

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

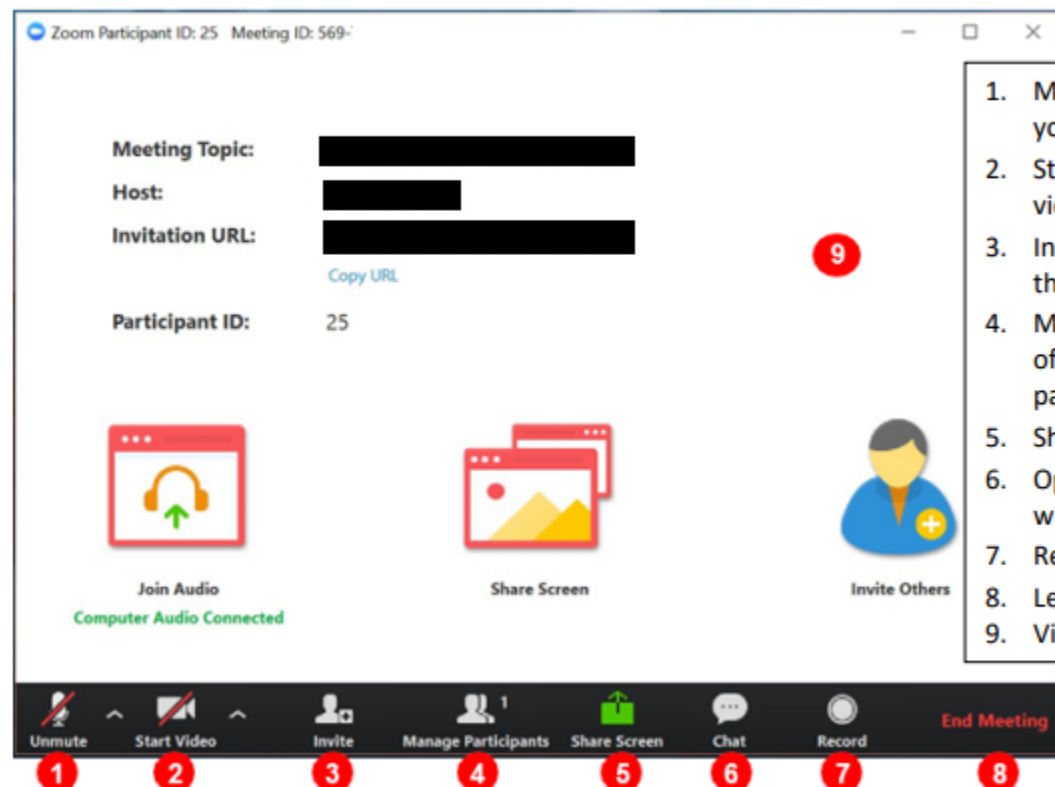
RULES

- * 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

9



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 and NHS Improvement



The team today



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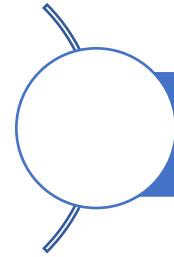
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Agenda



Introduction to session	13.00-13.05 5 mins	SS
Key resources and e-learning platform (10 minutes)	13.05-13.15, 10 mins	SS
Exemplar site: Best practice model (20 minutes)	13.15-13.35, 20 mins	
Local implementation (5 minutes)	13.35-13.40, 5 mins	SS
Community Insulin: Nurse Delegation of Injections (CINDI)	13.40-13.45, 5 mins	KS
Q&A Panel - (20 minutes)	13.45-14.00, 15mins	ALL



Introduction

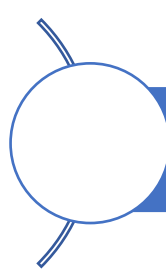
Autumn 2019; the Chief Nursing Officer England directed the Community Nursing Team to develop a framework for Healthcare support workers to administer insulin in community settings (i.e. people's own homes and care homes)

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

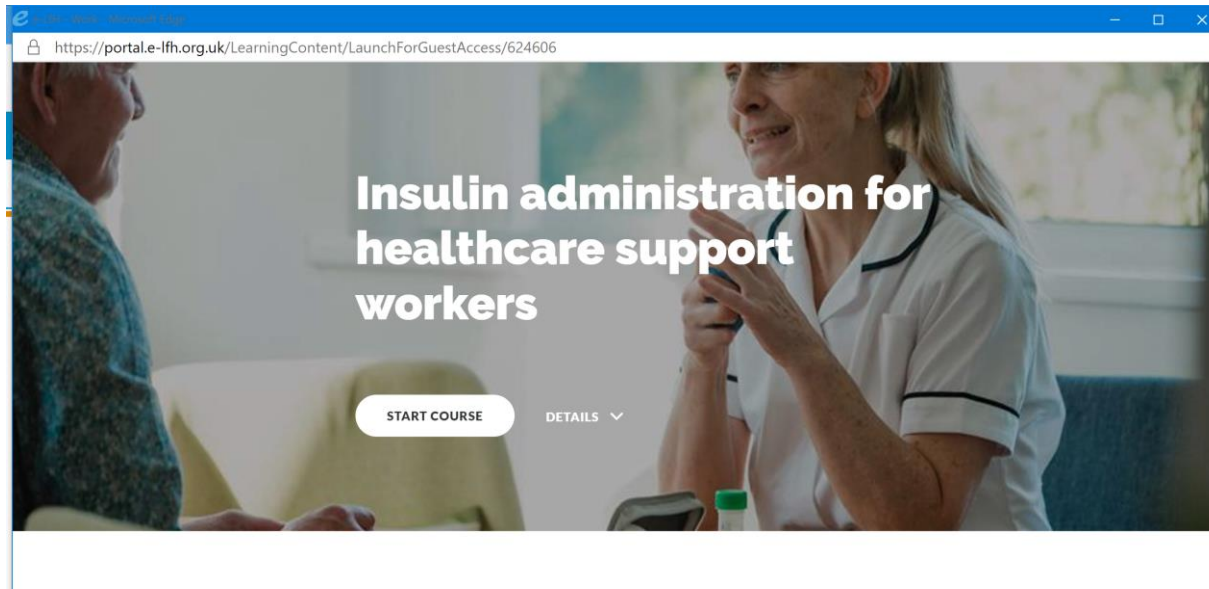
A checklist on organisational duties and responsibilities to be completed by all organisations involved in the delegation of insulin administration.

Health & Care Worker Checklist

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

Frequently asked questions (FAQs)

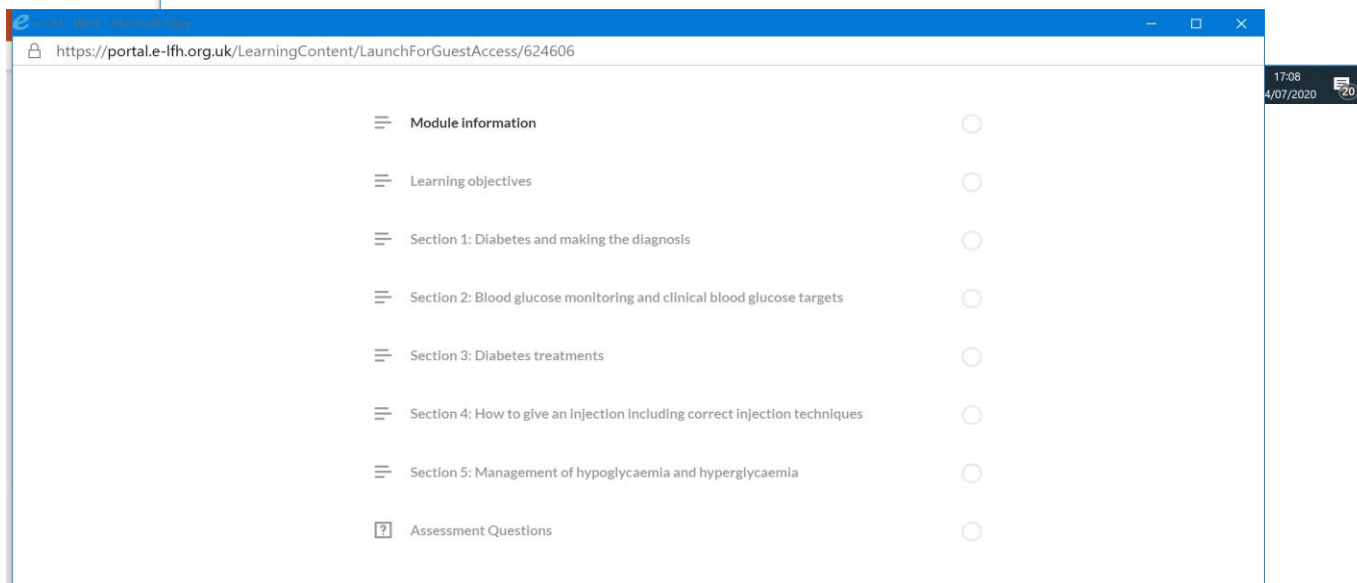
A list of frequently asked questions in implementing delegated insulin administration.



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>

The Sheffield Story

How Sheffield Teaching Hospitals Implemented Health Care Support Workers (HCSW) Administering Insulin to Patients in their Homes

Presented by:

Julie Dutton, ICT Nurse Lead - North

Maria Levesley, ICT Nurse Lead - East

Lisa Biggin, Community Health Care Support Worker

Maxine Corker, Diabetes Specialist Nurse



Pilot Site: Darnall Community Nursing Team

A pilot started in 2017 following:

- Increasing numbers of patients requiring assistance with the insulin administration aspect of their diabetes management plan.
- Multi-disciplinary discussion
- Checking job descriptions
- Policy writing.



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Diabetes Specialist Nurse and the HCSW Pre-Programme

- Blood Glucose testing not rolled out for community health professionals.
- Understanding of Diabetes and the older adult.
- Risk assessment not in place.
- Policy in planning.



Why Darnall?

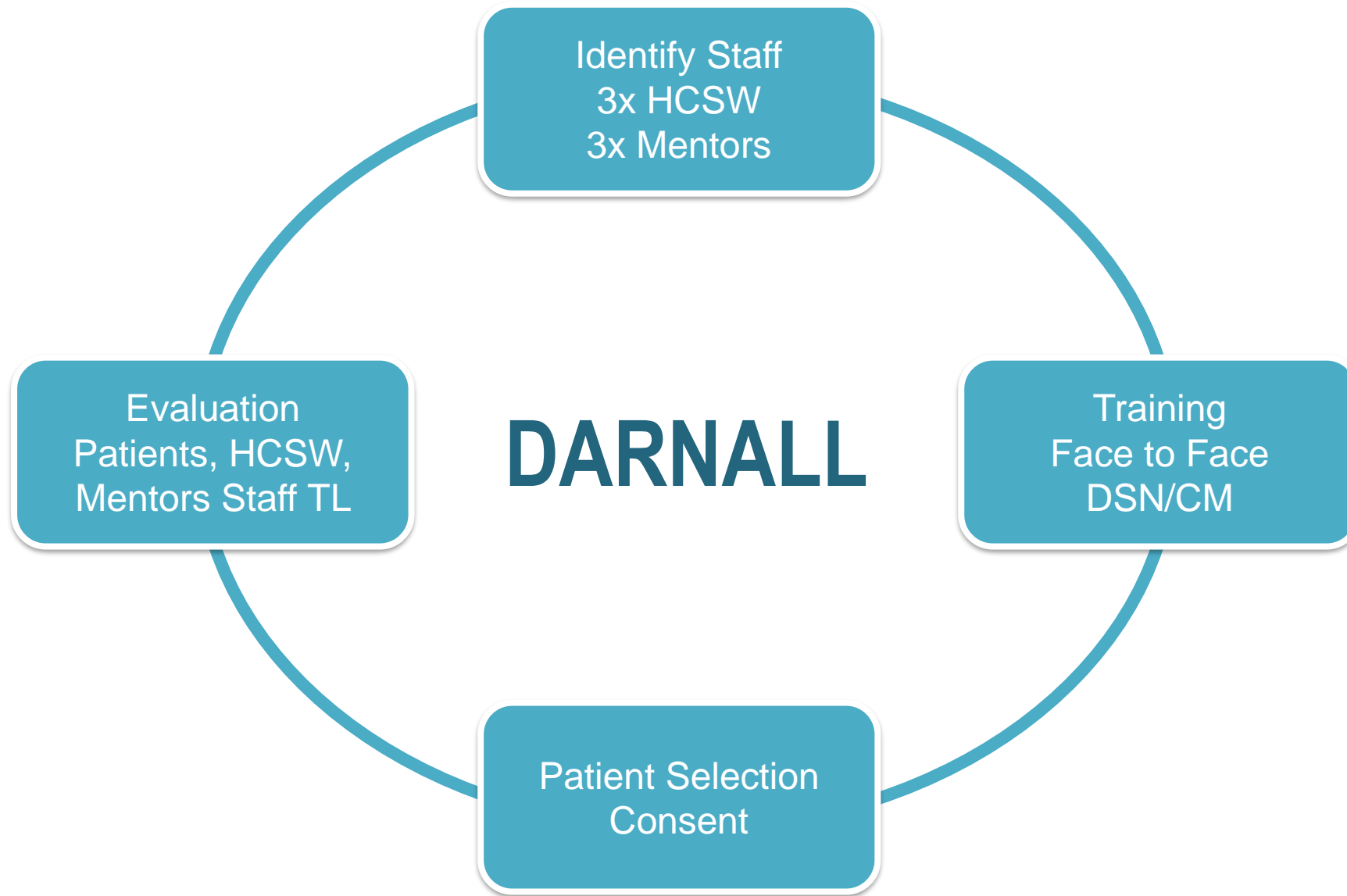
- There was a high number of patients on the caseload requiring assistance with insulin administration
- There was a high level of team engagement, the team had a history of service improvements and the Team Leader was a Practice Educator
- All the diabetic patients on the caseload had been reviewed by the Team Leader (TL), Community Matron (CM) and Diabetes Specialist Nurse (DSN), so treatment was optimised.



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Challenges

Releasing Staff for Training

Had to be staggered and a locality approach for back fill.

Ordering Stock

Had to ensure the correct equipment was in the house (safety needles etc.) and then put on repeat from GP Surgery.

Stable Patients

Ensuring there were enough stable patients to enable the HCSW to gain the competency.

Original Plan to only Administer to Patients having Insulin via Syringe

After the pilot this changed to include pen devices also.

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What did the Patients Say?

“WOULD RECOMMEND TO FAMILY AND FRIENDS”

“HCSW HAD TIME TO LISTEN”

“FELT AT EASE”



“HAPPY WITH CARE “

“FELT SAFE “

“VERY GENTLE”

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What did the HCSW Gain?

- Increased motivation
- Felt useful
- Boosted confidence
- More of an asset to the team
- Found it a good way to up-skill themselves
- They felt it helped relieve some of the pressures on team.



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What did the HCSW Gain?

- Positive patient feedback
- Felt valued
- Development of more patient relationships
- More confident to move on and do further training e.g. Dalteparin injections
- Felt happy with the training and support given by the mentors and the team.



What did the Service Gain?

- ✓ Motivated HCSW staff and job satisfaction
- ✓ Improved skill mix
- ✓ Easier role for the staff delegating the work, as more individuals to allocate visits to
- ✓ Relief of pressure on the qualified staff at peak times, and therefore reduced stress
- ✓ Positive patient feedback.



What did the Service Gain?

- ✓ Robust system in place to allow for internal and external audit of blood glucose monitoring
- ✓ Training set up using Desmond injectable, modified locally
- ✓ Governance system used to enable competency process with the patient at the heart of care.



Where Are We Now?

- 18 teams out of 22 have HCSWs trained to administer insulin to stable patients
- Of 328 patients who required insulin on a single day last week, 48 patients were seen by HCSWs
- There is on-going competency training for all staff involved
- In addition, HCSWs are now trained to administer Daltaparin to patients.



Any Questions?



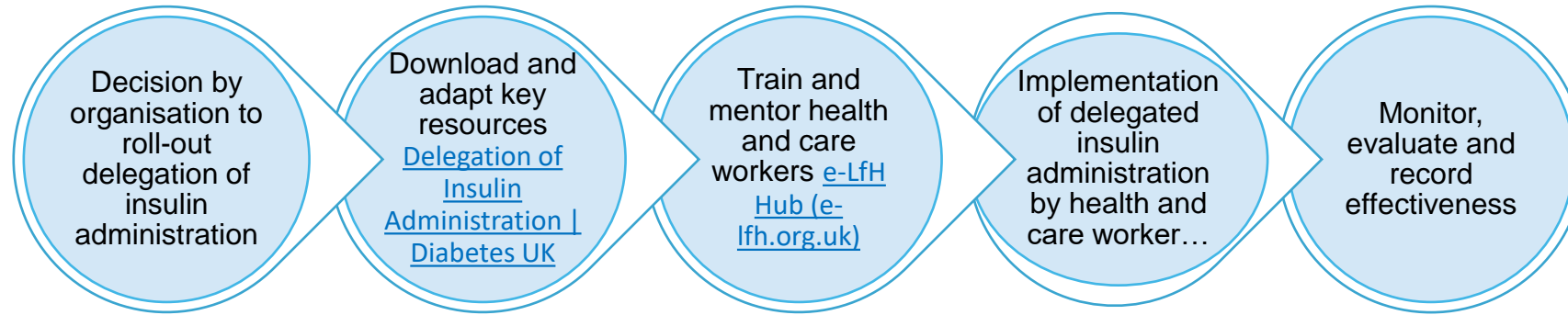
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Local implementation – A call to action

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

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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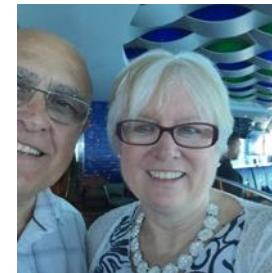
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