

Delegation Guidelines for Registered Nurses and Allied Health Professionals working with Non-registered clinical support staff (CPFT)

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Policy On A Page

SUMMARY & AIM

To provide a framework for the safe and appropriate delegation of tasks in the best interests of the client.

To outline the accountability and responsibility of the registered professional and clinical support worker

To facilitate the contribution of the clinical support worker in providing safe and effective client care within a multi-disciplinary clinical team.

To clarify the role of the registered professional in delegating tasks for patient care.

KEY REQUIREMENTS

This policy provides the framework for the safe delegation of tasks by registered staff to non-registered staff in CPFT.

Principles of delegation including ensuring the member of staff has adequate training to carry out the task, can document the task and is able to report any incidents or risks from their practice.

Non-registered staff must not be requested or carry out registered only practitioner work.

TARGET AUDIENCE:

This guidance applies to all professionally registered staff (excluding medical staff) who delegate tasks involving client care to non-registered clinical support staff and voluntary staff.

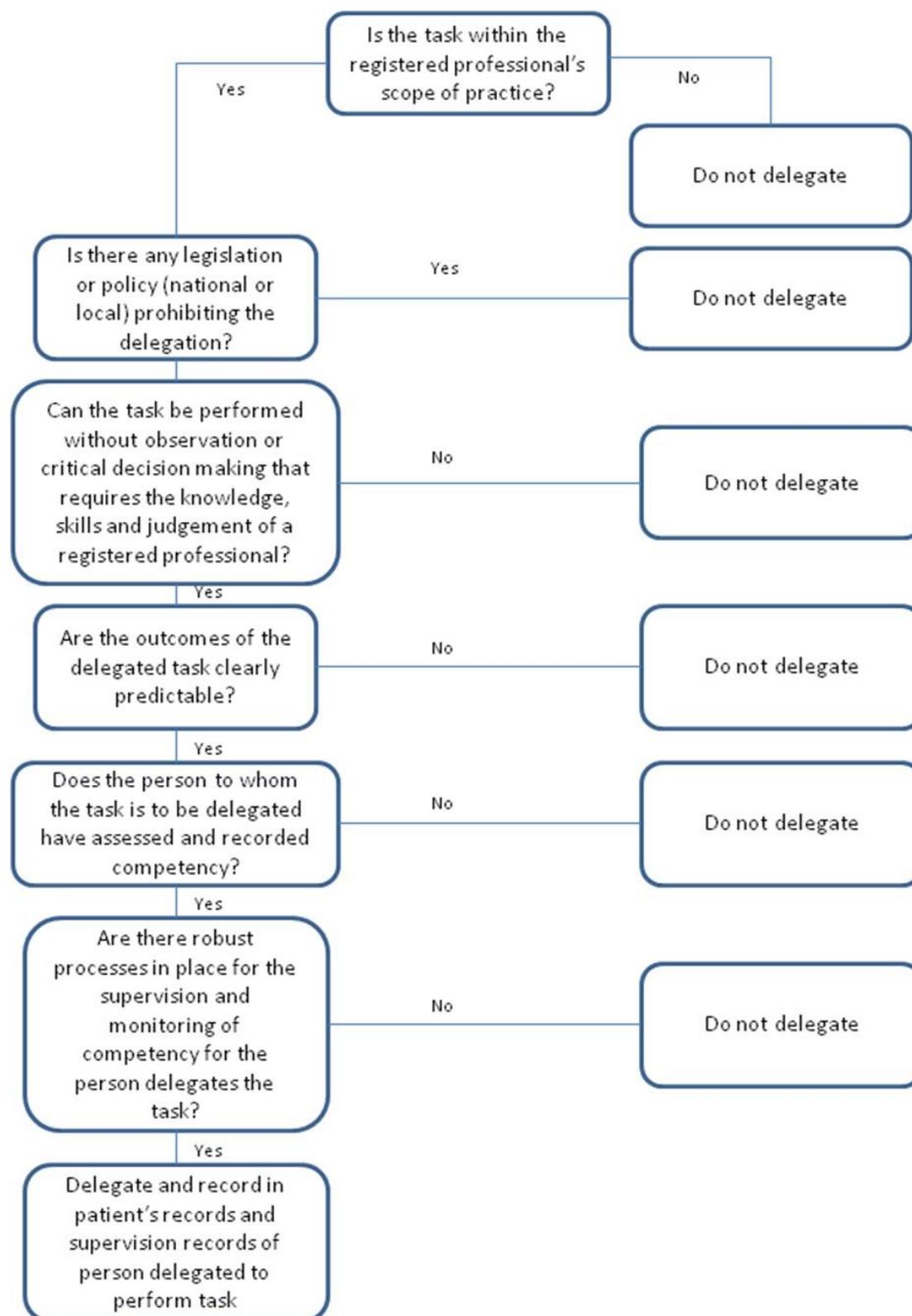
The guidance also applies to non-registered clinical support staff and voluntary staff undertaking delegated duties from professionally registered staff within Cumbria Partnership NHS Foundation trust.

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SUMMARY FLOW CHART – DELEGATION FLOW CHART



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1. INTRODUCTION

All practitioners should be fit for purpose and fit to practise ensuring an equitable service of best care for all clients within Cumbria Partnership NHS Foundation Trust

The delegation of client care must be appropriate, safe and in the best interests of the person receiving the care.

These guidelines are to provide support and guidance to registered professionals when delegating tasks to non-registered clinical support staff.

All registered professionals should refer to the guidance provided by their professional regulatory body e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC).

2. PURPOSE

This guidance applies to all professionally registered staff (excluding medical staff) who delegate tasks involving client care to non-registered clinical support staff and voluntary staff.

The guidance also applies to non-registered clinical support staff and voluntary staff undertaking delegated duties from professionally registered staff within Cumbria Partnership NHS Foundation trust.

3. POLICY DETAILS

3.1 Statement of Intent

To provide a framework for the safe and appropriate delegation of tasks in the best interests of the client.

To outline the accountability and responsibility of the registered professional and clinical support worker

To facilitate the contribution of the clinical support worker in providing safe and effective client care within a multi-disciplinary clinical team.

To clarify the role of the registered professional in delegating tasks for patient care.

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3.2 Delegation Principles

The professionally registered clinician must ensure that the non-registered clinical support staff member is competent to carry out the delegated task [see Summary Flowchart page 4 of 14]. This includes the ability to document the task in client records in a professional manner in line with CPFT Health Records Keeping Standards Procedure.

The professionally registered clinician must confirm that the outcome of any delegated task meets the required standard of practice and ensure support is provided through clinical and management supervision.

The professionally registered clinician is responsible for non-registered clinical support staff and should ensure they are supervised directly or indirectly.

Delegated tasks must be clearly documented, within a care plan and reviewed regularly by both the registered professional and support staff member.

Delegated tasks must not contain elements of professional practice i.e.: assessment, diagnosis, planning and evaluation, unless it is clearly stated in the Job description or job role that there is a requirement to be involved in the planning and evaluating care e.g. Mental health care co-ordination, these tasks remain the role of the professionally registered practitioner.

The non-registered clinical support staff member must report to the delegating professional any change in the clients condition or circumstance and document accordingly.

The non-registered clinical support staff member must not work beyond their level of competence and should not feel pressured in accepting delegated tasks that are beyond their skills and training. If the non-registered clinical support worker is not confident or competent to carry out the delegated task at any of the following three points they are accountable for notifying the registered professional as soon as possible. The registered professional is responsible for supporting the non-registered clinical support worker decision making process:

- ❖ At point of delegation if they have any concerns about safely completing the delegated task.
- ❖ During the undertaking of the delegated task if they experience a problem or concern.
- ❖ After the delegated task, if having completed the delegated task they have any issues or concerns that they want to discuss.

When a new skill within the scope of the non-registered staff member is required a competency level need to be established and the staff member assessed against

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this level of competency. Advice to achieve this is in the Competency Framework Policy (link below).

[POL-WOR-009](#)

Competency Framework Policy Joint POL-WOR-009

The professionally registered clinician remains responsible and accountable for the overall care of the client.

The non-registered clinical support staff member is accountable and responsible for their actions and the tasks they undertake.

The professionally registered clinician has the continuing responsibility to judge the appropriateness of the delegated tasks by reassessing the client's needs to determine that the delegated task remains appropriate, by observing the competence of the non-registered clinical support staff member to ensure competence has been maintained and evaluating whether the task can continue to be delegated.

3.3 Documentation

All professionals should record clinical activity in line with CPFT Health Records Keeping Standards Procedure and in accordance with their professional regulatory body.

3.4 Consent

All practitioners/clinicians should gain consent according to CPFT Consent to Examination & Treatment Policy and the Mental Capacity Act (2005) and Code of Practice (2007)

3.5 Incidents & Risk Management

The non-registered clinical support staff member must immediately inform the team leader/professionally registered practitioner of any change in the condition or circumstance of the client.

Where there are concerns about the practice of the non registered clinical support staff member, the registered practitioner should inform the support staff member that the care has not been delivered to the required standard. The line manager should be informed. Where concerns about standards of care cannot be addressed through supervision the CPFT Capability Policy should be referred to. The professionally registered practitioner should inform the non-registered clinical

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support staff member if the standard of care received by the client is not delivered at the required standard.

Any underperformance will follow CPFT Capability Policy.

4. TRAINING

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Learning and Development Policy.

5. MONITORING COMPLIANCE WITH THIS POLICY

This policy will be reviewed by the policy lead on a minimum 2 yearly basis. The review will consider new guidance and performance in relation to the application of this policy and associated guideline. The review will consider any reported incidents, risks and concerns which are relevant.

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
The professionally registered clinician must ensure that the non-registered clinical support staff member is competent to carry out the delegated task and the task is appropriately recorded	Notes audit	Team leaders	Care Group Governance	Annual
Non registered are competent to undertake delegated tasks	Competency records	Team leaders	Care Group Governance	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Care Group Governance minutes
- Risks will be considered for inclusion in the appropriate risk registers

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6. REFERENCES / BIBLIOGRAPHY

Chartered Society of Physiotherapists (2004), Delegation of Tasks to Assistants

Chartered Society of Physiotherapists, Royal College of Speech and Language Therapists, British Dietetic Association, Royal College of Nursing (Jan 2006) Supervision, accountability and delegation of activities to support workers. A guide for registered practitioners and Support Workers

Nursing and Midwifery Council (2008), Advice on delegation for Registered Nurses and Midwives

Nursing and Midwifery Council (2008) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives

Health Professions Council (HPC) Standards of conduct, Performance and Ethics (2008)

College of Occupational Therapists

Royal College of Nursing (2012) Delegating Record Keeping and Countersigning Records. Royal College of Nursing. London

Appendices

Appendix 1 List of job titles non clinical support workers

7. RELATED TRUST POLICY/PROCEDURES

Competency Framework Policy Joint POL-WOR-009

Consent to Examination and Treatment

Clinical Supervision Policy

Information governance Policy

Health Records Keeping Standards Policy

Confidentiality Policy

Management Supervision Policy

Capability Policy

Volunteer Policy

Clinical Risk Policy

Incident & SUI Reporting Policy

Clinical Preceptorship Policy

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8. DUTIES (ROLES AND RESPONSIBILITIES)

8.1 Chief Executive

The Chief Executive has ultimate accountability and responsibility for the safety of patients and staff. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care are provided with the appropriate tools and training to undertake their delegated duties.

8.2 Nominated Director: Executive Director of Operations and Nursing

The Executive Director of Operations and Nursing is the accountable Director for this Policy and will be responsible for providing assurance reports to the appropriate committee. The Trust Board will require assurance from the care groups that appropriate structures are in place and that staff are provided with appropriate training and resources to undertake their delegated duties.

8.3 Trust Board

The Trust Board will ensure there are appropriate structures in place for the management of newly appointed/qualified staff as outlined within the eligibility criteria across the trust.

8.4 Governance Quality and Risk

The Aligned Trust wide Clinical Governance is a sub group to the Board of Directors. It will receive assurance reports regarding the application of this policy in relation to those staff who meet the eligibility criteria.

8.5 Professional Heads/Leads

Professional Heads have the responsibility for advising on the scope of professional skills and competencies that are required in accordance with the guidelines from their professional body.

8.6 Associate Directors of Operations and Service Managers

Associate Directors of Operations are responsible for ensuring this policy is implemented and complied with across their Care Groups. This includes compliance with training and record keeping. This activity may be delegated to service managers where they are in post.

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8.7 Managers and Ward Sisters/ Team Leaders

Ward managers/Ward sisters and Team Leaders are responsible for ensuring all staff within their sphere of responsibility, attend training on this policy where appropriate; that this policy is implemented and documentation is completed. They will ensure this is monitored through audit. They will take action with individual staff where necessary where the policy is not being adhered to.

8.8 Clinical Staff

All professionally qualified clinical staff are responsible for ensuring that they comply with the Trust policies and their Professional Regulatory Body's Registration requirements to practice.

8.9 Non registered Clinical Support Staff

Have an ongoing responsibility to identify their own training needs in conjunction with their manager, job description and service specification. This must be acknowledged within the appraisal system. The registered practitioner has a responsibility to support this process in line with their professional accountability.

8.10 Trust Wide Governance Group

The Chair of the Trust Wide Governance Group will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy and receive monitoring reports as detailed in section 5.

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9. DEFINITION OF TERMS USED

TERM USED	DEFINITION
Accountability	the principle that individuals, organisations and the community are responsible for their actions and may be required to explain them to others.
Competence	is a bringing together of general attributes – knowledge, skills and attitudes; to have the skills and ability to practise safely and effectively without the need for direct supervision.
Delegation	the transfer to a competent individual, the authority to perform a specific task in a specified situation that can be carried out in the absence of that nurse or midwife and without direct supervision.
Non-registered clinical support	staff applies to nursery nurses, assistant practitioners health care assistants, multi-skilled assistants, support workers, link workers, and any other job role involving a non-professionally registered worker. [Appendix 1]
Professionally registered staff	would include the following registered nurses, registered physiotherapists, registered speech and language therapists, registered podiatrists, registered dieticians, psychologists and registered occupational therapists; (this list is not exhaustive).
Responsibility	a form of trustworthiness; the trait of being answerable to someone for something or being responsible for one's conduct.
Voluntary staff	includes all staff who are involved in the care of clients whose main care is assessed and managed by Cumbria Partnership NHS Foundation Trust.

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APPENDIX 1 - JOB TITLES FOR NON-CLINICAL SUPPORT WORKERS

Rehabilitation Assistant
Rehabilitation Support Worker
Occupational Therapy Assistant
Occupational Therapy Technician
Occupational Therapy Technical Instructor
Health Care Assistant
Community Support Worker
Trainee Assistant Practitioner
Assistant Practitioner
Nursery Nurse
Dietetic Assistant
Activity Assistant
Activity Co-Coordinator
Physiotherapist Assistant
Physiotherapist Technical Instructor
Social Care worker

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DOCUMENT CONTROL

Equality Impact Assessment Date	Not required
Sub-Committee & Approval Date	All Care Group Governance Committee members - November 2018

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1	27/08/2013	27/08/2014	27/10/2018

Statement of changes made from version

Version	Date	Section & Description
1.1	10/12/2018	<ul style="list-style-type: none"> Documented transferred to CPFT 2018 Policy Template.
1.2	18/12/2018	<ul style="list-style-type: none"> P 7 Competency policy link added
1.3	01/03/2019	<ul style="list-style-type: none"> Section 3.3 – removed dates from the link to the Competency Framework policy Section 5, monitoring table reviewed to specify elements being monitored, correct table template to be used. Section 8 updated to include the approving committee and its responsibilities. Formatting amendments

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Helen McGahon	Interim Associate Director of AHPs	10/12/2018
Helen Boit	Network Quality and Safety Lead	18/12/2018

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