



## CASE STUDY: COMMUNITY PROVIDER SERVICES. DISTRICT NURSING, HEALTH VISITING, BED MANAGEMENT AND ROSTERING



### BACKGROUND

The PCT was going through a period of change turning into an APO in the project lifecycle. The new APO one mission; to take over the running of all provider services for Outer North East London (ONEL). Therefore, it was vital that they showed they could run a streamlined, productive and well managed system of community services. The key areas we looked at were:

- Health Visiting
- District Nursing
- Bed Management

### STUDY FINDINGS

Following a three week study, working with the local management team Meridian identified a number of areas which if addressed would substantially improve management information and the accuracy of reference costs.

#### Key findings of study

##### •Bed Management

An analysis of 4 weeks data for the ward showed an occupancy of 84%. This ranged from 100% in 5 locations to around 60% in 3

locations. This was primarily due to the use of a 'dependency tool'.

Bed Productivity was recorded as an average of 64% across the trust, this however did not include all internal issues. The top 3 reasons for the loss of productivity were Local Authority Funding Allocation (cumulative delays of 250 days), Social Services Homecare Package (215 days), Social Services Nursing Home Placement (190 days). If we annualise this it costs the trust approx £1.35m, £1.15m and £1m respectively.

Finally if we increased the occupancy to 92% and increased the productivity to 85% then we free up approx 106 beds.

##### • Rostering

To analyse the nurse rostering we carried out a 4 week study looking at specific and average staffing levels, we also carried out a sample activity based analysis to give us a baseline of what nursing hours are

required during what time in the day. We found that nursing hours were higher than required during attractive times of the day, and below at other times. The rostering template that was used was also too rigid and did not reflect the busy times of the day. Additionally the roster manager was too flexible in allowing staff to select their own working hours, which on occasions did not fit with activity requirements.

There were discrepancies in Night Shifts and Handover times that were standardised to best practice across the area.

### OBJECTIVES

1. Develop and implement a suite of management tools - (management system)  
Improve the daily, weekly, monthly, quarterly and annual management of the business
2. Management Development - (behaviour change)

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Build in the tools and techniques to enable staff to manage resources effectively and equitably

### PROJECT RESULTS

The agreed long term targets from the implementation of the project were a reduced average length of stay (LOS) to 20 days, an increased productivity to 85%, and an increased average occupancy to 92%.

The results of the project would allow a higher capacity from the Community Hospitals and negate the need for them to continue leasing 2 private wards. Additional savings would be made through the reduced cost per patient by increasing capacity and reducing LOS.

In reviewing the bed management we revealed other issues that were costing the PCT money, including the bed useage models. Specifically in one Hospital we were able to realise additional benefits in proposing new uses for these beds,

The roster review allowed us to give a net reduction in staff (although there was some local increases on certain shifts).

Bed capacity reduction  
50 bed                    £2.593m

New Rostering model  
27 WTE                    £0.62m

Higher Value bed use  
                                  £0.286m

**TOTAL                    £3,499,167.40**

#### **Additional Benefits:**

Increased capacity – Surplus of 56 beds, or 1022 / year patients at the target LOS

**A Productive NHS means  
the *right* resources, in  
the *right* place,  
at the *right* time,  
providing services at the *right*  
quantity, quality and cost.**



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