

# Adult Social Care and Health Directorate

## OP/PD

# Transformation & Sustainability Toolkit

front sheet for use with all policies, protocols and guidance on social care KNet pages

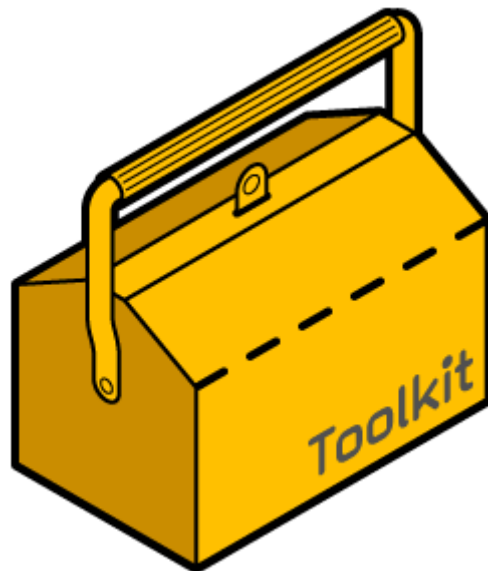
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## Acronyms

OPPD	Older Persons Physical Disability
ACT	Adult Community Team
ARMS	Area Referral Management Service
OT	Occupational Therapist
LRMS	Area Referral Management Service
GP	General Practitioner
SC	Social Care
CM	Case Manager
DP	Direct Payments
DQ	Data Quality
LTS	Long Term Stay Information Communication
ICT	Technology
KEaH	Kent Enablement at Home

## Transformation and Sustainability Toolkit



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### Welcome

Welcome to the OPPD Generic Toolkit. This document has been put together to support you in using and sharing the Tools and Methodologies introduced by our Efficiency Partner during Phase One and Two Transformation in years 2013 to 2016. We have pulled this material from a number of sources – training sessions, team presentations, and management meetings in order to hold it in one place for ease of reference. Conversely, as an Organisation, we have moved ahead at pace and therefore you may find that some of this information is not a complete reflection of our current practice as we have continued to progress and develop. This development will include changes in policy, practice and use of our client system. Therefore, it is an **absolute must** that you continue to refer to the relevant policies and systems guides available on KNet where all the necessary updates are located. Nonetheless, we hope you find the document useful in supporting you to understand and apply the principles of the original learning and skills transferred.



## How To Guides

### Introduction to slots

Slots are allocated in Case Officer/Manager and Occupational Therapist's Outlook Calendars in order for Assessments and Reviews to be booked. By managing time in this way we are able to ensure that Service Users are seen in a timely manner.

The following text explains the expectations for scheduling slots within Outlook calendars. Please note, at the time of Phases 1 and 2 Transformation there was an expectation that slots would be booked 4 weeks in advance. In many localities this expectation has now increased to 6-8 weeks. Please check this with your Supervisor. Additionally, the 'Team Leader' will typically be the Senior Practitioner or Team Manager responsible for your area.

### ACT Guide to Appointment Slots – Case Management

#### Creating

You are responsible for creating or deleting your own slots over 4 weeks.

- Days Working = Number of slots (if on-call or attending training please discuss the expectation with your Line Manager)
- Arrange through the week as appropriate
- Book your slots 4 weeks in advance (e.g. every Monday add a week)
- Vacant slots must be coloured Green

#### Initial Assessments and Allocations

These will be booked into calendars by the ARMS team or your Team Leader

- Case Officers/Managers must keep 2 slots for Assessments
- Caseloads across teams will be balanced and fair
- Once an Assessment is arranged the slot should be coloured Red

#### What Fills a Review Slot?

Case Officers/Managers must keep 3 slots for Reviews.

Reviews must include:

- A community visit
- A write up and entry into Swift/AIS
- A similar level of work as an Initial Assessment (e.g. Safeguarding Review)
- Once the Review is arranged the slot should be coloured Amber

#### What Doesn't Fill a Slot?

- 'Drop-ins' are not classed as Formal Reviews
- Follow-up visits e.g. to see a Service User with a carer etc.
- A 'Place Holder' slot –only turn a slot Amber for a Review once you have all of the details of the appointment (time, client name) and have the Review booked.

Case Managers/Case Officers – 3 Reviews & 2 Assessments (subject to business need).

Please note, the guidance below relating to expectations for OTs may have moved on as the organisation has further evolved and adapted over time.

### ACT Guide to Appointment Slots – Occupational Therapy

#### Creating

You are responsible for creating or deleting your own slots over 4 weeks

- Six slots per week for a full time member of staff (if part-time, on-call or attending training please discuss the expectation with your Line Manager)
- Arrange through the week as appropriate
- Book your slots 4 weeks in advance (e.g. every Monday add a week)
- Vacant slots must be coloured Green

#### Initial Assessments and Allocations

These will be booked into calendars by the ARMS team or your Team Leader

- Occupational Therapists must keep 3 slots for Assessments
- Caseloads across teams will be balanced and fair
- Once arranged Assessment slots should be coloured Red

#### What Fills a Review Slot?

Occupational Therapists must keep 3 slots for Reviews:

- A community visit -
  - Joint visits (in relation to major works) or trial of equipment/moving & handling
- A formal write up on AIS
- Once the Review is arranged the slot should be coloured Amber

Any other work needs to be scheduled around these slots as usual.

#### What Doesn't Fill a Slot?

- 'Drop-ins' are not classed as Formal Reviews
- Follow-up visits e.g. to see a Service User with a carer etc.
- A 'Place Holder' slot –only turn a slot Amber for a Review once you have all of the details of the appointment (time, client name) and have the Review booked

Occupational Therapists – 3 Assessments & 3 Reviews (subject to business need).



### Scheduling Set Up

To enable the ARMS Function to book appointments via the Scheduling Tool, relevant ACT colleagues will need to set up categories and calendar permissions within Outlook. The following guidance explains how to do this.

## Introduction

Scheduling is one of the fundamental changes that was implemented as part of the sandbox. If it is not set up correctly then the allocations cannot be booked by LRMS. In addition, the ACT trackers will not function correctly.

There are two steps that need to be set up for this to function correctly:

1. Labels/Categories
2. Calendar permissions

These should only need to be set up once and thereafter there are some simple ongoing maintenance tasks.

## Scheduling Setup

- How do I set up the labels/categories?
  - o [Outlook 2003](#)
  - o [Outlook 2007 onwards](#)
- How do I set up the calendar permissions?
  - o [Outlook 2003](#)
  - o [Outlook 2007](#)
  - o [Outlook 2010](#)

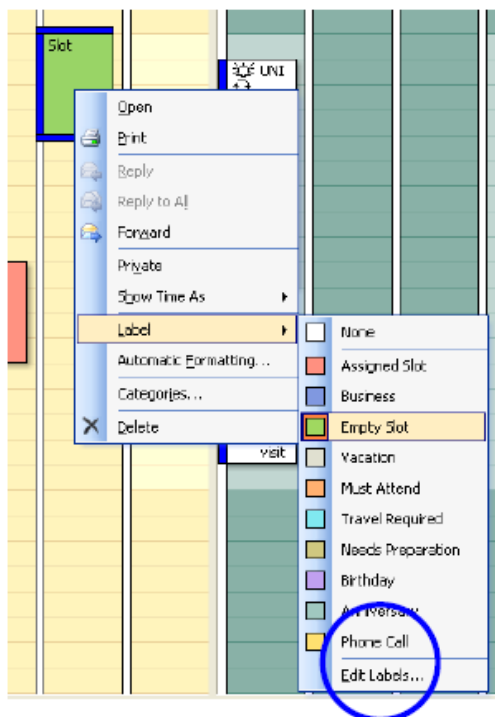
## Scheduling Maintenance

- [Adding people to the distribution lists](#)
- [Maintaining the assessor list](#)

## OPPD Generic

### How do I set up the labels/categories? – Outlook 2003

1. In the user's calendar, right-click on any appointment
2. Click on 'Label'
3. Click on 'Edit Labels...'



4. Change the red label to - Slot: Initial Assessment
5. Change the green label to - Slot: Empty
6. Change the amber label to - Slot: Review

*The spelling of these is important so please check that this is correct!*

### How do I set up the labels/categories? – Outlook 2007

1. In the user's calendar, right-click on any appointment
2. Then click 'Categorize'
3. Then click 'All Categories'
4. Change the red category to - Slot: Initial Assessment
5. Change the green category to - Slot: Empty
6. Change the amber category to - Slot: Review

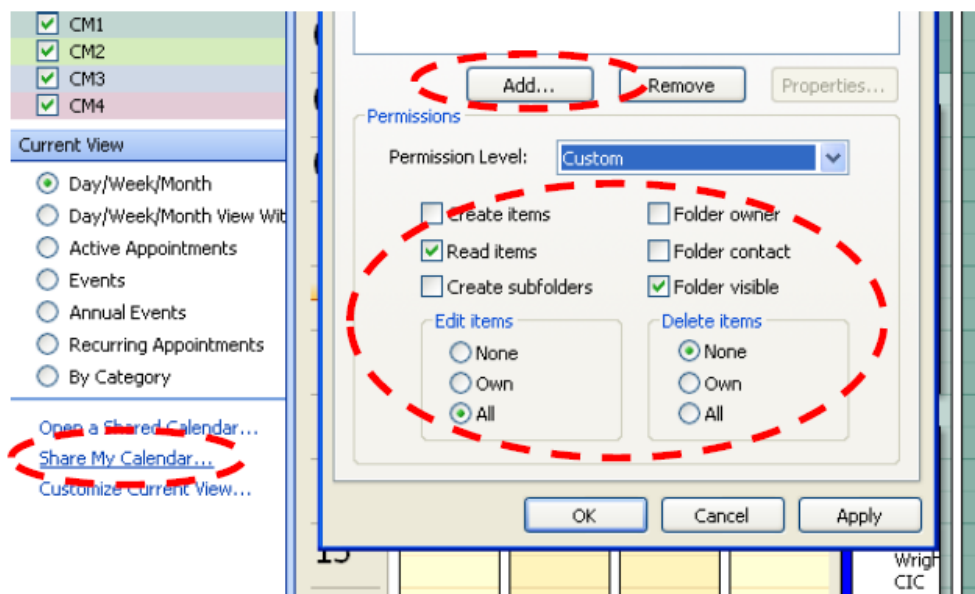
*The spelling of these is important so please check that this is correct!*

7. It is important that there are no other categories that use these colours. If there are any categories that use them please delete them.

### How do I set up the calendar permissions – Outlook 2003

1. Open the user's calendar and select 'Share my Calendar' in the left hand side of the calendar (you may have to scroll down the list of calendars to show this).
2. Select the add button to add the distribution lists.
3. There are 3 lists that you will need to add:
  - a. LRMS: "\_UM FSC LRMS CAOs"
  - b. Senior Practitioners: "\_UM FSC – Area (Office) – SPTLs"
  - c. Admin: "\_UM FSC – Area (Office) – Business Admin"
4. The permissions required are:
  - a. No Creating
  - b. No Deleting
  - c. Edit All
  - d. Read items
  - e. Folder visible

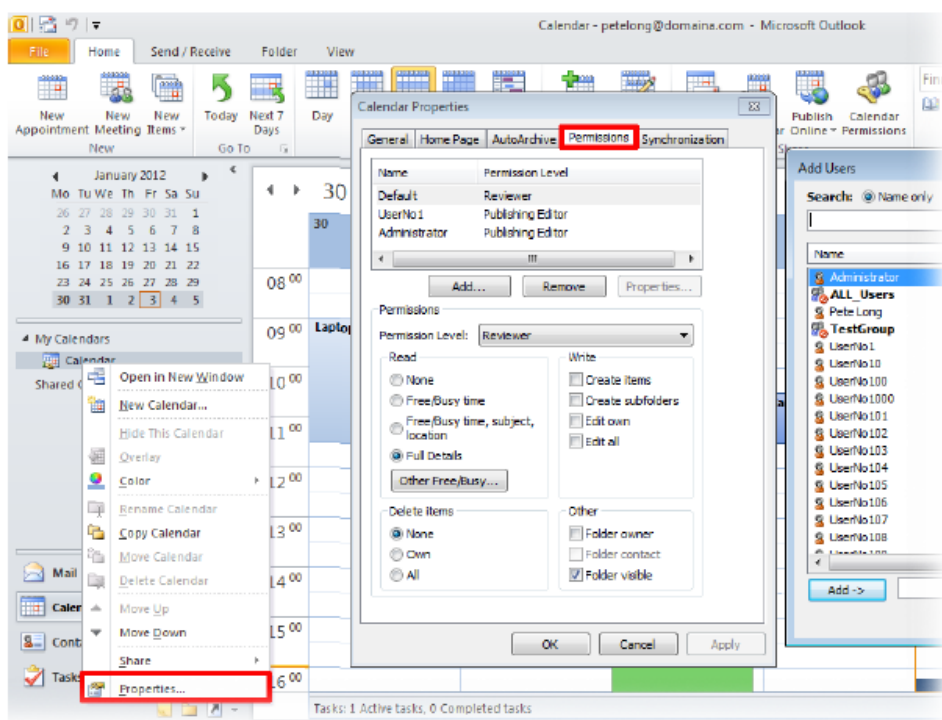
These are summarised below:



If individual permission sets are granted to admin, senior practitioners or LRMS then these must be deleted as these will conflict with the permissions on the distribution lists.

### How do I set up the calendar permissions – Outlook 2007

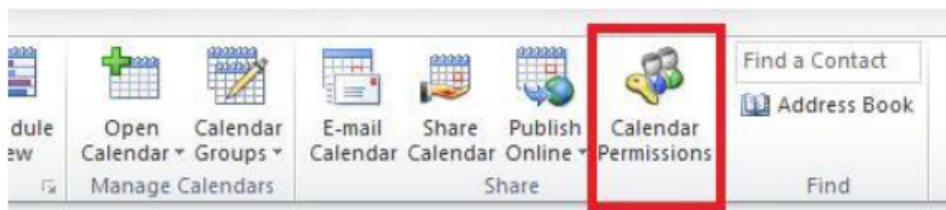
1. Open the user's calendar and find 'my calendars' in the left hand side
2. Right click on the user's calendar and select properties and move to the permissions tab
3. Select the add button to add the distribution lists.
4. There are 3 lists that you will need to add:
  - a. LRMS: "\_UM FSC LRMS CAOs"
  - b. Senior Practitioners: "\_UM FSC – Area (Office) – SPTLs"
  - c. Admin: "\_UM FSC – Area (Office) – Business Admin"
5. The permissions required are:
  - a. No Creating
  - b. No Deleting
  - c. Edit All
  - d. Read full details
  - e. Folder visible



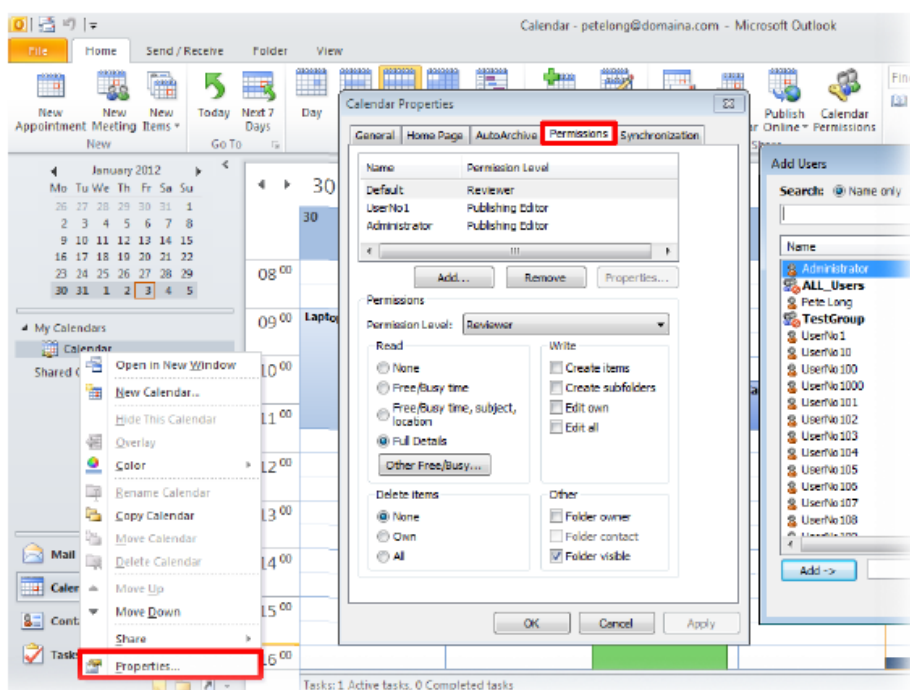
If individual permission sets are granted to admin, senior practitioners or LRMS then these must be deleted as these will conflict with the permissions on the distribution lists.

### How do I set up the calendar permissions – Outlook 2010

1. Open the user's calendar and select the home tab (at the top) and then the calendar permissions button



2. Select the add button to add the distribution lists.
3. There are 3 lists that you will need to add:
  - a. LRMS: “\_UM FSC LRMS CAOs”
  - b. Senior Practitioners: “\_UM FSC – Area (Office) – SPTLs”
  - c. Admin: “\_UM FSC – Area (Office) – Business Admin”
4. The permissions required are:
  - a. No Creating
  - b. No Deleting
  - c. Edit All
  - d. Read full details
  - e. Folder visible



If individual permission sets are granted to admin, senior practitioners or LRMS then these must be deleted as these will conflict with the permissions on the distribution lists.



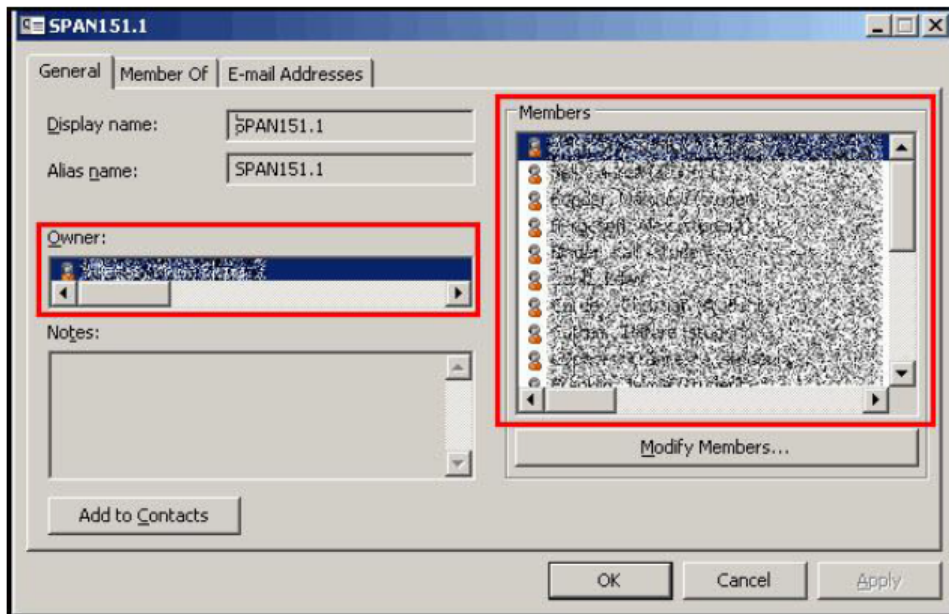
### Scheduling Maintenance

### Distribution List

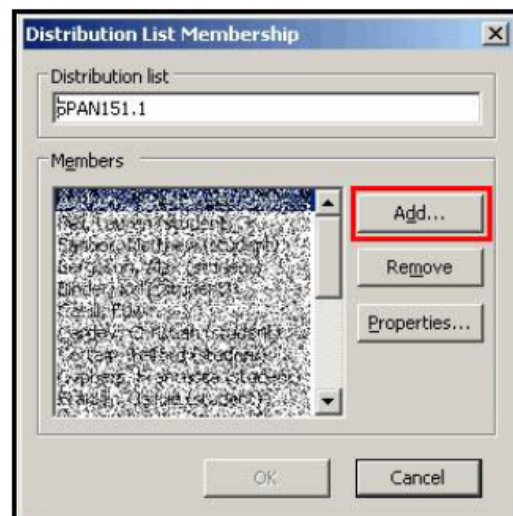
The following guidance for Distribution and Assessor lists is to assist the Super User in their role. If you are unsure who this is within your team, please check with your Supervisor.

### Adding people to the Distribution Lists

1. First find the distribution list in the address book that you wish to add people to and double click it. This will open a screen like the one below:



2. The owner of the list will be displayed in this window
3. If you are the owner then you can make the changes to the list yourself. If not you will have to request that they make the changes for you.
4. To edit the list select the modify members button
5. You can select the add button and add people to the list.



### Assessor List

## Introduction

The assessor list is the key document that controls the scheduling tool and there is a separate list for each area. The assessor list contains information on team members and their roles as well as which GP surgeries/areas they are responsible for.

If this information is not kept up to date then allocations could be made to the wrong people.

There are two tabs in the document – “Assessors” and “Lookup”

#### Assessors Tab

- [Assessor Name](#)
- [Location](#)
- [Assessor Type](#)
- [Multiple Roles](#)
- [Multiple Teams](#)

#### Lookup Tab

- [GP Surgeries](#)
- [Postcodes](#)

## OPPD Generic

### Assessors Tab

#### Assessor Name

The names of all assessors who may have appointments scheduled for them must appear in the “Address Book Name (Must Resolve)” column.

These must resolve with those that appear in outlook. *As a result, if the email formats change then these need updating as well.*

At the time of the writing the standard email format was:

Surname, FirstName – SC OPPD

#### Location

The “location” column specifies which team the assessor is in. These must match the names of the teams that are already in the template.

If an individual assessor works across multiple teams then guidelines on this can be found [here](#).

#### Assessor Type

There are 4 types of role that any assessor can have and are included below. This should be selected using the dropdowns in the “Assessor Type” column. This should update the “Qualified” and “OT” columns although if it does not then these should match the values below:

Assessor Type	Qualified	OT
AO	FALSE	FALSE
AO OT	FALSE	TRUE
CM	TRUE	FALSE
OT	TRUE	TRUE



## OPPD Generic

### Multiple Roles

If an assessor should be being allocated work for multiple roles this is possible by creating two rows for that assessor.

Examples of where this might be necessary are:

An OT carrying out AO OT and OT work:

Address Book Name	Qualified	OT	Location	Assessor Type
Bloggs, Joe - SC OPPD	FALSE	TRUE	Thanet East	AO OT
Bloggs, Joe - SC OPPD	TRUE	TRUE	Thanet East	OT

Or an AO OT carrying out AO OT and AO CM work:

Address Book Name	Qualified	OT	Location	Assessor Type
Bloggs, Joe - SC OPPD	FALSE	TRUE	Thanet East	AO OT
Bloggs, Joe - SC OPPD	FALSE	FALSE	Thanet East	AO

### Multiple Teams

If an assessor should be being allocated work from multiple areas this is also possible by creating two rows for that assessor.

An examples of where this might be necessary is Joe Bloggs covering OT work from two teams:

Address Book Name	Qualified	OT	Location	Assessor Type
Bloggs, Joe - SC OPPD	TRUE	TRUE	Thanet West	OT
Bloggs, Joe - SC OPPD	TRUE	TRUE	Thanet East	OT

### Lookups Tab

#### GP Surgeries

Work is allocated to the teams based on where the service users GP is based. The GP surgeries are all listed in the "GP Surgeries" column and for each surgery the team responsible is listed under the "Office" column. *These should be aligned with the health boundaries.*

This should require very minimal maintenance as this has already been set up. However, should the GP clusters change then this will need updating.

## OPPD Generic

### Postcodes

If the GP is not known then the work is allocated based on the postcode of the service user.

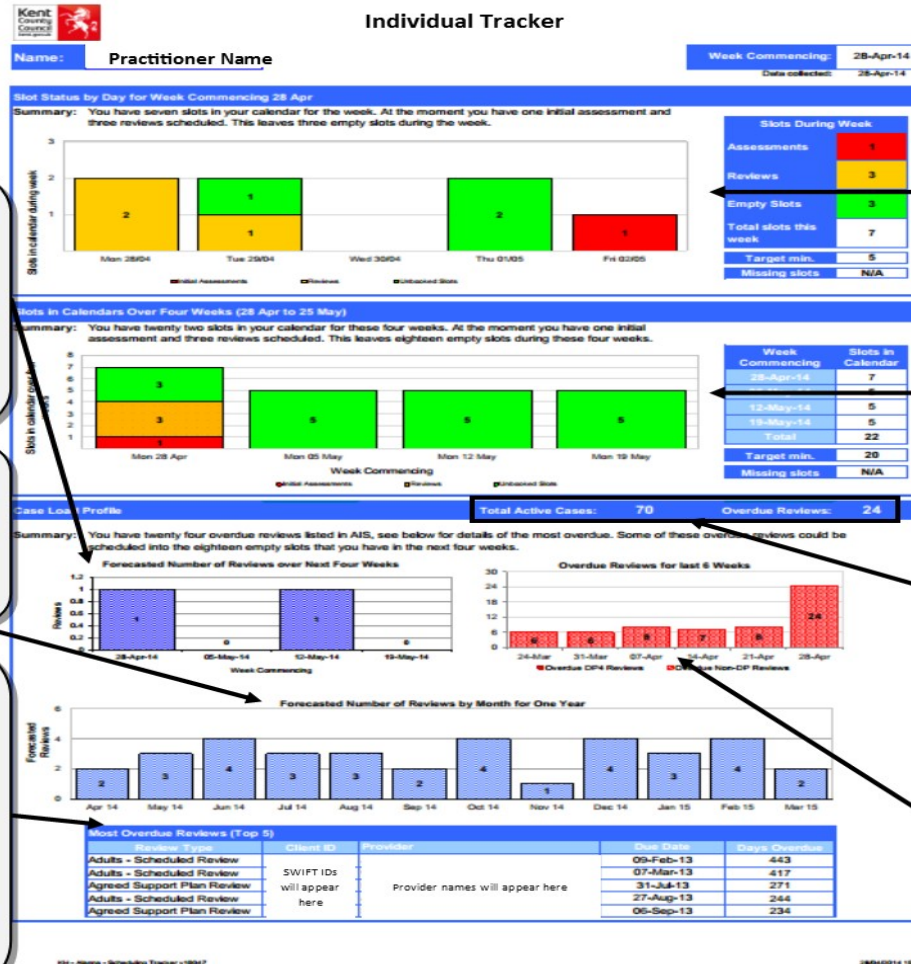
In the same way to the GP surgeries each postcode group is allocated a team that is responsible for managing that work. This is under “postcode group” .

### Introduction to Trackers

The Scheduling Tracker is a forecast tool used to identify the number of Reviews and Assessments arranged by an individual. This is held on the individual team K: Drive and is accessible via the Admin team. This is a useful tool in supporting supervision discussion.

The following pages explain how to interpret the information displayed on the Trackers.

### Reading Case Management Trackers



**1.** Slot status and distribution for the week

- Make sure there are no overloaded days.
- Book in reviews as soon as you know the service user needs to be seen.
- Have you met your weekly slot target?

**2.** Slot status and distribution for 4 weeks

- Book in reviews as soon as you know the service user needs to be seen.
- Have you met your weekly slot targets?
- Have you remembered to take slots out when on leave?

**3.** Total Cases and Overdue Reviews on caseload

**4.** Number of overdue reviews over 6 weeks

- Has this number gone down recently?
- If you have free slots, consider booking in some overdue reviews
- See the table (5) or your boxi report for these clients

**7.** Reviews due in the next 4 weeks

- If you have no reviews due in a week, use this as an opportunity to get some overdue ones done
- If some weeks have many more reviews than others, consider doing some early to relieve pressure points

**6.** Number of reviews in each month for next 12 months

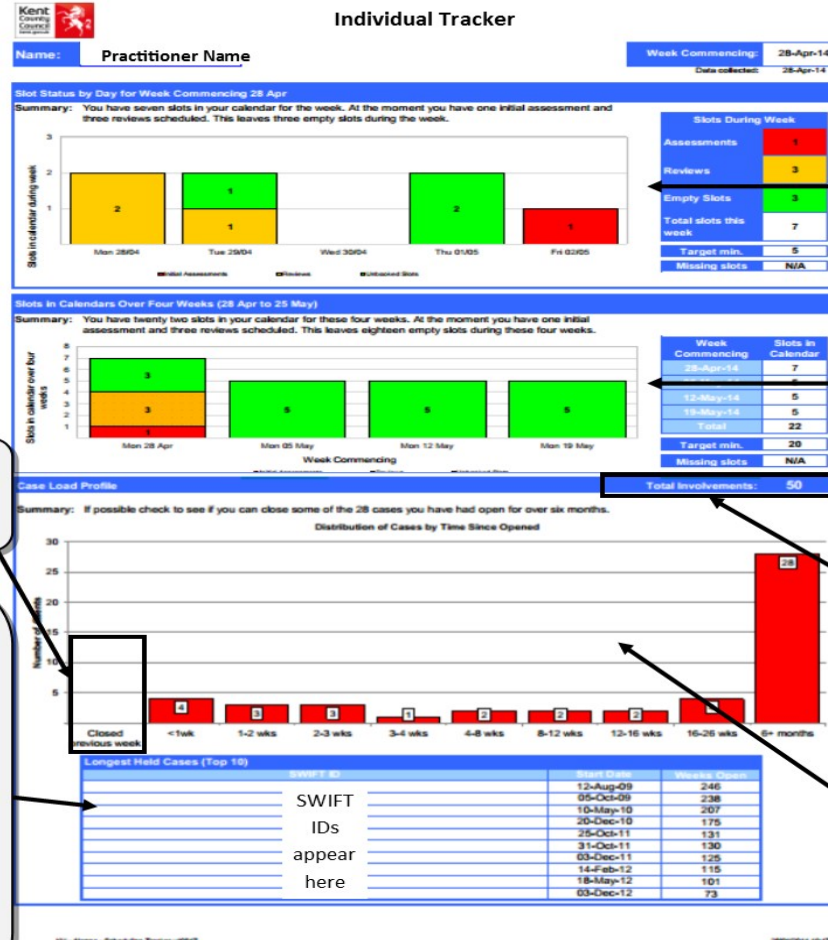
- Are there any very busy months? Can some of the reviews be done early/late to relieve pressure points?

**5.** Top 5 most overdue cases.

- Are there any DP/DP4 reviews on here? If so, query the DP team—they may just need some info to close the review
- Get a boxi report to see a full list of cases with overdue reviews if you have more than 5
- Some overdue reviews may be data quality issues and could be closed straight away

### Reading Occupational Therapist Trackers

If an OT is selected from the list of names at the top (*Practitioner Name*) the lower half of the tracker will change to the OT view



6. Number of cases closed the previous week

5. Top 10 longest held cases. (number of weeks held)

- The cases that appear at the top will be the ones that have waited the longest or have been on a caseload the longest. In both situations, they are the ones that may require a little more attention
- Get an involvements report to see a full list of cases if you want to see more than the top 10
- Some of the longest involvements could be data quality issues and could be closed straight away.

1. Slot status and distribution for the week

- Make sure there are no overloaded days.
- Book in reviews as soon as you know the service user needs to be seen.
- Have you met your weekly slot target?

2. Slot status and distribution for 4 weeks

- Book in reviews as soon as you know the service user needs to be seen.
- Have you met your weekly slot targets?
- Have you remembered to take slots out when on leave?

3. Total number of involvements

4. Number of cases held for each time period

- Where there is a large number of long-held cases, could this be a DQ issue?
- See the table (5) or your boxi report for these clients



#### Individual Tracker



Slots in calendar this week

Slots in calendar for next 4 weeks

Reviews (Due and Overdue)

Involvements (OT view)

1. Change the practitioner on the digital form here

2. Check the week being viewed is correct (change on the cover sheet if necessary) Check the date it was last updated below the WC box

#### Team Trackers (A4 and A3)



Caseload distribution amongst team

Slots in calendar For the Team

Slots in calendar for the next 4 weeks

Reviews & Assessments for Team

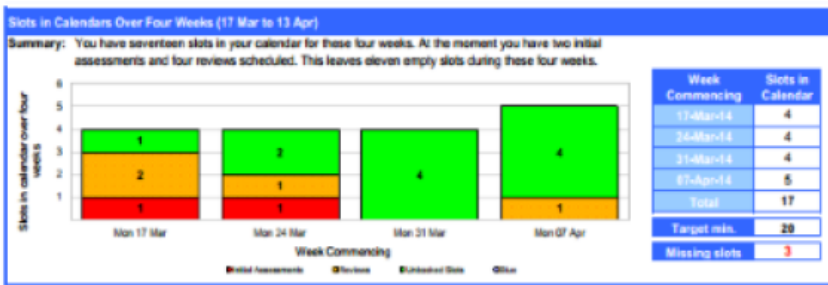
3. The slot use for the week is described here. Ensure that the minimum number of slots required have been added to the calendar (Use 'target slots' and 'missing slots' as a quick reminder).  
These figures will automatically display the correct requirements for full and part time staff. Contact your Super user if this is not the case.

#### Questions and considerations for this figure:

- Are the minimum required slots in calendar?
- If slots are missing, why?
- If there are reviews booked into the calendar, and the practitioner has reviews overdue, this number should reduce over time (use the [third graph](#) to keep track of this)
- Except perhaps in the case of a new member of staff, the slots should be a mix of assessments and reviews.

- Having green slots is not a bad thing! This means that clients have a greater choice in appointments. The only time this is not acceptable is if a practitioner has a large number of overdue reviews and free slots.
- The appointments in a week will be made up of new referrals from the LRMS, reviews that are due and reviews that are overdue. Use the [Caseload profile section](#) (bottom 3<sup>rd</sup>) of the individual tracker to see the quantities for these last two.

1. This part of the figure shows what the practitioner's calendar looks like over the next 4 weeks.



2. Use this figure to check the number of slots created for the next 4 weeks. Use the 'Target Min' and 'Missing Slots' boxes to prompt the questions.

#### Questions and considerations for this figure:

- Ensure slots have been created for the next 4 weeks
- Use the on-call rota to determine which weeks there should only be 4 slots instead of 5
- Make sure there is a mix of new assessments and reviews
- If 5 green slots have been created, book up to a maximum of 4 reviews in – this means that there is room for a new client to be seen or capacity just in case a case flares up.
- Practitioners can use this 4 week look ahead to plan their workload. Where free slots exist, reviews (due and overdue) should be booked in.

1. Reviews becoming due in the next 4 weeks. Use this to plan and book reviews into green slots. If the number of reviews becoming due is small, the practitioner should book in overdue reviews to fill empty slots.

2. Active Cases and No. of overdue reviews



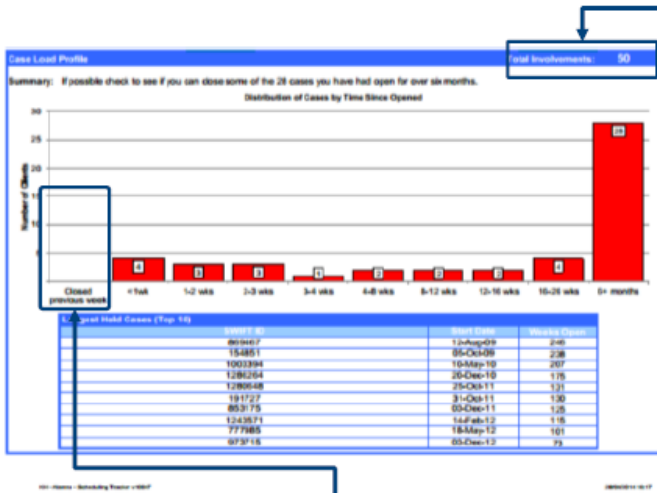
3. The number of overdue reviews over the last 6 weeks is displayed here (in bars and with numbers in the bars) Where the practitioner has empty slots and overdue reviews, these should be booked in. If this number increases, find out why. DP Reviews will appear as a deep red.

4. The due dates of current cases are projected over the next 12 months. Use this when planning future reviews to avoid very busy/stressful months – spread the due dates evenly where possible.

5. The five most overdue cases are listed here. Search the SWIFTIDs to get further details and book in reviews where possible

#### Questions and considerations for this figure:

- Ensure that the number of overdue reviews is going down.
- If green slots are available but the number of overdue reviews is not decreasing, find out why appointments with overdue clients have not been made.
- Use the projected due dates of cases to plan workloads and avoid creating very busy or stressful weeks/months.
- If the majority of overdue cases for a practitioner are DP reviews, ensure that they have contacted the DP team about these – sometimes there are support plans or additional admin that needs to be completed before they can complete the review.



1. The total number of cases that the practitioner is involved in is shown here.
2. The length of time that the practitioner has been involved with each of their cases is displayed here: the number of cases which have been held for each time period displayed is shown in the red bars.
3. This is a list of the top 10 longest held involvements

4. The number of involvements closed in the previous week is shown here

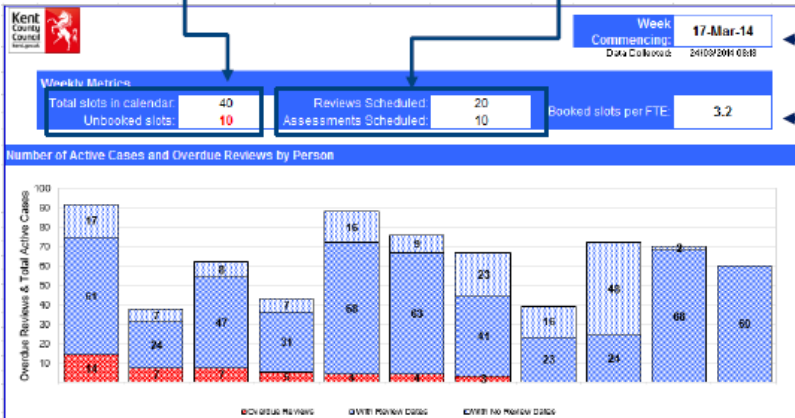
**Questions and considerations for this figure:**

- The number of cases closed last week should match the number of final reviews (amber review slots) performed
- If most of the involvements have been held for a long time (6 months or more) this may be a data quality issue. Use the Top 10 table (4) to identify cases that could be closed straight away.
- As a reminder, a 'Review Slot' should consist of a community visit which is either a Joint Visit (for a major installation or adaptation) or Trial of Equipment/Moving & Handling.

1. The total number of slots in the calendar for the week are displayed here, as are the number of un-booked slots.

2. Reviews and Assessments for the team in the week. The assessments should be evenly distributed amongst the team.

3. Check the week being viewed is correct (change on the cover sheet if necessary) Check the date it was last updated below the WC box

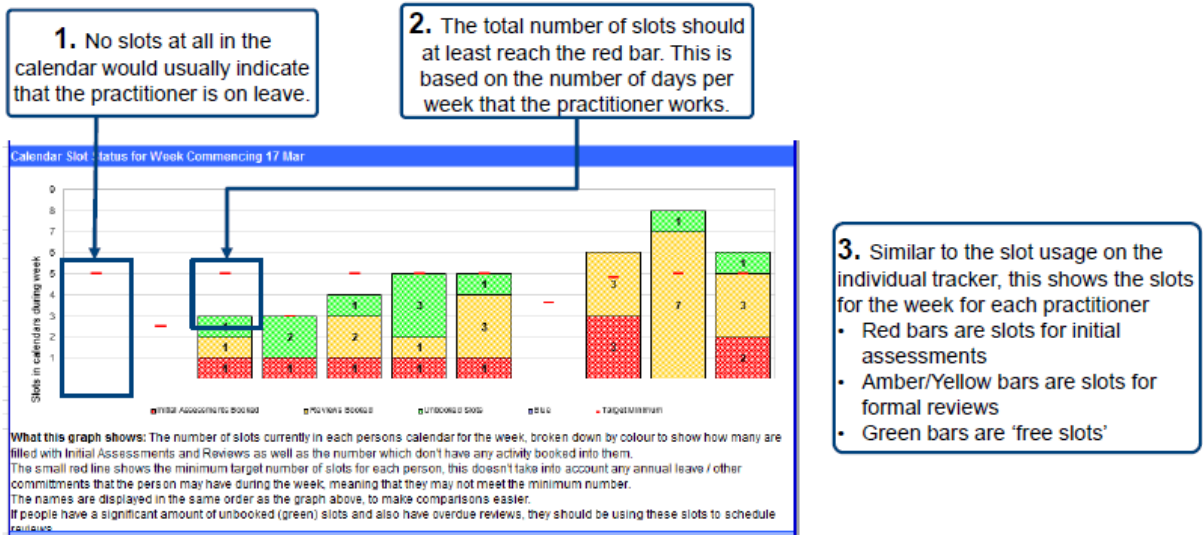


4. This is the average number of booked slots that each practitioner in the team has. (A booked slot is an appointment with a client – either an initial assessment or a formal review)

**Questions and considerations for this figure:**

- The practitioners are ordered from left to right in terms of the number of cases held with overdue reviews (OTs tend to appear on the right)
- The largest bar/block/biggest number should be that associated with the cases with reviews that are not overdue. (Deep Blue) Focus on bringing the number of overdue reviews and cases with no review dates down.
- DP reviews will appear here in a separate, darker colour. Chase these up with the DP team as they may need more information from the practitioner before they can be completed.
- Check for an even distribution of cases amongst the team, taking into consideration part-time and case complexity

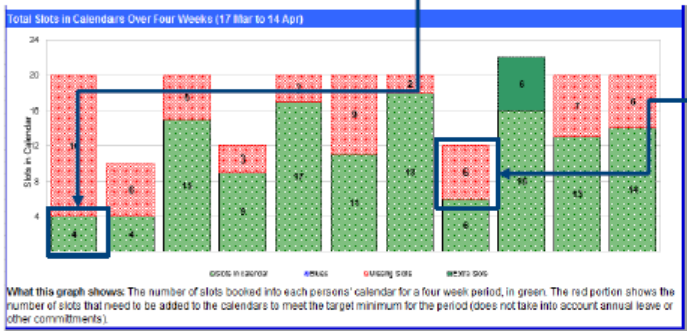




**Questions and considerations for this figure:**

- Where there is a lack of slots, check whether the practitioner is on leave, away for training or on long term sick (LTS can be logged in the tracker – ask your Super User to record this)
- If this is not the case, check the practitioner's calendar for slots with the correct labels and categories
- Ensure an even distribution of assessments and reviews
- If the slots are in the practitioner's calendar correctly, but not showing up on the tracker, contact the super user to resolve this
- Where slots are showing but don't meet the minimum requirement (the red line) verify that the practitioner has been on-call, attending training or on leave for the appropriate period.

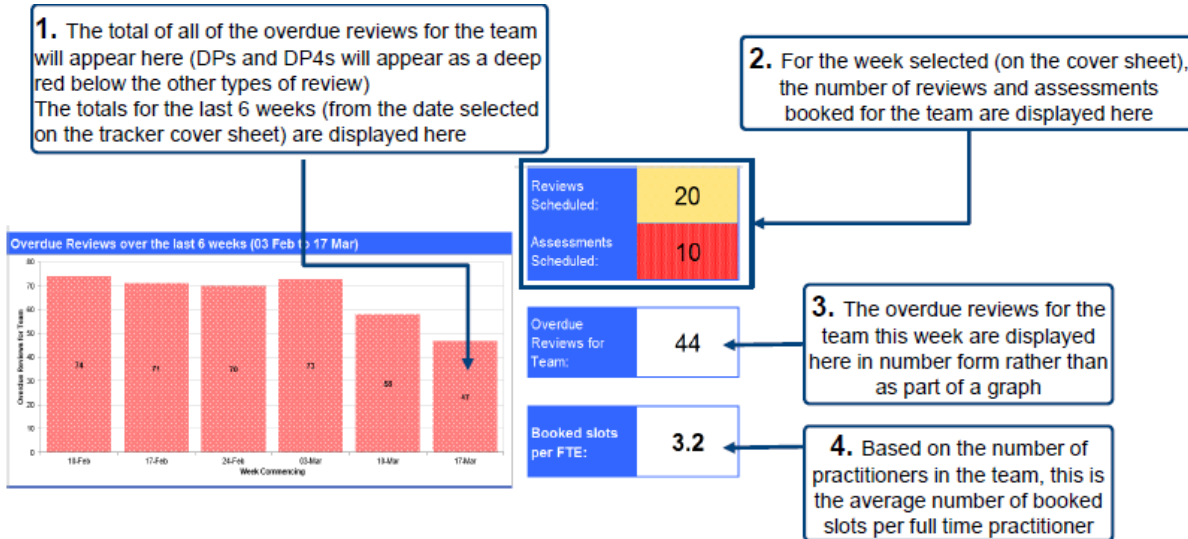
**1.** Slots in calendar over the next four weeks. For a full time practitioner, there should be 20 slots in the calendar for 4 weeks (5 slots per day). Where there are slots (of any colour) in a practitioners calendar, these will appear as green.



**2.** Where slots are missing over the four weeks, the number missing is displayed in the red box

**Questions and considerations for this figure:**

- This figure shows how far ahead the practitioner is planning.
- Ensure that the next four weeks have slots in the calendar.
- All of the slots in the calendar need to be individual events (not recurring) for data quality purposes – this removes the potential for a practitioner deleting one event and accidentally deleting the whole series of events.
- Some practitioners like to set a reminder every Friday at 3 to put the 4<sup>th</sup>/5<sup>th</sup> week of slots into the diary. This enables them to plan their workload more effectively and means that clients have more options for seeing social workers.



#### Questions and considerations for this figure:

- In the same way that the number of overdue reviews for each practitioner should be going down, the total number for the team should also go down from week to week.
- Eventually, this will be a very small number
- The number of assessments coming into the team (Assessments Scheduled) should be equal to the number referred by the LRMS plus the number referred by senior practitioners

#### Data Quality & Overdue Reviews

- In the initial phase of introducing the New Ways of Working, there may be a large number of cases without a review date and even some without a key worker
- Where these data errors are rectified, the number of overdue reviews for individual practitioners and for the team may increase.
- Once these issues have been resolved, the number of overdue reviews (for both individuals and the team) will decrease.

#### Reviews in a Week

- The visits or appointments that a practitioner has planned for any week will be made up of reviews which are due, reviews which are overdue and new assessments referred from the ARMS.
- In weeks where the new assessments are low and there are no reviews becoming due, the opportunity should be taken to see some overdue clients and rectify DQ issues.

#### Long Term Sick

- For practitioners who are on long term sickness, leave or extended training, this can be recorded in the tracker. In the 'lookup' tab, enter "True" into the column to the right

#### Locality & Area Tracker

- The information for the team and their performance for the weeks will be fed into an area tracker so that you can see how the average practitioner in your team is doing compared with other teams.
- This area/cross-team tracker is reviewed by the Service Manager and Associate Director

#### Key Messages

- The scheduling tracker is essentially an appointment system. It has not created any new work or demand.
- Where gaps exist (slots are missing), targets are not met or progress in reducing overdue reviews has not been made – this is a prompt for a question "Why not?". If there is a valid reason e.g. on leave, on call, training, overdue clients weren't available etc. Then there is no issue.

#### Delivering the Trackers

- The Super User in your area will update and print these trackers at the beginning of each week. Once you receive them, review the team trackers and identify actions for the team in general and individual practitioners e.g. "All need to create slots for 4 weeks time and practitioner A needs to make sure that they focus on overdue reviews this week while they have none due". These messages should be delivered to the team at washup and then with individuals directly.

## Updating the Trackers

The paragraphs below provide guidance on the following in relation to keeping the Tracker up to date. Please note information included from pages 24-27 is a Super User responsibility only. If you are unsure who this team member is, please check with your Supervisor.

### Adding & removing people from the Tracker

- Manually updating the information
- Printing

### 1. Adding & removing people from the Tracker

Click on the 'Lookup' tab to see the list of practitioners currently in the Team Tracker:

1	Lookup Data					
2						
3	Users	ShortName	SWIFT Name	Title	FTE	Long Term Sick
4	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	CM	0.8	
5	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	CM	0.8	
6	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	CM	0.8	
7	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	CM	0.8	
8	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	AO	0.8	
9	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	AO	0.8	
10	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	AO	0.8	
11	LastName, FirstName - SC OPPD	FirstName Last Name	SWIFT Name of Prac	OT	1	
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
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25						
26						
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30						
31						
32						
33						

To add a new practitioner to the team, simply enter their details into the next empty row as follows:

Users			Short Name	SWIFT Name	Title	FTE
First, Last – SC OPPD	First Last	First Last	CM			1

**Username:** This must match what appears in Outlook. The best way to ensure this is correct is to copy it from Outlook and paste it into this cell.

**Short Name:** This is the name that they would like to appear on the tracker (this doesn't need to match any records and so can be a shorter version of their name if they'd prefer).

**Swift Name:** This must match the name that the practitioner has in SWIFT/AIS so that all caseload information is correct. Check SWIFT/AIS if in doubt.

**Title:** This is the practitioner's job title e.g. Case Manager (CM) and can be either CM, AO, OT or AO OT

**FTE:** This is their Full Time Equivalent. For a full time worker, this needs to be 1. If the worker is part time, use the following as a guide:

Number of Days Worked per week	FTE
5	1
4	0.8
3	0.6
2	0.4
1	0.2

**DO NOT DELETE ROWS.** There is information to the right of the table that could be affected by deleting rows.

To remove a practitioner, simply select the detail associated with them, right click 'clear contents'. This may leave a gap in the list if they were not at the bottom of the list. Select all of the practitioners and associated details below them, right click 'copy':

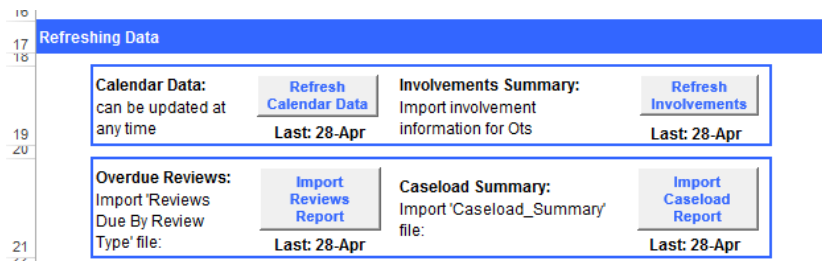
Users	ShortName	SWIFT Name	Title	FTE
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	AO	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	AO	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	OT	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	AO	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	AO	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	CM	1
LastName, FirstName - SC OPPD	FirstName Last Name	FirstName LastName	AO	1

Select the empty row and then right click 'paste'. This will remove the gap but will create a duplicate entry at the bottom of the list. Select these details and clear the contents.

## 2. Manually Updating the Information

Information on involvements, caseload summary and overdue reviews will automatically update on opening the tracker. Calendar information must be updated by the Super User using the button on the Cover Sheet.

The other information can also be updated manually in the event that the automatic update fails or information is missing from overdue reviews tables on the individual views.

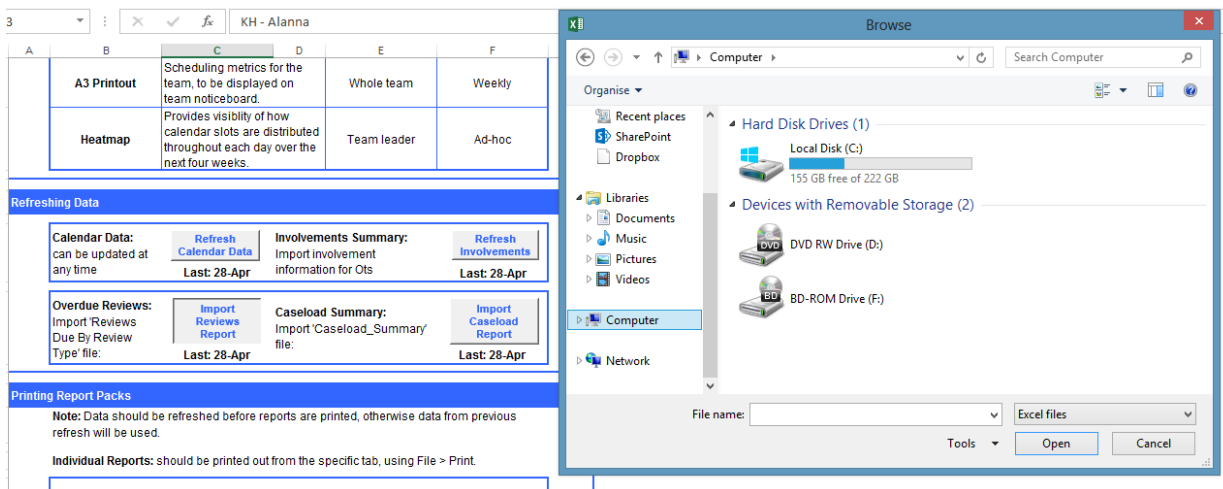


### Refresh Calendar Data

Clicking this button will automatically open Outlook and search the calendars of all those listed in the Lookup tab for slots. If information is missing for a particular practitioner on slots, check that their name is correct in the Lookup tab and that they have their calendar set up correctly with labels, categories and permissions.

### Refresh Involvements, Review Report & Caseload Summary

On clicking one of these buttons, the tracker will open a new window to look for a specific file to import data from. All three of the required files are in the same location but need to be uploaded using each button separately.



File Location: K:\FSC ACT\Your Area\Scheduling Trackers\Caseload Reports...

In this folder, you will need the following files:

**Involvements:** SCH\_A - 1 Number of Involvements Open Within the Period.xls

**Review Report:** SCH\_Reviews Due By Review Type\_025.xls

**Caseload Summary:** SCH\_Caseload Summary\_004.xls

### 3.Printing and Printers

#### Printing Trackers

Once all of the information has been updated (using the buttons on the 'Cover Sheet'), scroll down to find the print buttons: 'Print Weekly Pack' to print the team tracker, A3 printout and the individual trackers or 'Print Individual Trackers' to print only the individual trackers for the team.



## Introduction to the Schedule Appointment Button

The Scheduling Appointment Button is used by the ARMS function to arrange Assessments in ACT colleague's diaries. This tool is accessed via Outlook and the following guidance explains how to:

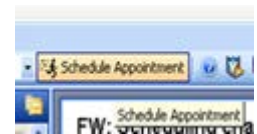
1. Use the 'Reinstall scheduling button' file in the K Drive
2. Add the macros behind the button manually (backup for above)
3. Create the Button (if the tool has not already been installed)
4. Troubleshoot

### 1. Using the Re-Install Tool Batch File

- Close your Outlook
- Navigate to the correct folder within the K Drive and locate the file: K:\FSC ACT\Your Area\Scheduling Trackers\Scheduling Tool\Re-Install Scheduling Tool
- Run the file marked 'Re-Install Scheduling Tool'
- A Command Window (black background, white text) will open
- Press any key to close it
- This will have installed the necessary files in Outlook
- Open Outlook again

The 'Schedule Appointment' button will be on the top bar of the emails.

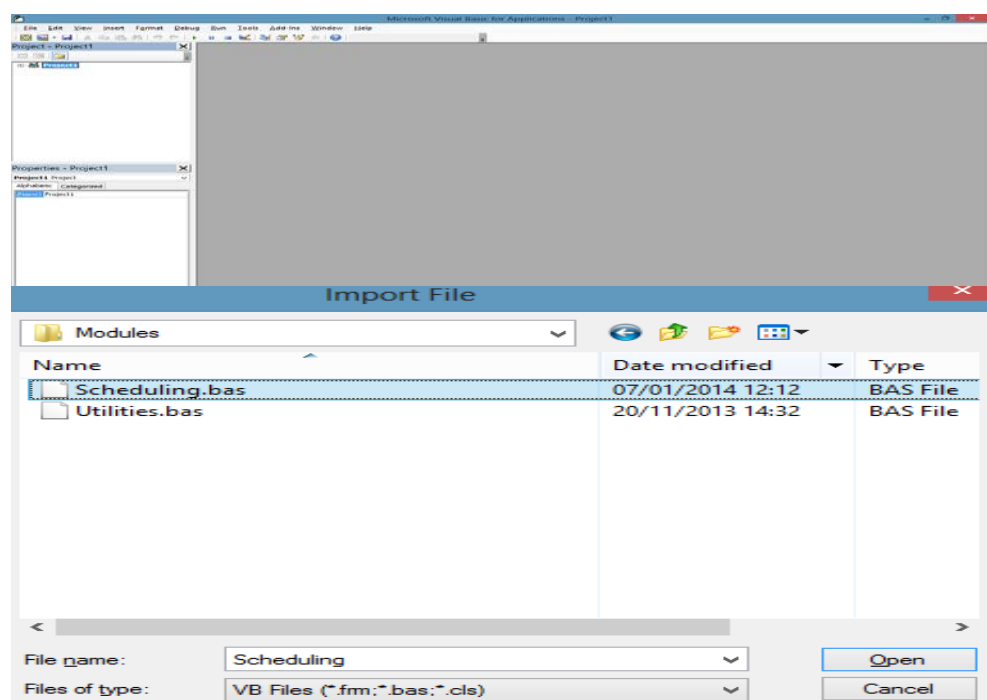
If this doesn't work, use the method outlined below to manually install the necessary requirements.



## 2. Install the macros to Outlook

To install the macros, you will need to open the VBA window of Outlook and import the relevant files. Follow these steps:

1. Open Outlook
2. Press 'Alt + F11' on the keyboard to open the VBA window
3. In the VBA window, press 'Ctrl + M' on the keyboard to import files
4. Navigate to the correct location: K:\FSC ACT\Your Area\Scheduling Trackers\Scheduling Tool\
  1. **Classes:** Assessor.cls
  2. **Classes:** Location.cls
  3. **Classes:** Slot.cls
  4. **Forms:** Schedule1.frm
  5. **Forms:** Schedule2.frm
  6. **Forms:** Schedule2.frm
  7. **Modules:** Schedulig.bas
  8. **Modules:** Utilities.bas
6. Select each file and press 'Open'.
7. After each one, you will need to press 'Ctrl + M' to reopen the Import File window
8. Hit 'Save' and then close the VBA window once all 8 files have been imported.

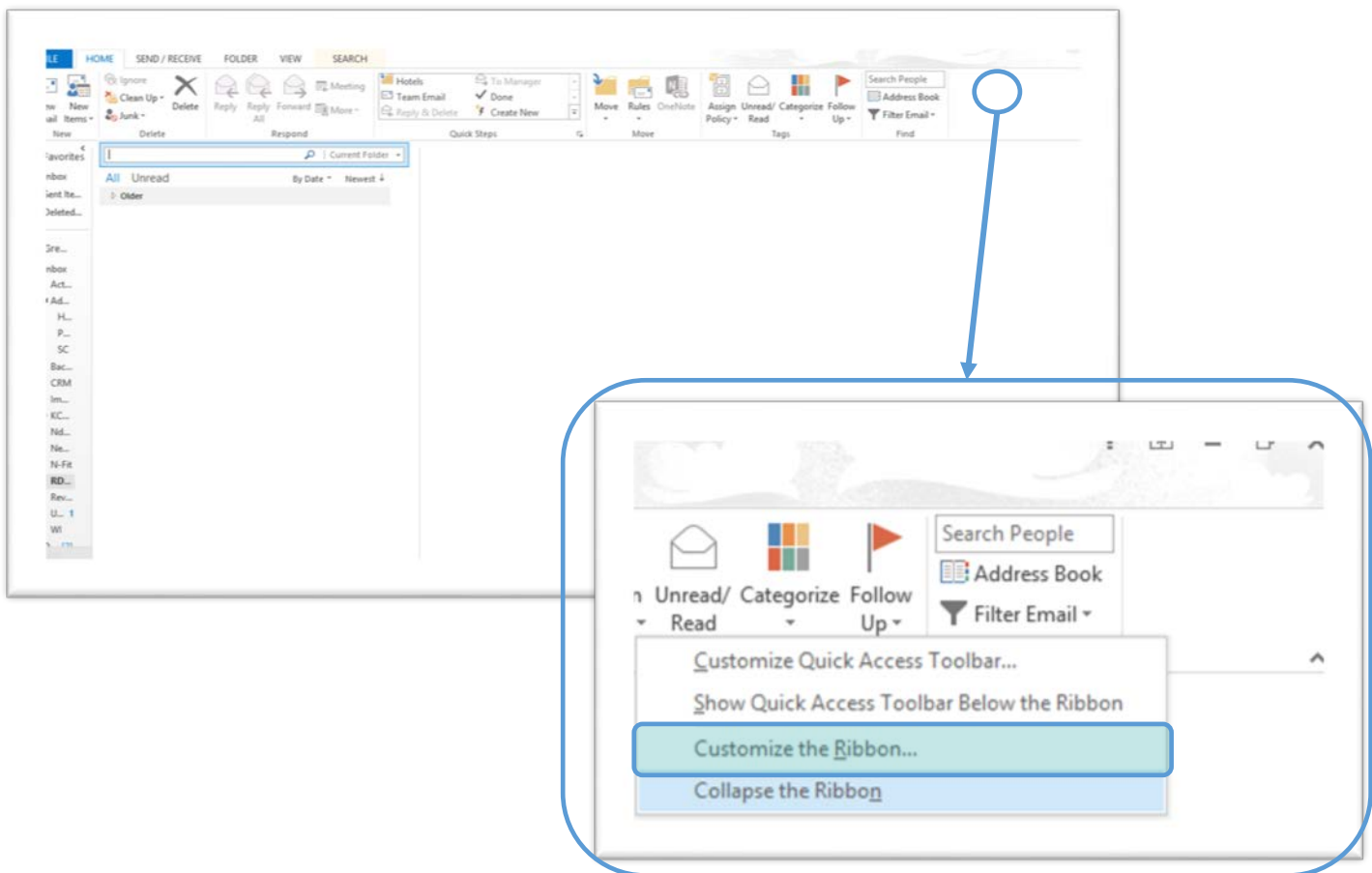




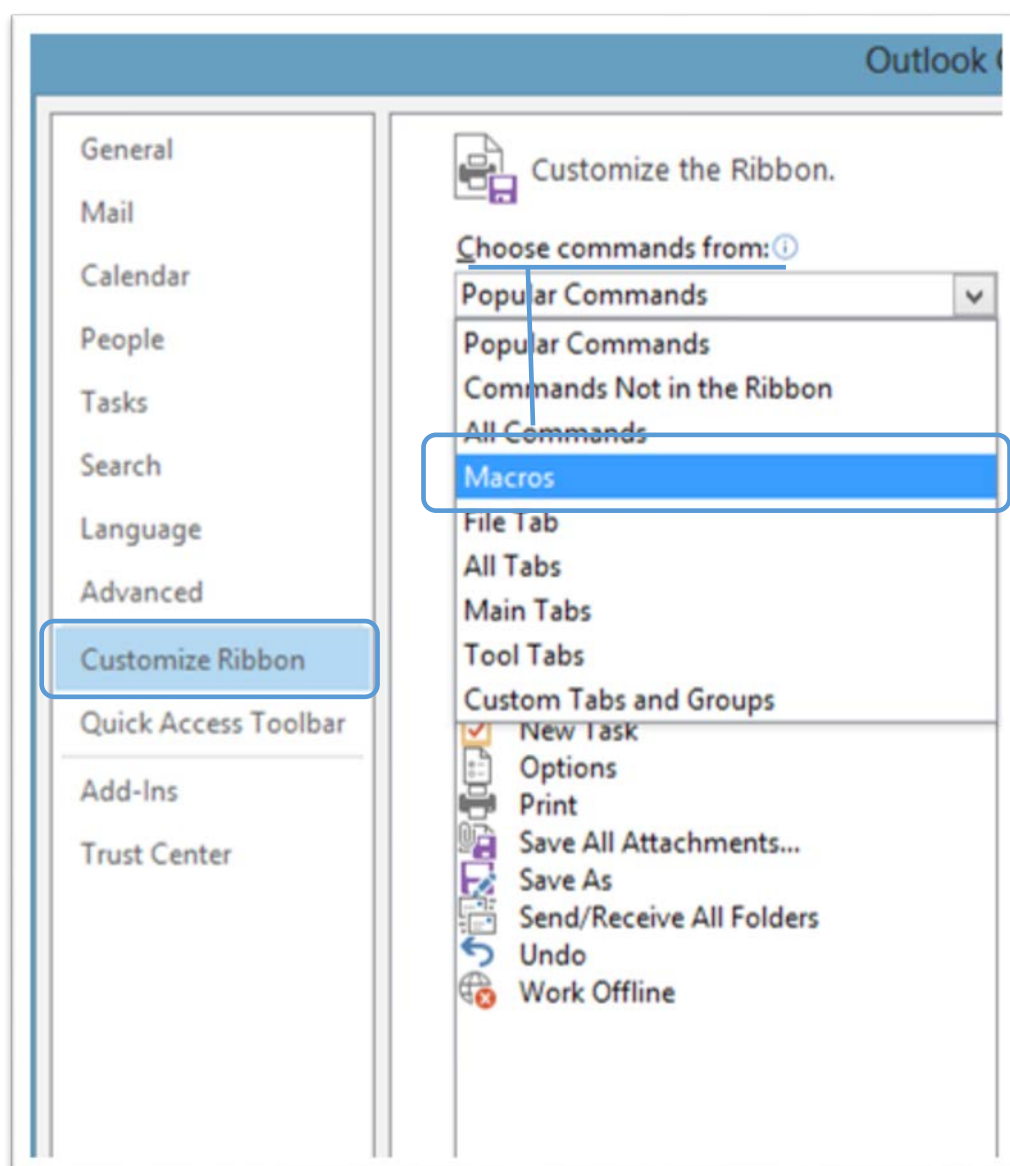
### 3. Adding the Schedule Appointment Button

Right click on the ribbon/menu bar at the top of Outlook

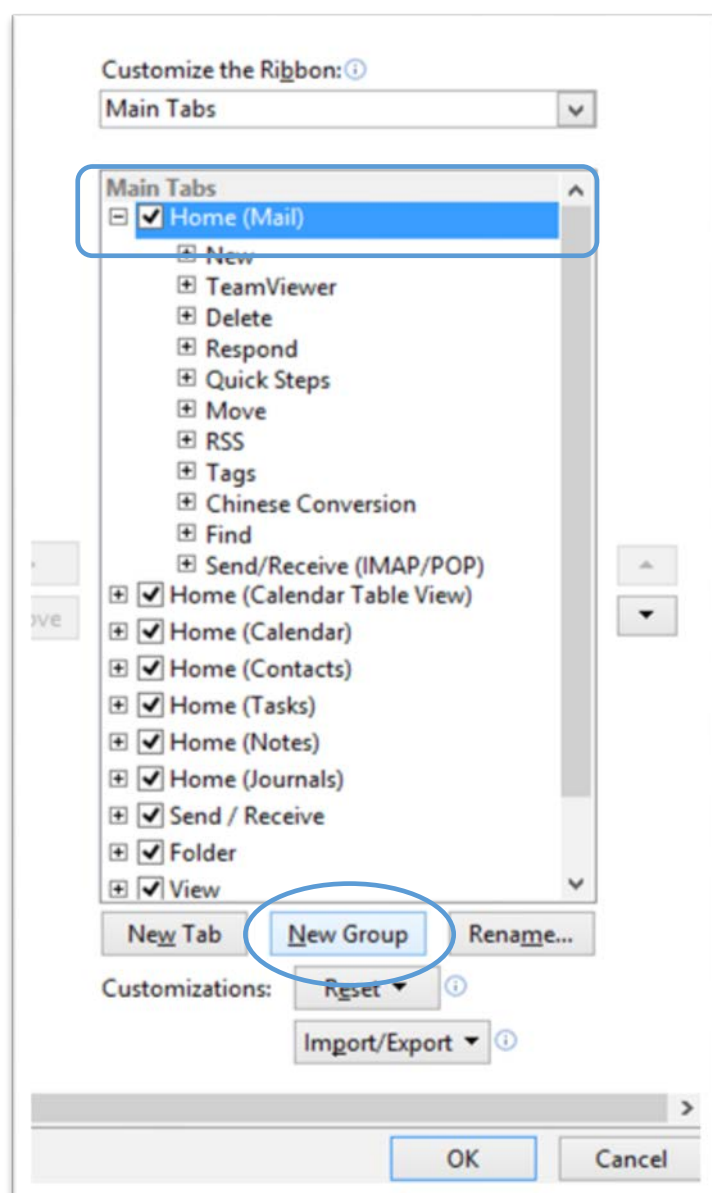
Select 'Customize the Ribbon...' from the list of options that appear



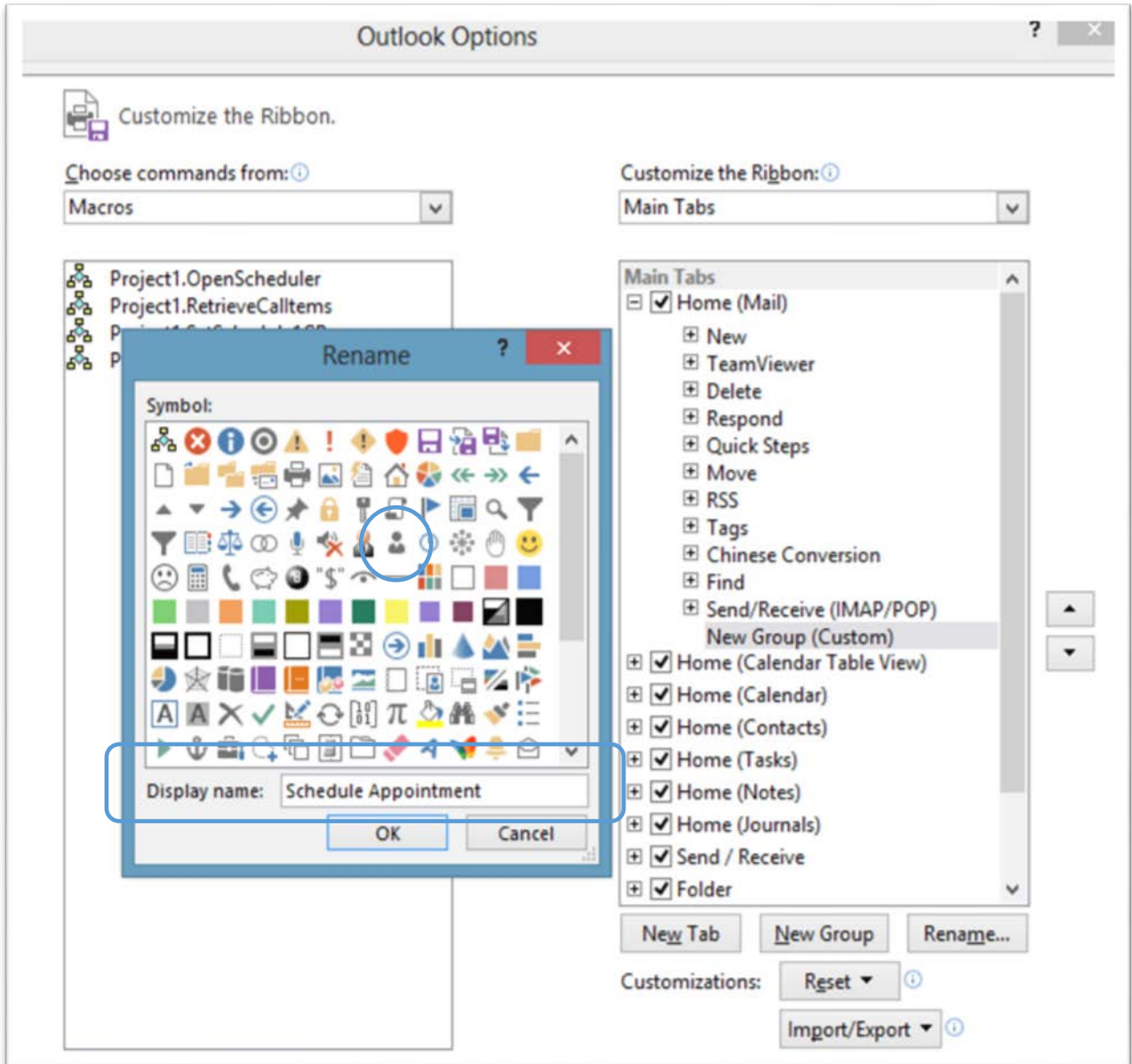
Ensure that 'Customize Ribbon' is highlighted on the left-hand side  
On the drop-down menu under 'Choose commands from:' select 'Macros'



On the right-hand side, click on the 'Home (Mail)' line so that it becomes highlighted. Click on the 'New Group' button to create a new group within this tab:

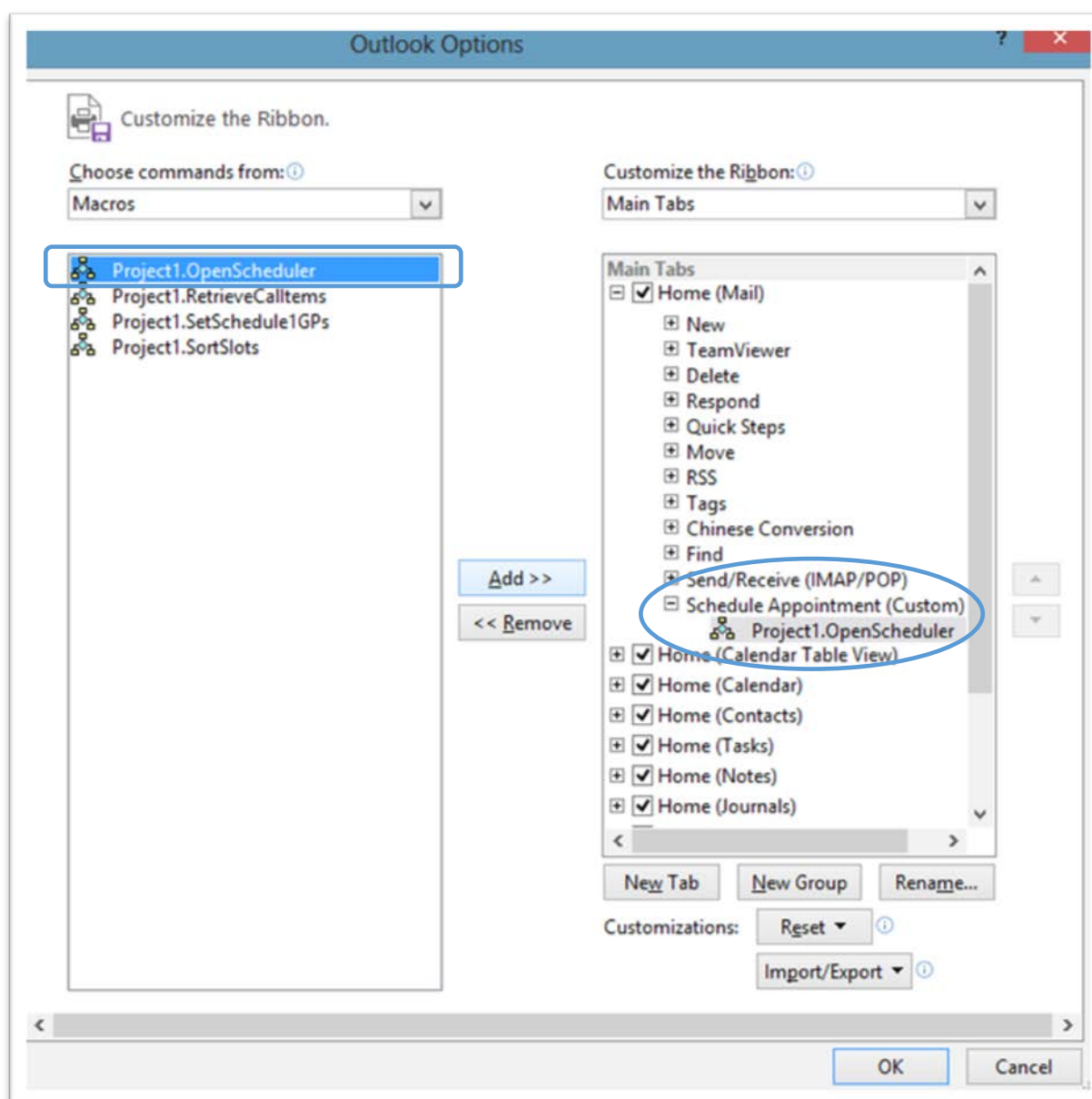


- Right click on the New Group that you've just created and select 'Rename'
- Select the icon required (circled)
- In the window that pops up, type "Schedule Appointment" in the Display Name box
- Click 'OK'



Ensure that the new group that you've just created is highlighted

- Select the correct macro from the list on the left (Project1.OpenScheduler)
- Click 'Add >>' and the macro should appear under the new group as shown
- Rename this new button in the same way the group was renamed (previous page)
- Once satisfied, hit 'OK'
- You may need to restart Outlook for changes to take effect.



### 4. Troubleshooting

#### What if the button disappears every time I log in?

In some instances, group policy and security settings remove the schedule appointment button from individual Outlook profiles. Try reinstalling the scheduling tool using the file and processes described above and notify your KCC Super User and ICT of the issue.

Ask your KCC Super User to:

- Ensure Outlook is closed
- Open the local 'AppData' folder -> Microsoft -> Outlook
- Delete the contents
- Run the reinstall batch file
- Open Outlook

You may need to log off/shutdown and log in/reboot to ensure these changes have taken effect.

#### I don't have access to the correct folder in the K Drive

Raise a request with ICT through the self-service portal to gain access to the relevant folder (**K:\FSC ACT\Your Area\**)

Contact your Super User or local administrator if you require assistance with this.

#### When I select the worker type needed, no appointments are displayed

This could be because all of the practitioners of the type required that work in the area chosen are busy for the next 6-8 weeks. Check this with the Senior Practitioner that manages that cluster to ensure that they all have the required number of slots in their diaries.

Ask your Super User to check the permissions of all the practitioners that should be appearing on the list of available appointments.

The Super User should also check that the entries in the Assessor List.xls file for the practitioners are all correct.

#### The area that one of the practitioners works in is incorrect in the tool

Contact your Super User to make the required change in the 'Assessor List.xls' file. Once they have done this, you will need to restart Outlook in order for the change to take effect.



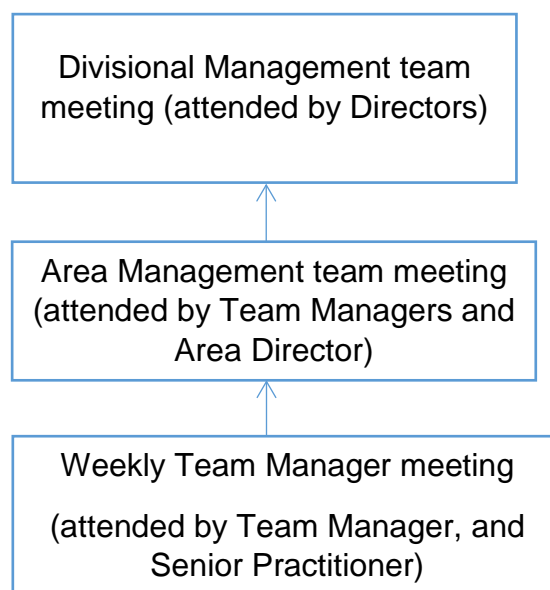
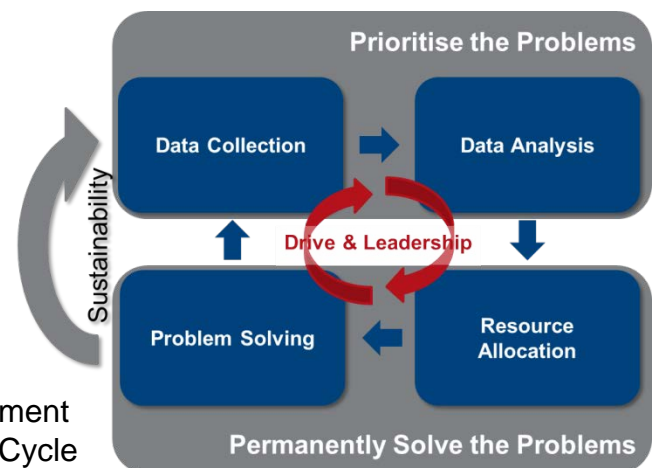
## The Improvement Cycle

In order to sustain the transformation work, we need to continuously work through the Improvement Cycle. We need to collect data on the current performance, analyse the data in order to identify levels of performance, allocate resource to target the areas requiring improvement and take forward appropriate actions.

### Governance and Escalation

Acevo (2016) define governance as 'the systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation'. Governance enables you to escalate issues, address problems and seek decisions.

Therefore it is important to ensure that there is an Improvement Cycle agenda slot at all relevant meetings. For example, the initial Improvement Cycle meeting might be held locally with the Team Manager, however if an issue still requires escalation from this forum, it will need to be discussed at a more senior level meeting. It is important to establish the correct frequency for these meetings. However, it is advisable to hold the initial Improvement Cycle weekly i.e. team meeting, the second bi-monthly i.e. Area Management team meeting, and the most senior Improvement Cycle meeting monthly i.e. Divisional Management team meeting. Please see the diagram below to illustrate what a governance structure might look like:



## Good Practice

## Wash Ups

Wash Ups are a meeting where issues are raised, and actions are agreed. The information below are factors within an effective Wash Up meeting.

### **Commitment to meeting attendance**

Meetings need to take place frequently and should include all staffing groups.

### **Setting a single owner for each action**

Simple but often missed, ensure there is a due date and an action log to record discussions and actions.

### **Commitment to completing actions quickly and thoroughly**

Getting actions right first time and automatically carrying out obvious next steps without waiting for the next meeting will minimise the doubling up.

### **Support – ask for it quickly**

Don't struggle alone and escalate as necessary.

If something has been escalated to you, deal with it promptly.

### **Be Prepared**

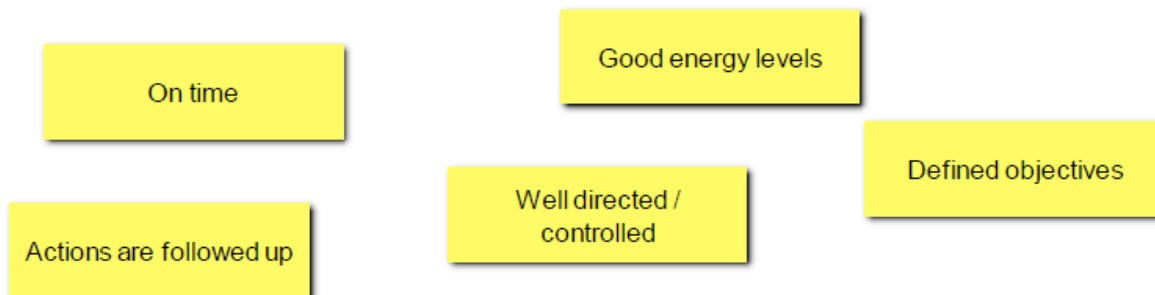
Use the Wash Up board proactively to discuss issues and best practice.

The principles in the following guidance on effective meetings can be used to support a good Wash Up and Improvement Cycle.

### What makes a meeting effective?



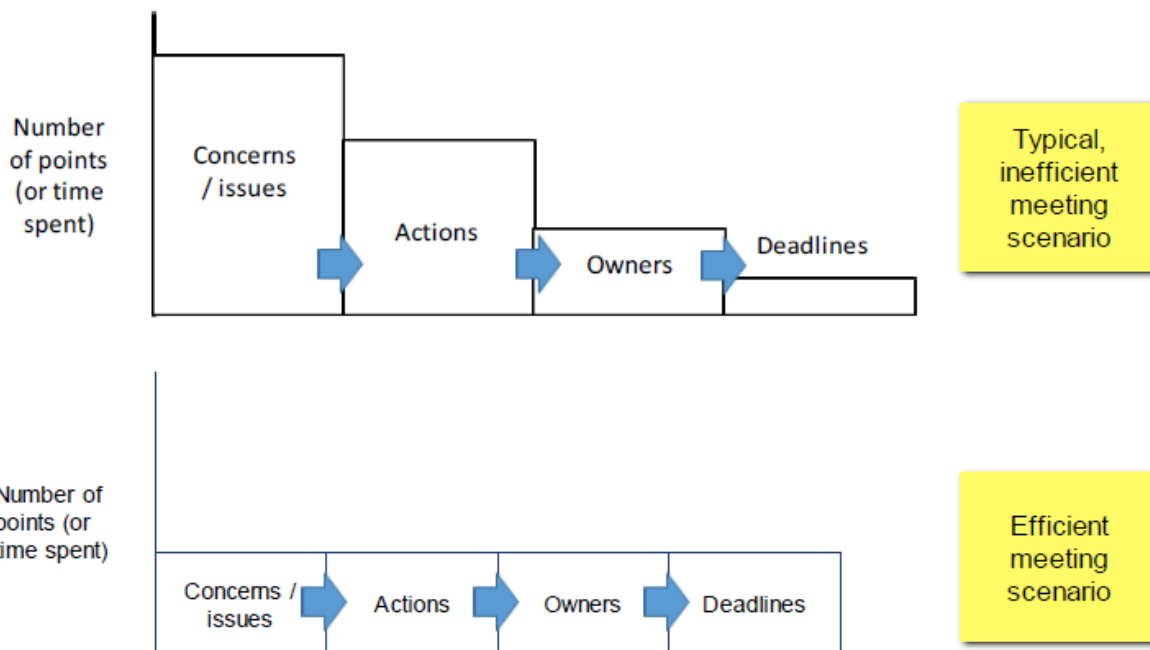
### What are the characteristics of an 'effective meeting'?



## Introduction

Pages 40-42 discuss components of an effective meeting. It is good practice to apply these principles to Wash Ups and Improvement Cycles in order to identify and resolve problems more efficiently.

## What makes a meeting effective?



The above diagrams illustrate the importance of spending an equal amount of time discussing concerns/issues, actions, action owners and deadlines. Actions agreed should be SMART:

## SMART

**S**pecific

**M**easurable

**A**chievable

**R**ealistic

**T**imebound

## Roles

- Facilitator – responsible for making sure that the meeting runs smoothly, the material is covered and SMART actions are generated
- Time Keeper – ensures that the meeting runs to the schedule listed on the Agenda
- Scribe – Highlights the key points of the meeting and writes them in a visible place
- Note Taker – Writes down all the Actions and is responsible for writing and circulating the minutes

## Objectives and Agenda

Example:

### Objectives:

- Communicate new exclusion categories for reablement
- Communicate method of 'de-selection' instead of 'selection'
- Communicate the process for referral
- Increase understanding of reablement and its impact across all teams

Do you want a decision?  
Do you want to generate ideas?  
Are you communicating something?  
Are you making plans?

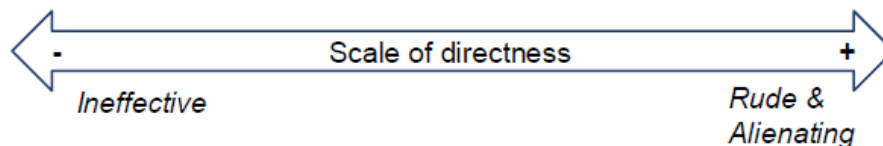
Time	Task
13:00	Introductions
13:05	Overview of Opportunity
13:15	Review of West Midlands Pilot
13:30	<ul style="list-style-type: none"> <li>• Map referral to install route for pill dispensers in Kingston</li> <li>• Form plan to engage with pharmacists</li> <li>• Form Plan to engage with GP's</li> <li>• Form plan to engage with hospitals</li> <li>• Understand blockers to implementation</li> <li>• Plan solutions to blockers</li> </ul>
14:30	Actions and Next Steps

What are your priorities to cover?  
What could get overlooked?  
What needs to be addressed first?



## Maintaining Focus

- Set objectives and expectations at start: we want to drive SMART actions for the points on the agenda
- Divergent Conversation
  - Caused by interest in a subject/topic not on the agenda
  - People "want to have their say"
  - All participants need to be of the same mind – "my time is valuable and it needs to be spent as effectively as possible"



The Scale of Directness illustrated above is a useful concept to bear in mind when keeping a meeting to the agenda. It is important to use the correct level of directness in order to be assertive and ensure time to discuss all the agenda items. If you are too direct you may come across as being rude and consequently the quality of the meeting may be impacted as attendees feel they are not able to contribute. Contrastingly, if you are not direct enough you risk the meeting going off topic and some agenda items not being covered.

### The parking space

• <i>Idea 1</i>	• <i>Idea 2</i>	• <i>Idea 3</i>
• <i>Discuss</i>	• <i>Discuss</i>	• <i>Discuss</i>
• <i>Useful</i>	• <i>Useful</i>	• <i>Useful</i>

### Useful Phrases:

- *"That's a really good point, and something we should definitely pick up later"*
- *"That is probably something that we should discuss in a different group/individually later"*
- *"We've only got 15 minutes left to get an action plan for Telecare Referrals, if we've got time, we can come back to this other issue at the end"*

The Parking Space is useful to use when a good idea is suggested that is not relevant at that time. The idea is written on a board where it is 'parked' and discussed at a later date.



## Supporting Documents



This template is a useful tool for the minute taker to complete during a Wash Up meeting. Completing this table will promote the effectiveness of the Wash Up.

Team	Date of Meeting	Senior	Admin in attendance

Issue	Raised by	Date Raised	Owner	Resolution or action required

Term	Meaning
<b>Promoting Independence Through Reviews / Reviews</b>	All Service User's supported by Social Services are eligible to be reviewed. The purpose of this is to ensure that the care in place is commensurate to the Service User's level of need. New reviews are typically carried out by specific named workers and these happen within 2-8 weeks of a new care package being in place. A new review will be conducted for all Service User's that are new to Social Services or for those who have had a change in circumstance.
<b>Wash Up</b>	A frequent meeting discussing important information. This can be facilitated over conference call or at a meeting. Meeting, minutes and actions should be documented.
<b>Improvement Cycle</b>	An Improvement Cycle has the following four components to it; data capture, data analysis, problem solving and resource allocation (identifying who will complete the action). Improvement Cycles typically occur within the forum of a meeting (and are less frequent to wash-up), however data capture should have been completed in preparation for discussion at this forum. If an issue cannot be resolved at a local Improvement Cycle meeting, this would typically be escalated through the agreed Governance structure. Therefore, it is likely that there will be an item on the agenda at more senior meetings to discuss the Improvement Cycle. Please note; <ul style="list-style-type: none"> <li>• Dashboards displaying Paretos are typically used to support these meetings.</li> <li>• Improvement Cycles act within the agreed Governance structure.</li> <li>• Improvement Cycle meetings should be informed by Efficiency, Pareto, Action. Efficiency = current performance, Pareto = most commonly occurring reason for not optimising, Action = how you will address the Paretos reason</li> </ul>
<b>Pareto</b>	A bar chart displaying the most commonly occurring issues. Pareto is the most commonly occurring issue, and the issue which should be addressed first in order to achieve the greatest efficiency.
<b>Trackers</b>	Trackers are used to capture data. The method for capturing data might vary with some teams using Excel, and others using Swift.

<b>Dashboards</b>	A means of presenting data. Typically displayed in a bar chart format, sometimes showing a Pareto.
<b>Reports</b>	Used to identify current performance. Teams may refer to a number of reports i.e. Supervision Boxi report, Performance team reports such as all reviews.
<b>Wash Up Slips</b>	Used within the Acute teams. Completed by Case Officers/ Managers to identify a Service User's ideal outcome, and once discharged their actual outcome. If ideal and actual outcomes are different, a 'blocker/ redirection of care' is listed.
<b>Blocker / Redirection of Care</b>	Terminology used in the Acute settings. The reason why an ideal outcome was not achieved. The reasons have been set and agreed. Additional reasons can be requested. Performance and Information would need to add the reason to Swift.
<b>Scheduling Tracker</b>	Used within Locality teams to identify caseload, planned reviews and assessments, and overdue reviews. Identifies team and individual performance.
<b>Scheduling Tool</b>	Used within ARMS to schedule in assessments. ACT Case Officers/ Managers, Occupational Therapists, and Occupational Therapist Assistants required to allocate time within their diaries to enable ARMS to book appointments.
<b>Outcomes Planning Sheet</b>	Used within the Enablement Service. Requires OT and CM input, however is initially completed by the Supervisor following a Service User's first visit, and is then maintained by the Locality Organiser during the weekly Supervisor meeting. The outcomes planning sheet is used to ensure the most independent outcomes are identified and targeted. It is also used to collect information on KEAH performance to drive continuous service improvements.
<b>Goal Sheet</b>	Used within the Enablement Service. The Supervisor completes the initial form with the Service User and actions are agreed. This form is then shared with the Enablement Support Worker, so they can implement the agreed actions within their visits.
<b>Independence Scoring Form</b>	A form used within the Enablement Service identifying the Service User's current level of independence across a variety of tasks. This is used to support assessment at each visit.
<b>Final Review Form</b>	A form used within the Enablement Service to summarise the engagement activity with the Service



	User, and communicate ongoing support requirements for the service user to the Case Management team.
<b>Capacity and Demand Tool</b>	Used within the Enablement Service. Dashboards which identify KEAH Capacity and Demand. Used to support discussion at the monthly Improvement Cycle meeting
<b>Weekly Supervisors Meeting</b>	Used within the Enablement Service. A meeting similar to a Wash Up and Improvement Cycle. The purpose is to target the most independent outcomes for Service User's, manage and resolve Service User progress issues, identify and improve on issues preventing best outcomes from being achieved.
<b>KPI Action Tree</b>	Used within the Enablement Service, and may be referred to as a 'crib sheet'. Suggests actions to take dependent upon current performance as identified within dashboards.
<b>Call Lengths Tools</b>	Used within Enablement Service. This tool identifies the variance between estimated visit duration, and actual visit duration. It supports in improving accuracy of visit duration estimates to improve capacity and demand forecasting.
<b>Overstays Tables</b>	Used within the Enablement Service to identify current Service Users who are considered over-stayers . This helps to ensure focus is applied on agreeing and completing actions to progress over-stayers from the KEAH service.
<b>Wash Up board</b>	Visual tool within teams. Typically used to display current situation and agreed actions to move on from situation. Reviewed regularly.
<b>Sustainability Matrix</b>	Used as a qualitative measure of success i.e. the Matrix looks at behaviours and is graded by the Team Manager. However Newton Europe would assist in this assessment when they are there. Bronze, silver and gold ratings. Newton Europe aim to get teams to silver before leaving. Please note there is no Sustainability Matrix for ARMS.
<b>Operation Guides</b>	Presentation which gives a brief overview of the process, roles and responsibilities and tools i.e. Dashboards, Sustainability Matrix. Please note there are only operations guides for Acute and Enablement teams.
<b>Kick Off Slides</b>	Slides presented to team at very beginning of project. These are workshop style training slides.
<b>Training Slides</b>	Slides which identify the team vision, the process, and roles and responsibilities within the process.





	Please note there are only training slides for Acute and Enablement teams.
<b>Induction Packs</b>	A set of slides which are used to introduce the process to new starters. Please note, the induction pack available is only for Social Care Discharge Co-ordinators within the hospital.