

## CASE STUDY

# Mental Health Acute and Community Teams

### Background

The Trust's Adult mental health teams are a collection of medium-sized services that provide a range of acute and community care for service users with complex mental health problems.

Historically, there had never been a link between the demand and capacity of the service. Future plans for their change in payment meant they had to re-evaluate the way in which they were delivering care, in order to benefit from the future change. The Executive team invited Meridian in to conduct an analysis with the view that the new systems and processes would help them answer the question *"how much resource do we need to deliver this service within its service targets?"*

The Adult mental health service within scope was made up of 1 PICU ward, 3 acute wards, 4 HTT's, 4 CMHT's, 1 assessment team, recovery services and early intervention service. The services as a whole are targeted at delivering a high level of care in with the main goal, being able to keep the service users in the community whilst managing their complex mental health needs. The total workforce equals 103.1 WTEs across CMHT and HTT, which were the biggest areas of attention.

Meridian was invited to conduct an analysis of the service, specifically the levels of demand on their community teams compared to the current capacity, discharge planning on the ward and the current management control systems.

### Study Findings

Meridian expended at 30 resource days on an analysis of the acute and community mental health teams which commenced on 20<sup>th</sup> May 2014 and finished on 10<sup>th</sup> June 2014. The analysis phase was spent observing days out with members of staff documenting clinical and non-clinical activities. This also allowed staff the chance to express their views towards how the service can improve. The analysis identified the following:

- No consistency in the delivering of two person community visits with no way of documenting the reasons for two staff members;
- No clear link between the demand and capacity of the service when assigning work within the community setting;

- High levels of delay in discharges on the acute wards including service users being on the wards who don't require the level of care provided by the acute setting;
- No evidence of a robust management control system;
- The current levels of service user contact was at 23% for HTT and 31% for CMHT as discovered during the analysis.

Meridian proposed to install a robust management system with the service, a way of assigning work to staff in the community setting with that follow-up process and to install processes on the wards to produce expected discharge dates (EDD) and how the team can work together to ensure dates are met.

### Project

The Trust's improvement project lasted for 18 weeks and addressed all of the points from the analysis.

Engaging with the HACW management team was key in delivering the program of change within the proposed 18-week period. Through a series of seven workshops and close one-to-one training, the Trust was able to complete all of the deliverables within the planned timescale. This included all of the tools and processes that were required to deliver the proposed improvements from the analysis.

Meridian quickly organised the production work on data capture mechanisms to bring the required information from the computer systems currently used within the trust. This data had never been collected before and was essential in linking the demand and capacity of the service in the long run.

Working with the HACW management team through the workshop sessions, they set and agreed a series of face to face service targets by Band and 'planning norms' which would be used to measure the performance of the team on a daily basis. The targets were the signed off by the service managers and service delivery unit leads. This meant that the service and team managers held ownership of the agreed service targets and planning norms. This aided later on in the project when allocating work tools were installed using these targets and norms.



The use of 1:1 sessions with all levels of management supported the understanding of the process and systems installed as it allowed each manager the chance to understand the controls to a greater detail tailored to the organisation of their specific team, alongside Meridian's support.

Implementing an agenda to the daily allocation and follow up meeting enabled the Home Treatment management team to keep track of progress of the planned work actually being carried out through the shift. Actions were taken each day when variances were identified, which were documented on the variance report installed with all of the teams.

A new allocation of work using the agreed face to face targets and the planning norms indicated to management where there was a surplus in staffing levels when compared to their demand. The same tool was also used to document their actuals for the shift and whether their plan was met.

Following review with the management team, improvements were made to the allocation tool, and support was heavily appreciated, leading to the team taking full ownership of the controls used.

The Community Mental Health Teams (CMHT) installed a caseload demand tool which highlighted the level of demand on each of the staff members. This highlighted to the HACW management team a high variance between each staff as well as indicating the disparity between the services' capacity and demand.

The Whiteboard system currently used within the acute environment was also upgraded which aided in the process of working towards EDD. Patient activity on the wards was subsequently prepared in line with the service users' needs for their discharge including communications with other mental health services.

## Results

A robust follow-up process where management were assessing their performance daily was a significant change in the culture of the team and manner in which it was run. The management control system identified variances which prevented the HACW trust from hitting its goals and gave the Trust the tools to deal with them quickly.

The realised savings from the project totalled 4.8 WTEs within the HTT at project end. Further savings of 9.3 WTEs in HTT and an additional 23 WTEs in CMHT at the end of the project were identified which was higher than that proposed from the analysis phase. These figures were presented back to the Trust to act upon.

The F2F activity of the HTT improved throughout the course of the project. The base levels were set and agreed with the HACW management team at 23% F2F and 2.1 contacts per day. By the end of the project, current levels were 41% F2F and 2.6 contacts per day.

Tools which have been developed with the team over the course of the project enable them to quantify and measure the demand and capacity of the service. This data will then be used by the Executives to understand the true costs of the service that they deliver and also show the disparities between the teams within the service.

Following the success of this project, Meridian have recently been commissioned to complete a second project within Community Services.

## Contact Us

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

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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.

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