

**Newton Europe Project – overview and progress**

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| **Executive Lead** | Ros Alstead, Director of Nursing and Clinical Standards | Start date | 01/02/2016 |
| **Project lead** | Lucia Winrow, Head of Integrated Localities | End date | 30/09/2016 |
| **Project Manager** | Sarah Lee, Business Manager | Overall Status | **GREEN** |

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| **Background** | Oxfordshire Clinical Commissioning Group (OCCG) commissioned Newton Europe in November 2016 to undertake an assessment to answer the question ‘*What is the optimal model for community nursing which can be delivered within the available resources?’* and to quantify potential clinical, financial and operational impacts.    Services assessed included district nursing and specialist community nursing services, e.g. diabetes; tissue viability; end of life community matrons; heart failure and core respiratory.  There were three key elements of the assessment:   1. What is the opportunity for capacity increase through delivering an improvement in operational efficiency with the current constraints (geography, systems, team structures, quality of care)? 2. What is the opportunity for capacity increase through optimising the balance of capacity and demand (including team size and configuration of teams) across the region? 3. What is the opportunity for capacity increase through challenging the layout across the region and further developing integrated working across the teams?   The assessment commenced on 2 November 2016 for six weeks. It involved 1:1 studies and conversations with a number of nurses, managers and GPs, as well as analysis of historical capacity, demand and performance data. Oxford Health NHS Foundation Trust worked closely with Newton Europe to ensure they had access to all information and identified key stakeholders. The work included clinical oversite to ensure a balance between efficiencies, quality and continuity of care.  Newton Europe worked with Oxford Health Foundation Trust to produce the final report for OCCG which is embedded within this report. |
| **Newton Europe Findings** | There are indications of a 2% pa growth in over-65s for which it is necessary to create headroom in the community nursing service. Patient survey and workshop outcomes indicated very low unmet demand in the current caseload.   * Demand itself could be reduced by **4.4%** to **8.6**% through reducing inappropriate caseload and optimising pathways * Capacity could be increased by **10.7%** to **17.3%** through productivity improvements, changing the skill mix and changing the structures of teams * Anecdotally staff are struggling to meet demand, this seems to affect some quality aspects of the service. Oxford Health recommends quality improvements to improve patient care, staff training and support and communication with GP practices. Together this requires **9.3%**of capacity * Implementation of these changes will require significant investment in time and   resources |
| **Newton Europe**  **Recommendation** | The full Newton Europe report is embedded which details all options. Their recommendation was option 2; to **optimise team structures whilst maintaining link with GPs;**   |  |  | | --- | --- | | Operational | * Implement demand and productivity improvements * Reduce number of teams from the current 40 to larger teams clustered around a number of GP practices | | Patient | * Increased independence through self and family care * Personalised care planning | | Staff | * Standardisation of non-face to face processes * More appropriate skill mix within the service to match the complexity of the demand, this will be supported by having the larger teams in place * Increase in skilled band 6 with the specialist DN course | | Clinical | * Standardising clinical processes * Retain links to GP’s but not necessarily within physical locations * Increase GP contact time with the named band 6 | | Capacity Release | * 4.1% to 13.7% * (13.4% to 23.0% without quality improvements) | | Note: 10% of capacity equates to approx. 85 visits per day | | | Capacity opportunities are based on running a large transformation programme with dedicated and experienced resources working on the implementation for 12 to 24 months. | | |
| **Project Description** | Followingthe recommendations from Newton Europe, Oxford Health NHS Foundation Trust discussed and agreed with Oxfordshire Clinical Commissioning Group five key priority areas. The Trust has made a commitment to start to implement these priority areas, they are as follows;  **Standardising Handovers -** Handover is a daily occurrence where patient information is exchanged between the team.  Newton Europe identified that handovers were taking on average 34 minutes. By standardising handovers and holding them daily across the county this could be reduced to 25 minutes. 6 pilot teams are being measured in detail to demonstrate the time saved and test the standard operating procedure (SOP), however it is recognised that this is good practice therefore it is being implemented across all District Nursing Teams.  **Caseload Reviews -** A detailed review of all patients on the caseload to ensure that they are receiving appropriate care and are being discharged at the right time.  It was identified that demand could be reduced by 2.9% to 5.5% by reducing inappropriate caseload. 80 open cases were reviewed to identify whether they were being appropriately delivered. This identified 28% of activity that could be met through self / family care, or by referral to a more appropriate service. This included 13% of patients who are transport bound. The project is testing the SOP, measuring and monitoring the pathway of patients in 3 pilot teams for a period of two months to identify the number of patients for who care can be alternatively met. The process delivers a level of challenge during the caseload review and an opportunity to cleanse caseloads and discharge non-active patients.   * **Reducing Travel Time**   30% of travel time could be reduced through optimal allocation, reduction in non-essential returns to base and starting from home. From the assessment carried out by Newton Europe on travel of three nurses in each team in one day 318 minutes could be saved. A paper exercise has been completed in the Horsefair team based in Banbury to identify the number of patients who could be seen by the DN starting from home, any overlapping visits, any unnecessary journeys back to base, the planning time involved and staff feedback to identify risks and working through how to minimise these. These exercises and findings will be reviewed together with learning from teams who already have a method for managing this process to agree if a ‘live’ pilot should be implemented within Horsefair, if this should be extended to other DN teams and consider the feasibility of rolling out to DN teams across the County. This work also includes discussions with other Trusts and working with IT on an options appraisal to fully support with team allocation, route planning, communication, care notes and flexible working.  **Standardising Clinical Pathway -** To ensure evidence based care is used to optimise patient outcomes  By optimising pathways, demand could be reduced by 1.6% to 3.0% and reduce the number of visits relating to wound care. In response to this opportunity we have |
|  | identified mixed aetiology pathway as a priority, the Tissue Viability Team are implementing a pilot for the mixed aetiology pathway and re-visiting the Venous Leg Ulcer Pathway. This involves carrying out an audit to identify the number of patients who are on the District Nursing caseload with a mixed aetiology leg ulcer and current healing rates. Following this audit the Tissue Viability team will carry out a number of training sessions all over the County, the pilot is due to start at the end of September for 24 weeks and will be evaluated in March 2017.   * **District Nursing Duty Desk**   This work stream was not cited in the Newton Europe report as an opportunity. This is an initiative that the service started to put in place in the West DN locality in September 2015 to improve staff morale and reduce the number of unplanned visits allocated at the end of a shift. Newton Europe observed the duty desk during their 2 week assessment and liked the idea. The Duty desk has been implemented in 3 further localities since then. The aim of the project is to monitor the roll-out of the duty desks, ensure the efficiency and capacity of each model, facilitate learning by evaluating the roll out, standardise processes, procedures and reporting across the duty desks.   * **Co-locating District Nursing Teams into larger teams** is being led by OCCG   Update:The CCG are currently attending the locality meetings with GP localities to discuss the transformational plan and to get engagement. |
| **Objectives** | The overall aim of the project is to maximise efficiencies and measure the opportunities to release clinical time to care within the District Nursing Service, by standardising methods and processes, piloting, reviewing, and implementing the improvements identified as part of the Newton Europe District Nursing review.  Decisions relating to the outputs of this project will be aligned where appropriate to the Care Closer to Home Strategy. Specific objectives are;   1. Ensure a greater consistency of care and potentially reduce the time spent on handovers by adopting a standard format aligned to the principles outlined in the handover SOP across District nursing teams countywide 2. Regular caseload reviews in place with a strong challenging team lead and good clinical support to encourage patients, families and carers to self-care/self-manage in their own environment or for onward referral to primary care 3. Identify the opportunities for increasing capacity by 1.6% by optimising clinical pathways within the District Nursing Service 4. Pilot within a team the possibilities of reducing travel time through allocation, non-necessary returns to base and starting from home, (instead of base) allowing the nurses to start their day at their first visit. 5. Increase efficiencies and staff morale by implementing a standardised DN Duty Desk model across the county that reduces the level of interruptions and unplanned work within the DN teams 6. Assess, review available information and share learning to establish baselines and agree the methods and processes for implementation 7. Establish any financial benefits and impacts |
| **Achievements to date/**  **Results** | **Standardising Handovers**   * SOP implemented in 6 pilot teams * Collated baseline data and measured data against the baseline in 6 pilot teams * Carried out staff benefit review and incident review * Completed a review of the pilot teams and continue to pilot based on findings * Dates to implement the SOP across all DN teams has been submitted   **Caseload Review**   * Implemented SOP in 3 pilot teams and measured baseline data * Completed first review of the pilot teams and continue to pilot based on findings * Collated data that we are able to analyse throughout the pilots * Staff surveys completed as part of the evaluation   **Standardising Pathways**   * Agreed approach and sub-team established * Launched audit on 23May for patients on the aetiology pathway * Started to gather results from DN teams for analysis by the end of this month * Training programme in place   **Starting from Home**   * Completed 3 table top exercises with Horsefair team in Banbury * Learning from Faringdon team who already have a starting from home method * Contacted Gloucester and Coventry Trusts to understand how this is managed * Discussions with IT to carry out an options appraisal for technology to support starting from home   **Duty Desks**   * Completed evaluation on first Duty Desks to go live in West and South West * Established a sub group * Chipping Norton piloting a Duty Desk as part of the Out of Hospital Nursing project * Central locality started pilot * Reporting template in place across all ‘live’ duty desks   A more detailed summary of progress against key project milestones is provided in appendix 1. |

**Appendix 1:**

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| **Key Milestones** | **Description** | **Due** | **Status** | **Comments** |
| **Work stream:** **Standardising Handovers** | 30/09/2016 | **GREEN** | Overall on target. Challenges in fully implementing in all DN teams and ensuring this becomes ‘business as usual’ |
| Baseline from each of the 6 DN teams - Beaumont street, Witney, Hightown, Wheatley, Didcot, Gosford | 12/04/2016 | **Complete** |  |
| SOP to be implemented in Beaumont street, Witney, Hightown, Wheatley, Didcot, Gosford | 21/04/2016 | **Complete** | SOP implemented within the teams, however a review of the data demonstrated further actions required for this to become ‘business as usual’ in all teams |
| Roll out plan to implement SOP in all DN teams | 21/04/2016 | **Complete** |  |
| Record a further 3 handovers in Beaumont street, Witney, Hightown, Wheatley, Didcot, Gosford to measure against baseline | 13/05/2016 | **Complete** |  |
| Staff benefit review and incident review carried out in Beaumont street, Witney, Hightown, Wheatley, Didcot, Gosford | 13/05/2016 | **Complete** | This information has been collated and the data formed part of the review |
| Review data and staff feedback from pilot teams | 20/05/2016 | **Complete** | Due data completeness at the time of the review and challenges with implementation of the SOP this pilot has been extended for a further 3 weeks where further data will be collated during this period. |
| Further review of pilot teams (2nd review following the findings from initial review) | 22/06/2016 | **Open** | The pilot teams have been asked to extend collating data for a further 3 weeks and an additional staff survey |
| Agree benefits, measures and process for reporting | 24/06/2016 | **Open** | This has started following the first review, to be finalised following a second review of data |
| Audit and report against implementation of SOP, measures and benefits, in all teams quarterly and report as part of CQUIN, Business Plan and Quarterly accounts | 01/07/2016 | **Not Started** |  |
| **Work stream:** **Caseload Reviews** |  | **GREEN** | Overall on target, challenges in fully implementing in all DN teams and ensuring this becomes ‘business as usual’ |
| Measure baseline in first pilot team (Henley) | 31/03/2016 | **Complete** |  |
| Review pilot team, SOP and feasibility of roll out | 31/03/2016 | **Complete** |  |
| Roll out plan to implement SOP in all DN teams | 29/04/2016 | **Open** |  |
| Extend Henley pilot and collate baseline for 2 further pilot teams (Eynsham and Beaumont Street) | 27/05/2016 | **Complete** | It was agreed to extend the pilot to 2 further DN teams to carry out weekly caseload reviews |
| Review data and staff feedback from pilot teams | 10/06/2016 | **Open** | Data has been reviewed at stages throughout the pilot to ensure the correct data is being collated and teams are working to SOP. Whilst reviewing the data we have learnt that the teams spend the initial caseload reviews cleansing the caseloads by discharging non active patients. |
| Agree benefits, measures and process for reporting | 24/06/2016 | **Open** |  |
| Audit and report against implementation of SOP, measures and benefits, in all teams quarterly and report as part of CQUIN, Business Plan and Quarterly accounts |  |  |  |
| **Work stream:** **Standardising Pathways** |  | **GREEN** | The DN service is focussing on reviewing the implementation of the venous leg ulcer pathway and piloting the aetiology pathway during FY 2016-17. |
| Agree roll out approach, training plan and timelines | 22/04/2016 | **Complete** |  |
| Communicate to CDL's re audit | 03/05/2016 | **Complete** |  |
| Start audit | 23/05/2016 | **Open** | Audit opened on 23rd May the DN teams have been given until 10th June to submit their results. Admin has been dedicated to this exercise to speed up returns |
| Analyse, establish baseline, identify patient cohort and staff to be trained from 1 day audit | 30/06/2016 | Not Started | This will be carried out by Sarah Gardner Clinical Lead within the Tissue Viability Team |
| Train staff to deliver pathway (test model) | 30/09/2016 | Not Started | Identifying and booking training venues is already underway |
| Start to test pathway (24 weeks) | 03/10/2016 | Not Started |  |
| Complete test pathway and measure baseline | 31/03/2017 | Not Started |  |
| **Work stream: Starting from Home** |  | **GREEN** | Overall on target to identify if this will support efficiencies. |
| Start to 3x paper exercise with Horsefair Team | 18/05/2016 | **Complete** |  |
| Contact QN network,@wedistrictnurses network Gloucester and Coventry for examples from other areas | 30/04/2016 | Open | Gabbie Parham has made contact and had an initial discussion by telephone call the next stage is to arrange a visit to meet with the teams |
| Clinical lead and Ops Manager to agree if to fully implement pilot in Horsefair on a daily basis and not a paper exercise | 31/05/2016 | Open | Meeting scheduled with the Horsefair Team on 13th June. |
| Meet with Faringdon team to work through starting from home and learnings | 31/05/2016 |  | Faringdon DN Team already have a method of starting from home in place. Learnings and successes from this team will be shared the pilot teams |
| Meet with IT to carry out an options appraisal for technology to support starting from home (availability of route mapping tools and costs, apps etc…) | 09/06/2016 | Open | From initial discussions Gloucestershire in particular has done this wholesale with great results for capacity management and staff morale. However the 2 key points of learning from them, were the importance of IT for communication and patient records and the need to meet at lunchtime for handover and team contact. |
| Review paper exercise and agree if expanding pilot to other teams | 17/06/2016 | Open |  |
| Assess Horsefair Pilot, improvements/actions and feasibility to roll out | 30/06/2016 | Not Started |  |
| Complete roll-out plan | 15/07/2016 | Not Started |  |
| **Work stream:** **DN Duty Desk** |  | **GREEN** |  |
| Complete evaluation of DN SW and West Duty Desks | 08/04/2016 | Complete |  |
| SOP and recording processes in place | 201/05/2016 | Open | Recording template is in place, SOPs to be agreed as part of the sub group |
| Sub Group set-up | 31/05/2016 | Complete | First sub group meeting was held on 31st May and monthly meetings have been scheduled until October |
| Implement Duty desk pilot in Central Locality | 01/06/2016 | Complete |  |
| Review Central pilot (phase 1) | 01/07/2016 | Not Started |  |
| Agree a Duty Desk model | 31/07/2016 | Not Started |  |
|  | Roll out plan for remaining localities | 31/07/2016 | Not Started |  |
| Complete Duty Desk roll-out by 30th September | 31/07/2016 | Not Started |  |