



# Northern Ireland Practice and Education Council (NIPEC)

## Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery

# **hello**  
my name is...

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# The purpose of delegation:

to ensure the most appropriate use of skills within a health and social care team to achieve **person-centred care and service outcomes**



being **person-centred**



# How did we do this?

**CNMAC March 2018**

**Presentation to  
EDoNs Aug 2017**

**Testing Sept – Nov  
2017**

**Final Draft December  
2017**

**Testing May – June  
2017**

**Review July 2017**

**CNMAC December  
2015**

**Workshop October  
NIPEC 2016**

**Draft outline March  
2017**

**Scoping Exercise CEC  
2015**

**Regional Workshop  
NIPEC CEC  
2015**



# Before we start....





**Table 1**

1. Nurse/Midwife to Health Care Support Work Staff	2. Nurse/Midwife to Social Care Staff	3. Nurse/Midwife providing training to Social Care Staff	4. Nurse/Midwife to user/carer
<b>Phase 1 applicable and tested in service settings</b>	<b>Some testing during Phase 1 – requires principles for application and regional agreement</b>	<b>Not tested or explored during Phase 1 - requires principles for application and agreement regionally</b>	<b>Not tested or explored during Phase 1 due to the complexity of arrangements e.g. under direct payment schemes. Requires further understanding of relevant legislation and responsibilities of orgs./staff</b>



# Defining delegation

The process by which a **nurse or midwife** (delegator) allocates **clinical or non-clinical tasks and duties** to a **competent** person (delegatee).

The **delegator** remains **accountable** for the **overall management of practice**, for example, in a clinical context: the plan of care for a service user, and accountable **for the decision to delegate**. The delegator will **not be accountable** for the **decisions and actions of the delegatee**.

(adapted from All Wales Guidelines for Delegation, 2010).



# Who is it for?

Nurses and Midwives  
and...

Anyone being delegated to  
by a nurse or midwife

## Implications for:

- Employers
- The public in NI



# The Framework

- Context
- Accountability and Responsibility
- Process





# Context Principles

- 1. Care and Practice environments** are organised to support effective decision making processes.
- 2. Organisational governance arrangements** are in place to support effective delegation decisions.
- 3. Professional, legislative and regulatory requirements** that confer responsibility and accountability on registered and non-registered staff across organisations and between are considered.



# The Importance of Context

**For example:**

- **Safe staffing ratios**
- **Organisation of care and care environments**
- **Policies and procedures**
- **Job descriptions**
- **Processes for raising and escalating concerns**

**Care and Practice environments** are organised to support effective decision making processes. This requirement includes:

- ensuring safe nurse/ midwife staffing ratios
- appropriately skilled and developed staff to meet required standards<sup>8</sup>
- appropriate provision of resources to meet required standards
- appropriate organisation of care or practice
- appropriate environments for practice, care and treatment to be provided.

**Organisational governance arrangements** are in place to support effective delegation decisions. This requirement includes:

- provision of policies and procedures
- accessibility for staff to organisational policy and procedure documents including clinical and professional standards
- accessibility of appropriate job descriptions
- accessibility of appropriate learning and development opportunities for all staff
- processes for immediate raising and escalating of concerns.



# The Importance of Context

Professional, legislative and regulatory requirements that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered. This requirement includes consideration of:

- the NMC and other regulatory codes in decision making
- accountability for decisions to delegate
- accountability for deeming the delegatee competent at the point of decision making
- accountability for confirming that the delegated task has met the required standard of outcome
- the scope of non-delegable tasks and duties for example: midwifery practice, prescribing and detention under mental health legislation.

**For example:**

- **Consideration of regulatory codes**
- **Employee accountability related to code of practice**
- **Scope of non-delegable tasks**



# Making a Decision to Delegate

- Accountability
- Responsibility
- **Process** which comprises the right:
  - Task
  - Circumstance
  - Person
  - **Direction**
  - Support and evaluation







## *Accountability*

**Accountability** in the context of nursing and midwifery delegation means that a registered nurse or midwife is answerable for choices, decisions and actions measured against a specified standard or standards.

For those who are delegating nursing and/or midwifery tasks and duties this includes accountability to consider and adhere to:

- Professional standards
- Employment standards
- the delegation decision making process  
and for confirming
- the safety, quality and experience of the outcome against the described standard.

For those individuals who are accepting the delegated task or duty (delegatee), being accountable for their own actions includes adherence to:

the described professional standards  
employment standards  
acting within organisational policies and procedures.





## Responsibility

In the context of delegation of nursing and midwifery tasks and duties taking **responsibility** means that a registered nurse or midwife should be prepared and able to give an account of his or her actions for any decision to delegate.

### The delegator has

- authority to delegate the task
- competence relating to the task<sup>9</sup>
- undertaken an assessment of need prior to decision making and obtained any required consent
- undertaken a risk assessment as to whether or not the task is delegable in the particular circumstance
- provided clear direction to the delegatee, checking competence and understanding to carry out the task
- provided the necessary level of supervision for the delegatee
- ensured a process is in place to enable regular and ongoing review and evaluation of the outcome of the delegated task in the context of the ongoing assessment of clients changing needs.

### The delegatee

- confirms acceptance of the task
- communicates the outcome (written and/ or verbal)
- understands the factors that inform the delegation decision making process
- communicates or reports relevant changes to the delegator which may impact on safety or the outcome, taking into consideration the delegation decision making factors
- maintains his/her own competence
- works to the terms of his /her employment
- works to the organisational policies and standards including raising and escalating concerns
- adheres to relevant codes of practice.



*Process*

**Process** which comprises the right:

Task

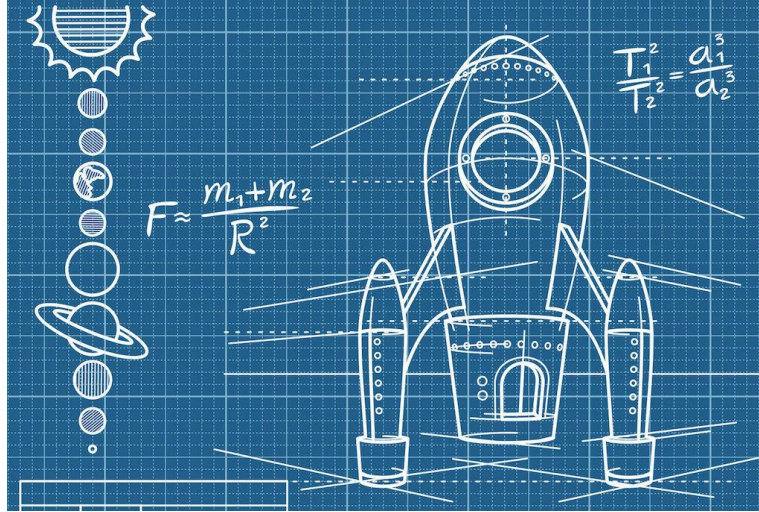
Circumstance

Person

Direction

Support and evaluation

# To note....



***'A nurse or midwife who delegates tasks and duties must be able give account as to why a decision was taken.'***

- **provides structure for evidencing decisions**
- **prompt thinking about review of outcomes**





# Decision Support Matrix

## Assumptions:

- Accountability and responsibility have been considered and assured.
- A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
- Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.





**TABLE 1: DECISION SUPPORT MATRIX**

**Assumptions:**

1. Accountability and responsibility have been considered and assured.
2. A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
3. Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.

**Key:**

- All green – delegate
- One or more amber and no red – professional judgement and mitigating action required
- One or more red – do not delegate

Potential for [patient/client] harm	Low Risk of Harm	Medium Risk of Harm	High Risk of Harm
Can the limits of the task be clearly described without decision making?	Clear task limits – Does not involve decision making beyond the scope of the task	Task has limits that may change within described parameters using decision support	Critical and analytical decision making necessary
Has the delegatee appropriate knowledge, skills and confidence to carry out the task?	Competent and Confident	Requiring some additional knowledge and skills development and /or expressed need for some additional supervision	Not competent and / or not confident
What level of person-centred communication to the delegatee is required?	Simple communication required about the task and expected outcome	Some complex communication required about the task and expected outcome	Complex communication required about the task and expected outcome
Complexity of care	Uncomplicated	Medium levels of complexity	Highly Complex
Can the task be performed in systematic steps?	Yes	Yes - some with decisions required between steps	No – critical and analytical decision making necessary between steps
Does the task require modification?	No	Some with directed decision support	Yes - Critical and analytical decision making necessary
Predictability of the outcome	Highly predictable	Medium levels of predictability	Low predictability
Is the outcome of the task predictable?	Yes	Predictable under certain conditions	No
Is the condition of the person receiving care stable?	Yes - Stable	Prone to fluctuation within predictable described limits	No - Unstable
Are there timely feedback mechanisms to confirm the outcome?	Yes	Yes but a delay may occur in feedback of outcome – some mitigation may be needed	No





### APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

#### EXAMPLE OF LOW RISK: DELEGATE TASK



**ASSESSMENT**  
Linda is 46 years old and has been admitted to a day surgery unit to have her gall bladder removed by laparoscopy. She returns to the ward area following an uncomplicated procedure with two small wounds that are covered with surgical dressings. She wishes to get out of bed and walk to the bathroom post procedure, prior to discharge.



**ASSESSMENT**  
Staff Nurse Amy is responsible for Linda's care before and after her procedure. A nursing assessment prior to transfer to theatre had not revealed any nursing needs beyond pre and post-operative care including health education. Linda was fully independent prior to admission. Amy has been monitoring Linda since her return from recovery. All vital signs have been within appropriate ranges, based on Linda's pre-assessment information and baseline measurements on the morning of surgery. Linda's wounds are dry and she has had pain medication administered orally which has relieved her pain, following the prescription on her post-operative medications chart.  
Amy considers the decision support framework and realises that the only question she is unsure of is whether or not Delia, a recently appointed Senior Nursing Assistant, is confident to take on the task unsupervised.



**DECISION**  
Amy approaches Delia and explains that Linda needs to be accompanied to the bathroom as this is her first time out of bed post-operatively. Delia discusses with Amy her experience of undertaking similar tasks in her previous place of employment. Delia assures Amy that she understands the need to raise the alarm if Linda feels unwell at any stage and describes what she would do in that event to Amy's satisfaction. Amy delegates the task of accompanying Linda to Delia and records this in Linda's nursing record when she is evaluating the nursing plan of care.

### APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

#### EXAMPLE OF MEDIUM RISK: PROFESSIONAL JUDGEMENT REQUIRED



**ASSESSMENT**  
John is a 58 year old man who has had a laryngectomy valve in place for 22 years. His wife Joan has carried out the twice daily cleaning of the valve because he has always found it difficult to manage himself. Joan has recently developed sight difficulties and is no longer able to clean the laryngectomy valve. There are no other family members able to provide care. John has been referred to the District Nursing team.



**ASSESSMENT**  
An assessment is made by the District Nursing Sister, Gina who manages the team, and a plan of nursing care described working with John to agree an appropriate level of care. Using the decision support tool, Gina realises that most of the indicators for the task of caring for the valve could potentially be 'green' allowing delegation to occur, if the team had the knowledge, skills and confidence to carry out the task, the process for the task performed in steps and the outcome consistently predictable, linked to the stability of John's condition. Both registered and un-registered staff within the team are not competent in caring for a laryngectomy valve and the stability of John's condition is not known. The visits will be required indefinitely which will have an impact on the capacity of the team.



**DECISION**  
The district nursing team members agreed that they were not competent in care of a laryngectomy valve. Three members of the team attended a local care setting of excellence in practice to undertake training. This ensured all registered staff were competent in care of laryngectomy valve BEFORE considering delegation to a Senior Nursing Assistant (SNA).  
The current trust policy did not include care of a laryngectomy valve in a community setting - which required changing.  
A process to assure and monitor the ongoing competence of SNAs was approved and implemented.  
Registered staff carried out the task for a period of time to assess the predictability of the outcome, the systematic steps in the process and the stability of John's condition, before delegating.  
Having assured and recorded all of this information the task was delegated to competent SNA team members, with regular review by the District Nursing team.

### APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

#### EXAMPLE OF HIGH RISK: DO NOT DELEGATE



**ASSESSMENT**  
Ernest is an 84 year old man who has been admitted to hospital with an extension of a pre-existing stroke he had 12 months ago. He is orientated and although drowsy most days, he has capacity and is able to provide consent for care and treatment. He has been agitated since admission due to the further loss of movement he has experienced, and mild slurring of his speech. His pressure points were assessed on admission and Ernest was deemed high risk for pressure damage with a Braden Score of 10. He is exhibiting signs of depression related to his rehabilitation and is refusing to be assisted out of bed.



**ASSESSMENT**  
Ben, the Deputy Charge Nurse, is responsible for Ernest's care on shift. He receives handover from Monica on nightshift, and realises that Ernest will need significant assistance with his personal hygiene, mobility, nutritional and psychosocial needs. Working with him on the team is Asha a senior nursing assistant. They are looking after 8 people together, with a range of acuity and dependency needs. Ben knows Asha has worked in the ward team for 5 years and is very used to working with people who have experienced stroke. She has undertaken training in specialist moving and handling techniques and is competent to assist Ernest. Ben's initial assessment leaves him uneasy about delegating Ernest's personal care to Asha.



**DECISION**  
Ben decides to use the delegation decision support tool to reflect on his initial professional judgement. He decides that a nursing assessment of Ernest is required whilst undertaking the tasks associated particularly with his personal hygiene needs and skin assessment. This task requires a level of clinical judgement that is outside of Asha's competence. He assures himself that he cannot describe all of the elements that Asha needs to look for in a succinct instruction, and additionally, given Ernest's low mood and agitation, a psychosocial assessment can be undertaken whilst caring for his personal needs. Ben decides not to delegate the task to Asha.



**WHAT  
NOW?**



**Table 1**

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**How do we support nurses and midwives to use this framework?**



