SCRUTINY CO-ORDINATING COMMITTEE

AGENDA

Extraordinary Meeting to be held in the Civic Centre (Council Chamber) on Tuesday 8th November, 2016 at 2.00 p.m.

Membership

Cllrs Atkinson, D. Dixon, English, Foster, Francis G. Galbraith, Heron, Lauchlan, F. Miller, P. Smith, David Snowdon, Dianne Snowdon, Waters and N. Wright

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Apologies for Absence</td>
</tr>
<tr>
<td>2.</td>
<td>Minutes of Joint Meeting held on 19th September, 2016 – for information (copy attached).</td>
</tr>
<tr>
<td>3.</td>
<td>Declarations of Interest (including Whipping Declarations)</td>
</tr>
<tr>
<td>4.</td>
<td>The Path to Excellence – Draft Paper</td>
</tr>
<tr>
<td></td>
<td>Report of South Tyneside and Sunderland NHS Partnership (copy attached)</td>
</tr>
<tr>
<td>5.</td>
<td>Travel Impact Assessment Update</td>
</tr>
<tr>
<td></td>
<td>Report of South Tyneside and Sunderland NHS Partnership (copy attached)</td>
</tr>
<tr>
<td>6.</td>
<td>Engagement Activity Plan Update</td>
</tr>
<tr>
<td></td>
<td>Report of South Tyneside and Sunderland NHS Partnership (copy attached)</td>
</tr>
</tbody>
</table>
Joint meeting of South Tyneside and Sunderland Health Scrutiny Committees

Joint meeting of
South Tyneside Council: Overview and Scrutiny Co-ordinating and Call-in Committee and People Select Committee
Sunderland Council: Health and Well-being Scrutiny Committee and Scrutiny Co-ordinating Committee

19 September 2016

Present: South Tyneside:
Councillors McCabe (Chairman), Amar, Brady, Dick, Donaldson, Hetherington, Huntley, Kilgour, Keegan and K Stephenson
Councillor Dixon (Lead Member Independence and Well-being)

Sunderland:
Councillor Lauchlan, McClennan, Smith, David Snowdon, Dianne Snowdon and Wright

In attendance: Ken Bremner (Chief Executive South Tyneside and City Hospitals Sunderland NHS Foundation Trusts), David Gallagher (Accountable Officer NHS Sunderland CCG), Dr David Hambleton (Accountable Officer NHS South Tyneside CCG), Caroline Latta (NHS North of England Commissioning Support), Dr Shaz Wahid (Medical Director South Tyneside
1. Chairman’s Welcome

The Chairman welcomed all present.

2. Declarations of Interest

There were no declarations of interest.

3. South Tyneside and Sunderland Healthcare Group

Ken Bremner advised the meeting that the Board of each Trust had established a Memorandum of Understanding and broad Terms of Reference as a basis of joint working. It did not replace the two statutory organisations that existed.

The Board of each Trust had approved moves towards the creation of a single operating management team. A Communications and Engagement Strategy was being developed.

Following completion of these internal processes the clinical service reviews would begin.

Members raised concerns that documentation was tabled at the meeting. This practice did not allow Members the opportunity to read and consider the documentation before the meeting and hindered the scrutiny process.

It was recognised that should a Joint Overview and Scrutiny Committee be established between South Tyneside and Sunderland Councils formal arrangements would need to be adhered to for the provision of agenda documents.

4. The Path to Excellence – Transforming Services in South Tyneside and Sunderland

Representatives from the Partnership gave a presentation on the transformation of services in South Tyneside and Sunderland. The presentation covered:

- Background to the need for change;
Challenges facing South Tyneside and Sunderland;
The NHS Five Year Forward View;
Sustainability and transformation plans;
Overview of the service reviews underway;
Vulnerability of stroke services in South Tyneside;
Engagement and consultation, legal duties, examples and timetable.

The following represents a summary of the key issues highlighted and discussed.

Why things need to change
There was an urgent need to change current provision of services to address the issues identified in the NHS Five Year Forward View namely, the health and well-being of residents, the quality of care provided and the financial pressures on the NHS and its services. In essence, it was about the provision of safe, high quality services to residents.

Locally, the NHS faced severe financial pressures and it was highlighted that South Tyneside Foundation Trust would run out of cash by October 2017 unless services were operated differently. The combined deficit for both Trusts totalled in excess of £50m.

The financial difficulties were recognised, however, clarification was sought over City Hospitals Sunderland’s financial position. It was confirmed that City Hospitals Sunderland was predicted to run out of cash at some point during 2018 and whilst job losses could not be ruled out, any changes would be achieved where possible through natural wastage. Some service areas urgently required staff and recruitment would take place.

Shared Sustainability and Transformation Plans
Shared Sustainability and Transformation Plans for Northumberland, Tyne and Wear and North Durham were being produced to map out current health provision and identify ways to collectively improve residents’ health and care within the resources available.

Ensuring sustainable clinical services for the future
To ensure sustainable clinical services in the future, a review programme had been developed to investigate a range of options for how each service could be organised. These reviews included a timeline which allowed for the necessary clinical review, preferred options to be developed and public consultation to be carried out prior to any implementation of any service changes taking place. These reviews would take place over three phases between now and September 2017.
Services could be organised in a number of ways including shared pathways, staff and assets on both sites, by a hub and spoke method or centralised to an individual site. This could mean services currently provided on one site being transferred from one hospital site to another.

In addition, the meeting was advised that South Tyneside Stroke Service was judged to be vulnerable due to staff vacancies and a concern over patient outcomes. Both South Tyneside and Sunderland Stroke Services were not meeting national standards, in part due to staff vacancies and recruitment problems, but also in terms of patient numbers. The Clinical Commissioning Groups and Trusts had agreed that a temporary solution was required to address the concerns over the vulnerability to the South Tyneside Stroke Service. This solution was the temporary centralisation of all stroke care at City Hospitals Sunderland. This would enable the service review to be carried out to identify other options for service provision, which would be subject to statutory consultation, in early 2017.

Members noted that the regulations allowed the temporary change to Stroke Services to be imposed if deemed necessary to maintain clinical safety, however, felt that they had no option other than to support the view of clinicians. Members did not wish to oppose the view of medical professionals and possibly put residents care at risk, however, they wished, and received, assurance that the proposal was a temporary solution and that full consultation would be held on options for future service provision.

Engagement and Consultation
The legal duties to be followed contained in legislation and the principles to be followed for engagement and consultation were highlighted. The proposed phases, including methods and time lines for each clinical service review were noted.

Members expressed their concerns over the proposed consultation and highlighted that from their experiences, including that of the Jarrow Walk-in Centre, public and elected Members’ views were not listened to. Members stressed the need for meaningful engagement and consultation.

Members from South Tyneside and Sunderland stressed their concerns associated with transport arrangements from their communities to the hospital sites. In many cases, these transport links were non-existed, and where they did exist were often long and expensive journeys.
Summing Up
Following the discussions the Deputy Chief Executive stressed that there was a future for South Tyneside General Hospital providing a range of services. The clinical reviews would present options for consideration and that there would be full consultation on any proposals for change.

Agreed: (a) That the Partnership be thanked for its presentation, (b) that the temporary solution of Stroke Services be supported on the basis of clinical advice, (c) that full consultation take place before any permanent solution be implemented, (d) that the concerns of Members of issues such as transport and meaningful engagement be recognised by the Partnership and (e) that information be made available by the Partnership in a timely manner to allow proper scrutiny.

5. Proposed Formation of a Joint Overview and Scrutiny Committee between South Tyneside and Sunderland Council

The meeting was advised of the regulations covering the establishment of a joint Heath Overview and Scrutiny Committee. A model set of Terms of Reference and draft protocol had been produced for consideration by each council. Each Council would need to formally approve the establishment of the Committee.

Agreed: (a) That the establishment of the joint Committee be agreed in principle subject to approve by each Council, (b) that Officers of both Local Authorities work to finalise the Governance arrangements and (c) that a further meeting be arranged in due course.

6. Chairman's Urgent Items

There were no Chairman's urgent items.
1. PURPOSE OF THE REPORT

1.1 The report provides, for information and comment, the draft transformation programme – The Path to Excellence - for the four NHS organisations involved.

2. BACKGROUND

2.1 The Path to Excellence document is attached at Appendix 1 of this report and sets out the big challenges for the NHS in South Tyneside and Sunderland. The document also explains some of the problems that must be solved very soon to secure safe and sustainable NHS services in the future.

2.2 The document and the name of the transformation programme for South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, NHS South Tyneside Clinical Commissioning Group and NHS Sunderland Clinical Commissioning Group is ‘The Path to Excellence’.

3. CURRENT POSITION

3.1 Across South Tyneside and Sunderland there has been a strong and proud history of partnership working between providers, commissioners and clinical networks to deliver the best possible care to populations they serve. The collaboration between the two trusts via the formation of the South Tyneside and Sunderland Healthcare Group builds on this history of partnership working and is supported by the commissioners.

3.2 The aim is for both trusts to work with each other as well as with their partner organisations to develop plans to deliver better quality care across their local populations so that key quality standards can be achieved, whilst at the same time, recognising the need to be as efficient as possible as a result of the financial pressures facing the local health economy.

3.3 The draft document The Path to Excellence sets out in greater detail the reasons the case for change, the financial position, collaboration between South Tyneside and Sunderland, clinical service reviews and how to get involved amongst other issues.
4. RECOMMENDATION

4.1 The Scrutiny Coordinating Committee is recommended to consider and comment on the information provided in the draft document – The Path to Excellence.

________________________________________________________

Contact Officer: Caroline Latta
Senior Communications and Engagement Locality Manager
The path to excellence

How we create the best possible improvements for health and care in South Tyneside and Sunderland

An issues paper

The Path to Excellence is the name of the transformation programme and the four NHS organisations involved are:

South Tyneside NHS Foundation Trust - [www.stft.nhs.uk](http://www.stft.nhs.uk)

City Hospitals Sunderland NHS Foundation Trust - [www.chsft.nhs.uk](http://www.chsft.nhs.uk)

NHS South Tyneside Clinical Commissioning Group - [www.southtynesideccg.nhs.uk](http://www.southtynesideccg.nhs.uk)

NHS Sunderland Clinical Commissioning Group - [www.sunderlandccg.nhs.uk](http://www.sunderlandccg.nhs.uk)
Contents

Introduction ........................................................................................................................................... 3

1. Why things cannot stay as they are ......................................................................................... 5

2. The three gaps .......................................................................................................................... 6

3. Developing improvement plans for local health and care ...................................................... 7

4. Ensuring quality of care ........................................................................................................... 8

5. Care Quality Commission ....................................................................................................... 9

6. Seven day working .................................................................................................................... 9

7. Access targets .......................................................................................................................... 10

8. Local sustainability .................................................................................................................... 11

9. Critical mass ............................................................................................................................ 11

10. Workforce ............................................................................................................................... 12

11. The financial position ............................................................................................................. 14

12. More care closer to home ....................................................................................................... 14

13. Outpatients ............................................................................................................................. 16

14. Why South Tyneside NHS Foundation Trust and Sunderland NHS Foundation Trust are working more closely together ................................................................. 16

15. Clinical services reviews .......................................................................................................... 18

16. The journey from clinical service review to services being changed ..................................... 19

17. Independent travel and transport review ................................................................................. 20

How to get involved ....................................................................................................................... 21
Introduction

Thank you for taking the time to read this document.

Its purpose is to set out the big challenges for the NHS in South Tyneside and Sunderland. It describes how we are at the start of a new journey for the local NHS ‘Path to Excellence’, which is the name we have given this transformation programme.

It explains some of the problems that we must solve very soon if we are to secure safe and sustainable NHS services in the future.

It explains some of the background to these issues, the problems there are in recruiting staff in key clinical specialities and the impact this has on making sure we give patients the best clinical care we can, so that they have the best possible chance of recovery and quality of life. It also recognises the financial challenges which the NHS is facing.

It explains how we are not making the best use of the staff expertise and other resources that we have. It highlights some of the government policy and quality directives that must be met such as seven day working. It highlights how we must protect and support our most precious resource our staff.

It shows how we are involving clinical leaders in a programme of service reviews where they have a key role in developing better ways to organise health and care services to help solve some of these problems. To help improve health outcomes, well-being and as such helping to improve the lives of our residents here in South Tyneside and Sunderland.

We now need the input of wider clinical staff across the hospitals, the GP community, other NHS organisations, the community and voluntary sector and most importantly, the involvement of patients and carers with experiences of the areas under review in generating ideas and helping to shape solutions.

As set out in the NHS Constitution, access to health care is a right of everyone in the UK and we are very clear that local people will continue to have locally accessible, a range of health services in both South Tyneside and Sunderland and local people will continue to have access to a comprehensive, free, national health service.

However we need to recognise that in the very near future the NHS will need to change the way some key clinical services work across the two areas in order to ensure they can continue to exist for both local communities in a safe and sustainable way.

Any future changes to the way services are organised would only be made in order to improve the quality of those services, as well as to future proof them for coming
generations, helping to ensure an overall positive impact on the lives of our residents now and in future.

In many cases some of these changes will be small scale, only noticed as an improvement in patient experience, however some changes such as to stroke services and potentially maternity services, for example could result in bigger changes locally to the way these services could be organised, taking into account the challenges we know are being faced by both of these services coupled with the need to deliver to new national quality standards.

It is very important to note that any large scale change will only happen after public consultation when local people will have the chance to review proposals in detail and then comment on them. The clinical commissioning groups are the NHS statutory bodies responsible for making final decisions about any changes to services and they will need to demonstrate how they have taken account of this feedback when making decisions.

We will make any future proposals clear and make it easy for people to feedback their views. It’s really important to us that as many people as possible take the opportunity to understand the issues and get involved – this way we have the best possible information to help us make informed decisions.

Many of the issues highlighted in this document will not come as a surprise to people who read the local and national media. Indeed, the issues faced by health and care services locally are not unique; they are similar to the issues the NHS in other parts of the North East and across England and need to be tackled if we are to protect our NHS for the future. Staying the same simply isn’t an option.

Despite the challenges facing our NHS, we strongly believe the people of South Tyneside and Sunderland should be able to have better health than they currently experience.

In South Tyneside and Sunderland we have more people using hospital services than other parts of the country. We want to see a future where people are only admitted to hospital when this absolutely cannot be avoided. We are working with our local GP practices and community services to look at how we can develop more services in the community setting as well as doing more to support people to stay well at home. We want to work with local communities to make sure that we have the very best hospital, general practice and community services and we are positive and optimistic that together we can achieve this.

There is a proud history of excellent care delivered by extremely dedicated staff working in the hospitals, in the community, in clinics, GP practices, with valued support from the community and voluntary sector.
As local NHS leaders, we are committed to building upon this history to create sustainable and high quality services for the future that work in the very best interests of patients.

Thank you for your interest and your involvement in these important issues, we look forward to hearing from you in the coming months.

1. Why things cannot stay as they are

The way that health and care is provided has dramatically improved over the past fifteen years thanks to the commitment of NHS staff and the advancements in medicines, medical technologies and medical training.

But some challenges remain. The quality of care that people receive can vary, preventable illness is common and growing demands on the NHS means there is financial pressure on local organisations at a level never seen before.

The needs and expectations of the public are also changing. New treatment options are emerging, and we rightly expect better care closer to home. However, whilst we are living longer, in the north east those extra years are often spent in poor health, requiring different more complex care. Therefore local people, the local environment as well as local health services need to change and work together to improve that poor health status, both through more self-care, a more preventive focus, a better local economy as well as more effective and efficient local health services.

There is broad agreement that, in order to create a better future for the NHS, we all need to adapt and change the way we do things. This doesn’t mean doing less for patients or reducing the quality of care. It means more preventative care, finding new ways to meet people’s needs and identifying ways to do things more efficiently and in new ways.

In recognition of this, NHS England published the NHS Five Year Forward View

The following sections set out in a little more detail why things need to change.
2. The three gaps

The Five Year Forward View brings together this agreement in a vision for the NHS. It highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:

- the health and wellbeing of the population
- the quality of care that is provided
- the finance and efficiency of NHS services.

The Five Year Forward View is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles.

And it is a vision where everyone with a stake in health and care comes together to find ways to work together, do things differently and reduce inefficiency.

It is an ambitious vision and there is widespread agreement among those working in the NHS, clinicians and people who use services that no change is not an option.

The growing gaps in the quality of care, our health and wellbeing and NHS finances can shrink over the next five years only by collectively adapting what we do, how we think, and how we act.

In South Tyneside and Sunderland, we believe we can do this by coming together as organisations and interested groups with a stake in health and care and finding new more collaborative ways of working together. We wish to develop new partnerships with the collective goal of protecting and enhancing health and care for local people.
3. Developing improvement plans for local health and care

A key way of enabling these changes is through new five year Sustainability and Transformation Plans (STP) which are being developed across a wide regional footprint which recognise patient flows are wider than local areas and some services are better organised on a bigger population basis.

In Northumberland, Tyne, Wear and the northern part of County Durham we have come together as a group of NHS providers, commissioners, and local authorities, to develop this umbrella improvement plan, known as an STP, for health and care in our areas by 2020/21.

*In these umbrella improvement plans we have significantly changed the way we plan – instead of using an organisational approach to planning we are planning as “placed based” health and social care systems.*

For South Tyneside and Sunderland, the Path to Excellence is our local health economy response to this umbrella STP.
4. Ensuring quality of care

It’s really important to remember that the most important aspect of NHS services must and always shall be firstly keeping patients safe, secondly ensuring the treatment is effective and thirdly that patients have a good experience. These three aspects define quality care.

We’ve made significant steps in quality over the last 30 years. However we must not forget in very plain terms that in the NHS when things go wrong, harm can happen to people.

In recent years we have had The Mid Staffordshire NHS Foundation Trust Public Enquiry and subsequent Francis Report to remind us why we must continue to have patient safety as our number one priority and we will continue to put safe care as the number one priority in the hospital’s plans to the trust regulator NHS Improvement.

The plans set out how we will improve quality leading to better health and improving the financial picture as part of the sustainability and transformation plan.

The STP process requires a focus on nine must do areas. These are:

- developing a high quality sustainability and transformation plan
- returning the system to financial balance
- local plans to address the sustainability and quality of general practice
- meet access standards for A&E and ambulance handover times
- achieve the 18-week referral to treatment target
- achieve the 62 day cancer waiting standard
- improve one-year survival rates for cancer
- achieve the mental health access standards
- deliver actions to transform care for people with learning disabilities
- develop and implement an affordable plan to make improvements in quality
5. Care Quality Commission

Both hospitals have been inspected by the Care Quality Commission (CQC) and are implementing post-CQC inspection improvement plans with the aim to move from ‘good’ to ‘outstanding’ for City Hospitals Sunderland and from ‘requires improvement’ to ‘good’ for South Tyneside Hospitals.

Working closely with the two clinical commissioning groups, a number of key quality priority areas have been identified:

- Safe and sustainable clinical staffing
- Increasing the delivery of harm-free care
- Meeting the Duty of Candour requirements which is about being open with patients when things go wrong
- Working together to continually improve patient, staff and public experience
- Combining further on Research and Development and clinical audit programmes

6. Seven day working

Across England, the NHS is required to move towards routine healthcare services being available seven days a week, delivering a more patient-focused service which can help improve lives.

Sir Bruce Keogh, NHS England’s Medical Director, reiterated this in 2014 when he stated that the provision of seven-day services across the NHS was his number one priority.

He has also reiterated on several occasions that mortality rates are higher for people admitted on a weekend and on average patients have a poorer outcome than those admitted during the week.

Whether this truly relates into avoidable deaths is not clear, however we know that improving the speed that emergency admission patients are reviewed by a consultant for example in medicine, surgery and maternity, to within 12 hours, and for high risk conditions such as a heart attack, severe infection (sepsis) and bleeding from the bowel to within one hour, will reduce the number of avoidable deaths and harm.
Sitting alongside this time to consultant review standard, we also need:

- increased access to timely diagnostics: more advanced imaging such as MRI and imaging of the heart (echocardiography) which is routinely only available during weekdays at the moment
- improved access to Consultant directed interventions, seven days a week: endoscopy, cardiac pacemakers, interventional radiology to relieve obstruction of the kidneys or to stop bleeding from a blood vessel.
- improved on-going review of patients in hospital following their initial emergency admission.

All the above will require investment in the work force and a move to new ways of working supported by technology and integration of health and social care which can be only achieved if we deliver care differently

7. Access targets

Again, it’s been widely reported in the media, that every year sees an increase in emergency attendances to A&E and also emergency admissions to hospital.

There is clear evidence that overcrowding in emergency departments results in increased patient harm and mortality, so it is important to maintain the national set target that a minimum of 95% of patients in the Emergency Department are reviewed and discharged or admitted to hospital within four hours.

Over the last two years this target has been an increasing challenge for more than 75% of Trusts across England and for both our local trusts. By working together across clinical teams both hospitals can come together to improve patient pathways, to help deliver seven days working, encourage people with minor conditions to seek other professionals outside A&E so that we can manage the majority of patients within four hours in the Emergency Department.

Cancer is one of the biggest causes of death from illness or disease in every age group. Cancer care is the third largest area of spend in the NHS, and the number of people getting and surviving the disease is increasing year-on-year.

South Tyneside’s and Sunderland’s history of heavy industry, high rates of smoking, obesity and deprivation means there are higher than average rates of cancer and other severe smoking related illnesses such as Chronic Obstructive Pulmonary Disease (COPD).

Both areas occupy the top two places for having the highest cancer mortality in the North East. We need to tackle this increasing epidemic of cancer with a drive to swifter access to diagnosis and better treatment and care for all those diagnosed with cancer.

The National Institute for Health and Care Excellence (NICE) has produced guidance and quality standards for quicker diagnosis and treatment and this has resulted in
development of advanced imaging such as CT scanning and endoscopy in both hospitals and increased referrals to both cancer teams.

To keep pace with this rise in demand and achieve quality standards for cancer investigation and treatment we will have to work collaboratively and develop better clinical networks for our population.

8. Local sustainability

In both hospitals there are a number of clinical specialties where each organisation may have only one or two consultants or other specialists providing certain services.

This poses obvious problems in relation to sustainability, for example covering the service when consultants take annual or study leave, or if they were sick for any period of time.

Small departments are sometimes not attractive to potential new consultants because they require continuously running services which only just keep going and require large amounts of energy and resources to sustain. Out of hours on call also places a larger burden on staff where there are smaller numbers.

Also to achieve seven day working there are economies of scale and efficiency for such departments to formally network or perhaps reconfigure.

9. Critical mass

A medical royal college is a professional body in the form of a Royal College responsible for development of and training in one or more medical specialty.

They are generally charged with setting standards within their field and for supervising the training of doctors within that specialty, although the responsibility for the application of those standards in the UK, since 2010, rests with the General Medical Council. In the United Kingdom and Ireland most medical royal colleges are members of the Academy of Medical Royal Colleges (AoMRC)

There are an ever growing number of publications from the Royal Colleges, the Department of Health and other bodies about the minimum population size that a particular clinical speciality is recommended to provide for in order to ensure clinicians maintain their skills and therefore patient safety, and this is known as critical mass.

One example of this type of guidance includes vascular surgery, which states vascular surgery services should be centralised based on population figures and minimum numbers of certain operations.
This is to ensure that when a doctor is treating a patient they have enough experience to treat complex conditions as research shows something is more likely to go wrong when a patient is treated in a unit where the doctors are not seeing sufficient volumes of certain types of conditions. In short, if clinical skills are maintained because doctors are seeing a wide, varied range of cases in sufficient volumes then patient safety is maintained and risk of harm minimised.

It is different for individual specialties, but across the two hospitals there are some specialties, or individual doctors, who are unable to treat certain conditions frequently enough to maintain skills (according to published guidance) for certain procedures. The recent national maternity review has also recommended a minimum population for a service to cover to maintain skills.

10. Workforce

Pressures across the workforce are being experienced by NHS organisations nationwide. The challenges include shortages of qualified nurses, attracting and retaining consultants in certain specialities, gaps in rotas for doctors in training and the introduction of the agency cap which means NHS organisations are restricted in the use of temporary agency workers.

The restriction on overseas recruitment provides further pressure as this has often been used as a way of solving some of these workforce pressures.

Also the funding for training and developing our staff to help them carry out their roles to meet the increasing needs and demands of our patients and their carers is reducing in line with the unprecedented financial pressures the NHS is facing.

Recruitment to small teams can frequently be a problem, for example consultants will often want to work in a large team, which offers them a number of opportunities to experience the wide ranging aspects of their chosen clinical discipline as well as extend their opportunities to participate in research activity and educational roles. These are very important aspects of a consultant’s on-going development and a key consideration for candidates looking to apply for consultant roles.

Small teams can often mean onerous and unsustainable on-call rotas that are unattractive when recruiting potential employees. For example in a small unit a consultant may have to be on-call one week in every four or five, whereas in a larger unit this is more likely to be one week in six to eight or even less.

The ability to have a work-life balance is a key consideration of future employees across all areas of the workforce when choosing where they will work. Larger teams will help us to provide this.
The two trusts working more closely together will support our ability to respond to these challenges, making sure that quality care is provided to our patients through the best use of our most important resource our staff, that we have enough staff in the right areas of care who are appropriately skilled and trained.

With better joint workforce planning we will have a combined focus, a consistent and supportive approach to recruitment and retention of staff, skill mix and role review resulting in a reduced need for the use of expensive agency staff. We will also be better able to achieve economies of scale when considering how we spend our increasingly limited training funding, meaning we can provide more support for our staff’s training needs.

Some progress has already been made through both organisations key roles in the CARE (Collaboration, Achievement, Research and Engagement) Academy where we have worked closely with other partners, in particular the University of Sunderland, to secure approval and implementation (April 2016) of a ‘local’ ‘Pre-Registration’ Nurse Programme, funded by the student.

The first student nurses who qualify will not do so until early 2019 but from that point we will have access to locally trained nurses, meaning we can plan our nursing workforce numbers in the future. This is good news but we cannot be complacent that it will solve all the problems around the nursing workforce.

With the two trusts working together the workforce risks can be better managed and significantly reduced.
11. The financial position

As has been widely reported in the media, the financial position that the NHS faces today is arguably the most challenging it has ever encountered.

Across England NHS Trusts posted a combined financial deficit of £822 million for 2014/15, for the 2015/16 this was even greater with collectively the NHS in England circa £2.8 billion in deficit at the end of the financial year in March 2017.

The estimated deficit by 2020/21 for the combined health and social care economy in South Tyneside and Sunderland could be as high as £270m if we do nothing and we continue to provide and use services in the same way.

It is very clear that simple year-on-year cost cutting will not achieve the cost savings needed and may lead to patient safety issues if both hospital trusts continue to try and provide all the services we currently offer individually.

12. More care closer to home

In 2013, partners across health and care in Sunderland (commissioners and NHS providers) agreed a vision for improving the lives of people that focused on integrated care which means person centred co-ordinated care.

This was in recognition of the duplication and lack of joined up services in the community and a sense of fracture between general practices and wider community services. At the same time Sunderland had many more people using the specialist and expensive resources in hospital who could have been managed in the community if the services were designed in a way to better meet their needs.

When we looked at the use of health and care services – we found that 3% of our population were accounting for 50% of all health and care services yet were not getting a good outcome.

The out of hospital partnership went on to plan and design a new model of care that would enable much more person centred co-ordinated care, especially for the most complex patients and in time all those with long term conditions.

NHS England then advertised for local areas that wanted to test new care models that helped address the challenges all areas where facing in relation to the future of the NHS. Sunderland applied to test a model (Multi Specialty Community Provider – MCP) that enabled groups and general practices to work in a different way with other community providers, focussed on achieving better health outcomes via person centred co-ordinated care, which could reduce the need for more specialist health and care services.
We were successful and became one of 50 national Vanguards, 1 of 14 testing the MCP model. This has brought extra national support; access to shared learning across the 50 sites, access to international best practice and so far over £10m into Sunderland to help us move to our new way of organising care.

Our Sunderland partnership is now known as All Together Better – better health and care in Sunderland

The All Together Better partnership continues to develop out of hospital care and is committed to engaging in the Path to Excellence transformation work in hospital as all the clinicians involved in and out of hospital appreciate the need to ensure there are effective care pathways between them.

GPs are the clinical leaders out of hospital and Consultants are the clinical leaders in hospital. Both partnerships are striving to ensure as the in hospital pathway is reviewed, consideration is given to the out of hospital pathway as it is usually the GP practice that accesses the hospital for a patient and after the specialist hospital activity, patients return back to their home and the care of their General Practice.

In South Tyneside, General Practices, community nursing services and adult social care have implemented new and innovative working arrangements to provide more joined up care to vulnerable patient groups, including the housebound, elderly, those with life limiting diseases and those at end of their life.

Smaller teams of community nurses and social workers now work together in neighbourhood teams providing care aligned exclusively to the patients registered with particular GP practices.

This means that patients get to be treated by the same professionals more consistently and those who are more vulnerable have a named care co-ordinator from the team, who is responsible for organising and co-ordinating care for the person, liaising with the patient, carer, the GP and other services where it is appropriate to do so, including mental health services.

The professionals involved in this joined up care are co-located and that they can share information around patient care, where it is clinically appropriate to do so and where the patient has consented to this. This information sharing prevents patients having to “tell their story” several times over to numerous professionals.

This is only the start of our journey and we are now looking to develop these services further to better integrate out of hours services and services which provide an unplanned response in the community. We are looking to work with our partners Sunderland to learn from their Vanguard experience and to see what services we might jointly develop as we transform care.
As a result of the alliance between the two hospitals, the out of hospital partnerships in both areas are also working together to share best practice and learning and explore the benefits for both areas of a single or blended approach to out of hospital care.

_The NHS gives patients the right to make choices about different aspects of the care they receive, from which GP or hospital best meets your needs, to the different treatment options available to you._

Across South Tyneside and Sunderland there are patients who choose to, or are signposted or advised, to have their treatment away from their local hospital, even when the service is available locally.

This is completely in line with government policy and the local NHS supports the rights of patients to choose where they received their hospital treatment.

However, we do want to understand the reasons why patients choose alternative hospitals when local services are available. Reasons could be in relation to patient experience concerns, practical issues such ease of access and car parking, or any reputational issues in relation to that service. If these issues relate to quality or safety, then the local NHS will work with patients to address these concerns, to ensure patients and GPs have the confidence to use local hospital services, when their needs cannot be met in the community.

### 13. Outpatients

There are also other specialties where there is great potential for increased outpatient clinics and even day case work to be provided in South Tyneside and Sunderland meaning patients will have to travel less.

_Both hospitals working together will allow the delivery of services at local hospitals or in local health buildings for our populations where they currently have to travel elsewhere._

For example in the current arrangements some ophthalmology (disorders and diseases of the eye) outpatient clinics take place at South Tyneside District Hospital but a larger volume of patients from South Tyneside attend the Sunderland Eye Infirmary. By working closer together the two trusts will look at ways so more of these patients could be seen and treated within South Tyneside, and not have to travel to Sunderland.

By working together as hospitals and with community health and care partnerships in each area, we will also help deliver and embed innovative local services that will in turn reduce the heavy reliance on hospitals in both areas.

### 14. Why South Tyneside NHS Foundation Trust and Sunderland NHS Foundation Trust are working more closely together
Across South Tyneside and Sunderland there has been a strong and proud history of partnership working between providers, commissioners and clinical networks to deliver the best possible care to populations they serve.

The collaboration between the two trusts via the formation of the South Tyneside and Sunderland Healthcare Group builds on this history of partnership working and is supported by the commissioners.

The aim is for both trusts to work with each other as well as with their partner organisations to develop plans to deliver better quality care across their local populations so that key quality standards can be achieved, whilst at the same time, recognising the need to be as efficient as possible as a result of the financial pressures facing the local health economy.

**South Tyneside and Sunderland Healthcare Group vision, aims and values**

Vision: “The path to excellence”

To deliver nationally recognised high quality, cost effective, sustainable healthcare for the people we serve with staff who are proud to recommend our services.

The joint aims are:

- to provide a wide range of safe high quality and accessible healthcare services
- to ensure financial performance provides value for money
- to recruit, retain and motivate skilled and compassionate staff who are proud to act as ambassadors of the services they provide
- to be the employers of choice in the North East of England
- to listen, learn and innovate

The joint values are:

- Safe patient care always the first priority
- Compassionate and dignified, high quality,
- Working together for the benefit of our patients and their families or carers
- Openness and honesty in everything we do
- Respect and encouragement for our staff
- Continuous improvement through research and innovation

Both organisations recognise the importance and value of having a local hospital providing a range of services, but they equally recognise the urgent need to rebalance
services across South Tyneside and Sunderland as it is not sustainable for either organisation to duplicate some services in each location.

To achieve this rebalance a clinically led service review programme is being undertaken to look at the best service configuration improve quality, ensure the services continue to be accessed across the local health economy of Sunderland and South Tyneside can be within existing resources.

15. Clinical services reviews

All clinical services will be over the next two years through a number of defined phases shown in table1 below.

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underway</td>
<td>October 2016 - March 2017</td>
<td>April 17 - September 2017</td>
</tr>
<tr>
<td>Stroke</td>
<td>Pharmacy</td>
<td>Emergency Care</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>Anaesthetics &amp; Theatres</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Cardiology</td>
<td>Acute Medicine</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Gastroenterology</td>
<td>Therapy services</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Respiratory</td>
<td>Diagnostics</td>
</tr>
<tr>
<td>Increasing delivery of elective work at STFT</td>
<td>Diabetes</td>
<td></td>
</tr>
</tbody>
</table>
Carried out by the clinical teams themselves, a clinical service review is the foundations of the process of transformation and reform and it is likely that the ways in which services might best be reconfigured will vary greatly between each clinical service.

Each service reviews their current configuration together and makes suggestions as to how the service might be better organised, in order to give the highest quality of care to patients and to maximise the best use of staff, skills and other resources.

There are a number of service models, which might range from existing clinical teams across the two trusts and localities simply working to agreed and standardised clinical policies, to the development of a service delivered to patients from a single site.

16. The journey from clinical service review to services being changed

It’s right that our local doctors, nurses and therapists with management support look at each area of care or service in the first instance and give recommendations as to how they think services could be better organised in the future.

It is equally right that local people get a chance to say what is important to them about these services.

Both the clinical reviews and the outcomes from listening exercises with the public form the basis of business cases for change which must also take into account a much wider view.

This wider view includes national NHS policy, clinical evidence from the Royal Colleges, the public health impact, a consideration of equality impact as well as any other insights from patients and carers using the services.
These business cases are then reviewed and concluded by the clinical commissioning groups as it’s their statutory duty to ensure the right NHS services are in place for local people. Further scrutiny is also carried out by NHS England, and if required an independent NHS Clinical Senate can be called upon, made up of expert clinicians from other parts of the country, who critique and assess the business case for robustness and then give a formal view.

It’s really important to understand that some changes might not even be noticed by patients, except that they receive an improved patient experience. Service improvements happen all the time as part of the on-going development of care.

However other changes because they are considered to be ‘significant’, such as relocating a service, would be subject to a formal consultation process required under the Health and Social Care Act (2012), case law and government policy.

This means that a full case for change with different options or scenarios will be published and a summary consultation document made available. Consultation would take place over 12 weeks and would have different ways for people to feed back their views such as public events, surveys and focus groups.

The feedback from any consultation would then be used in the final business case to be reviewed and concluded by the clinical commissioning groups.

Find out more on our website www.pathtoexcellence.org.uk

17. **Independent travel and transport review**

We know that when there is a potential for changes to where services are delivered, one of the biggest concerns people have is about how they will get to their appointments or how people might visit them.

In order to ensure we have good information on these issues, we have commissioned an independent travel and transport review.

The scope of the review includes some of the aspects below

- The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites

- Levels of access to public and private transport (including car ownership) – and barriers to access – in the South Tyneside and Sunderland areas

- How patients, staff and others currently travel to access services – what is the mix of private/public transport, walking and cycling
• The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence

• Patient transport access criteria and how much it is used

• What other community interest transport or volunteer transport arrangements there are locally, for example ‘dial a ride’ etc

The aspects above will be considered against a variety of times throughout the day, particularly early morning, visiting hours and early evening

This report will be made publicly available and will provide important information to inform any final decisions on service change

Read the full scope for travel impact on our website www.pathtoexcellence.org.uk

**How to get involved**

Over the coming months we will have lots of ways that you can get involved and opportunities to give your views.

The easiest way to ensure you don’t miss out on future opportunities is to sign up to My NHS, details below on how to do this.

We have also developed a dedicated website which contains all the most recent information and the documents and links we have highlighted through-out this document.

The website will also host links to surveys and registration for events once these become available.

Community and voluntary sector organisations will be running events for service providers and also holding focus groups for service users and carers.

If you would like to get involved in these activities then please contact us.
What is MY NHS?

If you’re interested in learning more and would like to get involved in the work we do to develop and improve local health services, then join MY NHS.

By joining MY NHS you will:

- Receive regular updates about the work of the local NHS
- Receive invitations to events
- Have opportunities to give your views about areas of healthcare that interest you
- Be able to participate as much or as little as you like

You can register for My NHS via our website [WWW.pathtoexcellence.org.uk](http://WWW.pathtoexcellence.org.uk)

or call us: 0191 217 2670

You can also write to us:

Path to Excellence South Tyneside and Sunderland
Care of: North of England Commissioning Support
Riverside House, Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
The timeline

NHS England publish NHS Five Year Forward View – October 2014

City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust announce a new South Tyneside and Sunderland Healthcare Group alliance – February 2016

NHS England announce requirement new umbrella sustainability and transformation plans to support place based planning across all health and care organisations – March 20016

City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust with South Tyneside and Sunderland Clinical Commissioning Groups work together as South Tyneside and Sunderland NHS partnership to support new programme of clinical service reviews – August 2016

Programme of service reviews by clinical staff starts – August 2016

Patient engagement starts with stroke services, maternity, gynaecology, orthopaedics, trauma and paediatrics - October 2016
1. Purpose of the Report

1.1 To provide the committee with an update on the travel and transport assessment and the procurement process by which a company was successfully appointed.

2. Background

2.1 There was a need for travel and transport to be assessed in an independent way and an independent report done to provide the basis to improve the future configuration of services to make better services for patients. A scope was coproduced and is included as Appendix 1.

3. Current Position

3.1 Following a competitive tender process a company was appointed:

Integrated Transport Planning (ITP)

3.2 The appointment panel included:

- HealthWatch South Tyneside and HealthWatch Sunderland
- Councillor Brady and Councillor Wright

3.3 The panel agreed that the proposal clearly demonstrated:

- a sophisticated bid
- good understanding of project
- sound experience of working with NHS, report included lots of examples
- credibility and expertise
- benchmarking and policy review
- innovative workshop format to engage with relevant stakeholders
- understanding of audiences and research challenges through choice of suggested research techniques i.e. Paper survey format for clinical staff survey
- specific reference to providing output options and recommendations

3.4 The project has started and includes the review of:

- Existing Staff Travel Survey Reports
• Sustainability Management Plan
• Patient Transport Service Eligibility Criterion
• Car parking policies and Parking Eye manuals
• Parking permit data, including costs and parking spaces
• Transport and taxi policies
• Staff postcode data

3.5 An officer workshop is planned for week beginning Monday 17 November. The broader workshop to include:

• Elected Members and supporting local government officers
• HealthWatch
• Nexus
• NEAS
• Community based transport
• Representatives from South Tyneside and Sunderland NHS Trusts

3.6 Next steps:

• Baseline analysis for December
• Specific service areas will be reviewed as options for change are developed
• Travel Impact will be continuously updated.

4. Recommendations

4.1 The Committee is asked to note and comment on the contents of the report and associated appendices.

Contact Officer: Caroline Latta
Senior Communications and Engagement Locality Manager
Travel impact assessment – scope

We require travel impact assessment services to provide an insight report to help inform a ‘case for change’ around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland. The initial contract would be for a benchmarking report, to include the key aspects below – however as this is a programme of NHS service change and potential reconfigurations, the contract has the opportunity to be extended to consider the specific travel and transport implications for each change.

We would also expect equality impact assessments outcomes (being carried out separately) to be included, for example level of disability.

Also we would want information to be split by different groups, patients, carers and staff.

As part of the assessment of the suitability of doing this we wish to understand the following:

- The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites (South Tyneside District Hospital and Sunderland Royal Hospital).
- Levels of access to public and private transport (including car ownership) – and barriers to access – in the South Tyneside and Sunderland areas.
- How patients, staff and others currently travel to access services – what is the mix of private/public transport, walking and cycling.
- How much travel already happens from one area to another – what could be expected if services are aggregated in one geographical area including rationale
- The costs of public transport
- The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence.
- Patient transport access criteria and take up (guidance will be given on this)
- The potential impact on patient transport services provided by North East Ambulance service (guidance will be given on this)
- What other community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc
• National and local NHS policies for providing assistance for travel
• Review of existing travel and transport policy for both trusts – for patients, carers and staff
• Any information about what other organisations have done to improve access in terms of transport following reconfiguration of services
• Options/recommendations for improvements - for example if service X was made available this would improve the % of patients able to get to SRH or STFT within 1 hour by Y’

The aspects above should be considered against a variety of times throughout the day, particularly early morning, visiting hours and early evening.

The successful organisation will have access to key staff within the hospital trusts and commissioning organisations to provide assistance with additional information and sign posting to other support.

The NHS programme of work will attract high levels of public interest and scrutiny from elected members, therefore it is very important that the successful organisation is open, honest and transparent.

Please note that the successful bidder must be able to attend an initiation meeting Monday 17th October in Sunderland or South Tyneside – venue to be advised.

Also the scope may change after the successful bidder is appointed however changes and costs would be negotiated with the successful bidder.

The contract will be awarded based on the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of the project brief</td>
<td>20%</td>
</tr>
<tr>
<td>Experience of working with the NHS</td>
<td>10%</td>
</tr>
<tr>
<td>Credibility and proven expertise of travel impact assessment services and analysis relevant to the scope</td>
<td>60%</td>
</tr>
<tr>
<td>Recommendations from similar clients to NHS/NECS/CCGs</td>
<td>5%</td>
</tr>
<tr>
<td>Presentation of document</td>
<td>5%</td>
</tr>
</tbody>
</table>

For further information about this brief please contact: Caroline.latta1@nhs.net

Please send your proposal via email to: emma.taylor79@nhs.net

These must be received no later than 5pm Monday 10th October.
## Timetable

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief issued</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; September 2016</td>
</tr>
<tr>
<td>Submissions received</td>
<td>No later than 5pm Monday 10&lt;sup&gt;th&lt;/sup&gt; October&lt;br&gt;Please note organisations missing the deadline will be excluded from the process</td>
</tr>
<tr>
<td>Panel convened to review submissions against criteria</td>
<td>Tuesday 11&lt;sup&gt;th&lt;/sup&gt; October 2016</td>
</tr>
<tr>
<td>Providers notified and winning provider advised verbally</td>
<td>Thursday 13&lt;sup&gt;th&lt;/sup&gt; October 2016</td>
</tr>
<tr>
<td>Appointment letter issued to winning</td>
<td>Friday 14&lt;sup&gt;th&lt;/sup&gt; October</td>
</tr>
<tr>
<td>Initiation meeting – successful provider meets with key NHS staff to start work</td>
<td>Monday 17&lt;sup&gt;th&lt;/sup&gt; October</td>
</tr>
</tbody>
</table>
SC�ATY COORDINATING COMMITTEE  8 NOVEMBER 2016

ENGAGEMENT ACTIVITY PLAN UPDATE

REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS PARTNERSHIP

1. PURPOSE OF THE REPORT

1.1 To receive a presentation on transforming services in South Tyneside and Sunderland. The presentation outlines the principles for engagement and consultation and provides an update on the engagement processes.

2. BACKGROUND

2.1 South Tyneside and Sunderland Healthcare Group are to work together using the joint expertise available to them to undertake clinical service reviews. The Presentation attached at Appendix 1 of this report outlines the principles for engagement and consultation. The presentation also provides a schedule for activity and an outline of both Phase 1 and Phase 2 of the process.

3. CURRENT POSITION

3.1 Phase 1 of the listening stage continues until the end of November 2016 with the consultation phase commencing for Phase 1 in January 2017. This will include stroke services, trauma & orthopaedics, paediatrics and increasing the delivery of elective work at STFT.

4. RECOMMENDATION

4.1 The Scrutiny Coordinating Committee is recommended to consider and comment on the information provided in the presentation.

5. Glossary

STFT – South Tyneside Foundation Trust

Contact Officer: Caroline Latta
Senior Communications and Engagement Locality Manager
The path to excellence

Transforming services in South Tyneside and Sunderland
Principles for engagement and consultation

• Open, honest and transparent – to the letter and spirit of law and NHS policy
• Communications and engagement planning group – HealthWatch are members
• Oversight from independent The Consultation Institute - quality assurance process
• Review via NHS England Assurance process
• We will publish all our key documents
• Feedback reports – independently analysed
• www.pathtoexcellence.org.uk will host all information
Phase 1 listening (pre-engagement) phase

- Independent travel impact analysis commissioned
- Attending community forums and ward meetings
- Review of patient experience, friends and family tests, national surveys, public perception on each service area
- Types of engagement activity
  - Targeted surveys – paper (including freepost address) and on-line
  - Out-patient and ward interviews and questions
  - Focus groups via CVS
- Joint HealthNet event across both areas – organised by the VCS umbrella organisations
Phase 2 Consultation planning

• Starting January 2017
• 12 weeks timeframe
• Full consultation documents published
• Supporting publicity and promotion
  – Local media
  – Council publications
• Types of activity
  – Consultation events
  – Survey and focus groups
  – Stakeholder events
<table>
<thead>
<tr>
<th>Phase 1 - listening</th>
<th>Phase 2 - listening</th>
<th>Phase 3 - listening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Until end of November 2016</strong></td>
<td><strong>October 2016 - March 2017</strong></td>
<td><strong>April 17 - September 2017</strong></td>
</tr>
<tr>
<td>Stroke</td>
<td>Pharmacy</td>
<td>Emergency Care</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics - including Ortho-geriatrics</td>
<td>Anaesthetics &amp; Theatres</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Cardiology</td>
<td>Acute Medicine</td>
</tr>
<tr>
<td>General Surgery – including endoscopy</td>
<td>Gastroenterology</td>
<td>Therapy Services</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Respiratory</td>
<td>Diagnostics</td>
</tr>
<tr>
<td>Increasing delivery of elective work at STFT</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care of the Elderly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 1 – Consultation</th>
<th>Phase 2 - Consultation</th>
<th>Phase 3 - consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start January 2017</strong></td>
<td><strong>Start Early summer 2017</strong></td>
<td><strong>Start Winter 2017/18</strong></td>
</tr>
</tbody>
</table>