Kessler et al, 2010) and York (Spilsbury et al, 2010) studies built upon this existing evidence base. Using a range of qualitative and quantitative research techniques and involving a wide range of stakeholders – support workers, registered nurses, patients and managers – these studies have developed a more comprehensive and theoretically informed picture of the nature and consequences of support roles. Both studies provided some support for the assumptions underpinning public policy goals: support workers were found to be making a distinctive contribution to healthcare; they often had aspirations to develop in the role and to become registered nurses; they had become the main provider of direct bedside care, allowing registered nurses to move on to perform more technical tasks. At the same time, the studies highlighted some of the limitations and difficulties faced by trust managers in addressing the support workforce:

- there were few signs that trusts had considered these roles in a strategic manner;
- any change in the structure of nursing teams was often ad hoc and opportunistic, and typically within the context of cost saving skill mix reviews; and

- management systems and practices related to workforce planning, performance review, reward and training often only provided weak support for the development of support roles leading to frustration and concern amongst frontline managers, support workers themselves and patients.

Grounded in the need for further research on support roles in the acute health sector in the context of the public policy developments outlined above and broader theoretical/analytical models of work organisation set out in the methods section below, the proposed project combines the findings as well as the knowledge and expertise of the researchers from the Oxford and York studies. In bringing the research data and teams together, this project is uniquely placed to identify and pursue follow-on areas of work. The project will focus on three such areas. The first will concentrate on sustainable **innovative** practice in the design, development and management of support roles: What form does it take? Where can it be found? What explains it? The second will seek to **evaluate** selective practices designed to improve the efficiency and effectiveness of stakeholder interaction with support roles: by exploring the 'before' and 'after' effects of such practices, can their value in these terms be established? The third will seek to **engage** those actors with a stake in support roles: can stakeholder expectations, experiences and knowledge of such roles be shared with a view to developing systems and tools which might more effectively support their design, development and management?

NEED

The completed Oxford and York studies revealed a number of needs to be addressed in follow-on research. This section sets out these needs and how this project will address them.

(1) The need for a continued focus on the nursing support workforce

The Oxford and York studies highlighted the growing importance of the support workforce to nursing care delivery. As registered nurse roles become more specialised and technically complex, and as nurse time is diverted from fundamental care at the patient bedside, support workers will have an increasing contribution to make to this aspect of patient care. Moreover, as the financial pressures on acute trusts increase in the coming years, so support roles are likely to assume even greater significance. Trusts seeking to manage costs will inevitably focus on the structure of their nursing workforce and review skill mix, seeking to explore whether and how nursing tasks and responsibilities might be re-distributed, particularly to those in the lower cost, non-registered support worker roles in Agenda for Change pay bands 2 to 4. In identifying and sharing sustainable innovative practice in the design, development and management of support roles, and in producing a tool-kit and guidance on such roles, the project will help trust managers meet the challenge of using their support workforce more efficiently and effectively, particularly within the context of upcoming financial pressures.

(2) The need for an integrated study

It was clear from the Oxford and York studies that management practice needed to be sensitive to the close relationship between support roles at pay bands 2 to 4 and perhaps beyond. For example, career development, workforce planning and ways of working all require an integrated approach to the support workforce. For instance, if pay band 4 roles are to be successfully developed there needs to be careful consideration of tasks and responsibilities of, and the relationship of the role to, support staff at pay bands 2 and 3 and with registered nurses (band 5). Similarly if pay band 2 support workers are being trained to perform high level roles at pay bands 3 & 4, some care is needed in ensuring that such roles are available to the newly trained and expectant support worker. In exploring support roles across the different pay bands, in particular, examining sustainable innovative practice and drawing upon stakeholder knowledge, the proposed project will be able to

highlight and help trusts to develop more integrated approaches to the management of support workers across pay bands.

(3) The need to address organisational challenges in managing support worker roles

Findings from the two previous studies suggested that while the support workforce was crucial to improved productivity, service delivery and the patient care experience in acute trusts, major organisational difficulties and weaknesses remained in managing this cadre of employees. Support workers were revealed to be the main direct care providers and able to bring distinctive capabilities to bear on the provision of healthcare, in so doing significantly contributing to productivity and to the quality care agenda. For example, support workers emerged as better able to deal with certain difficult patients than nurses, while patients often found it easier to engage with them, not least a consequence of the fact that they were highly visible and more likely to be present at the bedside. Yet, these studies also identified the significant challenges facing management at trust, divisional and ward levels in planning, acquiring, designing and using support roles.

There were instances of innovative practice, for instance, the development of new support roles such as the 'Emergency Department Technician' role in some trusts and the establishment of assistant practitioner roles delivering nursing and therapies to patients in rehabilitation settings. However, in general, the management of support staff was proving problematic, casting doubt on whether trusts were using these roles to their full potential. Thus, there were few attempts by senior management to relate the use of the support workforce to the pursuit of broader corporate objectives:

- the concentration of support workers in pay band 2 posts was indicative of attempts to use the role exclusively as a means of minimising labour costs;
- the alignment between pay band, qualification (for example NVQ or foundation degree) and tasks performed was revealed as highly distorted;
- practices for inducting, training, involving and performance managing support workers were uneven between trusts;
- the number of assistant practitioners to be found on any given ward was extremely small; and
- systems for planning the support workforce and for clarifying the distribution and delegation of tasks within the trusts' nursing workforce often remained weakly developed.

Our previous research suggested that the management community recognised shortcomings and problems in dealing with the support workforce, generating an expressed need for assistance in developing support roles. This acknowledged need in part reflected the fact that trusts were seeking to develop new and innovative roles, particularly at pay band 4. It was also related to the fact that the support workforce at pay bands 2 to 4 remained unregulated, creating an institutional and procedural vacuum on the management of these workers. Regulation typically establishes a clear framework for the training, development and general management of an occupation; this was missing in the case of support workers. In the absence of such a regulatory framework trust managers recognised the need for direction and guidance in dealing with support roles and those who filled them.

A core purpose of this project is to help trust managers address the challenges and opportunities associated with managing the support workforce. The development of guidance and a tool-kit, along with data on sustainable innovative practices are specifically designed to meet these management needs.

(4) The need to address certain residual knowledge deficits

Our previous research identified a number of knowledge deficits. First, there remained a lack of information on the distribution and nature of innovative practice on the structure, planning, development and management of the support workforce. Moreover, the Oxford and York studies mainly concentrated on support roles in general medical and surgical wards, leaving open the opportunity to explore innovative practice in other clinical areas. Second, there was only a weak evidence base on the efficiency and effectiveness of select management practices and ways of working as they relate to the support workforce. Third, there was a marked absence of co-produced knowledge on the management and development of support roles, in others words, knowledge which drew on the insight and perspective of different actors with a stake in the support worker role – post holders, managers, registered professionals and patients/relatives/carers. This absence of co-produced knowledge was in turn related to the paucity of opportunities which allowed for and facilitated interaction related to support roles between and within stakeholder groups. These deficits directly relate to the three streams of work on innovation, evaluation and engagement.

In short, the completed Oxford and York studies suggest that there are significant service and healthcare gains to be made from the more efficient and effective design, use and management of the support workforce, but remaining challenges in doing so. This joint project will build upon, synthesise and further develop an established evidence base on the nature and consequences of support roles at pay bands 2 to 4 as a means of clarifying and addressing these challenges and opportunities, as well as supporting the varied stakeholders in dealing with them.

METHODS

This project is made-up of three streams of follow-up work on nurse support roles at pay bands 2 to 4 related to: innovation, evaluation and engagement. Each of the streams is considered in turn, setting out the respective research questions, analytical contexts and research methods.

(1) Innovation

Innovation: questions

This stream of research explores the extent and nature of sustainable innovative practice as it relates to the management of support roles and their ways of working. Innovative practice will be defined in terms of embedded change and novelty within or between trusts. The purpose is to map and to explain the emergence of such practice. More specifically this stream addresses three main questions:

1. *What form has sustainable innovative practice taken?*

This question will be addressed by unpacking the dimensions of innovative practice as it relates to support roles. Thus, innovative practice will be explored across four dimensions:

- *a substantive dimension* associated with the nature of the tasks performed;
- *a configurational dimension* linked to how tasks and responsibilities are combined in a particular work role;
- *a relational dimension* connected to the manner in which the support worker relates to various stakeholders, for example nursing colleagues (including other support workers and registered professionals), managers (at ward and trust level) and patients; and
- *a management dimension* centred on the systems used to deal with acquisition, development, retention and performance of support workers.

2. *Where is this innovative practice to be found within and between trusts?*

This question is predicated on the view that the scope for and nature of innovative practice will be contingent upon a number of factors, in turn leading to some unevenness in its incidence and

location. Attention will focus on three such contingencies: trust, clinical division and ward. The influence of the trust, in part, derives from geographical location, for example a tight local labour market leading to recruitment difficulties might encourage innovative practice in the use and management of support workers or a legacy of regional support might have stimulated such practice. At the same time, the more general well being and circumstances of the trust are also likely to impact on the incidence of innovation: a trust under financial pressure might be forced to innovate, although it might equally be argued that innovation has resource implications more easily met by a financially robust trust. Moreover, the 'organisational architecture' of a trust will be more or less supportive of sustainable innovation. This architecture will embrace the structure of the trust, its governance and more general management systems as well as the network of rules and procedures regulating activity.

The scope for innovative sustainable practice might also vary by clinical division. The nature of the patients, the structure and stability of nursing teams, the nursing and clinical tasks to be performed and in particular how tightly the distribution of these tasks is regulated might be expected to lead to some variation in the scope for innovative practice between divisions. Finally, the ward represents an important potential location for variation in the development of sustainable innovative practice in the use and management of support workers. The ward is after all the frontline of service provision, where support tasks are performed and directly managed; where knowledge of the roles is at its most detailed and intimate; and where any change in practice might be at its most immediately enacted. Our previous research highlighted the significance of this level of analysis for understanding the shape of support roles: ward manager style influenced the nature of the support role, while there was scope at this level for support worker post holders to mould their own role in distinctive ways.

3. What explains its emergence?

The notion of contingency carries some explanatory weight: as noted, trust, division and ward imply the influence of these factors on the incidence and nature of innovative practice. However, an over reliance on contingency lends the analysis a slightly deterministic quality, understating the importance of actor agency, that is the ways in which different individuals independently act and make choices which then shape the support role. Moreover it still leaves open to more detailed consideration why and how these and possibly other contingent factors affect the development of sustainable innovative practice as it relates to support roles. Various research literatures can be drawn upon to explain the development of sustainable innovative practice. The organisational behaviour literature encourages a focus on the sources of innovation and its underlying objectives, reflected in a longstanding interest in work design. This interest has mainly centred on the notion of job re-design, a top-down management process underpinned by a strong normative emphasis which suggests that the considered development of work roles to stimulate certain psychological states can foster employee commitment and motivation (Hackman & Oldman, 1976). More recently attention has been drawn to job crafting (Wrzesniewski & Dutton, 2001), the suggestion that work roles might be influenced in a bottom-up way by post holders shaping them to meet personal needs and circumstances, and to the possibility of 'I-deals' (Horning et al, 2010) founded on a joint or consensual employee-management approach to work design.

The sociology of work literature also provides a number of important analytical themes. It has highlighted the contested and power-driven nature of innovation in work organisation. The sustained research interest in 'professionalisation' has explored the pursuit of privileged labour market status and reward amongst a variety of occupational groups, particularly through different forms of closure (Larson, 1977), and highlighted the fluidity of occupational boundaries or jurisdictions (Abbott, 1988). This interest has not, however, been confined to the professions with a broader research focus on the social construction of work roles (Hughes, 1993: Bonalyn & Barley, 1997). This has in part concentrated on how new ways of working have become institutionalised that is, accepted, formalised and legitimised. This has most recently been taken forward by Reay et al

(2006) who in research on the Nurse Practitioner role in Alberta, Canada, challenged the assumption that those new to an organisation and less bound by established systems were best placed to introduce an innovative work role. The authors suggest actors firmly embedded in the organisation are better able to institutionalise new ways of working, their intimate knowledge and extended engagement with others equipping them with the resources to effectively engineer change. These resources are seen by Reay et al as essential in advancing the three elements of institutionalisation associated with new ways of working: recognition of opportunities to advance new ways; fitting the 'new' into established system and structures; and providing the value of new ways to others.

Innovation: research approach

The three questions on the nature, location and explanation of sustainable innovation as it relates to support roles will be explored using a research approach comprising a number of stages. The initial stage addresses Questions 1 & 2 on the nature and distribution of innovative practice. First, a series of regional forum events will be organised involving Nursing Directors, or their representatives. Attempts will be made to maximize attendance through drawing upon contacts at the RCN and using existing networks. These events are designed to develop a fuller appreciation of the general range and type of innovative practice being developed and used by trusts. The events will begin with a presentation by the Oxford and York research on the respective findings from their previous studies, and will then take the form of a facilitated discussion seeking information on the different dimensions of innovative practice: substantive, configuration, relational and management.

The data generated by the Nurse Director events will feed into the second stage: an online survey of acute trust Nursing Directors designed to develop a comprehensive and structured picture of the nature, incidence and distribution of innovative practice. The range of practice highlighted at the regional events will allow us to be more precise in the formulation of our online questionnaire. This questionnaire will seek to ascertain the location of innovative practice within trusts, seeking to identify the nature of such practice between clinical division and ward. In combination the regional events and the questionnaire will help answer **Questions 1 & 2** on the nature, incidence and distribution of innovative practice.

Attempts will be made to ensure a high response from Nurse Directors to the survey. If the initial response rate is low at least one reminder will be sent out to Nurse Directors for them to complete the internet survey. If this reminder does not significantly increase the response rate, an email copy of the survey will be sent to the Nursing Director, giving them the option of passing it on to another member of staff better able to complete it. If the response still remains low, the internet/email survey will be followed with a telephone survey of Nurse Directors or another appropriate member of the nursing directorate.

Survey data will be used to develop a typology of trusts in terms of their propensity to innovate: in broad terms trusts might be seen to range from high to low along the four dimensions of innovation. This typology will be used to select six case studies. If, after all the steps outlined above, the response rate to the survey remains low, weakening the robustness of the typology as the basis for case study selection, the trusts raised in our discussions at the Nurse Director events will be drawn upon as potential cases. Without pre-judging the survey findings or the nature of the typology devised, an indicative selection of cases might include one highly innovative trust along each of the four dimension of innovation, a trust displaying innovation across a number of these dimensions, and a trust scoring low on innovation. The purpose of these cases will be to address **Question 3** seeking to explain the development of innovative practice: how and why has such practice emerged. Each case will explore: the source and objective of innovation – whether it takes the form of job re-design, job crafting or I-deals; the extent to which such innovative practice has been accepted or contested by different interest groups; and whether and how innovative practice has become institutionalised. The case method will involve the collection of relevant documents, for example new job descriptions, new training schemes and 15 interviews per case covering those involved in

development and enacting the innovative practice such as support workers, their immediate managers, their co-workers and senior managers, including the Nurse Director and the HR Director, and a local trade union representative.

(2) Evaluation

Evaluation: questions

The evaluation stream seeks to strengthen the evidence base on the value of interventions to improve the management and use of support workers. More specifically it considers the efficiency and effectiveness of selective management practices in improving stakeholder engagement with support roles using a Quality Improvement approach.

The previous Oxford and York studies identified a number of shortcomings in the design and management of support roles, as well as some instances of where practice might be improved. The proposed project seeks to explore further those interventions which might address these shortcomings, and to confirm the scope for improved practice. Trusts will be asked to sign-up to the following three intervention packages, respectively linked to an actor with a stake in the support role:

- **A patient package:** Our previous research suggested that those patients able to distinguish support workers from other ward roles had a better care experience. Trusts will select an intervention which relates to patient identification of support workers along with other members of the ward team.
- **A trust package:** Our previous research found considerable unevenness in the preparation of those entering support roles. Trusts will select an intervention which focuses on the treatment and development of support workers as new recruits from Trust induction to early performance on the ward.
- **A support worker package:** Our previous research found that there was scope to improve the quality of working life for support workers, and by implication therefore improve their motivation, by developing a number of management practices. Trusts will select an intervention that explores the support workers' quality of work life including for example opportunities for support worker voice and engagement.

Evaluation: research approach

The strength of this part of the project, and its contribution to the establishment of a stronger evidence base for practice as it relates to support workers, is seen to lie in the adoption of a stakeholder approach to the evaluation questions. This research stream will adopt a stakeholder Quality Improvement approach incorporating a RAID design developed by the NHS Clinical Governance Team (Rogers, 2006): a steering group of various stakeholders sets out to REVIEW the current situation; discuss and AGREE as a group their understanding of the problems and the solutions that may be needed; jointly agree the actions needed to IMPLEMENT the necessary changes; DEMONSTRATE that improvements have been made and that lessons are widely shared. The strength of this approach is the inclusion of stakeholders within a shared learning experience to enact sustainable change.

In substantive terms, the Quality Improvement steering group will be linked to a cycle of activity: researchers evaluate a situation or practice prior to an intervention; share and discuss the research findings with stakeholders in their deliberations on an intervention; following the implementation of the agreed intervention the researchers return to re-evaluate the situation or practice in the light of the modifications made by the stakeholders; the researchers again feedback those finding to help stakeholders assess the efficacy of their actions. It is an iterative model which views research findings as a resource to be used by stakeholders in taking forward policy and practice. A variety of techniques to evaluate the three interventions will potentially be used: observation, focus groups,

interviews, surveys and, where possible and appropriate, the collection of relevant metrics. These techniques will deploy a range of attitudinal and behavioural measures to assess before and after outcomes. Depending on the intervention, these measures will relate to the support worker, other staff members and patients. Where feasible and appropriate, control wards will be used: these measures will be applied to wards where there has been no intervention, as well as those where there has been, strengthening our ability to attribute outcomes to the intervention. Two, multi-site trusts will be selected to take part, with the three packages of interventions being undertaken on at least two of the trusts' sites. The inclusive process principles will be pursued in the arrangements for managing the evaluation project. In the respective trusts a steering group will be set up comprising internal actors: trust 'champions', members of the hospital patient panel, staff stakeholders, union representatives and HR specialists. The steering group will co-ordinate the three intervention packages, discuss process issues and provide insight into how best to structure and measure the three intervention packages and to help interpret the findings by offering insight on internal and external changes affecting the trusts and other possible influencing factors.

(3) Engagement

Engagement: questions

The engagement stream is designed to foster a 'conversation' between actors with a stake in the support worker role: support workers themselves, nurses and other professionals, patients, ward, middle and senior trust managers, trade union representatives, and those involved in regulatory bodies. This engagement with stakeholders in the development and management of the support workforce reflects the increasing emphasis on co-design and co-production in the delivery of healthcare (Davies et al, 2006) and other public services (Simmons et al, 2009). Typically these notions of co-design and co-production have been founded on the assumption of greater service user involvement in service delivery. Over the years the balance between provider and user input into the design and delivery of services has shifted from what was often seen as provider-dominated public service provision in the fifties and sixties in traditional state bureaucracies to the 'customer sovereignty' underpinning the market driven forms of service delivery in the late seventies, eighties and early nineties. More recently, a greater emphasis has been placed on the 'citizen' as consumer, a recognition that individual preference needs to be framed and mediated by a sensitivity to community interests, and opening the way for a partnership relationship with public service providers (Clarke et al, 2007). This enhanced user involvement has often focused on the co-design and co-production of services, rather than on the nature of the workforce delivering them. There have been some attempts to engage service users in work design and organisation (Bellemare, 2000; Davis, 2008; Kessler & Bach, 2011): how work roles might develop, the skills and capabilities required from those filling them. However, such attempts have been rare and isolated. The emphasis on co-design and co-production has also tended to treat the provider side as a relatively undifferentiated aggregate where 'service users' are to engage with 'service providers'. However, the provider side comprises distinctive groups. As already implied those on the provider side with a stake in support roles include the support workers themselves, the professionals they work with and the line, middle and senior managers with responsibilities for them.

The engagement stage of the research will take the relatively unusual step of involving members of the public in the development and management of the support worker role. In addition it will co-opt the full range of actors on the provider side with a stake in the support worker role. The purpose of this engagement is to:

- share knowledge and practice on the use and management of the support workforce;
- develop an support workforce sensitive to the needs of various actors;
- clarify relationships between stakeholders; and
- contribute to the development of a tool-kit for the management of this workforce.

Engagement: research approach

The stakeholder engagement, underpinned by the four objectives outlined above, will be pursued in the following ways.

1. Regional workshops

Four regional stakeholder workshops will be convened. Four acute trusts will be chosen as regional hubs. In centring the workshops on specific trusts staff and members of the hospital's patient panel will be encouraged to attend. Each workshop will follow a standard format: participants will be presented with the main findings from the previous Oxford and York studies; they will be given a draft of the support workforce tool-kit for discussion and comment; and mixed staff/patient panel break-out groups will be organised to share experience, practice and expectations of support roles.

2. Online space and resource

A project website, blog and forum will be created. It will host relevant project material including drafts of the tool-kit and other works in progress. There will be an ongoing blog on emerging topics of interest that are internal to the project, regional to the case studies or national to the health service with an effect on support workers. The website will be promoted amongst regional workshops, the nurse director forums and Quality Improvement participants.

3. Stakeholder conference

A stakeholder conference will be held at the end of the project to which invites will be made to members of those stakeholder groups involved in the various research streams. The conference will launch the tool-kit and provide an opportunity to report back on the findings from the nurse directors' forums, survey and case study work, as well as feedback from the regional workshops. A designated part of the conference will also be devoted to the evaluation component of the research. The report on this aspect of the research will be presented, providing an opportunity to discuss the transferability of the interventions evaluated as part of the project in the NHS.

STUDY PARTICIPANTS

Inclusion criteria

Research stream 1: Innovation

- Forum event and Survey: Nursing Directors or their senior management representatives of English acute care trusts.
- Case study interviews: NHS acute care staff with a stake in the support worker role.

Research stream 2: Evaluation

- NHS acute care staff with a stake in the support worker role.
- Adult members of the public with an interest in their local hospital.

Research stream 3: Engagement

- NHS acute care staff with a stake in the support worker role.
- Adult members of the public with an interest in their local hospital.

Exclusion criteria

- NHS acute care trust staff who are not a stakeholder to the support worker role.
- NHS acute care trust staff and members of the public who decline to consent to participate.

SERVICE USERS/PUBLIC INVOLVEMENT

The project design has been developed in response to the feedback we received from the dissemination of our earlier findings to key stakeholders, and in consultation with a number of such interested actors, including individuals who plan, manage and deliver services. A number of key stakeholders, including representatives from patient organisations along with those from policy, service delivery and research will be approached to form a Project Advisory Group that will help develop elements of the study through consultation. For continuity purposes this will involve a core of previous expert reference group members from both the Oxford and York studies. Engaging with such stakeholders was an essential part of our previous projects and provides us with the networks and experience to effectively engage with them in our proposed project.

Once formal contact with our trust case studies has been established there will be active negotiation at a number of levels requiring the involvement of managers, human resources staff, professionals and support staff. The research team will seek to ensure these various combinations of stakeholders are involved at all stages of the investigation, crucially including informing on dissemination activities.

The design of the study incorporates two key elements – workshops and Quality Improvement – which will require the active involvement of stakeholders to the support worker role. Our use of regional workshops will ensure a close relationship is maintained between involvement and research outputs. The workshops with members of patient panels and staff will have a vital role in generating knowledge on support workers as well as in interpreting and translating the findings from aspects of our work into outputs that facilitate change in practice, most notably the support workforce tool-kit.

Finally, the evaluation stream of the research will involve a number of hospital based Quality Improvement projects. Within each trust case study a steering group will be formed to include members of the trust's patient panel along with various support worker role stakeholders and a designated trust project champion. The steering group will actively work with the research team to engage with the nature, scope and outcomes of the projects. It is our experience from previous SDO sponsored work that successful completion of stakeholder Quality Improvement develops the trust's enthusiasm and expertise in listening to patients and working in partnership to bring about change. Our aim will be to use stakeholder involvement to embed the findings into trust policy and practice.

Expenses and remuneration

Members of the public will be participating in various research activities: interviews, focus groups, stakeholder steering group, workshops and the end of project conference. All expenses incurred relating to travel and subsistence will be reimbursed. For attendance of steering group meetings and regional workshops we will offer to pay remuneration of £50. Remuneration for attendance at the end of project conference will be £150. Interview and focus group participants will receive £20 and £30 respectively.

PROJECT EXPERTISE

The Oxford-York research team is diverse but compact, so ensuring the inclusion of those with complementary backgrounds and capabilities, without generating the high transaction costs often arising from the creation of large and dispersed research teams. The project team comprises four members: the two principal investigators respectively from the previous Oxford and York studies; the full time research associate from the Oxford study, and an additional team member familiar with our previous work and bringing new skills, relevant to the focus of the proposed research. More specifically the team includes:

- **Ian Kessler**, acting as principal investigator on the proposed project: he was lead investigator on the Oxford project; is based in the Said Business School, University of

Oxford; has a background researching employment relations issues in health and more generally the public services; and will be heavily involved in all aspects of the research with a particular emphasis on the innovation and evaluation elements.

- **Karen Spilsbury**, principal investigator on the previous York project: she is based in the Department of Health Sciences at the University of York; has considerable experience researching issues related to the nursing workforce; and will be extensively involved in all elements of the research with a key focus on the engagement element and the development of the toolkit.
- **Paul Heron**, formerly full time research associate on the previous Oxford project: he is based in the Said Business School, University of Oxford; has considerable experience processing and analysing qualitative and quantitative research data, not least while at the Picker Institute Europe working on patient-centred studies; and will be responsible not only for project management but the full panoply of research activities associated with all three elements of the proposed project.
- **Alison Wells**, registered nurse, now providing independent support to trusts on organisational development and staff training issues: she was involved in facilitating research work on one of case studies in the previous Oxford project, and given the heavy focus on workshop activities and action research on a number of trust sites in the proposed project and the need for facilitation skills, will be formally involved in these aspects of the research.

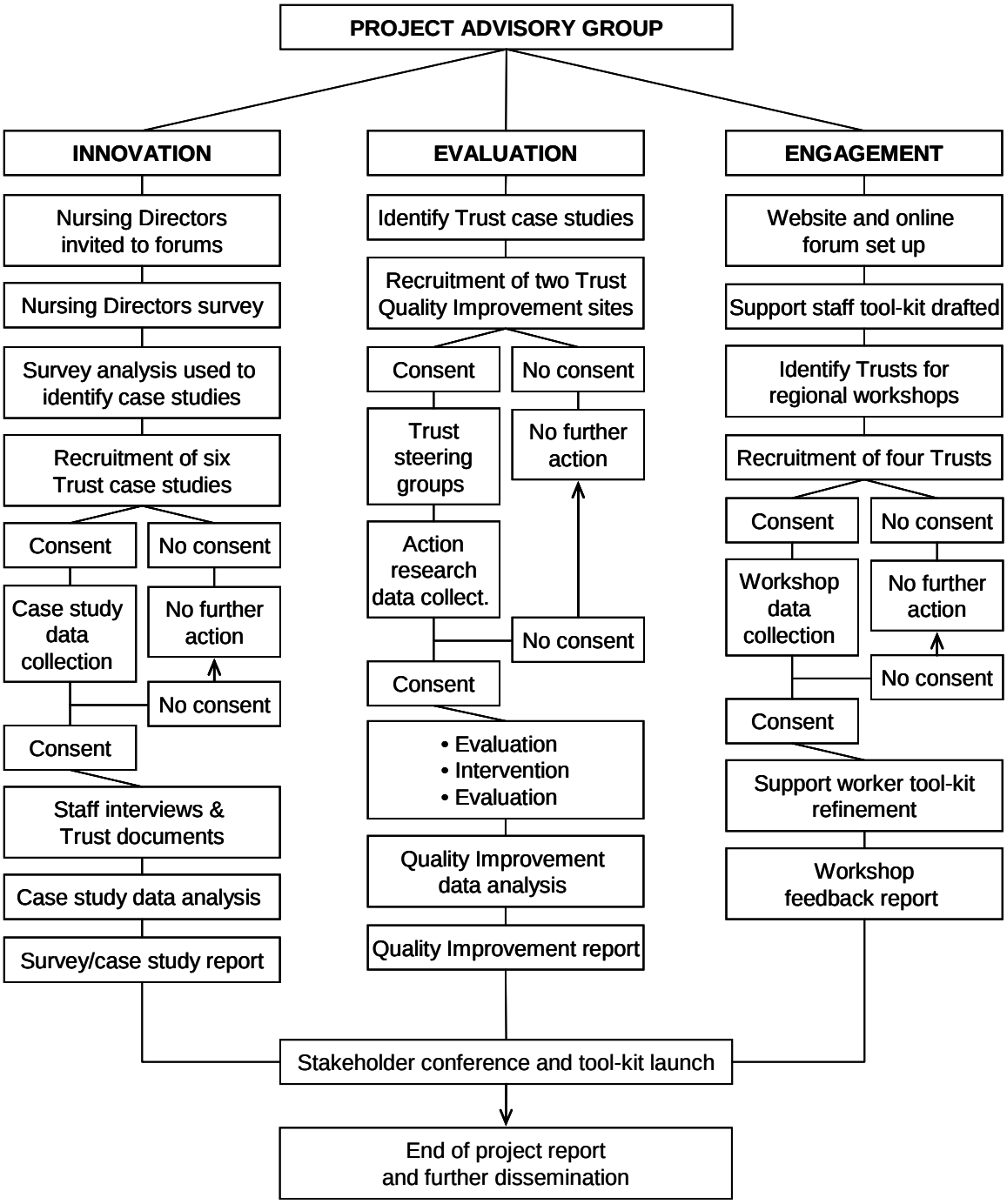
Publication policy statement

The investigators will be involved in reviewing drafts of the manuscripts, abstracts, press releases and any other publications arising from the study. Authors will acknowledge that the study was funded by the NIHR SDO. Authorship will be determined in accordance with the ICMJE guidelines and other contributors will be acknowledged.

PLAN OF INVESTIGATION AND TIMETABLE

	2011			2012				2013
Research Activity	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Research team meetings								
Ethics approval								
Advisory group								
(1) Innovation:								
- Nursing Director forums								
- Online survey of Nursing Directors & analysis								
- Case study recruitment & R&D approval								
- Case study trust interviews								
- Report & feedback								
(2) Evaluation:								
- Trust & steering group recruitment & R&D approval								
- Trust steering group meetings								
- Baseline measurement & intervention								
- Post intervention evaluation								
- Report & feedback								
(3) Engagement:								
- Website set up & online forum launch								
- Recruitment of trust regional hubs								
- Stakeholder workshops								
- Tool-kit development & refinement								
- Report & feedback								
- Stakeholder conference & tool-kit launch								
Policy & literature review & evidence synthesis								
Final report & dissemination								

WORK FLOW DIAGRAM



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