South Tees Hospitals NHS
NHS Foundation Trust

Personal Health Budget PA Training Project

Demonstrator Site Project Report

Angela Milbourne/Jemma Robinson May 2016

Contents

Introduction

The decision to train non registered practitioners and paid carers should be considered when the needs of the patient/service user are such that it is the most effective way to meet their individual needs. The ability of the non-registered practitioner or paid carer to carry out the task including their level of exiting knowledge should be determined by the registered practitioner.

South Tees NHS Trust (STNHS Trust) which is a large Acute Care Trust in the NE of England currently has a registered nurse assessor (JR) who currently provides training and assessment of non-registered staff who currently care for 2 complex patients in the community. The staff caring for these patients are currently employed by the organisation. This project allowed for the formal development of many more competencies and the development of a training framework which could be utilised for the expansion of the employment of Personal Assistants within the wider community providing a formal training and assessment framework. JR was supported by Clinical Matron AM who again was employed by STNHS Trust.

The organisation currently has a strong training and governance framework in place and the project was able to draw on this as part of the project and it is hoped that in the future the collaboration between Continuing Health Care and STNHS Trust will continue to grow for the benefit of the PA's caring for clients with complex needs.

Initial referral and assessment of client:

It was necessary to establish a referral process from Continuing Health Care into the provider therefore the referral form attached at Annex C was designed. This will trigger a request for assistance in the assessment of needs process:

Following the initial assessment it would then be necessary to assess both the client and the PA to establish what the training needs would be to ensure safe care can be delivered. A copy of this is shown at Annex D. This was piloted in an existing care package with authority of mum. A benefit of being part of a large Acute Trust and also the regional centres for both spinal and neurology is that on occasions we will have patients whose care in the community can be anticipated and therefore training and assessment of carers can hopefully begin whilst the client is still an inpatient. As part of the project we were able to do this for one client and a summary of this can be found at Annex E.

It is important to recognise that many of the PA's/carers may have existing current experience which would determine their training needs however there may also be many PA's/carers who have had no previous experience of caring for complex clients.

Training Framework

A training framework was designed to provide the PA's with the process which they were expected to follow: A copy of this is shown at annex F. There was concerned expressed by JR as to the process to follow if it was shown that despite the training any PA's was not going to achieve competency and be signed off as such by JR. A discussion regarding this took place with the Lead Commissioning Manager for CHC who advised that she would be looking at the budget holders in the case of new clients signing a contract and incorporating into the contract that funding could be withheld or the budget withdrawn if the budget holder did not engage into providing safe and effective care and to ensure

A training day was designed, delivered and evaluated. This can be found at annex G

In addition to the specific competencies it was felt important that any PA should undertake an element of mandatory training which should include: However the Care Certificate which the organisation can deliver includes the courses detailed below and a further 11 standards. The information and costings for this are £

- Manual handling
- Infection control
- Safeguarding and the application of the mental capacity act
- Basic Life support

As a large organisation this training is currently embedded in the Governance and Training for all employees. Discussion took place with the Training department and costs were given to enable this training to be undertaken by the PA's. The costings are provided at Annex H.

A list of those tasks that were deemed appropriate to be delegated to PA's is shown at Annex I.

To enable assessment of competency JR used the WASP framework which is the framework currently used by the STNHS Trust:

W: Witness

A: Assimilated

S: Supervised

P: Proficient

Each of the competencies written was supported by this framework and for some of the competencies a standard operating procedure was provided as a step by step guide to conducting s specific task. JR wrote an educational resource and activity pack for tracheostomy care. This document provides staff with the theory

and knowledge base which will enhance their practical skills. There is also an activity section which will enable testing of the knowledge gained by the individual.

To be inserted

Allocation of funding from NHS England

Period Covered		WTE	£
June - March 16	J Robinson (additional hours)	0.37	15,880
Travel	Includes Train journey's		1189.3
Trust Contribution	Includes A Milbourne support		3,414
TOTAL			20,483

South Tees Hospitals NHS
NHS Foundation Trust

Referral for Training of Personal Assistant (s)

On behalf of Continuing Health Care would you please arrange to discuss the training requirements of the PA named below: (If there is more than one PA please list all names).

Please circle option below detailing the requirements

A. Discussion has taken place with the PBH as to the requirements of staff who are employed in the role of PA:
B. Assessment of the client is required to establish the training needs of the PA.

PHB Holder:

Name:

Address:

Contact Telephone Number:

PA Names (please print)

Name of person making referral…….

Contact Details ……

Completed form should be emailed to :

Jemma.robinson@stees.nhs.uk

Client Needs Assessment

Client Name: D	Reference Number: 0001
Home Address:	Date of Birth: **/** /1988
Place of Assessment:	Date of Assessment:
Assessor: ANGELA MILBOURNE	Signature:
Designation: CLINICAL MATRON	Assessment Review Date:
CONSENT OBTAINED FROM CLIENT/NOK TO CONDUCT ASSESSMENT YES/NO	

Professionals Involved in clients Care:

Title	Name (Print)	Contact Number	Responsibility	Address
GP	Dr B*** C*****	**********	Overall Medical Care	Linthorpe Road
D/N				
PHYSIO	L** S**		Physiotherapy will train staff	
Resp Nurse	AL	0776******		Spinal Unit JCUH
Carers	LF KB KD NM KB SR PP EJ KD		To attend to the physical and emotional needs of the client	Based within the clients home

MEDICATIONS

Name	Dose	Frequency	Time
Gabapentin			
Amitriptyline			
Paracetamol	1g	As and When required	
Piriton			

Nursing Assessment to Identify Personal Assistant Training Needs

Respiratory Support

Activity	Yes/No	Training and Competency Required	Comments
Occasional oxygen required	YES	YES	HAS 2 X CONCENTRATORS 2 L
Continuous Oxygen	NO	YES	
Nebuliser	NO	YES	ONLY WHEN IN HOSPITAL
Chest Physiotherapy	YES	YES	DAILY BUT STAFF DO THIS
Tracheostomy	CF SIZE 4	YES	UNCUFFED SHILEY – SHLEY CORDIEN
Non –Invasive Ventilation	VIVO 50	YES	
Suction – Frequency and type	PRN	YES	SIZE 10 OR SIZE 12/14 IN AN EMERGENCY

Respiratory Equipment and Aids

Activity	Yes/No	Training and Competency Required	Comments
Ventilator/Respiratory Support	VIVO 50	YES	IS REGULARLY SUPPORTED WITH AN AMBUBAG
Oxygen Concentrator	YES	YES	2 X CONCENTRATORS
Oxygen cylinders	YES	YES	2 X COMPANIONS
Mains suction	YES	YES	DALIC LIQUID OXYGEN
Portable suction	YES	YES	2 X PROTABLE SUCITON AND PLUG
Humidifier	YES	YES	AT NIGHT TIME
Activity	Yes/No	Training and Competency Required	Comments
Nebuliser	NO		
Apnoea Monitor	NO		
Mains Saturation monitor	YES	YES	
Portable Saturation monitor	YES	YES	
Other:	N/A		

Elimination: Bladder/Bowel care `

Activity	Yes/No	Training and Competency Required	Comments
Fully continent	YES		
Incontinent (urinary)	NO		
Incontinent (faecal)	NO		OCCASSIONALLY
Help needed to take to toilet	YES		
Uses incontinence pads	NO		
Self-catheterisation	NO		
Indwelling urinary catheter Urethral/suprapubic	NO		
Stoma/conduit	NO		
Manual evacuation reqd	YES	YES	EVERY OTHER NIGHT

Personal Hygiene and Care

Activity	Yes/No	Training and Competency Required	Comments
Self-care	NO		
Supervision	NO		
One person assisted	N/A		
Full Care required	YES	YES	
Needs two or more to lift, wash	YES		

and dress			
Oral Care Requirements	OWN TEETH		
Hair care requirements	OWN		HAS A BEARD
Ear care requirements	YES	NO	WEARS HEARING AIDS TO BOTH EARS
Eye care requirements	YES	NO	WEARS GLASSES OCCASSIONALLY
Nail care requirements	YES		

Nutritional support

Activity	Yes/No	Training and Competency Required	Comments
Eats unaided	NO		
Needs assistance/supervision	YES	NO	
Requires total assistance	FULL	NO	
At risk of aspirating	NO		
Tendency to vomit	NO		
Activity	Yes/No	Training and Competency Required	Comments
Enteral feeding NG/NJ/PEG	NO		Type
Bolus/pump	NO		
IV/sub cut therapy	NO		
Feeding aids	NONE		
Takes in excess of one hour per meal	N/A		10-15 MINS PER MEAL
Diabetic	NO		

Special diet	NO		

Mobilising

Activity	Yes/No	Training and Competency Required	Comments
Independent/unaided	NO		
Walking frame/aid/splint	NO		
Wheelchair electric/manual	HYDRAULIC		
Supervision required	YES	Manual Handling	
Totally dependent for mobility and positioning	YES	Manual Handling	
Total number of adults reqd	FOUR +	Manual Handling	
Hoist required	YES	Manual Handling	
Glide sheet used	YES	Manual Handling	
Other aids used	NO		
Vehicle available	CAR		

Communication

Activity	Yes/No	Training and Competency Required	Comments
Able to communicate verbally	YES	N/A	
Unable to communicate	YES	N/A	IS QUIET
Uses palentype	NO	N/A	

Uses makaton	NO	N/A	
Uses British sign language	NO	N/A	
Lip reads	NO	N/A	
Uses other communication aid	HEARING AIDS	N/A	PROBLEMATIC – VISITS FROM JCUH
Patient is blind	NO	N/A	
Patient is partially sighted	NO	N/A	
Patient has full vision	YES	N/A	
Has the use of a guide dog	NO	N/A	

Cognitive abilities

Activity	Yes/No	Training and Competency Required	Comments
Patient is aware of diagnosis and prognosis	YES	N/A	
Family aware of diagnosis and prognosis	YES	NO	
Activity	Yes/No	Training and Competency Required	Comments
Patients current emotional state As defined by the patient	HAPPY/CONTENT	N/A	
Religion/spiritual needs	ROMAN CATHOLIC	N/A	
Good in familiar/known situations	YES	N/A	
Good in unfamiliar/unknown	YES	N/A	

situations			
Limited in familiar/known situations	NO	N/A	
Very limited coping abilities	NO	N/A	
Integrates well with surroundings and peers	YES	N/A	
Needs much reassurance	NO	N/A	
Inclined to wander	NO	N/A	
Is hyperactive	NO	N/A	
Is easily frustrated/disruptive	NO	N/A	
Tendency to exhibit violent/aggressive behaviours	NO	N/A	
Shows little interest/understanding in people and surroundings	NO	N/A	

Sleeping

Activity	Yes/No	Training and Competency Required	Comments
Average number of hours required	7-8 HOURS	N/A	THIS IS VARIABLE
Aids to sleep	MEDICATION		
Observation of client required overnight	OBSERVE VENTILATOR		PATIENT IS TURNED 4-6 HRLY
Issues association with difficulties in	NO	N/A	

sleeping			
Fear of seeping	NO	N/A	
Safety equipment used on bed (bed rails/alarms)	NO	N/A	HAS AN ALARM IF THERE IS AN EMERGENCY

Maintaining a Safe Environment

Activity	Yes/No	Training and Competency Required	Comments
Epilepsy	NO	N/A	Type:
			Frequency:
Description of Fits	NONE	N/A	
Action needed in response to fits	N/A	N/A	

Additional Information

Pressure Area Vulnerability YES/NO	Complete BRADEN assessment tool if required.
Pressure area care is good and the staff have good knowledge	
Dan is difficult to obtain blood from	

Mandatory Training Needs

Course	Training and Competency Required	Date Last Attended
Manual Handling	YES	
Basic Life Support	YES	
Safeguarding	YES	
Mental Capacity Training	YES	
Information Governance	YES	

Case studies

Patient 1

Patient 1 was a patient in the General High Dependency Unit JCUH. She had been an inpatient for approx. 6 weeks. P1's Mother had a personal health budget but had decided to partly use agency staff and partly employ her own PA's within the package of care. The agency were only happy to provide training and competency assessment for their own staff and there was no provision for the training and assessment of the newly appointed PA's. The patient was resident in North Yorkshire and being nursed in Cleveland.

The Intensive Home Support service which provides care for complex patients in the community in the South Tees Area sits within Critical Care within the organisation. Clinical Matron AM was approached to see if our involvement could facilitate a speedier discharge. It was therefore agreed with the manager from HDU that he would provide training and competency for the staff whilst patient 1 remained an in-patient and then JR would follow any further training and competency assessment at home following discharge.

The initial stages worked extremely well and discharge was seamless as JR was very involved with the discharge planning and execution. The multi disciplinary approach to training whilst patient 1 remained in hospital facilitated an early discharge.

JR's community experience ensured that she could clearly identify which tasks belonged to whom and because of the firmly established links with the North-East assisted ventilation service the team were able to coordinate further training and support for the staff as well as in house teaching alongside the patient.

Whilst the in house training proved to be extremely beneficial to facilitating earlier discharge and ensuring that staff were competent with the new pieces of equipment which were introduced to aid ventilation, there were some challenges following discharge. Whilst this model of training and assessment would be the ideal there were several learning points to note for future patients in a similar position.

- In this particular case the arrangement was negotiated whilst P1 was an inpatient. The informal arrangement with the commissioner in North Yorkshire and P1 parents was that JR would go to the home following discharge and undertake any necessary assessments and competencies that hadn't been achieved whilst P1 was an in-patient. Mum would be invoiced direct by South Tees NHS Trust. In future it would be essential to have a formal agreement with the Commissioners prior to discharge detailing the exact nature of the training and assessing responsibilities and the responsibilities of the budget holder.

- P1's mother was very closely involved in her daughters care as she had chosen to work shifts with her daughter until the package was fully staffed. Some of the information she gave the staff contradicted best practice and as employees it became difficult for them. Staff did not have the usual channels for escalating their concerns and did not feel they could raise them with P1's mother as she was their employer. This has resulted in a high staff turnover of the registered nursing staff and ultimately in a safeguarding alert

  .

- For the staff employed by Mum it was recognised that there was a lack of a clear governance framework within the package for example no provision for mandatory training for staff, an absence of record keeping and a very casual approach to drug administration all of which ultimately left staff in a vulnerable position. This information was shared with JR on an assessment visit. A meeting with the commissioning staff was held to notify them of the observations.

Patient 2

Patient 2 is a lady with muscular dystrophy who lives at home with her husband. Patient 2 and her husband were reluctant to have what they considered the intrusion of carers into the home and it was identified that her husband was providing over and above his normal care role. NECS went to panel and agreed to pay him as her carer as an exceptional circumstances case and their daughter provides some respite care to afford patient 2 husband a break.

JR was asked by NECS to assess patient 2's husband and daughter performing the complex tasks to ensure that they were competent and they were happy to engage in the process.

JR completed the initial assessment using the form devised by AM (annex D)and was able to identify the tasks JR needed to asses .JR concentrated on 4 keys areas which covered tracheal suction, tracheostomy change, care of the tracheostomy and use of the ventilator. Patient 2 and her family had received all of their initial training from the North-East Assisted Ventilation Service and it was apparent form the beginning of the process that they were performing the tasks to a very high standard and JR was happy to sign off the competencies she had devised using the WASP framework . Patient 2 's husband and daughter could not identify any areas that they required further training in however did say that they would be interested in attending mandatory training such as basic life support should it become available.

Patient 3

Patient 3 is a gentleman who has very complex care needs as he has a spinal cord injury and is fully ventilated.

Patient 3's Mother has a personal health budget and directly employs 10 PA's. The package is very well established and they are currently inducting a new member of staff.

I was asked to review the staff's competencies and the North-East assisted ventilation service asked me to coordinate some teaching by the ventilator representative for the new staff member.

A letter compiled by Angela Milbourne was distributed to the staff explaining the reason behind JR' involvement and used the assessment tool to determine the areas I needed to cover. Patient 3's Mother positively embraced our involvement with the staff and was extremely proactive in arranging training dates.

Initially this was a daunting task as I was not familiar with the patient and staff had all been in post for a number of years .There was an air of suspicion from staff and they very much had the attitude that they did not require any teaching of skills they had been performing for a long period of time.

JR used a manikin for the tracheostomy training which worked really well in this instance as we did not have to disturb patient 3's routine. JR was also able to assess the staff performing a tracheostomy change without having to wait until patient 3 actually needed it doing which speeded up the process considerably.

JR was very impressed with the standard staff were working to although there were a couple of instances when staff should have been wearing gloves to perform certain tasks and JR realised that in this environment the rationale can be explained to the staff but enforcement if difficult.

The documentation and record keeping was to a high standard and drugs were prescribed on a MAR chart

Staff did not have access to any mandatory training and this is an element of care that needs to be resolved in the future.

JR was also able to advise upon some changes in practice which had arisen since Patient 3's package of care was originally set up. Whilst some staff did not fully engage in the process (in that they did not ask any questions) others said that they found it really useful

and that they would benefit from annual competency review. 3 staff members said that they would be very interested in pursuing the Care Certificate which Angela Milbourne was interested in facilitating.

Patient 3's mother said that she sometimes struggled with issues such as asking staff to remove jewellery and use of mobile phones and so she was pleased when JR had asked a staff member to remove her rings before performing care.

Patient 3 has recently been unwell and his Mother found it useful to be able to ring for advice

Staff had the usual gripes about their work place and JR thought that it may be useful for them to be able to engage in some form of clinical supervision away from the package perhaps jointly with staff from other packages as it could be quite an insular situation.

In the future our involvement with the PA's would hopefully begin when the package of care was set up/transferred and JR thinks this would make her involvement less daunting to staff.

Patient 4

Patient 4's foster mother receives a personal health budget and staff are currently provided by an agency.

JR was asked by their case manager to provide some teaching around tracheostomy care for their family and friends. When JR arrived to do the training it was apparent that the client's care needs were a lot more complex than anticipated as he was fully ventilated.

Patient 4's foster Mother had been led to believe that JR would assess her friend's and family's competence around safe use of the ventilator tracheal suction and tracheostomy care however JR did have reservations as they weren't actually employed to perform the tasks

Following discussion it was apparent that patient 4's ability to go out with family and friends had been compromised following the insertion of a tracheostomy as they did not have the necessary skills required to look after him without the presence of a carer and agency staff were only employed for college hours and overnight. Concerns were raised by NECS that funding was not available to provide competency assessment and review for family and friends and the North –East assisted ventilation service raised concerns around JR's ability to monitor and oversee their competence and also around the vulnerability of JR's professional registration with the Nursing and Midwifery Council.

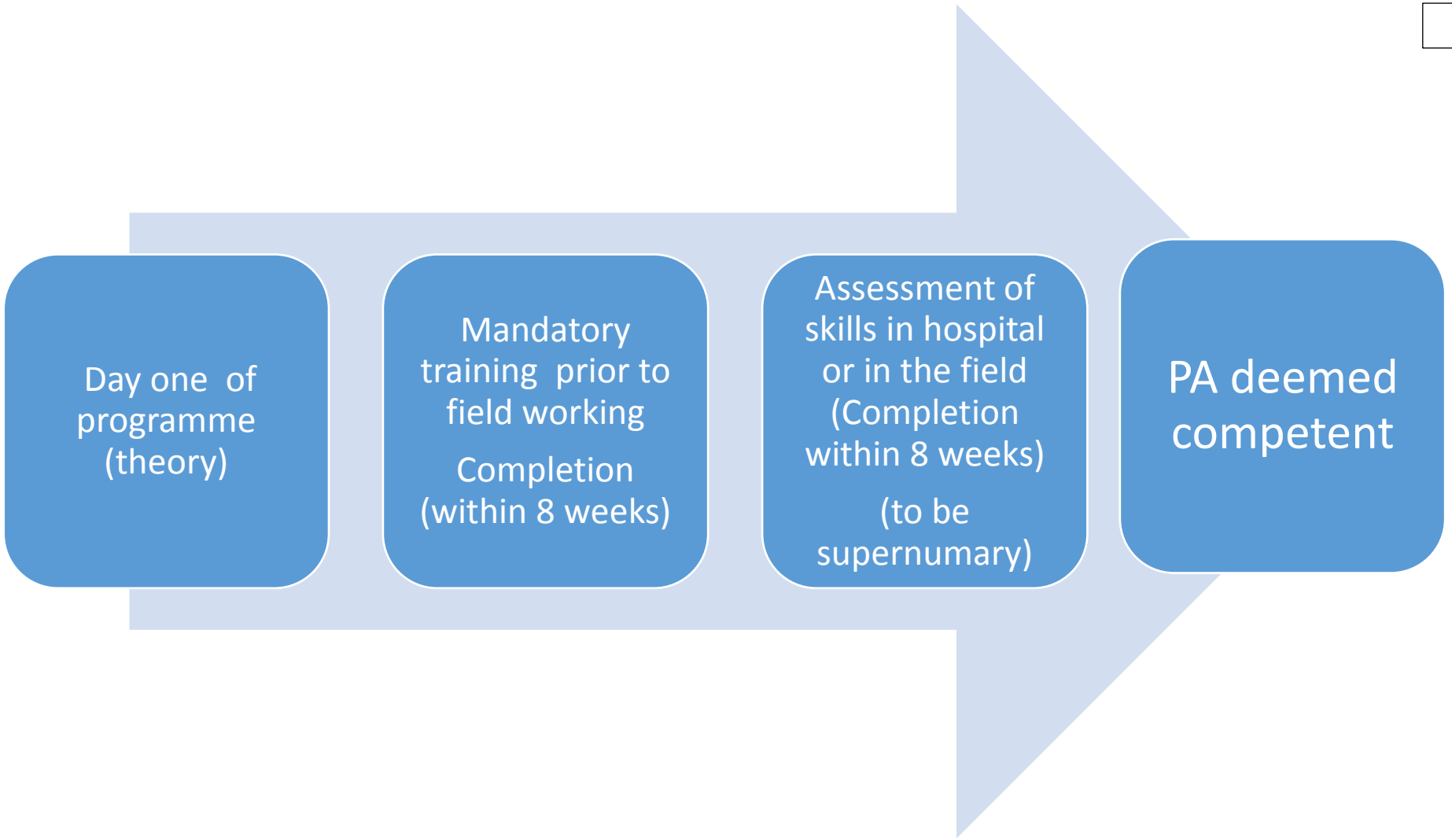
Following lengthy discussion it was agreed that JR would provide 6 teaching sessions in total for 10 family members and friends .During the initial 3 sessions JR provided the teaching and the theory with patient 3 and for the following 3 sessions JR observed everyone perform the tasks.

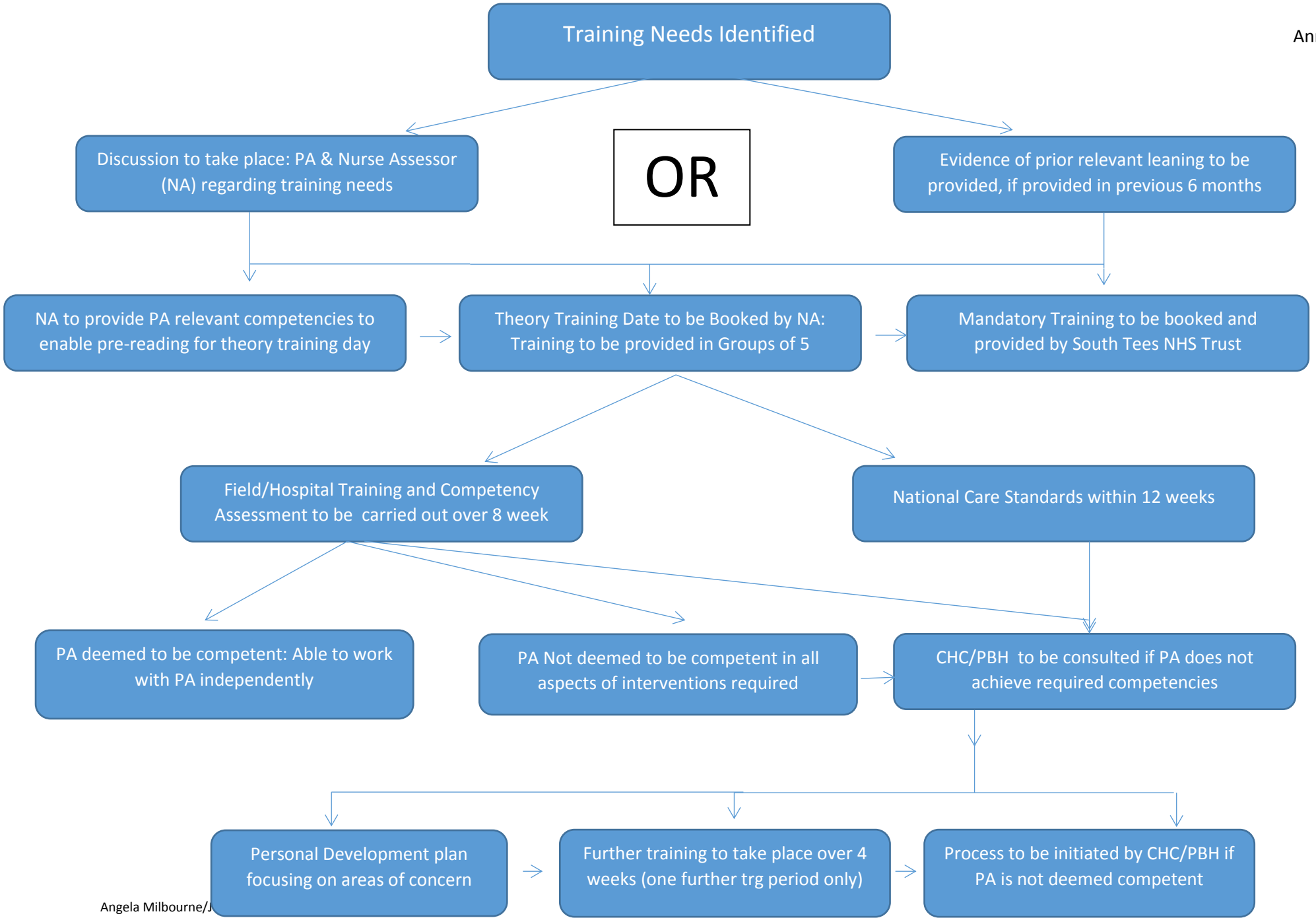
JR was very reassured that patient 4's foster mother was so proficient in providing his care and more than capable of supervising family and friend's following the training.

Patient 4's foster mother also raised the issue that if training was available to teach and assess the teaching assistant's at college in the complex tasks required then it would reduce the need for agency staff to accompany the patient's to college as patient 4 felt that this made him feel more conspicuous. JR has discussed the issue with the Commissioning Manager for NECS and this is something that will be addressed in the near future.

Training Model

Annex F




Training Needs Identified
Discussion to take place: PA & Nurse Assessor (NA) regarding training needs
OR
Evidence of prior relevant leaning to be provided, if provided in previous 6 months
NA to provide PA relevant competencies to enable pre-reading for theory training day
Theory Training Date to be Booked by NA: Training to be provided in Groups of 5
Mandatory Training to be booked and provided by South Tees NHS Trust
Field/Hospital Training and Competency Assessment to be carried out over 8 week
National Care Standards within 12 weeks
PA deemed to be competent: Able to work with PA independently
PA Not deemed to be competent in all aspects of interventions required
CHC/PBH to be consulted if PA does not achieve required competencies
Personal Development plan focusing on areas of concern
Further training to take place over 4 weeks (one further trg period only)
Process to be initiated by CHC/PBH if PA is not deemed competent

Personal Assistants/HCA Training Programme

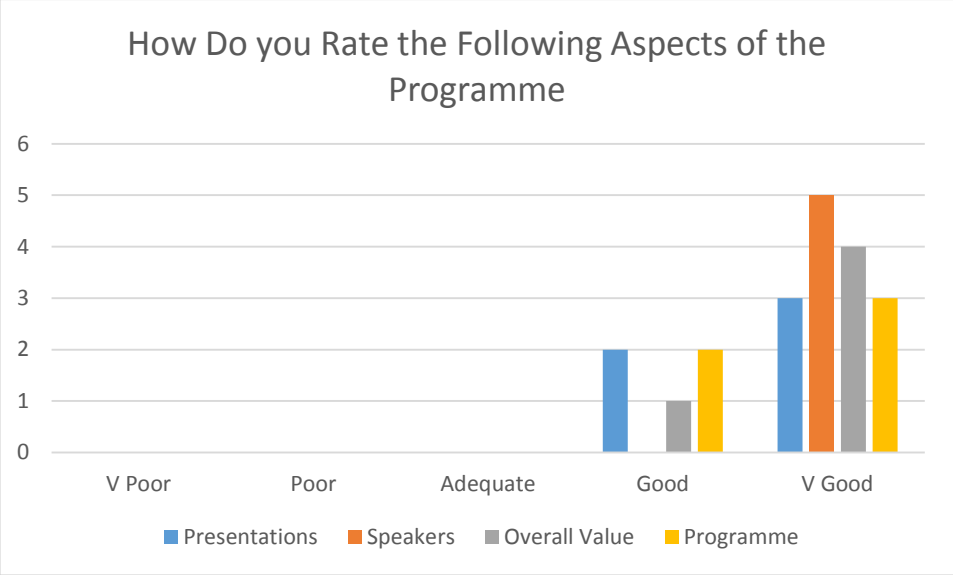
Tuesday 16th February 2016: Room 4 Learning & Resource Centre

09.30-09.45	Registration and Welcome	Angela Milbourne
09.45 -11.00	Tracheostomy Care: Suction Ventilation Care of a tracheostomy Emergency Care	Jemma Robinson
11.00-11.30	Bowel Management	Spinal Injuries
11.30-11.45	Coffee	
11.45-12.00	Skin integrity	Angela Milbourne
12.00-12.30	Delegation of tasks and legal Responsibilities	Angela Milbourne
12.30-13.00	Care Standards	Angela Milbourne

Training Presentations

A&P respiratory Trust.pptx
Accountability trg.pptx
08102014Copy of Pressure_Ulcer_Prev
Autonomic Dysreflexia - Inducti
Tracheostomy general Trust versio

Course Evaluation:



Comments:

Which part of the programme did you find most valuable and why?

"ventilation and tracheostomy care because its relevant to the patient"
"Bowel Management – very informative in understanding how important it is to do this procedure"
"Discussing the ventilator with the vent present"
"all of it ad being able to add input to help progress the aim"
"Ventilation as I feel I need as much information as available"

Was any part of the programme inappropriate and why? How could this be improved?
"Nothing"
"For me the bowel evacuation but valuable for the future if needed"
"No all of the information was appropriate and extremely relevant"

Was the information given with the programme useful

"Yes" x 5
"Very useful handouts and handy to keep to read over and understand"
"Yes it gave me some preparation on what to expect"

How could future programmes be in improved?
"More practical things to complete"
"A little in depth for new learners but fine for a re cap or update"
"Allow attendees to be more physically involved (eg resus Annie)"
"Have more aids to use to learn by and experience doing things ourselves and not just watching"
"Regular training and more time to refresh on most topics"
"Practical sessions to practice how to fit the tracheostomy etc on a dummy"

What future topics would be beneficial to you?
"Resuscitation, tracheostomy changing – a practical session"
"More visual aids, information on blood pressure, sats and oxygen"
"To have an aid to practice inserting and removing a trachy in an emergency"
"Resuscitation with a tracheostomy"

Was the Venue Satisfactory?
"Yes" x 5
"I would have liked a full day to give a more in depth view of the topics"

Any Additional comments
"None"
"I really enjoyed the session and I look forward to more training sessions"

The Feedback provided by the first group which attended the training will provide the changes to the programme and ensure that the opportunities for learning are maximised.

Costings

As the training needs of each PA may be different the costings were based on a bespoke provision of training and assessment. CHC will make a referral and a cost will be calculated based on the attached guidance for financial year 16/17.

Personal Assistance Training costings.xls

It is anticipated that any costings will be based on a hourly rate of time required to train and assess any one PA.

In addition to the competencies STNHS Trust can offer the Care Certificate which comprises of the following:

£123 per head or £728 for 6 learners: Breakdown is as follows:

ICQ registration £24

E learning registration packages £46

IQA £ 20

Taught session and support £33

This doesn't include the assessor and mentor costs and potential trg costs to allow the learner to be released.

The package included the following components:

15 standards:

- understanding your role
- your personal role
- duty of care
- equality and diversity
- person centered values
- communication
- privacy and dignity
- fluid and nutrition
- mental health, dementia and leaning disabilities
- safeguarding adults

- safeguarding children
- basic life support
- health and safety
- handling information
- infection prevention and control

Each of the modules within each standard can be delivered electronically and will take in the region of 30 minutes plus the test. Following this the competences will be achieved by each individual and will be either verbal or written proof of competency. following the presentation i went to it was indicated that the assessing for each staff member would take in the region of one hour per week. It is anticipated that as a pilot the learners may take in the region of 15 weeks to complete and the assessor may need to gain an understanding of the standards and assessment criteria. There is also attendance require at taught sessions as follows:

- induction 1/2 day
- fluid and nutrition 1.5 hrs
- safeguarding 2 hrs
- IPC 2 hrs
- Basic life support 2 hrs

Personal Assistance Training and Competency Requirements:

Specific competencies to be identified by Clinical Trainer, PA and PHB holder

Competency	
Airway and Breathing Management	
Care of the stoma dressing and tape change	30 mins
Care of an inner tube	30 mins
Full tracheostomy change	1 hour
Emergency protocol (blocked tracheostomy)	1 hour
Tracheal suction	1 hour
Oral (yankaeur)suction	30 mins
Administration of oxygen	1 hour
Equipment	
Breas Vivo 50 ventilator	10 hours total
Nippy 3 ventilator	6 hours total
Nebuliser machine	1 hour
Portable Suction unit	1 hour
Ambu bag	30 mins
Fisher & Paykel humidifier	30 mins
Bladder and Bowel Management	
Male intermittent catheterisation	1 hour
Female intermittent catheterisation	1 hour
Changing a catheter bag	30 mins
Connecting a night drainage	10 mins
Emptying a catheter bag	10 mins
Digital rectal examination	30 mins
Digital rectal removal of faeces	30 mins
Changing a stoma bag	30 mins
Medicine Management	
Administration of oral medication	30 mins
Administration of PEG medication	1 hour
Administration of enema	1 hour
Administration of suppositories	1 hour
Administration of pessaries & vaginal cream	1 hour
Application of a transdermal patch	30 mins
Instillation of eye drops and ointment	30 mins
Administration of nebulisers	30 mins
Nutritional Management	
Administration of peg feed	1 hour
General care	
Performing a bed bath	1 hour

Basic Physiological Measurements	
Blood glucose monitoring	30 mins
Pulse oximetry	30 mins

Clinical Trainer Signature ……Date:……

PBH signature: ……. Date:.. ……..

PA signature: ---------- Date:……..

A programme of training will be identified which will include an element of theory supported by a Standard Operating Procedure for each skill and your competency will be then assessed in your place of care/work.

Delegation of Tasks To Personal Assistants

When considering the delegation of task to personal assistant who may be employed by a Personal Budget Holder the detail below gives the expectations of both the Personal Assistant and the Health Care Professional who has delegated the task.

Health Care Professionals

Health Care Professionals will use their professional judgement and local/national policy to determine which activities can be safely delegated and the level of supervision required. (NMC 2008). For the purpose of delegation to Personal Assistants a list of these can be found at annex A.

The individual competence of an individual will be determined using the training framework shown at annex B. If the individual is not deemed competent to perform the tasks required both the Personal Budget Holder will be informed and Continuing Health Care who has overall financial authority for the package of care.

Assessment of the needs of the client will be assessed prior to commencement of the Training and this will then determine the training programme required for the PA's involved in the package of care.

When delegating a task, there are some questions for the Health Care Professional to consider.

- Is delegation in the best interest of the person?
- Does the personal health budget holder/ employer view the PA as competent to carry out the task?
- Does the registered practitioner view the PA as competent to carry out the task?
- Does the PA consider him/herself to be competent to perform the activity?
- Has the PA been suitably trained and assessed as competent to perform the task, or is there a way to make this happen?
- Are there opportunities for ongoing development to ensure competency is maintained?
- Is the task/ function/ health intervention within the remit of the PA's job description?
- Does the PA recognize the limits of their competence and authority and know when to seek help?

DOH 2012)

Personal Assistant

Although PAs are not currently regulated by statute, they remain accountable for their actions in several ways.

- To the personal health budget holder – under civil law the PA has a duty of care and is accountable for their actions and omissions when they can reasonably foresee that they would be likely to injure people or cause further discomfort or harm (eg if a PA failed to report that a person had fallen out of bed). The PA could also be dismissed for being in breach of their contract of employment.
- To the public – under criminal law, if a for PA were to physically assault a client they could be held accountable and could be prosecuted under criminal law.

A registered practitioner who delegates a task remains accountable for the decision to delegate and cannot delegate that accountability. However, provided the decision to delegate is made appropriately, they are not accountable for the decisions and actions of the PA to whom they delegate. The PA is accountable for accepting the delegated task and responsible for their actions in carrying it out.

Training Provision PA's

In partnership with Continuing Health Care, South Tees NHS Trust and the Personal Budget Holders the Governance framework when commissioning to South Tees NHS Trust will provide the foundations for responsibility and accountability.

To ensure that ongoing training and competency is maintained the Personal Budget Holders should ensure that there is sufficient allocation of the budget to commission ongoing assessment and training.

Re-assessment of competency if commissioned to South Tees NHS Trust would take place annually.

Personal assistants should keep good records of their training, and there should be evidence of assessment of competence. There should be ongoing training where appropriate to ensure competency is maintained

Training provision which can be provided by South Tees NHS Trust is detailed at annex C.

Competencies, Standard Operating Procedures and Training Packages


ratify (5).zip

Following completion of the training and competency each PA will be reviewed and have an annual review.

Summary:

The support provided by NHS England has allowed the foundations and development of a training programme for the training of personal assistants within the community. The scope provided above will need to be embedded and further developed over the coming months and years. This will carried in collaboration with Continuing Health Care and South Tees NHS Trust with the support of the Clinical Sister from the Intensive Home Support provision. The immediate focus on development should include:

- PA's being offered the Care Certificate & evaluation to take place
- Further pilot of the training framework
- A clinical supervision/ support group for the PA's
- Development of a contract between CHC and the budget holders to ensure that training and competency is mandatory on an annual basis.
- Review of the existing packages to establish any training needs