



A GUIDE TO PERSONAL ASSISTANT TRAINING IN NHS DIRECT PAYMENT PERSONAL HEALTH BUDGETS



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1. INTRODUCTION

The NHS Universal Personalised Care paper lays out an expectation that 40% of all Personal Health Budgets (PHBs) (excluding Personal Wheelchair Budgets) should be delivered as Direct Payments or Third-Party Budgets.

Those individuals choosing a Direct Payment PHB (whether it be managed by the client, their representative or nominee) have the option to employ one or more personal assistants to provide the required care and support. Clinical Commissioning Groups (CCGs) have a responsibility to ensure assessed needs are safely met. This means that CCGs have the responsibility to ensure that those choosing to become an employer of Personal Assistants (PAs) have access to training for their PAs, to ensure that they are able to effectively and safely meet assessed needs.

This document brings together general guidance and details of how Wigan Borough Clinical Commissioning Group (NHS WBCCG) and NHS Bolton Clinical Commissioning Group (NHS Bolton CCG) are developing their PA Training Models. It is hoped that it will be useful for:

- Commissioners responsible for implementing training programmes to support individuals choosing a direct payment PHB and who are employing PAs.
- Case managers and Health Practitioners who are working directly with people who have employed PAs.
- Individuals (or their representatives / nominee) who have chosen to have their support provided through a direct payment and who are using PAs.
- PAs who are employed by an individual (or their representative/ nominee) via a PHB direct payment.

SUMMARY GUIDANCE

Since October 2014 both adults and children eligible for Continuing Healthcare / Continuing Care have had the right to have a PHB, this guidance applies to services for both adults and children.

This summary guidance should be read alongside the following detailed guidance which is referenced throughout.

It is also important to refer to the "[Guidance on Direct Payment for Healthcare: Understanding the Regulations](#)" documents.

Dedications for this document

This guide was developed by the Greater Manchester Health and Social Care Partnership. The work was led by Emma Atherton, Lead Nurse for Childrens individualised Care, Wigan CCG. Thank you to Emma for all her work, and to Lorraine Norfolk from Wigan CCG for enabling her to spend the time on it.

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2. OVERVIEW

The “NHS Long-term Plan - July 2019” and “Universal Personalised Care – July 2019” indicate the direction of travel for the NHS - to make personalised care business as usual across the health and care system:

This guidance aims to support CCGs in the further development of PHBs.

The option that individuals have to employ PAs is one of the most significant benefits of PHBs. It provides individuals with a choice over who provides their care and support rather than being supported by a range of staff who they have not chosen.

Whilst the ability for people to employ PAs provides great benefits to the individual, it also can present a challenge for CCGs, i.e. the need to develop and support the growth of a “trained” PA workforce to provide safe, quality care for individuals who are funded through CCGs.

A PA role will vary according to the needs, lifestyle requirements and choices of each person they support. When a PA is providing care and support to someone with healthcare needs, an important component of their role can include carrying out tasks that are of a clinical nature. Clinical tasks must be considered in the care planning process and delegated to the PA by a Registered Practitioner who has the relevant occupational competence. They must only be delegated when it is in the best interests of the person concerned.

3. WHY IS TRAINING REQUIRED

The role of a PA is extremely varied as the individual employing a PA (or their representative/nominee) can choose how and where they are supported. PAs can provide support for the things people need to maintain their health and wellbeing, things that they are aiming to do and things they want to learn to do again.

Although PAs are not currently regulated by statute, they remain accountable for their actions and must ensure safe care is maintained. They must demonstrate professionalism and integrity, working in partnership within ethical and legal frameworks.

PAs have a duty of care to the personal health budget holder under civil and criminal law. They remain accountable for their acts and omissions which they could reasonably foresee may result in injury, significant harm or further discomfort.

For PAs to meet the expectations of their caring role they must have access to evidence-based training. Training will ensure that they deliver safe, compassionate, person centred care that respects and maintains the dignity and human rights of the individual whom they are responsible for caring for.

'Learning and development is essential in any job. It will mean you do your job better, safer and you will have transferrable skills to help with future roles.'

Skills for Care (2015) Being a personal assistant: A guide for people who want to or are already working as a personal assistant.

4. CCG AND PROFESSIONAL RESPONSIBILITIES

CCGs are the responsible bodies for planning and commissioning healthcare services in their local area. It is therefore important that they implement a clinical governance framework for the training of PAs. The NHS retains overall responsibility to ensure the system commissioned for training is safe and appropriate, whilst adhering to the personalisation principles of increased choice and control.

There should be clearly identified processes to access required training and a robust governance framework to underpin delegated healthcare tasks, as is made clear in the Royal College of Nursing principles of delegation:

'Any delegation of healthcare tasks to unregistered health and non-health qualified staff must be undertaken within a robust governance framework, which encompasses:

- ***Initial training and preparation***
- ***Assessment and confirmation of competence***
- ***Confirmation of arrangements for ongoing support, updating of training and reassessment of competence'***

The below documents are explicit with regard to delegation responsibilities when healthcare tasks are delivered by a non-registered care worker:

- The NMC (2015) The Code: Standards of conduct, performance and ethics for nurses and midwives
- RCN (2017) accountability and delegation: A guide for the nursing team
- NHSE (2017) Delegation of healthcare tasks to personal assistants within personal health budgets and integrated commissioning
- RCN (2018) Meeting Health Needs in Educational and other Community Settings: A guide for nurses caring for Children and Young People

Other allied healthcare professionals also have a duty to delegate responsibility as per the HCPC (2018) Standards of conduct, performance and ethics.

A training model for Personal Assistants (PAs) should achieve the following objectives:

- The provision of basic foundation training that can then be used as preparation for more intensive bespoke training
- The provision of a range of bespoke training relevant to the person being cared for, that is appropriate to the person's own environment and circumstances
- A reduction in the work of clinical staff in overseeing routine tasks
- An increase in how professionals value the expertise of individuals and family members and how this can contribute to the training and support given

- The upskilling of PAs so as to enable them to undertake delegated clinical tasks competently and confidently in all necessary areas
- An increase in consistency in how PAs are trained
- A reduction in the “dilution” of PA training through non-qualified staff inappropriately passing on training

5. EMPLOYER RESPONSIBILITIES

An individual employer can be:

- The person being cared for
- A representative of the person being cared for where that person lacks capacity or is a child
- A nominee who has been requested by the cared for or their representative to carry out the employer role

The following is a summary of employer responsibilities;

- All employer related matters, i.e. recruitment, training, queries, difficulties, dismissals, Health & Safety responsibilities
- Relevant checks, like making sure a PA can work in the UK, DBS checks and requesting references
- Employer's and public liability insurance
- Register as an employer with HMRC and set up and manage a payroll (this may be delegated)
- Ensure PAs are paid at least the national living wage (or national minimum wage); the amount will depend on their age and if they are an apprentice
- Comply with The Pensions Regulator duties around automatic enrolment.

Employers will often need assistance in fulfilling their employment duties and CCGs should provide employers with clear direction on how to access the relevant support services. This should include useful contacts for employment law queries, public liability insurance, wages and payroll, PA recruitment assistance, training and information on community assets and resources.

In line with employment law all PAs must have access to the required training to safely carry out their duties as stipulated in the contract and job description. The contract of employment should clearly set out:

- Employment conditions
- Rights and responsibilities
- Duties
- Induction and Probationary Periods
- Holidays
- Notice period
- How to deal with a grievance, disciplinary procedures and sick pay.

In the majority of cases, PAs are not eligible to be treated as self-employed as the nature of their work does not meet the criteria set by HMRC. If you are unsure of the employment status of a PA who may be starting to work for you can find the [HMRC checklist](#)

[HMRC have also developed a programme of webinars](#) which are suitable for people employing personal assistants. They look at issues such as payroll responsibilities, how to deal with expenses and benefits, and PAYE in real time.

To facilitate required learning and development, probationary periods and induction periods should be implemented. As with all new employees' discussions about roles and required training must be formalised to encourage effective development. Induction periods should be implemented within the first few days of a PA starting their role, it is important to help a PA settle into the role and commence their learning and development.

Probationary period - The employer should set the probationary period and ensure regular reviews are undertaken during this time, points for discussion should include what is working well and what isn't working well. This period should also be used to discuss any training needs and make suitable arrangements for training to be delivered and PA competencies to be assessed.

Induction period - During the probationary period the employer should arrange an induction period for the PA to allow them to settle into their role and begin their journey of learning and development. This should be arranged prior to commencing the role. An induction may also involve shadowing either the employer, or more experienced PA who is competent and confident in providing safe care and who already know the individual well.

*Many CCG's will require that PAs are trained prior to the PA starting their role rather than during a probationary or induction period – the approach outlined here is particular to NHS WBCCG.

6. EMPLOYEE RESPONSIBILITIES

Being a PA requires a wide range of skills and may involve many different roles and responsibilities within a variety of settings. Being a competent PA means having the skills, knowledge and behaviours to provide high quality care and support. It is important that PAs understand their role, main duties, responsibilities and limitations and always work in partnership with their employers and families to draw upon their expert knowledge of the individual.

It is a Personal Assistants responsibility to access and complete all training as directed in an individual's support plan and by the employer. Training certification should be provided to the employer within the time frame identified in the induction period.

Personal Assistants should undertake a level of Foundation training in the first instance to allow them to develop a platform of skills and knowledge to build upon. As identified by NHS England's introduction of the 6C's below, the essential values for compassionate care:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Following completion of foundation training PA may require training in a range of healthcare tasks relevant to the person for whom they are caring. PAs are accountable for accepting any delegated task and are responsible for their actions in carrying it out and accurately recording the task. The tasks being considered for delegation in health require very specific knowledge and skills in relation to, for example:

- Communication / Dysphasia
- Dysphagia (Impaired swallowing)
- Nutrition Including enteral feeding
- Skin care
- Complex moving and handling
- Bowel and bladder management
- Administration and recording of medication
- Oral health care and oral suctioning
- Epilepsy
- Pain and distress
- Oxygen therapy
- Ventilation - including tracheostomy care and long-term ventilation

7. DEVELOPING A TRAINING MODEL: Sharing the NHS Wigan Borough CCG Journey

NHS Wigan Borough Clinical Commissioning Group (WBCCG) and Wigan Council jointly commission several services to support individuals taking on employment responsibilities as part of their direct payment PHB arrangement. Employers can access assistance with some or all of the following:

- Recruitment and Selection
- Job Descriptions and Employment Contracts
- Support Planning and Costing
- Information and advice
- Direct Payment financial management services
- Payroll
- DBS Checks
- Insurance
- Audit

WBCCG are in the initial stages of developing a robust model for PA training, focusing on the development of the training for PAs employed by individuals in receipt of a direct payment PHB. Section seven of this guide contains several documents which can be used as examples by other CCGs looking to develop a similar approach.

This is a work in progress that continues to be further developed and refined; it is the intention of WBCGG to:

- Introduce a model of consistent training for PAs who carry out direct care to those with health and wellbeing needs.
- Strengthen boundaries of accountability for the provision of services
- Clarify roles and responsibilities and the process that must be applied when providing CHC / CC recipients with a direct payment PHB

When initially scoping PA training we worked with a local care provider, My Life, to complete a survey with a small number of PAs and PA employers in Wigan. This was undertaken to ascertain their views on aspects of their roles, with a particular focus on clinical tasks and training. The survey comprised of two separate questionnaires, one for employers and another for PAs.

Both contained questions covering four themes, these being;

1. overall principles,
2. confidence,
3. skills and capabilities,
4. training.

Overall 74% of those receiving a questionnaire responded (88% of which were employers and 74% were PAs).

Generally, the scores from PAs were higher than for employers. Whilst it was not possible to compare individual questions (as the two surveys were different), it was possible to compare across some of the themes. In regard to the training theme, both employers and PAs strongly agreed that training is required. However, it demonstrated that the employer required support in directing their PAs to quality training. The most variation was seen in the skills and capabilities

section, particularly for employers. The comments showed that training would be welcomed, particularly foundation training and training by a healthcare professional. An element of mandatory training was also suggested. The results of the survey will inform development of training and associated guidance for employers and PAs (see appendix 10).

Some of the learning from the survey demonstrated that there needed to be a focus on what we have established as “foundation” training. Therefore prior to any PA undertaking training for delegated healthcare tasks, it is important that they understand the basics of providing quality care. A simple example being that it would not be appropriate for a PA to administer catheter care without first understanding the importance of infection control and completion of accurate clinical records documenting the procedure undertaken.

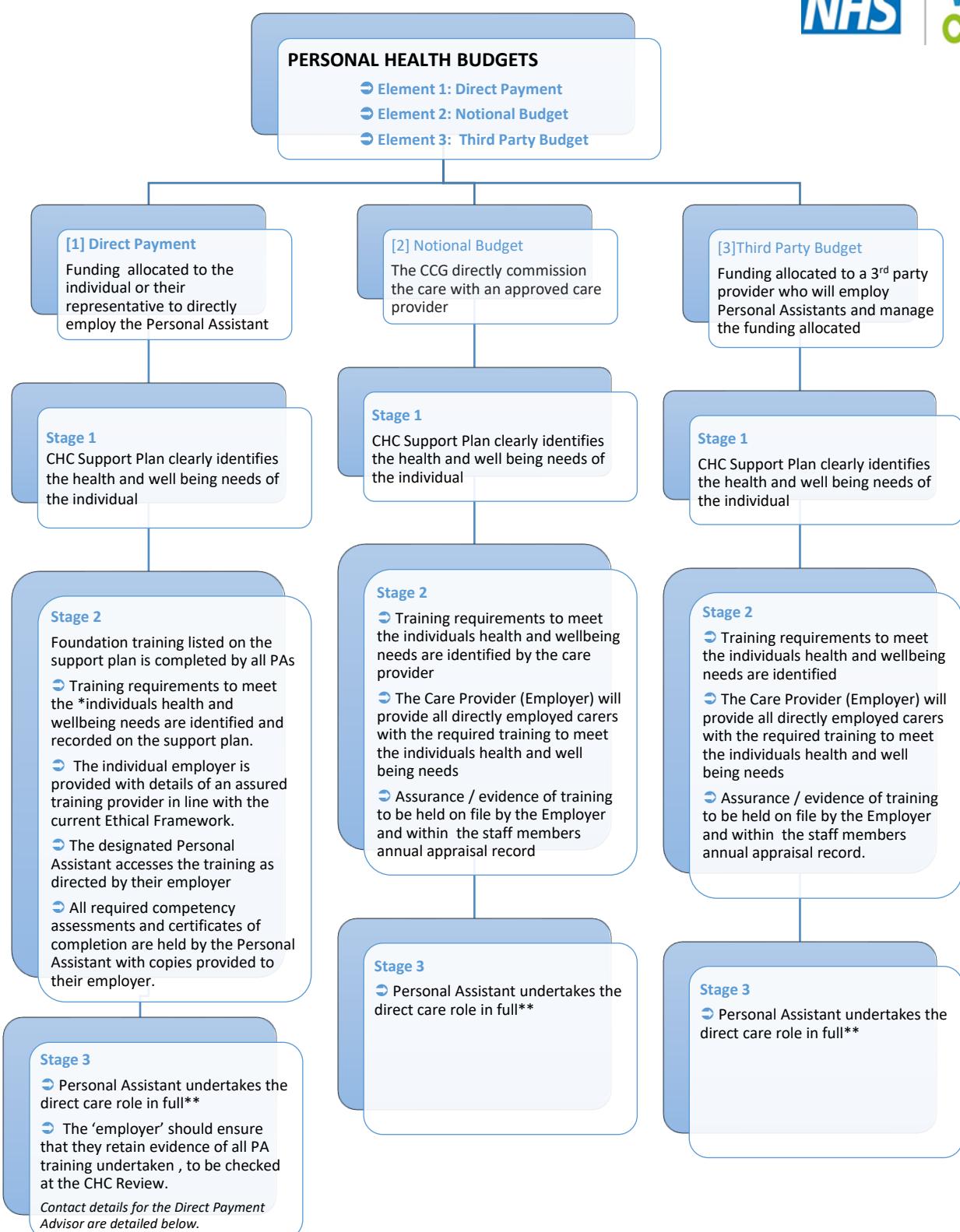
To introduce foundation training, we scoped existing arrangements to allow for consistency. We have been able to align some elements of foundation training to the Health Education England (HEE) e-learning training. The HEE training aligns to the Care Certificate that staff working for CQC registered organisations undertake.

The CCG was keen for all staff working with individuals to have access to the same standard of training irrespective of how they chose to manage their PHB. This would result in those PAs employed by direct payment holders having the same level of training as those staff working for CQC registered organisations who were supporting those people whose PHB was being provided via a “notional” or “third-party” option.

Please see High Level View Diagram overleaf

A High Level View

Personal Health Budgets- Training



* **Stage 2 Training requirements:** Continuing Healthcare Matron and the DPA will review the 'Commissioner Training Matrix for PHBs' to determine the specific training requirement for the Personal Assistant.

** **Stage 3 Direct Care:** to meet the identified health and wellbeing needs, healthcare professionals will specify the training requirements which will be bespoke for each individual. It is important to note that to ensure safe; high quality care all Personal Assistants must be supported by their employer to access and successfully complete the competency-based training programmes as directed.

Contact Details:

- Direct Payment Advisor (DPA) 01942 489579
- Continuing Healthcare Duty 01942 482746

7.1. INDIVIDUAL EMPLOYERS SUPPORT

Taking on the role of an individual employer can be quite a daunting task and is frequently in addition to an individual's existing work and care commitments.

WBCCG recognise the importance of employers of personal assistants having access to training and support to enable them to carry out their employment duties effectively.

Wigan Council direct payment team are developing community-based training sessions for employers of PAs. In addition, there are community organisations that provide this type of training for a fee.

To aid potential employers to understand employment responsibilities, information is provided during the initial discussions about PHBs, along with a resource pack. The pack includes examples of employment contracts, PA job descriptions, disciplinary process, timesheets (please see appendices), public liability insurance information and relevant contact details.

The PHB support plans in use by WBCCG requires that any foundation and individualised training required is identified as part of the planning process.

Information (see Appendix 4) to inform employers of available foundation training has been drafted and will be provided during the initial PHB visit. This directs employers on how PAs access foundation training and the process to follow on certification completion.

It also gives guidance the PA "skills passport" which WBCCG is developing, the sections to be completed and retained by employers for the purpose of recording and evidencing completed training.

WBCCG are currently developing additional tools that will be available on the website. Employees will have access to a suite of templates on the website to support them to fulfil their employee's responsibilities.

For those employers of PAs who don't wish to manage the financial aspect of a direct payment a "managed account" can be offered. This service offers significant support for the employer in payroll management. In addition, to provide re-assurance and evidence of well managed accounts, audits are completed in preparation for CHC reviews to monitor spend on the agreed individuals' outcomes. To ensure effective financial risk management of direct payment accounts a risk matrix is embedded in the audit process completed by the direct payment team. Please see an example at appendix 7.

WBCCG are seeking advice on how to implement required checks and balances for potential employers to mitigate financial risks but at present the ability to implement financial checks for prospective employers is limited. We are exploring the possibility of an initial probationary period for all new employers to have a managed account in the first instance. This probationary period would allow WBCCG via audit and review to monitor the use of public money, ensuring that the health outcomes identified within the support plan are being achieved, therefore providing reassurance to WBCCG that the account is being managed in a safe, cost effective manner.

7.2 PERSONAL ASSISTANT TRAINING AND SUPPORT

WBCCG have been working with Health Education England (HEE) to allow PA access to a suite of training modules that will provide foundation training. The HEE training programmes include the Statutory and Mandatory training programme (SMT) and Care Certificate Training (CCT). They are reflective of those undertaken by carers employed by CQC registered care agencies, providing a consistent approach to training regardless of the type of PHB chosen. Foundation training will provide PAs with required skills and knowledge to build upon to meet service users assessed needs, introducing overarching health and social care standards. HEE e-learning is freely available for CCGs to access and implement.

Initial PA registration with HEE is required, however once PAs are registered with either the SMT or CCT programmes, additional e-learning is accessible. Examples of additional e-learning are modules on dementia, nutrition, learning disabilities, wellbeing and mental health. Should other accessible modules be pertinent to an individual's assessed care needs these may be agreed with the relevant health professional and the commissioning matron. WBCCG have not implemented all CCT modules as foundation training but have chosen six pertinent modules as the basis for "foundation" training. Should CCGs wish to introduce different modules or introduce the CCT in full for foundation training they would be able to do so.

WBCCG continue to work with HEE regarding PA access to training programmes. Registration for SMT training is obtained via bulk uploads of PA details by CCGs. The care certificate (CCT) is accessible via self-registration, providing PAs with more timely access to training. However, the module not available with the self-registration option is the moving and handling module. HEE provides freely available e-learning education to the health and social care workforce, all CCGs, nursing homes and GP practices. We continue to explore the HEE training available to PAs, with a particular focus on developing a PA training area where all e-learning foundation training is accessible, preventing the need to register on different training platforms. We are also focusing on the required development of e-learning to include medication modules and delegated health care task theory modules. HEE provide downloadable certification of completion to evidence learning and development.

One important area of training not currently included In the HEE programme is the management of medicines in the community. To identify an accredited medicines management course, we worked with WBCCGs Medicines management team who directed us to two accredited e-learning courses for management of medicines for adults receiving care in the community'. Both courses are endorsed by the National Institute for Health and Social Care (NICE). They provide foundation skills for managing medicines in the community and have been purchased through a community interest company, PrescQIPP.

Should CCGs wish to direct employers to purchase this training the cost could be added into the PHB. The alternative is for the employer to transfer the cost of the module directly to the PA to purchase. As above, downloadable certification of completion is provided to evidence learning and development, see appendix 4 for template letter for employers.

WBCCG are of the opinion that there are two areas of training that cannot be met through E-Learning alone: basic life support; and safeguarding training. The e-learning safeguarding training covers the statutory and mandatory training requirements, however, it is imperative there is clear understanding of local safeguarding processes to ensure timely and appropriate referrals. WBCCG continue to work with Wigan Safeguarding Board to make available face to face sessions for PA access. Although there will be no attendance charge for these sessions, the PA would need to be paid for their time attending the training (approximately 3 hours).

The UK Resuscitation Council (2017) quality standards for training in primary care, recommend that all staff in primary care organisations undergo initial training at induction (annually thereafter) in resuscitation of both adults and children to the level appropriate to their role. In view of the complexities of individuals in receipt of Continuing Healthcare (CHC) / Children's Continuing Care (CCC) WBCCG have applied this guidance to the PA workforce. WBCCG are exploring PA access to NHS Wrightington, Wigan and Leigh (WWL) Basic life support training. Meanwhile, PAs will be directed to access the essential first aid course run locally by St Johns Ambulance at a small cost.

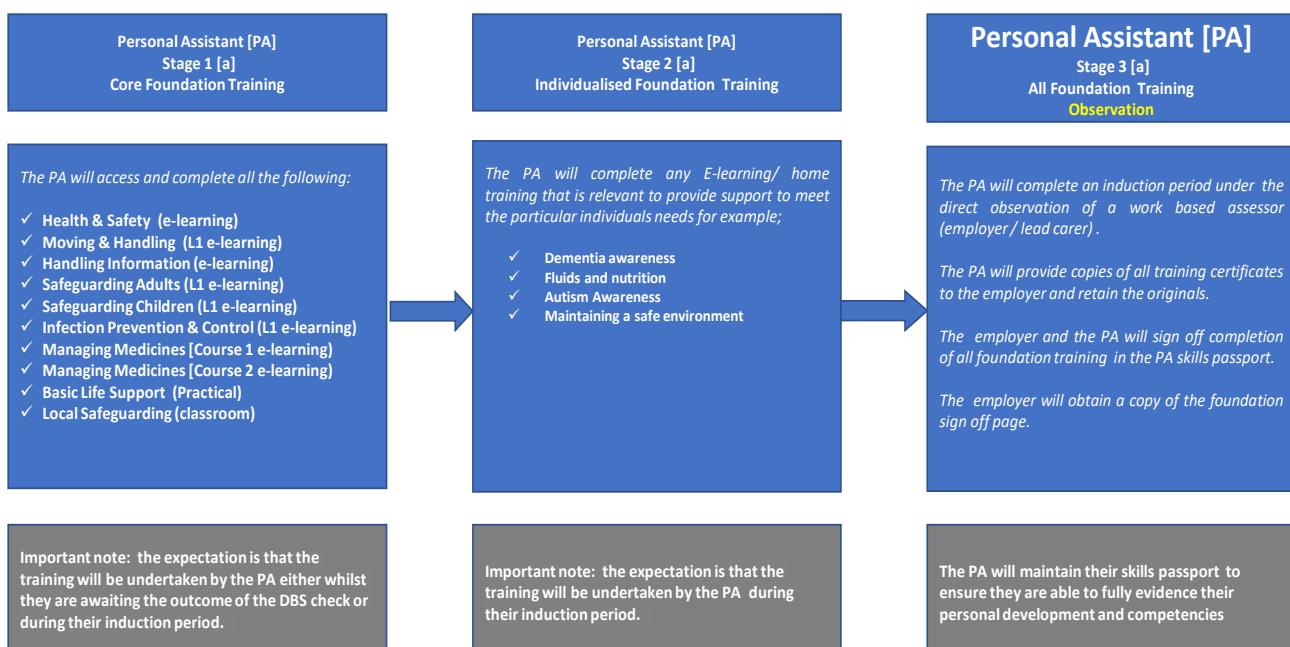
The majority of foundation training is online, so can be accessed flexibly as directed by employers. Therefore it is anticipated that foundation training would begin on successful appointment to the post or during induction. If a PA does not have the facilities to access the e-learning, local libraries across the borough can be utilised. Foundation training is transferrable and can be used as evidence of training should PAs undertake a similar role.

To ensure that PAs are able to evidence learning, a “PA skills passport” is being developed to record certified completion of foundation training. This will also include competency sign off following individualised training for delegated healthcare tasks. The PA skills passport will be available via the WBCCG website and will hopefully ensure the maintenance of up to date training records. The training records will capture transferable skills of foundation training, therefore preventing unnecessary duplication of training for similar roles. An example of the Skills Passport can be found at appendix 8.

WBCCG plan to introduce foundation training for all PAs as a minimum standard. To ensure foundation training is completed and applied in practice, a direct care observation and completion sign off would be completed by the PA and a work-based assessor (this would normally be either the employer or an experienced PA) during the agreed induction period. Visual checks on PA training records held by the employer will be requested and recorded by the DP advisor / Commissioning matron during reviews.

Please see the below process to be followed for completion of foundation training:

Personal Assistant Training framework – Part One – Foundation Training



A Personal Assistant would be ‘signed off’ as competent on the foundation training when:

- The PA has successfully completed the foundation modules
- The PA has observed and shadowed the Lead Carer or the employer over a period of time.
- The PA has demonstrated application of the e-learning modules in practice (where applicable) and has been signed off during their induction period by the employer / lead carer.
- The PA has determined that she/he is confident and prepared
- The PA has completed a Learning Log reflecting on the training received and experiences in each area

Foundation training will provide basic knowledge and skills to be built upon to ensure future learning is correctly facilitated and carried out. Please see the “PA training matrix table one” on the next page for all foundation training highlighted in green. Individualised training is highlighted in amber and tasks that should not be delegated highlighted in red, these follow in the individualised training section. Foundation training is labelled as sections 1-3 to reflect the different providers of training and different routes of access. Estimated time of completion for each module has been included in the table to allow allocation of training monies, the cost of training is also included.

7.3 FOUNDATION TRAINING: TABLE ONE:

PERSONAL ASSISTANT SKILLS MATRIX			
FOUNDATION TRAINING - E LEARNING			
Section one foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training
Moving and Handling level 1 This session covers the statutory and mandatory training for Moving and Handling (Level 1). It has been designed to meet the learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the statutory and mandatory (SMT) programme Frequency of renewal – Annual	25 minutes - knowledge chapters / 15 minutes - assessment	No cost
Handling Information This document introduces Standard 14: Handling Information, including the learning outcomes for the standard and the learning resources available.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	55 minutes knowledge chapters / 15 minutes assessment	No cost
Safeguarding Adults - Level 1 This session covers the statutory and mandatory training for Safeguarding Adults Level 1. It has been designed to meet the learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	25 minutes - knowledge chapters / 15 minutes assessment	No cost
Safeguarding Children - Level 1 This e-learning session meets the statutory and mandatory training requirements and learning outcomes for Safeguarding Children Level 1 in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	20 minutes - knowledge chapters / 15 minute assessment	No cost
Basic Life Support This course provides you with learning materials to support the development of the knowledge, skills and behaviours required for Standard 12: Basic Life Support.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal – Annual	20 minutes - knowledge chapters / 5 minute assessment	No cost
Infection Prevention and Control - Level 1 This session covers the statutory and mandatory training for Infection Prevention and Control (Level 1). It has been designed to meet the relevant learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal -	25 minutes - knowledge chapters / 5 minute assessment	No cost
		Total Paid Time for Completion of Section One 4 hours	S1 Total TBC
Section two foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training

<ul style="list-style-type: none"> Managing medicines for adults receiving social care in the community - course 1 Module 1 - NICE guideline 67 Module 2 - Person centred medicines assessment Module 3 - Sharing information and record keeping Module 4 - Managing concerns about medicines Module 5 - Ordering and supplying medicines Module 6 - Transporting, storing and disposing of medicines Module 7 - Covert administration 	<ul style="list-style-type: none"> PrescQIPP - Community Interest Company. This e-learning course supports the implementation of NICE (National Institute for Health and Social Care excellence) guideline 67 Managing medicines for adults receiving social care in the community Modules 1-7 to be completed Frequency of renewal – Annual 	<p>The course should take around 2.5 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.</p>	
<ul style="list-style-type: none"> Managing medicines for adults receiving social care in the community - course 2 Module 1 - Supporting people to take their medicines Module 2 - Administration of solid oral dose forms Module 3 - Administration of liquid medicines Module 4 - Administration of inhalers Module 5 - Administration of eye drops Module 6 - Administration of transdermal patches Module 7 - Administration of topical products 	<p>PrescQIPP - Community Interest Company.</p> <p>This e-learning course supports the implementation of NICE (National Institute for Health and Social Care excellence) guideline 67 Managing medicines for adults receiving social care in the community and builds on the knowledge from course one</p> <p>Modules 1-7 to be completed Frequency of renewal – Annual</p>	<p>The course should take around 4 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.</p>	
The two courses should be purchased together for the cost as indicated.		Total Paid Time for Completion of Section Two 6 & 1/2 hours	S2 Total £22.99 & VAT
FOUNDATION TRAINING - FACE TO FACE			
Section three foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training
Essential first aid course	Wigan St Johns ambulance Tel No: 0844 770 4800	2 hours - practical session	£30.00
Wigan Safeguarding Board Training	Wigan Safeguarding Board	3 hours - face to face session	No cost
		Total Paid Time for Completion of Section Three 5 hours	S3 Total £30.00
FOUNDATION TRAINING - OBSERVATION			
<ul style="list-style-type: none"> Following completion of each e-learning module PAs should choose the option to download a certificate of completion, retaining the original copy within their PA skills passport and providing their employer with a copy for employer training records. The PA should demonstrate competence and confidence in applying the foundation training in practice (where applicable) during their induction. The employer should concur the PAs competence and confidence of the foundation training in practice during the PAs induction. 			

7.4 INDIVIDUALISED / DELEGATED HEALTH CARE TASKS TRAINING:

TABLE TWO

Following completion of foundation training some PAs may require individualised training to undertake delegated healthcare tasks. Not all personal assistants will be employed to carry out these tasks and some tasks may be considered unsuitable for delegation to a PA. Please refer to the amber and red sections of the 'Personal Assistant training matrix' listing routine healthcare tasks which may be delegated to personal assistants and those that should not be delegated. WBCCG will add contact details of training companies and associated training costs to the matrix to allow cross referencing when completing the training section of the support plan.

PERSONAL ASSISTANT TRAINING MATRIX				
INDIVIDUALISED TRAINING				
Core training domains	Core training for healthcare tasks that are routinely delegated	Ethical Framework training companies and contact details	Cost of training	Frequency of training
Breathing	<ul style="list-style-type: none"> • Administration of oxygen therapy / oxygen saturation monitoring • Basic life support for those with tracheostomy • Oral Suction • Tracheostomy Care • Non-invasive ventilation • Invasive ventilation (including suction) • Laryngectomy care (stoma and prosthesis cleaning) • Administration of inhalers and nebulisers • Administration of cough assist • Chest physiotherapy 			Annually: <i>Unless identified change in needs indicates additional training is required.</i>
Nutrition	<ul style="list-style-type: none"> • Administration and monitoring of special diet (i.e. diabetes / ketogenic diet) • Compromised swallow (dysphagia) • Gastrostomy / jejunostomy (includes care of site, feeding tube and flushing) • Oral care 			As above

Continence	<ul style="list-style-type: none"> • Administration of catheter maintenance solution (bladder washouts) • Assisted intermittent • Catheterisation • Suprapubic / urethral catheter care • Abdominal stoma care • Bowel care (constipation / loose stools) • Administration of enemas • Suppositories • Trans anal irrigation (i.e. peristeen) 			As above
Skin (including tissue viability)	<ul style="list-style-type: none"> • Skin care and the prevention of pressure ulcers - react to red • Eczema Management • Wound management • Use of pressure relieving equipment 			As above
Mobility	<ul style="list-style-type: none"> • Management of spasms and contractures • Complex moving and handling • Postural management training • Maintenance Physiotherapy 			As above
Altered States of Consciousness	<ul style="list-style-type: none"> • Management of epilepsy and seizures 			As above
Medications	<ul style="list-style-type: none"> • Administration of respiratory medications • Administration of epilepsy rescue medications (buccal midazolam / rectal diazepam) • Administration of oral emergency medications (Adrenaline / Nifedipine) • Administration of epi pen • Administration of medications via gastrostomy (PEG / RIG) Jejunostomy (J Tube) • Administration of sublingual spray Administration of subcutaneous injections 			As above
Surgical Appliances	<ul style="list-style-type: none"> • Application of orthoses and prosthesis • Application of compression hosiery • Application of thromboembolic deterrent stockings (TED) 			As above
INDIVIDUALISED TRAINING - OBSERVATION AND COMPETENCY ASSESSMENT				

- Prior to any training the relevant registered professional must identify if the individual task can be delegated (utilising matrix one: Assessment of the TASK)
- Theory training to be provided to the PA by the identified training company
- The PA will shadow and observe an individual competent in the specific task
- The PA will undergo a formal competency-based assessment undertaken by the relevant registered professional (utilising matrix two: Assessment of the PA)
- On certification of competency completion the registered professional, the employee and the PA will sign to agree competency and confidence at the time of assessment
- The PA will update their skills passport with competency sign off documentation
- The Employer will update their employee training records with copies of competency sign off documentation

PERSONAL ASSISTANT TRAINING MATRIX	
NON-DELEGATED HEALTHCARE TASKS	
HEALTHCARE TASKS THAT SHOULD NOT BE DELEGATED (IN ACCORDANCE WITH RCN GUIDANCE)	
<ul style="list-style-type: none"> • Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care • Re-insertion of a nasogastric tube • Re-insertion of percutaneous endoscopic gastrostomy tubes (PEG), balloon type gastrostomy tubes or low profile devices except as advised in an emergency • Intra muscular or sub cutaneous injections involving assembling syringe or intravenous administration • Programming of syringe drivers • Filling of oxygen cylinders • Laryngo Pharyngeal (nasal or oral) suctioning into the pharynx past the epilottis but above the vocal cords, this should be carried out by a registered nurse due to the risk of laryngeal spasm. • Tracheal suctioning, this is specialist suctioning through the vocal cords and should only be carried out by a specialist and is not a procedure used in community settings. • Siting of indwelling catheters • Medicine not prescribed or included in the care plan • Ventilation care for an unstable and unpredictable individual <p>All of the above healthcare tasks should ONLY be undertaken by the relevant registered health professional.</p>	

WBCCG explored options of how to ensure individualised training is available to the personal assistant workforce. We explored PAs accessing in-house training provided by NHS acute and community sectors. However, this was not thought to be possible at the time.

Although NHS training provision would be the preferred option and one we continue to explore with acute and community NHS sectors, timely access of PA training to support the personalisation agenda and the CHC PHB default position is required.* WBCCG are currently looking to commission specialist training provider(s) who will provide:

- Assessment of the task to be delegated
- Assessment of the PA
- Decision to delegate
- Healthcare task theory training

- Healthcare tasks clinical training
- Competency Assessments
- Refresher training as required.

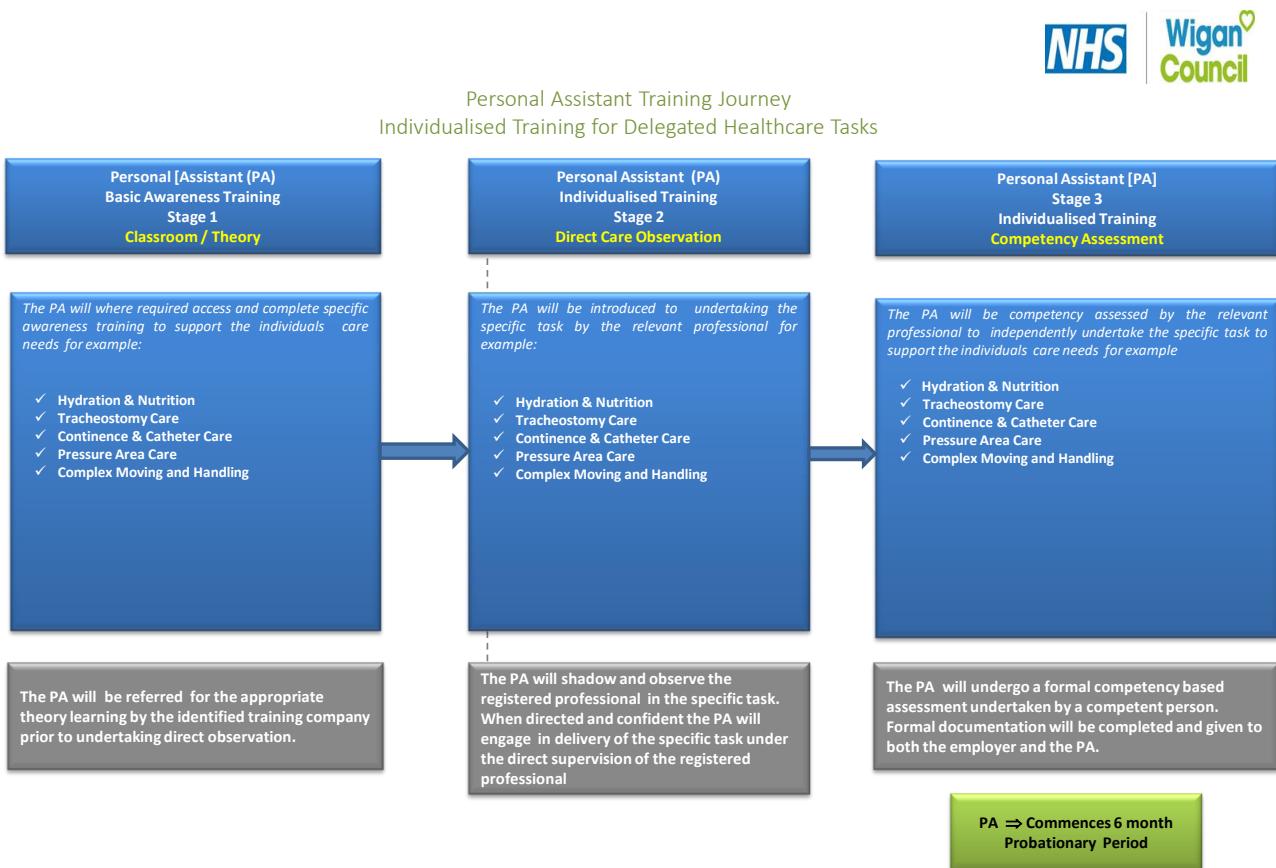
WBCCG, jointly with the council, are undertaking a significant procurement exercise to further develop their local care provision market. It is the expectation that this will result in the development of 'The Ethical Living Framework' which will include a training lot. With this in mind an 'ethical community living provider event' was held to encourage registered training companies and care agencies employing registered nurses, to apply for the PA training "LOT". The framework will commence from April 2020 following tender evaluations, provider interviews and selection.

The CCG is currently developing a draft 'service specification' which will be finalised in partnership with those training providers who are successfully recruited to the ethical framework of approved providers. The draft specification will outline the outcomes that it expects the service to deliver, providers will be asked to demonstrate the following:

- Application of NHSE process to be followed in considering delegating tasks to PAs and how decisions should be made
- The model of training and monitoring of PAs who carry out delegated health tasks
- Identification of the related training required for each healthcare task and how competency will be assessed and signed off
- how ongoing support and advice will be provided to PAs
- The process for review and reassessment of competence

*Bolton CCG are planning to recruit and employ a Registered Nurse via a service level agreement with The Royal Bolton Hospital Education Department to undertake this training – more details follow below in Section 8.

Please see the below process to be followed for completion of individualised training:



To ensure a task has been appropriately delegated, the following must have been agreed:

- The task is necessary, and delegation is in the patients' best interest.
- The PA understands the task and how it is to be performed.
- The PA has the skills and abilities to perform the task competently.
- The PA accepts the responsibility to perform the task competently.
- Clear delegation guidelines are in place so that the PA is not required to make a clinical judgement that they are not competent to make
- Appropriate supervision and support is available for the PA, proportionate to the task being delegated.

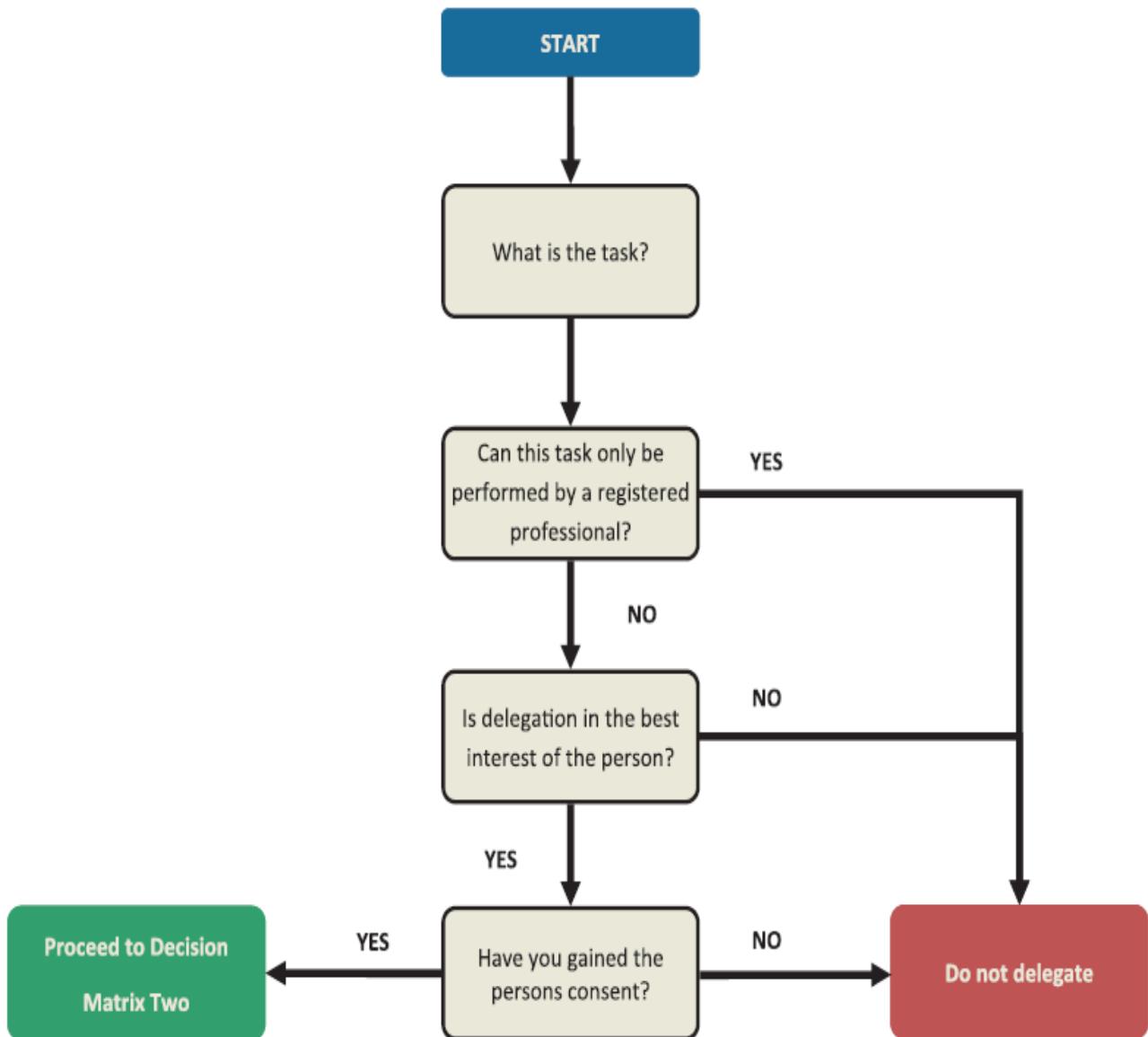
The NMC Code is clear on the responsibilities of the registered nurse in the delegation of healthcare tasks and these must be adhered to when providing training and advice in any setting: 'A registered healthcare professional who delegates a healthcare task remains accountable for the decision to delegate and cannot delegate that accountability. However, provided the decision to delegate is made appropriately, they are not accountable for the decisions and actions of the care worker to whom they delegate. The PA is accountable for accepting the delegated healthcare task and responsible for their actions in carrying it out.'

Training companies will be requested to access NHS clinical care plans, liaising accordingly with relevant health professionals in relation to the delegation of clinical tasks. The NHS clinical care

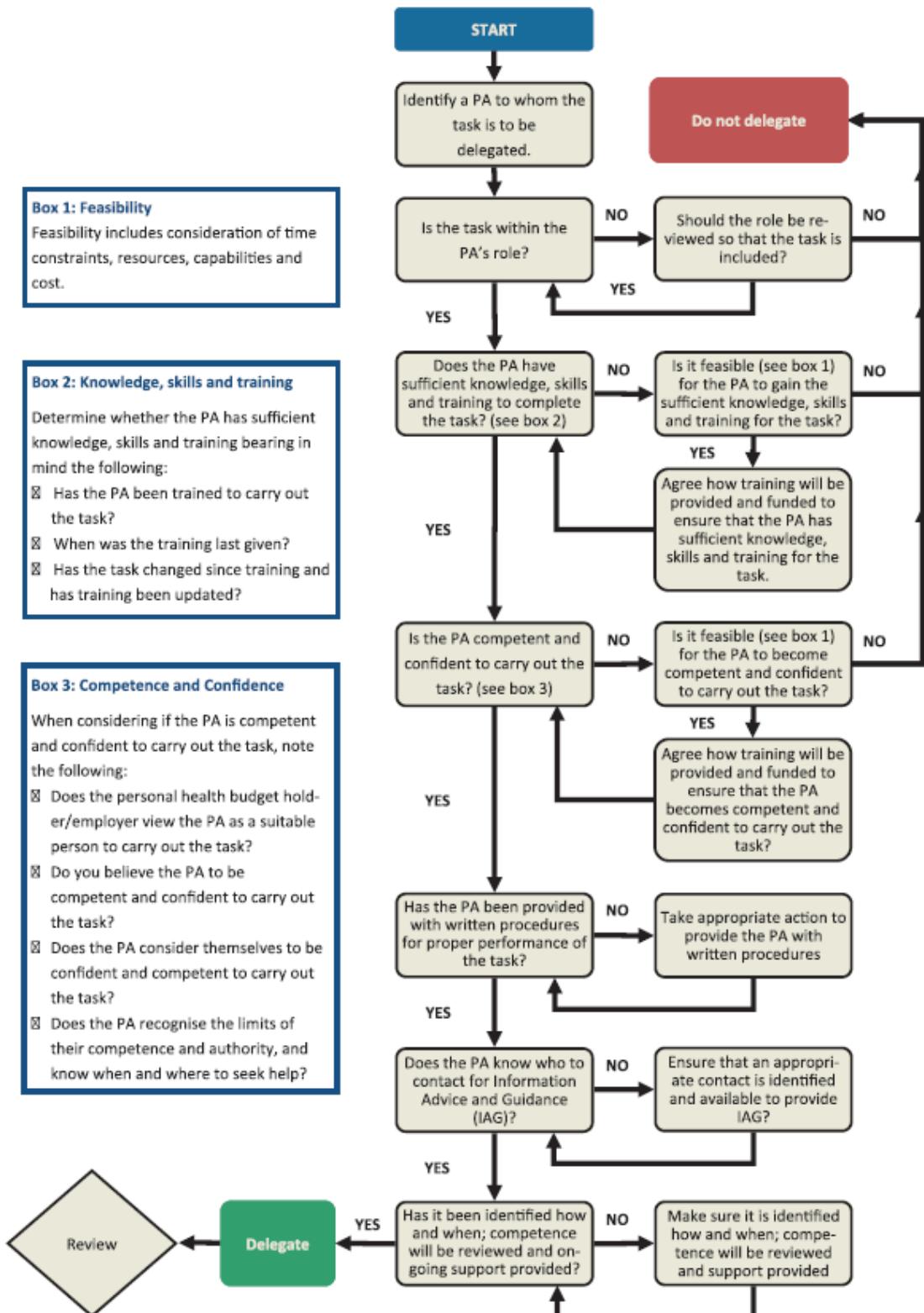
plans should inform written procedures and guidance for *correct* clinical performance of the task and the training to be delivered. To provide consistency in decision making training companies will be requested to implement NHSE delegation assessment charts as below:

Delegation of a task to a PA

MATRIX ONE: Assessment of the TASK



MATRIX TWO: Assessment of the PA



PAs who have been assessed as competent in individuals delegated health tasks, should only undertake those delegated tasks to the named individual for whom they are employed to provide care.

To support individual employers in meeting healthcare insurance requirements, the training records (included within the PA skills passport) will facilitate employers to record and monitor PA training requirements. This will provide protection against legal liability should an employee harm the individual whilst performing any delegated healthcare tasks. Whilst delegated healthcare tasks can be undertaken by a person who is not a registered professional, it is the responsibility of the employer to ensure that delegated healthcare tasks are included within the employee's job description or within a mutually agreed job role before any training is provided.

Personal Assistant's final competency 'sign off' would be completed when:

- The PA has successfully completed the foundation training indicated by the CCG.
- The PA has observed and shadowed the lead carer / employer during their Induction period.
- The PA has been assessed as confident and competent in applying foundation training into practice (where applicable) and has met with their employer to confirm their job description and discuss / arrange any training for 'delegated healthcare tasks'.
- The PA undertakes delegated healthcare tasks training following registered professional decision that the task can be delegated.
- The PA is observed undertaking the delegated health care task in practice and is signed off by the registered professional as competent.
- The PA has determined that s/he is confident and prepared in undertaking the delegated healthcare task (and signed the joint agreement to reflect this).
- Where appropriate the employer has agreed in the competency of the PA (and signed the joint agreement to reflect this).
- The PA has completed their 'training passport' and learning log reflecting on the training received and experiences in each area.

To ensure a consistent approach to training, companies will be requested to include the following guidance and resource:

- NHS 2019: React to Red - Reducing pressure ulcers in care home settings
- Epilepsy Nurses Association (ESNA) June 2019: Best practice guidelines for training professional carers in the administration of Buccal (Oromucosal) Midazolam for the treatment of prolonged and / or clusters of epileptic seizures in the community
- The Royal Marsden Manual of Clinical Nursing Procedures (2015)
- National Institute for Health and Care Excellence (2018) Updated Guidelines Manual
- RCN (2017) Accountability and delegation: A guide for the nursing team
- NHSE (2017) Delegation of healthcare tasks to personal assistants within personal health budgets and integrated commissioning
- RCN (2018) Meeting Health Needs In Educational and other Community Settings: A guide for nurses caring for Children and Young

8. THE NHS BOLTON CCG MODEL

Delegation of Healthcare Task to Personal Assistants The NHS Bolton CCG Model

The [NHS Long Term Plan](#) states that personalised care will become ‘business as usual’ across the health and care system. [Universal personalised care: Implementing the Comprehensive Model](#) confirms how we will do this by 2023/24. The expectation is that 200K people will benefit from a personal health budget, enabling better individualised control of their own care, improve health experience, and health outcomes and better value for money over a “one size fits all” approach.

40% of all personal health budgets (PHBs) (excluding Personal Wheelchair Budgets) should be delivered as direct payments or third-party budgets thereby maximising opportunities for individuals to have the most flexible options.

Personal Health Budgets (PHBs), as part of the wider personalisation agenda, facilitate self-management. Support planning in line with the Government’s Mandate places greater emphasis on patients as partners who are best able to identify services that meet their needs.

Those individuals choosing a direct payment PHB may choose to employ one or more personal assistants to provide their direct care and support.

The potential for individuals to employ their own staff team (personal assistants) is one of the biggest benefits provided by personal health budgets and can help ensure that people can maximise their choice and control over how their health and well-being needs are met. It means that people can choose who they want to provide their care and support and can exercise more flexibility over how their care/support is delivered to suit the needs and lifestyle of the individual and their family.

Personal Assistants (PAs) are employed not by the NHS, but by the PHB holder directly. Developing the skills of the PAs and ensuring they are appropriately supported is important for performance, personal development and career prospects, as well as developing and retaining an increasingly important workforce.

A personal assistant role will vary according to the needs, the lifestyle requirements and the choices of each person they support. When a personal assistant is providing care / support to someone with healthcare needs, an important component of their role includes carrying out tasks that are of a clinical nature. These tasks are considered in the support planning process and delegated to the personal assistant by a Registered Practitioner with the relevant occupational competence in the best interests of the person concerned. Though personal assistants are not regulated by statute; they remain accountable for their actions within ethical and legal frameworks. The employing of personal assistants raises challenges for local commissioning organisations (CCGs) to ensure that this new

emerging workforce is best able to provide high quality cost effective, safe, personalised care.

The NHS Bolton CCG Journey

NHS Bolton CCG has been providing PHBs (including Direct Payments) to those eligible for Continuing Healthcare and Children's Continuing Care since 2014.

Since Bolton CCG started offering PHBs in 2014 training for personal assistants has been provided in the following ways;

- a) By Subject Matter Experts via NHS Bolton Foundation Trust on an informal / adhoc basis
- b) But predominantly through private training companies who either directly provide the training or source it from other specialist training providers as required.

There have been no known untoward incidents as a result of these approaches. However it was felt that the CCG should have more oversight of the training provided / delivered to personal assistants. This was felt not to be the case under the existing model of commissioning training via independent training providers who the CCG had no formal contract with.

NHSE now requires that all Continuing Healthcare long term home care packages are delivered as a PHB in some format. Now that PHBs are the default offer for Continuing Healthcare home care packages it is envisaged that there will be an increase in the need for personal assistant training in the future.

For some time the CCG has been exploring ways to develop a more localised and Bolton specific model for the development of personal assistant training. The aim of this is to facilitate closer quality and clinical oversight over the training provided thereby ensuring high quality cost effective care

The CCG considered 2 options for the delivery of training for PAs:

- c) Continue to source training from private training companies
- d) Source Registered Practitioner to provide training- through Royal Bolton Hospital Education Department

Exec. Board were asked to consider the benefits and burdens of each of the options including relevant financial information (as below).

Options

Options	Benefit	Burden
1. Continue to source training from private training companies	<ul style="list-style-type: none"> • Training is timely and can be completed at weekends if required. • Recall database is maintained by training company 	<ul style="list-style-type: none"> • No oversight of quality of training or what is taught • Training company are not always fully aware of locally available “free” training. • Potential conflict of interest between brokers and training company. • High Expenditure
2. Employ Registered Practitioner (with appropriate SLA)- training to be sourced through Royal Bolton Hospital Education Department	<ul style="list-style-type: none"> • Training would be timely • Good clinical oversight and quality assurance of training structure • Training would be consistent with that other Bolton health care professionals receive – thereby facilitating a working together approach and a sense of NHS belonging • Recall database can be maintained by in-house training provision • Reduced expenditure 	<ul style="list-style-type: none"> • May not be facilitated at a weekend • No choice of provider – patients would need to be informed of change in process • New type of service provision, although provider well established.

Bolton CCG Executive Board approved Option 2

As many people in receipt of Continuing Healthcare in Bolton already receive a direct payment PHB and employ personal assistants, this group was identified for the initial phase of the training model.

A “clinical educator” will provide training to personal assistants as and when required and ensure that healthcare tasks are delegated appropriately. They will also be responsible for reviewing the competencies of the personal assistants carrying out any delegated healthcare tasks.

Personal Assistant Training programme in development

All Personal Assistants will complete a menu of Core Training either before they begin their employment or during their induction period.

Training records will be logged and maintained via an electronic database recall system

Core Training Examples

Examples of Core Training Requirements	Update Requirements	Method of Delivery	Possible Training Provider
Moving & Handling Level 1 Theory	3 Yearly	E-Learning	Health Education England (HEE)
Moving & Handling Level 2 Practical (Bespoke training also required)	Annually	Classroom/ Home	HEE / Health Educator
Information Governance	Annually	E- Learning	HEE
Safeguarding Adults	3 Yearly	E-Learning	HEE
Safeguarding Children	3 Yearly	E-Learning	HEE
Fire Safety	Annually	E-Learning	HEE
Health & Safety	3 Yearly	E-Learning	HEE
Infection Prevention & Control	Annually	E-Learning	HEE
Equality & Diversity	3 Yearly	E-Learning	HEE
Basic Life Support	Annually	Classroom	Health Educator
Administration of Medicines	2 Yearly	E-Learning	HEE

Bespoke Training Examples

Dependent on the type of care and support required the Health Educator will provide training to personal assistants in the following areas – this can be provided in group training or in a person's home as appropriate. There will be a number of other courses available to access dependent on the needs of the person being cared for.

Examples of Healthcare Tasks Training	Update Requirements	Method of Delivery	Training Provider
Safe Swallow	TBC	Classroom or Home	Health Educator
Continence and Catheter Care	TBC	Classroom or Home	Health Educator
Tracheostomy Care	TBC	Classroom or Home	Health Educator
Hydration and Nutrition	TBC	Classroom or Home	Health Educator
Pressure Area Care	TBC	Classroom or Home	Health Educator
Complex Moving and Handling	TBC	Classroom or Home	Health Educator
Examples of bespoke training available	Update Requirements	Method of Delivery	Training Provider
Managing Epilepsy	TBC	Classroom	Health Educator
Managing Challenging Behaviours	TBC	Classroom	Health Educator
Dementia Awareness	TBC	Classroom	Health Educator
Diabetes Awareness	TBC	Classroom	Health Educator

Summary of Key Roles of Clinical Educator

- Plan and coordinate the PA training requirements in line with Training Needs Analysis (TNA)
- Provide support to PAs whilst on the training programme and signpost accordingly.
- Plan, co-ordinate and present training sessions in line with the agreed requirements and linking to Care Certificate Standards.
- Plan and support the assessment of the PAs within the home setting of Personal Health Budget holders (PHB) as required.
- Developing and maintaining links with the CCG; GP; Funded care Team Nurses and other services to provide effective training requirements.
- Liaise closely with SME in the development of training programmes.
- Advice and signpost PAs in regard to development to help them reach their potential/aspirations.
- Maintain accurate training records and contribute to the development of reports for the CCG.

Learning and Development

- Plan training for PAs, working in partnership with the Clinical & Professional Development teams and subject matter experts (SME).
- Monitor the training requirements of PAs and adjust in line with PHB holder's requirements and the Funded Care Team Nurses.
- Record all training delivered and monitor update requirements in line with TNA, providing reports for the CCG.
- Work in partnership with the CCG in the planning, delivery and review of training programmes.
- Identify opportunities where joint training within the trust or Bolton care system would promote learning & development for PAs.
- Monitor all training delivery through regular evaluation.
- Undertake home based assessment when required ensuring competence of the PA eg. Moving & Handling.

Services and Project Management

- Plan and implement training programme
- Plan and assessment processes for the PAs.
- Identify shortfalls in training requirements and work with the CCG and Funded Care Nurse team.
- Assess and benchmark training delivery in line with SME training delivery.
- Provide best practice that supports SME guidance and evidence based practice.

Development and Innovation

- Evaluate training and the effectiveness of any change.
- Network locally, regionally and with peer group to support the sharing of best practice.
- Contribute to the gathering of evidence for the evaluation of the PA role.
- Constantly consider learning experiences that can support the PA.
- As required collaborate with other Clinical Educators ensure training delivery is diverse and technology enhanced as appropriate.

Summary of Arrangement with Royal Bolton NHS Foundation Trust

A Registered Healthcare Professional (Clinical Educator) will be employed on a fixed term contract via a service level agreement with Bolton NHS Foundation Trust Clinical & Professional Development Department.

The benefits include timeliness of training with good clinical oversight and quality assurance of the content of training delivered. Additionally training would be in line with that of other Bolton health care professionals thereby ensuring a consistent approach to standards across healthcare provision and promote multi agency service delivery.

Training Standards

All training will comply with current Infection Prevention and Control standards as required. The trainer will act in accordance with the requirement of their professional body and nursing procedures will comply with the Royal Marsden Manual and subject matter expert support/guidance.

The Royal Marsden Manual of Clinical Nursing Procedures sets the standard for nursing care; providing the procedures, rationale, and guidance required in delivering clinically effective, patient-focused care with expertise and confidence together with the evidence and underlying theory. Procedures are supported by up to date evidence, including detailed rationales for each step of each procedure and considers the clinical governance around the procedures and nursing practice.

Quality measures

Specific quality monitoring and key performance indicators will be agreed/formulated once the clinical educator is in post.

Next Phase

Once embedded, there are several opportunities to expand this role:-

1. Training offer to nursing homes. Training for homes is very expensive and extremely difficult to source. This offer could assist not only with workforce development but also a wider impact on hospital discharges, together with high quality cost effective care.
2. Further develop role and the skills/experience of clinical educators explore training requirements of other PA roles within the wider remit of PHBs

9. SUMMARY

Across Greater Manchester there is a clear commitment to increasing the numbers of direct payment PHBs and developing an improved training model for those choosing to employ PAs.

This work highlights the importance of foundation and specialist training provision and two different models that could be adopted by other CCG's to develop similar approaches.

Although we have identified how we want to improve the training model for delegated health care tasks and training for PAs in general, the work carried out so far in Wigan and Bolton is still at the development stage and further refinement will be needed.

We are sharing these resources to help others take what is useful whilst acknowledging that commissioning arrangements differ across GM.

NHS Wigan Borough CCG Model

The following pages contain the Appendices referred to in Sections 1-7 of this paper

Appendix One: Example of NHS WBCCG Employment Contracts

CONTRACT OF EMPLOYMENT

This contract sets out particulars of the main terms on which

Employer:

Address of employer:

Employee:

Address of employee:

Any work undertaken by the Employee for the Employer which occurred prior to the commencement of employment under this contract does not count as part of your continuous period of employment.

The Employee commences employment with the Employer on

under the following terms:

Your post is subject to funding from the Local Authority and will be subject to review depending on my needs and the current Local Authority policy on Self-Directed Support. In the event of any changes which affect the funding for the post or your duties I shall notify you within seven days of any changes.

JOB TITLE: PERSONAL ASSISTANT

PROBATIONARY PERIOD

You join me on an initial probationary period of six months. During this period your work performance and general suitability will be assessed and, if it is satisfactory, your employment will continue. However, if your work performance is not up to the required standard, or you are considered to be generally unsuitable, I may either take remedial action (which may include the extension of your probationary period) or terminate your employment at any time.

The Employer may terminate your contract for any reason during the probationary period. During this period you will be entitled to one week's notice of termination. A payment in lieu of notice may be paid in accordance with clause 7.4.

I reserve the right not to apply the full capability and disciplinary procedures during your probationary period.

PLACE OF WORK

You will normally be required to work at _____ and when requested you will work away from the usual place of work either accompanying the Employer or independently of.

Your specific duties and responsibilities are set out in the job description.

The Employer may from time to time, require you to carry out other duties either on a temporary or permanent basis.

You (will/will not) be required to work outside the United Kingdom (for a period/periods exceeding one month).

HOURS OF WORK

Your normal hours of work are per week, to be worked flexibly as agreed with myself. You may be required to work additional hours when authorised and as necessitated by my needs and to be on call on a flexible rota as discussed. Start and finish times may vary in accordance with my needs and will be notified to you giving as much notice as possible. You are required to make yourself available to cover shifts of absent Employees through sickness and holidays and the Employer will endeavour to provide reasonable notice of any request for additional hours.

OR ZERO HOURS (*delete if fixed hours*)

You have no guaranteed hours of work in any given week. Your actual hours to be worked each week will be as necessitated by my needs and will be notified to you in advance with adequate notice. In some weeks you may not be required to work any hours. Payment will only be made for actual hours worked and therefore no payment will be made for weeks where you are not required to work.

You may be required to provide cover for sickness or holiday or in emergencies in addition to your normal hours of work. You will be given as much notice as is reasonably practicable in these circumstances, but it is imperative that you are prepared to be flexible with regards to cover.

During the course of your employment you will be required to take me to appointments/outings.

If required your own transport must be provided to drive me to and from appointments/outings and any expenses incurred will be reimbursed subject to agreed rates. You will be required to submit a copy of your vehicle insurance confirming you have Class 1 Business insurance in force.

Timekeeping is an essential requirement of this role and it is important that if you are running late that you keep in contact with me. In the event of any lateness you are to inform me immediately to ensure adequate cover can be arranged if and where necessary.

REMUNERATION

Your wage is currently £ per hour payable 4 weekly in arrears by credit transfer as detailed on your pay statement. Your wage is subject

to Tax and NI deductions as per PAYE. For any additional hours worked you will be paid at your normal rate of pay.

The Employer may, in addition to National Insurance and/or PAYE, deduct from your wages any overpayment made or sums that you may owe the Employer from time to time. You will not be paid for any overtime worked that has not been expressly agreed with the Employer in advance of the shift.

Payment will not be made for any hours where you have been absent from work without the express authority of the Employer. This applies to hours comprising a whole shift or part of a shift.

TIME SHEETS

You are required to complete and submit timesheets as directed by myself at the start of employment in order to ensure that you receive the correct payment.

COLLECTIVE AGREEMENTS

No collective agreements directly affect your terms and conditions of employment.

LAY-OFFS

I reserve the right to lay you off or put you on short-time working if there is a reduction in the work available or I am unable to provide work for you during any period. You will be paid statutory guarantee payments as applicable during a period of any lay-off or short-time working.

HOLIDAY ARRANGEMENTS

Your holiday year begins on 1st April and ends on 31st March each year, during which you will receive a paid holiday entitlement of 5.6 working weeks including all public/bank holidays or alternative days as decided

by me. A week is equivalent to the number of hours/days usually worked per week. You are not permitted to carry over any holiday entitlement from one year to the next. Because of the nature of my needs you may be required to work on any of these public/bank holidays and you will be paid at your normal rate of pay. Bank holidays not worked must be taken as annual leave where they fall on a working/rota day.

I reserve the right to ask you to take two weeks paid annual leave in line with my holidays/respite at a time to be determined by me.

You must give your Employer two weeks' notice of your intention to take annual leave which will be granted at the sole discretion of the Employer and may only be taken with the Employer's consent. Taking leave without the Employer's express consent may be considered unauthorised absence and result in non-payment of wages for the relevant period and subsequent disciplinary proceedings.

In the event of termination of employment, you will be entitled to holiday pay calculated on a pro-rata basis in respect of all annual holiday already accrued but not taken at the date of termination of employment.

If on termination of employment you have taken more annual holiday entitlement than you have accrued in that holiday year, an appropriate deduction will be made from your final payment.

IF ZERO HOURS (delete if fixed hours)

Your holiday pay will be based on your average earnings over the previous 12 weeks.

Your holidays will be paid at your normal basic pay.

For part years of service your entitlement will be calculated as 1/12th of the annual entitlement for each completed calendar month of service during that holiday year.

You must complete the holiday request form and have it signed by me before you make any firm holiday arrangements. You should give at least one months' notice of your intention to take holidays of over one week in duration and one weeks' notice is required for odd single days. You will not normally be granted more than two working weeks consecutively. Before approving any annual leave requests, I need to ensure operational efficiency and appropriate staffing levels are maintained.

In the event of the termination of your employment, any holidays accrued but not taken in the current holiday year will be paid for. However, if you have taken holidays that have not been accrued pro-rata in the holiday year, the appropriate payments will be deducted from your final wages based on your completed calendar months service.

SICKNESS ABSENCE AND PAY

You must notify me by telephone on the first day of absence and at least one hour before your start time to enable alternative arrangements to be made. If your sickness extends to more than seven days, you are required to submit a medical certificate from your GP and notify me of your continued incapacity once a week thereafter. On return to work after any period of sickness/injury absence (including absence covered by a medical certificate), you are also required to complete a self-certification absence form and hand this to myself.

You are entitled to statutory sick pay (SSP) from me during absence as a result of sickness or injury, provided you meet the eligibility criteria. This is treated like wages and is subject to Income Tax deductions and National Insurance contributions.

Notification of absence for any reason by text message is not an accepted method of communication. Failure to follow an acceptable notification procedure may be considered misconduct and may result in disciplinary action.

Unauthorised absence may be considered by the Employer to be gross misconduct and may result in the termination of your employment without notice.

There is no contractual right to payment in respect of period of absence due to sickness or inability to attend work.

CONFIDENTIALITY

You must respect my privacy (and that of my family) and maintain a professional approach at all times. You should keep any information gained in the course of your work with me confidential and not discuss my affairs with others, save with my specific permission. On termination of employment all property, documentation or information provided to you during the course of your employment should be immediately returned.

PERSONAL RELATIONSHIPS

I recognise that, from time to time, close personal relationships may develop between yourself and my representatives, members of my family, along with other individuals who are close to me. In order to ensure that potential conflicts of interest are avoided, employees who are in that position are strongly recommended to advise me in the first instance in order that I can decide whether this affects your ability to carry out your role in a professional manner.

Any such information will be treated in the strictest confidence. I fully acknowledge your right to privacy in your personal affairs. However, experience has shown that the effect of such relationships can affect your work and should conflicts of interest arise this could cause me to lose confidence in your integrity and reliability.

CAPABILITY/DISCIPLINARY RULES & PROCEDURES

The following procedures are non-contractual and may be subject to change according to the relevant legislation in force at that time.

All employers require a minimum number of rules under which they operate, the rules relating to your employment are attached. The disciplinary rules that form part of your contract of employment and the procedures that will apply when dealing with capability or disciplinary issues are attached.

CAPABILITY/DISCIPLINARY APPEAL PROCEDURE

Should you be dissatisfied with any decision to take action or dismiss you on disciplinary/capability grounds, you should set out in writing, to me within five working days of the decision why you are dissatisfied with the decision. Further information is attached.

GRIEVANCE PROCEDURE

If you feel aggrieved at any matter relating to your work, you should raise the matter with me, either verbally or in writing. You will be invited to a meeting at which you should explain fully the nature and extent of your grievance. If the problem has not been resolved within ten working days, or if you are dissatisfied with the decision, you have the right to appeal the decision and you will be invited to a meeting at which the matter will be further discussed with a view to resolution. A decision reached at this appeal meeting is final. If your grievance is about me or a decision, I have made I reserve the right to delegate any investigation or procedure to a suitable 3rd party.

NOTICE OF TERMINATION TO BE GIVEN BY ME

Under 1 month's service - Nil.

1 month's service but less than 2 years' service – 1 week.

2 years' service or more - 1 week for each completed year of service to a maximum of 12 weeks after 12 years.

NOTICE OF TERMINATION TO BE GIVEN BY EMPLOYEE

Under 1 month's service - Nil.

1 month to successful completion of your probationary period - 1 week.

On successful completion of your probationary period – 4 weeks.

Nothing in this contract prevents the Employer from terminating your employment summarily or otherwise in the event of any serious breach by the Employee of the terms of your employment or in the event of any act of gross misconduct or gross negligence by you.

The Employer reserves the right in their absolute discretion to pay your basic salary in lieu of notice instead of requesting that you work your notice. In the event your employer chooses to pay in lieu of notice your employment will be terminated on the date you receive the notice and payment will be made on the next periodical payroll date.

In the event that you refuse to work your period of notice it is expected and therefore agreed that the employer will suffer additional losses arising from the appointment of an agency at a cost greater than your rate of pay. That so it is agreed that in the event of your refusal to work all or part of your notice period the Employer reserves the right to deduct from your final salary a sum equal in value to the salary payable for the shortfall in the period of notice.

AUTO-ENROLMENT PENSION SCHEME

The Employer will comply with the employer pension duties concerning pension's auto-enrolment in accordance with Part 1 of the Pensions Act 2008 from the date that it is legally required to do so. As a result you will be automatically enrolled into the National Employment Savings Trust (NEST). You will have the option to opt-out of the scheme. If you do not decide to opt-out, you will be required to make pension contributions at the level set out in the relevant legislation and you agree to the Employer deducting such contributions from your salary each month. Further information about your pension choices are available from the Employer.

I acknowledge receipt of this Contract and agree that, for the purpose of the working time legislation, any terms and conditions relating to those regulations constitute a relevant agreement.

..... (Employee)

..... (Date)

..... (For and on behalf of the Employer)

..... (Date)

Appendix Two: Example of NHS WBCCG Personal Assistant Job Descriptions

EXAMPLE

Job Description - Personal Assistant

Employer

Person receiving support if different from above
.....

Employee

Main Tasks and Duties:

eg assistance with personal care, support when out in the community

1. Overall purpose of the job.

- To enable me to maintain my chosen lifestyle, so that I am able to lead an independent and valued life in my local community.
- To assist me in all areas where I might need support.

2. Principal duties and responsibilities

- To listen to my directions and requests (or those given on my behalf, by my designated representatives) and carry out all tasks consistent with my wishes.
- To acknowledge and understand the difficulties created by disability and society's attitude to disability.
- To arrive at the scheduled time, ready for work.
- To respect my right to privacy, and treat everything that you see, hear and do as confidential.

3. Main Duties

- PA to support with all aspects of personal care needs
- PA to assist administration of all prescribed medication as and when needed in a 24 hour period. To monitor and report any effects of the medication to supervisor/GP
- PA to ensure I am assisted when walking and transferring.
- PA to follow health and safety guidelines and complete a risk assessment before any moving and handling is completed or equipment used
- PA to prepare/cook food that is safe for me to eat, giving me the assistance required with eating.

- PA to assist with toileting needs as and when required, to maintain dignity at all times
- PA to ensure cleanliness and comfort is considered at all times
- PA to monitor skin integrity and provide appropriate intervention as required
- PA to assist with medication in relation to breathing as and when required
- PA to identify when infection is beginning and refer to GP/District nurses

These tasks / duties may vary from day to day.

There may also be other reasonable tasks / duties that are not specified with in this Job Description but will be necessary to the job role

NOTE: This job description may be altered at any time following discussion between employer and employee.

Person Specification – Personal Assistant

To be my personal assistant you should:

1. Be willing to work under my direction.
2. Be flexible
3. Not smoke whilst working for me.
4. Have good general health.
5. Be reliable and trustworthy.
6. Be able to accept responsibility and work on your own initiative.
7. Have basic reading, writing and numeracy skills.
8. Be willing to learn and undertake training.
9. Have an awareness and sensitivity to the needs and rights of disabled people.
10. Be able to undertake personal care and associated tasks to a reasonable standard.
11. Be able to discuss feelings/situations frankly and honestly.
12. Be able to identify causes of personal stress and manage the situation without effect to standard of work.
13. Be able to maintain professional boundaries within the limits of the personal assistant role.
14. Be able to carry out repetitive mundane tasks efficiently.
15. Be able to perform manual handling tasks safely.

Signed.....

Dated.....

Appendix Three: Example of NHS WBCCG Disciplinary Process

A) INTRODUCTION

1. It is necessary to have a minimum number of rules in the interests of us all.
2. The rules set standards of performance and behaviour whilst the procedures are designed to help promote fairness and order in the treatment of individuals. It is my aim that the rules and procedures should emphasise and encourage improvement in the conduct of individuals, where they are failing to meet the required standards, and not be seen merely as a means of punishment. I reserve the right to amend these rules and procedures where appropriate.
3. Every effort will be made to ensure that any action taken under this procedure is fair, with you being given the opportunity to state your case and appeal against any decision that you consider to be unjust.
4. The following rules and procedures should ensure that:-
 - a) the correct procedure is used when requiring you to attend a disciplinary hearing;
 - b) you are fully aware of the standards of performance, action and behaviour required of you;
 - c) disciplinary action, where necessary, is taken speedily and in a fair, uniform and consistent manner;
 - d) you will only be disciplined after careful investigation of the facts and the opportunity to present your side of the case. On some occasions temporary suspension on contractual pay may be necessary in order that an uninterrupted investigation can take place. This must not be regarded as disciplinary action or a penalty of any kind;
 - e) you will not normally be dismissed for a first breach of discipline, except in the case of gross misconduct; and
 - f) if you are disciplined, you will receive an explanation of the penalty imposed and you will have the right to appeal against the finding and the penalty.

B) DISCIPLINARY RULES

It is not practicable to specify all disciplinary rules or offences that may result in disciplinary action, as they may vary depending on the nature of the work. In addition to the specific examples of unsatisfactory conduct, misconduct and gross misconduct shown in this document, a breach of other specific conditions, procedures, rules etc. that are contained within this document or that have otherwise been made known to you, will also result in this procedure being used to deal with such matters.

C) RULES COVERING UNSATISFACTORY CONDUCT AND MISCONDUCT

(These are examples only and not an exhaustive list.)

You will be liable to disciplinary action if you are found to have acted in any of the following ways:-

- a. failure to abide by any general health and safety rules and procedures;
- b. smoking in designated non smoking areas;
- c. consumption of alcohol whilst on duty;
- d. persistent absenteeism and/or lateness;
- e. unsatisfactory standards or output of work;
- f. rudeness towards me, my representative(s) or members of my family, members of the public or other employees, objectionable or insulting behaviour, harassment, bullying or bad language;
- g. failure to devote the whole of your time, attention and abilities to my needs during your normal working hours;
- h. unauthorised use of IT equipment including E-mail and Internet;
- i. failure to carry out all reasonable instructions or follow our rules and procedures;
- j. unauthorised use or negligent damage or loss of my property;
- k. failure to report immediately any damage to my property or premises caused by you;
- l. failure to report immediately any type of driving conviction, or any summons which may lead to your conviction; and
- m. loss of driving licence where driving on public roads forms an essential part of the duties of the post.

D) SERIOUS MISCONDUCT

- 1. Where one of the unsatisfactory conduct or misconduct rules has been broken and if, upon investigation, it is shown to be due to your extreme carelessness or has a serious or substantial effect upon me or my outcomes, you may be issued with a final written warning in the first instance.
- 2. You may receive a final written warning as the first course of action, if, in an alleged gross misconduct disciplinary matter, upon investigation, there is shown to be some level of mitigation resulting in it being treated as an offence just short of dismissal.

E) RULES COVERING GROSS MISCONDUCT

Occurrences of gross misconduct are very rare because the penalty is dismissal without notice and without any previous warning being issued.

It is not possible to provide an exhaustive list of examples of gross misconduct.

However, any behaviour or negligence resulting in a fundamental breach of contractual terms that irrevocably destroys the trust and confidence necessary to continue the employment relationship will constitute gross misconduct.

Examples of offences that will normally be deemed as gross misconduct include serious instances of:-

- theft or fraud;
- placing me or any other person in a vulnerable position
 - b) physical violence or bullying;
 - c) deliberate damage to property;
 - d) deliberate acts of unlawful discrimination or harassment;
 - e) possession, or being under the influence, of drugs* at work and/or testing positive for drug use in a random sample drug test in line with our policy; and
 - f) breach of health and safety rules that endangers the lives of, or may cause serious injury to, myself, employees or any other person.

*For this purpose, the term 'drugs' is used to describe both illegal drugs and other psychoactive (mind-altering) substances which may or may not be illegal.

(The above examples are illustrative and do not form an exhaustive list.)

F) DISCIPLINARY ACTION

1. Disciplinary action taken against you will be based on the following procedure:-

OFFENCE	FIRST OCCASION	SECOND OCCASION	THIRD OCCASION	FOURTH OCCASION
UNSATISFACTORY CONDUCT	Formal verbal warning	Written warning	Final written warning	Dismissal
MISCONDUCT	Written warning	Final written warning	Dismissal	
SERIOUS MISCONDUCT	Final written warning	Dismissal		
GROSS MISCONDUCT	Dismissal			

2. I retain discretion in respect of disciplinary action to take account of your length of service and to vary the procedures accordingly. If you have a short amount of service you may not be in receipt of any warnings before dismissal but you will retain the right to a disciplinary hearing and you will have the right of appeal.

3. If a disciplinary penalty is imposed it will be in line with the procedure outlined above, which may encompass a formal verbal warning, written warning, final written warning, or dismissal, and full details will be given to you.

4. In all cases warnings will be issued for misconduct, irrespective of the precise matters concerned, and any further breach of the rules in relation to similar or entirely independent matters of misconduct will be treated as further disciplinary matters and allow the continuation of the disciplinary process through to dismissal if the warnings are not heeded.

G) DISCIPLINARY AUTHORITY

Unless otherwise stated, the employer or designated representative retains the authority for all levels of sanction including dismissal.

H) PERIOD OF WARNINGS

1. Formal verbal warning
A formal verbal warning will normally be disregarded for disciplinary purposes after a three month period.
2. Written warning
A written warning will normally be disregarded for disciplinary purposes after a six month period.
3. Final written warning
A final written warning will normally be disregarded for disciplinary purposes after a twelve month period.

GENERAL NOTES

1. If you are in a supervisory position then demotion to a lower status at the appropriate rate may be considered as an alternative to dismissal except in cases of gross misconduct.
2. Gross misconduct offences will result in dismissal without notice.
3. You have the right to appeal against any disciplinary action.
4. We reserve the right to allow third parties to chair any formal hearings. You agree to permit us to share any relevant sensitive data where it is necessary for the purposes of that hearing.

CAPABILITY PROCEDURES

INTRODUCTION

I recognise that during your employment with me your capability to carry out your duties may deteriorate. This can be for a number of reasons, the most common ones being that either the job changes over a period of time and you fail to keep pace with the changes, or you change (most commonly because of health reasons) and you can no longer cope with the work.

B) JOB CHANGES / GENERAL CAPABILITY ISSUES

1. If the nature of your job changes or if I have general concerns about your ability to perform your job I will try to ensure that you understand the level of performance expected of you and that you receive adequate training and supervision. Concerns regarding your capability will normally first be discussed in an informal manner and you will be given time to improve.
2. If your standard of performance is still not adequate you will be warned in writing that a failure to improve and to maintain the performance required could lead to your dismissal. I will also consider the possibility of changing your duties to more suitable work if at all possible.
3. If there is still no improvement after a reasonable time and I cannot offer flexibility in the work you undertake, or if your level of performance has a serious or substantial effect on me, you will be issued with a final warning that you will be dismissed unless the required standard of performance is achieved and maintained.
4. If such improvement is not forthcoming after a reasonable period of time, you will be dismissed with the appropriate notice.

C) PERSONAL CIRCUMSTANCES / HEALTH ISSUES

1. Personal circumstances may arise which do not prevent you from attending for work but which prevent you from carrying out your normal duties (e.g. a lack of dexterity or general ill health). If such a situation arises, I will normally need to have details of your medical diagnosis and prognosis so that I have the benefit of expert advice. Under normal circumstances this can be most easily obtained by asking your own doctor for a medical report. Your permission is needed before I can obtain such a report and I will expect you to co-operate in this matter should the need arise. When I have obtained as much information as possible regarding your condition and after consultation with you, a decision will be made about your future employment with me in your current role or, where circumstances permit, in a more suitable role.

2. There may also be personal circumstances which prevent you from attending work, either for a prolonged period(s) or for frequent short absences. Under these circumstances I will need to know when I can expect your attendance record to reach an acceptable level. This may again mean asking your own doctor for a medical report or by making whatever investigations are appropriate in the circumstances. When I have obtained as much information as possible regarding your condition, and after consultation with you, a decision will be made about your future employment with me in your current role or, where circumstances permit, in a more suitable role.

D) SHORT SERVICE STAFF

I retain discretion in respect of the capability procedures to take account of your length of service and to vary the procedures accordingly. If you have a short amount of service, you may not be in receipt of any warnings before dismissal, but you will retain the right to a hearing and you will have the right to appeal.

CAPABILITY/DISCIPLINARY APPEAL PROCEDURE

1. You have the right to lodge an appeal in respect of any capability/disciplinary action taken against you.
2. If you wish to exercise this right you should apply either verbally or in writing.
3. An appeal against a formal warning or dismissal should give details of why the penalty imposed is too severe, inappropriate or unfair in the circumstances.
4. Wherever possible I would seek to appoint a representative not previously connected with the process to conduct the appeal procedure so that an independent decision into the severity and appropriateness of the action taken can be made. However, due to my circumstances, and only as a last resort, it may be the case that the appeal would have to be heard by the person that made the original decision. Should this prove necessary it would be likely that the appeal meeting would take the form of a complete re-hearing in order that the entirety of the process could be reappraised before deciding to grant or refuse the appeal.
5. It would also be the case that your appeal may take the form of a complete re-hearing if you are appealing on the grounds that you have not committed the offence.
6. You may be accompanied at any stage of the appeal hearing by a fellow employee of your choice. The result of the appeal will be made known to you in writing, normally within five working days after the hearing.
7. We reserve the right to allow third parties to chair any formal hearings. You agree to permit us to share any relevant sensitive data where it is necessary for the purposes of that hearing.

EQUAL OPPORTUNITIES POLICY

A) STATEMENT OF POLICY

1. I recognise that discrimination is unacceptable and although equality of opportunity has been a long-standing feature of my employment practices and procedure, I have made the decision to adopt a formal equal opportunities policy. Breaches of the policy will lead to disciplinary proceedings and, if appropriate, disciplinary action.
2. The aim of the policy is to ensure no job applicant, employee or worker is discriminated against either directly or indirectly on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.
3. I will ensure that the policy is circulated to any agencies responsible for recruitment and a copy of the policy will be made available for all employees and made known to all applicants for employment.
4. The policy will be communicated to any private contractors reminding them of their responsibilities towards the equality of opportunity.
5. The policy will be implemented in accordance with the appropriate statutory requirements and full account will be taken of all available guidance and in particular any relevant Codes of Practice.
6. A neutral working environment will be maintained in which no employee or worker feels under threat or intimidated.

RECRUITMENT AND SELECTION

1. The recruitment and selection process is crucially important to any equal opportunities policy. I will endeavour through appropriate measures that recruitment decisions will not be discriminatory, whether consciously or unconsciously.
2. Advancement will be made on merit and all decisions relating to this will be made within the overall framework and principles of this policy.
3. I will adopt a consistent, non-discriminatory approach to the advertising of vacancies.
4. I will not confine my recruitment to areas or media sources which provide only, or mainly, applicants of a particular group.
5. All applicants who apply for jobs with myself will receive fair treatment and will be considered solely on their ability to do the job.
6. Selection criteria will be periodically reviewed to ensure that they are related to the job requirements and do not unlawfully discriminate.
7. Interview questions will be related to the requirements of the job and will not be of a discriminatory nature.

8. I will not disqualify any applicant because he/she is unable to complete an application form unassisted unless personal completion of the form is a valid test of the standard of English required for the safe and effective performance of the job.
9. Selection decisions will not be influenced by any perceived prejudices of other staff.

TERMINATION OF EMPLOYMENT

A) RESIGNATIONS

1. All resignations must be supplied in writing, stating the reason for resigning your post.
2. If you terminate your employment without giving or working the required period of notice, as indicated in your individual Statement of Main Terms of Employment, you will have an amount equal to any additional cost of covering your duties during the notice period not worked deducted from any termination pay due to you. This is an express written term of your contract of employment. You will also forfeit any contractual accrued holiday pay due to you over and above your statutory holiday pay, if you fail to give or work the required period of notice.
3. On the termination of your employment you must return all our property which is in your possession or for which you have responsibility. Failure to return such items will result in the cost of the items being deducted from any monies outstanding to you. This is an express written term of your contract of employment.
4. All resignations must be supplied in writing, stating the reason for resigning your post.

Appendix Four: NHS WBCCG Template Letter for Employers



Tel: 01942 482706

Email: emma.atherton@wiganboroughccg.nhs.uk

DATE

Mr/Mrs

Address

Address

Postcode

Dear Mr / Mrs

Re: Training Programme for Personal Assistants employed via a Direct Payment Personal Health Budget

We have been advised that you have chosen a Direct Payment Personal Health Budget and will be employing Personal Assistants.

To support you in your role as an individual employer, Wigan Borough Clinical Commissioning Group (WBCCG) provide access to accredited training to support your Personal Assistants to deliver safe, quality care.

As an individual employer it is your responsibility to ensure as any Personal Assistants you employ access and complete the foundation training as part of their induction. Following completion of the foundation training your Personal Assistants may need to undertake some additional individualised training to meet direct healthcare needs; this will be directed by your Continuing Healthcare Matron and recorded in your support plan.

The foundation training is transferrable training that Personal Assistants can use for other job roles. The time allocated to complete the training is 12.5 hours at a set hourly rate of the minimum wage (£8.21).

The majority of the foundation training is e-learning. On successful completion of each e-learning module the Personal Assistant should download a copy of the certificate for their own skills passport and provide you with a copy as their individual employer. On receipt of all e-learning certificates please send copies of these to the Direct Payment advisors to allow the training monies to be released.

PLEASE NOTE: If any personal assistant does not have access to a computer to allow them to complete any e-learning training, local Libraries across Wigan Borough allow access to computers for a one off fee of £1.00 and training can be accessed via this facility.

The foundation training is mandatory and will provide a platform of skills and knowledge that can be built upon to meet service users assessed health needs.

For ease we have referenced the foundation training as section one and section two.

Section One:

Appendix Four Template Letter for Employers

All Personal Assistants have been pre-enrolled onto e-Learning for Healthcare (e-LfH) which is a Health Education England (HEE) Programme, working in partnership with the NHS and professional bodies to support patient care.

All Personal Assistants will receive an email from no.reply@e-lfh.org.uk, subject: new e-learning account which will provide them with the information needed to login to the training. All personal assistants should make sure they read the instructions and do not delete the email. Personal assistants may want to check their junk email box as well as their inbox as sometimes the email is redirected.

PLEASE NOTE - This will need to be activated within two weeks of the email being sent.

The email Personal Assistants receive will contain the following information:

Dear Personal Assistant

Thank you for registering for e-learning for Healthcare's Statutory and Mandatory Training (SMT) programme.

To log in and access your e-learning account, please go to www.e-lfh.org.uk and click the 'Log in to your e-learning' button in the top right hand corner of the page.

Once Personal Assistants have received their email they will need to complete the following modules within the Statutory and Mandatory Training (SMT) and the Care Certificate programme – they do not have to complete all – just the ones on the list below:

1. Moving and Handling level 1 - Health Education England (HEE) Programme. Links to care certificate standard 13 - Health and Safety
2. Handling Information - Health Education England (HEE) Programme. Links to care certificate standard 14
3. Safeguarding Adults – e-learning module Health Education England (HEE) Programme. Safeguarding Adults links to care certificate standard 10
4. Safeguarding Children - e-Learning module Health Education England (HEE) Programme. Safeguarding children links to care certificate standard 11
5. Basic Life Support - Health Education England (HEE) Programme. Links to care certificate standard 12
6. Infection Prevention and Control - Health Education England (HEE) Programme. This links to care certificate standard 15

Section Two:

There are two e-learning courses for 'management of medicines for adults receiving care in the community'.

Course 1: Managing medicines for adults receiving social care in the community

Appendix Four Template Letter for Employers

This provides a foundation in the essential medicine-related processes that social care providers need to consider.

Course 2: Managing medicines for adults receiving social care in the community

This covers the practical issues related to medicines administration support for all social care workers in a client-facing role, upskilling them to administer different types of medicine formulations.

The two courses are endorsed by the National Institute for Health and Social Care (NICE). The two courses provide foundation skills for managing medicines in the community and have been sourced through a community interest company, PrescQIPP.

To complete this training each personal assistant will need to create an account on the prescqipp e-learning hub at www.prescqipp.info/learn and then choose to buy the above courses by entering the voucher codes provided. Each PA will be emailed directly with their voucher code for each course, if they click through to access the course they will be prompted to enter the voucher code.

Yours faithfully

Emma Atherton
Personal Health Budget Lead

Appendix Five: Example of NHS WBCCG MARS Chart

Name of client						D.O.B.						NHS number (if known)																			
address of client						GP name and phone number																									
Allergies						start date												end date													
Date																															
Cycle day		1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	
E.morn																															
morn																															
lunch																															
tea																															
night																															
running stock balance																															
delivery: sign: date:		c/ f																													
E.morn																															
morn																															
lunch																															
tea																															

Appendix Four Template Letter for Employers

		night																							
	running stock balance																								
delivery: sign:	date:	c/ f	sign	date																					
	E.morn																								
	morn																								
	lunch																								
	tea																								
	night																								
	running stock balance																								
delivery: sign: date:		c/ f	sign	date																					
omission codes:																									
R - refused N - Nausea/vomiting E- Refused/ destroyed L - on leave H - in hospital N - PRN offered/refused O - Other (see overleaf)																									
date	time	signature	reason for withholding medication																						

Appendix Six: Example of NHS WBCCG Good Record Keeping Guide and E

Good Record Keeping

We all make records on a day-to-day basis, from telephone messages to a detailed personal diary. No one's memory is wholly reliable. Records, whatever form they take, are a useful reminder of a course of events, required actions, steps taken, outcomes and further actions. In health and social care, good record keeping and management are of paramount importance.

In a clinical context, records are essential and a mandatory requirement. When providing care, you must keep clear, accurate, and legible records which report the delivery of care, actions taken, the information given to the individual (or their representative), any medication administered and who is making the record and when. The individuals support plan and clinical care plans should always be referred to when completing records to ensure the correct information is recorded.

Records should be made straight away or as soon as possible after individual care is given. Records are primarily intended to support individual care and should authentically represent each and every intervention. Examples include protecting the individual and the personal assistant against future claims or complaints, demonstrating compliance with record keeping and supporting or denying an individual's claim.

Along with clarity and accuracy of records, details are also important to remind you, or another member of your team, of your care and management plan. Records should be stored securely and protected against accidental loss, including corruption, damage or destruction.

Tips for good record keeping:

Write legibly

You may be able to read to your own handwriting but can anyone else? Will you always be available to translate that indecipherable squiggle? Please take a little extra time and care to write legibly.

Include the date and time

The delay between an incident and notification of a claim could potentially be lengthy. When handwriting records, your dated and timed notes will be invaluable in clarifying the sequence of events, as by that time it is unlikely you will be able to remember clearly what happened.

Avoid abbreviations

Abbreviations may be clear to you but can be misunderstood or ambiguous to others.

Avoid unnecessary comments

Offensive, personal or humorous comments are unprofessional, often misunderstood and could damage your credibility. Remember, individuals can access their care records and a flippant remark in their notes might be difficult to explain and could lead to disciplinary actions.

Evaluation Sheets

Appendix Seven: Example of NHS WBCCG Direct Payments Risk Matrix

Direct Payments - Financial Check Assessment

Name	Mosaic Number
------	---------------

1. Value of Direct Payment

Tick appropriate box

<£5,000		L	(1)
£5,000 - £30,000		M	(2)
>£30,000		H	(3)

2. Is this a private account or 3rd party managed account?

Tick appropriate box

Private		L	(1)
Managed			(0)

Name of 3rd Party managed account:

3. Has the Direct Payment been managed appropriately?

Tick appropriate box

Good		L	(1)
Satisfactory		M	(2)
Poor		H	(3)

Reason for selection:

4. Does the client have an up to date Employers and Public Liability policy?

Tick appropriate box

Agency Only			(0)
Yes			(0)
No		L	(1)

5. Has the Service User made regular client contributions?

Tick appropriate box

Yes / Not Applicable		H	(0)
No		L	(3)

Reason for selection:

6. Was a further check required (following 8 week audit) before service user was able to manage Direct Payment without support?

Tick appropriate box

Yes		M	(2)
No		L	(0)

Reason for further check:

7. Has there been any unauthorised spending?

Tick appropriate box

Yes		L	(6)
No		H	(0)

Detail unauthorised spending:

8. How many staff does the service user employ?

Tick appropriate box

One to Two		L	(1)
Three to Five		M	(2)
More than Five		H	(3)

9. Does the service user employ relatives?

Tick appropriate box

Yes		M	(1)
No		L	(0)

10. Does the service user perform their own payroll or use a different payroll provider?

Tick appropriate box

Yes		L	(1)
No			

Who is payroll provider?

11. Are holidays being managed appropriately?

Tick appropriate box

Yes		H	(1)
No			

Other Identified risks / comments:

12. Any Other risks identified?

Tick appropriate box

Yes		H	(1)
No			

Other Identified risks / comments:

Total Score	
-------------	--

Range	Financial Assessment	Tick Appropriate Box
0-8	Annual	
9-15	Six Monthly	
More than 15	13 week	

Completed By:	Date:
Date of next Audit	
Client informed	

Appendix Eight: NHS WBCCG Personal Assistants Skills Passport

The Personal Assistant's 'Skills Passport' & Learning Log

'Equipping individuals with the knowledge, understanding, training and support required to become a competent and confident Personal Assistant'

**"When you know better
you do better."**

The skills passport will allow easy identification of any training and developmental needs; it will also demonstrate your suitability to fulfil a Personal Assistants role.

Skills Passport for

Section One – Foundation Training

Firstly foundation training for all Personal Assistants will be required as a minimum standard; this will allow an introduction into health and social care. Foundation training can be transferred from one Personal Assistant job role to another.

Foundation training will provide a foundation of skills and knowledge that can be built upon to meet service users assessed needs. If you do not have facilities to access the e-learning, local libraries across the borough can be utilised.

Personal Assistants have a responsibility to access and complete all training as directed in an individual's support plan and by the employer. On successful completion of foundation training PAs should obtain the completion certificates, keeping the original copy and providing their employer(s) with a copy. Foundation training should be completed during an induction period as agreed with your employer(s); any difficulties with training should be discussed with the employer in the first instance.

Personal Assistants are accountable for their actions. As a Personal Assistant you must show professionalism, integrity, and work within ethical and legal frameworks. Personal Assistants must always work in partnership with other health and social care professionals, agencies, service users, their carer's and families in all settings, ensuring that safe care is maintained.

A Personal Assistant would be 'signed off' as competent on the foundation training when:

- The PA has successfully completed the e-Learning modules and face to face training.
- The PA has observed and shadowed the Lead Carer or the employer over a period of time.
- The PA has demonstrated application of the foundation training in practice (where applicable) and has been signed off as competent (induction period).
- The PA has determined that s/he is confident and prepared

The signature of completion should include observation of applying the principles of learning (where applicable) in practice, this includes:

- Demonstrating competence and confidence of applying the principles of the foundation training in practice during your induction period.
- Your employer should agree your competence and confidence of applying the principles of the foundation training in practice during your induction period.

FOUNDATION TRAINING		
SECTION ONE OF FOUNDATION TRAINING	ESTIMATED TIME TO COMPLETE TRAINING MODULES AND FREQUENCY OF RENEWAL	EMPLOYER / PA NAME AND SIGNATURE OF COMPLETION
Health Education England (HEE) Programme. Moving and Handling Level 1	25 minutes - knowledge chapters / 15 minutes – assessment To be completed annually	
Health Education England (HEE) Programme. Handling Information	55 minutes knowledge chapters / 15 minutes assessment To be completed bi-annually	
Health Education England (HEE) Programme. Safeguarding Adults Level 1	25 minutes - knowledge chapters / 15 minutes assessment To be completed bi-annually	
Health Education England (HEE) Programme. Safeguarding Children Level 1	20 minutes - knowledge chapters / 15 minute assessment To be completed bi-annually	
Health Education England (HEE) Programme. Basic Life Support	20 minutes - knowledge chapters / 5 minute assessment To be completed annually	
Health Education England (HEE) Programme. Infection Prevention and Control Level 1	25 minutes - knowledge chapters / 5 minute assessment To be completed	
SECTION TWO OF FOUNDATION TRAINING	ESTIMATED TIME TO COMPLETE TRAINING MODULES AND FREQUENCY OF RENEWAL	EMPLOYER / PA NAME AND SIGNATURE OF COMPLETION
PrescQIPP - Community Interest Company. CPD Accredited and endorsed by National Institute for Health and Social Care (NICE) Managing medicines for adults receiving social care in the community - course 1	The course should take around 2.5 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.	
PrescQIPP - Community Interest Company. CPD Accredited and endorsed by National Institute for Health and Social Care (NICE) Managing medicines for adults receiving social care in the community - course 2	The course should take around 4 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.	
SECTION THREE OF FOUNDATION TRAINING	ESTIMATED TIME TO COMPLETE TRAINING MODULES AND FREQUENCY OF RENEWAL	EMPLOYER / PA NAME AND SIGNATURE OF COMPLETION
Essential first aid course St Johns Ambulance	2 hour practical session	
Wigan Safeguarding Board Training	3 hour face to face session	

Section Two - Individualised Training

Following completion of foundation training some PAs may require individualised training to undertake certain healthcare related tasks. Individualised training must be competency assessed by the relevant professional to ensure the delivery of safe care and protect the individual from harm.

Not all personal assistants will be employed to carry out healthcare related tasks and some tasks may be considered unsuitable for delegation to a personal assistant.

Personal assistants, who have been assessed as competent in individuals delegated health tasks, should only undertake those delegated tasks to the named individual for whom they are employed to provide care.

A registered healthcare professional who delegates a healthcare task remains accountable for the decision to delegate and cannot delegate that accountability. However, provided the decision to delegate is made appropriately, they are not accountable for the decisions and actions of the care worker to whom they delegate. The PA is accountable for accepting the delegated healthcare task and responsible for their actions in carrying it out.

Individualised Training Record

The purpose of this section of the skills passport is to provide an evidenced central record of your training, knowledge, skills and reflective learning as a Personal Assistant for:

- Following clinical agreement for delegation of a healthcare task, individualised training will be required to allow Personal assistants to undertake the agreed healthcare related tasks to provide safe direct care to those who have assessed health and care needs.
- Individualised training will be competency assessed by a named registered healthcare professional.
- Competency is assessed through practical demonstration and observation. It is important for the trainer, trainee and employer to be satisfied that competency is achieved on the day of assessment.
- The Personal Assistant is accountable and responsible for accepting the task and how they carry it out.
- Personal assistants should provide a copy of their individualised training record to their employer.

Date	Procedure / Task	Date / Trainer Signature	Date / Trainee Signature	Date / Employer Signature	Refresher Training Due

Individualised Training Record

The purpose of this section of the skills passport is to provide an evidenced central record of your training, knowledge, skills and reflective learning as a Personal Assistant for:

- Following clinical agreement for delegation of a healthcare task, individualised training will be required to allow Personal assistants to undertake the agreed healthcare related tasks to provide safe direct care to those who have assessed health and care needs.
- Individualised training will be competency assessed by a named registered healthcare professional.
- Competency is assessed through practical demonstration and observation. It is important for the trainer, trainee and employer to be satisfied that competency is achieved on the day of assessment.
- The Personal Assistant is accountable and responsible for accepting the task and how they carry it out.
- Personal assistants should provide a copy of their individualised training record to their employer.

Date	Procedure / Task	Date / Trainer Signature	Date / Trainee Signature	Date / Employer Signature	Refresher Training Due

Learning Journal and Reflections

- Use the pages which follow to make a record of the training which you have attended and your reflections while observing, shadowing and supporting as a personal assistant.
 - This evidence will help to inform your employer of your confidence and competence.

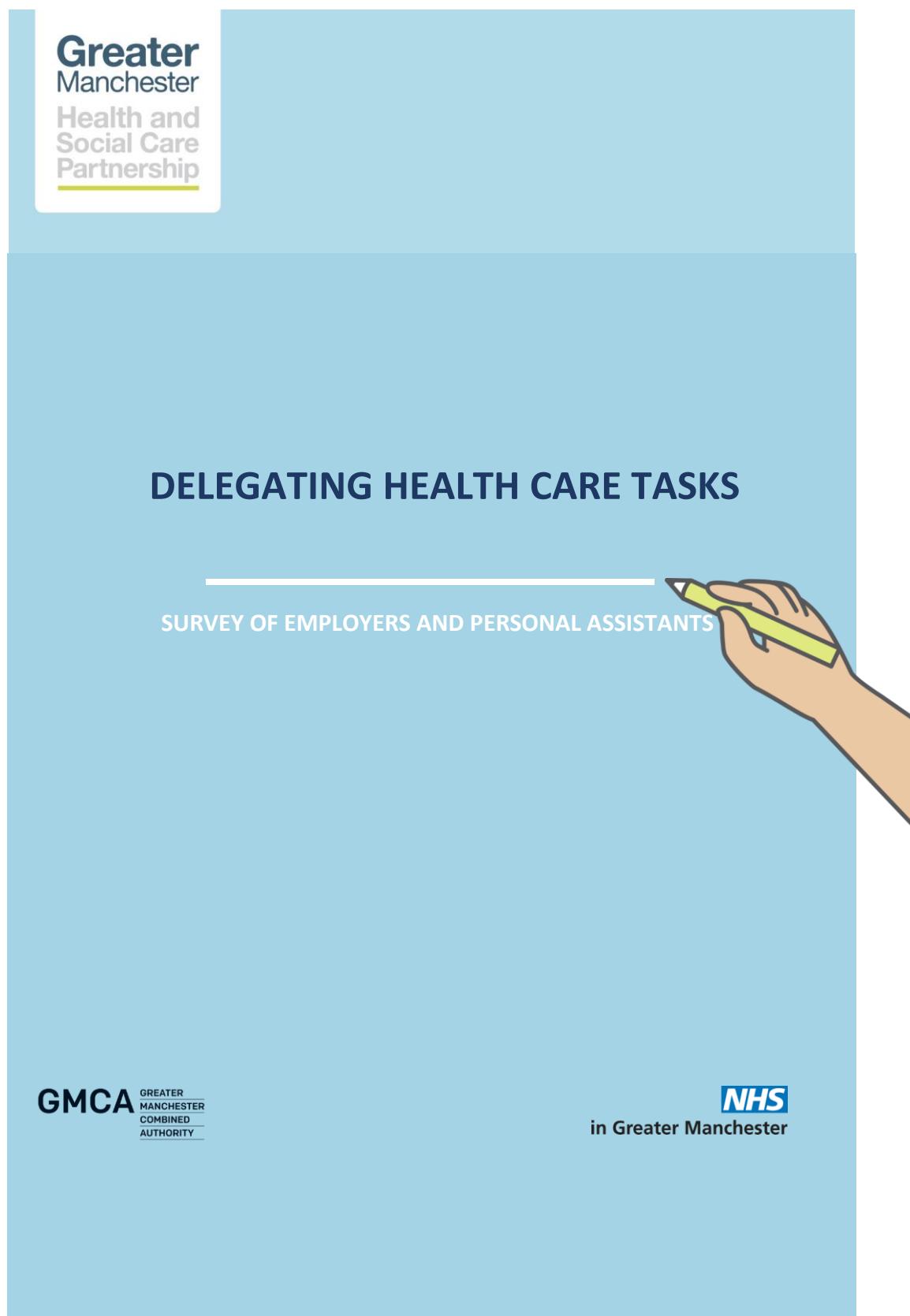
Appendix Nine: NHS WBCCG Training LOT Descriptor

LOT Number & Description:	14 - Delegated Healthcare Tasks Training
Service Overview:	<p>The long term plan, NHS, July 2019; Universal Personalised Care, NHS January 2019; Five year forward view, NHS January 2019, have all set out a clear direction for the NHS to make personalised care business as usual across the health and care system.</p> <p>For personalisation to become embedded within practice the NHS need to commit to a 'new relationship with patients and communities'. Giving people more control, including through personal health budgets (PHBs).</p> <p>PHBs can be provided and managed as any of the following options:</p> <ul style="list-style-type: none">• Direct Payment Personal Health Budget• Notional Personal Health Budget• Third Party Personal Health Budget <p>This service concerns itself with those people who choose to take their PHB as a direct payment and who directly employ Personal Assistants (PAs) to provide some or all of their care and support.</p> <p>A PA role will vary according to the needs, lifestyle requirements and choices of each person they support. When a Personal Assistant is providing care and support to someone with healthcare needs, an important component of their role can include carrying out tasks that are of a clinical nature. These tasks must be considered in the care planning process and delegated to the PA by a Registered Practitioner who has the relevant occupational competence. They must only be delegated when it is in the best interests of the person concerned.</p> <p>The Registered Practitioner would be responsible for gathering all NHS clinical care plans and through best interests identifying the healthcare tasks that can be delegated to PAs.</p> <p>All PAs would require the necessary health care training to enable them to provide safe, quality care for adults, young people and children in community settings.</p> <p>This will involve a range of training and will include bespoke training packages. Individuals with complex needs living in the community may require a range of support in different settings. It is therefore imperative that those caring for the individual are skilled and competent in delivering all care interventions.</p> <p>Appropriate delegation to PAs can enable people to stay living at home, support more speedy and effective hospital discharge and prevent or reduce hospital admission.</p> <p>For the PA, developing new skills and being able to more fully meet the person's needs can help make the role more rewarding and help PAs feel valued, motivated and</p>

	<p>recognised in their work. Associated training and assessment of competence can help provide evidence of their skills and knowledge and support recruitment, retention and career progression.</p> <p>Healthcare tasks must only be delegated in line with guidelines from the Royal College of Nursing, Nursing and Midwifery Council, Health & Care Professions Council, Chartered Society of Physiotherapist. The regulatory bodies provide guidance of clinical procedures which might be undertaken by unregistered health and non-health qualified staff.</p> <p>The NMC code states:</p> <p><i>'You remain accountable for the appropriateness of the delegation, for ensuring that the person who does the work is able to do it and that adequate supervision and support is provided'.</i></p> <p>Services should be delivered in line with guidance from NHS England and all statutory health bodies, please refer to:</p> <ul style="list-style-type: none"> • Delegation of healthcare tasks to personal assistants within personal health budgets and integrated personal commissioning, NHS England / Personalisation and Choice, June 2017. • Personal Assistants – delegation, training and accountability, Personal Health Budgets Guide, NHS 2012 • Meeting Health Needs in Educational and other Community Settings, a guide for nurses caring for Children and Young People, Royal College of Nursing, January 2018. • www.england.nhs.uk/personalisedcare
Scope:	This service focuses on packages of care and support funded by NHS Wigan Borough Clinical Commissioning Group, Wigan Council and either individually or jointly funded, as well as NHS/local government interfaces with other services (e.g. education).
Geographic Focus:	Wigan Borough

Appendix Ten: NHS WBCCG Employer and PA Survey

Please see additional report.



Appendix Eleven: NHS WBCCG Personal Assistant Training Matrix Survey

PERSONAL ASSISTANT SKILLS MATRIX			
FOUNDATION TRAINING - E LEARNING			
Section one foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training
Moving and Handling level 1 This session covers the statutory and mandatory training for Moving and Handling (Level 1). It has been designed to meet the learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the statutory and mandatory (SMT) programme Frequency of renewal – Annual	25 minutes - knowledge chapters / 15 minutes - assessment	No cost
Handling Information This document introduces Standard 14: Handling Information, including the learning outcomes for the standard and the learning resources available.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	55 minutes knowledge chapters / 15 minutes assessment	No cost
Safeguarding Adults - Level 1 This session covers the statutory and mandatory training for Safeguarding Adults Level 1. It has been designed to meet the learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	25 minutes - knowledge chapters / 15 minutes assessment	No cost
Safeguarding Children - Level 1 This e-learning session meets the statutory and mandatory training requirements and learning outcomes for Safeguarding Children Level 1 in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal - Bi Annual	20 minutes - knowledge chapters / 15 minute assessment	No cost
Basic Life Support This course provides you with learning materials to support the development of the knowledge, skills and behaviours required for Standard 12: Basic Life Support.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal – Annual	20 minutes - knowledge chapters / 5 minute assessment	No cost
Infection Prevention and Control - Level 1 This session covers the statutory and mandatory training for Infection Prevention and Control (Level 1). It has been designed to meet the relevant learning outcomes in the UK Core Skills Training Framework.	Health Education England (HEE) Programme. Access on the care certificate programme Frequency of renewal -	25 minutes - knowledge chapters / 5 minute assessment	No cost

		Total Paid Time for Completeion of Section One 4 hours	S1 Total TBC
Section two foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training
Managing medicines for adults receiving social care in the community - course 1 Module 1 - NICE guideline 67 Module 2 - Person centred medicines assessment Module 3 - Sharing information and record keeping Module 4 - Managing concerns about medicines Module 5 - Ordering and supplying medicines Module 6 - Transporting, storing and disposing of medicines Module 7 - Covert administration	PrescQIPP - Community Interest Company. This e-learning course supports the implementation of NICE (National Institute for Health and Social Care excellence) guideline 67 Managing medicines for adults receiving social care in the community Modules 1-7 to be completed Frequency of renewal – Annual	The course should take around 2.5 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.	
Managing medicines for adults receiving social care in the community - course 2 Module 1 - Supporting people to take their medicines Module 2 - Administration of solid oral dose forms Module 3 - Administration of liquid medicines Module 4 - Administration of inhalers Module 5 - Administration of eye drops Module 6 - Administration of transdermal patches Module 7 - Administration of topical products	PrescQIPP - Community Interest Company. This e-learning course supports the implementation of NICE (National Institute for Health and Social Care excellence) guideline 67 Managing medicines for adults receiving social care in the community and builds on the knowledge from course one Modules 1-7 to be completed Frequency of renewal – Annual	The course should take around 4 hours in total to complete, but please note that it is designed to be completed in stages and not finished in one sitting.	
The two courses should be purchased together for the cost as indicated.		Total Paid Time for Completion of Section Two 6 & 1/2 hours	S2 Total £22.99 & VAT

FOUNDATION TRAINING - FACE TO FACE			
Section three foundation training (brief descriptor)	Training provider and foundation training modules	Estimated time to complete training	Cost of training
Essential first aid course	Wigan St Johns ambulance Tel No: 0844 770 4800	2 hours - practical session	£30.00
Wigan Safeguarding Board Training	Wigan Safeguarding Board	3 hours - face to face session	No cost
		Total Paid Time for Completeion of Section Three 5 hours	S3 Total £30.00
FOUNDATION TRAINING - OBSERVATION			
<p>Following completion of each e-learning module PAs should choose the option to download a certificate of completion, retaining the original copy within their PA skills passport and providing their employer with a copy for employer training records.</p> <p>The PA should demonstrate competence and confidence in applying the foundation training in practice (where applicable) during their induction.</p> <p>The employer should concur the PAs competence and confidence of the foundation training in practice during the PAs induction.</p>			

PERSONAL ASSISTANT TRAINING				
INDIVIDUALISED TRAINING				
Core training domains	Core training for healthcare tasks that are routinely delegated	Ethical Framework training companies and contact details	Cost of training	Frequency of training
Breathing	Administration of oxygen therapy / oxygen saturation monitoring Basic life support for those with tracheostomy Oral Suction Tracheostomy Care Non-invasive ventilation Invasive ventilation (including suction) Laryngectomy care (stoma and prosthesis cleaning) Administration of inhalers and nebulisers Administration of cough assist Chest physiotherapy			Annually: Unless identified change in needs indicates additional training is required.
Nutrition	Administration and monitoring of special diet (i.e. diabetes / ketogenic diet) Compromised swallow (dysphagia) Gastrostomy / jejunostomy (includes care of site, feeding tube and flushing) Oral care			As above
Continence	Administration of catheter maintenance solution (bladder washouts) Assisted intermittent catheterisation Suprapubic / urethral catheter care Abdominal stoma care Bowel care (constipation / loose stools) Administration of enemas / suppositories Trans anal irrigation (i.e. peristeen)			As above
Skin (including tissue viability)	Skin care and the prevention of pressure ulcers - react to red Eczema Management Wound management Use of pressure relieving equipment			As above
Mobility	Management of spasms and contractures Complex moving and handling Postural management training Maintenance Physiotherapy			As above
Altered States of Consciousness	Management of epilepsy and seizures			As above

Medications	Administration of respiratory medications Administration of epilepsy rescue medications (buccal midazolam / rectal diazepam) Administration of oral emergency medications (Adrenaline / Nifedipine) Administration of epi pen Administration of medications via Gastrostomy (PEG / RIG) Jejunostomy (J Tube) Administration of sublingual spray Administration of subcutaneous injections			As above
Surgical Appliances	Application of orthoses and prosthesis Application of compression hosiery Application of thromboembolic deterrent stockings (TED)			As above

INDIVIDUALISED TRAINING - OBSERVATION AND COMPETENCY ASSESSMENT

- Prior to any training the relevant registered professional must identify if the individual task can be delegated (utilising matrix one: Assessment of the TASK)
- Theory training to be provided to the PA by the identified training company
- The PA will shadow and observe an individual competent in the specific task
- The PA will undergo a formal competency based assessment undertaken by the relevant registered professional (utilising matrix two: Assessment of the PA)
- On certification of competency completion, the registered professional, the employee and the PA will sign to agree competency and confidence at the time of assessment
- The PA will update their skills passport with competency sign off documentation
- The Employer will update their employee training records with copies of competency sign off documentation

PERSONAL ASSISTANT TRAINING MATRIX

NON DELEGATED HEALTHCARE TASKS

HEALTHCARE TASKS THAT SHOULD NOT BE DELEGATED (IN ACCORDANCE WITH RCN GUIDANCE)

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care
- Re-insertion of a nasogastric tube
- Re-insertion of percutaneous endoscopic gastrostomy tubes (PEG), balloon type gastrostomy tubes or low profile devices except as advised in an emergency
- Intra muscular or sub cutaneous injections involving assembling syringe or intravenous administration
- Programming of syringe drivers
- Filling of oxygen cylinders
- Laryngo Pharyngeal (nasal or oral) suctioning into the pharynx past the epilottis but above the vocal cords, this should be carried out by a registered nurse due to the risk of laryngeal spasm.
- Tracheal suctioning, this is specialist suctioning through the vocal cords and should only be carried out by a specialist and is not a procedure used in community settings.
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable individual

All of the above healthcare tasks should ONLY be undertaken by the relevant registered health professional.

NHS Bolton CCG Model

The following pages contain the Appendices referred to in Sections 8 of this paper

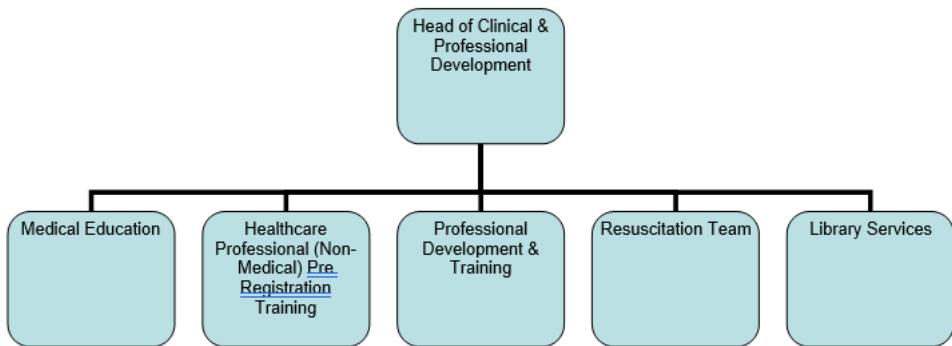
Appendix Twelve: Bolton's Clinical Educator Job Description

Job Description (V1 Jan 2020)



Job Title: Clinical Educator
Hours of Work: 15 Hours 12 Month Secondment
Department/Ward: Clinical & Professional Development
Division: Workforce Directorate
Base: Bolton NHS Foundation Trust

ORGANISATIONAL CHART



REPORTING ARRANGEMENTS

Managerially Accountable to: Head of Clinical & Professional Development
(Reporting to) Professional Development & Training Manager

Professionally Accountable to: (Head of Clinical & Professional development)

DUTIES AND RESPONSIBILITIES

The post holder will be required to support the training requirements for Personal Assistant (PA) within Bolton Health locality that are funded through Personal Health Budgets (PHBs). An integral part of any PHB is the delegation of health care tasks to Pas. The post will require cross boundary working, and contribute to the delivery of the wider personalization agenda. S/He will work in partnership with the Clinical Commissioning Group (CCG) and the Clinical & Professional teams at Bolton NHS Foundation Trust

to ensure the provision of high quality training and will be required to work locally within services where inter-professional learning opportunities can be promoted.

There will be an expectation of developing excellent working relationships and effective communication with staff across the Bolton system and partners to develop the workforce of the future.

Key external partners include:

- Clinical Commissioning Group
- Bolton Council
- Locality based Service Providers

Key requirements include:

- Plan and coordinate the PA training requirements in line with Training Needs Analysis (TNA)
- Provide support to PAs whilst on the training programme and sign post accordingly.
- Plan, co-ordinate and present training sessions in line with the agreed requirements and linking to Care Certificate Standards with appropriate certification and competency sign off
- Plan and support the assessment of the PAs within the home setting of Personal Health Budget holders (PHB) as required.
- Supporting the structuring and coordination of interprofessional learning activity across Bolton system.
- Developing and maintaining links with the CCG; GP; Funded care Team Nurses and other services to provide effective training requirements.
- Advice and signpost PAs in regards to development to help them reach their potential/aspirations.
- Maintain accurate training records and contribute to the development of reports for the CCG.
- Liaise closely with Subject Matter Experts (SME) in the development of training programmes.

Principle Duties and Responsibilities:

Learning and Development

- Plan training for PAs, working in partnership with the Clinical & Professional Development teams and subject matter experts (SME).
- Monitor the training requirements of PAs and adjust in line with PHB holders requirements and the Funded Care Team Nurses.
- Record all training delivered and monitor update requirements in line with TNA, providing reports for the CCG.

- Work in partnership with the CCG in the planning, delivery and review of training programmes.
- Identify opportunities where joint training within the trust or Bolton care system would promote learning & development for PAs.
- Monitor all training delivery through regular evaluation.
- Undertake home based assessment when required ensuring competence of the PA eg. Moving & Handling.

Services and Project Management

- Plan and implement training programmes and assessment processes for the PAs.
- Identify shortfalls in training requirements and work with the CCG and Funded Care Nurse team.
- Assess and benchmark training delivery in line with SME training delivery.
- Provide best practice that supports SME guidance and evidence based practice.

Development and Innovation

- Evaluate training and the effectiveness of any change.
- Network locally, regionally and with peer group to support the sharing of best practice.
- Contribute to the gathering of evidence for the evaluation of the PA role.
- Constantly consider learning experiences that can support the PA.
- As required collaborate with other Clinical Educators ensure training delivery is diverse and technology enhanced as appropriate.

Communication

- Develop the knowledge and skills to act as an expert resource/ Champion of the PA role.
- Communicate as required, training information with partners and provide reports when requested.
- Ensure communication channels are used appropriately to facilitate the flow of information between internal and external partners.
- Share best practice relating to Quality Assurance internally and externally.
- Ensure that confidentiality is maintained at all times in conjunction with organisational policies.
- Work collaboratively with colleagues across Workforce, CCG supporting service delivery.

Service Improvement

- Collaborate with key external to training outcomes can be met, and are aligned with service reconfigurations.
- In partnership with the clinical & professional team and CCG, continuously monitor training activities against quality assurance standards enabling ongoing enhancement of the learning experience.

Information and Knowledge

- In partnership with the Clinical & Professional team, develop and maintain up to date and accurate records of all training activity for PAs.
- Develop a process to inform and enable ‘shared evidence’ and format to enhance the responsiveness and delivery of a single Quality Assurance process.
- Liaise with the Learning Resources Service departments, to inform resource requirements and widen access to facilities.

Personal and People Development

- Contribute to maintaining and improving own professional knowledge and competence.
- Participate in an annual collaborative appraisal process to enable achievement of objectives and management of learning needs.
- Manage own workload independently and prioritising as required.
- Participate in clinical supervision/ professional mentoring.
- Maintain own professional competence in line with professional body requirements.

STANDARD CLAUSES

Health, Safety and Security:

- All employees have a duty to report any accidents, complaints, defects in equipment, near misses and untoward incidents, following Trust procedure.
- To ensure that Health and Safety legislation is complied with at all times, including COSHH, Workplace Risk Assessment and Control of Infection.

#Confidentiality:

- Working within the trust you may gain knowledge of confidential matters which may include personal and medical information about patients and staff. Such information must be considered strictly confidential and must not be discussed or disclosed. Failure to observe this confidentiality could lead to disciplinary action being taken against you.

Data Quality

- All employees are reminded about the importance of Data Quality and staff should make themselves aware of both departmental and corporate objectives for Data Quality.
- Data Quality forms part of the appraisal and objective setting process for staff responsible for data entry and data production; staff should ensure that they adhere to policies and procedures at all times. Failure to do so may result in disciplinary action being taken.

Codes of Conduct and Accountability:

- You are expected to comply with relevant Bolton NHS Foundation Trust codes of conduct and accountability.

Infection Prevention and Control:

- You must comply with all relevant policies, procedures and training on infection prevention and control.

Safeguarding Children and Vulnerable Adults:

- You must comply with all relevant policies, procedures and training on safeguarding and promoting the welfare of children and vulnerable adults.

Valuing Diversity and Promoting Equality:

- You must comply with all relevant policies, procedures and training on valuing diversity and promoting equality.

Training:

- Managers are required to take responsibility for their own and their staff's development.

All employees have a duty to attend all mandatory training sessions as required by the Trust.

Any other general requirements as appropriate to the post and location

The range of duties and responsibilities outlined above are indicative only and are intended to give a broad flavour of the range and type of duties that will be allocated. They are subject to modification in the light of changing service demands and the development requirements of the postholder.

Date Prepared: 14/01/20

PERSON SPECIFICATION

Job Title: Clinical Educator

	ESSENTIAL i.e. Those qualities without which a post holder could not be appointed	DESIRABLE i.e. those extra qualities which can be used to choose between candidates who meet all the essential criteria	METHOD OF ASSESSMENT i.e. the method by which the person specification criteria will be assessed/evaluated
QUALIFICATIONS	Minimum Foundation Degree in Health related subject Up to date professional registration Educational qualification – GCSE grade C or above/ Functional Skills Level 2 Maths and English	Teaching Qualification eg. PGCE	e.g. Application Form Certificates
EXPERIENCE	Broad range of post qualifying clinical experience including acquisition of clinical skills. Experience of teaching, supervising and assessing in the practice setting and will to undertake appropriate training Experience of developing and implementing new systems and procedures Knowledge and experience of the Trainee Nursing Associate programme and role	Experience of having worked across professional and organisational boundaries Practical experience of facilitating change Knowledge and experience of the private, voluntary and independent sector	e.g. Application Form Interview References
SKILLS	Excellent communication skills, both written and verbal Excellent interpersonal skills able to engage and build effective relationships at all levels Ability to present to large groups of people Ability to teach and facilitate in a variety of settings with different groups of staff Excellent organisational and administrative skills Excellent time management skills Microsoft office – Word, Excel, PowerPoint	Able to plan, implement and evaluate education programmes	e.g. Application Form Interview References Psychometric Tests

KNOWLEDGE	Knowledge of different methods/styles for teaching and learning Detailed understanding of a range of regulatory body requirements Knowledge of Quality Assurance principles and framework	Understanding of coaching and its use when supporting learners Understanding of curriculum development including the generation of learning outcomes	e.g. Application Form Interview References
OTHER (Please Specify)	Ability to work under pressure and to meet deadlines Ability to work without supervision and use own initiative Ability to work flexibly to ensure the needs of the service are met and manage competing priorities Consistently high attention to detail and quality of work Ability to work as a member of a team Ability to establish and maintain good working relationships with people from a wide range of personal and professional backgrounds Adaptable to meet differing learning styles/ preferences Willingness to work across organisational boundaries Ability to write evidence based reports Ability to supervise staff	Understanding of quality improvement methodology and outcome measurement	e.g. Application Form Interview Document Check

Date Prepared: 14/01/20

Appendix Thirteen: Bolton's Training Report Template

Agenda Item No:	
Meeting:	
Date:	



Title:	
Purpose	

Executive Summary:	
--------------------	--

Previously considered by:	
---------------------------	--

Recommendation Please state if approval required or if for information	
	Confidential y/n

This issue impacts on the following Trust ambitions (please ✓ & "RAG" rate relevant boxes)		
To provide safe, high quality and compassionate care to every person every time	Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing	
To be a great place to work, where all staff feel valued and can reach their full potential	To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	
To continue to use our resources wisely so that we can invest in and improve our services	To develop partnerships that will improve services and support education, research and innovation	
Negative Impact	Neutral Impact	Positive Impact
Prepared by:		Presented by:

Personal Assistant Training Update Report

1.	Training Delivery/ Developments (including % compliant to agreed measures)		
2.	Concerns/Issues/ Incidents/Complaints		
Concern/ Issue	Action being taken	Who is responsible	Timeline
3.	Feedback/ Evaluations from Personal Assistants (actions where required)		
4.	Achievements		
5.	AOB		

Appendix Fourteen: Bolton CCG SLA Template

SERVICE LEVEL AGREEMENT FOR THE PROVISION OF SERVICES

BETWEEN

NHS Bolton Clinical Commissioning Group (CCG)

and

Royal Bolton Foundation Trust

Ref: Bolton Foundation Trust and Bolton CCG PA Training

SERVICE LEVEL AGREEMENT FOR THE PROVISION OF SERVICES

This Service Level Agreement is made with effect from 1st April, 2020

BETWEEN: Bolton Clinical Commissioning Group (the “Commissioner”)

AND: Royal Bolton Hospital Education Department (the “Provider”)

Signed on behalf of the Commissioner:

Signature:

Print Name:

Title:

Date:

Signed on behalf of the Provider:

Signature:

Print Name:

Title:

Date:

Background to the Agreement (12 months)

Personal Health Budgets (PHBs), as part of the wider personalisation agenda, facilitate self-management. Support planning in line with the Government’s Mandate places greater emphasis on patients as partners who are best able to identify services that meet their needs.

An integral part of any PHB is the delegation of health care tasks to PAs; whilst PAs are not currently regulated by statute, they do remain accountable for their actions. The Funded Care Team Nurses retain responsibility for the decision to delegate these health care tasks.

Personal Assistants (PAs) are generally employed not by the NHS, but by the PHB holder. Developing the skills of the PAs and ensuring they are appropriately supported is important for performance, personal development and career prospects, and for developing and retaining an increasingly important workforce.

Parent Organisation:

NHS Bolton Clinical Commissioning Group

Host Organisation:

Bolton NHS Foundation Trust Clinical & Professional Development function – Workforce Directorate

Summary of the Arrangement:

A Registered Nurse to be employed on a 0.4 WTE fixed term contract via a service level agreement with Bolton NHS Foundation Trust Clinical & Professional Development function providing PA Training for Personal Health Budgets (PHB).

The benefits of this would be that training would be timely with good clinical oversight and quality assurance of training structure. Training would be consistent with that of other Bolton health care professionals receive thereby facilitating a working together approach and a sense of NHS belongs.

Recall database can be maintained by in house training provision.

All training provided to comply with IPC standards as required, ensuring compliance with the respective professional body. The procedure is to comply with the Royal Marsden and subject matter expert support and or guidance.

The Project: Operational Guidance

https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Delegation-of-healthcare-tasks-to-personal-assistants_S7.pdf

Period of the Service Level Agreement

12 Months Commencing 1st April, 2020

In the event of sickness or absence cover is to be provided by Bolton NHS Foundation Trust Clinical & Professional Development function. In the event long term sickness occurs Bolton FT will cover this for an initial period of 3 months after which any additional costs will be negotiated.

Terms of the agreement**Bolton NHS FT will:**

Provide a Registered Nurse trainer 2 days per week

Deliver Training and competency assessment in line with agreed Training Needs Analysis (TNA)

Record and report training delivered.

Evaluation of all training delivered.

CCG will:

- Provide names and contact details of PAs
- Manage any HR/ capability issues that may be identified during training/ competency assessment.
- Manage safeguarding, Information Governance and/ or behavioural issues identified during training/ competency assessment.
- Manage any non-compliance to core training requirements

Base

Performance and Activity

Report on a monthly basis 15th operational day.

Measures

90% PAs compliant with Core Training requirements

98% Positive feedback from training delivered

90% PA compliant with specific training linked to PHB holder requirements

Notice Period

The arrangement (Pilot Scheme) will end on the specified date for its expiry, unless previously terminated in accordance with the notice provision (3 Months), or summarily should gross misconduct occur.

Payment Schedule: The total value of this Service Level Agreement is £

Training Nurse	Costed at Mid-Point 2 days a week
Travel Expenses	Costed at X%
Overheads	Costed at X%
Contingency	Costed at X%
	Total

Base or Location of Provider premises:

The Royal Bolton Hospital Education Department

Governance and Regulatory Conditions:

The provider must ensure the following are in place:

Safeguarding

- DSP Data Security Protection toolkit (Formerly IG Tool Kit Level 2)
- Business Continuity Plan
- Indemnity Insurance
- Appropriate pre-employment checks
- Sub-contracting agreement with if applicable??

GET IN TOUCH

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