The path to excellence

South Tyneside and Sunderland NHS partnership

The Path to Excellence

Phase 2

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

21st June 2018

Joint Overview and Scrutiny Committee

Draft case for change

Draft Case for change

- Draft case for change – sharing with stakeholder advisory panel and clinical services review groups for feedback
- Objective is to set out clearly the issues and challenges we are facing
- Content drawn from staff engagement & feedback, patient experience, clinical review programme
- Summary of issues covered in slides - will share updated written draft with elected members shortly for comments
- We are seeking feedback, views, questions and comments – update draft will remain open to change as we share widely over summer, autumn and winter 2018

Health and wellbeing of our population

Despite having good NHS services, our population is in very poor health

- More emergency hospital admissions
- More alcohol-related hospital admissions
- More cases of cancer
- More people living with long-term conditions like diabetes, heart disease or breathing problems
- More deaths due to wholly preventable illnesses
- Lower life expectancy compared to the England average
- Significant gaps in the life expectancy between the least and most deprived areas of South Tyneside and Sunderland

Demands on hospital care

If we do not improve the general health and wellbeing we anticipate much further demand on our hospitals in the future.

Majority of patients admitted to hospitals are over 80 years old often with multiple long-term conditions, very poorly and need complex care and support from our staff.

This demand to grow even further in the years ahead.

Demands on hospital care

By 2025, in South Tyneside there will be:

- 35% more hospital activity for those aged 90 or over
- 23% more hospital activity for the over 75s
- 19% more hospital activity for those aged 65-74

By 2025 in Sunderland there will be:

- 47% more hospital activity for those aged 90 or over
- 30% more hospital activity for the over 75s
- 15% more hospital activity for those aged 65-74

Quality of care

Gap in workforce are the biggest challenge to consistently deliver the highest standards and quality of care

Daily challenges to staff wards and departments to a consistently safe level, relying on good will of staff working longer hours or extra shifts

Poses risk to health and wellbeing of staff and staff regularly report risks and concerns to staffing levels which must be addressed as part of long term plan

Quality of care

Organising services differently will attract people to come and work with us

Especially for a better healthy work / life balance

For NHS services which demonstrate improved quality of care and outcomes for patients

Shortfalls in the quality of care across our hospitals

- Too much unacceptable variation between hospitals on performance against many clinical standards that are the markers of high quality care
- Unable to consistently ensure that all emergency patients are reviewed by a consultant in a timely manner
- Some planned care, for example, going into hospital for an operation or x-ray, is not as efficient as it could be - differences in how often people are referred to specialists and the tests and treatments they receive
- We do not have consistent availability of senior clinical decision makers seven days a week or wrap around support services available
- Individually populations are smaller, but together creates vital critical mass of patients

Our financial position and efficiency of local NHS services

Local NHS faces arguably the most challenging we have ever encountered

Staff have made tremendous efforts to continually deliver millions of pounds in efficiency savings but there is still more to do

Local NHS organisations are collectively agreed a shared long-term financial recovery plan to help us get back into financial balance in the years ahead

Our financial position and efficiency of local NHS services

Emergency care and acute medicine in both hospitals cost more than funding - annual loss of £15million

Temporary staff amounts to over £11milion each year - over-reliance costs more and limits ability to make long-term quality improvements to patient care

- 5% of consultant posts and 12% of junior doctor posts are vacant at Sunderland Royal Hospital
- 16% of consultant roles and 15% of junior doctor posts at South Tyneside District Hospital
- 9% of band 5 nursing posts on medical wards are vacant at South Tyneside District Hospital and 10% at Sunderland Royal Hospital

Our financial position and efficiency of local NHS services

Some people who live in South Tyneside and Sunderland choose to other hospitals for their care, means that less funding comes into local health services

Number of people attending ED with minor ailments and injuries continues to grow and places unnecessary financial strain on the NHS when patients could seek advice elsewhere or look after themselves.

Working together across South Tyneside and Sunderland hospitals

Strong and proud history of partnership working - provide the very best clinical care for patients - staff fully committed to delivering the highest quality of services

Trusts working together since 2016 strategic alliance ‘South Tyneside and Sunderland Healthcare Group – already many positive benefits

Both Trusts working towards becoming one organisation over 8,500 highly committed and skilled NHS staff coming together as one Trust - further improve resilience within the workforce

Working together across South Tyneside and Sunderland hospitals

Both local hospitals in South Tyneside and Sunderland will continue to play vital roles in providing care for local people in the future

There will need to be changes to the way some hospital-based services are delivered so that we can address the challenges outlined

Trusts working together puts South Tyneside and Sunderland in the best possible position to address the difficult challenges and create a prosperous and exciting future for local healthcare services.

Path to Excellence Phase Two – our ambitions for the future

Emergency care and acute medicine – care we provide when patients arrive at our Emergency Departments or need emergency admission to hospital

Emergency surgery – care we provide for patients who are admitted as an emergency and require immediate surgery

Planned care including surgery and outpatients – care we provide after you have been referred by your GP for a test, scan, treatment or operation

Improve and develop various clinical support services across both hospitals such as therapy services, clinical pharmacy and radiology.

Emergency care and acute medicine

Both hospitals have 24/7 Emergency Department saw a combined total of over 156,000 attendances last year:

- 75% were classed as Type 1 – serious emergencies which are potentially life threatening
- 25% were classed as Type 3 attendances – minor injury or illness, such as stomach aches, cuts and bruises, small fractures, infections or rashes.

People arrive:

- by emergency ambulance after calling 999
- after being referred directly by their GP
- after being advised by NHS 111
- by choosing to attend and walk-in themselves

Performance

- Both perform well, above the national average for 95% of patients attending the Emergency Department to be seen with four hours of arrival
- Significant pressures during the busy winter period have seen performance dip, however both hospitals remain among the top 25% of Trusts nationally 2017/18
- South Tyneside recording a performance of 94.35% and Sunderland 91.25%
- Ambulance hand over challenges in winter period – 3% patients waited 30 mins or more, less than 1% faced handover waits in excess of 1 hour

Challenges

Capacity and demand – staff have highlighted increasing demand – hospitals operate close to full capacity, increased number of older people with complex needs

Aging population means pressures increasing in both numbers of people using services and complexity of patient conditions

Last winter most common emergencies were people suffering from breathing or heart problems:

- Sunderland, over 60% of all emergency patients were aged over 60, with 25% aged over 80
- South Tyneside, 67% of all emergency patients were aged over 60, with 30% aged over 80

Challenges 2

Patient flow – timely ‘flow’ through system, medical assessment and treatment

Delays in discharge for medically fit patients – requires system working together, care packages and assessments

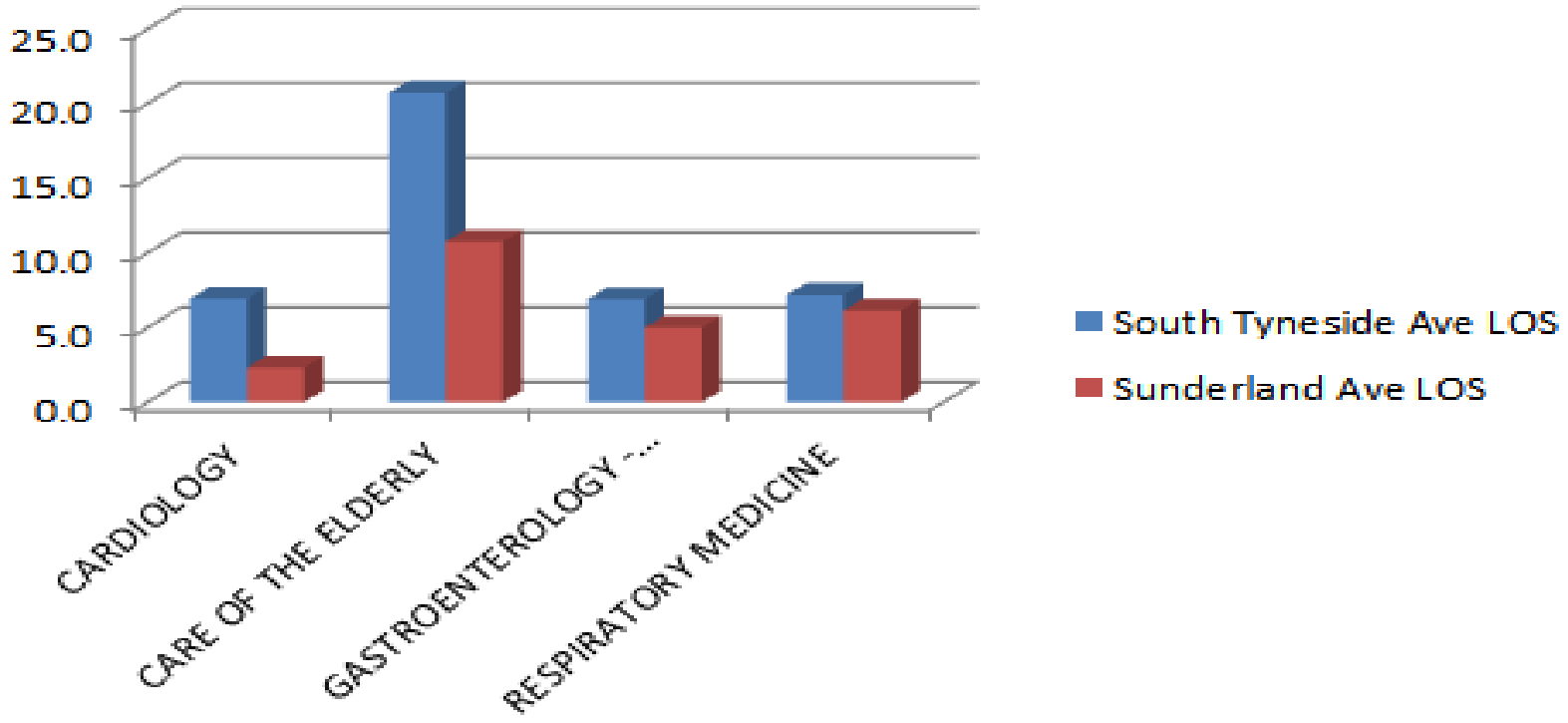
Senior clinical decision making – widespread agreement sooner emergency patients see a senior clinical decision maker or specialist – more likely to survive and have better outcomes

Not able to consistently deliver senior care = decisions made by those with less experience therefore higher unplanned re-attendances (5% national average)

- 7.4% Sunderland
- 8.6% South Tyneside

Challenges 3

Length of hospital stay – more time in hospital, longer recovery – variation between hospitals



Clinical reasons for change

Despite strong performance, there are gaps:

- Not having enough staff for timely consultant review and senior clinical decision making = consistently provide safe levels of nursing care
- Limited availability of specialist cardiology tests and specialist assessment at South Tyneside in particular
- Variation in the availability of advice for GPs and alternatives to hospital admission
- Variation in the level of mental health service support available including absence of space to observe patients with mental health needs in the Emergency Department at South Tyneside

Emergency surgery

Both hospitals provide:

- **Emergency Trauma and Orthopaedics** – this is the emergency surgery undertaken for major fractures or broken bones
- **Emergency General Surgery** – this concerns the treatment of patients presenting with acute abdominal pain, infections, bleeding and trauma.

During 2017/18 across both hospitals 8,452 emergency surgical admissions – 6622 at Sunderland Royal Hospital and 2230 at South Tyneside District Hospital

Emergency surgery

Most common emergency surgery:

- Surgery to fix badly broken bones
- Broken / fractured hips
- Appendicitis
- Gastrointestinal (stomach bleed)
- Emergency bowel surgery
- Gall bladder removal
- Amputation

Trauma and orthopaedics

General surgery

Performance

Both trusts perform well – but need to do better – many clinical standards not being met where care needs to further improve

Example: National Hip Fracture Database (NHFD)

(Green= best performance White=improvement needed)

	Sunderland Royal Hospital	**South Tyneside District Hospital**
Admitted to orthopaedic ward within 4 hours	63%	59.5%
Surgery on day of, or day after, admission	84.4%	85.1%
Surgery supervised by consultant surgeon and anaesthetist	92.7%	46.9%
Physiotherapy assessment by the day after surgery	98.5%	94.8%
Mobilised out of bed by the day after surgery	92.7%	73.7%
Nutritional risk assessment	98.3%	94.9%

Challenges

‘Getting it right first time’ (GIRFT) recommends:

- Reshaping emergency surgical services to ensure consultant-delivered care and rapid senior surgical opinion
- Separating emergency and planned surgical patients to reduce unnecessary cancellations or delays
- Ensuring that ‘on-call’ surgical teams, including the consultant, are not listed to deliver any routine planned operations or clinics whilst they are on call

Clinical drivers for change

Need for consultant-led, speciality driven care is now widely agreed with clear evidence if surgeons regularly carry out their chosen areas of expertise, patients are more like

Working better together and functioning as a single clinical team across two sites will:

- provide better access to 24/7 consultant delivered care and relevant support services
- move from a generalist surgical opinion to specialist surgical advice
- improve our ability to consistently deliver high quality training for surgical trainees
- improve the efficiency of service delivery and reduce unnecessary cost
- eliminate variations which exist in care and improve clinical outcomes for patients

Planned care including surgery and outpatients

Vast range of short and long-term medical complaints. over 420,000 outpatient appointments in two hospitals and community venues

Table 2017/18 planned care activity

	South Tyneside	Sunderland
Outpatients – first appointments	41,214	96,610
Outpatients – follow up appointments	89,077	197,512
Planned day case procedures	13,228	60,330
Planned operations with an overnight stay	1,152	11,448
Planned endoscopy procedures	4,031	13,195
Total inpatients with an overnight stay (including ambulatory care)	15,158	54,402

Out patients

Phase two medical specialities account for 200,000 out patient appointments per year:

- Cardiology
- Respiratory
- Gastrointestinal medicine (including endoscopy)
- Diabetes
- Care of the Elderly
- Surgical

Majority of planned procedures are day cases – people go home sooner and recover more quickly

Both hospitals have Endoscopy Depts seeing 18,000 patients a year

Performance

Both hospital perform well against national waiting time standards

	National standard	South Tyneside	Sunderland
Number of patients receiving treatment within 18 weeks of referral by their GP	92%	95.87%	94.21%
Number of patients seen within 2 weeks of an urgent cancer referral by their GP	93%	96.53%	94.99%
Number of patients starting treatment for cancer within 62 days of urgent referral by their GP	85%	89.11%	83.62%
Number of patients waiting more than 6 weeks for their d***iagnostic test***	Less than 1%	0.01%	1.32%

Challenges and clinical reasons for change

Care closer to home: estimate 44,000 out patient appointments in Sunderland for patients who live in South Tyneside – many of these could take place in South Tyneside

Have more specialist services (currently only in Sunderland) from South Tyneside hospital eg: ophthalmology (eyes), ear, nose and throat (ENT), urology, oral and maxillofacial, rheumatology and vascular services

More specialist services (currently only available outside Sunderland and South Tyneside) in the two areas Eg planned specialist cardiac MRI scan

Challenges and clinical reasons for change

Working together as larger clinical, nursing and therapy teams, our ambition is to deliver:

- much more care closer to home when is safe, sustainable and appropriate to do so
- improved patient experience by separating planned care from emergency care
- more consultant led ward rounds and senior speciality review to enable patients to get on the road to recovery sooner
- better access to vital therapy and support services seven days a week to reduce unnecessary delays in recovery

Clinical support services

Number of vital clinical support services with a large number of staff playing a crucial role to help make sure patients get the timely and effective care they need:

- **Hospital pharmacy services**
- **Radiology services**
- **Therapy services**

All will need consideration and review to support the clinical specialities

What do patients say?

Recently published national Adult Inpatient Survey (2017) has demonstrated a number of quality improvements for both hospitals over the past year with the following areas rated ‘better’ than 2016:

South Tyneside	Sunderland
privacy when being examined or treated in ED	privacy when being examined or treated in ED
members of staff working well together	length of time on the waiting list
involving patients in decisions about their discharge from hospital	being advised what to expect to feel after an operation or procedure
patients receiving sufficient support after leaving hospital	discharge from hospital
hospital staff discussing any further health or social care services required	getting understandable answers to questions from doctors

- Additional research took place in February 2018 gathered real time views of 120 patients in ED, planned care or treatment - face to face
- Further field work underway with 4000 surveys
- Will further inform clinical teams thinking (full reports available)

What do patients say?

Three most important things for patients when accessing emergency care:

- getting the right treatment as quickly as possible
- access to an expert or specialist for their condition
- quick access to the necessary diagnostic tests

Being able to access care close to home said to be more important when needing ‘urgent care’, rather than emergency care

Some patients reported encountering waits for blood tests, X-rays or scans and some were unsure as to whether they had seen a senior doctor daily

Patients reported mixed experiences of discharge planning

Patients recognised the staffing and workload challenges of the doctors, nurses and other health professionals working across the services and wards

Four most important things for patients receiving planned care:

- quick access to an expert or specialist for their condition
- getting the right treatment as quickly as possible
- quick access to the necessary diagnostic tests
- services which are close to home

What do staff say?

Survey of 700 staff highlighted many recurring themes (Dec 2017-February 2018)

Echoed by 200 staff attending engagement workshops March 2018

(Full reports available)

Workload and staffing – daily challenge around nursing vacancies, recruitment and retention, reliance on temporary staff, good will and negatively impacting on resilience

"Staffing pressures can compromise quality standards"

What do staff say?

Capacity and demand – widespread acknowledgement of growing and relentless demand on services all year round, challenges of caring for more older people with complex conditions and rising levels of dementia –experiences of barriers to accessing social care often delaying discharge and impacting on overall capacity

"It's not just winter surge anymore, it's all year round"

What do staff say?

Staff training and development – pressures impact on time for training and one-to-ones supervisory discussions, supporting new staff and lack of permanent consultants pressured junior doctor training. Use of temporary staff could result in different skill mix, having to ensure they know systems and ways of working. Need consistent consultants instead of locums to support teams and ease pressures

“Support for staff must be paramount”

What do staff say?

Differences between the two Trusts - current inequity of service provision between sites, with the limited amount of specialty cover at South Tyneside at weekends given as an example, medical staffing shortages impact senior doctor cover, cultural differences, policies, protocols, skill mix in teams. Major theme of IT infrastructure, need for unity and will be a key enabler to integrate cross site working

"In some specialities there are huge discrepancies between the two sites / services"

"Changes and improvements need to happen faster"

What do staff say?

Communications and engagement – emphasised importance of empowering staff at all levels, timely, open and honest. Keep providing updates (even when there was not one) to provide reassurance, dispel rumours. Very important to speak positively about the future, and clear communications to public who were recognised to be very sceptical about the future of South Tyneside hospital

"Staff want to know what's happening and are happy to work together for the good of the people"

What do staff say?

Several reoccurring themes identified from staff feedback:

- Have a clear, shared vision for each clinical service across both Trusts
- Have stable, integrated teams which are sustainable
- Deliver standardised care and treatment across both Trusts which offers the safest, most effective care for patients – ‘excellence’
- Provide a smooth journey for patients and ensure they are seen by the right specialist, at the right time, in the right place seven days a week
- Become an employer of choice offering greater flexibility for staff, a better work / life balance and attractive working conditions
- Have fully integrated IT systems
- Deliver improved outcomes for patients through continuous learning, innovation and improvement

Workforce sustainability

- The underlying issue of workforce sustainability is a common thread throughout
- We cannot ignore this and need to think differently about how we work together as larger clinical, nursing and therapy teams across both hospitals.
- Having a stable, fully staffed workforce is critical to making improvements and by making improvements will attract more staff
- 8,500 staff loyal employees who enjoy long and fruitful careers - turnover rates are broadly in line with the national NHS average of 0.87% - 0.96% at South Tyneside and 0.71% in Sunderland.
- Age profile – 20% workforce in ST and 16% S'land are of retirement age
- Both hospitals have higher staff turnover in highly pressurised 'emergency care and acute medicine'

Table shows workforce pressures in emergency care and acute medicine (end of 2017/18)

South Tyneside	**Sunderland**
20% of all permanent roles vacant	8% of all permanent roles vacant
16% of consultant roles vacant	5% of consultant roles vacant
15% turnover rate among nurses in emergency care	11% turnover rate among nurses in emergency care
12% in medicine and care of the elderly.	13% in care of the elderly.

Impact of workforce pressures

**Staff wellbeing and morale - ** daily pressures, impacts continuity of services, pressure on staff to keep things running smoothly, many going above and beyond – impacts health and well-being

Quality and safety – costly over reliance on locum staff compromises ability to consistently deliver best quality care, leads to delays in assessment, treatment and discharge. Many wards rely on temporary nurses to achieve ‘nurse to patient ratios’, and incidents and risks arise from low staffing levels and staff not familiar with local policies

Impact of workforce pressures

Training and supervision – working hard to recruit newly qualified staff – however they need support. Need a mix of experienced and new staff.

Work underway locally, regionally and nationally but need to think beyond organisational boundaries about how we use precious staff skills and expertise

Will not be resolved by money as there is not enough qualified staff available who want:

- opportunity to regularly practice their chosen areas of specialism or clinical expertise
- see a high volume of patients and deliver the best outcomes
- offer a good work / life balance
- provide strong opportunities for learning, research and development.

The local, regional and national picture

- Phase two programme in line with national and regional ambitions to evolve the NHS to meet growing needs, rising demand and costs of new treatments and technologies
- South Tyneside and Sunderland no different to other parts of England
- Workforce issues across the NHS but more acutely in NE
- Move away from thinking as individual organisations to more collaborative joined up healthcare systems – better experiences and care for patients

The local, regional and national picture

Path to excellence has helped forge even stronger relationships across the local NHS – one part of a wider conversation to join up primary care, community services and hospital based care:

All NHS organisations locally wish to:

- deliver a single system wide way of working and more joined up services
- improve health outcomes and patient experience
- drive out unnecessary duplication and waste
- deliver the services patients need within our affordability envelope
- use the capacity and capability we have across our system wisely and to best effect.

Continuation of travel and transport reviews and development

What happens next?

Clinical design teams continue to work with frontline hospital staff to think about how to solve the challenges and better organise services

Further staff events in June and public engagement programme summer 2018

Later in 2018 share this thinking with wider stakeholders and gain feedback to influence final options the CCGs will consider for consultation – expected Summer 2019