

East Midlands
**Academic Health
Science Network**

Igniting **Innovation**

Igniting Innovation

Improving Health, Creating Wealth

An educational programme
to promote
multidisciplinary team
effectiveness in stroke
specialist community
rehabilitation teams

Leicester Final Report

Contents

1: Introduction

2: Background

3: The Programme

- Research background
- Workshop attendance
- Workshop timeline
- Workshop content

4: Impact

5: Team Effectiveness Questionnaire

6: Inputs, Processes, and Outputs Focus Group Discussions

7: Team Effectiveness Reports

8: Evaluation of the Programme

9: SMART Goals

10: Finances

11: Return on Investment

12: Challenges

13: Project Dissemination

14: Future Steps

15: Conclusion

1. Introduction

The East Midlands Academic Health Science Network (EMAHSN) Stroke Rehabilitation Theme aimed to deliver an educational programme with community stroke teams to facilitate multidisciplinary team effectiveness. This work was a follow-up to an earlier project* conducted by the University of Nottingham and funded by the East Midlands Health, Innovation, and Education Cluster (HIEC), which successfully piloted the programme with five Early Supported Discharge (ESD) and community stroke teams across Nottinghamshire.

The educational programme aimed to deliver a model of team effectiveness based on research conducted by Borrill and West, through a series of five workshops conducted with Leicester Early Supported Discharge Service (ESDS). This model allowed the team to explore their effectiveness, identify areas for improvement, create a toolkit of strategies and theories to help them negotiate changes, and support them in measuring their effectiveness.

This report presents details of the programme delivered to Leicester ESDS. The programme was also delivered to other community based stroke teams across the East Midlands as part of an EMAHSN wide initiative.

* <http://www.nottingham.ac.uk/clahrc-ndi-nihr/research/stroke-rehabilitation/esd/multidisciplinary-community-stroke-services.aspx>

2. Background

Stroke is the third largest cause of death in the United Kingdom and is a leading cause of disability worldwide [1], representing the most important cause of long term disability in Europe. In the UK, there are about 1.1 million stroke survivors and approximately 152,000 strokes every year. Recovery can continue for many years after a stroke, and consequently there is an emphasis on home-based rehabilitation provided by stroke specialist community services [2].

The stroke care pathway typically begins with admission to a hyper-acute or acute stroke specialist unit in an NHS hospital for initial treatment. Optimal recovery requires the provision of specialist rehabilitation in the community setting, for patients who need it, upon discharge from acute care [3]. During the last decade there has been an increasing focus on Early Supported Discharge (ESD). ESD services comprise of multidisciplinary teams with specialist stroke knowledge. ESD teams facilitate the transfer of patients from hospital to home and provide rehabilitation and support in the early stages of adjusting to the home environment. However, not all patients are suitable for ESD and may require a slower stream of less intensive therapy provided by a Community Stroke Team (CST). Some patients may require ongoing therapy following discharge from ESD services and are referred onwards for further therapy provided by a CST. Consequently, ESD and CST services should work closely with each other, offering a seamless transfer of care.

Evidence from clinical trials and consensus documents suggest that ESD services are more likely to be effective when provided by a specialist multidisciplinary team, comprising of a physiotherapist, an occupational therapist and a speech and language therapist, with medical, nursing and social worker support, and when work is coordinated through regular meetings [4, 5].

Research into team working within other areas of health suggests that the delivery of care is truly a team effort [6]. It is recognised that team effectiveness impacts not only on healthcare delivery, but also quality improvement and patient safety.

It must be acknowledged that there is a great deal of variation in the provision and models of community stroke services, and that the model of service delivery in a particular area is likely to impact on how a team operates. Contextual factors, such as whether a team operates in an urban or rural area, are community or hospital based, and the team composition also impact on team effectiveness. Consequently this programme set out to explore some of these contextual differences, and was tailored towards the needs of each individual team.

3. The Programme

The programme was developed based on an earlier project conducted by The University of Nottingham, funded by the East Midlands Health, Innovation and Education Cluster. The workshops were developed by Dr Jen Yates, Dr Rebecca Fisher and Hazel Sayers, and were tailored for Leicester Early Supported Discharge Service (ESDS).

Leicester ESDS is based in Leicester General Hospital and provides an Early Supported Discharge service for stroke patients registered with a Leicester, Leicestershire, or Rutland GP, operating a five day service between Monday and Friday, 8:00am to 4:30pm. At the start of the Multidisciplinary Team Effectiveness Programme, Leicester ESDS had 23 members of staff and a caseload of 40 patients.

RESEARCH BACKGROUND

Effective teamwork is a basic prerequisite that patients in receipt of healthcare often assume to be in place [7]. However, there is a lack of team working training available from the NHS in general, and specifically within existing stroke specialist training.

Multidisciplinary teams operate in many areas of healthcare, and are particularly necessary in stroke rehabilitation services in order to treat the patient holistically and help them to gain independence following their stroke. Research suggests that being multidisciplinary is an optimal component of community stroke teams [8], but it must be acknowledged that simply placing individuals of different professions under the banner of a team does not necessarily make them an effective multidisciplinary team [9].

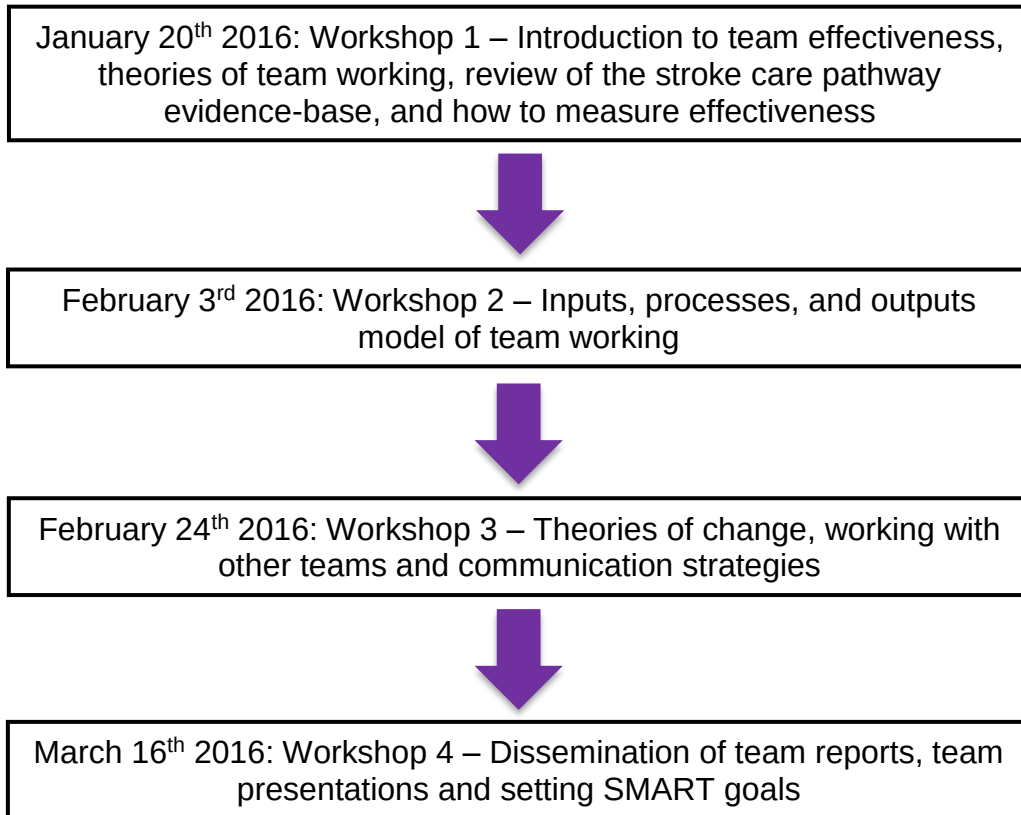
The research framework used for the programme comes from research by Borrill [10, 11] and West [12]. In identifying factors that affect team working, Borrill and West used a framework of inputs, outputs, and processes, to explore the contextual factors that affect team working in mental health teams. Pilot work conducted by our team identified several contextual factors that were pertinent in five community stroke rehabilitation and ESD teams in Nottinghamshire. This programme used these identified factors within the inputs, processes, and outputs framework to confirm successes and issues for the team, which led to recommendations which may enhance effective team working. Nancarrow et al, [13] used a similar research to develop a tool to enhance effective team working. They acknowledged in their research of intermediate care teams that differences in team make-up and patient outcomes may impact on the effectiveness of team working. With this in mind, we sought to tailor this programme to context and needs of the participating team.

WORKSHOP ATTENDANCE

The workshops were attended by most members of Leicester ESDS. Team members were asked to sign a register of attendance at the beginning of each session.

On average, participating team members attended all of the four sessions, with 15 team members attending every session.

WORKSHOP TIMELINE



WORKSHOP CONTENT

Workshop 1: Introduction

The first workshop began with introductions of everyone present and an introduction to the programme as a whole, with an explanation of what Leicester ESDS could expect from us, and what we expected from them. Team members read information sheets regarding the programme and signed consent forms to indicate that they were willing to take part. There was a general overview of the East Midlands Academic Health Science Network, and an explanation of how this programme had evolved from previous research.

The evidence-based pathway was presented and the team was asked to consider how their role in the stroke care pathway contributed to the effectiveness of the team. We then presented slides about data and discussed with the team why it is necessary for stroke teams to measure their effectiveness and what is really meant by effectiveness. We considered how effectiveness might be measured and the differences between research, service evaluation and audit with a focus on particular metrics. The team discussed how they measure the effectiveness of their service and which metrics they use.

The team was then introduced to research and theories around team working, and what makes an effective team. The team discussed facilitators and barriers to good team working. The team also played a team building game which required them to communicate effectively and work together to solve a riddle.

We asked the team members to complete a Team Effectiveness Questionnaire developed by Borrill and West [11] and explained that we would ask them to complete the questionnaire again later in the programme. Lastly, the team members were asked to take a 'Day in the Life of...' diary and fill it in for two of their working days between the workshop sessions. The diary required team members to note down their communications with other people during two typical working days so that we could see where, when, how, and with whom their interactions took place.

All team members were given hand-outs with detailed notes on the theories of team effectiveness. We also arranged with one of the team members to send the hand-outs, presentations, and extra reading so that it could be uploaded on to the team's shared drive for future reference.

Workshop 2: Inputs, processes, and outputs

The second workshop began with an explanation of the inputs, processes, and outputs model of team working proposed by Borrill and West [11]. The team was split into two smaller groups to take part in focus groups which were recorded and later transcribed. The groups discussed inputs to their team, and the key points were summarised on flip charts. The two groups came back together to discuss the key points and provide a sense check of what had been discussed in the focus groups. This process was repeated twice for processes, as this was felt to be a larger topic that required more time, and again for outputs. The focus groups typically lasted for about 15 minutes each as this was felt to be a manageable amount of time to discuss issues without being too overwhelming for team members. The team members were given prompt sheets to help them discuss particular inputs, processes, and outputs that previous research had identified as being relevant.

The transcriptions from the focus groups were later analysed in a pragmatic way. This informed a tailored team effectiveness report that was later feedback to the team and that identified areas for celebration and change.

Workshop 3: Theories of change, working with other teams and communication strategies

The third workshop began by looking at different theories of change management. Firstly, Lewin's three step model [14, 15] was discussed, and the team worked together to draw a force field analysis of a particular issue within their team. Lippitt's theory of change [15], which is an expansion of Lewin's theory, was considered as an alternative.

The team was introduced to the concept of fluid networking, which was felt to be important because the team interacts with several other teams, who frequently change in terms of key contacts and remit. The concept of fluid networking, also known as knotworking, relies on team members coming together with external people for a particular process, tying a knot to bond with them during that process and accepting them into the team as a temporary member. When the process has been completed and relationship is no longer required, the knot should be untied and the bond broken [6].

Normalisation theory [16] was considered as a strategy for embedding changes and facilitating their longevity. The team acknowledged that they do start new projects and are very innovative, and new ideas are successful in the short term. However, projects often slipped after an amount of time had passed and the team was keen to stop this from happening. The team was provided with a set of questions to use when planning a new project to help them consider how it might be embedded [17]. The team took part in a worked example of normalisation theory and practiced going through some of the questions.

The team then considered the communication style of Edward De Bono's Six Thinking Hats, which can be used when making decisions to ensure that all viewpoints are considered, and that all team members have had the opportunity to put their view forward. The team felt that this was useful as it helped to cross the hierarchical boundaries between staff bandings. The team practiced the technique using an example.

The team was encouraged to think about what they could do with their data and were introduced to the plan, do, study, act cycle. This was explained in detail and the team completed an example of it using an issue that they wanted to explore further. The team also looked at fishbone cause and effect diagrams to help them to understand why projects do and do not work. The team took part in a game to help illustrate the theory behind the diagram.

The team then decided on which parts of the theoretical ideas that were considered during the workshop were most useful to them and these were selected to form a tool kit that would feature in the team report and act as a resource for the team to use in the future.

The team filled in the Team Effectiveness Questionnaire for the second time and these responses were later compared to the first set of responses completed by the team. The team were also asked to prepare presentations in small groups for the next workshop, to last five minutes, about any aspect of the programme that had been covered. The team members agreed which groups they were in, and what their presentation titles would be.

Workshop 4: Dissemination of team reports, team presentations and setting SMART goals

Workshop 4 began with a review of the programme and what had been covered in each of the workshops. The small groups of team members then gave presentations prepared between workshop 3 and workshop 4, including Tuckman's Model of team formation, The IPO model, and six thinking hats.

We facilitated the setting of SMART goals by the team using issues and recommendations from the team report. The team set four goals and outlined steps to help them achieve the goals. The goals for the team are:

1. Develop links with mental health services to enable efficient and effective referrals into the services for patients.
2. Each patient with package of care will receive a joint visit with Hart and Re-ablement teams. Evidence/documentation will be recorded using email to establish a clear audit trail.
3. Hold a six hat discussion establish whether the screening rota could be changed.
4. Tighten up goal setting with patients.

A further action was to create a positive board in the office that captures positive outcomes and comments from patients. Often discussions about patients can tend towards things that didn't go as well as the team had hoped, but this initiative will help the team to highlight the positive impact they have on patients.

The team members were given copies of a detailed, tailored team effectiveness report that was prepared based on their comments during the focus group sessions and their answers to the team effectiveness questionnaire.

A team knowledge champion was elected to take forward each goal, and the champions will work together to ensure that the learning of the team members can be maintained and continued when new team members joined the team. We agreed to follow-up with the team knowledge champions in six months to evaluate whether the SMART goals were met.

4. Impact

The programme sought to increase team effectiveness in Leicester ESDS. Through the four workshops conducted with the team the programme raised awareness of team working processes and provided strategies that the team can use in the future. The intention of the workshops was to help teams explore areas of multidisciplinary working, focus on the processes that enhance their service delivery and assist teams to reflect and resolve areas of organisational difficulty.

The impact of the programme can be demonstrated in several ways: responses to the team effectiveness questionnaire, analysis of focus group discussions, feedback from participating team members, and completion of SMART goals. These will now be discussed in more detail.

5. Team Effectiveness Questionnaire

Team members completed the Team Effectiveness Questionnaire [11] during workshop 1, at the end of workshop 3 and at a six month follow up meeting.

The questions in the questionnaire mapped on to four subscales. The clarity and commitment to team objectives subscale reflected the extent to which teams were clear about their work-related objectives and whether team members shared these objectives. The focus on quality subscale measured the extent team members engaged in debate and reviewed processes to achieve excellence in decisions and actions they took to provide services. The decision and communication subscale assessed the extent to which members of the team felt they had influence over decisions made in the team and the degree to which team members interacted on a regular basis and the adequacy of information shared among team members. The support for innovation subscale questioned the degree of verbal and practical support for the development of new ideas. The measure also referred to sharing resources, giving time and cooperating in implementing new and improved ways of doing things.

The average across the team for workshop 1 and workshop 3 for each subscale is shown in Table 1.

Subscale	Workshop 1	Workshop 3	Six Month Follow-up
Clarity and commitment to team objectives	4.2	4.2	4.3
Focus on quality	4.1	4.1	3.9
Decision making and communication	4.1	4.0	3.9
Support for innovation	4.2	4.0	3.8

There was not a lot of change in scores between workshop 1 and workshop 3 and this is likely to be due to Leicester ESDS operating at the upper end of each subscale already. The team report presented to the team at the end of the programme outlined recommendations aligned to each of the subscales of the Team Effectiveness Questionnaire which may help to increase scores further. The Team Effectiveness Questionnaire will be repeated with the team at six months from the end of the programme to see if there is a difference in the scores.

6. Inputs, Processes, and Outputs Focus Group Discussions

We used Borrill and West's [11] model of team working as a framework to reflect on issues that the team faced, and explored the inputs, processes and outputs (IPO) felt to be important to effective team working. Through focus groups with the participating team members we explored each aspect of the model, using prompt sheets as a guide. The following are a selection of the themes included in the individual team effectiveness reports.

INPUT 1: ORGANISATIONAL CONTEXT

The team have a strong working relationship with the Social Services Reablement team based in Leicester City. However, the relationship with the team in the County (HART) is not as strong, although the team have been working hard to address this. The team sometimes have to engage with services beyond healthcare for complex patients and this can use up resources and time. The team also reported difficulties accessing mental health services for patients, which can be frustrating and leaves team members feeling like they have abandoned their patient upon discharge from the ESDS.

PROCESS 1: OBJECTIVES

Team members have a great deal of autonomy over how they coordinate their workloads, which helps them to be flexible and responsive. Team members are prepared, and able, to alter their diaries at short notice to respond to patients' needs, but do report the task of balancing between current patient visits and new patient assessments as quite challenging. Generic Support Workers (GSWs) act as key workers for the patient and provide continuity to the visits. Each patient has a group of therapists allocated to them so that they see the same staff members and develop a strong therapeutic relationship. The team has a number of rotational staff, who work as part of the team for a few months. New staff rotating into the team can take time to get to grips with the process of coordinating patients, and rotational staff take less patients on the approach to their rotating out of the team.

OUTPUT 1: COST EFFECTIVENESS

The team perceive their cost effectiveness to be partly based on their responsiveness, and their role in the stroke care pathway in getting patients home from hospital as quickly as possible. The team is time bound to six weeks for keeping patients, but patients who achieve all their goals before this time can be discharged to enable another patient to stay a little longer when beneficial. The team screens TIA patients over the telephone to reduce unnecessary visits to patients who do not need or want input from the service.

Using the IPO framework, team members were able to acknowledge what they do well, and highlight areas that could be improved. It was apparent that the team seldom had the opportunity to consider how team working processes might influence their effectiveness in delivering community stroke services. The immediate impact of the programme was to allow participants to reflect on their team's positive attributes, as well as begin to tackle some aspects that could be improved, highlighted during the focus groups.

7. Team Effectiveness Reports

A team effectiveness report was prepared specifically for Leicester ESDS to capture what was presented and discussed during the programme to provide a resource for future learning.

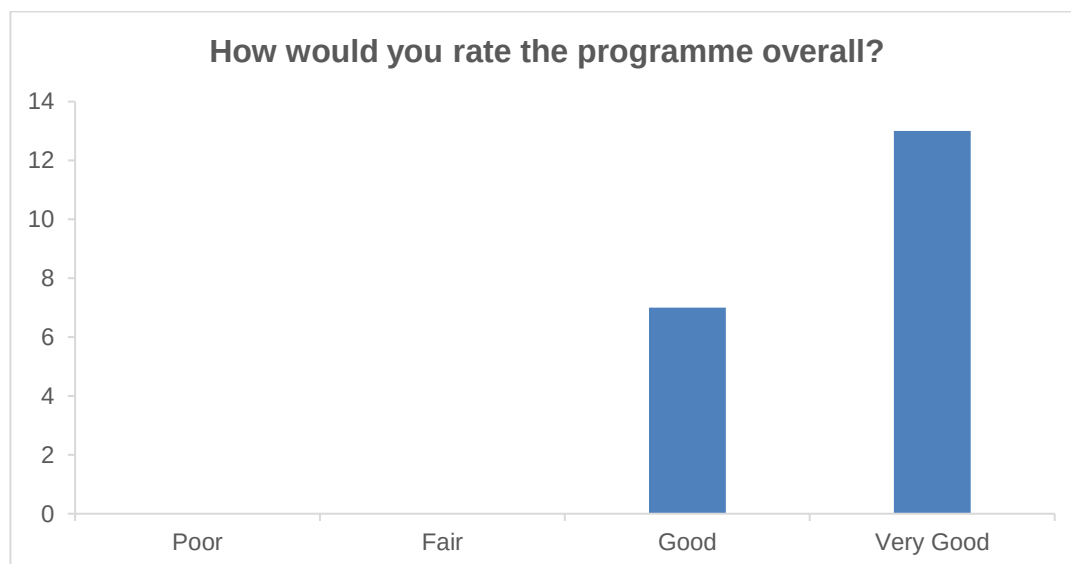
The report began with a baseline measure of team composition which described the context of the team at the start of the programme. The information from the 'Day in the life of...' diaries was summarised into a diagram and included in the report to highlight how the team communicate with one another.

The main part of the report featured the focus group discussions and was split into sections for inputs, processes, and outputs. The main themes that emerged from the analysis were included and supported by quotes from the team members. The subscales of the questionnaire were matched up with particular inputs, processes, outputs so that it could be seen clearly which aspects of team working were contributing to their scores. This section of the report also contained recommendations that the team might like to work on.

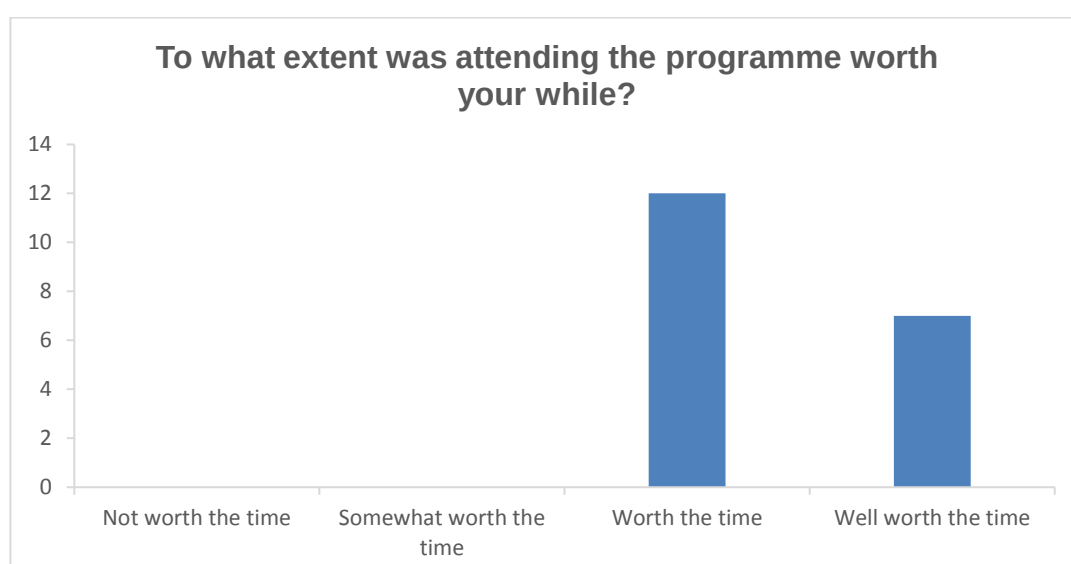
The report also contained a change toolkit, which contained theories from workshop 3 that the team had identified as being useful to them.

8. Evaluation of the Programme

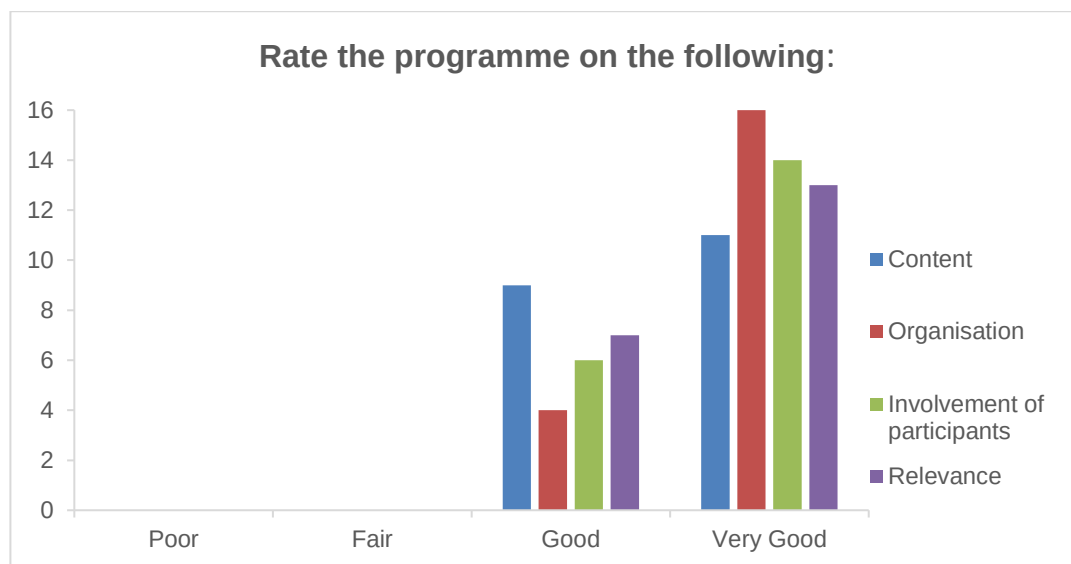
The team completed evaluation feedback forms at the end of the programme. The graphs below show the responses to the questions. Twenty team members participated in the last session and provided feedback.



Overall, all participating team members felt that the programme was either good, or very good.



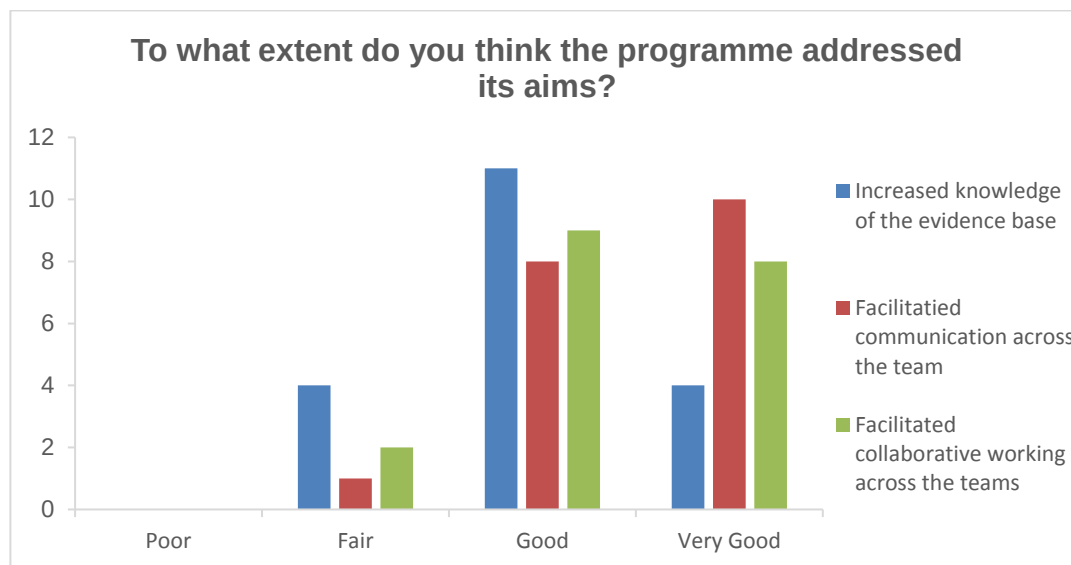
All team members felt that the programme was worth or well worth the time to attend.



Participating team members rated the content, organization, involvement of participants and relevance as either good or very good.



89% of the team members felt that they could significantly or very significantly apply the learning from the workshops to their work.



Most of the participating team members felt that the programme was good or very good at addressing the aim of increasing the knowledge of the evidence base, facilitating communication across the team, and facilitating collaborative working across the teams.

We also asked for feedback about how the programme could be improved, but most team members were happy with how the programme had been run. One team member commented that it seemed a lot of time out of clinical visits and there was also a suggestion that someone from each ESDS team could visit the workshops of other teams across the East Midlands. We hope to facilitate collaboration and knowledge sharing across teams with a networking event in the future.

The participating team members commented that the programme allowed them “the opportunity and time to explore how the team works with guidance from facilitators” and that they “always felt encouraged and positive” following the workshops. The team members felt that “going through all the different ways and processes of implementing change i.e. the PDSA cycle, six hats” was very useful.

Overall, participating team members felt that the programme “helped us to realise our strengths and areas in which to work” and appreciated having “excellent facilitators, really good at creating ‘safe’ spaces to discuss and debate ideas”.

9. SMART Goals

During the final workshop, Leicester ESDS identified three SMART Goals that the team would work towards over the following six months. At six months, the success of achieving the goals was evaluated through a follow-up visit to meet with the Team Knowledge Champions at the Leicester ESDS base.

The following section outlines the goals and how the team have worked towards these:

1. Develop links with Mental Health services to enable efficient and effective referrals into the services for patients

This goal is almost complete; although a substantial amount of background work was required in order to make progress. A folder is now in place containing reference material to support staff in signposting patients. The Psychologist has worked with the team around risk assessments and the team have explored alternative options and routes of referral. Staff have accessed additional training such as Motivational Interviewing, however making links with the Mental Health Trust and accessing patient records has been a challenge due to the different software used. The team plan to meet again to discuss and formalise the flowchart. This goal represents an input in the Inputs, Processes, and Outputs (IPO) model, as developing links with other services is part of the organisational context that the team operates in.

2. All patients requiring a package of care to receive a joint visit with either City / County Re-enablement team

This goal has been achieved. All patients now receive a joint visit and documentation has been adapted to capture this information in order to facilitate a future audit of practice. This has increased the number of joint visits but the team feel they are mutually beneficial to both clinical teams and the patients involved. There is an obvious difference in how the team communicates and works with the two enablement services. Leicester ESDS acknowledge that the high staff turn-over and a large geographical of the County team makes collaborative working more difficult. Again, this goal represents the input of organisational context in the IPO model as it relates to working with other services.

3. To hold a Six Hat Discussion to establish whether the screening rota could be changed

The rota has now been changed to a monthly cycle, including 2 additional support staff who are increasing in confidence. There is a plan to include further support staff to reduce the demand on other staff groups. This goal has been achieved. This goal is related to the process of objectives within the IPO model as it is about how the team coordinate their actions to deliver care.

4. Tighten up goal setting with patients

The Team Lead has used the opportunity of a recent EMAHSN Networking event to ascertain current practice regarding goals setting regionally amongst ESD / CST teams in the East Midlands. The strengths and weakness of a variety of methods were discussed amongst the team and a percentage achieved score was felt to be most clinically appropriate for the team. This has now been added to the discharge checklist and will be audited for compliance in the future. This goal has also been achieved. This goal represents an output within the IPO model as concerns the clinical outcomes used for patients in order to measure their recovery and the team's effectiveness.

The goals outlined above are related to the input of organisational context, the process of objectives, and the output of clinical outcomes, which were identified as important to the team through focus group discussions using the IPO model as a framework. The model suggests that inputs will have an effect on processes, which will in turn have an effect on outputs such as clinical outcomes, innovation and cost effectiveness. Therefore, by working towards improving inputs, processes, and outputs the team could enhance their effectiveness.

10. Finances

The table below presents the spending for running the programme with Leicester ESDS. All costs for the project were managed through the University of Nottingham AGRESSO accounts system, using the project code SR4805.

Non-staff costs for completing the programme with Leicester ESDS.

<u>Item</u>	<u>Cost</u>
Venue	£2370.00
Travel	£140.00
Transcription	£340.00
Total	£2850.00

11. Return on investment

Attributing costs and benefits to the running of this programme is difficult. The aim of the programme was to facilitate discussion amongst the participating teams and empower them to improve their service through providing knowledge and identifying goals for improvement.

The cost to Leicester ESDS was the time taken for fifteen members of the team to attend the four workshops. During this time, the service was able to function as the attendees represented approximately half of the team. Through the role of the Team Knowledge Champions, the knowledge gained through the workshops could be shared with non-attending team members to ensure that the whole team was empowered.

Leicester ESDS has a caseload in excess of 200 patients each year and our work to empower the team could potentially have a positive influence on the care of these patients.

12. Challenges

STAFF TURNOVER

During the course of the workshop one staff member rotated out of the team. However, he was still able to make it to the last session, and will take what he learnt to his next rotation. Additionally, the consultant attached to the team changed. The team had been with their original consultant for the entire five years that the service was operational, and having a new consultant represented a big change for the team. However, the new consultant was able to join us for workshop 2, where he gained a real insight into how the team works.

TRAVELLING

All workshops were held at the University of Leicester conferencing facilities, which are approximately 40 miles away from Nottingham and required a three hour round trip for the EMAHSN facilitators. However, we were able to start the sessions promptly at 9:00am and finish with lunch, ensuring that team members were able to continue with their clinical visits during the afternoon.

MAKING THEORETICAL IDEAS RELEVANT TO THE TEAM

We were very conscious that much of the theories and ideas included in the workshops were likely to be new to the participating team members, and may not be immediately thought of as being a part of healthcare. Therefore, it was very important to make sure that everyone attending the workshops understood the theories and ideas in the context of their own service, and that the information presented was useful and relevant to the team. This was achieved through using real life examples from the team, and looking at theories with worked examples that the team were involved in. The team had opportunities to ask questions and we were happy to clarify things and explain them in a different way to ensure understanding. The presentations given by the participating team members in Workshop 4 helped to solidify their knowledge and show that they understood how to apply what they had learnt to their everyday work.

13. Project Dissemination

An individual team report was produced for all members of Leicester ESDS. All participating team members were given a hard copy of the report, and a PDF version was emailed to the team leader to place on the shared drive.

The resources from the project, such as PowerPoint presentations, hand-outs and extra reading were provided to the team members and emailed to the team leader to place on the shared drive.

The programme was featured in the EMAHSN blog: <http://emahsn.org.uk/emahsn-blog/stroke-rehabilitation-multidisciplinary-team-effectiveness-programme>.

The programme also received a mention in the EMAHSN July 2015 newsletter: <http://us3.campaign-archive1.com/?u=cd7ca63548334f177dc525c41&id=edafe8203c#mctoc7>

The developments of this programme were highlighted in a presentation by Dr Brian Crosbie about the earlier pilot work, at the Health Services Research Network Conference in July 2015.

Findings from the each programme of workshops conducted with the teams across the East Midlands are currently being prepared for publication in a peer reviewed journal.

The team attended an East Midlands wide network event hosted by the EMAHSN in June 2016. Here they showcased their SMART goals identified in the programme by presenting a poster and feeding back to other teams across the East Midlands. An outline of the event as well as a copy of the poster presented is included in the final pages of this report.

14. Future steps

The programme continues to be rolled out across the East Midlands and has also been successfully delivered with Lincolnshire Assisted Discharge Service, Derbyshire Early Supported Stroke Discharge Service and Northamptonshire Community Stroke Team.

We continue to investigate options to gain accreditation for the programme and are investigating the sustainability of the programme through developing a community of practice amongst the East Midlands teams.

15. Conclusion

This programme addressed a distinct gap in the training provided for members of staff of community stroke rehabilitation teams, by providing education and training about team effectiveness in the context of a multidisciplinary community healthcare team.

Whilst a Team Effectiveness Questionnaire did not reveal a change in the level of team effectiveness in Leicester ESDS, it did reveal that levels of team effectiveness were consistently high. We were able to use this information, in conjunction with our findings from the focus group discussions, to highlight areas where the team works really well, and to develop recommendations for how the team could improve.

The team felt that having the time and space to reflect on their issues was very important. Our role in facilitating those discussions, using an established framework to guide the discussions helped us to work with the team to develop recommendations and SMART goals that the team are able to work towards.

The knowledge, skills, and resources that the team took away from the programme will help the team to be more proactive in dealing with issues of effectiveness, working across teams, and dealing with change. This can help the team continue to work effectively and deliver an effective service in the face of future changes such as staff turnover.

The programme highlighted to the team the need to be reflective, in order to recognize where improvements may be made, but also to celebrate and capitalise on success. It is envisaged that through establishing this need, the culture of the team will become one where reflection is encouraged, and team members feel empowered to drive service improvement through their reflective behaviours.

This report has been written by Dr Jen Yates, Hazel Sayers, Lal Russell and Dr Rebecca Fisher on behalf of the Stroke Rehabilitation Programme of the East Midlands Academic Health Science Network.
For more information please contact: rebecca.fisher@nottingham.ac.uk

Regional Networking Event 29th June 2016

Improving community stroke services: How far have we come?

Why

This was an event focused on provision of community based stroke care for stroke survivors in the East Midlands. It celebrated service improvement initiatives and provided networking and shared learning opportunities for attendees.

Aims of the event

The overall theme of the event was a celebration of multidisciplinary team working and provision of stroke rehabilitation in the community. The aim was to empower and support staff and highlight service improvement initiatives from teams across the East Midlands. A further aim was to highlight outputs from the East Midlands Academic Health Science Network (EMAHSN) stroke programme, providing learning and signposting opportunities.

Who was present?

Seventy people attended the event including 4 commissioners, 51 service providers, 4 researchers and 2 service users from across the East Midlands. There were also guests from the Yorkshire and Humber region.

The guest speaker was Jocelyn Cornwell, Director of the Point of Care Foundation. Jocelyn advocates for bringing patients, families and staff together to improve the way care is given and highlighted a fundamental connection between staff and patient experiences of care.

Presentations

The event was chaired by Suzanne Horobin (East Midlands Clinical Network, Cardiovascular lead). Dr Rebecca Fisher (EMAHSN Stroke programme lead) gave an overview of EMAHSN stroke programme activities focused on commissioner support, measuring performance of services and multidisciplinary team working. This was followed by poster presentations from nine community stroke teams across the East Midlands who had participated in the EMAHSN multidisciplinary effectiveness programme.

Presentations are available on the [EMAHSN website](#)

Key points of discussion

Discussions on the day highlighted both the excellent work being done throughout the region as well as the challenges faces by teams working with stroke patients in the community.

Clinicians appreciated the opportunity to network, share good practice and innovative ideas whilst acknowledging common problems and barriers. Teams found it reassuring to hear they face similar problems and encouraging to discover what has worked elsewhere.

The stroke patient representatives provided invaluable insights into the stroke pathway from a user's perspective which clinicians felt would enhance the service they provided.

There was general agreement that the day's event had helped "map" the community services in a more tangible sense. This allowed teams to "benchmark" informally against each other as well as navigate the services in clinical practice.

Feedback from participants:

My experience has been extremely positive. When I commenced involvement I felt unsure where I and the service fitted into this wider network, but this has progressed to now feeling actively involved in the network

Excellent team effectiveness training

I have found working with the EMAHSN Stroke Programme a very positive experience. I have been treated in a very professional way and communication has been excellent

I have found the team effectiveness meetings very beneficial, which I hope then enables me to empower my patients

It has helped to bring varied services together to share similar experiences Galvanised work on pathways and highlighted the gaps and need for developments

EMAHSN Stroke Programme has been very useful in bringing people together and developing the stroke pathway with professionals and patients alike

Having been on the team effectiveness programme, this follow up event was a good chance to reflect and what we gained from this experience

Thoroughly enjoyed the Programme. It was extremely well run and the content has benefited our team

Really useful for information sharing, networking and dissemination of resources

This is my first involvement with the Stroke Programme – given me some great ideas about how to develop services in the South Yorkshire and Humber region. Thanks for allowing us to attend

After each event I've left with a renewed desire to continue to push for success and improved services

I am from Doncaster so wasn't involved. I have been very impressed by all the work the Network has done.

This is an inspirational group of professionals passionate about stroke and driving best practice

From an industry perspective it was great to be involved!

Events have always been excellently organised and structured and a real champion for stroke

In summary, discussions proved to be constructive, offering opportunities for reflection and joint problems solving. Individuals described being encouraged and inspired, leaving motivated to continue to meet the challenges of working with stroke survivors in the community.

The EMAHSN stroke team would like to thank all those who participated in the team effectiveness programme and engaged in the networking event to make it such a successful day. We hope this opportunity to refresh and strengthen the networks throughout the East Midlands will support clinical practice, service delivery and ultimately patient care.

Poster presented by the team:

EARLY SUPPORTED DISCHARGE SERVICE

Leicester, Leicestershire & Rutland

We are a stroke specialist service that aims to get people out of hospital sooner by providing rehabilitation tailored to your needs.

We visit regularly for up to six weeks.

HOW TO REFER...

- * Must be medically fit
- * Must be diagnosed with a new stroke
- * Must have a Leicester GP
- * Be able to transfer with support of 1 person
- * Barthel 9 or above
- * The person must consent to therapy
- * continence needs to be manageable at home

The TEAM :)

Physiotherapy

Assess and treat physical symptoms, this may include range of movement, weakness, balance and sensation.

Occupational Therapy

Develop skills and confidence to carry out daily activities (occupations), this can include physical, memory and visual problems.

Speech & Language Therapy
Assess and treat communication and swallowing difficulties.

Psychological support
Assess and support emotional behavioural and cognitive difficulties.

Generic Support Worker

Will visit you most frequently, will support you and your family throughout the process and carry out therapy.

Stroke Specialist Nurse
Help you understand the effects of a stroke, risk factors and reduce the risk of having another. Discuss issues such as medication, continence, blood pressure and weight.

CONTACT...

ESDS VIA PHONE:

0116 258 8862

OR FAX REFERRAL:

0116 258 4225

Patients say...

"The team provided support in difficult situations and gave a lot of information to put my mind at ease.."

"Excellent team spirit, encouragement, support and advice."

"The team has a broad spectrum of skills. Daily visits from the team made my goals achievable."

"...Kept me feeling positive...good listening..."

References

1. National Audit Office, *Reducing brain damage: Faster access to better stroke care*. 2005: National audit office website.
2. Department of Health. *National Stroke Strategy*. 2007; Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_081059.pdf.
3. Walker, M.F., K.S. Sunnerhagen, and R.J. Fisher, *Evidence-based community stroke rehabilitation*. Stroke, 2013. **44**: p. 293-207.
4. Langhorne, P. and L. Widen-Holmqvist, *Early supported discharge after stroke*. Journal of Rehabilitation Medicine, 2007. **39**: p. 103-108.
5. Fisher, R.J., et al., *A consensus on stroke: early supported discharge*. Stroke, 2011. **42**: p. 1392-1397.
6. Bleakley, A., *Working in "teams" in an era of "liquid" healthcare: What is the use of theory?* Journal of Interprofessional Care, 2013. **27**(1): p. 18-26.
7. Clements, D., M. Dault, and A. Priest, *Effective teamwork in healthcare: Research and reality*. Healthcare Papers, 2007. **7**: p. 26-34.
8. Fisher, R.J., et al., *The implementation of evidence-based rehabilitation services for stroke survivors living in the community: the results of a Delphi consensus process*. Clinical Rehabilitation, 2012. **27**(8): p. 741-749.
9. West, M.A., *Illusions of team working in health care*. Journal of Health Organization and Management, 2013. **27**: p. 134-142.
10. Borrill, C.S., et al., *The effectiveness of health care teams in the National Health Service Report*. 1999.
11. Borrill, C., et al. *Team Working and Effectiveness in Healthcare*. 2003.
12. West, M.A., et al., *Effectiveness of multi-professional team working (MPTW) in mental health care. Final Report.*, in *Service Delivery and Organisation Programme*. 2012, National Institute for Health Services Research.
13. Nancarrow, S.A., et al., *The impact of enhancing the effectiveness of interprofessional working: Cost and outcomes. Final Report*, in *NIHR Service Delivery and Organisation Programme*. 2012.
14. Levasseur, R.E., *People skills: Change management tools - Lewin's Change Model*. Interfaces, 2001. **31**: p. 71-73.
15. Mitchell, G., *Selecting the best theory to implement planned change*. Nursing Management, 2013. **20**.
16. May, C. and T. Finch, *Implementing, embedding, and integrating practices: An outline of normalization process theory*. Sociology, 2009. **43**(3): p. 535-554.
17. Murray, E., *Normalisation process theory: A framework for developing, evaluating and implementing complex interventions*. BMC Medicine, 2010. **8**(63).

