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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 October 2022	Agenda Item	5.2
Report Title	Report on Stroke performance and action plan		
Report Author	David West, Directorate Manager		
Report Sponsor	Craigie Wilson, Deputy Chief Operating Officer		
Presented by	Craigie Wilson, Deputy Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	<p>To provide the committee with an update on Stroke performance including plans and timescales for improving Stroke performance.</p> <p>To provide an update on the establishment of a HASU.</p>		
Key Issues	<p>Compliance against the 4 Hour access target for admission to the Acute Stroke Unit remains challenging due to system wide pressures including infection control measures and outbreaks due to COVID.</p> <p>High compliance of OT (occupational therapy)/PT (physiotherapy)/SALT (speech and language therapy) assessments within 24 hours together with high level of swallow assessment compliance.</p> <p>Consistently high thrombolysis rates and this has been recognised by the Delivery Unit. Reducing door to needle time for Thrombolysis is an area for improvement.</p> <p>Time to CT head will be addressed by HASU (hyper-acute stroke unit) and decompression of ED (emergency department) as part of AMSR.</p> <p>AMSR (acute medical services redesign) driven improvements will require a period of transition to achieve desired improvements.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to:		

	Note the content of the report and endorse actions to improve performance.
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Report on Stroke performance and action plan for performance recovery and improvement.

1. INTRODUCTION

This report aims to provide the committee with an update on Stroke performance in SBUHB. As a result of the pandemic and the pressures on acute hospitals such as Morriston mean that access targets have been challenging to improve. This report will illustrate Morriston's performance against other Welsh centres who are also experiencing the same challenges.

With ongoing investment into the Stroke workforce and the planned decompression of the Emergency Department as a result of the Acute Medical Services Redesign (AMSR) programme a plan for performance recovery and improvement has been developed.

Work has been ongoing throughout 2022-23 to recommence HASU planning that had taken place before the pandemic. This is now underway lead in collaboration with Hywel Dda University Health Board (HDUHB).

2. BACKGROUND

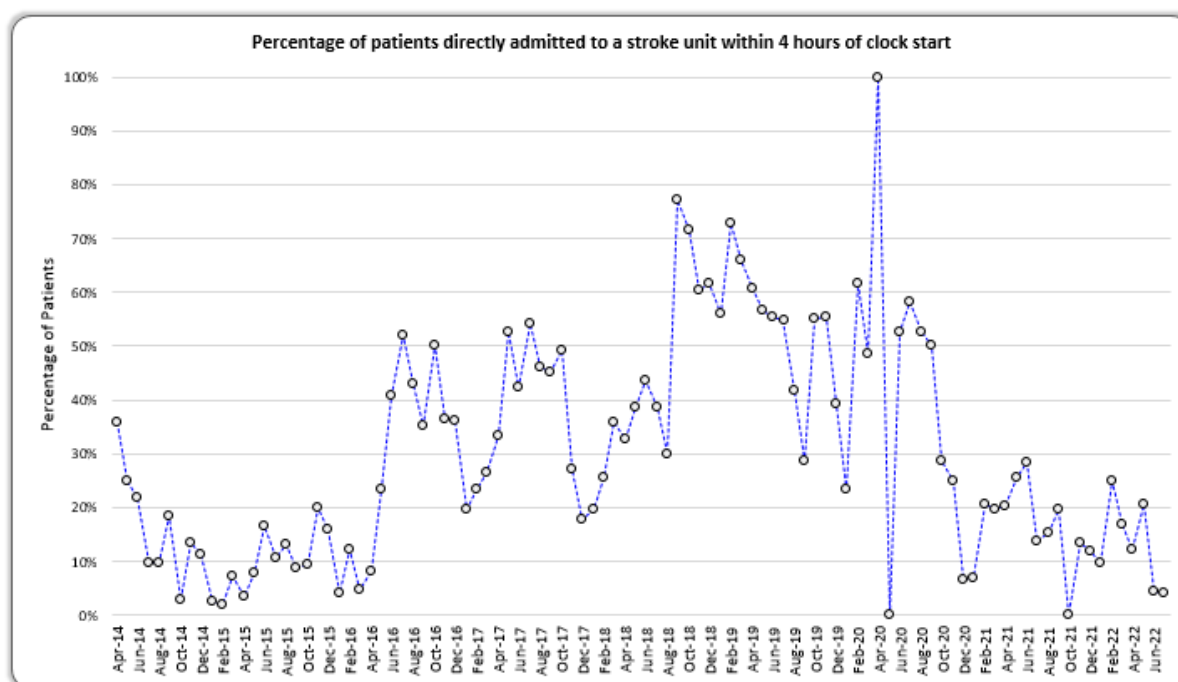
2.1 Stroke Performance

Summary of main Stroke Quality Improvement Measures for June to August 2022 illustrated below:

Measure	SSNAP Audit Oct - Dec 2021	Aug-22 Numerator	Aug-22 Denominator	Score			% Variation
				Jun-22	Jul-22	Aug-22	
Urgent Intervention							
Percentage of stroke patients given thrombolysis (all stroke types)	10.4%	8	50	17.4%	14.6%	16.0%	1.4%
Thrombolysed patients DTN <= 45 mins		3	8	0.0%	0.0%	37.5%	37.5%
Percentage of patients scanned within 1 hour of clock start	53.9%	19	50	37.0%	33.3%	38.0%	4.7%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	41.8%	3	50	4.4%	4.2%	6.0%	1.8%
Percentage of applicable patients who were given a swallow screen within 4 hour of clock start	71.0%	39	50	63.0%	72.9%	78.0%	5.1%
Percentage of Unique stroke patients given thrombectomy (all stroke types)		0	50	2.2%	0.0%	0.0%	0.0%
Urgent Assessment							
Percentage of patients assessed by stroke specialist consultant physician within 24 hours of clock start	83.5%	49	50	95.7%	97.9%	98.0%	0.1%
Assessed by one of OT, PT, SALT within 24 hours		48	50	82.6%	91.7%	96.0%	4.3%
Percentage of applicable patients who were given a formal swallow screen assessment within 72 hours of clock start	88.0%	20	21	90.9%	81.8%	95.2%	13.4%
Inpatient Rehab							
Percentage of patients who spent at least 90% of their stay on stroke unit *	75.5%	58	136	42.6%	42.6%	42.6%	0.0%
Compliance with patients receiving the required minutes for OT (3-month rolling)	85.1%	18.44	25.7	74.6%	70.8%	71.8%	0.9%
Compliance with patients receiving the required minutes for physiotherapy (3-month rolling)	78.1%	20.66	27.3	70.7%	71.4%	75.7%	4.3%
Compliance with patients receiving the required minutes for SALT (3-month rolling)	53.5%	4.94	16.1	30.0%	28.9%	30.7%	1.8%
Discharge Standards							
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (exc. Palliative care pts)	79.9%	8	10	77.8%	88.9%	80.0%	-8.9%
Percentage of patients discharged with ESD/Community Therapy Multidisciplinary Team	47.6%	41	102	42.7%	43.3%	40.2%	-3.1%
Six month follow-up assessment							

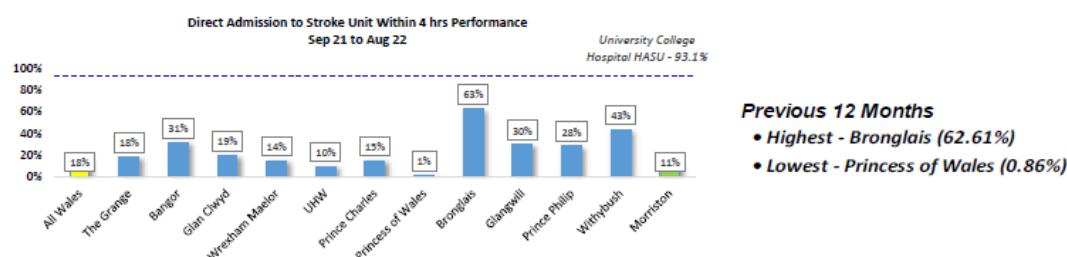
4 Hour Admission to ASU

Access to dedicated Stroke beds continues to impact on performance with 6% of patients meeting the target of admission within 4 hours for August 2022. This is a marginal increase in compliance from 4.2% in July 2022 and 4.4% compliance in June 2022. Compliance remains low around the 4-hour target having fallen during the pandemic. Performance is discussed weekly in the Stroke performance meeting held at Morriston alongside clinicians, ED staff and bed site managers. System wide pressures such as the busy ED department, Covid outbreaks and limited availability of packages of care continue to impact of overall flow.

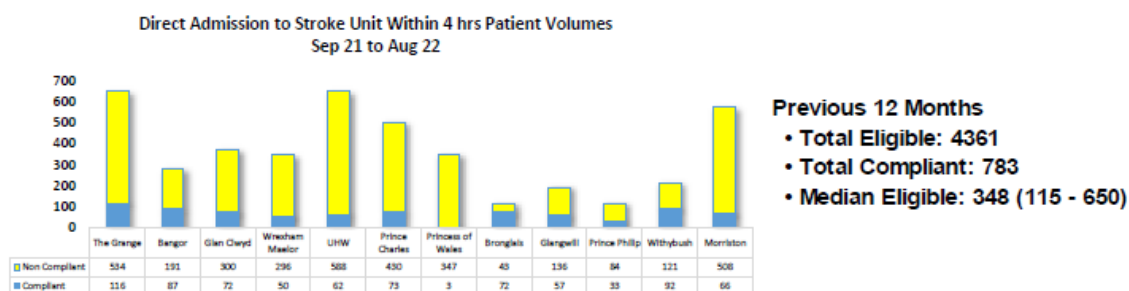


4-hour access issues are also affecting the other major admitting sites in Wales, such as UHW, POW and Prince Charles hospitals. SBUHB performance is in line with these other sites. Sites dealing with smaller volumes of Stroke patients such as Bronglais, Prince Phillip and Withybush have much higher access rates as demonstrated below.

Site comparison for the proportion of patients directly admitted to the stroke unit within 4



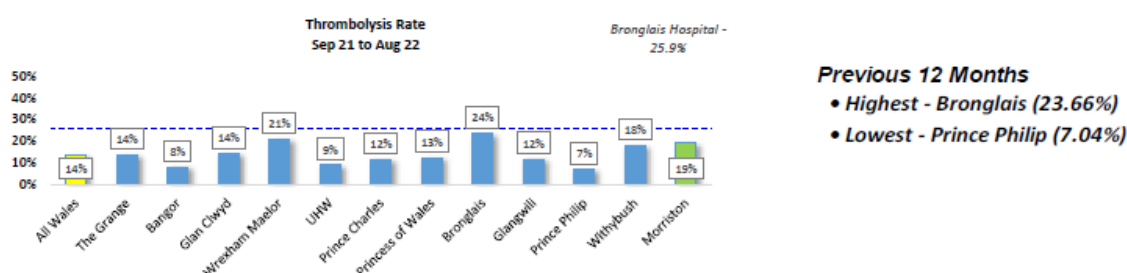
Site comparison for the volume of patients directly admitted to a stroke unit within 4 hours of clock start



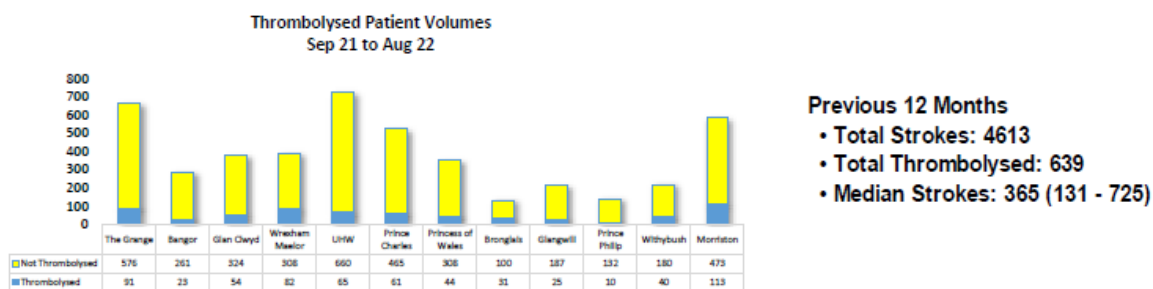
Thrombolysis rates

Thrombolysis rates remain comparably consistently high (16% for August 2022) for the volume of Stroke patients Morrison accepts as illustrated by the graphs below.

Site comparison for the proportion of stroke patients given thrombolysis



Site comparison for the volume of stroke patients given thrombolysis



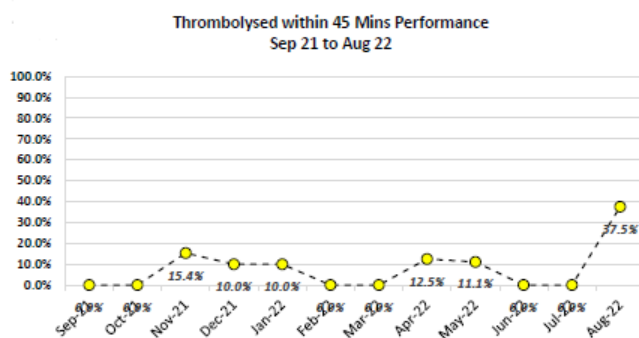
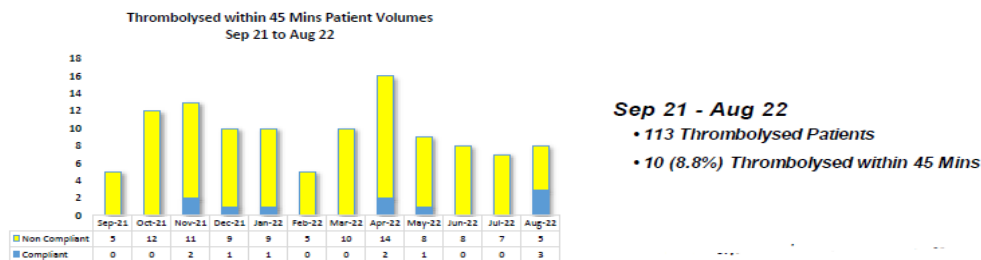
Thrombolysis door to needle time <45 minutes.

A high volume of patients suffering a Stroke receive thrombolysis at Morrison but these patients require observation when given this treatment. Clinical Nurse Specialists (CNS) and doctors are not always able to leave a thrombolysed patient to attend any other call or alert that goes off.

Developing an ANP (advanced nurse practitioner) workforce as per the HASU plan will allow these members of staff to attend to other patients suffering a Stroke and reduce door to needle time.

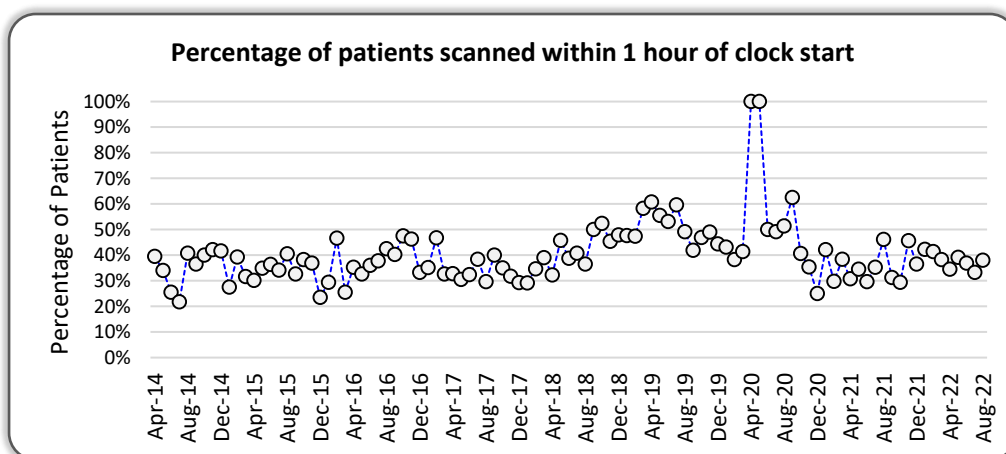
August 2022 also included significantly improved performance of 37.5% of eligible thrombolysis patients getting treatment <45minutes.

Proportion of thrombolysed patient given thrombolysis within 45 mins of clock start



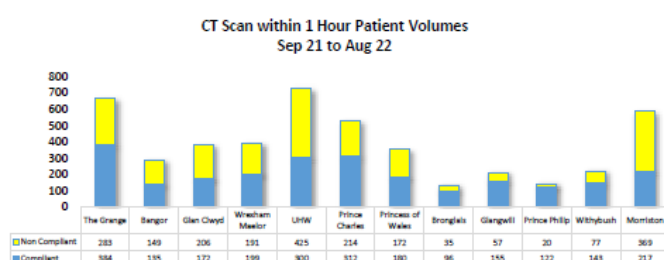
CT head within 1 hour

CT head scans <1hr were consistently improving prior to the pandemic. However, due to assessment delays and increasingly busy ED department, performance against this target has fallen back to where it was 2017-2018 but remains fairly consistent.



The upcoming AMSR implementation in December 2022 and opening of the new AMU is envisaged to decompress ED and reduce times to assessment, increasing compliance against this measure.

Site comparison for the volume of patients scanned within 1 hour

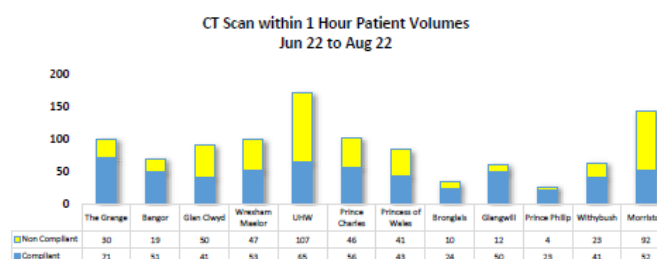


Previous 12 Months

- Total Eligible: 4613
- Total Compliant: 2415
- Median Eligible: 365 (131 - 725)

Previous 3 Months

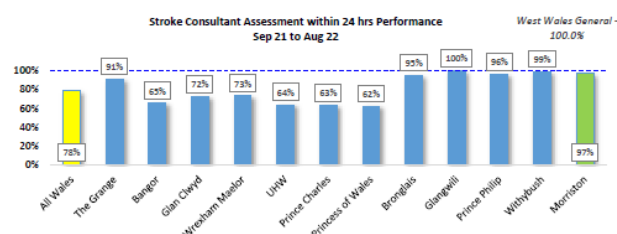
- Total Eligible: 1051
- Total Compliant: 570
- Median Eligible: 87.5 (27 - 172)



Other Measures

High level of compliance for consultant assessment within 24 hours as well as high levels of therapy input compared to peers.

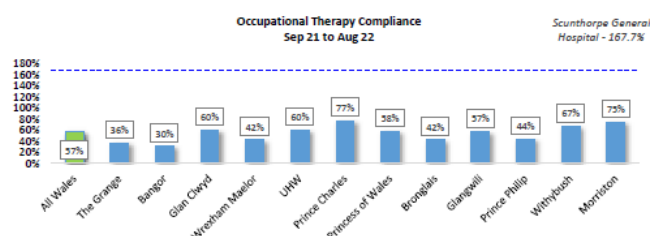
Site comparison for the proportion of patients assessed by a stroke consultant physician within 24 hrs of clock start



Previous 12 Months

- Highest - Glangwili (99.53%)
- Lowest - Princess of Wales (62.22%)

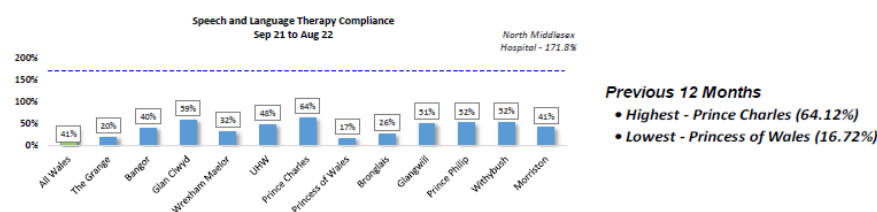
Site comparison for the compliance of occupational therapy against the therapy target of an average of 25.7 mins across all patients



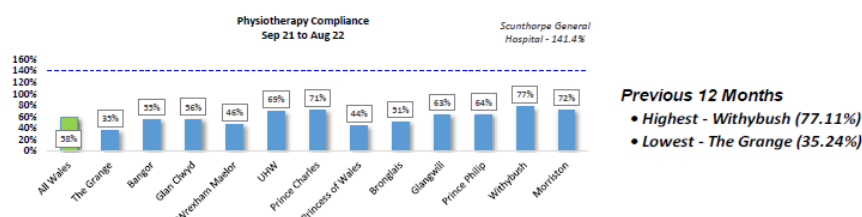
Previous 12 Months

- Highest - Prince Charles (77.30%)
- Lowest - Bangor (30.44%)

Site comparison for the compliance of speech and language therapy against the therapy target of an average of 16.1 mins across all patients



Site comparison for the compliance of physiotherapy against the therapy target of an average of 27.3 mins across all patients



Morriston Discharge Standards – August 2022

Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	80.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	40.20%
Percentage of applicable patients discharged with ESD	N/A	38.24%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	4.90%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

Rehabilitation Performance

Rehabilitation services are currently provided on two sites with 10 beds in Singleton and 15 beds in Neath Port Talbot. Both sites have Stroke beds co-located with other specialities, resulting in staff covering other areas. The competing unscheduled care pressures does negatively impacts the rehabilitation pathway performance. The planned Acute Medical Service Redesign will ultimately seek to streamline pathways and positively impact on performance however, there is likely to be a period of transition before significant improvements are observed.

The tables below show the rehabilitation Quality Improvement Measures for September 2022. These measures focus on therapy input and the discharge process.

Singleton (September 2022 Quality Improvement Measures)

Quality Improvement Measures	Aspiration	Score
Inpatient rehab		
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	112.1%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients*	N/A	92.0%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients*	N/A	#NUM!
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	100.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	33.33%
Percentage of applicable patients discharged with ESD	N/A	33.33%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	0.00%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

**If this measure is blank this means that there were no patients that required therapy in the last 3 months*

Neath Port Talbot (September 2022 Quality Improvement Measures)

Quality Improvement Measures	Aspiration	Score
Inpatient rehab		
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	37.4%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients*	N/A	58.1%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients*	N/A	1.1%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	0.00%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	36.36%
Percentage of applicable patients discharged with ESD	N/A	36.36%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	0.00%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

**If this measure is blank this means that there were no patients that required therapy in the last 3 months*

The above tables show the rehabilitation Quality Improvement Measures for Sept 2022. These measures focus on therapy input and the discharge process. The table show variation in the percentages of therapy input across the two sites.

The Early Supported Discharge (ESD) percentage is included in the rehabilitation sites, although the percentage for this is always low as this service is aimed at those with a mild/moderate Stroke so the majority of patients are referred to this service from the acute site.

There are a number of key factors that have been scoped in the rehabilitation work stream. The key areas of focus by the task and finish group for Stroke inpatient rehabilitation include;

- One rehabilitation site providing a 7 day therapy service and simplifying the pathway for service users.
- Ward and bed configuration has been confirmed. Stroke and Orthogeriatric patients will be cared for on separate templates.
- The rehab pathway diversion to NPT and realignments of wards is provisionally aimed to take place on the 29th Oct 2022.
- Expansion of the ESD team into a community stroke team to ensure all patients can receive community based intervention as required
- Developing the Life after Stroke service to meet the needs of all stroke survivors
- Provide timely access to rehabilitation services to ensure effective flow through the HASU

Recruitment

Recruitment into Acute Stroke Services.

Stroke ANP roles.

Three candidates were interviewed in August 2022 for ANP roles. As of 4th October 2022 one candidate has started in post and two are finalising pre-employment checks.

One of the ANPs is in the final year of her training qualifying in September 2023. The other two other ANP's are in their first year of training and once qualified will have a 6 month competency period to complete so their full impact may take some time to be realised. The increased input will however improve coverage into the evenings and weekends.

Hybrid Neurology/Stroke Consultants

Funding for a further three Neurology consultants has been requested (jointly funded with HDUHS) and is also linked to the FND case between HDUHB and SBUHB. Ongoing recruitment to Neurology posts must support the Stroke rota and when numbers allow a dedicated 24/7 Stroke rota will be initiated. This is a long term aspiration.

These posts are being discussed with HDUHB to simultaneously satisfy the need to increase on call Stroke cover as well as expanding Neurology services across the South West Wales Region.

Once appointed these consultants will most likely require a period of thrombolysis training although some in the labour market already possess this and have made contact with SBUHB to express their interest in a post.

HASU Development

The current Swansea Bay Stroke pathway consists of 3 sites:

- 24 Acute Stroke Unit (ASU) in Morriston. These beds are not ring-fenced and the ward always has a cohort of medical beds, approx. 8 on average.
- 10 rehabilitation beds on Ward 4, Singleton hospital. These beds are co-located with ortho-geriatrics
- 15 rehabilitation beds on Ward C, Neath Port Talbot. These beds are co-located with general rehab/discharge planning beds.

The lack of ring fenced beds and all wards having co-located beds provides a challenge to the staff working on those areas, bed capacity is limited by the pressures of unscheduled care demand.

HASU Model

The HASU model being proposed by the clinical team in SBUHB would bypass ED and individuals with suspected stroke would be triaged in stroke specific area within the Enfys (Acute Medical Assessment Unit) footprint. This would create a specialist area for suspected strokes to be diagnosed without increase demand within ED. Enfys (AMAU) is planned to have an appropriate ambulance bay for all medical patients

The following details the assumptions agreed to date:


- Stroke Team will meet patient on arrival to provide immediate assessment and diagnosis 24/7
- Immediate access to CT scan
- Immediate access to Thrombolysis (if appropriate)
- Immediate access to HASU bed via ED
- HASU will link with the All- Wales Thrombectomy pathway (currently Bristol)
- Max 24 hour waiting time for MRI scan, Doppler, Holter monitoring, Vascular and Cardiology review
- Robust pathways and SOPs for Stroke Mimics
- 36% of stroke mimics will require admission to a HASU bed
- All strokes and the 36% mimics will have a 3 day length of stay within HASU
- Bed occupancy rate has been set at 85%

HASU was until recently being progressed as a Swansea Bay only model. This model and the accompanying business case will be revised accordingly. This is being progressed under the ARCH programme Alison Shakeshaft, Director of Therapies and Health Sciences (HBUHB) leading on developing these proposals in conjunction with SBUHB.



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, Cardiac. Service Director has previously instructed. That capacity is to be ring-fenced. Aug 22. 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. 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. Therapy room is also used to accommodate a '+1' patient slowing discharges.	Improved compliance against 4 hour target		1/12/22
3	Out of Hours Access to a Stroke Bed within 4 hours	Site team/ Service Managers	TO BE RE-INTRODUCED	<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	Improved compliance against 4 hour target		Re-introduce April 2022

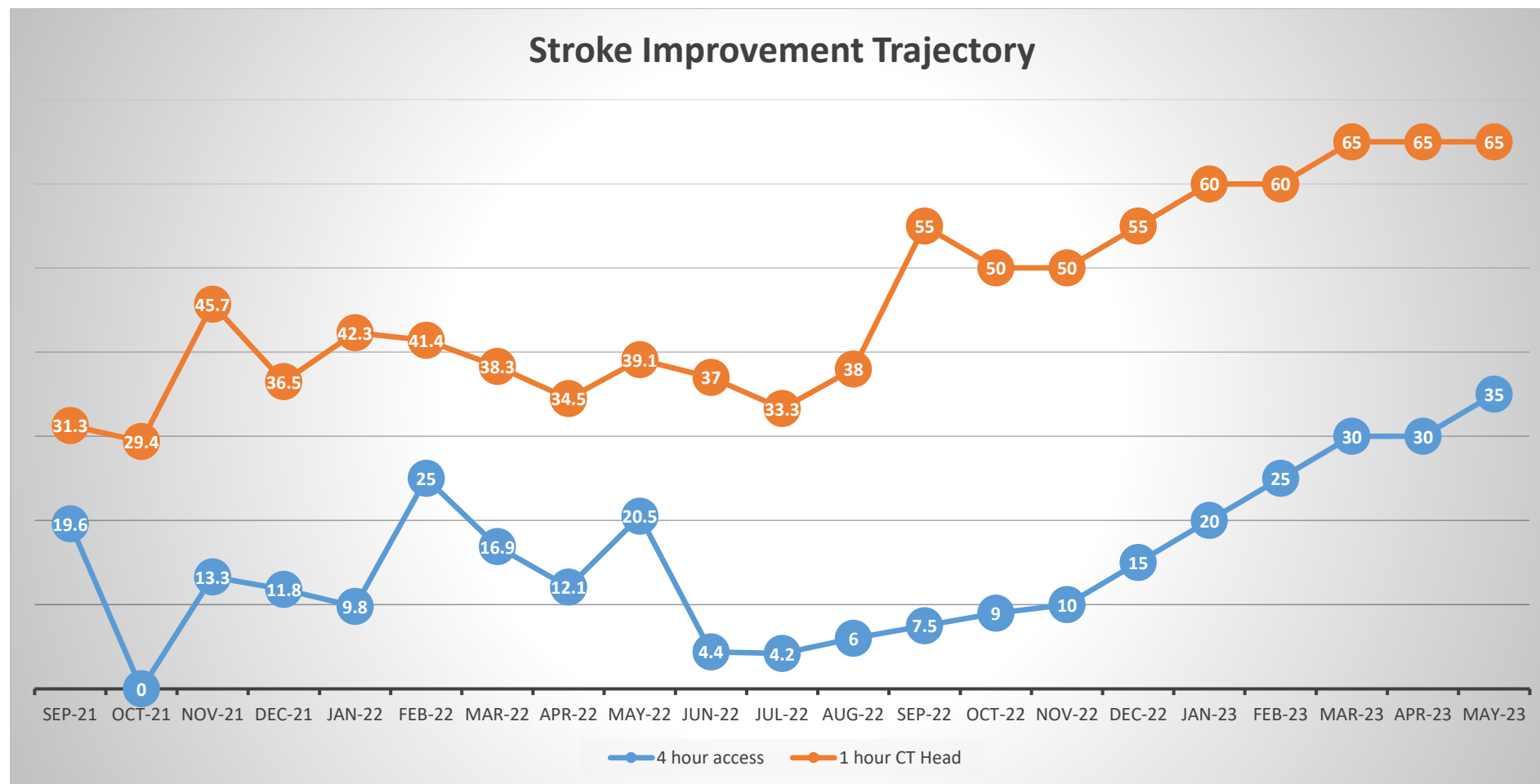
	<ul style="list-style-type: none"> - To breach a ring fenced stroke bed a proforma should be completed and signed off by gold. 		Oct 22	<p>used for non-stroke admissions unless exec approval.</p> <p>The attached pro-forma is to be populated (by Bed Manager or On-call Manager) each time the ring-fenced 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><u>Update Oct 2022</u> 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		post 'winter pressure'
4	<p>Transfer Delays:</p> <p>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)/ ECHO manager	Oct 21	<p>Use the ASU delayed transfer list to highlight transfer delays, monitor them and work to reduce them.</p> <p><u>Feb 2022</u> 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, SING 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.	Reduced time to CT Head		
5	DTOC's from ASU and rehab wards	Site team (s) /	Oct 2022	Delayed Transfers of Care discussed every Tuesday via the Clinically optimised meeting. Ward F patients profile to be raised as well as other key areas. Business case for ESD to be reviewed and refreshed	Increased patient flow.		
6	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	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 – Singleton managers now in post	Closer working between sites		
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 1/1/22 to aim towards 11% thrombectomy rate.			
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		
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	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 Feb 22			February 2022. (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.			February 2022. (following expected approval at management board)
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. 1 started as of 4/10/22, 2 undergoing pre-employment checks.			December 2022.
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 who's 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 			

Improvement Trajectories



The above trajectories are based on the anticipated impact of recruitment of ANPs, AMSR implementation, move of Stroke rehab to a single site. These will be expanded in future reports to other measures in order to track the progress. It must be noted that performance compliance is poor Wales wide for the key access measures and COVID outbreaks can shut the ASU overnight therefore these are estimated trajectories in the current climate.

3. GOVERNANCE AND RISK ISSUES

Two main areas of risk highlighted below. The inability to admit patients in a timely manner into the Acute Stroke unit and also the lack of dedicated rota and on call staffing which affects assessment times as highlighted in the paper.

ID	Title	Risk (in brief)	Rating (current)	Controls in place	Assurances in Place
2901	Inability to admit patients in a timely manner to the Acute Stroke Unit	Patients who suffer a Stroke should be admitted to an Acute Stroke Unit (ASU) from ED within 4 hours. This is Ward F at Morriston. Due to site pressures often space is occupied by non-stroke patients and there is no room in ward F meaning patients are outlaid to areas lacking in the expertise to manage this condition optimally. Risk of major harm to patients from lack of timely assessment/admission and rehab facilities	20	<ul style="list-style-type: none"> - Weekly stroke scrutiny meetings, quarterly board meetings. - Improvement plan developed but no benefit realised until site pressures and placement of medical/stroke patients is addressed. 	<ul style="list-style-type: none"> - Ring-fencing of beds to be stuck too not overruled from site or on call teams - Increased outflow from ward F i.e. more rehab beds off site, quicker routes to packages of care.
2147	Potential significant harm due to lack of Senior Stroke Medicine On-call rota	<p>The acute stroke service in Morriston Hospital manages the care of approximately 700 confirmed stroke patients per annum. Of this cohort, around 120 patients will receive thrombolysis following a diagnosis of ischaemic stroke. The thrombolysis service in Morriston Hospital is delivered by the on-call medical registrar on a 24/7 basis with no stroke consultant oncall. The senior cover is key in complex cases to minimise risk to patients and also in improving care given to any acute stroke admissions. The failure to have senior stroke consultant in put carries the following potential risks:</p> <ul style="list-style-type: none"> •Potential for significant patient harm (including death) as a result of not having access to specialist opinion when required. •Delayed access to thrombolysis compromises patient outcome and rehabilitation potential. •Incorrect delivery of thrombolysis can result in a brain bleed and potential death. •Delayed or incorrect patient management can also compromise eligibility for wider life-saving interventions (such neuro-surgery or mechanical thrombectomy). •Inappropriate management of intracranial bleeds can result in increasing mortality and morbidity 	12	<ul style="list-style-type: none"> Revised thrombolysis clinical documentation Frequent training of the medicine middle grades delivered by the stroke consultants 	ongoing discussion with HASU Regional Stroke Services Group to develop future acute stroke service specification (including on-call arrangements)

2901 - Timely access to the ASU has now been added to the Health Board Risk register at the request of executives.

4. FINANCIAL IMPLICATIONS

The main financial implications for Stroke over the coming months are related to the regional HASU case. Costings to date will need to be revised to represent the Regional model.

Three ANP nurse funding secured and recruited to. The funding required to recruit three consultants neurologists and associated admin support is to be agreed with colleagues in HDUHD.

5. RECOMMENDATION

Note the content of the report and endorse the actions to improve performance.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" 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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" 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>The paper highlights challenging areas of the Stroke pathway but also highlights areas where SBUHB is doing really very well against a difficult picture faced nationally by all Health Boards.</p> <p>HASU development and the Acute Medical Services Redesign (AMSR) programme will only improve patients experience long term and address areas where SBUHB can improve.</p>		
Financial Implications		
<p>The financial implications for Stroke services are mainly related to HASU development. Development of a HASU will require significant investment as outlined in the business case.</p> <p>Development of a dedicated CT facility to improve scanning times can be part funded from a Stroke legacy fund which currently contains around £400,000.</p>		
Legal Implications (including equality and diversity assessment)		
No implications to note.		
Staffing Implications		

Briefly identify the known and/or potential staffing implications of this proposal/paper.

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** – Providing enhanced Stroke Services for the SBUHB region.
- **Prevention** – Enabling timely intervention in patient’s pathways resulting in better outcomes for Stroke survivors.
- **Integration** – Integrating with other hospital sites to ensure rehabilitation pathways are utilised.
- **Collaboration** - Acting in collaboration with any other areas such as other hospital sites, tertiary organisations such as the Stroke Association and
- **Involvement** – Stroke performance is monitored weekly by a range of staff from different backgrounds as well as being scrutinized before a regular executive board.

Report History

V3

Appendices