

## PERSONAL HEALTH BUDGETS GUIDE

# Personal assistants – delegation, training and accountability



**DH INFORMATION READER BOX**

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# Personal health budgets

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. Our vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.

## What are the essential parts of a personal health budget?

The person with the personal health budget (or their representative) will:

- Be able to choose the health and wellbeing outcomes they want to achieve, in agreement with a health care professional
- Know how much money they have for their health care and support
- Be enabled to create their own care plan, with support if they want it
- Be able to choose how their budget is held and managed, including the right to ask for a direct payment
- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

## How can a personal health budget be managed?

Personal health budgets can be managed in three ways, or a combination of them:

- Notional budget: the money is held by the NHS
- Third party budget: the money is paid to an organisation that holds the money on the person's behalf
- Direct payment for health care: the money is paid to the person or their representative

The NHS already has the necessary powers to offer personal health budgets, although only approved pilot sites can currently make direct payments for health care.

## What are the stages of the personal health budgets process?

- Making contact and getting clear information
- Understanding the person's health and wellbeing needs
- Working out the amount of money available
- Making a care plan
- Organising care and support
- Monitoring and review

# 1 Introduction

This guide is about the delegation of tasks to personal assistants (PAs) for personal health budget holders. It aims to support NHS managers and staff in thinking through issues regarding delegation to PAs and accountability. PAs are generally employed not by the NHS, but by the personal health budget holder or a third party organisation. Issues that arise for the NHS include:

- how and when to delegate responsibilities
- how training is provided and quality assured
- who pays for training, and how
- who is accountable and who is liable if harm occurs to the personal health budget holder.

These issues are of equal concern to people employing PAs and the PAs themselves. PAs need to know their responsibilities, and how and when they will be protected should something go wrong. Personal assistants are a growing workforce and the trend towards employing them is likely to increase.

Developing their skills and ensuring they are appropriately supported is important for PAs' performance, personal development and career prospects, and for developing and retaining an increasingly important workforce. This guide aims to:

- share emerging practice, increase knowledge and encourage best practice
- help NHS managers and commissioners to ensure lines of accountability and risk management are clear and embedded in systems of governance, and to develop effective local training and support for PAs
- ensure that all the implications of employing PAs are considered in care planning and at review so that the necessary support, development and training are put in place in a timely way.

This guide is part of the Department of Health's personal health budgets toolkit,<sup>1</sup> which brings together learning from the pilot programme<sup>2</sup> and shows how personal health budgets can be implemented well.

## Louise's story

**Louise, aged 90 and from West Sussex, has Alzheimer's disease. Her personal health budget pays for PAs to care for her at home. As a result, Louise's quality of life has "increased exponentially" says her daughter Mary.**

*My mother has Alzheimer's disease, which was diagnosed 15 years ago. She has immense trouble communicating her needs and she is difficult to understand. She also has chronic physical health problems. As a result she is totally dependent on others for her personal care and day-to-day needs.*

*Before having a personal health budget my mother required frequent stays in residential homes. However, these homes tended to rely on agency staff who were, in my opinion, often poorly trained and overworked. They never seemed to have enough time to change or toilet my mother properly. Too often they never provided her with enough fluids. I was constantly worried. My mother is now 90 and very ill. She lives with my husband and I, as she wanted to spend her final months at home, rather than in a nursing home.*

*She now has a personal health budget. This has enabled us to recruit and pay for a team of seven PAs who cover shifts from 8am to 6.30pm every day at our home. My husband and I are responsible for my mother's care during evenings and nights. We used a local user-led organisation to help with staff recruitment and payroll, and to advise about employment legislation.*

*Every four weeks the personal health budget money is transferred to a bank account for my mother as a direct payment for health care, and we use this to pay the PAs. The PAs provide excellent and consistent care. All seven have stayed with us since the day we recruited them, and I get such a buzz witnessing them grow as a team. Each one contributes valuable knowledge and insights. We all listen to each other and weigh up the pros and cons of each suggestion, and our aim is to be proactive and pragmatic in our approach to my mother's care.*

*My mother is really benefiting from the personalised regime and her care is carefully thought out and detailed. For example, her diet is discussed, meticulously planned and recorded to ensure she receives all vital vitamins and nutrients. My mother cannot exercise herself so the PAs help move her arms and legs to ensure her joints remain supple. We have also put decorations on my mother's bedroom ceiling to provide mental stimulation.*

*Since my mother has had the personal health budget we have never looked back. Her quality of life has increased exponentially. Vitally, because of the expert care she receives, my mother has not required any emergency admissions to a nursing home or the hospital, avoiding traumatic upheavals for her. All in all, my mother now lives a fulfilled and contented life. Her face almost always shows a satisfied peaceful expression. Plus, she responds positively to the familiar voices of her family and PAs. She is surrounded by people who not only care about her, but also are observant and vigilant about her needs. She is so much happier.*

## 2 Delegating health care tasks to personal assistants

This guide looks at delegation within personal health budgets where an NHS employee agrees, through the care planning process, to entrust authority and responsibility to a PA for a specific task, activity or role.

### About delegation

Considering whether a task should be delegated involves reviewing not only the risks of delegation, but also the benefits that may come with delegation and the risks of not delegating. The PA is often the person working most closely with the person requiring care and support; they are often able to respond quickly and in a timely manner. They may have developed a very good understanding of the person they care for, and have particular skills in communicating with them. Their skills, knowledge and availability may make them ideally placed to carry out delegated tasks. There will also be tasks that are considered unsuitable for delegation, because of the nature of the task or the circumstances relating to it.

When delegating a task, here are some questions to consider.

- Is delegation in the best interest of the person?
- Does the personal health budget holder/ employer view the PA as competent to carry out the task?
- Does the registered practitioner view the PA as competent to carry out the task?
- Does the PA consider him/herself to be competent to perform the activity?
- Has the PA been suitably trained and assessed as competent to perform the task, or is there a way to make this happen?
- Are there opportunities for ongoing development to ensure competency is maintained?
- Is the task/ function/ health intervention within the remit of the PA's job description?
- Does the PA recognise the limits of their competence and authority and know when to seek help?

Regulated health professionals will also need to meet any standards for delegation set by their regulatory body (eg the Nursing and Midwifery Council for nurses, midwives and health visitors; the Health and Care Professions Council for physiotherapists, dieticians, speech and language therapists).

## David's story – delegating health care tasks to a PA

David, from Nottingham, has a personal health budget for his health care needs. He has paraplegia from T5, from the chest down, and needs his dressings changing daily. With his personal health budget, David was able to arrange training for his PAs to do this, rather than waiting for the district nurses each morning. As David's PAs can change the dressings any time, this frees him up to go to work when he needs to. The district nurse now comes for a weekly check.

*I have a district nurse, which was primarily just for dressings every morning. It was quite easy to see that I could train my PAs to take over that role and administer the dressings etc in the mornings. The district nurse becomes what you would class, I suppose, as your care manager, so that as Jill and Jane administer all the care you need, periodically they just come in and check everything's fine – David*

*I'm Jane, I'm David's PA. I've been his PA now for five years (through a personal budget for his social care needs). Sometimes the nurses were really late, or just didn't turn up or let him know, so if he'd had a shower, he was stuck. If he'd got an appointment at the hospital, it was really frustrating for him. Well now he doesn't have to wait; he can have a shower when he wants. If he wants a shower in the night, then he just showers and we change his dressings straight after having a shower, which means there's less chance of him having infections, because he hasn't got to wait for anybody, because we're there to do it. A tissue viability nurse came out and we had to show what we could do with his feet, how we changed his dressings, and he okayed us to do it – Jane*

David found that this straightforward change made a big difference to his life.

## Ahmet's story – employing a registered nurse

Ahmet is 24 and has Duchenne muscular dystrophy. He has a complex range of health care needs requiring two people to care for him 24 hours a day. He receives a personal health budget. His mother Emma employs a team of PAs to help with Ahmet's care and support. She also employs a registered nurse, who trains the PAs in the many clinical tasks that are agreed as appropriate for them to carry out. Not all tasks are seen as appropriate for delegation. For example, the deep suction and bladder washes that Ahmet requires from time to time require the skills of the registered nurse, and she can then be called on to directly carry these out.

There is a range of related information available from the Royal College of Nursing, including information on accountability and delegation from nurses to health care assistants, checklists and a short film.<sup>3</sup>

## About accountability

Registered professionals are regulated by statute and are accountable to their regulatory body (see page 5). Although PAs are not currently regulated by statute, they remain accountable for their actions in several ways.

- To the personal health budget holder – under civil law 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 (eg 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 – under criminal law, if a PA were to physically assault a client they could be held accountable and could be prosecuted under criminal law.<sup>4</sup>

A registered practitioner who delegates a 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 PA to whom they delegate. The PA is accountable for accepting the delegated task and responsible for their actions in carrying it out.

## Duty of care

When a task is being considered for delegation to a PA, the NHS remains responsible for the person'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. Duty of care also includes respecting the person's wishes and protecting and respecting their rights.

*A duty of care is an obligation placed on an individual requiring that they exercise a reasonable standard of care while doing something (or possibly omitting to do something) that could foreseeably harm others. For an action to succeed in negligence, there must be an identified duty of care. That means that organisations and individuals must maintain an appropriate standard of care in all the circumstances of their work and not be negligent. The likelihood of any proceedings being successful will only arise where a duty of care is breached through negligent acts or omissions and an individual suffers injury as a result. There is, of course, nothing to stop an individual bringing an action whether it is well founded or not. An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals or public authorities. However, the NHS remains accountable for the proper use of its public funds, and whilst the individual is entitled to live with a degree of*

*risk, the NHS is not obliged to fund it. In very difficult cases, there will need to be a robust process whereby conflict about the acceptability of risk or otherwise can be properly debated and resolved.*<sup>5</sup>

It is vital that people and their families have the information and support they need to make informed decisions. This should include a discussion of the evidence on possible choices and risks. Staff must document the process undertaken to support the person to make a decision.

## Employers' responsibilities

Personal assistants can be employed either by the personal health budget holder, or by a third party organisation such as a health care agency or voluntary organisation. A personal health budget holder may choose to employ a PA through a direct payment for health care. In the majority of cases, PAs are not eligible to be treated as self-employed as the nature of their work does not meet the criteria set by HMRC.<sup>6</sup> When the personal health budget holder is the employer, they are subject to relevant employment law.<sup>7</sup> This includes a legal responsibility to ensure their employee remains safe. In carrying out this responsibility, the employer should consider any training needs along with health and safety issues. If more than five people are employed, a health and safety policy is needed.<sup>8</sup> People taking on employment responsibilities should be supported where possible with information, advice and training. The NHS service providing the personal health budget should ensure good quality support is

available and direct people to it. There is a growing amount of information and advice available about employing PAs, for example from Disability Rights UK<sup>9</sup> and Skills for Care.<sup>10</sup> In some areas this includes training and support programmes, often led by disabled people's user-led organisations.

People employing PAs should consider insurance for employment-related issues. The cost of appropriate insurance should be included within the personal health budget.

Employers should ensure they speak to their insurer's help line regarding any specific circumstances, as indemnities are dependent on the budget holder taking and following advice on any issue affecting their PAs.

## Support for PAs

Working as a PA often means working in relative isolation compared with traditional work environments for care and support workers. While the nature of the work can be very rewarding, it can be difficult to know where to go for help and support when needed. It is helpful if PAs know the options available both locally and nationally, so they can understand their rights and responsibilities and obtain independent support when needed. Some local user-led organisations offer support services for PAs. There is also support, advice and information available from trade unions, eg Unison has produced an information leaflet on rights at work for PAs<sup>11</sup> and is looking into the services and support it can offer PAs. Other information sources include the Personal Assistants

Network,<sup>12</sup> which provides information and guidance for PAs.

## The nature of delegated tasks

Although personal budget holders in social care have employed PAs for many years, the issue of delegation has not been highlighted as a major concern because the tasks involved do not hold such high clinical risk as those now being considered in health. Personal assistants within the social care field carry out a variety of tasks ranging from personal care to walking the dog, reading correspondence, parenting, going on holiday, and many others according to the personal needs and priorities of the person they work for. The kinds of task being considered for delegation in health can include those of a more clinical nature

requiring very specific knowledge and skills in relation to, for example:

- dysphagia
- epilepsy
- nutrition
- enteral and parenteral feeding
- communication
- ventilation – including tracheostomy care and long term ventilation
- postural care/mobility equipment
- medication
- skin care/wound care
- pain and distress
- oral health care
- cortical visual impairment
- oxygen therapy.

### Skills for care

Skills for Care provides a range of information to help both PAs and their employers.

#### Employing personal assistants toolkit

Together with the Association for Real Change, Skills for Care has developed a toolkit<sup>10</sup> to support people to employ their own PAs. The toolkit helps small employers deal with the basic issues and legalities of employing their own staff. Each section has a list of questions and tasks, some essentials, and links to sources of help. There are also templates available for some of the paperwork involved.

#### ‘Getting started: a guide for personal assistants’

This guide<sup>13</sup> from Skills for Care with Manchester City Council includes information on becoming an employee, rights and responsibilities. It includes a sample job description, person specification and contract of employment along with information on risk assessment, induction and appraisal, a checklist for training and an action planning template.

## 3 Decision making and the role of care planning and review

Care planning is central to personal health budgets. It is at this stage of the process, following gathering information and understanding the person's health and wellbeing needs, that detailed plans are made. Care planning uses a partnership approach between the health professional and the person, along with their family and carers as appropriate, to look at what's working and not working, what's important to the person and what outcomes they wish to achieve. Then 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 support. For activity that will be delegated, the action plan needs to identify how any necessary training will be provided and funded, who will be responsible for purchasing and providing it, and who will be responsible for assessment of competence. Training could be provided through existing

in-house resources or through purchased services. The care planning process should also include identification of any risks and how these will be managed, and how and by whom ongoing support and supervision will be provided. The care plan should also identify frequency of review, which should take into account the nature of the tasks a PA may be carrying out and the need to review these. If a person's condition is unstable or fluctuating, the nature of the tasks may change and further training required should also be considered. The care plan and review should identify risks and how they will be managed. At review, if refresher training or training in new skills is required, then the budget allocation may need adjusting to allow for this.

### NHS Manchester referral form

The table on page 11 is an example of a referral form for personal health budgets in NHS Continuing Healthcare. The form is used to identify the clinical tasks required and any associated training needed. This information is used to complete a personalised care plan. In Manchester, PAs are able to access in-house clinical training when needed.

## NHS Manchester referral form

Patient need	Key Clinical Task	Training Required
<b>Maintaining a safe environment:</b> Do they live alone? Any animals in the home?		
<b>Communication:</b> Interpreter required?		
<b>Breathing:</b> Oxygen ordered?		
<b>Hygiene:</b>		
<b>Nutrition:</b> Who will provide? Shopping Preparation of food Assistance with diet and fluids		
<b>Continence:</b> Provided with sufficient continence products? Who will provide laundry service?		
<b>Mobility:</b> Falls risk? Equipment?		
<b>Skin integrity:</b> Necessary equipment delivered?		
<b>Emotional and psychological/ perception of health status:</b> Is individual aware of diagnosis and prognosis?		
<b>Medication:</b> Who will administer? – *Care agency will require medication in blister pack. Who will re-order medication? Concordance with allergy? Medication?		
<b>Mental health and cognition:</b>		
<b>Assessor:</b>		<b>Date:</b>

## The impact on the family

Personal assistants work with people in their own homes, so both the care manager and the PA need to take into account the needs and views of the whole family. This involves thinking about the impact of any activity on members of the family and on their home

environment. Many family members are also carers who have a great deal of expertise and knowledge about the person's care and support needs and have a unique relationship with them. It is important in planning care that it works around the family and with the family, so that wherever possible everyone can be better supported.

### Jenny's story

When Jenny, aged 16, became seriously ill, it changed the family home physically, socially and emotionally. The family moved house to accommodate her medical and technical equipment, and needed to get accustomed to having support staff in their home. What was once the family's personal space was no longer their own. Although the family is grateful for the support they receive, the number of people visiting their home can sometimes feel overwhelming. Having PAs to assist with Jenny's day-to-day care means that her parents have time off from the demands of caring for her, and have time to spend with their other children. But it also means their lives are conducted alongside staff who are sometimes comparative strangers. They feel their interactions, emotions, behaviours and lifestyle are open to public inspection. The complexity of Jenny's needs means the majority of her family's life revolves around her routines and constraints. This means daily events such as taking their other children to school and supporting them in their interests and activities require considerable planning. The number of appointments and professional visitors her parents have to accommodate can also be problematic. Supporting Jenny to live a good life involves a lot of juggling.

Having a personal health budget helps because it means the family can choose who comes into their home. When PAs relate well to the family and are aware and sensitive to the whole family's needs, it makes a big difference.

## 4 Training for personal assistants

It is vital to ensure the person to whom a task is delegated has appropriate training and competence.

### Resourcing PA training

The principle of personal health budgets is that the money required to meet a person's health outcomes is made available within their personal health budget. So it is reasonable to assume that if the care planning process identifies a need for a PA to carry out identified tasks, consideration is also given to their training needs and that:

- funding for this is included in the budget, or
- training is directly commissioned and provided.

Funding may also be needed for refresher training, and for training in any new skills required as needs change.

### Providing training and ensuring quality standards

Training should be provided by a competent person and should be of a standard recognised as adequate for the task.

- The PA should always keep full records of training given, including dates.
- There should be written evidence of competence assessment, where possible

against recognised standards such as National Occupational Standards<sup>14</sup> or the standards being developed by Skills for Health<sup>15</sup> and Skills for Care.<sup>10,13</sup>

- There should be clear guidance and protocols in place so PAs are not required to make clinical judgments outside their competence.
- There should be an appropriate level of supervision and mentorship available, with ongoing development opportunities, to ensure competency is maintained and new competencies are acquired when needed. Supervision and mentorship should be proportionate to the task and the competencies of the PA, and appropriate to the specific needs of the person receiving support.
- Risk should be considered and where necessary a risk management plan put in place.
- The employer and PA should consider taking out appropriate insurance.
- There should be regular monitoring of competencies (proportionate to the task) and access to regular training updates. This is especially important where the person receiving support has a condition that is complex, unstable and/or deteriorating.

The importance of training is emphasised in the Department of Health's framework for

supporting PAs working in adult social care:

*Opportunities for learning and development should be available for both PAs and direct employers. This is important for building relationships between them. However, evidence suggests that employers can fail in their responsibility in relation to training. This can make it difficult for staff to keep skills*

*fresh and, in the longer term, compromise standards of care. Research shows that a quarter of PAs cite lack of learning and development opportunities as a key reason for leaving the role. If PAs are to be attracted and retained, this needs to be addressed. If not, PA working will be perceived as casual, transient, low skilled and part time, rather than as a challenging and rewarding career choice.<sup>16</sup>*

## Mitchell's story

Mitchell is 20 years old and likes being outdoors and with his friends. He has very complex health needs that mean he is totally dependent on others. These needs include a tracheostomy, gastrostomy and long term ventilation. From 2001, Mitchell's primary care trust was paying for a large package of home care from a team at the local hospital. This was very similar to hospital care. Mitchell's family felt he was "in hospital, at home" and that they had little or no control over many parts of their lives. In September 2008, Mitchell became one of the first people to have a personal health budget. A community interest company (CIC) holds Mitchell's budget on his behalf. It is used to pay for his care, staff recruitment and training, and other related health and social care outcomes. A team of 11 staff are employed through the CIC to care for Mitchell, but day-to-day management of staff is carried out by Mitchell's mother, Jo, in conjunction with a registered nurse. Together they developed a comprehensive training scheme that ensures all the PAs are competent and confident to deliver the very specific care that Mitchell requires. The registered nurse, who is employed via the personal health budget, works with the family on a weekly basis, and delivers the training and competency assessment. The registered nurse is supervised via the CIC that employs her. The training is divided into four stages:

- observation (of the registered nurse)
- demonstration (by the registered nurse)
- practice (with a senior PA)
- assessment of competence (by the registered nurse) .

There are 15 units, the first importantly focusing on Mitchell as a person (rather than a set of medical needs) who lives at home with his family. All the other units incorporate both a

[continue on next page >](#)

practical and a theoretical element, so the PAs have some understanding of the physiology behind the activity. Each unit is signed off when the PA is assessed as competent, and records of units successfully completed build into a training portfolio, which provides evidence for all concerned. No-one is allowed to work alone with Mitchell until all competencies have been signed off. This process takes three to five months. Competencies are reassessed every six months through direct observation. Role plays and simulation are used to assist with scenarios that don't occur on a regular basis (eg emergency tracheostomy tube changes).

All PAs have a minimum of NVQ level 3,<sup>17</sup> and local training organisations provide an NVQ qualified assessor to sign off units of learning to achieve this. The team of PAs can also access the local council workforce training programme, where they can attend mandatory training free of charge. This is supplemented by online training that PAs can access in Mitchell's home. The whole training programme is personalised around Mitchell's needs, taking the PA from the generic to the specific elements of each task. For example, training in tracheostomy care includes a reminder that "Mitchell cannot see what you are going to do so it is important to communicate with him and let him know your intentions. It makes Mitchell jump if you turn on the suction machine and he isn't ready, so warn him by tapping lightly on his chest in anticipation of the procedure."

Jo, Mitchell's mother says: *On a day-to-day basis we try to enable Mitchell to do the things that he enjoys, and that are important to him. All his health related needs must be met, but they must be met in a way that enables him to do the things that matter to him. This can make supporting him very challenging, because we often have to think out of the box and find ways of doing things that are far from textbook descriptions. We have to fit interventions and care around his life as far as we can, not his life around the interventions.*

While training of PAs still presents many challenges and there is a need for further development in this area, a number of different approaches are emerging.

■ Qualifications and Credit Framework (QCF) competence qualifications<sup>18</sup> can provide an important training route for PAs, with the benefit of a portable recognised qualification.

- The City and Guilds level 2 and 3 diplomas in clinical health care support (QCF) may be relevant for some PAs<sup>19,20</sup>.
- There are also specific City and Guilds units leading to awards in personalisation.<sup>21,22</sup>
- A number of other accrediting organisations also offer the same qualification.
- There is an associated apprenticeship framework for health care.<sup>23</sup>

If the training is a QCF qualification or an apprenticeship, PAs could be eligible for full or part public funding if they

meet eligibility criteria. More information is available from the National Apprenticeship Service.<sup>24</sup>

## Cheshire Centre for Independent Living

### PA apprenticeships pilot project

Cheshire Centre for Independent Living (CCIL) has developed an innovative, award-winning PA training service enabling employers to access tailor-made training for their PAs. Some employers wanted a more structured approach to training and development, so CCIL in partnership with Skills for Care developed the PA apprenticeships pilot project for 11 PAs to access the health and social care apprenticeship framework. This innovative pilot project is paving the way for more employers to access a nationally recognised, structured programme of accredited training for their PAs. PA apprenticeships represent a commitment to the development of the PA workforce and recognition of the importance of their role as an integral part of the social care workforce.

*I think it's great that my PA can now access a proper qualification which truly reflects and supports the good work that they do for me. I think every PA should have the opportunity to do an apprenticeship.<sup>16</sup>*

*At last the value of being a PA is being properly recognised. Having a formal health and social care qualification is definitely going to help my career.<sup>16</sup>*

### Training service for employers and PAs

CCIL co-ordinates an innovative, independent, tailor-made training service designed by disabled people directing their own care, for themselves and their PAs, often delivered in the employer's own home or the PA's workplace. This promotes greater choice and control, and enhances the skills of both employers and their PAs. An increasing number of disabled people in Cheshire have accessed tailor-made training providing them with the knowledge, understanding and skills required to better recruit, manage and supervise their PAs, and ensuring a more personalised approach to managing risk

*I am constantly risk-assessing in my head now when I am supervising my PA – the training has definitely given me more confidence.<sup>16</sup>*

## 5 Governance frameworks

Governance is the foundation stone for minimising and managing risk to both the organisation and the person. It clarifies systems of accountability, making it clear how decisions should be made and who is responsible for what. Governance in the NHS is informed by national policy, regulation, professional standards and ethics. It informs strategic planning and commissioning.

Equally, it is informed by people and their families and is responsive to their experience and priorities. It is important that issues of delegation and accountability are clearly embedded within the organisation's policies and procedures so that staff know the processes for decision making, and how and when they will be supported by the organisation. It also enables staff to make it clear to people taking on responsibilities for PAs where their responsibilities lie and how the NHS will support them.

### Torbay delegation policy

Torbay and Southern Devon Health and Care NHS Trust has produced a policy to clarify the delegation of care from employed registered professionals to third party individuals who are not employed by the Trust. The purpose is to encourage all groups of staff engaged in delivering health and social care to reflect collaboratively on tasks proposed for delegation to third party "skilled not registered" staff, to ensure clients receive safe and effective care from the most appropriate person, within the clear parameters of safe delegation. It emphasises that clinical and corporate governance frameworks, strategies and practices should act as an enabler and not a barrier to delegation.<sup>4</sup>

## 6 Conclusions

Personal assistants carry out many important clinical tasks for people at home, which enables many people with long term health needs to remain living in their own home and to lead the life they choose. The tasks they are permitted to carry out must be considered carefully and risk assessed within the care planning process, and there must be appropriate training and assessment of competence.

Care planning needs to consider how training will be provided, and personal health budget allocations should include provision for training and for appropriate insurance costs.

A registered practitioner who delegates a task remains accountable for the decision to delegate and cannot delegate that accountability. However, the practitioner is 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.

Personal assistants should keep good records of their training, and there should be evidence of assessment of competence. There should be ongoing training where appropriate to ensure competency is maintained.

Above all, delegation must be in the best interests of the person.

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