



# Family Nursing & Home Care

## **Delegation Policy Health Visiting Team**

**April 2022**

## Document Profile

<b>Document Registration</b>	Added following ratification
<b>Type</b>	Policy
<b>Title</b>	Delegation Policy Health Visiting Team
<b>Authors</b>	Juliet Le Breuilly & Alice Ruellan Health Visiting Team, with support from Quality and Performance Development Nurse
<b>Category</b>	Clinical
<b>Description</b>	This policy aims to support the delegation of work from Registered to Registered staff and Registered to Non-registered staff, within the health visiting team
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<b>Approved by</b>	Organisational Governance Approval Group
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<b>Document Status</b>	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

### Version control / changes made

Date	Version	Summary of changes made	Author
December 2021	1	New policy adapted for use by FNHC from the North Somerset Community Partnership "Children's Services Delegation of Duty Policy" (with permission).	Mo de Gruchy
March 2022	1.1	Minor amendments post-consultation	Mo de Gruchy

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## 1. INTRODUCTION

### 1.1 Rationale

The Family Nursing & Home Care (FNHC) Health Visiting team includes a range of registered and none registered professionals, such as:

- Specialist Community Public Health Nurses (Health Visitors)
- Registered Nurses (all branches)
- Community Nursery Nurses
- Student Health Visitors
- Student Nurses

The service expects that all practitioners should be competent to fulfil their roles and responsibilities, and fit to practice ensuring an equitable service that delivers quality and safe care for all clients within the remit of the service. All staff should be aware of and comply with the Jersey Care Commission Standards for Home Care which states that “care/support workers will not work outside of the scope of their profession, competence or job description” (JCC 2019 p31).

Each team member should be clear about the level of accountability that they have and registered staff must feel confident when delegating tasks to their colleagues and seek support from educators, colleagues and other people to ensure the protection and wellbeing of the client at all times.

The NMC requires registered professionals to confirm and demonstrate competence to practice in order to continue their registration at point of renewal. All registered professionals should refer to the guidance provided by their professional regulatory body e.g. NMC.

The responsibilities of registered nurses where delegation is concerned don't change in circumstances if the person delegating and the person who is accepting the delegated task are both on the register. As a registered professional, whether you are someone delegating a task, or receiving a delegated task you are accountable for your conduct and practice. For delegation to non-registered practitioners, adequate supervision and support and review needs to be part of the delegation process (NMC 2018a).

This policy sets out the expected steps practitioners need to consider when delivering care programmes to families and children in Jersey, and are intended to be used alongside the local competencies and national standards and guidance that apply to Health Visiting.

The objective is to support the safe delegation of work to both registered and non-registered staff, and to raise the awareness of the accountability and responsibilities of all involved.

## 1.2 Scope

The document applies to all professionally registered staff responsible for the delegation of tasks involving client contact to registered and non-registered staff.

The document also applies to registered and non-registered support staff undertaking delegated duties from professionally registered staff within FNHC.

## 1.3 Roles and Responsibilities

**Operational Leads/Registered Managers** are responsible for ensuring that people are cared for safely and with acceptable standards of care. They are legally responsible for ensuring that the standards for safety and quality are met. They are also responsible for notifying the Jersey Care Commission (JCC) of any incidents, accidents or near misses that have or may have posed a risk to care receivers.

**Line Managers** must ensure staff are in a position to act in line with the contents of this document and related policies, and registered practitioners who are registered with the NMC meet the required accountable standards.

**Education Team** are responsible for ensuring training and development arrangements are in place that complies with statutory/regulatory/professional requirements which are monitored and reported upon to enable clinical and operational leads to ensure their staff have the skills and knowledge to practice safely and effectively.

### Registered Practitioners (RP)

- Be familiar with, and comply at all times with their professional code of conduct, whether acting as a Delegator or Delegatee.
- Prioritise the safety and wellbeing of service users at all times, and take appropriate actions to ensure this.
- Report breaches in a timely and appropriate way and ensure incidents are logged with the Assure reporting system.
- Ensure EMIS (summary, action plan and notes) are kept up to date and accurately reflect care that has been delegated.
- Ensure that they discuss any vital patient information collected by the Non-Registered Practitioners (NRP) during a visit and is recorded accurately to reflect the delegated duty of care.
- Ensure that the NRP has successfully completed any related training, and associated competency framework assessment.
- Ensure continued supervision of NRP, as the RP holds responsibility for the general standard of care provided.

## Non-Registered Practitioners (NRP)

- Work within clinical specific guidelines e.g. set timescales, clinical guidance, safeguarding thresholds etc.
- Comply with the requirements of the delegated task.
- Ensure that they have attended all related training specific to the delegated task
- Access Supervision as per FNHC Supervision Policy.
- Decline to undertake tasks that they are not competent or confident to perform.
- Ensure EMIS records are kept up to date and accurately reflect care that has been delivered.

## 2. POLICY

### 2.1 Principles of Accountability, Competence and Delegation

As an organisation FNHC is accountable to the Jersey Care Commission, criminal and civil courts to ensure that their activities conform to legal and statutory requirements. FNHC staff are accountable for working within the requirements of their contract of employment.

RPs are also accountable to regulatory and professional bodies in terms of standards of practice and patient care and as a delegator have a legal responsibility to determine the knowledge and skill level required to perform the delegated task..

The RP remains responsible and accountable for the overall care of the patient/client.

NRPs are currently not registered and are therefore unregulated. However Community Nursery Nurses (CNNs) are expected to abide by the CNN Code of Conduct: A Voluntary Code of Professional Conduct, and the Code of Practice for Health and Social Care Support Workers in Jersey provides guidance for other NRPs such as Maternity Support Workers.

Delegatees become responsible for care delegated by a Delegator when it forms part of their individual employment contract, once the Delegatee has undergone training and has been assessed as competent. They are accountable on the basis that they have competence to do the task following training and adequate preparation; the responsibility, because they are working within guidelines or protocols; and the authority has been delegated to them. The Delegator is responsible for ensuring the criteria for delegation are met and is accountable if the delegation is inappropriate.

The Delegatee must not work beyond their level of competence and should not feel pressured in accepting delegated tasks that are beyond their skills and training.

If the Delegatee is not confident or competent to carry out the delegated task they are accountable for notifying the Delegator as soon as possible. This could be:

- At the point of delegation if they have any concerns about safely completing the delegated task
- During the undertaking of the delegated task if they experience a problem or concern

- After the delegated task, if having completed the delegated task they have any issues or concerns that they want to discuss.

The Delegator has the continuing responsibility to judge the appropriateness of the delegated tasks by reassessing the patient/client needs to determine that the delegated task remains appropriate, by observing the competence of the Delegatee to ensure that competence is maintained and evaluated.

Competence to carry out a delegated task should be reassessed annually or more often if indicated by a change in the patient/client's care needs or questions about the Delegatee's competency to continue to deliver the care.

The level of supervision and feedback must be agreed by the person delegating the task and the person undertaking the task.

## **2.2 Delegation to Student Nurses**

Delegation of care activities should be commensurate with the student's stage of training and educationally led, to support them in meeting learning outcomes.

The Delegator needs to ensure that the student has the appropriate knowledge, skills and attitude to undertake the delegated work safely. Based on this assessment, the Delegator must then judge the level of supervision and support required to ensure that care is carried out competently and effectively.

Where the delegated activity involves direct patient/client care, the delegator and the student must ensure that they gain consent from the patient/client.

When delegating care activities to pre-registration student nurses, the Delegator must act in accordance with relevant FNHC policies.

## **2.3 Documentation**

The Delegator will ensure that contemporaneous records reflect the delegated care needs of the family/child and provide clear expectations of the work required within the client action plan on EMIS, to include timescale for review.

They will be responsible for ensuring amendments to action plans are recorded and any changes to prescribed care communicated to the practitioner who is now working with the family.

The Delegatee will maintain accurate contemporaneous records of all client contacts that reflect the care delivered, outcomes achieved or difficulties encountered whilst working with the client. They will ensure that any verbal discussion they have about the client with the HV/RP or other professional supporting the family is captured. They will check that the Delegator's action plan reflects the directions for care delivery they have been given.

All practitioners within the delegation process will adhere to relevant professional guidance for record keeping as well as the FNHC Record Keeping Policy.

### **3. PROCEDURE**

- Families should be seen and have a plan of care or programme of support identified by a HV prior to any delegation. Assessments prior to delegation should include a review of all family members records by the Delegator, or Delegatee with reference back to the Delegator, if required
- There should be a plan of care agreed and delivered with oversight from the Delegator. The Delegator will document details of any delegation in the client's action plan on EMIS, including the allocated Delegatee and expectations relating to the action plan delivery, review and feedback
- The purpose for delegation will be to meet the identified health and wellbeing and when appropriate safeguarding needs of the child or family. Safeguarding cases may be delegated only to another RP once a dynamic risk assessment has taken place, due to the complexity of such cases. This is best achieved and formalised via supervision.
- All changes observed during completion of the delegated work will be reported to the delegator or Duty HV to interpret and assess if there needs to be a change to the planned intervention or if the delegation of care may continue
- The RP or NRP will monitor and evaluate change in the family/child's situation and report back relevant information. Review and re-assessment by the Delegator should form part of the overall care plan for the family/child, to include when planned care is to discontinue and outcomes determined, all to be recorded on EMIS
- Practitioners must not delegate tasks and responsibilities to colleagues where it is knowingly beyond their level of knowledge skills and abilities. NRPs and RPs must feel able to refuse the delegated task where it is beyond their knowledge, skills or scope of practice
- NRPs must not delegate any duties under this policy to another NRP. Delegation to NRPs should be from RPs only.
- In certain situations a specific NRP may be requested to carry out targeted work with families under direct supervision where they have identified when significant harm has been done to the child and reporting needs to take place to social care. The work would cease to be delegated once this action has been completed.



#### 4. CONSULTATION PROCESS

Name	Title	Date
Michelle Cumming	Operational Lead Child and Family Services (CFS)	29/12/2021 31/01/2022 14/03/2022
Elsbeth Snowie	Clinical Effectiveness Facilitator	31/01/2022
Juliet Le Breuilly	Community Staff Nurse CFS	29/12/2021 31/01/2022
Alice Ruellan	Community Staff Nurse CFS	29/12/2021 31/01/2022

#### 5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification

#### 6. MONITORING COMPLIANCE

FNHC Quality and Governance will review incidents and complaints including serious incidents relating to inappropriate delegation of tasks. Findings and learning from incidents and complaints will be shared across FNHC.

Records of training and competence must be kept by the individual registered or non-registered staff.

#### 7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

**Always:**

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

## **8. GLOSSARY OF TERMS**

### **Accountability**

An individual's ability to confidently explain how they have used their professional judgement to make decisions – even in complex situations

### **Competence**

An individual's ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by the effective performance and understanding of the specific role and its related responsibilities.

### **Delegatee**

A competent person who agrees to accept the task or duty delegated to them by the Delegator.

### **Delegation**

The process of allocating tasks to another person whilst ensuring that they have the appropriate knowledge, skills and competence to undertake the delegated work safely.

### **Delegator**

A person who delegates a task or duty to a competent other person.

### **Non-Registered Practitioners**

Staff who are not required to be registered with the NMC ie.

- ✓ Community Nursery Nurse
- ✓ Family Support Worker
- ✓ Administrator

## Registered Practitioners

Staff who are required to be registered with the NMC ie.

- ✓ Specialist Community Public Health Nurse (Health Visitor)
- ✓ Registered Nurse/Midwife

## Responsibility

Something which is required to be done as part of a job, role, or legal obligation

## 9. REFERENCES

Jersey Care Commission (2019) Care Standards: Home Care. Available at: [JCC-Care-Standards-Home-Care-2019-v1..pdf \(carecommission.je\)](#) Last accessed 24<sup>th</sup> December 2021

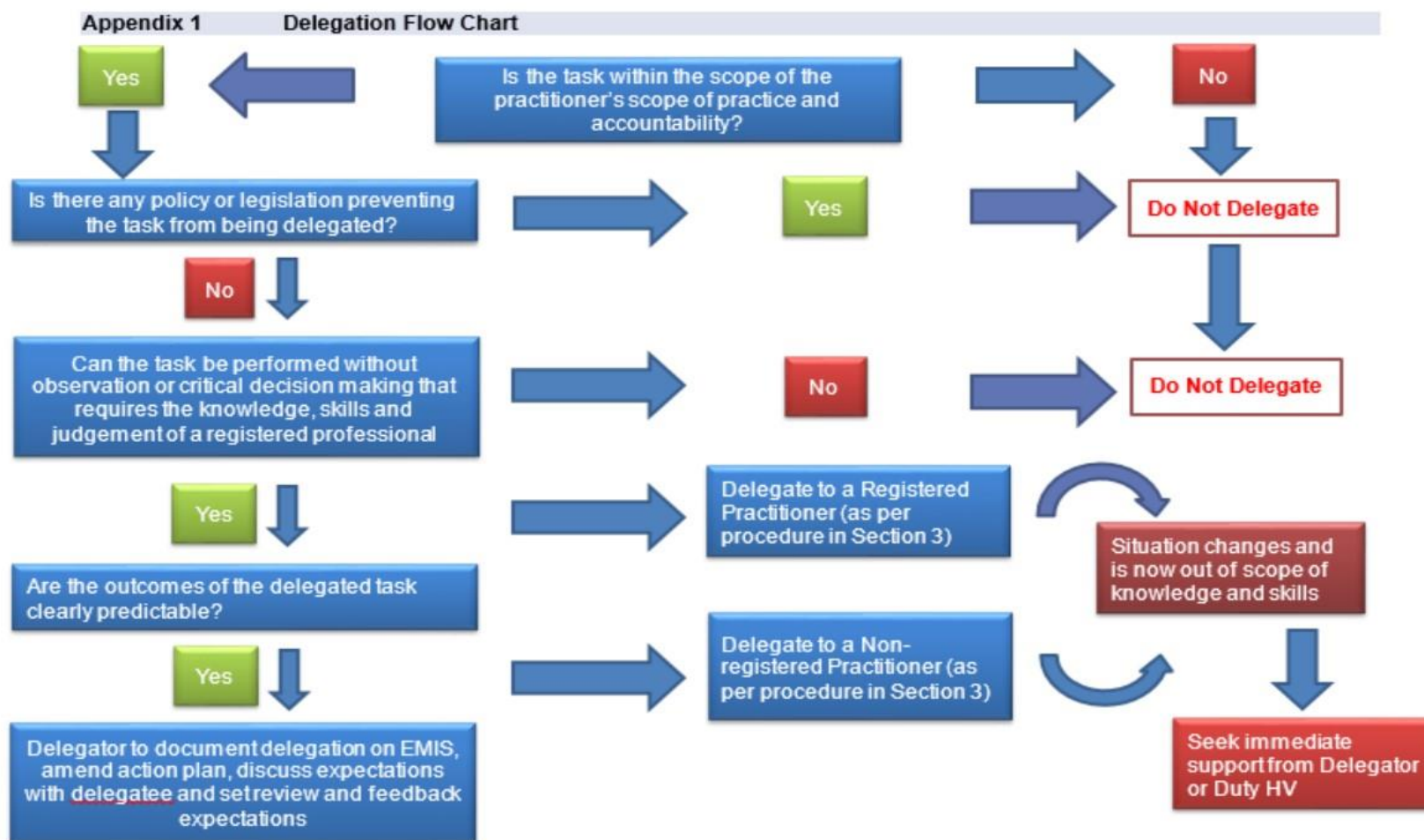
Nursing & Midwifery Council (2018a) *Delegation and Accountability: supplementary information to the NMC Code*. Available at [delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf](#). Last accessed 29<sup>th</sup> December 2021

Nursing and Midwifery Council (2018b) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Available at [nmc-code.pdf](#). Last accessed 29<sup>th</sup> December 2021

Royal College of Nursing (2017) *Accountability and delegation: A guide for the nursing team*. Available at [Accountability and delegation | Royal College of Nursing \(rcn.org.uk\)](#). Last accessed 29<sup>th</sup> December 2021

## 10. APPENDIX

### Appendix 1 Delegation Flow Chart



## Appendix 2 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Delegation Policy Health Visiting Team			
Date of Assessment	March 2022	Responsible Department	Child and Family Services
Name of person completing assessment	Mo de Gruchy	Job Title	Quality and Performance Development Nurse
<b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>			
	<b>Yes/No</b>	<b>Comments</b>	
• Age	No		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No		
• Ethnic Origin (including hard to reach groups)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	No		
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
<b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b>			
Stage 2 – Full Impact Assessment			
<b>What is the impact</b>	<b>Level of Impact</b>	<b>Mitigating Actions</b> (what needs to be done to minimise / remove the impact)	<b>Responsible Officer</b>
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			