

Birmingham East and North Primary Care Trust

Monthly Performance Report to November Board 2008

November 2008
Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Director Lead	Commentary Lead	
	1	MRSA infections (health economy-cumulative)	54	8	15	17	19	22		DWu	KD	
HCC	2	CDiff infections (PCT target - cumulative)	514	83	116	153	175	201		DWu	KD	
HCC	3a	% of admitted patients seen within 18 weeks adjusted (snapshot)	90.00%	87.01%	86.19%	87.93%	89.12%	90.42%		AD	JB	2.1
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	93.57%	93.60%	92.81%	93.64%	94.62%		AD	JB	
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	98.82%	99.13%	99.30%	98.87%	99.03%		AD	JB	
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	72.10%	72.70%	73.20%	72.20%	73.10%		AD	CN	2.2
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	99.50%	99.80%	99.90%	99.50%	99.60%		AD	CN	
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	97.30%	95.60%	96.40%	96.20%	94.40%		AD	CN	2.3
HCC	9	Total time in A&E: 4 hours or less (in month)	98.00%	99.02%	97.98%	98.13%	97.40%	97.42%		JT	CN	2.4
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0	0	0	0	0			AD	JB	
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	100.00%	100.00%	100.00%	99.96%	99.97%		AD	JB	
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%		AD	JB	
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	99.22%	99.47%	99.59%	99.66%	99.71%		AD	JB	
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	293	315	335	363	401		JT	JB	2.5
	15	Diagnostics waiting over 6 weeks (snapshot)	0	1	0	2	6	1		JT	JB	2.6
	16	Inpatients waiting over 11 weeks (snapshot)	0	101	90	80	152	130		JT	JB	2.7
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	99.48%	99.23%	98.05%	99.69%	100.00%		AD	DWa	
HCC	19	Smoking 4 week quitters (cumulative)	3641	249	455	673	884			NB	PB	
HCC	21	Number of drug misusers in treatment	5560	6101	6180					AD	DWa	
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	62.57%	65.29%	43.85%	46.01%			AD	JB	
	24	Number of 1st attendances following GP referral (cumulative)	64438	11270	17379	23883	29375			JT	RP	
	25	Number of 1st attendances following all referrals (cumulative)	138959	24001	36698	50437	61478			JT	RP	
	26	Elective daycases and inpatients (cumulative)	32779	7645	10595	13690	16236			JT	RP	
	27	Planned daycases and inpatients (cumulative)	18378	3109	4751	6460	8025			JT	RP	
	28	Non elective FFCEs (cumulative)	40467	6969	10307	13783	17008			JT	RP	
	29	15 key tests activity (cumulative)	100221	16526	23672	30813	37327	44263		JT	RP	2.8
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%							NB	SJ	
	31	% of practices offering extended opening hours (snapshot)	50.00%	20.73%	26.83%	31.71%	39.02%	47.56%	57.32%	JT	DM	

KEY	
	=national Vital Signs target
	=national Vital Signs target with local flexibility
	=local Vital Signs target
	=Healthcare Commission target
	= WCC Metric

Lead Key			
AD	Andy Donald	JT	Jonathan Tringham
CB	Chris Brothwood	KD	Karen Deeny
CN	Caroline Nolan	NB	Nicola Benge
DM	Donna McArthur	PB	Pauline Beale
DWa	David Walker	RP	Robert Pickup
DWu	Doug Wulff	SK	Saj Kahrod
JB	Jenny Belza		

October 2008
Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Director Lead	Commentary Lead	
HCC	32	% GP appointments within 48 hours (snapshot)	100.00%			97.00%				JT	DM	
HCC	33	% PCP appointments within 48 hours (snapshot)	100.00%			76.00%				JT	DM	
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%			100.00%				AD	CR	
HCC	35	Delayed transfers of care per 100,000 population aged 18+	9.09			13.15			14.94	AD	SM/PW	2.9
HCC	36	Chlamydia screening (cumulative)	17.00%			1.60%				AD	DWa	
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%			100.00%			100.00%	NB	SK	
	38	Number of emergency bed days (cumulative)	170,013			70,855				AD	CN	
	39	Convenience and booking: patients awareness of choice (snapshot)	50.00%		50.00%					AD	JB	
	40	Convenience and booking: patient confirmation of choice (snapshot)	90.00%		66.00%					AD	JB	
HCC	41	HCC Standards Achievement (snapshot)	100.00%			92.86%			92.86%	LP	RM	2.10
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%			89.60%				NB	YG	
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%			89.20%				NB	YG	
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%			84.30%				NB	YG	2.11
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%			90.00%				NB	YG	
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%			95.40%				NB	YG	2.12
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%			91.80%				NB	YG	2.13
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%							NB	YG	
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%							NB	YG	
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%			61.00%			74.00%	NB	JS	2.14
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%			27.00%			25.80%	NB	JS	2.15
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00							AD	CR	
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3			3			3	AD	WS	
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3			3			3	AD	WS	
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4			4			4	AD	WS	
HCC	56	Full range of CAMHS early intervention services (snapshot)	3			3			3	AD	WS	
HCC	57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	70.00%			23.00%			35.00%	AD	GW	2.17
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%							AD	GW	
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%							AD	WS	

KEY	
	=national Vital Signs target
	=national Vital Signs target with local flexibility
	=local Vital Signs target
	HCC =Healthcare Commission target
	= WCC Metric

LEAD	
AD	Andy Donald
CN	Caroline Nolan
CR	Corrine Ralph
DM	Donna McArthur
DWa	David Walker
GW	Glen Warren
JB	Jenny Belza
JS	Jewant Singh
JT	Jonathan Tringham
LP	Louise Pritchard
NB	Nicola Bengie
RM	Rosey Monaghan
SK	Saj Kahrod
SM/PW	Shirley Mallon & Pam Whitehead
WS	Waheed Saleem
YG	Yvonne Green

Birmingham East and North PCT November 2008 Performance Report

1.0 Introduction

This report documents the performance of Birmingham East and North PCT against targets aligned with the PCT's Strategic Objectives. These targets are drawn from a set of national and local indicators. Some are mandatory and others are selected for their relevance to the health of the PCT's population.

The Board has recommended that the 'amber' category of reporting is returned to the scorecard. Amber indicates that the target has not been met but it is not far away from the target. The owners (leads) for each of the target has been asked by the performance team to set the 'amber' threshold for each indicator. This band will be included in the December Board papers. The Board must be aware that as targets are marked as 'amber' they have not been achieved and focus should not be drawn away from the fact that the PCT will fail if targets are not achieved.

The board has also requested the return of the 'direction of travel arrows'. These arrows indicate the change from the previous month and have limited value and must be viewed with caution as they do not indicate trends merely movement from the previous point in time.

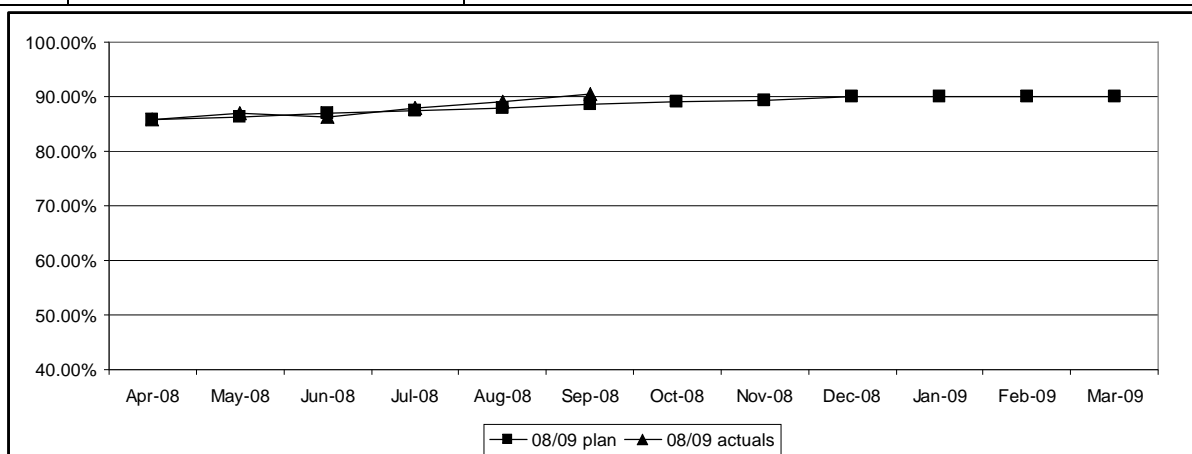
Narrative will be included for targets which have been marked 'red', but not 'amber'.

Data used to compile this report is as up-to-date as possible at the time of writing and it should be noted that some data is captured on a quarterly basis and lag time between end of a period and validation of the data can be considerable and out of the control of the PCT.

2.0 New areas of concern & serious ongoing concern

2.1 % of admitted patients seen within 18 weeks adjusted

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
3a	% of admitted patients seen within 18 weeks adjusted	85.76%	87.01%	86.19%	87.93%	89.12%	90.42%	AD
	Plan each month	85.85%	86.38%	86.99%	87.40%	88.02%	88.49%	



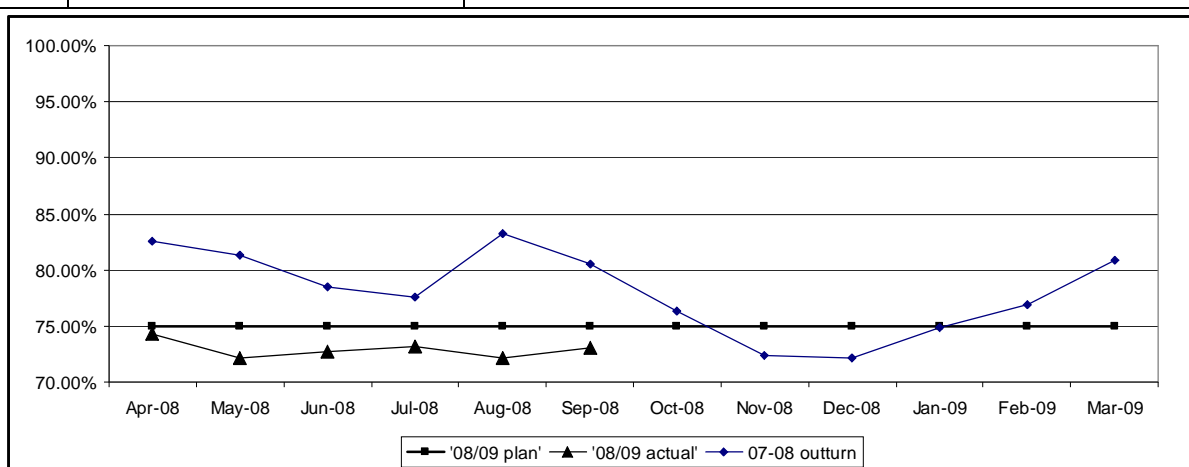
The Department of Health allows Trusts to adjust their admitted patients seen within 18 weeks target to reflect patient choice; where a patient has decided to postpone treatment until a time of their choosing. It has been decided to reflect this both in the scorecard and in the Performance Report to give a better

picture of the performance. The unadjusted performance was 85.73%. Trauma and orthopaedics continues to be the most challenged speciality.

Major redesign of the Musculoskeletal service is underway with the first phase, the integrated knee service, to be piloted from December 2008. The backlog has been validated and has significantly reduced. Action plans are in place to ensure delivery by December 2008. As can be observed above the trend is improvement.

2.2 Ambulance : Cat A 8 minute target

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
6	Ambulance : Cat A 8 minute target %	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	AD
	Plan each month	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	



Progress towards achievement of the Category A 8 minute target has improved slightly but continues to stick below the 75% target with the latest performance being 73.10%. West Midlands Ambulance Service has submitted an action plan to the Emergency Care Network outlining the constraints and their proposed resolution to improve performance. The ECN will monitor the impact of the service improvements and work with WMAS to improve performance.

Current resources are placed within the Birmingham and the Black Country area for the achievement of optimal performance by WMAS and not by PCT as commissioned the consortium. Travel distances between stations and hospitals in C Division, which covers BEN PCT, are greater in comparison to other divisions, as the geographical area is more diverse i.e. rural and urban conurbations. Re-directs between the HoEFT sites results in local resources being out of area, thus impacting on their ability to meet the eight minute response time. The area is served by the following resources for response to 999 and urgent activity

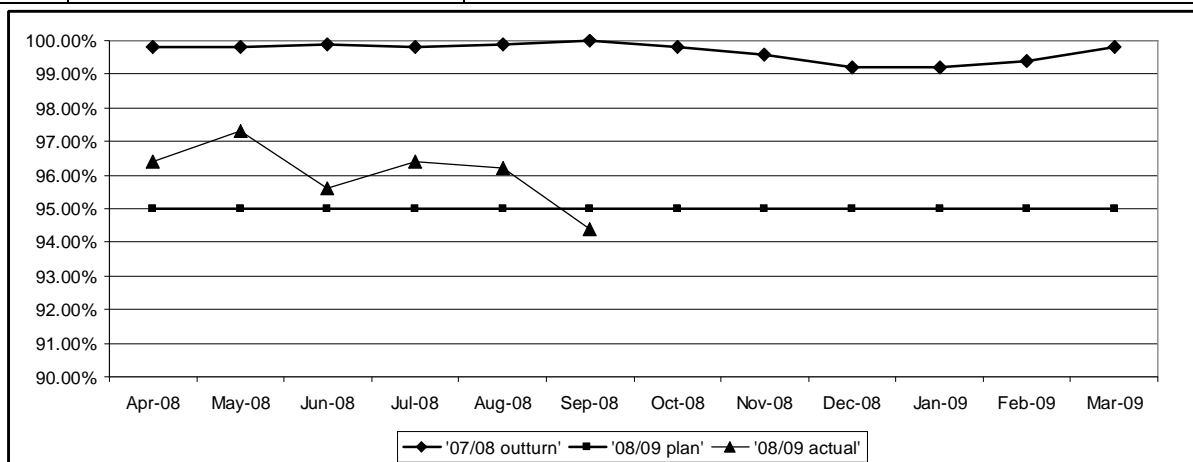
Ambulances	24 hours	7
	20 hours	3
Cars	24 hours	4
	20 hours	5

As reported in previous performance reports, two additional response cars introduced from the 31st August 2008 in Walmley and Olton; ambulance/liaison manager is now working at the Heartlands Hospital site. The Group Station Manager complement has been increased from 4 to 6 which allows for greater daily managerial cover and rotas are being revised to be more flexible. Work is also ongoing to standardise the hospital handover policy to reduce ambulance delays at A&E departments. The escalation policy for acute trusts and WMAS is being revised to reflect appropriate levels and work is

ongoing to identify the impact of re-directs between the HoEFT sites and on WMAS resources and performance.

2.3 Ambulance : Cat B 19 minute target

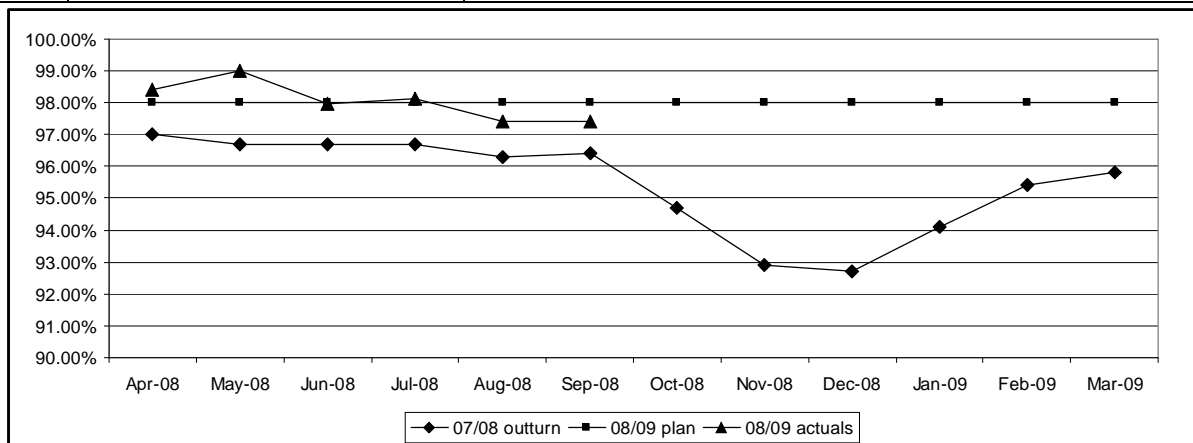
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
8	Ambulance : Cat B 19 minute target %	96.40%	97.30%	95.60%	96.40%	96.20%	94.40%	AD
	Plan each month	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	



This is the first time that this target has not been achieved, the PCT are to challenge WMAS at contract and Emergency Care Network meetings on the reasons why, and to have a recovery plan produced to improve performance.

2.4 Total time in A&E: four hours or less

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
9	Total time in A&E: four hours or less	98.40%	99.02%	97.98%	98.13%	97.40%	97.42%	JT
	Plan each month	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	



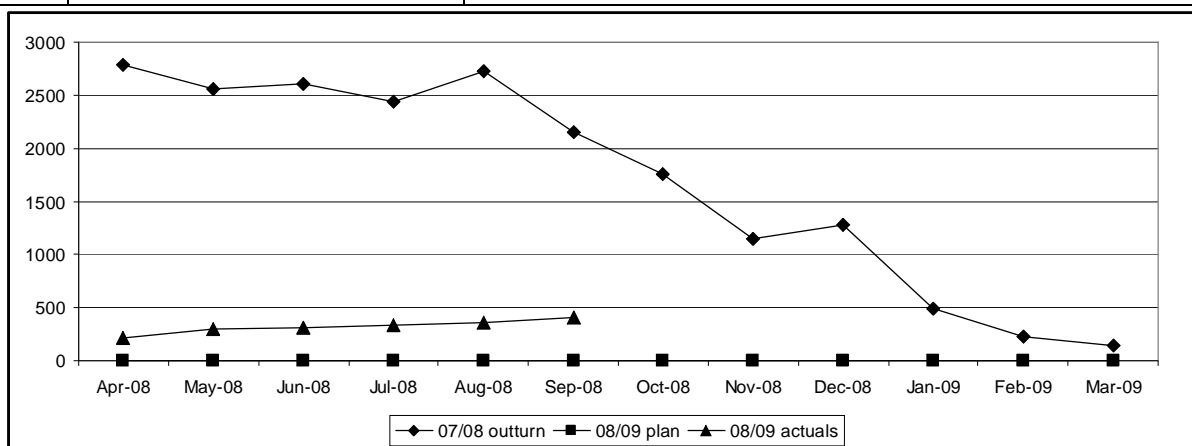
Note:- the way this target is being reported on the scorecard has changed. Until this month, the report has shown LHE performance year to date. This month and from now on we will be reporting the in month performance and report the year to date performance in the narrative. As can be seen the performance has deteriorated although the year to date position (end September 2008) is 98.11%.

The PCT is taking a multi pronged approach to avoid attendance at A&E. WMAS are asked to consider diversion to Urgent care Centres and Badger Diversion. HEFT have produced a detailed recovery plan with no less than 52 actions to improve performance. In summary this includes the following key areas:

- In the Emergency Department using predictive modelling to enable proactive management of surges in activity, eradicating delay due to staffing shortfalls, use of Clinical Decisions Unit to avoid breaches, revised leadership to support better flow management , review of catchment areas with the ambulance service and eradicating breaches due to transport delay.
- Assessment Areas and Flex Capacity including the relaunch of the Medical and Surgical Assessment Units for all admissions, segmenting elective and emergency work and diverting work towards day case/short stay.
- Downstream Wards to ensure right bed, right place, right time, with enough slack in the system to cope with peaks in demand. This includes reviewing discharge practice protocols for nurse led discharge, setting daily discharge targets and reducing the number of patients occupying a bed whilst waiting for investigations.
- Capacity ensuring the systems and processes are in place to free up in patient beds to guarantee emergency flow. This includes a project group being established to progress modular ward development at GHH and BHH , managing down long stay patients and working with partners to establish a culture that supports more rapid discharge of patients from hospital.
- Staffing ensuring adequate staff are in place at all times to manage demand. This includes recruitment of 36 additional trained and 36 healthcare assistants and sickness management of existing staff.
- Infection Control ensuring minimal bed days lost as a result of infection. This includes rapid lock down for infection outbreaks and reopening.

2.5 Outpatients waiting longer than 5 weeks

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
14	Outpatients waiting longer than 5 wks	211	293	315	335	363	401	JT
	Plan each month	0	0	0	0	0	0	

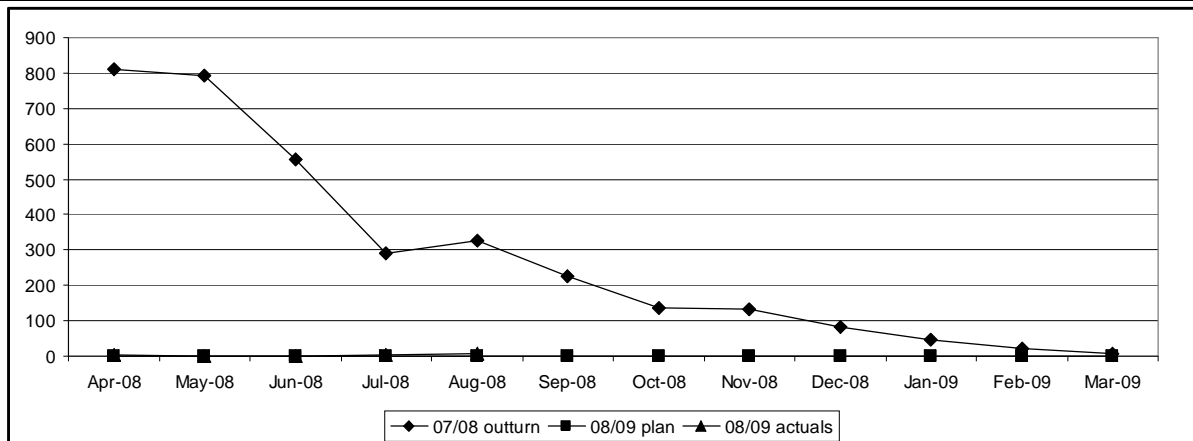


The target for Outpatients waiting longer than 5 weeks continues to show a deterioration in performance with September 2008 achievement standing at 401. Specialities, which are facing challenges in reducing waiting times, include orthopaedics and ophthalmology. A major redesign of the non-admitted part of musculoskeletal services is in progress and an integrated knee service is to be piloted from December 2008. It is envisaged that a significant number of referrals will be diverted to physiotherapy through this approach thereby reducing the number of patients waiting for first consultant OPD appointment.

Additional capacity is being commissioned from independent providers for ophthalmology services, which will assist with reducing waiting times

2.6 Diagnostics waiting over 6 weeks

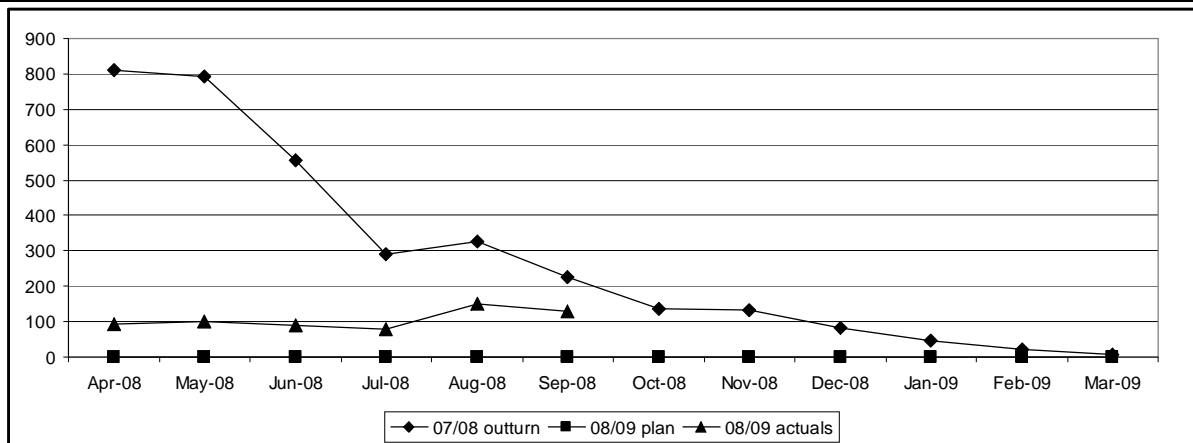
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
15	Diagnostics waiting over 6 weeks	5	1	0	2	6	1	JT
	Plan each month	0	0	0	0	0	0	



Performance improved in September 2008 however one patient breached in September 2008, which was for an Audiology assessment. A redesign of hearing aid services is being undertaken with the introduction of a telephone follow-up service. This new model of service is to be piloted and if successful will free up considerable capacity within Audiology services so reducing waiting times for Audiology assessments.

2.7 In-patients waiting over 11 weeks

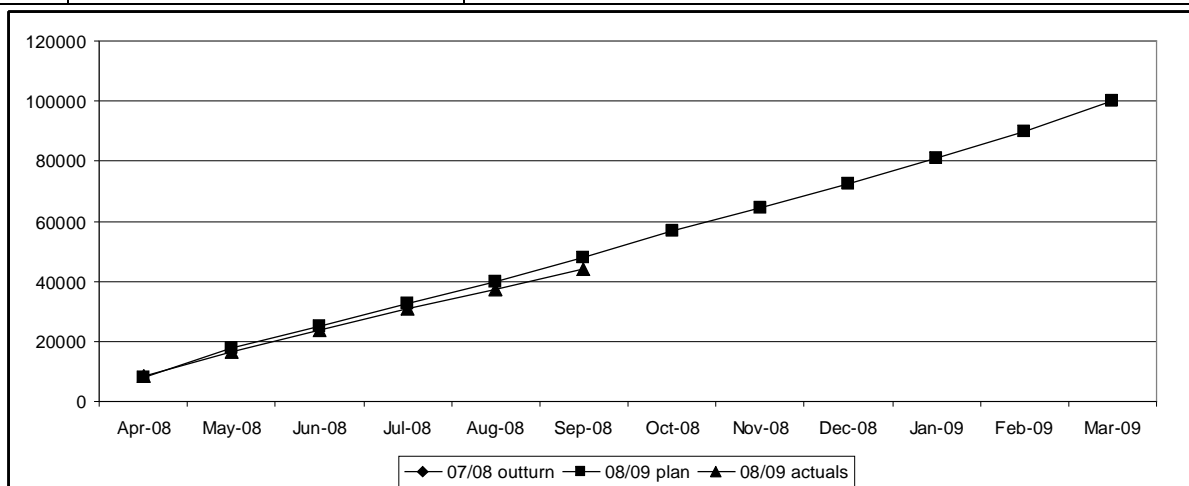
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
16	In-patients waiting over 11 weeks	94	101	90	80	152	130	JT
	Plan each month	0	0	0	0	0	0	



In-patients waiting over 11 weeks continues to show unsatisfactory performance. Orthopaedics is the speciality with particular capacity issues. A mobile theatre is being commissioned for the Solihull Hospital site and modular wards are being put in place at Heart of England FT for emergency admissions to reduce the likelihood of medical outliers on surgical wards. It is hoped that this will improve the performance for in-patients waiting over 11 weeks.

2.8 15 key diagnostic tests activity

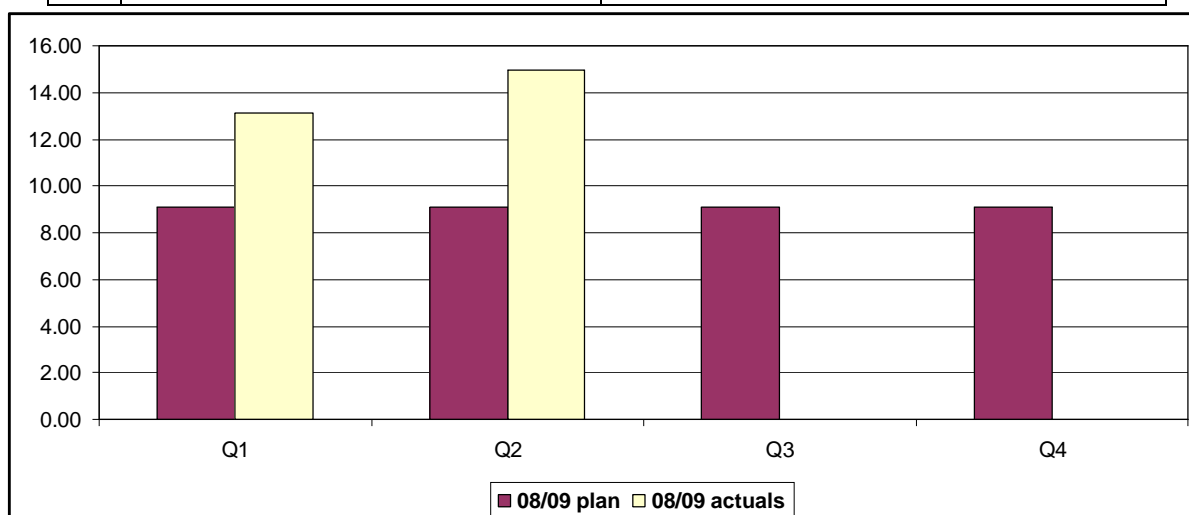
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
29	15 key tests activity	8656	16526	23672	30813	37327	44263	JT
	Plan each month	8160	17902	25000	32804	39654	48024	



Year to date activity performance continues to achieve below trajectory for the 15 key diagnostic tests. A plan will be drawn up to increase this uptake and the PCT Commissioning team is working with the Acute trusts and private providers to increase the utilisation of MRI scanners and Audiology assessments.

2.9 Delayed transfers of care per 100,000 population aged 18+

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
35	Delayed transfers of care per 100,000 population aged 18+	13.15	14.94			AD
	Plan each quarter	9.09	9.09	9.09	9.09	



The HCC have changed the definitions of delayed discharges to a rate per hundred thousand from a percentage of occupied beds. The target set is 9.09 per 100,000 population aged 18 and over.

This continues to be a challenge across Birmingham. Monthly meetings continue to be held with the Local Authority Adults and Communities and HoEFT to track the progress of discharges from HoEFT and implement remedial action where required. A citywide workshop was held to identify more

sustainable longer term approaches than the current short term option of purchasing interim care in nursing homes.

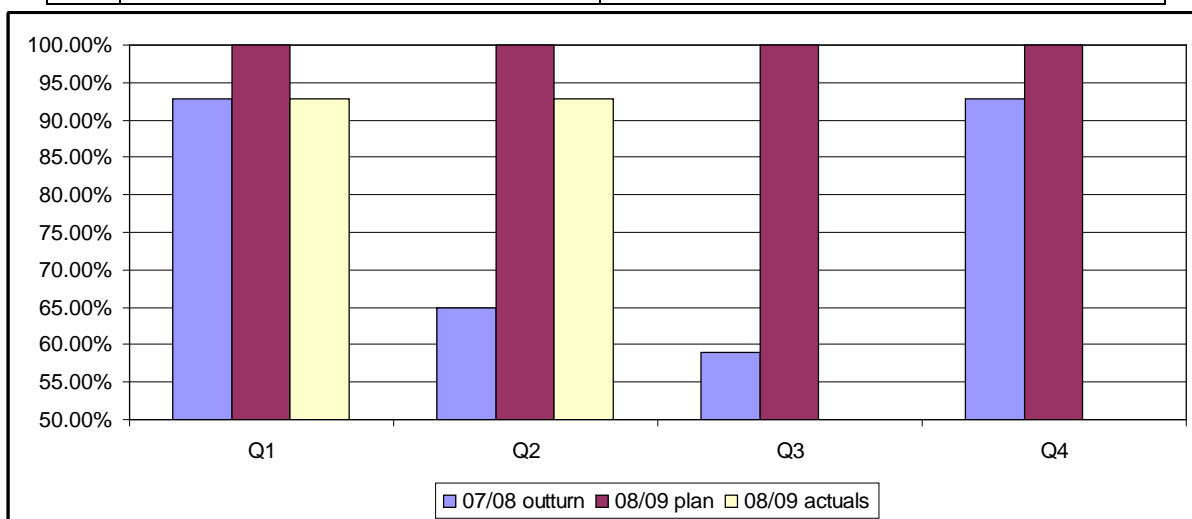
From April 2008, all hospitals including the mental health and learning disability in-patient beds have been included in the monitoring arrangements.

The numbers of delayed transfers of care in HoEFT fell during August to a low of 39 at the end of the August but rose sharply again to 72 by the 12th September 2008, the agreed maximum threshold is 49. Most of the delays are due to people awaiting local authority funding for community care packages. This figure continues to include a growing number of people of working age with complex physical disabilities who require a costly community care package that the local authority says that it cannot fund at the moment.

The impact of delayed discharges has a significant effect on the flow of service users into and out of hospitals. Lack of available beds for patients requiring admission via A&E results in them staying in A&E longer than 4 hours which not only means that the A&E target is breached, but it is also not the best care for the patient.

2.10 HCC Standards Achievement

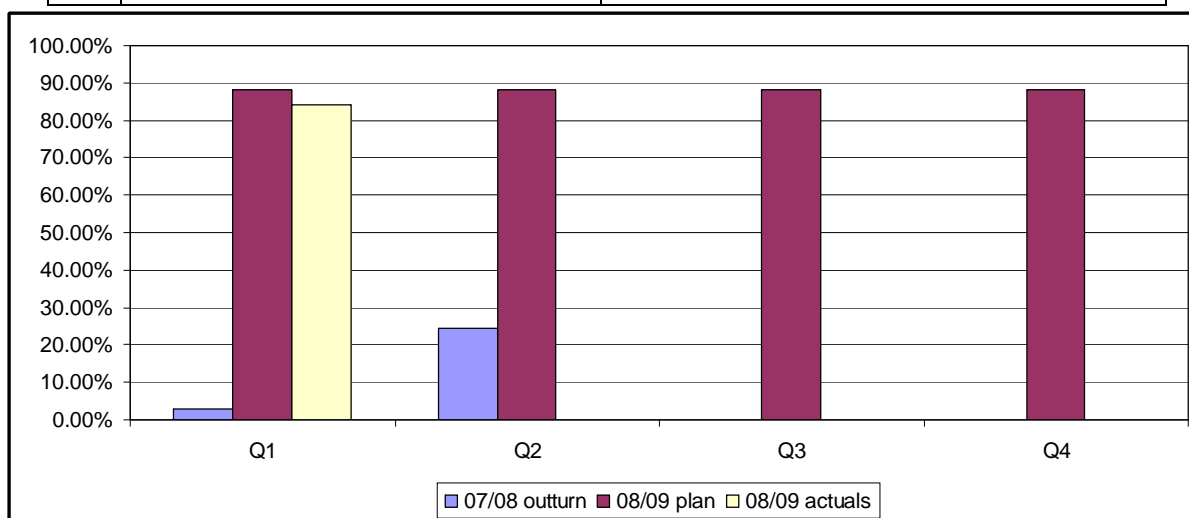
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
41	HCC Standards Achievement	92.86%	92.86%			LP
	Plan each quarter	100.00%	100.00%	100.00%	100.00%	



As reported in the September Performance Report, the PCT for 2007/08 declared itself compliant against thirty-nine of the forty-two Healthcare Commission Standards, declaring insufficient assurance against one standard and non-compliant against a further two. In quarter two of 2008/09 the PCT continues to be compliant against the thirty-nine standards with the PCT now declaring insufficient assurance against the remaining three standards. The PCT has set itself a deadline for compliance against the three remaining standards by the end of the March 2009.

2.11 % of 2 year olds immunised for Hib/Men C

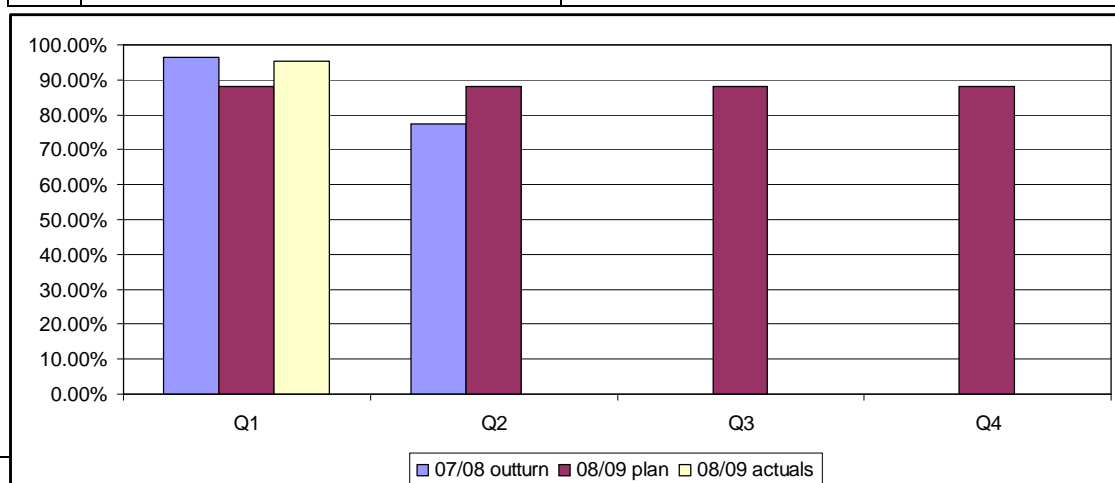
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
44	% of 2 year olds immunised for Hib/Men C	84.30%				NB
	Plan each quarter	88.00%	88.00%	88.00%	88.00%	



The immunisation uptake rate for Hib/Men C at quarter one has increased significantly to 84.3% from quarter four 2007/08 which stood at 78.9%. The PCT has focused on improving its data collection, the time it takes to input immunisations and closer working with GP practices and Child Health to improve the data collection. The PCT will continue to performance manage this target and should show further improvement.

2.12 % of 5 year olds immunised for DTaP/IPV

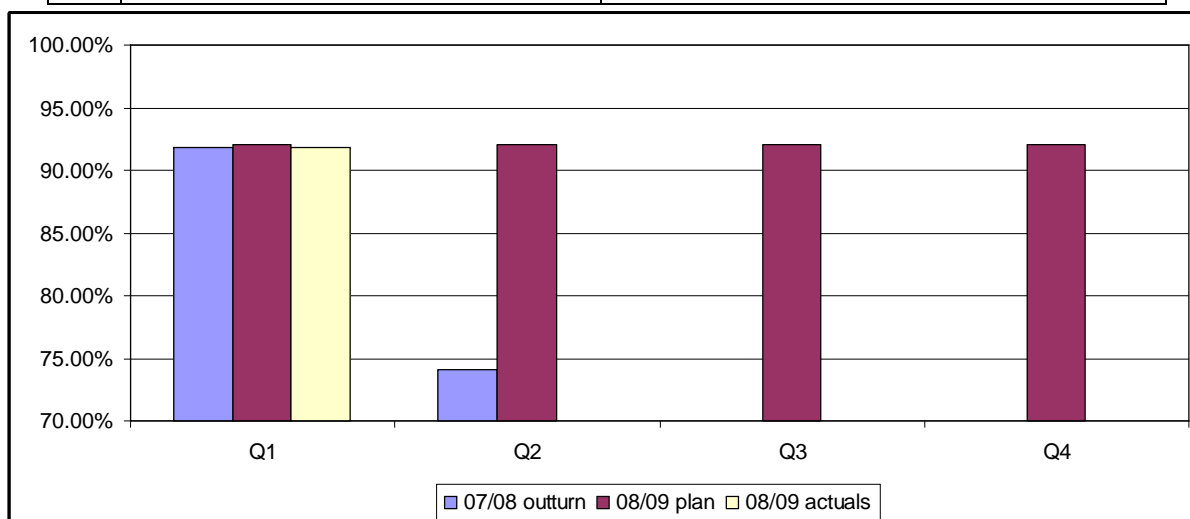
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
44	% of 5 year olds immunised for DTaP/IPV Primary	95.40%				NB
	Plan each quarter	88.00%	88.00%	88.00%	88.00%	



Significant progress has been made during quarter one which now stands at 95.40%. There is some debate on the structure of this target in regards to whether it is five year olds who have completed their 3rd DTaP/IPV or if this pertains to the DTaP/IPV booster. The thought is that it is completion of the 3rd DTaP/IPV and discussions are taking place with the SHA/DH to confirm this and should this not be the case, be amended for the next performance report.

2.14 % of 5 year olds immunised for MMR 1

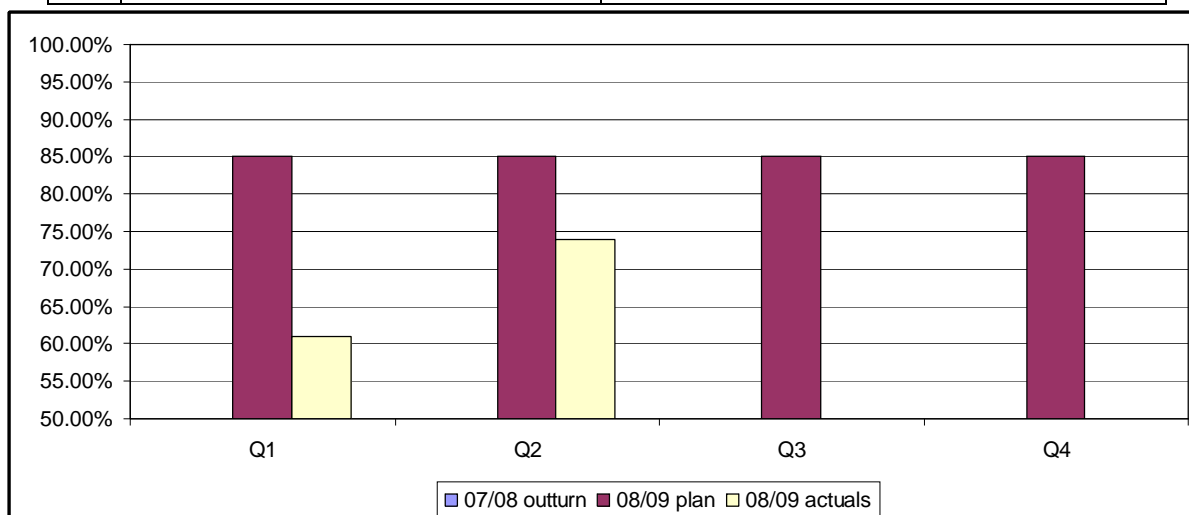
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
47	% of 5 year olds immunised for MMR 1	91.80%				NB
	Plan each quarter	92.00%	92.00%	92.00%	92.00%	



There has been a slight increase on quarter four 2007/08 position of 91.30% with quarter one standing at 91.80%, 0.2% shy of the target of 92%. The PCT has focused on improving its data collection, the time it takes to input immunisations and closer working with GP practices and Child Health to improve the data collection. The PCT will continue to performance manage this target and should show further improvement. There is some debate on the structure of this target in regards to whether it is five year olds who have completed the 1st MMR or if this pertains to the MMR booster. The thought is that it is completion of the 1st MMR and discussions are taking place with the SHA/DH to confirm this and should this not be the case, be amended for the next performance report.

2.15 % breastfeeding status at 6-8 weeks

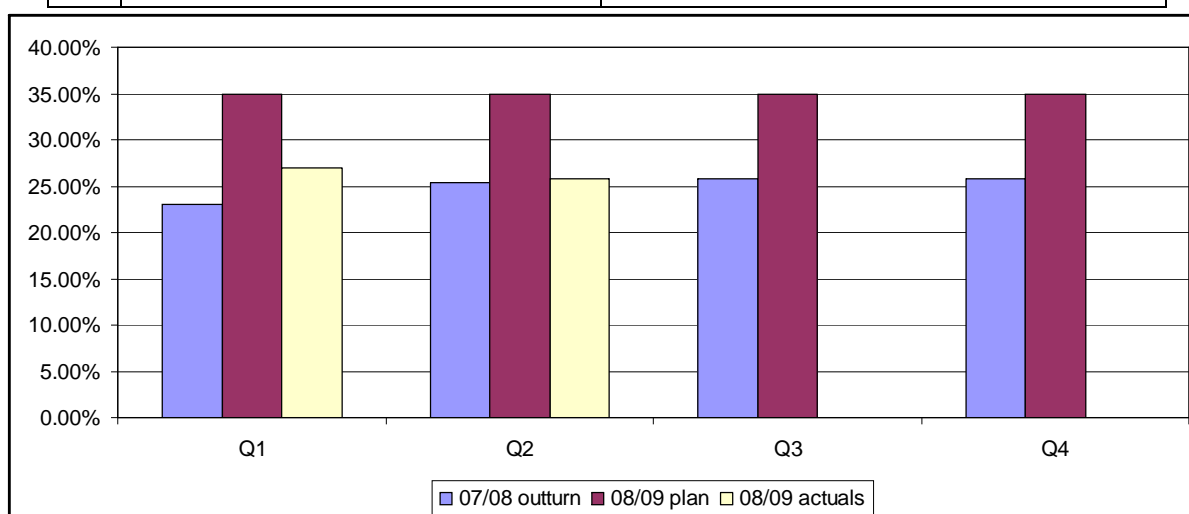
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
50	% breastfeeding status at 6-8 weeks	61.00%	74.00%			NB
	Plan each quarter	85.00%	85.00%	85.00%	85.00%	



This target measures the % of completed records, regardless of whether a mother is breastfeeding or not. The coverage for breastfeeding at 6-8 weeks has increased due to improved recording of data by the Health Visitor Clerical Officers. Work is ongoing with Health Visiting teams to ensure a failsafe system for data collection and a review of clerical staff hours for inputting data. Jewant Singh, Infant Feeding Co-ordinator is to meet with the Community Support Services Managers to discuss further improvement of performance.

2.16 Prevalence of breastfeeding

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
51	Prevalence of breastfeeding	27.00%	25.80%			NB
	Plan each quarter	34.90%	34.90%	34.90%	34.90%	



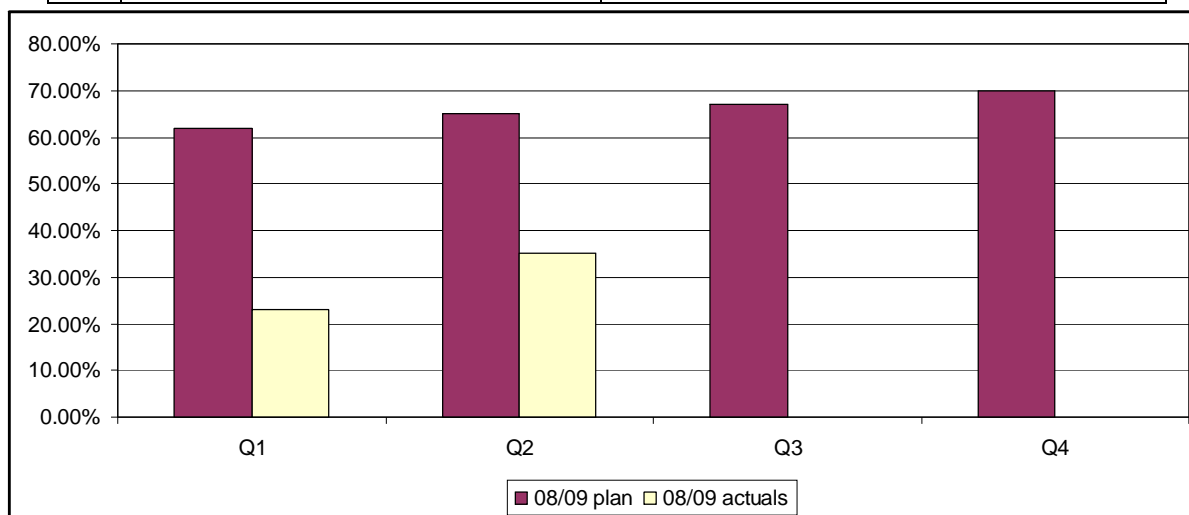
This target measures if a mother is recorded as breast feeding. If there is no record that she is breastfeeding, the assumption is made that she is not breast feeding.

Prevalence of breastfeeding has decreased slightly between quarter one and two. This could in some part be due to the quarter two being a summer holiday period and the shortage of staff during this period with breastfeeding support not readily available. A decrease in the number of initiation rates has been noted too during quarter two. This is to be discussed in meetings to be held with the Health Visitor managers and the Maternity leads.

There have been issues raised about data quality issues which could mask true performance.

2.17 Proportion of stroke patients who spend at least 90% of their time on a stroke unit

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit	23.00%	35.00%			AD
	Quarterly target	70.00%	70.00%	70.00%	70.00%	



There has been some improvement between quarter one and two, however, this target continues to show poor performance and a number of issues in terms of monitoring and reporting of performance in this area have been raised. The performance reported by HoEFT has been contested by their clinical lead and the PCT are working with the Trust to resolve this as well as the fundamental recording and reporting mechanisms. It is clear however, that the Trust are not achieving the vital sign target in this area.

System diagnostics have been undertaken with HoEFT and the following high level issues have been identified which contribute to the poor performance:

- Lack of definitive information of stroke occurrence and placement within the trust
- Inappropriate bed usage
- Criteria for admission to stroke beds may need review
- Delayed discharges from stroke unit
- Lack of community specialist unit provision

A work group has been identified and service improvement work will be allocated as a set of work streams for each strand. In tandem with this, identified gaps in capacity within the stroke pathway will be going through the gateway process with the intention of commissioning community services, following redesign of the existing pathway.