



Clinical focus supporting policy into practice

The Perioperative Care Collaborative Position Statement

OPTIMISING THE CONTRIBUTION OF THE PERIOPERATIVE SUPPORT WORKER

This document is a culmination of the two Position Statements 'Optimising the contribution of the Perioperative Support Worker' and 'Delegation: the Support Worker in the Scrub Role'

CAVEAT When reading this position statement the term 'support worker' 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 non-registered staff member of the perioperative team.

INTRODUCTION

The aim of this position statement by the PCC is to set out the principles and guidance relating to support worker's scope of practice and their undertaking of delegated interventions in perioperative roles. The PCC considers that both employers and registered practitioners (i.e. member of a professional regulatory body) are required to ensure that patient safety is paramount. This should be a primary consideration when delegating roles to a support worker, which should also comply with the clinical governance frameworks. (NMC 2015, HCPC 2012)

The number of support staff employed within the National Health Service (NHS) and Independent Sector has increased rapidly in recent years across all elements of healthcare. The number of staff employed as support workers within perioperative teams has also increased and the PCC has recognised diversity in their roles and in the standards and quality of underpinning education and training. Furthermore, the PCC considers that support workers provide a valuable contribution to the multidisciplinary team and in the delivery of quality patient care in the perioperative environment. The primary concern of the PCC remains focused on patient safety and protection, irrespective of the structure of the multidisciplinary team.

The PCC considers that the National Occupation Standards for support worker units, developed by Skills for Health, to be the most appropriate training programme for support workers employed within perioperative practice, for example, these may be embedded in a foundation degree. These units provide a national standard as access to this training is available and recognised in all four countries of the UK.

The above mentioned diversity may be attributed to a number of factors; including work that has been undertaken in the modernisation of the workforce, and changes in service needs. This Position Statement therefore outlines the PCC's view as to the principles of best practice in the employment and utilisation of support workers. The PCC advocates that these principles should be acknowledged and recognised by all registered practitioners and adopted by all employing organisations, in line with local frameworks for clinical governance.



GENERAL PRINCIPLES

The PCC recognises that responsibility for the training of support workers rests with individual employing organisations. However, this has resulted in a wide variation in the quality and standards of training provided, which the PCC regard as unsatisfactory.

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

- Support workers are competent for the role they undertake, having been trained and assessed in accordance with the requirements of National Qualification/SVQ Frameworks and the relevant NHS Knowledge and Skills Framework outline for their job.
- Support workers are provided with a detailed job description/specification/contract of employment outlining the parameters of their approved sphere of practice.
- Each employing authority should define a list of approved procedures which can be undertaken by support workers.
- Support workers are supervised by a Registered Practitioner in the delivery of patient care tasks commensurate with their approved sphere of practice.
- Support workers are provided with 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.
- Support workers need to be made aware of and participate in the 5 steps to safer surgery <http://www.patientsafetyfirst.nhs.uk/Content.aspx?path=/interventions/Perioperativecare/5stepsvideo/>

GUIDANCE FOR EMPLOYING ORGANISATIONS

The PCC is of the view that the minimum underpinning knowledge and competence that the support worker must demonstrate to perform the perioperative roles are in line with the Perioperative Care Support and the Perioperative Care Surgical Support units of the National Occupational Standards for Perioperative Care, and are assessed via National Qualification Frameworks. These awards have been developed by Skills for Health and are recognised in all four countries of the United Kingdom. The PCC suggests that training programmes developed in isolation by individual organisations lack independent external scrutiny via authorised quality assurance processes. This is regarded as inconsistent with standards for regulation and approval, which are fundamental in promoting quality care and public confidence. From this premise, the PCC does not accept that in-house programmes, without validation or equivalence to national occupational standards, are adequate for the training of support workers to fulfil the scrub role. The PCC, however, accepts that there should be a period of transition working towards this statement.

Staffing level and skill mix must be calculated at a level which facilitates:

- 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.

GUIDANCE FOR REGISTERED PRACTITIONERS

The PCC recognises that in the absence of a regulatory framework for support workers, registered practitioners are often uncertain of their responsibilities when delegating activities to a support worker.

It is imperative that registered practitioners are fully aware that they retain professional accountability for the appropriateness of the delegation of care to the support worker. This requirement is explicitly stated in both the HCPC Standards of conduct, performance and ethics (HCPC 2012) and the NMC Code of Professional Conduct: Standards for conduct, performance and ethics (NMC 2015).

The PCC regard it as essential that registered practitioners understand that all support workers are responsible in Civil, Criminal and Contract Law for their actions and thus are accountable to the patient and to the employer.

The principles of delegation and the responsibilities of support workers and registered practitioners are clearly focussed when harm is judged to have been caused to a patient because of a perceived breach in the standard of care provided by a support worker. The standard of care is determined by the 'Bolam Test', established in the case of Bolam v Friern Hospital Management Committee [1957] All ER 118 and the Case of Wilsher v Essex AHA [1988] All ER 871 and would be the standard of care to which the practitioner would be measured against in the event that their acts or omissions are questioned in a court of law. The first case has established how the expected standard of care would be defined and against which a practitioner would be measured in the event that they were involved in a case that went to court. The Wilsher case established how the clinical responsibility of the practitioners concerned would be determined and again, practitioners may find that they would be measured against such findings.

In circumstances that have resulted in harm and where negligence is established, it is important to be aware that the appropriateness of the delegated activity will be examined to determine the associated liability.

DELEGATION

Patient safety is paramount and the PCC is of the view that the responsibility for the overall management of the patient's care lies with the registered practitioner. It is important to note that when a registered practitioner delegates a role to a support worker, this registered practitioner should be a member of the perioperative team. It is not appropriate to combine this responsibility with any other role. Within obstetric theatres the execution of the scrub role by an appropriately trained support worker must be supervised by a registered practitioner who is competent in the scrub role. This should be a Registered Nurse, Operating Department Practitioner or a Registered Midwife who is competent in the scrub role, and where there is no compromise to the midwife's primary function and responsibility to mother and baby. The midwife should not be expected to undertake any role which could detract from his/her overarching primary responsibility. It is recommended that support workers do not undertake the scrub role for emergency obstetric surgery. (CODP/RCM/AfPP 2009)

The PCC therefore recommends that registered practitioners consider the following questions when delegating activities:

- Is it appropriate to delegate the task?
- Is the activity to be delegated within the support worker's approved sphere of practice and supported by a job description and departmental policy?
- What training and education has the support worker received to date?
- Has the support worker's competence been assessed in line with National Occupational Standards, via the relevant N/SVQs?
- Are arrangements in place to ensure supervision of the support worker by a registered practitioner during the delegated activity?
- Does the support worker agree to accept the delegated task provided they have had the required training?
- Has attention been given to assessing the complexity of the task?
- Has the complexity of the anaesthetic/surgery and the patient's dependency level been taken into consideration?

The PCC regard it as essential that staffing establishments take account of, and clearly determine, the ratio of registered to non-registered practitioners required to provide quality patient care (AfPP 2014).

PCC STANDARDS AND RECOMMENDED PRACTICE

The PCC recommends that support workers should work towards and complete the mandatory units of the National Occupational Standard for the perioperative support worker. Once completed there are optional continuing development units that can be obtained.

When a support worker is fulfilling the scrub role (directly supervised by a registered practitioner):

- All swab, instrument and needle counts must be conducted with a registered practitioner, who is a member of the scrub team. (AfPP 2011, 2012).
- The supervising registered practitioner should be present in the operating theatre for the duration of the operative procedure, as part of the scrub team.
- A registered practitioner must ensure that the patient care record and other documentation have been completed satisfactorily by the support worker. Good practice would be for registered practitioners to countersign all records completed by the support worker.

ROLE

As stated previously, the PCC considers that support workers undertaking the scrub role require the ability to be aware of the potential for sudden change in the patient's condition and/or procedure, and that the scrub practitioner is able to recognise such changes and to respond with an appropriate and rapid response. It is for this reason that the PCC recommends that principles of risk management are applied to determine the range of elective procedures for which support workers may perform the scrub role. Such a risk assessment should be undertaken by the registered practitioner on each occasion that the scrub role is delegated to the support worker. This risk assessment should be undertaken in relation to the registered practitioner's professional accountability and is in addition to the departmental risk assessments that should already have been undertaken prior to this role being introduced.

It is recommended that employing organisations develop a departmental policy that details agreed operative procedures to be undertaken by support workers. Such a policy should be developed within a clinical governance and risk management framework to ensure that the identified procedures are appropriate. It is essential that this role is identified in the support worker's individual job description/specification. Such actions will then ensure that the scrub role is clearly accepted as a mutually agreed activity of employment in relation to vicarious liability.

The PCC welcomes the development of the support worker as contributing to the versatility of the perioperative team, enhancing the role of the support worker and contributing to both patient and service needs within a clinical governance framework.

REFERENCES AND FURTHER READING

Association for Perioperative Practice 2011 *Swab, Instrument and Needle Count (8.4) In Standards and Recommendations for Safe Perioperative Practice Harrogate, AfPP*

Association for Perioperative Practice 2012 *Accountable items, swab, instrument and needle count (Poster) [online]* <http://www.afpp.org.uk/careers/Standards-Guidance> [Accessed January 2015]

Association for Perioperative Practice 2014 *Staffing for Patients in the Perioperative Setting (3rd ed) Harrogate, AfPP*

Bolam v Friern Hospital Management Committee [1957] *All ER 118, Legal Aspects of Nursing, 31 May, Harlow, Pearson Education*

Wilsher v Essex AHA [1988] *All ER 871, Legal Aspects of Nursing, 31 May, Pearson Education*

Health and Care Professions Council 2012 *Standards of conduct, performance and ethics London, HCPC Available from:* www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics

Nursing and Midwifery Council 2015 *Code of Professional Conduct: Standards for conduct performance and ethics for nurses and midwives London, NMC Available from:* www.nmc-uk.org/publications/standards

Perioperative care support units/Perioperative care surgical support units: *information available from:* www.skillsforhealth.org.uk/frameworks

Department of Health 2004 *Agenda for Change Final Agreement London, DH*

Department of Health 2004 *The NHS Knowledge and Skills Framework (NHS KSF) and the development review process London, DH*

Nursing and Midwifery Council 2009 *Record keeping: Guidance for nurses and midwives London, NMC*

College of Operating Department Practitioners, The Royal College of Midwives, The Association for Perioperative Practice 2009 *Staffing of Obstetric Theatres - A Consensus Statement (Online) Available from:* <http://www.afpp.org.uk/careers/Standards-Guidance> (Accessed April 2015)

The PCC was formed in October 2002 with a clear aim to explore perioperative issues and reach a consensus view on how they should be addressed. Membership of the Collaborative is as follows; The Association for Perioperative Practice, The College of Operating Department Practitioners, British Association of Day Surgery, Association of Independent Healthcare Organisations, Royal College of Nursing Perioperative Forum, British Anaesthetic Recovery Nurses Association.

