

Working together for clinical excellence

Update
Autumn
2019

**We need
your views
please get involved**

Transforming hospital services in South Tyneside and Sunderland



NHS partners working together:

South Tyneside and Sunderland NHS Foundation Trust and South Tyneside and Sunderland Clinical Commissioning Groups
Durham Dales, Easington and Sedgfield and North Durham Clinical Commissioning Groups

About this document

This document provides an update to the two editions of the Draft Case for Change documents published in July 2018 and in February 2019.

You can read all of our Draft Case for Change documents, along with a range of other information, on the Path to Excellence website: www.pathtoexcellence.org.uk.



IMPORTANT INFORMATION

This is not a public consultation document. It is an update which explains how we have involved a range of stakeholders, gathered information and used that insight to influence our thinking.

We are using the feedback we have gained so far to continue to develop, refine and evaluate our 'working ideas' (published in February 2019) so that we have the best possible ideas to take forward for formal public consultation which is now expected to take place in 2020.

Any future scenarios taken forward for formal public consultation will also depend on the level of capital investment available to the local NHS. We continue to explore all possible opportunities to secure capital funding.

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Introduction

We are extremely proud of local hospital services in South Tyneside and Sunderland which provide great care delivered by highly committed teams of NHS staff.

The Path to Excellence programme aims to build on these strengths but also make sure we plan for the future.

Our ambition is simple: we want to create outstanding future hospital services which provide the best working environment for our staff and offer the very highest quality of safe patient care and clinical excellence for each and every resident of South Tyneside, Sunderland and those residents in parts of North and East Durham who regard Sunderland Royal Hospital as their local hospital.

To do this, we need to transform the way our services are arranged so we can make the best use of our most precious resource, our staff, but also our hospitals, our clinical facilities, equipment and the funding we receive.

We cannot emphasise strongly enough that South Tyneside District Hospital and Sunderland Royal Hospital will continue to be here but we do need to think differently about how we arrange hospital services for the future. We must be realistic that the

challenges facing the NHS will not go away. It is right that we look to transform services so we can protect them for many generations to come.

As a group of NHS partners, we will continue to work together in order to make sure we join up care for patients and constantly strive to make improvements to services. We're also working with County Durham and Darlington NHS Foundation Trust, recognising that our patients use services at University Hospital of North Durham.

As the stroke changes we made in Phase One have already proven, making change is about how we make things better for patients. It is also about making things better for staff and making it easier to attract clinical professionals to live and work in South Tyneside and Sunderland.

We know that change can be unsettling, but please be reassured that this is about improving the quality of our services and making sure we keep up with advances in medicine and technology.



Mr Ken Bremner

Chief Executive
South Tyneside and
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Foundation Trust



Dr David Hambleton

Chief Executive
South Tyneside Clinical
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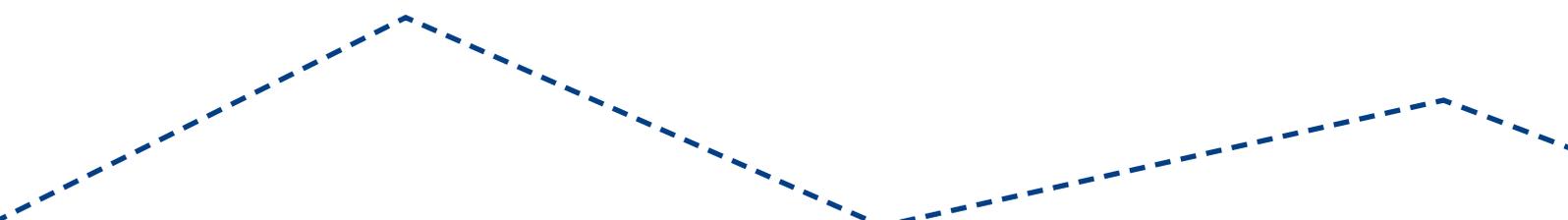
Accountable Officer
Durham Dales, Easington
and Sedgefield and
North Durham Clinical
Commissioning Groups

Any changes would only ever be made for the right reasons, to improve quality of care for patients.

We hope that you will take the opportunity to join our journey on our path to clinical excellence and support our ambition in making our hospital services the very best in the NHS.



“We cannot emphasise strongly enough that South Tyneside District Hospital and Sunderland Royal Hospital will continue to be here but we do need to think differently about how we arrange hospital services for the future.”





Which hospital services are involved in Phase Two?

Emergency care and acute medicine



This is the care provided when patients arrive at our Emergency Departments, need emergency admission to hospital or have an urgent healthcare need.

Emergency surgery and planned operations



This is the care provided for patients who are admitted as an emergency and then require urgent surgery, or who have been referred by their GP for a planned operation.

Read more

You can read more about these services and the 'working ideas' that have been developed so far in the second edition of our Draft Case for Change published in February 2019
www.pathtoexcellence.org.uk



Planned care and outpatients



This is the care provided in hospital after patients have been referred by their GP for a test, scan, treatment or operation.

Clinical support services (radiology, therapies and pharmacy)



These are services such as therapy services (physiotherapy, occupational therapy, speech and language therapy) as well as clinical pharmacy and radiology services (scans and x-rays).



Why do we need to change?

The NHS is facing challenges in a number of areas which are not simple to solve and are all very closely interlinked with each other.

Workforce

Our NHS staff are under significant pressure every day because we rely on their goodwill to work longer hours or extra shifts. This is not good for their health and wellbeing and we can't keep doing it.

We also rely heavily on temporary staff to so that services are staffed to safe levels. Temporary staff are extremely expensive, do not provide continuity of care for patients and do not resolve the gaps we have in permanent staffing rotas.

Through the Trust merger we are now starting to see some of the benefits of creating bigger clinical teams, but we still need to think about how we arrange services for the future in order to provide the very highest quality of care.

Quality improvement

The way our services are set up makes it difficult to meet a number of important clinical quality and safety standards.

We're not able to consistently ensure that all emergency patients receive a timely consultant review because we don't have the availability of senior clinical decision makers seven days a week.

By creating future services which are joined up across a bigger geographical area, we can create the number of patients needed so staff can develop more specialised care and meet more of the important clinical quality and safety standards.



Future demand

Pressure on our staff is linked to the huge growing demand on the NHS. We're successfully treating more people than ever before thanks to advances in medicine and technology. More people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer.

This is to be celebrated, but it means demand on staff will grow even further in the years ahead.



Financial constraints

We need to be able to live within our means and our services currently cost more to deliver than the funding we have available. Like any organisation, we need to get our long-term finances balanced so we can make positive plans for the future, rather than constantly worrying about the short term.

Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this service area alone. This is not only financially unsustainable, it also limits our ability to make quality improvements to care.

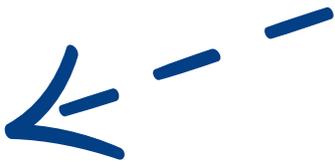


We identified many of these issues from our involvement activity with staff, patients and stakeholders and you can read about these in more detail in the first edition of our Draft Case for Change published in July 2018: www.pathtoexcellence.org.uk/wp-content/uploads/2018/07/NHS-PTE2-CFC-full-document-final.pdf





It's not just about hospital care...



The transformation of hospital services alone will not solve the challenges facing us.

We are also thinking about how we change community and primary care services, alongside public health improvement and prevention, which must be of equal importance.

Even when we think about all the different parts of the NHS combined, healthcare services are the smallest contributor to our overall health and wellbeing. We need to think even wider, working with our local authority partners to address some of the underlying causes of ill health.

This is why the NHS Long Term Plan (www.longtermplan.nhs.uk) published in January 2019 focusses so heavily on creating properly joined up care across the different parts of the NHS, social care and other partners. Care must be built around a patient's needs, provided in the best place and by the right health or care professional.

The NHS Long Term Plan looks to boost care which takes place 'out of hospital' and help people improve their health so that they can live longer.

Working with our local communities to prevent ill-health in the first place is equally as important to us as treating people when they do become unwell.

Our aim is to reduce the unacceptable gap in life expectancy which exists for people living in different parts of South Tyneside, Sunderland and East and North Durham.



Social circumstances and environmental factors

Healthcare services are the smallest contributor to our overall health



45%

Social circumstances and environmental exposure



How the NHS works with local partners to influence positive change in society.

40%

Health behaviour patterns



15%

Healthcare services

Prevention

This is how we work together to encourage everyone living in South Tyneside, Sunderland and Durham to take more responsibility for their own health and wellbeing so that they do not become unwell with wholly avoidable illnesses.

Out of hospital

This is how NHS, social care and community and voluntary organisations work together to provide more responsive care to prevent avoidable hospital admissions and to get people out of hospital as soon as they are able with more care at home and closer to home.

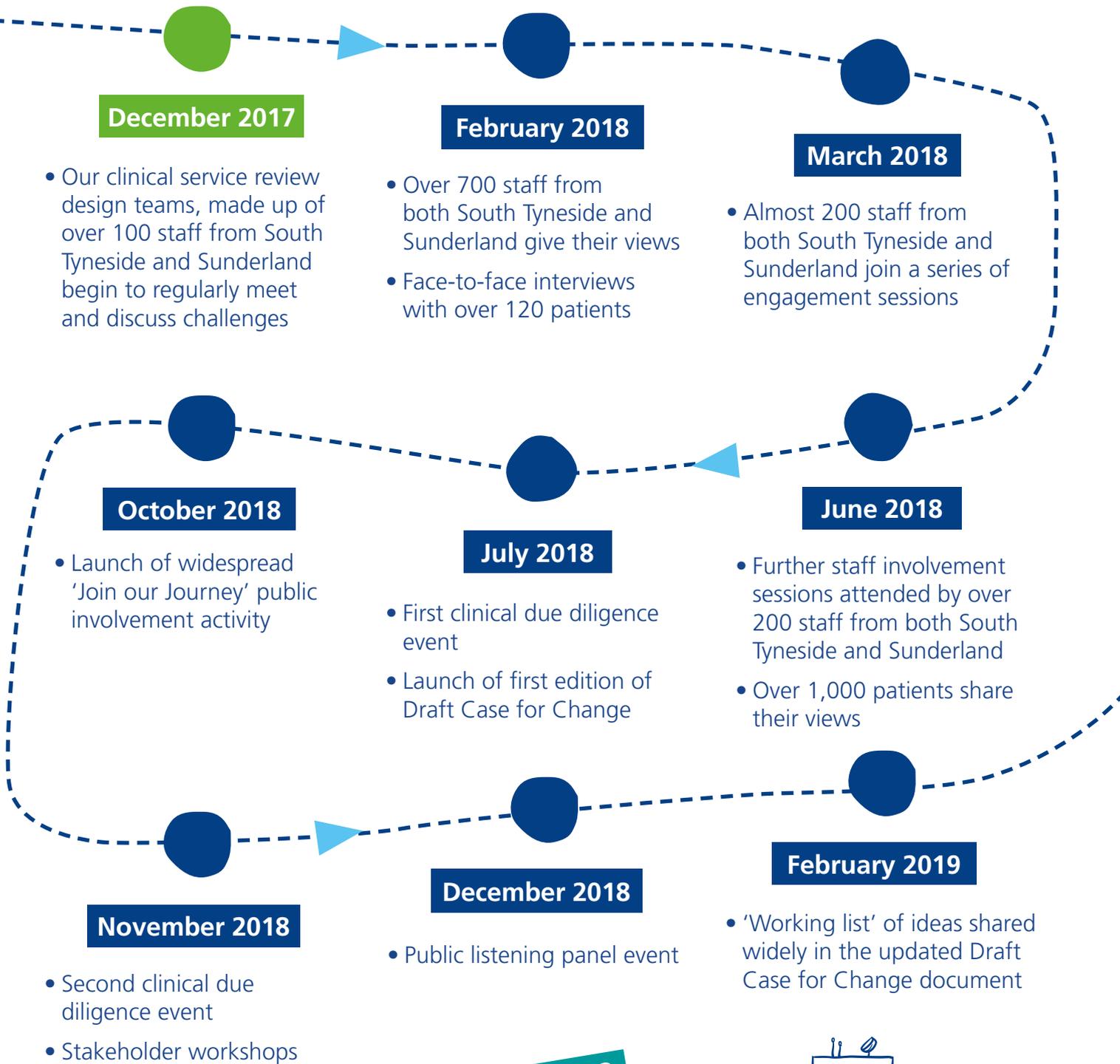
In hospital

Hospital services make up a small part of overall NHS care. Phase Two of the Path to Excellence programme is looking at how we improve hospital services.

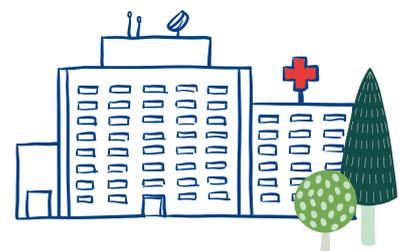
Diagram components adapted from Kings Fund³



Our involvement journey so far



STAFF EVENTS



ROADSHOWS

March 2019

- Over 160 hospital staff participate in 'working ideas' evaluation workshops
- Public awareness activity and 28 drop-in events supported by Healthwatch volunteers engaging with over 1660 people
- Over 600 people complete 'working ideas' evaluation survey
- Digital engagement records over 2450 interactions with people responding to content, such as likes, comments, shares or retweets

April 2019

- 'Working ideas' reviewed in focus groups involving 99 people with long term conditions and/or protected characteristics
- Primary care engagement sessions involving over 400 GPs
- Stakeholder workshops apply evaluation criteria to 'working ideas'

May 2019

- Survey of doctors in training
- Street survey of 861 South Tyneside residents living close to Gateshead about their current and future use of emergency departments

WORKSHOPS

June 2019

- Second public listening panel event

July 2019

- NHS leaders confirm expected revised timeline for continued public involvement and likely timeframe for public consultation to be 2020

October 2019

- Launch of further 'Join our Journey' public engagement activity including parts of Durham population.

ENGAGEMENT SESSIONS

Over **15,900** respondents involved so far



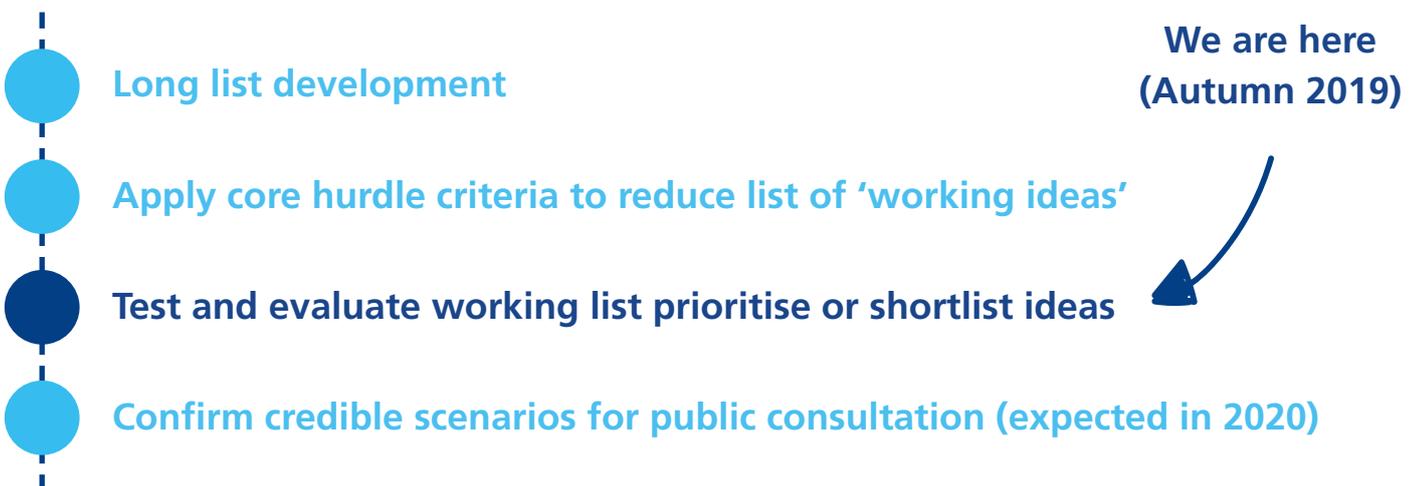
Developing 'working ideas'



In our updated Draft Case for Change published in February 2019, we set out the process of developing our 'working ideas'. We are working with The Consultation Institute, an independent body, to ensure we get this process right.

Since February 2019 we have been evaluating our 'working ideas', involving staff and stakeholders. We will continue to review the 'working ideas' in the process outlined below until we have identified proposals which we can share for wide debate and discussion through a formal public consultation.

Steps in the ideas design process



Read more

You can see our long list of ideas here:
www.pathtoexcellence.org.uk/wp-content/uploads/2019/03/NHS-PTE2-Updated-CFC-Full-online.pdf

Core hurdle criteria

The feedback we have gathered from our involvement work was used by our clinical design teams in developing a long list of all possible ideas which were then tested against a set of core key hurdle criteria to get to a working list:



Our 'working ideas'

Our 'working ideas' range from:

- **'least'** change by improving our current models of care
- **'some'** degree of change by creating new models of care
- **'greater'** change by thinking radically about we improve services for the future

Read more

For more information about our 'working ideas' please go to www.pathtoexcellence.org.uk/wp-content/uploads/2019/03/NHS-PTE2-Updated-CFC-Full-online.pdf



**What our staff,
patients and partners
have said...**

**and how we
have used it**

We've carried out a range of involvement activity which began back in December 2017.

We've written detailed reports on all our activities including feedback from staff and patients which have been closely considered by our clinical design teams as critical information to help shape their thinking when developing the 'working ideas'.

You can read all the reports we have published to date on our website at: www.pathtoexcellence.org.uk/publications/listening-phase/





1,200

staff have directly provided their views

How

staff feedback

has influenced 'working ideas' and service improvement

Since December 2017, involvement activity with staff has provided opportunities for frontline colleagues to describe the challenges they face every day. Around 1,200 staff have directly provided their views.



Workload and staffing

What staff have said

What we are doing

Staffing pressures

Staffing pressures are a daily issue with nursing vacancies posing challenges in consistently providing the best possible quality of safe patient care.



Whilst challenges do continue, vacancy rates are now at their lowest levels in over a year across the new Trust.

Recruitment and retention

Recruitment and retention are a challenge and there is a reliance on both temporary staff and 'goodwill' to cover staff shortages.



A multi-pronged recruitment and retention strategy is in place. The Trust welcomed its first intake of nursing graduates from the University of Sunderland in September 2019 and hopes to recruit over 100 new nurses a year. A successful international nurse recruitment campaign has also seen over 80 nurses from the Philippines join the Trust in 2019.

Unexpected staff sickness

Difficulties to cover unexpected staff sickness and the impact on personal wellbeing, make it difficult to achieve a good work/life balance and there is risk of 'burnout' for staff.



The Trust merger was the first milestone in improving resilience of nursing and other clinical teams. As work continues for Phase Two, the Trust is also preparing to launch a far reaching health and wellbeing strategy in April 2020.



Capacity and demand

What staff have said

What we are doing

Demand on services

Widespread acknowledgement of the growing and relentless demand on services all year round.



Staff involvement in initiatives to help join up care outside of hospital through the All Together Better programme in Sunderland and alliancing work in South Tyneside. There has been a big focus on capacity and demand modelling as part of the evaluation of 'working ideas' to ensure there is sufficient capacity in any final proposals put forward by clinical teams.

Complex conditions

Staff described challenges of caring for older people with complex conditions and with rising levels of dementia.



The Trust is committed to improving dementia care for patients, through tailored support to relatives and carers and developing staff with the skills and training they need. Work is also being done in the local health economy around frailty pathways.

Running at 100% bed occupancy

Some staff described how running at 100% bed occupancy presented a challenge, particularly in winter when they felt greater capacity was needed. Staff also shared experiences of how barriers in accessing appropriate social care support for patients could delay discharges.



Successful initiative to improve patient flow introduced in winter 2018. Known as 'Red2Green' and using the strapline #TheresNoBedLikeHome it looks at how everyone involved in a patient's care can play a role in their recovery and make sure they can go home as quickly and safely as possible.

Avoiding attendance and admissions

Staff also talked about the need for more efforts across the NHS to avoid hospital attendances and admissions.



Extensive work taking place through the 'Recovery at Home' service in Sunderland and the unplanned care model in South Tyneside to provide an urgent community response and help prevent emergency admissions.

Differences between the two hospitals

What staff have said

What we are doing

IT infrastructure

A recurring theme from staff was around the IT infrastructure and need for unity across both hospital sites. This was recognised as both a major challenge and a key enabler to improve integration of services and cross-site working.



Through the Trust's Global Digital Exemplar programme, a new electronic patient record known as 'Meditech' has been rolled out across South Tyneside District Hospital in October 2019. This will be a huge benefit and means that patient records between the two sites will use the same system.

Inequity of service provision

Many staff highlighted the current inequity of service provision with, for example, a limited amount of specialty cover at South Tyneside District Hospital at weekends. Staff described how medical staffing shortages impacted on the ability to provide the best level of senior cover.



Phase Two of Path to Excellence and the 'working ideas' shared so far are aimed at addressing this issue. Our clinical design teams continue to develop and refine these ideas.

Cultural differences

Cultural differences in ways of working, including policies and procedures as well as different working patterns, roles and mix of staff within teams.



The Trust now has single team working across sites which has meant improvements in a range of clinical areas and specialties. This work is continuing.



Staff training and development

What staff have said

What we are doing

Time for training and development

Staff described how daily pressures presented a significant challenge in getting the time to do appropriate training or have one-to-one supervisory discussions.



It is hoped that following the fall in nursing vacancy rates over the past year that this will improve and the Trust is focussed on ensuring staff are up-to-date with key training.

Time to train and support newly qualified staff

Having appropriate time to train and support newly qualified staff was also raised as challenge, with a lack of substantive consultants in some services meaning junior doctor training supervision fell to a smaller number of permanent medical staff.



Over 130 new junior doctors joined the Trust in August 2019 and despite the pressures on medical staff, the Trust continues to score highly in feedback from trainees on the quality of training and support with the region rated best in England in 17 out of 18 indicators for postgraduate medical training.

Temporary staff

Staff highlighted how the high use of temporary staff posed risks to quality and challenges in ensuring that new staff were familiar with systems and ways of working. They also commented how they needed a 'consistent consultant' instead of locums to help support the team.



The Trust has a number of strategies underway to support medical recruitment and has supported the opening of the new medical school at the University of Sunderland which welcomed its first cohort of 50 students in September 2019.

Communications and engagement

What staff have said

What we are doing

Communication needs

Staff mentioned the need for timely, open and honest communication and empowering of staff at all levels to get involved.



Since the start of Phase Two, over 1,200 staff have been involved and given their views and there is complete transparency across the Trust about the 'working ideas' being discussed.

Staff engagement

The importance of staff engagement and regular communication, even when there are no updates to give, was felt to be important so that staff constantly feel informed, able to provide reassurance and dispel any rumours.



The Trust has invested significantly in communications and engagement and focussed efforts on engaging with staff. Over 70% of staff now report feeling much better informed about developments.

Staff involvement

It was strongly felt that the success of change depends on the involvement of staff at all levels, with the importance of making sure that clinical leaders speak positively about future opportunities.



A number of engagement events have been held for staff for Phase Two and these have been open to staff working at all levels across both hospitals. These will continue in the months ahead.

Clear communication

The importance of clear communication also extended to the public, who were recognised to be very sceptical about the future of South Tyneside District Hospital.



The Trust continues to reinforce the positive future for both local hospitals through ongoing publicity and regular communications.



How

patient feedback

has influenced the development of Phase Two 'working ideas'

Patient experience information and direct feedback has provided crucial information to help inform the thinking of our clinical design teams and the 'working ideas' which were published in February 2019.

These 'working ideas' are continuing to be further evaluated, refined and developed as we work towards a formal public consultation.



Patient feedback

What patients have said

How we are using it

We want prompt access to specialists and tests as quickly as possible.



Access to specialist advice and diagnostics is prioritised in all 'working ideas' which seek to improve staffing capacity and achieve improved work/life balance for staff.

We want the same access to the same quality of services across South Tyneside and Sunderland.



We are assessing all 'working ideas' against the same clinical standards and are also evaluating them for their impact on improving equality and health inequalities.

We want seven-day working across all services so we can get the same quality of care no matter what time of the day or night, and be discharged in a timely way and not delayed because it is a weekend.



We want to provide better access to specialist consultant-led care seven days a week and this is a core focus of our 'working ideas'. We are also working with health and social care partners to establish how we achieve seven-day working and to support seven-day discharge (this will be very important for greater change idea).

We want confidence that ambulances will get us where we need to be on time.



We continue to work closely with North East Ambulance Service as we develop the 'working ideas' for Phase Two. This includes thoroughly testing and reviewing the activity data and likely impact on ambulances.

continues 



Patient feedback

What patients have said

We want as much care as close to home as possible (this was particularly common feedback from South Tyneside patients).



We continue to develop and test ideas to retain as much locally accessible service provision as possible. The Trust has been working hard to deliver many more routine outpatient appointments locally. In the past year more than 2,500 South Tyneside patients who previously attended outpatient appointments in Sunderland have been able to have their appointment closer to home thanks to new clinics in departments such as Ophthalmology, Renal and Rheumatology and a spinal surgery clinic. Opportunities to develop further outpatient clinics are also being looked at in departments such as Cardiology, Oncology, Oral and Maxillofacial and Urology, as well as Orthopaedics.

We want a smooth transition from secondary to primary/community care with more support in the community.



Staff from a range of clinical support services have been actively involved in shaping the 'working ideas' for Phase Two including community teams and primary care colleagues. Our aim is to deliver as much care as possible outside of hospital when this is safe to do so.





How we are

working with partners

to improve travel and transport



Travel and transport

What people told us

Impact of changes

Concerns about the impact of changes on travel and transport.



What we are doing

A travel and transport working group has been set up to develop new relationships and understanding. This includes the NHS, local authorities, transport operators and the community and voluntary sector working together to help mitigate travel and transport issues which were identified as a direct result of public consultation for Phase One.

Healthwatch and South Tyneside Transport Users Group are also involved with this work to provide independent views from the public, patients and social care users in South Tyneside.

More support for journey planning

More information needed on timetables, maps and guides to support journey planning for passengers travelling from South Tyneside to Sunderland.



Produced a new leaflet and information that summarises the bus and Metro links that serve each hospital, along with other helpful information about public transport.

Added online journey planner to hospital websites.

Improving patient letters with information to assist in planning their journeys, as well as a telephone number to discuss any queries.

Projecting bus times on televisions in outpatient areas.



Travel and transport

What people told us

Wayfinding

There was a lack of visibility at bus stops for services that travel to/or past hospital.



NEXUS has added the 'Hospital Access' logo to all bus timetables located in bus stops with a bus that travels to/or past hospital.

Poor signage

Poor signage in and around the hospitals and from Metro and bus stops into the trust entrances.



We are working with councils to improve signage in the 'last mile' of the journey into the hospital sites. This includes an audit of walking routes, dropped kerbs, signage, crossing facilities, signage within and around the hospital grounds.

Parking costs for visitors

Patients and visitors to hospitals have concerns around parking cost, parking spaces and disabled parking bays.



A 'pay on exit' system was introduced at both hospitals in October 2018 making it simpler for people to pay for their parking at the end of their visit and only pay for the actual time spent on site.

The council is carrying out an assessment of local car parks near both hospital sites with a view to considering possibilities for additional parking for patients and visitors through park and ride initiatives.

Travel and transport

What people told us

Travel costs

Concern about the cost of travelling to Sunderland from South Shields.



What we are doing

Nexus and Stagecoach have reviewed their 'multi-modal' ticket offering and increased marketing information for these products. The Trust also offers corporate travel schemes which are advertised for staff.

For additional discounted tickets to be developed, we are working on an impact assessment, including a survey which has been carried out with Trust staff to understand the number of staff who rely on public transport. This will be shared with travel operators for their consideration.

The Trust is also looking at providing better information about existing subsistence schemes.





Evaluating 'working ideas'

to make sure they are in line with what we have heard during involvement.

We've also developed a set of 'evaluation criteria' which are being used by the clinical design teams to further refine the 'working ideas' for public consultation. These have been drawn directly from patient, staff and public feedback and are summarised below.

Evaluation criteria 1: Quality, safety and clinical sustainability

- Exceeds and maintains nationally recognised workforce standards
- Delivers the correct number of staff with the right competencies
- Increases recruitment and retention through the delivery of good working patterns and opportunities for development
- Increases opportunities for clinical research and innovation
- Risk safeguards in place and monitored, for example safeguarding, complaints, complements, patient experience and reflects how organisations work together to manage risk
- Make sure of clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets
- Access to specialist clinical opinions and diagnostic tests in line with national guidance
- Access to planned care and follow up services in line with waiting time guidance and patient choice
- Provides more joined up working around the patient between hospital teams and out of hospital services.

Evaluation criteria 2: Access and choice

- Addresses accessibility challenges for patients, visitors and staff
- Deliver joined up care close to home when safe to do so
- Minimise any travel impact for patients, families, staff and visitors
- A choice of care is actively promoted.

Evaluation criteria 3: Equality, health and health inequalities

- Makes a positive impact on improving people's health, equality and reducing health inequalities
- Must improve and maintain health outcomes for all people that use hospital services.

Evaluation criteria 4: Deliverability

- The capacity to accommodate predicted future health needs and the projected increase in demand
- Capacity to manage patient flow across all local hospitals
- Robust workforce development plans to be able to implement and sustain new way of working
- Complements or is supported by other relevant services and plans across the region.

Evaluation criteria 5: Financial sustainability

- Can be implemented and funded in the long term within available resources.

Evaluation criteria have been drawn directly from staff, patient and public feedback.





What happens next?

We will continue to involve people as we further develop, evaluate and refine the 'working ideas' and work towards proposals that will be subject to a formal public consultation.

Autumn 2019

- Continued staff, patient and public involvement
- Continued work to refine, test and evaluate the 'working ideas'

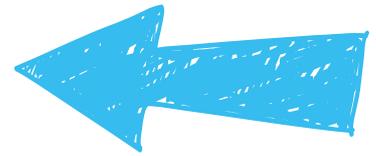
Winter 2019

- Establishment of new joint health scrutiny arrangements to include Durham elected members
- Detailed work on timeframe for regulatory assurance and the finalisation of a pre-consultation business case

2020

- Formal public consultation, exact timing yet to be determined

How to get involved with Phase Two



We have lots of ways for you to get involved and give your views on Phase Two.

The best way to find out what is going on is to look at our dedicated website at: www.pathtoexcellence.org.uk which includes up-to-date documents, links to surveys and details of up and coming events.

We also widely promote activities through the media, online and via key partners and stakeholder groups. You can also reach us at any time via:



Website: www.pathtoexcellence.org.uk



Email us: nhs.excellence@nhs.net



Call us on: 0191 217 2670



[facebook.com/nhsexcellence](https://www.facebook.com/nhsexcellence)



[@nhsexcellence](https://twitter.com/nhsexcellence)



Write to us (no stamp required):

Path to Excellence
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY



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Please call 0191 217 2670.**

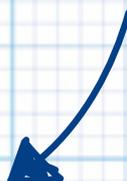


Get involved

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- ✓ Read latest documents
- ✓ Complete a survey
- ✓ Attend an event
- ✓ Follow us on social media

**We need
your views**
please get involved



www.pathtoexcellence.org.uk