AGENDA ITEM
4.5

QUALITY & SAFETY COMMITTEE

STROKE – POSITION STATEMENT

Date of meeting	22/09/2021
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	
POWH	Princess of Wales Hospital
PCH	Prince Charles Hospital
YCRH	Ysbyty Cwm Rhondda Hospital
ESD	Early Supported Discharge
CNRT	Community Neuro-Rehabilitation Team
SIG	Stroke Implementation Group
SDG	Stroke Delivery Group
QIMs	Quality Improvement Measures
SSNAP	Stroke Sentinel National Audit Programme
HIW	Healthcare Inspectorate Wales

1. SITUATION/BACKGROUND

1.1 Stroke is the fourth leading cause of death in Wales and has a significant long-term impact on the survivors of stroke. There are currently almost 70,000 stroke survivors living in Wales, and an estimated 7,400 people experience a stroke each year. Stroke can change lives in an instant, but with the right specialist support people can make a good recovery and go on to rebuild their life. It is estimated that the number of stroke survivors will increase by 50% during the next 20 years (The Quality Statement for Stroke, July 2021).

1.2 Stroke Services in Cwm Taf Morgannwg Health Board are comprised of acute stroke services at Prince Charles (PCH) and Princess of Wales Hospitals (POWH), inpatient stroke rehabilitation at Ysbyty Cwm Rhondda Hospital (YCRH) and community based rehabilitation provided by the Early Supported Discharge (ESD) Team. There is also a Community Neuro-Rehabilitation Team (CNRT) providing community based support, including support for former stroke patients.

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. This was exacerbated recently by physical COVID-related restrictions required in the hospitals and on a longer term basis by difficulties providing 7 day therapy and stroke consultant cover.

1.4 We have recently been informed that HIW will be undertaking a review of acute stroke care across Wales in Autumn 2021, this is likely to expose constraints in our pathway, though other UHBs will also have issues, as acute stroke care performance is heavily influenced by unscheduled care pressures.

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

The Quality Statement for Stroke (July 2021)

2.1 The Quality Statement was developed by the Stroke Implementation Group (SIG) which supports and oversees health boards in delivering the shared vision for improving stroke services in Wales. The Statement replaces the current Stroke Delivery Plan for Wales and clearly states that the next phase of service improvement for stroke survivors and their carers must drive forward change to deliver better quality, higher value and more accessible stroke services. It

continues that it must take advantage of the widespread consensus on priority areas such as reconfiguration and design of services, thrombectomy[1], thrombolysis, imaging and rehabilitation services; further develop optimised pathways to address unwarranted variations in care whilst continuing to develop national leadership, local engagement and continued collaboration with third sector, who highlight the national voice of lived experience. The Statement outlines a number of quality attributes for stroke services in Wales as safe, timely, effective, person-centred, efficient and equitable.

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 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 percentage 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 [2]
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 table outlining performance against the above mentioned 4 QIMs for the stroke units at PCH and POWH, taken from the July 2021 Performance dashboard reported to the Health Board. The table shows particular challenges over the twelve month period in achieving the QIMs, particularly in admission to a stroke ward within 4 hours and 45 minute door to needle time for thrombolysis.[3] The need to accommodate Covid "Red Beds" over the pandemic and more recently overall patient flow challenges on both the POWH and PCH sites have had a direct impact upon the ability to admit to a stroke ward within 4 hours. Performance against the target for

[1] Mechanical Thrombectomy also known as 'Clot Retrieval' aims to restore normal blood flow to the brain by using a device to remove the blood clot blocking the artery. Patients from CTM UHB are currently referred to Bristol for Thrombectomy.

[2] Drug Treatment known as Thrombolysis is used as soon as possible following the stroke to dissolve the blood clot.

[3] It should be noted, however, that the variation of the 45 minute thrombolysis door to needle times and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis. Whilst door to needle times across Wales need to be addressed, on a rolling 3 and 12 month basis the times for PCH are one of the best in Wales and thrombolysis rates are in line with the Welsh national average of 12%

patients to be assessed by a stroke consultant within 24 hours reflects the current 5 day working model of the stroke team.

Strategic Development of Stroke Services in CTM UHB

3.4 The Health Board recognises the challenges faced by its stroke services in achieving the QIMs and, as is the case with many other stroke services across Wales, the need to address those challenges in order to achieve the requirements of the Quality Statement for Stroke. In order to gather pace on the planning process for stroke in CTM UHB, the Older Years System Group has recently established quarterly meeting of a Stroke Delivery Group (SDG) underpinned by monthly meetings of a Stroke Planning Group with the aim of developing a Stroke Improvement Plan. The Stroke Improvement Plan will outline a series of short, medium and long term measures to further improve the quality of care in CTM stroke services. The short term measures reflect those actions that are achievable operationally in the here and now, the medium term measures require some level of funding to be further explored and the long term measures, whilst also requiring additional resources, will form part of the work with neighboring UHBs as part of the Stroke Network approach set out in the quality statement which includes the national development of regional stroke centres (see section 3.7 and 3.8 below). The estimated target timescales for implementation is:

Short Term (3 – 6 months)

- Improvements to daily board rounds in PCH and POWH to improve patient flow and weekly MDT meetings.
- Review and ensure effective use of transfer policies to PCH (including from Royal Glamorgan Hospital to PCH).[4]
- Improving staff education and collaboration so that staff are fully familiar with the targets and process for seeing patients, and are aware of current performance, as well as access to advice from other hospital sites in CTM.
- Closer links between YCR and PCH with the use of electronic whiteboards to aid review of patients for transfer and improve the flow of patients between the sites.
- Increase space and improved accommodation on both the acute stroke units at PCH and POWH to enable more effective acute rehabilitation of patients to be undertaken, in line with SSNAP standards.
- Review current pathway for Orthoptics and develop a Health Board wide stroke Orthoptic lead to liaise with the various multi-disciplinary

[4] The appropriate pathway for stroke patients in Merthyr and Cynon and Rhondda Taff Ely ILG areas of the Health Board is for direct admission to PCH. However, where that has not been achieved and patients have been admitted to RGH the transfer policy is being reviewed with the potential to transfer to the Emergency Department in PCH to enable stroke consultants to have earlier access to the patients.

teams, making sure that all team members are aware of referral criteria, the referral process and who to contact for advice.

Medium Term (6 to 12 months)

- Appointment of a Clinical Coordinator for YCR to enable improved organisation and communication with patients and families and free up medical, nursing and therapy time.
- Assess the long term demand and capacity for the service and the impact of increased patient flow from neighbouring health boards.
- Additional junior doctor hours to facilitate timely transfer of patients to stroke wards and timely care (e.g. thrombolysis and identifying patients suitable for thrombectomy).
- Provision of additional Advanced Nurse Practitioners, particularly to aid the flow of patients from the Emergency Department and additional Speech and Language Capacity in PCH to enable quicker assessment and treatment of patients.
- Provision of a ring fenced bed on a stroke ward (needs to be viewed in context of overall work on patient flow).
- The Health Board is challenged in providing an equitable service as both the ESD and the CNRT currently only cover Merthyr & Cynon (M&C) and Rhondda Taf Ely (RTE) Integrated Locality Group (ILG) areas, not Bridgend ILG. In addition both are funded from national programme funding from Welsh Government until end of March 2022. Addressing both the inequity in service and any ongoing funding requirement will form a priority for the SDG in 2022/23. In developing its long term approach to community based stroke rehabilitation the SDG will also look at how that approach can be developed to be a more available option for discharge from hospital.
- Inpatient rehabilitation for stroke patients is provided either at YCR for patients from M&C and RTE ILG areas or POWH for Bridgend patients. Current inpatient rehabilitation capacity in YCR is extremely stretched and rehabilitation on the acute ward at POWH is not the preferred option. Whilst the first aim will be to return the patient home using community based rehabilitation, as outlined above, the long term plan will also include further work to look at the inpatient rehabilitation requirements.

Long Term (2+ years)

3.5 The vision for stroke services across Wales is for the development of regional stroke centres functioning within networks. This work is being led by Dr Shakeel Ahmad (Clinical Lead for Stroke across Wales) and the project management approach is being developed by the NHS Collaborative, and will be presented to the October CEO meeting. The Project Board and its sub groups will involve representation from each of the Health Boards across Wales including

Planning Directors and will set the scene for the development of services over the coming years.

3.6 In order to develop a robust long term plan for stroke services to feed into the CTM UHB 3 year Integrated Medium Term Plan 2022/23 – 2024/25 and make headway on the development of a potential regional model for CTM UHB the Health Board is looking to work closely with Cardiff and Vale UHB. Initial discussions with C&V UHB suggest development of a joint project board and in order to take forward development of the plan CTM UHB. We will also need to work collaboratively with ABHB. A resourced Project Manager role will need to be developed to provide the capacity to develop the longer term plan based on 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.

Population Health Prevention and Early Intervention

3.7 Despite improvements in stroke prevention and management programs, cardiovascular disease including stroke, still remains one of the leading causes of death and disability in Wales. 2 of every 3 strokes will leave hospital with a disability. However, approximately 70% of all strokes are preventable if healthier lifestyles could be achieved and if management of clinical risk was optimised.

3.8 A number of factors contribute to the large disease burden related to stroke in Wales. These include the social determinants and drivers, behavioural risk factors and metabolic risk factors in addition to the early intervention and optimum management of stroke. As the population lives longer, the number of strokes will increase unless prevention and early intervention strategies are improved.

3.9 Behavioural risk factors include unhealthy diet and lack of exercise, tobacco use and harmful use of alcohol. Metabolic risk factors include obesity, high blood pressure, diabetes and high cholesterol. Atrial fibrillation is also a modifiable risk factor if identified and managed.

3.10 Stroke incidence varies across the CTM area: highest rates are in Merthyr and Bridgend County Boroughs at 20.6 to 28.3 /100,000 population compared to the incidence in Rhondda Cynon Taf County Borough at 14.4 to 18.2/100,000.

3.11 There are considerable inequities for the population and work needs to continue with our partners to address the social determinants alongside efforts to address behavioural factors. These are medium term goals. In the shorter term, any inequalities in detection and management of hypertension and atrial fibrillation along with any

variation in early management need to be identified and acted upon. This will form the subject area for a stroke audit, which Public Health will undertake. Once completed, it will be reported in a Board Paper focusing on the recommended actions arising from the audit. Appendix 2 maps the strategic interventions against the expected outcomes, including key Quality Improvement Measures.

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: • 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 Comittee are asked to:

- **NOTE** the performance of CTMUHB Stroke Services against the 4 Quality Improvement Measures in the Performance Framework and the challenges faced with regard to some of the QIMs.

- **NOTE** the strategic planning being undertaken in CTM UHB and across Wales to develop high quality promotion, prevention, treatment and care services for stroke.

Appendix 1

Stroke Quality Improvement Measures CTM UHB Performance Dashboard May 2021

	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
Period	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%

Appendix 2

Outcome	Proposed Actions	Short term	Medium Term	Long Term
QIM - Achievement of 4 hour target – direct admission to an acute stroke unit within 4 hours	• Improvements to daily board rounds to improve patient flow.	√		
	• Maintain a ring fenced bed on the acute stroke unit.		√	
	• Review and ensure effective use of transfer policies to PCH.	√		
	• Assess long term demand and capacity for the service.		√	
	• Additional junior doctor hours to facilitate timely transfer of patients to stroke wards and timely care (also applies to 45 minute target below).		√	
	• Provision of Advanced Nurse Practitioner and Speech and Language Therapist to aid flow of patients from Emergency Department.		√	
QIM – Achievement of DTN time for thrombolysis within 45 minutes	• Improve staff education and collaboration so that staff are fully aware of targets and process for seeing patients (also applies to 4 hour target above)	√		
Life After Stroke: Access to effective Rehabilitation and support	• Increase space on acute stroke units to enable more effective acute rehabilitation.	√		
	• Closer links between YCR and PCH with the use of electronic whiteboards to aid review of patients for transfer and improve the flow of patients between the sites (also helps with 4	√		

	hour target). • Review current pathway for Orthoptics and develop a CTM-wide Stroke Orthoptic Lead. • Appointment of a Clinical Coordinator for YCR. • Develop community based specialist stroke rehabilitation across CTM UHB. •	√	√ √	
Regional Stroke Centres functioning within Networks	• Develop improved stroke pathway across CTM and long term plan for stroke services in cooperation with C&V UHB and National Stroke Programme.			√
Population Health Prevention and Early Intervention	• Completion of CTM stroke equity audit, present findings to health board and develop implementation plan.	√	√	√