



**Oxford University Hospitals**  
NHS Foundation Trust

**Learning from Patient Feedback:**  
HART (Home Assessment Reablement Team)  
Trust Board: Wednesday 13<sup>th</sup> November 2019

**TB2019.105**

Sam Foster: Chief Nursing Officer



# Chief Nursing Officer's Report – November 2019

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## Executive Summary:

The Home Assessment Reablement Team (HART) provides short term reablement to Oxfordshire residents and longer term contingency support to those who require ongoing long term care after a period of reablement.

This paper presents the experience of a patient who had a positive experience receiving support from HART at home.

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## Purpose:

The purpose of this paper is to explore the lessons learnt from the patients' experiences of the Home Assessment Reablement Team (HART).

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Board lead: **Sam Foster, Chief Nursing Officer**

Key purpose: Strategy **Assurance** Policy Performance

## Background

- The Home Assessment Reablement Team (HART) provides short term reablement to Oxfordshire residents and longer term contingency support to those who require ongoing long term care; both to people considered medically fit enough to be discharged from hospital, and those referred in the community, for example, by general practitioners or community hospitals.
- The service works with service users, their family and informal carers to provide a short period of support - no longer than six weeks - to help patients regain independence and confidence in the skills in their own homes or usual place of residence.
- Personal reablement goals may include being able to:
  - wash and dress independently
  - make meals for oneself
  - get in and out of bed independently
  - complete one's own shopping
- HART supports upwards of 220 service users per day in patient's homes across the county.
- HART was commissioned by Oxfordshire County Council. It incorporates and replaces the Supported Hospital Discharge Service (SHDS) and the Oxfordshire Reablement Service, which was run by Oxford Health NHS Foundation Trust.

Reference: <https://www.ouh.nhs.uk/patient-guide/inpatients/hart.aspx>

# Patient Experience Delivery Plan

Stakeholder engagement meetings are taking place to discuss the 10 focus areas of the Patient Experience Delivery Plan:

- Patient waiting times in ED
- Car parking on hospital sites
- Delivering same sex accommodation
- Cancelled procedures and admissions
- Patient-centered care plans for patients with Cancer
- **Home First**
- Reduction of noise at night
- Bridging the gap in the discharge process
- End of life care
- PLACE (patient led assessments of the care environment)

The Trust will carry out surveys about the 10 priorities and analyse existing data (PALS feedback, complaints, FFT comments, department surveys).



- Meet with Divisional leads to discuss focus areas. Engagement of staff and patients to improve experience



- Gather available information
- Design questions, including embedding of equality and diversity in the engagement process



- Fieldwork: Engagement of staff and patients to obtain their views and experience
- Triangulate with available information (FFT, other surveys, Datix) and learning from other feedback
- Analyse survey results

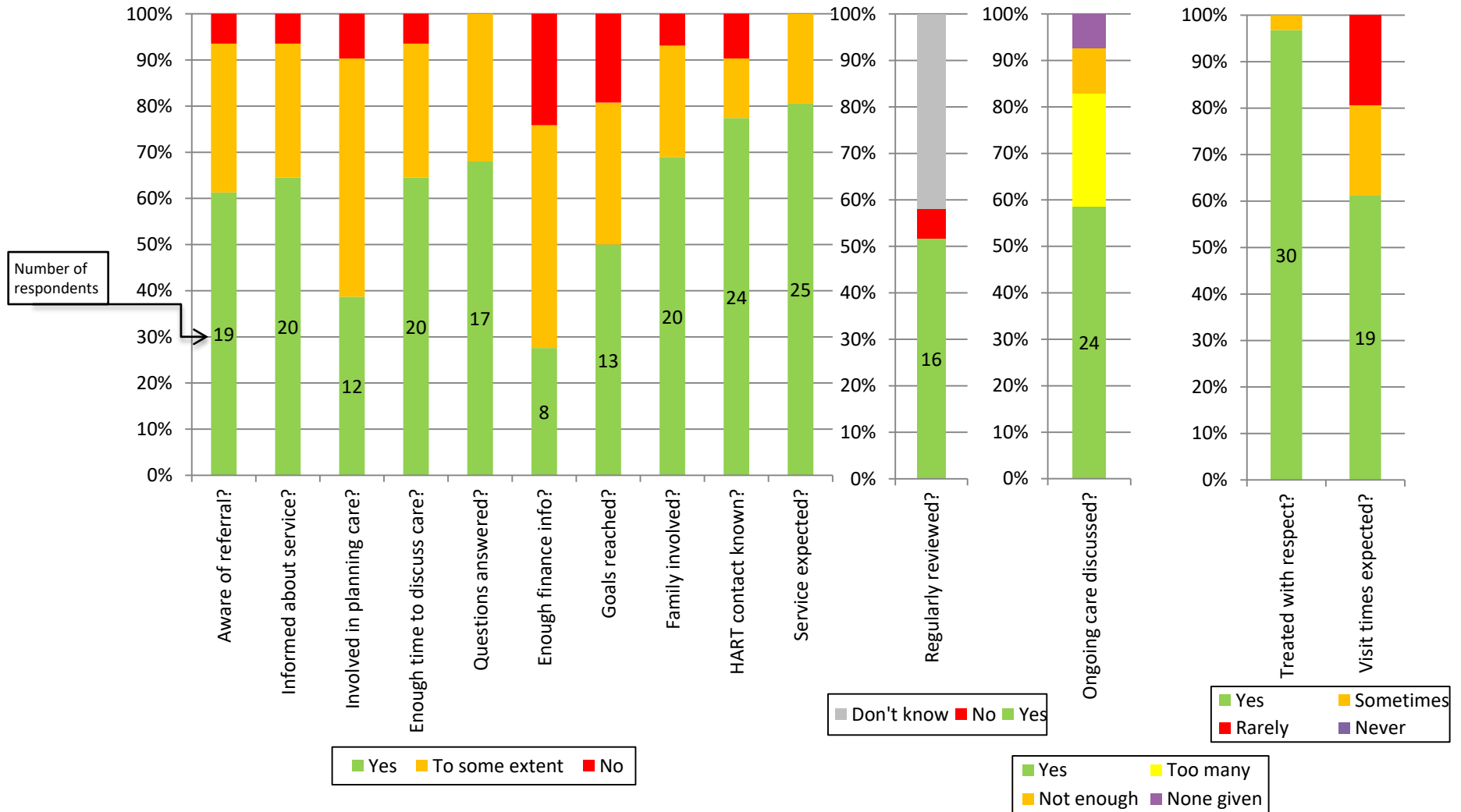


- Work with Divisions to develop implementation plans for service improvements, in response to the surveys
- Evaluation of the process to inform Stage 2 of the cycle

Results: summary

- There were 31 responses to the HART patient survey in August and September 2019, summarised below.

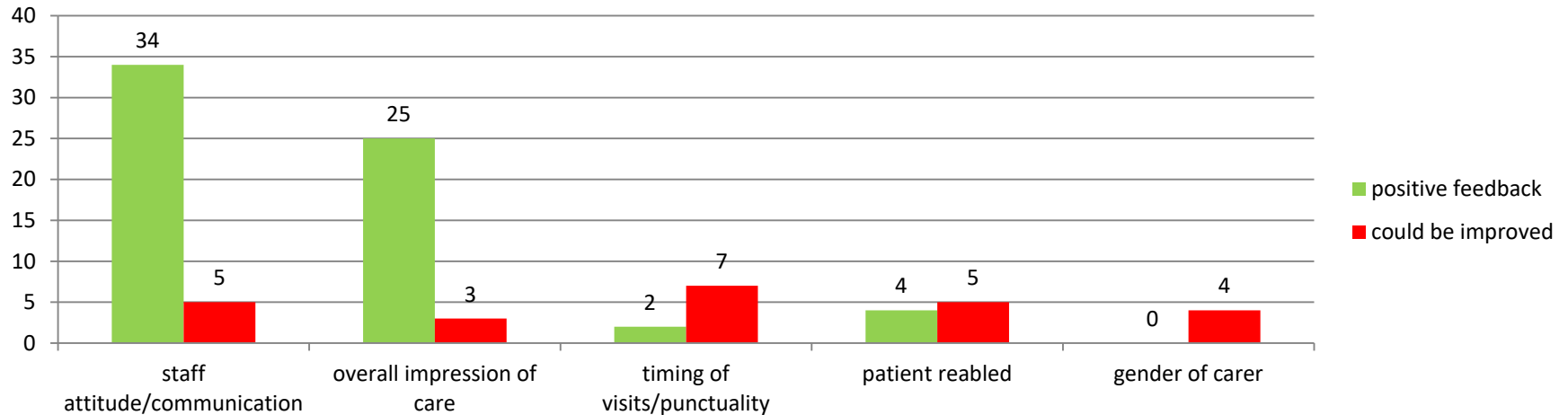
HART patient feedback, August - September 2019



Results: summary

- The top theme from the comments on the HART survey was positive staff attitude and communication (34 comments), e.g. *“Staff were very chatty/sociable, friendly and caring. Overall, staff appear to be well trained and caring. Grateful for the help.”*

Themes of comments on HART survey



- The top themes for improvement were:
  - Timing of visits/confidentiality (7 comments), e.g. *“The only thing a relative wasn’t keen on was different carers and how they arrived at different times each day.”*
  - Staff attitude/communication (5 comments), e.g. *“Correspondence sent to daughter, not me. Treated with respect from carers, not the office.”*
  - Patients not feeling they were supported/re-enabled (5 comments), e.g. *“Make patient more aware of goals being set.”*
  - Gender of carer (4 comments), e.g. *“Asked for female carers only and got some male ones.”*

### Complaints

There were five complaints which were upheld or partially upheld for HART between March and September 2019.

The themes within the complaints were:

- Gender of carers
- Lack of communication with family of patient
- Personal care offered to patient (not on care plan)
- Lack of explanation about purpose of service
- Lack of assistance with nutrition
- Lack of referral to other healthcare services for care needs
- Patient's home left unlocked

## Patient Story

“The team were so sincere, friendly and patient. They always had time for you and always seemed interested”

I had a crushed knee and broken leg after an accident at work, following which I had two operations, and spent three weeks on a trauma ward recovering. Two members of the reablement team came to visit me on the ward, and asked if the reablement team could come and visit me at home, as I would be bed-bound at home after I was discharged.

At first, support staff came to visit me three times per day, at breakfast, lunchtime, and evening. They helped me with washing myself, getting to the toilet, taking my medicine, and making tea and meals. I was overwhelmed by the support and my expectations were more than met, for example, I didn't expect them to make me a cup of tea. They asked me what time I would like the visits, and I was given a time range. They were always on time.

I found the psychological support the most useful part of the support. I would have been totally isolated otherwise. The team were so sincere, calm, friendly and patient. They were attentive and noticed little things that might help me, like picking up a book off floor and asking “are you reading this?”

They always had time for you and always seemed genuinely interested. When they asked how I was, it seemed like they actually cared. The carer often asked how I was within myself, e.g. was I in more or less pain, was I sleeping well and was I eating well? My struggle with my severe injuries and my trauma often gave me some dark moments, but I found that I could share my wellbeing improvements and concerns with the carer. In hindsight, this was a godsend and the encouragement and care they gave me helped me through my recovery.

It wasn't always the same person, but they made sure I got the right care, as they had a file in my room, which had notes about what support I needed.

After two weeks of three visits a day, one of the supervisors came to visit me, to discuss reducing my visits to twice a day, which reassured me that the change would be OK. A few weeks later, my visits were reduced to once per day.

It is difficult to remember everything about my care, as I was on very high doses of medications such as morphine and codeine. I don't think I remember having any goals set, but they supervised and encouraged me with things like putting on my shoes and dressing myself. They helped me with being able to move through the kitchen and carry food. I went from only being able to crawl to being able to use crutches while I was having support from the service, with some help at outpatient physiotherapy appointments.

Recently, I felt I wanted to give something back to the service, as they have been so helpful, so I applied to work with the team.

To sum up, they are a priceless support for someone at their lowest point both physically and psychologically. I will forever be indebted to those carers.



## Investigating the impact on patients and families, to inform service improvement plans

- A patient information leaflet has been created and distributed to OUH and community hospital wards in October 2019. The leaflet will be handed out to any patient referred to HART, to explain what they can expect from the service. The leaflet includes information on the support the service offers, how visits are arranged, and pricing.
- A new two-week induction has been developed for assessors, and sessions took place in August, September and October. There is also a 1-day induction for all HART staff members. The induction programmes emphasise the importance of a person-centred approach to care, and explains the importance of clear communication with patients from the outset, so that preferences are established, and patients know what to expect.
- HART has also developed a workbook for all staff, which is also a reference guide, and helps to embed the person-centred approach to planning care.
- Where patients express a preference on male or female carers, these are recorded on care notes. Preferences on the gender of carers are adhered to wherever possible. However, it is not always possible to accommodate preferences- This is explained to service users and families.

### Conclusion:

- The majority of feedback about the HART service is positive.
- A considerable amount of work is being undertaken to improve the HART service, based on patient feedback
- The patient survey will continue to be carried out to enable continuous learning and improvement.

### Recommendation:

The Trust Board is asked to reflect on the lessons learnt and assurance gained from listening to patients' feedback.

**Sam Foster, Chief Nursing Officer, Executive Lead**

### Authors:

Ella Reeves, Patient Experience Manager

Claire Smith, HART Clinical Lead

Caroline Heason, Head of Safeguarding and Patient Experience