



OTHM LEVEL 4 DIPLOMA IN HEALTH AND SOCIAL CARE MANAGEMENT

Qualification Number: 603/3684/5

Specification | March 2020 |

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QUALIFICATION OBJECTIVES

The objective of the OTHM Level 4 Diploma in Health and Social Care Management qualification is to equip learners with the underpinning knowledge, understanding and skills required for a career in the health and social care sector at a managerial level.

The programme enables learners to demonstrate their skills by producing evidence from their work or training activities. Learners will acquire care management skills in the Health and Social Care sector.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit register of [Regulated Qualifications](#).

OTHM has progression arrangement with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and Master's/top-up programmes.

REGULATORY INFORMATION

Qualification Title	OTHM Level 4 Diploma in Health and Social Care Management
Ofqual Ref. No.	603/3684/5
Regulation Start Date	03/10/2018
Operational Start Date	05/10/2018
Duration	1 Year
Total Credit Value	120 Credits
Total Qualification Time (TQT)	1200 Hours
Guided Learning Hours (GLH)	480 Hours
Sector Subject Area (SSA)	01.3 Health and social care
Overall Grading Type	Pass / Fail
Assessment Methods	Coursework
Language of Assessment	English

EQUIVALENCES

OTHM qualifications at Level 4 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to Higher National Certificates (HNC) and Year 1 of a three-year UK Bachelor's degree programme.

QUALIFICATION STRUCTURE

The OTHM Level 4 Diploma in Health and Social Care Management consists of 6 mandatory units for a combined total of 120 credits, 1200 hours Total Qualification Time (TQT) and 480 Guided Learning Hours (GLH) for the completed qualification.

Unit Ref. No.	Mandatory unit title	Credit	GLH	TQT
A/617/2654	Equality, Diversity and Inclusion in Health and Social Care	20	80	200
T/617/2653	Professional Development in Health and Social Care	20	80	200
M/617/2652	Effective Communication in Health and Social Care	20	80	200
K/617/2651	Health and Safety in Health and Social Care	20	80	200
H/617/2650	Assessment Processes for Effective Health and Social Care Delivery	20	80	200
M/617/2649	Managing Resources in Health and Social Care	20	80	200

DEFINITIONS

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time is comprised of the following two elements –

- a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
- b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

(Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) is defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a student working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to a Learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

For entry onto the OTHM Level 4 Diploma in Health and Social Care Management qualification, learners must possess:

- Relevant NQF/QCF/RQF Level 3 diploma or equivalent recognised qualification
- Mature learners (over 21) with management experience (learners must check with the delivery centre regarding this experience prior to registering for the programme)
- Learner must be 18 years or older at the beginning of the course
- **English requirements:** If a learner is not from a majority English-speaking country must provide evidence of English language competency. For more information visit [English Language Expectations](#) page.

PROGRESSION

Successful completion of Level 4 Diploma in Health and Social Care Management qualification provides learners the opportunity for a wide range of academic progressions including progression to relevant OTHM Level 5 Diplomas. The Level 4 Diploma in Health and Social Care Management has been developed with career progression and professional recognition in mind. As this qualification is approved and regulated by Ofqual (Office of the Qualifications and Examinations Regulation), learners are eligible to gain direct entry into Year 2 of a three-year UK Bachelor's degree programme. For more information visit [University Progressions](#) page.

DELIVERY OF OTHM QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM Centres are free to deliver this qualification using any mode of delivery that meets the needs of their Learners. However, OTHM Centres should consider the Learners' complete learning experience when designing the delivery of programmes.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives the Centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

ASSESSMENT AND VERIFICATION

All units within this qualification are internally assessed by the centre and externally verified by OTHM. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' for a unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria. Judgement that the learners have successfully fulfilled the assessment criteria is made by the Assessor.

The Assessor should provide an audit trail showing how the judgement of the learners' overall achievement has been arrived at.

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

OPPORTUNITIES FOR LEARNERS TO PASS

Centres are responsible for managing learners who have not achieved a Pass for the qualification having completed the assessment. However, OTHM expects at a minimum, that centres must have in place a clear feedback mechanism to learners by which they can effectively retrain the learner in all the areas required before re-assessing the learner.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional

assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

CONTACT DETAILS

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UNIT SPECIFICATIONS

EQUALITY, DIVERSITY AND INCLUSION IN HEALTH AND SOCIAL CARE

Unit Reference Number	A/617/2654
Unit Title	Equality, Diversity and Inclusion in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Guided Learning Hours (GLH)	80
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is to enable learners to develop strategies for implementing and leading excellence in practice in respect of equality, diversity and rights in a health and social care setting.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand diversity, equality and inclusion within the workplace.	1.1 Define the terms equality, diversity and inclusion. 1.2 Explain the legislation underpinning diversity, equality and inclusion in the health and social care sector. 1.3 Explain the models of practice that underpin equality, diversity and inclusion. 1.4 Explain the impact of barriers to equality, diversity and inclusion.
2. Understand the development of systems that promote diversity, equality and inclusion.	2.1 Evaluate the effectiveness of policies in ensuring legislative requirements are met. 2.2 Evaluate the effectiveness of procedures in promoting equality, diversity and inclusion in the workplace.
3. Be able to promote diversity, equality and inclusion.	3.1 Explain how person-centred ways of working support equality and inclusion within the workplace. 3.2 Communicate to others methods of promoting equality and inclusion within the workplace. 3.3 Support others to actively promote equality, diversity and inclusion within the workplace.
4. Understand how to manage	4.1 Describe ethical dilemmas in the workplace

<p>risk and balance rights with duty of care.</p>	<p>when balancing individual rights with the duty of care. 4.2 Explain the principles of informed choice and capacity.</p>
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Indicative content

Learning Outcome 1

Definition of key terms: equality, diversity and inclusion Legislation: The Equality Act (2010); Mental Capacity Act (2005); Human Rights Act 1(998)

Models: valuing differences treating people fairly; ensuring a positive working/environmental culture; equal opportunities approach; diversity and inclusion.

Impact of barriers: Structural, institutional and physical barriers. Prejudice; values beliefs and attitudes

Learning Outcome 2

Policies and procedures: anti-discriminatory and non-judgemental attitudes; good role modelling; training and supervision practices; challenging discrimination; effects of discrimination; impact of inclusion; the value of diversity and celebrating it; person centred ways of working.

Learning Outcome 3

Person centred ways of working: inclusion, choice, wishes and preferences being identified and met.

Content of a well-designed policy that addresses discrimination and promotes a positive culture. Monitoring and reviewing a policy; communicating the policy. Whistle blowing, protected disclosures.

Monitor for out of date practice, changes in legislation, and annual audits of policies. Findings from audits can identify gaps. Improvements can be proposed.

Communicate to others: preparation of training resource; observation, reflective account, case study which was carried out or could be delivered in the work setting.

Learning Outcome 4

Ethical dilemmas: respect for dignity; justice; risk management; protect from harm; sound judgment and compassion.

Duty of care, rights of individuals, NHS Constitution (2011) care standards documents, charters and professional codes of conduct, support individual decision making as far as possible, as long as this does not infringe on the rights of others.

The Mental Capacity Act (2005) statutory principles on identifying abilities and inabilities. Best interests. Lasting Power of Attorney. Advance decisions. Deputies and the Court of Protection.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
LO1, LO2, LO3, LO4	All ACs under LO1, LO2, LO3 and LO4	Coursework	3000 words

Indicative Reading list

Beauchamp, T and Childress, J. (2013) *Principles of Biomedical Ethics* (7th Ed) Oxford University Press

Care Quality Commission Report (2011) *National Report on Dignity and Nutrition Review*, 13 October. London. CQC

Department of Health (2000) *No Secrets: Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse*. London. The Stationary Office

Dignity in care - Guide home. 2018. Dignity in care - Guide home. [ONLINE] Available at: <https://www.scie.org.uk/publications/guides/guide15/>. [Accessed 13 May 2018].

Mental Capacity Act (MCA) and DoLS | SCIE. 2018. Mental Capacity Act (MCA) and DoLS | SCIE. [ONLINE] Available at: <https://www.scie.org.uk/mca/>. [Accessed 13 May 2018].

Thompson, N, (2011) *Promoting Equality; Working with Diversity and difference* (3rd Ed). Basingstoke. Palgrave Macmillan.

Titterton, M. (2005) *Risk and Risk Taking IN Health and Social Care*. London: Jessica Kingsley Publications.

Walker, B. (1994) *Valuing differences: the concept and a model' in Mabey, C and Iles, R. Managing Learning*. Buckingham: Open University Press

PROFESSIONAL DEVELOPMENT IN HEALTH AND SOCIAL CARE

Unit Reference Number	T/617/2653
Unit Title	Professional Development in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
Guided Learning Hours (GLH)	80
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of the unit is to deepen learners understanding of professional development and to help them explore their own development as a manager in health and social care.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the principles of professional development.	1.1 Explain what is meant by professional development. 1.2 Explain ways of overcoming barriers to professional development. 1.3 Determine the different sources available for professional development.
2. Be able to develop goals and targets for their own professional development.	2.1 Evaluate own knowledge against standards and benchmarks. 2.2 Create goals and targets for own professional development. 2.3 Determine own learning style. 2.4 Select learning opportunities to match own learning style and preference.
3. Be able to prepare a professional development plan.	3.1 Produce a professional development plan. 3.2 Review progress of a professional development plan.
4. Be able to use models of reflective practice to evaluate own development.	4.1 Compare models of reflective practice. 4.2 Use reflective practice to improve performance. 4.3 Evaluate the effectiveness of reflective practice.

Indicative content

Learning Outcome 1

Definition of professional development, continuous process. Serious Case review Mid Staffordshire NHS Trust, the Cavendish report (2013) recommended training changes of health care assistants.

Professional Codes and Standards of conduct: THE Health Professions Council (2008) Standards of Conduct, Performance and Ethics, Nursing and Midwifery Council (2015) The Code; Professional Standards of Practice and behaviour for nurses and midwives.

National Occupational Standards

Up-dates for Manual Handling etc.

Potential barriers: own attitudes, access to training, time, lack of resources, costs, different learning styles.

Formal and informal sources of support for development: organised learning activities, experience in the work setting. Supervision, appraisal, mentoring, coaching, presentations and sharing good practice.

Factors when considering professional development: allocation of budget, time, career goals, time off.

Supporting others: open up discussion, observation of colleagues, share good practice.

Learning Outcome 2

Demonstrate they are working to standards; codes of conduct; regulations, National Occupational Standards. Health Professions Council, Nursing and Midwifery Council, review own role, SMART Targets.

Learning style: use of learning inventory, learning styles questionnaire.

Learning Outcome 3

Prioritise learning development, short and long term goals, objectives, dates for achievement, how you will achieve objectives, support required, evidence of outcomes.

Evidence that objectives have been met.

Learning Outcome 4

Models: e.g. Kolb, Johns, Gibbs, Jasper (2006), Schon (1983), reflection of behaviours and performance, feedback from others.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
LO3	All ACs under LO3	Professional development plan	500 words
LO1, LO2 and LO4	All ACs under LO1, LO2 and LO4	Essay	2500 words

Indicative Reading list

Bolton, G. (2010) *Reflective Practice: Writing and Professional Development* (3rd Ed) London: Sage Publishing

DOH (2013) *The Cavendish Review: An Independent Review into Health care Assistants and Support Workers in the NHS and Social Care settings*, London. HMSO

Gibbs, G. (1988) *Learning by doing: A guide to teaching and learning methods*. Oxford: Oxford Further Education Unit.

Hargreaves, J., 2013. *Reflective Practice (Key Themes in Health and Social Care)*. Polity

Health Professions Council (2008) *Standards of Conduct, Performance and Ethics*: London: HPC

Honey, P and Mumford, A. (1992) *The Manual of Learning styles in Britton, A and Cousins, A (1990) Study Skills: A Guide for Lifelong Learners*. South Bank University.

Jasper (2006) *Professional Development, Reflection and Decision Making*. Oxford: Blackwell Publishing

Pedler, M. et al (2001) *A Manager's Guide to Self-development.*, London, Churchill Livingstone

EFFECTIVE COMMUNICATION IN HEALTH AND SOCIAL CARE

Unit Reference Number	M/617/2652
Unit Title	Effective Communication in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Guided Learning Hours (GLH)	80
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is for the learner to build skills and knowledge in effective communication practices, recognising this as an important role of the manager.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the range of communication requirements in the workplace.	1.1 Define different methods of communication to meet individual and organisational needs. 1.2 Describe strategies to overcome communication barriers.
2. Be able to use communication systems and practices in the workplace.	2.1 Evaluate communication systems and practices utilised in the setting. 2.2 Propose improvements to communication systems and practices. 2.3 Explain the impact of poor communication. 2.4 Use communication techniques to support effective practice.
3. Understand how to use systems for information management.	3.1 Explain legal and ethical tensions in sharing information. 3.2 Explain how personal information is processed to meet legal requirements.

Indicative content

Learning Outcome 1

Definition of communication; communication cycle, group and individual communication; addressing communication needs; communication as a manager; meeting communication needs; supporting effective communication; barriers and

challenges to communication; culture; values; language; conflict; resistance to change; power dynamics; self-esteem.

Personal issues; environmental issues; different viewpoints; poor listening skills. Overcoming barriers both environmental and cultural. SOLE, overcoming internal barriers (emotional intelligence).

Different modes of communication; verbal; paralinguistics; non-verbal; sign language, Makaton and Braille; assisted communication, written communication, electronic communication.

Learning Outcome 2

Feedback from individuals, staff, visitors and others; implementation of a revised practice in communication systems in own setting.

Learning Outcome 3

Shared communication systems; shared databases; records to promote consistency in care (service user’s notes); email; letters; daily records of care/nursing/medical notes.

Confidentiality; sharing information; General Data Protection Regulation (GDPR); The Care Act (2014); Data Protection Act (1998); Human Rights Act (1998); The Freedom of Information Act (2000); The Equality Act (2010); Public Interest Disclosure Act (1999), DOH (2003) Confidentiality NHS Code of Practice.

Storage of confidential information.

Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
1 - 3	All ACs under LO 1-3	Essay	2500
		Presentation	500

Indicative Reading list

Argyle. M (1978) *The Psychology of Interpersonal Behaviour* (3rd Ed) Harmondsworth; Penguin

Beauchamp, T.L and Childress, K.F. (1994) *Principles of Biomedical Ethics*, Oxford: Oxford University Press

Goleman, D (1995) *Emotional Intelligence*. New York; Bantam Books

Tilmouth, T., Davies-Ward, E, and Williams, B. (2011) *Foundation Studies in Health and Social Care*. London: Hodder Education

HEALTH AND SAFETY IN HEALTH AND SOCIAL CARE

Unit Reference Number	K/617/2651
Unit Title	Health and Safety in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Guided Learning Hours (GLH)	80
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of the unit is for learners to understand the health and safety responsibilities within their role for safeguarding staff and service users.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the current legislative framework for health and safety.	1.1 Explain the legislative framework for health and safety in a health and social care work setting. 1.2 Explain employer and employee roles and responsibilities for health and safety in a setting as defined by legislation.
2. Understand the importance of compliance in relation to health and safety.	2.1 Explain the consequences of noncompliance with health and safety requirements. 2.2 Explain how to support others to comply with health and safety requirements. 2.3 Explain the importance of record keeping in relation to health and safety.
3. Be able to carry out a risk assessment.	3.1 Describe the range of risk assessments used in health and social care settings. 3.2 Carry out a risk assessment. 3.3 Implement the recommendations of a risk assessment.
4. Be able to review health and safety practice, policies and procedures.	4.1 Evaluate the effectiveness of health and safety practice, policies and procedures in the setting.

Indicative content

Learning Outcome 1

Care Quality Commission, Health and Safety Executive and Local Authorities; Health and Safety at Work etc Act 1974; Control of Substances Hazardous to Health Regulations 2002 (COSHH). Staff training, safe access and egress, equipment maintenance, welfare provision for staff. Management of Health and Safety at Work Regulations (1999), Electricity at Work Regulations (1989), Food Safety Act (1990), Food Hygiene Regulations (2014) Workplace (Health, Safety and Welfare) Regulations (1992), Personal Protective Equipment at Work Regulations (1992), Reporting on Injuries, Diseases and Dangerous Occurrences (2013), Health and Social Care Act (2012), Human Medicines Regulations (2012) Regulatory Reform (Fire Safety) 2005

Own Role: record keeping, reporting, compliance, audits, update risk assessments, dealing with noncompliance.

Learning Outcome 2

Authorities; improvement notices, prohibition notices; prosecution

Supporting others: health and safety as part of the agenda in meetings, posters, role model, responsibilities.

Noncompliance: staff updates, training. Potential action taken by HSE, local.

Record keeping; data protection. CQC standard number 20. Records are a part of a legal process, provide audit trail. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Implementation: risk management; contribute to policy writing; HSE's (steps to risk Management).

Learning Outcome 3

Balancing risk- In dependence, choice and risk, difficulties in balancing empowerment with duty of care; support requirements to minimise risk; impact of risk on others, Human Rights, positive risk taking.

Learning Outcome 4

Audit, and evaluation of health and safety activities in own workplace, document the process.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
1 - 4	All ACs under LOs 1-4	Essay	3000 words
		Presentation	500 words

Indicative Reading list

Care Quality Commission (2015) Enforcement Policy

Department of Health (2007) *Independence, Choice and Risk: A Guide to best Practice in supported decision making*. London. HMSO

HSE (2010) *An Introduction to Health and Safety; Health and Safety in small businesses*. Sudbury, Suffolk. HSE

Titterton, M. (2010) *Positive Risk Taking*. Edinburgh. Hale.

ASSESSMENT PROCESSES FOR EFFECTIVE HEALTH AND SOCIAL CARE DELIVERY

Unit Reference Number	H/617/2650
Unit Title	Assessment Processes for Effective Health and Social Care Delivery
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Guided Learning Hours (GLH)	80
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aims of the unit are to develop learners' knowledge of forms of assessment, and to develop their reviewing and planning skills when carrying out assessments, to meet the needs of individuals accessing services.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand different models and tools used in the assessment process.	1.1 Explain the purpose of different assessment models. 1.2 Describe the purpose of assessment tools used in health and social care.
2. Understand how to contribute to assessments.	2.1 Explain how to use person centred ways of working to support individuals to participate in the assessment process. 2.2 Explain how to undertake an assessment. 2.3 Explain when to use the referral process for individuals.
3. Understand how to manage the outcomes of assessments.	3.1 Explain how to develop a care plan. 3.2 Explain how to evaluate the effectiveness of the assessment process and outcomes. 3.3 Explain how to develop an action plan to address any changes following an assessment review.
4. Be able to advise others about the role of assessment.	4.1 Formally instruct others about the assessment process. 4.2 Assess staff understanding of the impact of assessments on individuals and their families.

Indicative content

Learning Outcome 1

Care planning; models of assessment (Smale et al 1993); The questioning model; The procedural Model; The Exchange Model. Needs led assessment; User-led assessment; single assessment process; risk assessment. Valuing people plan. Care Programme Approach. End of life care/advance care planning.

Assessment tools e.g.: Pain Assessment scales; Patient Health Questionnaires; Glasgow Coma Scale; scales which measure activities of daily living; Waterlow Score, Height, weight, Nutritional Assessment. Definitions and categories of need.

Assessment of risk.

Learning Outcome 2

Expert Patient Programme; encouraging the client voice, advocacy requirements, translator/interpreter. Capacity. Referrals to other services/partnership working. The importance of language used in assessments. Collaborative working relationship. The multidisciplinary context. Empowerment and anti-discriminatory practice.

Referral: practitioner involvement, areas of expertise, needs led, individual preference.

Learning Outcome 3

Developing care plans/support plans to meet individual requirements. Meetings, encouragement of individual involvement to make choices and decisions about their care. Planned interventions need to provide positive outcomes Review process. Action planning to address findings. The Care Act 2014.

Elements of a competent assessment; person centred; valid, reliable, culturally sensitive, avoidance of jargon, inclusive.

Learning Outcome 4

Prepare a staff training resource; The training resource might include: the reasons for assessment planning and review, how and when this is carried out, positive and negative impacts of assessment e.g. social dynamics; living arrangements; optimising independence, person centred ways of working, the use of effective communication, inclusion, an assessment of staff understanding of the impact of assessments on individuals and their families.

The resource can be, for example, a supervision session, a handout, PowerPoint presentation, leaflet or any other medium appropriate to staff training and development.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
1 - 3	All under LO 1-3	Case study	2500 words
4	All under LO4	Staff briefing / presentation	500 words

Indicative Reading list

DOH (2015) *2010 TO 2015 Government Policy: Health and Social Care integration Paper*. London

Hayes, H., 2010. *The Care Process: Assessment, Planning, Implementation and Evaluation in Health and Social Care*. (s.n.).

Leading practice - a development programme for first-line managers. 2018. *Leading practice - a development programme for first-line managers*. [ONLINE] Available at: <https://www.scie.org.uk/publications/guides/guide27/>. [Accessed 13 May 2018].

MANAGING RESOURCES IN HEALTH AND SOCIAL CARE

Unit Reference Number	M/617/2649
Unit Title	Managing Resources in Health and Social Care
Unit Level	4
Number of Credits	20
Total Qualification Time	200
Guided Learning Hours (GLH)	80
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of the unit is for learners to understand the fundamentals of self and team management, as well as how organisational resources are managed in respect to regulation, inspection and finances.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Be able to reflect on own management skills.	1.1 Describe the role of management of self. 1.2 Evaluate own time management. 1.3 Explain how to manage own emotions.
2. Understand key aspects of managing others in the workplace.	2.1 Describe management and leadership styles. 2.2 Explain the importance of supervision and appraisal. 2.3 Explain the importance of recruitment and retention of staff. 2.4 Describe theories of team development. 2.5 Analyse how to manage the impact of change.
3. Understand the regulation and inspection of health and social care services.	3.1 Explain the regulatory system that underpins service delivery. 3.2 Describe the process of inspection for health and social care services.
4. Understand the management of financial resources.	4.1 Explain the principles of budget management. 4.2 Analyse the systems used to manage finances in health and social care. 4.3 Explain the sources of funds available. 4.4 Analyse factors affecting funding allocation.

Indicative content

Learning Outcome 1

Reflection on current skills; efficiency; effectiveness; creativity. Managing time; prioritising tasks; delegation; Goleman Emotional Intelligence and personal competences. Stress and managing your absence.

Learning Outcome 2

Leadership styles; autocratic; democratic; laissez-faire. Development and supervision. Aims of supervision. Appraisal.

Recruitment and retention strategies. Legislation and policy context. Vetting and Barring Scheme.

Induction programme; legal aspects; organisational context; health and safety, infection control; food handling; first aid, moving and handling.

Tuckman's group theory (1965), Belbin's Team Roles, managing meetings SCIE Best Practice guidelines. Service users /patient meetings.

Change management influences: insecurity, loss, confusion, reduced competency, non-compliance. Some will be proactive and engage. Accommodate all experiences.

Learning Outcome 3

Care Quality Commission. Standards and polices to support key inspections and random inspections. Surveys, what inspectors do. National Minimum standards.

Learning Outcome 4

Cost benefit analysis; fixed and variable costs, auditing expenditure, budgetary profiling. Involving members of staff in managing budget. Development of incentive plans to avoid carelessness. Capital expenditure. Revenue expenditure. Hire purchase, lease, loans.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
1 - 4	All under LO 1-4	Essay	3000

Indicative Reading list

Bryans, B., 2007. *Practical Budget Management in Health and Social Care*. Radcliffe Publishing Ltd.

Mackian, S., (2013). *Leading, Managing, Caring: Understanding Leadership and Management in Health and Social Care*. Routledge.

Martin, V., (2010). *Managing in Health and Social Care*. Taylor & Francis, Inc.

Neil, D., 2017. *Leading and Managing in Health and Social Care - Second Edition*. CreateSpace Independent Publishing Platform.

Social Care Institute for Excellence (SCIE). (2018). Social Care Institute for Excellence (SCIE). [ONLINE] Available at:
https://www.scie.org.uk/workforce/careskillsbase/files/manageskills/manageskills_us_equalitymanagementtools.pdf. [Accessed 14 May 2018].

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this document serves only as a useful guide to your learning experience. For updated information please visit our website www.othm.org.uk.

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