



Deep Dive: Stroke Services

Extraordinary Quality, Safety & Experience Committee

Date 15th September

14:00 – 17:00



The purpose of this report is to provide the Quality, Safety & Experience Committee with an understanding of the impact of the fragility on current service provision, incidents, complaints, patients experience and risks and understand how these are being managed whilst awaiting the outcome of Clinical Services Plan.

Currently, Stroke services do not meet the national staffing recommendations for stroke care and the Hywel Dda population does not have access to specialised Hyper-Acute Stroke Care (HASU), and limited Integrated Community Stroke Service (ICSS), and psychological therapies. Also, there is no seven-day cover for medicine, clinical nurse specialist or therapy services within Stroke services. As a result, Hywel Dda cannot provide the evidence-based standard of stroke care recommended by the Royal College of Physicians and measured by the Sentinel Stroke National Audit Programme (SSNAP).

Stroke workforce fragility is entered on the Risk Register. The Risk was recently realised within 2 of the units, not having a Consultant for a period of time, this was due to extended leave. The Risk was mitigated by Stroke Consultants colleagues from other sites supporting the gaps; however, this did put further pressure on the supporting stroke teams.

Risk Reg- HDD291, HDD1386, HDD233 (service Risk linked to HDD1649)

The patient presents to the Emergency Department (ED) unit either as a 999 FAST+ve conveyance, a GP expected or as a self-presenting patient. The FAST+ve pre-alert ensures that the Stroke team meet the patient from the ambulance to take them directly to Computed Tomography (CT) Scan. For GP expected patients and individuals arriving by themselves (self-presenters), the ED/ Minor Injury Unit (MIU) team will enact the stroke call. For inpatient strokes, these should be urgently assessed, and a thrombolysis call should be raised if time of onset is known and within 4.5 hours. If the time of onset is not known or longer than three hours, then advice from the stroke team can be sought directly during working hours. The patient should be taken to CT and a scan undertaken within one hour. This should happen within about 15 minutes if the thrombolysis targets are to be met. The thrombolysis target is known as the door-to-needle target (the time from the front door of the hospital to the point a needle pierces the skin)

After a patient is admitted to the Acute Stroke Unit, they are reviewed by a consultant and receive a therapy assessment within 24 hours. At that point, intensive therapy starts, which includes occupational therapy, physiotherapy, speech and language therapy, and access to a dietician. Depending on the severity of the stroke, support at home, and availability of Early Supported Discharge (ESD), patients can be discharged at any time. However, ESD is currently only available to patients at Withybush Hospital. Patients also receive a six-month follow-up.



Assessment



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

SSNAP scores for the 6 months le Performance adding up to the change in the dataset – April to October 2024

	Bronglais Hospital		Glangwili Hospital		Prince Philip Hospital		Withybush Hospital							
	Apr-Jun 2024	Jul-Sept 2024	Apr-Jun 2024	Jul-Sept 2024	Apr-Jun 2024	Jul-Sept 24	Apr-Jun 2024	Jul-Sept 24						
SSNAP Level														
SSNAP Score	C	B	D	C	B	C	C	B						
Case ascertainment band	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+						
Audit Compliance band	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+	A 90%+	B 80-89%	B 80-89%						
Total KI Score PC	C	B	C	C	B	C	C	A						
Total KI Score TC	C	B	D	C	B	C	C	A						
Combined Total key indicator														
	Patient centred	Team centered	Patient centred	Team centered	Patient centred	Team centered	Patient centred	Team centered	Patient centred	Team centered	Patient centred	Team centered	Patient centred	Team centered
1. Scanning	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2. Stroke unit	B	B	C	C	E	E	E	E	C	C	E	D	C	C
3. Thrombolysis	D	D	B	B	E	E	D	D	C	C	D	D	C	C
4. Specialist assessments	B	B	A	A	E	E	D	D	A	A	B	B	B	A
5. Occupational Therapy	C	C	A	A	B	C	B	B	A	A	B	B	C	D
6. Physiotherapy	D	D	B	B	C	D	B	B	B	B	B	B	B	B
7. Speech & Language Therapy	D	E	D	E	C	D	E	E	E	E	E	E	E	D
8. MDT working	C	C	C	B	C	B	D	C	C	C	D	D	C	C
9. Standards by discharge	A	A	A	A	B	A	B	A	A	A	B	A	C	C
10. Discharge process	D	D	D	C	A	A	A	A	C	C	C	C	A	A

SSNAP scores following release after dataset changes – January to March 2025

	Team	Bronglais Hospital	West Wales General	Prince Philip Hospital	Withybush Hospital
		Jan - Mar 2025	Jan - Mar 2025	Jan - Mar 2025	Jan - Mar 2025
SSNAP level		D	E	D	D
SSNAP score		47.5	29.2	47.7	52.9
Case ascertainment band		A	A	A	A
Audit compliance band		B	C	C	C
Combined Total Key Indicator level		D	E	D	D
Combined Total Key Indicator score		50	32.5	53	58.8

Patient-centred KI levels:

Patient-centred Domain levels:	Bronglais Hospital	West Wales General	Prince Philip Hospital	Withybush Hospital
1) Hyperacute assessment	D	C	C	B
2) Specialist pathway	B	E	C	B
3) Reperfusion	C	D	E	C
4) MDT assessment	E	D	C	C
5) Therapy intensity	D	E	D	D
6) Therapy frequency	E	E	D	D
7) Standards by discharge	B	C	C	D
Patient-centred Total KI level	D	E	D	C
Patient-centred Total KI score	52.5	35	50	60
Patient-centred SSNAP level (after adjustments)	D	E	D	D
Patient-centred SSNAP score	49.9	31.5	45	54

Team-centred KI levels:

Team-centred Domain levels:	Bronglais Hospital	West Wales General	Prince Philip Hospital	Withybush Hospital
1) Hyperacute assessment	D	D		B
2) Specialist pathway	B	E	B	B
3) Reperfusion	D	E		C
4) MDT assessment	E	D		C
5) Therapy intensity	E	E	E	E
6) Therapy frequency	E	E	D	D
7) Standards by discharge	B	C	C	D
Team-centred Total KI level	D	E	D	D
Team-centred Total KI score	47.5	30	56	57.5
Team-centred SSNAP level (after adjustments)	D	E	D	D
Team-centred SSNAP score	45.1	27	50.4	51.8

- The latest SSNAP scores from the new standards show area for improvement across all Hywel Dda sites. The overall performance shows that Withybush Hospital (WGH) has the highest key indicator (KI) score and that West Wales General performs the lowest with an overall rating of E (Jan-March 2025). Interestingly within the Patient KI levels, Bronglais Hospital (BGH) performs worst for the Hyperacute Assessment with a score of D with WGH scoring highest with a B – This is interesting as this is a key domain the CSP is looking to provide improvements in.
- Glangwili Hospital (GGH) have particular challenges around accessing a stroke bed within 4 hours, they have scored an E and meeting the KPI has been challenging over the last 12 months.
- Therapy intensity due to change in SSNAP targets are providing challenges across the board.
- Performance against accessing scanning is consistently good across Hywel Dda.



Headline Key Performance Indicators (KPI)



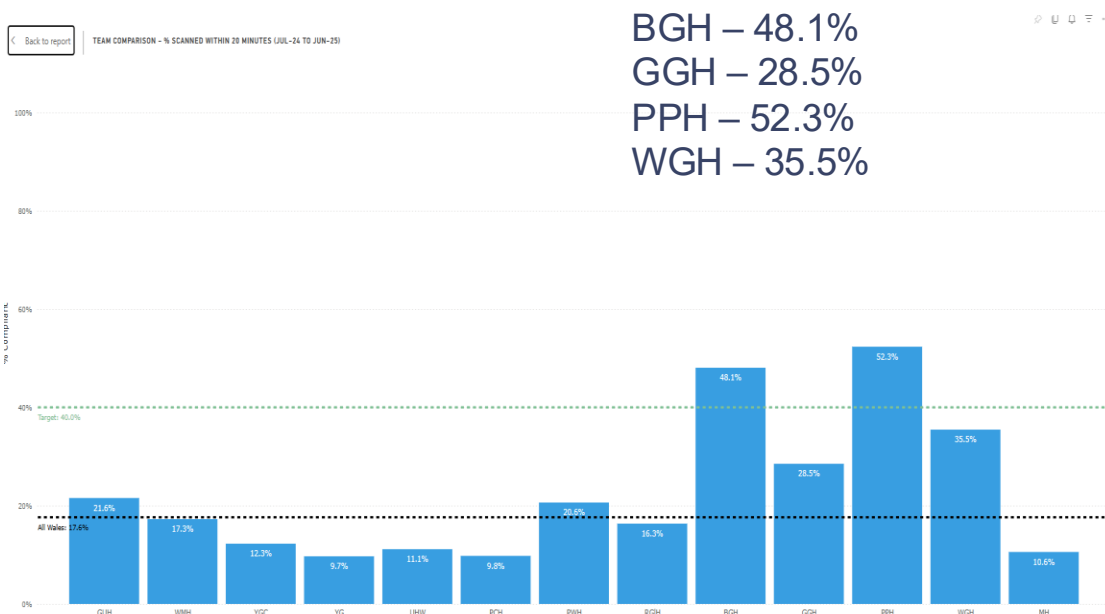
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Computerised Tomography (CT) scan within 20 minutes

July 2024 – June 2025

BGH – 48.1%
GGH – 28.5%
PPH – 52.3%
WGH – 35.5%

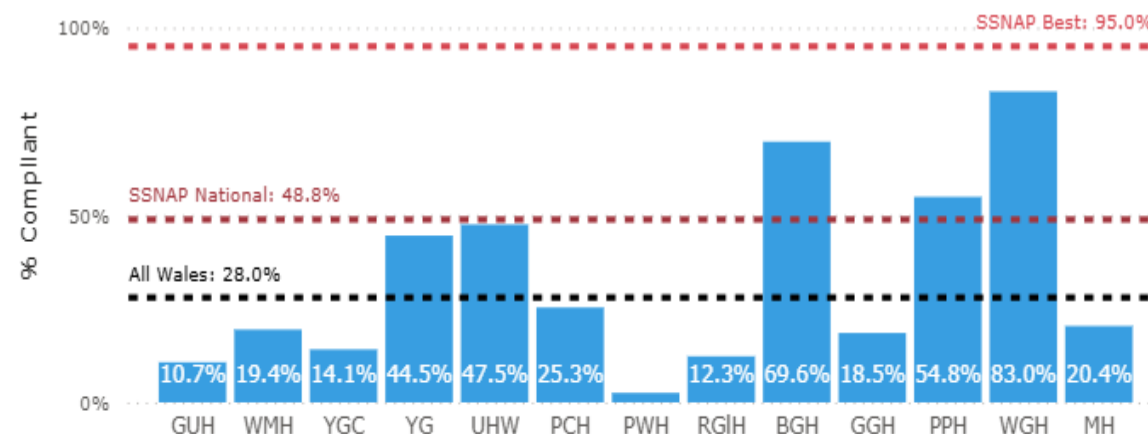


CT scan data shows that PPH has the best performance for the recent reporting period for 20 minutes scans with underperformance in this at the GGH & WGH site. Positive comparison for Hywel Dda against the rest of Wales.

Access to specialist ward within 4 hours

July 2024-June 2025 BGH -69.9%, GGH- 18.5%, PPH 54.8%, WGH- 83%

Team Comparison - % Arrived at Stroke Unit (ASU) within 4 Hours (Jul-24 to Jun-25)



Best performance for attendance at a Stroke unit with in 4 hours is being seen at WGH with 83% for the period and worst performance from the GGH site as noted previously this is a long standing issue for the site. 3 of Hywel Dda sites including BGH, PPH and WGH are performing above the UK national benchmark of 48%



Open Concerns (Wards)

GGH- Gwennllian – 2 open concerns

BGH Ystwyth – 2 open concerns

PPH Ward 9 – 3 open concerns

WGH Ward 11 – 0 concerns

Open Incidents (Wards)

GGH- Gwennllian – 3 open

BGH Ystwyth – 66 open

PPH Ward 9 – 19 open

WGH Ward 11 – 21 open

Overall, positive feedback for clinical staff performance, despite the service not meeting national clinical guidelines. Staff are frequently described as kind, compassionate, professional, and helpful. Patients are unhappy about communication for appointment scheduling, some issues with parking and bed availability. Where patients were asked to rate their overall experience of using the service, 99.46% of patients rated the service at least 8/10 in the friends and family test. Negative feedback identified relate to the overall experience of the hospital site, for example, parking.



Current Staffing Levels

- The four acute or rehabilitation units are not sufficiently staffed to meet the recommended Royal College Clinical Guideline for Stroke 2023.
- Stroke Specialist Nurses cover Monday- Friday during office hours 1 Whole Time Equivalent (WTE) for each site.
- Stroke Physician cover is during working hours only, Monday – Friday with on call medical teams covering out of hours.
- The therapy disciplines do not have seven day cover. There is also limited provision of therapies for Stroke Services across all four sites.
- Psychology is only available across the Health Board at 1.8 WTE
- Community Stroke Teams (CIST) 5 days a week in each County.



Clinical Services Plan

- The Clinical Services Plan within Hywel Dda has been developed in response to fragile services as identified in March 2023 and is also a requirement of Targeted Intervention. Nine services were identified and included Stroke.
- The programme completed an issues paper of Stroke Services which was considered by Board in March 2024
- The programme developed options through an Options Development Process which were considered by Board in November 2024
- The programme commenced a public consultation on 29 May 2025 and completed on the 31 August 2025
- To date multiple alternative ideas have been suggested, public meetings have taken place in Machynlleth and Twyn which have been supported by representatives from Betsi Cadwaladr Health Board and Powys Teaching Health Board.



Finance

- A factual assessment was completed in December 2023 as to assess the indicative requirements for four sites delivering a Health Board service to standards. This was an informing exercise that was superseded by the Clinical Services Plan in Hywel Dda to consider how services could be delivered improving standards but within existing resources.
- Within the Clinical Services Plan the total cost to deliver a service to meet standards is estimated to be £3.439 Million for Option A and £4.978 Million for Option B. Additionally a Stage 0 order of magnitude estates assessment estimates £920,000 in capital costs should a complete programme option be delivered.
- Within the indicative finance estimate for the Clinical Services Plan there was a requirement to assess what could be delivered within the existing resources (within 2 years) and what would require additionality and be delivered in an improvement period (2-4 years) and Longer-term 4+ years. For Stroke Services, the implementation phase considers the consolidation of services in Carmarthenshire, with additional funding required to realise wider improvements within the options.



Regionalisation/ Hyper Acute Stroke Unit (HASU)

- The National Strategic Clinical Network for Stroke has produced a programme plan to deliver changes and options to deliver Comprehensive Regional Stroke Centres (CRSC) across Wales:
- A clinical specification has been released for consultation.
- Modelling work is ongoing and will be completed by Winter 2025.
- The consultation which provides options for Health Boards to consider are likely to be released in Q4 2025/26.



Computed Tomography (CT) Perfusion

It is anticipated that CT Perfusion will be rolled out across Wales as part of the Optimal Imaging Pathway. At present the acute sites do not have access to CT Perfusion due to workforce and capacity issues within Radiology.

Conclusion



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- The Stroke Service are fully committed to deliver an excellent quality of care within the existing resource. Standards will be monitored via SSNAP and scrutinised through the Operational Stroke Group.
- Incidents and concerns are investigated within each site and if required escalated to the Stroke Clinical lead and Service Delivery Manager.
- The Stroke Service also ask that the Quality, Safety and Experience Committee fully support the Clinical Services Plan due to the fragility of the service and also recognise the national travel towards the development of regional and centralised stroke units.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Diogel
Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



Effeithlon
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



Amserol
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



Teg
Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Effeithiol
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



Person ganolog
Person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.