



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Stroke Service Re-Design
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Bethan Andrews, Service Delivery Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) provides stroke services to a total population of around 384,000 people throughout Carmarthenshire, Ceredigion and Pembrokeshire. Stroke care is provided in four stages: Hyper acute, Acute, Rehabilitation and Life after stroke. Stroke is described as being both preventable and treatable, however, in order to deliver the best outcomes a number of key elements must be addressed.

Stroke services are provided across all four acute sites. The challenges in providing effective stroke services in rural locations are significant, with the need to balance multidisciplinary specialist care with care closer to home, and timely assessment and treatment with travel considerations across a wide geography.

The vision for HDdUHB stroke services is to provide high-quality stroke care equalling 'best-in-class' and aspiring to benchmark to world class standards, provided equitably for all patients.

Prior to the pandemic, a significant amount of work had been undertaken to re-design the stroke services within the Health Board, both in the medium and longer terms. Discussions had also been ongoing with Swansea Bay University Health Board (SBUHB) via the ARCH programme in the planning of a Hyper Acute Stroke Unit (HASU) at Morriston Hospital. Both of these workstreams were paused due to the COVID-19 pandemic.

The re-design work is now restarting, however, SBUHB has informed HDdUHB that they are no longer able to support our patients in their initial HASU plans due to their own pressures. In view of this change in direction, workforce sustainability concerns, geography and the inability to make major changes to Withybush General Hospital (WGH) and Bronglais General Hospital (BGH) until we have developed the new Planned and Urgent Care hospital, the Executive Team has approved that our initial focus for the reinstatement of the Stroke Services Re-design Programme will be on Carmarthenshire stroke services.

This paper seeks to provide assurance against progress regarding this workstream and Committee Members are asked to consider and discuss the report.

Cefndir / Background

During 2019 to early 2020, the Health Board had been progressing a regional review of stroke services to consider the short, medium and longer-term pathways and flows for stroke care for the HDdUHB population. This was undertaken through a multidisciplinary and multiagency approach, including clinicians, managers, planners, partners and the third sector.

It was accepted that our current service model, spanning four acute sites was not sustainable or able to meet required clinical standards, especially from a staffing perspective. Although we have a dedicated multidisciplinary team who strive to provide the best care that they can, they are constrained to do this across four sites.

For the longer-term vision of stroke services, consideration of the entire pathway was undertaken in line with the vision of the Health Board's wider clinical strategy, including a new acute hospital build and a re-focusing of services across our existing hospitals and the ability to provide stroke care on each of those sites. In addition, there was a focus on developing a community rehabilitation model and an early supported discharge (ESD) service.

In the medium-term, the focus was on the options for inpatient care across our existing hospital sites, again supported by ESD and community rehabilitation. In the short-term, the focus was on areas that could be improved within the current structures and pathways.

In parallel with this work, a separate workstream was established through the ARCH programme to develop a HASU at Morriston Hospital, which considered three potential catchment areas within the Hywel Dda region.

Both work streams were complex and multifactorial, considering:

- Short, medium and long term service provision
- In-patient and community service provision
- Hyper-acute, acute, rehabilitation and post-stroke services
- A large number of potential in-patient stroke site options (for acute and rehabilitation services) and spread across the region, with a range of flows for our population
- Three population boundaries for admission to the planned HASU at Morriston

The complexity associated with aligning these separate, but co-dependent workstreams cannot be underestimated.

In April 2020, both work streams were paused due to COVID-19, to allow staff to focus on the challenges of service delivery during the pandemic.

Over recent months, discussion has restarted in relation to the Stroke Re-design Programme, with an agreement by the Executive Team to initially focus on the short to medium term within the Carmarthenshire area. The rationale for this includes:

- Re-instating the entire re-design programme across the short, medium and long-term (all requiring different solutions) would take in excess of 18-24 months due to the complexity and competing solutions
- Uncertainty around SBUHB's position regarding the HASU project and the time-frame to complete this project
- Short-medium term medical staffing sustainability concerns for Glangwili General Hospital (GGH), which relies on a single-handed clinician

- The inability to change any stroke provision in Pembrokeshire until the new hospital is built
- The requirement to maintain stroke services in Ceredigion even when the new hospital is built

We have since received confirmation from SBUHB that they plan to progress the HASU Project for the Swansea population in the first instance.

Asesiad / Assessment

Both GGH and Prince Philip Hospital (PPH) have a stroke unit which provides all components of hyperacute, acute and rehabilitation stroke care. Both units struggle to meet the current clinical standards.

Stroke is a medical emergency and the evidence-based, clinically approved national pathway for stroke admission is:

1. Rapid assessment
2. CT scan immediately for thrombolysis, within 1 hour for all others
3. An initial assessment to ascertain whether the patient is a candidate for Thrombectomy
4. Experienced clinician confirming diagnosis
5. Admission into acute stroke unit within 4 hours
6. Swallow assessment / screening within 4 hours
7. Assessment by stroke consultant within 24 hours
8. Assessment by stroke nurse within 24 hours
9. Assessment by therapies staff (SALT, Physiotherapy & OT) within 24 hours
10. Formal assessment by therapies within 72 hours
11. Formal swallow assessment within 72 hours
12. An initial assessment to ascertain in the patient

Care during the acute phase of stroke care is currently provided on both sites. The level of acuity of these patients is higher in the first 72 hours and requires level 2 (HDU) care; this includes continuous cardiac monitoring, neurological and physiological monitoring on an hourly basis for the first 24 hours (increased level of monitoring for patients post thrombolysis).

Regular senior clinical assessment is key within this phase in order to anticipate and prevent neurological deterioration which may impact upon patient outcomes. Therapy assessments and treatment should be initiated within 24 hours of admission and should support a multidisciplinary team approach from the point of admission. The evidence shows that people receiving care in dedicated stroke units are more likely to be alive, independent and living at home one year after their stroke.

Following the acute phase of care, appropriate rehabilitation is essential, delivered in the most appropriate environment. For many this is the patient's home but where this is not possible a specialist rehabilitation environment is required.

Current staffing levels for stroke care across the Health Board fall short of the national recommended staffing levels. In addition, both sites have challenges in relation to significant vacancies and attracting specialist staff. Stroke trained staff across all disciplines is limited across Wales and the UK and is not an issue peculiar to HDdUHB. The sites rely on a

significant percentage of temporary workforce to fill deficits in the rosters. This has the potential to deplete the skill mix, and can result in challenges in managing the immediate care required by a patient following thrombolysis. In addition, multidisciplinary teams for rehabilitation fall below the recommended staffing levels.

The focus on Carmarthenshire stroke care re-design will need to consider consolidating the provision of stroke services on one hospital site in the county, in order to address the quality of care to meet the agreed clinical standards, driven by the staffing challenges and concerns regarding sustainability.

The re-design programme will be undertaken in a similar way to previously, with multi-disciplinary and multi-agency input at all stages. Consideration will need to be given to the likelihood of any of the HDdUHB population being able to access the HASU under development at Morriston Hospital and the Board of HDdUHB has requested that SBUHB's decision to exclude our population is challenged. A meeting is being established with Executive Team members from both Health Boards to discuss the Morriston HASU development.

Meetings are also being scheduled with the clinical teams from March 2022 onwards with a view to providing an options appraisal to the Health Board in Autumn-Winter 2022.

The Community Health Council has been kept informed of the plans to re-instate the re-design programme.

Argymhelliad / Recommendation

This report seeks to provide assurance against progress regarding this workstream and Committee Members are asked to consider and discuss the report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

There are 7 risks on the risk register relating to stroke

- 5 Directorate risks - 607, 598, 233, 291 & 661
- 2 Service/Department risks - 614 & 874.

Of the 7 risks:

- 4 sit under the Therapies and Health Science directorate
- 2 sit under USC, Stroke Directorate
- 1 sits under USC, BGH

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Multi-disciplinary and multi-agency teams

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	For consideration as part of the Stroke Service Re-Design programme
Ansawdd / Gofal Claf: Quality / Patient Care:	For consideration as part of the Stroke Service Re-Design programme
Gweithlu: Workforce:	For consideration as part of the Stroke Service Re-Design programme

Risg: Risk:	See Datix Risk Register Reference and Score field above
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable