

## HEALTHCARE SUPPORT WORKERS- MANDATORY STANDARDS AND CODES

### Frequently Asked Questions

#### Mandatory standards and codes – getting ready for implementation

**Q.1 When will the mandatory standards and codes be implemented across NHS Scotland?**

A Direction from Scottish Ministers was issued under cover of CEL 23 (2010) on 15 June 2010 with an implementation date for new start healthcare support workers of 31 December 2010.

**Q.2 How will mandatory status be signified to Health Boards in Scotland?**

This is achieved through the Direction to Health Boards from Scottish Ministers. This Direction has the equivalent status to secondary legislation.

**Q.3 Which staff are included in the definition of HCSW?**

The definition of HCSW used within the Direction hinges on patient safety and is a risk-based assessment of roles that are not statutorily regulated, or recommended for statutory regulation in the White Paper *Trust, Assurance and Safety* (psychotherapists/counsellors and healthcare scientists). Both clinical and non-clinical roles are included. Essentially, any support role that involves day to day activities that could potentially harm patients or safeguard them from harm, is included, even where the contact/risk is incidental or infrequent. The relative educational level of a HCSW is not being gauged or inferred here, this is about patient safety and the definition is not linked to educational level or Agenda for Change band.

**Q.4 Does the definition extend to existing staff, employed before 31 December 2010?**

Existing staff will, of course, already have undergone induction procedures so the Induction Standards are not applicable to them. The Codes have not been introduced on a mandatory basis for existing staff in the Direction, although they have been commended to Boards as representing best practice. So, at this stage implementation is discretionary for that group. It is however envisaged that the Codes will be extended to existing staff in the future via their inclusion in PIN policy, which is currently under review. This would have the effect of making compliance with the Code of Conduct part of their Terms and Conditions.

**Q.5 Are HCSWs employed on a temporary contract included?**

The new mandatory arrangements do not apply to HCSWs who are *not employed by Boards* ie. volunteers; staff supplied by third party agencies,

including voluntary and independent organisations; or providers of primary care services. However, the arrangements do apply to self-employed HCSWs Boards engage directly through a contract for services.

### **Changes to job descriptions**

#### **Q.6 Will reference to the standards and codes be made within the job descriptions of healthcare support workers?**

Yes, reference to the standards and codes will be made within the job descriptions of new start healthcare support workers across NHS Scotland from 31 December 2010. All healthcare support workers joining NHS Scotland as new employees after that date will require to be made aware that the need to meet the induction standards and to comply with the code of conduct is part of the terms and conditions of their employment.

#### **Q.7 How will reference to the standards and codes in job descriptions apply to Healthcare Support Workers who are already employed within NHS Scotland at the point of implementation?**

It is expected that Health Boards, and those contracted to provide services to them, will be consistent in their treatment of all staff who either breach the Code of Conduct or fail to maintain the recognised Standards whether this is part of their written contract of employment or not. This is clarified in the guidance that accompanies the Direction from Scottish Ministers relating to mandatory implementation of the Standards and Codes. Over time, all existing healthcare support workers will be expected to comply with the Code of Conduct and this will be reflected in future changes to PIN policy as each relevant policy is revised.

### **Costs of implementation and central funding**

#### **Q.8 What are the costs associated with implementation of the mandatory standards and codes across NHSScotland?**

The Scottish Government has worked in partnership with representatives of NHSScotland Finance Directors and those who had been involved in the pilot to analyse the costs associated with this new policy. It is clear that there will be a need to ensure that the requirements of this new policy are embedded in existing structures and processes such as KSF, existing development frameworks and personal development planning and review. It is also clear however that **non**-clinical healthcare support workers, ie those who are working in support services such as catering, portering and domestic services, may require additional support and this will requirement be reflected in an amount of financial support to Boards in 2010.

### **Mandatory standards and codes – what it means for healthcare support workers**

**Q. 9 What benefit will the standards and codes have for healthcare support workers?**

The standards and codes will assist healthcare support workers keep patient experience and patient safety at the forefront of their minds. The independent evaluation report clearly highlighted the benefits of such a model to enhancing the awareness, motivation and confidence of healthcare support workers and to focusing supervisors on the vital role played by healthcare support workers in the healthcare team.

**Q.10 What will happen if a healthcare support worker falls short of expectations in terms of meeting or complying with the induction standards or code of conduct?**

The standards and codes are designed to keep patients safe. If a healthcare support worker falls short of the required standards he/she will receive the appropriate level of support and training to assist them to meet the requirements. If necessary, there may be a requirement to commence capability procedures as outlined in the PIN policy for Managing Employee Capability.

**Q.11 Won't it be easier for an employer to dismiss a healthcare support worker rather than to support him or her to achieve and maintain the standards and codes?**

It is a requirement of good employment practice as outlined in PIN Policies that all employees are supported to achieve what is required of them in terms of their job description. A healthcare support worker could not be dismissed automatically as the Managing Employee Capability and Employee Conduct PIN Policies, underpinned by the Employment Rights Act, must be followed by the employer.

**Q.12 Could a healthcare support worker be sacked for not meeting the standards or for not following the code?**

If the healthcare support worker did not meet the standards, he / she would be supported to enable him / her to do so as set out in the Managing Employee Capability PIN. If the worker persistently failed to meet or maintain the standards despite support and investment, or persistently failed to comply with the code of conduct, disciplinary action could result through these capability procedures.

**Q.13 How much time will each healthcare support worker be allowed in order to meet the standards?**

Healthcare support workers will normally be expected to meet the standards within three months of full-time experience (ie, 37.5 hours / week), or the equivalent part-time period. However, there may be circumstances which mean that a healthcare support worker will require a longer time period to achieve the requirements. This is covered in the guidance produced to

accompany the Direction from Scottish Ministers. This Direction was issued under cover of CEL 23 (2010).

**Q.14 What will happen if a healthcare support worker does not agree that he/she has not met the standards?**

The healthcare support worker has the right to appeal at any stage of the employee capability procedure as set out in the Managing Employee Capability PIN.

**Q.15 How will the achievement of induction standards and compliance with the code of conduct be assessed?**

During the pilot, a tool was designed to assist with the assessment of healthcare support workers. This tool is being revised and strengthened by NHS Education for Scotland (NES) in partnership with stakeholders for the purposes of meeting the requirements of the new policy. The tool will contain the *performance criteria* specific to each of the induction standards – these criteria will make it clear how each of the standards can be met and what evidence of achievement is required. This will all be included in a supportive toolkit for use by Boards and HCSWs and is available on the NES website at [www.hcswtoolkit.nes.scot.nhs.uk](http://www.hcswtoolkit.nes.scot.nhs.uk)

**Q.16 Will there be additional requirements on new employees to have an enhanced Disclosure Scotland check carried out as part of the new arrangements?**

No, decisions about requirements for Disclosure Scotland checks will be taken by employers, as is the case at present. The new arrangements requiring new starts to meet mandatory induction standards and to comply with the Code of Conduct do not require additional Disclosure checks on top of what would ordinarily be required for the post in question.

**Q.17 How will the Scottish Government know if healthcare support workers across NHSScotland are achieving the standards and codes?**

The Scottish Workforce Information Standard System (SWISS) will be used to run anonymised reports on how many healthcare support workers have met the standards and have signed up to compliance with the code of conduct. In addition, routine monitoring of employer processes will take place through routine staff and information governance arrangements.

**Mandatory standards and codes – what will it mean for patients and members of the public?**

**Q.18 What benefits will the standards and codes have for patients and members of the public?**

It is anticipated that the framework of mandatory standards and codes will help support and reinforce the quality and safety of service that patients and the public deserve to receive and experience from healthcare support workers. It will also complement delivery of the NHSScotland Quality Strategy with a focus on person-centred, safe and effective care.

**Q.19 Why is it considered necessary for non-clinical support workers to meet the standards and to comply with the code when they don't have sole responsibility for patients?**

Healthcare Support Workers work in a variety of roles from maintaining a clean, healthy and safe environment for patients and members of the public to transporting vulnerable service users. Healthcare Support Workers often provide a friendly ear for those in transit, and those receiving treatment, investigations, rehabilitation and after-care. They interact with the families of those receiving services and often build real and constructive relationships with patients and families alike. We need to be sure, therefore, that all healthcare support workers are equipped with the tools they need to be able to carry out the important work that NHSScotland requires them to do.

**Q.20 Will the standards and codes mean that healthcare support workers will be given more responsibility for patients and members of the public?**

Healthcare Support Workers will not be expected to take on more responsibility but will be expected to do the job they are employed to do to the best of their abilities. The standards and codes equip Healthcare Support Workers, at a fundamental level, to do their best to protect patients and members of the public in every way they can during the course of their duties. Every member of staff, including Healthcare Support Workers, will be expected to take individual responsibility for their own actions and for the welfare and overall experience of those who use the services of NHSScotland.

**Non-NHS sector**

**Q.21 Will the standards and codes be mandatory for the non-NHS sector, eg independent and voluntary sectors and GP practices?**

Early indications suggest that the acute independent sector in Scotland is keen to implement the standards and codes. For the voluntary and independent care sectors, and GP practices, further consideration and discussion is required as to how new policy might apply there.

**Q.22 Will the standards apply to support workers who work across health and social care sectors?**

The standards required of support workers in the social care sector in Scotland are defined by the Scottish Social Services Council. How the new policy for healthcare support workers will impact, or whether there will be opportunities for some reciprocal recognition, requires further consideration.

However, all new start healthcare support workers to NHSScotland will need to meet the required standards.

### **Code of Practice for NHS Scotland employers – what it means for employers**

#### **Q.23 How will compliance with the Code of Practice for Employers be monitored?**

Existing staff and information governance frameworks will be used as the basis for monitoring compliance. In addition, each Health Board, Special Health Board and National Services Scotland will have an 'Executive Sponsor' who will be the accountable person for compliance with all elements of the Direction from Scottish Ministers.

#### **Q.24 How will consistency of application of, and objectivity of employers to deliver against, the code of practice for employers be assured?**

Existing staff and information governance frameworks will be used as the basis for monitoring compliance. In addition, each Health Board, Special Health Board and National Services Scotland will have an 'Executive Sponsor' who will be the accountable person for compliance with all elements of the Direction from Scottish Ministers.

#### **Q.25 What obligations does the employer have to ensure that HCSWs are supported to achieve the induction standards and to comply with the Code of Conduct?**

All NHS Scotland employers are obliged, under the current Staff Governance Standards to ensure that staff are well informed; appropriately trained; involved in decisions that affect them; treated fairly and consistently; and provided with an improved and safe working environment. In addition, the standards set out in the Code of Practice for Employers make clear what the employers' responsibilities are in terms of promoting the standards and codes for healthcare support workers. In addition, each Health Board, Special Health Board and National Services Scotland will have an 'Executive Sponsor' who will be the accountable person for compliance with all elements of the Direction from Scottish Ministers.

#### **Q.26 What is the role of the Board Executive Sponsor?**

The responsibilities of the Executive Sponsor are to:

- Ensure the Employing Authority has systems in place to support the implementation of the Standards and Codes;
- Ensure the Employing Authority has systems in place to support evaluation of its own performance with regard to implementation of the Standards and Codes;
- Ensure that action is taken where concerns are raised by that evaluation;

- Where appropriate, refer concerns regarding implementation to the Scottish Government Health Directorates;
- Prepare an evidence-based annual report as a result of monitoring compliance with the revised arrangements for the Scottish Government Health Directorates as part of staff governance arrangements.

**Q.27 Will there be new human resource policies produced that employers will have to comply with?**

All NHS Scotland employers are already obliged to comply with PIN policies relating to good employment practice. Of particular importance to the Employers' Code of Practice are the PIN policies relating to Dignity at Work; Equal Opportunities; Management of Employee Conduct; Management of Employee Capability; Personal Development Planning and Review; Supporting the Work : Life Balance; and Dealing with Employee Concerns. It is not anticipated that new human resource policies will be required although it is anticipated that PIN policies will be revised over time and will reflect the requirements of the Direction from Scottish Ministers.

**Q.28 Why is there a need for a Code of Practice for Employers if there are already policies in place that they are required to comply with?**

The Code of Practice for Employers is part of a comprehensive "toolkit" relating to Healthcare Support Workers (HCSWs). The induction standards for HCSWs, the Code of Conduct for HCSWs and the Code of Practice for Employers were developed in tandem as part of a framework of assurance around the safe recruitment, induction and ongoing monitoring and support of HCSWs. Each of the three tools were designed to work together and they are complementary to each other and to related policies for the NHSScotland workforce.

**Q.29 What is the Code of Practice for Employers specifically designed to do?**

The Code of Practice for Employers is designed to ensure that HCSWs are suitable to enter the workforce; that they understand their roles and responsibilities; that there are procedures in place to support HCSWs to comply with the requirements of their Code of Conduct; and that there are training and development opportunities available so that HCSWs can strengthen and develop their skills. In addition, it is designed to ensure that there are procedures in place to deal with violence, aggression or discriminatory behaviour towards patients and / or staff; and that the Code of Conduct for HCSWs and the Code of Practice for Employers is promoted to staff, HCSWs, patients and relatives and that it becomes embedded within each organisation.

**Q.30 Will there be a difference between supporting clinical and non-clinical healthcare support workers to meet the standards and codes?**

It is envisaged that the induction standards would sit, in parallel to KSF, as part of an induction framework and this would apply to all support workers.

This would allow for a period of induction for new recruits in order to achieve the standards and to comply with the code of conduct with support from the KSF “reviewer” or supervisor.

It was evident however from the HCSW pilot’s independent evaluation report that HCSWs in non-clinical posts and their supervisors will need some additional support to meet the requirements associated with the implementation of mandatory standards and codes. It is anticipated that Boards will wish to focus new effort on structures to support implementation with **non**-clinical groups and that financial allocations will be used for the recruitment of staff to support this and to support integration with existing structures and processes including existing induction programmes, the KSF review process, KSF outlines for posts, personal development planning and review, other frameworks such as the Domestic Services Framework, existing monitoring arrangements for staff governance & information governance and with future reporting from SWISS.

### **Agenda for Change**

#### **Q.31 Will Healthcare Support Workers who have met the standards and who comply with the code of conduct be entitled to an uplift in pay?**

The induction standards and code of conduct for HCSWs provide HCSWs with the tools necessary to deal effectively with patients and members of the public as part of their **normal working practices**. This does not put additional responsibilities on to the HCSW but merely clarifies their responsibilities as members of NHSScotland staff. Therefore there will be no impact from this new policy on Agenda for Change bandings.

### **Partnership with the health unions**

#### **Q.32 Was there Partnership support from staff side representatives / the unions for the pilot?**

There was strong Partnership support throughout the pilot both at a national level and within each of the participating Health Board pilot sites. At each level of governance, both nationally and locally, there was staff side representation.

#### **Q.33 What plans are there to include Partnership in future decisions as the mandatory standards and codes are rolled out across NHS Scotland?**

Close Partnership working will continue through the implementation phase in order to address any ongoing concerns. Positive discussions have already taken place with the secretariat of the Scottish Workforce and Staff Governance Committee and with members of the Strategic Implementation Group that was set up to advise on elements of implementation and which included staff side representatives.

### **Links with UK work**

**Q.34 What links have been made between work ongoing on a UK basis and that being progressed in Scotland?**

The Scottish Government was represented on the UK working group on “Extending Professional Regulation”, the final report of which was published on 16 July 2009:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_102824](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102824)

The group took cognisance of the Scottish pilot for Healthcare Support Workers in its deliberations. In addition, Ministers in all 4 UK countries have received information on the outcomes from the Scottish pilot in order to inform their future thinking.

**Q.35 What was the reaction of the UK working group on extending professional regulation to the Scottish pilot?**

It is evident, through working at a UK level, that the model tested in Scotland is recognised as one of the potential alternatives to a statutory model of regulation and represents a proportionate response to the risks associated with the practice of healthcare support workers. Wales has recently confirmed that they will use a similar model of standards and codes for their health and social care support workers. All four countries accept Scotland’s model as a model of assurance for the public.

**Q.36 Why did Scotland progress with a pilot before the other three UK countries were ready to progress in tandem?**

The key aim of the Scottish pilot was to establish what, if anything, needed to be done to improve public protection. At that time, it was clear that an evidence base was needed and the three other countries were not in a position to progress at that time. The pilot was therefore undertaken on behalf of all four UK countries, and Ministers in the other 3 countries have been awaiting the evaluation report to inform their decisions in this area.

**Q.37 Will the model tested be implemented across the UK?**

Close partnership working with colleagues in the three other Health Departments will continue throughout the implementation phase in order to share learning. However, decisions as to implementation are for each of the four UK Health Ministers to make individually. Wales has recently confirmed that they will use a similar model of standards and codes for their health and social care support workers. All four countries accept Scotland’s model as a model of assurance for the public.

**Links with other work in Scotland**

**Q.38 What links will be made between this work and that of NHS Education for Scotland (NES) on the development and support of HCSWs?**

Close working with NES has taken place to ensure that all frameworks already in place, or those being developed, are both compatible and complementary. NES is currently implementing an action plan for the necessary development work that is being taken forward as a result of recommendations from the independent evaluation report in order to support Boards with implementation. Part of this action involves development of the NES toolkit to accommodate the requirements. The toolkit can be viewed at [www.hcswtoolkit.nes.scot.nhs.uk](http://www.hcswtoolkit.nes.scot.nhs.uk)

**Q.39 What links will be made between this work and other frameworks for specific groups of support workers, eg the domestic services framework and SVQs?**

NES will make linkages between the standards and existing recognised awards / frameworks so that credit can be given for prior learning. NES has also carried out work in mapping the standards against SVQs.

**NHS Scotland pressures**

**Q.40 Why is this new policy being implemented at a time when there are significant pressures on Health Boards due to competing service priorities, financial constraints and the costs associated with implementation?**

The model of standards and codes is designed to keep NHS Scotland service users safe. It is believed that the structures and processes required, to support both the achievement by healthcare support workers of the required standards and compliance with the Code of Conduct, are largely in place. For example, existing induction programmes, the KSF review process, KSF outlines for posts, personal development planning and review, other frameworks such as the Domestic Services Framework, existing monitoring arrangements for staff governance & information governance and the SWISS database.

**Links with other central policy**

**Q.41 Are there other areas of policy that link with this new policy of mandatory standards and codes?**

Yes, in that the mandatory standards and codes for HCSWs, with the focus on service user safety, is complementary to the Quality Strategy, the intentions set out in developing policies relating to the protection of vulnerable groups, patient experience, patient rights, healthcare acquired infection and regulation of the healthcare professions.

**Links with SWISS database**

**Q.42 How will Boards be facilitated to prepare evidence based reports on compliance with the revised arrangements**

This will partly be facilitated by use of the SWISS database. SWISS will have a drop-down list that allows Boards to select an entry together with date of achievement to signify that a HCSW has met the induction standards and / or has demonstrated compliance with the Code of Conduct for HCSWs. This means that running automated anonymised reports will be possible.

**Regulation of nursing assistants**

**Q.43 How does the model tested out in the pilot link with UK discussions taking place around the statutory regulation of nursing assistants at levels 3 and / or 4 of the NHS Career Framework?**

The policy of mandatory standards and codes for healthcare support workers in Scotland will apply to all healthcare support workers, irrespective of grade, including nursing assistants. However this does not mean that further consideration of what *may* be additionally required, on the grounds of patient safety and public protection, for levels 3 or 4 nursing support workers in the future cannot take place.

**Evidence base for policy**

**Q.44 What is the evidence base for this policy?**

A pilot took place in three NHS Boards and one independent sector hospital in 2007 – 08. The pilot was managed on behalf of the Scottish Government by NHS Quality Improvement Scotland (QIS). The final QIS report can be viewed at: <http://www.nhsqis.org/nhsqis/6110.html>

In addition, an independent evaluation ran in parallel with the pilot led by the Scottish Centre for Social Research. The full 172-page report (1<sup>st</sup> link) and six-page research summary (2<sup>nd</sup> link) can be viewed at: <http://www.scotland.gov.uk/Publications/2009/06/01144730/0> or <http://www.scotland.gov.uk/Publications/2009/06/01144651/0>