



Delegated healthcare activities: supporting policy information on clinical observations

# This sample policy outlines specific considerations where the delegation of healthcare activities relates to clinical observations. You can insert the relevant information from this sample policy into section two of the main ‘Delegated healthcare activities sample policy’.

Important to note

Specific details of how these clinical observations are delegated including which observations should be included, the equipment that should be used, how often vital signs should be measured, how each observation should be taken, and how they should be recorded should all be made clear to a care worker by the delegating regulated healthcare professional and recorded in the personal care plan.

The way in which measurements are taken is case specific and depends on

1. what is best for the individual accessing care and support,
2. current best practice, and
3. how things are done locally (i.e. what technology do certain NHS trusts use).

Protocols, care plans, education, training and supervision should be in place and also account for the person-centred nature of the activity at hand and the person’s needs and wishes.



Description of the activity (important to note this is a generic sample document. Organisations will need to consider the level of detail required and review current practice when formalising this document).

## What is a clinical observation?

People within care settings can be at increased risk of physiological deterioration and not all of this can be determined in advance or predicted. So, people in social care often require clinical observations, this includes the taking and recording of what are ‘vital signs’ – such as respiratory rate, heart rate, oxygen saturation, temperature and blood pressure.

### Clinical observations allow regulated healthcare professionals to assess the clinical health presentation of people accessing care and support.

**Care Quality Commission, 2022**

## Why are clinical observations important?

To recognise deterioration in a person’s clinical condition.

To show early signs of someone being unwell such as cardiac or respiratory failure or sepsis. To enable care workers and healthcare professionals to act promptly, appropriately and maintain people’s safety and improve their health outcomes.

To create a record of a person’s health status which may demonstrate normal parameters or patterns of improvement/deterioration.

## Activities that could be delegated

Care workers undertaking delegated clinical observations are likely to carry out healthcare activities that **do not** require them to make standalone clinical judgements or ongoing assessment. All activities must be agreed with the delegating regulated healthcare professional and the person accessing care and support.

Examples of clinical observations that might be delegated include: respiratory rate

pulse oximetry blood pressure temperature pulse (heart rate)

new or acute confusion urine output

pain.

In some cases, observations will need to be adapted in a person-centred approach and the delegating regulated healthcare professional may direct the use of Restore2 or Restore2mini to perform clinical observations.

## Care planning

Personal care plans should be developed for each individual for whom care workers are undertaking delegated clinical observations by the delegating regulated healthcare professional.

The care plan must clearly detail what actions should be taken, how often, what signs of change to look out for and how/who to escalate concerns to. The care plan should also detail what actions to take where any concerns are identified. The care plan must be regularly reviewed with the delegating regulated healthcare professional.

Consent to undertake the activity from the person accessing care and support should be undertaken at the start of every episode of care.

The care worker carrying out the delegated activity should record information about the episode of care in the person’s records after each occasion.

## Ensuring protocols are in place

A protocol is a communication tool that outlines a definitive set of rules and instructions that should be adhered to in order to ensure the safe undertaking of a clinical delegated activity.

All clinical delegated healthcare activities, including clinical observations, should have a written protocol in place that has been completed and agreed with the delegating regulated healthcare professional and the organisation.

The regulated healthcare professional has the responsibility for confirming the protocol as accurate and reflective of best practice.

### A protocol should include, but not limited to:

health need and any relevant information that would support the activity the procedure – preparation/undertaking and completion cycle

roles and responsibilities when and how to escalate

education and training expectations – competencies and ongoing training and development support and guidance

referral/review pathway.

If clinical observations such as respirations, pulse oximetry, measuring blood pressure, taking a temperature, and measuring heart rate were to be delegated then a core element of any protocol in their delegation must be:

### to ensure that care workers carrying out the activity understand when to escalate, who to escalate to and how to make contact when raising a concern. This information should include out of hours processes and contacts where they are different.

It is the responsibility of the regulated healthcare professional to provide clear guidance on what actions are required if clinical observation readings are outside of their normal range. The

regulated healthcare professionals also need to make clear that at no point should a care worker be making a standalone clinical judgement and should be available for support and supervision of the care worker undertaking the delegated activity.

We are interested in feedback on what works and doesn’t work in this policy.

Please send proposed improvements to:

## [delegatedhealthcar](mailto:delegatedhealthcare@yorkconsulting.co.uk)[e@yorkconsulting.co.uk](mailto:e@yorkconsulting.co.uk)





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