

Community Stroke Rehabilitation Service Update

1. PURPOSE

This report provides an update on the development of community stroke rehabilitation services in Walsall since the last report to this Committee was received in January 2020.

2. RECOMMENDATION

The Committee is asked to take assurance that the transfer of Stroke Rehabilitation Services from Walsall Manor Hospital to Holly Bank House has been undertaken within the national guidelines for provision of these services, through appropriate consultation with key stakeholders and following the recommendations made by the West Midlands Clinical Senate.

3. BACKGROUND

The National Stroke Strategy (2007) demonstrated that a hub and spoke approach, in which all patients displaying stroke symptoms are directed to hyper-acute stroke units (HASU), will deliver significant improvements to patient outcomes including a reduction in mortality rates and earlier discharge from hospital. Once stable, patients are discharged from an acute setting with care delivered either at a community rehabilitation centre or at home.

In Walsall, following the West Midlands Clinical Senate Stroke Review in 2014, a Stroke Services Sustainability Review was undertaken by Walsall CCG in 2017. The outcome of the review was to establish a HASU and ASU (as the tariff assumes that the HASU and ASU are provided by the same provider) at the Royal Wolverhampton NHS Trust (RWT). A further recommendation was to establish a comprehensive inpatient community rehabilitation service in Walsall, provided by Walsall Healthcare NHS Trust (WHT). At the time of the review, there was no community bed facility to support Early Supported Discharge (ESD) and no community bed stock. As such, the stroke rehabilitation service was being provided on Ward 4 at the Manor Hospital, until a community facility could be secured.

Service reconfiguration was implemented on 11th April 2018. From that point on, all patients with signs and symptoms of acute stroke were transferred to RWT for assessment and treatment. Walsall residents at RWT requiring in-patient stroke rehabilitation were then to be transferred to WHT (Ward 4) for care. Patients who did not require in-patient rehabilitation were discharged. The out-patient service for review of patients with Transient Ischaemic Attack (TIA) was also transferred to RWT.

4. PROGRESS

4.1. Transfer to Holly Bank House

As previously reported, the proposal to relocate stroke rehabilitation services from Walsall Manor Hospital to Holly Bank House had been discussed over several months between colleagues at Walsall Council and Walsall Healthcare NHS Trust. It was reported as progressing at the 16th January 2020 Health and Social Care Overview and Scrutiny Committee.

In the context of the COVID-19 pandemic, there became an urgent need in April 2020 to create additional capacity on the acute hospital site due to the pending surge in activity and to facilitate as safe an environment as possible for stroke rehabilitation patients and potentially those requiring complex discharge. National guidance in response to the COVID-19 outbreak, released on 19th March 2020, required all patients to be discharged from the acute hospital within three hours of being declared as medically stable. This was coupled with an expected surge in demand for acute based bed services and significantly increased infection risks associated with patients undertaking rehabilitation or complex discharge. This was further exacerbated in Walsall as these patient groups shared ward space with other medical presentations. In response, the occupancy of Holly Bank House was approved with immediate effect by both the Leader and Mayor of Walsall Borough Council, using executive powers.

Several organisations including Walsall Council, Walsall Healthcare NHS Trust and whg were involved in discussions to operationalise Holly Bank House as an inpatient unit. The following tasks were achieved over a 2-week period:

- CQC registration with Holly Bank House being registered as an emergency satellite site for Walsall Healthcare NHS Trust;
- The Intermediate Care Service (ICS) was relocated to Blakenall Village Centre;
- All statutory risk assessments including water/legionella were undertaken;
- All furniture and equipment was re-assembled and located in patient rooms;
- All electrics were inspected and PAT testing complete;
- The kitchen and laundry facilities were recommissioned including associated gas works undertaken;
- Arrangements made for cleaning and catering to be provided by Walsall Council as an interim arrangement before WHT facilities management team could take on the services from June 2020;
- Transfer of the Stroke Maintenance Team and associated equipment from Goscote House to Holly Bank House;
- All new protocols and clinical risk assessments were completed;
- Initial fire risk assessment undertaken;
- Security risk assessment completed.

The service has now been in situ at Holly Bank House since April 2020 under a Tenancy at Will. The site has also supported medically stable discharges from Manor Hospital during COVID-19 to further relieve pressure on the acute site. Capacity for stroke patients has not been impacted and additional nursing resource was allocated to the site to meet the needs of these patients.

During the process of finalising the long-term lease arrangements, it was discovered that the building fell short of fire compartmentation regulations for a unit of this nature. This impacted on the evacuation procedure and required additional staffing to support a full evacuation of the site if necessary. During the period that the improvements were made to the building, a new Standard Operating Procedure (SOP) was implemented and there were no escalations of patient transfer delays by RWT during this time.

The fire remedial works are now complete, and it is expected that the long-term lease agreement will be finalised in the coming weeks.

4.2. Clinical Senate Requirements

The following sections provide an update on the outstanding Clinical Senate recommendations that relate specifically to the provision of bed-based rehabilitation services.

Recommendation 5: an open and honest discussion is required with Walsall Stoke Services staff where change management and organisational change principles are applied in a fair, equitable and transparent way; providing clear communications and engagement activities, ensuring the continuation of skills, experience and knowledge of staff.

WHT policies relating to organisational change were implemented as part of the transfer of services to Holly Bank House. Positive feedback has been received from the staff team that work within the building as a good place to work:

“Whilst this transition period was difficult initially for the team to adapt to due to coming from an acute hospital, the opportunity to give person centred care is now a privilege. From transferring from an acute setting to a community rehabilitation unit we have enjoyed the challenge and feel that we now have a real opportunity as a team and as professionals to promote patient independence to the best of our ability, so patients are able to reach the goals that have been set for them before returning home”.

“We have had the opportunity to learn about our patients, their lives, their families and what is important to them. This allows us to help understand their feelings and fears and address and guide this required support in a much more holistic way”.

Recommendation 6: a comprehensive workforce plan is developed which reflects national guidance to achieve a service that is delivering 7 day services, and meeting the needs of SSNAP domains.

The previously agreed workforce model, that was operational at the Manor Hospital, has transferred to Holly Bank House. Additional capacity has been created across several job roles including senior nursing and AHPs to reflect the needs of the service. There is dedicated Speech and Language Therapy (SALT), dietetics and psychology liaison. Medical cover is provided by a Stroke Physician, shared with the acute site, and with additional GP cover available on call, in and out of hours.

Recommendation 15: all staff ratios – nursing, medical and therapist are at least at the standards set nationally for what is acceptable for stroke rehab and not adjusted allowing for potential workforce shortfall/recruitment.

Nurse and AHP staffing ratios have been set according to the RCP guidelines on optimum staffing levels for community stroke rehabilitation. Some additional posts have been added to the staffing model to ensure sufficient qualified nursing cover out of hours, recognising that Holly Bank House is a standalone site. The staffing model was approved in advance of transfer of services, by the Clinical Directors for Community Services, Medical Director and Director of Nursing at WHT.

Consultants at RWT have confirmed they are supportive of the staffing model and are assured that an appropriate level of medical cover and access to therapies is available. A Transfer of Care Standard Operating Procedure between WHT and RWT was approved prior to transfer of the service to Holly Bank House and remains in operation.

4.3. Patient Outcomes

This section provides an overview of performance of the unit relating to evidence-based outcomes for patients and other Stroke pathway related KPIs.

The number of patients transferred to Holly Bank House from April 2020 until end of January 2021 was 72 patients; the average length of stay for this patient group is currently 26 days, compared to a length of stay on ward 4 of 35 days.

Productivity of input has increased from the therapy team due to location of MDT and LOS has decreased as a positive impact of a centralised patient group.

The following table shows that the majority of patients (68%) are discharged home with a package of care.

	Discharge Home Independently	Discharge Home with Package of Care	Placement (incl. D2A)	Returned to Hospital	RIP
<i>% of Patients</i>	13%	68%	6%	13%	1%

The following table shows the improvements made in level of independence for patients on the unit using the Barthel dependency Scores (maximum 100 as independent) from Sept 2020 to January 2021.

Average on Admission	Average on DC
43.5	56.8

The following table shows the average input (in minutes, per patient during their admission) from Physiotherapy and Occupational Therapy across the two settings:

	Walsall Manor (Ward 4)	Holly Bank House
Physio	444 minutes	585 minutes
OT	263 minutes	436 minutes

5. KEY PRIORITIES AND RISKS

WHT carries the financial risk in moving stroke rehabilitation to the community both in terms of capital investment and the ongoing expenditure position. A whole-system approach is required to minimise the financial risk to any single organisation in line with the principles of an integrated care system and as such this project is continued to being overseen by the Walsall Together Partnership.

It was also reported previously that there were significant challenges pertaining to affordability. However, the financial case is now resolved and WHT has completed the budget transfer from acute to community during January 2021.

WHT intends to undertake further patient engagement following the transfer of services to Holly Bank House. Plans discussed with the team to undertake formal engagement have been impacted by COVID-19. Informal feedback has been collected continually since April 2020, however. As a result of this feedback, improvements have been made including to the food provision, and cleaning standards.

6. BACKGROUND PAPERS

West Midlands Clinical Senate, Walsall Stroke Services Review, Stage 2 Clinical Assurance Review Panel Report (2017)

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