



LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

# IN-HOUSE TRAINING COURSES FOR HEALTHCARE ASSISTANTS

## SUMMARY

### In early 2012 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr)

implemented a project to improve the interface between student nurses and healthcare assistants (HCAs). The Clinical Education Team at the trust developed two new courses for HCAs working at Bands 2 and 3 to enhance their knowledge and skills base, and Practice Education Facilitators (PEFs) attend each course for an hour to outline what student nurses are required to learn as part of their pre-registration nursing programme. This includes content such as; anatomy and physiology, nutrition, hydration, falls prevention, pressure area care, abuse, dementia awareness, equality and diversity, patient assessment, evidence-based practice, medical terminology, deteriorating patients and disease management. They also go through documentation and how HCAs and student nurses can support each other on placement.

Increasing the HCAs' knowledge of the student nurse role has; enhanced team-working, improved communication, developed the professional relationship between HCAs and student nurses, reduced demoralisation and increased the learner experience – as demonstrated through the most recent student nurse evaluations.

## KEY OUTCOMES

### THE OUTCOMES OUTLINED

- **Better Working Relations** – previous SPOPE (Student Perception of Practice Experience) evaluations conducted during 2011 across multiple cohorts consistently identified a need to

strengthen the relationship between student nurses and Healthcare Assistants (HCAs) on clinical placements. The requirement to maintain and continuously enhance roles and responsibilities of all healthcare workers is a key priority within the NHS Constitution (DH 2012). This initiative has already evidenced a positive impact, as outlined in the qualitative feedback from student nurses in SPOPE evaluations.

*“Upon first attending the ward it was clear it was a busy environment and I felt this was going to be a challenging experience for me. The staff on the ward, HCAs and staff nurses including my mentor provided great support in helping me achieve the necessary outcomes and helped me adapt to the new setting”*

*“I was a bit overwhelmed when I first started the placement because it is such a busy ward but I persevered and with the support of most of the staff and HCAs I got there in the end and felt a valued part of the team”.*

The HCA workforce has not yet been evaluated, as it was felt that this would be more beneficial after September 2013, once the courses have been operational for a full year.

- **Low cost provision** – the overall cost of internal provision of training is £65,772. This is considerably lower than if provision were external.
- **Multi-professional Learning** – there has been an increase in awareness around the learning opportunities available to all learners in the clinical setting, and in the importance of encouraging participation in multi-professional learning. As a result students and

HCAs are able to appreciate their own roles better as well as the role and expectations of others.

- **Skills Acquisition** - creating an opportunity for HCAs to examine samples of student portfolios and skills logs has facilitated discussions between student nurses and HCAs. This has increased HCAs' awareness of the role of learners in clinical practice and enabled skills acquisition. As this initiative is still in its early stages no formal evaluation has been conducted as yet with HCAs, however anecdotal verbal feedback has been very positive, and HCAs are happy to look at students' documentation to see where they can help.





# GOOD PRACTICE CASE STUDY

## BACKGROUND

Within the fiscal climate of the NHS, HCAs are taking on more tasks such as monitoring patients' conditions, assessing nutrition and hydration status, recording and reporting. However, there remains a national discrepancy about what they are actually allowed to do and at what band they are paid. The main issue appears to be that there are no national core standards that they can work to (Middleton 2012). HCAs accept they undertake a nursing role but argue their extended role is not recognised (Hasson et al, 2012). Subsequently the professional boundaries between HCAs and nurses has become blurred which can challenge nurses' professional identity (Sibbald et al, 2004). Such unease can impact upon communication and teamwork, which in turn can have an adverse effect upon the quality of care and patient safety.

There are national concerns of healthcare workers failing to recognise, report and act upon signs of deteriorating patients (NICE, 2007; Rattay et al, 2011). This is particularly relevant to recognising the importance of EWS, ABCDE Assessments, Sepsis Awareness, Fluid Balance Management

and accurate recording and reporting. It is also highlighted that a blurring of professional boundaries, poor communication and leadership can exacerbate the reasons healthcare workers fail to recognise and/or report on the deteriorating patient (Sibbald et al, 2004). Further examples of ineffective teamwork and poor communication often manifests in a strained relationship between HCAs and student nurses (Hassan & McKenna, 2011). The impact of failing to recognise and report on the deterioration of patients leads to increased risk of patients suffering an unnecessary admission to intensive care units, irreversible deterioration, cardiac arrest and/or death (Rattay et al, 2011; Sibbald et al, 2004).

There has been little research into the role and experiences of HCAs, however it is acknowledged that they do make a valuable contribution to patients and often work beyond their remit and therefore can act as a valuable resource for the education of student nurses to enhance their overall placement experience (Thornley, 2000; Hancock & Campbell, 2006; Spilsbury & Meyer, 2004).

## KEY AIMS

- Enable HCAs to appreciate their own role within the multidisciplinary team, and the role and expectations of nursing students.
  - Facilitate HCAs' appreciation of the multi-professional learning opportunities that are available for all learners within their clinical area and the importance of encouraging student participation in these.
  - Create an opportunity for HCAs to examine samples of students' portfolios and skills logs to facilitate discussion between the student and HCA and to enable skill acquisition.
  - Enhance team-working, communication and improve the learner experience to reduce demoralisation.
- **Basic Nursing Care Skills (BNCS)** – this course is aimed at HCAs employed at Band 2 and explores anatomy and physiology, nutrition, hydration, falls prevention, pressure area care, abuse, dementia awareness, equality and diversity
  - **Intermediate Nursing Care Skills (INCS)** – this is for those HCAs employed at Band 3. This enrolled course explores patient assessment, evidence-based practice, medical terminology, recognising deteriorating patients and disease management

specifically developed for their role. Both courses are taught over nine months and assessed by portfolio and direct observations.

have to learn on placement and how they can help facilitate this learning.

Examples of SPOPE results are shared with the HCAs to increase their awareness of how good and bad support manifests itself on student performance and progression, including the comments written.

See Appendix 2 and 3 for the Educational Training Programme and a copy of the Training PowerPoint presentation.

## RESOURCES

Funding for both in-house courses has been provided by the trust, which employs the Clinical Educator Team at LTHTr. All supporting materials are provided by the trust and portfolios are produced by the candidates on the course.

The Practice Education Facilitators (PEFs), who manage quality practice placements for all healthcare learners, are employed by Lancashire Teaching Hospitals and funded through NHS North West.

## HOW IT WORKS

Following previous SPOPE results, which consistently evidenced a need to improve the relationship between student nurses and HCAs on clinical placements in the past, the PEFs now have some access to HCAs who are undertaking two new in-house courses

An outline of the requirements of the pre-registration nursing programme is incorporated into the training modules of each course, on a rolling cycle of one session every two to three months.

HCAs are given examples of students' practice assessment documents and skills logs, to allow them to see what students



# GOOD PRACTICE CASE STUDY

## KEY CHALLENGES

- Recruitment of new HCAs has been an issue because of the current fiscal climate so it has not been possible to deliver the session to as many Band 2 HCAs as would have been liked. To overcome this HCA positions are now advertised every six weeks through NHS Jobs.
- Band 2 and 3 HCAs have experienced some difficulties around being able to attend all of the training sessions because of workload, but this has been addressed with clinical managers and modern matrons (MM). Funding has been made available for MMs to utilise bank staff to cover the time period the HCAs are on the course, however, this does not cover the usual winter pressures and demand outstrips supply.

## KEY LEARNING

Every member of staff, including students are crucial to the team dynamics - each bringing a different range of skills to patient care. It is important to recognise this.

## NEXT STEPS

As this is a new programme it is still in the process of being embedded into practice. However, student evaluations are showing some early positive results. Currently this programme focuses upon the student nurse experience but it will incorporate other learners and HCAs experience will be evaluated in the next year.

Plans are also in place to include learners from multi professions and to engage

Allied Health Professionals. The trust runs IPL sessions twice monthly and the plan is to incorporate an event which will involve multiple professions in the skills laboratory using the simulation manikins in the education centre. Discussions are taking place between the undergraduate team and the PEFs to facilitate this in 2013.

## RESOURCES

RESOURCES	COSTS
Funding to support tutors wages	£36,600
Awarding body registration and certification fees	0.00
Release time of staff from clinical area band 2	£10,872 based on £7.55 per hour mid point band 2 x 36 hours x 40 staff)
Release time of staff from clinical area band 3	£18,900 (based on £8.75 per hour mid point band 3 x 36 hours per person x 60 staff)
<b>TOTAL COST</b>	<b>£65,772</b>

## REFERENCES

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## SUPPORTING MATERIAL

- Appendix 1-** ECAP Report 2012-2013
- Appendix 2-** Educational Training Programme
- Appendix 3-** Learners in the Workplace Training Presentation

## CONTACT FOR FURTHER INFORMATION

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