

North Bristol - Southmead Hospital TASC2 Engagement Vignette

Our Challenge

North Bristol NHS Trust (Southmead Hospital) joined the TASC2 programme with a clear ambition to enhance the safety, reliability, and timeliness of hyperacute stroke care. With strong executive sponsorship and alignment with the Trust's *Patient First* improvement methodology, the team sought to build on existing strengths, such as advanced imaging availability and a well-established ANP workforce, while addressing variability in thrombolysis rates, delays in processes, and system-wide operational constraints.

What we did (the process)

1. Front Door & Imaging Pathway Improvements

- Optimised pre-alert processes with ANP support and direct-to-CT flow.
- Undertook detailed process mapping to identify opportunities such as video triage, improved CTPA processes, and potential Tenecteplase (TNK) integration.
- Maintained strong collaboration with radiology, offering 7-day CT perfusion and planning expansion of CTA and TNK work.

2. Thrombolysis Governance and Culture

- Implemented a refreshed thrombolysis governance meeting structure:
 - Rotating chairs
 - Inclusion of “grey cases”
 - Voting and interactive discussion
 - Focus on psychological safety
- Built a data-driven improvement culture supported by excellent analytical expertise (e.g., SAMuel, SPC) and the Trust's analyst, Tahid.

3. Workforce & Training

- Made active use of ANPs and middle grades to support decision-making.
- Developed and implemented plans for expanded training for ED, paramedics, and cross-site teams (BRI, Weston).
- Engaged with national SIM training and the non-medical workforce development programmes.

4. Quality Improvement & PDSA Cycles: Completed and upcoming PDSAs included:

- **Thrombolysis Governance Review PDSA**
Improved meeting structure, data availability, and confidence among participants.
- **TNK in the Scanner PDSA**
Explored consultant confidence and feasibility; implementation paused pending scanner repairs and radiology planning.
- **Single Case Video Triage Pilot**
Working with SWASFT to test feasibility and explore pre-hospital decision improvement.

5. Patient and Public Involvement

- Strong lived-experience voice already present.
- Plans to further adopt Experience-Based Design (EBD), including surveys and co-designed pathway insights.

6. System Integration

- Active collaboration across the ICS, with ongoing work to improve discharge flow and manage inter-hospital transfers.
- Highlighted IT inconsistency between sites as a barrier to seamless care, prompting advocacy for unified system approaches.

What we achieved (the outcomes/data)

1. Strengthened Thrombolysis Governance & Culture

- 50% increase in clinician confidence in thrombolysis decision-making following redesigned governance meetings, as demonstrated in attendee feedback.
- Improved attendance, at Governance meetings, though still variable, indicating growing engagement with the new meeting format.
- More psychologically safe, interactive governance discussions, supported by rotating chairs, voting, grey-case reviews, and structured formats.
- Earlier data availability highlighted as critical, leading to improvement actions aimed at better preparation for governance review.

2. Emerging Clinical Improvement from PDSA Cycles

TNK in the Scanner PDSA

- 77% of consultants reported being comfortable or potentially comfortable administering TNK in the CT scanner, demonstrating strong cultural readiness for change.
- Early exploration shows potential for faster Door To Needle times, which is expected to improve thrombolysis performance once scanner issues are resolved and radiology engagement restarts.

Single-Case Prehospital Video Triage PDSA

- Collaboration initiated with SWASFT, marking the first step toward innovative prehospital decision-making support.
- The framework for evaluation is in place, including team feedback and patient perspective review, supporting readiness for a wider pilot.

3. Improvements in Thrombolysis Performance & Process Reliability

- Recent rising thrombolysis rates indicate positive trajectory, with SAMuel modelling suggesting the Trust can achieve 19% thrombolysis with pathway optimisation.
- Increased attention to mild NIHSS variability through governance meetings is helping create a more consistent thrombolysis mindset.

4. Enhanced MDT Engagement and QI Capability

- Stroke teams, ANPs, and radiology staff have shown strong appetite for improvement, reinforced by their participation in measurement, process mapping, and “Patient First” aligned QI activities.
- The presence of a skilled analyst continues to enhance data capability, supporting SPC understanding, driver diagram development, and real-time pathway insights.

5. Strengthened Foundations for Future Pathway Transformation

- ICS collaboration has yielded early improvements in inter-team working.
- Preparations for Experience-Based Design work, including surveys and structured staff/patient experience evaluation tools, place the organisation in a strong position for future co-designed improvements

Challenges

- Limited monitored bed capacity affecting front-door efficiency.
- Delays in overnight imaging reporting due to reliance on Ever light. system
- Significant IT fragmentation between sites.
- Workforce constraints limiting training and advanced practice development.
- Persistently low attendance at governance meetings despite improved structure.
- Operational constraints (e.g., CT scanner repairs) slowing TNK PDSA progression.
- Variability in consultant decisions for mild NIHSS thrombolysis cases.

What's next - Immediate Priorities

- Continue to regularly review of non-thrombolysed cases in MDT governance.
- Improve overnight reporting reliability and explore alternatives to Ever light delays.
- Create a comprehensive cross-site training roadmap with ETD.

Summary

Southmead's engagement with TASC2 shows a team with strong foundations, a clear appetite for improvement, and emerging evidence of positive cultural and operational change. Continued focus on workforce development, IT integration, and consistent patient involvement will further strengthen the pathway.