



### Aim: What were you trying to achieve?

The aim was for a more cohesive and uniformed way of working across the Rehabilitation Service administration teams in east Kent. This was to make sure it is easier for everyone to manage workloads, but also for there to be cross-cover when there is a shortage of staff in a specific area.



### Change ideas: What changes did you make?

- Moved from seven separate small locality admin teams to one virtual east Kent team
- Generated a uniform process for all administrative tasks to ensure consistency across the service.
- Created a generic folder on the trust's K-drive for all administrative processes and information to be stored and easily accessed by all admin staff.
- Set up one admin email inbox which all admin colleagues monitor and to which all admin requests are sent.
- Facilitated daily formal and informal communication channels among administration colleagues.

### Measures/results: What was the impact of the changes?

Administration colleagues have been involved throughout the change process and have been integral in designing new ways of working. This has led to good staff engagement in implementing the changes. We used process mapping successfully.

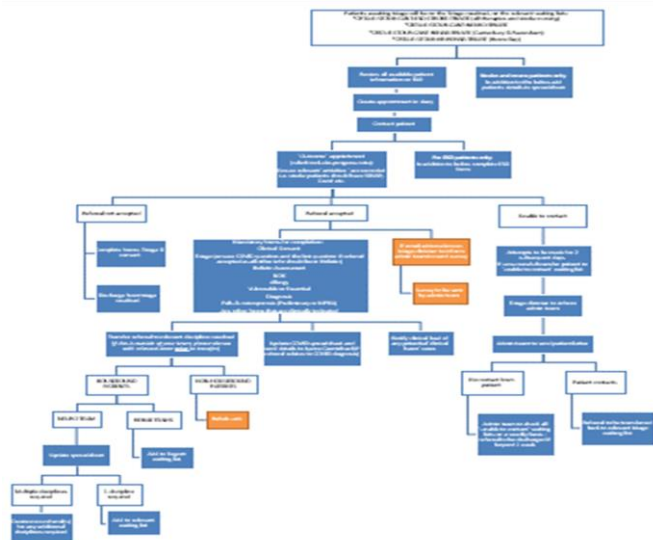
The administration staff are cross covering across east Kent and although there may still be some teething problems, overall, the work loads are distributed more evenly.

All colleagues are using the generic email inbox to request administration support.

The changes are being monitored with feedback from clinical and admin staff leading to alterations when required.

Admin colleagues are becoming familiar with each locality and the clinical staff working within rehab across east Kent.

There is greater workforce flexibility to allow for cover of leave or increased periods of demand.



### Lessons learned and what's next?

It takes time for all to learn new processes and these are always evolving and should not be set in stone.

Ideally, we would have had longer to prepare clinical teams for the new admin model, but due to colleagues moving to the Acute Response Team (ART) service and planned leave during the summer, we had to go live with the new model, to avoid some teams being left with no admin support.

The next step is to use the trust's 8x8 system to have one central phoneline for rehab. This is to avoid local office phones having to be manually diverted each day.

