**APPENDIX 1**

## **Checklist for Maximising Inpatient Capacity for Rehabilitation - Service Information and Benchmarking Tool**

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| **Focus**  | **Question** | **Notes**  |
| **What is the service?** | Describe the service model. Consider the individual’s needs - physical ability, cognition, psychological needs. | Free text – short description |
| What do you envisage as the average length of stay/episode of care? |  |
| Will your service have a Rehabilitation focus? | Yes – please use this document as a guide No |
| Is there an existing service specification?  | Yes – can this be applied in your setting?No – consider the below |
| **Where and when is the service provided and by whom?** | Where is the location for provision of the service? |  |
| Which staff group provides support in the delivery of this service?Consider social care, health and voluntary sector workforce. | Free text – short description |
| **Addressing rehabilitation needs** |  | NumberWTE | Does this match the needs of the population described above? | Alternative workforce solutions. Video consultation/ students/voluntary sector  |
| **Work-force considerations** | Number of nurses per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Medical cover |  | Yes NoWTE staff gap: |  |
| Number of occupational therapist per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Number of available physiotherapists per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Number of speech therapists per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Number of dietitians per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Number of psychologists per 20 beds (including assistants) |  | Yes NoWTE staff gap: |  |
| Other AHP: orthotics; Arts therapy, podiatry, prosthetics, orthoptics | Please describe gaps in context of the populations described above and potential solutions |
| Other support services: Imaging; admin; portering; ITSocial care partners  | Please describe gaps in context of the populations described above and potential solutions |
| **Environment considerations** | Does your environment have access to appropriate seating?  | Yes No | Describe future plans and solutions  |
| Does your facility have access to a gym for rehabilitation? | Yes No | Describe future plans and solutions  |
| Does your facility have access to a kitchen for rehabilitation?  | Yes No | Describe future plans and solutions  |
| Does your facility have access to a quiet room for assessment and confidential discussions?  | Yes No | Describe future plans and solutions  |
| **Rehabilitation philosophy**  | Are there additional workforce training needs. (please consider the re-deployed staff groups)?   | Yes No | Describe the training plans for unmet skills  |
| How will you utilise all staff teams to maximise the opportunities for rehabilitation through standard care giving? | Free text – please consider training needs |
| Implementing “end PJ Paralysis” if bedded/ residential unit | Do patients have access to their own clothes?Is there a stock that patients can access? |
| What systems do you have to ensure that the physical mental and psychological health needs of your patients are being met?  | Free Text |
| Are you assured that ‘the basics’, including early ‘what matters’ conversations are consistently undertaken? | Free Text |
| Is goal setting embedded and an active and enabling process – not passive? | Consider further training needs |
|  |  |
| **Accessing community services**  | What are the discharge criteria for the service? | Free text |
| Are your community, acute and hospital teams and partners actively working to pull patients through the pathway? |  |
| What have you in place to implement the discharge to recover and assess model?  |  |
| Is the health and social care service optimal to support good patient/ service user experience and flow? | Yes NoHow can they be improved? |
| **Quality and demonstration of effectiveness** | What quality indicators or outcome measures are collected? |  |
| Is there parity in measures for the community and acute services? |  |