 **NHS Greater Glasgow and Clyde Allied Health Professions HealthCare Support Worker Survey 2024**

**Introduction/background**

Across NHS Greater Glasgow & Clyde (NHSGGC), there are 530 (2023 figures) Allied Health Professions (AHP) HealthCare Support Workers (HCSW), working across 9 AHP professions.

To support the implementation of the NHSGGC AHP Learning & Development (L&D) Strategic Framework, recommendations from the [AHP Education and Workforce Policy Review](https://www.gov.scot/publications/allied-health-professions-education-workforce-policy-review-recommendations/) and [HCSW Commission](https://www.nes.scot.nhs.uk/our-work/health-and-care-support-worker-development/), along with the transforming roles agenda, we require to understand the current and future learning and development needs of this essential workforce.

This survey aimed to gather baseline data about this workforce, helping inform and guide the work of the NHS Education for Scotland (NES) Career Fellow, AHP Practice Education Team, Senior Leads and AHP Director. This survey was created on Webropol and disseminated via AHP senior leads to AHP HCSWs in November 2023, closing early January 2024.

**Results**

* A total of 181 respondents replied, representing 34% of AHP HCSW workforce in NHSGGC
* Under the umbrella term HCSW, there were a range of job titles including profession specific HCSW, assistant practitioner, clinical assistant, technician, technical instructor, generic support worker and rehabilitation support worker.

**Agenda for Change (AfC) Banding**

* 0.6% of respondents were Band 2
* 65% of respondents were Band 3
* 34.4% of respondents were Band 4

**Professions supported**

Physiotherapy and Occupational Therapy were the most frequently supported professions

(Figure 1).



Figure 1: AHP profession(s) supported by HCSWs

“Other” included: nursing, frailty practitioner, psychology, psychiatry, pharmacy, visual impairment service, social work.

**Line Managers**

* 94% of line managers were AHP background
* 4% of line managers were nursing background
* 2% reported being line managed by Health and Social Care Partnership (HSCP)

**Work base**

Good representation from across the health board when looking at work base address. Representation from the majority of acute sites (QEUH, RAH, GRI, Stobhill, Vale of Leven, GGH, Beatson, Leverndale, Dykebar, IRH, VIC, RHSC, Lightburn).

Representation from all HSCP areas (Renfrewshire, Glasgow South, Glasgow North East, Glasgow North West, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Inverclyde) and including specialty areas such as rehabilitation, mental health, children’s services, learning disabilities and long covid service.

**Time in current role**

The highest percentage of staff had been in their current role either between 1 and 5 years or over 10 years (Figure 2).



Figure 2: Time in current HCSW role

* 51% had been employed as an AHP HCSW prior to their current post
* 49% had not been employed as an AHP HCSW prior to their current post

Of those who were employed as an AHP HCSW prior to their current post:



Figure 3: Time working in AHP HCSW post prior to current post

**Educational experience**

84% of AHP HCSW staff stated they had undertaken further study since leaving school.

Examples of which included: SVQ, HNC, HND, DipHE. 30% of the above respondents reported they had undertaken degree courses.

**Career development and promotion**

When asked if interested in seeking promotion to a higher band:

W

Figure 4: HCSWs interested in seeking promotion to a higher band.

Themes: When asked what support(s) would help achieve promotion…

* Apprenticeships to support AHP qualification/ opportunity to “earn and learn”
* Support from line managers, open approach to discussing new learning and career progression
* Learning and development opportunities i.e. courses, projects
* Increased availability of AHP Band 4 roles
* Additional learning within role i.e. working in multiple departments, additional responsibilities, scope to expand role, shadowing senior colleagues
* Fast track options based on knowledge and experience
* Time off and funding to attend training courses
* Clear guidance on how to achieve a higher banding, pathways and resource materials
* Time away from clinical caseload for shadowing/in house training
* Job and development opportunities highlighted to staff
* Support from colleagues with job applications/ interview techniques

Themes: When asked to outline any potential barriers that may prevent achieving promotion…

* Lack of Band 4 positions within scope of practice
* Financial support/ loss of income to go back to university
* Family commitments
* Staff shortages affecting workload and time for CPD
* Wanting to stay in current team/location but no Band 4 opportunities there
* Age, disability
* Lack of continuous CPD opportunities
* Band 5/6 training prioritised over Band 3
* Perceived challenges from self and work colleagues
* Time
* Limited field of practice/ qualifications
* Lack of interview skills, lack of confidence
* Lack of support from senior staff

**Further study**

58% of respondents reported being interested in undertaking further study and would consider undertaking a range of qualifications, with 63% of them interested in undertaking an AHP degree (Figure 5).



Figure 5: Qualifications HCSWs would consider undertaking

The ‘other’ qualifications option included courses/training that would develop HCSWs in their current role, a BSc in other subjects and Masters level qualifications.

**Learning and development**

* 72% of respondents agreed that they had regular opportunity to discuss personal development needs
* 74% agreed that they had access to learning and development opportunities
* 57% agreed that they had time within work hours to undertake CPD regularly throughout the year.

Themes around personal learning and development needs that were identified by respondents included:

* Gaining experience working in different specialties
* Developing clinical skills and knowledge, through increased shadowing, on the job training opportunities and through attending courses.  Notably this being specific to the AHP profession in which the HCSW was working in.
* Competencies related to their role e.g. cannulation, phlebotomy, blood pressure monitoring, taking observations, wound dressing and PECOS ordering.
* Support and training with IT skills, including Microsoft Teams, Microsoft Excel, use of electronic documentation systems and TURAS.
* Support with application writing
* Increased networking and peer support opportunities

It was noted however that 7% of respondents were unsure of their learning and development needs and 20% reported they either had none or that this question was not applicable.

**Awareness of resources**

* 62% reported that they were aware of the four pillars of practice however only 29% were aware of the NHSGGC AHP Learning and Development strategic framework.
* 47% were aware of the NES Development and Education Framework for levels 2-4 NMAHP HCSWs but only 25% reported using this.  Those who did report using the Framework did so primarily within their TURAS appraisal, at training courses or to support job applications for a higher band.
* 59% reported being aware of the Support Worker Central website on TURAS but only 25% have used the information on the website.  This being to support job applications, further their own knowledge and for updates specific to HCSWs.  Video resources and links to training being used most frequently.

Despite respondents being keen for, and wanting to be kept informed of any future learning and development opportunities available to them, many reported barriers to engaging with learning and development opportunities or accessing and using resources available, common themes being:

* Lack of time during the working day or not being granted time away from clinical work
* Feeling too old or close to retirement to make use of learning opportunities
* Lack of awareness that resources exist and where/how to access them
* Difficulty navigating and using TURAS, particularly to find and access relevant resources.

Many also highlighted that they felt the distinction between the role of band 3 and band 4 HCSW staff was not always recognised or made clear.  Many respondents also emphasised that they would be keen for an ‘earn and learn’ approach, or some sort of other supported pathway to gaining an AHP Degree.

67% of respondents gave their email address as consent to be contacted regarding future HCSW learning and development opportunities in NHSGGC.

**Discussion**

The AHP HCSW workforce clearly has a diverse educational background, with the majority of those surveyed reporting that they had undertaken further study since leaving school, of which a number had completed studies to Degree level. Similarly, a large proportion of respondents were interested in undertaking further studies, many of which were keen to undertake an AHP Degree course. The majority of those surveyed would consider promotion to a higher band which was encouraging; however, several barriers were highlighted by respondents, which would need to be overcome to achieve this.

It was positive to note that the majority of AHP HCSWs felt they had access to and could discuss learning and development opportunities relevant to them, however a small number reported not having the time within work hours for regular CPD. HCSWs also had a good awareness of the resources available to support their learning and development needs, however only a very small proportion reported using these resources in practice.

There is therefore a clear interest amongst AHP HCSWs for learning and development opportunities, with the majority being keen to engage in future discussions around learning and development opportunities relevant to them.

**Recommendations/Next steps**

* Raise awareness of resources available to support HCSW Learning and Development needs and provide training/support on how to access and use these
* Consider refining local communication channels to ensure maximum exposure to HCSW learning and development opportunities, such as development of a community of practice (COP)
* Provide regular opportunities for networking and peer support amongst AHP HCSWs
* Consideration should be given for learning and development opportunities during work hours, aligned to the recommendations from the AfC protected learning time agreement, 2023/24.
* Increased shadowing opportunities and on the job learning/training
* Deeper learning needs analysis within specific HCSW working areas and roles
* Consideration of earn and learn routes for AHP HCSWs to obtain an AHP Degree

The AHP Practice Education Team supported a current NHSGGC HCSW to obtain funding for a NES Career Fellowship. This Career Fellow (CF) will be seconded into the team for 2 days per week to focus on some of the recommendations above, supporting NHSGGC HCSW workforce over the coming year. The survey will be repeated in approximately 1 year to establish the impact of the CF’s work.