

Reporting to:	TRUST BOARD, Thursday 29 September 2016
Title	Stroke Services
Sponsoring Director	Debbie Kadum, Chief Operating Officer
Author(s)	Debbie Kadum, Chief Operating Officer
Previously considered by	Executive Directors
Executive Summary	<p>The risk of sustainability of clinical services due to potential shortages of key staff is a risk on the Board Assurance Framework.</p> <p>As reported to the Trust Board in June 2016 due to gaps in the Stroke Consultant workforce, one that was known, and another unexpected, in the interests of clinical safety the Trust made the decision to temporarily change the Stroke Service model by moving all Stroke rehabilitation from the Royal Shrewsbury Hospital to the Princess Royal Hospital on an interim basis.</p> <p>This paper provides an update on the impact of that temporary change in service delivery and advises of the service restoring to its former model.</p>
Strategic Priorities 1. Quality and Safety 2. People 3. Innovation 4. Community and Partnership 5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients

	<input type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to RECEIVE and NOTE the update advising of the return of Stroke Rehabilitation services from the interim transfer back to both sites.

STROKE SERVICES

Update on the temporary transition to ensure Sustainable Services

September 2016

1 BACKGROUND

In June 2016 the Trust Board received a paper outlining a temporary change in service provision within the Stroke Service due to a gap in the Stroke Consultant workforce.

2 CURRENT SITUATION

In July 2016 the Trust successfully recruited a Stroke Consultant with a start date of Monday 5th September 2016.

On 8th August 2016 the CCG's and HOSC were advised that the Stroke rehabilitation service at the Royal Shrewsbury Hospital site would return on Monday 5th September 2016 but as the new Consultant required a period of supervision this would require all of the Stroke Consultants to maintain their work base as the Princess Royal Hospital site. The newly appointed Consultant needs to undergo an initial period of supervision.

The service model in place from 5th September 2016 is as follows:

- Patients will be transferred from PRH to RSH with a rehabilitation plan in place as agreed by the multidisciplinary team, led by the Stroke Consultant at PRH;
- A specialist therapy team at RSH will support the patient in their rehabilitation;
- Telephone advice from a Stroke Consultant will be available;
- Consultant medical support on Ward 22S at RSH is in place;
- Should a patient deteriorate they will transfer back to PRH.

The service returned on Monday 5th September 2016 as planned.

3 SERVICE CONTINUITY PROCESS

It was reported at the Trust Board meeting that the Trust did not work with all stakeholders and discharge its responsibilities under Section 242 of the Health Act 2006, to arrive at the more timely decision and that lessons had been learnt. This was supported by the production of a brief guide for effective involvement which was issued to the Care Groups.

Concern was raised by a member of the public at the meeting in June, that in fact, a decision had already been made to move the service before the Trust knew of the second gap in Consultant cover.

An investigation has taken place through meetings with staff to better understand what happened & why, and concluded the following:

- Discussions commenced within the Stroke Service 3rd June 2016;
- The decision to support the Stroke Rehabilitation Service at RSH and transfer it to PRH was made internally within the Unscheduled Care Group on 6th June 2016;
- This decision was not communicated to the Chief Operating Officer and was not included in the paper submitted by the Care Group to the Executive Team on 8th June 2016;
- The lack of adherence to process was human error and lack of understanding rather than a deliberate act to bypass process;

- The governance structure within the Care Group has been strengthened on the back of this, and a protocol for such changes distributed to Care Group leadership and Senior Leadership teams for the Trust.

4 IMPACT OF THE TEMPORARY CHANGE

There have been no complaints or incidents logged as a result of the temporary relocation of the Stroke Rehabilitation Service.

5 SUMMARY

- The period of temporary change to the Stroke Rehabilitation service at RSH was from 6th June 2016 to 5th September 2016;
- There is no evidence of any negative impact on outcomes for patients as result of the temporary relocation of service;
- Learning from this process will inform any proposed future service changes.

6 ACTION REQUIRED

The Trust Board is requested to discuss and **NOTE** the return of the Stroke Rehabilitation service to the Royal Shrewsbury Hospital site.

*Debbie Kadum
Chief Operating Officer
September 2016*