

# **CASE STUDY** Royal Hospital for Neuro-disability

#### **Client:**

Royal Hospital for Neuro-disability

#### **Project:**

To provide a bespoke and flexible FM software application to increase the hard services' operational efficiency and to support the organisation's business development.

#### **Objectives:**

To transition from Excel to a comprehensive FM software solution, in order to improve operational efficiency and streamline reporting; whilst retaining priority over patient facing work.

#### **Results:**

Real-time visibility of jobs, giving increased control and a clear measurement of work. In addition, 30% improvement in workflow and enhanced reporting; reducing reporting times from 5 days to 3 minutes.

## Supporting health practice through new technology

The Royal Hospital for Neuro-disability (RHN) is the oldest independent hospital and medical charity in the UK. It combines traditional practice with specialist therapies, and life changing technologies, to make a vital difference to the lives of profoundly disabled adults with acquired brain injuries and degenerative neurological conditions. The organisation is respected worldwide as an authority on neuro-disability care, influencing policy makers, medical professionals and commissioners.

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## ► An impressive heritage

Founded in 1854, the RHN's work developed, with the support of high profile fundraisers such as Charles Dickens. In 1858, it relocated from its original site in Carshalton, Surrey to Putney in London. Five years later, the organisation moved to the current site in Putney's Melrose Hall. This site has an impressive heritage: parts of the gardens were landscaped by Lancelot 'Capability' Brown and, in 1861, Florence Nightingale advised on the design of the hospital.

In 1868, a new wing was built to accommodate the expanding number of patients. This was the first of many extensions, the most impressive of which became known as the 'great extension' of 1879. This forms the main northern facade, and includes a bakery, kitchen, dining room and offices. The facilities offered to patients, residents and visitors by the Grade 2 Listed estate range from cafés, a hair salon, a laundry, and chapel to a music library and computer room.

Between 1901 and 1985, three of the five wings were added to the original building, and there are seven outbuildings on the site, which spans nearly 12 acres.

## Improving operational efficiency

The Head of Estates for the hospital, Phil Montague, manages the hard facilities services. A small, in-house team is responsible for the fabric and maintenance of the estate, along with three outsourced providers which cover mechanical and electrical (M&E) services. The team responds to a high volume of work requests; around 1,200 to 1,500 per quarter. The service is mainly delivered by the in-house team and around 30 per cent is outsourced to the external M&E providers.

When Montague joined the RHN two years ago, his key objective was to improve operational efficiency. Service requests were being logged on an Excel spreadsheet which resulted in service failures and a large numbers of users being unable to access the system. QFM software from Service Works Group (SWG) was introduced in September 2014 and as a result, in the first six months, there was a 30 per cent improvement in workflow and performance. QFM allows users to log requests over the web; allocate a priority to the task; and for the job to be texted to the relevant person in less than 50 seconds.

The software system has been greatly welcomed by the RHN and has given "a voice to the people", according to the hospital's Head of Estates. The real-time visibility of jobs provides a performance indicator to the hard services team, giving them increased control and a clear measurement of their work. As well as being able to access the system through the web, ward staff can quickly and easily log jobs on the move using smart devices, allowing more of their time to be patient-focused.

It is essential for the RHN that patient-facing work is a priority and QFM facilitates this by automatically scheduling work requests. For example, dealing with a flashing light in a room occupied by a resident with locked-in syndrome is work of the highest importance, whereas the same problem in an office would probably not be harmful to the users and is a lesser priority. "The QFM software system is therefore valuable in terms of real-time and real life," says Montague.



### Implementing QFM

Success with QFM in a previous role gave the Head of Estates first hand experience of SWG and its expertise in providing bespoke facilities management software solutions. SWG understood the key objectives and was able to quickly grasp the operational needs of the hospital. After trialling and developing the technology in selected hospital wards, the software was installed across the whole estate in just six months.

SWG met the challenge of training around 600 system-users, some of whom worked nights, through face-to-face training for key personnel and an online training video. The video featured simple step-by-step instructions and could be viewed alongside the helpdesk portal.



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### Measuring success

The software's centralised information and enhanced reporting capability has reduced the time taken to produce reports and financial records for the hospital management team from around five days to around three minutes. The organisation is one of the UK's top charities and increased transparency in reporting supports the RHN's accountability, helping to demonstrate value to The Charity Commission.

The system has also enabled KPI and SLA measurements to be put in place, ensuring service standards are met and maximum value is achieved with the outsourced service partners.



### Technology for the future

The efficient logging of tasks and the reduced failure rate achieved through QFM already supports an enhanced health and safety performance. Future development of the planned preventive maintenance (PPM) programme, and using QFM to manage the charity's equipment and assets, will ensure maximum protection is achieved through optimum maintenance, and will further mitigate risk for the organisation. SWG is working with the hospital to track equipment, based on location, age and condition, and maintenance service schedules to capitalise assets, achieve value and improve financial projections for the charity.

The Head of Estates plans to develop the hospital's FM software systems with increased remote job management through tablet and Smartphone devices, and through an e-log system. This will record data and generate reports for compliance documents, such as risk assessments and insurance certification, to provide transparency through the supply chain and further improve health and safety.

Based on the benefits that QFM has delivered across RHN's hard service provision, the soft facilities services management team is also in the early stages of adopting the system.



Crediting QFM as "a system that thinks ahead", Montague says that the software is a vital cog in the RHN's transformation into a professional, non-profit making business, in line with the hospital's patient charter and the future requirements of the Charity Commission.

QFM has allowed the hard services team to improve service for RNH end-users by increasing operational efficiency and reducing failure, and through the increased transparency and speed of comprehensive performance reporting. The software has given value to the work of the estates team, enabling them to measure outcomes, to demonstrate success, and to rationalise relationships with external contractors. The robust, yet flexible, QFM framework gives the organisation the solid platform it requires to meet the organisation's changing culture and to respond confidently to new regulatory demands.



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