

## CASE STUDY

# Camden & Islington NHS Foundation Trust: Substance Misuse Service

### Background

The Camden & Islington NHS Foundation Trust provides mental health and community health care services across 2 London Boroughs: Camden and Islington.

The Substance Misuse Service is made up of South & North Camden Drug Services "SCDS & NCDS", Islington Drugs and Alcohol Specialist Service "IDASS", Islington Specialist Alcohol Treatment Service "ISATS", and Camden Specialist Alcohol Treatment Services "CSATS". This multi-disciplinary community MH service aims to provide safe and effective clinic and home-based assessment and treatment for people with a complex range of needs. The service integrates with social services and partner agencies, such as local charities, to provide a full range of direct services.

From November 2014, Commissioners put the SMS service out to tender. The Trust subsequently needed to reduce their operating costs by 20%, improve productivity and clearly identify the capacity and demand for the service across the borough. This meant increasing business awareness and addressing their resource management.

The Executive Team invited Meridian to conduct an analysis to highlight and quantify where the costs could be reduced through improving the way the teams managed their own resources.

### Study Findings

Meridian undertook an analysis with the Substance Misuse Service completed in April 2014. The analysis was focused on HCPs, Doctors, Psychologist and Team Managers across the two boroughs. It also included the front line staff providing Drug and Alcohol health care (Nurses, Social workers, Occupational Therapists and Clinicians) and their front line managers. Meridian assigned 12 days to complete the analysis with the following findings:

- Inconsistency in the way of working across the service.
- Very little or no planning, performance monitoring or reporting of activity.
- No business awareness;

- No clear link between the demand and capacity when assigning work;
- No evidence of a robust management control system;
- 11% of time spent on direct Face to Face "F2F" with clients;
- 45% of time spent on Direct Clinical Contact (F2F – Admin – Travel);
- Between 1.8 & 3.0 F2F Contacts per WTE / day across all Teams.

What Meridian proposed:

- a. Standard way of working across the teams;
- b. Setting of performance targets and activity norms across the teams;
- c. An accurate and efficient way of identifying and deploying resources;
- d. Development of reporting structure and report implementation;
- e. Development of variance reports, summary tools and review meetings cross the services.
- f. Transparency across the service and accountability for activities;
- g. Improvement in productivity expressed by F2F contacts per clinician day;
- h. 20% reduction on Operating Cost by increasing F2F contact per WTE across the whole SMS;
- i. Increased service business awareness and use of evidence to face the new challenges of the tendering process.

This proposal was accepted and the project commenced on the first week of May 2014.

### Project

The SMS Teams improvement project was scheduled for 12 calendar weeks and covered all of the points mentioned above, in particular maximising the time of the substantive staff and increasing productivity based on face to face contact per working clinician day.

Meridian worked with two management groups within the organisation (Senior Management and Clinical Pathway Managers) through delivering a structured series of behavioural workshops. These enabled the Service to develop a bespoke management control system consisting of all the elements required to fulfil the Service's needs. This management control system was focused on developing forecasting, planning, assigning and



follow-up techniques to be implemented across the Service.

During the workshops, targets and norms were agreed and implemented for all the Teams across the Service. All the information was cascaded creating a direct reporting structure for the organisation, allowing each stage of the operating process to be monitored and identified any variances in order to deal with them.

Alongside the workshops, training in management techniques was delivered, followed up by daily and weekly activity controls. Advance excel tools were necessary and basic excel training for the staff was provided.

One of the issues raised at the start of the project was that a large proportion of activity was not recorded by the HCP. A comprehensive weekly management report was developed alongside data capture mechanisms. A new way of allocating work based on time rather than activity was implemented on a weekly basis. These allocation processes allowed the Clinical Pathway Managers to plan a week full of work for each individual HCP, meeting the service targets and generating significant productivity improvement across the teams.

Based on evidence generated in the programme, a rigorous control of work allocation was embedded in the service and allowed the CPM to challenge staff performance while monitoring activity. As a result, the service started to identify surplus resources on a weekly basis across all teams and range of professionals.

During the implementation of this programme SMS has shown the highest activity (RiO) recorded in a week in the service history of 948 contacts (467 contacts per week previously).

## Results

1. Significant increase of 73% in productivity expressed by F2F WTE per week. This equates to circa £16,650 savings per week in effective cost avoidance.
  - Between 3.0 & 4.4 F2F Contacts per WTE / day across all Teams.
2. The improvement program identified an additional opportunity to save circa £5,696 per week and a detailed action plan was put in place for the Trust in order to cash these savings (circa £300k per annum).
3. A significant improvement in terms of direct clinical contact was seen across the service. The DCC% across the service has risen from 42% (prior to the programme) to 69%.

4. The teams have released doctor's time to be redistributed and reallocated based on demand rather than station filled posts.
5. Clients are now given individual 1:1 appointments (previously walk-in only) allowing the service to plan face to face activity in advance, generating a better level of engagement for clients.
6. The management team have developed a higher level of business awareness and they have been equipped with the knowledge and tools to successfully compete in the tendering process and face some of the current challenges in the NHS.
7. A robust management control system and a new way of working has been implemented successfully which ensures the service works in tune with the Trust expectation and achieves the set targets.

## Contact Us

For more information on Meridian's work in healthcare, please contact:

James Quinn  
Tel. +44 (0) 7971 400423  
quinn@meridianpl.co.uk

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.

Contact us today:

T: +44 (0) 131 625 8500  
E: info@meridianpl.co.uk  
W: www.meridianproductivity.com

