

Community Hospital Avoidance Service

The following details the progress and key achievements of the Meridian Productivity improvement programme undertaken with a Community Hospital Avoidance Service.

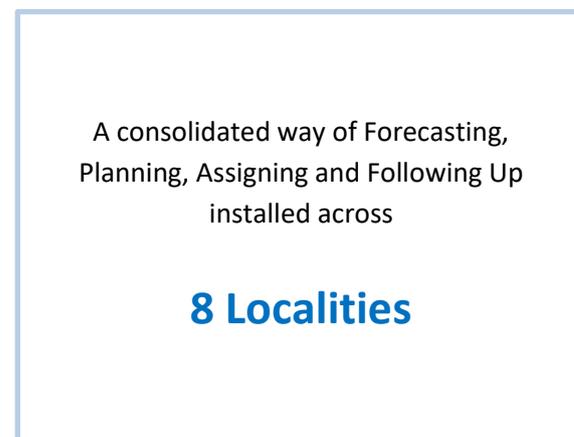
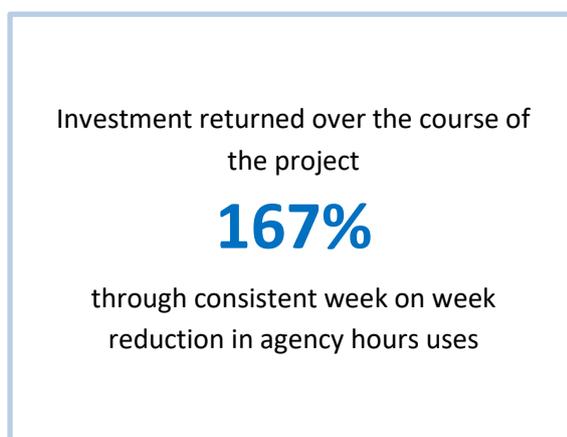
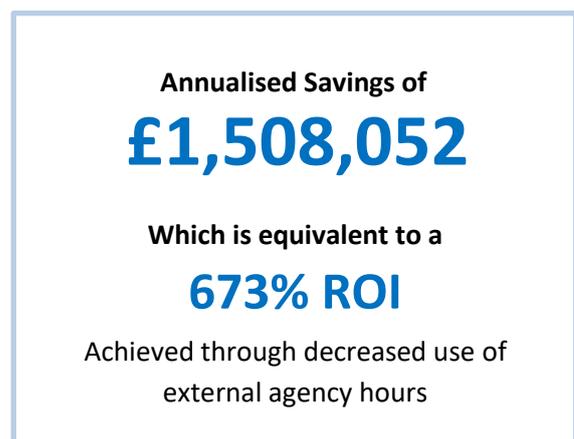
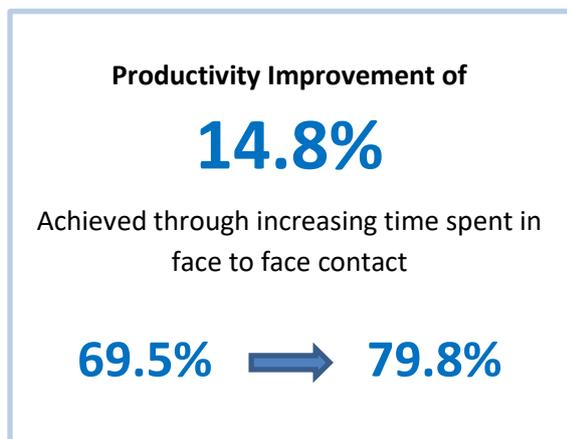
Programme Objectives

Productivity Improvement through developing, agreeing and implementing targets for the proportion of time spent in face to face service user contact.

Compliant data capture of planned work and installation of controls to ensure robust following up on scheduling.

Increased control over agency spending with the authorisations made at an appropriate management level.

Results



CASE STUDY

Community Hospital Avoidance Services

Background

As a combined entity, this Trust services a population of 1.5 million people over a core geography of 2,400 square miles and employs 8,500 people.

The Service exists to reduce the length and frequency of hospital stays, preventing admissions in the community or providing the required support to ensure patients can leave an acute setting as early and as safely possible.

As a result of the significance of the service, the Trust commissioned Meridian to complete an initial study to identify the potential areas of improvement to resource utilisation and capacity management within the service.

Study Findings

The initial analysis consisted of a study which utilised 29 resource days in April 2018 within all divisions of the service and identified:

- The teams within the service currently have low levels of management control.
- All teams operate differently.
- They do not allocate demand to capacity and as a result underutilise resource.
- The communication and understanding of the targets or goals of the service was poor.
- There was sufficient capacity within the service to deliver a much higher proportion of the commissioned care hours without reliance on external agencies.

The analysis highlighted the difference in operating procedure between the three geographic divisions, with regional variances being commonplace and accepted as necessary. This was partly due to the combining of services to form the team as it stood, as well as historic divisions between two combining Care Groups. At directorate level, there was a clear agenda to standardise the service across all locations, however it was evident this desire was not reciprocated through the management structure.

The overall goals of the project would achieve heightened consistency in working practice and would ensure the delivery of:

- Clearly defined process mapping from referral to discharge.
- Compliant data capture for all planned and actual activity, as well as variance management.
- Control over the authorisation of agency spending, ensuring decisions are informed and made at an appropriate management level.
- Installation of a skills flexibility matrix pan service.
- Develop, agree and install a Trustwide Management Reporting Suite.
- Full capacity and demand modelling.

Project

Meridian worked across 8 locality teams, with the majority covering both care and support teams as well as clinical teams. As an entity, this involved managerial, clinical, therapy, care and support and administrative staff.

The key focus of the programme was to equip managers with the necessary behaviours, skills and controls to effectively manage capacity across the teams and ensure the consistent allocation of a fair day's work, improving staff wellbeing and minimising unwarranted variation.

The changes included the following activities;

- Definition of a fair and equitable days work by job role, measured as the percentage of time spent in face to face service user contact.
- Introduction of tools to monitor and control the allocation of work to ensure attainment of these face to face expectations.
- Creation of a new management approval process and short interval reporting for any agency hours procurement. Utilised in partnership with the Daily Operating Report, managers can make an informed decision on if the spend is necessary.
- Creation of both daily and weekly schedule reviews to allow a forum for managers to effectively follow up on team scheduling and share best practice with their peers.

- Introduction of skills flexibility matrices give managers a holistic view of job role requirements and any training needs that exist in each team.
- Complete mapping of the process from referral to discharge. Facilitated the creation and validation of SOPs pan service to remove regional variation and build a single way of working.

Results

During the initial study, it became apparent that there was little to no visibility of targets or performance information within the Trust. Where this information did exist, it was collated differently and was inconsistent between the teams and often was not an accurate representation of team performance.

Clearly defined targets and the tools to monitor performance of staff scheduling, has seen a productivity improvement of 14.8% over the course of the project. In an environment where vacancies in the service are extremely high, up to 70 WTE at times, this has given the teams the added confidence to report, and be able to prove, delivery is optimal based upon the resources available to them.

Once this information was available to the teams, the introduction of daily and weekly schedule reviews gave the management teams. Following a "Target v Plan v Actual" philosophy, these reviews have been embedded within the localities to enable managers to make informed decisions and ultimately achieve the Trust's defined face to face expectations.

These reviews were then embedded into the wider operations meetings with teams from both Care Groups coming together weekly. What this assisted in doing was closing the gap in ways of working between the localities, as well as being able to share best practice.

As a result of short interval reporting and a new management approval process, spending on agency hours reduced dramatically. In one Care Group, the number of hours procured reduced from 1779 a week to at least 1156 and to as low as 604. In monetary terms, this represents a cumulative actual saving of £572,118 over the project.

Further to this reduction in agency hours procured, there were also analyses completed into agency staff working directly as part of the teams. For example, it was identified that one locality could deliver the same hours with three fewer agency staff if the direct establishment were being utilised to capacity. This would have represented a saving of £11,052 per week (£574,704 annualised) and the Trust took the decision to make this reduction in stages.

The focus on agency procurement also prompted the Trust to evaluate some of the agreements with the Agencies themselves. For one locality, the procurement of whole shifts was ceased due to a very low caseload, and replaced with an hourly rate agreement that could be called upon whenever necessary.

Contact Us

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Meridian Productivity was established 1996 and has been extensively involved in the Healthcare industry across the United Kingdom, Republic of Ireland, Holland, Belgium, Spain and the Czech Republic. Meridian assists clients across the Healthcare environment (private and public) in achieving improved operating efficiencies and performance, through the development of bespoke management and behavioural processes. These processes are all designed and implemented to ensure that our client organisation can be assured of returning the best performance on the resources applied.

We work with about 20 to 25 organisations a year, both in the public and private sectors, helping them to reduce their operating costs, improve their productivity and provide value for money.

Find out how Meridian can benefit your organisation.

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