

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****OPERATIONAL PERFORMANCE EXCEPTION REPORT**

**REPORT TO:** TRUST BOARD

**DATE:** 19/02/2013

**REPORT BY:** JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS

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**SUBJECT:** STROKE QUALITY INDICATORS

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**1.0 Present state**

There are 10 quality indicators for stroke, the majority of which are being delivered on a sustainable basis. The following five indicators represent those of on-going concern where urgent corrective action is being implemented to improve and sustain performance delivery:

1. *90% stay in a dedicated stroke bed*: Target = 81% threshold (Qtr 3); Performance = 77% (Qtr 3). The main issue is that stroke patients are not accessing stroke beds on ward 25/26 directly from ED, they are spending some of their stay on AMU or another medical ward. The LoS on Ward 25 (hyperacute stroke) is less than 3 days therefore any time spent elsewhere in the patient episode will mean a performance lower than 90% stay.
2. *Swallow assessment of query stroke patients within 4 hours of attending ED*: Target = 80% threshold; Performance = 73% (Qtr 3). The main issue is consequent to point 1 above i.e. patients are not receiving their swallow assessment within 4hrs as they are not getting to a stroke bed first time. Audit has shown that there is a 10% rise in performance when patients are directly admitted to the ASU. An additional factor is the current reduction in experienced nursing staff due to leavers, resulting in new staff not being trained to assess swallow function. Staffing numbers do not always allow the thrombolysis nurse to attend ED as the nurse is included in the ward numbers and not supernumerary to these.
3. *Joint care plans for stroke patients on discharge*: Target = 95% threshold. Performance = 86% (Qtr 3). The main issue is related to 'out of hours' junior doctors and their failure to complete the dedicated stroke discharge letter / TTO.
4. *One hour Brain Scan for ED patients meeting the urgent criteria*: Target = 90% threshold. Performance = 90% (Qtr 3).
5. *High Risk TIA seen within 24 Hours*: Target = 62% threshold. Performance = 70% (Qtr 3).

**2.0 Action plan**

*90% stay in a dedicated stroke bed:*

- *January update:* January has seen an improved performance from that in December increasing to 78% from 72%. The improvement in recovery is on February 2013 trajectory based on percentage rises thus far (see below table).
- Discharge Co-ordinator guidelines have been distributed 28.01.2013 aimed at minimizing LOS to ensure bed availability.
- The Discharge Coordinator for stroke wards to liaise closely each day with the corporate Bed Coordinator to ensure patient flow: Action by 21.01.13
- Embed processes to ensure at least one bed is empty on the ASU at all times supported by remodelling of medical bed base. Action by 28.02.13.
- More effective use of ward 24 bed base to increase availability of beds for stroke patients. Relocation of Rheumatology & Dermatology beds to wards 34 / 38: Action by 08.03.13.

*Swallow assessment of query stroke patients within 4 hours of attending ED:*

- *January update:* There has been a further increase in performance; 82% achievement in January against a QTR 4 target of 85%. Four RCNs are commencing in post in Feb 2013.
- Further recruitment drive 26.01.13 to recruit to outstanding vacancies has been completed
- Nursing staff have training sessions arranged by the SALT team to complete both competency and clinical assessments: this will be completed by 31.03.13.
- Weekly audit of swallow assessments within 4 hours and review of target breaches to understand the issues or review and exclude exceptions. Audit to be completed by 25.02.13.
- Recruitment is continuing to the remaining six RCN vacancies. Action by 30.06.13.

*Joint care plans for stroke patients on discharge:*

- *January update:* Education and monitoring of junior doctors has shown a vast improvement with 100% compliance in January.
- Laminated guidelines for junior doctors on all computers on the stroke unit to ensure stroke the discharge letter is written at all times. This has now been completed
- Weekly audit of target breaches and feedback to junior doctors directly with Dr Amit Mistri, Stroke Consultant. This has been completed and is an ongoing project to ensure a change in mind-sets and practice.
- Ensure all juniors have guidelines including joint care plan information when commencing on the stroke rotation. This will be completed 02.04.13 in time for the next rotation

*Brain scan within 1 hour (ED patients):*

- *January update:* Performance continues to be sustained at 90%.
- Ensure weekly breach meeting reviews all patients outside of target and validate data, is completed.
- EMAS to alert for anticoagulant patients agreement and introduction. Action by 25.02.13.
- Training for ED nurses to assess using ROSIER score in assessment/triage; meeting to be arranged regarding training package. To be completed by 04.03.13.

*High Risk TIA seen within 24 Hours:*

- *January update:* TIA performance (61%) dipped slightly below threshold of 62%.

There was an unprecedented number of patients seen by the clinic in January (n=185) and the ability of the clinic to deliver performance at above the 60% target is reflective of the improvements already put in place and the dedication of all the staff. Increasingly the clinic is being used as a rapid access clinic for multiple acute conditions, not just TIA or stroke. UHL does not yet offer similar access for other conditions such as headache, first fit or syncope. As well as the obvious clinical benefits, development of these services will protect TIA performance in the longer term. The first 2 weeks of February's data shows a performance at 84%, it is anticipated that the level of performance will be maintained above the threshold.

- Implementation of ambulatory headache / first fits clinic. Action by 04.03.13 once locum Consultant commencing in post.

**3.0 Date when recovery of target or standard is expected**

<b>Indicator</b>	<b>Performance Trajectory 28.02.13</b>	<b>Performance Trajectory 31.03.13</b>
80% of patients staying 90% of their time in a dedicated stroke bed	81% performance	85% performance
Swallow assessment of query stroke patients within 4 hours of attending ED	80% performance (achieved January)	85% performance
Joint care plans for stroke patients on discharge	95% performance (achieved January).	95% performance
Brain scan within 1 hour (ED patients)	>90% performance (achieved Qtr 3)	>90% performance
Urgent TIA patients seen with 24 hours	>62% performance	>63% performance

**4.0 Details of senior responsible officer**

*Name and position of SRO*

Monica Harris, Acute Divisional Manager.

Pete Rabey, Divisional Director-Acute