



DELEGATION OF CARE POLICY FOR NURSES, MIDWIVES AND ALLIED HEALTH PROFESSIONALS

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Delegation of Care Policy for Nurses, Midwives and Allied
Health Professionals

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**EXECUTIVE SUMMARY OF THE
DELEGATION OF CARE POLICY FOR NURSES, MIDWIVES AND ALLIED
HEALTH PROFESSIONALS**

EXECUTIVE SUMMARY

KEY MESSAGES

NHS Lothian has a Delegation of Care Policy for Nurses, Midwives and Allied Health Professionals (AHPs). The document is based on national guidance and good practice from the relevant professional bodies and should be consulted for full details. This summary document sets out the key points for staff to consider and this, along with the full guidance document, will support staff, enabling them to carry out their responsibilities effectively and completely.

- The delegation of care by nurses, midwives and AHPs must be appropriate, safe and in the best interests of the patient.
- The decision whether or not to delegate an aspect of care is the responsibility of the nurse, midwife or AHP and is based on their professional judgement.
- The nurse, midwife or AHP is responsible for his/her own actions and omissions, but not responsible for the actions of others in carrying out the delegated task.
- The delegated task must not be outwith the scope of practice of the person being delegated to.
- The person being delegated to must have the knowledge, skills and experience to carry out the task safely and effectively.
- The delegating nurse, midwife or AHP must give appropriate supervision.
- The decision making process relating to delegation, should be clearly documented.

MINIMUM IMPLEMENTATION STANDARDS FOR DEPARTMENTS (CMTs/CHPs/Corporate Directorates)

- The department has directed this policy to nurses, midwives and AHPs and their managers, who are involved with issues relating to delegation of care. The department has assurance from those employees that they have read and understood this policy and procedure.
- The department has a process to systematically consider the relevance of this policy to employees in their area.

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- All employees in the department are clear as to whether they are required to read and implement this policy as part of their duties.

- All departments have established processes to be assured that this policy is implemented and that compliance is achieved, thereby reducing variation and inconsistencies in practice.

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**NHS Lothian Policy
Delegation of Nursing and Midwifery Care and Allied
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1. Introduction

1.1 Delegation is defined as the transfer of authority to a competent, named individual(s), to perform a specific task in a specified situation without direct supervision.

1.2 The delegation of care by nurses, midwives or Allied Health Professionals (AHP), hereafter referred to as healthcare professionals, must be appropriate, safe and in the best interests of the patient. The healthcare professional, when delegating, is authorising another person, to perform aspects of care normally within the healthcare professional's scope of practice.

1.3 This policy should be read in conjunction with:

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- NHS Lothian Chaperoning Policy (2010)
- NHS Lothian Consent Policy (2010)
- NHS Lothian Guidelines for NHS Lothian employees on caring for/treating relatives/family members (2010)

All these documents can be located on the NHS Lothian Intranet.

<http://intranet.lothian.scot.nhs.uk/nhslothian/>

2. Aim of the policy

2.1 This policy aims to provide a set of principles for healthcare professionals to follow when delegating aspects of care to non regulated healthcare staff, paid and unpaid carers, relatives and the patients themselves.

3. Scope

This policy applies to all registered nurses, midwives and AHPs employed by NHS Lothian, including Bank staff.

Sections 4, 5 and 6 are based on Nursing and Midwifery Council (NMC) advice on delegation for registered nurses and midwives (May 2008) and advice from the Health Professions Council (HPC) Policy and Standards Department (2011).

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4 Accountability

4.1 A healthcare professional who delegates aspects of care to others remains accountable for the appropriateness of that delegation and for providing the appropriate level of supervision in order to ensure competence to carry out the delegated task.

4.2 The healthcare professional remains accountable for the delivery of the care plan and for ensuring that the overall objectives for the person in their care are achieved.

5. Responsibility

5.1 NHS Lothian is responsible for ensuring that individual competencies are documented within locally agreed competency frameworks. (See also Appendix 1)

5.2 All support workers must be assessed and signed off by a registered healthcare professional prior to being allowed to carry out the task.

5.3 In real terms, NHS Lothian has vicarious liability for employees but would not have vicarious liability for non employees.

5.4 The healthcare professional delegating an aspect of care has a continuing responsibility to judge the appropriateness of the delegation by:

- Reassessing the condition of the person being cared for at appropriate intervals and determining that it remains stable and predictable; and
- Observing the competence of the caregiver(s) and determining that they remain competent to safely perform the delegated task of care safely and effectively.
- Evaluating whether or not to continue delegation of the task.

5.5 The healthcare professional is responsible for his/her own actions and omissions, but not responsible for the actions of others

6. General Principles

6.1 The delegation of care must always take place in the best interests of the person being cared for and the decision to delegate must always be based on an assessment of their individual needs.

6.2 Prior to agreeing to delegation, the healthcare professional has the responsibility to understand NMC/HPC standards regarding delegation.

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N.B. Midwives should not delegate their statutory midwifery duties e.g. attending women in childbirth – see NMC Circular 1/2004

*N.B. This standard does not refer to the delegation of an aspect of care to a student. Nurses/midwives should refer to the NMC's Standards to support learning and assessment in practice; NMC standards for mentors, practice teachers and teachers 08.06 and to Section 5 on Delegation in the NMC's Standards for Medicines Management 2010.)
See sections 7 and 8 of this document.*

6.3 Where a healthcare professional has authority to delegate tasks to another, they will retain responsibility and accountability for that delegation and must be able to justify a decision to delegate and keep clear and accurate records of discussions had in relation to the delegation.

6.4 A healthcare professional may only delegate an aspect of care to a person whom they deem competent to perform the task. The person must have the knowledge, skills and competence to carry out the task safely and effectively. They should assure themselves that the task is not outwith the person's scope of practice and that the person to whom they have delegated fully understands the nature of the delegated task and what is required of them. Staff should also follow local guidelines on tasks which can and cannot be delegated, based on the requirements of the service. E.g. Outreach services, community services.

6.5 The healthcare professional must give appropriate supervision, in order to ensure the competency of the person carrying out the delegated task and will carry responsibility to intervene if she feels that the proposed delegation is inappropriate or unsafe.

6.6 The decision whether or not to delegate an aspect of care and to transfer and/or to rescind delegation is the sole responsibility of the healthcare professional and is based on their professional judgment.

6.7 It is essential that those delegating care, and those employees undertaking delegated duties, do so within robust NHS Lothian employment practice, to protect the public and support safe practice.

6.8 The decision to delegate is either made by the healthcare professional or the employer and it is the decision maker who is accountable for it.

6.9 It is important that the person to whom aspects of care is being delegated, understands their limitations and when not to proceed, should the circumstances within which the task has been delegated change.

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7. NMC Advice on Delegation of Administration of Medicinal Products

The NMC states the following regarding the delegation of administration of medicinal products:

7.1 A registrant is responsible for the delegation of any aspects of the administration of medicinal products and they are accountable to ensure that the patient or carer/care assistant is competent to carry out the task.

7.2 Students must never administer/supply medicinal products without direct supervision. (see also section 8)

7.3 In delegating the administration of medicinal products to unregistered practitioners, it is the registrant who must apply the principles of administration of medicinal products as listed in NMC Standards for Medicines Management (2010). They may then delegate an unregistered practitioner to assist the patient in the ingestion or application of the medicinal product.

7.4 The supply and/or administration of medicines via a Patient Group Direction (PGD) may not be delegated. Student nurses and student midwives cannot supply and/or administer under a PGD but would be expected to understand the principles and should be involved in the process. (NMC circular 05/2009)

N.B. For staff in Community Children's Services see Outreach Medication Policy and Outreach Medication Training Assessment.

8. Delegation to nursing/midwifery students

8.1 Student nurses on the pre-registration nursing programme have supernumerary status during their clinical placement experiences. Delegation of care activities should be commensurate with the student's stage of training and educationally led, to support them in meeting their placement learning outcomes.

8.2 The registered nurse or mentor needs to ensure that the student has the appropriate knowledge, skills and attitude to undertake the delegated work safely. Based on this assessment, the mentor must then judge the level of supervision and support required to ensure that care is carried out competently and effectively.

8.3 Where the delegated activity involves direct patient/client care, the delegating nurse and the student must ensure that they gain consent from the patient/client.

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8.4 When delegating care activities to pre-registration student nurses, the registered nurses/mentor must act in accordance with relevant local NHS policies.

9. Documentation

9.1 The assessment, planning and evaluation of the person's care must be documented in the care plan. The healthcare professional has a responsibility also to ensure that any aspect of care delegated has been documented appropriately.

9.2 Before delegation occurs, the healthcare professional must have considered the following:

- The condition of the person in their care, taking account of cultural and spiritual needs, ethnicity etc.
- Any specific communication needs the person may have and how to access communication support.
- The competence of the recipient(s) of the delegation; there should be records to support and evidence this. Information on clinical skills and competency related training is attached in appendix 1.
- It may be appropriate to develop an education pack for carers/relatives/support staff. (See Appendix 2 for template)
- How frequently the person in their care should be reassessed by the healthcare professional regarding the continued delegation of the aspect of care.
- The ongoing support arrangements that will be provided to those undertaking delegated duties.

9.3 Documentation should clearly outline any decision-making processes and must be person specific.

9.4 Any training undertaken relating to the delegated care should be logged on the appropriate staff management system

9.5 The most appropriate place to record this information should be decided, based on the working environment i.e. patient/parent held records/care plans. Each decision regarding delegation should state clearly the names of those being delegated to.

9.6 Healthcare professionals must ensure effective communication relating to delegation and timeous transfer of relevant documentation between care settings.

9.7 Healthcare professionals are accountable for ensuring continued assessment of the competence of those they are delegating to.

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9.8 Reassessment may be required when changes occur in either the care setting, condition of the patient or clinical need.

10 Evidence base

Health Professions Council (HPC) website www.hpc-uk.org Accessed 30/11/2011

Intercollegiate information paper developed by CSP, RCSLT, BDA and the RCN (2006) ***Supervision, accountability and delegation of activities to support workers A guide for registered practitioners and support workers*** RCN London

NHS Lothian (2011) ***Guidance on development and review of training materials***

NMC (2004) ***NMC Circular 1/2004 'Guidance on provision of midwifery care and delegation of midwifery to others'*** NMC London

NMC (2008) ***Standards to support learning and assessment in practice: standards for mentors, practice teachers and teachers*** NMC London

NMC (2008) ***The Code Standards of conduct, performance and ethics for nurses and midwives*** NMC London

NMC (2009) ***Record keeping guidance for nurses and midwives*** NMC London

NMC Circular 05/2009 ***Supply and/or administration of medicine by student nurses and student midwives in relation to Patient Group Directions (PGDs)*** NMC London

NMC (2010) ***Standards for pre-registration nursing education*** NMC London

NMC (2010) ***Standards for Medicines Management*** NMC London

NMC ***Advice on delegation for registered nurses and midwives***
<http://www.nmc-uk.org/> Accessed 04/10/2011

Royal College of Nursing (2011) ***Accountability and delegation: What you need to know*** RCN London

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Glossary

Accountability

The principle that individuals, organisations and the community are responsible for their actions and may be required to explain them to others.

Carer

A paid carer is an individual who is employed to provide regular ongoing care and support to an entitled person(s) in a funded capacity.

An unpaid carer is an individual who provides care and support on a regular basis to a partner, child, relative, friend or neighbour in an unpaid capacity. This excludes voluntary workers providing support as an agent of a funded organisation.

Competence

Competence is the skills and ability to practise safely and effectively without the need for direct supervision.

Delegation

Delegation is defined as the transfer of authority to a competent, named individual(s), to perform a specific task in a specified situation without direct supervision.

Fitness to practise

Fitness to practise is a healthcare professional's suitability to be on the register without restrictions.

Non regulated healthcare staff

Non regulated healthcare staff are a group of care providers that are neither registered nor licensed by a regulatory body and have no legally defined scope of practice. Includes titles such as Healthcare Support Workers, Children's Support Workers, Associate Practitioners, Assistant Practitioners, Nursing Assistants.

People/person

The terms people/person have been used to represent all recipients of care, including children and young people and those in acute and community settings.

Responsibility

A form of trustworthiness; the trait of being answerable to someone for something or being responsible for one's conduct.

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Supernumerary status

Supernumerary status means that the student shall not, as part of their programme of preparation, be employed by any person or body under a contract to provide nursing/midwifery care." NMC 2004.

All students undertaking pre-registration nursing and midwifery programmes have supernumerary status while on placements. This means that they are additional to the workforce requirement and staffing figures. (RCN 2007)

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**Revised systems and processes - CLINICAL SKILLS AND
COMPETENCIES**
Clinical Education and Development
Formerly Continuing Professional and Practice Development (CPPD)

Following an audit of processes and systems supporting clinical skills and competency related training within Clinical Education and Development (formerly CPPD) for registered and non-registered staff a number of changes will be implemented on the **31st of January 2011**. These changes are necessary to ensure governance and clear audit processes are in place for individuals and line managers in relation to training and education. Line managers/charge nurses are accountable and responsible for ensuring the processes are followed as highlighted in the attached flow charts.

Changes for Registered Nurses

The charge nurse/line manager is responsible for ensuring

- Individuals are aware they are required to undertake pre-course reading associated with the clinical skill and associated accountability booklet prior to attending the training day.
- A designated mentor, who will undertake supervised practice, is allocated prior to individuals attending the day.
- Supporting individuals who fail the theory exam (associated with IV therapy and infusion devices only).
- Sign off of over all competency, copy of competency placed in individuals files and recording of date of achievement of competency on Empower or other staff management system via e-manager.
- A review of competency is undertaken every 2 years and recorded on Empower or other staff management system via e-manager.

Information on recording the date of successfully completion of competency for registered nurses will be available from the 31st of January 2011 located in the online help manual on the front page of empower or other staff management system. For any queries regarding these process and systems please contact HR Systems Officer 0131 465 5723 (ext 35723). If you have a query surrounding process and competencies for registered nurses please contact – Administration Manager on 01506 523958 (ext 53958) .

Non – Registered Nurses

For Trainee/Clinical Support Workers (T/CSWs)

- The C/N is responsible for identifying which competencies are required for the TCSW post

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- Once complete a copy of competencies to be returned to HCSW Development Team along with completed SVQ folder for verification.
- A copy of competencies should be held locally in individual's files.
- HCSW administrator will input competency achievement onto Empower or other staff management system, and generate letter of completion to T/CSW, C/N. If change of contract from TCSW to CSW is appropriate the letter will also be copied to HR
- A review of competency is undertaken locally every 2 years and recorded on empower or other staff management system via e-manager

CSWs undertaking supplementary competencies only

- Competency documentation downloadable from HCSW Development intranet page or from HCSW development team
- CN must identify competencies required and book relevant study days through HCSW administrator
- Once competencies are achieved they will be checked by C/N or delegated other. A copy of competency placed in individuals files and recording of date of achievement of competency on empower or other staff management system via e-manager by the C/N or delegated other
- A review of competency is undertaken every 2 years and recorded on empower or other staff management system via e-manager

If you have a query surrounding process and competencies for Non-registered nurses please contact – HCSW administration on 0131 536 8058

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Appendix 2

Extracted from NHS Lothian Guidance on development and review of training materials (2011)

In line with NHS Lothian’s document governance (NHS Lothian 2009a) process all teaching materials should have the following minimum document governance controls.

- A title (of teaching material for example IV therapy)
- A unique ID number - It is recommended that a format for the unique ID is related to title, version and date e.g. IV090211v2 (IV therapy- Date-version)
- An author/authors (Who developed the material)
- A category/level/type (1 – training)
- A document version
- A status (for example final (date) or draft (date)
- An authoriser (Direct line manager)
- A date of authorisation
- A review date (1 year provided no changes in policy or procedure)
- Date added to the intranet
- Key words (to be supplied by the author, so can be located on the intranet)
- Comments (to be supplied by the author, only if necessary)

As good practice these should appear on the front of the document, Figure 1 as highlighted on all NHS Lothian policies.

Figure 1 – illustration of table to be inserted on the front of all documents

Title	
ID	Author
Category	Document Version
Status Draft/Final	Review Date
Authoriser	Date Authorisation
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Front Page

TEACHING GUIDELINES ON
.....

**IN ASSOCIATION WITH PRACTICAL TEACHING BY A HEALTHCARE
PROFESSIONAL**

Name:.....

This teaching guideline is a general guide to be used in conjunction with an explanation from a healthcare professional. This teaching guide was produced by.....

We gratefully acknowledge the help of the staff of the Royal Hospital for Sick Children Edinburgh in the production of this template.

Page 1

TITLE/HEADING

Purpose of this document:

- *To support implementation of the policy/protocol to support patients and/or carers/support staff in*
.....
- *To aid with the instruction and ensure competency of patients / carers / support staff involved in*
.....
- *To provide guidance for staff to ensure a consistent and safe approach when supporting patients / carers / support staff involved in*
.....

Who should use this document?

Healthcare professionals involved in the instruction and care of a patient whereby the patient and/or carer /support worker wish to be involved in the administration
..... of

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Page 3

**OBJECTIVES FOR ADMINISTRATION
OF.....**

To enable you or your carer to:

Insert here what it is you require the patient/carer/support worker to be able to do.

Page 4

INTRODUCTION

This should include:

- *A description of the treatment/intervention.*

- *Why may a person require this to be done?*

THE PROCEDURE

Items required

List items required and any special requirements re storage etc.

The procedure

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A step by step description of the procedure

Page 5

INDIVIDUAL PATIENT REQUIREMENTS

Include here any details about for example, medication dosage, frequency, possible side effects etc. or details about specific procedures to be followed. You may wish to include a chart

Medication	Frequency	Dosage	Possible Side Effects

This information may change over time and a healthcare professional should discuss each change with you and / or your carer.

Page 6

WHEN TO SEEK HELP

Give details of when help should be sought.

HOW TO SEEK HELP

You may wish to include contact details as appropriate

	Name	Phone Number	Time Contactable

This information may change over time and should be updated as appropriate

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Teaching Checklist
EXAMPLE ONLY

	Discuss Procedure		Observe Procedure		Perform with Supervision		Perform with Supervision		Confident to Practise	
	Learner date	HCP Date	Learner date	HCP Date	Learner date	HCP Date	Learner date	HCP Date	Learner date	HCP Date
Describe medication/ procedure to be administered, why they are being used, expected benefits and potential side effects										
Demonstrate hand washing and discuss importance										
What equipment is required										
Describe and demonstrate the procedure										
Describe and demonstrate how to document										
Describe how to store and discard equipment										
Describe when to seek advice and to whom to they would contact for advice										

Learner's Name:.....

Health Care Professional's Signature:.....

Designation:.....