



Case Study

Keeping our community safe

Keeping our community safe during Covid – making swift local decisions, working more closely together, and making the most of our community hospital and our community.

Context

This case study describes the local clinical and managerial leadership that led to early preventative action at the start of the Covid pandemic. Swift local action was taken in order to safeguard the health of the population, building on the existing strong relationships across staff and the community as a whole.

Nairn Town and County Hospital and Primary Care Centre serves a population of around 15,000 people living in the Nairn and Ardersier area and is managed by NHS Highland. The hospital has an inpatient ward, Minor Injuries Unit, physiotherapy, occupational therapists, X-ray/ultrasound, integrated Care Team, Community Mental Health Team and outpatient clinics. The hospital is also a base for the Scottish Ambulance Service, midwifery, children's services and dental services.

What we did

Dr Baker, as Clinical Lead, took early action to safeguard the community and staff acting on advice from colleagues internationally. Dr Baker locked down the GP practice and Nairn Town and County Hospital on 11th March 2020, and implemented safeguards such as managing and limiting access to the building, temperature testing and hand-washing.

Dr Baker made an [educational public health video](#) in early March, advising people to act as if they had covid and suggesting measures such as social distancing to protect themselves against the virus.

As far as we know, this was ahead of any other local health care system. Since then, the local team, made up of all clinical and management leads have strengthened their ways of working together to make local decisions about how to manage and deliver the services locally in a safe and appropriate way.



[Watch the video here >](#)



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This was through frequent Team Leader meetings where operational challenges such as safety, staffing and patient flow were discussed. These meetings included team leaders from community services, the community hospital ward and Minor Injury Unit, Allied Health Professionals, primary care, social work, hotel services and administration. The challenges of the pandemic were considerable, and staff describe the meetings being open, honest and emotional. The meetings were supported by Ros Philip, Divisional Manager, and were considered a way for each team leader to then feel strong enough to manage and support their own staff team.

“ We worked well together before, but this strengthened us.

SUSAN SKINNER, CHARGE NURSE

Staff cooperated across the services where there were shortages. As an example, physiotherapists worked in the laundry washing staff uniforms, to save them having to be taken home with a contamination risk.

Local community support was high, such as donations of gifts and equipment. An example was the local builders who converted rooms into a covid assessment unit (red room) within a week, giving this a top priority.

Outcomes/Benefits

- To date none of the patients on the ward have tested positive for Covid-19
- Nairn Hospital is considered to be the first hospital in the UK to lockdown in 2020
- Compassionate care could be offered through arranging safe visiting to patients
- Strengthening of relationships across practitioners and the community
- Confidence in local solutions for local people
- Appreciation for clinical and managerial lead locally
- Understanding of community capacity

“ We closed our doors before others. There were no patients with Covid at all. We only had one member of staff who tested positive during the whole time.

SUSAN SKINNER, CHARGE NURSE





Learning and Sustainability

- The benefits of locality planning and a place-based approach.
- The benefits of local solutions for local services, particularly in remote and rural areas
- The value of strong clinical leadership
- The flexibility of staff in rural areas such as Nairn
- The impact of safety measures on the quality of the experience of health care for the patient and their loved ones, especially for those at end of life
- The need for organisational support

“ We were in a wee world of our own in the building. Once you had screened yourself, entering the building and came into the ward, life went on as before apart from masks and visors, just with more adrenalin and fear.

SUSAN SKINNER, CHARGE NURSE

Staff interviewed made the following suggestions for top tips:



TOP TIPS FOR OTHERS

- People and clinicians need short simple messages and actions – keep everyone informed
- Invest in people in your communities
- Have confidence in appropriate local solutions

Next Steps

According to staff interviewed, the experience of the pandemic has further strengthened integrated working across health and social care services including the community hospital, community services, adult social care and primary care. The regular Team Leader meetings are continuing and are highly valued.

There is support in Scotland for a “place-based” approach to health and social care. The experience in Nairn during Covid-19 shows the value of taking a community-based approach, with local decision-making.



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Contributors

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