

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.



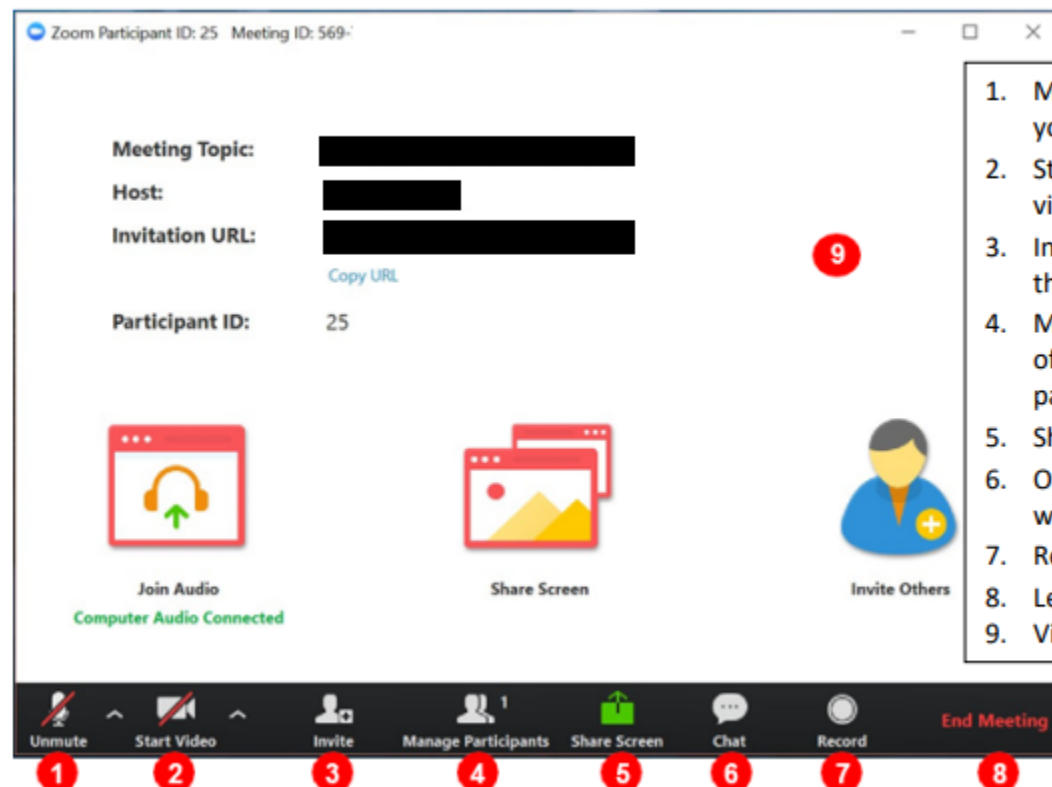
Welcome – How the session will work

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



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



Please mute your microphone at all times

Ask your questions in chat box

Delegation of Insulin Administration Resources Launch Webinars 2021

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NHS England & NHS Improvement
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NHS England and NHS Improvement



The team today



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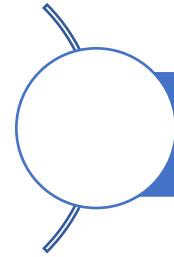
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Agenda



Introduction to session	17.00-17.05 5 mins	SS
Key resources and e-learning platform (10 minutes)	17.05-17.15, 10 mins	SS
Exemplar site: Best practice model (20 minutes)	17.15-17.35, 20 mins	NM, DP
Local implementation (5 minutes)	17.35-17.40, 5 mins	SS
Community Insulin: Nurse Delegation of Injections (CINDI)	17.40-17.45, 5 mins	KS
Q&A Panel - (15 minutes)	17.45-18.00, 15mins	ALL



Introduction

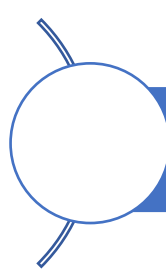
Autumn 2019; the Chief Nursing Officer England directed the Community Nursing Team to develop a framework for Healthcare support workers to administer insulin in community settings (i.e. people's own homes and care homes)

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

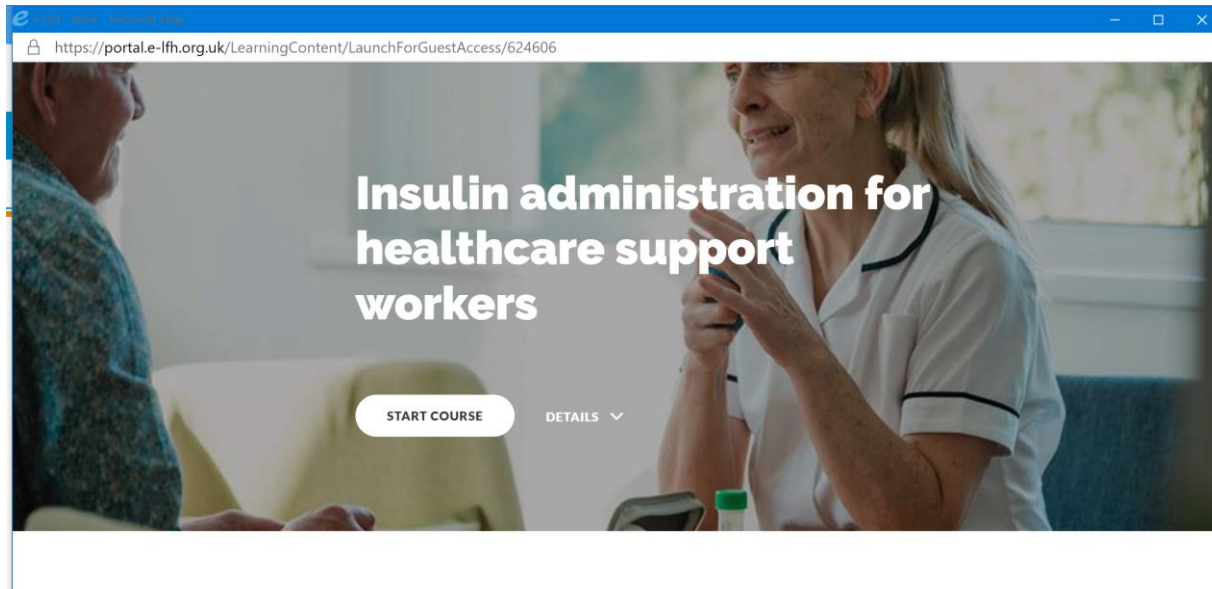
A checklist on organisational duties and responsibilities to be completed by all organisations involved in the delegation of insulin administration.

Health & Care Worker Checklist

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

Frequently asked questions (FAQs)

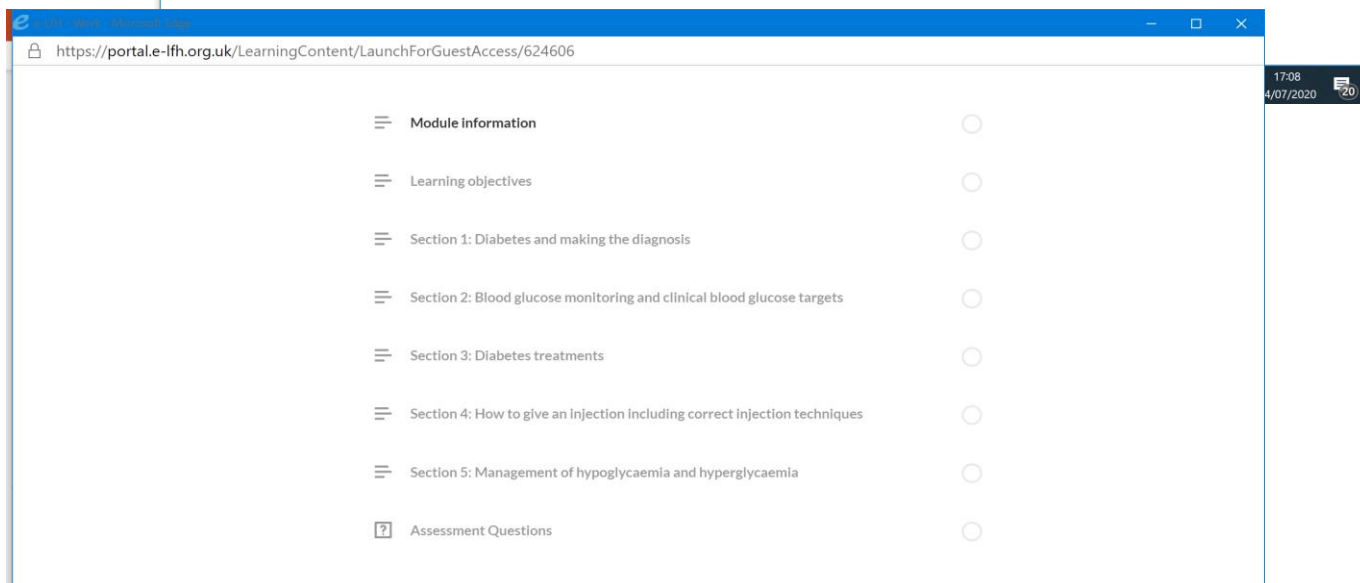
A list of frequently asked questions in implementing delegated insulin administration.



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>

Priorities, Challenges and Solutions. Our journey to developing the HCA role and insulin administration

**Nicola Mead: Clinical and Operational Lead for
Diabetes and Nutritional Services**

David Pugh: Integrated Network Team Manager

**Sirona Care & Health (Formerly Bristol
Community Health)**

13th April 2021



Identifying the Challenge

- Several attempts over the years to look at supporting and developing the clinical support workforce
- Limited success with previous Assistant Practitioner roles in relation to retention of staff
- Staff still supported through NVQ level 3 equivalent training “Clinical Healthcare Support level 3” or “Health and Social Care level 3”
- Both being recognised as QCF diplomas
- Patient receiving timely visits due to increased demand for third party insulin administration



Starting Point

- Planning and scoping
- Senior Management engagement and Board agreement
- Met with Diabetes Specialist team
- Discussed and engaged with teams at team meetings
- Held focus and working groups
- Competency development for all Bands
- Development of a training strategy
- Developed underpinning policies ie Delegation, Insulin Administration



Developing Diabetes Knowledge: Registered Nursing Workforce



- Education Programme for the Registered workforce
- Foundation Programme in Diabetes – Requiring completion prior to healthcare worker assessment
- Register of completion kept organisationally
- Mandated into competency structure
- Diabetes Team In reach Model for Support and Guidance



Developing Diabetes Knowledge and Competencies: Healthcare Workers



- Diabetes Training programme developed, delivered by DSNs, Dietitians and Podiatrists
- Competencies developed including: blood glucose monitoring, insulin administration, assessment and management of hyperglycaemia and hypoglycaemia
- Patient observations as part of NEWS 2
- Clinical Documentation and Record keeping
- Patient Consent



Challenges to Implementation

- Anxiety within some teams around delegation
- Reassurance to Senior Managers that programme was clinically safe and demonstrated effectiveness
- Capacity challenges to implementation of the programme in practice
- Defined boundaries of insulin administration
- Level of support required for some staff
- Ongoing review of competency and caseload



Successes: Our HCAs Perspective

- Happier staff 😊
- Staff feel greater value placed on role
- Increase in offer of continuity of care for patients
- Enhances HCA role in being able to support registered workforce
- Has increased underpinning of knowledge of diabetes
- Our HCAs are keen to develop their roles further



Successes: Team's Perspective



- “Without the assistance of our HCAs completing these essential visits, all of our RGNs would spend the majority of their shift completing visits to patients with diabetes due to the numbers that we have on the caseload”

DN Team Leader

- “It has been hugely beneficial to our team and also to our patients who have noticed more continuity in their care as a result”

DN Team Leader



Successes: Team's Perspective



- “Having HCA’s who have the training to administer insulin is key to managing our community nursing caseload. Our stable insulin dependent type 2 diabetic patients can be seen by a competent HCA who knows them well, giving capacity for registered nurses to see patients with more complex needs. If we did not have the insulin trained HCA’s as part of our team we would struggle to manage the number of patient’s requiring support with their insulin administration. I feel they are vital to delivering a safe and effective service to our patients.”

DN Team Leader



Successes: Organisational Perspective

- Benefit to patients – Continuity of care, right person at the right time
- Managing capacity and workflow in a smarter way
- Ongoing low incidents related to HCA administration – this was in contrast to the number of insulin administration errors involving Registered Nursing staff
- High level of HCA engagement to develop roles
- Development of registered workforce around diabetes and delegation
- Integrated working with specialist services
- Development of the HCA “voice” within teams in challenging practice
- Positive feedback from patients in regard to increased continuity of care and timely visits
- Virtual review of caseloads by Diabetes Specialist Team

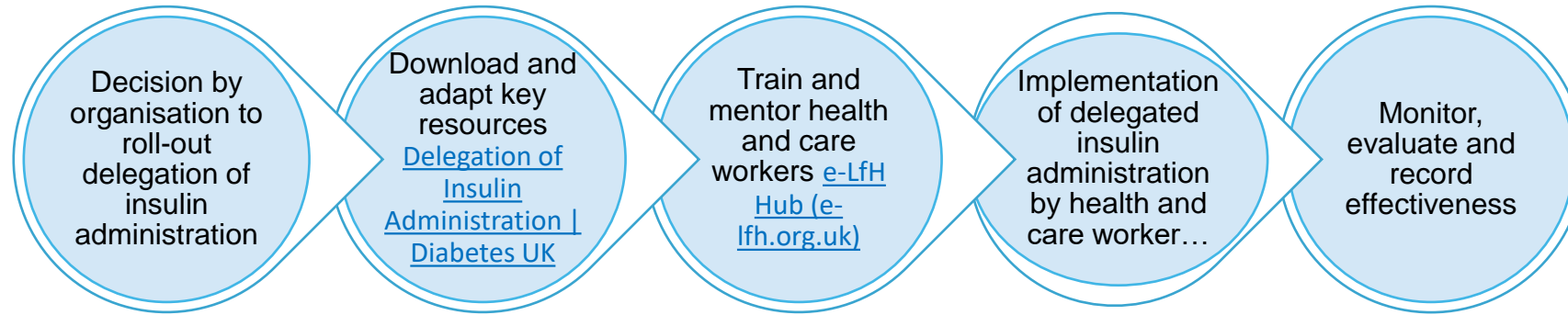


Next Steps

- Understanding and developing the new role of Registered Nursing Associates
- Developing pathway around technology for Diabetes, such as the use of Flash Libre and 3rd party insulin administration
- Role of the Diabetes Link Practitioners
- Restarting the cycle as transferred to a new organisation providing adult services across Bristol, North Somerset and South Gloucestershire
- Implementing the NHSE/I elearning Programme to develop staff across our organisation



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

Community Insulin: Nurse Delegation of Injections (CINDI)

Delegation of insulin administration to non-registered healthcare workers in community nursing teams: an evaluation of care and practice for older people with diabetes.

Collaborative project

Research team:

- **Angela Cook**, Shropshire Community Health Trust
- Professor **Jill Maben**, University of Surrey
- Dr **Freda Mold**, University of Surrey
- Dr **Colin Shore**, University of Surrey
- Dr **Karen Stenner** (PI) University of Surrey
- Dr **Kirsty Winkley**, Diabetes Specialist Nurse, Kings College London

Funder: **Dunhill Medical Trust**



Research question:

What are the benefits and drawbacks for patients, staff and services when non-registered healthcare workers give insulin injections to older people with diabetes?

Project: 18 month evaluation in 3 case sites where insulin injections are carried out by non-registered healthcare workers

- **Literature review:** delegation of medicines administration from registered nurses to non-registered healthcare workers in primary and community care
- **Stakeholder interviews:** telephone interviews with patients, community nurses, non-registered healthcare workers, and senior managers, to explore views and experiences of insulin delegation in 3 case sites
- **Document analysis:** insulin delegation policies and related local governance documents from Trusts with existing insulin delegation programmes.

Q&A – Ask the panel



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