

15 June 2010

Dear Colleague

HEALTHCARE SUPPORT WORKERS – MANDATORY INDUCTION STANDARDS AND CODE OF CONDUCT FOR HEALTHCARE SUPPORT WORKERS AND MANDATORY CODE OF PRACTICE FOR EMPLOYERS OF HEALTHCARE SUPPORT WORKERS

Summary

1. The direction from Scottish Ministers at **Annex A** of this CEL applies to all Scottish Health Boards, Special Health Boards and the Common Services Agency (“Boards and the Agency”) and applies to **new** :

- (a) staff they employ (but does not apply to *staff not employed by Boards and the Agency* ie. volunteers; staff supplied by third party agencies, including voluntary and independent organisations; or providers of primary care services), as *Healthcare Support Workers* (clinical and non-clinical); and
- (b) self-employed staff they engage as such.

2. The definition of Healthcare Support Worker (HCSW) is contained in **paragraph 2 of Schedule 1 to Annex A**. An indicative list of the job categories under which related support roles would be expected to fall within this definition is enclosed within guidance at **Annex B, paragraph 10**. The definition of “Healthcare Support Worker” is intended to include persons employed by Employing Authorities under contracts of service¹, ie the usual route for employment, as well as individuals who are engaged directly by the Employing Authority to perform services under a contract for services, ie the route for the self-employed, and references to “employ” and “employment” are to be construed accordingly.

3. The Direction requires that, from 31 December 2010, Boards and the Agency only directly recruit as HCSWs those who commit to achieving the induction standards at **Appendix 1** and to complying with the Code of Conduct at **Appendix 2** (both as amended from time to time). It also requires Boards and the Agency to comply with the Code of Practice for Employers of HCSWs at **Appendix 3** (as amended from time to time).

Addresses

For action

Chief Executives, Directors of Human Resources, Medical Directors, Directors of Nursing, Directors of Finance, Directors of Facilities, Directors of Pharmacy, Directors of Dentistry, Directors of Psychological Therapies, AHP leads, Midwifery leads, Opticians leads, Scientists leads (NHS Boards and Special Health Boards)

For information

Directors of Primary Care, MSG, SWAG, EPRIG, OISG, SIG, Carrie Young (BMA GP Committee), Norman Provan (RCN)

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¹ The terms “contract of service” and “contract for services” are used to distinguish employees from persons who are self-employed. “Contract of service” relates to a person in employment while “contract for services” relates to a person who is self-employed and who provides services to clients.

For the purposes of self-employed HCSWs under a contract for services, failure to adhere to the Induction Standards or to comply with the Code of Conduct will be deemed to be a breach of an essential term of their contract for services, allowing the Employing Authority to terminate it with or without notice. Where HCSWs are volunteers or supplied by third party agencies (including voluntary and independent organisations), the Standards and Codes should be recommended by Boards and the Agency as good practice for those staff, although implementation is entirely at the discretion of the Employing Authority, based on operational practicalities and consultation with any third party agencies involved.

4. Boards and the Agency must also ensure that all HCSWs who commence permanent or temporary employment with them from 31 December 2010, achieve the Induction Standards (length of contract permitting) and continue to comply with the Code of Conduct throughout their employment. They must not continue to employ a person who, having been employed on such conditions continually fails to comply with the Code, or fails to meet any particular standard, despite adequate training and support and following recognised NHSScotland policy and procedures on capability and conduct.

Reference to standards and codes within job descriptions for new start HCSWs

5. Job descriptions for those new start HCSWs involved in the new arrangements must, from 31 December 2010, contain an element that makes reference to the fact that compliance with the Induction Standards and the Code of Conduct for HCSWs is a mandatory feature of the role. Each new start HCSW involved in the new arrangements must be required to accept this element of the job description before he/she can be employed within NHSScotland.

Workplace Supervision – support for local implementation

6. We anticipate that Workplace Supervisors (WPSs) will need support from employers to adapt to the new responsibilities that this policy brings. To address this, NHS Education for Scotland will support Boards in identifying how standards might be most effectively assessed in the workplace, and what support might be needed for that assessment.

7. For HCSWs recruited by Boards or the Agency prior to 31 December 2010 compliance with the Code of Conduct is not immediately mandatory, but should be commended by Boards and the Agency as the service standard. The timescale for implementation with existing staff is, however, for Boards and the Agency to decide, but it is expected that meantime all HCSWs will be treated fairly and consistently by employers with regard to performance and conduct matters covered by the Code. In the long term the new requirements will be inserted into each Partnership Information Network (PIN) policy as it is reviewed and will therefore, at that point, be applied to existing staff as part of their Terms and Conditions.

Action

8. Chairs and Chief Executives must ensure that:

- the terms of this Direction are actioned in their Employing Authority;

- an “Executive Sponsor”, ie a Director nominated by the Chief Executive, is identified to promote the terms of this Direction and govern compliance with it;
- the Executive Sponsor is identified as the responsible official for monitoring purposes;
- an annual report on progress with the revised arrangements is submitted to the Scottish Government Health Directorates as part of routine accountability arrangements;
- all other measures required to deliver on this Direction are put fully in place; and
- this CEL is copied to the local partnership forum for information.

Yours sincerely



DR INGRID J CLAYDEN
INTERIM DIRECTOR FOR HEALTH WORKFORCE



ROS MOORE
CHIEF NURSING OFFICER

Copy to: *Chief Medical Officer*
Chief Pharmaceutical Officer
Chief Health Professions Officer
Chief Dental Officer

ANNEX A

DIRECTION FOR HEALTHCARE SUPPORT WORKERS TERMS AND CONDITIONS

NATIONAL HEALTH SERVICE (SCOTLAND) HEALTHCARE SUPPORT WORKERS (CONDITIONS OF SERVICE) DIRECTION 2010

1. The Scottish Ministers give the following Direction in exercise of the powers conferred by sections 2(5), 105(7), paragraph 5 of Schedule 1, and paragraph 7 of Schedule 5 to the National Health Service (Scotland) Act 1978² and all other powers enabling them to do so.
2. This Direction may be cited as the National Health Service (Scotland) Healthcare Support Workers (Conditions of Service) Direction 2010 and is given to Health Boards, the Common Services Agency (also known as National Services Scotland), the State Hospitals Board for Scotland, NHS Health Scotland, NHS Quality Improvement Scotland, the Scottish Ambulance Service, NHS Education for Scotland, NHS 24 and the National Waiting Times Centre Board, hereinafter referred to as "Employing Authorities".
3. Employing Authorities must apply the provisions detailed in Schedule 1 to this Direction.
4. This direction shall come into force on 31 December 2010.

Signed by authority of the Scottish Ministers



DR INGRID J CLAYDEN
INTERIM DIRECTOR FOR HEALTH WORKFORCE CHIEF NURSING OFFICER

² 1978 c.29; section 2(5) was amended by the Hospital Complaints Procedure Act 1985 (c.42), section 1(1) and the National Health Service and Community Care Act 1990 (c.19), section 66(1) and schedule 9, paragraph 19; section 105(7) was amended by the Health Services Act 1980 (c.53), ("the 1980 Act") schedule 6, paragraph 5(1) and schedule 7, the Health and Social Services and Social Security and Adjudications Act 1983 (c.41), schedule 9, paragraph 24 and the Health Act 1999 (c.8), schedule 4, paragraph 60; paragraph 5 of schedule 1 was amended by the 1980 Act, schedule 6, paragraph 7(2)(b) and schedule 7; paragraph 7 of schedule 5 was amended by the 1980 Act, schedule 6, paragraph 8(3)(b) and schedule 7. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

SCHEDULE 1 TO ANNEX A

Revised Terms and Conditions Arrangements for Healthcare Support Workers

Healthcare Support Workers

1. The definition of “Healthcare Support Worker” is intended to include persons employed by Employing Authorities under contracts of service³, ie the usual route for employment, as well as individuals who are engaged directly by the Employing Authority to perform services under a contract for services, ie the route for the self-employed, and references to “employ” and “employment” are to be construed accordingly. The posts included in the revised terms and conditions arrangements for Healthcare Support Workers are all new staff employed from 31 December 2010 onwards, whose indicative job descriptions correspond with the definition at paragraph 2.

2. A Healthcare Support Worker means a person who is a health care worker “serving” the public⁴, and who is:

- an employee of an Employing Authority⁵ or
- self-employed in a contract with the Employing Authority.

And who is engaged in any of the following:

- in a direct clinical role, under supervision of a health care professional⁶;
- in an indirect clinical role, under the supervision of a health care professional;
- in a direct service provision role, with access to patients and members of the public;
- dealing with personal identifiable patient data;
- having responsibility for maintaining premises or equipment used by patients;
- or
- involved in the preparation / delivery of goods or services directly for / to service users.

But who is not:

- a health care professional or
- an unpaid volunteer or
- a worker who is in a contract with a third party to do, or perform personally, work or services for an Employing Authority, for instance a member of WRVS staff. This includes workers in a contract or other arrangement with persons

³ The terms “contract of service” and “contract for services” are used to distinguish employees from persons who are self-employed. “Contract of service” relates to a person in employment while “contract for services” relates to a person who is self-employed and who provides services to clients.

⁴ In this context, the “public” would include people in receipt of care within the context of NHS service provision, including donors in the Blood Transfusion Service.

⁵ NHS Scotland Health Boards, Special Health Boards and the Common Services Agency.

⁶ A “health care professional” is a member of a profession which is regulated by a body mentioned (at the time the agreement in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (c. 17). The relevant regulatory bodies are the General Chiropractic Council (GCC), the General Dental Council (GDC), the General Medical Council (GMC), the General Optical Council (GOC), the General Osteopathic Council (GOsC), the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC) or the General Pharmaceutical Council (GPC). For the purposes of this Direction this includes Psychotherapists, Counsellors and Healthcare Scientists as these groups were identified as priorities for statutory regulation in the White Paper *Trust, Assurance and Safety*.

who provide primary medical services, general dental services, general ophthalmic services or pharmaceutical services in terms of the National Health Service (Scotland) Act 1978).

“SERVING” THE PUBLIC:

For the purposes of this Direction an individual is considered to be serving the public if his/her role involves any of the following duties :

- Caring for, teaching, instructing, training or supervising members of the public.
- Interacting with members of the public at any point in time – even if that is on a very limited or restricted basis.
- Providing assistance, advice or guidance to members of the public which relates to physical, emotional, social or spiritual well-being.
- Doing anything permitted or required in connection with his/her position which gives him/her the opportunity to either have direct contact with members of the public or to have an indirect effect on them in other ways that have the potential to cause them harm, or to protect them from harm. This includes, but is not restricted to, the handling of personal data, the preparation of goods and the maintenance and cleanliness of premises or equipment, where these duties have the potential to affect patients and members of the public, involving the opportunity to either do, or safeguard them from, harm.

3. In order to implement the revised Terms and Conditions arrangements for Healthcare Support Workers all Employing Authorities, when they employ new staff whose indicative job description is within the definition of a Healthcare Support Worker, must adhere to the Code of Practice for Employers (**see Appendix 3**). They must ensure that Managers of such staff are aware of their responsibility to adhere to the Code, and this requirement must be described in general terms in those Managers’ job descriptions. With regard to self-employed HCSWs under a contract for services, failure to adhere to the Induction Standards or to comply with the Code of Conduct will be deemed to be a breach of an essential term of their contract, allowing the Employing Authority to terminate it with or without notice. Self-employed HCSWs are expected to self-assess against the criteria within the Induction Standards and Code of Conduct and ensure that they work to standard.

Code of Conduct for Healthcare Support Workers

4. In order to apply the revised Terms and Conditions arrangements for Healthcare Support Workers, any new staff member whose indicative job description is evaluated by his/her employer as being within the definition of a Healthcare Support Worker must, at the point of taking up employment, sign up to and comply with throughout his/her period of employment, the Code of Conduct for Healthcare Support Workers (**see Appendix 2**) and the Code must be incorporated within his/her Contract of Employment/Contract for Services. This responsibility must be described in general terms in the job description. A sample insertion to the Contract of Employment/Contract for Services and job description is enclosed below at **paragraph 6**. Any Healthcare Support Worker who declines to sign up to the Code of Conduct must not be employed by the Employing Authority.

Induction Standards for Healthcare Support Workers

5. All new staff whose indicative job descriptions are evaluated by their employer as being within the definition of a Healthcare Support Worker must achieve, normally within three months of full-time employment (or the part-time equivalent) after starting work, and maintain the Induction Standards for Healthcare Support Workers (**see Appendix 1**), as part of their Terms and Conditions of Service as determined by Scottish Ministers, or their Contract for Services. In exceptional circumstances the achievement period may be extended to six months full-time (or the part-time equivalent) at the discretion of the Employing Authority. This responsibility must be described in general terms in the job description. A sample insertion to the Contract of Employment/Contract for Services and job description is enclosed below at **paragraph 6**.

Insertion to the Contract of Employment/Contract for Services and job description for Healthcare Support Workers

6. ***Induction Standards and Code of Conduct***

*Your performance must comply with the “Mandatory Induction Standards for Healthcare Support Workers in Scotland” 2009; and with the Code of Conduct for Healthcare Support Workers, both as amended from time to time, which are attached (further copies can be obtained on-line at www.workinginhealth.com/standards/healthcaresupportworkers or from your Human Resources Department). **Failure to adhere to the Standards or to comply with the Code may result in poor performance measures or disciplinary action and could lead to dismissal; or if you are self-employed, such failure will be deemed to be breach of an essential term of your contract, allowing us to terminate with or without notice.***

Executive Sponsor

7. The Employing Authority must nominate or appoint an “Executive Sponsor”⁷ to promote the terms of this Direction and govern and oversee the monitoring of compliance with it. Where that person ceases to hold the position of Executive Sponsor, a replacement must be found as soon as reasonably practicable. The responsibilities of the Executive Sponsor are to:

- Ensure the Employing Authority has systems in place to support the implementation of the Standards and Codes;
- Ensure the Employing Authority has systems in place to support evaluation of its own performance with regard to implementation of the Standards and Codes;
- Ensure that action is taken where concerns are raised by that evaluation;
- Where appropriate, refer concerns regarding implementation to the Scottish Government Health Directorates;
- Prepare an evidence-based annual report as a result of monitoring compliance with the revised arrangements for the Scottish Government Health Directorates as part of staff governance arrangements.

⁷ For the purposes of this Direction, “Executive Sponsor” means a Director nominated by the Board Chief Executive.

Performance

8. The Employing Authority must not continue to employ a Healthcare Support Worker who continually fails to comply with the Code of Conduct for Healthcare Support Workers or fails to meet the Induction Standards for Healthcare Support Workers despite adequate training and support. The performance of a Healthcare Support Worker against the Code of Conduct and Induction Standards will be assessed by the Employing Authority in question. Performance must be assessed and agreed on an annual basis, as part of the existing performance management and appraisal arrangements. NHS Education for Scotland (NES) will provide assessment tool materials and guidance on assessment processes for the induction standards.

9. Appropriate measures must be taken to ensure the continued compliance of Healthcare Support Workers with the Code of Conduct and Induction Standards. A reviews and appeals process for Healthcare Support Workers will be provided for under the Employing Authority's usual Employee Conduct and Employee Concerns procedures.

10. Employing Authorities must monitor their Managers' compliance with the Code of Practice for Employers. How this should be carried out is explained in greater detail at **Annex B. Appendix 3** highlights how the Code of Practice will be monitored on a national level through existing Staff Governance and Information Governance arrangements. To assist with effective evidence gathering, **Appendix 4** maps the components of the Code of Practice against the corresponding Staff Governance elements.

Transfer arrangements

11. From 31 December 2010 all new staff whose posts are evaluated by the Employing Authorities as being within the definition of a Healthcare Support Worker will be subject to the revised Terms and Conditions arrangements for Healthcare Support Workers. Where new staff fall within the definition of a HCSW except for the fact that they are not employed or self-employed as defined in paragraph 2, Employing Authorities may wish to take steps to procure that volunteers and staff supplied by third party agencies (including voluntary and independent organisations) are subject to the revised Terms and Conditions arrangements, as a matter of good practice. This is entirely at the discretion of Employing Authorities, based on operational practicalities and consultation with the third party agencies.

Monitoring

12. The Employing Authorities must provide the Scottish Government Health Directorates with an annual report on progress with the revised arrangements; this must include data on the number of new Healthcare Support Workers in the period covered by the report and how many have successfully achieved the Induction Standards within six months of taking up post. The data should differentiate between whether the Induction Standards were applied as part of the mandatory revised arrangements, or on a voluntary / good practice basis as described in paragraph 11. This will be facilitated by records kept on the Scottish Workforce and Information Standard System (SWISS), from which it will be possible to run reports.

SWISS will be enabled to differentiate between those who are subject to the new requirements through mandatory and voluntary / good practice arrangements.

ANNEX B

GUIDANCE

NB This guidance must be read in conjunction with Schedule 1 to Annex A.

BACKGROUND TO MANDATORY STANDARDS AND CODES

1. The pilot which tested out, within three NHSScotland Boards, a set of induction standards for HCSWs, a Code of Conduct for HCSWs and a Code of Practice for Employers of HCSWs completed in December 2008. The parallel independent evaluation study reported in April 2009. 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>.

The recommendations made have since been accepted by the Cabinet Secretary for Health & Wellbeing and endorsed by Health Ministers in England and Wales. Northern Ireland continues to consider its approach to the regulation of HCSWs.

2. The Cabinet Secretary for Health & Wellbeing launched the standards and codes on 28 October 2009 and the new mandatory requirements have been communicated to the Scottish Workforce and Staff Governance Committee and consist of the following elements:

- Reference within the job descriptions of new HCSWs to the requirement to meet the defined Induction Standards and to the need to comply with the Code of Conduct.
- Before taking up post, a HCSW will commit in writing to achieving the required induction standards and to complying with the Code of Conduct for HCSWs.
- The achievement by HCSWs of a set of induction standards normally within three months (full-time, or part-time equivalent) of starting work and no more than six months in exceptional circumstances.
- The declaration of ongoing commitment by HCSWs, at the end of the induction period of three months, to compliance with the Code of Conduct.
- The commitment by employers of HCSWs to compliance with the Code of Practice for Employers.
- The recording on the Scottish Workforce Information Standard System of the achievement by HCSWs of the Induction Standards and their compliance with the Code of Conduct for monitoring purposes.

EMPLOYMENT STATUS

3. The definition of “Healthcare Support Worker” at paragraph 2 of **Schedule 1 to Annex A** is intended to include persons employed by Employing Authorities under contracts of service⁸, ie the usual route for employment, as well as individuals who are engaged directly by the Employing Authority to perform services under a contract

⁸ The terms “contract of service” and “contract for services” are used to distinguish employees from persons who are self-employed. “Contract of service” relates to a person in employment while “contract for services” relates to a person who is self-employed and who provides services to clients.

for services, ie the route for the self-employed, and references to “employ” and “employment” are to be construed accordingly.

HEALTHCARE SUPPORT WORKERS EMPLOYED VIA THIRD PARTY AGENCIES

4. The Scottish Ministers have set out a clear vision for delivery of NHSScotland services by providing high-quality, safe and effective care through an empowered and flexible workforce. The adoption and introduction of these Standards and Codes contributes to the delivery of this vision, reinforces the commitment to the principles of continuous quality improvement, and will benefit patients and staff alike. Where third party agencies (including voluntary and independent organisations) employ and provide HCSWs under a contractual arrangement to Employing Authorities, Employing Authorities may wish to commend to those third parties the adoption of these Standards and Codes for their HCSWs, as representing good practice. This is entirely at the discretion of Employing Authorities, based on operational practicalities and consultation with the third party agencies.

5. Where a new HCSW is in a contract with a third party to do, or perform personally, work or services for an Employing Authority, for instance an agency nursing assistant or agency domestic services assistant, (but not including workers in a contract or other arrangement with persons who provide primary medical services, general dental services, general ophthalmic services or pharmaceutical services in terms of the National Health Service (Scotland) Act 1978)), Employing Authorities may wish to, at their own discretion, take steps to procure that the third party employer implements the Induction Standards and Code of Conduct for their HCSWs. Suppliers may provide services, procurement contracts, etc, for the Employing Authority involving HCSWs delivering those services and implementation may necessitate altering the terms of the existing contract with the third party in order to make the third party subject to the Code of Practice for Employers and ensure they support their new HCSW staff to achieve the Induction Standards and to comply with the Code of Conduct. The intention is to consult further on the practicalities of extending the new arrangements in a future Direction to include workers with a third party contract and those employed by GPs, pharmacists, dentists, ophthalmic medical practitioners, opticians, nurses and midwives providing services to an Employing Authority under primary care contracting or statutory arrangements.

LENGTH OF EMPLOYMENT AND EXEMPTIONS

6. Where a new HCSW is not expected to be retained to perform work or services for an Employing Authority for a period of more than 3 months the Employing Authority may decide, at its discretion, to provide for such a HCSW to be exempt from achievement of the Induction Standards. A HCSW exempted on this basis must still be subject to the requirements of the Code of Conduct for the period of his/her employment.

VOLUNTEERS

7. With regard to new HCSWs who are unpaid volunteers recruited by an Employing Authority or in a contract with an Employing Authority to do, or perform personally, work or services for it, Employing Authorities are encouraged to

implement the Standards and Codes for the volunteer HCSWs delivering services for them. Where this is practical and feasible and the Employing Authority opts to proceed with implementation, it is for the Employing Authority to deliver as part of local induction and monitoring processes, rather than any voluntary organisation affiliated to the unpaid volunteer.

CODE OF CONDUCT

8. Employing Authorities, and those agencies contracted to provide services to them, should be aware that employment law requires consistent treatment of staff who breach the Code of Conduct, whether they are new joiners from 31 December 2010 or existing staff. Therefore, fair and consistent management is expected during any performance management procedures related to conduct and capability concerning any non-compliance by a HCSW with the required standard, irrespective of whether the HCSW is an existing or newly appointed member of staff. As a matter of good practice, Employing Authorities are encouraged to also implement the Code of Conduct for existing staff, to ensure equity of treatment and avoid inconsistency in terms of accountability. The timeframes for implementation with regard to existing staff are initially at the discretion of Employing Authorities, in line with local circumstances. However, in the long term the new requirements will be reflected in each PIN policy as it is reviewed and will therefore be applied to existing staff as part of their Terms and Conditions.

DEFINITION OF HCSW

9. The definition at paragraph 2 of **Schedule 1 to Annex A** has the effect of applying the mandatory standards and codes to any new start HCSW working directly (not via a third party agency) for Boards or the Agency on a permanent or temporary basis (including the engagement of the self-employed), who is not an unpaid volunteer or a person employed by a provider of primary care services such as a General Practitioner, Pharmacist, Dentist or Midwife; and who is not currently statutorily regulated or among the remaining priority groups awaiting statutory regulation, as identified in the White Paper *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* (Psychotherapists/Counsellors and Healthcare Scientists). Additionally, the role must be either:

- a direct clinical role, under supervision of a health care professional;
- an indirect clinical role, under the supervision of a health care professional;
- a direct service provision role, with access to patients and members of the public;
- involved in dealing with personal identifiable patient data;
- involved in having responsibility for maintaining premises or equipment used by patients; or
- involved in the preparation / delivery of goods or services directly for / to service users.

Such a role must feature any of the risk-based principles defined under ‘Serving the Public’ in order to qualify. In basic terms it must involve, or have the potential to involve, a *direct* or *indirect* influence on the welfare of members of the public that could potentially cause or prevent harm, including that arising from even incidental contact. So there are essentially four applicability tests that must be met for a member of staff to be included in the model: 1) that they are not unpaid

volunteers or persons employed via a third party agency (including those directly employed by providers of primary care services); 2) that they are not statutorily regulated or in a priority group awaiting statutory regulation; 3) that they are directly employed by an Employing Authority on a permanent or temporary basis, to personally perform work or services for it; and 4) that they function in one or more of the roles described, that is assessed as involving any of the principles defined under 'Serving the Public' at paragraph 2 of **Schedule 1 to Annex A**.

10. An *indicative*, but not exhaustive, list of the **services** within which related **support roles** would be expected to involve the defined principles is provided below (*listed here in alphabetical order*):

- **Allied Health Professional services** (support to Art Therapy Services including Art, Music and Dance Therapists; Dietitians; Orthoptists; Occupational Therapists; Orthotists; Chiropodists/Podiatrists; Prosthetists; Physiotherapists; Radiography Services- Diagnostic and Therapeutic; Speech and Language Therapists)
- **Chaplaincy Services**
- **Complementary and alternative therapies services:** those practising aromatherapy, reiki, massage, etc.
- **Dental Support Services** (Dental Nursing Services; Dental Technical Services and Oral Health Services including "Childsmile" team)
- **Diagnostic Services** (Electro-cardiography, etc)
- **Emergency Services** (Ambulance – Accident & Emergency / Paramedic Services; Emergency call handler and controller services in Emergency Medical Dispatch Centres; and Ambulance - Patient Transport Services)
- **Facilities and Support Services:**
 - Patient Services (Cashier Services; Catering Services; Coffee Shop attendants; Domestic / Housekeeping; Hairdressers; Hotel Services, including kitchen services; Medical Secretaries; Portering Services; Reception Services; Transport Services; Mortuary Services).
 - General Services (Finance; General Administration; Library Services; Medical Records; Office Support; Patient Focus Public Involvement Co-ordination services).
 - Non-Clinical Support Services (Capital Projects; Car Parking; Estates/Maintenance; Grounds & Gardens; Health & Safety; HSDU/CSSD; IT; Laundry/Linen/Sewing services; Monitoring Services staff; Procurement; Risk Management; Security; Sterile Services; Telephony).
- **Genetic Counselling Services**
- **Health Promotion and Sexual Health Services**, eg Smoking Cessation support services
- **Healthcare Associated Infection / Infection Control Services**
- **Healthcare Science and Laboratory Services** (Physical; Physiology; Life; Perfusion; Medical Illustration; Maxillofacial Prosthetics; Respiratory Function; etc)
- **Medical Support Services** (Phlebotomy Services; Physician Support Services; Ward Round Support Services; etc)
- **Nursing and Midwifery Services** (General / Acute; Care of the Elderly; Paediatrics; Mental Health; Learning Disabilities; Maternity; Public Health; Nursery Services; Occupational Health; Community Nursing & Midwifery Services; NHS 24; Nurse Bank; Blood Transfusion Service; and Staff Nursery; etc)

- **Operating Department Support Services**
- **Optometry Services**
- **Personal and Social Care Services** (Social Work)
- **Pharmaceutical Services in Hospitals** (Pharmacist Assistance ; Technical Assistance; Dispensary Assistance; Medicine Counter Assistance).
- **Play Therapy Services** (Play Therapy / Specialist services)
- **Psychology Services** (Clinical Psychology support; Talking Therapy support / unregulated counselling support)

11. This list is not exhaustive and all support roles must be assessed against the principles at paragraph 2 of **Schedule 1 to Annex A** to gauge whether the Standards and Codes must be applied to that role on a mandatory basis. At their discretion, Employing Authorities may wish to take a more inclusive approach to implementation to guarantee the flexibility of roles.

INDUCTION STANDARDS, CODE OF CONDUCT AND CODE OF PRACTICE FOR EMPLOYERS - ARTICULATION WITH THE NHS KNOWLEDGE AND SKILLS FRAMEWORK

INDUCTION STANDARDS

12. The mandatory induction standards are fundamental standards that must be met by all new start Healthcare Support Workers (HCSWs) in order to ensure patient safety and public protection. They focus on providing the HCSW with the necessary tools to be able to deal safely and effectively with patients and members of the public and they include behavioural aspects.

13. The KSF is a broad competence framework, which is part of Agenda for Change and defines the knowledge and skills that a HCSW needs to apply to fulfil the requirements of his/her employment role and provides a basis for continuous staff development, review and personal development planning.

14. The induction standards also provide a framework to support initial personal development planning and should be viewed as adjunctive and complementary to KSF outlines for posts.

15. HCSWs, with the support of their supervisors⁹, will be required in the early period of NHSScotland employment to work towards achieving both the induction standards (normally within 3 months¹⁰ full-time or equivalent part-time) and the foundation level of the KSF post outline (within 12 months).

16. In order to minimise duplication of effort, evidence collected for induction and for KSF purposes, as well as for any additional role-specific frameworks, should be assessed for applicability and usefulness to the demonstration of achievement for all frameworks.

⁹ We anticipate that supervisors will be KSF or PDP reviewers, or will be trained SVQ assessors. All NHS Boards are accredited SVQ centres and should have suitable staff in post with the necessary skills.

¹⁰ In exceptional circumstances, a period of six months may be required for the achievement of the induction standards and compliance with the code of conduct by a HCSW. This will be at the discretion of the employer.

17. Evidence of achievement of the induction standards could provide relevant and appropriate evidence of meeting the requirements of the KSF foundation outline, however additional evidence may be required depending on the KSF outline for the post in question.

CODE OF CONDUCT FOR HCSWS

18. In relation to level 1 indicators of KSF Core dimension 5 – Quality – evidence provided through the KSF review process should provide some evidence that the HCSW is working to the Code of Conduct.

CODE OF PRACTICE FOR EMPLOYERS OF HCSWS

19. The e-KSF will provide evidence by recording development reviews on the system, of an employee's progress against their KSF outlines for posts, and will

- a. support employers in demonstrating that they are working to the standard set out within the Employer's Code of Practice, and
- b. provide evidence that the HCSW is being supported to maintain appropriate knowledge and skills levels for KSF.

ONGOING COMPLIANCE WITH STANDARDS AND CODE OF CONDUCT BY HEALTHCARE SUPPORT WORKERS

20. It is expected that HCSWs will undertake annual personal development planning and review processes in order to maintain the standards achieved at induction and to consolidate the requirements associated with the Code of Conduct. In order to minimise duplication of effort, evidence collected for induction and for KSF purposes should be assessed for applicability and usefulness to the demonstration of achievement for both frameworks. Evidence should also be assessed for applicability and usefulness to other frameworks, for example the Domestic Services Framework.

ONGOING COMPLIANCE WITH CODE OF PRACTICE FOR EMPLOYERS

21. It is a requirement that there will be a Director level sponsor for this policy within each of the NHSScotland organisations to which it applies. This sponsor will promote this policy, govern compliance across the organisation and support compliance monitoring of the Code of Practice for Employers. External monitoring of compliance will take place through routine staff and information governance arrangements in order to avoid duplication of effort. To assist with this the components of the Code of Practice are cross-referenced with the corresponding Staff Governance elements at **Appendix 4**.

22. Annual reports will be run by SWISS (Scottish Workforce Information Standard System) to assess Employing Authorities' compliance with requirements.

APPENDIX 1

HEALTHCARE SUPPORT WORKERS IN SCOTLAND MANDATORY INDUCTION STANDARDS

Knowledge and Skills Framework - core dimension	Public protection standard statements
Health, safety and security	Protecting the public from harm and abuse Being fit (healthy) to work Maintaining health and safety at work Assessing risks at work Reporting incidents at work
Communication	Working within confidentiality guidelines
Personal and people development	Developing your knowledge and practice Reviewing your working practice to improve your knowledge
Quality	Contributing to team work Building "customer" relationships Managing yourself as a resource Working within your own limits
Equality and diversity	Working in line with the equality, diversity, rights and responsibilities of people "Whistle-blowing" in cases of harm and abuse

APPENDIX 2

Code of Conduct for Healthcare Support Workers

Working to standard: a code of conduct for support workers in healthcare

1. Introduction

1.1 Welcome to this code of conduct for support workers in healthcare.

1.2 As a healthcare support worker, you play a vital role in:

- helping the NHS deliver its services
- protecting patients and the public from harm and
- valuing all aspects of equality and diversity.

What you do has a big impact on the quality of healthcare for people who use the service.

1.3 This code of conduct is necessary because the work you do as a member of the healthcare team is very important. The code 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 patients¹ and the public² you work with. It is based on the basic principle of **protecting the public**, and mirrors what is required of all 'regulated' healthcare professionals you may work alongside.

1.5. You can use the code to check that you are 'working to standard'. Your employer can use it to make sure that the service is meeting the standards and that both public and patient safety is assured. Employers can also 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, the code will show you how you can change the way you work to make sure you are working to standard.

1.7. The statements are designed for all healthcare support workers in NHS Scotland, wherever you work and whatever job you do. So, it is a national **code of conduct** 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 The term 'patient' is used throughout the code. However, in practice you may hear patients being referred to as 'service users', 'clients' or 'residents'. Basically, the term means any person that you come into contact with who needs care.

² The term 'the public' is also used throughout the code and refers to the people with whom you come in to contact with, or to whom you provide a service, in the name of NHSScotland but who may not fall into the category of "patient", for example a blood donor.

1.8. Your employer also has a code of practice to guide how they treat you as a worker and how they can support you to achieve the required standard reflected in this code.

2. Where has the code come from?

2.1. The first version of the code was developed by a working group brought together by the Scottish Executive Health Department in 2006. 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. The group took special care to make sure that the code is in keeping with 'like' codes in other relevant sectors, such as social services. The code has since been tested by the Scottish Government Health Directorates, as part of a pilot project in 2007 - 08, and has been reviewed and finalised as a result. The pilot demonstrated unanimous support for the code.

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 times. This is essential to protect patients, members of the public and others from harm. 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 character'. This means that you should always display the characteristics outlined in paragraphs 3.2.1 to 3.2.13 below.

Good character

3.2.1. Accountability - making sure that you can always 'answer' for your actions or omissions.

Make sure you are happy with the things you do (actions) and the things you don't do (omissions) in your daily work and that you can justify them to patients, members of the public, your supervisor, your employer and others. You must carry out only the tasks agreed in your job description or specification so that your employer knows what you are likely to be doing and, based on this, agrees to accept liability (known as 'vicarious liability') for your actions.

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

When you are working to standard on accountability, you may be asked to explain anything that you do or do not do with, or for, the patient or member of the public for whom you provide a service. So, you need good reasons for the way you have acted. Your employers will draw on the knowledge and skills you have used when they judge your actions. Make sure that you record your actions in line with your employer's procedures. By taking part in ongoing monitoring of your performance, you are showing you are aware of your accountability.

3.2.2 Awareness – being honest with yourself and others about what you can do.

Know yourself, what you can do and what you can't do. The safety of your patients and members of the public is your first priority. Always ask colleagues for help if you have any worries or concerns about your abilities.

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

When you're working to standard on awareness, you'll know yourself well enough to know what you can do. You'll show you understand that some procedures can only be carried out by people who have had special training; and that, in certain circumstances, you need permission from qualified or supervisory staff before you do certain things with or for patients or members of the public. If you feel you're being asked to do something you haven't been trained to do, and that you don't have the skills to do it, you will speak up.

3.2.3. Integrity - always do what is right to protect the patient or member of the public for whom you provide a service.

Always do your best to make sure nothing you or anyone else does, or does not do, will harm the person's mental or physical health or wellbeing or delay their 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 and the public in every way you can, taking into account all aspects of equality and diversity. You should be prepared to report issues that cause you to worry.

3.2.4. Advocacy - doing your best for patients, members of the public and their relatives.

This means being responsible for promoting and protecting the interests of people in receipt of services, many of whom may not be able to protect their own interests. This could involve speaking up for people to make sure that what is best for each individual is always taken into account.

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' and members of the public's interests first at all times and making sure that you are meeting their wants and needs. All people are individuals with different likes and dislikes and you must acknowledge their equality and diversity to make sure that you treat them equally and fairly.

3.2.5. Sensitivity – respecting the patient / member of the public.

Every patient or member of the public is an individual with real feelings and emotions. When working with patients or members of the public, think about how they may be feeling and what the most appropriate response to their situation is.

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, members of the public and their relatives politely while being aware of the situation they are in

and their reactions to it. For example, they may be feeling confused, angry or frustrated. It is important that you are sensitive to this and do not take their reactions personally.

3.2.6. Objectivity – treating all patients and members of the public fairly and without bias.

Access to high quality care should be fair and consistent. There should be no discrimination on the grounds of race, disability, sex, age, sexual orientation or religion or belief. There is a legal duty on public bodies and their employees to promote race, disability and gender equality, and a wider commitment to promoting equality on grounds of sexual orientation, age and religion or belief will help public bodies avoid unlawful discrimination in these areas too. Personal feelings about patients or members of the public must not interfere with the standard of your work. You must provide all patients with high-quality care which reflects their individual needs. This means that you owe patients a 'duty of care' and they can expect a 'reasonable' standard of care from all workers. It is expected that you would treat all members of the public like this.

It is also important to maintain clear boundaries when caring for patients or members of the public. This means that you should always have a 'professional' relationship with your patients. If you have any strong feelings about a patient's religious, social or cultural beliefs, you should tell your manager as soon as possible so they can take appropriate action.

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 person you work with. It should not matter to you what the person is like as an individual, what race or religion they are or how they live their life. You will see all people in receipt of service as worthy of your respect and best efforts.

3.2.7. Consideration and respect - making sure people are always treated with dignity.

Consider and respect people's privacy to make sure that neither you nor they are ever placed in an embarrassing situation.

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

When you're working to standard on consideration, you'll always show thoughtfulness for people's feelings and needs. You'll protect patients and members of the public to make sure that they are never unnecessarily exposed to embarrassing situations – whether in front of relatives, fellow patients or healthcare workers.

3.2.8. Consent – telling patients and members of the public what you intend to do and listening carefully to what they say about it.

Working in partnership with the person at all times is a basic principle that you must keep to at all times. Always explain what you intend to do with patients and members

of the public, even when it is basic care or routine procedures, and only continue with your planned work once the person agrees to it. You must check that this agreement is written in the person's records, and you should report any concerns that the person or a relative has to your supervisor.

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

When you're working to standard on consent, you'll be demonstrating that you will always make sure that the person knows what you are planning to do and is happy with it. If the person cannot give consent for themselves, because of their age or condition, you must always check with a relative or a senior member of staff. If the person or relative has not agreed to what you plan to do, you must not do it. Always check with a senior member of staff if you are in any doubt.

3.2.9. Confidentiality – protecting the person's privacy.

Confidentiality is essential to protect the interests of patients and members of the public. It is a main feature of any code of conduct and of most terms and conditions of service in a healthcare environment. So you must make sure that you don't give out personal information about patients or members of the public, or about their condition or treatment, to anyone other than colleagues in the team who need to know the information to help in the delivery of service to the person. If you do not protect the person's right to confidentiality, you may be breaking data-protection laws. If you feel that a person is at risk of harm, and that you need to speak out, you should tell your supervisor. You should not discuss those in receipt of services with anyone outside work.

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

When you're working to standard on confidentiality, you'll maintain a professional attitude at all times when handling information relating to a patient or member of the public and you won't 'gossip' to anyone at any time. When you do pass on information to a colleague as part of your job, you will take care to be accurate and clear in what you say or write.

3.2.10. Co-operation – working effectively with your colleagues as part of a team.

Value the part you play in the team and respect the part played by other members of the team.

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

When you're working to standard on co-operation, the contribution you make to the team will be valued. You'll be communicating effectively, sharing information and working to meet the team's shared goals in the best interests of the people you provide a service for.

3.2.11. Protection – making sure you don't put patients, members of the public and colleagues at risk of harm.

Make sure patients, members of the public, visitors and colleagues are protected from dangers and risks and that nothing you do, or don't do, results in harm or risk to others.

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

When you're working to standard on protection, you'll know the dangers patients, members of the public and colleagues face at work and will do what you can to reduce risks of accidents or harm. You will also make sure you report any concerns you have to a supervisor to reduce risks in the future.

3.2.12. Development - trying to increase your own knowledge and skills by talking to patients, members of the public and colleagues and looking for opportunities to learn.

If you are interested in your work and feel comfortable using the knowledge you need to carry out your job, you will be able to offer a better service to patients and members of the public and you should feel more motivated as a result.

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 protect patient and public safety by improving the way you work. This could be by attending a course, shadowing a colleague or listening to feedback from patients and members of the public. You'll continually monitor, evaluate and reflect on what you do at work and try to do it to the best of your ability.

3.2.13. Alertness – observing any changes that could affect a patient's or member of the public's needs or progress.

Always try to notice when a patient or member of the public isn't doing what you expect of them and report your observations to an appropriate person.

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

When you're working to standard on alertness, you will notice when patients or members of the public are 'just not right'. You'll notice, for instance, when the patient can't move as well as usual, appears less alert or perhaps hasn't eaten their meal. You'll also notice when things in the workplace are not as they should be, relating for example to aspects of service delivery. Reporting these observations will be in the best interests of the people in receipt of your services.

4. What this means for you

4.1. The code of conduct means that, as a healthcare support worker, you have a responsibility to work to standard. This means that you must do the following.

4.1.1. Only do what your job description or specification allows you to do. If you do something, or accept an instruction from another healthcare worker to do something that isn't within your job description or specification or level of skill, you could be putting the safety of the patient or member of the public at risk and you could be disciplined. 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 description or specification.

4.1.2. It is within the code of conduct of all healthcare professionals not to delegate tasks unless they are sure that the person they are delegating to has the skills and is happy to perform the task. The person who delegates will remain professionally accountable for delegating the task. However, if you accept the task, you will be accountable for how well you perform it.

4.1.3. Make sure that you always follow the standard procedures for carrying out tasks and duties.

4.1.4. Make sure that you obtain consent, in line with your organisation's policies, before doing anything to a patient or member of the public.

4.1.5. Follow the rules on 'duty of care' (see paragraph 3.2.6). This means you must always make sure patients, members of the public and colleagues don't come to harm because of something you've done or something you have not done, or because you've been careless or taken risks.

4.1.6. Making notes and keeping patients' and members of the public's records up to date and accurate is an essential part of your service. You should only write down information relevant to the service you have given to patients, and get an appropriate person to sign the record in line with your organisation's policy. If you are not sure, ask for advice. As you are accountable for anything you write, no matter how informal it might seem, what you write can be used as evidence in any enquiry by your employer or the courts in the future.

4.1.7. Raise issues you are concerned about with your line manager where these relate to:

- how care or service is delivered;
- the personal health, safety and security of patients and members of the public; or
- harm and abuse of patients or members of the public.

5. Want to know more?

5.1. If you'd like to find out more about the issues in this code of conduct, talk to your manager, supervisor, trade union representative or a member of your relevant professional association. You could also have a look at the following sources.

- The NHS Scotland Staff Governance Standard for NHS Scotland employees and associated PIN guidelines.
<http://www.staffgovernance.scot.nhs.uk/>
- 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.
http://www.rcn.org.uk/_data/assets/pdf_file/0004/78520/001510.pdf
- The Duty of Care – a UNISON handbook to help healthcare staff to carry out their duty of care to patients, colleagues and themselves.

<http://www.unison.org.uk/acrobat/13038.pdf>

- The Nursing & Midwifery Council's (and other professional regulators) guidelines on records and record keeping. See <http://www.healthworkerstandards.scot.nhs.uk/pages/profRegStat.htm> for information on links to the different regulatory organisations' websites.
- Your organisation's information on consent, confidentiality and diversity and equality.

APPENDIX 3

CODE OF PRACTICE FOR EMPLOYERS OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND

Up to standard: a code of practice for employers of healthcare support workers in Scotland.

1. Introduction

1.1. This code of practice plays a major part in public assurance around the employment of healthcare support workers (HCSWs) in NHS Scotland. It builds on the fundamental principles of patient safety and public protection and aspires to being embedded within the day to day practice of NHS Scotland organisations.

1.2. This code will be supported by existing systems of clinical governance and staff governance and routine monitoring arrangements will apply through staff and information governance monitoring frameworks. Staff governance arrangements in Scotland are made under section 12I of the NHS (Scotland) Act 1978, which makes Health Boards, Special Health Boards and the Common Services Agency legally responsible for putting and keeping in place arrangements for the purposes of improving the management of the officers employed by them; monitoring such management; and workforce planning. Section 12H of the NHS (Scotland) Act 1978 also makes Health Boards, Special Health Boards and the Common Services Agency responsible for putting and keeping in place arrangements for the purpose of monitoring and improving the quality of healthcare which they provide to individuals: http://www.opsi.gov.uk/legislation/scotland/acts2004/asp_20040007_en_1 <http://www.statutelaw.gov.uk/content.aspx?LegType=All+Primary&PageNumber=51&NavFrom=2&parentActiveTextDocId=2301536&ActiveTextDocId=2301567&filesize=2046>

1.3. The Staff Governance Standard (3rd Edition) is the major policy document http://www.staffgovernance.scot.nhs.uk/downloads/1233847265-staff_governance_standards.pdf . It contains the five elements that make up the standards of employment practice expected from NHS Scotland employers. As an employer in NHS Scotland, under the Staff Governance Standard, you will make sure 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 important in NHS Scotland are the Partnership Information Network policies (PIN policies) <http://www.staffgovernance.scot.nhs.uk/partnership/partnership-information-network/> . These deal with good employment practice and you are

expected to comply with them as a minimum standard. Particularly relevant to this code of practice are the PINs on:

- Pre-employment Screening
- 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 to meet those requirements and make sure that service users benefit fully from HCSWs' practice. It sets out standards based on existing good employer practice. These standards can guide your practice as an employer, allowing you to:

- measure current performance
- identify areas needing development and
- plan future improvements.

1.6. This code of practice is supported by a code of conduct for HCSW employees which describes the quality standards they must work towards in main areas of practice. You should be familiar with the HCSW code and make sure that you support HCSWs to achieve the standards it contains.

2. Code of practice for NHS employers

2.1. As an NHS Scotland employer of HCSWs, you must do the following.

2.1.1. Make sure people are suitable to enter the healthcare workforce and that they understand their roles and responsibilities. *This standard will be monitored through staff governance arrangements.*

You must have strict recruitment and selection procedures in place that are in line with the PIN policy on Safer Pre and Post Employment Checks <http://www.show.scot.nhs.uk/publications/j9227.pdf> and carefully follow Disclosure Scotland www.disclosurescotland.co.uk and other vetting procedures.

- You must give your staff clear information on their roles and responsibilities and make them aware of relevant laws, policies and procedures they must follow.

- You must support HCSWs who claim they are being asked to perform outwith their role and ability and investigate any complaints thoroughly.
- You should strengthen your employment practice with policies that:
 - promote staff safety and welfare
 - provide equal opportunities for everyone and
 - give appropriate support to HCSWs to promote health and wellbeing.

2.1.2. Have procedures in place so HCSWs can meet the requirements of the 'Code of conduct for support workers in healthcare'. *This standard will be monitored through information governance arrangements.*

The information governance standards framework -

<http://www.isdscotland.org/isd/1557.html> - provides for the handling of information in a confidential and secure manner to the following ethical and quality standards:

- Information governance policy and planning
- Confidentiality
- Freedom of Information
- Administrative records
- Patient records
- Data Protection
- Caldicott
- Information management
- Information security
- Data quality

You will need procedures in place to help HCSWs to achieve the standards on the main elements of practice set out in both the employee code and the induction standards. This will include procedures to:

- protect confidentiality
- carry out risk assessments
- record and report information
- communicate effectively and
- make sure HCSWs understand their responsibilities and management structure.

And, each HCSW should have a named workplace supervisor to monitor their progress towards achieving all the standards in the code of conduct for HCSWs.

2.1.3. Provide training and development opportunities so HCSWs can strengthen and develop their skills and knowledge. *This standard will be monitored through staff governance arrangements.*

- You will need effective ways to mentor, supervise, monitor and assess HCSWs. Trained supervisors should provide formal assessments as well as plan for personal development to meet the Knowledge and Skills Framework (KSF) requirements www.paymodernisation.scot.nhs.uk/afc/ksf/index.htm and to address any capability issues that arise, including situations where HCSWs cannot produce evidence of performing competently. The eKSF¹ will provide a useful tool to record evidence of competence and on-going development.
- At the centre of this is appropriate induction training and other learning opportunities. These will help HCSWs to perform their roles effectively and prepare them to face the challenge of new roles. As an employer, you need to use the workplace as an important area where HCSWs can develop their practice.
- You must reflect any development opportunities HCSWs identify through their personal development planning and other processes in their team and individual learning plans.
- You must provide mentoring and advice to HCSWs if they, or their supervisors, feel they are not performing effectively in their role. Anyone who delegates tasks should be aware of their responsibility to support HCSWs, and the HCSWs' accountability for the way they perform those tasks, to reduce risk to patients.
- You need to have effective plans in place to manage situations where HCSWs cannot produce evidence of performing competently.

2.1.4. Make sure procedures are in place to deal with violent or aggressive behaviour that discriminates against or takes advantage of patients and / or staff. *This standard will be monitored through staff governance arrangements.*

- HCSWs should understand from the start of their employment that bullying, harassing and discriminating against people is not acceptable behaviour and will result in disciplinary action. Further information can be found within the Dignity at Work PIN Policy.
- Any HCSW who feels they have been the victim of this behaviour, or has seen a member of staff acting in a dangerous, discriminatory or abusive way, must know where and how to report their concerns.
- You must also have procedures in place to deal with aggression and violence, and you must support HCSWs who experience aggression or violence at work.

¹ The e-KSF is a web-based toolkit developed to support the KSF processes. It is also seen as an important tool for monitoring the use of KSF and to provide a way for organisations to fulfill national reporting requirements.

2.1.5. Promote this code of practice and the ‘Code of conduct for support workers in healthcare’ to your staff, HCSWs, patients and relatives and govern its use in the day to day practice as embedded in your organisation. *This standard will be monitored through staff governance arrangements.*

- The codes are designed to make sure services for patients are safer and more effective. They should also lead to 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, when a HCSW fails to meet the standards set out in the code, you have a duty to respond by:
 - providing appropriate counselling, support and development opportunities and
 - following approved disciplinary procedures when necessary.

3. Monitoring how NHS Boards are meeting the standards laid out in the Code of Conduct for Employers

3.1 Normal staff and information governance arrangements will monitor the quality of the systems and processes put in place by NHS Scotland Boards. These arrangements will ensure that Boards are meeting these standards and will report on how well, or otherwise, they are doing this.

4. Equality and Diversity

4.1 NHS Boards have a duty to comply with current equality and diversity requirements that are underpinned by statute. These requirements include publishing the data associated with compliance monitoring.

APPENDIX 4

HEALTHCARE SUPPORT WORKERS AND STAFF GOVERNANCE

Background

NHSScotland's commitment to staff governance has been reinforced by the legislative underpinning within the NHS Reform (Scotland) Act 2004, implemented on 30 September 2004 (as amended). This required Health Boards and Special Health Boards to have arrangements in place to ensure compliance with the legislation.

Robust policy and monitoring arrangements such as the Staff Governance Standard and SAAT (includes Staff Survey) have to be in place, along with qualitative and quantitative indicators in order to satisfy the requirements of NHS Quality Improvement Scotland's Clinical Governance and Risk Management Standards.

Further information can be accessed at www.staffgovernance.scot.nhs.uk

Staff Governance Standard – the individual elements:

- **Well Informed** - This element is about having an appropriate communications strategy in place in order to communicate effectively with and listen to your staff. It is also about having access to all communications systems including IT.
- **Appropriately Trained** - This element is about ensuring that National Strategies for education, learning and development are in place, and that staff have equity of opportunity irrespective of profession or working arrangements.
- **Involved in decisions that effect them** - This element is to ensure that Partnership working is embedded and mainstreamed within Boards, ensuring there are appropriate structures in place at Board and local level in order to consult with staff about workforce/service changes and organisational development.
- **Treated fairly and consistently** – This element is about establishing best practice through HR policies and PINS and ensuring that Staff have security of employment through National Organisational Change Policy. It also ensures that Pay Terms and Conditions for all Staff are applied equitably and fairly.
- **Provided with an improved and safe working environment** – This element is to ensure Occupational Health Services are in place and National Strategies are implemented, and that promoting attendance at work is encouraged. It also ensures staff are trained in mandatory health and safety initiatives and the personal safety of staff and patients are made paramount in the workplace.

Mandatory statistics on these elements are available in the main from SWISS: Sickness Absence Figures (HEAT Target), PDPs/KSF (HEAT Target) Bank Staff Costs, WTE and Headcount, turnover and fixed and temporary contracts, disciplinary and grievances. **A SWISS indicator will record the compliance of Healthcare Support Workers with the Standards and Codes, enabling specific reports to be run.**

CODE OF PRACTICE	STAFF GOVERNANCE ELEMENT
1 Make sure people are suitable to enter the healthcare workforce and they understand their roles and responsibilities.	Well informed: Access to relevant IT systems including patient data and managing records (as appropriate).
	Involved in decisions which affect them: Ensuring they are engaged with and are included in discussions that affect them (eg workforce planning).
	Appropriately Trained: Induction, Job Description, KSF outlines, Training for Supervisors.
	Treated Fairly and Consistently: (All PINS currently being reviewed at National Level) Pre-employment Screening PIN, Dealing with Bullying and Harassment (Dignity at Work) PIN, Dealing with Employee Concerns PIN (includes Grievances and Whistleblowing), Employee Conduct PIN , Equal Opportunities PIN, Work-life Balance PIN, Management of Employee Capability PIN, Facilities Arrangements PIN, Fixed Term Contracts PIN, Redeployment PIN, Secondment PIN, Personal Development Planning and Review PIN.
	Provided with a Safe Working Environment: Managing Health at Work PIN (including Mandatory Health and Safety training, risk assessment, Providing against Violence and Aggression at Work).

CODE OF PRACTICE	STAFF GOVERNANCE ELEMENT
2 Have procedures in place so HCSWs can meet the requirements of the code of conduct for support workers in health-care.	Well informed:
	Involved in decisions that effect them:
	Appropriately Trained: Data Protection Act 1998(as amended) - patient confidentiality and access to

	health records (as appropriate), Caldicott and Freedom of Information (Scotland) Act 2002 (as amended).
	Treated Fairly and Consistently:
	Provided with a Safe Working Environment:

CODE OF PRACTICE	STAFF GOVERNANCE ELEMENT
3 Provide Training and Development opportunities so HCSW can strengthen their skills and knowledge	Well informed: Access to e-KSF and any web-based training systems (as appropriate)
	Involved in decisions that effect them
	Appropriately Trained: KSF, PDPs, advocacy training and general training opportunities (eg Vocational Qualifications)
	Treated Fairly and Consistently:
	Provided with a Safe Working Environment: Managing Health at Work PIN (including Mandatory Health and Safety training, risk assessment, Provision against Violence and Aggression at Work) and Root Cause Analysis training.

CODE OF PRACTICE	STAFF GOVERNANCE ELEMENT
4 Make sure procedures are in place to deal with violent or aggressive behaviour that discriminates against or takes advantage of patients and/or staff	Well informed:
	Involved in decisions that effect them:
	Appropriately Trained: Managing Health at Work PIN (including Mandatory Health and Safety training, risk assessment, Provision against Violence and Aggression at Work) and Root Cause Analysis training.

	Treated Fairly and Consistently:
	Provided with a Safe Working Environment: Managing Health at Work PIN (including Mandatory Health and Safety training, risk assessment, Provision against Violence and Aggression at Work) and Root Cause Analysis training.

CODE OF PRACTICE	STAFF GOVERNANCE ELEMENT
5 Promote this Code and the Code of Conduct for support workers in Healthcare to your staff, HCSWs, Patients and Relatives and govern its use in the day to day practice as embedded in your organisation.	Well informed: Communication Strategy, Induction for all staff
	Involved in decisions that effect them: Through Area Partnership Forum and/or Local Partnership Arrangements
	Appropriately Trained:
	Treated Fairly and Consistently:
	Provided with a Safe Working Environment:

CODE OF PRACTICE - MONITORING	STAFF GOVERNANCE
How NHS Boards are meeting the Standards laid out in the Code of Practice for Employers.	*The Staff Governance Audit Tool is already in place and issues relating to this will be built into the Staff Governance Audit Tool Action Plan and reported to Board's Staff Governance Committee before forwarding to the Scottish Government. * subject to changes for 2009/10

CODE OF PRACTICE – EQUALITY AND DIVERSITY	STAFF GOVERNANCE
NHS Boards have a duty to comply with current equality and diversity	All Boards have an Equality Scheme which is published and made available to

requirements that are underpinned by Statute. These requirements include publishing the data associated with compliance monitoring.	Staff and the Public. Each Board will have an Equality and Diversity lead for this work.
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