# Framework to Enable Competency Assessment Across Health and Social Care in Lothian

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| **Title – Framework to Support Competency Assessment Across Health and Social Care in Lothian** | |
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## 1. Introduction

1.1 This framework has been developed to support governance arrangements and standardise a process to enable competency assessment for staff employed by different organisations across Health and Social Care Services in Lothian. The framework is not mandatory but is strongly encouraged to fulfil legal requirements, support best practice and to standardise arrangements. If utilised, this framework should enable staff to deliver person-centred, safe, effective care that is equitable, timely and efficient.

1.2 This framework will enable competency assessment if the relevant organisations across Health & Social Care in Lothian agree and a Service Level Agreement (SLA) is in place. We anticipate that the framework will predominantly be utilised by Community, Care Home, Care at Home, Residential, Respite, Day Services and NHS Lothian services, but this is not an exhaustive list.

1.3 The Health & Social Care Standards (Health and Social Care Standards, 2021) principle of responsive care and support stipulates the following standards that are relevant to the development of this framework:

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.

1.4 Dependant on the context, the application of this framework may be person, team, role or service specific.

## 2. Purpose

2.1 There are whole system pressure at all levels across both Health and Social Care sectors. We need to look at innovative, creative, and safe ways of delivering care that results in people getting the right care, in the right place, at the right time by the right person in the most efficient way. We need to enable competency assessment across teams, professions, and organisations, putting people receiving care at the centre of any proposed changes.

2.2 People are living longer with more complex long-term conditions, at home or in social care settings. To optimise the care that people receive in their preferred setting we need to explore all potential options to enable competency assessment across Health and Social Care teams. This will optimise the care that people receive in Health & Social Care settings to support monitoring, escalation, safety, and potentially enable timely intervention. It will also support staff to develop new skills, evidence competence and increase confidence to undertake additional skills and in turn improve job satisfaction.

2.3 Typically but not exclusively this framework will be relevant for the following staff groups:

- NHS staff assessing competency of Local Authority (LA) staff.
- LA staff assessing competency of NHS staff.
- NHS or LA staff assessing competency of private and voluntary care providers' staff.
- Further/ Higher Education Institution staff assessing health and social care staff/student competency via simulation or in practice.

2.4 This is an overarching framework, however further discussion/ arrangements may be required regarding General Practice and Personal Assistants competency assessment due to independent contractual arrangements. This framework does not impact current arrangements for non-paid carers or family members.

2.5 The types of assessment that this framework supports are:

- Work based assessment.
- Classroom based assessment.
- Simulation.
- Peer assessment.

## 3. Competency Assessment

3.1 Competency assessment is the process of reviewing or assessing the skill level of an individual against an agreed set of criteria. To enable Health and Social care staff to be deemed competent in a new skill they require to be trained and assessed as competent in that skill i.e., undertaking and recording vital signs. Any competency assessment arrangement needs to consider local policy and procedural guidance and the initial and ongoing resources, which will vary, to sustain the arrangement.

3.2 Within NHS Lothian competency assessment is common practice, traditionally but not exclusively undertaken by Registered Practitioner (RP) who is competent and has a current theoretical knowledge of the skill, assessing the competency of a Clinical Support Worker (CSW) or undertaking peer assessment.

3.3 The Scottish Credit and Qualifications Framework (SCQF, 2023) should be considered to ensure individuals that will be undertaking a new skill are qualified or working towards a qualification at the appropriate SCQF level.

3.4 The individual undertaking the competency assessment must be knowledgeable in the subject area, apply evidence based best practice and have current competence in the skill. If the person being competency assessed for a skill, fails to reach the agreed level of competence, managerial support and the relevant organisational policy should be followed.



3.5 The most appropriate competency assessment paperwork should be agreed by both parties. If there is no local or national competency assessment paperwork available this will need to be developed and agreed as part of the SLA agreement.

3.6 Across social care, generally competency assessment is undertaken by a facilitator through a Service Level Agreement (SLA) or secondment arrangement e.g., Moving and Handling facilitator for Moving and Handling competency assessment. Competency assessment is also routinely undertaken as part of a Scottish Vocational Qualification (SVQ) Award or Unit.

3.7 There are teams across Health and Social Care where staff work as one integrated team, with staff employed by different organisations. An example of this is a Local Authority (LA) Care Home where there are LA employed Social Care Staff and NHS employed Registered Nurses (RN) working within it.

3.8 If this framework is followed, and an SLA is agreed then competency assessment can happen across organisations.

3.9 The following 12 points (Figure 1) must be considered before undertaking competency assessment across organisations. If any points are not completed further action will be required and it may not be appropriate to take the proposed competency assessment arrangements further.

| | |
|---|---|
| 1 | Is the person receiving the care going to benefit from the change? |
| 2 | Have the teams involved been consulted regarding the proposed changes and had an opportunity to shape the outcome? |
| 3 | If appropriate, have the people and the people that are important to them been consulted regarding the proposed change? |
| 4 | Have Partnership/relevant Union/staff side been involved and are they supportive of the change? |
| 5 | Is the ‘skill’ appropriate for the SCQF knowledge level the employee works at? |
| 6 | Is the skill or level of skill articulated within the employees’ job description? |
| 7 | Is there an evidence-based training programme available? |
| 8 | Is there a competency agreed for the skill and a review process in place? |
| 9 | Is the HSCP Chief Nurse or equivalent professional lead aware of the proposed change and supportive? |
| 10 | Have resources been agreed to support the change? |

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|---|---|
| 11 | Are all parties content with arrangements? |
| 12 | Is there an SLA in place? |

Figure 1 – 12 points to consider.



3.10 Once all 12 points have been considered, the Competency Assessment Across Health & Social Care Flowchart (Appendix 1) should be reviewed and the Checklist (Appendix 2) completed to enable competency assessment across services to take place.

## 4. Professional and Regulatory Body Standards

4.1 There are several professional and regulatory bodies that support standards of practice across Health and Social Care. These organisations identifying standards and Codes of Conduct that must be adhered too. A brief overview of some of the key points regarding competency assessment and delegation from the main organisations are listed below.

4.2 *The Scottish Social Services Council* (SSSC, 2022) Code of Practice identifies the following relevant criteria:

- Recognise that you remain responsible for the work that you have delegated to others.
- Recognise and respect the roles and expertise of workers from other professions and work in partnership with them.
- Respect the responsibilities of colleagues who follow different professional codes.
- Undertake relevant learning to maintain and improve your knowledge and skills and contribute to the learning and development of others.
- Listen to feedback from people who use services, carers and other relevant people and consider that feedback to improve your practice.

4.3 *Nursing and Midwifery Council* (NMC, 2022) define delegation as the transfer to a competent individual, of the authority to perform a specific task in a specified situation. Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others.

The NMC Code sets out expectations of people on the register when they delegate to others. These requirements apply, regardless of who the activity is being delegated to. This may be another registered professional, a non-registered colleague, or a patient or carer. These expectations are that people on the NMC register:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions.

- make sure that everyone they delegate tasks to are adequately supervised and supported so they can provide safe and compassionate care.
- confirm that the outcome of any task delegated to someone else meets the required standard.



The RN must ensure:

- delegation does not harm the interests of people in their care
- the task is within the other person's scope of competence
- the person they are delegating to understands the boundaries of their own competence
- the person they are delegating to understands the task
- the person they are delegating to is clear about the circumstances in which they must refer back to them
- they take reasonable steps to identify any risks and whether any supervision might be necessary
- they take reasonable steps to monitor the outcome of the delegated task

4.4 *Health & Care Professions Council* (HCPC, 2022) identify the following standard of conduct regarding delegation, oversight and support

- You must delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively.
- You must continue to provide appropriate supervision and support to those you delegate work to.

4.5 *The Care Inspectorate* are the scrutiny body for Social Care Services and as such they will register and inspect all Care Home and Care at Home Services. Competencies once achieved require to be evidenced and regularly reviewed. Review timescales are variable depending on risk. Through the inspection process the Care Inspectorate routinely review staff training and competency records for any staff working for an organisation registered with them.

4.6 Staff across health and social care should have examples of competencies that are required for their role identified in their job description. Any changes should be consulted and agreed with trade unions and professional organisations.

## 5. Insurance and Liability

5.1 NHS Lothian and the four Integrated Joint Boards in Lothian are members of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) for all Health Services in Scotland and for Health and Social Care Services covered by Integration schemes. CNORIS provides indemnity to Member organisations in relation to Employer's Liability, Public / Product Liability and Professional

Indemnity type risks. The level of cover provided is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. The Scheme is governed by Central Legal Office (CLO, 2022) and will provide “Indemnity to Principal” where required.

5.2 Local Authority organisations have their own separate indemnity insurance arrangements.



5.3 Private and Voluntary Sector providers of care have their own individual arrangements. Assurance should be articulated that the relevant insurance is in place via the SLA.

## 6. Legal Perspective

6.1 The overarching view from Central Legal Office (CLO) is:

*‘Provided that staff have suitable expertise in and experience of the subject matter of the assessment; and provided that the task is one which falls within the general parameters of the staff members job description competency assessment within and across can competency occur.’*

## 7. Service Level Agreements (SLA)

7.1 Depending on individual requirements an individual or overarching SLA should be agreed by both parties. The SLA should clearly state what skills/organisations are included in the agreement.

7.2 A generic SLA is difficult to produce as each agreement tends to have its own unique features. In a very general sense, a CLO SLA might have some or all of the following chapters:-

CONTENTS

1. Interpretation (defining terms used)
2. Appointment
3. Services (describe the service to be provided)
4. Term and duration (how long are the services to be provided)
5. Charges/payment (if appropriate)
6. Warranties
7. Supplier/Customer Obligations and Responsibilities (sets of the standards to be met by each party)

8. Limitation of Liability (in respect of claims)
9. Termination of Agreement (how is the agreement brought to an end)
10. Confidentiality (obligations on both parties)
11. Change Control (process for changing contract terms)
12. Disputes (how are they to be resolved)
13. Notice period
14. Data Protection (if personal information is being shared)



7.3 An outline for an SLA (Appendix 4) is included as a starting point. Each agreement must be reviewed and agreed by the services involved and legal advice taken by the relevant legal authority for each service. Examples can of SLAs be found on the intra/internet.

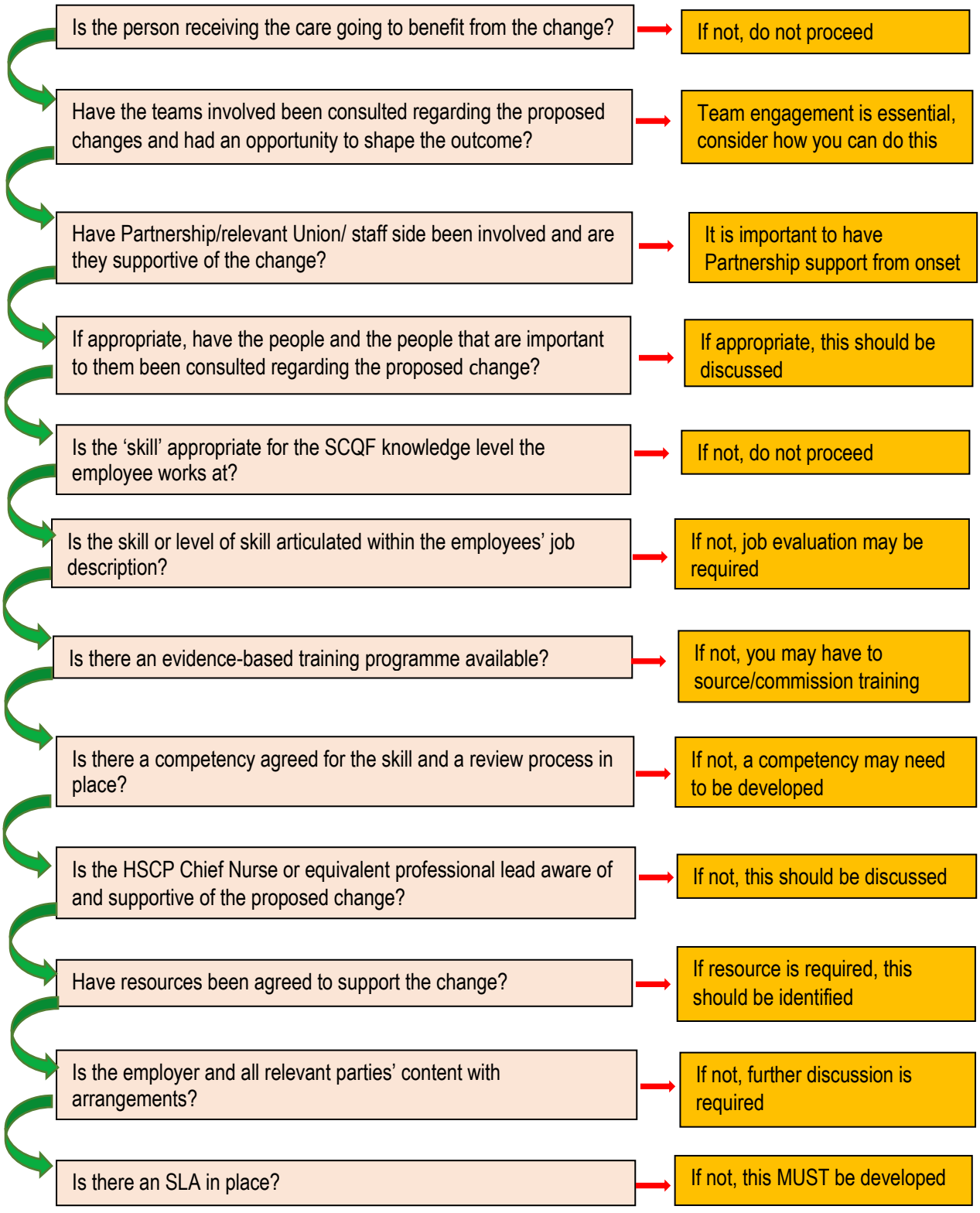
## 8. Governance arrangements

8.1 Teams across Health and Social Care in Lothian must consider the most effective, efficient, safe and timely method of competency assessment. This framework should be followed for all competency assessment arrangements that are being considered across sectors in Health & Social Care.

8.2 Dependant on requirements a specific SLA or an overarching SLA between relevant organisations may be appropriate.

8.3 Where services are already undertaking competency assessments, arrangements should be reviewed in line with this framework and any gaps should be addressed to ensure governance components are met and evidenced.

## Appendix 1 Competency Assessment Flowchart



**Appendix 2 Competency Assessment Checklist**
**If you answer 'no' to any points, further action is required**

| Criteria | Yes | No | Notes |
|---|---|---|---|
| 1.Is the person receiving the care going to benefit from the change? | | | |
| 2.Have the teams involved been informed of the proposed changes and had an opportunity to shape the outcome? | | | |
| 3.If appropriate, have the people and the people that are important to them been informed of the proposed change? | | | |
| 4.Have Partnership/relevant Union/staff side been involved and are they supportive of the change? | | | |
| 5.Is the 'skill' appropriate for the SCQF knowledge level the employee works at? | | | |
| 6.Is the skill or level of skill articulated within the employees' job description? | | | |
| 7.Is there an evidence-based training programme available? | | | |

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|---|---|---|---|
| 8.Is there a competency agreed for the skill and a review process in place? | | | |
| 9.Is the Health and Social Care Partnership (HSCP) Chief Nurse or equivalent professional lead aware of and supportive of the proposed change? | | | |
| 10.Have resources been agreed to support the change? | | | |
| 11.Is the employer and all relevant parties' content with arrangements? | | | |
| 12.Is there an SLA in place? | | | |

| | |
|---|---|
| **Signature**<br><br>**Print**<br><br>**Manager of Service providing the competency assessment** | **Signature**<br><br>**Print**<br><br>**Manager of Service Provider** |
| **Service Name** | **Service Name** |
| **Date** | **Date** |

## Appendix 3 Scenario Examples



a) Local Authority (LA) Care Home with LA employed care staff and NHS employed Registered Nurses (RN) (Vital signs)
Care staff have undertaken NHS training in Restore 2 (RESTORE2™ info here) , including vital signs and deteriorating resident.
   - *Can the NHS RN assess the competence of the LA worker in undertaking vital signs, recording and escalating using Restore 2?*
   - ✓ ***Yes, if an SLA is in place***

b) LA day centre with LA employed care staff (Airway management)
The day centre has agreed to care for a client with complex needs who also has a Nasopharyngeal airway (NPA) in situ (more information here). The LA staff require to be trained and competency assessed to manage the NPA. Potential issues are it may become blocked and require suction or it may be dislodged and require replacement. Potentially training can be provided by the NHS Clinical Education Team, NHS Home Ventilation Team or HSCP Educator. Competency assessment is also normally required. As it is hard to have experience of caring for an NPA staff may have to go to work in another environment to get experience of caring for an NPA and have their competency assessed. This is likely to be in an NHS ward.
   - *Can assessment of LA staff competence be undertaken in the NHS ward by NHS RNs?*
   - *Can the competency assessment be undertaken by the NHS specialist teams?*
   - *Can classroom simulation be used as a suitable alternative?*
   - ✓ ***Yes, if an SLA is in place***

c) Private Care at Home provider (Gastrostomy)
A client has been discharged from hospital with a Percutaneous Endoscopic Gastrostomy (PEG) (more information here) Tube. They have a care package provided by a private home care provider. The care staff have undertaken the NHS Enteral feeding study day but they require competency assessment to undertake the skill.
   - *Can the District Nurse Team undertake the competency assessment of the private care worker to set up, start and finish the PEG feed?*
   - ✓ ***Yes, if an SLA is in place***

d) Private Care Home provider (Tissue Viability)

An older person living in a private care home has some skin problems. They require compression bandaging (more information here)to their legs and have a complex dressing that requires packing on their sacrum. The NHS Tissue Viability Team (TVT) have undertaken training with the RN's in the home. To undertake the compression bandaging and the complex dressing safely competency assessment is required. No one in the home has been deemed competent.



- *Can NHS staff (Typically it would be NHS TVT, HSCP Care Home Support Team or District Nursing team) undertake the competency assessment component of the care home RN?*
- ✓ ***Yes, if an SLA is in place***

e) Privately employed personal care assistant providing care at home (Stoma care)

A person living at home has directly employed a Personal Assistant (PA) to support them with their physical and emotional wellbeing. The person has a stoma (more information here). The PA has attended training commissioned via the Lothian Care Academy (more information here) at the local College. The training includes simulation in the classroom. Normally competency assessment in practice is required for NHS Clinical Support Workers.

- *Can the District Nurse Team undertake the PA competency assessment for stoma care?*
  ***Further discussion is required as the PA is an independent contractor (Scottish Government, 2023)***

## Appendix 4 Service Level Agreement Outline

CONTENTS



i. Interpretation
- Definitions, defining terms and interpretations used

ii. Appointment
- Who is the agreement between?

iii. Parties
- Customer: The customer is the individual or company who hires another individual or company to complete a job or service
- Service provider: A service provider is the service or individual being hired to complete a job, project or commitment that they have agreed to complete.

iv. Services
- Clearly describe the service to be provided

v. Term and duration
- How long are the services to be provided e.g., for a single job, for a fixed term or indefinitely
- Commencement and duration

vi. Charges/payment (if appropriate)
- Compensation and pay rates (if appropriate) should be included if required as well as a payment plan. You may also include any other resources such as materials, travel expenses etc.

vii. Warranties
- What is the standard and what remedial action will be taken if this is not met

viii. Supplier/Customer Obligations and Responsibilities (sets of the standards to be met by each party)
- Consider ownership of materials
- Penalties such as late payment or if the service does not happen within agreed timeframe

- Non-Solicitation, e.g., the service provider cannot try to recruit their employees

ix. Limitation of Liability (in respect of claims)
- Limits on liability
- Indemnification, compensation for harm or loss if appropriate
- Insurance
- Legal fees

x. Termination of Agreement
- How is the agreement to be ended?

xi. Confidentiality
- Clearly defined obligations on both parties
- Intellectual property

xii. Change Control
- Process for changing contract terms

xiii. Disputes
- How these will be resolved

xiv. Notice period
- Clearly defined expectations
- Termination period

xv. Data Protection
- If personal information is being shared, how this be done securely

xvi. Witnesses
- Scribed for and on behalf of both parties, including; name, signature, place, designation, date
- Witnessed; date, witnessed by, print name, designation, address

## 9. References


Health and Social Care Standards, 2023, (accessed 31012023) Supporting documents - Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

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Scottish Government, 2023, *Employment – Social Care, Self-directed Support* (accessed 31012023) Section 8: Employment - Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance - gov.scot (www.gov.scot)




The following organisations/teams were consulted during the development of this framework

| Organisations | HSCPs | NHS Lothian |
|---|---|---|
| Care Inspectorate | Chief Nurses | Legislation & Regulation Group |
| Scottish Social Services Council | Allied Health Professional Leads | Lothian Care Academy Team |
| Scottish Care | Learning Disabilities Team | Care Home Programme Team |
| Learning & Development, CEC | Clinical Nurse Managers | Clinical Education & Training Team |

| | | |
|---|---|---|
| Central Legal Office | Mental Health Teams | Chief Nurse |
| Practice Learning and Development, ML Council | Complex Care | Human Resources |
| Workforce Development, EL Council | District Nursing Teams | Service Teams |
| Home Care Director | Service Managers | |
| Council legal representatives | | |
| Further Education Colleges | | |