

All Wales GUIDELINES FOR Delegation



National Leadership
and Innovation Agency
for Healthcare

Asiantaeth Genedlaethol
Arwain ac Arloesi mewn
Gofal Iechyd

Supporting NHS Wales to deliver world class healthcare
Cefnogi GIG Cymru i gyflwyno gofal iechyd o safon fyd-eang

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All Wales GUIDELINES FOR Delegation

Purpose

These national guidelines have been developed to assist in the management and practice of appropriate delegation. **They have been developed primarily to support clinical staff, however, the principles can be applied to all staff groups.**

Developing the skill and art of delegation is one of the essential building blocks to support the optimisation of skill mix and is a key service delivery tool that can free up staff, enabling individuals to attend to more complex work. These national guidelines will clarify and support the delegation process and aim 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
- Reduce waste, variation and harm

Introduction

Increasing demands on healthcare provision, and increasing complexity is creating unprecedented challenges for the NHS and its workforce. The ability to delegate, assign and supervise are critical competencies for the 21st century healthcare worker. Failure to or inconsistent approaches to delegation can have a negative impact on the quality of care and the culture of the work environment.

Delegation is not new and is practiced every day in a range of work environments. Delegation is often undertaken as a sub-conscious function. Its purpose is to ensure:

- Service users receive timely and appropriate care
- Staff resources are utilised effectively
- Work is shared fairly
- Staff feel valued and motivated
- Productivity is maximised
- Organisations achieve success

These guidelines are designed to help NHS Wales meet the workforce challenges of the future. The guidelines provide a shared understanding and a common approach to delegation across Wales. It is important to ensure that delegation is practiced appropriately and the resources attached to these guidelines will support that goal.

The guidelines complement and do not conflict with the regulatory codes of conduct published by professional regulators such as the Health Professions Council, General Medical Council, Nursing and Midwifery Council and General Dental Council etc. A number of professional bodies also include delegation of duties within their professional standards.

Development of the Guidelines

The development of these guidelines utilised the approach set out below. This sought to ensure they were developed on a firm evidence base, accessed expertise from within and outside Wales, and complied with professional and legal requirements.

- A review of the literature to identify best practice in delegation was completed. This included scrutiny of the regulatory codes of conduct and practice. The analysis of the information revealed useful resources which have been used to support the development of these guidelines (appendix 1);
- The involvement of clinical and managerial staff was essential to inform and influence the content and structure of these guidelines. Staff representing clinicians, trade unions, professional organisations and the education sector participated in the consultation. The representatives were asked to consider, amend, challenge and identify gaps in the draft guidelines. The information from the consultation process was collated and themed to reflect a consensus view on each of the guidelines. The guidelines were subsequently revised in response to the information received. The views of the individuals who attended the two consultation events was further sought on the revised guidelines for final validation;
- Legal Advice was sought on the issues arising from the process of delegation and the associated implications. In particular, legal advice was provided on the principles of accountability for delegation and on the consequential issues such as vicarious liability;
- Advice was sought from Professional Regulators and incorporated.

Drivers influencing the need for all Wales Guidelines for Delegation

The Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales (June 2010) sets out the vision for future health and social care services in Wales. The Framework highlights the need for a highly flexible workforce working in multi agency teams and emphasises the importance of capturing benefits of integrated care, reducing waste and variation, and empowering front line staff to enable delivery of high quality services.

Appropriate delegation will support individuals and organisations to respond effectively to the key messages within the strategic framework and to deliver the reform agenda set by the Welsh Assembly Government. In addition the following drivers generate a need to develop safe systems of work (including delegation) that are recognised across professions:-

- An increasing emphasis on patient-centred service models;
- The increasing focus on delivering care outside of hospital settings, and greater collaborative working between health and social care;
- The prioritisation of rehabilitation and intermediate care;
- Greater use of protocols in the delivery of service;
- The need to provide comprehensive 18/7 and 24/7 services;
- Changes in the scope of practice of registered staff necessitating the delegation of tasks traditionally undertaken by registered staff to other staff groups.

Supporting guidance currently in existence

Whilst these guidelines are new for NHS Wales, guidance already exists for the delegation of specific tasks in other documents. For example, new models of service delivery has highlighted the need for clinical professionals other than registered medical or dental practitioners to be able to request diagnostic investigations. The National Diagnostic Imaging Framework (December 2009) recognised that there are benefits (in terms of reducing waiting times for diagnosis and treatment) for some referrals to be made by registered, but non-medically qualified staff. To support this good practice guidance has been produced and endorsed by the Joint Professional Forum of the Statutory Welsh Advisory Committees (2007). This should be used to facilitate development of local policies and procedures for non-medical / dental referral for diagnostic investigation.

These guidelines aim to support good practice and provide clarity for the development of appropriate delegation across a wider range of tasks.

1. DEFINITION AND PRINCIPLES

In the formulation of an all Wales definition of delegation, consideration was given to existing available definitions produced by the professional regulators, e.g.

- The General Medical Council - Good Medical Practice (2006)
- The Nursing and Midwifery Council (2008 & 2009).

Having considered these, the following definition of delegation has been developed for NHS Wales:

Delegation is the process by which you (the delegator) allocate clinical or non-clinical treatment or care to a **competent** person (the delegatee). You will remain responsible for the overall management of the service user, and accountable for your decision to delegate. You will not be accountable for the decisions and actions of the delegatee.

The Foundation of Delegation

Delegation is common sense but it is not always common practice. There is reluctance by some to delegate because of concerns relating in particular to accountability. A study by the American Nurses Association (1995) highlighted that many nurses were reluctant to delegate. Reasons identified ranged from not having educational opportunities to learn how to work with others effectively, to not knowing the skill level and abilities of other personnel.

Evidence gathered during the development of these guidelines identified a reluctance to delegate because of concerns about being responsible for the actions of others, not knowing how to delegate appropriately, not choosing or willing to delegate and not feeling confident. A study by Saunders (1997) showed an increase in productivity and a reduction in the cost of a physiotherapy service where a systematic approach to delegation was introduced. Embedding the theory and applying the principles of **appropriate** delegation is an essential part of workforce development and service provision.

Delegation and Competence

Choosing tasks to be undertaken by others is a complex activity which should be based upon the persons proven and assessed competence and not professional opinion alone. Competence is an individual's ability to safely and effectively apply knowledge, understanding, skills and values without the need for direct supervision, within a defined scope of practice. Competence is a key consideration when delegating which is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice. Capability is a step further than competence. It relates to the individual's full range of potential and may go beyond their current scope of practice.

Continuing professional development underpins delegation and competence. Individuals and employing organisations need to consider both immediate needs (related to current responsibilities and competence) and longer-term needs (related to future responsibilities and capability) when considering the development needs of staff.

Principles of Delegation

The intercollegiate paper developed by The Chartered Society of Physiotherapy, Royal College of Speech and Language Therapists, British Dietetic Association and the Royal College of Nursing, Supervision, accountability and delegation of activities to support workers – A guide for registered practitioners and support workers (2006) encourages staff to engage in the delivery of healthcare to reflect collaboratively on tasks proposed for delegation, and includes a set of principles. These have been adapted and a revised set of principles are set out below:

- every delegation has to be safe;
- there are a limited number of tasks restricted by law, which cannot be delegated e.g.
 - Midwifery
 - Prescribing medicines
 - Certification of death;
- the primary motivation for delegation is to meet the health and social care needs of the service user;
- appropriate assessment, planning, implementation and evaluation of the delegated role must be complete;
- the person delegated to undertake a task must be in an appropriate role, with the right level of experience and competence to carry it out;
- practitioners must not delegate tasks and responsibilities to colleagues that are beyond their level of skill and experience;
- the task to be delegated must be discussed and both the delegator and delegatee should feel confident, before the delegated task is carried out;
- staff must feel able to refuse to accept a delegation if they consider it to be inappropriate, unsafe or that they lack the necessary competency;
- supervision and feedback must be provided appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the delegatee, the needs of the service user, the service setting and the tasks assigned;
- employers must provide training to ensure staff have the competencies required to carry out any tasks required;
- line management structures and lines of accountability must be clear;
- all staff have a responsibility to intervene if they consider any delegated task to be unsafe;
- individual staff must be aware of the extent of their expertise at all times and seek support from available sources when appropriate;
- documentation is completed by the appropriate person and within employers' protocols and professional standards and codes of practice.

2. ACCOUNTABILITY

NHS Wales should adopt the following interpretation of accountability

Accountability is the principle that individuals and organisations are responsible and answerable for their actions. The delegator is accountable for ensuring that the treatment or care is appropriately delegated to competent individual/s. The delegatee is accountable for accepting appropriately delegated task/s and for the performance of the task/s.

Accountability for the delegation of tasks

All regulated professionals should accurately interpret and consistently apply the standards and requirements of their respective Codes of Conduct and Practice. All staff and those whose practice is not regulated by a statutory body should refer to organisational policies and procedures.

Accountability can take the form of criminal, civil, contractual and/or regulatory/professional accountabilities. In the context of these Guidelines, accountability specifically relates to the following:

When delegating work to others, the delegator has a responsibility to have determined the knowledge and skill level required to perform the delegated task. The delegator is accountable for delegating the task. The individual accepting the task is accountable and responsible for their actions in carrying out the task. When tasks are delegated, account must be taken of the guidelines and protocols pertinent to the relevant workplace/s, and steps must be taken to ensure that the level of supervision and feedback is appropriate.

- **The person who is being delegated to has a duty to inform the delegator and/or their line manager if they do not feel competent or have the capacity to undertake the task which is being delegated;**
- **The delegator, line manager or any other members of the team that observes inappropriate delegation must intervene if the delegation is not safe for the service user.**

Vicarious Liability

An employer will be vicariously liable for any civil wrong, including negligence, committed by an employee in the ordinary course of employment. "Ordinary course of employment" includes acts which the employer authorises or which are reasonably incidental to the employment.

Where agency or locum staff are employed, if it can be shown that an employer and employee relationship exists in effect and/or the act in question was related to the hospital's duty to ensure that service users are treated with skill and care, then the NHS employer would be vicariously liable.

This means, in most instances, the Health Board/Trust will be vicariously liable for the actions of agency and locum staff in the same way that it is liable for the actions of an employee.

Example Case Study of vicarious liability

Robyn is a physiotherapist assigned to a rehabilitation ward. Robyn is aware that many of the staff on the ward are familiar with basic physiotherapy techniques as these are used with many of the service users on the ward. Robyn asks Mat, one of the nursing assistants, to carry out some of the 'routine exercises'. Robyn does not check whether Mat has the necessary knowledge or experience to do this and is unaware that Mat has only been on the ward for four weeks. Mat has seen other nursing assistants doing exercises with the patients and assumes that he will be able to copy what he has seen. In carrying out the exercises, Mat causes Diane further injury.

The LHB will be vicariously liable for the actions of both Robyn, for failing to treat or delegate appropriately, and Mat, for accepting an inappropriate delegation and providing negligent treatment.

Accountability for delegation in practice

To ensure service users receive the best possible care, individuals operating within the service should consider appropriate delegation as a way and means of providing a responsive and safe service. The key success factor is for the delegator and delegatee to work in collaboration. This will ensure that tasks are delegated appropriately.

The Chartered Society of Physiotherapy has produced a guide for qualified members and assistants (2004). The guide addresses the issue of delegation of tasks from a practical perspective. It provides a framework which supports collaboration between the delegator and delegatee. The framework enables delegators to reflect on what is appropriate to delegate and what is not. Furthermore, the guide also ensures that the delegatee reflects on the task and assesses themselves in terms of length of service and capability.

The following case studies provide some examples of accountability

Liz, a Radiographer is working in the CT scanning unit and administered intravenous contrast media. The role forms part of her job description (responsibility). The radiologist, Dr Bourne has delegated this task (authority) to her in full knowledge of her competence and job description. The Radiologist retains the professional responsibility of appropriate delegation and Liz, is accountable for her actions.

Patsy, a Health Care Assistant (HCA), is working in the asthma clinic with the practice nurse. She measures the peak flow reading of a patient being assessed for reversibility, having been previously assessed as competent to carry this out following training and education in reversibility testing and asthma (ability). The role forms part of her job description (responsibility). The practice nurse has delegated this activity (authority) to her in full knowledge of her competences and job description. The practice nurse retains the professional responsibility of appropriate delegation and Patsy, though not currently regulated, is accountable for her actions.

3. THE ALL WALES MODEL FOR DELEGATION

NHS Organisations should adopt the All Wales Model for Delegation.

The All Wales Model for Delegation has been devised to enable the service to adopt a consistent and standardised approach for effective delegation. The model has been developed following a review of existing national and international literature and incorporates two decision matrices accompanied by descriptors. The model has been adapted from the following sources:

- Saunders, L. (1997) A systematic approach to delegation in out-patient physiotherapy, vol 83, no 11;
- College of Nurses of Ontario (2009) Utilization of Unregulated Care Providers (UCPs);
- Arkansas State Board of Nursing Rules (2008), Chapter Five: Delegation;
- Royal College of Nursing et al. (2006) Supervision, accountability and delegation of activities to support workers: a guide for registered practitioners and support workers;
- Hywel Dda Health Board (2009) Excellence, Assurance & Governance in a Learning Environment.

Introduction to the All Wales Model for Delegation

Delegation is not a linear process, rather it is the balancing of a number of interlinked elements, which interact with each other and which have to be in balance if appropriate delegation is to be effective.

Figure 1 is the All Wales Model for Delegation. The model shows the wider delegation environment and is made up of two distinct stages:

- Stage 1 Assessment - which includes the two decision matrices outlined below along with the descriptors;
- Stage 2 Action and Review – which gives the delegator the opportunity to review the outcomes of the task that have been undertaken by the delegatee in order for them to consider next steps and any necessary action i.e. identification of a training/support need.

In practice these stages work in harmony for appropriate delegation to take place.

The model illustrates how the delegation process takes place in a context where a range of other factors have to be taken into consideration. In order to delegate effectively and appropriately, these elements have to be considered as part of the overall process. The delegation environment incorporates a number of different factors that will always exist in the context of the work environment. These factors will be present regardless and therefore the delegator has no choice but to consider these when delegating.

The key elements within the delegation environment include:

- Safety for Service Users
- Professional Codes of Conduct
- Regulatory Frameworks
- Legislation
- Multi-agency environment

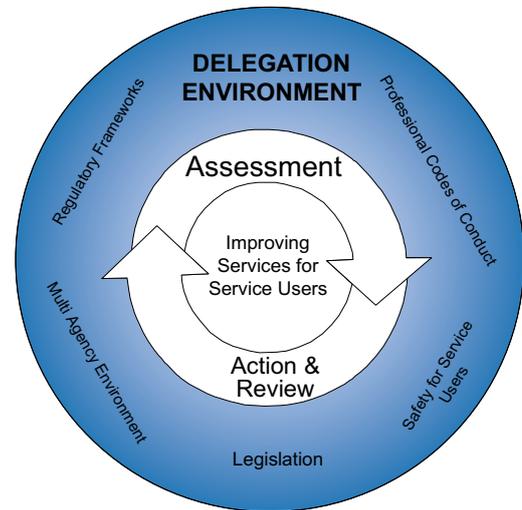


Figure 1: The All Wales Model for Delegation

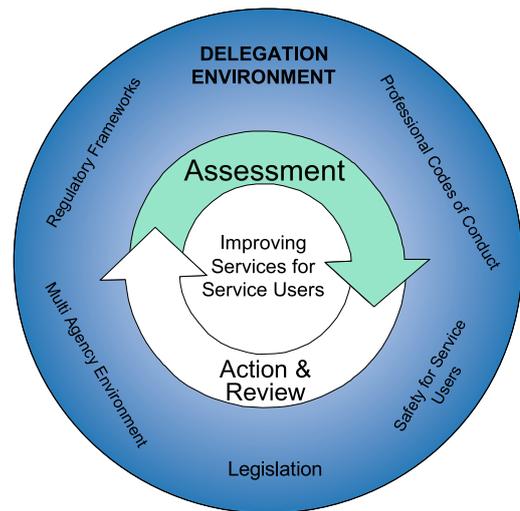
Stage One – Assessment

The assessment stage involves assessing the task to be delegated and assessing the individual to undertake the task.

Two decision matrices have been developed, along with descriptors to help delegators make informed decisions as to whether a task can be delegated appropriately.

Decision matrix one will assist delegators to make appropriate decisions associated with a task and whether or not it can be delegated.

Decision matrix two will then assist delegators to make the right decisions to identify the appropriate delegatee to undertake the task defined in decision matrix one.



Assessment of Task

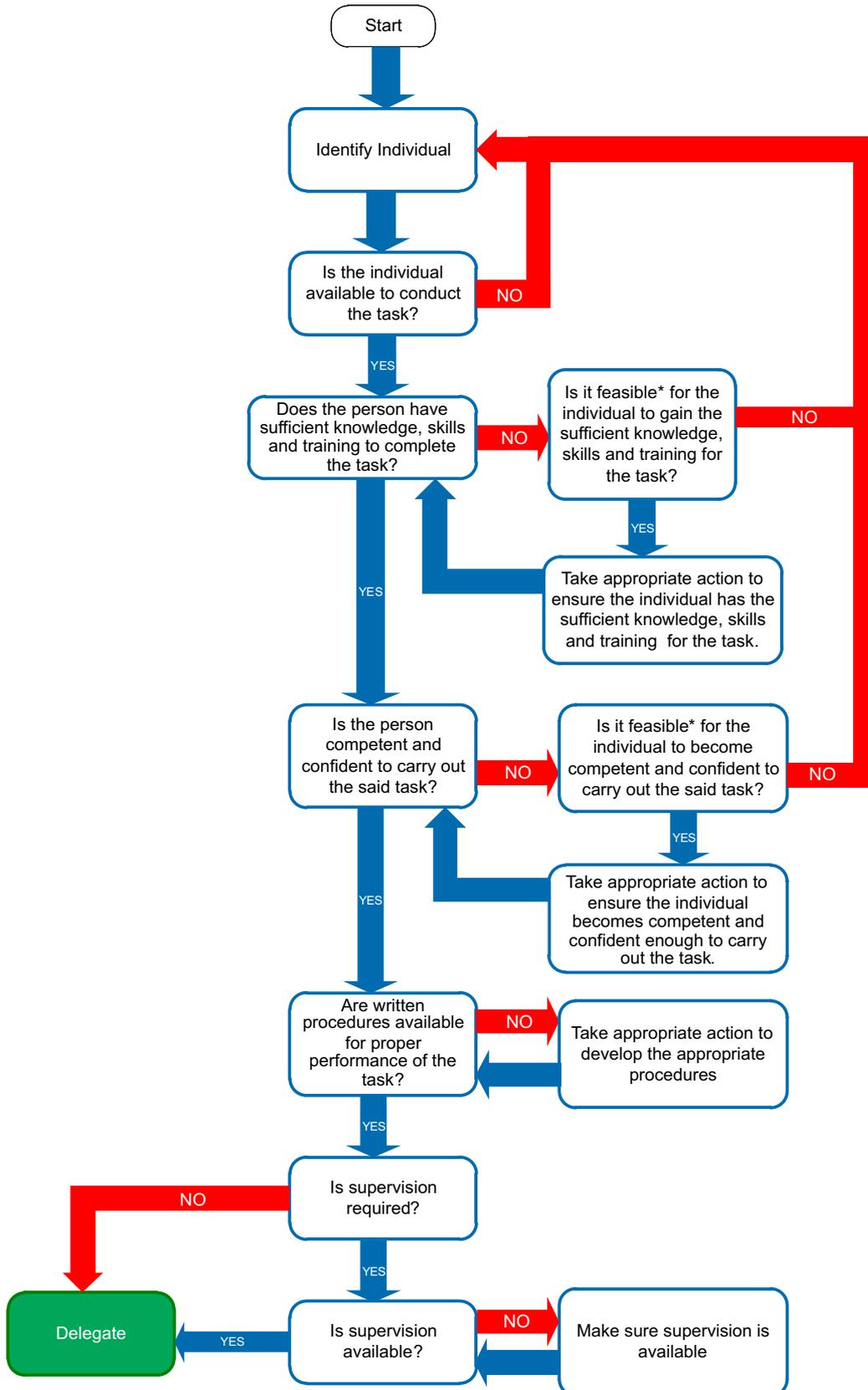
DESCRIPTOR TABLE FOR ASSESSMENT OF TASK

This stage will assist delegators in deciding if the task can or cannot be delegated

QUESTION	DESCRIPTOR
Can the task be delegated?	When considering whether the task can be delegated take into account the level of the task, what skills the individual would need to perform the task and if this is a task that needs to be delegated?
Can this act only be performed by a registered professional?	Before this task is delegated it needs to be considered whether this task must be performed by someone authorised in the profession.
Do the benefits outweigh the risks to the service user?	Having conducted a benefit and risk assessment, have the benefits of delegating the task outweigh the risks of delegating the task?
Do you need to gain service user consent?	In certain circumstances you may need to gain service user consent to carry out the task.
Have you gained service user consent?	Have you consulted with the service user and made them aware that the task that is being undertaken on them will be conducted by an identified individual?

Decision Matrix Two – Assessment of Individual

(to be read in conjunction with descriptor table for assessment of individual)



* **Note** Feasibility includes consideration of time constraints, resources, capabilities, organisational policy and cost

Assessment of Individual

DESCRIPTOR TABLE FOR ASSESSMENT OF INDIVIDUAL

This stage will enable you to identify the correct individual to delegate the task

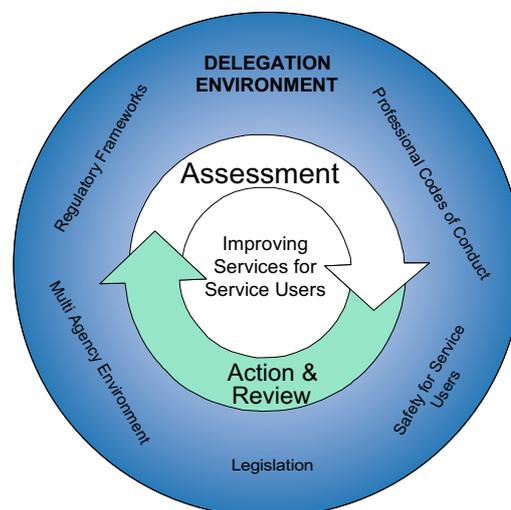
QUESTION	DESCRIPTOR
Identify individual	Having decided that the task is delegable it is important to identify whether there is someone available to conduct the task.
Is the individual available to conduct the task?	Having identified the individual, are they readily available to conduct the task?
Does the person have sufficient knowledge, skills and training to undertake the task?	When determining whether the individual has sufficient knowledge, skills and training to undertake the task please bear in mind the following; has the individual been trained to carry out this task before; when was this training last given; has the task changed since training was given and has the individual's training been updated since their last training session?
Is the person competent and confident to carry out the said task?	When considering whether the individual is competent and confident to carry out the task please note the following; has the individual expressed concerns about the task; do you believe the individual to be competent to carry out the task and is the individual confident in themselves to carry out the task?
Are written procedures available for proper performance of the task?	Before the individual is given the delegated task please check to see if there are written procedure documents available to assist the individual when carrying out the task.
Is supervision required?	The delegator will need to decide whether this task requires supervision.
Is supervision available?	When carrying out the delegated task will the delegatee have access to support if required?

Stage Two – Action and Review

The action and review stage of the diagram enables delegators to review how well the delegatee performed the task.

Action will already be underway once the task has been given to the appropriate individual as outlined in the assessment stage.

The review aspect ensures that delegators can examine the outcomes of the task and the subsequent actions of the delegatee. This will enable development needs to be identified for the future (refer to NHS KSF guidelines).



4. POLICIES AND PRACTICES

Organisations should use existing national and local policies and practices, and where necessary develop appropriate local policies and practices to facilitate a culture which supports and enables delegation.

To develop a culture in which delegation is routinely and appropriately undertaken, organisations need to have robust organisational development strategies to drive behaviour changes at all levels where required. Developing an organisational development strategy that encompasses delegation, can help to enhance workforce capability and build capacity. The organisational development strategy can be used as a catalyst to ensure appropriate delegation and accountability arrangements are clearly defined. Including delegation in the strategy, linking it to corporate objectives and the organisation's vision, will ensure that effective delegation becomes a routine way of working, bringing about greater flexibility, efficiency and effectiveness.

To support strategic developments organisations should review existing policies and practices and/or introduce additional policies to ensure that the All Wales Guidelines for Delegation forms part of the organisation's corporate governance arrangements. For example, the Policy for Healthcare Support Workers 'Guidelines for Practice' adopted by Aneurin Bevan Health Board provides information on delegation for registered practitioners and healthcare support staff (2009).

In the development of corporate and local policies and procedures it is important to ensure that organisations have transparent decision making processes.

Organisational culture

For delegation to be appropriate, effective and safely practiced it must be underpinned by an organisational culture which allows individuals the freedom to delegate, as long as they are acting lawfully and in the interests of the service user. Culture refers to the attitudes and behaviour that are characteristic of the organisation. Organisations should undertake a cultural analysis to assess whether or not their organisation supports or hinders appropriate delegation.

Organisation should also assess and utilise current communication and engagement channels to cascade and gain buy-in from staff in order for key messages associated with delegation to be communicated in the most effective manner.

There may be some individuals, within organisation, who consistently will not or cannot accept delegated tasks, even though they have been recruited at a certain band/grade and the delegation is appropriate and safe. To manage these individuals the organisation must ensure that all avenues have been explored. If the individual's performance continues to give cause for concern, the organisation's capability policy should be followed.

Staff Development

Effective development of staff is critical in gaining improvements in organisational performance. Appropriate delegation can be used as an effective way to provide learning and development opportunities for individuals and teams. There is a duty on an organisation to ensure its staff are appropriately trained and supported to enable them to carry out work and activities safely. Appropriate delegation can act as a vital tool in developing staff provided adequate training and supervision is in place.

Organisations should ensure learning and development opportunities are provided and are legally responsible for ensuring all staff are appropriately trained to perform delegated tasks.

The Knowledge and Skills Framework supports the development of individuals in the post in which they are employed so that they can be effective at work (KSF).

Recruitment and Induction

Organisations should ensure, where appropriate, job descriptions, person specifications and KSF outlines reference the need for delegation of tasks. The recruitment and selection process should highlight the requirements for either delegation of tasks or the undertaking of delegated tasks.

Recruitment and selection processes should be followed by a robust induction process for all employees. Delegation and vicarious liability should be a feature of the induction process to clarify organisational and individual responsibilities. For example Powys have developed a presentation for newly recruited support workers on accountability and delegation of activities which includes vicarious liability (Exploring delegation – a workshop for staff, Powys Teaching Health Board 2010)

The term induction is generally used in a workplace context to describe the whole process whereby employees adjust or acclimatise to their jobs and working environment. Induction provides the opportunity to ensure that new employees understand their role and are informed about their responsibilities.

If delegation is included in the induction process this can help to reinforce the importance of delegation at an individual, team, department and organisational level. If staff understand that appropriate delegation is expected, then this will encourage them to delegate appropriately and effectively. This will be increasingly important as new roles emerge such as joint appointments in Health and Social Care.

The induction process should outline and give clarity on ownership, accountability and responsibility for individuals when they are delegating. The induction process should give reassurance to delegators and delegates and clarify the overall organisational responsibility.

5. CLINICAL AND CORPORATE GOVERNANCE FRAMEWORKS

Organisations should ensure their clinical and corporate governance arrangements support delegation and individual and organisational accountability.

Governance is a wide-ranging term that means different things to different people. It encompasses concepts such as leadership, stewardship, accountability, ethical behaviour and control. As a result it is difficult to provide one all embracing definition that satisfies all those with a view on the matter. For the NHS in Wales, governance is defined as:

- Supporting the delivery of high quality and safe healthcare services to citizens;
- A system of accountability to citizens, service users, stakeholders and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives.

In simple terms, it refers to the way in which NHS bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector. The effectiveness of governance arrangements has a significant impact on how well NHS organisations meet their aims and objectives (WAG 2010).

Governance Framework

Clinical and corporate governance frameworks, strategies and practices should act as an enabler and not a barrier to delegation. Healthcare Governance systems will be in place across all organisations to support patient safety. On-going monitoring and review of current clinical practice should support delegation.

Organisations should ensure that they have good management and clinical leadership in order to manage and optimise the workforce capability in the most effective manner. Clear lines of accountability should be in place as part of the wider governance responsibilities.

To support delegation and clarify accountability it is imperative that all professional codes of conduct are interpreted consistently and understood across the organisation. Accountability issues often need clarity and organisations need to make it their responsibility to resolve any ambiguity of roles in order to protect individuals and defend themselves accordingly.

Hywel Dda Health Board developed a Governance Framework to support the redesign of their services. The framework provides a method by which support workers, registered healthcare professionals, the organisation and the service users were protected through appropriate delegation and accountability arrangements (2009).

Consent

Service users are becoming increasingly sophisticated in making choices about the healthcare they receive. Raised expectations amongst the public influenced through access to the internet and also by initiatives such as the expert patient programme, and development of clinical and service targets etc encourage service users to exercise greater control and choice.

Service users have the right to know who is treating them and expect that those who provide care are knowledgeable and competent. In many circumstances consent would be inferred by co-operation with the task being performed. For example the GMC (2008) and NMC (2008) guidance, do not refer to the need to obtain consent to delegate.

Consent would be required in circumstances where the delegation itself might pose a potential risk, albeit that the delegation remains appropriate, or where it could have a material impact on a service user.

Organisations will have a consent policy in place and this should be complied with as appropriate.

Delegation between Agencies

There are good examples within the NHS where the development of integrated teams has been supported by appropriate governance arrangements which define the roles and determine the appropriate route for supervision and management.

Staff should be reminded that they remain accountable for their own practice and in accordance with their individual contracts of employment. The overall management responsibility for the delegation process and the consequent vicarious liability lies with their respective employing bodies.

Where delegation involves shared responsibilities joint inter- agency agreements will need to be established to support the provision of integrated care. These could take the form of a contract (e.g with a commercial agency) or by means of an administrative arrangement e.g with a local authority which would be underpinned by a service level agreement. Separate and further guidance will need to be developed with partners to develop a consistent approach.

6. MONITORING IMPLEMENTATION

Organisations will monitor and measure the implementation of the All Wales Guidelines on delegation.

The Board will nominate an Executive Director to have lead responsibility for implementation and monitoring of these guidelines. The local operational management performance review process should be the mechanism for monitoring and measuring the implementation of these guidelines.

Service Managers should produce a service specific delegation map to define where effective and appropriate delegation is taking place and where further opportunities are available. These opportunities may include individual staff members being able to request taking on additional or different responsibilities and having these delegated to them or where service change would be enhanced where opportunities to delegate tasks between different professional groups are identified.

If staff have the adequate skills, experience and knowledge to undertake appropriate delegated tasks, then managers have a duty to utilise these resources. Service Managers should establish a baseline of their current workforce resources and future skills requirements as part of the integrated workforce planning process (WAG 2007).

To support the production of a delegation map, Service Managers can use the Skills for Health Team Assessment Tool which requires registration on the site (www.skillsforhealth.org.uk). To achieve this, follow the step by step guide (Appendix 1) to create a Team Assessment using part of the Designed for Competence methodology:

Appendix 1

1. Create a Team Profile of all the competences for the team to perform effectively. This may include competences that the team are not currently performing;
2. Create individual role profiles of all the team members indicating their **current** competence level against the team profile;
3. By completing a Team Assessment against all of the team member's **current** competences, you can identify the competence gaps within your team. The Team Assessment will also identify any duplication which you may also wish to consider reducing as part of team development;
4. Identify how the gaps can be met within the team and create a new role profile stating the **future** requirements of an existing role;
5. By completing Step 4, the Team Assessment Tool can then be used to monitor individual progress towards the **future** development of a role (Step 4) against an individual's **current** competence level (Step 2);
6. Step 5 can be repeated at specified intervals to monitor progress of an individual's development and can be used as part of the appraisal process;
7. As part of ongoing service development the whole Team Profile can be reviewed and Steps 1 – 6 repeated.

Current Team Profile

Team Profile	CURRENT COMPETENCE		
	Role 1	Role 2	Role 3
Competence A	✓	X	✓
Competence B	X	✓	X
Competence C	✓	✓	X
Competence D	X	✓	X
Competence E	X	X	✓
Competence F	X	✓	X
Competence G	✓	X	✓
Competence H	X	X	✓
Competence I	✓	✓	✓
Competence J	X	X	✓
Competence K	X	X	X
Competence L	X	X	X

Competences K and L are absent from the team capability and the future competence profiles are adjusted.

Plan for Team Development to meet the competence gaps

Competence K is added to Role 1

	Role 1	
	Current	Future
Competence A	✓	✓
Competence B	X	X
Competence C	✓	✓
Competence D	X	X
Competence E	X	X
Competence F	X	X
Competence G	✓	✓
Competence H	X	X
Competence I	✓	✓
Competence J	X	X
Competence K	X	✓
Competence L	X	X

Competence L added to Role 2

Competence I (currently undertaken by Roles 1, 2 and 3) is removed from Role 2.

	Role 2	
	Current	Future
Competence A	X	X
Competence B	✓	✓
Competence C	✓	✓
Competence D	✓	✓
Competence E	X	X
Competence F	✓	✓
Competence G	X	X
Competence H	X	X
Competence I	✓	X
Competence J	X	X
Competence K	X	X
Competence L	X	✓

Role 3 remains unchanged.

Reassessment of Current Team Competences

After a planned period of development the Current Competence Profile has no gaps in the competence level of the team

	CURRENT COMPETENCE		
Team Profile	Role 1	Role 2	Role 3
Competence A	?	X	?
Competence B	X	?	X
Competence C	?	?	X
Competence D	X	?	X
Competence E	X	X	?
Competence F	X	?	X
Competence G	?	X	?
Competence H	X	X	?
Competence I	?	X	?
Competence J	X	X	?
Competence K	?	X	X
Competence L	X	?	X

NB: The Team Assessment Tool on the Skills for Health Website will look different to this, but the principles are the same.

Workforce plans should take account of the need for roles to be developed to support sustainable future service delivery and to ensure that staff are appropriately trained and skilled to undertake these roles. Workforce planning should therefore encompass the whole NHS workforce.

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Glossary

Acceptable	Able to be agreed on; suitable.
Accountability	The state of being answerable to a particular party, by some rules or organisational structure, for one's decisions and actions.
Appropriate	Suitable or proper in the circumstances.
Assignment	A task or piece of work allocated to someone as part of a job.
Capability	The power or ability to do something.
Capacity	The ability or power to do or understand something.
Competence	The knowledge, skills, attitudes and ability to practise safely and effectively without the need for direct supervision.
Competencies	Specific knowledge, skills, judgment, and personal attributes required for a healthcare professional to practice safely and ethically in a designated role and setting.
Competent	Having the necessary ability, knowledge, or skill to do something successfully.
Consent	Permission for something to happen or agreement to do something.
Culture	The attitudes and behaviour that are characteristic of a particular social group or organisation.
Delegate	Entrust a task or responsibility to another person, typically one who is less senior than oneself.
Delegatee	The person being delegated to.
Delegation	The assignment of authority and responsibility to another person to carry out specific activities. Ultimate responsibility cannot be delegated - the delegator retains accountability for the delegation.
Delegator	The person performing the delegation.
Dependable	Trustworthy and reliable.

Obligation	An act or course of action to which a person is morally, legally, religiously or institutionally bound; a duty or commitment.
Policy	A plan or course of action, especially one of an organisation or government.
Protocol	The accepted or established code of procedure or behaviour in any group, organisation, or situation.
Referral	An act of referring someone or something for consultation, review, or further action.
Reliable	Consistently good in quality or performance; able to be trusted.
Responsible	Having an obligation to do something, or having control over or care for someone, as part of one's job or role. Morally accountable for one's behaviour.
Service User	A person who uses the services of a health professional, or any other relevant service.
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 their employer and does not present any risk to the public or to the health professional.
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	A piece of work to be done or undertaken.

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