

Evidence Brief: Admin & Clerical

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Evidence Brief: Admin & Clerical

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[NHS Long Term Workforce Plan](#)

NHS England, 2023, updated 2024

Administrative automation: significant workforce benefit can be gained from the automation of administrative processes, including through AI applications such as speech recognition. Some studies have shown that over 70% of a clinician's working time is spent on administrative tasks and 44% of all administrative work in general practice can be mostly or fully automated. [...] There are considerable opportunities for better deployment of the administrative workforce to free up clinicians' time and support patient flow, alongside using technology to reduce administrative burden. For example, East Sussex Healthcare NHS Trust has successfully introduced doctor's assistants to undertake specific tasks to reduce doctors' workload. This was in response to an evaluation that found doctors were spending 44% of their time on administration and that 78% of overtime/ exception reports could be carried out by doctor's assistants. [...] The future of NHS human resources and organisational development report sets out how people professionals need to work differently to create a consistently compassionate, inclusive and values-driven culture that delivers better staff experience now and in the future. This Plan builds on these previous pieces of work.

[Introductory guide to NHS finance](#)

The professional association for healthcare finance, 2024

The guide is a vital resource for anyone who wants to understand NHS finance and get the maximum value from NHS resources. It will be of interest to finance staff at all levels, non-executive directors, clinicians, budget holders and general managers. Indeed, anybody who wants to know more about how money works in the NHS; be they at the beginning of their

career, moving to a new role, or just interested to understand the impact of recent changes.

[NHS Finance Talent Management Strategy](#)

NHS Finance, 2023

Engaging with a group of NHS Finance staff that are representative of different roles from a range of organisation types, this strategy has been co-created to provide a vision for Talent Management and agreed actions that provide a road map towards the achievement of that vision over the next 5 years.

[Supporting our staff: resource pack](#)

NHS Finance, 2023

The NHS, including our finance function, has been through incredible ups and downs over the past couple of years, with the Covid-19 pandemic being arguably the biggest challenge the NHS has ever faced. Following this, with the changing financial landscape, cost of living crisis and other major world events, it is important to recognise that times are tough.

[If I die it will be your fault](#) [campaign video]

Institute of General Practice Management, 2022

In this video GP receptionists share the abuse they have experienced first hand. All have been frontline key workers during the pandemic. With the majority of GP Practice Staff (78%) facing threatening behaviour, racist or sexist abuse from patients, and 83% reporting having called the police for help, the Institute of General Practice Management (IGPM) launches a campaign to end all abuse towards general practice staff.

[The future of NHS human resources and organisational development report](#)

NHS England, 2021, updated 2022

This report outlines the ten-year strategy for the human resources (HR) and organisational development (OD) services in

the NHS. It is aimed at HR and OD directors, chief people officers, HR and OD practitioners, managers, leaders and anyone with an interest in HR and OD.

[Knowledge for Healthcare](#)

Health Education England, 2021

The expertise of knowledge specialists is business-critical for the success of the NHS. We are committed to a compelling ambition to drive transformation and improvement across the healthcare system. We are transforming the infrastructure for digital knowledge resources. We are upskilling the workforce to mobilise evidence and knowledge. We are championing improved health literacy.

[Admin matters: the impact of NHS administration on patient care](#)

The King's Fund, 2021

Integrated care systems, and place-based partnerships within them, are tasked with promoting more seamless care that better meets people's needs. To do this they will need to understand the role admin plays in care – from both patient and staff perspectives.

[Pivotal not peripheral: the role of administration in the NHS](#)

The BMJ, 2021

Anecdotally, we all have a story to tell of a referral letter lost, a phone call that went unanswered, or a labyrinthine experience trying to get to the right service. But what can the evidence tell us about the effect of administration on patients?

[Paper Works: the critical role of administration in quality care](#)

National Voices, 2021

Administration is a gatekeeper and enabler for quality care; when these processes go wrong, the effects go far beyond mere inconvenience.

[NHS admin: how does it affect patient experience?](#)

The King's Fund, 2019

Are all your interactions with NHS services as good as you would like? My guess is that, at one time or another, most of us have experienced feeling frustrated by bureaucratic processes, outdated IT systems or unsatisfactory interactions with administrative staff.

Case Studies

[Knowledge and Library Services Impact case studies](#), 2024

A database of case studies highlighting good practice and impact of Knowledge and Library Services.

[Supporting employee financial wellbeing: West London NHS Trust](#), 2023

Difficult economic conditions are prompting many employers to change their approach to financial wellbeing to support their people through tough times. While increasing pay may be the most direct choice of options, it might not always be possible when budgets are tight, nor, on its own, may it be enough. Instead, organisations are redefining their benefits packages to help employees in new, innovative ways.

[I Was A GP Receptionist. Here's The Truth About The Job](#), 2023

Mila* – who preferred not to share her real name – worked in a team of GP receptionists, or as she puts it “the UK's most hated people”, for over a year between 2021 and 2022 in Wales.

[How the role of GP receptionist has evolved to improve patient experience](#), 2022

The role of GP receptionist has changed in recent years, they play a key part in helping patients get the right care, by the right healthcare professional at the right time.

[Local NHS receptionists to receive loneliness training in a bid to ease pressure on health services](#), 2022

In a first-of-its kind partnership, NHS Property Services (NHSPS) and Campaign to End Loneliness are delivering training to NHS receptionists across the country to enable them to support patients showing signs of loneliness.

[Case Studies, NHS Careers in Finance](#), 2022

Jasvinder Landa, Divisional Finance and Information Manager – Capital Projects and Improvement, University Hospitals of Derby and Burton NHS Foundation Trust. Thinking about changing career? Have a read of Jaz's story about changing career at 37.

[Integrating e-collections following the merger of two specialist hospital libraries: a case study](#), 2020

Integrating e-collections enables equity of access and value. A national co-ordinated approach to procurement of e-collections will further support equity and best value throughout NHS LKS.

[Restructuring of HR Practices in NHS: A Case Study of Oxleas NHS](#), 2015

The aim of this paper is to evaluate the Human Resources department of Oxleas NHS Foundation Trust and see whether there is need to restructure the organisation's HR practices. A review of the trust's HR management system is carried out to determine how it has impacted on the overall performance of the organisation.

[NHS Finance Career Stories](#), 2015

The series of 25 stories captures a diverse mixture of careers that showcase the range, opportunities and appeal of working in NHS finance. They highlight the ability to have a successful career at any level and the opportunities for wide-ranging personal and career development. They show that time spent in

NHS finance can enhance a career that spans other sectors or even non-finance careers.

[Dispensary and admin/reception teams work together to release 55 hours per week – The Leith Hill Practice, Surrey – South East](#)

Working over 2 sites the practice's dispensary and reception/admin teams were overloaded with a high demand for dispensing medication, and participated in the [Productive General Practice Quick Start](#) programme to look at ways it could reduce this workload. The programme is delivered by NHS England and NHS Improvement and part of the Time for Care support available through the [General Practice Forward View](#).

["Being able to relate my work to helping someone in the hospital is the driving force for me."](#) No date

After completing an extended diploma in business studies, Lydia found that she loved working in a team but also enjoyed tackling her own projects. She quickly found that a career in finance was right for her.

[Admin case study: Jared, Single Point of Contact Coordinator](#), no date

One of our Single Point of Contact Coordinators, Jared, shares details of his day-to-day work and responsibilities, and what it's like to work in Norfolk's community NHS.

[How I got here: my career advice](#), no date

After 18 months as a ward administrator I applied for and got a Band 4 Specialty PA role working for three consultants which I have been doing now for 2½ years. I have only recently applied for another Band 4 role as a Project Support Administrator on a Macmillan project. I was successful in getting the post which I will be taking up shortly.

["I've worked my way up in different managerial roles in the NHS and have had lots of support, including studying for an MA in management studies."](#) No date

Angela has worked in the NHS all her career, first as a secretary, then progressing to various managerial roles. She recommends others to research and try NHS different roles as there are so many options.

[Good practice case study: Shared HR Service, no date](#)

The Greater Manchester (GM) PCT shared HR service was built with the main aim of keeping the PCTs' HR functions resilient throughout major NHS reforms. However it also aims to provide structured support to the implementation and development of NHS Greater Manchester, to enable the longer term sustainability of the HR shared service, following the abolition of PCTs, whilst driving down costs.

[Good practice case study: Developing an HR Shared Service Organisation in the NHS](#), no date

Cheshire HR Service provides a blueprint for NHS HR shared services. It was founded in 2006 by the joining together of HR services from three NHS organisations across Cheshire with the intention of improving efficiency and providing a better HR service to its partners. The service, hosted by East Cheshire NHS Trust, is made up of HR, Learning and Development and HR Administrative professionals and specialists with extensive experience in delivering HR services.

The Star for workforce redesign

More resources and tools are available in [the Star](#).

Statistics and data

You can find relevant statistics on the [Health and Care Statistics Landscape](#).

NHS Finance and NHS Staff Survey comparison tool, 2023
[\[Link to Excel spreadsheet\]](#)

[GP Patient Survey 2023](#)

NHS England, 2023

Around in 8 in 10 (82.2%) said the receptionists at their GP practice were helpful, similar to 2022 (82.1%).

[Total number of administrative support staff for scientific, therapeutic and technical staff in the NHS Hospitals and Community Health Service \(HCHS\) workforce in England from 2009 to 2022](#)

Statista, 2023

This statistic shows the number of clerical and administrative support staff for scientific, therapeutic and technical staff (ST&T) in the National Health Service (NHS) Hospitals and Community Health Services (HCHS) workforce in England from 2009 to 2022, as of November of each year. The number of administrative ST&T support staff reached a total of 9,952 full-time equivalent employees in November 2022.

[Total number of clerical and administrative support staff in the NHS Hospitals and Community Health Service \(HCHS\) workforce in England from 2009 to 2022](#)

Statista, 2023

This statistic shows the total number of clerical and administrative support staff for doctors, nurses and midwives in National Health Service (NHS) Hospitals and the Community Health Services (HCHS) workforce in England from 2009 to 2022. The number of administrative support staff increased

during this period to reach over 107 thousand full-time equivalent employees in November 2022.

[NHS Workforce Statistics - January 2022 \(Including selected provisional statistics for February 2022\)](#)

NHS Digital, 2022

This report shows monthly numbers of NHS Hospital and Community Health Services (HCHS) staff working in NHS Trusts and CCGs in England (excluding primary care staff). Data are available as headcount and full-time equivalents and for all months from 30 September 2009 onwards.

[NHS Knowledge and Library Services in Numbers](#), 2020

Every year we gather statistical information from NHS funded Library and Knowledge Services. View the infographics below to see the highlights about staffing, services and finance.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Administrators, Clerks, Receptionists, Telephonists

["You're only a receptionist, what do you want to know for?": Street-level bureaucracy on the front line of primary care in the United Kingdom](#), 2023

Street-level bureaucracy, complemented with a tri-level contextual analysis, is a useful theoretical framework to understand how health workers, such as receptionists, attempt to

provide universality without sufficient resource, and could potentially be applied to other kinds of public service workers in this way. This theoretical framework also benefits from being an accessible foundation on which to base practice and policy changes.

[Patient aggression towards receptionists in general practice: a systematic review](#), 2023

Patient aggression towards reception staff is a serious workplace safety concern for general practices and negatively affects healthcare sector function more broadly. Receptionists in general practice deserve evidence-based measures to improve their working conditions and well-being for their own benefit and that of the community.

[The challenges of integrating signposting into general practice: qualitative stakeholder perspectives on care navigation and social prescribing in primary care](#), 2022

2) role preparedness – a lack of training meant that some receptionist staff felt unprepared to take on the CN role as expected and raised patient safety issues; for SPLW staff, training affected the consistency of service offer across an area; 3) integration and co-ordination of roles – a lack of planning and co-ordination across components of the health and care system challenged the success of integrating signposting into general practice.

[Qualitative and quantitative approach to assess the potential for automating administrative tasks in general practice](#), 2022

The model predicted that roughly 44% of administrative tasks carried out by staff in general practice are 'mostly' or 'completely' automatable using currently available technology. Discussions with practice staff underlined the need for a cautious approach to implementation.

[Understanding the invisible workforce: lessons for general practice from a survey of receptionists](#), 2022

This study has provided a much-needed update on the demographics, duties, and job satisfaction of GP receptionists. The need for diversification of the workforce to reflect the range of primary care patients warrants consideration in light of continuing variation in access along lines of gender and ethnicity. Training continues to focus on administrative duties not on the clinically relevant aspects of their role such as triage.

[Impact of telephone triage on access to primary care for people living with multiple long-term health conditions: rapid evaluation](#), 2022

Telephone triage is a service innovation in which every patient asking to see a general practitioner or other primary care professional calls the general practice and usually speaks to a receptionist first, who records a few details. The patient is then telephoned back by the general practitioner/primary care professional. At the end of this return telephone call with the general practitioner/primary care professional, either the issue is resolved or a face-to-face appointment is arranged. Before the COVID-19 pandemic, telephone triage was designed and used in the UK as a tool for managing demand and to help general practitioners organise their workload. During the first quarter of 2020, much of general practice moved to a remote (largely telephone) triage approach to reduce practice footfall and minimise the risk of COVID-19 contact for patients and staff.

[A quantitative assessment of the parameters of the role of receptionists in modern primary care using the work design framework](#), 2020

The evidence of our survey suggests that the role of modern GP receptionists requires an array of skills to accommodate various administrative, communicative, problem solving, and decision-making duties. There are ways in which the role might be better

supported for example devising ways to separate complex tasks to avoid the errors involved with high cognitive load, providing informal feedback, and perhaps most importantly developing training programmes.

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[Receptionists' role in new approaches to consultations in primary care: a focused ethnographic study](#), 2018

A shared understanding within practices of the potential difficulties and extra work that might ensue for reception staff was lacking. This might contribute to the low uptake by patients of potentially important innovations in service delivery. Involvement of the wider practice team in planning and piloting changes, supporting team members through service reconfiguration, and providing an opportunity to discuss and contribute to modifications of any new system would ensure that reception staff are suitably prepared to support the introduction of a new approach to consultations.

[Between demarcation and discretion: The medical-administrative boundary as a locus of safety in high-volume organisational routines](#), 2018

The majority of administrative work in UK general practice takes place in the context of organisational routines such as repeat

prescribing and test results handling, where high workloads and increased clinician dependency on administrative staff have been identified as an emerging safety issue. Despite this trend, most research to date has focused on the redistribution of the clinical workload between doctors, nurses and allied health professionals within individual care settings. Drawing on Strauss's negotiated order perspective, we examine ethnographically the achievement of safety across the medical-administrative boundary in key high-volume routines in UK general practice.

[The future role of receptionists in primary care](#), 2017

Arguably the most visible among the primary care workforce are receptionists, required to work under unprecedented levels of pressure and scrutiny, yet without any concurrent change in their training or support. Their position at the point of entry to the healthcare system means they are the most accessible member of the care team and have a significant influence on patients' perception of their care. They frequently embody the frustrations of patients: a recent survey of complaints in primary care found those concerning receptionists were responsible for nearly half of upheld complaints, the largest figure of any staff group. This dissatisfaction with reception staff can have serious implications for non-attendance, increased A&E visits, and health outcomes.

[Risk work in NHS 111: the everyday work of managing risk in telephone assessment using a computer decision support system](#), 2017

We found that call handlers engaged in risk work that involved interpretation, judgement and flexibility in using NHS Pathways. Call handlers also deferred some risk work to both clinicians and patients/callers. Risk work now involves 'making the technology work' and much of this work has been delegated to non-clinical call handlers. These new healthcare workers are interpreters of

risk. Risk work creates a sense of responsibility (and sometimes anxiety) for these non-clinical call handlers.

[Calling the GP surgery: patient burden, patient satisfaction, and implications for training](#), 2016

Patients in some practices have to push for effective service when calling GP surgeries. Conversation analysis specifies what constitutes (in)effective communication. Findings can then underpin receptionist training and improve patient experience and satisfaction.

[Service factors causing delay in specialist assessment for TIA and minor stroke: a qualitative study of GP and patient perspectives](#), 2016

Primary and emergency care providers need to review how they can best handle patients presenting with symptoms that could be due to stroke or TIA. In general practice, this may include receptionist training and/or triage by a nurse or doctor. Mechanisms need to be established to enable direct referral to the TIA clinic when patients whose symptoms have resolved present to other agencies.

[The place of receptionists in access to primary care: Challenges in the space between community and consultation](#), 2015

At the point of entry to the health care system sit general practice receptionists (GPRs), a seldom studied employment group. The place of the receptionist involves both a location within the internal geography of the clinic and a position within the primary care team. Receptionists literally 'receive' those who phone or enter the clinic, and are a critical influence in their transformation from a 'person' to a 'patient'.

[Slaying the dragon myth: an ethnographic study of receptionists in UK general practice](#), 2013

Framing the receptionist–patient encounter as one between the ‘powerful’ and the ‘vulnerable’ gets in the way of fully understanding the complex tasks receptionists perform and the contradictions that are inherent in their role. Calls for more training, without reflective attention to practice dynamics, risk failing to address systemic problems, portraying them instead as individual failings.

[Administrators need clinical experience](#), 2013

[Letter]

The present administration of the NHS is contrary, with lay administrators firmly in control and clinicians side lined. Active clinicians should be directing the NHS, working with administrators, who should have clinical experience as part of their training.

[Healthy conversation skills: increasing competence and confidence in front-line staff](#), 2012

The ‘Healthy Conversation Skills’ training proved effective at increasing the confidence of staff working at Sure Start Children's Centres to have more productive conversations with parents about healthy eating. Wider implementation of these skills may be a useful public health nutrition capacity building strategy to help community workers support families with young children to eat more healthy foods.

[Receptionist input to quality and safety in repeat prescribing in UK general practice: ethnographic case study](#), 2011

Receptionists and administrative staff make important "hidden" contributions to quality and safety in repeat prescribing in general practice, regarding themselves accountable to patients for these contributions. Studying technology-supported work routines that seem mundane, standardised, and automated, but which in reality require a high degree of local tailoring and

judgment from frontline staff, opens up a new agenda for the study of patient safety.

[Awareness of Depression at the Reception Desk: Education for Primary Care Receptionists](#), 2008

Please click on the link to see the abstract.

Directors and other Senior Management

[The impact of healthcare board characteristics on NHS trust performance](#), 2022

Results revealed that, to improve performance, FTs should try to minimize turnover on the board of directors; improve attendance at board meetings; and increase the number of non-executive directors on the board. Further, increasing clinical expertise on the board would benefit financial performance and produce a better Care Quality Commission (CQC) score. Such implications are also relevant to other healthcare settings which have similar institutional setups, particularly those in Europe.

[The role of professional elites in healthcare governance: Exploring the work of the medical director](#), 2021

Analysing data collected from observations, interviews and documents from 15 healthcare providers in England (2014–2019), we elaborate the role of medical directors in healthcare governance as ‘translation work’, ‘diplomatic work’, and ‘repair work’. Our study highlights the often enduring emotional effects of repeated structural changes to clinical services. It also contributes to theories of professional restratification, showing the work of medical directors as regional ‘political elites’, and as ‘corporate elites’ in publicly-funded healthcare systems.

[Framework on strategic competence performance – a case study of a UK NHS organization](#), 2021

y examining a UK-based qualitative case study, the proposed framework puts forward four strategic competence pillars vital for delivering organizational performance and effectively managing the environment of NHS unit's operations. The four strategic competences that are identified to foster NHS unit's performance are strategic leadership, staff engagement, knowledge transfer and partnership working.

[Routes to the top: the developmental journeys of medical, clinical and managerial NHS chief executives](#), 2020

Few proactively sought leadership opportunities and there was a lack of an active leadership development strategy. Yet the 'seeds of leadership development' took root early. Combined with a blended approach of formal leadership development and 'on-the-job' informal leadership development, emerging NHS chief executives were exposed to multiple 'crucible moments' that helped them develop into and excel at the top of their field.

[Reverse mentoring for senior NHS leaders: a new type of relationship](#), 2020

The Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDI) programme was rolled out in Guy's and St Thomas' NHS Foundation Trust in 2018 and paired senior white leaders (mentees) with black and minority ethnic (BME) staff (mentors) to help them explore their mentees' practices in relation to equality, diversity and inclusion.

[Does leadership matter for healthcare service quality? Evidence from NHS England](#), 2020

We find that task-oriented leadership has the strongest effect on staff-rated hospital quality while change-oriented leadership affects most patient satisfaction and the clinical measure. We also find some evidence that organizational autonomy and competition across hospitals moderates the effect of leadership quality on healthcare quality.

[An evaluation of a training intervention to support the use of evidence in healthcare commissioning in England](#), 2020

A total of 63 staff in a variety of commissioning-related roles attended the workshops between March and September 2016. 95% rated the workshop overall as either 'excellent' or 'good'. Of particular value was the involvement of the local healthcare librarian, helping to promote their expertise and services; and the discussion of grey literature as a valuable source of evidence. A variety of intended actions as a result of the training included initiating a thorough search for evidence for new projects, use of bibliographic databases, and making use of local library services for evidence searching. Follow-up interviews with nine staff revealed a positive impact in the longer-term.

[Making sense of effective partnerships among senior leaders in the National Health Service](#), 2019

We identified four areas of ongoing tension between senior leaders. Each of these was linked to a set of underlying drivers, with the strongest support for drivers with interpersonal roots. Effective strategies for resolving tensions involved significant effort by leaders at improving the interpersonal dynamics associated with everyday interaction and forging relational connections through enhanced trust within the leadership team.

[Leadership in the NHS](#), 2019

We do know, however, that top-down approaches to leadership are the least effective way of managing healthcare organisations whereas inclusive and compassionate leadership helps create a psychologically safe workplace where staff are more likely to listen and support each other resulting in fewer errors, fewer staff injuries, less bullying of staff, reduced absenteeism and (in hospitals) reduced patient mortality.

[Organizational Silence in the NHS: 'Hear no, See no, Speak no'](#), 2018

From generalized evidence, it is suggested that the NHS is systemically and institutionally deaf, bullying, defensive and dishonest. There appears to be a culture of fear, lack of voice and silence. The cost of suppression of voice, reluctance to voice and the resulting 'sea of silence' is immense. There is a resistance to 'knowing' and the NHS appears to be hiding and retreating from reality. There is an urgent need for action to be taken to address this dysfunctional culture.

[Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners: a qualitative study](#), 2018

Barriers to the successful initiation and implementation of health and wellbeing services in the NHS are numerous and range from front-line logistical issues with implementation to high-level strategic and financial constraints. Adopting a strategic and needs-led approach to implementation and ensuring thorough staff engagement are amongst a number of factors that facilitate implementation and help overcome barriers to initiation of wellbeing programmes in the NHS. There is a need for a culture that supports staff health and wellbeing in the NHS.

[Senior stakeholder views on policies to foster a culture of openness in the English National Health Service: a qualitative interview study](#), 2018

Implementation of procedural interventions to support openness is challenging but feasible; engineering cultural change is much more daunting, given deep-rooted and pervasive assumptions about what should be said and the consequences of mis-speaking, together with ongoing ambivalences in the organisational environment about the propriety of giving voice to concerns.

[The use of patient feedback by hospital boards of directors: a qualitative study of two NHS hospitals in England](#), 2017

The two boards used in-depth qualitative feedback and quantitative feedback from surveys in different ways to help develop strategies, set targets for quality improvement and design specific quality improvement initiatives; but both boards made less subsequent use of any kinds of feedback to monitor their strategies or explicitly to assure the quality of services.

[NHS top managers, knowledge exchange and leadership: the early development of Academic Health Science Networks – a mixed-methods study](#), 2017

This study explored knowledge networking and leadership in the context of the early development of Academic Health Science Networks and made recommendations for future research.

[New development: Women with altitude—exploring the influence of female presence and leadership on boards of directors](#), 2017

A high female presence among executive and non-executive directorships did not result in significant differences either in financial return or service quality. However, female chairs or chief executives resulted in significant reductions in negative social outcomes, such as lower clinical negligence costs, without harming financial management. The findings have important implications for gender diversity and gender targets on the boards of directors in business and other sectors.

Communications, Human Resources, and Finance

[Encouraging Diversity in our finance teams](#), 2024

In our ever-changing professional landscape, we know it is imperative to increase the diversity of our teams. This isn't just a goal but a necessity to unlock our full potential, individually and to harness the power of NHS finance.

[Human Resource Management in Healthcare](#), 2021

[Conference Abstract]

[Slovakia]

The positive impact of HRM practices on increasing employee satisfaction and engagement is scientifically proven. Currently, HRM practices in healthcare are used in a limited way, often only at the level of HR or labour law and union bargaining. This is indicative of the low level of HR development. It is desirable to make full use of HRM practices in healthcare. The aim of this paper is to identify and define the challenges of human resource management in healthcare and explain the importance of implementing developed HRM practices to improve the quality of health care delivery. The research method used is a literature search. The investigation of the relationship between quality human resource management and healthcare delivery is considered important because the knowledge and competency to manage people are not necessary to hold a management position in most healthcare professions in Slovakia. In the world's best hospitals, we find developed HRM with a positive impact on employee satisfaction and medical indicators.

[The Rapidly Changing NHS Communication in the age of coronavirus](#), 2020

This research project – the first to explore the experiences of NHS professional communicators during the coronavirus pandemic - has been conducted as a contribution towards NHS learning.

[Conflicting Logics of Public Relations in the English NHS: A Qualitative Study of Communications and Engagement](#), 2020

Using qualitative methods, we conducted empirical research in two localities to explore the role of communications and engagement staff as they worked to 'transform' the NHS in line with the vision of the Five Year Forward View. We gathered documentary data and interview data from people whose roles

required them to 'do engagement'. These staff came from a range of backgrounds, including professional marketing backgrounds, and many were unaware of emancipatory goals or user-led involvement and activism. Our analysis examines the competing logics of marketing and patient empowerment within a key stakeholder matrix document and that surfaced in participants' accounts of their engagement practices.

[Disproportionality in NHS Disciplinary Proceedings](#), 2019

Overall, six factors were identified as underpinning the disproportionate representation of black minority ethnic staff in disciplinarys: closed culture and climate; subjective attitudes and behaviour; inconclusive disciplinary data; unfair decision making; poor disciplinary support; and disciplinary policy misapplication.

[Future focused finance: Transforming the NHS finance profession](#), 2017

Change programmes can be challenging to maintain and sustain without high level drive and ownership and resources to ensure implementation. Dissemination plans are a critical part of ensuring outputs are implemented. The FFF programme is the first NHS change programme to address the specific needs of the finance profession and to focus on developing the relationship with clinical services to improve patient outcomes.

[Exploring the role of communications in quality improvement: A case study of the 1000 Lives Campaign in NHS Wales](#), 2015

Effective communication is critical to successful large-scale change. Yet, in our experience, communications strategies are not formally incorporated into quality improvement (QI) frameworks. The 1000 Lives Campaign ('Campaign') was a large-scale national QI collaborative that aimed to save an additional 1000 lives and prevent 50 000 episodes of harm in Welsh health care over a 2-year period. We use the Campaign

as a case study to describe the development, application, and impact of a communications strategy embedded in a large-scale QI initiative.

Knowledge and Library Services

[Adding value to learning and development through CILIP accreditation: The NHS knowledge for healthcare learning academy](#), 2022

When considering the accreditation of learning, there is considerable value in working with an experienced accreditation body which recognises the value of the learning opportunities being delivered. [...] The processes involved in learning accreditation facilitates reflection and can lead to service improvement and development.

[UK survey demonstrates a wide range of impacts attributable to clinical librarian services](#)

Health information and libraries journal, 2022

To understand the impact of the UK Clinical Librarian (CL) workforce and benchmark the results against a study undertaken in the North West region of the English National Health Service (NHS). CLs provide diverse services to clinical teams. They support the continuing professional development and personal research needs of team members, service development needs of organisations, and the information provided contributes to improved quality and safety of patient care.

[Development and spread of health literacy eLearning: A partnership across Scotland and England](#), 2022

The eLearning was developed to increase awareness of NHS workforce and community partners, supplemented by training for NHS librarians and public health specialists to enable them to provide more tailored training on health literacy techniques.

[Health information seeking behaviour: the librarian's role in supporting digital and health literacy](#). 2022

The data collected from users showed that they are most likely to use search engines to find health information online. The interviews with librarians furthermore suggested opportunities to support users with their health literacy. These included proactively providing and delivering relevant and targeted training sessions and liaising with health organisations to ensure that they provide the most up to date information.

[NHS librarians collaborate to develop a search bank peer reviewing and sharing COVID-19 searches - an evaluation](#), 2022

Collaborative working for the search bank probably saved time for individual NHS librarians. The quality of the searches submitted was variable as were librarians' approaches to presentation and development of search strategies. Peer review benefits from a buddy approach among expert searchers and agreement about feedback provided to contributors.

[Building capacity among healthcare librarians to teach evidence-based practice: an evaluation](#), 2021

The course boosted confidence, provided valuable new skills, and positively impacted careers of the librarians through access to new opportunities. It inspired the development of new approaches to critical appraisal training. An important need was identified among the librarians for more education in teaching. Librarians funded by the scheme have successfully cascaded the training to their colleagues.

[A best fit solution: transforming an NHS Library and Knowledge Service in readiness for a new hospital building without a traditional library space](#), 2021

Embedding the LKS team in the clinical setting, engaging in proactive outreach activity, and improving our marketing led to a

44% increase in literature searches requested compared to the same eleven-month period in the previous year. A 40% decrease in our print book loans indicates additional barriers to using a click-and-collect service and the need for greater investment in our e-book provision. However, early outcomes for our best-fit service transformation are positive. Having an open, dual mindset has enabled the service to embrace change and maximize emerging opportunities to collaborate with clinical staff on new projects.

[Learning how to teach unfamiliar subjects: developing training on writing for publication and presentation of research for health libraries](#), 2020

While librarians are ideally placed to provide training in writing for publication and presentation of research, very few in the United Kingdom appear to be doing so. However, there are clear benefits to teaching these subjects. Based on feedback from faculty on user needs, the University of Cambridge Medical Library's training programme was expanded to include training and support in the publication and presentation of research outputs.

Volunteers

[Impact of volunteers in the emergency department](#), 2020

Hospital volunteers made a substantial contribution to providing food and drink to patients in the emergency department. Emotional support from volunteers was limited.

[A nurse-led youth volunteering project to support older people on acute hospital wards](#), 2020

This article describes a volunteer project where young people aged 16 years and above support older people on acute hospital wards in an NHS trust in England. The project was designed and managed by a nurse using the NURTURE model, a framework

for planning, developing and organising volunteer services to support older patients on acute hospital wards.

[Can volunteering help create better health and care?](#) 2017

This report's remit was to pull together evidence to help answer the following questions:

1. What volunteer / lay roles are effective in health and care?
2. What do we know about the effective recruitment, management and deployment of volunteers (in any setting)?
3. What evidence is there about the impact of volunteers in health and social care, within England health and social care organisations, and from voluntary sector initiatives working into health and social care?

At the outset we establish a typology of volunteering, taking the term in its broadest sense, including the full range of roles people take to support others across health and social care needs

['We are volunteers and that sometimes gets forgotten': exploring the motivations and needs of volunteers at a healthy living resource centre in the North East of England](#), 2015

The place of volunteers within public services and their role in delivery have become increasingly prominent in recent years. Training, alongside clear communication and recognition of the contribution volunteers make, can help improve the experiences of those choosing to volunteer within the health services.

Competency Frameworks

[Developing the knowledge and library services workforce](#) (no date)

A range of resources is available to facilitate the development of your knowledge and library services team, ensuring they are

equipped to meet the information needs of all NHS staff and learners.

[NHS England Fit and Proper Person Test Framework for board members](#), 2024

The framework will introduce a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC.

[A summary of NHS England's Fit and Proper Person Test Framework](#), 2023

NHS Employers has worked with legal firm Capsticks to create a briefing which will help organisations to prepare for the new requirements.

[NHS Finance Competencies](#), 2021

The purpose of this document is to provide finance staff and their managers with an up to date, relevant and complete list of all the competencies which finance staff need to be able to fulfil their roles effectively.

[HR/OD Competency Framework](#), 2021

This HPMA HR/OD Competency Framework has been developed over the years as a simple and valuable tool to any HR/OD professional and to any HR director or manager looking to develop the skills of their teams.

General Practice Administrative Staff Competency Booklet [[Download Word doc link](#)], 2020

This guide contains a competency checklist to work through to ensure all administrative staff working within Cheshire GP

surgeries are proficient with data input, GDPR, customer service, and assisting with patient handling such as referrals, prescriptions and appointments.

Receptionists' Competency Booklet, [[download PDF link](#)] 2019
The framework is local guidance for the competencies that GP practice receptionists should have to carry out their roles with skills and confidence. It brings together a range of initial work areas and important tasks that receptionists are expected to carry out in their day to day roles. The framework is divided into 14 competency areas and each broad task is outlined. It is a checklist that can be interpreted to fit each individual GP practice and to work within local practice policies and procedures.

[The role of the NHS provider chair: a framework for development](#), 2019

This document aims to support NHS trusts and foundation trusts in attracting, appointing and developing NHS provider chairs; It offers guidance on best practice expectations for the chair's role.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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