

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 March 2021**

**UPDATE ON PHASE 2 OF THE PATH TO EXCELLENCE**

**Report of the Executive Medical Director STSFT and Chair of Clinical Service Review Group**

**1.0 Purpose of the Report**

- 1.1 This report updates the Board on the status of Phase 2 of Path to Excellence Programme, the learning from COVID-19 and the impact on the Programme.

**2.0 Background**

- 2.1 The Path to Excellence Programme is one of the 3 pillars of transformation for the local health economy, focusing on in-hospital transformation; alongside system-wide work on Out of Hospital care and on Prevention:

- 2.2 The programme aims to create outstanding future services, which offer high quality, safe patient care and clinical excellence for the local population of South Tyneside and Sunderland, and the population of north and east Durham who consider Sunderland as their local hospital. The programme is in 2 phases:

- Phase 1 – considered stroke care, maternity and gynaecology services and acute paediatrics – implemented in August 2019
- Phase 2 – considered how we look after people in an emergency or who have an urgent healthcare need in Medicine and Surgical specialties and how we provide planned care.

- 2.3 A temporary 6 month pause on the programme was introduced in April 2020 due to the global pandemic COVID-19. This involved introducing a pause to the design work associated with working ideas for Medicine, Emergency Care and Surgery in Phase 2.

**3.0 Update on Phase 2**

- 3.1 An update was brought to the December 2020 Health and Wellbeing Board on the status of Path to Excellence Programme, the learning from COVID-19 and the impact on the Programme.

- 3.2 It set out that a temporary 6 month pause on the programme was introduced in April 2020 due to the global pandemic COVID-19. This involved introducing a pause to the final step of implementation of the paediatric model (Phase 1) and the design work associated with working ideas for Medicine, Emergency Care and Surgery in Phase 2.

3.3 Plans to reset the programme commenced in October 2020, informed by a situational analysis which reported:

- The reasons for the programme are more relevant as a consequence of the pandemic, and accelerate the need for transformation
- The pandemic had brought many positive working solutions with new ways of working established extremely quickly, i.e. introduction of 'virtual' out-patient appointments
- The original programme objectives remain valid, and should be extended to include the ability to manage COVID-19 (or similar) and objectives around addressing health inequalities; which have been exposed during the pandemic
- There is a need to work closely with staff to understand their experiences of the pandemic, as well as closer working with community and primary care partners
- Given the on-going response to COVID-19 and recovery of elective activity, staff and clinical capacity is likely to be an issue in relation to the delivery timescale of the programme.
- Work was needed to understand the current state. While the original data may still be valid, there is a view that the situation has changed significantly and public and staff views may have changed as a result of this.

3.4 This report in March 2021 updates the situation as described above and describes how the programme is continuing with a renewed focus on planned and emergency surgery.

### **The Case for Change**

3.5 Following the pause due to COVID-19 the programme restarted in October 2020 with a situational analysis, which confirmed the need for change is more relevant as a consequence of the pandemic, and that original programme objectives remain valid.

3.6 The main drivers for change are closely interlinked with each other and have been identified from involvement activity with staff, patients and stakeholders; they are:

- Workforce
- Quality Improvement
- Future demand
- Financial constraints

3.7 The pandemic has impacted on the drivers for change:

## **Workforce**

- 3.8 The past year has had a huge impact on the entire NHS workforce. We recognise the enormous contribution that NHS staff have made with compassion, competence and professionalism to deliver patient care during the pandemic and understand that COVID-19 has increased the mental and physical pressure on many NHS staff. They have had to think about the risk of infection to themselves and their family, as well as their duty of care to patients.
- 3.9 Staff sickness rates due to COVID-19 and staff absence due to shielding has put extra pressure on front line clinical teams. Maintaining safe staffing levels has meant that staff have had to be flexible both with working patterns and their areas of work, with many of our surgical teams working in support of other wards and departments. As a result of these combined pressures staff health and wellbeing is now even more of a concern.

## **Quality Improvement**

- 3.10 Hospital services are recognised as being safe and high quality (CQC report 2020), however we recognise these could be even better if organised differently.
- 3.11 The pandemic required improved standards of infection and prevention and control, which we now need to embed to ensure they are sustainable in the long term and that we can continue to protect our patients from COVID-19.
- 3.12 In addition, the national decision to postpone all non-urgent operations has left the trust, like hospitals across the UK, with a backlog of patients awaiting surgery. Recovering from COVID-19 includes reducing our waiting lists of people who need planned operations.

## **Future Demand**

- 3.13 Thanks to medical advances and improvements in technology more people than ever before are successfully treated by the NHS and as a result living longer; the ageing population means that demand for services will continue to grow.
- 3.14 The pandemic resulted not only in reductions in planned care but also in fewer patients attending hospitals with urgent or unplanned health needs. With reports that that one in three people with an existing health condition delayed seeking help from the NHS, rising to two in five for people with diabetes, lung disease and mental health conditions.
- 3.15 We also know that COVID-19 has impacted more negatively on certain groups than others. The health inequalities exposed by COVID-19 mean we must work harder than ever to close the gaps that exist, to ensure that everyone has access to the same high quality care. The pandemic has only accelerated the need for change

## **Phasing the Programme**

- 3.16 As we entered the winter period (November 2020) and experienced increasing pressure associated with a second wave of COVID-19, it was clear that clinical and administrative capacity would be limited and that a realistic approach needed to be taken to what was achievable within the programme.
- 3.17 As a consequence it was agreed that a phased approach would be taken, with surgical changes being pursued in advance of those in Medicine and Emergency Care.
- 3.18 Whilst the pressures on medicine and emergency care continue the phased approach has the benefit of allowing more time to consider the impact and learning from COVID-19 on future working ideas and demand for these services
- 3.19 The surgical specialties being considered as part of the new Phase 2 are:
- General Surgery (including upper GI and bariatrics, general surgery and colorectal services)
  - Trauma and Orthopaedics
- 3.20 Other surgical specialties currently centralised at SRH as part of a regional service, i.e., Ophthalmology, Urology, Vascular and Head and Neck are not within the programme scope.
- 3.21 Out-patient care has seen a significant transformation during the pandemic with large numbers of patients now receiving virtual (telephone or video) appointments. In order to 'lock in' this positive change, which reduces the need for patients to travel to hospitals, work on out-patient care will be managed as part of our routine business and not as part of the Path to Excellence programme.
- 3.22 The trust continues to have an ambition to develop an integrated imaging centre to meet the increasing demand for tests and scans; however this will no longer be considered as part of the Phase 2 programme and will be pursued as part of normal business planning.

## **Surgical Working Ideas**

- 3.23 The working ideas for both General Surgery and Orthopaedics are being developed in more detail by our clinical leaders; however, working ideas in both specialties involve providing emergency/unplanned care from a single site:
- All emergency/unplanned operations at Sunderland Royal Hospital
  - South Tyneside District Hospital focusing on providing planned operations
  - Some planned operations will continue at Sunderland
  - Out-patient care will continue to be provided from both sites
- 3.24 Similar models of care are successfully provided across the country and offer a number of benefits including:

- fewer cancellations or delays to planned operations for patients
- protected pathways supporting infection control principles
- improved care pathways for common injuries and conditions leading to better individual care
- better use of our theatre resources
- increased staff satisfaction
- improved training opportunities for staff

The working ideas are now being refined by clinical teams, considering feedback from wider staff engagement and other stakeholder feedback.

#### **4.0 Public, patient and staff communications and engagement**

4.1 An updated draft case for change document has been published to explain the current position and to ask people for feedback on key questions which are included below.

4.2 Communications and engagement activities include:

- Public information media release and social media
- Animation to explain the change in focus
- Live briefing sessions with staff
- Updates in staff newsletters and other communications channels
- Informal session's with Durham, South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee (JHOSC) (formal sessions being planned)
- Briefing to programme Stakeholder Panel representing key partners
- Briefing sessions with Hospital Trust Governors
- Update to Clinical Commissioning Group Governing Bodies
- Updates to Primary Care teams (TITO)

#### **Gaining views**

4.3 We are gathering views about the plan to focus on developing proposals for changes to the way surgery services are arranged.

4.4 We are asking people to look at the updated case for change and tell us what they think are the important issues the Path to Excellence programme should consider by answering the six key questions below.

- How do you think the pandemic has impacted NHS surgery services?
- Has the pandemic changed the way you access NHS surgery services?
- Has the pandemic caused or highlighted any issues with travel and transport to NHS surgery services?
- What inequalities and/or disadvantages have you become aware of during the pandemic? How might these be addressed?
- What else do you think is important to take into account about surgery?
- What other ideas should the programme be considering about surgery?

You can do this via our on-line survey:

<https://involvement.sunderlandccg.nhs.uk/surveys/23>

You can view our Updated Draft Case for Change (February 2021)

<https://pathtoexcellence.org.uk/wp-content/uploads/2021/02/NHS-PTE2-UCFC-Feb-2021.pdf>

- 4.5 Work to engage with staff, the public and stakeholders will continue as working ideas are further developed, and feedback used to inform our plans as we approach public consultation.
- 4.6 There are plans to brief all three Health and Wellbeing Boards week beginning 15<sup>th</sup> March 2021. The views from each Health and Wellbeing Board will be taken into account by the programme in developing it's pre-consultation business case for change and developing proposals.
- 4.7 Board members are encouraged to provide views in line with the questions set out in section 4.4.

## **5.0 Next Steps**

- 5.1 A pre-consultation business case is being developed; informed by the working ideas and stakeholder feedback, along with external assessments of our ideas by the Clinical Senate, a Travel and Transport Impact Analysis and an Integrated Impact Analysis (considering equality, health and health inequalities).

## **6.0 Recommendations**

- 6.1 The Health and Wellbeing Board is asked to:
  - Note the update on Path to Excellence Phase 2
  - Review the updated case for change document
  - Agree to provide views individually on the six questions via the on-line survey link <https://involvement.sunderlandccg.nhs.uk/surveys/23>
  - Consider the updated case for change and agree to provide a Board view on the six questions