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Dear Mr

Quinn

Nottinghamshire Healthcare NHS Foundation Trust – Specialist Services Directorate

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 specialist Services Directorate.

The 22-week programme was aimed at improving the productivity and processes within our CAMHS community teams and IDD community teams, 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 11 X CAMHS community teams (141.5 x WTE's), 6 x IDD community teams (78.58 x WTE's) and 6 Inpatient units, including CAMHS Eating Disorder, Acute, PICU and Perinatal wards, and IDD Acute and Rehab wards.

Following the completion of the work, SSD have achieved;

- Productivity increased by 10%, from an average direct clinical contact time of 43% to 53%.
- An identified saving of £987k within the CAMHS community teams, £397k of which has been cashed through closure of vacancies, and the remaining opportunity to be used to take into account future increases in activity, and the target of being able to provide a service for 30% of the population, which is due by 2022 from commissioners.
- An identified saving of £228k within the IDD community services, which the Trust is currently putting a plan together for in order to realise the opportunity.
- An overall expected cashed saving across SSD of £500,000 across all community teams.
- Clearly established targets across each of the community teams, ensuring all staff are working towards the same goal and a more equitable workload.
- A consistent approach to managing the Inpatients wards, which only opened in July 2018, and therefore have no reference point in terms of Length of Stay across the wards.
- Improved communication between the community services and Inpatients wards through morning board rounds and patient review on a daily basis.
- Patients having a clear intended discharge date from each service from Inpatients to community.

- 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