Good Practice in
New Workforce Roles

Introduction

When considering and implementing new roles across the NHS we can often make quick decisions to fill an immediate need, without thinking too much about their impact on the wider organisation.

New roles tend to fall into three categories:

New to everyone

Roles that haven't been implemented in the NHS before.

New to me
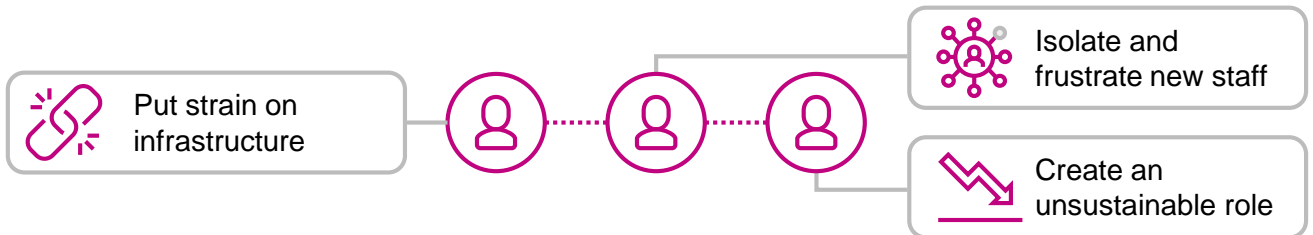
Roles new to a particular organisation.

New ways of working
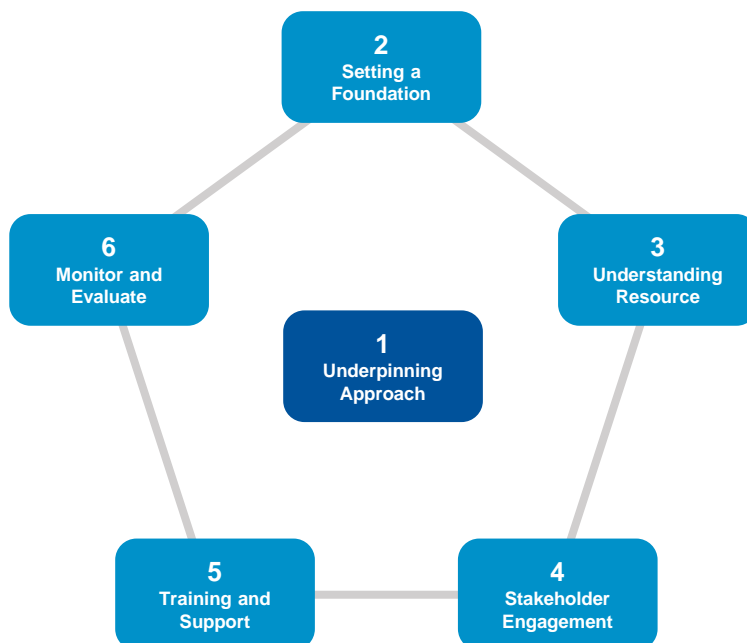
Getting someone in an existing role to do something new.

This guide particularly focuses on these two categories

When new roles are implemented poorly it can:

Put strain on infrastructure

Isolate and frustrate new staff

Create an unsustainable role

With careful planning we can develop roles that are useful and sustainable, offering attractive career progression to retain people in the long-term. Ultimately, we can meet patient need effectively, efficiently, and sustainably.

The Cycle

2 Setting a Foundation

3 Understanding Resource

4 Stakeholder Engagement

5 Training and Support

6 Monitor and Evaluate

1 Underpinning Approach

1. Underpinning Approach

Using frameworks to plan new role implementation enables you to break down:

| Key considerations | Key stakeholders | Key milestones |
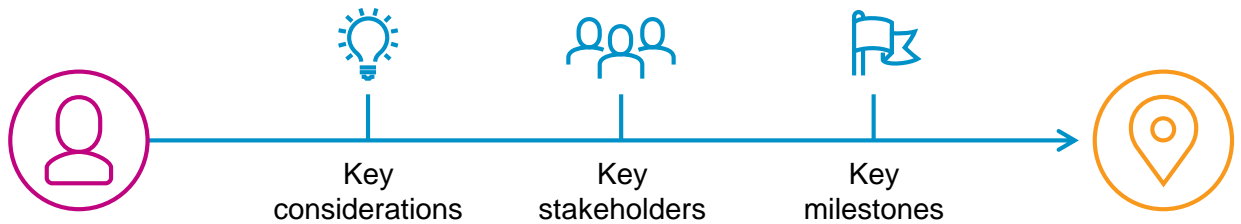
Manage Change Effectively with Stakeholders

Use quality improvement and change methodology as positive enablers.

Ensure there is a strong strategy in place to communicate patient and staff expectations of the new role and how it fits within the organisation/team.

When using change management strategies, involve the whole system around the new role. It is important to establish what communities surround the role and empower them to engage with the change.

Use a Systematic Approach

Use a systematic approach to planning and implementing new roles. Ensure there is good alignment with patient need, that supporting structures are present and effective, and that change management is supported with necessary resources. A specific methodology, such as the Calderdale Framework or Skills for Health's Six Steps Methodology to Integrated Workforce Planning, can be useful here.

Build the Right Governance Structures

Establish responsibilities of staff in new roles and the boundaries they must work to, while taking on board regulatory requirements.

Ensure regulation is researched and adhered to when forming local arrangements for accountability and governance in multi-agency teams or those which work across services. Also bear in mind that regulations will help staff to more confidently decide which roles can be appropriately delegated in new ways.

Ensure that patients are correctly triaged in order to be seen by the most appropriate professional, whose skillset most closely matches patient need.

Example: Data from the South East Coast Ambulance Service (SECAmb) shows that paramedic practitioners with more targeted triaging of patients have an additional 10 per cent lower conveyance rate than those who do not.

Ascertain governance structures are clear and available to all staff working within a new role or extended role, making sure they understand how these function and where to go if they should encounter any challenges.

Example: The St George's University Hospitals NHS FT demonstrates a good example which highlights the importance of implementing strong supporting systems and governance structures to enable staff in new / extended roles to seek advice on clinical issues.

Establish a distinction between clinical supervision and line management.

Managers must have appropriate capacity to support staff adequately over time. Recognise that staff in new roles may require additional time at first.

Setting a Foundation

Making sure you know the whole picture will help you make good decisions when implementing new roles. If you are missing vital information, you risk:

Creating unnecessary roles ——

—— Increasing workload
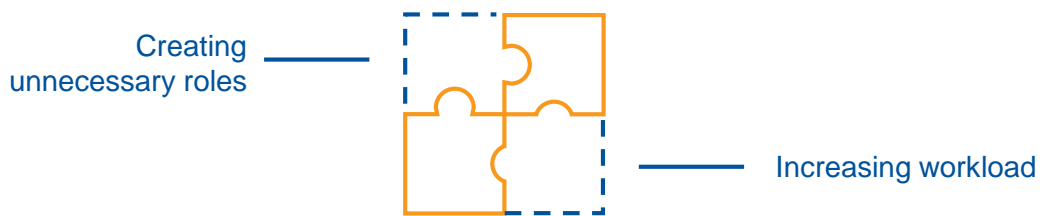
Build Shared Values and the Right Culture

When new roles will work across organisations and boundaries, shared values, goals and causes help to create shared identity and joined up working.

Example: Torbay Care Trust: System and Health and Social Care Co-ordinators – shared governance, pooled budgets, secured strategic public involvement, investment in IT, workforce and organisational development, integrated general management.

When working in integrated care, build strong relationships between your organisation and other organisations, such as local authorities at a variety of levels. This can involve getting the operational level staff together, not just senior staff.

Engage the whole team in boundary spanning activities, not solely the individuals who are involved in roles which specifically span boundaries.

> (!) Risk: Failure to integrate these can create conflict, practical difficulties and make workers feel unsupported.

Align systems, tools, resources, policies and procedures across organisations delivering integrated care to build on the message that organisations are fully committed to integrated working. As digital resources continue to play bigger roles in our work and lives, aligning digital systems across organisations offers a wide range of benefits.

> (!) Risk: Failure to align can result in repetition of the same work, service users being lost between systems and silo working.

Understand the Need and Commitment

Ensure that new roles are based on patient need and in-depth understanding of the needs of your organisation.

> (!) Risk: Roles that aren't based on patient and organisational need will be ineffectual and implementation will often be costly, particularly if changes are later required to readjust.

Can the gap in delivery be filled by optimising the capacity of the workforce? It is important to consider if staff in their current roles are able to work to their fullest.

> (!) Risk: New roles could risk alienating those in current roles; staff in existing roles become deskilled if they no longer carry out the tasks they previously did; care can become fragmented.

Build an in-depth understanding of patient needs. From this, decide what skills and competencies are required to meet these needs. Plan for how this might change in the future.

> (🔍) Example: A good example of a role developed primarily to meet patient needs, which also takes into account the necessary skills required to deliver this is, is illustrated by Bradford District Care NHS FT. On identifying the poor physical health assessment in patients with mental illness, the trust in 2014 employed four associate practitioners to carry out health checks in community mental health, using the Calderdale Framework.

Ask: How will the new role augment existing roles? How might it enable staff to work to their full scope of practice?

Recognise the time commitment needed to make a new role a success. Implementation is often time-consuming, and success is often dependent on working on the role across a number of years.

Secure investment into the new role in the future, and ensure this is not cut short, so that the new role can reach its full potential.

🔍 Example: Liverpool Heart and Chest Hospital - supported by funding received from Health Education North West - were able to develop band 2 health care assistants into registered nurse positions through a band 4 assistant practitioner role.

Understanding Resource

Consider what resources you need to implement the new role:

Skills ⓘ ——————— 🎓 Training

Expertise ⭐ ——————— 💰 Funding

Share Resource, Approach and Knowledge

When working to deliver integrated services, consider the roles and skillsets of existing staff in the organisations when considering the skills that staff in new roles will require.

🔍 Example: The 'holistic worker' role introduced by Nottingham CityCare Partnership demonstrates the benefits of capitalising on the skillsets of existing staff in the implementation of new workforce roles in integrated services.

Consider training staff from across the spectrum of integrated services together to support an integrated approach and prepare staff to work across different systems.

🔍 An example of a role developed to span organisational boundaries is the 'sight loss adviser' role which acts as an important bridge between health and social care services.

It is often beneficial to define boundary spanning roles by skills, rather than qualifications.

Boundary spanning activities require appropriate financial arrangements – consider pooling budgets at times help to support this.

Recognise the time commitment needed to make a new role a success. Implementation is often time-consuming, and success is often dependent on working on the role across a number of years.

Financial arrangements, such as payment reforms on care co-ordination or outcomes are often likely to be necessary to promote substantial change.

Plan Sustainable Roles from Existing Resource

Use a variety of online sources and consider using or setting up communities of practice to learn from existing good practice that is specific to the role you are working with.

Look at functional analysis tools, such as Skills for Health's National Occupational Standards, as a way to match need to roles.

Using this methodology can - at times - skip out important parts of a role that may have a purpose that is not immediately obvious to the observer. Undertaking small, local pilots and engaging stakeholders who will be local to the new role may also help to alleviate this risk.

Consider if it is more appropriate to build jobs based on competencies, rather than traditional professional roles. This can help to recruit from a wider pool.

Example: The Buurtzorg Nederland provides a good example of competency-based roles which operates outside the traditional scope of practice.

Invest in your existing workforce and establish more innovative career pathways. An example of this can be seen in the 'skills escalator', which refers to the development of support workforce who do not have professional qualifications. This approach provides support staff an alternative route into more advanced healthcare roles through education and training to provide them with additional skills to undertake more patient-focused care/clinical tasks. This builds sustainability, assisting in good recruitment and retention.

Risk: Without a clear career trajectory, potential future employees may be put off applying for roles – whilst many may leave after spending time in role.

Example: The 'skills escalator' approach employed by the Taunton & Somerset NHS FT - following the scarcity of radiologists - demonstrates the benefits of utilising/optimising the skillset of existing support staff (in this case assistant practitioner) to alleviate some of the workforce pressures on more senior or advanced clinical staff.

Ensure that new roles are based on patient need and in-depth understanding of the needs of your organisation.

Consider if it is more appropriate to build jobs based on competencies, rather than traditional professional roles. This can help to recruit from a wider pool.

Risk: Not engaging these additional skills can lead to deskilling. When the time comes to use these skills, staff might feel unprepared or unsafe.

Secure investment into the new role in the future, and ensure this is not cut short, so that the new role can reach its full potential.

Stakeholder Engagement

Keep stakeholders, management and HR well-informed at all times during role implementation to benefit from advice and insight.
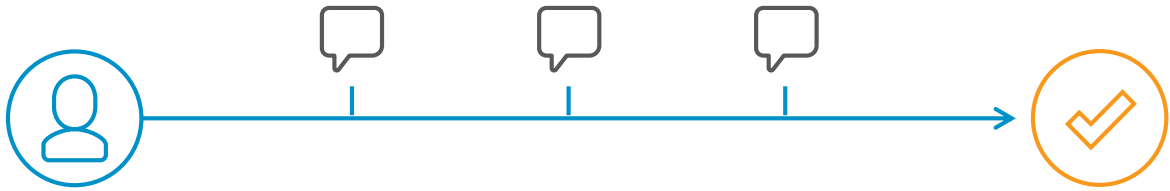
Empowering Team Leaders to Build the Right Culture

Team leaders and managers should use values-based recruitment as a means of ensuring that recruits are aligned to the organisation's core purpose and values. Here it is important to recognise the contribution that diversity in teams makes to team performance. Both the current and future needs of patients should be a core consideration when choosing the right staff to recruit.

Bring Stakeholders Together to Support the Role

Engage stakeholders at all levels in the design and implementation stages. This is particularly relevant for those who work in the current environment and will work locally to the new role.

Risk: Not engaging a wide range of stakeholders can lead to team disengagement; lack of acceptance of new role; the encroachment of professional boundaries.

Example: A prime example of good practice which highlights the importance of engaging wider teams during the design and implementation of new roles to gain buy-in and acceptance in service delivery is demonstrated in the development of the advanced clinical practitioners by Sheffield Teaching Hospitals (2006). In response to the growing gap of the junior doctor's workforce, the trust used a communication plan including staff meetings, and handbooks to raise an internal awareness of ACPs, in turn helping to enlist the support of consultants.

Base the workforce design process around patient need. Asking service users what the new role would change or mean to them can be a good approach to this. Service users must feel empowered to engage.

Risk: Service user needs not met as efficiently as they could be

Example: An example of good practice which highlights the value of patient engagement in new workforce development is exemplified by The Fisher Medical Centre. To enlist the support and patient buy-in in the recruitment of physician associates following a growing gap in GP and advanced nurse practitioner vacancies, the practice alongside its patient participation group raised awareness of the new role using the local media and direct correspondence. This ensured that patients were well informed of the new role and also helped manage their expectations.

Make senior management support clear through the planning, development and delivery processes. It is important that leaders, both formal and informal, are seen to support the introduction of the new role.

> Risk: A lack of senior support will undermine the introduction of the process. Failing to engage leaders and influencers at different levels may make the workforce feel disengaged and cynical.

> Example: Evidence highlighting the benefit of senior leadership support is depicted by Birmingham & Solihull Mental Health NHS FT. In an effort to gain senior leadership buy-in for development of a new workforce initiative, the trust arranged for senior leadership to spend time understanding the training requirement of physician associates and also visited universities already covering this curriculum in the United States.

A culture of innovation and positive change is important for the long term success of any new role. Organisations with such an ethos are more accepting of change and more likely to engage in the process of role design and delivery.

> Risk: Where staff link the implementation of a new role to negative factors, such as the need to cut budgets, the role is often more likely to meet resistance. Admitting the difficulties services face is important, but it's important to emphasise the potential for positive change and improvement.

Use clinical champions to help form the culture needed for new roles to succeed.

Understand and Support Each Level

Understanding what differing cultures, professional responsibilities and power relationships exist, and their significance and impact upon the new role, is important and should help guide understanding of how staff will react to a new role and the concerns they may have. Good knowledge of - and respect for - these values helps build collaboration across the new role project and builds trust and understanding of the new role and the reasons for which it is to be implemented.

> Risk: Being unaware of - or misunderstanding -professional and cultural values, particularly where a role works across different organisations, can create clashes and create new challenges for staff working with the new role.

Be sure that professional identity within multi-disciplinary teams is secure and that new roles do not damage this to provide a level of comfort from which staff can continue to carry out their roles in new ways.

Understand and recognise the capabilities and skills in teams which already exist. This will strengthen the team's effectiveness and increase confidence in staff members' own roles.

Ensure and clarify clear professional and - where relevant - organisational boundaries. This gives staff a clear expectation of what is expected of them. This can enhance the flexibility in which teams work.

Ensure that staff can work together directly as a multi-disciplinary, multi-agency team. This builds truly collaborative working and good working/personal relationships.

It is important that those around the area where a new role is to be implemented understand and demonstrate effective team working fundamentals such as: strong team leadership; clear objectives that are transparently linked to tasks; clear roles and responsibilities for each team member; regular meetings to review performance and identify opportunities for improvement (Borrill, 2000)

Make sure that team aims and objectives are supported by organisational culture and strategy.

Training and Support

Training should be informed by guidance from regulatory bodies, consistent across departments and created in collaboration with other organisations.

| Informed | Consistent | Collaborative |

Plan and Resource the Right Training

Ensure training reflects the needs of patients and staff competency requirement.

Ensure service users are involved in designing training that staff undertake. This must include questions about how services can be delivered differently.

> Example: In the development of ACPs at Sheffield Teaching Hospitals, the trust worked collaboratively with Sheffield Hallam University to design an education programme to supplement work-based learning. This was supported by a consultant supervisor, a factuality board to quality assure and working in alignment with local HEE office on the definition of the ACP role. Collaboration across the board from the very beginning ensured strong buy-in at both clinical and board levels, cemented by medical champions.

Ensure collaboration between clinicians, leaders, policy makers, regulators and higher educational institutions when planning training.

Core training must be consistent across organisations, with specific training to meet organisations' change requirements.

Training must fit within, or help with progress towards, meeting the requirements of educational frameworks.

> ⚠ Risk: Not aligning to these standards means staff may be unable to transfer between organisations, making new role posts less attractive to potential employees.
>
> 🔍 Example: In the development of the holistic worker role, Nottingham City Care used the Skills for health assistant and Skills for Care social care competency frameworks to identify staff training needs and also put in place mechanisms to enable review and fortify competencies.

Account for the need for a clinical educator and consider mentoring and buddy systems.

Plan for direct supervision of staff in new roles at first in order to ensure patient safety and help them understand how to apply their knowledge.

> 🔍 Example: The Haxby Group Practice provides a good example that exemplifies the importance of clinical supervision for staff in new roles (Primary Care Practitioner).

Consider where staff might develop skills more effectively through on the job practice and where they may require supernumerary status.

Plan funding pathways for the education of staff in new roles to ensure sustainability and support of the role is maintained. Consider both the immediate training requirements and that which will be required in the future.

Monitor Needs Moving Forward

Maintain an awareness that scope of practice may take time to develop and may move slightly over time, and respond to these changes.

Resource strain is often a reality for many services over the course of their life. Look forward and plan for how your organisation might respond to this - and the potential impacts on both skills requirements and training provision - to help build resilience into these new roles.

Investigate the potential benefits of partnering with other organisations and training providers. Where bespoke training is required, partnerships with training providers are very important. It is important to note, however, that these relationships can be easier to build in partnership with large organisations/systems.

Monitor and Evaluate

It is essential to monitor and evaluate throughout the process – maintaining an awareness of the needs of new roles and those around them.

Key to ongoing success is monitoring where changes have been made and their impact. New roles won't immediately fix the problems - instead they need time to develop and explore what works.

It is important to communicate to all locally that implementing a new role isn't complete as soon as new staff members enter the service. Engagement must be ongoing, with the community surrounding the role empowered to do this.

Mapping what new roles exist in your organisation and communicating this widely is important. This means, where this is regulatory change, it is picked up on by the right part of your organisation at the right time and responded to in a timely manner.

Understanding what training is needed for those in new roles is often an iterative process. It is useful for those local to the role to understand that this can take time and that new approaches must be trialled, rather than being put into action immediately.