



Interim Clinical Audit Report 2015-16

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BOBATH CENTRE
FOR CHILDREN WITH CEREBRAL PALSY

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1 *Main messages*

Parents continue to regard our services as very family-friendly (as measured on the Measure of Processes of Care).

Seventy children attended for two week blocks of therapy (2014-15, n=76). The vast majority of children (96% n=67) were provided with the clinically appropriate mix of therapies (physiotherapy, occupational therapy and/or speech and language therapy).

High standards have been maintained in setting therapy goals and achieving them. There has been a small increase in goals set (50% in comparison to 45% previously).

Children attending who had outcome measures performed all showed improved scores, but there was a reduction in children being measured before and after treatment.

2 Key Findings

2.1 Where we have improved our services and/or continue to do well

A wide variety of children with cerebral palsy are seen at the Bobath Centre, in terms of motor disorder, level of ability and age

More children with very complex needs (GMFCS levels IV and V:61.7%) were treated this year, with less common dyskinetic forms of cerebral palsy (46%) than seen in typical populations (6.5%) and by local community therapists.

All children had at least one goal set, and 83% had 3 or more goals with a high proportion achieving goals. 89% of SMART therapy goals were achieved, and 95% of GAS goals showed improvement from baseline with 77% achieving their expected target score or above.

Standardised outcome measures were used in 18 children. All 13 children who had their outcome measures repeated at the beginning and end of their treatment showed improvement after blocks of therapy. In another 5 children, outcome measures were used once as a baseline assessment.

Although therapists were very consistent in providing a draft home programme on the last day of the visit, and more reports are being sent out within 3 weeks (26% compared with 18% in 2014-15), overall reports are being sent out much later (80% by 8 weeks compared with 95% in 2014-15). This reflects the smaller number of staff carrying more responsibility and is most acute during the summer months in our busiest period.

Community therapists value their visits to occasional patients and gave very positive feedback finding their visits beneficial for treatment planning, progressing treatment and gaining new ideas for treatment. Feedback from community therapists is good, with comments like *"Useful to see SLT and PT combining in working towards overall goals and to observe progress with child's communication, sensory tolerance and eating and drinking"* and *"Increased understanding of rationale behind specific strategies. Practical ideas about how to progress"*

Numbers of community therapists visiting showing a slight increase (38% in 2015-16 versus 36% in 2014-15). Communication with local community therapists via telephone continues to be effective with 80% of therapists contacted by Bobath Centre therapists.

2.2 Where we can improve our services

The number of children attending who had outcome measures performed has decreased compared to previous years and is probably linked to a lower staffing level with staff having correspondingly more duties to cover.

A reduced number of community therapists 57% were being informed of appointments well in advance by letter or telephone (2014-15- 79%).

In a very few cases, determining parents' main concerns from the existing parent questionnaire is unclear. Possibly asking parents to prioritise their concerns might help to better assess the therapy needs of their child.