Somerset Acute Hospital-based Stroke Services Reconfiguration: Benefits Mapping

The benefits of the Somerset Stroke Reconfiguration will be assessed against the rationale for change.

- Workforce sustainability
- Clinical outcomes and performance
- Inequalities
- Financial sustainability

We will consider the benefits through the following lenses:

- Benefits for patients
- Benefits for individual clinicians and their teams
- Benefits for the public
- Benefits for people paying for the care

We will use a wide range of evidence and different measures to assess the benefits, including national data such as SSNAP[1] and local data such as bed audits and staff surveys.

Case for change	What are the benefits / added value that will address the need for change?	Measures	Baseline	Target	Delivered by
Workforce	Improved recruitment of stroke consultants	Recruitment plan in place Workforce reports SSNAP key indicators	Current vacancy rate Current OOH rota from network Inequitable cover	Full complement of consultants 24/7 access to consultant led team Equitable Consultant cover across YDH and MPH	
	Nursing and staffing ratios in line with national guidance	Workforce reports SSNAP key indicators	Current gaps	Achieve SSNAP targets	
	Higher rates of staff retention and reduced turnover rates	Workforce reports	Current turnover rate	Specified turnover rate, e.g., 10%	
	Development of advanced / extended scope roles to support medical consultants and improve resilience	Workforce reports Training records of staff to demonstrate competency in performing thrombolysis	Some staff working towards and nurse consultant in post. Current numbers of thrombolysis trained staff	Fully qualified ACP's Increase in number of thrombolysis trained staff	
	Create an engaged and effective workforce	Staff survey Develop a staff rotation plan for stroke pathway	Staff survey results Map current rotational opportunities and skill set	Specify rates Clear rotational pathway to develop staff skills	
	Provision of structured training plan for new and rotational staff to ensure a competent understanding of the stroke pathway and compliance to Performance Standards	Training plans for new and rotational staff Training programme and MDT involvement topics and attendance	Map current position and provision Map current MDT training opportunities	All staff have clear training and development plan Implement MDT training plan that all staff actively participate in	
	Improved staff satisfaction	Staff survey	Staff survey results	Specify rates	

[1] https://www.stroke.org.uk/sites/default/files/professor_tony_rudd_-_ssnap_data_what_are_the_benefits.pdf

Case for change	What are the benefits / added value that will address the need for change?	Measures	Baseline	Target	Delivered by
Clinical outcomes	Patients will receive equitable stroke expertise regardless of postcode.	SSNAP key indicators Friends and family results. Reduction of stroke-related incidents and risks associated with where people live Protocol for management of suspected stroke patients in A&E department	SSNAP Score B Friends and family Test Current level of stroke related risks Trust Risk register Local audit of A&E protocol to identify areas for improvement	SSNAP score A or B Improved outcomes in Friends and Family Test Reduced risk scores for all stroke-related risks in Trust Risk Register Improvement with A&E protocol compliance	
	The HASU, ASU and TIA services will be compliant with national standards of care.	SSNAP key indicators	SSNAP score B	SSNAP score A or B	
	Provide an equitable 24/7 hyperacute stroke service	SSNAP key indicators Rota demonstrating 24//7 HASU consultant cover Rota to demonstrate 24/7 on-site availability of staff trained in thrombolysis	SSNAP score B	SSNAP score A or B	
	Provide an equitable 7-day TIA service	SSNAP key indicators	SSNAP score B	SSNAP score A or B	September 2023
	Provide equitable 7-day therapy service	SSNAP key indicators Evidence of availability of staff to deliver these services	SSNAP score B Local audit of 7-day service	SSNAP score A or B Improvement in local audit of 7-day service	September 2023
	7-day Consultant ward rounds: • 2 x daily for HASU • 1x daily for ASU	Local audit Rota outlining ward round schedule (7 days)	Once daily ward round of HASU at weekends	Twice daily ward rounds on HASU 7 days a week.	September 2023
	Ringfenced stroke beds that will lead to: • Reduced acute hospital length of stay • Efficient and effective use of beds. • Improved flow through the pathway • Reduced outliers (stroke patients in non-stroke beds and non-stroke patients in stroke beds)	BI reports Bed audit	BI reports Bed audit Patients with acute stroke are cared for on other wards due to bed availability.	SSNAP 90% of in hospital stay is on stroke unit Care is provided at the right time in the right place by the right people.	June 2023
	Improve numbers of patients returning to their own home with smaller packages of care.	SSNAP report Friends and Family test	SSNAP score B	SSNAP score A or B	Dec 2023

Case for change	What are the benefits / added value that will address the need for change?	Measures	Baseline	Target	Delivered by
Inequalities	All people with suspected and/or confirmed stroke receive the right care, in the right place, at the right time, every time – regardless of where they live.	SSNAP report	Current SSNAP key indicators Variation between YDH and MPH	Improvement in SSNAP key indicators Reduced variation between YDH and MPH	April 2024
	Recognise and respond to health inequalities and risk factors for stroke to mitigate against the impacts of rurality, deprivation, ethnicity and ageing on stroke outcomes	EIA	Current inequities Map travel time	Reduce variation Outcomes for people who travel further	June 2023
	Create equitable stroke outcomes through equity of provision in the acute Trusts across the pathway, including specialist assessment, diagnostics and MDT assessments	SSNAP report	Current SSNAP key indicators Variation between YDH and MPH	Improvement in SSNAP key indicators Reduced variation between YDH and MPH	September 2023
Finance	Beds: • Efficient use of estate • Efficiency of beds and improved flow • Reduced LOS	BI reports	Bed audit – number of outliers Current LOS HASU Current LOS ASU	Bed audit – reduced number of outliers Same or reduced LOS in HASU Same or reduced LOS in ASU	September 2023
	Clinical outcomes: • Improved post stroke recovery leading to reduction in Packages of Care • Better outcomes on discharge resulting in less social care input.	Social care utilisation No criteria to reside Discharge Modified Ranking (DMR) score Friends & family Test	Number of delayed discharges No criteria to reside numbers Current DMR score	Reduction in number of delayed discharges Improved flow through the pathway Improved DMR score	April 2024
	Workforce: • Decreased use of agency / locums	Agency / locum costs Consultants in post Workforce reports	Current agency / locum spend Consultant vacancy rates	Reduced agency / locum spend Reduced consultant vacancy rates	September 2023
	Increase digital: • Reduced travel costs • Optimise staffing	Staff travel costs Workforce reports	Current staff travel costs Vacancy rates	Reduction in staff travel costs Reduced vacancy rates	September 2023