

Improving the Non Registered Support Workers Skills to Meet the New Demands of a Reforming NHS

(The right person, the right place, the right time)
Doing it right !!!

Outcome Of Implementing The Calderdale Framework¹:

New competencies taught to AHP (RA) and nursing support staff (HCA) in response to service and patient needs analysis across Calderdale and Huddersfield Foundation NHS Trust

This meets the challenges posed by Camilla Cavendish and is replicable²

Background

The Competency Based Training Programme (CBTP) was developed using the Calderdale Framework to assure clinical governance in both delegation and service delivery. It equips non registered staff with the skills to competently carry out rehabilitation and nursing tasks to create more flexible support staff able to work across professional boundaries to meet service user needs are at the heart of these developments.

These include behavioural as well as technical aspects.

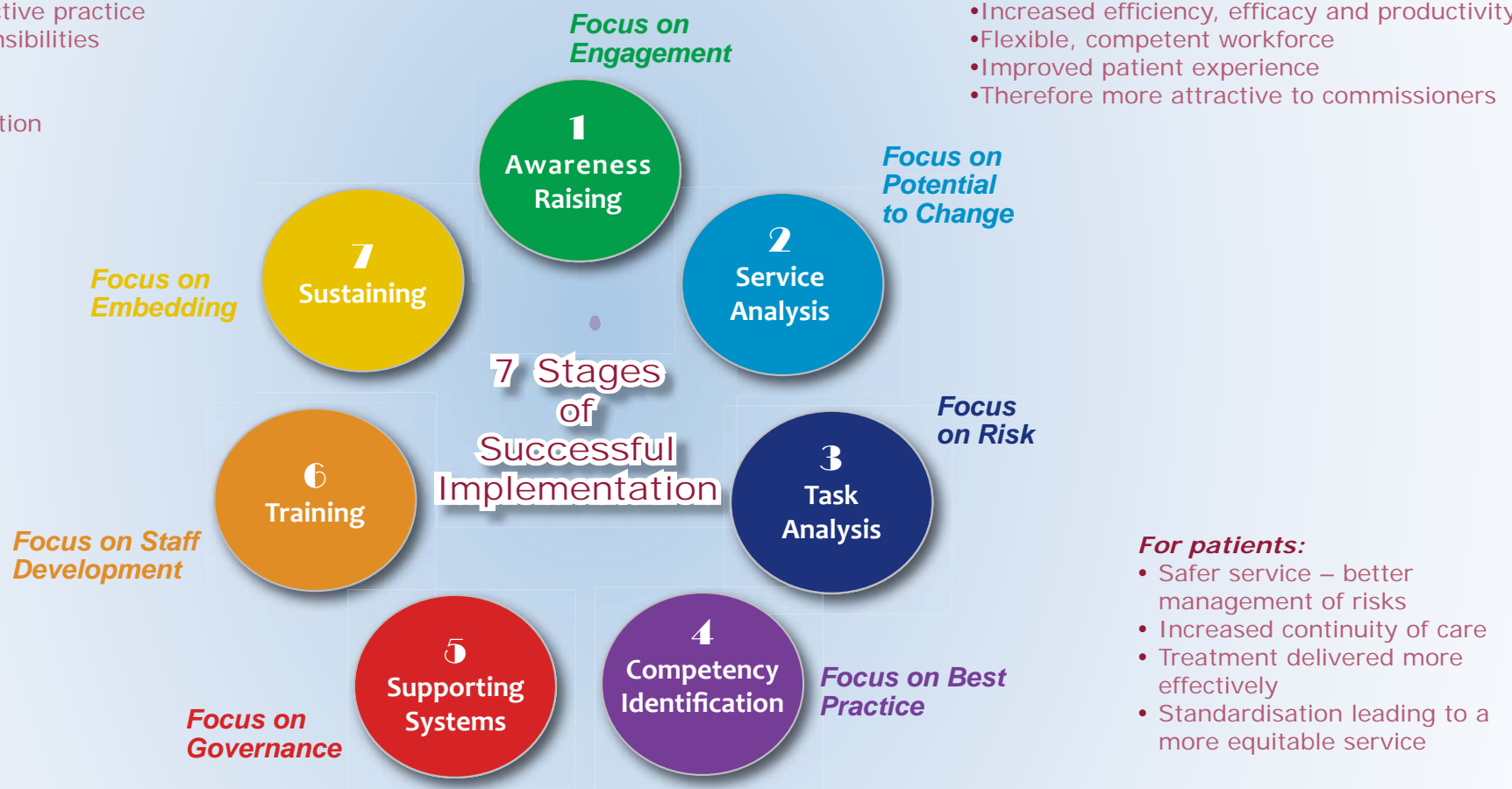
Potential Benefits of these Competencies

For the team and individual support staff:

- Builds effective team
- Professional development including supervision and reflective practice
- Clear roles and responsibilities
- Safe skill sharing
- Transferable skills
- Increased job satisfaction

For organisations:

- Consistency and safety-robust governance
- Reduction in risk
- Increased efficiency, efficacy and productivity
- Flexible, competent workforce
- Improved patient experience
- Therefore more attractive to commissioners



For patients:

- Safer service – better management of risks
- Increased continuity of care
- Treatment delivered more effectively
- Standardisation leading to a more equitable service

Occupational Therapy competencies will teach rehab assistants skills in helping to improve service users' cognition (attention, memory, visual and information processing and executive functioning), using the Brainwaves treatment medium. This is a national evidence-based programme that uses a range of activities and a graded approach to cognitive rehabilitation for service users' with neurological problems.

Physiotherapy competencies will teach rehab assistants the otago exercise programme. This is a practical, individually-prescribed, fully-tested and safe exercise programme that aims to improve lower limb strength and balance, thereby increasing stability and preventing falls in older people. Research indicates that it can reduce falls risk by over a third. It is a cost-effective strategy from which older people can gain significant benefit.

Nursing competencies will teach the HCA how to competently undertake NEWS recording, and ensure they are clear when to escalate. Early evaluations in CHFT demonstrate better patient outcomes following this training.

These above are illustrative examples from an extensive competency library.

Training and Evidence of Competence

Followed the CF 3 stage methodology :

1. **T = Taught** – this is in a class room setting and self directed underpinning theory
2. **M = Modelled (simulation)** - this is observation of other competent staff as well as case study discussion and practice on each other.
3. **C = Competent** – this is achieved by support workers undertaking supervised practice until an occupationally competent assessor signs them off as competent and the learner feels confident.

Other Important Considerations :

- Appropriate level:** Ensuring that the depth of knowledge is suitable.
- Environment:** Easily accessible for cross-site colleagues, quiet and spacious
- Cost-effective:** Clinical time and resources, preparing for and delivering the training
- Timing:** Flexible and realistic

Evaluating the Impact on the Service (Return On Investment)

- Pre and post training quizzes to indicate level of knowledge and confidence gained by learners.
- Evaluation form for support staff completed following the training to QA training experience.
- Reflections from support staff after putting training and learning into practice evidenced in CPD portfolios .
- APEL of work based learning towards vocational qualifications.
- Compare the cost of therapists and nurses rather than support staff delivering treatment sessions.

References :

1. Smith, R& Duffy, J (2010) *Developing a competent and flexible workforce using the Calderdale Framework*. International Journal of Therapy and Rehabilitation, Vol17, Number5 p254-262.
2. Nancarrow S (2014) et al 'Implementing large scale workforce change: learning from 55 pilot sites of allied health workforce redesign in Queensland, Australia. In Press