

CONSULT WITH STAFF IN COMMUNITY RESPONSE AND REABLEMENT ON PROPOSALS TO ENHANCE CAPACITY IN TERMS OF NEW ROSTERS AND USE OF TECHNOLOGY

1. Background

- 1.1 Intermediate Care in Bracknell Forest is a joint service between the Council and the PCT. It has been at the forefront of developing a range of integrated services that promote faster recovery from illness, prevent unnecessary admission to hospital, supports timely hospital discharges and maximises independent living.
- 1.2 Outcomes for the people who receive Intermediate Care are positive and the service has a good reputation. Nevertheless within the current service there is an opportunity to consider new ways of working and new working patterns with the introduction of technology to deliver quality services with a more modernised and efficient approach.
- 1.3 A key strand in the modernisation of community based services and national drivers from the Department of Health have identified that introducing electronic monitoring in intermediate/domiciliary care services ensures maximum value and transparency of services delivered, whether they are directly provided by councils or provided by the independent sector.
- 1.4 In Bracknell Forest Intermediate Care is directly delivered by 26 Intermediate Care Support Workers. They provide a rehabilitation programme of up to 6 weeks that helps people regain some of their daily living skills and confidence. This helps the individual maintain their independence, health and well being and supports them to remain safely and securely in their own home.
- 1.5 In Intermediate Care the frequency, duration and timings of visits by the Intermediate Care Support Workers can alter during the intervention. These changes are a fundamental part of the assessment process.
- 1.6 As a short term, time limited service people may remain with Intermediate Care for as little as a few days or perhaps 2 or 3 weeks but only up to a maximum of 6 weeks. There is an on going rapid turnover of people in and out of the service.

2. Context

- 2.1 The established hours for the service are 899.5 (24.3FTE) a week, and on average 50 people are in receipt of the service at any one time and they stay for an average of 4 to 6 weeks. The service accepts approximately 10/12 referrals a week. These are for hospital avoidance, hospital discharge, end of life care and community rehabilitation.
- 2.2 The directly provided service is managed by a Lead Co ordinator with 3 Care Co ordinators with responsibility for operational management of the service. The Care Co ordinators currently manually programme and roster staff cover of care packages, organise cover for holidays and sickness and respond to new cases and cases closing.

- 2.3 Paper timesheets are completed by the Intermediate Care Support Workers and these are checked by the Co ordinators but only information on annual leave and sickness is extracted from them.
- 2.4 Currently producing and providing management information is fragmented, time consuming, and there are concerns regarding accuracy.
- 2.5 The service operates from 8 a.m. to 10 p.m. 7 days of the week .The 26 Intermediate Care Support Workers currently work on a 9 week rota, working 1 weekend in 3. There are two core shift times 8 a.m. to 4.30 p.m. and 4 p.m. to 10 p.m.
- 2.6 The in house community support teams currently adopt a 3 week rolling roster, which provides for the staff group working 2 weekends out of 3. This has proved to be an efficient and effective staff rota.
- 2.7 For the mobile Intermediate Care Support Workers lone working is by a “buddy” system which has been introduced as the service does not utilise Forest Care
- 2.8 As the service is an unplanned rapid response service with a variable turnover of people there are times in the day when the available time is not fully utilised. Management action is taken to minimise this, and there is an on going examination of activity to ensure that the appropriate utilisation of these hours can be improved. Currently staff are redirected to support the bed based Intermediate Care Service at Bridgewell, and to work with people who are going to be settled back into their own homes.
- 2.9 On the current rota there is a significant reduction in staff availability at the weekends. There is an on going and growing demand for the service to support crisis out of office hours, and at the weekends. There are times therefore when the service needs more staff working than currently rostered. To cover for this crisis intervention staff are asked to work who are not rostered, and standby or overtime rates are paid.
- 2.10 Currently the service has been unable to provide all calls requested at weekends and some evenings due to limited staffing availability.
- 2.11 The current rota also presents the service with other operational difficulties as there is a lack of consistency of staff availability even in the weekdays - some days there are as few as 9 staff on duty, when another day can see as many as 18.

3. Recommendations

The introduction of a rostering, electronic monitoring and lone working system, together with the implementation of a 3 week rolling roster is recommended, which will increase capacity and productivity and equalise availability across 7 days of the week. This will also enable Intermediate Care to meet growing demand, by ensuring greater responsiveness and flexibility through a more effective use of resources.

4. Benefits

4.1 Benefits for the Person

- 4.1.1 The experience of the people who use the service will be improved if new working patterns are organised to better suit the needs of the people for a consistent service 7 days of the week. This should lead to increased satisfaction in the service and the quality of care.
- 4.1.2 Being able to monitor performance statistics and gain real time information can offer the service the ability to improve on its operational management and thereby make improvements to the directly provided service.
- 4.1.3 The electronic monitoring aspect can also help resolve most service queries, complaints and aid investigations when required.

4.2 Business Benefits

- 4.2.1 An electronic rostering and monitoring system together with the introduction of a new staff rota will improve the deployment and reliability of staff and strengthen and streamline the co ordination of the service operationally, thus improving productivity and value for money and increase the organisations ability to deal with change
- 4.2.2 These developments will support Personalisation and the ability of the service to deliver a person centred service that is organised around the needs of the individual and not fitted into the shift patterns of the staff.
- 4.2.3 The current staff rota presents challenges in supporting an unscheduled/ unplanned response. The new proposed rota will ensure responsiveness, flexibility and effective use of resources.
- 4.2.4 Introducing electronic monitoring that generates weekly work schedules, replaces timesheets, and outdated and inefficient manual mechanisms, and also captures real time performance information is a key to service improvement.
- 4.2.5 Together these developments will increase service capacity and reduce the occasions when the service is unable to accept new cases due to lack of capacity.
- 4.2.6 A new rota will ensure the service is able to meet future demands for a more intensive service delivering an extended range of service provision and thereby making better use of the available time and non core time.
- 4.2.7 It will bring the Intermediate Care Support Workers in line with the Dementia Team, thereby promoting fairness and equity.

5. Financial Implications

- 5.1 The introduction of the staff rota will be cost neutral. However, improved capacity scheduling will help increase productivity and the numbers of people being supported.

- 5.2 Implementation of e monitoring and a new staff rota can deliver non cashable savings that are evidenced by:
- Improved customer service
 - Increased productivity and increased capacity
 - Improved unit costs and competitiveness - better budget management
 - Ability to better manage the unplanned and fluctuating nature of demand and capacity
 - Business process efficiencies

6. Human Resources

6.1 Human Resources have been advising departmental Managers throughout this process in ensuring the Organisational Change Protocol will be used as a basis for the changes and consultation will include staff and Trade Union representatives.

6.2 A timetable will be established to include a 6 week consultation period commencing mid October 2011. Implementation of the new rosters is planned as soon as possible after completion of the consultation period.

- A total of 27 staff will be affected including 3 Care Co ordinators who have responsibility for the operational management of the service.
- The time frame for staff consultation is 6 weeks and planned for commencement on the 19th October 2011 and ending on the 30th November 2011.
- Individual and group meetings are proposed
- It is essential to provide a pack of information detailing exactly how the new roster will work and giving a “real time” example to enable staff to understand the implications of the change and an explanation of how the new roster arrangements operate.
- Feedback and comments received during consultation will be taken into consideration and fed back via the normal reporting process.
- The outcome of the consultation period and the effective date of the new roster arrangements will be confirmed.

6.3 The link to the introduction of new technology will be part of the consultation process.

- The Council's Lone Working Policy will be taken into consideration when introducing new technology.
- Sufficient training needs will need to be built into the timescale to allow staff to become familiar with new technology and attain the required level of competence before becoming operational.