

## Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 16<sup>th</sup> March 2020

**Report of:** Jaimie Shepherd

**Subject:** **Update:** Hyper Acute Stroke Services

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South Yorkshire and Bassetlaw Shadow Integrated Care System / Sheffield Teaching Hospitals NHS Foundation Trust

**Summary:**

- The South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke unit (HASU) care was successfully enacted in 2019
- The model is being delivered in accordance with the HASU service specification and providers are working to meet all expectations of this within agreed timescales
- The pathway is being monitored closely by all partners with support from the newly established South Yorkshire and Bassetlaw Stroke Hosted Network
- Since enacting the changes, a total of 333 Rotherham and Barnsley stroke patients have received their HASU care in Sheffield, Wakefield and Doncaster. Work is ongoing to monitor patient flow and patient activity numbers.
- Patients are moving through the agreed pathway as expected and all partners are working together to support seamless transfer of care
- Feedback from patients and their families to staff on the ground continues to be positive. All partners remain committed to realising the full benefits for patients
- The SYB Stroke Hosted Network was launched in January 2020. It will continue to support and monitor the HASU Pathway as part of its work programme

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	<b>X</b>
Other	

**The Scrutiny Committee is being asked to:**

Consider the recommendations of the report.

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**Background Papers:**

<https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service>

**Category of Report:** OPEN

**Report of Network Manager: Update: Hyper Acute Stroke**

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**16<sup>th</sup> March 2020**

**1. Purpose**

1.1 At the last meeting of the Joint Health Overview and Scrutiny Committee, the committee requested an update on the ongoing delivery of the new South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke care (HASU). This paper will provide an update on the new model and provide further information on the development of the SYB Stroke Hosted Network. The committee is asked to take note of the ongoing successful implementation of the new model and the positive initiation of the network.

**2. Background**

2.1 After a comprehensive review of hyper acute stroke services across South Yorkshire and Bassetlaw a strong clinical case for change underpinned the development of a new model to improve access to high quality urgent specialist stroke care, informed by the evidence to improve outcomes for patients.

2.2 The model included a Stroke Managed Clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal Infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield). Plus the continuation of existing provision at the Royal Chesterfield Hospital.

2.3 The Joint Committee of Clinical Commissioning Groups approved the changes to hyper acute stroke care at the end of 2017. The decision was followed by an application for a judicial review. Confirmation that the judicial review was not granted and permission to progress implementation of the new HASU model was given in the summer 2018.

2.4 Work progressed to enable us to commission, contract and agree the financial arrangements for the new model of hyper acute stroke care (HASU) in South Yorkshire and Bassetlaw. It was agreed that the new SYB HASU model

would be contracted for through existing contractual arrangements with Sheffield Clinical Commissioning Group (SCCG) acting as a contract coordinator.

- 2.5 The business case required additional investment through tariff and best practice tariff to secure improved quality and outcomes through the new HASU model. It was not possible for us to use the national stroke tariffs as care would be delivered across providers and so local tariffs were developed and agreed to underpin the new HASU model. The specification was finalised and commissioners worked together to develop a draft monitoring dashboard for the new HASU model, including key performance indicators, activity, patient flows and all aspects of quality.
- 2.6 A HASU Implementation Group with representation from all providers, the Yorkshire Ambulance Service, Sheffield CCG and the Stroke Association was established in December 2018. The group completed their work in December 2019. The HASU Implementation Group was chaired by Dr Richard Jenkins, the Chief Executive of Barnsley Hospital, in his role as Provider Development Lead for South Yorkshire and Bassetlaw Integrated Care System.
- 2.7 Simultaneously NHS England commissioned Mechanical Thrombectomy to be delivered at Neuroscience Centres, including Sheffield and Leeds. Work is ongoing in parallel to expand access to Mechanical Thrombectomy as we respond to the commitment to do so in the NHS Long Term Plan.
- 2.8 Workforce planning and recruitment progressed in a phased way during 2019, with each HASU successfully recruiting additional nursing and therapy staff. Each HASU reviewed their internal medical cover arrangements to consider how best to put in place increased cover for the new model. In addition to this a collaborative approach was taken to securing additional medical cover. A new Stroke Physician was recruited to work in Rotherham with inreach into the Sheffield HASU. Workforce planning for the future continues to be an area that requires further work, for both HASU and the whole stroke pathway.
- 2.9 The HASU Implementation Group agreed implementation dates in early 2019 for phased delivery of the new HASU model during 2019 and was enacted as follows:
  - Rotherham HASU ceased on 1<sup>st</sup> July 2019
  - Barnsley HASU to ceased on 1<sup>st</sup> October 2019
- 2.10 The HASU Implementation Group offered oversight and monitored the progress of implementation. This included co-ordinating all the necessary aspects, including communication and engagement, planned changes to estates, workforce planning and recruitment. The sub groups supported the

embedding of the model and focused on clinical aspects of the new model such as reviewing clinical guidelines, developing a patient leaflet and planning for onward referral pathways.

- 2.11 The SYB Patient Flow Policy, which aims to ensure that there is a consistent approach to patient flow through the stroke pathway, was successfully implemented. As part of the policy a series of daily conference calls were implemented for all providers to participate in to enable joint oversight of the patient flow. A weekly check in call between key partners was also put in place to monitor patient flow across the system, manage any challenges and share learning.
- 2.12 As anticipated most patients were taken to their closest HASU in Sheffield, Doncaster or Mid Yorkshire for their urgent stroke care, from which they were either discharged directly home, home with early supported discharge and/or community stroke services or transferred back to their local hospital of either Rotherham Hospital or Barnsley Hospital for their ongoing acute stroke care and inpatient rehabilitation.
- 2.13 Most Rotherham patients were either taken to Sheffield or Doncaster and most Barnsley patients were taken to either Wakefield or Doncaster as expected.
- 2.14 Stroke teams across SYB and Mid Yorkshire worked together closely with the Yorkshire Ambulance Service to ensure that patients were transferred back to Rotherham or Barnsley after their initial urgent specialist stroke care in a timely way, so that their ongoing care and support was closer to home in a place that best meets their needs.

### **3. 2020 Progress Update - HASU**

- 3.1 The model is being delivered in accordance with the HASU service specification and providers are working to meet all expectations of this within agreed timescales.
- 3.2 Patient flows to HASU units in Wakefield, Doncaster and Sheffield are as expected. All units are working together closely to ensure timely transfer of patients after their urgent specialist stroke care back to Rotherham Hospital or Barnsley Hospital for ongoing care and support if required. Some Barnsley patients are being transferred to Kendray Hospital, Barnsley for rehabilitation directly from HASU as expected. Some patients are being successfully discharged directly home with local follow up for community rehabilitation and Stroke Consultant Review.

- 3.3 Since enacting the changes, a total of 333 Rotherham and Barnsley stroke patients have received their HASU care in Sheffield, Wakefield and Doncaster. Work is ongoing to monitor patient flow and patient activity numbers.
- 3.4 A dashboard has been developed which will allow patient activity and flow through the pathway to be reported. Contracting teams have been working with providers to implement use of the dashboard and this will be in place in the coming months.
- 3.5 Feedback from patients and their families to staff on the ground continues to be positive. All partners continue to be committed to realising the full benefits for patients. Going forward there are plans to gather feedback from patients and families and staff to enable continuous improvement. A patient engagement plan is under development by the SYB Stroke Hosted Network to gather comprehensive feedback.
- 3.6 There have been positive examples where patients who have accessed their HASU care at Sheffield have received Thrombectomy as a result of this and had excellent outcomes. These cases have had reduced disability as a result of their treatment and have been successfully discharged home to live independently.
- 3.7 There have been some challenges in the repatriation of patients from Sheffield to Rotherham. Any delays are captured and resolved by providers via the daily teleconference call.
- 3.8 A quarterly regional delayed repatriation report is in use which captures any delays and will support the reimbursement mechanism for Trusts. This commenced in Quarter 3 2019/20.
- 3.9 In Quarter 3, there were five cases where repatriation from Sheffield to Rotherham was delayed. Of these, two patients were discharged directly home and three were repatriated to Rotherham Hospital. The longest delay was 5 days and the shortest delay 1 day. The median delay was 2 days. In all cases providers worked together to resolve the delays.
- 3.10 In Quarter 3, there were no reported delays in repatriation for Barnsley patients.
- 3.11 Providers are working well together to resolve any delays and these are being discussed at both the daily and weekly check in calls where joint actions are agreed.

#### **4. 2020 Progress Update – Stroke Hosted Network**

- 4.1 The SYB Stroke Hosted Network was launched in January 2020 and is hosted by Sheffield Teaching Hospitals NHS Foundation Trust. The Network Team consists of Senior Clinical and Managerial multi-disciplinary leaders from across SYB and has support from a Workforce Lead, Data Analyst and Administrator.
- 4.2 The SYB Stroke Hosted Network is building on the work to date to bring together all key partners to embed the changes to hyper acute stroke services. Together with commissioners it is monitoring the delivery of the new HASU model, including key performance indicators, activity, patient flows and all aspects of quality to enable us to realise the full benefits for patients.
- 4.3 The SYB Stroke Hosted Network is focusing on reducing unwarranted variation in care through the development and application of consistent clinical guidelines, take a strategic and collaborative approach to workforce planning and explore the opportunities to take an innovative approach to improve care delivery. The Network's work programme will go beyond just hyper acute stroke services and will focus on the whole stroke pathway, from prevention through to living with stroke
- 4.4 The SYB Stroke Hosted Network is aligning to the Integrated Stroke Delivery Network (ISDN) Specification as described in the NHS Long Term Plan and is working to the agreed national timeframe for this.
- 4.5 The SYB Stroke Hosted Network Governance arrangements and infrastructure have been agreed. There is an Integrated Stroke Delivery Network (Stroke Hosted Network) Steering Group (ISDN Steering Group) now in place which is the key decision-making and oversight forum for the Network. It is accountable to the Acute Federation (AF) CEOs for its actions and is Chaired by the Director of Strategy and Planning at STH.
- 4.6 The ISDN Steering Group includes members from across SYB, Wakefield and Chesterfield representing the whole SYB stroke pathway. The Stroke Association are a key member of the group and will ensure that the voice of patients and their families is represented.
- 4.7 The first ISDN Steering Group took place on 3<sup>rd</sup> March 2020 with excellent representation from all key partners across the stroke pathway.
- 4.8 The ISDN Steering Group began to consider the work programme priorities for the Network and these will be shaped collaboratively with key stakeholders from across the Region. These will align with the National ISDN priorities but will be developed within the local SYB context. Learning from the recent

Getting It Right First Time and Sentinel Stroke National Audit Programme (SSNAP) was shared.

- 4.9 As part of the Network infrastructure a number of Regional Network Groups have been agreed and have begun to meet for the first time in March 2020. These will be critical to the development and implementation of the work programme. They will receive direction from and report progress to the ISDN Steering Group.
- 4.10 The easy read patient leaflet, which was developed in conjunction with patients and their families across SYB, has been developed further and was presented at the first ISDN Steering Group with group offering their approval pending a minor change.

## **5. Next Steps**

- 5.1 The Network will continue to support ongoing development of the HASU pathway and monitor progress as part of its work programme.
- 5.2 The Network will be one of the vehicles through which we will work together in future to plan and implement the commitments in the NHS Long Term Plan for Stroke.
- 5.3 Patient and carer engagement will play a key role in the Network and this will utilise / build upon existing forums that exist across the region.
- 5.4 There will be a SYB HASU Review Group convened in May 2020 to share learning from the new pathway, evaluate patient flows, performance and agree any further actions required to develop the HASU Pathway specifically.
- 5.5 Over the coming months the SYB Stroke Hosted Network will agree a new work programme in line with the NHS Long Term Plan and local priorities.

## **6. Recommendations**

**The JHOSC is asked to note:**

- 6.1 The ongoing successful implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care.
- 6.2 The positive initiation of the SYB Stroke Hosted Network.

