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| pORTABLE TRAINING SERVICES |
| ILM LEVEL3 STEPPING STONES |
| PLANNING AND ALLOCATING WORK |
| **HFN0597** |
| **MARCUS CATO** |
| **10/22/2014** |

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| Show how to allocate work for a team through a clear understanding of what output is required, the resources available, timescales involved and how performance will be measured. |

The Whittington is in the process of applying for the "Foundation Trust” title. One of the main requirements is that the Trust must be financially sustainable. i.e. the trust needs to save 15 million every year as well as clearing its current growing 5 million deficit. A solution involving reducing costs and creating liquidity is urgently needed else the Trust is doomed. This is where my department (income department) comes into picture. The solvency of our Trust is our main goal. My team is made of 3 main members and an agency staff. We have three main responsibilities from which, invoices raising, credit control and payments recording. As it stands the Whittington is owed 25 millions of pounds from which £3,316.63 are bad debts .That amount can clear the deficit.

Team current target is to reduce all outstanding invoices older than 3 months usually called "BAD DEBTS" by 75% within 3months from October 2014 to December 2014.The aim is to reduce all bad debts by 50% during the first month and then 25% in November 2014. All progress will be weekly reviewed and assessed with charts and reports (tables). If the objective is achieved the Trust will have a gross income approaching 20 million from bad debts, enabling the organisation to exit its deficit. In terms of cost saving we aimed to reduce our running costs by 25% within the next 6 months from October 2014 till April 2014.

Before actually planning and allocating work to the team it is essential the causes of payment delays. After a little investigation the reasons below have been identified.

**-a- Errors**

Errors can arise before, while or after raising the invoice. We raise invoices for different customers from which NHS (clinical commissioner, other NHS Trusts) and non NHS (local authorities, private patients, Overseas, companies and others) and it not unusual to make errors specially being such a small team. To tackle this problem I have enforced invoice monitoring and cross-checking before the invoice is issued. Also I have decided that all invoice requests should have the same template and same key information to invoicing process.

**-b- Charges disputed.**

Payment can also be delayed because the customer is unclear or disputing the charges on the invoice therefore my team has to understand the charges on each invoice and explained them. If not has to provide backing data with the invoice. I have made access to backing data easier and all budget holders have been asked obtained a Purchase order number before the invoice is raised to facilitate payment.

**-c- Customer financial circumstances**

We understand that customers can be experiencing financial difficulties and cannot afford to repay the full amount. We now a wider range of payment options (payment plans 3, 6, 12, 24 months). Moreover, we have implemented a 5% discount when full payment is made instantly.

-**d-Odd Customers**

Sadly we also have customers who refuse to pay their invoices and those that are out of reach. The action to take here is either to refer to debt collection agencies or to avoid future treatments. All customers referred are recorded in an excel file.

Theaged debtors report will be produced every month and will be emailed to each member of the team. My manager will be in charge of all the incoming payment and will chase with my colleague the NHS bad debt and I will chase all the Non-NHS and monitor all the referrals to debt collection agency. The agency staff will raise all the invoices.

Chasing payments will consist of contacting all customers (from the larger debt to the smallest) initially by phone if not successful by letter (post) or email. If still not successful after 3 letters (with 7 days response time allocation each) the debt is referred to our debts collection agency unless the amount owed is less than £150.00. This process is to be completed within two months but because these debts are older than 3 months and because of the importance of this target and what it means to the Trust I taken some measures.

* All other departments raising invoice requests have been emailed to send their requests to our office first thing in the morning so that all invoices can be raised before 12:00 pm and the afternoon be dedicated to chasing only.
* Debt recovery process will now consist of two letters instead of three. New reminder letter templates and all procedures manuals are now available in the share drive.
* The director of finance has agreed to write a letter to all debtors with long term disputed invoices.
* All medical Record invoices older than 3 months should be credited (because the Record has not been yet provided so customer is not obliged to pay).
* All invoices with a balance less than £2.00 should be credited as it unlikely to be paid.
* Phone payments are now taken by our team instead of cash and banking office. This will facilitate payments, save time and enable us to monitor all payments made.
* Each one of us is expected to chase at least 10 older invoices and 10 new invoices each day.
* My two colleagues to record their progress daily which they have to submit to me for the weekly review meeting. Every Friday I submit the result to my manager who will evaluate the progress and will feedback. All suggestions and queries are to be to be emailed to me.
* If target is met in 3 months a bonus or salary increment will be awarded.
* All older invoices payments are recorded separately and the name of the person who chased it is also recorded. Better coordination and communication between the overseas officer (coordinating overseas and private patients).
* Although we need new computer screen, new keyboards and chairs we will use the spare ones available in other teams in order to avoid the cost of purchasing new ones. All folders and unwanted furniture and stationery should be recycled or exchanged.

At the end of week1 everyone should have received his debtors list, organised his work as suitable. I have chased 34 invoices (Medical records, dental and other), 10 were credited, 13 payments, 5 payment promise and 3 write off. My other team member has also reached their target.

During week 2, I am to focus on 21 invoices (Delayed Discharge, and Out of Borough) from which 5 have been credited, 11 invoices have been authorised and payment is to follow, 2 are disputed and 3 need backing data. One of the team member missed her target , she has suddenly left the organisation.

In week 3 the target was be to cover half of Gum invoices and the second half of week 4 ( a total of 48 invoices) But also I have start working on my colleague who left invoices. I have chased 15 invoices so far among which I have received 10 promises of payment, 4 backing data requests and 1 disputed. I have asked my colleague in Management account to check the tariff charged.

In week 5 I have planned to work on overseas patient and private patient invoices (23 invoices).

In week 6 will be chasing all SLA, SLT, VAT and Rent and rates invoices (23 invoices). By now, the team is expected to have recovered at least 50% of the bad debts.

In week 7 my goal is to chase half of Salary Overpayments and Service Charge invoices( a total of 28 invoices) , then in week 8 I will concentrate on the other half of Salary Overpayment and Transfer of Care invoice ( a total of 29 invoices).Week 9 will be to answer any pending queries.

While setting up these objectives we have made some reservation for planned leaves but also unforeseen circumstances such as sick leave, compassionate leave, hospital appointments,lunch with colleagues, Chief executive briefing, auditors visit, annual leave and bank holidays. My manager has two weeks annual leave in November 2014 and I have 8 days planned study leave and 5 days annual leave in December. It was agreed to allocate 5 days for unforeseen circumstances which we believed was generous.

Since establishing these targets we have encountered numerous setbacks among which the departure of one of our colleague who suddenly decided to leave the team without any notice. the team was constrained to carry on. My manager and I divided the work load between us and within the 2 following weeks covered all the debts on my ex colleague list from which 42% of "bad debts" were paid; 15% had reminder letters ranging from 1st to 2nd letter. 10% of debtors were referred to debt collection agencies, 20% had payment plan arrangements; 5% had queries, 10% haven't responded, 5% were written off and 3% were credited.

A temporary after the departure of my colleague has been recruited . He has some financial experience but not in debtors and the challenge has been to train him in a short time before my manager's holidays. Fortunately she has been a quick learner and can now raise invoices and register all cheques received. This has permitted my manager and I to tackle our own aged debt list.

Another unforeseen event that has affected our schedule so far was that my son suffered from chickenpox and I was at home with him for two days.

We have experienced some difficulties with our equipment as well; my new colleague only had one computer screen to work with instead of two we usually need. She had to wait 3 days before she was able to catch up with her speed. The e-financial system we use also had some installation and maintenance issues which affected the usage of the system and our performance.

Some local authorities have been very unreasonable by requesting details that our department couldn't provide (confidential information). We had to have consultations with other departments and spend a lot of time resolving those queries.

In conclusion I will say that so far we are well on target and need to keep it that way for the next 5 weeks. I am very confident that our general objectives to recover 75% of our "bad debts” and reduce our costs will be reached. It hasn't been easy so far but we have good contingency plans.

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| TABLES. |  |

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| **PRODUCTS (TAB 1)** | |
| AUDIOLOGY | OTHER |
| DELAYED DISCHAR | OUT OF BOROUGH |
| DENTAL | OVERSEAS PATIENT |
| FUNDING | PRIVATE PATIENT |
| GUM | RENTS & RATES |
| INSULIN/DRUG | SALARY OVERPAYMENT |
| MATERNITY | SALARY RECHARGE |
| MEDREC | SERVICE CHARGE |
| MPC | SLA |
| NCA | SLA PERFORMANCE |
| NEWBORN | SLT |
| NHSP | TRANSFER OFCARE |
| NURSE SERVICES | VAT ONLY |

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| **NHS BAD DEBTS (TAB2)** | | |
| Sum of Outstanding |  |  |
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| Their reference | Total |  |
| AUDIOLOGY | 11578 |  |
| FUNDING | 45040.33 |  |
| GUM | 323.96 |  |
| INSULIN | 74916.1 |  |
| MATERNITY | 595405.64 |  |
| MPC | 28800 |  |
| MPC | 3000 |  |
| NCA | 358343.76 |  |
| NEWBORN | 26806.85 |  |
| NHSP | 42068.05 |  |
| OH SERVICES | 929.49 |  |
| OTHER | 549789.8 |  |
| OVERSEAS | 43939.85 |  |
| SALARY RECHARGE | 307357.86 |  |
| SLA | 403441 |  |
| SLA PERFORMANCE | 248720.63 |  |
| Grand Total | 2740461.32 |  |
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| **NON- NHS BAD DEBTS (TAB3)** | | |
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| Sum of Outstanding |  |  |
| Their reference | Total |  |
| DELAYED DISCHAR | 22920 |  |
| DENTAL | 979 |  |
| GUM | 43675.89 |  |
| MEDREC | 498.2 |  |
| NURSE SERVICES | 5198 |  |
| OTHER | 3144.76 |  |
| OUT OF BOROUGH | 31801.91 |  |
| OVERSEAS PATIENT | 62443.03 |  |

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| PRIVATE PATIENT | 2300.57 |  |
| PRVATE PATIENT | 150 |  |
| RENTS & RATES | 233802.43 |  |
| SALARY OVERPAYM | 89045.34 |  |
| SALAY OVERPAYME | 4408 |  |
| SERVICE CHARGE | 61080.26 |  |
| SLA | 4233.09 |  |
| SLT | 4384.5 |  |
| TRANSFER OFCARE | 6360 |  |
| VAT ONLY | 33.33 |  |
| Grand Total | 576458.31 |  |

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NON-NHS BAD DEBTS

NHS BAD DEBTS

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