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Dear Mr Quinn,

Nottinghamshire Healthcare NHS Foundation Trust – Physical Health Services

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 remaining Physical Health Services.

The 26-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 was aimed at improving the patient pathway between the inpatient wards and Community teams. The programme included all 3 localities providing community services (246.1 x WTE's), and 4 Inpatient units, including step-down and rehab beds with a total of 95 beds.

Following the completion of the work, Physical Health has achieved;

- Identified saving of £2.2m within the South, with £1.4m coming from Therapies, and £835k within the District Nursing teams. This is against a CIP target of £1.19m. £247,640 has now been cashed as a saving with further opportunities to be realised going forward.
- Productivity increase of 31% within the DN teams, from 6.2 to 8.1 contacts per WTE day
- Average of 21% increase in productivity across the Therapy services against the base
- Consistency in expectation and workload across the division, including follow up work in the 2 previously worked with areas.
- A reduction in the length of stay of 8%, from a base of 27.4 days in the acute wards, to 25.2 days
- A reduction of over 830 bed nights based on the reduction in length of stay, multiplied by the number of discharged patients
- An indicative productivity saving of £245k through the reduction in bed nights, based on the reduction in bed nights and the average bed cost
- Clear targets across each of the teams in terms of a percentage of worked time spent on Direct Clinical Contact. This ensures that all staff are working to the same expectations.

- Intended Discharge Dates for each patient, both in the community and across the inpatient wards. This ensures that all staff are clear on the plan for each patient, and how long they should be remaining within the service.
- 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