Delegating Care: A Northern Ireland Framework for Nursing and Midwifery

Report of the Regional Workshop: 11th October 2016, 9:30am – 16:00hrs

1.0 Summary

1.1 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.

1.2 The morning began with a welcome from the Co-Chair, Colum Conway, Chief Executive, Northern Ireland Social Care Council (NISCC), who set the scene for the morning acknowledging the complexity of the subject matter. Links were made across the health and social care system and in all sectors, highlighting the future direction of services. Delegates were encouraged to think first about the person being cared for and the need to reach agreement on a scheme of delegation that supported services to enable and promote independence, health and wellbeing in the place of the person's choice, as far as was possible.

1.3 A further welcome from the Chief Nursing Officer (CNO) recognised the complexity of the work and significant thinking which had already been achieved through previous work. Professor Charlotte McArdle acknowledged that the workshop was the beginning of commissioned work, anticipated to produce a framework for Northern Ireland.

1.4 Angela Reed, Lead Officer, Northern Ireland Practice and Education Council (NIPEC), then opened the morning by reviewing past achievements through previous scoping work led by the Clinical Education Centre (CEC) and a workshop in June 2015 jointly led by NIPEC and the CEC to make recommendations to the CNO to progress a future project. She drew attention to the terms of reference for the group that had been previously circulated to delegates and the considerable work which had taken place by other countries to date, evidenced through publications and frameworks already in existence.

1.5 The intention was to draw on this work and engage with delegates regarding proposals for an outline framework. Colleagues then engaged in a range of exercises to stimulate discussion and comment on the outline provided. At various points throughout the day the Co-Chairs and Project Lead, NIPEC, facilitated feedback.

1.6 The afternoon was drawn to a close by Co-Chair Kathy Fodey, Director of Regulation and Nursing, Regulation and Quality Improvement Authority (RQIA), who invited delegates to offer their time working within a Task and Finish Sub Group to take the work forward. Names were offered by individuals, to be agreed by Executive Directors and CNO.

2.0 Process

2.1 A number of exercises provided structure for the day, within which delegates could debate the subject. Angela Reed took delegates through the structure of each element of the proposed framework and outlined the process for a number of interactive exercises. These included:

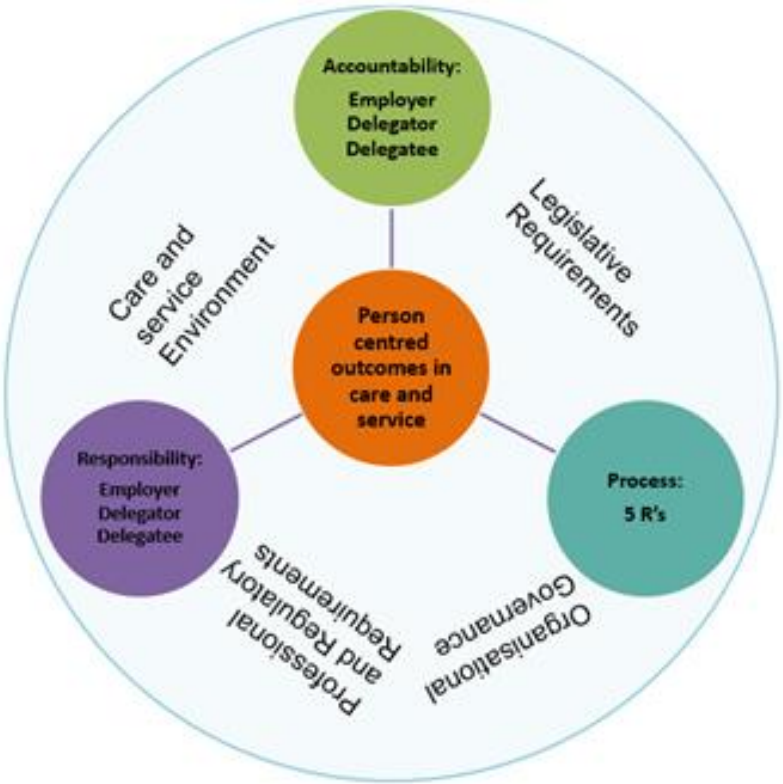
- Setting Context Principles – using group work and flip charts in a world café style approach, providing feedback, confirming consensus and adding to points raised
- Reviewing Core Elements – using table mats to enable round table discussions
- Identifying Risk – Testing with outlined scenarios to determine the utility of the framework capturing feedback via table mats
- Learning from Testing – an open discussion to enable debate between delegates across all tables following testing.

2.2 A further exercise, led by Kathy Fodey in the afternoon, focussed on the opportunities to take the framework forward in both health and social care, determine enabling actions and who might be best to take forward those identified.

3.0 Feedback from the exercises

3.1 On the day of the workshop the project lead provided an overview of the outline of a proposed framework. The framework is broadly conceptualised within the graphic below at Figure 1. It is not the intention or purpose of this report to outline an extensive summary of the total feedback – merely to provide an overview of broad themes. They are as follows:

Figure 1: Proposed Conceptual Framework for Delegation of Nursing and Midwifery Practice.



Purpose of Delegation:

3.2 It was agreed that the purpose of delegation was the 'optimisation of skill mix within a nursing and midwifery team to achieve person-centred outcomes in care and service'.

Defining Delegation:

3.3 It was accepted that in work being carried forward by a Task and Finish Group, the definition of delegation provided by the All Wales Guidelines for Delegation[1] was a good starting point:

> *The **process** by which an individual (delegator) allocates clinical or non-clinical treatment or care to a **competent** person (delegatee). The delegator remains **accountable** for the **overall management** of the service user, and **accountable** for the **decision** to delegate. The delegator will **not** be **accountable** for the **decisions** and **actions** of the **delegatee**.*

3.4 The first part of the framework was described as the Principles for Context. The principles grouped within four domains listed below, underpin delegation as a process, recognising that delegation of care and services does not take place independently and could be impacted by other factors, were they not executed appropriately. Feedback was gathered for each domain in relation to what might be added to, removed from, or be further considered within the draft presented. Delegates had an opportunity to comment on all of the principles and responses were as follows:

Care and Service Environment

Add: inter-agency working as a prompt.

Consider: the role of the commissioner; revising the terminology in the draft to use plain English; the overlap with other principles and delegation of care to family/carers; clarifying the scope of the principles e.g. does the framework include independent and voluntary sector services.

Legislative Requirements

Consider: the differences in regulated and non-regulated staff – domiciliary care workers will be regulated by NISCC by March 2017; defining what tasks are non-delegable by law (mainly covered within legislation articulating midwifery practice); arituclating clearly the distinct lines of accountability across nursing and social work; the implications of direct payment care; the Nursing and Midwifery Order 2001.

Organisational Governance

Add: the need for clearly defined lines of accountability as a prompt.

Consider: Policy defining delegation; registration of nursing and midwifery support workers; different types of service models; challenges in relation to direct payments; governance arrangements in organisations where other services are purchased by provider organisations; defining what 'care' is; the process of handing over accountablity for service provision to other professions.

Professional and Regulatory Requirements

The majority of comments related to the competence of individuals – signing off, reviewing, accountability for; and in addition: regulation of the unregulated, opportunity to supervise and the need for an evidence-based plan of care to be in place.

---

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

3.5 The second part of the framework defines content within three domains of accountability, responsibility and the process of delegation of care and services. The workshop exercise asked different tables of delegates to consider one or two elements of the domains and comment. An overview of the collective feedback demonstrates that other elements were considered in the exercise in the absence of the whole framework to view. Significantly, some of the principles that had been worked through in a previous exercise on the day, were referenced as being relevant. For the purposes of this report only the relevant feedback is included which comprises the following:

Accountability:

Consider: further description relating to the elements to be included in each of the three identified person groups i.e. Employer, Delegator and Delegatee. Regularly occurring themes included more detail regarding where the care envrionment was; appropriate risk assessment; appropriate support for staff; delegating to staff groups rather than individuals; clarity that nurses do not delegate to social care; and commissioner accountability.

Responsibility:

Add: Employer – responsibility for monitoring appropriate process against the prescribed standards and interfaces; respectful acknowledgement of professional accountability; delegator – to act within codes of practice.

Consider: further description of what is included in policies and standards for the employer; what is included in 'training'; what is included in job descriptions; defining who is responsible for gaining consent from the person receiving care or services; defining a distinct episode of care to be evaluated in terms of outcomes; and clear guidance as to the levels of competence required for particular tasks.

Process:

Task – *add* context of person-centredness and care setting; risk assessment to manage delegation process; clear definitions to assist decision-making to remove the potential application of personal perspectives of individual staff members.

Circumstance – comments all related to the approach to planning nursing care for the person receiving care or services. It was evident that expressed opinion demonstrated the need for a clearer description of person-centredness and involvement within the framework, acknowledging that development of practice/ improvement work to plan nursing care in this way was currently taking place across Health and Social Care (HSC) Trusts.

Person – *add* the word 'competence' should be included in the description of this element.

Direction – comments entirely related to the definition of an episode of delegation – i.e. when an outcome measurement should be taking place and closure of the delegation loop occurring.

Supervision and Evaluation – *add* detail relating to raising and escalating concerns; again refer to person-centred processes in terms of getting feedback; *consider* how delegation of care is passed on throughout a 24 hour period of care; what is defined as supervsion – clarity of the term required.

4.0 Identifying Risk – Testing with Scenarios

4.1 The project lead presented a draft decision support matrix (Appendix 1, page 8) which included a prompt for consideration of the elements within the three domains of Accountability, Responsibility, and Process. It was clarified that the decision support tool could only be applied when the assumptions of the principles of context were in place. Two scenarios were offered and time for delegates to work through at their tables, using the matrix to support decisions. The matrix was colour coded – green for a clear decision to delegate care or treatment, red for a clear decision to not delegate and amber, when additional consideration of certain elements was required to evidence critical person-centred risk assessment and decision making.

4.2 Following scenario testing, discussion was facilitated by the project lead and pertinent themes captured on a flip chart. Feedback demonstrated clearly the need for the principle assumptions to be in place, which included a policy context. Delegates stated that it would be helpful to have clarity around definitions of the differences between deployment of staff, transferral of care and delegation of care and treatment. There was some concern that the tool would be required to be in every set of patient notes where care was delegated – which was clarified as not being the purpose of the tool. It was recognised, however, that where care was delegated, a person-centred plan of care would demonstrate decision making particularly in complex care provision. Broadly individuals felt the tool was a useful step forward, recognising that some work would be taken forward to refine it.

4.3 Finally, the intersection between professions was mentioned several times in terms of transferring care and the need for an understanding of what delegation was for the wider family of nursing and midwifery.

5.0 Building a Framework – the Workforce of the Future

5.1 The final exercise of the afternoon was facilitated by Kathy Fodey, Co-Chair who asked delegates to consider the use of the framework in a broader, multi-professional context. Three questions were posed for consideration in relation to any challenges there might be in taking the framework forward, within health and social care. Individuals debated the questions within workshop groups, however, due to time constraints there was not an opportunity to allow wider debate or consensus. The responses below represent the records of those facilitating the groups. Individual and group responses included:

Key Challenges in taking the framework forward?

Health Care		Social Care	
Stakeholder buy-in	Increasing numbers of inexperienced staff	Workforce capacity – training	Consistency of approach
Lack of policy framework	Potential for harm to service users	Recruitment issues	Nursing stakeholder buy-in
Difficulty in differentiating between health and social care	Need clear context principles	Social care staff taking over health care tasks and underestimation of potential for harm	Understanding of staff that are completing assessments and definitions of health and social care
Scope for professional judgement	Changing context of care	Developing a separate delegation framework for social care – deemed not useful	Direction from policy and commissioning

Key Challenges in taking the framework forward? Contd.

Health Care		Social Care	
Agreeing delegation and transfer of care definitions	Consistent application of the framework	Simplicity of process	Agreeing delegation and transfer of care definitions
Clarity on direct payments for health and social care	Clarity between personal vs health care		
Monitoring arrangements			

Key Opportunities available to promote integration of health and social care?

Health Care		Social Care	
Service reform	Duty of candour legislation	Multi-professional generic worker 'healing together'	Promote further partnership with health care
New local commissioning arrangements	Community development models	Use All Wales work to drive	Highlights key system issues
Opportunities to reframe through new pre-reg nursing curriculum	Good framework to support decision making	Opportunity to work collaboratively	
Potential for single framework to further integration between health and social care	Use other work e.g. All Wales work to drive – don't 'reinvent the wheel'		
Opportunity to refine governance arrangements well	Development of the workforce		

Actions to be taken and by whom?

Health Care		Social Care	
Joined up policy and strategy	Workforce review - address nursing capacity issues	Agree context principles	Induction programmes should include delegation
Engagement with frontline nurses	Review existing governance arrangements	Right people at task and finish group	Standardise models of care across HSC
Description of shared decision making in multi-disciplinary working	Production of skills based learning and development framework	Develop one framework for all	Support interagency working for holistic assessment
Engage with pre-reg nursing and midwifery	Consider impact to person receiving care		
Awareness raising amongst practitioners	Set up task and finish group include social work		
Report actions to CNO	Further testing of draft framework		
Consider developing 'only nurse registrant' list	Develop EHCR		

6.0 Evaluations:

6.1 At the close of the afternoon, delegates were asked to offer their feedback via post it notes, detailing what they had found positive about the day or emerging challenges which should be considered in the running of future events. A total of 73 comments were received. Feedback was broadly positive falling under the following themes:

Positive Reflections:

6.2 Delegates acknowledged the challenging nature of the subject but agreed the work needed to take place. Other comments reflected positivity regarding the right people being in the room, good working dynamics between delegates, excellent discussion, and expert facilitation.

Actions going forward:

6.3 Some of the comments offered by individuals related to the policy context within which the framework was being developed and the need for a review of the nursing and midwifery workforce in Northern Ireland to complement the work. A number of delegates had raised the work which was with the Department of Health (DoH) relating to the role and job descriptions of health care support workers aligned to nursing and midwifery. Many of the action based comments related positively to taking work forward.

Areas for thought included: a desire to have one delegation framework for Northern Ireland (NI) across professions, the risk measurement tool and use of professional judgement could be useful but would need further testing in practice settings across NI. Finally there was a concern that the focus should be on nursing and midwifery in the first instance, however there was a perception that domiciliary care staff may be currently vulnerable without a policy framework.

Challenging Reflections:

6.4 Four comments related to areas for improvement or change in the future. One delegate would have liked to have received papers in advance of the day to allow time for reading and self-preparation. Other comments reflected that individuals did not like the traffic light decision support system suggested, the discussion had not moved much further and the framework was not a substitute to understanding the knowledge and skills of your team – with little perceived relevance to ward based care settings.

7.0 Conclusion

7.1 The workshop clearly provided an opportunity for discussion and debate in relation to the process of delegation in Northern Ireland, 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 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.

7.2 This report was prepared by Angela Reed, Senior Professional Officer, NIPEC, angela.reed@nipec.hscni.net

Appendix 1: Draft Risk Based Decision Support Matrix

Assumptions:

1. Accountability and responsibility has been considered and assured.
2. A person centred plan of care is in place which has been **developed and agreed** with the person receiving care, or where capacity is compromised, 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.

Potential for Patient/client harm	**Low**	**Medium**	**High**
Task involves assessment/ decision making that is beyond the scope of the task	**None**	**Some with clear decision support and care plan**	**High level**
Delegatee has appropriate knowledge and skills	**Competent**	**Requiring some additional preparation/training**	**Not competent**
Delegatee is confident to carry out the task	**Confident**	**Expressed need for some additional supervision**	**Unconfident**
Clear person-centred communication about delegated task and outcome	**Simple communication required**	**Some complex communication required**	**Complex communication required**
Complexity of care	**Low**	**Medium**	**High**
Performed in number of systematic steps	**Few and uncomplicated**	**Some - with decisions required between steps**	**Many – critical and analytical decision making necessary between steps**
Task requires little or no modification	**None**	**Some with directed decision support**	**Critical and analytical decision making necessary**
Predictability of the outcome	**High**	**Medium**	**Low**
Task Outcome	**Routine - Very predictable**	**Predictable under certain conditions**	**Unpredictable**
Stability of condition of the person receiving care	**Stable**	**Prone to fluctuation within predictable parameters**	**Unstable**
Timely feedback mechanisms to confirm outcome	**Mechanism exists**	**A delay may occur in feedback of outcome – some mitigation may be needed**	**Mechanism does not exist**

Decision support:

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