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Oxfordshire and Buckinghamshire Mental Health   
NHS Foundation Trust

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## **Report to the Meeting of the Members' Council**

**For Information**

**8 February 2011**

### **Transformation Programme**

#### **Executive Summary**

This new report sets out the Transformation Programme and provides the Members' Council with information regarding each work stream, what it is, and what we are attempting to achieve, along with progress to date.

#### **Transformation Workstreams**

As noted at previous Council meetings, the news relating to the impact of the recession on the public sector is widespread. The proposed changes on the NHS are now becoming much clearer and every organisation has to prepare for the impact of this.

It is important that we see these times as an opportunity to improve what we do for the people who come into contact with our services. This must also include improvements for our staff.

People who come into contact with our service often tell us that we do not always work in the most efficient way and this is recognised by many across the Trust. Some systems do not work in the way in which we would want them to and we have placed 'sticking plasters' on systems, rather than get to the root cause of the problem and find the best way of doing things. The Transformation Programme aims to address this.

The Transformation team came into being in September 2010. The team comprises of six individuals supported by the Transformation Director and a team

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administrator. The team is now well underway with various work streams to support the Trust with the changes it needs to make.

The main objective of the team is to build on the existing good work of the organisation, ensuring that our patients are at the heart of everything we do.

To achieve this, our philosophy is to lessen the burden on our staff by: empowering and supporting them to work smarter, not harder; and enhancing the quality of care, and the value that is placed on what we do for our patients and carers.

Staff need to be empowered to challenge the current processes in place and to question whether there is a better way of doing things. Using proven methodologies taken from lean transformation, staff themselves are empowered to make these changes. When our processes are efficient and stream lined, we are able to increase our direct care time with patients, improve access, care delivery and safety, resulting in us being able to see the expected number of patients for the right amount of time to deliver high quality care.

The work streams that are underway are as follows:-

### **Care Clusters and Care Packages**

NHS mental health services are moving to a new funding structure called 'Payment by Results.' All mental health services must be moved to this payment structure by April 2012.

Payment by Results will include mental health services delivering packages of care to 21 pre-determined "clusters" to which service users will be allocated based on their individual needs. These clusters have been developed by the Yorkshire, Humber and North East Strategic Health Authorities (SHA's) and have now been adopted as the national model.

Work is underway within the Buckinghamshire and Oxfordshire Adult and Older Adult Directorates to define the clusters and care packages which form their core business. This information will be used to form the basis of the way the organisation receives its income, whilst providing an opportunity to develop services with the aim of continually improving the quality of the care provided.

### **Productive Mental Health Ward**

The Productive Mental Health Ward has been running in OBMH for two years. The primary aim of the programme is to increase the amount of time that ward staff have available to spend in direct care with patients. Most ward staff

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complain that there is not enough time to spend with patients, yet this is the main reason they chose to do the work they do. The Productive Mental Health Ward programme involves: working as a team, with the support of a facilitator to review the way in which ward staff undertake their work; and remove aspects of work that detract from direct patient care.

The programme includes a range of measures that are monitored continuously to show the impact of the team's work on patient care. These include: Direct Care Time; incident data; complaints data; use of sessional contracts; short term absence rates; satisfaction measures for patients, carers and staff; and the number of patients admitted with a clear plan for care.

To date 15 wards are engaged in launching the programme across the Trust and there is clear evidence that the programme has brought improvements through a wide range of changes to the way teams work. These changes are team initiated and driven using a suite of tools to develop, and sustain practice initiatives.

### **Incident reporting review, complaints reporting review and procurement system review**

Work has commenced supporting corporate teams to review their current processes (identified above) as a way of identifying and removing the non-value adding activities in relation to these areas. With more efficient and streamlined processes with non-value adding activities reduced or removed, clinical staff will have more direct care time with patients, and non-clinical staff will feel less burdened. As a result, the Trust is very keen for corporate services to be leading this transformation, and the work within these three areas is now underway.

The work on the complaints process involves not only looking at how complaints are handled, but just as importantly looks at the quality of responses, and how proactively we work with complainants to resolve their concerns and complaints efficiently, and effectively. A clear aim of both the incident reporting and complaints system review is to question how we learn from these and bring change to what we do as a result.

### **Productive Community services**

Productive Community services has been designed by front line staff for front line staff and is a team led approach. It looks to increase clinician time available for direct patient care. Productive Community services focus on four elements:

- Improved patient safety and reliability of care;
- Improved patient experience;
- Improved staff satisfaction; and

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- Increased productivity.

Productive Community services are based around a number of different modules. During its pilot testing, patient facing time increased from 21 percent to 35 percent, and the number of visits possible increased by 25 percent. Time spent managing referrals improved by 83 percent.

Currently Productive Community is being implemented in all Oxfordshire CMHTs, three Buckinghamshire teams and the Forensic Community teams. It is anticipated that we will be able to meet similar targets to those set out in the pilot testing of the community productive series nationally.

### **Out of Hours Services**

The Trust provides out of hours services for people who have acute mental health needs as well as those patients within in-patient settings.

A work stream has now commenced to consider how we provide the best quality of care to patients who require our out of hours services. We have identified that there is activity undertaken out of hours by some medical staff due to inefficiencies in day time arrangements. By reviewing how clinicians work with the crisis team and how day time rotas can be adequately covered within existing resource is one of the key objectives in this work stream.

Finally, transformation is everybodies business and everybodies contribution is vital if we are to succeed.

### **Recommendation**

The Members' Council is asked to note the work streams that are in place and the progress to date.

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