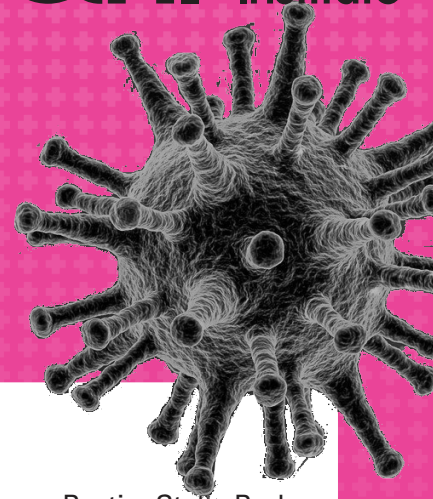
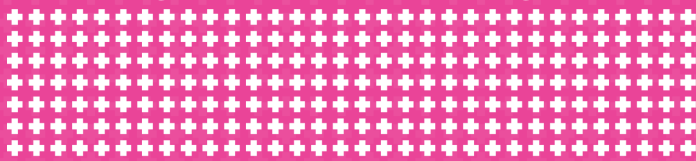


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Redeployment and Remote Working in District Nursing Teams



1/

Personal details

Name: Leah Marshall, Yvonne Bastin, Stella Barlow

Job title: DN Specialist Practitioner, Senior Nurse,
Team Leader

Employer: Nottinghamshire Healthcare NHS FT

2/

Please describe your practice innovation.

Deeper Integrated Team Working, Workforce Relationship Building and Patient Supported Self-Management

With 50% of our District Nursing Team personally affected by and testing positive for the virus, including the Team Leader, District Nurse Specialist Practitioner and Senior Nurse, integrated working was imperative. Specialist Nurses from other areas and professions were redeployed into the District Nursing Team and were upskilled at a safe but rapid speed to enable the District Nursing Team to deliver a safe service whilst maintaining the health and wellbeing of the workforce.

Remote working was developed at a rapid speed with the transfer to Microsoft Teams, to enable daily handovers to continue, to keep in touch with team members, and to maintain staff and patient safety and team morale.

It is widely acknowledged that integrated working and collaboration improves patient care and outcomes, with the main focus being on achieving safe, high quality, cost effective patient centred care and this was evidenced within our District Nursing teams during these unprecedented times.

An emphasis on patient supported self-management has been a big part of our practice innovation, with personalised care being at the heart of this and in line with the NHS Long Term Plan and self-care agenda.

3/

How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?

This has enabled more shared caring responsibilities with family and carers and encouraged patients to take more responsibility for their own health and conditions.

It has enabled us to provide more advice and support via telephone and to support self-management, a big part of the NHS Long Term Plan and self-care agenda. We have been able to tailor our approaches to individuals and provide personalised care, based on 'what matters to the person' as well as considering any barriers during a global pandemic.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

Team members pulled together to deliver a safe service. Other specialist nurses and specialities were redeployed to the District Nursing Team and were upskilled and used transferable skills to enable a safe service to be maintained and delivered to our caseload of patients.

This deepened our integrated working and enabled good relationships to be built upon. New relationships were also built, and other staff were able to see and understand the complexities and challenges that are faced by the District Nursing Teams daily. This in turn has enabled a shared agenda of positivity and the enhancement of quality services through effective collaborative practice.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

The transfer of the specialist nurses and other professions was temporary and they have now been deployed back to their own teams/areas. However moving forward, remote working and the use of Microsoft Teams will continue to be utilised. Training and updates will be implemented via Microsoft Teams where appropriate, to save wasted travel time and free up important clinical time.

Patient supported self-management and shared care will continue to be encouraged wherever possible. Integrated working and collaboration will continue and is fundamental to ensure high quality patient centred care and high performing front-line teams.

6/

Please describe any particular challenges you had to overcome.

The biggest challenge for the team was having 50% of the workforce forced to self-isolate, having been tested positive with COVID-19 at one time. The quality of the IT equipment - constant failures and poor IT support to resolve them. This was and continues to be a constant challenge. Working from home brings its own challenges – no home office, children at home, poor phone signal, etc.

7/

Please describe any continuing challenges you would like to address.

Patients and families' reluctance to self-manage and take responsibility of their own health and care needs. As a District Nursing Team, we are always working to sharpen up processes to free up important clinical time.

As a District Nursing Team, we are always working to sharpen up processes to free up important clinical time. Leah Marshall



8/

Please list any websites, online platforms or apps that have helped you.

Microsoft Teams has been pivotal to maintaining safe and effective communications amongst the MDT. The Trust's Connect intranet page has been a fantastic source of support with up to date information and updates. The NHS 111 service. The QNI and RCN have also been a fantastic source of information and support. The Chief Executive of the Trust has been excellent at providing daily updates to the whole of the Trust via email with all relevant information pertinent to our daily practice.

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

Laptop, mobile phone with integrated camera and personal alarms to ensure staff safety due to lone working.

10/

Please give any individual examples, quotes or other information.

"After every storm comes a rainbow."

Rainbows are often seen after a storm when the sun breaks through. This provides us with a very important message we have given to our team: Be the rainbow in the clouds!

