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