

# Put safety first when delegating your work



The new NMC draft code emphasises nurses' responsibility for the tasks that they delegate to colleagues. Erin Dean reports



An employment tribunal last year upheld the dismissal of a mental health nurse who had delegated a task to a healthcare assistant.

The healthcare assistant (HCA) had given the wrong sedative to a resident in a nursing home, who did not experience any adverse effects. The nurse, who had an unblemished 40-year record, was dismissed for failing to declare the HCA's mistake.

The case highlights how nurses are accountable not only for their own work, but also for the tasks they delegate to colleagues.

## Full understanding

While delegation is not a new aspect of nursing, it is becoming increasingly complex as the skill mix of the nursing team changes.

The challenges of delegation have been addressed by the Nursing and Midwifery Council (NMC) in its new draft code of conduct. There is now a requirement to ensure that those who are delegated a task fully understand the instructions, and are trained and competent to carry out the task. The draft code makes it clear that registrants remain accountable for tasks they delegate to others.

The wording has also been strengthened so that those with direct managerial responsibilities must ensure their staff are adequately supervised and supported to enable safe and compassionate care.

NMC director of continued practice Katerina Kolyva says: 'We wanted to make it clearer that if a task is delegated to another member of staff your accountability as a nurse or

midwife does not end, even though you are not directly performing the task.

‘Managers in particular have a role to play in ensuring that the staff they are responsible for are properly trained, properly equipped, properly supervised and carry out delegated tasks fully and to the best of their abilities.’

Rachel Armstrong, cardiac care unit sister at Aintree University Hospital NHS Foundation Trust, says that delegation is particularly difficult if there is a changing workforce and staff do not know each other well.

‘It can be a bit of a minefield because you want your staff to feel safe, comfortable, and supported, and to learn through appropriate supervision and delegation, not through a sink or swim approach. It comes down to responsibility and trust from all of the staff, as the patient needs to come first.’

A survey of more than 2,500 Nursing Standard readers in 2012 found that HCAs were taking on increasingly complex tasks that would previously have been carried out by registered nurses.

Some respondents expressed concerns that HCAs were under pressure to work beyond their competence and that training standards varied widely. The Cavendish report into the work of HCAs found that 40 per cent of those in direct care roles in social care possessed no qualifications.

A new care certificate to standardise the training for support workers in health and social care in England is being piloted with employers by Health Education England, Skills for Care, and Skills for Health. The certificate, which is

### Three key questions to ask

The RCN says that the following questions should be addressed when delegating:

- ▶ 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 interests of the patient.
  - ▶ 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.
- ▶ Does the task require an ongoing assessment of the patient to be made?  
If the task itself is complex and the plan of care may change ‘in the moment’ 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.

Source: RCN’s Accountability and Delegation: What You Need to Know  
[tinyurl.com/RCNdelegation-NeedToKnow](http://tinyurl.com/RCNdelegation-NeedToKnow)

designed to ensure quality and compassionate care, is expected to be introduced next March.

A study by researchers at the Universities of Salford, Middlesex and Surrey has found that newly qualified nurses often feel unprepared to cope with delegation, particularly when it comes to questioning HCAs about their competence.

## “DELEGATION COMES DOWN TO RESPONSIBILITY AND TRUST FROM ALL OF THE STAFF, AS THE PATIENT NEEDS TO COME FIRST

The team is in the early stages of testing a tool for new members of staff to help them become more confident and develop their delegation skills.

### Applying the principles

Helen Allan, professor of nursing at Middlesex University and co-investigator on the project, says newly qualified nurses know the theories of management and leadership, but find applying these principles in practice difficult.

‘Our pilot shows that there isn’t time to reflect on how they are doing, which helps them to learn how to delegate. Delegation is about patient safety and patient experience. If a nurse knows what they are doing and can relax in their work, it can lead to a better outcome for the patient.’

Community nursing is another area that can present delegation difficulties. Leicestershire nursing home manager Jackie Riddett says that in care homes without nursing staff, the district nurse will provide health care and delegate aspects to staff. ‘It is that remote delegation that I see in residential homes which I feel is getting more precarious,’ she says.

Middlesex University business school research fellow Roger Kline says that the new code does offer more protection to nurses who delegate. ‘A big problem with delegation is that those who delegate often do not understand that they are responsible for any tasks delegated.’

The meaning of the section on delegation and accountability in the new code has not changed, but it has been spelled out more clearly and is safer, he says.

The draft code wording will ‘have some impact on the ward’ because nurses will be clear about what they can and cannot do, he adds. ‘And some managers will be a bit more careful’ **NS**

Join the consultation on the draft code, open until August 11, at [www.nmc-uk.org/code-survey](http://www.nmc-uk.org/code-survey)

For more on the proposed revalidation process, which is underpinned by the new code, go to [www.revalidation.zone](http://www.revalidation.zone)

Next in our revalidation series, July 30: prescribing and medicines management

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