NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

DECIDING TO DELEGATE: A DECISION SUPPORT FRAMEWORK FOR NURSING AND MIDWIFERY

Leading and inspiring nurses and midwives to achieve and uphold excellence in professional practice.

CONTENTS

FOREWORD

We are delighted to provide to you: *Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery.* This framework has been co-produced through a high level of engagement with nurses, midwives and other professionals across Northern Ireland.

The work to produce this new resource has benefited from the experience of a wide range of individuals who are delegating tasks and duties every day to enable person-centred care and services to be delivered in Northern Ireland. In recognition of the increasing complexity of service delivery and responsibility for the delivery of care crossing professional boundaries, particularly between nursing and social work/social care, we were asked to jointly Chair the Task and Finish Group convened to complete this initiative. This approach afforded an opportunity to understand the roles and responsibilities of each of the professions and the challenges and issues faced in the delegation of tasks and duties.

The construction of the framework acknowledged the work that the Central Nursing and Midwifery Advisory Committee (CNMAC) had completed in the past, and the revision of the Nursing and Midwifery Council (NMC) Code in 2015, which includes clear messages about the responsibilities of nurses and midwives when delegating tasks and duties.

The focus of this framework is centred on the person being cared for and the need for safe and effective delegation that supports services to enable and promote health, independence and wellbeing in the place of the person's choice, as far as is possible.

We commend its use and look forward to advancing the next stages of this important work which will consider a framework to support delegation across professions.

Kathy Fodey

Director of Regulation and Nursing, Regulation and Quality Improvement Authority (RQIA) (until April 2018)

Colum Conway

Chief Executive of Northern Ireland Social Care Council (NISCC) (until September 2018)

A FRAMEWORK FOR DELEGATION OF NURSING AND MIDWIFERY PRACTICE

Introduction and Context

Section 11 of the Nursing and Midwifery Council Code (NMC)[1] states clearly that registrants are accountable for decisions to delegate tasks and duties to other people. That includes the responsibility to *confirm that the outcome of any task*[2] *delegated meets the required standard*[3] for the task.

The ability to delegate safely is a critical requirement and competence for the 21st century healthcare worker. Stakeholder feedback in Northern Ireland (NI) on the current decision making process for delegating nursing and midwifery tasks and duties identified that the development of a decision support tool would promote consistency across all care and service contexts. Consequently, there is the potential for patient safety and the quality of care and services provided to be improved.

The public in NI are living longer, often with long-term health conditions and are having fewer children. Estimated figures indicate that by 2026, for the first time there will be more over 65s than there are under 16 year olds[4], which will potentially have an impact on the supply of a workforce for the future. Whilst longevity is a measure of the success of our services in NI, it also brings challenges in terms of the demands and pressures on Health and Social Care (HSC) services. Efficient use of HSC resources, the pace of innovation, existing workforce recruitment challenges and inefficient delivery models inform the case for change, outlined in the strategic direction of the ministerial statement within *Health and Wellbeing 2026: Delivering Together*[5].

The advent of a new outcomes based approach in the draft Programme for Government[6] puts an onus on all services to work together, across silos and boundaries to deliver the best outcomes for the population of NI.

It is recognised that links exist across the health and social care system and in all sectors, relating to the future direction of services. Accordingly, the focus of this framework is centred on the person being cared for and the need to reach agreement on a scheme of delegation that supports services to enable and promote health, independence and wellbeing in the place of the person's choice, as far as is possible.

[1] Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives.* London: NMC. Page 10.
[2] *Ibid*, n 1.
[3] *Ibid*, n 1.
[4] Department of Health. (2016). *Health and Wellbeing 2026: Delivering Together.* Belfast, DoH.
[5] *Ibid*, n5.
[6] Northern Ireland Executive. (2016). *Draft Programme for Government Framework 2016 – 2021.* Available for download at: https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf

Scope

The nursing and midwifery delegation decision framework will:

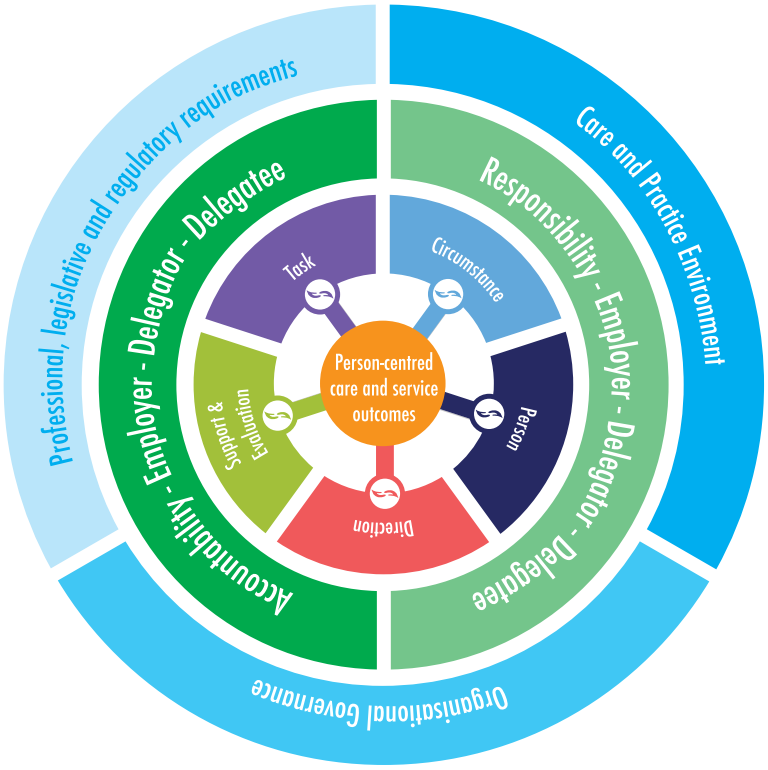
- satisfy the requirements of the NMC Code
- support the delivery of person centred outcomes for care and service
- work in primary, secondary and community care contexts
- support practice delegated to staff working within an employed capacity e.g. domiciliary, healthcare support staff, classroom education support staff
- utilise an approach that informs effective and consistent decision making

Framework Overview

The Framework for delegation of nursing and midwifery tasks and duties is pictorially represented below at **Figure 1: Decision Framework for Delegation of Nursing and Midwifery Tasks and Duties**.

The representation below outlines the framework as a whole, the main purpose of delegation being the achievement of person-centred outcomes. The framework recognises that safe, effective, person-centred delegation of nursing and midwifery tasks and duties is supported by policy, procedure and governance arrangements within organisations, and that accountability and responsibility to oversee an appropriate process for delegation of tasks and duties lies with employers, delegators and delegatees, at different stages of the process.

Figure 1: Decision Framework for Delegation of Nursing and Midwifery Tasks and Duties



Definition and Purpose

Delegation for the purposes of this framework, is defined as 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[7].

The NMC has established that on occasion nurses and midwives may delegate tasks or duties to other registered nurses or midwives. In these cases, there may be particular circumstances where accountability for each element of practice is clearly defined and agreed. This does not reflect the usual practice environment, however, where each registered nurse or midwife acts autonomously.

The purpose of delegation is to ensure the most appropriate use of skills within a health and social care team to achieve **person-centred outcomes**. In a clinical context, delegation of nursing and midwifery tasks and duties should always be focused on the needs and wishes of the person receiving care or services, and not based on professional, system or organisational drivers external to the care/service process.

Requirements to support decisions to delegate nursing and midwifery tasks and duties

Delegation of nursing and midwifery tasks and duties takes place in a context, whether that is in an organisation that provides care and services, client's own home or other area where nurses and midwives practice.

The context of practice has a number of important considerations to underpin effective decisions to delegate. That will include attention given to environmental arrangements, whether that is clinical or non-clinical; governance arrangements; and professional, legislative and regulatory requirements. These contextual arrangements support the delivery of safe, effective person centred care and services, that meet the needs of the population of Northern Ireland.

This framework defines three main requirements to be considered, that underpin and ensure the safety and effectiveness of any decision to delegate taken by nurses and midwives. Organisations and individuals employing or securing the services of nurses and midwives are accountable and responsible for ensuring appropriate arrangements are in place to support the safe, effective, person-centred delegation of nursing and midwifery tasks and duties.

[7] Adapted from the definition within the All Wales Guidelines for Delegation (2010).

They are that:

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[8]
- 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.

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.

The safe, effective, person-centred delegation of nursing and midwifery tasks and duties assumes that the requirements outlined, page 5 to 6, have been considered and met. Use of the risk based Decision Support Matrix at **Table 1**, page 12, of this document is underpinned by the supporting context described within these paragraphs.

[8] Each 'task' will have a described optimal standard of process and procedure which must be achieved to ensure safety, quality and person-centredness.

Nursing and Midwifery Decision Support Framework for Delegation.

Considering: Accountability, Responsibility and Process.

Any decision to delegate nursing and midwifery tasks and duties using this framework is underpinned by seven elements that should be applied to each decision. They are:

a. Accountability

b. Responsibility

c. Process which comprises the right:

   i. Task

   ii. Circumstance

   iii. Person

   iv. Direction

   v. Support and evaluation

On many occasions the decision to delegate will be a straightforward one, with clarity on each element of the framework providing an obvious choice to delegate. These decisions should optimise the skill of the nursing or midwifery team and enhance personal experience.

On other occasions, the decision to delegate will require a number of robust arrangements to be in place before delegation of tasks and duties may occur, including described mechanisms to provide evidence to the delegator that the identified outcomes of the delegated task have been achieved.

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. Delegators and delegatees have responsibilities to support a framework for decision making to delegate nursing and/or midwifery tasks and duties. They include that:

The delegator has

- authority to delegate the task
- competence relating to the task[9]
- 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.

[9] A registrant may be unfamiliar with particular tasks or duties due to his/her scope of practice – where updating may be required due to a change in practice provision. This Framework reflects the need for nurses and midwives to be competent in the task or duty themselves before delegating to someone else.

Process

Accountability and **responsibility** underpin the decision making process to delegate nursing or midwifery tasks and duties to another member of staff. This process has five elements to consider to assist decision making, particularly for those decisions which may be more complex.

For the purposes of this framework the five process elements have been called the five 'Rs' – reminding nurses and midwives who are making decisions about delegation to consider whether or not conditions for each element are 'right' to enable delegation to occur safely, efficiently and in a person-centred manner.

They are:

Confirming the **right task** requires consideration whether or not the activity:

- is within the authority of the delegator to delegate
- is performed in systematic steps that require little or no modification
- can be performed to give a predictable outcome within agreed parameters
- does not involve assessment /decision making beyond the scope of the task.

Confirming the **right circumstance** requires consideration of:

- the condition of the person receiving care
- the person being involved in the development of, and is in agreement with, his/her person-centred plan of care.

Confirming the **right person** to delegate to requires consideration of whether or not the delegatee:

- has the required knowledge and skills to carry out the task competently
- has the necessary time to undertake the task
- is confident to carry out the task.

Providing and confirming the **right direction** requires:

- a person centred plan of nursing or midwifery care, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been developed and agreed with the person receiving care
- clear person-centred communication about the:
  - › delegated task
  - › standard of outcome based on professional and organisational standards, policies and procedures
  - › time requirement for review.

Providing and confirming the **right support and evaluation** requires that the delegator puts in place a system or process to:

- enable advice in line with the person centred plan of nursing and midwifery care
- enable the raising and escalating concerns appropriately
- determine the outcome of the delegated task.

Risk Based Decision Support

It is important to restate that *on many occasions the decision to delegate will be a straightforward one, clarity on each element of the framework providing an obvious choice to delegate, that optimises the skill of the nursing or midwifery team and enhances personal experience.* A nurse or midwife who delegates tasks and duties must be able give account as to why a decision was taken. This framework will provide structure for evidencing decisions to delegate practice and also to prompt thinking about review of outcomes.

On each occasion where delegation of nursing and midwifery tasks and duties occurs, the delegator works within a framework to support decision making outlined within this document at pages 5 to 9. In applying this framework, a number of required assumptions are satisfied before a decision is taken to delegate a task or duty to an individual or individuals.

This does not mean that a written record of every decision to delegate is necessary. A person-centred plan of nursing or midwifery care and evaluative summary must contain sufficient information in relation to delegated tasks and duties to support decision making, including evidence of a discussion with the person receiving nursing or midwifery care and where capacity is present, consent. Other evidence that supports non-clinical delegation decisions will be found in, for example, annual objectives, professional supervision records, action plans or learning and development plans.

On some occasions, the decision to delegate will require a number of robust arrangements to be in place before delegation of tasks and duties may occur, including a description of ways in which evidence might be provided to the delegator that the identified outcomes of the delegated task or duty have been achieved.

Where a decision to delegate requires critical analysis and direction, it will be helpful to use the matrix described at **Table 1**, page 12. The matrix assumes that the factors within the **accountability** and **responsibility** sections have been considered and incorporates the five elements of the process section of the framework, that is, the right **task, circumstance, person, direction** and **support and evaluation**.

The decision support matrix considers the elements of the framework across three domains of: potential for patient/client harm, complexity of care and predictability of the outcome. The domains can also be translated for non-clinical decision making, described simply as: *potential for harm* with the exception of the inclusion of the criterion *stability of condition of the person receiving care*.

How to Use the Decision Support Matrix

Having worked through the assumptions to assure that appropriate arrangements are in place, a nurse or midwife wishing to make a decision to delegate should think through each of the eight criteria (for details of the criteria refer to **Table 1**, page 12) to consider the subject matter of the decision. Responses to the criteria are situated within three columns depending on the likely level of risk: green for low risk, amber, medium risk and red high risk.

Where consideration of the decision leads to responses situated entirely within the green – low risk column, the task or duty may be delegated.

Where consideration of the decision leads to responses situated within the green and amber columns only, the task or duty may be delegated with mitigating supportive actions required. Professional judgement and critical thinking should be used by the nurse or midwife to ensure that any decision to delegate is supported appropriately. On occasion, following consideration of the facts, it may be that a decision is taken not to delegate, or indeed to delegate to another person, who is for example, more confident to undertake a particular task.

Where consideration of the decision leads to **any** responses situated within the red – high risk column, the task or duty must **not** be delegated at this time. Where circumstances change across the criteria, the decision to delegate can be reviewed and taken at a different point in time. Similarly, mitigating supportive actions may lead to a different decision at a later stage, for example delegation to a colleague or peer who has the required knowledge, skills and confidence.

The use of the matrix will enable critical thinking relating to decisions to delegate nursing and midwifery tasks or duties thereby providing opportunities for reflection, discussion and solution focused thinking between staff members.

A number of scenarios have been developed, as a result of a period of live testing which took place following the initial development of the framework. They have been produced to act as a guide in the use of the framework and the decision support matrix. They can be found at **Appendix 1**, page 13.

Conclusion

This document sets out a decision support framework for delegation of tasks and duties by registered nurses and midwives in Northern Ireland.

It describes requirements to support delegation in a range of practice environments and considerations under which a decision to delegate can be taken.

In March 2018, the Central Nursing and Midwifery Advisory Committee to the Chief Nursing Officer, agreed the framework for use by nurses and midwives in Northern Ireland.

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

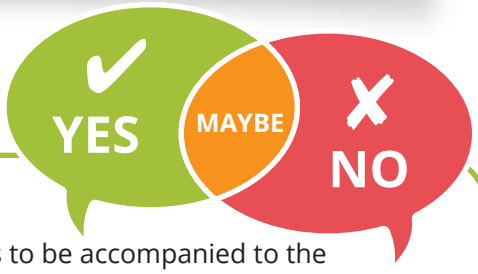
ASSESSMENT

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

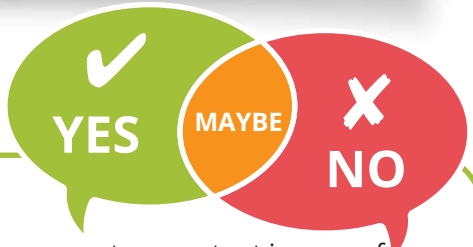
EXAMPLE OF MEDIUM RISK: PROFESSIONAL JUDGEMENT REQUIRED

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

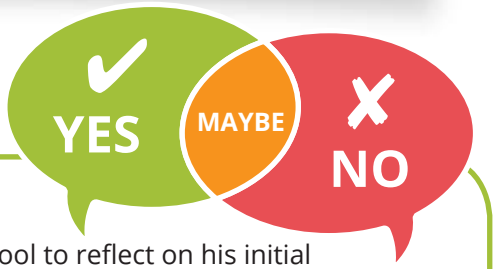
EXAMPLE OF HIGH RISK: DO NOT DELEGATE

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 aggitated 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 succint instruction, and additionally, given Ernest's low mood and aggitation, a psychosocial assessment can be undertaken whilst caring for his personal needs. Ben decides not to delegate the task to Asha.

ADDENDUM 1: PRODUCTION OF THE FRAMEWORK

In June 2014 the Central Nursing and Midwifery Advisory Committee (CNMAC) agreed that the practice of delegating nursing and midwifery tasks and duties in Northern Ireland required further exploration. Subsequently, a range of activities were taken forward by the Health and Social Care (HSC) Clinical Education Centre (CEC), and Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) under the commission of the Chief Nursing officer (CNO), Department of Health (DoH). A number of priorities were presented to CNMAC in December 2015, to determine immediate and future action, ensuring that the process of delegation of nursing and midwifery tasks and duties at a local and regional level would meet the requirements of the Nursing and Midwifery Council (NMC) Code[10] and support the highest possible level of patient/client safety. The priorities included:

- A review/refresh of the existing Delegation Framework for nursing and midwifery Staff[11] within a multi-disciplinary approach if possible.
- Consideration of assessment of risk along with guidance and the effective use of a traffic light system that is explicit regarding activity that should not be delegated.

NIPEC was commissioned by the CNO to lead the production of an approach to delegation of nursing and midwifery tasks and duties that addressed those priorities. Kathy Fodey, Director of Regulation and Nursing, Regulation and Quality Improvement Authority (RQIA) and Colum Conway, Chief Executive, Northern Ireland Social Care Council (NISCC) were asked to jointly chair a Task and Finish Group on behalf of the CNO. The final product was to be reported to CNO via CNMAC.

Working with the Co-Chairs, the lead officer in NIPEC produced a project plan and outline methodology, which included the convening of a workshop attended by a wide range of representation across statutory, non-statutory, education, policy and staff-side organisations. The purpose of the workshop was to bring together a range of nursing and midwifery colleagues from across sectors to discuss their understanding of delegation in nursing and midwifery, ideas to support effective delegation and then test an outline framework which was based on best evidence in this area. With a view to the intersection of nursing and midwifery care and services with social care, a number of social work colleagues attended the event to listen and contribute to the discussion, to enable future thinking for social care settings and inter-professional teams.

The intention was to draw on the considerable work which had taken place by other countries to date, evidenced through publications and frameworks already in existence and engage with delegates regarding proposals for an outline framework. Colleagues engaged in a range of exercises to stimulate discussion and comment on the outline provided, including scenario testing of a decision support matrix. At various points throughout the day the Co-Chairs and Project Lead, NIPEC, facilitated feedback.

[10] *Ibid*, n 1.
[11] Central Nursing Advisory Committee. (2009). *Central Nursing Advisory Committee Delegation Decision Making Framework.* Belfast, DHSSPSNI.

Delegates were invited to opt into membership of a Task and Finish Sub Group to take the work forward. Names were offered by individuals and were subsequently agreed by Executive Directors and CNO. Membership of the Sub Group is at **Addendum 2**, page 19.

This group was convened in early January 2017 to refine the framework based on the feedback obtained through the October 2016 workshop. Following a period of review and finalisation, the framework was tested in a range of nursing and midwifery practice settings to enable final refinement and feedback.

Overwhelmingly, the registered nurses who engaged in testing the draft framework found it useful. Many stated that they felt the structure and clarity of the matrix empowered autonomous decision making, enabling them to articulate a rationale as to why they had made particular decisions to delegate nursing tasks and duties.

Throughout the testing phases it was apparent that there were a number of complex schemes of service provision to which the delegation framework might apply and for which a collective solution should be considered to set in place principles for a regional cross-agency, multi-professional approach.

A small number of actions were identified, therefore, relating to necessary next steps through for consideration by the Task and Finish Sub Group, CNMAC and the Chief Nursing Officer.

The first phase and decision support framework were presented to CNMAC 23rd March 2018 for approval.

EVIDENCE THAT INFORMED THE PRODUCTION OF THE DECIDING TO DELEGATE DECISION SUPPORT FRAMEWORK

The Deciding to Delegate framework worked forward from evidence gathered from a scoping exercise carried out by the Health and Social Care Clinical Education Centre (HSC CEC)[12] and a workshop event hosted jointly by NIPEC and HSC CEC to the Central Nursing and Midwifery Advisory Committee (CNMAC) in December 2015[13].

In addition to these reports, a range of literature and resources informed the thinking relating to the production of the framework including:

Australian Nursing Federation. (2011). *ANF Guidelines: Delegation by registered nurses and registered midwives.* Available for download at: http://www.anmf.org.au/documents/policies/G_Delegation_RNs_RMs.pdf

Gillen, P. and Graffin, S. (2010). Nursing Delegation in the United Kingdom. OJIN: *The Online Journal of Issues in Nursing.* 15(2). Manuscript 6.

Hasson, F., McKenna, H. and Keeney. S. (2013). Delegating and supervising unregistered professionals: the student nurse experience. *Nurse Education Today*. 33: 229 – 235.

National Health Scotland Flying Start Programme: Delegation available at: http://flyingstart.scot.nhs.uk/learning-programmes/communication/delegation/

National Leadership and Innovation Agency for Healthcare (2010). *All Wales Guidelines for Delegation*. Llanharan, NLIAH. Available at: http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf

Nursing and Midwifery Council. (2018). *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* London: NMC. Available for download at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Royal College of Nursing. (2011). *Delegation: A Pocket Guide.* London, RCN.

Royal College of Nursing: Accountability and Delegation: https://www.rcn.org.uk/professional-development/accountability-and-delegation

Ruff, V.A. (2011). *Delegation Skills: Essential to the Contemporary Nurse.* Master of Arts in Nursing Theses. Paper 21.

Stonehouse, D. (2015). The art and science of delegation. *British Journal of Healthcare Assistants.* 9(3): 150 – 153.

[12] HSC Clinical Education Centre. (2015). *Summary Report on the Delegation of Nursing Care for Central Nursing and Midwifery Advisory Committee.* Belfast, CEC.

[13] HSC CEC and NIPEC. (2015). Regional Workshop To Consider Aspects Of The Delegation Of Nursing Care: Report To CNMAC. Belfast, NIPEC.

ADDENDUM 2: MEMBERSHIP OF TASK AND FINISH GROUP SUB-GROUP

NAME	ORGANISATION
Finlay, Heather	DoH
Wallace, Verena	DoH
Martin, Jillian	DoH
Higgins, Patricia	NISCC
Rodigues, Ethel	UNITE
Martin, Garrett	RCN
Hughes, Breedagh	RCM UNISON
Pelan, Aisling	BHSCT
Rafferty, Esther	BHSCT
Devlin, Nuala	BHSCT
Brown, Fiona	NHSCT
Hume, Allison	NHSCT
Pullins, Suzanne	NHSCT
Burke, Mary	SHSCT
Hamilton, Grace	SHSCT
Holmes, Sharon	SHSCT
Kelly, Linda	SEHSCT
McRoberts Sharon	SEHSCT
Mills, Paul	SEHSCT
Taylor, Janet	SEHSCT
Elaine Cole	SEHSCT
McGarvey, Brian	WHSCT
McGrath, Brendan	WHSCT
Witherow, Anne	WHSCT
Brown, Oriel	PHA
Devine, Maurice	CEC
Watson, J-P	Ind & Vol

Responsibilities of Sub Group Membership:

- Contribute to the achievement of the aims and objectives
- Participate in planned activity related to the production of the Framework
- Participate in respectful, open debate
- Welcome and provide constructive challenge
- Consult with individuals of appropriate expertise as required informing the production of the framework
- Actively participate in testing the final draft framework
- Manage information related to the work plan responsibly, ensuring confidentiality when required
- Attend all meetings required to develop a final draft Framework for circulation to the wider Task and Finish Group

GLOSSARY

The following descriptors are defined within the context of this document

Term Used	Term Descriptor
Appropriate	Suitable or proper in the circumstances.
Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Capacity	The ability or power to do or understand something.
Competence	The knowledge skills attitude and ability to practice safely without direct supervision.
Competent	Having the necessary ability, knowledge or skill to do something successfully.
Consent	Permission for something to happen or agreement to do something – in healthcare this is accompanied by the boundaries of informed agreement, i.e. an individual has been provided with the appropriate information to make a decision.
Delegate	To entrust a task or duty to another person.
Delegatee	Competent person who agrees to accept the task or duty delegated to them by the nurse or midwife.
Delegator	Nurse or midwife who delegates a task or duty to a competent other person.
Midwife	A person who has undergone training and education to meet the Nursing and Midwifery Council (NMC) standards for pre-registration or post-registration midwifery practice, and deemed competent to join the NMC register, thereafter renewing their registration every three years through revalidation. Midwives commit to upholding professional standards within the NMC Code of practice and behaviours.
Non-registered	A person who has not been trained and educated to the Nursing and Midwifery Council (NMC) standards for pre-registration nursing or midwifery and is therefore not a part of the NMC register.
Nurse	A person who has undergone training and education to meet the Nursing and Midwifery Council (NMC) standards for one or more of the four pre-registration nursing specialisms: adult, children's, learning disabilities and mental health, and deemed competent to join the NMC register, thereafter renewing their registration every three years through revalidation. Nurses commit to upholding professional standards within the NMC Code of practice and behaviours.

Term Used	Term Descriptor
Protocol	The accepted or established code of procedure or behaviour in any group, organisation, or situation.
Scope of Practice	The area of someone's profession in which they have the knowledge, skills and experience to practise safely and effectively, in a way that meets the standards of their respective regulator and/or employer and does not present any risk to the public or to the health professional.
Service User	A person who uses the services of a health professional or any other relevant service.
Skill	The ability to do something well; expertise.
Supervision	The active process of directing, guiding and influencing the outcome of an individual's performance of a task.
Task or duty	A piece of work to be done or undertaken.

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