

HCSW Case Study 1: Lesley Booth, Workforce Planning and Development Project Officer, Tayside

Lesley Booth from NHS Tayside was involved in the Assistant Practitioner Project, which aimed to explore potential for development of the Assistant Practitioner role in NHS Tayside and to provide recommendations for future development across NHSScotland.

The project also aimed to offer educational opportunities, developing HCSWs competence within levels 2 and 3 of the Career Framework for Health, using SVQ processes to support and provide evidence of learning.

In planning, we worked collaboratively and effectively with Dundee College, and a wide range of stakeholders, utilising existing recognised qualifications to meet the needs of the individuals work environment.

The project received funding from The Scottish Funding Council and Skills Development Scotland enabling 50 HCSWs to undertake an SVQ.

Some of the key factors and issues identified were:

- Working with staff and dispelling misconceptions from the start helped everyone get on board with the education and role development
- Working in collaboration with the education partners allowed us to use education we were less familiar with to best advantage as NHS Tayside was not an accredited SVQ centre
- The registered staff who acted as mentors needed information and support to be able to fulfil this role
- Use the knowledge and skills of everyone involved to help reduce the potential problems and pitfalls, and draw on their expertise
- This type of support and development can have a huge impact on the HCSWs who participate and the care they provide

‘Having worked on previous projects, I had learned what was likely to work well, where the challenges, the pitfalls and delays were likely to crop up, and that detailed planning was key. This helped us to keep to the original timeline and keep people on board.’

Exploring

There was recognition across the organisation that we needed to develop support worker roles stemming from a wide range of drivers. However, the existing development was patchy. We needed to need to think across the service, across boundaries, and about planning role development. This helped us ensure that the HCSW did not feel dropped into something they were unprepared for, and staff did not feel unsure about what was expected of themselves or the HCSW.

We were also aware of the widespread development of support worker roles across England, especially the role of assistant practitioner. Literature about this was limited but did give some insight into what was happening elsewhere, what they had achieved and how they had done this. However, it was identified that the HCSWs involved were not ready for this step and we focussed on role development at Bands 2 and 3.

Planning

Having the project funding helped us to plan at all levels. We worked collaboratively and included a wide range of stakeholders, from members of the public and staff to individuals working at strategic level, education providers, Skills for Health and NHS Education for Scotland.

We already had an agreed generic job description to work from, that could be applied across the service, and were working in partnership with Dundee College to utilise existing recognised qualifications to meet the needs of the individuals and their work environment. This let us explore and clarify how this role would work in practice to ensure that there was clarity about the development.

We decided to use a range of SVQ s, including SVQ Levels 2 and 3 Health and Social Care (Children and Young People). This decision was influenced by:

- These qualifications being available locally and already established
- Potential issues for HCSWs in getting time out of the clinical area to undertake the required reflective accounts, as the SVQ is a work-based qualification
- Having a good working relationship with Dundee College who worked collaboratively with us, and who provided learning support and advice and the external SVQ assessors

Developing

As we were using education that had already been developed, we could focus on how to put learning and role development into practice. We cross-matched the SVQ competencies with the generic assistant practitioner job description to identify where there were gaps and where learning was needed.

We also explored staff opinions, examined the patient journey and, using the Skills Maximisation Toolkit, identified tasks and the competencies needed. This helped us to identify a range of areas where learning was needed. These included care planning, record keeping, critical analysis, and reflection. Also, there were sometimes more general learning needs such as literacy and numeracy and study skills that we needed to consider.

It was essential to get communication right, spreading information and speaking with the registered staff to ensure that they had a clear and factual understanding of the HCSW role development that was proposed. At the start of the process, we sent a questionnaire to all grades of staff to engage them in the process. This gave insight into their experiences and opinions, and helped identify areas that needed to be addressed.

Importantly, this gave us the opportunity for open and honest discussion. We had found that there was a lack of understanding about the aims of HCSW role development amongst the registered

practitioners, and about SVQ processes and how they compare with other existing qualifications. Some registered staff thought that the HCSWs were to be a substitute for registered staff, when in reality this development freed up registered staff to use and develop their specialised skills.

To recruit the HCSWs we circulated a flyer widely in the organisation, and this resulted in enquiries from interested HCSWs and their managers. Often HCSWs questions were about what they would learn, returning to study and what was expected of the mentors.

Implementing

From the start, everyone was kept in the loop and we had engagement from the staff involved. Building these relationships and making sure that there was open discussion about the work meant that people came along with us, and provided good support for everyone involved. This isn't always an easy process but is essential for success.

SVQ opportunities were offered to any clinical HCSW, and those who participated came from a wide range of clinical areas and services. Initially, we visited groups of staff in the areas where there was interest, and explained what we were trying to achieve in developing HCSW roles and the reasons we were doing this.

The interested HCSWs, who had both their manager's support and a willing mentor, were interviewed jointly with Dundee College. HCSWs and their mentors were invited to the induction half day at Dundee College, and all found out much more about the SVQ process, had the opportunity to ask questions and learned about the e-portfolio that they needed to complete. This was overwhelming for some. We found that, as registered practitioners, the mentor's education had taken a different path and this type of work based learning was new to them. Attending the induction session put them in a better place to support the HCSWs.

Many of the HCSWs needed to develop their study skills - for some the format of education now is very different from when HCSWs last studied, which may have been when they were at school.

Using the SVQ also allowed a stepped approach, with recruitment of HCSWs starting slowly and building up over time to the final 50. As it is work based learning, the structure of the programme allows people to start at any time during the year. NHS Tayside is not an SVQ accredited centre, and this was an opportunity to evaluate staff experiences of participating in this form of qualification.

Reviewing

We are now getting near the end of this round of HCSW participants and only 2 have dropped out, both for very valid reasons. The HCSWs who have completed, or are nearing completion, have gained confidence, have a sense of achievement, now question how they carry out their work and want to put what they learned into practice. HCSWs were often surprised at the amount of study that was involved and how much they learned. This surprise was often reflected by the team the HCSW works with.

When we evaluated the process half way through, the feedback was positive with descriptions of 'amazing' and 'first time I've really felt part of the team.' After they finished, some HCSWs were amazed at themselves and what they had achieved, and described the experience as a 'revelation.'

Completing the SVQ appears to have resulted in some HCSW's developing professionally and personally, and becoming more confident.

The SVQs that we used focussed on the HCSWs developing in their current work and role, while demonstrating competence within SVQ level 3 or 4.

This evaluation is ongoing.

Key messages

- Get the right people on board and involve grass roots staff from the start. Building relationships and communication are essential for success
- Identify the education that best suits the needs of the service and HCSWs, and explore what is already there that you can use and adapt
- Draw from your previous experience and that of everyone involved. Having worked on projects before provided invaluable insight into where the pitfalls could be, and how to minimise the chances of them happening
- HCSWs may need support in developing their study skills
- Be realistic – the development you start out aiming for may not be possible, but if you are realistic and flexible, you can still end up with good outcomes
- Plan well and learn from the experiences of others, gathering as much information as you can to inform your plans
- Enjoy the journey!