Royal Cornwall Hospitals
NHS Trust

Marie Therese House Neuro-Rehabilitation Unit Operational Guidelines - Standard Operating Procedure

V1.0

January 2024

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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This procedure sets out the arrangements for appropriate referral and transfer of patients to Marie Therese House (MTH), St Michael's Hospital (SMH), Royal Cornwall Hospitals NHS Trust (RCHT).

1.2. Marie Therese House is the specialist inpatient rehabilitation unit serving Cornwall and Isles of Scilly. It is designated as a Level 2b unit (local specialist) as defined by the NHS England Service Specification for Specialist Rehabilitation.

2. Purpose of this Standard Operating Procedure

2.1. Scope

This policy provides guidance on appropriate referrals to Marie Therese House, and circumstances under which any available beds may be utilised to further support patient flow at Royal Cornwall Hospitals NHS Trust.

2.2. Location, layout, and utilisation

Marie Therese House is located at St Michael's Hospital, Hayle. It comprises 12 single patient rooms (with shared toilets and bathing facilities), a dining room, physiotherapy gym and occupational therapy assessment room including kitchen. In addition, the unit has a reception area, patient lounge with exercise equipment, clinical office spaces, drugs preparation room and sluice.

3. Ownership and Responsibilities

3.1. Medical responsibility

The unit is covered by a Rehabilitation Medicine Consultant, and a GP trainee doctor. Medical cover is only present on site on Tuesdays, Wednesdays, and Fridays, although the consultant may also be contacted for advice by telephone within normal working hours on Mondays and Thursdays.

If urgent medical review is indicated out of hours or when the MTH consultant and GP trainee are not working on site, the Resident Medical Officer at St Michael's Hospital will provide emergency cover and may escalate queries to the MTH consultant or the Eldercare SilverLine which is manned every day between 08:00 – 20:00 hours via RCHT switchboard.

3.2. Nurse staffing and responsibility

The unit is managed day to day by the Sister/Charge Nurse supported by the Clinical Matron designated by the Peripheral Sites Care Group.

3.3. MDT staffing

Core MDT and support staffing includes:

- Physiotherapy.

- Occupational Therapy.
- Speech and Language Therapy (currently 0.2 WTE only).
- Dietetics (0.1 WTE).
- Ward Clerk.
- Catering and domestic staff.

3.4. **Referrals from RCHT**

Referrals are made either on BadgerNet (the regional specialist rehabilitation referral system) or by email/telephone to the consultant. Patients referred from RCHT will normally be reviewed weekly (Mondays) and added to the waiting list for Marie Therese House if appropriate for specialist rehabilitation and medically optimised.

In the case of RCHT entering OPEL4 and any beds being unoccupied at MTH, exception may be made to the normal referral procedure to allow immediate transfer of any patient who's medical, nursing and therapy needs can be safely met. Handover to the MTH nursing team must occur, and the consultant in rehabilitation medicine should also be notified where possible. Patients who are most suitable are those requiring active physiotherapy and/or occupational therapy intervention, and/or patients with an anticipated short length of stay and secure discharge route. Patients with known violent and aggressive behaviours and those requiring Enhanced care level 3 and above are not deemed suitable for transfer to MTH as part of the OPEL 4 escalation.

Any patient with newly acquired neurological injury will be considered, including but not limited to traumatic brain injury, encephalitis or other CNS infection, Guillain Barre Syndrome, and spinal cord injury. Patients with spinal cord injury should first be referred to Salisbury Spinal Treatment Centre via the Spinal Cord Injury Database. Patients with stroke or other vascular injury will be considered on an individual basis by consultant referral.

All patients are required to have a discharge summary completed summarising their management at RCHT, and TTAs (there is no onsite pharmacy at St Michaels Hospital).

3.5. **Referrals from outside RCHT**

Referrals from the Plym Unit (specialist rehabilitation unit in Plymouth) or another specialist rehabilitation service (e.g. Frenchay Brain Injury Centre, Salisbury Spinal Treatment Centre) will be considered where a patient no longer requires to be treated out of county but has ongoing inpatient rehabilitation needs.

Referrals from an acute hospital trust e.g. University Hospitals Plymouth, must first be repatriated to Royal Cornwall Hospital.

Patients who are currently residing in the community, i.e. at home or a care placement, will not normally be considered.

3.6. **Clinical exclusion criteria for admission to MTH**

- Age under 16.
- Requirement for NG feeding.
- Requirement for IV fluids or medications.
- Requirement for tracheostomy and/or respiratory physiotherapy.
- Requirement for spinal precautions i.e., logrolling.
- High risk of challenging behaviors including absconding, or management under the Mental Health Act.
- Patients requiring clinical psychology assessment/support, or significant speech and language therapy (such as patients with new language impairment), due to the current MDT staffing structure.

3.7. **Discharges from MTH**

On discharge patients will be provided with a medical discharge summary at the point of discharge. The medical discharge summary will also be electronically communicated to the patient's GP within 48 hours.

Patients and relevant clinicians (GP, community therapy teams) will also receive a full multidisciplinary report within 2 weeks.

4. Standards and Practice

Marie Therese House will comply with the national service standards for Level 2b (local specialist) rehabilitation. This includes monthly submission of outcome data to UK ROC (UK Rehabilitation Outcomes Collaborative). For further information see Appendix 3.

5. Dissemination and Implementation

- Presentation of MTH activity at educational meetings.
- Participation in weekly regional neuro-rehabilitation network meetings.

It is the responsibility of Peripheral Sites Care Group to ensure that.

- Staff are aware of any new or newly revised policies.
- Policies are appropriately filed and that old ones are removed and destroyed (keeping one copy for archiving purposes on shared drive).

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with all of Marie Therese House Neuro-Rehabilitation Unit Operational Guidelines.
Lead	Dr Annabel Crossman Consultant in Rehabilitation Medicine.
Tool	• Internal audits. • Incident reporting and monitoring. • Complaints/Datix. Outcome measures to be included: • Total activity. • Quality operational indicators. • Quality of patient experience including satisfaction surveys, Friends and Family. • UK ROC data.
Frequency	One year after implementation to complete first audit. Thereafter frequency will depend on our compliance.
Reporting arrangements	• Bimonthly West Cornwall Care Group clinical governance meeting. • Monthly UK ROC data submission.
Acting on recommendations and Lead(s)	The Consultant in Rehabilitation Medicine and Nurse in charge are required to work closely with the Care Group Governance teams and are responsible for the timely response to: • Complaints. • Incidents [Datix, and Serious Incident's (SI's)].
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

7.1. This guidance will be reviewed at least yearly.

7.2. Version Control Table as part of the document control process.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Marie Therese House Neuro-Rehabilitation Unit Operational Guidelines - Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document
Date Issued / Approved:	15 January 2024
Date Valid From:	January 2024
Date Valid To:	January 2027
Author / Owner:	Dr Annabel Crossman, Consultant in Rehabilitation Medicine
Contact details:	Marie Therese House - 01736 758875
Brief summary of contents:	Service description, patient referrals.
Suggested Keywords:	Rehabilitation
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** Yes
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Peripheral Sites Care Group
Manager confirming approval processes:	Paul Sylvester
Name of Governance Lead confirming consultation and ratification:	Natasha Andrews
Links to key external standards:	Specialised Rehabilitation Standards 2015 https://www.bsprm.org.uk/wp-content/uploads/2023/02/Specialised-Neuro-Rehabilitation-Servive-30-4-2015.pdf
Related Documents:	See above.

Information Category	Detailed Information
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Trauma and Orthopaedics / Elective

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2024	V1.0	Initial issue	Dr Annabel Crossman, Consultant in Rehabilitation Medicine

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Marie Therese House Neuro-Rehabilitation Unit Operational Guidelines - Standard Operating Procedure V1.0
Department and Service Area:	Rehabilitation Medicine, Marie Therese House, St Michael's Hospital.
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Annabel Crossman, Consultant in Rehabilitation Medicine
Contact details:	Marie Therese House - 01736 758875

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The standard operating procedure is aimed at RCHT staff who are responsible for the referral and transfer of patients to Marie Therese House, St Michael's Hospital, Royal Cornwall Hospitals NHS Trust.
2. Policy Objectives	This SOP provides guidance on appropriate referrals to Marie Therese House, and circumstances under which any available beds may be utilised to further support patient flow at Royal Cornwall Hospitals NHS Trust.
3. Policy Intended Outcomes	To standardise the arrangements for appropriate referral and transfer of patients to Marie Therese House, St Michael's Hospital, Royal Cornwall Hospitals NHS Trust.
4. How will you measure each outcome?	Audit of patient referrals and bed occupancy.
5. Who is intended to benefit from the policy?	Patients who require specialist rehabilitation.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Peripheral Sites Care Group Dr Laura Wesson, Clinical Director, UEE, Eldercare and Acute Medicine Dr Alistair Grant, Medical Director
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Annabel Crossman, Consultant in Rehabilitation Medicine.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis