

Accountability and delegation: What you need to know

The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners.



Royal College
of Nursing



The principles of accountability and delegation

Whether you are a nurse, student, health care assistant (HCA) or assistant practitioner (AP), the principles of both delegation and accountability will be important to you and your patients. This booklet will outline the key issues so that you have a clear understanding of accountability in practice, wherever you work.

The person in overall charge of the nursing care of the patient is usually the registered nurse. But the nurse cannot perform every task for every patient and therefore s/he will need to delegate aspects of that care to colleagues.

More than ever before, the health care team is made up of many different people who bring with them a range of skills, knowledge and competence. The principles explained in this leaflet can be applied to any relevant member of the health care team.

But who is accountable for what? Should patients expect a similar standard of care regardless of when, where and by whom that care is delivered?



You and the law

Health service providers are accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. Registered practitioners are also accountable to regulatory bodies in terms of standards of practice and patient care (RCN et al., 2006).

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 (Cox, 2010).

An example: Following the process

Jo, an HCA, is working in the respiratory clinic at a hospital. She performs spirometry on a patient, having been previously assessed as competent to carry this out following training and education in spirometry (ability). The role forms part of her job description (responsibility). The respiratory 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.

This applies whether they are performing straightforward tasks such as bathing patients or undertaking complex surgery. In each instance there is an opportunity for harm to occur. Once a duty of care applies, the key question to ask is: what standard of care is expected of practitioners performing particular tasks or roles?

HCAs, APs and students all 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 they must ensure that the task has been **appropriately delegated**.

This 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.

Delegation of duties is summarised in this statement from NHS Wales (NLIAH, 2010)

“Delegation is the process by which you (the delegator) allocate clinical or non-clinical treatment or care to a competent person (the delegatee). You will remain responsible for the overall management of the service user, and accountable for your decision to delegate. You will not be accountable for the decisions and actions of the delegatee”.



Questions to consider

When delegating a task there are three key questions to be asked:

- **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.
- **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.

Employers have responsibilities too, and as HCAs and APs develop and extend their roles the employer must ensure that their staff are trained and supervised properly until they can demonstrate competence in their new roles (Cox, 2010).

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.

Principles of delegation

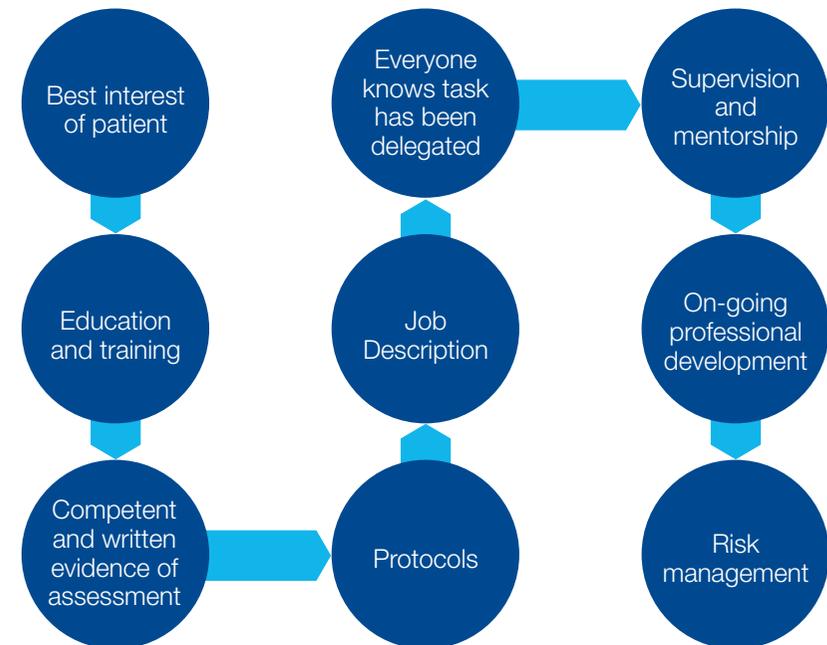
- delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money
- the support worker must have been suitably trained to perform the task
- the support worker should always keep full records of training given, including dates
- there should be written evidence of competence assessment, preferably against recognised standards such as National Occupational Standards

An example: Knowing the boundaries

An HCA is helping a diabetic patient to remove their socks prior to a foot examination and notices that there is a wound on the patient’s large toe which looks inflamed. Although the HCA is experienced and competent at basic dressings she is aware of the risks associated with wounds on the feet of diabetic patients 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 HCA reports the wound to the registered nurse who takes over the care of that wound. The HCA 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.

- there should be clear guidelines and protocols in place so that the support worker is not required to make a clinical judgement that they are not competent to make
- the role should be within the support worker's job description
- the team and any support staff need to be informed that the task has been delegated (e.g. a receptionist in a GP surgery or ward clerk in a hospital setting)
- the person who delegates the task must ensure that an appropriate level of supervision is available and that the support worker has the opportunity for mentorship. The level of supervision and feedback provided must be appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting and the tasks assigned (RCN et al., 2006)
- ongoing development to ensure that competency is maintained is essential
- the whole process must be assessed for the degree of risk.



The Nursing & Midwifery Council (2008) summarises the delegator's accountability:

“If the nurse or midwife is delegating care to another professional, health care support staff, carer or relative, they must delegate effectively and are accountable for the appropriateness of the delegation. The Code requires that nurses and midwives must:

- establish that anyone they delegate to is able to carry out their instructions
- confirm that the outcome of any delegated task meets required standards
- make sure that everyone they are responsible for is supervised and supported .”

An example: Assessing the risk

John is a trained and competent HCA and assists with the seasonal influenza vaccinations at his place of work, a GP surgery. He is supervised by the practice nurse and works within protocols and to patient specific directions. A new practice manager suggests that John should assist with the childhood vaccination clinics.

Suzanne, the practice nurse, informs the practice manager that this task carries a much higher risk, i.e. having to make a clinical decision about which vaccinations to give and the complexity of vaccinating children. John agrees that this is an inappropriate task for him to perform.

Summary

All patients should expect the same standard of care, whoever delivers it.

When delegating any aspect of care, it must be determined that delegation is in the best interest of the patient. The person who delegates the task is accountable for the appropriateness of the delegation.

If the delegation of a task to another person is appropriate, the support worker is accountable for the standard of performance.

The level of supervision provided must be appropriate to the situation and take into account the complexity of the task, the competence of the support worker, the needs of the patient and the setting in which the care is being given.

References

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