

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE TRUST EXECUTIVE GROUP

Subject:	Stroke Services, RHH 16 May 2011
Supporting Director:	Neil Riley
Authors:	Susan Wilson with additional comments from John Warner
Status:	For Directorate and TEG note and response

PURPOSE OF THE REPORT:

To provide feedback on Visit for the benefit of TEG, Governors' Council and the Department staff

KEY POINTS:

- An efficient department with experienced and motivated staff
- The Unit seems to be a good fit with wider policies of moving care into the community and reducing patient stay where possible by immediate specialist assessment, leading to prompt diagnosis and an early start to treatment
- Patients with mental health problems may require additional support, particularly longer term
- Discharges can be delayed due to a number of issues one being lack of dedicated social work input and lack of longer term community stroke services
- Adequate staffing with good skill mix
- There is a clinical educator for all nursing staff with regular training available
- Community stroke team has now transferred to STH – waiting for evidence of better integration
- Professor Mike Richmond has provided excellent support

OBSERVATIONS / RECOMMENDATIONS:

Governors comments	Response	TEG Response
1. The ambitions of the Unit are thwarted by the loss of dedicated social workers which has resulted in a lack of urgency in responses from Social Services. What is being done to resolve this?	1. The clinical lead has highlighted the need for a dedicated social worker to the Commissioners and has visited another local stroke service to see if their social work model can be used in Sheffield. Also working with the Stroke Association on a research proposal for a dedicated social worker. This will also be taken forward with the transforming community services project.	1. Agreed and will support the action being taken by the clinical lead
2. Are there any plans to move Stroke Services away from paper records?	2. Clinical Lead has requested that the stroke service gets priority to pilot the electronic system TTP which is used in the community.	2. Will be addressed as part of priority setting process for achieving benefits from transfer of community services
3. When will it be known if the part time Psychologist and assistant are providing adequate support to patients with mental health problems?	3. Now more clinical psychology into stroke services than previously. The post is being audited and a new screening tool developed to highlight patients with anxiety and depression. Impact of the post will be shown by the end of 2011	3. TEG content with Directorate actions

GOVERNORS' VISIT TO STROKE SERVICES, RHH
16 May 2011

Governors Present:

John Laxton
Hetta Phipps
Graham Thompson
John Warner
Susan Wilson

Staff Present:

Una Cunningham – Nurse Director Head & Neck
Sue Pym - Matron
Jane Schofield - Matron
Amanda Jones – Stroke Nurse Consultant
Nigel Coulson – Senior Charge Nurse

Patient Representative:

Alan French

The purpose of the visit was for Governors to see the Stroke Services which were transferred from the NGH in August 2010. Governors had visited the Service at the NGH twice, with the last visit in March 2007.

We were welcomed to the RHH by Una Cunningham who outlined what she had arranged for the morning. We were to follow the pathway which a stroke patient would follow on admission to the hospital.

A local ambulance protocol has been developed to ensure that all suspected stroke and TIA patients are triaged and transferred as soon as possible directly to AAU at RHH. There is close co-operation with the Yorkshire Ambulance Service whose trained paramedics will telephone to the Assessment Unit (on a dedicated red phone) when a patient is expected. The ambulance bay and Acute Assessment Unit are housed in the area that was formerly A&E. On receipt of a call on the red phone everyone is ready to receive the patient and perform the necessary assessments and investigations before thrombolysis is given to appropriate patients. There is a treatment room for the most seriously ill patients, but it is not often used. The initial assessment and initiation of investigations are carried out by dedicated specialist stroke nurses. Thrombolysis is currently only offered 9:00 am to 9:00 pm and plans are underway to develop a 24 hour service. Some patients will not have had a full blown stroke but a TIA and a system is in place to ensure these patients are assessed and investigated within 24 hours and seen in a specialist clinic the next day without admitting the patient to hospital.

The patient will stay about 6 hours, be seen by a stroke specialist and then proceed to the Hyper-Acute Stroke Unit (HASU) on L floor. There are 6 dedicated, monitored stroke beds in the HASU with dedicated stroke sisters on L2, part of the Neurology ward. The Sisters work mainly on the HASU during the day and support the Acute Stroke Rehabilitation Unit (ASU) overnight, but the other nurses are shared with Neurology to maximise efficient use of staff. Again there is a very experienced staff and patients are monitored here for about 24 hours. The Unit is bright and cheerful, recently refurbished, with excellent facilities for the patients. Matron mentioned the lack of secure storage for patients' property which may be necessary as patients can be admitted straight from work etc. The Productive Ward system is employed. Information on stroke – the FAST campaign, leaflets for patients and carers, and details of support services are in evidence. The Unit was quiet when we visited, but can fill up quickly at any time.

The ASU is housed on wards Q3 and Q4. Q3 is the female ward and Q4 the male ward. ASU is made up of 20 acute stroke beds and 22 rehabilitation beds. National trends suggest an increase in the elderly population which is reflected in the stroke population and patients often have multi pathologies so are more complex and frailer than they were 10 years ago. It is felt that there is a need for more medium and long-term community rehabilitation and there is a 100 bedded intermediate care unit proposed, but not yet underway. A hospital ward is not the ideal

place for most people to get back to their optimum after a stroke. Rehabilitation begins from day one with a rehabilitation plan developed by day five in collaboration with the stroke team, patient and carer. Carers are involved at all stages and consideration of carers is an important part of the plan. Stroke can be a life-changing event for the carer as well as the patient, and Mandy Jones runs a regular carers' group which provides education, support and training for carers.

Highlighted issues:

1. There are often delays in discharge because there is no dedicated Social Work input for Stroke Patients. Social workers are part of the Local Authority.
2. Patients with mental health problems have not always had adequate support, but a Psychologist (part time) and an assistant have recently been appointed. It is yet to be seen if this will be adequate.
3. Most of the patient records are in paper form – not much electronic.
4. Staffing – this is adequate with a good skill mix – and there is now a Clinical Educator for all nursing staff, and regular training can be accessed.
5. The Community Stroke Team is now under STH. Hopefully this will mean more integration, sharing of records, and community nurses and therapists coming into the Hospital.
6. Mandy and Nigel remarked on the excellent support they have received from Prof. Richmond, the Medical Director.

We had the opportunity to ask plenty of questions, and to see how the Service has developed since the move from NGH last August. Unfortunately, due to time constraints, we did not have time to talk to any patients or carers.

We were told that staff satisfaction and targets have improved and that the 'Pathway' has resulted in improved efficiency, quality and patient satisfaction.

Governors would like to thank Una Cunningham for an excellent and informative visit and all the staff who contributed.

Susan Wilson
Public Governor South West Sheffield

John Warner
Public Governor West Sheffield