Annex 3

Oxford University Hospitals NHS Trust

NHS Oxford Health NHS Foundation Trust

HART-CCS Joint assurance plan to Oxfordshire System Chief Operating Officers - December 2019

1	Prioritisation protocol
2	Performance dashboard
3	Performance improvement
4	Leadership and workforce development
5	Maximising system reablement opportunities
6	Performance and improvement trajectories

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1 Joint prioritisation protocol

What needs to happen…

- Agree and submit proposed protocol – for organisation internal review
- Review & sign-off by system COOs
- Trial implementation
- Full deployment of protocol

Update

- The Prioritisation Protocol commenced on 22nd October 2019.
- The progress of the implementation of the prioritisation protocol has been run through PDSA cycles by the HART Team.
- The feedback captured from the Team Leads within the PDSA cycle is that the prioritisation protocol has proven to be successful in making conversations easier with other colleagues within the Trust about referrals and wait times and provided the support they require to have those conversations.
- The next review has been scheduled for mid-January to report on progress made.

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1 Joint prioritisation protocol - Scenario

Community Hospital QDS Vs Acute QDS

Status	Team	Referrals source	Post Code	Level of Support	Package	Double Handed	Hours of care (Daily)	Hours of Care (weekly)	Care Type	HDRS or CRS	Site of Referral	Ward	Referral/Discharge Notice Date	Triage Date	Days Waiting from	Mobility	SDEC weighting	SDEC LOS bonus	LOS score	LOS Total	LOS	Mobility Score	Prioritisation Score	LOW Range
Triaged	South	SPA	OX11	AM, Lunch	QDS	Yes	4	28	Complex	CRS	SPA		21/11/2019	22/11/2019	25	Immobile	3	0	4	4	4	3	21	Waiting 22-28 days
Triaged	South	ICB	RG4	AM, Lunch	QDS	Yes	4	28	Complex	HDRS	ICB Chilterns Court		18/11/2019	18/11/2019	28	Immobile	3	0	4	4	4	3	21	Waiting 22-28 days
Triaged	South	URTS	OX12	AM	OD	No	0.5	3.5	Simple	CRS	URTS		02/12/2019	06/12/2019	14	Mobile wi	5	3	3	4	1	1	20	Waiting 8-14 days
Triaged	South	URTS	OX11	AM, Lunch	TDS	No	1.5	10.5	High	CRS	URTS		13/12/2019	14/12/2019	3	Mobile wi	5	3	3	4	1	1	20	Waiting 0-7 days
Triaged	South	Acute Hos	OX12	AM, Lunch	QDS	Yes	4	28	Complex	HDRS	John Radc 5A		30/10/2019	30/10/2019	47	Mobile wi	3	0	4	4	4	2	18	Waiting 29 days +
Triaged	South	Communi	SN7	AM, PM	BD	Yes	3	21	Complex	HDRS	Didcot Community H		16/10/2019	16/10/2019	61	Mobile wi	3	0	4	4	4	2	18	Waiting 29 days +
Triaged	South	ICB	RG8	AM, PM	BD	Yes	3	21	Complex	HDRS	Watlington ICB		21/10/2019	23/10/2019	56	Mobile wi	3	0	4	4	4	2	18	Waiting 29 days +
Triaged	South	Communit	OX10	AM, Lunch	QDS	Yes	6	42	Complex	HDRS	Abingdon Communit		23/09/2019	23/09/2019	84	Mobile wi	3	0	4	4	4	2	18	Waiting 29 days +
Triaged	South	OUT of Co	SN6	AM, Lunch	QDS	Yes	4	28	Complex	HDRS	Great Western Hosp		22/11/2019	22/11/2019	24	Mobile wi	3	0	4	4	4	2	18	Waiting 22-28 days
Triaged	South	OUT of Co	RG9	AM, Lunch	QDS	Yes	4	28	Complex	HDRS	Royal Berkshire Hosp		28/11/2019	28/11/2019	18	Mobile wi	3	0	3	3	3	2	15	Waiting 15-21 days
Triaged	South	OT/GP	SN7	AM, PM	BD	No	1	7	Moderate	CRS	OT		07/11/2019	07/11/2019	39	Mobile wi	3	0	4	4	4	1	15	Waiting 29 days +
Triaged	South	Communi	OX10	AM, Lunch	QDS	Yes	4.5	31.5	Complex	HDRS	Wallingford Commu		28/11/2019	28/11/2019	18	Mobile wi	3	0	3	3	3	2	15	Waiting 15-21 days
Triaged	South	ICB	RG4	AM, Lunch	QDS	No	2	14	Complex	HDRS	ICB Chilterns Court		12/11/2019	12/11/2019	34	Mobile wi	3	0	4	4	4	1	15	Waiting 29 days +
Triaged	South	FIT	OX12	AM, PM	BD	No	1	7	Moderate	CRS	FIT		04/12/2019	05/12/2019	12	Independ	5	3	3	4	1	0	15	Waiting 8-14 days
Triaged	South	EAU	OX10	AM, Lunch	TDS	No	1.5	10.5	High	HDRS	John Radcliffe		09/12/2019	09/12/2019	7	Independ	5	3	3	4	1	0	15	Waiting 0-7 days
Triaged	South	SPA	SN7	AM, PM	BD	No	1	7	Moderate	CRS	SPA		24/09/2019	24/09/2019	83	Mobile wi	3	0	4	4	4	1	15	Waiting 29 days +
Triaged	South	URTS	OX10	AM, PM	BD	No	1	7	Moderate	CRS	URTS		16/12/2019	16/12/2019	0	Independ	5	3	3	3	0	0	15	Waiting 0-7 days
Triaged	South	OUT of Co	SN7	AM, Lunch	QDS	No	2	14	Complex	HDRS	Great Western Hosp		28/11/2019	28/11/2019	18	Mobile wi	3	0	3	3	3	1	12	Waiting 15-21 days
Triaged	South	HUB	OX12	AM, PM	BD	No	1	7	Moderate	HDRS	The Alban Adams Tra		29/10/2019	29/10/2019	48	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	Self Refer	SN7	Lunch	OD	Yes	1	7	Moderate	CRS	Family Member		16/10/2019	17/10/2019	61	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	Communi	RG9	AM, Lunch	QDS	No	1.75	12.25	Complex	HDRS	Didcot Community H		29/11/2019	29/11/2019	17	Mobile wi	3	0	3	3	3	1	12	Waiting 15-21 days
Triaged	South	ICB	OX12	AM, PM	BD	No	1	7	Moderate	HDRS	ISIS		05/11/2019	05/11/2019	41	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	Communi	OX12	AM, Lunch	TDS	No	1.75	12.25	Complex	HDRS	Didcot Community H		29/11/2019	29/11/2019	17	Mobile wi	3	0	3	3	3	1	12	Waiting 15-21 days
Triaged	South	Acute Hos	OX11	AM, Lunch	QDS	Yes	4	28	Complex	HDRS	John Radc CMU C		04/12/2019	04/12/2019	12	Immobile	3	0	1	1	1	3	12	Waiting 8-14 days
Triaged	South	SPA	SN7	AM, PM	BD	No	1	7	Moderate	CRS	SPA		02/09/2019	02/09/2019	105	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	ICB	RG9	AM, Lunch	QDS	No	2	14	Complex	HDRS	ICB Chilte CMU C		29/11/2019	29/11/2019	17	Mobile wi	3	0	3	3	3	1	12	Waiting 15-21 days
Triaged	South	Adult Soci	SN7	Lunch	OD	No	0.5	3.5	Simple	CRS	Adult Social Care		23/10/2019	23/10/2019	54	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	Acute Hos	OX12	AM, PM	BD	No	1	7	Moderate	HDRS	John Radcliffe		27/11/2019	27/11/2019	19	Mobile wi	3	0	3	3	3	1	12	Waiting 15-21 days
Triaged	South	SPA	SN7	Lunch	OD	No	0.5	3.5	Simple	CRS	SPA		10/10/2019	11/10/2019	67	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	ILT	OX12	Lunch	OD	No	0.5	3.5	Simple	CRS	ILT		31/10/2019	31/10/2019	46	Independ	3	0	4	4	4	0	12	Waiting 29 days +
Triaged	South	Acute Hos	OX10	AM, Lunch	TDS	Yes	3	21	Complex	HDRS	John Radc CMU C		09/12/2019	09/12/2019	7	Mobile wi	3	0	1	1	1	2	9	Waiting 0-7 days
Triaged	South	SPA	OX10	PM	OD	No	0.5	3.5	Simple	CRS	SPA		27/11/2019	27/11/2019	19	Independ	3	0	3	3	3	0	9	Waiting 15-21 days
Triaged	South	Communi	RG4	AM, Lunch	QDS	Yes	4.5	31.5	Complex	HDRS	Wallingford Commu		05/12/2019	05/12/2019	11	Mobile wi	3	0	1	1	1	2	9	Waiting 8-14 days

The above snapshot of the waiting list shows two referrals; Community Hospital QDS (in pink) and an Acute QDS (in blue). They have both been scored the same based on their referral in line with the prioritisation protocol.

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1 Joint prioritisation protocol - Scenario continued

QDS Packages Pick Ups

18/11/2019-15/12/2019	HART pick ups
QDS SH	
Community Hospitals	5
F.I.T. Home First	1
Horton Hospital	2
HUB BED	1
Intermediate Care Beds	2
JR Hospital	4
OCC Social and Healthcare Team	1
Royal Berks or other hospital outside	2
Self-Referral/Non-Professional	1
QDS DH	
Community Hospitals	5
Horton Hospital	1
JR Hospital	1
Royal Berks or other hospital outside	1
Grand Total	**27**

The above table shows the number of QDS pick ups from 18th November to 15th December 2019. The data has been split into:

- Single handed
- Double handed
- Referrer

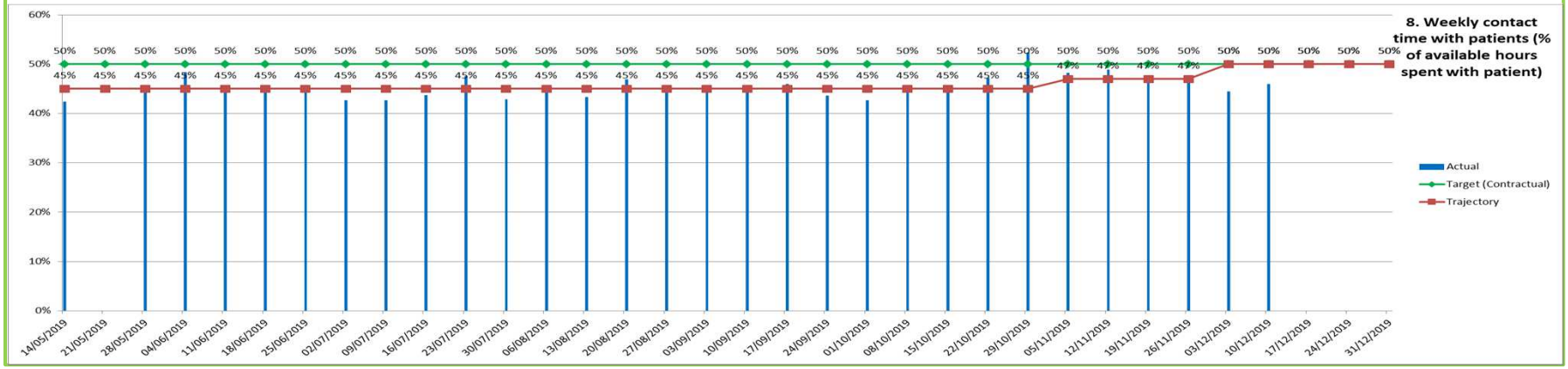
2 Performance dashboard

What needs to happen…

- Agree key performance indicators to be included in COOs dashboard
- Set up data feed and submission to COOs meeting
- Contact time (face to face) trajectory

Update

- The OUH & OH Combined Monthly Dashboard continues to be circulated on a Tuesday of the 2nd week each month.
- Each graph within the dashboard has been numbered for ease of reference.
- Commentary has been included within the dashboard for identified KPIs requiring more information on the progress of that month.
- Contact time (face to face) trajectory:



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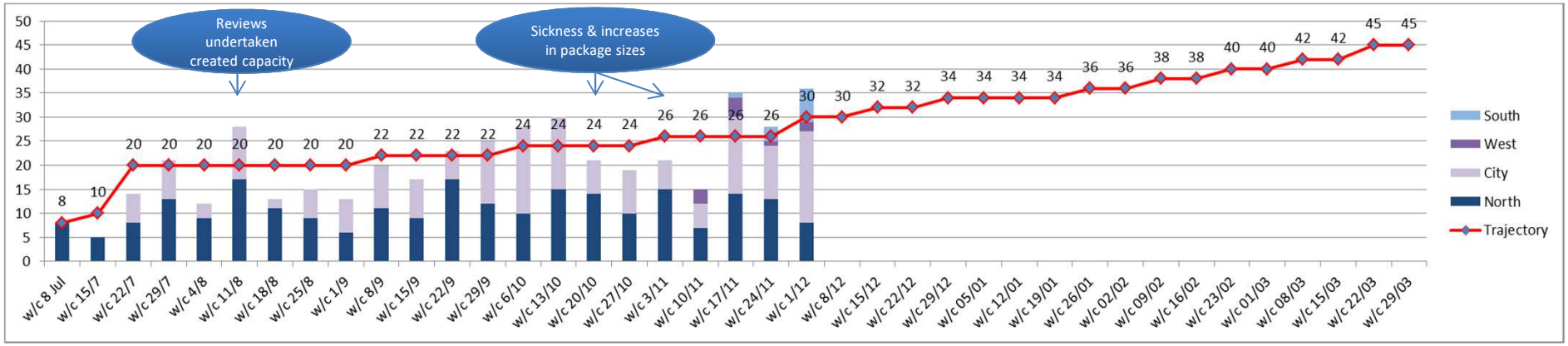
3 Performance improvement – reablement

What needs to happen…

- Therapy recruitment plan across both services
- Reablement training programme for all assessors and support workers
- Progressively scaled D2A county-wide service from all bed-based services

Update

- As of the end of December 2019 OUH have 5.04 WTE therapists supporting D2A.
- Reablement training programme for all assessors and support workers is online
- D2A has been rolled out successfully in the North and City with c. 450 patients in 22 weeks.
- D2A has now been rolled out within the West as of 11/11/19 and South as of 18/11/19 and are currently being run through improvement PDSA cycles.
- Multi disciplinary teams in North and City are continuing to review patients on the waiting list.
- There are currently 26 Assessors in post.



3 Performance improvement – reablement Continued

What needs to happen…

- Implement a new scheduling tool (CM2000 Max Care Scheduling Tool)

Update

Not currently being used due to issues reported previously

- Does not provide continuity of care as does not consistently put same RSW's with same SU's
- Does not keep consistency day to day so SU will have visits at different times from 1 day to next
- Does not use a master rota so difficult to visualise capacity on each day and fill any gaps or to predict what capacity is needed looking ahead.
- Time comparison not favourable to manual scheduling with no saving on mileage
- Training load for staff to use new system
- Time taken to input data vs manual drafting of rota's

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4 Leadership and workforce development

What needs to happen…

- Joint recruitment strategy Implement comprehensive training programme, including leadership development
- Appoint to new head of service post and newly established service manager posts
- Deliver against submitted action plan in response to PAMMS rating

Update

- The Recruitment and retention strategy that has been produced will be reviewed by the new Head of Service and agreed with System Partner.
- A comprehensive training programme, including leadership development has been implemented.
- Following the radio adverts and assessment days, HART conditionally offered 8.84 WTE RSW posts. 2020 rolling Recruitment plan currently being devised.
- Interviews were held for Therapists in December and 2.80 WTE have been conditionally offered.
- HART will be recruiting an additional 2 WTE Assessors to align number of direct reports in North team.
- PAMMS update sent regularly. HART have received initial report and have sent Provider Comments in response.

Awaiting final rating, provisional rating GOOD

5 Maximising system reablement and rehabilitation opportunities

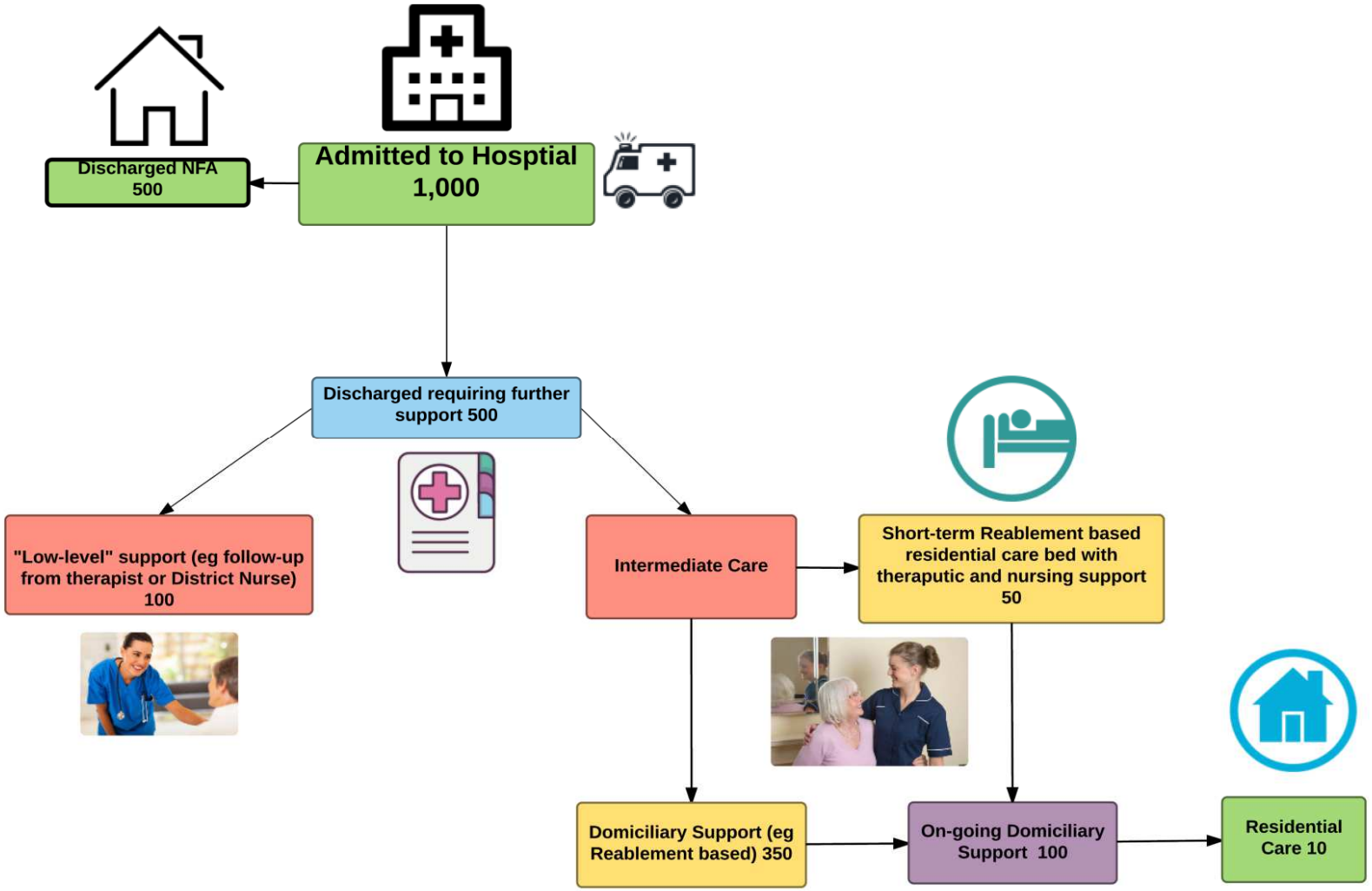
What needs to happen…

- Review the reablement opportunities within a service users' pathway. Incentivise these opportunities and instil performance accountability to minimise long 'super spell' length of stay.
- Explore alternative options to Home reablement for those leaving bedded rehabilitation or reablement services with prescriptions of double-handed QDS care.

Update

- HART are working closer with the ROT team exploring opportunities for them to become involved earlier in the pathway, pilot currently running in North
- Improved review compliance in HART see chart later in presentation
- Need for clarity about correct pathways for service users, see diagram below from John Bolton presentation. Are we maximising Reablement opportunities for the system by enabling some SU's to have both bed based and home based reablement ie giving some SU's in the county far greater than 6 week period identified by NICE guidelines for Reablement?

Flows through the system
Managing demand in adult care, London Feb 2017
John Bolton



Capacity within HART allocated to SU's referred from Community Hospital /HUB/ICB beds.

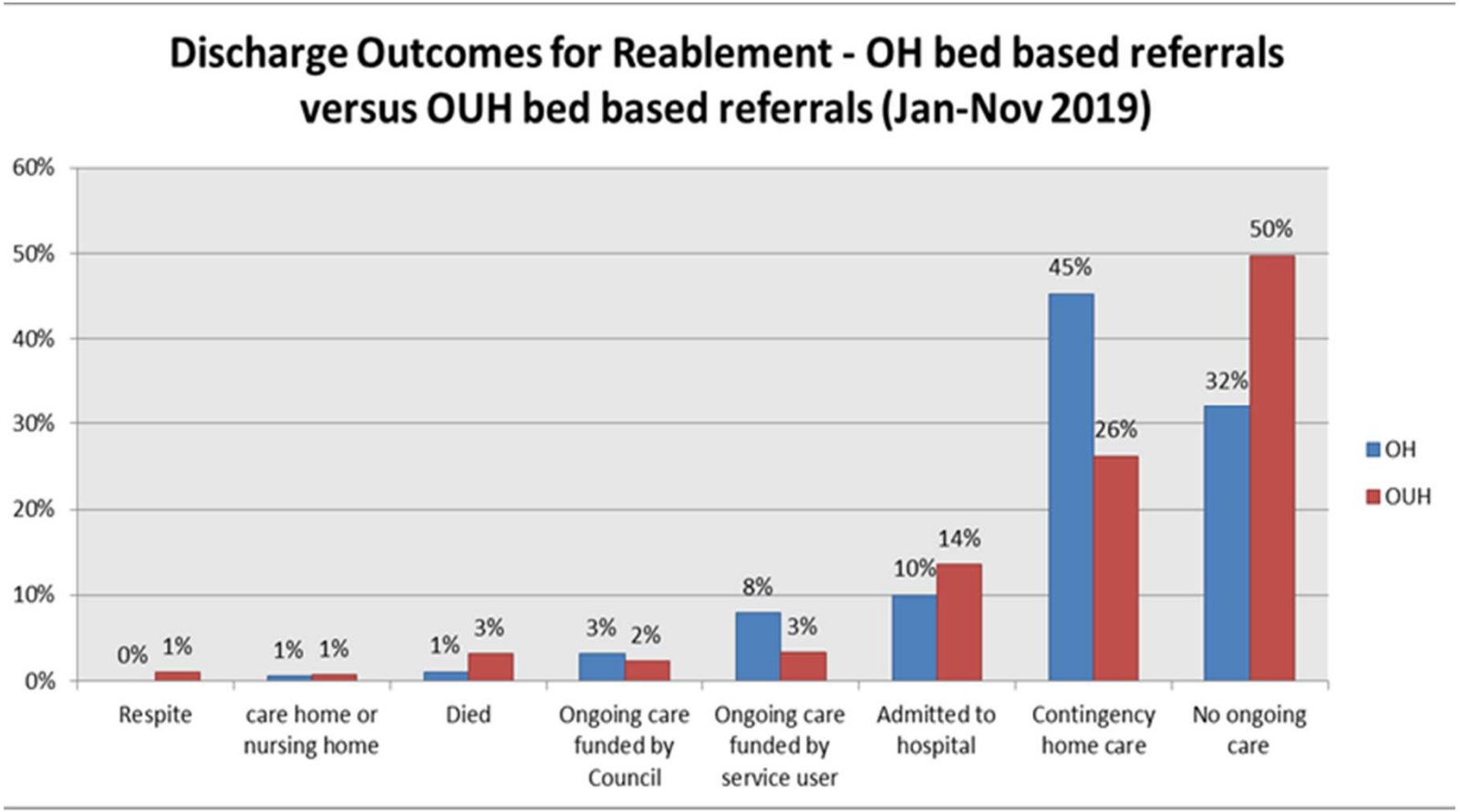
507 Patient episodes were discharged from HART between Jan 1st 2019 and Oct 31st 2019 that were referred from Community Hospital/HUB/ICB beds

This comprised of 366 reablement episodes and 141 contingency episodes.

The capacity used/allocated to these episodes could have supported 1374 contracted size (19.5 HRS) HDRS reablement episodes

Completed HDRS Reablement Episodes 01/01/2019-31/10/2019	Average LOW days	Average LOS days	% Completed Episode Reabled	# Patient episodes
Non OUH BED	28.1	29.8	47%	332
OUH BED	7.9	27.8	64%	493

Comparison of outcomes from referral source

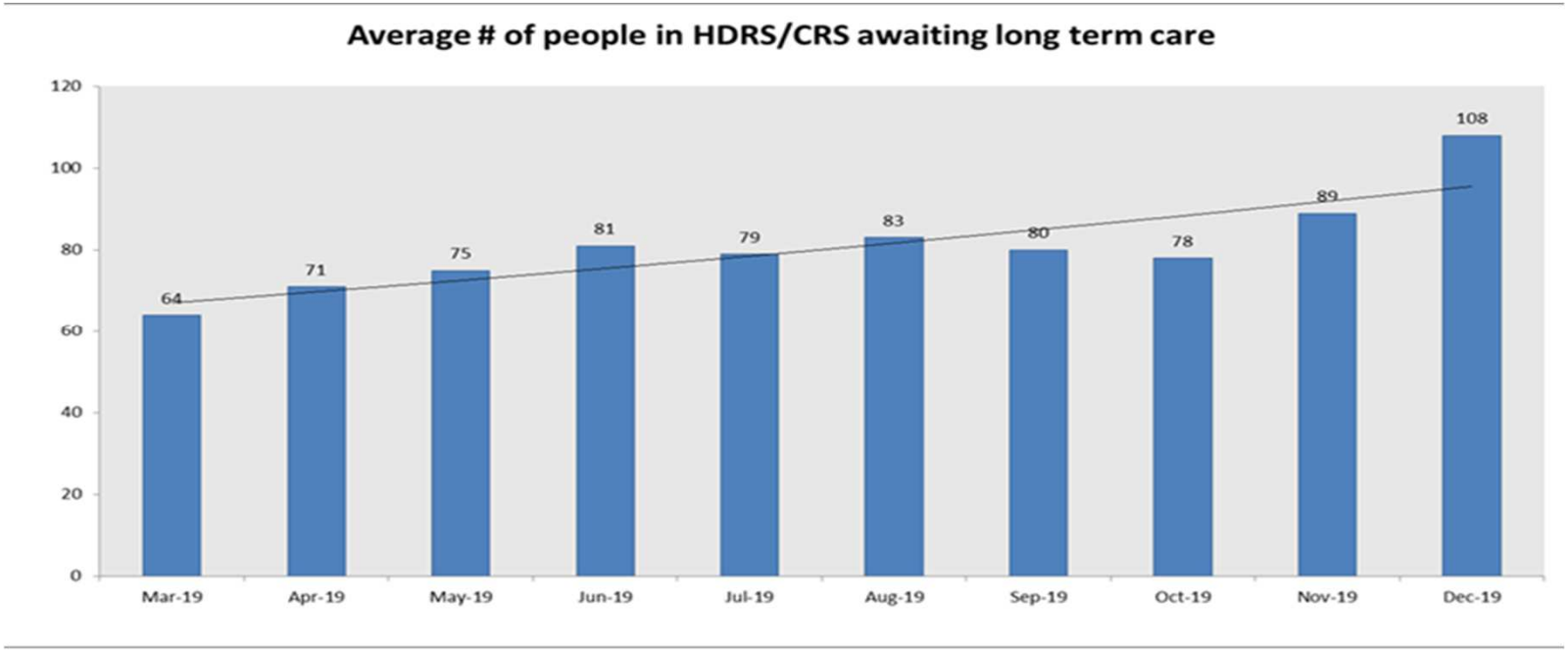


HART contingency patients

Update

- **In HART there are an average of 108 patients per day on the contingency contract requiring 1025 weekly hours of support.**
- **There were 35 patients at the end of November who have been waiting for over 50 days for long term care to be sourced by OCC.**
- **The weekly hours accrued by this cohort could have supported 311 CRS reablement episodes at current average package size.**
- **The longest of these waiters had been on the contingency contract for 443 days**

Increasing trend of contingency, is this sustainable for a Reablement service?



As of 3rd Jan 2020, **54%** of HART caseload are Contingency patients

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6 Performance and improvement trajectories

Below are the revised improvement trajectories describing the baseline and forecast position in terms of current reablement staffing, activity through new episode acquisition. HART are currently budgeted for 150 WTE RSW, the future trajectory remains uncertain.

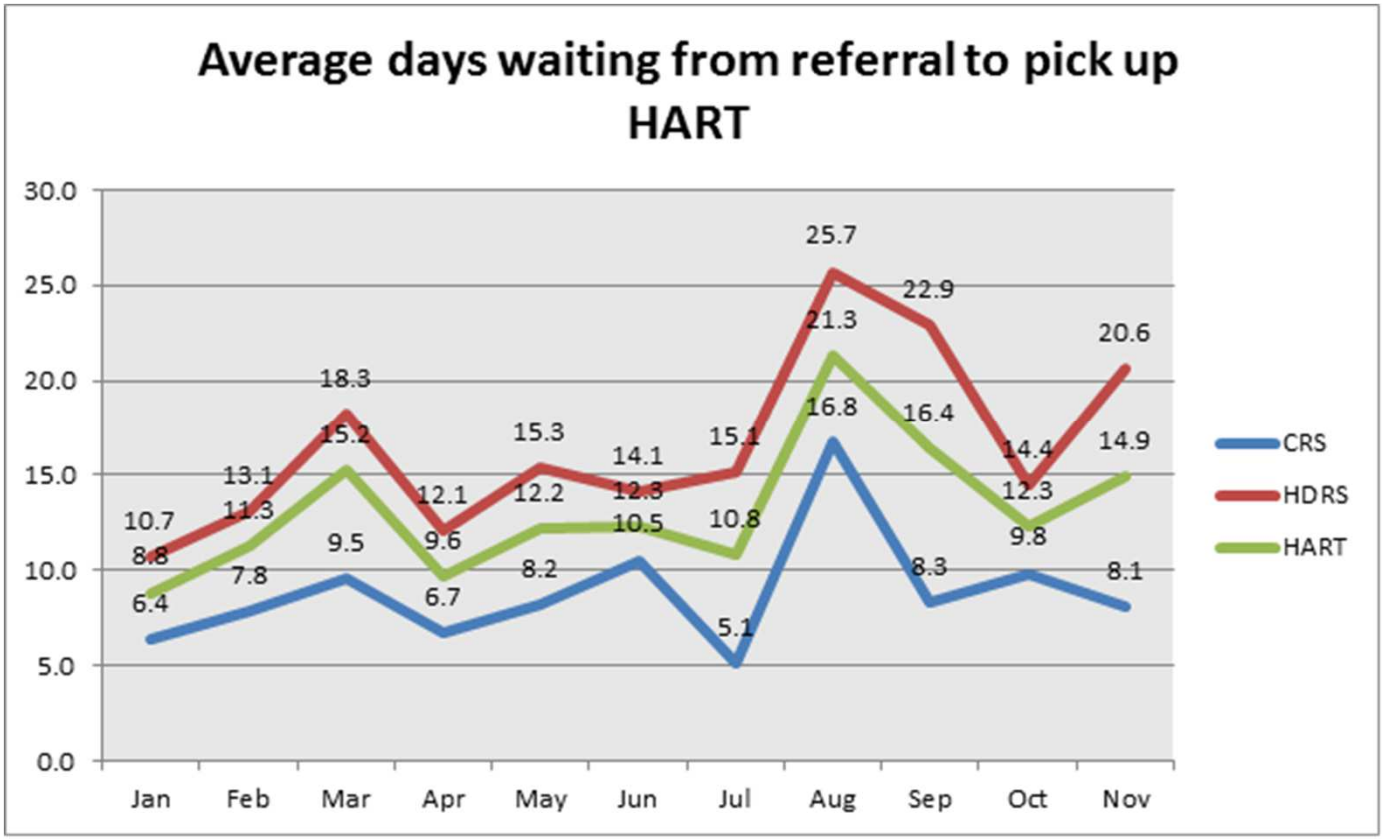
Year	2019							2020						
Month	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**
Reablement wte	-	-	-	-	135.0	135.0	135.0	137.0	140.0	145.0	150.0	150.0	150.0	150.0
Actual wte	137.09	136.53	134.85	134.12	134.01	132.80	133.09							
Episodes (new/month)	-	-	-	-	230	250	260	280	300	310	310	320	350	350
Actual episodes	177	242	198	225	233	202								

Update

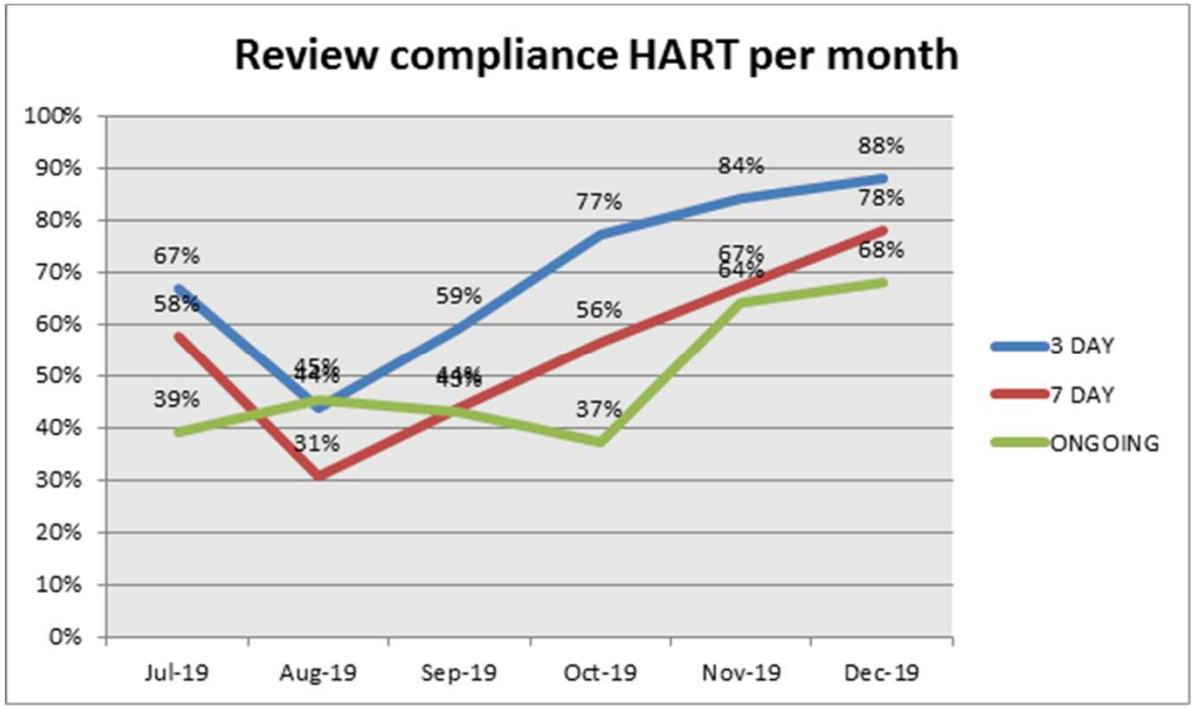
- Current position is 133.09 WTE for RSW.
- Start dates confirmed for 3.52 WTE RSW posts in December 2019.
- There is currently 2.12 WTE RSW posts planned to leave at the end of December 2019.
- Recruitment days have been undertaken regularly within the past few months with a total of 5.76 WTE RSW posts conditionally offered subject to pre appointment checks, there are a further 1.99 WTE due to start after January.

6 Performance and improvement trajectories continued

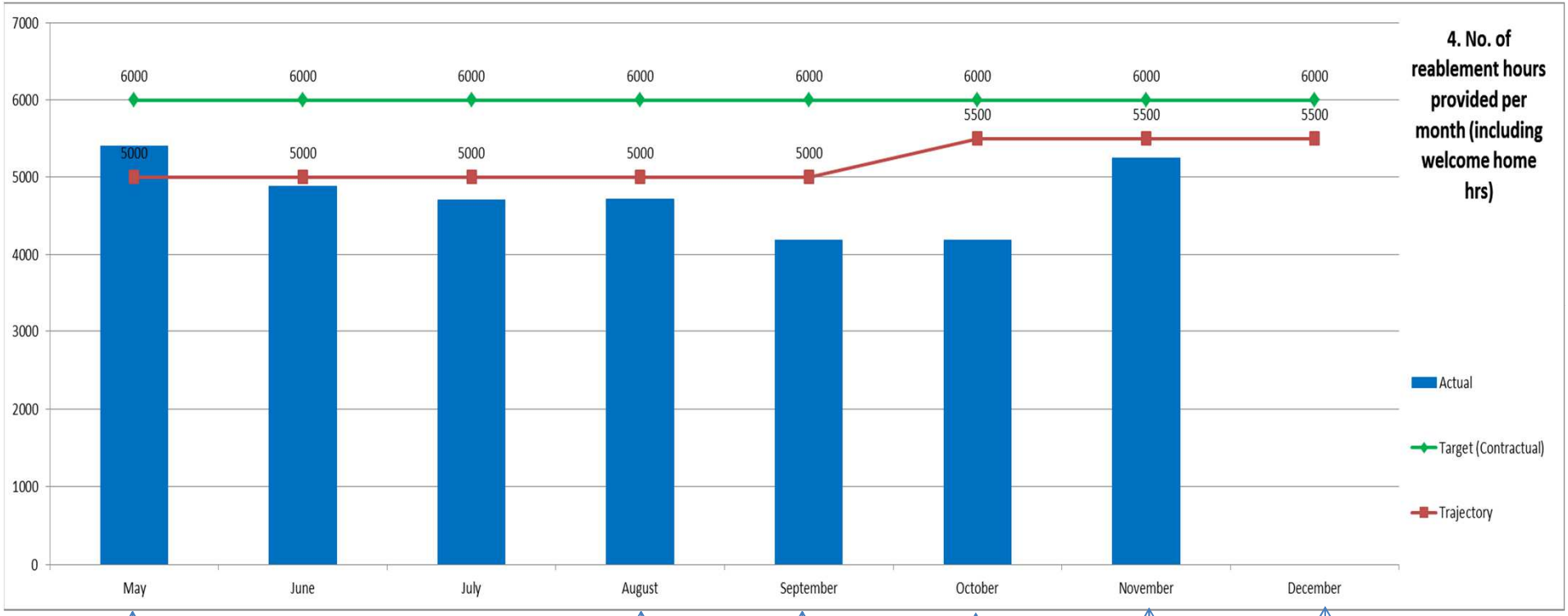
Below are the average days waiting for HART from referral to pick up for the reablement patients split by CRS and HDRS and for HART overall.



Review compliance



KPI 4: No. of re-ablement hours provided per Month (inc Welcome Home)



141 wte support workers in May

138 wte support workers in August

134.12 wte support workers in September

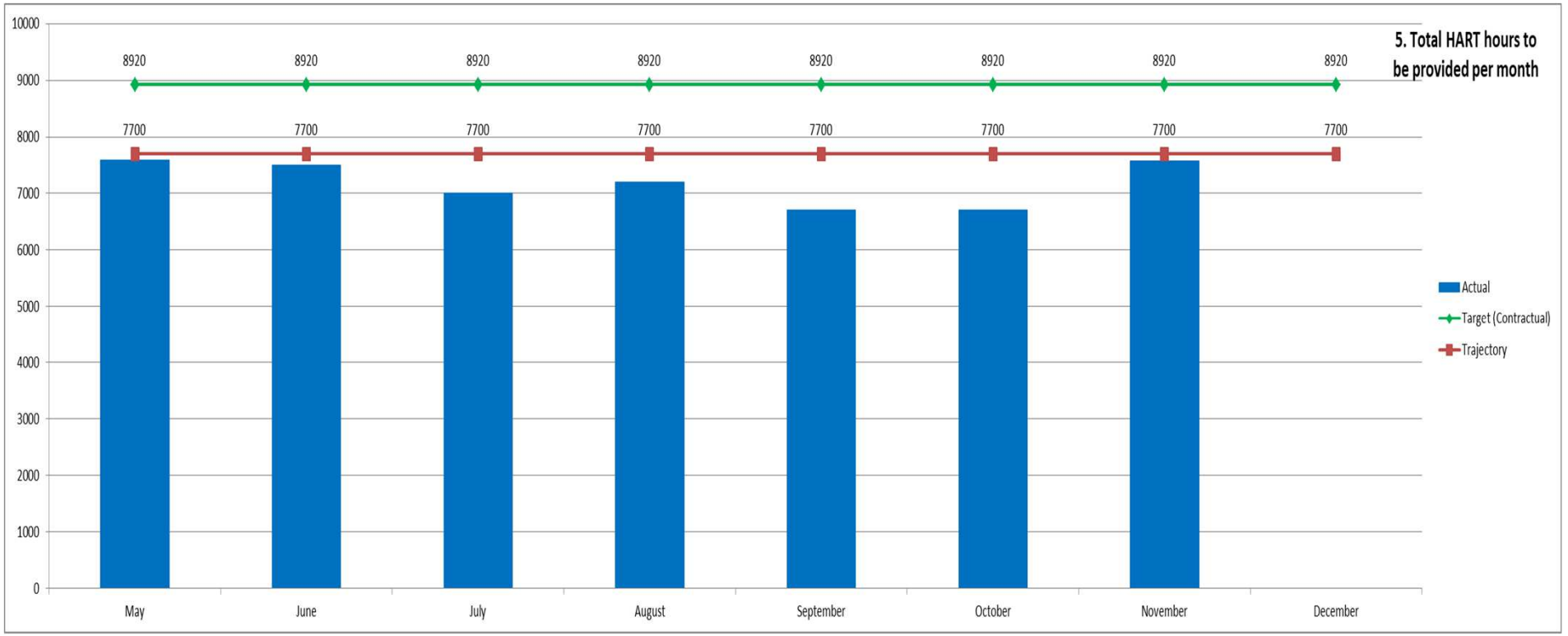
134.01 wte support workers in October

132.08 wte support workers in November

1.92 wte support workers to start in December

HART have released a Jack FM advert as a part of their recruitment drive, for Support Workers. This time of year will be particularly difficult as we will be competing with seasonal work offers

KPI 5: Total HART hours to be provided per month



141 wte support workers in May

138 wte support workers in August

134.12 wte support workers in September

134.01 wte support workers in October

132.08 wte support workers in November

1.92 wte support workers to start in December

This is impacted by contingency hours provided, although OUH and OH supplied 7578 hours in Novembercombined, and this is less than the agreed provision by 8920 hrs per month, release of contingency hours will further increase capacity back into the waiting list and improve flow of patients through HART.

Intermediate care definition

Explanation of intermediate care approved by Plain English Campaign (page 17 of your report)

3 main aims

1. Avoid going to hospital unnecessarily
2. Independence after a stay in hospital
3. Prevent move to residential care

Four service categories

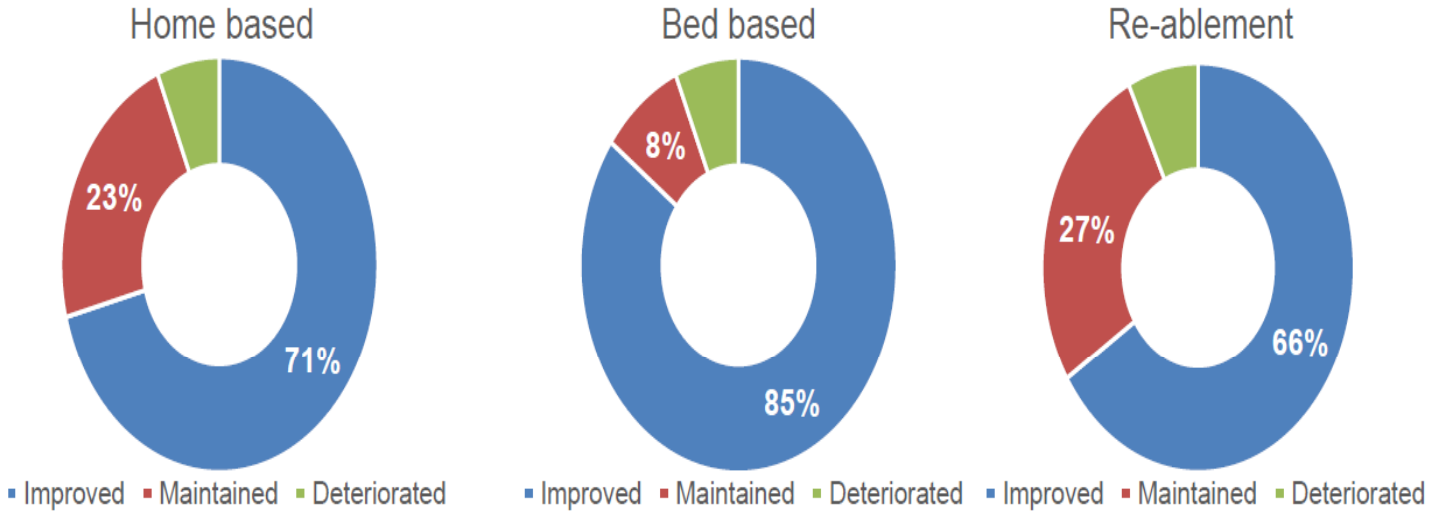
1. Crisis response
2. Home based IC services
3. Bed based IC services
4. Re-ablement

NICE used NAIC service category definitions

National Audit of Intermediate Care 2018

Does intermediate care work?

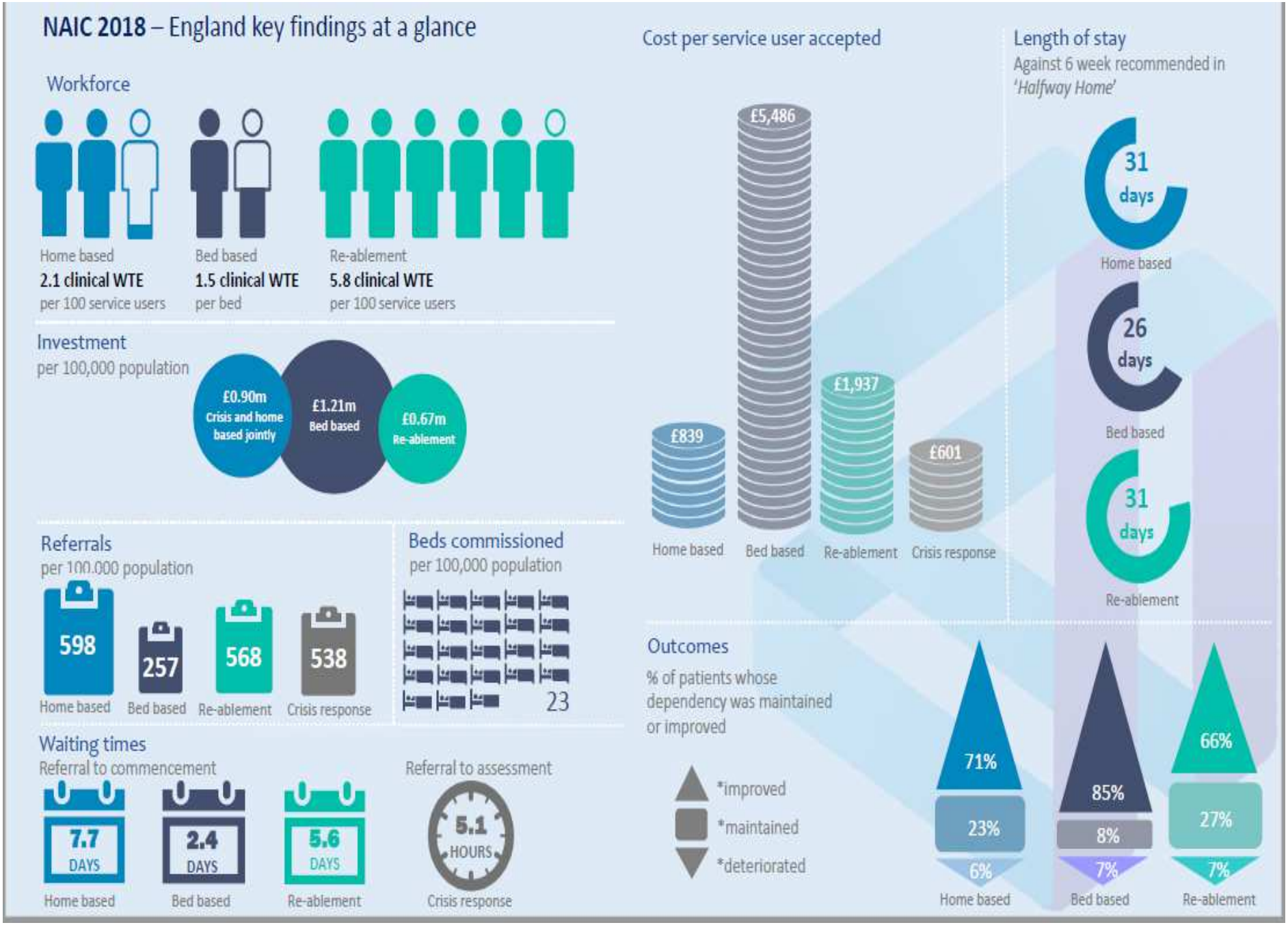
Service user outcomes: changes in dependency level



Vast majority have a positive outcome:

- Home: 94% improved or maintained (2017 93%)
- Bed: 93% improved or maintained (2017 93%)
- Re-ablement: 93% improved or maintained (2017 91%)

National Audit of Intermediate Care 2018


NAIC 2018 – England key findings at a glance
Workforce
Home based
2.1 clinical WTE
per 100 service users
Bed based
1.5 clinical WTE
per bed
Re-ablement
5.8 clinical WTE
per 100 service users
Investment
per 100,000 population
£0.90m
Crisis and home based jointly
£1.21m
Bed based
£0.67m
Re-ablement
Referrals
per 100,000 population
598
Home based
257
Bed based
568
Re-ablement
538
Crisis response
Beds commissioned
per 100,000 population
23
Waiting times
Referral to commencement
7.7
DAYS
Home based
2.4
DAYS
Bed based
5.6
DAYS
Re-ablement
Referral to assessment
5.1
HOURS
Crisis response
Cost per service user accepted
£839
Home based
£5,486
Bed based
£1,937
Re-ablement
£601
Crisis response
Length of stay
Against 6 week recommended in
'Halfway Home'
31
days
Home based
26
days
Bed based
31
days
Re-ablement
Outcomes
% of patients whose
dependency was maintained
or improved
*improved
*maintained
*deteriorated
71%
23%
6%
Home based
85%
8%
7%
Bed based
66%
27%
7%
Re-ablement

HART data to match NAIC data ie including maintained and improved outcomes

All Reablement HDRS	Improved or maintained	Improved	Maintained
Jan	90%	61%	29%
Feb	86%	54%	32%
Mar	89%	53%	36%
Apr	89%	57%	32%
May	94%	56%	38%
Jun	91%	51%	40%
Jul	93%	53%	40%
Aug	100%	50%	50%
Sep	99%	50%	49%
Oct	90%	46%	44%
Nov	88%	52%	35%
Average	92%	53%	39%

HART data to match NAIC data with completed episode cohort ie removal of RIP, Re-admissions, Private care

Completed Episode Cohort HDRS	Improved or maintained	Improved	Maintained
Jan	92%	72%	20%
Feb	93%	70%	23%
Mar	92%	63%	29%
Apr	92%	67%	25%
May	95%	68%	27%
Jun	92%	68%	25%
Jul	93%	63%	30%
Aug	100%	60%	40%
Sep	99%	58%	41%
Oct	94%	56%	38%
Nov	93%	60%	33%
Average	94%	64%	30%

Should HART KPI be adjusted to match NAIC data? ie maintained and improved outcomes not 75% to Independence, where has this figure come from?

NAIC 2019 - definitions

What is intermediate care?

Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

What are the aims of intermediate care?

There are three main aims of intermediate care and they are to:-

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

Where is intermediate care delivered?

Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes.

How is intermediate care delivered?

A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time.

IC function	Setting	Aim	Period	Workforce	Includes	Excludes
Crisis response	Community based services provided to service users in their own home/care home	Assessment and short term interventions to avoid hospital admission	Services with an expected, standard response time of less than four hours. Interventions for the majority of service users will typically be short (less than 48 hours) but may last up to a week (if longer interventions are provided the service should be included under home based IC)	MDT but predominantly health professionals	Intermediate care assessment teams, rapid response and crisis resolution	Mental health crisis resolution services, community matrons/active case management teams
Home based rehabilitation	Community based services provided to service users in their own home / care home	Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care rehabilitation	Single condition rehabilitation (e.g. stroke), early supported discharge, general district nursing services, mental health rehabilitation/ intermediate care
Bed based	Service is provided within an acute hospital, community hospital, residential care home, nursing home, standalone intermediate care facility, independent sector facility, Local Authority facility or other bed based setting	Prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care bed based services	Single condition rehabilitation (e.g. stroke) units, general community hospital beds not designated as intermediate care/rehabilitation, mental health rehabilitation beds
Re-ablement	Community based services provided to service users in their own home / care home	Helping people recover skills and confidence to live at home, maximising their level of independence so that their need for ongoing homecare support can be appropriately minimised	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly social care professionals	Home care re-ablement services	Social care services providing long term care packages

references

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http://www.careengland.org.uk/sites/careengland/files/NAIC%202018findings%20FINAL.pdf

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http://pathways.nice.org.uk/pathways/intermediate-care-including-reablement