




## Stroke Delivery Action Plan – Performance Improvement

### Health-board: SBUHB

|   | Recommendation/Action   | Lead                        | Start Date                        | Progress/Remarks  | RAG Status | Due Date                                       |
|---|---|-----------------------------|-----------------------------------|---|------------|--|
| 1 | SSNAP data<br><ul style="list-style-type: none"> <li>Weekly scrutiny of data in conjunction with consultants, site teams, managers to identify themes</li> </ul>  | David West                  | Aug 21                            | Completed – Occurs Weekly   |            | In place                                       |
| 2 | Access to a Stroke Bed within 4 hours<br><ul style="list-style-type: none"> <li>To be raised at site meetings with as high profile as other targets</li> <li>Plans to be created for getting ring fenced capacity back</li> </ul> | Site team/ Service Managers | Aug 21                            | <p>Raised profile of Ring-fenced stroke capacity in line with specialties such as ITU, A&amp;E, Cardiac.</p> <p>Service Director has previously instructed. That capacity is to be ring-fenced.</p> <p><b>Feb 2022.</b><br/>Policy of having a stroke bed at all times if frequently overruled by site teams due to high pressured in ED and the need to move patients to create ring fenced resus capacity.</p> <p>There are quite often 30-40 General Medicine patients awaiting a bed at any one time. If there are no strokes the bed is used.</p>  |            | 1/4/22 – post ‘winter pressure’                |
| 3 | Out of Hours Access to a Stroke Bed within 4 hours<br><ul style="list-style-type: none"> <li>To breach a ring fenced stroke bed a proforma should be completed and signed off by gold.</li> </ul>                                 | Site team/ Service Managers | TO BE RE-INTRODUCED<br><br>Aug 21 | <p><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.</p> <p>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).</p> <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> |            | Re-introduce April 2022 post ‘winter pressure’ |

|   |  |                                      |               |   |                   |                                 |
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|   |  |                                      |               | <br>STROKE BREACH<br>PROFORMA.docx<br><br><b>Update Jan 2022</b><br>Included the weekend plan.<br><br>In place but not used consistently due to pressure to have to continually use Ward F beds for General Medicine patients in ED.   |                   |                                 |
| 4 | Transfer Delays:<br>- Highlight transfer issues at 10:30 internal site call and work with other sites to move longest waiters. | Directorate Manager/<br>Site team(s) | Aug 2021      | Use the ASU delayed transfer list to highlight transfer delays, monitor them and work to reduce them.<br><br><b>Feb 2022</b><br>Email is sent daily highlighting long waiters at Morriston in order for other sites to pull. In place yet other rehab sites – NPTH, SING are reliant on being able to discharge to the community which is no longer straight forward. Highly problematic given lack of social care. |                   | 1/4/22 – post ‘winter pressure’ |
| 5 | TIA Clinics to run 5 days a week where possible.<br><br>- Monday-Thursday<br>- Friday if required.                             | Directorate Manager                  | Aug 2021      | Implemented.<br><br>Dedicated Doppler scans.<br><br>2 clinics per week back up and running at NPTH  |                   | In Place                        |
|   | <b>Recommendation/Action</b>   | <b>Lead</b>                          |               | <b>Progress/Remarks</b>   | <b>RAG Status</b> | <b>Due Date</b>                 |
| 6 | All sites Operations manager required across the pathway   | David West/Nick Brain                | February 2022 | Completed – Singleton managers now in post following departure of Eve Jeffrey.  |                   |                                 |
| 7 | Ensure SLA with Bristol is maximised for Thrombectomy use  | Hannah Roan                          | Aug 2021      | Eligible patients transferred to Bristol for Thrombectomy.<br><br>SLA is between WHSSC and North Bristol NHST which SBUHB benefits from.  |                   | Ongoing.                        |

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| 8  | Mechanical Thrombectomy   | David West/Mark Ramsey            | October 2021  | IR & Cardiology teams to be involved in improving compliance for thrombectomy to ensure treatment for patients is more timely and closer to home.<br><br>DW & MR to discuss how this service can be developed. |  |   |
| 9  | 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  |  |   |
| 10 | 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  |  |   |
| 11 | Porter cover – pool porters & A&E porters to be involved in pathway to ensure we minimise delays. | Alan Thorne                       | February 2022 | Reduce delays in CT/Ward transfers.  |  |   |
| 12 | Pre-Alert ED – Site to be alerted ahead of time to pull the patient through to a bed.             |                                   |               | Already in place   |  |   |
| 13 | <b>HASU</b><br><br>Access to beds   |                                   | Not started   | SOP and Ring-fencing policy to be adopted following New HASU Unit.<br><br>Await approval of HASU business case Feb 22  |  | February 2022.<br>(following expected approval at management board) |
| 14 | <b>HASU</b><br><br>Dedicated CT facility to improve scan times.                                   |                                   | 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.                               |  | February 2022.<br>(following expected approval at management board) |

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| 15 | <b>HASU</b><br>Improved door to needle times from increased CNS workforce |  | Not Started | Increased CNS workforce to improve door to needle times.<br><br>Reduced time for patients to wait before receiving the medication. |  | February 2022.<br>(following expected approval at management board) |
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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  |

