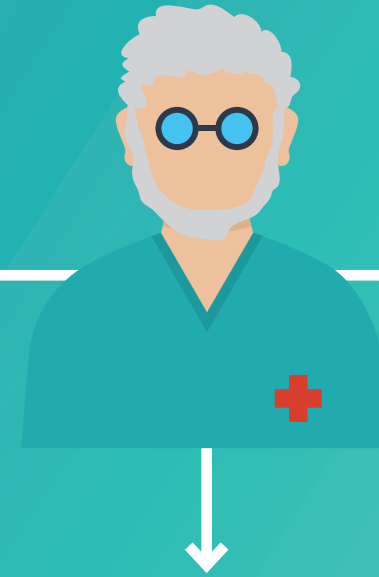


All Wales Guidelines for Delegation



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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

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Purpose

These national guidelines have been developed to assist in the management and practice of all acts of appropriate delegation. They have been developed primarily to support clinical staff, however, the principles could be applied to all staff groups across health and social care.

These guidelines do not apply to unpaid carers or volunteers who might have been taught to carry out a procedure by a member of health or social care staff.

These guidelines should be read in conjunction with Third Party Delegation: The required governance framework (WG) and the Social Services and Well-being Act 2014.

Developing the skill and art of delegation is one of the essential building blocks to support the optimisation of skill mix and is a key service delivery tool that can free up staff, enabling staff to attend to more complex work. These national guidelines will clarify and support the delegation process and aim to:

- Support staff to delegate appropriately
- Support staff development
- Support compliance with regulatory and governance frameworks
- Provide a shared understanding and a common approach to delegation

- Articulate individual and organisational accountability
- Utilise workforce resources and skills more appropriately
- Develop and increase staff motivation
- Increase efficiency and effectiveness
- Reduce waste, variation and harm
- Respond to changing needs in healthcare



Introduction

Increasing demands on health and social care provision and increasing complexity are creating unprecedented challenges for health and care systems and their workforce. The need to work in integrated teams, consideration regarding the deployment of staff and approaches to staff development are key issues for the future. These must be considered alongside the regulatory and governance frameworks that underpin safe care. The ability to delegate, assign and supervise are critical competencies and underpin the practice of each individual health and social care practitioner.

Delegation is not new and is practiced every day in a range of work environments, it is often undertaken as a sub-conscious function. Its purpose is to ensure:

- Individuals receive timely, appropriate and safe care
- Staff resources are utilised effectively
- Work is shared fairly
- Staff feel valued and motivated
- Productivity is maximised
- Organisations achieve success

These guidelines are designed to support organisations to meet the workforce challenges and the policy agendas of the future. They are also intended to support individual practitioners to better understand their duty of care and the management of risk relating to delegation. The guidelines provide a shared understanding and a common approach to delegation across Wales. It is important to ensure that delegation is practiced appropriately, and the resources attached to these guidelines will support that goal. A key success factor is for the delegator and delegatee to work in collaboration.

The guidelines complement and do not conflict with the regulatory codes of conduct published by professional regulators.

There is reluctance by some staff to delegate because of concerns relating in particular to accountability. Other factors include cultural norms, professional bias and organisational inertia. As an example, a study by the universities of Middlesex, Surrey, Salford and UCL (2017) showed that, for a number of reasons, including a lack of confidence, newly qualified practitioners often fail to delegate to healthcare support assistants preferring to do it all themselves.

A study by Lichtenstein et al (2015) showed that delegation to non-physicians was associated with higher quality of care for older people's conditions



in community practice. Embedding the theory and applying the principles of appropriate delegation is an essential part of workforce development and service provision.

The policy driver to deliver care closer to home and to promote greater independence will, by necessity, require greater involvement of others (including family members) to provide/administer aspects of care traditionally undertaken by professionals. This is happening now and will increase in the future. A Healthier Wales puts the emphasis on self-care/ care being provided by family/carers, stating:

'As part of working together to achieve our future vision, we need people to take more responsibility, not only for their own health and wellbeing, but also for their family and for people they care for, perhaps even for their friends and neighbours. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves.' This will lead to changing attitudes and a pragmatic approach to increasing levels of delegation



Organisational culture

For delegation to be appropriate, effective, person centered and safely practiced it must be underpinned by an organisational culture that allows staff the freedom to delegate, as long as they are acting lawfully and in the interests of the individual. Culture refers to the attitudes, behaviours and values that are characteristic of the organisation and comes from the top down. Organisations should undertake a cultural analysis to assess whether or not their organisation supports or hinders appropriate delegation via appraisal/supervision, policy, practice, guidelines etc.

Organisations should also assess and utilise current communication and engagement channels to cascade and gain buy-in from staff in order for key messages associated with delegation to be communicated in the most effective manner.

There may be some staff, within organisations, who consistently will not or cannot accept delegated tasks, even though they have been recruited at a certain band/grade and the delegation is appropriate and safe. To manage these staff the organisation must ensure that all available tools have been utilised and all avenues have been explored e.g. staff are supported in line with organisational policies.

To develop a culture in which delegation is routinely and appropriately undertaken, organisations need to have robust organisational development strategies to drive behaviour changes at all levels where required. Developing an organisational development

strategy that encompasses delegation can help to enhance workforce capability and build capacity. The organisational development strategy can be used as a catalyst to ensure appropriate delegation and accountability arrangements are clearly defined. Including delegation in the strategy, linking it to corporate objectives, the organisation's vision, national policies and legislation will ensure that effective delegation becomes a routine way of working, bringing about greater flexibility, efficiency and effectiveness.

Implementation

To support strategic developments and to progress the transformational agenda, organisations must continually review policies and practices and/or introduce additional policies to ensure that the All Wales Guidelines for Delegation forms part of the organisation's corporate governance arrangements.

Successful delegation is dependent on the culture of an organisation and should be part of the corporate message. In health and social care, the executive boards have responsibility for the implementation of these guidelines and will need to consider and ensure this is done by nominating an executive director to lead on this as part of wider cultural change and workforce transformation.

For social care professionals, the employing organisation is responsible for implementation of these guidelines, where they have been adopted. Social Care Wales, the workforce regulator, can provide advice on Codes of Professional

Practice for Employers and Social care workers and Governance Frameworks.

The professional codes of conduct all support appropriate delegation and should be used as an enabler. These guidelines are a flexible resource which could be used in a number of ways to support staff and organisations including:

- Helping newly qualified staff with no experience to understand delegation in practice
- Supporting clinical teams looking at efficiencies
- As part of the interview process
- As part of the revalidation process
- As part of peer support
- As a supportive tool during supervision
- As part of the continuing professional development/ post registration training and learning (PRTL) agendas and linked to professional development e.g. in conferences and management training programmes.
- As part of role redesign and skill mix review in areas where there are particular recruitment and retention issues

Staff Development

Organisations, teams and individual members of staff are expected to identify the need for delegation and to ensure learning and development opportunities are provided accordingly. They are legally responsible for ensuring all staff are appropriately trained to perform delegated tasks and should have mechanisms in place to share good practice.

Effective development of staff is critical in improving organisational performance. Appropriate delegation can be used as an effective way to provide learning and development opportunities for individual staff and teams. There is a duty on an organisation to ensure its staff are appropriately trained, supported and regularly updated to enable them to carry out work and activities safely. There must also be effective appraisal/supervision mechanisms in place alongside continuing meaningful conversations to understand the competence of the individual. Appropriate delegation can act as a vital tool in staff development and career development provided adequate training and supervision is in place.

Recruitment and Induction

The recruitment and selection process should highlight the requirements for either delegation of tasks or the undertaking of delegated tasks as set out in the job description.

Recruitment and selection processes should be followed by a robust induction process for all employees. Delegation and vicarious liability should be a feature of the induction process to clarify organisational and personal responsibilities.

If delegation is included in the induction process this can help to reinforce the importance of delegation at an individual, team, department and organisational level. If staff understand that appropriate delegation is expected, then this will encourage them to delegate appropriately and effectively. Utilising available resources such as the joint Health and Social Care induction framework will be increasingly important as new roles emerge such as joint appointments in Health and Social Care.

The induction process should outline and give clarity on ownership, accountability and responsibility for staff when they are delegating. It should also give reassurance to delegators and delegates and clarify the overall organisational responsibility.

Governance Framework

Clinical governance is defined as, “A framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish. In short, it is doing the right thing, at the right time, by the right person — the application of the best evidence to a patient’s problem, in the way the patient wishes, by an appropriately trained and resourced individual or team. ” (BMJ 2005). Governance frameworks act as an enabler and not a barrier to delegation, on-going review of current practice should support delegation.

The concept of governance and leadership are intertwined. Good governance and leadership is critical for the achievement of results. Organisations should ensure that they have excellent management and leadership in place to manage and optimise the workforce capability in the most effective manner. Clear lines of accountability should be in place as part of the wider governance responsibilities.

To support delegation and clarify accountability it is imperative that all professional codes of conduct are interpreted consistently and understood across the organisation. Accountability issues often need clarity and organisations need to make it their responsibility to resolve any ambiguity relating to the levels of responsibility within roles in order to protect staff.

Supervision

Delegation will, at times, include direct or indirect supervision.

“Supervision is a process which aims to support, assure and develop the knowledge, skills and values of the person being supervised (supervisee), team or project group. It provides accountability for both the supervisor and supervisee in exploring practice and performance. It also enhances and provides evidence for annual performance review or appraisal; it sits alongside an organisation’s performance management process with particular focus on developing people in a way that is centered on achieving better outcomes for people who use services and their carers” (SSSC)

Direct supervision is where the delegatee is working close enough to the delegator for their activities to be directly monitored, e.g. the supervising professional is actually present and works alongside the student, the regulated member of staff or Health Care Support Worker (HCSW) when they are undertaking a delegated role or activity.

Indirect supervision is where the delegatee works more independently but the delegator, or a more experienced member of staff, is easily contacted and provides the level of support needed. Indirect supervision helps staff develop confidence and independence. e.g. indirect supervision occurs when the supervising professional does not directly observe the student, the regulated member of staff or the HCSW undertaking a delegated role or activity.

The level of supervision needed should be agreed by both the delegator and delegatee based on levels of competence and within the context of team/environment.

Consent

Welsh health and social care policy and legislation encourages individuals to collaborate with services and exercise choice over the care and treatment they receive. Occasionally, individual's expectations may need to be managed in respect of who is going to deliver certain aspects of their care and support. It should be made clear that care delegated to and delivered by an unregulated member of staff is not secondary to care provided by a regulated member of staff.

In such circumstances the need and rationale for delegation, and absolute clarity with regards to who will be providing the care and support, should be made clear to the individual. Provided the delegatee is competent to provide the individual with the necessary care, the individual will not need to provide consent in respect of who is treating them. Nevertheless, individuals have the right to know who is providing their care and support and that they are sufficiently knowledgeable and competent to do so.

Organisations will have a consent policy in place and this should be complied with as appropriate along with the all Wales or local consent policies.

Development of the Guidelines

The development of these guidelines utilised the approach set out below. This sought to ensure they were developed on a firm evidence base, accessed appropriate expertise and complied with professional and legal requirements.

- An all Wales task and finish group made up of clinical and non-clinical representatives. Membership included HEIW (Health Education and Improvement Wales), Staff Side, Social Care Wales, the Association of Directors of Social Services and legal and risk representatives.
- Development of an on-line resource
- Engagement events to support implementation
- Current guidelines were mapped against local and national governance and regulatory frameworks
- Legal advice was sought on the principles of accountability for delegation and on the consequential issues such as vicarious liability and consent.

Definition and principles

In the formulation of an all Wales definition of delegation, consideration was given to existing available definitions produced by some professional regulators, e.g.

- **The General Medical Council - Good Medical Practice (2013)**
- **The Nursing and Midwifery Council (2018)**
- **Health and Care Professions Council (2016)**
- **Social Care Wales (2017)**

Having considered these, the following definition of delegation has been developed for health and social care:

Delegation is the process by which you (the delegator) allocate clinical or non-clinical care and support to a competent person (the delegatee). The delegator will remain responsible for the overall management of the individual, and accountable for their decision to delegate. The delegator will not be accountable for the decisions and actions of the delegatee.

Delegation and Professionalism

Professionalism is characterised by autonomous evidence-based decision making, being a good role model and supporting appropriate service and care environments, which includes delegating tasks and duties safely.

Whether in community, hospital, social care, education or any other settings, the environments in which health and social care staff work are pivotal in supporting professional practice and behaviours. The ultimate purpose of a health and care professional is to ensure compassionate, high quality, consistent, effective and safe care.

Professionalism enables positive inter-professional collaboration through partnership approaches to team working, clear lines of accountability and inter-professional learning, enabling the practitioner to operate in upper limits of their scope of practice.

According to the Nursing and Midwifery Council (NMC) The ultimate purpose of professionalism in nursing and midwifery is to ensure the consistent provision of safe, effective, person-centered outcomes that support people, their families and carers to achieve an optimal status of health and wellbeing.

A study by the Health and Care Professions Council (HCPC) reported that rather than a set of discrete skills, professionalism may be better regarded as a meta-skill, comprising situational awareness and contextual judgement, which allows professionals to draw on the communication, technical and practical skills appropriate for a given professional scenario. The true skill of professionalism may be not so much in knowing what to do, but when to do it.

The General Medical Council (GMC) in 'professionalism in action' states 'Patients need good doctors. Good doctors

make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues are honest and trustworthy, and act with integrity and within the law’.

Social Care Wales’ Code of Practice and associated practice guidance sets out the standards of professional practice and behaviour that social care workers, managers and employers are expected to adhere to.

Competence

Choosing tasks to be undertaken by others is a complex activity. Once it is clear which tasks are to be delegated the fundamental building block will be the delegatee’s proven and assessed competence.

Competence:

- Is an individual’s ability to apply knowledge, understanding, skills and values without the need for direct supervision, within a defined scope of practice.
- Relates to the individual’s full range of potential and may go beyond their current scope of practice, in which case the job description should be reviewed and may need to be updated.

Maintaining Competence

An effective practitioner delegates many times during their working day. Delegation is a balance of experience, awareness, knowledge, using evidence-based practice and your colleagues to guide you.

Once competence has been established it is the responsibility of both the individual and the organisation to ensure that processes are in place to monitor and maintain the competences. These will include individual Continuous Professional Development (CPD) and reflection and methodologies such as peer assessment. If a delegator follows the principles laid out in this document, they should be fully empowered to delegate tasks to others. They will also be assisted by the supporting tools.

The All Wales Guidance for Health Boards and Trusts in respect of medicines and HCSWs describes the levels of practice under which a HCSW may administer medication to an individual under the delegation of a registered practitioner.

In the case of employees, if the delegator deems the delegatee to be competent to produce the relevant entry in the patient’s medical notes or care plan, delegation of the record keeping is appropriate and there is no requirement to countersign the delegatee’s entry.

Some regulatory bodies make requirements of supervisors to sign the entries made by those in training; supervisors will need to check the relevant regulators guidance and ensure they comply with this.

Medicines Management and Delegation in BCU

The delegation of Insulin administration to Health Care Assistants in the Community Setting.

All District Nurse (DN) teams are facing the growing challenge of increasing numbers of diabetic patients no longer able to manage their own insulin injections. This increasing area of work rapidly reduced the ability of the community nursing team to respond to crisis calls at certain times of the day causing stress to our staff and distress to other patients needing an urgent response to their problem. In order to increase capacity within teams at those key times of day the upskilling of Non-Registered Healthcare staff in Insulin administration was initiated.

At the time there were 19 diabetic patients who are unable to give their own injections, equating to 30 contacts daily due to the types of regimes the patients required.

In order to undertake this skill development, the HCA/ Assistant Practitioner must be NVQ level 3 and complete Safe Medicate & Safe Use of Insulin e-learning modules. They must undertake training in the blood glucose monitoring system and be issued with a machine. Suitable candidates then undertake 2 ½ hours formal training provided by the Diabetes Team and attend bi annual update sessions.

The Caseload holder undertakes a caseload review of all insulin dependent diabetics in order to ascertain which specific named patients are suitable for the HCA/AP to be upskilled to visit independently to undertake their insulin injections.

The HCA/AP is allocated a mentor from within the team, this Registered General Nurse (RGN) mentor is responsible for working with the HCA to attain competence in all elements required of the insulin administration process for those named patients identified as suitable. This is achieved through initiating informal roster changes to accommodate timed visits and through a system of joint visits with their mentor whilst the competency document is worked through. The HCA needs to obtain approximately 10 competency sign offs for every patient deemed suitable.

The patients considered suitable must be stable diabetics.

Examples

Patient A lives in a rural area and requires twice daily injections. Her diabetes is well managed, but her eyesight is poor, and she is no longer able to manage her injections safely. Using the BCUHB insulin administration guidelines, the decision was made that this patient's insulin administration could be delegated to a suitably competent HCA. In being able to delegate this patient to a HCA/AP the RGN is not travelling to a rural location for an early visit thus allowing them to react to any crisis calls that may come in.

Patient D lives in a local Residential Home. The home serves breakfast at 0830 each morning and teatime is at 1730. His diabetes is well managed but his arthritis and failing memory mean he can no longer safely be relied upon to correctly administer his twice daily insulin. His carers are able to undertake blood glucose checks if they have concerns about him outside the normal DN visit times. Using the BCUHB insulin administration guidelines, the decision was made that this patient's insulin administration could be delegated to a suitably competent HCA. In being able to delegate this patient to a HCA/AP they can make this their first call of the day, he is not having to wait for an RGN to arrive (who may have been held up elsewhere) and he is able to enjoy his meals and socialise in the company of other residents in the home.

Principles of Delegation

Delegation is good practice, however it is not always common practice. The overarching reason for delegating work within the context of all care environments is to ensure individuals receive high quality and timely responses to their individual health and social care needs.

The following principles form the basis of effective delegation:

- as part of a broader governance framework, line management structures and lines of accountability must be clear;
- every delegation has to be safe;
- there are a limited number of tasks restricted by law, which cannot be delegated e.g.
 - > Midwifery (delivering a baby)
 - > Prescribing medicines
 - > Certification of death
- registered practitioners cannot delegate the initial assessment of the individual which will determine the package of care that may be required. They may then delegate the provision of aspects of care to a non-registered practitioner who will be able to make a follow up assessment related to the consequences of treatment

- the primary motivation for delegation is to meet the health and social care needs of the individual
- the person delegated to undertake a task must have the right level of experience and competence to carry it out
- the delegator must be satisfied that the delegatee is competent to undertake the delegated task
- staff must feel able to refuse to accept a delegation if they consider it to be inappropriate, unsafe or that they lack the necessary competency or confidence
- supervision and feedback appropriate to the task being delegated must be provided
- when additional competence requirements have been appropriately identified, employers must provide the training
- all staff have a responsibility to intervene if they consider any delegated task to be unsafe
- individual staff must be aware of the extent of their own competence and seek support from available sources when appropriate
- if you have had a task delegated to you, completing the documentation is part of the responsibility

Accountability

Accountability can take the form of criminal, civil, contractual and/or regulatory/professional accountabilities. Having reviewed the position of various professional regulators it is clear that there are a range of statements that may apply, these include:

NMC - As registered professionals, nurses and midwives are accountable for all aspects of their practice, including accountability for what they choose to delegate, and agreement, or not, to undertake activities which are delegated to them.

HCPC - As an autonomous and accountable professional, you need to make informed and reasonable decisions about your practice to make sure that you meet the standards that are relevant to your practice.

GMC - You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Social Care Wales - Be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills.

Building upon these definitions this guideline recommends that NHS Wales and Social Care Wales adopt the following interpretation of accountability:

'Accountability is the principle that members of staff and organisations are responsible and answerable for their actions. The delegator is accountable for ensuring that the treatment or care is appropriately and safely delegated to competent individual(s).

The delegatee is accountable for accepting appropriate delegation and is responsible for the performance of those functions.'

The person who is being delegated to has a **duty to inform the delegator and/or their line manager if they do not feel competent to undertake the task** which is being delegated.

The delegator, line manager or any other member of staff (to include bank/agency/locum) that observes inappropriate delegation must intervene if the delegation is not safe or poses a risk of harm

All regulated professionals (those on statutory registers and those on a voluntary register under the PSA) should accurately interpret and consistently apply the standards and requirements of their respective Professional Codes and Standards. All other staff should comply with all Wales Guidance and local policies and procedures e.g. HCSW Code of Conduct, Codes of Practice for the relevant professions regulated by Social Care Wales.

When tasks are delegated the delegator and delegatee must take account of this all Wales Guidance and all other relevant local policies and procedures. Steps must be taken to ensure that the level of supervision and feedback is appropriate.

The following case studies provide examples of accountability

Liz, a radiographer is working in the CT scanning unit and administered intravenous contrast media. The role forms part of her job description (responsibility). The radiologist, Dr Bourne has delegated this task (authority) to her in full knowledge of her competence and job description. The Radiologist retains the professional responsibility of appropriate delegation and Liz is accountable for her actions.

Patsy, a health care assistant, is working in the asthma clinic with the practice nurse. She measures the peak flow reading of a patient being assessed for reversibility, having been previously assessed as competent to carry this out following training and education in reversibility testing and asthma (ability). The role forms part of her job description (responsibility). The practice nurse has delegated this activity (authority) to her in full knowledge of her competences and job description. The practice nurse retains the professional responsibility of appropriate delegation and Patsy, is accountable for her actions.



Vicarious Liability

An employer will be vicariously liable for any civil wrong, including a negligent act or omission, committed by an employee in the ordinary course of employment. "Ordinary course of employment" includes acts which the employer authorises or which are reasonably incidental to the employment.

Where agency or locum staff are employed, if it can be shown that an employer and employee relationship exists in effect and/or the act in question was related to the organisation's duty to ensure that individuals are treated with skill and care, then the employer would be vicariously liable as enhanced by the concept of NHS Indemnity.

This means, in most instances, the organisation will be vicariously liable for the actions of agency and locum staff in the same way that it is liable for the actions of an employee.



Example Case Study of where vicarious liability applies:

Robyn is a physiotherapist assigned to a rehabilitation ward. Robyn is aware that many of the staff on the ward are familiar with basic physiotherapy techniques as these are used with many of the individual on the ward. Robyn asks Mat, one of the healthcare assistants, to carry out some of the 'routine exercises'. Robyn does not check whether Mat has the necessary knowledge or experience to do this and is unaware that Mat has only been on the ward for four weeks. Mat has seen other healthcare assistants doing exercises with the patients and assumes that he will be able to copy what he has seen. In carrying out the exercises, Mat causes Diane further injury.

The LHB will be vicariously liable for the actions of both Robyn, for failing to treat or delegate appropriately, and Mat, for accepting an inappropriate delegation and providing negligent treatment.

Example Case Study of where vicarious liability does not apply:

Alice is a District Nurse employed by a Local Health Board and Helen is a social care worker employed by the Local Authority. Alice and Helen attend a patient out in the community. Whilst at the patient's house, Alice asks Helen to move the patient from her wheelchair to her bed.

Alice does not check whether Helen has undertaken any manual handling training. Alice is unaware that Helen has only been in the job for two weeks and does not have the necessary experience to carry out this task.

Helen proceeds to lift the patient incorrectly and as a result, the patient falls causing injury to her leg.

In this scenario, the Health Board would not be vicariously liable for any claim alleging failings on the part of Helen, as it was not their employee who carried out the task.

In this situation, it would be Helen's employer who would be vicariously liable for Helen accepting an inappropriate delegation. However, Helen's employer could seek to argue that the employer of Alice should be brought into proceedings as a second defendant.



Introduction to the All Wales Model for Delegation

The model has been devised to enable services to adopt a consistent and standardised approach for effective delegation. The model has been developed following a review of existing national and international literature.

Health and Social care organisations are expected to adopt the All Wales Delegation model.

Delegation is not a linear process, rather it is the balancing of a number of interlinked elements, which interact with each other if appropriate delegation is to be effective.

Figure 1 is the All Wales model for Delegation. The model shows the wider delegation environment and is made up of two distinct stages:

- Stage 1 Assessment – which includes descriptors;
- Stage 2 Action and Review – which gives the delegator the opportunity to review the outcomes of the task that have been undertaken by the delegatee in order for them to consider next steps and any necessary action i.e. identification of a training/support need.

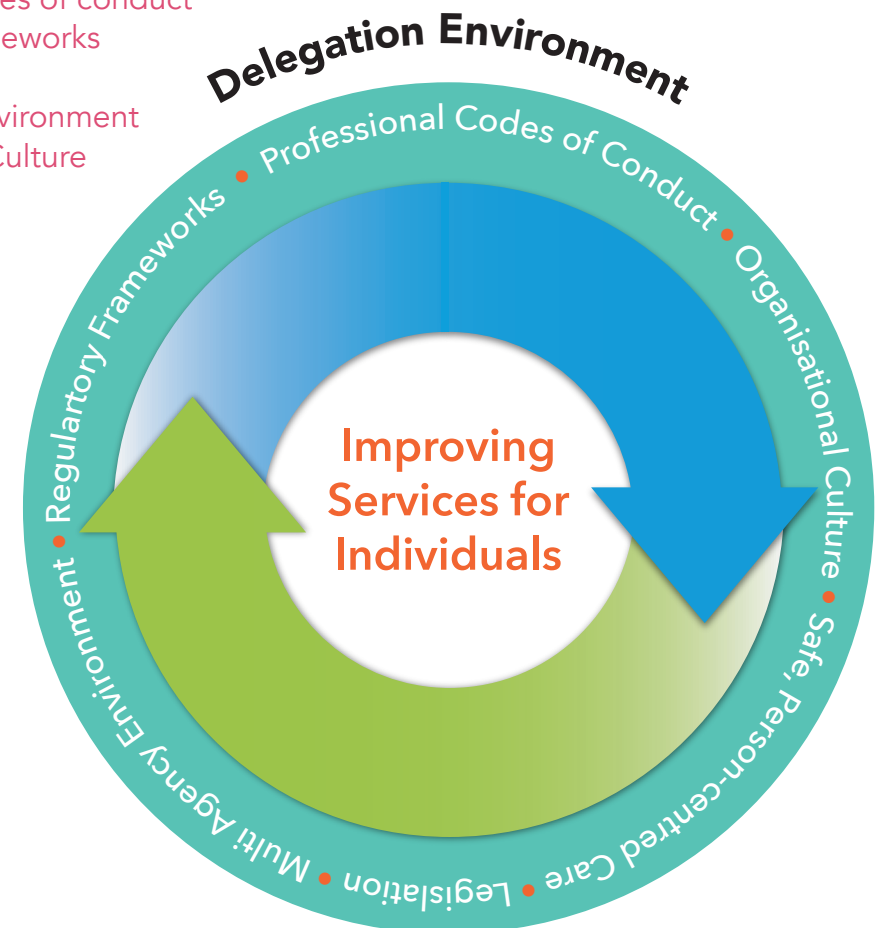
In practice these stages work in harmony for appropriate delegation to take place.

The model illustrates how the delegation process takes place in a context where a range of other factors have to be taken into consideration. In order to delegate effectively and appropriately, these elements have to be considered as part of the overall process. The delegation environment

incorporates a number of different factors that will always exist in the context of the work environment. These factors will be present regardless and should be considered when delegating.

The key elements within the delegation environment include:

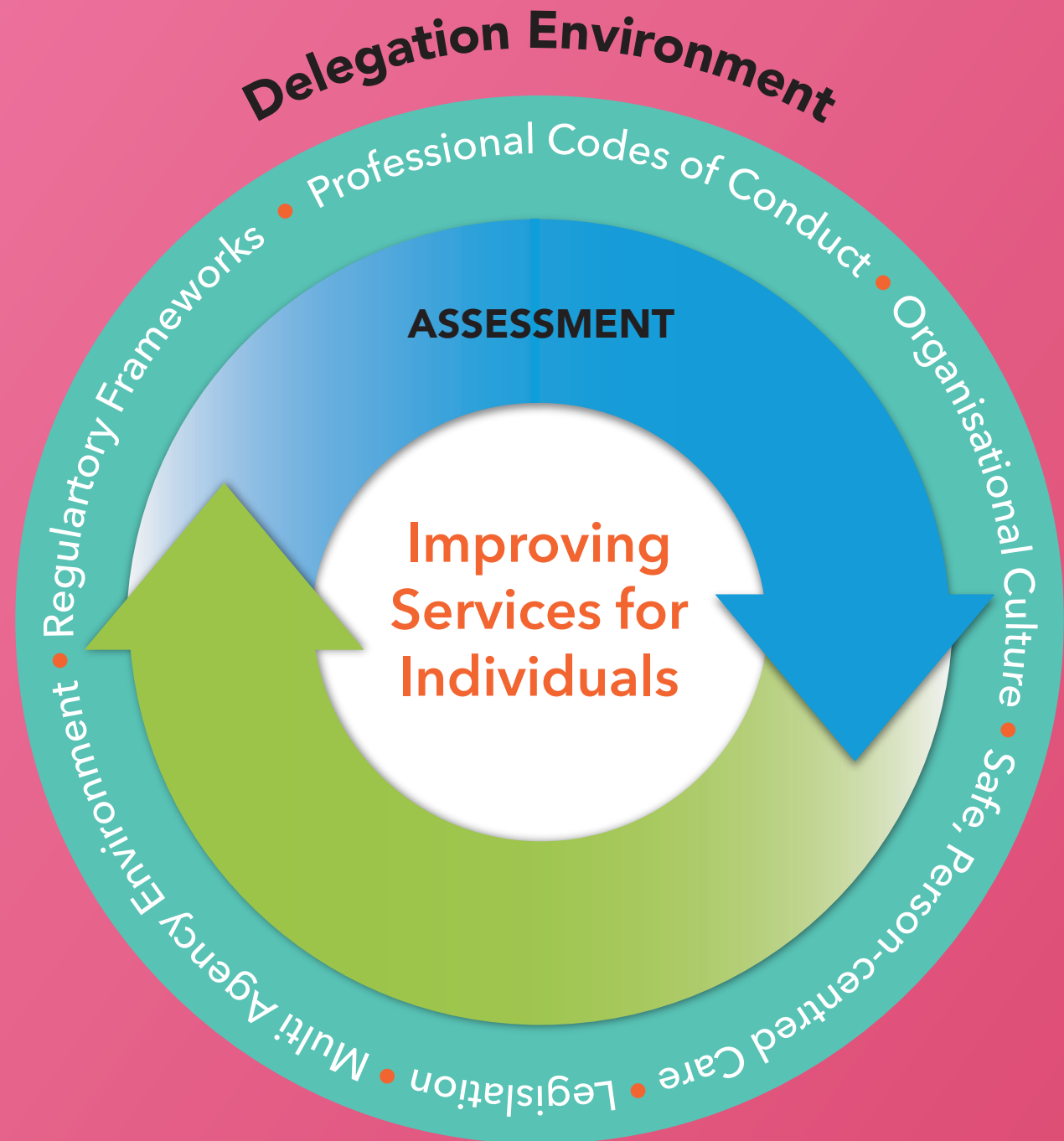
- Safe person centered care
- Professional codes of conduct
- Regulatory Frameworks
- Legislation
- Multi-agency environment
- Organisational Culture



Stage One – Assessment

The assessment stage involves

- Assessing the task to be delegated
- Assessing the individual to undertake the task



Assessment of Task

Delegation Model Initial Assessment

This stage will assist delegators in deciding if the task can or cannot be delegated

Stage	Descriptor
Can the task be safely delegated?	When considering whether the task can be safely delegated, there are a number of things to take into account, including: <ul style="list-style-type: none"> • The level of the task • What skills the individual would need to perform the task • If this is a task that needs to be delegated • The Professional Codes of Conduct
Can this task be legally delegated?	Before this task is delegated, it needs to be considered whether there is a legal restriction on who can perform it.
Are there benefits to delegating the task?	Benefits may include maximising the efficient use of resources through the delivery of timely care.
Can you identify any increased risk to the individual by delegating the task?	If there are increased risks to the individual, the member of staff or the organisation, the task should not be delegated.

Assessment of Delegatee

This stage will enable you to identify the correct delegatee to delegate the task to.

Stage	Descriptor
Identify the delegatee	Having decided that the task is suitable for delegation, it is important to identify whether there is someone available to conduct the task safely.
Is the delegatee available to conduct the task?	Having identified the delegatee, are they readily available to conduct the task?
Does the person have sufficient knowledge, skills and training to undertake the task?	When determining whether the delegatee has sufficient knowledge, skills and training to undertake the task please bear in mind the following; has the delegatee been trained to carry out this task before; when was this training last given; has the task changed since training was given and has the delegatee's training been updated since their last training session?
Is the person competent and confident to carry out the task?	When considering whether the delegatee is competent and confident to carry out the task please note the following; has the delegatee expressed concerns about the task; do you believe the delegatee to be competent to carry out the task and is the delegatee confident in themselves to carry out the task? If the delegatee does not believe they are competent to carry out the task they should feel able to refuse to do so.
Are written procedures available for proper performance of the task?	Before the delegatee is given the delegated task please check to see if there are written procedure documents available to assist the delegatee when carrying out the task.
Is supervision required?	The delegator will need to decide whether this task requires supervision. Consideration should be given to whether this should be direct or indirect supervision.
Is supervision available?	When carrying out the delegated task will the delegatee have access to support if required?

Stage Two – Review

The review stage of the diagram enables delegators to review how well the delegatee performed the task.

The review aspect ensures that delegators can examine the outcomes of the task and the subsequent actions of the delegatee. This will enable development needs to be identified and actioned for the future.

Delegation between partner organisations

There are good examples of where the development of integrated approaches has been supported by appropriate governance arrangements which define the roles and determine the appropriate route for supervision and management. Where appropriate staff should seek examples of where this has worked.

The overall management responsibility for the delegation process and the consequent vicarious liability lies with their respective employing bodies.

Delegation involves good team working, robust leadership at all levels and shared responsibilities. Guidance should include full and detailed descriptions of how delegation works in practice in these instances. Managers should work with staff to translate this into practice taking into account individual contracts of employment, competence and regulatory requirements.



Third party delegation

The Welsh government document 'Third Party Delegation; The required Framework' is designed to help assess whether sound governance arrangements are in place for the delegation of care from NHS Wales employed registered professionals to third party support workers who are not employed by NHS Wales or directly contracted/ commissioned by them. The guidance states that 'Partners will need to secure contractual arrangements with third parties such as domiciliary care providers that recognise the requirements to work within this governance framework or have in place a joint partnership Delegation Policy/ Agreement'.

When delegating between partner organisations it is important to remember the Social Services and Well-being Act (2014). The Act is explicit on delegation and that social services cannot provide health care unless it is ancillary and incidental to the social care being provided.

A good example of this in practice is medicines management where carers support the administration of medication if they are supporting the person with personal care. This is ancillary and incidental if the person has personal care needs at the time medications are required, e.g. morning medication being administered during the provision of morning support to get up washed and dressed, (subject to charging). If the person needed night time medication as well and had no care needs at night time it would not be ancillary and would become unlawful for social care to provide this so it would have to be commissioned by health (no charge).

Example of Third Party Delegation

Fred is in his late 50s and has chronic back pain and limited mobility following an accident. The district nursing team was visiting every 3 days to replace his analgesic patch. After liaising with the medicine management team the district nursing team were able to provide the appropriate training and supervision for his carers to do this. This followed agreement between all parties i.e. the health board, the local authority and the 3rd part provider. The district nursing team now only call every 8 weeks to monitor the care provided and his pressure areas.

Monitoring

This resource is linked to an e-learning module which will enable organisations to monitor the numbers and levels of staff who have undertaken the training. Outcomes reporting on the implementation of the delegation guidelines should be scrutinized by the individual organisations' quality and safety committees.

There are recognised links between training and patient outcomes. A report by NHS Employers (2014) found that patient outcomes were best when there was a climate of respect and dignity, staff were clear about their goals and objectives and where there were good management practices including training.

Delegation is closely linked to organisational culture, there are a number of tools and resources to support organisations in monitoring the implementation and use of these guidelines at a micro and macro level including:

- Staff survey
- Local 'pulse' survey
- Health needs assessment, which monitors wellbeing

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Glossary	Description
Accountability	The state of being answerable to a particular party, by some rules or organisational structure, for one's decisions and actions.
Appropriate	Suitable or proper in the circumstances.
Capability	The power or ability to do something.
Capacity	The ability or power to do or understand something.
Competence	The knowledge, skills, attitudes and ability to practice safely and effectively without the need for direct supervision.
Competencies	Specific knowledge, skills, judgment, and personal attributes required for a healthcare professional to practice safely and ethically in a designated role and setting.
Competent	Having the necessary ability, knowledge, or skill to do something successfully.
Consent	Permission for something to happen or agreement to do something.
Culture	The attitudes and behaviour that are characteristic of a particular social group or organisation.
Delegate	Entrust a task or responsibility to another person, typically, one who is less senior than oneself.
Delegatee	The person being delegated to.
Delegation	The assignment of authority and responsibility to another person to carry out specific activities. Ultimate responsibility cannot be delegated - the delegator retains accountability for the delegation.
Delegator	The person performing the delegation.
Dependable	Trustworthy and reliable.
Individual	A person who uses the services of a health or social care professional, or any other relevant service.

Glossary	Description
Induction	The process whereby employees adjust or acclimatise to their jobs and working environment. It provides the opportunity to ensure that new employees understand their role and are informed about their responsibilities.
Partner Organisations	Organisations that work closely together e.g. health, social care, education and police.
Policy	A plan or course of action, especially one of an organisation or government.
Protocol	The accepted or established code of procedure or behaviour in any group, organisation, or situation.
Referral	An act of referring someone or something for consultation, review, or further action.
Reliable	Consistently good in quality or performance; able to be trusted.
Responsible	Having an obligation do something, or having control over or care for someone, as part of one's job or role. Morally accountable for one's behaviour.
Scope of Practice	The area of someone's profession in which they have the knowledge, skills and experience to practice safely and effectively, in a way that meets the standards of their respective regulator and/or their employer and does not present any risk to the public or to the health professional.
Skill	The ability to do something well; expertise.
Social Services & Well-being (Wales) Act (2014)	The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.
Supervision	The active process of directing, guiding and influencing the outcome of a staff member's performance of a task.
Task	A piece of work to be done or undertaken.

Annexe 1

Third party delegation

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Children's Care home staff in Newport received training from Community Nursing on peg feeding. The staff had the opportunity to demonstrate their competency and were able to provide this as part of their daily care task. This meant that the tasks were delegated to those who had competency. Any new staff had to receive training from the community nursing not from the staff.

District Nurses delegate minor dressings, basic observations such as blood pressure monitoring, taking of temperature, collecting urine samples and dipping and eye drops to the Emergency Care at home's health and wellbeing workers, who are part of the Community Resource Team. A few of the staff are trained in venepuncture and support with bloods when required.

Case Studies of initial assessment being undertaken by registrant and subsequently being undertaken by HCSW

Cancer Treatment Helpline

Mrs. A is a 48-year-old lady being treated for breast cancer with intravenous chemotherapy. 2 days prior to her 2nd chemotherapy treatment she is assessed in the outpatient department by a specialist nurse who is a non-medical prescriber. After a review of the blood results and a full assessment of the patient including any toxicities (side effects) of treatment the specialist nurse prescribes the chemotherapy. On the day of treatment, the staff nurse on the chemotherapy day unit completes a further assessment of fitness for treatment by completing a NEWS score and confirming that the patient has no new clinical symptoms since her review by the specialist nurse and administers the chemotherapy as prescribed.

1-week later Mrs. A contacts the helpline as she is feeling unwell and speaks to the band 3 call handler. The call handler completes an assessment of the patient using the UKONS triage tool which is used to grade a range of potential treatment related toxicities using a RAG (red amber green) scoring system. The call handler has been trained and assessed as competent in using the UKONS triage tool and is working under the delegation and supervision of a registered practitioner who reviews the call handlers assessment and is responsible for making any clinical decisions, giving clinical advice and carrying out a further assessment for any patient who is unwell and not just phoning with a general enquiry which can be managed by the call handler following agreed guidelines.



This resource is available online at:
<https://weds.heiw.wales/delegate>



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