REPORT FOR THE OXFORDSHIRE JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE - 21 JUNE 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 therapies provided to patients. 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

Workforce developments are continuing with the aim of providing a comprehensive workforce that aligns more closely with national recommendations. Following our reconfiguration, the ability to recruit a specialist stroke rehabilitation workforce is demonstrated by the staff recruitment successes to date with further recruitment events planned.

We would recommend that the current situation, one single site stroke rehabilitation unit in Abingdon, continues, acting as a foundation for continued improvements to stroke care for the patients across Oxfordshire.

Background

Oxford Health presented a case for change to the Health and Oversight Scrutiny Committee in early 2018. The decision was made 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. Without repeating the full paper, 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

- 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 are now located on the original Abingdon stroke ward with four step down beds provided on Ward 2.

Phase two of the co-location project will see the existing Ward 2 reconfigured internally to encompass all 20 stroke patients on one ward by July 10th 2018. Following completion of phase two this ward will be known as the Oxfordshire Community Stroke Rehabilitation Unit (OCSRU)

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The following tables 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.

Staff group	**Pre 16.02.18 (full time equivalents)**	**Post 16.02.18 (full time equivalents)**
Nursing		
Registered nursing	3.22	3.22
Health care assistant	3.31	1.31
Therapy		
Physiotherapists	1.0	0.0
Occupational Therapists	1.1	0.5
Rehabilitation Assistant	1.0	0.0

Length of stay

Early indications suggest that length of stay (figure 1) has been reduced. Patients are being discharged from a hospital bed, and closer 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 (figure 2). Broadly, this suggests we have discharged more patients, allowing more to rehabilitate, due to an ability to increase flow.

Figure 1.

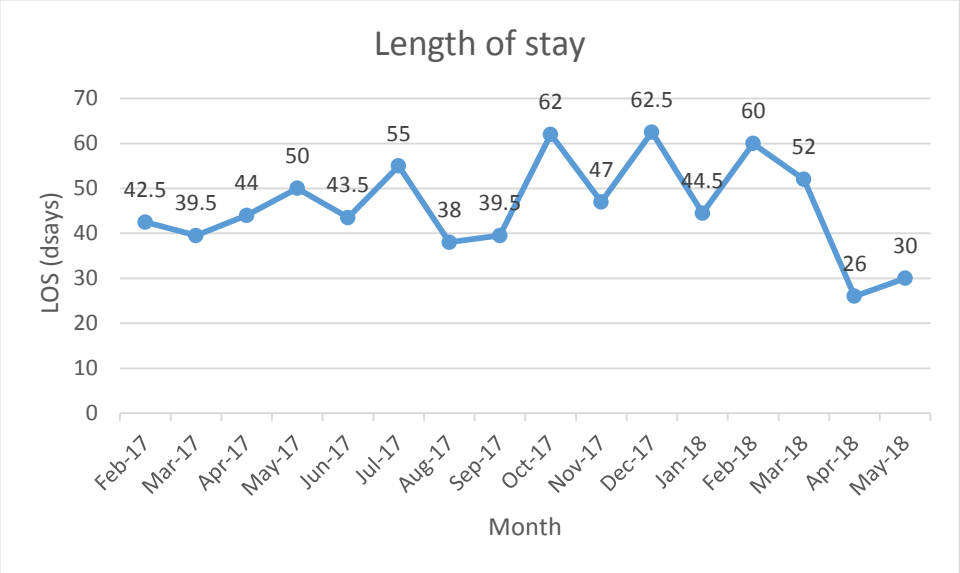


Figure 2.

	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	March 2018	April 2018	May 2018
Number of discharges	8	13	13	10	14	8	16	9	22
Average	11						15.7		

Outcome Measures and quality of care

Barthel Index outcome measure

The Barthel Index is a functional outcome measure where an increase in score demonstrates an improvement in patient independence, (as measured by the ability to undertake activities associated with daily living.) Evaluation of patient outcomes in the three months following co-location has shown an improvement in the average increase of the

Barthel index 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.

Average improvement on Barthel index before 16.02.18	Average improvement on Barthel index after 16.02.18
5.73	6.69

SSNAP (national stroke statistics) Performance

The dependency of our stroke patients remains high yet we have consistently maintained the NICE quality standard of the number of minutes (45m) that patients require therapy on the days that they receive it. Patients should receive physiotherapy and occupational therapy on 60% of the days that they remain an in-patient, with a 50% target for speech and language therapy. Whilst we have been unable to meet this consistently (figure 3), the average of reported data in the four months pre- and post- co-location (figure 4) has increased across physiotherapy and occupational therapy with a slight drop for speech and language therapy (SALT). Variability of performance has reduced and this is most likely due to removing travel time and the resulting increased availability of therapy staff.

Figure 3.

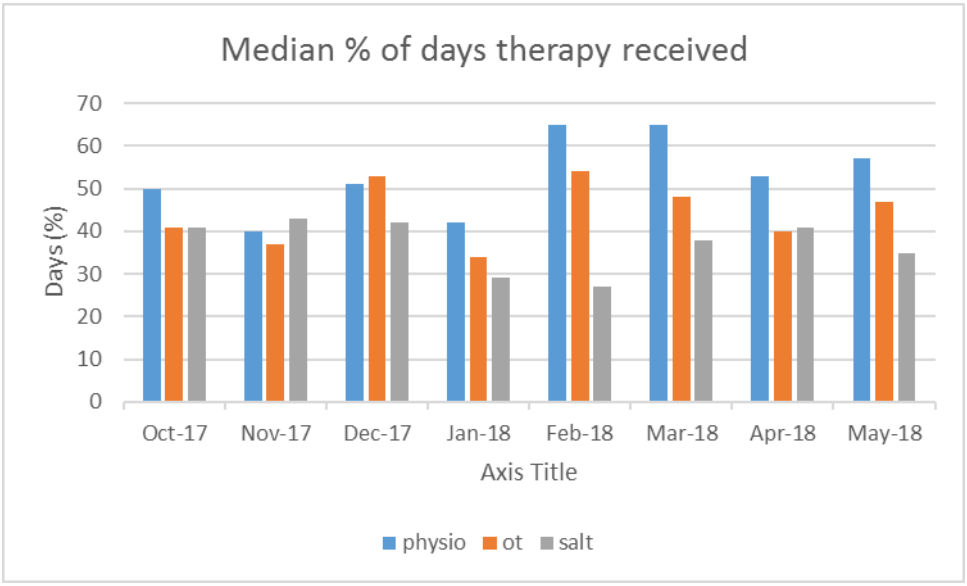
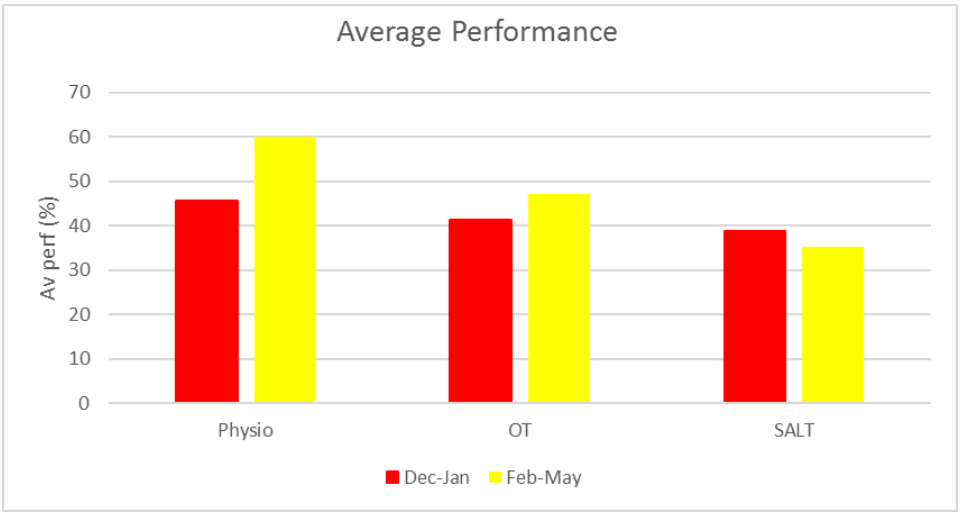


Figure 4.



Future development

A multidisciplinary stroke improvement plan is underway which aims to:

- raise the quality of clinical care
- improve patient outcomes
- increase performance of the team
- improve the SSNAP* rating of the OCSRU

The Stroke Quality committee meets monthly to review this plan and escalate as necessary to the senior clinical leadership. Close links already exist between Ward 1 and the Stroke Association and further work is underway to strengthen the partnership working with carers and families.

*Sentinel Stroke Audit Programme.

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. Whilst there have been other whole system improvements, early indications are that patients are receiving more therapy in our beds than before, and this will continue to have a positive impact on outcomes. We will however continue to monitor this closely as more data becomes available. The co-location has allowed for a more sustainable workforce, albeit impacted by an unpredicted turnover requiring more cyclical recruitment than anticipated. 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.

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