



Quick guide to insulin delegation

Introduction



We are pleased to announce that the insulin delegation programme is now available to health and social care organisations in England. This programme delegates responsibility for the administration of insulin to adults from registered nurses to other suitable trained and competent members of community and hospital teams, including healthcare assistants (HCAs); support workers; other non-regulated health and care roles and allied health professionals.

These are challenging times and now more than ever, entrusting insulin administration to others will give the frontline workforce greater flexibility and promote skill mix. Safely delegating the administration of insulin to healthcare support workers and similar roles will release registered nurses to maximise their competence elsewhere. In equipping non-registered staff with skills which can help to reduce unnecessary delays in delivering insulin, it will also improve the quality of care for patients. We encourage all providers of health and social care to take up this opportunity

This document offers a short guide to the process of insulin delegation. It should be read in conjunction with the more comprehensive information provided by NHS England/ NHS improvement before implementation.

This guide includes:

- ▶ **A flow chart outlining the process**
- ▶ **An organisational checklist and;**
- ▶ **Information on competency assessment**



Disclaimer:

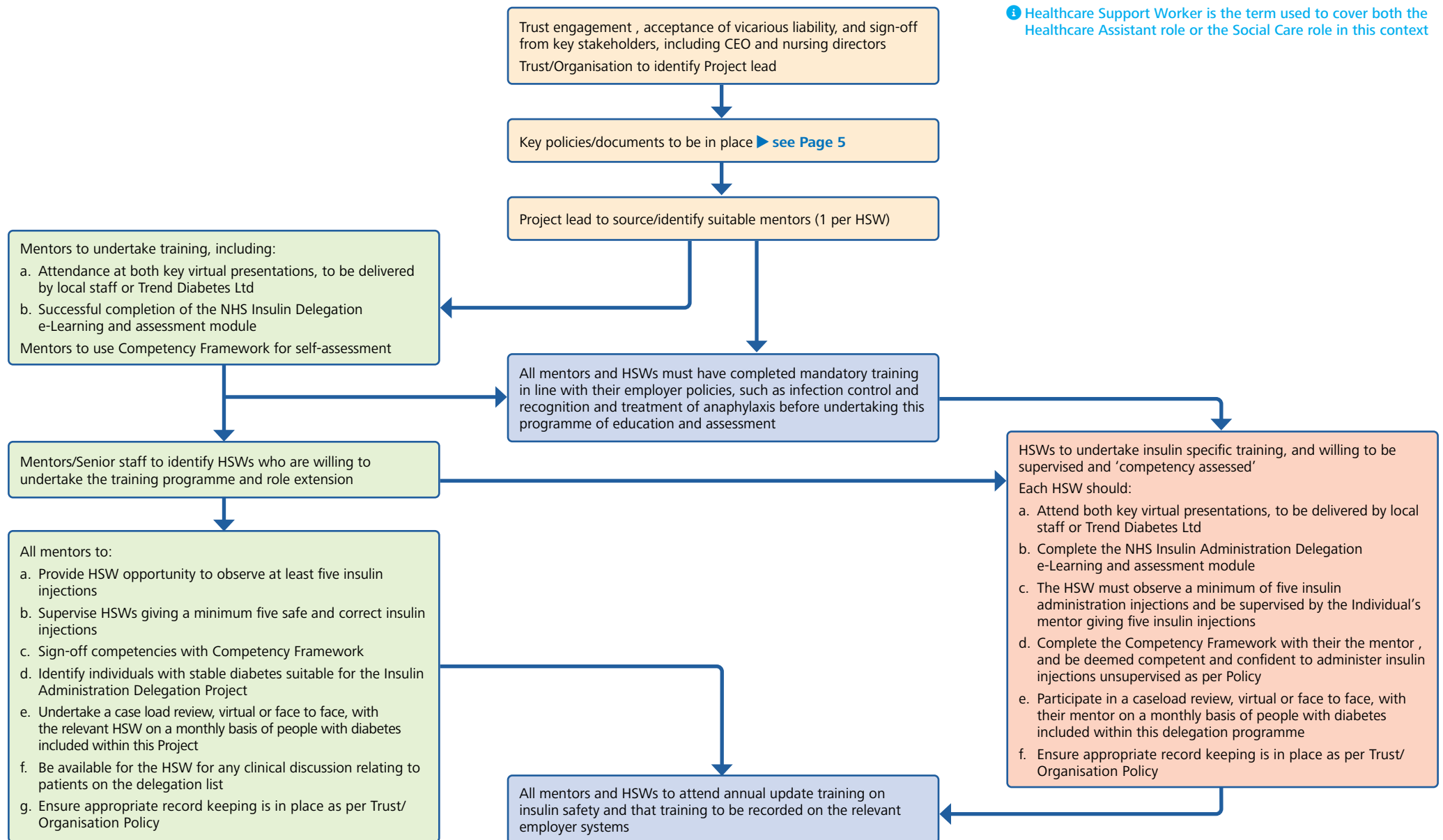
The content of this document has been generated independently in collaboration with eight exemplar sites and those companies referenced in the Sample Policy acknowledgements (the 'parties').

While the parties have made every effort to check that no inaccurate or misleading data, opinions or statements appear in this document, they wish to make it clear that the material represents a summary of the independent evaluations and knowledge of the authors and contributors. As such, the parties accept no responsibility for the consequences of any such inaccurate or misleading content, or no pilots being undertaken. Nor do they endorse the use of any drug or device in a way that lies outside its licensed application in any territory

Insulin Administration Delegation Implementation Guide



i Healthcare Support Worker is the term used to cover both the Healthcare Assistant role or the Social Care role in this context



Organisational checklist for the delegation of administration of insulin to adults



Healthcare workers, support workers, other non-regulated health and care roles, and allied health professionals

January 2022

✓ This checklist of duties and responsibilities is to be completed by all organisations that delegate insulin administration.

Responsibility	✓
The Chief Executive / Managing Director	
Has overall responsibility for ensuring all relevant policies comply with all legal requirements for the administration of subcutaneous insulin by Healthcare Workers (HCW) / Healthcare Assistants / Support Workers / Other Non-Regulated health and care staff / Allied Health Professionals.	
The employer of the Healthcare worker (Health and Care Assistant / Support Worker / Other Non-Regulated health and care staff / Allied Health Professional), accepts vicarious liability for their employee undertaking this extended role. This may be an NHS Trust, a Community Interest Company, Social Enterprise, independent sector provider, Homecare provider or Care/Nursing home.	
The Director of Nursing / Clinical Director - Quality and Governance or equivalent roles	
Is responsible for ensuring that the HCW's competencies are implemented, achieved and maintained.	
Provides protected time within working hours to complete the necessary training and competency assessment.	
Responsible for ensuring correct systems and processes are in place and relevant trust/organisational policy is followed in relation to governance.	
Responsible for providing assurance that the selection, training and assessment was robust to deliver competent practitioners	

Responsibility	✓
Service Line Directors/ Assistant Directors/ Care Home Manager / Homecare Managers or equivalent roles	
Responsible for ensuring that staff have access to this document and relevant local policies, as well as training and support	
Supports and enables operational clinical leads to fulfil their responsibilities and ensure the effective implementation of this checklist.	
Ensure the provision of training and support to the non-registered practitioner. The task must comply with all organisational policies, protocols and guidelines.	
Responsible for ensuring that individual's competencies are implemented, achieved and maintained.	
Training for Registered Nurse / Registered Practitioner acting as assessor	
Those who delegate administration of subcutaneous Insulin to health and social care workers and act as assessors should be compliant with mandatory training.	
Have proven recent developmental or mentorship experience.	
Have completed the E-Learning module entitled Administration of Subcutaneous Insulin by HSWs and achieve the 80% pass mark or have evidence of recent diabetes update training: COVID-19 programme: https://portal.e-lfh.org.uk/Component/Details/623288	
Access to support from a Senior Nurse within the Organisation.	
Have dedicated, protected time to supervise the non-registered practitioner.	

Responsibility	✓
Training requirements for the Health Care Worker (e.g. Health and Care Assistants / Support Workers / Other Non-Regulated health and care roles and Allied Health Professionals)	
The health and care worker should be compliant with mandatory training before being able to volunteer for the delegated task of insulin administration and blood glucose monitoring.	
The health and care worker must complete the E-Learning module entitled Administration of Subcutaneous Insulin by HCWs and achieve the 80% pass mark.	
The health care worker should complete supervised practical assessment, against the competency framework, to ensure competence.	
Competency	
The task of Insulin Administration by a Health and Care Assistant / Support Worker / other Non-Regulated health and care staff / Allied Health Professional may only be delegated once they are signed off as competent by a Registered Nurse / Registered Practitioner with appropriate knowledge, experience and qualification.	
The Registered Nurse / Registered Practitioner providing diabetes training or competency assessment for insulin administration to non-registered practitioners must be able to demonstrate evidence of knowledge, skills and competence in the task being taught.	

Organisational policies required to support insulin delegation in line with local policies.



Healthcare workers, support workers, other non-regulated health and care roles, and allied health professionals

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Responsibility	✓
Organisational Policies (to be adapted in line with local policies)	
Delegation of duties	
Consent to treatment	
Lone worker policy	
Vicarious Liability	
Safe Disposal of Sharps	
Blood Glucose Monitoring for Community Nursing	
Hypoglycaemia for Healthcare Professionals within the Primary Care Setting	
Injectable Medicines Policy	
Medicines Management Policy	
Policy for the Management of Anaphylaxis in Community Healthcare Services	
Resuscitation Policy	
Hand Hygiene Policy	
Infection Prevention and Control Policy	
Mental Capacity Act	
Sharps and Inoculation Injuries (including Blood Borne Virus) Policy	
Management of incidents policy	

Responsibility	✓
Competency assignment	
<p>Competence in caring roles can enhance job satisfaction but for the NHS it also has implications for efficacy cost-effectiveness, safety, and the provision of a “good “ experience for the health services users. Nurses, traditionally at the forefront in delivering diabetes care have had to adapt practice and learn new skills in order to encompass recent changes in staffing and roles due to the COVID 19 pandemic .</p> <p>Much of the nursing role has been taken up by willing unregistered practitioners, leaving, practice nurses, district nurses and specialist nurses to focus on people with more complex health needs. Using skill mix in diabetes makes economic sense in managing an ever increasing workload, but clear expectations of competence to be achieved is critical to ensure quality of care and safety is not compromised.</p> <p>Health care workers, healthcare assistants, social care assistants and support workers, other non-regulated health and care roles, and allied health professionals are able to undertake insulin administration providing they are willing, trained and deemed competent. Specific competencies need to be signed off by their mentor before the learner is deemed competent to administer insulin independently ► see Page 4</p>	

Checklist for health and care workers who are delegated responsibility to administer insulin to adults.



Healthcare workers, support workers, other non-regulated health and care roles, and allied health professionals

January 2022

✓ This checklist is for use when training non-regulated health and care staff and allied health professionals (AHPs) to administer insulin.

Responsibility		✓
Requirements for the extended role	Evidence	
Completion of structured education and the eLearning module, and passed the assessment. ▶ https://portal.e-lfh.org.uk/	Can provide the registered nurse/registered practitioner assessor with a signed and dated certificate.	
Once trained and assessed as competent will undertake the delegated task as per the Sample Policy for delegation of administration of insulin to adults.	Can provides a signed competency document as agreed by the registered nurse/ registered practitioner assessor.	
Ensures their knowledge and skills are maintained and is responsible for maintaining standards of practice for non-regulated health care workers (HCWs) and allied health professionals (AHPs).	Shows evidence of adherence to trust/CIC/provider of adult social care policies through the competency assessment process.	
Maintains records in line with Trust/CIC/ Provider of adult social care policy.	Registered nurse/registered practitioner to audit a selection of records, initially monthly and then 3 monthly.	
Participates in the mandatory organisational (eg NHS trust/CIC/provider of adult social care) training and maintains the competencies required in blood glucose monitoring and insulin administration.	Provides dated certification.	
Up-to-date at all times with basic life support and anaphylaxis training.	Attends all training and provides dated certification.	
Co-operates with and participates in ongoing clinical and management supervision and assessment by a registered nurse/ registered practitioner, including observed practice.	Shows evidence of adherence to trust/CIC/provider of adult social care policies through the competency assessment process. Documented within Registered nurse/registered practitioner records.	
Knowledgeable about the local lone worker policy.	Registered Nurse to assess through Questions and answers about the lone worker policy	
Attends the mandatory training on personal protective equipment (PPE).	Can describe trust/CIC/provider of adult social care policy on PPE.	
Attends delegation of insulin administration training on an annual basis to maintain competency.	Proven attendance record. Reflective Q&A with Mentor	
Understands the injection technique matters guidance: ▶ https://portal.e-lfh.org.uk/	Questions/answers.	
Agrees to follow organisational/local procedure for reporting errors, incidents and near misses.	Questions/answers.	

Frequently asked questions: Insulin administration in community settings



November 2022

About the programme

What changes are being rolled out?

- The Delegation of Insulin Administration programmes ought to put in place a structured and safe mechanism for health and care staff, who are not registered nurses, to take delegated responsibility for administering insulin to adults receiving care in the community.
- It is aimed at healthcare workers (HCW)¹, healthcare assistants and support workers in trusts and social care, but the policy and learning materials have been designed to also apply to other non-registered healthcare professionals, nursing associates and allied health professionals (AHPs) as required.

Which settings does it cover?

- People receiving care in their own homes (Homecare, community nursing, neighbourhood teams).
- Providers of adult social care.
- The programme was initially for community settings, but it can be implemented in any setting.

Which staff is this for?

- HCWs, other non-registered healthcare professionals, nursing associates and AHPs who have been assessed as capable and willing to undertake further training would be suitable for this.
- Registered nurses will be the clinicians exercising judgement on whether a person receiving care is stable enough to have their insulin administered by a different professional. They will also be supervising the training and practice of non-registered healthcare professionals and AHPs.

Scope of service covered – insulin only?

Insulin Administration Delegation using pen devices

In the future it is hoped that HCWs and other staff increasingly take up a wider range of roles and that they and their employers are reimbursed commensurately.

The Competency Framework and workbook documents provide the framework for the development of additional standard operating procedures for other medications.

Why are you doing this now?

- COVID-19 pressures on staff capacity:
 - this training enables qualified staff to undertake more complex interventions
 - people in the community still require diabetes care to be delivered in a timely fashion
 - acute hospitals discharging an increasing number of people into community who require 3rd party injections
 - the number of frail older people is increasing

Is it mandatory?

- No. Local systems or organisations should decide what benefits this project will provide and works for them.
- It is about nurses exercising judgement about which individuals can undertake insulin administration training should they wish to, and providing a framework for delegation.
- No healthcare support worker should be forced into such a role. However, this project provides opportunities within the HSW role.

What are the benefits to people receiving care and staff?

How does this benefit people receiving care?

- The initiative helps keep people at home, avoiding hospital admissions.
- It provides personalised care and empowerment. The person is more likely to receive insulin medication administered in a safe and more timely manner; timing is not dependent on when the qualified nurse can get to them.

How does this benefit staff?

- It supports HSW development by supporting confidence and competence, and normalises parity of esteem.

The care model and delegation of tasks

Will Registered nurses/Senior Care Managers retain clinical oversight and responsibility?

- Yes. This is about delegating responsibilities in a structured and safe way, supported by a training programme, practice, supervision and mentorship.
- Nurses must be confident to delegate to the appropriate colleague and must be supported by agreed governance through local policies and procedures.
- Nurses themselves be safe to sign others off.

What about indemnity?

- Please see the guidance on temporary funding for adult social care providers during the COVID-19 crisis:
- See Responsibility of Employers/Organisation Checklist
▶ see Page 5

1. Whilst this document uses the term Healthcare Workers (HCW), this is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc.

How will mentoring work?

- This will take place over two to three weeks on a one-to-one basis. A mentor will work through the Competency Framework & Workbook with the HCW and sign-off when deemed competent and confident.
- The organisation must be covered through vicarious liabilities.
- If a registered nurse has a scheduled visit at the same time as the HCA is visiting to give insulin, they should still visit and can work through the workbook with the HCA at this time.
- The person receiving care chooses whether or not to accept and consent or not to the HCA giving insulin.

How do you ensure HCWs are willing and able to take on this extra responsibility?

- It is about nurses exercising judgement about individuals who want to and are able to administer insulin.
- The HSW will need to understand the process, training and responsibility required before agreeing to undertake the extended role
- The HCW will need the agreement of their line managers.
- Nurses will make the decision about delegation of duties to people on another professional register, pharmacy technicians or anyone who supports nursing.

Does this require a review of cases before beginning?

- We are not suggesting full case review. However, depending on your local system's capacity and the cost or benefit for the individual and MDT supporting them, it may be useful to review arrangements for those people who may benefit from this intervention and agree to an HCW administering the insulin.

What about remote supervision?

- This will be a local choice, based on the nurse's judgement, however, it is recommended that the mentor has a regular discussion with their HSW regarding all people on their list.

What support is available to implement this initiative?

Developed package of insulin administration materials:

- The Sample policy document on Delegation of Administration of insulin to adults will set out in a step-by-step manner the roles and responsibilities of registered nurses, HCWs and organisations as they implement this initiative ► [see Page ?](#)
- A detailed e-Learning module available at ► <https://portal.e-lfh.org.uk/> will provide the main learning method for HCWs, AHPs and other colleagues. It will ensure they understand the key concepts and procedures.
- The Competency framework and workbook document is a composite of the approaches taken by the exemplar sites and some material from Trend UK. This will support the face-to-face element of training/mentorship which will be essential alongside e-Learning ► [see Page ?](#)
- Two checklists are available – one for organisations and one for HCWs and one for health and care professionals. ► [see Pages 4 & 5](#)

What ongoing support and advice is available?

- Regional nursing teams.
- Skills for Care regions.

Who developed the original learning materials? Has there been expert/clinical input?

- NHS England and NHS Improvement have developed the materials with input from an expert group of diabetes clinicians and researchers
- They have been reviewed by diabetes educational experts, practising clinicians, commissioners from eight exemplar sites, and the following organisations:
 - [Diabetes UK](#)
 - [Trend Diabetes](#)
 - [UK Clinical Pharmacy Association \(UKCPA\)](#)
 - [National Care Forum \(NCF\)](#)
 - [UK Homecare Association \(UKHCA\)](#)
 - [Association of Directors of Adult Social Services \(ADASS\)](#)
 - [Local Government Association \(LGA\)](#)
 - [Royal College of Nursing \(RCN\)](#)
 - [Nursing and Midwifery Council \(NMC\)](#)
 - [Care Quality Commission \(CQC\)](#)
 - [Health Education England \(HEE\)](#)
 - [Skills for Care \(SfC\)](#)
 - [Foundation of Nursing Studies \(FoNS\)](#)
 - [The Queens Nursing Institute \(QNI\)](#)

Information for providers of adult social care

How are you supporting care providers to do this in challenging times?

- This is not a mandatory programme. This work is already happening in some exemplar sites nationally and we hope to encourage other organisations to implement this initiative. For help with funding, see the guidance on temporary funding for adult social care providers during the COVID-19 crisis: ► <https://nationalcareassociation.org.uk/content/images/uploads/headers/Provider-fees-summary-of-the-approach-proposed-by-local-government-ASC-final.pdf>

How are we supposed to do this when staff turnover is high and there is a shortage of carers who visit people at home?

- We think this initiative is part of the medium-to-long term answer to some of these issues, by:
 - Increasing job satisfaction
 - Skill mix of team providing care
 - Standardisation of care
 - Reducing the number of visits to people at home.

Safety and evidence

How are you making sure that this is safe?

- Safety will be ensured through the structured education and e-Learning (concepts and procedures), followed by a minimum of five supervised procedures (as well as the competency framework and workbook) and a sign-off to say the HCW is deemed to be competent.
- Reflections on practice will be undertaken via mentoring sessions.
- Mentoring from a local registered nurse.
- The checklists and Sample policy set out the expectations for ensuring delegated monitoring of blood glucose and administration of insulin meets the standards required by the CQC and the NMC professional standards.

Has anyone done this already?

- Eight exemplar sites have successfully rolled out delegation of insulin administration initiatives
 1. Shropshire Community Health NHS Trust
 2. Tameside and Glossop Integrated Care NHS Foundation Trust
 3. Hertfordshire Community NHS Trust
 4. Sirona Care and Health (formerly Bristol Community Health)
 5. North Tees and Hartlepool NHS Foundation Trust
 6. Sheffield Teaching Hospitals NHS Foundation Trust
 7. Barnet, Enfield and Haringey Mental Health NHS Trust
 8. East Kent Hospitals University Foundation Trust.
- Suffolk and Essex Care Homes is not one of the exemplar sites but it is a good source of best practice in the delegation of insulin administration.

What do the regulators say?

- The CQC was part of the working group that produced and signed off these materials.

Policy alignment

Is this specific to England?

- Yes. We are talking to the chief nursing officers from the devolved nations to find out if they are interested in adapting and adopting the initiative.

Is this guidance fixed in stone?

- This policy, guidance and learning package was developed rapidly in response to the COVID-19 challenge. It will continue to evolve.
- If you have any feedback, please do contact us via the forum and/or the private messaging facility on the FutureNHS website: ► <https://future.nhs.uk/Insulin/grouphome> (Insulin Administration programme workspace).

How does this align with community services prioritisation?

- This is a priority work area and it is vital that these services continue.
- The work supports the ongoing priority of home visits and providers of adult social care visits.