




## Appendix 1. Stroke Delivery Action Plan – Performance Improvement

### Health-board: SBUHB

|   | Recommendation/Action   | Lead                           | Start Date                        | Progress/Remarks  | Expected Benefit   | RAG Status | Due Date |
|---|---|--------------------------------|-----------------------------------|---|--|------------|----------|
| 1 | SSNAP data<br>- Weekly scrutiny of data in conjunction with consultants, site teams, managers to identify themes  | David West                     | Oct 22                            | Completed – Occurs Weekly   | Improved Scrutiny of recorded data   |            | In place |
| 2 | Access to a Stroke Bed within 4 hours<br>- To be raised at site meetings with as high profile as other targets<br><br>- Plans to be created for getting ring fenced capacity back | Site team/<br>Service Managers | Oct 22                            | Raised profile of Ring-fenced stroke capacity in line with specialties such as ITU, A&E, Cardiac.<br><br>Service Director has previously instructed that capacity is to be ring-fenced.<br><br><b>Feb 23</b><br><br>Challenges remain in keeping the Stroke beds free due to the volume of Medical patients requiring beds on the site. Site team re-engaged on this to keep and exit bed free for Direct to CT pilot patients. | Improved compliance against 4 hour target  |            | 1/4/23   |
| 3 | Out of Hours Access to a Stroke Bed within 4 hours<br>- To breach a ring fenced stroke bed a proforma should be completed and signed off by gold.                                 | Site team/<br>Service Managers | TO BE RE-INTRODUCED<br><br>Oct 22 | <u>Maintain 4 ring-fenced beds per 24 hours</u> – do not go into the night without a ring-fenced bed without exec approval. Last bed not to be used for non-stroke admissions unless exec approval.<br>The attached pro-forma is to be populated (by Bed Manager or On-call Manager) each time the ring-fenced bed on the Acute Stroke Unit has been breached (by a non-stroke).  | Improved compliance against 4 hour target<br><br>Reduced LoS from not using the therapies room |            | In Place |

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|---|---|-----------------------------------|------------|---|-------------------------|------------|----------|
|   |   |                                   |            | <p>This process is being adopted to ensure that the bed management SOP for stroke is applied consistently and that appropriate escalation takes place prior to occupation of the ring fenced bed.</p>  <p>STROKE BREACH<br/>PROFORMA.docx</p> <p><b>Update Feb 2023</b><br/>Included the weekend plan.</p> <p>In place but not used and not reported back to the directorate due to pressure to have to continually use Ward F beds for General Medicine patients in ED.</p> |                         |            |          |
| 4 | <p>Transfer Delays:<br/>Transfer issues to be raised at 10:30 internal site call and work with other sites to move longest waiters and ensure compliance.</p> | Site team(s)/<br>ECHO manager     | Oct 21     | <p>Use the ASU delayed transfer list to highlight transfer delays, monitor them and work to reduce them.</p> <p><b>Feb 2023</b><br/>Email is sent daily to proactively raise the profile long waiters at Morriston in order for other sites to pull. In place yet other rehab sites – NPTH are reliant on being able to discharge to the community which is no longer straight forward. Highly problematic given lack of social care.</p>   | Reduced LoS on ASU      |            |          |
| 5 | Direct to CT to be explored with radiology  | Mark Ramsey/Toby Wells /Tal Anjum | Oct 22     | In recognising challenges to timely CT access Dr Mark Ramsey will arrange a meeting with radiology to discuss the possibility of reducing this time by WAST taking patients directly to CT. <b>Complete.</b>  | Reduced time to CT Head |            | Feb 2023 |

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|   |  |                       |            | <p><b>Feb 2023 Update</b><br/>Approved by Morriston Management board for awaiting WAST colleagues to approve a 'go-live date' for the pilot. Likely to be mid-late February. Revised ED process aimed at streamlining booking in patient to CT to be run parallel.</p>   |                                |            |          |
| 5 | DTOC's from ASU and rehab wards  | Site team (s) /       | Oct 2022   | <p>Delayed Transfers of Care discussed every Tuesday via the Clinically optimised meeting.</p> <p>Ward F patients' profile to be raised as well as other key areas.</p> <p><b>Feb 2023 Update</b><br/>Business case for ESD to be reviewed and refreshed.</p> <p>Added to GMO for IMPT 23/24 in order to secure expansion.</p> | Increased patient flow.        |            | In place |
| 6 | <p>TIA Clinics to run 5 days a week where possible.</p> <ul style="list-style-type: none"> <li>- Monday-Thursday</li> <li>- Friday if required.</li> </ul> | Directorate Manager   | Aug 2021   | <p>Implemented.</p> <p>Dedicated Doppler scans.</p> <p>2 clinics per week back up and running at NPTH</p>  | In place – admission avoidance |            | In Place |
|   | Recommendation/Action  | Lead                  |            | Progress/Remarks   |                                | RAG Status | Due Date |
| 7 | All sites Operations manager required across the pathway   | David West/Nick Brain | Feb 2022   | Completed –managers now in post  | Closer working between sites   |            | In Place |

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|----|---|-----------------------------------|------------|---|---|------------|----------|
| 8  | Ensure SLA with Bristol is maximised for Thrombectomy use   | Hannah Roan                       | Aug 2022   | Eligible patients transferred to Bristol for Thrombectomy.<br><br>SLA is between WHSSC and North Bristol NHST which SBUHB benefits from.  | Increased Amount of thrombectomy referrals to Bristol |            | Ongoing. |
| 9  | Mechanical Thrombectomy   | David West                        | Nov 2022   | Review DU recommendations and findings of their tour of radiology and Stroke services 1/11/22 to aim towards 11% thrombectomy rate.<br><br>Survey conducted November -December 2022. DU report awaited on findings<br><br><b>Direct to CT Pilot</b> – Feb 2023 envisaged to cut down assessment/referral time for this service.<br><br>Agreed at Morrision board, start date awaited from WAST as at 7/2/23 |   |            | Ongoing  |
| 10 | Review of Actions from Thrombolysis Action plan 2019/20 to ensure lessons learnt remain embedded. | David West/ Tal Anjum             | Sept 2021  | 2019/2020 action plan:<br><br><br>Stroke Thrombolysis Action  | Lessons learnt and kept on for information            |            |          |
| 11 | Review of Actions from Therapies Action plan 2020 to ensure lessons learnt remain embedded.       | David West/ Tal Anjum/ Sue Wilson | Sept 2021  | 2020 therapies action plan:<br><br><br>STROKE - 20200518 - Stroke services dur<br><br><b>Feb 2023 Update</b><br>Therapies room ringfenced going forward  | Lessons learnt and kept on for information            |            |          |

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|----|---|--------------------|-------------|--|---|------------|--|
|    |   |                    |             |  |   |            |  |
| 12 | Porter cover – pool porters & A&E porters to be involved in pathway to ensure we minimise delays. | Alan Thorne        | Feb 2022    | Reduce delays in CT/Ward transfers.  | Reduced time to CT  |            |  |
| 13 | Pre-Alert ED – Site to be alerted ahead of time to pull the patient through to a bed.             | WAST / SWITCHBOARD |             | Already in place   | Reduced time to first assessment / CT/ Swallow assessment |            |  |
| 14 | <b>HASU</b><br><br>Access to beds   | ARCH               | Not started | SOP and Ring-fencing policy to be adopted following New HASU Unit.<br><br>Await approval of HASU business case and implement from April 2023   |   |            | April 2023 (following expected approval at management board) |
| 15 | <b>HASU</b><br><br>Dedicated CT facility to improve scan times.                                   | ARCH               | Not started | £400k in stroke legacy fund to be put towards developing dedicated CT facilities.<br><br>Additional benefit of working with radiology to bring cardiac scans back to SBUHB also.<br><br>HDUHB colleagues to be asked about their contribution towards these facilities as requested by the Charitable funds committee December 2023. |   |            | April 2023.  |
| 16 | <b>HASU</b>   | ARCH               | Not Started | Increased ANP workforce to improve door to needle times.   |   |            | April 2023   |

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|    | Improved door to needle times from increased ANP workforce                    |      |            | <p>Reduced time for patients to wait before receiving the medication.</p> <p>3 candidates recruited and now in post.</p>   |                  |            |          |
| 17 | <p><b>HASU</b></p> <p>Recruitment of 3 x Hybrid Stroke/Neuro consultants.</p> |      | Oct 2022   | <p>3 x Hybrid consultants to be recruited.</p> <p>Ring-fenced funding exists.</p> <p>ARCH to agree financial contribution of the model prior to recruiting which will improve HDUHB Neurology provision whilst also</p>  |                  |            |          |
| 18 | <p><b>AMSR</b></p> <p>Decompression of ED</p>                                 |      | Dec 2022   | <p>Decompression of ED and Stroke patients going to a dedicated medical area will mean assessments are more focussed and will better tailor for Stroke patients who's symptoms are not immediately obvious of stroke.</p> <p>Anticipated Benefit includes:</p> <ul style="list-style-type: none"> <li>• Improved CT Head time</li> <li>• Improved door to needle time for Thrombolysis</li> </ul> <p>AMSR implementation took place in December 2022. Full audit results and measures awaited at the time of writing but ED and the new AMU remain congested due to a lack of patient flow back into the community.</p> <p><b>February 2023</b></p> <p>Double running phase to complete. No major benefit yet realised from AMSR to date in terms of its impact on Stroke performance.</p> |                  |            |          |

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|--|-----------------------|------|------------|------------------|------------------|------------|----------|
|  |                       |      |            |                  |                  |            |          |

|                     |  |
|---------------------|--|
| <b>Red</b>          | Highly problematic – commitment in plan not delivered/achieved and outstanding issues with ensuring delivery in subsequent quarter     |
| <b>Amber/ Red</b>   | Problematic – commitment in plan partially delivered/achieved and outstanding issues with ensuring full delivery in subsequent quarter |
| <b>Amber/ Green</b> | Mixed - commitment in plan not delivered/achieved but confident of achievement/delivery in subsequent quarter                          |
| <b>Green</b>        | Good – commitment in plan fully delivered/achieved   |
| <b>Blue</b>         | Not started  |

