Delegation of healthcare tasks to personal assistants within personal health budgets and Integrated Personal Commissioning
## NHS England Information Reader Box

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| Contact details for further information | Personalisation and Choice  
Skipton House  
80 London Road  
London  
SE1 6LH |

### Document Status

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1 Introduction

The NHS Five Year Forward View set out a clear direction for the NHS including a commitment to a ‘new relationship with patients and communities’. Giving people more control, including through personal health budgets and Integrated Personal Commissioning (IPC), is a core part of achieving this and increasing the direct control people have over the care that they receive.

For many people, employing a personal assistant (PA) or a team of PAs is a central part of creating care and support arrangements that are personalised and responsive to their individual needs and circumstances as an adult or child and as a family. PAs, chosen by the individual and where appropriate their carers, or in the case of children their parents, can help support people living in the community to achieve their personal goals and to have the opportunity to lead their lives and have a family life on their own terms.

A PA’s role will vary according to the needs, lifestyle requirements and choices of each person they support. When a PA is providing care and support to someone with healthcare needs, an important component of their role can include carrying out tasks that are of a clinical nature. These tasks must be considered in the care planning process and delegated to the PA by a registered practitioner who has the relevant occupational competence. They must only be delegated when it is in the best interests of the person concerned.

This framework identifies the elements required to support appropriate delegation of a healthcare task from a registered practitioner to a PA, and the responsibilities of all concerned. It aims to help registered practitioners understand the decision-making process involved in delegation, and to help clinical commissioning groups (CCGs) to establish clear protocols for ensuring safe and appropriate delegation to PAs, so that responsibilities and lines of accountability are understood by all.

It is not intended to specifically cover issues relating to agency carers and other support workers, although many of the principles may be relevant to them too. It is informed by work carried out in NHS organisations over a period of two years from 2014 to 2016, supported by Skills for Health.

It is important to note that registered practitioners are professionals who are regulated by statute and so are specifically accountable to their regulatory body as well as to their employer. This guidance does not circumvent any standards for delegation set by their regulatory body, which they are required to meet (e.g. the Nursing and Midwifery Council (NMC) for nurses, midwives and health visitors, and the Health and Care Professions Council (HCPC) for physiotherapists, occupational therapists, dieticians, speech and language therapists).
2 The case for delegating healthcare tasks to personal assistants

The ability for individuals to employ their own PA or carer is one of the biggest opportunities presented by personal health budgets. It means that people are able to choose who they want to provide their care and support and they can more flexibly control how it is delivered to suit the needs and lifestyle of themselves and their family. As a growing workforce in healthcare, PAs make an important contribution to supporting the health and wellbeing of people in the community. Where the people they support have requirements for clinical interventions, delegating some carefully considered tasks to PAs can have benefits for all involved. There will also be tasks that are considered unsuitable for delegation because of the complexity of the task, the degree of judgement required or individual circumstances. PAs can play an important role supporting the work of the wider multidisciplinary team, but do not substitute the need for skilled, registered practitioners working in the community.

Delegation should be recognised as something that is a considered process and properly supported. This will help ensure that the best interests of the person are always paramount, that tasks taken on by PAs are appropriate, and that PAs are provided with relevant training and assessed as competent to perform the particular task.

Where a task can be appropriately delegated to a PA, a number of benefits have been identified, including:

- The person’s needs can be responded to in a timely manner, when and where they require, enabling them to get on with their life while knowing that they and their PA have access to support and clinical advice from a registered practitioner when required.

“I’ve found having a personal health budget has had a major impact on my life, it’s given me a lot more choice and independence in what carers I choose, what they are trained in and how they assist me. Without this it would be a lot more difficult to live out of my family home and live independently with my partner. Also to set up my own business and move ahead with my life.”

Matt, personal health budget holder.

- The PA may have developed a very good understanding of the person’s individual preferences and needs and have particular skills in communicating with them. This relationship, alongside their availability, can mean a PA is ideally placed to take on some healthcare tasks when appropriately delegated to them.

“Just recently when Manish had a hospital admission his PAs were able to support him in hospital. They stayed overnight with him, which was a huge support because he felt confident in their ability to care for him.”

Jacqui Giddings, Community Children’s Nurse, South Warwickshire NHS Foundation Trust.
• Appropriate delegation can make best use of NHS workforce resources and skills, increasing efficiency and providing longer term savings in staff time and costs. It can increase staff satisfaction through enabling effective use of skills.

“The beauty of delegated healthcare tasks being taught to PAs is that Matt’s got so much more flexibility in his care arrangements and he can come and go as he pleases throughout the day. We can also much more efficiently use the healthcare professionals that we have got, the budgetary implications of having a qualified nurse here 24 hours a day would be impossible.”

Julia, nurse who provides tracheostomy training to Matt’s PAs.

• Appropriate delegation to PAs can enable people to stay living at home, support more speedy and effective hospital discharge and prevent or reduce hospital admission.

“Ultimately that’s what it’s all about – keeping people safe in their own homes and ensuring good practice to increase the quality of life and reduce hospital admissions.” Angela Milbourne, Clinical Matron, James Cook Hospital, Middlesbrough.

• For the PA, developing new skills and being able to more fully meet the person’s needs can help make the role more rewarding and help PAs feel valued, motivated and recognised in their work. Associated training and assessment of competence can help provide evidence of their skills and knowledge and support recruitment, retention and career progression.

“We’ve had lots of enthusiasm for training from PAs. This is a group of healthcare workers that can really benefit from high-quality training and formal recognition of the importance of their skills. It’s wonderful to see the PAs growing in confidence as they progress through training.”

Sarah Cripps, training provider.

Developing a shared understanding of the case for the delegation of some healthcare tasks to PAs will contribute to creating an organisational culture that supports staff to delegate appropriately. It will help establish the basis for investment in a robust programme of training and assessment of competence to underpin the delegation of healthcare tasks.
3 Ensuring appropriate governance and assurance arrangements

Delegation occurs throughout the NHS on a daily basis, but as PAs are new to the NHS there is often less understanding of how and when to delegate to them. PAs are employed either directly by the person requiring the care and support or indirectly by a third party organisation on their behalf, and therefore lines of accountability can appear less clear to NHS practitioners.

It is therefore important that CCGs, as the responsible bodies for planning and commissioning healthcare services in their local area, put in place a clinical governance framework for delegation to PAs. This means that there should be a clearly identified local process for making decisions about what can and cannot be delegated to a PA. The process should include how training and assessment of competence will be provided, how any ongoing support and review of competence will be provided, and how ongoing clinical review of the person’s needs is maintained and by whom. PAs may not assess an individual who they support, or make clinical decisions based on their own assessment; therefore governance needs to include arrangements for ongoing oversight and contact arrangements for advice and reassessment. This is particularly important where a child’s or an adult’s needs are known to be changing or fluctuating, but it must be in place in all circumstances.

In addition, there may also be implications for the confidentiality and privacy of personal data for both the person and their PAs as part of setting up new ways of working. As such it will be important for CCGs to carefully review risks in this area prior to establishing any new approaches (see the IPC and personal health budget finance and commissioning handbook for more guidance in relation to this). Aligning governance arrangements with how services are commissioned locally, and with arrangements for delegation to other care workers in the community, can help ensure consistency and also contribute to ensuring that associated training programmes are sustainable and provide value for money.

The need for a robust governance framework to underpin delegation is made clear in the Royal College of Nursing’s principles of delegation:

“Any delegation of healthcare tasks to unregistered health and non-health qualified staff must be undertaken within a robust governance framework, which encompasses:

- Initial training and preparation.
- Assessment and confirmation of competence.
- Confirmation of arrangements for ongoing support, updating of training and reassessment of competence.”
Personal health budgets do not release the NHS from their duty of care to people within their care. Where people employ their own PAs, through the use of a personal health budget, CCGs are responsible for ensuring that care plans meet the identified health and wellbeing needs of the person and are an appropriate use of resources. The CCG must agree that the health needs of the person can be met through the purchase of the services specified in the care plan, that the care package contains everything necessary to deliver safe care, and that any significant risks have been discussed with the person or their representative, with appropriate procedures included to manage these risks. Personal health budgets increase the level of choice and control that people have but they do not change the statutory duty of care that the NHS has to all individuals.

A local governance framework for delegating healthcare tasks to PAs might usefully include:

• principles of delegation and clarification of roles, responsibilities and accountability
• the process to be followed in considering delegating tasks to PAs and how decisions should be made
• an indicative list of healthcare tasks that might commonly be considered for delegation to PAs (it must be made clear that this is indicative only and that each decision must be made in relation to individual needs and circumstances)
• identification of the model of training and monitoring of PAs who carry out delegated health tasks
• any generic training that will be provided to PAs in core competencies
• identification of the related training required for each healthcare task and how competency will be assessed and signed off
• how ongoing support and advice will be provided to PAs
• the process for review and reassessment of competence.

### 4 Developing a robust process for delegation

#### 4.1 Identify the tasks to be delegated

Delegation of specific healthcare tasks should be considered within the care planning process. Care planning is central to the delivery of personal health budgets. It is at this stage of the process, after gathering information and understanding the person’s health and wellbeing needs, that detailed plans are made. Care planning uses a partnership approach between the healthcare practitioner and the person, along with their family and carers as appropriate. It looks at what is working and what is not working, what is important to the person and what outcomes they wish to achieve. Subsequent to this an action plan is drawn up and agreed. If the plan includes employment of a PA, this is the time to consider what tasks the PA will carry out, the competencies required and any training needed. Some tasks may be considered unsuitable for delegation to a PA, and consideration can be given to the best way to deliver these, which may be through existing NHS services or separately purchased care or support.
The care plan should make clear the task that is to be delegated, the limits of the delegation and how risks will be managed. It will also need to identify contingency arrangements should there be a gap in service, for example when the PA is on leave or off sick.

The budget must be sufficient to meet all the costs for delivering the care plan, including any training costs necessary for delivery. In some cases there will be more than one PA requiring training and all costs should be met within the budget.

It can be helpful to have a locally agreed indicative list of tasks that are commonly delegated to PAs. This can include the level of training required and how competence is assessed for each task. This list should not be used indiscriminately or used as a barrier to making decisions in relation to other tasks not listed. In every situation the individual context must be taken into account before making a decision to delegate and any list is only a guideline. The decision-making flowchart on pages 12 and 13 can be helpful in thinking through the process.

4.2 Identify how training and assessment of competence will be provided

For tasks that can be delegated, the action plan needs to identify how the associated training will be provided and who will be responsible for assessment of competence, ongoing support to the PA, and clinical review of the person’s needs. The approach to provision of appropriate training and assessment of competence of PAs in healthcare tasks is likely to vary from one locality to another and will need to be proportionate to the specific task. The following are the key components to be considered in order to establish an appropriate local system for training and assessment of competence:

- Identification of the healthcare task/s most likely to be delegated.
- Identifying and agreeing the knowledge and skills required to achieve competence in each task.
- Development of training materials for each task.
- Identification of how and by whom the knowledge training will be delivered and assessed and the standard it will be assessed against.
- Identifying how and by whom the skills training will be delivered, competence assessed and the standard it will be assessed against.
- Identifying how achievement of competence will be recorded.
- Identifying how and when any refresher training and reassessment of competence will be provided.
- Identifying ongoing support requirements.
- Identifying a process to follow when a PA does not achieve the required competence.
- Establishing how PAs will be able to be released for training and any backfill costs met.
- Identifying any associated risks related to delivery of the task, and providing relevant training for the PA to know how to deliver the task safely, avoiding injury to the person and to themselves.
While the knowledge component of learning a task can be provided through use of web-based learning tools or group approaches, the individual skills required will need to be taught and competence assessed in the person’s home.

The nature of the work of PAs presents some particular challenges to provision of training, which need to be thought through. These include the following:

1. It can be difficult for PAs to be released from their work to attend training. Unless all training is in the home, backfill care often needs to be provided and any additional costs need to be met through the care package.

2. PAs are often working across a large geographical area. This, combined with the numbers requiring training in any one specific task at one time, makes it difficult to get a group of people together for classroom-style training for the knowledge component.

3. Assessment of competence requires assessors to be flexible in the time they are available, so that this fits with times that the task is required to be carried out and the working hours of the PA.

4. Delegation, training and assessment of competence need to be managed in a timely way as delays can impact on care provision.

5. The role of a PA and the nature of healthcare tasks is very individual and person-centred. While some of the training can be generic, there needs to be a specific, individual, person-centred aspect incorporated in the training and assessment of competence.

4.3 Sign-off and review

The final decision to delegate a healthcare task to a PA should be made by a registered practitioner who is occupationally competent in the task and is accountable in relation to that aspect of clinical care of the client, and will follow on from training and assessment of competence. Delegation must first and foremost be in the best interest of the person for whom the care and support is being provided and it is important that they, or their representative, have been consulted and are in agreement with the arrangements. It is also important that the PA feels both competent and confident to carry out the task and that the task/function/health intervention is within the remit of their job description. A three-way process, where all parties record that they are happy for the task to be delegated, can be a useful way forward. This same written agreement can incorporate information about the extent and limits of the delegation, how support will be provided and competency maintained, and when and how to seek help.

Frequency of review should be documented in the care plan and should take into account the person’s clinical needs and changing requirements in relation to healthcare tasks. Review should also include a review of the tasks currently delegated to a PA and a review of training and competency. If a person’s condition is unstable or fluctuating, or there is a significant deterioration in their physical condition, cognition or personal circumstances, the nature of the tasks may change and this will require review of the decision to delegate healthcare tasks. At review, if refresher training for the delegated task or training in new tasks to be delegated is required, then the budget allocation may need adjusting to allow for this.
The following flowchart illustrates the decision-making process for delegation of healthcare tasks to PAs:

**Delegation of a task to a personal assistant**

**Matrix 1: Assessment of the task**
Matrix 2: Assessment of the personal assistant

**Box 1: Feasibility**
Feasibility includes consideration of time constraints, resources, capabilities and cost.

**Box 2: Knowledge, skills and training**
Determine whether the PA has sufficient knowledge, skills and training bearing in mind the following:
- Has the PA been trained to carry out the task?
- When was the training last given?
- Has the task changed since training and has training been updated?

**Box 3: Competence and confidence**
When considering if the PA is competent and confident to carry out the task, note the following:
- Does the personal health budget holder/employer view the PA as a suitable person to carry out the task?
- Do you believe the PA to be competent and confident to carry out the task?
- Does the PA consider themselves to be competent and confident to carry out the task?
- Does the PA recognise the limits of their competence and authority, and know when and where to seek help?
5 Roles, responsibility and accountability

Accountability for delegation is a consideration for all those involved, including senior managers and commissioners. As identified earlier, practitioners are often concerned about their accountability should something go wrong and therefore can be reluctant to make decisions about delegation, provide training or sign off competence. A sound governance framework for delegation will help ensure that roles and responsibilities are understood and that systems are in place to support delegation. Understanding the responsibility to delegate appropriately and the risks both in not delegating or not delegating appropriately, along with sound protocols, will help ensure safe and effective practice.

A registered practitioner who delegates a task remains accountable for the appropriateness of the delegation and ensuring that the person who does the work is able to do it. They cannot delegate that accountability. However, provided the decision to delegate is made appropriately they are not accountable for the decisions and actions of the PA to whom they delegate. The PA is accountable for accepting the delegated task and responsible for their actions in carrying it out.

5.1 The commissioner

Commissioners, whether based in the CCG or a commissioning support unit (CSU), have the overall responsibility to ensure that the system commissioned for delegation, training, competency assessment and review is safe and robust. In terms of delegation of healthcare tasks via a personal health budget these responsibilities include:

1. Commissioning the appropriate staff for care coordination and delegation within a comprehensive service specification which details the roles and responsibilities of the commissioned provider.

2. Commissioning an appropriate system for training and assessment of competence in delegated healthcare tasks, including ongoing support and supervision of PAs in carrying out the delegated task.

3. Maintaining effective contract management oversight of providers and complaints to ensure the service specification of the care plan coordinator role, the accountable healthcare practitioner, and associated training functions continue to be met throughout the contract.

4. Being clear about who the accountable healthcare practitioner is for reviewing the person’s clinical needs.
5.2 The care coordinator

Everyone with a personal health budget should have a named care coordinator. The care coordinator is normally someone who has regular contact with the person receiving care, and their representative or nominee if they have one. The care coordinator is responsible for managing the assessment of the health needs of the person as part of the care plan, ensuring that the person (or representative) and the CCG have agreed the care plan, undertaking or arranging for the monitoring and review of the care plan (and direct payment where applicable) and the health of the person, and liaising between the CCG and the person with the personal health budget. While they may arrange with others to undertake actions, the care coordinator should be the primary point of contact between the person and the CCG and ensure that everything necessary for satisfactory delivery of the care plan is in place.

In relation to delegated healthcare tasks, the care coordinator is responsible for ensuring that:

1. A registered practitioner with relevant occupational competence in relation to the specific area of clinical care for the person (in some instances this may be the care coordinator) makes a more detailed assessment of suitability to delegate the identified task and it is the registered practitioner who makes the decision to delegate or not.

2. Arrangements for training and assessment of competence necessary to delegate are clearly specified in the care plan.

3. The person requiring the care or their representative has been consulted as to whether they are happy in principle with the task being delegated to their PA. Where the person lacks capacity to make decisions as to how their care needs shall be met, a formal best interests decision should be made as to whether in this case it is appropriate for the healthcare task/s to be delegated.

4. Funding is included in the plan to cover any cost of training and assessment of competence necessary to delegate, ongoing support and related insurance.4

5. Roles and responsibilities are clearly identified and understood.

6. Support is available locally for personal health budget holders acting as individual employers to support them in their employer responsibilities, including in writing job descriptions and person specifications, interviewing and identifying appropriate PAs for their needs. Clinical guidance on specific skills and attributes required for delegated healthcare tasks is provided.

7. Systems are in place to provide suitable access to support and advice to PAs in relation to delegated healthcare tasks, including where these activities are outside normal working hours and ongoing clinical support is available.

8. Review arrangements are identified, communicated and recorded.
5.3 The registered practitioner

The registered practitioner with the relevant occupational competence to delegate the task could be the same person as the care coordinator or could be another healthcare practitioner such as a nurse, physiotherapist, speech and language therapist or occupational therapist. They should:

1. Fully identify the healthcare tasks that require delegation.
2. Formally assess that the delegation of the task is in the best interest of the person.
3. Ensure that there has been a comprehensive risk and benefit assessment completed around the proposed delegation, including an assessment of the stability of the person, the complexity of the task being delegated, and the expected outcome of the delegation.
4. Provide or arrange for the provision of task-specific competency training underpinned by robust training and competency sign-off systems, including policies and references. This training should include:
   - relevant anatomy and physiology
   - psychological implications and approaches
   - specific steps involved in the task
   - troubleshooting
   - person-specific requirements including privacy and dignity issues
   - written documentation to support the PA to deliver the intended delegated healthcare task, e.g. the care plan
   - what to record and when to escalate concerns.

Training must be followed up with assessment of competence, which should include ensuring that the PA recognises the limits of their competence and authority and knows when and how to seek help.

Clinical supervision and support requirements should be identified and clinical care plans, escalation plans, risk assessments and training should be recorded and updated as appropriate. The name of the clinical review contact person should be clearly recorded and it should be clear to the PA who is accountable for the clinical care needs of the client.

As noted in the introduction to this document, registered practitioners are professionals who are regulated by statute and so are specifically accountable to their regulatory body as well as to their employer. They need to meet any standards for delegation set by their regulatory body (e.g. the NMC for nurses, midwives and health visitors or the HCPC for physiotherapists, occupational therapists, dieticians and speech and language therapists).
5.4 The personal health budget holder, nominee or representative acting as employer

Employers are ‘vicariously liable’ for their employees. This means that provided that the PA is working within their sphere of competence and in connection with their employment, the employer is also accountable for their actions. It is therefore important that the employer is involved, advised and supported appropriately in understanding and meeting their responsibilities.

In relation to delegated healthcare tasks, the PA’s employer should:

1. Check that the job description and person specification reflect requirements in relation to delegated healthcare tasks.
2. When recruiting, have due regard to the candidate’s ability to learn the required skill and to seek advice and support in this regard as required.
3. Check that each PA has received training and both the trainer and PA have signed to say they are satisfied that the PA has the competence and confidence to deliver the delegated healthcare task.
4. Not ask the PA to go outside the scope of their training.
5. Not ask the PA to deliver complex care tasks without training and assessment of competencies.
6. Check records to see that the PA has up-to-date competencies and contact their care coordinator or registered practitioner responsible for the delegation if they have concerns.
7. Check that the care plan includes risk assessments and escalation plans for all the delegated tasks, and that these are up to date and relevant. Consult with their care coordinator if they have concerns.
8. Support the PA to undertake regular clinical supervision and help ensure they are undertaking delegation in the manner they were trained.
9. Ensure the PA maintains appropriate records of the tasks they have undertaken.
10. Seek advice from the care coordinator or relevant practitioner if concerned about a PA’s ability to deliver the delegated healthcare tasks.
11. Check that insurance is in place in relation to the PA carrying out delegated healthcare tasks and consult with the care coordinator or support organisation if there are concerns.
12. Raise any concerns with the care coordinator or commissioners.

It is good practice for the employer of the PA to sign a document alongside the PA and person assessing competence to show their satisfaction with the PA’s competency and confidence to carry out the delegated task.
5.5 The personal assistant

Although PAs are not currently regulated by statute, they remain accountable for their actions in the following ways:

• To the personal health budget holder – the PA has a duty of care and is accountable for their actions and omissions when they can reasonably foresee that they would be likely to injure people or cause further discomfort or harm (e.g. if a PA failed to report that a person had fallen out of bed). The PA could also be dismissed for being in breach of their contract of employment.

• To the public – if a PA were to harm a person in a negligent or deliberate way they could be held accountable and could be prosecuted under criminal law.

The PA’s responsibilities include:

1. Taking part in competency training and signing to acknowledge readiness, competence and confidence to accept the delegated tasks.

2. Undertaking delegated healthcare tasks within the training given and the care plan and escalation plans that have been provided.

3. Recording delegated healthcare provided/undertaken in a clear and contemporaneous manner (i.e. recording at the time, or as soon after the event as practicable).

4. Seeking advice and support from the employer and delegator if concerns arise or they come across something not covered in training.

5. Taking part in clinical supervision as required.

6. Ceasing to undertake tasks and seeking retraining if unclear about any aspect of the delegated task.

7. Not undertaking tasks that they have not been trained for or exceeding the limits specified in the delegation of the task.

8. Not using the training received for other people with similar needs without specific training and consent of the delegator.

9. Keeping copies of records of training and expiry dates.

10. Seeking retraining for delegated tasks within a reasonable timescale prior to expiry.

11. Raising any concerns about delegation training and ongoing support with the employer.
6 Key learning and advice

The following are key learning points that have emerged from NHS organisations engaged in exploring issues and in developing approaches to delegation of healthcare tasks to PAs:

1. With growing numbers of PAs, there is a need for senior managers and commissioners in CCGs to set standards, protocols and delivery plans that address how best to meet the need for training and assessment of competence associated with delegating healthcare tasks to PAs.

2. Protocols for delegation to PAs can be aligned with those for other paid care workers including those in non-health settings such as teaching assistants. Introducing systems for delegation, training and assessment of competence for PAs that are aligned with meeting the needs of the wider care and support workforce in the community can be more sustainable and effective as a result of economy of scale. Most importantly it helps ensure people have the high-quality care and support they need in all situations.

3. PAs require high levels of flexibility in how and when training is delivered. The training also has to be appropriately contextualised to the role of the PA, with training providers recognising how this role is different to other roles in the sector.

4. Making the knowledge component of the training web-based can help make learning accessible to PAs where and when they want, providing flexibility and reducing costs. It can also help with record-keeping and recall for review and refresher training.

5. PAs value opportunities to get together with other PAs for peer support and networking.

6. Training and assessment of competence is one element of the delegation process. Significant work is required to understand and provide clarity relating to how training supports, and is embedded in, the overall delegation process and how assessment and sign-off of competence works.

7. Developing a local programme of training in core competencies, linked to the Care Certificate, can be important in enabling PAs to develop the skills, knowledge and behaviours needed for high-quality care and support underpinning delegated healthcare task requirements.

8. Training and assessment of competence should be proportionate to the task. In considering this it can be useful to use a risk matrix.

9. A PA role that is supported through appropriate skills development should assist in creating careers for PAs that are interesting and rewarding and contribute to recruitment, retention and career development for PAs.

10. Making competencies as portable as possible is important so that PAs can use their knowledge in supporting different people without having to undergo all elements of the training again. Nationally regulated qualifications recognise learners as having reached a particular standard so have greater portability. Alternatively, where local systems of recognition and certification are established this can also be helpful within the locality. Formal recognition of learning, whether national or local, has been found to be valued by PAs.
11. Family carers often value participating in training and the recognition of their skills that this can give. Consideration should be given as to how to make opportunities available to them.

References

2. The IPC and Personal Health Budgets Finance and Commissioning Handbook and wider framework documents can be found on the personalised health and care section of the NHS England website.
4. See Skills for Care advice note on insurance.
5. www.skillsforhealth.org.uk/standards/item/216-the-care-certificate
Delegation of healthcare tasks to personal assistants within personal health budgets and Integrated Personal Commissioning

www.england.nhs.uk/personalisedcare

Email:
england.integratedpersonalcommissioning@nhs.net
england.personalhealthbudgets@nhs.net

The information provided in this framework can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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