

Informal Joint Health Overview and Scrutiny Workshop

Tuesday 15th January

Phase One update



Today's agenda



- Welcome, introductions and verbal updates
- Alignment to NHS Long Term Plan
- Updates on engagement with NEAS, travel and transport, implementation timings
- Stroke
- Maternity and women's healthcare
- Children and young peoples (urgent and emergency paediatrics) services
- Summary and next steps

Alignment to newly published NHS Long Term Plan

Ambitions for how the NHS can improve over the next decade, covering all three life stages:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

Alignment to newly published NHS Long Term Plan

Sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- Doing things differently
- Preventing illness and tackling health inequalities
- Backing our workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS

Ambulance service

Reminder about post consultation and pre-decision making

- Assurances from NEAS that all three services changes were deliverable – now moving into more specifics
- Working to ensure pathways are in place to the most appropriate setting without any unnecessary delays
- New funding envelope agreed sees four-year investment plan developed from 18/19
- Full additional investment for the region is £6.5m
 - Sunderland share is £676k
 - South Tyneside share is £400K
- Recruitment of circa 100 additional paramedics and reconfiguration of the current NEAS fleet for more ambulances and fewer rapid response vehicles supporting performance
- Ongoing work to ensure performance regionally and locally

Travel and transport

Working group met in December 2018 – meets quarterly, wide membership, terms of reference etc

- Sub group between transport providers, trusts, councils and CCGs to progress delivery work

Detailed action plan underway based upon insights gained from phase one public consultation feedback including:

- Improvement to travel planning links
- Travel planning capacity available from trusts

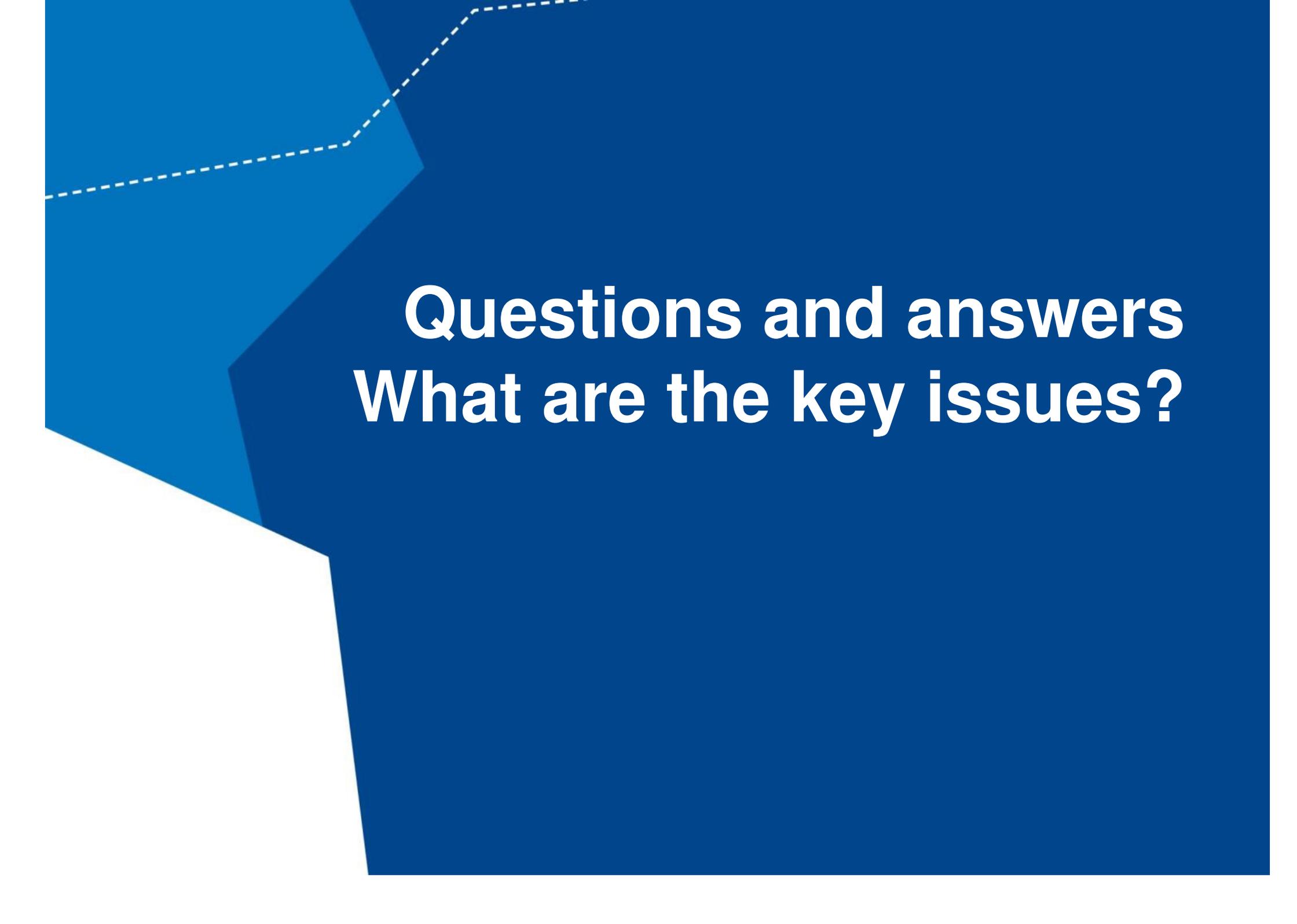
Travel and transport

Action plan continued:

- Working with bus operators, NEXUS and councils to improve access to hospital sites
- New marketing information summarising bus and metro links that serve each hospital site including walking routes into sites developed – increasing visibility of stops
- Trusts supported by NEXUS to develop personalised journey planning
- Phase 2 – impact assessment to start – will include parking costs, spaces and disabled bays
- Councils carrying out ‘last mile of journey’ audits – crucial info from drop off to entering hospital (distance, signage, crossing facilities etc) to inform improvements

Timings for implementation for all three phase one services

- Prepared as much as possible pending IRP and JR process - certain aspects could not be progressed until now
- Still key elements such as:
 - HR consultation process with staff in all three service areas (including stroke)
 - Engagement around birthing centre
 - Agree clinical pathways for transferring of children overnight
- Working as quickly as possible toward implementation no definite date for go-live – must be done in a timely manner to ensure clinical safety
- Both maternity (and gynaecology) and paediatrics must change at the same time due to clinical interdependencies
- More detailed conversations with NEAS around individual clinical pathways
- Priority is making sure that the changes are managed very robustly with clear public awareness and communication



Questions and answers
What are the key issues?

Stroke – reminder

All acute strokes are directed to Sunderland Royal Hospital (SRH)
with the consolidation of all inpatient stroke care at Sunderland
Running temporarily since December 2016 due to service vulnerability
The change will aim to be fully complete by April 2019

Mobilisation update

Data shows improvements in quality of care are making life changing improvements for local patients

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data - SSNAP level has improved to level B (from D)

The overall score has improved significantly from 66 to 80 (level A is achieved when the score is over 80, so 1 point off achieving level A)

Improved levels observed within the domains of:

- Stroke Unit (B) Occupational Therapy (A)
- Physiotherapy (B) Speech and Language Therapy (C)

Levels have been maintained for all other areas are:

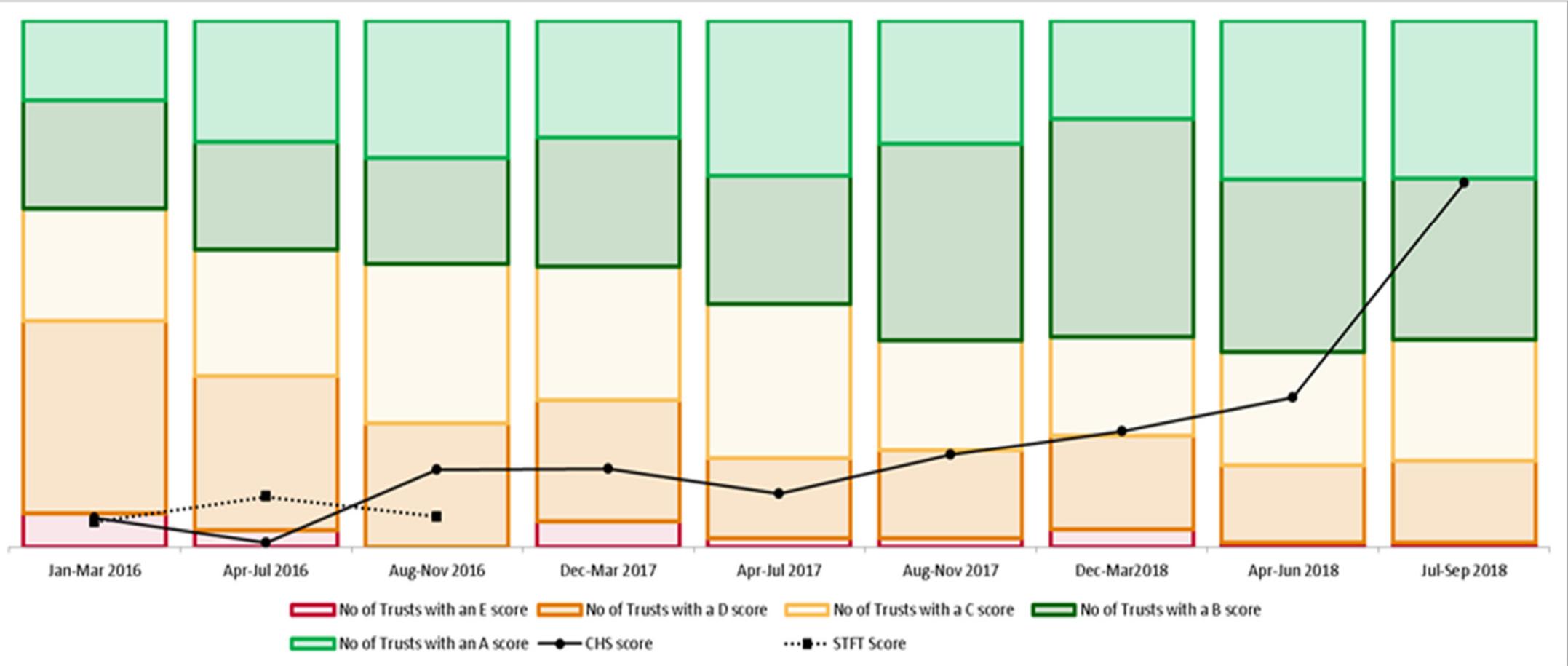
- Scanning (A) Thrombolysis (C)
- Specialist assessments (B) Multi-disciplinary team working (B)
- Standards by discharge (C) Discharge process (A)

Audit compliance has remained at level A

South Tyneside patients - Thrombolysis 0% to 70%

Reporting period	Aug-Nov 2017	Dec 2017-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
SSNAP level	D	C	C	B
SSNAP score	58.9	60	56	80
<i>Case ascertainment band</i>	A	A	A	A
<i>Audit compliance band</i>	B	A	A	A
Combined Total Key Indicator level	C	C	C	B
Combined Total Key Indicator score	62	60	56	80
<i>Team-centred post-72h all teams cohort</i>	255	269	217	209
1) Scanning	B	B	A	A
2) Stroke unit	C	C	C	B
3) Thrombolysis	D	D	C	C
4) Specialist Assessments	B	B	B	B
5) Occupational therapy	C	D	C	A
6) Physiotherapy	D	D	D	B
7) Speech and Language therapy	E	E	E	C
8) MDT working	B	B	B	B
9) Standards by discharge	C	C	C	C
10) Discharge processes	A	A	A	A
Patient-centred Total KI level	C	C	C	B
Patient-centred Total KI score	62	60	56	80
Patient-centred SSNAP level (after adjustments)	D	C	C	B
Patient-centred SSNAP score	58.9	60	56	80

Comparison to the rest of England, Wales and Northern Ireland



Other issues

Strong links with community teams – discharge planning is working well

Out of hospital element is part of wider system reform including

- Community services
- Primary care
- Prevention



Questions and answers
What are the key issues?

Maternity and women's healthcare (gynaecology) – reminder

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Running temporarily since December 2016 due to service
vulnerability
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Mobilisation update

Getting it right from the start

- Build the MLU and community hub from the bottom up
- Use an evidence-based approach
- Involve staff
- Involve women

Staff involvement

Summer 2018 10 workshops with 100 maternity staff from both Trusts

Events included:

- Review of service users' feedback
- More choice for women in both areas
- Home away from home
- Birthing centre for pre and post-natal care
- Holistic therapies

Mobilisation update

Themes discussed

- Antenatal care
- Giving birth
- Postnatal care
- Inpatient gynaecology
- Developing a midwifery-led model / community hub/ birthing centre

Site visits

Best practice centres of excellence

- Friarage in North Yorkshire
- Huddersfield
- Pontefract
- Edgware in London

Mobilisation update

Culminated in range of ideas that could be included:

- How we improve continuity of care for women during pregnancy
- How we address key public health issues including peri-natal mental health and breastfeeding support (NHS Long term plan specifically mentions cutting smoking in pregnancy)
- How we improve choice for women, for example through 'hypnobirthing', water births available at the MLU etc

Further independent input

School of Nursing, Midwifery and Health at Northumbria University commissioned to:

- Conduct independent review of clinical evidence base
- Assess developments to date and provide an objective view
- Develop community hub and co-produce with local women – targeted engagement activities

Mobilisation update

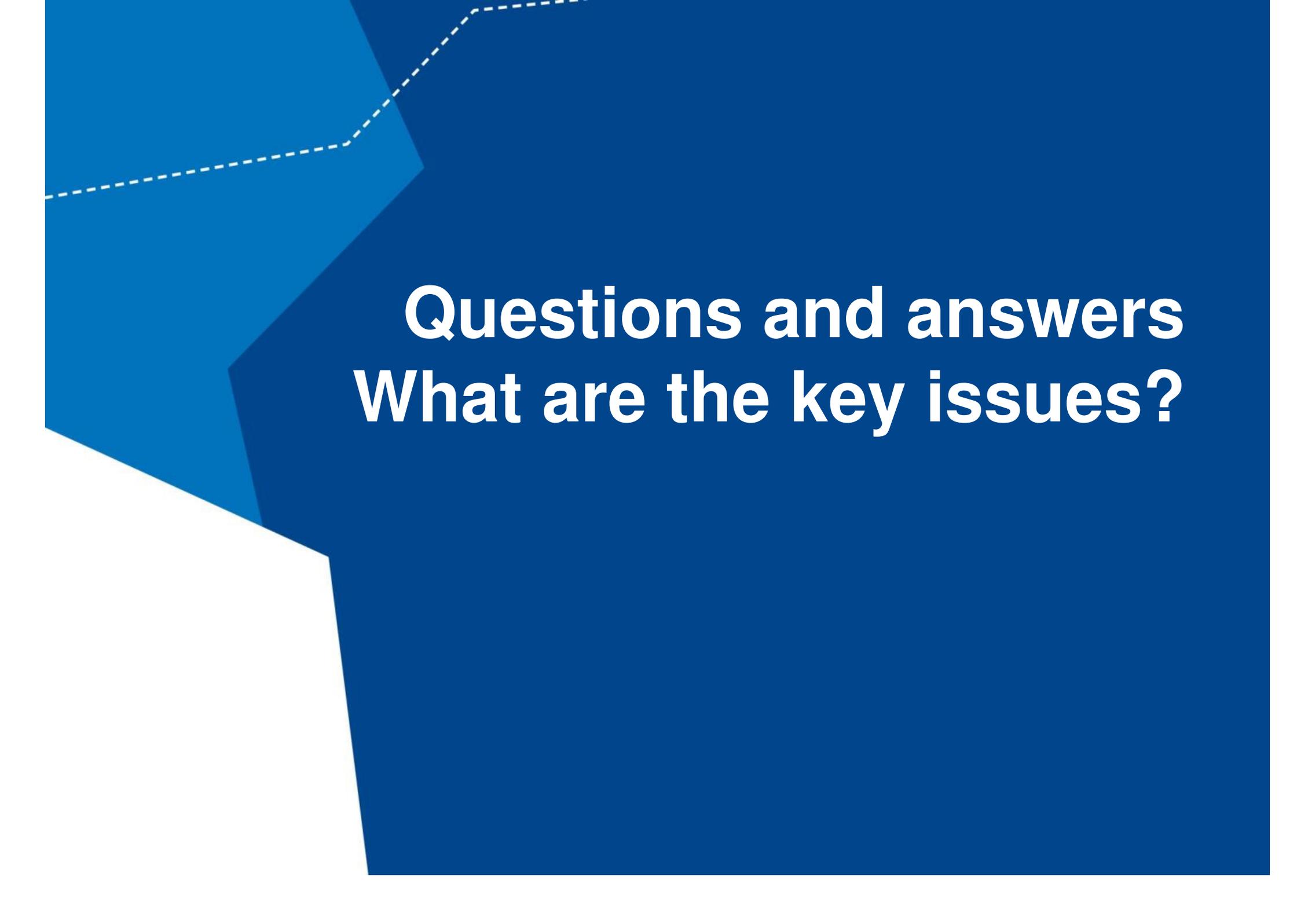
Other issues

- Training programme commissioned from Northumbria University to prepare and support staff working in a new MLU model
- Focused on 'human factors' fostering a different mind-set and approach to risk management and decision making without obstetric cover on site
- Estates - developing high level plans to enhance the existing maternity unit eg separate entrance to the community hub, new reception area and refurbished delivery rooms
- Detailed communications and marketing plan and new patient information leaflet as first priority to advise pregnant women on their options when booking in

Mobilisation update

Gynaecology changes

- Emergency and major planned gynaecology surgery to take place in Sunderland once maternity changes are implemented
- Access to expertise as part of a bigger team – impact of approximately 200 patients per year
- Increase day-case capacity at South Tyneside
- Offer more women the choice fast treatment in the Surgical Centre, making much better use of resources and potential to reduce waiting times across both populations



Questions and answers
What are the key issues?

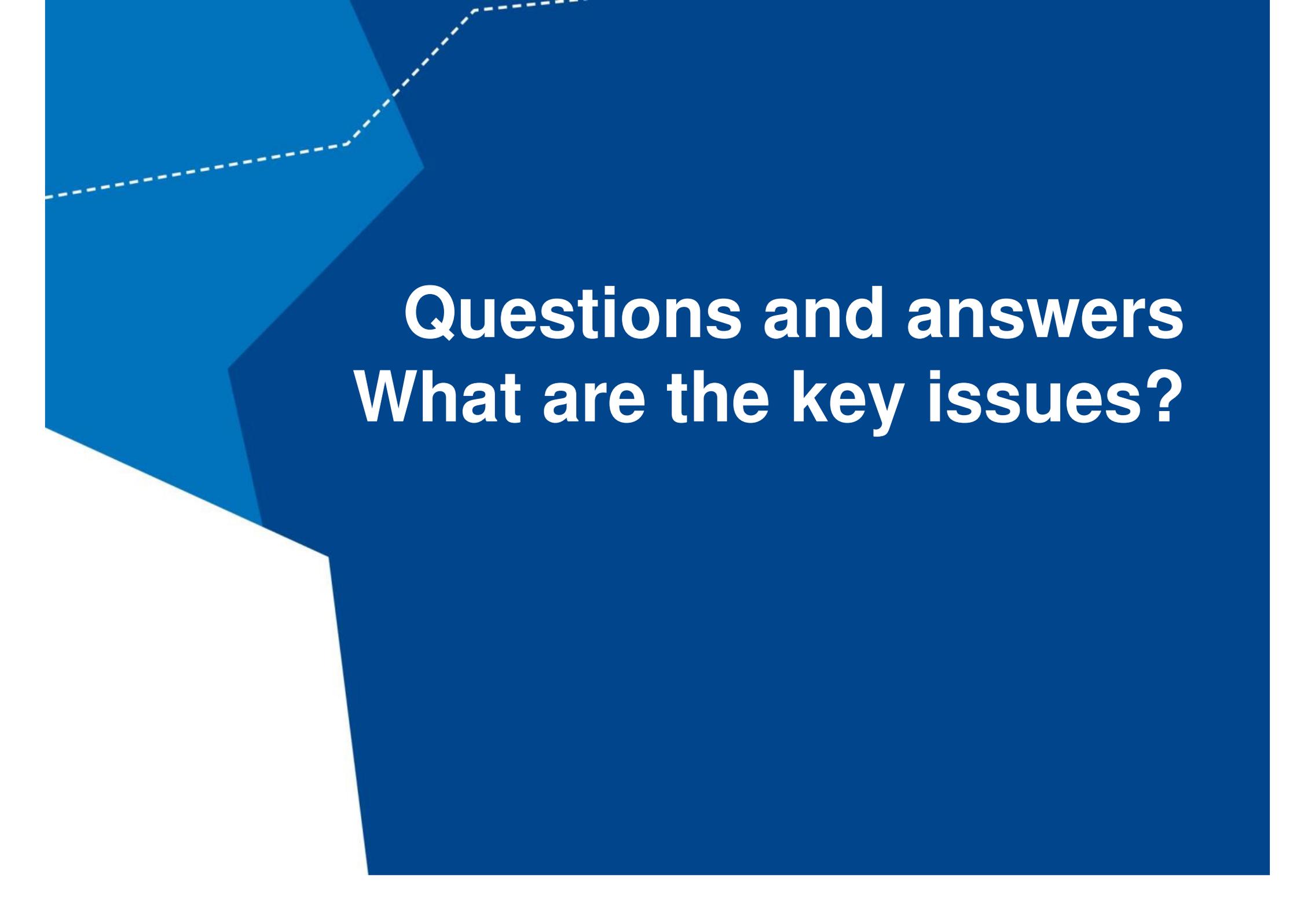
Children and young peoples (urgent and emergency paediatrics) services – reminder

Development of a nurse-led paediatric minor injury and illness facility at South Tyneside District Hospital – open 8am to 10pm – and 24/7 paediatric emergency department at Sunderland Royal as the most sustainable long-term model (**option 2**)

Option 1 for implementation in the short-term the development of a daytime paediatric emergency department at South Tyneside District Hospital and 24/7 paediatric emergency department at Sunderland Royal (**option1**).

Mobilisation update

- Option 1 mobilisation – working through the final staffing models, alignment of clinical policies and clear protocols for transferring children (this will involve NEAS discussions)
- Team visit Smithdown in Liverpool nurse-led walk in service
- Detailed communications and public awareness campaign being planned to ensure widespread understand of the overnight changes (timing tbc)
- Option 2 mobilisation planning – commissioned emergency nurse practitioner training in preparation for building the workforce required from 2021 (note this takes a long time as involves formal qualifications)



Questions and answers
What are the key issues?

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Summary of the issues from the session and next steps

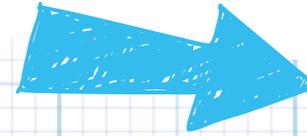
Next sessions

- **Informal workshop on phase 2 -**
Wednesday 13th February – 2pm to 4.30pm
– venue TBC
- **Formal JHOSC meeting on phase 2 -**
Thursday 7th March – 2pm to 4.30 –
Sunderland Civic Centre, committee room
1

Gaining a better understanding of the bigger picture for health and care

Reminder about communications and engagement activity

- Pre-consultation assurance process continues
- End of 2018 – public listening panel and evaluation criteria setting events
- Updates to the case for change under way – republished soon – further public engagement to take place supported by communications activity
- Stakeholder and staff engagement planning on sharing working lists and to apply evaluation criteria
- Refreshed website



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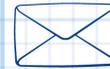
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