



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 23 FEBRUARY 2022**

**ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVIEW - UPDATE**

**GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

This report provides the Integration Joint Board (IJB) with an update of progress made to redesign the Dundee and Angus Stroke Rehabilitation Pathway.

**1. RECOMMENDATIONS**

It is recommended that the IJB:-

- (i) Notes progress made with the redesign of the Dundee and Angus Stroke Rehabilitation Pathway.
- (ii) Seeks a further update in August 2022.

**2. BACKGROUND**

On 25 August 2021 the IJB supported and approved the proposal of Angus residents to receive home based Stroke Rehabilitation where appropriate: People who require Stroke Specific In-patient Rehabilitation will receive this within Royal Victoria Hospital (RVH), Dundee.

**3. CURRENT POSITION**

The multidisciplinary Project Implementation Group continues to meet weekly. This highly committed group have identified five work-streams and the following progress has been made:

**Workforce** – 1 to 1 meetings have been completed with all Angus Stroke Unit Nursing Staff to discuss their working arrangements, and their permanent placements have been agreed. The Transition Team are in the process of reviewing remaining staff in line with NHS Tayside Organisational Change Policy. Meetings to support and conclude the transition of remaining staff are ongoing, scheduled for completion on 10 February 2022.

Allied Health Professionals (AHP) previously working within the Stroke Rehabilitation Unit (SRU) at Stracathro Hospital are currently working as a Community Rehabilitation Team whilst awaiting completion of the transition process.

A Medical Workforce Plan should be finalised by the end of January taking into account likely availability of personnel and finances. This may need to be dynamic depending on the availability of staff groups (particularly consultants) and will likely include options for Advanced Nurse Practitioners (ANP) and "non-consultant" medical staff.

**Rehabilitation Pathways** - We continue to develop new ways of working with the third sector. Monthly "Working together developmental meetings" are ongoing with a wide range of Third

Sector Partners looking at ways of working and sharing information to take a range of new and innovative ways of working forward to support patients and carers .

An AHP multidisciplinary Stroke Specific Community Rehabilitation Team has been established with a workforce plan and service model agreed. A range of developments have been taken forward which have been of benefit to Stroke patients, their families, and the wider Stroke Team. For example, a number of patients have been able to have a shortened length of stay due to the Stroke Specific Rehabilitation Team now available within the community in Angus. In addition the team has also been able to facilitate earlier discharge to support in-patient flow within the hospitals which has been under recent pressures due to the ongoing pandemic. The Stroke Specific Care available within the community also means some capacity is freed up within the general Community Rehabilitation Teams and allows for more intense rehabilitation for patients living in their own home. There is now well established multi-disciplinary communication with the community and the In-patient AHP Team, working together with nursing colleagues and the Stroke Liaison Team to support patients through the transition from hospital to home.

Early conversations are taking place around the development of a 'Neurological Family Hub' which will provide support, advice and signposting. This will be tested in Angus with the aim to roll out across Tayside.

**Environment and Equipment** - Arrangements are in place for the sharing of equipment between Dundee and Angus Teams as needs arise. Conversations are ongoing regarding equipment requirements for community based teams i.e. Rehabilitation and IT.

### **Communication and Engagement**

- The Tayside Stroke Managed Clinical Network met with core Stroke Teams and services who support the delivery of Stroke Care across Tayside to plan the implementation of the Tayside Stroke Rehabilitation Framework. These meetings will be expanded in the coming months, to include the wider network of people who care for Stroke patients and their families.
- Patient/carer feedback. A questionnaire has been developed to gather feedback from patients and their carers about their experiences of receiving Stroke Rehabilitation Services and understand how services could improve.
- Staff engagement. Three staff bulletins have been issued since the August IJB Meeting which have ensured staff are informed about progress and developments. A questionnaire will also be developed to capture staff feedback.
- The Project Team are developing info graphics to explain the pathway to staff, colleagues, patients and relatives.

**Finance** – refer to Section 5 of the Report.

### **Quality/ Patient Care**

Providing non acute specialist Stroke Rehabilitation Services on one site has ensured we can deliver safe, effective, high quality, person-centred care; and people, irrespective of age, have equitable access to high quality Stroke Rehabilitation. This has also ensured adequately staffed clinical teams which can offer specialist In-patient Rehabilitation Services over 7 days, to enhance optimal recovery and earlier discharge from hospital.

It is too early to report the impact of changes made in relation to length of stay and number of delayed discharges. A regular review of the data is ongoing.

Appendix 1 provides feedback from Angus and Dundee residents admitted to RVH SRU since June 2021.

## **4. PROPOSALS**

This report seeks approval to continue to develop the Dundee and Angus Stroke Rehabilitation Pathway and proposes that a further update be provided in six months.

## 5. FINANCIAL IMPLICATIONS

As noted in the report, Angus and Dundee Health and Social Care Finance Partnerships (HSCP) Finance Teams have started to progress work with the work-stream service leads, to develop the financial model for the provision of home based rehabilitation with inpatient rehabilitation in RVH. The financial model will also describe the shift of resources between the two HSCPs.

As previously noted, (report 46/21), it is anticipated the financial model will release a net saving across the partnerships and as Angus IJB Strategic Financial Plan is over committed the funding being released will help to support existing priorities, emerging issues and shortfalls within our existing plan.

## 6. RISK

- (i) Issues with the recruitment and retention of required workforce to deliver Specialist Stroke Rehabilitation Care.
- (ii) There is an ongoing and identified risk in terms of availability of Speech and Language Therapy, with a plan in place to address the staffing deficit as an accelerated stage of the Workforce Plan.

## 7. OTHER IMPLICATIONS (IF APPLICABLE)

Not applicable

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required and is included in Appendix 2

## 9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
(Direction 3/21 agreed August 2021, no new direction required)	No Direction Required	
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

**REPORT AUTHOR:** Jillian Galloway, Head of Community Health and Care

**EMAIL DETAILS:** [Tay.AngusHSCP@nhs.scot](mailto:Tay.AngusHSCP@nhs.scot)

List of Appendices:

Appendix 1. All feedback from Angus and Dundee residents admitted to RVH SRU 1 October 2021 – 26 January 2022.

Appendix 2. EQIA

## Appendix 1

### All feedback from Angus and Dundee residents admitted to RVH SRU 1 October 2021 – 26 January 2022.

All feedback from Angus residents admitted to RVH SRU June – December 2021

- “Staff are great, they have kept me and my family fully informed. The staff have answered all my questions and helped me understand my rehab programme.”
- “Although the nursing staff are very busy they always have time to help me and reassure me. I feel they provided excellent support and are willing to spend lots of time explaining everything to me.”
- “We have been made to feel very welcome in the ward.2
- “All staff have been very helpful with advise regarding continuing rehabilitation at home and have helped me be discharged earlier.”
- “Great atmosphere in the ward, my family and I have had great support and time spent with us chatting about my discharge and what support is available once I am home.”
- “I can't thank the staff enough they are all angels.”
- “Busy ward, all the team are very professional.”

All feedback from Dundee residents admitted to RVH SRU, June - December 2021

- “Ward very busy.”
- “Upset regarding lack of visitors due to COVID, explanation and guidance given.”
- “Ward at times can be noisy due to some patients who are confused and disorientated.”
- “Nursing staff keep me updated on how I am progressing.”
- “Physio and OT keep me updated.2
- “I was told I would get intensive physiotherapy and Occupational therapy but I don't feel I am getting any more than I did in Ninewells” Discussion and explanation was given to the patient and family by the Senior Charge Nurse.
- “Staff are kind and encourage me to keep going with my rehab.”
- “Staff spend time with me listening and encouraging me.”
- “Staff have spent time with me and my family chatting about what my goals are for my future”
- “Feel very well supported.”

One complaint (stage one) around process for visiting. Process completed and family happy