



Lets Talk Stroke

Deep Dive of Stroke Performance

Situation

Hywel Dda UHB Stroke services have always maintained a high standard of care; however it has been evident over the last couple of years that it is becoming harder to sustain the standards and targets over the 4 sites.

Pre-COVID, the Health Board recognised the need to review and look at re-modelling the Stroke service in Hywel Dda UHB. A large amount of work has been undertaken with the service and with stakeholders, including workshops and action plans; however due to the pandemic the whole Stroke re-design was put on hold.

The Stroke teams on all 4 sites are very passionate about their patients and service. However they recognise that improvements are required within the service and some issues need to be addressed. They have adapted to new ways of working during COVID and will continue to develop the good practices further. All 4 sites are working hard to return to some normality and are catching up on pre-COVID standards. However, the service can only improve upon what is within their sphere of influence; there are some risks and concerns that further actions which are required sit outside the ability of the service to progress independently.

Assessment

The Stroke service performance is monitored through the data collected by the Stroke team. The SSNAP* report January – March 2021 reported:-

Bronglais Stroke Unit Scored a B; **Glangwili** Stroke Unit Scored a C

Prince Phillip Stroke Unit Scored a D; **Withybush** Stroke Unit Scored a C

Themes

Poor compliance with 4hr target door-to-unit time.

Poor compliance with door-to-needle time.

Poor compliance with therapy time (Speech and Language Therapy - SALT, Occupational Therapy, Psychology).

Poor discharge process, with only one unit having an Early Supported Discharge team.

The above themes have been re-occurring for some time - some having been due to COVID - but there have been positive signs of improvement against the targets.

*Sentinel Stroke National Audit Programme

Risks

Risks that have been registered on the risk register:

- 598 Patient harm for stroke patients due to limited intervention (risk score 12 - high) *Inadequate staffing in stroke specific physiotherapy rehabilitation services*
- 607 Insufficient occupational therapy staff for stroke services across Health Board (risk score 16 -extreme) *Inadequately funded staffing levels in acute sites and community (75% shortfall in acute sites from RCP recommended).*
- 661 Risk of harm to stroke patients because dietetics is unable to meet the RCP stroke standards (risk score 8 - high)
- 614 Risk of harm to stroke patients through Speech and Language Therapy service being unable to meet RCP Stroke/Sentinel Audit Guidelines (risk score 16 - extreme)
- 233 Poor patient outcome, due to insufficient stroke therapy staff & lack of 7 day Consultant affecting the whole Health Board (risk score 12 - high) *Insufficient nursing staff to patient ratio. Insufficient stroke therapy staff and lack of 7 day consultant cover. (WGH).*
- 80 Reduced, medical, nurse and therapy staff. Lack of adherence to recommended staffing levels within stroke care affects GGH (risk score 9 - high)

Reports which have already been presented to QSEC and to Operational, Quality, Safety and Experience Sub-Committee : Therapies Stroke Report Feb 2016, Safe Nurse Staffing Report Aug 2016, and Risks Relating to Stroke Staffing Nov 2019.

Main Risks identified:

1. Workforce.
2. Re-modelling (4 units on 4 sites).
3. Recovery from COVID pandemic.

Mitigation

Workforce

- Each individual unit manages staffing on a daily basis. The units are managed by each individual Hospital, not by the service.
- SDM and Lead Clinician have met with Hywel Dda UHB Clinical Director of Therapies to discuss concerns regarding therapy. Outcome of meeting:
- The therapy leads have set up a 'Stroke Therapies Improvement Group'
- Therapies are reviewing working between adult and children's services (SALT) with the aim of pulling resources together.
- SALT has utilised the new band 5 graduate starters as an opportunity to increase capacity.
- Withybush General Hospital (WGH) has been using winter funding to set up a Early Supported Discharge (ESD) Team, which has continued but is being carried as a financial risk for the Therapy service. The service is proposing to duplicate this service for each site.
- The service recognises the urgent need for Psychology therapy for Stroke patients and is working closely with the Psychology Team to develop a plan/ business case, which is under development.
- The Stroke Steering Group (SSG) has re-started post-COVID and is meeting every 6 weeks; staffing risks are discussed at the meetings. The SSG is well represented by all staffing groups; discussion is held regarding how to work differently to manage the shortfalls.

Mitigation cont'd

Re-modelling

- Very difficult to sustain high standards of care in Stroke offer on 4 sites, due to staffing issues (includes all staff groups).
- SDM and Lead Clinician have met up with the Exec Lead for Stroke to express and discuss the concerns.
- Talks are underway to re-start discussions and planning with ARCH* in relation to HASU (Hyper-Acute Stroke Unit) and Swansea Bay UHB.
- Exec Lead for Stroke has held discussions with the CEO regarding the need to look at re-modelling the services for the short and medium term.

* A Regional Collaboration for Health

Mitigation cont'd

Recovery from COVID pandemic

- HB *Stroke Survive* has re-started and the SSG is meeting every 6 weeks. The meeting agenda always includes performance and Quality Improvement.
- All 4 units have re-instated their local performance/team meetings which feed up to the SSG.
- Good representation in the Welsh Stroke Conference 2021 (all staff groups).
- On-going training with the front door teams, new staff and WAST.
- Units leads have met with front door teams and WAST to improve on waiting times.
- SDM and Lead Clinician have met all units/Hospital Managers **on a 1-2-1 basis**. The aim is to ring-fence acute Stroke beds, but also to understand the site pressures.
- SDM and Lead clinician attend SIG (stroke Implementation Group - All Wales), cross HBs working.
- SDM and Lead clinician are members on the All Wales Thrombectomy Group.
- Service is working closely with the DU.
- All units working with the Stroke Association.

Mitigation cont'd

- On going recovery work on Out-Patient waiting lists.
- On going work required with Diagnostic waiting list.
- Virtual Out Patients consultations which have been carried out during COVID are now continued as good practice; however some patients will need to be seen face-to-face, which has also been accommodated.
- Thrombectomy has now come on line for a 7-day service, which is progressing to a 24/7 service.
- New Thrombectomy guidelines and pathway have been developed in Hywel Dda UHB.
- New IT platform has been implemented for faster transfer of imaging to the North Bristol Trust Thrombectomy Unit.

Next steps/requirements/actions being progressed

- There cannot be major improvements until there is further investment or a change in services/units.
- Difficult discussions and choices are required with regard to how to safely sustain 4 units within the HB.
- Geographical issues will be a major factor to consider when discussions are held.
- Better flow out of hospital and an improvement in Stroke care in the community are needed.
- Investment in ESD and Psychology are a top priority.
- Need to start re-design work and to look at short-to-medium term solutions before embarking on the long-term needs.

Recommendation

QSEC is requested to take assurance that the service is addressing the risks associated with the delivery of Stroke services. The service acknowledges that further actions are required, some of which sit outside the ability of the service to progress independently. QSEC can be assured that the team is engaged in internal and regional service development meetings, which are focused on delivering a patient-centred service. QSEC can also be assured that all efforts are being made by the service to recover from the COVID pandemic.

QSEC is requested by the Stroke service to escalate to Board that no fundamental improvements can be made until the re-design work has re-started and is completed. This will require further investment, and a review of short-to-medium term solutions before addressing the long-term needs of Stroke care within Hywel Dda University Health Board.