

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.



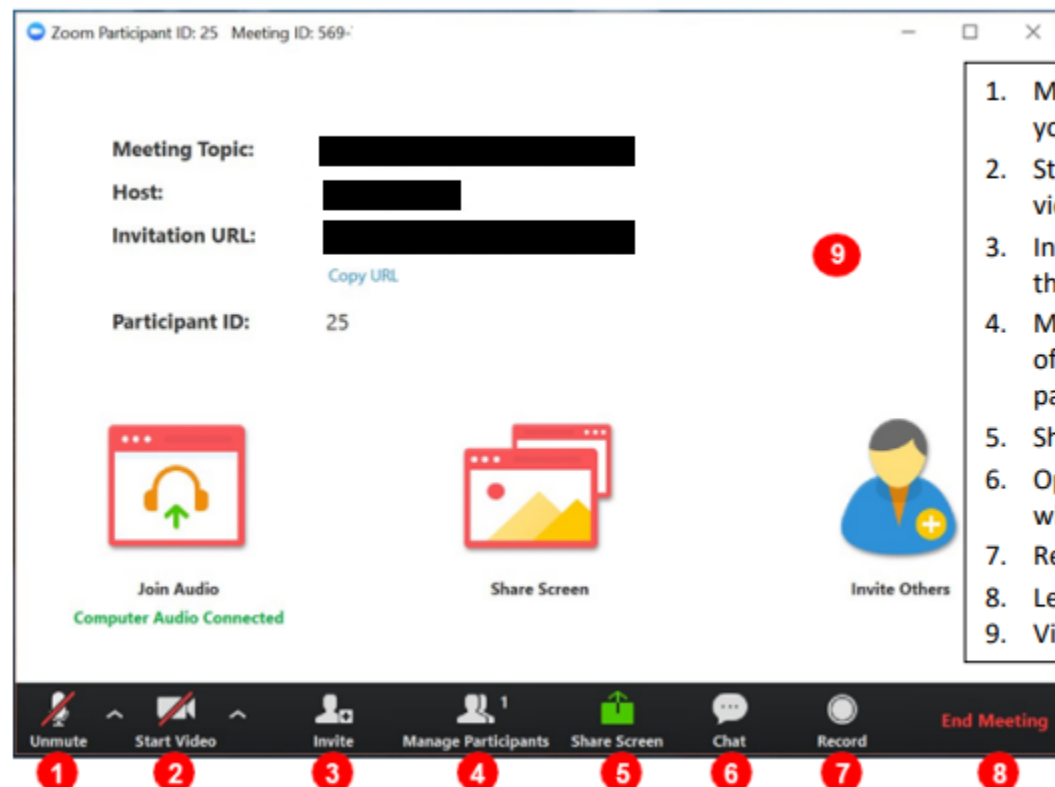
Welcome – How the session will work

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 and NHS Improvement



The team today



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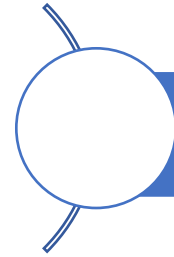
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Agenda



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

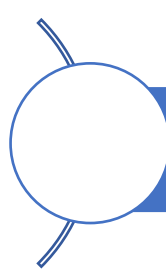
Autumn 2019; the Chief Nursing Officer England directed the Community Nursing Team to develop a framework for Healthcare support workers to administer insulin in community settings (i.e. people's own homes and care homes)

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

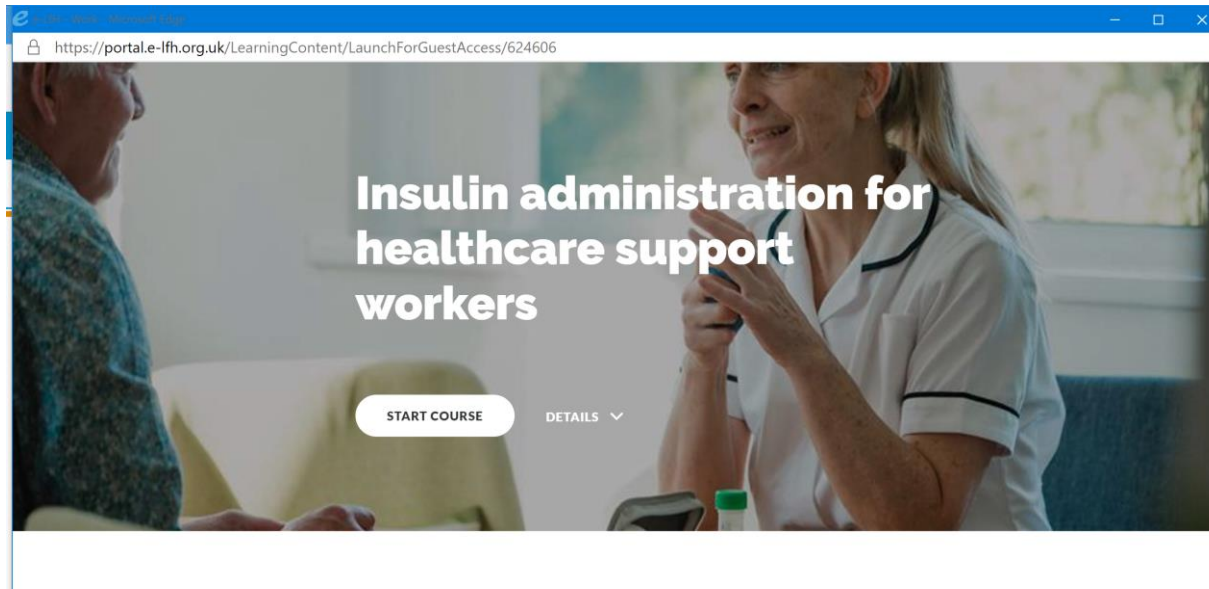
A checklist on organisational duties and responsibilities to be completed by all organisations involved in the delegation of insulin administration.

Health & Care Worker Checklist

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

Frequently asked questions (FAQs)

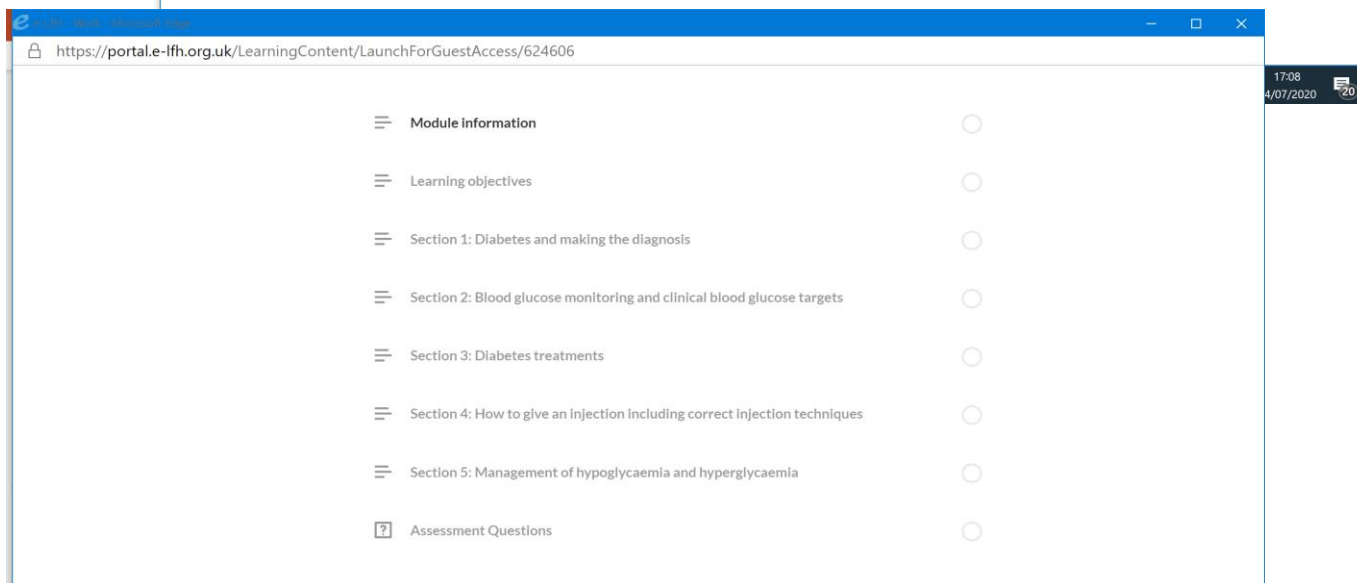
A list of frequently asked questions in implementing delegated insulin administration.



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>

HCA Enhanced Care Programme - Insulin Administration

Maggie Carroll: Diabetes Clinical Service Lead. HIDS
Claire Drinkall: East and North Diabetes Service Lead
Victoria Short: Clinical Quality Lead Adults Services

Our Ambition and Vision for the Project

- To increase the operational capacity within our community nursing teams, in line with the recommendations within Lord Carter's review
- To address poor compliance with the recommendations of the 2010 publication 'Good Clinical Practice for Care Home Residents with Diabetes'
- To develop the programme in line with the directive from the Chief Nursing Officer for England which instructed community nursing teams to develop a framework for healthcare support workers to administer insulin in community settings (i.e. people's own homes and care homes)(Autumn, 2019.)
- 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.

Further Aims and Objectives

- To free-up registered nurse time in the community, allowing more time for nurses to focus on complex needs patients
- To increase the effectiveness of insulin delivery ensuring safe insulin administration within the correct timeframe
- Improve patient safety and experience as a result of timely consistent visits.
- To widen skill-set for health care assistants and encourage the possible start of a nursing career
- To develop a future-proof workforce where health care assistants progress towards a nursing career pathway.

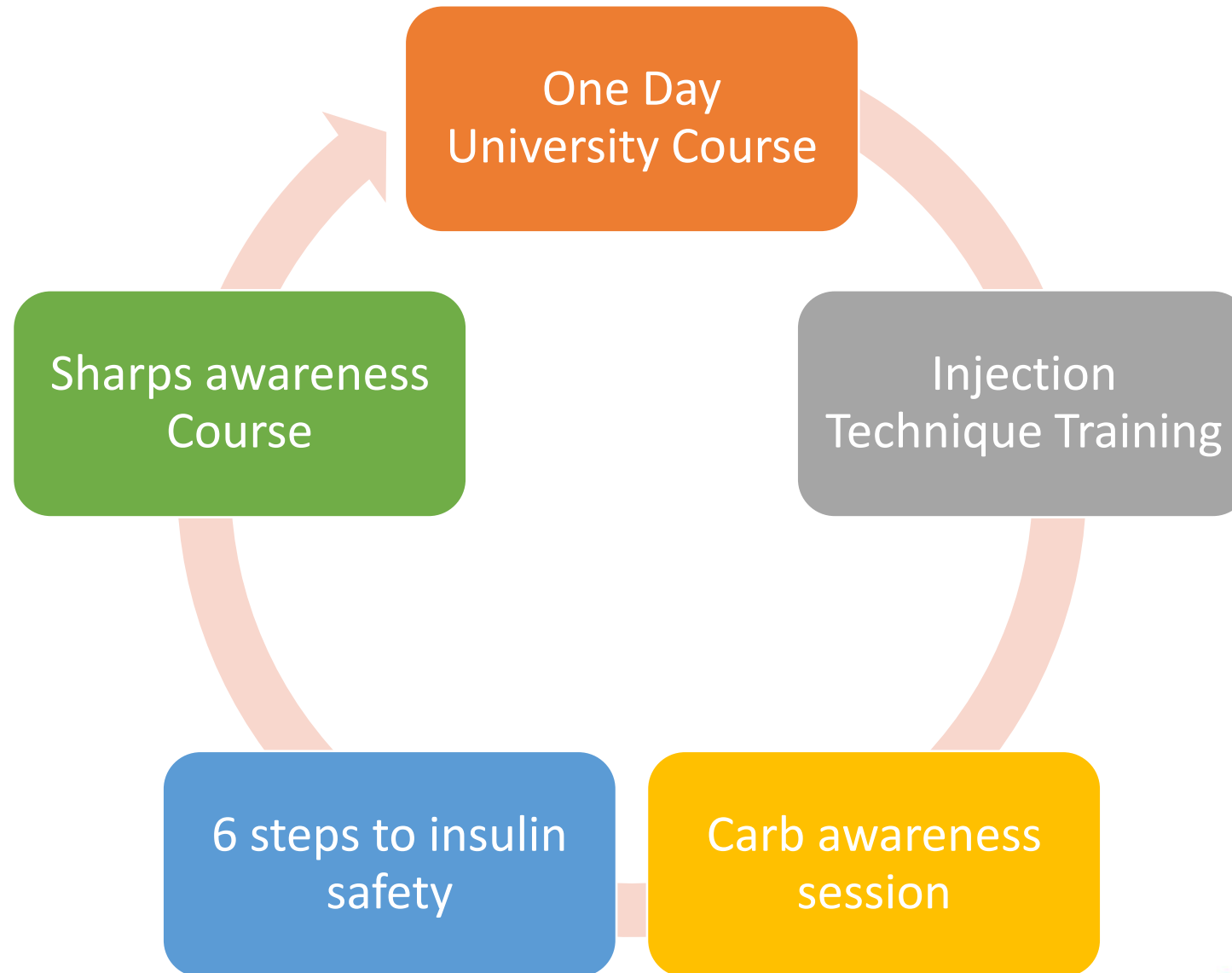
Why Change?

- 48% of the community nurses' insulin caseload could be visited by health care assistants.
- Each insulin administration visit undertaken by a health care assistant releases 20 minutes of registered nurse capacity.
- Community nurses will have more capacity to concentrate on more complex patients.
- Health care assistants can focus on non-complex patients.

Initial Programme

- The community nurses worked with their locality diabetes specialist nurse to identify type 2 diabetics who were suitable for insulin delegation (stable/no recent hospital admissions/simple insulin regime)
- Each Integrated Care Team (ICT) identified willing health care assistants to partake in the project
- The University of Hertfordshire provided a full days training for the health care assistants and for the delegating nurses, which included theory, practical and use of a competency framework
- The Locality Clinical Leads and community nurses worked through the competency framework with the health care assistants
- Once competent, the health care assistants were allocated suitable patients, who had a once week review conducted by a registered nurse
- ICTs continued to worked with the diabetes team to review and identify any changes required in the patient cohort.

Learning Process



Clinical Quality Assurance

✓ **SAFE**

No health care assistant medicine related incidents were reported

✓ **EFFECTIVE**

Treatment was delivered at consistent times

✓ **EFFICIENT**

Each insulin administration visit conducted by a health care assistant released 20 minutes of registered nurse capacity

How the Programme Progressed

- Insulin administration was added into the job description for new health care assistant posts within the ICTS
- The administration of insulin was incorporated into the Band 3 and Band 4 Competency Framework books which are used throughout the Trust
- Training progressed to in-house, initially with face to face sessions but then to online training with support provided within the ICTs (the change in training was initially as a response to the Covid-19 pandemic)
- The Standard Operating Procedures for Insulin Delegation to Health Care Assistants was updated to encompass the changes listed above.

Band 3 Adult HCA (Community and Bed Based) Role Profile
Preceptorship, Care Certificate and Induction
Competency Workbook



Name:

Date:



Appendix 12: Blood Glucose Monitoring and Insulin Administration	Formal training required? (face to face/e-learning) or observed clinical task where applicable	Observed – <u>practise</u> /action needed (if applicable) Date	Observed - competent Signed and date
Band 3 practitioners: may administer insulin only following an assessment of the patient by a registered nurse.			
Suitable named patients should be those who have stable blood glucose			
A working understanding of the importance of applying standard precautions and the potential consequences of poor practice	Administration of insulin only to be undertaken after attendance at Trust glucose meter training and undertaking insulin skills training (either face to face or online)		
Have an understanding of Type 1 diabetes.			
Have an understanding of Type 2 diabetes.			
Demonstrate how to perform blood glucose monitoring and an understanding of the importance of weekly IQC/monthly EQA Awareness of blood glucose monitoring policy and Diabetic clinical guidelines on the intranet.			
State the normal ranges of blood glucose levels			
Identify 3 factors that may cause inaccurate blood glucose readings.			
Recognise the action to take if the blood glucose was below (hypoglycaemia) the normal range. If blood glucose less than 4 mmol/l treat as hyperglycaemia.			
Identify 4 factors that could result in a low blood glucose reading.			
Recognise the action to take if the blood glucose was above (hyperglycaemia) the normal range			
Identify 4 factors that could result in high blood glucose readings.			
Demonstrate how to accurately perform a blood glucose test			
Identify where to record blood glucose results in the <u>patients</u> paper light notes and on SystmOne.			
Demonstrate how to follow Trust			

Appendix 12: Blood Glucose Monitoring and Insulin Administration	Formal training required? (face to face/e-learning) or observed clinical task where applicable	Observed – <u>practise</u> /action needed (if applicable) Date	Observed - competent Signed and date
Policy of Sharps disposal and needle stick injury reporting			
Describe the action insulin has on blood glucose levels.			
State how to store insulin correctly.			
Identify 3 factors that may damage insulin.			
Demonstrate a knowledge of injection technique and injection sites			
Identify potential problems with injection sites and causes.			
Correctly check insulin against insulin prescription chart. Right insulin Right time Right patient Right dose Check the expiry date			
Demonstrate knowledge of life of opened insulin vial and correctly demonstrate checking of expiry date of insulin			
Demonstrate knowledge of the use of safety needles, BD <u>Autoshield</u> Duo, when administering insulin using an insulin pen			
Demonstrate air shot/priming the needle with 2 units of insulin prior to drawing up <u>the correct</u> amount of insulin as per current prescription and device used			
Select injection site and examine for <u>lipohypertrophy</u> /bruising and inflammation.			
Perform insulin injection correctly as per Trust Guidelines. Holding for 10 seconds. To correctly document administration of insulin as per HCT policy			
Describe the action to take if a positive reading for ketones is identified			

What Do Our Patients Say?

"The girls always discuss my diabetes with me and even ask me about my diet and my general wellbeing, they seem to be very knowledgeable about my condition"



"Very happy as I feel I have got to know the girls who always have a smile on their faces and always spend the time to discuss any problems I may be having"

"I have been seen by the same 2 HCAs for the past few month and I have got to know them. My visit timings are more regular now. I am always made to feel at ease."

I like having the same nurses visit. She always ringing my bell at the same time every day. She tells me off when I drink fat coke and eat chocolate. I love the banter we have and how the HCA spends time to chat."

"I used to get worried about taking my insulin if people were late to administer it, I now don't have that worry"

"Great service"

"I have had no problems"

What Do Our Staff Say?



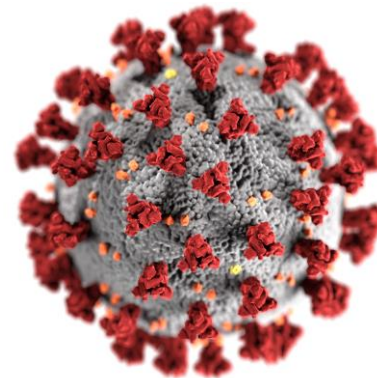
Youtube video link: <https://youtu.be/lu-Q-qdw3Bg>

Plans for Care Homes

Pilot : was to start early 2020 with a Care home who had:

- A positive CQC rating
- Willingness to commit
- Low staff turnover
- Appropriate insurance
- Good links with their local ICT.

However, due to the Covid-19 Pandemic the Care home withdrew from the pilot study indicating increased staff turnover and an unwillingness to undertake something new during the Pandemic.



The Here and Now?

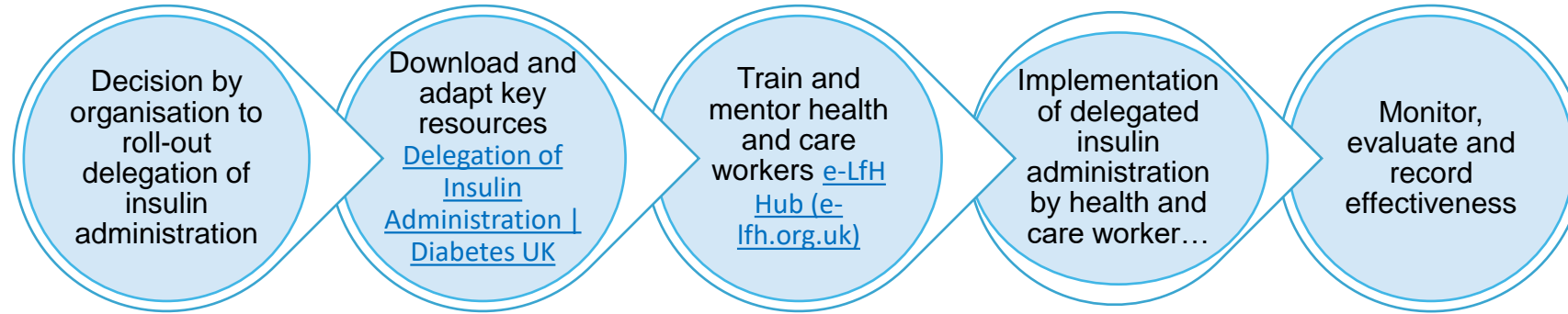
- East and North Hertfordshire health care assistants are undertaking regular insulin administration to over 50 patients
- The numbers of incidents compared to episodes of care are minimal
- Feedback from staff and patients remains positive
- In the first three months of 2021
 - 1 HCA insulin administration incident in the past three months.

Further Considerations...

- Revisit care homes to discuss piloting care home administration of insulin
- Consider a step by step approach start Blood glucose monitoring training with care homes first then to build on from here
- Learning contracts with the home and trust
- Open e-learning to Care homes undertaking the enhanced care programme.

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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