


Appendix 1 – Stroke Improvement Plan


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 - 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 - To be raised at site meetings with as high profile as other targets - Plans to be created for getting ring fenced capacity back	Site team/ Service Managers	Oct 22	Raised profile of Ring-fenced stroke capacity in line with specialties such as ITU, A&E, and Cardiac. Service Director has previously instructed that capacity is to be ring-fenced. May 23 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. Stroke bed held when able due to site pressures which has seen some benefit.	Improved compliance against 4 hour target		In place
3	Out of Hours Access to a Stroke Bed within 4 hours	Site team/ Service Managers	TO BE RE-	<u>Maintain 4 ring-fenced beds per 24 hours</u> – do not go into the night without a ring-fenced bed without exec	Improved compliance against 4 hour target		In Place

	Recommendation/Action	Lead	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
	- To breach a ring fenced stroke bed a proforma should be completed and signed off by gold.		INTRO DUCE D Oct 22	<p>approval. Last bed not to be used for non-stroke admissions unless exec approval. 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). 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>May 2023 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>	Reduced LoS from not using the therapies room		
4	Transfer Delays: Transfer issues to be raised at 10:30 internal site call and work with other sites to move longest waiters and ensure compliance.	Site team(s)/ ECHO manager	Oct 21	<p>Use the ASU delayed transfer list to highlight transfer delays, monitor them and work to reduce them.</p> <p>May 2023 Email is sent daily to proactively raise the profile long waiters at Morrision 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		

	Recommendation/Action	Lead	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
5	Direct to CT to be explored with radiology	Mark Ramsey/Toby Wells /Tal Anjum	Oct 22	<p>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. Complete.</p> <p>May 2023 Approved by Morriston Management board for awaiting WAST colleagues to approve a 'go-live date' for the pilot. Likely to be June. Revised ED process aimed at streamlining booking in patient to CT to be run parallel. Training required by WAST for trolley use by HB Staff.</p>	Reduced time to CT Head		Feb 2023
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>May 2023 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"> - Monday-Thursday - Friday if required. 	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	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
	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
8	Ensure SLA with Bristol is maximised for Thrombectomy use	Hannah Roan	Aug 2022	Eligible patients transferred to Bristol for Thrombectomy. 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. Survey conducted November -December 2022. DU report awaited on findings Direct to CT Pilot – Feb 2023 envisaged to cut down assessment/referral time for this service. Agreed at Morriston 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:  Stroke Thrombolysis Action	Lessons learnt and kept on for information		

	Recommendation/Action	Lead	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
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:  STROKE - 20200518 - Stroke services dur Therapies room ring-fenced going forward	Lessons learnt and kept on for information		
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	HASU Access to beds	ARCH	Not started	SOP and Ring-fencing policy to be adopted following New HASU Unit. Await approval of HASU business case and implement from April 2023			April 2023 (following expected approval at management board)
15	HASU Dedicated CT facility to improve scan times.	ARCH	Not started	£400k in stroke legacy fund to be put towards developing dedicated CT facilities. Additional benefit of working with radiology to bring cardiac scans back to SBUHB also. HDUHB colleagues to be asked about their contribution towards these facilities as requested by the Charitable funds committee December 2023.			April 2023.

	Recommendation/Action	Lead	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
16	HASU Improved door to needle times from increased ANP workforce	ARCH	Not Started	Increased ANP workforce to improve door to needle times. Reduced time for patients to wait before receiving the medication. 3 candidates recruited and now in post.			April 2023
17	HASU Recruitment of 3 x Hybrid Stroke/Neuro consultants.		Oct 2022	3 x Hybrid consultants to be recruited. Ring-fenced funding exists. ARCH to agree financial contribution of the model prior to recruiting which will improve HDUHB Neurology provision whilst also			
18	AMSR Decompression of ED		Dec 2022	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 whose symptoms are not immediately obvious of stroke. Anticipated Benefit includes: <ul style="list-style-type: none"> Improved CT Head time Improved door to needle time for Thrombolysis 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. February 2023			

	Recommendation/Action	Lead	Start Date	Progress/Remarks	Expected Benefit	RAG Status	Due Date
				Double running phase to complete. No major benefit yet realised from AMSR to date in terms of its impact on Stroke performance.			

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

