

Thrombolysis in Acute Stroke Collaborative Update

May 2025

Clinical Leadership

Sustainability assessments with all sites in TASC has revealed clinical leadership as an area for development. To help with this we tasked (excuse the pun) our clinical lead Professor Simon Conroy to share his experience and produce a guide to help clinicians undertaking this role in QI initiatives.



Simon shares his thoughts: Clinical leadership is a progressive journey that demands self-awareness, consistent feedback, and active involvement. Effective leaders are not born from titles alone but are shaped through real-world experiences, learning from mistakes, and adapting their leadership style to suit different situations. The key to this process is knowing oneself and using tools like personality assessments and honest peer feedback to understand one's strengths, weaknesses, and how one is perceived by others.

Building trust and creating a shared vision with the team are essential to strong leadership. Trust is developed through authenticity, reliability, and vulnerability, enabling open communication and creative tension. Clinical leads play a pivotal role by actively championing improvement projects, engaging colleagues, and aligning their efforts with patient and organisational benefits. Regular involvement in project meetings, clear communication, and leveraging support resources are all crucial for leading successful and sustainable change.

This guide offers practical advice for clinicians undertaking leadership roles within the NHS, emphasising that leadership is a journey requiring self-awareness, continuous feedback, and active participation. You can access the guide [here](#)

University Hospital Bournemouth (Cohort 2)

To aid collaboration, we like to share stories from sites. This month, we have worked with Bournemouth and focused on their last ten patient reviews.

Mapping The Last ten patients

Mapping the last ten patients and its methodology is not new. It is a QI approach that involves selecting several patients who represent the service or pathway you want to improve. In this case, it is patients who have had a stroke and were not thrombolysed. By looking at each patient's pathway and mapping the journey, it helps teams explore what happened and provides an insight into what happened in the pathway and any variation from patient to patient. It can help support mapping the processes of the pathway, as well as understanding the individual journey each patient follows and to examine where future change can lead to an improvement and in identifying the next tests of change.

In NHS Elect, we have conducted the last ten patient reviews across a variety of settings to understand pathway variation. This approach opens a critical challenge and debate to understand if the right patients received the right care at the right time. Applying this philosophy allows teams to understand how patients might be cared for differently to reduce variation and support improvements. **Most cohort 2 sites have completed a last ten patient review with our support.** If you have not yet booked in your review, please consider it and get in touch to agree on a date.

Recently, the Team at UHD Bournemouth met with Dr David Hargraves, Marc Berry and Mandy Rumley-Buss to undertake a last ten patient review on patients who had not been thrombolysed. The aim was to explore whether these patients who had not been thrombolysed due to having had a low NIHSS had any ongoing disabilities. The team also wanted to know if this had impacted their quality of life and whether, on reflection, the team would have altered the treatment decision made at the time and if so, on what basis?

Alongside this review, NHS Elect also reviewed the latest data to explore whether improvements in Thrombolysis rates were solely because of patients with low NIHSS, to see if this factor alone was contributing to improvements made.

There was considerable discussion and challenges put forward, and an opportunity to review outcomes for patients and explore how, despite a low NIHSS score, several patients had disabling results from their stroke. The review team challenged the assumption that a low NIHSS score led to fewer disabilities. The value of CTP/A on this cohort of patients was discussed; the conclusion was that, if in doubt, a CTP/A is useful in aiding the decision to thrombolyse.

The review team agreed on several areas for further review, such as:

- Can pathways be improved inter-hospital (as there had been some delays transferring from one internal hospital to the other)
- Does pre-hospital video triage support early rapid assessment and straight to CT scan?
- Despite challenges with rota and wanting to protect time and prevent burnout, is there any way the Team could consider “call a friend” for difficult cases? in which case, you may find a critical friend helpful
- Consider using data to look at the demands vs Capacity and true DCC needed for Senior decision making

Everyone involved felt the time spent reviewing the patients was useful, and the team agreed that one outcome was that they will continue to question the supposition that low NIHSS scoring patients will have less disability than those with higher scores. The team also agreed to document the CTP rationale for decisions made fully, and that the last ten patients' QI methodology was useful, and they will use it again in the future.

Would you like to be the next Site Spotlight? If you have a learning or improvement story to share in the next TASC update, please contact your QI Associates or email networksinfo@elect.nhs.uk

Learning and Development Opportunities

Upcoming Webinars:

- **12 May 25 - World Café Pre-Hospital Stroke Care.** This is an opportunity for Ambulance colleagues to share good practice, current challenges and solutions. [Register here](#)
- **19 May 25- Human Factors: Why are They Important in Stroke Care?** [Register here](#)
- **2 June 25 – Building Personal Resilience.** [Register here](#)
- **30 June 25- World café Non-Medical Workforce.** [Register here](#)

Worth Exploring: Tools and Resources

- **NHS Elect QI Digital Resource:** Tools and resources to help you begin or progress your quality improvement work. Access it [here](#)
- **SAMueL Web App:** Benchmark your thrombolysis performance and explore improvement opportunities. Access it [here](#).

Join the Conversation: Your Input Matters

TASC drop-in networking session: Join our monthly drop-in session to share your improvement work, exchange ideas, and collaborate with others from across the network to continue enhancing thrombolysis practices in stroke care. **This session takes place on the 4th Thursday of every month, 12:30-13:30.** Drop us an email on networksinfo@elect.nhs.uk if you would like to be added to the diary invite or click here to [access](#).

Next Steps for All Sites

- Undertake an experience-based design study with our 'new' [EBD TASC tool](#) with patients.
- Identify further tests of change to support improvements in TASC.
- Sign up for the webinars and world café events.
- Consider what aspect of the TASC programme you feel you are doing well in, to spotlight to others your developments

Closing Remarks

Thank you for your commitment to improving stroke care. For support, questions, or to share your stories, contact us at networksinfo@elect.nhs.uk.