

REPORT FOR THE OXFORDSHIRE HOSPITAL OVERVIEW AND SCRUTINY COMMITTEE SEPTEMBER 2018

Situational Report Regarding Oxford Health Community Stroke Ward Co- Location

Summary

Following the decision to co-locate the stroke units onto a single site at Abingdon Community Hospital there has been improvement to the level of therapy provided to patients.

Workforce developments are continuing with the aim of providing a comprehensive workforce that aligns more closely with national recommendations. As anticipated, relocation to one site has provided the ability to recruit occupational and physiotherapists, and reduced vacancies. This has allowed us to treat more patients, enabling them to return closer to home sooner and is reflected in improved flow through the system.

Background

Oxford Health presented a case for change to the Health and Oversight Scrutiny Committee in late 2017. The change was proposed based on the premise that co-location of services from two, ten-bedded, stroke units based at Witney and Abingdon to a twenty-bedded unit at Abingdon, would provide a higher quality service for those patients requiring post-acute stroke rehabilitation in-patient care. The primary anticipated benefits broadly comprised:

- Dedicated geographical co-location to provide better focus on stroke rather than diluted with more general medical rehabilitation, and a more consistent approach to care

- Improved specialty stroke staffing levels by avoiding separation across two community hospitals in different towns
- Improved staffing increases the amount of therapy provided to patients, in turn leading to decreased length of stay and return closer to home more quickly.

Progress

Phase 1 of the project to manage the consolidation of the two stroke wards onto one site was completed on time and on budget by 15th February 2018. This included staff consultation across both wards and 16 beds were located on the original Abingdon stroke ward with four step down beds provided on Ward 2.

Phase two of the co-location project enabled the existing Ward 2 to be reconfigured internally to encompass all 20 stroke patients on one ward on July 13th 2018. Following completion of phase two the ward is now known as the Oxfordshire Stroke Rehabilitation Unit (OSRU).

The following tables and charts present data across several key quality standards and performance indicators to demonstrate the impact of the co-location. It should be noted that it is difficult to draw conclusions regarding statistical significance of this data due to the limited number of months available for interpretation.

Staffing levels

The number of vacancies across the staffing groups has dropped, except for nursing, where there is still a gap requiring substantive staff recruitment. This will be filled by long-term agency (agency staff who commit to working for a longer length of time). Whilst the position now looks more favourable, it should be noted that staff turnover required further recruitment and compromised the staffing of the ward in the short term. However, we anticipate that the situation is now more stable, especially in therapy.

During the staff consultation phase the Matron for Witney community Hospital wrote to staff informing them of the change and offering the opportunity to continue

providing stroke nursing by moving to the Abingdon ward. No nurses decided to transfer to Abingdon.

The Witney staff who did not move are working to provide nursing and therapy on the two wards that provide rehabilitation.

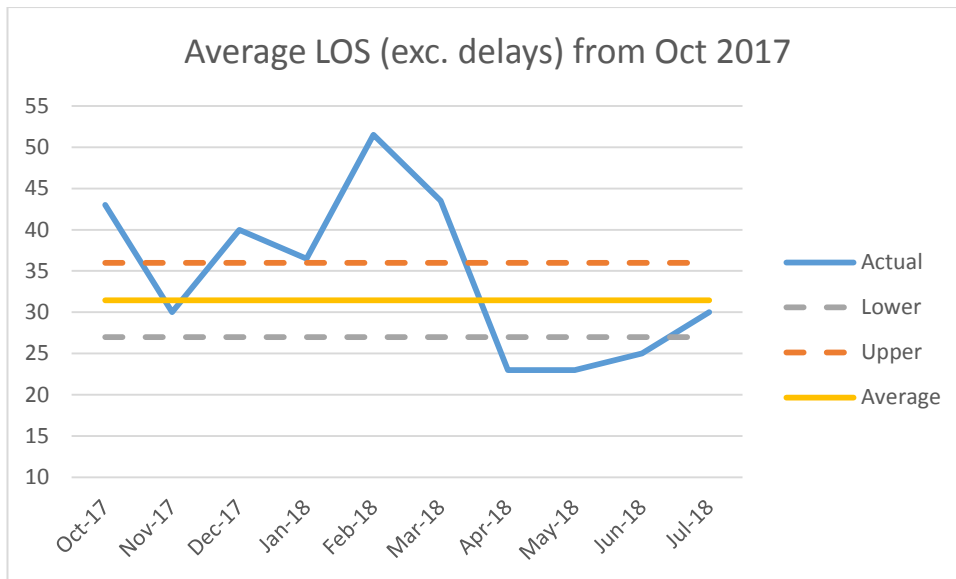
Staff group	Vacant posts prior to 16.02.18 (wte)	Vacant posts after 16.02.18 (wte)	Current vacancies
Nursing			
Registered nursing	3.22	3.22	5.2
Health care assistant	3.31	1.31	0.9
Therapy			
Physiotherapists	1.0	0.0	0
Occupational Therapists	1.1	0.5	0
Rehabilitation Assistant	1.0	0.0	0

There has been an increase in vacancies in registered staff. There are multiple factors related to this and reflects continued challenges nationally regarding nurse staffing. We are currently awaiting confirmation of offers to two non-registered staff that will remove the HCA vacancy gap.

Length of stay

Overall length of stay on the stroke ward (figure 1) has been reduced. Patients are receiving rehabilitation that enables them to reach their goals sooner, be discharged from a hospital bed and return to home earlier. The reduction in length of stay is mirrored by an increase in total number episodes of care delivered across this time period. Broadly, this suggests we have increased flow through the stroke unit by delivering more rehabilitation to more patients which in turn enables discharge of more patients from the ward.

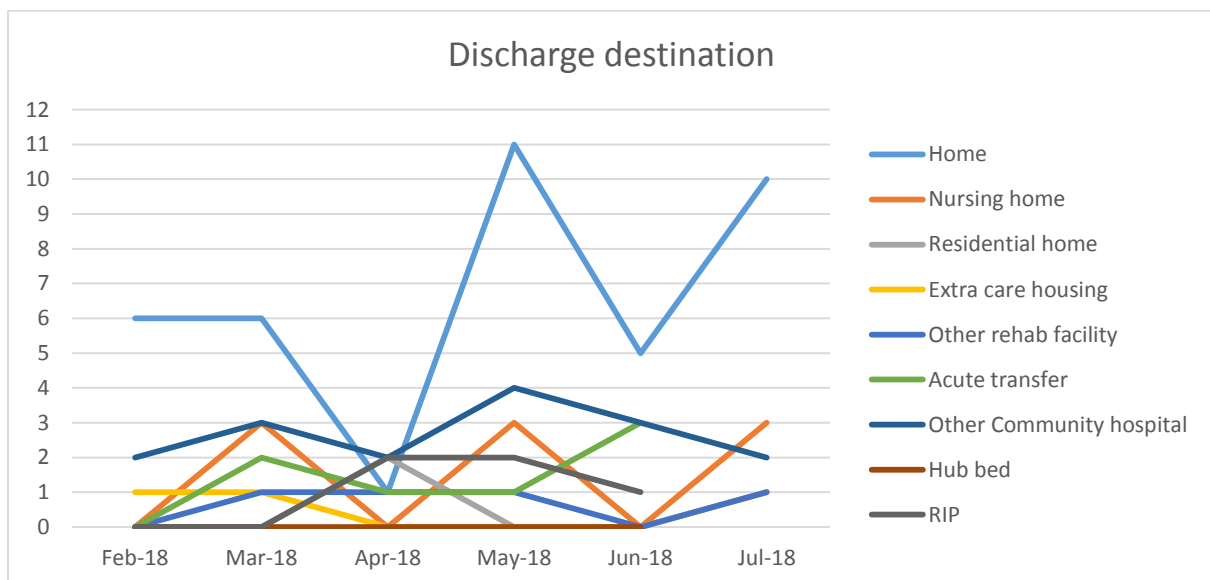
Figure 1.

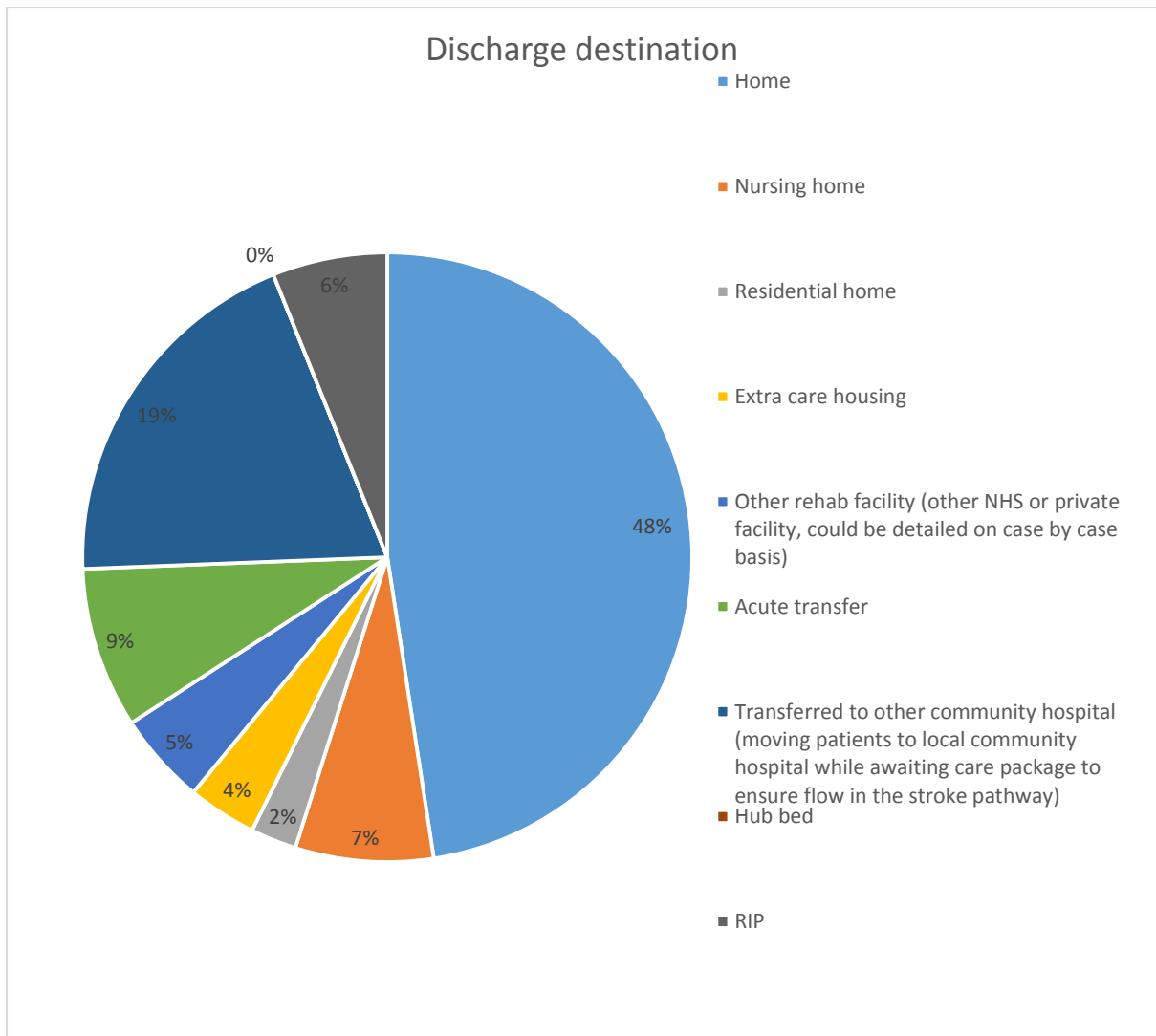


Discharge Destination

The following chart (figures 2 and 3) indicates the discharge destination for patients leaving the Oxfordshire Stroke Unit

Figures 2 and 3.





Outcome measures and quality of care

Barthel Index outcome measure

The Barthel Index (BI) consists of 10 items that measure a person’s daily functioning, particularly the activities of daily living (ADL) and mobility. The items include feeding, transfers from bed to wheelchair and to and from a toilet, grooming, walking on a level surface, going up and down stairs, dressing, continence of bowels and bladder. The BI can be used to determine a baseline level of functioning and can be used to monitor improvements in activities of daily living over time.

The BI measure is used on the stroke unit to assess patients function on admission and at discharge. An increase in the score off 1.85 (out of 20) indicates an improvement in function. Evaluation of patient outcomes in the three months

following co-location has shown an improvement in the average increase of the BI score during admission. This indicates the patients are reaching a higher level of functional independence now as a result of increased therapy and rehabilitation focus on the ward (Figure 4 and 5).

Figure 4.

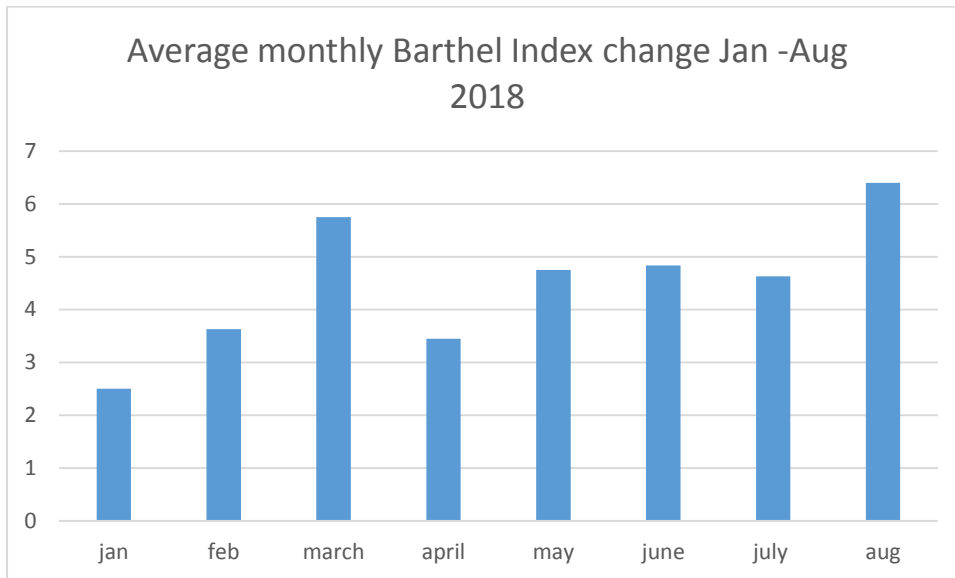


Figure 5.

Average improvement on Barthel index Jan-Feb 18	Average improvement on Barthel index Mar- Aug 18
3.06	4.97

Sentinel Stroke National Audit Programme (SSNAP) Performance

The SSNAP returns demonstrate overall rating of stroke care. Figure 6 below describes the latest SSNAP scores for the stroke unit at Abingdon April-June 18 alongside the previous scores. The most recent return shows an overall rating improvement from C to B

Figure 6.

Abingdon Community Hospital	Aug 17-Nov 17		Dec 17 - Mar 18		Apr - June 18	
	Patient centred	Team centred	Patient centred	Team centred	Patient centred	Team centred
SSNAP score	C		C		B	
Case ascertainment	A: 90% +		C: 70 - 79%		A: 90% +	
Audit compliance	D: 50 - 69%		B: 80 - 89%		C: 70 - 79%	
Total KI score	B	B	B	B	B	B
D1: Scanning	N/A	N/A	N/A	N/A	N/A	N/A
D2: Stroke Unit	A	A	A	A	A	A
D3: Thrombolysis	N/A	N/A	N/A	N/A	N/A	N/A
D4: Specialist Assessments	N/A	N/A	N/A	N/A	N/A	N/A
D5: Occupational therapy	A	B	A	A	A	A
D6: Physio therapy	B	B	A	A	A	A
D7: Speech and language	B	C	B	C	B	C
D8: Multidisciplinary team working	C	N/A	C	N/A	D	N/A
D9: Standards by Discharge	A	B	B	B	B	B
D10: Discharge process	E	E	E	E	D	

OCCG Key Performance Indicator Compliance

The following charts are extracted from the SSNAP team centred report and relate to the OCCG key performance indicators.

Figure 7.

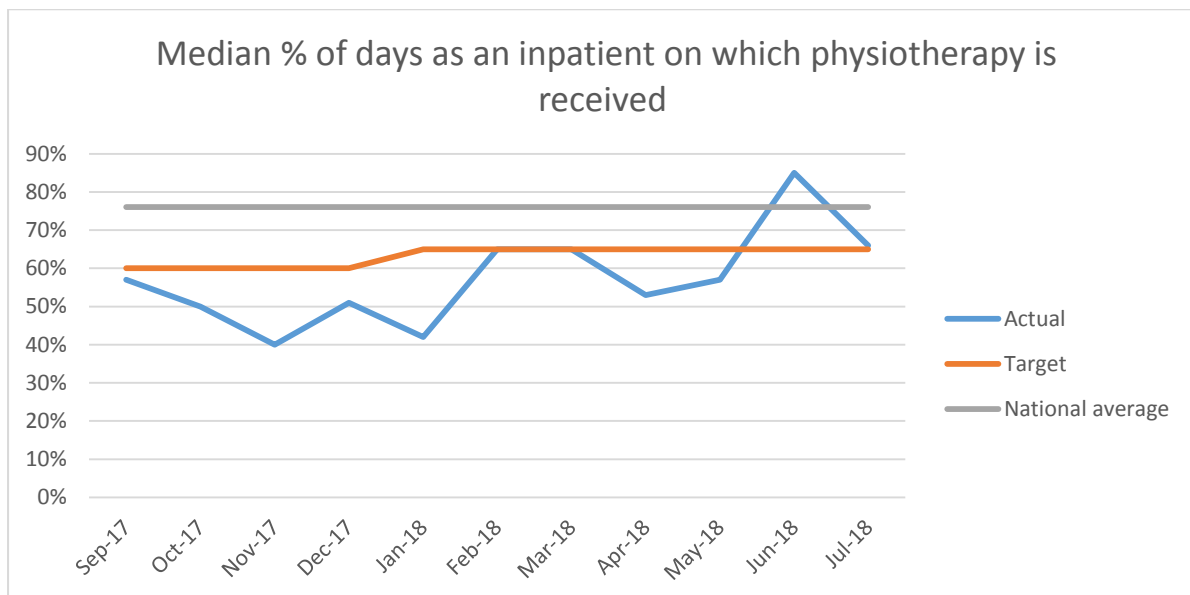


Figure 8.

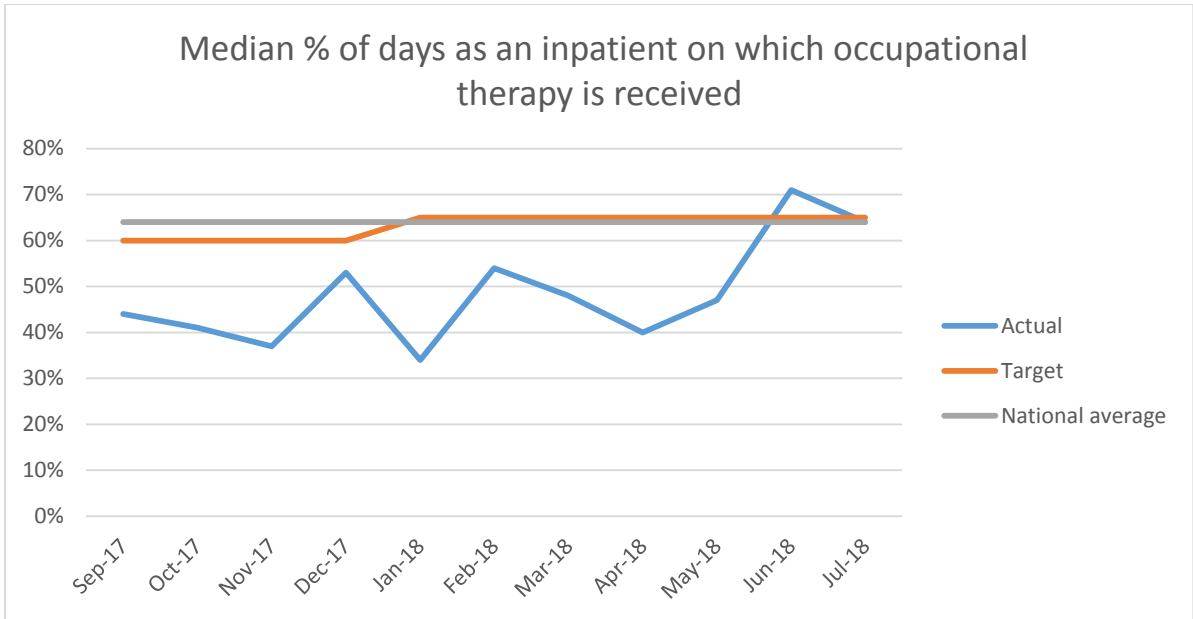
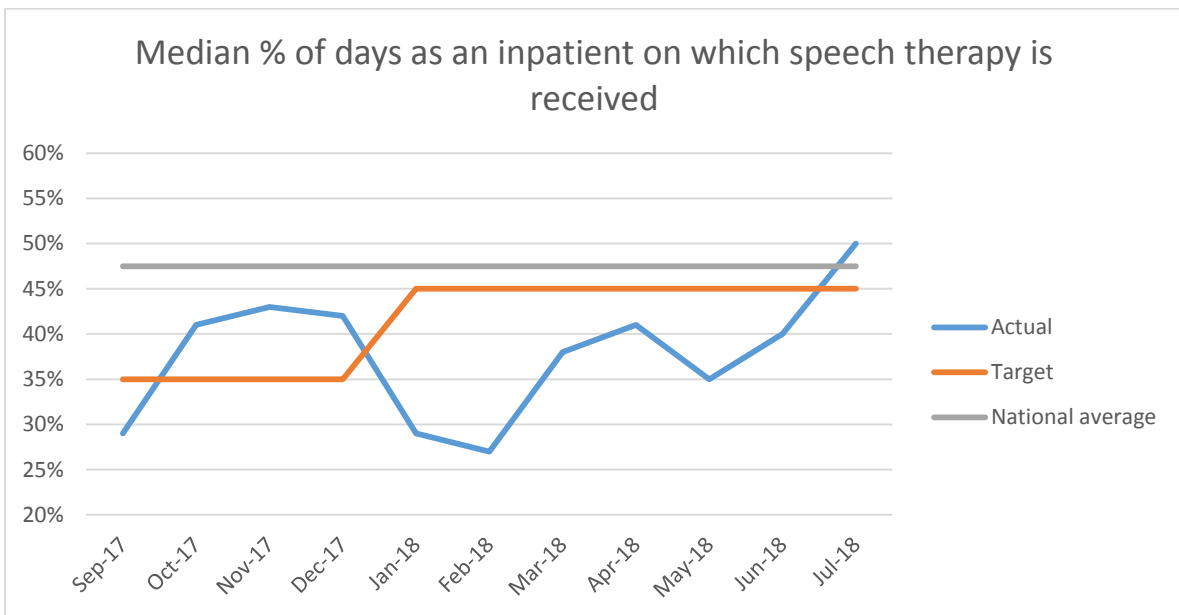


Figure 9.



The available SSNAP data indicates that the therapy teams are, in the majority, able to deliver the NICE Quality standard of 45 minutes of therapy but that the intensity (number of days delivered) needs to improve. The comparisons to national intensity for therapy in this reporting timescale is seen in Figure 10:

Figure 10.

Data from SSNAP Dec 17- March 18	Intensity of therapy (% number of days)		Median number of minutes treatment session	
	National	Oxford Health (Abingdon)	National	Oxford Health (Abingdon)
Occupational therapy	65	47.3	40	49
Physiotherapy	73	57.8	35	42.9
Speech Therapy	51	30.9	32	42.3

Patient feedback

The Trust collects patient feedback in the form of 'I Want Great Care' surveys. The latest feedback is attached as an appendix. The ward reviews this feedback in the team and quality meetings acting on any issues raised and shares all feedback with staff. In summary over 90% of feedback states recommendation of our stroke services, but with none stating that they would be “unlikely to recommend”.

Analysis

The SSNAP return and the KPI data supports the clinically held view that the patients admitted to the stroke unit are complex and have high therapy requirements. The data demonstrates during that period there was improvement in the stroke therapy intensity and median minutes of treatment. The latest OCCG KPI data shows that this improvement continues and is likely due to the increased staffing profile and rehabilitation focus.

Future development

A multidisciplinary stroke improvement plan continues which aims to:

- raise the quality of clinical care
- improve patient outcomes
- increase performance of the team
- improve the overall SSNAP rating of the OSRU
- improve data collection/data clerk

The Stroke Quality committee meets monthly to review this plan and escalate as necessary to the senior clinical leadership. Close links already exist between the ward staff and the Stroke Association and further work is underway to strengthen the partnership working with carers and families. I Want Great Care is used to evaluate patient feedback and a summary of this feedback is in Appendix 1.

Conclusion

Following the co-location of the stroke units to Abingdon, we are able to rehabilitate more patients, with an increased flow through the ward, enabling patients to return home more quickly. Following our last attendance, evidence continues to demonstrate improvement, and confirms early findings. Patients are receiving more therapy in our beds than before, and this will continue to have a positive impact on outcomes. The co-location has allowed for a more sustainable workforce, albeit impacted by continued turnover requiring more cyclical recruitment than anticipated. This has particularly true for registered staff. A more settled staffing position and future plans will allow for continued service development improving quality of care further for the stroke patients of Oxfordshire.

We ask HOSCC to recommend that the provision of OHFTs stroke rehabilitation services provided at Abingdon community hospital is accepted as a substantive change.

Sara Bolton
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