

# DO-NOW

Please ensure your microphone is muted

Welcome!

## TODAY'S DO-NOW:

Please begin once you are connected to the audio & video conference.

1 REMOVE ONE DISTRACTION FROM YOUR WORKSPACE. YOU MIGHT :



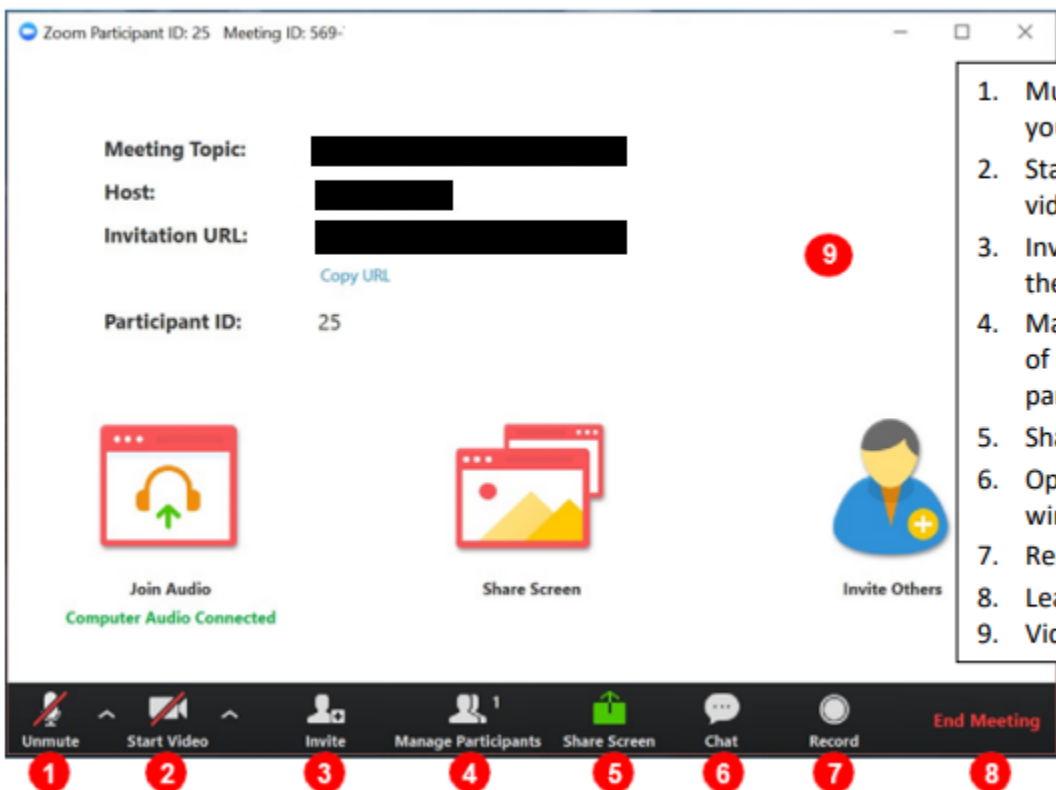
2 WRITE A BRIEF STATEMENT of PURPOSE — one intention for today's session. *(This will remain private to you.)*



3 POST it, HANG it, or PLACE it WHERE YOU WILL SEE IT.



# Welcome – How the session will work



1. Mute or unmute your microphone
2. Start or stop your video feed
3. Invite participants to the meeting
4. Manage/view the list of meeting participants
5. Share your screen
6. Open the Chat window
7. Record the meeting
8. Leave the meeting
9. Video Area



## RULES

- \* Be **PATIENT** with the tech — and with each other
- \* **ASK** for what you **NEED**
- \* Ask **QUESTIONS!**
- \* Be **CURIOUS**
- \* Share and help one another **LEARN**



*Please mute your microphone at all times*

*Ask your questions in chat box*

# **Delegation of Insulin Administration Resources Launch Webinars 2021**

**Nursing Directorate  
NHS England & NHS Improvement  
England.communitynursing@nhs.net**

NHS England and NHS Improvement



Welcome - Hilary Garratt CBE



# **hello** my name is...

**Hilary Garratt CBE, RN, SCPHN (HV)**

**Deputy Chief Nursing Officer for England**

**NHS England & NHS Improvement**

**Visiting Professor at Chester University**

**Twitter: @HilaryGarratt**

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# The team today



## Sam Sherrington

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## Community Nursing Inbox:

[england.communitynursing@nhs.net](mailto:england.communitynursing@nhs.net)



<b>Introduction to session</b>	<b>13.00-13.05 5 mins</b>	<b>SS</b>
<b>Key resources and e-learning platform (10 minutes)</b>	<b>13.05-13.15, 10 mins</b>	<b>SS</b>
<b>Exemplar site: Best practice model (20 minutes)</b>	<b>13.15-13.35, 20 mins</b>	<b>EF</b>
<b>Local implementation (5 minutes)</b>	<b>13.35-13.40, 5 mins</b>	<b>SS</b>
<b>Q&amp;A Panel - (20 minutes)</b>	<b>13.40-14.00, 20mins</b>	<b>ALL</b>



# Introduction



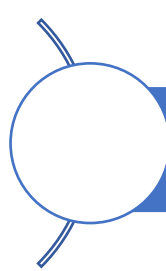
Autumn 2019; the Chief Nursing Officer England directed the Community Nursing Team to develop a framework for Healthcare support workers to administer insulin in community settings (i.e. people's own homes and care homes)

Winter 2019; Eight (8) Exemplar Sites identified and framework development begins. QI methodology used focusing on the evidence and identifying characteristics of a delegated service. The Exemplar Sites had 0 errors - despite Insulin being classed as a high-risk drug. All Exemplar Sites had been on a journey of 3-5 years to build trust and relationships, which underpinned their success

Spring 2020; Presentation and endorsement at the Chief Nursing Officer Summit

Covid-19 2020; work prioritised by the Chief Nursing Officer England as part of the Covid-19 response and widened its scope to include health and care workers

**The vision is for suitably trained health and care workers, including health care support workers and health care assistants, as well as other health professionals, to safely administer insulin in community settings to those people whose diabetes is stable**



## 6 Principles



The delegation of insulin administration is underpinned by six simple principles governing the delegation of this task from registered nurses. These have been informed by CQC, NHS Resolution and RCN guidance, and are:

- i. **Safety** – delegation will not happen if it is not safe, according to organisational risk assessment
- ii. **Patient benefit** – the goal of all the changes to ways of working is to continue to improve quality of care and support for patients
- iii. **Support staff across social care and health** – all changes must empower staff across sectors and respond to staff concerns
- iv. **Voluntary and discretionary** – delegation of tasks at a system, organisational and individual nurse level will remain voluntary and subject to the discretion of the registered nurse, based on the care plan of the recipient of care, their wishes and the nurse's judgement on the ability of the HCA to assume new tasks
- v. **Support of regulators** – all changes must have been agreed with the relevant quality and performance regulators (NMC, CQC, HCPC) and professional bodies (e.g. RCN, SfC), which have contributed to the programme's development
- vi. **Training and support in place at all levels** – changes must be supported by adequate materials and advice to support safe implementation at a local level. These will be co-produced with clinicians and social care staff.



## Delegation of Insulin Administration documentation

### **Joint Statement - Final letter of delegation of insulin administration**

Statement of joint intent to work together to encourage the safe delegation of insulin administration.

### **Sample Policy Document - Sample document for the delegation of insulin administration**

Provides a voluntary framework for practice when teaching and training health and care workers to administer insulin in community settings.

### **Competency framework and workbook for blood glucose monitoring and subcutaneous insulin administration**

A composite of the approaches to delegating insulin administration. It is intended to support the face-to-face element of supervised training/mentorship which will be essential alongside eLearning

### **Organisational Checklist for Delegation of Administration of Insulin**

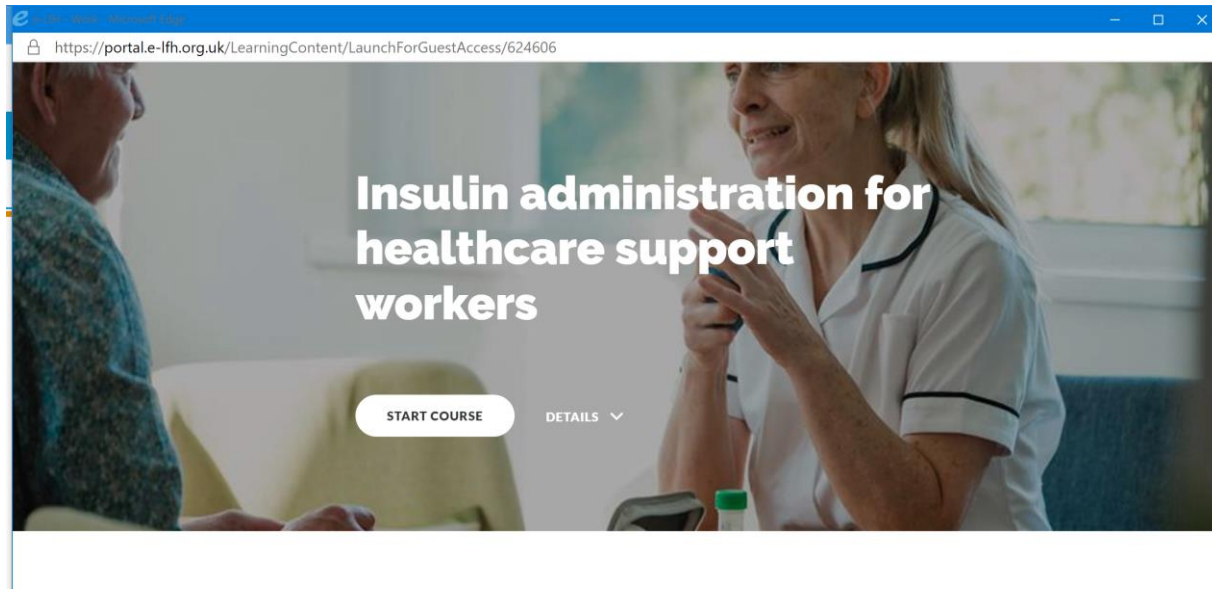
A checklist on organisational duties and responsibilities to be completed by all organisations involved in the delegation of insulin administration.

### **Health & Care Worker Checklist**

A checklist to be completed by the individual undertaking training and delegated task of insulin administration

### **Frequently asked questions (FAQs)**

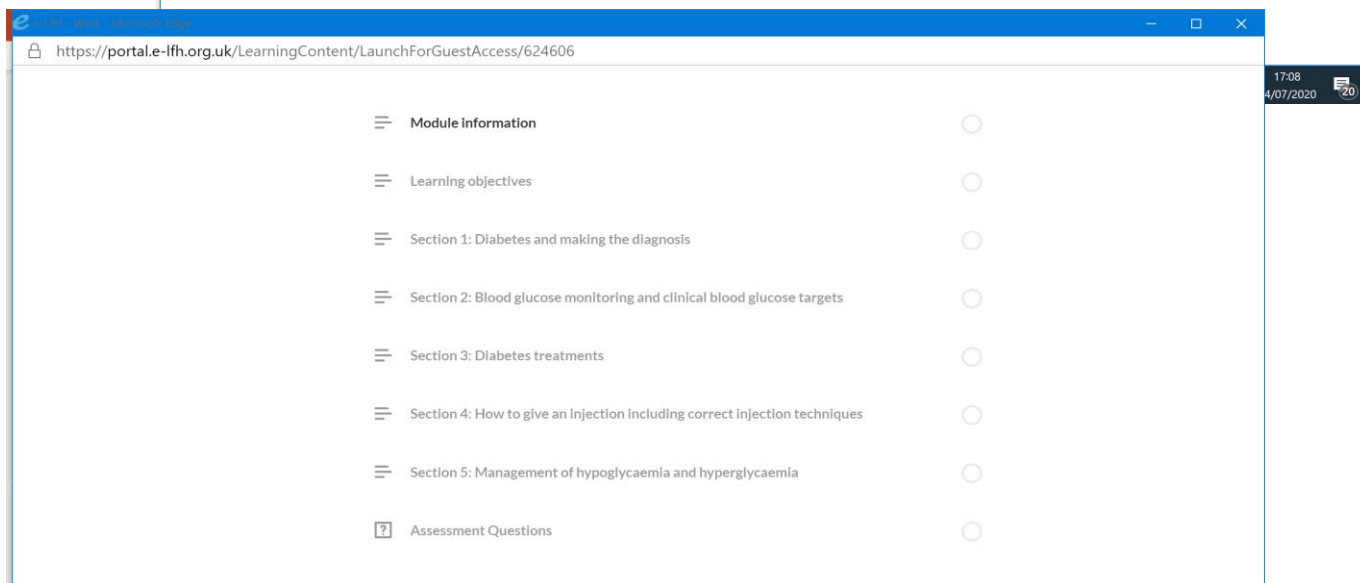
A list of frequently asked questions in implementing delegated insulin administration.



The eLearning Module is available on the Health Education England training portal <https://portal.e-lfh.org.uk/>

At the end of this session you will;

- Have knowledge of the diagnosis and treatment of both type 1 and type 2 diabetes
- Be able to demonstrate the correct procedure for performing blood glucose monitoring
- Be able to describe the effect of insulin on blood glucose levels
- Administer insulin using the correct injection technique
- Have knowledge of hypoglycaemia and hyperglycaemia, and appropriate treatment.



## Contributing organisations:

Association of Directors of Adult Social Services (ADASS), Care Quality Commission (CQC), Diabetes specialist nurse forum (DSN UK), Diabetes UK, Foundation of Nursing Studies (FoNS), Health Education England (HEE), Local Government Authority (LGA), National Care Forum (NCF), NHS England and Improvement (NHSEI), NHS Resolution, Nursing and Midwifery Council (NMC), Queens Nursing Institute (QNI), Royal College of Nursing (RCN), Skills for Care (SfC), Trend UK, UK Clinical Pharmacy Association (UKCPA), UK Homecare Association (UKHCA).

## Eight Exemplar Sites

Barnet, Enfield and Haringey Mental Health NHS Trust  
East Kent Hospitals University Foundation Trust  
Hertfordshire Community NHS Trust  
North Tees and Hartlepool NHS Foundation Trust  
Sheffield Teaching Hospitals NHS Foundation Trust  
Shropshire Community Health NHS Trust  
Sirona Care and Health (formerly Bristol Community Health)  
Tameside and Glossop Integrated Care NHS Foundation Trust



Hertfordshire Community NHS Trust

@HCTNHS



Hear from Sam Sherrington from @NHSEngland @NHSImprovement visiting HCT today, learning lessons from our 3 year project to train HCAs to administer insulin to patients. It frees up Community Nurses' time, happier patients & HCAs learn new skills. @HVCCG @ENHertsCCG @HWEfutureSTP



[@HVCCG](#)  
[@ENHertsCCG](#)  
[@HWEfutureSTP](#)

<https://twitter.com/hctnhs/status/1172541452284497922?s=12>

# Insulin Injections in Care Homes

**Emma Frain – Matron District Nursing**  
**Angela Murray – Team Leader District Nursing**

# BACKGROUND

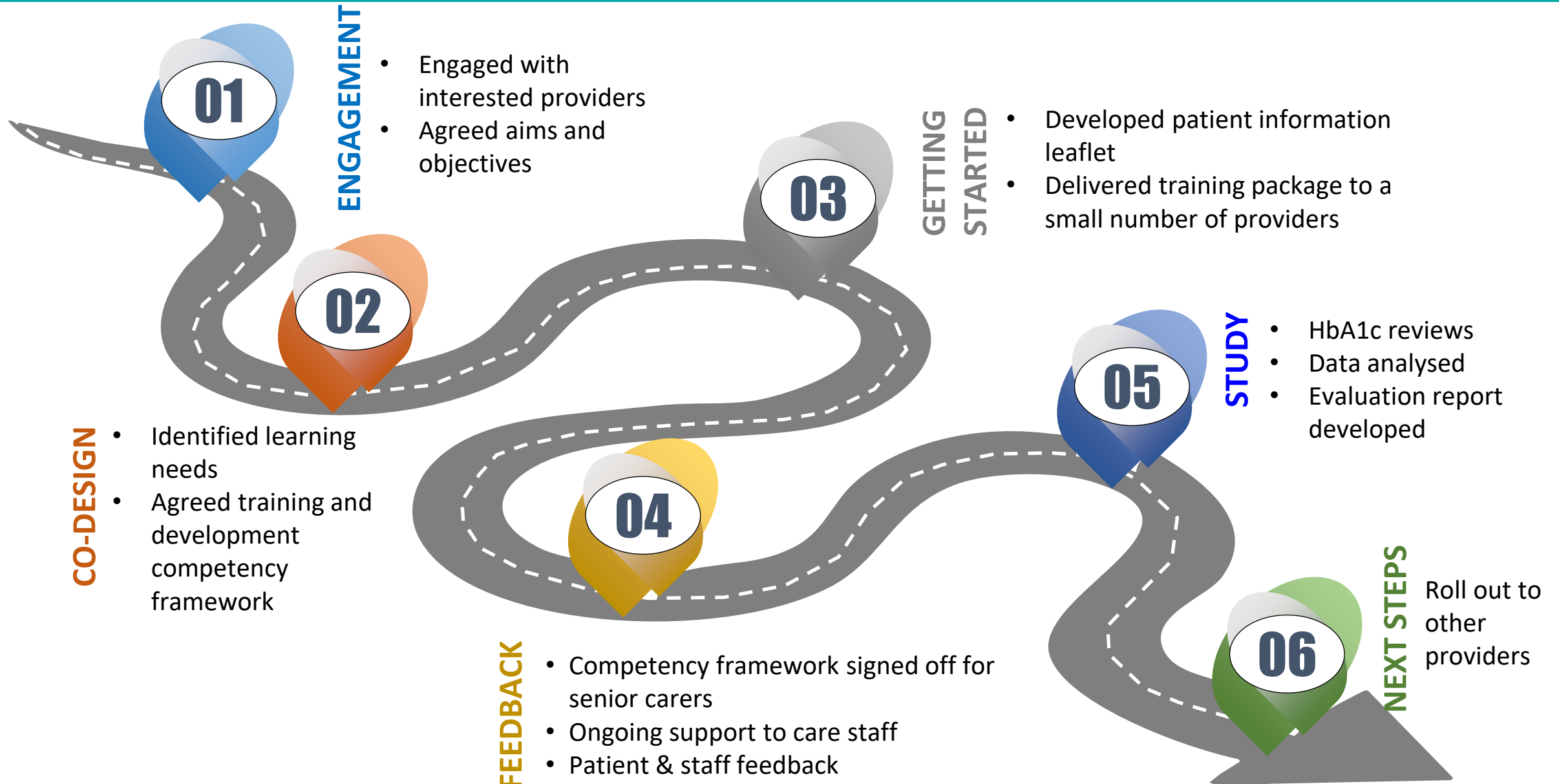
- Concerns raised about the delivery of consistently safe care for diabetic patients in residential care homes
- Poor compliance with the recommendations of the 2010 publication 'Good Clinical Practice for Care Home Residents with Diabetes
- Encouraged through integrated working in Tameside & Glossop to find innovative new models of care to reduce health inequalities

## OUR APPROACH



- Improved outcomes for diabetic patients living in residential care
- Stable HbA1c for diabetic patients within the pilot cohort
- Develop and implement a training and support package for care home staff

# OUR JOURNEY



## 1. IMPROVING OUTCOMES FOR DIABETIC PATIENTS

- Improved quality of life and wellbeing for diabetic patients in residential care
- Reduced the need for medical and therapeutic interventions
- Supports individualised diabetes care
- No missed or delayed insulin injections
- Improved cognitive function in some patients
- Improved patient experience



## 2. UPSKILLING CARE HOME WORKFORCE

- Enabled care home staff to support residents with their diabetes
- Staff job satisfaction
- Improved relationships between staff and residents
- Encouraging the workforce to enter the nursing profession





## 3. VALUE IN CARE

- Reduced demand on community and acute hospital services
- Supports diabetic patients to remain in their usual place of residence
- Reduced demand on District Nursing workforce, more capacity for patients with other needs - **reinvested over 1400 hours in a 12 month period**
- Improved service offer to new residents, adding value to those residential homes that provide the service
- Excellent feedback from patients, relatives and staff



# Anwen Patient Story

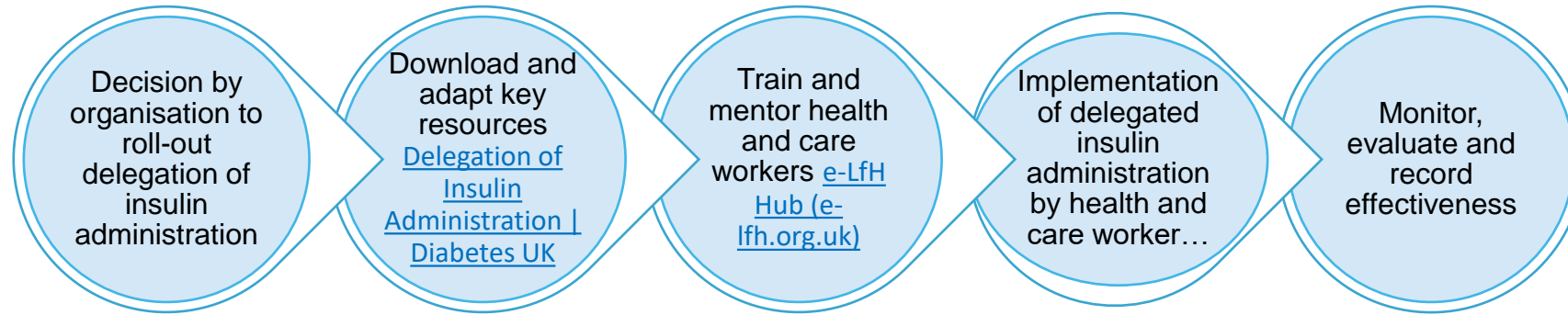


# Focus on Nursing Homes



# Local implementation – A call to action

## Steps to implement delegation of insulin administration



## Support available to organisations

1. **Insulin Administration Programme workspace on FutureNHS Website:** The site is open for all to join at <https://future.nhs.uk/connect.ti/Insulin/grouphome>. It offers a forum to connect with others to share your experiences and ask questions about the resources
2. **Webinars:** A series of webinars will be run by NHS England & NHS Improvement and Diabetes UK featuring the exemplar sites
3. **Buddying-up with Exemplar Sites.** This can be arranged via the Futures platform
4. **Informal conversations with Exemplar Sites:** These will need to be arranged by yourself and the exemplar site/s.
5. **Any queries please email the Community Nursing Inbox:** [england.communitynursing@nhs.net](mailto:england.communitynursing@nhs.net)

# Q&A – Ask the panel



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