

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
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DATE OF MEETING:	27 November 2025	
REPORT TITLE:	Infrastructure update on Stroke reconfiguration	
REPORT AUTHOR:	Andrew Miller, Divisional Manager for Urgent and Integrated Care, Dorset County Hospital NHS FT Gary Risdale, Senior Programme Manager, SFT	
EXECUTIVE SPONSOR:	David McClay, Executive Director – Strategy, Digital and Innovation	
PRESENTED BY:	David McClay, Executive Director – Strategy, Digital and Innovation Andrew Miller, Divisional Manager for Urgent and Integrated Care, Dorset County Hospital NHS FT Gary Risdale, Senior Programme Manager, SFT	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	X
Note	To note, without the need for discussion	X
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	

SELECT (Place an 'X' in relevant box(es) below)	LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
	Objective 6: Enable broader social and economic development
	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

This paper has not been considered by any other board or committee – however, the slides have been reviewed through relevant internal processes within DCH and SFT. In addition, the Joint Stroke Co-Ordination Board (JSCB) has oversight of this programme of work and the developments within it.

REPORT TO COMMITTEE / BOARD

This report has been developed to provide members of the board with an update on the progress of stroke services within Somerset Foundation Trust (SFT) and Dorset County Hospital (DCH), as part of the re-configuration of stroke services for Somerset patients. It highlights service changes, specifically referencing the development of the hyper acute stroke units (HASU) at both sites, and wider project progress in terms of estate development and workforce to enable a 'go-live' date in Spring 2026.

The board are asked to note and discuss the updates.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	<p>An EQIA has been completed as part of this service change – key points of note:</p> <ul style="list-style-type: none"> • Delivers a 24/7 clinically sustainable service to the population of Somerset rather than the current in hours and out of hours variation • Delivers time critical interventions more quickly i.e., brain scan, within 1 hour, time to see a stroke specialist within 1 hour, door-to-needle time for stroke thrombolysis, proportion of patients receiving thrombolysis within 1 hour of hospital arrival, and proportion of patients admitted to the hyperacute stroke unit within 4 hours
Quality	<p>Quality of care to patients will be enhanced by units being able to recruit enough specialist stroke staff to deliver 24/7 consultant cover, and enough specialist nursing staff or therapists to meet the national standards for stroke care. In developing this model, the work strengthens the requirement of HASU Centres, supporting the 600 annual admission threshold to sustain stroke expertise (BASP).</p>
Safeguarding	<p>Patients will be safeguarded in line with trust policies</p>
Financial/Resource/Value for Money	<p>Work is being led and resourced by dedicated project teams at both SFT and DCH – will oversight is being provided by the Joint Stoke Co-Ordination Group (JSCB).</p> <p>Cost of works are being held within each trust, respectively.</p>
Sustainability	<p>n/a</p>
Governance/Legal/Privacy	<p>Several requests were made to the Secretary of State to review the decision taken in March 2024 to implement the new model of hyper acute stroke services for the population of Somerset. However, the Secretary of State made the decision that the call-in requests did not meet the criteria for ministerial intervention and took the view that NHS Somerset is best placed to determine the needs of our local population. NHS Somerset welcomes these decisions. More recently, in September 2025, Minister of State for Health Karin Smyth turned down a further call-in request.</p>
Confidentiality	<p>This paper is not considered to be confidential</p>
Risk Description	<p>The stroke work being undertaken poses several risk and challenges, with risk owners and mitigating actions in place for all. Oversight of programme risk is maintained via the JSCB.</p>

Hyperacute Stroke Unit (DCH)

Somerset ICB Board

27th November 2025

DCH HASU – Service Changes

What are we planning for?

- Increase of 402 attendances to DCH, including mimics with expected 274 additional stroke admissions
- 50 estimated patients expected following the relocation of Poole ED to Bournemouth in 2025/26
- Strengthens DCH as a HASU Centre, above the 600 annual admission threshold to sustain stroke expertise (BASP).
- Circa 850 in total

What we will deliver

- 4 additional HASU beds + an additional 2 ASU beds
- Increase of 39.73 WTE staffing (across medical, nursing, AHP, radiology and stroke pathway roles).
- Extension of the Stroke Unit footprint at DCH to accommodate additional beds and services.
- Full closure of the Stroke Unit for a 6-month period with full decant into an adjacent ward.
- Increased medical and senior nursing cover out of hours to support medical admissions and mimics as well as stroke
- TIA service to become a 7 day a week service with expansion of the medical workforce

Programme Overview

Locally the plan at DCH is made up of the following workstreams:-

- Workforce, Training and Education (training and education part of a collaborative project with SFT)
- Estates
- HASU/ASU Stroke Pathway (for ED, SDEC, mimic pathway, tertiary referral pathway)
- Comms and Engagement (includes patient and public participation)
- Governance (including research, audit, mortality & morbidity)
- Operational Readiness (plan for transfer, project oversight & assurance)

Clinical Pathways project in place – collaborative between Musgrove Park Hospital, Yeovil Hospital & Dorset County Hospital. Workstreams within this are:-

- Pre-admission - including mimics, transport, PVT, digital, thrombectomy
- HASU to ASU - including education and competencies, IPC, clinical guidelines, research, repatriation, digital, SSNAP, M&M and governance
- Rehab – inpatient rehab, community-based stroke and neuro
- TIA and Outpatient

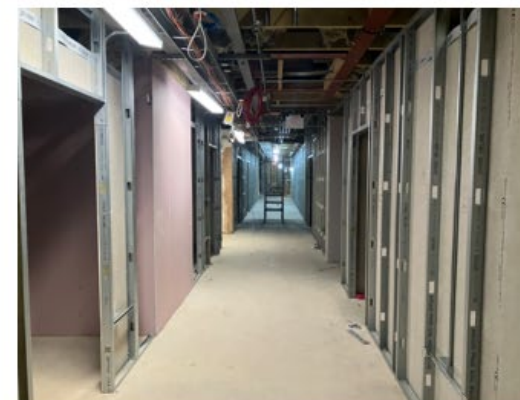
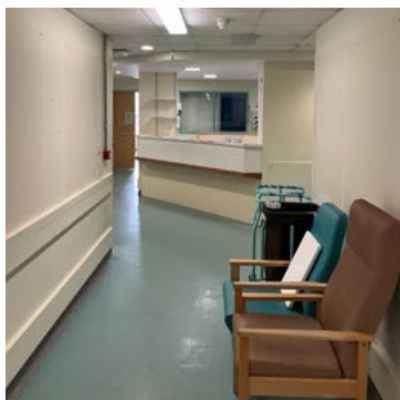
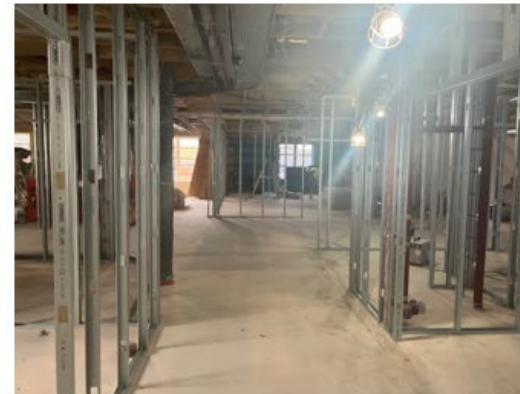
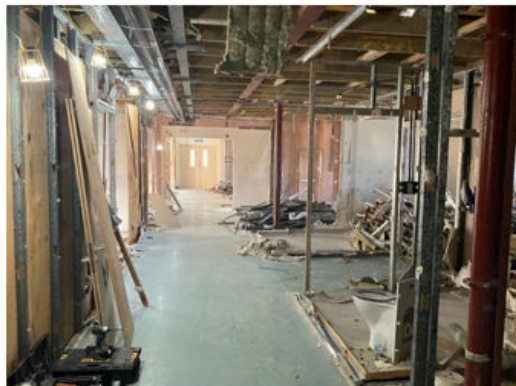
Estates Plan (Summary)

#	NAME	PLANNED START	PLANNED FINISH	DURATION	% DONE	PREDECESSORS	RESOURCES	2025				2026			
								Q1	Q2	Q3	Q4 Today	Q1	Q2	Q3	Q4
1	* Appoint Professional Ser...	02 Jan 25	10 Jan 25	7 days	100%										
2	* Design Stage	13 Jan 25	02 May 25	78 days	100%										
3	* Tender for Principal Cont...	19 May 25	27 Jun 25	29 days	100%										
4	* Clarifications & Award	30 Jun 25	04 Jul 25	5 days	100%										
5	* Contractor Mobilisation ...	07 Jul 25	15 Aug 25	30 days	100%										
6	* Construction phase	18 Aug 25	10 Apr 26	166 days	40%										
7	* Validations & Equipping	15 Apr 26	24 Apr 26	10 days	0%										

Estates Plan (Summary)



Dorset County Hospital
NHS Foundation Trust

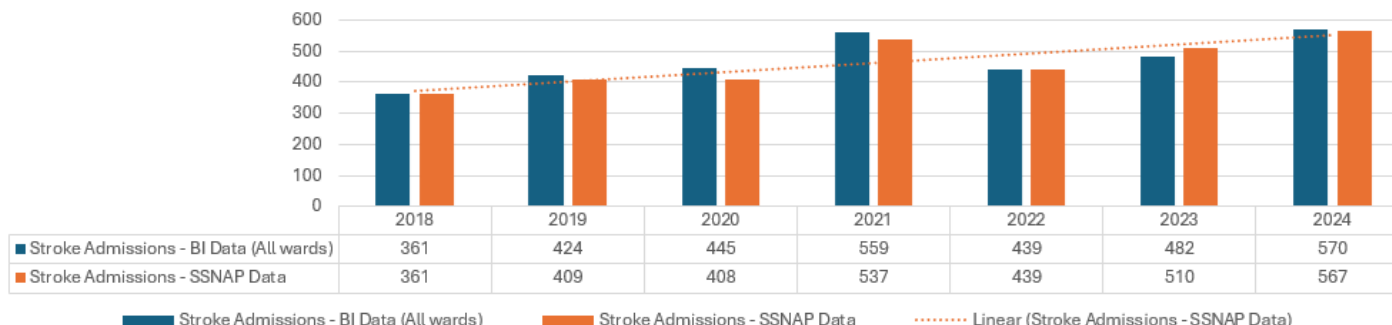


Summary of DCH Actions – Q3 2025/26

- Stroke medical rota in place (Thrombolysis, 7-day ward cover)
- Nursing rota in place and tested for compliance against standards
- Plan for Stroke Outreach to run from 0730-0000, 7 days, mapped against demand data with feedback from Wessex ISDN
- Training and Education plans in place, mapped against Stroke standards
- Task & Finish groups established
- ED/Acute Medicine to establish extended mimic pathway
- Radiology for CTA, CTP pathway development
- 2 x ringfenced slots for MRI, each day
- Visits and Feedback received from
 - National Director for Stroke
 - Wessex ISDN
- Recruitment
 - 1 Consultant Stroke Physician appointed (commences February 2026)
 - 2 ACPs appointed
 - Nursing preceptees allocated
 - Continuing cycle of recruitment at specific intervals for clinical roles – according to Workforce Plan

DCH Stroke Demand/Profile

Dorset County Hospital Stroke Admissions Growth 2018 to 2024



Review of coded strokes vs SSNAP data 2018 to 2024

- Approx 11% increase in SSNAP coded strokes during 2024 (calendar year)
- Data shows good correlation between coded episodes and SSNAP data

Heatmap of Stroke Admissions by Month:

- Data demonstrates that August consistently highest number of stroke attendances / admissions (likely linked to increase in population during summer months as tourist destination).

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	32	35	34	29	27	22	26	33	31	25	29	38
2019	37	32	30	29	30	33	27	42	45	41	47	32
2020	60	35	29	16	48	31	37	30	45	48	23	43
2021	42	35	42	60	49	67	51	51	36	49	40	37
2022	43	36	40	37	34	36	29	38	37	33	38	39
2023	38	38	44	40	49	39	34	55	48	40	41	45
2024	43	41	47	49	53	46	50	65	50	46	38	44
Average per month	42	36	38	37	41	39	36	45	42	40	37	40

Pre-Hospital Video Triage



Dorset County Hospital
NHS Foundation Trust

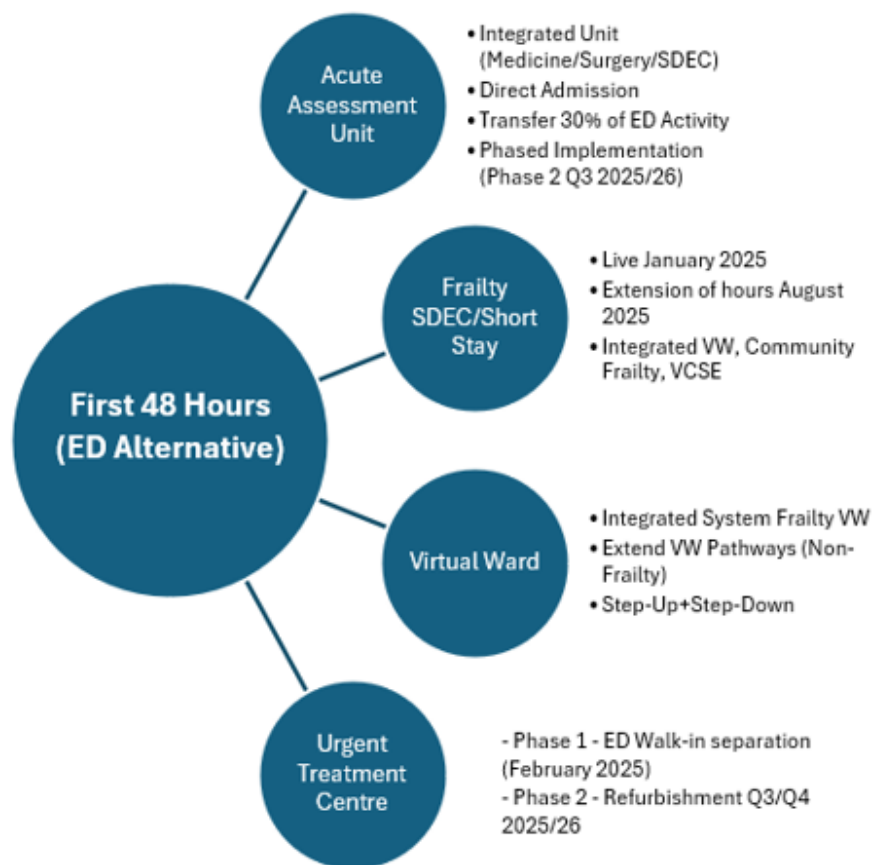
PVT to date:

Month	Pre Alerts Rec'd	Phone Alerts	PVT Alerts	PVT Alert %	Phone Alert %	Remained Home %	Diverted from Stroke	Seen by Stroke
Jan-25	40	16	24	60.00%	40.00%	0.00%	27.50%	72.50%
Feb-25	37	12	25	67.57%	32.43%	10.81%	10.81%	78.38%
Mar-25	45	11	34	75.56%	24.44%	2.22%	24.44%	73.33%
Apr-25	36	11	25	69.44%	30.56%	8.33%	27.78%	63.89%
May-25	35	15	20	57.14%	42.86%	0.00%	22.86%	77.14%
Jun-25	45	10	35	77.78%	22.22%	0.00%	17.78%	82.22%
Jul-25	40	16	24	60.00%	40.00%	5.00%	10.00%	85.00%
Aug-25	43	12	31	72.09%	27.91%	4.65%	20.93%	74.42%
Sep-25	51	20	31	60.78%	39.22%	1.96%	27.45%	70.59%
Oct-25	61	15	46	75.41%	24.59%	8.20%	34.43%	55.74%
Totals	433	138	295	68.13%	31.87%	4.16%	23.09%	72.52%

Wessex ISDN KPIs

- Achieved > 60% of suspected stroke patients receiving PVT
- 23% diverted from stroke team
- 4% conveyance avoidance overall but 8.2% for Oct.

First 48 Hours....



- ED for emergencies
- Safer model for vulnerable/older people
- Immediate access to specialty teams
- Right patient, right care
- Integrated model (acute, community, primary care)
- Platform for improvement and innovation (PVT for Frailty)
- Expected Improvement in ED/Handover standards

- Placeholder – SFT slides to follow

Stroke Transformation Update

Kindness, Respect, Teamwork
Everyone, Every day

Gary Risdale
November 2025

Implementation workstreams

- Workforce
- Estates
- Pathways & Flow
- Supported by work in Governance, Communications & Digital

Workforce

ACPs in post and in training.

Appointed 2 consultants in shared roles with Care of Elderly and Neurology and currently in discussions with a potential third. Recruitment ongoing.

Agreed competency standards and training needs with DCH.

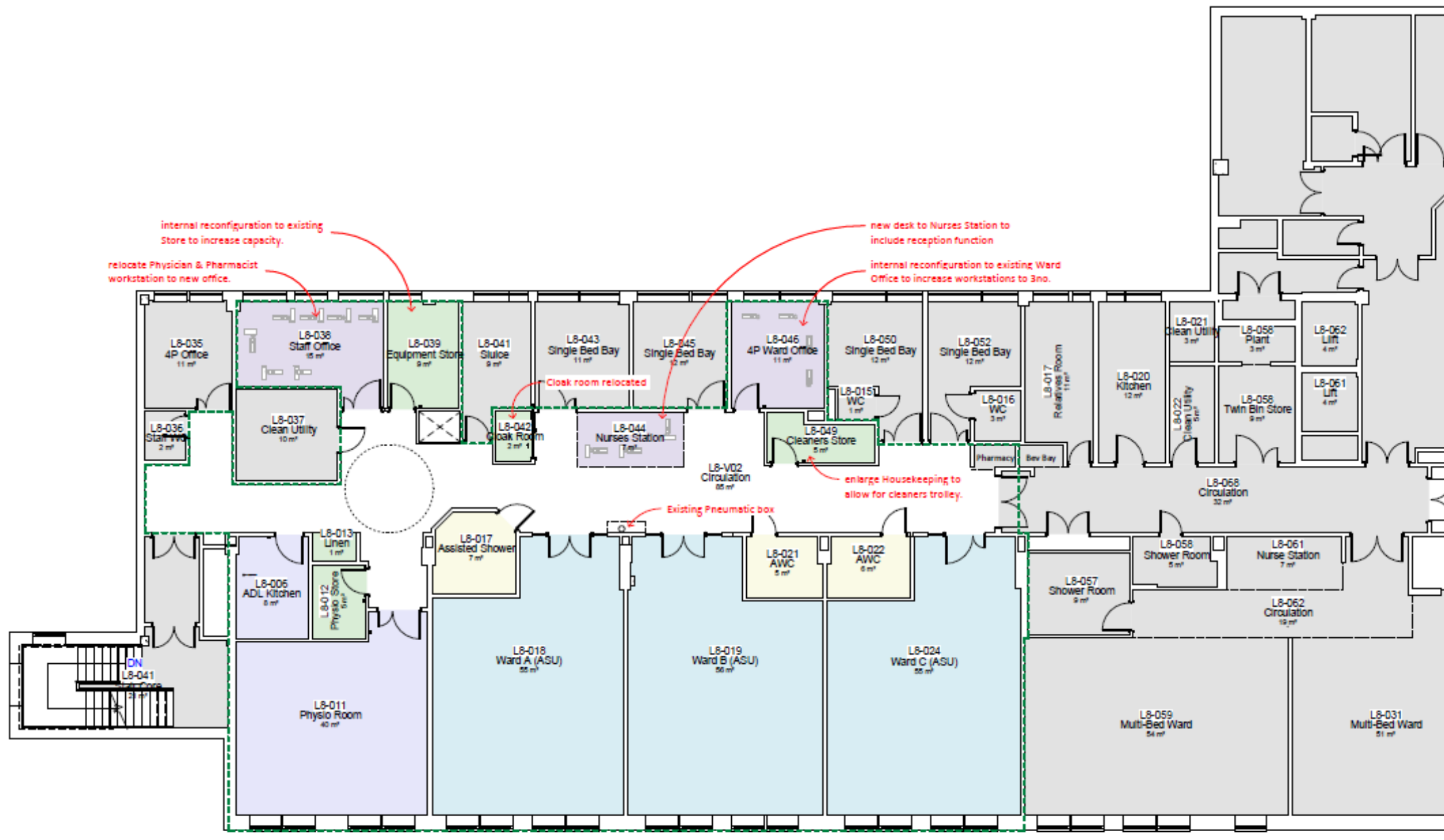
Internally recruiting to Band 6 nursing roles in MPH to provide training and uplift in skills prior to go live. Band 5 recruitment to commence in new year.

YDH Estates Workstream

Worked with clinical team to develop plans for appropriate therapy spaces removing 2 single bed side rooms and office space to create the therapy areas including an ADL kitchen.

Plans will be submitted to the Building Safety Regulator when the complexities of the new Fire regulations and the impact of these on the work have been addressed.





LEVEL 08 - YDH Proposed Layout

MPH Estates Workstream

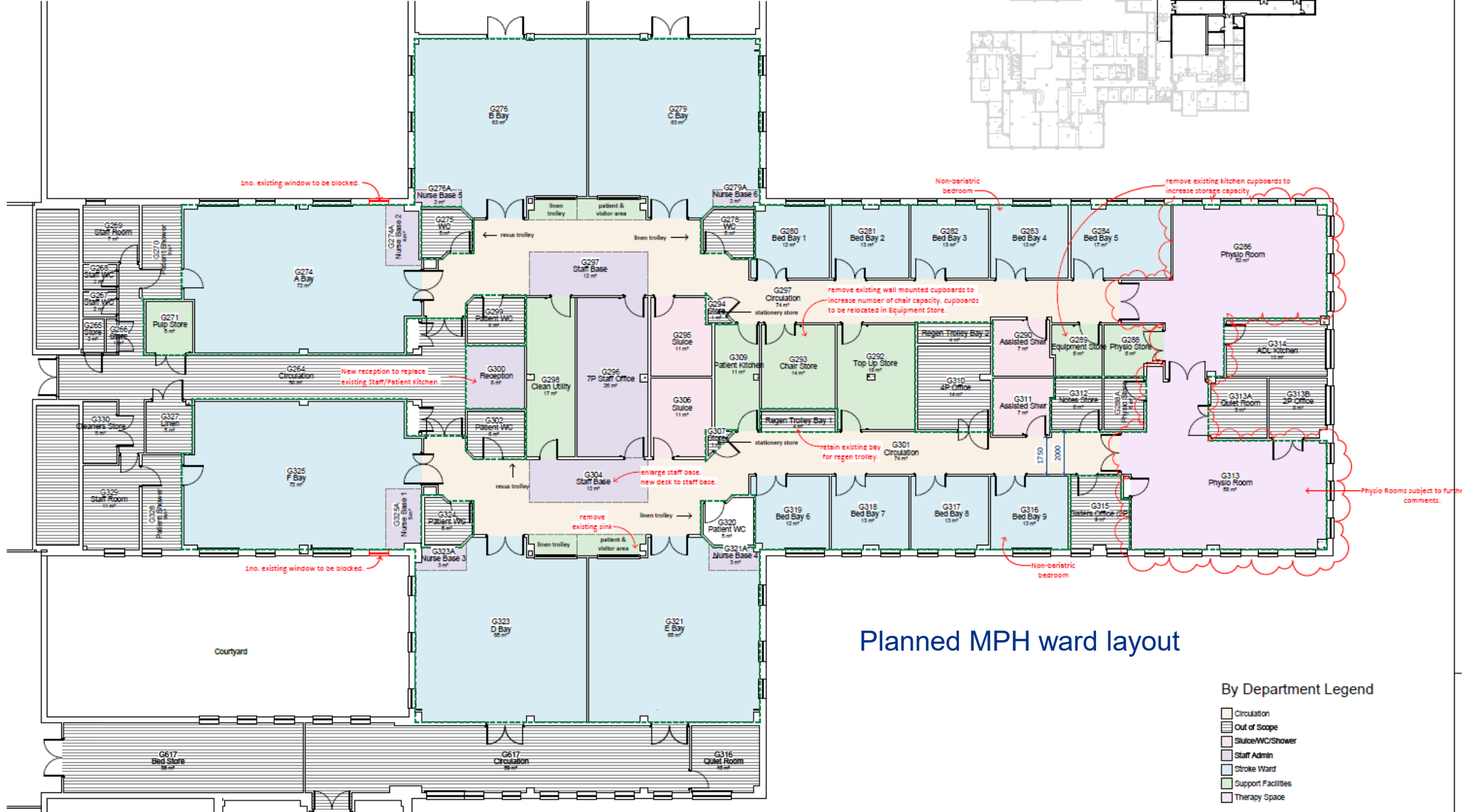
Worked with clinical team to develop appropriate therapy spaces and new flow to ward.

Work involves refurbishment and redesign of 2 HASU Bays, Therapies Areas, new Clinical Office, Central Staff Support Space inc. a new Reception and TIA Clinic.

Remaining bed bays and side rooms will be scheduled into Trust rolling refurbishment works as part of future capital work.








Ward has been decanted and contractor on site completing preparatory works.





Planned MPH ward layout

By Department Legend

-  Circulation
-  Out of Scope
-  Stulice/WC/Shower
-  Staff Admin
-  Stroke Ward
-  Support Facilities
-  Therapy Space

Pathways & Flow Workstream

Joint SFT & DCH

Subdivided into 5 workstreams

- Pre-HASU pathway
- HASU & ASU pathway
- Therapies workstream
- Clinic pathway
- Discharge pathway

Underpinning principles

Patient first

- Minimise no. of patient transfers
- Minimise LOS

Implement trusted assessments

Aligned documentation across sites (MPH, YDH, DCH)

No blame culture

Pathways & Flow Workstream

Joint SFT & DCH

Good progress on pathways:

Therapies have created a single trusted document for patients that incorporates assessment and treatment aims for physiotherapy, occupational therapy and speech and language needs.

Agreement to hold daily MDT meeting involving DCH, YDH, MPH, Somerset and Dorset Community teams and community hospitals (and RUH when required) which will discuss patient flow with the involvement of clinical site at all acute hospitals.

Work still needs to progress on the challenges surrounding image sharing between Trusts, the shape of transport commissioning to transfer patients and whether the trial of PVT by SWAST in Dorset will be extended to Somerset.

Key Risks to Address

- Transport Commissioning
- BSR Approval for YDH works
- Information Sharing – imaging
- PVT for Ambulance Service