



AGENDA ITEM

6.5

QUALITY & SAFETY COMMITTEE

STROKE SERVICES – PROGRESS REPORT

Date of meeting	24/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Marysia Hamilton-Kirkwood, Consultant, Public Health Wales, Lucy Timlin, Head of Business Support Kevin Duff, Head of Strategic Planning and Commissioning
Presented by	Lauren Edwards, Executive Director of Therapies and Health Science
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

<p>PCH – Prince Charles Hospital POWH – Princess of Wales Hospital YCRH – Ysbyty Cwm Rhondda Hospital ESD – Early Supported Discharge CNRT – Community Neuro-Rehabilitation Team SSNAP – Stroke Sentinel National Audit Programme MDT - Multi-Disciplinary Team ILG – Integrated Locality Group</p>



<p>WAST –Welsh Ambulance Service Trust ICT – Information and Communication Technology NG – Nasogastric ANP – Advanced Nurse Practitioner IMTP –Integrated Medium Term Plan NICE – National Institute for Health and Care Excellence DOAC – Direct Oral Anticoagulant CTM UHB – Cwm Taf Morgannwg University Health Board QIMs – Quality Improvement Measures</p>
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1. SITUATION/BACKGROUND

- 1.1 Stroke remains the fourth leading cause of death in Wales and can have significant long-term effects on survivors and their families. The prevalence of people living with the impacts of stroke is increasing due to a decrease in mortality from stroke and an ageing population.
- 1.2 Stroke Services in Cwm Taf Morgannwg University Health Board (CTMUHB) are comprised of acute stroke services at Prince Charles Hospital (PCH) and Princess of Wales Hospital (POWH), inpatient stroke rehabilitation at Ysbyty Cwm Rhondda Hospital (YCRH), and community-based rehabilitation provided by the Early Supported Discharge (ESD) Team. In addition, there is a Community Neuro-Rehabilitation Team (CNRT) providing community-based support, including support for recovering stroke patients.
- 1.3 Across Wales the vision and strategic direction for stroke services is outlined in the Welsh Government Quality Statement for Stroke (July 2021), which 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.
- 1.4 The Sentinel Stroke National Audit Programme (SSNAP), which is a single source of data in Wales, England and Northern Ireland, publishes a range of 28 statistics, collecting data from hospital sites with stroke services, including PCH and POWH.
- 1.5 In September 2021, the Quality and Safety Committee received a position statement on stroke services in CTMUHB which outlined a number of short, medium and long term measures being taken by the health board Stroke Planning Group to further improve the quality of care in CTMUHB's stroke services.

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

- 2.1 The Quality and Safety Committee received a paper in September 2021 regarding performance and planned developments for stroke services within CTMUHB. This report provides an update on progress since the last report.
- 2.2 The Stroke Planning Group has progressed a number of the short term actions which were planned for completion by the end of March 2022:
- Daily board rounds with nurses and therapists are ongoing, with the addition of medical staff and including patient flow manager in PCH.
 - Maintaining weekly MDT meetings to discuss patients in PCH and POWH.
 - Colleague education and collaboration to ensure that junior colleagues in particular are familiar with the quality targets for stroke services and the stroke care pathway.
 - Expansion of space for therapy sessions on the acute stroke unit in PCH.
 - Assessment of long-term demand and capacity has been included as part of the post-Covid recovery work across the ILGs.
 - Completion of a Stroke Equity Audit with findings and recommendations presented to the Strategic Leadership Group of the Health Board (see 3.1 below).
- 2.3 An initial meeting has taken place between colleagues from Cwm Taf Morgannwg and Cardiff and Vale University Health Boards to discuss the potential for regional working across the two Health Board areas. It was agreed to develop a proposal for shared programme management capacity to take the work forward and to explore potential for closer operational co-operation in the short term. The work to develop a regional approach between the two Health Boards will fit with the vision for stroke services across Wales, which is for the development of regional stroke centres functioning within regional stroke networks.

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

- 3.1 There are some outstanding short term actions, as well as medium term (6-12 months) and long term (24+ months) actions which the Stroke Planning Group are working to address, outlined in Appendix

1.

Stroke Equity Audit

- 3.2 The Stroke Equity Audit completed by Public Health Wales colleagues across CTMUHB emphasised that a number of factors contribute to the large disease burden related to stroke. As 70% of strokes are preventable, it is vital that a whole systems approach is taken which maximises the prevention element, including early detection and treatment of clinical risk factors, in addition to the early identification and management of stroke symptoms.
- 3.3 Primary prevention work to address behavioural risk factors including diet, physical activity, smoking and alcohol consumption, is ongoing and represents a medium to long-term goal. Secondary prevention includes identifying and managing modifiable clinical risk factors such as high blood pressure, atrial fibrillation, diabetes and high cholesterol.
- 3.4 Any existing variation in detection and management of clinical risk, such as hypertension and atrial fibrillation will need to be identified and acted upon to minimise the risk of stroke, whilst any variation in early management of stroke needs to be identified and acted upon to improve outcomes. Actions arising from the recommendations of the audit have been incorporated into the Stroke Action Plan in Appendix 1.

Organisational Risk Register

- 3.5 Demand and capacity across the stroke pathway is recognised as a risk in the CTMUHB Organisational Risk Register. The risk described is that if there is continued high demand for stroke beds across PCH and POWH sites then patients may have a prolonged wait in getting to an appropriate stroke bed. This has the resulting impact for patients in relation to a delay in appropriate treatment or therapy. Some stroke patients are also attending the Royal Glamorgan Hospital (RGH). In RGH, patients are managed by the general medicine team and referred to the RGH multi-disciplinary team as required, but not specific to stroke rehabilitation. Limited therapy space due to the ward environments at PCH and POW, limits the ability to appropriately carry out therapeutic activity.
- 3.6 In addition, the register includes a risk that if the current increase in numbers of stroke patients across these sites continues, then the ability of OT, SLT, Physio and Dietetics to respond and provide a high quality service to these patients will reduce and not be sustainable without additional resource.

Quality Improvement Measures

3.7 The CTMUHB Integrated Performance Dashboard is published on a monthly basis and 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:

- direct admission to an acute stroke unit within 4 hours
- thrombolysis with a door to needle time within 45 minutes ¹
- CT scan within 1 hour
- assessment by a stroke consultant within 24 hours.

3.8 Appendix 2 outlines the performance against the four QIMs. Some of the issues faced in recent months in achieving the standards reflect the challenges faced in providing timely emergency care during a third wave of Covid. 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. In addition, significant discharge issues for stroke patients at the POWH site relate to the lack of ESD and community rehabilitation beds to improve flow through the stroke ward. Performance challenges against the target for assessment by a stroke consultant within 24 hours reflects the current 5 day working model of the stroke team.

3.8 Further, PCH has experienced a lower percentage of stroke patients arriving by ambulance which can affect the time window for administration of thrombolysis. However, over the period March 2021 – February 2022 PCH had the highest proportion of thrombolysed patients receiving thrombolysis within 45 minutes, at 55%, compared to the other 12 acute stroke sites across Wales.

3.9 These challenges reflect the need to continue to make improvements to the stroke pathway in CTMUHB.

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

¹ Drug Treatment known as Thrombolysis is used as soon as possible following the stroke to dissolve the blood clot.



	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.	No (Include further detail below)
	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 Goals	Improving 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.
- **Note** the strategic planning being undertaken in CTMUHB and across Wales to develop high quality promotion, prevention, treatment and care services for stroke.



Appendix 1

Stroke Action Plan

Key to RAG rating

Green = complete

Amber = work progressing with issues to address

Red = no progress

Short Term

	Action	Review Date	RAG Rating	Progress
1.	Review policy for transfer of acute stroke patients from RGH to PCH	June 2022		Discussed in Stroke Planning Group in April 2022. Discussed with COO in May 2022. Draft being actively explored.
2.	Check use of WAST/CTMUHB Pathway for Stroke	June 2022		WAST protocol/pathway has been requested.
3.	Use of electronic whiteboard to review therapy activity, caseload, numbers awaiting transfer in order to aid flow and transfer of care between PCH and YCR.	June 2022		Reviewing use of whiteboards and associated ICT issues Escalated to ICT as a resource issue.



4.	Provision of Quiet Space at POWH	June 2022		Ongoing. Discussion around possible broader moves on the POWH site. Further advice sought from the ILG.
5.	Provide ring-fenced beds on Stroke Wards	Ongoing		Discussed in Stroke Planning Group in April 2022. Discussed with COO in May 2022. Options being actively explored in context of pressures across sites.
6.	Development of single evidence-based care pathway across both sites	September 2022		Group established to: <ul style="list-style-type: none">• Discuss and establish a consistent SOP around admission to both stroke units.• Develop consistent pathway for thrombolysis across both sites
7.	Review current pathway for Orthoptics and explore potential for unification of service across CTMUHB	September 2022		Work ongoing within Orthoptics Service to recruit to key posts



Medium Term

1.	Explore appointment of a co-ordinator at YCR to improve communication with patients and families and free up medical, nursing and therapy time.	December 2022		Costed as part of service development process.
2.	Develop ability to transfer patients with nasogastric tubes to YCR	September 2022		Protocol established and 2 recent admissions accepted.
3.	Explore sourcing additional Junior Doctor hours, including 7day working	December 2022		7day working of stroke teams, including medics, nurses and therapists, included within service development process
4.	Provision of additional Advanced Nurse Practitioners to support the stroke pathway.	December 2022		Nurse leaders are scoping models of care across the UK in order to provide a recommendation for CTMUHB
5.	Explore potential for increased inpatient stroke rehabilitation capacity in YCR	December 2022		Additional staffing requirement is being costed as part of service development process.



6.	Provision of ESD service across CTMUHB footprint	December 2022		Costed as part of service development process
7.	Explore reasons for delay in accessing help and arriving at PCH. In some cases this delay is a median time of 15 hours if travelling by own transport.	September 2022		Public Health Wales Team believe likely multi-factorial (delay in recognition of symptoms, WAST waiting times, reluctance to seek health care, etc)
8.	Improve access to thrombectomy at Bristol.	September 2022		Public Health Wales Team to review the evidence base for thrombectomy to share with clinicians to support improved access to thrombectomy service ² at Bristol.
9.	Optimisation of Medication for patients on Primary Care AF and Hypertension Registers <ul style="list-style-type: none">• Optimisation of medication for patients on primary care hypertension registers	September 2022		Task and Finish Group established to explore options for optimal management with primary care, clusters and pharmacy colleagues.

² 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.



	<ul style="list-style-type: none">• Ensure compliance of patients on hypertension medication• Ensure all patients on AF registers anticoagulated if possible• Ensure that all patients currently on Warfarin are "switched" to DOAC to be in line with NICE guidance, September 2021			
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Long Term

1.	Consider requirement for additional Stroke Consultant Capacity	December 2022		To be considered in conjunction with medium term action number 4 above and potential use of ANPs
2.	Work with Cardiff and Vale UHB to explore potential for regional working and regional enhanced stroke unit	September 2022		Initial meeting held. It was agreed to develop a proposal for shared programme management.

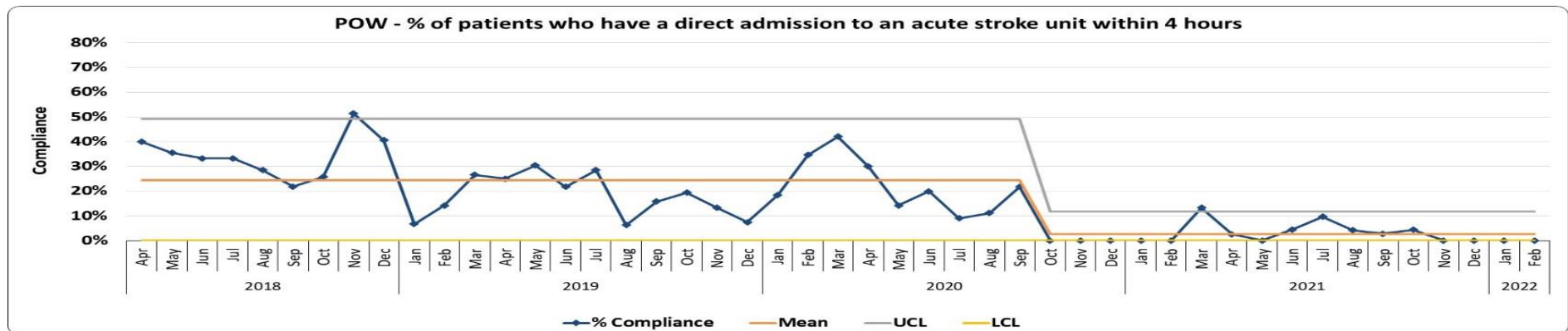
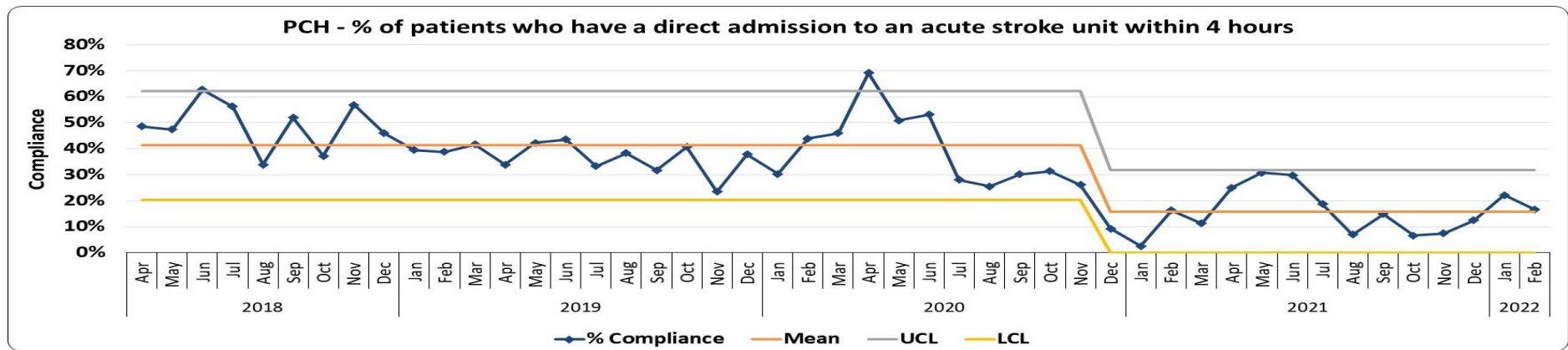


2.	<ul style="list-style-type: none">• Opportunistic case finding of patients with hypertension• Opportunistic case finding of silent AF targeted at over 65's provided infrastructure available to provide investigations.• Explore options with Inverse Care Law and Primary Care for case finding in primary care / community settings.	December 2022		Potential options for development of a community / primary care based model being developed through Task and Finish Group (as above).
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Appendix 2

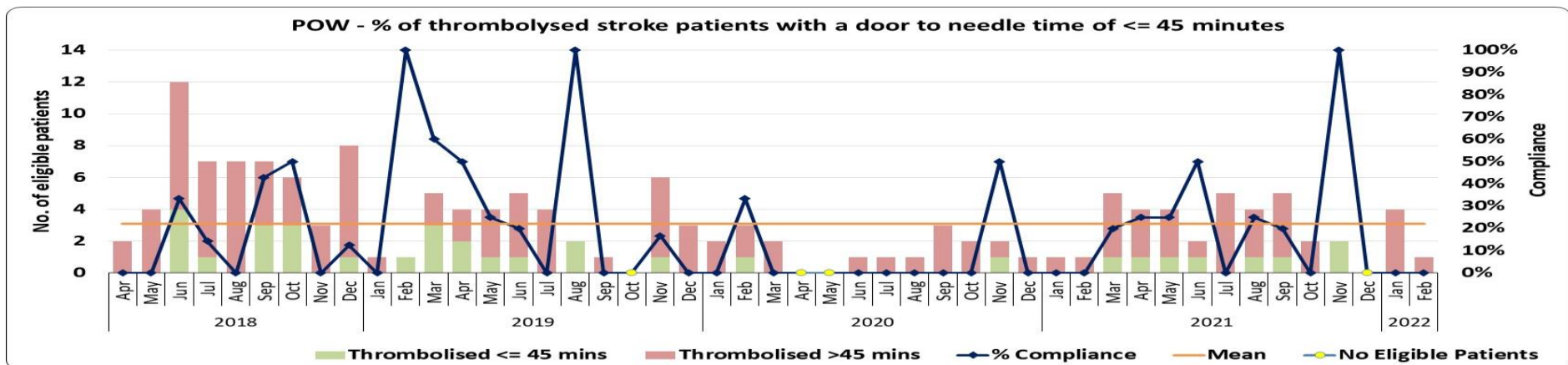
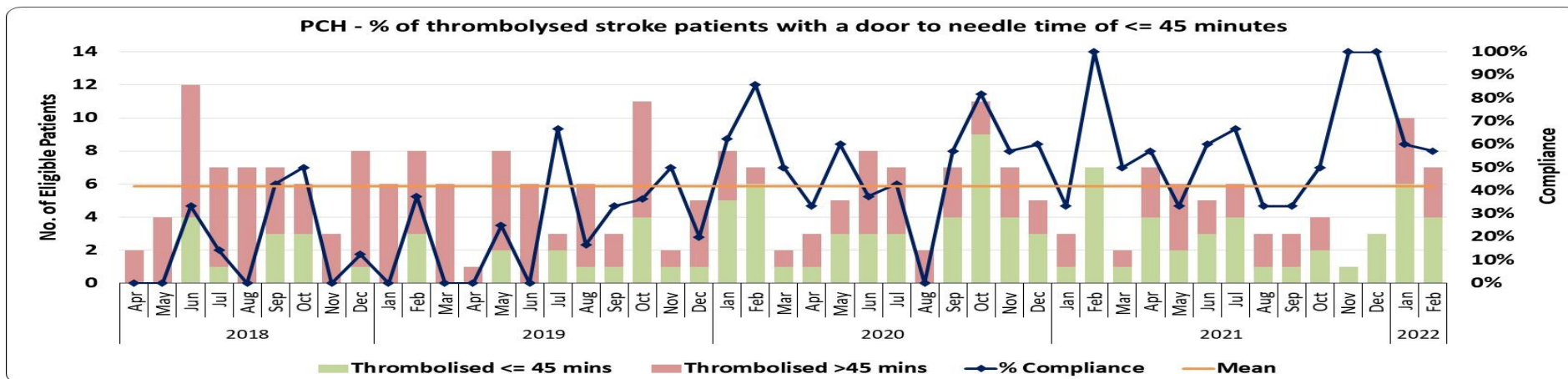
Quality Improvement Measures across PCH and POWH

% compliance with direct admission to an acute stroke unit within 4 hours



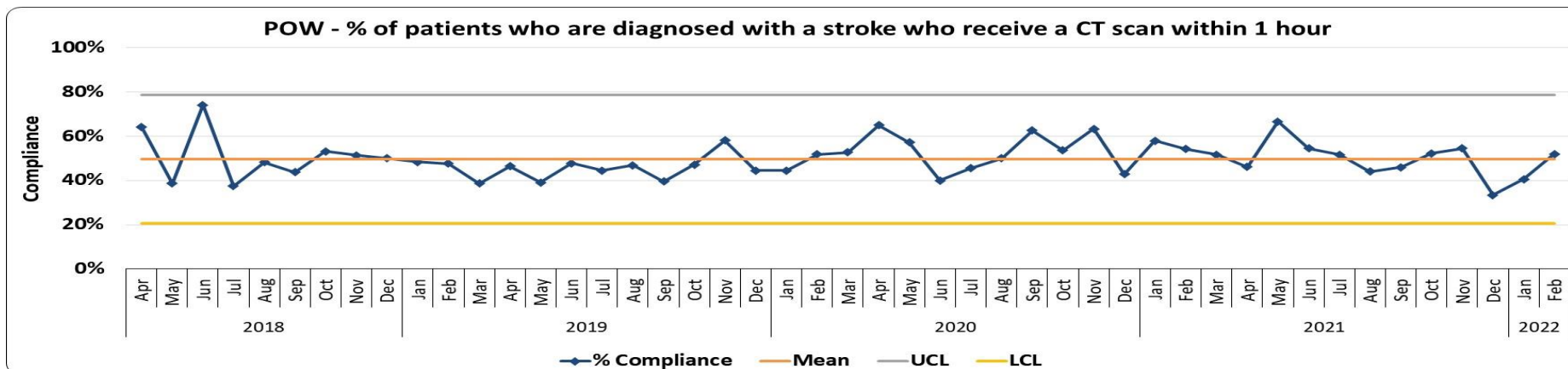
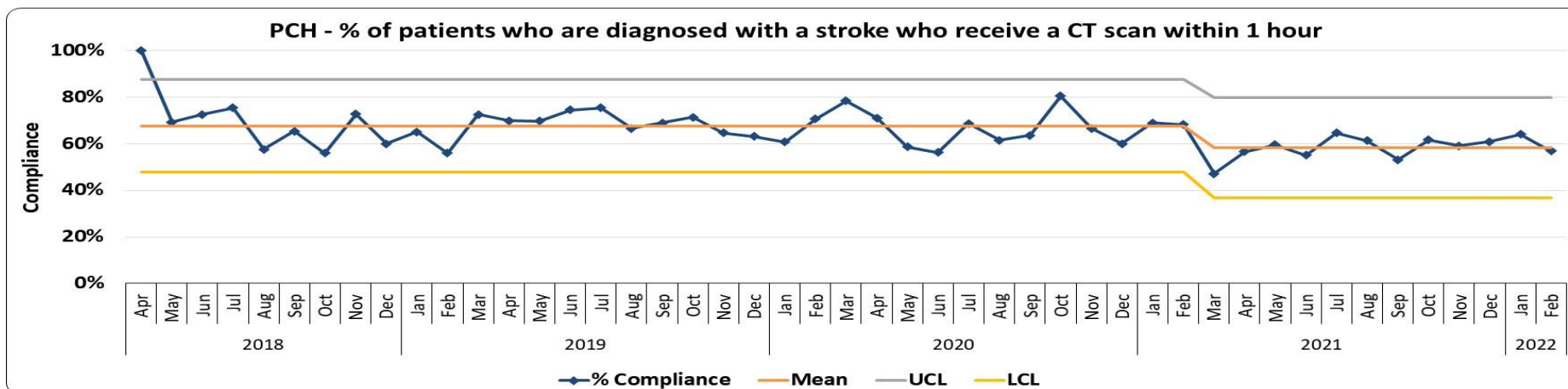


% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes





% compliance of patients diagnosed with stroke received a CT scan within 1 hour



% compliance assessed by a stroke consultant within 24 hours

