

‘New Brave World of Community Nursing’ North East Locality

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April 25th 2018



Context for a New Brave World

- * Locality working – big
- * Caseload – 400 plus patients
- * Senior Nurses posts were reduced
- * Introduction of an excel spread sheet (risk register)
- * Senior nurses-office based (managing spreadsheet)
- * Change to flexible working (no long days)



Consequences

- * No continuity for patients
- * Quality of care changed! (Number of visits/ time)
- * Professional isolation for lone community workers
- * Risks of excel spreadsheet 'patients fell off lists'
- * Limited career development – no one wanted the job!
- * Unmanageable workloads /lists
- * Limited opportunities for community education / training
- * Service took a task orientated approach to cope with service demands
- * Unhappy team – low morale



A series of unfortunate events!

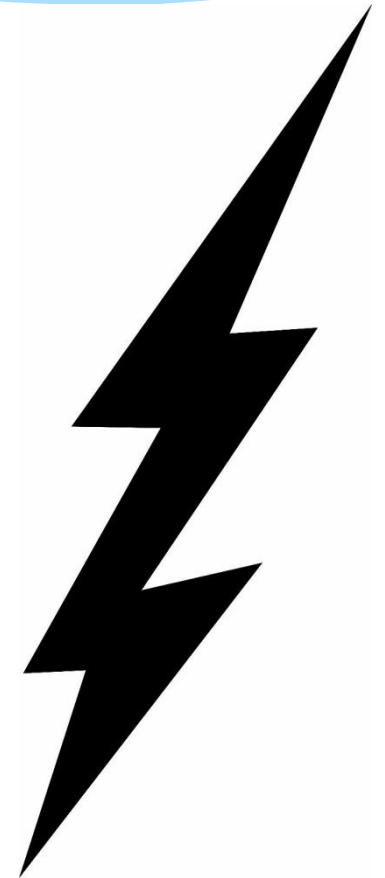
- * Experienced band 6 left the service
- * 3 experienced band 5 nurses left the service
- * CQC Inspection
- * Appointed a band 6 who left within a month.
- * New band 6 appointed – within 6 weeks had resigned
- * Band 6 post (no one wants!)
- * Band 7 considering resignation



A New Brave World

Senior team empowered to take control for changes needed to improve our service-

- * LISTENED TO THE TEAM!
- * Senior team back on the ground
- * Continuity
- * Smaller caseloads
- * Smaller teams allocated to each caseload
- * More joined up working - upskilling
- * More training – relevant
- * Connectivity!
- * TO FEEL VALUED AND RESPECTED



The leap of faith (12 week plan)



- * Leadership team took directive ‘do what you think you need to do’ -12 week plan
- * Expressions of interest for the Band 6 role
- * Flexible with hours (not exclusively a full time position)
- * Experienced nurses coming forward – interviewed.
- * Team members allocated to work small caseloads
- * Rotas revised and hours reviewed
- * Critical review of caseloads – there should be four!

How to become a New Brave World-

- * **SEEK FUNDING!**

- * Band 6's to manage 4 caseloads (increase of 1WTE)

- * 4 cracking candidates appointed (all given a chance)

- * 4 caseloads created 75 – 100 patients

- * **CHALLENGE!**

- * Changed request for a – permanent arrangement - staff cost panel

- * **LISTEN** to the team! **COMMUNICATE** with the team!

Where we are now – The team

- * Band 6's in post this week – evidence the change
- * Smaller caseloads – lead nurses know their patients
- * Effective triage
- * Effective scheduling
- * Team skills development
- * Feedback in practice document
- * Happier team /flexible working



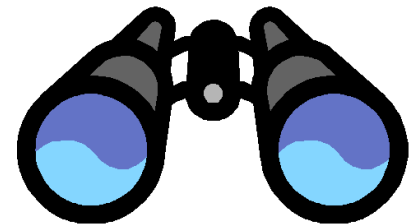
Where are we now- Quality

- * Management of lower limb care improves
- * SystemOne strategy for service use (care plans)
- * Repair links to our GP's – continuity of leadership
- * Improve partnership working with our Residential Care Home teams
- * Improve our response /escalation to deterioration of patients under our care.
- * Getting the basics right



Future vision

- * Empowering our Band 6's to move the service forward (caseload management – ear syringing!)
- * Develop the ACP / Community Matron role
- * Develop the Team Leader role away from administration and refocus clinical expertise
- * - escalation in RH settings
- * -diabetes care
- * complex care sharing expertise education



New Brave World!



* *Patient benefits*

- * Team of North East Locality
- * Leadership team has been heard



A New Brave World in community nursing.

* Any questions?