



<b>Meeting Date</b>	<b>20<sup>th</sup> June 2018</b>	<b>Agenda Item</b>	<b>3a</b>
<b>Report Title</b>	<b>Status Report on Stroke Performance</b>		
<b>Report Author</b>			
<b>Report Sponsor</b>	Chris White – Interim Chief Operating Officer		
<b>Presented by</b>	Malcolm Thomas – Associate Director – Recovery and Sustainability and Jan Thomas, Assistant Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report informs the Performance and Finance Committee of the current performance status of our Stroke services and planned remedies to address under performance across the Delivery Units.		
<b>Key Issues</b>	<p>The performance of our Stroke service is a key objective for the Health Board and is one of the current targeted intervention areas. The two challenging areas of underperformance relate to the 4 hour bundle of access to acute stroke beds and Thrombolysis.</p> <p>Failure to deliver improved performance that meets Welsh Government standards will maintain intervention and importantly not deliver a level of quality of care to our patients which can improve their quality of living.</p>		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to:</p> <p>Receive and note the status report of current performance for the Stroke services in ABMU HB and actions to improve delivery within the Service Units.</p>		

## Status Report on Stroke Performance

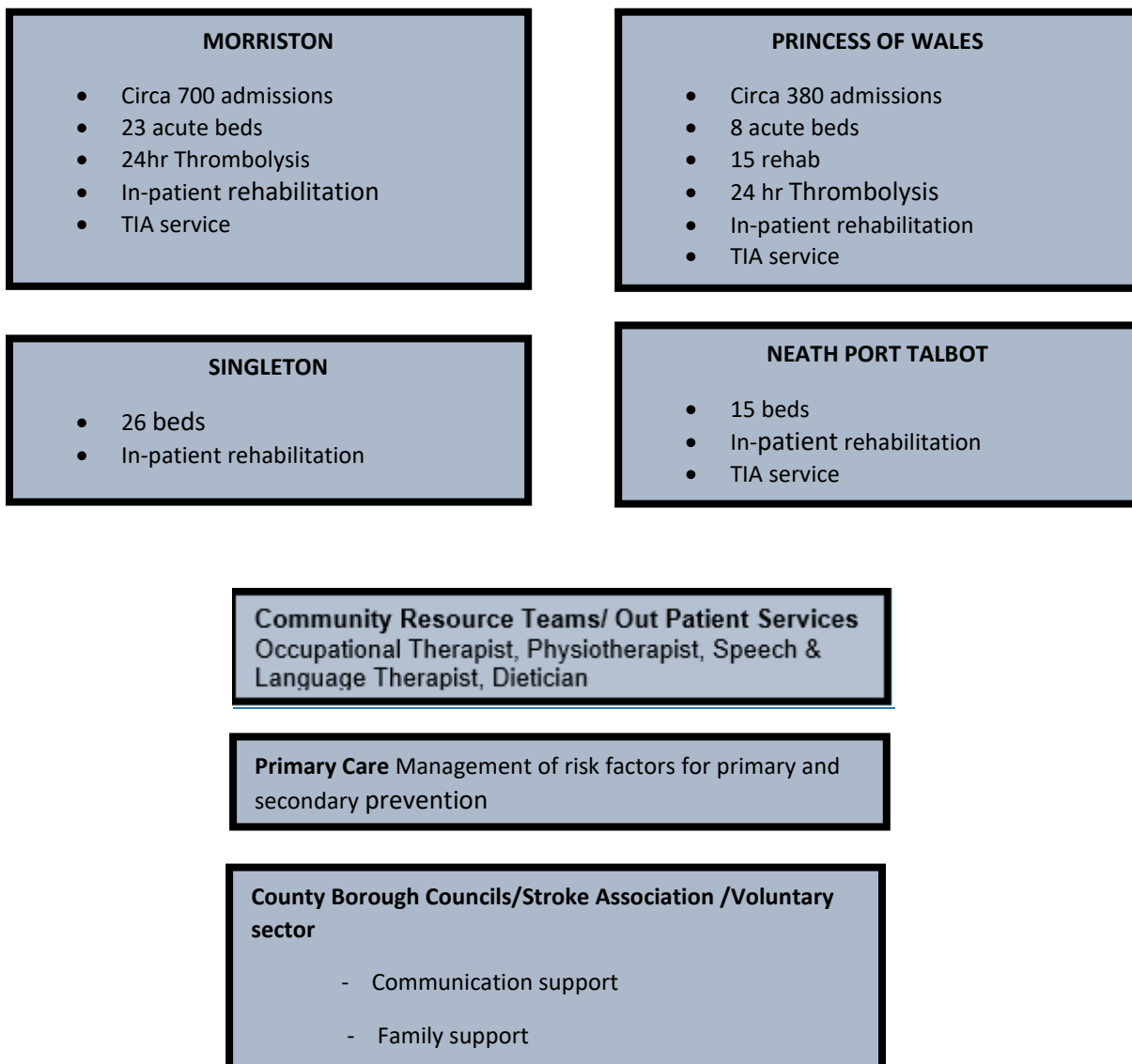
### 1. INTRODUCTION

This report informs the Performance and Finance Committee of the current performance status of our Stroke services and planned remedies to address under performance across the Delivery Units.

### 2. BACKGROUND

Delivery of clinically effective and evidence based care to stroke patients is a key organisational priority.

The diagram below represents a high level summary of stroke and TIA services provided within ABMU Health Board.



Patients suspected of having suffered a stroke are initially admitted to Morriston and the Princess of Wales hospitals. In 2017/18 there were 1100 confirmed stroke admissions within ABMU Health board. 710 of these patients were admitted to Morriston hospital with 380 admitted to the Princess of Wales hospital. This represented a 14% increase in stroke admissions within the Health Board compared with 2016/17.

In addition to confirmed stroke admissions a number of patients present with stroke symptoms (mimic strokes). The exact number of stroke mimics is not available but typically 50% of confirmed stroke admissions will present as a mimic stroke – i.e. a further 550 patients who will require the services of our stroke teams.

Both hospitals provide a 24/7 thrombolysis service. This treatment, if given quickly to the appropriate patients, can significantly improve functional outcomes.

Singleton and Neath Port Talbot hospitals do not receive acute stroke admissions but appropriate patients on the slower stream stroke pathway are transferred from the acute sites to Ward 7 in Singleton and Ward B2 in Neath Port Talbot for rehabilitation and discharge planning.

In addition to confirmed stroke admissions, patients are referred to the rapid access TIA clinics based in the Health Board services in Swansea, Neath Port Talbot and Bridgend. Patients are seen and assessed as quickly as possible and the appropriate medication and surgical intervention is accessed in order to reduce the risk of a stroke occurring. Circa 1700 patients per annum are managed through the TIA service.

Within ABMU Health Board, delivering improvement in the provision of our Stroke Services is overseen by the Health Board Stroke Services Delivery Group chaired by the Interim Chief Operating Officer. This group brings together key people, including health care professionals and patient representatives, to develop and oversee a programme of work to improve Stroke Services across the Stroke Pathway

The Health Board has implemented changes in stroke services and the clinical management of this cohort of patients over recent years including

- Strengthened bed management protocols to improve access to the stroke wards at Morriston and Princess of Wales hospitals
- Increased stroke bed capacity in Morriston hospital
- The commissioning of a second CT scanner in the Princess of Wales hospital which supports improved access to diagnostic imaging etc.
- Changes in the medical, nursing and therapy workforce to provide extended cover in stroke services. This also includes workforce redesign such as the development of new generic band 3 roles in stroke services.
- Improvements to the TIA service to improve access times for patients.
- Enhanced anticoagulation (INR) services in primary care from October 2017 to improve stroke prevention through the early detection and management of individuals with atrial fibrillation.

However with the current configuration and spread of services across 4 hospital sites providing sustainable services and improvement in stroke care there remain much more

work to demonstrate the investments and those past improvements can and are leading to clear improvements in performance against the All Wales stroke standards.

These key challenges include:

- Breaching of the ring fenced Acute Stroke Unit / assessment beds. This has become far less frequent but at times of significant unscheduled pressures can impact on stroke flow. Increasing stroke demand has also meant that at times our specialist stroke ward capacity is exceeded.
- Admission to the Acute Stroke Unit within 4 hours post thrombolysis remains an issue, although patients are closely observed in other parts of the hospital post intervention.
- Medical workforce capacity inhibits the Health Board's ability to provide consultant cover seven days a week. There are a small number of stroke physicians at Morriston and Princess of Wales hospitals and therefore insufficient consultant and junior cover to provide cover 7 days a week over the 24 hour period. The Out of hour's period is particularly challenging.
- The provision of 7 day TIA services – services are currently Monday - Friday.
- The recruitment and retention of stroke nurses to ensure that staffing levels achieve the number of funded posts on our acute stroke wards.
- Consistent delivery of timely Thrombolysis treatment in line with the thrombolysis quality improvement measures.
- Infrastructure constraints and increasing service demands at Morriston Hospital limits the ability to swiftly reconfigure services, and implement the HASU model in the Health Board.
- Investment is required to develop a full Early Supported Discharge service / specialist re-ablement service within the Health Board, and to provide sufficient capacity in the community to consistently provide support for patients who would benefit from earlier discharge.
- Inequity of Follow up and Life after Stroke Services available across the Health Board.

### **3. COMPLIANCE WITH ACUTE STROKE BUNDLES (Quality improvement measures)**

The Stroke Quality Improvement Measures and thrombolysis measures were introduced in October 2015. These were:

QIM 1 - patients to be admitted directly to an Acute stroke unit and the swallow screen undertaken within 4 hours

QIM 2 - patient to have access to a CT scan within 12 hours

QIM 3 – patient to have an assessment by a stroke doctor, stroke nurse and assessment by an Occupational therapist, physiotherapist or speech and language therapist within 24 hours,

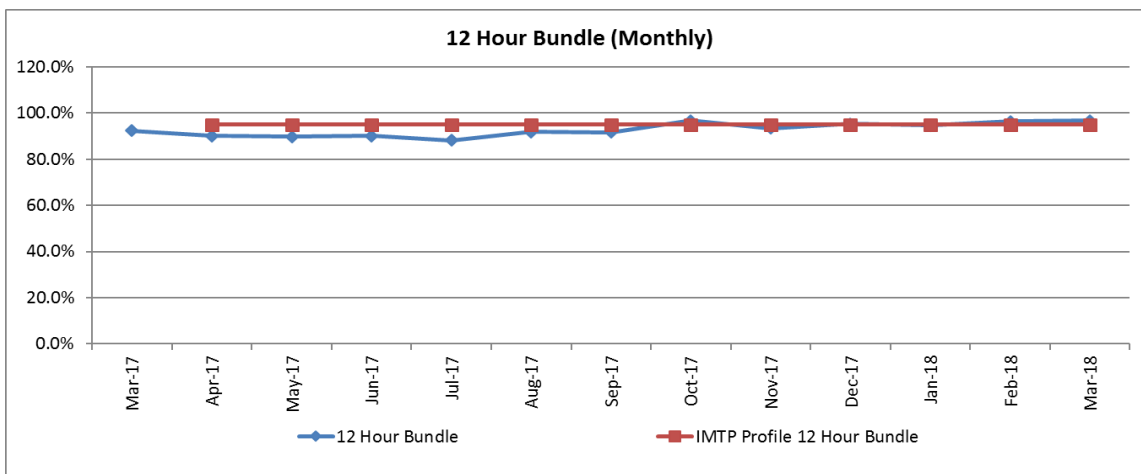
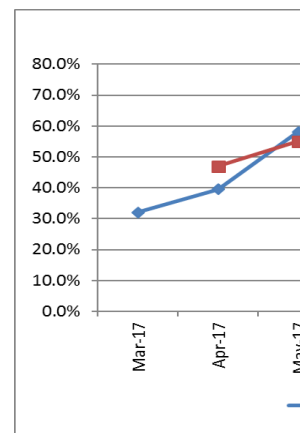
QIM 4 - formal swallow assessment, Occupational therapist assessment, physiotherapist assessment and speech therapist communications assessment within 72 hours.

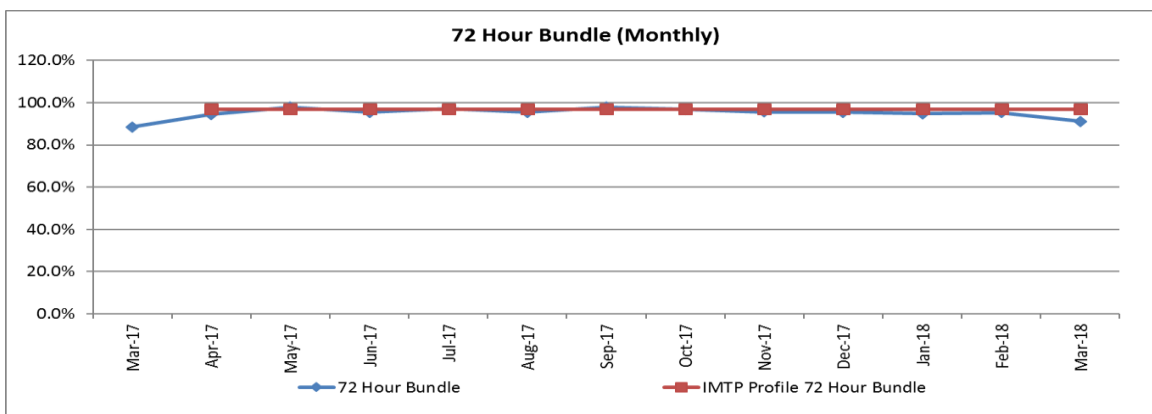
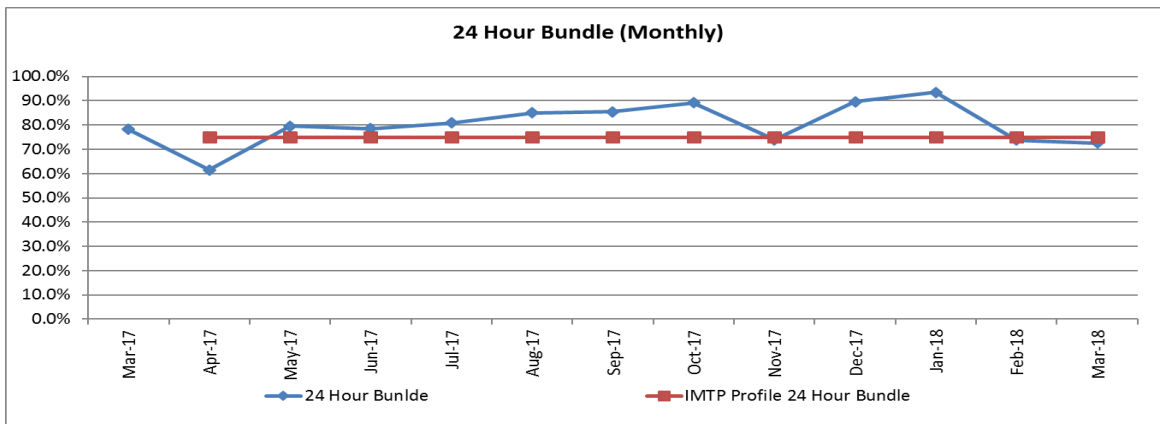
All measures have an assigned target of 95%.

New thrombolysis targets for patients who meet the criteria for this intervention were also introduced in October 2015.

### ABMU Health Board position for 2017/18

Measures	WG Target	IMTP Profile	March
Measure 1 < 4 hours	95%	72%	34.1%
Measure 2 < 12 hours	95%	95%	96.7%
Measure 3 < 24 hours	95%	75%	72.5%
Measure 4 < 72 hours	95%	97%	91.2%





### 3.1 Overview of performance in 2017/18

- Performance in 3 of the 4 measures has improved in 2017/18 and delivered against the IMTP profile in a significant number of months
- Progress was sustained in these areas for the majority of the year but the dip in March 2018 on all measures other than the 4 hour bundle is a reflection in part of the wider unscheduled care pressures and also workforce gaps, due to staff turnover/sickness.
- Delivery against the 4 hour bundle was significantly adrift of the agreed IMTP profile despite an encouraging improvement in performance in Q1 that was not sustained through the rest of the year
- The number of confirmed stroke admissions in 2017/18 increased by 14% when compared to 2016/17.

### 3.2 2018/19 stroke performance

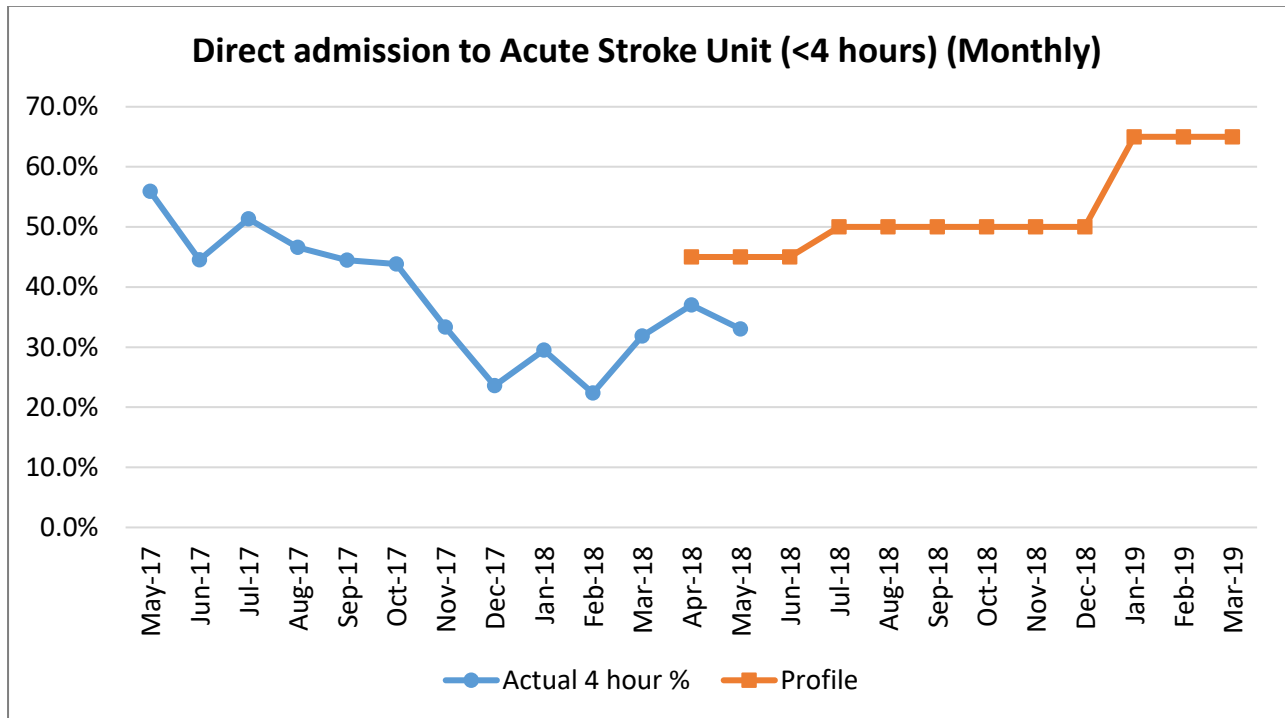
In April 2018, the quality improvement measures for stroke care were changed as follows:

- Patients should be admitted to a stroke unit within 4 hours
- Patients should have access to a CT scan within 1 hour
- Patients should be assessed by a stroke specialist consultant physician within 24 hours

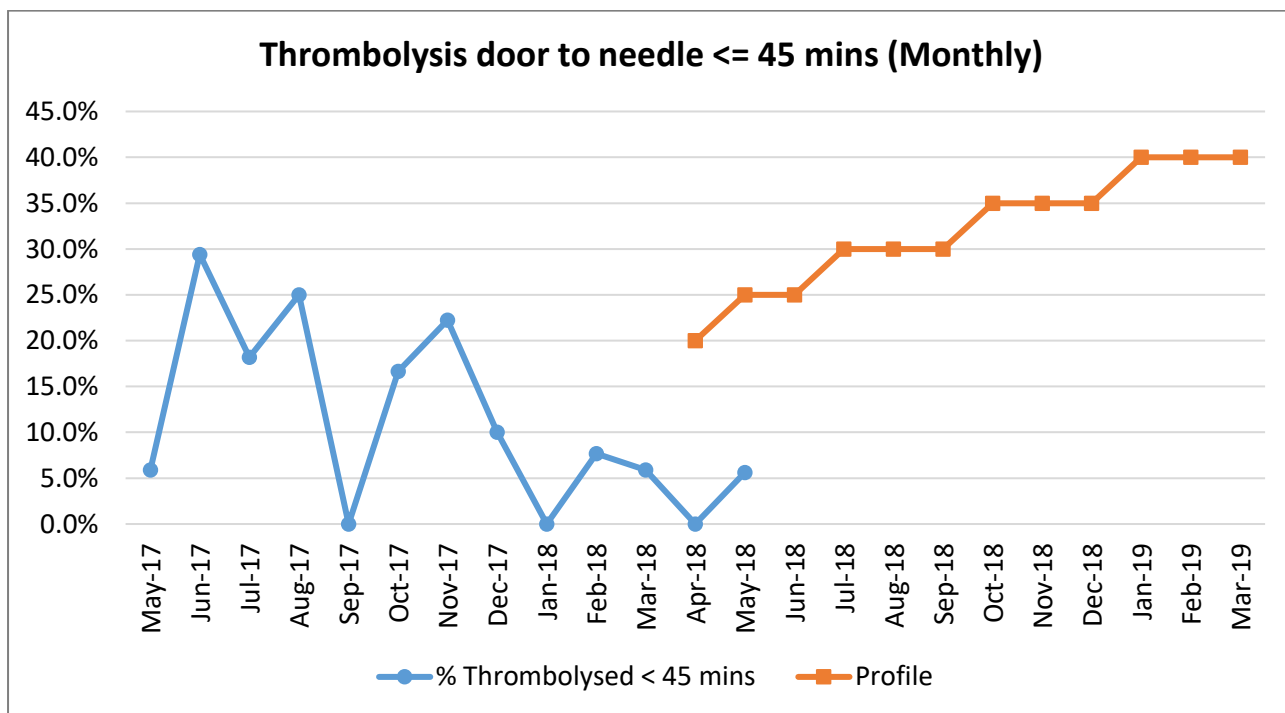
- Patients should receive thrombolysis within a door to needle time of less than 45 minutes.

### 3.3 The graphs below outline our stroke improvement trajectories for 2018/19.

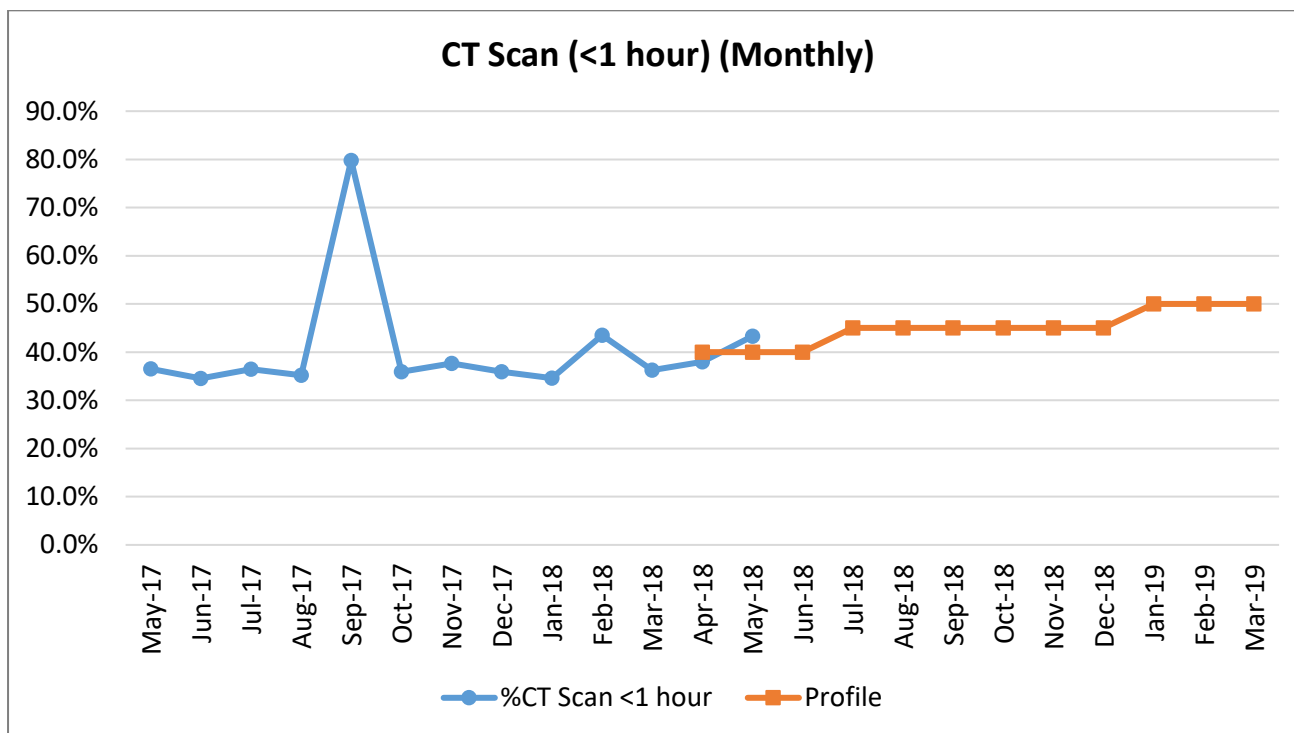
#### Quality improvement measure 1



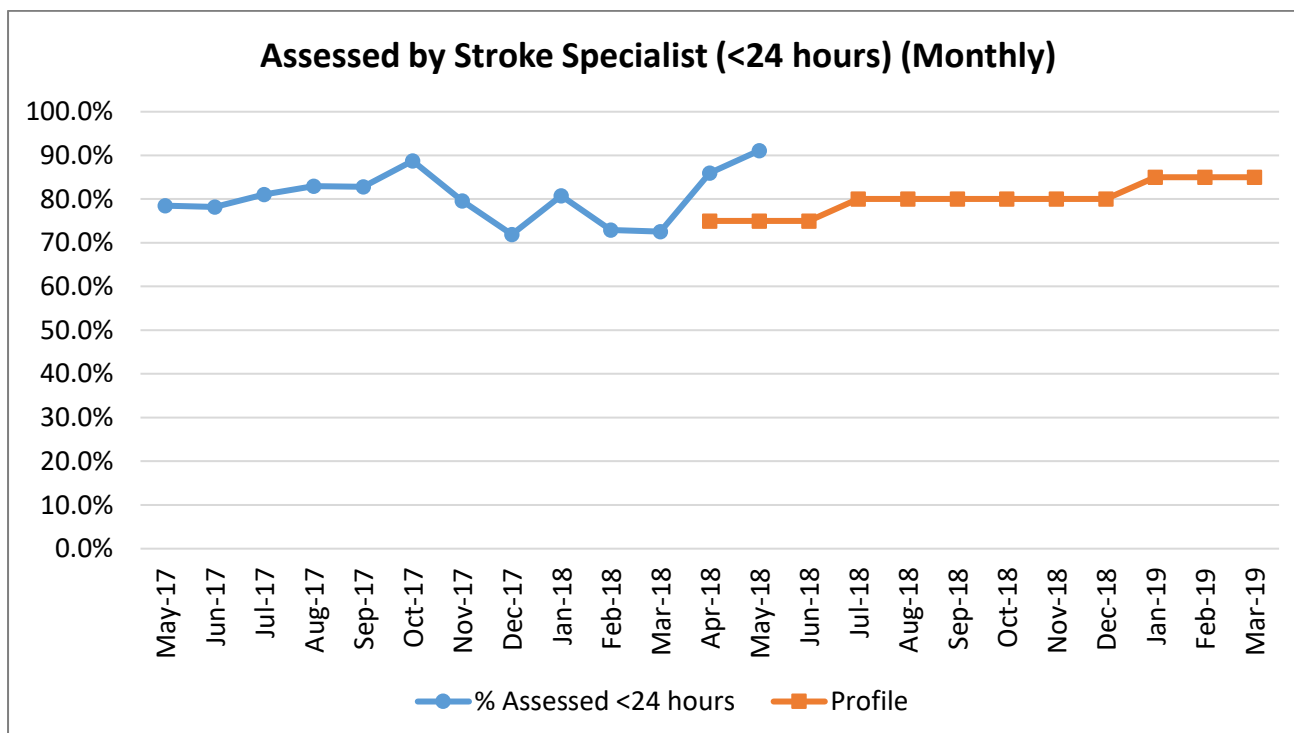
#### Quality Improvement – Thrombolysis – door to needle <=45 minutes



### Quality improvement measure 2



### Quality improvement measure 3





## **4. STROKE CARE IMPROVEMENT ACTIONS FOR 2018/19**

Weekly multi-disciplinary meetings are held in Morriston and Princess of Wales hospitals to review individual patient pathways and to identify opportunities for improvement. Actions being progressed to improve access and outcomes for stroke patients are outlined below:

### **4.1 Morriston Delivery Unit**

- The Morriston service delivery unit successfully appointed 9 additional middle grade doctors on 12<sup>th</sup> June. As a result, it will be possible to provide a second medical registrar out of hours and at weekends. It is expected that this additional capacity will have a positive impact on improving the access time for the delivery of stroke thrombolysis and also CT scan times as patients are assessed more rapidly. The additional medical doctors will take up post on a phased basis from August 2018.
- Increasing the number of protected ring-fenced stroke beds and improved governance arrangements to support the ring-fenced protocol.
- A stroke patient retrieval pilot is taking place during the month of June through the development of a dedicated assessment area on the stroke ward at Morriston, and enhanced medical staffing to support (dedicated) early stroke assessment in the Emergency Department. Learning from this pilot will inform improvement actions going forward.

### **4.2 Princess of Wales Delivery Unit**

- Focus on improving 4 hour access – a number of actions are being progressed to support this, including reviewing the role of Clinical Site Managers (to be completed by September 18), and Consultant Job planning review (completed by August 18).
- The relocation of the TIA clinic will release clinical nurse specialist time to support patient flow and the review to be undertaken during July has the intention to increase the number of clinics.
- Reviewing stroke pathway with the support of the Delivery Unit - to identify and address any barriers. Workshop held on 11<sup>th</sup> June which will further inform the stroke improvement plan for this unit.
- Reviewing ability to support 7 day therapy cover at the Princess of Wales hospital in conjunction with Primary Care and NPT delivery units.
- Appointment of middle grade cover from August to support ward team – deanery allocated post and additional non-training posts being reviewed by August 18.
- By August 18, roll out of amended Stroke Documentation to ED / AMU to include nurse checklist.

- Revisit business case for establishment of early supported discharge – included in units POD work. Proposal to be completed by July 18.

#### **4.3 ABMU wide**

- To review and confirm the commissioning arrangements for patients who require thrombectomy. This service is not provided within ABMU Health Board as there are a limited number of centres across the UK who have staff with the skills to offer this intervention. Currently patients are sent to Bristol on a case by case basis but it is intended that WHSCC will have a formal commissioning arrangement in place for Wales from April 2019
- Improved and ongoing communication and awareness of the stroke pathway within hospital units and between services. There is evidence that patients who are transferred from the acute admitting sites to Singleton and Neath Port Talbot have shorter transfer waits as a consequence of improved patient flow at these units.
- Ongoing planning in terms of working towards the “Hyper-acute Stroke Unit” model. Non recurrent funding has been secured for 2018/19 from national stroke care funding to support a dedicated project manager to assist with the development of a high level plan for the delivery of the Hyper acute stroke model within ABMU and with partners in Hywel Dda Health Board. The aim is to complete this by the end of this financial year.
- Review the rehabilitation pathway to identify opportunities to support the provision of early supported discharge for stroke patients. A joint workshop has been arranged with Hywel Dda Health Board on 12<sup>th</sup> July 2018, which will inform the development of a business case for early supported discharge of appropriate stroke patients.
- ABMU Health Board participation in Patient Reported Outcome Measures in Stroke project - ongoing.
- Maximising the ‘Bridges’ funding obtained in 2017/18 to support training of stroke patients in self-care management.
- Implement the roll out of the directed enhanced service for DOAC’s from 1<sup>st</sup> April 2018. As at June, out of 68 practices, 55 are already implementing this service.

#### **5. FUTURE SERVICE MODEL FOR STROKE CARE WITHIN ABMU HEALTH BOARD**

Whilst the service delivery units are continually identifying ways to work towards the achievement of the stroke measures and standards, delivering sustainable and further step change improvement in stroke care within ABMU Health Board in line with national stroke standards requires a wholesale change to the current service configuration.

The current model of care within ABMU Health Board does not deliver the standards required for a Hyper Acute Stroke Unit model and in recognition of this, work to plan the redesign our services to implement this model is underway.

Hywel Dda Health Board has also expressed its intent to collaborate with ABMU on the development of a regional stroke model for part of its population.

A Regional Stroke Group chaired by the Director of Strategy for ABMU HB and the Chief Operating Officer for Hywel Dda HB has therefore been constituted to oversee this programme and has clinical and managerial representation from both Health Boards and WAST.

The initial work has included the development of a regional service specification for a HASU model of care which will be signed off by the end of June 2018.

This will support and inform capacity modeling exercise to inform the future stroke services required to support the relevant populations within ABMU and Hywel Dda Health Boards, taking account of the growth in stroke demand since the original capacity modelling was undertaken within ABMU in 2016.

In summary delivering the HASU model is a joint regional priority for our respective Health Boards, but requires further significant programmes of work to be progressed including:

- The change to the acute medical model in Swansea – circa 2019 / 20. This is subject to a capital build at Morriston hospital.
- Appropriate access to diagnostic capacity in Morriston hospital (CT capacity will be a constraint in supporting all strokes and mimic strokes for ABMU and part of Hywel Dda HB population )
- Changes to workforce models across medical, nursing and therapy staff to deliver a 7 day service.
- Agreement across the stroke pathway on patient flows and transport arrangements e.g. ambulance capacity, repatriation arrangements
- The development of an Early Supported Discharge service with sufficient capacity to facilitate timely patient discharge within ABMU and Hywel Dda Health Boards.

## **6. GOVERNANCE AND RISK ISSUES**

The Delivery units have developed Action Plans to support the delivery of improved performance and outcomes for stroke patients and the mitigation of associated risks.

The main risks relate to clinical workforce capacity to sustainably deliver stroke care standards across the Health Board on a 24/7 basis. Access to specialist stroke care is affected at times by unscheduled care pressures.

There have been year on year increases in stroke demand. The preventative measures being taken forward within Primary care ought to mitigate this with better screening and detection of patients at risk of a stroke

## **7. FINANCIAL IMPLICATIONS**

There are no identified financial implications.

## **8. RECOMMENDATION**

The Committee is asked to note the content of the report and the actions being taken to improve overall performance in this key target for the Health Board.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓	✓	✓	✓	✓	✓			
Quality, Safety and Patient Experience										
<b>For our population we want:</b>										
<ul style="list-style-type: none"> <li>• <b>Prevention:</b> People of all ages to have a minimised risk of having a stroke and, where it does occur, an excellent chance of surviving, returning to independence as quickly as possible.</li> <li>• <b>Patient Outcome:</b> People who access Stroke Care in ABMUHB to have stroke incidence and mortality rates comparable with the best in Europe.</li> <li>• <b>Transient ischaemic attack assessment service</b> – to provide rapid diagnostic assessment and access to a specialist within 24-hours.</li> <li>• <b>Thrombolysis</b> – all eligible (ischaemic) stroke patients in ABMUHB to have access to thrombolysis as soon as possible.</li> <li>• <b>Rehabilitation</b> – to provide in-patient rehabilitation for all stroke patients. Early supported discharge services (include staff with specialist stroke skills) and community rehabilitation services should be available and start as soon as possible and continue for as long as indicated.</li> <li>• <b>Life After Stroke-</b> To improve the support available for stroke survivors when they return home by ensuring better co-ordination and accessibility of services across the health, social care and voluntary sectors.</li> </ul>										
Financial Implications										
There are no additional financial implications identified as part of this status report.										
Legal Implications (including equality and diversity assessment)										
Increasing stroke prevalence in Wales will place rising pressure on families, the NHS and social care services. Added to this is that across Wales we have an ageing population - although strokes can happen at any age, they are more common in										

older people.

The ABMU Health Board is responsible for planning and delivering Primary, Community and Secondary Care health services for its catchment population and take into account a diverse range of population groups across urban, rural and valley areas. The actions being taken forward will look to take these issues into account and deliver against the Welsh Government Strategic plan for stroke services.

### **Staffing Implications**

Workforce issues around recruitment of Nursing and Medical colleagues has impacted on the delivery of these changes. These pressures will continue to impact on delivery if no skill mix and flow changes materialise. The action plans are being developed to manage these implications and introduce new practices and changes to workforce requirements to reflect new ways of working and modernising our workforce.

### **Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - <https://futuregenerations.wales/about-us/future-generations-act/>)**

The 2016 National stroke annual report stated that:

- an estimated 7,400 people will have a stroke each year in Wales - this equates to around 20 people per day
- There are currently almost 66,000 stroke survivors living in Wales.
- It is estimated that up to 70% of strokes could be avoided if the risk factors were treated and people adopted healthier lifestyles.

### **Report History**

Performance reports on stroke care and position / status updates have been presented to previous committees of the Health Board.

### **Appendices**

None