How can Acutes deploy the right skills to match patient demand and preserve flow?

The old model is broken...the headroom to cope with winter pressures has gone

There has never been enough beds to cope with spikes in demand that arise from a pandemic influx of patients – but it now seems that many Acutes cannot cope with even normal levels of winter peak demand. The headroom has gone, despite significant length of stay reduction over the years, bed occupancy has increased as demand from a growing and aging population has expanded without any compensatory increase in bed numbers.

This increases the risk of patient harm as waits in A&E increase year on year. The pressure on staff is unsustainable and retention is suffering. In 2017 more nurses left the NHS than joined. It also imposes huge costs on hospitals that must cancel elective work because there are no spare beds for recovery.

This leaves Acutes with the only option but to redouble efforts to improve flow, whilst health systems battle with the longer-term challenge of care integration to keep patients out of hospital in the first place.

Beds are the limiting factor in this equation. Acutes now need to forward plan activity around bed availability and align workforce rosters, starting with medics. This is a major shift in working practice.

By doing this a hospital can reduce bed occupancy, which has the reinforcing benefit of lowering length of stay – high bed occupancy causes patients to be put into any available bed and subjected to unnecessary moves.

Demand alignment is an analytical challenge...but implementation is a cultural challenge

Lord Carter found that no Trust aligned all its job plans with patient demand needs. Carter found that some trusts do very little effective job planning, with only half of job plans up to date in the first instance. None have truly established the correct medical workforce required to match patient demand.

Determining the medical PAs needed to meet elective and emergency patient demand, including ward rounds and on-call needs, to preserve flow 24/7 365 days a year is a significant analytical challenge but cannot be deferred. We have tried and tested tools and can provide expert assistance to Acutes that need to build their in-house alignment capability.

The starting point, however, is cultural. There needs to be a willingness to flex and move away from often unchanging timetables and rosters that don’t match demand need fluctuations; fail to drive flow 7 days a week to flatten bed demand peaks; or to in-reach to A&E when needed to support 4hr target delivery.

This requires skilled engagement. At SSG we use the Ready Willing Able change management framework to align stakeholder engagement with the sustainable implementation of productivity improvements.

1 NHS Digital: Average length of stay for overnight patients has reduced from 8.4 days to 4.9 days 1998/9 to 2015/6
2 King’s Fund: Waiting times in A&E are a key measure of how the NHS is performing. In recent years, patients have been waiting longer
   www.kingsfund.org.uk/projects
3 King’s Fund: Falling number of nurses in the NHS paints a worrying picture. Published online; 12 Oct 2017.
The Test Phase is critical to build the Trust Specific Evidence Base on which change consensus and preparedness can be built.

A major change to working practices needs to be adequately proven and confidently championed by Trust leaders. This needs to be scenario modelled, what does next winter look like if we do this? This is all part of the analytic challenge. The evidence base needs to also include a review of process - what are the practical day to day changes that need to be made to flex resource? – and staff and patient feedback, the status quo must be clearly untenable.

SSG experts can support in a number of ways, over and above the analytics, including:

- Job and roster planning policy and best practice
- ‘Critical friend’ change facilitation
- Engagement and messaging support

Our approach utilises Trust in-house teams and reporting platforms to enhance workforce planning capability and to build alignment monitoring into day to day operational governance, so it becomes custom and practice.

**Savings and Quick wins**

Get demand alignment right and ‘waste’, such as cancellations and the high cost of agency, will diminish. Flow will be preserved, staff will be less stressed and STP type performance incentives more likely to be triggered. Big financial gains, particularly in winter. It takes time, however, to get ahead of the planning cycle. What if CIP savings are needed now as well as next winter?

One approach is to go specialty by specialty on a pareto basis, focusing on specialties that are cost outliers according to Model Hospital benchmarks or are paying high extra sessional payments to meet an apparent capacity shortfall. Significant savings can be achieved by robustly job planning and dashboarding to monitor delivery to an activity plan.

Equally, improving Trust deals for staff bought in and sold out to support internal/external services, by establishing commercially robust SLAs, is often a high value savings opportunity.

**Experience**

The SSG team have delivered frontline productivity projects for Acutes, Mental Health providers and Ambulance Services. We deploy sophisticated demand and capacity alignment tools, which we handover to our clients.

We support NHS organisations build visibility of their alignment capacity needs into their own IT platforms, but most importantly we facilitate working practice change, shoulder to shoulder with management teams to improve process and secure consensus. Our results, case studies and client feedback can be found on our website.