

# Delegating healthcare tasks to personal assistants (PAs)

## Q&A

### Contents

1. What is the difference between delegated healthcare tasks and other tasks?..... 4
2. How do you decide what is/isn't a delegated healthcare task and is there a list or guide on exactly what tasks can be delegated? ..... 4
3. What, if any, mental healthcare tasks could be considered for delegation?..... 4
4. Is changing a suprapubic catheter a delegated healthcare task and can PAs do catheter change as now as well as bowel care? ..... 4
5. Where does responsibility lie in the delegation of healthcare tasks, the provision of the training and the funding of that training? And if there is an error in doing the task, who takes responsibility to retrain and supervise? ..... 5
6. What are the legal implications to a PA of undertaking tasks that there should be a qualified professional supervising? ..... 5
7. Where does the ultimate responsibility lie in the delegation and the providing of training..... 5
8. Who has responsibility for delegating the health care tasks when training/ competency assessing and how do others source this? ..... 5
9. Once the healthcare task has been delegated to the PA, how is competence signed off and agreed? ..... 6
10. If there are concerns, who (professional or otherwise) should check that a PA's training is in date?..... 6
11. Where a healthcare task has been taken on by a PA via a hospital (rather than the CCG), who determines ongoing training and oversight? Is there any difference for those with funding and those that are self-funded? ..... 6
12. Can you give some information on how training for PAs to administer insulin should be funded? ..... 6
- 13.

14. If a task, which can be delegated, is one which doesn't require clinical decision making, how would this apply to tracheostomy care and oxygen delivery? Would deciding if a tube needed changed in an emergency or not be a clinical decision? Would deciding based on the patient presentation if supplementary oxygen was required be a clinical decision?

27. PAs and individual employers are not CQC registered, so who has responsibility for keeping a track of training needed and how often should training be reviewed/refreshed?.....	11
28. The need for delegation of healthcare tasks to PAs has increased during the pandemic, is there an ongoing commitment or plan to raise awareness amongst individual employers, as well as with associated support (e.g. training, insurance etc.)?.....	11
29. Are self-employed carers covered by insurance to undertake delegated healthcare tasks?.....	12
30. If my self-employed PA has their own public liability insurance, do I also need my own insurance cover? .....	12
31. Should self-employed PAs be registered with CQC?.....	12
32. Are family members included in insurance cover to undertake delegated healthcare tasks?.....	13
33. How does health and safety law apply in the home, specifically relating to lifting equipment when Lifting Operations and Lifting Equipment Regulations (LOLER) say 'domestic assistants' are specifically excluded?.....	13
34. If provision of care is shared with a domiciliary care provider and they provide training as a goodwill gesture, does their insurance take on the training/competence liability or does this lie with the individual employer? .....	13
35. How does employer liability apply if the individual employer was not aware of a risk? For example, if a hoist system was found to have been installed incorrectly but it's use was stopped as soon as concerns were raised? .....	14
36. Are there any restrictions (insurance or otherwise) around under 18s undertaking healthcare tasks (e.g. administering medication)? .....	14
37. Can people under the age of 18 provide personal care, if so, what needs to be considered in terms of supervision and any potential psychological impact? .....	14
38. What, if any, insurance advice/cover is available for individual employers if their staff are living with Long Covid? .....	15
39. Will there be ongoing provision of personal protective equipment? .....	15

## **1. What is the difference between delegated healthcare tasks and other tasks?**

Delegated healthcare tasks are distinct from other tasks in that they are tasks of a clinical nature which come under the responsibility of a registered healthcare practitioner. They therefore require a decision to delegate by a practitioner with the appropriate occupational competency and the delegation needs to include training, assessment of competence and review. Delegated healthcare tasks are tasks that can be done in much the same way each time and don't require a PA to make clinical decisions each time they carry out the task.

## **2. How do you decide what is/isn't a delegated healthcare task and is there a list or guide on exactly what tasks can be delegated?**

There is no list or guide of tasks suitable for delegation issued by NHS England and NHS Improvement (NHSE/I). Clinical Commissioning Groups (CCGs) may have lists as part of their local policy, but any list must be indicative only – each decision to delegate must be made on an individual basis, according to the circumstances of the person concerned. Something that might generally be suitable for delegation may, because of the particular complexities of a person's health or other circumstances, not be appropriate to delegate in that instance. A list can help with general guidance but each decision to delegate a task should be individually made.

## **3. What, if any, mental healthcare tasks could be considered for delegation?**

See answer to question 2.

## **4. Is changing a suprapubic catheter a delegated healthcare task and can PAs do catheter changes now as well as bowel care?**

NHSE/I does not provide a list of tasks suitable for delegation – each decision to do all healthcare tasks could be considered for

**5. Where does responsibility lie in the delegation of healthcare tasks, the provision of the training and the funding of that training? And if there is an error in doing the task, who takes responsibility to retrain and supervise?**

The registered practitioner with the occupational competency to delegate the task is responsible for the decision to delegate and must provide training or arrange for the provision of training, competency sign-off and ongoing support. This should be funded by the NHS. If a PA does not feel competent and confident to carry out a task, or if they make a mistake, they should contact the NHS practitioner responsible for the person's care, or person who provided training to request additional support – they can do this directly or via their employer.

**6. What are the legal implications to a PA of undertaking tasks that there should be a qualified professional supervising?**

Once a decision has been made that a task can be delegated, and training has been provided and competency assessed, the process also should include the provision of ongoing support for the PA. After their training, they should know who to contact if they have any queries or concerns. There should also be an agreed review process. If the task needs daily supervision – either because of the task itself, or the lack of competency of the PA, it shouldn't be delegated.

**7. Where does the ultimate responsibility lie in the delegation and the providing of training?**

The registered practitioner with the relevant skill to delegate the task, is accountable for the decision to delegate and cannot delegate that accountability. As part of delegation they must ensure that the PA is trained and assessed as competent.

**8. Who has responsibility for delegating the health care tasks when training/ competency assessing and how do**

**9. Once the healthcare task has been deleted delegated to the PA, how is competence signed off and agreed?**

Once the training has taken place, the registered practitioner (a nurse for example) would observe the PA carrying out the task. It is recommended that all parties sign to indicate that they are happy that the PA is competent – the registered practitioner would sign to say the PA has demonstrated they are capable of carrying out the task; the PA would sign to say they are satisfied that they're confident and capable of carrying out the task, and the employer would sign to say that they're also satisfied for the PA to carry out the task. Competency sign-off should include a timescale for refreshing the training and reviewing competency, usually annually.

**10. If there are concerns, who (professional or otherwise) should check that a PA's training is in date?**

The registered practitioner or the NHS team who has clinical oversight for the care package should have a process in place to check that PA training is up to date, and competency is reviewed.

**11. Where a healthcare task has been taken on by a PA via a**

**13. How willing are clinical teams/healthcare professionals to delegate healthcare tasks to PAs and undertake competency assessment and oversight? Is it an easy process?**

CCGs or NHS teams generally are very supportive of delegation of healthcare tasks. Amongst other benefits, it can make best use of NHS workforce resources and skills, increasing efficiency and providing longer term savings in staff time and costs. 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. CCGs will have different local arrangements to manage the delegation process, including arrangements for ongoing clinical oversight of the care package, provision of training and competency sign-off. Establishing a robust local protocol helps staff understand the process and how the organisation supports them in this.

**14. If a task, which can be delegated, is one which doesn't require clinical decision making, how would this apply to tracheostomy care and oxygen delivery? Would deciding if a tube needed changed in an emergency or not be a clinical decision? Would deciding based on the patient presentation if supplementary oxygen was required be a clinical decision?**

There are complex healthcare tasks where component parts can be delegated to PAs, for example, routine care of a tracheostomy tube and oxygen delivery. These are usually the elements that are routinely done in the same way/repeated every time, taking into account an individual's particular circumstances, the type of task and the person who is going to be trained to do that activity. For a PA, part of the process of carrying out a delegated healthcare task is also to know what to do in an emergency, when to stop and report an unusual situation; and knowing who to report it to. This should all be covered as part of the training and the sign-off of competency.

**15. Is it always the responsibility of the CCG to assess competency sign off? There appears to be variation in the way that this is done**



**18. Can healthcare tasks, that are bespoke to an individual, and have been delegated to one or two team members by a healthcare professional, then be cascaded to other PAs for them to then carry out the tasks on a daily basis?**

This wouldn't be considered normal practice. The CCG should be involved and agree

**22. What can I do if my PA is unwilling to take on additional tasks and responsibility (e.g. delegated healthcare task) without having an increase in their pay to take into account the additional responsibility? Or my CCG refuses to fund an increase in pay?**

## **26. Who checks that training is in date for PAs?**

The employer should check whether their PA's training is in date. It is good practice to check with each PA periodically and whether they require any additional or refresher training. The Skills for Care Employing PAs toolkit has a section on [managing and developing your PA](#), which includes information about training. Skills for Care's [guide on learning and development for PAs](#) would also be useful. When competency for delegated healthcare tasks is signed off by the registered practitioner, there should also be a plan put in place for reviewing the PA's competency and providing further training if required, for example, annually.

## **27. PAs and individual employers are not CQC registered, so who**

**29. Are self-employed carers covered by insurance to undertake delegated healthcare tasks?**

Yes, self-employed PAs should have their own personal care assistant insurance

**32. Are family members included in insurance cover to undertake delegated healthcare tasks?**



38.

