



**Delegation Framework
for Nursing and
Midwifery Practice**

October 2016

(Revised January 2017)



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Delegation of Nursing and Midwifery Care: A Future Framework

1.0 Introduction and Background

- 1.1 Section 11 of the Nursing and Midwifery Council Code¹ 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 task² delegated meets the required standard³* for the task.
- 1.2 The ability to delegate safely is a critical requirement and competence for the 21st century healthcare worker. The process of delegating aspects of nursing and midwifery care in Northern Ireland is variable across services, inconsistencies in rigour in decision making as to what is deemed appropriate to delegatee in existence and also in governance and accountability frameworks. Consequently, there is the potential for patient safety and the quality of care provided to be compromised.
- 1.3 Following discussion at the regional Central Nursing and Midwifery Advisory Committee (CNMAC) meeting in June 2014, it was agreed that the practice of delegating aspects of nursing care in Northern Ireland required further exploration. Following a range of activities carried 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 care at a local and regional level would meet the requirements of the Nursing and Midwifery Council (NMC) Code⁴ 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 Staff⁵ 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.
- 1.6 Subsequently, 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, to develop an approach to delegation of nursing and midwifery practice that addresses these priorities. The final product will be reported to CNO via CNMAC.

¹ Nursing and Midwifery Council (2015) *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 *Ibid*, n 1.

⁵ Central Nursing Advisory Committee. (2009). *Central Nursing Advisory Committee Delegation Decision Making Framework*. Belfast, DHSSPSNI.

2.0 Context of Care

- 2.1 The public in Northern Ireland (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 16s⁶. whilst this is a measure of the success of our services in NI, it also brings challenges in terms of the demands and pressures on HSC services. Efficient use of HSC resources, the pace of innovation, recruitment challenges and inefficient delivery models state the case for change, outlined in the strategic direction of the ministerial statement within *Health and Wellbeing 2026: Delivering Together*⁷.
- 2.2 The advent of a new outcomes based approach in the draft Programme for Government⁸ puts an onus on all services to work together, across silos and boundaries to deliver the best outcomes for the population of NI.
- 2.3 It is recognised, therefore, that links exist across the health and social care system and in all sectors, relating to the future direction of services to support, enable and promote independence, health and wellbeing in the place of the person's choice, as far as is possible.
- 2.4 Accordingly, the focus of this project is centred on the person being cared for and the need to reach agreement on a scheme of delegation that supports safe, effective, person-centred nursing and midwifery practice, recognising the future health and social care context.

3.0 Scope, Aim and Objectives

Scope

The delegation framework will:

- satisfy the requirements of the NMC Code
- support the delivery of person centred outcomes for care and service
- work in both primary and community care contexts
- utilise a decision making approach that informs effective and consistent decision making
- identify challenges to implementation and signpost where further work may be required

Aim:

- 3.1 To develop proposals for a Delegation Framework for nursing and midwifery practice in Northern Ireland to ensure that the process of delegation at a local and regional level will meet the requirements of the Nursing and Midwifery Council (NMC) Code⁹ and support the highest possible level of patient/client safety.

⁶ Department of Health. (2016). *Health and Wellbeing 2026: Delivering Together*. Belfast, DoH.

⁷ *Ibid*, N5.

⁸ 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>

⁹ Nursing and Midwifery Council. (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. London, NMC.

Objectives

3.2 The following objectives will support the achievement of the aim:

- i. Conduct a review of learning of the scoping exercise (2014) and regional workshop (2015).
- ii. Construct an outline Framework for Delegation of nursing and midwifery practice in Northern Ireland.
- iii. Test the outline Framework with a range of stakeholders.
- iv. Produce a final draft Framework for Delegation Framework of nursing and midwifery practice in Northern Ireland.
- v. Submit Framework along with a short production report to CNMAC.

4.0 Methodology Overview

4.1 The following methodology will be employed to support the achievement of the objectives:

- i. Using learning from national approaches, the regional scoping exercise (2014) and workshop (2015), construct an outline framework for delegation of nursing and midwifery practice.
- ii. Convene a Task and Finish Group workshop of representatives across nursing and midwifery including, service providers in statutory and voluntary sectors, education, system regulation and staff side the purpose of which is to agree an outline Delegation Framework for care in Northern Ireland, based on the draft offered at point (i) – see Appendix 1, page 8 -for overview of the workshop held.
- iii. Invite members of the Social Work Profession to the workshop to support opportunities for inter-professional learning.
- iv. Agree the membership of a subgroup of the Task and Finish group who will be responsible for the further development of the draft framework – see Appendix 2, page 9 – 10, for the membership of the Sub Group and Terms of Reference.
- v. Convene meetings with the sub-group of the task and finish group to take forward the production of the final draft framework, including small scale testing in a range of service areas.
- vi. Produce a final version of the framework, a report of the process and recommendations for consideration by CNMAC.
- vii. Circulate the proposed final draft framework to the wider membership of the Task and Finish group for comment.
- viii. Agree amendments with the sub-group membership before presentation to CNMAC.

4.2 A Work Plan to support the methodology can be found at Appendix 3, page 11.

5.0 Resources

5.1 The Northern Ireland Practice and Education Council for Nursing and Midwifery will be responsible for supporting and coordinating the progress of the work plan and outputs on behalf of the Chief Nurse for NI.

5.2 Should there be a requirement for development or publication costs of a final product, the matter will be discussed with the Chief Nurse and Chief Executive of NIPEC.

6.0 Project Screening

6.1 A risk and equality screening has been completed on this project document and can be found at Appendix 4, pages 12 – 13.

7.0 Evaluation

7.1 Evaluation of the project process will be conducted at the conclusion of the project period by the lead NIPEC Officer. The evaluation will focus on the process and any learning from coordinating the work, to be used in future opportunities.

Appendix 1: Workshop Overview 11th October 2016

Purpose

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.

Member Responsibility

- To contribute to the achievement of the development of the outline Framework
- Participate in respectful, open debate
- Welcome and provide constructive challenge
- Manage information related to the Framework responsibly, ensuring confidentiality when required
- Participate in electronic activity related to the production of a final draft Framework

The workshop was well evaluated providing a welcomed opportunity for discussion and debate in relation to the process of delegation in Northern Ireland and presenting a potential way forward. Clear messages included: clarity of definitions and use of a single process understood by and applicable across professions that offers risk based decision support. Delegates were invited to propose themselves for representation within a Task and Finish Sub Group. It was clarified that these self-nominations would be scrutinised by the Co-Chairs and then agreed with the Trust Executive Nurses and Chief Nursing officer, Professor Charlotte McArdle.

Following the workshop meeting October 2016, a sub-group was nominated and approved by the Co-Chairs, Trust Executive Nurses and Chief Nursing officer, to take forward the production of a final draft and recommendations for submission to CNMAC. This was to include agreeing a draft for circulation to other Task and Finish Group members for comment prior to final submission.

Appendix 2: Membership of Task and Finish Group Sub-Group

NAME	ORGANISATION	Approve / Alternative
Finlay, Heather	DoH	Heather.Finlay@health-ni.gov.uk
Wallace, Verena	DoH	Verena.Wallace@health-ni.gov.uk
Martin, Jillian	DoH	Jillian.Martin@health-ni.gov.uk
Higgins, Patricia	NISCC	Patricia.Higgins@nisc.hscni.net
Rodrigues, Ethel	UNITE	ethel.rodrigues@unitetheunion.org
Martin, Garrett	RCN	Garrett.martin@rcn.org.uk
Hughes, Breedagh	RCM	breedagh.hughes@rcm.org.uk
	UNISON	TBC
Pelan, Aisling	BHSCT	aisling.pelan@belfasttrust.hscni.net
Rafferty, Esther	BHSCT	esther.rafferty@belfasttrust.hscni.net
Devlin, Nuala	BHSCT	nuala.devlin@belfasttrust.hscni.net
Brown, Fiona	NHSCT	fiona.brown@northerntrust.hscni.net
Hume, Allison	NHSCT	allison.hume@northerntrust.hscni.net
Pullins, Suzanne	NHSCT	suzanne.pullins@northerntrust.hscni.net
Burke, Mary	SHSCT	Mary.burke@southerntrust.hscni.net
Hamilton, Grace	SHSCT	Grace.hamilton@southerntrust.hscni.net
Holmes, Sharon	SHSCT	Sharon.holmes@southerntrust.hscni.net
Kelly, Linda	SEHSCT	Linda.Kelly@setrust.hscni.net
McRoberts Sharon	SEHSCT	Sharon.McRoberts@setrust.hscni.net
Mills, Paul	SEHSCT	Paul.Mills@setrust.hscni.net
Taylor, Janet	SEHSCT	janet.taylor@setrust.hscni.net
Elaine Cole	SEHSCT	Elaine.Cole@setrust.hscni.net
McGarvey, Brian	WHST	brian.mcgarvey@westerntrust.hscni.net
McGrath, Brendan	WHST	Brendan.McGrath@westerntrust.hscni.net
Wetherow, Anne	WHST	Anne.Wetherow@westerntrust.hscni.net
Brown, Oriel	PHA	oriel.brown@hscni.net
Devine, Maurice	CEC	maurice.devine@cec.hscni.net
Watson, J-P	Ind & Vol	jpwatson@domesticcareni.com

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

Meeting Dates: Membership of Task and Finish Group is non-transferrable, other than in exceptional circumstances and with prior agreement of the Chair.

Appendix 3: Project Work Plan

Methodology Area	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sept-17
i. Construct an outline framework													
ii. Convene a Task and Finish Group at a workshop													
iii. Invite SW reps													
iv. Agree Sub-Group members													
v. Convene SG meetings													
vi. Circulate Framework draft													
vii. Finalise draft for CNMAC													

Appendix 4 – Risk and Equality Screening

Area	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	<p>Resourcing, timescales and engagement</p> <p>Failure to complete project successfully, loss of credibility to individuals involved.</p> <p>Project management processes, terms of reference. Appropriate nominations to Task and finish Group and Sub-Group achieved through relevant information being supplied to stakeholders. Appropriate governance processes in place.</p> <p>None identified as yet – there is potential for increased resource implications through implementation, but not through the development of the framework.</p>
Equality and Human Rights questions	
<ul style="list-style-type: none"> • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? <p>NB – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</p>	<p>Process is underway to equality screen project plan and determine any implications from a human rights perspective.</p> <p>A screening of the initiative has been undertaken and can be viewed at http://www.hscbusiness.hscni.net/services/2166.htm. Using the Equality Commission’s screening criteria no significant equality implications have been identified. This initiative will therefore not be subject to an equality impact assessment.</p>

**Appendix 4 – Risk and Equality Screening
Contd.**

Privacy Impact Assessment (PIA) questions	
<ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? 	<p>No</p> <p>No</p>
Personal and Public Involvement (PPI) questions	
<ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p>	<p>To be determined through the Task and Finish Sub-Group.</p>

For further Information, please contact:

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: 0300 300 0066

This document can be downloaded from
the NIPEC website <https://nipec.hscni.net/>

Revised January 2017