

## **NHS England Personal Health Budget PA training project: Oxfordshire report.**

Oxford Health NHS FT delivers the NHS Continuing Healthcare Service on behalf of Oxfordshire Clinical Commissioning Group. The service includes administration of healthcare funding for adults with joint care packages with social and community services; health only packages (e.g. self-funders with paid carers delivering delegated healthcare tasks); continuing healthcare funding for adults.

### **Background:**

Oxford Health NHS Foundation Trust has a well-established model, a “Shared Care Protocol” that operates across health and social care. This “Shared Care Protocol” is a joint working protocol originally developed by Oxfordshire County Council Social & Community services and the Primary Care Trust in Oxfordshire some 15 years ago. It is intended to clarify the boundaries of roles and responsibilities and the process that must be applied when providing health and social care services to clients in Oxfordshire. By working together, health and social care services are provided in a co-ordinated, effective and client centred way, making best use of available resources and enabling clients to be cared for in their own homes by:

- Supporting the delegation of healthcare tasks to paid care workers by an NHS clinician.
- Providing a framework for training in the delegation of healthcare tasks
- Providing a system for allocation of funding to support healthcare delivery for older people and people with a physical disability

The protocol set out “levels” of care tasks (i.e. a list of tasks that are the responsibility of social care and a list of tasks that are the responsibility of the NHS), guidance on “who does what” and sets out the training requirements for these different tasks. For healthcare tasks, it clearly sets out the process, training and competency assessment required when that task is to be delegated to a named care worker. It also covers the documentation requirements around this including that required for health funding purposes.

### **Moving Forward**

In 2014 a review of this protocol was initiated, with the clear aim of bringing this existing framework up to date whilst maintaining a realistic and practical approach to the safe delegation of healthcare tasks to paid care workers by healthcare professionals. This review has been carried out by Oxford Health NHS Foundation Trust (on behalf of Oxfordshire Clinical Commissioning Group) and Oxfordshire County Council Social and Community Services, with contributions from a range of healthcare professionals and health and social care providers.

The review identified a number of areas for update and improvement, including:

1. An updated list of healthcare tasks that can be routinely delegated
2. A decision-making framework to support delegation of healthcare tasks in exceptional circumstances (i.e. those not on the list).
3. Risk assessment approach to delegation of healthcare tasks, with a clinical decision required to determine training requirements for individual clients
4. An improved and robust training model with:
  - Standardised training protocols, written in conjunction with clinical specialists, to facilitate portable competency awards for routinely delegated healthcare tasks.
  - Portable skills training to be delivered through a mixture of 1:1 training in the patient's home, NHS classroom-based training and provider-targeted training.
  - Client-specific training for less commonly delegated & complex healthcare tasks
  - Aligning foundation skills for healthcare task training , to care certificate modules where appropriate
5. Introduction of an IT portal for:
  - Managing training sessions
  - Holding a register of care workers who achieve portable competency awards
  - Managing refresher training
6. Use of *Delegation guidelines* for healthcare tasks as the 'instruction to delegate' in line with Royal College of Nursing (RCN) principles of accountability for delegation; provided by an NHS healthcare professional to trained care teams (i.e. care workers with portable competencies can only use these skills once the task has been properly delegated).
7. Monitoring and review processes

Although we have identified how we want to improve the existing framework, this work has not yet fully concluded and is currently subject to ongoing discussion between Oxford Health NHS Foundation Trust, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Social and Community Services.

These discussions are further refining and developing a proposed move towards whole-system sign up across Oxfordshire to implement these improved training protocols for delegated healthcare tasks and, a system to award Personal Assistants and other non-registered paid care workers portable competencies for healthcare tasks. Once discussions are complete and agreement reached on all aspects of the updated framework, there will be further considerations to be worked through to implement changes in a planned and structured way.

### **Sharing our ideas**

As part of NHS England's Personal Health Budget PA training project, we are sharing our first draft of this new framework plus some examples of associated documents on the basis that:

- It is a work in progress that is being further developed and refined: some aspects may change completely.
- It sets out our intentions to:

- Improve the model of training and monitoring of paid care workers who carry out delegated health tasks.
- Strengthen boundaries of accountability for the provision of services.
- Clarify roles and responsibilities and the process that must be applied when providing healthcare services to people in Oxfordshire.
- It retains the core principles of our existing framework (Shared Care Protocol), i.e.
  - An agreed list of healthcare tasks that can be routinely delegated
  - The healthcare professional involved in the persons care delegates the task following the standard principles of accountability & delegation
  - Setting out the training care workers must complete to ensure they are competent to deliver the healthcare tasks safely.
  - Care-worker confirming they are competent and confident to carry out the task for that person and taking responsibility for their actions in relation to the task

Example

# Delegation of Healthcare Tasks

## Introduction

This document describes the Oxfordshire model for delegation of healthcare tasks. It is intended to support health and social care services in Oxfordshire to provide safe, effective and timely care provision to adults in receipt of healthcare services in their own homes from paid care workers (i.e. domiciliary care providers, directly employed personal assistants).

This model for delegation of healthcare tasks has been designed by Oxford Health NHS Foundation Trust (on behalf of Oxfordshire Clinical Commissioning Group) and Oxfordshire County Council Social and Community Services, with contributions from a range of healthcare professionals and health and social care providers.

This model is intended to:

- Strengthen boundaries of accountability for the provision of services.
- Clarify roles and responsibilities and the process that must be applied when providing healthcare services to people in Oxfordshire.

## 1. What are Delegated Healthcare Tasks?

The following statements from healthcare professional organisations underpin this model for delegation of healthcare tasks.

*“The person in overall charge of the nursing care of the patient is usually the registered nurse. But the nurse cannot perform every intervention or activity for every patient or client and therefore they will need to delegate aspects of that to colleagues”.*

**Royal College of Nursing (RCN), 2015**

*“Be accountable for your decisions to delegate tasks and duties to other people”.*

**Nursing & Midwifery Council (NMC), 2015**

*“You must effectively supervise tasks you have asked other people to carry out...you must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively”.*

**Health & Care Professions Council (HCPC), 2012**

Since 2001, the model of community nursing in Oxfordshire has involved **delegation** of specific **healthcare tasks** to paid care workers, who can be trained to provide these healthcare tasks on behalf of the NHS.

Delegation of healthcare tasks to care workers adds considerable value to both the NHS, social care and to the public in Oxfordshire through:

- Having an integrated health and social care protocol for supporting individuals in receipt of domiciliary care.
- Having an agreed list of healthcare tasks which can be delegated to paid care workers.
- Having systems for agreeing NHS funding as part of a joint care package.
- Supporting choice and control for individuals regarding who delivers their care.
- Providing continuity of care for individuals when it is delivered by their usual care workers (rather than the community or practice nurse), therefore reducing the need for duplication of domiciliary visits.
- Developing knowledge and skills of the carer workforce as an extension of the standards of the Care Certificate (2015).

This document describes:

- The duty of care of healthcare professionals in delegating healthcare tasks to care workers.
- Paid care worker responsibilities in accepting and delivering delegated healthcare tasks.
- Key features of the Oxfordshire approach to delegation of healthcare tasks.
- The tasks that can be delegated to care workers.
- The training that is required to ensure care workers are competent to deliver the healthcare tasks safely.
- Operational practice of delegating healthcare tasks.
- NHS funding contribution for care delivery by care workers.
- Medication policy.
- Indemnity Insurance.

## 2. Duty of Care of healthcare professionals

[NMC \(2015\) \*The Code: Standards of conduct, performance and ethics for nurses and midwives\*](#) and [RCN \(2015\) \*Accountability and delegation: A guide for the nursing team\*](#) are explicit with regard to delegation responsibilities when healthcare tasks are delivered by a non-registered care worker

Other allied healthcare professionals also have a duty to delegate responsibly as per the [HCPC \(2012\) \*Standards of conduct, performance and ethics\*](#).

This model for delegation of healthcare tasks does not abdicate clinicians from their professional responsibilities including the provision of quality training, monitoring of patient care, and support for care workers who are providing for the healthcare needs of people in the community.

This model for delegation of healthcare tasks is not intended to be a barrier to clinical decision making, where delegation of care may be in the best interests of the patient for tasks that would not routinely be considered appropriate to delegate.

Healthcare professionals 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:

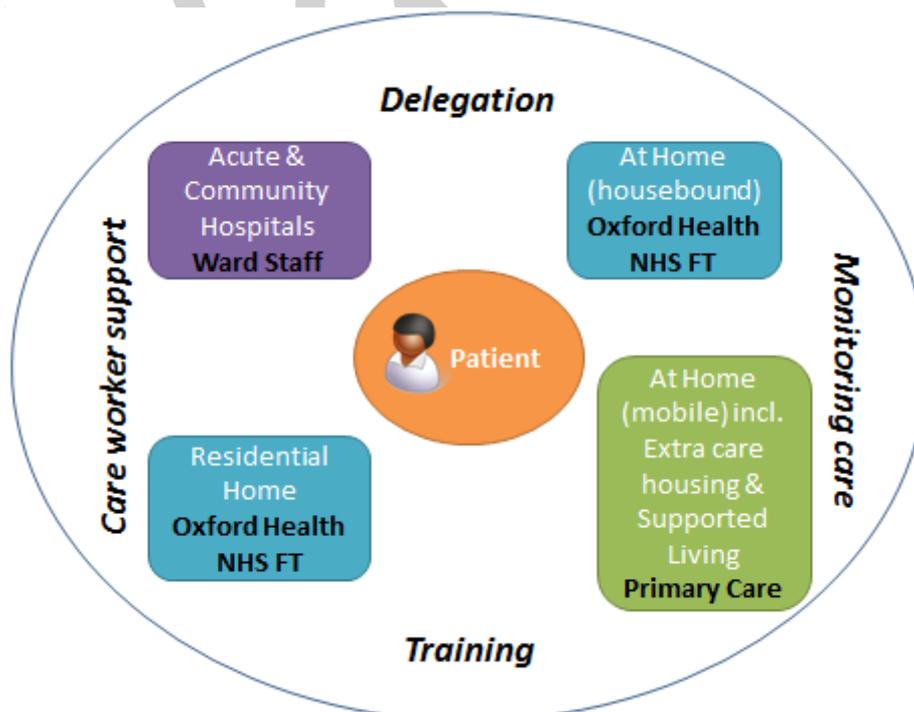
- The task is necessary and delegation is in the patient's best interest.
- The care worker understands the task and how it is to be performed.
- The care worker has the skills and abilities to perform the task competently.
- The care worker accepts the responsibility to perform the task competently.
- Clear delegation guidelines are in place so that the care worker is not required to make a clinical judgement that they are not competent to make.
- Appropriate supervision and support is available for the care worker, proportionate to the task being delegated.

The clinician accountable for delegating the healthcare task will identify the training required by care workers, and provide this training directly or co-ordinate delivery of this training by another healthcare professional.

If required, the clinician accountable for delegating the healthcare task will refer to and communicate with the appropriate healthcare professional, or clinical team, responsible for the ongoing management of the delegated healthcare tasks that are to be delivered by a paid care worker (e.g. As part of discharge planning, the ward nurse will refer the patient to the district nursing team for ongoing monitoring, support and any additional training needs post-discharge).

Responsibility for monitoring of care and care worker competencies, and if necessary the delivery of further training, will be determined by the setting of care delivery as identified in Figure 1, in conjunction with an open discussion between the healthcare professionals involved. The aim is to ensure that ongoing provision of care for delegated healthcare tasks is properly monitored and supported by a clinical team or an appropriate healthcare professional, whatever the setting of care delivery.

**Figure 1: Whole-system working around the Patient's needs**



### 3. Paid care worker responsibilities

Care workers must ensure that they perform competently. They must also inform another (i.e. their employer or a healthcare professional) 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 their employer.
- Have undertaken the appropriate training as directed by the healthcare professional delegating the task (guided by Table 1).
- Be supported by a healthcare professional to have refresher training at any time if they or their employer identify this need.

A registered healthcare professional who delegates a healthcare task remains accountable for the decision to delegate and cannot delegate that accountability. However, provided the decision to delegate is made appropriately, they are not accountable for the decisions and actions of the care worker to whom they delegate. The care worker is accountable for accepting the delegated healthcare task and responsible for their actions in carrying it out.

When a task is being considered for delegation to a care worker, the NHS remains responsible for the individual's overall management and has a duty of care requiring that a reasonable standard of care is exercised when providing support (or omitting to provide support) that could foreseeably harm others.

### 4. Key Features of the Oxfordshire model for delegation of healthcare tasks

1. Person-centred care: Care will be coordinated around the individual, teams will work across organisational boundaries, and systems will be flexible and adapt to individual needs and circumstances.
2. Risk assessment approach to delegation of healthcare tasks, with a clinical decision required to determine training requirements for individual clients.
3. Administration of medication outside a monitored dosage system (MDS) potentially not requiring training once a clear prescription is provided e.g. liquid medication, prescribed ointments, creams, lotions, short-course antibiotics.
4. A robust training model with
  - Standardised training protocols to facilitate portable competency awards for routinely delegated healthcare tasks e.g. Warfarin, Compression Hosiery.
  - Portable skills training delivered through a mixture of 1:1 training in the patient's home, NHS classroom-based training and provider-targeted training.

- Client-specific training for less commonly delegated (complex) healthcare tasks i.e. Percutaneous Endoscopic Gastrostomy (PEG) feeding, medications via PEG, tracheostomy care, bowel care.
- 5. A register of care workers who have received portable competency awards. This will be held by Oxford Health NHS FT, including competency expiry dates.
- 6. Use of *Delegation guidelines* for healthcare tasks as the 'instruction to delegate' in line with Royal College of Nursing (RCN) principles of accountability for delegation; provided by an NHS healthcare professional to trained care teams (**i.e. care workers with portable competencies can only use these skills once the task has been properly delegated**).
- 7. Clinically appropriate reviews to ensure clinical governance for delegated healthcare tasks. For Oxford Health NHS FT, this will be supported by a locality-held list of clients in receipt of delegated health care tasks (managed via the electronic CareNotes system).
- 8. Decision-making framework to support delegation of healthcare tasks in exceptional circumstances (i.e. those not listed in Table 1).

## 5. Healthcare Tasks

Healthcare tasks routinely delegated to care workers in Oxfordshire are identified in [Table 1](#).

Decisions on the level of training required for individual clients and healthcare tasks will be made by a healthcare professional, guided by a risk assessment approach to training provision ([Table 2](#)).

A healthcare professional will have discretion to adopt a higher level risk rating for an individual's healthcare needs if the individual is deemed to be more vulnerable e.g. presents with cognitive impairment, multiple co-existing medical conditions.

To aid clinical decision making, descriptors are available for all delegated healthcare tasks to support allocation to Red, Amber or Green (RAG) risk status ([See appendix 1 for 2 examples of descriptors](#)).

A decision-making matrix ([Appendix 2 – Matrix 1 & 2](#)) can be used to guide clinicians through the process of delegating all healthcare tasks, in particular those tasks which are not routinely delegated (i.e. those not listed in Table 1).

### Measuring & Administration of medication

**Administration** of medication requires the care worker to place medication in the client's mouth or via a PEG, or to assist clients who lack capacity to make decisions relating to medication but who may be physically able to self-administer. **Measuring** of liquid medications, without a need for administration, is also considered to be a delegated healthcare task.

**Administration** of medication / **Measuring** of liquid medication must be distinguished from 'Prompting' or 'Assisting' with medication which are not delegated healthcare tasks within this model.

**Prompting:** Care workers are required only to remind the client to take their medication. The client is able to take their medication independently.

**Assisting:** Care workers are required to physically assist with medication e.g. opening containers or blister packs, and offering medication to the client with a drink. The client is able to take their medications independently.

**Table 1: Routinely Delegated Healthcare Tasks**

Class	Delegated Healthcare Task ( <i>adults only</i> )	Low Risk	Medium Risk	High Risk
Elimination	Administration of catheter maintenance solution ( <i>Bladder washout</i> )			
	Assisted intermittent catheterisation			
	Suprapubic / urethral catheter care			
	Abdominal stoma care			
	Bowel care ( <i>e.g. Abdominal Massage; Digital rectal stimulation; Administration of rectal plug</i> )			
	Administration of Enema / Suppository ( <i>e.g. Microlax</i> )			
	Trans-anal irrigation ( <i>e.g. Peristeen / Quofora</i> )			
Medication	Administration / Measuring of liquid medication			Oramorph
	Administration of oral / rectal medication (tablet form) not in an MDS		Warfarin	
	Prescribed ointments, creams, lotions ( <i>e.g. steroid cream</i> )			
	Transdermal patches ( <i>excl. controlled drug patches</i> )		Lignocaine	
	Buccal Midazolam / Rectal Diazepam			
	Emergency Medication – Adrenaline / Nifedipene			
	Medications via Gastrostomy (PEG/RIG), Jejunostomy (J tube)			
	Administration of Inhalers			
	Nebulisers			
	Post-operative ear drops			
	Post-operative eye drops			
	Post-operative nasal spray			
	Sublingual Spray ( <i>e.g. Glyceryl Trinitrate</i> )			
Mobility	Complex moving & handling			
	Postural Management Training			
Nutrition	Compromised swallow			
	Gastrostomy (PEG/RIG), Jejunostomy (J tube) feeding - via pump or bolus syringe			
Respiration	Administration of Oxygen			
	Laryngectomy Care ( <i>Stoma &amp; prosthesis cleaning</i> )			
	Non-Invasive Ventilation (CPAP / BiPAP)			
	Oral suction			
	Tracheostomy Care ( <i>incl. suctioning</i> )			
Surgical Appliances	Application of Orthoses and Protheses ( <i>e.g. Miami collar</i> )			
	Compression Hosiery			
	Thromboembolic Deterrent (TED) stockings			
Other	Healthcare tasks not routinely delegated ( <i>e.g. Fentanyl patch, Continuous Ambulatory Peritoneal Dialysis, etc.</i> ) require risk assessment, named clinician who has made the decision to delegate care, accessible training & support for care workers, regular review, care plan etc. See Matrix 1 & 2			

**Table 2: Risk Assessment Framework**

<b>High Risk</b>	Client-specific training required for practical competency Portable competency may be awarded for theory if appropriate Care plan or delegation guideline in place Clinical point of contact provided Client on clinical holding list for review / monitoring	<b>Red</b>
<b>Medium risk</b>	Passport training required (delivered either in a training room or in the client's home i.e. with a standardised training pack leading to a portable competency award) Clear written guidance e.g. care plan, delegation guideline or prescription Clinical point of contact provided Client on clinical holding list for review / monitoring	<b>Amber</b>
<b>Low risk</b>	May not require NHS training Carer has undertaken basic medication awareness training Clear prescription +/- written guidance Known clinical point of contact	<b>Green</b>

## 6. Training

Training protocols are available for all healthcare tasks listed in Table 1. These outline the criteria necessary for delegation to take place and points to be covered in training (*See appendix 3 for example*)

Standardised training packs are also available for a number of healthcare tasks. These have been written in conjunction with relevant clinical specialists and NICE guidelines, and approved by the Oxford Health NHS FT Clinical Governance group.

Training for delegated healthcare tasks must be delivered by a registered healthcare professional. Training for Green and Amber tasks, delivered via the standardised training protocols, will lead to a portable competency award for the care worker, valid for 12 months.

To maintain portable competency status for healthcare tasks beyond 12 months, the care worker will be required to undergo further training with a registered healthcare professional.

If at any time a care worker requests refresher training, even within 12 months of the original training date, this must be provided by a registered healthcare professional.

Training for high risk delegated healthcare tasks (Red) will always require sign-off of practical competencies which is tailored to the individual patient's needs. However, theory training, delivered through a standardised training protocol can lead to a portable competency award for **theory only** (e.g. theory for administration of PEG medications).

## Training Records

Oxford Health NHS FT will maintain an electronic record of care workers who have been awarded portable competencies ([see appendix 6 for a summary of the IT register functionality](#))

Care workers / their employers should also record details of training given, including dates. A certificate of achievement will be awarded following training for both portable and client-specific training.

Where a healthcare professional provides client-specific training, they will document details of this in the appropriate NHS patient record and also in the care records held in the patient's home, including names of the care workers who have undertaken training to meet the individual's needs.

## Care Certificate

The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

It is a legal requirement for providers of regulated activities (i.e. domiciliary care providers registered with the Care Quality Commission) to ensure their staff undertake suitable training to meet the standards of the Care Certificate.

The Oxfordshire list of delegated healthcare tasks has been mapped to the Care Certificate standards ([Appendix 4](#)). This is intended to provide a guide to the foundation skills that may be beneficial to care workers in the delivery of delegated healthcare tasks.

The healthcare professional delegating the healthcare task can proceed to delegate in the absence of the Care Certificate, provided they are confident that the care worker demonstrates the skills and abilities to perform the task competently and accepts the responsibility to perform the task.

## 7. Delegation

A *Delegation Guideline* must be provided for all healthcare tasks delegated. Templates are available for each task listed in Table 1 ([Appendix 5](#)) and should be used and adapted as required to meet the needs of the individual client. *Delegation Guidelines* will be kept as part of the patient's care record, in their own home.

The *Delegation Guideline* provides additional guidance and instructions for the care worker to enable them to safely care for the patient. It also provides:

- A named clinical team responsible for monitoring the patient's care for the intended delegated healthcare task.
- Contact details for ongoing support / training for the care worker(s).
- A date for review of the patient's healthcare needs in relation to the delegated healthcare task.

The registered healthcare professional providing training may not be person delegating the healthcare task e.g. the Abbott nurse provides training for PEG feeding but the ward or district nurse is the 'accountable clinician' and must provide the *Delegation Guideline*.

Risk should be considered and where necessary a risk management plan put in place. A *Risk Assessment* template is available to support healthcare professionals safely delegate healthcare tasks.

There should be regular monitoring of the client's condition and care worker competencies (proportionate to the task). This is especially important where the individual receiving support has a condition that is complex, unstable and / or deteriorating.

## **8. NHS funding contributions for delegated healthcare tasks**

Patients, who have an Oxfordshire GP and have paid care workers providing healthcare tasks in their own home (as per Table 1), may be eligible to receive NHS funding to support this element of their care.

A request for funding can be made by a health or social care professional using the delegated healthcare task (*DHT Funding Application Form*).

Further information on NHS funding contributions for delegated healthcare tasks is available – see (*Q&A sheet - WIP*).

## **9. Medication Policy**

*Update - WIP*

## **10. Indemnity Insurance**

*Update - WIP*

## Appendices

Appendix 1 – examples of descriptors to support the clinicians' allocation to Red, Amber or Green (RAG) risk status

Appendix 2 - Decision-making matrix 1 & 2

Appendix 3 – example of Training Protocols for Delegation of Healthcare Tasks:

1. Administration of prescribed ointments, creams and lotions
2. Application of Ted stockings and compression Hosiery

Appendix 4 – see separate excel spreadsheet: Training Matrix for DHTs

Appendix 5 – template for a Delegation Guideline

Appendix 6 – IT register (summary information)

Example

[Appendix 1 – examples of descriptors to support the clinicians’ allocation to Red, Amber or Green \(RAG\) risk status](#)

[Example 1:](#)

**Prescribed ointments, creams, lotions**

Any client with a history of skin breakdown who is prescribed these products should be assessed by a clinician as to whether care workers will need to be trained and what level of training is required (i.e. will portable skills training be sufficient or will training need to be tailored to the patient’s individual needs?)

<p><b>High Risk</b>          Tioconazole: <i>Trosyl</i>          Complex cream regime requiring care workers to understand what ointment, cream or lotion goes where</p>
<p><b>Medium Risk</b>          Calcipotriol: <i>Dovonex</i>          Calcipotriol with betamethasone: <i>Dovobet</i>          Calcitriol: <i>Silkis</i>          Tacalcitol: <i>Curatoderm</i>          Tazarotene: <i>Zorac</i>          Coal tar preparations several different types: <i>Cocois; Exorex; Psoriderm; Sebco;</i>          Dithranol: <i>Dothrocream; Micanol; Psorin</i></p>
<p><b>Low Risk</b>          Clear instructions (prescriptions) are required to describe how often and where specifically the ointment, cream or lotion needs to be applied to the body</p> <p>This list is not exhaustive:</p> <p>Hydrocortisone, 0.1-2.5%: <i>Dioderm, Mildiso,</i>          Hydrocortisone with antimicrobials: <i>Canesten HC, Daktacort, Econacort, Fucidin H, Nystaform-HC, Terra-Cortril, Timodine</i>          Hydrocortisone with crotamiton: <i>Eurax-HC</i>          Hydrocortisone butyrate 0.1%: <i>Locoid</i>          Alclometasone dipropionate 0.05%: <i>Modrasone</i>          Beclometasone dipropionate 0.025% sometimes called Beclometasone          Betamethasone valerate 0.1% <i>Betnovate; Betacap; Betesil</i>          Betamethasone 0.025%: <i>Betnovate-RD</i>          Betamethasone 0.05%: <i>Diprosone</i>          Betamethasone with antimicrobials: <i>Fucibet, Lotriderm</i>          Diclofenac sodium: <i>Solaraze; Mobigel</i>          Diclofenac diethylammonium: <i>Voltarol Emugel</i>          Ibuprofen: <i>Fenbid forte gel; Ibugel forte;</i>          Piroxicam: <i>Feldene;</i>          Ketoprofen: <i>Oruvail; Powergel</i>          Amorolfine: <i>Loceryl</i>          Clotrimazole: <i>Canesten</i>          Econazole nitrate: <i>Pevaryl</i>          Ketoconazole: <i>Nizoral</i>          Griseofulvin: <i>Grisol AF</i>          Miconazole nitrate: <i>Daktarin</i>          Nystatin: <i>Nystaform</i></p>

Example 2:

**Thromboembolic Deterrent (TED) stockings**

**High Risk**

Underlying poorly controlled co-morbidities i.e. COPD , heart failure  
Rheumatoid Arthritis  
Peripheral Neuropathy  
Ischaemic Heart Disease  
Diabetes  
Peripheral Vascular Disease  
Mixed aetiology  
Complex lymphoedema compression  
Previous Vascular surgery  
Cognitive impairment / mental health needs requiring more complex anticipatory care  
Complex social situation necessitating a need for more complex care needs  
Unmanaged pain  
No Doppler status

**Medium risk**

Preventative management of DVT/VTE post-acute illness, surgery or admission without any of the High Risk indicators

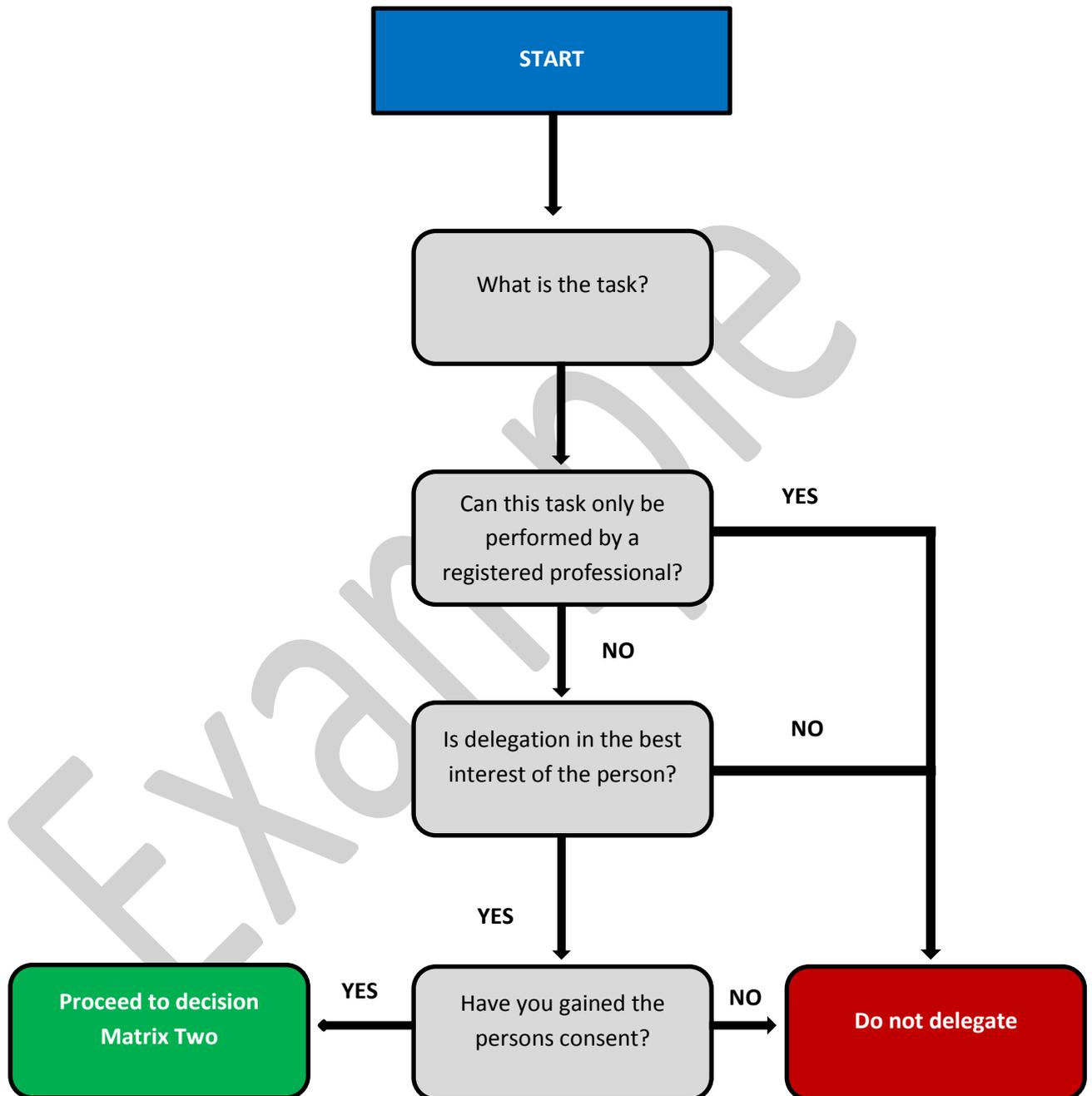
**Low risk**

Not applicable - all care workers supporting clients with TED stockings will undertake portable skills training as a minimum requirement.

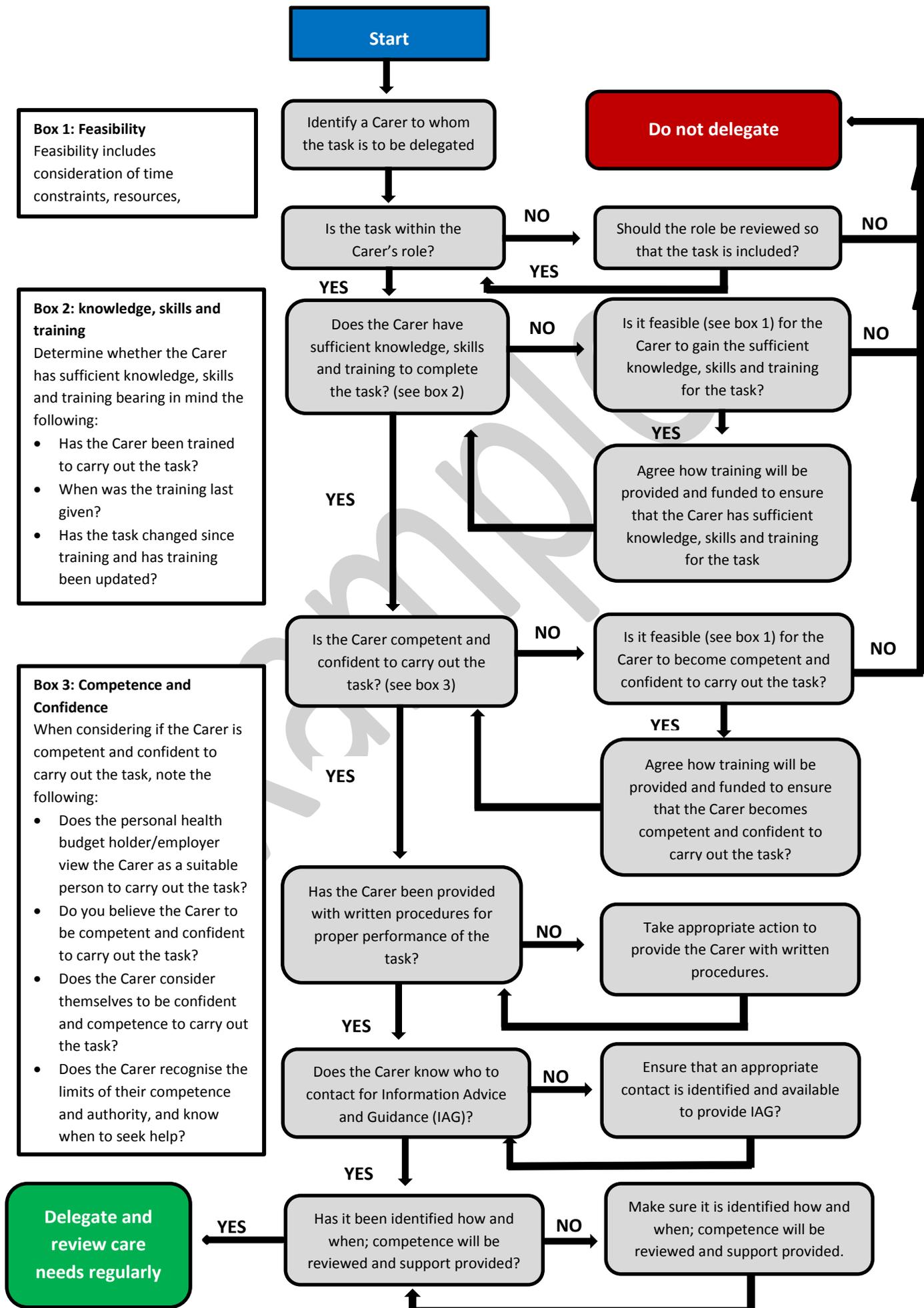
Example

Appendix 2 - Decision-making matrix 1 & 2

**MATRIX 1: Assessment of the TASK**



**MATRIX 2: Assessment of the Carer**



**Appendix 3 – example of Training Protocols for Delegation of Healthcare Tasks:**

**3. Administration of prescribed ointments, creams and lotions**

**4. Application of Ted stockings and compression Hosiery**

**Introduction**

It is recommended that a number of care workers undertake training to support individual patients with delegated healthcare tasks, to ensure that all shifts and periods of care worker sickness, absence and annual leave are covered.

For all delegated healthcare tasks, consent must be obtained from the patient or their representative for care to be undertaken by a care worker.

The care provider manager or employer has a responsibility to ensure that all necessary training has been received by the care worker, prior to delivery of the delegated healthcare task and that a delegation guideline is available in the patient's home to support care provision.

Where the patient is being discharged from a hospital setting, care worker training and provision of delegation guidelines should take place in this setting as part of a planned discharge process.

Consent must be obtained from the patient or representative agreeing to this care being undertaken by a care worker.

Where the person is considered unable to consent, and a representative is unable to consent on their behalf, an assessment of capacity must be completed.

**Useful contacts**

Nurse trainer for integrated locality teams  
Bladder and Bowel team  
Respiratory team  
Speech & Language Therapy  
Nutrition and Dietetics  
Physical Disability Community Physiotherapy team  
Community Pharmacist  
GP  
District Nursing team (housebound patients)  
Practice Nursing team (mobile patients)

*Example 1: Administration of prescribed ointments, creams and lotions*

**MEDICATION**  
**ADMINISTRATION OF PRESCRIBED OINTMENTS, CREAMS, LOTIONS**  
**(OTHER THAN SIMPLE MOISTURISERS & BARRIER CREAMS)**

An approved training pack is available for this delegated healthcare task. Training delivered via this pack will lead to a portable competency award for care workers, valid for 12 months. A delegation guideline will always be required. This outlines patient-specific requirements relating to provision of care.

**Part 1: Theory**

Points to consider in training:

- Principles of hygiene (washing, use of protective gloves) and cross-infection
- Why the ointment, cream or lotion is being used.
- Method / frequency of application.
- Storage of the product.
- Communication of any changes in the skin, to which the ointment, cream or lotion is being applied; e.g. Itchiness breaks in the skin, pain, etc.
- Recording and documentation.
- When and how to contact the appropriate healthcare professional.
- Delegation Guidelines.

**Part 2: Practical**

A healthcare professional will demonstrate the complete procedure as often as is necessary, to the client's care worker(s).

A healthcare professional will observe the care worker with the named patient, or using simulation, as many times as appropriate, before agreeing the care worker competency. In addition, the healthcare professional will test the knowledge of each care worker through written and / or oral questioning.

**Part 3: Delegation Guideline**

A delegation guideline will be provided by an NHS healthcare professional to provide additional guidance and instructions for the care worker to enable them to safely care for the patient. The delegation guideline will also provide:

- A named clinical team responsible for monitoring the patient's care for the intended delegated healthcare task.
- Contact details for ongoing support / training for the care worker(s).
- A date for review of the patient's healthcare needs in relation to the delegated healthcare tasks.

*Example 2: Application of TED stockings & compression Hosiery*

**SURGICAL APPLIANCES**  
**APPLICATION OF TED STOCKINGS & COMPRESSION HOSIERY**

An approved training pack is available for this delegated healthcare task. Training delivered via this pack will lead to a portable competency award for care workers, valid for 12 months. A delegation guideline will always be required. This outlines patient-specific requirements relating to provision of care.

Post-operative **TED Stockings** should be reviewed by the District Nurse or other appropriate healthcare professional after 6 weeks.

It is the responsibility of the healthcare professional prescribing the **compression hosiery** to arrange appropriate review of the patient's need for such treatment.

**Part 1: Theory:**

Points to cover in training:

- Simple anatomy and physiology.
- Reasons for using TEDS or compression hosiery.
- Different types of TEDS or compression hosiery "tightness" and their uses.
- How to apply or remove TEDs or compression hosiery.
- Maintenance of appliances used to place / remove TEDS or compression hosiery.
- Care of TEDS or compression hosiery
- Privacy and dignity.
- Principles of hygiene and cross-infection.
- Care of the surrounding skin.
- Complications than can arise from using TEDS or compression hosiery.
- Moving / handling of patient, optimum position.
- Recording and documentation.
- When and how to contact the appropriate healthcare professional.
- Delegation Guidelines.

**Part 2: Practical**

A healthcare professional will demonstrate the complete procedure as often as is necessary, to the patient's care worker(s).

A healthcare professional will observe the care worker with the named patient, or using simulation, as many times as appropriate, before agreeing the care worker competency. In addition, the healthcare professional will test the knowledge of each care worker through written and / or oral questioning.

**Part 3: Delegation Guideline**

A delegation guideline will be provided by an NHS healthcare professional to provide additional guidance and instructions for the care worker to enable them to safely care for the patient. The delegation guideline will also provide:

- A named clinical team responsible for monitoring the patient's care for the intended delegated healthcare task.
- Contact details for ongoing support / training for the care worker(s).
- A date for review of the patient's healthcare needs in relation to the delegated healthcare task.

*The contents of the approved training pack for the "Application of TED stockings & Compression Hosiery" are also provided (Appendix 3a). Currently, training delivered via this pack does not lead to a portable competency award for care workers: we are still operating under our existing delegation model and there are a number of references to this in the training pack. All training packs will require checks prior to any roll-out of portable competency awards.*

Example

Appendix 5 – template for a Delegation Guideline

**Delegation Guideline**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guideline completed by: \_\_\_\_\_ (RGN name)

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date for review of this healthcare need (e.g. 6 weeks / 3 months): \_\_\_\_\_

Referral to: \_\_\_\_\_ for review/monitoring

(e.g. District Nurse / Practice Nurse, if required)

Care team / person to whom this task is delegated: \_\_\_\_\_

**Please identify training completed**

**Portable competency award**

**Client specific training**

Task element	Specific instructions
<p><b>When to seek help</b></p>	



### Client (or nominated representative) Consent

I,.....consent to the Care Worker(s) named above to provide **my / client name** (delete as appropriate)..... care as discussed.

Yes

No

I consent to the sharing of information about **me / client name** (delete as appropriate) ..... as required for referrals and liaison in relation to my care.

Yes

No

Client's (or nominated representative's) Signature:

.....

### Appendix 6 – IT register (summary information)

The purpose of the IT register is to hold a central accessible database of care workers **portable competency awards** (e.g. theory & practical for Green / Amber tasks and Theory for Red tasks).

Client specific training (practical) will not be logged on the system – it doesn't need to be as it is client specific.

Client specific competency awards will need to be recorded in the patient's Carenotes record and/or in the patients file in their home. E.g. if a trainer signs off competency for 4 named carers on meds via PEG, they will record this in the care file in the clients home, and also liaise with the locality team administrator so that these named carers can be uploaded to the Carenotes system.

Named carers will also be added to the reverse of the Delegation Guideline.

The IT register functionality is similar to that of the Oxford Health Learning & Development Portal used by staff.

The principle behind it is that

- Training can be delivered in a classroom setting or in the client's home
- Trainers create a training session for a particular task, identifying the location in which the training will take place and the number of sessions available
- Sessions can be published on the internet (i.e. accessible to all care workers) or only available to Internal Oxford Health staff (e.g. Reablement)
- Care workers can create a user name / password as this training portal is published on the internet and will be able to book on to training sessions
- Care managers will be able to log on to manage the training of their own staff
- Trainers can log onto the system and 'approve' care workers who have attended the training sessions – by doing this, the care workers will automatically be e-mailed a competency certificate for that delegated healthcare task.
- Non-Oxford Health Trainers can register on the system as trainers (NMC PIN required) however they will need to be authorised by a System Administrator from Oxford Health in order to be able to use the online system
- System Administrators have the greatest level of functionality with the system.

No patient details will be entered on the IT portal. To book training sessions for patients in their own homes – the venue will be **Client's home** with a free text area to enter locality e.g. Witney / Abingdon. (Nothing more detailed than this is needed - carers will have been told where the training is being held, by their care manager, and will just need to log onto the system so that they can then be awarded the electronic competency).

The IT register can be accessed by

- Oxford Health NHST FT system administrators
- Care workers / care provider managers
- Nurse trainers (any organisation) – to book training sessions and award portable competencies