

Delegating healthcare tasks to personal assistants (PAs)

Q&A

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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 delegate must be made on an individual basis, according to the circumstances of the person concerned, and by registered professional with the appropriate occupational competence.

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 others source this?

See answer to question 7.

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 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?

If the PA is supporting the person in a community setting, for example, in their own home, it is the responsibility of the CCG who is funding the care package to ensure arrangements are in place to provide ongoing oversight, support and training for PAs. This applies to both self-funded care packages where some NHS funding is also provided, and care packages funded jointly by health and social care.

12. Can you give some information on how training for PAs to administer insulin should be funded?

Arrangements for delegation, training and sign-off of competency are determined locally by CCGs.

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 relation to training for delegated healthcare tasks, where some CCGs will train and assess competence and some won't, what's the reason for that and are there plans to change this?

Commissioners (CCGs) have the overall responsibility to ensure that arrangements commissioned for delegation, training, competency sign-off, review and ongoing clinical overview are safe and robust. If a CCG is providing funding for care packages involving delegated healthcare tasks, there should be a process in place to be able to manage all aspects of the delegation process. There will be variation in how different CCGs approach this, and there may also be variation in which tasks are delegated in different areas.

16. If a decision is made to delegate a healthcare task, what is the professional's responsibility?

The registered practitioner with the relevant occupational competence is responsible for the decision to delegate a particular task. They are required to have the appropriate knowledge and skill and have been trained in that activity. The registered practitioner would make an assessment as to whether or not that particular activity was appropriate for delegation to a PA, taking into consideration a range of factors linked to the individual's personal circumstances and health condition. They must also provide training or arrange for the provision of training, competency sign-off and ongoing support.

17. How are responsibilities in relation to delegating health care tasks communicated to CCGs?

Commissioners (CCGs) have the overall responsibility to ensure that arrangements commissioned for delegation, training, competency sign-off, review and ongoing clinical overview are safe and robust. If a CCG is providing funding for care packages involving delegated healthcare tasks, there should be a process in place to be able to manage all aspects of the delegation process. There will be variation in how different CCGs approach this, and there may also be variation in which tasks are delegated in different areas. NHSE/I has published [guidance](#) on delegation of healthcare tasks to personal assistants within personal health budgets.

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 how training is carried out, that they are satisfied that the training is appropriate, and that the PA is a competent to deliver the task.

19. Is it the responsibility of the delegating professional to monitor the PAs continued competence in undertaking a delegated healthcare task?

The registered practitioner who has delegated the healthcare task should ensure a process is in place to provide ongoing clinical oversight, support to PAs and review of competency on a regular basis, for example, annually.

20. Does the healthcare task need to be delegated to a PA by an NHS employed healthcare practitioner? For example, can a privately employed physio delegate healthcare tasks?

The CCG authorising the healthcare package might delegate responsibility for the training and assessment of competence to a learning provider or private healthcare professional who has the relevant occupational competence. However, the CCG will need to have ongoing oversight on decisions made to delegate a healthcare task.

21. Webinar speaker said that paying a higher rate of pay improved recruitment of PAs. How would you advise someone who, as a result of their PHB being capped means their assess day care needs are not being met?

If individuals are struggling to meet their day-to-day care needs within the allocated budget, they should approach the relevant funding authority (e.g. the local authority and/or CCG) and request a review.

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?

See answer to question 21.

23. What resources or support services help when becoming an individual employer?

Sources of support vary depending on local arrangements. Support can either be from your local authority, CCG or a locally commissioned direct payment support, or user-led organisation. These may offer support with management of direct payments, recruitment of PAs, undertaking checks, training, support with payroll etc. Skills for Care has resources to support individual employers on their information hub (www.skillsforcare.org.uk/iepahub) including a toolkit called '[Employing personal assistants](#)'.

24. How can self-funders get help with care planning?

The following has been taken from an Age UK factsheet '[How to get care and support](#)': As a self-funder you are expected you to arrange your own care and support, as long as you have mental capacity to do so or have someone able to help you. However, you can ask the authority to make the arrangements under the 'right to request'. Once the request has been made, the authority has a legal duty to meet your eligible needs, though you will not be entitled to any financial assistance. It has the power to charge an arrangement fee for doing this. A request for support can be made for a variety of reasons, such as finding the system difficult to navigate, or wishing to take advantage of their expert knowledge of local care and support services in terms of availability and cost.

25. Why is there a difference in working for support workers in domiciliary care vs PAs, for example, 2-1 with transfers, but PAs can do this alone?

The process of delegation and decisions regarding 1-1 vs 2-1 care shouldn't be any different for a domiciliary care arrangement vs directly employed PAs, because the task itself and the care required should be the same regardless of who is carrying it out. CCGs should have a local process in place that covers both of these arrangements.

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 has responsibility for keeping a track of training needed and how often should training be reviewed/refreshed?

The CCG has a responsibility to ensure that where healthcare tasks are delegated to PAs, a process is in place to provide clinical oversight on the care package, ongoing support for PAs, and further training / review of competencies on a regular basis. The timescales for this should be appropriate and proportionate to individual circumstances and specific tasks. This would usually be annually as a minimum.

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.)?

NHSE/I has been working with CCGs to support them to develop sound local processes for delegation of healthcare tasks to personal assistants within personal health budgets. CCGs should in turn work to spread understanding of delegation amongst their workforce and local population. The recent Skills for Care webinar was specifically aimed at raising awareness and understanding of delegation with individual employers.

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 policy. There are a range of different insurances available and self-employed PAs will need to make sure their policy includes delegated healthcare tasks, to ensure they are covered. They should check specifics with their insurance provider.

30. If my self-employed PA has their own public liability insurance, do I also need my own insurance cover?

There is no legal requirement for you to have your own insurance in place if the person providing care is self-employed and has their own insurance in place. Any property damage or personal injury caused by the PA should be covered under their own insurance. If your PA suffers an injury whilst working in your property, then your home insurance should pick up any costs you may be held liable for. If you do not have home insurance or if you feel that your home insurance isn't adequate, then you may choose to take out your own cover to cover this scenario however there is no legal requirement for this.

31. Should self-employed PAs be registered with CQC?

PAs who are directly employed by an individual, or related third party, and self-employed PAs with an agreement to work directly for an individual do not need to be CQC registered. This is because the current Regulated Activity of personal care sets out an exemption relating to PAs. But there may be circumstances when a self-employed PA may need to be CQC registered. See [this advice note](#) for more information.

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

Yes, family members are insured to undertake delegated healthcare tasks as long as the employer has taken the correct insurance cover and that the family member is trained to the appropriate standard. This includes family, friends or family members living in the same house. However, you should check with your personal budget provider as their policy on using direct payments (including PHBs) to employ family members, certainly family members who reside in the same in the same household may not allow this.

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?

Health & Safety Executive (HSE) Regulations are only applicable when employing 5 or more staff. It is recommended as best practice that you have certain practices in place such as Risk Assessments, Health & Safety Handbook and an Accident Book however lawfully this is not needed nor is it from an insurance perspective. Your Employers Liability insurance company should be able to send you templates of the above documents upon request.

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?

The responsibility to make sure the training is up to standard and meeting requirement of the insurer lies with the employer. The insurance is taken out by the employer and is there to protect the employer and the employer's PAs. It is recommended that any employer in doubt of the level of training required for their PAs to be insured to undertake healthcare tasks get in touch with their insurance provider. In most cases the training offered as a goodwill gesture would suffice however if it wasn't, ultimately the employer will be without cover. Therefore employers must check with their insurer in these instances.

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?

As an employer you have responsibility for the health and safety of your employees. Any equipment installed should be fit for purpose and if you are in any doubt that it isn't then you should raise a concern immediately and stop using said equipment. Accidents sadly happen and for the example provided the individual employer would be fully insured should something happen to the person receiving care or the employee. Once a fault is found the equipment must not be used until the equipment has been fixed. Using the equipment during this time may result in your insurance being invalid. In most cases where equipment is installed in the home as part of a package of support it will usually be following an OT or funding body assessment. Therefore the equipment tends to be fit for purpose. It is advisable that you speak to your funding body about maintenance and servicing.

36. Are there any restrictions (insurance or otherwise) around under 18s undertaking healthcare tasks (e.g. administering medication)?

From an insurance point of view, provided that suitable training had been undertaken and they had been signed off as competent, that would be accepted. However, from an employment law perspective consideration would need to be given to working time, health and safety etc. Contact your insurance provider for support with this.

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?

Yes, workers aged 16 and 17 can be employed and may undertake personal care, but it is essential to assess their competence and confidence. [Skills for Care has guidance on employing workers aged 16 and 17.](#)

38. What, if any, insurance advice/cover is available for individual employers if their staff are living with Long Covid?

There is lots of helpful advice available for individual employers whose staff are suffering with Covid. All Employers Liability insurance policies should come with an Employment HR advice line. Contact the helpline and you will be given the advice and guidance required to help you safely and legally work with your staff.

39. Will there be ongoing provision of personal protective equipment (PPE) for those who are not PHB funded but undertaking healthcare tasks (e.g. informal carers and direct payment recipients)?

The Department of Health and Social Care (DHSC) are currently extending the offer of PPE for unpaid carers and direct payment holders personal assistants. [See further information.](#)

It has been recommended that all the non-CQC registered providers (including PAs, individual employers, clients) are onboarded onto the new PPE platform after March 2022. This would act as their main route to order PPE, under the Government's recently extended free PPE offer for Covid-19 needs until March 2023 or until guidance on PPE is substantially amended or withdrawn.

- a. **If currently accessing PPE via local authority or local resilience forum (LRF):** Those currently accessing PPE through their LA or LRF, they will be sent a survey by their LA to fill out their details to ensure DHSC has all the correct information to smoothly onboard them onto the new PPE Portal.
- b. **New people requesting free PPE (i.e. not currently accessing PPE via the local authority or LRF):** For any people that come forward, their LA/LRF will ask them a few triaging questions to clarify if they are eligible for the free PPE offer. The LA/LRF will then ask the individual to fill out the survey mentioned above asking what type of care they provide and to self-determine the size category they should register under to help establish their order limits. This will then be sent to DHSC who will then onboard them onto the PPE Portal.

Please refer to GOV.UK page with a list of local contacts for LAs/LRFs - [Personal protective equipment \(PPE\): local contacts for providers - GOV.UK](#) . LAs/LRFs will then be able to support access to the free PPE provision.

LA/LRF discretion to onboard: Whilst the majority of feedback received from LAs was that they welcomed the move of all remaining Adult Social Care sectors being onboarded onto the PPE Portal to streamline the distribution process for PPE, some LAs have expressed their wish to continue to distribute PPE to IES/PAs etc, use up their excess PPE stock. LAs have been given the discretion to do this, with the important caveat that individuals that need PPE must have access to it, whether through the PPE Portal or their LA/LRF. In areas where LAs/LRFs use this discretion, there will be no change in the short term in the way people currently access PPE.

Accessibility for those without access to technology: For any individuals who do not have access to technology or don't have an email address to order via the PPE Portal, the PPE Portal customer services team will be able to support ordering over the phone, along with the help of the LA/LRF.

40. Will PAs be able to continue to access free covid related testing?

Yes. Guidance was published on 31 March 2022 setting out the current testing regime across adult social care. Personal assistants are eligible if they are directly employed by an individual (or self-employed) to provide care and support to an adult to enable them to live as independently as possible. This care could include support in the home, or to go out into the community.

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care>