Increasing AHPs' clinical capacity using job planning and deployment metrics

East Suffolk and North Essex NHS Foundation Trust

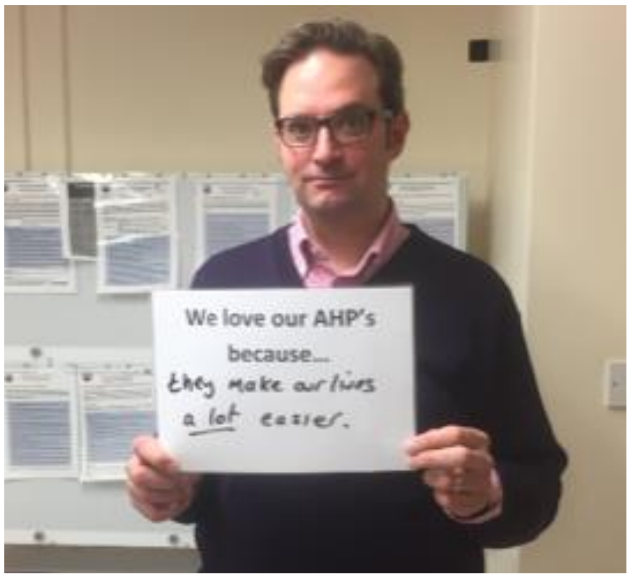
Allied health professionals (AHPs) are a valued workforce at Ipswich Hospital (now part of East Suffolk and North Essex NHS Foundation Trust), and demand is high for their limited resource.

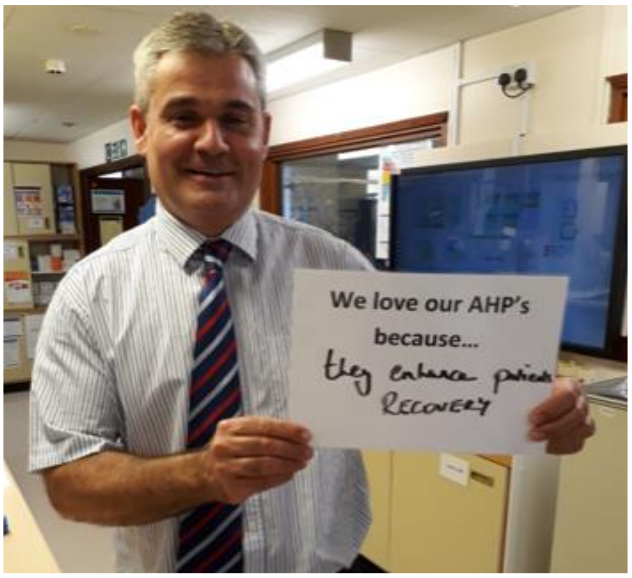
By implementing AHP job planning and the deployment metric, clinical hours to contact (CHtC), the hospital improved AHP productivity in its trauma and orthopaedic (T&O) services. The number of patients receiving therapy increased by 25 per day.

What was the problem?

Ipswich Hospital provides a seven-day T&O service, with an enhanced recovery programme (ERP) for elective hip and knee patients. Having seen the benefits of this additional therapy, spinal and trauma consultants requested ERP for their patients. Demand for AHP input exceeded clinical capacity: on average each day, the service was unable to see 21% of patients requiring therapy.

The AHPs had already implemented measures to improve their productivity. This included integrating occupational therapy and physiotherapy services. They had developed in-house professional standards, based on best practice guidelines, to prioritise patients and identify workload on any given day. The AHPs were not on an e-roster platform but had local Excel roster spreadsheets to manage workforce deployment. The team completed an electronic statistics form, but statistics were often inaccurately inputted or missed, meaning the team had no clear idea of the volume of activity undertaken.





AHPs are valued at Ipswich Hospital: Robert Lovell, Consultant Spinal Surgeon (left) and Christopher Martin, Consultant Orthopaedic Surgeon.

What was the solution?

Working with NHS Improvement's AHP clinical workforce productivity programme, Ipswich Hospital implemented AHP job planning and the CHtC deployment metric in its integrated occupational therapy and physiotherapy T&O services.

The first step was to implement job planning for the T&O therapy team using the categories in NHS Improvement's AHP job planning guidance.[1] Generic job plans were co-created for bands 3 to 5, while more bespoke job plans were created for Band 6 upwards.

Team members completed a template that categorised all their clinical and non-clinical activities and estimated time spent on each. In group discussions they considered job roles and activities and agreed the percentage of time allocated to direct clinical care (DCC) for each band/role. Some bands undertook a two-week time-and-motion study to assess whether the DCC assumptions were accurate. A final DCC percentage was then agreed for each team member and documented in their job plan. The aggregated team DCC time was also calculated.

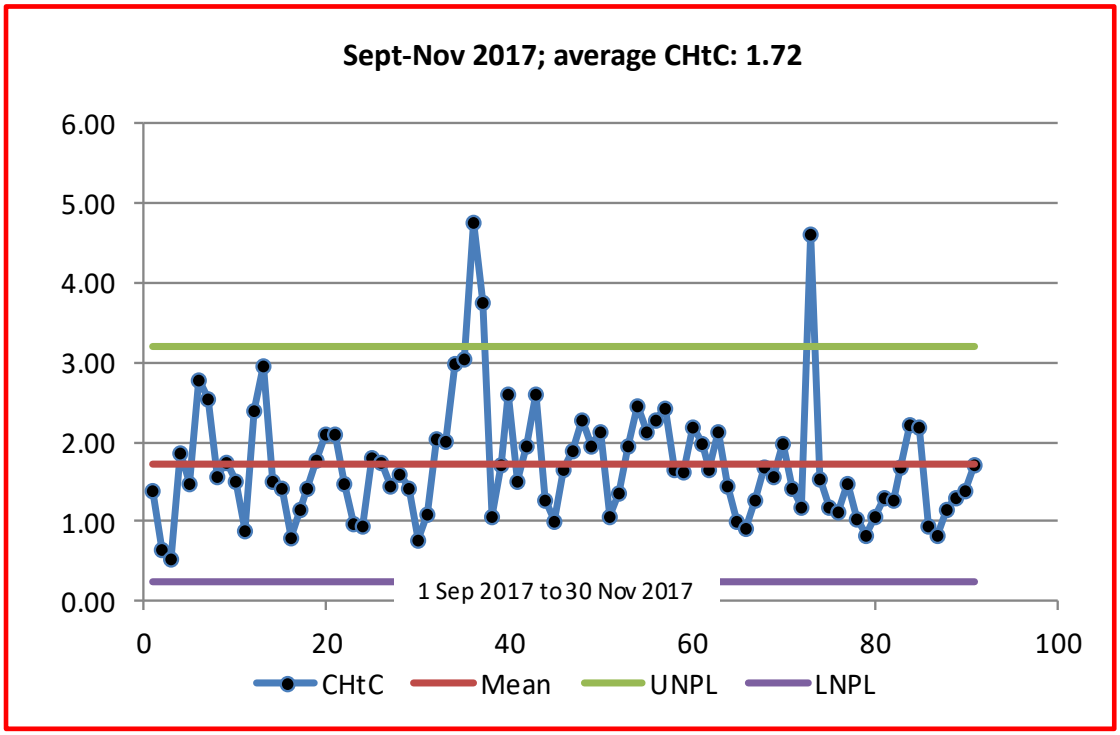
The second step was to implement the CHtC deployment metric as a measure of daily productivity. CHtC is the ratio of total hours worked (by clinical staff) to direct interventions with patients ('contacts'). To develop the sustainable data feeds to record and report the CHtC metric, the informatics team provided daily data feeds for:

[1] https://improvement.nhs.uk/resources/allied-health-professionals-job-planning-best-practice-guide/

- ‘contacts’ data
- ‘clinical hours’, drawn from the Excel roster system.

Once the data feeds were in place, Ipswich Hospital could monitor AHPs’ productivity and identify opportunities for improvements (see Figure 1).

Figure 1: CHtC during early stages of implementing job planning



UNPL: upper natural process limit LNPL: lower natural process limit

What were the challenges?

- Obtaining regular data feeds from informatics was challenging due to the informatics team’s capacity at an especially busy period when two trusts were merging.
- There were initial issues with the quality of data recorded. Training raised awareness that the data was monitored and used to develop new ways of working. This led to staff taking accountability for contact data accuracy. They paid more attention to maintaining the Excel roster tool, specifically recording annual leave and sickness, ensuring accuracy of the ‘clinical hours’ data feed.

What were the results?

Job planning in T&O enabled the team to identify opportunities to improve its clinical capacity. Job planning supported more efficient staff deployment: for example, ensuring

each band carried out activities that made best use of their skills. It also exposed significant senior clinical time spent on managerial tasks, including annual leave approvals, recruitment and signing off bank pay. Implementing more efficient processes for these essential non-clinical activities increased senior DCC time.

By introducing CHtC as a daily measure of productivity, the T&O team could identify further opportunities to reduce unwarranted variation in service delivery. For example, in response to large fluctuations in its CHtC data, the team reorganised its working patterns to align its clinical capacity more closely with consultant theatre time, better matching capacity with demand (see Figure 2).

Figure 2: CHtC after implementing job planning

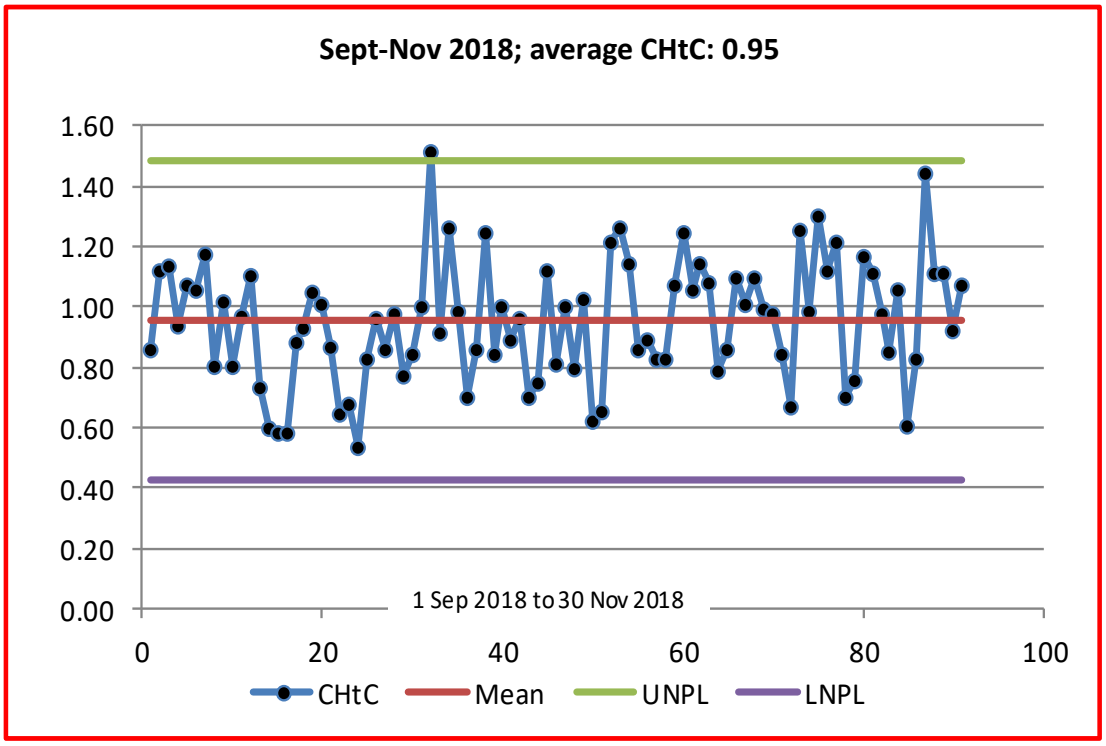


Figure 2 shows reduced mean CHtC and reduced variation from the mean.

As a result of these changes, the following improvements were seen between September and November 2017 and the same period in 2018:

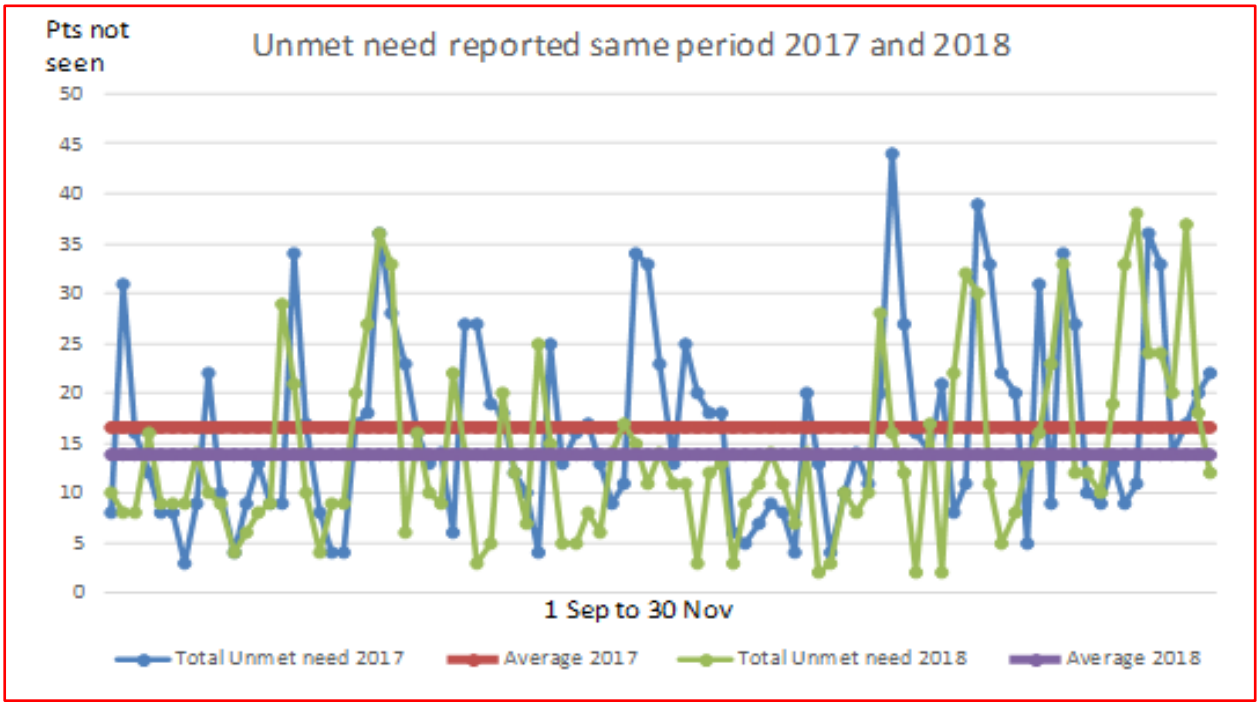
- The mean CHtC decreased from 1.72 to 0.95. This is equivalent to releasing 46 minutes of clinical time for every patient contact or 45.5 additional clinical hours per week.

- The number of patients receiving therapy increased by 25 per day (175 per week).

- The level of unmet patient need reduced from 21% to 19%, meaning 232 more patients received the therapy they required over the three months from September to November 2018 (see Figure 3).

- The released clinical hours were reinvested in the trauma wards, and this – with additional work to optimise the trauma pathways – led to a reduction in length of stay from 13.73 to 8.65, a difference of 5.08 days.

Figure 3: Reduction in average unmet patient need



What were the learning points?

- Staff engagement is vital – involving the whole team increased commitment and understanding of the importance of data and everyone's role in recording it. Team discussions were a useful way to find consensus on DCC per band/role.

- Executive team commitment is needed to ensure enough resources to implement job planning and CHtC.

- It is important to agree definitions for contact data with informatics teams to ensure accurate reporting.

- Small changes to practice, identified through job planning, can make significant cumulative gains in clinical capacity.

- Challenge the data: focus initial efforts on developing reliable data feeds.
- Then use your data to identify improvement opportunities.
- Using an e-rostering platform would have removed the need to maintain an Excel spreadsheet to manage workforce deployment and collect ‘clinical hours’ data. Adopting e-rostering software by 2021 is an NHS Long Term Plan objective.

Want to know more?

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