

## Joan Campbell-Jones – Special Projects/ Accommodation Officer at NHS Salford explains how Micad’s Room Utilisation Module (RUM) has increased efficiency and aided the space utilisation process across the Trust

NHS Salford has been a Micad customer and user of the Internet Property Register (IPR) for some years. During the last 12 months they have been trialling a new and unique piece of software. The Room Utilisation Module (RUM) has been specifically developed for the NHS and is designed to timetable all useable space irrespective of its function. Session based clinics, office space and agile working can all be configured to maximise their hourly and daily use. In this case study, Joan addresses the issues that new systems pose.

### How was space managed before the RUM was introduced?

Focussing on session based bookings in clinical areas, which would have been managed by the Centre Manager or Senior Clerk at each centre. The sessions were recorded on either a white board or in paper-based diaries. The use of office space was not recorded or formally managed and any moves or changes did not follow a formal process.



- Centre Managers and Senior Clerks were involved from the outset and training and familiarisation sessions were provided for them.

### How long did it take to roll out to all the target areas?

At the time NHS Salford consisted of 32 buildings amounting to some 37,000 m<sup>2</sup> of floor area. The project initially only dealt with those spaces that contained clinical activities. Many lessons were learnt as we progressed. This meant that software modifications had to be made to address a number of issues that were unknown at the outset. Micad provided a software engineer who was involved almost on a daily basis. For example, there were unusual clinical session patterns that came to light and he had to incorporate these into the booking screen. The project has taken 12 months to complete. However, if we were to repeat the exercise, then 6 months would have been quite adequate. There is no doubt that if the original manual systems are well organised; the time taken can be further reduced.

### What were the main implementation problems? (Communication, conflicts etc.)

Information and data had to be collected manually as there were no electronic records available to use. Research into how departments used the space available was carried out. We also conducted interviews with individuals to assess their use of space. We found NHS Salford’s electronic staff payroll records to be most helpful in identifying which department staff were part of.

### How did you implement the RUM and what were the key stages?

We decided to confine the trial to one particular building where the major activity is ‘multi user’ clinical sessions. The thinking behind this was to tackle the most complex problems first. The key points can be broadly summarised:

- We commenced with the collection and input of clinical session data.
- By concentrating on one particular Health Centre we were able to run the RUM in parallel with the existing paper based system.
- Once confidence in the RUM was established, we gradually extended the trial by introducing it into more locations.

### If you were asked what the single most significant operational reward is, how would you answer?

That requires some thought as there are several operational rewards, but on balance, I would say the ability to find available space and make a booking is straight forward, user friendly and quick. It makes the job manageable and reduces frustration.

### What were the major challenges?

I had reservations as to how the end users would adapt to using a new electronic system which presented a structured method of working and I was relying on their support. My concerns were unfounded and the benefits were quickly visible to all involved. The huge change in culture and attitude towards the rationing and sharing of space has taken some adjustment. I have to say that the response to the new methods has been good and staff have taken the new system on board.

## What would you see as the key benefits and savings after Implementation has taken place?

- We now have a clearer understanding of how much space each department is occupying at any given time.
- The alignment and inter-relationship of departments is now far easier to configure.
- Regarding clinical sessions, I can now provide accurate reports for senior managers and service leads detailing the sessions being delivered from which area and building at any point in time. This goes a long way to assisting with the improvement of service delivery.
- NHS Salford buildings have become better utilised, whilst at the same time making the identification of where services are required far easier to plan. For example, a clinician requested a one hour slot on a weekly basis, at lunchtime for 9 consecutive weeks. To identify, plan and confirm this availability was done over the telephone in minutes.
- Recently the 'Transforming Community Services' (TCS) project was a particularly demanding exercise. The managing of this process would have been far more difficult had we not had all the information available in the RUM.
- There have been internal requests regarding the 'Business Continuity Planning' where the RUM data has been invaluable.

## How do users see the changes?

In general, clients appreciate the quick and accurate service that is now provided. We have been able to significantly reduce 'double bookings', and are able to identify and offer clients a range of available session times. The system also highlights redundant bookings that had never been cancelled or validated, and allows that space to be 'freed up'.

The statistics are a reminder that space utilisation has and continues to improve (the example below is for one building). From October 2010 the space utilisation percentage was running at 55% and with implementation of the RUM it has increased to 84% in October 2011.

Floor	Room	Function / Use	Total Operational Time for Period (Hrs)	Time in Use (Hrs)	Time not in use (Hrs)	Operational Percentage
First Floor,01	Group Room,01.810	Clinical Room	71:30	37:15	34:15	52.10%
First Floor,01	Consulting Room 1,01.820	Clinical Room	71:30	41:00	30:30	57.34%
First Floor,01	Consulting Room 2,01.821	Clinical Room	71:30	27:15	44:15	38.11%
First Floor,01	Consulting Room 3,01.710	Clinical Room	71:30	59:25	12:05	83.10%
First Floor,01	Consulting Room 4,01.711	Clinical Room	71:30	37:30	34:00	52.45%
First Floor,01	Consulting Room 5,01.712	Clinical Room	71:30	38:30	35:00	51.05%
First Floor,01	Interview Room 1,01.740	Interview Room	71:30	30:40	40:50	42.89%
First Floor,01	Interview Room 2,01.730	Interview Room	71:30	48:00	23:30	67.13%
Second floor,02	Consulting Room 6,02.710	Clinical Room	71:30	63:30	08:00	88.81%
Second floor,02	Consulting Room 7,02.711	Clinical Room	71:30	43:00	28:30	60.14%
Second floor,02	Consulting Room 8,02.712	Clinical Room	71:30	32:00	39:30	44.76%
Second floor,02	Interview Room 3,02.721	Interview Room	71:30	39:55	31:35	55.83%
Second floor,02	Interview Room 4,02.720	Interview Room	71:30	41:30	30:00	58.04%
Second floor,02	Treatment Room,02.640	Clinical Room	71:30	38:00	35:30	50.35%
Second floor,02	Therapy Activity Room,02.560	Clinical Room	71:30	16:00	55:30	22.38%
Second floor,02	Plaster Room,02.630	Clinical Room	71:30	22:00	49:30	30.77%



## What top three pieces of advice would you give to those undertaking the same project?

- Put together a robust staff hierarchy structure.
- Brief all parties at the outset of the project; and gain their confidence and understanding by selling the benefits.
- An accommodation policy needs to be put in place by the Trust board and sufficient resources to manage all space going forward.

## How beneficial has the ability to audit sessions within the RUM been to you?

RUM audit questions were configured to focus on those sessions where there was a 'no show' by the department/client making the booking. Audits have been performed on a random basis and the results have been shared with the service leads. Having discussed the findings, I have been informed that those sessions have been reduced, amended or cancelled to improve the 'no show' issue. So the ability to audit is extremely helpful in identifying booked, but often unused space. The same methodology can be applied to realigning sessions that continually 'over run' and have a 'knock on' effect.

## Some Final comments...

Accommodation is managed both locally and within the Estates Department. The NHS Salford Accommodation Group makes the final decision on all matters in the event of conflicting views. I would recommend training of all the local and central Estates staff on the RUM system to provide full operational support.

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