



TRUST BOARD
31 May 2018

AGENDA ITEM	16.2
TITLE OF PAPER	Stroke Transformation Project Update
Confidential	NO
Suitable for public access	YES
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED	
<u>STRATEGIC OBJECTIVE(S):</u>	
Best outcomes	The reconfiguration of stroke services across North West Surrey and Guildford & Waverley will provide improved clinical outcomes for stroke patients including improved mortality rates and reduced long term disability. The model has been developed in accordance to best practice guidance and with external support from the national clinical lead for stroke.
Excellent experience	The redesign of the stroke pathway will ensure patients are cared for in a timely way by the appropriate service in the most clinically effective setting. This will result in a reduction in variation of care and a more responsive service for patients and their families.
Skilled & motivated teams	Amalgamating the stroke services across Surrey, will create an exciting and rewarding work environment for staff, including the development of specialist posts, and rotation through different teams in the pathway. Quality education and training will be provided and will continue through innovation and research.
Top productivity	The development of a co-located stroke model is likely to deliver efficiencies in the longer term from economies of scale and improved use of community services (evidence from the Birmingham review suggest that HASUs with activity of c900 are between 25-28% more efficient).
EXECUTIVE SUMMARY	
	This paper provides an update on progress with the stroke transformation project at ASPH, highlighting the key stages in the stroke pathway and progress within each stage, plus next steps.

RECOMMENDATION:	Receive and obtain assurance from the report.
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	The reconfigured service will reduce risk to patients by providing 7 day specialist stroke services with improved integration between acute and community and health and social care.
Patient impact	Stroke patients will be required to travel to the co-located HASU/ASU for specialist treatment. SECamb travel data shows that for the majority of the population there is good coverage to meet the call to unit requirement of less than 60 minutes. Patients in the area south of Guildford will now flow to the Frimley Health HASU site.
Employee	The reconfiguration offers an exciting opportunity for staff to gain experience in new teams or continue within the relocated stroke services. Risk for some staff to choose new career experiences away from the stroke team. Consultation and support provided to staff.
Other stakeholder	A wide group of stakeholders are engaged with the reconfiguration design, including service users and carers.
Equality & diversity	There was a risk that the population around Haslemere may be disadvantaged in relation to travel times. However as detailed above, patient flow for this area will now be into Frimley. SECamb and ASPH auditing patient outcomes for patients from G&W catchment to demonstrate patient impact.
Finance	The reconfigured service will reduce risk to patients by providing 7 day specialist stroke services with improved integration between acute and community and health and social care.
Legal	Stroke patients will be required to travel to the co-located HASU/ASU for specialist treatment. SECamb travel data shows that for the majority of the population there is good coverage to meet the call to unit requirement of less than 60 minutes. Patients in the area south of Guildford will now flow to the Frimley Health HASU site.
Link to Board Assurance Framework Principle Risk	
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DATE	25 May 2018
BOARD ACTION	Assurance

Context/Background:

Stroke is the fourth biggest killer in the UK, and a leading cause of disability and costs NHS and social care around £1.7 billion a year in England (<https://www.england.nhs.uk/blog/major->

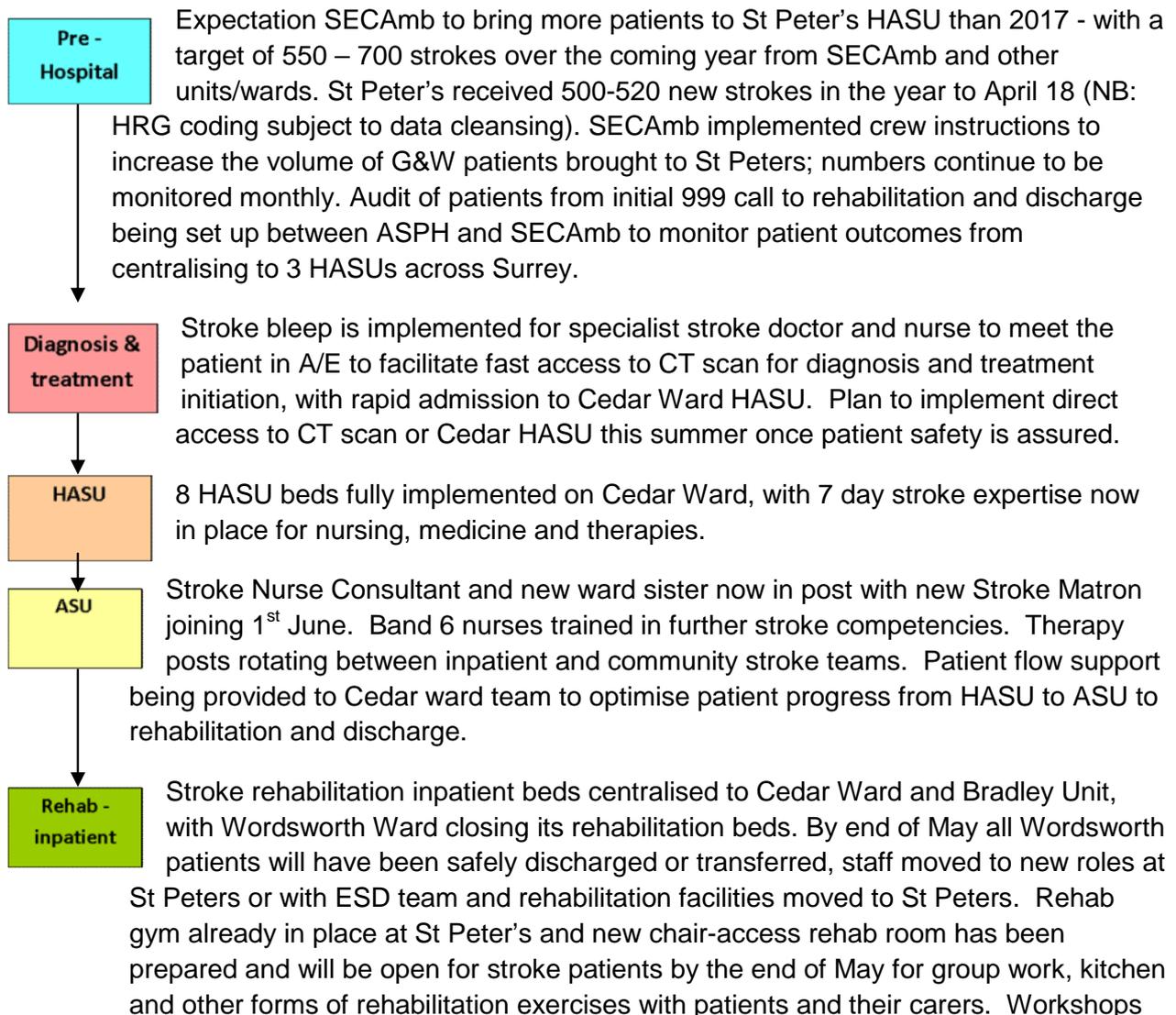
[changes-in-stroke-care-can-save-lives/](#)). For this reason transformation of stroke services is a national priority, with the National Stroke Strategy (2007), NHS RightCare Stroke pathway (2017), guidance for STPs on standards for acute stroke care (2018) and many other stroke best practice guidelines.

In 2016/17 Surrey worked with NHSE to determine an optimal stroke model for the Surrey population resulting in St Peter's Hospital being one of 3 Hyper Acute Stroke Units (HASUs) in Surrey (with Frimley Park Hospital and Surrey and Sussex Hospital being the other two).

October 2017 ASPH approved a Business Case for the ASPH Stroke Pathway for patients admitted to St Peter's HASU, progressing to Acute Stroke Unit (ASU) beds and on to rehabilitation either as an inpatient (at St Peters or Bradley Unit in Woking) or rehabilitation at home with the Early Supported Discharge (ESD) for strokes team, through to the patient review 6 months after the initial stroke. We seek to improve patient outcomes by saving lives in the acute phase and achieving optimal functional outcomes enabling stroke survivors to live as full lives as possible after stroke.

Stroke Pathway – progress to date:

The below sets out the key stages of the stroke pathway and progress to date:



taking place with Cedar & Bradley teams to establish smooth transfer arrangements to maximise patient flow.

ESD rehab

ASPH now manages and delivers rehabilitation in patients own homes through the ESD for stroke team. Patients are discharged to ESD as soon as they are safe for home care, however early in their stroke recovery. ESD covers both NW Surrey and G&W stroke patients with the previous two separate ESD teams now been brought into one service. Since February 2018 the ESD team has taken on approx. 22 new patients per month, which is more than achieving the expected 40% of the stroke cohort on discharge. Work is underway to enhance capacity of the team and negotiate effective partnership and liaison with rapid response and reablement services from local authority and community services. ESD is a vital component for effective stroke patient flow through the hospital and critical for the bed model to work.

Next Steps:

- Safe relocation of Wordsworth beds and staff to St Peter's - end May 18
- Establish audit with SECAmb for ongoing monitoring of stroke patients from G&W area from 999 call to discharge to ensure care quality maintained - July 18
- Monitor SECAmb conveyances to St Peter's HASU to track increases monthly - ongoing
- Embed stroke bleep protocol 24/7 to enable consideration of direct access to CT/HASU – end June 18
- Implement direct access to CT or HASU, without involving A/E – end July 18
- Detailed specification of the ESD service offering agreed with commissioners – end June 18
- Work with Cedar and ESD teams to pull back on recent increases in length of stay - June
- Further recruitment for Cedar Ward, Speech Therapists, ESD therapists and therapy assistants to achieve planned workforce model.