



This is how you... Grip Productivity

Understand the **productivity opportunity** across the most impactful care pathways and learn how your existing workforce and clinical operations software can help you unleash it, without squeezing your already stretched people.

Planning for productivity. Connecting service plans to daily operations is critical to ensure you maximise activity and care delivery.



How you plan your people and other resources, and how you align and connect these plans to the systems that manage daily operational activity, workforce operations and safety is critical to reducing waiting lists, delivering more clinics, diagnostics, theatre sessions and even removing some of the barriers to flow through the emergency department.

Often the crucial link between the plan and operations is only made in annual planning processes, or through one-time consultative improvement programmes designed to identify productivity opportunities, or worse when things go wrong..

This often means the operational realities of day-to-day care delivery undermine a good plan, or worst hide weakness in a poor plan. Either way, things quickly lose shape and traction, you end up frustrated that perceived investments don't result in more productivity outcomes and it feels difficult to sustainably realise efficiencies that unlock productivity improvements.

The accompanying narrative and urgent actions can make staff feel unmotivated, instead of supported and empowered. Ironically, getting in the way of helping them to do more of the things that matter most to patients. We believe it doesn't have to be this way.

The technology you already have today can change this.

And we want to show you how.

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- Plan and view clinical, workforce and safety operations in teams, divisions and even across the care pathways impacting productivity outcomes
- Gain visibility of demand and capacity
- Understand and manage non-productive time
- Remove the inefficiencies that limit productivity
- Prevent cancelled activity for preventable reasons
- Ensure your plan for all resources is as safe, productive and kind to safe as possible
- Support and empower a productive workforce
- Call time on job plans that don't align to how much care needs to be delivered by teams. Use team-based job plans, so staffing demand is multi-professional, linked to rosters that are built around that exact same activity
- Align multi-professional staff, clinical activity, physical resources and locations for maximum productivity

“Activity based plans and rosters mean we haven’t cancelled a theatre session due to staff unavailability in nursing for 18 months.”

Bolton NHS Foundation Trust

Let us show you how.

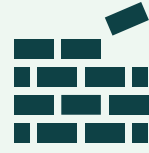


Workforce Efficiency Assessment

Do you know whether you have inefficiencies preventing productivity? Efficient rostering and temp staffing is a vital foundation to unlock productivity gains. We will help you see any areas for improvement. Our assessment is proven and has been used across thousands of units.

1 week

Workforce Operations Efficiency



Workforce Efficiency Foundations

Do you know how to reduce the inefficiencies? The outcome of the assessment will help shape the support our customer success team offer. We also work with you on a short sharp engagement to get the foundational efficiencies right. Making sure you have ongoing control mechanisms.

6 week



Pathway Productivity Review

Do you have particular pathways that would benefit from better productivity? We take a multiprofessional view to assessing activity and all the workforce elements that might impact productivity. We highlight those in your control and make recommendations for improvement.

6 weeks

Clinical Operations Productivity



Productivity Pathway Interventions

Do you know which interventions to make with our technology to benefit pathways? We help you apply our technology to build and deliver the most effective and productive workforce plans and connected healthcare operations based around your expected activity levels

8-12 weeks



Ongoing Insight & Controls

How will you sustain the improvements over time? We ensure that at every level from point of care to the board the right information is surfaced to help you see deviation in real-time or advance.

Ongoing

Measure & Improve

Productivity Foundations. Removing inefficiencies that prevent productive care delivery

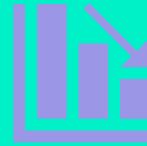
We cannot allow the rate-limiting step in the delivery of complex care to be inefficiency. If you have a sense that there are inefficiencies in how your people are planned and deployed, it is key to understand them and how they maybe contributing to reduced productivity and poor workforce experience, let us show you how you can gain insight and control.

Clear, concise and consistent job planning of all appropriate staff groups is crucial. Clinical activity and demand templates must be accurate, and the right numbers of skilled people ascribed to each required location when and where required. Shift fill-rate , absence, redeployment and agency spend data must be shared consistently and acted upon swiftly and safely.

All of this must be executed across, not within, multidisciplinary teams such that the whole of the workforce is greater than the sum of its parts.

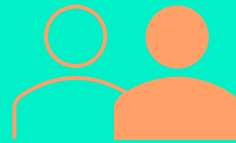
Often times policy and training or reporting and governance of core workforce metrics stand in the way of productivity gain.

Whether you want to better understand the **care hours** you have versus those you need, or the **planned activities contracted** versus those delivered, or even how different types of absence is impacting both, we provide the essential insight and operational improvement to ensure these foundations of productivity are at their ceiling of success.



Unbudgeted spend

Average 58% Reduction



Unavailability

Reduced by 7.3%



Agency Spend

Reduced by 30%

Based on a sample of 18 NHS organisations over 12 weeks using our methodology

Emergency Department. Improving flow and productivity

Acuity-derived longer lengths of hospital stay combined with constrained system capacity means lower throughput in the ED. We know that acute medical unit and base ward efficiency directly influences ED flow; by coordinating the deployment and rostering of the multidisciplinary teams right through from Minors, Majors and Resus to the AMU, SDEC and specialty wards, we can identify and improve the safe movement of patients along their pathway of non-elective care.

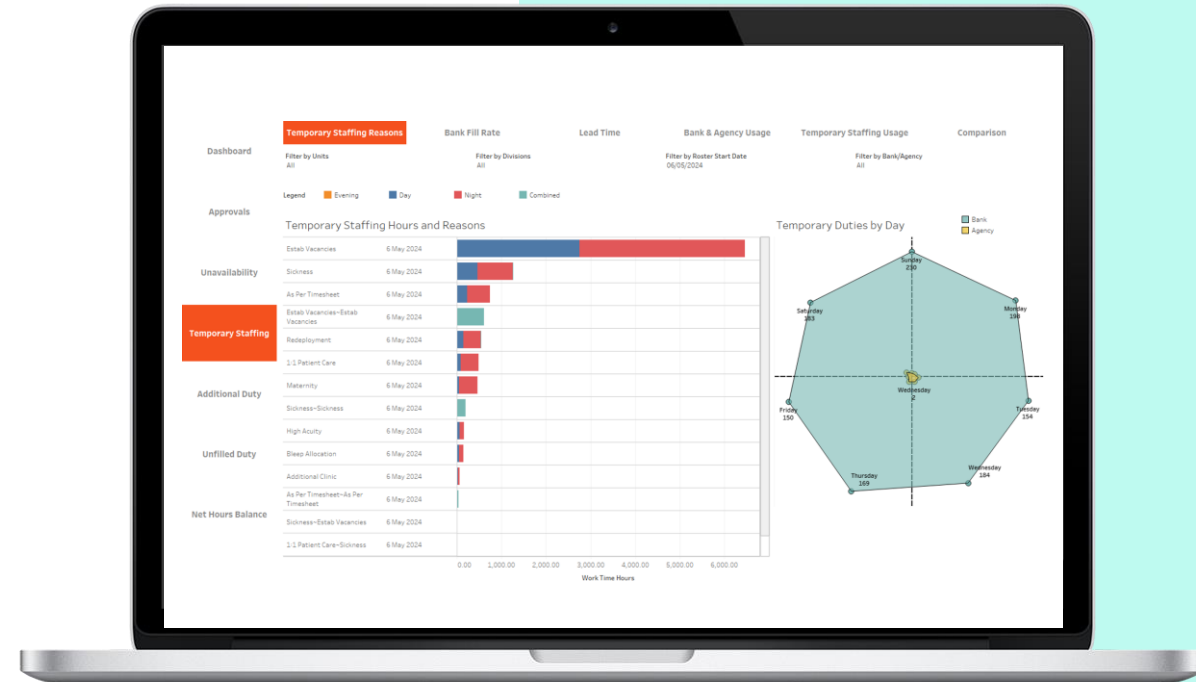
Within the ED itself, review and refinement of the blended team through shared job planning, self-rostering and real-time staff redeployment means more responsive, faster and more productive care, delivered safely and to a higher standard of quality.



Meeting Cancer Standards. Co-ordinating people and resources across teams

Ensuring the delivery of time-critical diagnostics, interventions and therapeutics is the non-negotiable goal of safe, effective and productive cancer care. Achieving the 28-day Faster Diagnosis Standard to 75% or more of patients, 62-day Referral to Treatment (RTT) to 85% and 31-day Decision to Treat to Treatment Standard to 96%, are challenging in the extreme.

Key to improvement is the coordinated, not just shared, planning and deployment of workforce resources across diagnostics, therapeutics and other key cancer-related services such that the available capacity to care is quickly, consistently and widely visible, allowing gaps in resource to be identified and acted upon both operationally and strategically.

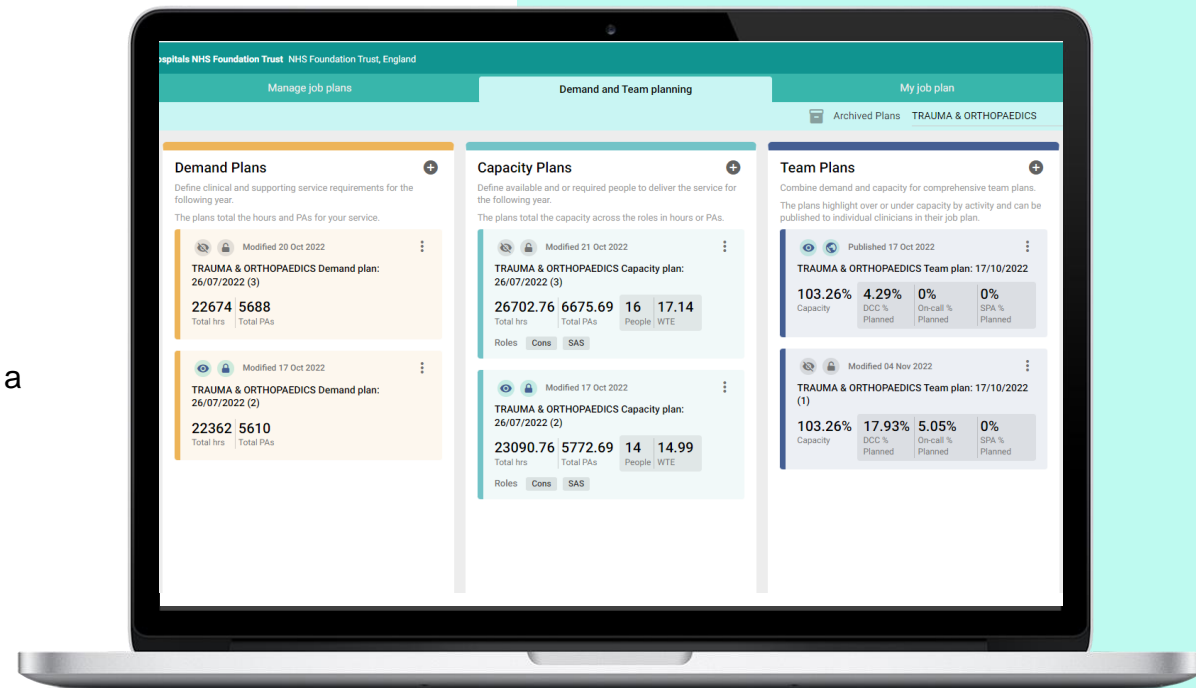


Elective Care. Maximising activity by reducing cancelled care

Excellence in elective outcomes starts with excellence in the basics of workforce data quality, mapped to demand and NHS Constitution expectations.

Eliminating the longest RTT waits, reducing OPFU rates, coordinating diagnostic and clinic capacity, eliminating process waste in theatre pathways and ensuring timely post-procedural discharge are all cornerstones of elective recovery and all rely absolutely on a well-planned, efficiently-deployed clinical and administrative workforce.

We provide insight and analytics, together with focused pathway-related improvement plans, to ensure your most challenged areas of elective care delivery can be rapidly improved, boosting productivity in a safe, high-quality way.

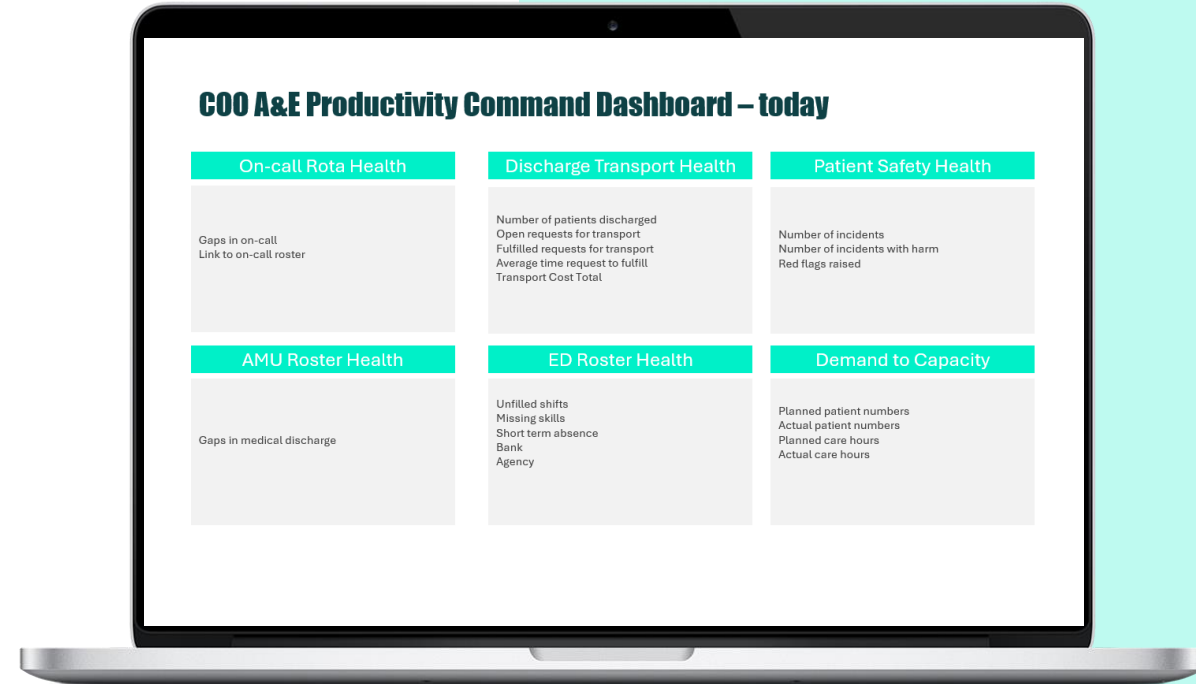


Prevent the cancellation of elective activity due to avoidable poor workforce planning and co-ordination. Quickly see bottlenecks or areas of concern that are within your operational control. Manage interventions and track the impact of elective through-put and care delivery

Powerful Insights. Keep you focused on productivity outcomes

Whether you need to look at workforce and patient safety metrics across a system, a collaborative, an organisation, a division, a pathway, a unit or a staff group, our productivity insight reports give you and your team the ability to see efficiency and productivity opportunities ahead of time, so you can make meaningful adjustments in planning or operationally. They also provide data and tools for learning and improvement.

Metrics include efficiency measures and input measures such as planned headroom vs actual unavailability, leave percentage, the percentage of signed off job plans or roster approval lead time. They also include distinct workforce productivity measures such as care hours per patient days, activity per consultant, planned activity (PA) per consultant, care hours per patient day, bank and agency spend, cancelled clinics and theatre sessions by reason.



Unleash the technology you already have

Service Planning

- Clinical Job Planning
- Rota Planning
- Multi-professional Workforce Planning

Clinical Operations

- Activity based scheduling
- Care Hours Per Patient Day
- Clinical Productivity via data access
- On demand transport for patient flow

Workforce Operations

- Bank and Agency Management
- All staff scheduling
- Intelligent absence management
- Direct Engagement

Safety Operations

- Red flags
- Incident Reporting





People Centered Productivity



To find out more or book an assessment
please email productivity@rldatix.com