

Keep well

A draft Framework of Competences

for

Healthcare Support Workers

who support the delivery of Keep Well programme (inequalities targeted primary prevention)



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A framework of competences for healthcare support workers (Keep Well):

Introduction

A well trained and competent workforce is vital to delivering safe, effective and patient centred care. The framework of competences is targeted at healthcare support workers to provide consistency of skills and competences required to support the patient pathway working in supervision of the registered professionals. This framework is not mandatory for any staff but is hoped to provide a set of core skills and competences to help deliver person centred care, health risk assessments and empowering people to make health behaviour change and is specifically aligned to Keep Well services. The framework describes the core, or essential, competencies that the health improvement workforce need to achieve and maintain to deliver health improvement interventions. The competences are generic and are directly transferable to varied roles and thus can be used by any practitioner delivering healthcare support.

The framework is aligned to the NHS Knowledge and Skills Framework (KSF) and the National Occupational Standards (NOS). Staff employed within the National Health Service in Scotland are familiar with using the NHS Knowledge and Skills framework (NHS KSF or KSF). The KSF describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides single consistent, comprehensive and explicit framework on which to base review and development for all NHS staff who are employed under Agenda for Change (AfC) terms and conditions. The Keep Well competence framework highlights specific knowledge and skills which are required to support delivery of Keep Well approaches. It is designed to be used in conjunction with the KSF and indicative links to the KSF dimensions have been made to facilitate this process. Evidence and achievement of application of the Keep Well competences should be demonstrated during regular KSF Personal Development Planning and Review (PDPR) meeting and should be recorded on e-ksf. When used in conjunction with the NHS KSF this framework can contribute to the continuous development of NHS staff.

The following list provides a glimpse of the diversity of job roles held by healthcare support worker workforce:

Healthcare Assistant, Clinical Support Worker, Outreach Worker, Community Health Worker, Project Administrator, Administrative Assistant, Receptionist/Dispenser, Health Working Lives Administrator, Health and Wellbeing Mentor, Health Coach, Physiotherapy and Occupational Therapy Technical Instructor, Smoking Cessation Advisor, Nutrition and Communication worker, Nutrition Champion, Catering Advisor; Remote & Rural Dietician, Health Improvement Programme Officer, Welfare Rights Officer, Stress Management Therapist.

CEL 23 (2010)* is guidance from the Scottish Executive requiring the NHS Scotland boards to ensure the implementation of mandatory induction standards training for newly appointed health care support workers. It defines a healthcare support worker as someone engaged in any of the following:

in a direct clinical role, under supervision of a healthcare professional;

in an indirect clinical role, under the supervision of a healthcare 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 (www.sehd.scot.nhs.uk/mels/CEL2010_23.pdf)

*** Please note that CEL 23 (2010) is only applicable to NHS settings. However, standards and codes of practice can be used by partner agencies.**

Healthcare support workers can be identified as Healthcare Support Worker -level 2, Senior HCSWs - level 3 and Assistant Practitioner - level 4 (Figure 1). It should be noted that the above are *levels of practice* and should not be confused with Agenda for Change grading. For more details see Guidance on Career Framework for health <http://www.scotland.gov.uk/Resource/Doc/1093/0083002.pdf>.

As outlined in Figure 2, the competency framework should not be seen as a tool in isolation, and should be considered as an integral part of other standards and systems which exist to ensure competency of personnel. This includes codes of conduct, standards of practice of the employers.

The framework also provides links with the National Occupational Standards for non-NHS staff and employers. It is hoped that as good practice, organisations working in partnership with NHS will make use of the competency framework. The guidance booklet provides some key templates as samples that can be used to facilitate the process out with NHS settings.

The framework is underpinned by the principles of continuous improvement, equality and diversity, addressing inequalities and improving health. The application of the resource should be non-threatening and promote reflective practice.

Background to Keep Well

Keep Well is a model of Anticipatory Care that aims to reduce coronary heart disease by targeting associated risk factors within communities of highest risk of premature morbidity. Keep Well is also one of NHS Scotland's key delivery vehicles for reducing health inequalities. It does this by recognising that quick access to health advice, treatment and support has a positive impact on health and the well-being of targeted populations from deprived and /or disadvantaged communities.

The key stages of the Keep Well journey include:

Reach and engagement

Health checks

Supporting health behaviour change

Referral and signposting for specialist support

The Keep Well approach to primary prevention is a partnership approach to service delivery. It aims to ensure that people are fully engaged in their own health. This will only be achieved with the 'active co-operation' of people receiving healthcare and the public. Getting to the point where a person really is the 'primary partner', 'fully engaged' or 'activated' in their care requires a number of conditions including changes in the relationship between the healthcare provider and the person receiving healthcare. For this reason there is a strong emphasis on communication and human relationship skills which includes health behaviour change / motivational interviewing and brief interventions techniques. In this respect it is a person centred approach which elicits behaviour change by helping patients explore and resolve potential mixed feelings or contradictory ideas about their behaviour.

The competency framework consists of five key domains aligned to the stages or activities of the Keep Well journey. These activities / domains that can be assigned to a healthcare support worker undertaking a few or all of the activities supporting Keep well delivery.

Healthcare support worker roles

The healthcare support workers delivering Keep Well have a role in reaching and promoting engagement with health services, building capacity in community settings, promoting patient uptake of health checks, supporting the delivery of health checks within specific settings such as the general practice, community pharmacy and the ambulance services. The Keep Well programme involves staff from a range of settings such as occupational therapy, dietetics, lifestyle advisory service.



The framework has been developed for healthcare support workers practicing at Senior Health Care support worker level, i.e. level 3.

Figure 1: Scottish Career Framework for health (levels of practice)
(Scottish Government Health Department, 2009)

Diversity in job titles and role descriptions

There is recognition that there is a diverse range in job titles and role descriptions. These include:

- the potential for the term HCSW to be used differently across agencies, such as those referring to health care assistants in general practice as opposed to an outreach worker in health boards. Staff such as pharmacy assistants, receptionists and employees of referral agencies might not be understood as falling into this category
- diversity of organisational structures within which the HCSW's work, with posts based in a range of agencies such as ancillary services, community health partnerships, general practice, community pharmacy etc
- the titles may not accurately reflect what the practitioner actually does: welfare rights and advice officers
- some roles have become broader and some more specialised – dietetics, literacy, adult education, counselling, community development.

2. Developing the framework of competences

Competences are descriptors of the performance criteria, knowledge and understanding that are required to undertake work activities. They describe what individuals need to do, and need to know, to carry out a particular job role or functions.

NHS Health Scotland (NHSHS) has worked in partnership NHS Education for Scotland (NES) and a range of key individuals and groups in developing this framework of competences (1).

The National Anticipatory Care Working group was established in June 2009 to support development of the role of healthcare support workers delivering Keep Well approaches. It comprised of Keep Well project leads from health boards, NHS Education for Scotland (NES), healthcare support worker General Practice Manager, Royal College of Nursing. The working group was managed by NHS Health Scotland and had links with Remote and Rural Health Education Alliance (NES), Skills for Health and the Scottish Social Services Council. Other key stakeholders that have been consulted included the Scottish Practice Management Development Network; Community Pharmacy staff, practice nurses, general practitioners and healthcare support workers.

The consultation process that informed this development included a 'critical friend' feedback, a large scale consultation with key stakeholders and a small scale piloting process to test out the usability and applicability of this resource in Keep Well and non-Keep Well settings.

3. The structure of framework of competences

The HCSW competence framework has been divided into five domains (Figure 2):

Domain 1: Knowledge, awareness and context underpinning specific areas of service delivery (applicable to all grades of staff)

Domain 2: Reach and engagement

Domain 3: Health check

Domain 4: Supporting health behaviour change

Domain 5: Signposting and referring appropriately

Each domain has a sub-listing of competence statements and performance criteria. All statements within the framework have been mapped against National Occupational Standards, the NHS KSF framework and the Generic Health Behaviour Change Competency Framework developed by the Scottish Government (<http://www.healthscotland.com/documents/4877.aspx>). It has also been linked with the Alcohol and Brief Interventions Competency Framework

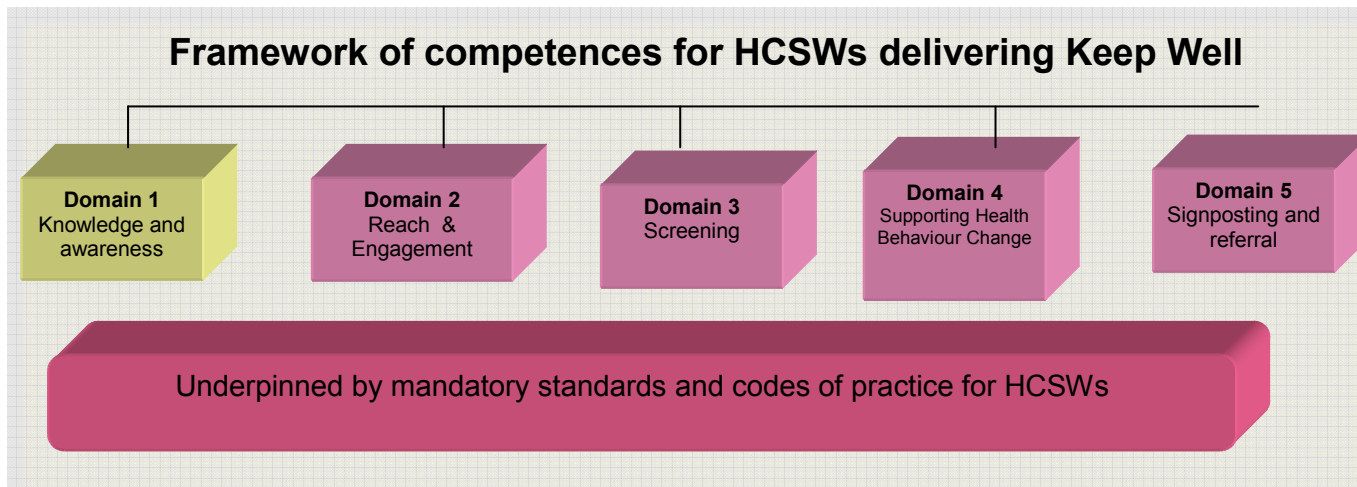


Figure 2: A diagrammatic representation of the framework of competences for HCSWs

The five domains of competences for delivering the key stages of the Keep Well journey are:

Domain 1: Knowledge, awareness and context – This section outlines the core and essential knowledge and awareness of current policy context, evidence base supporting inequalities targeted primary prevention and supports promotion of reflective practice. This section is an essential part of the competency framework.

Domain 2: Reach and Engagement – This section focuses on knowledge and communication skills to effectively engage with target populations from deprived communities to promote access to health services.

Domain 3: Health check – This section focuses on competences required for initiating discussions about physical, lifestyle and social health, measuring and recording vital signs using clinical and administrative systems, and being able to communicate outcomes to service users.

Domain 4: Supporting health behaviour change – This section focuses on core knowledge and skills required to deliver a brief intervention effectively, including establishing rapport, adopting an empathetic approach, emphasising personal responsibility and listening to readiness to change.

Domain 5: Signposting and referral – This section focuses on recognising and responding appropriately to individuals who are willing to make a behavioural change and judging when and where to refer those who need additional support or help.

4. How to use the framework?

The framework of competences has been developed for healthcare support workers and their managers, while also being of value to managers, employers and educators. It might be of interest to practice managers, practice nurses supervising healthcare support workers, service managers who commission training and workforce planners and any organisation who would employ healthcare support workers which would include GP practices, local authorities, the NHS, the voluntary sector and the private sector delivering services on behalf of Keep Well.

Please note that each domain is linked with a particular activity/role within Keep Well journey. A particular HCSW might not be required to be competent in all domains as each domain provides a set of competency statements to deliver a particular activity but to pick those domains that will support the particular individual in their practice. Overall the competency framework is not mandatory to be used as guidance to support HCSWs, their professional supervisors, managers, employers and educators to ensure a consistent, safe and effective person-centred service delivery.

The following steps are recommended to support the review process:

Time should be allocated for the review process. Mandatory Induction Standards should be referred to if the staff is working within NHS. Organisations using this framework out with NHS should refer to their organisational

Domain 1 (knowledge and awareness) should be treated as compulsory for all HCSWs.

Depending upon the job description/ role of the HCSW relevant competency domains should be identified for the review process and agreed between the HCSW and the reviewer. These should be linked with existing KSF / PDP processes of the organisation.

For example, if a HCSW is engaged in 'reach and engagement' activity, domain 1 and 2 of the competency framework might be seen as relevant. If they are engaged supporting the practice nurse in screening (conducting vital signs only) then domain 1, 2 and 3 could be relevant.

Please refer to Appendices 1, 2 and 3 to support the review process.

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced mentor. It is acknowledged that some practitioners may already have developed competence in some or all of the areas or may have transferable skills. Mapping their skills and knowledge against the competency framework will help gather evidence of competency and identify any areas for updating and furthering learning and development.

To meet the competency standards, the individual needs to show that they have the knowledge and skills outlined in the performance criteria for each competency and that they can apply these to their own work. The evidence required to demonstrate that an individual has achieved a competency standard can take a number of forms, such as:

on-the-job observation of their work by their assessor.

discussions with their reviewer (i.e. professional discussion) where the individual answers questions related to the performance criteria/competence.

written evidence/statements, such as accounts of what they do and why.

products of their work (documents that they have produced, copies of emails, minutes, projects completed).

Within NHS health boards the framework should be used in conjunction with the KSF review process and any evidence presented must be done as part of the regular KSF development review process. The development needs resulting from the process can be recorded on the individual employee Personal Development Plan.

The framework can be used:

for self assessment purposes

to identify learning and development needs

to plan for personal and professional development

to support personal development planning and review (PDPR) process

as a guide to developing work based learning

to give reassurance of suitably trained staff delivering high quality services

[NOTE: A guidance document for use by healthcare support workers and managers to support review process of competences is available online at <http://elearning.healthscotland.com/course/view.php?id=172#Workbook>

**5. Draft Framework of Competences for Healthcare
Support Workers (Keep Well)**

Domain 1: Knowledge, awareness and context

Statement 1.1: Be familiar with local and national policy context relevant to Keep Well

KSF: Core 4/5 NOS: N/A

Criteria	Examples on how to acquire knowledge	Evidence Submitted	Notes/Actions
<p>1.1.1 Policy and context To have an awareness of relevant policies to support the principles of anticipatory care for example: Shifting the Balance of Care (SG 2008) the need for Keep Well and more care in the community Equally Well (SG2008) Better Health, Better Care (SG 2007)- bringing improvement to service delivery and health outcomes Local policies such as local anticipatory care frameworks</p>	<p>Know where to access it Know how the policy links to your role and realise your contribution</p>		
<p>1.1.2 To have an awareness of targets and existence of clinical guidelines including: SIGN 97 Guideline: Risk estimation and prevention of cardiovascular disease SIGN 116 Guideline: Diabetes Clinical Standards for Heart Disease: QIS Quality Strategy (2010) – National framework</p>	<p>know where to access it if required know how the guidelines link to your role and realising your contribution have the ability to identify how the principles of these policies have been introduced to daily practice at a local level</p>		

Statement 1.2: Have awareness of the breadth of impact that life circumstances and health behaviours plays on people's health in society and demonstrates an awareness and understanding of health behaviour change and the practitioner role in supporting it KSF:
KSF – Core 4, Core 5, HWB1, HWB 2, HWB4

Criteria	Some examples on how to demonstrate that competency 1.2 has been met. You need to:	Evidence Submitted	Notes/Actions
<p>1.2.1 Keep Well and person centred approach</p> <p>Has an understanding of how deprivation leads to inequalities in health. Has an understanding of the effects this can have on physical/social health and mental wellbeing</p> <p>Has an awareness of what inequalities in health means</p> <p>Is able to identify and discuss causes of health inequalities and ways in which Keep Well model could contribute to reducing them</p> <p>Is able to use a person- centred approach that enhances patient care, improves patient self confidence and their decision making capacity.</p> <p>Has awareness of role in supporting health behaviour change</p> <p>Has an understanding of basic models of health behaviour change</p> <p>Has an understanding of own role in supporting health behaviour change and the boundaries of that role</p>	<p>Be aware of Scottish Index of Multiple Deprivation http://www.scotland.gov.uk/Topics/Statistics/SIMD, and discusses with reviewer to identify local areas of deprivation</p> <p>Shadow / observe a full Keep Well health check and onward referral</p> <p>Have had reflective discussions with your mentor/ supervisor</p> <p>Have attended health behaviour change training (low intensity to medium intensity interventions - dependent upon activities delivered) to support competency development</p>		

Statement 1.3: Has an understanding of populations at high risk of cardiovascular disease

KSF – Core 5, HWB1, HWB2;

NOS – CHS 42

Criteria	Some examples on how to demonstrate that competency 1.3 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>1.3.1 At high risk populations</p> <p>Identifies those patients who are likely to have the worst health outcomes and overall goal of reducing health inequalities</p> <p>Is familiar with the at risk groups as identified in Equally Well for example the black minority ethnic communities</p> <p>Is able to list populations at risk of cardiovascular disease e.g. those in most deprived areas and black and minority ethnic groups</p> <p>Focuses on engagement and learning from different approaches to capture those who have least contact with primary care services.</p> <p>Has a knowledge of the aims of Keep Well (Inequalities High Risk Primary Prevention Programme)</p>	<p>be aware of and understand the social model of health and discuss with mentor / supervisor</p> <p>attend training</p> <p>investigate locally which populations are at risk of cardiovascular disease through local discussions, internet and own experience.</p> <p>attend communication skills training, for example, better engagement skills training or equivalent</p> <p>attend Keep Well induction training</p>		

Statement 1.4: Demonstrates a working knowledge of Equality and Diversity legislation and practice. (Keep Well)

KSF – Core 6, Core 1

NOS – HSC 234

Criteria	Some examples on how to demonstrate that competency 1.4 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>1.4.1 Equality and Diversity</p> <p>Identifies the associations between the new protected characteristics (for example gender, race and faith, disability, sexual orientation and social class and inequalities in health.</p> <p>Identifies that vulnerable populations can experience significant health inequalities and that there is evidence that they also experience institutional discrimination (for example patients with learning disabilities)</p> <p>Identifies local solutions that have been put in place to facilitate Equality and Diversity legislation and practice. (Equality Act 2010 provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all - http://www.acas.org.uk/index.aspx?articleid=3017)</p>	<p>Have reflective discussions with mentor and relating learning to Keep Well approach to inequalities and equality and diversity training can help in gaining this understanding</p> <p>access policies on-line and how they link locally to your board.</p> <p>Have reflective discussions with mentor and relating learning to Keep Well approach to inequalities and equality and better engagement skills training can help</p> <p>(HCSWs to use local contacts to access training /information)</p>		

Statement 1.4: Demonstrates a working knowledge of Equality and Diversity legislation and practice. (Keep Well)

KSF – Core 6, Core 1

NOS – HSC 234

Criteria	Some examples on how to demonstrate that competency 1.4 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>1.4.1 Equality and Diversity</p> <p>Is familiar with the local Equality and Diversity policy and how to apply this to practice</p> <p>Has some knowledge and cultural awareness of target population</p> <p>Acts in ways that respects diversity and dignity and promotes equality</p> <p>Adapts communication skills to engage with the different target populations</p>			

Statement 1.5 : Reflective Practice

NOS – CHS99

Criteria	Some examples on how to demonstrate that competency 1.5 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>1.5.1 Stages of reflection</p> <p>Demonstrates awareness of the importance of reflective practice and be able to demonstrate reflection</p> <p>Demonstrates ability to identify the lessons learned from reflection / evaluations of delivering Keep Well which should be incorporated into local practice</p>	<p>make changes to own practice when necessary</p> <p>reflect on own practice and consider impact of own performance in relation to assessment</p> <p>accept feedback and consider ways to improve in response to this (eg workbook template)</p> <p>offer suggestions to others on improving their practice (eg sharing good practice with peers on assessment)</p> <p>contribute to the evaluation of interventions</p>		

I confirm that the post holder has demonstrated competence in this element by meeting the requirements of the performance criteria within the ranges, and that the post holder has the necessary knowledge/understanding.

Post holder signature: _____

Date: _____

Assessor signature: _____

Date: _____

Domain 2: Reach and Engagement

Statement 2.1 Understands the motivations and barriers to participation of certain target populations

Criteria	Some examples on how to demonstrate that competency 2.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>2.1.1 Motivations and barriers to participation</p> <p>Identifies that those with most need are least likely to take up available services.(for example smoking cessation, etc)</p> <p>Develops links with diverse communities by identifying how to integrate equality and diversity awareness in daily practice</p>	<p>demonstrate familiarity with Inverse Care Law – Tudor Hart</p> <p>discuss the classification of populations as healthy engaged, health involved link with lesson learned - summaries</p> <p>attend better engagement skills training</p> <p>get a better understanding of Keep Well journey for vulnerable populations</p>		

Statement 2. 2: Communicates effectively to overcome communication and relationship difficulties that occur with and between individuals/ carers that hinder access and how to overcome them

NOS – GEN97, GEN85

Criteria	Some examples on how to demonstrate that competency 2.2 has been met. You may need to	Evidence Submitted	Notes/Actions
<p>2.2.1 Communication skills</p> <p>Identifies types of communication with service users, for example verbal (including telephone and face to face), written, outreach communication /electronic, understanding body language, listening skills etc</p> <p>Identifies potential barriers to communication</p> <p>Identifies best practice in relation to good communication</p> <p>Demonstrates awareness of importance to gain prior knowledge of the person's additional support needs</p> <p>Involves the carer in the consultation where appropriate and identifies from the carer prior knowledge of factors relating to the consultation</p>	<p>discuss an example of a letter sent to a patient/carer requesting to attend for venepuncture to have cholesterol level checked</p> <p>discuss barriers to positive outcome, e.g. letter sent to the wrong address, information omitted from the letter, patient unable to read</p> <p>discuss benefits of having prior knowledge of any additional support needs such as access to interpreters, mobility, disabilities, e.g. physical/communication/ memory impairment/learning needs which might give rise to positive outcome</p>		

Statement 2. 2: Communicates effectively to overcome communication and relationship difficulties that occur with and between individuals/ carers that hinder access and how to overcome them

NOS – GEN97, GEN85

Criteria	Some examples on how to demonstrate that competency 2.2 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>2.2.1 Communication skills</p> <p>Identifies the person's communication needs and adapts accordingly</p> <p>Confirms the patient's understanding and summarises information received</p>			

Statement 2. 3: Work in partnership to identify and engage with target populations i.e. hard to reach groups

NOS - PHP23, CM C5, GEN 97

Criteria	Some examples on how to demonstrate that competency 2.3 has been met. You may need to	Evidence Submitted	Notes/Actions
<p>2.3.1 Engagement with hard to reach groups Understands and implements local engagement protocols</p> <p>Demonstrates ability to ask questions, listen carefully, empathise and summarise back and adapts communication styles appropriate for different needs (e.g. culture, language, Makiton)</p> <p>Demonstrates ability to recognise the importance of effective written communication, for example letter of invite. Refer to local engagement protocols eg "Talk for Scotland Toolkit".</p> <p>Demonstrates ability to use a range of methods to communicate effectively, for example opportunistic, written communication/electronic, telephone</p> <p>Adapts negotiation and communication skills in working with others</p>	<p>discuss local protocols to improve patient communication/consultation e.g. learning disability/language Interpretation</p> <p>discuss reflection of protocols how they support good practice</p> <p>discuss means of introducing good practice into daily tasks in reactive and proactive situations</p> <p>discuss how good communication skills benefit daily contact with patients/carers, colleagues, etc</p>		

Statement 2.4 Work in ways that reduce barriers to engagement- enables access to all patients (race and ethnicity, age, gender, sexual orientation, religion or faith, disability, gender identity, marital status and pregnancy)

NOS - HSC234

Criteria	Some examples on how to demonstrate that competency 2.4 has been met. You may need to	Evidence Submitted	Notes/Actions
<p>2.4.1 Equality and diversity</p> <p>Demonstrates awareness of the need for compliance with equality legislation</p> <p>Demonstrates understanding and acknowledge of the diverse needs of the local population</p>	<p>discuss the Equality Act 2010– reflect on examples, e.g. implications for South Asian (SA) patients</p> <p>discuss how these principles might impact on meeting practice expectations for vulnerable groups (e.g. carers, homeless, ethnic minority groups)</p>		

I confirm that the post holder has demonstrated competence in this element by meeting the requirements of the performance criteria within the ranges, and that the post holder has the necessary knowledge/understanding.

Post holder signature: _____

Date: _____

Assessor signature: _____

Date: _____

Domain 3: Health Checks

Statement 3.1 Initiate discussion about physical, lifestyle and social health

NOS - GEN97, CHS167, GEN62

Criteria	Some examples on how to demonstrate that competency 3.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.1.1 Positive engagement</p> <p>Creates an environment where the individual feels comfortable to discuss both their physical, lifestyle and social</p> <p>Communicates what is involved in a health check and take into account the pathway or intervention</p> <p>Demonstrates an understanding of the need to gain consent prior to commencement to health check</p> <p>Explains to the patient why information will be gathered and understands what will happen with this information</p> <p>Demonstrates ability to give up to date evidence based literature when giving guidance to the patient on health related issues</p>	<p>describe to reviewer how the environment has been set up or adapted to make people feel comfortable</p> <p>demonstrate via observed practice</p> <p>demonstrate consent for individual health check</p> <p>discusses leaflets used with reviewer</p> <p>give examples of how information may be used</p>		

Statement 3.2 Communicate outcomes

NOS - CHS169

Criteria	Some examples on how to demonstrate that competency 3.2 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.2.1 Communicating outcomes</p> <p>Acts appropriately on the findings of the health check</p> <p>Discusses relevant results with the individual</p> <p>Demonstrates understanding of the importance of confidentiality and is aware of when and how to gather, share and direct information with the appropriate supervisor</p>	<p>discuss alcohol consumption in relation to guidance or discusses weight in relation to BMI</p> <p>promptly share information with appropriate healthcare professionals</p> <p>discuss findings with appropriate health care professionals, or asks questions following health check completion</p>		

Competency 3.3 Measure and record vital signs, for example; height, weight, waist circumference, blood pressure, blood tests

NOS - CHS19, CHS56

Criteria	Some examples on how to demonstrate that competency 3.3 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.3.1 Measure and record vital signs</p> <p>Attends local training as appropriate e.g. completion of clinical skills pack or training</p> <p>Refers to clinical guidelines</p> <p>Refers to local policy and protocols/ guidance</p> <p>Demonstrates an understanding of 'normal' vital signs</p> <p>Demonstrates knowledge and ability to utilise appropriate clinical equipment to measure vital signs</p> <p>Shows awareness of boundaries to own role if vital signs outside normal limits</p> <p>Explains the procedures to individuals</p> <p>Explains results of clinical measurements to the patient</p> <p>Records the clinical outcomes</p>	<p>knows location or service information to relay to individuals</p> <p>shows up to date record keeping</p> <p>makes appropriate referrals and seeks appropriate healthcare professional opinion</p> <p>explains how a blood pressure will be taken or blood test</p> <p>demonstrates via observed practice</p> <p>demonstrates appropriate uses</p>		

Statement 3.4: Recognise and promptly alerts supervisor or registered practitioner situations that are outside own role and responsibility

NOS - GEN63, CHS99

Criteria	Some examples on how to demonstrate that competency 3.4 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.4.1 Awareness of own role boundaries</p> <p>Is familiar with local protocol guidelines, referral pathways and boundaries to own role</p> <p>Knows who and how to refer the patient to if the vital signs are out with normal limits e.g. to registered nurse, GP as per local protocol</p> <p>Has ability to access and adhere to clinical guidelines e.g. SIGN 97</p> <p>Knows when to refer to member of multidisciplinary team</p> <p>Has a basic understanding of the roles and responsibilities of the key agencies used when signposting/referring</p> <p>Records and documents data accurately (e.g. vital signs) and is aware of when and what processes are used to report findings with the appropriate supervisor</p>	<p>has discussions with supervisor/mentor regarding results of kwhc</p> <p>mentor reviews written documentation for accuracy/f/u recommended</p> <p>demonstrates that local guideline has been followed</p>		

Statement 3. 5: Utilise and navigate clinical and administrative systems

NOS - CHS19, CHS99

Criteria	Some examples on how to demonstrate that competency 3.5 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.5.1 Working knowledge of local systems</p> <p>Has a working knowledge of the clinical systems and how to record the health check electronically e.g. demonstrates appropriate use of relevant systems</p> <p>Has a working knowledge of how to record referrals</p>	<p>describes appropriate referral processes to reviewer</p>		

Statement 3. 6 Effectively use appropriate and validated screening tools to objectively assess risks to health and well

Criteria	Some examples on how to demonstrate that competency 3.6 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>3.6.1 Working knowledge and awareness of screening tools</p> <p>Demonstrates familiarity with specific screening tools and techniques. (for example Fast Alcohol Screening Test (FAST); Hospital Anxiety and Depression Scale (HADS); Patient Health Questionnaire (PHQ9) etc)</p> <p>Demonstrates an understanding of the limitations of the screening tool and other factors that are required to be considered when using screening tool</p> <p>Fully explains the screening tool to the service user, what is being used to measure and what support is available if the screening tool indicates this</p>	<p>demonstrates appropriate use of specific screening tools</p> <p>demonstrates understanding through observation via reviewer of appropriate explanations</p> <p>can explain the difference between a screening tool and assessment tool</p>		

I confirm that the post holder has demonstrated competence in this element by meeting the requirements of the performance criteria within the ranges, and that the post holder has the necessary knowledge/understanding.

Post holder signature: _____

Date: _____

Assessor signature: _____

Date: _____

Domain 4: Supporting Health Behaviour Change

Statement 4.1 Demonstrates an awareness and understanding of behaviour change and the practitioner role in supporting it.

NOS – GEN 14, CM E1, MH47

Criteria	Some examples on how to demonstrate that competency 4.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>4.1.1 Behaviour change and person centred approach</p> <p>Identifies different motivations which may influence an individual's ability to change their health behaviours</p> <p>Identifies different barriers which may influence an individual's ability to change their health behaviour</p> <p>Identifies low mood which may hinder patients to change their health behaviours</p> <p>Identifies stages of behaviour change in relation to healthy eating, physical activity, alcohol intake and smoking cessation</p>	<p>accesses training or equivalent</p> <p>reflects on learning from behaviour change (low intensity to medium intensity intervention) and health inequalities and applies in practice</p>		
<p>4.1.2 Behaviour change and person centred approach</p> <p>Identifies that every contact is a health promotion opportunity to motivate patients to participate in health behaviour change</p>	<p>keep a reflective log of any opportunistic health improvement intervention</p>		

Statement 4.1 Demonstrates an awareness and understanding of behaviour change and the practitioner role in supporting it.

NOS – GEN 14, CM E1, MH47

Criteria	Some examples on how to demonstrate that competency 4.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>4.1.2 Behaviour change and person centred approach</p> <p>Identifies that regular updates of information are received through communication with other members of their team to ensure that the HCSW understands the complexities of inequalities in health and how they may help in reducing these inequalities</p> <p>Identifies how they in turn may communicate this information to patients to encourage and support their participation in health behaviour change</p> <p>Explores and questions individual's barriers to accessing health care using health behaviour change</p> <p>Identifies ways to improve practice through reflection and feedback</p> <p>Enables individuals, their family and friends to explore and manage change</p>	<p>attend meetings, access emails, memos, books or any other form of local communication</p> <p>accesses leaflets information and local protocols</p> <p>attends health behaviour change training (low intensity to medium intensity)</p> <p>discussions with mentor or performance management systems such as KSF/ personal development plans; systems for performance management</p> <p>realises the Shifting the balance of care values and how it links with own work</p> <p>involves family and friends in discussions around patient's Keep Well journey.</p>		

Statement 4.2: Deliver brief interventions effectively using (low to medium intensity interventions) health behaviour change techniques

NOS - GEN15, GEN47, HT3, HSC24, HSC398, PHP15

Criteria	Some examples on how to demonstrate that competency 4.2 has been met. You need to:	Evidence Submitted	Notes/Actions
<p>4.2.1 Health Behaviour change</p> <p>Demonstrates awareness of evidence base around risk factors for ill health for example: smoking cessation, alcohol, weight management</p> <p>Demonstrates an awareness and understanding of behaviour change and the practitioner role in supporting health</p> <p>Develops and maintains rapport and empathy by interacting with individuals throughout the process in a manner that is appropriate to the individual's background, culture, circumstances and needs</p> <p>Encourages an open exchange of views that directly acknowledges and reflects the health issue/issue of concern</p> <p>Minimises any constraint to communication</p> <p>Is free from discrimination and oppression</p>	<p>assess readiness for change in participant and set (for low to medium level of intervention)</p> <p>communicate and explore the participants perception of the relationship between lifestyle factors and health and wellbeing</p> <p>communicate the benefits of making health and wellbeing changes</p> <p>work in a way that is consistent with the spirit and principles of health behaviour change</p> <p>work in a way that builds rapport and creates supportive, non-judgemental environments</p>		

Statement 4.2: Deliver brief interventions effectively using (low to medium intensity interventions) health behaviour change techniques

NOS - GEN15, GEN47, HT3, HSC24, HSC398, PHP15

Criteria	Some examples on how to demonstrate that competency 4.2 has been met. You need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>4.2.1 Health Behaviour change</p> <p>Applies active listening techniques including empathy, use of silence, open questioning, reflection</p> <p>Encourages individuals to take personal responsibility</p> <p>Provides clear health-enhancing messages and harm-reducing messages</p>	<p>detect person 'cues' and use communication skills to draw these out</p> <p>use key communication skills to prevent (and minimise) resistance throughout the assessment process</p> <p>communicate complex messages regarding health and wellbeing interventions in an understandable manner (eg the provision of walking groups in local area)</p>		

Statement 4.3: Deliver brief interventions effectively using behaviour change techniques

Criteria	Some examples on how to demonstrate that competency 4.3 has been met. You need to:	Evidence Submitted	Notes/Actions
<p>4.3.1 Adopts a person centred approach</p> <p>Maintains working knowledge of the relevant national, local, professional and organisational requirements relating to equal opportunities, anti-discrimination, health and safety, security, confidentiality and data protection policies and legislation</p> <p>Understands and values cultural preferences, health beliefs and behaviours and challenging health inequalities</p> <p>Supports individuals in setting personal goals</p> <p>Recognises the need to deal with confidential, sensitive issues which may be disclosed and having knowledge of information governance and Duty of Care and follow local policy</p>	<p>modify discussions and environment to accommodate barriers to communication (e.g. use of interpreting services)</p>		

Statement 4.3: Deliver brief interventions effectively using behaviour change techniques

Criteria	Some examples on how to demonstrate that competency 4.3 has been met. You need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>4.3.1 Adopts a person centred approach</p> <p>Understands impact of life circumstances on behaviours and health outcomes</p> <p>Appreciates patient choice in relation to health behaviour change</p>			

I confirm that the post holder has demonstrated competence in this element by meeting the requirements of the performance criteria within the ranges, and that the post holder has the necessary knowledge/understanding.

Post holder signature: _____

Date: _____

Assessor signature: _____

Date: _____

Domain 5: Signposting and referring appropriately

Statement 5.1 : Make appropriate judgements as to when and where to offer referral to individuals who need or wish additional support or help (reinforcement) – see framework

Criteria	Some examples on how to demonstrate that competency 5.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>5.1.1 Decision making</p> <p>Recognises individuals who are willing to make a behavioural change</p> <p>Recognises individuals with complex needs who may need referral for specialist help. Refer to local referral directory</p>	<p>use key communication skills (eg open questions, affirmations etc) to engage with participants</p> <p>build rapport and create supportive, non-judgemental environments to engage with participants</p> <p>explains the reasons for signposting and referring patient/person</p> <p>uses key communication skills (eg open questions) to discuss signposting and referral</p> <p>explores the HCSW perception of signposting and referral using key communication skills</p> <p>obtains consent to refer patient/person to other service</p> <p>works in a way that is consistent with the spirit and principles of health behaviour change and use this throughout the discussion relating to signposting and referral</p>		

Statement 5.1 : Make appropriate judgements as to when and where to offer referral to individuals who need or wish additional support or help (reinforcement) – see framework

Criteria	Some examples on how to demonstrate that competency 5.1 has been met. You may need to:	Evidence Submitted	Notes/Actions
	<p>CONTINUED</p> <p>obtains consent to refer patient/person to other service</p> <p>uses key communication skills to prevent (and minimise) resistance throughout the process of signposting and referral</p> <p>explains purpose of services/additional support available (eg walking groups)</p> <p>provides suitable information and resource materials (eg timetable on walking groups)</p> <p>keep accurate, concise records relating to signposting and referral</p> <p>communicate referral to receiving agency either in a number of ways (eg written letter or referral)</p>		

Statement 5.2: Identifies appropriate referral pathways and sources of information on availability of specialist local support

Criteria	Some examples on how to demonstrate that competency 5.2 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>5.2.1 Access to local information</p> <p>Demonstrates ability to access up-to-date and accurate information on the range of services available in own locality to provide support for identified need of the individual</p> <p>Maintains awareness of local referral pathways</p> <p>Initiates referrals based on patient's identified priorities and with agreement</p> <p>Presents the possibility of referral to the individual in a positive manner and assesses the advantages and disadvantages with them</p> <p>Obtains consent when passing on patient information to partner agencies in line with local referral protocols / pathways</p>	<p>use communication skills (e.g. open questions, affirmations) to engage with participants</p> <p>build rapport and create supportive, non-judgemental environments to engage with participants</p> <p>explain the reasons for signposting and referring participant key</p> <p>use key communication skills (eg open questions) to discuss signposting and referral</p> <p>explore the participants perception of signposting and referral using key communication skills</p>		

Statement 5.2: Identifies appropriate referral pathways and sources of information on availability of specialist local support

Criteria	Some examples on how to demonstrate that competency 5.2 has been met. You may need to:	Evidence Submitted	Notes/Actions
<p>CONTINUED</p> <p>5.2.1 Access to local information</p> <p>Signposts to local specialist services if the individual wishes further help and support and facilitates their contact with the service</p> <p>Establishes the availability, accessibility and any cost of services to the individual prior to confirming the referral and report any access issues to line manager</p> <p>Provides specialist services with complete and accurate information about the situation in line with organisational requirements</p> <p>Obtains feedback from the service to evaluate and refine referral practices</p>	<p>CONTINUED</p> <p>work in a way that is consistent with the spirit and principles of health behaviour change and use this throughout the discussion relating to signposting and referral</p> <p>obtain consent to refer participant to other service use key communication skills to prevent (and minimise) resistance throughout the process of signposting and referral</p> <p>explain purpose of services/additional support available (e.g. literacy support, money advice etc) provide suitable information and resource materials (e.g. timetable on walking groups)</p> <p>keep accurate, concise records relating to signposting and referral</p> <p>communicate referral to receiving agency either in a number of ways (e.g. written letter or referral)</p>		

I confirm that the post holder has demonstrated competence in this element by meeting the requirements of the performance criteria within the ranges, and that the post holder has the necessary knowledge/understanding.

Post holder signature: _____

Date: _____

Assessor signature: _____

Date: _____

Appendix 1: National Anticipatory Care Working Group – Membership

Vibha	Pankaj	(Chair) Learning and Development Adviser	NHS Health Scotland
Bernadette	Campbell	Primary Care Support Nurse	NHS Greater Glasgow and Clyde
Carolyn	Wyper	Keep Well Project Lead	NHS Ayrshire and Arran
Christina	McCutcheon	GP Practice Manager	Rutherglen
Christine	Sheridan	Project Administrator	NHS Health Scotland
Heather	Jarvie	Principal Health Promotion Officer	NHS Greater Glasgow and Clyde
Jane	Beresford	Inequalities Development Lead - Keep Well	NHS Greater Glasgow and Clyde
Jill	Madden	Keep Well Project Lead	NHS Lanarkshire
Kirsty	Rankin	Senior Health Improvement Officer	NHS Health Scotland
Liz	Jamieson	Programme Director	NHS Education for Scotland
Lynne	Galloway	Senior Health Improvement Officer	NHS Health Scotland
Nicola	Stevens	Project Implementation Manager – Keep Well	NHS Tayside
Susan	Watt	Learning and Development Coordinator (Professional Practice)	Royal College of Nursing

We would like to acknowledge the support provided by Anne Campbell, National KSF Lead in mapping the competences against the Knowledge and Skills Framework. Thanks are also due to Lorna Hunter, Acting Director, Skills for Health for supporting the mapping of the competences to National Occupational Standards and for reviewing early drafts of the competency framework.

Appendix 2: Definitions

Definition of a Health Care Support Worker (Level 2)

The HCSW has the awareness and ability to address the basic care needs of individual patients/ clients under the direction and supervision of healthcare professionals. They support the multidisciplinary team in the delivery of high quality care. The HCSW will possess, or have the opportunity to attain within an agreed timeframe, education at SCQF level 6.

Definition of a Senior Health Care Support Worker (Level 3)

The Senior HCSW can evidence previous experience and/or consolidation of practice as a HCSW or can evidence an appropriate level of knowledge. They will have the understanding and ability to deliver delegated care under the direction and supervision of healthcare professionals and support the multidisciplinary team in the delivery of high quality care. The Senior HCSW will possess, or have the opportunity to attain within an agreed timeframe, education at SCQF level 7.

Definition of an Assistant Practitioner (Level 4)

The Assistant Practitioner can evidence previous experience and consolidation of practice as a Senior HCSW and/or has the appropriate skills and knowledge and demonstrates the depth of understanding and ability required to participate in the planning and carrying out of holistic, protocol based care under the direction and supervision of healthcare professionals. They will assist and support the multidisciplinary team in the delivery of high quality care. The Assistant Practitioner will possess or have the opportunity to attain within an agreed timeframe, education at SCQF level 8.

The above definitions include the expected SCQF level for each HCSW. All HCSWs require the opportunity and support to attain, within a specified timeframe, relevant learning and assessment at the agreed SCQF level. Further details related to education level is contained in

All HCSWs require to work under the direction and supervision (direct or indirect) of a Registered Practitioner. The guidance document provides a proposed supervision model. The Guide to Health Care Support Worker Education and Role Development is available at www.nes.scot.nhs.uk/media/341852/hcsw%20report%20final.pdf. A health care support worker's toolkit with induction standards and codes of practice can be accessed from NHS Education for Scotland webpage www.nes.scot.nhs.uk/initiatives/healthcare-support-worker.

National Occupational Standards (NOS)/Competences

NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively.

They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

This definition is supported by UK Commission for Employment and Skills (UKCES)

NOS are tools to help individuals, organisations and training providers to improve performance. They are useful for carrying out a wide range of activities some of which are described below.

They describe the minimum standard to which an individual is expected to work in a given occupation

Set out a statement of competence which bring together the skills, knowledge and understanding necessary to do the work

Provide managers with a tool for a wide variety of workforce management and quality control

Offer a framework for training and development

Form the basis of Vocational Qualifications (VQs) on the Qualification and Credit Framework (QCF) and Scottish Vocational Qualifications (SVQs).

[Extracted from Skills for Health (www.skillsforhealth.org.uk)]

Awareness – For the purposes of the competency framework the term awareness means having the knowledge of existence of and not entirely having an in depth understanding of it.

References

NHS Education for Scotland. Delivery of Alcohol Brief Interventions: A Competency Framework

NHS Ayrshire and Arran Health and Wellbeing Programme A Competency Framework for Health and Wellbeing Staff (draft in progress)

Health Behaviour Change Competency Framework (www.healthscotland.com/documents/4877.aspx)

Appendix 3: Templates to support review process

Check list for the review process

The following checklist is designed to support you through the review/assessment process. It outlines the steps you can take to ensure that the process is well planned and effective.

BEFORE YOU BEGIN: Make sure you.....	Completed (please tick)
o Have read and understood the performance criteria within each Keep Well competency statement	
o Discussion between supervisor/ reviewer / HCSW for support with the review process and timescales	
BEFORE YOU BEGIN TO WORK: Make sure you.....	
o Have a copy of their job description	
o Understand how each Keep Well competency standard applies to the job role	
o Explanation of roles of supervisor with workplace supervisor and arranged how the reviewer will: - Liaise with the workplace supervisor - Schedule time for progress meetings with the Healthcare Support Worker	
AT THE FIRST 'REVIEW' MEETING DISCUSS:	
o How the Keep Well competency framework applies to the work context of the HCSW, and their link with KSF PDP/PDR process	
o What needs to be done to demonstrate achievement of Keep Well competency statement	
o How will the assess be done and progress monitored	
o What further support will be available to the HCSW in specific areas	
o How you achievement of the Keep Well competency statements be recorded	
o When and where will the meetings happen	

ASSESSMENT OF PROGRESS. At each meeting, make sure of the following:	Completed (please tick)
o Identify competency domains which have been assessed	
o Record of the achievement of competences met by the Healthcare Support Worker and the reviewer	
o Record of reviewer's own assessment - Has the individual met the criterion? - If not, what more needs to be done in order to meet it	
o Discussion with individual by assessor what they need to do next in order to meet of the Keep Well competences	
o <i>(if appropriate)</i> the reviewer informs the individual's workplace supervisor of the next steps which are needed	
COMPLETING ASSESSMENT. Make sure you:	
o Discussion to confirm that the candidate has demonstrated competence against each competency statement by asking the HCSW to sign and date the appropriate section at the top of each evidence matrix (See section 5) and sign and date reviewers section.	
o The record completion in should be recorded in accordance with local procedures (if local procedures exist)–	
Discussion of next steps with the Healthcare Support Worker, including: - How they are going to use the evidence they have collected to inform their KSF PDP/PDR (applies to NHS Scotland employees) - How they are going to use the evidence they have collected to inform their Personal Development Plan/Personal Objectives (if local systems for this apply)	
o <i>(if appropriate)</i> inform the individual's workplace supervisor that they have met all of the Keep Well competency standards	

3.2 ACTION PLAN

HCSW Name: _____ Date: _____

Domain/Competency	Activities Discussed and/or Observed

Your next appointment is: Time: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

3.3 WITNESS TESTIMONY

Witness Name: _____

HCSW Name: _____

Department: _____

Job Title: _____

Date: _____

Notes:

Witness Signature: _____

Date: _____

Working Relationship: _____