



South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Monday 29 July 2019, **2pm** South Shields Town Hall, Committee Suite, Westoe Road, South Shields, NE33 2RL

Agenda

1. Declarations of Interest

Members to declare an interest in any agenda item.

2. Minutes of 25 October 2018

3. Update on Path to Excellence Phase 1

To receive an update on Path to Excellence Phase 1.

4. Update on Path to Excellence Phase 2 – Pre-consultation

To receive an update on Path to Excellence Phase 2 – pre-consultation.

5. Timescales

To discuss timescales involved in Path to Excellence including the involvement of Durham County Council representatives.

6. Chairman's Urgent Items

To consider any items which the Chairman has agreed to accept as urgent business.

At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the TOWN HALL, WESTOE ROAD, SOUTH SHIELDS on THURSDAY 25 OCTOBER 2018 at 10.00 AM

Present:

Councillor Dix in the Chair

Councillors (Sunderland) Beck, Davison, D Dixon, Heron, Leadbitter and D Snowdon

Councillors (South Tyneside) Brady, Flynn, Hay, Hetherington and Purvis

Also in Attendance:

South Tyneside and Sunderland NHS Partnership:

Caroline Latta, Strategic Communications and Engagement Lead North East England
Commissioning Support

Matt Brown, Director of Operations, South Tyneside Clinical Commissioning Group

Liz Davies, Head of Communications, South Tyneside and City Hospitals Sunderland NHS
Foundation Trust

Patrick Garner, Programme Manager, Path to Excellence

Sunderland City Council

Nigel Cummings, Scrutiny Officer

South Tyneside Council

Councillor T Dixon, Lead Member Independence and Well-being

Paul Baldasera, Strategy and Democracy Officer

Brian Springthorpe, Strategy and Democracy Support Officer

1 member of the public was in attendance

Welcome and Introductions

Following a brief round of introductions, the Chairman welcomed everyone and outlined the purpose of the meeting. The Chairman suggested that the additional engagement dates arranged be circulated to Councillors and it was confirmed that the NHS representatives were happy to attend other community groups and arrange meetings in other areas as required. Hebburn, the coalfields and the Boldon areas were suggested as possible venues.

Apologies for Absence

Apologies for absence were received from Cllr McClennan (Sunderland) and Cllr Peacock (South Tyneside)

1. Declarations of Interest

There were no declarations of interest.

2. Minutes of 21 June 2018

Agreed: That the minutes of the meeting held on 21 June 2018 be agreed as a true and accurate record.

3. Update on Path to Excellence Phase 2 Planning

Patrick Garner presented the report which outlined the strategic timeline for Phase 2 of the Path to Excellence planning. All good practice guidelines were to be followed to ensure that the process was robust, open and transparent. The Consultation Institute was again involved to monitor the process and provide external quality assurance.

A long list of ideas had been produced by the clinical design teams and informed by wider staff and patient engagement feedback. These were being reviewed internally to identify viable ideas based on the defined hurdle criteria. Once these evaluations had been completed a short list of emerging ideas would be shared to gather further feedback prior to any scenarios being produced for formal public consultation.

It was confirmed that the workforce and other stakeholders, such as the North East Ambulance Service (NEAS), were fully engaged in the process.

The Committee then received a presentation which covered:

- The need to transform care locally;
- Key challenges – ‘no change’ was not an option, workforce pressures, demographic changes, finance constraints and the need for improved quality of service;
- How to plan to address these challenges;
- What happens next – timescales.

Councillor Hay indicated that she was pleased that the external quality assurance would again take place, however, stressed the need to hear details of what services were proposed to transfer to South Tyneside as to date all services had moved to Sunderland. The Committee was advised that the proposals were still being worked through. It was confirmed that services would be based at South Tyneside and that it was possible that this information may be available to share around February 2019.

The Chairman highlighted problems with the existing infrastructure on the hospital sites. The Committee was advised that capital funding was difficult to secure, however, the Trusts were bidding for additional resources.

Councillor Heron stressed the difficulties faced by residents accessing services at both hospitals by public transport. Patrick Garner confirmed that it was hoped to keep services as local as possible and only to centralise where necessary.

Councillor Darryl Dixon questioned how the Public Listening Panel would operate and how it would be advertised. The Committee was advised that the Panel would take place on 5 December 2018 and would be chaired by the Consultation Institute. There was an open invitation for any resident to give evidence. The Panel would operate as required to meet local demand and a separate Communications Plan was being developed for this event. Over the last two years contacts and networks had been developed, however, the pre-consultation phase would focus on key stakeholders.

Councillor Hetherington hoped that the NHS would be able to demonstrate that it had listened and acted on residents' views as it was felt that this had not been done in Phase 1. Caroline Latta confirmed that following every event a record of the evidence presented would be published as part of the gathering of evidence.

The Chairman asked how staff were being consulted. The Committee was advised that concerted efforts were being made to involve as many staff as possible through a survey and workshops in addition to the ongoing work being carried out in the Trusts. The whole workforce had been advised of developments and timeline and face-to-face events were planned throughout the process to ensure staff engagement took place. In addition, Trades Unions and staff associations were involved.

Councillor Tracey Dixon advised that there was a perception that South Tyneside hospital was to close and stressed the need for clear, effective and early communication about which services would be based at the hospital. The Committee was advised that bids had been submitted for capital funding; however, it was unclear when this would be decided. This was a national issue which was out of local control. The information would be provided to the Committee as soon as the information was available and the NHS officers stressed that they would do all they could to secure the capital funding necessary to benefit hospital transformation. The uncertainty was also frustrating for clinical teams directly involved in service provision. Furthermore, it was stressed that a number of outpatient services had already moved to South Tyneside and more would follow.

RESOLVED: That Members receive further information at the earliest opportunity.

4. Draft Joint Response to the Independent Reconfiguration Panel (IRP) Decisions

Matt Brown advised that the draft document was in response to the Secretary of State's decision to accept the advice of the Independent Reconfiguration Panel regarding Phase 1 of the Path to Excellence proposals.

Matt Brown highlighted the Secretary of State's response to each of four key areas.

The IRP advice had stressed the need for a better understanding of the 'bigger picture' of health care needs in the area. This provided an opportunity to put hospitals into the wider context of all health care needs and provision.

The IRP had endorsed consolidation of stroke services, high risk obstetrics and emergency, overnight paediatric care at Sunderland.

Regarding concerns over implementation, it was confirmed that transition work continued. Other areas highlighted included travel and transport, workforce issues and the support required from North East Ambulance Service.

Discussions had taken place between NHS representatives and the Committee's Joint Chairs and it had been agreed that in addition to the regular, formal Committee meetings more opportunities would be created for Councillors to meet with NHS Path to Excellence and wider staff including an opportunity to hear more about the implementation plans for Phase 1 services.

Paul Baldasera advised that the draft response presented an opportunity to create a framework within which to consider the implementation of the Phase 1 Path to Excellence proposals. He stressed the need for the Committee to have all the

necessary information to scrutinise issues in the context of the wider health care system.

Councillor Hay suggested that the Committee needed to have further discussions with NEAS. The Committee noted that ambulance service targets had changed and that NEAS remained a high performing service.

Councillor Hetherington expressed the need to be able to fully scrutinise any proposal before items could be signed off. The Committee was advised the document provided the framework to carry out such detailed scrutiny in a considered, staged approach. It was noted that the Secretary of State required a response by the end of October. Discussion took place on the willingness to work together but Councillors' reservations remained over the Path to Excellence programme and its impact on residents and local communities. NHS representatives reiterated the focus on ensuring safety and quality of care and highlighted the improvements seen in stroke care for South Tyneside residents since December 2016.

The NHS representatives confirmed their commitment to an open and transparent implementation process to the Phase 1 outcomes.

Discussion followed on midwife-led maternity units. It was confirmed that staff had visited other units to witness them in operation. Staff would be supported throughout the process and training was in hand.

RESOLVED: That Members agreed the joint response subject to the addition of a paragraph to make clear that that the Committee was willing to work with the NHS, however, it would require detailed information in order that it may undertake its duties to fully and properly scrutinise all future Path to Excellence proposals.

5. Chairman's Urgent Items

There were no urgent items.

REPORT

Path to Excellence Phase 1

Path to Excellence

Phase 1

Report providing update on the issues raised in the advice accepted by the Secretary of State for Health and Social Care from the Independent Reconfiguration Panel regarding the Path to Excellence Phase One decisions



**NHS partners working together:
South Tyneside and Sunderland Clinical Commissioning Groups
South Tyneside and Sunderland NHS Foundation Trust**

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Background – reminder

In February 2018 the Governing Bodies of South Tyneside and Sunderland CCGs took decisions on phase one of the Path to Excellence programme. These decisions related to stroke, maternity, women’s healthcare (gynaecology) and emergency paediatric services.

Subsequently, on 1st May 2018, the South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee (JHOSC) referred these decisions (on behalf of both South Tyneside Council and Sunderland City Council) to the Secretary of State for Health and Social Care, citing referral grounds as follows:

- iii. adequacy of the content of consultation, and
- iv. that the proposals would not be in the interests of the health service in the area

The Secretary of State sought advice from the Independent Reconfiguration Panel (IRP) and wrote back to the CCGs, JHOSC and other interested stakeholders on 30th August 2018.

A joint response from the JHOSC and CCGs summarised the key elements of the letter from the Secretary of State and how the bodies are working together on the implementation of phase one decisions, as well as to gain a better joint understanding of healthcare to meet the needs of both local populations.

This update paper follows the joint response sent to the Secretary of State at the end of October 2018 to update on progress on mobilisation of phase one decisions.

Reminder of the IRP advice

The Secretary of State accepted the IRP advice that:

1. While the three options are being implemented, there needs to be further consultation and engagement, with a view to developing a better understanding about the bigger picture for healthcare in the area
2. All inpatient stroke services should be consolidated at Sunderland Royal Hospital
3. All obstetrics, inpatient gynaecology and special care for babies should be consolidated at Sunderland Royal Hospital with a free-standing midwife-led unit at South Tyneside Hospital
4. Further work is required on long term options for paediatric emergency care as part of considering the future of the whole urgent and emergency care system for the area. In the meantime, emergency paediatric care overnight should be consolidated at Sunderland Royal Hospital.

Developing a better understanding about the bigger picture for healthcare in the area

In the IRP advice, Lord Ribeiro set out that “whatever the strengths and weaknesses of the process so far, the NHS, the JHOSC and their stakeholders must step forward decisively on two priorities that will build confidence for the future.”

“...by renewing engagement that will develop better understanding about the bigger picture for health and health care in the area and within it the future of the South Tyneside District Hospital.”

This recommendation has been wholeheartedly supported by NHS partners and elected members, and significantly more engagement and involvement activity has taken place in phase two to actively address the concerns elected members highlighted in regard to the level of involvement by stakeholders in phase one.

The wide-ranging activity undertaken to date for phase two is set out in appendix one which provides a summary table overview of involvement and engagement activity since December 2017.

There has been strong acknowledgement and actions taken from NHS partners to improve the pre-consultation engagement process for phase two.

Building upon lessons learned from phase one was highlighted in a [consultation assurance report](#), which was a key document used in CCGs decision making in phase one. These actions have been followed through with the development and implementation of an updated communications and engagement strategy for phase two which drew directly from the assurance report learning and includes a new four stage pre-consultation solutions development assurance process working to best practice standards with The Consultation Institute:

The NHS attended JHOSC in June and October 2018 to present this updated communications and engagement strategy and pre-consultation assurance process which included:

- A stakeholder panel established in November 2017, drawing from a range of different stakeholders such as trade unions, elected members, trust governors, community and voluntary sector and jointly chaired by CCGs' lay members for patient and public involvement. The panel reviewed the outline communications and engagement strategy, provided feedback to enable the full strategy development, which was then shared with JHOSC members in June 2018. The panel has also provided input into key elements of the solutions development process and in particular setting evaluation criteria – the choice based elements of how solutions for change will be assessed prior to public consultation for phase two.
- Establishment of a travel and transport advisory group, made up of transport commissioners, travel companies, travel user groups, NHS organisations and elected members. The group has a strategic action plan drawn directly from issues identified in phase one consultation. Further information about the work of this group is included in this report.
- Significantly enhanced staff involvement and co-production of potential solutions by providing opportunities for input, influence, feedback and sense checking. This has included a specific staff survey in January 2018 to understand the areas of concern and opportunity, dedicated staff events in March and June 2018 and March 2019. Hundreds of staff have been directly involved in shaping a wide range of different solutions to address the key issues highlighted within the draft cases for change and included as part of the evaluation criteria.
- An enhanced three phase approach to benchmark and investigate patient experience across the pathways to inform the clinical service review case for change and solutions development. This is in recognition of how patient experience is critical intelligence required to help the clinical design teams understand what is important to patients, what is working well and what areas there are for improvement. Key themes from patient feedback are included in the evaluation have been used to assess the working list of ideas. A report showing how patients have influenced the working ideas is being finalised and will be shared with partners. Appendix one sets out the involvement activity to date and all reports are available on the programme website.
- Working with The Consultation Institute (TCI) on a four stage best practice pre-consultation solutions development process to be subject to a new quality

assurance process (previous quality assurance from TCI was about formal consultation phases not pre-consultation solutions development).

- Publication of a draft case for change in July 2018, widely publicised during autumn and winter through press, roadshows across the community and NHS settings, animation, digital media and attendance at community and council forums. The draft case for change includes staff and patient views that have been collected to date, and how the Path to Excellence programme is the 'in hospital' element of three pillars of how care needs to transform locally – the other two being 'out of hospital' and 'prevention'.
- Publication of an updated draft case for change in February 2019 widely publicised through press, roadshows across the community and NHS settings, animation, digital media and attendance at community and council forums. The update includes further staff and patient views and publication of the working list of ideas as well as the full long list of all possible solutions which had been considered by clinical design teams. Further information about 'out of hospital' and 'prevention' is also included as well as updates on the process so far and what will happen next.
- These two publications and associated activity are a key element of explaining the bigger picture for health and care across South Tyneside and Sunderland as recommended by the IRP.
- Wider stakeholder events held in November and December 2018 to consider, agree and set draft desirable evaluation criteria to assess ideas for change, based upon public and staff insights to date. Further stakeholder events were held in April and May 2019 where the agreed draft desirable evaluation criteria were applied to the working list of ideas (published in the February updated case for change).
- February, March and April 2019 focus group activity with groups from protected characteristics and those who may be more impacted by any future changes to gain their views and to enhance the working list of ideas.
- Innovative public hearing style listening events held in December 2018 in South Tyneside and in Sunderland in June 2019, were broadcast live on Facebook. Stakeholders were invited to present their evidence on the draft case for change and updated draft case for change and working ideas to an expert panel, giving the public the opportunity to provide their ideas and solutions to the challenges set out in the draft case for change documents.

Because of the above actions, when the formal consultation for phase two begins, all stakeholders will be clearer on all the ideas that were considered and why some were discounted.

All this activity is designed to help seek information and insights to inform the development of a pre-consultation business case as well as help patients, the public and key stakeholders to develop a better understanding about the strategic context for local health and healthcare, with a formal consultation phase now expected in 2020. This change in timescale is in regard to the need to ensure capital funds, the inclusion of parts of North and East Durham and the need to involve those communities.

All inpatient stroke services should be consolidated at Sunderland Royal Hospital (SRH)

The IRP concluded that the centralising of acute inpatient stroke services at SRH is in the interest of local health services.

The scope of phase one stroke services was the in-hospital element. Implementation is proceeding through the multidisciplinary Stroke Implementation Group and the Clinical Support Services work stream looking at the inpatient and community parts of the stroke pathway respectively.

The quality improvements are being monitored through the Sentinel Stroke National Audit Programme (SSNAP) data and this is provided to elected members through scrutiny arrangements.

Data from SSNAP from October to December 2018 shows impressive results as set out below.

MAJOR IMPROVEMENTS IN STROKE CARE FOR SOUTH TYNESIDE AND SUNDERLAND

	Before change	After change
Patients scanned within 1 hour	South Tyneside 22% Sunderland 41%	↑ 70%
Average time to a scan	South Tyneside 2hrs Sunderland 1hr 12mins	↑ 35 mins
Patients directly admitted to a stroke unit within 4 hours	South Tyneside 6% Sunderland 72%	↑ 74%
Patients who spent at least 90% of their stay on stroke unit	South Tyneside 69% Sunderland 96%	↑ 98%
Eligible patients given thrombolysis (clot busting drugs)	South Tyneside 9% Sunderland 63%	↑ 85%
Average time to be assessed by a consultant stroke specialist	South Tyneside 13hrs Sunderland 8hrs	↑ 5 hrs 47 mins

Latest available data from the Sentinel Stroke National Audit Programme (SSNAP)



The latest Sentinel Stroke National Audit Programme (SSNAP) data for January to March 2019 shows the quality of stroke services in South Tyneside and Sunderland has risen significantly and is now rated at level B (and very close to a level A which is the highest standard possible in the NHS). Prior to the changes, stroke services in South Tyneside were rated at level E and Sunderland level D.

SSNAP is used to measure the quality of stroke services across the NHS. It uses a number of key measures which are known to prevent serious, long-term disabilities and give patients the very best chance of surviving a stroke and returning to as normal a life as possible following a stroke.

Key indicators within the latest data set January to March 2019 show:

- 66% of patients receiving a CT within 1 hour (average time to scan = 43 mins)
- 67% of patients directly admitted to stroke unit within 4 hours
- 95% of eligible patients receiving thrombolysis
- 94% of patients assessed by a consultant stroke specialist within 24hrs
- 95% of patients spending at least 90% of their stay on dedicated stroke unit

The IRP also noted that “the NHS must ensure the rest of the stroke pathway outside hospital, both prevention and after care, is functioning to its full potential for the whole population, engaging primary care and community rehabilitation services particularly.”

The out of hospital element, including community services, primary care and prevention, is being considered as part of the wider system reform work, which is being taken forward jointly by health and care partners across South Tyneside and Sunderland

Continued efforts on out of hospital care and making sure that existing prevention and primary care services in relation to stroke and community stroke rehabilitation is now also being evidenced in the SSNAP data (January – March 2019):

- 98% of patients received a joint health and social care plan on discharge
- 100% of patients in atrial fibrillation on discharge were discharged on anticoagulants or with a plan to start anticoagulation
- 100% of patients were given a named person to contact after discharge
- 55% of patients were treated by a stroke skilled Early Supported Discharge Team – this compares against the national average for the quarter of 39%

All obstetrics, inpatient gynaecology and special care for babies should be consolidated at Sunderland Royal Hospital with a free-standing midwife-led unit at South Tyneside Hospital - update

The IRP concluded that this option is in the interest of local health services and that a detailed implementation plan should incorporate “both the necessary assurance about ambulance response and the practical external advice provided about making the free-standing Midwife led unit (FMLU) part of a comprehensive hub, offering the fullest possible range of pre- and post-natal services, that will engage its users and give them confidence.”

The trust are mobilising changes to maternity from **9am on Monday 5th August**, when the new midwifery-led birthing centre at South Tyneside District Hospital will open. This will offer more choice for women with low risk pregnancies who would like to give birth in a more calming environment and have a natural birthing experience.

As part of these planned changes, in May 2019 the Trust wrote personally to all expectant mums across South Tyneside and Sunderland who are due to give birth in July and August 2019 in order to allow plenty of time for women to consider and discuss their birthing plans – this was two months in advance of women’s due dates. As at 19 July 2019, 23 women have so far booked to deliver in the new midwifery-led birthing centre in South Tyneside during August 2019 with some women still yet to decide, therefore this figure may further increase.

The maternity and neonatal teams are working to manage the closure of the special care baby unit at South Tyneside to minimise the requirement to transfer babies and their mothers when the unit closes wherever possible. We’re having ongoing conversations with mums who are due to give birth from 29th July onwards where baby may require admission to a special care baby unit in order to agree a plan for the place of birth depending on the level of risk and likely length of stay required in a special care baby unit.

Maternity staff are eager to support to pregnant women and to promote choice to women locally. Staff have been actively involved in the communications plans and developing promotional material.

Whilst there is some understandable apprehension, it is worth noting that all staff are now very keen for the changes to take effect to enable them to commence their new posts and be part of this exciting new service model.

As part of decision making, it was recognised that there were elected member and public concerns about the sustainability of FMLUs.

The trust and staff want to make sure the new midwifery-led birthing centre has a successful and vibrant future. To support this, work has taken place with the School of Nursing and Midwifery at Northumbria University who have been commissioned to undertake an independent piece of research to understand the clinical evidence

base from around the country as to what other elements NHS partners might wish to consider for the vibrant community hub within the birthing centre.

An independent report is expected imminently from Northumbria University and will allow discussions to begin with local stakeholders to help co-produce a sustainable community hub model in South Tyneside. This independent report will form the basis for evidenced-based engagement / co-production work to take place over the late summer period, specifically aiming to ensure the model maximises sustainability post-implementation, working with staff, mums-to-be, elected members and the local community.

It has been important for the operational teams within the Trust to start mobilising plans as the critical staffing issues which have been the core driver for this change remain a daily challenge. The creation of a community hub will be the second stage of work once the changes to the service model go live and the new midwifery-led birthing centre is open.

The trust is liaising very closely with the North East Ambulance Service and clear protocols are in place for the new model when it goes live.

All other aspects of local maternity services will stay the same, with pregnant women continuing to access the majority of antenatal and postnatal care locally, just as they do now, including all planned hospital appointments and community care.

Changes to the emergency gynaecology pathway and for patients requiring an inpatient stay for a planned gynaecological procedure will also take place from 5 August. This means women from South Tyneside who need an emergency procedure or an operation which requires an overnight stay, they will have their care delivered at Sunderland Royal Hospital. Day-case operations and outpatients' consultations will continue to take place at both South Tyneside District Hospital and Sunderland Royal Hospital.

Emergency paediatric care overnight should be consolidated at Sunderland Royal Hospital – update

The IRP noted that “consolidation of paediatric emergency care overnight at SRH (Option 1) between the hours of 22.00 and 08.00 will mitigate the current risks to quality and continuity of care”, endorsing the decision made by the CCGs, which was intended to be a short-term solution pending implementation of Option 2.

- Implementation of Option 1 will also take place on Monday 5 August following very detailed and careful consideration by the paediatric clinical team and based on the following critical elements: There is a natural dip in demand during August with typically less paediatric ED attendances per day therefore making it a sensible time to implement the change prior to the busier Autumn/Winter months
- The paediatric consultant team have emphasised their preference to go live in early August and expressed a few that delaying implementations would be less than ideal.

- There are a number of critical interdependencies in terms of staffing arrangements overnight linked to the maternity changes which would put increased risk on the paediatric service.
- There are significant ongoing gaps in the South Tyneside paediatric ED middle grade rota which remains extremely fragile with multiple overnight rota gaps for August and beyond
- The start of a new junior doctor rotation in August is an optimum time to go-live with the new service model. This means junior doctor trainees joining the Trust in August will start their rota working to the new service model rather than having to change their working patterns midway through their placement.
- Critical staffing issues remain within the special care baby unit (SCBU) at South Tyneside (which is staffed by the paediatric team) and there will be no need to keep this open after the maternity changes take place.
- Steps have been taken to ensure adult emergency care staff are fully trained to provide immediate Paediatric Immediate Life Support' (PILS) in the event of a life-threatening case that presents of their own accord overnight, however, it should be noted that a widespread and ongoing public awareness campaign is underway to ensure the local community understand the new emergency paediatric model and do not attend South Tyneside hospital overnight
- A detailed 'standard operating procedure' (SOP) to support the overnight closure has been developed to provide a comprehensive process for closing the paediatric department at 10pm each night. This includes escalation to site management, the process for managing a child that presents out of hours and the process for raising an arrest call and the response to this.
- A detailed SOP for transferring children between hospitals (not just to Sunderland Royal Hospital but also to the Great North Children's Hospital) already exists and works well. The ambulance service has confirmed that South Tyneside will not be deemed as a 'place of safety' to hold paediatric cases which would otherwise determine a slower response (this was a key issue highlighted in the consultation by staff). We're also working closely with the NEAS operational teams to ensure a clinically appropriate ambulance response if a child does present during the overnight closed period.

Communications and marketing

The clinical team have also strongly expressed their view that (in their experience of working with children on an ongoing basis) a school bag drop (putting leaflets about the changes into school bags) should take place before the school holidays begin. This is very effective way of transferring the message to parents and will happen alongside widespread public awareness activities in the run up to and after the change. A full and comprehensive communications and marketing campaign is taking place to ensure the public is made aware of how to access emergency paediatric services overnight.

- Door to door leaflet distribution to every South Tyneside household (69,950) during the first weeks of July
- Leaflet distribution to venues across South Tyneside from w/c 22nd July includes (but is not limited to) G.P surgeries, nurseries, pharmacies, dentists, libraries, community hubs, police stations, supermarkets, shops, cafes, B&Bs, caravan parks, leisure centres, cinemas, soft play areas
- Royal mail distribution to every household (71,000 postcodes) during last week of July and first week of August
- On street activity at key events - The team distributed leaflets at two events so far at Bents Park; Summer Parade and Marti Pellow. We have three more days of hand to hand distributions planned for key venues across South Tyneside
- Social media – Twitter and Facebook posts and sponsored ads from w/c 15th July
- Radio and outdoor media campaign started w/c 15 July and digital out of home starts 29th July the same date as the radio campaign
- PR includes an eight-page supplement in the Echo and Gazette
- School bag drop - leaflets went out in the Primary Times which is inserted into School bags from 1st July, and emails /text messages to parents (prior to the school holidays and again in September).
- Information sent to schools has been uploaded to local schools' Facebook pages
- Maternity video animation and J press videos on the changes will be shared across platforms and social channels

Long-term paediatric model

The IRP also noted that further work is required on long term options for paediatric emergency care as part of considering the future of the whole urgent and emergency care system for the area.

This is being considered as part of phase two path to excellence programme.

The IRP also noted that the CCGs had agreed that more work needed to be done prior to implementation of the long- term option (option 2) and “the need to understand in detail how option 2 could work, particularly with regard to paediatric minor illness, and how it will safely and effectively into the overall urgent and emergency care service for children in the area.

This work will continue to be co-ordinated through the medical, nursing and managerial staff from both Trusts who sit on the CSR Paediatric Implementation Group which has been established to oversee the implementation of the decisions made.

Addressing concerns related to implementing changes services, notably ambulance capacity to respond, workforce development and practical mitigations to reduce negative impacts on travel for patients and carers.

Paediatric and maternity implementation

Any further change or delays to the scheduled date of August 5 to implement the new service maternity and paediatric models would result in significant disruption to patients and staff because of the scale of work undertaken to prepare, and to make arrangements for mums that are due to give birth in the coming weeks.

Community and hospital midwifery staff have now had conversations with approximately 150 women who were scheduled to give birth at South Tyneside on their chosen place for delivery. A fair proportion of these women, and at least 72 women due to give birth in August have now made firm plans as to their chosen place of birth with 23 women so far who meet the criteria preferring to give birth in the South Tyneside midwife led unit, whilst others have chosen to deliver in either Sunderland or other neighbouring hospitals. It would be most unsettling for these women to now have to change their arrangements again.

There has also been the formal process of staff consultation for the staffing restructure involving approximately 450 staff. Service changes of this degree has involved a lot of workforce organisation culminating in staff participating in a lengthy consultation process, around 60 staff having to have competitive interviews and all staff having to go into different roles with some in different work locations.

The process to arrive at the agreed service model from a staffing perspective cannot be underestimated and staff have only recently been able to have clarity on their new role and new job rota, it would be disrupting and damaging to advise at this late stage that the intended changes won't be taking place on 5th August as planned.

It's a Trust requirement that staff are provided with at least four weeks' notice of their shift rota. Also, a number of staff have expressed that they are looking forward to starting their new role and would prefer to start it sooner rather than later to reduce speculation, so they can provide higher quality care as the new models will allow, we have now been promising since the start of this process in 2016.

In real operational terms, the current situation (before the new models start across both sites from a medical staffing perspective is impossible to maintain without relying on medical locums and this problem will only get worse if implementation is delayed in anyway. This is because some medical staff have now retired from the Trust and there are no immediate successors available to fulfil their roles.

If implementation is delayed for any reason, there is a strong possibility that we would be in situations in which we have found ourselves previously in South Tyneside requiring an emergency closure of one or both of the services, a situation which everyone would prefer to avoid from a patient perspective.

Ambulance service

The North East Ambulance Service NHS Foundation Trust (NEAS) fully supports the principles of the reconfiguration of stroke, paediatric, obstetrics and gynaecology services in South Tyneside and Sunderland. NEAS has been fully involved in the consultation process and found it useful to hear from patients about the potential impact on them and Ambulance Services.

To mitigate the increased demand placed on the Ambulance Service of the Phase One changes, the Clinical Commissioning Groups and NEAS have agreed to put in place an additional level of ambulance cover for a minimum of 12 months which will be closely monitored throughout and with a full review at 6 and 12 months planned to evaluate the impact.

Detailed activity modelling was undertaken in conjunction with NEAS colleagues, before the CCG Governing Body Decision Making meeting in February 2018. This activity modelling was received in a letter and report that were appendices to the decision-making report (and are publicly available).

In terms of the stroke changes, consolidation on the Sunderland Royal Hospital site was temporarily implemented in December 2016. Although there was further internal work to be done on improving quality of care and staffing, all patients were being redirected from South Tyneside to Sunderland, hence the full impact on NEAS would have been from this point onwards.

A regional exercise was undertaken to consider the needs of the North East Ambulance Service, which included the changes that had been by this point made in stroke care in South Tyneside and Sunderland. Consequently, from 2018, an additional sum of £6.5 million is being invested in NEAS, alongside £9 million of efficiencies and productivities, to recruit 100 more staff to meet new national response time standards and improve services to patients.

The increased investment and efficiencies achieved will not only support the recruitment of around 50 paramedics and a further 50 clinical care assistants, but will also see an increase in the number of double-crewed ambulances, some of which will replace some non-paramedic emergency vehicles and some rapid response cars.

Hence, the additional NEAS capacity for stroke care has been addressed through this regional investment.

In terms of the changes to paediatrics, obstetrics and gynaecology, the modelling undertaken for decision-making identified that the maximum total additional ambulance hours required for this phase of implementation would be 1,315. That is, the extra activity, travel, conveyance and turnaround time would equate to a maximum of 1,315 hours over the course of a year. This is made up of 651 hours for obstetrics & gynaecology and 664 hours for paediatrics. It should be noted that the total operational ambulance hours for NEAS are around 1,000,000 over a year.

This additional 1,315 hours per annum equates to slightly over 3.5 hours of additional ambulance time per day.

As new models are being introduced with effect from 5 August 2019, it was felt to be prudent to initially introduce more additional capacity than was indicated by the activity modelling. It was felt that this would help mitigate any operational issues in the first instance, but particularly that it would provide reassurance to the public.

Hence, the CCGs have agreed to fund an additional sixteen-hour per day, seven-day per week, double crewed ambulance in the first instance, to be reviewed after six months so that the assumptions and activity modelling can be tested. This is equivalent to 5,840 additional annualised ambulance hours, which is more than four times the additional hours that are anticipated to be required.

Workforce development

Supporting those staff involved in the Phase One service changes has been of paramount importance to the Trust and a detailed HR consultation process took place during April and May 2019 with the full support of staff side / union representatives. Both the maternity and paediatric teams are fully supportive of the 5 August implementation date and given the long period of uncertainty about the future, Trust staff are now very keen to move ahead with the changes in the very best interests of patient care.

Where necessary, some staff have undergone additional training and awareness. This includes familiarisation sessions for midwives to ensure they are ready to work within a standalone midwifery-led birthing centre, building upon the many field visits to other successful units which have taken place over the past year to 18 months.

As work progresses towards the 5 August implementation date all staff are continuing to be supported and working closely with the management team and all partners to ensure successful implementation.

Travel and transport

The practical mitigations for travel are being explicitly considered by the action plan developed by the Travel and Transport Stakeholder Group, which features a wide range of representative's stakeholders as previously described. Highlights of how actions are addressing specific issues raised through the phase one public consultation are included in the table below.

Issues raised through consultation	Actions to date
The public have concerns about the impact and changes implemented by path to excellence would have on travel and transport.	Set up the Travel and Transport working group, whose primary objective was to develop new relationships and understanding across the NHS, local authorities, transport operators and the community and voluntary sector in order

	<p>to help mitigate travel and transport issues that are identified as a direct result of the Path to Excellence public consultation programme and the decisions about changes to how local NHS services might be arranged in the future.</p>
<p>There is a requirement for more information on timetables, maps and guides to support journey planning for passengers traveling from South Tyneside to Sunderland.</p>	<p>We invited Healthwatch and South Tyneside Transport Users Group to join the working group so they could provide independent views of the public, patients and social care users in South Tyneside, with the goal of improving the travel and transport offering.</p> <p>Produced a leaflet will then be produced that summarises the bus and Metro links that serve each hospital, along with other helpful information about public transport access.</p> <p>Added online journey planner to both trusts websites that allows patients to effectively plan their journeys.</p> <p>We are working on providing patient letters with travel plans, and /or customer service helpline for over 65s and vulnerable patients that will assist them in planning their journeys should they need to.</p> <p>Projecting bus times on available infrastructure at the hospital such as the televisions in the outpatient areas.</p>
<p>There was a lack of visibility at bus stops for services that travel to/or past hospital</p>	<p>NEXUS has added the Hospital Access logo to all bus timetables located in bus stops with a bus that travels to/or past hospital.</p>
<p>Inadequate signage in and around the hospitals</p>	<p>The trust facilities department is working with local authority members of the Travel and Transport working group to ensure that there is adequate signage, crossing facilities in the “Last Mile” of the journey.</p> <p>We are also in the process of auditing potential walking routes to ensure that pedestrian facilities such as dropped kerbs, signage, crossing facilities, signage within and around the hospital grounds to ensure that they are adequate.</p>

Patients and visitors to Hospitals have concerns around parking cost, parking spaces and disabled parking bays.	A new 'pay on exit' system was introduced at the hospitals in October 2018 making it much simpler for people to pay for their parking at the end of their visit with similar parking costs at either trust.
	The council is carrying out an assessment of local car parks near both trusts with a view of creating additional parking for patients and visitors through park and ride initiatives.
Concern about the cost of travelling to Sunderland from South Shields	Nexus and Stagecoach have reviewed their multi-modal ticket offering and increased marketing information for these products. The Trust's offer corporate travel schemes for staff which will be advertised for affected staff to consider. For additional discounted tickets to be developed, we are working on an impact assessment that will show the number of staff potential affected, that rely on public transport and then shared with the operators for their consideration.

Dedicated staff shuttle

As part of the Trust merger which took place on 1 April 2019 and after listening to views from hundreds of staff, a new dedicated staff shuttle bus service is currently being trialed between South Tyneside District Hospital and Sunderland Royal Hospital.

The introduction of the new staff shuttle bus service aims to reduce the need for staff to use their own cars to travel between sites and it is hoped this will also relieve pressures on hospital car parking facilities, freeing up more parking spaces for patients and visitors.

The pilot of the staff shuttle bus service will be evaluated after six months to understand the usage and how the service might be improved. Within the first six weeks, the shuttle bus has already catered for 2,000 staff journeys between the two hospital sites.

JHOSC and Path to Excellence work programme

Since the IRP advice, there has been more informal opportunities for elected members and NHS staff from the Path to Excellence programme to meet through a workshop programme. The agenda and focus for each session have been mutually agreed.

This has allowed the opportunity to have focused discussions on specific issues and provide the opportunity for member to voice questions and concerns on behalf of their constituents.

These sessions have taken place on the following dates with focus on different areas of interest. Presentations and agenda's for these sessions have been published on the programme website <https://pathtoexcellence.org.uk/involving-local-councillors/>

- 15th January 2019 – focus on the update on phase one mobilisation
- 13th February 2019 – focus on out of hospital and prevention (bigger picture)
- 18th March 2019 – focus on the updated draft case for change
- 17th June 2019 – update for new JHOSC members

Recommendation

The NHS health bodies recommend that phase one consultation of the Path to Excellence under S.244 NHS Act 2006 Health and Social Care Act 2006 with the South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee can now conclude. The scrutiny committees in each of the councils responsible for health will continue to monitor progress on the services featured in phase one as part of their general role to scrutinise health services.

A pre-consultation business case for phase two is still under development which local authorities will assess against the substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services test to form a joint committee under S.30 of the guidance.

This is likely to involve Durham County Council elected members.

Appendix 1 Summary table overview of involvement and engagement activity - phase two Path to Excellence Programme

A fuller summary of the activity, targeted groups and insights gained for each report is available, along with each standalone report. All final reports are published on the programme website <https://pathtoexcellence.org.uk/publications/listening-phase/>

Engagement activity type	Target group	Dates	Number of participants	Link to report
Report 1 – Path to Excellence staff survey Staff survey – quantitative benchmarking survey to gather staff opinions on what they feel are the issues	Trust staff across all specialties	Field work December, January 2018 Report March 2018	710	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/report-1-Path-to-excellence-staff-survey-report-FINAL-March-2018.pdf
Report 2 – patient experience review – national review and local interviews Desk review of nationally available insight (Emergency Department survey 2016) (Adult Inpatient survey 2016)	Patients with lived experiences of: <ul style="list-style-type: none"> • Emergency care • Planned care and outpatients • Emergency surgery 	Review and field work carried out in February 2018 Report March 2018	Emergency Department survey 2016 sample size 598 Adult Inpatient survey 2016 sample size 1005 NHS Choices comments <ul style="list-style-type: none"> • South Tyneside – 19 comments • Sunderland – 56 comments 	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/report-2-Patient-experience-review-national-and-local.pdf

Engagement activity type	Target group	Dates	Number of participants	Link to report
<p>Comments from NHS Choices</p> <p>Local facilitated interviews with patients</p>			<p>Emergency care facilitated interviews</p> <ul style="list-style-type: none"> • South Tyneside – 19 interviews • Sunderland – 41 interviews <p>Planned care and outpatients</p> <ul style="list-style-type: none"> • South Tyneside – 16 interviews • Sunderland – 19 interviews <p>Emergency surgery</p> <ul style="list-style-type: none"> • South Tyneside – 9 interviews • Sunderland – 22 interviews <p>Local facilitated in-depth interviews total number 126</p> <p>Total number of responses included in report: 1804</p>	
<p>Report 3 - Planned surgery and outpatient care, and emergency care</p> <ul style="list-style-type: none"> • Two surveys targeting patients who 	<ul style="list-style-type: none"> • Patients with lived experience of planned surgery and outpatient care 	<p>Field work during May to June 2018</p> <p>Report July 2018</p>	<ul style="list-style-type: none"> • Planned surgery and outpatient care – 583 • Emergency care – 437 <p>Total respondents – 1,020</p>	<p>https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-3-Planned-surgery-and-out-patient-care-FINAL-July-2018.pdf</p>

Engagement activity type	Target group	Dates	Number of participants	Link to report
<p>had been in receipts of services in both hospitals – quantitative responses with some opportunity for qualitative responses</p> <ul style="list-style-type: none"> • Patient experience - direct/online surveys – 1000 patients from each area for each survey (4,000 in total) sampled as a demographic cross section of the population • Provided with a free post envelope or option to complete online 	<ul style="list-style-type: none"> • Patients with lived experience of emergency care 			

Engagement activity type	Target group	Dates	Number of participants	Link to report
<ul style="list-style-type: none"> • Report 4 – staff engagement workshops – March 2018 • Staff engagement workshops took place over three days to ask staff what they thought were the important issues around making improvements to services, hope and aspirations. • The sessions were observed by members of the independent stakeholder panel including elected members, 	<p>Staff working in specialities</p> <ul style="list-style-type: none"> • Clinical support services • Surgery, theatre and critical care (including elective and specialist services) • Medicine and emergency care 	<p>March 2018</p>	<p>198 staff participated across three events</p>	<p>https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-4-Seeking-staff-views-Event-summary-report-March-2018.pdf</p>

Engagement activity type	Target group	Dates	Number of participants	Link to report
healthwatch and trust governors				
<ul style="list-style-type: none"> • Report 5 – staff engagement workshops – July 2018 • Staff engagement workshops took place over three days where staff carried out an evaluation appraisal of a long list of ideas against the hurdle criteria. To note this is part of the best practice pre-consultation process where technical 	<p>Staff working in specialities:</p> <ul style="list-style-type: none"> • Clinical support services • Surgery, theatre and critical care (including elective and specialist services) • Medicine and emergency care 	July 2018	200 participants	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-5-Staff-engagement-to-apply-hurdle-criteria-on-long-list-of-ideas-July-2018-CONFIDENTIAL-6.7.18.pdf

Engagement activity type	Target group	Dates	Number of participants	Link to report
<p>experts apply criteria to help make a shorter working list of ideas</p> <ul style="list-style-type: none"> The sessions were observed by members of the independent stakeholder panel including elected members, healthwatch and trust governors 				
<p>Report 6 - draft case for change engagement survey November 2018</p> <ul style="list-style-type: none"> Ten-week period of engagement in public areas to socialise 	General public	Field work during September, October 2018 Report November 2018	1030 engagements on the roadshows	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-6-draft-case-for-change-engagement-survey-November-2018.pdf

Engagement activity type	Target group	Dates	Number of participants	Link to report
the draft case for change and ask for views, taking the opportunity to ask people what they thought was important to them when receiving hospital care.				
Report 7 - Public listening panel December 2018	Invited stakeholders	December 2018	<ul style="list-style-type: none"> • Four organisations/interest groups presented evidence • Broadcast live on face book 1,700 views in total • 35 shares 	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-7-public-listening-panel-December-2018.pdf
Report 8 Evaluation setting report including validation	Targeted stakeholders	December to March 2018	<ul style="list-style-type: none"> • Stakeholder events - 28 • Validation short survey – Staff - 133 • Validation in-depth survey Stakeholders - 7 • Prioritisation survey general public - 678 	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/report-8-evaluation-criteria-setting-validation-report.pdf

Engagement activity type	Target group	Dates	Number of participants	Link to report
Report 9 – Working ideas Focus Group Report	Community and voluntary groups representing specific interests including: <ul style="list-style-type: none"> • BME women • Disability support • Respiratory • Diabetes • Cardiology • Cancer • GPs & primary care • Older people 	April 2019	12 focus groups with a total 99 participants	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/Report-9-Working-Ideas-Focus-Group-Report-April-2019-Path-to-Excellence.pdf
Report 10 – Updated case for change public awareness engagement activity (this paper) Four-week period of engagement to socialise the draft case for change and ask for views, taking the opportunity to ask	<ul style="list-style-type: none"> • Public • Patients • GPs • Staff 	May 2019	<ul style="list-style-type: none"> • 28 drops in road show events • 160 staff took part in evaluation sessions • 678 public completed validation engagement survey 	https://pathtoexcellence.org.uk/wp-content/uploads/2019/07/report-10-updated-case-for-change-public-awareness-activty-report-May-2019.pdf

Engagement activity type	Target group	Dates	Number of participants	Link to report
people what they thought was important to them when receiving hospital care.			<ul style="list-style-type: none"> 99 participants focus groups 	
Report 11 – Evaluation application report Report of insights and views of stakeholders reviewing working ideas against evaluation criteria	Stakeholders Staff	June 2019	160 staff Stakeholders	Report pending
Report 12 – Junior doctors engagement survey Field work underway	potential future staff	June 2019	TBC	Report pending
Report 13 On-Street Survey Bede, Biddick & All Saints, West Park and Whiteleas wards current and future use of emergency departments. Report being finalised	Cross section of the population	June 2019	TBC	Report pending

VERBAL

Path to Excellence Phase 2 –
Pre-consultation

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Timescales

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Chairman's Urgent Items