

NATIONAL STANDARDS RELATING TO HEALTHCARE SUPPORT WORKERS¹ IN SCOTLAND

CONSULTATION DOCUMENT

24 May 2006

¹ For this project, 'Healthcare Support Workers' are defined as those who provide a direct service – that is, they have a direct influence/effect on patient care/treatment/relationships - to patients and members of the public in the name of NHS Scotland. This would include those in support roles to the healthcare professions (such as care assistants) and those who provide ancillary services (such as porters and mortuary attendants). For ease of definition, any support worker who 'is in contact with a patient in the name of NHS Scotland' and who is not already statutorily regulated, or due to be, would be included. Standards could also be voluntarily adopted by those working in independent or voluntary health care settings.

Contents

1.	Introduction and background	3
1.1	National (Scotland) Group	
1.2	Supported pilot	
1.3	The 'Regulation of Healthcare Support Workers' project	
1.4	This consultation	
2.	Code of Conduct and Practice for Employees	7
3.	Code of Practice for NHS Scotland Employers	8
4.	Induction standards for healthcare support workers	9
	Annex 1. Draft Code of Conduct and Practice for Employees	11
	Annex 2. Draft Code of Practice for NHS Scotland Employers	16
	Annex 3. Draft Induction Standards	20
	Appendix 1. Outputs from consultation on the regulation of healthcare support staff and social services support staff in Scotland – Executive Summary, including summary of responses	34
	Appendix 2. Membership of National (Scotland) Group for the Regulation of Healthcare Support Workers	36
	Appendix 3. Principles underpinning the 'Regulation of Healthcare Support Workers' project	38
	Appendix 4. Membership of Four-Country Steering Group	40
	Appendix 5. Membership of Working Group	42

A separate response booklet accompanies this paper.

1.0 Introduction and background

1.01 This consultation document seeks comments on draft standards relating to healthcare support workers (HCSWs) employed by NHS Scotland. Standards outlined in the document relate specifically to:

- a Code of Conduct and Practice for Employees
- a Code of Practice for Employers
- Induction Standards.

As previously stated, for the purpose of the project, 'Healthcare Support Workers' are defined as those support workers who provide a direct service to patients and members of the public in the name of NHS Scotland (and, *potentially* over time, the other three health services in England, Wales and Northern Ireland). This will include those in support roles to the healthcare professions (such as care assistants) as well as those in other areas (such as porters and mortuary attendants). For ease of definition, anyone who has direct contact² with a patient and who is not already statutorily regulated, or due to be, would be included. Standards could also be voluntarily adopted by those working in independent or voluntary health care settings.

1.02 Some form of regulation³ for support workers is considered key to promoting the safety of the public. A consultation on the Regulation of Health Care Support Staff and Social Care Support Staff in Scotland, held between May and August 2004, indicated overwhelming support (93%) for the extension of regulatory arrangements to HCSWs, with 90% of responses identifying this as the most appropriate way to ensure public protection. The Executive Summary of consultation responses can be found at Appendix 1.

1.03 There was also significant awareness among respondents to the consultation of the need to avoid multiple registrations and ease transferability of staff among the four UK countries.

1.04 A similar consultation was undertaken in England and Wales. Again, broad support for statutory regulation was expressed, but questions which required further debate were also raised. Initial discussions on employer-led regulation progressed with the NHS England Modernisation Agency, and the Department of Health in England (DH) has just completed a review of non-medical health professions' regulation under the chairmanship of Andrew Foster (Former

² For the purposes of this project, "direct contact" is defined as having a direct influence/effect on patient care/treatment/relationship.

³ The act of regulating an occupational or professional group. Regulation can take a number of forms (statutory/legislative, professional self-regulation, employer-led regulation, individual self-regulation and so on) and focuses on ensuring that members of the occupational or professional group reach and maintain the minimum threshold standard/s that is expected of that occupational or professional group in relation to, for example, conduct, practice, education and competence. The purpose of regulation is protection of the public. Any regulation operates within a broader framework of regulatory procedures, such as complaints and capability procedures, clinical governance and staff governance.

Director of Workforce at DH). One of the six key themes explored through the review was the need for regulation of HCSWs. The review's recommendations are still awaited at the time of writing.

1.1. National (Scotland) Group

1.1.1. In order to progress discussions on how the 2004 consultation outputs should be addressed, a short-life, strategically focused National (Scotland) Group for the Regulation of Healthcare Support Workers was set up in May 2005, meeting twice. The group, whose membership consisted of key stakeholders⁴ (see Appendix 2), considered a number of statutory and non-statutory options for the regulation of HCSWs.

1.1.2. The outcome was an expressed preference for a model of service-led regulation with the addition of a centralised, mandatory, occupational register. Interest was expressed in testing the viability of this option on behalf of the four UK countries. Statutory regulation was not considered achievable on a UK-wide basis within a timeframe acceptable to the group. The group therefore expressed a preference to progress with measures on a Scotland-only basis until the other three home countries were in a position to consider their own approaches. The National (Scotland) Group was keen to see public protection measures implemented for the people of Scotland sooner rather than later. The principles underpinning the Group's preferred option are outlined in Appendix 3.

1.1.3. As a result of the work of the National (Scotland) Group, the 'Regulation of Healthcare Support Workers' project was born.

1.2. The 'Regulation of Healthcare Support Workers' project

1.2.1 The wider Regulation of Healthcare Support Workers project provides the context for this consultation document. Its aim is to secure an appropriate form of regulation for HCSWs on the grounds of public protection.

1.2.2 The introduction of a form of regulation for HCSWs across NHS Scotland will be in line with public protection measures and enhanced systems of quality. It is acknowledged that in contemporary, well-developed healthcare systems, any form of regulation will be augmented by systems of healthcare and staff governance.

1.2.3 Regulation on a Scotland-wide basis will allow Scotland to dovetail arrangements with existing UK-wide frameworks such as the Knowledge and Skills Framework (as part of Agenda for Change) and Skills for Health products (for example, National Occupational Standards and National Workforce Competences), where appropriate. This is important so that

⁴ 'Stakeholders' are defined in this consultation document as individuals or organisations with a particular interest and investment in the subject under consideration.

duplication of effort is kept to a minimum and existing staff governance arrangements are utilised. Implementation of the model as described will allow Scotland to test arrangements and lead the way for the rest of the UK.

1.2.4 Implementation will also allow further debate on what regulation could look like when applied across Scotland and will respond to the overall reaction to the 2004 consultation. The draft standards attached to this paper are threshold standards which have been developed as part of a Supported Pilot (more information on the pilot follows in section 1.3 below).

1.2.5 These draft standards represent the first step towards helping both employers and employees in NHS Scotland fulfil their obligations to patient safety and public protection as part of a potential future regulatory framework for HCSWs.

1.2.6 In the meantime, work continues which aims to establish whether additional measures (such as a register of those who have achieved the standards) are also needed, and, if so, whether these measures need to be set in statute.

1.2.7 The approach outlined above meets the ultimate goal of public protection within Scotland. It also provides a transparent approach to regulation which is of benefit to stakeholders and provides a robust model that covers requirements for public protection. It will articulate well with legislation for the protection of children, young people and adults at risk.

1.2.8 In summary, it is anticipated that regulation of HCSWs will involve compliance with a set of nationally agreed standards. These standards are set out in draft format here. Further consideration is being given to the need for, and feasibility of, a centralised occupational register for HCSWs, as well as to who should keep it and whether it should be mandatory or otherwise.

1.3 Supported pilot

1.3.1 In 2005, the secretariat to the DH Review of Non-medical Regulation (referred to in section 1.04 above) requested that a SEHD position paper be presented to its Advisory Group setting out details of the Scottish model. This was presented on 4 July 2005. As a result, it was agreed that Scotland would continue to lead on, and progress, a supported pilot, with input and support from each home nation. In late 2005, a four-country Steering Group and a Working Group were established (see Appendices 4 and 5 for membership) to steer the pilot project towards meeting its objectives.

1.3.2 Two of the main objectives of the pilot most relevant to this consultation are as follows. These objectives will be inherent in whatever wider framework of regulation is developed in the future:

- Negotiate nationally agreed standards for safe recruitment, employee conduct and practice, and induction.

- Develop systems for monitoring compliance with standards in line with existing governance arrangements (such as staff governance and clinical governance frameworks).

1.4 This consultation

1.4.1 This document seeks views on the proposed national standards relating to HCSWs. It is anticipated that these standards will form the basis for a future form of regulation for this group of staff in NHS Scotland. The standards focus on safe recruitment practice, conduct and practice of HCSWs, and induction for HCSWs. All standards focus on public protection.

The consultation closes on 31st August 2006. Details on how to respond are contained in the separate response booklet.

2. Code of Conduct and Practice for Employees

- 2.1** Part of the approach to the regulation of HCSWs includes standards for conduct and practice. The draft text for the Code of Conduct and Practice for Employees is presented at Annex 1.
- 2.2** Standards are outlined within the draft code of conduct and practice for HCSW employees in Scotland. The final version of the code will focus on ensuring that the design and the text are 'user-friendly'. This is considered important for the target employee audience.
- 2.3** The draft code has been written in the second person in order that HCSWs relate directly to the text. Your comments on this approach will be valued, and can be made in the separate Response Booklet.

3. Code of Practice for NHS Scotland Employers

- 3.1.** Part of the approach to the regulation of HCSWs includes a code of practice for NHS Scotland employers of HCSWs. Draft text for a Code of Practice for NHS Scotland Employers is presented at Annex 2.
- 3.2** It is the intention to provide a code that is compatible with existing staff governance and clinical governance arrangements. Your comments on whether this has been achieved will be valued, and can be made in the separate Response Booklet.

4. Induction standards for healthcare support workers

- 4.1 This section provides detail on the anticipated standards expected of HCSWs on completion of a generic induction programme. Achievement of the standards will provide HCSWs with the competence required to fulfil responsibilities intrinsic to a role that provides a service to the public. The tool that will be used to support achievement of the standards is inherent within the Knowledge and Skills strand of Agenda for Change.
- 4.2 The focus of the standards is primarily on public protection and safety. Relevant core dimensions contained within the Knowledge and Skills Framework (KSF) are linked to public protection standards such as equality and diversity, confidentiality, and recognition of and protection from abuse. These concepts are considered to be essential for public protection. Other specific dimensions relating to particular occupational roles or, for example, particular clinical skills are not covered here. These are considered to be out with the scope of a generic induction programme that focuses on the common public protection standards required of all HCSWs, irrespective of role.
- 4.3 This consultation document does not prescribe *how* induction standards should be met. Nor does it set out to identify what mode of training delivery should be employed, or indeed what the induction curriculum should contain. Instead, it seeks to ensure that the draft standards identified in the document are fit for the purpose of public protection and are comprehensive and easy to understand. Feedback from the consultation will be used to modify the draft standards where appropriate.
- 4.4 The draft standards, including anticipated performance criteria, are presented at Annex 3. Previous work has mapped these across to KSF dimensions and to the anticipated content of the NHS Scotland core induction programme, a pilot of which is due to be completed in June 2006.
- 4.5 It is anticipated that many local service providers will already be inducting HCSWs against the draft standards identified in Annex 3 through existing local induction or staff development programmes. It is not the intention, therefore, that the final standards be considered separately from existing provision, but rather that they should be complementary to and/or an inherent part of that provision. Local matching should take place to demonstrate, through staff and clinical governance monitoring activities, that the standards finally agreed for NHS Scotland are being met by HCSWs.
- 4.6 In light of the implementation of the KSF and the Scottish Credit and Qualifications Framework (SCQF), performance criteria have been identified to enable the achievement of competence to be evidenced by individuals. It is anticipated that this process will inform personal development planning and review processes intrinsic within the KSF. The

potential for SCQF credit rating or credit transfer may also exist in future, but this is not the primary purpose of the standards.

Annex 1

Draft Code of Conduct and Practice for Employees

Title: *Working to Standard: a Code of Conduct and Practice for Support Workers in Healthcare.*

1. Introduction

1.1. Welcome to this Code of Conduct and Practice for Support Workers in Healthcare.

1.2. As a healthcare support worker, you play a vital role in helping the NHS deliver its services. What you do has a big impact on the quality of health care for people who use the service.

1.3. It's the importance of what you do that makes this Code of Conduct and Practice so necessary. It is a list of statements that set the standard for how you should work on a day-to-day basis.

1.4. The code is here to help you, your employer and the patients⁵ you work with.

1.5. You can use the code to check that you are 'working to standard'. Your employer can use it to make sure that standards are being upheld in the service and that patients' safety is assured. Patients can use it to help them understand what kind of service they can expect from you and your colleagues.

1.6. The statements are based on existing good practice. You'll probably find you are already working to standard in most, if not all of them. If not, they will show you how you can change the way you work to ensure you are working to standard.

1.7. The statements are fit for all healthcare support workers in Scotland, regardless of where they work and what job they do. It is therefore a *national code of conduct and practice* that will help to make sure that patients all over the country can get the same high-quality, safe and effective service from healthcare support workers.

1.8. Your employer also has a code of practice to guide how they treat you as a worker and how they support you to achieve these standards.

2. Where has the code come from?

2.1. The code was developed by a working group brought together by the Scottish Executive. The group worked very closely with similar groups in other parts of the UK to make sure that the statements in the code are the right ones. Special care was taken to ensure that the code is in keeping with 'like' codes in other relevant sectors, such as social services.

3. Working 'to standard'

3.1 As a support worker, you are expected to work to a certain standard. You need to be able to do your job properly, behave properly, and do the right thing at all

⁵ 'Patients' is used throughout the code, but you might hear them being called 'service users', 'clients' or 'residents'. Basically, it means any person you come into contact with in your work who needs care.

times. Patients and their relatives, your employer and your colleagues all expect this, and you should expect this of yourself.

3.2 But what does this mean on a day-to-day basis? It means that in your work, you should always be of good character⁶. This means that, in your work, you should always do the following.

3.2.1. Do your best for patients and their relatives – ADVOCACY.

This means that you might have to speak up for them from time to time.

How will I know if I'm 'working to standard' on advocacy?

When you're working to standard on advocacy, you'll be putting patients' interests first at all times and making sure their wants and needs are catered for. You will understand that all patients are individuals with different tastes, likes and dislikes.

3.2.2. Respect the patient - SENSITIVITY.

He or she is a real person with real feelings and emotions. Think about how you might feel if you were in their position.

How will I know if I'm 'working to standard' on sensitivity?

When you're working to standard on sensitivity, you'll be treating patients and relatives politely and courteously, even when they may be annoyed, confused, angry or frustrated.

3.2.3. Treat all patients in the same way - OBJECTIVITY.

You must not have 'favourites' or patients you don't like – you must give everyone the same high-quality care.

How will I know if I'm 'working to standard' on objectivity?

When you're working to standard on objectivity, you'll be working to the same high standard with every patient you meet. It won't matter to you what the patient is like as an individual, what colour or religion he or she is or how he or she lives their life – to you, all patients are worthy of respect and your best efforts.

3.2.4. Make sure that patients are always treated with dignity - CONSIDERATION.

Try always to ensure that patients are never placed in an embarrassing situation.

⁶ At the time of writing, *ongoing* work by the Nursing and Midwifery Council (NMC) has provided a simple definition of good health and good character as being; ***someone who is capable of safe and effective practice***. This may be interpreted in a number of ways according to one's own knowledge and experience of health and character. It is important that Healthcare Support Workers are also capable of safe and effective practice as outlined in paragraphs 3.2.1 to 3.2.13 of this code of conduct and practice for employees. Good Character will normally be assessed initially by employers taking up character references and checking for a satisfactory Disclosure Scotland criminal records check, which, through time, could include a Vetting and Barring Decision.

How will I know if I'm 'working to standard' on consideration?

When you're working to standard on consideration, you'll be making sure patients are never exposed or put in an embarrassing situation in front of relatives, fellow patients or healthcare workers.

3.2.5. Tell patients what you intend to do, and listen carefully to what they say - CONSENT.

Always tell them what you plan to do with them and make sure they agree to it.

How will I know if I'm 'working to standard' on consent?

When you're working to standard on consent, you'll be showing that you are interested in patients and want to hear what they have to say. You will always be making sure the patient knows what you are doing and is happy with it. If, however, the patient doesn't agree to what you want to do, you can't do it!

3.2.6. Protect the patient's privacy - CONFIDENTIALITY.

Make sure you don't give away information about patients to anyone other than colleagues who need the information to help in the patient's care.

How will I know if I'm 'working to standard' on confidentiality?

When you're working to standard on confidentiality, you'll be making sure you don't 'gossip' or chat about patients to anyone. When you do pass on information to a colleague as part of your job, you'll be accurate and clear in what you say or write.

3.2.7. Work well with your colleagues as part of a team - CO-OPERATION.

Value the part you play in the team and those that others play.

How will I know if I'm 'working to standard' on co-operation?

When you're working to standard on co-operation, you'll be working as a member of the team, respected as a valuable colleague by all.

3.2.8. Make sure you don't put patients and colleagues at risk of harm - PROTECTION.

Make sure patients and colleagues are protected from hazards and risks.

How will I know if I'm 'working to standard on protection'?

When you're working to standard on protection, you'll be aware of the dangers patients and colleagues face in your work setting and will do what you can to reduce risks of accidents or harm.

3.2.9. Try to increase your own knowledge and skills by talking to patients and colleagues and seeking out learning opportunities - DEVELOPMENT.

The more interested you are in your work and the more you know in relation to your job, the better you will be able to offer a service to patients.

How will I know if I'm 'working to standard' on development?

When you're working to standard on development, you'll be taking every chance you can to learn new things that will help you work better. You'll know that learning doesn't just come from courses and what colleagues tell you, but also from what patients tell you. You'll be interested in what you do at work and will be trying to do it to the best of your ability.

3.2.10. Be honest with yourself and others about what you can do - AWARENESS.

Know yourself and your capabilities, and seek help from colleagues if you have worries or concerns.

How will I know if I'm 'working to standard' on awareness?

When you're working to standard on awareness, you'll know fully what you can do, and what you can't. You'll understand that some procedures can only be carried out by people who have had special training, and that you need permission from qualified staff before you do certain things with patients. If you feel you're being asked to do something you haven't been trained to do, you'll speak up.

3.2.11. Always do what is right to protect the patient - INTEGRITY.

Always do your best to make sure nothing you or anyone else does will harm the patient's mental and physical health or delay his or her recovery.

How will I know if I'm 'working to standard' on integrity?

When you're working to standard on integrity, you will be protecting patients every way you can, being prepared to report issues that cause you to worry.

3.2.12 Observe any changes that could affect a patient's needs or progress – VIGILANCE.

Always try to notice when a patient isn't doing what might be expected of him or her and report your observations to an appropriate person.

How will I know if I'm 'working to standard' on vigilance?

When you're working to standard on vigilance, you will notice when patients are 'just not right'. You'll notice, for instance, when the patient just can't move as well as usual, or perhaps hasn't eaten the food provided at meal times.

3.2.13. Ensure that you can always 'answer' for your actions or omissions – ACCOUNTABILITY.

Make sure you are comfortable with the actions and omissions for which you are responsible in your daily work and that you are able to justify them to patients, your supervisor, your employer and others.

How will I know if I'm 'working' to standard on accountability?

When you are working to standard on accountability, you will know that you may be called to account for your actions or omissions at any time and therefore need sound justification for the way you have acted.

4. What this means for you

4.1. The Code of Conduct and Practice means that as a healthcare support worker, you have a responsibility to work to standard. This means that you must:

4.1.1 only do what your job remit and boundaries allow you to do – if you do something, or accept an instruction from another healthcare worker to do something, that isn't within your remit or level of skill, you could be disciplined

4.1.2 let your manager or supervisor know if you feel you are being asked to do something you don't know how to, or something you know isn't in your job remit

4.1.3 make sure you always follow the standard procedures for doing things

4.1.4 make sure you obtain consent, in line with the policies of your organisation, before doing anything to a patient.

4.1.5 follow the rules on something called 'duty to care' – this means you must always make sure patients and colleagues don't come to harm because of something you've done, or because you've been careless or reckless

4.1.6 take care when making notes about patient care – anything you write, no matter how informal it might seem, can be used as evidence in an enquiry by your employer or even in Court.

4.1.7 raise issues of concern with your manager where they relate to the delivery of care, the personal health, safety and security of patients or to the harm and abuse of patients.

5. Want to know more?

5.1. If you'd like to find out more about the issues in this Code of Conduct and Practice, talk to your manager, supervisor or trade union representative. You could also have a look at the following sources:

- The NHS Scotland Staff Governance Standard for NHS Scotland employees
- *Blowing the Whistle* – advice from the Royal College of Nursing on how to speak up if you feel something is seriously wrong in your workplace.
- *The Duty of Care* – a UNISON handbook to assist healthcare staff to carry out their duty of care to patients, colleagues and themselves.

Annex 2

Draft Code of Practice for NHS Scotland Employers

Title: *Up to Standard: a Code of Practice for Employers of Healthcare Support Workers in Scotland.*

1. Introduction

1.1. This code of practice is a key element of a new system of regulation being set up for healthcare support workers (HCSWs) in Scotland.

1.2. The new system of regulation will need to be augmented by existing systems of healthcare governance and staff governance. Staff governance arrangements in Scotland are enshrined in the NHS Reform (Scotland) Act 2004, which makes NHS employers legally accountable for staff governance.

1.3. The *Staff Governance Standard* is the key policy document, defining five elements that make up the standards of employment practice expected from NHS employers. As an employer, you are required under the Staff Governance Standard to ensure that your 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.

1.4. Also significant in NHS Scotland is mandatory compliance with Partnership Information Network (PIN) policies on aspects of good employment practice. Particularly relevant to this code of practice are the PINs on:

- Dignity at Work
- Equal Opportunities
- Management of Employee Conduct
- Personal Development Planning and Review
- Supporting the Work : Life Balance
- Dealing with Employee Concerns
- Management of Employee Capability.

1.5. This code of practice will help you achieve those requirements and assist you in ensuring that service users gain maximum benefits from HCSWs' practice. It sets out standards based on existing good employer practice. These can act as criteria to guide your practice as an employer, allowing you to benchmark current performance, identify areas requiring development and plan provision to secure future improvements.

1.6. The code of practice is complemented by a code of conduct and practice for employees which describes quality standards to which they must aspire in key elements of practice. You should familiarise yourself with the employee code and ensure that employees are supported to achieve the standards it presents.

2. Code of Practice for NHS Employers

2.1. As an NHS Scotland employer of healthcare support workers, you must:

2.1.1. Ensure people are suitable to enter the healthcare workforce and understand their roles and responsibilities.

- You must have rigorous recruitment and selection procedures in place and meticulously follow Disclosure Scotland and other vetting procedures.
- Your staff must be given clear information on their roles and responsibilities and be made aware of relevant legislation, policies and procedures to which they must comply.
- HCSWs who claim they are being asked to perform out with their role and realm of competence must be supported and any complaints investigated thoroughly.
- Employment practice should be underpinned by policies that promote staff safety and welfare, ensure equal opportunities and allow access to appropriate support for HCSWs suffering from illnesses.

2.1.2. Have procedures in place to enable HCSWs to meet the requirements of the *Code of Conduct and Practice for Support Workers in Healthcare*.

- You will need procedures in place to support HCSWs in the achievement of standards on the key elements of practice set out in both the employee code and in the induction standards, such as ensuring confidentiality, performing risk assessment, recording and reporting information, communicating effectively, understanding their responsibilities and the chain of management.

2.1.3. Provide training and development opportunities to enable HCSWs to strengthen and develop their skills and knowledge.

- Effective means of supervising and assessing HCSWs' practice will need to be in place, with opportunities for formal assessment and personal development planning in line with Knowledge and Skills Framework (KSF) requirements.
- Central to this is provision of appropriate induction training and other learning opportunities to help HCSWs perform their roles effectively and prepare them to face the challenge of new and developed roles. This requires employers to recognise and utilise the workplace as a key area in which HCSW development can take place.
- Development opportunities identified by HCSWs through personal development planning and other processes must be reflected within team and individual learning plans.

2.1.4. Ensure procedures are in place to deal with dangerous, discriminatory or exploitative behaviour and practice.

- HCSWs should understand from the commencement of employment that bullying, harassing and discriminatory behaviours are unacceptable and will occasion appropriate action.
- Any HCSW who feels he or she has been subjected to such behaviours, or has witnessed a member of staff demonstrating dangerous, discriminatory or abusive practice, must be aware of where and how to report their concerns to management.
- Similar policies and procedures must be in place to deal with aggression and violence, with adequate support in place to support HCSWs who experience aggression or violence at work.

2.1.5. Promote this code of practice and the *Code of Conduct and Practice for Support Workers in Healthcare* to your staff, HCSWs, patients and relatives.

- The codes are designed to ensure safer and more effective services for patients and better and more fulfilling working conditions for HCSWs, but can only achieve their aims if people are aware of the standards and apply them in practice.
- As an employer, you have a duty to respond when a HCSW fails to meet the standards set out in the code, providing appropriate counselling, support and development opportunities and following approved disciplinary procedures when necessary.

3. Monitoring Compliance with standards

3.1 Once standards have been ratified through this process of consultation, measures required to monitor compliance will be identified. These will reflect existing governance arrangements.

Annex 3

Draft Induction Standards

Introduction

These standards provide the basis for the content of the induction programme for healthcare support workers which will be implemented by employers. They offer a tool that makes explicit to healthcare support workers and their employers the standards that need to be achieved through induction, and can be used to support ongoing achievement within the Knowledge and Skills strand of Agenda for Change. The standards will form an important part of the personal development planning and review processes for healthcare support workers.

Against each Public Protection Standard there is a set of relevant performance criteria. The user may find that some criteria appear against more than one standard. It is for the employer to judge whether the standards identified here are to form a cohesive package for induction or whether individual standards will be dealt with separately.

Summary table

KSF CORE DIMENSION	PUBLIC PROTECTION STANDARD
Health, Safety Security	<ol style="list-style-type: none"> 1. Protect service users from harm and abuse 2. Be personally fit at work 3. Maintain health and safety at work 4. Assess risk associated with work 5. Report incidents at work
Communication	<ol style="list-style-type: none"> 1. Practise within confidentiality and legal frameworks
Personal & People Development	<ol style="list-style-type: none"> 1. Personally develop – in terms of knowledge and practice 2. Reflect on practice to enhance knowledge
Quality	<ol style="list-style-type: none"> 1. Contribute to team work 2. Build ‘customer’ relationships 3. Manage self as a resource 4. Work within own limits
Equality & Diversity	<ol style="list-style-type: none"> 1. Practice in accordance with the equality, diversity, rights and responsibilities of individuals 2. ‘Whistle-blow’⁷ in cases of harm and abuse

⁷ Whistle-blowing is a colloquial term used to describe the process of raising concerns to managers.

Induction Standards

PUBLIC PROTECTION STANDARD	KSF CORE DIMENSION	PERFORMANCE CRITERIA (adapted from Skills for Health database ⁸)
<p>PROTECT SERVICE USERS FROM HARM AND ABUSE</p>	<p>Health, Safety & Security</p>	<p>Recognise signs of risk</p> <ol style="list-style-type: none"> 1. Seek and acquire information about: <ul style="list-style-type: none"> - factors that may cause and lead to the risk of individuals being in danger of harm and abuse - signs and symptoms that individuals may be in danger of being harmed or abused or, have been harmed and abused - legal and organisational requirements about what to do if you suspect that someone is in danger and/or has been harmed or abused. 2. Confirm your understanding and the actions you need to take when danger, harm and/or abuse is suspected or has been disclosed. 3. Identify the factors which support abusive behaviour and discuss these with colleagues and managers. 4. Examine your own behaviour and actions to ensure that they do not contribute to situations, actions and behaviour that can be dangerous, harmful and/or abusive. 5. Observe behaviour, actions and situations to ensure that all people (including any children and young people) within or entering the environment are not subject to danger, harm and abuse. 6. Identify possible sources, signs and symptoms of danger, harm and abuse. <p>Know what action to take</p> <ol style="list-style-type: none"> 1. Work with individuals, key people and others to identify and challenge practices that: <ul style="list-style-type: none"> - may lead to danger, harm and abuse of individuals, key people, staff and others - are dangerous, harmful and abusive. 2. Report suspected or disclosed danger, harm and abuse to the appropriate people: <ul style="list-style-type: none"> - avoiding actions and statements that could adversely affect the use of evidence in future investigations and court proceedings - within confidentiality agreements - according to legal and organisational requirements.

		<p>3. Develop relationships with individuals so that they are able to communicate and raise concerns about possible and actual danger, harm and abuse to themselves and others.</p> <p>4. Work with individuals in a way that respects their dignity, privacy and rights.</p> <p>5. Ensure you are honest with individuals about your responsibilities to disclose information about potential and actual danger, harm and abuse.</p> <p>6. Take appropriate action when you observe behaviour, actions and situations towards people (including any children and young people) within or entering the environment that might lead to danger, harm and abuse.</p> <p>7. Challenge and raise concerns with appropriate people and organisations about practice or policies which may give rise to danger, harm and abuse.</p> <p>8. Work sensitively with individuals, communicating how, and to whom, they report incidents of danger, harm and abuse.</p> <p>9. Assure individuals that their reports will be listened to and dealt with seriously.</p> <p>10. Respond and take immediate and appropriate action to concerns that individuals are at risk of or have been harmed and/or abused.</p> <p>Protect and record evidence of harm and abuse</p> <p>1. Report sources, signs and symptoms of danger, harm and abuse to appropriate people:</p> <ul style="list-style-type: none"> - avoiding actions and statements that could adversely affect the use of evidence in future investigations and court - within confidentiality agreements - according to legal and organisational requirements and inter-agency and partnership requirements. <p>2. Monitor and identify any unusual and significant changes from individuals' health, cleanliness, physical care, actions and behaviour.</p> <p>3. Use all available information to evaluate the concerns raised.</p> <p>4. Avoid using actions and statements, and support others to avoid using actions and statements, that could adversely affect the use of evidence in future investigations and court.</p> <p>5. Discuss concerns with relevant people within your organisation, within confidentiality agreements and according to legal, organisational, inter-agency and partnership requirements.</p> <p>6. Contribute to, follow and work within inter-agency and partnership policies, procedures and practice for dealing with suspected harm and abuse.</p> <p>7. Accurately record, report (with the times, dates and explanations), and pass on records and reports of suspicions of signs and symptoms of danger, harm and abuse:</p> <ul style="list-style-type: none"> - avoiding actions and statements that could adversely affect the use of evidence in future investigations and court
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		<ul style="list-style-type: none"> - within confidentiality agreements - according to legal and organisational requirements and inter-agency and partnership requirements.
BE PERSONALLY FIT AT WORK	Health, Safety & Security	<ol style="list-style-type: none"> 1. Make sure that you are fit for work. 2. Report any personal episodes of illness and infection, or episodes in close social contacts, which could compromise your work to the person in charge of your shift. 3. Visit your General Practitioner or Occupational Health Service when situations occur that may compromise work. 4. Keep your manager fully informed of the need to be away from work. 5. Maintain a clean and healthy personal status. 6. Promptly resolve problems of personal hygiene before risk of cross infection can occur. 7. Ensure that all necessary health promotion schemes such as vaccination for work and social activities are taken up as advised by the Occupational Health Department. 8. Comply with national regulations related to viral antigen testing before starting and during employment when involved in exposure-prone procedures.
MAINTAIN HEALTH AND SAFETY AT WORK	Health, Safety & Security	<p>Promote safe working environment</p> <ol style="list-style-type: none"> 1. Make sure that you are aware of, and follow, organisational health, safety and security procedures before you start work. 2. Ensure that before you begin any work activities you: <ul style="list-style-type: none"> - check and use any risk assessments - examine the areas in which you work and any equipment you have to use to ensure that they are safe, hazard free and conform to legal and organisational requirements for health and safety - remove, where possible, hazards that might pose a health and safety risk to yourself and others. 3. Take account of individuals' needs, wishes, preferences and choices, while ensuring your own and the safety of individuals, key people and others when carrying out your work activities. 4. Operate within the limits of your own role and responsibilities in relation to health and safety. 5. Seek additional support to resolve health and safety problems where necessary. 6. Report health and safety issues to the appropriate people and complete health, safety and security records according to legal and organisational requirements.

		<p>Minimise risk</p> <p>7. Identify and work with others to minimise potential risks in the place where you are working. 8. Ensure that your own health and hygiene does not pose a threat to others. 9. Ensure that the appropriate people know where you are at all times. 10. Check for hazards and health, safety and security risks while you are working, taking appropriate action if there is the likelihood of an accident, injury or harm. 11. Check that people who are present have a right to be there. 12. Use approved methods and procedures when undertaking potentially hazardous work activities, including:</p> <ul style="list-style-type: none"> - using correct moving and handling techniques - wearing correct personal protective clothing appropriate to the situation, environment and activities - using and storing equipment and materials - dealing with spillages and disposal of waste. <p>13. Take appropriate and immediate action to deal with health and environmental emergencies, including:</p> <ul style="list-style-type: none"> - fire - security - serious and minor accidents - first aid. <p>Act within limits of competence until appropriate assistance arrives</p> <p>14. Summon assistance appropriate to the emergency. 15. Provide ongoing support and assistance within your own competence until someone who is qualified to deal with the emergency is available. 16. Support:</p> <ul style="list-style-type: none"> - individuals during emergencies - others who may be affected by the emergency. <p>17. Record and report on incidents and emergencies accurately, completely, within confidentiality agreements, and according to organisational and legal requirements.</p>
<p>ASSESS RISK ASSOCIATED WITH WORK</p>	<p>Health, Safety & Security</p>	<p>1. Identify specific risks associated with work activities to be undertaken. 2. Quantify these risks in relation to self, patients and others. 3. Specify control measures to be taken to manage risks.</p>

		<ol style="list-style-type: none"> 4. Identify relevant, current and accurate information regarding risks associated with work activity for all personnel involved. 5. Identify appropriate personal protective equipment for all personnel involved in specific work activity. 6. Check authority for access to high-risk areas. 7. Report potential risks immediately.
REPORT INCIDENTS AT WORK	Health, Safety & Security	<ol style="list-style-type: none"> 1. Anticipate or promptly recognise that an incident or near miss is about to, or has occurred. 2. Identify the nature and type of incident or near miss promptly and accurately. 3. Complete the relevant incident report form at sufficient level of detail. 4. Seek advice and guidance to clarify requirements for reporting where required. 5. Submit the report in the correct format, to the specified recipients and within the required timescale. 6. Provide supporting information as requested. 7. Ensure that the incident form is correctly transmitted according to institutional practice and that relevant information reaches the right people. 8. Report or instigate action that is needed to make situations safe after an incident and to support persons affected. 9. Quarantine and clearly label equipment involved in an incident.
PRACTICE WITHIN CONFIDENTIALITY AND LEGAL FRAMEWORKS	Communication	<ol style="list-style-type: none"> 1. Maintain confidentiality of patient/client information, including investigations, which may identify them. 2. Maintain systems that ensure reports are only available to the authorised recipient(s) 3. Establish the bona fides of an enquirer prior to providing any information. 4. Ensure that enquiries are routed to the appropriate person. 5. Comply with legal requirements and relevant guidelines.
PERSONALLY DEVELOP IN TERMS OF KNOWLEDGE AND PRACTICE	Personal & People Development	<ol style="list-style-type: none"> 1. Examine how well you carry out your work activities. 2. Support individuals and key people to give you feedback on your work. 3. Identify how your values, belief systems and experiences may affect your work with individuals. 4. Identify any skills, knowledge and support that would help you to carry out your work activities more effectively. 5. Access and use appropriate support and information to improve your work. 6. Use the evaluation of your skills and knowledge to improve your work activities.

		<p>7. Work with others to:</p> <ul style="list-style-type: none"> - identify new skills and knowledge relevant to, and which can improve, your work activities - access any training you may need to gain the new and improved skills and knowledge. <p>8. Discuss, develop and review, with appropriate people, the usefulness of the new and improved skills and knowledge to your work activities.</p> <p>9. Confirm with the appropriate people that it is safe and legal before applying new skills and knowledge.</p> <p>10. Use new and improved skills and knowledge that have been agreed are appropriate to your work activities.</p> <p>11. Evaluate, and support individuals and key people to evaluate, if and how your new and improved skills and knowledge have enhanced your work.</p>
<p>REFLECT ON PRACTICE TO ENHANCE KNOWLEDGE</p>	<p>Personal & People Development</p>	<p>1. Analyse and reflect on what is required for competent, effective and safe practice, and provide active support for individuals and key people.</p> <p>2. Continually monitor, evaluate and reflect on:</p> <ul style="list-style-type: none"> - your knowledge and skills - your attitudes and behaviour - any experiences and personal beliefs that might affect your work - how well you practice and what could be improved - the processes and outcomes from your work. <p>3. Seek constructive feedback to enable you to develop your practice, from:</p> <ul style="list-style-type: none"> - individuals - key people - others with whom you work or have contact within your work - your supervisors. <p>4. Identify any actions you need to take to develop and enhance your practice.</p> <p>5. Identify the supervision and support systems available to you within and outside your organisation.</p> <p>6. Seek and use appropriate supervision and support to reflect on and identify ways to enhance your practice.</p> <p>7. Prioritise aspects of your practice that need to be enhanced.</p> <p>8. Take action, with supervision and support, to access development opportunities that will enhance your knowledge and practice.</p> <p>9. Review:</p> <ul style="list-style-type: none"> - how well the development opportunities meet your practice needs - in what ways your practice has been improved by the development opportunities.

		<p>10. Use supervision and support to continually assess the implications from any development opportunity on your continuing personal and professional development needs.</p> <p>11. Keep up-to-date records of your personal and professional development, within confidentiality agreements and according to legal and organisational requirements.</p>
<p>CONTRIBUTE TO TEAM WORK</p>	<p>Quality</p>	<p>Acknowledge and communicate</p> <ol style="list-style-type: none"> 1. Acknowledge and take account of team member's views and opinions. 2. Communicate constructively, fairly and inclusively with team members. 3. Give accurate information to team members. 4. Ensure that other team members are aware of your activities, providing sufficient information to enable other team members to take over from you. 5. Identify and encourage good team practice. 6. Support effective group dynamics, handling team issues and conflicts constructively. 7. Report issues that you cannot resolve to the appropriate people. 8. Ensure that working practices are carried out as agreed by the team. 9. Praise team members when they have undertaken team activities effectively. <p>Advise and support</p> <ol style="list-style-type: none"> 10. Challenge abusive, aggressive and discriminatory actions and remarks, explaining to team members the problems they may cause. 11. Ensure that any interventions with team members are handled appropriately and sensitively. 12. Offer appropriate support and encouragement to team members who are undertaking new and difficult tasks. 13. Offer sensitive and constructive advice and help to team members. 14. Offer information and advice to people in a more senior position, in a manner that is consistent with your role, and recognises the sensitivities of the situation. 15. Share information which would be of benefit to others, within confidentiality agreements and according to legal and organisational requirements. 16. Identify your own development needs for team working. 17. Identify with team members: <ul style="list-style-type: none"> - your own roles and responsibilities

		<ul style="list-style-type: none"> - the roles and responsibilities of other team members - activities to be carried out by yourself and others - how the activities of all members will contribute to meeting the aims, objectives, outcomes and purpose of the team. <p>18. Organise and carry out your agreed activities effectively.</p> <p>Reflect and evaluate</p> <p>19. Take into account the needs of the team, the service and the provision when considering your personal development needs.</p> <p>20. Evaluate your contribution to the team and accept constructive criticism positively.</p> <p>21. Reflect on how effectively you deal with conflicts, seeking support where conflicts are not within your competence and responsibility to deal with.</p> <p>22. Keep effective, accurate and up-to-date records within confidentiality agreements and according to legal and organisational requirements.</p> <p>23. Contribute to developing a team culture in which people can trust and rely on you.</p>
<p>BUILD GOOD 'CUSTOMER' RELATIONSHIPS</p>	<p>Quality</p>	<p>Build customer confidence in the level of service provided</p> <ol style="list-style-type: none"> 1. Deal with your customers promptly. 2. Communicate with your customers in a way that provides confidence and reassurance in their dealings with your organisation. 3. Manage the time taken to deal with your customers in accordance with organisational guidelines. 4. Reassure your customers that you are doing everything possible to keep the commitments made by your organisation. <p>Meet the ongoing needs and expectations of your customers</p> <ol style="list-style-type: none"> 1. Operate within the limits of your own authority in attempting to meet your customers' and your organisation's needs. 2. Recognise when there may be a conflict between the needs of your customers and your organisation. 3. Take all reasonable actions to minimise the conflict between your customers' needs and the products or services offered by your organisation. 4. Work effectively with others to resolve difficulties in meeting the needs of your customers and your

		<p>organisation.</p> <p>Develop the relationship between your customers and your organisation</p> <ol style="list-style-type: none"> 1. Give additional help and information to your customers in response to their questions and comments about the products or services your organisation provides. 2. Discuss expectations with your customers and explain how these compare with the products or services you and your organisation provide. 3. Advise others of feedback received from your customers. 4. Identify new ways of helping your customers based on the feedback they have given you.
<p>MANAGE SELF AS A RESOURCE</p>	<p>Quality</p>	<p>Comply with protocols and systems designed to promote good practice</p> <ol style="list-style-type: none"> 1. Identify and access full details on protocols and systems designed to promote good practice within your area of work and pro-actively maintain an up-to-date understanding associated with your role and the responsibilities related to them. 2. Comply fully with all protocols and systems that are relevant to the specific cases and contexts with which you work. 3. Recognise and challenge deviations from protocols and systems in the actions taken by others. 4. Recognise any issues or problems arising with protocols and systems which suggest they could be improved. 5. Raise any quality issues and risks with regard to protocols and systems with relevant people. 6. Promote and model good practice in the application of protocols and systems in the way you work. 7. Re-evaluate protocols and systems following change to ensure that improvements have been made. <p>Maintain quality within a defined role</p> <ol style="list-style-type: none"> 1. Proactively maintain a clear, accurate and current understanding of the scope of your role which you are competent and authorised to carry out under specified levels of supervision, its relationship to other roles in the area of work, and how it may develop over time. 2. Keep up to date with developments in quality in your own and associated areas of work. 3. Prioritise your own workload and organise and carry out work effectively, identifying and managing any

		<p>risks to quality.</p> <ol style="list-style-type: none"> 4. Evaluate the quality of your own and others' work and make any necessary improvements. 5. Recognise promptly when situations arise which are beyond your competence and authority to address without additional advice and assistance. 6. Respond promptly to situations where an individual's needs exceed your competence and authority by: <ul style="list-style-type: none"> - referring the individual to the attention of appropriate other practitioners to address their needs - seeking and making constructive use of advice and assistance from others to ensure a satisfactory outcome for the individual. 7. Promote and model best practice in working effectively within a defined role.
WORK WITHIN OWN LIMITS	Quality	<ol style="list-style-type: none"> 1. Identify and agree the requirements of your work-role with those you report to. 2. Discuss and agree personal work objectives with those you report to and how you will measure progress. 3. Identify any gaps between the requirements of your role and your current knowledge, understanding and skills, and discuss with those you report to a development plan to address any identified gaps. 4. Undertake the activities identified in your development plan and discuss, with those you report to, how they have contributed to your performance. 5. Get regular and useful feedback on your performance from those who are in a good position to judge it and provide you with objective and valid feedback. 6. Discuss and agree, with those you report to, any changes to your personal work objectives and development plan in the light of performance, feedback received, any development activities undertaken and any wider changes. 7. Check, on a regular basis, how you are using your time at work and identify possible improvements. 8. Ensure that your performance consistently meets or goes beyond agreed requirements.
PRACTICE IN ACCORDANCE WITH THE EQUALITY, DIVERSITY, RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS	Equality & Diversity	<p>Promote the independence of individuals</p> <ol style="list-style-type: none"> 1. Respect the dignity and privacy of individuals. 2. Provide active support to enable individuals to participate and to manage their own lives. 3. Respect and promote the views and wishes of individuals, key people and others. 4. Assist and give appropriate support to enable individuals to understand and exercise their rights. 5. Support the rights of individuals to: <ul style="list-style-type: none"> - access information about themselves - communicate using their preferred method of communication and language - make informed choices and decisions about their lives and well being

		<ul style="list-style-type: none"> - make informed decisions about taking and managing potential and actual risks - regain and retain their potential to manage their lives - access advocacy services. <p>6. Support individuals to make compliments and complaints.</p> <p>Respect and promote individuals' rights</p> <p>7. Acknowledge conflicts between the individuals right to make choices and their responsibilities to others. 8. Seek appropriate support when there are conflicts between the individuals' rights and responsibilities. 9. Respect the dignity and privacy of individuals, and their culture and values 10. Respect and promote the views and wishes of individuals, key people and others. 11. Work in ways that:</p> <ul style="list-style-type: none"> - recognise the individual's beliefs and preferences - puts the individual's preferences at the centre of everything you and others for whom you are responsible to - acknowledge the diversity of individuals - do not discriminate against any individual - do not condone discrimination by others. <p>12. Provide active support to enable individuals to participate to their utmost abilities. 13. Challenge behaviours and practice that discriminates against individuals. 14. Seek advice when you are having difficulty promoting equality and diversity. 15. Ensure that you do not act in any way that may make individuals feel inferior. 16. Ensure you are honest, trustworthy, reliable and dependable. 17. Communicate in appropriate, open, accurate and straightforward ways.</p> <p>Act in line with organisational procedures</p> <p>18. Act in ways that are consistent with the law, regulation and organisational procedures. 19. Explain the organisation's policies on confidentiality and complaints. 20. Maintain clear, accurate and up-to-date records. 21. Respect the individual's rights to confidentiality of information, within organisational procedures. 22. Disclose information only to those who have the right and need to know. 23. Ensure proof of identify and right to access before disclosing any information. 24. Honour your work commitments and when this is not possible, explain why. 25. Declare interests when they might influence your judgements and practice.</p>
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<p>'WHISTLE-BLOW' IN CASES OF HARM AND ABUSE</p>	<p>Equality & Diversity</p>	<p>Support individuals and involve appropriate people</p> <ol style="list-style-type: none"> 1. Find out about the individual's needs, wishes and preferences. 2. Develop appropriate relationships that enable you to carry out your work activities. 3. Support individuals to identify how they want you to carry out your work activities. 4. Provide active support: <ul style="list-style-type: none"> - that enables individuals to use their strengths and potential - to enable individuals to participate as much as they are able. 5. Respect the individual's: <ul style="list-style-type: none"> - choices and desire to care for themselves - dignity and privacy - diversity, culture and values. 6. Treat and value each person as an individual. 7. Work to resolve conflicts and if you cannot, you seek extra support and advice to help you meet the individual's needs, wishes and preferences. 8. Observe any changes that could affect the individual's care needs and report any observed changes to the appropriate people. 9. Work in ways that: <ul style="list-style-type: none"> - recognise the individual's beliefs and preferences - put the individual's preferences at the centre of everything you do - do not discriminate against any individual - ensure that the service you provide is delivered equally and inclusively. <p>Take appropriate action</p> <ol style="list-style-type: none"> 10. Identify and take appropriate action when behaviours and practice discriminate against individuals. 11. Seek extra support and advice when you are having difficulty supporting equality and diversity. 12. Ensure that individuals have the appropriate information about how to offer comments on their care. 13. Seek and acquire information about: <ul style="list-style-type: none"> - assessment of individuals in relation to actual or likely danger, harm and abuse
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		<ul style="list-style-type: none"> - any difference of views that affect the activities you are responsible for and how to deal with them - the individual's preferences, abilities and support to cope with actual or likely danger, harm and abuse - your specific role in protecting the individuals from actual or likely danger, harm and abuse - the procedures that you have to follow for working with the danger and harm to the individuals or others. <p>14. Clarify with individuals your responsibilities to disclose information about actual and likely danger, harm and abuse.</p> <p>15. Develop trust with individuals and key people so that they are able to raise and communicate concerns about actual or likely danger, harm and abuse to themselves and others.</p> <p>16. Observe any signs or symptoms that indicate that individuals:</p> <ul style="list-style-type: none"> - have been harmed or abused - are being harmed or abused - are in danger of harm or abuse. <p>17. Respond to situations and behaviour in ways that avoid putting yourself and others at unnecessary risk.</p> <p>18. Promptly alert appropriate people and organisations when you discover or suspect individuals and others who are in danger, within confidentiality agreements and according to legal and organisational requirements.</p> <p>19. Record and report the specific activities that you have carried out to protect individuals and others from danger, harm or abuse, within confidentiality agreements and according to legal and organisational requirements.</p>
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Appendix 1

Outputs from consultation on the regulation of healthcare support staff and social services support staff in Scotland – Executive Summary, including summary of responses

Executive Summary

The consultation paper was issued on 6 May 2004, and closed for comment on 20 September 2004. It was targeted towards professional and regulatory bodies, and employers and employees of the health and social services sector. It invited comments on proposals for extending regulation to a wider group of health and social services staff; *health care assistants, assistant practitioners in a wide range of care settings, AHP's assistants, healthcare scientist workforce, social services support staff, pathology assistant practitioners.*

The aims of the consultation paper were to;

- establish whether regulatory arrangements should be extended to include specified assistants and support staff
- consider how to regulate groups of staff who move across or work outside of traditional boundaries
- establish how we can ensure quality
- determine the most appropriate form of regulation
- establish who should regulate these groups of staff
- consider whether there are alternatives to statutory regulation

122 responses were received. Key respondents were; The Nursing and Midwifery Council, The Health Professions Council, Scottish Social Services Council, The Council for Healthcare Regulatory Excellence, NHS Education for Scotland, The Royal College of Nursing and UNISON Scotland, NHSScotland Operating Divisions/Boards, Local Authorities.

Summary Findings

- **93%** of responses indicated that regulatory arrangements **should be extended** to cover health and social services assistants and support staff.
- **81%** of responses felt that health and social services support staff **should be accountable for their own practice**, but that this **should be dependent on their level of training and/or scope of practice.**
- **70%** of responses felt that **setting standards** for assistants and support staff should **be the responsibility of the manager/employer**, but in consultation with support staff.
- The consensus was that 'preferably' assistants and support staff should be regulated as a single group within a single framework. However, it was also felt that, to avoid multiple registration and to facilitate transferability of staff

between the 4 UK countries, it would make sense for existing regulators to work together to develop core/common standards, with some discipline specific standards.

- **90%** of responses indicated that **statutory regulation was the most appropriate** way to ensure public protection.
- **64%** felt that Scotland **should follow** any decision that might be taken in England
- There was no general consensus over which of the regulatory bodies should regulate these staff. 33% indicated it should be the relevant professional organisation. 60% indicated that if the HPC was selected to regulate this group of staff, then it should be done by statutory committee.
- **84%** indicated the **Scottish Social Services Council should not** be the regulatory body, but 33% indicated that the SSSC should be responsible for only for social services staff
- **85%** of responses felt that regulation **would not lead** to problems such as a **second class workforce**, rather it would raise their profile, and lead to an enhanced workforce.
- The majority were content that statutory regulation is the most appropriate way to ensure public protection but **others remain to be convinced that statutory regulation is appropriate and encouraged the consideration of employer led regulation.**

A copy of the full report can be found on line at

<http://sh45inta/Publications/2006/05/HCSW>

Appendix 2

Membership of National (Scotland) Group for the Regulation of Healthcare Support Workers

NAME	DESIGNATION	INTERESTS REPRESENTED / AREA OF EXPERTISE
Frances Dow	Lay Chair	Interest in regulation and lay member of the Council for Healthcare Regulatory Excellence
Robert Anderson	CDNA (Community and District Nurses Association)	Human Resources Forum (staff side)
Jane Arroll	Director of Allied Health Professions, Greater Glasgow Primary Care Division	AHP groups and employers of AHP support workers
Michelle Bremner	Director (Scotland) Skills for Health	National Occupational Standards
Gerry Cavanagh	Learning Coordinator	SEHD – Learning & Careers
Audrey Cowie	National Programme Manager	SEHD - Occupational, Professional & Regulatory Standards
Donna Dawson	Speech and Language Therapy Assistant	Support Workers to Allied Health Professionals
Carol Dobson	Programme Director, NES	NHS Education for Scotland
Geraldine Doherty	Registrar, Scottish Social Services Council	Social Services
Dr Zoe Dunhill	Clinical Director, Children's Services, Edinburgh Sick Children's Hospital	Sick Children's Services
John Findlay	Chief Executive, 'OnePlus'	Voluntary Sector and employers interests
Michael Fuller	AMICUS	Human Resources Forum (staff side)
Uriel Jamieson	Branch Head, Nursing & AHP Directorate, SEHD	Regulation and Education for nursing, midwifery, Allied Health Professionals and support workers
David Killean	Assistant Principal, Borders College	Further Education Institutions
Gillian Lenaghan	RCM (Royal College of Midwives)	Human Resources Forum (staff side)
Jean Maclellan	Head of Branch, Vulnerable Adults Unit	Vulnerable Adults' interests
Angela MacNamara	Student Nurse and former HCSW	Healthcare Support Workers pursuing professional registration
Christine McCole	COSLA	Local Authorities
Ewan McLean	Clinical Services Manager	Independent Healthcare Forum and employers' interests
Louise McGurk	Joint Future HR Group, SEHD	Joint Future HR Group
Patricia McNally	CSP (Chartered Society of Physiotherapists)	Human Resources Forum (staff side)
Andrew Morrall	Compliance Manager	Disclosure Scotland

Helen Ostrycharz / Linda Tindall	Director of HR / Senior HR and OD Manager	Interface between statutory and employer regulation (vis a vis Bichard Inquiry)
Alan Penman	Regional Workforce Director - East	Regional Workforce Directors Group
Professor Jack Rae	Dean of School, School of Health, Nursing and Midwifery, University of Paisley	Higher Education Institutions
Dr Michael Ross	'Start Well' project	Medical Profession's interest in healthcare support workers
Elinor Smith	Director of Nursing – Grampian Primary Care	Directors of Nursing Group and employers interests
Pat Tonner	External Moderator, Health and Social Care	Scottish Qualifications Authority
Sheila Tunstall-James	Lay member	The public interest

Appendix 3

Principles underpinning the 'Regulation of Healthcare Support Workers' project

Core principles

The wider approach towards the regulation of HCSWs reflects the five principles of good regulation set out by the UK government's Better Regulation Commission (formerly Better Regulation Task Force). These are outlined in 2.1.2 below.

These principles are considered relevant to the HCSW project in that regulatory effort, in areas reserved to Westminster, is required to reflect these principles. The 4-country steering group for the project has voluntarily signed up to these as part of the evidence base for good regulatory practice. They have been used therefore, in this project, as guiding principles.

- **Transparency** The existence of a centralised occupational register provides the transparency required by prospective employers and members of the public.
- **Accountability** The approach calls for clear employer and employee accountability in facilitating and maintaining defined standards.
- **Targeting** The project targets employees who are neither regulated nor subject to regulatory plans, yet who have direct contact with or who influence in other ways the patient's outcomes.⁹
- **Consistency** Consistency in the application of standards is a feature of the approach. Identified inconsistencies in current arrangements was a key reason behind the decision to pursue nationally negotiated standards that could be applied throughout Scotland across all sectors, the achievement of which could be captured in a centralised, independently maintained register.
- **Proportionality** The approach of employer-led or service-led regulation reflects the role and accountability of employers in applying staff governance and clinical governance standards. The approach therefore is proportionate to the risk associated with the employment of HCSWs and with the role/s carried out by this group of staff.

Principles identified by the National (Scotland) Group

In addition to the above, the National (Scotland) Group (see section 1.1) also defined principles which underpinned their preferred option. These reflected the need for:

- **Action** Acknowledging that stakeholders had opted overwhelmingly for some form of regulation.
- **Public protection** Finding a solution that protects the public.

- **Fitness for practice** Building on the development agenda for staff by promoting a positive approach to regulation that could enhance the quality of patient care, while acknowledging that threshold standards for healthcare support workers should relate to public protection and not to the continuing development standards necessarily required for more advanced roles.
- **Partnership** Articulating work on a UK-wide basis while not delaying progress in Scotland.
- **Cost effectiveness** Finding a cost-effective solution for employers and employees.
- **Proportionality** Balancing financial costs with the need for public protection in a way that is proportionate to the risks involved if there was no regulation.
- **Accountability** Building on existing governance arrangements and acknowledging the employer's role in regulation and the employee's role in achieving the necessary standards.
- **Independence** Making sure that, as part of a wider framework of employer-led regulation, any future register is held independently of local and regional employers and that any registration that takes place does so against nationally agreed standards.

These principles have also been used as guiding principles throughout the project.

Appendix 4
Membership of Four-Country Steering Group

NAME	DESIGNATION	REPRESENTING
Paul Atkinson	Member	Department of Health, England
Susan Brimelow	Member	Scottish Commission for the Regulation of Care
Joyce Cairns	Member	Department of Health and Social and Personal Services of Northern Ireland
Catherine Clark	Member	Head of Regulatory Unit, SEHD
Jim Clark	Member	UNISON and NHSS Porter staff
Audrey Cowie	Professional Secretary and member	
Geraldine Doherty	Member	Scottish Social Services Council
Frances Dow	Lay Chair and member	
Kathryn Fodey	Member	Department of Health and Social and Personal Services of Northern Ireland
Michael Fuller	Member	Human Resources Forum
Kathy George	Member	Nursing and Midwifery Council
Mary Gilbert	Member	Department of Health, Wales
Linda Gregson	Member	Sponsorship Branch – Scottish Commission for the Regulation of Care (the care Commission)
Bruce High	Member	Independent Healthcare Forum
Caroline Hutchinson	Member	Statistical Workforce Information Service Scotland
Uriel Jamieson	Member	Nursing and AHP Directorate, SEHD
Lynn Leitch	Member	Pharmacy Technicians
Margaret Johnstone	Member	The public
Karen Lockhart	Member	Nursing Officer, Education and Regulation, SEHD
Rosemary Macalister-Smith	Member	Council for Healthcare Regulatory Excellence
John McLean / Ian Todd	Member	Scottish Criminal Records Office
Dave McLeod	Member	'Protection of Vulnerable Adults' Bill Team, SE
Maureen Morgan	Member	Department of Health, England

Patricia Purton	Member	Royal College of Midwives (and formerly Scottish Partnership Forum)
Catherine Rainey	Member	Post-Bichard policy team, SE
Denise Richards	Member	Department of Health, Wales
Greg Ross-Sampson	Member	Health Professions Council
Elinor Smith	Member	Employers' Reference Form (Management Steering Group)
Diane White	Member	Sponsorship Branch – Social Service Workforce Regulation, SE

Appendix 5 Membership of Working Group

NAME	DESIGNATION	REPRESENTING
Gerry Cavanagh	Learning Projects Manager, Scottish Executive Health Department	Learning, Development and Careers
Jim Clark (up to April 2006)	Porter	UNISON and frontline portering staff
Noni Cobban	Project Leader, University of Stirling	Homecare Practice Licence Project
Audrey Cowie	National Programme Manager, Scottish Executive Health Department	Regulation and Workforce Standards
Carol Dobson	Programme Directors, NHS Education for Scotland	NHS Education for Scotland and National Group member
Ann Green	Support Services Manager, NHS Borders	Support Services Staff Management
Maggie Havergal	Manager – Scotland, Skills for Health	Sector Skills Council for Health
Margaret Johnstone	Lay Member	The patient and public interests
Lynn Leitch	Lecturer, Telford College, Edinburgh	Pharmacy Technicians
Linda Lynch	Head of Learning and Development, NHS 24	Learning & Development
Eddie McLaughlan	Assistant Director, Health Facilities Scotland	Property and Environment Forum
Andrew Morall / Sandy Henderson	Manager/s, Disclosure Scotland	Disclosure Scotland, Scottish Criminal Records Office
Ed Moreton	Trainer, NHS Grampian	Training & Development of ancillary staff
Ian Stephenson	Manager, BUPA	Independent sector
Linda Tindall	Human Resource Manager, Yorkhill Hospital, Glasgow	Human Resources Management and National (Scotland) Group
Jack Rae	Head of Nursing and Midwifery Education, Paisley university	Higher Education and National (Scotland) Group
Raymond Taylor	Head of Training	Scottish Social Services Council
Morag Thomson (until March 2006)	KSF Development Manager	KSF Development, Pay Modernisation Unit
Susan Watt / Ros Derham	Officer/s	Royal College of Nursing

