



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 October 2021	Agenda Item	2.2
Report Title	Stroke Performance		
Report Author	David West, Directorate Manager, Medicine		
Report Sponsor	Craigie Wilson, Deputy COO		
Presented by	Craigie Wilson, Deputy COO		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to appraise the board on the status and the performance of Stroke Services within SBUHB. The report covers the quality improvement measures laid down by the Sentinel Stroke National Audit Programme (SSNAP). As well as this an update is included on the development of a HASU as well as other key areas of the Stroke pathway.		
Key Issues	<p>Whole system pressures including access to beds is impacting Stroke performance.</p> <p>HASU development ongoing.</p> <p>High compliance against therapy measures for urgent assessment</p> <p>Variation and delay in inpatient rehabilitation</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <p>Note the contents of the report.</p>		

Stroke Performance

1. INTRODUCTION

The purpose of this report is to appraise the board on the status and the performance of Stroke Services within SBUHB. The report covers the quality improvement measures laid down by the Sentinel Stroke National Audit Programme (SSNAP). As well as this an update is included on the development of a HASU as well as other key areas of the Stroke pathway.

2. BACKGROUND

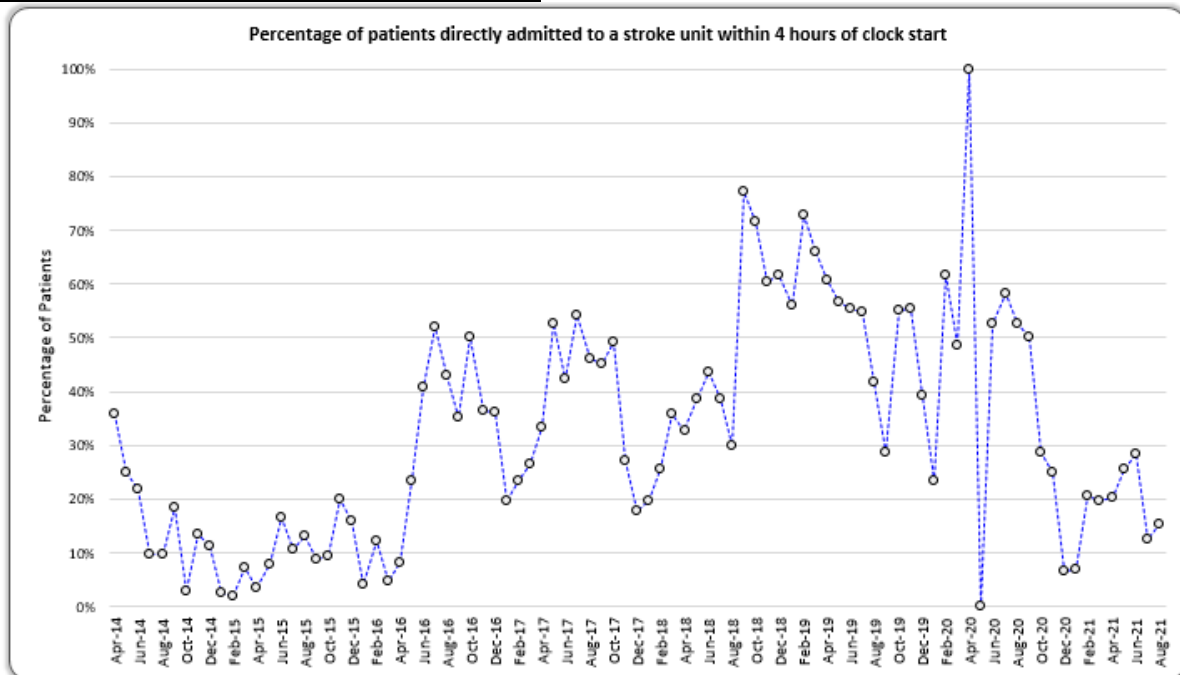
Stroke performance within SBUHB is scrutinised weekly in meetings led by the Clinical Lead and Directorate Manager for Medicine at Morriston Hospital, in addition to a quarterly review at Health Board wide Stroke Delivery Board.

As we emerge from the third wave of COVID stroke performance against the SSNAP quality improvement measures remain well below pre-pandemic levels. This is a trend replicated across the Wales at present due to the demands on unscheduled care services.

Summary of performance for SBUHB as of end of September 2021:

<i>September 2021 Quality Improvement Measures</i>		
<i>Quality Improvement Measures</i>	<i>Aspiration</i>	<i>Score</i>
<i>Urgent Intervention</i>		
Percentage of all Stroke Patients Thrombolysed	N/A	9.8%
Thrombolysed patients Door To Needle <=45 mins	90%	0.0%
Percentage of patients scanned within 1 hour of clock start	N/A	34.1%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	95%	15.4%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	95%	67.5%
<i>Urgent Assessment</i>		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	95%	90.2%
Assessed by one of OT, PT, SALT within 24 hours	95%	92.7%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	95%	88.9%
<i>Inpatient rehab</i>		
Percentage of applicable patients who spent at least 90 % of their stay on stroke unit	N/A	0.0%
Compliance (%) against the therapy target of an average of 25.7 Minutes of OT across all patients*	N/A	74.2%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients*	N/A	85.3%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients*	N/A	58.6%
<i>Discharge Standards</i>		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	75.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	56.84%
Percentage of applicable patients discharged with ESD	N/A	54.74%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	2.11%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

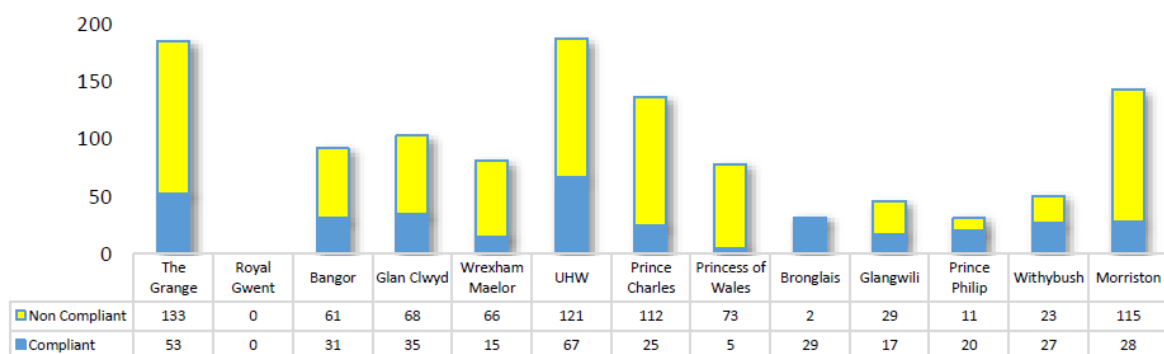
4-hour Access to a bed compliance:



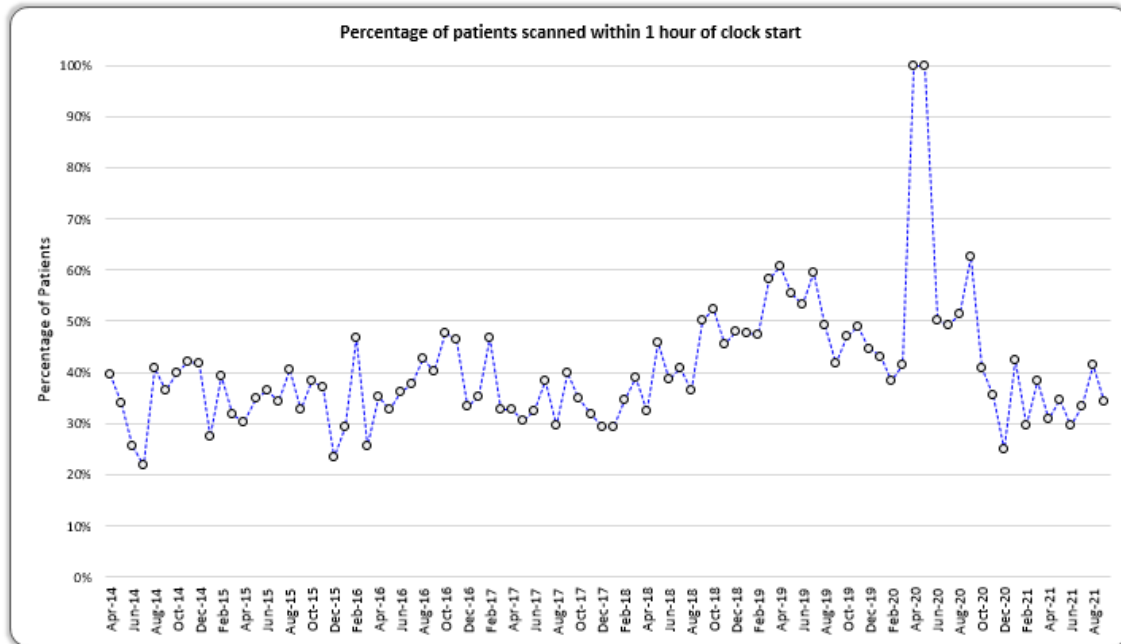
Compliance remains low around the 4-hour target having fallen during the pandemic, currently this is 15.4%. This is discussed weekly in the stroke performance meeting alongside bed management teams as the reduced compliance in this area is due to a lack of available beds on the stroke ward. Often medical patients are out-lying on the stroke unit due to pressures in A&E and that in turn hampers the ability to bring over stroke patients to the appropriate area. While the current unscheduled care system pressures remains moving medical patients off the stroke unit remains very challenging; particularly as there is already a high level of surge capacity occupied at Morriston Hospital.

As illustrated below the high level of non-compliance over the pandemic and up until now is not a unique to SBUHB and is an all Wales issue as shown by the diagram below for the period of June 2021-August 2021.

Direct Admission to Stroke Unit Within 4 hrs Patient Volumes
Jun 21 to Aug 21



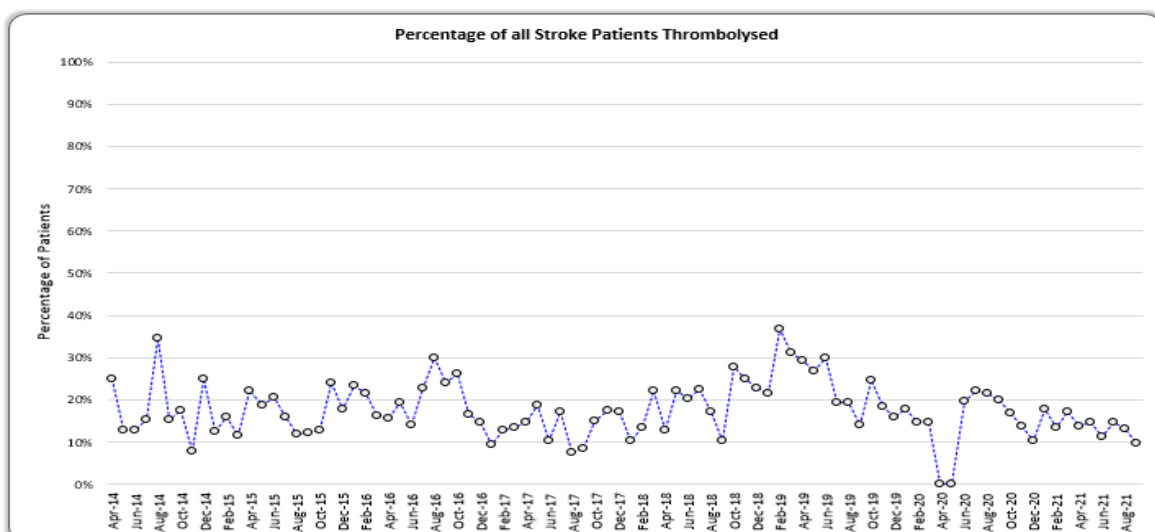
CT Head within 1 hour:



Compliance remains below pre-pandemic levels for patients requiring a CT head within 1 hour, performance for September 2021 was 34%. This is again discussed weekly in the stroke performance meeting alongside bed management teams. The key issue here is ensuring patients are assessed by medical teams early in order to request a CT in a timely manner. The Emergency Department at Morriston has been particularly busy and patients with unclear symptoms of a stroke are therefore at risk of not having this scan in a timely manner if they are not an obvious stroke.

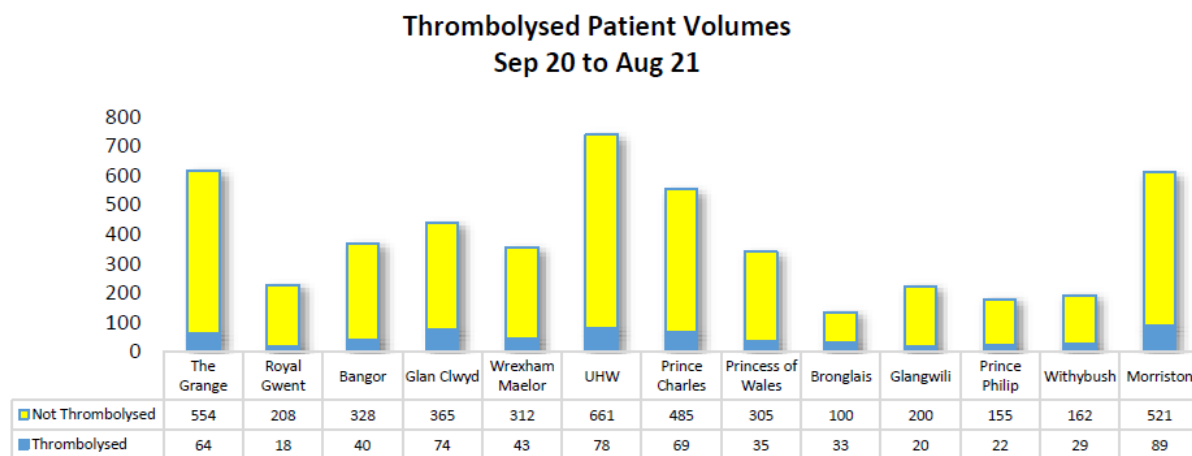
A detailed summary of CT performance for All Wales is given on pages 6-11 of the DU reported included under **Appendix 1** and as can be seen Morriston has the worst performance across Wales over the last year at 37% against an All Wales average of 54%. An additional dedicated staffed CT for the assessment of patients with suspected stroke and other cardio-vascular conditions is required to address performance in this area.

Percentage of all Strokes Thrombolysed:



Compliance remains largely in line with pre-pandemic levels. SBUHB remains one of the strongest and most consistent performers of thrombolysing eligible Stroke patients.

Illustrated below is the number of thrombolysed patients across Wales.



Improvement Plan

In recognition of some of the challenges facing the Health Board in meeting the SSNAP targets the attached action plan has been produced to ensure all possible steps within the control of the stroke team are being carried out to improve compliance. The action plans does not address the external factors impacting on performance. (Appendix 2)

Hyper Acute Stroke Unit (HASU) Development

There are a number of public engagement events taking place around 'Changing for the Future' consultation which highlight the Health Board ambition to develop a HASU. In addition discussions with Hywel Dda regarding a regional HASU are due to recommence with a meeting arranged in the next few weeks.

This draft paper is currently going through the business case scrutiny process and there is a meeting with the CEO to discuss too. Funding is available to commence the recruitment of 6 ANP nurses required to support the service and the increase required in the consultant body.

Inpatient Stroke Rehabilitation

Current services for Inpatient Rehabilitation are delivered across all sites, with a proposal within the Clinical Service Plan to move stroke rehabilitation service to Neath Port Talbot and for the rehabilitation to be delivered within a Centre of Excellence.

Planning is underway to review proposal and the following being scoped:

- National rehabilitation modelling tool used as a template for a 2-week snapshot audit across 4 sites with a focus on stroke.
- Number of individuals identified as being able to receive their on-going rehab in the community but this is limited by current capacity.

- Workforce variations – in relation to whole time equivalents and skill mix. A Skilled workforce is required to deliver rehabilitation.
- Further data collection required and planned to understand true stroke rehabilitation demand
- Development of clear and concise in-patient rehabilitation pathways.
- Identifying the demand for community based rehabilitation and working collaboratively with the Home First programme to develop clear pathways into the community.

3. GOVERNANCE AND RISK ISSUES

Whilst the whole NHS system remains under pressures including increased ambulance waits and handover delays, increased numbers of patients attending A&E, lack of care facilities in the community, the availability of beds then the overall access rate to the Stroke Unit will remain at a sub-optimal level. Delayed access to specialist Stroke facilities will impact on patient outcomes and the experience.

4. FINANCIAL IMPLICATIONS

No immediate financial implications are indicated from this report, the future financial implications are aligned to the development of a HASU.

5. RECOMMENDATION

The committee is asked to note the report.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>It should be noted that the sustained system pressure and inability to access stroke beds in a timely manner is inevitably impacting the quality, safety and patient experience.</p>		
Financial Implications		
<p>No immediate financial implications are indicated from this report.</p> <p>Financial implications are linked to the HASU development which is embedded in this paper and being considered via BCAG.</p>		
Legal Implications (including equality and diversity assessment)		
No Legal implications		
Staffing Implications		
No staffing implications. Staffing development is factored into the HASU case being progressed via BCAG.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** – HASU development
- **Prevention** – Earlier intervention due to having beds to access.
- **Integration** - Integrating other services to expand services and improve the QIM measures.
- **Collaboration** - Acting in collaboration with HDUHB to re-explore the regional HASU.
- **Involvement** – Currently SBUHB involve a range of stakeholders and third party organisations in developing services for the future such as the Stroke Association and the CHC.

Report History

Version 1.

Appendices

**Appendix 1: All Wales DU QIM Measures by Health Board:
Appendix 2: Improvement Plan**