

Solutions development process – developing and finalising evaluation criteria March 2019



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Background

This report sets out the evaluation criteria for Phase 2 of the Path to Excellence (PtE) programme which have been developed through staff, patient and stakeholder involvement.

It also sets out the process for developing scenarios for change which is being followed with The Consultation Institute to demonstrate assurance against best practice and with a focus on external stakeholder influence and involvement.

In order to support a logical process of developing ideas for change, a staged approach has been followed so each element feeds into and influences the next and ensuring the opportunity for stakeholder involvement.

Stakeholders include NHS staff working in the hospitals (not involved in the clinical design groups), wider NHS professionals, community and voluntary groups, elected members and other interested parties.

The four-step process for this is set out in the ‘Service Change Scenario Development and Selection’ report (graphic included as appendix 1) which was shared with the Joint Overview and Scrutiny Committee and endorsed by both clinical commissioning group’s governing bodies.

This report is part of the step 3 – further narrowing or determining strengths/weaknesses of ideas to identify viable short list of scenarios with the objective to narrow the list of ideas to those that best meet the stated objectives of the Path to Excellence programme. This can be achieved by assessing each of the ideas (output from step 2) against evaluation criteria.

The evaluation criteria are those elements of the ideas over which stakeholders have influence: the choice elements of the redesign that would be desirable.

The final evaluation criteria will combine with the hurdle criteria to become final decision-making criteria to enable the Clinical Commissioning Group's to determine appropriate future service arrangements, once consultation feedback has been conscientiously considered.

Developing draft evaluation criteria

Developing evaluation criteria to apply is another opportunity to involve a range of different stakeholder perspectives where the local NHS can ask what matters to stakeholders and use that information to inform the evaluation criteria. Draft criteria were initially developed based on the criteria used in phase one of the clinical service review programme together with the specific phase 2 drivers for change and insights obtained from engagement and involvement activities carried from December 2017 to November 2018.

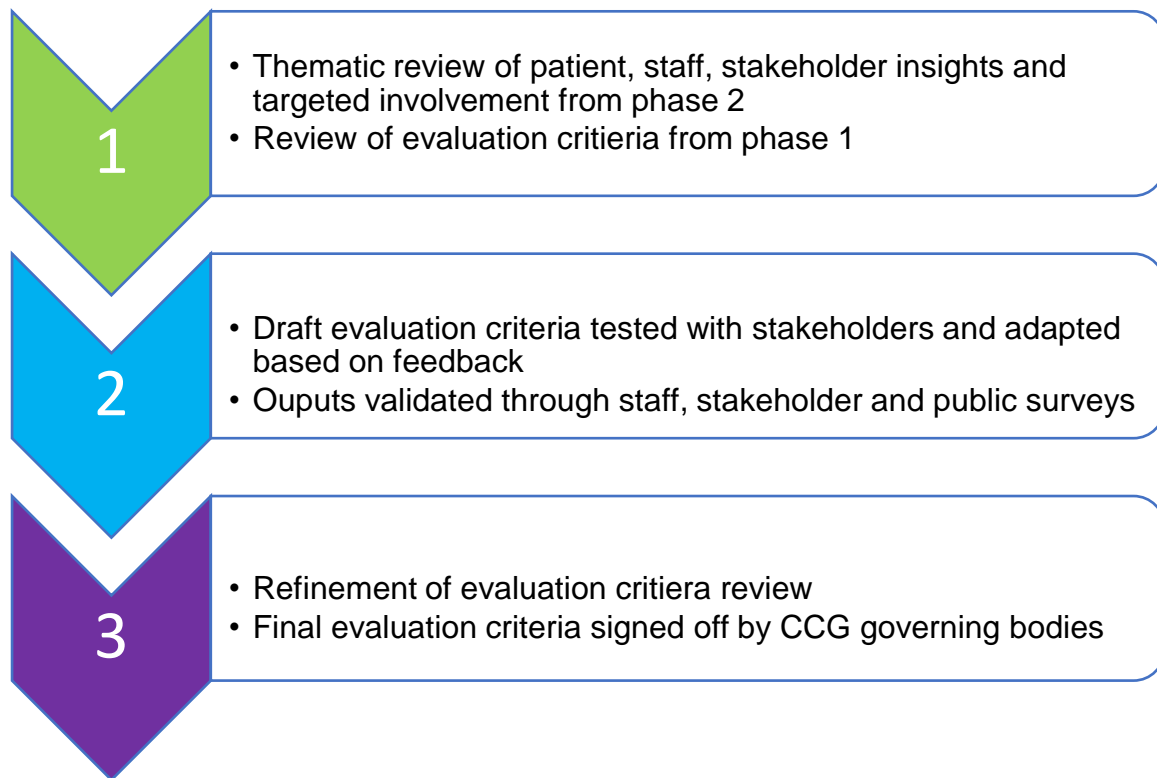
A thematic review of all staff, patient and public engagement to date about what was important to them was carried out and these key themes provided the basis to develop draft evaluation criteria by the P2E programme team.

In November 2018, the draft criteria were further refined by the stakeholder panel, which reviewed the methodology for wider stakeholder engagement sessions.

Two stakeholder events also took place in December 2018 with the purpose of assessing evaluation criteria to be used as part of the process being followed in the Path to Excellence Phase 2. During January and February 2019, further validation of the draft criteria was carried out through staff, stakeholder and wider public survey work, and this final report is included as appendix two Evaluation criteria feedback and validation report.

Summary of process

The process of developing and validating evaluation criteria is shown through the graphic below:



Final criteria

The table below sets out the evaluation criteria in domains (themes) and includes the specific elements to be included as part of each domain. It then summarises the validation feedback and consideration if any further changes need to be made.

Summary of the number of changes: 16 of the original 22 criteria have changed through the engagement process, with changes ranging from minor changes to language to more substantial changes including the replacement, removal or addition of criteria.

The full validation report that underpins this summary is included as appendix 2

Domain 1: Quality, safety and clinical sustainability
<ul style="list-style-type: none">• Nine draft evaluation criteria originally proposed• Changes made to all nine as a result of engagement feedback
Final proposed evaluation criteria say ideas should: <ul style="list-style-type: none">• Exceeds and maintains all core workforce standards• Delivers the correct number of staff with right competencies• Enhances recruitment and retention through the delivery of good working patterns and development opportunities• Creates capacity to increase opportunities for clinical research and innovation• System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements, patient experience and reflect multi-agency approach where needed• Must deliver clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets and guidance• Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance• Must deliver access to planned care and follow up services in line with waiting time guidance and patient choice• Enables more joined up working around the patient between hospital teams and out of hospital services.
Consideration of feedback/ rationale for making/not making further changes

Recommend no further changes as:

- Broad agreement for revised draft criteria
- Feedback around delivery of care closer to home/travel distance considerations - already reflected in Access and Choice criteria
- Feedback around seven-day service provision, fewer complications, readmissions - already embedded within core clinical standards against which all ideas will be assessed
- Feedback around access to specialist opinion and assessment - availability of senior decision-makers and access to diagnostics incorporated into clinical standards against which all ideas will be assessed to inform evaluation within this domain
- Feedback around NEAS ability to support proposals – ambulance service impact assessment being obtained to support final evaluation and inform specific quality and safety criteria around ‘clinically safe distances and travel times’
- Feedback around staffing availability and investment – workforce standards already in place with compliance to be assessed for all ideas. Investment levels to be considered as part of financial sustainability criteria.
- Feedback around the importance of information and communications to support people in appropriately accessing services – important feedback to be incorporated into implementation planning after the point a final decision is made

Domain 2: Access and Choice

- Three criteria were originally proposed with a fourth suggested.
- Two of the four changed as a result of feedback.

Final proposed evaluation criteria say ideas should:

- Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed
- Deliver joined up care close to home when this is safe to do so
- Minimise any travel impact for patients, families, staff and visitors.
- Choice is actively promoted

Consideration of feedback/ rationale for making/not making further changes
<p>Recommend no further changes as:</p> <ul style="list-style-type: none"> - Feedback on parking – parking will be assessed within the ‘accessibility challenges’ and ‘travel implications’ of these criteria, as well as within the capacity and demand impact assessments to be considered within the deliverability domain.
Domain 3: Equality, health and health inequalities
<ul style="list-style-type: none"> • Two criteria were originally proposed • One changed as a result of feedback
<p>Final proposed evaluation criteria say ideas should:</p> <ul style="list-style-type: none"> • Make a positive impact on improving people’s health, equality and reducing health inequalities and mitigating inequality risks where they occur. • Must improve and maintain health outcomes for all people that use hospital services.
Consideration of feedback/ rationale for making/not making further changes
<p>Recommend no further changes as:</p> <ul style="list-style-type: none"> - Broad agreement with revised draft criteria - Feedback around equity of access – this will be assessed as part of the Equality, Health and Health Inequalities Impact assessment, with a particular focus on whether any changes to current access impacts negatively on potentially vulnerable groups, particularly in relation to health and health outcomes - Feedback about potential travel impact – a Travel and Transport Impact Assessment has been commissioned and the results will inform the Access and Choice evaluation criteria - Feedback around unmet health need – unmet health need will be considered with capacity and demand assessments that will inform evaluation of ideas against the deliverability criteria. It will also be considered as part of the Equality, health and Health Inequalities Impact Assessment that will inform evaluation of the ideas within this domain.

Domain 4: Deliverability
<ul style="list-style-type: none"> • Four criteria originally proposed • Three out of the four changed as a result of feedback
Final proposed evaluation criteria say ideas should: <ul style="list-style-type: none"> • Ensure there is capacity to accommodate predicted future health needs and projected increase in demand • Enough 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 transformational plans across the region.
Consideration of feedback/ rationale for making/not making further changes
<p>Recommend no further changes as:</p> <ul style="list-style-type: none"> - Strong support for criteria - Feedback around 'efficient and smooth service' insight feedback – several criterions seek to test this, including ensuring that ideas 'Complements or is supported by other relevant services' and 'support more joined up working with other hospital and community teams' and 'Must actively support and deliver a positive patient experience of care' - Feedback around staff involvement in workforce development plans – staff at all levels have been invited to participate in staff engagement events to inform evaluation of ideas and will be involved in post-decision implementation planning
Domain 4: Financial sustainability
<ul style="list-style-type: none"> • Two criteria originally suggested • Both of original two changed to become one
Final proposed evaluation criteria say ideas should: Can be implemented and funded in the long term within available resources
Consideration of feedback/ rationale for making/not making further changes

Recommend no further changes as:

This criteria is a statutory requirement.

Next steps

The next steps are to apply the evaluation criteria to the working list of ideas that are contained in the updated draft case for change. This will help further narrow or determine strengths/weaknesses of the working list of ideas.

This will result in a short list of viable scenarios with any preferred scenario identified based on the extent to which evaluation criteria are satisfied and will inform what are credible scenarios for public consultation.

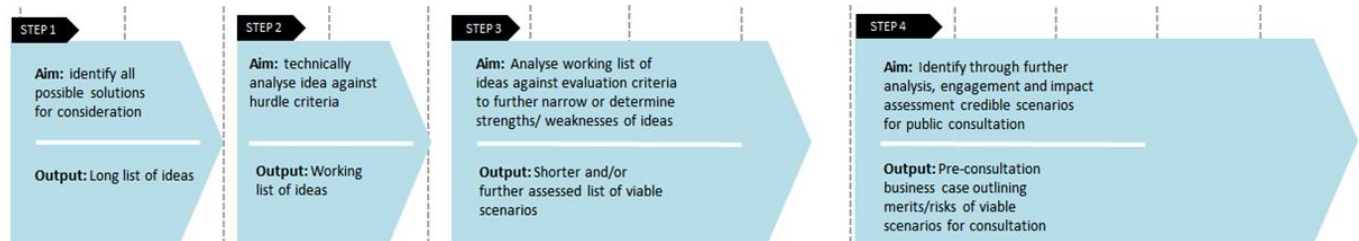
This can best be achieved by gathering more detailed information and further stakeholder views on the merits of scenarios through stakeholder activity. A series of events will take place in April, bringing a mix of stakeholders to create a balanced room which are representative groups from a targeted stakeholder analysis (range of interested parties with an interest and element of expertise).

This will inform the overall evaluation of the working list of ideas carried out by the programme team, to be included in the final draft versions of the pre-consultation business case being prepared over the spring and summer 2019.

A RAG rating, consensus mechanism will be used to suggest an overall RAG-rating for each of the five criteria themes, based on holistic consideration of the evidence against the sub-criteria within that theme, in the round.

- Evaluation criteria are those elements of the solutions over which stakeholders have influence – these are the ‘desirable’ choice elements of service redesign.
- Debating and eliminating solutions against desirable evaluation criteria using RAG system
- Tables working in tandem with points of wider debate in the room
- Present idea/solution to appraisers
- Table question and debate to what extent it meets criteria
- Table grade idea/solution red, amber or green – and agree a table consensus (recognising that this might not happen)
- Repeat process if round leaves too many green
- Option to go away and work on amber options then re-add to the pool for re-evaluation
- Overarching room grid/matrix to record the RAG ratings

Appendix 1 Service Change Scenario Development and Selection – process graphic



Evaluation criteria – feedback and validation report

A report of the validation of draft sets of evaluation criteria developed for the Path to Excellence phase two programme

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Introduction

Background

This report is part of the process for developing scenarios for change which is being followed within Phase 2 of the Path to Excellence (PtE) programme with a view to demonstrating assurance against best practice and with a particular focus on external stakeholder influence and involvement.

In order to support a logical process of developing ideas for change, a staged approach is recommended in order to ensure each stage feeds into and influences the next – giving the opportunity for stakeholder involvement. Stakeholders include NHS staff working in the hospitals (not involved in the clinical design groups), wider NHS professionals, community and voluntary groups, elected members and other interested parties.

The four step process for this is set out in the 'Service Change Scenario Development and Selection' report, shared with the Joint Overview and Scrutiny Committee and endorsed by the clinical commissioning group's governing bodies.

This report is part of the step 3 – further narrowing or determining strengths/weaknesses of ideas to identify viable short list of scenarios with the objective to narrow the list of ideas to those that best meet the stated objectives of the PtE programme. This can be achieved by assessing each of the ideas (output from step 2) against evaluation criteria.

The evaluation criteria are those elements of the ideas over which stakeholders have influence: the choice elements of the redesign that would be desirable.

Developing draft evaluation criteria

Developing evaluation criteria to apply is another opportunity to involve a range of different stakeholder perspectives where the local NHS can ask what matters to staff, stakeholders and members of the public, and use that information to inform the evaluation criteria.

A thematic review of all staff, patient and public engagement to date about what was important to them was carried out, allowing the PtE programme team to develop a set of draft evaluation criteria. The draft criteria was initially developed based on the criteria used in phase one of the clinical service review programme together with the specific phase 2 drivers for change and insights obtained from the thematic review.

In November 2018, the draft criteria were further refined by the stakeholder panel, who also reviewed the methodology for wider stakeholder engagement sessions.

In December 2018, two stakeholder events were undertaken with the purpose of assessing the evaluation criteria to be used as part of the process being followed in the PtE Phase 2. A range of stakeholders were invited to get involved in the sessions and their feedback was used to refine the draft criteria further.

The final validation of the draft evaluation criteria is through targeted survey work with staff, key stakeholders and members of the public.

Section One of this report summarises the latest engagement with staff and stakeholders regarding the draft evaluation criteria, cross validating the findings with feedback from the two stakeholder events conducted in December 2018.

Section Two of this report summarises the findings from the engagement work with members of the public undertaken in March 2019. An engagement campaign was rolled out across the South Tyneside and Sunderland localities to ensure the same information was given out across the two areas. During this activity, individuals were asked to complete an 'evaluation criteria' survey asking people their priorities for evaluation of potential solutions.

As part of this campaign, the updated draft Case for Change document (published in March 2019) was provided in printed format and also published on the dedicated website together with a short animation film highlighting the pressures facing local NHS services. This key document and video was supported with a presentation pack to use at local meetings and events and to share online.

The campaign involved attendance at local meetings and a series of roadshow events undertaken in primary care centres, hospital outpatient departments, local community/shopping centres across South Tyneside and Sunderland, and later in North Durham areas, by the 'Join our journey to clinical excellence' roadshow team.

Section One: Staff and stakeholder feedback

Overview

A total of 133 individuals completed the survey designed to elicit staff views on the draft desirable evaluation criteria – 51.1% from South Tyneside NHS Foundation Trust and 48.9% from City Hospitals Sunderland NHS Foundation Trust.

The most were from nursing and midwifery (30.1%), other – admin / clerical and secretarial (27.8%), allied health professional (15.2%) and medical (12.0%) (See Appendix for further breakdown).

In terms of the agreement with the criteria developed for each theme, this was highest in the staff survey for 'impact on equality, safety and clinical sustainability' and lowest for 'financial sustainability'.

Agreement with criteria developed for each theme (staff survey):

The impact on equality, safety and clinical sustainability	62.9%
Deliverability	60.0%
Quality, safety and clinical sustainability	59.8%
Access and choice	54.1%
Financial sustainability	33.9%

Just seven stakeholders responded in the stakeholder survey, with agreement for the criteria for each of the themes being high. Comments made by these individuals in relation to the different criteria are included in the report.

The feedback from staff would suggest that the following criteria are the most important:

- Delivers the correct number of staff with right competencies (quality, safety and clinical sustainability) (21.8%)
- Minimise any travel impact for patients, families, staff and visitors (access and choice) (18.8%)
- Must improve and maintain health outcomes for all people that use hospital services (impact on equality, health and health inequalities) (16.5%).

Although very small numbers, the latter two criteria were also two of the most frequently ranked criteria in the stakeholder survey.

Theme: Quality, safety and clinical sustainability

Feedback from staff, patients and public said that future hospital services must:

- Offer quick access to specialist opinion, assessment and diagnostics
- Offer improved patient outcomes, fewer complications and re-admissions
- Meet and exceed national standards to deliver the safest, most effective care for patients – excellence
- Integrated teams working to the same standards of best practice
- Improve waiting times, reduced delays and local healthcare services which are quick and easy to access
- Have assurance on any extra ambulance capacity and staff needed for safe transfers
- Offer a better discharge and aftercare / rehabilitation process.

The draft 'desirable evaluation criteria' that was developed says future hospital services must:

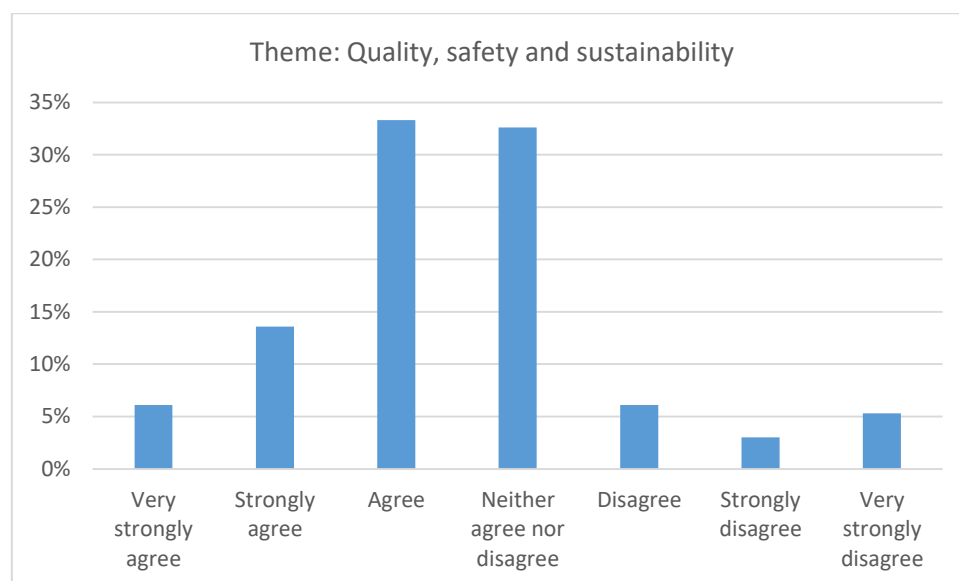
- Exceeds and maintains all core workforce standards
- Delivers the correct number of staff with right competencies
- Enhances recruitment and retention through the delivery of good working patterns and development opportunities
- Creates capacity to increase opportunities for clinical research and innovation
- System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements, patient experience and reflect multi-agency approach where needed
- Must deliver clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets and guidance
- Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance
- Must deliver access to planned care and follow up services in line with waiting time guidance and patient choice
- Enables more joined up working around the patient between hospital teams and out of hospital services.

Feedback from staff

Over half of those who responded in the staff survey felt that the criteria for this theme was right (59.8%), furthermore 12.9% felt that it wasn't and 27.3% were unsure.

The most agreed, to some extent, that the criteria reflected what people have said (53.0%), whilst 33% neither agreed nor disagreed and 14% disagreed, to some extent.

Question: How much do you agree or disagree that we have reflected what people have told us when writing this draft evaluation criteria? (n=132)



When asked to provide a reason for their choice for the above question, 52 members of staff provided a comment. Comments were summarised under the three headings – positive, negative and other comment. A quantitative representation of the comments has also been provided.

<p>Positive comment</p> <ul style="list-style-type: none"> - Tallies with examples provided - In line with what services are trying to achieve / will help to improve services - Patient centred and in the best interests of staff - Prompt delivery of appropriate care - Delivering a better planned/follow up service should be priority as this will help to reduce patients attending A&E - Continuous dialogue with stakeholders and employees 	<p>48.1%</p>
<p>Negative comment</p> <ul style="list-style-type: none"> - Lack of clarity i.e. the location of services - No assurances about quick access to a specialist opinion, assessment and diagnostics at the South Tyneside site / needs of service users not been taken into account i.e. transport links, travelling distance - Changes are not being made in the interests of staff, patients and public – they are being made for financial and corporate reasons - Reliance of the criteria on meeting national targets, rather than improving services and outcomes (fewer complications and re-admissions) - Patient safety is paramount and each of the other criteria should work to this - Reference needed to maintaining care closer to home where appropriate to do so and assurances about the ambulance service (as 	<p>36.5%</p>

the feedback states).	
Other comment <ul style="list-style-type: none"> - Standards of care are dropping due to a lack of training and knowledge - Inability to benchmark these criteria against anything - Unable to form clear opinion due to lack of awareness of what has been said - Significant expansion across all levels of staff needed to ensure true 7-day working - Expectation of funding and staff but government will affect the delivery - The patient and staff of South Tyneside need to accept the support of CHS in helping it move from a position of being unsustainable as a standalone trust to a position whereby the local population will be able to gain access to safe and sustainable healthcare - Staff do not feel they have not been included in any of the decision making - Will this work in practice? 	15.4%

Feedback from stakeholders

The criteria for this theme were introduced to stakeholders in seven separate sections of the survey.

Quality, safety and clinical sustainability (1)

What patients, public, staff and stakeholder's said is important to them:

- Cared for on a ward which is well staffed
- Quick access to a specialist opinion
- To be treated in the most appropriate place which has suitable resources and equipment and is staffed by doctors and nurses who have experience of dealing with my health complaint
- A provider of services which can meet/exceed standards
- Integrated teams which allow:
 - Greater capacity and less reliance on agency staff
 - Stability for staff
 - Ability to implement 7-day working practices
 - Improved skill mix
 - Opportunities for growth and progression
 - More appealing working practices for staff and new recruits
 - Exploration of new ways of working; and
 - Recognition and appreciation
- Investment in staff – training and continuous professional development
- To have trust and be confident in the staff treating me.

The draft evaluation criteria for this theme are:

- Exceeds and maintains all core workforce standards

- Delivers the correct number of staff with right competencies
- Enhances recruitment and retention through the delivery of good working patterns and development opportunities.

All seven stakeholders felt that these criteria are right, with all but one indicating that they agreed that the criteria reflected what people have said (one respondent very strongly agreed, one respondent strongly agreed, four respondents agreed and the remaining respondent neither agreed nor disagreed).

Comments made by those stakeholders who agreed with the criteria were as follows:

“You have taken all views into account”

“Seems to be sensible”

“It’s hard to make them simple”

The individual who neither agreed nor disagreed commented:

“A number of people weren’t sure of exactly what they were being asked e.g. what services would be provided to them locally and whether they would get services needed in another hospital and would they have help with travel.”

Quality, safety and clinical sustainability (2)

What patients, public, staff and stakeholder’s said is important to them:

- A provider of services which can meet/exceed standards
- Sharing and implementation of best practice
- Constant improvement through continuous feedback processes
- Integrated teams which allow:
 - Opportunities for growth and progression
 - More appealing working practices for staff and new recruits
 - Exploration of new ways of working; and
- Investment in staff – training and continuous professional development
- To have trust and be confident in accessing healthcare services
- Improved patient outcomes; fewer complications and readmissions.

The draft evaluation criteria for this theme are:

- Creates capacity to increase opportunities for clinical research and innovation.

All six stakeholders who responded to the question felt that this criterion was right, with all but one stakeholder indicating that they agreed that the criterion reflected what people have said (one respondent very strongly agreed, two respondents strongly agreed and two respondents agreed). The remaining stakeholder neither agreed nor disagreed.

Comments made by those stakeholders who agreed were as follows:

“It feels like it is a good one line summary of the fuller list”

“The sentiments expressed are well represented in your summation.”

Quality, safety and clinical sustainability (3)

What patients, public, staff and stakeholder's said is important to them:

- High quality, safe care
- To deliver the safest, most effective care for patients – 'excellence'

The draft evaluation criteria for this theme are:

- System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements, patients experience and reflect multi-agency approach where needed.

All six stakeholders who responded to the question felt that this criteria was right, with all but one stakeholder agreeing that the criteria reflected what people have said (one respondent very strongly agreed, three respondents strongly agreed and one respondent agreed). The remaining stakeholder neither agreed nor disagreed.

Comments made by those stakeholders who agreed with the criteria were as follows:

"This seems to be a sensible summary"

"The draft evaluation reflects accurately the opinions expressed"

"It needs to be about risk management that is the only way you can have an early warning system on quality and standards"

Quality, safety and clinical sustainability (4)

What patients, public, staff and stakeholder's said is important to them:

- Improved waiting times and reduced delays/timely assessments and diagnostics
- Local healthcare services which are quick and easy to access
- To receive the right treatment as quickly as possible
- Assurance on the North West Ambulance Service capacity to support future changes.

The draft evaluation criteria for this theme are:

- Must deliver clinically safe distances and travel times to access services (including transfers between services) in line with national time access targets and guidance.

All six stakeholders who responded to the question felt that this criterion was right, with all agreeing that the criterion reflected what people have said (one respondent very strongly agreed, three respondents strongly agreed and the remaining two respondents agreed).

Comments made by those stakeholders who agreed with the criteria were as follows:

"Very important from staff and public feedback"

"I fully acquiesce with the views expressed"

“As long as the people applying the criteria know what is underpinning the main theme.”

Quality, safety and clinical sustainability (5)

What patients, public, staff and stakeholder's said is important to them:

- Standardisation of practice
- Improved patient outcomes
- Quick access to a specialist opinion
- Improved waiting times/reduced delays/timely assessments and diagnostics
- Reduced length of stay, fewer complications and re-admissions
- To have trust and confidence in accessing healthcare services
- Specialisation of services.

The draft evaluation criteria for this theme are:

- Must improve and maintain health outcomes for all people that use the hospital services.

All six stakeholders who responded to the question felt that this criterion was right, with all agreeing that the criterion reflected what people have said (two respondents very strongly agreed, two respondents strongly agreed and the remaining two respondents agreed).

Comments made by those stakeholders who agreed with the criterion were as follows:

“All of these sub themes really mean improving health”

“I would have replied in the same vein.”

Quality, safety and clinical sustainability (6)

What patients, public, staff and stakeholder's said is important to them:

- Local healthcare services which are quick and easy to access
- Quick access to a specialist opinion
- Quick access to assessment and diagnostics
- Assurances from the North East Ambulance Service on their capacity to support future changes
- Improved waiting times and reduced delays / timely assessments and diagnostics
- Healthcare services that are able to manage the demand that is placed on them, avoiding long waiting times, delays and cancellations
- To receive the right treatment as quickly as possible
- Appointments/procedures running on time and to be kept informed if there are any delays
- Equity in access to healthcare for all.

The draft evaluation criteria for this theme are:

- Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance
- Must deliver access to planned care and follow up services in line with waiting time guidance and patient choice.

All six stakeholders who responded to the question felt that these were right, with all agreeing that the criteria reflected what people have said (one respondent very strongly agreed, four respondents strongly agreed and the remaining respondent agreed).

Comments made by those stakeholders who agreed with the criteria were as follows:

“Reasonable reflection”

“The fact that the Ambulance Service are on-board is heartening”.

Quality, safety and clinical sustainability (7)

What patients, public, staff and stakeholder’s said is important to them:

- An efficient and smooth process from attendance or referral to hospital, to treatment and discharge
- Care tailored to my needs with consideration of my preferences and wishes
- A discharge process that ensures I am only discharged when I am ready
- A better discharge and aftercare/rehabilitation process
- To be treated with dignity and respect by kind, compassionate and professional staff
- Privacy when being examined, treated or my care discussed
- To be kept up to date and communicated with in a way that I can understand, and being able to ask questions and can be involved in decisions as much as I want
- To be given sufficient information so I am fully aware of my condition and the course of treatment
- Opportunities for families and carers to ask questions with staff willing to listen to any issues or concerns that the have.

The draft evaluation criteria for this theme are:

- Enables more joined up working around the patient between hospital teams and out of hospital services.

All six stakeholders who responded to the question felt that this criterion was right. Four out of five stakeholders agreed that the criterion reflected what people have said (two respondents very strongly agreed, one respondent strongly agreed and another agreed), the remaining stakeholder neither agreed nor disagreed.

Comments made by those stakeholders who agreed with the criteria were as follows:

“This needs to be a high priority”

“Everything needs to be joined up properly”

“Cooperation is a very important criteria”.

Validation of theme with previous feedback from stakeholders

Many staff commented positively upon the criteria in general, perceiving them to be very patient centred and in the best interests of staff. Furthermore, the criteria were felt to be in line with what services are trying to achieve.

However, general concerns with the criteria developed for this theme, included:

- A lack of clarity i.e. the specific location of services
- Concern that changes are not being made in the interests of staff, patients and public but rather for financial and corporate reasons
- Reliance of the criteria on meeting national targets, rather than improving services and outcomes (i.e. fewer complications and re-admissions)
- Difficulty of benchmarking these criteria

The table below summarises the comments made about the specific criteria, where it was possible to do so.

Evaluation criteria (updated)	Feedback
Exceeds and maintains all core workforce standards Delivers the correct number of staff with right competencies Enhances recruitment and retention through the delivery of good working patterns and development opportunities	<p>There was recognition that significant expansion is needed to ensure 7 day working across all levels, and that all vacancies need to be filled.</p> <p>Staff commented that lower band staff must be consulted with around changes to the workforce as they are the most aware of current workflows, and that improved staffing would lead to a reduced need for NSP staff, reducing costs. Additionally, it was felt that worklists should be better managed – to ensure that all staff should be on the bank rota and not being paid overtime.</p> <p>Just one staff member commented that standards of care are dropping due to a lack of training and knowledge. This supports one of the themes from the stakeholder event of ensuring time, funding and resource to allow staff training and continuous professional development.</p>
Creates capacity to increase opportunities for clinical research and innovation	<p>No specific concerns were made about this criterion by staff or stakeholders.</p> <p>Feedback during the stakeholder events strongly linked this criterion to staff retention and the importance of embedding innovation across specialities, within a culture of continuous improvement.</p>

System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements, patient experience and reflect multi-agency approach where needed	<p>No specific amendments to this criterion were raised by staff or stakeholders, supporting the more detailed explanation that was suggested at the stakeholder events.</p> <p>The importance of this criterion was recognised specifically by one stakeholder who highlighted that risk management was the only way to ensure an early warning system on quality and standards.</p>
Must deliver clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets and guidance	<p>Staff raised great concern about the distance that patients would have to travel to access services, with comments being made about individuals from South Tyneside being particularly disadvantaged by the changes.</p> <p>Staff suggested that a reference is needed to maintaining care closer to home where appropriate to do so.</p> <p>One stakeholder felt that it was important that the people applying the criteria know what is underpinning the theme.</p>
Must improve and maintain health outcomes for all people that use hospital services	No specific amendments to this criterion were raised by staff or stakeholders.
Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance	<p>Staff felt that this criterion offered no assurances about quick access to a specialist opinion / assessment and diagnostics, and that consideration of the needs of people living in South Tyneside has been disregarded (i.e. travelling distance, transport links).</p> <p>Furthermore assurances from the Ambulance Service on their ability to support future changes was felt to be absent (as the feedback suggests).</p> <p>Although not identified in the current feedback, feedback from the stakeholder events suggested transparency of waiting times for services and consultants and publishing these on a regular basis.</p>
Must deliver access to planned care and follow up	No specific amendments to this criterion were raised by staff or stakeholders.

services in line with waiting time guidance and patient choice	One staff member felt that delivering a better planned/follow up service should be priority as this will help to reduce patients attending A&E.
Enables more joined up working around the patient between hospital teams and out of hospital services.	Stakeholders highlighted the importance of this criteria and felt that this is a high priority. No further comments were made about this criterion.
Must actively support and deliver a positive patient experience of care	No specific references were made to this criterion by staff (this criterion was not presented to stakeholders). Feedback from the stakeholder events suggested a better reflection of the criterion upon the importance of information, knowledge and communication (making patients aware of where/how to access services), which was not identified during the engagement with staff or stakeholders.

Theme: Impact on financial sustainability

What patients, public, staff and stakeholder's said is important to them:

- Improved efficiency and cost savings.

The draft 'desirable evaluation criteria' that was developed says future hospital services must:

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

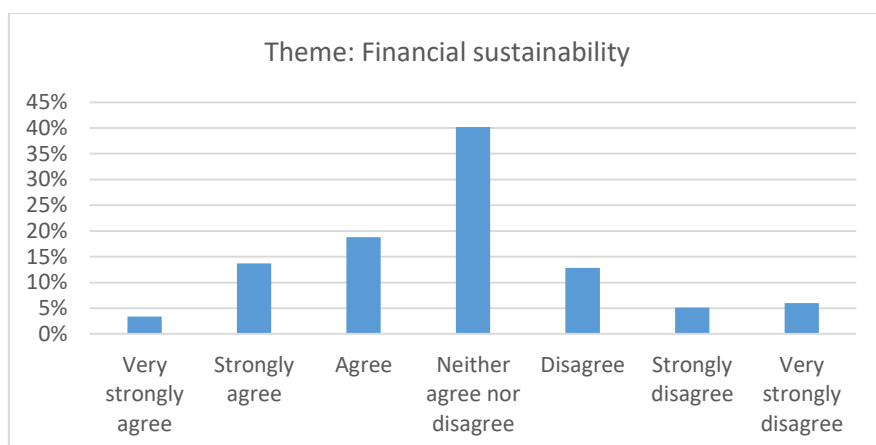
Feedback from staff

A third of those who responded in the staff survey felt that the criteria for this theme was right (33.9%), whilst 28.0% perceived that it wasn't and 38.1% were unsure.

The lowest proportion of staff felt the criteria for this theme was right, when compared with the criteria for all other evaluation themes.

The highest proportion of staff indicated that they neither agreed nor disagreed that the criteria reflects what people said (40%). Furthermore, 36% agreed and 24% disagreed, to some extent.

Question: How much do you agree or disagree that we have reflected what people have told us when writing this draft evaluation criteria? (n=117)



When asked to provide a reason for their choice for the above question, 46 members of staff provided a comment. Comments were summarised under the three headings – positive, negative and other comment. A quantitative representation of the comments has also been provided.

Positive comment <ul style="list-style-type: none"> - Reflects the feedback - Resources are finite - Looks at existing services and how efficiency can be improved within teams. 	17.4%
Negative comment <ul style="list-style-type: none"> - Mismatch of what is being said vs the criteria that has been developed – with the focus being upon ability to fund rather than how efficiency will be improved - Lack of clarity - 'available resources' and 'long term' - 'Efficiency and cost savings' sounds more like a management priority, rather than what the public, staff and stakeholders would say - Patients will not benefit when it is going to cost them more in transport and time - Improving efficiency and costs savings should be secondary to providing safe, sustainable healthcare for the local community - Re-organisation of services to provide long term, sustainable health care requires investment - Management will always do what they want / lip service / time will tell / nothing ever changes - Cost cutting should not come at a disadvantage to staff being undervalued and down banded 	67.4%
Other comment <ul style="list-style-type: none"> - Difficult to form clear opinion due to lack of awareness of what has been said - Evaluation criteria says what any organisation should do anyway, 	15.2%

<p>what are we going to do differently to improve efficiency and cost savings?</p> <ul style="list-style-type: none"> - Uncertainty as to what the post-merger model is going to look like / how the changes will be sustainable for the populations of Sunderland and South Tyneside - Lack of engagement with frontline staff - Money needs to stop being wasted on non-important things and spend money on improving the environment, staffing etc. 	
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Feedback from stakeholders

Stakeholders were asked whether they felt the criteria was right, to which all five stakeholders, who responded to the question, felt that it was.

Five out of six stakeholders agreed that the criteria reflected what people have said (one respondent very strongly agreed, three respondents strongly agreed and one respondent agreed). The remaining stakeholder neither agreed nor disagreed.

Just two comments were made in relation to the criteria developed:

“But there needs to be more funding for the NHS”

“Efficient use of available financial resources is imperative”.

Validation of theme with previous feedback from stakeholders

The lowest proportion of staff felt that the criteria for this theme was right compared with the criteria developed for all other evaluation themes.

Evaluation criteria (updated)	Feedback
Can be implemented and funded in the long term within available resources	<p>Staff raised concern with regard to the lack of clarity of the criterion, questioning what is meant by the terms ‘long term’ and ‘available resources’. These terms were suggested to be incorporated at the stakeholder events.</p> <p>It was noted by some staff and one stakeholder that the re-organisation of services to provide long term, sustainable health care requires investment – questioning the phrasing ‘available resources’.</p> <p>Staff felt the criterion heavily focused on the ability to fund with no mention of how efficiency can be improved as per the feedback from staff/patients/public. It was felt that this needs to be addressed.</p> <p>As per the feedback from the stakeholder events, great concern was raised about the affordability of accessing new models for patients, particularly for those relying on expensive public transport.</p>

	<p>Whilst not raised specifically for this theme, feedback for the 'access and choice' criteria suggest the inclusion of a criteria related to the financial support to support staff travel between sites.</p> <p>In terms of priorities, it was noted by a small number of staff, that improved efficiency and cost savings must be secondary to providing safe, sustainable healthcare.</p> <p>It was also felt that the feedback 'efficiency and cost savings' was something that would come from managerial staff, rather than public, staff and stakeholders.</p> <p>The purpose of the draft criteria were also doubted, with some stating that they are just 'lip service' and that management will 'do what they want anyway'.</p>
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Theme: Impact on equality, health and health inequalities

What patients, public, staff and stakeholder's said is important to them:

- Equity in access to healthcare for all
- Equity of services across sites.

The draft 'desirable evaluation criteria' that was developed says future hospital services must:

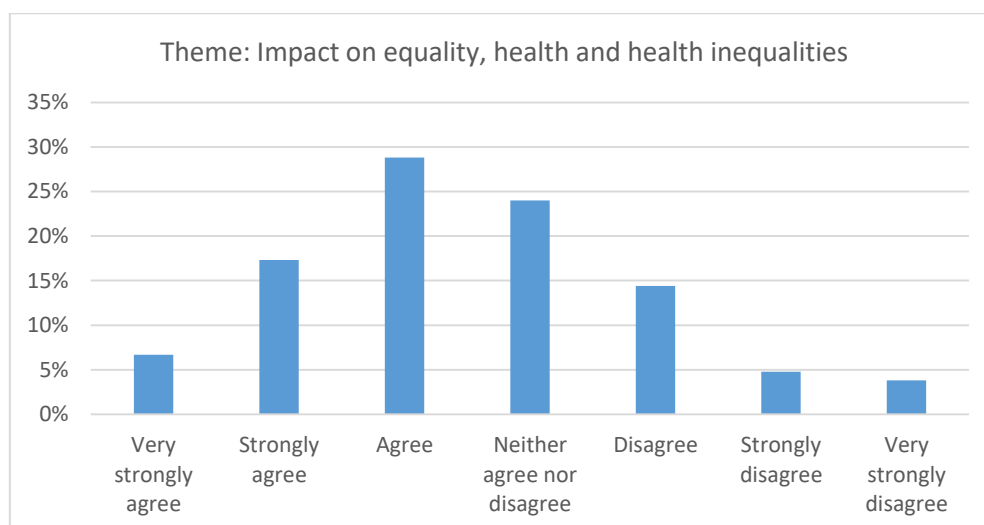
- Make a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur.
- Must improve and maintain health outcomes for all people that use hospital services.

Feedback from staff

Approximately two thirds felt that the criteria for this theme was right (62.9%) – agreement with the criteria developed for this theme was the highest compared with all other evaluation themes. Furthermore, 18.1% felt that the criteria wasn't right and 19.0% were unsure.

Just over half agreed, to some extent, that the criteria reflected what people have said (53.0%), whilst 24% neither agreed nor disagreed and 23% disagreed, to some extent.

Question: How much do you agree or disagree that we have reflected what people have told us when writing this draft evaluation criteria? (n=104)



When asked to provide a reason for their choice, 34 members of staff provided a comment. Comments were summarised under the three headings – positive, negative and other comment. A quantitative representation of the comments has also been provided.

Positive comment <ul style="list-style-type: none"> - Fair evaluation – reasonable and achievable - Patient focused / what people want - Provides reassurance over equity in accessing healthcare services, regardless of location 	35.3%
Negative comment <ul style="list-style-type: none"> - Criteria are vague / no mention of equity in access to healthcare 'across sites' as per feedback - Focuses on outcomes and improving equality / reducing inequality, at the cost of ensuring equity in access for staff and patients - Equity of services across both sites is not possible - Management will always do what they want 	38.9%
Other comment <ul style="list-style-type: none"> - Further details are required – where services will be and travel requirements - Difficult to form clear opinion due to lack of awareness of what has been said - Need to evaluate provision of services that can be delivered within resources - Focus is on hospital services whilst biggest growth has been, and is predicted in the future, to be in community services 	25.0%

Feedback from stakeholders

Stakeholders were asked whether they felt the criteria was right, to which all six stakeholders, who responded to the question, felt that it was. Furthermore, all agreed that the criteria reflected what people have said (three respondents very strongly agreed, one respondent strongly agreed and the remaining two respondents agreed).

Comments made by those stakeholders who agreed with the criteria were as follows:

“Well it cannot not be about making things worse it must be about making things better”

“The reduction of inequalities is paramount”.

Validation of theme with previous feedback from stakeholders

Agreement with the criteria developed for this theme was the highest compared with all other evaluation themes.

Evaluation criteria (updated)	Feedback
Makes a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur	<p>Overall there was high agreement with the criteria, due to its relevance to the feedback and the patient focus.</p> <p>However, the criteria were considered vague by some staff, specifically with providing reassurance of 'equity in access to healthcare across sites' as stated in the feedback from staff/patients/public. The criteria were felt to focus upon outcomes and improving equality / reducing inequality, at the cost of ensuring equity in access for staff and patients.</p> <p>No further comments were made in relation to the link with prevention, deprivation within communities and how unmet health needs need to be considered, as per the feedback from the stakeholder events.</p>
Must improve and maintain health outcomes for all people that use hospital services	<p>As per the comments above – the focus was felt to be upon improving outcomes.</p> <p>One member of staff commented that it was not possible to improve and maintain, suggesting that the word 'or' is more appropriate. In line with the feedback from the stakeholder events about being ambitious, it should be considered whether the criteria should read 'Improve health outcomes for all people that use hospital services'.</p>

Theme: Access and choice

Feedback from staff, patients and public said that future hospital services must:

- Offer improved choice and involve patients in decisions about care
- Have affordable and efficient transport links / systems in place for family, friends and carers
- Offer support for staff required to work between sites

The draft 'desirable evaluation criteria' that was developed says future hospital services must:

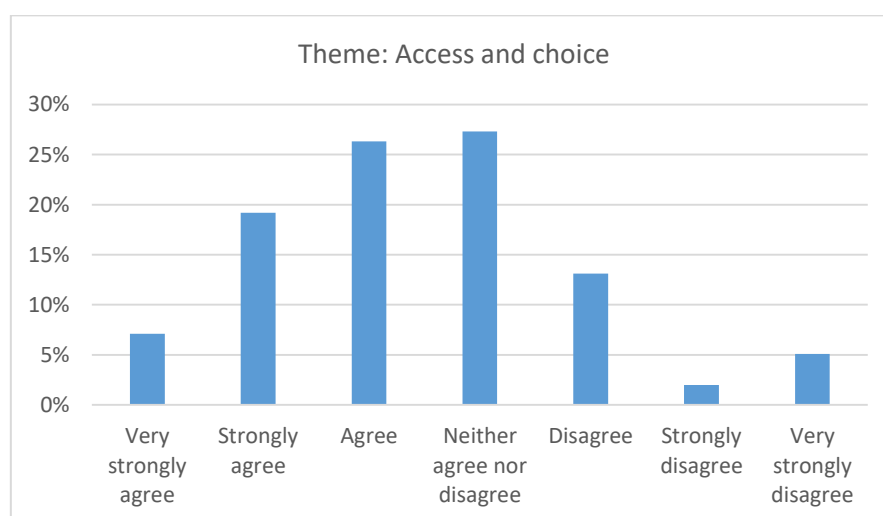
- Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed
- Deliver joined up care close to home when this is safe to do so
- Minimise any travel impact for patients, families, staff and visitors.

Feedback from staff

54.1% considered that the criteria for this theme were right, whilst 18.4% felt that they weren't and 27.6% were unsure.

Just over half agreed, to some extent, that the criteria reflected what people have said (53.0%), whilst 27% neither agreed nor disagreed and 20% disagreed, to some extent.

Question: How much do you agree or disagree that we have reflected what people have told us when writing this draft evaluation criteria? (n=99)



When asked to provide a reason for their choice, 33 members of staff provided a comment. Comments were summarised under the three headings – positive,

negative and other comment. A quantitative representation of the comments has also been provided.

Positive comment <ul style="list-style-type: none"> - Reflects feedback / good points - In favour of patient care - Meets needs - Tries to deliver services where possible and safe to do so 	30.3%
Negative comment <ul style="list-style-type: none"> - Vague / woolly statements - 'safe to do so', 'minimise', 'proportionately addressed' - watered down version of feedback - First feedback statement not addressed at all 'offer improved choice' - Access was a significant concern for patients and staff who rely on public transport and would be required to travel further afield – travel impact will not be minimised, it will be difficult, time-consuming and expensive (significant disadvantage for some patient groups) - Inability to travel further afield reduces choice for both staff and patients (lack of bus routes = lack of choice for those relying on public transport) - The distance between the hospitals, staffing issues, lack of funding and privatisation makes services disjointed and does not provide a clear flow in treatment plans. - Management will always do what they want 	51.5%
Other comment <ul style="list-style-type: none"> - Concern about ability to park at CHS - Not enough information to form decision - Suggestion to explore use of technology to remove the need for staff to travel (e.g. Skype, conferencing for meetings). 	18.2%

Feedback from stakeholders

The criteria for this theme were introduced to stakeholders in two separate sections of the survey.

Access and choice (1)

What patients, public, staff and stakeholder's said is important to them:

- To be given choice and involved in decisions about my care
- Improved choice.

The draft evaluation criteria for this theme are:

- Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed.

Five out of six stakeholders felt that this criterion was right, with all but one stakeholder agreeing that the criterion reflected what has been said (one respondent very strongly agreed, one respondent strongly agreed and three respondents agreed). The remaining stakeholder neither agreed nor disagreed.

The comment made by the stakeholder who neither agreed nor disagreed that the criterion reflected what had been said stated:

“I am not sure that people will equate the comments made to the evaluation criteria”.

Access and choice (2)

What patients, public, staff and stakeholder’s said is important to them:

- Affordable and efficient transport links / systems in place if I am required to travel for care and treatment and consideration for my family, friends and carers who may have to travel to visit me (including parking charges)
- Allowances and support for those required to work between sites (training, childcare, travel and parking).

The draft evaluation criteria for this theme are:

- Deliver joined up care closer to home when this is safe to do so
- Minimise any travel impact for patients, families, staff and visitors.

All five stakeholders who responded to the question, felt that this criteria was right, with all agreeing that the criteria reflected what people have said (one respondent very strongly agreed, three respondents strongly agreed and one respondent agreed).

Just one comment was made in relation to the criteria:

“Being close to home is very important and help with travel impact”

Validation of theme with previous feedback from stakeholders

General comments about the criteria were made by staff in terms of the criteria being ‘vague’ and ‘woolly’ and ‘a watered down version of the feedback from patients and staff’.

Evaluation criteria (updated)	Feedback
Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed	<p>Feedback from the staff survey supported the inclusion of ‘patients, visitors and staff’ within this criterion.</p> <p>Access was a major concern among the staff sampled, for both staff and patients. Concerns were</p>

	<p>raised about the time it will take for staff/patients to travel further afield, the cost and difficulty of this, particularly for those reliant on public transport.</p> <p>Accessibility challenges were felt to decrease options / choice, which staff and one stakeholder noted has not been included within the criteria (referring to the feedback point 'offer improved choice and involve patients in decisions about care').</p> <p>Staff raised concern about the use of the term 'proportionately addressed' and questioned what was meant by this.</p> <p>The challenge of parking was discussed within the stakeholder events with the suggestion being made that ideas should be assessed for their ability to move services out of hospital where it is appropriate to do so. Just one individual identified parking as a concern within the staff survey.</p> <p>It was suggested at the stakeholder events that the practical/logistical considerations for staff were considered due to their correlation with the recruitment and retention aims/criteria. Whilst this was not raised during the staff survey, the concerns regarding extra travel for staff (time and cost) support the inclusion of a finance criteria related to the financial support to support staff to travel between sites.</p>
Deliver joined up care closer to home when this is safe to do so	<p>As per the feedback from the stakeholder events, this criteria was generally well supported with little challenge.</p> <p>However, some staff raised concern about the wording 'safe to do so' perceiving it to be too vague – "it is a get out clause".</p> <p>One staff member commented that the distance between the hospitals, staffing issues, lack of funding and privatisation makes services disjointed and does not provide a clear flow in treatment plans.</p>
Minimise any travel impact for patients, families, staff and visitors	<p>Staff questioned how much travel impact will be minimised, if patients / families / staff are required to travel further afield, and with public transport infrastructure not supporting this.</p>

	<p>The concern of access for both staff and patients, from the staff survey, supports the suggestion to include a separate criteria related to staff travel.</p> <p>A suggestion was made by one staff member that technology should be explored to reduce the need of staff travel between sites. There was recognition during the stakeholder events that digital transformation is not fully recognised in the criteria and that this needed to be recognised as an 'enabler' or as a criterion.</p>
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Theme: Deliverability

Feedback from staff, patients and public said that future hospital services must:

- Effectively manage demand, avoiding long waiting times, delays and cancellations
- Offer an efficient and smooth process from attendance or referral to hospital, to treatment and discharge
- Be clear which service is best to attend for seriousness of my health condition

The draft 'desirable evaluation criteria' that was developed says future hospital services must:

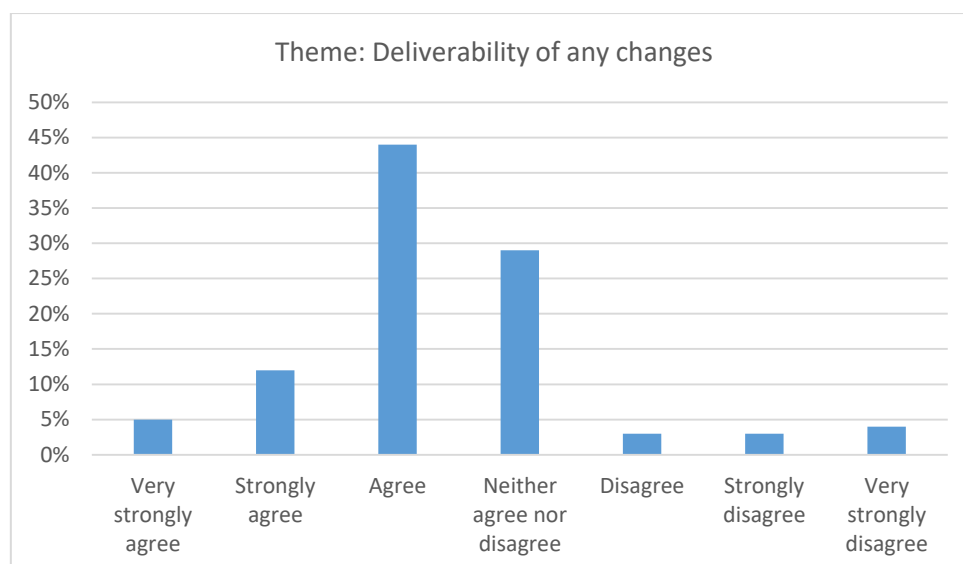
- Ensure there is capacity to accommodate predicted future health needs and projected increase in demand
- Enough capacity to manage patient flow across all local hospitals
- Robust workforce development plans to be able to implement and sustain new way of working
- Complements or is supported by other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

Feedback from staff

Nearly two thirds of staff felt that the criteria for this theme was right (60.0%), with just 9.5% perceiving that it wasn't, whilst 30.5% were unsure. Agreement with the criteria developed for this theme, was the second highest compared with all other evaluation themes.

The majority agreed, to some extent, that the criteria reflected what people have said (61.0%), whilst 29% neither agreed nor disagreed and just 10% disagreed, to some extent.

Question: How much do you agree or disagree that we have reflected what people have told us when writing this draft evaluation criteria? (n=96)



When asked to provide a reason for their choice, 24 members of staff provided a comment. Comments were summarised under the three headings – positive, negative and other comment. A quantitative representation of the comments has also been provided.

Positive comment <ul style="list-style-type: none"> - Meets identified needs and benefits the patient - Ensures forward planning and addresses capacity and demand - Improved capacity would reduce the need for NSP, reducing costs - Recognises that services should be delivered efficiently from the most appropriate site 	45.8%
Negative comment <ul style="list-style-type: none"> - Mismatch with feedback – ‘be clear which service is best to attend for the seriousness of my health condition’ and ‘efficient and smooth service’ have not been addressed - ‘Woolly’ criteria - Concern that capacity in the system (i.e. beds, staffing & vacancies) and funding to deliver what is required, may prevent this 	29.1%
Other comment <ul style="list-style-type: none"> - Potential of losing the benefits of working in a small trust (e.g. speedy access to support services) - Management will always do what they want - Very hostile takeover - ‘Robust workforce development plans’ - when staff are still in ignorance of how and when their roles will change? - Concern that development plans will not consult lower-band staff who have the most experience with the current workflows 	25.2%

- Managing worklists – all staff should be on bank rota not being paid overtime	
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Feedback from stakeholders

The criteria for this theme were introduced to stakeholders in two separate sections in the survey.

Deliverability (1)

What patients, public, staff and stakeholder's said is important to them:

- Healthcare services that are able to manage the demand that is placed on them, avoiding long waiting times, delays and cancellations
- Improved capacity and demand management
- Estates and facilities that are able to cope with demand
- To know which healthcare service is best for me to attend with the seriousness of my health condition
- To know where different healthcare services are located, when they are open and how I can access them
- To have trust and confidence in accessing healthcare services.

The draft evaluation criteria for this theme are:

- Ensure there is capacity to accommodate predicted future health needs and projected increase in demand
- Enough capacity to manage patient flow across all local hospitals
- Robust workforce development plans to be able to implement and sustain new ways of working.

All five stakeholders who responded to the question felt that these were right, with all agreeing that the criteria reflected what people have said (two respondents very strongly agreed, two respondents strongly agreed and the remaining respondent agreed).

Just one comment was made by a stakeholder who strongly agreed with the criteria:

"Must be able to deal with the demand and to have enough staff to do the work."

Deliverability (2)

What patients, public, staff and stakeholder's said is important to them:

- To know which healthcare service is best for me to attend with the seriousness of my health condition
- To know where different healthcare services are located, when they are open and how I can access them
- An efficient and smooth process from attendance or referral to hospital, to treatment and discharge
- Quick access to a specialist opinion

- Quick access to assessment and diagnostics.

The draft evaluation criteria for this theme are:

- Complements or is supported by other relevant services and transformational plans.

All five stakeholders who responded to the question felt that this criterion was right, with all agreeing that the criteria reflected what people have said (two respondents strongly agreed and three respondents agreed).

Validation of theme with previous feedback from stakeholders

Agreement within the staff survey, with the criteria developed for this theme was the second highest compared with the other evaluation themes.

Evaluation criteria (updated)	Feedback
<p>Enough capacity to manage patient flow across all local hospitals</p> <p>Ensure there is capacity to accommodate predicted future health needs and projected increase in demand</p>	<p>Staff recognised the importance of the criteria in terms of ensuring forward planning and addressing capacity and demand.</p> <p>However, staff raised concern that capacity in the system (i.e. beds, staffing & vacancies) and funding to deliver what is required, may prevent this.</p> <p>Staff felt that the criteria did not specifically address the feedback statements 'be clear which service is best to attend for the seriousness of my health condition' and 'efficient and smooth service'.</p> <p>No additional remarks were made with regard to the criteria not reflecting unmet health need, as per the feedback from the stakeholder events. However, the acknowledgement that the criteria does not refer to making people aware of where best to attend for the seriousness of their health condition (which can be linked to unmet health need) supports the addition of a criterion to cover this.</p>
<p>Robust workforce development plans to be able to implement and sustain new way of working</p>	<p>No specific amendments were identified by staff to this criterion, however some staff were concerned that lower-band employees who have the most experience of current workflows, will not be consulted with, whilst one staff member questioned how robust the workforce development plans were when staff are still in ignorance of how and when their roles will change.</p>
<p>Complements or is supported by other relevant services and transformational plans</p>	<p>Again, no specific comments or amendments were made in reference to this criterion.</p>

across the region.	
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Evaluation criteria ranking

Feedback from staff

Staff were asked to select the three evaluation criteria that are most important to them. The criteria with the greatest frequency of responses were:

- Delivers the correct number of staff with right competencies (21.8%)
- Minimise any travel impact for patients, families, staff and visitors (18.8%)
- Must improve and maintain health outcomes for all people that use hospital services (16.5%).

Draft desirable evaluation criteria	% of respondents
Delivers the correct number of staff with right competencies	21.8%
Minimise any travel impact for patients, families, staff and visitors	18.8%
Must improve and maintain health outcomes for all people that use hospital services	16.5%
Enhances recruitment and retention through the delivery of good working patterns and development opportunities	15.8%
Must improve and maintain health outcomes for all people that use hospital services	15.8%
Ensure there is capacity to accommodate predicted future health needs and projected increase in demand	15.0%
Make a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur	13.5%
Enables more joined up working around the patient between hospital teams and out of hospital services	12.8%
Enough capacity to manage patient flow across all local hospitals	12.0%
Robust workforce development plans to be able to implement and sustain new ways of working	12.0%
Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance	9.8%
Deliver joined up care close to home when this is safe to do so	9.8%
Must deliver clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets and guidance	9.0%
Must deliver access too planned care and follow up services in line with waiting time guidance and patient choice	8.3%
Exceeds and maintains all core workforce standards	7.5%
Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed	6.8%
Can be implemented and funded in the long term within available resources	4.5%
Creates capacity to increase opportunities for clinical research and innovation	3.0%
System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements,	2.3%

patient experience and reflect multi-agency approach where needed	
Complements or is supported by other relevant services and transformational plans across the region	0.8%

Feedback from stakeholders

Similarly, stakeholders were asked to indicate the three criteria which are most important to them. Despite very small numbers, the criteria with the greatest frequency of responses were:

- Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance
- Enables more joined up working around the patient between hospital teams and out of hospital services
- Must improve and maintain health outcomes for all people that use hospital services
- Make a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur
- Minimise any travel impact for patients, families, staff and visitors.

Draft desirable evaluation criteria	No. of respondents
Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance	3
Enables more joined up working around the patient between hospital teams and out of hospital services	3
Must improve and maintain health outcomes for all people that use hospital services	2
Make a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur	2
Minimise any travel impact for patients, families, staff and visitors	2
Exceeds and maintains all core workforce standards	1
Enhances recruitment and retention through the delivery of good working patterns and development opportunities	1
Ensure there is capacity to accommodate predicted future health needs and projected increase in demand	1
Delivers the correct number of staff with right competencies	-
Creates capacity to increase opportunities for clinical research and innovation	-
System risk management processes can be safely put in place and monitored, for example safeguarding, complaints, complements, patient experience and reflect multi-agency approach where needed	-
Must deliver clinically safe distances and travel times to access services (including transfers between services) in line with national time access targets and guidance	-
Must deliver access to planned care and follow up services in line with waiting time guidance and patient choice	-
Can be implemented and funded in the long term within available	-

resources	
Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed	-
Deliver joined up care close to home when this is safe to do so	-
Enough capacity to manage patient flow across all local hospitals	-
Robust workforce development plans to be able to implement and sustain new way of working	-
Champion appropriate workforce development to be able to deliver any new models of care within three years to maintain and improve hospital provision	-

Summary – criteria ranking

Due to the small number of stakeholders who responded to the survey it is difficult to draw a conclusion as to the most important criteria for staff and stakeholders.

The feedback from staff would suggest that the following are the most important:

- Delivers the correct number of staff with right competencies
- Minimise any travel impact for patients, families, staff and visitors
- Must improve and maintain health outcomes for all people that use hospital services.

The latter two points were also two of the most frequently ranked criteria in the stakeholder survey.

Section Two: Public feedback

Overview

Members of the public were invited to give their views upon the draft desirable evaluation criteria through completion of an 'evaluation criteria' survey.

In total 678 individuals responded. Of those that provided their demographic details:

- 75.2% (493 respondents) were female and 24.8% (163 respondents) male.
- 1.1% (7 respondents) indicated that their gender did not match their identity at birth.
- 3.6% (22 respondents) were currently pregnant or have been pregnant in the last two years.
- 39.0% (251 respondents) had a disability, long-term illness or health condition.
- 93.1% (603 respondents) described themselves as White (British, Irish, European or other), 2.8% (18 respondents) as Asian / British Asian, 1.9% (12 respondents) as Black / British Black, 1.2% (8 respondents) as mixed race and 1.1% (7 respondents) as other.
- Slightly greater proportions of respondents were aged 55-64 years (21.6%; 143 respondents) and 65-74 years (20.2%; 134 respondents). Furthermore, 16.6% (110 respondents) were aged 25-34 years, 15.2% (101 respondents) were aged 45-54 years and 10.6% (70 respondents) 35-44 years.
- The majority of the sample were either married (44.1%; 282 respondents) with 23.3% (149 respondents) reporting that they were single and 11% (70 respondents) widowed or a surviving partner from a civil partnership.
- 97.1% (612 respondents) were heterosexual or straight.
- 62.6% (402 respondents) stated that they were Christian, whilst 33.2% (213 respondents) did not have any religious beliefs.

Survey responses

Respondents were asked to rank the five main themes in order of importance, with one being most important and five least important.

The majority of the sample (77%; 520 individuals) answered this question correctly, with the remaining individuals either leaving the question blank or ranking more than one theme equally. The following presents the answers for those that responded to the question correctly.

Making sure that services are of a clinical high quality and safe so they can be maintained for the long term (quality, safety and clinical sustainability) emerged as the most important theme with 46% of those that responded to the question correctly rating this as most important and a further 20% as ranking two. Only 7% rated this theme as least important (ranking 5).

The second most important theme was making sure that services improve health and don't make access to health services worse for any groups (impact on equality,

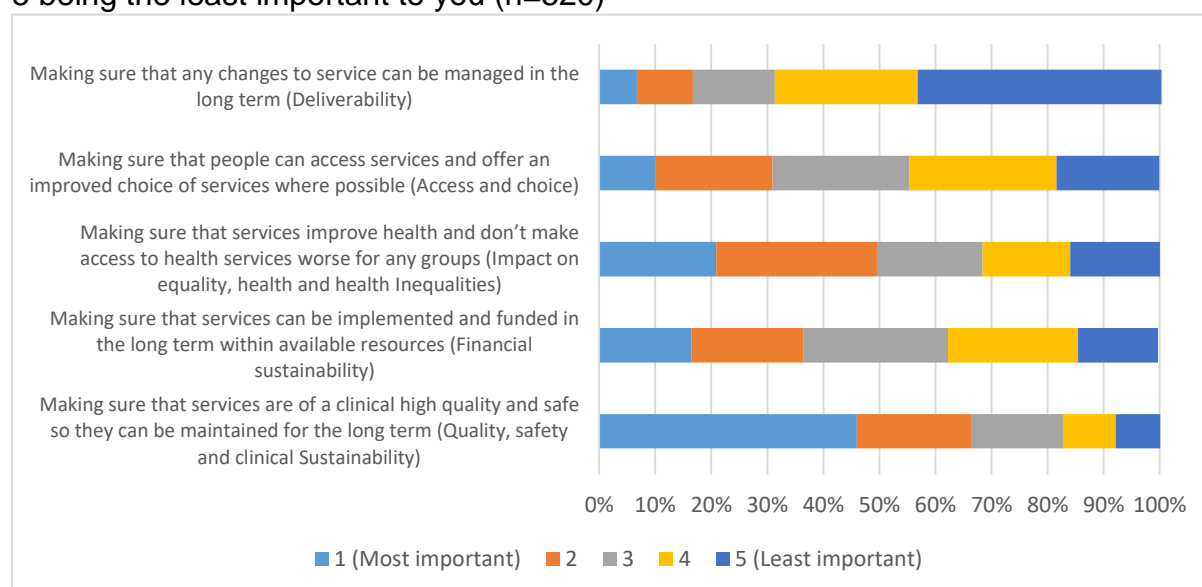
health and health inequalities) with 21% rating this as most important and a further 29% rating this as ranking two.

The third most important theme was making sure that services can be implemented and funded in the long term within available resources (financial sustainability) with 16% rating this as most important and a further 20% as ranking two.

The fourth most important theme was making sure that people can access services and offer an improved choice of services where possible (access and choice) with 10% rating this as most important and a further 21% as ranking two.

The least important theme was making sure that any changes to service can be managed in the long term (deliverability) with just 7% rating this as most important and 10% as ranking two. In contrast, the highest proportion rated this theme as least important (44%).

Question: Please rank these themes from 1 to 5 with 1 being the most important and 5 being the least important to you (n=520)



Respondents were asked to indicate what they thought of the 'working ideas' so far, to which 361 individuals provided a response.

As per the other open questions within this survey, each individual response was assigned a code and codes grouped into categories (represented in bold in the table below). In some cases it was necessary to assign more than one code to an individual response.

As can be seen many made a general positive comment about the themes with individuals stating that they were good / great / satisfactory (42%). Furthermore 7% felt that the working ideas would help to improve services, 6% that they were all important and 6% that it would be good if they work / are achieved.

A small number made specific reference to the working ideas highlighting the importance of quality of care and maintaining a high quality service (5%), the

importance of funding and financial stability (5%), sustainability (3%) and access (2%).

General concerns about the themes related to them not being clear (3%), that they were not good (3%), that they could be improved (3%) and that there was no difference / they were all the same (2%).

Some individuals raised specific concerns about the closure of services specifically commenting upon the need to retain services at South Tyneside Hospital (4%) as well as the difficulty of accessing services at Sunderland Hospital (4%).

Question: What do you think of the 'working ideas' so far?	
Category: general positive comment	% of respondents
<i>Good/great/satisfactory/ok</i>	42%
<i>Improvement/any improvement is good</i>	7%
<i>All-important/valuable/high priority</i>	6%
<i>Good if achievable/works</i>	6%
<i>Good if used/implemented/gets done</i>	4%
<i>Time will tell/wait and see</i>	2%
<i>Comprehensive/covers wide range</i>	1%
<i>Good to ask for feedback/find out what people need</i>	1%
<i>NHS is good/do their best</i>	1%
Category: working ideas – positive comment	
<i>Quality of care is important/need to maintain high quality service</i>	5%
<i>Importance of funding and financial stability</i>	5%
<i>Sustainability is important</i>	3%
<i>Access to services is important</i>	2%
<i>Access for all is important regardless of postcode</i>	2%
<i>Reducing waiting times is important</i>	2%
Category: general negative comment	
<i>Rubbish/not good</i>	3%
<i>Could be better/improved</i>	3%
<i>Not enough information/not clear</i>	3%
<i>No difference/all the same</i>	2%
<i>Too broad/unspecific</i>	1%
<i>Have not considered opinion of public/patients/staff</i>	1%
<i>Government/politics cause the problems</i>	1%
Category: working ideas – negative comment	
<i>Leave South Tyneside Hospital in South Shields/want more services in South Shields</i>	4%
<i>Concerns about access/transport to Sunderland</i>	4%
<i>Worried about losing good hospital/merge</i>	2%
<i>Closing departments/removing services is a bad idea</i>	2%

Respondents were asked how they felt the working ideas could be shaped and improved, to which 303 individuals provided a response.

Whilst 4% were satisfied with the working ideas, the most frequent suggestions / concerns raised by others included:

- The need for increased funding / investment into the NHS / local services (13%)
- The need to listen to public opinion and engage with different people (10%)
- The importance of reducing waiting times to provide a more efficient service (9%)
- The need to make services more financially efficient through better use of resources and reducing wastage (7%)
- The need to keep standards high – providing a good, efficient service (6%)
- Keeping services localised / stop moving services to Sunderland (6%).

Question: How can we shape and improve them?	
No improvements needed	% of respondents
<i>Happy / satisfaction</i>	4%
General	
<i>Listen to public / involve different people in meetings</i>	10%
<i>Keep patients informed of changes /make them more aware of services available</i>	4%
<i>Working ideas could be improved/keep working on them</i>	2%
<i>Work better/more closely with other services/departments</i>	2%
<i>Importance of implementation/making sure the ideas are carried out</i>	2%
<i>Restructure/improve management</i>	1%
Services	
<i>More localised services needed</i>	6%
<i>Keep both hospitals open/don't merge</i>	4%
<i>More walk in centres needed/re-open walk in centre</i>	4%
<i>Provide more services (stop closures)</i>	2%
<i>Remove/look at ineffective/unsustainable services</i>	1%
<i>Improve prioritising/prioritise urgent cases</i>	1%
<i>Improved resources/equipment</i>	1%
Access	
<i>Reduce waiting times/lists/quicker appointments</i>	9%
<i>Provide transport/improve public transport</i>	4%
<i>Increase accessibility/availability</i>	3%
<i>Services open for longer</i>	2%
<i>Access to all/patients treated fairly/equally</i>	2%
<i>Improve parking i.e. more car parking/free car parking</i>	1%
Patient care	
<i>Keep standards high/ high quality care</i>	6%

<i>Continuity of care</i>	1%
<i>Educate patients on health/lifestyle</i>	1%
Funding	
<i>Funding</i>	13%
<i>Make service more financially efficient (savings)</i>	7%
<i>Prioritise funding of services</i>	1%
Staffing	
<i>Improve staffing</i>	11%
<i>Need for more well trained/experienced staff</i>	3%
<i>Improve staff conditions (i.e. wages)</i>	1%

Finally, respondents were asked if they felt there were any others ideas that should be considered, in which 261 individuals provided a response.

Whilst 3% indicated that they were satisfied with the working ideas, the most frequent suggestions / concerns raised by respondents included:

- Retaining local services in both South Tyneside and Sunderland / keeping both hospitals open (10%)
- Improved staffing – including doctors, nurses, GPs, staff on wards (7%)
- Providing more walk-in services / re-opening the walk in centre in Jarrow (6%)
- Reducing waiting times to provide a more efficient service (6%)
- Improving transport links / providing affordable transport between South Tyneside and Sunderland (6%)
- Free / cheaper parking for patients and staff (6%)
- Educate patients on health / lifestyle / prevention better than cure (5%)
- Increased funding / investment into the NHS / local services (4%)

Specific comments made by respondents included:

“There should be more people recruited into nursing. I have recently been in hospital and nurses (especially at night) are rushed off their feet”

“Accessibility. Sunderland Royal Hospital is not easily accessible from South Tyneside. The nearest metro station is a 10-15 min walk for someone with normal mobility but can be difficult for anyone with reduced mobility and parking in the hospital grounds is limited and expensive”

“Direct bus from South Shields – two + years since I raised this with your Committee still NO BUS!!”

“Stop moving facilities from Jarrow and Shields to Sunderland”

Question: What other ideas do you think we should be considering?	
No improvements needed	% of respondents
<i>Happy / satisfaction</i>	3%

Improvements	
<i>Work better/more closely with other services/departments</i>	3%
<i>Listen to public / involve different people in meetings</i>	2%
<i>Keep patients informed of changes/make them more aware of services available</i>	2%
<i>Restructure/improve management</i>	2%
<i>Implementation/making sure the ideas are carried out</i>	1%
<i>Embrace technology/online services</i>	1%
Services	
<i>Keep both hospitals open/don't merge</i>	10%
<i>More walk in centres needed/re-open walk in centre</i>	6%
<i>More elderly services</i>	3%
<i>Improve access to mental health services</i>	3%
<i>Provide more services (i.e. home / community services)</i>	2%
<i>More/improve women's health services</i>	2%
<i>Improve resources/equipment</i>	2%
<i>Support/services for families/carers</i>	1%
<i>Improve prioritisation of urgent cases</i>	1%
Access	
<i>Reduce waiting times/lists/quicker appointments</i>	6%
<i>Provide transport/improve public transport</i>	6%
<i>Improve parking i.e. more car parking/free car parking</i>	6%
<i>Increase accessibility/availability</i>	4%
<i>Services open for longer</i>	2%
<i>Access to all/patients treated fairly/equally</i>	1%
Patient care	
<i>Educate patients on health/lifestyle</i>	5%
<i>Keep standards high/high quality care</i>	3%
<i>Continuity of care</i>	1%
Funding	
<i>Funding</i>	4%
<i>Prioritise patients who are employed/pay into system</i>	2%
<i>Make services more financially efficient (savings)</i>	2%
<i>Prioritise funding of services</i>	1%
<i>Stop pharmaceutical companies overcharging</i>	1%
Staffing	
<i>Improve staffing</i>	7%
<i>Need for more well trained/experienced staff</i>	3%
<i>Improve staff conditions (i.e. wages)</i>	2%
<i>More compassionate staff</i>	1%

Summary

The themes, in order of importance ranked by the public, are:

- Quality, safety and clinical sustainability
- Impact on equality, health and health inequalities
- Financial sustainability
- Access and choice
- Deliverability.

The most frequent suggestions / concerns raised by members of the public with regards to the criteria have been grouped broadly under the themes. Many of these re-emphasise some of the findings of the thematic review in terms of what is important to patients:

General comments

- The need to listen to public opinion and engage with different people

Quality, safety and clinical sustainability

- Improved staffing – including doctors, nurses, GPs, staff on wards
- The need to keep standards high – providing a good, efficient service
- The importance of reducing waiting times to provide a more efficient service

Impact on equality, health and health inequalities

- Educate patients on health / lifestyle / prevention better than cure

Financial sustainability

- The need for increased funding / investment into the NHS / local services
- The need to make services more financially efficient through better use of resources and reducing wastage

Access and choice

- Need to retain local services in both South Tyneside and Sunderland / keep services at both hospitals
- Improving transport links / providing affordable transport between South Tyneside and Sunderland
- Free / cheaper parking for patients and staff
- Providing more walk-in services / re-opening the walk in centre in Jarrow

Appendix – demographics

Staff survey

Question: What is your job role? (n=133)

Job role	% of respondents	Breakdown of job role (if applicable)	
Nursing and midwifery	30.1%	<i>Healthcare assistant</i>	2.3%
		<i>Registered nurse or midwife</i>	27.8%
Other – admin / clerical / secretarial	27.8%	-	-
Allied health professional	15.2%	<i>Dietetics</i>	2.3%
		<i>Occupational therapy</i>	1.5%
		<i>Other job role</i>	3.8%
		<i>Pharmacy</i>	1.5%
		<i>Physiotherapy</i>	1.5%
		<i>Podiatry</i>	0.8%
		<i>Radiography</i>	2.3%
		<i>Support staff</i>	
Medical	12.0%	<i>Consultant</i>	10.5%
		<i>Other medical staff</i>	1.5%
Other – corporate services	5.3%	-	-
Healthcare scientists / scientific and technical	3.8%	<i>Operating department</i>	1.5%
		<i>Other job role</i>	1.5%
		<i>Technician</i>	1.5%
Other – general management	3.8%	-	-
Other job role	1.5%	-	-
Other – maintenance / ancillary	0.8%	-	-

Stakeholder survey

A total of seven individuals participated in the stakeholder survey, only five of which responded to the demographic section of the survey:

- Two respondents were male and two female (one respondent preferred not to say)
- One respondent was aged 25-34 years, two aged 45-54 years and one 55-64 years (one preferred not to say)
- One respondent was currently pregnant or has been in the last year and one respondent had a disability, long-term illness or health condition
- Three respondents stated that they were married, whilst one indicated that they were separated

- One respondent cared for a child or children (between 2 and 18 years) and one respondent was a primary carer or assistant for an older person or people (aged 65 years or over)
- Two respondents were White (British, Irish, European, or other), one respondent was Asian / British Asian and one respondent mixed race
- Four respondents stated that they were heterosexual or straight
- Two respondents were Christian, whilst two had no religion.

Public survey

Table: Age breakdown

	%	No.
16-17	0.3	2
18-24	5.6	37
25-34	16.6	110
35-44	10.6	70
45-54	15.2	101
55-64	21.6	143
65-74	20.2	134
75-84	7.4	49
85+	2.6	17
Total	100.0	663

Table: Marital status

	%	No.
Married	44.1	282
Single	23.3	149
Widowed or a surviving partner from a civil partnership	11.0	70
Cohabiting	9.2	59
Divorced or civil partnership dissolved	7.8	50
In a civil partnership	2.8	18
Separated	1.7	11
Total	100.0	639

Table: Sexuality

	%	No.
Heterosexual or straight	97.1	612
Bisexual	1.4	9
Gay woman or lesbian	0.6	4
Other	0.6	4
Gay man	0.2	1
Total	100.0	630

Table: Religious beliefs

	%	No.
Christianity	62.6	402
No religion	33.2	213
Other	2.2	14
Muslim	1.7	11
Hindu	0.2	1
Buddhist	0.2	1
Total	100.0	642