NHS

North of England
Commissioning Support

Care Home Capacity Tool
Case Study
July 2018

Partners in improving local health

This template has been designed to showcase some of the work that has been undertaken in the roll out of the Care Home Capacity Tracker Tool

It has been designed to illustrate the challenges, successes, and outcomes that systems have faced during implementation., which may allow others to understand some of the critical factors and processes that have enabled change, how this was achieved and the benefits realisation on the reduction of Delayed Transfers of Care, quality indicators and patient experience

These case studies have been requested by NHS England North will be collected by the North of England Commissioning Support Unit and shared with colleagues from health & social care systems to promote and share good practice

Where possible please ensure that data is included

The bullet points are meant to be a guide and should not preclude inclusion of other pertinent information.

Please add a key contact so that people who would like to learn more can do so.

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Introduction

1. What CCG / STP does this case relate to: Warrington

2. Provide a *brief* background to the CCG/STP current issues: N/A

3. What is your understanding of your current DToC status - It is important to illustrate with data:

DToC data in Warrington did not show a trend that care home availability was causing delayed transfers of care, the online bed state tool was introduced to make the process for collecting bed availability data easier, and to make the data set more accurate.

4. What did you to better understand and diagnose the root causes and potential solution? N/A

Intervention

Was there any investment either financially/manpower to assist in this roll out /is it phased?

A rep from the CCG and LA were appointed. We did not phase the roll-out, as we intended to replace the old reporting system with the new from the go-live date, and needed operational colleagues to be able to locate information in one place.

What were the challenges you faced?

Ensuring that all providers were able to log into the system and start to update information required a lot of manpower. However, providers were broadly supportive of the move to the system, as it enabled them to advertise available beds immediately rather than once a week under our old system.

How did you adapt the roll out for your own system?

We only rolled out the system to providers on the WBC Older People's Residential and Nursing framework contract, excluding small LD providers who were flagged by NECS for inclusion due to the low turnover of residents and the lack of administrative staff at these types of settings to maintain the system.

Intervention

What were the key successes you experienced?

We were successful in communicating to all homes about the go-live date and the switchover, which went smoothly due to being able to provide telephone support on the day to providers who were having difficulty logging in and using the system.

We have had good success in getting providers to update the system regularly, and when this has dropped by particular homes, chasing them and ensuring this starts being completed again.

How is success being monitored

Reporting function on the bed state tool allows us to track homes who have not updated vacancies, and these are follow up by telephone.

How is this process being embedded into BAU

Colleagues who ran the previous bed vacancies system (manual tool) were briefed on the new system in order to identify homes who needed to log in and update, and chase. Operational colleagues were briefed on the new system, and provided with team generic login details which allows us to track which teams have and haven't recently used the system.

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Our Approach

What we did	How we did it	Action key to success
'Big Bang' implementation on the go-live date	Ensured that all providers were set up to use the system prior to the go-live date, communication of the go-live date was robust, all day telephone support for providers on the day to achieve compliance, and a follow up face-to-face support session if needed (no providers required this, so it was cancelled)	Having the resource available on the go-live day to liaise with managers/admin staff at homes to troubleshoot login issues and explain how to update the system.

What Impact Did This Have On The Patient Group/Service User

	Tick relevant
Mothers & Newborn	X
People with need for support with their mental health	X
People with learning disabilities	X
People who need urgent & emergency care	X
People who need routine op	X
People with long term conditions	√
People at end of life	√
People with continuing health care needs	√
Impact: Real-time bed availability could be provided to these groups by social workers in need of care in a residential/nursing setting.	

Outcomes & Benefits

Outcomes	Benefits
• All providers on our framework contract now update bed vacancies using the system regularly, and we can more easily report from the data set using the online tool	• Vacancy data is more accurate • Vacancy data is accessible off-site for social workers • Providers benefit from being able to advertise vacancies immediately, and provide supplementary information to advertise their service

Next Steps

Are there plans to improve upon what has been delivered?

As the system evolves, we are now trying to ensure that price information submitted by homes who accept our standard rates are accurate in the system. There is also some system development which has been requested around reporting. We are also about to launch our care home discharge co-ordinator/trusted assessor roles which will give us more information on how the bed state tool is impacting on the discharge process. They will have KPI's to collect both qualitative and quantitative data.

Is there a stepped approach and has this changed following evaluation from work to date? N/A

Does more work need to be done to make this sustainable? No, the system has been implemented successfully.

Can this work be adopted into the STP? N/A

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