Lincolnshire Care Association

skillsforcare

Delegated healthcare activities toolkit

A sample toolkit based on experience working across a health and social care system

CARE

Introduction

To be successful and sustainable, delegated healthcare activities require the right governance, protocols, learning and development, and support, and must always have person-centred decision making. Delegation can be a positive influence on the experience and outcomes of care, providing people with more flexibility to suit their needs and lifestyle.

This toolkit is designed to help Integrated Care Systems or place based integrated partners to introduce delegation in a safe, effective and most importantly person-centred way. This sample toolkit has been developed collaboratively across the Lincolnshire Integrated Care System. It demonstrates the opportunities to delegate clinical observations to support the management of deterioration in response to urgent care needs.

There are sample templates within the toolkit that can be adapted to meet the needs of the people that access care and support, your local system and organisation, including where delegation happens outside of your organisation.

The toolkit

1. **Thinking about delegation – before you start**
2. **Setting up the steering group or other project management support**
3. **Governance – is more than just policies**
4. **Delegation within a person-centred care plan**
5. **Communication and engagement**
6. **Evaluation and assurance**

We are interested in feedback on what works and doesn't work in this toolkit
Please send proposed improvements to:
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1. Thinking about delegation – before you start

Person-centred delegation puts the person who accesses care and support at the heart of decision-making. The first step is always to ensure the delegated healthcare activity is in the person's best interest with the potential to improve the experience and outcomes of care.

Delegation offers an opportunity to move towards a more integrated person-centred way of working and to provide:

- delegated healthcare activities for people who access care and support at a time and by an individual(s) that is most appropriate for them enabling greater choice and person-centred decision-making
- recognition of the value of the care workforce to support better experience and outcomes of care
- a way to optimise the knowledge and skills of the health and care workforce.

The first and most important question to ask is what could be delegated and why? This could be a mixture of reasons and may differ if you are considering delegation as part of business continuity preparation, rather than business as usual. However, there are potential risks of harm to people and regulatory non-compliance if the delegation is not managed effectively.

Suggested questions to consider before the project starts:

1. As a system what activities might we delegate and why?

2. How do we expect the delegation to affect the outcomes for the people who access care and support?

3. Are we looking at delegation as
   a. normal business or
   b. only to be adopted in a business continuity situation?

4. What is the extent of the change that the delegation will deliver?
   a. Transformation
   b. Improved experience of care and outcomes for people who access care and support
   c. Extended roles
   d. Formalising practice which may already be taking place on an ad hoc basis

5. What is the current level of knowledge and skills of the care workers who will undertake the delegated activity?

6. How will the new activity(s) change or complement the existing package of care?

7. Who will be impacted by the delegation?

8. Who will be delegating the activity? Do they know that they are delegating an activity?

9. Who could this be delegated to?
   a. Who decides which staff are appropriate?
   b. What impact might this have on their existing duties?

10. Where else has this been done? Can we learn anything from them?

11. Will this be introduced as a pilot first? How extensive a pilot is planned?

12. Will the pilot be evaluated?
    a. Formal evaluation
    b. Informal feedback

13. What will the pilot cost?

14. Who will lead the pilot?

14. Who will lead the pilot?

15. Do we need a steering group? Who should be invited?

Other questions that need to be considered – these may be delegated to the steering group if you are using one.

1. How will the delegation be understood by people accessing care and support and their family members?

2. What learning and development will be required?
    a. How will the training be delivered?
    b. How will learning be assessed?
    c. How will the education and training be quality assured?
    d. How often will a refresher/updates be needed?
    e. Do those delegating need any training?

3. Who will check competency?
   a. How will this be done?
   b. How often does competency need to be confirmed?

4. What is the escalation process? What would trigger escalation?

5. Are there any regulatory implications for either party?

6. Will the delegation affect the insurance of either party?

7. Have we considered the potential implications to other stakeholders?

8. How will the delegation be communicated?

9. How will quality assurance happen?
   a. Who will do it?
   b. How will it happen, what aspects of the delegation process will be quality assured and how will it be evidenced?

10. How will resources be allocated?

11. Will the delegation be evaluated?

12. How will the delegation be supervised and by whom?
   a. Operationally
   b. Strategically

Identifying stakeholders

The most important stakeholders who should be involved in the co-production of the delegation process are:

- the person accessing care and support and their family members
- the regulated healthcare professional who will be delegating
- the care worker(s) undertaking the activity.

Other stakeholders to consider during the initial planning process include:

- delegating organisations – there may be a number of viewpoints needed, including:
  - leadership from regulated healthcare professionals
  - those with responsibility for risk
  - union and/or employee forum representatives
- organisations employing those who will undertake the tasks – if there are a number of these, a representative may be appropriate
- primary care representation – they need to be aware of changes in the way that people are supported and can often be very helpful when looking at risk
- commissioners of health and care organisations who will be undertaking the activity – if the delegation is to be sustainable there will need to be a discussion around resources in which they will be key partners
- CQC or other regulators – no individual or organisation should be at risk of non-compliance by taking part in well-governed delegation
- representatives of people with lived experience
- specialist stakeholders depending on the delegation such as
  - digital leaders from appropriate organisation (or the system)
  - other clinical groups (e.g. pharmacy, therapists).

Other stakeholders may become apparent as the programme continues, but it may be worth completing a stakeholder analysis at the first steering group meeting. This helps to identify any gaps and agree who needs to attend the steering group and who needs to be included in minutes or regular updates.

2. Setting up the steering group or project management support

Establish the steering group

The process of design and implementation will vary. Even where the delegation appears to be a simple process, a steering group/task and finish group may be appropriate.

Steering group membership

It's important to include key partners but avoid being so large that decisions are difficult.

- Is there representation of clinical leadership?
- Should there be a senior reporting officer at the right level of seniority?
- What resources are available and where will they come from?
- How will it connect into the wider integrated health and care system?

Timescales need to be clear at the outset and need to be realistic:

- final design target
- pilot start and finish
- final feedback due.

If the delegation is to residential homes, the project management may sit within the Enhanced Health in Care Homes (EHCH) process. Where delegation is undertaken in other care settings, for example domiciliary care or supported living, a separate steering group may be needed.

A decision tree to determine who should be part of the steering group is in Appendix one.

Terms of reference

You may want to establish terms of reference at the start of the process to provide clarity of purpose.

See Appendix two for a sample template terms of reference.

Establishing ongoing assurance in a cost-effective way

Once the delegated activity becomes embedded, it is important that there is an ongoing way to ensure that all parties have a way to maintain ownership of the process and maintain focus and sustainability. This may fit within EHCH or other established quality processes.

3. Governance – is more than just policies

Governance template

The level of detail in the governance document may vary according to the complexity of the delegation and the number of stakeholders involved.

A sample governance template setting out what areas need to be considered is included in Appendix three.

Standard operating procedures

For many activities, a standard operating procedure (SOP) can be helpful, although it may not be necessary if there is a comprehensive governance document which has been agreed by all stakeholders.

SOPs are more commonly used within health than social care, but they can be an excellent way to ensure that everyone understands the reason for the chosen way of working and their part in the process.

They can incorporate graphics which make procedures easy to follow, as well as technical details where needed.

An example standard operating procedure is available at: www.skillsforcare.org.uk/DelegatedHealthcareActivity

4. Delegation within a person-centred care plan

Delegation should be incorporated into the single, person-centred care plan, so that all stakeholders are aware of how the person is being supported. This ensures that all people involved in the person's care can access a live plan of care.

Including the delegation details within the person's care plan provides clear clinical direction, oversight and risk management. This can be useful to mitigate a risk of care workers becoming overly comfortable undertaking activities such as clinical observation without appropriate direction and oversight.

An example of how this can be effective is the use of remote monitoring within care homes. Taking remote observations is a process that can support professional clinical decision making when individuals are unwell or may be at risk of deteriorating. This potentially avoids unnecessary admission to secondary care and ensures a proactive approach, meeting better outcomes and experience for the person. However, there is a risk that where monitoring is introduced without a person-centred approach and clinical oversight it can lead to confusion and concern regarding decision-making. This can potentially lead to intrusive monitoring when it is not clinically indicated, and the delegated healthcare activity is simply taking place because it is 'their day to be measured.'

Where the clinical observations are included as part of the care and support plan:

- this demonstrates a person-centred approach enabling communication to all involved in the care planning process
- there is clear clinical ownership and direction of the decision making process and delegated healthcare activity.

When review and monitoring indicate a change to the person's condition, the regulated healthcare professional will amend the care plan to ensure the needs of the person are met keeping them at the centre of the planning process. This may result in a change of frequency of monitoring or stopping the delegated healthcare activity and ceasing observations.

Standard operating procedures (SOPs) and overall governance are important but including delegation in the care and support plan ensures that the person and their needs remain central to any delegation, and it is known to all involved in the person's care.

5. Communication and engagement

Communication is essential to building confidence and creating the right conditions to build relationships and understanding of roles and responsibilities of all involved, especially the person accessing care and support and their family members to ensure the safety and quality of the delegation. Relationships can be built on as the delegation process develops, but for maximum efficiency and impact, early involvement and implementation is recommended.

An example communications and engagement plan can be found at Appendix four.

Record keeping

One of the key elements of communication and engagement is accurate, complete and detailed records. It's the responsibility of all parties involved in line with CQC regulation and good governance. In addition, as part of a regulated healthcare professionals code of practice there is an expectation that they will communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate.

Personal stories

The use of people's personal stories can demonstrate how delegated healthcare activities have positively enhanced their experience of care. This can help build everybody's confidence and demonstrate the benefit and impact to the person and the workforce.

5. Evaluation and assurance

In order to understand the impact on the person accessing care and support in relation to their health outcomes, quality of life and wellbeing it is essential that formal evaluation is undertaken to support consistency and sustainability which may include:

- safety – there should be no detrimental impact on the person
- impact on outcomes for people accessing care and support
- impact on the provider, manager and care workers involved in the delegation
- feedback from delegators and those to whom activities are delegated.

Potential sources of evaluation and assurance to consider

Evaluation should be an integral part of the delegation process and considered from the outset. This may be on a small scale or may involve support from wider partners such as local universities and research organisations. For more analytical evaluation, particularly if health inequalities are to be included in evaluation, local Public Health teams may be able to support.

If the delegation is scalable or offering opportunities for transformation, consider a bid to National Institute for Health and Care Research (NIHR) or other more formal research bodies to consider evaluation funding and an incentive to develop a formal publication of the work undertaken and an opportunity to share learning.

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