Important notes for candidates regarding the pre-issued case study

The case study is designed to assess knowledge and understanding of the People in Organisations syllabus in the context of the relevant case study. The examiners will be marking candidates’ scripts only on the basis of the questions that have been set. Candidates are advised to pay particular attention to the mark allocation on the examination paper and to plan their time accordingly.

Candidates should acquaint themselves thoroughly with the case study and be prepared to follow closely the instructions given to them on the examination day. Candidates are advised not to waste valuable time collecting unnecessary data. The cases are based upon real-life situations and all the information about the chosen organisation is contained within the case study.

As this case represents a real-life situation, anomalies may be found in the information you have before you. Therefore, please state any assumptions you make that are reasonable when answering the questions. Remember, you are going to be tested on your overall understanding of the case issues and your ability to answer the questions that are set in the examination.

In order to prepare for the examination, candidates will need to carry out a detailed analysis of the case material ahead of the examination. Candidates have sufficient time during the examination to answer all the questions, but this means that detailed analysis has taken place before commencing the examination. The examiners are looking for clear evidence that candidates have a good understanding of the case and can use the relevant course ideas from the syllabus to answer the questions.

The copying of pre-prepared ‘group’ answers, including those written by other third parties, is strictly forbidden and will be penalised. Thus, questions will demand analysis in the examination itself and individually composed answers are required in order to pass.

Candidates are only allowed to take up to two pages (four sides) of A4 notes into the examination room. These notes should be attached to the answer script at the end of the examination and returned.

A copy of the pre-issued case study material will be available in the examination. Candidates are NOT permitted to take into the examination the downloaded case study or any other notes. Candidates should not attach any other additional information in any format to their answer script. Any attempt to introduce such additional material will result in the candidate’s paper being declared null and void.

The examination will be for THREE HOURS and will consist of TWO parts.

Part A comprises FOUR compulsory short answer general questions and is worth 40% of the final mark. These questions are not specifically related to the case study. It is recommended that you spend approximately ONE HOUR on Part A.

Part B comprises THREE compulsory questions related to the pre-issued case study that you will have analysed before entering the examination room. This part is worth 60% of the final mark. It is recommended that you spend approximately TWO HOURS on Part B, which includes planning and checking your answers.
Background
In 2013 the UK Government started an initiative that was in response to the growing numbers of older people needing residential care now and in the future. The Government's thinking was to allow public/private initiatives to better cater for the needs of the locality rather than a blanket policy right across the country. A handful of councils such as Compton have been successful in bidding, along with six other councils, for this pilot programme to evaluate if such a scheme would be viable if rolled out nationwide.

Compton Council and Frampton Health Providers together are responsible for the care provision of older people in the city. Before decisions were made about the types of care provision to be provided under the pilot scheme, a review was undertaken by a local consultancy firm to evaluate the current and potential problems that the current National Health care were facing in relation to the care of the elderly. Part of the problem faced by the consultants was the range of different agencies and personnel involved in care provision at present. In order for the consultancy firm to gain a fuller picture of the existing provision, interviews needed to take place with the different health care professionals, e.g. social care worker, National Health care nurses as well as an equal number of professionals in the private care homes and services that had sprung up over the past ten years to cater for the growing number of elderly people needing care in the community. The picture that emerged from consultants was of over-duplication of information, service provision that was delayed, with resources wasted and teams inadequately co-ordinated.

Both the Council and Frampton Health Providers are committed to improving the better use of the available resources and to explore better ways to provide quality care at a reasonable price. One of the main ideas behind the joint approach was to reduce the amount of different agencies that become involved in providing care for the elderly. However, if these different agencies were considered necessary, better co-ordination of provision and thus better use of resources would be the outcome.

In June 2013 officials from the Council, Frampton Health Providers and Vanguard Consultants met to try and put together an amended strategic approach, given the report submitted by the consultants at Vanguard.

The main thrust of the meeting was a discussion of the principles of delivering a single shared assessment package that would improve the current provision (which was heavily bureaucratic and time consuming). The key issue was with the process of assessing ‘needs’ before care was provided and to identify the root causes for the problems that had led to the previous providers’ difficulties. The main findings of the consultants were that the current system functioned in a compartmentalised system. This consisted of staff from a number of separate services in the area – the Councils own social work department, National Health Service, Occupational Therapists, District Nurses, General Practitioners (GPs) and Day Hospitals all trying to achieve the same common goals.

Staff in these services dealt with mail, assessing, interviewing, decision making and provision of care for the older people at separate times. Breaking the work into separate functions led to a ‘them and us’ culture. Communication became poor between and within the services. From interviewing many staff in 18 areas, no one was clear on the purpose of any of the other areas.

It was found that 15% of cases were in the postal system for up to 14 days and in up to 90% of cases the information that was needed to help progress the case was not available. A demand analysis revealed that 59% of demand was failure demand (not getting things done or done right the first time, e.g. progress chasing). 32% of referrals were found to be duplicate referrals and should never have been made in the first place.
Part of the problem has also been the reluctance of a number of the professional teams (nursing teams, GPs, doctors) to communicate effectively. Each team has their own ways of doing things in order to control their own domains. The new proposal challenges sources of control and power which many of the teams are reluctant to give up. The power to be able to control their existing domains has resulted in some animosity between a few of the teams over the changes.

These problems have led to a worsening in communication and a lack of co-operation between services, which has led to disillusioned customers and patients as shown in a recent customer survey.

**Focusing on the wrong measures**
The provision for care that had existed for older people was the responsibility of the Council and Frampton Health Providers, each using different measures, targets and budgets. This made it complicated and a challenge for both organisations to work together as they had to make sure that with regards to the pilot, everyone could still achieve their own measures set out in the pilot programme given to them by Government. The result was that the provision of service, including assessment, had suffered. The pilot was to look again at what went wrong in the past and how to improve on what went well and change what did not.

The consultant’s findings suggested that there was plenty of scope to improve the communication and assessment process through the re-design of the work and by reducing waste and unnecessary work to improve the service. The consultants also considered that many of the professional teams were less than efficient when it came to collaborative work in this area of care for the elderly.

**The Way Forward**
The meeting resolved, with the help of Vanguard Consultants, to establish a ‘Clean Team’ which was tasked with pulling on the collective knowledge and experience of frontline elderly care workers and professionals. The team was to carry out a thorough review of the current system using the consultant’s methodology. This started with ‘Check’ on the ‘Check, Plan, Do’ model (see model below) and to allow the team to understand the ‘what and the why’ of current performance. This put the team in the position to design and run experiments to improve the assessment process with the aim of providing single shared assessment.

**Fig 1**

<table>
<thead>
<tr>
<th>Vanguard model for change</th>
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<tbody>
<tr>
<td>1. CHECK - Understand the organisation as a system</td>
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<td>2. PLAN - Identify levers for change</td>
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<td>3. DO - Take direct action on the system</td>
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