



# Thrombolysis in Acute Stroke Collaborative

## Update – December 2025



### Introduction

As we approach the end of another busy and rewarding year, I want to take a moment to thank all of you for your continued commitment to improving care and outcomes across the NHS.

Your collaboration and innovation have been at the heart of everything we've achieved together in 2025. From sharing best practices to co-designing solutions, your contributions make a real difference to patients and staff alike.

The festive season is a time to pause, reflect, and celebrate the progress we've made. It's also a chance to recharge and look forward to the opportunities the new year will bring.

On behalf of the Improvement Networks team, I wish you and your loved ones a joyful Christmas and a healthy, happy New Year.

Warmest wishes,  
**Deborah Thompson**  
Managing Director – Improvement Networks

### We are very proud to announce that TASC has won the HSJ Patient Safety Award 2025

Dee Thiruchelvam, Chief Nursing Officer at NHS Blood and Transplant, who presented the award highlighted:

*“This transformative project delivered unprecedented population wide improvement embedding transparency and a strength-based culture change. Now with proven national impact and global potential it achieves sustainable outcomes, cost savings, and lasting cultural transformation in clinical pathways.”*



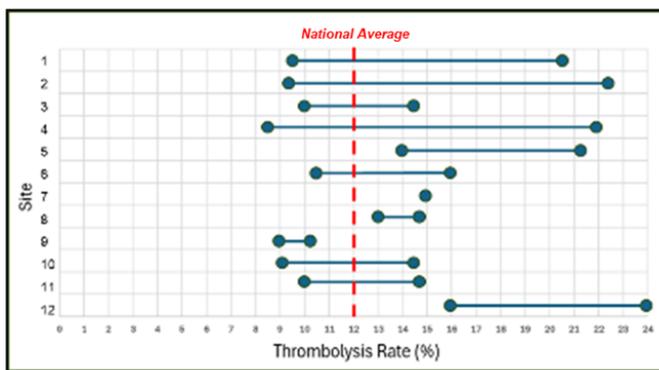
TASC Team at NHS Elect

We're incredibly proud of everyone involved in this work, we also want to give special recognition to TASC Cohorts 1 and 2 participants for their unwavering dedication, collaboration, and commitment to excellence. Their efforts have been instrumental in shaping this success and continue to push boundaries in improving patient outcomes. This award is not just ours; it belongs to them too.

## Congratulations to all Cohort 2 sites on your outstanding achievements!

Since the TASC Final National Learning and Celebration Event for Cohort 2 on 16 October in London, we have been reflecting on the significant progress made across the collaborative.

The final event was a real highlight, bringing teams together to share posters, network, and celebrate their improvement work (see right). It was great to see teams openly exchanging ideas, challenges and learning, and to recognise the effort behind the changes made locally.



All participating sites achieved improvements, with 11 of the 12 sites increasing their thrombolysis rates during the programme (see left). Teams reported important cultural shifts, stronger multidisciplinary working, increased confidence in thrombolysis decision-making, and better use of data to support improvement

Thank you to all the TASC Cohort 2 sites for sharing the incredible work showcased at the October celebration event. The dedication and improvements demonstrated are making a real difference, and it was inspiring to see the impact of this work so clearly highlighted.

Short site vignettes of improvement work for all 12 sites involved in Cohort 2 are being developed and will be shared via the TASC website, alongside a case study on Blackpool and Bournemouth Hospital's improvement journeys, which are currently in progress. For more information, as well as vignettes and case studies from TASC Cohort 1, please visit: <https://www.nhselect.nhs.uk/improvement-collaboratives/Clinical-networks/TASC>

### From imaging access to workforce redesign, teams shared innovative solutions to boost thrombolysis rates, what are you doing now, and what will you tackle next

Cohort 2 teams explored innovative ways to improve thrombolysis rates using **Liberating Structures**, a participatory approach that encourages creativity and collaboration. This method ensured every voice was heard and helped generate practical, bold ideas for future improvement.

Using the **25/10 Crowdsourcing technique**, participants scored and prioritised ideas across eight key themes:

- **Digital & AI Solutions** – Leveraging AI for decision making and advanced imaging integration.
- **Governance & Funding** – Securing recurrent funding and embedding data analytics into teams.
- **Treatment Innovations** – Introducing thrombolysis at the scanner and expanding eligibility criteria.
- **Public Awareness & Education** – Campaigns to reinforce “time is brain” and outreach for stroke prevention.
- **Workforce & Process Optimisation** – Front door staffing models, nurse led thrombolysis, and consultant rota redesign.
- **Pre-Hospital Innovations** – Mobile CT scanners, video triage, and in-home stroke detection.
- **Dedicated Stroke Spaces & Beds** – Creating stroke only areas in ED and ensuring bed availability.
- **Imaging Access & Technology** – Dedicated CT scanners, same day MRI, and advanced perfusion imaging.

The highest-scoring priorities focused on **improving imaging access, dedicated stroke spaces, and pre-hospital innovations**, reflecting the need for speed and streamlined pathways.

**Questions for Reflection:**

- Which of these ideas are you already implementing in your organisation?
- As we approach the end of 2025, what are your improvement plans for next year? Which would you like to pursue in 2026?
- If you opened your mind with no restrictions, what would you like to achieve for stroke care in your organisation?

**TASC at UK Stroke Forum 2025, Aberdeen**

TASC learning was also shared at the UK Stroke Forum in Aberdeen last month, where the programme was very well received. Presentations covered the overall TASC approach and improvement collaborative model, the use of SAMueL tool (machine learning from national stroke audit/ SSNAP data) and time-series data to support decision-making, along with Hampshire Hospitals’ improvement journey, presented by Stroke Consultant Dr Zehra Mehdi. This highlighted a doubling of their thrombolysis rate, from around 10% before TASC to 20% six months after the programme finished.

The conference also provided an opportunity to share practical learning with a national stroke audience and support wider spread of the programme’s approach, alongside the announcement of TTASC3 (Thrombolysis and Thrombectomy). Expressions of interest open on 17 December, with applications closing on 16 January, and the programme beginning with 12 sites in Spring 2026. Further information on TTASC3 expressions of interest can be found [here](#), and TASC abstract posters from the UK Stroke Forum can be found [here](#).



*Deborah Thompson (NHS Elect), Marc Berry (NHS Elect) and Dr Zehra Mehdi (Hampshire Hospitals) following their plenary presentation on TASC at the UK Stroke Forum in Aberdeen- November 2025*

**Join the Conversation: Your Input Matters (all sites; Cohorts 1 & 2)**

**TASC drop-in networking session to commence again in January 2026:** 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](mailto:networksinfo@elect.nhs.uk) if you would like to be added to the diary invite or click here to [access](#).

**Let’s keep the momentum going!**

Although the programme has officially finished, our connection doesn’t have to! We’d love to hear from you. Keep in touch and continue sharing your progress, achievements, and any exciting updates with us. Your journey matters, and we’re here to celebrate your successes along the way

**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](mailto:networksinfo@elect.nhs.uk).