City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the NHS Bradford City and NHS Bradford Districts CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 8th February 2018

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Subject: Bradford Stroke Service - Update

Summary statement:

This report will provide an overview of the current position regarding the Bradford Stroke Service, its relationship with the Airedale service and action plans to move a coordinated Bradford and Airedale Stroke Service forward.

Portfolio:

Health and Wellbeing

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1. Summary

1.1 A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the less damage is likely to happen.

What is a stroke - A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. This damage can have different effects, depending on where it happens in your brain.

A stroke can affect the way your body works as well as how you think, feel and communicate.

As we age, our arteries become harder and narrower and more likely to become blocked. However, certain medical conditions and lifestyle factors can speed up this process and increase your risk of having a stroke.

Most strokes are caused by a blockage cutting off the blood supply to the brain. This is an ischaemic stroke.

However, strokes can also be caused by a bleeding in or around the brain. This is a haemorrhagic stroke.

2. Background

2.1 In August 2015, following a period of public consultation the 2 HASU (hyper acute stroke unit) beds at Airedale General Hospital (AGH) moved to Bradford Royal Infirmary to create a single HASU for people living in and around Bradford, Airedale, Wharfedale and Craven area.

The HASU provides the initial investigation, treatment and care immediately following a stroke. Patients will spend an average of 72 hours in the HASU before being transferred to their local stroke unit for ongoing multidisciplinary inpatient care.

It should be noted that for a HASU to provide the most effective care it is recommended they admit a minimum of 600 confirmed stroke patients each year and have six stroke consultants, trained in thrombolysis, available 24 hours, and seven days a week to treat 600 or more suspected strokes per year.

The HASU located at BRI is in line with this national guidance.

In the period leading up to this move Airedale General Hospital had experienced problems providing a HASU service due to a national shortage of stroke consultants. This national shortage remains a challenge.

Despite trying to recruit, AGH had not been able to secure a permanent consultant team therefore since March 2014, to ensure a full service was available, BRI had

been providing a HASU service to the population of Airedale, Wharfedale and Craven during evenings, weekends and at bank holidays.

2.2 Since the move the single HASU at BRI provides patients with: emergency stroke care 24 hours a day, seven days a week, 365 days a year (and it is the same care whatever the time of day or night); high quality, safe and resilient care; access to specialist stroke consultants at all times; and quicker scans and treatment for more patients. Acute stroke services and rehabilitation continues, unchanged at both AGH and BRI.

2.3 Activity

In 2016, 232 stroke patients from the Airedale, Wharfedale and Craven area were admitted to BRI. 4.3% (10 patients) did not access a stroke bed. 7 were repatriated to Airedale General Hospital directly from the admission wards, 2 passed away and 1 was discharged home.

222 stroke patients access the Acute Stroke Unit. The mean age being 73.0 and the range was 27-99 years, 100 years for females.

Of these, 210 patients (94.6%) were admitted directly from A&E. The remainder came from other medical settings:
Wards at BRI – 9 patients
ITU (intensive treatment unit) – 1 patient
GP – 1 patient
Leeds General Infirmary (LGI) – 1 patient

221 patients (99.5%) had a CT head scan within 12 hours.
18 patients (8.1%) were thrombolysed. 14 were subsequently repatriated to Airedale General Hospital, 2 returned directly home, 1 passed away and 1 was transferred to LGI for surgery.

3. **Report issues**

3.1 The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data across England, Wales and Northern Ireland. There are three main components of SSNAP, the clinical audit, acute organisational audit, and post-acute organisational audit.

SSNAP aims to improve the quality of stroke care by measuring both the structure and processes of stroke care against evidence based standards. These standards are informed by the National Clinical Guideline for Stroke and are mandatory for organisations to complete. The findings are published so residents are able to understand how their local hospital stroke services compare to other areas.

The latest SSNAP data available for Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) from April to July 2017 is shown below. Further explanation will be provided verbally at the Health Overview and Scrutiny meeting.

Number of patients		Overall Performance[1]			
Admitted	Discharged	SSNAP Level	Case ascertainment	Audit compliance	Combined key indicator level
175	176	D	A	C↓	D

BTHFT received an alert in October 2017 regarding mortality outlier status based on its SSNAP data returns. However, investigation within the trust has revealed that data quality and input issues are likely to have been the cause of the alert, and have taken specific actions to address this concern (see actions section below). It is anticipated by the Stroke specialty team that these actions will help ensure data for the current financial year is not subject to the same quality issues. The Stroke specialty also continues to work on delivering a wider action plan aimed at developing areas of work to improve SSNAP performance which is overseen by the Trust Quality Committee. It is anticipated that as a result of the work outlined above the Trust will have a much more accurate reflection of care delivered by the speciality.

3.2 Progress to date:

3.2.1 An identified issue was the availability of specialist Stroke nurses to respond to the Stroke unit in a timely manner. Stroke responder nurses are now in place and this will facilitate treatment and appropriate transfer to the Stroke Unit in a timely manner.

3.2.2 Early Supported Discharge (ESD) is now operational and has been since 5th November 2017. With the implementation of this service patients are able to receive the same level of intervention such as physiotherapy and Speech and Language therapy in their own homes. Discharge is planned from admission and is based on health and social discussions.

3.3 The areas of challenge and actions including:

3.3.1 Below is a list of actions identified at a workshop between AGH and BRI Stroke teams. The expected timescales are also shown. Whilst it is not possible at this stage to comment on the extent to which patient outcomes will change as a result of these actions the Stroke teams are confident a marked difference is expected in mortality data where reaching a point of complete and accurate data is the primary focus.

a) Following receipt of a mortality alert in October 2017 BTHFT has identified a number of SSNAP data input issues. As an immediate action the Trust implemented a weekly SSNAP data group attended by anyone with input to SSNAP. The group reviews the status of SSNAP data, brings data queries to the group and undertakes an action focused discussion. This is already showing positive results with data for the second of four months having 100% of patient data. As of **January 2018** ANHSFT resource involved in SSNAP will also be attending this group so as to consider SSNAP data for the entire Bradford and Airedale service.

[1] The key indicators score is derived from the aggregate score across 10 “domains” or areas of patient care. Each domain is given a performance level (level A to E) and a key indicator score is calculated based on the average. The overall SSNAP level is the combined total key indicator score adjusted for case ascertainment and audit compliance performance.

b) Clear instructions for the collection and input of SSNAP data have been developed by BTHFT. These are available for ANHSFT and BTHFT resource.

c) Since the implementation of Electronic patient record (EPR) at BTHFT, staff involved in the collection of SSNAP data has reported a noteworthy improvement in the access and collection of data required. ANHSFT Stroke team has also confirmed a significant improvement in the completeness and timeliness of data when patients are transferred from BRI to AGH.

a) Stroke teams agreed to establish a joint business meeting across Bradford and Airedale teams. Initially this will be in addition to any local groups however the teams demonstrated commitment to working as one team. The Patient Services Manager for Stroke at ANHSFT will own this action and is aiming for the first of these monthly meetings in **February 2018**. This group will bring together clinical leads, nurses, therapists and managers/corporate resource who contribute to Stroke care. This team oversee future collaborative activities; publish a joint communication to AGH and BRI Stroke resource advising of the work underway in addition to attending to business as usual activities.

b) Attendees suggested coming together for a second workshop to review progress, spend time as a joint team and to plan further initiatives to improve outcomes. At the time of writing a date has not been confirmed and this will be for discussion at the first joint business meeting.

c) Attendees recognised a lack in understanding of the full Stroke pathway and acknowledged that all those involved in delivering Stroke care should be familiar with the whole pathway. Commitment was given to mapping the pathway of the Bradford and Airedale Stroke service. The Associate Director of Quality (BTHFT) is taking the lead on this activity with a target completion date of **May/June 2018**. It should be noted the Bradford and Airedale Stroke pathway is as per national recommendations. Significant changes are therefore not anticipated although minor adjustments may be required if this results in demonstrable improvements (outcomes, process, workforce etc.).

d) Demonstrating commitment to improving outcomes the Stroke team has expressed a wish to visit sites in the Yorkshire and Humber region where we can learn lessons. In particular Doncaster and Bassetlaw and Calderdale and Huddersfield. The Directorate Manager for BTHFT Stroke is taking ownership of this action with a target visit date of **March/April 2018**.

e) The existing quality governance group for the Bradford and Airedale Stroke service is considered to be of great importance and use to the Stroke teams. Due to timings, travel required, capacity and workforce pressures however it is challenging to create the time to attend. The Directorate Manager for Stroke (BTHFT) is exploring if and how this group could be connected by video conferencing to allow greater attendance and input. Initial findings due **February 2018.**

3.3.2 In addition to the actions above the Stroke team identified some longer term activities as detailed below. The progression of these will be discussed at the business meetings and brought to the second workshop.

- A workforce day to include celebrations, awards etc. for front line staff from the Stroke team.

- Communications, knowledge sharing events
- A shared SNAAP data set
- Map the workforce and consider the future, joint workforce along with new models for the provision of Stroke care.

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3.4 Patient engagement has proved difficult. We have met as a wider group with our local stroke groups however many of the members have (thankfully) no recent experience of the local stroke services and therefore are unable to contribute their views on how to improve the service. Finding the right balance is a challenge as newly diagnosed stroke patients are usually too unwell or unable to share their experiences with us.

We have started to work with Bradford Healthwatch around engaging with patients and carers to truly engage with our local healthcare users.

4. Options

Not applicable

5. Contribution to corporate priorities

To commission and ensure delivery of safe, high quality and effective services

6. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to:

6.1 Receive and note the CCGs' commitment and actions taken to improve stroke services for the Bradford and Airedale patch.

6.2 Receive and note actions that are being implemented to improve the stroke services in Bradford and Airedale.

6.3 To report back to the Health and Social Care Overview and Scrutiny Committee in 12 months on progress against the action plan.

7. Background documents

None

8. Not for publication documents

None

9. Appendices

None