

**Healthcare assistants: Board briefing and action plan**

<b>Trust Board</b>	<b>Item: 6.4</b>
<b>Date: 22 September 2011</b>	<b>Enclosure: E</b>
<b>Purpose of the Report:</b> To inform the Board about the role of HCAs and issues identified at the Trust and the actions underway to address them.	
<b>For information</b> <input checked="" type="checkbox"/>	<b>For Decision</b> <input type="checkbox"/>
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<b>Financial/Resource Implications</b>	None
<b>Quality Governance Implications:</b>	Link to quality of care and patient experience
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	None
<b>Legal / Regulatory / Reputation Implications:</b>	Patient experience
<b>Link to Relevant CQC Standard:</b>	12 & 13 – requirements relating to workers
<b>Link to Relevant Corporate Objective:</b>	2
<b>Impact on Patients and Carers:</b>	Possible impact on quality of care
<b>Document Previously Considered By:</b>	EMT
<b>Recommendation:</b>  That the Trust Board note the report and endorse the action plan suggested.	

## **Healthcare Assistants: Briefing for the Board and action plan**

### **Summary**

1. This paper explains the roles of Healthcare Assistants (including Maternity Support Workers, MSWs) within the Trust, identifies issues indicated through performance data and surveys and sets out the actions underway to seek to understand resolve these problems. An action plan will be taken forward by the Nursing and HR Directorates.

### **Context**

2. HCAs are unqualified staff not subject to regulation. They are engaged and trained to support qualified nursing and other staff in delivering some of the fundamentals of care, such as bathing, feeding and monitoring patients' conditions. Performance data has indicated that HCAs have a record of higher sickness absence, higher turnover and consequently a higher vacancy rate than most other staff groups. The issues are predominantly in Medicine and A&E but Surgery also has a number of HCAs, again displaying higher sickness and turnover. The Board has asked for a fuller examination of the issues and that there is an action plan to address them.

### **Key issues**

3. The key issues to highlight are:
  - High turnover, sickness and vacancies amongst HCAs, and some indications of dissatisfaction within the group.
  - Previous interventions have been made in the form of a dedicated HCA support and induction role within the training department.
  - Turnover is attributable to a number of reasons, including in many cases progression to other roles and training within the NHS – HCA roles are used as an entry level position so a higher turnover than some other roles is to be expected (33% are expecting to pursue professional training overall but the younger the HCA the more likely this is their aspiration<sup>1</sup>)
  - Although the staff survey indicates that overall HCAs are as satisfied as other staff groups there are some areas in which more negative findings are reported by HCAs than by nursing staff. These mostly relate to how valued they feel by the Trust and their colleagues.
  - The AAU (formerly MAC) is a high throughput and more complex environment and is being re-structured to reduce significantly the number of HCA positions in favour of Band 5 positions (the entry level for qualified nurses).
  - An action plan is being taken forward to examine and address issues with HCAs more widely, including benchmarking with other organisations

### **Recommendation**

The Trust Board note and comment on the report, and endorse the action plan being pursued.

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<sup>1</sup> Unison 2010 HCA survey report

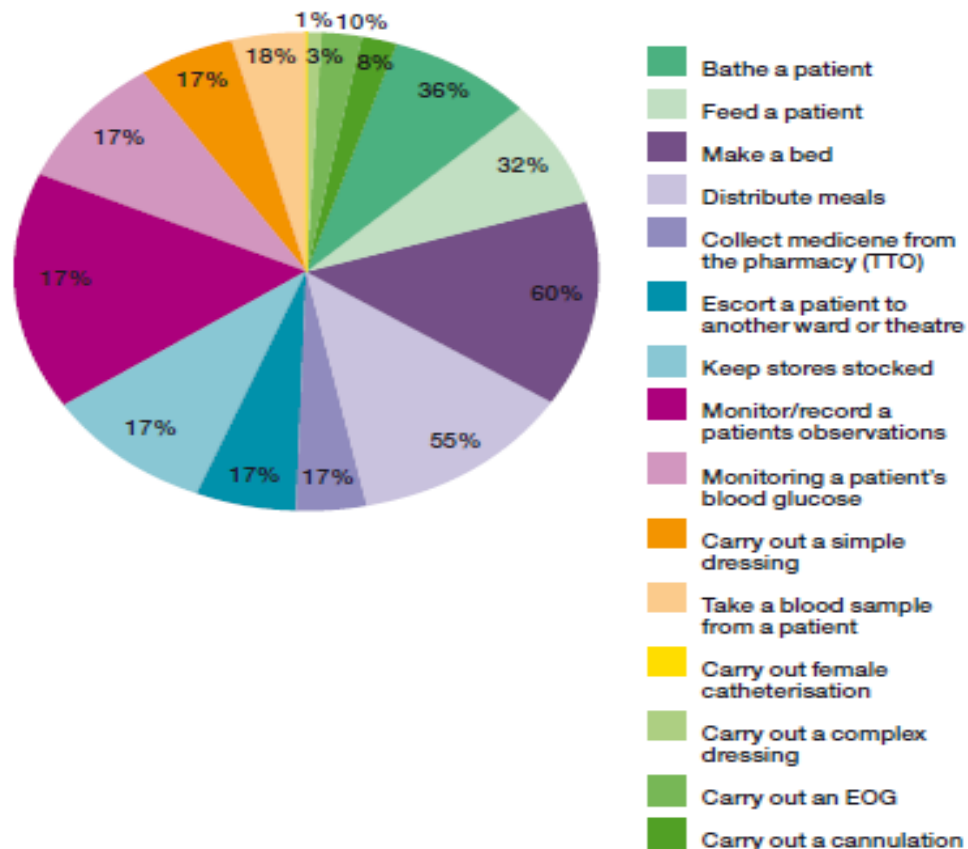
## Introduction

1. This paper explains the role of Healthcare Assistants within the Trust, identifies issues indicated through performance data and surveys and sets out details of the action plan to seek to understand resolve these problems. The action plan will be taken forward by the Nursing and HR Directorates.

## Role of HCAs

2. Health Care Assistants are employed to support the delivery of care to patients, undertaking some of the tasks previously undertaken by qualified nursing staff. They typically undertake tasks such as bathing, feeding and monitoring patients' conditions. A job description is attached at Appendix 1.
3. HCAs are unregulated. They are trained by the employer and there are National Vocational Qualifications that can be pursued. Many HCAs aspire to developing a career in healthcare through further professional training, and use the role to gain experience before entering that training.
4. The roles that HCAs undertake were reported by 1,000 participants in a national survey of HCAs undertaken by Unison:

**Figure 1 – roles reported by HCAs (Unison survey 2010)**



5. The most enjoyable tasks HCAs reported were bathing patients (20%), monitoring/recording patients' observations (13%), taking blood samples from patients (10%), escorting patients to another ward or theatre (9%) and feeding patients (6%). This reflects the front-line nature of the role and therefore the importance of HCAs in delivering a good patient experience. While nurses are busy with clinical tasks HCAs are undertaking a great deal of patient contact.
6. At Kingston Hospital HCAs would not be expected to carry out complex work or cannulation (the activities that are green in Figure 1).

### Profile of HCAs at Kingston

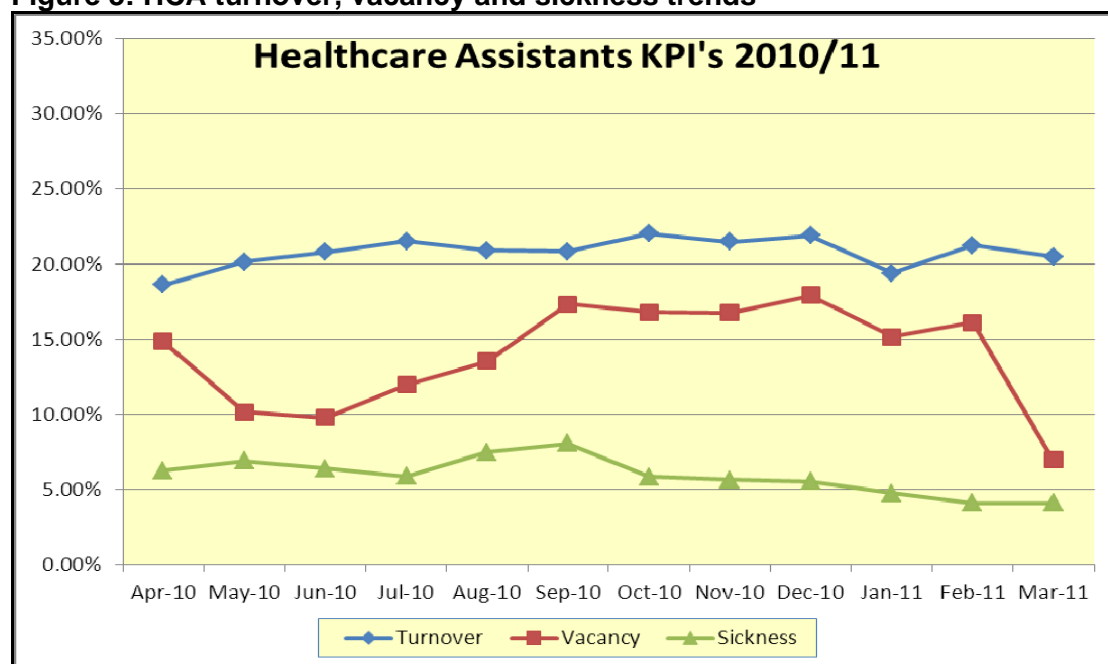
7. There are 243 HCAs at Kingston (headcount) distributed between the four Divisions as indicated in Figure 2.

**Figure 2: HCA staff profile**

<b>Division</b>	<b>Heads</b>	<b>%HCA's</b>
Acute Medicine & A&E	114	47%
Ambulatory Care	11	5%
Human Resources	1	0%
Surgery & Critical Care	47	19%
Women & Child Health	70	29%
<b>Total</b>	<b>243</b>	

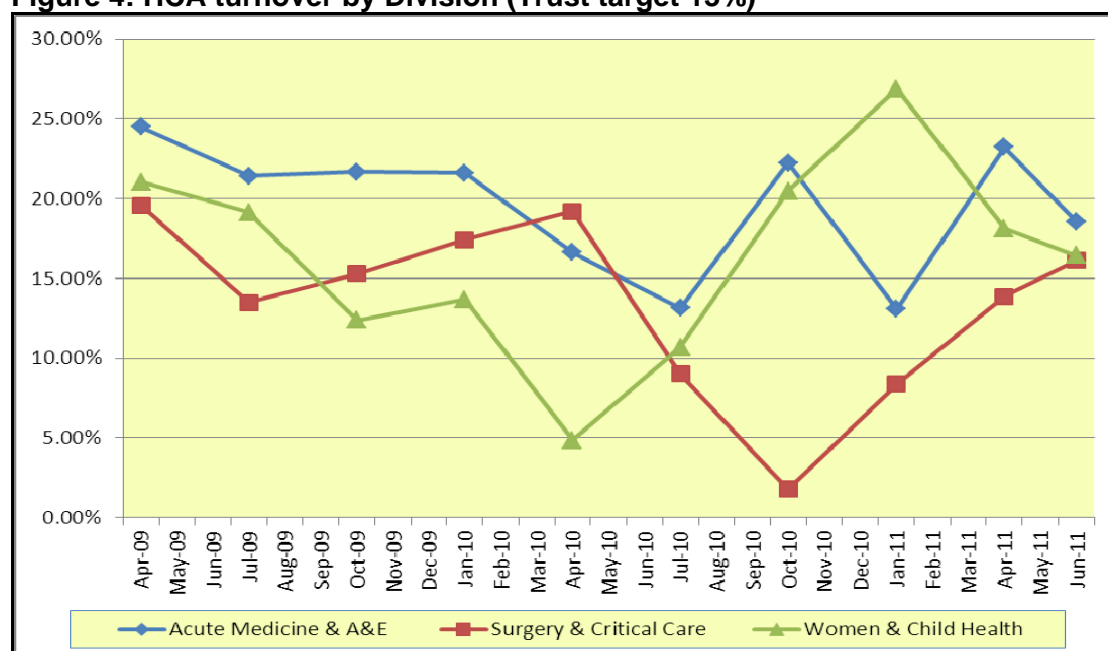
8. HCAs are predominantly employed in the medical wards and A&E, and to a lesser extent surgical wards and maternity. Ambulatory care employs very few, and is not the primary focus of the rest of the paper.
9. Sickness, turnover and vacancy data for 2010/11 is outlined in Figure 3 below.

**Figure 3: HCA turnover, vacancy and sickness trends**

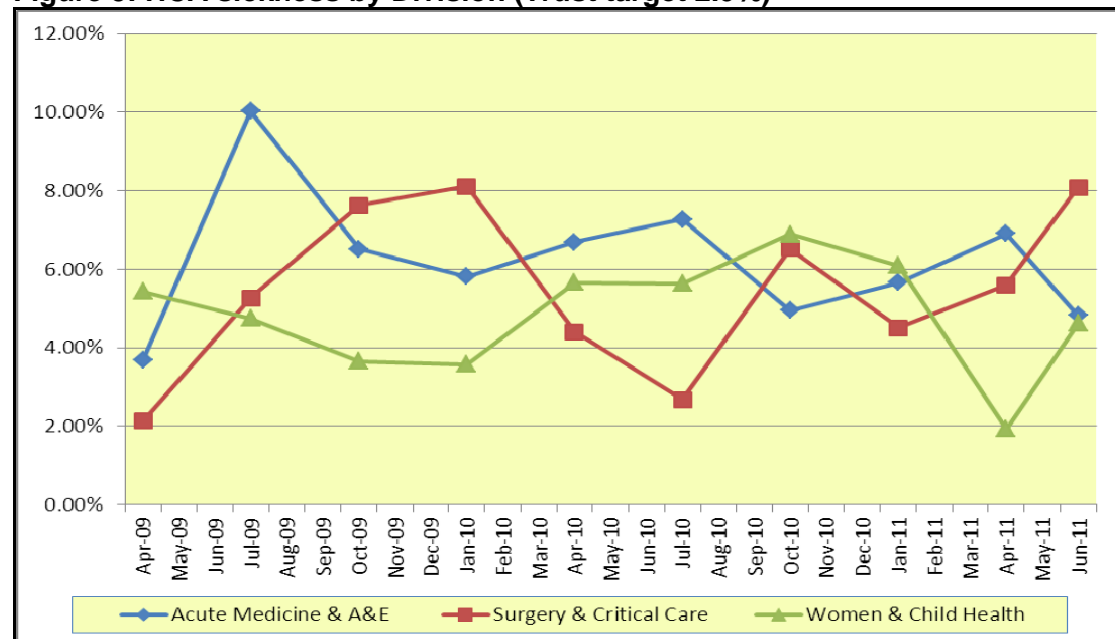


10. There are differences between the three main Divisions on turnover, sickness and vacancies that are outlined in the following tables.

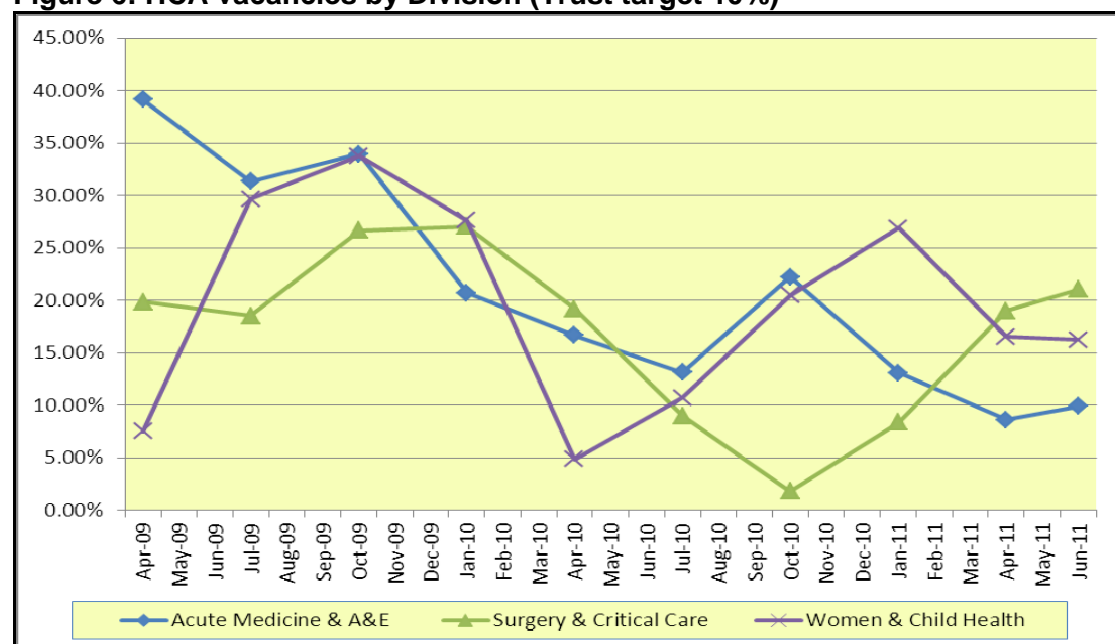
**Figure 4: HCA turnover by Division (Trust target 13%)**



**Figure 5: HCA sickness by Division (Trust target 2.5%)**



**Figure 6: HCA vacancies by Division (Trust target 10%)**



11. What this performance data shows is persistently high levels of sickness and turnover (above Trust targets), with considerable volatility. On vacancies there has been some improvement (Table 6), not that turnover has reduced, but reflecting more pro-active and rolling recruitment initiatives that have been pursued.
12. The impact of high turnover and sickness is discontinuity within teams, bank and agency usage to cover absences and increased time and effort having to be engaged on recruitment activity.

## Issues identified with HCAs at KHT

13. The staff survey and Unison national survey of 1,000 HCAs can help explain some of the issues driving turnover. The Trust's own exit interview and other data also help identify some themes.
14. Within the staff survey the responses of HCA staff have been compared with those of the nursing staff they work alongside. The full data is presented in Appendix 2.
15. The key areas of difference (where HCAs report a higher score or incidence) are:
  - lack of good opportunities to develop
  - injury and stress
  - violence from patients or relatives
  - abuse from staff
  - impact of health and wellbeing on ability to work
  - feeling there is discrimination.

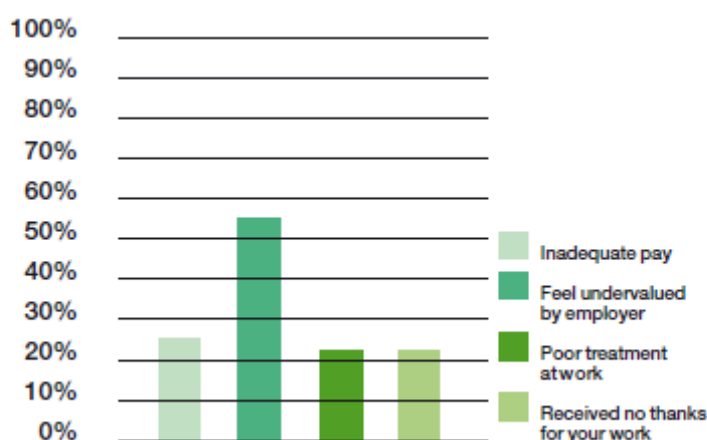
The scores in these areas are set out in Figure 7.

**Figure 7: Key differences in HCA and nurse responses to the Trust staff survey in 2010**

Code	Issue	HCAs (25 respondents)	Qualified nurses (143 respondents)
KF3	% feeling valued by colleagues	64	79
KF10	% feeling there are good opportunities to develop	28	48
KF12	% appraised	76	88
KF14	% appraised and with PDP	71	84
KF17	% work related injury in last 12 months	50	25
KF18	% suffering work related stress in last 12 months	58	33
KF23	% experiencing physical violence from patients relatives or the public in last 12 months	36	15
KF25	% experiencing harassment, bullying or abuse form patients, relatives or the public in last 12 months	16	22
KF26	% experiencing harassment, bullying or abuse form staff in last 12 months	28	19
KF28	Impact of health and well-being on ability to perform work or daily activities	2.08	1.69
KF29	% feeling pressure to work when unwell in last 12 months	17	32
KF37	% believing the Trust provides equal opportunities for career progression or promotion	56	79
KF38	% experiencing discrimination at work in last 12 months	36	21

16. However, the survey also provides some contradictory evidence. In terms of overall job satisfaction, and despite the more negative scores reported by HCAs compared to nurses above, HCAs are *more* satisfied than qualified nursing staff (3.48 compared to 3.43) and report they are *less* likely to leave their role (2.69 for HCAs compared to 2.8 for nurses). HCAs are also *more* likely to recommend the Trust as a place to work (3.68 compared to 3.45). They also report being marginally *more* motivated than nurses (3.91 compared to 3.88).
17. The survey has its limitations in that there is a discrepancy in the number of participants (only 25 HCAs completed the survey last year compared to 143 nursing staff). However comparing these local results with the findings of the national Unison survey allows us to draw some conclusions about the main concerns of HCA staff.
18. The Unison survey in 2010 to which there were 1,000 HCA respondents also examined issues affecting morale and satisfaction. It found that:
  - 66% of respondents had experienced or witnessed violence or aggression
  - 55% had considered leaving the NHS
  - Of those who had given some consideration to leaving, 60% said feeling undervalued by the employer was the reason (Figure 8).

**Figure 8: HCA reasons for leaving (Unison survey)**



19. The Trusts data on HCAs who have left (Figure 9), and their reasons for leaving is also informative. It shows that the majority leave for re-location or achieving a better work life balance. There are however limitations with this ESR data which restricts the responses that can be collected and entered to the categories prescribed.



**Figure 9: HCA reasons for leaving (ESR)**

Reasons for Leaving	2009/10	2010/11	2011/2012
Death in Service	2%	-	-
Dismissal - Capability	-	2%	-
Dismissal - Conduct	2%	12%	-
Employee Transfer	5%	2%	-
Retirement - Age	7%	4%	20%
Retirement - Early	-	2%	-
Voluntary Resignation - Better Reward Package	-	4%	-
Voluntary Resignation - Child Dependents	5%	2%	-
Voluntary Resignation - Health	2%	2%	20%
Voluntary Resignation - Lack of Opportunities	2%	2%	-
Voluntary Resignation - Other/Not Known	46%	8%	-
Voluntary Resignation - Promotion	5%	8%	-
Voluntary Resignation - Relocation	12%	27%	-
Voluntary Resignation - To undertake further education or training	2%	6%	-
Voluntary Resignation - Work Life Balance	7%	18%	60%

20. Overall, the indications are that there are a number of factors driving turnover. These include the areas of dissatisfaction and concern identified in the staff survey and other work (outlined above) but also the nature of the HCA role as an 'entry level' position from which staff expect to progress into further training.

### Next steps

21. To take work forward a group has been established comprising nursing and HR representatives to work on better understanding the issues and their resolution. Their action plan includes undertaking two workshops with Trust HCAs (Appendix 3), a local survey, and responding to issues already identified including:
- Training on conflict resolution and communication (to address the reported bullying and abuse from patients and staff and part of a general programme of activity in this area)
  - Occupational Health and Wellbeing to review support for HCAs and reasons for sickness absence
  - Review of training support and induction
  - Review of KPI reporting for HCA staff – establishing a turnover target that is reflective of 'expected' progression within the cohort (for example, junior doctors are excluded from Trust turnover figures as they are expected to rotate – a number of HCA positions might be identified as specifically aimed at those seeking to use the role as an 'entry level' position).
  - Clarifying the roles and expectations of HCA staff.
22. The survey that will be undertaken is a repeat of the Unison survey, with some additional Trust specific questions. It will allow the results for Kingston to be compared with Unison's national findings. Comparison will also be possible with the findings in other Trusts who have pursued the same approach. The action plan will need to be re-visited and added to once the survey results are known, in November.

23. Within the Medicine and A&E Division a consultation is also underway on reducing the number of HCAs within the AAU. This area deals with a high turnover of acutely unwell patients and the consultation proposes that reducing the number of HCAs and replacing them with qualified (Band 5) nurses will improve the patient experience but also reduce the exposure of HCAs to that more intensive and pressurised environment. The consultation proposes re-deploying affected HCAs into other Wards and areas of the hospital which will help address vacancy issues. The impact of this change, once implemented following consultation, on turnover and sickness rates amongst nursing and HCA groups will be monitored.
24. The action plan being pursued is at Appendix 4.

## **Conclusion**

25. The role of the HCA can be an important one in supporting qualified staff to be released to undertake tasks that require professional training. However, if turnover and sickness are excessive, the effectiveness of this support is reduced, together with the efficiency achieved. The main concerns identified by HCAs are essentially about not feeling valued and supported by the organisation and the action plan developed will help to tackle this (including the attention paid to their views through the workshop and survey). The Trust is also undertaking a wider piece of work on culture and values which will help develop a culture where staff are valued, and value each other, including our HCAs .

## **Recommendation**

The Trust Board note and comment on the report, and endorse the action plan being pursued.

**David Grantham**  
**Director of Workforce and Organisational Development**

## JOB DESCRIPTION

**Job Title:** Healthcare Assistant  
**Department:** Medicine  
**Reports to:** Ward Sister  
**Accountable to:** Head of Nursing

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### **JOB SUMMARY**

The Healthcare Assistant works flexibly as part of the nursing team to deliver quality care to patients and clients.

To carry out assigned tasks involving direct care in support of and supervised by a Registered Nurse.

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### **KEY RESPONSIBILITIES/OUTCOMES:**

#### **Clinical**

Following training and assessment clinical duties include:

1. Undertake patient/client observations including pulse, temperature, respiration and blood pressure, and record them clearly and accurately.
2. Inform qualified staff of any abnormality in readings obtained during the recording of patient/client observations.
3. Provide quality hygiene care to the full range of patients/clients, including bed-making, bathing, skincare and mouth care.
4. Assist patients/clients with their elimination needs while maintaining client dignity, taking into account cultural backgrounds and observing infection control procedures.
5. Help patients/clients with their nutrition and eating needs by observing individual dietetic requirements and providing direct support at mealtimes, if necessary.
6. Tend to psychological needs of all patients/clients by acknowledging each person's right to be treated with respect and relating to them in a friendly, informative and professional manner.
7. Assist patients/clients with their mobility and rehabilitation.
8. To maintain patients/clients privacy and dignity at all times.
9. Maintain tidiness and hygiene of the service area, observing infection control procedures.

### **Communications**

1. Use the telephone effectively and efficiently, observing departmental house style.
2. Take and pass on clear legible telephone messages for members of staff in the department.
3. Make clear and concise telephone calls when requested.
4. Communicate clearly, concisely and accurately with all those with whom they have contact, including patients/clients, visitors and relatives, other team members, and other members of the Trust staff, while bearing in mind their varied cultural backgrounds and communication needs.

### **Interpersonal**

1. Make the department as welcoming as possible for patients/clients, dealing with queries, taking time to talk to patients/clients, defusing difficult situations and keeping individuals informed, wherever possible and if appropriate.
2. Act as the 'front line' of the care team, greeting new patients/clients, dealing with queries, taking time to talk to patients/clients, defusing difficult situations and keeping individuals informed, wherever possible and if appropriate.
3. Deal sensitively with patient/client needs and requests respecting their diverse backgrounds and providing direct care tailored, as far as possible, to their individual needs.

### **Other Duties**

1. Work to ensure a safe environment for both patients/clients and staff, observing recognised Health and Safety procedures.
2. Undertake any other duties the HCA has been assessed as competent to complete.
3. Work flexibly in any Trust location, as requested.
4. Work at all times as part of the health care team.
5. Comply with hospital and ward policies.
6. Comply with the Equal Opportunities Policy, and promote equal opportunities at all times.

### **Education and Training/Self-Development**

1. Identify own training and development needs and undertake appropriate training/education as required, supported by regular PDP.
2. Adhere to all Trust Policies and Health & Safety, as applicable.

*This job description is not intended to limit the scope and extent of the job to be undertaken and will be subject to review and alteration as necessary, following discussion with the post holder.*

	All nurses	Healthcare Assistant
<b>STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs</b>		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	68	71
KF2. % agreeing that their role makes a difference to patients	91	88
KF3. % feeling valued by their work colleagues	79	64
KF4. % Quality of job design	3.41	3.33
* KF5. <i>Work pressure felt by staff</i>	3.24	3.00
KF6. Effective team working	3.53	3.54
KF7. Trust commitment to work-life balance	3.32	3.40
* KF8. <i>% working extra hours</i>	72	61
KF9. % % using flexible working options	60	67
<b>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed</b>		
KF10. % feeling there are good opportunities to develop their potential at work	48	28
KF11. % receiving job-relevant training, learning or development in last 12 months	84	92
KF12. % appraised in last 12 months	88	76
KF13. % having well structured appraisals in last 12 months	43	50
KF14. % appraised with personal development plans in last 12 months	84	71
KF15. % Support from immediate managers	3.47	3.44
<b>STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety</b>		
<b>Occupational health and safety</b>		
KF16. % receiving health and safety training in last 12 months	92	88
* KF17. <i>% suffering work-related injury in last 12 months</i>	25	50
* KF18. <i>% suffering work-related stress in last 12 months</i>	33	58
<b>Infection control and hygiene</b>		
KF19. % saying hand washing materials are always available	59	48
<b>Number of respondents</b>	143	25

	All nurses	Healthcare Assistant
<b>Errors and incidents</b>		
* KF20. % witnessing potentially harmful errors, near misses or incidents in the last month	48	38
KF21. % reporting errors, near misses or incidents witnessed in the last month	98	-
KF22. % Fairness and effectiveness of incident reporting procedures	3.44	3.32
<b>Violence and harassment</b>		
* KF23. % experiencing physical violence from patients, relatives, or the public in last 12 months	15	36
* KF24. % experiencing physical violence from staff in last 12 months	1	0
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	22	16
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 months	19	28
KF27. % Perceptions of effective action from employer towards violence and harassment	3.42	3.48
<b>Health and well-being</b>		
* KF28. Impact of health and well-being on ability to perform work or daily activities	1.69	2.08
* KF29. % feeling pressure in last 3 months to attend work when feeling unwell	32	17
<b>STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.</b>		
KF30. % reporting good communication between senior management and staff	31	28
KF31. % able to contribute towards improvements at work	58	52
<b>ADDITIONAL THEME: Staff satisfaction</b>		
KF32. Staff job satisfaction	3.43	3.48
* KF33. Staff intention to leave jobs	2.80	2.69
KF34. Staff recommendation of the trust as a place to work or receive treatment	3.45	3.68
KF35. Staff motivation at work	3.88	3.91
<b>ADDITIONAL THEME: Equality and diversity</b>		
KF36. % having equality and diversity training in last 12 months	43	50
KF37. % believing the trust provides equal opportunities for career progression or promotion	79	56
* KF38. % experiencing discrimination at work in last 12 months	21	36
<b>Number of respondents</b>	143	25

***Valuing our Healthcare Assistants event – 15<sup>th</sup> September 2011***

The Trust recognises the valuable contributions that Healthcare Assistants make to the patient experience and also recognises there are limitations that can exist for Healthcare Assistant staff seeking further development. In recognition of this the Nursing Directorate have commissioned a project team to identify key actions that need to be taken to improve the HCA experience

As part of the project we are seeking the views of Heath Care Assistants across the Trust and have invited them to attend a workshop to enable the Trust to identify common themes where improvements could be made.

Two workshops will be conducted by Tamsin Day (Matron for Medicine), Jane Smith (HR Manager) and Fran Leonard (HCA Pathway Co-ordinator).

Below are the times for the initial sessions:

- **Thursday 15<sup>th</sup> September**
  - 14.00 – 15.00** - Seminar Room 1, Education Centre
  - 15.30 – 16.30** -Seminar Room 1, Education Centre

You should have already been made aware of the workshop and should, where possible facilitate the release of Health Care Assistants to attend one of the sessions.

If you have any questions or queries relating to the event, please contact either Fran Leonard on ext 2782 or Jane Smith on ext 3465.

HCA overall action plan

<b><u>WHAT</u></b>	<b><u>WHO</u></b>	<b><u>Supported by...</u></b>	<b><u>BY WHEN</u></b>
<b>Questionnaire</b>			
Agree questions	JP	FL/	15/08/11
Dataset obtained	FL	LH	30/08/11
Send out	Audit	Audit	
Reminder	Audit	Audit	
Analyse and report	Audit	Audit	31/10/11
<b>Event</b>			
Invitations	FL	JP	30/08/11
Presentation	FL	JP	05/09/11
Event date (two sessions)	FL	JP	15/09/11
Write up	FL	CG	30/09/11
<b>Action planning and recommendations (from audit and events)</b>	All HCA group		11/11/11
Report on findings and action (to EMC)	FL	CG	16/11/11
<b>Other actions</b>			
Occupational Health and Wellbeing to review support for HCAs and reasons for sickness absence	FM	FL/CG	30/10/11
Review of training support and induction	FL	DN	30/11/11
Review of KPI reporting for HCA staff	DG	CF	30/11/11
Clarifying the roles and expectations of HCA staff	JP	FL/CG	30/11/11
Consultation on reducing the number of HCAs within the AAU	MM	JS	15/09/11
Implementation	MM	JS	30/09/11
Monitoring	MM	JS	30/01/12

Key: JP Jenny Parr, FL Fran Leonard, CG Clare Glanville, DG David Grantham, CF Carolyn Floyd, MM Mairead McCormack, JS Jane Smith