

# T Level Technical Qualification in Health

**Core knowledge and understanding**

**Paper A**

Elements 1-11

Mark scheme

v1.1: Specimen assessment materials  
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603/7066/X

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This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated assessment objective(s) (AOs) and total marks for each question.

## Marking guidelines

### *General guidelines*

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward students positively, giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the student's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the question paper.
- If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

### ***Guidelines for using extended response marking grids***

Extended response mark grids have been designed to assess students' work holistically. They consist of bands-based descriptors and indicative content.

**Bands-based descriptors.** Each band is made up of several descriptors for across the AO range (AO1–AO3) which, when combined, provide the quality of response that a student needs to demonstrate. Each band-based descriptor is worth varying marks. The grids are broken down into bands, with each band having an associated descriptor indicating the performance at that band. You should determine the band before determining the mark.

**Indicative content** reflects content related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

### ***Application of extended response marking grids***

When determining a band, you should use a bottom-up approach. If the response meets all the descriptors in the lowest band, you should move to the next one, and so on, until the response matches the band descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different bands, you should use a best fit approach at this stage and use the available marks within the band to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the AOs, so as not to over / under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better, or worse.

### **Assessment objectives (AO)**

This assessment requires students to:

- AO1: Demonstrate knowledge and understanding of contexts, concepts, theories and principles in healthcare.
- AO2: Apply knowledge and understanding of contexts, concepts, theories and principles in healthcare to different situations and contexts.
- AO3: Analyse and evaluate information and issues related to contexts, concepts, theories and principles in healthcare to make informed judgements, draw conclusions and address individual needs.

The weightings of each AO can be found in the qualification specification.

**Section A: Working in the healthcare sector**

**Total for this section: 30 marks plus 3 marks for the quality of written communication (QWC)**

**1 Identify two features of a job description.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for **each** feature, up to a maximum of **two** marks:

- the scope of role (1)
- the purpose of role (1)
- the responsibilities and reporting lines (1)
- the accountabilities of the role (1).

**Accept any other appropriate responses.**

**2 (a) Noah and Emily are healthcare support workers who provide care within service user's homes. They undertake mandatory safeguarding training as part of their induction and ongoing professional development.**

**Outline the purpose of a safeguarding policy.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for each point, up to a maximum of **two** marks:

- ensuring the protection from harm of individuals (1), including those working within the organisation and visitors (1).

**Accept any other appropriate responses.**

**2 (b) Noah and Emily provide care for Angela and Mary, twins aged 19 years who have multiple physical disabilities. They have continued to live together, since the recent death of their parents, and receive twice daily homecare services.**

**Explain one reason why completing safeguarding training will help provide effective care for Angela and Mary.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for correctly explaining **one reason** applied to the context and **one** further mark for the linked explanation of why safeguarding training will provide effective care for Angela and Mary, up to a maximum of **two** marks:

- Angela and Mary are vulnerable because of their additional needs and living alone (1), so completing safeguarding training will raise awareness to be alert for spotting any forms of abuse and / or neglect during their twice daily visits (1)
- as carers, Noah and Emily have a responsibility to act on and report any issues relating to the welfare of Angela and Mary (1), completing safeguarding training will give them awareness of the procedures relating to reporting of concerns (1).

**Accept any other appropriate responses.**

**3 (a) It is important that medical equipment used in clinical practice has been calibrated.**

**State two reasons why it is important to calibrate and test equipment.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for identifying **each** reason why it is important to calibrate and test equipment, up to a maximum of **two** marks:

- ensuring accuracy of measurement (1)
- prolonging the life of equipment (1)
- meeting legal requirements (1).

**Accept any other appropriate responses.**

**3 (b) Joseph works as a nurse within a busy Accident and Emergency (A & E) department. An automatic blood pressure monitor is showing inaccurate readings when attempting to gain the blood pressure measurement of a patient. Joseph carries out the following actions:**

- he uses another monitor to take the patient's blood pressure
- he leaves the original monitor in the department
- he reports the issue to a senior nurse who is responsible for the management of medical equipment within the department, who then reports it on the incident reporting system.

**Evaluate one possible implication of the actions taken by Joseph in response to the blood pressure monitor showing inaccurate readings.**

[3 marks]

**AO3 = 3 marks**

Award **one** mark for **each** evaluative point, up to a maximum of **three** marks:

- Joseph correctly uses another monitor to take accurate readings (1); however, left the original in the department area for others to use instead of taking it out of action (1), which could mean others may use the broken monitor, giving inaccurate readings that could cause harm to individuals (1)
- Joseph correctly reports the concerns to the appropriate person, which would comply with organisational policies and practices (1); however, without correctly labelling the original as out of action (1), which could cause a delay in the identification and replacement of the broken equipment (1).

**Accept any other appropriate responses.**

**4 Jenny, a healthcare assistant, has recently started work at a residential care home. She supports and cares for Richard who is an older adult with dementia.**

**Richard has difficulties walking and requires the use of moving and handling aids and support when moving as his legs are very weak.**

**Jenny is fully trained in moving and handling and has been recently introduced to the standard operating procedure (SOP) for using a hoist.**

**Explain two reasons why it is important for Jenny to follow the organisation's SOP for using a hoist while supporting Richard.**

[4 marks]

**AO2 = 4 marks**

Award **one** mark for correctly identifying an appropriate reason why and **one** further mark for the further justification relevant to the context, up to a maximum of **two** marks per explanation.

- To maintain health and safety to avoid injuries to Jenny or Richard (1), ensuring that no one comes to harm through the incorrect use of manual handling aids and moving and handling techniques used (1).
- To enable a consistent approach by following the steps laid out within the SOP for appropriate moving and handling of the service user (1), which ensures the correct use of moving and handling equipment that all staff within the organisation should follow (1).
- To meet legal or organisational requirements to ensure that both parties are protected through adhering to relevant moving and handling legislation (1), such as Manual handling Operations Regulations 1992 (as amended) to comply with the organisation’s moving and handling policies and procedures (1).
- To uphold professional standards when supporting Richard (1) by demonstrating the required skills, knowledge and behaviours for excellent moving and handling practises (1).
- To demonstrate compliance of following the SOP that can be tracked for audit purposes (1) through completion of relevant moving and handling records and documentation in relation to the SOP (1).

Accept any other appropriate responses.

<b>5</b>	<p><b>Paul wants to become a qualified mental health nurse working within a local large mental health hospital. He has chosen to study for his degree apprenticeship at the adjacent university and wishes to remain living at home.</b></p> <p><b>Discuss the professional impacts for Paul in choosing a degree apprenticeship.</b></p>	<b>[6 marks]</b>
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**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Mark	Descriptor
3	5–6	<p><b>AO3</b> – Discussion of the professional impacts of undertaking a degree apprenticeship are <b>comprehensive, effective</b> and <b>relevant</b>.</p> <p>Analysis is <b>fully</b> supported with <b>rational</b> and <b>balanced</b> judgements that consider the importance of the professional impacts of a degree apprenticeship.</p> <p><b>AO2</b> – Applied all <b>relevant</b> knowledge and understanding of professional benefits of undertaking a degree apprenticeship in relation to the given context.</p>

2	3–4	<p><b>AO3</b> – Discussion of the professional impacts of undertaking a degree apprenticeship are in <b>most parts effective</b> and <b>mostly relevant</b>.</p> <p>Analysis is supported by judgements that consider <b>most</b> of the relevant arguments are evident to the given context.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge and understanding of professional impacts of undertaking a degree apprenticeship in relation to the given context.</p>
1	1–2	<p><b>AO3</b> – Discussion of the professional impacts of undertaking a degree apprenticeship are in <b>some parts effective</b> and in <b>some parts relevant</b>.</p> <p>Analysis is supported by <b>brief</b> judgements that consider only <b>basic</b> arguments and show <b>little relevance</b> to the given context.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge and understanding of professional impacts of undertaking a degree apprenticeship in relation to the given context.</p>
	0	No creditworthy material.

### Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but it is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectations of the responses. Students must be credited for any other appropriate response.

**AO2 may be implicit through the level of analysis and reasoned judgements that the student provides.**

**AO2 Application of knowledge and understanding relating to the professional impacts of Paul undertaking a degree apprenticeship may include:**

- Paul will gain experience in local employment throughout his apprenticeship
- Paul will learn on the job as the theory is linked with practice throughout his degree apprenticeship; Paul will have his theory and practice on his doorstep, allowing him to remain living at home
- Paul will have no loan to repay as the apprenticeship will be funded
- Paul will gain a degree, which is an integral part of the apprenticeship and are nationally regulated
- Paul will attend university and be supported by academics with mental health specialism backgrounds
- Paul will be studying with students of all ages and with a range of diverse backgrounds and reasons why they have chosen the mental health specialism
- Paul will be able to expand both his academic and practical experiences to compliment his chosen future career pathway.



**AO3 Reasoned judgements may include:**

- Paul will make his choices where in the mental health sector he wishes to further his employment and his career. All the opportunities will be locally within the local large NHS Trust; therefore, Paul will be able to maintain living at home and receive a salary.
- Through his degree apprenticeship employment, Paul will gain in-depth knowledge of a setting specific to mental health care, which can help inform the type of setting he would like to work in, in the future.
- Paul may wish to further his degree studies by undertaking a masters or doctorate in the field of mental health. As the university is local, he will be networking with other students undertaking various mental health degree studies, which would give Paul insight to other professional academic studies that he could consider.
- Paul may wish to plan for subsequent further career progression, which may include teaching or management. This again could be locally. Paul will be earning an increased salary at this stage.
- Paul will be able to plan for his degree achievement level to support his future career target. This will enable Paul to have his target to work to for his future to remain locally.

**Accept any other appropriate responses.**

**6 Jonathan, aged 3 months, has been diagnosed with a severe hearing impairment. His hearing parents have welcomed the support from the specialist team at the NHS Foundation Trust. It has been agreed that a hearing implant would be the most appropriate initial treatment for Jonathan.**

**Analyse the importance of secondary healthcare services available to support the needs of Jonathan and his parents compared to those of primary or tertiary services.**

**Your response should demonstrate reasoned judgements**  
 [9 marks, plus 3 marks for QWC]

**AO1 = 3 marks**

**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Mark	Descriptor
3	7–9	<p><b>AO3</b> – Analysis of the importance of secondary healthcare services required to support Jonathan and his parent’s needs is <b>comprehensive, effective</b> and <b>relevant</b>, showing <b>detailed, logical</b> and <b>coherent</b> chains of reasoning throughout.</p> <p>Analysis is <b>fully</b> supported with <b>rational</b> and <b>balanced</b> judgements that consider the situation.</p> <p><b>AO2</b> – Applied all <b>relevant</b> knowledge and understanding of the secondary healthcare services required to meet the support needs of Jonathan and his parents.</p>

		<p><b>AO1</b> – Knowledge and understanding of the characteristics of healthcare services are <b>clear</b> and <b>fully accurate</b> with <b>sustained</b> focus.</p> <p>The answer demonstrates <b>comprehensive</b> breadth and depth of understanding.</p>
2	4–6	<p><b>AO3</b> – Analysis of the importance of secondary healthcare services required to support Jonathan and his parent's needs is in <b>most parts effective</b> and <b>mostly relevant</b>, showing <b>mostly logical</b> and <b>coherent</b> chains of reasoning.</p> <p>Judgements that consider <b>most</b> of the relevant arguments are evident.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge and understanding of the secondary healthcare services required to meet the support needs of Jonathan and his parents.</p> <p><b>AO1</b> – Knowledge and understanding of the characteristics of healthcare services is <b>mostly clear</b> and <b>generally accurate</b>, although on occasion <b>may lose</b> focus.</p> <p>The answer demonstrates <b>reasonable</b> breadth and depth of understanding, with <b>occasional</b> inaccuracies and / or omissions.</p>
1	1–3	<p><b>AO3</b> – Analysis of the importance of the healthcare services required to support Jonathan and his parent's needs is in <b>some parts effective</b> and of <b>some relevance</b>, with some understanding and reasoning taking the form of <b>generic statements</b> with some development.</p> <p><b>Brief</b> judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims are evident.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge and understanding of the secondary healthcare services required to meet the needs of Jonathan and his parents.</p> <p><b>AO1</b> – Knowledge and understanding of the characteristics of healthcare services show <b>some</b> but <b>limited</b> accuracy, focus and relevance.</p> <p>The answer is <b>basic</b> and shows <b>limited</b> depth of understanding <b>with</b> inaccuracies and omissions.</p>
	0	No creditworthy material.

## Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

**AO1 and AO2 may be implicit through the level of analysis and reasoned judgements that the student provides.**

**AO1 Knowledge and understanding of the characteristics of primary, secondary and tertiary healthcare services may include:**

- primary care (for example, general practice (GP), dental services and walk-in centres, A & E and 111 telephone service, specialist community public health services such as health visitors and school nurses):
  - often the first point of contact
  - accessed directly
  - general care
  - public participation
  - deals with acute medical problems and refers to specialist
- secondary care (for example hospital services – inpatients and outpatients):
  - services that individuals are referred to
  - planned care
  - specialised care
- tertiary care:
  - often long-term care
  - highly specialised care (for example, specialist burns unit)
  - can be used as respite for families
  - end of life care

accessing all support from NHS services, national specialists, parent networking groups
- the role of the NHS specialist team in supporting Jonathan and his parents in recommending and providing appropriate therapeutic rehabilitation and case management
- parents working with and learning from:
  - nurse specialist
  - GP support services
  - health visitor
  - midwifery post-natal services
  - speech therapist
- there will be a range of support services who can support Jonathan's parents whatever their concern – there will be a dedicated contact with each service.

## **AO2 Application of knowledge and understanding of how secondary healthcare services can meet the needs of Jonathan and his parents.**

- Taking all the advice and support available locally, nationally and internationally, and using the advice and guidance to overcome the language-communication barriers.
- support for Jonathan and his parents from the NHS specialist team and through specialist national networks. The language communication barriers support through the NHS specialist services, having the contact for support when required along with the GP support services, national support services and local parent-toddler support groups.
- support from the health visitor, speech and language therapist and other healthcare professionals involved in Jonathan's care
- Jonathan's parents to consider home adaptations to support hearing environment, for example, loops – loops in the areas that are used for Jonathan and other assistive technology to support his hearing
- Jonathan's parents will need to discuss when and if any surgical intervention is required over the years, for example implants – discussions with the surgical team about implants as Jonathan grows and goes through surgical intervention techniques.
- Jonathan's parents will need to research into the future opportunities for hearing impaired children and what support is available – discussions relating to nursery provision with support for hearing impaired children, meetings with parents who are available and who have made these choices for their children.
- The NHS specialist team will supply information available through specialist national networks and the benefits for Jonathan and his parents – reading the literature available, researching via the internet for available case studies and support, such as parent-toddler networks and networking for parents and Jonathan.
- Jonathan's parents will need to plan for Jonathan's future independence and safety. Safety relating to Jonathan's own mobility, building Jonathan's confidence with his hearing aid and his hearing ability, and his speech.
- Jonathan's parents could consider the benefits of social responsibilities and friendships, for example, nursery, parent-toddler groups and considering Jonathan's networks with hearing and deaf children.
- Jonathan's parents will need to consider how best to maintain Jonathan's health and safety protection without being overprotective, by speaking to parents who have experienced the same challenges, monitoring Jonathan's progress and adjusting actions accordingly.
- Jonathan's parents will consider long term effective communications, by planning how maximising technologies could be very helpful, for example, security in the home. A loop in Jonathan's bedroom to support his hearing and adjusting following the hearing aid and progress made.

## **AO3 Analysis surrounding the importance of the secondary healthcare services required in meeting the needs of Jonathan and his parents compared to primary and secondary may include:**

- secondary specialist services will play a vital role in being able to support with:
  - how best to ensure effective communication is maintained between Jonathan and his parents – as referred to in the language communication barrier
  - how to maximise the benefits of local and national hearing impairment support groups through Jonathan's infancy years

- how best to prepare Jonathan for his first hearing aid by reading the literature provided and researching case studies, home adaptations and any future requirements (for example, researching school provision that has specific, specialist support)
- how best to prepare for Jonathan's future independence considering his safety through his development – monitoring Jonathan's progress regarding his improved hearing following the fitting of his hearing aid and planning and adjusting his independence and safety accordingly
- how best to maximise technologies for Jonathan throughout their home, and when in other settings – hearing loops at home could be made available in the rooms used by Jonathan
- how best to consider increasing their family, and when would be the best time for Jonathan to benefit having other children in the home – having another child who has a hearing impairment or not could benefit Jonathan through friendship, companionship and support
- how best to support Jonathan's speech development, alongside his hearing impairment
- primary services may not be as relevant in this instance to support:
  - as primary sources are often the first point of contact and contacted directly by the patient's family, they are not a relevant point of support at this stage as Jonathan has already received a diagnosis of a hearing impairment
- tertiary services may play a role in being able to support with:
  - highly specialist services relating to Jonathan's hearing impairment where government funding may not exist or potentially new technology / specialised equipment that is not available within the NHS budget
  - when a second opinion may be sought to support with more specialised care within the field of hearing impairments
  - Jonathan's parents may choose to consider accessing private healthcare services to provide additional specialist care if this is more accessible within a quicker time frame, rather than potentially waiting on NHS services to become available.

**Accept any other appropriate responses.**

**Note:** Reasoned judgements may be awarded as part of the analysis, which may relate to primary, secondary and tertiary and should be positively rewarded based on relevance to the scenario.

### Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is <b>clearly expressed</b> and <b>well-structured</b> . The rules of grammar are used with <b>effective control</b> of meaning overall. A <b>wide range</b> of appropriate technical terms are used effectively.
2	The answer is generally <b>clearly expressed</b> and <b>sufficiently structured</b> . The rules of grammar are used with <b>general control</b> of meaning overall. A <b>good range</b> of appropriate technical terms are used effectively.
1	The answer <b>lacks some clarity</b> and is generally <b>poorly structured</b> . The rules of grammar are used with <b>some control</b> of meaning and any errors do not significantly hinder the overall meaning. A <b>limited range</b> of appropriate technical terms are used effectively.
0	There is <b>no answer</b> written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is <b>fragmented</b> and <b>unstructured</b> , with <b>inappropriate use of technical terms</b> . The errors in grammar severely hinder the overall meaning.

**Section B: Managing personal information and data in the healthcare sector**

**Total for this section: 22 marks plus 3 marks for quality of written communication (QWC)**

**7 Give one risk of using IT systems to record, retrieve and store information and data**

[1 mark]

**AO1 = 1 mark**

Award **one** mark for **one** correct risk given from the following:

- risks:
  - security breaches - accidental or malicious (1)
  - potential for corruption of data (1)
  - lack of access due to system failure (1).

**Accept any other appropriate responses.**

**8 Suggest two patient benefits of borrowing blood pressure monitoring equipment from their general practice (GP) to record their own readings at home.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for **each** benefit, up to a maximum of **two** marks:

- when blood pressure recordings are taken at home in familiar settings, the readings are more likely to be physiologically accurate due to the relaxed environment (1)
- using a blood pressure monitor loaned from the GP will be subject to regular calibration checks (1)
- when most individuals visit the GP there is a degree of stress which could result in inaccurate blood pressure monitoring (1)
- individuals taking blood pressure recordings at home can monitor their recordings at specific times throughout the day over a period to demonstrate patterns (1).

**Accept any other appropriate responses.**

**9 A patient has been requested to complete an open-question health survey prior to attending a pre-surgery hospital assessment.**

**Give two advantages for the patient in completing the open-question health survey at home rather than at the hospital**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for **each** advantage, up to a maximum **two** marks:

- completing an open-question health survey at home before visiting the hospital gives the patient thinking and planning time rather than answering many questions in an unfamiliar setting (1)
- completing an open-question health survey at home will save time for patients and allow them to spend less time in the hospital (1)
- the patient would have time to understand the questions asked and is able to respond using their own vocabulary (1)
- should the patient have realised that there had been a gap in the open-question health survey submitted, they will be able to address the gaps at their medical assessment and feel contented that the opportunity happened (1)
- the patient would not need to be anxious about their hospital visit knowing that the planned questions have all been responded to and submitted (1).

**Accept any other appropriate responses.**

**10 Identify two methods that could be used to collect health related data.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for **each** method, up to a maximum of **two** marks:

- focus groups (1)
- open-question surveys / interviews (1)
- observation (1)
- public databases (1)
- journals and articles (1)
- carrying out practical investigations (1)
- closed-question surveys (1)
- official statistics (1).

**Accept any other appropriate responses.**



<b>11</b>	<p><b>A busy surgical recovery ward has many patients. Some are awaiting discharge, some are expected back from surgery.</b></p> <p><b>The morning staff complete their shift at 2pm and the afternoon shift starts at 1pm.</b></p> <p><b>The shift handover commences at 1pm and all staff reporting for duty attend the handover report.</b></p> <p><b>Discuss the importance of accuracy and attention to detail in written information when giving and receiving patient information during team handover reports.</b></p>	[6 marks]
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**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Mark	Descriptor
3	5–6	<p><b>AO3</b> – Discussion of the importance of giving and receiving patient information is <b>comprehensive, effective, and relevant</b>.</p> <p>Analysis is <b>fully</b> supported/evidenced with <b>rational</b> and <b>balanced</b> judgements that consider the importance of accuracy and attention to detail in written information.</p> <p><b>AO2</b> – Applied all <b>relevant</b> knowledge and understanding of the importance of patient information to the given context.</p>
2	3–4	<p><b>AO3</b> – Discussion of the importance of giving and receiving patient information is in <b>most</b> parts <b>effective</b> and <b>relevant</b>.</p> <p>Analysis is supported/evidenced by judgements that consider <b>most</b> of the relevant arguments.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge and understanding of the importance of patient information to the given context.</p>
1	1–2	<p><b>AO3</b> – Discussion of the importance of giving and receiving patient information in respect of accuracy, legibility, and attention to detail in written information is in <b>some</b> parts <b>effective</b> and of <b>some relevance</b>, with <b>some</b> reasoning taking the form of <b>generic statements</b>.</p> <p><b>Brief</b> analysis which is supported/evidenced by judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge and understanding of the importance of patient information to the given context.</p>
	0	No creditworthy material.

## **Indicative content**

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content – its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

**AO2 may be implicit through the level of analysis and reasoned judgements that the student provides.**

**AO2 Application of knowledge and understanding of the responsibilities of the receiving and giving of patient information at a team handover report may include:**

- shifts must co-ordinate through detailed leadership, professionalism, clear and explicit communication that ensures patient safety and confidentiality between colleagues
- opportunities for staff to discuss treatments that are being given, treatments waiting to be given, communicate problems and concerns and to ensure everyone knows what is happening
- all documentation whether electronic or hard copies needs to be detailed to ensure all legal patient care requirements are met, for example, General Data Protection Regulations 2018 (GDPR)
- emphasis on patient-centred care, physical, psychological, and social wellbeing
- sufficient time must be allocated, the policies and procedures of the organisation must be adhered to
- The methodology of giving and receiving the handover reports vary from a quiet area to a walk around with patient involvement. It may involve a senior nurse giving the full report, or the individuals responsible for giving the patients reporting on their allocated patients. All the staff commencing the shift are usually present.

**AO3 Discussion may include:**

- Falls within the remit of the organisational policies and procedures, and considering the patients / clients being cared for, the number of patients involved, the area chosen for the handover reports, who gives the report, and the patient involvement, is there a more effective way to give and receive patient information at handovers
- Ensures that patient safety is embraced and rightfully at the heart of all communication and good professional person-centred practices
- the importance of all staff using the same documentation to follow, and to report on the planned patient care, prevents mistakes and legal interventions
- ensures risk management is implemented effectively
- Documents when, where and how, patient confidentiality, reporting of complaints, concerns around standards and whistleblowing are issues that require reporting appropriately
- Confirms the importance of knowing and reporting when patient safety standards cannot be met and the actions that need implementing.

**Accept any other appropriate responses.**

**12 Mrs Johnson, aged 79, lives alone and has Chronic Obstruction Pulmonary Disease (COPD).**

**Her condition has recently deteriorated and after a hospital stay, she has been provided with care support at home to assist her with daily activities, personal care and medication prompts.**

**Runjit, is the team leader of the carers supporting Mrs Johnson, who together are creating a paper-based healthcare plan that will be used, updated and reviewed by all of the carers supporting Mrs Johnson.**

**Runjit in her team leader role will ensure that there is consistent practice in the healthcare plan records and that Mrs Johnson has been totally involved**

**Evaluate factors that Runjit and her team of carers need to consider in relation to the effective management of information and observation changes within the healthcare plan.**

**Your response should include reasoned judgements and conclusions.**

[9 marks, plus 3 marks for QWC]

**AO1 = 3 marks**  
**AO2 = 3 marks**  
**AO3 = 3 marks**

<b>Band</b>	<b>Mark</b>	<b>Descriptor</b>
3	7–9	<p><b>AO3</b> – Evaluation of the factors required to consider in relation to the management of information and observations changes on the healthcare plan is <b>comprehensive, effective, and relevant</b>, showing <b>detailed, logical, and coherent</b> chains of reasoning throughout.</p> <p>Informed conclusions of reporting specific patient observations between the teams that are <b>fully</b> supported/evidenced with <b>rational</b> and <b>balanced</b> judgements.</p> <p><b>AO2</b> – Applied all <b>relevant</b> knowledge and understanding of the factors relating to recording, sharing and storing information correctly, with the involvement of Mrs Johnson.</p> <p><b>AO1</b> – Knowledge and understanding of effectively managing patient information and observation changes between the teams is <b>clear</b> and <b>fully accurate</b>, with <b>sustained</b> focus.</p> <p>The answer demonstrates <b>comprehensive</b> breadth and depth of understanding.</p>
2	4–6	<p><b>AO3</b> – Evaluation of the factors required, in relation to the management of information and observation changes on the</p>

		<p>healthcare plan, is in <b>most</b> parts <b>effective</b> and <b>mostly relevant</b>, showing <b>mostly logical</b> and <b>coherent</b> chains of reasoning.</p> <p>Conclusions are supported/evidenced by judgements that consider <b>most</b> of the relevant arguments.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge and understanding of the factors relating to recording, sharing and storing information correctly, with the involvement of Mrs Johnson.</p> <p><b>AO1</b> – Knowledge and understanding of effectively managing patient information and observation changes between the teams is <b>mostly clear</b> and <b>generally accurate</b>, although on occasion <b>may lose</b> focus.</p> <p>The answer demonstrates <b>reasonable</b> breadth and depth of understanding, with <b>occasional</b> inaccuracies and / or omissions.</p>
1	1–3	<p><b>AO3</b> – Evaluation of the factors required, in relation to the management of information and observation changes on the healthcare plan, is in <b>some</b> parts <b>effective</b> and of <b>some relevance</b>.</p> <p><b>Brief</b> conclusions supported/evidenced by judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge and understanding of the factors relating to recording, sharing and storing information correctly, with the involvement of Mrs Johnson.</p> <p><b>AO1</b> – Knowledge and understanding of effectively managing patient information and observation changes between the teams shows <b>some</b> but <b>limited accuracy</b>, focus and relevance.</p> <p>The answer is <b>basic</b> and shows <b>limited</b> depth of understanding, <b>with</b> inaccuracies and omissions.</p>
	0	No creditworthy material.

### Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

**AO1 and AO2 may be implicit through the level of analysis, reasoned judgements and conclusions that the student provides.**

**AO1 Knowledge and understanding of effectively managing patient information and observations changes between the teams may include:**

The importance of accuracy, attention to detail and legibility of any written information or data in order to:

- comply with legal requirements (for example, General Data Protection Regulations or GDPR)
- limit liability (for example, ensuring anonymity and informed consent)
- provide an accurate account of events
- inform integrated working and data sharing.

Their role in relation to record keeping and audits:

- ensuring timely, accurate records for every interaction and how they have provided care for the individual
- ensure confidentiality/security is not compromised by leaving records in public places or data is unprotected.

When it may be appropriate to share information and the considerations that need to be made when sharing data:

- for the purpose of ensuring effective diagnosis, treatment and care of individuals
- when there is risk of harm to individuals
- safeguarding issues (for example, suspected abuse)
- considerations when sharing data:
  - need to inform the individual and gain consent, unless it is required by law to share or the benefit in sharing information outweighs keeping it confidential (for example, safeguarding risks)
  - intended audience (for example, the individual or other health professionals)
  - why information is being shared.

**AO2 Application of the factors relating to recording, sharing and storing information correctly, to the overall care and involvement of Mrs Johnson:**

- the importance of accurately recording the changes in vital sign observations by Runjit's team of carers against those recorded on previous visits – written communication reviews must be legible, accurate and linked with Mrs Johnson's healthcare plan
- the importance of accurately and effectively recording medication requires recording on every visit, with reference to Mrs Johnson's breathing, vital signs, diet and fluid intake and any mobility and positioning issues, when medication and type of medication was last administered – written regime shared
- the reports written on all previous visits need to be considered in relation to Mrs Johnson's progress and rehabilitation – including her general health, psychological and social, spiritual wellbeing
- During patient-centred team meetings, any good practice should be considered within written documentation and should be praised and encouraged as a means of consistency, including any suggestions from the team relating to duty of care and further understanding of any change as suggested

- opportunities for dialogue between Mrs Johnson and her carers will be encouraged and should information of any concerns or appropriate interventions that Mrs Johnson appreciated will be shared.

**AO3 Reasoned judgments and conclusions to include the importance of managing information from the healthcare plan appropriately:**

- If information is recorded inaccurately or there are missed recordings of interactions, then this can have a detrimental impact on the care of the individual as carers may miss important information about changes to the care needs of the individual. The team leader could introduce additional training or appropriate actions should any carer fall short of achieving the standard and quality of care identified within the healthcare plan
- The mismanagement of information can also lead to safeguarding issues (for example, if a medication change has not been recorded and shared between carers then incorrect medication could be administered, which could cause physical harm to Mrs Johnson). Should such an incident occur, the team leader will take appropriate action, which may involve further training with one carer or the whole team
- Missing recordings of interactions could also lead to missed opportunities of sharing good practise (for example, sharing updates on how Mrs Johnson's preferences in how they like their personal care to be supported). Not appropriately sharing this information can lead to a lack of person-centred care for Mrs Johnson. This could involve further supervision of one or more carers during their caring for Mrs Johnson.
- Not appropriately storing the healthcare plan could lead to individuals without consent being able to view the healthcare plan, breaching data protection laws and possible safeguarding issues occurring, which would require further training, monitoring and recording of specific information in carers personal records.

Conclusions should relate to the effectiveness of recording, sharing and storing documentation to uphold professional standards in relation to:

- Consistency of care
- Safeguarding / protection
- Compliance with legal requirements
- Sharing best practise
- Providing person-centre care
- Effective care of the individual.

**Accept any other appropriate responses.**

**Note:** Reasoned judgements may be awarded as part of the discussion or within the conclusions

### Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is <b>clearly expressed</b> and <b>well-structured</b> . The rules of grammar are used with <b>effective control</b> of meaning overall. A <b>wide range</b> of appropriate technical terms are used effectively.
2	The answer is generally <b>clearly expressed</b> and <b>sufficiently structured</b> . The rules of grammar are used with <b>general control</b> of meaning overall. A <b>good range</b> of appropriate technical terms are used effectively.
1	The answer <b>lacks some clarity</b> and is generally <b>poorly structured</b> . The rules of grammar are used with <b>some control</b> of meaning and any errors do not significantly hinder the overall meaning. A <b>limited range</b> of appropriate technical terms are used effectively.
0	There is <b>no answer</b> written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is <b>fragmented</b> and <b>unstructured</b> , with <b>inappropriate use of technical terms</b> . The errors in grammar severely hinder the overall meaning.

**Section C: Health and safety in the healthcare sector**

**Total for this section: 22 marks plus 3 marks for quality of written communication (QWC)**

**13 (a) Identify one of the main legal duties within the Health and Safety at Work Act (1974).**

[1 mark]

**AO1 = 1 mark**

Award **one** mark for **one** identification of **each** main legal duty:

- Employers have a legal duty of care to protect the health, safety and welfare at work of employers and members of the public (1)
- The Health and Safety at Work Act (HSWA) defines employees' duties to protect themselves and each other (1).

**Accept any other appropriate responses.**

**13 (b) A general practice (GP) surgery has recently been dealing with high numbers of patient's appointments related to norovirus which is contracted through direct contact and airborne transmission.**

**Give two examples of ways the GP surgery could promote a relevant Health and Safety measure to contain the possible spread of norovirus within the surgery.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for **each** example of a way of promotion relevant to containing the spread of norovirus within the surgery, up to a maximum of **two** marks:

Handwashing best practice:

- Surgery staff could model good practice to other colleagues by washing hands in the surgery prior to appointments displaying good hand washing techniques (1)
- displaying posters / signs in waiting room, staff areas, reception, within consultation rooms and toilets to remind staff and visiting patients to wash their hands on a regular basis (1)
- include updated hand washing training within the-induction process and / or in SOPs that are practiced in the surgery setting (1)
- Display updated information on surgery website and within digital communications to surgery patients (1).

Use of PPE:



- Surgery staff would model good practice to other colleagues by always wearing the correct PPE when working in contact with patients (1)
- displaying poster / signs to remind patient facing staff to wear the appropriate PPE, where necessary at all times (1)
- provide an update on the use of correct PPE in the-staff induction process and / or in SOPs where PPE is required (1).

**Accept any other appropriate responses.**

**14 (a) Risk assessments are used in all healthcare settings.**

**Identify the first two steps of the Health and Safety Executive's 5 steps to Risk assessment.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for **each** correct step of the HSE 5 steps to risk assessment, up to a maximum of **two** marks:

- Step 1: identifying the hazards (1)
- Step 2: deciding who might be harmed and how (1)

**14 (b) Natalia and Isaac wish to surprise their friend Tanveer, by baking them a birthday cake. They all share supported living accommodation. Although Natalia and Isaac enjoy kitchen roles, they have never baked a birthday cake before.**

**Give two practical example of steps that the care support worker should include within the risk assessment for this activity.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for **each relevant example related to the scenario** given, up to a maximum of **two** marks:

- review what Natalia and Isaac can already do in the kitchen, including hygiene; kitchen health and safety; and their understanding of procedures (1)
- determine potential allergies / intolerances with ingredients to be used, the weight and weighing of the ingredients, the oven to be used, where the oven is sited and the temperature of the oven for making the birthday cake (1)
- based on the above, decide who might be harmed and how for example Natalia, Isaac and the supervising carer (1)

- evaluate the risks to Natalia and Isaac and decide on the precautions (1).

**Accept any other appropriate responses.**

<p><b>15 The ward-based physiotherapist within a hospital has been requested to provide additional support around patient focused manual handling regulations and training to the ward nursing team.</b></p> <p><b>Discuss the importance of multi-disciplinary input into this patient focused training.</b></p> <p><b>Your response should include reasoned judgements.</b></p> <p style="text-align: right;">[6 marks]</p>
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**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Mark	Descriptor
3	5-6	<p><b>AO3</b> - Discussion of the importance of multi-disciplinary input into this patient focused training and the Manual Handling Regulation is <b>comprehensive, effective</b>, and relevant, showing <b>detailed, logical</b>, and <b>coherent</b> chains of reasoning throughout.</p> <p><b>AO2</b> - Applied all <b>relevant</b> policies and guidance of Manual Handling Regulations to the safety of individuals to the scenario.</p>
2	3-4	<p><b>AO3</b> – Discussion of the importance of this patient focused training and manual handling regulation is in <b>most parts effective and mostly relevant</b>, showing <b>mostly logical</b> and <b>coherent</b> chains of reasoning.</p> <p><b>AO2</b> - Applied <b>mostly relevant</b> policies and guidance of the Manual Handling Regulations to the safety of individuals to the scenario.</p>
1	1-2	<p><b>AO3</b> – Discussion of the importance of multi-disciplinary input into this patient focused training and manual handling regulation are in <b>some parts effective</b> and of <b>some relevance</b>, with some understanding and reasoning taking the form of <b>generic statements</b> with some development.</p> <p><b>Brief</b> conclusions supported by judgments that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims are evident.</p> <p><b>AO2</b> - Applied <b>limited</b> knowledge of policies and guidance of the Manual Handling Regulations to the safety of individuals to the scenario.</p>
	0	No creditworthy material.

## **Indicative content**

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

**AO2 may be implicit through the level of analysis and reasoned judgements and conclusions that the student provides.**

**AO2: Application of policies and guidance of the Manual Handling Regulations to the safety of individuals may include:**

- gives staff attending the training the skills to safely move and position patients, with or without using equipment
- safe moving and handling practices reduces the amount of employee sickness
- safe moving and handling practices promotes patient confidence and reduces anxiety in the care they receive
- using best practices reduce costs and time and benefits patient's health outcomes
- employers are taking responsibilities by involving multidisciplinary best practice
- enables compliant practices through physiotherapist involvement
- amend and increase the monitoring and supervision of manual handling practices
- ensures that the Health and Safety Executive (HSE) guidelines are embedded in all changed practices and ensures that records are detailed and reviewed
- input advice where the organisation may be required to take any further external advice to meet all the legal requirements

**AO3: Discussion of the importance of multi-disciplinary input into the patient focused training and the Manual Handling Regulations relevant to the context that may include:**

- taking all evidence and advice from the physiotherapist into consideration; they can support decisions made to adopt different procedures to eliminate harm and ill health to both patients and staff with specific physiological requirements
- the advice and guidance given from other professionals will ensure that the different procedures are not introducing new risks
- developing new and detailed risk assessments and work practices with all staff involved for the different procedures that can take into consideration all physiological needs of individual patients
- addressing any psychosocial and psychological responses to the changed work practices
- the patient focused training providing effective support where the ward team are required to carry out any lifting, lowering, pushing, pulling, moving or carrying involved in the process
- the specialist knowledge from the physiotherapist supporting anyone involved who have any existing back, joint, limb or other risk factors that manual handling could make worse
- following the professional advice from the physiotherapist and having this included in the patient's care plans – this reduces the risk of accidents and injuries
- having focused training from a professional – this empowers individuals that they are working safely

- employees becoming more responsible having individual manual handling detail in care plans to follow, therefore improves efficiency and effectiveness

Accept any other appropriate responses.

<b>16</b>	<p><b>There has been an episode of diarrhoea and vomiting in a wing of a privately owned care home for the elderly. Infection control techniques are required to be introduced.</b></p> <p><b>Discuss the impact of implementing infection control techniques to minimise the spread of the infection in this situation.</b></p> <p style="text-align: right;">[9 marks]</p>
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**AO1 = 3 marks**

**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Marks	Descriptor
3	7-9	<p><b>AO3</b> - Discussion of infection control techniques and their impact is <b>comprehensive, effective, and relevant</b>, showing <b>detailed, logical, and coherent</b> chains of reasoning throughout.</p> <p>Analysis is <b>fully</b> supported with <b>rational</b> and <b>balanced</b> judgements that consider infection control.</p> <p><b>AO2</b> - Applied all <b>relevant</b> knowledge and understanding of infection control to the given context.</p> <p><b>AO1</b> – Knowledge and understanding of infection control measures is <b>fully accurate</b> and <b>detailed</b>.</p> <p>The answer demonstrates <b>comprehensive</b> breadth <b>and</b> depth of understanding.</p>
2	4-6	<p><b>AO3</b> - Discussion of infection control techniques and their impact is in <b>most parts effective</b> and <b>mostly relevant</b>, showing <b>mostly logical</b> and <b>coherent</b> chains of reasoning.</p> <p>Analysis is supported by judgements that consider <b>most</b> of the relevant arguments are evident.</p> <p><b>AO2</b> - Applied <b>mostly relevant</b> knowledge and understanding of infection control techniques to the given context.</p> <p><b>AO1</b> - Knowledge and understanding of infection control measures is <b>mostly clear</b> and <b>generally accurate</b>, although on occasion <b>may lose</b> focus.</p>

		The answer demonstrates <b>reasonable</b> breadth <b>and</b> depth of understanding, with <b>occasional</b> inaccuracies and / or omissions.
1	1–3	<p><b>AO3</b> - Discussion of infection control techniques and their impact are in in <b>some</b> parts <b>effective</b> and of <b>some relevance</b>, with some understanding and reasoning taking the form of <b>generic statements</b> with some development.</p> <p><b>Brief</b> analysis is supported by judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims.</p> <p><b>AO2</b> - Applied <b>limited</b> knowledge and understanding of infection control techniques to the given context.</p> <p><b>AO1</b> – Knowledge and understanding of infection control measures. Shows <b>some</b> but <b>limited accuracy</b>, focus and relevance.</p> <p>The answer is <b>basic</b> and shows <b>limited</b> depth of understanding, <b>with</b> inaccuracies and omissions.</p>
	0	No creditworthy material.

### Indicative content

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**AO1 and AO2 may be implicit through the level of analysis that the student provides.**

**AO1: Knowledge and understanding of infection control techniques that may include:**

- use of personal protective equipment (PPE) (for example, aprons and gloves)
- use of cleaning and disinfecting agents (for example, appropriate dilutions)
- effective handwashing techniques (for example, the NHS 5 moments of hand hygiene)
- good personal hygiene and uniform requirements (for example, hair tied up and clean uniform)
- safe disposal of sharps (for example, hypodermic needles and disposable scalpels)
- appropriate waste segregation and disposal

**AO2: Application of knowledge and understanding of infection control techniques to the given context may include:**

- the techniques for infection control:
  - all staff within the care home must be aware of the strict measures advised to retain the infection, and procedures and visible displays must be adhered to (for example, handwashing hygiene)

- the management team of the care home will, following advice, implement a strategy to ensure that the patients in the care home have an improved health regime, ensuring all services required by the patients are made available in order that patients come to no harm and that their health does not deteriorate
- advice from the NHS infection control team must be followed along with required reporting regimes, the highest standards of person-centred care must be followed by the entire care home team
- identify the named staff caring for the patients with the infection; good practice would include staff testing, ensuring all staff caring for the patients are practising good infection control practices as per procedures and that there is sufficient personal protection equipment (PPE), for example, aprons and gloves for their usage; all staff displaying infections must immediately report this to the management team
- domestic staff working with the areas of infections must follow the practices specified; domestic staff to safely use the cleaning and disinfecting agents specified and adhere to disposal of contaminated waste
- all staff in the care home must all follow high standards of infection control (including personal hygiene and infection control practices), so that the infection does not become more widespread
- catering and kitchen staff must follow strict infection control measures, and ensure any food, drinks, cutlery, and crockery follow strict hygiene procedures, water and fluid intake must be fresh and readily available as specified for the patients with the infection
- laundry staff, working in conjunction with the nursing staff, must ensure contaminated linen and clothing are handled in line with the procedures
- visiting will be minimised as advised by senior personnel – family and friends of patients will be kept informed and means of communication made possible dependent on the patient's condition and as advised

**AO3: Discussion of the infection control techniques and their impact may include:**

- infection control team being identified as the appropriate advisors to look at the most up to date actions to take and implement best practice; speed and expertise will stop the outbreak getting worse
- all care home staff being briefed of the outcome of the strategy meeting, and expectations of the entire team made explicit and ongoing regular briefings to be made – this is to communicate best practice and make sure everyone who works in the care home is informed
- dedicated named staff across the care home teams, qualified nurses, carers to minimise contact with infected patients and stop the spread of the outbreak in the wing
- reporting of the infection within the care home locally and nationally as a requirement and best practice; allowing other home care to take precautions will prevent the spread
- restrictions on visiting and communicating effectively with all patients' next of kin; this will reduce the risk to staff, other patients and families / friends visiting
- carrying out / updating risk assessments and implementing new risk assessments as agreed as result of the infection control strategy – this will allow the care home to control and monitor the situation
- providing ongoing training and supervision that ensures everybody is following up to date practice and has increased awareness and allows for further required training; this will meet the Care Quality Commission (CQC) guidelines

- close monitoring of the revised infection control strategy will include daily collection of data; the data collection will provide information as to the effectiveness of the control techniques to include:
  - number of patients still with vomiting and diarrhoea – has this increased or decreased
  - the severity of the episodes of diarrhoea and vomiting
  - laboratory test results, for example, swabs
  - staff incidence of ill health and symptoms
  - infection control visits and findings
  - reports of all the above discussed at daily progress meetings.

**Accept any other appropriate responses.**

**Quality of written communication (QWC) = 3 marks**

<b>Mark</b>	<b>Descriptor</b>
3	The answer is <b>clearly expressed</b> and <b>well-structured</b> . The rules of grammar are used with <b>effective control</b> of meaning overall. A <b>wide range</b> of appropriate technical terms are used effectively.
2	The answer is generally <b>clearly expressed</b> and <b>sufficiently structured</b> . The rules of grammar are used with <b>general control</b> of meaning overall. A <b>good range</b> of appropriate technical terms are used effectively.
1	The answer <b>lacks some clarity</b> and is generally <b>poorly structured</b> . The rules of grammar are used with <b>some control</b> of meaning and any errors do not significantly hinder the overall meaning. A <b>limited range</b> of appropriate technical terms are used effectively.
0	There is <b>no answer</b> written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is <b>fragmented</b> and <b>unstructured</b> , with <b>inappropriate use of technical terms</b> . The errors in grammar severely hinder the overall meaning.

**Section D: Person-centred care in the healthcare sector**

**Total for this section:30 marks  
plus 3 marks for quality of  
written communication (QWC)**

**17 Identify two sensory disorders.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for **each** sensory disorder, up to a maximum of **two** marks:

- speech impairment (1)
- hearing impairment (1)
- sight impairment (1)
- taste impairment (1)
- touch impairment (1).

**Accept any other appropriate responses.**

**18 (a) State two key principles of the Care Act 2014.**

[2 marks]

**AO1 = 2 marks**

Award **one** mark for each stated principle, up to a maximum of **two** marks:

- empowerment (1)
- protection (1)
- prevention (1)
- proportionality (1)
- partnership (1)
- accountability (1).

**Accept any other appropriate responses.**



**18 (b) Luis aged 80, has dementia and is admitted to the Accident and Emergency (A & E) department after a fall at home.**

**Luis requires minor surgery to contain a bleed although has refused treatment.**

**Explain two reasons why the Mental Capacity Act (2005) plus Amendment (2019) would apply to this situation.**

[4 marks]

**AO2 = 4 marks**

Award **one** mark for each explanation point, up to a maximum of **four** marks, maximum **two** marks per explanation.

- Luis should be assumed to have capacity unless established otherwise (1), although Luis has dementia, they should be given the opportunity to be involved in decisions about their treatment (1).
- The A & E staff should recognise that whilst refusing treatment may be an unwise decision this does not automatically mean a lack of capacity (1) and would therefore mean that treatment should only be given in the instance that Luis agrees to treatment (1).
- The act requires the A & E staff in a position of care to consider whether a decision can be made in a way that is less restrictive of an individual's freedom (1), which would require discussing any possible alternatives to surgery with Luis before proceeding (1).

**Accept any other appropriate responses.**

**19 (a) A vulnerable, adult patient makes a safeguarding disclosure of physical abuse during a routine general practice (GP) visit.**

**Give two examples of the safeguarding procedure that the GP would be expected to follow.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for **each** relevant example safeguarding procedure given, up to a maximum of **two** marks:

- communicate with the vulnerable adult in an effective manner (1)
- respecting patient confidentiality balanced with assessing risk to the vulnerable adult from further physical abuse (1)
- ensure a record of any disclosure is recorded word for word (for example, using GP's safeguarding disclosure form / safeguarding incident report form) (1)
- knowledge of the reporting procedure and report line including responsibilities and flow diagrams relevant to the surgery (1)
- report instance but do not intervene unless immediate or imminent threat to safety (1)

- expect to see all staff able carry out procedures with freedom to challenge authority (1)
- preserving evidence such as:
  - documentation of facts (1)
  - observation charts (1)
  - clinical photography of any wounds or bruising that is evident (1).

**Accept any other appropriate responses.**

**19 (b) After further investigation, it was identified that the abuse was carried out by a healthcare professional at the care home where the adult patient lives.**

**Evaluate the importance of one key principle of the Care Act 2014 in relation to this situation.**

[3 marks]

**AO3 = 3 marks**

Award **one** mark for each **evaluative point**, up to a maximum of **three** marks.

- Empowerment justification – the patient may have found it difficult to report abuse to others within the care home that they live, but felt empowered when in the presence of the GP to disclose the abuse (1), the vulnerable patient may need assistance in making decisions and then giving their informed consent (1); therefore, empowerment was highly important in supporting the individual in making the decision to report the abuse to the GP, which may encourage others to speak out if they are also suffering abuse (1).
- Prevention justification – to prevent safeguarding abuse, vetting procedures of healthcare personnel need to be very robust and it is assumed that even though this should have taken place, abuse has still occurred (1). Any unusual behaviour recognised needs reporting as a matter of urgency, this has been correctly reported by the GP (1), which will be important to prevent further instances of abuse by the healthcare professional implicated (1).
- Proportionality justification – once incidents are reported, managers at the care home need to take appropriate action in the appropriate place, at the appropriate time and without involving named persons (1). They need to listen and not imply threats until the circumstances have been thoroughly investigated is essential (1), as it is important for the care home to take the incident seriously but act in the interests of both the individual reporting the abuse and the professional implicated in the allegation (1).
- Protection justification – the vulnerable individual reporting the incident needs to feel safe and supported; however, it may also be the individual who the concern is about and may need leave with pay until the investigation is completed (1). No outcome must be assumed without a full investigation; therefore, both parties need support and advice (1) as it is important for the care home to take the incident seriously but act in the interests of both the individual reporting the abuse and the professional implicated in the allegation (1).

- Accountability / partnership justification – if responsible for a safeguarding issue, the healthcare professional concerned must take the outcomes agreed in order not to reoffend (1). All actions need to be transparent in safeguarding practices for ongoing justice and safety of vulnerable individuals (1), this could lead to a need for solutions to be considered within communities in preventing, detecting and reporting neglect and abuse (1).

**Accept any other appropriate responses.**

**20 Mr Abdul has become very inactive over the last 6 months since he had retired. He has also put on a lot of weight since stopping smoking. On occasions he has become quite breathless and has experienced chest pains.**

**Mr Abdul was diagnosed as having cardiovascular disease and it was agreed that he would benefit from some lifestyle changes.**

**Give two examples of lifestyle changes that could improve Mr Abdul's health and wellbeing.**

[2 marks]

**AO2 = 2 marks**

Award **one** mark for discussing **each** lifestyle change relevant to the scenario, up to a maximum of **two** marks:

- diet – a healthy balanced diet would support Mr Abdul to lose the excess weight gained and improve cardiovascular health (1)
- improve mobility – the heart requires exercise so Mr Abdul should be encouraged to exercise regularly, build up exercise, to improve his cardiovascular stamina and maintain a healthy weight (1)
- control stress levels – mind-body connection, driving when symptoms are controlled, improve wellbeing, seek support and therapies to prevent further problems (1)
- getting support – medication assessment from a practice nurse or clinical pharmacist to control and regularly check blood pressure and cholesterol levels, ongoing medication reviews, range of therapies to support needs (1).

**Accept any other appropriate responses.**

<b>21</b>	<p><b>Mrs Tompkins, aged 80 years who lives with her daughter Jessica, is being admitted for respite care for 2 weeks.</b></p> <p><b>Mrs Tompkins’ initial assessment reveals deteriorating hearing in both ears, but her hearing is slightly better in her right ear. Jessica states that her mother has refused hearing aids. She also says that Mrs Tompkins prefers to be supported whilst walking rather than use a walking stick.</b></p> <p><b>Discuss how effective communication can be maintained during Mrs Tompkins respite care.</b></p> <p style="text-align: right;">[6 marks]</p>
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**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Marks	Descriptor
3	5–6	<p><b>AO3</b> – Discussion of effective communication with Mrs Tompkins relating to her deteriorating hearing is <b>comprehensive, effective</b> and <b>relevant</b>.</p> <p>Analysis is <b>fully</b> supported with <b>rational</b> and <b>balanced</b> judgements that consider the importance of methods of effective communication to the given context.</p> <p><b>AO2</b> – Applied all <b>relevant</b> knowledge and understanding of effective communication to the given context.</p>
2	3–4	<p><b>AO3</b> – Discussion of effective communication with Mrs Tompkins relating to her deteriorating hearing is in <b>most</b> parts <b>effective</b> and mostly <b>relevant</b>.</p> <p>Analysis is supported by judgements that consider <b>most</b> of the <b>relevant</b> communication methods and arguments are evident.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge and understanding of effective communication to the given context.</p>
1	1–2	<p><b>AO3</b> – Discussion of effective communication with Mrs Tompkins relating to her deteriorating hearing is in <b>some</b> parts <b>effective</b> and of <b>some relevance</b>.</p> <p>Analysis is supported by <b>brief</b> judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the given context.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge and understanding of effective communication to the given context.</p>
	0	No creditworthy material.

## Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

### **AO2 Application of knowledge and understanding of maintaining effective communication identified in care plan for all teams may include:**

- identification in care plan how Jessica effectively communicates with her mother, this is then communicated with all staff teams to ensure consistency of approach is maintained
- Jessica will have discussed her mother's routines so the information will be known and documented for all the team to note
- Jessica has described her mother's preference whilst walking as having personal support rather than using a walking stick
- arrangements made for appropriate contact with Jessica to speak with her mother
- the issues with Mrs Tompkins hearing may be able to be partially addressed during her respite care, but this will need to involve choices and decisions of Mrs Tompkins and Jessica
- good practice to include good positioning when communicating with Mrs Tompkins, as well as maintaining eye contact particularly on Mrs Tompkins right side
- support will be required in all activities of living due to Mrs Tompkins deteriorating hearing, but support must be chosen by Mrs Tompkins herself
- personal safety and safeguarding of Mrs Tompkins are of key importance.

### **AO3 Discussion may include:**

- Commence using the known communicating methods identified by Jessica to maintain Mrs Tompkins routine. Maintain a normal speaking tone and everyday vocabulary, introduce yourself and address Mrs Tompkins by name. Continue to use pleasing gestures but do not exaggerate facial expressions, covering your mouth should be avoided. The measures suggested maintains your professionalism and Mrs Tompkins' dignity and respect.
- When speaking to Mrs Tompkins focus on issues, be genuine, empathise and be flexible, this will help Mrs Tompkins be more settled. Communications are better accepted when sitting at the same level as this avoids the use of authority.
- Following admission, maintain a team of staff to care and communicate with Mrs Tompkins until she is settled into her new environment.
- From the issues raised above in AO2, continue what works and adapt if new ideas are liked by Mrs Tompkins. Maintain the awareness that Mrs Tompkins has better hearing in her right ear when communicating with her.
- Through meeting a range of staff, there is likely to be development of safe and effective ways of communicating that Mrs Tompkins responds to. If accepted by Mrs Tompkins these methods will be communicated for other staff to follow.
- Communicating with other patients could open new doors for Mrs Tompkins to be involved in activities, which overcome any feeling of isolation.

- Jessica and Mrs Tompkins arrange virtual or verbal communication meetings between them to maintain the family bonds.
- As Mrs Tompkins becomes settled into her new but temporary environment, she will feel able to ask more questions and this atmosphere will assist Mrs Tompkins physically, psychologically and socially and she will be feeling valued.

**Accept any other appropriate responses.**

<b>22</b>	<p><b>Mia is 25 years old, works in fashion and lives alone in a new house that she has just bought.</b></p> <p><b>Mia has recently undergone investigations that have led to a diagnosis of cancer and will require surgical removal. Her mother had successful surgery for a similar cancer 5 years ago.</b></p> <p><b>Evaluate the importance of the NHS core values that the healthcare professionals must demonstrate when providing care for Mia.</b></p> <p><b>Your response should include reasoned judgements and conclusions.</b></p> <p style="text-align: right;">[9 marks, plus 3 marks for QWC]</p>
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**AO1 = 3 marks**

**AO2 = 3 marks**

**AO3 = 3 marks**

Band	Mark	Descriptor
3	7–9	<p><b>AO3</b> – Evaluation of the importance of the NHS core values for Mia are <b>comprehensive, effective</b> and <b>relevant</b>, showing <b>detailed, logical</b> and <b>coherent</b> chains of reasoning throughout.</p> <p>Informed conclusions that are <b>fully</b> supported with <b>rational</b> and <b>balanced</b> judgements that consider the overall benefits for Mia are evident.</p> <p><b>AO2</b> – Applied <b>all relevant</b> knowledge of the NHS core values to Mia’s recent diagnosis.</p> <p><b>AO1</b> – Knowledge and understanding of the NHS core values are <b>clear</b> and <b>fully accurate</b> with <b>sustained</b> focus.</p> <p>The answer demonstrates <b>comprehensive</b> breadth and depth of understanding.</p>

2	4–6	<p><b>AO3</b> – Evaluation of the importance of the NHS core values for Mia pre-operatively are in <b>most parts effective</b> and <b>mostly relevant</b>, showing <b>mostly logical</b> and <b>coherent chains</b> of reasoning.</p> <p>Conclusions are supported by judgements that consider <b>most</b> of the <b>relevant</b> arguments are evident.</p> <p><b>AO2</b> – Applied <b>mostly relevant</b> knowledge of the NHS core values to Mia’s recent diagnosis.</p> <p><b>AO1</b> – Knowledge and understanding of the NHS core values are <b>mostly clear</b> and <b>generally accurate</b>, although on occasions <b>may lose</b> focus.</p> <p>The answer demonstrates <b>reasonable</b> breadth and depth of understanding, with <b>occasional</b> inaccuracies and / or omissions.</p>
1	1–3	<p><b>AO3</b> – Evaluation of the benefits of the NHS core value for Mia pre-operatively are in <b>some parts effective</b> and of <b>some relevance</b>, with some reasoning taking the form of <b>generic statements</b> with some development.</p> <p>Brief conclusions are supported by judgements that consider only <b>basic</b> arguments and show little <b>relevance</b> to the question aims are evident.</p> <p><b>AO2</b> – Applied <b>limited</b> knowledge of the NHS core values to Mia’s recent diagnosis.</p> <p><b>AO1</b> – Knowledge and understanding of the NHS core values shows <b>some</b> accuracy, focus and relevance.</p> <p>The answer is <b>basic</b> and shows <b>limited</b> breadth and / or depth of understanding, <b>with</b> inaccuracies and omissions.</p>
	0	No creditworthy material.

### Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

**AO1 and AO2 may be implicit through the level of analysis and reasoned judgements and conclusions that the student provides.**

### **AO1 Knowledge and understanding of the NHS core values may include:**

- compassion
- improving lives
- respect and dignity
- commitment to quality of care
- working together for patients
- everyone counts.

### **AO2 Application of the NHS core values that are to be demonstrated by the healthcare professionals in relation to Mia's recent diagnosis may include:**

- healthcare professionals will use the NHS core values to provide Mia with support and guidance on:
  - Mia's short- and long-term plans including relationships, marriage, family, career
  - living with a cancer short or long term
  - dress and fashion advice and reassurance
  - clear information related to life expectancy and surgical interventions proposed
  - health related absence from work
  - loss of potential earnings
  - fear of loss of house
  - Mia's mental health and wellbeing while living alone.

### **AO3 Discussion of the importance of the NHS core values in relation to Mia may include:**

- Compassion – the importance of family, friends and the NHS teams working together demonstrating their understanding of the surgery that Mia is to have, empathise and support Mia physically, psychologically, spiritually and socially pre-operatively. Compassion is the central to her care.
- Improving lives – Mia will need special time with her mother who has had surgery for a similar condition, but noting continuous improvements are made in surgical intervention. Mia will be able to link with individuals of her age who recently have had similar surgery. Lots of literature will be informative and will answer many of Mia's questions. The surgical team have personnel who will have time with Mia to demonstrate through diagrams and other resources the full implications, precautions and expectations of the surgery and the post operative expectations. Improving lives, the NHS strive to improve health and wellbeing and that each patient has a positive experience.
- Respect and dignity – Mia will need time with parents, friends and healthcare teams relating to her potential surgery, conversations always need to be truthful and reinforcing that Mia will not change as a person that they know and love. Mia will want to be reassured about her future career, work prospects and her appearance. The NHS respects everyone and it is paramount that the patient's priorities, needs, abilities and limits are communicated.
- Commitment to quality care – Mia will meet not only the team who will care for her pre-operatively but also meet the theatre recovery room team. This supports Mia's physical, psychology and social pre-operative care. Any shortfall in any aspects of pre-operative care could impact Mia's post-operative recovery. It is important for patient care to be safe, effective, and overall a good patient experience.



- Working together for patients – Mia needs to know that the healthcare professionals work in partnership across the hospital departments to benefit patient care and to improve patient outcomes. The patient comes first.
- Everyone counts – Mia will get answers to all questions and no question is too small and that the patient is the heart of all hospital decisions. The NHS maximises their resources for the benefit of the whole community, making sure that no one is excluded, discriminated against, or left behind.

**Reasoned judgements and conclusions may include:**

- all NHS core values are important and each patient will know which of the core values are the most important to them. As such, patients should be involved in these discussions. If patients rank the NHS core values in their priority order, then the healthcare team can respond. It is not for the healthcare team to assume the priority order for the patient.

**Accept any other appropriate response.**

**Quality of written communication (QWC) = 3 marks**

<b>Mark</b>	<b>Descriptor</b>
3	The answer is <b>clearly expressed</b> and <b>well-structured</b> . The rules of grammar are used with <b>effective control</b> of meaning overall. A <b>wide range</b> of appropriate technical terms are used effectively.
2	The answer is generally <b>clearly expressed</b> and <b>sufficiently structured</b> . The rules of grammar are used with <b>general control</b> of meaning overall. A <b>good range</b> of appropriate technical terms are used effectively.
1	The answer <b>lacks some clarity</b> and is generally <b>poorly structured</b> . The rules of grammar are used with <b>some control</b> of meaning and any errors do not significantly hinder the overall meaning. A <b>limited range</b> of appropriate technical terms are used effectively.
0	There is <b>no answer</b> written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is <b>fragmented</b> and <b>unstructured</b> , with <b>inappropriate use of technical terms</b> . The errors in grammar severely hinder the overall meaning.

## Assessment Objective Grid

### Section A

#### Working in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
1	2*					2
2 (a)	2					2
2 (b)		2				2
3 (a)	2					2
3 (b)			3			3
4		4				4
5		3	3			6
6	3	3	3	3		12
<b>Total</b>	<b>9</b>	<b>12</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>33</b>
<b>Totals required</b>	<b>7–9 marks</b>	<b>12–14 marks</b>	<b>9–11 marks</b>	<b>3</b>	<b>0</b>	<b>33</b>
<b>Kil</b>	<b>2</b>					

### Section B

#### Managing personal information and data in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
7	1					1
8		2				2
9		2				2
10	2					2
11		3	3			6
12	3	3	3	3		12
<b>Total</b>	<b>6</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>25</b>
<b>Totals required</b>	<b>5-7 marks</b>	<b>8–10 marks</b>	<b>6–8 marks</b>	<b>3</b>	<b>0</b>	<b>25</b>
<b>Kil</b>	<b>3</b>					

### Section C

#### Health and safety in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
13 (a)	1*					1
13 (b)		2				2
14 (a)	2					2
14 (b)		2				2
15		3	3			6
16	3	3	3	3		12
<b>Total</b>	<b>6</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>25</b>
<b>Totals required</b>	<b>5-7 marks</b>	<b>8–10 marks</b>	<b>6–8 marks</b>	<b>3</b>	<b>0</b>	<b>25</b>
<b>Kil</b>	<b>1</b>					

### Section D

#### Person-centred care in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
17	2*					2
18 (a)	2					2
18 (b)		4				4
19 (a)		2				2
19 (b)			3			3
20		2				2
21		3	3			6
22	3	3	3	3		12
<b>Total</b>	<b>7</b>	<b>14</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>33</b>
<b>Totals required</b>	<b>7-9 marks</b>	<b>12-15 marks</b>	<b>9-11 marks</b>	<b>3</b>	<b>0</b>	<b>33</b>
<b>Kil</b>	<b>2</b>					

Knowledge in Isolation (Kil\*) = 9 marks total

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Owner: Head of Assessment Design

## Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Additional specimen assessment materials		November 2022
v1.1	Sample added as a watermark	November 2023	22 November 2023