



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

CWM TAF MORGANNWG

Cwm Taf Morgannwg Community
Health Council visit report:

Patient experience in relation to
access to Stroke rehabilitation
services in Merthyr Tydfil, Rhondda
Cynon Taf & Bridgend

May 2020

Accessible formats

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**Dates/times
of visits:**

Stroke wards:

04.12.19 at 4pm and 06.01.20 at 6pm
Ward D4, Ysbyty Cwm Rhondda (YCR)

10.12.19 at 3pm and 07.01.20 at 6pm
Ward 10, Prince Charles Hospital (PCH)

09.12.19 at 2.30pm and 08.01.20 at 6pm
Ward 2 Princess of Wales Hospital (PoWH)

Stroke outpatient clinics:

11.02.20 at 9am and 17.02.20 at 1pm
Ysbyty Cwm Cynon (YCC)

13.02.20 at 10am and 27.02.20 at 10am
Princess of Wales Hospital

14.02.20 at 1pm at Prince Charles Hospital

Stroke Association community groups

22.01.20 at 1.30pm held in Beddau library
(Rhondda Cynon Taf)

29.01.20 at 10.30am held in the Heritage Park, Trehafod
(Rhondda Cynon Taf)

Introduction

Cwm Taf Morgannwg Community Health Council is the independent watchdog of NHS services within Rhondda Cynon Taf, Merthyr & Bridgend Council areas. We encourage and support people to have a voice in the design and delivery of NHS services for their families and communities.

We talk to patients and the public, both in the communities they live in and when they are receiving treatment on a ward or department.

Background & Service synopsis

People who suffer a stroke may require early and timely acute intervention and then long-term support to help them regain as much independence as possible. This process of rehabilitation depends on the patients' symptoms and their severity, rehabilitation often starts in hospital and continues at home or at a clinic in the community.

A team of different specialists need to be available to help with a patients' rehabilitation, including physiotherapists, psychologists, occupational therapists, speech and language therapists, social workers and specialist nurses and doctors.

In 2015 the former Cwm Taf UHB redesigned its stroke services to improve the quality of services in line with national clinical standards. A new community-based rehabilitation service was created enabling Early Supported Discharge for stroke patients, centralisation of long term inpatient stroke rehabilitation provision at Ysbyty Cwm Rhondda and the centralisation of hyper-acute, acute and early stroke rehabilitation services at Prince Charles Hospital.

Since the boundary change Cwm Taf Morgannwg UHB now has two acute stroke units that accepts patients with ischaemic and haemorrhagic strokes 24 hours a day, 7 days a week. One is based at Prince Charles Hospital and the other at Princess of Wales Hospital, Bridgend.

The Princess of Wales Hospital has a specialist combined acute and

rehabilitation stroke unit. There is 24 hours per day & 7 days a week (24/7) access to a CT scanner and operator triage for thrombotic/ haemorrhagic stroke identification. Specialist stroke consultant provision is available Monday-Friday 09:00 – 17:00. Thrombolysis is available 24/7, provided by the emergency department team and an on-call medical team. Stroke patients are managed and followed up by two Specialist Stroke Consultants.

Prince Charles Hospital has a specialist acute stroke unit with 24/7 access to CT scanner and operator triage for thrombotic/ haemorrhagic stroke identification. The thrombolysis service at Prince Charles Hospital is also 24/7. Specialist Stroke Consultant cover is available between Monday to Friday 09:00 - 17:00 with out of hours consultant cover provided in partnership with Cardiff and Vale UHB.

Patients presenting to the Royal Glamorgan Hospital with a stroke remain in the A & E department unless they are suitable for Thrombolysis or they are unstable for transfer. Patients suitable for Thrombolysis are admitted to CCU for a short period of time. Patients who are not suitable for thrombolysis are transferred to Prince Charles Hospital.

Stroke rehabilitation outpatient clinics are held in Cwm Taf Morgannwg at one of the following sites:

- Prince Charles Hospital, Merthyr Tydfil
- Princess of Wales Hospital, Bridgend
- Ysbyty Cwm Cynon, Mountain Ash

Purpose of visits

The objective of the visits was to give patients, their relatives and carers an opportunity to tell us about the stroke rehabilitation care and treatment they / the patient had received. We wanted to hear about:-

- The inpatient experience i.e., stroke rehabilitation provision during their stay in hospital

- The outpatient experience i.e., once discharged from hospital/ access to stroke rehabilitation services in the outpatient clinic and community

What we did and how we did it

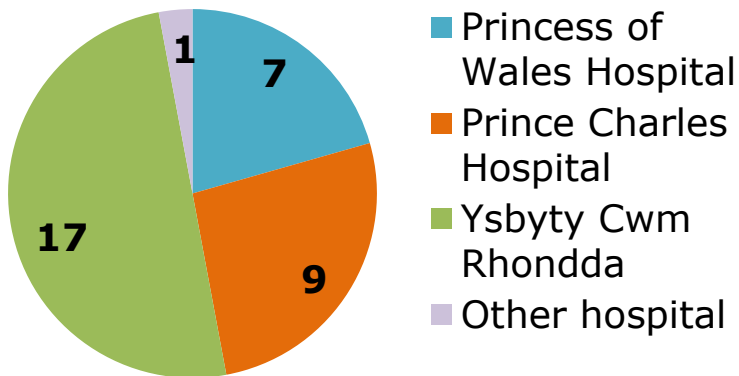
Cwm Taf Morgannwg Community Health Council created 2 questionnaires which asked people about their experience of the stroke rehabilitation service they had received. One questionnaire was designed to capture feedback from **inpatients** who were staying in hospital on a stroke ward. The second questionnaire was designed to capture feedback from **outpatients** in the community, who had experienced a Stroke. Our members attended the wards at the Princess of Wales Hospital, Prince Charles Hospital and Ysbyty Cwm Rhondda (on 2 occasions) and outpatient clinics at Princess of Wales Hospital, Ysbyty Cwm Cynon and Prince Charles Hospital. We talked to patients and helped them to complete our questionnaires. On the first visit to each stroke ward we also provided a supply of questionnaires to staff. Staff supported us by distributing the questionnaires to patients (& their families) who were admitted to the ward between our 2 visits. We provided freepost envelopes to enable patients and their families to return the completed questionnaires direct to us.

In addition, the CHC visited Stroke communication support groups in Beddau and Trehafod, which were hosted by the Stroke Association in Wales.

We obtained feedback from staff on the wards and data from the Health Board in relation to the stroke patient pathways. We used a database called SNAP to help us analyse the feedback that patients and their relatives told us.

Inpatient survey results

33 inpatients/relatives provided feedback about their care and treatment on the wards. The chart below shows a breakdown of which hospital they were an inpatient at the time.



Key findings from the Inpatient satisfaction survey, which was undertaken on the Stroke wards located at Princess of Wales Hospital, Prince Charles Hospital and Ysbyty Cwm Rhondda

Information

We asked inpatients if they had been able to understand the information that they had been provided with on the ward about their stroke. The majority of inpatients told us that they did understand the information. Approximately a third of inpatients experienced some difficulty understanding the information that had been provided to them, this was reported to be due to the inpatients limited understanding as a result of the severity of their stroke.

Involvement in decisions about care and treatment

We asked inpatients if they had been involved as much as they wanted to be in decisions about their care and treatment. The majority of inpatients told us that they were satisfied that they had been involved in the decisions about their care and treatment. However, almost a third of inpatients felt that they had not been involved as much as they would have liked.

'I would like things clarified regarding my care and treatment'

Respect and dignity

We asked inpatients whether they felt that they had been treated with respect and dignity whilst they were in hospital. 75% of inpatients informed us that they had been treated with respect and dignity however, 25% of inpatients told us that they had been treated with respect and dignity only sometimes. The majority of concerns were raised by inpatients at Ysbyty Cwm Rhondda.

"Some nursing staff overpowering"

"Painful to sit for too long due to other conditions and it was difficult to communicate these problems to staff"

We asked inpatients if they needed help from staff to get to the toilet/ use a commode, whether they had received help in time. Of those inpatients who did require support, just over half of inpatients received the support that they required. Worryingly, 44% of inpatients told us that they did not always receive the support in time. The vast majority of concerns were raised by inpatients at Ysbyty Cwm Rhondda.

"Sometimes too late to react to buzzer causing embarrassment"

"Sometimes you have to wait to be taken to toilet or help with using bedpan"

Support with swallowing

We asked those inpatients who had difficulties with swallowing whether they felt that they had received enough support with this. The vast majority of inpatients were satisfied with the support that they received. A couple of inpatients did not feel that they had always received the support that they required. No further data was provided in relation to this.

Speech and communication

We asked inpatients if they felt that they had received enough help with speech and communication problems. The majority of inpatients of whom required support with speech and communication informed us that they had received enough help.

Sight problems

Post-stroke difficulties in visual function can cause a significant impact to the quality of life of stroke patients. Examinations for visual loss are important for stroke survivors. We asked inpatients if they felt that they had received enough help with any sight difficulties. Only 50% of inpatients who required help with sight problems felt that they had received adequate support. Concerns were raised by inpatients at Prince Charles Hospital, Ysbyty Cwm Rhondda and the Princess of Wales Hospital. Numerous inpatients had been referred for an appointment with an Ophthalmologist and were waiting for a consultation.

"Long wait for Ophthalmology appointment. I was referred in September and seen in January, so had to wait 4 months"

Mobility treatment and support

We asked inpatients if they had received enough treatment to help improve their mobility. 61.5% of inpatients advised that they had received the treatment they required to help improve their mobility.

"Staff have helped me with my mobility gradually and built up my confidence"

38.5% of inpatients felt that although they had received some treatment to improve their mobility, additional treatment was required. The majority of these concerns were raised by inpatients at Ysbyty Cwm Rhondda.

"I would like to receive daily therapy to help get back on my feet and

walking again. I don't receive physiotherapy every day"

I'm waiting to see a community physiotherapist when I'm discharged from hospital"

Emotional difficulties

We asked inpatients whether they felt that they had enough support with any emotional issues that might be affecting them. The majority of inpatients who required emotional help and support informed us that they were receiving the help they needed.

Arrangements for therapy services, in preparation for when inpatients were due to leave hospital

We asked inpatients whether the therapy services they required after they left hospital had been arranged for them. Therapy services had been arranged for the majority of inpatients who required this support when they left hospital, 20% of inpatients told us however, that arrangements had not been made. It was noted that discharge was not imminent for these inpatients and therefore this did raise cause for concern.

"I don't know they exist"

Social care support, in preparation for when inpatients were due to leave hospital

We asked inpatients if social care support had been arranged for them for when they were due to leave hospital. For the majority of inpatients that required this support, this had either already been arranged or it was in the process of being arranged. 26% of inpatients told us that social care support had not been arranged for them however, discharge was not imminent for the majority of these inpatients.

"No discharge imminent but meeting planned with family"

Mobility aids, in preparation for when inpatients are due to leave hospital

We asked inpatients if they required equipment and/or aids whether they had been ordered for them and whether adjustments had been made to their home for when they left hospital. Provisions for mobility aids had been arranged/ provided for the vast majority of inpatients who required this support.

Positive inpatient experience

It was noted that the majority of inpatients were satisfied with their stroke rehabilitation care overall. Twenty eight inpatients (85% of inpatients who participated in the survey) offered comments about what had been particularly good about their stroke rehabilitation care. The data received has been grouped into themes (see table 1 overleaf). The number of inpatients that provided the positive feedback is recorded against the theme, together with typical examples of the comments received.

Table 1

Positive feedback from Inpatients regarding their Stroke rehabilitation care on the wards		
Theme	Inpatient's comments	Number of comments received
Staff	<ul style="list-style-type: none"> • <i>'Some outstanding nurses'</i> • <i>'Everybody has been helpful'</i> 	11
Care	<ul style="list-style-type: none"> • <i>'The care has been good at all levels'</i> • <i>'Everyone has been good, turned regularly to prevent bed sores'</i> 	8
Overall very good	<ul style="list-style-type: none"> • <i>'The whole process has been good, it's been very efficient and professional. Superb.'</i> 	5
Communication	<ul style="list-style-type: none"> • <i>'Staff have taken into account wishes and thoughts re discharge planning'</i> 	3
Therapies	<ul style="list-style-type: none"> • <i>'Physio is marvellous'</i> 	1
Environment	<ul style="list-style-type: none"> • <i>Ysbyty Cwm Rhondda – much nicer environment'</i> 	1

Improvements needed

To ensure that inpatients were not restricted to providing feedback to the questions included in the survey, inpatients were invited to indicate if there was anything else that could have been undertaken to improve their experience. Seventeen inpatients (52% of inpatients who participated in the survey) offered suggestions that could improve their stroke rehabilitation care. We were able to identify themes that emerged from the inpatient feedback. The main issues raised were:-

- Nurse staffing levels - 7 inpatients raised this as a concern, the majority of which were inpatients at Ysbyty Cwm Rhondda.

- Insufficient therapy sessions - 3 inpatients felt that there should be an increase in therapy sessions
- Communication between Staff and inpatients - 3 inpatients felt that this could be improved

'Communication in the early stages of recovery could be improved'

Staff Feedback

Staffing Levels

We asked staff if they were satisfied that the current nursing establishment provided inpatients with adequate/ safe care. We did not receive any concerns from staff about staffing levels impacting on inpatients care directly. However, nurse staffing levels were reported to be problematic at both Prince Charles Hospital and Princess of Wales Hospital. At Prince Charles Hospital staff reported that staff sometimes (when needed) had to be moved to cover other wards and the A & E department. Agency and bank staff covered any shortfalls in staffing levels. At Ysbyty Cwm Rhondda, staff reported that they were satisfied with the nurse staffing levels and that additional staff were in the process of being employed.

Problems with discharge planning

We asked staff to tell us whether they had experienced any problems with discharge planning. We were informed that some inpatients were transferred to the community hospitals. Staff reported that there were occasions when the community hospitals were full to capacity. At the time of the CHC visit (in Dec'19) to Prince Charles Hospital, staff informed us that Ysbyty Cwm Rhondda was full to capacity and that there were 3 in patients who were waiting to be transferred.

In addition, the following issues were reported to be causing delays with discharge:-

- Delay in funding and organising social service care packages
- Finding a suitable care home for vulnerable patients where needed
- Respite care was reported to be *'non-existent'* in Bridgend
- Lack of available social workers to facilitate social care at home and in

the community

- Home adaptation requirements being undertaken in a timely way was problematic

Training

Prior to producing this report we asked the Health Board to inform us what percentage of their staff, on the stroke wards were up to date with mandatory training. The Health Board informed us that Mandatory training compliance on the Stroke wards was as follows:-

46.51% for the Princess of Wales Hospital

54.49% at Prince Charles Hospital

57.83% at Ysbyty Cwm Rhondda

Personalised Care

We asked staff whether the 'This is Me' initiative had been implemented on the ward. A 'This is me' booklet is completed for any adult who is unable to articulate their needs (information includes for example, an individual's likes & dislikes). This enables staff to treat each patient as an individual, thereby reducing distress for them and their carer's. Staff across all 3 stroke wards advised that the 'This is me' initiative had been embedded into ward practice and a booklet was given to inpatients and their relatives to complete.

We asked staff whether inpatients who had any sensory impairment such as visual or hearing, were assisted in using glasses, hearing aids etc. Staff confirmed that they assisted patients and that inpatient's individual's needs were identified in the care plans and delivered through Holistic nursing care. There was no hearing induction loop on the stroke ward at the Princess of Wales Hospital, however, staff informed us that there was one available within the Occupational Therapy department which could be used if needed.

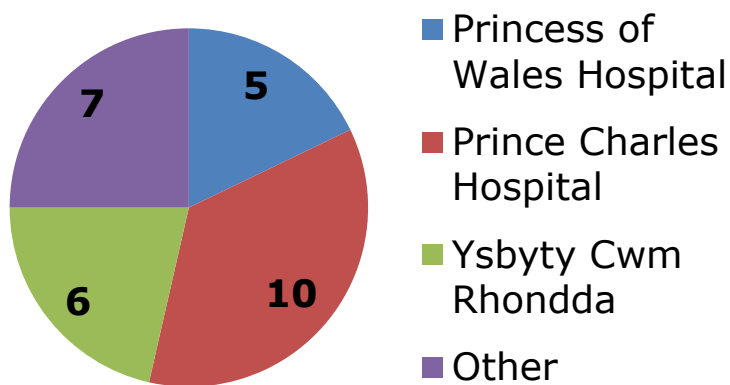
Main concerns from the staff

Members were informed that the main concern from a staff perspective at both the Princess of Wales Hospital and Prince Charles Hospital was in

relation to the staffing levels. Whilst for staff at Ysbyty Cwm Rhondda the main concern was with regards to the limited therapy resources for inpatient rehabilitation along the whole of the stroke pathway. Staff at the Princess of Wales Hospital also advised that they would like more specialist equipment on the ward.

Outpatient survey results

28 outpatients/relatives provided feedback about the stroke rehabilitation care and treatment that they received. The chart below shows a breakdown of which hospital they were in, when they were discharged home following their stroke.



Key findings from the Outpatient satisfaction survey, which was undertaken at Stroke rehabilitation outpatient clinics located at Princess of Wales Hospital, Prince Charles Hospital and Ysbyty Cwm Cynon and Stroke Association Communication groups who met in Beddau & Trehafod

The majority of outpatients who shared their views with us had received their inpatient care at Princess of Wales Hospital, Prince Charles Hospital or Ysbyty Cwm Rhondda and a couple had been inpatients at the Royal Glamorgan Hospital. 18% of outpatients told us that they had received their inpatient care at hospitals outside of Cwm Taf Morgannwg UHB.

"I spent a week in hospital in Spain, including time in intensive care"

Consideration of outpatients own needs and wishes when planning rehabilitation

We asked outpatients whether they felt that their own needs and wishes had been taken into account when planning their rehabilitation. 11% of outpatients told us that they did not require any support with their rehabilitation. 68% of outpatients told us that they did feel that their own needs and wishes were taken into account. 14% of outpatients felt that that their own needs and wishes were met to some extent, however they felt that more could have been done to support them. A couple of outpatients (7%) who were discharged from hospitals outside of Cwm Taf Morgannwg UHB, did not feel that their rehabilitation needs were taken into consideration at all.

"Because I was discharged from UHW my health authority was Cwm Taf, there was difficulty and delays in getting clinic appointments"

Arrangements for therapy services, in preparation for when patients were due to leave hospital

We asked outpatients whether arrangements for the therapy services they needed after they left hospital had been made for them. 58% of outpatients who did require therapy services after they had left hospital, told us that had been arranged for them. Whilst 29% of outpatients told us that only some therapy services had been arranged for them and that they required additional support.

"Only some help, I realise I could have had a lot more help"

"I would like more speech and language therapy"

"Initially high level of contact with therapy services, then they reduced in calls/attendance"

A recurring theme emerged from the additional comment's outpatients shared with us. Numerous outpatients informed us that they had received therapy support for a 6 week period only, and that the therapy support ceased after this time even though patients felt that they still had needed additional support with their rehabilitation.

"Physiotherapy and Occupational Therapy after 6 weeks stopped, could have done with longer"

"I received the 6 week supported discharge plan with Physio & Occupational therapy, but I needed a 12 week plan"

A few (13%) outpatients told us that they did not receive therapy support after they left hospital and that this was very much needed to support them in their recovery. They further explained that they had suffered a stroke whilst away from home ie., outside of the Cwm Taf Morgannwg UHB locality. The hospital that provided their inpatient care therefore did not make arrangements for the patients to receive any therapy support after they had left hospital.

"I had to have my medical records translated for my GP when I returned home from abroad. My GP made a referral to the stroke consultant. I was advised that I would hear within a day however, this did not happen. It's been over 2 months since I suffered my stroke and I still haven't had an appointment with a stroke consultant or received any therapy support. There was no information/ literature provided at my GP practice about a stroke or any support groups that could help me. I did my own research and contacted the Stroke Association direct for help".

Arrangements for social care support, in preparation for when patients were due to leave hospital

We asked outpatients if they required social care support when they were discharged from hospital, whether or not this had been arranged for them. 56% of outpatients who required this support told us that arrangements

were not made on their behalf and that they did not receive this support. Approximately half of outpatients spoken to told us that family members had supported them with their care and support when they returned home.

"I was not informed how or what they could support me with after my stroke"

"No help at all – unsure what help I can receive"

Speech and communication

We asked outpatients if they had difficulties with speech and communication, whether they felt that they had received enough support with this. 31% of outpatients told us that they received the support they needed with their speech.

"Enough help for speech difficulties was provided"

15% of outpatients told us that they received some support. However, worryingly 54% of outpatients told us that they did not receive the speech and language therapy that they needed.

"I'm not receiving any speech therapy support despite having language concerns"

"No help at all and I need it"

Again a recurring theme emerged from the additional comments outpatients shared with us with numerous outpatients informing us that they received therapy support for a 6 week period only, and that the support ceased after this time.

Mobility treatment and support

We asked outpatients whether they felt that they had received enough treatment to help improve their mobility once they had left hospital. 33%

of outpatients were satisfied that they had received enough treatment to help improve their mobility. 67% of outpatients who required mobility support, told us that they required more support than what they had received.

"6 weeks physio after leaving hospital, would like more"

Again, a recurring theme emerged from the additional comment's outpatients shared, with numerous outpatients advising that they received therapy support for a 6 week period only, and that the support ceased after this time. 1 patient did however tell us that after 6 weeks, they were referred to the NERS National exercise referral scheme which is a Public Health Wales initiative which promotes physical activity and can be beneficial for stroke patients. It was reported by another outpatient that they had experienced a 2 month gap in continuity of the physiotherapy treatment they received, during which time the patient felt that their mobility deteriorated. Another outpatient told us that their therapy support only lasted 4 weeks. The outpatient further explained the difficulties they had experienced attending their outpatient appointments which were held some distance away from their home.

"I have to take 3 buses to my outpatient appointments in Ysbyty Cwm Cynon. For a 9am appointment I have to leave home at 6.30am and return home at 4.30pm. Buses are hourly and not coordinated. By taxi it costs me £45 return. I have asked to transfer to Royal Glamorgan Hospital but they won't because the Consultants work from Mountain Ash. On 3 occasions they were unable to find my details at the clinic at Mountain Ash"

Emotional difficulties

We asked outpatients whether they felt that they had enough support with any emotional issues that might be affecting them. The majority of outpatients who required support with their emotional wellbeing informed us that they didn't receive enough support with over 50% saying that they didn't receive any support at all.

"I have kept it to myself. Not easy to talk with a stranger and tell them how I feel. I find it difficult to talk about my feelings since I had a stroke"

"No help at all and I require support with this. Mental health is deteriorating due to the delay in getting and being offered any support"

"Only now after 4 months received the emotional support and reassurance"

"I would have liked to have continued psychology help for longer than the 6 weeks"

"Psychology support requested but not provided"

Only a few outpatients told us that they were happy with the help and support they needed with the emotional difficulties they had experienced.

"Didn't need help initially but did need help later, so rang and requested referral which was provided quite quickly"

A number of patients told us that they had suffered with memory loss since suffering a stroke and that this was impacting on their emotional wellbeing.

"I have some memory issues I know what I want to say but can't say it. 6 weeks I only had support for"

"I would like some support with my memory loss"

Matters to be commended:

- The vast majority of **inpatients** were satisfied with the support that they received to eat and drink
- The majority of **inpatients** of whom required support with speech and communication informed us that they had received enough help
- The majority of **inpatients** who required emotional help and support

informed us that they were receiving the help they needed

- Provisions for mobility aids had been arranged/ provided for the vast majority of **inpatients** who required this support
- The majority of **inpatients** were satisfied with their stroke rehabilitation care overall. Many inpatients spoke highly of the staff and the care that they received

Matters of concern requiring a response from the Health Board and recommendations:

Inpatient feedback

- What actions will be undertaken to ensure and demonstrate that inpatients are more involved in the clinical decisions about their ongoing care and treatment?
- What actions will be undertaken to ensure and demonstrate that all staff at Ysbyty Cwm Rhondda treat patients with respect and dignity?
- What action will be taken forward to address the reported delays in patients experience getting help to go to the toilet or to use a commode at Ysbyty Cwm Rhondda?
- What are the current waiting times for stroke inpatients who have been referred to the Ophthalmology service? What actions are being taken to reduce the waiting times for stroke inpatients who require help with sight problems? The Health Board are recommended to share current waiting times data with inpatients who are referred for an appointment with an Ophthalmologist
- Could the UHB advise what action will be taken to respond to Inpatient's (at Ysbyty Cwm Rhondda) requests, to receive Physiotherapy on a daily basis?
- Nurse staffing levels was highlighted as a concern by numerous inpatients. What action will be taken to address this issue? Please can the UHB give assurances that this will be addressed urgently?

- A small number of inpatients felt that communication could be improved between staff and inpatients. We ask the Health Board to comment as considered appropriate.

Outpatient feedback

- Can the UHB please advise what action will be taken to address the concerns outpatients raised, that Physiotherapy was only provided for a 6 week period?
- Can the UHB please advise what action will be taken to address the concerns outpatients raised, that Occupational Therapy was only provided for a 6 week period?
- Can the UHB please advise what action will be taken to address the concerns outpatients raised, that Speech and language therapy was only provided for a 6 week period?
- It is recommended that the UHB ensure that information leaflets (electronic & paper copies) about Stroke and Stroke support groups are made available for patients to access at all GP Practice's.
- Can the UHB advise whether a needs assessment is carried out for all stroke patients prior to discharge? We were concerned that many (10) outpatients told us that they did not receive the social care support that they felt they needed after they had left hospital. We would invite the UHB to comment on this. In addition when a patient's needs assessment is undertaken, could the UHB advise whether family members are involved in the discussions and decisions made, regarding any support that their loved ones may require? We would be interested to learn whether social care support is still available to stroke patients who live with family members? Or is it presumed that because the stroke patient lives with family (or have close family living nearby) family members will provide any support that is required?'
- The difficulties experienced by patients accessing rehabilitation services can cause a significant barrier for patients. The UHB is requested to keep patient concerns regarding public transport & travel times to outpatient clinics under review and seek to resolve these matters when planning service developments, where applicable with

other appropriate stakeholders. Can the UHB clarify whether outpatients are able to access stroke outpatient follow-up appointments with a Consultant at their nearest hospital as opposed to having to travel further afield?

- The CHC was concerned to learn that an outpatient appointment with a stroke Consultant within the UHB identified a recurrent issue in relation to the availability of their patient file when attending a stroke rehabilitation clinic. Can the UHB clarify whether there are any issues in relation to the availability of patient files and assure itself that appropriate systems are in place to avoid any delays to treatment that might arise as a result of this issue?
- Can the UHB please provide details of the pathway for stroke inpatients and outpatients who require psychological care? Can the UHB please advise how this information is made available/offered to patients? In addition, please advise whether this support is provided for a limited period of time?
- Can the UHB please advise whether cognitive assessment tests are carried out for all stroke inpatients and where appropriate undertaken for outpatients? Could the UHB please advise how stroke patients who are suffering with memory loss are able to access the support they need?
- Can the UHB please advise what the stroke rehabilitation pathway is, for patients who have been discharged from a hospital outside of Cwm Taf Morgannwg?

Staff concerns

We heard of some staff concerns, please can the Health Board respond to the following:

- Problematic nurse staffing levels were reported at both Prince Charles Hospital and Princess of Wales Hospital.
- Nurses on the stroke ward at Prince Charles Hospital had to move to other wards and the A & E department when needed
- Problems experienced with discharge planning included:-

Community hospitals on occasions were full to capacity.

Delays putting social service care packages together.

Respite care was reported to be '*non-existent*' in Bridgend

Reported lack of available social workers – could the UHB advise what the policy is for the length of time for therapy interventions in the community?

- The Health Board are to ensure that all staff undertake mandatory training and that compliance on the Stroke wards is maintained to an acceptable level
- There wasn't a hearing induction loop on the stroke ward at the Princess of Wales Hospital, could the UHB consider providing a hearing induction loop on the ward?
- There were limited therapy resources for rehabilitation along the entire stroke pathway. Could the UHB consider providing more therapy resources to improve/ facilitate patient recovery from stroke within CTMUHB?
- Could the UHB consider providing more specialist equipment/activities at the Princess of Wales Hospital and Ysbyty Cwm Rhondda?

Acknowledgements: The CHC would like to thank the inpatients, outpatients, relatives & staff that took time to talk to our members on the days of our visits and to the Stroke Association in Wales volunteers who provided support with our work.