

Meeting Title	Board of Directors		
Date	13 September 2018	Agenda item	Bo.9.18.15

## STOKE SERVICE: UPDATE ON IMPROVEMENT PROGRAMME

Presented by	Dr Bryan Gill, Medical Director		
Author	Dr Bryan Gill, Medical Director		
Lead Director	Dr Bryan Gill, Medical Director		
Purpose of the paper	To provide an update to Board of Directors on the Improvements in the latest Stroke service Indicator (SSNAP)		
Key control	This paper is a key control for the strategic objective to provide outstanding care for our patients.		
Action required	To note		
Previously discussed at/ informed by	Quality Committee; Deep Dive Stroke service presentation November 2017 Paper Quality Committee: February 2018 (Q2.18.13) & (Q5.18.18) Deep Dive Stroke service presentation July 2018 (Q.7.18.5)  Executive Management Team – E18/149.1 (22.05.18)		
Previously approved at:	Committee/Group	Date	
	Not applicable		

### Key Options, Issues and Risks

The paper aims to update the Board of Directors on the improvements to the stroke service.

The National Sentinel Stroke National Audit Programme (SSNAP) is a measure of the care processes from the admission to discharge of patients with a diagnosis of a stroke. SSNAP reports help drive improvements. The Board of Directors has been aware that the BTHFT SSNAP data for the period August – November 2017 and December 2017 - March 2018 reported a rating of E (the worst performing).

A comprehensive improvement programme has been in place since February 2018 with:

- Weekly improvement meeting chaired by the Medical Director.
- External visits to high performing units.
- Staff engagement events around quality of care.
- Detailed tracking of high level SSNAP metrics of performance.
- Identification of operational challenges to effective delivery of the service.

Regular updates have been provided to the Quality Committee as outlined above.

On 3<sup>rd</sup> September the Airedale-Bradford Acute Provider Collaborative Stroke Board met for their first meeting. The collaboration aims to develop a single stroke service across the two NHS Trusts and is supported by non-recurrent funding from the Clinical Commissioning Group.

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### Analysis

On the 29<sup>th</sup> August 2018 the latest SSNAP (April – June 2018) data was published. This is shown in Appendix 1:

Of particular note is that;

- There has been a significant improvement in SSNAP score from 38 to 69. The resultant rating has increased from an E to a C.
- This score is the highest score achieved by the service since SSNAP was introduced.
- The major improvements have been in the delivery of Therapy through all parts of the pathway.
- The Team score (all patient care in BTHFT) increased to 72 (from 40) which is a B rating.
- The planned work around the timing of care at the front door is required to deliver the on-going effectiveness of the whole pathway.

These results were reported to the Quality Committee at the meeting on the 29<sup>th</sup> August 2018.

A note of thanks has been passed from the Chairman to the stroke team on behalf of the Board.

### Recommendation

The Board of Directors is asked to note:

- The significant improvements that the stroke service have made in delivery of the national SSNAP standards.
- The Quality Committee will continue to monitor progress.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated.	Low		Moderate	High	Significant	

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Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	<b>Risk (*)</b>
<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	

<b>Risk Implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	x	
Quality implications	x	
Resource implications		x
Legal/regulatory implications	x	
Diversity and Inclusion implications		x

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement:</b> (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
<b>Care Quality Commission Domain:</b> ( <i>Safe, caring, effective, responsive</i> )
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b> CCG Quality Reviews

<b>Relevance to other Board of Director's Committee:</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	X		X		

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#### Appendix 1: SSNAP Data: Bradford Teaching Hospitals

<b>SSNAP Scoring Summary:</b>	<i>Team type</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>
	<b>SCN</b>	Yorkshire and The Humber SCN	Yorkshire and The Humber SCN	Yorkshire and The Humber SCN	Yorkshire and The Humber SCN
	<b>Trust</b>	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust
	<b>Team</b>	Bradford Royal Infirmary	Bradford Royal Infirmary	Bradford Royal Infirmary	Bradford Royal Infirmary
	<b>Reporting period</b>	<b>Apr-Jul 2017</b>	<b>Aug-Nov 2017</b>	<b>Dec 2017-Mar 2018</b>	<b>Apr-Jun 2018</b>
	SSNAP level	D	E	E	C
	SSNAP score	51.3	33.3	38	69
	Case ascertainment band	A	A	A	A
	Audit compliance band	C	B	A	A
	Combined Total Key Indicator level	D	E	E	C
	Combined Total Key Indicator score	57	35	38	69
<b>Number of records completed:</b>	<i>Team-centred post-72h all teams cohort</i>	194	237	250	166

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<b>Patient-centred KI levels:</b>					
Patient-centred Domain levels:	1) Scanning	C	C	D	C
	2) Stroke unit	C	E	E	D
	3) Thrombolysis	D	E	E	E
	4) Specialist Assessments	D	E	D	B
	5) Occupational therapy	B	D	E	A
	6) Physiotherapy	C	D	E	B
	7) Speech and Language therapy	D	E	E	D
	8) MDT working	D	E	D	B
	9) Standards by discharge	B	C	C	B
	10) Discharge processes	C	C	B	B
<b>Patient-centred KI level</b>	Patient-centred Total KI level	D	E	E	C
	Patient-centred Total KI score	56	36	36	66
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	D	E	E	C
	Patient-centred SSNAP score	50.4	34.2	36	66

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<b>Team-centred KI levels:</b>					
<b>Team-centred Domain levels:</b>	1) Scanning	C	C	D	C
	2) Stroke unit	C	E	E	D
	3) Thrombolysis	D	E	E	E
	4) Specialist Assessments	D	E	D	B
	5) Occupational therapy	B	E	E	A
	6) Physiotherapy	B	D	D	A
	7) Speech and Language therapy	D	E	E	C
	8) MDT working	D	D	C	B
	9) Standards by discharge	B	D	C	B
	10) Discharge processes	C	C	B	A
<b>Team-centred KI level</b>	Team-centred Total KI level	D	E	D	B
	Team-centred Total KI score	58	34	40	72
<b>Team-centred SSNAP level</b>	Team-centred SSNAP level (after adjustments)	D	E	D	B
	Team-centred SSNAP score	52.2	32.3	40	72