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**REFERENCE**

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**Dear Mr. Quinn,**

**Leicestershire Partnership NHS Trust (LPT) – Adult Mental Health Service and Learning Disabilities (AMH.LD) – Adult Mental Health (AMH)**

Following two successful projects with the Community Health Services (CHS) division, AMH.LD invited Meridian to carry out a study to look at areas for potential productivity improvements within the division. The study focused on the Community Mental Health Teams (CMHT) and acute Inpatient Wards. Over three weeks Meridian investigated the various processes that take place as part of the day-to-day practice on the front line, as well as shadowing our staff to have a full understanding of the patient care. By relating these studies and observations to available data, Meridian and the Trust were able to see the full picture and could identify improvement needs in terms of the quality of the patient experience as well as performance and therefore cost improvements. As a consequence the Trust was able to define clear and quantified objectives for the CMHT and acute Inpatient areas and engaged with Meridian for a 20 week improvement programme to work together towards achieving an improved service for our patients, while maintaining the Trust's vision of providing the right care at the right time using the right resources.

Meridian worked very closely with all levels of management to develop a set of managerial tools to track clinical care and resource performance as well as the required corresponding behaviours through a set of group workshops and a number of individual coaching sessions. In addition to the workshops and engagement sessions, the project work promoted a culture of sharing best practices between the teams and ownership of the 'new way of working'. One of the biggest changes that can be observed in the CMHT is the shift in the attitude of the Team Leaders and Team Managers from being the senior clinician in the team, to more of a Leadership and Management role. This was equally noticed for the acute Inpatient wards, specifically for the Bed Management Team and the 'pilot' Ward Matron. This gives us the confidence that we have the right resources and the right managerial skills with our front line managers to be able to build on the improvements going forward.

On the acute Inpatients Wards, the Trust's team along with the support of Meridian achieved a reduction in the use of Out of Area beds, which if sustained during the winter months will result in a reduction of an average weekly spend of £43,022, compared with the previous year. Moreover, there is a measurable reduction trend in the Length of Stay (LoS) of the patients. This reduction trend in LoS enables the Trust to slowly free up additional beds, and increase the available capacity and throughput. We are confident that this sustained progress will result in the achievement of our stated intention of freeing up an entire ward in the near future as aligned to the Better Care Together programme and our Service Development Initiatives.

In the CMHT and Assertive Outreach (AO) areas the programme was closely aligned to our Service Development Initiative (SDI) and the productivity work supported the Management of Change (MoC) the service is currently undertaking. The behavioural changes of the front line managers complemented by the planning tools and reports put in place has allowed the teams to improve their performance from 2.8 contacts per whole-time-equivalent-day to 3.5 contacts per WTE-day, or a 25% improvement in productivity. By increasing the capacity this has allowed the trust to structure the teams according to the workload required by the group of patients in each of the catchment areas. By right sizing the teams in accordance with their work load, the Trust identified an opportunity to reduce the number of staff required in the CMHT resulting in a cost reduction of more than £500,000. In addition to this utilising the two focus areas of the programme, Meridian also supported LPT to address an increasing pressure in the CMHT Outpatients Department (OPD). The work revolved around creating more capacity and less waiting time for patients through 1) improving the booking process to reduce cancellations and 2) implementing ways to improve the clinic utilisation and having visibility of the consultants' capacity. With a complete plan of action underway we expect the work to increase the clinic utilisation by at least 30% as well as minimising complaints due to clinic cancellations.

AMH/LD services are currently looking at further opportunities to work with Meridian as well as a further piece of work planned with another service area of the Trust. We would recommend Meridian to any organisation seeking to understand and introduce measures of productivity and the design of tracking systems to help deliver appropriate clinical care after a very positive experience working in partnership.

Kind regards.



**Teresa Smith**  
**Divisional Director**  
**Adult Mental Health & Learning Disabilities**



**Dr Pete Cross**  
**Director of Finance, Business and**  
**Estates**