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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 3 September 2021

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 13 September 2021** in the Council Chamber, County Hall, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Yours faithfully

Helen E. Barrington

Helen Barrington
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence (if any)

2. To receive declarations of interest (if any)

3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 12 July 2021 (Pages 1 - 8)

4. Public Questions (30 minutes maximum in total) (Pages 9 - 10)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda.)

5. Chesterfield Royal Hospital Hyper Acute Stroke Unit Review (Pages 11 - 26)

6. Update from the Planned Recovery (Pages 27 - 42)

7. Committee Work Programme

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MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held remotely on MS Teams on 12 July 2021

PRESENT

Councillor J Wharmby (Chairman)

Councillors E Fordham, D Muller (substitute), D Murphy (substitute), G Musson, L Ramsey, P Smith, A Sutton

Apologies were received from Councillors D Allen, M Foster and P Moss

Also in attendance virtually were Andy Harrison, Director at Derbyshire Healthcare NHS Foundation Trust and Mike Goodwin, General Manager, Mike Hammond, Strategic Improvement Programme Manager and Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust.

11/21 **MINUTES** **RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 8 March 2021 be confirmed as a correct record.

12/21 **PUBLIC QUESTIONS** There were no questions from the public.

13/21 **PLANNED CARE UPDATE** Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust provided information on the planned care restoration and recovery following the coronavirus pandemic.

Supporting the recovery of the workforce remained the top priority, given the importance of its health and wellbeing and the impact on the delivery of the restoration and recovery plans. Processes continued to clinically prioritise treating and reviewing patients and managing harm, whilst continuing to maximise the use of the NHS and independent sector capacity to recover as quickly as possible.

A number of slides were shown, explaining data around the recovery plans in both hospitals. The re-instatement of operating theatre capacity was on target, with a proposed increase from 6 to 11 within a week at Chesterfield Royal, and elective care activity was on the rise.

Information was also shared around waiting times for new patients, follow-up and elective surgery, comparing figures pre- and post-Covid. Priority was being given to new patients on a clinical need with the adoption of a different method of coping with waiting lists following national guidelines. The Committee found these figures concerning, especially for ophthalmology, where

cases were at a level which would need increased capacity to deal with the backlog and the addition of new patients going on the lists.

Plans remained on track for the surgical backlogs of patients requiring surgery within one month to be restored to normal levels by the end of the month. Plans had been established to recover surgical backlogs for patients requiring surgery within three months to be restored to normal levels by the end of September 2021. On-going clinical reviews of all patients on the waiting list over three months were being maintained as was detailed speciality level recovery plans for services and collaborative working to equalise waiting lists and maximise use of available capacity across the system. Focus on management of referrals which supported the recovery of the backlog was continuing.

Members asked a number of questions around the reality of achieving these targets for both the re-instatement of the operating theatres and reducing waiting lists, data comparison and risks.

RESOLVED – Joined Up Care Derbyshire to update the Committee on the re-instatement of operating theatres and more information on the prioritisation methodology and the impact this was having on waiting lists, to be provided at the next meeting in September.

14/21 IMPROVING MENTAL HEALTH INPATIENT FACILITIES Andy Harrison and Mick Burrows of Derbyshire Healthcare Foundation Trust outlined proposed changes to local inpatient mental health services, which offered an opportunity to transform the facilities currently available in Derbyshire and bringing local mental health inpatient services in line with national expectations.

The level of investment being allocated to Derbyshire to make these improvements was £80m, to be split equally between a development in Derby and a new facility at the Chesterfield Royal Hospital site. An application for funding had been made to NHS England and Improvement.

The report outlined the updated plans, which had received initial support from NHS England and Improvement. These changes were expected to be made quickly, to improve privacy, dignity and the overall patient experience of people receiving inpatient care for their acute mental health needs so it was important to work at pace to implement the changes required and gain to access the funds available within the funding timescale.

There were currently two acute inpatient services for adults of working age – the Hartington Unit based on the Chesterfield Royal Hospital site and the Radbourne Unit based on the Royal Derby Hospital site. The Trust had identified that the current estate did not comply with current regulatory and legislative requirements. The Care Quality Commission (CQC) had also recommended actions to improve the estate and, given the significant level of

investment required, these changes could not be funded by the local health care system. This substantial investment from NHS England and Improvement would ensure national requirements were met across Derbyshire.

The report went on to detail the current facilities of both the Hartington and Radbourne units, the latter of which also provided an Enhanced Care Ward (ECW) which provided a slightly higher level of clinical support as there was no Psychiatric Intensive Care Unit (PICU) in the county, to support local people with the most acute mental health needs. Current arrangements required people to travel outside of the area to access an appropriate PICU bed which was not ideal for the patient or the important contact and support that can often be found in regular interaction and visits from family and friends.

Plans of the sites were shown - at Chesterfield, a new 54 bedded facility with single rooms, across three wards, with flexibility to support men, women and non-binary patients and at Kingsway, a new 54 bedded male facility, across three wards. The Trust was also seeking support from the Joined Up Care Derbyshire system for local capital funding for the refurbishment of the existing Radbourne Unit in Derby to provide 34 female single rooms, across two wards, and complete eradication of dormitory wards and a development at Kingsway Hospital for up to eight new beds in an 'acute plus' facility for women and a new Psychiatric Intensive Care Unit for 14 men. It was noted that no beds would be lost in this development.

Audrey House, a ten-bed rehabilitation facility at Kingsway Hospital, was likely to be used as an interim de-cant facility to facilitate the rest of the programme. This site was not currently being used for clinical purposes due to less beds being needed to meet the demand for inpatient rehabilitation services. It also had potential for the new female 'acute plus' facility, offering up to eight beds.

This was a very positive development which would greatly enhance the acute mental health care currently provided in Derby and Derbyshire, with no reduction in service. Engagement with the service user forum EQUAL continued and a dedicated session had been held. Engagement with wider internal and external stakeholders, public and other interested parties would be begin later in this summer.

The Committee recognised that the project had to move at pace to achieve the grant spend by March 2024 and that facilities for elderly/frail patients were subject to a separate review.

RESOLVED – to bring further details of the elderly/frail facilities to the September or November Committee meeting.

15/21 **LONDON ROAD COMMUNITY HOSPITAL WARD 1** Sharon Martin, Chief Operating Officer presented a paper in support of the temporary

changes to the services provided at Ward 1 at London Road Community Hospital (LRCH) in Derby which would see the ward's current mental health inpatient services move to the Kingsway Hospital site so that the ward could accommodate urgently needed cancer and Lymphoedema services.

Ward 1 was an 18-bedded in-patient ward with the ability to increase to 20 beds and was operating with 17 beds in order to adhere to 'COVID secure' guidelines. The ward had a mix of single and shared rooms, gender-specific, with en-suite facilities for treating older people with mental health conditions such as depression, anxiety and psychosis.

As a result of University's Hospitals Derby and Burton's (UHDB) recovery and restoration programme following the COVID-19 pandemic, 'COVID secure' requirements meant that temporary changes were needed in terms of how healthcare providers used their estate. Ward 1 would be used for the recovery of UHDB's cancer service along with other outpatient activity.

Whilst the Lymphoedema team had worked hard to manage the risk, clinical safety and outcomes through virtual consultations, there was a clear need to see some patients face to face in order to measure the deterioration of the patient's condition, train patients in the correct application of compression garments and in order to avoid admission of acutely unwell patients. It was estimated that around 25-30 patients were considered particularly urgent cases and at risk of needing admission. The use of Ward 1 would allow UHDB to safely bring the priority patients back into clinic, whilst continuing with the virtual clinics for the patients that do not need to attend in person.

Tissington House, an 18-bed modern facility remained vacant at Kingsway Hospital in Derby following a reduction in demand for specialist dementia in-patient care thanks to the introduction of community services such as the Dementia Rapid Response Teams. Tissington House would offer a calmer, more specialised healthcare environment for patients currently cared for at Ward 1.

Before the COVID-19 pandemic, a plan for a consultation on the relocation of older people's mental health services from LRCH to Kingsway Hospital was developed. Mental health services were provided from two wards (LRCH Ward 1 and Ward 2), however, the introduction of an older people's mental health in-reach and home treatment service, within their home environment, resulted in a reduction in bed demand and Ward 2 was temporarily closed in 2017 and subsequently re-fitted to expand its services in the interim.

The consultation process, due to start in March 2020, was paused due to the restrictions that came into effect with COVID-19. Tissington House was the unit that had been identified as the location for the service. Plans were also made to re-instigate a 60-day consultation process on the proposals.

The Committee was asked to recognise that this temporary move needed to be taken quickly in order to support the prompt restoration of important cancer services. The Committee was also asked to note the longer-term plans for a 60-day consultation to permanently transfer the Ward 1 service to Tissington House at the Kingsway Hospital site; to be brought back to the Committee in due course.

RESOLVED that (1) the Committee recognise the urgent nature of the temporary move to allow the restoration of cancer services; and

(2) a progress report would be provided to the Committee in due course.

16/21 LONDON ROAD TRANSFORMATION PROJECT Mike Hammond of ??? gave the Committee an update on wards 4, 5 and 6 at London Road Community Hospital. This included national discharge to assess definitions, impact of COVID and alternative provision and transformation.

Ward 4, 5 and 6 provided short-term rehabilitation nursing beds. A total of up to 71 beds were available; 22 beds were used by Derbyshire residents, 43 beds by Derby City residents and the remainder were utilised by out of area residents. The out-of-hospital community provision in Derbyshire was categorised in line with the national framework Discharge Pathways 0-3.

An independent review in 2018/19 showed that the numbers of people being discharged home was low, with too many remaining in a hospital bed. Clinical audits in 2019/20 proposed that 79% of patients did not need to be in a Pathway 2 bed. Additional funding was therefore made available to allow discharge to the most suitable environment, including £500,000 into palliative care team, hosted by Heathcare Services to provide patients with help and support in their own homes.

Ward 4, 5 and 6 remained closed, with patient stays being reduced from 22 to 15 days, providing a third more capacity. The service was now looking at the long-term plan and activity was getting back to normal, with patients receiving care in line with the national and local guidance, however the service was still being fine-tuned. A committed team of clinicians, rapid response teams and the recruitment of highly skilled individuals had helped rationalise processes now in place.

RESOLVED - that the Committee receive a progress report on the Discharge Pathway to the next Committee meeting.

17/21 HEALTHWATCH DERBYSHIRE – OVERVIEW OF WORK Helen Henderson-Spoors, Managing Director of Healthwatch Derbyshire gave the Committee a brief background of the organisation. It was an independent statutory body that provided reliable and trustworthy advice and ensured NHS leaders and providers listened to local feedback on its services. Last year alone,

the Healthwatch network helped nearly a million people to have their say and get the support you need.

COVID had presented a number of challenges and as such the organisation had implemented a Helpline and social media platforms to assist the people of Derbyshire. Other examples of the work done were also listed.

RESOLVED - that the report be noted.

18/21 HEALTHWATCH DERBYSHIRE - VACCINE HESITANCY Helen Henderson-Spoors, Managing Director of Healthwatch Derbyshire gave the Committee a summary of the findings of a survey held around Covid-19 vaccine hesitancy.

In December 2020, the NHS began the biggest immunisation campaign in history as it started the Covid-19 vaccine rollout across the country, managed by the Derby and Derbyshire Clinical Commissioning Group (CCG) in Derbyshire. The majority of people had embraced the vaccine, however others had been hesitant. The aim of the survey was to gain an understanding of why some people did not take up the offer of the Covid-19 vaccine. The information was shared with Joined Up Care Derbyshire(JUCD) and Public Health bodies in Derbyshire which allowed them to provide specific and directed messaging about the vaccine and address the reported concerns.

The main areas of concern for people were how it would affect their own health, possible long-term effects, possible side effects and the effect on existing health conditions. People also wanted to wait and see how the vaccine affected others and were sure that it was safe and effective. Other reasons included needle phobia, previous allergic reaction to other vaccines, mental health and autism challenges, pregnancy and effects on fertility.

Respondents who raised concerns and who were hesitant about having the vaccine were asked if there was anything that would make them change their minds with many giving suggestions as to what might encourage them to take up the offer of the vaccine. These included:

- more research published with testing and results shown/evidenced over a longer period of time;
- clearer information for people to make their decisions that address their concerns;
- choice of vaccine;
- choice of venue to receive the vaccine (in case of emergency or complications with existing condition); and
- learning disabilities and mental health conditions taken into account and patients offered alternative venues or time slots to suit.

RESOLVED – (1) that the report be noted; and

(2) The Improvement and Scrutiny Officer would provide Committee members with a link to Healthwatch Derbyshire's website.

19/21 **COMMITTEE WORK PROGRAMME** The Scrutiny & Improvement Officer reminded the Committee that its work was predominantly driven by transformation of health services proposed by the Derby and Derbyshire CCG and Service Providers. The Committee would develop a work programme which recognised this and also consider any reviews the Committee may wish to undertake.

RESOLVED – Committee members to email the Chair with any ideas for reviews for the Committee to undertake.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.
Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).
It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

13 September 2021

Report of the Derby and Derbyshire Clinical Commissioning Group

Hyper Acute Stoke Services at Chesterfield Royal Hospital NHS Foundation Trust

1. Purpose of the Report

1.1 The purpose of the report is to appraise the Overview and Scrutiny Committee of the provision of the Hyper Acute Stroke Service at Chesterfield Royal Hospital NHS Foundation Trust (Chesterfield Royal Hospital) against the backdrop of the NHS Long Term Plan (2019), the Trust's own internal Stroke Improvement Plan and nationally recognised workforce challenges.

2. Information and Analysis

2.1 The National Stroke Service Model describing the role of Integrated Stroke Delivery Networks was published by the NHS in May 2021 as a response to The 2019 NHS Long Term Plan. The NHS Long Term Plan identified stroke as a clinical priority for the next 10 years. Chesterfield Royal Hospital, along with many other stroke service providers, faces significant challenges in delivering the ambition for stroke.

Chesterfield Royal Hospital has been working hard to improve its stroke services and has developed a Stroke Improvement Plan to respond to the immediate challenges of:

- Staffing and workload

- Improving clinical leadership and presence
- Governance mechanisms

Progress against the improvement plan is monitored internally by the Trust's Quality Delivery Group and Quality Assurance Committee and externally by the Clinical Commissioning Group Quality and Performance Committee, the Joined Up Care Derbyshire Long Term Conditions Board and Derbyshire Stroke Delivery Group.

2.2 The Trust has made significant progress in delivering the improvement plan as reflected by the sentinel Stroke National Audit Programme data; data that measures the quality of stroke care.

Within the improvement plan, increasing doctor presence in line with national recommendations is clearly articulated. The Trust has experienced significant challenges with the recruitment of Consultant Stroke Physicians; the expert clinical workforce required to deliver the hyper acute element of the Stroke pathway. The hyper acute element of the pathway provides the initial investigation, treatment and care immediately following a stroke. Timely clinical intervention directly impacts on the outcome for the patient. Appendix 2 details the Trust's current hyper acute service performance.

As a consequence to the workforce challenges Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the hyper acute element of the stroke service.

2.3 It is recognised that any discussions and decisions regarding the future of the Hyper Acute Stroke Unit at Chesterfield Royal Hospital will have a direct or indirect impact on a number of stakeholders ranging from patients, surrounding Trusts and Ambulance Trusts. Consequently a representative task and finish group has been established.

3. Alternative Options Considered

3.1 The Task and Finish Group have proposed a series of options as part of the appraisal process for consideration. These options will be discussed by key stakeholders at a multi stakeholder workshop event with the outputs of the workshop being further considered by an independent panel. The expectation is that the panel will make a preferred option recommendation. The options for consideration are:

- The Chesterfield Royal Hospital's Hyper Acute Stroke Unit provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine.

- The current Hyper Acute Stroke Unit service at Chesterfield Royal Hospital is strengthened by redesign.

- Chesterfield Royal Hospital introduces a review and convey model; a model where patients are assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit.

- Decommission the Chesterfield Royal Hospital Hyper Acute Stroke Unit element of the Stroke Service pathway, with patients being directed to either a single Hyper Acute Stroke Unit provider or multiple providers noting alternative providers are Sheffield Teaching Hospital NHS Foundation Trust, University Hospital of Derby and Burton NHS Foundation Trust and Sherwood Forest Hospital NHS Foundation Trust and for a small number of patients Stockport NHS Foundation Trust.

- Review of the Chesterfield Royal Hospital Hyper Acute Stroke Unit service as part of a wider East Midlands review to rationalise sites; continuing to provide the service 'as is' at Chesterfield Royal Hospital in the meantime.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 As a preferred option has not been established it is yet to be agreed if formal consultation is required. However, stroke service users as the voice of the patient, and on behalf of Chesterfield Stroke Group, have been active and welcome members of the Hyper Acute Stroke Service Task and Finish Group.

6. Background Papers

6.1 National Stroke Service Model Integrated Stroke Delivery Networks NHS Publication May 2021

Hyper Acute Stroke Unit Review Task and Finish Group Formal Minutes May 2021-September 2021 Chesterfield Royal Hospital NHS Foundation Trust

7. Appendices

7.1 Appendix 1 – Implications
Appendix 2 – Chesterfield Royal Hospital Hyper Acute Stroke Performance

8. Recommendation(s)

That the Committee:

a) is asked to note the content of the paper and the presentation and indicate support for the approach taken to date.

9. Reasons for Recommendation(s)

9.1 Dependent upon the outcome of the independent panel recommendation there may be an impact on the population of Chesterfield and the access to services closer to home, on neighbouring stroke service providers or internal changes at Chesterfield Royal Hospital delivering a redesign of services. Although the outcome is important, at this stage of the process, the task and finish group wish to ensure the committee are supportive of the process and engagement approach taken to date.

Report Author: Jo Keogh
Divisional Director Integrated Care Division
Chesterfield Royal Hospital NHS Foundation Trust

Contact Details: Jo.Keogh@nhs.net

Appendix 1

Implications

Financial

1.1 A full financial assessment of all options for consideration will be presented at the planned workshop.

Legal

2.1 This is preferred option dependent

Human Resources

3.1 This is preferred option dependent

Information Technology

4.1 Nil anticipated

Equalities Impact

5.1 Nil anticipated

Corporate objectives and priorities for change

6.1 The Hyper Acute Stroke Unit review reflects the Joined Up Care Derbyshire principles and system working

Appendix 2

Reporting Period January-March 2021

Current Performance- SSNAP (HASU specific)

SSNAP domain	CRH latest score	National average	Midlands average	Cause for concern?
1.1 % patients scanned within 1 hour of clock start	53.9	54.6	47.0	No
1.2 % patients scanned within 24 hours of clock start	97	95.9	95.4	No
1.3 Median time between clock start and scan (mins)	51	51	65	No
2.1 % of patients directly admitted to a stroke unit within 4 hours*	50	49.9	46.5	No
2.2 Median time between clock start and arrival on stroke unit (mins)	238	234	239	No
3.1 % of all stroke patients given thrombolysis	10.3	10.1	11.7	Potentially
3.2 % of eligible patients given thrombolysis (according to RCP guidelines)	100	87.1	95.3	No
3.3 % of patients who were thrombolysed within 1 hour of clock start	58.8	59.7	52.8	No
3.4 % of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given*	50	49.8	46.5	No
3.5 Median time between clock start and thrombolysis (mins)	53	54	57	No
4.1 % of patients assessed by a stroke specialist consultant physician within 24h of clock start**	70.3	84.7	82.0	Yes
4.2 Median time between clock start and being assessed by stroke consultant (mins) **	886	564	671	Yes
4.3 Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	89.7	90.6	89.4	No
4.4 Median time between clock start and being assessed by stroke nurse	97	52	75	Yes
4.5 Percentage of applicable patients who were given a swallow screen within 4h of clock start	41.8	73.5	60.1	Yes
4.6 Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	78.9	88	88.7	Yes

HYPER ACUTE STROKE SERVICES AT CHESTERFIELD ROYAL HOSPITAL: A BRIEF FOR OVERVIEW AND SCRUTINY COMMITTEE OFFICERS

Background

The National Stroke Service Model describing the role of Integrated Stroke Delivery Networks was published by the NHS in May 2021 as a response to The 2019 NHS Long Term Plan. The NHS Long Term Plan identified stroke as a clinical priority for the next 10 years. Chesterfield Royal Hospital along with many other stroke service providers face significant challenges in delivering the ambition for stroke. As a response to these challenges locally in South Yorkshire and Bassetlaw major service re-design has seen the development of a regional stroke pathway to deliver hyper acute stroke services in three specialist centres. An expansion of the hyper acute stroke services at The Royal Derby Hospital following stroke service changes at the Burton Hospital site has facilitated improved access for patients.

Service re-design and concentration of stroke services has been driven by strong evidence that interventions for stroke such as brain scanning and thrombolysis are best delivered as part of a 24/7 networked stroke services of a sufficient size to ensure expertise, efficiency and a sustainable workforce. Ensuring the availability of the appropriate workforce is perhaps the greatest challenge that stroke service providers face.

Chesterfield Royal Hospital has been working hard to improve its stroke services and has developed a Stroke Improvement Plan to respond to the immediate challenges of:

- Staffing and workload
- Improving clinical leadership and presence
- Governance mechanisms

Progress against the improvement plan is monitored internally by the Trust's Quality Delivery Committee and Quality Assurance Committee and externally by the Clinical Commissioning Group Quality and Performance Committee, the Joined Up Care Derbyshire Long Term Condition Board and Derbyshire Stroke Delivery Group.

Current Position

The Trust has made significant progress in delivering the improvement plan. In terms of patient outcomes the latest 12 month rolling Hospital Standardised Mortality Ratio (HSMR) for stroke demonstrates a reducing trend with the HSMR being within the expected range since December 2019.

There has seen significant investment in the nursing workforce including an increase in the number of Clinical Nurse Specialists to provide 7 day cover.

A Sentinel Stroke National Audit Programme (SSNAP) data group was established meeting twice each quarter to review the SSNAP scores and to identify areas of improvement. SSNAP measures the quality and organisation of stroke care in the NHS. Chesterfield Royal Hospital and the CCG are pleased to report that the Trust SSNAP rating has improved from an overall C rating (July – September 2020) to a B rating in the last two reporting periods (October – December 2020 and January – March 2021). An 'A' or 'B' SSNAP rating is indicative of our patients receiving first class quality of care and reflects that the Trust is providing a good or excellent service in many aspects of stroke care.

Within the improvement plan increasing doctor presence in line with national recommendations is clearly articulated. The Trust has successfully recruited a long term locum Consultant Stroke Physician; however this does not mitigate in its entirety the risk to the sustainability of the Hyper Acute Stroke Unit because of medical workforce availability.

	A Hyper Acute Stroke Unit provides the initial investigation, treatment (including thrombolysis, the administration of a clot busting drug) and care immediately following a stroke. As a response to this the Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the Hyper Acute element of the stroke service progressed by a newly established Hyper Acute Stroke Unit Task and Finish Group.
	Progress to Date
	It is recognised that any discussions and any decisions regarding the future of the Hyper Acute Stroke Unit at Chesterfield Royal Hospital will have a direct or indirect impact on a number of stakeholders ranging from patients, surrounding Trusts and Ambulance Trusts. Consequently a representative task and finish group with an independent chair, Dr Deborah Lowe (NHSE/I National Clinical Director for Stroke and Getting it Right First Time Clinical Lead for Stroke) will meet monthly to agree key actions to drive the programme forward and to deliver, by September 2021, the review and option appraisal. The task and finish group is bringing key stakeholders together to facilitate a collaborative approach to review and to ultimately improve the stroke pathway ensuring a patient-centred, evidence-based approach to the review and option appraisal process for the Hyper Acute element of the pathway. The task and finish group is benefitting from the input of all stakeholders however the contribution of the three patient representatives and a senior representative from the Stroke Association is particularly welcome and valued. To date five meetings have taken place. At the most recent meeting on 01 September 2021 an initial set of future delivery model options were discussed and debated regarding their viability as options to fully appraise through the process. Clear criteria will need to be agreed with appropriate clinical oversight from within Joined up Care Derbyshire, resulting in the agreement of all or some of the proposed options being selected for further work up and appraisal. To ensure effective governance and to monitor appropriate progress the group will report directly to the Derbyshire Stroke Delivery Group. Chesterfield Royal Hospital and the CCG are keen to keep the Oversight and Scrutiny Committee up to date with progress and would welcome any feedback or questions on the information shared within this briefing document.

Joined Up Care Derbyshire

HYPER ACUTE STROKE SERVICES AT CHESTERFIELD ROYAL HOSPITAL

Joined Up Care Derbyshire

Background

- The NHS Long Term Plan (2019) identified stroke as a clinical priority for the next 10 years.
- Chesterfield Royal Hospital (CRH) along with many other stroke service providers face significant challenges in delivering these ambitions.
- Ensuring the availability of the appropriate workforce, in particular the consultant workforce, is perhaps the greatest challenge that stroke service providers face.

Joined Up Care Derbyshire

Improvement Plan

- CRH has been working hard to improve its stroke services and has developed a Stroke Improvement Plan to respond to the immediate challenges of:
  - Staffing and workload
  - Improving clinical leadership and presence
  - Governance mechanisms

- The Trust has made significant progress against the plan:
  - Latest Hospital Standardised Mortality Ratio (HSMR) for stroke demonstrates a reducing trend, within the expected range since Dec 2019.
  - Significant investment in the nursing workforce.
  - Sentinel Stroke National Audit Programme rating has improved from an overall C rating (Sept 20) to a **B** rating in the last two reporting periods (Dec 20 & Mar21). Reflects that the Trust is providing a good service for patients.

Joined Up Care Derbyshire

Medical Workforce Risk

- The Trust has successfully recruited a long term locum Consultant Stroke Physician; however this does not mitigate in its entirety the risk to the sustainability of the Hyper Acute Stroke Unit (HASU) because of medical workforce availability.

- Contingency plan implemented to mitigate short-term service risks. All surrounding trusts have signed up to the plan.

Joined Up Care Derbyshire

Options for Consideration

- The Chesterfield Royal Hospital's Hyper Acute Stroke Unit provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine
- The current Hyper Acute Stroke Unit service at Chesterfield Royal Hospital is strengthened by redesign
- Chesterfield Royal Hospital introduces a review and convey model; a model where patients are assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit
- Decommission the Chesterfield Royal Hospital Hyper Acute Stroke Unit element of the Stroke Service pathway, with patients being directed to either a single Hyper Acute Stroke Unit provider or multiple providers noting alternative providers are Sheffield Teaching Hospital NHS Foundation Trust, University Hospital of Derby and Burton NHS Foundation Trust and Sherwood Forest Hospital NHS Foundation Trust and for a small number of patients Stockport NHS Foundation Trust
- Review of the Chesterfield Royal Hospital Hyper Acute Stroke Unit service as part of a wider East Midlands review to rationalise sites; continuing to provide the service ‘as is’ at Chesterfield Royal Hospital in the meantime

Joined Up Care Derbyshire

Task & Finish Group Progress

- The Derbyshire Stroke Delivery Group recommended a task and finish group is established to lead a service review and options appraisal of the HASU service.
- To manage the potential conflict of interest between members, Dr Deborah Lowe (NHSE/I National Clinical Director for Stroke) was appointed as Independent Chair.
- Commenced from May 2021, the task and finish group meets monthly to agree key actions to drive the programme forward and reports directly to the Derbyshire Stroke Delivery Group.
- An initial set of future delivery model options are being discussed and debated regarding their viability as options to fully appraise through the process.
- To support the identification of the preferred option and to provide transparency on decision making, an outcome matrix and criteria is being developed.

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Next Steps; Timeframes

- 06 October 2021 - Hyper Acute Service Review Task and Finish Group Meeting - Key Milestone; to finalise the approach and content of the workshop
- Mid October- date yet to be confirmed - Option Appraisal Workshop. Key Milestone; to produce a comprehensive document for review and scrutiny by an independent panel
- Post Workshop - date to be confirmed. Key Milestone; to make a recommendation to Derbyshire Stroke Delivery Group of a preferred option

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Joined Up Care Derbyshire

Update to the Health Scrutiny Board
13 September 2021

Derbyshire Elective Recovery

Joined Up Care Derbyshire

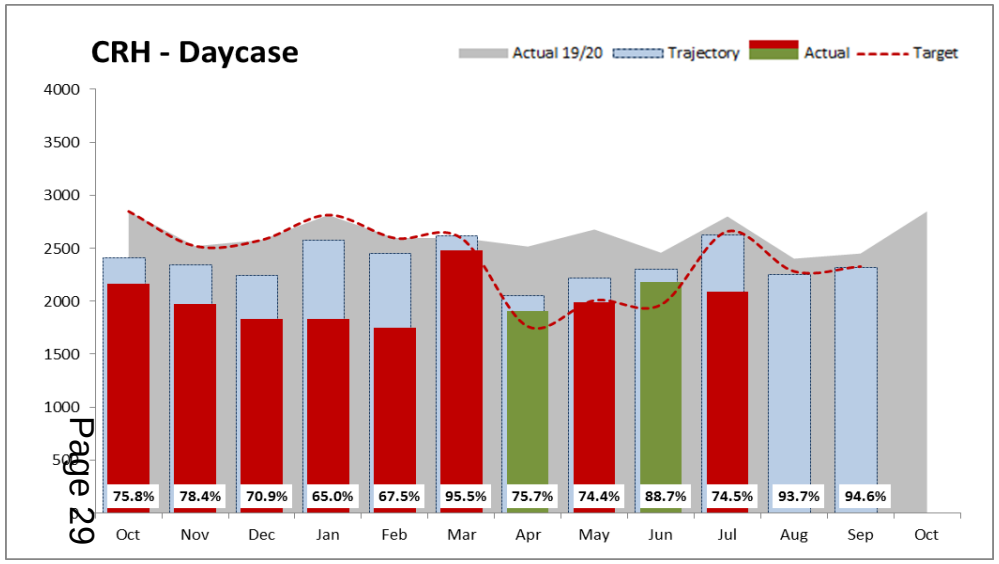
CRH Recovery & Forecast

August 2021

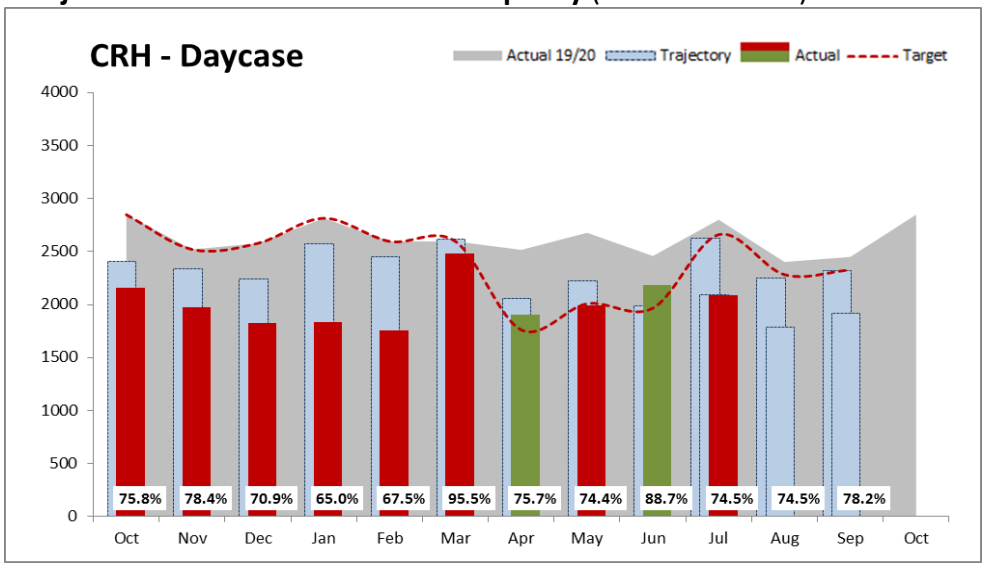
Current Plan

CRH Elective Recovery

Plan submission



Adjusted for reduction in Theatre capacity (for information)



DAYCASE ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	95.0%	95.0%	95.0%
Trajectory	81.7%	83.0%	93.7%	93.8%	93.7%	94.6%
Actual (vs Trajectory)	**75.7%**	**74.4%**	**88.7%**	**74.5%**		
Variance (Actual vs Target)	5.7%	-0.6%	8.7%	-20.5%		

DAYCASE ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	95.0%	95.0%	95.0%
Trajectory	81.7%	83.0%	80.8%	74.8%	74.5%	78.2%
Actual (vs Trajectory)	**75.7%**	**74.4%**	**88.7%**	**74.5%**		
Variance (Actual vs Target)	5.7%	-0.6%	8.7%	-20.5%		

Update

- **Daycase position is 20.5% below target** and 19.3% below the trajectory for 2021
- To date the estimate for August 2021 is 82.7%, which is 12.3% below target. This position will be refreshed again at the end of the month

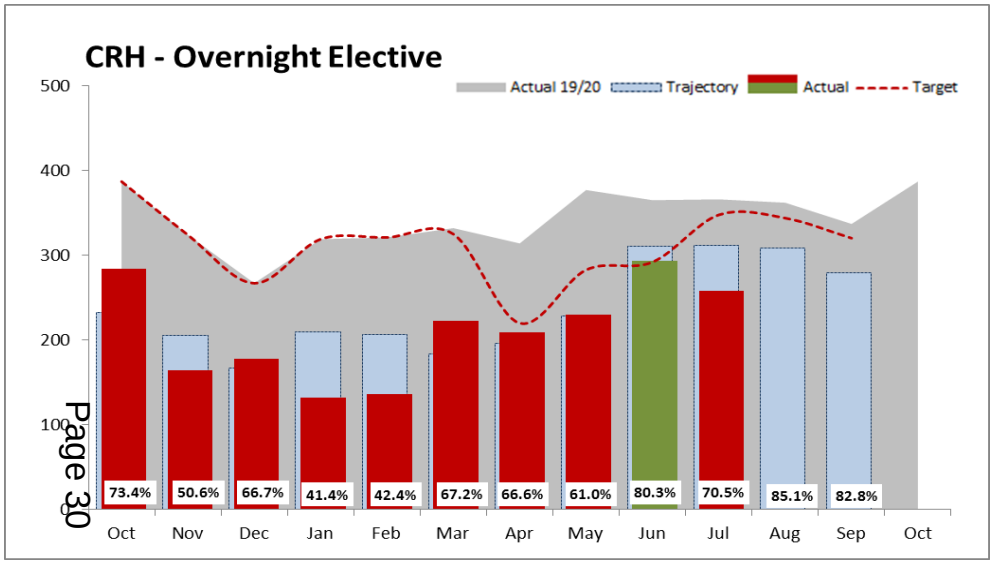
- **Adjusted Daycase position is 0.3% below trajectory**
- To date the estimate for August 2021 is 82.7%, which is 8.2% above trajectory. This position will be refreshed again at the end of the month

- *Thresholds have been set nationally, measured against the value of total activity delivered in 2019-20, and taking into account productivity constraints due to infection prevention and control (IPC) measures.*
- *There will be a staged increased in thresholds, recognising the ongoing challenges in re-establishing affected services and workforce recovery. The thresholds set nationally, as a percentage of the value of the 2019-20 activity, will be: 70% for April 2021, 75% for May 2021, 80% for June 2021, then 85% from July to September 2021*

Current Plan

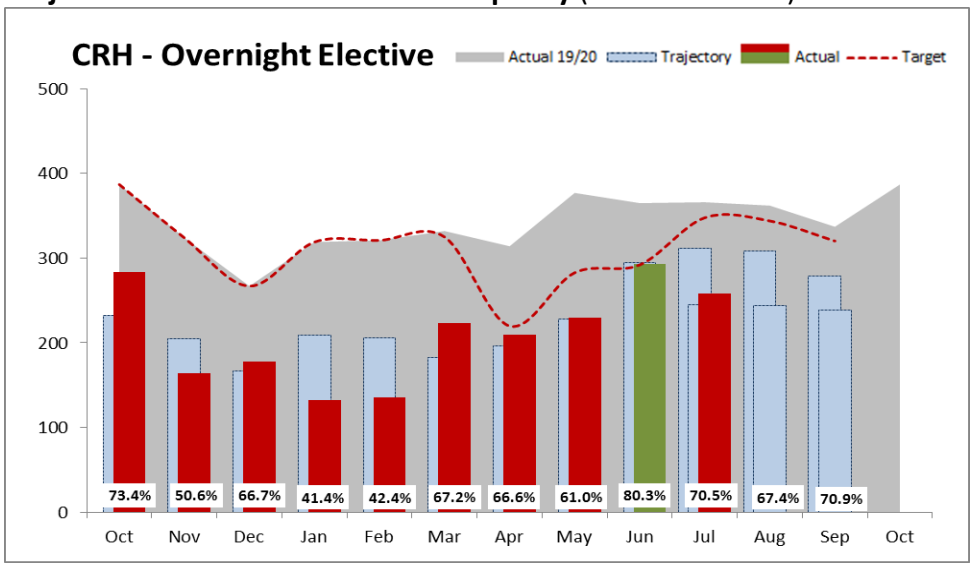
CRH Elective Recovery

Plan submission



OVERNIGHT ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	95.0%	95.0%	95.0%
Trajectory	62.4%	60.5%	85.2%	85.2%	85.1%	82.8%
Actual (vs Trajectory)	66.6%	61.0%	80.3%	70.5%		
Variance (Actual vs Target)	-3.4%	-14.0%	0.3%	-24.5%		

Adjusted for reduction in Theatre capacity (for information)



OVERNIGHT ELECTIVE	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70.0%	75.0%	80.0%	95.0%	95.0%	95.0%
Trajectory	62.4%	60.5%	80.8%	66.9%	67.4%	70.9%
Actual (vs Trajectory)	**66.6%**	**61.0%**	**80.3%**	**70.5%**		
Variance (Actual vs Target)	-3.4%	-14.0%	0.3%	-24.5%		

Update

- **Elective position is 24.5% below target** and 15.3% below the trajectory for 2021
- To date the estimate for August 2021 is 69.3%, which is 25.7% below target. This position will be refreshed again at the end of the month

- **Adjusted Elective position is 3.6% above trajectory**
- To date the estimate for August 2021 is 69.3%, which is 1.9% above trajectory. This position will be refreshed again at the end of the month

- *Thresholds have been set nationally, measured against the value of total activity delivered in 2019-20, and taking into account productivity constraints due to infection prevention and control (IPC) measures.*
- *There will be a staged increased in thresholds, recognising the ongoing challenges in re-establishing affected services and workforce recovery. The thresholds set nationally, as a percentage of the value of the 2019-20 activity, will be: 70% for April 2021, 75% for May 2021, 80% for June 2021, then 85% from July to September 2021*

CRH Theatre Update – August 21

- Trust had significant issues with theatre capacity due to a combination of staff sickness and vacancies
- Five elective theatres had to be stood down mid June and continued during July & August
- Planned increase of elective activity from w/c 30th August, with a step increase from 70% to 100% over the next 6 weeks
- Recruitment successful during this period and sickness reduced working with HR and support teams.
- Agreed to overrecruit to mitigate the risk with interviews in September
- Commenced Operating Department Practitioner apprenticeships & enrolled staff in anaesthetic course to build resilience around anaesthetic model

Information Services
Chesterfield Royal Hospital

WAITING LIST REPORT

The average waiting time for **New Patients** in 2020 was **18 Weeks; Follow-up** patients **40.2 Weeks**; and patients waiting for **Elective Surgery** was **9 Weeks**.

The highest number of waiters for New patients was in Ophthalmology; Follow-up patients Ophthalmology; and for Elective Surgery - Orthopaedics.

THEN *Pre-COVID*

Number of patients on the waiting list in:
February 2020

11,991 New

69,663 Follow-up

3,272 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***February 2020***

Speciality	New Patients Waiting
Ophthalmology	1011
Ear Nose & Throat	970
Dermatology	871
Colorectal Surgery	680
Cardiology	677

Speciality	Follow up Patients Waiting
Ophthalmology	9691
Urology	4912
Dermatology	4823
Gynaecology	3844
Ear Nose & Throat	3586

Specialty	Inpatients waiting
Trauma & Orthopaedics	211
Gynaecology	111
General Surgery	93
Urology	60
Ear Nose & Throat	48

Specialty	Daycase waiting
Gastroenterology	430
Ophthalmology	414
Trauma & Orthopaedics	337
General Surgery	290
Dermatology	230

Information Services
Chesterfield Royal Hospital

WAITING LIST REPORT

The average waiting time for **New Patients** in 2021 is **13 Weeks**; **Follow-up** patients **42 Weeks**; and patients waiting for **Elective Surgery** is **37 Weeks.**

The highest number of waiters for New patients is in **Ophthalmology;** Follow-up patients **Ophthalmology**; and for Elective Surgery **Orthopaedics.**

NOW *Post-COVID*

Number of patients on the waiting list in:
August 2021

15,007 New

85,787 Follow-up

5,124 Inpatient/Daycase

Top 5 specialties for each waiting list in: ***August 2021***

Speciality	New Patients Waiting
Ophthalmology	1,440
Dermatology	1,262
Colorectal Surgery	1,004
Ear Nose & Throat	925
Cardiac Physiology Service	922

Speciality	Follow up Patients Waiting
Ophthalmology	11,067
Dermatology	6,391
Urology	6,028
Gynaecology	5,203
Orthopaedics	4,039

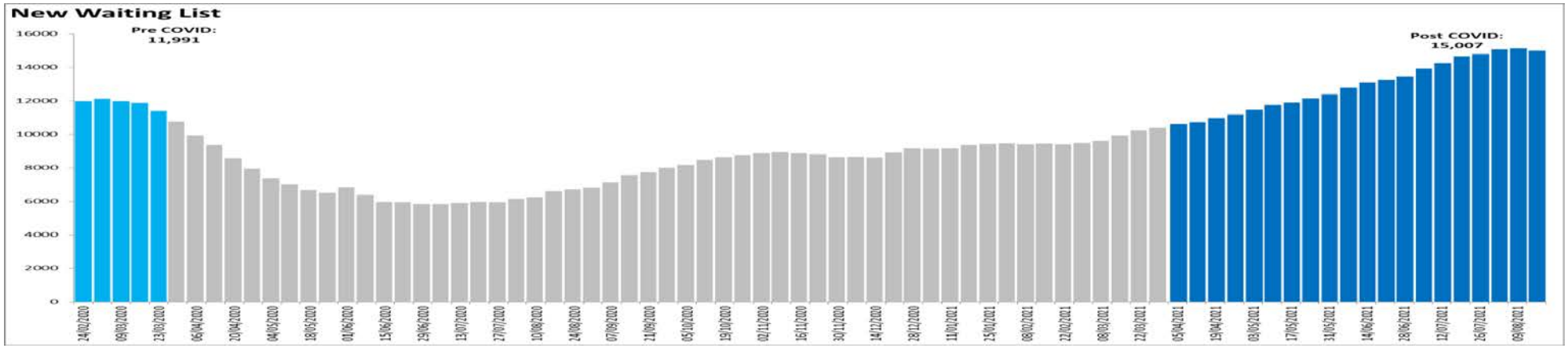
Speciality	Inpatients Waiting
Trauma & Orthopaedics	558
General Surgery	217
Gynaecology	200
Ear Nose & Throat	99
Urology	62

Speciality	Day Cases Waiting
Trauma & Orthopaedics	902
General Surgery	637
Gastroenterology	533
Ear Nose & Throat	338
Gynaecology	333

NEW WAITING LIST

Information Services
Chesterfield Royal Hospital

THEN *Pre-COVID* NOW *Post-COVID*



Number of backlog patients included in the waiting list position:

Specialty	Total
2WW	276
Dermatology	167
Urology	85
Children's & Adolescent Service:	37
Haematology	26
Surgery - Breast	15
Rheumatology	11
GI and Liver (Medicine and Surge	9
Geriatric Medicine	8
Endocrinology and Metabolic Me	6
Surgery - Vascular	6
General Medicine	5
Gynaecology	3
Orthopaedics	2

Specialty	Total
2WW	326
Pain Management	67
Surgery - Breast	20
Sleep Medicine	8
Rheumatology	4
Urology	1

COMMENTARY

- **Pre-Covid** - Average waiting time was 18 Weeks, with 11,991 patients waiting to be seen and the ASI's were 655.

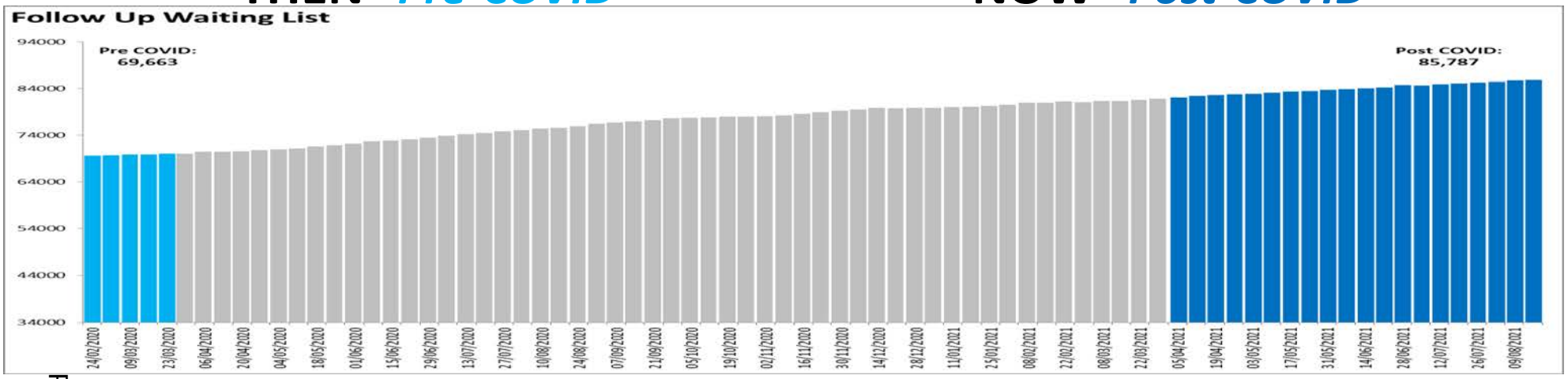
- **Post-Covid** - Average waiting time is 13 Weeks with 15,007 patients waiting to be seen and the ASI's in July were 426, with high numbers continuing in Dermatology.
- Management of the referrals has been positive, with a move over to RAS (referral assessment) allowing GP's to refer patients into the hospital and the relevant clinicians triage all referrals to ensure patients receive the appointment in the right care setting ie.. Straight to test, Face to Face or Virtual.

FOLLOW-UP WAITING LIST

Information Services
Chesterfield Royal Hospital

THEN *Pre-COVID*

NOW *Post-COVID*



Specialty	Follow ups waiting
Ophthalmology	748
Orthodontics	447
Dermatology	430
Ent	394
Pain Management	362
Rheumatology	273
Oral Surgery	249
Urology	212
Gynaecology	120
Orthopaedics	92
Gastroenterology	71
Breast Surgery	70
Colorectal Surgery	68
Respiratory Medicine	62

Specialty	Follow ups waiting
Ophthalmology	3395
Dermatology	1085
Rheumatology	781
Urology	647
Oral Surgery	580
Ear Nose & Throat	521
Gastroenterology	436
Paediatrics	358
Gynaecology	333
Child Development C'tre	327
Respiratory Medicine	306
Diabetic Medicine	201
Colorectal Surgery	171
Cardiology	160

COMMENTARY

- **Pre-Covid** - Average waiting time was 40.2 Weeks, with 69,663 of patients on the waiting list, the waiting time does not take into account the planned date to be seen.

- **Post-Covid** - Average waiting time is 42 Weeks with 85,787 patients on the waiting list, the waiting time does not take into account the planned date to be seen.

INPATIENT WAITING LIST

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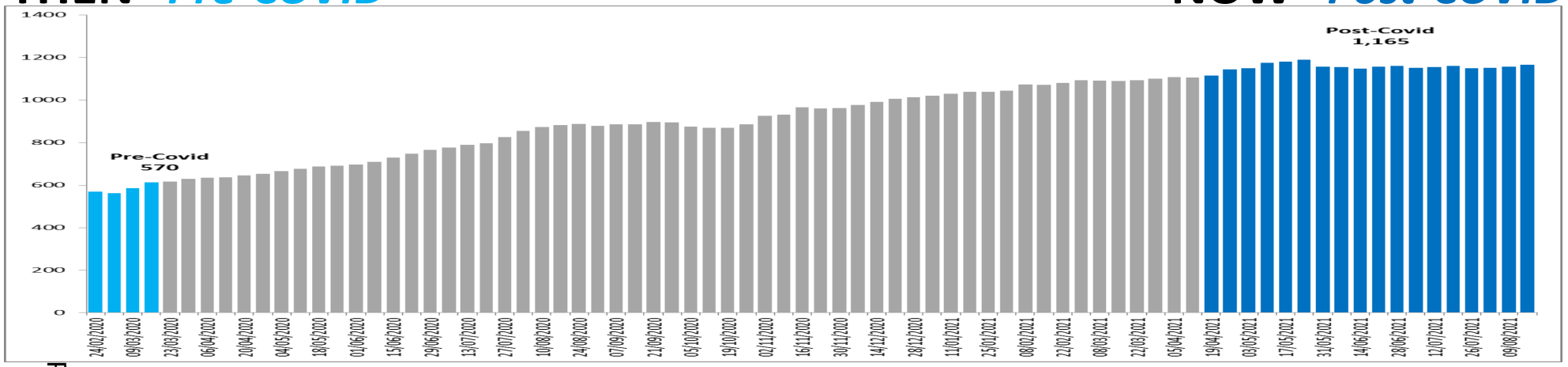
Chesterfield Royal Hospital

THEN *Pre-COVID*

NOW *Post-COVID*



Number of backlog patients included in the waiting list position:

Specialty	Inpatients waiting
Trauma & Orthopaedics	63
Gynaecology	63
General Surgery	52
Urology	26
Ear Nose & Throat	22
Oral Surgery	7
Ophthalmology	5
Breast Surgery	4

Speciality	Inpatients Waiting
Trauma & Orthopaedics	452
Gynaecology	168
General Surgery	167
Ear Nose & Throat	82
Urology	36
Breast Surgery	11
Oral Surgery	5
Ophthalmology	4
Paediatric Orthopaedic	2

PLEASE NOTE: The backlog figures highlighted in the reported are patients who are above the Pre-covid average waiting time from the date of decision to admit was confirmed

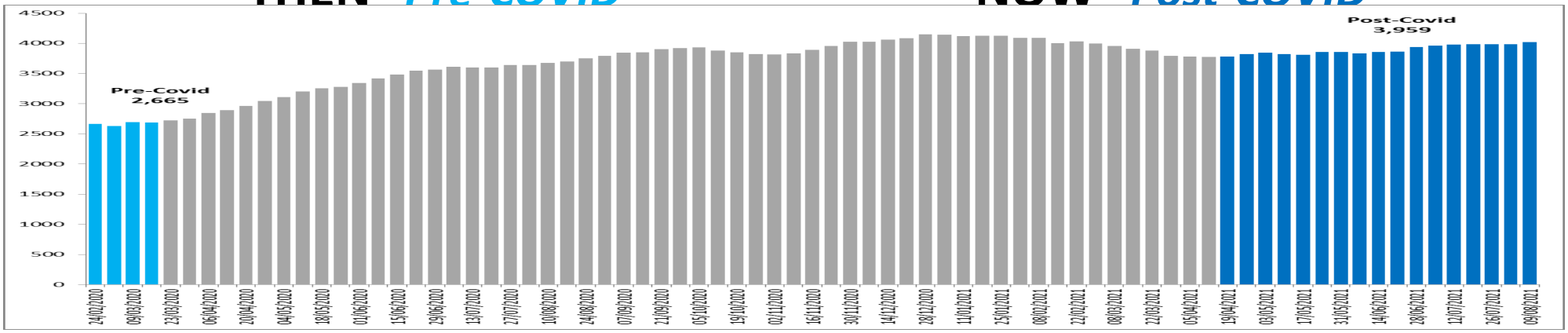
COMMENTARY

- **Pre-Covid** - Average waiting time was 7 Weeks, with 570 patients waiting for surgery and the backlog of patients was 242.
- **Post-Covid** - Average waiting time is 37 Weeks with 1,165 patients waiting for inpatient surgery and the backlog of patients is 927.
- All patients are clinically triaged into priority categories.

DAYCASE WAITING LIST

Information Services
Chesterfield Royal Hospital

THEN *Pre-COVID* NOW *Post-COVID*



Number of backlog patients included in the waiting list position:

Specialty	Daycases waiting
Ophthalmology	140
Dermatology	94
Ear Nose & Throat	89
General Surgery	85
Urology	85
Trauma & Orthopaedics	79
Gynaecology	52
Cardiology	34
Clinical Haematology	33
Oral Surgery	17
General Medicine	11
Gastroenterology	7
Bowel Scope Screening Programr	6
Breast Surgery	6
Rheumatology	3
Respiratory Medicine	1

Speciality	Day Cases Waiting
Trauma & Orthopaedics	663
General Surgery	484
Ear Nose & Throat	293
Gynaecology	264
Gastroenterology	190
Ophthalmology	159
Urology	153
Oral Surgery	133
Dermatology	97
Cardiology	86
Breast Surgery	36
Pain Management	5
Respiratory Medicine	2
Paediatric Orthopaedic	0

PLEASE NOTE: The backlog figures highlighted in the reported are patients who are above the Pre-covid average waiting time from the date of decision to admit was confirmed

COMMENTARY

- **Pre-Covid** - Average waiting time was 9 Weeks with 2,665 patients waiting for daycase surgery and the backlog of patients was 742.
- **Post-Covid** - Average waiting time is 29 Weeks with 3,959 patients waiting for daycase surgery and the backlog of patients is 2,565.
- All patients are clinically triaged into priority categories.
- Patients are triaged for Independent Sector

SPECIALTY RECOVERY

Information Services
Chesterfield Royal Hospital

Specialty	Expected Recovery	RAG
General Surgery	Feb-22	
Upper GI	Oct-22	
Colorectal	Nov-21	
Vascular	Jan-22	
ENT	Apr-22	
Ophthalmology	Apr-22	
Oral Surgery	Feb-22	
Orthodontics	Sep-21	
Breast	Sep-21	
Urology	Sep-21	
Orthopaedics	Jan-22	
Cardiology	Aug-21	
Respiratory	Apr-22	
Rheumatology	Dec-21	
Gastroenterology	Dec-21	
Dermatology	May-22	
Diabetes	Sep-21	
Endocrinology	Sep-21	
Gynaecology	Feb-22	

COMMENTARY

- All specialties with backlogs now have recovery trajectories in place, these assumptions have been adjusted to reflect the impact of theatres capacity reducing.
- Recovery dates cover ALL elective care
- Ophthalmology and Orthopaedics are flagged due to being reliant on external support and Orthopaedics cases are heavily reliant on theatre capacity and beds.
- Dermatology as an ongoing backlog that the team are validating but the current plans will not deliver a recovery within the expected financial year.

Joined Up Care Derbyshire

UHDB Recovery & Forecast

August 2021

Expected 52 Week Wait Recovery by Specialty - UHDB

Specialty	Expected Recovery
Trauma and Orthopaedics	May 24
Ophthalmology	Nov 24
General Surgery	Sep 23
Spinal Surgery Service	Apr 23
ENT	Apr 23
Maxillo-facial surgery	Apr 23
Hand Surgery	Apr 23
Urology	Apr 23
Gynaecology	Jul 24
Upper Gastrointestinal Surgery	Jul 25
Colorectal Surgery	May 23
Dermatology	Dec 21
Vascular Surgery	Apr 23
Plastic Surgery	Jun 23
Orthodontics	Oct 21
Breast Surgery	Jul 22
Hepatobiliary and Pancreatic Surgery	Jan 23
Cardiology	Jan 22
Paediatric Specialties (including Surgery)	Apr 23

Challenges:

- T&O
- Ophthalmology
- Gynaecology – ultra radical surgery utilising capacity
- Bariatric Surgery – linked to longest recovery period estimation July 2025
- Patient Choice
- Cancer capacity requirements

Speciality Clearance Times – P2/P3 Cancer

- Cancer clearance times remain within the expected range for all the tumour sites

Specialty/Tumour Site/Test	Total P2	P2 clearance time (weeks)	Total P3	P3 clearance time (weeks)
Cancer Waiting List	**124**	**3.1**	**21.0**	**3.5**
Breast	44	2.9	1.0	Unknown
Gynaecological	27	4.5	0.0	Unknown
Head & Neck	9	4.5	1.0	Unknown
Lower Gastrointestinal	19	2.4	3.0	1.5
Skin	5	2.5	4.0	4.0
Urological	20	2.9	12.0	4.0

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