

Report of NHS Bradford City CCG and NHS Bradford Districts CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Wednesday 20 February 2019

AG

Subject: Stroke Services - Update

Summary statement:

This paper will outline the plans to:

- provide outstanding care for our patients
- be the hospitals chosen by the community for putting patients first, providing excellent, innovative and diverse services, delivering safe standards of care, all underpinned by the constant pursuit of efficiency
- relentlessly pursue achieving the best possible outcomes for patients, whilst maximising our efficiency
- develop both existing and new service provision, changing the models of service delivery and the requisite shape of the workforce in the years ahead

The paper will also update on:

- on-going improvements to the stroke service in relation to Sentinel Stroke National Audit Programme (SSNAP)
- the development of a single stroke service development across both sites
- work undertaken to improve patient experience
- partnership work with the West Yorkshire and Harrogate Healthcare Partnership (WY&H HCP) stroke programme

Report Contact: Kath Helliwell
Phone: (01274) 237735
E-mail: kath.helliwell@braford.nhs.uk

Portfolio:
Healthy People and Places

1. Summary

1.1 At the 8th of February 2018, the Health and Social Care Overview and Scrutiny Committee recommended that –

- That the Clinical Commissioning Groups' commitment and actions taken to improve stroke services for the Bradford and Airedale patch be noted.
- That the actions being implemented to improve the stroke services in Bradford and Airedale be noted
- That a further report be submitted to the Committee in 12 months on progress against the action plan.

This paper will outline the work and progress to date since the last report on the provision of a single hyper-acute stroke unit (HASU) which allows rapid patient access to specialist care and treatment and then transfer to a dedicated stroke unit for rehabilitation once patients are stabilised. It will also detail plans to continue to develop a sustainable, high quality stroke service in the future.

2. Service overview

2.1 Given stroke is the third leading single cause of death in the United Kingdom and is responsible for 7% of all deaths in the UK resulting in devastating impacts on the lives of people, their families and carers; it is imperative the stroke outcomes for people are improved. Nationally and locally work has been taking place to improve the stroke outcomes for people who have had a stroke. Providing the best stroke services to further improve quality and stroke outcomes is a priority for us all.

2.2 Locally across the West Yorkshire and Harrogate (WY&H) footprint; HASU provision has been consolidated resulting in fewer HASU units. The West Yorkshire Strategic Case for Change paper (2017) identified further stroke improvement work has taken place such as provider participation in the SSNAP audit; roll out and application of GRASP-AF tool for identifying atrial fibrillation, and implementation of local CCG initiatives such as “hot clinics” that enable direct access to stroke consultants. Work lead by the WY&H HCP stroke programme, is currently also underway to re-establish a stroke clinical network of which the Bradford and Airedale teams will play an active role in.

2.3 The SSNAP measures 44 indicators which are grouped into 10 clinical domains. The programme audits the key stroke processes that have a high impact on patient care and long term health outcomes. The SSNAP reports over recent years have indicated at national level, improvements have been seen period-on-period in the results for stroke care, both in the acute processes of care, including rapid scanning, thrombolysis provision, and access to a stroke unit, and in the standards and processes of care by discharge. However, unacceptable variation across the country has remained.

3. Report issues

3.1 SSNAP

A hospital provider's total 'SSNAP level' score includes all measures of quality care as well as measures of audit compliance. The 10 SSNAP domains that inform this aggregate score are described in the table below.

DOMAIN	INDICATOR	DESCRIPTOR
D1	Scan	Measure of access to brain imaging
D2	Stroke unit	Measure of access to a stroke unit (mix of HASU/ASU)
D3	Thrombolysis	Measure of thrombolysis treatment
D4	Specialist Assessment	Measure of access to 'specialist assessments'
D5	OT	Delivery of occupational therapy
D6	Physio	Delivery of physiotherapy
D7	SALT	Delivery of Speech and Language Therapy
D8	MDT	Multi-Disciplinary team working
D9	Std Discharge	Measure of Standards by Discharge (dietitian screening, Continence plan, mood and cognition screening)
D10	Discharge process	Measure of Effective Discharge Processes (Early Supported Discharge (ESD), joint health & social care plan)

3.2 The overall aggregate SSNAP results for Bradford and Airedale over the last 12 months are shown in the tables below.

REPORTING PERIOD	AIREDALE: SSNAP PATIENT CENTRED RESULTS	BRADFORD: SSNAP PATIENT CENTRED RESULTS
AUG 17 – NOV 17	D	E
DEC 17 – MAR 18	D	E
APR 18 – JUN 18	D	C
JUL 18 – SEPT 18	D	B

REPORTING PERIOD	AIREDALE: SSNAP TEAM CENTRED RESULTS	BRADFORD: SSNAP TEAM CENTRED RESULTS
AUG 17 – NOV 17	D	E
DEC 17 – MAR 18	D	E
APR 18 – JUN 18	D	B
JUL 18 – SEPT 18	D	B

There has been significant improvement in Bradford's SSNAP result and it is anticipated following close working and shared learning, Airedale's SSNAP for the reporting period Oct to Dec 18 (the report for which will be available in Feb 19) will also show an improvement. The audit results have shown:

- A **significant improvement** in BTHFT patient centered SSNAP level from an **E** to a **B**.
- A **significant improvement** in BTHFT team centered SSNAP level from an **E** to a **B**.
- An **increase** in ANHSFT patient centered SSNAP score however we acknowledge, this translates into no change from a level **D** attainment.
- At the moment, **no change** in ANHSFT team centered SSNAP from a level **D** attainment however using the live predicated dashboard for SSNAP results it is anticipated **an increase to a level C** by the next report which is expected in Feb 2019.

Shown below are the SSNAP grades:

SSNAP Boundaries	Scores/Grades
	A= > 80
	B= > 70
	C= > 60
	D= > 40
	E= < 39

Detailed and focus work to improve SSNAP results have been undertaken across Bradford and Airedale. Some of this has been due to shared learning from high performing stroke units across the region; it has also included detailed breach analysis of SSNAP data as well as the development of a live SSNAP dashboard that aids the predictions of SSNAP results and allows for constant reviews and amendments of processes. We are pursuing a single SSNAP submission across both sites which we hope will be agreed by the end of February 2019.

The acute care is comparable across both sites, however Transient Ischemic Attack (TIA) and Early Supported Discharge (ESD) pathways are not at the moment. Task and finish groups have been established for both these areas and are working in partnership with the CCG to standardize provision.

3.3 Single Service Collaboration Progress

Work has been progressing on improved collaboration to support the further development of a single sustainable stroke service for Bradford and Airedale. Some of this work has included:

- Establishment of a single stroke project board and single stroke operational group that has representatives from executive, clinical and managerial staff from both sites
- A series of collaborative workshops are taking place to identify key priorities for further development of the single stroke service including articulating the vision and road map to deliver this
- Focus on relationship building to raise awareness of the whole stroke pathway and challenges
- Undertaking a single approach to patient engagement
- Establishing joint training and shared learning across the clinical teams including work to explore a single patient passport that would follow the patient through their journey of the single stroke pathway across the two sites
- Reviewing an integrated approach to training and quality improvements.
- Exploring the use of a joint social media nursing recruitment campaign via a digital recruitment solution company as well as trying new approaches such as understanding the needs of our future workforce via a marketing exercise to tailor recruitment offers where possible.
- As well as recruitment we are focusing on retention of our staff
- Integrated workforce plans such as joint recruitment events, held locally and nationally and exploring the possibility of single roles for example a clinical educator
- Exploring the pathways across both sites including TIA and ESD and working on plans to extend to a 7 day service across Bradford and Airedale
- Learning from visits to high performing stroke units regionally and using shared learning to improve SSNAP results including changes to the front end of the pathway by working closely with Yorkshire Ambulance Service (YAS).
- Exploring digital solutions to stroke care including the option of telemedicine via a patient engagement app, a single stroke admission I.T template, meetings via video-conferencing for clinical teams to progress the stroke single stroke service
- Exploring a single governance structure and finance structure for collaborative services; including a clinical governance model

3.4 Transient Ischemic Attack

Previously both sites offered a 5 day TIA clinic provision but did not have weekend TIA clinic provision. Patients referred late on Friday could often be accommodated on a Friday afternoon however those referred over the weekend were often seen on a Monday morning which was non-compliant with the 24hr specialist assessment requirement.

A recent pilot at Bradford has meant we are now able to offer TIA telephone consultation clinics at the weekend which offers patients a specialist assessment and advice service; there is still some work to do in extending this to Airedale patients and being able to undertake out of hours TIA investigations.

Staffing and capacity issues across the medical and diagnostics workforce at both sites make it difficult to offer TIA investigations out of hours at the current time therefore full TIA investigations take place on Monday morning.

Given the geography of the Bradford and Airedale catchment area; clinics will be held at both sites through the week to maintain good patient experience; those patients assessed at the weekends via the telephone clinic will be asked to attend the closest site for further TIA investigations on Monday mornings.

A task and finish group to review this pathway has been established and referral processes out of hours (OOH) from the Emergency Dept (ED) or OOH's GP's will also be reviewed. Work is currently being undertaken to establish TIA e-referrals into the ANHSFT System One software. A further work stream for the task and finish group will be to explore the possibility of undertaking TIA investigations at the weekends.

3.5 Patient engagement

A single stroke patient survey has now been designed and approved by reader's panels, clinical teams, stroke association and Healthwatch and will be rolled out in March 2019.

A Healthwatch options appraisal paper has also been approved and commissioned. The stroke service will work alongside Healthwatch over the following year 2019, to ensure the current patient voice is heard and informs the ongoing service improvements. Healthwatch via the means of a stroke ambassador will attend the stroke operational meetings, promote the stroke patient survey and feed stroke updates and progress to the community and other key stakeholders.

We will capture any issues that arise on any geographical challenges via the patient survey and the work with Healthwatch.

A workforce survey has been conducted and shared and there are plans to review the results in line with the patient voice once the patient survey is rolled out and results analysed.

The stroke teams are also exploring VitruCare, a patient engagement app that allows patient to be more involved with their care and the ongoing support available to them. This is a digital patient engagement app that enables self-care and management, co-creating health with their healthcare team where possible. Benefits include video-conferencing, interface with the patient health record, secure messaging, ability to share training videos, prevention advice etc. It is expensive therefore at this stage this is very much in its infancy stage as we want to explore the opportunities to deliver care.

Bed managers and senior clinical leads liaise closely to ensure smooth repatriations. No issues have been raised via PALS/Complaints. A new standard operating procedure (SOP) has been introduced to protect, and where possible,

ring fence stroke beds

3.6 West Yorkshire And Harrogate Healthcare Partnership

The WY&H HCP stroke programme has been undertaking a large piece of work on the HASU re-configuration across West Yorkshire. It has been agreed there will be 4 HASU's across the region and focus has been on standardising processes. Some of this work has included standardised policies for repatriation and stroke service specifications. The Bradford and Airedale single stroke service has been actively involved with this work and as the WY&H HCP stroke programme now start to focus on the establishment of a clinical stroke network, our Trusts will again be represented and play an active role.

3.7 Site Activity

Bradford Teaching Hospitals Foundation Trust Site

In 2017, 853 stroke patients were referred to the service (fewer than the 908 in 2016), and 793 were admitted to stroke beds (843 in 2016). 209 patients referred were from the Airedale area (201 admitted to stroke beds).

135 stroke patients were repatriated to Airedale acute stroke unit in 2017

Airedale Foundation Trust Site

In 2017, 209 stroke patients from the Airedale area were admitted at BTHFT. Eight (3.8%) did not access a stroke bed – 4 were repatriated to Airedale directly from the admissions wards, 3 died and 1 was discharged home.

3.8 Constraints/Challenges

- Workforce and retention issues are leading to reduced capacity to attend training and development opportunities.
- Increase in activity resulting in bed pressures

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:

- Receive, note and acknowledge significant progress made on the Stroke service across Bradford and Airedale
- Support the work underway to establish a single stroke service

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

None