



## **Introduction of a Health Care Support Worker education and development team** Sussex Community NHS Foundation Trust

The Health Care Support Worker (HCSW) education and development team has been in post as part of a project for the last 18 months and have now been made substantive roles. The team is comprised of five HCSW who are band 4 educators and a band 7 registrant lead.

Prior to the team starting there was a recognised deficit in dedicated support for this staff group and this group of staff have raised the profile of the HCSW, supported job satisfaction, role progression with staff who aspire and support staff to develop specialist interest and lead on local pieces of work.

Through our community hospital transformation project, a decision was taken to uplift all HCSW from band 2 to band 3 ensuring a levelling of banding and role requirements for HCSW. Investment was needed to support development and competency and importantly confidence. The HCSW education team has enabled this focus piece of work to happen.

The HCSW team have led and developed key workstreams and have:

- Been involved in recruitment and retention with a goal of reducing and maintaining minimal HCSW vacancy rates.
- Reviewed all questions asked at interview to ensure they are value based and understandable and sit on all panels for HCSW.
- Created a 10-day supernumerary induction for all new HCSW and a road map for new starters with a suggested plan for the first years in post.
- Delivered the care certificate and reviewed delivery.
- Provided pastoral support.
- Set up and run a HCSW forum supporting this staff group to have a voice.
- Supported HCSW in practice developing skills and signing off competencies to reach a band 3 role criteria.
- Built confidence within our HCSW staff group.
- Reviewed training programs to ensure that language is plain and understandable

In the last 6 months, the team have supported 148 WTE band 2s to hold a full competency portfolio for a band 3. Recruitment and retention are improving in a difficult health economy.

The impact on the clinical team working across our community hospitals has been really valued by both the ward teams and the HCSW.

Feedback from the staff has been very positive and we are following up HCSW new starters on a 3-6-9-12 month journey for a full evaluation.

The team have built relationships with staff and supported them in not only learning but with pastoral care, a part of the role that cannot be underestimated.

The team have identified staff who experience dyslexia and dyscalculia and have worked to enable them to confidently adapt and continue in role.

The development of this new team supporting unregistered clinicians has created psychological safe space that allows diversity and is representative of the communities that we care for.

Many of the staff who have joined us as HCSW are new to the NHS and are supported in their transition into the NHS, this is inclusive of internationally educated staff.

An overall evaluation of the works to date and care certificate are currently underway.

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