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Livewell Southwest

**Third party delegation**

Version No.1.3

Review: December 2021

Expires: May 2022

**Notice to all staff using a paper copy of this guidance.**

**The policies and procedures page of LSW and SLH intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

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**Third party delegation**

1. **Introduction and rationale**

1.1 Healthcare is becoming increasingly complex within the UK and increased provision of care within the community setting has been highlighted as an ambition within the 5 year forward view (NHS England 2014).

1.2 There are many differing settings and circumstances within the community environment where carers, informal carers and support workers with the right skills and support may be able to undertake specific care and tasks which would once have been seen to be the domain of the Healthcare Professional.

1.3 Individuals who are in need of healthcare are encouraged to be autonomous and have more control over the provision of their own health care. Initiatives such as Compassionate Communities and Personal Health Budgets (PHB) encourage the health providers to consider working alongside those close to the patient to support and care for them throughout their health journey, and this should include end of life care. New initiatives and treatments are constantly being developed, it is essential that community multidisciplinary teams have the knowledge and skills to be able to support individuals and their carers with changing needs within their care package.

1.4 A fundamental part of end of life care is ensuring that patients are comfortable and have timely and effective symptom control and pain relief. The likelihood of patients remaining symptomatically well managed at home is enhanced by domiciliary care services, informal carers and PHB Personal Assistants. (PA)

1.5 As Devon is a geographically large and a predominantly rural county access to swift timely healthcare can sometimes be challenging, in particular within out of hours when staff are required to travel across the county in any one shift. This could inevitably lead to delays in access to timely care. There may be times, in order to provide health and social care that are accessible, when it would be helpful for informal carers and PAs to work alongside Healthcare Professionals to support and deliver symptom management and care at home in a way that respects the differing needs of the individual (Livewell South West Equality and Diversity Policy).

1.6 The policy sets out to provide clarity on the roles and responsibilities of Livewell employees when delegation of care from the registered practitioner is made to individuals who are not employed by Livewell Southwest and provides assurance that appropriate tasks are always undertaken within the clear parameters of safe delegation in order to ensure that service users receive safe and effective care.

1. **Purpose of policy**

2.1 These principles of this policy have been developed to provide Health Care Professionals with a safe framework to support domiciliary care services, informal carers and PAs to jointly provide care for individuals within their own homes. The purpose of this policy is to provide clarity on the key issues relating to delegation of care from employed Registered Professionals to Third party Skilled Not Registered (SNR) and / or unpaid carers / informal carers who are not employed by the same provider. This policy will provide assurance that appropriate tasks are always undertaken within the clear parameters of safe delegation.

2.2 All groups of staff who are engaged in the delivery of health and social care, are encouraged to work collaboratively on tasks proposed for delegation to a third party in order to ensure that service users receive safe and effective care from the most appropriate person

1. **Definitions**

**3.1 Delegation**

Delegation is defined as the transfer to a competent individual, of the authority to perform a specific task in a specified situation (NMC, 2018).

**3.2 Accountability**

Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others (NMC, 2018).

**3.3 Service User**

This is any individual requiring service provision from a provider.

**3.4 Third party Skilled Not Registered (SNR) worker**

A third party SNR worker is someone who is not the patient, or a healthcare professional. In most cases they will be externally resourced individuals, from agencies, residential homes or in domiciliary care.

There is currently no national policy that determines a single name for this group of workers. Numerous titles exist to reflect the many and varied roles carried out by unregistered nurses, domiciliary care workers, residential care workers and learning disabilities support workers.

For the purposes of this policy the term SNR denotes the third party worker who has a role or task delegated to them. The SNR worker may be either employed under a private employment arrangement such as a personal health budget, or indirectly by a third party organisation on their behalf, and therefore lines of accountability can appear less clear to NHS professionals.

**3.5 Personal Assistants**

In some circumstances a service user who is eligible for a Personal Health Budget, may wish to employ relatives, close friends or other individuals to act as a Personal Assistant (PA) or employ an independent PA.to undertake personal care, support medications. In these circumstances the Service User will need to seek advice about PHB eligibility and be referred to the PHB team for further information about employing PAs.

**3.6 Informal Carers:**

In some circumstances a service user may wish relatives, close friends or other individuals to support their care, these individuals may not be paid but undertaking the role part of caring for a loved one, for the purpose of this policy these individuals will be referred to as **informal carers**. In particular when services users are being symptomatically managed at home, informal carers may be able to enhance the care by undertaking delegated tasks such as catheter, wound care and administration of medication, including controlled drugs, for pain relief either orally, transdermal or via subcutaneous line, subcutaneous injection.

The Registered Professional is also responsible for ensuring that informal carers have not been put under undue pressure by a loved one to undertake a task. It should be recognised that a service user cannot demand a level of care from relatives/loved ones which they do not feel able to provide. A checklist should be undertaken for each informal carer to whom the task is to be delegated to. Appendix C.

**3.7 Registered Professiona**l

* A registered professional is the professional who is on a register for that particular profession e.g. a Registered Nurse (RN) with the Nursing and Midwifery Council (NMC).
* They are professionals who are regulated by statute and so are specifically accountable to their regulatory body as well as their employer.
* They are required to meet professional standard e.g. NMC for nurses, midwives and health visitors; the Health and Care Professions Council (HCPC) for physiotherapists, occupational therapists , dieticians, speech and language therapists.

1. **Roles and responsibilities:**

The **Chief Executives** of both organisations have the overall accountability for the implementation of this policy and procedure.

**4.1 The Commissioner**

Commissioners have the overall responsibility to ensure that the system commissioned for delegation, training, competency assessment and review is safe and robust. Responsibilities include:

* Commissioning the appropriate staff for care co-ordination and delegation within a comprehensive service specification which details the roles and responsibilities of the commissioned provider.
* Commissioning an appropriate system for training and assessment of competence in delegated healthcare tasks, including ongoing support and supervision of SNR workers in carrying out delegated tasks. *(This will vary and be dependent on the contract with the CCG and the provider).*
* Maintaining effective contract management oversight of providers and complaints to ensure the service specification of the care plan co-ordinator role, the accountable registered professional, and associated training functions continue to be met through the contract.
* Being clear about whom the accountable registered professional is for reviewing the service user’s needs.

**4.2 Care Co-ordinator/Named Nurse/caseload holder**

The Care Co-ordinator is responsible for managing the assessment of the health needs of the service user as part of the care plan, ensuring that the service user and the Care Co-ordinator have agreed the care plan, undertaking or arranging for the monitoring and review of the care plan and the health of the service user. In relation to delegation of healthcare tasks, they should ensure that:

* A registered professional with relevant occupational competence in relation to the specific area of clinical care for the service user makes a detailed assessment of the suitability to delegate the identified task and it is the registered professional who makes the decision to delegate or not.
* Ensuring arrangements for training and assessment of competence necessary to delegate are clearly specified in the care plan.
* The service user requiring the care or their representative has been consulted as to whether they are happy in principle with the task being delegated to the SNR worker. Where the service user lacks the capacity to make decisions as to how their care needs shall be met, a formal best interests decision should be made as to whether in this case it is appropriate for the healthcare task to be delegated.
* Roles and responsibilities are clearly identified and understood.
* Clinical guidance on specific skills and attributes required for delegated tasks is provided.
* Systems are in place to provide suitable access to support and advice to SNR in relation to delegated healthcare tasks, including where these activities are outside normal working hours and ongoing clinical support is available.
* Review arrangements are identified, communicated and recorded.

**4.3 The Employer**

Where a third party employer (such as a domiciliary care provider) has the authority to delegate an aspect of care, the employer becomes accountable for that delegation. The registered professional will however continue to carry responsibility to intervene if they feel that the proposed delegation is inappropriate or unsafe.

The decision whether or not to delegate is the responsibility of the registered professional and is based on their professional judgement. This should be agreed alongside the patient, involving other care agencies and informal carers if the task is to be delegated to them.

The registered professional has the right to refuse to delegate if they believe it would be unsafe to do so; if they have concerns about the SNR worker’s or carers competence; or if they are unable to provide or ensure adequate supervision.

The employer is responsible for organising any training prior to any of the delegated tasks being undertaken.

Employers are ‘vicariously’ liable for their employees. This means that provided that the SNR worker is working within their sphere of competence and in connection with their employment, the employer is accountable for their actions. It is therefore important that the employer is involved, advised and supported appropriately in understanding and meeting their responsibilities. In relation to delegated healthcare tasks, the employer should:

* Check that the job description and person specification reflect requirements in relation to delegated healthcare tasks.
* Full records of training provided, including dates, should be kept.
* Evidence that support workers' competence has been assessed should be recorded, preferably against recognised standards such as National Occupational Standards.
* There should be clear guidelines and protocols in place so that the support worker is not required to make a standalone clinical judgement.
* When recruiting, have due regard to the candidate’s ability to learn the required skills and to seek advice and support in this regard as required.
* Check that each SNR worker has received training and both the trainer and the SNR worker have signed to say that they are satisfied that the SNR worker has the competence and confidence to deliver the delegated healthcare task.
* Not ask the SNR worker to go outside the scope of their training.
* Not ask the SNR worker to deliver complex care tasks without training and assessment of competencies.
* Check records to see that the SNR worker has up-to-date competencies and contact with the care co-ordinator or the registered professional responsible for the delegation if they have concerns
* Check that the care plan includes risk assessments and escalation plans for all the delegated tasks, and that these are up-to-date and relevant. Consult with the care co-ordinator if they have concerns.
* Support the SNR worker to undertake regular clinical supervision and help ensure they are undertaking delegation in the manner that they were trained.
* Ensure the SNR worker maintains appropriate records of the task they have undertaken.
* Seek advice from the care co-ordinator or registered professional if concerned about the SNR worker’s ability to deliver the delegated tasks.
* Check that insurance is in place in relation to the SNR worker carrying out delegated healthcare tasks and consult with the care co-ordinator or support organisation if there are concerns.
* Raise any concerns with the care co-ordinators or commissioners.
* It is good practice for the employer of the SNR worker to sign a document alongside the SNR worker and the person assessing competence to show their satisfaction with the SNR worker’s competency and confidence to carry out the delegated task.
* The team and any support staff need to be informed that the activity has been delegated.
* Support workers must have ongoing development to make sure their competency is maintained.
* The whole process must be assessed to identify any risks.
* Identify the tasks to be delegated.

**4.4 Registered Professional responsible for delegation (delegator):**

The professional who is responsible for delegating a task should be registered through their appropriate professional council for example the Health and Care Professions Council (HCPC) or the Nursing and Midwifery Council (NMC).

In all these instances a delegator will have **accountability for the clinical management of the service user**, but may feel that it would be appropriate for part of the clinical care to be delegated.

The delegator should be competent in each task they are delegating to ensure that the individual they are delegating to is appropriately skilled and therefore is able to provide safe and effective care to the service user.

The Registered Professional with the relevant occupational competence to delegate the task should:

* Fully identify the healthcare tasks that require delegation.
* Formally assess that the delegation of the task is in the best interest of the service user. (Appendix B).
* Ensure that there has been a clearly recorded comprehensive risk and benefit assessment completed around the proposed delegation, including an assessment of the stability of the service user, the complexity of the task being delegated, and the expected outcome of the delegation.
* Ensure that task-specific competency training is provided and in place and that it is underpinned by robust training and competency sign-off systems, including policies and references. This training should include:
* Relevant anatomy and physiology
* Dosage, route, effects and side effects of medication
* Psychological implications and approaches
* Specific steps involved in the task
* Troubleshooting
* Person-specific requirements including privacy and dignity issues
* Written documentation to support the SNR worker to deliver the intended delegated healthcare task e.g. the care plan
* What to record and when to escalate concerns
* Training must be followed up with assessment of competence, which should include ensuring the SNR worker recognises the limits of their competence and authority and knows when and how to seek help.
* Clinical supervision and support requirements should be identified and clinical care plans, escalation plans, risk assessments and training should be recorded and update as appropriate.
* The name of the clinical review contact person should be clearly recorded and updated as appropriate – it should be clear to the SNR worker who is accountable for the clinical care needs of the service user.
* Registered professionals need to meet the standards for delegation set by their regulatory body.

**4.5 Multi-disciplinary team (MDT):**

The MDT including Continuing Health Care (CHC) team and GP where appropriate should agree that it is appropriate that tasks can be delegated to SNR’s informal carers and informal carers.

**4.6 General Prescriber:**

The prescriber should agree that it is appropriate for SNR’s / informal carers to administer medication, in particular if circumstances are such that medication is to be administered through and unlicensed route e.g. through a PEG, or that SNR or informal carers are administering sub cutaneous medication such as insulin or pain relief such as Diamorphine.

1. **What is delegation?**

5.1 Delegation is the process by which the delegator allocates clinical or non-clinical treatment or care to a competent person. The delegator remains responsible for the overall clinical management of the individual.

5.2 The registered practitioner is accountable for delegating the task and the SNR is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out.

5.3 The registered practitioner cannot delegate their accountability. Therefore the SNR holds accountability for their actions and could be taken through a civil court. The registered practitioner would remain accountable for the overall management of the service user and the decision to delegate the task.

5.4 The registered practitioner must be trained and competent in the skill themselves to ensure they can assess and advise on safe practice.

5.5 Although SNR’s are not currently regulated by statute they remain accountable for their actions in several ways, including:

* To the service user – civil law (duty of care). The SNR is accountable for their actions and omissions when they can reasonably foresee that they would be likely to injure people, or cause further discomfort or harm, e.g. If an SNR failed to report that they had made an error when administering medication.
* to the public – criminal law e.g. If an SNR were to physically assault a service user, then they would be held accountable and could be prosecuted under criminal law, as well as being in breach of their contract of employment.

5.6 Employers have responsibilities to the individual they employ as well as to the service users they are supporting. As SNR’s develop and extend their roles the employer must ensure that they are trained and supervised properly until they can demonstrate competences in their new roles.

1. **Principles of delegation**

**6.1 The principles of delegation as highlighted by the RCN (Royal College of Nursing)**

**Accountability and delegation (RCN 2017) are set out below:**

* *Delegation must always be in the interest of the service user/ individual and not performed simply to save time or money.*
* *The support worker must have been suitably trained to perform the intervention.*
* *Full records of training given, including dates, should be kept.*
* *Evidence that support workers' competence has been assessed should be recorded, preferably against recognised standards such as National Occupational Standards.*
* *There should be clear guidelines and protocols in place so that the support worker is not required to make a standalone clinical judgement.*
* *The role should be within the support worker’s job description.*
* *The team and any support staff need to be informed that the activity has been delegated.*
* *The person who delegates the activity must ensure that an appropriate level of supervision is available and that the support worker has the opportunity for mentorship. The level of supervision and feedback needed depends on the recorded knowledge and competence of the support worker, the needs of the service user/client, the service setting and the activities assigned.*
* *Support workers must have ongoing development to make sure their competency is maintained.*
* *The whole process must be assessed to identify any risks.*

**6.2 In addition it is recommended that:**

* The task delegated must be discussed with both the delegator and the SNR worker/ PA / informal carer should feel confident about the decision, before the delegated task is carried out.
* Supervision and feedback must be provided appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the SNR worker/ PA/ Informal carer, the needs of the service user, the service setting and the tasks assigned.
* The delegator should keep a record of training given, and copies of the competency assessment documentation.
* All staff have a responsibility to intervene if they consider a delegated task to be unsafe
* A SNR worker/ PA/ Informal carer must be aware of the extent of their expertise at all times and seek support from available sources when appropriate.
* Documentation, including the details of the task and delegation is completed by the appropriate person and within protocols and professional standards and codes of practice.
* The delegation to a SNR worker / PA/ Informal carer must always be for the individual name service user only.

**6.3 The Nursing and Midwifery Council (NMC) code (2015) it states:**

That nurses should be accountable for your decisions to delegate tasks and duties to other people**,** to achieve this, you must:

* Only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand your instructions
* Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
* Confirm that the outcome of any task you have delegated to someone else meets the required standard.

1. **Accountability when delegating**

The registered professional who delegates a task remains accountable for the appropriateness of the delegation and ensuring that the SNR worker / PA/ Informal carer who does the work is able to do it. They cannot delegate accountability.

Registered professionals have a duty of care and legal liability with regard to the service user. If they have delegated an activity they must ensure that is has been appropriately delegated.

However, provided that the decision to delegate is made appropriately they are **not accountable for the decisions and actions of the SNR worker carer/ informal carer to whom they delegate**.

The registered professional is accountable for the service users’ care plan.

The registered professional will intervene if they feel that a proposed delegation from an Employer is inappropriate or unsafe.

Registered professionals are accountable to their employer to follow their contract of duty.

Registered professionals are accountable to regulatory bodies in terms of standards of practice and patient care.

**7.1 Accountability of the SNR worker**

The SNR worker is accountable for accepting the delegated task and responsible for:

their actions in carrying out the task.

The SNR worker is accountable to their employer to follow their contract of duty.

The SNR worker holds accountability for their actions and could be taken through a civil court if they cause harm to the client.

In order to be accountable, a SNR worker must:

* Have the ability (knowledge and skills) to perform the activity or intervention
* Accept the responsibility for doing the activity
* Have the authority to perform the activity within their role, through delegation and the policies and protocols of the organisation
* The SNR worker must have been suitably trained to perform the intervention.
* Full records of training given, including dates, should be kept by the employer and SNR worker..
* Evidence that SNR workers' competence has been assessed should be recorded, preferably against recognised standards such as National Occupational Standards.
* There should be clear guidelines and protocols in place so that the SNR worker is not required to make a standalone clinical judgement.
* Ensure that the MDT/ Lead clinician has agreed that it is appropriate for the SNR to undertake the task?
* The role should be within the SNR worker’s job description, if a new role this should be incorporated into the personal development plan.
* The team and any SNR staff need to be informed that the activity has been delegated.
* The person who delegates the activity must ensure that an appropriate level of supervision is available and that the SNR worker has the opportunity for mentorship. The level of supervision and feedback needed depends on the recorded knowledge and competence of the SNR worker, the needs of the service user/client, the service setting and the activities assigned.
* SNR workers must have ongoing development which is assessed through appraisal and line management by their employer to ensure their competency and skills are maintained.
* The whole process must be assessed to identify any risks.
* Identify the tasks to be delegated

**7.2 So what does this mean in practice?**

Delegation of specific healthcare tasks should be considered within the care planning process. Care planning is central to the delivery safe and effective care. It is at this stage of the process, after gathering information and understanding the person’s health and wellbeing needs that detailed plans are made. Care planning should use a partnership approach between the healthcare practitioner and the person, along with their family and carers as appropriate.

The care plan should make clear the task that is to be delegated, the limits of the delegation and how risks will be managed. It will also need to identify contingency arrangements should there be a gap in service, for example when a family member to whom the task is delegated to is unwell. In every situation the individual context must be taken into account before making a decision to delegate and any list is only a guideline.

1. **Assessment of the service user**

8.1 As assessment identifying the service user’s needs must be carried out and documented by the registered professional in the first instance and should include:

* Mental capacity
* The use of contracts
* Costs and funding/direct payments
* Risk assessment
* Who will best meet the need of the patient?
* Is there a need for a third party to carry out the task

1. **Consent**

9.1 The service user’s informed consent to receive the delegated healthcare task should be recorded in the care record. Consent does not need to be recorded each time the task is carried out but a record of the task being performed should be recorded.

9.2 If it is unclear whether the service user has the mental capacity to consent, a Mental Capacity Assessment is required to be completed.

9.3 This form must be completed before the task is delegated and the delegator must ensure this is clearly evident in the service user’s notes. Appropriate individuals who may be deemed to have responsibility for the care of a service user can include:

* Next of kin
* Care agency or home manager
* Social worker
* General Practitioner

(This list is not exhaustive)

9.4 The decision-making flowcharts in the appendices can be helpful in thinking through the process.

1. **Who can I delegate to?**

Healthcare professionals can delegate a task to various agencies and individuals however they should ensure that the delegation of that task is undertaken using the principles set out above.

How the professional supports those individuals they have delegated to will depend upon their role and whom they are employed by.

The most likely scenarios will be delegation to:

* Individuals employed by Livewell Southwest, in which case staff should use the Livewell policy “Delegation to Band 3 and 4 Nursing Unregistered Support worker Guidance rather than this policy:



* Care workers employed by external agencies for example, domiciliary care providers
* Carers employed through personal health budgets
* Carers employed within the Voluntary sector
* Informal carers (Lay carers / relatives /family members)
  1. **Delegation to Care workers employed by external agencies (including**

**voluntary sector) or through a personal health budget:**

When delegating care to staff already employed by another organisation, either as a paid employee or voluntary worker it should be remembered that the employer has responsibilities to ensure that their staff are competent and confident in undertaking any of the procedures or task that are delegated.

However this does not absolve the delegator in ensuring that the principles of delegation are adhered to, or in supporting the agency or care workers to become competent.

* If care for an individual is to be provided by a care agency, voluntary service, or personal health budget then the employer has a role within ensuring the individuals who take on the delegated duty has the competence to undertake the task
* The employer will be responsible for organising training and maintenance of competence and it is their responsibility to ensure the staff within their employ has the skills to undertake the role, the employer is accountable for this delegation.
* That does not mean to say that the healthcare professional has no part to play in the process, the decision on whether to delegate an aspect of care and to transfer or rescind delegation is the responsibility of the healthcare professional and based upon their judgement and understanding of the service user wishes and healthcare needs. The healthcare professional may support the employer as they see fit to ensure the service user has safe and effective care provision.
* It is important to remember that packages of care are decided and provided by a multi-disciplinary team, and are often agreed within frameworks such as the Continuing Healthcare and FastTrack process, the healthcare professional has a role in supporting care agencies to safely provided the agreed care package, and the healthcare professional is still responsible and accountable for the delivery of the health aspects of that care package.

**10.2 Informal carers:**

When delegating health care tasks to informal carers the Healthcare Practitioner should bear in mind that:

* The responsibility for the ongoing assessment of competence and training lies with the healthcare professional.
* It is the responsibility of the healthcare professional to ensure that the delegation of the task to the informal carer has been risk assessed and that **both** the service user and the informal carer consent to the task bring undertaken by the informal carer.
* The healthcare professional should also recognise that the informal carer has not been put under undue pressure by their loved one to undertake the task.
* It must be recognised that a service user cannot demand a level of care from relatives which they do not feel able to provide.
* The need to implement the procedure should be led by the needs of the service user/ carer and not imposed on the service user/ carer by Healthcare Professionals.
* It should be made clear at the outset to the service user and carer that they can at any time discontinue the procedure if they so wish.
* Informal carers may have some clinical experience; however, undertaking healthcare for a family member can still be daunting.
* A carer risk assessment should be undertaken before the task is delegated.

10.3 The final decision to delegate a healthcare task to a SNR should be made by a registered practitioner who is occupationally competent in the task and is accountable in relation to that aspect of clinical care of the client, and will follow on from training and assessment of competence. Delegation must first and foremost be in the interest of the person for whom the care and support is being provided and it is important that they, or their representative, have been consulted and are in agreement with the arrangements. It is also important that the SNR feels both competent and confident to carry out the task and that the task/function/health intervention is within the remit of their job description if employed.

10.4 A three-way process, where all parties record that they are happy for the task to be delegated, can be a useful process. This same written agreement can incorporate information about the extent and limits of the delegation, how support will be provided and competency maintained, and when and how to seek help. Frequency of review should be documented in the care plan and should take into account the person’s clinical needs and changing requirements in relation to healthcare tasks. Review should also include a review of the tasks currently delegated to a PA and a review of training and competency. If a person’s condition is unstable or fluctuating, or there is a significant deterioration in their physical condition, cognition or personal circumstances, the nature of the tasks may change and this will require review of the decision to delegate healthcare tasks. At review, if refresher training for the delegated task or training in new tasks to be delegated is required, then the budget allocation may need adjusting to allow for this.

1. **Risk assessment**
   1. **Risk assessment is the process of:**

* Thinking about what harm might possibly arise from doing something
* Looking at how we can make things as safe as possible
* Looking at what we can do to support people
* Recording risks and decisions made
* Reviewing and evaluating risks

**11.2 Positive risk management should include:**

* Working with the service user to identify what is likely to work.
* Paying attention to the views of carers and others around the service user when deciding a plan of action.
* Weighing up the potential benefits and harms of choosing one action over another.
* Being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risks.
* Being clear to all involved about the potential benefits and the potential risks.
* Developing plans and actions that support the positive potentials and priorities stated by the service user and minimise the risk to the service user or others.
* Ensuring the service user, carer and others who might be affected are fully informed of the decision, the reasons for it and the associated plans.
* Using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome.

11.3 Positive risk assessment is not a substitute for professional judgement and experience and should be informed by the worker’s knowledge, skill and expertise. It is a process involving thinking about the dangers and risks that individual’s face, recording these and considering where the responsibility will appropriately lie. Equally it should not be used as an excuse not to do things unless the likely benefits are outweighed by the likely danger.

A risk assessment needs to be part of a referral to the multi-disciplinary team so that the process can be understood, and must take place for all service users. The Risk Assessment used will depend on the multi-disciplinary professional completing it.

As part of a care plan, consideration needs to be given to how care is provided if the care breaks down.

**11.4 Risk assessment for informal carers**

Service users and their informal carers involved in the delegated procedure should have had a comprehensive assessment by the Healthcare Professional leading their care within the organisation.

**11.5 Assessing risk:**

There should be none of the following contraindications:

1. Known history of substance misuse in the family
2. Known relationship issues, concerns between service user and carers
3. Known safeguarding issues in place

**11.6 There should be none of the following service user contraindications:**

1. Service user does not agree (if has capacity) to carer undertaking the procedure
2. No history of sensitivity to topical applications or medications.
3. The procedure is not deemed to be complex e.g. wound packing

**11.7 All of the following should have a positive response before the procedure can be used:**

1. Have alternative methods of undertaking the task been considered?
2. Is the carer willing and deemed competent to undertake the task?
3. Is the carer over 18 years of age?
4. Does the carer have mental capacity?
5. Is the carer physically able to undertake the task?
6. Has the MDT/ Lead clinician agreed that it is appropriate for the carer to

undertake the task?

Note reviews of care plan, procedure and competence should be undertaken by the Professional who has delegated the task on a regular basis, minimum monthly.

1. **The process of delegation**

**12.1 Prepare**

Develop robust protocols and procedures based on current best practice

Check with employer that the task is within the SNR worker’s capability

**12.2 Communicate**

* Clearly explain the activity to be delegated to the SNR worker/carer and ensure it is fully understood by both the service user and SNR worker/carer.
* Make sure all other members of the Multi-disciplinary team involved understand what is to be delegated, to whom, the process involved, and their own accountability and responsibility.
* Make sure the SNR workers employer is aware of the delegated task and is in agreement.
* Check with the SNR/ carer worker that they understand the required outcome of the delegated activity and should not attempt to perform any further duties beyond what has been instructed.
* Ensure the person to whom you delegate is aware of their responsibility to raise issues of concern, report back and seek support when appropriate.

1. **Training and assessment**

* Provide or signpost to appropriate training, education and assessment for the SNR worker to undertake the delegated activity.
* Following the training, ensure a competence assessment has taken place and is documented, building in a regular review of competence.
* Keep records and review training and development needs regularly.
* Provide a Delegation Guideline for all healthcare tasks delegated. Delegation guidelines should be kept as part of the service-user’s care record, in their own home.
* Provide regular supervision and monitoring.

**13.1 Evaluate**

* What were the benefits of delegating the activity?
* Did it go to plan, and if not, why not?
* What can be done to ensure any difficulties are avoided next time?

**13.2 Training and Assessment**

It is the responsibility of the SNR workers employer to identify training needs. Training must be provided by relevant Registered Professionals.

If equipment is to be used then the manufacturing company can train in the use of equipment if appropriate.

There must be a documented training and re-assessment plan personalised and discussed with the service user.

Training may be monitored and reviewed by the delegating registered professional.

Key components to be considered in order to establish an appropriate local system for training and assessment of competence:

Identification of the healthcare task/s most likely to be delegated.

Identifying and agreeing the knowledge and skills required to achieve competence in each task:

* Development of training materials for each task
* Identification of how and by whom the knowledge training will be delivered and assessed and the standard it will be assessed against
* Identifying how and by whom the skills training will be delivered, competence assessed and the standard it will be assessed against
* Identifying how achievement of competence will be recorded
* Identifying how and when any refresher training and reassessment of competence will be provided
* Identifying ongoing support requirements
* Identifying a process to follow when a SNR worker does not achieve the required competence
* Establishing how the SNR worker will be able to be released for training and any backfill costs met.
* Identifying any associated risks related to delivery of the task, and providing relevant training for the SNR worker to know how to deliver the task safely, avoiding injury to the service user and to themselves.

**14. Sign off and review**

Whilst the knowledge component of learning a task can be provided through use of web-based learning tools or group approaches, the individual skills required will need to be taught and competence assessed in the service user’s home.

The final decision to delegate a healthcare task to a SNR worker should be made by a registered professional who is occupationally competent in the task and is accountable in relation to that aspect of clinical care of the service-user, and will follow on from training and assessment of competence.

Delegation must first and foremost be in the best interest of the service user and it is important that they, or their representative, have been consulted and are in agreement with the arrangements.

It is also important that the SNR worker feels both competent and confident to carry out the task and that the task/function/health intervention is within the remit of their job description.

Frequency of review should be documented in the care plan and should take into account the service users’ clinical needs and changing requirements in relation to healthcare tasks.

Review should also include a review of the tasks currently delegated to a SNR worker and a review of training and competency.

Supervision can vary in terms of what it covers. It may incorporate elements of direction, guidance, observation, joint working and discussion, exchange of ideas and co-ordination of activities.

It must be direct supervision for third party SNR workers, in that the registered professional must observe them undertaking the task at least twice before signing them off as competent.

The decision concerning the amount and type of supervision required by a

SNR worker/ PA/ Informal carer is based on the registered professionals’ judgement and their employer, this is determined by their recorded knowledge and competence, the needs of the service user, the service setting, and the delegated tasks. A plan for ongoing monitoring must be made and reviewed. Factors to be considered by the registered professional are:

* The level of experience and understanding of the SNR worker/ PA/ Informal carer relevant to the task being delegated.
* Regular assessment of the SNR worker/ PA/ Informal carer competence relevant to the delegated task.
* Degree of risk.
* The complexity of the delegated task (i.e. whether the delegated task is a routine activity with predictable outcome)
* The stability and predictability of the service users’ health status.
* The environment or setting in which the delegated task is to be performed and the support infrastructure available.
* Availability of and access to support from an appropriately registered professional.
* Periodic reviews and reassessment of the service users’ outcomes which will be based on the assessment and care plan / care package in place.
* An identified process for recording and reporting.
* Contingency plans to cover SNR worker/ PA/ Informal carer sickness, holiday etc. must be put in place by the SNR worker employer
* A opt-out plan for the SNR worker/ PA/ Informal carer undertaking the task – it is the SNR worker’s responsibility to voice their concerns to their managers or the community nurses

**14.1 A continuing risk assessment must be available in the service user’s care plan.**

SNR workers, who care for a service user, and remain doing so for a prolonged period of time, will need a re-assessment if concerns are or within expected timeframe for competency review (e.g. annual review as part of a personal development plan)

**14.2 Ongoing Monitoring**

A plan for ongoing monitoring must be made and reviewed dependant on the stability of the service user and care package in place but should be in line with competency assessment of the organisation (Annual formal assessment for all unregistered staff).

**14.3 This must include:**

• Competence of the SNR worker monitored

• Formal competence of the SNR worker

• Ongoing and regular review using a risk assessment tool.

• On-going frequency of the task.

• Contingency plans to cover sickness, holidays etc.

• An opt-out plan for the SNR worker undertaking the task.

• On-going supervision arrangements

**15. Controlled Drugs/Palliative care**

15.1 Palliative care services strive to support patients to live and to die within a setting of their choice, usually at home with optimal symptom control and with a pattern of care that is also supportive of the carers / families. Uncontrolled pain and symptoms have the potential to prevent patients being able to die at home especially when patients are no longer able to tolerate oral medication.

15.2 The likelihood of patients remaining symptomatically well managed at home is enhanced by informal carers, and there are times when it may be helpful for them to administer subcutaneous, trans-dermal and oral medication. This requires education and resources to assist them to manage confidently this aspect of their care giver role. In addition, it is common practice that carers administer other subcutaneous (s/c) medication such as Clexane/ Insulin. National documents support the role of effective symptom control in achieving preferred place of death (Department of Health 2008). Carers highly value their role and feel that it gave them a sense of empowerment, pride, achievement and avoided feelings of helplessness. In Plymouth we are fortunate as we do have 24-hour community and hospice care. However, due to the rurality of the county some response times for this can be up to two hours depending on location and professional capacity. Involving and supporting carers in this role could enhance timely symptom control.

15.3 In order to address the need for effective 24 hour symptom control, this policy has been developed to give health care professionals a safe framework to work within when the patient’s symptoms may not be controlled by the usual methods, that is oral medication or 24 hour syringe drivers to promote patient choice.

* The registered nurse must not increase the burden of care by placing informal carers in distressing and emotive situations whereby a patient may ask them to end their suffering by using a subcutaneous injection meant to manage symptoms.
* The SNR worker/ PA/ Informal carers will only be allowed to administer a maximum of 3 prescribed symptom control medication in any 24 hour period. This could be 3 doses of one drug or 3 injections of various drugs. The person giving the injection should phone the appropriate health care practitioner (DN, community nurse, GP or OOH team or the St Luke’s team if known to them (01752 401172) before giving the first injection and before giving any subsequent injections.
* The relevant team should ensure they visit the patient within 24 hours to support/reassess patient condition.
* The Prescriber and MDT will need to decide the appropriateness and number of medication available for the SNR worker/ PA/ informal carer to give. It may be that not all medication is prescribed for the SNR worker/ PA/ informal carer to give. The rationale for this should be explained to the patient and SNR worker/ PA/ Informal carer .
* All SNR worker/ PA/ Informal carers will be provided with a sharps bin and taught the correct technique for sharps disposal.
* SNR worker/ PA/ Informal carer will be informed of the steps to take in case of needle stick injury and report to community nursing team/hospice team for incident reporting.
* Where the patient has capacity to consent to the SNR worker/ PA/ Informal carer being delegated this task, this will be sought. It is however recognised that a number of patients will have lost capacity to agree and this procedure must be undertaken in the patient’s best interest.
* SNR worker/ PA/ Informal carer will not be given an opportunity to participate if there are any safeguarding concerns.
* Should a drug error occur, and the carer’s competency is in question or carers intentions be in doubt then the procedure must be stopped immediately.
* All adverse incidents and significant untoward events are to be reported by normal reporting arrangements and communicated to all involved in the patients care immediately. In addition all incidents reporting pertaining to this policy will be shared by all organisations.
* Consideration should also be given to the bereavement process and how professionals will support informal carers should they be involved in symptom management in relation to death after giving the “last injection”. Planned bereavement support must be provided.

**Best Practice Procedures and safeguards for informal carers**

**Careful evaluation of the situation by the healthcare team**

* Signed consent obtained from the patient (if feasible).
* Informal carers, particularly if qualified nurses or doctors, must not be pressured to give injections, and should be able to discontinue at any time.
* Carer’s fears must be explored, including the possibility of the patient dying shortly after an injection.

**Informal Carers must:**

* Be trained and assessed as competent and this must be documented and retained
* Be provided with written information for each drug, including name, dose, indication, likely undesirable effects, and the time before a repeat dose is permitted, maximum number of injections/24 h. Refer to appendix J.
* Keep a record of all injections given, including date, time, drug strength, formulation and dose, and name of person giving the injection
* Be provided with contact telephone numbers for both in- and out-of-hours

**Criteria for suitability:**

* Patients with unpredictable symptoms where PRN injections maybe required.
* Patient has been referred to the community nurse team.
* Patients who may require a stat dose of a medication in an anticipated emergency, for example, seizure.
* The decision for a SNR worker/ PA/ Informal carer to administer PRN subcutaneous injections in community palliative care setting must be agreed prior to discussions with patient and/or family/carer(s), by a minimum of 2 multidisciplinary team members which includes either the patient’s own GP or Palliative care doctor/prescriber with agreement of GP.
* Led by either Community Case Manager, Registered Community Nurse in consultation and with the agreement of the Community Case Manager, Specialist Palliative Care Nurse CNS
* The patient would like the SNR worker/ PA/ Informal carer to undertake the procedure
* The willingness and capability of the carer to undertake the procedure has been ascertained.

**Criteria that might prevent suitability**

* This procedure MUST NOT be undertaken by any family members/ informal carers with a known history of substance misuse or where there is someone known to misuse substances who has access to the house.
* If the family member is an employee of a Healthcare Organisation within footprint of NEW Devon CCG they must seek advice and agreement from their employer before undertaking this procedure.
* There are relationship issues/ safeguarding concerns between the patient and carer.
* There is concern that the carer will not be able to cope physically with undertaking the procedure.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Head of Service.**

**The Executive signature is subject to the understanding that the policy owner**

**has followed the organisation process for policy Ratification.**

Signed:

Dr Peter Burridge

Date: 18th December 2019

Signed:

Clinical Director – St Luke’s Hospice Plymouth

Date: 18th December 2019

**Appendix A**

Example List of healthcare tasks which may be delegated (this list is not exhaustive):

|  |  |
| --- | --- |
|  | **Delegated Healthcare Task (adults only)** |
| **Elimination** | Administration of catheter maintenance solution ( |
|  | Assisted intermittent catheterisation |
|  | Suprapubic/urethral catheter care |
|  | Abdominal stoma care |
|  | Bowel care (e.g. abdominal massage; digital rectal stimulation; administration of rectal plug) |
|  | Administration of Enema/Suppository |
|  | Trans-anal irrigation |
| **Medication** | Administration/Measuring of liquid medication |
|  | Administration of oral/rectal medication (tablet form) |
|  | Prescribed ointments, creams, lotions |
|  | Transdermal patches |
|  | Emergency Medication – Adrenaline / Nifedipene |
|  | Medications via Gastrostomy (PEG/RIG), Jejunostomy (J tube) |
|  | Administration of inhalers |
|  | Nebulisers |
|  | Ear drops |
|  | Eye drops |
|  | Nasal spray |
|  | Sublingual spray (e.g. GTN) |
|  | Administration of Insulin |
|  | Administration of buccal Midazolam |
|  | Administration of subcutaneous Hyoscine butylbromide (Buscopan) |
|  | Administration of subcutaneous Hyoscine hydrobromide |
|  | Administration of subcutaneous Glycopyrronium |
|  | Administration of subcutaneous Diamorphine I |
|  | Administration of Subcutaneous Oxycodone |
|  | Administration of Subcutaneous Alfentanil |
|  | Administration of Subcutaneous Morphine |
|  | Administration of subcutaneous Midazolam |
|  | Administration of subcutaneous Levomepromazine |
|  | Administration of subcutaneous haloperidol |
| **Mobility** | Complex moving & handling including use of slide sheets |
|  | Postural Management Training |
|  | Management and use of equipment including pressure reliving mattresses |
|  | Positioning of patients to for optimum pressure area care including use pressure reliving equipment |
| **Nutrition** | Compromised swallow |
|  | Gastrostomy (PEG/RIG), Jejunostomy (J tube) feeding – via pump or bolus syringe |
| **Respiration** | Administration of oxygen |
|  | Laryngectomy Care (Stoma & prosthesis cleaning) |
|  | Non-Invasive ventilation (CPAP/BiPAP) |
|  | Oral suction |
|  | Tracheostomy Care (including suctioning) |
| **Surgical Appliances** | Application of Orthoses and Prostheses |
|  | Compression hosiery |
|  | Thromboembolic Deterrent (TED) stockings |
| **Wound care** | Application of simple dressings to prevent deterioration of wound and infection |

**Appendix B**

**Decision Support Tool**

YES

YES

YES

Can the task be delegated?

Can the task only be performed by a registered professional?

Is it in the service users best interests to delegate the task and do the benefits outweigh the risks?

Best interest decision required and must be completed

Has the service user got capacity to consent?

Have you gained consent?

If in the service users’ best interest, proceed to Appendix C

**DO NOT DELEGATE**

YES

YES

NO

NO

NO

NO

NO

**Appendix C**

**Assessment of SNR/carer / Informal carer**

Take appropriate action to ensure the person become competent and confident to carry out the task

NO

NO

NO

NO

NO

NO

YES

**Appendix C-** Assessment of individual (possible delegate) to be read in conjunction with Appendix B for assessment of task

Identify person to delegate task to

Is the delegate able to carry out the task?

Is it feasible for the delegate to gain sufficient knowledge and skills to complete the task?

Does the person have sufficient knowledge, skills and training to complete the task?

Is the person competent and confident enough to carry out the task?

Are written procedures available for proper performance of the task?

Take appropriate action to ensure the person has sufficient knowledge, skills and training to complete the task. Identify the risks.

Is it feasible for the person to become competent and confident enough to carry out the task?

Inform individual that task cannot be delegated

Ensure on-going support and assessment is available by registered professional

Is supervision and ongoing support available?

Delegate when competency has been assessed a minimum of twice by registered professional

YES

NO

NO

YES

YES

YES

YES

YES

YES

**Appendix D**

**Delegation checklist**

|  |  |
| --- | --- |
| **Delegation checklist** | Yes/ No |
| Has the service user given consent for the task to be delegated? |  |
| Is delegation in the best interests of the service user? |  |
| Can the task be delegated? |  |
| Can this task only be performed by a registered professional? |  |
| Have you considered the clinical risk involved in delegating? |  |
| Do you have the authority to delegate the work and the appropriate clinical knowledge? |  |
| Does the person you are delegating to have the skills and knowledge required to undertake the activity, including communication and interpersonal skills, as well as clinical competence? |  |
| Does the person you are delegating to have the capacity to take on the additional work? |  |
| Can you provide support and supervision and check that the outcome of the delegation meets the required standard? |  |

**Additional checks before delegation to informal carers**

|  |  |  |
| --- | --- | --- |
| **Additional checks before delegation to informal carers** | | **Yes /No** |
| There should be none of the following contraindications: | |  |
| **1** | Known history of substance misuse in the family |  |
| **2** | Known relationship issues, concerns between service user and carers |  |
| **3** | Known safeguarding issues in place |  |
| **There should be none of the following service user contraindications**: | | |
| **4** | Service user does not agree (if has capacity) to carer undertaking the procedure |  |
| **5** | A history of sensitivity to medication or topical applications |  |
| **6** | The procedure is deemed to be complex e.g. wound packing |  |
| **All of the following should have a positive response before the procedure can be used:** | | |
| **7** | Have alternative methods of undertaking the task been considered? |  |
| **8** | Is the carer willing and deemed competent to undertake the task? |  |
| **9** | Is the carer over 18 years of age? |  |
| **10** | Does the carer have mental capacity? |  |
| **11** | Is the carer physically able to undertake the task? |  |
| **12** | Has the MDT/ Lead clinician agreed that it is appropriate for the carer to undertake the task? |  |

**On completion this checklist needs to be scanned and uploaded to SystmOne.**

**Appendix E**

**Checklist for SNR to consider before accepting delegation**

|  |  |
| --- | --- |
| **Question** | **Descriptor** |
| Has the degree of risk been considered? | * Do you have the required competence to undertake this task? * Are you sure that the activity is not too complex for you to accept? * Would you be compromising patient care by accepting it? |
| Does the person delegating have the authority to delegate the work? | Are you confident that they hold the appropriate clinical knowledge to delegate the activity to you? |
| Do you have the skills and knowledge required to undertake the task? | * Have you been trained to carry out this task? * Has the task changed since training was given? * Has your training been updated since your last training session |
| Are you sure that accepting this work will not impact on your performance? | Do you have the capacity to take on additional work? |
| Are written procedures available for the task being delegated? | Ensure that there are written procedures or policy documents in place to assist you 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 you have access to support if required? |

**Appendix F**

**Example Informal Carer consent form:**

|  |
| --- |
| INFORMAL CARERS CONSENT TO UNDERTAKE HEALTH PROCEDURE CONSENT FORM  Date/ Time  I ………………....(Carer name)have been fully informed about my role in the ………………………..(state task to be undertaken) and I am happy to participate in this role as a carer to:  Service User Name:…………………  NHS Number:…………………  Date of Birth:…………………..  The service user ……………………….. (name) is happy for me to undertake this role (if feasible service user to sign)  Service user signature:………………..  I have been provided with written information about the procedure  State procedure…………………………………………………………..  I have been taught the procedure and associated documentation and have been observed undertaking the procedure by ……………..(name of HCP)  I am happy to proceed with this delegated procedure in the knowledge that I have contact numbers for support and can relinquish the role at any time I wish.  I understand how to make contact with the Registered Nurse should the situation deteriorate  I feel confident to undertake this role  Carer signature  Health care professional signature  Print Name  Print designation  Copy to be given to carer |

**On completion this consent form needs to be scanned and uploaded to SystmOne.**

**Appendix G**

**Delegation guideline. This form is to be completed , scanned onto SystmOne and a copy given to the SNR worker / Carer as guidance of the task to be completed and contact details.**

|  |  |
| --- | --- |
| **DELEGATION GUIDELINE** | |
| Patient Name |  |
| DOB |  |
| Guideline completed by (HCP name) |  |
| Contact Number |  |
| Signature |  |
| Date |  |
| Referral to for review/monitoring  (e.g. District Nurse / Practice Nurse, if required) |  |
| Date for review of this healthcare need (e.g.6 weeks / 3 months |  |
| Care team / person to whom this task is delegated |  |

|  |  |  |
| --- | --- | --- |
| **Task instructions** |  | |
| **What is the Task** | Specific instructions *e.g. regime of task delegated*,  Complete one form for each task and each medication. | |
|  |  | |
| **When to seek help** | What type of things might occur when SNR worker needs to refer back to Delegator, *e.g. continuation of symptoms, infection markers, possible urinary tract infection* | |
|  |  | |
| **Documentation** | Is there any other documentation that the SNR worker needs to complete as well as ensuring checklist and consent completed e.g. medication administration chart, medication stock sheet | |
|  |  | |
| **Other** | Any notes specific to the patient | |
|  |  | |
| **SNR staff assessed as competent to perform the task**  To be completed by the care provider and signed by both SNR worker and assessor after each assessment of competence (minimum of 2 assessments). | | |
| **Name** | | **Signature and Date** |
|  | |  |
|  | |  |
|  | |  |
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|  | |  |

**Appendix H**

**Delegation guideline.**

**This form is to be completed and given to the SNR worker / Carer as guidance of the task to be completed and contact details.**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Rationale** |
| 1 | Prepare equipment required including:   * Care plan / written documentation/ * consent form * Patient/ carer information leaflet * Carers direction to administer * controlled/ symptom management * drugs, CD2 and CD3 forms * Yellow s/c saf t intima device * Sterile film dressing * Supply of 2ml leurlock syringes * Supply of blue needles * 2 ml ampoules of water for injection * Prescribed drug for PRN use * Sharps box | To facilitate safe practice  Minimise risk of errors |
| 2 | Registered Nurse (RN) to discuss the suitability of the carer(s) to administer the prescribed PRN medication with the multidisciplinary primary care team (see restrictions) | To ensure the safe selection of a carer(s) to undertake this procedure, minimising risk and protecting the patient from harm  To ensure multi-professional collaboration and co-operation |
| 3 | RN to discuss and explain the procedure and its implications with the patient (where appropriate) and their carer(s) to ascertain their willingness and agreement to undertake this task  A carer risk assessment form must be completed for each carer(s) considered for this role.  Signed consent should be obtained from patient (if feasible) and carer on the consent record which should then be scanned and uploaded to system 1 . | To fully inform the carer(s) and patient to enable them to make an informed choice  To ascertain their willingness to undertake the procedure  To confirm the willingness of the carer(s) to undertake the procedure |
| 4 | GP/hospice  doctor / non-medical prescriber to  clearly prescribe the PRN medication  and maximum number of dosages on the community prescription sheet | To comply with NMC standards  for administration of medicines  To protect the patient from harm |
| 6 | It RN to explain to the carer(s) the importance, use, relevance, action and possible side effects of the prescribed medication.  The RN should check the prescription  and list the indications for use, possible side effects and any instructions on the carer(s) information leaflet for each individual drug. | To fully inform the carer(s) to enable  him/her to make an informed choice  To ascertain their willingness to  undertake the procedure |
| 7 | The RN must provide an opportunity for the relative/carer(s) to express any fears and anxieties that they may have | To ensure they feel listened to and  Supported  To maintain their freedom of choice |
| 8 | The relative/carer(s) has the right to refuse to undertake/ continue this procedure at any given time. It is the responsibility of the Community nurse team to continue this treatment.  The patient can also refuse to receive  this injection from the carer | To ensure they feel listened to and supported  To maintain their freedom of choice  To protect the patient from harm |
| 9 | RN to insert the subcutaneous device Saf T intima needle, secure with a transparent film dressing and flush with 0.5ml water for injection if used | To establish safe and secure subcutaneous route for the carer(s) to administer the medication, transparent dressing allows  observation of the infusion site and to  maintain patency |
| 10 | RN to educate the relative/carer(s) to observe for signs of swelling, inflammation or leakage at the subcutaneous site and report to nursing team. | To ensure prompt reporting of any potential problems with the site and to maintain patency |
| 11 | RN to teach the carer(s) to consult the prescription sheet and ascertain the following, using this as a checklist:   * Drug and dose * Date and time of administration * Interval of time between a further dose of the medication * Route and method of administration * Validity of prescription and signed and dated by a doctor/ Non medical prescriber | To ensure the patient is given the correct drug, in the prescribed dose using the appropriate diluent and by the correct route  To protect the patient from harm  To comply with NMC standards for administration of medicines |
| 12 | The RN will explain and demonstrate the steps involved in administering the medication:   * Hand washing * Drawing up the prescribed medication as indicated on prescription sheet (using water for injection for training purposes). * Any drugs drawn up to show carer this process e.g. half a vial, will be destroyed and the RN will document that these drugs were wasted for training purposes. * Carers will be taught how to dispose of any unused/ excess drugs. * Reconstitution of Diamorphine will be demonstrated and taught where appropriate * Administer water for injection for training purposes unless drug required via the Saf t intima, ensuring correct use of clamp. * If the patient is not on a syringe driver and daily visits are not required then the carers if willing and able can be taught how to inject directly into the patient * Flush Saf t intima device with 0.5 ml   of water for injection   * Correct disposal of sharps and provision of sharps bin * Accurate documentation of drug administered on the administration record * The person giving the injection should phone the appropriate health care practitioner (DN, community nurse, GP or OOH team) or the St Luke’s team if known to them (01752 401172) before giving the first injection and before giving any subsequent injections. * a visit can then be planned within 24hrs to review and offer support. | |  | | --- | | * To demonstrate full and safe procedure * To ensure the patient is given the correct drug, in the prescribed dose and by the correct route * To minimise the risk of cross infection * To protect the patient from harm * To comply with NMC standards for administration of medicines * To flush any remaining irritating solution away from the subcutaneous device and ensure patient receives full dose of drug administered. * To ensure the safe disposal and avoid needlestick injury to carer(s) * To prevent re-use of equipment * To maintain accurate records which provides a point of reference of all injections given in the event of any queries and prevent duplication of treatment | |
| 13 | RN must either supervise the carer(s) administering the named injection if this is required during the visit.  At any future visits members of the team should observe and support the carer(s) where possible.  The RN will ask at each visit/ contact if the carers need further training/ support | To increase knowledge base and  competence in undertaking the  procedure  To ensure safe practice  To protect the patient from harm |
| 14 | RN will complete the consent record with the carer(s) who are administering the medication. If this is more than one carer a sheet must be completed for each.  The carer must sign that they feel confident to undertake this role.  A copy of this sheet should be scanned  into the provider IT System and a copy left at patients house | To ensure that the carer(s) feels competent and is deemed competent to undertake the procedure  To obtain consent  To ensure that staff are aware that process is in place |
| 15 | RN will ensure that the carer(s) is aware of the correct procedure for the disposal of sharps and provide sharps bins and inform them how to report any injuries. | To ensure the safe disposal and avoid  needlestick injury to carer(s)  To prevent re-use of equipment |
| 16 | The RN will explain to the carer(s) the correct procedure for documenting the drug administration. There must be clear evidence of the following:   * Date * Time * Medication * Dose * Route * Signature   Carer(s) will be informed about the correct and safe storage of medications and that stock checks will be undertaken on a weekly basis by the RN  Carers will be informed of their responsibility in the disposal of drugs if no longer in use or patient dies. | To protect the patient from harm  To maintain accurate records which provide a point of reference in the event of any queries and prevent duplication of treatment    To ensure the patient is given the correct drug, in the prescribed dose and by the correct route  To comply with the NMC standards for administration of medicines |
| 17 | It is the carer(s) responsibility to maintain an accurate record of the number of injections given and be able to account for medication used for this purpose | To protect the patient from harm  To maintain accurate records which provide a point of reference in the event of any queries and prevent duplication of treatment    To ensure the patient is given the correct drug, in the prescribed dose and by the correct route  To comply with the NMC standards for administration of medicines |
| 18 | The RN will explain to the carer(s) that the person giving the injection should phone the appropriate health care practitioner (DN, community nurse, GP or OOH team) or the St Luke’s team if known to them (01752 401172) before giving the first injection and before giving any subsequent injections. They will only be allowed to administer a maximum of 3 prescribed symptom control medication in any 24 hour period. This could be 3 doses of one drug or 3 injections of various drugs. | To provide guidance to the carer(s) |
| 19 | It is the RN responsibility to ensure that the carer(s) understands the procedure expected of them and that written information is provided and the implications if patient dies after the medication is administered.  The RN should encourage the prompt reporting of any concerns or questions by the patient and carer | To ensure the carer understands the procedure expected of them.  To provide written instruction to support verbal instruction  To provide guidance to the carer(s)  To ensure the carer(s) feels safe and supported |
| 20 | RN must explain all relevant information to carers including:  Contact numbers  Drug information including side effects | To ensure the carer(s) feels safe and supported.  To ensure continuity of treatment  To provide information to support care |
| 21 | The RN will ensure that it is clearly highlighted on the provider IT documentation that the procedure is in operation and ensure that all necessary documentation both on the system and within patients home is in place | To ensure accurate records are complete in accordance with local policy and NMC standards of record keeping and other services are informed |
| 22 | The RN will ensure that other service providers such as GP, Out of Hours teams, care agencies and Devon Doctors are aware that procedure is in place | To ensure other providers are fully notified that this procedure is in  place |
| 23 | The RN must visit as per patient need but a minimum of weekly to support the carer(s) and to evaluate the effectiveness of the care.  During this visit the nurse will ensure to check the balance of ampoules is correct and add any new stock to the balance. Any discrepancies must be reported.  It is essential that the RN continues to liaise closely with all relevant members of the primary health care team ensuring that any changes necessary are made. | To ensure continuity of care  To protect the patient from harm    To allow reassessment  To ensure multi-professional communication  To maintain accurate records which provides a point of reference in the event of any queries and prevent duplication of treatment |
| 24 | In the event of death or the drugs no longer in use, it is the Carer(s) responsibility to dispose unused medication to the local pharmacy.  If they are unable to do this the nurse can dispose of the drugs following their  own Trust Policy | To comply with NMC standards of medication and local policy |

**Appendix I**

**Information leaflet to support relatives and carers In giving as required injections for pain and symptom control in the community.**

**Introduction**

As people become more poorly they may lose the ability to swallow medication or liquids. General pain relief and symptom control can often be managed with a small pump called a syringe driver. This is managed by the community nurses and gives the person a regular amount of medication. However, at times people may experience increased pain or symptoms that require extra medication by a small injection. This can be at any time of the day or night and sometimes relatives/carers can be taught how to give injections to ensure the control of pain and other symptoms. This is similar to when you gave oral pain relief/ other oral medication but just the way in which it is given has changed as the person is no longer able to swallow.

In addition there may be other occasions when injections are prescribed such as if people are suffering with nausea/ vomiting, not tolerating oral medications or requiring injections without being on a syringe driver.

The doctors, community nurses and specialist nurses will support you in this task and teach you how it is done. You do not have to do these injections unless you want to and feel comfortable doing so.

**At any time you feel you can no longer do these injections let someone know. Community nurses can take over the role.**

What you will be taught / need to know

1. The nurses will use a needle to insert a device so that when you give the injection you only inject into the device/line, not into the person. In certain circumstances carers may be taught to administer direct into the skin but this will be the exception rather than the rule.

2. You will be taught what the medication(s) / injection(s) are for, how much to give, when to give it and any likely side effects.

3. You will be taught how to draw up the required amount of drugs into a syringe and how to give the injection.

4. After giving the drug, you will be taught how to flush the device with 0.5 ml of water to ensure the entire drug is given to the person.

5. You will be shown how to and asked to document each injection given.

6. You can call for advice at any time. However, you are required to contact a community (district) nurse, doctor or the out of hours service, or St Luke’s team if known to them, before giving the first injection in any 24 hour period. You are also required to contact the health care professional before giving any subsequent injections in that 24 hour period’.

7. At each visit by a Health Care Professional, the person’s regular medication will be reviewed so that hopefully further injections may not be needed.

Important points to remember

1. If in any doubt, need advice, support or help then please contact either:-

Community Nurse Team (in hours) ……………………………

Insert number…………………………..

Palliative Care Clinical Nurse Specialist (in hours) ……………………………………

Insert number…………………………..

G.P …………………………………. Insert number……………………………..

Devon Doctors (out of hours) ……………… Insert number……………………………

They will be happy to help / advise.

2. Patients experience symptoms or pain at any time during their illness and even at the end of their life. It may be that an injection you give to ease their discomfort comes close to the end of their life. This is quite normal and you must not worry that the injection was in any way a cause of the end of the patient’s life/ death. It is purely to help reduce pain or ease other symptoms, and maintain comfort and a good dignified death.

3. Remember if you feel unable to give any injection for any reason, please contact any of the above for help and advice or if you would like them to administer an injection for you.

4. Please do not hesitate to ask any healthcare professional any question that will enable you to care for the patient and for them to remain comfortable.

Further Information – to be completed by your GP/ community nurse/ hospice nurse

**Steps involved in administering injection**

1. Wash and dry your hands thoroughly
2. Check the administration sheet for the time of the last dose
3. Check the site of the injection device for inflammation, redness, hardness or soreness. If you have any concerns with this or any problems in administering injections please contact Community Nurse Team/ Devon Doctors.

4. Assemble equipment

* needle
* syringe
* prescription sheet
* drug to be given and sterile water for injection
* administration sheet

1. Drawing up medication

* Check the label for correct medication
* Attach the needle to the syringe
* Break open the vial of the drug to be given by snapping the top off
* Draw up the drug into the syringe and draw up water for injection to flush.
* If you have an air bubble in the syringe, push the plunger in slightly to remove the bubble, do not worry about small bubbles

1. Administer the drug via the injection site device/ line as previously taught

* Flush device/line with 0.5 ml of water

1. Dispose of the syringe and needle in the sharps bin provided
2. Write on the administration sheet the time, date, drug, dose, route and sign to record you have given it.
3. Wash your hands thoroughly.
4. If you have given an injection, contact GP, Community nurse or Devon Doctors so they can plan a visit to review.

**Appendix J**

**Carer’s Direction to administer controlled/symptom management drugs**

**Patient’s Name ……………………………………………………..**

**NHS Number…………………………………………………………**

**Date of Birth………………………………………………………….**

**Drug Allergies ……………………………………………………….**

**Delegate Name……………………………………………………….**

**Guidelines for administration of medication for carers.**

**To be scanned on to S1 when completed.**

**Prior to medication administration, the carer must contact the appropriate community nurse team to ensure they are aware of the change in patient need.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name of Drug** | **Dose** | **How to give it** | **How often** | **Maximum dose in 24 hours to be given by carer if no other drug given** | **What the drug is used for** | **When to call nurse or doctor** | **Nurses Signature and name in full** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Document Drug doses and indication in special notes on S1 along with the name of the person the task has been delegated to. Ensure information is changed on S1 if the situation changes.**

**To be used in conjunction with Guidance for Professionals**

**Guidance for Professionals**

* **Doses to be as simple as possible, this may direct medication choices and vial sizes where appropriate.**
* **No dose ranges to be used for carer administration.**
* **Carers to record any medication, doses and time administered on the drug administration chart.**
* **Carers to sign for any medication they have given on the drug administration chart (with printed name included).**
* **Ensure that all points on Carer’s Direction to administer controlled/symptom management drugs are discussed with the carer.**