NIPEC
Northern Ireland Practice & Education Council

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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A REVIEW OF

Delegation in Practice

Enabling People to Live Well 'Closer to Home'

ANNEX 6

Scoping Best Practice Models for Delegation of Health Care Interventions in Other Jurisdictions (including NI)

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1.0 Executive Summary

The overarching report: **A Review of Delegation in Practice: Enabling People to Live Well 'Closer to Home'** incorporates learning from a number of Annex reports incorporated within the document. This document is Annex 6 and provides an overview of **Best Practice Models of Delegation of Healthcare Interventions in Other Jurisdictions (Including Northern Ireland).**

This report reviews current practice, governance and guidance for the delegation of healthcare interventions to social care practitioners and personal assistants (PAs) across the four UK jurisdictions and the Republic of Ireland (ROI). The aim is to learn from policy development, to inform safe and effective delegation and ensure governance frameworks align with professional standards and legal requirements.

Delegation is increasingly recognised as a pragmatic response to service demand, enabling person-centred care, timely interventions, continuity, and flexibility in people's home settings. Evidence and national guidance indicate that when structured, competency-based and adequately supervised, delegation can deliver measurable benefits. Persistent challenges remain however, including inconsistent governance, unclear accountability, training gaps, and limited workforce planning between health and social care sectors.

Key findings emphasise the need for robust governance arrangements, competency-based training and ongoing supervision. Professional bodies and regulators consistently state that accountability remains with the delegating professional for the decision to delegate and that interventions must be delegated only to individuals who are competent, supported and working within organisational policy. **See Annex 5, Standards and Guidance Set Out by Regulatory and Professional Bodies Regarding Delegation of Healthcare by Healthcare Professionals.** Variations of models across jurisdictions underline the importance of shared protocols and co-produced models across health and social care.

Recommendations include:

- Establishing clear governance and accountability frameworks, supported by formal agreements between health and social care organisations;
- Implementing competency-based training and regular review mechanisms;
- Ensuring ongoing supervision arrangements are agreed and where appropriate clinical oversight by a registered practitioner, with escalation protocols;
- Shared workforce planning across sectors to ensure population health needs are met by the right person, with the right skills, at the right time, in the right place to support safe, high quality sustainable model;
- Developing shared, co-produced protocols, care planning, communication and decision-support tools; and
- Embedding risk management, monitoring, and evaluation within all delegation models.

These measures are essential to safeguard patient safety, uphold professional standards and enable shared governance to provide sustainable models of care delivery in people's homes.

2.0 Scope

This report examines the current practice, governance guiding documents for the delegation of healthcare interventions to social care practitioners and personal assistants across the four UK jurisdictions (England, Scotland, Wales, Northern Ireland) and the Republic of Ireland. The scope includes:

3.0 Methodology

The approach adopted for this report was a desk-based scoping review. The methodology did not include a detailed review of direct payments legislation which is available in Annex 4. It did not include stakeholder interviews regarding staff experience of delegation to personal assistants under Direct Payments and social care practitioners employed by Trusts and Third-Party Provider organisations: which are available in Annex 1, 2 and Annex 3, respectively. The findings are based on secondary sources and publicly available guidance.

4.0 Introduction

Delegation of health and social care interventions takes place across many professional groups within HSC Trusts, care settings and across third party agencies.

Evidence has shown that there is a strong argument for delegation, assuming that conditions are met, as such; that it can be done appropriately and safely. Where that is the case, it was said to benefit social care practitioners, registered clinicians and those accessing care and support services. In particular, it can mean timely, flexible delivery of interventions and procedures, better continuity of care and more person centred care (Skills for Care Research, 2022)[1].

Interpretations of delegation of healthcare across the health and social care sector are wide-ranging and the governance structures and processes for delegation are varied.

Concerns had been raised by Registered Nurses (RNs) regarding delegation of increasingly complex tasks and the associated implications for the delivery of safe and effective care consistent with professional registration requirements, in particular under Direct Payment legislation. Legislation within Northern Ireland (NI) specifies a distinction between `health care` and `social care`, with direct payments only being available for the provision of social care tasks. This classification of healthcare or social care in practice, appears to be raising some issues around ambiguity or misperceptions and as a result, increased concerns are being expressed, including a view that a review of current legislation is necessary. Therefore, it is important to gain a greater understanding of the delegation of complex healthcare and the challenges this may be presenting under the Direct Payments Scheme.

The Carers and Direct Payments Act (Northern Ireland) 2002[2] outlines HSC Trusts provision of direct payments, in lieu of services. The Act provides a legal definition and recognition of carers, and places duties on HSC Trusts, with a duty to provide a carers

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[1] Skills for Care (2022) *Research into social care workers undertaking healthcare interventions. Leeds: Skills for Care*

[2] *Carers and Direct Payments Act (NI) 2002*. Belfast.

assessment of their own needs and also to offer support directly for carers. The legislation is further explored in Annex 4 of the Task and Finish Group full report.

Additional concerns were raised by RNs regarding potential governance challenges or variation of practice and guidance where healthcare professionals delegate to social care practitioners employed both within the same organisation and by third party care providers. When an intervention is being considered for delegation the HSC Trust remains responsible for the person's overall management and has a duty of care requiring that a reasonable standard of care is exercised when providing support (or omitting to provide support) that could foreseeably harm others. Duty of care also includes respecting the person's wishes and protecting and respecting their rights.

The Chief Nursing Officer (CNO) in seeking to understand these issues, established an Oversight Group with a number of Task and Finish Groups to consider specific aspects and identify possible solutions. Within this structure the Delegation of Healthcare Interventions to Social Care Practitioners and Personal Assistants in People's Own Home Task and Finish Group was co-chaired by Professor Linda Kelly, Northern Ireland Practice and Education Council (NIPEC) and Dawn Ferguson, Interim Executive Director Nursing Midwifery, Allied Health Professional (AHP), Southern Health and Social Care Trust (SHSCT) until her departure in September 2025. Subsequently transferred to her successor Grace Hamilton in this role.

The Task and Finish Group Terms of Reference, objective IV aimed to consider best practice models for delegation of health care interventions in other jurisdictions.

5.0 Supporting Frameworks and Guidance in Northern Ireland

Understanding NI's arrangements is essential because health and social care governance, professional regulation, and delegation frameworks differ across the UK. NI operates an integrated Health and Social Care system with its own statutory guidance, workforce structures, and accountability mechanisms. Without establishing

what applies locally, any comparison risks misinterpretation, overlooking unique legal duties, or proposing models that are incompatible with NI's regulatory context.

In 2019, NIPEC co-produced and launched the Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery[3] framework for nurses and midwives in collaboration with the Social Care Council. The framework aligns with the Social Care Council's role to support the development of the social care workforce. The framework is used to support the decision-making process for nurses and midwives in delegation of health care interventions. It recognises the responsibility of organisations, and individuals employing nurses and midwives, to ensure appropriate arrangements are in place to support safe, effective, and person-centred delegation decisions. The framework identifies three requirements for consideration in ensuring safe and effective decisions about delegation by nurses and midwives:

- ✓ Firstly, the care environment needs to be considered, ensuring that adequate and appropriately skilled staff, alongside an appropriate model of care with adequate resources are in place;
- ✓ Secondly organisational governance arrangements need to be in place, including: accessible policy and procedures that meet professional standards; alongside appropriate job descriptions that accurately reflect the scope of practice and are supported with appropriate learning and development opportunities; as well as clear processes for escalation where concerns are identified; and
- ✓ Thirdly, consideration is given to the professional, legislative and regulatory requirements that impact the delegation decision and process, these include responsibilities of both the delegator and the delegatee.

In seeking to decide to delegate, it is assumed that accountability and responsibility has been addressed, that an assessment of the person's needs has been undertaken and that a clear process for escalation is in place, should a concern be raised. A matrix

[3] Northern Ireland Practice & Education Council for Nursing and Midwifery (2019) *Deciding to delegate: A Decision Support Framework for Nursing and Midwifery*. Belfast: NIPEC

to support decision making is included in the framework to provide guidance and assurance that all necessary aspects have been considered in the decision-making process.

6.0 Framework for Delegation of Complex Tasks to Social Care Workers in Northern Ireland

The Framework for delegation of complex tasks to social care workers in Northern Ireland was issued by the Office of Social Services, Department of Health (DoH) NI in 2019 Circular-OSS-02-2019.pdf[4]. The purpose of this Circular is to address key issues in the process of delegation within the context of social care services and the circular sets out the processes and considerations when making formal decisions around delegation of complex tasks to social care workers. The circular is intended for social care workers, social workers, social care managers and employers. The circular outlines key roles, responsibilities and considerations to ensure the safe and effective delegation of complex tasks as part of social care services. It is also intended for use by any health and social care professional who delegates a health or social care task to a social worker or social care worker.

The framework states:

'*The delegator is responsible for their decision to delegate an intervention to a social care practitioner/social worker. A professional who delegates an intervention to a social care practitioner is not accountable for the decisions and actions of the practitioner who carries out the intervention. The social care practitioner is accountable for the intervention that they accept to undertake and for their actions in respect of performing these interventions*'. (OSS, 2019, par 4.2)

[4]Department of Health (2019) *Office of Social Services 02/2018. The Framework for the delegation of Complex Tasks to Social Care Workers in Northern Ireland.* Belfast: DoH

The social care practitioner is accountable to their employer and to the Social Care Council as their regulator. The framework sets out a detailed process and set of questions/considerations to support safe decision making for delegation.

7.0 The Advisory Committee of Allied Health Professions (ACAHP) Position Statement on Delegation

The Advisory Committee of Allied Health Professions (ACAHP) Position Statement on Delegation was issued in 2025: outlining key principles of AHP Delegation Position (ACAHP Position Statement) it outlines the following:

Accountability

- ✓ 'You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively. You must continue to provide appropriate supervision and support to those you delegate work to.

Competence

- ✓ The individual delegated to, must have the necessary training, skills, and experience. Competence must be assessed, not assumed. If competence is not yet achieved, the AHP registrant must provide training and supervision to that individual.

Supervision and Support

- ✓ The level of supervision depends on the task and the individual's experience. Some tasks require direct oversight, while others allow for more independent working.

Clarity of Communication

- ✓ There should be a clear rationale for delegation documented, with the scope and limits of the delegated task clearly defined. AHP registrant's contact details should be provided to allow feedback and resolution of any issues.

Legal and Ethical Considerations

- ✓ Delegation must comply with HCPC regulations, employer policies, and ethical standards. AHP registrants must not delegate tasks that require professional judgment beyond the skills of the individual performing them.' (ACAHP, 2025)

Who do AHP registrants delegate to?

AHP registrants primarily delegate to AHP support staff, who are trained to assist in delivering specialised care. These staff are highly skilled within their roles and work under the close supervision of AHP registrants to ensure that delegated tasks align with clinical treatment plans. AHP registrants also delegate to students during practice-based learning.

What does not constitute delegation for AHP registrants?

AHP registrants often provide professional advice and recommendations to service users, carers, and others involved in supporting their needs. Examples include advice on self-management; manual handling and use of associated equipment; recommendations on the best way to perform certain tasks; recommendations on supportive environments. These examples are classed as professional advice or recommendations and do not constitute delegation for AHP registrants. AHP registrants also signpost service users to other professions and services, again this does not constitute delegation but is a referral to another profession or service.

For delegated tasks AHP registrants remain accountable for the decision to delegate, ensuring that the individual accepting the task is competent and supported. However, delegation is not 'task substitution'. While certain tasks can be shared, AHP registrants cannot delegate their specialist expertise, clinical reasoning, or professional decision-making.

8. HSC Trust Operational Policies and Governance Arrangements

Each of the HSC Trusts in NI have varying levels of formalised structures, processes and policies that directly and indirectly support arrangements for delegation of health

care interventions. There are variations in practices regarding delegation of health care across Trusts within NI.

9. Department of Health, NI Guidance and Legislation

Understanding the Departments guidance and the legislation governing care for people who draw on care and support is essential when considering the scope of practice for social care practitioners. Although not specific to the delegation of healthcare tasks, this guidance outlines the expected roles and responsibilities of staff, along with the skills and knowledge required to deliver safe and effective care. In doing so, it provides a framework for determining what constitutes appropriate delegation of healthcare activities.

Carers and Direct Payments Act (Northern Ireland) 2002 Whilst Direct Payments (DPs) have been available in Northern Ireland since the 1990's (DHSS, 1996), successive government policy and legislative initiatives including the Carers and Direct Payment Act (NI) 2002 have sought to encourage take up of opportunities for service users to directly purchase services appropriate to meeting their needs. Current SDS policy, which incorporates DPs, was introduced in NI in 2015; Employing a Professional Carer or Personal Assistant | nidirect[5] .

In recent years there has been increased challenge by members of the public regarding the appropriate use of DPs for health and social care support based on interpretation and application of the legislation. A group has been established under the auspices of the Department of Health to further explore these challenges and provide clarity to support consistent application. The legislation for delegation under DPs is interpreted and applied differently across organisations and programmes of care, in particular how it can support health care interventions; Employing a Professional Carer or Personal Assistant | nidirect. This lack of clarity has resulted in variation of practice across organisations within NI. Department of Health NI Guidance

[5] nidirect (2015) *Employing a professional carer or personal assistant.* Belfast: Government

on Home Care Provision, has not been updated for many years in Northern Ireland. However, it does reflect a progression from basic domestic support toward a person-centred care system integrated within wider health and social care reforms. All sources define homecare (or domiciliary care) as care provided in the individual's own home.

The common goal is to maintain independence, dignity, and avoid unnecessary institutional care (preventative/rehabilitated approach). The scope of services is described as:

- ✓ Personal Care: Assistance with washing, dressing, toileting, medication; and
- ✓ Domestic Support: Household tasks like cleaning, cooking, shopping.

The policy documents aim to support individuals who cannot meet their own care needs due to illness, disability, frailty, or family circumstances, emphasising the values of health, hygiene, safety, dignity, and well-being.

The Future Provision of Home Help Service in NI[6] circular published in 1980marked the first formal guidance on home help services, focusing primarily on domestic tasks such as cleaning, shopping, and meal preparation. Its aim was to help older people remain in their homes rather than move into institutional care. At this stage, services were largely task-oriented, with minimal reference to personal care or formal eligibility criteria.

Domiciliary Care Access Criteria 2008 - ECCU[7] policy aimed to standardise access criteria for domiciliary care across NI. Domiciliary Care is defined here as the provision of personal care and associated domestic services that are necessary to maintain an individual person in a mutually agreed measure of health, hygiene, dignity, safety and ease in their home.

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[6] Department of Health and Social Services (Northern Ireland) (1980) *Circular HSS/18. The future provision of home help in Northern Ireland*: Belfast: DHSS.
[7] Department of Health and Social Services and Public Safety (Northern Ireland) (2008) *Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care*. Belfast: DHSSPS

Personal care (within Domiciliary Care) is defined as undertaking any activity which requires a degree of close personal and physical contact with individuals who regardless of age, for reasons associated with disability, frailty, illness, mental health or personal physical capacity are unable to provide for themselves without assistance. This policy introduced regional access criteria, eligibility bands (Critical, Substantial, Moderate, Low) and promotes independence and preventative care.

2010: Circular HSC (ECCU) 1/2010 Care Management, Provision of Services and Charging Guidance[8] (currently under review) provides updated guidance for Health and Social Care (HSC) organisations in NI on:

Care Management: How to assess and manage individuals' health and social care needs, with a focus on person-centred and proportionate approaches; and
Provision of Services: Guidance on arranging care services such as domiciliary care, day care, respite, and residential/nursing home placements, including service users' rights to choose accommodation. Domiciliary care is defined here as the provision of personal care and associated domestic services that are necessary to maintain an individual person in a mutually agreed measure of health, hygiene, dignity, safety and ease in their home.

Domiciliary Care Service Registration (Northern Ireland) - GOV.UK[9] legislation establishes the legal framework for regulating health and social care services in NI. It sets out the powers and responsibilities of the Regulation and Quality Improvement Authority (RQIA) and outlines the standards for registration, inspection, and enforcement across various care settings. This legislation defines Domiciliary Care as: regulated service provided in the home for those unable to meet their own care needs.

Domiciliary Care Agencies Minimum Standards 2011[10] (currently under review) sets out updated minimum standards for domiciliary care agencies in NI. It aims to ensure

[8] Department of Health and Social Services (Northern Ireland) *Circular HSC (ECCU) 1/2020: Care Management, Provision of Services and Charging Guidance*. Belfast: DHSSPS
[9] UK Government (ND) *Domiciliary care service registration (Northern Ireland)*. Belfast: Government.
[10] Regulation Quality Improvement Authority (2011) *Domiciliary Care Agencies: Minimum Standards, Version 1: August 2011*. Belfast: RQIA

that services delivered in people's homes are safe, person-centred, and of high quality, and that agencies operate in compliance with legislation and best practice.

This evolution demonstrates a trajectory from basic home help in 1980, to a regulated and integrated domiciliary care system today. However, work carried out by Strategic Planning and Performance Group (SPPG) commencing April 2024, identified variances across HSC Trusts, in terms of; commissioned services and that the tasks currently being undertaken by domiciliary care workers were not reflected in the guidance and confirming the outdated extant circular is not reflective of the current home care model. The Care Management Circular and Domiciliary Care Standards are currently being reviewed by the DoH.

10. Scotland

Scottish guidance Making Delegation Safe and Effective[11] published in 2024, has been developed for nurses, midwives, allied health professionals and healthcare support workers working in health or care settings across Scotland. Bringing together guidance from professional bodies, the law and best practice it aims to help nurses, midwives, AHPs and healthcare support workers to access information and advice on making informed decisions about delegating and accepting tasks and duties. The resource promotes appropriate delegation for all staff, who delegate or who are delegated to and covers:

- ✓ the elements of safe delegation using the 5Rs process;
- ✓ advice and guidance from professional bodies;
- ✓ examples of delegation in practice highlighted through scenarios and video case studies.

[11] National Health Service Education for Scotland (2024) *Making Delegation Safe and Effective*: *a learning resource for nurses, midwives, allied health professionals and healthcare support workers*. NHS Education for Scotland

11. Wales

All Wales Guidelines for Delegation[12] national guidelines introduced in 2020, 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. The guidelines are designed to support integrated care systems, promoting collaboration between health professionals and social care workers. They provide direction for Social Care Managers in Wales[13] on how to handle the delegation of tasks from health staff to social care workers, ensuring that the delegation is safe and effective. These national guidelines aim to clarify and support the delegation process to:

- ✓ Support staff to delegate appropriately;
- ✓ 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; and
- ✓ Reduce waste, variation and harm.

12. England

The Delegated Healthcare Voluntary Guiding Principles[14] were co-developed by Skills for Care, the Department of Health and Social Care and partners, including the CQC, in May 2023 and refreshed in November 2024 following an independent evaluation. They contain key areas to ensure that delegation is person-centred, clinically appropriate, safe and effective. Skills for Care is a strategic workforce development and planning body for adult social care in England. As an independent registered charity (established in 2002) they work in partnership with employers, the Department

[12] Health Education and Improvement Wales & Social Care Wales (2020) *All Wales Guidelines for Delegation.* NHS Wales/Social Care Wales
[13] Social Care Wales (2026) *Practice guidance for social care workers and managers*. Cardiff: Social Care Wales
[14] Skills for Care (2024) *Delegated healthcare activities: Voluntary guiding principles and supporting resources*. Leeds: Skills for Care

of Health and Social Care, government bodies, and strategic partners. Skills for Care share Supporting Resources[15] on their website including:

- Competency frameworks;
- Governance and accountability structures; and
- Training and supervision standards.

In 2017, NHS issued Personal Health Budgets: Delegation of Healthcare Tasks to Personal Assistants[16]. Supporting the ambition of giving people more control, including through personal health budgets, this framework identifies the elements required to support appropriate delegation of a healthcare task from a registered practitioner to a PA. It aims to help registered practitioners understand the decision-making process involved in delegation, and to help clinical commissioning groups (CCGs) to establish clear protocols for ensuring safe and appropriate delegation to PAs, so that responsibilities and lines of accountability are understood by all. This document emphasises, as a growing workforce in healthcare, PAs make an important contribution to supporting the health and wellbeing of people in the community. Where the people they support have requirements for clinical interventions, delegating some carefully considered tasks to PAs can have benefits for all involved. There will also be tasks that are considered unsuitable for delegation because of the complexity of the task, the degree of judgement required or individual circumstances. PAs can play an important role supporting the work of the wider multidisciplinary team, but do not substitute the need for skilled, registered practitioners working in the community.

The report "Clinical Responsibility When Delegating Roles – NHS e Referral Service" was published by **NHS England / NHS Digital**[17], with its guidance formally released on **10 June 2022**.

This report aims to clarify clinical accountability within the NHS e-Referral Service when tasks are delegated. While administrative functions can be delegated to

[15] Skills for Care (2024) *Care Certificate: Supporting Resources*. Leeds: Skills for Care
[16] NHS England (2017) *Personal Health budgets and Integrated Personal Budgets: Delegation of healthcare tasks to personal assistants*. NHS: England
[17] NHS England & NHS Digital (2024) Clinical risk management standards: DCBO129 and DCBO160. NHS: England

appropriately trained staff, the referring clinician retains overall responsibility for the patient's care and the accuracy of referral information.

The purpose of the report is to:

- **Clarify accountability**: Explain that clinical responsibility for patient care remains with the referring clinician, even when administrative or technical tasks are delegated to other staff.
- **Define safe delegation**: Outline which tasks can be delegated within the NHS e-Referral Service **(e-RS)** process and the conditions for doing so safely.
- **Ensure compliance**: Reinforce adherence to professional standards, governance frameworks, and legal obligations when delegating roles.
- **Support efficiency without compromising care**: Enable appropriate delegation to improve workflow while maintaining patient safety and continuity of care.

13. Ireland

The Health and Social Care Professionals Council (CORU) as the statutory regulator for multiple health and social care professions (AHPs and Social Workers), have published Guidance-for-Registrants[18] recognising that delegation is a vital component of health and social care practice, particularly in settings where there is a need to distribute tasks effectively across a team to ensure safe and efficient care. The Council emphasis employer's responsibility to provide clear direction on what can and cannot be delegated and to ensure that registrants and assistant staff understand their respective roles and responsibilities. This guidance aims to ensure that registrants only delegate tasks that are within the skill set and scope of practice of the individual to whom they are delegating. The guidance includes a decision-making framework (Figure 1) to assist registrants in making sound, ethical, and safe decisions regarding delegation.

[18] CORU (2024) *Guidance for Registrants: Ensuring Safe and Appropriate Delegation to assistants in health and social Care*. Dublin: CORU

Figure 1. Decision-Making Framework CORU (2024)

The following matrix can also be used as a decision-making tool to help registrants assess whether delegation is appropriate in a given situation. This matrix helps assess the task, the person to whom it is being delegated, and the required supervision and safeguards.

	Task Requires Advanced Judgement or Expertise	Task is Routine or Non-Clinical
Task Risk Level	High risk – requires professional expertise and direct involvement	Low risk – well-defined and routine task
Delegated to Person's Competence	Registered professional with competence in the area	Unregistered personnel or assistant with basic skills
Supervision Level	Close or direct supervision required	Minimal supervision or can be independent
Impact on Service User	High impact – requires clinical skills and oversight	Low impact – routine task with minimal risk
Legal Compliance	Must comply with legal requirements for clinical practice	Must comply with task-specific requirements

In February 2025, The Nursing and Midwifery Board Ireland issued the NMBI-Code-of-Professional-Conduct-and-Ethics.pdf[19]. This Code provides guidance for nurses and midwives on delegation and emphasises the importance of employers and managers in supporting practitioners in delegation and supervision of students or regulated/unregulated staff by providing appropriate organisational policy and resources.

In the context of delegation of health care interventions, Multi-Task Attendants (MTAs) and Health Care Assistants (HCAs) in the Irish Health Service may be delegated routine tasks, but only under supervision and direction. This support grade staff member is expected to obtain a Level 5 qualification, equivalent to a Leaving Certificate in complexity and standing in the Irish system. QQI Level 5 Healthcare Support qualifications are assured through the National Framework of Qualifications | Quality and Qualifications Ireland[20] provide a nationally recognized foundation of knowledge and skills for personal care and support tasks.

[19] Nursing and Midwifery Board of Ireland (2025) *Code of Professional Conduct and ethics for Registered Nurses and Registered Midwives*. Dublin: NMBI
[20] Quality and Qualifications Ireland (2025) *National Framework of Qualifications.* Dublin: QQI

14. Research and Learning

ADASS Guidance on Delegation (England) The Association of Directors of Adult Social Services (ADASS) is a national leadership body representing local authority Directors of Adult Social Services (DASS) in England. It focuses on shaping policy, workforce strategies, commissioning, and system leadership in adult social care. Based on their work in the England system, in their briefings ADASS make recommendations for safe delegation of health care interventions. ADASS highlights that delegation of healthcare tasks can improve outcomes and efficiency when structured and supported, but risks arise from poor governance, inadequate training, and unfunded cost-shifting. Their recent findings show delegation often occurs ad hoc, leading to safety and accountability concerns.

Key Issues Identified:

- **Unfunded cost-shifting**: 84% of Directors report social care staff doing NHS tasks without funding;
- **Training gaps**: 67% say tasks are delegated without proper training or supervision;
- **Accountability concerns**: Clinicians and providers are risk-averse due to unclear responsibility; and
- **Interpretation risk**: Staff may record data but lack judgment to escalate urgent issues.

In June 2025, ADASS released a resource titled "Adult Social Care and Delegated Healthcare Activities" [21]. This guidance refers to 'Top Tips for Commissioning Delegated Healthcare' (Dec 2022, updated May 2023): Practical advice for Directors of Adult Social Services.

Research Recommendations summary states the following principles need to support effective delegation of care provision:

[21] Association of Directors of Adult Social Services (2025) *Adult social care and delegated healthcare activities*. London: ADASS

- **Clear governance and accountability**: Formal agreements between NHS and local authorities;
- **Competency-based training**: Structured training and risk assessment before delegation;
- **Ongoing supervision**: NHS professionals retain clinical oversight with regular reviews;
- **Funding parity**: Avoid cost-shunting; recognize delegated tasks in pay structures;
- **Shared protocols**: Co-produce guidance with health, social care, and service users;
- **Risk management and evaluation**: Assess risks and monitor outcomes; and
- **Communication and clarity**: Define tasks and conditions for delegation clearly.

York Consulting Research

In 2022, Skills for Care commissioned York Consulting LLP to undertake an exploratory Research into Social Care Workers Undertaking Healthcare Interventions project. Twenty-five qualitative consultations were undertaken with representatives from providers, local authorities (LAs), Clinical Commissioning Groups (CCGs) and strategic organisations. These consultations explored knowledge of, and views towards, delegation, captured examples of where it is working well and highlighted key issues and challenges.

This work confirmed that delegation for certain interventions is reportedly becoming more prevalent including blood pressure monitoring, oxygen saturation readings, insulin administration, basic stoma care, basic catheter care and PEG feeding. However, consultees as part of the study, agreed that interpretations of delegation across the sector are varied and that the structures and processes for delegation are fragmented. They stated that it often takes place through informal agreements and on a case-by-case basis. Providers are reportedly feeling increased pressure to take on additional care tasks (via requests from district nurses and CCGs, for example). However, it is not always clear who is, or should be, responsible for the delegation

agenda and who is therefore providing the system leadership to ensure that providers and their workforces are appropriately trained and supported. To provide guidance and a framework for employees to work within, several of the providers consulted had adopted a traffic light system for delegation, whereby tasks are placed into three categories:

- Low risk intervention: standard care that can be undertaken by care workers that have completed mandatory training;
- Delegated intervention: requires additional training and competency sign-off from a registered practitioner; and
- High risk intervention: exceeds the level of care the provider is safely able to offer.

However, providers also noted that the distinctions between the above categories were becoming increasingly blurred. The report explores the definition, prevalence, benefits, challenges, and conditions for effective delegation. Key points summarized below:

- **Current Landscape**: Practices are fragmented and inconsistent, often informal and lacking standardised governance;
- **Challenges**: Inconsistent training, unclear accountability, funding and insurance gaps, and lack of national guidance;
- **Conditions for Effective Delegation**: Requires staff and service-user buy-in, standardised governance, integrated working, clear communication, robust training, and formal agreements; and
- **Systemic Integration**: Delegation should align with workforce professionalisation and integrated health/social care models, supported by national policy and leadership.

This report goes onto highlight practice examples of delegation initiatives. Appendix 1 highlights objectives, delegated tasks, governance, training standards, and outcomes.

15. Conclusion and Recommendations

Delegation of healthcare interventions to social care practitioners and personal assistants is increasingly recognised as a practical solution to meet rising service demand and support person-centred care in home settings. Evidence across jurisdictions demonstrates that, when underpinned by robust governance, competency-based training, and ongoing supervision, delegation can deliver significant benefits in terms of flexibility, continuity, and timely care. However, persistent challenges remain:

- **Inconsistent Governance**: Variation in organisational policies and interpretation of legislation.
- **Accountability Ambiguity**: Despite clear professional guidance, operational clarity is often lacking.
- **Training and Competency Gaps**: Unclear access to structured training and sign-off processes for care practitioners.
- **Lack of workforce planning across sectors**: Risk of unfunded cost-shifting between health and social care sectors and an inadequately resourced and skilled workforce.

To address these issues, the report recommends:

- Establishing clear governance and accountability frameworks, supported by formal agreements between health and social care organisations;
- Implementing competency-based training and regular review mechanisms;
- Ensuring ongoing supervision and clinical oversight by a registered practitioner, with escalation protocols;
- Shared workforce planning across sectors to ensure population health needs are met by the right person, with the right skills, at the right time, in the right place to support safe, high quality sustainable model;
- Developing shared, co-produced protocols, care planning, communication and decision-support tools; and
- Embedding risk management, monitoring, and evaluation within all delegation models.

These measures are essential to safeguard patient safety, uphold professional standards and enable integrated, sustainable models of care delivery in people's homes. The findings of this report will inform the Task and Finish Group report for submission to the Delegation Oversight Group.

Appendix 1

Initiative	Location	Objectives	Delegated Tasks	Governance & Competency Framework	Training & Monitoring Standards	Source Links
Oxfordshire County Council – Upskilling the Homecare Workforce Pilot (2017)	Oxfordshire, England	Increase capacity by integrating clinical and care delivery; enable faster response times.	Level 1 Portable Tasks: warfarin administration, compression hosiery, TED stockings, inhaler administration; patient-specific tasks: stoma/catheter care, oxygen, emergency medication.	Formal care protocol; risk assessment; tasks categorized by training level; Portable Skills Passport for Level 1 tasks.	Structured competency assessment; sign-off process; clear governance between Oxfordshire County Council, Oxford Health NHS Foundation Trust, and CCG.	https://www.nccctc.co.uk/download_file/197/194

Nefyn Pilot Programme – Upskilling Health and Care Workers (2020)	**Nefyn, Wales**	**Provide additional capacity in the community by enabling homecare workers to perform basic observations.**	**Pulse, pulse oximetry, heart rate, blood pressure, temperature (observations only, no clinical decisions).**	**Partnership between GP surgery and homecare provider; evaluated by Welsh Institute for Health and Social Care and University of South Wales.**	**Training included practical observation skills; evaluation conducted July 2021; no clinical decision-making delegated.**	**nefyn pilot upskilling health and care workers**

Delegation of Insulin Administration Programme	**England (national framework)**	**Expand capacity for insulin administration in community settings through structured delegation.**	**Insulin administration to adults with stable diabetes; competency-based delegation.**	**Voluntary framework developed by Diabetes UK, NHS, and stakeholders; includes competency frameworks, policy templates, FAQs.**	**Mandatory e-learning; competency sign-off by registered nurse; ongoing supervision and six-monthly reviews; mentoring and access to advice; registers maintained for compliance.**	**NHS England delivers insulin delegation administration resources - The Diabetes Times**

Access the full report here: Research into social care workers undertaking healthcare interventions

Appendix 2

Abbreviations

- **ADASS** – Association of Directors of Adult Social Services
- **AHP** – Allied Health Professional
- **CNO** – Chief Nursing Officer
- **CQC** – Care Quality Commission (England)
- **CCG/ICB** – Clinical Commissioning Group / Integrated Care Board (England)
- **CORU** – Health and Social Care Professionals Council (Ireland)
- **DP** – Direct Payment
- **DoH NI** – Department of Health, Northern Ireland
- **GMC** – General Medical Council
- **HCPC** – Health and Care Professions Council
- **HSC** – Health and Social Care (Northern Ireland)
- **HCA/MTA** – Health Care Assistant / Multi-Task Attendant (Ireland)
- **NHS** – National Health Service (UK)
- **NISCC** – Northern Ireland Social Care Council
- **NMC** – Nursing and Midwifery Council
- **NMBI** – Nursing and Midwifery Board of Ireland
- **PA** – Personal Assistant
- **RQIA** – Regulation and Quality Improvement Authority (NI)
- **SDS** – Self-Directed Support
- **SPPG** – Strategic Planning and Performance Group (NI)

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