



AGENDA ITEM

6.8

QUALITY & SAFETY COMMITTEE

STROKE UPDATE

Date of meeting	18/05/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kevin Duff, Head of Strategic Planning and Commissioning
Presented by	Fiona Jenkins, Executive Director of Therapies and Health Science Claire Nelson, Deputy Director of Planning
Approving Executive Sponsor	Executive Director of Therapies & Health Sciences
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

SIG	Stroke Implementation Group
SDG	Stroke Delivery Group
HASU	Hyper Acute Stroke Unit
QIMs	Quality Improvement Measures



1. SITUATION/BACKGROUND

- 1.1 Stroke is a devastating disease for the patient and family and is estimated to cost the UK NHS around £3bn per year with additional cost to the economy of a further £4bn in lost productivity, disability and informal care (National Audit Office 2005). In Cwm Taf Morgannwg University Health Board (CTMUHB) we face specific challenges with a population adversely affected by deprivation, with 57.1% of the population of the Health Board estimated to be living in the most deprived 40% of areas in Wales and high levels of chronic disease.
- 1.2 Cwm Taf Health Board redesigned its stroke services back in 2015 which incorporated the creation of a new community based rehabilitation service enabling Early Supported Discharge for Stroke patients, centralisation of longer term inpatient stroke rehabilitation services at Ysbyty Cwm Rhondda and centralisation of hyper-acute, acute stroke and early stroke rehabilitation services at Prince Charles Hospital. The creation of CTMUHB in April 2019 with inclusion of the Bridgend County Borough area means CTMUHB has acute stroke services based at Prince Charles and Princess of Wales Hospitals. The intervening years has also seen the introduction of a Community Neuro-Rehabilitation Service funded through the national Neurological Conditions Implementation Group.
- 1.3 The achievement of national performance targets in the provision of acute stroke services, known as Quality Improvement Measures (QIMs), has been challenging in some areas of the Health Board. Whilst the Health Board managed to provide 7 day consultant cover during the Covid-19 pandemic, this is not sustainable and the staffing challenges in our two acute stroke units at Princess of Wales (POWH) and Prince Charles Hospitals (PCH) in providing a 7 day service are exemplified in other areas, such as therapies. There are also the physical restrictions exacerbated by recent COVID requirements to manage.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Stroke Delivery Plan 2017 – 2020

- 2.1 The Welsh Government "Stroke Delivery Plan, 2017-2020: A Delivery Plan for Wales and its Partners", which has been the main strategic driver across Wales for quality improvement in stroke services, will be replaced by a Quality Statement for Stroke, currently being developed by the Stroke Implementation Group (SIG). The SIG

supports and oversees Health Boards in delivering the shared vision for improving stroke services in Wales. Whilst the Quality Statement has yet to be finalised, early indications are that it will cover a number of quality attributes for stroke services in Wales:

- Equitable
- Safe
- Effective
- Efficient
- Person Centred
- Timely

- 2.2 In February 2021 the SIG jointly responded, with Welsh Government, to the Cross Party Group (CPG) on the Stroke inquiry report into implementation of the Welsh Government's Stroke Delivery Plan. Included in the recommendations accepted was "Reconfiguring stroke service in Wales and the introduction of Hyper Acute Stroke Units (HASUs) should be the number one priority for national and local approaches to the treatment of stroke in Wales".

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Performance against Quality Improvement Measures (QIMS)

- 3.1 The Sentinel Stroke National Audit Programme (SSNAP), which is a single source of data in Wales, England and Northern Ireland, publishes a range 28 of statistics, collecting data from hospital sites with stroke services, including PCH and POWH. The CTMUHB Integrated Performance Dashboard which is published on a monthly basis provides an overview to the Health Board against 4 national Quality Improvement Measures (QIMs) which are part of the suite of improvement measures in the SSNAP which measure % compliance:
- i) direct admission to an acute stroke unit within 4 hours
 - ii) thrombolysed stroke patients with a door to needle time within 45 minutes
 - iii) patients diagnosed with stroke received a CT scan within 1 hour
 - iv) assessed by a stroke consultant within 24 hours.
- 3.2 Appendix 1 contains a series of tables outlining performance against the above mentioned 4 QIMs for the stroke units at PCH and POWH. Table 1 is taken from the May 2021 Performance dashboard reported to the Health Board and outlines performance in the period March 2020 to March 2021. Drug Treatment known as Thrombolysis is used as soon as possible following the stroke to dissolve the blood clot.

Table 1 shows there are particular challenges achieving the door to needle time of 45 minutes, particularly in POWH.

- 3.3 Tables 2 to 5 on Appendix 1 are taken from the Delivery Unit March 2021 Stroke QIM Report and show performance across each of the stroke admitting hospitals in Wales across 2020/21. Table 2 shows a relatively low level of performance for 45 minute thrombolysis door to needle times across Wales, with PCH and Withybush Hospital in Pembrokeshire achieving the highest percentage performance with 57% and 59% respectively.
- 3.4 Table 3 shows a relatively low level of performance for the 4 hour admission to a stroke unit (with the exception of Bronglais and Withybush Hospitals) but with POWH achieving the lowest percentage. Over 2020/2021, the ongoing need to segregate Covid activity and social distancing of bed space in the two CTMUHB stroke units has impacted both the acute inpatient and rehabilitation provision in stroke services. Both sites lost their Acute Stroke Unit (ASU) for periods of time during the pandemic, due to the need to accommodate COVID "Red" beds. In addition the turnaround for a COVID swab in Emergency Departments impacts on the ability to transfer the patient to the ASU within the 4 hour time frame.
- 3.5 Table 4 outlines performance against the receipt of a scan within 1 hour and table 5 performance against the assessment by a stroke consultant within 24 hours with PCH and POWH showing the lowest performance levels at 71% and 68% respectively.
- 3.6 Staffing challenges continue to present difficulties achieving a sustainable 24/7 service and, therefore, meeting QIMs. The SSNAP Acute Organisational Audit 2019 Summaries for PCH and POWH both identified instances where clinical psychology input and 7 day working did not meet the recommendations set out by the SSNAP.

Life after Stroke Models of Care

- 3.7 The Health Board is challenged in providing an equitable service as both the Early Supported Discharge and the Community Neuro-rehabilitation Service currently only cover Merthyr Cynon and Rhondda Taf Ely Integrated Locality Group (ILG) areas, not Bridgend ILG. In addition the Community Neuro-Rehabilitation Service is currently funded by National Stroke / Neurological Implementation Groups until March 2022. Addressing both the inequity in service and any ongoing funding requirement will form a priority for the SDG in 2021/22.

Strategic Development of Stroke Services in CTM UHB

- 3.8 CTMUHB has recently established an operating model encompassing Integrated Locality Groups and Systems Groups. The work programme of the Systems Groups is characterised by developing system-wide plans and it has been agreed that the major health condition delivery groups across the Health Board will report to the respective System Group. The Older Years System Group has recently re-established the CTM UHB Stroke Delivery Group (SDG), which has been identified as reporting to the Older Years System Group.
- 3.9 The SDG is in the process of developing an action plan for 2021/22 which will look to:
- a) develop a consistent approach to stroke care across the Health Board and reduce disparities
 - b) address workforce challenges
 - c) work with ILGs to improve performance on 45 minute thrombolysis and 4 hour admission to a stroke unit target times
 - d) work with primary care to ensure primary and secondary prevention measures are progressed
 - e) work with the National Clinical Lead for Stroke and the Stroke Implementation Group on the development of HASUs

Population Health Risk Factors

- 3.10 The ability of the Health Board to provide high quality stroke services and maintain patient safety will also be affected by the demand placed upon it. Information provided by the British Heart Foundation shows the CTMUHB population to have a high incidence of smoking and obesity, together with high levels of inactivity and 12% of the population following less than two of the healthy lifestyle behaviours. In addition, as a result of the levels of deprivation across the Health Board, there is an inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy (the number of years a person can expect to live in good health).
- 3.11 The Older Years System Group will look to address the longer term population health needs in CTMUHB and work with a range of partners to address the population health promotion and prevention agenda. This work will also form part of the wider stroke work being addressed in the CTM UHB Stroke Delivery Group looking at a pathway from population wide health promotion and prevention approaches,

management of clinical risk factors in primary care, through to acute hospital care, rehabilitation and life after stroke in the community.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below) Our plans for the delivery of high quality health and care services will address immediate and longer term challenges facing people who have experienced a stroke.
Related Health and Care standard(s)	Choose an item. If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Effective Care • Dignified Care • Timely Care • Safe Care • Staying Healthy • Staff and resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. EIA to be undertaken as part of further work if required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The resource implications are to be determined and will be considered in the planning of the Annual Plan/IMTP.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care



5. RECOMMENDATION

5.1 The Quality and Safety Committee are asked to:

- **NOTE** the performance of CTMUHB Stroke Services against the four Quality Improvement Measures in the Performance Framework and the challenges faced with regard to some of the QIMs.
- In addition to **NOTE** the strategic planning being undertaken across Wales and within CTMUHB to develop high quality promotion, prevention, treatment and care services.