Leicestershire Partnership NHS Trust

Delegation Policy

This policy describes the process for delegating tasks to colleagues within or working in partnership with Leicestershire Partnership Trust.

Key words: Delegation, Tasks, Medication, Registered Nurse, Assistant Practitioner, learner , Apprentice, Health Care Support Worker, Therapy Support Worker, Registered Nursing Associate and Student Nursing Associates.

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SUMMARY & AIM

This Policy describes the process for delegating tasks to colleagues within or working in partnership with Leicestershire Partnership Trust. Delegation arrangements are underpinned by the principles of Leicester Leicestershire & Rutland (LLR) Framework for Integrated Personalised Care (2022). This framework has been developed jointly by partner agencies operating across LLR. Its purpose is to support the undertaking of tasks on behalf of a partner agency in a way that is safe, appropriate & equitable.

KEY REQUIREMENTS

Delegation is a reciprocal arrangement, mutually agreed, between parties.

Discussion and decisions around care requirements will involve the person where possible and their families and carers (Home First principles).

To ensure that all staff understand their role and responsibilities when delegating tasks.

All staff will receive appropriate training and be assessed for competency for any task that they are required to undertake.

For patients who are under the care of Leicestershire Partnership Trust (LPT) Services, clinical oversight will be maintained, over the persons health needs, in relation to any delegated healthcare task.

There will be appropriate clinical oversight of care from the most appropriate clinical service, including specific clinical governance for the actual activity or task being delegated, either primary care or community nursing / therapy for patients in receipt of these services.

Multi-Disciplinary Team (MDT) approach to support planning which is both person centred and an effective support of the individual in meeting their needs and desired outcomes and represents value for money.

Agree delegation and complete relevant documentation to include a clear and concise record of training given and task delegated.

TARGET AUDIENCE:

All LPT health care professionals
Community Nursing Services
Therapy services
Specialist Services
Clinical Education Team
Students

TRAINING RELATED TO THE POLICY:

There is no specific training required for this policy, however it is acknowledged that individual tasks will require training as per the clinical speciality.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	May 2012	Amended to reflect LPT, LCR CHS and Leicester City CHS amalgamation
2	January 2015	Updated to reflect latest policy template and the development of Assistant Practitioners and their role in administering medication. Comments adopted from consultation.
3	December 2015	Updated to reflect changes to practice and facilitate safe yet more efficient development of clinical roles. Incorporated role of Technical Instructor. Updated to reflect fundamental care standards.
4	August 2018	Update to reflect the role of the Student Nursing Associates. Placed onto latest template.
5	June 2021	Update to reflect the addition of the Nursing Associate Role with reference to their scope of practice
6	May 2022	Update to reflect NMC Delegation and Accountability supplement to the NMC Code and Health Care Professionals Council standards and delegation to a family member or carer.
7	April 2025	Review and update Policy; expires Dec 2025.

For Further Information Contact:

Education and Practice Development Team, Leicestershire Partnership NHS Trust.

1.2 Key individuals involved in developing and consulting on the document

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1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Quality Forum	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.

- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 6) of this policy.

1.6 Definitions that apply to this policy.

Accountability	The principle that individuals, organisations and the community are responsible for their actions and may be required to explain them to others
Apprentice / Apprenticeships	They are [individuals enrolled on] an integrated work based training and development programme designed around the needs of employers, reflecting required knowledge and competencies which lead to nationally accredited qualifications.
Assistant Practitioner	An Assistant Practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve.
Competence	A bringing together of general attributes – knowledge, skills and attitudes. Skill without knowledge, understanding and appropriate attitude does not equate to competent practice. Thus, competence is 'the skills and ability to practice safely'
Delegation	The transfer to a competent individual, the authority to perform a specific task in a specified situation that can be carried out in the absence of the registered practitioner and without direct supervision
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Health Care Support Worker	For the purposes of this paper the term 'Health Care Support Worker' describes a non-registered clinical member of staff who has a role or task delegated to them by the registered practitioner.

Nursing Associate	Nursing associates are new members of the nursing team who have gained a Nursing Associate Foundation Degree awarded by a Nursing and Midwifery Council (NMC) approved provider, enabling them to perform more complex and significant tasks than a healthcare assistant but not the same scope as a registered nurse.
Non-regulated healthcare staff	Non-regulated healthcare staff are a group of care providers that are neither registered nor licensed by a regulatory body and have no legally defined scope of practice. Includes titles such as Healthcare Support Workers, Children's Support Workers, Associate Practitioners, Assistant Practitioners, Nursing Assistants.
People/person/patient	The terms people/person/patient have been used to represent all recipients of care including children and young people.
Registered Practitioner	A professional who is on a register for that particular profession, i.e. the Health Professions Council (HPC) or the Nursing and Midwifery Council (NMC).
Responsibility	A form of trustworthiness: the trait of being answerable to someone for something or being responsible for one' conduct.
Student	A person who is studying at a university or other place of higher education. Denoting someone who is studying in order to enter a particular profession.
Allied Health Professional Support Worker	Therapy Support workers (also known as occupational therapy assistants/rehabilitation assistants/technical instructor) assist registered Allied Health Professional's in their day to day duties.
Student Nursing Associates	A nursing associate is a new member of the nursing team who will provide care and support for patients and service users. This role is being used and regulated in England and it's intended to address a skills gap between health and care assistants and registered nurses.

Abbreviations used within this Policy

CQC	Care Quality Commission
HCSW	Health Care Support Worker
LCAT	Leicester Clinical (Procedure) Assessment Tool
LPT	Leicestershire Partnership NHS Trust
NA/ SNA	Nursing Associate/ Student Nursing Associates
RCN	Royal College of Nursing
TAP / AP	Trainee Assistant Practitioner / Assistant Practitioner

TI	Technical Instructor
AHPs	Allied Health Professionals

2.0 Purpose and Introduction/Why we need this policy

2.1 This policy aims to provide a set of principles for Healthcare Professionals within LPT to follow when delegating aspects of care to regulated and non-regulated healthcare staff, paid and unpaid carers, relatives and the patients themselves.

2.2 The delegation of care by healthcare professionals, must be appropriate, safe and in the best interests of the patient. The healthcare professional, when delegating, is authorising another person, to perform aspects of care normally within the healthcare professional's scope of practice, that has been trained and competency assessed.

2.3 The purpose of this policy is to outline the process of delegation within LPT for healthcare professionals, for example from:

- Registered staff to Registered staff
- Registered staff to Health Care Support Workers
- Registered Professionals to Pre-Registrations Students and learners undertaking tasks with indirect supervision. (see link in bibliography)
- Registered health care worker to social care worker, family outreach worker, learning support worker
- A Registered or unregistered staff member to a carer or family member
- Within or across teams/agencies
- Within or across professions
- Bands of staff such as from band 4 to 3 and from 3 to 2 under the supervision of a Registered health care professional.

2.4 Specific tasks are not listed. Successful delegation of medications relies upon the assessment of the individual patient, and the non-registered practitioner coupled with the healthcare professional's clinical judgement and must be in line with Medicines Management Training.

2.5 Within the LLR Framework for Integrated Personalised Care (2022) (Part A, Management Guidance) Page 2; section1 states:

"The fundamental principle of this Framework is that care commissioned and delivered to the patients and citizens of LLR is person-centred and tailored to meet their individual needs.
Its purpose is to support the undertaking of tasks on behalf of a partner agency in a way that is safe, appropriate and equitable. This is a reciprocal arrangement between Health and Social Care meaning that staff from Health may undertake some Social Care tasks and staff from Social Care may undertake some Health tasks. All staff will receive appropriate training and be assessed for competency for any task that they are required to undertake. Proper clinical oversight will be maintained over the person's health needs in

relation to any delegated healthcare task. Additionally, any financial cost and recovery associated with a commissioned support package will be appropriately apportioned to the organisation accountable for the delivery or delegation of the said task."

2.6 The NMC Code sets out expectations of people on our register when they delegate to others. These requirements apply, regardless of who the activity is being delegated to. This may be another registered professional, a non-registered colleague, or a patient or carer.

2.7 Health and Care Professions Council state that you must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively and you must continue to provide appropriate supervision and support to those you delegate work to.

2.8 This policy provides the recognised process that will apply within LPT to ensure safe, effective delegation of tasks and duties.

2.9 Tools to support the process of delegation for specific circumstances can be found with the appendices.

3.0 Policy Requirements

3.1 Health Service providers are accountable to both the criminal and civil courts to ensure their activities conform to legal requirements.

3.2 The law imposes a duty of care on practitioners when it is 'reasonably foreseeable' that they might cause harm to patients through their actions or their failure to act.

3.3 Registered professionals delegating a task must ensure that the task has been appropriately delegated which means that:

- The task is necessary and delegation is in the patient's best interest
- The person who the task is delegated to (such as Trainee Assistant Practitioner (TAP), Assistant Practitioner (AP), Health Care Support Worker (HCSW), Student or Therapy Support Worker, Student Nursing Associates or Nursing Associate (NA), Registered Nurse Degree Apprentices (RNDA))understands the task and how it is to be performed
- The person who the task is delegated to (see indicative but not exhaustive selection above) has the skills and abilities to perform the task competently
- The person who the task is delegated to (see indicative but not exhaustive selection above) accepts the responsibility to perform the task competently.

3.4 Health Care Support workers, Therapy Support Workers, Assistant Practitioners, Nursing Associates and Student Nursing Associates have a duty of care and are subject to the same liability as a trained professional. When delegating to any HCSW the registered professional has a professional and legal requirement to protect both the HCSW and the patient. It is recognised that the delegation of tasks may be to other staff groups, such as technical instructors and nursery nurses and, as such, processes need to be in place to ensure safe and effective delegation.

3.5 It is recognised that one aspect of successful work/caseload management is the delegation of tasks. Delegation is a way to appropriately and consistently provide direction to staff. By delegating properly, it is possible to expand employee's skills and expertise which will enable them to become more productive and self-reliant which improves morale and motivation.

3.6 This policy applies to all healthcare professionals employed by Leicestershire Partnership NHS Trust, including Temporary Workforce.

4.0 Duties within the Organisation

4.1 **The Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2 **Trust Board Sub-committees** have the responsibility for ratifying policies and protocols.

4.3 **Directorate Directors, Heads of Service and Heads of Nursing** are responsible for ensuring that there are clear policies and protocols that give authority for individuals to perform the tasks and that this is reflected within their job description.

4.4 **Managers, Team leaders & Matrons** are responsible for:

- Ensuring appropriate measures are put into place to ensure that the process of delegation is carried out safely.
- Ensuring that the policy is disseminated widely.
- Ensuring local delegation practice is reviewed, at regular intervals, in line with local clinical guidance and governance processes.
- Addressing areas of weakness and ensuring that action plans are developed where necessary.
- The implementation of the policy within their clinical area.
- Ensuring that the delegation process is rigorous and adheres to this policy.
- Correctly identifying the strengths and development needs of staff and ensuring that training and support are accessed to enable appropriate delegation.

4.5 **Responsibility of Staff in relation to mental capacity**

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment is delivered unless subject to the Mental Health Act. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision.

4.6 **Staff are also responsible for the following**

- Registered staff are responsible and should retain ultimate accountability for the safe and appropriate delegation of tasks to others. (NMC 2018The Health and Professional Care Council (HCPC) 2025).

- All healthcare professionals who are delegated a task are responsible for ensuring that they do not accept responsibility for any task where they are unskilled or where insufficient explanation of the task has been given.

- All staff are responsible for the assessment of risk when delegating to another or accepting delegation themselves.

- The staff member delegating the care must be assured that the delegatee is competent to perform the required care.

- Staff, to whom an aspect of care is delegated, must understand their limitations, and recognise when they should not proceed if circumstances change beyond competency. The delegatee should consult the delegator to ensure that ongoing delegation of the task is appropriate.

- There must be a regular feedback process in place between the registered practitioner and the delegate. Good communication between staff members will ensure that care remains appropriate and timely and patient safety is not compromised.

- Staff are responsible for maintaining their records of competency which can be produced when requested.

- Registered nurses, Nursing Associates, Student Nursing Associates, Assistance Practitioners and all HCSWs must be aware of the delegation of specific tasks that are considered to have a greater risk of potential patient harm. These include the delegation of insulin and insulin analogues and low molecular heparins and enteral feeding.

- Registered Nursing Associates must work within their scope of practice at all times (LPT 2020).

- The delegation and administration of medicines to and by student nurses will be in accordance with appendix 5.

- Non LPT staff who are being trained by and delegated tasks by a member of LPT staff can use the example paperwork shown in appendix 1. However local for specific tasks delegation use locally agreed documentation.

- The person delivering the care must adhere to standards of record keeping in line with their profession and that of LPT.

- The registered professional must review the patient's plan of care at appropriate intervals to ensure that the care being delivered remains appropriate and document that they have done so in the patient record. This must be in line with local LPT clinical policy/ SOPs specific to the task It is not necessary for each and every entry made by an unregistered practitioner to be countersigned if they have been assessed as competent for record keeping.

- The person who makes an entry in the record is accountable for any entry that they make.

- In respect of the MM Judgement -Delegation of Custody under the Mental Health Act MMJ Section 17.3 leave (see MM Judgment Clinical Pathways & Standard Operating Procedures)

- Where patients held under the MM Judgment are discharge from Psychiatric inpatient care on long term section 17.3 leave (under the Mental Health Act) into the community and the care and oversight is delegated by the responsible consultant to a commissioned service. The SOP outlines that ultimately LPT and the responsible consultant continue to hold full responsibility for the patients wellbeing and risks that they may pose to themselves or others. The SOP details how this oversight and governance will be provided and monitored, and actions taken if risks increase in the community.

5.0 Delegation

5.1 Delegation can be defined as the entrusting of a task to another person.

5.2 The delegatee has a responsibility:

- For agreeing to undertake the task in accordance with their competence and instructions from the person delegating.

- To communicate changes and conditions, which affect their competency, they have a right to refuse to undertake that delegated task.

- To escalate untoward patient changes and circumstances.

5.3 The registered practitioner can delegate responsibility for a specific task. However, the assessment, planning and evaluation remain the responsibility of that practitioner.

5.4 Health care staff can delegate to social care workers under the direction of the LLR Framework for Integrated Personalised Care (2022) using Appendix 1

"It is the health care worker's responsibility for any health care tasks that they delegate. It is the responsibility of the health care worker to monitor the care being given to their patient by social care workers and for the risk management of such delegated tasks. Registered Nurse oversite is required for all health care tasks and the patient should *not* be discharged from the SystmOne caseload. Frequency of patient review should be in line with individual need, according to the complexity of the task being delegated. This will be reflected in the care plan."

6.0 Delegation Process

6.1 Identification of the skills and knowledge needed to carry out the delegated task will determine the most appropriate staff member to carry out the task.

6.2 Agreement of delegation by both the professional delegating and the delegate is essential to establish where accountability and responsibility for undertaking the tasks lies.

6.3 Patients care must be reassessed at appropriate intervals by the registered professional to ensure that delegation is appropriate.

See summary table below:

ACTION	RATIONALE
1. Identify task to be delegated	To establish a clear pathway for delegation.
2. Assess task considering predictability, clinical risk and complexity	To develop appropriate training.
3. Identify skills and knowledge required	To identify appropriate delegate and level and amount of training required.
4. Identify suitable person to act as delegate	To enable delegated task to be carried out safely and within the scope of professional bodies, codes and guidelines.
5. Assure that the delegate is competent.	To ensure delegates are adequately trained for the task.
6. Agree delegation and complete relevant documentation	To provide a clear and concise record of training given and task delegated.
7. Agree a feedback and escalation system to include: • Frequency • Effectiveness • Documentation • Reassessment timescales	To demonstrate accountability has been maintained by those delegating. To maintain a cycle of assessment and evaluation. To support the delegate.

7.0 Accountability/Responsibility of Delegation

7.1 Professional and personal accountability is fundamentally concerned with weighing up the interest of patients and clients in complex situations, using professional knowledge, judgement and skills to make a decision and enabling the professional to account for the decision made.

7.2 Delegation to non-registered staff entails the delegating professional being

responsible to ensure:

- The delegate is competent to carry out the care required.
- That appropriate levels of supervision and support are in place.
- That it is in accordance with professional standards and the employing organisation's policies, procedures and guidelines.

7.3 Both registered and non-registered members of staff are accountable for their actions and have social, ethical and legal contractual accountability and are responsible for the tasks they undertake. They must not work outside their level of competence.

7.4 The healthcare professional always retains accountability and responsibility for appropriate delegation.

8.0. Training and competency

8.1 There is no training requirement identified within this policy in relation to delegation. Local SOPs or guidance must be adhered to for further guidance.

8.2 Delegation will be determined by professional consideration of the complexity of the task, situational predictability of the patient and the competence of the individual to whom the task will be delegated.

8.3 Should training be required in a particular task or skill to allow successful delegation to take place this must be sourced through or delivered using the appropriate resources from within the organisations training portfolio. The uLearn system will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

8.4 LPT staff training will be recorded on the uLearn system.

8.5 The use of LCAT (Leicester Clinical Assessment Tool) (McKinley, R.K et al 2008) is encouraged to assess competence in key clinical procedures. Directorates within the organisation have developed a number of competencies and identify those requiring LCAT assessments.

8.6 Competency must be agreed by the LCAT assessor / trainer and the delegate. Knowledge and skills may be assessed by the use of the "Show Me You Know – Show Me You Can" form which is used as an adjunct to LCAT. See appendix 2 as an example.

8.7 Records of training and competence must be kept by the individual registered or non-registered professional and the LCAT assessor. For non- LPT staff it is recommended that they follow the Framework for integrated personalised care (FIPC) Part B Practice Guidance and relevant training.

9.0 Monitoring Compliance and Effectiveness

Activity to be monitored	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; Frequency of monitoring
Appropriate delegation of tasks	Review of incidents and complaints though local governance and reported via HoN highlight report	Local Governance Groups	Exception reporting to Clinical Effectiveness Group monthly as appropriate

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Guidelines for pre-registration students and learners undertaking tasks with indirect supervision. Learners Guidelines- Indirect Supervision

11.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1

RECORD OF COMPETENCE – NON LPT STAFF

The delegate will undergo appropriate training and once assessed as competent may carry out the delegated task.

Name of Trainer ……

Name of Delegate ……

Skill / task trained to be competent in……..

……

Summary of the key points covered within the competency (attach any additional frameworks used if required)

……..……..……

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Task agreed to be carried out by the delegate ……..……

……..……

Date of competency assessed ……..……

Patient /patient group requiring the care ……..……

Frequency of review of Competency……

Date competency to be next reviewed ……..……

Signature of **PERSON DELEGATING** ……..……

Signature of **TRAINER** ……

Signature of **DELEGATE** ……

A COPY OF THIS IS TO BE RETAINED BY TRAINER, DELEGATE, PERSON DELEGATING AND THEIR LINE MANAGERS

Learners Name:	**Competency: To undertake and record routine vital sign measurements** This competency is adapted from Skills for Health - Standard CHS19.2012(Accessed Jan 2016)

DESCRIPTOR OF CLINICAL SKILL: This competency covers taking and recording vital sign measurements as part of the individual's assessment and care plan.

- Measurements include Blood Pressure, pulse rates, pulse oximetry, temperature & respiratory rates.
- For use within Inpatient units, care homes, clinics, day centres and the individuals own home.
- The competency is intended to cover adults only across CHS & AMH/LD divisions.

SHOW ME YOU KNOW:	Date achieved	Assessor: Print Name and sign
The reasons for measuring vital signs.		
The common conditions and circumstances of when you would take and record vital signs.		
The difference between systolic and diastolic blood pressure and what is happening to the heart in each reading .		
The normal limits of blood pressure, pulse, respiration rate, temperature and oxygen saturation levels are in a healthy adult.		
Examples of factors which can affect blood pressure, pulse, temperature, respiration and oxygen saturation readings.		
What is meant by pyrexia, hyper-pyrexia and hypothermia.		
The common pulse point sites used for taking a manual pulse.		
What your immediate actions would be if vital signs findings are outside of the normal or individual's set ranges.		
The importance of correctly following early warning systems and protocols e.g. Track and Trigger and reporting abnormal findings to the relevant qualified practitioner.		
The importance of recording clearly, accurately, and correctly any relevant information in the care record.		

SHOW ME YOU CAN:

This is assessed using the LCAT assessment tool. The assessor will apply their expertise with due consideration of the context of practice e.g. a domestic , clinic, ward based setting. The assessor will be informed by national standards and trust policy in relation to the skill being assessed. You may have been issued with a full LCAT booklet which you should use to record your assessments.

Appendix 2

POLICY OR NATIONAL OCCUPATIONAL STANDARDS or GUIDANCE

LCAT Assessor Assessment Guidance

Based on National Occupational Standard CHS 19.2012

The learner must show you they:

1. Apply standard precautions for infection prevention and control and apply other necessary health and safety measures
2. Check the individual's identity and confirm the planned action
3. Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
4. Gain valid consent to carry out the planned measurement
5. Take the measurement at the prescribed time and in the prescribed sequence
6. Use the appropriate equipment in such a way as to obtain an accurate measurement
7. Reassure the individual throughout the measurement and answer questions and concerns form the individual clearly, accurately and concisely within own sphere of competence and responsibility
8. Refer any questions and concerns from or about the individual relating to issues outside your responsibility to the appropriate member of the care team
9. Seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading
10. Observe the condition of the individual throughout the measurement
11. Identify and respond immediately in the case of any significant changes in the individual's condition
12. Recognise and report without delay any measurement which falls outside of normal levels
13. Record your findings accurately and legibly in the appropriate documentation
14. Clean used equipment and return to usual place of storage after use
15. Dispose of waste and disposable equipment appropriately.

Appendix 3

Drug Administration Guidelines for Student Nurse Participation in the Administration of Medicines

This chart does not apply to Patient Group Directions

"Student nurses cannot supply and/or administer medicines under a PGD even if under direct supervision" (NMC2010)

Medication Administrative Route	Level of Student Participation	Signatory in Patient Documentation
Oral Drugs -To include inhaled medicines, eye drops, bladder instillations and topical medication *(Not Controlled Drugs)*	Students can prepare, check and administer under direct supervision	1 registered nurse & participating student
Rectal administration of medicines e.g. suppositories and enemas	Students can check and administer under direct supervision ***(nurse to carry out pre-administration checks e.g. DRE)***	1 registered nurse & participating student
Oxygen Therapy	Student may set up and set rate under direct supervision	1 registered nurse & participating student
Subcutaneous Injections *(Not Controlled Drugs)*	Students can prepare, check and administer under direct supervision	1 registered nurse & participating student ***(Inpatients = 2 registered nurse signatures)***
Intramuscular Injections *(Not Controlled Drugs)*	Students can prepare, check and administer under direct supervision	1 registered nurse & participating student ***(Inpatients = 2 registered nurse signatures)***
Clear Intravenous/Subcutaneous Infusion of Fluids *(No additives or mixing)*	Student may set up under direct supervision ***(registered nurse to connect, set rate and commence infusion)***	1 registered nurse & observing student ***(Inpatients = 2 registered nurse signatures)***
Controlled Drugs: Oral	Students can check and administer under direct supervision	1 registered nurse & participating student ***(Inpatients = 2 registered nurse signatures)***
Controlled Drugs: Subcutaneous Injection *(No additives or mixing)*	Students can check and administer under direct supervision	1 registered nurse & participating student ***(Inpatients = 2 registered nurse signatures)***
Controlled Drugs: Intramuscular Injection	Students can check and administer under direct supervision	1 registered nurse & participating student ***(Inpatients = 2 registered nurse signatures)***
Intravenous/Subcutaneous Drug Infusions with additives or mixtures	Student can only OBSERVE this process	1 registered nurse ***(Inpatients = 2 registered nurse signatures)***
Controlled Drugs: Intravenous Drugs	Student can only OBSERVE this process	1 registered nurse ***(Inpatients = 2 registered nurse signatures)***
Intravenous bolus drugs and intravenous additives *(including pre prepared infusion bags)*	Student can only OBSERVE this process	1 registered nurse ***(Inpatients = 2 registered nurse signatures)***
Blood and Blood products	Student can only OBSERVE this process	2 registered nurses

Direct supervision: The student is observed by a registered nurse (who takes accountability for the student's actions) throughout the preparation, calculation, checking patient, administration and disposal of medication, equipment and completion of documentation.

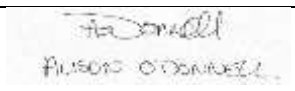
Accountability and responsibility: The registered nurse is accountable in all instances. They have the responsibility to make a professional judgement that the student participating in the procedure of medicine management has appropriate knowledge of the drugs they are checking and administering.

Student signature: Students are required to sign all drug administrations that they participate in to demonstrate their involvement in the process.

Controlled Drugs: Any substance or product specified in parts 1, 2 and 3 of schedule 2 and 3 of the misuse of drugs act 1971 e.g. diamorphine and midazolam. For these drugs there are strict procedures relating to the administration, prescribing, dispensing and storage (NHS Leicestershire County and Rutland (LCR) Controlled Drugs Policy).

Appendix 4 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	Delegation		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	X Not required ☐ Mandatory (must be on mandatory training register) ☐Role Essential (must be on the role essential training register) ☐ Desirable or Developmental		
Directorate to which the training is applicable:	☐Directorate of Mental Health ☐Community Health Services ☐ Enabling Services ☐ Estates and Facilities ☐Families, Young People, Children, Learning Disability and Autism ☐ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)			
Governance group who has approved this training:		Date approved:	
Named lead or team who is responsible for this training:			
Delivery mode of training: eLearning/virtual/classroom/ informal/ad hoc			
Has a training plan been agreed?			
Where will completion of this training be recorded?	☐ uLearn ☐ Other (please specify)		
How is this training going to be quality assured and completions monitored?			
Signed by Learning and Development Approval name and date		Date: August 2025	

Appendix 5 The NHS Constitution

The following core principles apply:

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes

Respond to different needs of different sectors of the population yes

Work continuously to improve quality services and to minimise errors yes

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

Appendix 6 Due Regard Screening Template

Section 1	
Name of activity/proposal	Delegation
Date Screening commenced	20.08.2025.
Directorate / Service carrying out the assessment	Data Privacy and Information Governance
Name and role of person undertaking this Due Regard (Equality Analysis)	Hannah Plowright Data Privacy and Information Governance Manager/Deputy Data Protection Officer
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Ensure that tasks are delegated safely	
OBJECTIVES: To ensure that patient safety is maintained by adherence to a process of safe delegation.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No impact
Disability	Dyslexia will need to be considered in terms of delegation of some written/numerical tasks and the extra reasonable support that might be necessary.
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	Pregnancy will need to be considered in terms of delegation of moving and handling of patients/loads.
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No impact

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. **X**

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Low risk			
Signed by reviewer/assessor	Pauline Rawle	Date	09.09.2025
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Pauline Rawle	Date	09.09.2025

Appendix 7 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Delegation Policy**	
Completed by:	**Pauline Rawle**	
Job title	**CSM (care Homes)**	**Date 09.09.2025**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**Hannah Plowright**
Date of approval	**20.08.2025**

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust