NENE CCG FINAL REPORT INTO THE TRAINING AND ASSESSMENT OF DELEGATED HEALTHCARE TASKS FOR PAs WORKING WITHIN PERSONAL HEALTH BUDGETS

APRIL 2016

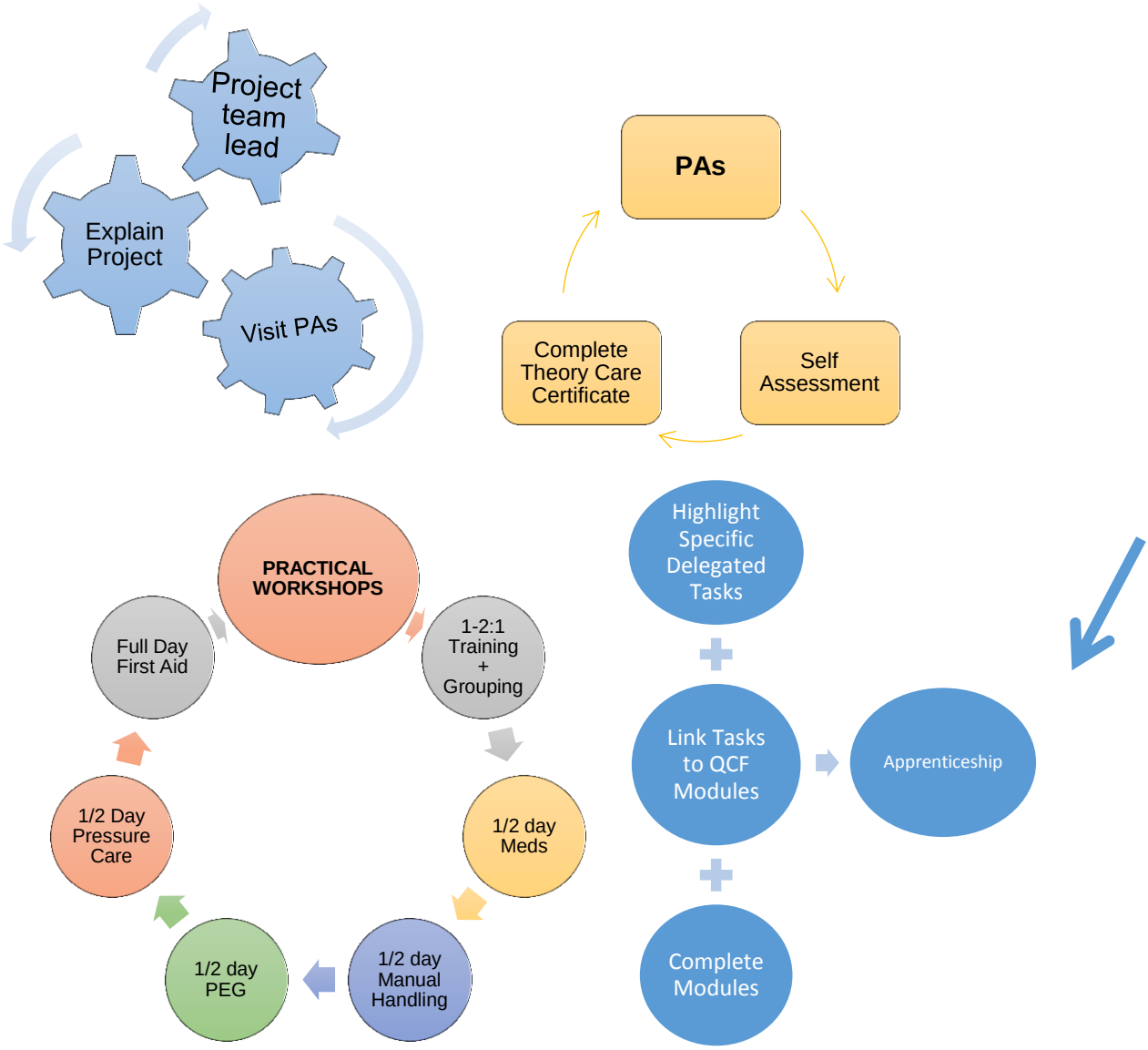
Background

Personal Assistants (PA) roles, by their very nature, focus on a client's specific needs. NENE CCG recognised that a training model based on the Care Certificate's nationally accepted standards would give the opportunity to offer PAs a solid foundation for further career development across the health and social care sector.

Outcomes from the QCF project in 2014 showed that the QCF had its limitations and accordingly not necessarily fit for purpose for most of the PAs working in this locality; largely due to the range of Delegated Health Tasks (DHTs) having a more social care focus and where clinical tasks were present the scope wasn't broad enough to achieve full QCF units. The focus of this project was to explore other options, in particular the Care Certificate, to give parity with support workers in the health and social care sector, as a foundation for building skills and confidence that would lead to **health professionals having a willingness and confidence in delegating health tasks** as well as offering an opportunity **for PAs to have their skills accredited. The CCG was also keen to establish the reasons behind low take up of mandatory training**. The previous project identified that broad underpinning skills and knowledge were lacking, with many PAs having not received recent or refresher training. (It is typical that PAs are entering their first 'care' role). The project has therefore been set up with the intention of giving all PAs access to Care Certificate training as a universal and standardised approach to bridging a common skills gap/s. PHB nurses feel that it is important for all PAs to have the same basic level of underpinning knowledge and training as it will enable them to feel more confident when they need to delegate healthcare activities e.g. that they already understand infection prevention and control.

While mandatory training is offered through an arrangement with a local training provider, this isn't in fact 'mandatory' in the true sense of the word. Information is passed from the PHB team to PAs and the PHB holder but take up is low or non-existent. This project provided an ideal opportunity to undertake a training needs analysis on a 1:2:1 basis. See process over leaf.

PA TRAINING PROJECT - PROCESS FLOW CHART



TRAINING INTERVENTION NO. 1 –ONLINE COMPLETION OF THE CARE CERTIFICATE

It was noted that the number of additional healthcare tasks (over and above those covered by the Care Certificate) being delegated to PAs in the region is low (in the main due to the number of PAs meaning low compared to other regions), meaning that training is delivered on an ad-hoc, case-by-case basis. No standard protocols for delegation and training are currently in place. The local foundation trust is able to provide some training, at a cost, to PAs if required. The role of PHB holders as employers in relation to training was discussed but not realistic to assume they can take responsibility.

All PAs on register were invited to participate and 15 PAs were visited by the project lead and the PHB Nurse. Within 3 months of project start the number of engaged PAs reduced to 11. (One PA was having contractual issues with the PHB holder, one withdrew from the programme, 1 resigned from post and 1 PA broke her arm). The process highlighted areas where training may not have previously been adequately provided. All PAs responded positively to the project and completed the Skills for Health Care Certificate Self-Assessment form. It was fed back that the 'new to me' box was not helpful and that one that reads 'not required in my role' would be a more accurate descriptor).

Following completion of the Self-Assessment, the results were discussed and PAs given a log-in to the online Care Certificate theory modules. 7 completed; 2 PAs had to withdraw due to PHB health issues and 2 didn't continue despite numerous attempts to encourage them.

PA EVALUATION ON THE CARE CERTIFICATE

> **"**I enjoyed completing the online course and feel that this has refreshed my knowledge in certain areas. Each section gave a good variety of learning aids. The laser learning links were simple and to the point. I feel the course in some areas was not relevant to my position as a PA looking after an individual but more suited to a care home environment."
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> "As a qualified nurse I have been horrified when working in care agencies that staff can do any job, walk off the street and go and care for someone. Though the online system had its frustrations like several attempts needed to get answers right without knowing which question you answered incorrectly, it is a great foundation in my view. It would be even better if it was more relevant to PAs working in the home."
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> "I've had no training whatsoever and I would recommend the Care Certificate as it teaches you the basics and makes you think more about your role as a PA. It does need some tweaks though to make it more user friendly".

OBSERVATIONS FROM THE PHB NURSING TEAM:

> "The fact that PAs now have a base of knowledge and understanding gives us more confidence in the important work they are doing caring for patients. It's our view they now have a foundation for building skills that can hopefully lead to them carrying out more healthcare tasks in the future."

OBSERVATIONS FROM THE DIRECTOR OF THE TRAINING COMPANY:

> *"We have recognised that the competence elements of the Care Certificate would be more difficult to obtain as it is virtually impossible to observe all 49 competencies within the 15 units. A further barrier is that most care workers have a vocationally competent line manager who would be able to complete any areas of observation that an assessor is unable to during the course of training. What is required is a competent person who can observe that PAs can practice what they have learned which is why I feel that the PA job role should be standardised in some way to ensure they have the necessary skills for the job".*

TRAINING INTERVENTION NO.2 – PRACTICAL WORKSHOPS

PAs were offered the opportunity to attend workshops on the following aspects of care common to their roles:

- FIRST AID
- PRESSURE CARE
- PEG FEED
- MEDICATION
- MOVING &HANDLING

PA FEEDBACK:

> "My preferred style of learning is very much hands on/practical teacher-led hence why I really enjoyed both the first aid course and pressure sore courses and feel I have learnt more from attending those courses as they have been so relevant."

> "The workshops were great, especially the First Aid Course. So relevant and gave me so much confidence".

> "I thoroughly enjoyed the workshops and would like to attend more and also think that some of the half day ones could be made better by having more practical experience at these workshops."

TRAINING INTERVENTION NO.3 – APPRENTICESHIP IN HEALTH AND SOCIAL CARE LEVEL 2 AND PRACTICAL ACHIVEMENT OF THE CARE CERTIFICATE

3 PAs were carrying out a range of DHTs that would enable them to undertake the above. One has enrolled but 2 other PAs were unable to proceed due to their PHB holder passing away and no longer being employed.

See Case Study on Kirsty

FINDINGS AND RECOMMENDATIONS

1. The project enabled NENE CCG to dedicate resources to the training needs and skills solutions for Pa's. Prior to this project, training around DHT's was identified on an individual basis by the PHB Nurse. As a result, the operational PHB team learned:
    a. Issuing mandatory training information on masse does not work and that training needs to be discussed separately
    b. PAs are enthusiastic about acquiring skills and show a willingness to take on delegated healthcare task training
    c. The theory element of the Care Certificate is a workable and realistic solution and as a result is now being recommended to PAs
    d. The Care Certificate is an enabler not a solution to upskilling PAs to carrying out DHTs but offers a good foundation of learning and the opportunity to build upon. PAs are unlikely, due to their limited roles, to be able to complete the practical components of the Care Certificate as it has clearly been developed for other health and social care settings.
    e. PAs often feel isolated and training brings them together
    f. An ideal model would be a dedicated trainer to coordinate as a minimum but deliver specific clinical training as required

2. Developing a case for a protocol would be a recommended action to the PHB team. This pilot project team recognises that there are other pressures at the time of this report in both NENE CCG and the Commissioning Support Unit. It is hoped that this report will serve as a valuable tool in the future as a business case for addressing the skills needs for PHBs. The team also note that:

    a. Engagement with the Community Nurses team, as commissioners, is critical
    b. Silo working needs to be replaced with a partnership model
    c. The number of PHBs nationally is currently low however following the NHS England 5 year forward view and Strategic Transformation Plans this is set to increase the number of PHB holders, and therefore PAs, dramatically by 2020.
    d. They would recommend the adoption of the model as piloted in the Tees area; the North England Commissioning Support Unit funds a clinical training post within the local Foundation Trust and as part of this role the qualification nurses carries out DHT training and competency sign-off.

3. Costings (per person)

To register a PA for the theory-only element	£30
Practical assessment of the Care Certificate	£300-£500
Practical workshops	£100-200 dependent upon nos. and course duration
Apprenticeship Health and Social Care	£500 - £3000 (depended upon eligibility)
Dedicated trainer/coordinator	£20,000 per annum (part-time role and estimate)