

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?

The Cabinet Secretary launched the Standards and Codes at the SGHD National Stakeholder event on Regulation on 28 October 2009 and confirmed an implementation date for new starts of late 2010. Since that time, the SGHD Strategic Implementation Group has confirmed an implementation date of **December 2010** for new starts.

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

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

Q.3 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 December 2010. 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.4 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 will be clarified in the guidance that accompanies the Direction from Scottish Ministers relating to mandatory implementation of the Standards and Codes.

Q.5 What are the costs associated with implementation of the mandatory standards and codes across NHSScotland?

The Scottish Government is currently working in partnership with representatives of NHSScotland Finance Directors to analyse the costs associated with this new policy. Once this work has been completed the results will be shared with strategic leads in Health Boards and others.

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

Q. 6 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.7 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.8 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.9 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.10 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 will be covered in the guidance produced to accompany the Direction from Scottish Ministers.

Q.11 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.12 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 (NES) in partnership with stakeholders for the purposes of meeting the requirements of the new policy.

Q.13 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.14 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.15 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 of service that patients and the public deserve to receive and experience from healthcare support workers.

Q.16 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.17 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.18 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.19 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.20 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.21 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.22 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.

Q.23 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.

Q.24 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.25 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.26 Will there be a difference between supporting clinical and non-clinical healthcare support workers to meet the standards and codes?

It is currently 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 abide by the code of conduct with support from the KSF “reviewer” or supervisor. It was evident 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. We will therefore 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*] for non-clinical supervisors / reviewers.

Agenda for Change

Q.27 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.28 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.29 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 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.30 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 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.31 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.

Q.32 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.33 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.34 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 recommendations from the independent evaluation report.

Q.35 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.

NHS Scotland pressures

Q.36 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 and routine personal development planning and review.

Q.37 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.

Regulation of nursing assistants

Q.38 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.

SUPPLEMENTARY QUESTIONS RELATING TO THE PILOT AND INDEPENDENT EVALUATION

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>

Q.8 Were the standards used in the pilot found to be useful in themselves, to patients and to Healthcare Support Workers?

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. 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.9 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. Therefore, the standards and codes will apply to both clinical and non-clinical support workers.

The evaluation

Q.10 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.11 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.12 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>
<http://www.scotland.gov.uk/Publications/2009/06/01144651/0>

or

Q.13 Now that the final evaluation report has been published (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 **late 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.

Definition of healthcare support worker

Q.14 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 and discussions have taken place in Partnership with stakeholders, including staff side representatives, on the SGHD Strategic Implementation Group. A legally tight definition will now be agreed with Scottish Government solicitors for the purpose of inclusion in the Direction to Health Boards from Scottish Ministers.

The national occupational list

Q.15 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.