# **Nottingham City Council**

# Project Title: Implementation of CM2000 PDA Scheduling [Homecare Service]

Lead Department: Adult Social Care Provision (ASCP)





#### DOCUMENT CONTROL

Authors	Christopher Leishman; Luke Harris; Herprit Rana (Project and Operational Support Officers), Charlotte Gardiner (Project Manager)
Project Sponsor (contact details)	Helen Jones (Director, Adult Services)
Project Manager (contact details)	Wendy Griffiths (Head of Commercialisation, Sales and Performance)
Date	12 <sup>th</sup> February 2015
Document ID	V1.14
Document version	Final

Version	Status	Revision Date	Summary of Changes	Sign-Off
1	Draft	11/07/2013		
2	Draft	25/07/2013		
3	Draft	30/09/2013		
4	Draft	11/10/2013		
5	Draft	04/11/2013		
6	Draft	13/11/2013	Executive summary added	
7	Draft	25/11/2013	Models A-C added	
8	Draft	06/01/2014	Figures reflect revised quotes	
9	Draft	26/03/2014	Handset costs updated	
10	Draft	02/04/2014	MWS 'Lite' option added.	
11	Draft	06/06/2014	Benefits Review Changes	
12	Draft	12/01/2015	Quotation Changes	
13	Final	22/01/2015	Financial edits and clarity edits made.	
14	Final	12/02/2015	Financial edits and clarity edits made. Additional model included for CMBI quote.	
15	Final	31/03/2015	Financial edits following NCC IT dept handset and mobile phone contract offering	

**Notes**: Financial information obtained from Jamie James in Finance as at January 2015. Figures based on previous year spend and year to date spend where appropriate. Hours delivered obtained from Karen Hunt, Service Provision Manager Jackdawe.

Project: Implementation of CM2000 PDA scheduling [Homecare Service] Version: 1.14 Author: Christopher Leishman Date: 12/02/2015 Status [Final] Page 2 of 21

#### CONTENTS

- 1.0 Purpose of Document
- 2.0 Executive Summary
  - 2.1 Background
- 3.0 Project Definition
  - 3.1 Project Scope
  - 3.2 Project Objectives
  - 3.3 Project Benefits
  - 3.4 Project Constraints
  - 3.5 Project Interfaces/Dependencies
  - 3.6 Risk Management
- 4.0 Options Appraisal
- 5.0 Project Organisation
  - 5.1 Project Assumptions
- 6.0 Project Controls

6.1 Case Studies-deleted in this version, available in previous version if requested.

- 6.2 Financial Management
  - 6.2.1 Option 1
  - 6.2.2 Option 2 Models A D
- 7.0 Recommendation

#### 1.0 PURPOSE OF DOCUMENT

Nottingham City Council's focus on the Citizen at the Heart is supported by Great Services and Great Infrastructure. This project would support our homecare services in delivering this.

If this project is not taken forward, then we will continue to use the current system which is very inefficient: constantly leaving Carers with outdated information, confining Team Leaders into being desk bound, incurring high postage and administration payroll costs; and in addition leaves little capability for the effective monitoring of staff members, confidential information without an effective audit trail and at higher risk of being lost.

#### 2.1 EXECUTIVE SUMMARY

- Review current Home Care scheduling operation including costs and contact time.
- Assess the feasibility of implementing CM2000 Mobile Scheduling Wizard within ASCP Home care services
- Review cost/benefit analysis of purchasing Opticare! And Mileage Wizard modules.
- Understand associated costs with both NCC and CM2000 provision of handsets and contracts
- Identify and outline service benefits to both Carers and citizens.

#### 2.1 BACKGROUND

This project – to undertake a comprehensive review of the feasibility of implementing CM2000 Mobile Scheduling within ASCP Home care services – forms part of the wider ASCP Transformation Programme established to assess and transform ASCP services into a commercially operating trading model. The goals outlined: to raise standards, improve consistency and position the service to be able to exploit future commercial opportunities, all contribute to fulfilling the objectives of this programme by creating a modern, cost effective Home care service best equipped to cater for increased future demand.

CM2000 is a scheduling system used by Home Care services in Nottingham City Council (NCC) that issues rotas informing Carers which citizens they have to visit at what times. The current rotas are printed off and posted 1<sup>st</sup> class manually to the Carers. Often these rotas do not arrive, or when they do arrive they are out-of-date as numerous changes are made to the rotas daily.

This current method incurs costs in the form of stamps, letters, paper and ink and it is not effective. Team Leaders spend significant amounts of time on the phone to Home carers passing on the latest changes to the rotas made. This is an ineffective use of time, and prevents Team Leaders spending as much time away from their offices as they should. In addition, inefficiencies are created from Administrators manually scheduling the Carer rotas for the coming week – CM2000 has the functionality to provide optimised scheduling which will automatically assign visits based on the requirements of the service, and create staffing efficiency savings.

#### **3.0 PROJECT DEFINITION**

#### 3.1 Project Scope

In Scope

- Identification and Procurement of tablets or smart phones and contracts for homecare staff (internal or external)
- Integration and access of CM2000 with remote tablet/smartphone technology.
- Phase out of the existing paper-based scheduling process & phone-call based schedule amendment process.
- Implementation of 'optimised scheduling' system.
- Management of smart phone delivery/maintenance (through CM2000 or NCC ICT).
- Compatibility with NCC Intranet and Email.
- Implementation of MWS (Mobile Workforce Solution)
- Implementation of NFC based mobile monitoring

#### Out of Scope

- Additional functionality e.g. Access, NHS Direct etc.
- MWS outcomes functionality

#### **3.2 Project Objectives**

- Reduce operating costs
- Staffing efficiency savings/potential to increase capacity
- Better service to citizens and families
- Increased data/information security
- Effective monitoring of colleague work
- Audit trail
- More effective communications across the service

#### 3.3 Project Benefits

- Accurate 'real-time' scheduling available to Carers.
- Reduction in cost of phone calls made.
- Reduction in postage costs.
- Increased confidentiality by avoiding misplacing manually printed citizen details.
- Reduction in Team Leader admin time.
- Elimination of unnecessary doubling up of appointments.
- Improved call logging.
- All Carers having a Smartphone.
- Flexible adaptive service delivery and feedback for assessment colleagues.
- Customer service: Reduction in missed/unscheduled visits
- Maximise citizen contact time.(CM2000 Opticare brochure)
- Increased Carer continuity for citizens (CM2000 Opticare Brochure)
- Future planning: assess the impact of operational, strategic and tactical decisions prior to implementation (CM2000 Opticare Brochure)

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Version: 1.14 Date: 12/02/2015 Status [Final] Page 5 of 21

- Evidence to justify invoices produced.
- Accurate mileage data.
- Up-to-date citizen records access to assist Carers.
- Improved lone-worker safety.
- Potential to increase capacity of visits
- Improved staff morale.
- Improved punctuality.
- Efficient capturing of incident notes (optional photos) and record visit observations
- Improved ASCP brand reputation from improved punctuality and fewer missed visits.
- Reduced risk of Safeguarding Incidents.
- Increased data security with regards to Keysafe Pins.

#### Checklist of Benefits (Source: CM2000)

	Potential Service Benefit	Potential Financial Benefit
Invoice Reconciliation	<ul> <li>Improve auditability and probity</li> <li>Quick analysis of both activity and costs</li> <li>Reduction in finance workloads and reduce pressure on financial systems</li> <li>Standardisation of invoice formats and rate formats leading to fewer discrepancies and queries</li> <li>Improves projections of homecare budget expenditure</li> </ul>	<ul> <li>Reduces cost of external provisions by paying for actual care delivered</li> <li>Reduces discrepancies in invoices for payment</li> <li>Reduces invoice numbers</li> <li>Reduces time spent processing invoices owing to cutting out need for cross checking with other systems and/or timesheets</li> </ul>
Fairer Charging	<ul> <li>Improve fairness of charging system, in that the authority will know the service users are getting the commissioned/charged for service</li> </ul>	<ul> <li>Increase income, if the authority charges service users based on a percentage of the value of the commissioned care</li> </ul>
Administration	Reduced frustration, demotivation and stress	<ul> <li>Eliminates the cost of processing paper timesheets and all postal costs</li> <li>Saving time spent by management, HR and audit in investigating, putting together reports and presenting at meetings</li> </ul>
Fraud/Discrepancy Reduction		<ul> <li>More accurate time keeping procedures and less abuse from fraud</li> <li>Improves quality of information provided for payment and audit</li> </ul>
Commissioning	Alerts providers that a high risk     and/or time-critical visit hasn't	

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Version: 1.14 Date: 12/02/2015 Status [Final] Page 6 of 21

	<ul> <li>happened</li> <li>Improves contract management within Best Value framework</li> <li>Accurate measurement of Domiciliary Care work, improves punctuality, reliability and safety, thereby improving service delivery</li> <li>Robust performance measure-ments help effective management of contracts</li> </ul>	
Service Delivery	<ul> <li>Monitoring of provision and trends improves the management of service delivery</li> </ul>	<ul> <li>Minimises areas of dispute through reliable information</li> </ul>
Health & Safety	<ul> <li>Rapid tracing of a carer's most recent location</li> <li>Alerts when a carer has an over- extended or over late visit</li> </ul>	

#### **3.4 Project Constraints**

- Android operating systems are not suitable for use within NCC as they are deemed unsecure-any device would need to be Windows OS.
- Securing staff and Union buy-in from the risk of perceived 'monitoring' of their activities.
- The relatively new technology behind CM2000's Opticare and Mileage Wizard packages means that they cannot offer us any solid data highlighting savings for these products. Because of this, CM2000 can offer both products on a rolling monthly contract with no termination fees, so if efficiency savings cannot be evidenced, we can cancel the contract.
- CM2000 is mandated by Commissioners and therefore the option to consider alternative software solutions is out of scope due to the duplication required.
- **3.5 Project Interfaces / Dependencies** 
  - New system is entirely dependant on the continuing trading of CM2000.
  - Ongoing support and training will need to be available to help staff adjust to the new system.
  - Union approval. Union by in would need to be secured to support mileage wizard as an efficiency tool, and not a colleague monitoring device.

#### 3.6 Risk Management

- CM2000 may cease to trade.
- If the internet goes down, this prevents access to CM2000.
- Staff may be resistant to changing to the new system from the way they currently operate.
- High initial start up and annual maintenance costs mean there is a high risk this project cannot be justified on a costs/savings basis alone. Strong service benefits also need to be considered.
- Opticare and Mileage Wizard do not have a confirmed track record as they are in their

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Version: 1.14 Date: 12/02/2015 Status [Final] Page 7 of 21 infancy so there is a risk that the modules may not achieve the expected benefits.

• Risk that devices on which modules can function become obsolete.

#### 4.0 **OPTIONS APPRAISAL**

This project contains four possible solutions:

- 1. **Do Nothing.** Manual rotas will continue to be posted out, frequently going missing and being out of date on arrival. Care Team Leaders will remain predominantly desk bound updating Care Workers on their next appointments, and not being able to fulfil their job roles effectively. Inefficiency will remain a significant problem and the potential to deliver better, more reliable and cost effective services to citizens will not be realised.
- 2. Model A: NCC purchase CM2000 products, with CM2000 fully responsible for installation, provision and maintenance of services excluding Nokia 735 handsets and contracts, these will be purchased through the NCC IT department. Required products 'Scheduling, Mobile Monitoring, Opticare, Mileage Wizard and licenses' are purchased, installed, maintained and monitored by CM2000, training is also provided as part of this package . This does not include the provision of handsets or phone contracts these will be purchased internally through the IT department.

Model B: Purchase the Mobile Working Solution only – without Opticare and Mileage Wizard – with CM2000 fully responsible for installation, provision and maintenance of services – including Nokia 735 handsets and contacts. This would still deliver the schedules in real-time to Carers, but will remove any risk associated to Opticare and Mileage Wizard by allowing the postponement of purchasing these two modules until as and when sufficient evidence is shown of concrete efficiency savings.

Model C: Purchase MWS 'Lite' along with non-NFC enabled Nokia 520 smartphones and contracts from NCC IT. This is a solution suggested by CM2000 that involves carers continuing to log-in via citizens' landlines, and using the smartphones for viewing planned visits, notes and recording observations directly onto Call Confirm Live. Products required include 'Scheduling, Opticare! and Mileage Wizard licenses'.

Model D: NCC purchase CM2000 products, with CM2000 fully responsible for installation, provision and maintenance of services – excluding Nokia 735 handsets and contracts. Required products 'Scheduling, Mobile Monitoring, Opticare, Mileage Wizard and licenses' are purchased, installed, maintained and monitored by CM2000, training is also provided as part of this package This option also includes the reporting module CMBI which can produce reports to monitor the system and colleagues performance. Handsets an phone contracts will be purchased internally through the IT department.

Project: Implementation of CM2000 PDA scheduling [Homecare Service] Version: 1.14 Author: Christopher Leishman Date: 12/02/2015 Status [Final] Page 8 of 21

#### 5.0 **PROJECT ORGANISATION**

Helen Jones – Director, Adult Social Care (Project Sponsor) Wendy Griffiths – Head of Service (Project Manager) Simon Salmon – IT Head of Strategy Christopher Leishman & Luke Harris - Project and Operational Support Mandy Oliver – Services provision Manager, SCR Karen Hunt – Service Provision Manager, JackDawe Caroline Prior – Care Team Leader (Intake Team) Simon Rider– CM2000 Point of Contact Mike Coughlan/Jayne Wickett – Business Development Executive CM2000 Nick James – Account Manager CM2000 Jamie James – Finance Assistant NCC Jonathan Foster – NCC IT Requirements Analyst Kelly-Marie Prentice – NCC It Business Engagement Officer

#### 5.1 **Project Assumptions**

All four options considered are based around the following estimates:

#### **HomeCare Populations**

Centre	Team leaders	Carers	Administrators	Ave. Carer Visits Per Week	Ave. Number of Citizens Present
NEHCS	3	28	4	245	40-200
JackDawe	7	207	4	1812	131
Intake Reablement Service	6	100	6	875	168
Total	16	335	14	2932	339-499

Team Leaders: 16 Carers: 189 FTE Administrators: 1 Average Carer visits per week: 5190 Average number of citizens per week: 339-499 Data regarding citizen visits was obtained from Karen Hunt.

#### 6.0 **PROJECT CONTROLS**

#### 6.1 Case Studies

For expediency these have been deleted from this version, but are available in the previous version.

#### 6.2 Financial Management

# **6.2.1 Option 1: Do Nothing**

AS IS Model (Call Confirm Live! Only)

#### Hours Delivered Costs

#### Including Overheads

<u>JackDawe</u> Contact time = 64% £2,445,330 Budgeted cost 1706.83 Average Hours Delivered Each Week **£27.55** Cost per Hour

<u>SCR</u> Contact Time = 64% £3,287,110 Budgeted Cost 1234 Average Hours Delivered Each Week **£51.23** Cost per Hour

#### **Excluding Overheads**

<u>JackDawe</u> Contact time = 64% £2,180,610 Budgeted cost 1706.83 Average Hours Delivered Each Week **£24.57** Cost per Hour

<u>SCR</u> Contact Time = 64% £2,931,260 Budgeted Cost 1,803.20 Hours Delivered Each Week **£45.68** Cost per Hour

SCR price per hour are higher due to restricting and combining two services this price is generally likely to reduce as efficiencies due to restructuring are embedded.

Page 10 of 21

#### **Current Operating Costs**

#### Annual Costs

Project: Implementation of CM2000 PDA scheduling [Homecare Service] Version: 1.14 Author: Christopher Leishman Status [Final] £319.13 Costs associated to sending out programmes
£15,318.54 Call costs
£171,988.31 Mileage Costs
£6,290.04 Above 20% software and remote costs
£27,852.60 Active Citizen Costs

<u>£221, 768.57</u> Total current annual operating costs

(£18,480.71 per month) (£665,305.72 36 months)

Costs associated with sending out programmes is made up of the cost of paper and envelopes for paper programmes. The costs of SMS messages sent through the current CM2000 system in place are approximately £163.10 per month, these costs have not been included as they are currently funded through the assessment team where the budget for CM2000 costs currently sits . Postage has also not been accounted for as this is a below the line recharge.

#### <u>Summary</u>

#### <u>Benefits:</u>

- No additional investment required.
- Service is still being delivered, albeit in a less efficient, punctual manner with lower contact time.
- Staff would not have to adapt to new technology.

#### Disbenefits:

- Rotas will continue to go missing in the post.
- Rotas will continue to frequently be out of date when they are received by Carers
- Care Team Leaders (CTLs) will continue to spend significant proportions of their day manually scheduling and being on the phone to Carers communicating scheduling changes and updating notes.
- There will remain a high risk of confidential documents with citizens' details being mislaid.
- Doubling and tripling up on visits will remain a problem.
- CTLs will continue to have few opportunities to do spot checks on staff.
- Charges will continue to be incurred for going over the 20% threshold for software and remote costs.
- Punctuality will not likely improve.
- Inaccurate billing of services will continue.
- Missed visit rate will not likely improve.
- Citizen contact time will not likely improve.
- Inaccurate mileage costs will continue to be incurred.
- Carers will not always have the most up to date citizen records available.

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Version: 1.14 Date: 12/02/2015 Status [Final] Page 11 of 21

- Lone worker safety will not be improved.
- Staff morale will continue to be very low due the perceived antiquity of current operating methods.
- ASCP brand reputation will not improve.
- Significant annual operating costs will be ongoing.

# 6.2.2 Option 2: Purchase CM2000 Modules

#### <u>TO BE</u>

#### **Models**

There are 4 different models that are available under this option:

- Mobile Working Solution, Mileage Wizard and Opticare! modules , from CM2000, with handsets (Nokia 735) and contracts to be provided internally by the IT department.
- Mobile Working Solution only, from CM2000, with handsets (Nokia Lumia 735) provided internally by the IT department.
- MWS 'Lite', Mileage Wizard and Opticare! Modules, from CM2000, with non-NFC enabled handsets and contracts provided internally by IT department.
- Mobile Working Solution, Mileage Wizard and Opticare! modules and an added CMBI reporting module from CM2000, with handsets (Nokia 735) and contracts to be provided internally by the IT department.

#### **Specifications**

- RFID Monitoring (Mobile Working Solution (MWS)
- Scheduling Allows visits to be planned on a daily/weekly/monthly basis
- Mileage Wizard (Model A, C and D only)
- Opticare (Model A, C and D only)
- Phones and Contracts Supplied by NCC IT department

#### Hours Delivered/Cost per Hour

#### Models A and C

The below figures outlined indicate what the expected cost per hour and hours delivered would be should a 10% or 20% increase in contact time be achieved as a result operating efficiencies delivered from the new CM2000 modules. An Increase in contact time would be expected through **Model B**, however, the absence of Mileage Wizard and Opticare! modules would reduce the efficiencies achieved. **Model D** would produce the same outputs as **Model A** with the additional functionality of a reporting tool included.

#### **Including Overheads**

Nottingham City Council Project Mandate – CM2000

<u>JackDawe</u>

Contact time = **70.4%** (Projected **10%** Percent Increase in Efficiency) £2,445,330 Budgeted cost 1877.52 Hours Delivered Each Week **£25.05** Cost per Hour

Contact time = **76.8%** (Projected **20%** Percent Increase in Efficiency) £2,445,330 Budgeted cost 2048.20 Hours Delivered Each Week **£22.96** Cost per Hour

<u>SCR</u>

Contact Time = **70.4%** (Projected **10%** Percent Increase in Efficiency) £3,287,110 Budgeted Cost 1357.40 Hours Delivered Each Week **£46.57** Cost per Hour

Contact Time = **76.8%** (Projected **20%** Percent Increase in Efficiency) £3,287,110 Budgeted Cost 1480.80 Hours Delivered Each Week **£42.69** Cost per Hour

#### **Excluding Overheads**

<u>JackDawe</u> Contact time = **70.4%** (Projected **10%** Percent Increase in Efficiency) £2,180,610 Budgeted cost 1877.52 Hours Delivered Each Week **£22.34** Cost per Hour

Contact time = **76.8%** (Projected **20%** Percent Increase in Efficiency) £2,180,610 Budgeted cost 2048.20 Hours Delivered Each Week **£20.47** Cost per Hour

<u>SCR</u> Contact Time = **70.4%** (Projected **10%** Percent Increase in Efficiency) £2,931,260 Budgeted Cost 1357.40 Hours Delivered Each Week **£41.53** Cost per Hour

Contact Time = **76.8%** (Projected **20%** Percent Increase in Efficiency) £2,931,260 Budgeted Cost 1480.80 Hours Delivered Each Week **£38.07** Cost per Hour

#### New CM2000 Programme Costs

#### **Model A**

<u>Year 1:</u>

£108,110 Set up and implementation

£30,063.48 Annual On Going Charges

#### = £138,173.48 Total cost

Year 2/3 And Annual Cost Thereafter £83,487.48

Total over 3 years: £305,148.44

#### Model B

<u>Year 1:</u>

£94,366 Set up and implementation

£30,063.48 Annual On Going Charges

= £ 124,429.48 Total cost

Year 2/3 And Annual Cost Thereafter £73,863.48

Total over 3 years: £272,156.44

Model C

<u>Year 1:</u>

£105,020.00 Set up and implementation

£30,063.48 Annual On Going Charges

= £135,083.48 Total cost

Year 2/3 And Annual Cost Thereafter £83,487.48

Total over 3 years: £302,058.44

**Model D** 

Project: Implementation of CM2000 PDA scheduling [Homecare Service] Version: 1.14 Author: Christopher Leishman Date: 12/02/2015 Status [Final] Page 14 of 21

#### <u>Year 1:</u>

**£108,110** Set up and implementation

£30,063.48 Annual On Going Charges

**£3,000** CMBI Set up and implementation

**£4,800** CMBI Annual On Going Charges

#### = £145,973.48 Total cost

Year 2/3 And Annual Cost Thereafter £88,287.48

Total over 3 years: £322,548.44

#### New Expected Operating Costs

Model A Annual Costs

£0.00 Costs associated to sending out programmes £0.00 Call costs £152,475.78 Mileage Costs £0.00 Above 20% software and remote costs £0.00 Active Citizen costs

**£254,191.93** Average Total estimated annual operating costs including initial implementation costs amortised over three years.

#### Average Operating Costs Total over 3 year period: £762,575.79

# Model B

Annual Costs

£0.00 Costs associated to sending out programmes £0.00 Call costs £152,475.78 Mileage Costs £0.00 Above 20% software and remote costs £0.00 Active Citizen Costs

**£243,194.60** Average Total estimated annual operating costs including initial implementation costs amortised over three years.

#### Average Operating Costs Total over 3 year period: £729,583.79

Project: Implementation of CM2000 PDA scheduling [Homecare Service] Version: 1.14 Author: Christopher Leishman Date: 12/02/2015 Status [Final] Page 15 of 21 Nottingham City Council Project Mandate – CM2000

#### Model C

Annual Costs

£0.00 Costs associated to sending out programmes £0.00 Call costs £152,475.78 Mileage Costs £6,290.04 Above 20% software and remote costs £0.00 Active Citizen Costs

**£259,451.97** Average Total estimated annual operating costs including initial implementation costs amortised over three years.

#### Average Operating Costs Total over 3 year period: £778,355.91

#### Model D

Annual Costs

£0.00 Costs associated to sending out programmes £0.00 Call costs £152,475.78 Mileage Costs £0.00 Above 20% software and remote costs £0.00 Active Citizen costs

**£259,991.93** Average Total estimated annual operating costs including initial implementation costs amortised over three years.

# Average Operating Costs Total over 3 year period: £779,975.79

Mileage reduction is based on estimates of Mileage Wizard and Opticare! efficiencies proffered by Call Confirm 2000 themselves.

# **Efficiencies**

#### Model A

- Efficiencies in mileage and scheduling are estimated to increase contact hours by up to 20%.
- Potential hourly saving on Jackdawe rate per hour: £4.59
- Potential hourly saving on SCR per hour: £8.54
- Potential hours to be delivered for Jackdawe: **2048.2** per week
- Potential hours to be delivered for SCR: **1480.8** per week
- This model also has greater potential to support the restructure that has taken place within Homecare to align colleagues with specific locations and minimise travel time.
- Due to the embedded nature of the technology this option will also deliver the most efficient scheduling option.

#### Model B

- Efficiencies in mileage and scheduling are estimated to increase contact hours by 10-20%.
- Estimated hourly saving on Jackdawe rate per hour: £3.55
- Estimated hourly saving on SCR per hour: £6.60
- Estimated hours to be delivered for Jackdawe: 1962.86 per week
- Estimated hours to be delivered for SCR: **1419.10** per week

#### Model C

- Efficiencies in mileage and scheduling are estimated to increase contact hours by up to 10%.
- Potential hourly saving on Jackdawe rate per hour: £2.50
- Potential hourly saving on SCR per hour: £4.66
- Potential hours to be delivered for Jackdawe: 1877.52
- Potential hours to be delivered for SCR: **1357.40**

#### **Model D**

- Efficiencies in mileage and scheduling are estimated to increase contact hours by up to 20%.
- Potential hourly saving on Jackdawe rate per hour: £4.59
- Potential hourly saving on SCR per hour: **£8.54**
- Potential hours to be delivered for Jackdawe: **2048.2** per week
- Potential hours to be delivered for SCR: **1480.8** per week
- This model also has greater potential to support the restructure that has taken place within Homecare to align colleagues with specific locations and minimise travel time.
- Due to the embedded nature of the technology this option will also deliver the most efficient scheduling option.

#### Hours Delivered/Cost Per Hour Net Variance (As Is vs. To Be)

#### Models A, C and D

#### **Including Overheads**

#### <u>JackDawe</u>

ASIS	
Contact Time	64%
Hours Delivered Each Week	1706.83
Cost per Hour	£27.55

#### <u>TO BE</u>

#### 10% Increase in Contact Time

Contact Time	70.4%
Hours Delivered Each Week	1877.52
Cost per Hour	£25.05

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Version: 1.14 Date: 12/02/2015 Status [Final] Page 17 of 21

# Difference £2.50 Saving per Hour

20% Increase In Contact Time:

Contact Time	76.8%
Hours Delivered Each Week	2048.20
Cost per Hour	£22.96
Difference	£4.59 Saving per Hour

#### <u>SCR</u>

ASIS	
Contact Time	64%
Hours Delivered Each Week	1234
Cost per Hour	£51.23

#### <u>TO BE</u>

#### 10% Increase in Contact Time

Contact Time	70.4%
Hours Delivered Each Week	1357.40
Cost per Hour	£46.57
Difference	£4.66 Saving per Hour

#### 20% Increase In Contact Time:

Contact Time	76.8%
Hours Delivered Each Week	1480.80
Cost per Hour	£42.69
Difference	£8.54 Saving per Hour

#### <u>Summary</u>

#### Benefits for preferred option (D):

- Real-time rotas always available for Carers.
- No more rotas missing in the post.
- Efficient rota calculation
- Less wasted management time.
- Less wasted frontline colleague time.
- No risk of confidential information being mislaid.
- Real time monitoring prevents the unauthorised doubling and tripling up of visits.
- Spot checks can be more readily conducted.
- Software and remote charges above 20% threshold should not longer be applicable.
- Expected increase in punctuality.
- Reduction in the number of missed visits.
- Increased citizen contact time.
- Accurate mileage claims.

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Author: Christopher Leishman

Version: 1.14 Date: 12/02/2015 Status [Final] Page 18 of 21

- Improved lone worker safety for all Carers.
- Improved brand reputation through delivering a more reliable, efficient service.
- Reporting module CMBI allows for bespoke reports to be built as and when required for accurate monitoring of system performance

#### **Potential Dis-benefits**

- Initial investment
- Due to infancy of Mileage Wizard and Opticare!, no concrete evidence as yet exists to confirm efficiency savings. (Contract offered on rolling basis, however.)
- Steep learning curve for older, less technologically capable colleagues.
- Training requirements for colleagues
- Cultural shift

#### 7.0 Recommendation

#### Preferred Option

#### Option 2 Model D is the preferred option

- Option 1 would leave an antiquated, ineffective, chaotic system in place, and while option 2 **B** benefits from resolving the core problem of delivering real-time scheduling, the set-up costs are similar and there would not be the expected efficiency savings from Opticare! And Mileage Wizard that Option 2 **A** is expected to produce.
- Option 2 **D** is best placed to deliver an increased efficiency in terms of contact time delivered to citizens, up from the 64% that is currently budgeted to be delivered
- Option 2 **D** will enable the most efficient rotas to be calculated by Opticare!
- Option 2 **D** is best placed to deliver improvements in visit punctuality compared to other options.
- Option 2 **D** will give the best opportunity for ASCP Home Care brand to strengthen its image, improve worker morale, and therefore, position Home Care for best future commercial growth.
- Option 2 **D** will include a reporting module CMBI. There is an upfront cost of £12,000 to produce the 13 reports that have been identified as required by the homecare managers. However, in the long run it would be more cost effective and efficient to have the tool built into the system so that bespoke reports can be built as and when required.

The below table show the current costs vs. the potential costs associated with model D:

#### **Current Costs**

Description	Monthly	12 Months	36 Months
Costs for sending out programmes	£26.59	£319.13	£957.40
Calls Cost	£1,276.54	£15,318.49	£45,955.48
Mileage Costs	£14,332.36	£171,988.31	£515,964.92
Above 20% software and remote costs	£524.17	£6,290.04	£18,870.12
Active Citizen Costs	£2,321.05	£27,852.60	£83,557.80
Total	£18,480.71	£221,768.57	£665,305.72

Costs associated with sending out programmes is made up of the cost of paper and envelopes for paper programmes and the costs of SMS messages sent through the current CM2000 system in place. Postage has not been accounted for as this is a below the line recharge.

#### Model D

	Monthly(first		
Description	12 mths)	First Year	<b>Overall 36 mths</b>
Costs for sending out programmes	£0.00	£0.00	£0.00
Calls Cost			
Mileage Costs	£12,706.32	£152,475.78	£457,427.35
Above 20% software and remote costs	£0.00	£0.00	£0.00
Active Citizen Costs	£0.00	£0.00	£0.00
Operational Costs	£12,706.32	£152,475.78	£457,427.35
CM2000 Full Set up and Monitoring	£12,164.46	£145,973.48	£322,548.44
Total	£24,870.77	£298,449.26	£779,975.79

#### <u>Savings</u>

	Monthly(first		
Description	12 mths)	First Year	<b>Overall 36 mths</b>
Costs for sending out programmes	£26.59	£319.13	£957.40
Calls Cost	£1,276.54	£15,318.49	£45,955.48
Mileage Costs	£1,626.04	£19,512.52	£58,537.57
Above 20% software and remote costs	£524.17	£6,290.04	£18,870.12
Active Citizen Costs	£2,321.05	£27,852.60	£83,557.80
Operational cost savings	£5,774.40	£69,292.79	£207,878.37
CM2000 Full Set up and Monitoring	-£12,164.46	-£145,973.48	-£322,548.44
Total	-£6,390.06	-£76,680.69	-£114,670.07

There are operational savings available through the reduction in mileage of approximately 13% and telephone charges of approximately 20%. These operational savings would therefore fund £207,878.37 of the system implementation costs over the three years. An additional £114,670.07 of funding is sought through this business case to fund the full set up and implementation of the system.

#### Outcomes:

- Effective Use of Assets and resources including both technological and human.
- Reputational Benefits strengthening of Council brand
- Citizen Experience a high quality service
- Increased efficiency as system embeds in service

Project: Implementation of CM2000 PDA scheduling [Homecare Service]

Author: Christopher Leishman

eduling [Homecare Ser Version: 1.14 Date: 12/02/2015 Status [Final] Page 20 of 21 • Supports Nottingham City Council's Carbon policies by reduction in printing and postage, and in the longer term mileage.

### <u>Timeline</u>

- Initial Project Business case and research July 2013-November 2014
- Review business case December 2014-January 2015
- Approvals January-February 2015
- Ordering handsets and licenses February 2015
- Embedding March-July 2015