

Report for Hampshire Health and Adult Social Care Select Committee

Introduction and Background – Stroke Services Review

Following conclusion of the Surrey Stroke Review it was assessed that only West Surrey (covering NWS and G&W populations) and the Borders (covering North East Hampshire and Farnham, Surrey Heath populations and some patients living in South Eastern Hampshire) were ready to progress to delivery of the revised specification.

A public consultation, led by Guildford and Waverley (G&W) CCGs and North West Surrey (NWS) CCG was carried out in early 2017. A decision was made in September 2017, following this consultation, to proceed with mobilisation of the new pathways and service specification from April 2018.

Following the decision to mobilise the new pathways and service specification in the area described above, a Surrey Stroke Oversight Group was established to provide oversight of the mobilisation of the new pathway from April 2018 and to continue development of the stroke pathway across the wider Surrey footprint. The group is chaired by Matthew Tait, Joint Accountable Officer of Surrey Heartlands' CCGs and meets bimonthly. South Eastern Hampshire CCG has been invited to participate in these meetings due to the link with Frimley Health Foundation Trust Hyper Acute Stroke Unit. For the full scope of the group please see attached terms of reference (Appendix 1).

Now that the service and pathway redesign phase is over and the new pathways and service specification have been mobilised, contract monitoring and performance is part of the business-as-usual for the lead commissioners of the individual organisations involved. These are not the same commissioners that carried out the public consultation; instead they are South Eastern Hampshire CCG (for South Central Ambulance Service) and North East Hampshire and Farnham CCG (for Frimley Health NHS Foundation Trust).

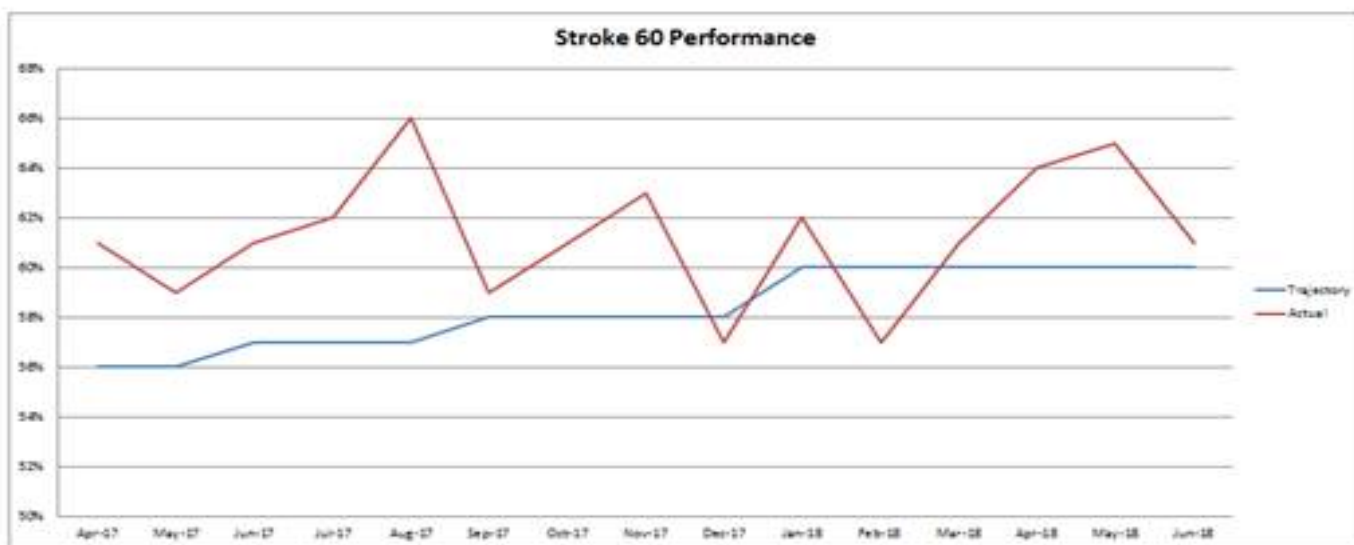
For the purposes of the Hampshire Health and Adult Social Care Select Committee this report will focus on the response times' performance of South Central Ambulance Service Foundation NHS Trust (SCAS), including for the population of Whitehill and Bordon.

Further, this report will provide information on Frimley Health NHS Foundation Trust's (FHT) stroke performance as measured and reported publicly through the Sentinel Stroke National Audit Programme (SSNAP).

SCAS Response times

SCAS overall performance against Stroke 60 minutes target is shown below as well as the recovery trajectory to meet the standard.

Months:	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Trajectory	56%	56%	57%	57%	57%	58%	58%	58%	58%	60%	60%	60%	60%	60%	60%
Actual	67%	59%	61%	62%	66%	59%	67%	63%	57%	62%	57%	67%	64%	65%	61%



South Central Ambulance Service has improved their stroke 60 minute performance between April 2017 and June 2018 to above the trajectory target and is performing 3rd best out of all 11 Ambulance Trusts with performance in June 2018 at 61%.

New condition-specific targets are being introduced for Heart Attacks and Strokes setting out that by 2022, 9 out of 10 stroke patients should have appropriate management within 180 minutes of making a 999 call. NHS England is currently working on this new national target.

Between October 2017 and July 2018 SCAS reported that they conveyed 12 stroke patients from Whitehill and Bordon to Frimley Park Hospital. These patients will be a combination of those that are FAST positive (suspected stroke) to be transported to a Hyper Acute Stroke Unit (HASU) and those that have been identified as Stroke or Transient Ischemic Attack patients at some point on their care pathway, but fall outside of the FAST positive window.

Of these 12 patients:

- 4 were from Liphook area
 - 3 patients being Category 2 responses and 1 patient being a Category 3 response.
 - The average response time for Liphook area patients from clock start to transporting resource on the scene was 01:04:56 (within Cat 3, but not Cat 2 mean response times target).
 - For clock start to first unit at Frimley Park Hospital was 2 hours 20 minutes (within the 180 minute proposed new national target).
- 8 were from Bordon area
 - 2 patients were a Category 1 response, five patients were a Category 2 response and 1 patient was a Category 3 response.
 - The average response time for Bordon area patients from clock start to transporting resource on the scene were 00:15:25 (within Cat 2 and 3 mean target, but not Cat 1).

- For clock start to first unit at Frimley Park Hospital was 1 hour 40 minutes (within the 180 minute proposed new national target).

For reference the response time targets for each of the performance categories above are:

- Cat 1 (life threatening calls)
 - Responded to in a mean average time of seven minutes and at least nine out of ten times within 15 minutes. In October 2018 SCAS met these targets.
- Cat 2 (emergency calls)
 - Responded to in a mean average time of 18 minutes and at least nine out of ten times within 40 minutes. Stroke patients falls into this category. In October 2018 SCAS met these targets.
- Cat 3 (urgent calls)
 - Responded to at least nine out of ten times within 120 minutes. Patients may be treated by ambulance staff in their own home. In October 2018 SCAS did not meet the target.
- Cat 4 (less urgent calls)
 - Responded to at least nine out of ten times before 180 minutes. Patients may be given advice over the phone or referred to another service. In October 2018 SCAS did not meet the target.

Sentinel Stroke National Audit Programme

The Sentinel Stroke National Audit Programme (SSNAP) is the national stroke audit which measures the quality and organisation of stroke care in the NHS. It is the single source of stroke data in England, Wales, and Northern Ireland.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards, including the 2016 National Clinical Guideline for Stroke. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

PERFORMANCE & DOMAINS

The overall SSNAP Performance is shown as:

- SSNAP Level
- Case ascertainment (CA)
- Audit compliance (AC)
- Combined Total Key Indicator Level

The SSNAP measures of performance look at 10 domains of care:

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech and language therapy
- Domain 8: Multi-disciplinary team working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

Each domain is given a performance level (level A to E) and a key indicator score is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains

Patient-centred (PC) domain scores (whereby scores are attributed to every team which treated the patient at any point in their care)

Team-centred (TC) domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to)

SSNAP RESULTS

The SSNAP domain results a consistent colour code is used to represent each team's performance for specific domains and overall:

Colour	Level
Green	A
Dark Green	B
Yellow	C
Orange	D
Red	E

Changes between the latest period and the immediately previous reporting period are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this period than in the previous period; downward pointing arrows that the team has achieved a lower level this period than previously. The number of arrows represents the extent of the change.

Frimley Health NHS Foundation Trust SSNAP

In 2017/18 (latest data available), there were a total of 27 stroke patients from South Eastern Hampshire CCG seen at FHT (7.5% of all South Eastern Hampshire stroke patients). This compares to 5 in 2016/17.

The overall SSNAP level at FHT has been consistently at either B or A since January 2016 with the Stroke Unit (Domain C) having the lowest score of all. Across all acute trusts in Surrey providing stroke care none are performing above C. Domain 2 is determined by reporting against the following indicators:

- Proportion of patients directly admitted to a stroke unit within 4 hours of clock start
- Median time between clock start and arrival on stroke unit (hours:mins)
- Proportion of patients who spent at least 90% of their stay on stroke unit

Whilst this data relates to the last published SSNAP results from June 2018 FHT has consistently performed well across all domains.

Please see next page for SSNAP results summary for FHT.

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	
Frimley Health NHS Foundation Trust	1st Mar16	Frimley Park Hospital	110	104	A↑	A	A↑	A↑	A↑	C	B	B	B↓	A	C↑↑	B	A↑	B↓	A↑
	Apr-Jul16	Frimley Park Hospital	141	141	B↓	A	B↓	A	A	C	B	A↑	A↑	A	D↓	B	B↓	B	A
	Aug-Nov16	Frimley Park Hospital	131	120	A↑	A	A↑	A	A	C	C↓	A	A	A	C↑	B	B	A↑	A
	Dec16-Mar17	Frimley Park Hospital	178	155	A	A	B↓	A	A	C	A↑↑	A	A	A	B↑	B	B	B↓	A
	Apr-Jul17	Frimley Park Hospital	202	187	A	A	B	A	A	B↑	B↓	A	A	A	B	B	B	B	A
	Aug-Nov17	Frimley Park Hospital	226	204	B↓	A	B	A	A	C↓	A↑	A	C↓↓	A	B	B	B	B	A
	Dec17-Mar18	Frimley Park Hospital	236	195	A↑	A	B	A	A	C	B↓	A	B↑	A	B	B	B	B	A
	Apr-Jun18	Frimley Park Hospital	181	170	A	A	A↑	A	A	C	B	A	A↑	A	B	A↑	A↑	B	A

The FHT Stroke Service at Frimley Park Hospital (FPH) provides the entire stroke service specification, from hyper-acute care through to early supported discharge and review. The performance measures for the hyper-acute stages of the pathway include:

- Percentage of patients scanned within 1 hour of clock start (arrival at hospital);
- Percentage of patients directly admitted to a stroke unit within 4 hours of clock start;
- Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis;
- Percentage of applicable patients who were given a swallow screen within 4h of clock start and
- Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start

FHT records timelines for all admissions so that they can identify breach trends early and act accordingly. The clinical lead at FHT audits all thrombolysis and thrombectomy cases and reports the results to the local Stroke Clinical Governance Group. Co-dependencies i.e. Radiology, Emergency Department are also involved in breach reviews and feed back to this group.

As a result of the Surrey Stroke Review, FHT now provides a 6-day therapy service across 7 days. This is assisting with weekend discharges and earlier therapy assessments. Occupational Therapy and Physiotherapy have changed their timetables slightly so they are now able to assess more afternoon admissions. Six-month stroke reviews started in April 2018 for patients discharged on or after October 2017, the results of which are being recorded into SSNAP.

Further investment has been made into Clinical Neuropsychology, with a second person commissioned from Surrey and Borders Partnership NHS Foundation Trust (SABP) starting in October 2018. Their in-house Early Supported Discharge (ESD) team continues to accept 40+% of stroke patients and it regularly refers patients who live outside the area of this team to their own local ESD service.

Other investments have been made into a Stroke Nurse Consultant and a Stroke Pathway Coordinator, both of whom have enhanced the stroke pathway.

FPH has had a networked Acute Stroke Service with the Royal Surrey County Hospital NHS Hampshire HASC Stroke Mobilisation Report 05/11/18

Foundation Trust (RSCH) since January 2017. This is working very well and provides an excellent well-established stroke pathway. FHT is to formally commission 13 stroke beds from RSCH; the final financial and contractual arrangements are due to be signed off shortly. The networked service is holding an Away Day in November 2018 for patients and staff to review the current stroke pathway to see if it can be enhanced further. This is a good opportunity to act on patient feedback.

Whilst not reported by SSNAP, the next challenge identified by the service is to review the Transient Ischemic Attack (TIA) pathway. The latest clinical guidance requires **all** referred patients where TIA is suspected to be seen within 24hrs, rather than only patients identified as high-risk.

Summary

Commissioners in both Hampshire and Surrey continue to work with relevant providers to ensure the benefits of the new stroke pathway are fully realised. This involves review and oversight at the Surrey Stroke Oversight Group coupled with contract monitoring and management focussing on achievement of relevant national indicators across the pathway.

As indicated above, South Central Ambulance Service has improved their stroke 60 minute performance recovery action plan target from April 2017 to June 2018 and are performing 3rd best out of all 11 Ambulance Trusts with performance in June 2018 at 61%. SCAS are meeting the proposed NHS England 2020 target for arrival time at Frimley Hospital for stroke patients.

In October 2018 SCAS were meeting the Cat 1 (life threatening calls) and Cat 2 (emergency calls) mean response times but not the Cat 3 and 4 mean responses (urgent and less urgent calls).

SECAMB ambulance response times are not within the national target and work continues to secure the transition to the new Ambulance Response Programme. Following review, SECAMB has received an investment of £10m in the current year to support improved performance.

Hampshire HASC is asked to note the report and the actions being taken to secure improved stroke care for this defined population.

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Appendix 1 Surrey Stroke Oversight Group

Terms of Reference (Final)

Purpose

Hampshire HASC Stroke Mobilisation Report 05/11/18

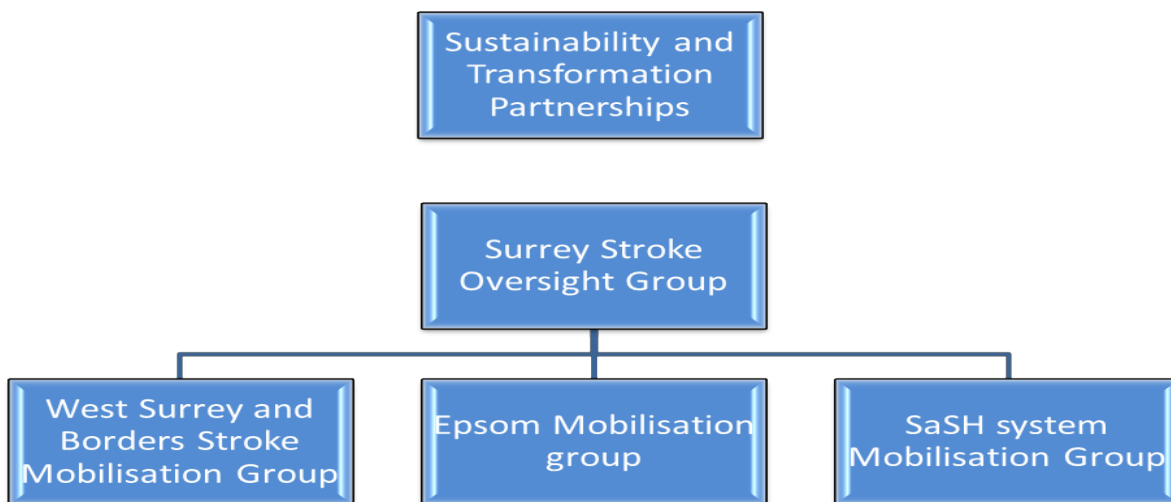
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The Surrey Stroke Oversight Group is drawn from the whole community with an interest in stroke service provision and will represent all CCGs, Trusts and key partners involved in the configuration of stroke services across Surrey in response to the Surrey Stroke Review. The group will provide strategic oversight of the mobilisation of stroke pathways across the three Surrey systems to ensure full benefits are realised and pathways are mobilised in line with the plans and delivering the desired outcomes.. The group will consist of a broad range of professionals (medical, nursing, allied health professionals, commissioners and managers).

Accountability

Members of the group will be individually accountable to their respective employing organisations although their role on the group is to contribute their individual experience, knowledge and expertise as well as representing the position of their organisation.

Governance



Responsibilities

- To provide an effective interface between stakeholders across Surrey
- To review relevant data and highlight variations in practice and patient outcomes eg SSNAP
- To ensure that the Surrey stroke pathways are being robustly delivered
- To identify system interdependencies & risks and support risk management and resolution of risks and issues
- To consider workforce issues and opportunities to work in partnership to mitigate risk

Expected Outcomes

- To ensure pathways are mobilised and delivered such that that all people living in Surrey who have had a stroke have access to high quality stroke services at all stages in the pathway, including longer term quality of life
- To ensure delivery of equitable provision of services and seamless transition in care across the whole patient journey
- A reduction in mortality rates
- A reduction in the average length of stay
- A reduction in stroke re-admissions
- Achievement of all key stroke targets and Key Performance Indicators (KPIs)
- Increase in the number of patients discharged to their normal place of residency

Membership

Chair: Matthew Tait, Accountable Officer Surrey Heartlands' CCGs. **CCGs:**
East Surrey CCG

Guildford & Waverley CCG North West Surrey CCG Surrey Downs CCG
Surrey Heath CCG

North East Hampshire & Farnham CCG

Providers:

Ashford & St Peters NHS Foundation Trust Epsom & St Helier University Hospitals NHS Trust Frimley Health
NHS Foundation Trust
Royal Surrey County Hospital NHS Foundation Trust Surrey & Sussex Healthcare NHS Trust
CSH Surrey Virgin Care
First Community Health and Care

South East Coast Ambulance Service

Other

South East Clinical Network, NHS England

Additional representatives will be invited to join the meetings on an ad hoc basis as appropriate.

Frequency

Meetings will be held for 2 hours on a bi-monthly basis. Meetings will rotate between sites across Surrey who will take it in turn to host the meeting. Additional meetings may be called by exception as required.

Secretarial Duties

The Chair's administrative team will be responsible for preparation and circulation of the agenda, as well as the minuting and circulation of actions agreed at the meeting.

Quorum

In order to be deemed quorate at least one representative from each system mobilisation group will need to be in attendance and the Chair or delegated deputy.

Conduct

If any member has an interest in any matter, and is present at the meeting at which the matter is under discussion, he/she must declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the matter has been completed.

Review

The Terms of Reference will be reviewed in 6 months and updated as necessary. The Oversight group will continue to meet until all stroke pathways across Surrey are fully mobilised.