Enter & View Visit Report

Details of Visit

Service Name and Address	Stroke rehabilitation service - Ward 22S/R at Royal Shrewsbury Hospital (RSH)
Service Provider	Shrewsbury and Telford Hospital NHS Trust (SaTH)
Day, Date and Time	Wednesday 21st April 2016, 3.30pm - 5.30pm
Visit Team	Two Enter & View Authorised Representatives from Healthwatch Shropshire

Purpose of the Visit

To explore the continuity of care between the acute, rehabilitation and discharge home phases of care after a stroke, including the point at which patients are moved to the rehabilitation ward at RSH.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

During 2014, services for Shropshire people with acute stroke were centralised at Princess Royal Hospital (PRH) in Telford. This re-organisation allowed people to get specialist diagnostic tests (e.g. CT scan) and urgent treatment (e.g. thrombolysis) more quickly in the acute phase. This was planned as a short term measure; the clinical outcomes for acute stroke improved so much that it was decided that the centralised acute service should be kept at PRH longer term.

Healthwatch Shropshire received over 20 comments from Shropshire residents about the stroke service provided by the Shrewsbury and Telford Hospital NHS Trust (SaTH) in the two years 2014 and 2015. As well as some positive messages about acute stroke care at PRH, several people expressed concerns about long delays before their move from the acute ward to the specialised rehabilitation ward at RSH. Others were concerned about the long travel distance to Telford because patients stayed there for such long periods.

We also looked at the disappointing results in the most recent publically available Sentinel Stroke National Audit Programme (SSNAP) report for SaTH – April to June 2015. This shows that there are around 1,000 acute stroke admissions a year to PRH, very much higher for the size of unit than other stroke units in the country. To provide best care, acute stroke beds need to be freed up by moving patients who need rehabilitation to a more suitable environment at the right time.

This visit was announced.

What we were looking at

During our visit to the Ward 22 S/R, the Stroke Ward at Royal Shrewsbury Hospital (RSH), we planned to speak with stroke patients and their families about their experiences after an acute stroke had been stabilised and the move to a rehabilitation programme.

We also wanted to speak to the nursing staff and members of the specialist rehabilitation therapy team, so that we could find out about:

- the facilities for stroke rehabilitation at RSH
- the best time frame for stroke patients to move from the acute ward setting for them to benefit most fully from specialised rehabilitation therapy
- the systems for identifying the patients on the acute ward who should move to the RSH rehabilitation ward, and the possible blocks to these systems being effective
- the quality of communication about home discharge arrangements
- access to rehabilitation services in the community after discharge
- how medication is provided on discharge, because we had received comments that there are some problems with this.

What we did

We visited the ward in the late afternoon when we hoped most treatments would have finished for the day and there would be some visitors as well as patients to talk to. In fact there were only three patients on the ward who had had a stroke at the time of our visit, and only one of these had been moved from PRH. The three stroke patients all had some difficulty with communication, but we were able to talk with one family member and it was clear the patient could understand the conversation, and agreed with what was said.

We also had useful conversations with senior nursing and therapy staff.

What we found out

Facilities for rehabilitation and the number of beds available for stroke patients

- The ward has good facilities for rehabilitation, with a large room for physiotherapy and a wide range of appropriate equipment.
- There are 20 beds in the 40 bed ward that are intended to be used by patients recovering from stroke or who are being treated for other neurological disabilities. However, these beds are often used to take patients from other wards in the hospital because of the high number of admissions, particularly during the winter. There is also a large number of patients admitted as emergencies to RSH who are later found to have had a stroke and, when possible, are moved to the rehabilitation ward.
- The weekly group activities sessions set up by the Occupational Therapists had had to stop because of this year's winter pressures. This meant that patients had lost an important opportunity to socialise and to develop the motor skills they had lost.
- There are two Consultants in Stroke Medicine serving the 20 stroke beds at RSH, who spend part of their time at PRH.

Timescales and systems for agreeing transfer to the rehabilitation ward

- National guidelines suggest that the best time for transfer from acute to rehabilitation care is 72 hours after the start of the stroke. We were told by staff that there are seven patients on the acute ward at PRH who have very complicated rehabilitation needs and who should have been moved to Ward 22S/R some time ago.
- More stroke patients are moved from PRH to RSH for rehabilitation during the summer months. This winter there has been a high demand for beds at RSH and only one such move has taken place in the last five months.
- There is no agreed process to identify those patients at PRH who are ready to be moved to the specialist rehabilitation ward.
- We were told by staff that the relationships between both the nursing and therapy teams at the two hospitals are very good, which makes for effective communication about Shropshire patients when they do move to RSH.

- We saw that most patients in the ward need help from two staff to support them to walk or to move in bed. Many also need time-consuming and skilled help at mealtimes, because of swallowing problems caused by the stroke. It was apparent to us that the high levels of nursing needs of many of the patients could put demands on staff that they would find hard to meet with current staffing levels.
- A large number of patients on the ward have communication problems as well as difficulties in swallowing. We were told by staff that the Speech and Language Therapists (SaLT) prioritise support for people with swallowing problems and do not have enough time to provide a full service for communication support.

Home discharge arrangements and continuity of rehabilitation services in the community

- We did not talk about discharge arrangements with any of the stroke patients in the ward when we visited as it was too early in their treatment for it to have been discussed.
- The hospital Discharge Liaison Nurse was valued by the ward staff for making sure that discharge processes ran smoothly and for arranging support for the patients at home.
- The Trust has an 'Early Discharge Team', made up of therapists from different disciplines, who work with patients to prepare them for discharge home within about two weeks. The team was said to have made a really big difference for some patients with less complicated community care needs, but the team won't accept patients who have been in hospital for more than four weeks.
- Integrated Community Services (ICS) carry out an assessment in the person's home immediately on discharge, providing direct care and support as needed for a certain time. We were told that, although the service generally works well for patients, there are parts of the County in which it is not yet well-established.
- Shropshire Community Health NHS Trust employs a specialist multi-disciplinary Community Neuro-Rehabilitation Team for people with neurological disabilities. However we were told that it does not accept patients over the age of 65.

- Stroke patients should have a clinic appointment with the Consultant six months after discharge.

Medication on discharge

- Some patients who are ready for discharge have to wait for quite some time while their medication is prepared. Staff told us that the refillable medicine boxes patients use at home cannot be used in hospital because the medicine can be tampered with. Although the hospital pharmacy can create blister packs, with different medications to be taken at the same time in one blister compartment, they need 24 hours notice to prepare them.

Additional Findings

- We noted that the Shropshire Community Health NHS Trust does not offer specialist neuro-rehabilitation in the community to patients over 65. [Healthwatch Shropshire followed up this finding after the visit and it is our understanding that the Shropshire Clinical Commissioning Group has different arrangements for older people. Anyone over 65 requiring stroke rehabilitation is referred back to their GP and can receive general physiotherapy (not specialist physio) and community nursing].

- We were told there is not a routine clinical audit process that records patients' progress from the onset of a stroke through rehabilitation to hospital discharge.

Summary of Findings

- Shropshire residents who have had a stroke, and those from Wales, did not have the opportunity to receive specialist rehabilitation in the stroke rehabilitation ward at RSH for many months of the year due to the demands placed on the hospital. This means they have to stay in the less medically appropriate acute ward at PRH, which also means their visitors have to travel a long distance to see them for a long period of time.

- Most stroke patients have complicated rehabilitation needs. We found excellent communication and close working between the ward nursing team and the therapy team. However we felt the nursing staff were very stretched because many patients need two people to provide most of their care.

- There are a number of community-based services to support stroke patients after their discharge from hospital. However it was not clear to us how these work together to ensure continuity of care.

Recommendations

- We recommend that SaTH explores a formal process for identifying patients to be transferred from the acute ward at PRH to the rehabilitation ward at RSH, including dates, how information is shared and progress monitored.

- We recommend that the needs of these very dependent patients are reflected in the staffing levels.

- We recommend that all stroke patients (at both RSH and PRH), be included in a local audit system to monitor outcomes of the whole care pathway.

- We recommend that Trust Management finds a way to 'ring-fence' rehabilitation beds at RSH, so that patients requiring complex rehabilitation can move to a more suitable environment at the best time.

- Healthwatch Shropshire to speak to Shropshire's Clinical Commissioning Group about the availability of specialist neuro rehabilitation for patients over 65.

Service Provider Response

Healthwatch Shropshire received the following response to the report and its recommendations from the Ward Manager for Ward 22S/R:

I would like to take this opportunity to thank you for your visit and report. As a team we are always striving for excellence in delivering care to our patients and your comments and recommendations are greatly received.

From the context of the visit there were areas of practice which were good and some not so good. We have since made various changes in improving those outcomes and making a difference to our patient experience. We are continually seeking to improve the quality of our services through quality and safety audits.

During your visit to the stroke unit at the Royal Shrewsbury hospital on April 21st 2016 it was identified that there had been delays in moving patients from the acute stroke unit at the Princess Royal hospital to ward 22S at the Royal Shrewsbury Hospital where patients receive their rehabilitation. A multidisciplinary approach was taken to ensure effective communication between staff on both sites enabled discussions to transfer patients safely. The patients who had been assessed as suitable for transfer are highlighted on our ward board and discussed during morning board rounds. The timeframe of 72 hours for transfer wasn't always achievable due to the high numbers of emergency admissions to the hospital. This had been escalated and patients at the Princess Royal Hospital remained on the transfer board and the ward notified once a bed became available.

There had been concerns in delays with medication on discharge which should be identified in a timely manner. Patients receiving blister pack medication which requires 24 hours' notice are now identified on admission to the ward which allows the pharmacist to prepare medication in advance if no other changes are expected.

The weekly group activities did stop during winter but this is something the staff are very keen to restart soon especially with the positive outcomes it had on patient care. The classes help facilitate an opportunity for patients to socialise and there is much going on to ensure this happens in the future.

The recommendations and actions have been identified and will start with immediate effect. The ward manager and ward sisters are to ensure these actions are carried out and that all changes are implemented and sustainable through regular audit reviews. The findings of this report have been discussed at ward level with the staff during ward meetings.

Healthwatch Shropshire has received the following response to our recommendations from the Associate Director of Nursing (Quality and Patient Experience) at The Shrewsbury and Telford Hospital NHS Trust.

We recommend that SaTH explores a formal process for identifying patients to be transferred from the acute ward at PRH to the rehabilitation ward at RSH, including dates, how information is shared and progress monitored.

All patients identified as requiring ongoing rehabilitation and repatriation to Shrewsbury hospital are escalated through the Stroke Coordinator and Ward 22S Coordinator. Patients are placed on a priority list and transfer takes place once the bed becomes available.

- Patient status at a glance (PSAG) board to be used to communicate which patients require transfer to Shrewsbury Hospital
- Patients are placed on the waiting list for transfer after their hyper acute phase (72 hours) if medically fit for transfer
- Once they have been on the waiting list for five days appropriate patients will become a priority transfer
- Capacity team can highlight patients and prioritise accordingly
- Notes can be added to patient status at a glance (PSAG) board to aid effective communication across sites and throughout the multidisciplinary team

This is overseen by the Ward Coordinator and Therapy Team.

This process has been in place as described since the single site stroke unit became operational in 2013.

Immediately post the move to single site the average number of post stroke patients receiving rehab at RSH was 8-10.

However during winter and especially during the past winter (Oct 15-April 16) the site pressures at RSH (L3 or above the majority of the time) made options to repatriate very limited. The average number of post stroke rehab patients therefore reduced over time until recently the average number has been approx. 4/5 at any one time.

This is mitigated to a large degree because SaTH's acute stroke length of stay is very favourable and outcomes have also been positive which means the majority are better off by continuing at PRH and being discharged directly from there.

Recent Update: As a result of 1 of our 4 stroke consultants resigning and our inability to recruit to replace (even an agency locum was not forthcoming), a temporary change has taken place (pending recruitment if successful) whereby post stroke rehab patients who retain some acute needs will need to be retained at the Princess Royal Hospital in Telford (PRH). This, as described above, actually affects only a small amount of patients now. A single stroke consultant candidate is due to be interviewed on 15th July 2016.

Patients who have had a stroke but whose rehab needs are simple and who potentially has social issues meaning their length of stay will necessarily be longer but their acute stroke care needs have been addressed – these patients can continue to come to RSH.

We recommend that the needs of these very dependent patients are reflected in the staffing levels.

The SAFER Nursing Care Tool Audit has identified staffing levels required for caring for patients with complex needs. The tool is used throughout the trust and an annual update is undertaken to ensure safe staffing levels are maintained at all times. The electronic rota known as E-rostering used by ward managers and senior staff highlights the skill mix of staff during each shift.

There are a number of stroke trained nursing staff on the ward with a wider multidisciplinary team working Monday - Friday. Therapy teams have recently signed new contracts to provide a seven day service to stroke and rehabilitation patients. Uplift in Health care assistants has been approved ensuring more staff are available during the day - 1.5 Healthcare Assistants are allocated daily.

The team consists of

- Two stroke consultants
- 2 trained nurses
- 1 x nurse coordinator (ward sister)
- 4 x healthcare assistants
- Neuro physiotherapists are based on the ward
- Occupational therapy team based on the ward
- Speech and language therapist based on the ward
- Stroke Association referrals collected weekly and contact made with patients and families via the team at Telford.

All staffing concerns are escalated at matron level.

This is overseen by Ward Manager and Band 7 Therapy Lead and happening with immediate effect.

1.5 Whole time equivalent Healthcare Assistants have been uplifted to support ward staff.

Recent Update: Nurses with stroke skills are retained at RSH to support those patients who may attend at RSH or who are under another team but suffer a stroke (e.g. surgery). Other expert advice and support for stroke patients at RSH is provided via telephone with ward review if required. Out of hours the Trust utilises the Regional Stroke Rota to which our consultants contribute.

We recommend that all stroke patients (at both RSH and PRH), be included in a local audit system to monitor outcomes of the whole care pathway.

A Data Clerk is employed at Princess Royal Hospital to input Sentinel Stroke National Audit Programme (SSNAP) data. This data looked at the whole stroke pathway from admission through to discharge.

Data clerk collated data from SSNAP.

Ward Manager/Therapy band 7 to access data so that improvements to the service can be made.

Recent Update: This is no longer part of Royal Shrewsbury and all data input is taken from the Princess Royal Hospital.

We recommend that Trust Management finds a way to 'ring-fence' rehabilitation beds at RSH, so that patients requiring complex rehabilitation can move to a more suitable environment at the best time.

Patients are placed on the waiting list for transfer if medically stable.

Two beds were unable to be ring fenced due to changes made to the stroke service. Patient safety was of high priority ensuring patients were in the right bed at the right time this included patients transferring from the PRH to the RSH. This process of ring fencing two beds was also unable to operate if the hospital was at escalation level 3 or above.

This is overseen by the Capacity Team/Ward Manager/Coordinator.

Recent Update: As above – this applies to the recent additional change as a result of the loss of 1 of our 4 stroke consultants.

In order to support the acute stroke service and continue to provide safe care for the time being and subject to future recruitment, the decision has been made to have all stroke services provided on one site. All patients with suspected stroke are able to access services in one place and receive their care on a designated stroke unit. Caring for patients and enhancing their experience from admission through to discharge.

- Reconfiguration of stroke services
- Both previously RSH based Stroke Consultants (who have always worked cross site) have had to move across to PRH to support the stroke service.

Therapy teams are undergoing the necessary changes to support Stroke rehabilitation at the Princess Royal Hospital.

Healthwatch Shropshire to speak to Shropshire's Clinical Commissioning Group about the availability of specialist neuro rehabilitation for patients over 65.

Healthwatch Shropshire's Chief Officer wrote to Shropshire's Clinical Commissioning Group on 14th June 2016. We received the following response from the Head of Programmes and Service Design:

The commissioning team is in the process of completing a review of this service and one of the key recommendations we will make is that any age restrictions associated with the service needs to be removed. This report will be presented to our committees in July/August.

Healthwatch Shropshire have also escalated the whole issue around the recent reconfiguration of stroke services to Shropshire's Clinical Commissioning Group and the providers response to this report and our recommendations has been shared with them directly.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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