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Dear Mr Quinn

### **Nottinghamshire Healthcare NHS Foundation Trust –Mental Health Services for Older Patients**

The Trust embarked upon this third project with Meridian having engaged with them previously on two projects in different 2 localities within our Physical Health division. Having seen the positive results of the previous projects, we decided to undertake a similar piece of work across our Mental Health services for Older Patients.

The 18-week programme was aimed at improving the productivity and processes within our community services, and a reduction in the length of stay across our inpatient units. This combined approach was aimed at improving the patient pathway between the inpatient wards and Community Mental Health teams. The programme included all 14 Community Teams (82.56 x WTE's), and 5 Inpatient units, including Functional and Organic beds with a total of 91 beds.

Following the completion of the work, MHSOP have achieved;

- A reduction in the length of stay of 11%, from a base of 72 days in the acute wards, to 63.9 days
- A reduction of over 2300 bed nights based on the reduction in length of stay, multiplied by the number of discharged patients
- An indicative productivity saving of £872k through the reduction in bed nights, based on the reduction in bed nights and the average bed cost
- A cashed saving of £190k towards CIP (Appendix 1) with an additional £260k of additional savings identified. The cashed saving represents 100% of the £190k MHSOP CIP target, whilst including the identified saving means a 237% opportunity against the target for the CMHT's
- Further identified saving of £142k from IRIS, which has been planned for the following year's CIP.
- A reduction in bank, agency and overtime spend of £55k against the base.
- An increase in productivity of 45% against the base (Appendix 8) from 2.2 contacts per WTE day to 3.2 for the CMHT's, and a 31% increase for IRIS, from 3.2 contacts per WTE day to 4.2.
- Clearly established targets across each of the community teams, ensuring all staff are working towards the same goal and a more equitable workload.

- Patients having a clear intended discharge date from each service from Inpatients to CMHT.
- A clear reporting process throughout all services, ensuring any issues are quickly identified and dealt with.
- An escalation process across the services, to provide a more cohesive working practice and prevention of delays across services.

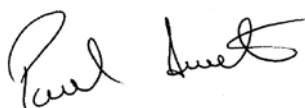
The programme has not been without its challenges, but it has allowed us to make huge strides as an organisation in terms of understanding and utilising our capacity and resources. In addition to this, we are much more able to tackle some of the major operational challenges that have existed within the trust, due to the clear reporting and escalation processes we have in place. We have been able to address some of the existing paradigms and ways of working, which have been engrained within the service for many years.

My advice for other Trust's looking to embark upon a similar journey with you are:

- 1) Ensure there is clear governance at a senior level so that decisions aren't just located at directorate level
- 2) Ensure consistency of use of measures across directorates
- 3) ensure early engagement with Medical and Nursing Director colleagues regarding the standards that are agreed.

The experience overall has been a positive one we have benefitted from greatly. I am happy for this letter to be shared by Meridian with other organisations to assist in identifying and delivering actual savings and productivity improvements, whilst maintaining the appropriate level of patient care.

Yours sincerely



Paul Smeeton

**Executive Director Local Partnerships**