

The Perioperative
Care Collaborative

Position statement



Optimising the contribution of the **perioperative support worker**





Optimising the contribution of the Perioperative Support Worker – delegation and duty of care to patients

CAVEAT In reading this position statement the term Support Worker (SW) should be regarded as interchangeable with that of Auxiliary and Health Care Assistant (HCA). The Perioperative Care Collaborative (PCC) defines a healthcare support worker as a member of staff who provides support to healthcare professionals in the perioperative setting.

Introduction

The number of support staff employed within the National Health Service (NHS) and Independent Sector has increased rapidly in recent years. It is estimated that there are some 120,000 staff working under the parallel titles of either Support Worker, Auxiliary or Health Care Assistant.

As the numbers of staff employed as SWs within Perioperative teams has increased, the PCC has observed diversity in spheres of practice and in the standards and quality of underpinning education and training.

The primary concern of the PCC is that of public safety and protection.

The PCC are of the view that where SWs are trained to national occupational standards, they provide valuable support and make an essential contribution, in optimising the efficiency of the multidisciplinary team and in the delivery of quality patient care across perioperative environments.

Whilst variance in role across the workforce of SWs may be attributed to a number of drivers, including modernising ways of

working, deficits of registered personnel and local priorities, the extent of diversity is of concern in the absence of a regulatory body for clinical support staff.

This Position Statement therefore outlines the PCC's view as to the principles of best practice in the employment and utilisation of SWs, which the PCC believes should be recognised by all registered practitioners and adopted by all employing organisations, in line with frameworks for Clinical Governance.

Guidance for employing organisations

The PCC recognises that responsibility for the training of SWs rests with individual employing organisations, however, this has resulted in wide variation in the quality and standards of training provided, which the PCC regard as less than satisfactory.

The PCC recommend that, to promote public confidence and clinical excellence, employing organisations must ensure that:

- SWs are competent, having been trained and assessed in accordance with the requirements of national qualification frameworks
- SWs are provided a detailed job description/specification/contract of employment outlining the parameters of their approved sphere of practice
- SWs are supervised by a registered practitioner in the execution of patient care tasks commensurate with their approved sphere of practice
- SWs are provided instruction regarding the principles of vicarious liability, teamwork and delegation and the accountability owed to the patient and employer through civil, criminal and employment law.

Guidance for registered practitioners

The PCC recognises that in the absence of a regulatory framework for SWs, Registered Practitioners are often uncertain of their responsibilities when delegating activities to an SW.

The PCC regard it as essential that registered practitioners understand that all SWs are responsible in law for their actions and thus are accountable to the patient and to the employer.

The principles of delegation and the responsibilities of SWs and Registered Practitioners are brought into sharp focus when harm is judged to have been caused to a patient because of a perceived breach in the standard of care provided by an SW.

Circumstances in which resultant harm is proven and negligence is established the appropriateness of the delegated activity will be examined to determine associated liability.

The PCC therefore recommends that Registered Practitioners consider the following questions when delegating activities:

- How much attention has been given to assessing the complexity of the task?
- Is it appropriate to delegate the task?
- Is the activity to be delegated, within the SW's approved sphere of practice and supported by a job description and departmental policy?
- Does the complexity of the anaesthetic/surgery and the patient's dependency level need to be taken into consideration?
- What training and education has the SW experienced to date?
- Has the SW's competence been assessed in line with national occupational standards, via relevant N/SVQs?
- Are arrangements in place to ensure supervision of the SW by a Registered Practitioner during the delegated activity?

Support Workers: The NHS Skills Escalator and workforce modernisation

The PCC endorse the view that workforce modernisation is dependent upon reform and improvement which requires a review of the

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contribution of all members of the perioperative team.

By reviewing perioperative activity and redesigning jobs in parallel with a review of patients' needs, organisations can ensure that the most appropriate member of the team is deployed with the necessary skills in the most effective way to meet the patient's needs.

The PCC advocate that, to ensure quality patient care, organisational staffing establishments must be developed with regard to clinical governance frameworks.

The PCC regard it as essential that staffing establishments take account of, and clearly determine, the ratio of registered to non-registered workforce required to provide quality patient care.

Staffing ratios must be calculated at a level which facilitates:

- enhancement of the emotional experience of the patient's perioperative episode
- optimisation of the quality of perioperative care
- promotion of the principles of risk management
- recognition of the demands that situational decision making generates, given the variance in patient dependency across perioperative settings

The PCC are supportive of the Department of Health consultation regarding the regulation of clinical support staff.

The PCC regard regulation as essential in promoting patient safety and protecting the public.

