Quality, Safety and Experience Committee (QESC)
22nd of June 2022
Acute Organisational Audit- Stroke 2021

Situation

- The acute organisational audit provides a biennial ‘snap-shot’ of the quality of stroke service organisation in acute settings.
- The acute organisational audit present data benchmarked against the national average and include national and hospital-level findings on many important aspects of stroke service organisation including staffing levels, acute care processes, TIA (mini stroke) services, access to specialist support and communication with patients and carers.
- Each stroke unit across the UK is audited against 10 key indicators.

Risks and Mitigation - Key indicators and Hywel Dda University Health Board (HDdUHB) results per unit

Staffing/Workforce

1: Minimum establishment of band 6 and band 7 nurses per 10 beds –

Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds -Rationale: Minimum nursing staffing levels on stroke units have been defined in hyper-acute stroke service reconfigurations, and observational evidence is accumulating from national registries about acute care processes that are associated with substantial benefits, including outside office hours and at weekends, In view of this evidence, the minimum recommended staffing levels are expressed in the Sentinel Stroke National Audit Programme (SSNAP) as 2.375 band 6 and 7 nursed per 10 beds. (SSNAP Criterion: Sum of band 6 and 7 (WTE) nurses per 10 stroke unit beds is equal/to above 2.375 per 10 beds for all stroke beds).

Risk - None of the 4 units achieved this indicator.

Mitigation - the service provision for acute stroke care in each of the 4 acute hospitals in HDdUHB varies, which in turn has influenced the decision making around the nurse staffing levels required on each ward and potentially the care and experience of patients. This is reviewed on a 6 monthly basis.

Risks and Mitigation - Key indicators and HDdUHB results per unit (cont'd)

2: Presence of a clinical psychologist (qualified) Cognitive problems are estimated to affect 80% of stroke patients with 35-75% of patients having significant cognitive impairment and one third will have long term memory deficits. Depression occurs in an estimated 33% and 22%-28% of stroke patients are affected by generalised anxiety disorder, not to mention the wide range of other emotional problems which can occur. A significant minority of Stroke patients experience personality change and behavioural problems. Key Indicator 2: Presence of a clinical psychologist (qualified)

(Criterion: Presence of at least one (WTE) qualified clinical psychologist per 30 stroke unit beds

Risk - We do not have a psychology service for stroke in HDdUHB.

Mitigation – Unable to mitigate without investment (Stroke association able to give pastoral support in the community)

Risks and Mitigation - Key indicators and HDdUHB results per unit (cont'd)

<u>7-day working</u>

3: Out of hours presence of stroke specialist nurse

We do have stroke specialist nurses (band 6 or above) who undertake hyper-acute assessments of suspected stroke patients in Emergency Departments (ED) on all 4 sites **in hours.**

Risk – No out of hours Clinical Nurse Specialists (CNS) on all 4 sites

Mitigation – 2 out of the 4 sites have ward nursing staff that have been trained to attend the ED re thrombolysis, all of the medical on call teams have been trained in managing stroke patients. This variation is taken into account when calculating the nurse staffing level for each ward.

Risks and Mitigation - Key indicators and HDUHB results per unit (cont'd)

4: Minimum number of nurses on duty at 10am weekends-(Criterion: Met if there are 3.0 nurses per 10 type 1 and 3 beds (average number of nurses on duty on type 1 and type 3 beds) -

The standards below have formed the basis of the discussion for the Registered Nurse (RN) staffing levels calculation for the four wards since March 2018. The above standards were used as the basis for the Health Care Support Worker (HCSW) staffing levels set in March 2018 however, the number of HCSW required as part of the planned roster since then has been changed on some of the wards to reflect the changes in patient acuity over time.

Recommended NSL for Stroke Units : 2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx (strokeaudit.org)	
	Nurse (WTE per bed)
Hyper acute stroke unit	
	2.9 (80:20 registered: unregistered)
Acute stroke unit	
	1.35 (65:35 registered: unregistered)

Risks and Mitigation - Key indicators and HDUHB results per unit – key indicator 4 (cont'd)

Risk **None of the 4 units achieved this indicator**	**Mitigation**
RN deficits are often not filled or if filled are by temporary staff	Employing Band 4 roles within the ward would secure a consistent skilled workforce which would be familiar with the ward routine and the patient group. This would fit with the 'Team around the Patient' work currently taking place
It is recognised that the introduction of a Band 4 instead of an RN would deviate from the current national standards.	The decision to explore Band 4 posts is based on the professional judgement of the Director of Nursing, Quality and Patient Experience and informed by discussions that have taken place through the nursing leadership structure (which includes the Ward Manager, Senior Nurse Manager and Head of Nursing).
Employing Band 4 Assistant Practitioners instead of RNs may have an impact on the • care quality indicators • SSNAP data	The care quality indicators are monitored as part of the biannual calculation cycle and this monitoring will continue. If a deterioration in care quality indicators is seen, then this will trigger a review of the nurse staffing levels

Risks and Mitigation - Key indicators and HDUHB results per unit (cont'd)

5: At least two types of therapy are available 7 days a week-(Criterion: Met if 7-day working for at least two types of qualified therapy. Includes occupational therapy, physiotherapy and speech and language therapy)

Risk – all 4 sites do not offer 7 day cover for therapy in our stroke patients.

Mitigation - the nursing staff working very closely with the therapy team and will follow rehabilitation/therapy care plans. All 4 units are scoring 80-100% regarding formal swallow screen assessment within 72 hours of clock start, and all 4 sites are above the all wales score of 74.9% in the Quality Improvement Measures Summary for March 2022.

Risks and Mitigation - Key indicators and HDUHB results per unit (cont'd)

<u>Access to specialist treatment and support</u>

6: Stroke team receives a pre-alert for suspected stroke patients

- All 4 sites have pre-alert for suspected stroke patients.

7: Access to a specialist (stroke/neurological specific) early supported discharge (ESD) -Access to a specialist (stroke/neurological specific) ESD team.

Risk - only 1 out of the 4 units have an ESD team.

Mitigation – unable to mitigate on 3 sites without investment

Risks and Mitigation (cont'd)

8: Formal survey undertaken seeking patient/carer views on stroke services.

3 out of the 4 units do support a formal patient survey. Will pick up on why one of the units do not in our next SSG.

9: First line of brain imaging for TIA patients is MRI

Risk - HDdUHB is unable to provide a MRI within the timescale recommended (within 2 days of symptoms) –(Not nationally achieved or practiced and have agreement with the clinician to use a CT scan)

Mitigation- All patients are given a CT scan within 24hrs, all patients are reviewed by the stroke team with in 48/72hrs (some within 24hrs)

10: Management level that takes responsibility for audit results.

The Executive Lead for stroke, clinical Lead and SDM take responsibility for the audit results.

Risks and Mitigation (cont'd) and Next Steps

The nurse staffing levels that **are** in place for the current Health Board (HB) model have undertaken a robust challenge and scrutiny process. These have been agreed by the 'Designated Person' as professionally appropriate, whilst recognising that the nurse staffing levels within the HB are not in line with the national standards when bed numbers alone provide the criteria upon which nurse staffing levels are set.

The team are engaged in internal and regional service development meetings.

Staffing standards across the MDT cannot be achieved without region-wide service redesign and investment/reinvestment

Recommendation

For QSEC to receive assurance that the service is addressing the risks associated with the delivery of stroke services, acknowledge that further actions are still required, some of which sit outside the ability of the service to progress independently.