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27 October, 2017

Dear Dr Hambleton and Mr Gallagher,

**Re: Child Health Network feedback to Path to excellence consultation**

Thank you for inviting the informal Northern England Child Health Network to formally respond to the Path to Excellence consultation. I am pleased to be able to confirm the network's position on the proposed service changes. I do so on behalf of the network chair who has rightly declared a conflict of interest in relation to the proposals and who has played no part in network discussions on this matter.

As you will be aware, a number of non-conflicted nominated clinical representatives of the network gave their views on the draft service change proposals prior to the consultation commencing. The view of these consultant paediatricians has since been considered and endorsed by network members and as such can be considered to be a final network view. Views have been specifically obtained from network members outside of the directly affected organisations.

I therefore enclose the original report which has only been updated to ensure the option numbers reflect those within the public consultation documentation.

I do hope that this helps to bring meaningful clinical debate to the Path to Excellence decision-making process in order to deliver the best possible paediatric care to local patients.

Yours sincerely,



Dr Robin Mitchell  
Clinical Director  
Northern England Clinical Networks

**South Tyneside and Sunderland Healthcare Group  
Clinical Services Report for Paediatrics**

**Feedback from individual experts identified through the  
informal Northern England Child Health Network**

**24 April, 2017**

The Northern England Child Health Network was asked to identify non-conflicted individuals with appropriate paediatric clinical expertise to provide comments on the proposed paediatric service changes from South Tyneside and Sunderland Clinical Commissioning Groups and NHS Foundation Trusts working as part of Sunderland Healthcare Partnership to deliver the Path to Excellence Programme.

Network members were identified and asked to review the clinical service review report (v.11, dated 01.03.17) to provide an informal, external sense check and comment specifically on:

- Their likelihood to deliver safe, high quality services and the best possible clinical outcomes
- Their likelihood to address current service challenges
- Alignment with the clinical evidence base
- Any learning from elsewhere that could help strength the proposals
- Any alternative service configurations that could be considered
- Anything that the programme may have overlooked in the development of the proposals

The clinical services review report was reviewed by:

- Dr Maria Willoughby, Consultant Paediatrician and clinical lead for the child health network
- Dr Mark Anderson, Consultant Paediatrician and clinical lead for the child health network

Feedback is as follows:

Firstly, we would like to commend the review team on the production of a thorough report which outlines a clear case for change and well-considered service change proposals. We believe that the scenarios described represent a credible attempt to address the workforce challenges that have left the paediatric service at South Tyneside District Hospital particularly vulnerable.

The workforce challenges experienced locally echo those nationally, with national workforce pressures around neonatal nurse staffing and paediatric middle grades as a result of a reduction in trainee numbers, an increasing female workforce and less-than full-time training. The use of locum medical staff presents clinical challenges - although partially offset in this instance through attempts to use regular, familiar locums - with risks of inconsistent clinical standards and an absence of integration and support for departmental or organisational governance. The recruitment of Trust Grade doctors from overseas continues to be challenging, with immigration regulations restricting international medical graduate recruitment to two years, variable skill level and no assurances that supply exceeds demand.

Through the use of Paediatric Nurse Practitioners and Advanced Neonatal Nurse Practitioner roles, it is clear to see that South Tyneside NHS FT has attempted to implement alternative workforce models to reduce clinical risk and enhance service sustainability. However such approaches can often deplete senior nursing teams and retention can be problematic.

Resident consultant posts are being used in units elsewhere nationally and are likely to be part of sustainable workforce solutions, however this is dependent on the creation of satisfying roles and continued developmental opportunities; larger teams continue to be more attractive in terms of recruitment and retention through the provision of an improved work-life balance.

The Path to Excellence proposals to remove the medical paediatric presence from South Tyneside District Hospital allow immediate operational pressures to be addressed whilst moving towards RCPCH college standards of a 1:10 rota. Option 2 is the most likely to deliver long-term workforce sustainability due to the concentration of paediatric acute emergency services onto a single site which is likely to support medical staff retention.

Recruiting and retaining senior medical staff to work only in short-stay units – such as that outlined in option 1 - is difficult. Staff tend to move on more frequently and this consequently reduces the capacity for organisational memory and therefore the ability to maintain good, long-term strategies to deliver the best clinical outcomes. Greater staff retention and sustainability could potentially be achieved for option 1 if senior medical staff rotated through both South Tyneside and Sunderland hospital sites, however, the CCGs and FTs need to be mindful that this does not always achieve the desired job satisfaction and greater consideration is therefore advised for long-term medical staffing sustainability with option 1.

We have identified no reasons that question the safety and clinical efficacy of the proposals and believe they will provide a safer, more sustainable alternative to what is delivered at present, given the current service configuration's reliance on a succession of locum medical staff. We cannot suggest any other service configuration option that might potentially achieve as good an outcome as those likely to be delivered from the change proposals outlined, without further, more radical service reconfiguration.

The proposals are in line with the available clinical evidence base and are informed by appropriate clinical standards. We would however recommend that the specific Royal College of Paediatrics and Child Health guidance on Short Stay Paediatric Units (2016) are also reviewed. The programme may also benefit from exploring any learning from paediatric service changes in Nuneaton and Manchester.

We note that the workforce considerations reflect current budgeted workforce rather than actual workforce. We therefore strongly encourage the programme to ensure that sufficient establishments are available to fulfil the future programmed activities (PA) requirement in order to mitigate against ongoing future vacancies. Equally, we would advise due consideration of regional advice on percentage-fill rates on rotas to achieve equity, in order to fully understand any residual vacancies from the proposed net middle grade reduction.

We note the work described to assess bed capacity but are unclear as to what point of the day demand and capacity has been assessed. In order to ensure as realistic bed modelling as possible, we would encourage midnight bed demand and capacity to be assessed, if the programme has not already done so, given that children seen later in the evening at a CSSAU may end up being admitted overnight.

The co-dependency of the Trusts' paediatric and maternity models may mean that further work is required to fully assess the impact of any activity loss to neighbouring acute sites together with the impact this may have on the number of medical trainees at South Tyneside and Sunderland hospitals. Every effort should be made to avoid exacerbating the very workforce pressures that the proposals are seeking to address.

The report acknowledges the potential impact on ambulance transfers and transfer times. We would recommend that the programme, in partnership with the North East Ambulance

Service, considers the assessment of the Path to Excellence Phase 1a proposals alongside any other proposed changes across the North East, each of which may have a similar cumulative impact.

In summary, we believe this report puts forward two credible solutions, with option 2 likely to deliver greater workforce sustainability and therefore safeguard service quality and continuity in the longer term. Subject to the considerations advised above, we consider the proposals to be robust and appropriate.

We hope the programme finds this feedback helpful and we remain happy to help and support in the further development and/or review of the proposals as required.