HEALTHCARE SUPPORT WORKERS- MANDATORY STANDARDS AND CODES

Frequently Asked Questions

The model and the pilot

Q.1   What was the pilot designed to test?

The pilot tested out implementation of an "employer-led model" of regulation, consisting of a set of induction standards for Healthcare Support Workers, a Code of Conduct for Healthcare Support Workers, a Code of Practice for Employers, and a form of listing of Healthcare Support Workers who met the requirements using the Scottish Workforce Information Standard System (SWISS). It was designed to provide a much needed evidence base in this area.

Q.2   What was the aim of the pilot?

The overarching aim of the pilot was to see whether the model as tested had the potential to enhance patient safety and public protection.

Q.3   Where and when did the pilot take place?

The pilot took place within three Health Board pilot sites in NHS Scotland and one independent hospital from January 2007 until December 2008.

Q. 4   Why was the "employer-led" model chosen for testing?

The role of employers is vital in assuring the quality and preparedness of their workers, this being an important part of clinical governance.

Q.5   Was the pilot a success?

There have been some important findings from the pilot's evaluation which point to the fact that elements of the model have the potential to improve patient safety and public protection.

Q.6   What will the evaluation of the pilot offer by way of an evidence base?

This was a high profile piece of work, attracting significant interest from all UK government health departments, patients and the public, professional groups, health unions and other stakeholders. It is clear that this has been a valuable project which has identified real benefits from the induction standards and the code of conduct for healthcare support workers.

Q.7   How was the implementation of the pilot managed?

The pilot was managed on behalf of the Scottish Government by NHS Quality Improvement Scotland (QIS). QIS put in place a national pilot coordinator and its own governance arrangements which included a project steering group.   The final QIS report can be viewed at: http://www.nhsqis.org/nhsqis/6110.html

The evaluation

Q.8   Was the pilot independently evaluated?

Yes. The Scottish Centre for Social Research were successful in their bid to carry out the evaluation study following an open tendering exercise.

Q.9   What was the independent evaluation study designed to evaluate?

The independent evaluation had an overarching research question which related to the potential to enhance Public Protection. In addition, it evaluated implementation of the model including the Induction Standards for Healthcare Support Workers; the Code of Conduct for Healthcare Support Workers; the Code of Practice for Employers and an Occupational List held on SWISS.

Q.10 Did the findings from the evaluation demonstrate that there are benefits to patient safety from the model tested?

It is clear from the evaluation that there are benefits from the model to enhancing patient safety. The full 172-page report (1st link) and six-page research summary (2nd 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

Q.11 Now that the final evaluation report has been published (on 5 June 2009) what will happen next?

The Cabinet Secretary for Health and Wellbeing has endorsed the general recommendations made in the evaluation report, including future consideration of further development work; and has agreed that discussions with the other UK countries should proceed on the basis that in Scotland future policy will take the form of:

- making the induction standards for healthcare support workers (both clinical and non-clinical) mandatory for new starts;
- making the code of conduct for healthcare support workers mandatory;
- making the code of practice for employers of healthcare support workers mandatory;
- having an implementation date for mandatory status of 2010; and

- leaving a decision on whether there should be an "occupational list" for healthcare support workers until such time as it is clear what the enactment of the Protection of Vulnerable Groups (Scotland) Act 2007 will offer in terms of public protection.

Mandatory standards and codes

Q.12   Were the standards used in the pilot found to be useful?

The majority of participating healthcare support workers and workplace supervisors supported future implementation of the standards. Delegates at the national stakeholder event held in October 2008 that focused on the pilot also supported mandatory status of the standards for all healthcare support workers.

Q.13   When will the mandatory standards and codes be rolled out across NHS Scotland?

The Cabinet Secretary has confirmed an implementation date for new starts of late 2010. She has also confirmed that she will launch the Standards and Codes at the SGHD National Stakeholder event on Regulation on 28 October 2009.

Q.14   Why are both clinical and non-clinical support workers being required to meet the induction standards and to comply with the code of conduct when the independent evaluation report suggested that initial implementation should focus on clinical support workers.

The model of standards and listing is designed to keep patients safe. It was clear in the immediate period following submission of the evaluation report that key stakeholder groups in Scotland did not want to see a differentiation being made between clinical and non-clinical support workers, given that both groups have an important role in keeping patients safe.

Q.15   Why will reference to the standards and codes be made within the job descriptions of healthcare support workers?

Once the standards and codes are made mandatory for new starts across NHS Scotland, all healthcare support workers joining NHS Scotland as new employees 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.16   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?

Health Boards, and those contracted to provide services to them, will be required to 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 will be specified in the guidance that accompanies the implementation of the Standards and Codes.

Q.17 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 requirements. There may also be a requirement to commence capability procedures as outlined in the PIN policy for Managing Employee Capability.

Q.18 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.19 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.20 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, or part-time equivalent.

Q.21 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.

Q.22 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 will be revised and strengthened by NHS Education for Scotland for the purposes of meeting the requirements of the new policy.

Definition of healthcare support worker

Q.23 The evaluation report suggested that a clear definition of healthcare support worker is required. What plans are there to progress this?

This is an area that requires careful consideration which will be progressed in Partnership with staff side representatives and other stakeholders.

The national occupational list

Q.24 Why is there no intention, at this stage, to have a national occupational list (or register) of names of those who have met the required standards?

While there is no intention to have an associated National Occupational List at this stage, this will be subject to review following implementation of the Protection of Vulnerable Groups (Scotland) Act 2007, which is another important mechanism for improving the safety of the public. We would wish to avoid duplication of these vetting processes so this option will be kept under review in light of future implementation. In addition, stakeholders remained divided as to the potential added value of implementing a national list over the achievement of the induction standards and code of conduct alone. A list is not currently considered to be proportionate to the perceived risk posed by healthcare support workers and would be costly to implement and maintain.   The costs of setting up a list or 'register' would be high, encompassing setting up a records system and all associated functions. It is not desirable that this low-paid group of workers would pay to maintain such a register, so there would likely be associated costs for employers.

Q.25 Will there be additional requirements on new employees to have an enhanced Disclosure Scotland check carried out as part of the new arrangements?

Decisions about requirements for Disclosure Scotland checks must 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.

Non-NHS sector

Q.26 Will the standards and codes be mandatory for the non-NHS sector, eg independent and voluntary sectors and GP practices?

For the voluntary and independent healthcare sectors, and GP practices, further consideration and discussion is required as to how new policy might apply there.

Q.27 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 starts to NHSScotland will require to meet the required standards.

Code of Practice for NHS Scotland employers

Q.28 How will compliance with the Code of Practice for Employers be monitored?

The exact arrangements necessary for compliance monitoring require full consideration to ensure that a proportionate model for future use can be secured. It is clear however that existing staff and information governance frameworks will be used as the basis for any future requirements.

Q.29 How will consistency of application of, and objectivity of employers to deliver against, the code of practice for employers be assured?

The exact arrangements necessary for compliance monitoring require further consideration with relevant stakeholders to ensure that a proportionate model for future use can be secured. However, it is clear that existing staff and information governance and monitoring arrangements can be utilised.

Q.30 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.

Q.31 Will there be new 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.

Q.32 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. 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 NHS Scotland workforce.

Q.33 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; 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.34 How can we be sure that employers will be even-handed in applying the standards and codes?

It is currently envisaged that the induction standards would sit in parallel to KSF, as an induction framework. This would allow for a period of induction for new recruits in order to achieve the standards and to abide by the code of conduct with support from the "reviewer". The issue of compliance monitoring however requires further consideration, and we will also examine the possibility of a support role

similar to the Practice Education Facilitator (PEF) [*ie, a role that exists for the benefit of supervisors in clinical environments who contribute to the learning environment for student nurses by providing support, educational input and development activities for mentors of students*]. It is evident from the HCSW pilot 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.

Agenda for Change

Q.35   Will HCSWs 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.

Partnership with the health unions

Q.36   Was there Partnership support from staff side 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.

Q.37   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 initial discussions on a potential way forward have already taken place with the secretariat of the Scottish Workforce and Staff Governance Committee and a Strategic Implementation Group has been set up to advise on elements of implementation.

Regulation of nursing assistants

Q.38   How does the model tested out in the pilot link with discussions taking place around the statutory regulation of nursing assistants at levels 3 and 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, including nursing assistants. However this does not preclude further consideration of what is additionally required for levels 3 and 4 nursing support workers, in the future, in terms of securing public protection.

Q.39   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
The group took cognisance of the Scottish pilot 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.40   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 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.

Q.41   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, of a system of employer-led regulation for healthcare support workers, 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.42   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.

Links with other work in Scotland

Q.43   What links will be made between this work and that being progressed by NHS Education for Scotland (NES) on the development and support of HCSWs?

Close working with NES has commenced to ensure that all frameworks already in place, or those being developed, are both compatible and

complementary. NES is currently preparing an action plan for the necessary development work that will be taken forward as a result of recommendation from the independent evaluation report.

NHS Scotland pressures

Q.44 Why is this new policy being implemented at a time when there are significant pressures on Health Boards due to competing service priorities and the costs associated with implementation?

The model of standards and codes is designed to keep NHS Scotland service users safe. It is anticipated 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, will be facilitated by the frameworks in place to support achievement of required KSF outlines for posts.

Q.45 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 intentions set out in developing policies relating to the protection of vulnerable groups, patient experience, patients' rights, healthcare acquired infection and regulation of the healthcare professions.