East London NHS Foundation Trust

Newham Community Services Improvement Programme

Management Control System Manual

East London NHS
NHS Foundation Trust

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INTRODUCTION

In January 2013 East London NHS Foundation Trust commissioned Meridian Productivity Ltd to carry out a productivity analysis of Newham Community Services. Following the results of the analysis, East London NHS Foundation Trust embarked upon a 12 week transformation programme to improve compliance to the current patient referral control and allocation process and improve productivity in East London NHS Foundation Trust Community Services.

This manual is designed to be a convenient reference guide for all staff and will be a useful tool when inducting new staff. Processes and procedures developed during the Business Change programme are explained, as is each component of the Management System. For each of the tools there are step by step instructions on how to create reports, and a description of the information they contain.

The overall goals of the project were as follows:

- Gain full compliance to the current patient referral control and allocation process
- Improve the number of Face to Face contacts delivered by the service

This Management Control System has been developed to assist Newham Community Services to maximise the potential of the service delivery.

The objective of the system and management techniques is to control and improve the activity levels in the Community Services and compliance to the current patient referral and allocation processes, which in turn leads to increased productivity and a more structured working environment.

This system has been developed through a process of identifying key control points and designing documentation or meetings which the management and senior management can use to help achieve their goals.

The section of this manual titled “Management Control System” contains all of the fine details of the control system in use, along with documented procedures and notes on how to use each control. These controls are not a computer system, these are the management actions which are required to be carried out to ensure that we PLAN and MONITOR the utilisation and the work carried out in theatre. Without these management controls, there would end up a free for all situation with cost escalating and lost time returning in high quantities.

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SYSTEM CONCEPT

The primary objective of the 'East London NHS Foundation Trust: Newham Community Services' Transformation Programme was to develop a system that would allow the management of the Community Services to control their resources more effectively and ensure compliance to the existing referral to allocation processes. In addition the system is designed to ensure that the activity of the Community Services staff each day is at a level that will meet the Trust's goals.

The 'System Concept' provides the base structure upon which the various management controls can affect these improvements. The System Concept has four main elements:

FORECAST – PLAN – ASSIGN – FOLLOW-UP

The System Concept can only function effectively as a closed feedback loop. To achieve a closed-loop system, the information must flow from the earliest stages of forecasting and planning, through the steps of carrying out those plans, back to the source, so that adjustments can be made based on any variances identified.

The four elements are defined as follows;

FORECAST

The forecast tells us what we expect or want. It is the long term aim that we need to attain a goal or target. In the areas of focus this is in terms of activity & cost, enabling the budgets to be attained.

The quality of a forecast depends particularly on the experience and vision of the Senior Management along with the quality of the information from past performance (the information the system has given us). As the system lives and grows, Senior Management will have all the information available to them to assist in making decisions on the future of patient planning to adapt quickly to any budgetary changes brought about by either politics or necessity of any sort. The availability of concrete information, and the ability to adapt quickly, helps ensure the continued success of the organisation.

PLAN

The plan tells us how we go about achieving the forecast, with the resources available.

The reason for planning is to gain effective control of work completion and to utilise the resources with which we have been provided in an efficient manner. We plan the manpower, as well as the activities we expect to carry out in any given day, thus the inputs can be manipulated to achieve the goals set out in the forecast.

By breaking the forecast into smaller chunks we are able to control the whole by controlling the parts.

The quality of the plan depends on the creative and analytical skills of the Manager.

ASSIGN

Bearing in mind that a Manager is defined as “someone who is responsible for getting a job done that can only be accomplished through people”, it can be said that the assignment stage details how the people are informed of the tasks they have to complete.

It is the manager’s responsibility to assign sufficient resources each day based on the agreed requirements. To achieve this optimum level of resourcing, it is necessary for the manager to incorporate all known information to the ‘Allocation’ task, such as the caseload volume, different activity types, skill mix required, and the number of staff who are working that day. Furthermore, the manager must clearly communicate what is the most appropriate result for each locality, band of HCP and individual so that the overall targets can be achieved. The manager should also be capable of judging whether or not the planned work is being achieved in a reasonable time relative to expectation. This will involve awareness of whether the daily allocation is or is not going to plan, while being aware if activities are being performed by the appropriate personnel.

When we refer to ‘Allocation’, we’re concerning ourselves with how the manager is expressing their expectation of how the daily work is allocated to the people within their team. In the allocation process should be;

- A definition of the activity to be performed
- The parameters of the quality desired
- The quantity expected to be completed in the defined assignment period

In this way the manager ensures that the individual receives a goal which will not only enable them to reach an operational objective, but it will also include the individual themselves achieving a goal in the overall community Services objective. Ultimately, the staff should have a view of and an involvement in, the 'bigger picture'.

A typical example could be:

> *"Today I expect you to carry out 8 follow-up treatments and 2 new assessments."*

The staff should also be aware that periodical reviews of progress will occur to identify any variances which could affect planned completion time, for example:

> *"I will contact you just after 1pm to see if there is anything I can do to help you. Let me know if anything comes up that is causing you a problem."*

Work assignments should not be vague or left up to the staff just because 'they know what has to be done'.

The manager should take steps to ensure that staff have understood the assignment. Asking staff to paraphrase back the instruction it is an excellent means to check that they have understood the assignment.

FOLLOW–UP (REPORT)

When we follow up, we ask ourselves if we achieved what we wanted. This essentially means comparing **plan** with **actual**.

During the follow-up we engage in fact finding, observing, probing or questioning behaviours. Following-up is not so much judgement about someone or their work as discovering what the existing situation is.

Without follow-up, staff are able to filter the allocation and may develop the tendency to believe that the Managers do not care about performance – it should never be taken for granted that a Team Leader/HCP does not need to know about their performance – in fact, choosing not to follow-up on performance will allow management control to lapse and non-optimum use of the resources to prevail.

A correct follow-up...

- Occurs within a time frame established in the allocation
- Ensures that staff and lower management are informed beforehand
- Compares the results against what we planned to do

A systematic follow-up...

- Identifies a problem at an early stage and thus minimises the consequences
- Identifies the causes of the problem and allows corrective action to avoid its recurrence
- Identifies staff training needs
- Allows the necessary adjustments to be made ensuring the achievement of the goal

The important point in the follow-up process is to carry out each step as effectively as possible and to control the resources we have available.

The quality of the follow-up depends on the ability of the General Manager, Community Matron or Team Leader to problem-solve and confront poor performance, whatever its cause. Self-discipline is vital for effective follow-up.

Identifying variances & taking corrective action

Often on following-up the discovery of the variances to the planned performance are due to problems that arise in the course of carrying out the assignment. This is a very important benefit of the follow-up stage of the system concept. Only once we know a problem exists can we take the appropriate corrective action to get back on target.

Another important factor is reporting the variance. If we do this we can ensure that if the problem reoccurs or is likely to appear in a different area, the corrective action has been communicated. In many cases a situation likely to lead to a variance can be rectified quickly before the problem even manifests itself as a variance. That means that if we do not record daily and discuss what actions are to be taken, then the problem will continue and may even worsen.

The corrective action that has to be taken depends on the cause of the variance. There are several actions which are possible;

Problem solving - Using problem solving steps or the force field analysis in case the solution is beyond our responsibility and that of our superior.

Training - The reason that a variance has occurred is because the assigned person was not trained enough in order to carry out the activity effectively. In that case we have to develop a training programme in order to avoid this in the future.

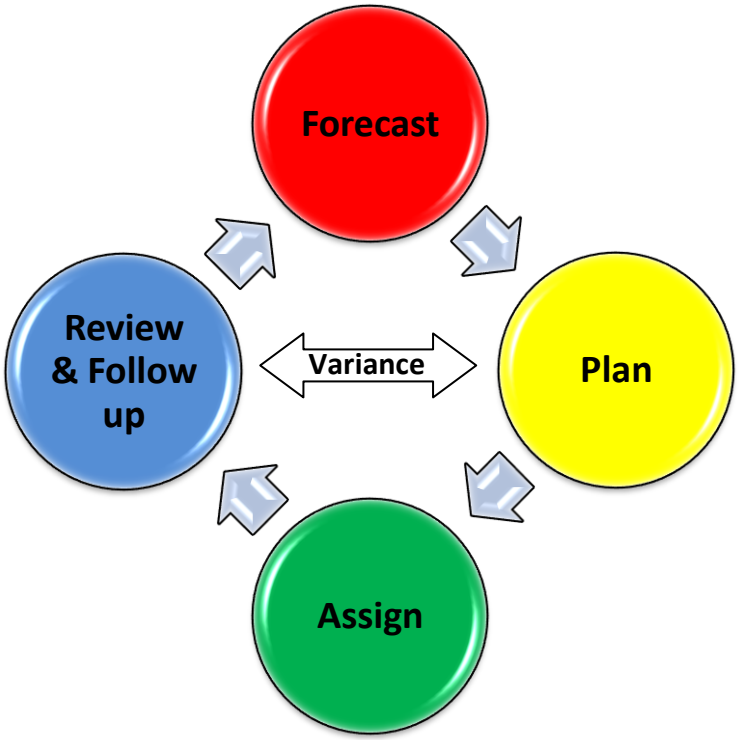
Motivation - The task has not been completed within the established time frame because of lack of motivation. It is necessary for all levels of management to demonstrate leadership by presenting people with a reason for achieving the target.

Disciplining - At some time someone may not perform the way we expect, not because they are not able to do so (one of the above reasons) but because they simply do not want to. This may cause a variance in the results we expect which will need to be addressed by confrontation.

The fact that variances and the corrective actions taken are reported on a daily/weekly basis has three basic benefits. General Management provide the Community Matrons with the power of initiative to oversee and manage any small operational problems. On the other hand, the Community Matrons can ask for specific help whenever identified variances are beyond their responsibility. In addition, reporting variances ensures that if the problem reoccurs, the corrective action is communicated so it can be tackled quickly or before it even starts.

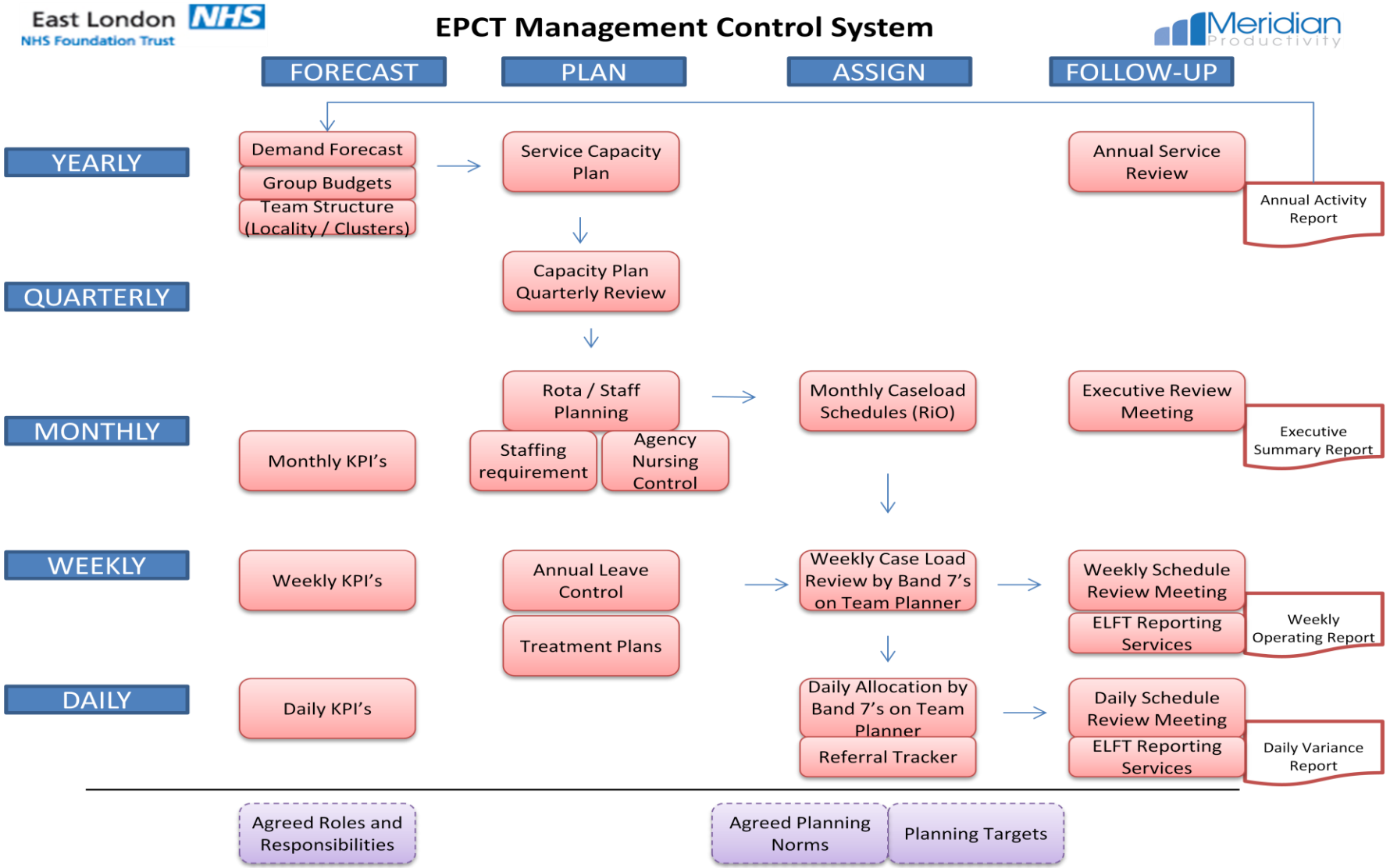
THE SYSTEM FLOW

As mentioned earlier in this manual, the Management Control System consists of four main elements: FORECAST, PLAN, ASSIGN & FOLLOW-UP, along with the element of VARIANCE.



The following pages detail the specific controls forming the East London NHS Foundation Trust Management Control System. For each control, a strict process has been provided stating its **purpose**, **who** is responsible for its completion, **when** it has to be completed and **how** it is to be completed.

MANAGEMENT CONTROL SYSTEM



SYSTEM NARRATIVE AND RESPONSIBILITIES

The system concept, applied to this management control system, gives the front line managers (Community Matrons) and the General Managers of the localities complete oversight of their teams and performance.

This system has been built with the intention of ensuring that on a daily basis, the right resources are in the right place at the right time. Considering the annual demand of the EPCT service, *Planning Norms* and *Targets* set by the front line management (Community Matrons) and accounting for sickness, annual leave, and study days etc... the system shows how many staff are required to deliver the service and provides the necessary processes to do so, as long as the principles and controls set out in this document are followed.

On an annual basis the service is able to identify how many visits will need to be completed over the coming year. When broken down this then shows how that work load is distributed across the two localities / clusters. When delved into further, management are able to identify how many visits are needed per cluster and what skill mix is required to attend that visit.

The control points put into the system enable the EPCT Management to plan how many staff they need every day to deliver the service. This is done on a monthly basis through the use of the Rota. By making sure the rota is completed properly the EPCT Management provide their front line managers with the correct number of staff to allocate work to resulting in the smooth delivery of the service.

Only through ongoing evaluation, on each step of the management hierarchy, can better results be achieved and more informed decisions made on an annual basis with regards to budgeting and staffing levels.

PROCEDURE CONTROL DOCUMENTS

TARGETS
Procedure Control Document

DESCRIPTION: EPCT *Targets* are executively agreed goals that the performance of the EPCT is measured against.

PURPOSE: The purpose of EPCT *targets* is to provide a figure from which performance can be measured at each control point in the management control system, variances identified and action taken.

RESPONSIBILITY: It is the responsibility of the management teams at each level of the process flow to measure performance against these targets, identify any variances and act.

DOCUMENTS: EPCT Targets

FREQUENCY: EPCT *Targets* should be referred to at every *Schedule Review Meeting* in the management control system

PROCEDURE: **Targets:**

10 District Nursing Average Contacts Per WTE Day

5 Therapies Average Contacts Per WTE Day

24 hours Maximum time to outcome RiO and update progress notes

0% no-outcomes

CAPACITY PLAN
Procedure Control Document

DESCRIPTION: The *Capacity Plan* is a tool used to convert demand into resource requirement, providing the front line managers are performing the *Daily Allocation Process* and the *Rota Planning* in line with what is set out in the *Management Control System Manual*.

PURPOSE: The *Capacity Plan* is used to show how many WTE are required to deliver the current EPCT service and identify levels of over and under staffing. This then allows the management to improve the productivity of their current workforce by identifying additional tasks and activities that could be done to improve the service.

RESPONSIBILITY: X

DOCUMENTS: *Capacity Plan*

FREQUENCY: Annually: The capacity plan is completed annually to identify if the current levels of staffing are correct.

PROCEDURE: Using the capacity plan template the user enters the following data to the relevant cells.

Planning Standards Tab (Tab 1)

	Direct % by Band
Band 7	55%
Band 6	70%
Band 5	75%
Band 4	80%
Band 3	80%

Visit Profile by Band Allocation

	Nursing					
	Complex Assess	Standard Assess	EoL	Simple Treatment	Normal Treatment	Complex Treatment
Band 7	50%	20%	20%			20%
Band 6	50%	20%	20%			20%
Band 5		60%	60%	50%	60%	60%
Band 4						
Band 3				50%	40%	
Totals	100%	100%	100%	100%	100%	100%

footnote: read as follows; X% of all full spec assessments are carried out by a band 6 with Y% carried out by band 5 , etc.

Patient Facing Time / Patient Contact

	Complex Assess	Standard Assess	EoL	Simple Treatment	Normal Treatment	Complex Treatment	No Access
Contact Duration & Travel Time	120.0	120.0	90.0	30.0	45.0	60.0	10.0

Composite Visit Time
46.1

Activity Volume Mix

	Contact Spread	% Spread	Complex Assess	Standard Assess	EoL	Simple Treatment	Normal Treatment	Complex Treatment	Total	No Access
Nursing	100	100.0%	2.0%	2.0%	11.0%	56.0%	19.0%	10.0%	100.0%	1.9%

Planning Target

Visit Profile by Band

Planning Norms

Activity Volume Mix

% of no access.

Planning Targets are agreed by the community matrons and are detailed later in this document. The *Planning Targets* factor in how much clinical work each band should do each day.

Visit profile by band is agreed with the General Managers or Community Matrons. The Visit profile is saying what visit type (*Planning Norm)* should be done by what band of HCP.

Planning Norms are agreed by the community matrons and are detailed later in this document. The *Planning Norms* attach a figure of how much time should be allocated to each activity and allow the capacity plan to convert the number of visits completed into time.

Activity Volume mix was initially taken from the March 2013 Caseload data. In this manual there is a tool that can be used to identify how much of each activity there is in the EPCT caseload. This figure enables the capacity plan to work out how many of each *Planning Norm* need to be delivered out of the caseload. This allows the *Capacity Plan* to convert the demand forecast into an accurate measure of time when combined with the *Planning Norms*.

Using these figures, the manager enters them into the capacity plan and moves onto the next tab on the spreadsheet.

Forecasted Activity Tab (Tab 2)

Forecasted Annualised Demand by Locality Clinical Skill

	Nursing	Physio	OT	Total	Pop.	Referral Rate	Referrals	Contacts / Referral
Central 1&2	23,633	0	0	23,633		19%		
Central 3 & South 3	19,901	0	0	19,901		16%		
North West 1	18,657	0	0	18,657		15%		
North West 2	8,707	0	0	8,707		7%		
North East 1	11,194	0	0	11,194		9%		
North East 2&3	14,926	0	0	14,926		12%		
South 1&2	28,608	0	0	28,608		23%		
Recorded & Outcommed Activity				106,555				
Recorded & Not Outcommed Activity				1,845				
Not Recorded & Not Outcommed Activity (20%)				15,983				
Totals	125,627	0	0	124,383	0	#DIV/0!	0	
% Spread	*100.0%*	*0.0%*	*0.0%*	*100.00%*				

The second tab of the *capacity plan* 'Forecasted Activity' is used to identify how much demand (or how many visits) need to be achieved in the following 12 months and how they will be split among the 7 clusters.

Two figures need to be entered here; Total Annual Forecasted Demand and the referral rate or workload distribution.

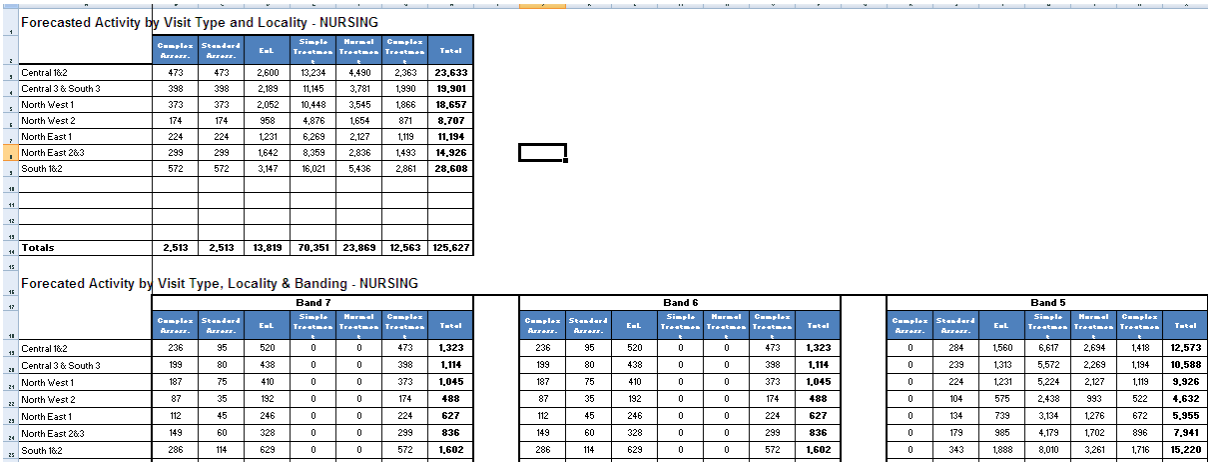
Total Annual Forecasted Demand is taken from RiO reporting as the total number of face-to-face visits that were achieved in the previous 12 months.

NB: This can also be a target number of visits to be achieved over the course of the year.

'Referral Rate' or workload distribution is taken from either the current EPCT caseload, the tool is discussed later in the manual. This allows the capacity plan to calculate how resources should be distributed among the clusters.

NB: 15% activity was added on the first use of the capacity plan as a lot of data was not being recorded on RiO. For future use these figures should be deleted and the actual used. (Highlighted in yellow)

Forecasted Activity by Skill Tab (Tab 3)



Forecasted Activity by Visit Type and Locality - NURSING

	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	Total
Central 1&2	473	473	2,600	13,234	4,490	2,363	**23,633**
Central 3 & South 3	398	398	2,189	11,145	3,781	1,990	**19,901**
North West 1	373	373	2,052	10,448	3,545	1,866	**18,657**
North West 2	174	174	958	4,876	1,654	871	**8,707**
North East 1	224	224	1,231	6,269	2,127	1,119	**11,194**
North East 2&3	299	299	1,642	8,359	2,836	1,493	**14,926**
South 1&2	572	572	3,147	16,021	5,436	2,861	**28,608**
Totals	**2,513**	**2,513**	**13,819**	**70,351**	**23,869**	**12,563**	**125,627**

Forecated Activity by Visit Type, Locality & Banding - NURSING

	Band 7							Band 6							Band 5						
	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	Total	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	Total	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	Total
Central 1&2	236	95	520	0	0	473	**1,323**	236	95	520	0	0	473	**1,323**	0	284	1,560	6,617	2,694	1,418	**12,573**
Central 3 & South 3	199	80	438	0	0	398	**1,114**	199	80	438	0	0	398	**1,114**	0	239	1,313	5,572	2,269	1,194	**10,588**
North West 1	187	75	410	0	0	373	**1,045**	187	75	410	0	0	373	**1,045**	0	224	1,231	5,224	2,127	1,119	**9,926**
North West 2	87	35	192	0	0	174	**488**	87	35	192	0	0	174	**488**	0	104	575	2,438	993	522	**4,632**
North East 1	112	45	246	0	0	224	**627**	112	45	246	0	0	224	**627**	0	134	739	3,134	1,276	672	**5,955**
North East 2&3	149	60	328	0	0	299	**836**	149	60	328	0	0	299	**836**	0	179	985	4,179	1,702	896	**7,941**
South 1&2	286	114	629	0	0	572	**1,602**	286	114	629	0	0	572	**1,602**	0	343	1,888	8,010	3,261	1,716	**15,220**

The 'Forecasted Activity by Skill' tab takes the total number of required visits and breaks it down into the number of visits each band is required to do using the *planning norms,* visit profile by band and activity volume mix.

No changes should be made to this page.

Forecasted Hours Tab (Tab 4)

Forecasted Hours by Visit Type and Locality - NURSING

	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	No Access	Total
Central 1&2	928	928	3,826	6,493	3,304	2,319	74	**17,871**
Central 3 & South 3	781	781	3,222	5,468	2,783	1,953	62	**15,049**
North West 1	732	732	3,021	5,126	2,609	1,831	58	**14,109**
North West 2	342	342	1,410	2,392	1,217	854	27	**6,584**
North East 1	439	439	1,812	3,076	1,565	1,098	35	**8,465**
North East 2&3	586	586	2,416	4,101	2,087	1,465	47	**11,287**
South 1&2	1,123	1,123	4,632	7,860	4,000	2,807	90	**21,634**
								0
								0
								0
								0
Totals	**4,931**	**4,931**	**20,339**	**34,514**	**17,565**	**12,327**	**394**	**95,000**

Forecasted Hours by Visit Type, Locality & Banding - NURSING

	Band 7								Band 6							
	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	No Access	Total	Complex Assess.	Standard Assess.	Enl.	Simple Treatmen t	Normal Treatmen t	Complex Treatmen t	No Access	Total
Central 1&2	464	186	765	0	0	464	8	**1,886**	464	186	765	0	0	464	8	**1,886**
Central 3 & South 3	391	156	644	0	0	391	7	**1,588**	391	156	644	0	0	391	7	**1,588**
North West 1	366	146	604	0	0	366	6	**1,489**	366	146	604	0	0	366	6	**1,489**
North West 2	171	68	282	0	0	171	3	**695**	171	68	282	0	0	171	3	**695**
North East 1	220	88	362	0	0	220	4	**893**	220	88	362	0	0	220	4	**893**
North East 2&3	293	117	483	0	0	293	5	**1,191**	293	117	483	0	0	293	5	**1,191**
South 1&2	561	225	926	0	0	561	9	**2,283**	561	225	926	0	0	561	9	**2,283**
								0								**0**
								0								**0**
								0								**0**
								0								**0**
Totals	**2,465**	**986**	**4,068**	**0**	**0**	**2,465**	**41**	**10,026**	**2,465**	**986**	**4,068**	**0**	**0**	**2,465**	**42**	**10,026**

Planning Standards | Forecasted Activity | Forecasted Activity by Skill | **Forecasted Hours** | WTE analysis | WTE Summary | Overall Summary | KPIs

The Forecasted Hours tab uses the data from the 'planning standards' and 'forecast activity' tabs to break down the required time by band to deliver the number of visits required from the 'forecast activity by skill' tab.

It multiplies the total number of visits by the *planning norms* and the activity volume mix. Then breaks that down, using the visit profile by band, to give the amount of time required of each band to deliver the 'forecast activity' providing all of the *planning norms* and processes are utilised properly

No changes should be made to this page.

WTE Analysis Tab (Tab 5)

Total Hours Required Including Indirect and Holiday/Sickness - NURSING

	Hours required by band						Adjusted hours for % direct by band						Adjusted Hours by band (incl hols/sick %)					
	Band 7	Band 6	Band 5	Band 4	Band 3	Totals	Band 7	Band 6	Band 5	Band 4	Band 3	Totals	Band 7	Band 6	Band 5	Band 4	Band 3	Totals
Central 1&2	1,886	1,886	9,512	0	4,587	**17,871**	3,429	2,694	12,683	0	5,734	**24,540**	4,454	3,499	16,471	0	7,447	**31,870**
Central 3 & South 3	1,588	1,588	8,010	0	3,863	**15,049**	2,888	2,269	10,680	0	4,829	**20,665**	3,750	2,947	13,870	0	6,271	**26,838**
North West 1	1,489	1,489	7,509	0	3,621	**14,109**	2,707	2,127	10,013	0	4,527	**19,374**	3,516	2,763	13,003	0	5,879	**25,161**
North West 2	695	695	3,504	0	1,690	**6,584**	1,263	993	4,673	0	2,113	**9,041**	1,641	1,289	6,068	0	2,744	**11,742**
North East 1	893	893	4,506	0	2,173	**8,465**	1,624	1,276	6,008	0	2,716	**11,624**	2,110	1,658	7,802	0	3,527	**15,096**
North East 2&3	1,191	1,191	6,008	0	2,897	**11,287**	2,166	1,702	8,010	0	3,621	**15,499**	2,813	2,210	10,403	0	4,703	**20,129**
South 1&2	2,283	2,283	11,514	0	5,553	**21,634**	4,151	3,262	15,353	0	6,941	**29,706**	5,391	4,236	19,938	0	9,014	**38,580**
						0						0						0
						0						0						0
						0						0						0
						0						0						0
						0						0						0
						0						0						0
Totals	10,026	10,026	50,563	0	24,384	95,000	18,229	14,323	67,418	0	30,480	130,450	23,674	18,601	87,556	0	39,585	169,416

The WTE Analysis Tab serves two functions. First, it uplifts the amount of time required from the Forecasted Hours tab to account for the *planning targets* and holiday and sickness. This gives a true representation of the number of hours that are required to deliver the service factoring in holiday, sickness, study days and time spent performing other tasks outside of clinical activities.

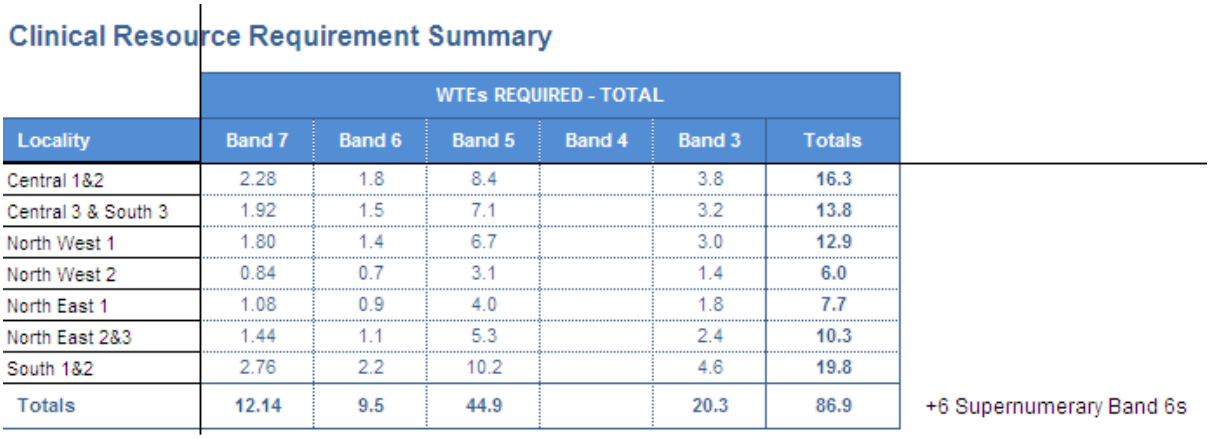
Total WTEs Required Including Indirect and Holiday/Sickness - NURSING

	WTEs required by band						Adjusted WTEs for % direct by band						Adjusted WTEs by band (incl hols/sick %)					
	Band 7	Band 6	Band 5	Band 4	Band 3	Totals	Band 7	Band 6	Band 5	Band 4	Band 3	Totals	Band 7	Band 6	Band 5	Band 4	Band 3	Totals
Central 1&2	0.97	0.97	4.88		2.35	**9.16**	1.76	1.38	6.50		2.94	**12.58**	2.28	1.79	8.45		3.82	**16.34**
Central 3 & South 3	0.81	0.81	4.11		1.98	**7.72**	1.48	1.16	5.48		2.48	**10.60**	1.92	1.51	7.11		3.22	**13.76**
North West 1	0.76	0.76	3.85		1.86	**7.24**	1.39	1.09	5.13		2.32	**9.94**	1.80	1.42	6.67		3.01	**12.90**
North West 2	0.36	0.36	1.80		0.87	**3.38**	0.65	0.51	2.40		1.08	**4.64**	0.84	0.66	3.11		1.41	**6.02**
North East 1	0.46	0.46	2.31		1.11	**4.34**	0.83	0.65	3.08		1.39	**5.96**	1.08	0.85	4.00		1.81	**7.74**
North East 2&3	0.61	0.61	3.08		1.49	**5.79**	1.11	0.87	4.11		1.86	**7.95**	1.44	1.13	5.33		2.41	**10.32**
South 1&2	1.17	1.17	5.90		2.85	**11.09**	2.13	1.67	7.87		3.56	**15.23**	2.76	2.17	10.22		4.62	**19.78**
Totals	5.14	5.14	25.93		12.50	48.72	9.35	7.35	34.57		15.63	66.90	12.14	9.54	44.90		20.30	86.88

The second function of the WTE analysis tab is to convert the figure of time into WTE. This provides an accurate view of the number of whole time equivalents that are required to deliver the service, providing the processes set out in this manual are complied with.

No changes should be made to this page.

WTE Analysis Tab (Tab 6)



Clinical Resource Requirement Summary

	WTEs REQUIRED - TOTAL					
Locality	Band 7	Band 6	Band 5	Band 4	Band 3	Totals
Central 1&2	2.28	1.8	8.4		3.8	16.3
Central 3 & South 3	1.92	1.5	7.1		3.2	13.8
North West 1	1.80	1.4	6.7		3.0	12.9
North West 2	0.84	0.7	3.1		1.4	6.0
North East 1	1.08	0.9	4.0		1.8	7.7
North East 2&3	1.44	1.1	5.3		2.4	10.3
South 1&2	2.76	2.2	10.2		4.6	19.8
Totals	12.14	9.5	44.9		20.3	86.9

+6 Supernumerary Band 6s

The WTE Analysis Tab provides and simply view of the outcome from the *Capacity Plan.* It shows the breakdown of staff and skill mix requirement by band and by locality / cluster.

No changes should be made to this page.

Overall Summary Tab (Tab 7)

	WTEs REQUIRED - NURSING					
Locality	Band 7	Band 6	Band 5	Band 4	Band 3	Totals
Central 1&2	2.28	1.79	8.45	0.00	3.82	16.34
Central 3 & South 3	1.92	1.51	7.11	0.00	3.22	13.76
North West 1	1.80	1.42	6.67	0.00	3.01	12.90
North West 2	0.84	0.66	3.11	0.00	1.41	6.02
North East 1	1.08	0.85	4.00	0.00	1.81	7.74
North East 2&3	1.44	1.13	5.33	0.00	2.41	10.32
South 1&2	2.76	2.17	10.22	0.00	4.62	19.78
Total	12.14	9.54	44.90	0.00	20.30	86.88

	WTE Current - Nursing					
	Band 7	Band 6	Band 5	Band 4	Band 3	Totals
Establishment	9.8	8.8	46.0	2	20.39	86.99
In Post	9.8	5.8	44.0	2	16.07	77.67
Vacancy	0	3	2.0	0	4.32	9.32

The Overall Summary Tab gives an overview of the outcome from the capacity plan and compares it against the actual, ie: what WTE's are in place currently.

The area highlighted in red is filled in from the current staff listing held by the General Managers. Once this has been broken down into Band, In Post and Vacancy it allows the user to see where they require more or fewer WTE's. It also shows how the WTE's should be distributed amongst the clusters enabling a decision to be made about moving existing WTE's around if necessary.

KIP's Tab (Tab 8)

KPI Summary

	Band 7	Band 6	Band 5	Band 4	Band 3	Total
Contacts / WTE day paid						
Nursing	2.2	2.8	5.7	0.0	8.5	5.6
Total	**2.2**	**2.8**	**5.7**	**0.0**	**8.5**	**5.6**
Contacts / WTE day worked						
Nursing	2.9	3.7	7.4	0.0	11.0	7.2
Total	**2.9**	**3.7**	**7.4**	**0.0**	**11.0**	**7.2**
Minimum	2.1	2.6	2.8	7.2	8.0	3.9
Maximum	2.8	3.5	11.3	12.0	12.0	5.3
Minutes per Contact (Travel & Visit)						
Nursing	86.8	86.8	46.1	#DIV/0!	33.2	46.1
Total	**86.8**	**86.8**	**46.1**	**#DIV/0!**	**33.2**	**46.1**

The KPI's tab shows how many visits per day should be expected by each band of HCP in order to deliver the total number of visits entered into the 'Forecasted Activity' tab.

No changes should be made to this page.

Capacity Calculator

Procedure Control Document

DESCRIPTION: The *Capacity Calculator* is an Excel based tool that works out the distribution of work between the clusters.

PURPOSE: The *Capacity Calculator* is used in conjunction with the *Capacity Plan* to work out the distribution of work load between the clusters (See *Capacity Plan*, 'Forecasted Demand').

RESPONSIBILITY: X

DOCUMENTS: *Capacity Calculator*

Norms	Time (mins)
Simple Treatment	30
Normal Treatment	45
Complex Treatment	60
End of Life	90
Simple Assessment	120
Complex Assessment	120

	Central 1&2		Central 3& South 3		North West 1		North West 2		North East 1		North E
	Number	Visits p/w	Number	Visits p/w	Number	Visits p/w	Number	Visits p/w	Number	Visits p/w	Numbe
Simple Treatment	14	10	1	3	12	8	6	6	10	11	
Normal Treatment	17	11	2	6	1	10	14	15	7	20	
Complex Treatment	14	18	10	8	4	7	10	7	2	7	
End of Life	12	1	7	17	17	9	16	10	9	18	
Simple Assessment	11	11	6	20	1	2	11	16	12	11	
Complex Assessment	17	18	16	9	1	19	18	13	7	20	
Total Time Required p/w	80055		47820		21300		78330		57660		
% split	23%		13%		6%		22%		16%		

Planning Norms

Existing EPCT Caseload (Schedules)

FREQUENCY: Annually: When the *Capacity Plan* is completed at the end of the year the *Capacity Calculator* is used to work out the distribution of work.

Quarterly: When a *Capacity Plan Quarterly Review* is completed the *Capacity Calculator* is used to see if there has been a fluctuation in the distribution of work between the clusters.

PROCEDURE: Using the EPCT Caseload, the total number of *planning norms* and frequency of visit are added up.

Ie: Total number of simple treatment & number of simple treatment visits required per week.

These figures are then entered into the red cells on the *Capacity Calculator*. Once all of the data has been entered from the EPCT Case Load the calculator will automatically generate the total time required by cluster and the percentage of work per week that is associated with the cluster relative to the whole EPCT.

Should any changes be made to the *Planning Norms*, the new times / activities should be entered into the Norms and Time table on the *Capacity Calculator.*

EPCT ROTA
Procedure Control Document

DESCRIPTION: The *Rota* is an EPCT wide planning tool stored on the shared N:\ drive used to make sure that the correct number of staff are working the correct shifts to deliver the EPCT service.

PURPOSE: The *Rota* is used to plan how many staff will be working on each day for the coming month(s) and to identify where any short falls in staffing may occur.

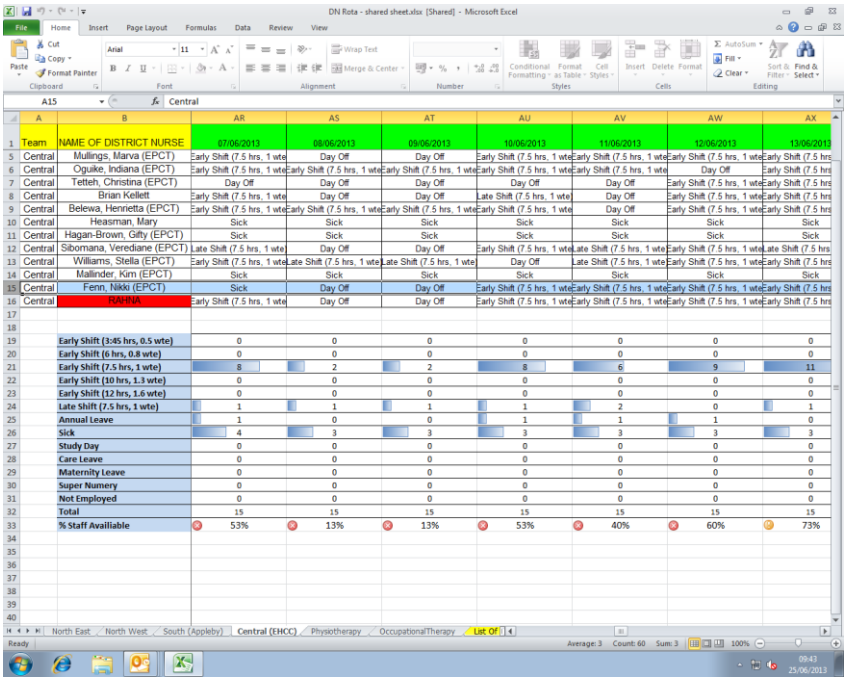
The *Rota* is also used in conjunction with the *Weekly Operating Report* to match up which days staff have worked with the number of visits they have achieved.

NB: As this information is used to populate the team productivity reports it is essential that the information contained in the rota is accurate and up-to-date.

RESPONSIBILITY: The EPCT Team leads are responsible for filling in the Rota. The Community Matrons are responsible for updating the *Rota,* approving it once the EPCT Team Leads have filled it in and signing it off as complete.

DOCUMENTS: The *Rota* stored on the N:\ Drive

N:\RIO Reporting\EPCT VW\DN Rota - shared sheet.xlsx



Team	NAME OF DISTRICT NURSE	07/06/2013	08/06/2013	09/06/2013	10/06/2013	11/06/2013	12/06/2013	13/06/2013
Central	Mullings, Marva (EPCT)	Early Shift (7.5 hrs, 1 wte	Day Off	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	Oguike, Indiana (EPCT)	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Day Off	Early Shift (7.5 hrs
Central	Tetteh, Christina (EPCT)	Day Off	Day Off	Day Off	Day Off	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	Brian Kellett	Early Shift (7.5 hrs, 1 wte	Day Off	Day Off	Late Shift (7.5 hrs, 1 wte	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	Belewa, Henrietta (EPCT)	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	Heasman, Mary	Sick	Sick	Sick	Sick	Sick	Sick	Sick
Central	Hagan-Brown, Gifty (EPCT)	Sick	Sick	Sick	Sick	Sick	Sick	Sick
Central	Sibomana, Verediane (EPCT)	Late Shift (7.5 hrs, 1 wte	Day Off	Day Off	Early Shift (7.5 hrs, 1 wte	Late Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Late Shift (7.5 hrs
Central	Williams, Stella (EPCT)	Early Shift (7.5 hrs, 1 wte	Late Shift (7.5 hrs, 1 wte	Late Shift (7.5 hrs, 1 wte	Day Off	Late Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	Mallinder, Kim (EPCT)	Sick	Sick	Sick	Sick	Sick	Sick	Sick
Central	Fenn, Nikki (EPCT)	Sick	Day Off	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
Central	RAHNA	Early Shift (7.5 hrs, 1 wte	Day Off	Day Off	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs, 1 wte	Early Shift (7.5 hrs
	Early Shift (3:45 hrs, 0.5 wte)	0	0	0	0	0	0	0
	Early Shift (6 hrs, 0.8 wte)	0	0	0	0	0	0	0
	Early Shift (7.5 hrs, 1 wte)	8	2	2	8	6	9	11
	Early Shift (10 hrs, 1.3 wte)	0	0	0	0	0	0	0
	Early Shift (12 hrs, 1.6 wte)	0	0	0	0	0	0	0
	Late Shift (7.5 hrs, 1 wte)	1	1	1	1	2	0	1
	Annual Leave	1	0	0	1	1	1	0
	Sick	4	3	3	3	3	3	3
	Study Day	0	0	0	0	0	0	0
	Care Leave	0	0	0	0	0	0	0
	Maternity Leave	0	0	0	0	0	0	0
	Super Numery	0	0	0	0	0	0	0
	Not Employed	0	0	0	0	0	0	0
	Total	15	15	15	15	15	15	15
	% Staff Availiable	53%	13%	13%	53%	40%	60%	73%

FREQUENCY: Monthly: The Community Matrons are responsible for updating and putting together the *Rota* for the following month to make sure they have the right number of staff available to deliver the EPCT Service.

Ongoing: The Community Matrons are responsible for updating the *Rota* on an ongoing basis to account for Sickness / Annual leave.

PROCEDURE: The Community Matrons may access the *Rota* on the N:\ Drive and use the relevant password for their locality. They enter into the boxes the types of shift that are available to their staff: Early Shift, Late Shift, Sick, Annual Leave, Study Leave, Clinical Leave, Clinic.

The *Rota* allows the Community Matrons to clearly see how many staff are allocated to each shift type. This allows the Community Matrons to guarantee that they have the right number of staff every day to deliver the EPCT service.

If there are fewer staff than required (less than 77% available) on a given shift the Rota will flag up red to show the short fall. This clearly highlights any staffing shortages to the Community Matron and allows them to act before it becomes an issue.

In the event of short staffing (ie: There are not enough people planned to work that day) the Community Matron challenges the rota and looks for a solution. Their first action is to see if they can move staff from another day over to the day they are short. If this is not achievable then the Community Matron speaks to the general manager regarding agency and Bank staff. However, this should only be used as a solution in a last resort and authorisation to grant extra hours through agency staffing must be fully and formally authorised by the General Manager. As the *Rota* is completed well in advance, the Community Matrons have time to react to any such situations.

PLANNING NORMS
Procedure Control Document

DESCRIPTION: *Planning Norms* are a pre-agreed list of reasonable expectancies of time that it should take each staff member to carry out an individual activity

PURPOSE: To make the process of allocating, measuring and capacity planning work more transparent, equitable and efficient and to provide a consistent measure against which work can be planned and reviewed.

Planning norms also identify what skill mix requirement is associated with each visit and contain time to perform the face-to-face visit, travel and associated clinical admin.

Service / Norm	Min. Band Required	Time (Minutes)
District Nursing		
Simple Treatment	3	30
Normal Treatment	3	45
Complex Treatment	5	60
End of Life	6	90
Simple Assessment	6	120
Complex Assessment	6	120
Physiotherapy		
Initial Assessment	5	95
Follow up	3	65
Occupational Therapy		
Initial Assessment (Complex)	5	240
Initial Assessment (Simple)	5	175
Rehab Session / Further Assessment / Discharge	3	135
Follow up	3	75

RESPONSIBILITY:

EPCT Team leads are responsible for the utilisation of planning norms when allocating work to their teams.

Community Matrons are responsible for using planning norms when reviewing the allocations and reviewing the day's work. They are also responsible for agreeing the *Planning Norms* and rolling them down to the EPCT Team Leads should they be changed.

The Community Matrons are also responsible for reviewing the *Planning Norms* with the General Managers on an ongoing basis for validity.

General Management and the Exec. are responsible for using planning norms when manipulating the capacity plan and for measuring the EPCT's performance.

The General Management are also responsible for reviewing the *Planning Norms* with the Community Matrons on an ongoing basis for validity.

DOCUMENTS:

Planning Norms table

FREQUENCY:

Daily: The EPCT Team Leads will use planning norms to allocate work to the ***planning targets*** in the daily allocation.

Monthly / Quarterly / Annually: The Senior management and Executive use planning norms combined with planning targets and direct contact times to get an accurate measure of the service capacity on a monthly / quarterly / annual basis.

PROCEDURE:

Planning norms are used by EPCT Team Leads in conjunction with ***planning targets*** to allocate work for their team on a daily basis. The EPCT Team leads fill each HCP's diary with enough visits (measured in time) to fill their minimum quota for the day.

Community Matrons use planning norms when carrying out the daily schedule review meeting with their band 7. They are able to accurately gauge how efficiently the work has been allocated and question any variance. Community Matrons also use planning norms when deciding on the Rota for the next month. Planning norms allow them to clearly measure how many staff they will need on each day and then allocate the correct number of HCP's.

Senior Management use planning norms to ‘capacity plan’ their service, on an annual, quarterly and monthly basis. By attaching a fixed value to each treatment type they can forecast the number of HCPs that will be required to deliver the annual target on a given day / week / month / year.

PLANNING TARGETS
Procedure Control Document

DESCRIPTION: **Planning Targets** are an agreed expectation for each HCP band to be allocated in suitable client related activities each day including; Face-to-face, Travel and time to complete all associated admin with that visit.

PURPOSE: To give a minimum expectation for all of the EPCT staff to achieve on a daily basis. ECPT Team Leads will use planning targets in the allocation process to make sure that the right members of staff are being allocated the right amount of work, hence maximising productivity and eliminating inequitable distribution of work.

Senior management and the executive will also use planning targets when outlining a capacity plan for the service and managing the performance of their staff. They will be able to get a very accurate forecast of the number of staff they will require to deliver the targeted level of service.

Expectations - Clinical Time per day					
Band	**7**	**6**	**5**	**4**	**3**
DNS	55%	70%	75%	80%	80%
Physio	70%	70%	70%	80%	80%
OT	60%	70%	70%	80%	80%

RESPONSIBILITY: EPCT Team Leads

Community Matrons

Senior Management

Executive Management

DOCUMENTS: **Agreed Planning Norms**

Daily Allocation Sheet

Capacity Planning documents

FREQUENCY: **Daily / Weekly / Monthly / Quarterly / Annually**

PROCEDURE: EPCT Team leads will use planning norms when allocating work to the HCP's in their team. They will combine the ***planning targets*** with the ***planning norms*** to allocate work to the HCP's on their team. They will allocate a minimum of the agreed planning targets worth of work to each band.

Community Matrons will use the Planning targets as the basis for their daily schedule review meeting with the Band 7 to make sure they are on track to hit their targets. This Planning targets will provide the Matrons a basis from which they can challenge the outcome of the day.

Community Matrons will also be able to use the planning targets in Rota and staff planning exercises. They will be able to predict exactly how many staff they need on each day to deliver the service.

Senior Management will use planning norms in the weekly review with the Community Matrons and in capacity planning of their service. Using the predefined planning targets and following up on them with the community matrons they will be able to accurately forecast the required resources for each day / week / month / year and track their progress against those targets.

TREATMENT PLANS
Procedure Control Document

DESCRIPTION: *Treatment Plans* define the progression of care for a patient incorporating the content, frequency and type of contact anticipated.

PURPOSE: *Treatment Plans* are used to plan how many visits and how long a patient is estimated to be on the caseload. *Treatment Plans* identify how often a patient should be reviewed by a senior nurse as to their suitability for discharge or additional treatments.

RESPONSIBILITY: The HCP team leads are responsible for using the treatment plans when entering patient details into *Team Planner* on RiO.

The HCP team leads are responsible for allocating visits to their team in line with what has been set out in the *Treatment Plans*.

DOCUMENTS: Treatment Plans

Planning Norms

FREQUENCY: Ongoing: *Treatment Plans* are used with every patient who is referred to the EPCT / VW and those who are on the caseload

PROCEDURE: *Team Planner*: When uploading a patient onto *Team Planner* the HCP team lead uses the *Treatment Plans* to set out

1) The number of visits a patient will receive
2) How frequent the visits will be
3) What treatment that patient requires

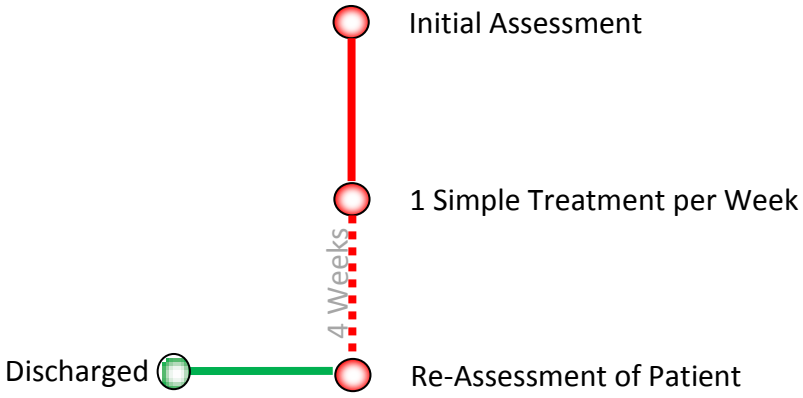
When the initial treatment plan is one week away from completion, ie: there is only one more week of visits left on *Team Planner* a white icon flashes up next to the patients name. This lets the HCP team lead who manages the caseload on Team Planner know that one of the following needs to be done with that patient.

1) Discharged
2) Additional Treatment plans added
3) Referred to another department (ie: Tele-Health)

Changes: If any changes need to be made to the treatment plans the approval of Kate Corlett is required

The template used to build the treatment plans can be found on the CD in the *Management Control System Manual* (this manual).

Example: Vital Sign Monitoring



Notes:

1) The Initial Assessment can either be a simple assessment or complex assessment depending on the referral and patients needs
2) The first treatment is administered at the initial assessment
3) Re-Assessment of patient refers to a visit by a senior HCP (Band 6 or 7). During this re-assessment the senior HCP will also administer the relevant treatment

Week	Day	Activity
Week 1	Monday	Initial Assessment & Treatment
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Week 2	Monday	Simple Treatment
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Week 3	Monday	Simple Treatment
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Week 4	Monday	Re-Assessment of patient (normal treatment) & Treatment
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Week 5	Monday	

TREATMENT PLAN DISCHARGE PROTOCOLS
Procedure Control Document

DESCRIPTION: *Treatment Plan Discharge Protocols* are a defined reason that a patient will not be discharged from the EPCT following the completion of their allocated *Treatment Plan*.

PURPOSE: *Treatment Plan Discharge Protocols* are used to justify why a patient has been kept on the caseload following the successful completion of their *Treatment Plan*.

RESPONSIBILITY: EPCT Team Leads: The EPCT Team Leads are responsible to use the discharge protocols when deciding if they are going to discharge a patient or not.

DOCUMENTS: Discharge Protocols

FREQUENCY: *Discharge Protocols* are used every time a patient is scheduled to be discharged

PROCEDURE: When a patient comes to the end of their *Treatment Plan* and the final re-assessment is conducted by a HCP team lead or senior HCP, the EPCT team lead identifies if that patient is suitable to be discharged. The following list covers the reasons that a patient will not be discharged, and kept on the caseload.

- A new clinical need is identified
- The patient's condition has deteriorated
- Further intervention is required
- They require on-going treatment

If any of the above list are applicable to the patients situation then additional *Treatment Plan(s)* are added.

If none of the list are applicable then the East London NHS Foundation Trust Policy is followed and the patient is discharged or transferred from the caseload.

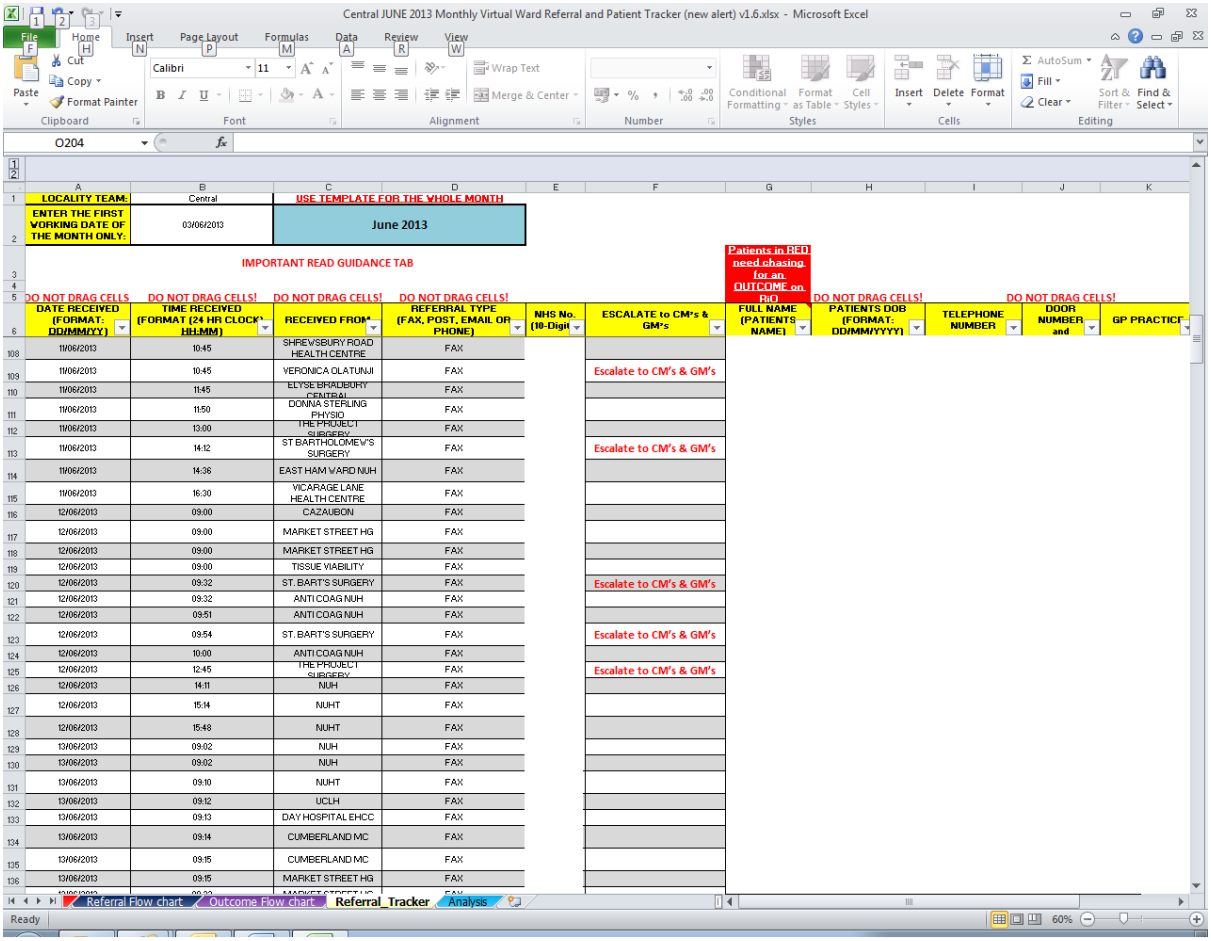
REFERRAL TRACKER
Procedure Control Document

DESCRIPTION: The *Referral Tracker* is an excel spread sheet that keeps a record of all new referrals that have come into the EPCT and how long it takes for the HCP's to achieve the first contact (Face-to-face or telephone).

PURPOSE: The *Referral Tracker* is in place to provide management with a control that makes sure new referrals are seen by a HCP in a timely manner.

RESPONSIBILITY: The Admin Staff: The Admin staff are responsible for updating and maintaining the referral tracker. They are also responsible for bringing any referrals that are flagged up to the attention of the HCP Team leads, Community Matrons and General Managers.

The HCP team leads, Community Matrons and General Managers are responsible for following up any referrals that are brought to their attention.



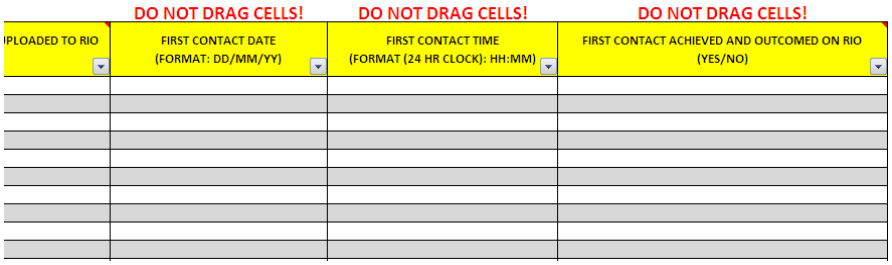
DOCUMENTS: Referral Tracker Spread Sheet

FREQUENCY: All the time

PROCEDURE: When a new referral is received by the EPCT through any avenue (ie: Fax, Telephone, post etc.) the admin who receives the referral immediately adds the client to the referral tracker with the details provided from the new referral form.

The Admin then attaches the *Referral Screening Form* and puts the new referral in the screening track for a senior clinical member of staff to screen (HCP Team leads and Community Matrons). Once the referral has been screened the admin updates the referral tracker with the new information provided by the screener and places the referral in the relevant discipline tray to be allocated.

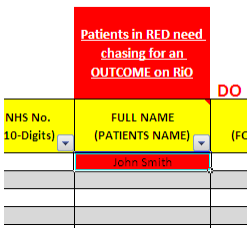
The admin then checks every morning on RiO to see if the referral has been outcomed as either telephone contact achieved or face-to-face contact achieved. Only once either of these two outcomes have been logged on RiO can the admin finish off the spread sheet by updating the



	DO NOT DRAG CELLS!	DO NOT DRAG CELLS!	DO NOT DRAG CELLS!
PLOADED TO RIO	FIRST CONTACT DATE (FORMAT: DD/MM/YY)	FIRST CONTACT TIME (FORMAT (24 HR CLOCK): HH:MM)	FIRST CONTACT ACHIEVED AND OUTCOMED ON RIO (YES/NO)

first contact day, time and confirming that it has been outcome on RiO.

If a referral has not been outcocmed on RiO then the referral tracker will alert the admin by colouring the patients name in red. Any referral that has been screened as 'Urgent' will flag up in red after 2 days, any referral that has been screened as 'non-urgent' will flag up in red after 5 days.



	Patients in RED need chasing for an OUTCOME on RiO	DO
NHS No. 10-Digits)	FULL NAME (PATIENTS NAME)	(FC
	John Smith	

If a patients name is flagged up in red the admin staff follow up with the named HCP Team Lead to make sure that the referral has been allocated

and seen, they then prompt them to outcome the visit so that it no longer flags up as red.

If a referral has still not been outcome 24 hours after it initially flagged up in red then the *Referral Tracker – Second Fail Safe* process is started and the situation is escalated.

REFERRAL TRACKER - SECONDARY FAIL SAFE
Procedure Control Document

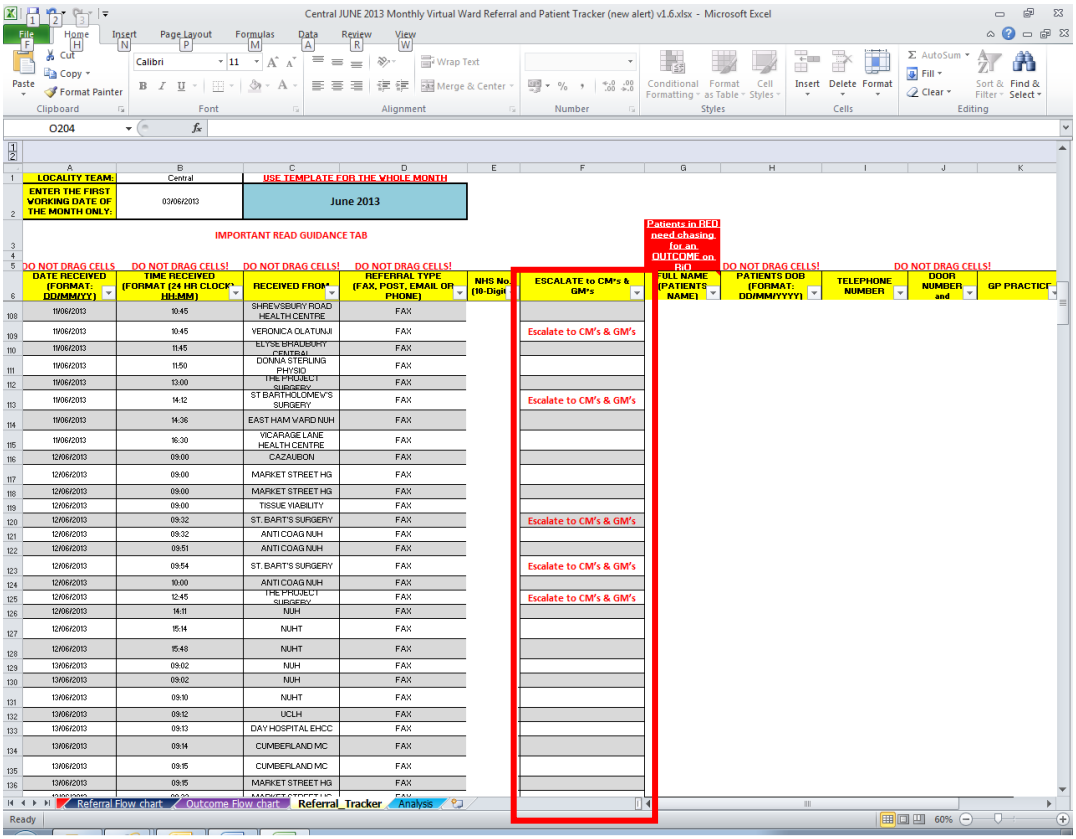
DESCRIPTION: The *Secondary Fail Safe* in the referral tracker is a control that automatically escalates any new referrals that have not been contacted to the Community Matrons and General Managers

PURPOSE: The *Secondary Fail Safe* is a process to make sure that if a referral is flagged as red (2 days without visit for an urgent referral or 5 days without a visit for a non-urgent referral) for longer than 1 day it is escalated to the next two tiers of management to prompt immediate action.

RESPONSIBILITY: The Admin staff are responsible for emailing a list of referrals that are listed as "Escalate to CM's & GM's" on their referral tracker.

The Community Matrons and General Managers are responsible to act immediately on any referrals that are escalated to them.

DOCUMENTS: Referral Tracker



FREQUENCY: Daily

PROCEDURE: Once the admin staff have checked the *Referral Tracker* in the morning, any referrals that are still flagging up as "Escalate to Community Matrons and General Manager" are emailed across to the Community Matrons and General managers for that locality.

The Community Matrons and General Manager are then responsible for tracking down what has happened to that referral. It will be one of the following situations, either:

1) It has been allocated and not outcome
2) It has not been allocated

If the referral has been allocated and not outcomed, they speak to the HCP who was allocated the referral and get them to outcome it in their diary.

If the referral has not been allocated then they send out a senior HCP immediately to see the patient and outcome their diary.

ALLOCATION PROCESS
Procedure Control Document

DESCRIPTION: The *Allocation Process* is the EPCT Team leads method of distributing work among their team members.

PURPOSE: To make sure that all patients who need to be seen on a given day are being seen by the right HCP with the right skill set

RESPONSIBILITY: ECPT Team leads are responsible for the Allocation Process

DOCUMENTS: *Daily Allocation Report*

Up to date copy of the Referral Tracker

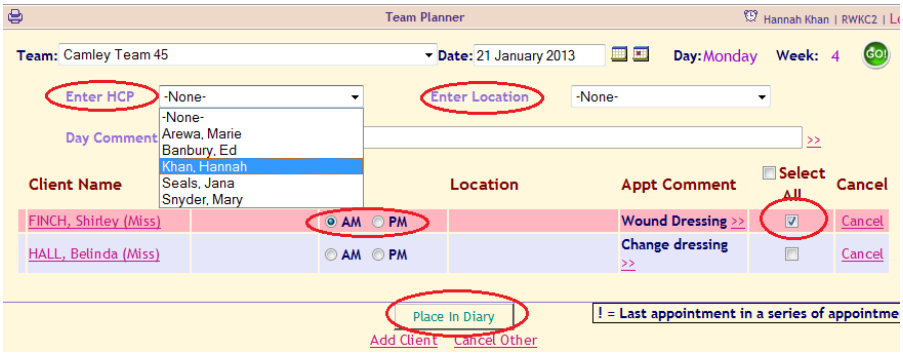
Team Planner

Activity Calculator

New Referral Forms

FREQUENCY: Daily: The EPCT Team leads perform the *Allocation Process* on a daily basis for their teams and update the allocations with any urgent referrals as they come in.

PROCEDURE: The EPCT Team Leads use *Team Planner* and the staff Rota to allocate the right HCP to the right patients. They allocate work through *Team Planner* directly into the RiO Diary of the HCP's on their team. Once all the patients have been allocated the EPCT Team leads use the *Activity Calculator* to work out how much work has been allocated to each person exactly. The HCP Team Lead's goal in the allocation process is to fill up as many people as possible with a full day's work. Ie: Utilizing them to one hundred percent of their target and not filling up everyone with part of a day's work.



If they have allocated all of the work out and there is still capacity left to allocate more patients the EPCT Team leads use the *Referral Tracker* to identify more patients who can be allocated that day who were not initially planned. These patients are allocated to the HCP's who do have spare capacity until their day is full.

The EPCT Team Leads check through the *Referral Tracker* and *Team Planner caseload* at the end of every allocation process to make sure that all new referrals have been accounted for and allocated appropriately.

URGENT ALLOCATION PROCESS
Procedure Control Document

DESCRIPTION: The *Urgent Referral Allocation Process* is the process that is followed when an urgent EPCT Referral is received part way through the day.

PURPOSE: The *Urgent Referral Allocation Process* is guarantee that all urgent referrals received by the EPCT are allocated and recorded properly and not missed.

RESPONSIBILITY: It is the responsibility of the Band 7 district nurses and community Matrons to use the *Urgent Referral Allocation Process*.

DOCUMENTS: New Urgent Referral

Team Planner

FREQUENCY: Every time a new Urgent Referral is received

PROCEDURE: Once an '*Urgent Referral*' has been received by the EPCT from any source the Band 7 district nurse or Community Matron who screened the referral contacts the member of their team by phone to let the member of their team who is being allocated the *Urgent Referral* they are receiving it and need to do the visit as soon as possible.

The HCP Team Lead or Community Matron who screened the referral adds the new referral onto team planner and allocates the visit to the member of their team who is going to see the patient (or to themselves) and adds it to the HCP's diary.

The HCP who has been allocated the new referral then 'sync's' iNurse on their tablet, receives the new referral and visits the patient.

ACTIVITY CALCULATOR
Procedure Control Document

DESCRIPTION: The *Activity Calculator* is an Excel based tool used by the EPCT Team Leads to work out how much work has been allocated to an individual as a percentage of their day. There is an *Activity Calculator* for each discipline in the EPCT (DNS, OT, Physio)

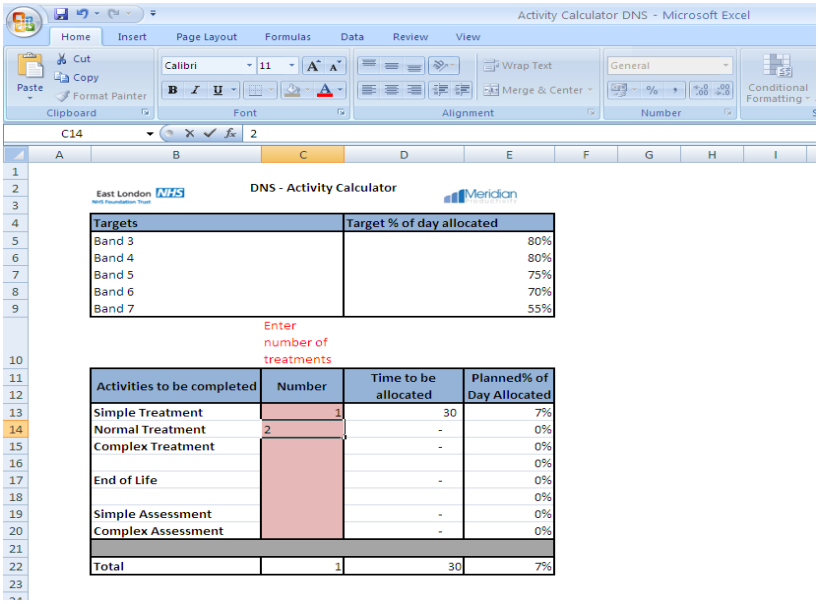
PURPOSE: The *Activity Calculator* is used in order to quickly work out how much work has been allocated to an individual member of staff, allowing that information to be recorded on the *Daily Allocation Report* accurately.

RESPONSIBILITY: The EPCT Team leads are responsible for using the *Activity Calculator* on every occasion they are allocating work to their team.

DOCUMENTS: *Activity Calculator*

FREQUENCY: When ever work is being allocated among team members.

PROCEDURE: EPCT Team Leads will use the activity calculator by entering the number of treatments to the activity calculator in the *Number* column and then will transfer that figure to the *Daily Allocation Report* sheet. This is done for every member of staff who is being allocated work for that day.



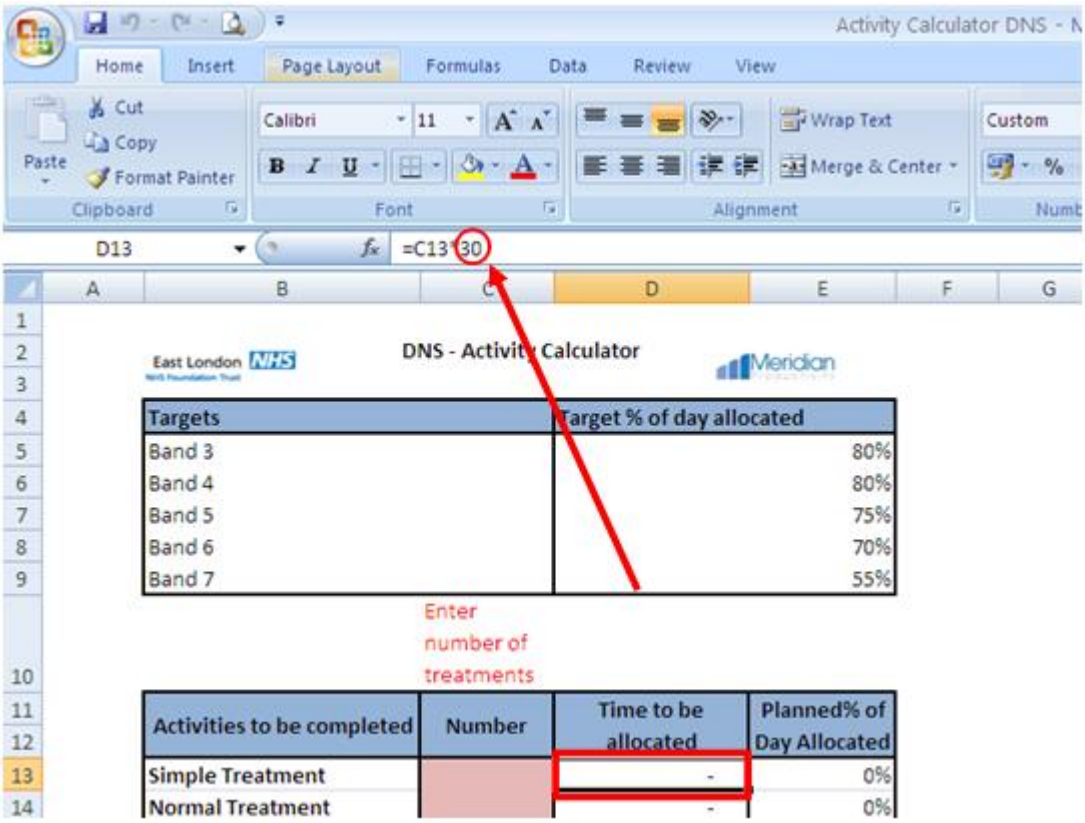
Targets	Target % of day allocated
Band 3	80%
Band 4	80%
Band 5	75%
Band 6	70%
Band 7	55%

Activities to be completed	Number	Time to be allocated	Planned% of Day Allocated
Simple Treatment	1	30	7%
Normal Treatment	2	-	0%
Complex Treatment		-	0%
			0%
End of Life		-	0%
			0%
Simple Assessment		-	0%
Complex Assessment		-	0%
Total	1	30	7%

If the *Planning Norms* are modified in the future then the calculator will need to be updated to reflect the changes. To change the norms on the

calculator one must alter the formula in the 'time to be allocated' column by selecting the cell corresponding to the *Planning Norm.* Once selected the number of minutes should be changed to the new time that has been agreed.

NB: Do not change the cell reference (ie: C13).



DAILY ALLOCATION REPORT
Procedure Control Document

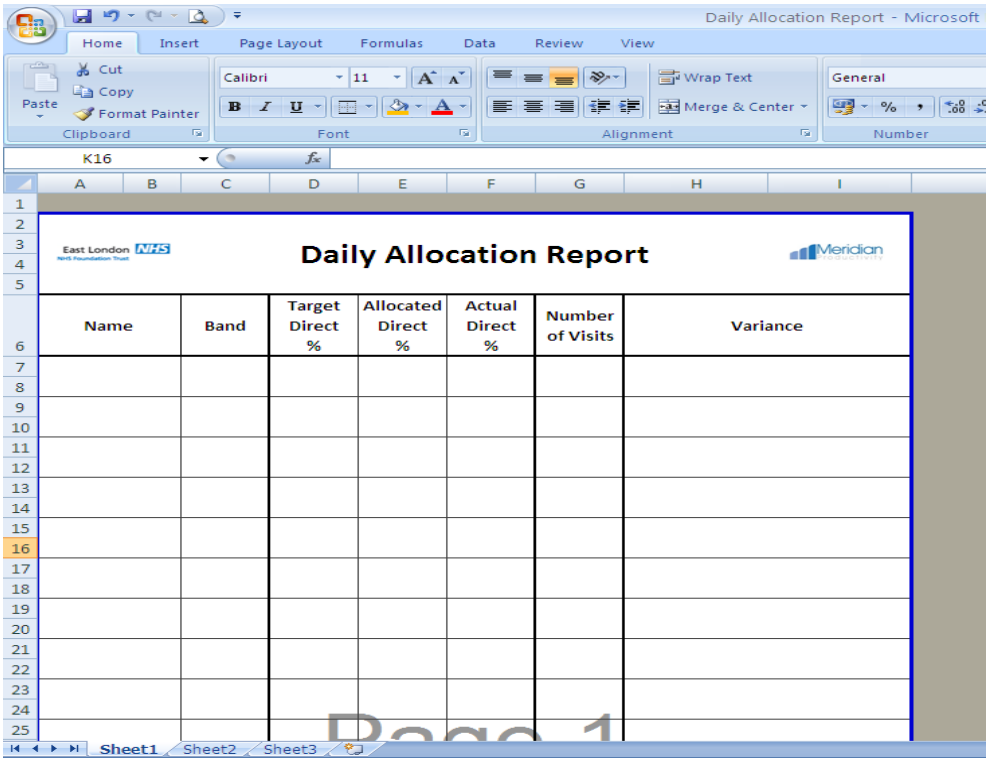
DESCRIPTION: The *Daily Allocation Report* is a record of the volume of work that has been allocated on a given day and any variance from that plan.

PURPOSE: To monitor exactly what has been allocated to the EPCT teams and to monitor how that work has been distributed.

RESPONSIBILITY: The ECPT Team Leads are responsible for filling in the *Daily Allocation Report* every day when they are allocating work to their team.

The Community Matrons are responsible for bringing the previous week's reports to the weekly management meetings and signing off the Daily report at the end of every day.

DOCUMENTS: Daily Allocation Report



FREQUENCY: Daily: The EPCT Team Leads use the *Daily Allocation Report* in conjunction with the *Activity Calculator*, *Planning Norms* and *Planning Targets* when allocating work to their teams.

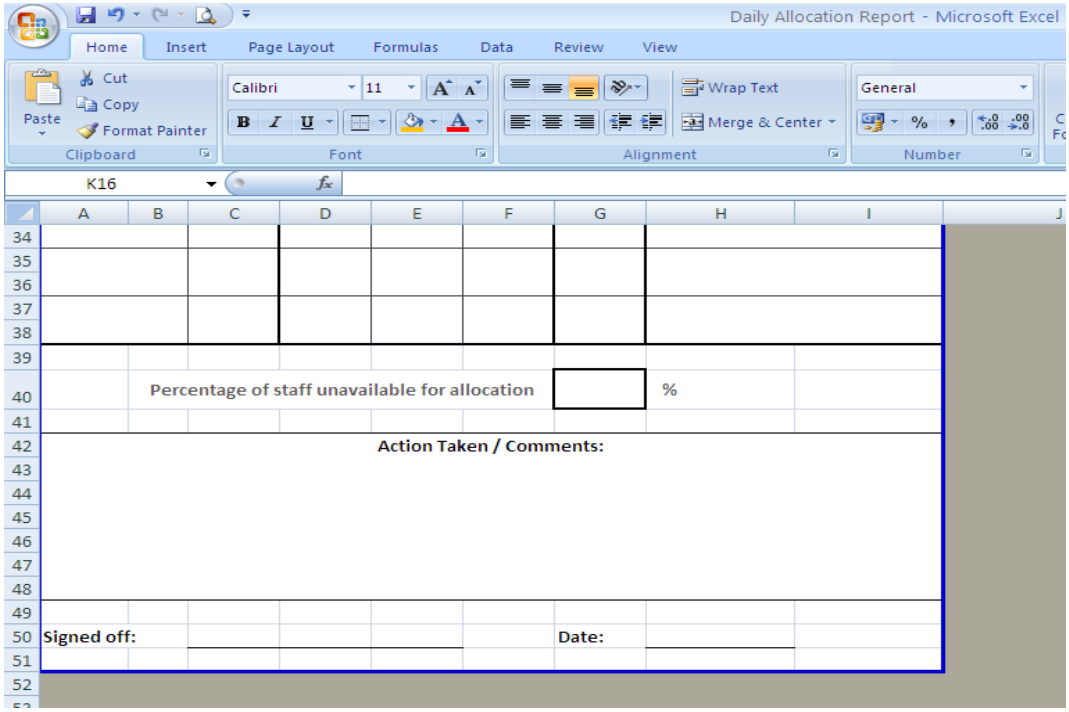
The Community Matrons use the *Daily Allocation Report* every day to monitor how much work is being allocated in their teams and how that work has been distributed across their teams.

Weekly: The Community Matrons use the *Daily Allocation Report* in their weekly meeting with the Senior Manager to account for any variance that has occurred that week and to show that the allocation of work is being done properly. The Community Matrons and Senior Management also use the daily allocation report as an indicator of how many staff are needed to cover the current case load.

PROCEDURE:

The EPCT Team leads use the *activity calculator, Planning Targets and Planning Norms* to work out how much work each member of staff has been given each day. They then enter that figure into the Allocated column of the table. Upon completion of the form the EPCT Team leads hand the *Daily Allocation Report* to the Community Matron. The Community Matron will then sign off the report as long as it meets their standards and leave any relevant comments. If the *Daily Allocation Report* is not to the correct standard (i.e. the report shows an unfair allocation) then the Community Matron is able to leave comments and ask for amendments to be made before signing the report off.

The Community Matrons use the *Activity Report* to monitor how work is being distributed among the staff in their team. The Community Matron is responsible for signing off the daily allocation report before the work has been handed out to the EPCT Teams. The next day's work cannot be



given out without this approval. The Community Matrons also gather each week's reports and take them along to the weekly meeting they have with their senior manager.

DAILY SCHEDULE REVIEW MEETING
Procedure Control Document

DESCRIPTION: The *Daily Schedule Review Meeting* is a meeting for the Community Matron(s) and EPCT Team leads to discuss the following day's allocation of work and any variance from the current day.

PURPOSE: The *Daily Schedule Review Meeting* is an opportunity for the Community Matron(s) to discuss the *Daily Allocation Report* (ie: Plan for the following day) with their EPCT Team Leads and sign it off and to account for any variance for the current day.

RESPONSIBILITY: Community Matron(s): The Community Matrons are responsible to attend the *Daily Schedule Review Meeting*.

EPCT Team Lead(s): The EPCT Team Leads are responsible to attend the *Daily Schedule Review Meeting*.

DOCUMENTS: *Daily Allocation Report*

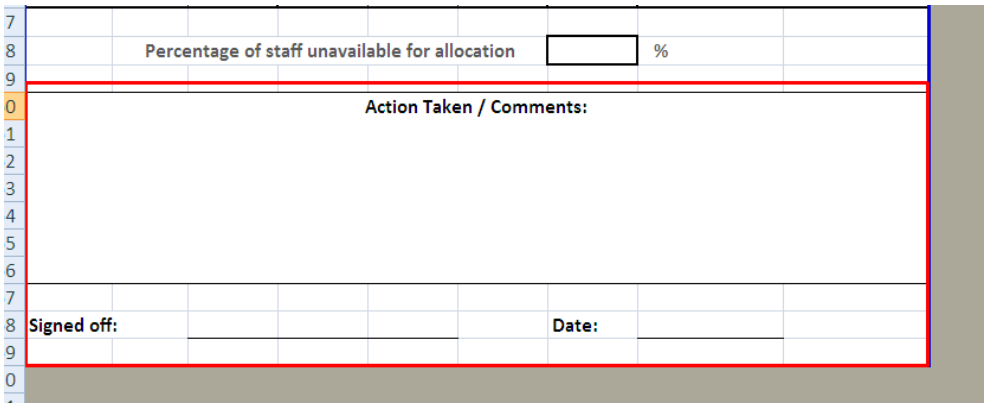
FREQUENCY: Daily: The *Daily Schedule Review Meeting* is a daily occurrence.

PROCEDURE: The Community Matron(s) and Community Matron(s) sit down together to discuss the following two points:

1) Existing Days Variance
2) Tomorrow's Allocation

The EPCT Team Lead(s) Update the Community Matron(s) with any issues / problems from the day that have created a Variance.

The EPCT Team lead(s) hand the *Daily Allocation Report* to the Community Matron to review and sign off.



If the Community Matron is satisfied with the *Daily Allocation Report*, ie: it is evident that the *Daily Allocation Process* has been done properly; they sign the sheet off and allow the work to be allocated.

If the Community Matron is not satisfied with the *Daily Allocation Report* ie: not enough work has been allocated or one person has been given far too much, they challenge the EPCT Team Leads and get them to re-allocate the work.

Only once the Community Matron(s) have signed off the *Daily Allocation Report* can the work be allocated out to the team members.

Agenda

Daily Schedule Review Meeting

- Review Plan vs Actual for the day
- *RiO* Outcomes
- Review of *Daily Allocation Report* for tomorrow
- Issues escalated by band 7 to band 8's

WEEKLY OPERATING REPORT
Procedure Control Document

DESCRIPTION: The *Weekly Operating Report* clearly shows the performance of a locality against a number of KPI's and tracks action taken against any underperforming areas. The *Weekly Operating Report* is comprised of a 28 day rolling view of the EPCT and a 7 day view of performance.

PURPOSE: The *Weekly Operating* Report is a means of identifying and quantifying variances to the plan.

RESPONSIBILITY: The General Managers are responsible for the *Weekly Operating Report*. They bring it with them to their weekly meeting with the community matrons to highlight how their teams are performing as a whole.

The General Managers also bring the weekly operating report to their monthly meeting with the executive to show how their teams are performing.

The Community Matrons are responsible for acting on the variances highlighted in the *Weekly Operating Report* prior to the *Weekly Schedule Review Meeting.*

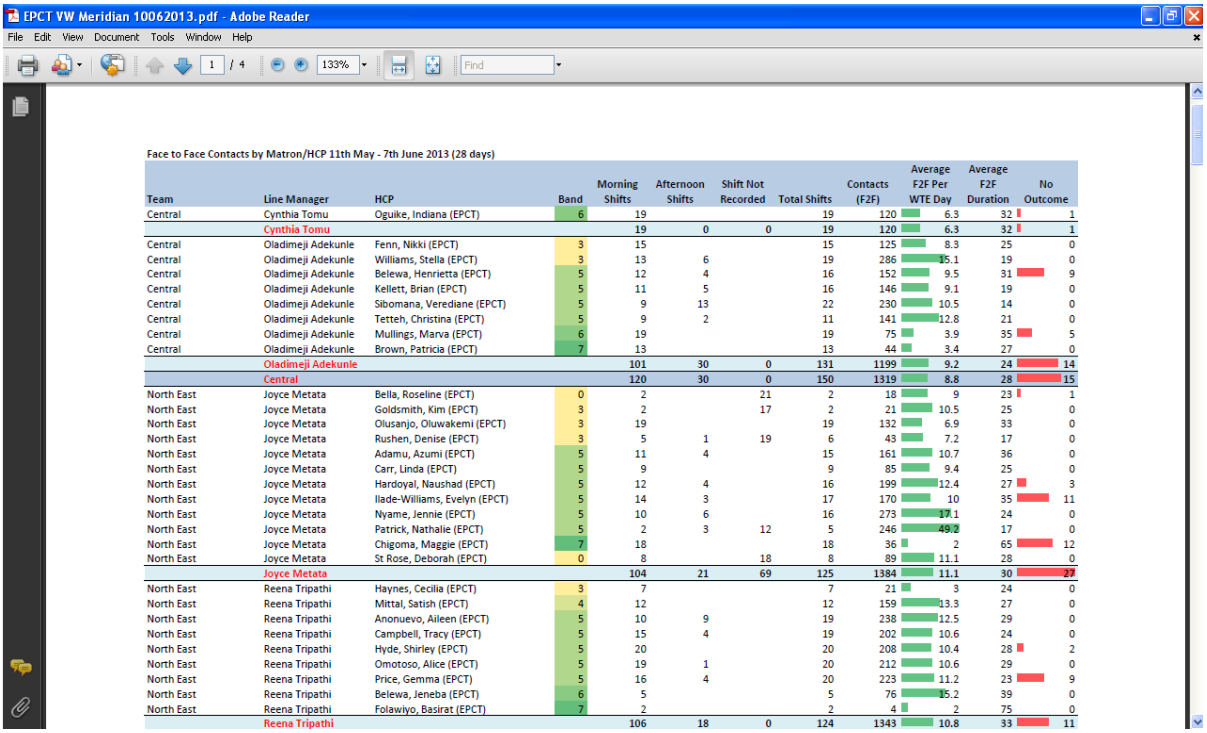
The IT and reporting services are responsible for creating the *Weekly Operating Report* and distributing it every week to the Community Matrons, General Managers and Executive Managers for Newham Community Services.

DOCUMENTS: *Weekly Operating Report*

FREQUENCY: Weekly: The IT and reporting services teams generate the report weekly using the data captured from RiO and the EPCT Rota (stored on the N: Drive).

The General Managers use the *Weekly Operating Report* to highlight areas of their team that are either under or over performing.

Monthly: The General Manager brings the previous months *Weekly Operating Reports* to the Exec meeting to show the changes in the performance of their teams over the previous month.



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Face to Face Contacts by Matron/HCP 11th May - 7th June 2013 (28 days)

Team	Line Manager	HCP	Band	Morning Shifts	Afternoon Shifts	Shift Not Recorded	Total Shifts	Contacts (F2F)	Average F2F Per WTE Day	Average F2F Duration	No Outcome
Central	Cynthia Tomu	Oguike, Indiana (EPCT)	6	19			19	120	6.3	32	1
	Cynthia Tomu			19	0	0	19	120	6.3	32	1
Central	Oladimeji Adekunle	Fenn, Nikki (EPCT)	3	15			15	125	8.3	25	0
Central	Oladimeji Adekunle	Williams, Stella (EPCT)	3	13	6		19	286	15.1	19	0
Central	Oladimeji Adekunle	Belewa, Henrietta (EPCT)	5	12	4		16	152	9.5	31	9
Central	Oladimeji Adekunle	Kellett, Brian (EPCT)	5	11	5		16	146	9.1	19	0
Central	Oladimeji Adekunle	Sibomana, Verediane (EPCT)	5	9	13		22	230	10.5	14	0
Central	Oladimeji Adekunle	Tetteh, Christina (EPCT)	5	9	2		11	141	12.8	21	0
Central	Oladimeji Adekunle	Mullings, Marva (EPCT)	6	19			19	75	3.9	35	5
Central	Oladimeji Adekunle	Brown, Patricia (EPCT)	7	13			13	44	3.4	27	0
	Oladimeji Adekunle			101	30	0	131	1199	9.2	24	14
	Central			120	30	0	150	1319	8.8	28	15
North East	Joyce Metata	Bella, Roseline (EPCT)	0	2		21	2	18	9	23	1
North East	Joyce Metata	Goldsmith, Kim (EPCT)	3	2		17	2	21	10.5	25	0
North East	Joyce Metata	Olusanjo, Oluwakemi (EPCT)	3	19			19	132	6.9	33	0
North East	Joyce Metata	Rushen, Denise (EPCT)	3	5	1	19	6	43	7.2	17	0
North East	Joyce Metata	Adamu, Azumi (EPCT)	5	11	4		15	161	10.7	36	0
North East	Joyce Metata	Carr, Linda (EPCT)	5	9			9	85	9.4	25	0
North East	Joyce Metata	Hardoyal, Naushad (EPCT)	5	12	4		16	199	12.4	27	3
North East	Joyce Metata	Ilade-Williams, Evelyn (EPCT)	5	14	3		17	170	10	35	11
North East	Joyce Metata	Nyame, Jennie (EPCT)	5	10	6		16	273	17.1	24	0
North East	Joyce Metata	Patrick, Nathalie (EPCT)	5	2	3	12	5	246	49.2	17	0
North East	Joyce Metata	Chigoma, Maggie (EPCT)	7	18			18	36	2	65	12
North East	Joyce Metata	St Rose, Deborah (EPCT)	0	8		18	8	89	11.1	28	0
	Joyce Metata			104	21	69	125	1384	11.1	30	27
North East	Reena Tripathi	Haynes, Cecilia (EPCT)	3	7			7	21	3	24	0
North East	Reena Tripathi	Mittal, Satish (EPCT)	4	12			12	159	13.3	27	0
North East	Reena Tripathi	Anonuevo, Aileen (EPCT)	5	10	9		19	238	12.5	29	0
North East	Reena Tripathi	Campbell, Tracy (EPCT)	5	15	4		19	202	10.6	24	0
North East	Reena Tripathi	Hyde, Shirley (EPCT)	5	20			20	208	10.4	28	2
North East	Reena Tripathi	Omotoso, Alice (EPCT)	5	19	1		20	212	10.6	29	0
North East	Reena Tripathi	Price, Gemma (EPCT)	5	16	4		20	223	11.2	23	9
North East	Reena Tripathi	Belewa, Jeneba (EPCT)	6	5			5	76	15.2	39	0
North East	Reena Tripathi	Folawiyo, Basirat (EPCT)	7	2			2	4	2	75	0
	Reena Tripathi			106	18	0	124	1343	10.8	33	11

PROCEDURE:

Weekly: The General Managers receive the *Weekly Operating Report* by email once per week from the IT department.

The General Managers then take the *Weekly Operating Report* to the *Weekly Schedule Review Meeting* that is held with their Community Matrons to discuss the performance.

The *Weekly Activity Report* shows the volume of activity, average number of face-to-face contacts per WTE day, average recorded visit time per visit and no-outcomes for each individual member of staff and their team. The General Managers use this information to target specific members of staff and / or teams.

Weekly Caseload Review

Procedure Control Document

DESCRIPTION: The *Weekly Caseload Review* is a summary taken from team planner on RiO of the work that is planned for the following seven days that is distributed with the *Weekly Operations Report*.

PURPOSE: The *Weekly Caseload Review* is a tool to make sure that the right numbers of staff are working on the right day for the following week and that t here are no short falls. The *Weekly Caseload Review* also allows the General Managers to see the distribution of work across all four localities when considering staff alignment.

The *Weekly Caseload Review* is also a check to see that all of the planned visits for the following week are completed.

RESPONSIBILITY: ELFT IT: ELFT IT services are responsible for distributing the *Weekly Caseload Review* with the *Weekly Operations Report* every week to the Community Matrons, General Managers and Executive Managers

DOCUMENTS: *Weekly Caseload Review*

Weekly Operations Report

FREQUENCY: Weekly: The *Weekly Caseload Review* is a weekly occurrence at the *Weekly Schedule Review Meeting*.

Team planner bookings

Team	24/06/2013	25/06/2013	26/06/2013	27/06/2013	28/06/2013	29/06/2013	30/06/2013	Grand Total
EPCT Central	68	64	58	59	68	43	42	402
EPCT North East	125	116	116	113	123	86	78	757
EPCT North West	118	98	106	92	117	65	65	661
EPCT South	224	225	203	210	216	140	118	1336
Grand Total	**535**	**503**	**483**	**474**	**524**	**334**	**303**	**3156**

PROCEDURE: The *Weekly Caseload Review* is examined at the *Weekly Schedule Review Meeting* by the General Managers and Community Matrons.

At the *Weekly Schedule Review Meeting* the General Managers compare the number of visits achieved for the previous week to that weeks corresponding *Caseload Review* to make sure that all of the visits that were planned, were achieved.

If more visits have been achieved than were planned then the General managers as why, this is normally due to new referrals and un-planned visits (ie: Blocked Catheters)

If less visits have been achieved than were planned the General Manager needs to find out why. In this situation it suggests that visits have not been allocated and therefore patients not seen, action is taken immediately and recorded in the action log.

Comparing *The Weekly Caseload Review* and the *Weekly Operations Report* allows the General Managers and Executive Managers to accurately see how much work each locality is doing. Any changes in the distribution of work among the localities are shown in these two reports. This allows the General Manages to make informed decisions on staffing levels and team distribution.

WEEKLY SCHEDULE REVIEW MEETING
Procedure Control Document

DESCRIPTION: The *Weekly Schedule Review Meeting* is a meeting between the General Manager and their Community Matron(s) to discuss the performance of the EPCT.

PURPOSE: The *Weekly Schedule Review Meeting* is used to discuss, challenge and address any areas of performance within the EPCT. It is an opportunity of the General Managers to hold the Community Matrons accountable for the performance of their teams and agree any necessary actions that need to be taken.

RESPONSIBILITY: General Manager: The General Managers are responsible for attending the *Weekly Schedule Review Meeting* every week.

Community Matrons: The Community Matrons are responsible for attending the *Weekly Schedule Review Meeting* every week.

DOCUMENTS: *Weekly Operating Report*

FREQUENCY: Once per week

PROCEDURE: The General Manager(s) and Community Matrons discuss the performance of the EPCT using the 7 day view from the *Weekly Operating Report* as the foundation for the meeting. They review the performance of the teams for the previous week and set out action points against every variance, using the *Action Log*.

The General Managers then hold the Community Matrons responsible for going away and implementing all of the points that were agreed on the action log. This is then reviewed at the next meeting to make sure it has all been completed.

Agenda

Weekly Schedule Review Meeting

- Review of *Weekly Operations Report.*
    - Review Plan vs Actual (Weekly Caseload Review)
- RiO Outcomes
- Average visit duration
- Escalation

ACTION LOG
Procedure Control Document

DESCRIPTION: The *Action Log* is a record of agreed points that are to be implemented within a specific time frame.

PURPOSE: The *Action Log* is used to record all agreed action points from a schedule review meeting so that each party can be held accountable for implementing it.

The *Action Log* is also used to review the agreed action points from the previous *Schedule Review Meeting* and hold managers accountable for delivering a set of actions.

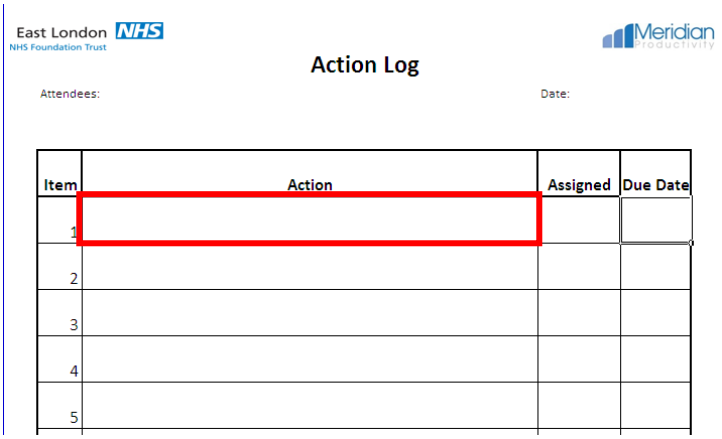
RESPONSIBILITY: It is the responsibility of the General Managers and Executive Managers to write out an *Action Log* in the *Weekly Schedule Review Meeting* and the *Monthly Schedule Review Meeting*.

DOCUMENTS: Action Log

FREQUENCY: Weekly: The *Action Log* is used weekly at the *Weekly Schedule Review Meeting*

Monthly: The *Action Log* is used monthly at the *Monthly Schedule Review Meeting*.

PROCEDURE: During a *Schedule Review Meeting* variances are identified by the managers and recorded on the *Action Log* in the 'action column' with the assigned action against it.


East London NHS Foundation Trust

Meridian Productivity

Action Log

Attendees: Date:

Item	Action	Assigned	Due Date
1			
2			
3			
4			
5			

Once an action has been recorded the activity is then assigned to one of the attendees of the meeting. This is then recorded in the 'Assigned' column with a due date.

Item	Action	Assigned	Due Date
1	No outcomes all followed up and outcomed	Joyce	23/05/2013
2	Kemi - low visits - Performance Manage / re-deploy & Allocate more work	Joyce	29/05/2013
3	Denise - low visits - check daily allocation report to make sure enough work has been allocated to her	Joyce	29/05/2013
4	CMs not checking allocation report - All reports for next week must be signed off by the CM	Joyce	29/05/2013
5	CM not fully prepared for meeting (report came out late) - CM must have interrogated the report in preparation for next weeks meeting.	Joyce	29/05/2013
6			

Once the *Action Log* has been completed it is emailed to everyone who attended the meeting and reviewed and the next *Schedule Review Meeting*.

MONTHLY OPERATING REPORT
Procedure Control Document

DESCRIPTION: The *Monthly Operating Report* is a summary of the EPCT's performance over the next month and log of agreed actions for the following month.

PURPOSE: The *Monthly Operating Report* is used as the foundation for the *Monthly Schedule Review Meeting*, It highlights all areas of strength and weakness in the EPCT's performance so that each item can be clearly discussed and dealt with individually.

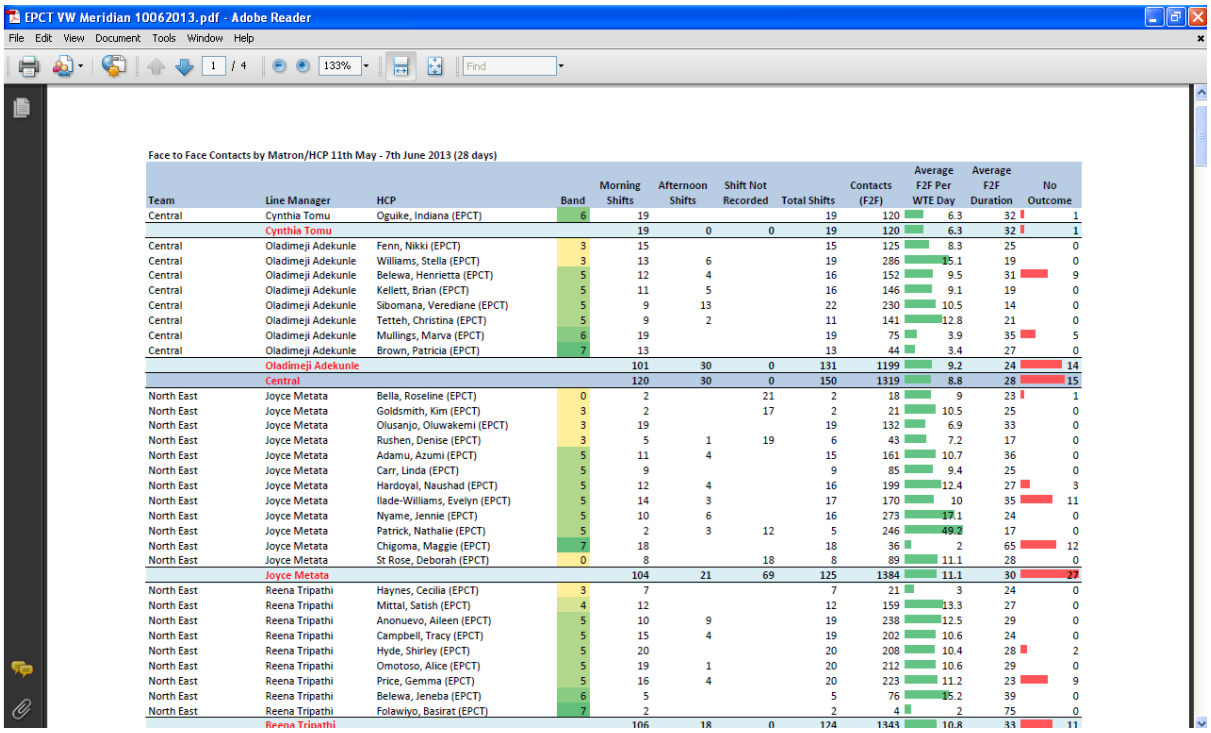
RESPONSIBILITY: It is the responsibility of the Executive to print off the *Monthly Operating Report* and bring it with them to the *Monthly Schedule Review Meeting*.

DOCUMENTS: *Monthly Operating Report*

FREQUENCY: Monthly: The *Monthly Operating Report* is used monthly at the *Monthly Schedule Review meeting* by the General Manager(s) and the Executive Manager(s).

PROCEDURE: The *Monthly Operating Report* is populated from the *East London NHS Foundation Trust Reporting System* prior to the *Monthly Schedule Review Meeting*.

The General Manager(s) and the Executive Manager(s) then go through the *Monthly Operating Report*, comparing the plan against the actual and accounting for any variance. They then agree appropriate action for each of the variances discussed.



Face to Face Contacts by Matron/HCP 11th May - 7th June 2013 (28 days)

Team	Line Manager	HCP	Band	Morning Shifts	Afternoon Shifts	Shift Not Recorded	Total Shifts	Contacts (F2F)	Average F2F Per WTE Day	Average F2F Duration	No Outcome
Central	Cynthia Tomu	Oguike, Indiana (EPCT)	6	19			19	120	6.3	32	1
	Cynthia Tomu			19	0	0	19	120	6.3	32	1
Central	Oladimeji Adekunle	Fenn, Nikki (EPCT)	3	15			15	125	8.3	25	0
Central	Oladimeji Adekunle	Williams, Stella (EPCT)	3	13	6		19	286	15.1	19	0
Central	Oladimeji Adekunle	Belewa, Henrietta (EPCT)	5	12	4		16	152	9.5	31	9
Central	Oladimeji Adekunle	Kellett, Brian (EPCT)	5	11	5		16	146	9.1	19	0
Central	Oladimeji Adekunle	Sibomana, Verediane (EPCT)	5	9	13		22	230	10.5	14	0
Central	Oladimeji Adekunle	Tetteh, Christina (EPCT)	5	9	2		11	141	12.8	21	0
Central	Oladimeji Adekunle	Mullings, Marva (EPCT)	6	19			19	75	3.9	35	5
Central	Oladimeji Adekunle	Brown, Patricia (EPCT)	7	13			13	44	3.4	27	0
	Oladimeji Adekunle			101	30	0	131	1199	9.2	24	14
	Central			120	30	0	150	1319	8.8	28	15
North East	Joyce Metata	Bella, Roseline (EPCT)	0	2		21	2	18	9	23	1
North East	Joyce Metata	Goldsmith, Kim (EPCT)	3	2		17	2	21	10.5	25	0
North East	Joyce Metata	Olusanjo, Oluwakemi (EPCT)	3	19			19	132	6.9	33	0
North East	Joyce Metata	Rushen, Denise (EPCT)	3	5	1	19	6	43	7.2	17	0
North East	Joyce Metata	Adamu, Azumi (EPCT)	5	11	4		15	161	10.7	36	0
North East	Joyce Metata	Carr, Linda (EPCT)	5	9			9	85	9.4	25	0
North East	Joyce Metata	Hardoyal, Naushad (EPCT)	5	12	4		16	199	12.4	27	3
North East	Joyce Metata	Ilade-Williams, Evelyn (EPCT)	5	14	3		17	170	10	35	11
North East	Joyce Metata	Nyame, Jennie (EPCT)	5	10	6		16	273	17.1	24	0
North East	Joyce Metata	Patrick, Nathalie (EPCT)	5	2	3	12	5	246	49.2	17	0
North East	Joyce Metata	Chigoma, Maggie (EPCT)	7	18			18	36	2	65	12
North East	Joyce Metata	St Rose, Deborah (EPCT)	0	8		18	8	89	11.1	28	0
	Joyce Metata			104	21	69	125	1384	11.1	30	27
North East	Reena Tripathi	Haynes, Cecilia (EPCT)	3	7			7	21	3	24	0
North East	Reena Tripathi	Mittal, Satish (EPCT)	4	12			12	159	13.3	27	0
North East	Reena Tripathi	Anonuevo, Aileen (EPCT)	5	10	9		19	238	12.5	29	0
North East	Reena Tripathi	Campbell, Tracy (EPCT)	5	15	4		19	202	10.6	24	0
North East	Reena Tripathi	Hyde, Shirley (EPCT)	5	20			20	208	10.4	28	2
North East	Reena Tripathi	Omotoso, Alice (EPCT)	5	19	1		20	212	10.6	29	0
North East	Reena Tripathi	Price, Gemma (EPCT)	5	16	4		20	223	11.2	23	9
North East	Reena Tripathi	Belewa, Jeneba (EPCT)	6	5			5	76	15.2	39	0
North East	Reena Tripathi	Folawiyo, Basirat (EPCT)	7	2			2	4	2	75	0
	Reena Tripathi			106	18	0	124	1343	10.8	33	11

Once Actions have been agreed and recorded in the *Action* Log the General Manager is then responsible to go away and implement the changes over the next month with a view to hit the planned target.

MONTHLY SCHEDULE REVIEW MEETING
Procedure Control Document

DESCRIPTION: The *Monthly Schedule Review Meeting* is a meeting between the General Manager and their Executive Manager(s) to discuss the performance of the EPCT.

PURPOSE: The *Monthly Schedule Review Meeting* is used to discuss, challenge and address any areas of performance within the EPCT. It is an opportunity of the Executive to hold the General Managers accountable for the performance of their teams and work together to identify solutions to any problems that may arise.

RESPONSIBILITY: General Manager: The General Managers are responsible for attending the *Monthly Schedule Review Meeting* every month.

EPCT Executive Manager: The EPCT Executive Managers are responsible for attending the *Monthly Schedule Review Meeting* every month.

DOCUMENTS: *Monthly Operating Report*

FREQUENCY: Once per Month.

PROCEDURE: The EPCT Executive Manager(s) and the General Manager discuss the performance of the EPCT using the *Monthly Schedule Review Meeting Agenda* and the *Monthly Operating Report* as a guide to their conversation.

The Executive Manager(s) are responsible for challenging any short falls in performance and highlighting and concerns they may have about the number of visits the service is producing.

The General Manager is responsible to bring along the previous months *Weekly Operating Reports* to show progress and actions that have been taken to address the issues they have been facing. This General Manager also uses this meeting to ask for any help with situations they may not be able to address alone.

Agenda

Monthly Schedule Review Meeting

- Review of *Monthly Operations Report.*
- *RiO* Outcomes
- Escalation of issues

PERPETUATION PROCEDURES

As with any system, it can only succeed if all components are utilised fully and concurrently. There can never be a situation where a control is either half used, or used in isolation.

Therefore, to enable Management to monitor compliance as well as monitor the results from the ongoing reports, a compliance matrix has been designed. This compliance matrix is shown on the following page.

This compliance matrix will enable management to pinpoint areas of the management control system which are not being wholly utilised and perpetuated. Any identified areas of non-compliance must be addressed so that the management control system remains robust, efficient and functional.

Remember that this system is yours and it is only as good as the people who use it as a management tool.

East London NHS Foundation Trust – Newham Community Health MANAGEMENT SYSTEM COMPLIANCE MATRIX						
SYSTEM ELEMENT/ACTIVITY/ACTION	**RESPONSIBLE**	**COMPLIANCE MC / SU / SKU**			**COMMENTS /ACTION REQUIED**	**FOLLOW-UP DATE**
FORECASTING Demand Forecast Group Budgets Team Structure (Locality / Cluster) KPI's	 Executive Executive General Manager Executive					
PLANNING Service Capacity Plan Quarterly Capacity Plan Review Rota / Staff Planning Annual Leave Control	 Executive Executive EPCT Team Leads* Band 8's					
ASSIGN / IMPLEMENTATION Monthly Caseload Schedules Weekly Caseload Review Daily Allocation Referral Tracker	 EPCT Team Leads* EPCT Team Leads EPCT Team Leads* EPCT Team Leads					
FOLLOW-UP / REPORTING Daily Schedule Review Meeting Weekly Schedule Review Meeting Monthly Schedule Review Meeting Annual Service Review	 Band 8's General Manager's Executive Executive					

*With Sign off from Band 8's

PROCEDURE FOR CHANGES

If any future changes should be applied to this installed Management System (e.g. change to reporting frequency), such change must be documented and the correct protocols and procedures put in place. Any changes to any of the elements of the management system with regard to Forecasting, Planning, Assigning and Follow-up must be communicated to Kate Corlett or Paul Gocke.

Appropriate alterations and additions to this manual should be made in order to reflect any changes to the installed management system.