

Update – Hyper Acute Stroke Services

HEALTH EXECUTIVE GROUP

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Tuesday 9th July 2019

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| Is your report for Approval / Consideration / Noting | |
| To note | |
| Are there any resource implications (including Financial, Staffing, etc.)? | |
| N/A | |
| Summary of key issues | |
| <ul style="list-style-type: none"> All providers are on track to deliver the new HASU model as per the agreed implementation dates and the changes in Rotherham have been enacted as planned on 1st July. The 'Regional Stroke Patient Flow Policy' has been developed through the HASU Implementation Group and has been signed off through appropriate internal governance by all Trusts directly involved in the changes. Work has been initiated to look at how best to enable the changes to hyper acute stroke services to become managed as business as usual within the South Yorkshire and Bassetlaw Integrated Care System. | |
| Recommendations | |
| <p>The HEG is asked to note:</p> <ul style="list-style-type: none"> Plans are on track to deliver the new HASU model as per the agreed implementation dates and the changes in Rotherham have been enacted as planned on 1st July. The 'Regional Stroke Patient Flow Policy' has been signed off by all Trusts directly involved in the changes and will be reviewed as agreed as we progress implementation. | |

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1. Purpose

- To update the Health Executive Group on the progress to implement the changes to hyper acute stroke services and to share the 'Regional Stroke Patient Flow Policy', which has been signed off by appropriate internal governance in all Trusts directly involved in the changes.

2. Update on Implementation

- The following implementation dates were agreed at the HASU Implementation Group in February 2019 and confirmed at the Acute Federation in March 2019.
 - The Rotherham HASU will cease to operate on 1st July 2019
 - The Barnsley HASU will cease to operate on 1st October 2019
- All providers confirmed at the June HASU Implementation Group that they were on track to deliver the changes as per the agreed implementation dates, and the changes were enacted in Rotherham as planned on 1st July.
- System wide comms have been developed to support the implementation including key messages, tailored for different audiences and a press release. All public facing comms can be found here - <https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service>>
- In order to successfully commission the changes and contract for the new HASU model Sheffield Clinical Commissioning Group (SCCG) acted as the Contract Coordinator, and led the development of the contract documentation to enable a consistent approach. Commissioners also worked together to develop a monitoring framework to monitor patient flow, activity, key performance indicators and quality requirements. The contract documentation includes a Service Development improvement Plan (SDIP) with milestones tailored to each HASU to enable them to demonstrate progress towards delivering the full specification in 2 years.

- Commissioners also reached agreement with YAS on the level of investment required to secure the additional transport requirements for the new model and the mechanism through which to vary the investment into contracts. In addition to working with YAS to finalise contract variations a letter was sent to confirm that we have finalised all substantive matters, this has been positively acknowledged by YAS.
- *A more detailed summary of the work undertaken to commission, contract and agree the financial arrangements for the new model is in appendix 1.*
- Simultaneously providers have worked together through the HASU Implementation Group chaired by Dr Richard Jenkins, with representation from all Trusts, the ambulance service and the Stroke Association. This group has met monthly and provided oversight of implementation, coordinating capital/estates plans, workforce planning/recruitment and operational plans.
- Recruitment plans are on track with Sheffield Teaching Hospital having successfully recruited additional nursing and therapy staff and secured changes to medial rotas. Sheffield and Rotherham Hospital have successfully recruited a joint Consultant post due to start in September. Doncaster and Bassetlaw Hospital is currently out to recruitment for nursing and therapy roles, and a joint Consultant post with Barnsley Hospital.
- All capital/estate changes are on track, including work at Mid Yorkshire Hospital ahead of enacting the changes in Barnsley on 1st October.
- Mid Yorkshire Hospital continues to make good progress to implement their action plan to drive quality improvements. Through this they have secured improvements in their in hospital stroke mortality.
- The HASU Implementation Group collaboratively developed a Regional Stroke Patient Flow Policy and this has been signed off through appropriate governance by all Trusts directly involved in the changes. It is enclosed as appendix 3. The plan is to review together initially in September 2019.
- There are a number of other organisations we are in the process of sharing the Patient Flow Policy that are not directly involved in the changes, but are peripherally and have been engaged in dialog with us, including Chesterfield Royal Hospital and East Midlands Ambulance Service.
- In addition to the Regional Patient Flow Policy an SYB/MY Directory of Services has been developed, a Regional SYB TIA referral form and a Standard Operating Procedure for a daily teleconference call. The purpose of

this call is to provide oversight of communication across the region to facilitate cross boundary patient flows. A patient information leaflet has also been developed through dialog with patient groups and the Stroke Association.

- *An updated summary of the detailed progress by providers to implement the new model is in a table in appendix 2.*
- As we progress implementation of the new HASU model consideration is now being given as to how best to enable the changes to hyper acute stroke services to become managed as business as usual within the South Yorkshire and Bassetlaw Integrated Care System.
- This will include managing an effective transition for ongoing commissioning, contracting and financial arrangements and operational delivery. It is anticipated that the latter will be through the development of the Stroke Hosted Network.
- The transition will need to ensure that across the system we continue to identify, manage and mitigate risks as we fully implement and embed the new model to enable it to become business as usual.
- There will need to be an ongoing focus on ensuring that we work together to realise the anticipated benefits of the new HASU model.

3. Risks

- A summary of the high level risks can be found in a table in Appendix 3. A full risk register is regularly shared with the HASU Implementation Group and it has been possible to reduce the risk scoring on a number of fronts as we have effectively managed or mitigated them throughout the process so far.

4. Recommendations

The HEG is asked to note:

- Plans are on track to deliver the new HASU model as per the agreed implementation dates and the changes in Rotherham have been enacted as planned on 1st July.
- The 'Regional Stroke Patient Flow Policy' has been signed off by all Trusts directly involved in the changes and will be reviewed as agreed as we progress implementation.

Appendix 1: Update Commissioning, Contracting and Financial Arrangements

| | Progress | Next Steps |
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| Commissioning and Contracting | <ul style="list-style-type: none"> • SCCG lead/contract coordinator and approach to work through existing contracts agreed Sept 2018 • Joint letter of intent sent on behalf of JCCCG November 2018 to signal intent to commission/contract new model. • Neighbouring CCGs informed of plan for the new SYB HASU model via letters at the end of 2018 and again June 2019. • Final specification shared formally with the letter of intent • Key performance indicators reviewed in light of current performance and plans to incentivise • Monitoring dashboard drafted to include KPIs, activity, patient flow monitoring, quality (patient feedback etc) • Service Development Plan (SDIP) developed. • RCCG and BCCG issued contract notice • SCCG contract coordinator developed contract documentation to ensure consistent approach and CVs in process. • Advice sought via the SYB Citizens Panel on the best way to enable meaningful engagement in the next phase. Patient leaflet finalised. • NHSE informed of likely changes to onward referral pathways for vascular and neurosurgery as advised by Clinical Quality Group, anticipate minimal flow changes. | <ul style="list-style-type: none"> • Dialog required to manage transition into commissioning as 'business as usual'. • Monitoring framework/dashboard to be implemented, with CCGs to work together to gather/review info as per MOU. • Ongoing dialog re SDIP(s) and progress to deliver against milestones in a coordinated way. • Work with providers to monitor the transition to the new model, patient flow and activity. |
| Financial arrangements | <ul style="list-style-type: none"> • Joint approach to develop HASU tariff via task group. • Proposed HASU tariff value shared with providers mid Oct, followed by CCG & Trust impact assessments. • SYB ICS Executive Group agreed transition funding (£200k per HASU) and additional funds for Mid Yorkshire Hospital to convert to capital in January 2019. Funds invoiced for. • Formal HASU Tariff Offer, including base tariff, incentivised KPI's and transition funding shared with HASU providers 23/1, discussed tariff task group 24/1. Feedback requested by 15/2, slippage due to competing prioritise. • HASU Tariff included in contract documentation. • Work undertaken on proposed financial reimbursement mechanism. • CCG CFOs and deputies regularly updated. • CCGs progressing individual discussions re ASU funding | <ul style="list-style-type: none"> • Finance Task and Finish Group to meet again in circa 12 months, if not required before. |

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| Yorkshire Ambulance Service | <ul style="list-style-type: none"> • Quality impact assessment jointly reviewed • Met 2/8 to confirm assumptions and clarify cost drivers. • Joint understanding of cost drivers, including turnaround times, vehicle utilisation, staff utilisation, shift allowances • YAS updated costings, further joint work. • Detailed update provided for CFOs. • Level of investment agreed with YAS, into 999 and PTS contracts | <ul style="list-style-type: none"> • Monitoring patient flow/activity via monitoring framework to inform |
| Mid Yorkshire Hospital | <ul style="list-style-type: none"> • Correspondence with Mid Yorkshire (MY) identified issues and areas of concern, detail worked through. • Mid Yorkshire Hospital identified as an outlier for in hospital stroke mortality (SSNAP 2016/17). • Dr Rudd visited Sept 2018, confirmed delivery of safe and effective stroke care and well placed for SYB patients. • MY developed an action plan to progress Dr Rudd's recommendations. • Agreed JCCCG will be updated on progress with delivery of the MY action plan via WCCG. WCCG Quality Lead assured work progressing, mortality rates decreasing and now within control limits. • MY In Hospital Stroke Mortality improving, now not statistically different to the national average. • Monthly meetings between MY Hospital and Barnsley Hospital. | <ul style="list-style-type: none"> • Ensure JCCCG subgroup continue to be updated on MY progress to deliver their action plan ahead of October. • Continue monthly meetings between Barnsley Hospital and Mid Yorkshire Hospital. |

Appendix 2: Update Provider Implementation Planning

| | Progress | Next Steps |
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| HASU Implementation Group | <ul style="list-style-type: none"> HASU Implementation Group established December 2018, chaired by Richard Jenkins (Provider Development Lead). Group has representation from all Trusts, the ambulance service, lead commissioner (TBC) and the Stroke Association. TOR agreed. Accountable to the Acute Federation. Meetings scheduled monthly. Sub groups, Clinical Quality, Post HASU Pathway established, workforce to be progressed through HASU Implementation Group. Group agreed HASU Implementation dates in February 2019. Group providing oversight of SYB HASU Implementation plan, coordinating capital/estate plans, workforce planning/recruitment and operational planning. All confirmed on track for the agreement implementation dates at June HASU Implementation Meeting. Regional Patient Flow Policy finalised and signed off by all Trusts directly involved and the ambulance service. Daily teleconference call SOP developed and call established. Monthly comms briefs developed and a 'pre go live comms' pack. | <ul style="list-style-type: none"> Formally share the Regional Stroke Patient Flow Policy with neighbouring Trusts. Review the Regional Stroke Patient Flow Policy as agreed post implementation in Rotherham after a month/three months. Thereafter Hosted Network to maintain. Collectively manage identified issues upon enacting the changes in Rotherham and ensure learning shared ahead of changes in Barnsley. Develop business continuity plans for the new model. Build on the collaborative work to enable development of the Stroke Hosted Network. |
| Workforce planning | <ul style="list-style-type: none"> All Trusts finalising workforce plans – requested to share. Lead HR Director in place to provide oversight and ensure consistent HR advice. JDs developed for joint medical posts, Sheffield and Rotherham, Doncaster and Barnsley. Sheffield/ Rotherham post successfully recruited and Doncaster and Barnsley post out to advert. Changes to medical rotas enacted in Sheffield. STHFT successfully recruited non medic roles, nurses and AHPs. DBTH currently recruiting. MY full complement SNPs. Staff potentially affected identified in Barnsley and Rotherham and no TUPE implications identified. SYB Staff Partnership Forum and local staff side briefed. Stroke Workforce Role, HEE funded 12 mths commenced. | <ul style="list-style-type: none"> Support recruitment, particularly DBTH and joint medic post with Barnsley Hospital. Support new Stroke Workforce role (HEE funding for 12 months) and bring into the Stroke Hosted Network. |
| Clinical Quality Group | <ul style="list-style-type: none"> Clinical Quality Group chaired by Dr Pete Anderton meets monthly. Regional SYB TIA referral form developed and agreed. Patient leaflet informed by clinicians, patient groups and the Stroke Association developed and agreed. ICS supported first print run. | <ul style="list-style-type: none"> Continue to progress work as agreed on clinically related tasks, including reviewing the SYB thrombolysis checklist/protocol. Progress the plan to change the telemedicine rota and procure |

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| | <ul style="list-style-type: none"> Onward referral pathways for vascular surgery and neurosurgery agreed. Dialog ongoing with ED teams – slide set developed to support Work ongoing to review SYB thrombolysis checklist/protocol Work ongoing to review the telemedicine rota and progress plans to procure new telemedicine equipment. | <p>new equipment.</p> <ul style="list-style-type: none"> Build on the Clinical Quality Group to develop a broader Clinical Reference Group for the Stroke Hosted Network that will drive clinically focused quality improvement work. Work with commissioners to monitor the transition to the new model and broader evaluation. |
| Post HASU Pathway | <ul style="list-style-type: none"> Developed from the Rehabilitation Group/TOR agreed. Transfer of Care Forms finalised and included in the Regional Stroke Patient Flow Policy. Directory of Services finalised (NB – live document) Work undertaken to understand and agree processes for onward referral routes, including social care and equipment – with an initial focus on Rotherham. | <ul style="list-style-type: none"> Review the Directory of Services in September 2019 ahead of enacting the changes in Barnsley. Thereafter support the Hosted Network to maintain. Collectively manage identified issues upon enacting the changes in Rotherham and ensure learning shared ahead of changes in Barnsley. Continue work to understand and agree processes for onward referral routes, including social care and equipment – with a focus on Barnsley. |

| Appendix 3 Summary High Level Risks | | | |
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| Risks | Pre-mitigati on RAG | Post-mitigati on RAG | Mitigating Action |
| Delivery timeline – Although the JR was not granted it resulted in significant time where it was not possible to take any irreversible steps. Subsequently there has already been timeline slippage and there is a risk that the delivery timeline could slip even further into 2019/20. | 15 | 12 | In order to mitigate the risk work is underway with providers to enable implementation planning – via the HASU Implementation Group. Implementation dates were agreed 18/2. The changes have been enacted as planned in Rotherham and are on track for Barnsley and as such the risk of further slippage has been mitigated. |
| Fragility of existing provision – There is a risk that fragile services in Barnsley will find it increasingly difficult to operate as timescales are extended and they may need to enact unplanned service change. | 15 | 12 | The model has already been implemented in Rotherham from 1/7. A divert is in place for Barnsley residents eligible for thrombolysis. Trusts will continue to work closely though out this transition period and contingency arrangements are in place. |
| Financial - There was a risk that it may not be possible to agree local tariff arrangements and providers may not have been able to agree internal business cases. Upon implementation there are financial risks for both providers and commissioners, in relation to assumptions. | 12 | 9 | The HASU Tariff has been captured in contracting arrangements. Transition funding was agreed and has been utilised by Trusts. |
| Operational – There are a number of risks associated with operationalising the model, including providers securing the skilled workforce (medical cover, specialist nurses and ward nurses), ensuring sufficient capacity for CT scanning and impact on other services (if displaced). There is a risk that if quality issues are not resolved Mid Yorkshire Hospital may not be in a position to accept additional patients as part of the new model (for more detail see full risk log). There is a risk that without cross organisational capacity to progress collaborative actions providers will be unable to deliver the new model. There is also a risk if the additional transport requirements are not sufficiently secured or mobilised. | 16 | 12 | To mitigate the risk around the medical workforce a joint post STHFT/TRFT has been recruited and DBTH and BHFT are out to advert. The capital bid for a CT Scanner for Doncaster was approved. MY have had a positive visit from the National Clinical Director for Stroke to review both quality and efficiency of their service. MY is making good progress with their action plan and in hospital stroke mortality has improved. To mitigate the risk around collaborative mobilisation a HASU Implementation Group is well established and Richard Jenkins is the chair in his role as SYB Lead for Provider Development. |

