




## Stroke Delivery Action Plan – Performance Improvement

Health-board: SBUHB

	Recommendation/Action	Lead	Start Date	Progress/Remarks	RAG Status	Due Date
1	SSNAP data <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		
2	Access to a Stroke Bed within 4 hours <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	TO BE RE-INTRODUCED Aug 21	Raise the profile of Ring-fenced stroke capacity in line with specialties such as ITU, A&E, Cardiac.		
3	Out of Hours Access to a Stroke Bed within 4 hours <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 Aug 21	<p>Maintain 4 ring-fenced beds per 24 hours – 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> <p> STROKE BREACH PROFORMA.docx</p> <p>Include this weekly in the weekend plan.</p>		

4	Transfer Delays: - Highlight transfer issues at 10:30 internal site call and work with other sites to move longest waiters.	Directorate Manager/ Site team(s)	Aug 2021	Use the ASU delayed transfer list to highlight transfer delays, monitor them and work to reduce them.		
5	TIA Clinics to run 5 days a week where possible.  - Monday-Thursday  - Friday if required.	Directorate Manager	Aug 2021	Implemented.  Dedicated Doppler scans.  2 clinics per week back up and running at NPTH		
	<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/Eve Jeffrey	Aug 2021	Completed – managers in post.		
7	Ensure SLA with Bristol is maximised for Thrombectomy use	Hannah Roan	Aug 2021	SLA updates to be requested each month to ensure we are		
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.  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:   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:   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	October 2021	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		

<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

