



Skills for Health working paper 2:

How we can act now to create a high quality support workforce in the UK's health sector?



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Introduction

'Leaders cannot just tell people what to do and expect them to do it. Employees in today's organisations must be able to do more than follow orders or simply be compliant. People must be allowed to think for themselves, work productively without close supervision, be creative, take risks, and for the extra mile for the customers for optimal results. Employees have to bring both their hearts and their minds to work'¹.


This second working paper from Skills for Health, addresses the question *"How can employers act to create a high quality and sustainable support workforce in the UK's health sector?"*

Our first working paper outlined the main characteristics of the support workforce and described how these workers make a very important contribution to the delivery of health care in the UK (link to previous). For instance, they make up 40% (798,600) of the total workforce and it is also widely acknowledged that they deliver the majority of the day-to-day, face-to-face caring and interaction with patients. What is also clear, however is that this cohort of staff receive far less training and development than their 'registered' colleagues, a situation that is no longer sustainable

The support workforce also presents an important opportunity for the health sector to address some of the concerns around improving productivity and performance. It is widely acknowledged that many "registered" health sector staff find themselves undertaking tasks that might not necessarily require their 'level' of skill or involvement. Skills for Health's extensive research in this area, demonstrated how with good planning, support workers can help relieve the pressures on their registered colleagues. Support workers can improve the quality of care and create efficiency savings. Indeed, for every one percent in the shift of activities from registered to non-registered colleagues, around £100m could be saved across the UK's health sector recurrently.

We argue in this working paper that whilst the support workforce requires more skills development, this development needs to be an integral part of an organisation's workforce development strategy and be accompanied by the development of high quality roles. Using skills that have been taught remains one of the most robust means of ensuring staff are valued, skills improved and maintained. Without this skills learnt will erode and investment wasted.

¹ Bridges, W (2009) Managing Transitions; Making the Most of Change. London.



The health sector, like many other areas of the UK's economy has a labour market resembling an 'hourglass'. It has a large number of people in relatively high-skilled, high-paid and ultimately high-trust roles. However it also has a large number of relatively low-skilled, low-paid and low-trust roles. It lacks a high quality 'intermediate' workforce that people can progress to and through. This shape is holding back the development of the support workforce and thus the opportunity to improve the quality of care and achieve significant productivity gains.

There are a range of activities that can help develop the support workforce. Firstly, the creation of a high quality support workforce should be based on answering what are the needs of patients both now and perhaps in the future? Employers need to ask, 'what is the 'skills mix' that is needed to deliver the service?' Is there an opportunity to use a high quality support role? There are a wide range of flexible training and development options such as apprenticeships that can help employers develop such people.

Putting people on training courses while commendable will not in itself help the sector make significant savings and improvements. Training needs to be accompanied by high quality change management techniques. One of the most important features is giving clarity to the support worker and the teams they work in about what they are able to do and the scope of responsibility. Such clarity will reduce the anxieties of colleagues in registered roles about what is expected.

Support worker roles can help the sector provide efficient and high quality healthcare. There are many instances where employers have embraced their development. But there is a need to create some real depth to help create a tipping point for support workers. Our third paper in this series looks at the methods in which employers can use data and intelligence, intelligently to help inform the shape of services and the workforce into the future.



The drive for high quality roles; growing complexity and the integration agenda

The drivers shaping the UK's Health Sector and the rise of the integration agenda

Today's health sector is dealing with the dual pressures of increased volume of demand for its services and the growing complexity of its delivery. The volume of demand is being pushed by a range of factors including an ongoing increase in older people who may have a range of co-morbidities and rising expectations from both clinicians and the public about what is treatable. Such expectations have been fueled by an ever-increasing range of treatments and techniques as a result of scientific breakthroughs and innovation.

The sector is also seeing an increase in complexity both in terms of technical knowledge and practice as healthcare requires a greater level of technical understanding. It is also seeing an increase in complexity in terms of how its organisation and workforce are organised.


The sector has a wide range of influences and competing demands. Government is keen to see improvements in performance. Meanwhile there are a range of legal and governmental influences. The complexity of the health sector is also enhanced when the diverse range of organisations are taken into account. For instance, those in the voluntary sector may work in different ways to those in public and private sectors. Those in acute health settings can find themselves having a very different attitude towards risk than those working in primary or social care and they also have different origins, status and cultures².

Within this context, policy makers have stressed the importance of the integration agenda to help resolve many of the quality and economic issues arising from disparate ways of working. The aim to move towards providing a seamless and high quality experience for those receiving health and social care services³.

What is evident is a growing sense that organisations do need to work together and achieve a greater level of collaboration. Recalibrating

² An extended look at the drivers for change affecting both health and social care can be found in Skills for Health (2012) Rehearsing Uncertain Futures 2, London

³ A comprehensive outline of some of the principles of integration of health and social care can be found on the following <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-integration/The-Principles-of-Workforce-integration.aspx>



services on an ongoing basis and working differently are critical features. Such integration is widely acknowledged by health sector employers and patient groups to be a positive step in improving the quality of health care. This holds the promise of helping the sector deliver more for the investment made, by avoiding duplication and costly delays in treatment or care as the work becomes more cohesive. With such change however, comes a considerable change in how the workforce should be developed and adapted.

Commonly identified skills needs of support workers

The skills mismatch in the health sector


There is a widespread recognition that there is a mismatch between the skills needs and the skills held by those in the health sector. Writing for the Kings Fund, Ham notes; *'there is growing awareness that the current workforce is not well matched to patient needs, and the training pipeline, particularly that of doctors, may exacerbate these problems'*. Ham's article was largely focused on the skills of the registered workforce however it is evident that the skills of the support workforce also need to be recalibrated to deal with the new demands being placed upon it.

The Cavendish review was instrumental in highlighting a number of concerns about the skills of the support workforce. It recognised that they are not always the first to receive training and yet they often are the ones delivering much of the face to face care. The review also highlighted concerns about caring 'attitudes' that needed to be instilled in the support workforce. Interestingly, the review also raised concerns that many of those working as support workers, did not feel valued or sufficiently supported by their senior colleagues.

Commonly identified skills needs amongst support workers

There are a range of commonly identified skills needs amongst support workers. The importance of 'statutory and mandatory' skills continues to be strong for all working in the health sector. These cover essential skills that enable patient care to be undertaken safely.

Inevitably a range of technical skills needed by support workers to deliver particular types of medical procedures also require development and maintenance. These will be shaped by the caring activities that they are



employed to undertake. In many respect these mandatory and statutory skills, as well as technical skills, ensures steady and safe care.


It is evident from our ongoing work with health providers throughout the UK that there are a broad range of skills needs for support worker roles that go beyond merely statutory and mandatory training, which if developed, could enable such staff to contribute to tackling the productivity challenge confronted by the sector.

- **Customer handling**, are broad terms to describe a combination of attitudes and a range generic skills such as good communication, teamwork and management, to provide clients with a positive experience. In this way, those providing care can be seen as going the extra mile of their patients wherever possible.
- A greater ability to **exercise a degree of autonomy** is often raised. This is particularly the case in respect of the growing interest in assistant practitioner roles. This role (and similar roles) operates at an intermediate level (Band 4) in the career framework. They are able to work within a defined care plan for the patient, with relatively 'light' supervision.
- Another trend is **the ability to work outside of traditional silos** with support workers being able demonstrates a portfolio of skills. For example a health or a social care worker might be able to learn how to undertake basic nail care for patients. This skill may be part of an overall portfolio of skills outside of podiatry that the carer might have and contribute to role focused on prevention and keeping patients (particularly elderly) out of hospital and improving their health and wellbeing.
- Support roles that **help co-ordinate patients** through the complexity of the health and social care systems are often highlighted. Some roles are focused on getting people quickly back into the community and linked into the range of rehabilitation and preventative services that can help keep them in their homes.

Many of these new support worker features depend on having a range of 'generic' or 'soft' skills or competency in such as teamwork, communication and problem solving. In terms of team-working, those working in the health sector work within a number of teams; with colleagues, with external organisations, and with communities.

Communication skills are often mentioned and in the health sector, most of the communication between practitioners and clients is oral, and is usually one-to-one. Without doubt, support workers must have well developed listening skills if they are to be effective, and good communicators will check their own understanding of the issues and reflect what the client is telling them.

Written communication skills are also vital because such skills are important to document treatments in patient notes, to log numerical information such as temperature and blood pressure readings, to convey



information between practitioners (in the same and in different organisations), to make referrals for treatment, and to communicate with patients about their treatment.

Problem solving skills appropriate for patient care is increasingly important to deal with the complexity of the environment that support workers can find themselves. Solving problems requires being systematic, decisive, having self-awareness and being inquisitive⁴, as well as skills of analysis and creativity.

Further skills are required when you consider group problem-solving techniques, such as reaching consensus, the advocate method (where small groups work on parts of the problem), and brainstorming. These group-centered techniques also draw on the teamwork, management and communication skills.

The development of caring attitudes

There is substantial evidence that support workers, predominantly undertake their caring roles with passion and commitment. However, there has been renewed interest in the role of recruiting health care support workers in a way that ensures that they have the right attitudes and values. 'Compassion in Practice'⁵ is a document developed by the Chief Nursing Officer for the National Commissioning Board and the Nursing Director at the Department of Health. Central to this strategy are the values and behaviours that should underpin care wherever it takes place. These are known as the 6 Cs:


- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

In many respects these are a combination of skills knowledge and understanding as well as the personal attitudes to place the person at the heart of the care they receive. Although these involve individuals being able to have the courage to challenge colleagues, be empathetic and have the compassion to see the health issue from the patient's perspective.

One mechanism is a more rigorous assessment of candidates as they come into the sector. Others also rightly point towards examining the values culture of organisations themselves. Some organisations may have

⁴ Altun, I.(2003), The perceived problem solving ability and values of student nurses and midwives, Nurse Education Today Vol 23; Number 8, ; 2003, 575-584

⁵ <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>



prevailing practices and cultures that can in time effect the attitude of well-meaning new comer.

Improving the morale of support workers

The Cavendish review⁶ also highlighted wide variations in whether support workers felt appreciated by managers and employers. Our own research⁷ indicates that support workers were often highly motivated and committed to the care of their patients and the communities they served.

One area of debate that has much to offer the improvement of morale of support workers is in the field of management and leadership⁸. Whilst there is a great deal of debate about numbers of managers, the quality of training and development and the need to include clinicians in the process, much of the literature has focused on the development of high quality models of engagement and authentic leadership. Better engagement with all levels of employees, combined with authentic messages about the limitations of what they are seeking to achieve, are seen as valuable and can help employees to understand the pressures and circumstances that managers and leaders are attempting to work within.

Matching supply of skills with demand

Like any dynamic sector, the skills and the composition of the workforce in the health sector will continue to require recalibration from time to time. A great deal of the debate both within the health sector and beyond has tended to focus on the supply of skills for the sector. The health sector like many others is seeking to develop high quality opportunities to develop apprenticeships and this is commendable. High quality competences, qualifications and frameworks continue to be of importance, whilst the development of diverse channels of learning including E-learning and simulation continues to be of use.

One recent review of the health and social care sector⁹ resulted in a series of reasonable recommendations all of which are focused on amending the supply of skills. However, they fall short of addressing the question; 'does

⁶ The Cavendish Review (2014) An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

⁷ Skills for Health (forthcoming) The development of a semi-autonomous workforce, Bristol.

⁸ Skills for Health (2013) Briefing Paper; Management and Leadership – The Key debates regarding management and leadership in the health sector.

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430164/Executive_Summary_Skills_and_performance_challenges_in_health_and_social_care.pdf



more need to be done to actually stimulate the demand for high quality support roles in the health sector?' We as the Sector Skills Council believe the answer to be yes.



Support workers and progression

This section highlights how the UK's health sector is shaped in many respects like an hourglass. This echoes an overall trend in the UK's labour market where there are a limited number of high quality intermediate level roles in the middle of the skills continuum.

A lack of intermediate roles creates issues around progression. For the health sector there are particular issues around progressing through the Bands particularly the leap from a Band 4 to Band 5 in the NHS. These are related to issues of regulation and compliance. However, these alone should not obstruct the development of intermediate level roles.

It is also evident that there are large numbers of current support workers holding relatively high level qualifications, which indicates that many have potential that is not being realised and they are under-utilised

Working to create high quality roles, which incorporate progression, will assist in widening the range of opportunities for intermediate level roles. This will importantly help address the issue of improving productivity by enhancing the 'skills mix' of organisations. As stated in our previous working paper, for every 1% of activities shifted from band 5 to band 4, a total of £100m might be saved across the health sector. The development of the support worker roles in the sector could provide considerable savings and quality improvements.

The 'hourglass' shape of the UK's labour market and its reflection in the health sector

Labour Market Economists¹⁰ have been for some time highlighting the trend towards the 'polarisation' of the UK's labour market. In a recent report the OECD commented that, the UK is showing a trend of there being '*many jobs with low educational requirements and many jobs with high educational requirements*', (OECD 213, p168). Of particular concern is the trend towards a large number of job openings in the UK which are at the lower end of the skills requirements for instance; '*Studies indicate that the UK is has far more job openings that require low levels of education. Austria, Italy, Poland the USA, Denmark, Cyprus, Canada had between 5% and 10% of job openings requiring such low levels of education; while the Czech Republic, the Slovak Republic, Japan, Germany, Sweden and Estonia had 5% or less (sic) job openings in this category. In the UK, the percentage was over 22%*'.

¹⁰ CIPD (February 2014) Industrial strategy and the future of skills policy; London.



UK's health sector's own 'hourglass' shape

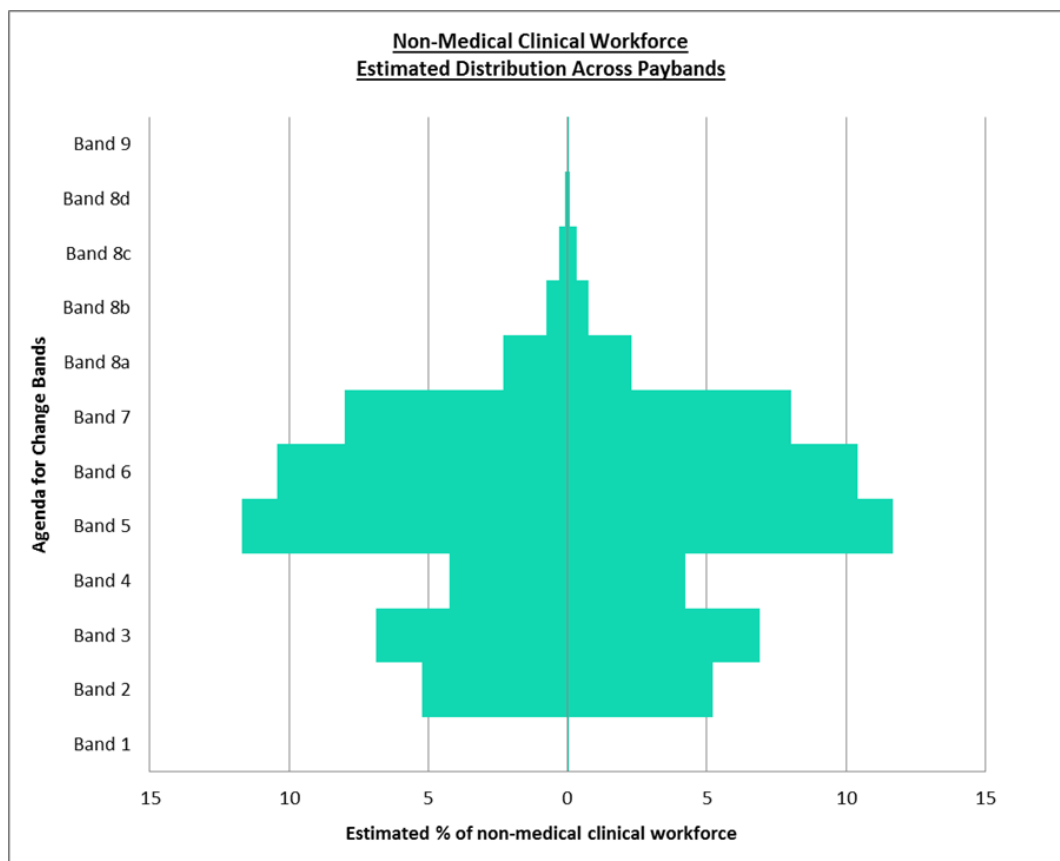
The UK's health sector has a number of characteristics that reflect the wider UK labour market trends. It is important to recognise, that as a high compliance sector, there are a range of factors helping to shape its workforce which includes regulation.

Firstly its overall shape, although influenced by registration and regulation the sector operates a clear divide between higher level registered occupations and intermediate/lower level support roles. Chart 1 demonstrates there are very few roles that exist at Bands 1, but their numbers increase significantly as we approach Band 2 and Band 3. However, Band 4 is relatively small and forms the 'wasp waist' of the sector.

There are many factors contributing to this shape. Without a doubt there is a need to ensure patient safety and therefore a large number of registered staff are needed. However, as our first working paper suggested there are activities that registered staff are undertaking activities that might be well taken care of by support workers, One factor is the preference employers have with employing a registered Band 5 role. Some employers may feel there is less risk with taking on a registered member of staff. Taken in isolation alone, the savings between the cost of a Band 5 and a Band 4 role may not seem a great deal, but taken as a whole across sector they could be very significant.



Chart 1: The Distribution of the Non-Medical clinical workforce



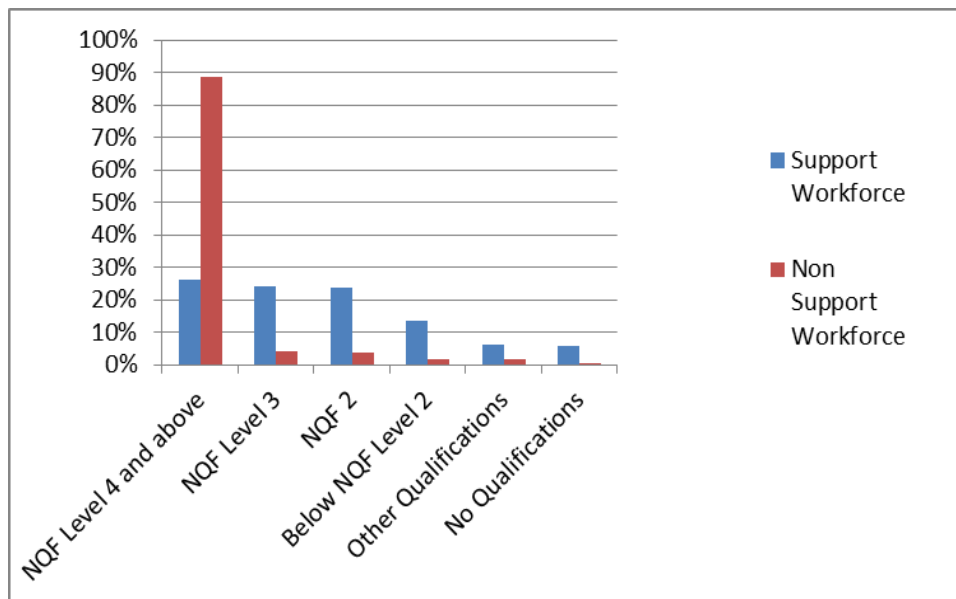
The severe curtailing of progression from band 4 onwards has also been noted in the Cavendish review which remarked; *‘The NHS Career Framework depicts a neat ladder rising from Band 1-9, implying a smooth-progression. Unfortunately, the reality is very different. The leap from Band 4 (AP) to Band 5 (registered nurse) has become even more challenging with the requirement that, from this September, all new student nurses must be enrolled on a degree programme. This raises the bar for applicants without A-Levels, which many dedicated carers in health and social care do not have.’*

Under-utilised support worker skills

The UK labour market overall has also observed as exhibiting high levels of qualification mismatch and apparent under-utilisation of skills. In terms of over-qualification (workers whose highest qualification is at a level about what they deem necessary to get their job today), around 30% of worker estimate themselves to be over-qualified.

Whilst almost 90% of the registered clinical workforce is qualified at level 4 or above, over a quarter of the support workforce also meet this standard. The relatively high number of support workers qualified at level 4 and above signals that there is capacity for these workers to undertake complex activities.

Chart 2: Qualification levels of the support and non-support workforce



Source: Labour Force Survey, 2014, ONS The development of demand

Due to the high levels of demand and complexity, many in the sector remain understandably concerned about its level of productivity. Commentators have also repeatedly challenged the traditional structures of work in the sector being ‘professions led’. They urge the sector to be more conscious of the needs of patients and make better use of a wide range of skills and occupations. This is particularly strong in the debate about integrated care.

Whilst the skills supply needs to be developed, there is also an important structural issue of the creation of high quality, rewarding and esteemed support worker roles in the health sector. Improving the supply of skills attitudes and behaviours is an important part of the ingredients, although incomplete if we fail to develop the roles themselves. Workforce plans that contain detailed reference to their development remain the exception rather than the rule.

We believe this matter needs to be given more careful consideration by employers. If such roles are created they can go a long way to addressing the shortages and difficulty in the recruiting of registered staff being experienced at present, it will lead to improved productivity and will be more cost effective. This is by no means suggesting that somehow professions need to feel threatened by such developments or that quality of care will be compromised. Evidence from the experience of the creation/deployment of such roles –assistant practitioners etc. – actually suggests the opposite in that the quality of care and patient satisfaction increases and the jobs of professional staff tend to be less stressful. Another important factor is that the procurement and development of the health workforce becomes more sustainable.



How to create demand for high quality support worker roles in the UK's health sector

There is a clear case for the development of the support workforce from a number of perspectives. The potential cost savings can be considerable, quality will improve and the ability for the support workforce to progress into registered roles will add flexibility to the workforce.

However, the development of high quality support roles will not happen without concerted action on the part of employers. Should employers choose to leave the situation as it is, there is no evidence that a new support workforce, fit to help meet the challenges of the future will emerge and the same frustrations and problems that currently exist will continue. Skills for Health has worked with a wide range of employers exploring how their workforces need to be reshaped and is helping them accomplish this through better integrated strategic workforce planning and application of the Six-Steps methodology. From this work a range of ingredients have emerged that contributes to making such developments sustainable.


Begin with outcomes, the services you think you need to deliver now and in the future

Our third working paper in this series will explore how employers can use 'intelligence intelligently' to help people think about the services that will need to be delivered and using this information to derive the shape of the workforce. Projections, benchmarking and scenario analysis can help employers rehearse and model the potential future of health care in the sector (or locality) and resultant services.

What is key is for employers is to start with the needs of the population to inform what services are needed and then let this inform the design of the workforce and skills required. Not to concentrate on or start from the services currently delivered and force patients into these boxes.

Go deeper into skills mix and care functions than you might have done in the past

The idea of reviewing skills mix is not uncommon in the health sector. At its broadest level, it is used to describe the ratios of professions or registered members of staff to other support worker roles. However, to tackle deep seated trends in employment and skills in the health sector an approach that considers skills mix in more granular detail is required.



This approach needs to start with an understanding of the services that will need to be delivered both currently and in the future. Taking a holistic approach to care pathway mapping i.e. across both primary, secondary and tertiary care and employing detailed functional analysis can prove valuable here. Once a sense of the service and care functions (these are the care/treatment interventions necessary at each step of the pathway) has been established, employers can then ask themselves what skills are needed in the workforce to deliver these services. It is here that measures of competence such as SfH's National Occupational Standards are valuable in articulating skillset required. What will emerge will be opportunity to group functions (skillsets) at various levels of expertise and the scope for creating intermediate roles.

It will be rare for employers to begin such an exercise with a clean slate and they will have colleagues already providing services, but such an approach provides opportunity to challenge the status quo and redesign the workforce to improve services, address current operational challenges and to enrich the jobs of all staff.


Give due priority to the support workforce and work towards parity of esteem

The first working paper outlined the significant cost savings and service improvements that could be derived from making better use of the support workforce. The use of support worker roles should be a key consideration and be a "standing" question during the development of any workforce development plan. These roles should be created with care and not be simply 'support' roles. They will need to have a clearly defined place in the workforce planning process. Support worker roles will also need champions to help push through their development. By giving the support workers due priority, we can begin to develop the heightened recognition for the work that such roles are able to undertake.

Take a longer view

The health sector is a busy place and for many working in it can feel like an ongoing battle to calm local fires and relieve pressure. However, the shift that this paper makes the case for - greater emphasis on support worker roles and more thought given to how different parts of the workforce might be able to contribute to patient care in ways that they have not in the past - will require employers to take a longer view on such developments.

Without a plan or strategy that embraces the development of the support workforce then it is likely that any development will be 'stop-start' in nature with projects and initiatives being ad-hoc. In addition investment by employers in this area needs to be given greater priority to ensure sustainable solutions.



Like many developments there is a need to monitor progress and evaluate impact. . Having this element will also enable longer term lessons to be drawn from the activities and contribute to the success of initiatives.

Think about functions to break down what skills might be needed

Functional analysis can help employers take a dispassionate look at the services they provide and the roles that are needed to make these services happen. Starting from the services they can then use functions to see what the team need to undertake.

For instance, a GP practice will have an overall function to provide services to its local and registered population across a range of services. Beneath this broad function there are a range of activities undertaken to deliver these services. Such as, the practice will need to organize appointment schedules and select who should come to the practice and who might require a home visit. A practice might need to consider how might it treat those with ongoing but stable long term conditions?


Another example is when the General Practitioner is the most qualified in the surgery and as such will be expected reasonably to see the most urgent, complex and high risk cases. However, there is evidence to suggest that many of the tasks and patients might be more widely distributed between nurse practitioners, pharmacists or health care assistants. It is not uncommon for organisations to start with the registered workforce then work down, although starting with 'functions', then working 'upwards' can then help employers explore their options more fully.

An example from a recent piece of Skills for Health research demonstrates how moving from a professions led approach to one which is more bottom-up, could have significant consequences in assisting in reshaping the workforce. *“Many ... had been influenced by a model of workforce planning that saw planners start by considering their requirement for regulated staff and then considering the extent to which tasks could be devolved downwards. However, in one GP practice the nurse manager had started her workforce planning by considering what and how much work could be assigned to the band 2 phlebotomist, after that what could be achieved by the band 3s. She had tried, but failed, to find any additional tasks that could be taken on by a band 4 person, recognising that above that level she required nurses for the remaining tasks.”¹¹*

Take regular opportunities to think about functions and skills mix

It is not always possible or indeed practical for organisations to start with a completely clean slate. However, taking regular opportunities to review the

¹¹ Skills for Health (2015) Assistant Practitioners in the NHS in England, Bristol, UK



services needed and consider ‘skills mix’ will yield positive results. For instance, in a recent case study Sirona healthcare reported how they treated a colleague leaving their job as an opportunity to review the skills mix of the team and introduce a new support worker role. The respondent noted;

‘We had set the service up using band 7 specialists and a band 6 member of staff. This worked well, but then the band 6 member of staff moved on. We realised that this could be where an assistant practitioner might be able to fit in’. ‘In fact we’re all encouraged to take a look at skills mixes’...‘We’re quite rigorous about the skills mix, there are some very skilled rehab assistants and they will have a lot of experience’.

The opportunities to think about the introduction of support workers are broad. Indeed, keeping one’s mind open and listening to the support workers themselves can highlight problems and innovations that they might be able to undertake.


Speaking about the introduction of an assistant practitioner in South Devon Health Care NHS Foundation Trust, Torbay a colleague equated it to an epiphany;

“...my real ‘epiphany’ moment I guess was when I was talking to a HCA who had been with us for some years. We were talking about the challenges associated with not having enough nurses on the ward and the impact that it was having. The HCA noted that there was a patient whose return to home had been extended for 10 days because they were waiting for an Allied Health Professional (AHPs) to provide a basic assessment of care for the individual to return home safely. The HCA noted that actually she could, with the right training and sign off, provide this level of clinical care and report back to AHPs or registered Nurses any changes that would need escalating to the registered professional for further assessment. The patient could be discharged home and start to return to normality. This would improve patient care and reduce actual costs to the Trust by the costs associated with 10 nursing days in an acute ward¹².”

As we have seen that such development can be a ‘clean slate’ approach and or follow a much more pragmatic and opportunistic line. It however remains the case that widespread creation of high quality support roles is someway off and will remain largely aspirational until employers give this important area high priority in their workforce planning and workforce development.

The development of high-quality support worker roles will need concerted action both at local, regional and national levels, with workforce planning taking these into account. Locally employers need to take opportunities to

¹² Skills for Health (forthcoming) The development of the semi-autonomous workforce; Experiences from the South West of England



look at their 'skills mix' and ask if a high-quality support worker role could be developed and add value.

Consider using competences and national occupational standards

At their simplest, competences articulate what skills; knowledge and understanding is required to enable someone to carry out the functions that comprise their job. In the UK, there has been a national program of such descriptions since the 1990s in the form of National Occupational Standards (NOS). In the UK health sector these are developed and maintained by Skills for Health.

A great deal of work has been undertaken to make these statements of competence and the application of these standards straightforward. With little effort they can inform and bring a common currency to workforce design and development discussions. They are also developed in consultation with health care employers.

The application of NOS increasingly support a wide range of activities from role design, performance appraisal, recruitment & retention, learning needs assessment to exploring in-depth the range of skills knowledge and understanding needed by those undertaking care functions within any given care or service pathway.


Give clarity to what support roles are doing

One of the important facets of developing support worker roles is the need for clarity. When planning to introduce a new role into a team it is important to ensure that the rationale for it and the associated duties and responsibilities are appreciated by other members of the team and not just by the post holder themselves.

On many occasions, new roles that are developed by a small group of well-meaning practitioners don't succeed because when the role is introduced in the real work situation little preparation is done and the post-holder struggles. The result is that the progress and benefits envisaged from introducing the role are stymie. Competences can be a useful tool in this regard but at the same time, good communication and preparation are important.

Learning from others

Learning from others in how a new support worker role was developed, trained and introduced into the workplace is a key tool in the workforce development box. There are a range of forums that can help employers on this subject.



Skills for Health itself has a library of proven new role ‘templates’ which describe the role’s competence, the required learning and skills, assessment requirements and any appropriate qualification. This library is a comprehensive resource of roles that are transferable and will support any project. Clearly, the local context is important and one-size does not fit all. Sharing experience and consulting with others is valuable and at the very least broad lessons can be learnt.

Consider progression within the role and within the career path

Progression routes are important in helping support roles come to life and provides motivation and contributes to individual ambition and esteem. Consideration should be given to progression both within the role and beyond the role. Progression within the role provides scope for traineeships or apprenticeships and additional tiers of responsibility based on competence and experience.

If there are routes out of the role and progression to other areas then the role can become more attractive to future candidates. Clarifying progression routes will also help support roles carry a greater currency. In time colleagues will see and hear how some people will have been promoted through various support roles into positions of authority. These are powerful stories that can reinforce the position of support worker roles.


New support roles should not be thought of in isolation. Such things as the SfH Bridging Programme are designed to aid progression, providing a progression pathway from support worker role to professional role, capturing the valuable work –experience while developing the educational and professional competence.

Consider the use of apprenticeships

Apprenticeships are one of the Government’s preferred frameworks for training and development. They provide an opportunity for employers take on candidates in the workplace and also to develop skills of their team in-house.

For many potential candidates the apprenticeships offer an opportunity to continue to earn as well as learn. This is extremely important for support workers with financial obligations. With the development of apprenticeships at a higher level apprenticeships can provide a progression route for support workers into registered roles. At present there are more than 70 apprenticeship frameworks applicable to roles within the health and care sectors. In addition new bespoke frameworks can be developed and SfH can provide expertise in this area. One of the important things to bear in mind when considering apprenticeships or the design of new apprenticeship framework is critical mass i.e. how many apprenticeships do you envisage for this role, as it may prove difficult to source the training locally as the number doesn’t make it viable for training providers.

Many health employers don’t venture down the road of employing apprentices. Some because they “traditionally” never engaged proactively with young people



(apprenticeships are suitable for this group), and have the impression that this option is more hassle than it is worth. Others have restrictions on head count that limit their ability to employ such people in significant numbers. Specialist and practical support is available to help employers address all these matters including the use of Apprenticeship Training Agency such as that offered by the National Skills Academy for Health. Using this approach health organizations can obtain the benefits from using apprentices without the employer responsibility.

Another factor is that there are opportunities to secure support funding for training and development for using apprenticeships which can contribute to costs incurred.


Change management is central to the development of support worker roles

Skills mix reviews, functional and competence analysis, learning needs analysis can all contribute to understanding in theory how a new roles and skills might be developed. However, returning to our opening themes of complexity and increasing volume; 'change management' skills are a key theme to promote the development of new support roles in the health sector. Not to mention personal qualities such as stamina on the part of 'change champions' who are seeking to make the change work.

At its heart the development of skills, whether that of an individual, a team or an entire organisation is a transition from one way of thinking and working to another. It is evident that achieving successful change requires forethought, preparation and the use of 'change management' skills and leadership. Therefore the development and introduction of new roles either in support workers or assistant practitioners within the regulated workforce (nurse consultants etc....) will benefit from adopting a change management perspective.

If the development of new high quality support roles which are held in esteem by their colleagues are to 'fly', two themes are worth noting. Firstly, is the theme of clarity of the role, and secondly, the stamina of the individual(s) seeking to make the change.

On the subject of clarity there is strong evidence to suggest that when a new support role is being introduced into a team or department, particularly towards Bands 3 and 4, clarity about the role and its purpose both for the post holder and the wider team who are working them is essential. The introduction of the assistant practitioner role at Band 4 is a useful case in point.



One of the common misunderstandings around this role is the belief held amongst nurses that they are that they are¹³, responsible for the assistant practitioners work. Should the work of the Assistant Practitioner become an issue, it is they as the registered member of staff who stands to lose their PIN. However, this is not actually the case; the assistant practitioner is in effect 'signed off' via local protocols as competent by proving their competence in a range of tasks. They are therefore responsible to themselves.

There are also cases highlighted in this report and others¹⁴ where some people are unaware of what the difference is between the Assistant Practitioner role and a Health Care Assistant. Such lack of clarity can lead to resentment and anxiety on all parts of the employer/employee relationship as well as day to day management.

For the support worker, one of the key elements identified in our research is the clarity of the role that they are being asked to move towards, both for their own understanding and that of those around them. This has been particularly apparent when services are being redesigned and when assistant practitioners are being introduced.

Stamina is an important quality in those seeking to make change happen. Health organisations are themselves complex, hosting a wide range of specialist activities. The context in which they work is also complex, with changes needing to be negotiated with multiple stakeholders. Some of these stakeholders may have different priorities.

Change can take time and therefore pacing oneself for a long journey is an important quality. Organisations can resist change, either actively or disengage from the debate in a form of institutional passive aggressiveness. Whilst change practitioners need to listen and be open to amending their plans, they need to be willing to doggedly put pressure on organisations to engage and help make the change happen. Anyone in this role will need to appreciate that they will meet resistance and there will be obstacles but they will need to take the longer view of the changes they are seeking to make.

¹³ Skills for Health (2015) Assistant Practitioners in the NHS in England, Bristol, UK

¹⁴ Skills for Health (forthcoming) The development of the semi-autonomous workforce; Experiences from the South West of England



Conclusion


For the UK's health sector unlocking of the potential of support workforce should be seen as an important key towards, improved quality of service, delivered cost-effectively and sustainably. The support workforce has the potential to contribute to a more productive sector and a sector providing higher quality outcomes for its patients. The drivers of change are clear and point towards the need for support workers to possess high quality skills, be held in greater esteem than they are currently and to have progression routes so if they wish and of course if they demonstrate the talent, they can progress. The health support workforce should be an important constituent in the talent economics strategy of every health employer.

Greater use support roles will not simply emerge of its own volition, but needs to be actively pursued. Whilst the development of supply side measures, such as learning packages are essential, they themselves are not sufficient to create the support workforce the sector needs. Concerted action is therefore needed to create support worker roles. Rather than a top down government target, the development of support workers development needs to become a 'national habit'. With those developing health care taking every opportunity to review the workforce as well as making longer term strategic plans.

In this paper we have sought to provide further rationale, if it were needed, to the argument for developing the support workforce. We have also, drawing on much experience, sought to offer employers some advice and guidance on how to progress this important theme.

Skills for Health works on the ground with a wide range of organisations throughout the sector. The 'ingredients' for successfully developing the support workforce are derived from our experience of this work. What is clear is that such initiatives need to respond to local needs as well as link into and influence national programs.

Locally, employers can establish an intimate understanding of the services they need to deliver. They can use a wide range of techniques such as skills mix review and competence assessment to help define their workforces. But to really make practical and sustainable change, such work needs to be complemented by good change management skills. Key features that stand out in this regard are the clarity of the support worker roles for both the employee and those around them including managers. There is also a need for the development of support workers to have sound planning and a commitment to resource.



Financial constraints and pressure will remain a constant characteristic of the UK health services for a while to come. Increasing complexity and volume of demand combined with a declining working population and the way service is funded make that inevitable for some time to come. The traditional way of doing things is not sustainable and new ways of working and new roles need to be expedited. Integration of health and social care services is an important step and has been and is being addressed across the UK. A whole systems approach to service delivery is required and the “Support Workforce” and its development and greater utilisation needs to be a key consideration if employers to navigate such waters successfully.



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