



## Case Study:

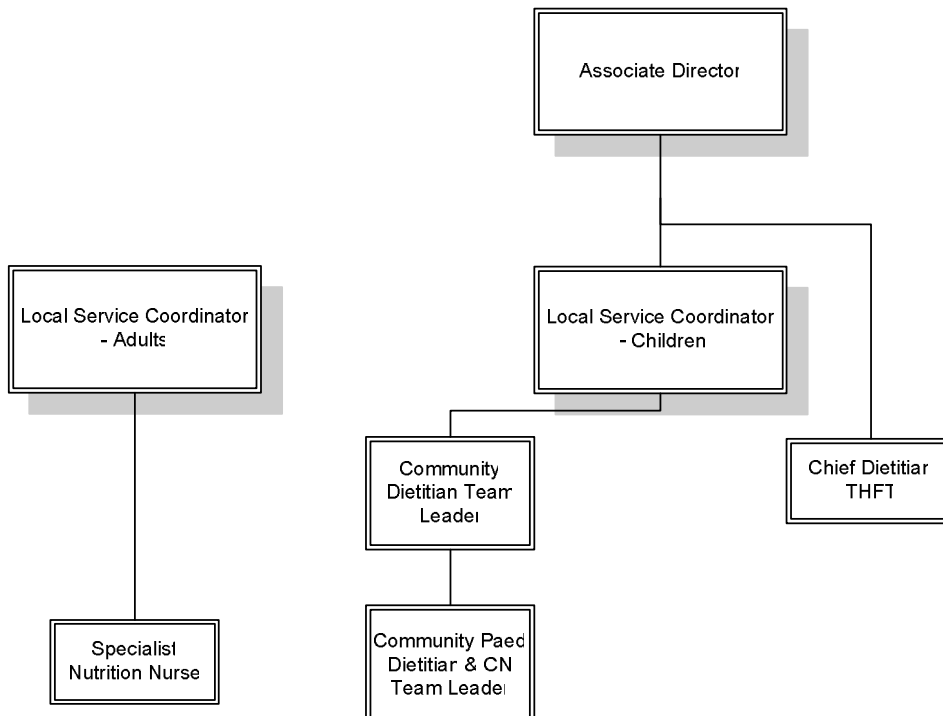
# Whole Systems Rapid Improvement for Tameside and Glossop Dietetics Services



**Key Ideas:** Whole Systems, Lean principles, Rapid Improvement Events, Health Sector, NHS, PCT, Secondary Care Commissioning, Service Redesign, organisation development, Service Level Agreement, Tricordant Approach.

## Background

Tameside and Glossop PCT commissioned Tricordant Ltd to facilitate a lean whole systems rapid improvement project to review the Dietetics and Nutrition Service and develop a new Service Level Agreements between the PCT & Foundation Trust. The process used to identify and enable these improvements began in February 2007 with a planning day. The planning day entailed agreeing the project approach, detailing the plan and identifying the key stakeholders to be interviewed. Between the planning day and the first workshop Tricordant met and interviewed a cross-section of people from the PCT, local voluntary organisations and Tameside General Hospital Foundation Trust (THFT) to understand the whole system's purposes, key transformational processes, current performance and the central issues in the dietetics service. Pertinent statistical information was also gathered to analyse during the interview phase. Tricordant drafted a series of pathways to identify the key processes and the existing organisation structure was drawn up. The basic structure is indicated below.



The statistical information, feedback and maps were brought to a series of two workshops attended by key managers, clinicians, other professional staff and Age Concern. An overview of the Whole Systems Rapid Improvement Event process may be viewed at <http://www.tricordant.com/rie.htm>.

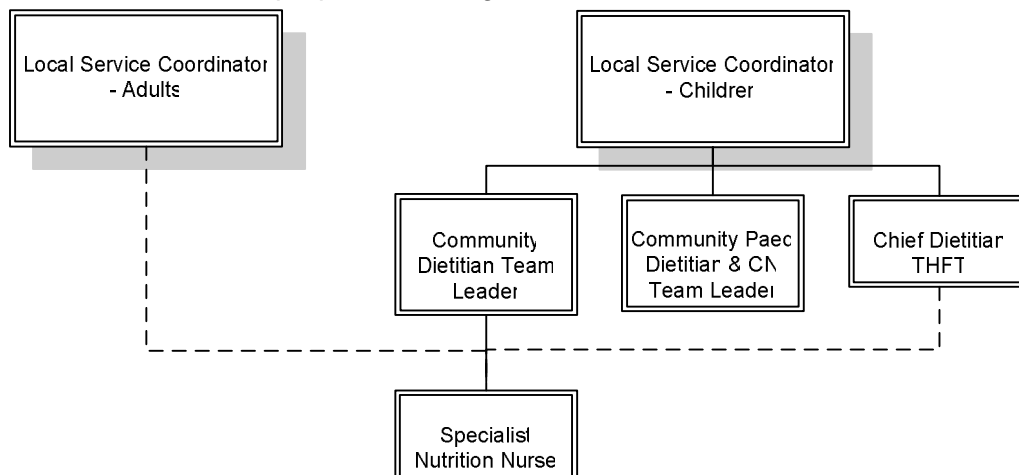


## Workshop Participation and Consensus-Building

During the workshops all delegates engaged with the process reviewing the whole system, applying the whole system organisation design principles presented and identifying a number of strategic issues for discussion. Following the discussion it was agreed that:

- It was helpful to consider that there was essentially a single dietetic and nutrition service in Tameside and Glossop and to organise along the following lines:
  - There are three teams making up this service with differing purposes and aims:
    - Acute based team providing a demand led service to support THFT
    - Community team providing a range of outpatient clinics and liaison support to nursing homes and community hospitals. This team includes community support for tube fed patients with support from the Specialist Nutrition Nurse.
    - CN Team promoting healthy eating approaches and cultures in local schools and families
  - The acute and community teams are especially linked and would ideally be co-located on THFT
  - It was not felt that accommodation was likely to be available on the THFT site.
  - Some degree of 7 day cover is required for the acute hospital and for community tube patients
  - The three teams should be co-ordinated through reporting to a single manager at the next level
  - The three team leaders [and appropriate specialist dieticians as needed] should co-plan service quality and improvement processes including clear handover processes
  - An additional specialist nutrition nurse will be needed to cover secondary care as 1 nutrition nurse to cover both primary & secondary care is inherently risky.
  - The level of local service demand needs to include ethnic mix in the area

A Basic Structure was proposed and agreed.





The delegates then developed a number of improvement ideas to be presented back to the workshop delegates:



1. Combining the Tameside Healthy Food & Drinks in Schools awards and Tameside Healthy Choice Award in Schools to improve consistency, clarity for schools, parents, public health and use staff more efficiently.
2. Employ an Additional Nutrition Nurse to work alongside the current Nutrition Nurse but focus on THFT needs.
3. Out of Hour support for tube fed patients to meet the demands of patients, and reduce risk to patients.
4. Employ one or more dietetic assistants to work with vulnerable adults at nutritional risk. This would increase the quality of dietetic care, improve the patient experience and increase resource savings by increased productivity and reduced waste.

The ideas were voted on and the idea of employing an additional nutrition nurse was identified as the favoured improvement idea. However all the ideas were supported and felt to be worth implementing. Subsequently the delegates were then separated into their respective teams: THFT based Dietetic service, PCT based Dietetic service and the Children's Nutrition Team. These groups were asked to discuss, agree and detail the following for their future potential Service Level Agreements:

- o Purpose
- o Key objectives/ activities and at what level
- o Scope and capacity of service i.e. services, capacity – clinics/contacts, geography and hours of operation
- o Key measures i.e. to enable full evaluation of significant events, performance mgt of SLA and learning
- o Major changes from current

The Acute SLA is highlighted below as this was a key deliverable requested from this review. The section below is based on the outputs from the workshop with some further refinements.

### **Acute SLA and Proposed Performance Measures**

#### *Purpose [unchanged]*

'The service aims to provide a responsive high quality nutrition and dietetic service to patients within the Acute Hospital and those acute patients referred for outpatient advice and care.'

#### *Key Objectives*

–Assess nutritional status, devise appropriate care plans, including feeding referrals & TPN for inpatients



- Monitor patient & revise care plans as per departmental standards
- Organise appropriate nutritional discharge arrangements to the community
- Work as part of MDT's
- Work collaboratively with pharmacy & catering departments
- Co-operate with acute trust on agreed areas of clinical governance, service developments
- Take an active and/or lead role on issues of nutrition

#### *Scope*

- All adults & paediatric inpatients services
- Some paediatric outpatient services – including those with complex nutritional problems
- Services to diabetes centre
- Agreed complex adult referral under consultant/specialist teams
- Mon-Fri 9-5pm [see below]
- 11000 contacts  $\pm$  10% as current SLA (including support to Acute Trust Diabetes Centre from community team)
- Training as per current list or revised to same time on other topics

#### *Key Measures*

- Lorenzo contact numbers
- Response times – audit
- Deliver & evaluate training
- Reduction in nutritional complaints
- Achieving specific guidance by contributing to acute trust committees

#### *Major Changes Proposed (additional)*

- All stakeholders in the review accept that this team is currently overloaded as evidenced by excessive unpaid overtime levels. The following changes are aimed at addressing this whilst enhancing the scope of services delivered in line with the acute trust's needs and priorities as represented at the second workshop.
- Additional staffing:
  - Dietetic assistants x 2 wte (job share)
  - Nutrition nurse specialist – 1.0 wte based with dietetic department
  - Paediatric dietician to work with and backfill the Paediatric Specialist post 0.5wte
  - Dietician (for supervision & to reduce overtime) from within current establishment.
- Further discussion is required on this and the resultant changes to SLA contacts etc.

#### **Benefits of Investing in a New Acute SLA**

This investment will provide additional services such as:

- Clarity around the organisation structure and reporting lines
- Relieve service pressures & overtime
- improved service provision viz the additional acute nutrition nurse as per NICE guideline [CG32, Feb 2006] and weekend cover
- Provide a more cohesive assessment service for PEG and improve appropriate patient selection for PEG. This is likely to result in improved patient care and possibly reduced costs of inappropriately placed PEG tubes.
- Provide weekend dietetic cover via a Saturday morning service for 4 hours with an on-call telephone service
- Provide key audit data to support clinical governance & dignity in care action plans
- Support enhanced recovery programmes
- Develop/Review standards of care
- Develop & lead nutrition developments
- Agree nutrition training as essential & set targets for attendance



Note: For a full 7 day service an additional dietetic resource would be necessary in addition to the above.

Additional thoughts: The development of the acute nutrition nurse may in fact reduce overall health and social care systems costs by facilitating more appropriate use of PEG tubes and may indeed reduce acute hospital lengths of stay by enabling improved management of patients with complex nutrition problems.

If you have any queries, would like to learn more about this case study or would like Tricordant to help your organisation please contact: Alastair Mitchell-Baker, Director, Tricordant Ltd, [alastair@tricordant.com](mailto:alastair@tricordant.com), Tel: 0777 568 4868.