

Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 28th July 2020

Report of: Jaimie Shepherd

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

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Summary:

- The South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke unit (HASU) care was successfully enacted in 2019 and is being delivered in accordance with the HASU service specification. 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 590 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 latest Sentinel Stroke National Audit Programme (SSNAP) report suggests that all HASU's are offering high quality services to patients as achieving A and B SSNAP level scores.
- 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
- During the COVID-19 incident the pathway has been sustained and delivered in line with the HASU service specification. There has been some reduced demand for stroke beds within SYB as a whole but this is now returning to normal levels. Strong links have been established between the Network and national stroke leaders which has ensured that NHS England guidance on stroke services during COVID-19 has been followed within SYB.

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	X
Other	

The Scrutiny Committee is being asked to:
Consider the recommendations of the report.

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

July 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. The paper will also offer some information on how services had been sustained and adapted in response to the Covid-19 incident.

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 and to the NHSE guidance on recovery of Mechanical Thrombectomy services following the Covid-19 incident.
- 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 1st July 2019
 - Barnsley HASU to ceased on 1st 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 generally as expected, though flows into Doncaster are lower than anticipated. 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 590 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. However, full implementation of the dashboard has been delayed due to the Covid-19 incident. The contract lead is exploring whether this can now be resumed in the recovery phase.
- 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 Stroke Services nationally participate in the Sentinel Stroke National Audit Programme (SSNAP) where every patient is entered onto a clinical audit web tool. Each quarter results are collated and services receive level scores to indicate the quality of their services. Each

team receives an overall SSNAP level score and scores across 10 clinical Domains (covering 44 key indicators). Scores range from A as the highest and E as the lowest.

- 3.8 In the recent Quarter 4 SSNAP report, January 2020-March 2020, all the HASU Units receiving SYB patients received high level scores indicating high quality and high functioning services. Sheffield HASU achieved an A, Doncaster HASU an A and Wakefield HASU a B. This suggests that patients across SYB, including those in Barnsley and Rotherham, are receiving high quality stroke services at the HASU's.
- 3.9 The SYB Stroke Hosted Network will be monitoring SSNAP performance on an ongoing basis to help drive and monitor improvements. 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. A quarterly regional delayed repatriation report is in use which captures any delays and there is a clear mechanism in place to manage these. This commenced in Quarter 3 2019/20.
- 3.10 Repatriation delays have occurred for only 37 of the 590 Rotherham and Barnsley stroke patients who have accessed the HASU pathway. The median repatriation delay for the 37 patients was 2 nights. Providers are working well together to resolve any delays that do occur and these are being managed via the daily calls where joint actions are agreed. A review meeting is being convened on 20th July 2020 where all providers will review, discuss and explore key learning in relation to patient flow and agreed processes.

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. The Network has submitted its application to transform into an ISDN.

- 4.5 The SYB Stroke Hosted Network Governance arrangements and infrastructure have been agreed. There is a Steering Group in place which is the key decision-making and oversight forum for the Network. It is accountable to the Acute Federation (AF) Chief Executive Officers for its actions and is chaired by the Director of Strategy and Planning at STH. There are also a number sub groups in place which will be critical to the development and implementation of the work programme
- 4.6 The 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 Steering Group took place on 3rd March 2020 with excellent representation from all key partners across the stroke pathway. The group met for a second time on 9th June with a focus on the activity of the network during the Covid-19 incident, sharing learning and developing work programme priorities. All sub groups have been active during the Covid-19 incident. The Network has supported all providers during the incident, supporting system wide problem solving and response to the incident.
- 4.8 The Steering Group has been supporting the development and agreement of the work programme priorities for the Network. These have been shaped collaboratively with key stakeholders from across the Region. The priorities are being aligning with COVID-19 recovery plans, National ISDN priorities and SYB system priorities. Learning from the Getting It Right First Time programme and Sentinel Stroke National Audit Programme (SSNAP) has helped to inform the Network where to focus.
- 4.9 The easy read patient leaflet, which was developed in conjunction with patients and their families across SYB, has been developed further and was approved at the first ISDN Steering Group.

5 SYB Stroke Services and Covid-19 Incident

- 5.1 Early in the Covid-19 incident the Stroke Hosted Network adopted a lead role in supporting all Providers to collaboratively manage the challenges created for stroke services by the incident. This involved engaging with national and regional leaders, clinicians and managers.
- 5.2 There was a national concern that services may need to rapidly implement changes to stroke patient pathways in order to accommodate the additional demand on services as a result of Covid-19. Within SYB, providers worked together to explore the impact on stroke services and consider any adaptations required. This involved the translation of NHS England Guidance on Stroke Services during Covid-19 into practice and working within the agreed command and control structure.

- 5.3 The SYB model of Hyper Acute Stroke Care has been sustained throughout the Covid-19 incident and patients have continued to receive high quality stroke care. Thrombolysis and Mechanical Thrombectomy pathways have been maintained throughout the incident. Out of Hours contingency plans for Thrombolysis were strengthened in readiness for any issues with clinician cover but these issues did not arise.
- 5.4 Demand and capacity has been monitored throughout the incident. Patient flow has been maintained and services quickly adopted new processes for receiving repatriations to ensure delays did not occur. Across SYB, there has been some reduction in patients presenting with stroke during the Covid-19 incident which is in keeping with the national picture. However, stroke admissions have now begun to return to normal levels and organisations used clear communications messages to the public to encourage them to access stroke services.
- 5.6 Rapid discharge pathways emerged during the Covid-19 incident in order to maintain patient flow and minimise length of stay where appropriate. Early Supported Discharge and Community Stroke Rehabilitation Teams rapidly introduced the use of remote technology to provide rehabilitation.
- 5.7 SYB Stroke Community Rehabilitation Guidance was developed by the Stroke Hosted Network in collaboration with key stakeholders to support the adaptations required to services as a result of Covid-19, including the prioritisation and provision of rehabilitation.
- 5.8 These measures all helped to ensure that there was adequate bed capacity for stroke patients in hyper acute, acute and rehabilitation settings throughout the incident.
- 5.9 Clinicians are now confident that all patients in need of support, who did not present to hospital initially with their stroke during the peak of the incident, will have now presented to services through primary care and community stroke teams.
- 5.10 TIA services have been adapted during the Covid-19 incident to reduce face to face attendance at hospital with rapid triage and remote assessment being offered using telephone or video calls. Clinics have been relocated to reduce the risk of transmission and exposure to Covid-19. Priority investigations have been completed in a 'one stop' approach wherever possible.
- 5.11 Stroke review clinics have been offered more remotely to reduce unnecessary hospital attendances and services have been collecting patient experience data at reviews to capture learning.
- 5.12 The SYB Stroke Hosted Network have been capturing learning from the Covid-19 incident through case studies, workshops and sub group discussions. Work is underway to capture learning from patients and their carers through telephone interviews and focus groups.

6. Next Steps

- 6.1 The SYB Stroke Hosted Network will continue to support ongoing development of the HASU pathway and monitor progress as part of its work programme. The SYB Stroke Hosted Network will develop an evaluation report in collaboration with providers and commissioners focusing on the SYB model of HASU care
- 6.2 A review meeting is planned for 20th July 2020 where all providers will review and discuss patient flow across the SYB model of HASU care. The group will review data, delays, current patient flow processes and share learning. Actions from this will be taken forwards by the Stroke Hosted Network and Providers.
- 6.3 The SYB Stroke Hosted 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 along with the recovery plans for Covid-19.
- 6.4 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.
- 6.5 The SYB Stroke Hosted Network will finalise and agree the work programme for the network in line with the NHS Long Term Plan, recovery from Covid-19 planning, provider and regional priorities.

7. Recommendations

The JHOSC is asked to note:

- 7.1 The ongoing successful implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care and that the pathway has been sustained throughout the Covid-19 incident. The latest SSNAP results suggest that patients in SYB are continuing to receive high quality stroke care.
- 7.2 The positive initiation of the SYB Stroke Hosted Network and its proactive role in sustaining and adapting stroke services during the Covid-19 incident in response to national guidance.

