Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
15th June 2016

TITLE	**West Surrey Stroke Transformation Programme**
EXECUTIVE SUMMARY	This paper sets out progress towards the delivery of a reconfigured stroke service for the Royal Surrey and Ashford St Peters NHS Foundation Trusts. The options appraisal has been completed and the preferred location for the stroke unit has been agreed. The final decision will be subject to public consultation. The proposed future stroke pathway is now being developed and is being modelled in relation to activity, bed numbers and staffing. Options for transferring of services to RSCH to create additional capacity have been modelled at high level and further detailed analysis is underway. The deadline for final submission of written plans to the CCG is 24th June, with a presentation to the expert panel prior to this on 21st June.
The Council is asked to:	To note progress and implications for the delivery of the future Stroke Services Transformation Programme
Submitted by:	Valerie Bartlett, Deputy CEO and Director of Transformation & Strategy
Date:	June 2016
Decision:	To note

1. Background

1.1 Following concerns about mortality and clinical outcomes for people affected by stroke, the Surrey Stroke Review was established to consider how to deliver a more effective pathway of care for patients. The Review identified variability and a lack of equity across services and that there are not enough stroke cases per year in Surrey to maintain operation of 5 acute Trust hyper acute stroke units (HASUs). Maintaining the status quo for stroke services across Surrey is therefore not considered a viable option.

1.2 Review by an expert panel concluded that 3 hospital sites offering a HASU across Surrey would achieve the optimal volumes needed (between 600-1500 cases) to maintain clinical expertise and enable required levels of staffing 7 days a week and that these would be based at Frimley, Epsom or SASH, and either Ashford St Peters or Royal Surrey (preferred location now agreed as St Peters).

1.3 Providers have been asked to take a lead provider role and develop a revised pathway that:

- Begins with prevention of stroke and ends with a 6 month review
- Delivers the requirements set out in the CCG's service specification
- Achieves integration across the whole pathway including community services
- Provides consistency and equity for the Surrey population
- Demonstrates involvement from the voluntary sector and service users
- Delivers the pathway within the fixed allocated envelope of approximately £6m (currently being finalised)

1.4 Initial detailed plans were submitted to the CCG on 18th April, with final plans now due on 24th June. Proposals will be presented to an expert panel on 21st June for assessment and approval with a deadline for mobilisation of April 2017.

2. Strategic Context

2.1 Whilst the planned merger between Ashford St Peters and the Royal Surrey has paused, the stroke programme is continuing and aligns with the overall aims of the national Sustainability & Transformation Plans (and the local partnership work through 'Surrey Heartlands') - working collaboratively to provide quality services across a larger geographical area.

2.2 The STP planning process has an emergent plan for acute reconfiguration but as yet far from definitive or agreed. The potential governance, financial and commercial arrangements that will be necessary to enable the stroke reconfiguration are even less mature.

2.3 Additional capacity of around 1 ward will need to be identified to take on the combined stroke activity at St Peters (activity levels will increase from current c450 strokes to around 950 strokes per year). Further work is therefore required to review alternative services to transfer out to RSCU. Initial proposals have been suggested and further detailed work is underway to model this and the operational and financial implications.

3. Progress to date

3.1 A project team has been set up across both Trusts to oversee development and delivery of the reconfigured service. Led by Valerie Bartlett as the SRO, the team includes a dedicated Stroke Services Programme Manager, a Clinical Lead from RSCH and support from both Trusts' Stroke Specialist Nurses and stroke teams.

3.2 Early draft plans were submitted to the CCG on 18th April and assessed by a large panel comprising of senior clinical and managerial leads as well as members of the expert panel. Overall

the feedback was very positive and was considered fair by the project team. A summary of positive aspects included recognition in the plan of all the key elements to be delivered. They also felt that the plan provided a degree of confidence that the recommendations from the expert panel had been reflected. It was also evident that an appropriate level of clinical leadership and input to the development of proposals had occurred, and that involvement of voluntary organisations in the design was also reflected.

3.3 Options Appraisal

On 6th May, a panel made up of representatives from both Trusts and CCGs undertook an options appraisal for the location of the future co-located HASU/ASU. It was agreed that the two options to be scored were for the location of the HASU/ASU to be based either at St Peters, Chertsey or at Royal Surrey, Guildford.

3.4 Whilst there are other options including the provision of an ASU at both Trust sites, these have been discounted during previous discussions with the clinical team. In line with the recommendation by the expert panel, the clinical team are clear that a co-located model enables the development of a sustainable, high quality stroke service utilising existing resources more efficiently and providing a working environment that will attract high calibre professional staff. This option also supports an increase in reablement and a reduction in institutionalisation.

3.5 Scoring of the options for the location of the stroke unit led to a recommendation for the preferred site to be St Peters in Chertsey which has now been approved by both Trust Boards, although it should be noted that the final decision will be subject to the outcome of public consultation. A copy of the options appraisal, criteria and scoring rationale is attached in Appendix A.

3.6 As the implementation of a new hyper acute stroke service constitutes a substantial variation in service, particularly given the change in location for south of the catchment area, the proposed changes and final decision on the location will be subject to public consultation.

3.7 The consultation will be led by the CCG and will be run on a Surrey-wide basis covering changes to each of the 3 systems. The formal consultation period will run for the statutory 12 weeks beginning in July and will invite views on the preferred location of the HASU/ASU being St Peters Hospital, Chertsey as well as important issues and potential improvements for the whole of the stroke pathway

3.8 In explaining the recommendation for the preferred location, the document and presentations will describe how the preferred model will serve patients and families in both CCG areas and any issues and mitigating actions that are proposed. The consultation will also include an explanation of the options appraisal process and the how the decision was arrived at for the preferred location. It will also include other relevant information including quality, financial and equality considerations.

3.9 Initial modelling of the new service suggests that the new catchment area will require 50-57 beds at St Peters and work is underway with the Estates team to develop a plan that ensures this is deliverable logistically and operationally.

3.10 Stroke Pathway

Whilst there is still work to do on finalising the new pathway, the proposed key changes and improvements to the existing service offering will be as follows:

- Potential direct admission to the specialist stroke unit on arrival, alleviating pressure on ED
- Integrated specialist teams providing 24/7 care
- Approx. 5% reduction in acute length of stay
- Additional psychology input throughout the pathway
- A stroke navigator role to act as a single point of contact for families throughout the pathway
- More therapy support for patients seven days a week.

- Up to 50% patients discharged home with Early Supported Discharge, managed and delivered by the acute Trust (currently provided by Virgin Care)
- A fully integrated community team that works alongside the acute service to enable optimal flow for re-enablement of the patient.
- Consolidation of the current 4 inpatient rehabilitation facilities to provide access to specialist skilled staff and potential opportunity for financial efficiencies
- 6 month reviews
- Signposting and improved access to all voluntary partners offering post discharge support

4. Implications and risks

4.1 The planned reconfiguration of stroke services will create a significant cardiovascular centre at St Peters, and is the most major service reconfiguration the Trust has undertaken for many years requiring close collaboration and partnering with RSCH. The stroke activity from RSCH will require additional physical capacity to be identified at St Peters, and this, together with the added complexity of identifying and agreeing other services to transfer back to RSCH means that the impact on estates and the Capital Programme will need to be carefully considered and planned in detail.

4.2 Whilst presenting an exciting opportunity, bringing the existing ESD service in house will stretch the Trust as we venture into new territory in managing community services. However many Trusts (such as Frimley and Portsmouth) have already made this move with clear benefits in relation to use of resource and patient experience, and we have made contact with their relevant leads to ensure we learn from their experience.

4.3 One of the key challenges for the Trust will be recruitment of the workforce required to deliver the pathway and we are working closely with Health Education England to find innovative solutions and use incentives to attract the best staff. We acknowledge that for staff in the local services that are proposed to be centralised, this is currently an unsettling time as they seek to be assured about their future employment opportunities and how they balance this with their career aspirations, work/life balance requirements, and the maintenance and development of their clinical skills. However, for some this offers the opportunity to consider working in a different element of the clinical pathway. We will be developing a clear workforce plan that enables the safe transition to the new centralised service and ensures the skills and competencies across the whole pathway are identified.

4.4 The significant level of change management required to deliver the new co-located HASU model in the timescales set by the CCG should not be underestimated, and further work will need to be undertaken by the team to consider the appropriate phasing to mobilise the new service safely and with minimal disruption. Our clinical stroke lead will be supporting the clinical leaders across both organisations over the coming months and we are confident that by building on the pool of skills, experience and strengths available in both Trusts, we will address these challenges.

4.5 The current specific project risks, issues and mitigating actions are:

Risk / Issue	Mitigating Action
Management of the relationship with Virgin Care through the transition period	Virgin currently provide the ESD service for both ASPH and RSCH as well as the community contract. Meetings have been held with Virgin to set out clearly the positon of the Trusts and the expectations of the CCG. Virgin staff have been invited to engage and support the design of the future pathway.
Management of Trust staff anxiety and expectations	Briefings are being held, commencing with key staff groups to update them on progress and next steps and to enable their input. Staff briefings are circulated following each Programme Board meeting.

Challenge in recruiting 6 stroke consultants for the HASU	It is hoped that creating a new model HASU/ASU as a centre of excellence will attract consultants into the service. We are also considering innovative solutions such as the use of stroke neurologists as well as working with HEE on areas such as training, education and research opportunities. In the meantime we are starting to recruit now into vacant posts.
Affordability – ensuring the CCG specification can be delivered within the allocated funding	Initial modelling suggests that the future model is above the allocated CCG funding. However it is acknowledged that at the time of writing there are various assumptions used which require testing as well as further discussions required around patient flows and activity levels to ensure the new model is deliverable.

5. Timescales

5.1 At the CCG Shared Learning Event on 13th May, the timescales for completion of detailed plans were discussed. Given the need for further discussions on the agreed patient flow and data, the CCG have extended the initial deadline for final submission of plans by 3 weeks. Mobilisation for launch of the new service is still expected to be April 2017. The key timescales are now as follows:

Tuesday 21st June - *Presentation of final proposals to members of the assurance panel, including members of national expert panel*

Friday 24th June - *Submission of completed detailed proposals*

24th June – 5th July - *Assurance panel will review and score proposals*

Thursday 7th July - *Delegated committees from CCG Governing Bodies will meet to agree next steps, considering the proposals and feedback from the assurance panel*

Week of 11th July - *Surrey CCG Collaborative release feedback about next steps*

6. Next Steps

6.1 The final plan will be submitted to the CCG on 24th June, prior to which the following key steps will be completed:

- Completion and testing of the proposed pathway
- Completion of the staffing model
- Adjustment to the activity and finance modelling dependent on the outcome of the above
- Estates plan to support location of the stroke unit
- Confirmation of the transferring service/s to RSCH and modelling
- Development of the mobilisation plan

6.2 The final plan will be signed off by the joint Partnership Board prior to submission to the CCG on 24th June. Whilst the plan will be submitted to the CCG for expert panel assessment, the usual Trust due process will be followed and as such a Full Business Case will be developed and presented to Trust Boards for final approval – expected to be July.

For further information regarding the Programme, please contact Vanessa Harding, Stroke Services Programme Manager. Tel: 07785 111398

Appendix A – Options Appraisal

The scoring and rationale for each individual criteria and option for the preferred location of the future HASU/ASU undertaken on 6th May was as follows:

Criteria		HASU at SPH		HASU at Royal Surrey		Comments / Rationale for scoring
		Score	Weighted score	Score	Weighted Score	
Quality	20%	3.5	70	3	60	Combining the service onto one site will provide the critical mass to enable safe and effective 24/7 hyper acute stroke care. It should be possible to achieve the expected standards on both sites. However it is unlikely that the future model will include inpatient rehab on site. SPH scored higher given the access to co-dependencies on site. SPH is already a provider of a broad range of cardiology, vascular and interventional radiology services, and has invested in the infrastructure and workforce to support these services Acknowledged that MRI capacity at SPH is a key issue that will need to be resolved and that the scoring is agreed on the assumption that this will be resolved in time for go live.
Strategic Fit	19%	4	76	3	57	Agreed to disregard impact of co-dependencies in this criteria as this was considered within the scoring of Quality. Acknowledged that the STP plans have not yet been formalised and therefore unable to confirm alignment with STP, although acknowledged that both Trusts have been engaged in STP discussions over the past few months.
Affordability	18%	2	36	2	36	This criteria scored low for both Trusts as the pathway modelling and cost implications have not yet been worked through. It is anticipated that whatever model is developed will be deliverable within the CCG allocated funding. Both Trusts would need to create capacity to locate the additional stroke activity and will therefore likely have set up costs. It is unknown as yet whether these set up costs will be met via the STP transformation funding.
Access	15%	3	45	3	45	Siting the stroke unit at SPH would possibly create a level of risk in meeting the call to door target of 60 minutes for the patients at the Haslemere/Waverley end of the patch. This was weighed up against the fact that Ashford is more densely populated and siting the unit at RSCH would mean a larger volume of the population would be affected (expert panel recommendation is to focus on the number of patients affected). Discussed the possibility that Haslemere patients may flow to Frimley – discussions with SECamb on patient flow is ongoing. Confirmed that 100% of the catchment would meet the call to needle 120 min target. Agreed car parking is an issue for both sites.

Workforce	15%	4	60	4	60	Recruitment of stroke consultants is a national issue. Currently RSCH has 2 consultants, with 1 substantive consultant at SPH. The new model requires 6 consultants to support the unit. Agreed both sites were equally likely to attract staff in the new model. A centralised service wherever it is sited should make it easier to recruit and retain staff. Innovative solutions such as use of nurse consultants and voluntary sector will be considered.
Deliverability	13%	2	26	2	26	Acknowledged that delivery of the new service will be challenging whichever site is chosen. The complicating factor is also the decision as to which service transfers to the non HASU site. Agreed that whilst the preferred location is agreed in principle, this will need to be kept under review as the mobilisation plan is developed to ensure the model is deliverable.
Total	**100%**	**18.5**	**313**	**17**	**284**	*Agreed that the preferred location of the HASU/ASU could equally be either Trust site. However, in keeping with the views of the stroke expert panel, the outcome of the scoring is for the preferred location of the stroke unit to be SPH on the basis of the existing co-dependencies and infrastructure in place, and the direction of travel of the Surrey Heartlands STP.* *It was acknowledged that following Trust Board sign off, this decision will still be subject to public consultation and submission of an FBC which will need to address both affordability and consistency with the developing STP intentions for acute service reconfigurations.*