

TASC2 Engagement Vignette: Scunthorpe General Hospital

Background

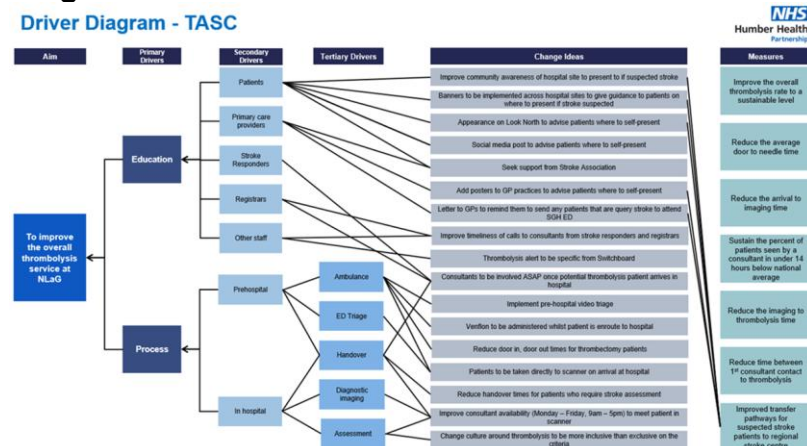
Scunthorpe General Hospital joined the Thrombolysis and Acute Stroke Collaborative (TASC2) to improve thrombolysis rates, door-to-needle times, and overall stroke care. Historically, rates were low (~5–10%), and systemic challenges included cultural change, bed flow issues, and organisational restructuring following a trust merger.

Aims

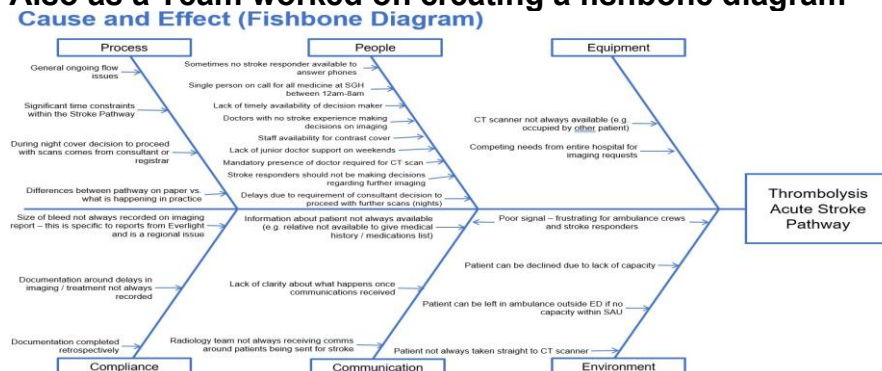
- Increase thrombolysis rates and consistency.
- Improve door-to-scan, door-to-consultant, and door-to-needle times.
- Enhance patient and staff experience.
- Build readiness for thrombectomy and future service expansion.

What They Did?

Created a Quality Improvement Approach and worked with the QI team to create a driver Diagram



Also as a Team worked on creating a fishbone diagram



Key Areas where identified where Change could lead to improvements:

- Many were quick, easy fixes that required little to no cost e.g., introduced pre-alert bleep system for Radiology department to hold scanner for incoming stroke patient.
- Some weren't as simple and took time and change in practice e.g., ambulance protocols for handover enroute to scanner approach.
- Others were impossible to fix in the timeframe of 1year but still needed to be considered e.g., increasing bed capacity of HASU as per GIRFT/PEER review recommendations.

Stakeholder Engagement:

- Held a highly successful initial stakeholder event with clinicians, radiology, pharmacy, Stroke Association, and voluntary sector partners.

Process Improvements:

- Introduced proactive scanning and treatment in CT scanner.
- Changed processes for SSNAP dataset to improve consultant contact times.
- Trialled Protected Meal Breaks for staff (PDSA cycle).

Education & Culture Change:

- Delivered training for stroke responders and nurses on swallow screening and thrombolysis criteria.
- Promoted open discussion on clinical decision-making.

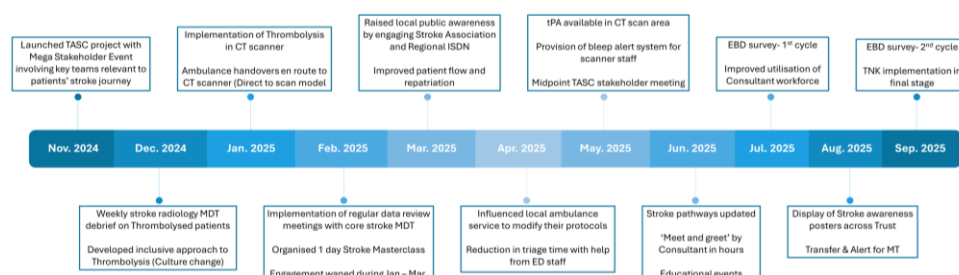
Data & Audit:

- SPC charts tracked weekly thrombolysis rates.
- Recalculated door-to-scan and consultant contact times; implemented changes.

Patient & Staff Experience:

- EBD Cycle 1: Highlighted staff concerns (23% missed meal breaks).
- EBD Cycle 2: Showed increased happiness and reduced negative feedback.
- Patient feedback: *"Very relieved that I had Thrombolysis" and "I was happy and satisfied. They took good care of me."*

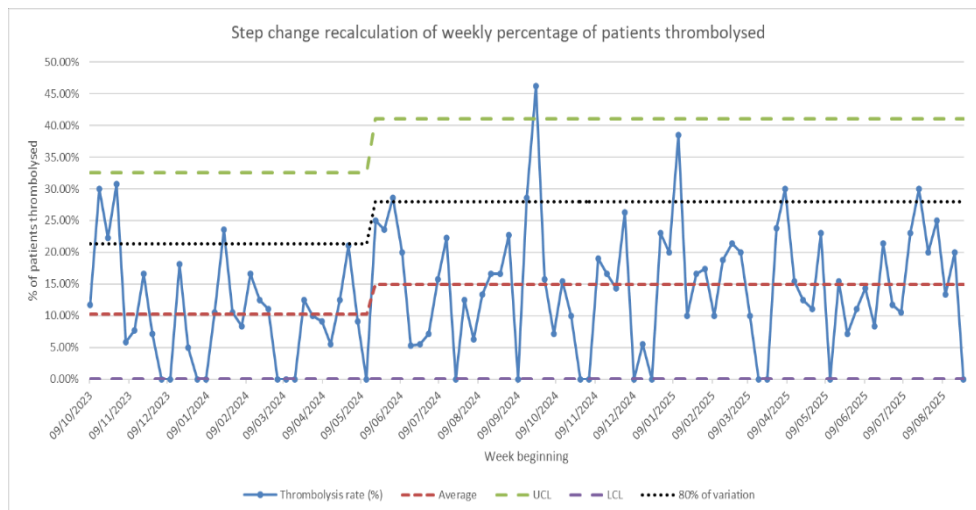
Project Timeline



Outcomes

Thrombolysis Rate:

Increased by 5% overall, averaging 14.9%, with a peak of 19.5%. In the SSNAP quarter July-Sept 2025 the thrombolysis rate was 22%, their highest level to date and exceeding the overall National rate that quarter of 13.2%). Now exceeding National result for thrombolysis in extended window with 12.2% compared to National of 4.6%. Thrombectomy rate was also highest at 4%.

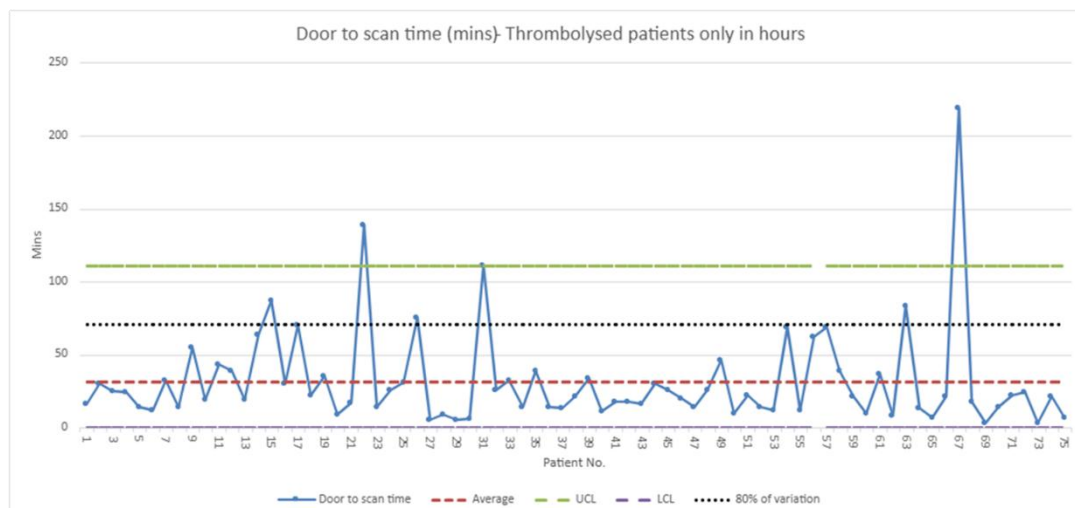


Door-to-Scan:

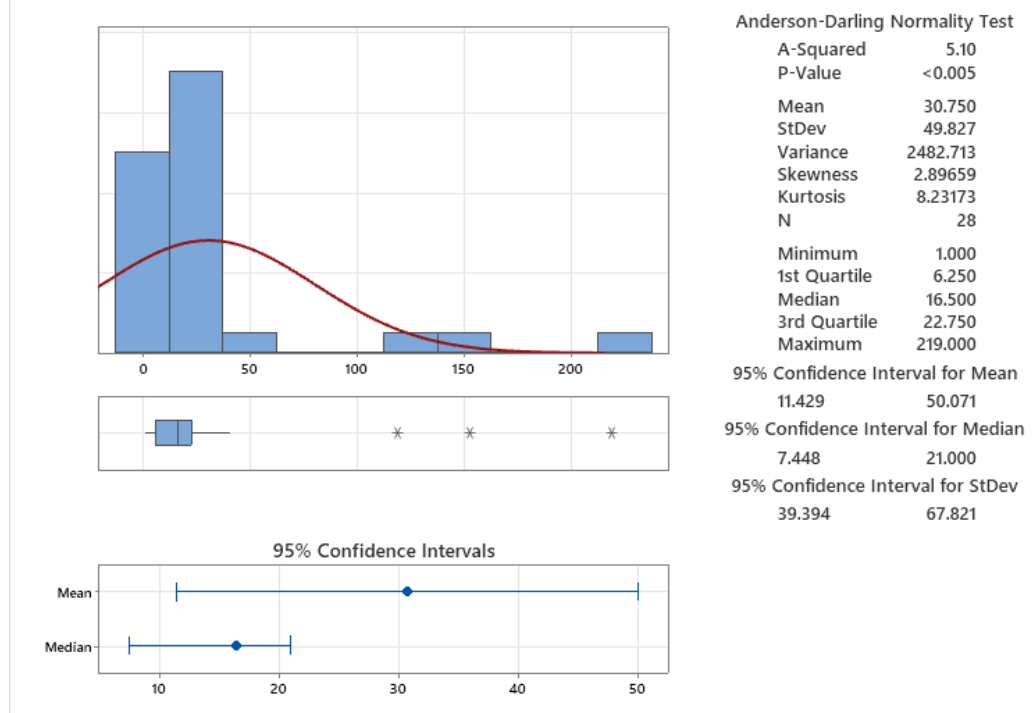
Worked with ED and Ambulance Trust to undertake a test of change to improve door to Scan times and were able to show a step change in reducing the time.

Door to scan times have improved for both in-hours (weekdays 9am-5pm) and out-of-hours. Attributed to May 2025 with full staffing levels and midpoint stakeholder event to boost Stroke team engagement.

Educational events and posters have been directed towards non-stroke specialist doctors to streamline triaging and highlight importance of timely response during out-of-hours by medical cover.



Summary Report for Door to scan thrombo pts after recalculation



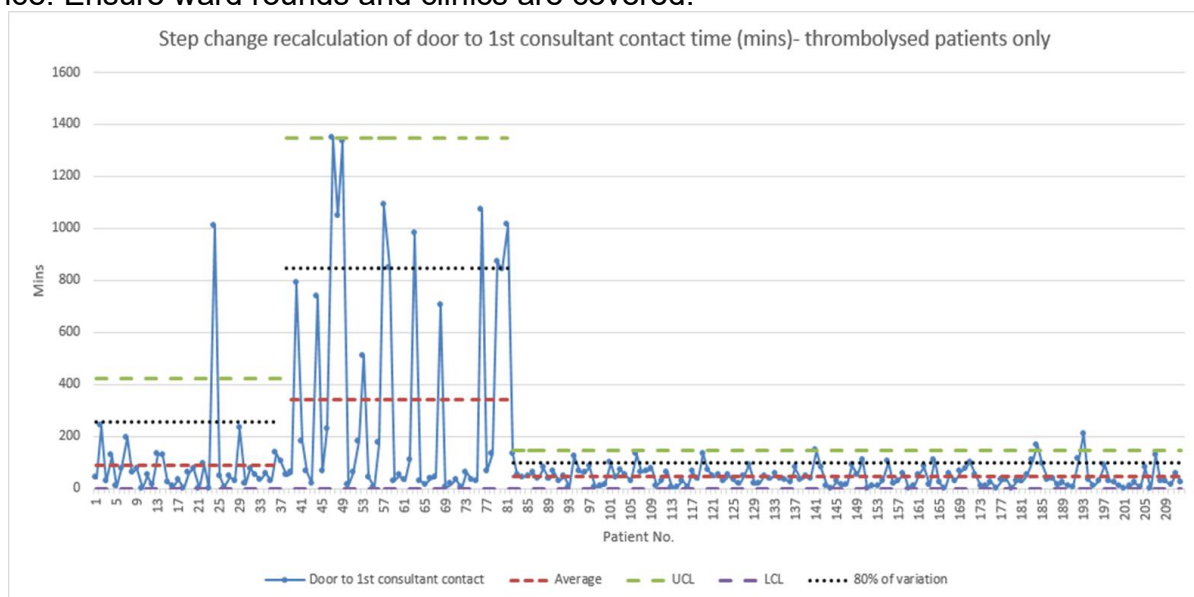
Door-to-Consultant Contact:

PDSA was agreed with

Aim: Reduce time between clock start and decision to give Thrombolysis.

Process: Bleep/ call consultant to meet patient in scanner (weekday 9am-5pm).

Balance: Ensure ward rounds and clinics are covered.



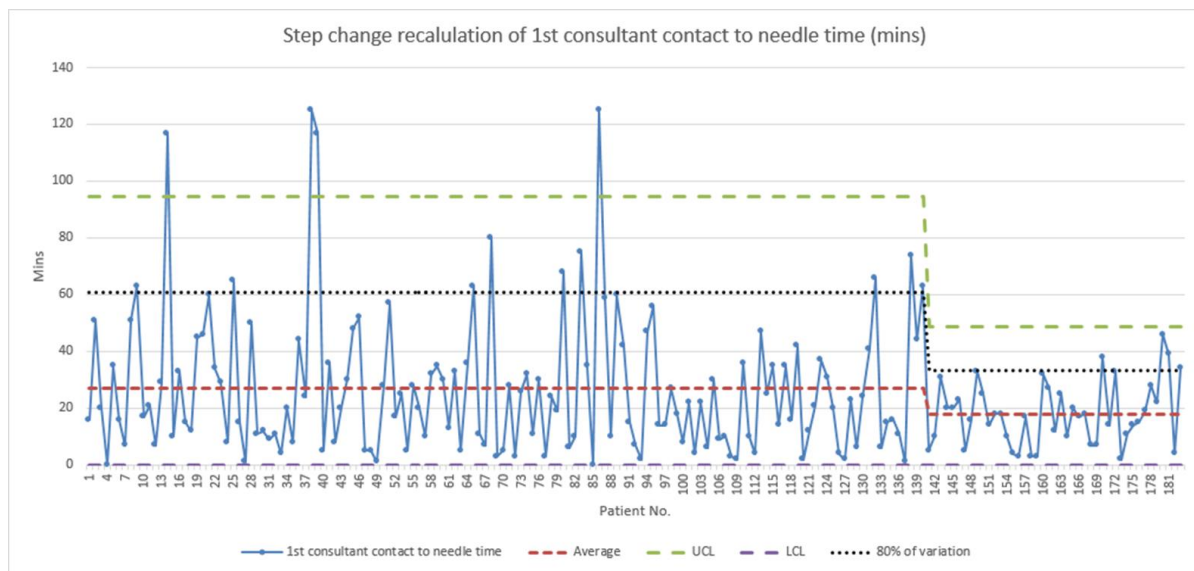
Result was a significant decrease in time to 1st consultant contact and less delays after go ahead for Thrombolysis treatment with an additional benefit: Out-of-hours registrars are involving consultant at an earlier stage.

Door-to-Needle Time:

The work undertaken via PDSA improved the time by around 14 minutes, now taking a total of 1 hour or less. With continued reflection of our service, they aim to reduce this even further, In the SSNAP quarter July- September 2025 the door-to-needle time down to 44mins from 1hr and exceeded the reported National rate that quarter of 55mins.

Weekly Thrombolysis rate –

Now have fewer weeks without anyone being Thrombolysed. The rates are showing consistently higher levels of Thrombolysis patients and expect to improve further.



Patient Experience Based Design:

What we learnt?

- Patients felt very positive about the pathway, particularly once arriving at the hospital. Patients felt more negative during the stroke onset and travelling to hospital.

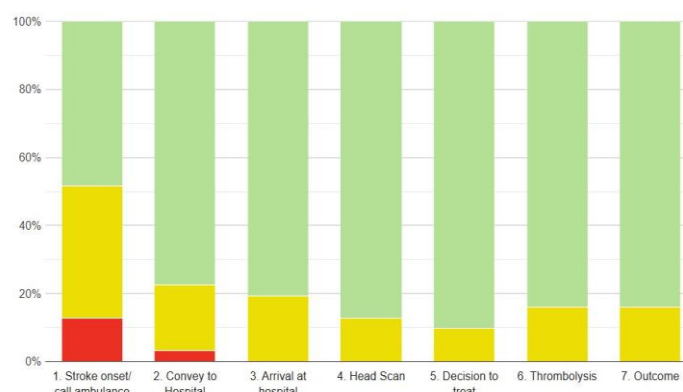
What we did?

Shared feedback with local ambulance service.

What we are working on?

Patient information leaflets around treatment and what to expect during their hospital stay to be distributed to patients/families. Patients expressed high satisfaction post-treatment.

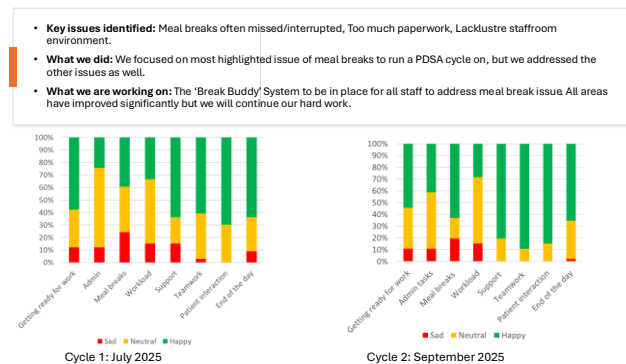
PDSA Cycle 1



PDSA Cycle 2 September 2025



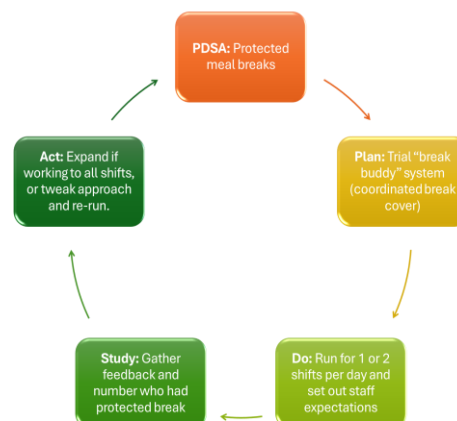
Staff EBD cycle



PDSA: Protected meal breaks

Outcome: The 'Break Buddy' system worked effectively to improve staff satisfaction levels - we are in process of rolling this out to whole team.

Additionally, this has also seemed to help improve the teamwork and support elements of our Staff EBD survey.



Culture:

- Greater confidence and decisiveness in clinical interventions.

Challenges

- Workforce gaps and sickness impacted morale.
 - Bed flow and repatriation issues persisted.
 - Governance delays slowed implementation (e.g., PBT).
 - Maintaining engagement over time was difficult.
 - Organisational restructuring created leadership and communication gaps.
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Next Steps / Way Forward

- Implement PBT and streamline documentation (digital-first approach).
 - Sustain improvements via regular SSNAP reviews and stakeholder meetings.
 - Expand thrombectomy readiness (door-in-door-out times).
 - Strengthen weekend referral pathways (Sheffield link established).
 - Continue staff wellbeing initiatives (protected breaks, workload management).
 - Share learning within TASC network and contribute to TASC3.
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Site Contacts

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