


## COVER SHEET

Meeting and Date of meeting	Trust Board 28 <sup>th</sup> September 2023	
Title of paper	Stroke Service Update	
Accountable Director	Name	Trudy Reid
	Position	Director of Medicine and Unscheduled Care
Report Author	Name	James Gilpin – Stroke Service Improvement Lead
	Email	James.gilpin@southerntrust.hscni.net
This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Information	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input checked="" type="checkbox"/>	Supporting people to live long, healthy active lives
	<input checked="" type="checkbox"/>	Improving our services
	<input checked="" type="checkbox"/>	Making best use of our resources
	<input checked="" type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input checked="" type="checkbox"/>	Working in partnership

	<p><i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i></p> <p><i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i></p>
---	---

## 1. Detailed summary of paper contents:

### Background & Context

The Trust brought forward a paper to Trust Board in May 2023 outlining performance in relation to Sentinel Stroke National Audit Programme (SSNAP). This paper provides a further update on the Allied Health Professional workforce and weekend working, and further opportunities that can be achieved and the challenges being faced by the service on this quality improvement journey.

January-March 2023			April-June 2023		
Craigavon Area Hospital	Daisy Hill Hospital	Lurgan and South Tyrone Hospital	Craigavon Area Hospital	Daisy Hill Hospital	Lurgan and South Tyrone Hospital
C↓	C↔	C↔	B↑	C↔	D↓

Appendix 1 – shows a Regional Comparative position.

Craigavon Area Hospital (CAH) has seen an improvement in the most recent quarter, however this is will likely to be impacted in the next audit with the impact of the Stroke Divert from Daisy Hill Hospital (DHH). DHH has remained at a C, however with the divert continuing SSNAP will reconfigure how it grades the site.

In relation to AHPs for comparison the below table outlines the Whole Time Equivalents – WTE in the Acute Hospitals and their deficits:

Site	WTE in Trust	Deficit in comparison to RVH	Deficit in comparison to RCP guidelines 2016	Deficit in comparison to 2023 guidelines
CAH	5.79	6.2	1.85	4.69
DHH	2.68	2.82	2.6	4.7

Royal Victoria Hospital – RVH and Royal College of physicians - RCP

Currently there is no weekend cover for AHPs in the Stroke Service across any inpatient site.

## 2. Areas of improvement/achievement:

SSNAP Action Plan Groups now are established and are chaired jointly by an Assistant Director and a Clinician. They review the most recent results and any actions agreed from the last meeting.

Whilst not recognised on SSNAP grading there has been an improvement on the number of Patients reaching the Stroke Unit from time of presentation. June 55%, July 50% and August 50%. This is most likely due to the Stroke Divert from DHH and the ability to keep protected assessment beds in the Stroke Unit of CAH.

Within CAH it can be noted from the most recent SSNAP results that the Occupational Therapy Team scored an A, this is attributed to improved staffing levels (2.0 WTE at risk extra) to bring them in line with the RCP Guidelines from 2016 but not the updated 2023 Guidelines.

In addition to this the AHP Team for the Stroke Service have been 'ring-fenced' in order to ensure that Stroke Patients are being prioritised for assessment and rehabilitation.

An IPT for staffing is ready to submit for a 22 bedded Acute and Rehab ward on the CAH site, construction work is to commence in Ramone on 25<sup>th</sup> October. This work is likely to be finished December 2023.

A Stroke Ambulatory and Virtual Stroke Ward has been commenced week beginning 18<sup>th</sup> October, whilst this is operationally managed in Adult Community Services it is working side by side with Acute. It is hoped that this may divert approx. 1/3 of all stroke admissions from inpatient beds.

A number of Service Improvement / Quality Improvement Projects are being undertaken within stroke. This work is being undertaken despite the staffing levels within the AHP Team in particular.

1. Rapid AI – an artificial intelligence programme helping with the interpretation of brain imaging, it is hoped that more people will be offered thrombolysis outside of the time window and less futile transfers to the RVH for Thrombectomy.
2. Dizzy pathway –launched July 2023 with engagement planned with GP's
3. Service User Feedback –A Coproduced quality improvement project that will collect Focused Service User Feedback across the Pathway.

## 2. Areas of concern/risk/challenge:

A previous IPT for AHP staffing had been submitted and rejected as there is no new funding streams. There are posts at risk, however if they become vacant they will not be filled, this will have a further detrimental impact on AHP provision.

With current staffing levels and Stroke Services delivered across four sites it is not possible for 7 day working, indeed SSNAP would indicate that the 5 day service is struggling to ensure the 5 day service.

Whilst there has been an improvement in the numbers of patients reaching the stroke unit within 4hours there are significant numbers that do not. These delays directly affect the speed at which the AHP Team can assess their patients (which is a SSNAP key indicator), another potential factor in delay of first assessment is access to diagnostics such as MRI.

The continued provision of stroke services across 4 sites in the Trust will continue to present challenges from a workforce and patient flow perspective.

There is likely to be a further delay in the outcome of the Regional Stroke Consultation as further work needs to be carried out at a regional level. However, CAH was noted to be a Hyper-Acute Stroke site in all models.

The current state of our Estate remains an ongoing challenge and necessitates the need for reconfiguration plans and large scale investment to improve the environment for which patients are treated and cared for. While all opportunities to be creative and improve the building fabric are considered, this remains a challenge.

## 3. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	3.1 Risk to safe, high quality care due to delay in accessing elective services for assessment, diagnostics and treatment in accordance with clinical need due to a demand and capacity mismatch compounded by staffing constraints and previously reduced capacity due to the COVID 19 Pandemic 3.8. Risk to safe, high quality care due to unscheduled care pressures in Emergency Department and Wards where capacity is above maximum occupancy (overcrowding) with un-commissioned and undesignated beds
-------------------------	--

Board Assurance Framework	Updates to SLT, Governance Committee and Trust board
Equality and Human Rights	Right to life

## Appendix 1

	BHSCT		NHSCT				SEHSCT		SHSCT				WHSCT			
SSNAP Scoring Summary:	Royal Victoria		Antrim Area Hospital		Causeway Hospital		Ulster Hospital		Craigavon Area Hospital		Daisy Hill Hospital		Altnagelvin Hospital		South West Acute Hospital	
Time period	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023
SSNAP level	A	A	D	D	D	C	B	B	C	B	C	C	D	D	B	B
SSNAP score	85.0	84.0	54.0	59.0	52.3	60.8	72.0	70.0	67.0	74.0	64.0	64.0	41.4	45.0	75.0	76.0
<i>Team-centred post-72h all teams cohort</i>	174	159	132	140	61	67	140	126	127	129	40	45	71	73	31	45
<b>Team-centred KI levels:</b>																
1) Scanning	A	A	B	C	A	B	A	A	B	A	A	A	C	C	A	A
2) Stroke unit	D	E	E	E	E	E	E	E	E	E	E	E	E	E	C	B
3) Thrombolysis	C	B	D	D	C	C	B	B	B	B	C	C	D	C	C	B
4) Specialist Assessments	A	B	B	B	C	B	D	D	C	C	D	C	D	D	A	A
5) Occupational therapy	B	A	D	C	C	B	A	A	B	A	D	B	E	E	B	C
6) Physiotherapy	A	A	D	D	D	C	B	B	C	B	D	C	E	D	C	C
7) Speech and Language therapy	A	B	B	B	C	C	C	C	C	C	C	E	C	D	E	E
8) MDT working	B	B	D	C	E	D	D	D	D	D	C	D	E	D	B	B
9) Standards by discharge	A	A	B	A	C	A	B	B	A	A	A	B	B	B	A	B
10) Discharge processes	A	A	D	C	C	C	A	A	A	A	A	A	A	A	A	A
Team-centred Total KI level	A	A	D	C	D	C	B	B	C	B	C	C	D	D	B	B