UNISON
the public service union

CARE ON THE CHEAP

A UNISON survey of clinical support workers

Introduction

There are over 400,000 healthcare assistants (HCAs) and clinical support workers in the UK who work alongside nurses and other health professionals.[1]

These NHS workers typically deliver 60% of patient care and are hugely important to the health and well-being of the UK population.

They work in hospitals, community healthcare, emergency services, mental health, GP practices and clinics.

Traditionally HCAs have been associated with personal care such as washing, dressing and feeding patients as well as taking time to listen and reassure them. But in recent years there has been a rapid extension of the range and complexity of their roles.

> *"My role has completely changed from 20 years ago. I was employed as a bath nurse…now [I'm] using clinical skills such as blood pressure/ blood sugar monitoring... catheter care, eye drop administration. I have recently received training to administer insulin."*

Clinical tasks such as heart checks (ECGs), previously only done by nurses, are now routinely performed by HCAs. These tasks should be supervised by registered professionals, such as nurses, doctors or paramedics but these professionals are increasingly in short supply. So there is relentless pressure on HCAs to plug the gaps, even if they are untrained to do so.

There are widespread inconsistencies in job titles, roles and scope of responsibility for HCAs. The result is that patients are not always clear who is caring for them, and what they are qualified to do. HCAs are also not always clear what they should be doing and what their responsibilities are.

The Francis report into the Mid-Staffordshire hospital scandal recommended national standards for training and education, a code of conduct and mandatory registration for HCAs. In Wales, Scotland and Northern Ireland there has been progress towards standardising training and education, and consistency in defining roles. In England a voluntary code and training standards have been produced but none are mandatory. The government has declined to make HCA registration mandatory yet it is for nurses and other health professionals.

Although HCAs provide 60% of patient care, only 5% of the NHS education and training budget is spent on them. HCAs have told UNISON they are undervalued, increasingly overworked, and struggling to get the supervision they need. Low pay and lack of career progression mean they are struggling to make ends meet, when many could earn more stacking supermarket shelves than they can caring for patients.

'Dogsbody', 'Jack of all trades', 'Skivvy', 'Cheap nurse'...

This is how many support workers in UNISON's survey feel they are viewed by their employers – in stark contrast to how much they feel patients value them.

[1] There are a wide range of job titles in use for workers who work in clinical support roles alongside nurses, occupational therapists, paramedics and other health professionals. In this report we use 'healthcare assistant' as a catch-all term for all these roles.

KEY SURVEY FINDINGS

UNISON surveyed nearly 2,300 healthcare support workers from across the UK working in a range of healthcare settings from primary care to emergency care, and community care to hospitals.

"I actually run clinics...and do the same job as a registered nurse except dressings...I am also a qualified phlebotomist, and cardiographer which I undertake weekly within my HCA [healthcare assistant] role."

1. Roles have changed considerably – recording and monitoring clinical observations has overtaken bedmaking, feeding and bathing as the most common day-to-day task.

2. Only 45% of respondents feel comfortable that what they are asked to do is appropriate to their level of competence

   "Every day I take on tasks that are not in my job description because if I did not the problem would hold up the list ...also it has become our job because we do it so often it is now expected of us."

3. There is considerable inconsistency both between, and within, employers about which tasks are considered safe and appropriate for support workers to do

   "Some staff nurses say you can do things others say you cannot..."

4. Two-fifths of respondents say there are aspects of their current job for which they have not received the training they need – typically in areas like clinical observations, cannulation, catheterisation and dementia care.

5. Three-fifths say that the opportunities they have to progress beyond their current roles are inadequate.

   "I was told to complete a foundation degree to take me to level 4 and have now been told I will not be given a band 4 post."

6. Two-thirds say that in general healthcare support workers are not given sufficient access to training and development to reach their potential.

   "I have had discussions with training departments requesting to go on courses applicable to my role and have been told that I am thinking above my station [which] shows how little regard there is for HCSW [healthcare support workers] within the NHS."

7. Nearly two-thirds would like to train to qualify as a nurse or other health professional.

8. Some 86% said that staffing is inadequate at least some of the time.

9. In the last year, 44% have fairly or very seriously considered leaving their job with work pressure and stress as the most common reason followed by feeling undervalued by their employer

10. Over three quarters feel that they are valued and respected by their patients, while the figure is only 35% for their employers and only 8% for the government.

    "We are not valued by the government and media. It is always nurses that are referred to yet HCAs play a vital role on the wards."

11. Only 58% say they are confident that if they raised a concern about patient care it would be listened to and acted upon

12. 85% of respondent s have had to work extra hours and /or cut back on luxuries, and a third to cut back on essentials, to make ends meet as a result of public sector pay restraint

    "I have struggled immensely over the past four years...my role involves travelling to clinics where I either have to pay for parking or bus fares up front. This often leaves me out of pocket as I use money that I have put aside for other things."

13. The satisfaction of working with people and helping patients is the most valued aspect of the job, while poor pay and the effects of long shifts and night working are the most disliked elements.

14. Some 85% of respondents believe that support workers should be regulated, as doctors and nurses are, by an external regulatory body.

15. Respondents' top priorities for change are securing a mandatory training and qualifications framework for the support workforce, and gaining greater public and professional respect and understanding for their roles.

Conclusion

UNISON believes that the findings in our report show that failure to invest properly in the support workforce is letting down the staff themselves, and the patients they care for. The challenge is two-fold: to address the roles, training needs and status of the whole support workforce, and at the same time to tackle the current shortage of registered nurses and health professionals in a sustainable way. The decision by the government in England to ignore this and just focus on developing a 'nursing associate' role risks creating a 'nurse-lite', who gets used as a cheap substitute for registered nurses, while the rest of the support workforce continues to be undervalued and overlooked.

UNISON believes that there is great potential for well-trained, fairly rewarded support workers to play an even greater role in delivering high quality care fit for the future, but this requires a national strategy, national standards, appropriate regulation and above all investment to ensure that all staff in the care team can work safely and effectively together.

UNISON is calling for:

- Nationally defined scope of practice and role titles for each level of healthcare support worker so that role boundaries and responsibilities are clear for staff and patients
- Standardised education, training and competency standards for the whole support workforce set nationally
- A review of pay banding and career structures for support workers
- More investment and support for those who wish to progress on-the-job into registered nursing or other health professions.

Job titles

Clinical support staff work under a bewildering array of job titles – a source of long-standing concern. Camilla Cavendish in her review of healthcare support workers[2] encountered over 60 different titles with locally determined job descriptions and wide variation in permitted tasks. She concluded that:

> *"A profusion of job titles and local job descriptions results in confusion for patients, public and some staff in the NHS."*

According to our survey, this also results in frustration and concern for the staff themselves. Comments throughout the survey show that respondents firmly believe the absence of standardised and recognised job titles contributes to the undervaluing and misunderstanding of the work they do.

> *"I often hear a nurse saying to a patient 'the girls in the stripes do that'"*

> *"Lack of respect: 'She's not a real nurse'"*

In Table 1 the most common job titles held by respondents are highlighted in bold. The 'Other' category contains a host of other job titles in a wide range of roles and settings with clinical support worker, emergency care assistant and support time and recovery worker occurring most frequently.

Table 1 Respondents' job titles

JOB TITLE OPTION	% of respondents
Healthcare assistant (HCA)	**39%**
Healthcare support worker	**23%**
Nursing assistant	**8%**
Nursing auxiliary	**7%**
Assistant practitioner	**6%**
Senior HCA	5%
Maternity assistant	1%
Midwifery assistant	1%
Clinical assistant	1%
Therapy assistant	1%
Associate practitioner	1%
Other	7%

[2] The Cavendish review: an independent review into healthcare assistants and support workers in the NHS and social care setting, DH, July 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

Only 55% of respondents believe that their job title adequately reflects their role and responsibilities. Asked what title would be more accurate the most popular choice was 'Nursing assistant'. Interestingly this was also the title that Camilla Cavendish recommended. 'Auxiliary nurse', 'Assistant nurse' and 'Healthcare practitioner' were also popular choices.

There was a sizeable contingent of respondents who answered this question somewhat tongue in cheek with 'Dogsbody', 'Jack of all trades', 'Skivvy', or 'Cheap nurse'.

One respondent quipped: 'Anything that doesn't contain the word Assistant!' while another reflected on the challenge of finding a job title that can do justice to increasingly complex roles, or convey a sense of worth and value:

> *"I actually run clinics with consultants and registrars...and do the same job as a registered nurse except dressings...I am also a qualified phlebotomist, and cardiographer which I undertake weekly within my HCA role...I do not have a clue as to what we should be called but HCA doesn't cut it anymore."*

> *"Nursing assistant, auxiliary nurse, basically anything that doesn't devalue us like 'HCA' does [allowing] service users to talk down to you stating you are 'just a care assistant'"*

Not 'unqualified'

Our survey findings give the lie to the dismissive label 'unqualified staff' that is often applied to healthcare support workers. Nearly two-thirds of respondents (63%) have either achieved or are working towards an accredited qualification relevant to their current role. Half of respondents have achieved such a qualification, while many more have undertaken in-house training that would be capable of accreditation if employers had made this available.

Table 2 Accredited qualifications

Have you completed - or are you undertaking - an accredited qualification relevant to your current role?	
	% of respondents
Completed a qualification	50%
Undertaking a qualification	13%

For just over half of those holding or working towards a relevant qualification, this is at level 3. For a fifth it is at level 4 or 5. A further fifth are at level 2. The fact that half of respondents are on pay band 2, while only 37% are on pay band 3 suggests there may be a mismatch between these qualification levels and pay bandings.

Table 3 Highest level of qualification

Highest level of qualification achieved or working towards	% of respondents
Level 1	2%
Level 2	22%
Level 3	52%
Level 4 eg HNC, Certificate of Higher Education	10%
Level 5 eg HND, Foundation degree	11%
Higher eg bachelors degree, masters degree	3%

Some 3% of respondents were qualified to degree level, some of them overseas.

"I am a graduate nurse from the Philippines."

"I have got BSc Health Sciences degree which I completed before I started to work as a healthcare assistant."

Changing times, changing roles

It is clear from our longer-serving respondents that clinical support roles have changed rapidly and considerably in the last two decades.

"My role has completely changed from original induction 20 years ago. I was employed as a bath nurse. My role has evolved and I am now utilising clinical skills such as dressing technique, blood pressure/blood sugar monitoring, venepuncture, catheter care, eye drop administration. I have recently received training to administer insulin."

'Traditional' tasks such as bed making, distributing meals and feeding patients are still very common, with a high proportion of respondents carrying them out on a daily or more than weekly basis. However as shown in Table 4, monitoring and recording patient observations is by the far the most common activity carried out more than weekly, and monitoring of blood glucose is also a very common activity.

Complex dressings, cannulation and catheterisation are less likely to be carried out on a daily or more than weekly basis and respondents are more likely to say they never carry them out. However, comments from respondents suggest that these are the type of tasks that are subject to inconsistent and ad hoc practice with staff asked to undertake them when services are short-staffed, or where changing interpretation of protocols and job descriptions leads to often baffling reversals in practice (see section on delegation).

Table 4 Typical tasks and responsibilities

Below is a list of some typical tasks and responsibilities. On average, how often do you carry these out in your current role? Please tick the appropriate box for each task/responsibility.

	Never	A few times a year	A few times a month	A few times a week	Every day
Bathe a patient	32%	11%	7%	12%	38%
Feed a patient	33%	11%	6%	13%	37%
Make a bed	22%	6%	5%	9%	56%
Distribute meals	31%	5%	5%	9%	51%
Collect medicine from the pharmacy	28%	14%	17%	20%	20%
Escort a patient to another ward or theatre	23%	11%	17%	21%	27%
Keep stores stocked	19%	6%	13%	20%	43%
Monitor/record a patient's observations	13%	4%	5%	10%	68%
Monitoring a patient's blood glucose	29%	5%	9%	13%	44%
Carry out a simple dressing	32%	10%	15%	15%	27%
Take a blood sample from a patient	62%	3%	5%	9%	21%
Carry out female catheterisation	93%	2%	2%	1%	2%
Carry out a complex dressing	75%	5%	6%	7%	7%
Carry out an ECG	62%	5%	7%	10%	16%
Carry out cannulation	89%	2%	1%	2%	6%

Comparisons between the roles of registered nurses and HCAs and Assistant Practitioners (APs) are often made and sometimes hotly debated. Our respondents have clear views and table 5 shows that HCAs and APs generally believe that they are able to be more patient-focused in their work, particularly when it comes to being told by patients about their worries and concerns, or noticing that patients are in discomfort. This is closely related to the belief that they have more time than nurses to listen to patients, although comments around the theme of workload suggest that this time is becoming ever more squeezed.

Table 5 Views on respective roles

Below are some statements asking for your views on how different groups interact with patients. In my opinion, APs and HCAs are MORE likely than registered nurses to...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Notice when patients are in discomfort	3%	5%	16%	35%	40%
Show concern when patients complain	3%	7%	20%	34%	36%
Talk to patients in a warm friendly manner	3%	8%	21%	30%	37%
Be told by patients about their worries and concerns	3%	5%	14%	36%	42%
Explain what they are doing when working with patients	3%	8%	23%	30%	36%
Have time to listen to patients when they need to talk	4%	7%	16%	35%	37%

Delegation

A third of respondents are experiencing at least some uncertainty about which tasks can be safely delegated to them. For many respondents there is a perceived mismatch between their competences and how they are deployed. It is striking that around a quarter of respondents feel they are sometimes, or often, asked to do things beyond the scope of their competence – and the same proportion, around a quarter, feel they are not able to make enough use of the competences they do have.

Are you clear which tasks can safely be delegated to you by registered professionals and which cannot?

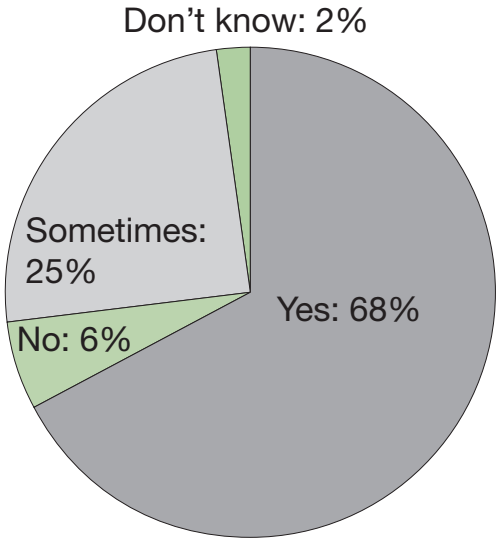


Table 6 Views on delegation

How do you feel about the kind of work that is delegated to you?	Response percent
Comfortable that what I am asked to do is appropriate to my competence	45%
Sometimes I am asked to do things beyond the scope of my competence	18%
Often I am asked to do things beyond the scope of my competence	6%
Frustrated that I am not making full use of my competence - I am capable of more complex work	26%
Other (please specify)	5%

Those expressing concern about delegation beyond their competence frequently linked this to pressures arising from short staffing.

"Every day I take on tasks that are not in my job description because if I did not the problem would hold up the list ...also it has become our job because we do it so often it is now expected of us."

"Sometimes when there is a staff shortage we have to carry out some responsibilities which I'm not sure if they are part of my role. Eg doing admissions and discharges and sometimes looking after two or three patients that require one to one watching."

"Sometimes we are not allowed to do certain things but if busy the situation changes and we are!"

There are also suggestions that lack of trust in agency nurses is prompting delegation of work to HCAs whose competence is more trusted.

"I do the ward round for my patients with the doctors as they simply do not trust agency nurses."

The giving of medications is a particular area of concern for many respondents:

"We are asked to give patients tablets by the nurse when the nurse should be staying with the patient to make sure they take their tablets safely. Nurses are signing for tablets and later finding that the patient has not taken them. As healthcarers we are not trained to give medication to patients."

"Within my job role I have been approached by the nurses on duty to give the patient medication which I always refuse and insist that they put the medication into the patient's mouth and I will give the water to the patient straight after. I am very concerned about giving patients medication as I am not a nurse and it is not in my job and mistakes can happen. I would like some clarification into this to know where I stand."

Inconsistencies

Respondents frequently pointed to inconsistencies in the scope of delegation between employers, and even within the same employer:

"Recently I did a catheterisation course and it seems some HCAs can put catheters in women, some in both men and women. But my band 6 is against HCAs doing this on her team. Other teams working from the same health centre as me do allow their HCAs to do this."

"For five years we have been delegated vital signs and recording of same, which we have done without error. All of a sudden, as the ward next to us asked for a new higher band, we have to stop doing them as there is an audit getting done! Hence no band 2 signatures on same!"

"Task allocation appears to differ from area to area. Things I did as part of my everyday job in area 1 I no longer do now I am in area 2. I feel I have become deskilled in some areas."

"Have recently been given a delegation list, but it is unclear and inconsistent with the other local trusts."

For some respondents the inconsistency and lack of clarity is at an organisational level, while others point more to varying approaches by individuals.

"Some staff nurses say you can do things others say you cannot..."

"It depends who you work with, some people are big on 'power' and prefer to belittle their team rather than encourage and tutor. If a nurse knows you enough they will ask you to do tasks that only they should be seen to do (like replace bag of saline on an IV - draw up a pain reliever post op after checking it with them). Some nurses let us write up care plans others don't. There is no consistency on what you can and can't do."

Some of the stories shared by respondents show a shifting picture around delegation with employers changing tack as a result of external interventions or the fear of them. These moving goalposts are the source of considerable frustration.

"I am mostly comfortable that what I am asked to do is appropriate to my competence, but...in one of my job roles I was able to triage patients after being trained to use the Manchester Triage System, which I undertook for approximately one year, my notes were audited and I was found to be 100% competent, then after a CQC inspection and audit they were unhappy that patients were waiting too long before they were seen by a registered nurse. [So it was] decided that...I was no longer able to carry on triaging patients...This is extremely frustrating as at times patients are now having to wait longer before they are triaged by someone"!

"Happy at present but moves are being made so that I will no longer be allowed to undertake some procedures that I have been assessed as being competent to perform. Discussions are also taking place...around providing training for band 2/3 HCAs to undertake administration of insulin and clexane"

There were particular issues about the scope of delegation in relation to Band 4 assistant practitioner roles both during their training and once qualified.

"As I am doing the foundation degree and am now a trainee associate practitioner, myself and my employer find the scope of the work I can do is not defined well at all. It is unclear what elements of our work I can go ahead and do. This has been a huge problem and has delayed the implementation and use of Band 4 staff within the trust. I am still employed as a Band 3 and will continue to be on completion of the FdSc."

"Unfortunately most registered nurses and professionals in [employer name] are not familiar with what they can or cannot delegate to APs and therefore since qualifying myself and other APs are only being given the same level of responsibility as before we became APs."

Confidence

Some respondents are very confident about saying no to delegation of tasks that they do not feel competent to do, others less so:

"I am confident to say no to any task that I am not safe or trained to do but am happy to learn and train to do anything."

"I am fully aware of my role, my limitation and who and when to ask for assistance as set out in the HCSW code of practice and local health board policies and procedures."

"Sometimes I feel like [I am] being bullied to carry out tasks I feel that I have no experience or confidence to do. I complain but all I hear is that it is easy, or the carer will teach you."

Over and under delegation are sometimes both experienced by the same individual:

"A mixture of being asked by doctors to do things way beyond my competence and frustrated that I have extra skills and have done extra training but am not using them."

And there were some very concerning issues from a health and safety perspective:

"Understaffing has led to me being on my own... with very unwell individuals who I judged to be a risk to my safety. Request for another member of staff denied, no one available due to pressure on ward. Later in day, on one occasion, had to activate my alarm...because individual became violent. ...When delegated to undertake this kind of work alone I do not feel safe and do not think my employer is fulfilling their responsibility with regard to my health and safety."

MONEY'S TOO TIGHT TO MENTION

Responses on pay and living standards centre around two key themes: the impact of general pay restraint and the tendency for HCA jobs to be under-banded or downbanded.

Table 7 shows the impact of public sector pay restraint and how HCAs and APs are struggling to make ends meet. The fact that so many are able to make up for some of the real income they have lost through working extra hours is likely to have kept the numbers having to resort to payday loans, foodbanks and selling possessions lower than they would otherwise have been.

Table 7 Effects of pay restraint

Impact	% of respondents
Had to work extra hours (overtime, bank or agency)	43%
Had to cut back on luxuries	42%
Had to cut back on essentials	36%
Got into more debt	25%
Had to take an additional job	8%
Had to sell possessions	7%
Had to use payday loans	6%
Had to use a foodbank	1%
Other	7%
Little or no impact	14%

But long additional hours will have implications in many cases for work-life balance, health and well-being and ultimately patient care. And for the quarter of all respondents who have got into more debt, this is likely to be a source of stress and pressure to work more, or take an additional job.

"Have had to take a loan out to pay for a second hand car as well as cover some credit cards. Still having to use the credit card to balance the wage out at the end of the month...increases in rent and nursery costs outweigh the 1% pay rise."

"I am 35 years old and my parents/grandparent are having to buy my food and shopping for me. My wages cover my bills with practically nothing to spare...If it wasn't for my family I would be using a local food bank."

"I have struggled immensely over the past four years...my role involves travelling to clinics where I either have to pay for parking or bus fares up front. This often leaves me out of pocket as I use money that I have put aside for other things."

The longer pay restraint goes on, the more the effects of private sector earnings growth and the spread of the Living Wage will offer these staff financially attractive alternatives – to the detriment of the NHS's ability to recruit and retain good staff:

"Made me feel very unappreciated as people who work in Aldi and Lidl earn more for stacking shelves than I do for regularly saving someone's life."

Banding problems

Half of respondents are on Band 2 while 38% are on Band 3 (see appendix). However, there is widespread concern and discontent about bandings being too low in relation to the job roles actually being carried out, and about inconsistency and lack of clear differentiation in practice particularly between Band 2 and Band 3 jobs.

"I was top of my band in 2006 when Agenda for Change came in...I am still banded a 2 even though my daily job has expanded four-fold."

"Half of us are Band 2, the other half are Band 3. We all do the same job."

"Doing a Band 3 role and being paid a Band 2."

There is a strong sense that a lot of employers are getting band 3 work for the price of Band 2 wages. In some cases respondents are reporting that policy decisions on band mix (eg 'get rid of band 3') are overriding what should be fair and objective job evaluation processes.

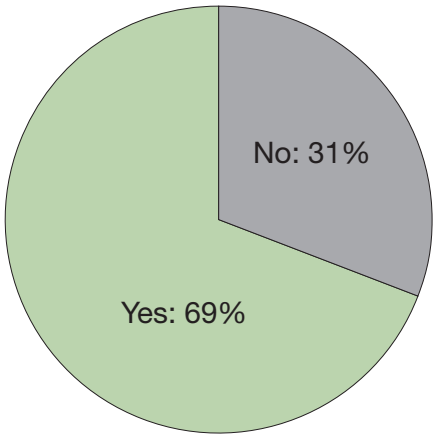
"I have just [completed] the aspiring senior nursing assistant program which was to help with obtaining a Band 3. The Band 3 is to be phased out so where does that leave me and others... who have been trained in suture and staples and catheter removal?"

'60% OF PATIENT CARE, ONLY 5% OF TRAINING SPEND'

Research by Health Education England has pointed out that healthcare support workers provide 60% of direct patient care yet they only get a 5% share of the national training budget[3]. This survey provides a comprehensive body of evidence about the failure to invest properly in HCAs' and APs' development which is particularly short-sighted given the shortage of nurses and other health professionals that the service is currently grappling with.

A third of respondents do not have a personal development plan that is discussed and agreed with them each year. Similarly a third have not had an appraisal in the last year.

Do you have a personal development plan that is discussed and agreed with you each year?



Unmet training needs in current role

Two-fifths of respondents (39%) said there is training they need to do their current job that they are unable to access.

"I work on a rehabilitation ward, For the past year we have been getting a lot of dementia patients. We have not had any training as to how to care for these patients. We have told management our concerns and that we need training on how to understand their needs."

Through analysis of free text responses we found that the following areas of training need were frequently most cited:

- cannulation
- phlebotomy

[3] https://www.hee.nhs.uk/talentforcare/wideningparticipation

- catheterisation
- dementia
- venepuncture
- ECG
- equipment
- clinical observations.

Given that clinical observation is the most common daily task among respondents, it is of real concern that this should also be in the list of most common unmet training needs.

> *"Completed the care certificate in time allocated (10 weeks) however have not been signed off by my matron as she is 'too busy'. I have requested for over 10 months to begin NVQ3, again been given the go ahead but my matron will not do anything else to help this begin and I can do no more but wait for her. I have asked for training in areas such as bladder scanning, ECG and the like but been told that everyone is "too busy". I feel I am not helping as much as I could on my busy ward as I lack specific training."*

Other less frequently cited clinical training needs included dressings, woundcare, palliative care, autism, diabetes, counselling, vaccines, tracheostomy, spirometry, ophthalmology and peg feeding. Other areas included restraint, safeguarding, Makaton, IT training, clinical coding and dealing with aggressive or violent patients.

This list serves to illustrate the diversity of the roles that this workforce is undertaking.

However, as table 8 shows there are also so-called 'softer' skills that many respondents find difficult, suggesting a need for more coaching and mentoring in areas such as developing close relationships with verbally abusive or confused patients and dealing with conflict and tensions between patients and other staff.

Conversely, listening, explaining and reassuring are skills that respondents tend to be very confident in.

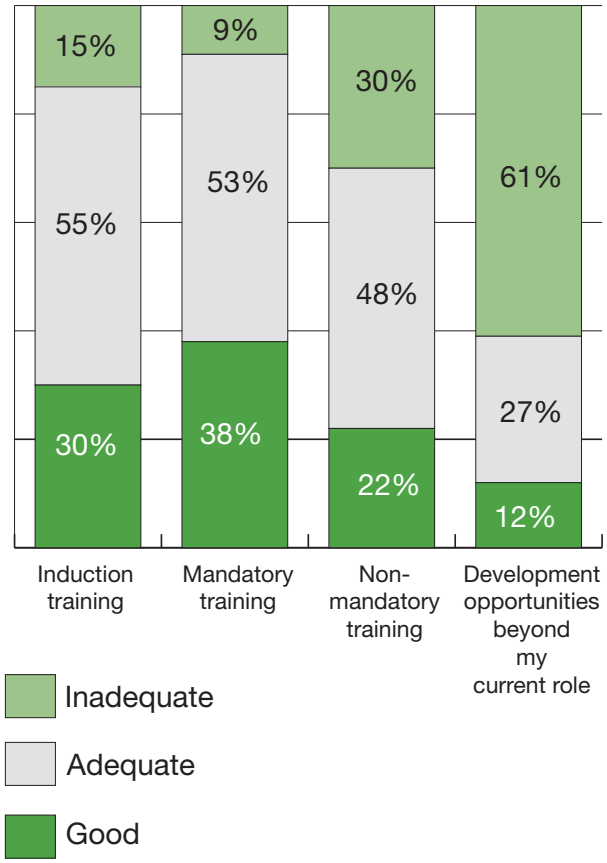
Table 8 Communication and interpersonal skills

Below are some statements asking you how difficult or easy you find it to deal with different aspects of patient care.					
	Very difficult	Quite difficult	Quite easy	Very easy	NA
Develop a close relationship with a verbally abusive patient	8%	38%	37%	9%	8%
Develop a close relationship with a patient whose background is different from your own	1%	6%	46%	41%	6%
Cheer up a patient who is deeply upset about an aspect of their care	1%	9%	48%	38%	4%
Develop a close relationship with a confused patient	3%	18%	44%	30%	6%
Ease any conflict between patients	1%	18%	46%	25%	10%
Listen closely to a patient's concerns	0%	2%	30%	64%	4%
Always explain to a patient what you are doing	0%	1%	23%	70%	5%
Reassure a very anxious patient	0%	4%	31%	60%	4%
Reduce any tension between a patient and another member of staff	2%	15%	43%	33%	7%

Development opportunities

Only 12% of respondents said development opportunities beyond their current role are good, and 61% said these are inadequate. Nearly a third said that non-mandatory training opportunities in their current role are inadequate.

In your current role how do you rate the training you receive:



"As far as I am aware there are no opportunities to develop beyond my current role which is most disappointing. Just because I don't necessarily want to become a nurse doesn't mean I don't want or [am not] capable of accepting more responsibility."

A number of themes emerged from the comments:

- **Squeeze on paid time** to participate in training and development, even the mandatory kind.

  "Staff are forced to do mandatory training in their own time when at home or the one day a year face to face training we do get is expected to be done on overtime or you miss out."

  "Courses are being cancelled as staffing levels are dire."

- **Lack of provision catering to support workers' specific needs** with employers often arbitrarily excluding support workers from training, or failing to design training programmes that cater for their specific needs.

  "When I tried to get on a course I was told it was only for staff nurses when it was clear I would be able to cope with the demands of the course."

  "As I work on paeds, all the three mandatory days I have to attend once a year are not relevant to my role and department. [They are] all aimed at the adult side. Really would like to see this changed to make the days more interesting and relevant to my job role."

  "I have had discussions with training departments requesting to go on courses applicable to my role and have been told that I am thinking above my station, which I found flippant and unhelpful although it did show how little regard there is for HCSW within the NHS."

- **Funding cuts are increasingly restricting opportunities for this workforce**

  "Have applied to do course for assistant practitioner but told it's been put on hold due to funding."

- **Barriers to access for part-time and shift workers**

  "I was deprived of a lot of training due to provision scheduling. Courses are scattered all through the year and it's hard to fit it in around work and home, also being part time they often denied me access to some courses due to funding. Why couldn't they have structured study weeks?"

  "Working on nights you are not offered the same training as day staff as you are usually forgotten about."

- **Glass ceiling on career and pay progression**

  "I have been a band 2 for 20 years, awaiting opportunities for band 3 or assistant practitioner roles that never come despite me taking on extra roles like Venepuncture, ECGs and warfarin level testing."

  "I was told to complete a foundation degree to take me to level 4 and have now been told I will not be given a band 4 post."

  "Completed my health and social care apprenticeships as I was told this would be the step into university to do nurse training. Chester University moved the goal posts! An absolute waste of my time and nearly making myself ill

due to the stress of having to pass a maths test twice!!"

- **Problems with lack of accreditation and portability of training**

  "I am trained to associate practitioner level and I do the role well but as I trained in-house I got no certificate for it."

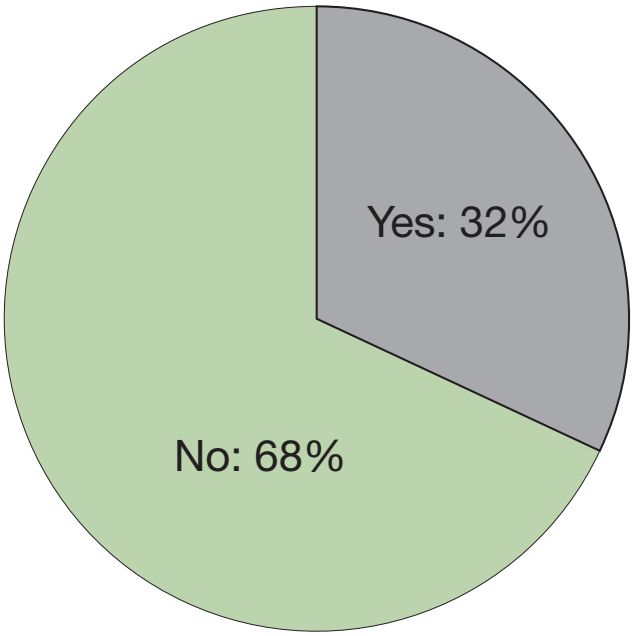
- **Access to good training and development provision pays dividends** for job satisfaction and quality of patient care

  "The training is really helping to carry out my duties very well."

  "We have a good practice development nurse who supports us in any training we'd like to do and there is also a good clinical skills nurse who supports the nursery nurses and nursing students."

Untapped potential

Do you feel that, in general, HCAs and Assistant Practitioners are given sufficient access to training and development to reach their potential?



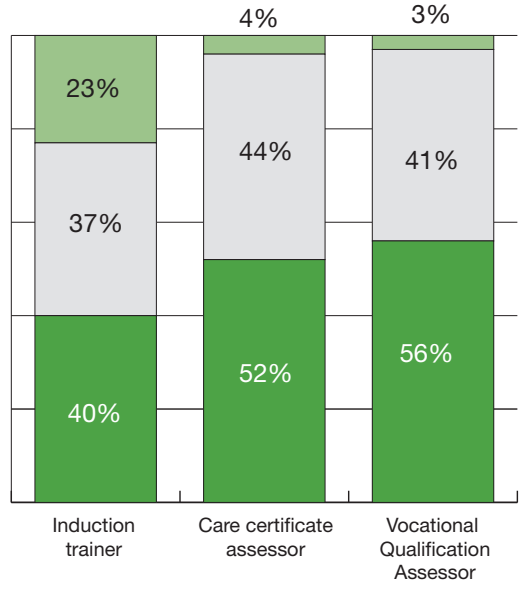
The Nuffield Trust's, Reshaping the workforce[4], highlights the key role that developing the support workforce should play in allowing the NHS to meet the challenges of the future. Yet two thirds of our respondents feel that in general HCAs and APs are not able to reach their full potential due to insufficient learning and development opportunities.

More specifically, there is great appetite among our respondents to become more involved in training other staff so they can share the expertise and experience they have built up for the benefit of patients.

"I feel that most new auxiliaries are left to get on with the job and a lot is expected from them. I therefore would love to train new auxiliaries, and show them what is expected from them and the proper way to do the job. I have at least 20 years experience..."

[4] http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/reshaping_the_workforce_web_0.pdf

Some Healthcare assistants (HCAs) and Assistant practitioners (APs) take on responsibilities for training colleagues - please fill in which applies to you



"I have a mentorship qualification but most higher training jobs like assessing staff undertaking care certificate essential skills are [restricted to] RGNs."

"In my area of work we are not allowed to do this as it is seen as interfering. Indeed I was once told to 'butt out you are not here to train' ... I carried on with other colleagues... helping those struggling just like we did in early days."

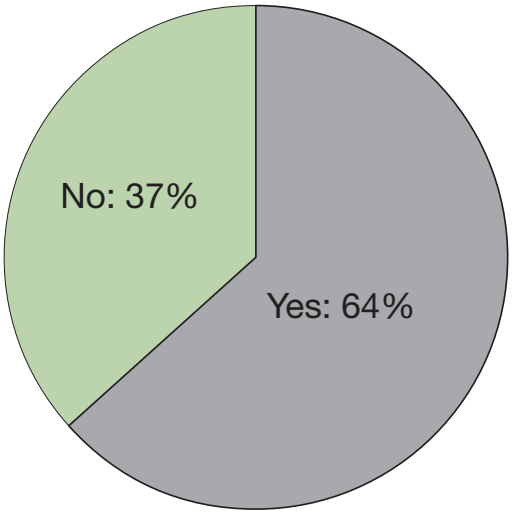
The interest in taking on training responsibilities spans induction training, care certificate, and assessment activity for vocational qualifications. However, outside induction training, relatively few respondents are actually doing this kind of work currently.

"I teach student nurses how to do basic care for patients (washing, dressing, toileting). I work with new HCAs who are supernumerary and teach them about the ward and how best to do their job."

Respondents cited a range of other specific areas where they feel they would be interested in undertaking the training of other staff, including manual handling, basic life support, phlebotomy, fire safety. Others mentioned that they would like to become involved in buddying or mentoring other staff.

Aspirations to progress into registered professions

Would you be interested in undertaking nursing or other health professional training?



Nearly two-thirds of respondents would like to progress into a registered profession and paid secondment opportunities would make this option more attractive for two thirds of respondents.

For the third of respondents who are not interested in progressing into nursing or another health profession, the most common reason for this is being happy in their current role.

Table 9 Reasons for not wishing to progress to nursing or other profession

Which best describes the reason why you would not be interested in nurse or other professional training?	
Happy in current role	30%
Would not want the additional responsibility	23%
Could not afford the cost of studying	17%
Other (please specify)	30%

Respondents also cited a wide range of other factors including age and work-life balance. Many respondents also expressed a view that the registered nursing role has changed for the worse:

"The caring side of nursing is disappearing. The team work that used to exist is almost non-existent. The nurses nowadays are focused on paperwork, the only patient contact is when they are giving medication. Very few nurses now would actually take it on themselves to assist, wash or toilet a patient. This is when you build trust and get to know your patient and understand their needs."

WORKING CONDITIONS

Supervision

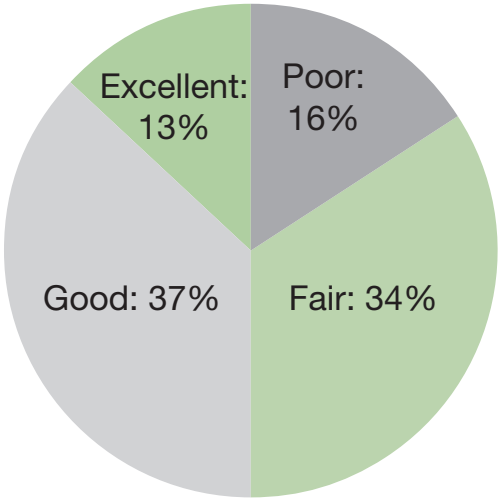
Three-quarters of our respondents work under the supervision of a registered nurse. Most of the others are supervised by allied health professionals, paramedics or ambulance technicians, senior support workers or theatre co-ordinators. A small number referred to working without supervision.

Table 10 Source of supervision

Who is responsible for supervision of your work?	% of respondents
Registered nurse	77%
Registered midwife	3%
Health visitor	1%
Allied health professional	4%
Doctor	0%
Assistant practitioner or more senior HCA	2%
Other	13%

Around half of respondents describe their supervision as good or excellent, while 16% said it was poor and 34% said it was only fair.

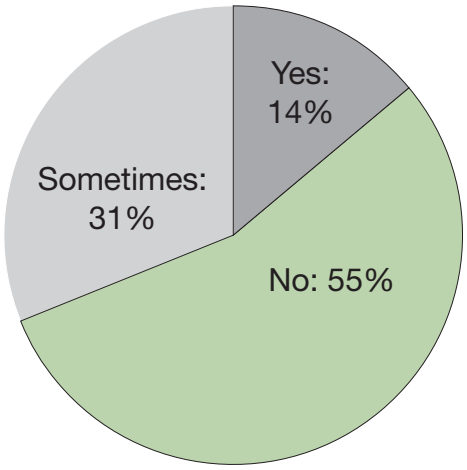
How would you describe the quality of the supervision you receive?



Nearly a quarter (23%) of respondents said they have responsibility for the supervision of other staff.

Staffing and workload

Do you feel that staffing levels are adequate in your clinical area?



Some 86% of respondents said that staffing was not adequate at least some of the time. Furthermore 82% said that staffing levels have deteriorated over the last year. This is clearly taking its toll on the health and morale of staff.

> *"Feel like the workload is constantly being piled on and the hours without any concern for workers' welfare...or social/family life."*

> *"The trust have enough staff on paper but they do not consider the deeply complex and challenging needs of the service users which take time to manage. The quality of care is sometimes compromised due to the heavy workload of the staff. Having time to listen is not always possible."*

The survey suggests a serious recruitment and retention problem with 44% having fairly or very seriously considered leaving. Only 34% have not considered leaving.

> *"If anyone leaves they say goodbye. They never question why you feel you have to leave and how or what will help change your mind to stay."*

Table 11 Intention to leave

Have you considered leaving the NHS over the last year?	% of respondents
I have not considered leaving	34%
I have considered leaving, but not very seriously	23%
I have considered leaving fairly seriously	25%
I have considered leaving very seriously	19%

Workload is the single biggest factor, cited by nearly a third while over a fifth cited feeling undervalued by their employer. Inadequate pay came in third place.

Table 12 Reasons for considering leaving

If you have considered leaving over the last year, what was the principal reason? If there was more than one reason, please select the most influential.	% of respondents
Inadequate pay	18%
Poor treatment at work	8%
Feel undervalued by employer	22%
Receive no thanks for your work	4%
Work pressure and stress	32%
Other	16%

"Inadequate pay for the responsibilities, my work is not appreciated by employer, annual leave needs to be booked a year in advance. Very often not possible to get time off when you prefer. NHS is not family friendly. Not a chance to develop own career path. Atmosphere very low at work."

Some of the responses suggest a shockingly cavalier attitude from some employers towards the intolerable working conditions that are driving staff to quit:

"We get punched, bit, sworn at by patients and relatives. We get talked down to, shouted [and] sworn at by registered nurses...we get dragged into cupboard for meetings , threatened with disciplinaries... we are told everyone wants our job, we are two a penny, we are nothing special, we can be replaced instantly."

'Other' reasons for considering leaving included not being able to get a foundation degree recognised, travel to work distances, and parking fees. Work-life balance issues, including unilateral changes to working patterns, seem to be a recurring problem.

"Told personally by CEO whilst in the middle of a night shift, that they are cutting all HCAs on nights so I didn't have a job, yet had to carry on working my shift! Then several months of stress later they change their mind, only to do it again. I have a nights only contract as I have children and it fits in with them and my husband's job...I signed up for nights for a reason, I hate them, but it's all I can do."

"I'm mum of two and the NHS is not family friendly at all. Management would do everything to stop us taking flexible working hours."

WORKPLACE CULTURE

Value and respect

At one end of the spectrum, 77% of respondents feel they are valued and respected by patients, while at the other only 8% believe they are valued and respected by government.

Table 13 Respect from others

Agree or disagree: I feel that my role is respected by...					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Patients	33%	44%	16%	6%	1%
Colleagues	19%	44%	24%	11%	2%
Patients' relatives/ carers	22%	44%	24%	8%	1%
Managers	9%	26%	32%	24%	9%
Government	2%	6%	33%	34%	26%

"You feel that your work is very appreciated by the patients."

"It's nice to see a smile and hear a thank you, it's very rewarding when you get great feedback."

"It makes my day when they thank me for something."

"We are not valued by the government and media. It is always nurses that are referred to yet HCAs play a vital role on the wards."

Only 35% of respondents feel valued and respected by their managers:

"Treated as a glorified skivvy...I have 25 years of healthcare experience but was told once that support workers shouldn't be band 3 or above because we only need to do as we're told, we don't need to think."

"The trust has no respect or appreciation for the HCAs in general. We are spoken to aggressively by relatives, belittled, and when reported to management the relatives are given whatever they require to prevent them going to PALS".

"No thanks for hard work but quick to criticise"

The proportion who feel respected by colleagues rises to nearly two-thirds:

"The team I work with are so friendly and supportive"

"My work colleagues appreciate what I do and support me."

"Most of the consultants and registrars are friendly and supportive of my role in the theatre team."

Raising concerns

It is concerning that only 58% of respondents are confident that a concern they raised about patient care would be listened to and acted upon. It seems likely that for many this is a damaging consequence of the general theme running through the survey of feeling undervalued and disrespected.

Table 14 Raising concerns

If you needed to raise a concern about patient care, how confident do you feel that it would be listened to and acted on by your employer?	% of respondents
Confident	58%
Unsure	20%
Not very confident	16%
Not at all confident	6%

"I have raised concerns before. Some nurses listen and take on board and take some action. Some tell me I'm just a support worker so don't have an opinion."

"As a nursing assistant we're on the floor more than others but our opinions don't seem to matter as much as have been told many times within the NHS by nurses and doctors that we are just nursing assistants."

"I tried this and nothing happened. I even contacted the CEO of the health board and nothing happened. Furthermore I had to do this anonymously for fear of retribution. Others have done the same before me and have been bullied by managers."

Some respondents gave thoughtful feedback on possible organisational limitations on the extent to which concerns are acted upon.

"I do feel the senior nurses I work with listen to concerns and do take action though staffing levels are at times beyond their control"

"Things usually eventually get changed but it may involve some persistence by several support workers before it happens. The problem is probably work overload on the trained staff/ managers in our company combined with the NHS not always responding very fast – as any clinical changes or concerns raised by support workers in this contracted out situation has ultimately to depend on the NHS community practitioners."

Bullying and harassment

The NHS staff survey results for England for 2015 (carried out a few months before this survey)[5] found that overall 25% of staff had experienced bullying or harassment from another member of staff (including managers).

Filtering the NHS survey results for 'nursing assistants' produces a figure of 20% which is lower than our finding that 29% of respondents have experienced bullying and harassment from a manager or other member of staff.

Table 15 Bullying and harassment

Have you personally experienced bullying or harassment at work in the last 12 months?	% of respondents
No	65%
Yes from a work colleague	16%
Yes from a manager	13%
Yes from someone else - please describe their role in the organisation	6%

"Talking about me and gossiping. Ending conversations when I enter the room."

"I had five years of it from work colleagues. I even made notes in my diary every day on what happened."

There were mixed responses on how effectively the bullying was dealt with:

"There is an element of bullying in most jobs, I have witnessed it at both work colleague and managerial level but dealt with it accordingly, reporting concerns to my line manager and it was satisfactorily dealt with."

"The matron ignored it but new manager responded and it was sorted as far as I am concerned."

"[Bullying by] unit manager due to the fact she wasn't happy that senior carers were given more clinical duties…. [Senior manager] was made aware but...let the situation continue".

Those who said it was by someone else usually cited patients and family members:

"Family members sometimes can bully HCAs and nurses too, eg talking down to us."

"I was called a slag, a whore and many other hurtful names and swore at by a patient. The management spoke to the patient and he said it was the way that I spoke to him. I was mortified when I had to go in the office and was told to be more diplomatic when speaking to a patient."

However, some also cited external organisations:

"From an outsider who was fed confidential information from someone within the organisation."

"I have felt bullied and harassed both by work colleague and management, also by HR and outside influences."

"By the agency"

Analysis of the NHS staff survey results shows that black and minority ethnic (BME) staff are more likely to experience bullying and harassment than white staff[6]. This finding is borne out in our survey (although the sample size of 121 is low) with 39% of those who identified as BME saying they had experienced bullying and harassment – 10 percentage points higher than the overall figure.

"Racially abused at work by patients and other staff"

[5] http://www.nhsstaffsurveys.com/Page/1010/Home/NHS-Staff-Survey-2015/

6 https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf

ATTITUDES TO THE JOB – LOVES AND HATES

Respondents were asked the things they love most about their jobs. The word cloud gives a flavour of the dominant themes by showing the most frequently used words. And below that we also present a selection of positive reflections in respondents' own words.

Most loved...

- **Patient care**

The overwhelmingly dominant theme is the satisfaction that comes from helping and caring for patients. While many mentioned particular tasks and responsibilities, for most it is the interpersonal dimension that is most rewarding.

"There are no two days the same. One minute you could be helping an un-injured pensioner off the floor, the next you could be dealing with a massive car crash. People are almost always relieved to see us, and I feel privileged to be allowed to enter people's home and for them to...put their trust in me entirely. No matter about the 'red tape', there's always job satisfaction."

"Being able to help people move forward in their lives, to help gain confidence and believe in themselves. To listen to a client when they feel no one else is listening or cares. To improve people's health and quality of life, to educate, empowering the person to take control of their life. To help improve relationships with clients, family, health professionals. working as part of a multidisciplinary team. Learning every day."

"I love helping very unwell patients to become well. I understand that normally if a patient is being verbally and physically hostile that there is an underlying reason and try to help in any way I can. I love working with difficult patients ... you have to be able to listen and retain information and make people feel more positive when they are going through their mental illness. You need to support individualism as well as have routine and some rules to follow but also give the patient some values and promote their independence."

"I love teaching groups the fundamentals of weight management. I enjoy seeing people realise the steps they need to take to realise their weight reduction. The fact that a 5% weight reduction reduces the risk of developing diabetes by a staggering 58% – I enjoy sharing this information and motivating people."

The importance of having time for patient interaction is stressed by many and there is a sense for some that this under threat from short staffing:

"The best thing you can do in life is to give somebody your time, because it's something you're not going to get back."

"The job is not task oriented, it is person oriented so I can have enough time to spend with the patient to make sure he/she is reassured and there is good care delivered."

"When you're having a good day, when staff level is good, the work is so much more easy and staff tend to work together better...Some days I go home and think today I loved doing what I do [but] when you're under-staffed it's a totally different outcome."

- **Team working**

"The supportive and hard working staff that I work with on a daily basis. My manager who is exceptionally good at what she does and whom I have the upmost respect for."

- **Continuous learning and development**

"I enjoy learning and developing my knowledge and skill so that I am better able to support and treat patients both independently and as a team. I like to have the knowledge so that I can explain things to a patient when they ask, or when I am doing something. Not just the procedures such as venepuncture, but also why we are taking the tests we are."

"I enjoy the support of my matron and the nursing team, thus my own life skills are respected and valued. I relish the chance to nurse the sick and I aim to enhance my competence through any training opportunities that arise from time to time."

And most hated...

Respondents were also asked the things they disliked most about their job and these are illustrated in the word cloud and quotes below.

The respondents' testimony reflects a variety of themes: pay, staffing levels, shift patterns, workplace culture, feeling worthless and disrespected, workload, violence and abuse from patients, and paperwork.

Shifts – length and patterns

The question what do you dislike most hit a nerve for many in terms of shift length and/or the organisation of shift patterns.

"Having no say in the shift pattern. Some weeks working three long days and two normal shifts, no home life. And wedging a day off between long days is awful, as your mind never really leaves work!"

"Having to try and maintain full energy and stamina levels, despite being made to work 12.5 hour shifts which have replaced the 7.5 hours. I feel long shifts are a danger to the patients and the staff."

"It is really draining to work on a shift that can consist of three earlies and two lates but twice a month there is a night to do as well as early and late shifts. It is completely understandable that staff go off sick! Especially as on our ward we have staff that prefer to do only night shifts, where others prefer to cover early and lates. Come on NHS it's not rocket science is it?"

"Having to work nights. Really enjoy working shifts but really struggle with night shifts. One night is OK but struggle with three and I know there's support workers that struggle with working days and they have to work them."

"E-rostering – it is hard doing nights and days in the same week and finishing nights one morning then being on an early the day after."

Pay levels

"Dislike having to struggle swapping shifts as my wife also works for the NHS and we have three children and can't afford childcare so one of us must always be home to look after the kids - we both had to reduce our hours so we can make swaps easier."

PRIORITIES FOR CHANGE

Respondents were asked to identify their most important priority for UNISON campaigning. Table 16 shows that campaigning for public and professional respect and understanding comes out top, followed by a mandatory training and qualification framework, funding and support for those who wish to progress into nursing and minimum staffing and skill mix guidelines.

Table 16 Campaigning priorities

UNISON campaigns and lobbies to improve the professional status of APs and HCAs. In your opinion what should be UNISON's top priority for 2016? (Please choose the one you think is most important)	Response Percent
Mandatory training and qualifications framework for APs and HCAs	19%
Standardised career structure	6%
Standardised job titles	4%
Funding and support for secondment to registered nurse training	18%
Continuing professional development standards	6%
Statutory professional registration	5%
Protocols and guidance on scope of practice	2%
Minimum staffing ratios and skill mix guidelines	14%
Promoting public and professional respect and understanding of AP and HCA roles	20%
Other (please specify)	8%

Respondents have identified a clear set of priorities for UNISON to work on. We hope that publication of this report and associated activities will be a first step towards highlighting and promoting the important work that healthcare support workers do.

Next steps – employers

The report has thrown up a clear set of issues about how healthcare support workers are deployed and supported. UNISON branches should ask their employers to:

- Review and improve their schemes of delegation and scope of practice guidelines with the involvement of support staff and registered staff.
- Provide more training and support for registered professionals on dealing effectively with delegation, accountability and supervision issues.
- Specifically review deployment and support for their assistant practitioners, ensuring that their roles and competences are well-understood and properly used, and that they too have ongoing career development opportunities.
- Ensure every support worker has a personal development plan with protected time and support to develop beyond their current role to their full potential.
- Undertake jointly a job evaluation and pay banding audit to ensure that support workers have up-to-date job descriptions and that their jobs are banded fairly and consistently. Where jobs have evolved or changed, a review should be undertaken using local job evaluation procedures.
- Consider how they can publicly promote the contribution of support workers and demonstrate how much they are valued – for example, awards schemes, back-to-the-floor initiatives, local press coverage.
- Consider how support workers can be encouraged and given greater confidence in raising concerns.

Next steps – campaign for change

UNISON believes that by taking these steps employers can quickly improve the situation for support workers and the patients they care for. However, this is only a start. There is great untapped potential for well-trained, fairly rewarded HCAs and APs to play an even greater role in delivering high quality care fit for the future. But this requires a national strategy, national standards, appropriate regulation and above all investment to ensure all staff can work safely and effectively together.

UNISON is calling for:

- Nationally defined scope of practice and role titles for each level of HCA. This would guarantee clear role boundaries and responsibilities for staff and patients.
- National education, training and competency standards applicable to all HCAs.
- A review of pay banding and career structures for HCAs.
- More investment and support for those wishing to progress on-the-job into registered nursing or other health professions.

Appendix 1 – Attitudes to professional regulation

- Some 85% of respondents believe that HCAs and APs should be regulated, as doctors and nurses are, by an external regulatory body
- The main benefit of regulation for 88% of respondents would be raising their professional status, with around three-quarters also citing the setting of consistent training and development standards and having a code of conduct that employers would be obliged to respect
- The most popular option for who should regulate was a new regulation body for healthcare support workers although the Nursing and Midwifery Council and the Health and Care Professions Council were also popular
- Some 91% of respondents said that the regulator should define the tasks and duties HCAs and APs can undertake – reflecting the concern expressed elsewhere about uncertainty and inconsistency around appropriate delegation
- Two thirds of respondents would be willing to pay a fee for registration and 70% think the fee should vary in line with salary scales
- Two-thirds (68%) would be willing to pay up to £40 a year with a further 20% willing to pay £41-60 a year
- A third of respondents could confirm that they have signed up to a voluntary code of conduct and over 80% found it relevant to their day-today practice. But nearly half said they didn't know whether they had suggesting that the concept of a voluntary code lacks currency

Appendix 2 – survey demographics

The survey attracted a total of 2,298 respondents and was carried out in January and February 2016.

Identify as	Response Percent
Man	16%
Woman	83%
Other	0.3%

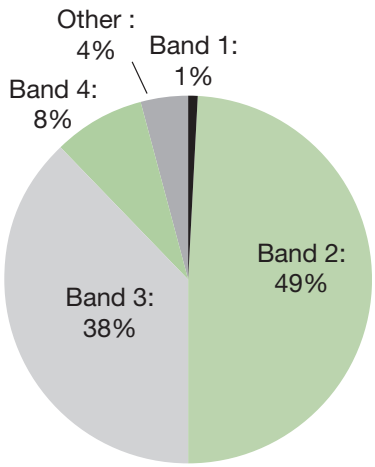
Is your gender identity different from the sex you were born with	Response Percent
Yes	6%
No	94%

Do you have a disability?	Response Percent
Yes	8%
No	92%

How would you describe your ethnic origin?	Response Percent
Asian UK	1%
Asian other	1%
Bangladeshi	0.1%
Indian	0.6%
Pakistani	0.1%
Black African	3%
Black Caribbean	0.7%
Black UK	0.8%
Black other	0.3%
Black mixed heritage	0.3%
Chinese	0.1%
Irish	2%
White UK	84%
White other	4%
Other mixed heritage	0.6%
Other (please specify)	2%

Which UNISON region do you work in?	Response Percent
Eastern	6%
East Midlands	8%
Greater London	4%
Northern	7%
Northern Ireland	5%
North West	19%
Scotland	10%
South East	10%
South West	10%
Cymru/Wales	4%
West Midlands	7%
Yorkshire and Humberside	10%

Which Agenda for Change pay band is your job in?



In which sector do you work?	Response Percent
Acute/general hospital	54%
Mental health	17%
Community healthcare	17%
General practice	2%
Criminal justice	0.3%
Social care	2%
Palliative care	1%
Private sector	2%
Voluntary sector	0.2%
Other	10%

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