

Report to:

**ADULT SOCIAL CARE AND HEALTH SCRUTINY
COMMITTEE**

Relevant Officer:

Steven Christian, Deputy Chief Executive

Date of meeting:

21 March 2024

**BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST DEVELOPMENT
AND DELIVERY OF STROKE SERVICES**

1.0 Purpose of the report

1.1 The purpose of this report is to advise the Adult Social Care and Health Scrutiny Committee about the current position with the Stroke Service in Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

2.0 Recommendation(s)

The Adult Social Care and Health Scrutiny committee is asked to:

2.1 Note the positive progress regarding SSNAP performance, medical junior recruitment and improvements sustained regarding TIA access.

2.2 Note the challenges associated with consultant medical recruitment and the pressures that non-elective services face, exacerbating access issues in times of heightened demand.

2.3 Note and support the approach for delivering improvements as part of the wider LSC Stroke Network with a committed focus on specific milestones and access that will improve care.

2.4 Note the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, which sought to introduce HASU models across different sites is on pause due to funding across the LSC ICB.

3.0 Reason for recommendation(s)

3.1 Is the recommendation contrary to a plan or strategy approved by the Council? **No**

3.2 Is the recommendation in accordance with the Council's approved budget? **No**

4.0 Other alternative options to be considered

4.1 N/A

5.0 Council priority

- 5.1 The relevant Council priority is:
- 'The economy: Maximising growth and opportunity across Blackpool'
 - 'Communities: Creating stronger communities and increasing resilience'

6.0 Background and key information

- 6.1 At BTH, stroke services play a pivotal role in addressing the impact of strokes on individuals and their families within the local community. With a commitment to excellence in stroke care, BTH has developed a comprehensive stroke pathway designed to deliver high-quality, evidence-based interventions across the continuum of stroke care.
- 6.2 As a system, Lancashire and South Cumbria (LSC) is providing life-saving treatments including thrombolysis (clot busting intervention) and mechanical thrombectomy (clot retrieval intervention) at rates less than the national average.
- 6.3 A business case was produced to address the unwarranted variation and increase thrombolysis and increase the speed and capacity with which acute stroke and ambulance services can respond to stroke. In this business case it was agreed that BTH would become an Acute Stroke Centre (ASC) offering hyper-acute care with Lancashire Teaching Hospitals NHS Foundation Trust remaining as the Comprehensive Stroke Centre (CSC) with its links to neurosurgery.
- 6.4 Does the information submitted include any exempt information? **No**

7.0 List of appendices

- 7.1 Appendix 4a - BTH SSNAP Performance

8.0 Financial considerations

- 8.1 None.

9.0 Legal considerations

- 9.1 None.

10.0 Risk management considerations

- 10.1 None.

11.0 Equalities considerations and the impact of this decision for our children and young people

- 11.1 None.

12.0 Sustainability, climate change and environmental considerations

12.1 None.

13.0 Internal/external consultation undertaken

13.1 None

14.0 Background papers

14.1 Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria - Health Scrutiny Committee - Tuesday, 1st February 2022.

Blackpool Teaching Hospitals NHS Foundation Trust
Development and Delivery of Stroke Services
Adult Social Care and Health Scrutiny Committee

1 Purpose

- 1.1 The purpose of this report is to advise the Adult Social Care and Health Scrutiny Committee about the current position with the Stroke Service in Blackpool Teaching Hospitals NHS Foundation Trust (BTH).
- 1.2 This paper provides an update for Scrutiny Committee members on the Trust's quality of care and performance improvements/challenges regarding Stroke Services.

2 Background

- 2.1 At BTH, stroke services play a pivotal role in addressing the impact of strokes on individuals and their families within the local community. With a commitment to excellence in stroke care, BTH has developed a comprehensive stroke pathway designed to deliver high-quality, evidence-based interventions across the continuum of stroke care.
- 2.2 The stroke services at BTH encompass a multidisciplinary approach, involving collaboration among various healthcare professionals, including stroke physicians, nurses, therapists, and support staff. BTH works closely with Lancashire Teaching Hospitals NHS Foundation Trust, as the regional lead for patients requiring thrombectomy services.
- 2.3 Furthermore, BTH recognises the importance of not only acute stroke care but also post-acute rehabilitation and long-term support for stroke survivors. With specialised rehabilitation support, the Trust offers a 23 bedded unit where Stroke patients, with the support of specially trained therapists, are helped to resume their lives back in the community.
- 2.4 As a system, Lancashire and South Cumbria (LSC) is providing life-saving treatments including thrombolysis (clot busting intervention) and mechanical thrombectomy (clot retrieval intervention) at rates less than the national average.
- 2.5 A business case was produced to address the unwarranted variation and increase thrombolysis and increase the speed and capacity with which acute stroke and ambulance services can respond to stroke. In this business case it was agreed that BTH would become an Acute Stroke Centre (ASC) offering hyper-acute care with Lancashire Teaching Hospitals NHS Foundation Trust remaining as the Comprehensive Stroke Centre (CSC) with its links to neurosurgery.
- 2.6 Furthermore, in recent years, stroke services in BTH have faced significant challenges, with issues arising that have garnered public attention and scrutiny. These challenges have included concerns regarding the quality and safety of stroke care, as well as

allegations of misconduct and malpractice within certain healthcare settings. These issues have been the subject of criminal investigations, the findings of which have now concluded. Reputationally, this activity has created challenges regarding recruitment for the services and maintaining public confidence in the safety and quality of services.

- 2.7 It is imperative that there is acknowledgement of these past incidents so that organisationally, BTH can learn from them, and work collaboratively to address any issues.

3 Performance & Challenges

- 3.1 The performance and quality of stroke services undergo national assessment through the Sentinel Stroke National Audit Programme (SSNAP). This program gathers data from hospitals concerning the care administered to stroke patients, encompassing their journey from hospital admission through to the six-month mark following their stroke.
- 3.2 This system evaluates providers' performance across ten care domains, assigning them a rating from A to E. Hospitals or CCGs receiving an A score consistently meet the highest standards of care across nearly all patient cases. Conversely, those with an E score demonstrate lower performance and do not consistently meet the highest standards for many patients.

SSNAP Report

01/10/2023 to 31/12/2023

Overall SSNAP Level	B
Total KI Score	76
72hr Cohort	

Concerns
Formal Swallow
Not all Patients screened for MUST and seen by Dietician if high risk
Swallow Screen
Time to SLT
Time to Stroke Unit

- 3.3 SSNAP performance for the Quarter 3 of 2023/24 was graded at a 'B'. This grade represents an improvement from previous quarters which were graded at 'C' or 'D'. Although improvements have been delivered, there remain a series of challenges associated with SSNAP performance. Full details of performance are included at Appendix A, however the key areas of challenge are associated with timely access to the Stroke Ward and timely access to thrombolysis.
- 3.4 Access issues are exacerbated by non-elective pressures currently experienced by the organisation. Timely access to the ward can pose a challenge when occupancy across the site remains high, however, the organisation continues to ring-fence the Stroke Unit in its entirety to mitigate access issues as much as possible.
- 3.5 Other challenges associated with SSNAP performance is the access to Speech and Language Therapies (SLT) for patients. At present, due to recruitment challenges, the time to SLT is longer than the standard requests. The organisation remains committed

to appointing additional staff to support this crucial element of the service. Appointment to these posts is linked to the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, for which funding has not yet been released.

3.6 Transient Ischaemic Attack (TIA) performance significantly deteriorated within BTH in August 2023, with a performance of 2.17% against an operational standard of 60% (the standard mandates that all patients suspected of a TIA should be seen within 24 hours of referral). This deterioration in performance was the result of workforce issues within the medical team.

3.7 Following this issue, the Trust has seen positive progress for TIA performance as the result of continued focus on timely access and further training of junior doctors to support TIA activity. Notably, the Division has successfully filled substantive registrar positions within Stroke services. The addition of these medical professionals to the workforce will fortify the delivery of TIA performance moving forward.

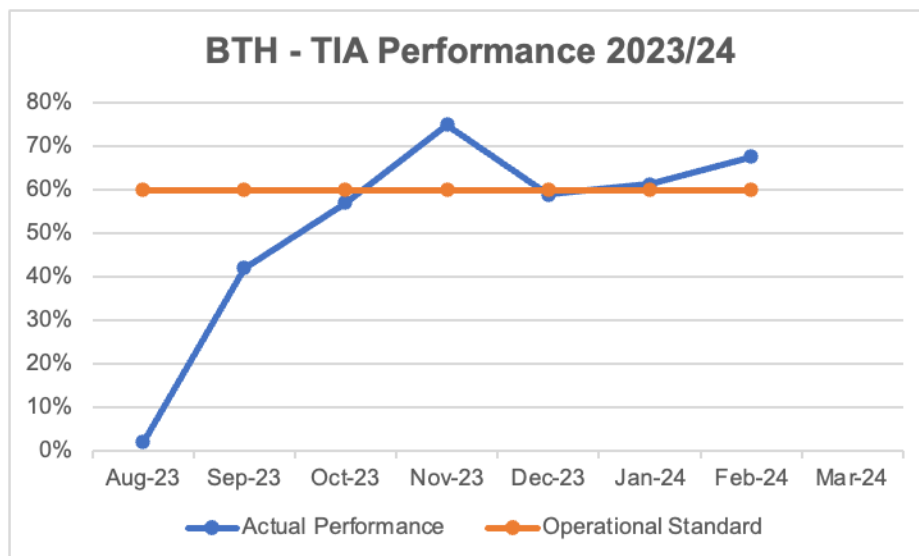


Figure 1: TIA Performance – A graph to show access in 24 hours against the 60% operational standard.

3.8 In addition, increased operational grip and support has been introduced to provide daily tracking and intervention for in-month TIA performance.

3.9 Recruiting medical professionals to consultant-grade positions within the stroke service has presented considerable challenges, exacerbated by a national shortage of stroke consultants. With an increasing demand for stroke care due to aging populations and advancements in stroke treatment, the need for skilled consultants has become more pressing.

3.10 The organisation, and the LSC region more broadly, has struggled to attract and retain substantive colleagues to lead and develop changes in the service.

- 3.11 The Division of Integrated Medicine is continuing to develop workforce strategies that offer a blended model including senior nurse consultant posts to help grow and develop a substantive BTH Stroke team. At the time of writing, there are 4 medical consultant vacancies within stroke services, which has been the case for a number of years. However, the organisation has had recent success in appointing to junior grades for medical posts and is now fully established across these levels.

4 Opportunities & Developments

- 4.1 A comprehensive stroke improvement plan is in place across the speciality with over thirty specific actions being taken to deliver improvements. These actions pertain to clinical staffing models, nursing care, therapy and rehabilitation and strategic vision. The actions are rooted in best practice and *Get It Right First Time (GIRFT)* guidance.
- 4.2 The action plan is reported through the Trust's Stroke Improvement Board, chaired by the Associate Medical Director. This group seeks assurances on progress with the support of the wider Stroke ICB network.
- 4.3 This forum also supports the delivery of the full business case for the Enhanced Network Model of Acute Stroke Care and Rehabilitation. The business seeks to deliver a network approach to stroke services across the region, recognising some of the challenges all providers face.
- 4.4 To date, there have been a number of key achievements delivered under the auspices of the business case, including recruitment to key nursing and junior medical roles, as well as the commissioning of a purpose-built Ambulatory Care Unit for stroke patients which opened in January 2023.
- 4.5 The final phase of the business case, which sought to solidify the service's hyper-acute stroke unit, remains on pause due to funding availability at an ICB level. The team, however, remain focused on trying to deliver the standards of care associated with the business case despite the final phase not yet being delivered.
- 4.6 Using the data and input from SSNAP performance and patient feedback, the organisation is developing the service further by focusing on high-priority actions that would support an improved model of care. The priority actions include:
- 4.6.1 **Access to diagnostic scans:** The team is exploring relocating thrombolysis kit to the Emergency Department to improve access to diagnostics as part of the initial response to stroke/query stroke patients arriving.
 - 4.6.2 **Consultant Recruitment:** There remains a key focus on recruiting substantively and using blended workforce models to support senior decision making across the service.
 - 4.6.3 **Discharge and Flow:** Focus on ensuring there is consistently ringfenced capacity on the Stroke Unit with a zero tolerance to medical outliers on the ward.

5 Summary

- 5.1 This report advises the Adult Social Care and Health Scrutiny Committee on the current state of the Stroke Service at BTH. BTH is committed to excellence in stroke care, offering a comprehensive pathway of high-quality interventions involving various healthcare professionals.
- 5.2 Despite facing challenges, including issues with stroke care quality and workforce shortages, the Trust has made improvements in its performance, evidenced by an upgrade from a 'C' or 'D' grade to a 'B' in the Sentinel Stroke National Audit Programme (SSNAP).
- 5.3 However, challenges persist, particularly in timely access to stroke wards and thrombolysis. The Trust is addressing these challenges through workforce strategies and a comprehensive stroke improvement plan.
- 5.4 Despite funding constraints, progress is being made in delivering key achievements outlined in the plan, with a focus on enhancing diagnostic access, consultant recruitment, and discharge processes.
- 5.5 Overall, the Trust remains committed to providing high-quality stroke care and addressing ongoing challenges to improve patient outcomes.

6 Recommendation

- 6.1 The Adult Social Care and Health Scrutiny committee is asked to:
 - 6.1.1 Note the positive progress regarding SSNAP performance, medical junior recruitment and improvements sustained regarding TIA access.
 - 6.1.2 Note the challenges associated with consultant medical recruitment and the pressures that non-elective services face, exacerbating access issues in times of heightened demand.
 - 6.1.3 Note and support the approach for delivering improvements as part of the wider LSC Stroke Network with a committed focus on specific milestones and access that will improve care.
 - 6.1.4 Note the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, which sought to introduce HASU models across different sites is on pause due to funding across the LSC ICB.