



Department
of Health &
Social Care



Delegated healthcare activities

Guiding principles for health and social care in England

Revised November 2024



CARE

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Foreword

We are immensely proud of the progress we've made since the publication of the delegated healthcare guiding principles and supporting resources in 2023, alongside sector partners who helped develop and promote this work. Working together, we continue to raise the profile and understanding of person-centred, clinically appropriate and safe delegation of healthcare activities to social care workers and personal assistants.

According to an independent evaluation, the principles are useful, clear and comprehensive. You can find a summary of the evaluation report and key findings on the Skills for Care website. They provide a foundation for delegated healthcare activities across the regulatory, legislative and governance landscape for health and care systems, aligning with professional codes of conduct and national standards. We need to remember that delegation to social care is not new and that while the principles establish best practice, they are voluntary and have no statutory requirement.

As we look ahead to the next 10 years through work to develop the government's 10 Year Plan for Health and Social Care and Skills for Care's A Workforce Strategy for Adult Social Care in England, we know the health and social care landscape has to evolve to support people to live well in a place they call home. People are living longer, often with complex health conditions and the guiding principles can support local integrated care system approaches to workforce planning and consider how to effectively meet local population need, with the person's best interest at the heart of care and decision-making.

By doing so, we aim to build stronger partnerships between health and social care, fostering a system where delegated healthcare activities are delivered safely and confidently, with the right skills, competency and support, building stronger and trusted relationships across systems. As the government looks ahead to the development of a National Care Service, the guiding principles will act as a stepping stone towards developing consistent national standards.

In some situations, where it's clinically safe and appropriate, delegated healthcare activity can improve people's experience and quality of, care and support, enabling greater choice and control for care and support in a place and time that suits them, by an appropriately trained and supported care worker they know and who is familiar with their individual wishes and preferences. Safe and effective delegation from health to social care can support more integrated, home and community-based health and care, as well ensuring the regulated professional workforce are deployed where they are needed most.

With the government committed to recognising and professionalising the adult social care workforce and care workers' skills and expertise in undertaking delegated healthcare and other more complex interventions, the guiding principles are a reminder of the valuable contribution care workers and personal assistants make to supporting people to live independently and achieve their goals. We know from Skills for Care reporting that care workers who have opportunities to develop and progress in their role are far more likely to remain within the care workforce. Developing system-wide opportunities to develop skills and knowledge is essential if we are to raise the status of social care and its role in an integrated health and care workforce, improve staff motivation and ensure that people receive the high standard of care they deserve.

We want this to be a “call to action” for local health and care systems, to engage and utilise the principles and resources so that together, we can continue to provide high-quality, person-centred care and support across the country.

Professor Oonagh Smyth, CEO Skills for Care and Deborah Sturdy, Chief Nurse Adult Social Care in the Department of Health and Social Care



The principles at a glance

- Delegation should be person-centred, safe and effective involving the person and be in their best interests for improved outcomes and a better experience of care. The decision to delegate must be based on the person's assessed needs by the delegator and is clinically appropriate, safe and supported.
- The principles are voluntary and if a delegated healthcare activity cannot be carried out safely and in the person's best interests, then other options need to be considered and the process for delegation should not continue.
- The person has the right to decline or withdraw their consent and there is no statutory requirement for social care providers to deliver delegated healthcare activity.
- The principles align to current regulation and legislation. Professional codes of conduct for healthcare professionals have not changed.
- Since the launch of the principles in May 2023, they have been through an independent evaluation. People told us that fundamentally the principles were enabling person-centred, safe and effective delegation of healthcare activities.
- There have been minimal changes made to the principles following evaluation, which mainly relate to the themes of resourcing, learning and development, supervision of healthcare activity and integrated system approaches.
- There is a recognition of the complexity of decision-making across integrated health and social care system and that situations and challenges will arise that are outside of the scope of the principles.
- A link to the CQC scope of registration guidance has been included to help clarify the requirements of when a provider does and doesn't need to register for Treatment, Disease, Disorder and Injury (TDDI).
- The principles do not include nor advocate the creation of a list of what can and cannot be delegated to social care.
- The refreshed principles strengthen the requirement for a collaborative and inclusive approach with health and care system conversations to agree appropriate learning and development, resourcing and training to support and sustain delegation.
- The term supervision has been clarified. The principles refer to supervision either directly or indirectly by a healthcare professional, for example observing how an activity is being carried out, providing an opportunity to ask questions and to assess competency how to carry out the activity safely. Supervision arrangements should be agreed with the delegating healthcare professional and the care provider and reviewed regularly.

Introduction

These national guiding principles enable a person-centred, safe and effective approach to the delegation of healthcare activity from regulated healthcare professionals to care workers and personal assistants (PAs) across a range of social care settings. For the purpose of this document, where we refer to care worker, this term is inclusive of personal assistants, unless explicitly stated.

The principles are designed to be adapted locally to complement existing best practice and local protocols. They support safe and effective delegation with the person drawing on care and support services at the heart of the process. The person's choice, strengths, skills and preferences are essential to promoting health and wellbeing through person-centred care and support with clinical oversight from a regulated healthcare professional, delivered by competent and skilled care workers.

There's a recognition that delegation to care workers by regulated healthcare professionals isn't new and has been happening for several years. Delegation can work well where there's a person-centred approach with the right learning and development, skills, competency, supervision and governance, with an opportunity for a positive impact for all those involved.

Research published by York Consulting in 2022 into care workers undertaking healthcare activity has highlighted that effective delegation can mean timely and flexible delivery of activities, resulting in better continuity and person-centred care. Safe and effective delegation to care workers can bring wider benefits to the person including greater choice and control and quality of life, providing more flexibility to suit their needs and lifestyle.

Evaluation of the principles and resources

Since the launch of the principles in May 2023, they have been through an independent evaluation. People told us that fundamentally the principles were enabling person-centred safe and effective delegation of healthcare activities.

A large majority of respondents said the principles were:

- useful, clear and comprehensive
- helpful for social care staff to deepen their knowledge of delegation
- used to make better decisions about delegation
- helpful to establish new conversations and relationships with colleagues in the health sector.

Whilst the guiding principles are there to support person-centred delegation of healthcare activities, we recognise the complexity of decision-making across the integrated health and social care system and that situations and challenges will arise that are outside of the scope of the principles.

There have been minimal amendments to the documents following the evaluation, which mainly relate to the themes of resourcing, learning and development, supervision of healthcare activity and integrated system approaches. We have published a summary report of the evaluation on our website.

It is important to note that regulated healthcare professionals are regulated by statute and specifically accountable to their regulatory body, as well as to their employer. The principles do not replace or affect standards for delegation set by a regulatory body. They are intended to complement, and not conflict with, the Nursing and Midwifery Council (NMC) Code of Professional Conduct and the Health and Care Professions Council (HCPC) who regulate a range of healthcare professions, including occupational therapists and speech and language therapists, and the Care Quality Commission (CQC) who register providers and regulate activities under the regulatory standards.

The information and links in the principles were accurate at the time of publication. The document will be reviewed as the need arises.

Keep up to date with delegated healthcare activity. Visit
www.skillsforcare.org.uk/DelegatedHealthcareActivity

What is a delegated healthcare activity?

Delegated healthcare activities are sometimes called ‘tasks’ or ‘interventions.’ For the purpose of these principles, we will use the term delegated healthcare activities which are activities, usually but not exclusively of a clinical nature, that a regulated **healthcare** professional delegates to a paid care worker or personal assistant.

The type of delegated healthcare activities can depend on the agreed protocols in organisations and local health and care systems. A regulated healthcare professional remains accountable for the appropriateness of the delegation. The regulated healthcare professional as the delegator, remains accountable for the appropriateness of the delegation. The delegator and the social care provider must ensure that the care worker has the right knowledge and skills to carry out the activity. The delegated activity **must not** include clinical decision-making and/or healthcare planning which remain with the delegating healthcare professional.

Examples of a delegated healthcare activity include:

- supporting skin integrity and wound care
- supporting a person to manage their diabetes through insulin administration and monitoring
- supporting a person with catheter care
- supporting a person to use a crisis plan for their mental health.

“Delegation is defined as the transfer to a competent individual, of the authority to perform a specific task in a specified situation.”

[Nursing and Midwifery Council definition of delegation](#)

Who can delegate a healthcare activity?

Healthcare activities that are delegated by a regulated healthcare professional must be within the delegating professionals' scope of practice and their professional and regulatory standards.

Examples of regulated healthcare professionals (not exhaustive) include:

- registered nurse
- nursing associate
- occupational therapist
- paramedic
- speech and language therapist.

What healthcare activities can be delegated?

Feedback from the evaluation of the principles indicated that providers would find it useful to have a definitive list of appropriate activities for delegation to social care workers. However, it is important to note, the decision to delegate healthcare for a person must be based on their assessed needs by the person who is delegating and which is clinically appropriate and safe and supported, in accordance with the healthcare professionals code of conduct.

The best interests of the person and their consent are dependent on a (not exhaustive) range of factors including any co-morbidities, the environment and support available to the person and the clinical oversight required. Therefore, the principles do not include or advocate a specific list of healthcare activities that can or cannot be delegated to a care worker.

The creation of a list could result in the same delegated healthcare activity being beneficial for one person but potentially detrimental and/or harmful to another. An individual and appropriately planned and risk-assessed approach to delegation reinforces the importance of person-centredness with the clinical oversight of regulated healthcare professionals' expertise and decision-making.

Who are the guiding principles for?

The principles are intended for a range of audiences, including:

- people who draw on care and support and their family members
- social care providers, registered managers and care workers
- people employing their own personal assistants (sometimes called individual employers)
- regulated healthcare professionals
- social workers
- local authority commissioners
- other stakeholders including Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs) and primary care.

There are sections that will be relevant to people who employ personal assistants through a personal health budget or direct support. This could be the person drawing on care and support themselves or a family member or legal representative. The guiding principles build on existing guidance for [Delegation of healthcare tasks to personal assistants](#). Some sections of the principles may be more relevant to social care providers, healthcare professionals and local system leaders.

The principles have been written for delegation of healthcare activity in social care by a regulated healthcare professional across a variety of settings, including residential care and domiciliary care. Delegation may be delivered through private or voluntary organisations or aligned to faith communities or charities and may meet the needs of specific people and settings, for example prisons or hospices.

Whilst some carers and family members are able and willing to deliver delegated healthcare activities, the principles are not intended to include family and unpaid carers.

Introduction

How were the guiding principles developed?

The principles and supporting materials were co-developed through an [initial research project](#), sector engagement and involvement with health and social care colleagues, people with lived experience and regulators. This was followed by testing and evaluation resulting in this revised May 2024 version. We've drawn on best practice and supporting materials from stakeholders with overall direction from the expert reference group and steering group comprising sector partners and led by Deborah Sturdy, Chief Nurse for Adult Social Care in the Department of Health and Social Care.

Supporting resources

The guiding principles are supported by resources, videos and learning from sector partners. Specific products have been designed to support implementation by providing examples of how delegation can work in practice with sample templates. These have been designed to be adapted to local systems and organisations, rather than a 'one size fits all'. All supporting resources can be found on the [Skills for Care delegated healthcare activity webpages](#).



Deciding to delegate

Delegation decisions should be person-centred, involving the person in consent and decision-making and considering their wishes, goals and aspirations, with agreement of all involved and due consideration to safety, complexity and risk.

Involving family members as appropriate in decision-making and enabling person-centred care has wider benefits for the experience and outcomes of the person and their family. This provides an opportunity for all involved to ask questions and understand the reasons for the delegation and the impact on a better experience of care.

The guiding principles illustrate how delegation takes place within the context of a range of factors and variables, rather than in isolation. The decision to delegate requires a number of robust arrangements to be in place between health and social care before delegation can happen safely and appropriately with the right governance and the intended outcomes for the person clearly identified and documented in respective care plans.

Decisions also depend on a number of varying factors. It is important that people who draw on care and support have the right to decline or withdraw their consent at any stage of the process. For social care providers and care workers, there is a responsibility to decline if they feel the activity cannot be delivered and managed safely without the appropriate level of training, support, supervision and competence or if a situation changes which makes it unsafe.

To support sustainable delegation, a collaborative and inclusive approach is key to decision-making. Local health and care system conversations involving all parties are essential to consider appropriate funding and resources, such as commissioning practices by all those involved and reaching an agreed funding arrangement such as pooled budgets, allocation and agreement for learning and development, equipment needed etc. There is a recognition that local conversations and agreements will differ depending on the activity, proportionality and complexity.

The evaluation report reinforced the message and the importance of considering sufficient resources.

System conversations to support an agreed plan are essential. These should include consideration of resourcing and funding for quality training, ongoing supervision of the delegated healthcare activity from the regulated healthcare professional, as well as joint commissioning healthcare funding flows with due consideration where people are self-funders or Individual Employers (not exhaustive).

There is no statutory requirement for social care providers or care workers to undertake delegated healthcare activities and delegation must be in the best interest of the person.

Introduction

Those who are involved in transition and supporting young people and their parents and/or carers with delegated healthcare activity

As part of the decision-making process where a young person is drawing on health or social care services and may need support from adult services in the future, consideration should be given to involving and preparing the young person through the transition period, their parents and carers where delegated healthcare activity would improve the experience and outcomes of care.



Principle one



Person-centred care

One of the first questions to ask is why the activity is being delegated and the intended outcome for the person. Delegation must be person-centred with the person involved in decisions about their care by building on people's strengths, their goals, what they're able to do for themselves and what matters to them. It's also important to consider people's networks and community connections to promote independence for people's better health and wellbeing outcomes and quality of life.

Where a person is unable to make the decision for themselves, then the principles of the Mental Capacity Act should be followed, and decisions made in the person's best interest. There should be a shared understanding of those involved to create a positive and collaborative culture in the best interests of the person drawing on care and support.

Care workers can sometimes be best placed to carry out delegated healthcare activities as they usually know the person well and understand what's important to them to deliver consistent person-centred care. They may also have particular skills to support communication and people's individual and cultural preferences.

The Skills for Health '[Person-centred approaches framework](#)' describes "an approach that puts people, families and communities at the heart of health, care and wellbeing. It means people feeling able to speak about what is important to them and the workforce listening and developing an understanding of what matters to people. It means working in a system in which people and staff feel in control, valued, motivated and supported."

Principle one

Person-centred care planning and assessment

The care planning and risk management process should have a person-centred and integrated approach, engaging the person on an equal level with a multi-disciplinary team, rather than an assessment being done to them. The care plan should be informed by the person and their choices, along with the knowledge, skills and expertise of the multi-disciplinary team undertaking the assessment.

There should be a collaborative approach to care planning with all involved taking into consideration the person's health needs, complexity and expected outcome of the delegation, along with any identified risks and mitigating actions, taking into account who is responsible.

The care plan should be in a format accessible to all, include the activity to be delegated to the care worker, the limits of the delegation and how risk will be managed and mitigated. It should also include what to do and who to contact for queries or to escalate concerns, including out of hours and contingency arrangements. The regulated healthcare professional, care worker and their manager must be clear on record keeping requirements, including monitoring and reporting arrangements in line with the relevant code of practice and regulatory standards.

Clinical assessment and care planning must not be delegated and responsibility and accountability for the clinical assessment remains with the regulated healthcare professional. The delegator is responsible for ongoing clinical review which should be documented in the care plan, along with who to contact for advice and reassessment, particularly if the person's needs are known to regularly change or fluctuate.

Review arrangements including frequency, roles and responsibilities should be clearly identified, recorded and communicated in the care plan. The delegatee should record any care activity clearly in the shared documentation.

Personalised care and support planning (PCSP) is a systematic process based around 'better conversations' between the person and their health and social care practitioners. The overall aim is to identify what is most important to each person for them to achieve a good life and ensure that the support they receive is designed and coordinated around their desired outcomes. [Think Local Act Personal](#)

Principle two



Governance, regulation and accountability

Successful delegation relies on clear roles and responsibilities, communication and co-produced agreements. Delegation requires people and organisations to build trust and work across organisational and professional boundaries which can be complex with challenges and risk. This principle focuses on effective and robust governance within the required regulatory and legislative requirements.

Governance

Good governance should be an enabler for delegation and support safe and effective practice with robust systems and procedures including shared record agreements and mechanisms across organisational and professional boundaries to ensure quality, safety, monitoring and continuous improvement. Delegation requires organisations, leaders and health and care workers to work together within a supportive culture demonstrating the right values, behaviours and attitudes to support integrated working.

There are a variety of governance aspects that stakeholders need to consider before delegation starts including (not exhaustive):

- ✓ Is the delegation in the best interests of the person drawing on care and support with their consent and agreement?
- ✓ Is delegation considered within the care workers' job description and the breadth of their role?
- ✓ Is there sufficient staffing availability and capacity to support consistency and continuity of the delegation?
- ✓ Are there appropriate learning and development opportunities to support safe delegation and demonstrate competency?
- ✓ Do you have organisational policies to support delegation?
- ✓ Do you have sufficient insurance, indemnity and regulatory arrangements?
- ✓ Are there sufficient joint working protocols and agreements in place for activities to be delivered safely, competently and sustainably resourced for all involved.

Principle two

- ✓ Is there a shared escalation process agreed with all involved, including out of hours arrangement?
- ✓ Are the relevant stakeholders aware of and in agreement on the delegation and the level of detail they require?
- ✓ What are the arrangements for refreshing, reviewing and resourcing learning and development and competencies?
- ✓ Have you carried out the necessary accountability and risk management processes including how you have arrived at your decision and who you have involved?

Further detail on governance can be found in our [supporting resources](#).

What CQC will expect to see

Where the delegated healthcare activity is part of a Regulated Activity (set out within schedule v1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), registered providers are required to comply with the fundamental standards as set out in regulations 8-20 of the regulations and be able to provide evidence to show that care provided is safe and appropriate.

In the context of a delegated healthcare activity, this should include evidence of the following:

- ✓ People drawing on care have been appropriately involved in the decision to delegate care.
- ✓ Individual staff taking on a delegated activity fully understand what they need to do, are trained and assessed as competent to carry out the activity and are appropriately supported.
- ✓ The delegating healthcare professional retains overall responsibility and management of the person's relevant health care needs and clinical decision-making.
- ✓ The delegating regulated healthcare professional continues to monitor the person's condition and effectiveness of their treatment, including regular review of continuing appropriateness of delegation of the healthcare activity.
- ✓ There is an agreed plan on how to respond to and manage risk, including contingency plans.
- ✓ Provider records, including people's care plans, appropriately reflect the person's needs and how they will be met.
- ✓ Provider records are complete, accurate and up-to-date.

Further guidance can be found on the [CQC website](#).

Principle two

Regulation

A regulated healthcare professional will be regulated by their relevant professional regulating body, for example:

- the Nursing and Midwifery Council (NMC) regulate registered nurses, nursing associates and midwives
- the Health and Care Professionals Council regulate a range of professions such as occupational therapists, paramedics and speech and language therapists
- the General Medical Council (GMC) regulate doctors.

Each regulator sets out their professional standards and within the standards there is specific guidance relevant to delegation.

The Care Quality Commission (CQC) is the regulator of health and social care in England. Regulated healthcare professionals are regulated by their relevant professional bodies. The CQC [Scope of Registration May 2022](#) includes specific guidance on registration requirements in relation to delegated healthcare activity.

The regulated healthcare professional will be delegating to specific care workers, rather than to the provider organisation as a whole. It is the responsibility of specific social care workers and the social care provider to ensure the social care workers are competent to carry out the healthcare activity delegated to them, and be able to demonstrate sufficient evidence of learning and development and support to the required standard.

The social care provider is also responsible for ensuring and demonstrating the delegation arrangements are being provided safely and effectively and the care workers have sufficient support. If providers are unsure of the clinical nature of the activity being delegated, questions should be raised with the healthcare professionals involved and commissioners, to ensure the right governance is in place. Where CQC has concerns about how delegated activities are being managed by a health or social care provider they will explore this further, including how providers are working together to ensure safe and effective delegation.



Principle two

Legislation

As local authorities are responsible for means-tested care and support and the NHS is responsible for the provision of free health care, services provided or commissioned by a local authority to meet a person's care and support needs can only include health activity delegated from the NHS in specific circumstances which is explained in [Section 22 of The Care Act 2014](#).

In simplified, practical terms this means, for example, a care worker from a domiciliary care service commissioned by the local authority may carry out delegated healthcare activity from a regulated healthcare professional as a relatively minor part of the person's broader package of care - however the delegated healthcare activity cannot be the only or main part of the care and support delivered.

Social care providers should engage in conversations with local commissioners before they carry out delegated healthcare activity for guidance on the Care Act 2014. The Act also sets limits to the nature of healthcare activities that a local authority can choose to accept, stating that the service or facility can only be of a nature that the local authority could be expected to provide. This means that the delegated healthcare activity may not take the service beyond its systems and competence.

The Health and Social Care Act 2022 introduced legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services. Section 71 sets out 'joint working and delegation arrangements' and 'joint committees and pooled funds' (includes new sections 65Z5 and 65Z6 in the National Health Service Act 2006).

The Health and Social Care Act 2022 includes a statutory requirement for Integrated Care Systems (ICSs) to establish Integrated Care Boards (ICBs) who are responsible for bringing local systems together to improve population health, allocate resources, establish shared strategic priorities and improve outcomes.

Partners should consider that any arrangement put in place for delegated healthcare activity does not leave the person liable to privately pay for or be financially assessed by the local authority to contribute towards a provision that would usually be provided free at the point of delivery by the NHS.

[Guidance published by NHS England](#) may be useful to consider for joint commissioning arrangement discussions.

Principle two

Accountability, roles and responsibilities

Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others. Delegation is a shared responsibility that requires clear guidelines and protocols, along with robust governance arrangements.

The regulated healthcare professional is the **delegator** who will remain accountable for the overall management of the person's delegated healthcare maintaining openness, transparency and candour. They are accountable for their decision to delegate and undertake appropriate actions to ensure safe delegation. Where care has been delegated, the delegator may be asked to explain their decision.

The **social care provider** is responsible for the acceptance of the delegated healthcare activities by their workers and to have the necessary governance arrangements, insurance, policies and regulatory requirements in place. When a social care provider accepts a delegation, they are accepting the responsibility to allow individual care workers to carry out delegated healthcare activities, with assurance from the delegating healthcare professional and the provider that the care workers can demonstrate they have the right skills, training, competence with sufficient support and supervision.

Individual employers of personal assistants (PAs) in the context of delegation should be fully involved, advised and supported appropriately by the delegating healthcare professional to ensure their personal assistants have sufficient learning and development, skills and competency to carry out the delegated healthcare activity safely and effectively with appropriate escalation, monitoring and review arrangements.

The **delegatee is the care worker(s) or personal assistant(s)** trained to deliver the delegated healthcare activity. Care workers have a duty of care under the [Code of Conduct for Healthcare Support Workers and Adult Care workers England](#) with accountability and responsibility to work within the boundaries of their policies, training and competency. Personal assistants directly employed by the person drawing on care and support have a duty of care for their actions and omissions.

Care workers and personal assistants should follow the person's care plan and not perform any delegated duties outside of their competency and training, reporting any concerns,

Principle two

changes or increased risk through the escalation process that should be detailed in the care plan. Their role is to perform the activities according to their level of skill and training.

The delegatee must not make a clinical decision and must report and seek advice and guidance if a situation arises outside of the agreed delegated healthcare activity. Care workers and personal assistants must be honest about what they can do, recognising their abilities and limitations.

Registered managers are registered with the CQC and are responsible for the day-to-day operational activity, support and supervision for care workers and overseeing the service quality and safety. Registered managers and their senior teams are responsible for ensuring workers who are carrying out delegation activity have received sufficient learning and development and are competent, confident, trained and supported.

Some registered managers and their senior teams may be delegated to in order to perform delegated healthcare activity within their roles. Registered managers who are regulated healthcare professionals may be delegating to care workers within their own organisations and may be delegated to by a regulated healthcare professional outside of their organisation.

Local authority commissioners are responsible for defining and agreeing the delegated healthcare activities that are undertaken through local protocols, decision-making and agreement with the organisations and systems involved. The agreement making process, governance and protocols will vary from place to place given the differences in partnerships, capacities and priorities in different areas.

Local commissioners should ensure effective contract management, that providers have appropriate governance and risk management processes and agreed system for resourcing, training, assessment and competency of delegated healthcare activities with regular review and monitoring of risks and incidents related to delegation.

Principle two

Integrated Care Boards (ICBs) (ICBs) are a key partner within the wider integrated care system; with local government, they establish the integrated care partnership (ICP) that brings all partners in the system together to produce the integrated care strategy.

As NHS statutory bodies, they have a statutory responsibility for arranging for the provision of health services for their residents; they take the lead in ensuring that all parts of the local NHS work together with each other and with social care and other partners; and they are accountable for the overall performance and finances of the local NHS.

The NHS England operating framework reflects the move to system-based working, with NHS England expecting ICBs to identify the local shared priorities that sit alongside national NHS commitments and to play a key role in the support and oversight of NHS providers.



Principle two

Accountability, risk and safety

The safety and appropriateness of the delegated activity should be assessed by the regulated healthcare professional and the social care provider involving the person drawing on care and support and their family members to address and mitigate any identified risk. The same process applies to individual employers employing personal assistants to ensure safety and effective risk management through conversations with the delegating regulated healthcare professional.

Risk management and the respective roles and responsibilities to manage and mitigate risk should be detailed in the care plan with all involved knowing what to do and who to contact to ensure the safety of the activity and the person drawing on care and support.

The delegating regulated healthcare professional remains responsible for the appropriateness of the delegation. The social care provider remains responsible for their care workers' action and therefore must be assured and confident that their care workers have access to sufficient training and support to carry out the activities, otherwise they must raise concerns and/or say no to the activity.

Social care providers are accountable for meeting the required CQC regulation, accepting the delegation and accept vicarious liability for their care workers. Vicarious liability is a legal term where employers can be found liable for the wrongful actions of their employees, therefore they must ensure there is sufficient governance, training and competency for safe and effective delegation.

Individual employers are responsible for the actions of the personal assistants they employ within the scope and competence of their role and the delegating professional is responsible for the appropriateness of the delegation. Care workers and personal assistants are responsible for how well they perform the activity, following the care plan and acting within their level of competency.

All those involved including the person drawing on care and support, health and care workers, personal assistants and social care providers have a responsibility to intervene if they consider a delegated healthcare activity to be unsafe. Care workers have a responsibility to raise concerns with their line manager and inform the delegator if they do not feel competent or confident to undertake the activity that's been delegated to them.

Organisational culture is an important factor, particularly when working across organisational or professional boundaries to build trust and respect enabling and encouraging a collaborative and inclusive culture where people feel safe to speak up, ask questions and raise concerns.

Principle three



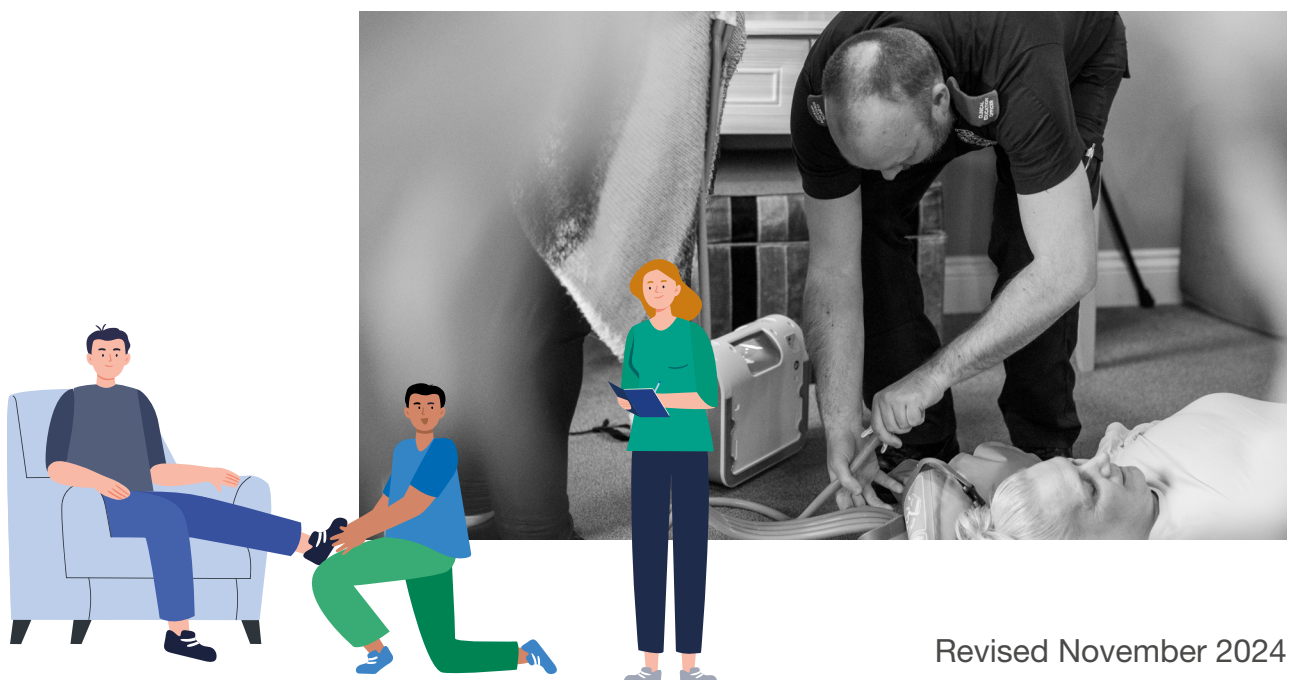
Learning and development, skills and competency

Care workers should receive ongoing learning and development, skills and competency assessment from the regulated healthcare professionals involved in delegating the activity and their provider organisation. The learning and development needs should be agreed when planning the delegated healthcare activity along with consideration of the associated funding, resourcing and agreement to support and sustain the delegation.

The level of support, training and competency depends on the level of existing skills and foundation knowledge required, the complexity of the person's health needs and outcomes and the level of skill required for the activity.

Learning and development may be delivered in various formats such as eLearning, virtual or classroom training, developing cultural competence, individual learning about the person, their health needs and intended outcomes.

For example, when delegating simple wound care activity, the care worker would benefit from understanding the principles that contribute to healing, as well as understanding the competencies required to carry out the healthcare activity. From this they would understand the importance of dietary and fluid intake and creating the right environment to optimise wound healing.



Principle three

Before delegation commences, the social care provider or individual employer should ensure that care workers and their manager:

- understand fully what the care worker(s) has been asked to do and why
- have successfully completed the learning and development, skills and competency needed to complete the activity safely
- feel confident to perform the activity as part of their role
- understand when to ask for additional support and who and how to escalate concerns or progress
- understand they must not make clinical assessments or judgements or progress to clinical decision-making.

Deciding who should carry out the activity depends on a number of factors (not exhaustive) including:

- involving the person drawing on care and support in decision-making and consent
- the health and wellbeing needs of the person, their wishes and choice
- the level of support from the delegator and the provider organisation
- the care worker(s) skills, competence, confidence and experience
- the nature of the activity and the specific circumstances
- availability, accessibility, resourcing and training on equipment or digital technology that may be used to support.

Principle three

Learning and development records

Keeping accurate records of relevant learning and development, skills and competency will ensure that all parties are aware of the steps undertaken to support those involved in the delegated activity. Records should detail as a minimum the title of the training or education programme, the date and length of time taken, details of an assessment where this has been carried out, the name of the provider of the training and the period of time the training/assessment covers before an update is due.

Delegators will want to understand the content and quality of any existing knowledge and skills and any formal learning based on previous learning and development. This will support the delegator to identify additional person-centred learning, development and competency assessment to take place between the delegator and the delegatee to meet the person's individual needs and health outcomes.

Learning and development records will support the decision-making process and may identify where additional learning and development needs to take place before the delegation can happen. Care workers should be encouraged to be actively involved in maintaining their learning and development records as this will contribute to their understanding of their own confidence and competence.

Learning and development review and refresh

A review of the care workers' learning and development needs must take place on a regular basis as the activity requires or whenever there is a change in the person's needs, where there is concern expressed about a care worker's ability to perform a specific activity, or the level and or type of activity, equipment or digital technology has changed. Records should be kept of all reviewed and refreshed learning and development including the date of review and who will provide the refresh.

Alongside the delegating regulated healthcare professional, it's the responsibility of all involved to identify and flag if they have concerns regarding the competence of a care worker and request either retraining or whether the activity needs to cease to ensure the safety of all involved.

Principle four



Monitoring and review

The regulated healthcare professional is responsible for the monitoring and review of the person's healthcare plan, assessment and reassessment including changing, new and emerging needs. The assessment and review should be person-centred fully involving the person drawing on care and support, their representatives and contributions from the care workers involved.

Open channels of communication and discussion between the person drawing on care and support, the delegator, the social care provider organisation and care workers are essential to maintain support, sustainability, the person's safety and the quality of the delegated activity. The frequency of the delegated activity needs to be considered, for example there may be some activities that are performed infrequently. Agreements need to be in place around how often competency will be assessed, compared to an activity that a care worker carries out daily.

Health and care activities are under a continuous cycle of improvement meaning that policies and procedures change regularly to meet the needs of people who draw on care and support. It is the responsibility of the regulated healthcare professional to ensure the delegated activity is following best practice recommendations. Additional learning and development may be required to support these changes and consideration should be given how this will be resourced.

For delegation to operate with maximum effectiveness, efficiency and safety, it needs to be sustainable and supported by structures that are embedded within integrated health and social care systems. This puts delegation as a component of ongoing quality and service improvement, rather than an individual 'project'.



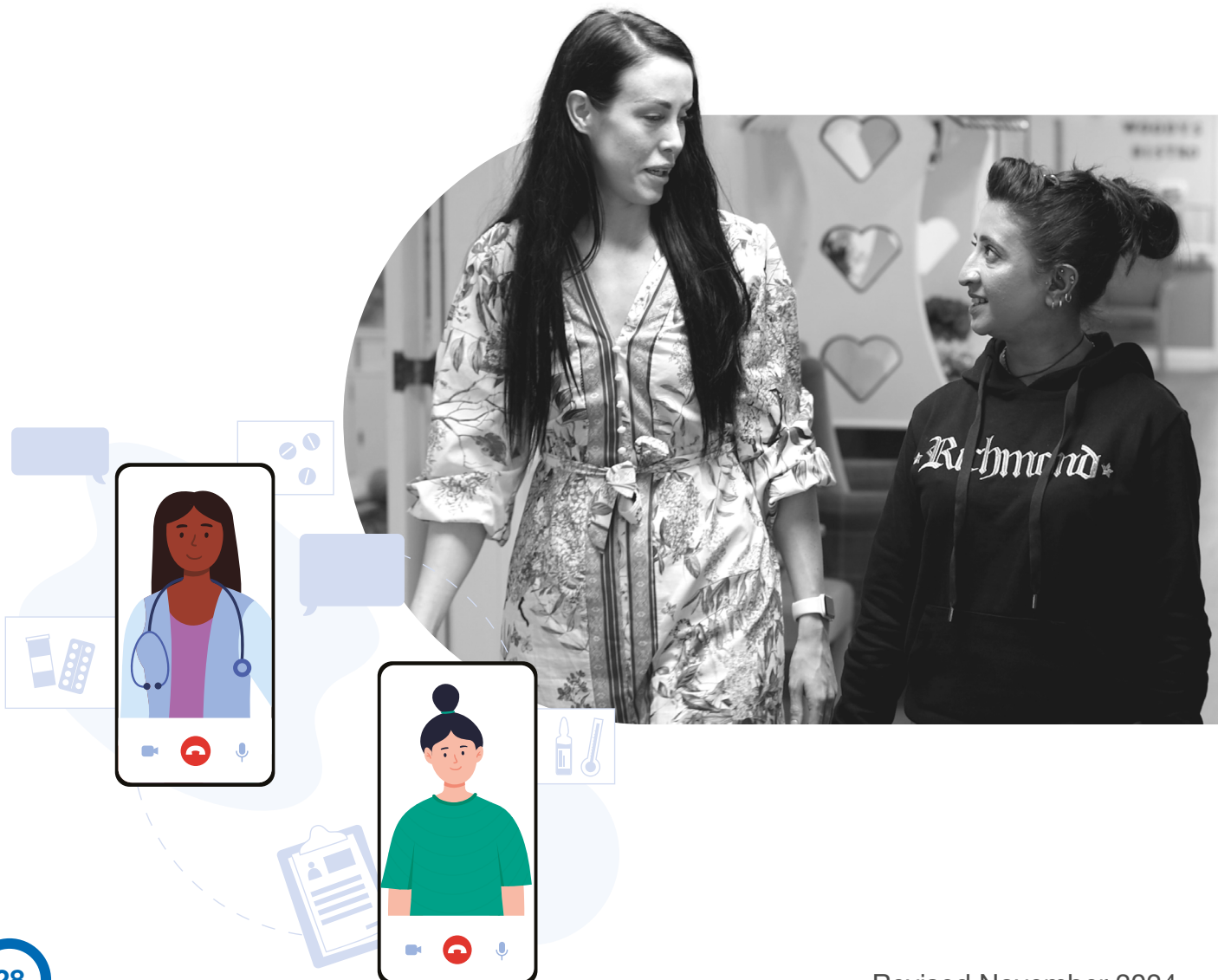
Principle four

Support and supervision

In order to maintain safe and effective care, the regulated healthcare professional may arrange direct or indirect observations and/or supervision of the activity. This is an opportunity to assess competence, refresh skills and also to develop care worker confidence and to ask questions. The arrangements for how and by whom the supervision of the activity will be carried out, should be agreed with the delegating regulated healthcare professional, the social care provider, the manager and the care worker. This should be reviewed regularly throughout the cycle of delegated activity.

Building trust is a key element of support and supervision and can include:

- conversations to understand each others' roles and responsibilities
- creating opportunities to ask questions and seek guidance
- relationship building to support trust and confidence to raise concerns.



Principle four

In this resource, we refer to supervision as the requirement for the regulated healthcare professional to supervise the delegated healthcare activity until the care worker feels competent and confident to carry out the activity. It's important that the delegator, the social care provider and the person drawing on care and support have confidence in the care workers' skills, knowledge and competency in relation to each specific delegated healthcare activity.

The social care registered manager, deputy managers and senior care workers will also carry out supervision in a managerial capacity as defined by the CQC 'to enable them to carry out the duties they are employed to perform'. This is in addition to any clinical oversight or observation of the delegated healthcare activity by the delegating healthcare professional.

In the context of delegation, managerial supervision should include regular contact with care workers and one-to-one support in line with their organisation's supervision policies to ensure the care worker is confident with the delegation, their wellbeing is not negatively affected by the delegation, they understand their role and responsibilities, have the opportunity to receive feedback, ask questions and to raise any concerns.

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- **Association of Directors of Adult Social Services (ADASS)**
- **National Care Forum (NCF)**
- **St Martins Care, SMC Group, North East**
- **Foundation of Nursing Studies (FoNS)**
- **Rob Moriarty, Individual employer of personal assistants**
- **Tameside Council, Tameside and Glossop Integrated Care NHS Foundation Trust, Esteem Care, Direct Care and**
- **The Lakes Care Centre**
- **Ashdene Care Home, Sleaford**

Glossary

Accountability - The principle that individuals and organisations are responsible for their actions and may be required to explain them to others.

Activity - The process of creating and implementing a service, a task or a series of tasks, specifically designed to bring about a desired change.

Assessment - The process of working out what peoples' health needs are with people and their representatives. Sometimes done with support of a tool or framework and usually carried out together with a regulated healthcare professional.

Capacity - The ability or power to do or understand something. Capacity can also mean having sufficient time and availability.

Care Act 2014 - The law that sets out the responsibilities, duties and powers of local authorities in relation to the provision of adult social care in England.

Care worker - A paid care worker employed by a social care provider to deliver a person-centred service to people with care and support needs.

Clinical judgement - Developed through evidence-based practice, knowledge and experience, this is the process by which a regulated healthcare professional decides on information to be collected about a person, makes an interpretation of the data to support clinical decision-making and identifies appropriate actions to support the best outcome and experience of care.

Competence - The knowledge, skills, attitudes and ability to practice safely and effectively without the need for direct supervision.

Competencies - Specific knowledge, skills, judgement, and personal attributes required for a person to work safely and ethically in a designated role and setting leading to high standards of care.

Competent - Having the necessary ability, knowledge, or skill to do something successfully.

Consent - Permission for something to happen or agreement to do something. In health and social care consideration must be given to the Mental Capacity Act 2005 and the person or their representative having appropriate information to enable an informed decision.

CQC - Care Quality Commission, the independent regulator of health and adult social care in England.

Culture - The attitudes and behaviour that are characteristics of a particular social group or organisation.

Glossary

Delegatee - The person being delegated to.

Delegation - The transfer to a competent individual, of the authority to perform a specific activity in a specified situation.

Delegator - The person responsible for the delegation.

Governance - The process by which accountability for the quality of health and social care is monitored and assured.

HCPC - Health and Care Professions Council, regulator of 15 health and care professions.

Health and Social Care Act 2022 - Legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services.

ICB - An Integrated Care Board is a statutory NHS organisation responsible for planning and funding most NHS services in the area.

ICP - Integrated Care Partnerships are statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

ICS - Integrated Care Systems work through their ICB and ICP to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

Individual employer - A person, family member or legal representative who directly employs personal assistants usually through a direct payment or personal health budget to support someone who draws on care and support with their support needs and to live their life.

Managerial supervision - Different to supervision by a regulated healthcare professional. Managerial supervision is carried out by a social care manager, deputy or senior care worker as defined by CQC to enable and support the care worker to carry out the duties they are employed to perform.

Mental Capacity Act 2005 - A legal framework designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

Monitoring - Observing and checking the progress of a situation over a period of time.

NMC - The Nursing and Midwifery Council are the regulator for nurses and midwives in the UK, and nursing associates in England.

Glossary

Nursing associate - A person who has gained a Nursing Associate Foundation Degree enabling them to perform more complex and significant tasks than a healthcare assistant, but not the same scope as a registered nurse.

Person with lived experience - A person with care and support needs who provides insights through direct involvement and their experience of drawing on care and support.

Personal assistants - Care workers who support people in their own home and/or in the community, employed directly through direct payments or personal health budgets.

Person-centred care - Focusing care on the needs of individual, ensuring that people's preferences, needs and values guide decision-making, and providing care that is respectful of people wishes, preferences and needs.

Policy - A set of ideas or a plan of what to do in particular situations, that has been agreed to or proposed by an individual, organisation or the government.

Primary care - The first point of contact in the healthcare system when people have a health concern.

Protocol - An agreed or established way of working across groups, organisations or systems.

Registered manager - A person who has responsibilities, through registration as a manager with the CQC in respect of a regulated activity, to ensure that relevant regulations, including the fundamental standards for CQC registered providers, are met.

Regulated healthcare professional - Refers to a professional role that is regulated by law in the UK with a legal requirement to have certain qualifications or experience in order to undertake certain professional activities or use a protected title.

Regulator organisations - Carry out a range of functions in relation to the professions they regulate, including making sure individuals have the necessary qualifications and/or experience to practise the profession and taking any necessary enforcement action.

Responsibility - Having the job or duty to deliver safe and appropriate care and promote wellbeing.

Resourcing - provision of appropriate and sustainable resources to support the activity. This should include consideration of time required to carry out the activity, funding flow, sourcing and funding training, purchasing and/or training on equipment, refresher training and digital technology (not exhaustive).

Risk management - The process of identifying risk and mitigating actions to reduce uncertainty to a tolerable level.

Scope of practice - The limit of a worker's knowledge, skills and experience and is made up of the activities carried out within a worker's role.

Skill - The ability to do something well.

Stakeholder - Any person, or organisation or system, who is seen as having an interest in the success of the principles.

Supervision - In the context of delegation, supervision may include observations and/or supervision of activity by the delegating healthcare professional and an opportunity to assess competency, refresh skills and ask questions.

Further information

Culturally appropriate care

- Skills for Care

Delegating tasks to personal assistants

- NHS England

Delegation of insulin administration framework for health and care workers

- Diabetes UK and NHS England

Health and Care Professions Council

- Standards of conduct, performance and ethics (including delegating appropriately)

Nursing and Midwifery Council

- Delegation and accountability supplementary guide

Person-centred approaches framework

- Skills for Health

Personalised Care and Support Planning

- Think Local Act Personal