Q Unqualified support staff are doing more observations with minimal training. Do standards exist for this work?

A Support workers are well placed to carry out patient observations. The most critical issue is that they gain competence, which will provide the necessary assurances about patient safety.

Procedures must be in place to facilitate five components: clear lines of accountability; delegation; supervision; training; and assessment (Hopkins, 2008; Nursing and Midwifery Council, 2008; Royal College of Nursing et al, 2006).

Support workers form a large group of healthcare staff, namely all non-registered practitioners in bands 1-4 of the NHS pay scales (Department of Health, 2004). Typically they constitute up to 35% of staff on a ward. Here, they support mainly delegated or shared nursing activities and are known as healthcare assistants (RCN, 2010).

In the NHS as a whole, support workers are not only healthcare assistants – they perform a range of tasks and observations in numerous hospital and community settings. For example, in ophthalmology, a multidisciplinary ambulatory pathway and process of care is assisted by healthcare support roles, where they perform field vision testing, laser photography, scanning and observation of vital signs.

A national framework for performing observations is available via Skills For Health (2011) and is supported by the domains and descriptors in the NHS Knowledge and Skills Framework (DH, 2004). Skills for Health apprenticeships help support workers to progress and develop skills along a structured career path.

The Open University is running modules and foundation degrees for healthcare assistants, providing flexible learning in response to changing and expanding roles (RCN, 2010; NMC, 2008). Scotland has brought in regulatory measures for support workers, with England likely to follow shortly with the regulation of assistant practitioners. This will ensure a minimum level of training, paving the way for parity.

Trusts often provide competency training for performing observations. For example, at the Heart of England Foundation Trust, support workers are required to attend a workshop, which includes the theoretical and practical application of the modified early warning system. This is followed by supervised practice and assessments signed off by a practice mentor. This training is the same for both registered and unregistered staff.

Pivotal to training is the ability to recognise patient deterioration, where the support worker has a crucial role in not only recording observations but also ensuring they are acted upon (NMC, 2008).

Given the scope of support worker roles, it is entirely a “no brainer” to question “unqualified” staff performing more observations. We need to view this positively and value the skills support workers can offer within a clinical team.

No doubt, during the NHS reforms, there will be a need to re-think processes to plan for efficiencies needed in the current financial climate. As uncomfortable as this may seem, it will stimulate radical thinking in the NHS and spread new practices and perhaps more new roles to support delegation from registered staff. In this case, as a minimum, job descriptions and training and competency must support a framework for the roles. Consequently, strategic planning and support in practice is vital (NMC, 2008).