

Livewell Southwest

**Delegation to Band 3 and 4 Nursing  
Unregistered Support Workers  
Guidance for Staff and Managers**

Version No.1  
Review: November 2019

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author: Professional Lead**

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# Delegation to Band 3 and 4 Nursing Unregistered Support Workers Guidance for Staff and Managers

## 1 Introduction

- 1.1 Support workers are key to delivering a timely and efficient healthcare service. Within nursing teams support workers at Bands 3 and 4 undertake delegated activity of certain tasks, tasks and duties that are within their scope of competence, making sure that they fully understand the instructions, (The Code, NMC March 2015). This ensures that the appropriately skilled individual undertakes the appropriate task. This document is written to support the safe and effective delegation of routine care to support workers and provides a framework to assure the competency of Bands 3 and 4 nursing support workers to undertake these tasks, including supervision.
- 1.2 The Shape of Caring review recommends developing the support worker role in order to provide greater benefits for patients, the NHS and the individuals who are trained. LSW and its services want to create a career pathway that offers progression opportunities and gives job satisfaction to those who want to develop themselves. An opportunity exists to create a new type of care worker with a higher skillset to assist, support and complement the care given by registered nurses.
- 1.3 The Band 4 role, usually designated as an Assistant Practitioner (AP), emerged from the national modernisation agenda to produce more advanced support workers who worked as part of the wider health and social care team and have direct contact with patients, service users or clients providing high quality and compassionate care. Within Livewell Southwest APs will have undertaken a Foundation Degree in order to carry out this role. The Associate Nurse role, also at Band 4, is under development.
- 1.4 The national picture for workforce planning for nursing shows that there will be increasing pressure on staffing in the future. Increasing numbers of staff retiring will not be balanced out by new registrants. This situation will be further exacerbated by the plans to cease student bursary funding for healthcare professions. The pressure put on the current workforce has the potential to increase stress levels and adversely affect the health and wellbeing of the current staff and in turn affect the sustainability of the service. As a result managers and teams must think creatively in order to ensure staff are well supported in terms of guidance, competency frameworks and governance to ensure the safe delegation of tasks where possible to support workers.
- 1.5 There are benefits to this picture. The opportunity to develop new competencies in support workers offers opportunities in clinical practice not previously available to unregistered healthcare staff. This will produce a more energised workforce

who experience greater job satisfaction.

1.6 In the past clinical nursing tasks have been delegated to unregistered nursing support workers using very tight guidelines. However there are some preconceptions about what can and cannot be delegated safely and appropriately. The rule of thumb is that if the delegated work is a task that can be described in a standard operating procedure and does not require variation within the task based upon clinical reasoning, it can be delegated to a support worker. However to ensure this is safe and appropriate, assurances and guidelines need to be put in place to support both the delegating Registered Nurse who will maintain the professional accountability for the appropriate delegation, and the support worker who will accept the responsibility for the task or role (RCN, 2015).

1.7 Key objectives of developing unregistered nursing support workers:

- To ensure safe practices of the support workers
- To ensure adequate supervision
- To introduce more flexible roles to meet changing service demands
- To improve the quality of services by developing a client led service with personalised care provision
- To respond to new care pathways
- To provide more productive service delivery
- To manage the impact of demographic changes and on recruitment and retention of staff
- To provide a financially effective service in time of economic pressures and financial cuts.
- To encourage greater satisfaction and enhanced motivation of existing workforce
- To enhance recruitment and retention and reduce sickness
- To enable a refocusing of education provision to reduce duplication in training including the use of (Accreditation of Prior Experiential Learning (APEL), which enables stepping on and off the training pathway
- To develop clinical teams who have a good understanding of each other's spheres of competence and accountability and are able to work together to provide holistic patient centred care

## **2 Purpose**

2.1 The purpose of this document is as follows:

- To provide a statement on Livewell Southwest's vision for the development of nursing support workers within its services
- To provide service managers with information on planning the development of support workers

- To provide assurance to all staff, service managers, the Executive Team and the Board regarding the scope, responsibility and the accountability of the Assistant Practitioner nursing support workers within Livewell Southwest.

### **3 Definitions**

- 3.1 Nursing support workers work under the guidance of a registered nurse and may be known as healthcare assistants or skilled non registered staff. This document pertains to the work of nursing support workers on Bands 3 and 4 of the Agenda for Change pay scale.

HCA Healthcare Assistant  
 NA Nursing Assistant  
 AN Associate Nurse  
 CSW Clinical Support Worker  
 SNR Skilled Non Registered Staff

### **4 Duties & responsibilities**

- 4.1 The Chief Executive is ultimately responsible for the content of all policies, implementation and review.
- 4.2 The Deputy Director of Professional Practice, Safety, Quality & Performance is responsible for the Livewell Southwest Training and Development Strategy.
- 4.3 The Locality Managers are responsible for the operational delivery of clinical services.
- 4.4 The Professional Lead is responsible for coordinating, delivering and quality assuring the development of the Bands 1-4 workforce within Livewell Southwest.
- 4.5 The Team Managers proceeding with recruiting to, or training support workers are responsible for planning, implementing and overseeing the role within their service.
- 4.6 Line managers/mentors (Registered Nurses) are responsible for overseeing the day to day practice of the support worker. This includes providing line management at appropriate frequency and within Livewell Southwest policy, as well as access to support on an ad hoc basis.
- 4.7 The registered nurse is accountable for delegating the task to a competent person. (NMC,2015) It is the responsibility of the delegating nurse to ensure the delegated task or duty is within the support workers scope of competence.
- 4.8 Support workers are accountable for their own practice and conduct, working within their own scope, making sure they fully understand the instruction from the registered nurse and their own continuing professional development.

## **5. The Nursing Unregistered Support Worker Role: Guidance for Staff & Managers**

### **5.1 Factors that support the successful development of the support**

## **worker role**

- a) Experience of developing support workers within the Assistant Practitioner programme indicates that commitment from all levels of an organisation is required in order for the programme to be successful.
- b) Commitment from the Executive Team and the Board – to support the development of a meaningful career pathway for support staff and to provide resource to support training.
- c) Commitment from team managers to consider support worker roles creatively within their workforce planning. LSW also requires team managers to release staff for skills and competency training, in addition to providing ongoing mentorship.
- d) Commitment from staff members to acknowledge the potential of support workers and support their development through workplace competency assessment.
- e) Commitment from support workers to their learning journey, their team, the investment made in them but most of all - to developing their skills in order to better care for the people they serve.
- f) Job descriptions must fully describe the scope of the support worker role and their duties. Competencies undertaken must be in line with the scope described in the Job Description.
- g) Education and training provided must be designed to adequately support the development of the support worker's competency. Protocols and standard operational procedures should adequately describe every aspect of the task at hand and all necessary precautions or contraindications related to the task.
- h) Supervision and mentorship must be in place and there should be support for Continuing Professional Development for all.

## **5.2 Level of skill**

The Royal College of Nursing uses the following role level descriptors (taken from Skills for Health (2006) which would apply to unregistered nursing support staff:

Level	Skills & Knowledge	Supervision	Regulation, Professional and Vocational Competence
3	<p>Apply knowledge to a field that includes processes, techniques, materials, instruments, equipment, terminology and some theoretical ideas.</p> <p>Use a range of field specific skills to carry out tasks and show personal interpretation through selection and adjustment of methods, tools and materials</p> <p>Evaluate different approaches to tasks</p>	<p>Take responsibility for the completion of tasks and demonstrate some independence in role in work or study where contexts are generally stable but which some factors change</p>	<p>Not regulated but usually subject to police check if working with children.</p> <p>Take responsibility for own learning</p> <p>Solve problems using well known information sources taking account of some social issues</p>
4	<p>Use a wider range of field specific practical and theoretical knowledge.</p> <p>Develop strategic approaches to tasks that arise in work or study by applying specialist knowledge and using expert sources of information.</p> <p>Evaluate outcomes in terms of strategic approach used</p>	<p>Manage role under guidance in work or study contexts that are usually predictable and where there are many factors involved that cause change and where some factors are interrelated. Make suggestions for improvement to outcomes.</p> <p>Supervise routine work of others and take some responsibility for the training of others</p>	<p>Not regulated but usually subject to a police check if working with children.</p> <p>Demonstrates self-directed learning</p> <p>Solves problems by integrating information from expert resources taking account of relevant ethical and social issues.</p>

### 5.3 Accountability

- a. Understanding of the responsibility and accountability of the support workers is key for the role's successful implementation both in terms of patient safety but also acceptance by other team members.
- b. The Nursing & Midwifery Council (2011, citing (Cox, 2010) states that "The law imposes a duty of care on practitioners, whether they are HCAs, APs, students, registered nurses, doctors or others, when it is "reasonably foreseeable" that they might cause harm to patients through their actions or their failure to act.

- c. Nursing support workers work under the supervision of a Registered Practitioner in accordance with Livewell Southwest policy, protocols and standard operating procedures.
- d. The Registered Practitioner remains accountable for the appropriate and effective delegation of activities and must ensure that the support worker has the competency, confidence and expertise to carry out such activities. In certain cases an initial visit or new referral may be delegated to a support worker when they are the most appropriate person to carry out the task involved.
- e. Having accepted the activity, the support worker is accountable for their actions. In a situation where the support worker feels they do not have the necessary skills or ability, or that the patient's status has changed then they must alert the registered practitioner immediately.

### 5.3.1 Case Study: Knowing the Boundaries

A support worker is working with a patient with diabetes in a residential home and is helping them to remove their socks. She notices that there is a wound on the patient's large toe which looks inflamed. Although the support worker is experienced and competent at standard dressings, she is aware of the risks associated with wounds on the feet of patients with diabetes and therefore knows that to treat this would be outside of her sphere of competence. She is also aware that the wound has not yet been assessed by a registered nurse. The support worker reports the wound to the registered nurse who takes over the care of that wound. The support worker has acted according to the protocols of the workplace and can justify her actions. She has demonstrated that she understands her accountability and responsibilities towards that patient.

<https://www.rcn.org.uk/professional-development/publications/pub-004852>

### 5.3.2 The NMC (2011) states the following:

*Support Workers have a **duty of care** and therefore a legal liability with regard to the patient. They must ensure that they perform competently. They must also inform another when they are unable to perform competently.*

*In order for anyone to be accountable they must:*

- *have the ability to perform the task*
- *accept the responsibility for doing the task*
- *have the authority to perform the task within their job description, and the policies and protocols of the organisation.*

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

5.3.3 This means that:

- the task is necessary and delegation is to a trained and competent support worker is appropriate
- the support worker understands the task and how it is to be performed
- the support worker has the skills and abilities to perform the task competently for that individual patient
- the support worker accepts the responsibility to perform the task competently.

**In principle the tasks or duties that are delegated to support workers are those that can be performed safely with training and under protocol and supervision.**

5.3.4 Three key questions to consider when delegating:

**a) Does the registered practitioner view the support worker as competent to carry out the tasks?**

- If they do not believe that the support worker is competent to perform the task then the delegation would be inappropriate and not in the best interest of the patient.

**b) Does the support worker consider themselves to be competent to perform the activity?**

- If not they must inform the delegating nurse or a senior colleague that they are not competent.

**c) Does the task require an ongoing assessment of the patient to be made?**

- If the task itself is complex and unpredictable or the patient medically unstable then this may not be an appropriate task to be delegated.
- A risk assessment must be performed to ensure that delegation is appropriate and in the best interest of the patient.
- Employers accept 'vicarious liability' for their employees. This means that provided that the employee is working within their sphere of competence and in connection with their employment, the employer is also accountable for their actions.

**d) Principles of delegation**

- Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.
- The support worker must have been suitably trained and competent to perform

the task, record within the patient's notes and feedback or highlight any issues or updates to the delegating registered nurse in a timely way.

- NOTE – the [Health & Corporate Records Policy](#) provides guidance regarding countersigning for support workers
- The support worker and their manager should always keep full records of training given, including dates.
- There should be written evidence of competence assessment, preferably against recognised standards such as National Occupational Standards

## Case Study: Following the Process

Jo, an HCA, is working with the community nursing team. She performs a Waterlow assessment on a patient, having been previously assessed as competent to carry this out following training and education in Tissue Viability assessment (ability). The role forms part of her job description (responsibility). The district nurse has delegated this activity (authority) to her in full knowledge of her level of competence and job description. The nurse retains the professional responsibility of appropriate delegation and Jo, though not currently regulated, is accountable for her actions.

<https://www.rcn.org.uk/professional-development/publications/pub-004852>

### 5.4 Job Descriptions and Person Specifications

Within Livewell Southwest the Healthcare Assistant role occupies Band 3 and the Assistant Practitioner role is a Band 4 on the Agenda for Change Payscale.

### 5.5 Competencies

Evidencing professional development through the use of competency frameworks is an essential part of the ongoing professional development of Bands 3-4.

Livewell Southwest has a Competency Ratification process with a webpage that produces guidance on mapping and developing competencies, as well as a library of competencies already ratified, in order to support managers in developing a framework for their needs.

Progress towards and achievement of competency should be recorded in the staff member's personal file and within the Electronic Staff Record. Both support worker and line manager have responsibility for reviewing competency within the timeframes.

As with Job Description development it is recommended that managers collaborate with managers in similar or related clinical areas to develop new competencies for their unregistered support workers.

Review of competence for the individual support worker is at the discretion of the registered staff but must not exceed twelve months. It is not acceptable for support workers to self assess competency at review, this should be carried out by a registered nurse.

## **5.6 Support Workers and the administration of medications**

Support Workers are permitted to administer certain specific medications under delegation from a suitably qualified, registered and competent practitioner, **once they have been deemed competent to do so.**

**Any assessment of competency regarding medication being administered where the route of administration (including topical such as dressings or the drug itself carries a risk of anaphylaxis must certify that the member of staff has undergone training in anaphylaxis and is competent in the administration of adrenaline.**

A number of competencies relating to the administration of medications by APs already exist and are available on the [Patient Group Directions & Protocols page](#) of the Intranet. These competencies will be reviewed and developed to for use with Band 3 support workers. This development will be subject to expert consultation. The option to self-assess after the initial year is not open to Band 3 and Band 4 staff members.

### **5.6.1 Competencies relating to the administration of medications**

Competencies assessing the knowledge and skills of a support worker in administering medications **under delegation from a suitably qualified, registered and competent practitioner** are available on the Competencies page.

### **5.6.2 Support workers and Controlled Drugs**

Support Workers may be the second signatory for controlled drugs under the following conditions stipulated by the Controlled Drugs Policy and Standard Operating Procedures (SOP's) for Wards and Departments:

“For the purposes of receipt, record keeping and administration an authorised witness may be a Registered Nurse, Authorised Pharmacy Staff or Doctor. However, in units where only one Registered Nurse is on duty at any one

time and where a pharmacist or doctor is not available, Healthcare Assistants may be trained to be authorised witnesses. They must have read and understood the CD SOPs and signed the signature sheet before being authorised by the Nurse in Charge.”

Controlled Drugs Policy and Standard Operating Procedures (SOP's) for Wards and Departments. V.2.1:

### **5.6.3 Medication error:**

- In the event that an error occurs in the administration of medication by a support worker, then timely and appropriate action should be taken as outlined in the relevant competency.
- The wellbeing of the patient must be the first priority – prompt and appropriate reaction should be taken to ensure this.
- The line manager should be notified immediately.
- An incident form should be completed and the support worker should make clear reference in the report to the fact they are an unregistered support worker and provide the date they last completed their competencies.
- The manager of the team should provide reflective debrief support to the support worker involved.
- The support worker should cease the administration of any medications until such times as insight into the error is established and competency has been reviewed to satisfactory standards.

## **6 Training implications:**

- In order for a support worker (band 3 or 4) to undertake new tasks they must undergo training and be deemed competent by a registered nurse.
- Task specific competencies will be developed for a key number of clinical skills. These will ensure that the individual support worker is safe in deciding to proceed, preparing and carrying out the task in question, as well as assuring the registered staff member regarding delegation.
- All competencies involving anaphylaxis risk require staff members to have successfully completed anaphylaxis training and maintain this in date.
- Professional Training & Development will provide clinical skills training.
- Line managers will oversee the support worker in gaining competence in a given task by demonstrating, observing, providing feedback and signing off the competency.
- It is the responsibility of the delegating nurse to assure themselves of the individual support worker's competency before delegating the task.

## **7 Monitoring compliance**

- Attendance at training and successful achievement of competency will be

- captured via Electronic Staff Record.
- Completion and review of competencies.
  - Line management as per LSW policy
  - Caseload management
  - Review of incident forms related to delegated tasks

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 18<sup>th</sup> November 2016

## **Appendix A: Quick guide to accountability and delegation for registered nurses and support workers**

### **Q: Who is accountable?**

**A:** In order for anyone to be accountable they must:

- have the ability to perform the task
- accept the responsibility for doing the task
- have the authority to perform the task within their job description, and the policies and protocols of the organisation.

### **Q: When is it appropriate to delegate?**

**A:** Appropriate delegation means that

- the task is necessary and delegation is in the patient's best interest
- the support worker understands the task and how it is to be performed
- the support worker has the skills and abilities to perform the task competently
- the support worker accepts the responsibility to perform the task competently.

### **Q: What should I consider when delegating?**

**A:**

**Does the registered practitioner view the support worker as competent to carry out the tasks?**

- If not then they shouldn't be delegated the task

**Does the support worker consider themselves to be competent to perform the activity?**

- If not they should not accept the task, and should inform their line manager

**Does the task require an ongoing assessment of the patient to be made?**

- If the task is complex and may change in the moment, it shouldn't be delegated
- There must be evidence that risk has been assessed before delegating to a support worker.
- Livewell Southwest has a responsibility for the actions of its employees. This means that if the employee works within their competence and role, the employer is also accountable for their actions.

### **Q: what are the principles of safe delegation?**

**A:**

- delegation must always be in the best interest of the patient
- the support worker must have been suitably trained to perform the task
- the support worker and their manager should always keep full records of training given, including dates
- there should be written evidence of competence assessment, preferably against recognised standards such as National Occupational Standards