

Review of Role and Function of Health Care Assistants



December 2018

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Foreword

The Grade of Health Care Assistant/Maternity Health Care Assistant was first introduced in 2001 as a member of the healthcare team to assist and support the nursing and midwifery function. Currently the role remains predominantly in this sphere, although, in the meantime, there has been rather limited expansion into other Health Professional areas.

The role of Health Care Assistant (HCA) is an increasingly valuable and critical part of the provision of care in the health and social services. It requires support and development to allow HCAs to contribute fully to the provision of modern, skilled services to patients and to persons availing of care services, more generally. Their role in support of other health professionals remains a key element of the job.

During this review process, Health Care Assistants and their representatives have been clear and vocal in expressing their concerns that the role should not be, or seen to be, a replacement for any other grade or professionals.

Health Care Assistants are a distinct occupational grouping who wish to develop as health service employees, that are valued and respected like their medical, nursing, health professional and other colleagues.

The introduction of health care assistants was not intended to and should not replace or displace nurses and other health professionals, or indeed compensate for them where shortages occur. The aim is to facilitate the development of a higher-level nursing or other professional input into patient care by allowing the nurse or other health professional to delegate and allocate certain duties in circumstances that enhance patient safety and healthcare.

The development of health care assistants and revised skill mix configurations in each setting must be structured and funded to sustain the continued provision of safe, high quality care to patients.

In the early 2000's the development of the grade was aligned to the then SKILL project. By 2008 this project had assisted in the development of the role, particularly in terms of skills and educational advances, to become an essential part of the services. There is a continuing need to maintain a similar approach to the support and development of the Health Care Assistant Grade.

Since 2008, the downturn in the economic position, the introduction of the moratorium on recruitment together with relentless pressure and demands on services, have contributed to a blurring of roles and qualifications between support grades that now requires to be addressed and rectified. While the numbers of HCAs employed in the health service have continued to grow over this period, there is now an urgent need to undertake the exercise provided for in Recommendation 14.3 within this report. This exercise will allow for the stabilisation of the grade from all perspectives as well as providing clarity on the requirements for workforce planning along with educational and skills development for the future. It is crucial that the necessary resources are applied to this exercise.

This review builds on the previous reports in relation to this grade and the recommendations within it cover a broad range of matters including:

- Job Title
- Occupational Description
- Regularisation of qualifications process

- Renewal of Educational and qualification requirements
- Pathways for further education
- Opportunities to develop
- Integration into care teams
- Staffing levels and Skill-mix
- Process for managing and updating job descriptions
- Initiatives required across specific sectors
- Actions to ensure that HCAs are distinct and identifiable in the workplace.
- Potential for Registration

The review is underpinned by a comprehensive Literature Review led by Dr. Jonathon Drennan of University College Cork. This Literature Review in its own right is an extremely informative, insightful and valuable report which reinforces the approach taken by the Review in relation the various recommendations.

In conclusion, I wish to take the opportunity to thank the various participants that were engaged with throughout the review process. In particular, I would express my gratitude to all of the stakeholders who supported this process. While each had their own specific perspective in relation to many aspects, the outcome is based on a collaborative and consensus-based approach that will, I am sure, benefit the public, the health service, Health Care Assistants and their colleagues in the Health Professions.



Sean McHugh
Chairperson
December 2018

1. Introduction

- 1.1. During 2016, the Department of Health wrote to the Health Service Executive requesting the establishment of a Working Group with an independent Chairperson to conduct a comprehensive review of the role and function of the Health Care Assistant in the Health Service.
- 1.2. It was indicated that it was important that all relevant stakeholders were represented in the process including the Department of Health, the Health Service Executive, SIPTU, the INMO and the Pre-Hospital Emergency Care Council. Other identified stakeholders or potential contributors were the Psychiatric Nurses Association, Quality and Qualifications Ireland.
- 1.3. It was indicated at the time that the review should examine the following issues:
 - Recruitment and training of newly recruited HCAs
 - Current Role and Function of HCAs throughout the Health Service
 - Scope for development of HCA role in different service areas
 - Requirements for specialised training for particular HCA roles
 - Career Progression opportunities for HCAs
- 1.4. It was identified that a range of separate exercises had previously been undertaken and others were already underway. It was clarified that the review would be an overarching exercise which would benefit from work already underway in these other areas and from the previous exercises undertaken. It was envisaged that the review would examine the different service requirements in the deployment of Health Care Assistants across the various sectors such as Acute sector, Mental Health, Older Persons, Intellectual Disability, Perioperative, Maternity and other services.
- 1.5. The initial meeting of the Review Group took place on Thursday November 10th, 2016 following the engaging of an independent chairperson. This is the first review of the role of Health Care Assistants since 2008 and that the need for it had been identified in recent reports. The first task was to agree terms of reference for the review.
- 1.6. It was identified that the work of the group should comprehensively encompass all reviews on the future direction and role of Health Care Assistants with the full engagement and participation of all stakeholders in the process. This full engagement and participation of all stakeholders was viewed as having the utmost importance in shaping the agenda for developments in this area.
- 1.7. At an initial meeting of all stakeholders, it became apparent that it would be a challenge to incorporate the wide range divergent views among the stakeholders in relation to draft terms of reference.
- 1.8. After the initial meeting, it was decided to engage separately with the various stakeholders to finalise the terms of reference and to ensure that the objectives of the Review could be met. As part of the consultation, the Chairperson engaged with the following parties:

- Department of Health
- Health Service Executive representatives across all Sectors
- Workforce Planning, Analytics & Informatics, HSE
- SIPTU on behalf of Health Care Assistants
- INMO
- SIPTU Nursing
- PNA
- Quality and Qualifications Ireland
- PHECC
- Open University
- SIPTU College/RCSI
- Consortium for Apprenticeship in Private Healthcare Sector.

1.9. During the course of these consultations, a number of differing concerns and interests emerged among stakeholders, including the following:

- That the Review should focus on Health Care Assistants and their interests.
- That the outcome of a Review does not interfere with the inter-relationship between Health Care Assistants, Nurses and Midwives, including existing reporting relationships.
- That Health Care Assistants should be a distinct occupational group within the health services.
- That the role of HCAs should reflect and address the current and future needs of the Health Service across each sector/division.
- That the education, training and CPD requirements for the positions be updated and modernised.
- That confusion between a range of support roles, and particularly between Health Care Assistants and Multi Task Attendants, be clarified and resolved, where possible.
- That the issue of registration of HCAs be addressed, along with resultant concerns that this might affect the current requirements for HCAs to work under the direction and supervision of Health Professionals, particularly nurses.
- The requirement to meet standards, as prescribed by HIQA, across various sectors and to commence 'future proofing the role of Health Care Assistant, to ensure it meets the needs of the Health Service.

1.10. As part of this initial phase, a wide range of reports, reviews and position papers, both finalised and draft, were gathered or submitted and reviewed. The principal relevant documents are set out in the following table:

Report	Date
Effective Utilisation of Professional Skills of Nurses and Midwives: Report of the Working Group	2001
Evaluation of the Irish Pilot Programme for the Education of Health Care Assistants	2003
Report of the High-Level Group on Health Care Assistants Regarding the Implementation of the Health Care Assistants Programme	2006
National Review of the Role of the Healthcare Assistant in Ireland	2008

A Quantitative Tool for Workforce Planning in Healthcare: Example Simulations: FÁS, Skills and Labour Market Research Unit	2009
Modernising the perioperative workforce Report of a review of the perioperative workforce in NHS Scotland	Mar 2010
Challenges and opportunities associated with the introduction of assistant practitioners supporting the work of registered nurses in NHS acute hospital trusts in England	2011
The Cavendish Review: An Independent Review into Healthcare Assistants & Support Workers in the NHS	July 2013
Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants	2014
Development and Coordination of a Network of Nurse Educators and Regulators (SANCO/1/2009) to the European Commission, DG SANCO 2014	2014
National Model of Care for Trauma & Orthopaedic Surgery (HSE /RCSI /IITOS)	2015
Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing, Department of Health	2016
Draft Job Specification Maternity Health Care Assistant	2016
Draft Report of the Perioperative Assistant Working Group	Dec 2016
Systematic literature review of the evidence to inform the future education, role and function of maternity care assistants in Ireland	Dec 2016
National Review Report of the HCA Role from Representatives for the Directors of Nursing and Persons in Charge from Older People Residential Services in each Community Health Organisation,	Jan 2017
Maternity health Care Assistant issues for consideration by the HCA National Review Group	Apr 2017
INMO Position Statement: Health Care Assistant	2017
Siptu Nursing Position re MCA	2017

2. Terms of Reference

- 2.1. During the course of the consultations, it was identified that the expectations of various stakeholders contrasted significantly. Allied to the large number of persons nominated to the Review by the stakeholders, the Chairperson sought co-operation from the parties to progress the issues that required to be addressed on a collaborative basis, within the context of a working document, outlining a modular approach if necessary.
- 2.2. Following the original approval by the Department of Health, as communicated to the HSE, it had been agreed to establish a working group to undertake a Review of role and function of Health Care Assistant. The terms of reference for the working group identified in correspondence was:

 “To conduct a comprehensive review of the role and function of the Health Care Assistant (HCA) in the health service. “

- 2.3. In setting up the review, the importance of ensuring that all relevant stakeholders were represented within the process, while maintaining the key focus on Health Care Assistants, was identified as important.
- 2.4. The approach recommended by the chairperson identified that the overall mandate for this work was to identify and consider the issues relating to the subjects identified in five modules or elements, consistent with the commissioning letter by the Department of Health and as itemised above. It was envisaged that the overall work programme would be managed in distinct modules, as outlined below. While all modules will be reported on in the final report, individual modules could be progressed ahead of others.
- 2.5. The Review considered relevant reviews, exercises, reports and examinations undertaken into the role duties and responsibilities of Health Care Assistants. It has taken an overarching process and examined the various exercises that were underway; actively seeking inputs from relevant areas.
- 2.6. In order to progress the review in a manageable format, a smaller Steering Group was established to oversee the implementation of the required work. The Steering Group membership recommended by the Chairperson was as follows:



Steering Group

The membership of the Steering Group (11 members) was as follows:

- Independent Chairperson x 1
- SIPTU Health Care Assistant x 2
- INMO x 1
- SIPTU Nursing x 1
- PNA x 1
- HSE x3
- Department of Health x 2

Where necessary and appropriate, additional nominees attended Steering Group meetings

3. Literature Review

- 3.1. As the review progressed, it was agreed by the Steering Group, and approved by the HSE, that a full literature review would be undertaken.
- 3.2. A tender process was undertaken which set out the following specific requirements, as follows:

- Review relevant national and international peer reviewed evidence and policy literature (including 'grey literature') in relation to health care assistants' role and function and their educational preparation.
 - Analyse the education preparation of health care assistants nationally and internationally.
 - Outline the role and the function of health care assistants in all care settings in Ireland, and internationally, including but not limited to; the UK, Netherlands, Australia, Scandinavia, New Zealand, USA and Canada.
 - Analyse the literature relating the impact of health care assistants in addition to registered nurses (skill mix) relating to the quality of care
 - Analyse the literature relating the impact of health care assistants in addition to registered nurses (skill mix) relating to the cost of care.
 - Identify the enablers and barriers to the development of health care assistant roles nationally and internationally.
 - Identify the percentage ratio grade mix (Nurses: Health Care Assistants') internationally used within services.
- Collate and analyse the literature and prepare a detailed report for submission to the HSE including search and review protocol/methodology.
- 3.3. The outcome of the process resulted in the contract being awarded to University College Cork. The team undertaking the review were led by Professor Jonathan Drennan (Principal Investigator). The other contributors were Professor Josephine Hegarty, Professor Eileen Savage, Dr Noeleen Brady, Mr. Cian Prendergast, Ms Victoria Howson, School of Nursing and Midwifery, University College Cork, Dr Aileen Murphy, Department of Economics, Cork University Business School, University College Cork, and Professor Karen Spilsbury, School of Healthcare, University of Leeds.
- 3.4. The purpose of the review was identified as the 'Provision of the Evidence to Inform the Future Education, Role and Function of Health Care Assistants in Ireland'. This evidence will be used to inform the future role and function of the Health Care Assistant in Ireland.
- 3.5. The Literature was finalised and issued to the Review in early October 2018.
- 3.6. As referred to elsewhere herein, it is important that the Literature Review is fully read in conjunction with this report.
- 3.7. The Literature Review concludes that the literature identified an occupational group that has a number of challenges, not least its position in relation to other healthcare professions, a lack of a delineated job description and the unregulated nature of the occupation in a number of countries. It is also evident that in many countries there has been a lack of strategic planning in determining the future direction of HCAs, this has resulted in the development of a multitude of roles, the role developing according to local contexts and needs and the blurring of occupational boundaries. In relation to workforce planning, there have been moves in some countries to determine an evidence-based skill-mix to ensure that patients receive high quality care; however, one of the issues is a lack of reliable data on the HCA workforce to enable informed decisions to be put in place. The review demonstrated that there is a relative lack of high-quality research related to the role, function and

impact of HCAs and future policy developments should ensure that programmes of research are aligned to the development of policy guidelines directed at the development of the HCA role.

4. Background

- 4.1. Health professions in general and care professions, in particular, are undergoing profound changes in Europe and across the world. The ageing population in many EU member states inevitably leads to an ageing health workforce with an insufficient number of recruits replacing those who retire.
- 4.2. According to an estimate contained in the EU SANCO Report, Europe expects a shortage of 1,000,000 health workers by 2020. This development is accompanied by an increasing demand for professional care services, which emerges due to longer life expectancy as well as decreasing informal care.
- 4.3. Many EU member states already identify a shortage of doctors and registered nurses. The recruitment of professionals from other countries as a short-term solution already led to an increasing mobility of employees within Europe.
- 4.4. The need to address the Workforce issues in the Health Sector in Ireland, across all disciplines, is crucial if service needs are to be met. The Health Care Assistant role forms an intrinsic part of the current health care workforce and will do so into the future. The literature review contained in this report highlights the imperative for the Irish public health sector to innovate and create opportunity at every juncture for intake of qualified and experienced staff.

5. Relationship between HCAs and Health Professionals

- 5.1. The International Standard Classification of Occupations (ISCO) identifies the following general statement in relation to the Health Care Assistant Grouping:

“Healthcare assistants provide assistance, support and direct personal care to patients and residents in a variety of institutional settings such as hospitals, clinics, nursing homes and aged care facilities. They generally work in support of health professionals or associate professionals.
- 5.2. HCAs are working in support, and under supervision, of nurses or in some circumstances, other professionals. This implies a close co-operation with nurses and other clinical staff and requires that attention is given to the following aspects:
 - Clarity of the scope of responsibility and accountability of HCAs
 - Ensuring that the framework for delegation by Nurses and Midwives is implemented in all circumstances
 - Supervision arrangements of HCAs
 - Recognition of differences between delegated and allocated tasks to HCA
 - Mentoring and supporting HCAs
 - Integration, appropriate to each sector, of HCAs into the care team.
 - Collaborative working within a safe framework

- 5.3. Across the EU, healthcare assistants work together in teams with registered nurses within the occupational fields of nursing, in the care and maintenance of people of all age-groups in other acute care settings as well as in primary care environments.
- 5.4. Since the HCA education, training and regulation in most EU countries is not focused on an independent occupation, healthcare assistants are required to regularly work under the supervision of qualified clinical staff. Consequently, they should learn during their training how to be able to work in a team according to their allocated or delegated tasks and how to be integrated into the team.
- 5.5. HCAs carry out delegated nursing tasks, which are planned, supervised and reviewed by registered nurses. Within stable care-giving environments this responsibility to delegate also includes specific instructions to the HCAs.
- 5.6. In the Irish context, the relationship is governed by the requirement for the nurse to delegate within their professional code. Any developments of roles for HCAs must be considered in this context and the scientific approach adopted in the recent skill mix initiatives. Existing reporting relationships are not altered by this report or recommendations. In particular, the requirements on Health Professionals to properly and appropriately, delegate responsibilities to Health Care Assistants and to supervise them in line with their Professional Codes and Ethics remains unaltered.



Nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions, including inactions and omissions (NMBI 2014).

Within the nursing area, the healthcare assistant must report to and work under the supervision and direction of a Registered Nurse in relation to their tasks and duties. They must be integrated into the ward or area team. Nursing staff will delegate duties in accordance with their professional judgement and within the

competence of the healthcare assistant. In the context of their scope of practice, the delegator must also ensure that support and resources are available to the person to whom the role or activity has been delegated. The nurse, midwife, student or other HCW to whom the particular role or activity has been delegated is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity.

Employers must support nurses and midwives in delegation and supervision of a student or a regulated or unregulated Health Care Worker by providing appropriate organisational policy and resources. Nurses must not allocate any duty to the healthcare assistant for which he/she has not been trained.

- 5.7. This requires for a clear differentiation of roles duties and responsibilities in order to be able to distinguish between the fields of registered nurses from those of the healthcare assistants, within the appropriate legislative framework, including the regulatory framework which underpins nursing practice.
- 5.8. Various reports identify the growing importance of Healthcare Assistants as a critical support to the multidisciplinary team delivering quality healthcare. Their training and regulation should ensure that they are able to support patients and the nursing or allied health team with confidence. Their training and experience should enable them to progress into nursing or other professions thus achieving:

- Retention of valuable, suitably trained personnel
- Providing a platform for up-skilling and motivation for healthcare assistants
- Contributing to a solution to nursing shortages
- Safer selection and easier access to healthcare assistant training through clearly stated expected outcomes of training
- Enhancement of employment mobility possibilities for HCAs
- Opportunity for advancement within existing workstream through access to current schemes for qualification as nurses or other health professional.

6. Developments to date

- 6.1. The Department of Health and Children (2001) in their report: Effective Utilisation of Professional Skills of Nurses and Midwives recommended that the grade of Healthcare Assistant/Maternity Healthcare Assistant be introduced as a member of the nursing and midwifery team to assist in supporting the nursing and midwifery function. A sub group was formed which identified the role of the Healthcare Assistant (HCA) “to support the delivery of patient care under the supervision and direction of qualified nursing personnel” (Shannon et al, 2001).
- 6.2. The role and title of Healthcare Assistant was introduced together with the production of a national job description. They also recommended a defined reporting relationship for the HCA and the provision of a training programme for the grade.
- 6.3. The original Healthcare Support Certificate was piloted in 2001 – 2002 and this was evaluated, and a report issued in 2003.
- 6.4. In 2005, the National Implementation Body recommended the establishment of a high-level group to examine the outstanding recommendations contained in the report on the Effective Utilisation of Professional Skills of Nurses and Midwives. They adopted, broadly, the same recommendations as the previous report.
- 6.5. However, they also clarified the accountability of both the nurse/midwife and the HCA. At this point the level of the award was changed to FETAC Level 5 from NCVA Level 2. An educational awareness programme for nursing and midwifery staff on the FETAC level 5 programme and the role of HCAs was developed to support the role of the nurse/midwife with regards to delegation. In addition, the Activities of Living Patient Care Module was agreed for implementation.
- 6.6. In 2005, a steering group and a project team were established to oversee and implement the SKILL Project on a national basis.
- 6.7. In 2008, a comprehensive Review took place and issued a set of recommendations. Due to the economic situation and the effect of the moratorium on recruitment of staff, many of these were not progressed to the extent that had been expected at the time of the Review.
- 6.8. The 2008 Review stressed that the Report, issued at that time, clearly demonstrated that the successful introduction of the role of Health Care Assistant had made a positive contribution to the delivery of patient care in clinical and community settings in Ireland. It stated that there was evidence of the active introduction of the role and changes in work practices following successful completion of the Healthcare Support Certificate FETAC Level 5 programme. It stated that this was supported by robust integration/team working, inclusive communication and local organisational

planning and clinical leadership at unit and service level. The contributing factors to poor integration at that time were identified around the areas of organisational culture, resistance to change and professional fear.

- 6.9. The recommendations contained within the 2008 Report were designed to provide a framework to assist in the future planning and integration of Healthcare Assistants as an important component of the clinical resource in the Irish health and personal social services.

The 2008 recommendations were revisited during this Review and, where appropriate, they were updated for inclusion as part of the recommendations outlined within this report.

- 6.10. In March 2009, the Government introduced a moratorium on recruitment and promotion in the public service in response to the severe fiscal and economic challenges which the country faced following the 2008 banking crisis. This provided a significant challenge to staffing levels. It resulted in a breaking down of roles and responsibilities, and a reduction in staffing levels.
- 6.11. During the period 2008 to 2013 public service numbers fell from a peak of more than 320,000 whole time equivalent staff (WTE) numbers in 2008 to a low of 288,200 WTE in the fourth quarter of 2013, a reduction of approximately 10%.
- 6.12. A new internship scheme for health support staff to be engaged by the HSE under the Haddington Road Agreement was put in place in 2013.
- 6.13. The Public Service Stability Agreement 2013-2016 allowed for an initiative to recruit up to 1,000 interns to help reduce expenditure on agency and locum healthcare staff. Interns included healthcare assistants, multi-task attendants and other support grades who were employed on a two-year programme at 85 per cent of the first point of Band 3 salary in year one, progressing to 90 per cent of the same band in year two. At the time of finalising this Review, most interns have now been converted to permanent HCAs.
- 6.14. During the period from 2009 to 2013, the number of staff employed in support services had dropped from 13,389 to 12,269. The number of Health Care Assistants increased from 2,450 to 2,818. During the same period, Multi Task Attendant number dropped from 3,635 WTEs to 3,094 WTEs.

Grades	WTE Mar 2009	WTE Mar 2012	WTE Dec 2013	WTE Dec 2014	WTE Dec 2015	WTE Dec 2016	WTE Feb 2017	WTE Dec 2017	WTE Jan 2018	WTE Feb 2018
Attendant, Multi-Task	3,635	3,273	3,094	3,090	3,072	3,321	3,349	3,437	3,460	3,467
Health Care Assistant	2,450	2,712	2,818	2,882	3,324	4,108	4,285	4,709	4,794	4,847

Table 1

The effect of some of these changes has, in certain areas of the services, resulted in roles and responsibilities being blurred, with Health Care Assistants being expected to undertake work normally associated with other support grades. The Multi-Task Attendant role in some sectors, especially in Community Services being interchangeable with the Health Care Assistant role.

- 6.15. Budget 2015 saw a formal end to the moratorium and a resumption of targeted recruitment in the public service. In the interim, the numbers of HCAs have continued to increase significantly, with a decrease in the number of MTAs during the same period.

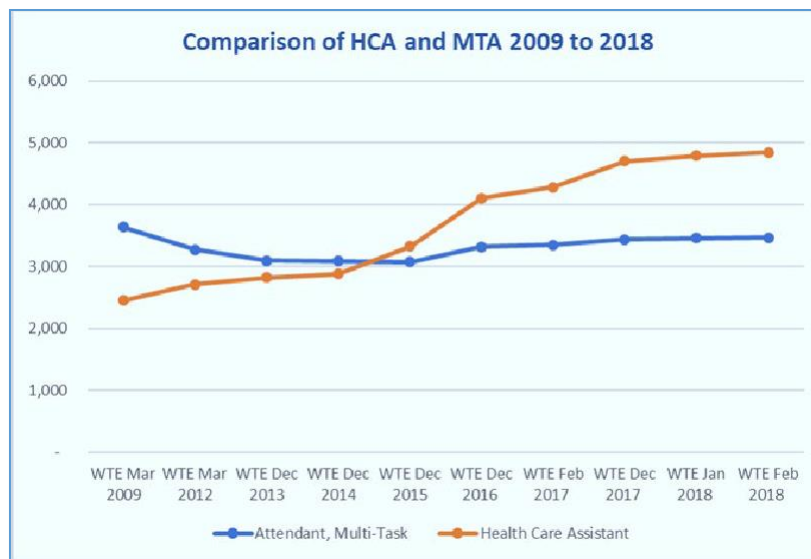


Chart 1

7. Current HCA Staffing

- 7.1. Based on staffing numbers provided in a report from the HSE Workforce Planning Section, it is identified that the number of core HCA's is 4,847 WTE at February 2018. This is an increase from the 2009 total of 2,450 HCA's. This is a 98% increase over that period. During this period the overall number of Support Staff, including HCAs, increased by 20%. This highlights a trend towards the use of Health Care Assistants with the Health Care system.

Grades	WTE Mar 2009	WTE Dec 2016	WTE Dec 2017	WTE Feb 2018
Attendant/ Aide	2,528	1,864	1,823	1,783
Attendant, Multi-Task	3,635	3,321	3,437	3,467
Care Assistant (Disability Services)	3,988	5,147	5,756	5,734
Health Care Assistant	2,450	4,108	4,709	4,847
Nursing Auxiliary/Orderly	568	114	81	79
Pool Attendant/ Supervisor	40	30	33	33
S.EN. (General)	6	4	4	4
S.EN. (Psychiatric)	-	1	-	-
Health Care Assistant, intern	-	402	62	56
Attendant, Multi-Task Intern	-	210	28	24
Care Assistant (Disability), Intern	-	100	17	17
Team Leader Band 1	-	-	8	7
Nurse's Aide	174	83	91	53
Total	13,389	15,384	16,051	16,104

Table 2

- 7.2. Within the overall grouping of support staff there were 16,104 WTE. This group contains a wide range of existing and legacy grades that are returned to the Workforce Planning section.

7.3. The grades identified across this overall grouping include Attendant/ Aide, Attendant, Multi-Task, Care Assistant (Disability Services), Health Care Assistant, Nursing Auxiliary/Orderly, Pool Attendant/ Supervisor, S.E.N. (General), S.E.N. (Psychiatric), Health Care Assistant, intern, Multi-Task Attendant Intern, Care Assistant (Disability), Intern, Team Leader Band 1, Nurse's Aide.



7.4. The available data does not allow for a further breakdown in relation to the pay banding within each grade category.

7.5. The information collected does not identify whether QQI Level 5 qualifications are held by postholders.

7.6. The issue of interchangeability of some HCAs and MTA's, which has arisen during the course of this process, is not reflected in the data.

7.7. The breakdown of the various support staffing grades is set out in the Chart 1. The HCA Grade makes up 30% of the total number of support staff.

7.8. The number of Health Care Assistant (Intern) and Multi Task Attendant (Intern) roles, introduced during the period of the Moratorium has reduced in line with agreements to phase out the role. By February 2018 there were less than one hundred such positions remaining, as identified in the staffing census.

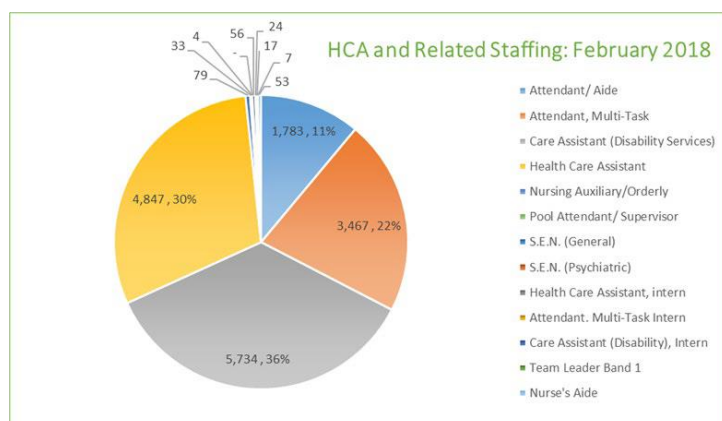


Chart 2

7.9. Information provided to the Review, based on November 2016 figures, indicates that the distribution of support positions across the health services is 65% in the Social Care Division, 28% in the Acute Hospital Division, 6% in the Mental Health Division, and 1% in the Primary Care Division.

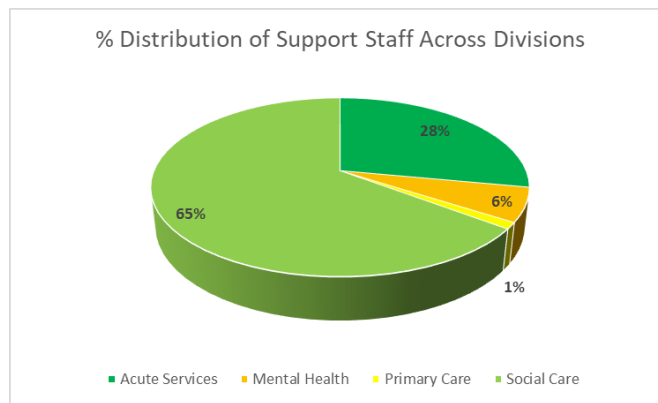


Chart 3

- 7.10. The distribution of the support staff positions between the HSE, Voluntary Hospitals and Voluntary Agencies (Non-Acute), based on November 2016 information, indicates that the HSE accounts for 58%, Non-Acute Agencies account for 32%, and Voluntary Hospitals account for 10%.

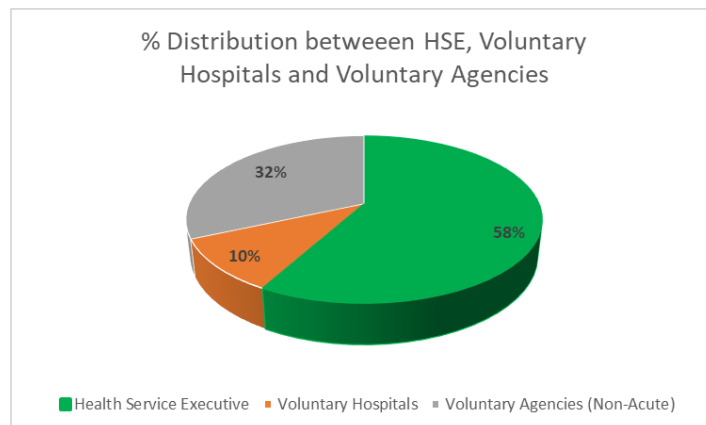


Chart 4

- 7.11. The numbers of Health Care Assistants employed in the Health Service is divided between Acute Services and Community Services on a ratio of 60% to 40%

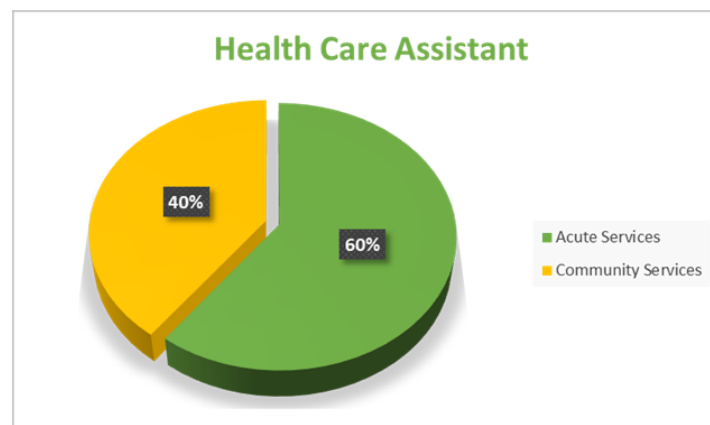


Chart 5

- 7.12. The numbers of Multi Task Attendants employed is divided between Acute Services on a ratio of 22% to 78%. This highlights feedback from various stakeholders that Community Services rely on Multi Task Attendants to a far greater degree than Acute Services.

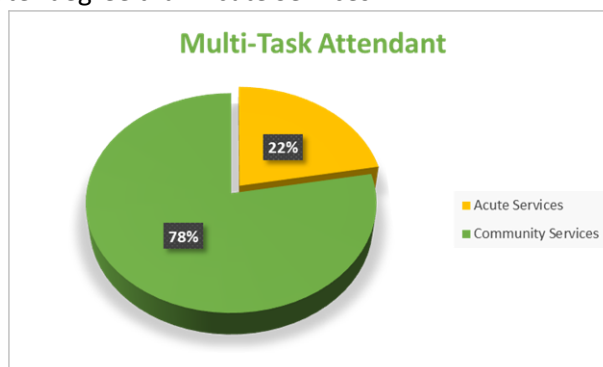


Chart 6

- 7.13. The age profile of Health Care Support Staff, excluding other support staff, indicates that 5.2% are under 30 years of age, 64.1% are aged between 30 – 55, 28.8% are aged between 55 – 65, 1.9% are aged over 65. The turnover rate for support staff in 2017 was 4.5%, at the lower end of turnover rates in the HSE.

Age	<30	30-55	55-65	65+
%	5.2%	64.1%	28.8%	1.9%

Table 3

- 7.14. 78% of the support staffing group are identified as female and 22% are identified as male.

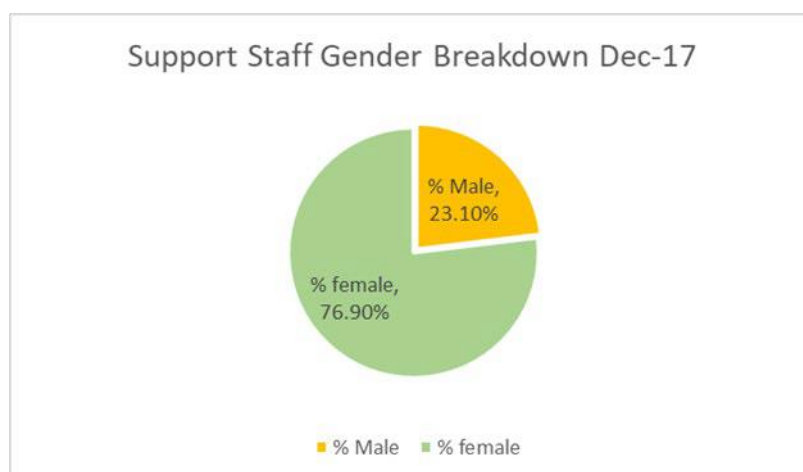


Chart 7

8. Qualifications Education and Training

- 8.1. The recognised qualification for Health Care Assistants identified in the 'Report of the High-Level Group on Health Care Assistants Regarding the Implementation of the Health Care Assistants Programme' was the FETAC (NCVA Level 5) Healthcare Support Certificate.
- 8.2. It was recommended that staff engaged in the role of Health Care Assistant who not yet completed this programme would continue in their role and the agreed job description would apply to them. This cohort together with all newly recruited Health Care Assistants were expected to undertake the programme as soon as it could be made available to them.
- 8.3. It was recognised in the Report of the High-Level Group, referred to in 8.1, that in exceptional circumstances individual staff members might not be in a position to undertake and complete the programme and in this context it was recommended that the job description would apply consistent with the appropriate delegation of duties from a nurse/midwife.
- 8.4. In 2012 QQI (Quality and Qualifications Ireland) was established as an independent State agency responsible for promoting quality and accountability in education and training services in Ireland. It took over responsibility for approval and monitoring of the Fetac Awards, which are now QQI Awards.
- 8.5. There are currently three major awards at QQI level 5 i.e. Healthcare Support (5M4339), Health Services Skills (5M3782) and Community Health Services (5M4468) available. Each Major award is made of a range of Modules or Minor Awards which are required elements of each major award, along with some elective modules. A further four Major Awards under Fetac are no longer approved. It is unclear whether Community Health Services (5M4468) is an approved Major Award for the purpose of qualifications in the HSE.
- 8.6. The number of relevant Major Awards awarded by Fetac and since 2007 is over 47,000. The total number of Awards in 2017 was 5,178. The overall details are set out in Table 4.

QQI Major Awards 2006 - 2018

	Healthcare Support	Community and Health Services	Community Health Services	Health Service Skills	Health Service Skills	Healthcare Support	Healthcare Support	
Title	5M4339	DCHSX	5M4468	5M3782	DHSSX	921705	DHSXX	
Code	5M4339	DCHSX	5M4468	5M3782	DHSSX	921705	DHSXX	
Year								Total
2018	462		44	108				614
2017	3,081		753	1,344				5,178
2016	3,081		819	1,148				5,048
2015	3,217		862	492				4,571
2014	2,077		632	257		1		2,967
2013	3	1,509			772	987	4,442	7,713
2012		1,181			781	645	2,628	5,235
2011		1,072			1,459	528	1,421	4,480
2010		1,029			1,323	460	996	3,808
2009		850			922	459	983	3,214
2008		771			773	324	880	2,748
2007		703				311	1,066	2,080
2006								-
TOTAL	11,921	7,115	3,110	3,349	6,030	3,715	12,416	47,656

Table 4

- 8.7. The Awards are currently due to be reviewed by QQI in consultation with relevant stakeholders. Basic current qualification requirements will be identified, and recommendations provided for future qualification requirements. The review will examine the current situation in relation to qualifications and standards under the Auspices of QQI, include an overview of numbers who have undertaken level 5 awards, and recommend future developments.
- 8.8. Based on figure provided to date a total of 5,125 HCA's have been trained to QQI/FETAC Level 5 by the CNMEs between the years of 2003 – 2016. Other training is provided through the ETBs and private providers.

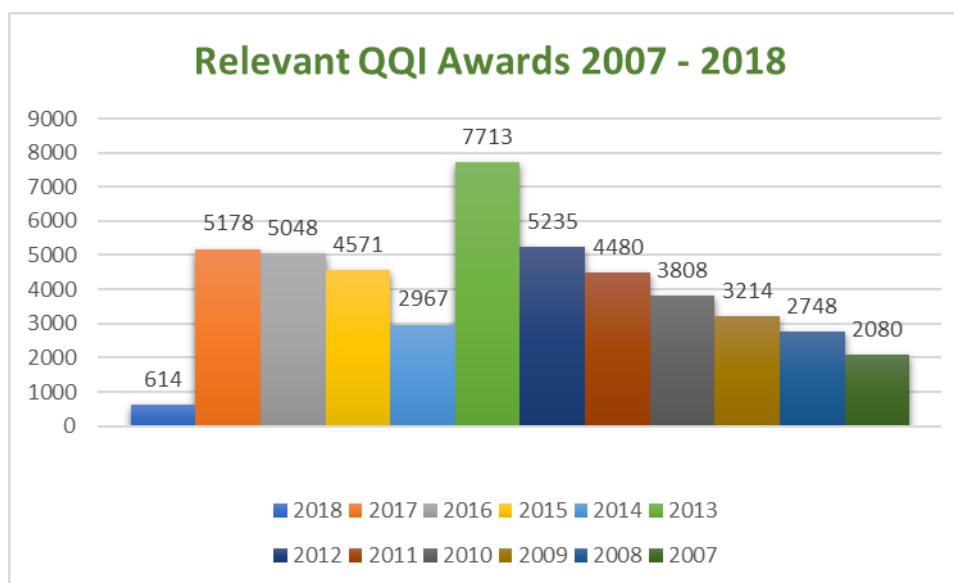


Chart 8

- 8.9. The roles for CNME's, ETB's, Educational Institutions and Private Providers in the provision of education/training require to be clarified for the future.
- 8.10. In August 2012, the then National Director of Human Resources approved the following qualifications for the grade of Health Care Assistant:
- (a) Candidates must, on the latest date for receipt of applications, hold:
 - (i) The relevant health Skills FETAC Level 5 qualification, or
 - (ii) An equivalent relevant health care qualification, or
 - (iii) Be currently employed as a Health Care Assistant or a comparable role, and
 - (b) Candidates must have the personal competence and capacity to properly discharge the duties of the role.
- 8.11. In December 2014, the Interim National Director of Human Resources approved the following qualifications for the grade of Multi Task Attendant:

- (a) Eligible applicants will be those who on the closing date for the competition:
- (i) Possess the relevant QQI Further Education and Training (FET) Level 5 Certificate in Health Service Skills, or
 - (ii) FETAC Level 5 Certificate in Health Service Skills or Healthcare Support, or
 - (iii) A relevant healthcare qualification, or
 - (iv) Be currently employed as an Attendant, Multi-Task or a comparable role and be willing to undertake a QQI/FET Level 5 programme in Health Service skills or equivalent, and
- (b) Candidates must have the personal competence and capacity to properly discharge the duties of the role.

9. Apprenticeship

- 9.1. Following a call for proposals for Apprenticeships made by the Apprenticeship Council during 2017, Siptu, on behalf of Health Care Assistants, sought agreement from the HSE to submit a proposal for the introduction of an Apprentice Health Care Assistant.
- 9.2. The HSE, independently, and without the agreement of the parties to this review, made a submission to the Apprenticeship Council and this was submitted in line with the Council's requirements. The submission identified that there are several significant factors for seeking to formalise, recognise and improve the role of the HCA within the Health Service. These included:
- With the increasing demand for improvements in standards/quality healthcare there is a need to professionalise all health workers
 - A formally accredited and experiential training programme with a focus on quality and skills development backed up by structured periods work placements and classroom learning would be highly beneficial
 - Increase standards for effective hygiene and infection control demand higher levels of training from all frontline employees
 - The advancement of nursing practice and clinical practice in general has created an opportunity for higher trained support grades to fill in many frontline clinical areas
 - Provides a significant development pathway for support workers to progress into more specialised areas as required
- 9.3. The Apprenticeship Council subsequently indicated that a large number of proposals were received which were of high quality, with in-depth and detailed plans, evidencing strong industry sector leadership and support. It was specified that a detailed assessment of the proposal was carried out and on the basis of this assessment the Apprenticeship Council had not recommended the proposal for further development.
- 9.4. A proposal from a Private Sector consortium for an Apprenticeship was approved by the Apprenticeship Council.
- 9.5. Members of the Steering Group have identified strong concerns regarding this development, and the HSE have raised these concerns directly with the Apprenticeship Council. The principal concerns



relate to the use of the title, the misuse of the word professional within the title, and the fact that a Level 6 Award is to be provided for a role in the Private Sector that is limited in comparison with the variety of roles and levels of responsibility in the Health Sector. This matter is ongoing and is the subject of recommendation later in the report.

10. Skill-mix

- 10.1. The final report and recommendations of the Framework for Safe Nurse Staffing and skill mix in relation to general and specialist medical/surgical care settings in acute hospitals in Ireland issued in 2018. The Report was noted and considered within the Review.
- 10.2. An objective of the taskforce was to develop a staffing (nurse and healthcare assistant) skill mix ranges framework related to general and specialist medical as well as surgical care settings in acute adult hospitals based on available best practice international evidence.
- 10.3. The report set out the assumptions on which staffing and skill mix ranges are determined and made recommendations regarding the implementation and monitoring of the framework including the necessary education, training and guidance required.
- 10.4. The Framework recommends that the Nurse/Health Care Assistant skill mix of 80% nursing and 20% HCA once the workforce is stabilised and safe. The Taskforce is clear with regards to skill mix and recommends that the skill mix ratio recommended in the framework remains in place.
- 10.5. The report clarifies that any future changes to skill mix requires a scientific and systematic assessment, underpinned by evidence of quality patient outcomes and best practice.
- 10.6. Phase II of the Framework for safe nurse staffing and skill mix is also examining this issue, in the “acute floor” setting and emergency departments. The assumptions for the staffing and skill mix of emergency departments is recommended at 85% RN and 15% HCA. This is consistent with the approach being adopted by the Department of Health, and agreed, that appropriate staffing levels and skill mix should only be determined by a scientific, evidence-based assessment in line with the Taskforce Report.
- 10.7. It was accepted by this Review Group that similar exercises would be beneficial in other settings such as Older Persons Services, Community Services and Intellectual Disability Services. It was agreed that the scientific, evidence-based approach would ensure the provision of appropriate skill-mix in these sectors.



11. Registration of HCAs

- 11.1. Registration is defined within the EU-Project: “Creating a Pilot Network of Nurse Educators and Regulators (SANCO/1/2009) – Final Report” as a formal (legal) process by a public authority or a professional board such as nursing, midwifery, social work, physiotherapy etc. The Report states that before a recommendation for registration can be given, it has to be stated that registration without successful completion of HCA education and training is not possible.

- 11.2. The report recommended a registration of HCAs through an organ of self-administration of the occupational group or a state agency. It states that this registration should be seen in conjunction with the necessity of sustained continued education and self-improvement.
- 11.3. Across the participants in the EU study there is currently a wide range of arrangements from compulsory registration to no registration at all. In five of sixteen countries a registration of HCAs is compulsory. The registration may be implemented through a state agency or an organ of self-administration of the occupational group. In one country the registration has to be renewed every seven years with the evidence of completed specialised further education. Examples of no compulsory registration can be found in one country.
- 11.4. The report identified that there are compelling arguments for a registration in combination with compulsory continued education and self-improvement. These refer to:

Quality of Care

The responsibility to renew one's knowledge lies within the individual. If registration and a regular obligation for continued education and self-improvement are combined it can be assured that HCAs renew and expand their knowledge in order to perform at a high level of care. Thus, it is clear that a registration of HCAs ensures a consistent quality standard which is of particular importance with regard to EU-mobility. With a consistent approach to registration and licensing not only the necessary level of the training is ensured but simultaneously an easier and safer migration within EU-countries becomes possible.

Patient Safety

Additional to the quality of care, registration contribute to patient safety. Therefore, developments and improvements in relation to the implementation of care measures can be assured.

Recipients of Care and the Organisation

The registration of HCAs creates security for the care recipient and assures organisations that HCAs are regulated and trained according to known standards.

State's Health Policy

An up-to-date database of registered HCAs contributes to an overview of the HCA occupational group and enables a targeted planning approach. This enables the Health Service to obtain information on numbers of HCAs, age pattern, geographical distribution and qualification. Moreover, registration enables the target groups to be reached systematically.

Occupational Group

Although the main purpose of registration is to ensure public protection and patient safety, it will also strengthen the position of HCA within the healthcare economy and with other occupational groups. This does not only refer to registered nurses but also to HCAs who pursue similar interests within the same sector.

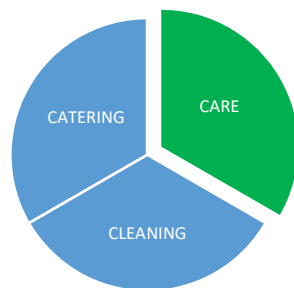
- 11.5. During the course of the HCA review, a number of options for a potential Registration Body have been examined. The options examined included:
- Pre-Hospital Emergency Care Council (PHECC)
 - CORÚ, made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession
 - Nursing and Midwifery Board of Ireland (NMBI)

- A New Registration Body
- A register of HCAs to be administered internally by the HSE

11.6. At present, there are variable standards of training for HCAs, very little continuing and in-service education and training, lack of governance/oversight for HCAs in community, no parameters of practice set, confused accountability and role confusion with other related grades. All of these contribute to risks and impact negatively on patient safety. Furthermore, as there is no national register for all HCAs in Ireland and by extension no knowledge on numbers trained/employed, making workforce planning nearly impossible.

12. Job Descriptions

12.1. The context for Job Descriptions in relation to the Role of Health Care Assistant in the Health Services in all Support Staff Areas of Delivery, indicates that support staff areas can be divided into three distinct elements: Care, Catering and Cleaning.



12.2. The primary function of the role of Health Care Assistant (DOH Grade Code 6075) is to provide patient centred care and support as part of a team working to provide safer better healthcare at the point of delivery.

12.3. Functions completed by staff employed as 'Health Care Assistant' are linked to the following 10 distinct areas of patient centred care.

- Communicating
- Breathing
- Eating and Drinking
- Intimate Care – Elimination of Waste
- Controlling Body Temperature
- Intimate Care - Personal Cleansing and Dressing
- Mobilising
- Death and Dying
- Collaboration in Other Ward Activities
- Maintaining a Safe Environment

- 12.4. As indicated in Section 6, roles and responsibilities in certain areas of the services have become blurred, with Health Care Assistants being expected to undertake work normally associated with other support grades. The Multi-Task Attendant role in some sectors, especially in Community Services has become interchangeable with the Health Care Assistant role. There is a need to address and clarify roles duties and responsibilities on a location by location basis.

12.5. Maternity Care Services

In the Maternity Care Sector the role of the Health Care Assistant (Maternity Care) (MCA) is to support the delivery of care under the supervision and direction of registered Midwifery personnel (DOH&C 2001).

The MCA works holistically as part of a team and requires knowledge and competences such as; skills specific to caring for the woman, her baby and family, effective written and verbal communication skills, problem solving, recognising and responding appropriately to emergency situations (within scope) and demonstrating awareness of equality and diversity issues. They play a vital role in supporting midwives to deliver safe, high-quality care to women, their babies and their partners and are highly valued members of the team.



A Maternity Health Care Assistant Review Oversight Group undertook a detailed analysis of the role underpinned by a significant literature review, concluding in April 2017.

Following its review of the education, role and function of maternity care assistants (MCAs), the following outputs from the project were produced:

1. Systematic literature review of the evidence to inform the future education, role and function of maternity care Assistants in Ireland
2. Report of a national review of Maternity Care Assistants in Maternity Unit
3. Draft Job specification for consideration by the overall HCA group
4. Briefing note outlining recommendations regarding possible additional training/ educational preparation.

The output from the Maternity Care Review Group has been fully considered within the overall review and the recommendations within this report have sought to take the additional issues forwarded to this review into account.

12.6. Older Persons Services

A report of a national Older Persons Services Working Group Review, which issued in January 2017, was considered within this review.

Within Older Persons Services, the report identified that the HCA must report to and work under the supervision and direction of a Registered Nurse in relation to their tasks and duties and must be integrated into the ward/unit team. Nursing staff delegate duties in accordance with their

professional judgement and within the competence of the HCA. Nursing staff must not allocate any duty to the HCA for which he/she has not been trained.

Key Activities identified in the report include assistance in some or all activities of daily living,



assisting the Nurse in the implementation of the care as determined by the Nurse e.g. to assist residents in maintaining standards of personal hygiene, dietary intake, physical and mental health, and cleaning of specific equipment. Additionally, HCAs are obliged to report any incident or potential incident which may compromise the health and safety of clients, staff or visitors, and take appropriate action.

The role requires that HCAs conduct themselves in a manner that conveys respect of the individual and ensures safe patient care. The personal characteristics that indicate these principles include confidentiality, courtesy, accountability, communication, dignity and privacy, health and safety.

In some centres HCAs also have a role in dealing with clothing and laundry in the centre. Some centres have contract cleaners and laundry. Whilst some centres have staff assigned exclusively to the laundry.

Household/domestic/cleaning staff and/or MTA's provide the cleaning and infection prevention role of the building in all centres. HACCP training is a requisite for MTA's to provide the catering role. Standard precautions' training and Cleaning Operation Certificate (COPC) is required for the cleaning role. Some centres have contract cleaners.

It became evident from the report from Older Persons Services that there is a perceived lack of flexibility in the current role of HCA in some smaller units in particular. This lack of flexibility impacts on the consistency and provision of service offered to the resident.

This review is satisfied that the lack of clarity regarding roles of HCAs, MTAs and other support staff such as cleaning and household is impacting on the introduction and development of Health Care Assistants in this sector.

The need to address this sector through clarification of the roles duties and responsibilities of HCAs and other support staff is dealt with in the recommendations later in this review.

12.7. Perioperative Services

HSE management have had the perioperative under consideration in relation to Health Care Assistants working in perioperative settings. The use of HCA's in such settings is not clear at present, as the interaction of other roles such as Theatre Attendant or Theatre Porter appears to vary from location to location.

Following ongoing discussions within this review it became clear that issues arising in the perioperative setting should be addressed through direct discussions involving management together with nursing and support staff unions. Other aspects being raised by the Unions should also be prioritised.

It is envisaged that this will require a two-strand approach which deals with the various aspects, in parallel, with a view to achieving agreement regarding the way forward.

12.8. Mental Health Services

'A Vision for Change', a strategy document published in 2006, set out the direction for Mental Health Services in Ireland. It described a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness.

The document stated that within an expanded model of the community mental health team it was proposed to create a new position of mental health support worker. The document identified that these new workers in the mental health system would provide service users with companionship, friendship and practical support with daily living activities. It envisaged that they will help service users gain access to services and resources such as housing and employment.

The strategy document predicted that staff who would be recruited would come from a wide range of educational backgrounds with diverse personal experience and qualifications. It identified that some might be users, carers, nursing assistants or retired staff. The report identified that they should be offered flexible arrangements in terms of working hours to maximise their value to the service user.

In its recommendations, Vision for Care recommended that the position of mental health support worker be established in the mental health system to support service users in achieving independent living and integration in their local community.

Towards 2016, the social partnership agreement, contained provision for the mainstreaming of Health Care Assistant (HCA) grade in the mental health services.

The Agreement provided for the establishment of a Steering Group comprised of the interested parties to oversee the mainstreaming of the HCA grade in the sector.

In order to progress this recommendation, a Steering Group was established which included representatives from the HSE, the Department of Health and Children, the unions representing psychiatric nurses and the SKILL project team as observers.

A series of principles underpinning the introduction of Health Care Assistants was agreed as follows:

- The introduction of health care assistants is not intended to replace psychiatric nurses. The aim is to facilitate the development of a higher-level nursing input into patient care by allowing the nurse to divest him/herself of certain duties without impinging on patient care.
- The introduction of health care assistants and revised skill mix configurations in any ward/unit/service must sustain the continued provision of safe, high quality care to patients.
- Proposals for the introduction of health care assistants must be considered in conjunction with jointly agreed proposals to develop higher level nursing inputs.
- The resource implications arising from the introduction of health care assistants should be addressed as part of the service planning process. Funding will be provided for those undertaking the QQI Health Care Support Certificate.
- Appropriate support structures to facilitate the introduction of health care assistants should be made available at local level.

- The role of the health care assistant should be developed in line with a jointly agreed job description for health care assistants.

The data available to this review does not provide a breakdown of the specific numbers of Health Care Assistant positions in the Mental Health Sector. However, it appears from the available information that the introduction has not reached the same levels as other sectors. Support staff across various grades in mental health service make up approximately 6% of the total support staff group within the HSE.

It is important to note, that the roles of medical and nursing staff in this sector are governed by additional mental health legislation, resulting in the requirement for sector specific job description for HCAs.

12.9. Other Service Areas

Data reviewed in the course of the review indicates the development of HCA roles across a wide variety of areas. These include Children's Services, Physiotherapy, Occupational Therapy, Radiography, Speech and Language, CSSD, Audiology and others. While the total numbers across these areas amounts to less than two hundred, this is likely to develop further.

Job descriptions from some of these areas examined during this review indicate that the qualification aspect is maintained, although the duties, along with reporting and supervision requirements vary, depending on the discipline.

13. Integration of HCAs

- 13.1. As part of this process a meeting took place between the Chairperson and a representative selection of Health Care Assistants across the sectors. A wide range of issues were raised as follows:
- 13.2. There continues to be a requirement to include HCAs as part of the team, to the extent that is appropriate to each particular sector, in all areas, and particularly Nursing. There is a key responsibility on managers to lead this development.
- 13.3. In a multimodal survey of all Health Sector employees, gathered in September/October 2016, key messages were identified in responses from 450 support staff.
- 13.4. Key positive messages included the following:
 - Overall satisfaction marginally up.
 - Many are proud, fulfilled and happy.
 - Many are also motivated and enthusiastic.
 - Teams are working effectively together.
 - Individual objectives clear and realistic.
 - Trusted with responsibility to do the job.
 - Most feel respected in their role.
 - Access to training has improved (but needs work).
 - Stress, although evident, is managed.
 - Committed to patients and service users.
 - Secure in the job, with some optimism.

- 13.5. Areas for Improvement identified in the survey were as follows:
- Some remain dissatisfied in their job.
 - Many would not recommend their employer.
 - Undervalued, performance not recognised.
 - Lacking feedback from line managers.
 - Quality of communications rates poorly.
 - Many dissatisfied with pay levels.
 - Some believe the service level is deteriorating.
 - Uncertainty regarding overall strategy.
 - Senior management are poorly perceived.
 - Perceptions of working conditions show decline.
 - Health & well-being issues in evidence.
 - Evidence of discrimination, bullying & harassment.
- 13.6. Health Care Assistant representatives, who were engaged with during this process, highlighted many of the above issues. A key feature raised by them was the disparity between locations in relation to the integration of HCA's into nursing teams. Some HCA's reported very positive experiences with many others reporting little or no integration into the teams.

14. Recommendations

Current Role and Function of HCAs throughout the Health Service

- 14.1. It is recommended that the Job Title for all Health Care Assistants across the Health Service, include the Health Care Assistant Title.

The title should become a protected title in order to safeguard the development of the role as key occupation within the Health Services.

- 14.2. The International Standard Classification of Occupations (ISCO) identifies a general statement in relation to the Health Care Assistant Grouping, which has been adapted somewhat to meet the requirement of the Irish Health Services:

"Healthcare assistants provide assistance, support and direct personal care to patients and residents in a variety of healthcare settings such as hospitals, clinics, nursing homes, aged care facilities, as well as community and domestic settings. They generally work in support, or under delegation, direction and supervision, of health professionals. They support multi-disciplinary teams in the delivery of high-quality care."

This statement should be adopted as the generic, short description of the role of Health Care Assistant.

14.3. It is recommended that an exercise be undertaken by a fully resourced HSE management group, with the requisite expertise and resources and commencing immediately to:

- Clarify and regularise the various job titles within the overall Health Service
- Identify the number of staff within the grades who currently have an appropriate QQI/Fetac level 5 qualification
- Identify and clarify the current breakdown and grading levels within the overall support staff group, with particular focus on the numbers of staff engaged in work appropriate to Health Care Assistant and Multi-Task Attendant, and similar grades across the sectors
- Amend current recording of qualifications during recruitment to ensure that these can be accessed or validated centrally
- Produce a register updated on a live basis for the future, of qualified Health Care Assistants within all divisions of the HSE, and HSE Funded Agencies
- Identify the number of staff requiring assistance for further training and education

A designated unit or office should be established within the national HR division for work relating to HCA's. This to be made operational through a circular with associated updated documentation and process. The team once established and resourced with necessary IT and infrastructure, will be required to undertake the following from 2019 to 2022.

This unit, as a resource, should be protected and the team not considered an available resource for other elements of work as may arise. For this purpose, a project management framework with fixed progression reporting at regular intervals is essential.

It is acknowledged that this would require additional resources that are not currently available within the service. It is further acknowledged that the team would require appropriate composition, expertise and resources to deliver the outputs required in the given timeframe. On conclusion of the work detailed above, the transition of responsibility for maintenance of records would fall to the employer at service delivery level.

This group should provide progress updates to the participant unions on a bi-monthly basis, leading to a final report at the end of the process.

Within the broader health service, each employer must be responsible for adherence to the implementation of new requirements relating to qualifications.

14.4. It is recommended that an environment be created, and that organisations have in place, systems that effectively support the integration of the HCA into their local care team. These systems should ensure that HCAs are assigned, rostered and managed as part of the team under the direction of the local manager at unit or department level.

Within the nursing/midwifery sectors an environment be created and that organisations have in place systems that effectively support the integration of the HCA into the clinical care team under the direction of the CNM/CMM/local manager at unit level.

HCAs should be included in all appropriate communications with regard to their assigned patients/clients

Any requirement for HCAs to record care given through local or sectoral policies need to be developed to reflect the practice setting and process of HCAs recording. Specific Policies, Procedures, Protocols & Guidelines (PPPGs), suitable to each sector or locality should be developed. Where other professional arrangements for reporting or recording are required, these should be set out within such Policies, Procedures, Protocols & Guidelines and developed in line with the HSE National Framework for developing PPPGs.

Local managers should continually utilise their leadership capacity to lead developments in the evolving role of the HCA in line with national agreements.

- 14.5. It is recommended that all relevant managers and staff should undertake an updated and revised Awareness/Orientation Programme for Qualified Nurses/Midwives and other Health Managers in relation to the QQI level 5 Award for HCAs.
- 14.6. Actions in relation to the establishment of the HCA as an identifiable role, should include:
Full roll out of the 'My Name is...' campaign through all areas in which Health Care Assistants work.

Representatives of Health Care Assistants indicate a clear desire for HCA's to have a clearly identifiable uniform, where uniforms are worn, which distinguishes HCAs from other grades.

Ideally, a specific colour should be identified, and coordinated within overall arrangements for uniforms across all disciplines.

- 14.7. Existing reporting relationships are not altered by this report or recommendations. In particular, the requirements on Health Professionals to properly and appropriately, delegate responsibilities to Health Care Assistants and to supervise them in line with their Professional Codes and Ethics remains unaltered.

Nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions, including inactions and omissions (NMBI 2014).

Within the nursing area, the healthcare assistant must report to and work under the supervision and direction of a Registered Nurse in relation to their tasks and duties. They must be integrated into the ward or area team. Nursing staff will delegate duties in accordance with their professional judgement and within the competence of the healthcare assistant. In the context of their scope of practice, nurses must not allocate any duty to the healthcare assistant for which he/she has not been trained.

The delegator must also ensure that support and resources are available to the person to whom the role or activity has been delegated. The nurse, midwife, student or other Health Care Worker to whom the particular role or activity has been delegated is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity.

Employers should support nurses and midwives in delegation and supervision of a student or a regulated or unregulated Health Care Worker by providing appropriate organisational policy and resources.

Recruitment and training of Health Care Assistants

- 14.8. It is proposed that a core QQI/Fetac Level 5 Health Care Assistant will become the minimum required qualification for entry to the role.

The potential for the development of modular extensions for Health Care Assistants working in Enhanced/Specialist areas or locations should be considered. This should be examined and progressed as part of a process of engagement with QQI and Solas in relation to the updating and/or extension of appropriate modules, involving all key stakeholders, including all relevant union representatives.

This should commence at an early date, to ensure that QQI qualifications meet the education requirement for the variety of Health Care Assistant roles.

Continuing in-service education and training, along with Life-Long Learning (LLL) should be actively progressed in compliance with the principles set out in the 'HOSPEEM-EPSU Joint Declaration on Continuing Professional Development (CPD) and Life-Long Learning (LLL) for all Health Workers in the EU Final joint declaration as of 8 November 2016'.

Modules should continue to be developed to support changing service needs and the ever-widening range of services where Health Care Assistants work. Lifelong learning, in line with the above principles, should be developed for HCAs through shared learning programmes e.g. multidisciplinary and interdisciplinary learning.

It is recommended that at a local level a structured system needs to be put in place to support HCAs while undertaking education courses and any subsequent training. Key to this approach will require additional funding to ensure appropriate release for existing staff, and backfilling of jobs while existing staff are on release.

It is recommended that where skills acquisition is a requirement for competence, the skills are taught in the first instance in an appropriate setting, supported in the clinical area and assessed by competent clinicians with the appropriate specialist knowledge. This should continue to be managed and undertaken through the Centres for Nurse and Midwife Education and appropriate funding provided.

Additional resources for education training and development will be required. Where study leave is required for HCAs, adequate replacement staff cover should be provided.

- 14.9. It is recommended that an action plan be developed to ensure that all existing Health Care Assistants are provided with supportive pathways to acquire the QQI/FETAC Level 5 programme.

This will require the identification of novel and inclusive processes to ensure that all staff, regardless of their current educational level, are afforded the opportunity to achieve the Level 5 qualification. This may involve support in relation to literacy skills, return to education and other similar provisions.

It is recommended that a plan is developed to facilitate recognition of prior learning for HCAs e.g. NVQs (UK) and courses prior to commencing QQI/FETAC Level 5.

Clinical career pathways for HCAs should be identified and developed for expansion in line with current upskilling and further development of higher order skills acquisition to meet current and emerging needs of care and service delivery. This should be developed within the existing agreed parameters. This must be supported by appropriate and relevant training, education and development programmes. Ongoing consultation with relevant stakeholders, including all relevant unions, should take place. Sponsorship for Public Health Service Employees, including Health Care Assistants wishing to train as Nurses/Midwives should continue to be rolled out in line with HSE HR Circular 009/2010.

14.10. Apprenticeship

The potential for the introduction of an apprenticeship model under the leadership of the Health Service Executive, and as a means of ensuring ongoing recruitment of Health Care Assistants, should continue to be addressed through direct engagement with the Apprenticeship Council.

The HSE should, through ongoing engagement with the Apprenticeship Council, highlight the concerns of this Review that, any development of HCA Apprenticeship models should be consistent with the requirements for the needs of patients and service users of the Health Service.

Scope for development of the Health Care Assistant role in different service areas including requirements for specialised training for particular HCA roles

- 14.11. The Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing on a Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland' which was published in February 2016 should remain the basis for further discussions in relation to skill mix in these areas.

An objective of the taskforce was to develop a 'staffing (nurse and healthcare assistant) and skill mix ranges' framework related to general, specialist medical and surgical care settings in acute adult hospitals based on available best practice international evidence. It sets out the assumptions on which staffing, and skill mix ranges are determined and made recommendations around implementation and monitoring of the framework including the necessary education, training and guidance required.

The Framework for safe staffing and Skills mix 2018, sets out four Key principles for Enhanced Care delivery by HCAs. These principles are:

- 1 Organisations gather intelligence on Enhanced Care demand and supply
- 2 The development of guidelines/ protocols regarding Enhanced Care
- 3 Education and development of staff involved in the delivery of Enhanced Care

4 Governance for Enhanced Care

The Framework recommends that the Nurse/Health Care Assistant skill mix of 80% nursing and 20% HCA in the settings encompassed by the Taskforce.

This Review recommends that the appropriate staffing levels and skill mix should only be determined by a scientific, evidence-based, assessment in line with the Taskforce methodology and findings. The National roll out, introduction and development of the Framework, as it relates to HCAs should include all relevant union representatives, including representatives of HCAs.

- 14.12. Similar exercises in relation to skill-mix may be required in other general and specialist settings. In particular, an early exercise is required to consider requirements for safe staffing and skill-mix in services for Older Persons Services.

Future discussions in relation to skill mix in these and other sectors should involve representatives of Health Care Assistants, as well as other relevant staff groups.

- 14.13. It is recommended that job descriptions updated, developed and agreed within the current review and encompassing the original job description in 2006 be adopted/adapted in the context of HCAs completing QQI accredited modules and also taking account of local service needs.

Sample templates for job descriptions are appended to this report. These should be used across the Health Service for guidance in drawing up location specific job descriptions.

A unit within the HR Department of the HSE should oversee implementation of service appropriate job descriptions, based on a circular setting out the requirement for approval by this unit of Job Descriptions in advance. This unit will ensure ongoing consultation with unions in relation to any developments. The updated job descriptions should be rolled out on a time limited, pilot basis across all sectors and locations. This process should assess the impact on other support grades, reporting in to the over-arching group at quarterly basis.

- 14.14. Issues and potential developments identified by management representatives in relation to Health Care Assistants working in perioperative settings should be addressed through direct discussions involving management together with nursing and support staff unions. Other aspects being raised by the Unions should also be prioritised.

It will require a two-strand approach which deal with the following aspects, in parallel, with a view to achieving agreement regarding the way forward:

- Outstanding issues relating to On-Call arrangements and other issues related to perioperative settings
- Potential developments in relation to roles duties and responsibilities, including the undertaking of a workforce planning exercise in the perioperative setting in consultation with key

stakeholders to yield additional capacity for scheduled and unscheduled care alongside addressing issues affecting nurse recruitment and retention through a proposed national oversight group

- These discussions should be based on Terms of Reference to be agreed and finalised between the parties, and an immediate plenary meeting should be convened between the HSE and Unions to agree these terms of reference.
- This plenary meeting should agree timelines to progress the parallel processes simultaneously.
- Where necessary, separate discussions on issues specific to the distinct staffing groups i.e. Health Care Assistants, Nursing etc. should take place.
- This process should be time limited to 8 weeks from commencement.

14.15. The report of the Maternity Health Care Assistant Group, along with the recommended Job Description, contained in the appendices to this report, should be adopted across the Maternity Health Services.

14.16. In services for the Older Person, the aim should be the provision of the highest quality of patient care. Patients need to be placed centre stage and the relationship between staffing arrangements, skill-mix and patient outcomes be recognised.

To ensure that there are safe and appropriate staffing and skill mix in place requires a systematic and scientific approach to reaching conclusions around the appropriate staffing establishment and skill mix.

The evidence shows the requirement and the importance to have strong clinical nursing leadership, together with the appropriate mix of skills and knowledge, provided by Health Care Assistants and other staff, combined with a positive proactive culture within Care of the Older Persons facilities.

Staffing and skill mix levels can only be determined by an appropriate, systematic, and scientific assessment agreed between the stakeholders.

In conclusion, it is recommended that in Care of the Older Persons services, a comprehensive assessment of the required staffing levels and skill-mix, underpinned by an evidence-based methodology, is undertaken commencing immediately.

Career Progression opportunities for Health Care Assistants

14.17. A permanent National Forum, including representatives of Health Care Assistants and representatives of other relevant staffing groups, should be established in order to ensure the ongoing implementation of recommendations and development of the Health Care Assistant Grade.

HCAAs should be represented independently on any National Forum through established representation arrangements where their role/practice is being discussed or where it is likely to be impacted by such discussions.

The development of a system should be considered to ensure direct involvement in the Forum for Health Care Assistants.

Roles duties and responsibilities of other Health Support Workers should be reviewed and updated, if necessary. This will be done in consultation with the relevant stakeholders to facilitate the Health Care Assistant's patient support role.

This will require appropriate staffing levels and personnel in each location, to ensure all support duties can be carried out, in circumstances where Health Care Assistants are patient facing.

- 14.18. The position in relation to the provision of a registration body for HCAs has been the subject of significant discussion and debate among the stakeholders. In the absence of consensus within the group, and based on the risks outlined in Section 11.7, the independent Chairperson has recommended that the position as recommended in the "Development and Coordination of a Network of Nurse Educators and Regulators (SANCO/1/2009) Report" to the European Commission, DG SANCO 2014, be accepted, as follows:

While noting the substantial hurdles to be navigated in order to comply with requirements for registration, Health Care Assistants should be registered through an existing or new state agency. This is required to ensure sustained continued education and self-improvement. It will allow for the development of the occupational group and provide protection and security in relation to Patient Safety, Quality of Care, Recipients of Care and the Organisation, as well as Ireland's Health Policy.

Although the main purpose of registration is to ensure public protection and patient safety, it will also strengthen the position of HCA within the healthcare economy and with other occupational groups.

While recognising that the final choice on this matter is a policy decision for the Department of Health, it is recommended that the National Forum, recommended in the Review Report, be tasked with engaging with the relevant parties to make a final recommendation on the appropriate option, from those set out in section 11.6, to the Department of Health. This should be addressed immediately on completion of the exercise set out in Recommendation 3 and once the Education and Training requirements are fully in place.

General

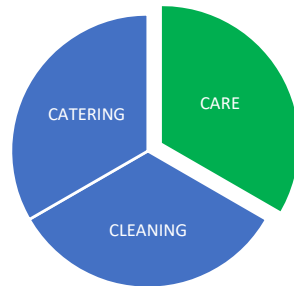
- 14.19. Multi-Task Attendants (MTA)

It is recommended that the development of a National MTA job description is given priority including a review of the appropriate job title for the various MTA roles where they exist across all services.

Appendix

Context for Job Descriptions for the Role of Health Care Assistant:

Health Services - Support Staff Areas of Delivery



The primary function of the role of Health Care Assistant (DoH Grade Code 6075) is to provide patient centred care and support as part of a team working to provide safer better healthcare at the point of delivery.



CARE: Functions completed by staff employed as 'Health Care Assistant' are linked to the following 10 distinct areas of patient centred care.

- 1) **Communicating**
- 2) **Breathing**
- 3) **Eating and Drinking**
- 4) **Intimate Care – Elimination of Waste**
- 5) **Controlling Body Temperature**
- 6) **Intimate Care - Personal Cleansing and Dressing**
- 7) **Mobilising**
- 8) **Death and Dying**
- 9) **Collaboration in Other Ward Activities**
- 10) **Maintaining a Safe Environment**

Typical Health Care Assistant Duties:

1) Communicating

The Health Care Assistant demonstrates a range of listening skills appropriate to the context of patient, visitor and ward situations and uses a range of communication methods to exchange information with nursing staff.

2) Breathing

The Health Care Assistant reports any signs of distress or change in patients breathing pattern to the staff nurse immediately. The Health Care Assistant assists staff nurses in positioning the patient to assist breathing.

3) Eating and Drinking

The Health Care Assistant, under direction from nursing team members has a significant contribution to make in helping patients meet their needs for food and drink.

4) Intimate Care – Elimination of Waste

The Health Care Assistant offers assistance in this area as it is a function of the nursing team to assist patients in these areas of living when required.

5) Controlling Body Temperature

The Health Care Assistant assists in the monitoring of patient body temperature and will report accordingly to the nurse in order to ensure that this important function of patient care is fulfilled.

6) Intimate Care - Personal Cleansing and Dressing

The Health Care Assistant will contribute to patient comfort and maintenance of personal dignity by assisting them, when necessary with personal cleansing and dressing activities.

7) Mobilising

The Health Care Assistant will, in consultation with nursing staff, establish the optimum mobilisation assistance required by patients and provide the agreed assistance.

8) Death and Dying

The Health Care Assistant fulfils an important role in supporting dignity in death for the patient and compassion for the bereaved family.

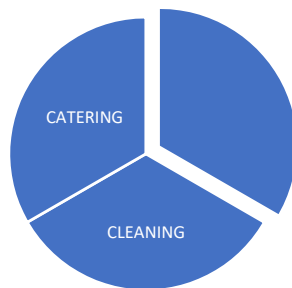
9) Collaboration in Other Ward Activities

The Health Care Assistant is a key member of the ward team, and may on occasion be requested to undertake some activities that are indirectly related to patient care.

10) Maintaining a Safe Environment

The Health Care Assistant will assist in maintaining a safe environment for patients, visitors and staff.

Non Typical Health Care Assistant Duties are generally tasks related to Catering or Cleaning.



These support staff functions are delivered appropriately through the following separate and distinct grade groups:

Grade Group

- Catering
- Portering
- Household Services
- Maintenance
- Other Support
- Technical Services



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HEALTH SERVICE EXECUTIVE Job Specification Template with Core Essentials of Job Description

Job Title and Grade	Health Care Assistant-Job Specification Template with Core Essentials of HCA Role Grade Code:
Campaign Reference	
Closing Date	
Proposed Interview Date (s)	
Organisational Area	
Location of Post	
Details of Service	
Mission Statement	
Background	<p>Health Care Assistants provide assistance, support and direct personal care to patients and residents in a variety of institutional settings such as hospitals, clinics, nursing homes and aged care facilities. They generally work in support of health professionals or other professionals.</p> <p>HCA's are working in support of nurses or in some circumstances other professionals. This implies a close co-operation with nurses and other clinical staff and requires that attention is given to the following aspects:</p> <ul style="list-style-type: none"> ▪ Clarity of the scope of responsibility and accountability of HCA's ▪ Supervision arrangements of HCA's ▪ Recognition of differences between delegated and allocated tasks to HCA ▪ Mentoring and supporting HCA's ▪ Collaborative working within a safe framework <p>Across the EU, healthcare assistants work together in teams with registered nurses within the occupational fields of nursing, in the care and maintenance of people of all age-groups in other acute care settings as well as in primary care environments.</p>
Reporting Relationship	<p>When working in the Nursing area, the post holder will report to the Clinical Nurse/Midwife Manager 2 or designated officer, as the designee of the Director of Nursing or Midwifery.</p> <p>The role of the HCA is to support the delivery of patient care under the supervision and direction of qualified nursing personnel (Shannon et al., 2001).</p> <p>Nursing has been defined as "The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best quality of life, whatever their disease or disability, until death" (Royal College of Nursing, 2003). The difference between the registered nurse and the health care assistant is in the knowledge that is the basis of the assessment of need and the determination of action to meet the need, plus the clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation.</p> <p>When working in areas other than Nursing/Midwifery, the HCA will report to the designated Health Professional.</p>

Purpose of the Post	To assist with the delivery of patient care under the supervision and direction of Nursing or other Professional Staff
Principal Duties and Responsibilities	<p>The Health Care Assistant role involves:</p> <ul style="list-style-type: none"> • Collaborating with the nursing staff in helping patients with the activities of daily living. • Liaise with all members of the multi-disciplinary team in creating an efficient, safe and friendly environment for care delivery. • The duties outlined hereunder • Any other duties that maybe necessary in the context of specific ward/care area situations.
Specific Duties relating to the Sector/Location in which HCA will work	<p>LIST OF DUTIES AND RESPONSIBILITIES AGREED AS APPROPRIATE TO SECTOR OR LOCATION</p> <p><u>Activities of Daily Living</u></p> <ul style="list-style-type: none"> • Assist patients' with hygiene needs at the bedside or in the bathroom. • Observe patient skin condition and report any abnormalities to the nurse in charge eg. skin changes, colour changes, sores etc. • Assist patients with dressing and grooming in accordance with individual preference. • Assist patients with use of commodes, bedpans, urinals and toilets. • Empty urine drainage bags and record urine and bowel output. • Assist in the promotion of continence. • Assist patients at mealtimes and ensure patients individual needs are met e.g. by feeding patients when required. • Ensure patient environment is clear and free of clutter prior to meal times to enable service of meal trays. • In the absence of catering staff, assist with preparation and serving of nutritional drinks and light snacks in limited circumstances i.e. out of hours or in emergency situations. • Help to ensure that individual dietary needs are adhered to. • Assist patients with mobilization. • Assist with safe transfer of patients from bed to chair in accordance with UL Hospitals Manual Handling Policy. • Assist with and accompanies patients to other departments within the hospital, where appropriate. • Assist patients with achieving or maximising independence where applicable. • Ensure patient confidentiality at all times. • Assist with basic patient observations i.e. temperature, blood pressure, blood sugar levels, respirations, weight etc.
Broader Duties relating to all Health Care Assistants	<p>Communication and Teamwork:</p> <ul style="list-style-type: none"> • Develop and maintain good interpersonal relationships • Deal courteously with patients, their family, with visitors, other healthcare workers and with anyone whom they come in to contact in the course of their duties • Communicate effectively with all grades of staff and disciplines – contribute to effective team working • Communicate effectively with patients taking into account their differing levels of ability to understand and their condition • Report to nursing/midwifery/allied health staff any changes in the patients physical and emotional condition or behaviour using ISBAR • Complete records accurately • Participate in and contribute to the team including handovers/meetings/care planning on service related issues • Respect diversity within the team • Strive to foster good working relationships within the team including handling conflict • Work effectively and co-operatively with colleagues in all disciplines

Quality and Safety

- Support the implementation and evaluation of quality standards and improvement initiatives
- Work within own role, adhering to current legislation, policies, procedures protocols and guidelines
- Undertake assigned duties under the direction of a registered nurse/midwife/allied health professional in such a way as to ensure that care is of a high standard
- Report all complaints in accordance with service policy
- Ensure all actions support the enhancement of a person-centred service and a person-centred culture within the team
- Co-operate with quality reviews /service evaluations and assists with the implementation of any necessary corrective action.

Maintaining a Safe Environment

The management of Risk, Infection Control, Hygiene Services and Health & Safety is the responsibility of everyone and will be achieved within a progressive, honest and open environment.

Risk Management, Infection Control, Hygiene Services and Health & Safety

- Adhere to all patient security policies for the health service
- Maintain a safe and healthy environment for one's own self and others in accordance with infection control policies and procedures
- Is familiar with and adheres to all waste management policies and procedures
- Is familiar with and has undertaken the mandatory education, training and support to enable them to meet this responsibility
- Is familiar with the relevant Organisational Policies, Procedures & Standards and attend training as appropriate in the following areas:
 - Continuous Quality Improvement Initiatives
 - Document Control Information Management Systems
 - Risk Management Strategy and Policies
 - Hygiene Related Policies, Procedures and Standards
 - Decontamination Code of Practice
 - Infection Control Policies
 - Safety Statement, Health & Safety Policies and Fire Procedure
 - Data Protection and confidentiality Policies
 - Children First Guidelines
 - National Standards
- Is familiar with the requirements stated within the Risk Management Strategy and comply with the Hospitals Risk Management Incident/Near miss reporting Policies and Procedures.
- Must comply with hygiene services requirements in your area of responsibility. Hygiene Services incorporates environment and facilities, hand hygiene, catering, cleaning, the management of laundry, waste, sharps and equipment.
- Foster and support a quality improvement culture in relation to hygiene services.
- Be responsible for Quality & Risk Management, Hygiene Services and Health & Safety that will be clarified to you in the induction process and by your line manager.
- Take reasonable care for his or her own actions and the effect that these may have upon the safety of others.
- Cooperate with management, attend Health & Safety related training and not undertake any task for which they have not been authorised and adequately trained.
- Bring to the attention of a responsible person any perceived shortcoming in the safety arrangements or any defects in work equipment.

	<ul style="list-style-type: none"> Be aware of and comply with the HSE Health Care Records Management / Integrated Discharge Planning (HCRM / IDP) Code of Practice. <p>General duties</p> <ul style="list-style-type: none"> Adhere to hygiene/decontamination standards for patient equipment and maintain a safe environment Participate in activities to support the care of patients e.g. stock and supply management, equipment Manages own workload and time with the support of the nurse/midwife/allied health professional <p>Personal Development</p> <ul style="list-style-type: none"> Ensure that knowledge and skills are updated to maintain safe standards of care for patients Participate in performance achievement and in the development of a personal development plan in agreement with the Clinical Midwife Manager Seek opportunities to engage in reflection Participate in in-service education and training programmes and avail of other learning activities, as requested, to maintain/develop competence <p>PLEASE NOTE THE FOLLOWING GENERAL CONDITIONS:</p> <ul style="list-style-type: none"> Employees must attend fire lectures periodically and must observe fire orders. All accidents within the Department must be reported immediately. Infection Control Policies must be adhered to. In line with the Safety, Health and Welfare at Work Act, 2005 all staff must comply with all safety regulations and audits. In line with the Public Health (Tobacco) (Amendment) Act 2004, smoking within the Hospital Building is not permitted. Hospital uniform code must be adhered to. Provide information that is timely and accurate that needs service need. The post holder will be expected to work in all areas within the service and throughout the 24hour period. <p>The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.</p>
<p>Eligibility Criteria</p> <p>Qualifications and/ or experience</p>	<p><u>Candidates must on the closing date:</u></p> <ul style="list-style-type: none"> Possess a Certificate in Healthcare Support at QQI [FETAC] Level 5 to include Modules relevant to the Location. <p>Health A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.</p> <p>Character Each candidate for and any person holding the office must be of good character</p> <p>Age Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age.</p>
<p>Skills, competencies and/or knowledge</p>	<p><i>Demonstrates the following:</i></p>

Planning & Organising

- Demonstrates evidence of effective planning and organising skills
- Demonstrates flexible approach to work
- Demonstrates ability to work on own initiative
- Demonstrates good organisational ability with practical competence

Professional Knowledge

- Demonstrates evidence of experience working in a Health or Caring Service
- Demonstrates awareness of person centred approach
- Demonstrates awareness of role of the nurse/midwife/allied health professional
- Demonstrates knowledge of Health & Safety regulations
- Demonstrates knowledge of Health Services and role of Health Care Assistant

Teamwork

- Demonstrates ability to work as a member of team and make positive contributions to that team
- Demonstrates an understanding of one's own role and the roles of others within the team
- Demonstrates respect for other team members
- Demonstrates a willingness to participate in change initiatives
- Understands the need to be flexible and actively adapt within ones' own role.

Health and Safety

- Demonstrates knowledge of and compliance with local health and safety policies and procedures, e.g manual handling, infection control, sharps, emergency medical procedures.
- Shows awareness for actual and potential risk in the workplace/department.
- Participates appropriately and effectively in risk situations /events.
- Demonstrates and ability to assess a crisis/conflict situation and make an appropriate response in line with policies and procedures at local level.

Patient/Customer Focus

- Demonstrates ability to work in a customer focussed environment
- Demonstrates evidence of ability to empathise with and treat patients, babies' relatives and colleagues with dignity and respect.
- Demonstrates an understanding of the service users diversity and cultural and ethnic needs.

Communication & Interpersonal Skills

- Demonstrates effective communication skills both written and verbal



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HEALTH SERVICE EXECUTIVE Job Specification Maternity Health Care Assistant

Job Title and Grade	Maternity Health Care Assistant Grade Code:
Campaign Reference	
Closing Date	
Proposed Interview Date (s)	
Organisational Area	
Location of Post	
Details of Service	
Mission Statement	
Reporting Relationship	Reports to: Clinical Midwife Manager or designated Registered Midwife as the designee of the Director of Midwifery
Purpose of the Post	<p>The National Maternity Strategy (2015) puts the needs of mothers and babies at its centre by ensuring women have access to safe, high quality, evidence based maternity care. This will be done by facilitating choice for women in so far as it is safe to do so.</p> <p>The Maternity Health Care Assistant (MHCA), as an integral member of the multidisciplinary team, supports, assists and complements the role of the midwife, in the provision of safe, effective, quality care to women and babies. The MHCA works under the supervision of a Registered Midwife.</p> <p>The MHCA will assist the midwives in the care of women and babies and undertake other duties, communicate with others as has been delegated to him/her by a registered midwife.</p>
Principal Duties and Responsibilities	<p>In the context of the overall care delivery within XXX maternity service, the role and responsibilities of the Maternity Health Care Assistant include the following:</p> <p>Women and infant care</p> <ul style="list-style-type: none"> • Assist midwifery staff in the delivery of care to women and their babies • Support the midwife in the teaching and demonstration of basic parenting skills on a one-to-one basis and in group sessions • Actively contribute to supporting mothers regarding Health Promotion e.g. smoking cessation • Promote and reinforce key health and wellbeing messages delivered by the midwifery staff in all encounters with women, relatives and visitors (make every contact count) • Support women with personal care as required • Support women in their chosen method of infant feeding, in accordance with HSE

Policy

- Provide emotional support to women as per local policy
- Support women and their families who are experiencing bereavement
- Act as a chaperone if required
- Accompany women to various department in or outside hospital if portering unavailable
- Prepare, assist and support women for procedures as delegated by the midwife
- Undertake vital signs as delegated by the midwife
- Treat women with dignity and respect and maintain their confidentiality
- Participate with the multidisciplinary team in the emergency care of mother and baby e.g. Basic Life Support

Communication and Teamwork:

- Develop and maintain good interpersonal relationships
- Deal courteously with women, their family, with visitors, other healthcare workers and with anyone whom they come in to contact in the course of their duties showing respect for diversity
- Communicate effectively with all grades of staff and disciplines – contribute to effective team working
- Communicate effectively with women taking into account their condition and differing levels of ability to understand
- Report to midwifery staff any changes in the women's physical and emotional condition or behaviour using ISBAR
- Complete records accurately
- Participate in and contribute to the team including handovers/meetings/care planning on woman, baby and service related issues
- Respect diversity within the team
- Strive to foster good working relationships within the team including handling conflict
- Work effectively and co-operatively with colleagues in all disciplines
- Report telephone messages as required to person in charge

Quality and Safety

- Support the implementation and evaluation of quality standards and improvement initiatives
- Work within own role, adhering to current legislation, policies, procedures protocols and guidelines
- Undertake assigned duties under the direction of a registered midwife in such a way as to ensure that care is of a high standard
- Report all complaints in accordance with service policy
- Ensure all actions support the enhancement of a woman-centred service and a person centred culture within the team
- Co-operate with quality reviews /service evaluations and assists with the implementation of any necessary corrective action
- Have a working knowledge of HIQA Standards, as they are applied to the role

Maintaining a Safe Environment

The management of Risk, Infection Control, Hygiene Services and Health & Safety is the responsibility of everyone and will be achieved within a progressive, honest and open environment.

Risk Management, Infection Control, Hygiene Services and Health & Safety

- Adhere to baby identification and security policy for the maternity service

- Maintain a safe and healthy environment for one's own self and others in accordance with infection control policies and procedures
- Is familiar with and adheres to all waste management policies and procedures
- Is familiar with and has undertaken the mandatory education, training and support to enable them to meet this responsibility
- Is familiar and complies with the relevant Organisational Policies, Procedures & Standards and attends training as appropriate in the following areas:
 - Continuous Quality Improvement Initiatives
 - Document Control Information Management Systems
 - Risk Management Strategy and Policies
 - Hygiene Related Policies, Procedures and Standards
 - Decontamination Code of Practice
 - Infection Control Policies
 - Safety Statement, Health & Safety Policies and Fire Procedure
 - Data Protection and confidentiality Policies
 - Childrens First Guidelines
 - National Standards for Safer Better Maternity Services
 - Basic Life Support training
- Is familiar with the requirements stated within the Risk Management Strategy and comply with the Hospitals Risk Management Incident/Near miss reporting Policies and Procedures.
- Must comply with hygiene services requirements and standards in your area of responsibility.
- Foster and support a quality improvement culture in relation to hygiene services.
- Be responsible for Quality & Risk Management, Hygiene Services and Health & Safety that will be clarified to you in the induction process and by your line manager.
- Take reasonable care for his or her own actions and the effect that these may have upon the safety of others.
- Cooperate with management, attend Health & Safety related training and not undertake any task for which they have not been authorised and adequately trained.
- Bring to the attention of the responsible person any perceived shortcoming in the safety arrangements or any defects in work equipment.
- Be aware of and comply with the HSE Health Care Records Management/ Integrated Discharge Planning (HCRM / IDP) Code of Practice.
- Be aware of responsibilities surrounding Data protection & social media guidelines

General duties

- Adhere to hygiene/decontamination standards for patient equipment and maintain a safe environment
- Participate in activities to support the care of women and infants e.g. stock and supply management, equipment
- Manages own workload and time with the support of the midwife
- Participate in audit

Personal Development

- Ensure that knowledge and skills are updated to maintain safe standards of care for women and infants
- Participate in performance achievement and in the development of a personal development plan in agreement with the Clinical Midwife Manager
- Seek opportunities to engage in reflection using an agreed methodology in accordance with local policy
- Participate in in-service education and training programmes and avail of other learning activities, as requested, to maintain/develop competence

	<p>PLEASE NOTE THE FOLLOWING GENERAL CONDITIONS:</p> <ul style="list-style-type: none"> • In line with the Safety, Health and Welfare at Work Act, 2005 all staff must comply with all safety regulations and audits. • Employees must attend fire lectures periodically and must observe fire orders. • All accidents within the Department must be reported immediately. • Infection Control Policies must be adhered to. • In line with the Public Health (Tobacco) (Amendment) Act 2004, smoking within the Hospital Building is not permitted. • Hospital uniform code must be adhered to. • Provide information that is timely and accurate that meets service need. <p>The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.</p>
<p>Eligibility Criteria</p> <p>Qualifications and/ or experience</p>	<p><u>Candidates must on the closing date:</u></p> <ul style="list-style-type: none"> • Possess a Certificate in Healthcare Support at QQI Level 5 to include a Maternity Module. <p style="text-align: center;"><u>Or</u></p> <ul style="list-style-type: none"> • Be currently employed in the public health care system as a health care assistant without a Healthcare Support at QQI L5 and be willing to undertake the Healthcare Support QQI L5 to include a Maternity Module. <p>Health A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.</p> <p>Character Each candidate for and any person holding the office must be of good character</p> <p>Age Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age.</p>
<p>Skills, competencies and/or knowledge</p>	<p><i>Demonstrates the following:</i></p> <p><u>Planning & Organising</u></p> <ul style="list-style-type: none"> • Demonstrates evidence of effective planning and organising skills • Demonstrates flexible approach to work • Demonstrates ability to work on own initiative • Demonstrates good organisational ability with practical competence <p><u>Professional Knowledge</u></p> <ul style="list-style-type: none"> • Demonstrates awareness of the Maternity Services and the role of the Maternity Health Care Assistant • Demonstrates awareness of woman centred approach

- ☐ Demonstrates awareness of role of the midwife
- ☐ Demonstrates knowledge of Health & Safety regulations

Teamwork

- Demonstrates ability to work as a member of team and make positive contributions to that team
- Demonstrates an understanding of one's own role and the roles of others within the team
- Demonstrates respect for other team members
- Demonstrates a willingness to participate in change initiatives
- Understands the need to be flexible and actively adapt within ones' own role.

Health and Safety

- ☐ Demonstrates knowledge of and compliance with local health and safety policies and procedures, e.g manual handling, infection control, sharps, emergency medical procedures.
- ☐ Shows awareness for actual and potential risk in the workplace/department.
- ☐ Demonstrates ability to identify and respond effectively to risk situations /events.
- ☐ Demonstrates and ability to assess a crisis/conflict situation and make an appropriate response in line with policies and procedures at local level.

Patient/Customer Focus

- Demonstrates ability to work in a customer focussed environment
- Demonstrates evidence of ability to empathise with and treat women, babies' relatives and colleagues with dignity and respect.
- Demonstrates an understanding of the service users diversity and cultural and ethnic needs.

Communication & Interpersonal Skills

- ☐ Demonstrates effective communication skills both written and verbal & IT skills

Job Specification and Description for employment of HCA within a community care setting

Job Title and Grade	Health Care Assistant (HCA)
Competition Reference	
Closing Date	
Location of Post	1 of 9 Community Healthcare Organisations
Organisational Area	
Background	<p>Health Care Assistants provide assistance, support and direct personal care to patients at the point of healthcare delivery, i.e. a community care setting. They generally work in support of health professionals or other professionals.</p> <p>HCAs are working in support of nurses or in some circumstances other professionals. This implies a close co-operation with nurses and other clinical staff and requires that attention is given to the following aspects:</p> <ul style="list-style-type: none"> ▪ Clarity of the scope of responsibility and accountability of HCAs ▪ Supervision arrangements of HCAs ▪ Recognition of differences between delegated and allocated tasks to HCA ▪ Mentoring and supporting HCAs ▪ Collaborative working within a safe framework <p>Across the EU, healthcare assistants work together in teams with registered nurses within the occupational fields of nursing, in the care and maintenance of people of all age-groups in acute care settings.</p>
Reporting Relationship	<p>When working in the Nursing area, the post holder will report to the Clinical Nurse Manager 2 or designated officer.</p> <p>The post holder will be Accountable to the Assistant Director of Nursing and the Director of Nursing.</p> <p>The role of the HCA is to support the delivery of patient care under the supervision and direction of qualified nursing personnel (Shannon et al., 2001).</p> <p>Nursing has been defined as "The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best quality of life, whatever their disease or disability, until death" (Royal College of Nursing, 2003). The difference between the registered nurse and the health care assistant is in the knowledge that is the basis of the assessment of need</p>

	<p>and the determination of action to meet the need, plus the clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation.</p> <p>When working in areas other than Nursing, the HCA will report to the designated Health Professional.</p>
Purpose of the Post	To assist with the delivery of patient care under the supervision and direction of Nursing or other Professional Staff
Principal Duties and Responsibilities	<p>The Health Care Assistant role involves:</p> <ul style="list-style-type: none"> • Collaborating with the nursing staff in helping patients with the activities of daily living. • Liaise with all members of the multi-disciplinary team in creating an efficient, safe and friendly environment for care delivery. • The duties outlined hereunder • Any other duties that may be necessary in the context of specific care situations.

<p>Principal Duties and Responsibilities</p>	<p>Core Responsibilities</p> <ul style="list-style-type: none"> • Assist under the direction of the Registered Nurse in the provision of quality service by promoting and adopting the Health Service Executive's philosophy of care, working in line with national and locally devised policies and regulations. • Demonstrate motivation and appreciate the importance of providing a quality service for patients and the public. • Respect patients, their families and each other as individuals showing dignity, courtesy and professionalism at all times. • Act as an advocate for patients. • Actively promote the participation of patients in their own care, and encourage as much independence as possible. • Maintain the confidentiality of all information made available to him / her during the course of his / her work. • Demonstrate good interpersonal skills and be able to work as part of a team. • Promote a culture that values diversity and respect in the workplace. <p>Maintaining a Safe Environment</p> <p>The Health Care Assistant will participate in maintaining a safe environment for patients, visitors and staff by ensuring vigilance in identifying potential hazards and by taking the necessary steps to remove such hazards. These steps will include:</p> <ul style="list-style-type: none"> • Assist in keeping all care areas clean and tidy. • Move, or assist in moving, equipment and/or furniture as necessary. • Washing and making up beds when necessary. • Returning trays and equipment to proper storage areas. • Attending to the hygiene of equipment such as I.V. stands, infusion pumps, hoists, beds, patient chairs, commodes or other care equipment. • Attend to spillages when necessary as quickly as possible to prevent accidents. • Assist in the disposal of clinical waste according to hospital policy. • Be responsible for the appropriate storage and infection prevention of patient equipment within the care area . • Assist mobile or disorientated patients safely around the care area. • Assist visitors within the care area to prevent them falling or injuring themselves. • Escort/transport patients within or outside the hospital when necessary. • Remain with patients who require specialing [Subject to appropriate, agreed protocols being in place] • Prepare the care area and bed areas for the reception of <i>new</i> patients.
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- Assist with the safekeeping of patient's personal property (collaborate with nursing staff in dealing with money, valuables and medication) and document as per service policy.
- Report broken or unsafe items that need repair.
- Demonstrate an awareness of Health and Safety issues in relation to the work area.
- Be aware of fire risks, and minimise same where possible. Be aware of fire exits, keep free from obstructions, and attend mandatory fire training.
- Maintain bed fire sheets on all beds as appropriate, and document monthly.
- Ensure the completion of near miss / incident forms.
- If not competent to do so, do not undertake any duty related to patient care and inform the Nurse in charge.
- Present to work wearing the agreed attire, footwear, and identification, having regard to the highest standard of attire and personal hygiene.
- This includes not having possession of personal mobile phones while delivering patient care.

Communicating

Effective communication is a valuable social attribute and a core skill required by Health Care Assistants. These skills will be used to provide a caring service to the public in a courteous and effective manner.

The Health Care Assistant will:

- Operate in accordance with the values of the HSE. These values include integrity and openness, respect and support, caring and loyalty to the organisation (Dignity at work Policy).
- Demonstrate a range of listening skills appropriate to the context of patient, visitor and care situations.
- Be perceptive in interpreting non-verbal communication.
- Use a range of communication methods to exchange information with nursing staff.
- Direct all enquiries about a patient's condition to a member of the nursing staff. This includes both telephone and verbal inquiries.
- Participate in maintaining a physical environment that communicates peace, comfort and caring to patients and their families.

The HCA has important obligations in relation to maintaining confidentiality. This applies to information accessed through interactions with patients and their relatives or through interactions with other staff. However, there is also an obligation to report to the staff nurse, or other relevant authority any information that may indicate the potential of harm occurring to any person.

Breathing

Report any signs of distress or change in patients breathing pattern to the staff nurse immediately. The Health Care Assistant will assist staff nurses in positioning the patient to assist breathing.

The Health Care assistant will:

- Recognise signs of distressed breathing in patients and report these to the staff nurse.
- Assist with positioning the patient to make breathing easier and more effective.
- Locate and bring oxygen-supplying equipment to the bedside as directed by the staff nurse.
- Help patients conserve their oxygen supply and reduce their demands for oxygen by positioning personal items such as drinks, tissues and reading material within easy reach of the patient.
- Maintain the care area in a well ventilated condition, and in the condition perceived by the patient as being most comfortable.
- Maintain a calming and relaxing atmosphere for the patient.

Eating and Drinking

The Health Care Assistant has a significant contribution to make in helping patients meet their needs for food and drink. In the context of patient care and under the direction of the nursing staff.

The Health Care Assistant will:

- Prepare patients to enjoy their meals as much as possible (for example by toilet assistance before and after meals if required and to wash their hands as appropriate)
- Where necessary assist the patient in choosing from the menu and completing the menu card
- Prepare the eating environment by making it as aesthetically pleasant as possible by removing unnecessary items from the immediate beds (commodes, urinals and sputum containers for example)
- Assist with feeding or help to feed patients as directed by the nursing staff.

Assist patients with cutting or arranging their food so it can be easily eaten. Observe the amount of food and liquids consumed by patients who need special monitoring in this area and document appropriately.

Liaise with the Nurse and patient to source alternative diet if offered meals are not eaten.

Make patients comfortable after their meals (for example repositioning them or offering opportunities to clean their teeth or dentures)

- Encourage patients to drink plenty of fluids and making this possible by offering refreshing drink frequently.
- Ensure all information is given to the nurse in a timely manner.

Elimination

Eliminating waste from the body is an essential process for all living beings. It is a function of nursing to assist patients in these areas of living when required, and Health Care Assistants will offer assistance in this area.

The Health Care Assistant will;

- Supervise patients in the toilet and bathrooms when this is necessary
- Place patients on bedpans or commodes or assist the nurse in doing this
- Attend to patients post elimination hygiene needs.
- Assist with the care of incontinent patients
- Measure and record volume of urine eliminated as directed by nursing staff.
- Empty urinals recording volumes as directed
- Empty urine drainage bags and other drainage bags as directed by the nursing staff
- Dispose of used sputum containers
- Taking care of patients clothing which may become soiled
- The Health Care Assistant will strictly adhere to the universal precautions identified in the infection control policy so as to prevent spread of infection when dealing with human waste products.

Personal Cleansing and Dressing

The Health Care Assistant contributes to patient comfort and maintenance of personal dignity by assisting them, when necessary with personal cleansing and dressing activities. These may include;

- Bedbathing patients or assisting patients to shower where necessary.
- Helping with or performing mouth care
- Shaving patients when necessary
- Caring for patients hair and nails as needed
- Helping patients to dress and groom.
- Contribute to the development of a multidisciplinary assessment and care plan, and assist in its implementation and evaluation in consultation with the nurse, patient and family as appropriate.
- Carry out assigned and delegated responsibilities involving direct care and all activities of daily living under the supervision of the nurse manager i.e. to assist patients maintain standards of personal hygiene, laundry, dietary

intake, physical, mental health and any other personal needs.

Controlling Body Temperature

People's comfort and indeed survival depend on their body temperature being maintained within a normal range. The Health Care Assistant will contribute to this important function in the following ways;

- By offering extra blankets or removing them as requested by the patient or by the nurse
- By performing other warming equipment as directed by the nurse
- All intervention in regulating a patient's temperature must be reported to the nurse to alert the possibility of deterioration in the patient's medical condition.

Mobilising

The Health Care Assistant will help patients to maintain or regain their independence by assisting them to mobilise in the following ways;

- Assist patients with walking when it is appropriate
- Position patients comfortably and in a manner that enables mobility either in bed or on a chair
- Assist with turning and positioning the patient in bed and documenting same.
- Assist patients with aids that enhance opportunities for mobility in consultation with the nursing staff
- Participate in moving or handling patients as directed and according to hospital policy
- Report all falls, or other untoward events, experienced by patients to the nursing staff.

Death and Dying

Addressing issues relating to death and dying constitutes an important part of the Health Care Assistant role. This may include;

- Establishing a quiet, comfortable and dignified environment for the dying person and family members to share
- Listening with respect and with empathy to relatives who may wish to chat
- Providing comforting and refreshing drinks or snacks to relatives who may be spending long periods both day and night with their dying family member.
- Providing comfort measures for the person as directed by the nursing staff. These may include frequent small sips of

	<p>fluid, sponging off a warm forehead or adjusting pillows or bedclothes and assisting the Nursing team in the repositioning the patient.</p> <ul style="list-style-type: none"> • Assisting with the preparation of the body for its removal to the mortuary • Organisation of the deceased person's belongings for their return to the family. <p>Collaboration in Other care /care area Activities</p> <p>The efficiency and effectiveness with which a care provider can meet the needs of its clients depends on how well all the staff work together as a team. The Health Care Assistant is a key member of the care team, and may be requested to undertake some activities that are indirectly related to patient care.</p> <p>They may include:</p> <ul style="list-style-type: none"> • Checking care /care area stocks and listing those that need reordering • Restocking as required • Maintaining orderly storage of supplies • Reporting to nursing staff any requests from patients or relatives • Reporting to nursing staff any complaints of pain, distress etc expressed by the patients • Undertake training and development of further skills as directed by the Director of Nursing.
Additional Location Specific Duties	This Section should include any required additional duties relating to care that are necessary in the location where the HCA is being employed.
	The principal duties and responsibilities as outlined above indicate the main functions and responsibilities of the post and is subject to review and amendment in light of changing circumstances and may include other duties and responsibilities as may be determined from time to time by the National Director of Human Resources or designated line manager.
Eligibility Criteria Qualifications and/or experience	QQI level 5 Health Care Assistant Course or Fetac Level 5 Health Care Assistant Course

Skills, competencies, qualifications and/or knowledge	<ul style="list-style-type: none"> • Demonstrate basic awareness of Health Service Structure • Demonstrate knowledge of the role of the Health Care Assistant • Demonstrate experience in a caring role in a formal healthcare setting • Demonstrate the ability to function as part of a multi-disciplinary team in the delivery of service to patients • Demonstrate the ability to relate satisfactorily with patients, families, public and colleagues • Demonstrate the ability to communicate clearly with patients, families, public and colleagues • Demonstrate the ability to organise workload and to manage the unexpected should it arise • Demonstrate openness in the need for flexibility in adapting to an ongoing changing Health Care environment.
Other requirements specific to the post	<p>The post holder may be rotated throughout the care unit /area based on service need.</p>
	<p><i>TO BE INCLUDED IN ALL JOB SPECIFICATIONS:</i> Shortlisting may be carried out on the basis of information supplied in your application form. The criteria for short listing are based on the requirements of the post as outlined in the “eligibility criteria” and “skills, competencies and/ or knowledge” section of this job specification. Therefore it is very important that you think about your experience in light of those requirements. <u>Failure to include information regarding these requirements may result in you not being called for care to the next stage of the selection process.</u></p>

Job Specification and Description for employment of HCA within an acute setting

Job Title and Grade	Health Care Assistant (HCA)
Competition Reference	
Closing Date	
Location of Post	1 of 7 Hospital Groups
Organisational Area	
Background	<p>Health Care Assistants provide assistance, support and direct personal care to patients at the point of healthcare delivery, i.e. hospital. They generally work in support of health professionals or other professionals.</p> <p>HCAs are working in support of nurses or in some circumstances other professionals. This implies a close co-operation with nurses and other clinical staff and requires that attention is given to the following aspects:</p> <ul style="list-style-type: none"> ▪ Clarity of the scope of responsibility and accountability of HCAs ▪ Supervision arrangements of HCAs ▪ Recognition of differences between delegated and allocated tasks to HCA ▪ Mentoring and supporting HCAs ▪ Collaborative working within a safe framework <p>Across the EU, healthcare assistants work together in teams with registered nurses within the occupational fields of nursing, in the care and maintenance of people of all age-groups in acute care settings.</p>
Reporting Relationship	<p>When working in the Nursing area, the post holder will report to the Clinical Nurse Manager 2 or designated officer.</p> <p>The post holder will be Accountable to the Assistant Director of Nursing and the Director of Nursing.</p> <p>The role of the HCA is to support the delivery of patient care under the supervision and direction of qualified nursing personnel (Shannon et al., 2001).</p> <p>Nursing has been defined as "The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best quality of life, whatever their disease or disability, until death" (Royal College of Nursing, 2003). The difference between the registered nurse and the health care assistant is in the knowledge that is the basis of the assessment of need</p>

	<p>and the determination of action to meet the need, plus the clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation.</p> <p>When working in areas other than Nursing, the HCA will report to the designated Health Professional.</p>
Purpose of the Post	To assist with the delivery of patient care under the supervision and direction of Nursing or other Professional Staff
Principal Duties and Responsibilities	<p>The Health Care Assistant role involves:</p> <ul style="list-style-type: none"> • Collaborating with the nursing staff in helping patients with the activities of daily living. • Liaise with all members of the multi-disciplinary team in creating an efficient, safe and friendly environment for care delivery. • The duties outlined hereunder • Any other duties that may be necessary in the context of specific ward situations.

Principal Duties and Responsibilities	<p>Core Responsibilities</p> <ul style="list-style-type: none"> • Assist under the direction of the Registered Nurse in the provision of quality service by promoting and adopting the Health Service Executive's philosophy of care, working in line with national and locally devised policies and regulations. • Demonstrate motivation and appreciate the importance of providing a quality service for patients and the public. • Respect patients, their families and each other as individuals showing dignity, courtesy and professionalism at all times. • Act as an advocate for patients. • Actively promote the participation of patients in their own care, and encourage as much independence as possible. • Maintain the confidentiality of all information made available to him / her during the course of his / her work. • Demonstrate good interpersonal skills and be able to work as part of a team. • Promote a culture that values diversity and respect in the workplace. <p>Maintaining a Safe Environment</p> <p>The Health Care Assistant will participate in maintaining a safe environment for patients, visitors and staff by ensuring vigilance in identifying potential hazards and by taking the necessary steps to remove such hazards.</p> <p>These steps will include:</p> <ul style="list-style-type: none"> • Assist in keeping all ward areas clean and tidy. • Move, or assist in moving, equipment and/or furniture as necessary. • Washing and making up beds when necessary. • Returning trays and equipment to proper storage areas. • Attending to the hygiene of equipment such as I.V. stands, infusion pumps, hoists, beds, patient chairs, commodes or other ward equipment. • Attend to spillages when necessary as quickly as possible to prevent accidents. • Assist in the disposal of clinical waste according to hospital policy. • Be responsible for the appropriate storage and infection prevention of patient equipment on the ward. • Assist mobile or disorientated patients safely around the ward. • Assist visitors on the ward to prevent them falling or injuring themselves. • Escort/transport patients within or outside the hospital when necessary. • Remain with patients who require specialing • Prepare ward and bed areas for the reception of <i>new</i> patients.
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- Assist with the safekeeping of patient's personal property (collaborate with nursing staff in dealing with money, valuables and medication) and document as per hospital policy.
- Report broken or unsafe items that need repair.
- Demonstrate an awareness of Health and Safety issues in relation to the work area.
- Be aware of fire risks, and minimise same where possible. Be aware of fire exits, keep free from obstructions, and attend mandatory fire training.
- Maintain bed fire sheets on all beds as appropriate, and document monthly.
- Ensure the completion of near miss / incident forms.
- If not competent to do so, do not undertake any duty related to patient care and inform the Nurse in charge.
- Present to work wearing the agreed attire, footwear, and identification, having regard to the highest standard of attire and personal hygiene.
- This includes not having possession of personal mobile phones while delivering patient care.

Communicating

Effective communication is a valuable social attribute and a core skill required by Health Care Assistants. These skills will be used to provide a caring service to the public in a courteous and effective manner.

The Health Care Assistant will:

- Operate in accordance with the values of the HSE. These values include integrity and openness, respect and support, caring and loyalty to the organisation (Dignity at work Policy).
- Demonstrate a range of listening skills appropriate to the context of patient, visitor and ward situations.
- Be perceptive in interpreting non-verbal communication.
- Use a range of communication methods to exchange information with nursing staff.
- Direct all enquiries about a patient's condition to a member of the nursing staff. This includes both telephone and verbal inquiries.
- Participate in maintaining a physical environment that communicates peace, comfort and caring to patients and their families.

The HCA has important obligations in relation to maintaining confidentiality. This applies to information accessed through interactions with patients and their relatives or through interactions with other staff. However, there is also an obligation to report to the staff nurse, or other relevant authority any information that may indicate the potential of harm occurring to any person.

Breathing

Report any signs of distress or change in patients breathing pattern to the staff nurse immediately. The Health Care Assistant will assist staff nurses in positioning the patient to assist breathing.

The Health Care assistant will:

- Recognise signs of distressed breathing in patients and report these to the staff nurse.
- Assist with positioning the patient to make breathing easier and more effective.
- Locate and bring oxygen-supplying equipment to the bedside as directed by the staff nurse.
- Help patients conserve their oxygen supply and reduce their demands for oxygen by positioning personal items such as drinks, tissues and reading material within easy reach of the patient.
- Maintain the ward area in a well ventilated condition, and in the condition perceived by the patient as being most comfortable.
- Maintain a calming and relaxing atmosphere for the patient.

Eating and Drinking

The Health Care Assistant has a significant contribution to make in helping patients meet their needs for food and drink.

In the context of patient care and under the direction of the nursing staff, the Health Care Assistant will:

- Prepare patients to enjoy their meals as much as possible (for example by toilet assistance before and after meals if required and to wash their hands as appropriate)
- Where necessary assist the patient in choosing from the menu and completing the menu card
- Prepare the eating environment by making it as aesthetically pleasant as possible by removing unnecessary items from the immediate beds (commodes, urinals and sputum containers for example)
- Assist with feeding or help to feed patients as directed by the nursing staff.

Assist patients with cutting or arranging their food so it can be easily eaten. Observe the amount of food and liquids consumed by patients who need special monitoring in this area and document appropriately.

Liaise with the Nurse and patient to source alternative diet if offered meals are not eaten.

Make patients comfortable after their meals (for example repositioning them or offering opportunities to clean their teeth or dentures)

- Encourage patients to drink plenty of fluids and making this possible by offering refreshing drink frequently.
- Ensure all information is given to the nurse in a timely manner.

Elimination

Eliminating waste from the body is an essential process for all living beings. It is a function of nursing to assist patients in these areas of living when required, and Health Care Assistants will offer assistance in this area.

The Health Care Assistant will;

- Supervise patients in the toilet and bathrooms when this is necessary
- Place patients on bedpans or commodes or assist the nurse in doing this
- Attend to patients post elimination hygiene needs.
- Assist with the care of incontinent patients
- Measure and record volume of urine eliminated as directed by nursing staff.
- Empty urinals recording volumes as directed
- Empty urine drainage bags and other drainage bags as directed by the nursing staff
- Dispose of used sputum containers
- Taking care of patients clothing which may become soiled
- The Health Care Assistant will strictly adhere to the universal precautions identified in the infection control policy so as to prevent spread of infection when dealing with human waste products.

Personal Cleansing and Dressing

The Health Care Assistant contributes to patient comfort and maintenance of personal dignity by assisting them, when necessary with personal cleansing and dressing activities. These may include;

- Bedbathing patients or assisting patients to shower where necessary.
- Helping with or performing mouth care
- Shaving patients when necessary
- Caring for patients hair and nails as needed
- Helping patients to dress and groom.
- Contribute to the development of a multidisciplinary assessment and care plan, and assist in its implementation and evaluation in consultation with the nurse, patient and family as appropriate.
- Carry out assigned and delegated responsibilities involving direct care and all activities of daily living under the supervision of the nurse manager i.e. to assist patients maintain standards of personal hygiene, laundry, dietary

intake, physical, mental health and any other personal needs.

Controlling Body Temperature

People's comfort and indeed survival depend on their body temperature being maintained within a normal range. The Health Care Assistant will contribute to this important function in the following ways;

- By offering extra blankets or removing them as requested by the patient or by the nurse
- By performing other warming equipment as directed by the nurse
- All intervention in regulating a patient's temperature must be reported to the nurse to alert the possibility of deterioration in the patient's medical condition.

Mobilising

The Health Care Assistant will help patients to maintain or regain their independence by assisting them to mobilise in the following ways;

- Assist patients with walking when it is appropriate
- Position patients comfortably and in a manner that enables mobility either in bed or on a chair
- Assist with turning and positioning the patient in bed and documenting same.
- Assist patients with aids that enhance opportunities for mobility in consultation with the nursing staff
- Participate in moving or handling patients as directed and according to hospital policy
- Report all falls, or other untoward events, experienced by patients to the nursing staff.

Death and Dying

Addressing issues relating to death and dying constitutes an important part of the Health Care Assistant role. This may include;

- Establishing a quiet, comfortable and dignified environment for the dying person and family members to share
- Listening with respect and with empathy to relatives who may wish to chat
- Providing comforting and refreshing drinks or snacks to relatives who may be spending long periods both day and night with their dying family member.
- Providing comfort measures for the person as directed by the nursing staff. These may include frequent small sips of

	<p>fluid, sponging off a warm forehead or adjusting pillows or bedclothes and assisting the Nursing team in the repositioning the patient.</p> <ul style="list-style-type: none"> • Assisting with the preparation of the body for its removal to the mortuary • Organisation of the deceased person's belongings for their return to the family. <p>Collaboration in Other ward/care area Activities</p> <p>The efficiency and effectiveness with which a ward can meet the needs of its patients depends on how well all the staff work together as a team. The Health Care Assistant is a key member of the ward team, and may be requested to undertake some activities that are indirectly related to patient care.</p> <p>They may include:</p> <ul style="list-style-type: none"> • Checking ward/care area stocks and listing those that need reordering • Restocking as required • Maintaining orderly storage of supplies • Reporting to nursing staff any requests from patients or relatives • Reporting to nursing staff any complaints of pain, distress etc expressed by the patients • Undertake training and development of further skills as directed by the Director of Nursing.
Additional Location Specific Duties	This Section should include any required additional duties relating to care that are necessary in the location where the HCA is being employed.
	The principal duties and responsibilities as outlined above indicate the main functions and responsibilities of the post and is subject to review and amendment in light of changing circumstances and may include other duties and responsibilities as may be determined from time to time by the National Director of Human Resources or designated line manager.
Eligibility Criteria Qualifications and/or experience	QQI level 5 Health Care Assistant Course or Fetac Level 5 Health Care Assistant Course

Skills, competencies, qualifications and/or knowledge	<ul style="list-style-type: none"> • Demonstrate basic awareness of Health Service Structure • Demonstrate knowledge of the role of the Health Care Assistant • Demonstrate experience in a caring role in a formal healthcare setting • Demonstrate the ability to function as part of a multi-disciplinary team in the delivery of service to patients • Demonstrate the ability to relate satisfactorily with patients, families, public and colleagues • Demonstrate the ability to communicate clearly with patients, families, public and colleagues • Demonstrate the ability to organise workload and to manage the unexpected should it arise • Demonstrate openness in the need for flexibility in adapting to an ongoing changing Health Care environment.
Other requirements specific to the post	<p>The post holder may be rotated throughout the hospital based on service need.</p>
	<p><i>TO BE INCLUDED IN ALL JOB SPECIFICATIONS:</i> Shortlisting may be carried out on the basis of information supplied in your application form. The criteria for short listing are based on the requirements of the post as outlined in the “eligibility criteria” and “skills, competencies and/ or knowledge” section of this job specification. Therefore it is very important that you think about your experience in light of those requirements. <u>Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.</u></p>

Health Care Assistants Mental Health

There was a scarcity of Job descriptions available for review during the course of the HCA Review.

The elements below, which should be considered for inclusion in Job Descriptions in the Mental Health Sector, are based on agreements to introduce the HCA Grade to the Sector.

As recommended in the HCA Review, changes or developments in relation to new Job Descriptions should be following the engagements with representative unions as specified in the Review.

The requirements for competencies, skills and qualifications should reflect the range required for all Health Care Assistants.

- Assist nursing and other staff with care of service users in the Mental Health Service to ensure that a high standard of person centred care is provided at all times;
- Comply with policies and procedures as set out by the Mental Health Service.
- Report to Nursing Staff any requests from patients or relatives.
- Enable patients to maintain and improve their mobility.
- Assist with patients' personal hygiene including daily wash, bathing, care of the hair, care of the mouth and shaving of men.
- Assist with personal grooming and dressing of patients.
- Maintenance of the, kitchen and all ward areas ensuring all areas are cleaned to a high standard.
- Assist in the feeding of patients as directed by the nursing staff. Preparation, serving and clearing away meals as required.
- Conveyance of patients to and from various departments/units etc. if and when delegated by a nurse.
- Collection and delivery of specimens, bloods, x-ray reports, charts as required.
- Be familiar with Health and Safety Regulations and ensure the safety of staff and Service Users.
- Assist Nursing staff in assigned area by carrying out duties as assigned from time to time which would facilitate the smooth running of the Mental Health Service.