

T Level Technical Qualification in Health

Core knowledge and understanding Paper A

Mark scheme

v1.11: P001976
post-standardisation
June 2023
603/7066/X

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) and total mark 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.
- When allocating marks across AOs within an individual response these should logically link and should not be from disparate points of indicative content provided in the mark scheme.
- 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 levels-based descriptors and indicative content.

Levels-based descriptors: Each level is made up of several descriptors for across the AO range - AO1 to AO3, which when combined provide the quality of response that a student needs to demonstrate. Each level-based descriptor is worth varying marks.

The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level 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 level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level 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 levels, you should use a best-fit approach at this stage and use the available marks within the level 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 assessment objectives, 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.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit other suitable responses a student may produce. It is not a requirement either that students must cover all the indicative content to be awarded full marks.

Assessment objectives

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 assessment objective can be found in the qualification specification.

Section A: Working in the healthcare sector

Total for this section: 30 marks, plus 3 marks for QWC

1 State one opportunity to support progression within the health and science sector.

[1 mark]

AO1 = 1 mark

Award **one** mark for an opportunity stated:

- undertaking further / higher education programmes
- undertaking apprenticeship / degree apprenticeship
- undertaking continuing professional development (CPD)
- joining professional bodies
- undertaking an internship
- undertaking a scholarship.

Accept any other suitable response.

2 Standard Operating Procedures (SOPs) are used in hospital settings.

Freddy is 12 years old and has been in hospital to have his appendix removed. There were no complications and Freddy is due to go home.

Explain how following SOPs contributes to the care Freddy receives.

[2 marks]

AO2 = 2 marks

Award **one** mark for **one** explanation following standard operating procedures, up to a maximum of **two** marks:

- it allows a smooth transition of care to the GP through a discharge letter / plan (1)
- it ensures that there is a consistency of approach to Freddy's care from all involved (1)
- it enables access to required resources, such as a community nurse visit for wound care (1)
- it functions as a check to healthcare professionals in ensuring that any possible further treatment options or support needed are considered (1)
- it ensures all those involved with Freddy's care uphold professional standards (1)
- it means a discharge checklist is followed which would ensure a cannula is removed and the appropriate medication is administered to Freddy to take home (1)
- it ensures that Freddy's care meets legal and organisational requirements (1)
- it demonstrates compliance with procedures for Freddy's care for audit purposes (1).

Accept any other suitable response.

3 Identify two ways health applications (apps) support the healthcare sector.

[2 marks]

AO1 = 2 marks

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

- promotes healthier choices by offering advice and support
- supports independent management of conditions
- supports health professionals with ongoing monitoring of conditions
- supports health teams to manage appointments.

Accept any other suitable response.

4 One benefit of using a public health approach is that it can result in a reduction in the number of individuals requiring specific social care services.

Discuss one other benefit of using public health approaches to help improve the overall regional and national health of the population.

[3 marks]

AO3 = 3 marks

Award up to **one** mark for each explanation of a benefit of a public health approach, up to a maximum of **three** marks:

- **raises awareness amongst the public regarding risk** – public health approaches help to raise awareness for different populations at risk. These can include, for example, screening campaigns for cancers (1). Such approaches help to inform individuals of the signs / symptoms to look out for and to engage in regular programmes to monitor health (1). Encouraging individuals to take part in regular screening and to seek help from health professionals can help in detecting illness and lead to better health outcomes (1)
- **provides education on how to live healthier lifestyles and self-care** – public health approaches such as health promotion campaigns help to educate individuals on how they can live healthier lifestyles or improve their health through making positive changes (1). Health campaigns such as **STOPTOBER** (smoking), **Change for Life** (diet & exercise) and **Every Mind Matter** (mental health) all help individuals understand the dangers to health from smoking or eating unhealthily (1) and can encourage them to change behaviours to improve their health and well-being (1)
- **improves generational prospects** – being able to acquire good health starts from birth right through to an individual's older years (1). Health approaches aid towards the development of society through enabling individuals to lead a productive life (1). For example, healthy children are able to develop and learn effectively, becoming parents who are able to care for their families and improve their situation, and further becoming older individuals who will be able to maintain or increase their functioning in later life (1)
- **reduction in number of people impacted by health issues and preventable illnesses** – public health approaches are used to promote and improve the health of individuals, communities and the population (1). The approaches can benefit the population's health (1) through prevention campaigns that research disease and injury prevention, target at-risk groups, or detecting, preventing and responding to the spread of infectious diseases (1)

- **reduction in pressure on NHS** – initiatives such as vaccination programmes (flu), screening programmes (cancers) (1) and helping individuals manage long term health conditions using targeted information / campaigns (1) can help towards reducing the pressure for emergency interventions and potentially expensive treatments. (1)

Accept any other suitable response.

5 State two ways that the healthcare sector has developed since 1945.

[2 marks]

AO1 = 2 marks

Award **one** mark for **each** way in which the healthcare sector has developed since 1945, up to a maximum of **two** marks:

- NHS formed July 1948 (1)
- some services began to incur charges, for example prescription charges (1)
- private sector healthcare has developed in parallel with NHS: funded through private medical insurance or individual payments (1)
- continued expansion such as providing more specialist services (1)
- integrated care such as continuing care from hospital to home (1)
- advancement of screening services such as mammograms ensuring better outcomes (1)
- medical advancements and advances in diagnostic equipment, leading to early diagnosis and prompt treatment (1)
- Increased patient choice and decisions such as where a patient can choose to have treatments or their choice of GP. (1)

Accept any other suitable response.

6 Cancer charities offer a range of services to support an individual's health and wellbeing.

One example of a healthcare service provided by cancer charities is funding research into new treatments for diseases.

(i) Identify one other service which is supplied by cancer charities.

(ii) Explain how the service identified in (i) supports an individual's health and wellbeing.

[3 marks]

AO1 = 1 mark

AO2 = 2 marks

Award **one** AO1 mark for a correct identification of a service provided by a cancer charity, up to a maximum of **one** mark:

- hospice (1)
- respite (1)
- treatment (1)
- holistic healthcare (1)
- equipment (1)
- provision of advocacy services (1)
- counselling support (1)

Award **one** AO2 mark for each explanation for how the identified service contributes to health and wellbeing, up to a maximum of **two** marks:

- **hospice care:**
 - provides care to patients who are diagnosed with a complex or incurable conditions and life limiting illnesses (1)
 - hospice care involves offering practical, emotional and spiritual support to patients, their family and their carers (1)
 - hospice care provides patients with choice as to how they and their families would like to receive care and support when managing life limiting conditions, such as stays in a hospice for respite or care at home (1)
- **respite care service:**
 - provides respite for informal carers e.g., those that look after their loved ones at home (1)
 - Provide support worker to come in on a regular basis (1)
- **treatment:**
 - charities help with the provision of funding specialist care professionals such as specialist nurses that can support patients and families in their own home after undergoing cancer treatments or providing palliative care (1)
 - charities may provide supporting therapies such as acupuncture or physiotherapy through access to day services or through providing funding (1)
- **holistic healthcare:**
 - provision of complementary therapies to patients to support the conventional treatments they are having (1)
 - provision of activities for patients such as art clubs, coffee groups and memory cafes to increase mental and social well-being (1)
 - provision of counselling support (1)
- **equipment:**
 - charities such as the Red Cross may offer free equipment or a hire service of equipment such

as wheelchairs and toileting aids to patients for use at home after they have had interventions (1)

- Some charities run a recycling of mobility equipment that can be donated to services users that need assistance (1)

• **provision of advocacy services:**

- provides support for patients and families that may need support with accessing health or social services (1)
- Advocates assist patients through helping to answer questions about their treatments, walking them through treatment plans (1)
- advocacy is a service that helps the most vulnerable patients to express their opinions and involves them in the decisions regarding their care or treatments needs (1)

• **counselling support:**

- provides talking therapies to individuals and families (1)
- counsellors provide support for those who have received a diagnosis, may be living with a life-threatening illness / long term health condition or need support to work through changes experienced and / or treatments. (1)

Accept any other suitable response.

7	<p>Shona is a busy single mother of two school-aged children who works full time and lives in a rural area of the country. She has recently been struggling with high levels of anxiety and wants to access help for this through her general practitioner (GP).</p> <p>Discuss how the GP practice can help Shona overcome barriers to accessing support services.</p> <p>Your response should demonstrate reasoned judgements and conclusions.</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>AO3 - Discussion of ways the GP practice can support Shona to overcome barriers in accessing their services is comprehensive, effective, and relevant.</p> <p>Conclusions that are fully supported with rational and balanced judgements that consider the impact of accessing the GP service are evident.</p> <p>AO2 - Applied all relevant knowledge and understanding of barriers to accessing the services offered by the GP practice.</p>
2	3-4	<p>AO3 - Discussion of ways the GP practice can support Shona to overcome barriers in accessing their services is in most parts effective and mostly relevant.</p> <p>Conclusions supported by judgements that consider the impact of accessing the GP service with most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge and understanding of barriers to accessing services offered by the GP practice.</p>
1	1-2	<p>AO3 - Discussion of ways the GP practice can support Shona to overcome barriers in accessing their services is in some parts effective and of some relevance.</p>

		Brief conclusions supported by judgements that consider the impact of accessing the GP service shows only basic arguments and show little relevance to the question aims. AO2 - Applied limited knowledge of the potential impacts of barriers to accessing services offered by the GP.
	0	No creditworthy material.

Indicative content

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AO2: Application of knowledge and understanding relating to the potential impacts of barriers to health services may include:

- **psychological** – Shona may feel nervous about asking for help or may feel as though her concerns will not be taken seriously by the GP. She may be embarrassed about what staff at the GP practice think of her and may worry about a perceived inability to cope
- **geographical** – Shona's GP service may 'lay in' mental health services which Shona is required to travel to a different location to attend. This could be difficult on a practical level given her work and family commitments
- **socioeconomic** – Shona may need to access ongoing treatment such as counselling which could be during work times, leading to a loss of income. As she has a family to support, this could lead to hardship. The cost of paying for prescriptions could be prohibitive.

AO3: Discussion of how the barriers can be overcome may include:

- **psychological** – health professionals can support Shona by providing clear information on treatments and interventions, signs and symptoms. Using effective communication skills which is person centred can help in reducing fear and embarrassment for individuals, helping them to feel heard, confident and more likely to engage. They can also share written information with Shona about the support offered in their practice as well as elsewhere so that she feels empowered to ask questions about the right treatment and support for her
- **geographical** – the GP practice could offer remote appointments – either on the telephone or using video conferencing to remove geographical barriers. This could also contribute to overcoming the psychological barriers as she could attend these appointments from a location she feels comfortable in, eg at home
- **socioeconomic** – appointments could be offered in the evenings and weekends so that they do not impact on Shona's ability to attend work. If a prescription for medication is issued, Shona could be advised about pre-payment certificates for medication and / or benefits available to pay for prescription services.

Accept any other suitable response.

8 Daryl is a physiotherapy support assistant and is part of a multidisciplinary team working with older people in a day service provision.

Explain one benefit to Daryl of working within a multidisciplinary team.

[2 marks]

AO2 = 2 marks

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

- builds rapport – being part of the multi-disciplinary team in the day service provision allows the team to work closely on a daily basis (1) and this enables Daryl to build a rapport and positive working relationships with his colleagues where he feels supported in his work (1)
- Daryl will receive feedback on his work from different types of health practitioner (1) which will contribute to his professional development and skills in his role (1)
- Daryl will have the opportunity to discuss concerns or progression of patients with other practitioners in a timely manner on a regular basis (1), actively listening to colleagues' contributions so interventions can be changed for patients as required which helps Daryl to be an effective practitioner (1)
- being part of a multi-disciplinary team allows Daryl to share best practice with his colleagues to provide integrated care (1), leading to good patient outcomes and a sense of job satisfaction for him. (1)

Accept any other suitable response.

9 Siobhan has recently accepted a job in a local hospital as a healthcare assistant. Siobhan's manager advises her that after 6 months in employment, they will meet to conduct Siobhan's first performance review.

Discuss the purpose of Siobhan's performance review.

Your response should demonstrate reasoned judgements and conclusions.

[9 marks, plus 3 marks for QWC]

AO1 = 3 marks

AO2 = 3 marks

AO3 = 3 marks

Band	Marks	Descriptor
3	7-9	<p>AO3 – Discussion of performance reviews is comprehensive, effective, and relevant, showing detailed, logical, and coherent chains of reasoning throughout.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the importance of performance reviews for Siobhan are evident.</p>

		<p>AO2 – Applied relevant knowledge and understanding of performance reviews to the given context.</p> <p>AO1 – Knowledge and understanding of performance reviews is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and / or depth of understanding.</p>
2	4-6	<p>AO3 – Discussion of performance reviews, and their importance is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 – Applied mostly relevant knowledge and understanding of performance reviews to the given context.</p> <p>AO1 – Knowledge and understanding of performance reviews is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and / or depth of understanding, with occasional inaccuracies and / or omissions.</p>
1	1-3	<p>AO3 – Discussion of performance reviews, and their importance is in some parts effective and of some relevance, with some understanding and reasoning taking the form of generic statements with some development.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 – Applied limited knowledge and understanding of performance reviews to the given context.</p> <p>AO1 – Knowledge and understanding of performance reviews shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and / or depth of understanding with 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 and reasoned judgements and conclusions that the student provides.

AO1: Knowledge and understanding of performance reviews may include:

- evaluating work performance against standards and expectations
- facilitating feedback to improve
- providing opportunities to raise concerns or issues
- contributing to continued professional development (CPD).

AO2: Application of knowledge and understanding of performance reviews in relation to Siobhan may include:

- clarity on expectations for both Siobhan and her manager. Her manager will reiterate the expectations of all healthcare assistants and will share what Siobhan can expect from the manager and the hospital more generally in terms of support
- discussion of shared standards which healthcare assistants are required to meet, with indicators of unsatisfactory, satisfactory and good practice
- consideration of Siobhan's recent employment as a healthcare assistant, new from full time study with any gaps in knowledge / work experience discussed so that appropriate goals and objectives can be set
- progress towards / passing of a probation period with any required steps
- an opportunity for Siobhan to feedback to her manager on the induction process / new starter experience she has had
- Siobhan and / or her manager can discuss concerns or issues around training, staffing, working conditions
- opportunities for CPD can be discussed for example the Care Certificate
- performance review paperwork should be shared with Siobhan in advance so that she is able to plan appropriately.

AO3: Reasoned judgements and conclusions may include:

- performance reviews are designed to be of benefit to both the employer and employee and should cultivate a shared understanding of expectations
- as this is Siobhan's first employment since study, her performance review should take account of this, eg with objectives related to workplace behaviours and appropriate culture
- performance reviews should be specific to the individual and whilst common paperwork will be used, they should focus on the developmental needs and aspirations of the individual employee
- this should be a two-way process with information shared both ways
- a supportive performance review process will help Siobhan to develop in her role which in turn, adds value to the work of the hospital.

Accept any other suitable response.

Quality of written communication (QWC) = 3 marks

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

10	State the importance of knowing the intended audience when sharing data.	[1 mark]
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AO1 = 1 mark

Award **one** mark for any **one** of the following:

- so that you know when it is appropriate to use technical language / content and can be confident this is correctly understood by audiences
- so that you can make design decisions on how best to present the data, e.g., the type of graph to use.

Accept any other suitable response.

11	A community-based occupational therapy team works remotely at times and makes use of cloud-based systems to support individuals accessing their service. The manager of the service has provided updated training for staff on data security when working with patients. Providing this training is one example of a security measure in place to protect patient data. Identify two other security measures that could be used to protect patient data.	[2 marks]
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AO1 = 2 marks

Award **one** mark for each security measure identified, up to a maximum of **two** marks:

- controlling access to information using passwords and logins (1)
- allowing only authorised staff into specific work areas (1)
- automatic creation of back-up files (1)
- updating cyber security regularly (1)
- ensuring that back up data is stored externally. (1)

Accept any other suitable response.

12 A small GP surgery has yet to update their storage procedure for patient records to a digital based system.

Explain one disadvantage of a GP surgery using a paper-based system to store patient information.

[2 marks]

AO2 = 2 marks

Award **one** mark for each explanation point in relation to using paper-based systems to store patient information, up to a maximum of **two** marks:

- security and confidentiality can be easily compromised (1), such as leaving a note in a folder in a GP surgery on a desk prevents data protection of patients (1)
- paper based records require a large amount of physical storage (1) which can be costly to the GP surgery requiring large archive systems (1)
- records may not be filed properly (1) which can be dangerous for patient care and breaches patient confidentiality (1)
- in the event of a fire in the GP surgery all records would be lost, there is not secure back up in place (1). Requires someone to manually copy records which is time consuming and can be forgotten (1)
- relying on paper-based systems is costly for GP surgery (1) due to the need for photocopying for example. (1)

Accept any other suitable response.

13 Peter is undertaking an audit on patient waiting times in the emergency department.

Explain one of Peter's responsibilities when conducting his audit.

[2 marks]

AO2 = 2 marks

Award **two** marks for a reasoned explanation, up to a maximum of **two** marks:

- Peter must ensure that the information is clear and legible so that it can be understood by other healthcare professionals involved in the audit (1) Peter should use the standard procedure of any information being recorded in black ball pen as other colours may not accessible / readable to others (1)
- Peter must ensure he dates and signs any information he records as this provides a clear audit trail for others to follow (1) Peter must make sure he signs as this validates the audit and provides accountability (1)
- Peter must ensure that any information / data he records is done so accurately to avoid errors and misinterpretation of data, (1) as incorrect data can impact on outcomes for the emergency department. (1)

Accept any other suitable response.

14 Discuss how nurses in hospitals ensure they meet the requirements of the Data Protection Act 2018 when working with patients.

Your response should include reasoned judgements and conclusions.

[6 marks]

AO2 = 3 marks

AO3 = 3 marks

Award **one** AO2 mark for each point within the student's discussion that demonstrates their application of knowledge to context, up to a maximum of **three** marks:

How the Data Protection Act informs healthcare practitioner roles and responsibilities

- nurses must update patient records in a timely manner, capturing observations, measurements and medications accurately (1)
- nurses must only document and store patient data which is needed for their treatment and care (1)
- nurses must share patient data with other practitioners involved in the care of the individual patient, as needed, in order to provide effective interventions and care (1)
- nurses must use approved routes to share concerns about patients in their care, following the policies / procedures of the setting (1)
- nurses must ensure they keep up to date with the latest data legislation training, and they must know what to do when they recognise signs of data breaches within the hospital with any suspected breach reported immediately (1)
- nurses must not use their own personal devices to save or share information about patients and their care. (1)

Award **one** AO3 mark for each discussion point that considers impact and gives a valid and relevant argument or conclusion, up to a maximum of **three** marks:

- the Data Protection Act is not a barrier to sharing information but provides a framework for when it is appropriate to share information / how to share information (1)
- part of the nurse's role is to share information under the DPA with consent whenever possible but that they also have a responsibility to share information without consent if it's in the patient's best interest. Here the nurse would need to base their decision on the facts of the case (1)
- the Data Protection Act can hold hospitals liable if they are found to be in breach of the agreed rules. Hospitals can be held liable if nurses alter personal information or data without patient permission, share patient information with an unauthorised third party or do not secure devices resulting in patient information being lost or stolen (1)
- the Data Protection Act requires nurses / hospitals to undertake training and keep up-to-date with changes in legislation to ensure the provision of effective practice and patient care and to ensure they practice within their professional limits. (1)

Accept any other suitable response.

15 **Marco is a vulnerable adult with a moderate learning disability who has recently been diagnosed with a terminal illness.**

Evaluate when it is appropriate for practitioners involved in Marco's care to share information with each other.

Your response should include:

- **reasoned judgements**
- **conclusions about the impact of not sharing Marco's patient information.**

[9 marks, plus 3 marks for QWC]

AO1 = 3 marks

AO2 = 3 marks

AO3 = 3 marks

Band	Marks	Description
3	7–9	<p>AO3 – Evaluation of when there is a need to share Marco's information is comprehensive, effective, and relevant, showing detailed, logical, and coherent chains of reasoning throughout.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the impact not following practices are evident.</p> <p>AO2 – Applied relevant knowledge of when to share Marco's information in the given context.</p> <p>AO1 – Knowledge and understanding of when to share Marco's information is clear and fully accurate with sustained focus. The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
2	4–6	<p>AO3 – Evaluation of the need to share Marco's information is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 – Applied mostly relevant knowledge of when to share Marco's information in the given context.</p> <p>AO1 – Knowledge and understanding of when to share Marco's information is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>

1	1–3	<p>AO3 – Evaluation of when to share Marco’s information is in some parts effective and of some relevance, with some understanding and reasoning taking the form of generic statements with some development.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 – Applied limited knowledge of when to share Marco’s information in the given context.</p> <p>AO1 – Knowledge and understanding of when to share Marco’s information shows some but limited accuracy, focus and relevance. The answer is basic and shows limited breadth and/or depth of understanding, with 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 and reasoned judgements and conclusions that the student provides.

AO1: Knowledge and understanding of when practitioners should share information with each other

- it is appropriate to share when supporting a patient’s diagnosis, treatment and care
- it is appropriate to share when there are safeguarding issues such as risk of harm to a patient
- it is appropriate to share when there are legislative requirements e.g. the Care Act 2014
- it is appropriate to share when it is for the purposes of ensuring good practice.

AO2: Application of knowledge and understanding of when to share Marco’s information as a healthcare practitioner may include:

- **treatments** – practitioners can share Marco’s information for clinical purposes to help ensure that he receives treatments suitable for his condition. Marco may be referred to another practitioner and this information is required to be transferred to help with any care plan outcomes. Marco is likely to need the help of an advocate so the practitioners may seek his consent to share his information with this team
- **safeguarding** – as Marco is a vulnerable adult with moderate learning difficulties, to continue the care and safeguarding protocols that are in place for him, when relevant, this would need to be shared with other members of the multidisciplinary team, who are treating and supporting him through his terminal illness diagnosis
- **Legislative requirements** - practitioners can share Marco’s information to help ensure that he receives services that prevent his care needs from becoming more serious. Marco may be referred to additional practitioners in order to access these services. Marco is likely to need the help of an advocate so the practitioners may seek his consent to share his information with the required

services

- **sharing of good practice** – as Marco has a moderate learning disability, those treating and supporting him for his terminal illness may need to obtain other information relating to Marco's learning disabilities from members of the multidisciplinary team, so as to understand his disabilities and ensure effective methods of communication.

AO3: Discussion of the importance of the need to share Marco's information for healthcare practitioners may include:

- **treatments** – any sharing of Marco's information should have careful consideration and only be shared on a need-to-know basis and shared with an aim for providing optimal patient care. Marco is a vulnerable adult due to his moderate learning disability and so sharing this information with his carers will help to ensure that his specific needs are met. When Marco is referred, for example, the appropriate sharing of his information between professionals can reduce the need for Marco and his advocate to repeat medical history information, social care status or specific needs information each time they meet with a new healthcare practitioner which can increase Marco's anxiety
- **safeguarding** – based on Marco's medical history of moderate learning disabilities, it is most likely he will have safeguarding protocols in place to support and protect him, therefore it is important that sharing of this information is carried forward to the relevant medical professionals supporting Marco through his terminal illness, to ensure the safeguarding protocols are reviewed, updated and continue as required; this is to ensure that Marco remains protected, as per his vulnerable status, from any potential risk of harm
- **Legislative requirements** – to ensure Marco continues to receive the relevant support and treatment in relation to his health, it is important that Marco's information is shared so he receives the required services to prevent his care needs from becoming more serious, or to delay the impact of his needs
- **sharing of good practice** – to ensure Marco continues to receive the relevant support in relation to his moderate learning disabilities, it's important that a person-centred approach is adopted by all members of the multi-disciplinary team involved in Marco's care; this will mean that his learning disabilities will not be a barrier to quality of the care he requires in relation to his terminal illness; effective communication will allow Marco to understand and be involved in decisions relating to his care and treatment.

Reasoned judgements and conclusions

Healthcare practitioners work within an ethical framework to ensure best practice in patient care. Careful consideration is always needed when sharing patient information. Health care practitioners should work within the Caldicott principles as a guide when sharing Marco's information. Any information shared, should be within the best interests of Marco and his overall well-being.

The impact of not sharing Marco's information appropriately can result in him not receiving the care and interventions required to manage his declining health, or he may be misdiagnosed, leading to inappropriate medications or treatments being given which could have negative outcomes for Marco and wastes time and funding of services. Vulnerable patients like Marco may be at an even higher risk of harm if information is not shared under safeguarding legislation which can lead to serious consequences for patients and healthcare practitioners.

Accept any other suitable response.

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

16(a) Outline the purpose of the Environmental Protection Act 1990.

[1 mark]

AO1 = 1 mark

Award **one** mark for outline:

- make provision for the improved control of pollution to air, water and land by regulating the management of waste and the control of emissions.

Accept any other suitable response.

16(b) When assessing and minimising potential hazards and risks, the Health and Safety Executive outlines five steps to risk assessment.

Identify step four in the risk assessment process.

[1 mark]

AO1 = 1 mark

Award **one** mark for identification:

- step four = recording findings and implementing them, including completing risk assessment documentation.

Accept any other suitable response.

17 Identify the purpose of the Manual Handling Operations Regulations 1992 (as amended).

[1 mark]

AO1 = 1 mark

Award **one** mark for the following response:

- to assess and minimise the risk to employee's health involved in the manual handling, moving and positioning of an object, person or animal and workplace ergonomics.

Accept any other suitable response.

18 A trained first aider works in a care home for young adults with learning disabilities. Danny, one of the service users, has cut his finger whilst helping to prepare vegetables for dinner.

When the first aider arrives, Danny is sitting down at the kitchen table with his finger wrapped in some paper towel. Danny is upset and crying, saying his finger really hurts and it will not stop bleeding. When the first aider looks at his finger, they notice the cut is quite deep.

Assess the responsibilities of the trained first aider when dealing with this situation while following good practice.

[6 marks]

AO2 = 3 marks

AO3 = 3 marks

Band	Marks	Descriptor
3	5-6	<p>AO3 – The learner's assessment of the role of the trained first aider and the following of good practice is comprehensive, effective, and relevant.</p> <p>AO2 – Applied all relevant knowledge of trained first aider role and its importance to the given context.</p>
2	3-4	<p>AO3 – The learner's assessment of the role of the trained first aider and the following of good practice is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>AO2 – Applied mostly relevant knowledge of trained first aider role and its importance to the given context.</p>
1	1-2	<p>AO3 – The learner's assessment of the role of the trained first aider and the following of good practice is in some parts effective and of some relevance.</p> <p>AO2 – Applied limited knowledge of the trained first aider role and its importance to the given context.</p>
	0	No creditworthy material

Indicative Content

AO2: Application of knowledge and understanding of the role and its importance for healthcare practitioners may include

- assess the situation** and provide first aid treatment to Danny within the limitation of the role. Using the first aid box, clean Danny's wound, ensuring any paper towel is removed from the wound site and dress the wound. Cover the cut with an adhesive dressing or other sterile, compressive dressing to help stem the flow of blood
- provide person centred care** – provide reassurance to Danny as he is crying and upset. Explain to him what you are doing so he is fully aware of the treatment you are providing. Check he is okay as you proceed with your first aid treatment. Explain to him that it is necessary to check the wound at the hospital to make sure it is okay
- refer for further treatment** – take Danny to A&E for further checks and appropriate treatment of the wound as he may require stitches

- **recording** – complete the accident record book at the centre, ensuring you have provided clear and accurate information of actions and outcome in relation to the first aid treatment to have provided to Danny. Date and sign. Notify the team lead for any information that needs to be handed over to the next shift so Danny can be monitored
- **first aid box** – ensure that information is recorded of equipment used and is replaced – sign and date the information book or card with the first aid box.

AO3: Assessment of the importance of following good practice as a trained first aider may include:

- trained first aiders need to respond to a variety of situations and therefore must remain up to date with information and work within the limitations of their first aid role. When treating Danny, the first aider must ensure they provide the necessary basic care, following the first aid procedures until they can access medical help
- trained first aiders need to ensure they follow guidelines for dealing with first aid situations. It gives you tools to prevent the situation from becoming worse. In some situations, if a patient doesn't receive basic first aid care immediately their situation will deteriorate. By being able to provide basic care you can stabilize a patient until further treatment is administered
- completing records is an important part of a first aider's role as it provides an audit trail of actions taken that can be shared with other professionals to inform care. It is important to ensure that healthcare professionals provide clear and accurate records of actions taken
- trained first aiders have a responsibility in ensuring that first aid supplies are regularly checked and replenished to ensure effective first aid
- trained first aiders need to follow organisational policies for the ordering of supplies and equipment for the first aid box.

Accept any other suitable response.

19 Freda works in a hospital ward.

As part of Freda's induction, they learn about the Control of Substances Hazardous to Health (COSHH) 2002 which outlines how to deal with the spillage of hazardous materials.

Explain two actions Freda should follow for dealing with a blood spillage on the ward.

[4 marks]

AO2 = 4 marks

Award **one** mark for each action within the student's discussion that demonstrates their application of knowledge to context, up to a maximum of **four** marks:

- **follow organisational health and safety** procedures - this means following an agreed protocol for dealing with blood spillages and informing line manager / supervisor (1) to ensure information on procedure and any actions taken are documented to meet with legislative requirements (1)
- **evacuate the area** - until the blood spill is cleaned and the area is decontaminated (1) to ensure anyone working in the immediate area is kept safe from any injury or contamination (1)
- **secure the area** - contain the blood spillage to prevent further contamination (1), using

- appropriate PPE such as overalls, mask, gloves and appropriate use of a blood spillage kit (1)
- **report or escalate** - the incident to the appropriate designated person providing a detailed report (verbal / written) (1) to ensure all information is available for any review / further training requirements. (1)

Accept any other suitable response.

20	<p>Analyse the importance of good hand washing techniques and personal hygiene as a healthcare professional when providing patient care.</p> <p>Your response should demonstrate:</p> <ul style="list-style-type: none"> • reasoned judgements and conclusions • understanding of personal hygiene measures and good practice. <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	Marks	Descriptor
3	7–9	<p>AO3 – Understanding of personal hygiene measures for healthcare professionals and its importance is comprehensive, effective, and relevant.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the importance of personal hygiene when providing person-centred care.</p> <p>AO2 - Applied all relevant knowledge of personal hygiene and its importance to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of personal hygiene is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
2	4–6	<p>AO3 – Understanding of personal hygiene measures for healthcare professionals and its importance is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of personal hygiene in person centred care to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of personal hygiene for healthcare professionals is mostly clear and generally accurate, although on occasion may lose focus.</p>

		The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.
1	1–3	<p>AO3 – Understanding of personal hygiene for healthcare professionals and its importance is in some parts effective and of some relevance.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of importance of personal hygiene measures in person centred care to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of personal hygiene shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
	0	No credit worthy 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 good handwashing techniques and personal hygiene may include:

- good hygiene instils confidence in your ability from patients you are supporting
- good personal hygiene such as regular hand washing, and appropriate use of PPE helps to protect against the spread of infection, bacteria and viruses
- hand washing for health professionals comes under workplace guidance such as 5 moments, (WHO) or Ayliffe handwashing protocol to help stop the spread of infection when working with patients.

AO2: Application of knowledge and understanding of good handwashing techniques and personal hygiene and its importance for healthcare practitioners may include:

- **infection control** – disease prevention. Good hygiene lowers your risk for diseases and illnesses commonly spread through viruses and bacteria. Bacteria and germs can be spread between patient and healthcare professionals through unclean clothing, hands or nails for example. Health professionals must ensure they follow good hygiene practices such as regular handwashing and keeping nails short and wearing gloves and other PPE to reduce the risk of cross contamination
- **hand washing** – health professionals are required to practise good handwashing techniques by following the Ayliffe 6 steps which ensures that hands are thoroughly washed such as palm to palm friction; palm to palm fingers interlaced; back of fingers to opposing palms with fingers interlocked; rotational rubbing of right thumb clasped in left palm and vice versa; rotational rubbing backwards and forwards with clasped fingers. Thorough handwashing techniques prevents the spread of cross contamination that can be passed from person to person, causing the spread of bacteria, viruses

and illness

- **personal hygiene** – working in proximity with patients means that you often are leaning over them, helping to lift, providing intimate care such as washing and toileting, and aiding with eating and drinking. It is important to be aware of strong body odours and ensure that you wash regularly to help eliminate these
- **PPE** – health professionals need to know when and how to use PPE correctly such as aprons and face masks when caring for patients. They also need to know how to access PPE and dispose of PPE after use safely.

AO3: Analysis of the importance of good handwashing techniques and personal hygiene in reducing the risk of infection control:

- **infection control** – ensuring you are clean helps to prevent the spread of microbes, bacteria and germs that can easily spread infections to patients that are already vulnerable. It also helps to reduce the risk of infections for the health care professional that can be transmitted to hands and clothing from interaction with patients. Covering your mouth when coughing or sneezing is important to stop the spread of infections. Long hair that is dirty or not tied back, beards that are unkempt and nails that are long and dirty can all increase the risk of spreading infections
- **handwashing** – if healthcare professionals do not wash their hands between attending to patients, then there is a risk of spreading infection to patients and other healthcare professionals through cross contamination. Not only is this detrimental to patient care and recovery, but it can also impact on staff absence due to staff becoming unwell creating increased pressure on service provision
- **personal hygiene** – hair and beards that are dirty and unkempt, nails that are untidy or stained can be off putting for others and create an unprofessional image. Body odours including sweat and unwashed hair can be overpowering and repugnant for patients. Bad breath through smoking, strong foods or not cleaning teeth regularly can be off putting for patients when communication in close contact or assisting with intimate personal care. Ensuring that you clean and floss teeth, wash hands and hair regularly provides a clean and fresh environment to enhance the comfort and wellbeing of patients
- **PPE** - The use of gloves, masks and aprons helps to protect both patients and healthcare professionals through being able to minimise the spread of infection from person to person. PPE has the potential to hinder effective care for example masks can be a barrier to communication. Some patients may find PPE intimidating or stressful as it can appear very clinical and therefore, they may view themselves as having a serious condition.

Reasoned judgements and conclusions may include:

- personal hygiene for health care professionals is more than just infection control. Although it is important to reduce the risk of infection through standard cleaning measures, healthcare workers need to demonstrate a high standard of professionalism, a clean and tidy appearance provides confidence for patients
- the comfort and well-being of patients during care procedures is important. Healthcare professionals that ensure they practice good personal hygiene aids the overall patient experienced when being care for
- patients would lack confidence in the professional caring for them and this may lead to the patient not following advice or wanting to be treated by them.

Accept any other suitable response.

Quality of written communication (QWC) = 3 marks

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

21	The Health and Safety Executive (HSE) is a national independent regulator for health and safety in the workplace, including public and private healthcare services. Identify one of HSE's roles.	[1 mark]
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AO1 = 1 mark

Award **one** mark for any of the following:

- improve health and safety in the workplace
- inspect health and care workplaces after a non-clinical incident
- ensures health and safety regulations are adhered to and followed.

Accept any other suitable response.

22	Identify two risks to physical health from the long-term consumption of alcohol.	[2 marks]
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AO1 = 2 marks

Award **one** mark for each correct identification of a **risk** to physical health, up to a maximum of **two** marks:

- organ damage to heart, liver and pancreas (1)
- increased risk of hypertension and heart disease (1)
- weakened immune system (1)
- increased risk of infections (1)
- weakened bones (1)
- increased susceptibility to fractures (1)
- damage to brain tissue (1)
- reduce neurotransmitters (1)

Accept any other suitable response.

23 You are a community occupational therapist delivering person-centred care to Ranjit in his own home. Ranjit is a frail, older gentleman who has difficulty with mobility that affects his ability to prepare food and drink.

To support his independence, Ranjit has been provided with some adapted equipment. These are:

- 2 handled cup with a lid
- non-slip mats
- high sided dish with grips

Evaluate how one of these pieces of adapted equipment could support Ranjit to remain independent when eating and drinking.

[3 marks]

AO3 = 3 marks

Award **one** mark for each part of an evaluation up to a maximum of **three** marks:

- a 2 handled cup with a lid would ensure that Ranjit doesn't burn himself (1) If he is unsteady, he could transport his tea safely to his room. (1) Ranjit may feel having a handled, lidded cup is undignified which may impact on his willingness to use it (1)
- nonslip mats for plates and bowls to allow a better grip and manageability (1) Ranjit will need to remember to move the mats depending on where he wishes to eat, and he may not always remember (1) It will help to ensure Ranjit has access to multiple mats in different rooms of the house (1)
- high sided dish with grips to ensure Ranjit doesn't spill food and burn himself (1) Only having one of these will mean that it needs to be washed after every meal which can cause an inconvenience (1) It will help to ensure Ranjit has access to multiples of this item for convenience. (1)

Accept any other suitable response.

24 All healthcare professionals need to understand safeguarding and how to protect the individuals they support from harm. Although everybody is protected, there are key groups that are considered more vulnerable and in need of protection.

Explain three contributing factors that lead to Children and Young People being considered more vulnerable and in need of protection from harm.

[6 marks]

AO2 = 6 marks

Award **one** mark for each explanation point, up to a maximum of **two** marks, across a maximum of three explanations from any of the below categories. Up to a maximum total of **six** marks.

Individual

- child maltreatment including emotional, physical and sexual abuse leads to CYP having low self-esteem, difficulties in forming relationships and behavioural difficulties, (1) can lead to being separated from families or placed in care which can further impact their emotional, social and intellectual development (1)
- emotional and physical neglect can lead to poor physical and mental health (1) It can lead to an inability to form trusting relationships, behavioural difficulties and more risk of unhelpful coping mechanisms such as drug and alcohol misuse (1)
- poor physical health can lead to time away from education due to treatments or their condition (1) which can cause isolation and lead to lower educational attainment (1)
- impaired cognitive /language development can impact on communication and educational opportunities available (1) and ability to be part of a social environment (1)
- young carers may experience a lack of opportunity to mix with peers due to caring responsibilities, may not be able to attend school, (1) impact on own mental health, too much responsibility for a child or young person can lead to anxiety and depression (1)
- witnessing drug and alcohol use could mean children and young people may experiment with drugs or alcohol or use them to try and cope with problems, (1) this can lead to increase physical and mental health problems, accidents through increased risk behaviours and unwanted pregnancies. (1)

Family

- domestic violence – children and young people that live in households where they witness or experience domestic violence are impacted in many ways. It can impact on their cognitive development, their social and behavioural development (1) The effects of domestic violence can result in trauma, and it can be hard for children and young people to trust others and build relationships (1)
- parental separation or divorce – coping with the loss and change, dealing with conflict between parents, (1) effect on mental and emotional well-being, may not be able to see a parent (1)
- mental illness of a parent / sibling – having to provide care and deal with the condition can be challenging and isolating (1) due to the mental health illness, care may not be fully provided, and life can seem inconsistent (1)
- poverty (including unemployment and low income) increases the risk to health through poorer quality / lack of food. (1) Lack of social opportunities such as attending sports groups or hobbies, lack of educational opportunities can lead to a cycle of low income and poverty. (1)

Community and environment

- lack of social support and / or social isolation (1) violence, including susceptibility to recruitment from gangs (1)
- discrimination and social exclusion (1) including but not limited to factors such as gender, race, sexual orientation and disability (1)

- unhealthy neighbourhood characteristics such as being unsafe and unwalkable, having high vehicle traffic and levels of air pollution and a general lack of green spaces (1) can impact on the opportunity for children and young people to engage in outdoor activities and impact on their physical and mental health (1)
- housing conditions – such as damp housing (1) can affect physical health of children and young people for example asthma related conditions and more vulnerability to coughs, colds and infections. (1)

Accept any other suitable response.

25 Sonia is having difficulty sleeping and feels stressed a lot of the time. She is not motivated to cook for herself and relies on ready meals and fast food. She consumes a lot of tea, coffee and cola. Sonia often goes to bed late and feels tired the next morning.

- (i) Identify one way an individual could improve their health and wellbeing through lifestyle choices**
- (ii) Explain how your answer to (i) could contribute to Sonia's health and wellbeing.**

[3 marks]

AO1 = 1 mark

AO2 = 2 marks

Award **one** AO1 mark for the identification of a way an individual could support themselves up to a maximum of **one** mark:

- eat a healthy diet, with fresh fruit and vegetables (1)
- eat regular meals and avoid snacking (1)
- cutting down on the amount of sugar consumed (1)
- limiting the amount of caffeine during the day (1)
- undertaking some relaxation / meditation (1)
- developing a sleep routine. (1)

Award **one** AO2 mark for each explanation up to a maximum of **two** marks:

- eating a healthy diet that contains good nutrition helps the body and brain to function properly (1) enabling Sonia to cope more effectively (1)
- eating regular meals ensures that Sonia has sufficient energy throughout the day, helping to keep energy levels up (1) which in turn should help her sleep at night (1)
- avoiding lots of sugar as sugar contributes to weight gain (1), or could decrease risk of health related conditions such as diabetes (1)
- reduce amount of caffeine as it can mask or heighten symptoms of stress (1), and can improve likelihood of a better night's sleep, as caffeine is a stimulant (1)
- relaxation and meditation can help with sleep (1) as it has a calming physical effect on the nervous system (1)
- sleep routines are important for overall wellbeing (1) as it acts as a signal to the brain to slow down and begin to relax. (1)

Accept any other suitable response.

26	<p>Lowri is 45 years old and has a learning disability that impacts her ability to effectively communicate with others.</p> <p>Her speech can be difficult for others to understand as she finds it hard to pronounce certain sounds. She also wears a hearing aid. She experiences anxiety, especially when going to unfamiliar places, or feeling pressured. This can make her tense and, in some cases, lead to challenging behaviour, making her upset and uncooperative.</p> <p>Lowri has a hospital appointment with a chiropodist for a painful ingrown toenail.</p> <p>(i) Explain the potential communication barriers that Lowri may face.</p> <p style="text-align: right;">[3 marks]</p> <p>(ii) Discuss how the health professional can overcome them to support Lowri in this situation.</p> <p style="text-align: right;">[3 marks]</p>
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AO2 = 3 marks
AO3 = 3 marks

Band	Marks	Descriptor
3	5-6	<p>AO3 – Explanation and discussion of potential barriers to communication is comprehensive, effective and relevant. Conclusions that are fully supported with rational and balanced judgements that consider interventions that can help overcome barriers to communication are evident.</p> <p>AO2 - Applied all relevant knowledge of overcoming barriers in communication to the given context.</p>
2	3-4	<p>AO3 - Explanation and discussion of potential barriers to communication is in most parts effective and mostly relevant. Conclusions supported by judgements interventions that can help overcome barriers to communication are evident.</p> <p>AO2 - Applied mostly relevant knowledge of overcoming barriers in communication to the given context.</p>
1	1-2	<p>AO3 - Explanation and discussion of potential barriers to communication is in some parts effective and in some parts relevant. Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of overcoming barriers in 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: Explanation of barriers of the given context may include:

- Lowri has a sensory disorder that impacts on her speech and / or hearing which can lead to her being misunderstood, especially by health practitioners who are new to working with her
- Lowri experiences anxiety in unfamiliar / new environments and here Lowri has a new environment, care need and practitioner to work with which could compound the issue
- a hospital is a busy environment which could make her feel overwhelmed and experience a period of challenging behaviour. During an outburst Lowri is unable to focus on her communication with others which could impact on the ability of chiropodist to engage with Lowri in joint decisions about her care
- Lowri could feel pressured, and this can increase her anxiety which can make her upset and uncooperative.

AO3: Discussion of the actions the health professional can take to overcome the barriers to communication may include:

- due to Lowri's hearing problem and sensory disorder it is important that the health professional actively involves Lowri throughout the appointment and any treatment, making sure that they check her understanding and explaining clearly what they are going to do so that she is prepared. This can help with reducing her anxiety and helping Lowri to understand what is happening it is important for the health professional to use active listening skills, including listening to any questions that Lowri's has and using good eye contact, a clear pace and tone and open body language, it is also important to use summarising skills to clarify what has been explained and Lowri's understanding. Health professionals may consider the importance of positioning themselves appropriately to aid communication e.g., facing Lowri when explaining the procedure etc. This can help to ensure Lowri understands what is happening and reduce the pressure for her
- due to Lowri's anxiety around being in unfamiliar environments it is important that the health professional gives enough time for her to settle and feel comfortable before undertaking any treatment. This will help her to relax as she will feel less pressured and not feel rushed and therefore find it easier to cooperate throughout the required procedure. The health professional could utilize communication tools that help match her communication needs such as using symbols, diagrams or anatomical models in helping to explain treatments and steps in the procedures. This could allow Lowri to become more co-operative as she can be un-cooperative when she is tense or pressured.

Accept any other suitable response.

27	<p>Emily is a healthcare support worker working in the community visiting patients to assist with person-centred care.</p> <p>Emily needs to promote safe and effective relationships with the patients she cares for.</p> <p>Discuss the importance of boundary setting that Emily needs to consider when managing relationships as she provides person-centred care.</p> <p>Your response should include reasoned judgements and conclusions.</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>AO3 – Discussion of managing boundaries and relationships when providing person centred care is comprehensive, effective, and relevant.</p> <p>AO2 - Applied relevant knowledge of boundaries and managing relationships to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of boundary setting is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
2	4–6	<p>AO3 – Discussion of managing boundaries and relationships when providing person centred care is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>AO2 - Applied mostly relevant knowledge of boundaries and managing relationships to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of boundaries is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>
1	1–3	<p>AO3 – Discussion of managing boundaries and relationships when providing person centred care is in some parts effective and of some relevance.</p> <p>AO2 - Applied limited knowledge of boundaries in managing relationships to the given context.</p> <p>AO1 - Knowledge and understanding of the importance of boundaries shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with 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 can be implicit through the level of analysis and reasoned judgements / and or conclusions that the student provides.

AO1: Knowledge and understanding of boundary setting and managing relationships may include:

- the importance of managing relationships and boundaries:
 - protects those providing and receiving care
 - avoids misinterpretation of roles
 - helps prevent potential abuse.
- how to work within those parameters:
 - adhering to regulatory bodies standards of professionalism
 - professional conversation.

AO2: Application of knowledge and understanding of boundary setting when providing person centred care may include:

- helps in managing communication between patients and Emily particularly when carrying out delegated tasks and interventions
- helps to protect both the patient and Emily in the treatment and support carried out and received and helps to provide a structure
- helps to avoid the misinterpretation of roles such as knowing where the professional caring relationship starts and ends e.g., Emily must not have social contact outside the caring role, exchanging telephone numbers with her patients, or be over familiar in her communication
- helps to prevent potential abuse from happening within the relationship, such as sexualised or over familiar conversations whilst caring, flirting, and repeated and inappropriate touching.

AO3: Evaluation of boundary setting and its impact in managing relationships in person centred care may include:

- managing relationships - boundaries are important to establish from the start of any relationship with a patient as it allows for a clear workable structure. For Emily as a health professional, it is important to outline her role and the limits to this role so that patients have clear expectations, this ensure that either Emily or her patients do not step over the agreed roles or boundaries. As health professionals it is important to build trusting relationships and often work closely with patients and get to know them on a deeper level. However, patients are not friends or family, and Emily needs to be aware of potential difficulties of becoming over involved as this influences the crossing of boundaries. A patient being cared for is vulnerable, however, some patients may not be aware of 'safeguarding' or view themselves as being vulnerable, therefore it is Emily's duty of care to maintain safe and professional boundaries
- Emily needs to be aware and be able to manage her own emotions and emotional responses when working with patients to ensure she does not put these ahead of the patients she is supporting. She needs to carefully manage patient needs as well as her own, so they do not become over or under involved in the care they provide. All be it unwittingly, personal disclosures, over or under attending to patients needs are a misuse of the professional power healthcare workers hold. Respect and dignity must be given and working within boundaries helps to establish this
- professional boundaries help ensure the safety of both Emily and patient, and this reduces anxiety as the roles and boundaries of the relationship are clear, allowing for a therapeutic and caring environment rooted in mutual respect
- if Emily allows the working relationship to stray into some personal areas, it is much harder to

maintain other professional boundaries. If Emily was to do this and then behave in a professional manner, clients may be surprised, unhappy or resentful as they may have been expecting a more personal response. It may be much harder for Emily to make the decisions that her role requires her to make if they are detrimental to the patient

- professional relationships are time bound, have a distinct role and purpose and where one participant holds the power and is specifically trained and supported for the role. Emily as a professional has a responsibility for the welfare of the individual they are supporting and there are rules and boundaries that guide the relationship.

Reasoned judgements and conclusions may include:

- boundary setting is key in providing safe and effective person-centred care as it provides both parties with clear guidelines for the caring relationship
- professional boundaries can be easily crossed because of the amount of interaction between health professionals and patient, therefore, clear communication and boundary setting with patients is crucial in providing individuals with patient centred care, without, both patient and healthcare professional can be impacted in a negative way
- healthcare professionals must ensure that they are following guidelines as health professionals to provide quality care for patients. A breach in any of these ethics can cause harm to the patient
- professional boundaries are a set of rules which protect patients and staff from harm. Staff must understand they are in a position of power within this relationship, and this must not be abused
- to be safe and effective the relationships between staff, patients and carers must be professional, therapeutic and have a clear aim.

Accept any other suitable response.

Note: Reasoned judgements may be awarded as part of the analysis or within the conclusions.

Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is clearly expressed and well-structured . The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured . The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured. The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured , with inappropriate use of technical terms . 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	1					1
2		2				2
3	2					2
4			3			3
5	2					2
6	1	2				3
7		3	3			6
8		2				2
9	3	3	3	3		12
Total	9	12	9	3	0	33
Totals required	7–9 marks	12–14 marks	9–11 marks	3	0	33
Kil	2					

Section B

Managing personal information and data in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
10	1					1
11	2					2
12		2				2
13		2				2
14		3	3			6
15	3	3	3	3		12
Total	6	10	6	3	0	25
Totals required	5–7 marks	8–10 marks	6–8 marks	3	0	25
Kil	3					

Section C

Health and safety in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
16(a)	1					1
16(b)	1					1
17	1					1
18		3	3			6
19		4				4
20	3	3	3	3		12
Total	6	10	6	3	0	25
Totals required	5-7 marks	8-10 marks	6-8 marks	3	0	25
Kil	3					

Section D

Person-centred care in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
21	1					1
22	2					2
23			3			3
24		6				6
25	1	2				3
26		3	3			6
27	3	3	3	3		12
Total	7	14	9	3	0	33
Totals required	7-9 marks	12-15 marks	9-11 marks	3	0	33
Kil	2					

Knowledge in Isolation (Kil*) = 10 marks total

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