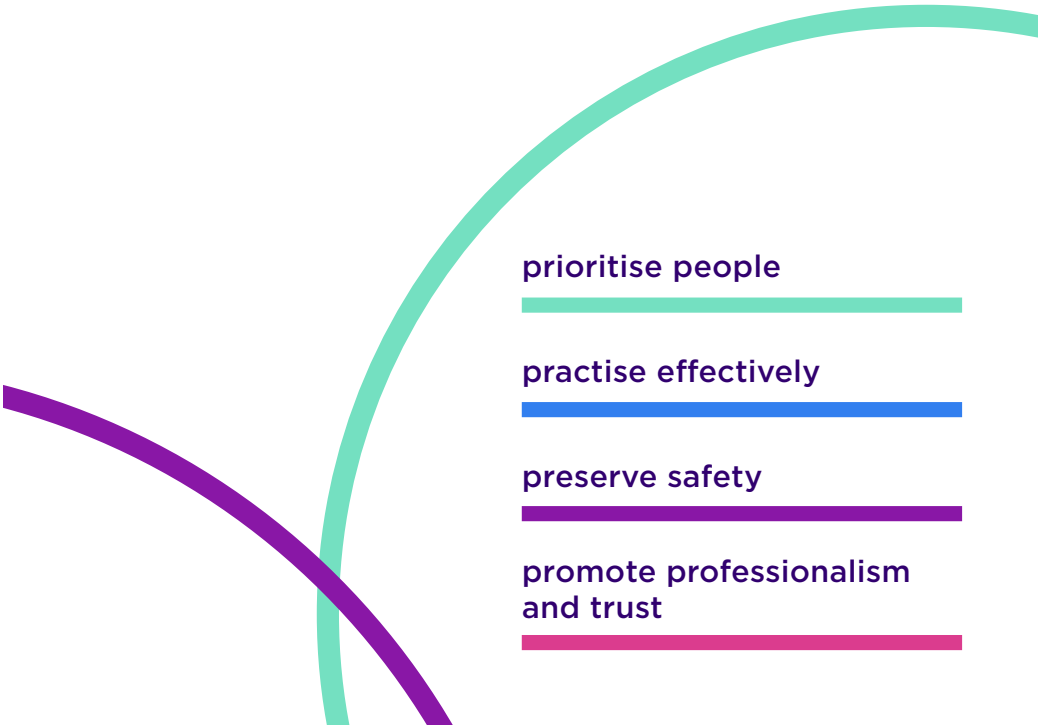
Nursing & Midwifery Council

The Code

Professional standards of practice and behaviour for nurses, midwives and nursing associates



About us

The Nursing and Midwifery Council exists to protect the public. We do this by making sure that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK, or a nursing associate in England. We take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

It is against the law to claim to be, or to practise as, a nurse or midwife in the UK, or as a nursing associate in England, if you are not on the relevant part of our register.

It is also a criminal offence for anyone who, with intent to deceive, causes or permits someone else to falsely represent them as being on the register, or makes a false representation about them being on the NMC register.

Publication date: 29 January 2015 **Effective from:** 31 March 2015
Updated to reflect the regulation of nursing associates: 10 October 2018

A note on this version of the Code

All regulators review their Codes from time to time to make sure they continue to reflect public expectations. This new version of the Code is substantially similar to the 2015 version, but it has been updated to reflect our new responsibilities for the regulation of nursing associates. In joining the register, nursing associates will uphold the Code.

The current versions of our Code, standards and guidance can always be found on our website. Those on our register should make sure they are using the most up to date version of the Code.

For more information about the Code, please visit:
www.nmc.org.uk/code

Introduction

The Code contains the professional standards that registered nurses, midwives and nursing associates[1] must uphold. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing[2] and midwifery practice in other roles, such as leadership, education, or research. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.

Our role is to set the standards in the Code, but these are not just our standards. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards shown every day by those on our register.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.

1 Anyone practising as a registered nurse or midwife in the UK, or a nursing associate in England, has to be registered with us. The nursing associate role is being used only in England.

2 We have used the word 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.

The professions we regulate have different knowledge and skills, set out in three distinct standards of proficiency. They can work in diverse contexts and have different levels of autonomy and responsibility. However, all of the professions we regulate exercise professional judgement and are accountable for their work.

Nurses, midwives and nursing associates uphold the Code within the limits of their competence. This means, for example, that while a nurse and nursing associate will play different roles in an aspect of care, they will both uphold the standards in the Code within the contribution they make to overall care. The professional commitment to work within one's competence is a key underpinning principle of the Code (see section 13) which, given the significance of its impact on public protection, should be upheld at all times.

In addition, nurses, midwives and nursing associates are expected to work within the limits of their competence, which may extend beyond the standards they demonstrated in order to join the register.

The Code should be useful for everyone who cares about good nursing and midwifery.

- Patients and service users, and those who care for them, can use it to provide feedback to nurses, midwives and nursing associates about the care they receive.
- Those on our register can use it to promote safe and effective practice in their place of work.
- Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the Code helps to achieve that.

For the many committed and expert practitioners on our register, this Code should be seen as a way of reinforcing professionalism. Through revalidation, nurses, midwives and nursing associates provide evidence of their continued ability to practise safely and effectively. The Code is central to the revalidation process as a focus for professional reflection. This gives the Code significance in the professional life of those on our register, and raises its status and importance for employers.

The Code contains a series of statements that taken together signify what good practice by nurses, midwives and nursing associates looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

1.5 respect and uphold people's human rights

The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 encourage and empower people to share in decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.5 respect, support and document a person's right to accept or refuse care and treatment

2.6 recognise when people are anxious or in distress and respond compassionately and politely

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages

3.2 recognise and respond compassionately to the needs of those who are in the last few days and hours of life

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

4 Act in the best interests of people at all times

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

4.2 make sure that you get properly informed consent and document it before carrying out any action

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process

4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care

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You can only make a 'conscientious objection' in limited circumstances. For more information, please visit our website at **www.nmc.org.uk/standards**

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care

5.3 respect that a person's right to privacy and confidentiality continues after they have died

5.4 share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality

5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

Practise effectively

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay, to the best of your abilities, on the basis of best available evidence. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

6.2 maintain the knowledge and skills you need for safe and effective practice

7 Communicate clearly

To achieve this, you must:

7.1 use terms that people in your care, colleagues and the public can understand

7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs

7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

7.5 be able to communicate clearly and effectively in English

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

8.4 work with colleagues to evaluate the quality of your work and that of the team

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice

For more information, please visit our website at **www.nmc.org.uk/indemnity**

Preserve safety

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

13.4 take account of your own personal safety as well as the safety of people in your care

13.5 complete the necessary training before carrying out a new role

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The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.1 only act in an emergency within the limits of your knowledge and competence

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly

15.3 take account of your own safety, the safety of others and the availability of other options for providing care

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern

16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised

For more information, please visit our website at **www.nmc.org.uk/raisingconcerns.**

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

Prescribing is not within the scope of practice of everyone on our register. Nursing associates don't prescribe, but they may supply, dispense and administer medicines. Nurses and midwives who have successfully completed a further qualification in prescribing and recorded it on our register are the only people on our register that can prescribe.

For more information, please visit our website at **www.nmc.org.uk/standards.**

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety – Health and Safety Executive. You can find more information at **www.hse.gov.uk**

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.4 keep to the laws of the country in which you are practising

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

20.9 maintain the level of health you need to carry out your professional role

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times

For more guidance on using social media and networking sites, please visit our website at **www.nmc.org.uk/standards**

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.1 refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment

21.2 never ask for or accept loans from anyone in your care or anyone close to them

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications

21.5 never use your status as a registered professional to promote causes that are not related to health

21.6 cooperate with the media only when it is appropriate to do so, and then always protecting the confidentiality and dignity of people receiving treatment or care

22 Fulfil all registration requirements

To achieve this, you must:

22.1 keep to any reasonable requests so we can oversee the registration process

22.2 keep to our prescribed hours of practice and carry out continuing professional development activities

22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

For more information, please visit our website at **www.nmc.org.uk/standards.**

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

To achieve this, you must:

23.1 cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise

23.2 tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)

23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body

23.4 tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment

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When telling your employers, this includes telling (i) any person, body or organisation you are employed by, or intend to be employed by, as a nurse, midwife or nursing associate; and (ii) any person, body or organisation with whom you have an arrangement to provide services as a nurse, midwife or nursing associate.

23.5 give your NMC Pin when any reasonable request for it is made

For more information, please visit our website at **www.nmc.org.uk.**

24 Respond to any complaints made against you professionally

To achieve this, you must:

24.1 never allow someone's complaint to affect the care that is provided to them

24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first

25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken

Throughout their career, all our registrants will have opportunities to demonstrate leadership qualities, regardless of whether or not they occupy formal leadership positions.

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Nursing & Midwifery Council

Delegation and accountability

SUPPLEMENTARY INFORMATION TO THE NMC CODE

Introduction

We're now the regulator for nursing associates, as well as nurses and midwives. The nursing associate part of our register opens in January 2019.

Nursing associates will uphold the same Code as nurses and midwives.

Nurses and those training to becoming nursing associates told us that they'd welcome support to understand what the regulation of nursing associates means for them when they are working together. We've put together this document to help people think about situations when they are delegating tasks, or being given tasks to do by colleagues.

Definitions

- Delegation is defined as the transfer to a competent individual, of the authority to perform a specific task in a specified situation.
- Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others.

Delegation of tasks from one individual to another occurs commonly in all health and care settings.

Delegation of an activity may be from:

- one registered professional to another.
- a registered professional to an unregulated member of staff.
- a registered or unregistered person to a carer or family member.

As registered professionals, nurses, midwives and nursing associates are accountable for all aspects of their practice, including accountability for what they choose to delegate, and agreement, or not, to undertake activities which are delegated to them.

What does the Code say about delegation?

The NMC Code sets out expectations of people on our register when they delegate to others. These requirements apply, regardless of who the activity is being delegated to. This may be another registered professional, a non-registered colleague, or a patient or carer.

These expectations are that people on the NMC register:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions.
- make sure that everyone they delegate tasks to are adequately supervised and supported so they can provide safe and compassionate care.
- confirm that the outcome of any task delegated to someone else meets the required standard.

What does this mean in practice?

If you're delegating a task, it's your responsibility to make sure that:

- delegation does not harm the interests of people in your care
- the task is within the other person's scope of competence
- the person you are delegating to understands the boundaries of their own competence
- the person you are delegating to understands the task
- the person you are delegating to is clear about the circumstances in which they must refer back to you
- you take reasonable steps to identify any risks and whether any supervision might be necessary
- you take reasonable steps to monitor the outcome of the delegated task.

Safe delegation from nurses to nursing associates

We've been asked whether the regulation of nursing associates will change anything about accountability and delegation.

In relation to delegating activities to nursing associates, nurses (and others) can be assured that nursing associates will:

- have met the NMC's standards of proficiency for nursing associates
- know and uphold the same professional Code as nurses and midwives
- revalidate every three years, providing evidence of their continued ability to practice safely and effectively.

Nurses should also be aware that the nursing associate standards of proficiency set out the knowledge and skills required to join the nursing associate part of the register. In common with other professionals, nursing associates may develop additional competences, and health and care providers may have local policies and governance allowing suitably trained staff to undertake additional procedures. A nurse delegating to a registered nursing associate should be familiar with:

- the nursing associate standards of proficiency
- any additional assured competences achieved by the nursing associate to whom they are delegating a task
- any national guidance about the deployment of nursing associates
- local policies and procedures that may allow nursing associates to carry out additional procedures if trained and competent to do so.

The NMC Code requirements in relation to accepting delegated activities[1]

The NMC Code sets out the responsibilities of people on our register when they accept a delegated task. It states that nurses, midwives and nursing associates must, as appropriate:

- make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk.
- make a timely referral to another practitioner when any action, care or treatment is required.
- ask for help from a suitably qualified and experienced health and care professional to carry out any action or procedure that is beyond the limits of your competence.
- complete the necessary training before carrying out a new role.

Implications of the requirements of the Code in relation to accepting delegated tasks

If you are on the NMC register, and someone is delegating aspects of treatment and care to you, it is your responsibility to make sure that:

- you understand the task and can perform it safely
- it is within the limits of your competence
- you understand your role in making decisions about the care or treatment in question
- you are clear about the expectations of the colleague who has delegated treatment or care to you and the circumstances in which you should provide updates and/or escalate to them.

[1] We consulted on our proposal that the NMC Code should apply to nursing associates when they join our register. We've produced a new introduction to the Code, but the standards that follow remain broadly the same.

Delegation and accountability

When issues or incidents arise:

- If there is a risk of patient harm, or actual harm, an employer or service provider will want to review the decisions and actions of both parties and establish whether the root cause of an incident was unsafe delegation and/or inappropriate acceptance of a task. This may raise concerns about the practice of one, or both parties, depending on the circumstances.
- If an incident is sufficiently serious to raise a regulatory concern, and is referred to the NMC for investigation, we will consider whether more than one person on our register may have a case to answer.

Summary

The responsibilities of nurses, midwives and nursing associates where delegation is concerned don't change in circumstances if the person delegating and the person accepting a delegated task are both registered professionals. As a registered professional, whether you are someone delegating a task, or receiving a delegated task, you are accountable for your conduct and practice.

Royal College of Nursing

Accountability and delegation

A guide for the nursing team

The nursing team is made up of many different people bringing with them a range of skills, knowledge and competence.

The person in overall charge of the nursing care of the patient is usually the registered nurse. But the nurse cannot perform every intervention or activity for every patient or client and therefore they will need to delegate aspects of care to colleagues.

The principles of accountability and delegation explained in this leaflet can be applied to any relevant member of the nursing team, including health care assistants, assistant practitioners, trainee nursing associates, nursing apprentices, registered nurses and nursing students.

Accountability: You and the law

Health service providers are accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty.

Registered practitioners are also accountable to regulatory bodies in terms of standards of practice and patient care (RCN et al., 2006).

The law imposes a duty of care on practitioners, whether they are health care assistants (HCAs), assistant practitioners (APs), trainee nursing associates, nursing apprentices, students, registered nurses, doctors or others, when it is "reasonably foreseeable" that they might cause harm to patients through their actions or their failure to act (Cox, 2010).

The duty of care applies whether they are performing straightforward activities such as bathing patients or undertaking complex surgery. In each instance there is an opportunity for harm to occur. Once a duty of care applies, the key question to ask is: *What standard of care is expected of practitioners performing particular roles?*

All practitioners must ensure that they perform competently. They must also inform a senior member of staff when they are unable to perform competently.

In order for anyone to be accountable they 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.

Case study: following the process

Jo, an HCA, is working in the respiratory clinic at a GP surgery. She performs spirometry on a patient, having been previously assessed as competent to carry this out following training and education in spirometry (ability).

The role forms part of her job description (responsibility). The respiratory nurse has delegated this activity (authority) to her in full knowledge of her level of competence and job description.

The nurse retains the professional responsibility of appropriate delegation and Jo, though not currently regulated, is accountable for her actions.

Delegation

Registered nurses have a duty of care and a legal liability with regard to the patient. If they have delegated an activity they must ensure that it has been **appropriately delegated**.

The Nursing and Midwifery Council (NMC) Code (2015) states in the section entitled 'Practise effectively' that registrants must:

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, and
- confirm that the outcome of any task you have delegated to someone else meets the required standard.

Delegation of duties is summarised in this statement from NHS Wales (NLIAH, 2010):

"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."

Employers have responsibilities too, and as HCAs and APs develop and extend their roles the employer must ensure that its staff are trained and supervised properly until they can demonstrate competence in their new roles (Cox, 2010).

Employers accept 'vicarious liability' for their employees. This means that, provided the employee is working within their sphere of competence and in connection with their employment, the employer is also accountable for their actions.

Principles of delegation:

- Delegation must always be in the best interest of the patient and not performed simply in an effort 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 of competence assessment should be recorded, preferably against recognised standards such as National Occupational Standards (www.skillsforhealth.org.uk).
- There should be clear guidelines and protocols in place so that the support worker is not required to make a 'stand-alone' 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 (for example, a receptionist in a GP surgery or ward clerk in a hospital setting).

- 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 provided must be appropriate to the activity being delegated. This will be based on the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting and the activities assigned (RCN, 2012).
- Ongoing development to ensure that competency is maintained is essential.
- The whole process must be assessed for the degree of risk.

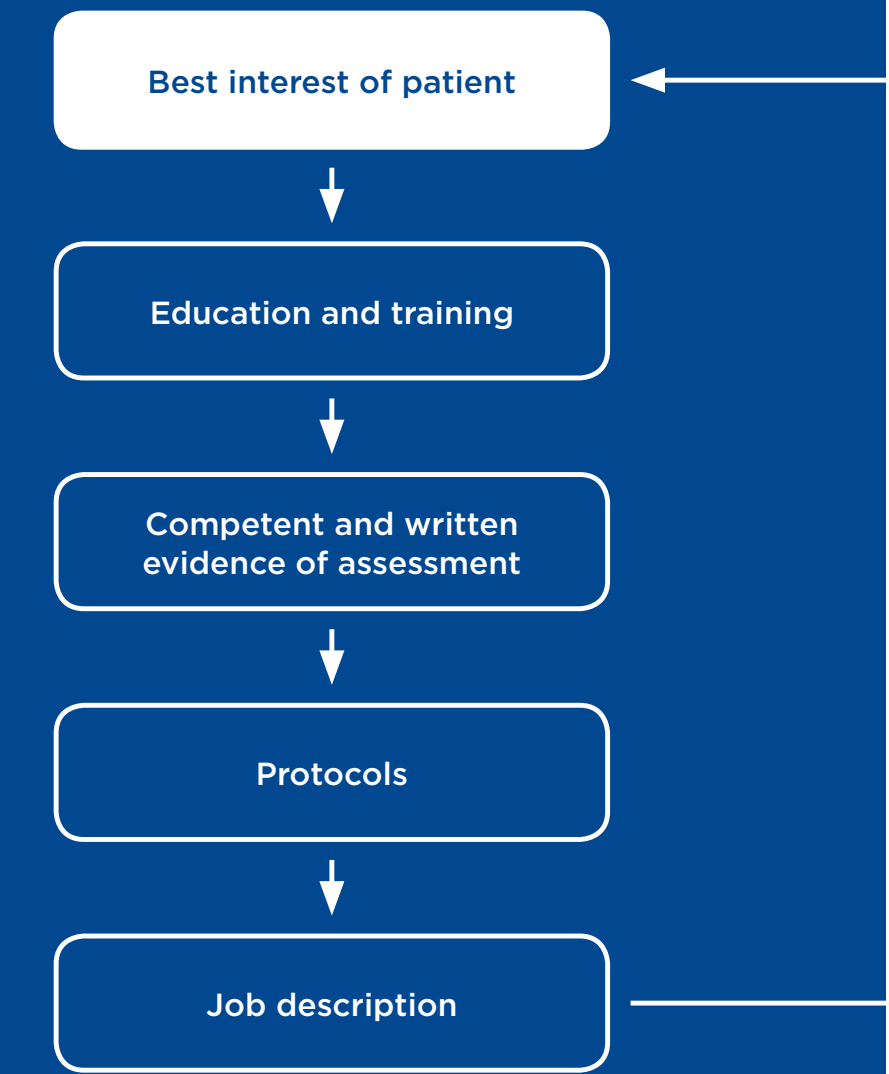
Case study: knowing the boundaries

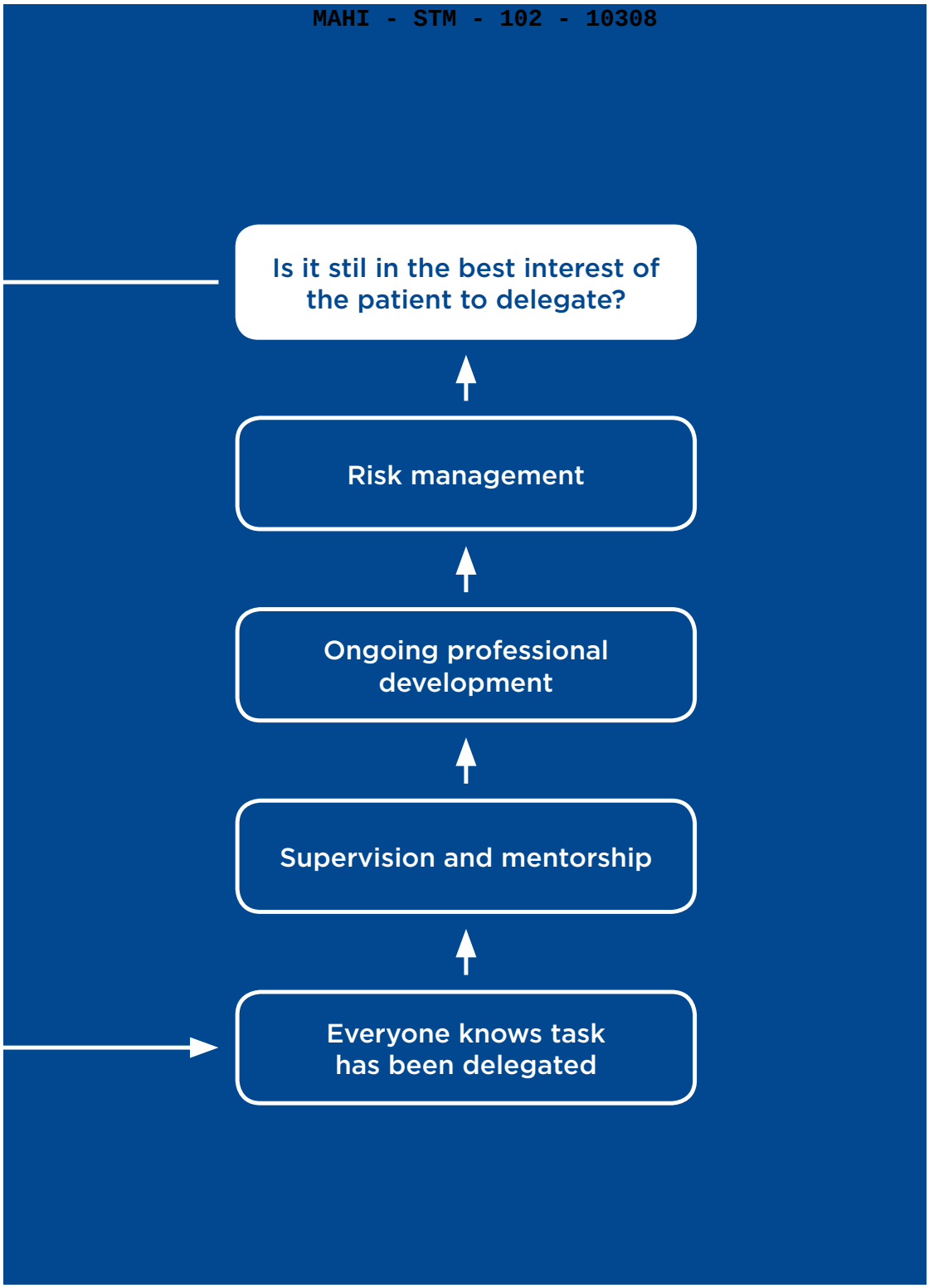
An HCA in a nursing home is helping a patient with diabetes to remove their socks before bed and notices that there is a wound on the patient's large toe which looks inflamed.

Although the HCA is experienced and competent at standard dressings, she is aware of the risks associated with wounds on the feet of patients with diabetes and therefore knows that to treat this would be outside her sphere of competence. She is also aware that the wound has not yet been assessed by a registered nurse.

The HCA reports the wound to the registered nurse, who takes over the care of that wound. The HCA has acted according to the protocols of the workplace and can justify her actions. She has demonstrated that she understands her accountability and responsibilities towards that patient.

Points to check when delegating





Case study: risk management

As instructed by the nurse in charge, Gita, an HCA, is working in a bay on a medical ward, observing a patient with a diagnosis of depression and unstable diabetes.

The patient expresses to Gita that he has suicidal thoughts. Gita is aware that the patient has previously self-harmed. She uses the patient call bell to bring the nurse in charge to the patient's bedside.

She reports her conversation with the patient to the nurse in charge so that the nurse can assess the patient and decide on the appropriate action and plan of care. Gita is aware that dealing with this risk to a vulnerable patient is outside her level of competence and that timely referral to the registered nurse is appropriate.

Delegation checklist

Are you delegating an activity to an HCA? Ask yourself the following questions:

Delegation must take into account the context of **every situation** rather than focusing on activities alone.

- Is delegation in the best interests of the patient?
- Have you considered the clinical risk involved in delegating?
- Do you have authority to delegate the work and the appropriate clinical knowledge?
- Does the HCA have the skills and knowledge required to undertake the activity, including communication and interpersonal skills, as well as clinical competence?
- Does the HCA have the capacity to take on additional work?
- Can you provide support and supervision and check that the outcome of the delegation meets the required standard?

Have you answered yes to all of these questions?

- If so, then delegation is appropriate.
- If not, you must not delegate the activity as it would not be appropriate or in the best interests of the patient. If there is a need for additional training and development, consider when and how this need may be addressed.

Once you have determined that delegation is appropriate, follow these steps:

1. Prepare

- Refer to or develop robust protocols and procedures based on current best practice.
- Check the HCA job description is up to date.

2. Communicate

- Clearly explain the activity to be delegated to the member of staff and ensure it is fully understood.
- Make sure all other members of the team involved understand what is to be delegated, to whom, the process involved, and their own accountability and responsibility.

- Check with the colleague 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.

3. Training and assessment

- Provide appropriate training,education and assessment for the person 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 (RCN 2012).
- Keep records and review training and development needs regularly.
- Provide regular supervision and monitoring.

4. 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?

Are you being asked to accept the delegated activity? Follow this checklist to determine whether or not it's appropriate for you to accept it.

- Has the degree of risk been considered?

– 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?

– Are you confident about the communication and

- interpersonal skills required as well as your clinical competence?

- Are you sure that accepting the work will not impact on your performance?

– Do you have the capacity to take on additional work?

Have you answered yes to all of these questions? Then accept the delegated activity. If not, say no, accepting it would not be appropriate and in the best interests of the patient.

After accepting the delegated work:

- keep your skills and knowledge up to date. Request regular updates with your supervisor if you are not offered them

- work within guidelines: there must be clear and robust protocols in place and these must be reviewed regularly
- regularly check that your job description is accurate and up to date, reflecting the new roles and responsibilities
- do you know what to do if you have any concerns? There must be adequate supervision and access to support when required. You have a duty to let your colleagues know and not to undertake any activities that you do not feel are appropriate at that time.

Delegation must be safe and aim to improve the care of all patients within any given setting.

If you are unsure about any aspect of delegation, always seek further advice or clarification.

For more information and advice on the issues within this booklet, visit **www.rcn.org.uk/hca** or RCN members can call RCN Direct on 0345 772 6100

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NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

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

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

CONTENTS

FOREWORD

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

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

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

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

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

Kathy Fodey

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

Colum Conway

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

A FRAMEWORK FOR DELEGATION OF NURSING AND MIDWIFERY PRACTICE

Introduction and Context

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

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

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

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

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

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

Scope

The nursing and midwifery delegation decision framework will:

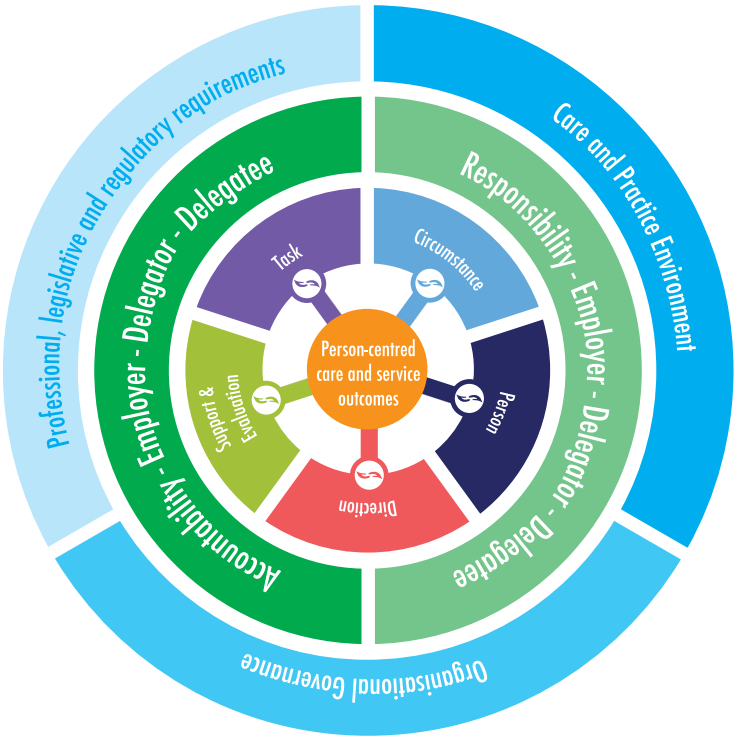
- satisfy the requirements of the NMC Code
- support the delivery of person centred outcomes for care and service
- work in primary, secondary and community care contexts
- support practice delegated to staff working within an employed capacity e.g. domiciliary, healthcare support staff, classroom education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

Framework Overview

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

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

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



Definition and Purpose

Delegation for the purposes of this framework, is defined as the process by which a nurse or midwife (delegator) allocates clinical or non-clinical tasks and duties to a competent person (delegatee).

The delegator remains accountable for the overall management of practice, for example, in a clinical context: the plan of care for a service user, and accountable for the decision to delegate. The delegator will not be accountable for the decisions and actions of the delegatee[7].

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

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

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

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

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

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

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

They are that:

Care and Practice environments are organised to support effective decision making processes. This requirement includes:

- ensuring safe nurse/ midwife staffing ratios
- appropriately skilled and developed staff to meet required standards[8]
- appropriate provision of resources to meet required standards
- appropriate organisation of care or practice
- appropriate environments for practice, care and treatment to be provided.

Organisational governance arrangements are in place to support effective delegation decisions. This requirement includes:

- provision of policies and procedures
- accessibility for staff to organisational policy and procedure documents including clinical and professional standards
- accessibility of appropriate job descriptions
- accessibility of appropriate learning and development opportunities for all staff
- processes for immediate raising and escalating of concerns.

Professional, legislative and regulatory requirements that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered. This requirement includes consideration of:

- the NMC and other regulatory codes in decision making
- accountability for decisions to delegate
- accountability for deeming the delegatee competent at the point of decision making
- accountability for confirming that the delegated task has met the required standard of outcome
- the scope of non-delegable tasks and duties for example: midwifery practice, prescribing and detention under mental health legislation.

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

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

Nursing and Midwifery Decision Support Framework for Delegation.

Considering: Accountability, Responsibility and Process.

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

a. Accountability

b. Responsibility

c. Process which comprises the right:

   i. Task

   ii. Circumstance

   iii. Person

   iv. Direction

   v. Support and evaluation

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

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

Accountability

Accountability in the context of nursing and midwifery delegation means that a registered nurse or midwife is answerable for choices, decisions and actions measured against a specified standard or standards.

For those who are delegating nursing and/or midwifery tasks and duties this includes accountability to consider and adhere to:

- Professional standards
- Employment standards
- the delegation decision making process

  and for confirming

- the safety, quality and experience of the outcome against the described standard.

  For those individuals who are accepting the delegated task or duty (delegatee), being accountable for their own actions includes adherence to:

- the described professional standards
- employment standards
- acting within organisational policies and procedures.

Responsibility

In the context of delegation of nursing and midwifery tasks and duties taking **responsibility** means that a registered nurse or midwife should be prepared and able to give an account of his or her actions for any decision to delegate. Delegators and delegatees have responsibilities to support a framework for decision making to delegate nursing and/or midwifery tasks and duties. They include that:

The delegator has

- authority to delegate the task
- competence relating to the task[9]
- undertaken an assessment of need prior to decision making and obtained any required consent
- undertaken a risk assessment as to whether or not the task is delegable in the particular circumstance
- provided clear direction to the delegatee, checking competence and understanding to carry out the task
- provided the necessary level of supervision for the delegatee
- ensured a process is in place to enable regular and ongoing review and evaluation of the outcome of the delegated task in the context of the ongoing assessment of clients changing needs.

The delegatee

- confirms acceptance of the task
- communicates the outcome (written and/ or verbal)
- understands the factors that inform the delegation decision making process
- communicates or reports relevant changes to the delegator which may impact on safety or the outcome, taking into consideration the delegation decision making factors
- maintains his/her own competence
- works to the terms of his /her employment
- works to the organisational policies and standards including raising and escalating concerns
- adheres to relevant codes of practice.

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

Process

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

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

They are:

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

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

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

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

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

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

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

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

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

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

Risk Based Decision Support

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

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

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

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

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

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

How to Use the Decision Support Matrix

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

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

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

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

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

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

Conclusion

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

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

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

TABLE 1: DECISION SUPPORT MATRIX

Assumptions:

1. Accountability and responsibility have been considered and assured.
2. A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
3. Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.

Key:

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

Potential for [patient/client] harm	**Low Risk of Harm**	**Medium Risk of Harm**	**High Risk of Harm**
Can the limits of the task be clearly described without decision making?	**Clear task limits – Does not involve decision making beyond the scope of the task**	**Task has limits that may change within described parameters using decision support**	**Critical and analytical decision making necessary**
Has the delegatee appropriate knowledge, skills and confidence to carry out the task?	**Competent and Confident**	**Requiring some additional knowledge and skills development and /or expressed need for some additional supervision**	**Not competent and / or not confident**
What level of person-centred communication to the delegatee is required?	**Simple communication required about the task and expected outcome**	**Some complex communication required about the task and expected outcome**	**Complex communication required about the task and expected outcome**
Complexity of care	**Uncomplicated**	**Medium levels of complexity**	**Highly Complex**
Can the task be performed in systematic steps?	**Yes**	**Yes - some with decisions required between steps**	**No – critical and analytical decision making necessary between steps**
Does the task require modification?	**No**	**Some with directed decision support**	**Yes - Critical and analytical decision making necessary**
Predictability of the outcome	**Highly predictable**	**Medium levels of predictability**	**Low predictability**
Is the outcome of the task predictable?	**Yes**	**Predictable under certain conditions**	**No**
Is the condition of the person receiving care stable?	**Yes - Stable**	**Prone to fluctuation within predictable described limits**	**No - Unstable**
Are there timely feedback mechanisms to confirm the outcome?	**Yes**	**Yes but a delay may occur in feedback of outcome – some mitigation may be needed**	**No**

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

EXAMPLE OF LOW RISK: DELEGATE TASK

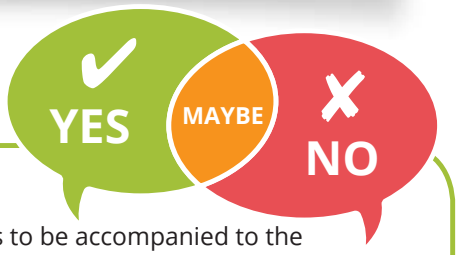
ASSESSMENT

Linda is 46 years old and has been admitted to a day surgery unit to have her gall bladder removed by laparoscopy. She returns to the ward area following an uncomplicated procedure with two small wounds that are covered with surgical dressings. She wishes to get out of bed and walk to the bathroom post procedure, prior to discharge.

ASSESSMENT

Staff Nurse Amy is responsible for Linda's care before and after her procedure. A nursing assessment prior to transfer to theatre had not revealed any nursing needs beyond pre and post-operative care including health education. Linda was fully independent prior to admission. Amy has been monitoring Linda since her return from recovery. All vital signs have been within appropriate ranges, based on Linda's pre-assessment information and baseline measurements on the morning of surgery. Linda's wounds are dry and she has had pain medication administered orally which has relieved her pain, following the prescription on her post-operative medications chart.

Amy considers the decision support framework and realises that the only question she is unsure of is whether or not Delia, a recently appointed Senior Nursing Assistant, is confident to take on the task unsupervised.



DECISION

Amy approaches Delia and explains that Linda needs to be accompanied to the bathroom as this is her first time out of bed post-operatively. Delia discusses with Amy her experience of undertaking similar tasks in her previous place of employment. Delia assures Amy that she understands the need to raise the alarm if Linda feels unwell at any stage and describes what she would do in that event to Amy's satisfaction. Amy delegates the task of accompanying Linda to Delia and records this in Linda's nursing record when she is evaluating the nursing plan of care.

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

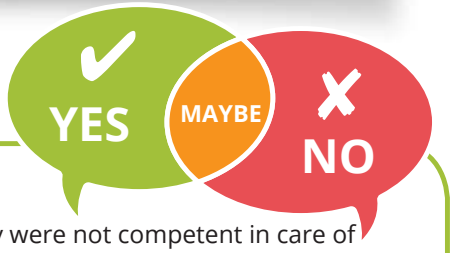
EXAMPLE OF MEDIUM RISK: PROFESSIONAL JUDGEMENT REQUIRED

ASSESSMENT

John is a 58 year old man who has had a laryngectomy valve in place for 22 years. His wife Joan has carried out the twice daily cleaning of the valve because he has always found it difficult to manage himself. Joan has recently developed sight difficulties and is no longer able to clean the laryngectomy valve. There are no other family members able to provide care. John has been referred to the District Nursing team.

ASSESSMENT

An assessment is made by the District Nursing Sister, Gina who manages the team, and a plan of nursing care described working with John to agree an appropriate level of care. Using the decision support tool, Gina realises that most of the indicators for the task of caring for the valve could potentially be 'green' allowing delegation to occur, if the team had the knowledge, skills and confidence to carry out the task, the process for the task performed in steps and the outcome consistently predictable, linked to the stability of John's condition. Both registered and un-registered staff within the team are not competent in caring for a laryngectomy valve and the stability of John's condition is not known. The visits will be required indefinitely which will have an impact on the capacity of the team.



DECISION

The district nursing team members agreed that they were not competent in care of a laryngectomy valve. Three members of the team attended a local care setting of excellence in practice to undertake training. This ensured all registered staff were competent in care of laryngectomy valve BEFORE considering delegation to a Senior Nursing Assistant (SNA).
The current trust policy did not include care of a laryngectomy valve in a community setting - which required changing.
A process to assure and monitor the ongoing competence of SNAs was approved and implemented.
Registered staff carried out the task for a period of time to assess the predictability of the outcome, the systematic steps in the process and the stability of John's condition, before delegating.
Having assured and recorded all of this information the task was delegated to competent SNA team members, with regular review by the District Nursing team.

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

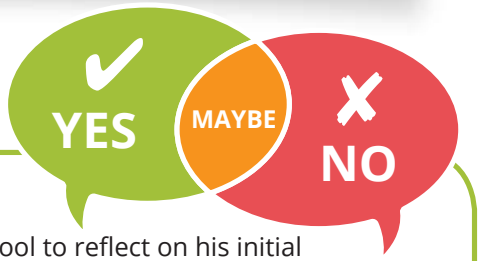
EXAMPLE OF HIGH RISK: DO NOT DELEGATE

ASSESSMENT

Ernest is an 84 year old man who has been admitted to hospital with an extension of a pre-existing stroke he had 12 months ago. He is orientated and although drowsy most days, he has capacity and is able to provide consent for care and treatment. He has been aggitated since admission due to the further loss of movement he has experienced, and mild slurring of his speech. His pressure points were assessed on admission and Ernest was deemed high risk for pressure damage with a Braden Score of 10. He is exhibiting signs of depression related to his rehabilitation and is refusing to be assisted out of bed.

ASSESSMENT

Ben, the Deputy Charge Nurse, is responsible for Ernest's care on shift. He receives handover from Monica on nightshift, and realises that Ernest will need significant assistance with his personal hygiene, mobility, nutritional and psychosocial needs. Working with him on the team is Asha a senior nursing assistant. They are looking after 8 people together, with a range of acuity and dependency needs. Ben knows Asha has worked in the ward team for 5 years and is very used to working with people who have experienced stroke. She has undertaken training in specialist moving and handling techniques and is competent to assist Ernest. Ben's initial assessment leaves him uneasy about delegating Ernest's personal care to Asha.



DECISION

Ben decides to use the delegation decision support tool to reflect on his initial professional judgement. He decides that a nursing assessment of Ernest is required whilst undertaking the tasks associated particularly with his personal hygiene needs and skin assessment. This task requires a level of clinical judgement that is outside of Asha's competence. He assures himself that he cannot describe all of the elements that Asha needs to look for in a succint instruction, and additionally, given Ernest's low mood and aggitation, a psychosocial assessment can be undertaken whilst caring for his personal needs. Ben decides not to delegate the task to Asha.

ADDENDUM 1: PRODUCTION OF THE FRAMEWORK

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Responsibilities of Sub Group Membership:

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

GLOSSARY

The following descriptors are defined within the context of this document

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

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

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