



# CASE STUDY: HEALTHCARE ASSISTANT TRAINING

Mid Cheshire Hospitals NHS Foundation Trust introduced training for healthcare assistants (HCAs) in April 2011. The initial drive for an improvement in the training of HCAs arose from recognition that this workforce received very little tuition prior to working on acute care wards.

The programme is a mandatory three-day training programme for all newly recruited HCAs. It covers a range of topics across nine core clinical skills, and includes both theoretical and practical teaching sessions. Practice educators and specialist nurses deliver training over a three day period during the corporate induction programme, which takes place once a month. Places are also available for existing employees to attend training if nominated by their line manager.

Delegates are asked to score their confidence levels in performing the nine clinical skills, before and after training, and over a four month period the difference in the scores is collated to measure any percentage increase in confidence.

## **Key outcomes**

- Increased confidence the analysis of data collected at evaluation demonstrated an overall increase in healthcare assistants' confidence across all nine essential skills, with HCAs demonstrating the greatest increase in confidence in performing urinalysis (59%), and the lowest increase with electronic blood pressure measurement (36%). The majority of HCAs reported an overall increase in their confidence to perform essential skills after training
- "After training, I now understand how to complete fluid balance charts"
- "I found all three days very interesting and I will benefit from the HCA training. I am now more confident to begin shifts on the wards"
- Positive feedback from ward staff positive feedback at evaluation has indicated that this training is very well received by staff and viewed in a positive light.



• Forecast outcomes –it is anticipated that this training programme should lead to an improvement in practice and patient safety, which could be measured via patient safety/satisfaction levels in future. At present, care Indicators are recorded monthly in practice. Previously these audits measured compliance with documentation, and whether assessments and care plans were completed, but audits are now undertaken to check HCAs' understanding of the assessments, and how this affects patient care. It is anticipated that by doing this more information can be gained as to HCAs' knowledge, and training can then be provided to rectify any deficits, thus helping to track any improvements in care.

# **Background**

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) manages Leighton Hospital, Crewe, the Victoria Infirmary, Northwich, and Elmhurst Intermediate Care Centre, in Winsford. It was originally established as an NHS trust in April 1991 and became a foundation trust in April 2008. MCHFT employs approximately 3,200 members of staff, of which approximately 900 are HCAs, and the Trust has around 540 hospital beds.

A range of services, including accident and emergency, maternity, outpatients, therapies and children's health are provided predominantly for people from the Crewe, Nantwich, Congleton, Middlewich and Northwich areas, although patients from other areas are also cared for.

The initial drive for an improvement in the training of HCAs arose from recognition internally that this workforce received very little tuition prior to working on acute care wards. The ability to undertake certain routine tasks is fundamental to the HCA role yet no nationally agreed training curriculum exists. MCHFT's objective to address this deficit indicated that a significant change to the training of HCAs was required. The Department of Health national core minimum training standards and recommendations from the Francis (2011, 2013) and Cavendish (2013) reports supported the need for better HCA training.

# Key aims

- Ensure that all HCAs have the necessary knowledge, skills and attitudes to perform their job roles safely and effectively
- Ensure that there is standardised training for all newly recruited HCAs on induction
- Increase the knowledge and skills of HCAs in performing essential skills, with the intention of increasing confidence and safety in their practice
- Provide an opportunity for existing HCA employees to access formalised training

# Key stages of set-up

•Focus group, consisting of representatives from specialist nurses, HCAs, ward managers and learning and development, met to identify what training was required, and how it would be implemented and evaluated

 A draft training programme was developed and peerreviewed by lead nurses, matrons, and ward managers

•The pilot training programme was delivered over a two-month period to establish the effectiveness of the programme, including the logistics involved

## How it works

New starters are identified for training by the Trust's recruitment team, and all newly recruited HCAs are identified to attend the mandatory training programme as part of their induction. Places are also available for existing staff if their line managers consider that they have knowledge and/or skills gaps, or where there have been concerns regarding their performance generally.

## **Topics include:**

- infection control
- accountability and responsibility
- reporting of incidents
- housekeeping
- blood transfusion
- last offices
- role of MacMillan team
- blood glucose monitoring
- falls prevention
- learning disability awareness

#### In addition nine essential clinical skills are taught:

- electronic blood pressure measurement
- tympanic temperature recording
- manual radial pulse measurement
- respiration rate measurement and pulse oximetry
- urinalysis and fluid balance
- pressure ulcer risk assessment
- early warning score (EWS)

## Resources

The project was set up and is delivered using existing Trust resources. However this includes HCA release time to attend the training and that of other staff released to develop, deliver and evaluate the programme. HCAs attend for three days so costs, in terms of staff time, would equate to three days HCA pay at Band 2. Other staff employed at Band 5 and above also develop and deliver the programme as part of their normal working hours. Further work would have to be done to quantify the exact costs, in order to take into account the varied hours spent by various grades of staff.

# Key challenges

- The programme is dependent on specialist nurses being available to commit to training every month. Therefore all trainers agreed to diarise their teaching sessions well in advance, and there is a system in place whereby there are 'back up' trainers for each session
- Some clinical areas have difficulty releasing HCAs to attend the training prior to commencing work in the practice areas. The Trust policy states no new staff should work unsupervised until they have attended induction, which includes the three-day HCA training, and all managers are encouraged, wherever possible, not
- and all managers are encouraged, wherever possible, not to allow new recruits to start work before training

- The teaching of new starters and existing HCAs together creates difficulties, since there can be a wide variance in existing knowledge. A one-day programme for existing HCAs is being considered in order to rectify this problem
- Training is currently delivered in a classroom without much clinical equipment. A dedicated training venue would be more appropriate for practical skills training

# Key learning

The development of a new training programme is time consuming, but necessary to ensure that the training is effective.

# **Sustainability**

Embedding this as part of the Trust's induction, together with the policy that no new staff should work unsupervised until they have attended induction, helps to ensure the sustainability of this training programme, as does continued communication with line managers. HCA training is fully supported by the Trust Board and is part of the bigger jigsaw that demonstrates MCHFT are driving forward its quality and safety agenda.

## **Next steps**

- A one-day training programme will be developed for existing HCAs
- HCA training will become a mandatory requirement for all HCAs, in line with current guidelines for core minimum training standards.
- The percentage increase in HCAs' confidence levels will continue to be audited before and after training
- An audit will be considered to measure whether increased confidence demonstrated in the classroom is maintained in practice

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