

Tier 1 - Paper ref:

Report title:	RCP Invited Review of Stroke (RWT)
Sponsoring executive:	Dr Brian McKaig, Chief Medical Officer
Report author:	Dr Brian McKaig, Chief Medical Officer
Meeting title:	Group Quality Committee
Date:	29 th October 2025

1. Summary of key issues/Assure, Advise, Alert

All NHS trusts providing stroke services are eligible to contribute relevant data on every stroke patient to the Stroke Sentinel National Audit Programme (SSNAP), enabling stroke services to benchmark their performance against other units, identify trends in performance and identify areas for improvement. SSNAP also publishes mortality data annually, using the Standardised Mortality Ratio (SMR), which is a case-mix adjusted measure of mortality.

The trust commissioned the Royal College of Physicians (RCP) Invited Review (IR) Service in May 2024 to undertake a review of their stroke services following the notification of a mortality alert from SSNAP pertaining to the April 2021 to March 2023 period.

A detailed action plan following this review was received and approved by the Trust Quality Committee in July 2025 and ongoing actions will be reported through this committee.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

Care	- Excel in the delivery Care	<input type="checkbox"/>
Colleagues	- Support our Colleagues	<input type="checkbox"/>
Collaboration	- Effective Collaboration	<input type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input type="checkbox"/>

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

Not applicable

4. Recommendation(s)/Action(s)

The Group Quality Committee is asked to:

a) Please refer to section 3

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

Group Assurance Framework Risk GBR01	<input type="checkbox"/>	Break even
Group Assurance Framework Risk GBR02	<input type="checkbox"/>	Performance standards
Group Assurance Framework Risk GBR03	<input type="checkbox"/>	Corporate transformation
Group Assurance Framework Risk GBR04	<input type="checkbox"/>	Workforce transformation
Group Assurance Framework Risk GBR05	<input type="checkbox"/>	Service transformation
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

Report to the Group Quality Committee on 29 October 2025

The Royal College of Physicians Invited Review of Stroke Services at The Royal Wolverhampton NHS Trust

1. Executive summary

The Royal College of Physicians (RCP) conducted an invited review of the Stroke Service at The Royal Wolverhampton NHS Trust (RWT) in May 2024 following a mortality alert from the Stroke Sentinel National Audit Programme (SSNAP) for April 2021–March 2023. The review assessed clinical records, governance, leadership, and multidisciplinary team (MDT) functioning. It identified both areas of strength and opportunities for improvement, particularly in front-door processes, MDT communication, and workforce sustainability. The Trust has implemented substantial improvement actions, including structured MDT documentation, pathway redesigns, and workforce recruitment, resulting in a normalised SHMI trend and non-alerting SSNAP mortality status.

2. Introduction or background

2.1 The Royal Wolverhampton NHS Trust is one of the largest acute and community providers in the West Midlands, delivering stroke care primarily at New Cross Hospital and West Park Hospital. In response to raised mortality data, RWT commissioned the RCP to conduct a review involving case analysis of 16 deaths, staff interviews, and examination of local stroke documentation and processes.

2.2 The review focused on:

- Clinical decision-making, particularly thrombolysis and swallow screening.
- MDT coordination and documentation.
- Early mobilisation and rehabilitation practices.
- Workforce capacity and leadership culture.
- Implementation of national stroke guidance.

2.3 Findings demonstrated strong commitment from the stroke team but highlighted variation in pathway consistency, MDT effectiveness, and communication between emergency, acute, and therapy teams.

3. Recommendations

3.1 The Group Quality Committee is asked to note the following recommendations and approve publication of this summary report on the RWT website:

a. Front-Door Pathways:

- Improve ED–stroke coordination through clearer referral and imaging protocols (*achieved*).
- Enhance swallow screening within four hours, with colour-coded documentation (*achieved*).
- Ensure thrombolysis decisions and rationales are fully documented in the stroke clerking proforma (*in progress – 3 months*).

b. MDT Working and Communication:

- Formalise MDT meetings with structured proformas capturing SLT, AHP, and palliative input (*achieved*).
- Include family communication records and ensure all disciplines contribute to notes.
- Strengthen collaboration through weekly SSNAP and bi-monthly leadership meetings (*achieved*).
- Introduce a stroke leadership triumvirate across AHPs, nursing, and consultants (*achieved*).

c. Clinical and Care Standards:

- Review and implement dysphagia SOP and PEG/feeding risk policy (*achieved*).
- Ensure early mobilisation compliance and national guidance training (*ongoing audit programme*).
- Maintain continuous cardiac monitoring on all HASU beds (*in place, with ongoing staff training*).

d. Workforce and Governance:

- Recruit and retain nursing staff with a targeted education plan and mentorship framework (*ongoing, 6 months*).
- Develop consultant sustainability through portfolio training and non-CCT CESR pathways (*6–12 months*).
- Foster respectful communication and civility within MDT (*significant improvement noted*).
- Undertake bed modelling via ICB to plan for future capacity (*12 months*).

e. Service and Audit Improvements:

- Review TIA clinic model with new SOP and coordinator (*6 months*).
- Continue stroke audits with priority on aspiration pneumonia and antibiotic use (*achieved*).
- Conduct site visits to benchmark against high-performing ASUs (*completed at Guy's Hospital*).

f. Summary:



- The Trust's SHMI for Acute Cerebrovascular Disease is now within expected range (98.46) and shows consistent improvement.
- SSNAP performance and local audit participation are strong.
- Sustained progress depends on continued MDT engagement, leadership collaboration, and robust education and audit cycles.

22/10/2025

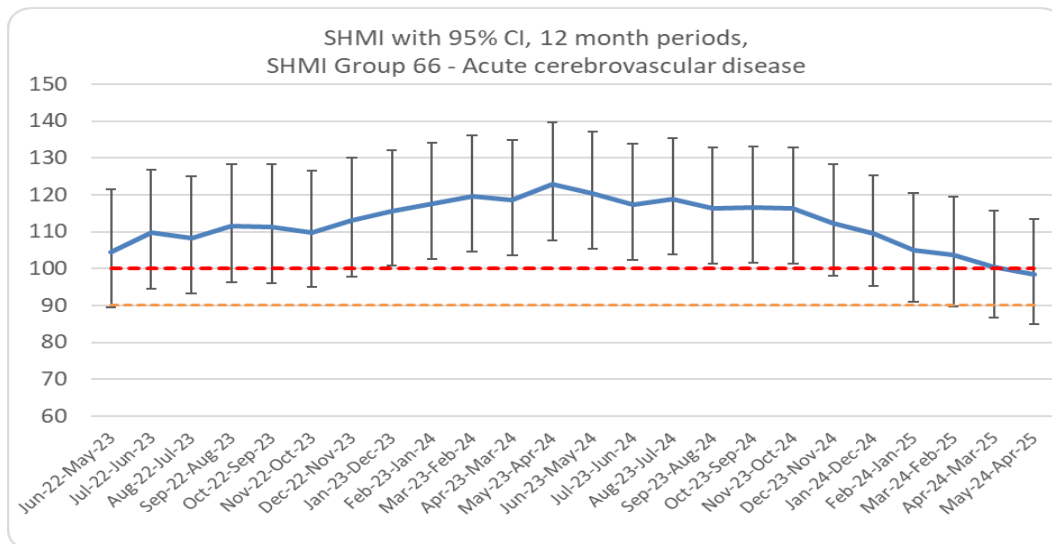
Annex 1: SHMI: Acute Cerebrovascular disease & Hospital Spells

Annex 2: Current SSNAP results

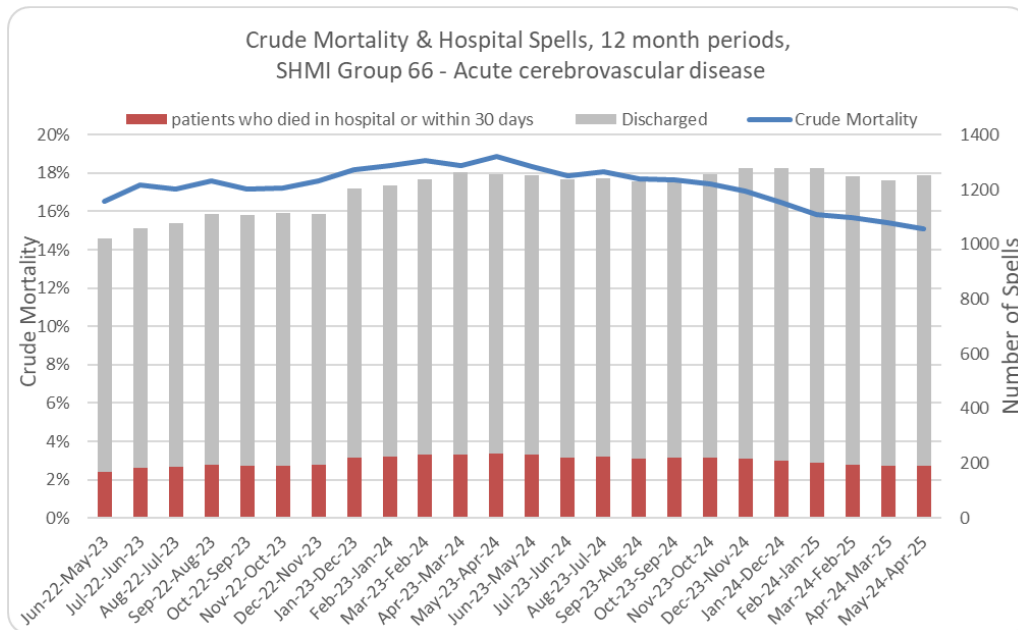
Annex 1

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there.

The latest SHMI value for Acute Cerebrovascular disease (under which stroke sits) at RWT is 98.46, (within the expected range), the SHMI value has decreased in the six most recent periods and has not been alerting in the last three periods.



The number of admissions in a 12 month period has remained fairly constant at around 1200, there has been a decrease in the number of deaths in the Acute Cerebrovascular Disease group at RWT.



Annex 2

SSNAP Scoring Summary:		Team Type	Routinely admitting team	Routinely admitting team
See "Outline of report" for further information about this		ISDN	North Midlands	North Midlands
		Trust	Royal Wolverhampton NHS Trust	Royal Wolverhampton NHS Trust
		Team	New Cross Hospital	New Cross Hospital
		Time Period	Apr - Jun 2025	Jan - Mar 2025
SSNAP level			D	E
SSNAP score			50	35
Case ascertainment band			A	A
Audit compliance band			A	A
Combined Total Key Indicator level			D	E
Combined Total Key Indicator score			50	35

Patient-centred KI levels:

Patient-centred Domain levels:			
1) Hyperacute assessment		D	E
2) Specialist pathway		D	E
3) Reperfusion		C	C
4) MDT assessment		B	C
5) Therapy intensity		C	D
6) Therapy frequency		E	E
7) Standards by discharge		B	C
Patient-centred Total KI level		D	E
Patient-centred Total KI score		52.5	37.5
Patient-centred SSNAP level (after adjustments)		D	E
Patient-centred SSNAP score		52.5	37.5

Team-centred KI levels:

Team-centred Domain levels:			
1) Hyperacute assessment		D	E
2) Specialist pathway		D	E
3) Reperfusion		D	D
4) MDT assessment		B	C
5) Therapy intensity		E	E
6) Therapy frequency		D	E
7) Standards by discharge		B	C
Team-centred Total KI level		D	E
Team-centred Total KI score		47.5	32.5
Team-centred SSNAP level (after adjustments)		D	E
Team-centred SSNAP score		47.5	32.5

Highlight Metrics	Team Type	Routinely admitting team	Routinely admitting team	Routinely admitting team
See "Outline of report" for further information about this section of the report		North Midlands	North Midlands	North Midlands
See "Technical information" for explanation of "patient centred" and "team centred" results		Royal Wolverhampton NHS Trust	Royal Wolverhampton NHS Trust	Royal Wolverhampton NHS Trust
	National	New Cross Hospital	New Cross Hospital	New Cross Hospital
	Apr - Jun 2025	Apr - Jun 2025	Jan - Mar 2025	Oct - Dec 2024
Access to initial brain imaging				
Patient centered	✔	✔	✔	✔
Item reference: G6.6.3		30.9	39.8	39.0
Team centered	✔			
Item reference: H6.6.3		30.9	39.8	38.5
				39.0
Access to Stroke Unit within 4 hours				
Patient centered	✔	✔	✔	✔
Item reference: G7.18.1		49.4	41.8	26.8
Team centered	✔			
Item reference: H7.18.1		49.4	41.8	26.5
				29.0
				29.6

Thrombolysis rate					
Patient centered	✔	✔	✔	✔	
Item reference: G16.3		14.0	14.7	13.2	8.4
Team centered	✔	✔	✔	✔	
Item reference: H16.3		14.0	14.1	11.7	7.5
Thrombectomy rate					
Patient centered	✔	✔	✔	✔	
Item reference: G19.3		4.7	2.6	8.0	6.5
Team centered	✔	✔	✔	✔	
Item reference: H20.3		4.7	1.2	4.4	3.8
90% stay on a stroke unit					
Patient centered	✔	✔	✔	✔	
Item reference: J8.11		76.1	60.2	49.0	54.0
Team centered	✔	✔	✔	✔	
Item reference: K32.11		82.7	64.3	53.2	62.2
4.3 Percentage of applicable patients who were assessed by an occupational therapist within 24 hours of clock start					
4.3A Patient centered	✔	✔	✔	✔	
Item reference: G10.27		55.3	84	73.3	66.0
4.3B Team centered	✔	✔	✔	✔	
Item reference: H10.27		55.3	85.1	76	66.9
4.4 Percentage of applicable patients who were assessed by a physiotherapist within 24 hours of clock start					
4.4A Patient centered	✔	✔	✔	✔	
Item reference: G11.27		59.2	84	73.3	66.7
4.4B Team centered	✔	✔	✔	✔	
Item reference: H11.27		59.2	85.1	76	67.3
4.5 Percentage of applicable patients who were assessed by a speech and language therapist within 72 hours of clock start					
4.5A Patient centered	✔	✔	✔	✔	
Item reference: G12.24		85	83	83.5	81.3
4.5B Team centered	✔	✔	✔	✔	
Item reference: H12.24		85	85.4	85.8	82.6