

STANDARD OPERATING PROCEDURE DELEGATION OF CARE TO NON-REGISTERED STAFF WITHIN COMMUNITY SERVICES

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Name of Trust Strategy/Policy/Guidelines this SOP refers to:	<ul style="list-style-type: none"> • Standard Operating Procedure Delegation of Administration of Insulin to a Health Care Support Worker • Safe and Secure Handling of Medicines Policy

VALIDITY – All local SOPs can be accessed via THE Trust Intranet to ensure latest version used

CHANGE RECORD

Version	Date	Change details
1.0	2017	<i>New SOP to give clarity on delegation of care process</i>
1.1	07/12/2017	<i>Discharge planning should commence at the point of first patient contact and documented</i>
1.2	07/12/2017	<i>The Non Registered is deemed competent once all competencies are signed off for the specific area.</i>
1.3	29/07/2020	<i>Updated and includes Covid 19</i>
1.4	29/09/2021	<i>Review and update – approved at Clinical Network 21-Oct-21</i>
1.5	09/07/2024	<i>Reviewed and Updated - additions around ACPs / paramedics added. Approved at Community Services Clinical Network Group (18 July 2024).</i>

Contents

1.	INTRODUCTION	3
2.	SCOPE	3
3.	DEFINITIONS	3
3.1.	Registered practitioner includes Associate practitioners.....	3
3.2.	Assistant Practitioners	3
3.3.	Non-registered practitioner:.....	3
4.	DUTIES AND RESPONSIBILITIES.....	4
4.1.	Matrons.....	4
4.2.	Managers/Clinical Lead and Team Leaders	4
4.3.	Registered Practitioner	4
4.4.	Non-registered Practitioners	4
5.	DELEGATION, RISK AND PROFESSIONAL JUDGEMENT	4
6.	PERSONALISED CARE PLAN	5
7.	INFORMED CONSENT	5
8.	EXPECTATIONS OF COMPETENCY	5
9.	TRAINING – ESSENTIAL REQUIREMENTS	6
10.	ONGOING SUPERVISION AND SUPPORT	6
11.	REFERENCES	6

1. INTRODUCTION

This Standard Operating Procedure (SOP) has been developed to guide the practice of staff working in Humber Teaching NHS Foundation Trust Community Services and ensure a robust and standardised delegation process to non-registered staff which is consistent, safe and effective.

To provide guidance for registered clinical staff who are delegating care to non-Registered staff and assessing the competence of non-Registered staff to perform specific interventions

2. SCOPE

This SOP will be used across all community services within Humber Teaching NHS Foundation Trust where tasks are delegated from a registered clinician to a non-registered clinician. This SOP covers:

Those who will delegate tasks and responsibility, i.e. registered nurses and therapists.

Non-registered practitioners who will assume delegated responsibility i.e. Health Care Assistants, Clinical Support Worker and other similar roles. It includes both registered and non-registered community staff that are permanent, temporary, bank or agency staff excluding students.

3. DEFINITIONS

The following are overarching, guiding principles for safe and effective practice when using these standard operating procedures.

3.1. Registered practitioner includes Associate practitioners.

The person who delegates the task to a non-registered practitioner based on their professional judgement and acts as their assessor. As this will be a nurse, therapist, advanced clinical practitioner. (this includes paramedic/ pharmacist) their names will be listed on Part 1 of the register of the Nursing and Midwifery Council or the HCPC register. The registered practitioner is professionally accountable for the delegation of the task (NMC 2015) (HCPC 2024 standard 4). The assessor acts as an ongoing source of advice and guidance to the non-registered practitioner. www.nmc.org.uk/standards/code.revised-standards-of-conduct-performance-and-ethics.pdf (hcpc-uk.org)

3.2. Assistant Practitioners

Assistant Practitioners can undertake tasks if they have completed training and competence, they will not assume responsibility for the delegation to a non-registered Practitioner.

3.3. Non-registered practitioner:

The person to whom the task is delegated, either a non-regulated role Band 3 Health Care Assistant, Health Care Support Worker, therapy assistant or equivalent role.

A clear rationale should be presented / recorded as part of the patient record in support of all decision making.

Practice should be based on the best available evidence. The standard operating procedures do not replace professional judgement which should be used at all times.

4. DUTIES AND RESPONSIBILITIES

4.1. Matrons

Supports and enables operational clinical leads to fulfil their responsibilities and ensure the effective implementation of this document. Service

4.2. Managers/Clinical Lead and Team Leaders

Responsible for ensuring that staff have access to this SOP and other relevant SOPs and policies, as well as training and support.

Ensures the provision of training and support to the non-registered practitioner to deliver the element of care / task and complies with all relevant trust policies and SOPs.

Responsible for ensuring that individual's competencies are implemented, achieved, and maintained.

4.3. Registered Practitioner

Will be accountable for the delegation of any aspects of the task and ensuring the individual is competent to carry out the task (NMC 2018) (HCPC 2024). This includes ongoing assessment and supervision of practice.

Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.

4.4. Non-registered Practitioners

The non-register practitioner must not undertake the element of care / task until they have been assessed as competent by the named registered practitioner and completed the required eLearning/ training, live supervision, and competency assessment.

Once trained and assessed as competent they will undertake the delegated task.

Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.

Will undertake the trust approved training and meet the competencies required for the element of care/ task.

Will participate in ongoing clinical and management supervision and assessment by a registered practitioner, including observed practice.

Will escalate concerns relating to a registered practitioner, who will be always accessible.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

5. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT

The ability of the non-registered practitioner to carry out the task, including their pre-existing knowledge, should be determined by the registered practitioner. Delegation is not mandatory and choosing to delegate duties to an individual is subject to the discretion and judgement of the registered practitioner. Non-registered practitioners have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so.

The NMC Code and HCPC standards are clear that registered practitioners can delegate activities to another person, provided they are satisfied that the person has received adequate training and are assured that they are competent to perform the task. Under the NMC code the registered nurse remains accountable for the tasks they delegate.

6. PERSONALISED CARE PLAN

Delegated elements of care/ tasks must not be carried out without the completion an individualised care plan/support plan and evidence that the delegated non-registered practitioner has been assessed as competent to undertake the delegated task.

The registered practitioner must complete a comprehensive assessment and record of care, and identify the condition of the person receiving care as predictable.

There must be clear arrangements for timely access to the registered practitioner for advice and guidance if/when the person receiving care's condition deviate from what is normal for them.

7. INFORMED CONSENT

The registered practitioner must obtain informed verbal consent to the delegation of the task from the person receiving care, or where that person does not have the capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Consent Policy (N-052) and Mental Capacity Act (2005).

The registered practitioner must ensure that the person's mental capacity is kept under review. They must ensure that the non-registered practitioner has an awareness of the Mental Capacity Act, can recognise when mental capacity may have been lost, and are obliged to liaise with them if they have any concerns about the person's capacity to consent.

The non-registered practitioner is responsible for the duty to obtain ongoing consent every time care / treatment is performed.

Where a person receiving care lacks capacity, the non-registered practitioner has a duty to act in their best interests. An assessment of best interests should be undertaken by the registered practitioner

If consent is refused, care and treatment should not be delegated. The refusal should be documented and reported immediately to the delegating registered nurse on duty, and the person's GP (or prescriber) informed.

8. EXPECTATIONS OF COMPETENCY

All non-registered practitioners who carry out a delegated task are expected to meet the same standard of practice as a competent professional, including for infection prevention and control, consent, best interests, and mental capacity, and must have had training specific to the task, which conforms to the Trust's policies and procedures and SOPs, and follows evidence-based practice.

The registered practitioner must ask the non-registered practitioner to confirm that they are willing to perform the task following training and with ongoing monitoring and supervision. The registered practitioner is accountable for ensuring that the non-registered practitioner to whom they are delegating is competent based on their professional judgement and supported by the framework of e-Learning/ training, supervision, and competency assessment tools. They must therefore ensure the delegated non-registered practitioner is trained and has been assessed as competent.

Competence should be reviewed on a 12-monthly basis through live supervision. Where the non-registered practitioner has already completed initial training and demonstrated competence in practice, assessment of competence does not need to be repeated for each new person receiving care. However, the delegating registered nurse does need to complete an assessment for each new person receiving care, and each non-registered practitioner taking on new responsibilities.

9. TRAINING – ESSENTIAL REQUIREMENTS

Delegated non-registered practitioner must be compliant with the approved training required by the trust.

To accept the delegated task the non-registered practitioner must have completed the administration e-Learning module / training.

Furthermore, the task may only be delegated once competency is signed off by an experienced registered nurse who will then act as a mentor.

Please refer to the skills matrix regarding competence and appropriate delegation located at:

V:\PCC\Management\Public\COMMUNITY TRAINING RESOURCES\Skills matrix

10. ONGOING SUPERVISION AND SUPPORT

It is vital that the register practitioner makes sure the non-registered practitioner has the ability to access advice and guidance from them on a regular basis (e.g. monthly clinical supervision and regular huddles to discuss diabetes cases) as part of a mentoring relationship - and the ability to access ad-hoc advice when needed so they can provide safe and compassionate care. Where there is a break in practice, e.g. an individual has not been using their skills for more than three months, for example during a career break or maternity leave, then a refreshed certificate of e-Learning and updated competency assessment is required, before the delegation of duties to the non-registered practitioner can recommence.

Should there be an incident, error or near miss, the registered practitioner should consider what training and further supervision the non-registered practitioner may require or if the frequency of monitoring/reassessment should increase.

11. REFERENCES

Professional codes and standards

Nursing and Midwifery Council (2018) The Code:

www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

NMC (2012) Regulation in practice topics: Delegation:

[www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-](http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Royal-College-of-Nursing-(RCN)-Accountability-and-delegation:Information-on-accountability-and-delegation-for-all-members-of-the-nursing-team)

Royal College of Nursing (RCN) Accountability and delegation: Information on accountability and delegation for all members of the nursing team:

www.rcn.org.uk/professional-development/accountability-and-delegation

RCN (2011) The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners.

www.rcn.org.uk

RCN (2011) Accountability and delegation checklist. Available at

www.rcn.org.uk/support/rcn_direct_online_advice/az2/health_care assistants HCAs and assistant practitioners aps/accountability and delegation

RCN (2011) Delegation Information Sheet. Available at

www.rcn.org.uk/development/health_care_support_workers/professional_issues/

Accountability and Delegation

Nursing associates - information for employers <http://www.nmc.org.uk/standards/nursing-associates/information-for-employers>

[revised-standards-of-conduct-performance-and-ethics.pdf \(hcpc-uk.org\)](#)

[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

[Accountability and delegation | Royal College of Nursing \(rcn.org.uk\)](#)

[Revised standards of conduct, performance and ethics | \(hcpc-uk.org\)](#)