

**CQC Stroke Review 2010 - Work Plan**

\*Only questions where negative answers were provided are included in work plan

|   |                             | Max Available Score | Score Achieved | Question*   | Answer in Review | Action  |
|---|-----------------------------|---------------------|----------------|---|------------------|---|
| 1 | Management of Transfer Home | 5                   | 2              | Transfer Home policies, are they stroke specific          | No               | All transfer home policies are generic and cover all specialties - there is no need to alter for stroke specific.   |
|   |                             |                     |                | Patients should agree/write goals in discharge plan       | No               | The vast majority of patients on the stroke rehabilitation ward are involved in a rehab MDT prior to discharge which they and their family attend. The patient and family receive a copy of the minutes of the meeting and a copy is filed in the notes. A further copy could go in PHP in the future.  |
|   |                             |                     |                | Community Stroke Team (CST) should be involved.           | No               | CST is involved in MDT and on the basis of these discussions directs input and decides if early input is required.  |
|   |                             |                     |                | Patient should be given a copy of the discharge summary.  | Yes, Some        | A copy of the discharge summary is given to each patient/carer on discharge, the discharge summary can be placed in the patients personal health plan (PHP) if required. A copy is also sent to the patients GP.  |
| 2 | Early Support Discharge     | 5                   | 1              | Proportion of PCT area with specialist ESD                | None             | ESD services are currently being scoped for development. The scoping group includes the Community Stroke Team including stroke specific physio and OT, Community rehab teams & acute stroke rehabilitation team at SUHFT. The scoping group is committed to developing a fully integrated ESD service that can provide the same level of intensive therapy in a home/community setting as would be provided in the acute stroke rehab unit. |
|   |                             |                     |                | <u>Available Roles:</u><br><br>Clinical Psych/Neuro Psych | No               | EOE team are scoping the requirement and skill set required for a stroke psychology service. Financial constraints may hamper the recruitment of a clinical psychologist or a neuro psychologist however SUHFT have identified an Assistant Psychologist who may be appropriate.  |
|   |                             |                     |                | Dietician   | No               | A dietician has been included as an option within the ESD scoping exercise. Inclusion or exclusion from the service will be determined by assessment of need and financial restraints. The position will be reviewed at various stages during the development of the service.   |
|   |                             |                     |                | Social Worker   | No               | Agreement received from both ECC & SBC to be involved in planning stages of ESD, further commitment to be confirmed.  |
|   |                             |                     |                | Doctor  | No               | Consultant advice and support will be provided by stroke physicians at SUHFT. Going forward, the intention is to include a Community Stroke Consultant within the ESD service.  |
|   |                             |                     |                | SALT  | No               | Acknowledgement that S&LT is a requirement, agreement being sought from both community and acute services for commitment to ESD.  |
|   |                             |                     |                | Trained re counselling/psych support                      | No               | IAPT services currently available, additional stroke specific training is being researched for a cohort of the IAPT counsellors. Provisional agreement has been reached to deliver a stroke specific community clinic, need/demand will be monitored for a short period to ascertain if there is sufficient activity to warrant a clinic.   |
|   |                             |                     |                | Rehab Assistant   | No               | Agreed involvement of the community rehab team will ensure rehab assistant involvement.   |
|   |                             |                     |                |   |                  |   |
| 3 | Community Based Services    | 5                   | 2              | Total points for Comm Services                            | 19/40            |   |
|   |                             |                     |                | Comm S&LT avg wait  | Not recorded     | Data collated from July 10 to Mch 11 shows the average waiting time for a routine appointment as 4.6 weeks, all urgent referrals are seen within 2 weeks.   |
|   |                             |                     |                | Comm Physio avg wait                                      | 5 days           | Stroke referrals are prioritised by the community physio team (hosted by SUHFT). Patients are generally seen within 1-3 days with a maximum of 5 days and are contacted by phone to prevent delay.  |
|   |                             |                     |                | <u>Specialist Rehab Services available:</u>               |                  |   |

|   |                           |   |   |   |                          |   |
|---|---------------------------|---|---|---|--------------------------|---|
|   |                           |   |   | Orthoptics  | No                       | Joint visual screening tool has been developed with CST OT and Orthoptist which is being trialled currently by SUHFT SU OT to identify those pts that will benefit from Orthoptist's intervention.  |
|   |                           |   |   | Dietetics   | Yes, Some                | No direct links to community dieticians for CST, referral route via GP. CST has informal links with hospital dieticians, able to ring for advice. Hospital dieticians will see patients if they are still under care of hospital consultant and able to attend hospital clinic (unable to do any home visits).  |
|   |                           |   |   | Specific vocational rehab   | Yes, Some                | Good informal links exist between CST OT and Disability Employment Advisors at Jobcentre Plus. Informal links also with East of England Occupational Psychologist and referral pathway exists to both DEA and Occ Psych.  |
|   |                           |   |   | Specific rehab re driving   | Yes, Some                | CST OT is able to complete some neuropsychological assessments that will indicate if a person's driving ability is impaired but will always refer patients with cognitive problems to Driving Assessment Centres.   |
|   |                           |   |   | <u>Peer Support etc available:</u>  |                          |   |
|   |                           |   |   | 1-1 befriending service   | Yes, Some                | Age Concern operate a be-friending service in both the Castlepoint and Rochford area and the Southend area.   |
|   |                           |   |   | Peer support groups   | Yes, Some                | Four Peer support groups in operation, 2 in Southend area and 2 in Castlepoint area.  |
|   |                           |   |   | Conversation partners in care homes                                       | No                       |   |
|   |                           |   |   | Other peer support  | Yes, Some                |   |
| 4 | Services for Carers       | 5 | 2 | Total points for Services for carers                                      | 14/25                    |   |
|   |                           |   |   | General advice & support  | No                       | Southend Carers Forum in Southend area and Carers Cafe at Salvation Army in Hadleigh. Neither Stroke specific but offer peer support.   |
|   |                           |   |   | Expert Carers Programme   | No                       |   |
|   |                           |   |   | Befriending (1-1 peer support)  | Yes Some                 |   |
|   |                           |   |   | Stroke carer support groups   | No                       | Carers are able to attend any of the four Stroke Groups in the area together  |
|   |                           |   |   | Was printed info clear and helpful to carers                              | Very Poor                | Patient/Carer exercise undertaken for the CQC audit process awarded 17 points from a possible total of 35 points. A large amount of information and leaflets/literature is available to patients, feedback included difficulty/confusion in finding information on specific issues. Information is being reviewed in conjunction with the stroke handbook, the stroke handbook is offered to all patients in both the acute and community settings. |
| 5 | Secondary Prevention      | 5 | 1 | Total points for secondary prevention                                     | 6/20                     | Centered around the % of stroke/TIA patients and pts with a history of stroke/TIA with a recorded bp and cholesterol in range within last 15 months. Results show approx 85% of BPs recorded and 75% of cholesterol. Better compliance with QOF data will address this issue.   |
| 6 | Meeting individuals needs | 5 | 2 | Total points for individual needs   | 4/15                     |   |
|   |                           |   |   | Equality impact assessment for implementation of National Stroke Strategy | No                       | No formal EIA undertaken, impact on equalities is expected to be low.   |
|   |                           |   |   | <u>Info on Transfer Home formats:</u>                                     |                          |   |
|   |                           |   |   | In easy read  | No                       | Information in large type is available if required.   |
|   |                           |   |   | On CD/DVD   | No                       | There is no record of requests for information on CD/DVD, braille or audio. There are no plans currently to provide information in these formats.   |
|   |                           |   |   | In braille  | No                       |   |
|   |                           |   |   | In audio  | No                       |   |
|   |                           |   |   | In other languages  | No                       | On very rare occasion leaflets have been printed off in an alternative language.  |
|   |                           |   |   | On line   | Yes, Some                |   |
| 7 | Outcomes at year 1        | 5 | 3 | HES yr 1 mortality  | Very slightly above avg. | No action required as within tolerance rate.  |
|   |                           |   |   | HES yr 1 Emerg Admissions   | Very slightly above avg. | No action required as within tolerance rate.  |

|    |   |   |   |  |              |   |
|----|---|---|---|--|--------------|---|
| 8  | Support for participation in community life   | 5 | 2 | Total points for community life  | 17/20        |   |
|    |   |   |   | Was info clear and helpful re money & benefits   | Very poor    | CST always ask about the key benefits and refer patients/carers to benefit advice line or CAB if they require more information. CST can also arrange visits from advisors if patient's/carers unable to attend office setting.  |
|    |   |   |   | % of patients with care plans and outcome focussed goals                                   | Not recorded | The stroke handbook developed by the Network is now being offered to all patients prior to discharge from acute care. The handbook includes care plans and outcome focussed goals. To date acceptance of the handbook has been relatively low, this has been attributed to size and also in part to patients acceptance of their diagnosis/prognosis. The handbook is being re-offered to all patients in the community setting.                    |
| 9  | TIA care and support                          | 5 | 3 | Total points for TIA   | 19/25        |   |
|    |   |   |   | TIA clinic days per week   | 5            | SUHFT are currently implementing plans to provide a TIA 'walk in' clinic. Building work is now complete to change the usage of one area in the acute stroke unit to house the clinic. Staffing elements are now being addressed and the clinic is due to be operational late summer 2011.   |
|    |   |   |   | Opening hours  | Office Hours | Following the implementation of the 'walk in' clinic at SUHFT, consideration will be given to operating times. The clinic will initially operate during working hours Monday to Friday however, due to the location of the clinic within the acute stroke unit, it is expected that operating times will be extended.   |
| 10 | Reviews and assessments after transfer home   | 5 | 2 | Total points for reviews   | 7/25         |   |
|    |   |   |   | Systems in place for reviews after transfer home:  |              |   |
|    |   |   |   | at/around 6 weeks  | No           | 6 week medical review is being provided by SUHFT.   |
|    |   |   |   | at/around 6 months   | No           | Some 6 month reviews are being provided by the CST however team capacity pressures are restricting the number undertaken.   |
|    |   |   |   | at 12 months   | No           | 12 month review is being provided by the CST.   |
|    |   |   |   | annually thereafter  | No           | Responsibility of GP  |
|    |   |   |   | % for whom review is carried out at 6 weeks  | 0%           | Data recording system is currently under review/development, ASI metrics call for this data to be recorded in 2011/12.  |
|    |   |   |   | % of patients with care plan in place  | 0%           | Data recording system is currently under review/development, ASI metrics call for this data to be recorded in 2011/12.  |
| 11 | Range of info provided                        | 5 | 1 | Total points for range of info   | 9/30         |   |
|    |   |   |   | Range of info points from Transfer Home Information Analysis (THIA) Tool undertaken by CQC | 0/6          | Patient/Carer exercise undertaken for the CQC audit process awarded 17 points from a possible total of 35 points. A large amount of information and leaflets/literature is available to patients, feedback included difficulty/confusion in finding information on specific issues. Information is being reviewed in conjunction with the stroke handbook, the stroke handbook is offered to all patients in both the acute and community settings. |
| 12 | Signposting, coordination and personalisation | 5 | 1 | Total points for signposting   | 18/20        |   |
|    |   |   |   | Was it easy to find things in THIA pack of info  | Very poor    | Patient/Carer exercise undertaken for the CQC audit process awarded 2 points from a possible total of 5 points. Information pack is being reviewed in conjunction with the stroke handbook.   |
|    |   |   |   | Was the info in the THIA pack easy to understand   | Very poor    | Patient/Carer exercise undertaken for the CQC audit process awarded 3 points from a possible total of 5 points. Information pack is being reviewed in conjunction with the stroke handbook.   |
|    |   |   |   | Signposting points from THIA   | 0            | No narrative on what information is required so no comment available.   |
|    |   |   |   | % of patients with named support worker  | 0%           | CST intend to implement on appointment of additional support worker   |

|    |  |    |    |   |  |  |
|----|--|----|----|---|--|--|
|    |  |    |    | % of patients given helpline number   | 0%   | All patients are given the telephone number for the CST prior to discharge, the CST check the patient has the correct contact number during first contact post discharge.  |
|    |  |    |    | <i>Single point of contact covers:</i><br>Adult Social Services<br>Stroke community activities<br>Training & volunteering<br>Community transport<br>Leisure (arts, sports etc.)<br>Welfare/benefits | Yes, some<br>Yes, some<br>Yes, some<br>Yes, some<br>Yes, some<br>Yes, some | For Southend area patients a single referral point exists to SBC community services although these are not stroke specific. The CST will act as single point of contact for all stroke related community information. Information is being sought from ECC.  |
| 13 | End of life care                       | 5  | 2  | Total points for EOLC   | 5/10   |  |
|    |  |    |    | Preferences re use of DNARs   | No   | Very rare for a stroke patient who is EOL to be discharged. If EOL patient is discharged they are managed by the palliative care service who liaise with the CST if needed.  |
|    |  |    |    | Support to carer/family after bereavement   | Yes, some  | Palliative care offers a bereavement service.  |
| 14 | Involvement in planning and monitoring | 5  | 2  | Total points for involvement  | 8/20   |  |
|    |  |    |    | <i>Targeted involvement work:</i><br>With aphasia etc.<br>Living on their own<br>In care homes  | No<br>No<br>No   | These patient groups have not been formally targeted in the past to participate in service planning. This issue will be highlighted for any consultation plans going forward. All patients receive patient questionnaires from the CST, the questionnaires are used to inform providers and commissioners of the standard of service and patient satisfaction. |
|    |  |    |    | Whose 1st language is not English   | No   |  |
|    |  |    |    | With visual impairments   | No   |  |
|    |  |    |    | <i>Involvement stroke survivors:</i>  |  |  |
|    |  |    |    | Involved in commissioning decisions   | No   | A stroke survivor sits as a representative on the Stroke LIT Group and is therefore party to all discussion around service improvement. The representative does not however have any direct involvement in the decision making process.  |
|    |  |    |    | Involved in reviewing complaints  | No   | All complaints are reviewed in line with the official complaints procedure of the organisation involved.   |
|    |  |    |    | <i>Involvement Carers:</i>  |  |  |
|    |  |    |    | Surveys   | No   | Surveys currently issued by the Community Stroke Team are patient focused. The format of the survey is reviewed annually and consideration will be given to a section for carers.  |
|    |  |    |    | Focus groups  | No   | There are no current plans to enlist the help of focus groups. This may change with the development of ESD services where the views of carers will be vital.   |
|    |  |    |    | representation on management board  | No   | A stroke survivor sits as a representative on the Stroke LIT Group. A suggestion can be put forward to the group to include a carer on the attendee list.  |
|    |  |    |    | Involved in pathway design  | No   | These issues are currently discussed during the Stroke LIT Group meeting, no carers currently sit on the LIT Group.  |
|    |  |    |    | Involved in service monitoring  | No   | As above.  |
|    |  |    |    | Involved in commissioning decisions   | No   | As Above.  |
|    |  |    |    | Involved in reviewing complaints  | No   | All complaints are reviewed in line with the official complaints procedure of the organisation involved.   |
| 15 | Working together                       | 5  | 2  | Total points for working together   | 4/10   |  |
|    |  |    |    | Integrated reviews of health & social care needs  | No   | Plans are being implemented to involve health and social care needs in the stroke pathway. Representatives from both SBC and ECC are now members of the SEE Stroke Local Implementation Group. Long term plans include the presence of social services at weekly MDT meetings.   |
|    | Total Score                            | 75 | 28 |   |  |  |

| Progress  |
|---|
| Already in place.   |
| Already in place.   |
| Already in place.   |
| Already in place.   |
| Outline plans finalised in May for distribution and agreement in principle A commissioning case is being developed for submission to relevant boards for authorisation prior to opening contract discussions with various involved parties. |
|   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
| Part of current scoping exercise.   |
|   |
| Ongoing   |
| Ongoing   |
|   |



|  |
|--|
| Already in place.  |
| Already in place.  |
| Informal links in place.   |
| Already in place.  |
| Already in place.  |
| Stronger links need to be developed with the volunteer sector. A scoping exercise needs to be undertaken to ascertain what services are currently available. Resource will be required to undertake this exercise. |
|  |
| Stronger links need to be developed with the volunteer sector. A scoping exercise needs to be undertaken to ascertain what services are currently available. Resource will be required to undertake this exercise. |
| Ongoing  |
| All GP practices have regular meeting with the Primary Care Performance Team.  |
|  |
| n/a  |
| n/a  |
| n/a  |
| n/a  |

|   |
|---|
|   |
| Already in place.   |
| Already in place.   |
|   |
| Ongoing   |
| Ongoing   |
|   |
| SUHFT and the CST are currently developing a review process to encompass both medical and holistic aspects of the review process. The ECSN has recently developed a patient review form that will be included in these plans. A joint MDT approach is being developed with additional support from a Community Stroke Consultant. |
| n/a   |
| Ongoing   |
| Ongoing   |
|   |
| Ongoing   |
|   |
| Ongoing   |
| Ongoing   |
| n/a   |
| Estimated to begin in Sept 2011.  |

|   |
|---|
| Already in place.                             |
| Ongoing                                       |
|   |
| Already in place via palliative care team.    |
| Already in place via palliative care team.    |
|   |
|   |
| To be considered for future service planning. |
|   |
| n/a   |
| n/a   |
| To be reviewed annually                       |
| n/a   |
| Suggestion to be put forward.                 |
| As above.                                     |
| As above.                                     |
| As above.                                     |
| n/a   |
|   |
|   |
| Ongoing.                                      |
|   |



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