

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Wednesday, 7th July, 2021 at 5.30 pm in the Council Chamber, Sunderland Civic Centre, Burdon Road.

Membership

Cllrs Burnicle, Butler (Vice-Chairman), Essl, Haswell, Heron, Leadbitter, N. MacKnight (Chairman), McClennan, McDonough, Potts, Speding and M. Walker

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E. WAUGH,
Assistant Director of Law and Governance,
Civic Centre,
SUNDERLAND.

29th June, 2021

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 9th JUNE, APRIL, 2021 at 5.30p.m.

Present:-

Councillor N. MacKnight in the Chair

Councillors Burnicle, Butler, Haswell, Heron, McClennan, McDonough, Speding and Walker

Also in attendance:-

Ms. Kath Bailey, Public Health Specialist, Sunderland City Council
Mr. David Chandler – Chief Operating Officer and CFO, Sunderland Clinical Commissioning Group
Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council
Mr. Philip Foster – Managing Director, All Together Better Alliance
Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Trust
Dr. Fadi Khalil – Executive GP, Sunderland Clinical Commission Group
Mr. Graham King – Assistant Director Adult Services / Chief Operating Officer Sunderland Care and Support, Sunderland City Council
Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council
Ms. Hazel Taylor – Clinical Director, Washington PCN

Apologies for Absence

Apologies for absence were given on behalf of Councillors Leadbitter and Potts.

Minutes of the last meeting of the Committee held on 14th April, 2021

Councillor Haswell referred to page five, paragraph six, of the minutes and asked that it be included that Mr. Sutton had also advised, as part of his response to questioning, that at it's peak ten of the twenty two beds available at the current Royal Eye Infirmary site had been in use at any one time.

There was also an omission that Mr. Sutton had advised he would return to future meetings of the Committee with updates on the development in due course.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 14th April, 2021 (copy circulated) be confirmed and signed as a correct record, subject to the amendments as identified above.

Declarations of Interest (including Whipping Declarations)

Item 4 – CoVid19 in Sunderland – Update

Councillor MacKnight made an open declaration in the above item as he had a professional interest in the report from the Executive Director of Public Health.

CoVid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning and Sunderland Clinical Commissioning Group submitted a joint report which provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through the presentation circulated from Ms. Kate Bailey, Public Health Specialist, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The roadmap out of lockdown;
- The vaccination programme;
- Information about variants and how we responds to them;
- The Local Outbreak Management Plan;
- Locally enhanced contract tracing; and
- The hosting of safe events.

Mr. David Chandler, Chief Operating Officer and CFO, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Fadi Khalil, Executive GP, Sunderland CCG, provided the Committee with a presentation which gave updates in relation to performance standards, the All Together Better Alliance engagement and priorities and the latest position of the CoVid-19 Primary Care Vaccine Programme.

Mr. Graham King, Assistant Director of Adult Services / Chief Operating Officer of Sunderland Care and Support, provided information to the Committee on the current position in relation to adult social care across the city and the impact on services as a result of the pandemic.

(for copy presentations – see original minutes)

Councillor MacKnight thanked Officers for their presentations and invited questions and comments from the Committee.

Councillor McDonough asked if there were any particular areas of the city where there were rises in cases that needed more focus in pushing the vaccine and Ms. Bailey advised that Officers kept an eye on the data at quite a granular level and that they did record the top five wards and these findings were showing that they tended to be some of the more deprived areas of the city. She advised that they targetted areas with the lowest uptake of the vaccine, which at present were Millfield, Hendon, Washington North, Barnes and St. Peter's but explained that although they were recorded as the lowest in the city the uptake was still pretty good. Should the pattern change then they would re-evaluate and look to target those areas.

In response to a question from Councillor McDonough regarding the relocation of the testing site to North Hylton, Ms. Bailey advised that this was not due to any spike in

infection cases in that area but just that there had been no physical testing site in the north of the city and now the opportunity to identify a site had arisen.

Councillor McDonough asked how, or if, the NHS were continuing to work with the private sector to supplement services and get treatments to patients quicker as had been undertaken earlier in the pandemic. Mr. Chandler advised that the NHS were presently not utilising the private hospitals to treat patients as they had earlier in the pandemic; but advised that the NHS commissioners were continuing to use them to carry out more elective work. They had been brought online to help with capacity and they were expecting to see lot more patients use them as part of the overall response.

With regards to GP's seeing more patients, Councillor McDonough asked if these were physical or virtual appointments; as virtual appointment were quicker and more efficient but some people had not felt that they were as effective as being seen in person. Dr. Khalil advised that 52% of appointments were face to face, with 48% being undertaken by remote access, however they knew that these did not fit all patients and GP surgeries were currently working to revert back to a balance between the two options, whilst taking into account other issues such as waiting room capacity, etc.

In response to a further query from Councillor McDonough, Mr. King advised that care home staff were tested three times a week, with one PCR test and two lateral flow tests per week and residents were being tested four weekly. He advised that if there was to be an outbreak in a care home this would obviously result in more testing during that time.

Councillor McDonough asked if another spike in infections in the winter, which could potentially be during the flu season, was foreseen and if it was to happen what preparations the NHS were putting in place to tackle that. Mr. Chandler advised that they had response groups who actively monitored the situation day by day, week by week and should it be felt that there was a need to respond to rises in infections then there were plans and procedures to put into place, for example they knew how to quickly extend capacity in the intensive care unit if it was required. He assured the Committee that services were prepared and business continuity plans were ready to put into place if needed.

The Committee were also advised that they had prepared a 'lessons learned from the last year' which was being fed into a new plan for the winter and while CoVid patients were reducing, they were now seeing demand rise from other pressures so they were constantly evaluating and coordinating to be prepared for the winter, although the demand on services had not reduced during the summer months.

Councillor Speding commented that he was pleased to see the adoption of the Greek alphabet to identify variants, rather than locations, to stop any stigma being attached to future variants, as there had been some rise in hate crimes towards some ethnic groups which was felt may be as a result of the naming of variants. Ms. Bailey agreed wholeheartedly with the comments but only wished that the WHO had made the decision a lot sooner.

Councillor Speding referred to the vaccination rates, and the flu vaccination that was available currently, and asked if the CoVid vaccination would continue to be

administered to address any further variants in a similar way. Dr. Khalil advised that the simple answer was that they did not yet know what would happen in the future with vaccines. They were currently modelling all of the various scenarios and they had commitment from all of the GP practice's and the PCN's, etc. that they would provide the CoVid vaccine for phase three but the particulars had not yet been agreed upon.

He also referred to the NHS app and the Track and Trace system and the fact that he had been required to sign in at the Civic Centre but there had been no QR code to capture. He commented that he felt that this should be something that was adopted. He understood from his own experiences that the younger residents of the city were on board with using the system and commented that QR codes should be offered in Council buildings. Ms. Bailey advised that the legal requirement was to collect the data but how it was gathered was variable although using the app alongside paper-based systems allowed for more inclusion.

Councillor Speding referred to the percentage of face to face appointments with GP's and was encouraged by the fact that 52% were currently face to face as he had been concerned that patients with long term illness may be placed at the end of a queue for telephone consultations and that there may be some reluctance from those patients to use alternatives to traditional in person appointments.

In response to comments from Councillor Speding regarding the use of private sector facilities, Mr. Chandler advised that the use of private hospitals to carry out elective surgeries was a long standing arrangement they had with the NHS and the additional capacity was invaluable and helped with peaks and troughs in demand. They were hopeful it would help reduce waiting lists faster than if only using NHS facilities and resources.

Councillor Haswell referred to the Pfizer vaccine being that of choice for under 40 year olds, but commented that he had been offered the Moderna vaccine and asked if there was reasoning behind that. Ms. Bailey advised that PCN sites had access to the Pfizer vaccine but that the mass vaccination centres had some stocks of the Moderna vaccine and would use that as an alternative also, and that this could vary day to day dependant on vaccine supplies.

In response to a query from Councillor Haswell regarding the wards in the city with low uptake of the vaccine, and Millfield and Hendon being 10-15% behind the next lowest wards, and if there was any reason other than deprivation that was affecting those two wards, Ms. Bailey advised that Officers had been trying to unpick data and understand what was driving those particular patterns but it was complex and could be multiple causes. It was partly around the demographics of those areas, residents being younger, a predominance of some ethnic groups in those communities and the deprivation profiles as well. She commented that there was an element of the cohort six, those clinically at risk, that they knew from the flu vaccination programme could be more of a challenge to get them to come for their vaccines so there could also be complacency in those groups of residents. All of those factors together drove the patterns that were being seen and they were working to address the different tactics to try and improve the uptake of vaccinations for those communities.

With regards to the relocating of the testing facility to North Sunderland, Councillor Haswell asked if demand had dropped to warrant the current site being closed or if

there should be two sites running. Ms. Bailey informed Members that the way in which residents were accessing testing had changed significantly as they had moved through the pandemic. As more alternatives offers were being rolled out they had seen less demand through the physical sites and they no longer required as many so they took the opportunity to relocate the site in an area of the city that did not previously have one.

Councillor Haswell asked if the Committee could continue to receive more information on the five wards ranked with the lowest uptake of the vaccination in the city and Ms. Bailey advised they would ensure the Committee were updated accordingly in future reports.

Councillor Haswell referred to the report from the CCG in relation to the fifty-two and eighteen week referral for treatment and commented that in this report Mr. Chandler had referred to being online with the national trajectory, however in previous updates it had been presented as comparable with other NHS trusts in the region. He asked if there had been a deterioration in the performance with other NHS trusts whilst still being inline with the targets. Also, he referred to the demand on accident and emergency (A&E) services being at a ten-year high and asked what was being done to divert residents to alternative provision such as walk in services and out of hours GP's.

Mr. Chandler advised that the referral to treatment (RTT) data was presented in a different way but Sunderland were still performing the best in the North East region. He informed Members that this may change going forward with the rollout of the Elective Recovery Fund (ERF) as other areas may have better access to funding but he assured Members that compared to both regional and national targets Sunderland continued to perform strongly in relation to RTT. He explained that the challenge was to take advantage of the ERF opportunity and bring the waiting lists down as fast as they possible could and they were putting more support in for those patients who were waiting for treatment.

In relation to A&E demand, Mr. Chandler explained that they had a lot of extra capacity in the system other than just the emergency department, such as urgent care facilities, and they were currently seeing a 50/50 split across the two services. GP surgeries continued to be extremely busy but were not turning patients away and they were looking to bring the extended access service back up to full speed as soon as possible so that those additional offers were in place. He informed the Committee that they were still seeing a lot of patients presenting to A&E that maybe did not need to and who could have received treatment and advice through their pharmacy or the 111 telephone service. He explained that this was a cultural issue and it make take some time to change.

Councillor Haswell referred to the All Together Better presentation and supporting hospital discharge and asked how often there had been an escalation to bronze or silver during the last three to six months and was informed by Mr. Foster that during the winter the bronze and silver meetings had be in operation weekly. Since March they had started to step some of that command control structure down and during the last month they had only had to call an emergency bronze meeting once following the Bank Holiday when patients had needed some support in discharging from hospital.

In response to a further question from Councillor Haswell regarding the spike in demand for the therapy teams and whether there was a backlog, Mr. King advised that there was a backlog around the waiting time for assessments which was usually within a couple of days but was now more closer to a couple of weeks. He explained that they were employing a number of agency staff to help in bringing that waiting time down within the next month or so.

Councillor Haswell asked if Officers had a recovery plan that identified when they should return to the normal rates of waiting times and also asked what assurances there were that the agency staff being used provided the quality of provision that was the same as that from long term members of staff. Mr. King advised that they tend to use the same agency workers and that they had contracts in place with agencies that they were comfortable with. The service also looked to provide a contract for agency staff for a reasonable amount of time rather than just one or two weeks which would usually attract more reasonable members of staff.

In relation to current activity levels for the Therapy Team, Mr. King did not envisage that it would ever return to where it had been previously as pre-CoVid they had started to see demand on the service increasing. There was a recovery plan in place for adult social care which he was happy to go through in more detail at one of the future meetings when he provided his quarterly update report.

In a follow up question, Councillor Haswell asked if the budget was available for the agency staff or if it would be more affordable to be looking at recruiting additional staff within the organisation to avoid paying premium agency rates. Mr. King agreed that agency staff did cost more but explained that grants had been made available for social care that could be drawn down to support this and other additional costs in the current circumstances.

Councillor Butler referred to mental health of residents and the potential for safe events to be run and asked if it was thought that parkrun's could resume soon. Ms. Bailey explained that this was very much a 'live' issue and a request had been made to restart them in Sunderland. She had sight of the CoVid framework which she had a couple of issues with in relation to the delivery model, such as everyone starting at the same time, etc. and those specific concerns had been fed back to parkrun. She also added that as a region all authorities should either agree or disagree to restart them as there would be an issue with residents travelling between authority areas if only some areas agreed to restart.

Councillor Butler commented that infection rates outdoors was minimal but wondered what the unintended consequences of not allowing them to go ahead were, as there was the social and mental aspect of exercise as well as the physical. Personally, he felt that parkrun's should be allowed to restart and he understood that the CEO had shared a list of those authorities that had agreed to it, and that it was subject to the agreement of local authorities and landowners. He understood that they were due to recommence on 26th June but that the decision would be taken on 11th June and asked what all Members could do to encourage the reopening of them with the caveats in place required to keep them safe.

Ms. Bailey commented that the social and mental health benefits, as well as the physical benefits, were really important and they would all like to see a return to activities such as these if the circumstances and measures were right. It was

recognised that being outside was much safer than attending inside venues and she felt that they would get to an agreement about restarting parkrun's but it would depend on infection rates. She advised that there were other runs arranged within the city and if they were to go well it would build confidence generally around running more similar, safe events. She understood that parkrun would just like a yes or no answer across the board but the organisers had to appreciate that what may be the situation in Sunderland would not be the same as other parts of the country and therefore it had to be context specific.

As a follow up question, Councillor Butler commented that the Sunderland 10K and Half Marathon events were going ahead with more participants than would ever be at a parkrun and asked what was the difference? Ms. Bailey advised that it was the control at the beginning and the end of those races but there was still the chance that should infection rates escalate they may also not go ahead. The same degree of scrutiny and responsibility was applied to all events to make decisions as fair as possible. They had been in discussions with the event organisers from the beginning and protocols were in place to ensure that the hands, face, space message was continued to be promoted for the event; this planning ensured the events could be undertaken as safely as possible.

Councillor Butler referred to the overwhelming of the A&E department and commented that from personal experience it didn't seem as though everyone was giving out the same information as a relative of his had been advised to go to A&E when they could not get a GP appointment for over three weeks. Dr. Khalil commented that this should not be the advice that was given, and he would be happy to take more details outside of the meeting so he could look into the matter further.

Councillor McClennan referred to the five areas of deprivation within the city which had now been identified, and had not been available at earlier meetings, she asked if there were any real statistics or research available on which aspect(s) of deprivation were causing the issue, for example in the Hendon ward there were three very distinct communities, the transient community; living in closed together terraces, the BME community and the East End residents; who had intergenerational lives, on top of which there were long term health issues and high unemployment issues and she was wondering how much level of detail they were trying to gather in terms of why there were differences in the five deprived areas. Ms. Bailey advised as they had gone through the pandemic they had gathered more detailed data on certain aspects and there were a number of key pieces of research going on nationally and internationally around the spread of the infection. There had been a particular piece of work undertaken on intergenerational households and the effect on transmission but the findings from these would not be available for some time although this would not stop them continuing to carry out their own studies to understand what was happening locally.

In relation to children and mental health, Councillor McClennan raised her concerns and noted that treatment and services was being maintained but asked if services were doing anything differently and tackling the long term impact it may have on children during this hopefully one-off incident. Mr. Chandler advised that in terms of access, services had stayed open and access to those services had improved. He also advised that the NHS had to invest at least as much, if not more, into mental health services as physical services and in Sunderland they had recently agreed to

double the amount of funding into children's mental health services than was going into adult's.

Mr. Chandler went on to assure the Committee that they were trying to make it as easy as they could for families to get to see a GP and then, where appropriate, get the referral onto more specialised services. The mental health services were then trying to be as responsive as possible in terms of the kinds of issues that were being referred to them, whilst also working with local authorities and schools, etc. but they recognised there was more to do in the area.

The Committee were also advised that the PCN's continued to try to work in neighbourhoods and home in on problems suffered by children and young people and gave an example where they were working with schools in the Washington North area. Members were advised that as part of that pilot, social prescribers were being used to go into schools, to work in a different way to traditional mental health workers, and try to tackle some lower level issues such as anxiety, bullying, etc with children before it could become a bigger issue. Councillor McClennan commented that it was heartening to know this work was being piloted and asked if more information could be provided on the scheme.

Councillor McClennan referred to an article circulated by the Scrutiny Officer on the Finnish Education System and found it fascinating how they were tackling the spreading of misinformation through social media and the internet by working with children from kindergarten and upwards through the curriculum and urged Together for Children to consider exploring it in greater detail and possibly look to run a similar trial with a school in the city. Mr. Cummings advised that he would pass the article and comments on to Officers in Together for Children who were not present at the meeting.

In response to comments from Councillor McClennan regarding the Sunderland Royal Hospital becoming the sole base for patients with CoVid in the region, Mr. Chandler advised that as Chief Officer of the CCG this was not something he had been made aware of but he could not comment on behalf of the NHS. Ms. Bailey commented that at the beginning of the pandemic it had been discussed as an early strategy as the hospital had a specialist infectious disease unit but it was not something she was aware of for the future. Ms. Hetherington also commented that it would be dependent on the numbers of cases of infection, and that Sunderland did have a specialised ward so if it was deemed necessary patients from across the region may be sent there, although Councillor MacKnight did raise the fact that Sunderland was not the only hospital to have this facility.

Councillor MacKnight referred to the increase in A&E attendances and asked if Officers had any idea what the drivers were behind that and what message, if anything, Councillors could be giving to members of the public about alternative routes for treatment that were available. Mr. Foster commented that the rise in demand could be for a whole range of reasons and factors and explained that there was a vast amount of communications that was circulated through the outbreak boards, the Trust's and CCG's information, signposting patients to the 111 telephone service and GP services, etc. If anything, he would ask Members to promote the message that if it was not a real emergency situation or condition then not to present to A&E.

Mr. Chandler added that the key message for urgent care would be for patients to use the 111 telephone service who could help signpost them to the correct service for assistance, rather than just turning up at A&E where it may not be appropriate.

Councillor MacKnight referred to the progression of the vaccination programme and the cautious optimism that we were on the road to recovery and asked what the key message would be as to where we currently are and what steps need to be taken to ensure the continued moving out of the pandemic phase. Ms. Bailey commented that the vaccine programme was really important and the key thing that was making the big difference in tackling the pandemic. The only thing that could possibly undermine the success of the programme would be the reluctance of some groups to come forward for the vaccine or a new variant that does not respond to current vaccines. The key messages would be for residents to remain cautious in the progressing roadmap and continue with the hand, face, space behaviours going forward.

Ms. Taylor commented that there was also the need to ensure that people were encouraged to attend for their second injection as they were seeing a higher drop off rate, especially in younger people, and they were having to be chased up to attend.

The Committee thanked all those in attendance for their hard work and dedication during very difficult times and appreciated all of the work that was being undertaken in the successful roll out of the vaccination in the city, and it was:-

2. RESOLVED that the updates provided within the report and presentations be received and noted.

Path to Excellence Phase Two – Joint Health Scrutiny Committee Update

Mr. Cummings, Scrutiny Officer, advised the Committee that the wrong report had been included in the papers and as such, requested that the item be deferred to a future meeting of the Committee.

Councillor Haswell sought assurance that in doing so the Committee were not missing any deadlines in relation to the roll out of phase two and Mr. Cummings confirmed that they were not as the report was purely for information.

Accordingly, it was:-

3. RESOLVED that the report be deferred to a future meeting of the Committee.

Annual Scrutiny Work Programme 2021/2022

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided options, support and advice to Members on the development of the scrutiny work programme for the municipal year ahead.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, advised that a working group session had been arranged for 22nd June, 2021 which all members and colleagues were invited to attend to look towards setting out a number of relevant issues and topics for consideration by the Committee.

Members having considered the report, it was:-

4. RESOLVED that the work programme be received and noted and that the development of the scrutiny work programme through a working group session be agreed.

Notice of Key Decisions

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 17 May, 2021.

(for copy report – see original minutes)

Mr Cummings having advised that if any further Members wished to receive further information on any of the items contained in the notice, they should contact him directly, it was:-

5. RESOLVED that a briefing note be requested as set out above and the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contribution throughout the year and having wished Councillor Davison well in the future as she would not be standing in the forthcoming elections.

(Signed) N. MACKNIGHT,
Chairman.

COVID-19 IN SUNDERLAND - UPDATE

**REPORT OF EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND INTEGRATED
COMMISSIONING AND SUNDERLAND CLINICAL COMMISSIONING GROUP**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with the latest update on the Covid-19 situation in Sunderland.

2. BACKGROUND

- 2.1 A number of key health partners and officers have throughout 2020/2021 provided the committee with an ongoing update of the latest position and information related to the risks and recovery from the Covid-19 pandemic in Sunderland.
- 2.2 This has been a key focus for the Health and Wellbeing Scrutiny Committee and will continue to feature as part of the committee's work programme as Sunderland moves through the easing of restrictions on the roadmap to recovery set out by the Government.

3. CURRENT POSITION

- 3.1 The Covid-19 pandemic continues to create challenges across all health and social care services and remains a constantly changing situation. The latest updates will provide Members with up-to-date information on infection rates, the vaccination programme, hospital numbers and the roadmap to recovery.

- 3.2 The update is extremely comprehensive and will be provided as follows:

Public Health (Executive Director of Public Health & Integrated Commissioning) – a verbal update on the latest public health developments in relation to Covid-19 across the City.

City Hospitals Sunderland & Sunderland CCG Update – the latest information from the NHS Foundation Trust and Clinical Commissioning Group in relation to City Hospitals in Sunderland and current Covid-19 activity and recovery;

Adult Social Care (Assistant Director of Adult Services) – will provide the current position in relation to adult social care across Sunderland and the impact and recovery of services from the pandemic.

- 3.3 Due to the ongoing and constantly evolving nature of the Covid-19 situation Members should be aware that a number of the updates will be verbal to ensure the information provided reflects the latest position in terms of the pandemic.

4 RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to receive the verbal update and reports on the Covid-19 pandemic and comment on the information provided.

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UPDATE ON GENERAL DENTAL ACCESS

REPORT OF NHS ENGLAND

1. PURPOSE OF THE REPORT

- 1.1 To provide an update to Sunderland Health and Wellbeing Scrutiny Committee in respect of general dental services following the recent hand back of a small NHS dental contract on Hylton Park Road (contract ended 31 May 2021) and the Covid-19 pandemic.

2. BACKGROUND

- 2.1 Primary care dental services operate in strict accordance with the National Dental Regulations and must evidence compliance with General Dental Services Regulations and the Dental Charge Regulations.
- 2.2 The Regulations do not require a patient to be 'registered' with a practice, they operate on a demand led basis with a patient being the direct responsibility of the NHS dental provider only whilst they are in an 'open' course of treatment. Whilst practices do tend to see their patients on a regular basis, there is no contractual obligation on them to provide on-going regular care.
- 2.3 The Regulations outline the mandatory dental services, clinical governance and quality assurance responsibilities of a primary care NHS dental provider to ensure safe, high quality dental care is provided nationally.
- 2.4 The Regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to a 'banded' course of treatment prescribed under the regulations. (See attached leaflet at appendix 1 for further information)
- 2.5 The provider of the Hylton Park Road practice (BUPA) gave notice on their NHS contract with effect from 31 May 2021 citing lack of demand in the area and financial viability. The NHS contract was for 2400 UDAs and treated 488 patients in the 24 months prior to closure. The contract had historically under-performed against its commissioned activity target.

3. CURRENT ACCESS TO NHS DENTISTRY

- 3.1 There are currently 22 NHS general dental practices across Sunderland commissioned to provide a total of 538,319 UDAs per year. Historically approximately 90% of the total commissioned capacity in Sunderland has been delivered.
- 3.2 Three dental updates have been provided to local stakeholders to ensure they are kept informed of the current position in light of the on-going Covid-19 pandemic

(the latest version is attached to this report). From these briefing the Committee will be aware of the real challenges our NHS dental practice teams have and continue to face.

- 3.3 The proximity between a dentist and a patient's airway and the relatively high number of aerosol generating procedures (AGPS) have affected the way care is provided – dentists must abide by important infection control guidelines to combat COVID-19. This has an impact on the number of patient's practices can see in a single day.
- 3.4 Throughout the pandemic, the NHS has supported dental teams with income protection and a staggered approach to returning dentistry to pre-pandemic levels.
- 3.5 In line with national standard operating procedures, dentists are continuing to prioritise patients with the highest need or priority, such as children and those most at risk of oral disease. There are no circumstances when a practice should prioritise a routine cases over an urgent case as it is a condition of income protection that they prioritise all known and unknown patients to the practice who require urgent dental care if contacted directed or via 111 service. Ultimately, dentists and their teams are skilled clinicians and they use their clinical judgement to assess and respond to patient need.
- 3.6 NHS England's Chief Dental Officer has issued advice and guidance to dental professionals throughout COVID to ensure safe practice and access to care for patients.

4. SAFELY RESTORING ACCESS

- 4.1 NHS Dentistry is an important clinical and preventive service, so our focus is now on supporting dentists and their teams to see as many patients as safely as possible.
- 4.2 However, we are mindful that current infection prevention control arrangements will continue to prevent a return to normal practice throughput and have therefore retained income protection measures.
- 4.3 Whilst contracts remain in place for 100% of contracted activity, claw-back of funding will not be applied to practices delivering at least 60% of contracted UDAs. Put simply this means that practices' income is protected provided they deliver at least 60% of their dental activity levels.
- 4.4 In addition to the income protection measures, practices are able to access free PPE via a national on-line portal.
- 4.5 Whilst restoration of NHS dental activity continues, a return to full capacity will be dependent on the further easing of Covid-19 infection prevention control measures.
- 4.6 As practices continue to prioritise seeing patients with the greatest clinical need, this will likely mean a delay for patients seeking more routine dental care such as check-ups, We are therefore asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS, whilst we work with NHS dental practices to explore opportunities to increase the clinical treatment capacity available within the constraints of the Covid pandemic and

infection control measures that are required to ensure that care can be delivered safely for both patients and staff.

- 4.7 Some of the local measures put in place to date to support access for patients include:
- establishment of 3 urgent dental care centres for Sunderland to supplement the existing in-hours urgent dental care hub accepting referrals from general dental practitioners and NHS 111;
 - Incentives for practices to treat patients who have not been seen in the practice within the previous 24 months (adults) and 12 months (children) who require urgent care;
 - additional triage capacity into the integrated NHS 111 North East and North Cumbria Dental Clinical Assessment services; and
 - additional weekend and bank holiday out of hours urgent dental care treatment capacity.
- 4.8 In summary, all primary care dental practices are open, however practices will need to prioritise patients with the most urgent needs.
- 4.9 Progression to resume the full range of routine dental care is being risk-managed by individual practices in line with the national standard operating procedure. This means they will be seeing those patients with the most urgent issues first, followed by those that have open courses of treatment, prior to offering more routine dentistry appointment.
- 4.10 Whilst most primary care dental services are provided in general dental practice, the community dental service has an important role in the provision of dental care for vulnerable groups who may need treatment in an alternative setting, to accommodate their needs. Sunderland and South Tyneside NHS Foundation Trust provides this service across Sunderland, Gateshead and South Tyneside. The service also provides community based oral health promotion, supplementing the services commissioned by Sunderland Local Authority.

4 RECOMMENDATION

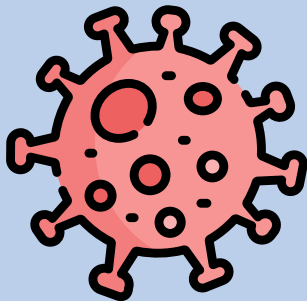
- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to note and comment on receive the update and information provided.

Contact Officer: Pauline Fletcher, Senior Primary Care Manager, NHS England - North East and Yorkshire (North Cumbria and the North East).

What can your NHS dentist do for you?

The NHS provides essential treatments needed to keep your mouth, teeth and gums healthy and free of pain. Any treatment that is clinically necessary should be available. Here is some advice and details of the treatments and costs, giving you the knowledge to smile with confidence.

Finding a dentist
www.nhs.uk/dentists

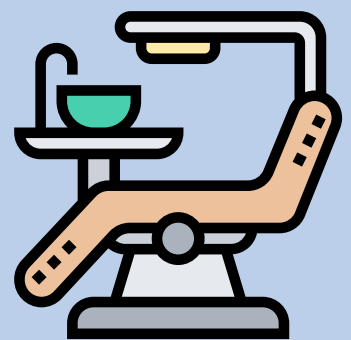


Visiting your dentist during the COVID-19 pandemic

- Please only visit your practice if you have an appointment and book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need.
- Appointments for some routine treatments, such as dental check-ups, may have to be rescheduled for a later date.
- Your practice will look a little different than usual as they will be operating in a way that observes COVID-19 social distancing and hygiene rules to ensure everyone's safety.

Your first routine visit

- The dental practice will take your medical and dental history (if available) and carry out a check up; examining your mouth, teeth and gums.
- Following your check up if your dentist recommends dental treatment, you'll be given a plan. This outlines all the treatments you are having and how much they will cost. If you are not given a treatment plan, ask for one.
- Your dentist will recommend a date for your next visit. People with good oral health may need to attend once every 12 to 24 months, but those with more problems may need to visit more often.

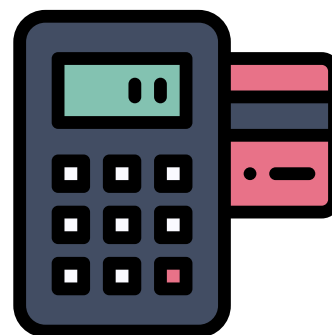


Emergency dental care

- Anyone who needs emergency dental care should first call their dental practice.
- If you cannot contact your dentist or do not have one, patients are advised to use the NHS 111 online service: www.111.nhs.uk

Payment

You pay a contribution towards the cost of your care and are charged for treatments depending on which band they fall into. All NHS treatments are covered with a 12-month guarantee.



Band 1 (including emergency treatment) £ 23.80	Band 2 £ 65.20	Band 3 £ 282.80
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Prices correct for 2020 / 21

FREE

You don't have to pay for NHS dental treatments if you are:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the previous 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges)
- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits.

Treatments

- **Band 1**
(emergency treatment) covers emergency care, such as pain relief and temporary fillings.
- **Band 1**
covers an examination, diagnosis, a scale and polish if clinically needed, preventative care (such as fluoride varnish) and advice on how to prevent future problems.
- **Band 2**
covers everything listed in Band 1, plus any further treatment such as fillings, root canal work or removal of teeth.
- **Band 3**
covers everything listed in Bands 1 and 2, plus crowns, dentures, bridges and other laboratory work.



Find out more...

The NHS website has more information about dental services
www.nhs.uk/using-the-nhs/nhs-services/dentists

PATIENT AND PUBLIC INVOLVEMENT FEEDBACK ON THE REDEVELOPMENT OF SUNDERLAND EYE INFIRMARY (SEI)**REPORT OF THE SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST****1. PURPOSE OF REPORT**

- 1.1 Following a comprehensive briefing at the April Committee meeting, this paper provides a short overview of patient and public involvement activity for the redevelopment of SEI and update on next steps. It is accompanied by a comprehensive feedback analysis report, attached at Appendix 1.

2. BACKGROUND

- 2.1 SEI is the region's only specialist eye hospital and dedicated centre for ophthalmology care. It is widely regarded across the NHS, both regionally and nationally, as a centre of excellence for eye services caring for patients from across the North East, Cumbria and beyond.
- 2.2 There will be no change to the clinical services provided in the new Eye Hospital. All clinical services currently provided from SEI will transfer to the new eye hospital to be delivered from a new modern, purpose-built environment in a much more accessible City centre location. This includes:
- 24/7 Emergency Eye Department
 - Regional Cataract Treatment Centre
 - Inpatient ward
 - Theatres for inpatient and day case surgery
 - Medical photography/imaging department
 - Outpatient services
 - Paediatric / children's services
- 2.3 The new Eye Hospital is also being designed to allow for future expansion this be required, given the ongoing rise in demand for ophthalmology services.

3. SUMMARY OF PATIENT AND PUBLIC INVOLVEMENT ACTIVITY

- 3.1 A robust programme of patient/service user and public involvement is underway in line with [NHS England's 10 best practice involvement and engagement principles](#). This included a range of activities between 16 March and 16 May as follows:

- 9 public engagement events attended by 49 people (this included an additional event as requested by the Committee)
 - 14 targeted focus groups and in-depth interviews involving 71 participants. These were delivered with the support of Healthwatch and through close working with Community and Voluntary sector partners.
 - 336 responses to an online survey
 - Widespread PR and social media activity to encourage involvement.
- 3.2 This builds upon extensive work undertaken to gain direct feedback from over 2,000 patients and service users who have recently used services at SEI to help inform the Trust's original business case development.

4. KEY THEMES AND ACTIONS

- 4.1 Overall attitudes to the plans for a new Eye Hospital were extremely positive and the majority of people who participated in involvement activities felt positive about plans for a new Eye Hospital in Sunderland:
- 92% thought the plans were positive.
 - 94% would be happy to use the new Eye Hospital.
- 4.2 A number of common themes were identified through qualitative discussions where participants were asked a number of open questions about their views on the plans for a new Eye Hospital. These themes of feedback included:
- Recognised need for a 'fit-for-purpose' building
 - Location and accessibility
 - Design / layout of the building
 - Parking facilities
 - Involvement, engagement and communication
 - Workforce/staffing and volunteer greeters
 - Considerations for people with specific needs
- 4.3 After listening to local people, proposed designs now include a number of accessibility aids, more sensory wayfinding and landscaping to help people with visual impairments navigate the site, as well as around the wider Riverside Sunderland area. Open involvement in the early design process has been warmly welcomed, in particular from patient groups.

5. TIMINGS AND NEXT STEPS

- 5.1 A planning application with proposed designs will be lodged imminently and is expected to be reviewed by Sunderland City Council's planning committee in the autumn.
- 5.2 The application takes on board the views of hundreds of patients and members of the public from across the region, as well as The Royal National Institute of Blind People (RNIB). If planning is approved, it is expected that

work will begin on the construction of the new hospital in spring next year, with the building set to open during 2024.

- 5.3 Ongoing patient involvement and input from the RNIB will continue to be undertaken as part of a co-production approach to inform the design process and build phases of the new Eye Hospital. South Tyneside and Sunderland Foundation Trust will continue to keep the Committee updated as required.

Contact Officer: Liz Davies
Director of Communications – South Tyneside and
Sunderland NHS Foundation Trust

Our vision

for a new Eye Hospital
in Sunderland



Patient and Public Involvement Feedback Analysis Report

16 March– 16 May 2021

Published June 2021

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Introduction

This report provides an overview of communications and engagement activity and detail on how South Tyneside and Sunderland NHS Foundation Trust (STSFT) is delivering an open and transparent patient and public involvement process around the redevelopment of Sunderland Eye Infirmary (SEI).

The findings will be used to support the ongoing design process for the new build and will inform the Statement of Engagement as part of the formal planning application to Sunderland City Council.

Further information on the plans for a new Eye Hospital in Sunderland and patient and public involvement activity can be found here: www.stsft.nhs.uk/neweyehospital

Background

From the outset of the new build project, a robust patient and public involvement strategy was developed with the following strategic objectives to:

- effectively engage the local population, partners and other key stakeholders in the design and redevelopment of Sunderland Eye Infirmary
- give patients, service users and the wider local population, including partners and stakeholders, the opportunity to consider and comment on the design and redevelopment plans
- use feedback gathered to inform the design process for a new state-of-the-art Sunderland Eye Infirmary
- ensure the engagement and involvement process was accessible to local people and that they have the opportunity to participate fully, should they wish to (this was especially important given the impact of COVID-19 and necessity for increased digital engagement)

The Trust's strategy adhered to [NHS England's 10 best practice involvement and engagement principles](#) and fully supported by NHS England / Improvement and Sunderland Health Overview and Scrutiny Committee.

Overall aims

The overall aims of patient and public involvement activity were to understand:

- people's views on the plans, even if they are not directly affected
- if there was anything people particularly welcomed about the plans
- if there was anything that concerned people about the plans
- what would make the new Eye Hospital more accessible
- would make people feel more comfortable as a patient and/or visitor
- what would improve people's overall experience
- any ideas about the new Eye Hospital design that may have been missed.

Feedback gained through patient and public involvement activities will be considered through the design process and as part of the formal planning submission.

Methodology

In order to present as rounded and robust set of insights as possible, four connected strands of activity were used to ensure widespread awareness and gather as much feedback as possible between 16 March and 16 May 2021. This included both qualitative and quantitative methods as follows:

1. Online public engagement events to allow people to hear about the plans from the project team and architects. Nine events were held in total and these were attended by 49 people and used to gather qualitative feedback.
2. Targeted focus groups and in-depth interviews were held to gather further qualitative feedback. These were delivered with the support of Healthwatch and through close working with Community and Voluntary sector partners and included people with protected characteristics under the Equality Act 2010. More than 50 groups were contacted, resulting in 14 focus group sessions and 71 participants (five of which were in-depth telephone interviews).
3. An online survey to collate both qualitative and quantitative feedback from members of the public, current and former patients, families and carers, and other stakeholders. There were 336 responses to the online survey.
4. A widespread PR and social media campaign widely promoted all of the above involvement activities throughout a 9-week period and measured the sentiment of local people towards the plans for a new Eye Hospital.

Findings summary

This section of the report provides a high level summary of the main feedback themes from patient and public involvement activity. Detailed analysis is included in the main body of this report.

Overall attitudes to the plans for a new Eye Hospital were extremely positive and the majority of people who participated in involvement activities felt positive about plans for a new Eye Hospital in Sunderland:

- 92% of survey respondents thought the plans were positive.
- 94% of survey respondents would be happy to use the new Eye Hospital.

A number of common themes were identified through qualitative discussions where participants were asked a number of open questions about their views on the plans for a new Eye Hospital. These themes are summarised below:

Buildings

- A new, modern state-of-the-art building / facilities was discussed positively and welcomed. It would improve the experience for patients.
- Increased space or capacity of the buildings or facilities was also welcomed.
- A large number of people suggested the environment or facilities at the new Eye Hospital would make them feel more comfortable.
- A very small number of comments were made about a new Eye Hospital being too big / modern, whilst others were worried it may not be big enough.
- Questions were raised around what would happen to the current building.

- Some respondents hoped that the friendly and personal atmosphere of the current hospital will not change in the new building.
- A small number of respondents raised concerns around losing the reputation of Sunderland Eye Infirmary, suggesting a name change might do this.

Location

- Comments suggested the location or site of the new Eye Hospital is better.
- Other comments indicated the central location of the new Eye Hospital was positive. To a lesser extent, questions were raised about the central location and ease of access to the new Eye Hospital.
- Concerns were raised on the safety of surrounding footpaths and the pedestrian crossing at St. Mary's Boulevard and people expressed hopes that these would be addressed.

Accessibility

- Overall, comments suggested that access to the new Eye Hospital will be easier and improve overall experience.
- However, there were concerns over access to the new Eye Hospital by public transport, with some suggesting a bus service is required.
- A small number of comments indicated concerns around access both to, and around the new Eye Hospital for those with disabilities and other accessibility needs, with concerns also raised around the distance or travel to the new Eye Hospital for elderly and vulnerable people.

Fit for purpose

- People felt that a new Eye Hospital is long overdue and that a new building will be fit for purpose to meet the needs of patients.
- The need for clearer or better signposting for those with visual impairments was identified, indicating it needs to be easy to navigate, and use bold colours and floor markings to support people with sight loss /visual impairments.
- Similarly, the environment of the hospital, such as good lighting, lifts, changing facilities, accessible toilets, a relaxed atmosphere, privacy, and a good layout would all help to improve the overall experience.
- There is a need for larger, spacious, or more comfortable waiting areas, or separate waiting areas for adults and children.
- The importance of a good reception area or information desk was highlighted and an improved appointment or 'check-in' experience.
- Other comments indicated that patients would like the telephone triage and online consultations to continue in future
- Plans for new, separate paediatrics areas and waiting areas were welcomed and suggestions were made around entertainment for children and teenagers.

Parking

- Having adequate, convenient parking including wide bays, drop-off points and disabled spaces would be welcomed and improve overall experience.
- Concerns were expressed around the availability of parking at the new Eye Hospital due to the city centre location.
- Other concerns were around the expense of parking at the new Eye Hospital, suggesting parking should be lower cost or free.

Involvement, engagement and communication

- Local charities welcomed the involvement activity and the mixed methodology used to capture the views of service users and members of the public.
- Comments suggested that word was getting out about plans for a new Eye Hospital and people had a range of opportunities to give feedback.
- People have valued the opportunity to give their views and welcomed information in accessible formats.
- A small number of concerns were raised around the lack of detailed information on the plans or designs for the new Eye Hospital.
- Specific needs were identified to support vulnerable patients and provide appointment information in accessible formats (large print / easy read / video).
- Comments arose on the need for good communications and publicity about the new Eye Hospital so people know where to go in the lead up to opening.

Workforce

- Having staff that are efficient, friendly, professional, welcoming, or courteous would improve overall experience.
- Having staff or volunteers available to meet and greet patients, assist in the navigation around the new Eye Hospital, or just provide information, would make people feel more comfortable.
- A number of comments suggested all staff should complete disability awareness training.
- A small number of respondents raised concerns around staffing levels at the new Eye Hospital.

People with specific needs

- Participants in some of the groups with specific needs, highlighted themes that would help to make the new Eye Hospital more accessible such as:
 - volunteer guides including BAME workers/guides
 - improved translation services for people who don't speak English
 - Easy Read information.
- Dedicated support and quiet areas for people with sensory disabilities and learning disabilities to be available, if needed.
- Sight loss groups expressed the need for large print appointment letters and large print information on medication distributed by the pharmacy.
- Wheelchair users and others valued the planned wider walkways and lifts and felt that their needs are being considered in the designs for the new building.
- Others commented on the need for an adult changing area and changing for children with physical disabilities.
- Comments highlighted anything that can support a person with additional needs to access the services would improve their overall experience.
- There is a need for a building and clinical services that contribute towards reducing anxiety for patients and visitors.

Finance

- Finally, a small number of respondents raised concerns around the cost of the new Eye Hospital.

1. Feedback from online public engagement events

This section of the report summarises feedback from nine online public engagement events attended by 49 people. These events were independently facilitated and attended by the project manager for the new Eye Hospital, the clinical lead for the project and the architects. These provided an opportunity for people to find out more about the designs, give their feedback and ask any questions about the plans.

The key themes from these sessions are outlined below.

General positive comments

There was a continuous theme in the qualitative dialogue recognising the high quality care provided by the current hospital staff and positive comments made that staff, patients and the City of Sunderland will get the new building they deserve.

Great care at current Eye Infirmary
<ul style="list-style-type: none"><i>“Always really appreciative of the excellent care offered by the Eye Infirmary.”</i>
<ul style="list-style-type: none"><i>“I visited the eye hospital today and I have to say that every visit I’m really impressed with the staff and the level of care they give me.”</i>
<ul style="list-style-type: none"><i>“Sunderland has got an amazing reputation and all credit to the staff.”</i>
<ul style="list-style-type: none"><i>“Sunderland Eye Infirmary is in top 3 nationally in expertise and your current model of care.”</i>
Positivity about the proposed new Eye Hospital
<ul style="list-style-type: none"><i>“Pleased the new build is going ahead.”</i>
<ul style="list-style-type: none"><i>“Very pleased that such an exciting and appropriate level of investment is securing the level of care provided by this centre of excellence.”</i>
<ul style="list-style-type: none"><i>“I’m absolutely delighted Sunderland is getting this, Sunderland deserves a bit of exposure.”</i>
<ul style="list-style-type: none"><i>“I’ve worked on the build of two ophthalmic hospitals last year in Scotland – 95% time we use Sunderland Eye Hospital as an exemplar and it is fantastic that they will get the state of the art building that it deserves.”</i>

Some comments enquired about the name of the new Eye Hospital:

Name of the new building
<ul style="list-style-type: none"><i>“I’d be interested to know what the thinking is about the name of the new building. People are obviously very proud of the Eye Infirmary, but this presentation refers to the Eye Hospital.”</i>
<ul style="list-style-type: none"><i>“I agree with what XX said and that it (the new Eye Hospital) should carry the Sunderland name.”</i>

Design of internal spaces

Several practical suggestions to the design of internal spaces were suggested such as use of light, colour, acoustics, seating and wayfinding. The participants also acknowledged other aspects such as temperature and materials used in the building that could positively contribute towards the overall patient experience - in particular for people with eye conditions.

Lighting
<ul style="list-style-type: none"> • <i>“The one thing I do sometimes struggle with is if I attend A&E, I often find the lighting in A&E quite harsh and if your eyes are painful that can be difficult.”</i>
<ul style="list-style-type: none"> • <i>“I studied 30 years ago the psychological and biological effects of light and colour in architecture. I hope the new eye hospital uses the benefits of incoming light.”</i>
<ul style="list-style-type: none"> • <i>“Continuing on about the light, it will be great to have natural light but a lot of people with eye problems have sensitivity to the light so there needs to be a balance. Sometimes you go into a building and are plunged into darkness as your eyes don’t adjust.”</i>
<ul style="list-style-type: none"> • <i>“Reduce glare and reflection.”</i>
<ul style="list-style-type: none"> • <i>“Looks great but glass and light not welcome by all of us with some eye conditions. Light walls too can highlight flashes/floaters. I have a number of eye conditions over the last four years which aren’t going to go away for quite a while or ever.</i>
<ul style="list-style-type: none"> • <i>“Whilst I agree some of the waiting areas in the current hospital are quite bleak and don’t have much light, too much light can also be problematic. Will there be other spaces in the hospitals that are not swathed with light? The other thing is the walls. It looks great, but if it is too bright then it is not pleasant.”</i>
Colour
<ul style="list-style-type: none"> • <i>“Will the colours be matted as well as muted and is it anti-reflective?”</i>
<ul style="list-style-type: none"> • <i>“Architects tend to have a favour for black and white, I hope you do take into consideration using colour to its fullest extent even for people who are colour blind.”</i>
<ul style="list-style-type: none"> • <i>“It is good that you are pointing out the different floors (using colour) and the person attending their appointment may they will be supported by a sighted person and will help the sighted person navigate the building.”</i>
<ul style="list-style-type: none"> • <i>“Will colours be Muted and Matted colours?”</i>
<ul style="list-style-type: none"> • <i>“Is issues about the sense of light and shade, as well as colour and navigation, an important part of the discussions that have been on going?”</i>
<ul style="list-style-type: none"> • <i>“Is there a general colour scheme?”</i>
Flooring materials
<ul style="list-style-type: none"> • <i>“Use an ultraclear floor rather than a theatre.”</i>
Fixtures/ fittings
<ul style="list-style-type: none"> • <i>“Make sure there isn’t too much clutter, such as low level tables. I suffer from tunnel vision so I can’t see things below a certain level so it can be off putting if there are things to walk in to.”</i>
Seating
<ul style="list-style-type: none"> • <i>“Will there be a variety of seating?”</i>
<ul style="list-style-type: none"> • <i>“This is with regards to height and type of seating, some people need a seat with arms and others don’t. For some people sitting can be very uncomfortable, so it is good to have a variety. “</i>
Footprint of the new building
<ul style="list-style-type: none"> • <i>“Will there be an opportunity to see the 1:200 drawings?”</i>
<ul style="list-style-type: none"> • <i>“Do you have an understanding of the area of the building?”</i>

Wayfinding around the building

Positive comments were made about improvements to the proximity of departments in the new Eye Hospital designs, in particular the new imaging hubs on two floors. Feedback also highlighted the importance of improved wayfinding, colour-coding and better signage to help sighted people navigate the building.

Suggestions were also made on how local sight loss charities could help to provide training for staff and volunteers to ensure they can successfully guide people with visual impairments or support people who are blind to navigate the building. A wayfinding app was also recommended for people who are comfortable using smartphones to find their way around the new building more independently.

Proximity of departments / navigating the building
<ul style="list-style-type: none">• <i>“The idea of having the imaging hubs in the same area that you go to is a good idea. I currently attend the retina clinic and have to go to a different floor for imaging and it can sometimes be difficult to navigate around.”</i>
<ul style="list-style-type: none">• <i>“Vision Hearing and Support offer training and visual awareness training for staff / volunteers.”</i>
<ul style="list-style-type: none">• <i>“One of things I’ve noticed about the current Eye Infirmary is the strong signage, the images that were put up on the screen would be hard for me to navigate.”</i>
<ul style="list-style-type: none">• <i>“Is navigation an important part of the discussions that have been on going?”</i>
<ul style="list-style-type: none">• <i>“Introduce a Wayfinding App.”</i>
<ul style="list-style-type: none">• <i>“Signage needs to also be at an appropriate level.”</i>

Self-check in

Concerns were raised about use of self-check in by people with sensory impairment, in particular those with sight loss. Participants asked if there would also be the option to speak to reception staff on arrival. Comments suggested that self-check in system will require a large key board and larger fonts to ensure it is more accessible.

Self-check in / reception staff
<ul style="list-style-type: none">• <i>“You’re talking about in the future logging in yourself but one of the lovely things about the hospital is that the receptionists are so kind and really look after you.”</i>
<ul style="list-style-type: none">• <i>“Self-service check in is a good idea but please remember the colour and size of letters on screen as some colours are harder to see for visually impaired.”</i>
<ul style="list-style-type: none">• <i>“Certain colours are hard to see like blues and greys – I had a very large key board – much easier when it is large letters.”</i>
<ul style="list-style-type: none">• <i>“All staff play a part in making the experience pleasant, they take the time to make sure you aren’t scared.”</i>

Accessibility for those with specific needs

People highlighted the need for additional support for people with sensory impairments / conditions and for those with physical disabilities to help ensure the building is accessible and that people feel comfortable.

Hearing loss
<ul style="list-style-type: none"> • <i>“Will there be a dedicated space for advisors or support workers for people with hearing impairments? The eyes are the way people communicate when they have hearing impairments.”</i>
Wheelchair access / facilities for people with physical disability
<ul style="list-style-type: none"> • <i>“And of course it will be fully accessible for wheelchair users?”</i> • <i>“Will there be an adult changing space? Adult changing space is for people who need more than a disabled access toilet. There is an excellent one at the Glass Centre. I know there is going to be one in the new Civic Centre. Just to ensure this won’t be an afterthought with the new Eye Hospital.”</i>
Capturing views of people with long-term eye conditions/visual impairments
<ul style="list-style-type: none"> • <i>“Are people with visual impairments involved in the design of the building?”</i> • <i>Do the architects have someone on the design panel who has visual impairments or who is specially trained?”</i>
Engagement and involving young people
<ul style="list-style-type: none"> • <i>“How does the new approach in the building help young people and their families?”</i> • <i>“Are young people inputting into the plans?”</i>
Sensory design
<ul style="list-style-type: none"> • <i>“Really impressed with focus on the sensory design.”</i> • <i>“Will there be a sensory garden?”</i>

Capacity planning and future demand

A number of comments were made in the discussions in relation to the capacity of the new Eye Hospital and planning for future demand for ophthalmology services.

Capacity
<ul style="list-style-type: none"> • <i>“Is the catchment area likely to expand and if so have you planned for an increase in patients?”</i> • <i>“Will you be able to increase your capacity for cataracts?”</i> • <i>“Does the new arrangement change either the overall capacity or the flow in terms of can you see more people within a given time or is it just a different quality of experience?”</i> • <i>“Will Cataract patients be treated in the operating theatre or have alternative solutions been explored where a smaller room can be used to free up expensive operating space?”</i> • <i>“What was your anticipated footfall of daily activities, how many people envisaged coming through?”</i> • <i>“What services will be available at Cleadon Park?”</i>

Technology

Specific questions were raised about the use of technology / equipment.

New technology and equipment
<ul style="list-style-type: none"> • <i>“How will the new hospital use technology/video consultation as part of its outpatient transformation plans?”</i> • <i>“Is the current pathway at the CTC to be replicated as is at present or is there potential to include other technology to further improve efficiencies?”</i>

- *“What guarantee is being given to ensure that state of the art equipment will be provided and what input have the clinicians been able to make about this?”*

COVID-19

Several questions were raised about how the new Eye Hospital will be designed to meet COVID-19 and social distancing guidance.

COVID-19 safe / social distancing

- *“As we may get more pandemics, is social distancing being taken into account in the design?”*
- *“Firstly, I would like to congratulate the staff for keeping as much going as they can during this pandemic. It seems as though we may get more pandemics in the future, so is this something that has been factored in to the design?”*

Public amenities and other services

Comments and questions on public amenities and other services such as pharmacy were also discussed. Participants felt these would help improve overall experience.

Pharmacy

- *“Is the pharmacy heading over too? If yes where will it be located?”*
- *“It (pharmacy) may be potentially creating a long queue at the entrance? Having seen other pharmacies in hospitals. Sometimes prescribing can take a long time.”*

Bike stores/ bike security

- *“I have to go (to SEI) roughly every month. When visiting I appreciate bike locks and being able to park my bike securely on site.”*

Parking

- *“Are the 90 spaces reserved for patients? (parking)”*
- *“Can you say who gets the parking closest to the building?”*

Funding

A number of questions were raised about how the new build project will be funded.

Finance

- *“Is this a PPI project? When you say it will be repaid over the next 30-50 years I wondered if it is one of these PPI projects like the University Hospital.”*
- *“So this will be wholly operated by the NHS?”*
- *“Does the project have sufficient budget to ensure that there will be the interiors be provided in the new hospital?”*
- *“What worries me is using the satellite services in South Tyneside is a waste of money that could be put into the hospital.”*
- *“I note you stated there is a £36m loan from the council for the new building. Are you able to share the full build cost?”*
- *“What is the full project cost?”*

2. Feedback from targeted focus groups and in-depth interviews

This section of the report summarises feedback from focus groups and in-depth telephone interviews with people with protected characteristics and conditions. These took place over 14 virtual focus group sessions between April and May 2021. 71 people took part in this activity (five via in-depth telephone interviews).

Two approaches were used to reach people and gather views during these sessions: through proactive engagement with targeted groups and by working in partnership with the community and voluntary sector and advocates for people with sight loss.

We gathered feedback from children and young people, older people, people with learning disabilities, physical disabilities, sensory impairment and Black, Asian and Minority Ethnic Groups including people with sight loss. This included:

- People with a sight impairment and/or sight loss
- Younger people and teenagers
- Families and carers
- Older patients and patient groups
- Dementia services
- Black, Asian and Minority Ethnic Groups (BAME)
- People with learning disabilities

We also heard from people with an interest in the protected characteristics defined by the Equality Act 2010 that includes: age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity.

Format of focus groups / telephone interviews

Each focus group ran for a maximum of 1.5 hours. To support delivery of focus group sessions, Voluntary and Community Sector (VCS) / third sector group moderators were provided with a focus group toolkit to support them in running online sessions or telephone interviews. The toolkit included supporting materials such as links to the SEI animation video; Easy Read version of the engagement booklet and links to the audio version of the engagement booklet. Some participants received an audio CD version of the engagement booklet in advance of taking part in a focus group discussion. VCS and third sector partners were also provided with a report template together with guidance on completion. Three types of focus groups were targeted:

- equality/protected characteristic groups
- patient groups
- sight loss groups.

The equality groups considered a broad set of questions to gain insight into what was most important to them, looking generally at the plans for a new Eye Hospital. Patient and sight loss groups responded in relation to their specific conditions. These conversations were focussed on what would make a difference to them when accessing the new Eye Hospital, with specific reference to their condition.

Three sessions were held with Children and Young Adults Groups. A number of teenagers aged 14-16 took part and were able to give us an idea of what they felt was required from their point of view.

Table of groups involved in focus group sessions:

Date	Time	Organisation	Equality or Patient group	No of participants
Wednesday 31 March	3pm – 4pm	SEI STSFT	SEI Patient Group/RNIB	5
Wednesday 14 April	5pm-6.15pm	STSFT Young Persons Group	Children and Young People	3
Monday 19 April	12pm – 1pm	Healthwatch South Tyneside	Apna Ghar – women from BAME communities	7
Wednesday 28 April	5pm-6pm	STSFT Young Persons Groups	Children and Young people	3
Wednesday 28 April	6pm – 7pm	Healthwatch South Tyneside	Young Healthwatch including BAME teenagers	6
Thursday 29 April	10am – 11am	Healthwatch South Tyneside	South Tyneside Adult Carers	8
Thursday 29 April	1pm – 2pm	Healthwatch South Tyneside	Sight and Hearing Focus Group	3
Thursday 29 April	3pm – 4pm	South Tyneside Healthwatch	Sight and Hearing Service	3
Friday 30 April	11.30am-12.30pm	SEI - STSFT	Thomas Pocklington Trust on behalf of Sight Loss charities and their clients	1
Wednesday 4 May	11am – 12.30pm	Healthwatch South Tyneside	New Hope North East – BAME parents of children with additional needs	8
Wednesday 5 May	10.15am-11.15am	Healthwatch Sunderland	Mix of individuals who are volunteers many have a long term health condition	7
Monday 10 May	Tbc	Healthwatch Sunderland	Sunderland People First / Learning Disabilities / Autism	7
Tuesday 11 May	10am – 11am	Healthwatch South Tyneside	Macular patients	5
Thursday 13 May	10am-11.30am	SEI STSFT	RNIB	5

Summary of focus group and in-depth interview findings

A coding framework was used to analyse and theme the most frequently mentioned issues which are summarised below.

General positive comments

With regards to the current service, those who had previously visited Sunderland Eye Infirmary commented that their overall experience has been very positive. People welcomed the plans for the new Eye Hospital and how this will help to improve the care for those with eye condition. Participants commented:

Current patient experience
<ul style="list-style-type: none"> • <i>"The last hospital is excellent."</i> • <i>"Staff have been great in the previous hospital."</i> • <i>"As a user of the hospital over the years the staff and surgeons are the best."</i>
Positivity about the proposed new Eye Hospital
<ul style="list-style-type: none"> • <i>"I'm really impressed; I know I can't see but the vision of it in my mind."</i> • <i>"When I listened to the CD I was just wishing I could see the design...I'm really impressed with it at the moment, really impressed."</i> • <i>"No, I welcome the plans that may help cures for eyes, stem cells etc."</i> • <i>"Welcome the new service as it's a better location."</i> • <i>"Welcome this for the building to be updated."</i> • <i>"Good exposure for Sunderland gives us kudos. Brings people into the city."</i> • <i>"Very new up to date equipment hopefully giving best treatments."</i> • <i>"It's brilliant that there not taking away the clinical services because sometimes they create these new big facilities and expect people to travel for minor stuff."</i> <p>Questions were raised around what would happen to the old Eye Hospital building and comments highlighted the lack of space in the old building:</p> <ul style="list-style-type: none"> • <i>"Are we still keeping the old building?"</i> • <i>"There isn't much room in the waiting areas or corridors is there."</i>

Design of internal spaces

Key themes were around creating a welcoming, comfortable, relaxing environment for patients and visitors. Groups suggested use of colour would help to improve accessibility particularly for those with sight impairments and paler colours were suggested for waiting areas to help create a more relaxing environment for older and younger patients. Other common themes such as good use of lighting including natural light, acoustics, and consideration of the sensory experience for a range of needs will help to ensure the hospital can provide a good patient experience.

Colour
<ul style="list-style-type: none"> • <i>"Defined colours so that patients can see things when they are impaired e.g. no posts in the middle of the floor that blend into other areas"</i> • <i>"Colour contrasts, can get mixed up with reds, greens, black and white is good leave colour contrasts off letters large print in areas."</i> • <i>"Colours for those with sight impairment."</i> • <i>"Avoid using pale green in welcome areas and waiting areas as it reflects in faces and washes people out, makes them look unwell."</i> • <i>"I would be happy to be your colour champion if you want."</i> • <i>"I think pale colours are the way to go for relaxation and aesthetic purposes - hospital white should be avoided as it feels too medical and certainly puts me a little on edge."</i> • <i>"Dark colours should be avoided, large print signs not in black in white. Black on bright yellow."</i>
Lighting
<ul style="list-style-type: none"> • <i>"I am interested in lighting because in the current hospital it's not very good."</i>

<ul style="list-style-type: none"> • <i>“As someone with sensory issues, I hope the new hospital will be built to taking into consideration, lighting (not fluorescent lighting), colours, sound, signage, smells and the effects this issues can have on people.”</i> • <i>“Reduce shiny surfaces</i> • <i>“Reflective surfaces are the enemy of people with sight loss”</i> • <i>“Anti-glare glass in windows.”</i>
Seating
<ul style="list-style-type: none"> • <i>“High defined furniture high contrast, door frames highlight areas of danger e.g., posts in the middle of the floor.”</i> • <i>“Comfy seating areas identified for those with impairments where they can stand still and a chaperone may support - it can be too embarrassing to ask these areas would help.”</i> • <i>“Comfortable waiting rooms, with various types of chairs, including, chairs with arms, bariatric.”</i> • <i>“Seating arrangements located periodically throughout the facility would allow elderly and people with bad health to make their way more comfortably through the facility with the ability to rest periodically through the hospital.”</i> • <i>“Maybe placing seats in hallways and corridors would allow people who are not able to walk easily and for long periods to time to rest periodically as they walk through the hospital.”</i>
Flooring
<ul style="list-style-type: none"> • <i>“In the CD it didn’t mention anything about flooring so I was wondering if it was going to be carpet or what other texture?”</i> • <i>“The flooring in the new hospital shouldn’t be reflective or have any colour changes through it – this can cause issues for people with dementia. It shouldn’t be noisy to walk on as this can cause sensory issues.”</i>
Waiting areas / rest areas
<ul style="list-style-type: none"> • <i>“Better waiting area with comfortable seats.”</i> • <i>“Larger waiting areas needed that are more spacious.”</i> • <i>“Waiting areas larger, more welcoming.”</i> • <i>“Waiting rooms need to accommodate guide dogs and wheelchairs.”</i> • <i>“Seeing people in the corridors because there’s not enough waiting room space - all that will be resolved hopefully. Sometimes when you’re trying to get past there’s equipment in the way and you have to try and manoeuvre around.”</i> • <i>“Ensure seating in waiting rooms is facing north to avoid glare from the sun shining in people’s faces.”</i> • <i>“There needs to be plenty of room in the waiting areas for guide-dogs to lay down without being in the way.”</i>

Entrance doors / reception area

Groups commented on the proposed designs and welcomed the style of the spacious entrance area. Suggestions were made for automatic doors with audio voiceover information to help improve accessibility. Defined reception and welcome areas, which ensure conversations can be confidential and maintain privacy, would help people feel more comfortable during their visit.

Entrance doors / reception area
<ul style="list-style-type: none"> • <i>“Entrance is open with plenty of space.”</i> • <i>“Like the openness of the reception area as you enter the building.”</i>

- *“Entrance doors without push button automatic door opens and also speaks to you to advise which way it opens.”*
- *“I always think focal points in new buildings are put in an awkward place. Why can’t they have a desk just literally at the door?”*
- *“Highly visual desks – designated desk”*
- *“Clearly defined reception desk.”*
- *“Location and confidentiality around the reception areas are important.”*
- *“You should be able to have a one-to-one conversation with the receptionist without people hearing what is being said.”*

Experience for children and young people

Conversations highlighted the importance of a welcoming environment for children and teenagers. Some group discussions focussed in particular on young adults because it can be difficult to get the balance right between having waiting areas that accommodate both small children and a 17 year old. Other groups of parents who have children with disabilities discussed the need for dedicated children’s areas, quiet areas, rest rooms. Discussions also suggested entertainment such as books, TV screens, iPads in waiting areas for young people to use and free WIFI a must!

Children and young people

- *“Young person’s experience of being in an eye hospital/waiting area. Largely just boring: toys for small children and magazines for adults but very little for teenagers.”*
- *“Entertainment, play area, sensory area, children’s video areas like in the Freeman area. This would help young people to feel more comfortable less stressed when being examined.”*
- *“Books and magazines for younger audiences would be nice, wifi connection, toys for both toddlers and older children (not just Lego, building blocks, etc) but things like Young Adult books too.”*
- *“Facilities: perhaps a small library, a system where you can take books out, read books, beanbags etc, perhaps some iPads?”*
- *“Creating a children’s area.”*
- *“Entertainment such as music, magazines or televisions located in waiting rooms to prevent boredom during waiting times, especially long waiting times.”*
- *“I like the fact that there will be dedicated waiting areas, especially for people post-surgery and for children. This will make people feel more at ease.”*

Design layout

Groups commented that they welcomed the new layout of clinical services and general design:

Layout of clinical areas

- *“Well laid out, all clinical areas are on first floor – it is good that they are all together.”*
- *“More room in treatment rooms.”*
- *“Ground floor triage areas with support staff to guide you to each area.”*
- *“Changing spaces.”*

- *“Separate areas for children and young people - This will make the service less intimidating and easier to manage meltdowns for parents and young people”*
- *“Less departments to navigate to reduce waiting times.”*

Wayfinding around the building

Discussions on navigation and wayfinding around the new building covered the following themes and suggestions were made on how the layout could help ensure the new hospital is more accessible and easy to navigate.

Wayfinding and navigation

- *“Got to be an improvement on the old one, still can’t navigate where the macular unit struggles to find departments.”*
- *“Internal design had a flow to it so you could clearly find what you wanted, less reception one main area, where treatment rooms and consultant rooms are in one place.”*
- *“Having things on one floor, ground floor access clear”*
- *“More streamlined, less walking from triage to treatment as an example”*
- *“A central area with departments from triage to treatment -Simpler if you are on your own.”*
- *“As long as it’s not like a maze, it will be a lot better.”*

Signage

- *“Large and easy to read signs would allow for people with poor vision to be able to locate specific places inside the eye hospital.*
- *“Defined signage eye level.”*
- *“Low level signage throughout larger print.*
- *“Signs that can be read.”*
- *“Navigation: big numbers would be simpler and most practical. Would agree with XX that not solely colour should be used, but that would be a nice touch.”*
- *“I think with me having tunnel vision it needs to be in my eye line as in the current hospital it’s too high up and colouring so it stands out.”*
- *“The signage is terrible in the old hospital and getting round the place, it’s so cluttered, seeing people in the corridors because there’s not enough waiting room space and all that will be resolved hopefully. Sometimes when you’re trying to get past there’s equipment in the doors and you’ve have to try and manoeuvre around.”*
- *“Clear and large signage around the building to ensure stress free movement.”*
- *“Must consider dyslexic patients with signs: simple font, black on white, etc”*
- *“Clear and large signage around the building to ensure stress free movement.”*

Flooring

- *“Different coloured lines on the floor.”*
- *“Perhaps some kind of “follow the line on the floor” system.”*

Providing maps to assist with wayfinding

- *“Less areas to walk around and simplified maps on the wall like the RVI.”*
- *“Giving new patients an enlarged floor plan and map of the area could also aid in travelling to the hospital and navigating the facility.*
- *“A floor plan of the hospital and a map of the general area given before the appointment date would make me more comfortable in access and locating my*

<i>appointment location. This would be beneficial to aid in timing visits and allow for people who are unfamiliar with the area to be at ease on their first appointment and those that have an impairment or injury to the eye.”</i>
Mobile app / audio guides
<ul style="list-style-type: none"> • <i>“For someone who rarely has someone with me it kind of puts me off as I can’t navigate around these places so really what I need is a button I can press to say what’s there or some kind of app on my phone that will show me a way around it or a body to guide me.”</i> • <i>“Talking lift buttons / voice button - If needing to go upstairs.”</i> • <i>“Also having a help point or something where you can put headphones on to guide you.”</i>
Support guides
<p>Sight loss groups highlighted sighted guides would help to improve accessibility during hospital visits.</p> <ul style="list-style-type: none"> • <i>“Marshall to escort or guide you from one department the useful to support you. Or if you had to see the consultant and have treatment having the support from staff to be chaperoned or have a room on the same floor to go for treatment would make it better especially if you are visually impaired.”</i> • <i>“Volunteer guide”</i> • <i>“A guide to take you to services, use of aids or marshals.</i> • <i>“Or designated Marshall area to enable you to sit there if you need that support.</i> • <i>“Welcome marshals for support.”</i> • <i>“Marshals for those visually impaired feels less anxious or at the entrance as a guide during appointments these could be volunteers like during Covid 19.”</i> • <i>“Onsite support for those that need it, in case patients are embarrassed to ask for help.”</i> • <i>“Support during treatment.”</i>
Clear walkways /handrails / automatic doors
<ul style="list-style-type: none"> • <i>“When I use my cane I need a clear straight walkway so I have something to follow and have a button to press if we are lost.”</i> • <i>“Wide corridors and doorways, automatic opening of doors.”</i> • <i>“Handrails should run throughout the building and should be kept clean and obstacle free.”</i> • <i>“Will there be rails to help people with sight issues to find their way around the hospital?”</i> • <i>“No equipment to be left in corridors which could block the way and may be a hazard.”</i>

Travel and transport

Groups discussed the new location and travel and transport to the new Eye Hospital in the City Centre and the close proximity to public transport networks. Most groups welcomed the new location.

Public transport / location
<ul style="list-style-type: none"> • <i>“Easier access on public transport.”</i> • <i>“Better bus route.”</i> • <i>“Transport support.”</i> • <i>“Chaperone support volunteers at public transport areas.”</i>

- *“The new Eye Hospital should be accessible by bus.”*
- *“Transport support has been a previous problem but welcome the new site.”*
- *“Shuttle bus from Sunderland Interchange – this would make it easy for people to get to the hospital, especially if they are travelling from across the region.”*
- *“I think the new hospital site will be better for public transport and easier for people to find.”*
- *“Welcome the new service as it’s a better location.”*
- *“Welcome the new plans as it’s more accessible in terms of getting it there.”*
- *“Close proximity to public transport are a welcome plan in allowing people to more easily access the hospital in a variety of ways.”*
- *“Being close to the city centre.”*
- *“No (concerns), it is welcomed due to an improved location.”*
- *“Accessibility in the town centre.”*
- *“As I attend the hospital from Washington to hospital by bus there is 3 buses to get there and moving the hospital to a central area is much better the hospital has served many people over the years and needs a bigger and more up to date hospital.”*

One group based in South Tyneside asked a question about the location of the hospital.

- *“Why does it have to be based in Sunderland, more support required in South Tyneside as an alternative option for those that cannot travel to Sunderland?”*

Groups addressed concerns about the City-centre location due to the suggested volume of traffic on nearby roads at peak times:

- *“The location could be a positive or negative as this is already a congested part of the city.”*
- *“Traffic flow could be an issue, especially during rush hours when it is exceptionally busy.”*
- *“I would be worried that it will be too far for some people to travel.”*

Pedestrian crossing

The main concerns shared about location were about travel crossing the busy road to get to the new Eye Hospital and consideration of the pedestrian crossing for both pedestrians and wheelchair users and carers:

Pedestrian crossing

- *“City centre location and wheelchair across St Mary’s Boulevard.”*
- *“Transport making sure road crossing that are accessible to visually impaired.”*
- *“Safe crossing points.”*
- *“A busy road, ensuring there are less road works.”*
- *“Traffic lights to ease the flow.”*
- *“Making sure lights/crossings are working in the area.”*
- *“Crossing /safe designated walking areas.”*
- *“It must be at a controlled crossing, not a zebra crossing. Especially at that road with it being a dual carriageway.”*

- *“Have you tried pushing a wheelchair across St. Mary’s Way?”*
- *“What about crossing that busy road at the back of M&S to get there – will there be changes to the crossings as currently you can wait a long time to cross? Will there be an additional pedestrian tunnel built?”*

Parking and drop off

Participants of Black Asian and Minority Ethnic groups, disability groups and the young person’s groups highlighted parking would help to ease travel concerns and associated stress. Some suggested the need for free parking and increased availability of disabled parking. Others suggested travelling can be a challenge for those with sensory impairments.

Parking / drop off

- *Adequate car parking and stress caused...*
- *“More disabled bays closer to the entrance*
- *“No parking fees”*
- *“Getting there, parking”*
- *“Plenty of parking.”*
- *“More car parking spaces”*
- *“Car Parking adequate but transport with an impairment be difficult.”*
- *“Car parking and the price of parking, will there be sufficient parking spaces for staff and patients?”*
- *“Designated parking /bus/taxi spaces with paths that visually impaired can find their way.”*
- *“There should be adequate and cheap parking available to users of the hospital.”*
- *“Parking for mobility scoots should be considered in the plans.”*
- *“Safe drop off points not in ambulance areas dedicated spaces.”*
- *“Is there a pick-up/drop-off point? Is two spaces sufficient?”*

Accessibility

All groups discussed accessibility. Suggestions highlighted how getting this right can help people feel more comfortable when accessing care, as well as contributing towards positive overall patient experience for all. Many specific comments and suggestions were made on how to improve accessibility when travelling to and from the new Eye Hospital and when navigating the building once inside.

Positive comments on accessibility

- *“Hope that it is accessible for all, including those with disabilities or severe eye impairments.”*
- *“More accessible for people from across the region.”*
- *“I like that the fact the current Eye Infirmary is old, not suitable and not fully accessible has been addressed. I think this is a great opportunity to make the new building accessible for everyone.”*
- *“Better for staff and sure will lead to be a more patient access friendly unit.”*
- *“Fabulous for the City. As a wheelchair user, I can’t wait!”*
- *“The site looks great, easily accessible. Centre of Town.”*
- *“It’s great though because this attention to detail is fantastic that they are already considering all of these things.”*

<ul style="list-style-type: none"> • <i>“Easier access in the hospital, less stairs, layout of new one looks better.”</i> • <i>“Space looks fantastic.”</i> <p>Young people and older people expressed importance of independence when accessing care and that this should drive the design of the building to help improve overall patient experience:</p> <ul style="list-style-type: none"> • <i>“Failure to not make it accessible and comfortable to access will not be a good patient experience and will not enable patients to get there independently if it is not as accessible and as comfortable as possible.”</i>
Footpaths
<ul style="list-style-type: none"> • <i>“Dedicated footpaths that lead to transport or pick up points that clearly lead to the entrance or reception so that those that are impaired /blind can familiarise and be safe from entry to exit.”</i> • <i>“Designated parking /bus/taxi spaces with paths that visually impaired can find their way.”</i> • <i>“Safe designated walking areas.”</i>
Metro
<ul style="list-style-type: none"> • <i>“If you get the tube to Moorfields it will say change here for Moorfields High Hospital, if we could work with Tyne and Wear Metro for the closest approximation it might be able to get put on the audio announcements. Saying that that’s something RNIB could do as we have a good relationship with Tyne and Wear Metro.”</i> • <i>“What is the closest metro station to the new build?” Can you provide information on your website?”</i>
Taxis/ patient transport
<ul style="list-style-type: none"> • <i>“Wider taxi drops off with support if needed.”</i> • <i>“Taxi ports with marshals for those visually impaired feels less anxious or at the entrance as a guide during appointments these could be volunteers like during Covid 19.”</i> • <i>“Patient transport to be available for those who need it.”</i>
Toilets
<ul style="list-style-type: none"> • <i>“Toilets in the right places that are accessible, sensor taps etc”</i> • <i>“Plenty of well signposted fully accessible toilets that are regularly cleaned and designed to be easy to keep clean.”</i>
Wheelchair access
<p>Groups commented on the need for wheelchair access and wheelchair users indicated that they were assured that their needs would be met as part of the overall new building designs.</p> <ul style="list-style-type: none"> • <i>“There should be ramps and lifts for wheelchair users. Doorways should be wide enough to accommodate any size wheelchair.”</i> • <i>“As a wheelchair user, I can’t wait!”</i> • <i>“Extra feedback: every table should have a wheelchair space, things as low down on shelves as possible to accommodate this, lifts clearly marked, also consider this at the front desk (extremely uncomfortable if a patient in a wheelchair can’t see over the top of it to speak to the receptionist).”</i>
E-scooters
<ul style="list-style-type: none"> • <i>“E –scooters are an issue for people with sight loss, you can’t always see they are there or hear them coming.”</i>
Lifts / stairs

<ul style="list-style-type: none"> • <i>“No stairs, lifts to show you the way, if you can’t see how do you know how to get somewhere.”</i> • <i>“Large buttons on the lift”</i> • <i>“Talking lift buttons / voice button - If needing to go upstairs.”</i> • <i>“Being able to see the buttons on the lift.”</i> • <i>“Is there going to be an audio system in the lift?”</i> • <i>“All one level with no stairs.”</i> • <i>“Less slopes /banks/ no stairs or yellow strips so it can be seen.”</i>
Quiet rooms/spaces
<p>A number of groups commented on the need for quiet areas and rooms for patients and visitors with specific needs.</p> <ul style="list-style-type: none"> • <i>“Dedicated quiet room for children with additional needs.”</i> • <i>“There should be a quiet area, for people who may become overwhelmed or have sensory issues. This area should not be too small, as this can cause more sensory issues and lighting, information on the walls should also be taken into consideration here.”</i> • <i>“Dedicated areas for children with additional needs priority triage.”</i> • <i>“Private day unit that is quieter with specialist staff for children with needs with appointments systems to avoid wait times.”</i> • <i>“Acoustics needed to be carefully considered.”</i> • <i>“People with disabilities may not be able to wait for long periods of time – this can cause additional pain or / and anxiety.”</i>
Improved interpreters service / translation support
<ul style="list-style-type: none"> • <i>“Interpretation can be arranged by Apna Ghar but what if this is not available, this cannot always be arranged in time and some from the group would avoid going.”</i> • <i>“Improved interpretation support, more parents/disabled people.”</i>
Self-check in
<p>Groups commented on the need for larger text or keyboards on the self-check in system to ensure it is more accessible:</p> <ul style="list-style-type: none"> • <i>“Check as sight deteriorates so may need bigger text on screen or large key board.”</i>
Onsite support / making the new Eye Hospital inclusive
<p>Groups suggested that increased onsite support for people with disabilities and specific needs would help to make the new Eye Hospital more accessible and inclusive and help people to feel more comfortable during their visit whilst also improving overall patient experience.</p> <ul style="list-style-type: none"> • <i>“Additional support worker in the hospital on hand for support with experience of additional needs /challenging behaviour to avoid chaos with a separate reception area /room.”</i> • <i>“Volunteers or staff from the BAME community at the entrance to help reduce barriers and give patients the feeling that they are looked after and can approach if they are struggling.”</i> • <i>“A dedicated BAME worker/ patient volunteers making it more accessible for the community”</i> • <i>“Onsite support for those that need it, in case patients are embarrassed to ask for help.”</i>

- *“It will make the overall patient experience improved and ensure people feel better supported throughout their appointment.”*

Overall patient experience

Many comments were made about the potential for improving peoples’ experiences before they even arrive at hospital and in their interactions with staff. People with visual impairments find it difficult to read current appointment letters and feel all communications from the hospital should be standardised so that large print is the default format rather than being an option available on request.

Appointment letters – large print format / Easy Read

- *“The whole process. One thing if someone gets referred making sure that GP, optometrist, hospital has the patient’s communications preferences because people aren’t getting communicated with in the right way. Where is the best place to get preferences listed? Also people need to tell NHS what they want – don’t know about sight loss issue if you don’t tell them.”*
- *“Still sending out letters in small print – this needs to change.”*
- *“Larger print for everyone around appointment date time for everyone without having to request larger print.”*
- *“Appointments large print - you should not still have to request these.”*
- *“Be able to book a new appointment without a letter for those that are visually impaired this could not be done during Covid-19 and letters still come in small print.”*
- *“All information and invitations should be in easy read.”*
- *“Flag people’s ability to use technology.”*
- *“Helpful to confirm appointment use technology, send text reminders so people do forget. Consider all people are not tech savvy and sight deteriorates with age and/or some conditions.”*

Appointment times

Most groups, including sight loss and BAME groups, indicated that a range of appointment times and an appointment system would help to make the hospital more accessible for patients and visitors:

- *“Appointment times sometimes cannot attend due to childcare.”*
- *“Appointment times during school times not after 4pm.”*
- *“Appointment systems”*
- *“Appointment times available during school times as childcare can be a huge issue in the BAME community when attending appointments.”*
- *“A range of appointment times.”*
- *“Better spaced-out appointments”*
- *“You should always be asked prior to attendance at an appointment if you need any support to attend or whilst in attendance. Whether this be around access or communication.”*
- *“Booking in -some people don’t know who or where to contact they call and can get passed around a system and get lost.”*
- *“Good communication prior to appointment to negate anxiety and stress.”*

Staff awareness training

All groups discussed staff awareness of sight impairments and disabilities and suggested more consistent training would help to improve their overall experience:

- *“More awareness around sight impaired, sets of questions staff ask to establish what support is needed e.g. don’t say go over there people who can’t see don’t know where.”*
- *“Staff awareness training around autism /ASD disability awareness.”*
- *“Ensuring that staff are children nurse practitioner that has children’s experience is key in particular around additional needs.”*
- *“More children’s accessible training.”*
- *“More nursing support / on notes visual impairments a different colour folders.”*
- *“More staff training around questioning what support is required.”*
- *“More staff training, more support staff available volunteers that take you to different departments to help /support you.”*
- *“Nursing staff training needed for treatment, this is not always consistent.”*

Groups suggested more staff should be recruited to support the new clinical areas of the new Eye Hospital:

- *“More staff to support new service areas.”*
- *“I think if there is more staff and specialist to support the added facilities i.e., paediatrics and the day unit.*
- *“Most importantly allowing students to come to the facility for training purposes (including facilities for teaching).”*

Reception staff

Discussions also focused in particular on reception staff and need for training on disability awareness, communication skills and ensuring staff are asking the right questions so that people get the right support during their visit:

- *“On arrival at reception staff need excellent communications skills.”*
- *“Staff who are trained in disability awareness.”*
- *“Improved training for receptionist staff to ensure they are asking the right questions and patients are getting the support they need.”*
- *“It will make the overall patient experience improved and ensure people feel better supported throughout their appointment.”*
- *“Access to receptionist – Clearly defined desk awareness of impairment and asking giving out cards to patients that need support or have an impairment or designated area, so staff know they need support, what your visual impairment is, large yellow card as an example.”*

Telephone triage/ online consultations

Discussions suggested that the Eye Hospital should continue using the telephone triage system and online consultations.

- *“Telephone triage to continue to avoid hospital where possible.”*

Planning for the opening

Groups commented that it would be helpful if orientation visits could offered to people to help familiarise themselves with the layout of the new building. Others, including young people, expressed concerns about the impact of change of location on some current patients and older people as well as people with specific needs:

Orientation visits

- *“Orientation visits to familiarise themselves with the building. For those with impairments or with any disability both children and adults.”*

- *“Will the layout be the same on each floor? If it’s the first time someone has come to the building those volunteers can give the orientation around the building so that the person has built a visual map in their mind so next time they go they know what department they need to go to and know how to access that department.”*
- *“Involving young people with sight/visual impairments to initial visits before completion to ensure things are correct first time to meet the needs of the next generation that will use the service.”*
- *“Older and younger people involved in outside and inside, furnishings, sitting chairs, signage, colours.”*
- *“I am mostly concerned about how people who used to visit the older care facilities will be able to access the new facility. How will people with disabilities and limited access to transport and knowledge of the local area be able to access the new eye hospital and how would the ability of people to access this new facility be handled?”*
- *“Many people may struggle to access the new location especially if they are used to and comfortable with the old facility. This transition may be difficult for some people who have been visiting the old facility for their entire life.”*

Listening to views of patients and service users

Participants highlighted the importance of listening to service users and patients so that the Trust and the architects get the building right first time and it meets the needs and requirements of people with disabilities and eye conditions.

- *“Listen to users about getting it right first time.”*
- *“Being involved more before changes are made.”*
- *“Getting it right first time the sight and hearing service would be keen to be involved in further plans.”*
- *“Groups of people with lived experience, such as Sunderland People First, should be used to make sure sensory issues have been taken into consideration during the planning stage.”*

Communicating in the lead up to opening

Communicating the change of location and information about the new Eye Hospital will be important. Groups commented on information being made available when the new building opens, and in advance of appointments, via websites and printed maps and videos to help improve health literacy.

- *“Clear directions on website and patients given a printout map with their appointment, to avoid any stress about getting to appointments on time.”*
- *“There could be videos developed that show people around the new Eye Hospital and maybe explain where it is and how best to get there. These should include people with a learning disability and / or autism. This would put people at ease before they visit.”*

On-site amenities at the new Eye Hospital

There were a number of comments about other amenities that would improve overall patient experience.

ECLO (Eye Clinic Liaison officer) provision

Sight loss groups highlighted the importance and value of the ECLO service and how the service should be situated at the front of the building to ensure people get immediate access to the right information and support.

<ul style="list-style-type: none"> • <i>“ECLO provision (in RVI this is a bit of an afterthought) should be at the forefront of the pathway.”</i> • <i>“Educate people on benefit of ECLO and community support workers who can give more information – ECLO is gateway to all of that.”</i> • <i>“There should be somewhere to give compliments, share concerns or get information and advice. A bit like PALs.”</i>
Pharmacy
<p>Groups including those with long-term health conditions suggested the pharmacy would be better located on-site and next to an exit in the new building.</p> <ul style="list-style-type: none"> • <i>“The chemist on the exit”</i> • <i>“Pharmacy onsite for ease of patients.”</i> <p>Sight loss groups suggested large print on medication dispensed by the pharmacy would help to improve accessibility.</p> <ul style="list-style-type: none"> • <i>“Instructions on medication readable in large print.”</i>
Optician
<ul style="list-style-type: none"> • <i>“Having an optician on site would also be a good idea.”</i>
Refreshments/Food
<ul style="list-style-type: none"> • <i>“An area to buy food.”</i> • <i>“A larger non congested tearoom in more than one area of the hospital e.g. at the entrance and on the ground floor.”</i> • <i>“Café and decent coffee machine, water dispenser”</i>

Communications and involvement

RNIB commented how impressed they were with the overall approach to communications and engagement. Positive comments also suggested that the message was getting out into the community. Sight loss groups have valued the engagement with different groups and information in accessible formats.

Communications and involvement
<ul style="list-style-type: none"> • <i>“Clear and concise information in a format that is easily understandable.”</i> • <i>“The provision of accessible information is important.”</i> • <i>“All information and invitations should be in easy read.”</i> • <i>“Wish more local people would get involved.”</i> • <i>“The (audio) CD was brilliant. When I listened to the CD I was just wishing I could see the design; I’m really impressed with it at the moment.”</i> • <i>“There could be an easy read survey to complete so that people can give them feedback.”</i>
<p>Feedback from sight loss groups suggested continued partnership working with charities to share information. Others highlighted concerns about digital literacy and access to IT and the intranet or may need support to access to technology.</p> <ul style="list-style-type: none"> • <i>“To work with charities and to make sure they promote on their site and possibly on their Facebook pages, that touches a certain category of people.”</i> • <i>“Some kind of booklet that you can send out in audio because not everyone is good with technology so everybody has access to the information and I think it would be very beneficial.”</i>

3. Feedback from online survey findings

This section of the report summarises feedback from an online survey which sought feedback from patients, the public, staff and stakeholders on plans for the new Eye Hospital. In total, 336 surveys were completed and postcode data shows respondents were not only from Sunderland and the immediate surrounding areas of South Tyneside and Durham, but from across the North East including Northumberland, Teesside and Cumbria.

The survey was available both online and in hard copy and consisted of 11 questions. Posters and cards promoted the survey using a QR code linking directing to the online version. A link to the plans (www.stsft.nhs.uk/neweyehospital) was highlighted in the introductory text of the survey to help ensure people could find out more about the new Eye Hospital before completing the survey.

Please note:

Percentages have been rounded up to one decimal place.

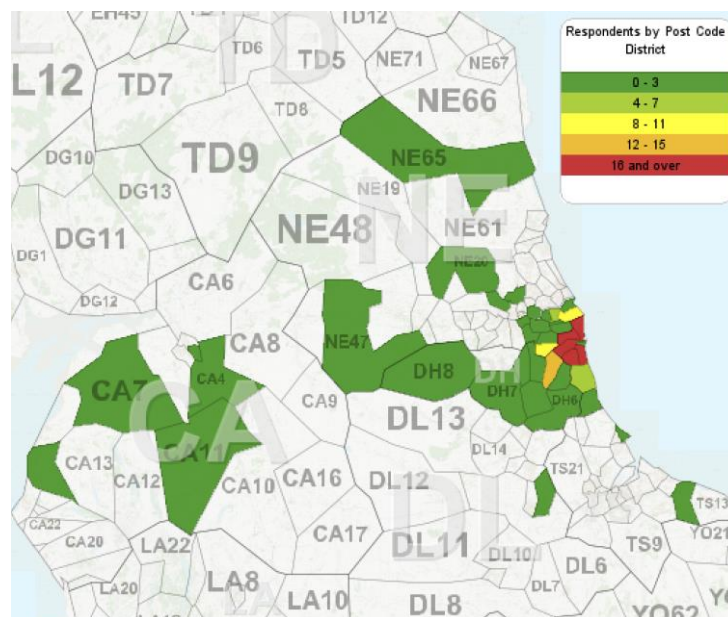
Respondents can represent more than one category.

* These figures in the qualitative questions represent the capacity in which respondents have completed the survey.

Q1. What is the first half of your postcode? (N=335)

In total, 335 respondents answered this question, providing the following information in the below table and map.

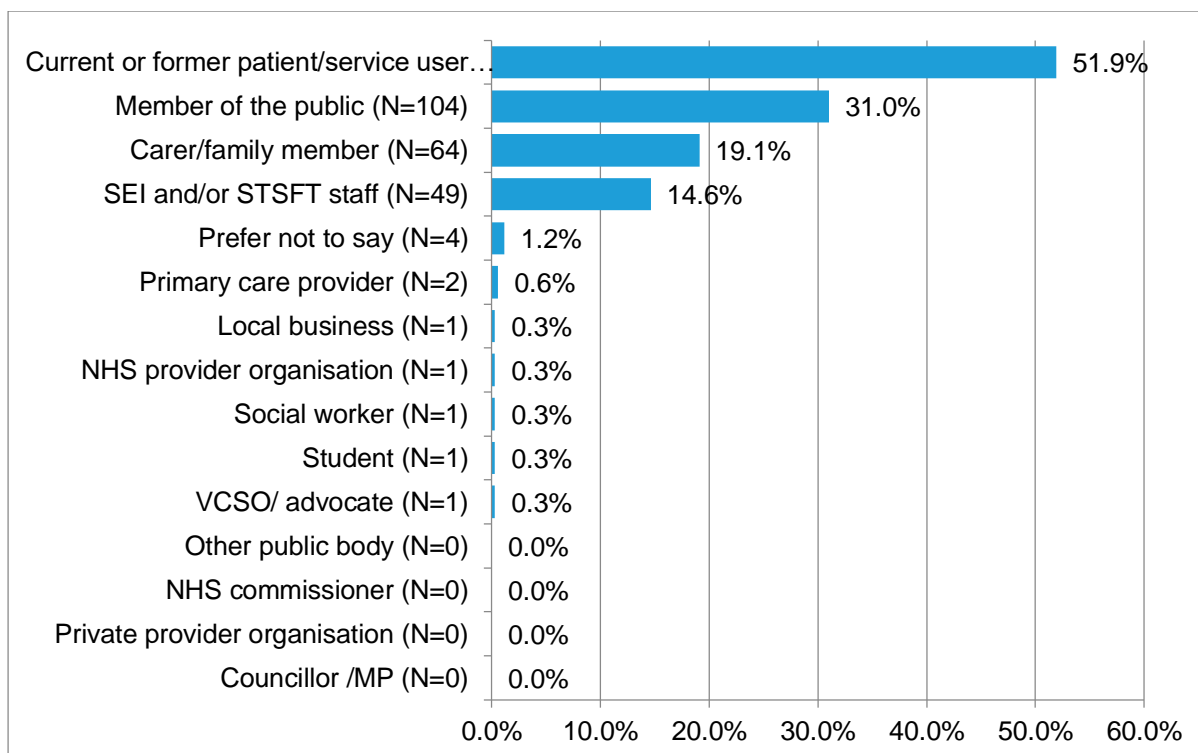
Postcode	Number of responses	Postcode	Number of responses
SR1	4	NE9	1
SR2	54	NE10	1
SR3	67	NE20	1
SR4	47	NE31	1
SR5	30	NE32	5
SR6	54	NE33	1
SR7	4	NE34	9
SR8	1	NE35	2
DH1	3	NE36	2
DH2	1	NE37	3
DH3	1	NE38	9
DH4	15	NE47	1
DH5	1	NE65	2
DH6	1	TS12	1
DH7	1	TS24	1
DH8	1	CA1	2
DL1	2	CA4	1
NE3	1	CA7	1
NE5	1	CA11	1
NE6	1	CA14	1
NE8	1		



Q2. Please tell us in what capacity you are responding to this engagement survey? (N=335)

In total, 335 respondents provided the capacity in which they were responding to the engagement survey providing the following information in the below table. **Please note:** respondents may represent more than one category.

Organisation	Respondents
Current or former patient/service user	174
Carer/family member	64
Member of the public	104
Councillor /MP	0
Charity/Voluntary organisation/ advocate (VCSO/ advocate)	1
STSFT staff member	49
Student	1
Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc).	2
Social worker	1
NHS provider organisation	1
Private provider organisation	0
NHS commissioner	0
Local business	1
Other public body	0
Prefer not to say	4



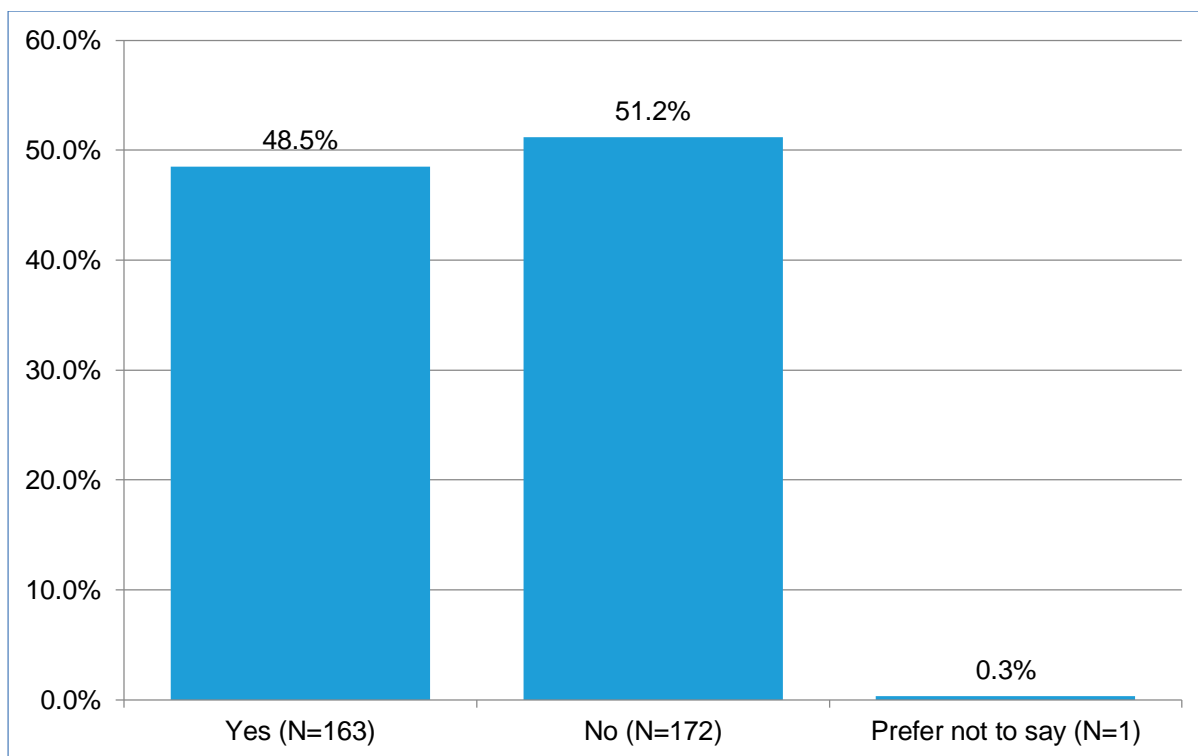
Q3. If you are responding on behalf of a group, organisation or team, please state the name of your group / organisation / team: (N=65)

Respondents were asked to state the name of the group/organisation or team if they were responding on behalf of a group. The majority of respondents who answered this question actually indicated that either that they weren't responding on behalf of a group or that they were a member of the public (50). Responses from the remaining 15 people are categorised below:

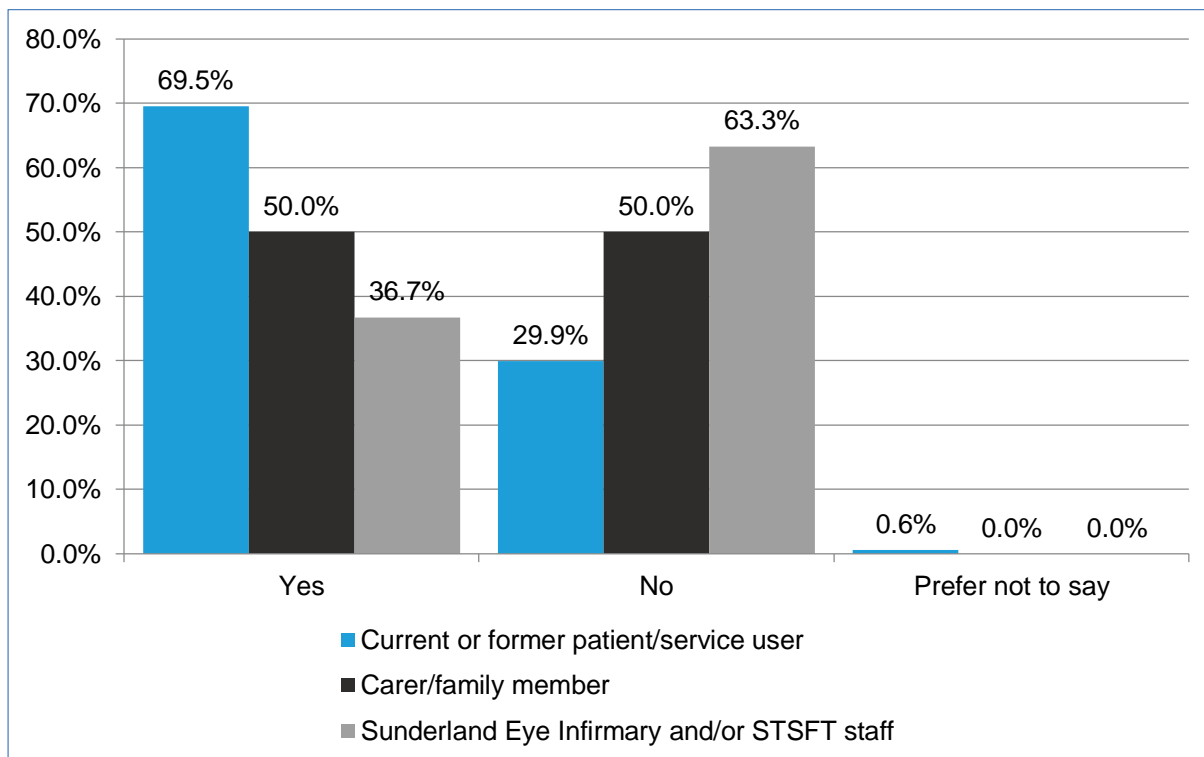
Organisation	Respondents
STSFT staff	6
Sunderland and County Durham Royal Society for the Blind	2
Moving and Handling	1
STSFT Community Speech and Language Therapy	1
Shiney Row Advice and Resource Project	1
Sunderland Eye Infirmary Main Theatre Department	1

Q4. Do you currently use eye (ophthalmology) services at Sunderland Eye Infirmary or have you used them in the past two years? (N=336)

Just short of half of the respondents indicated that they were either a current service user or had used the service within the past two years (48.5%).

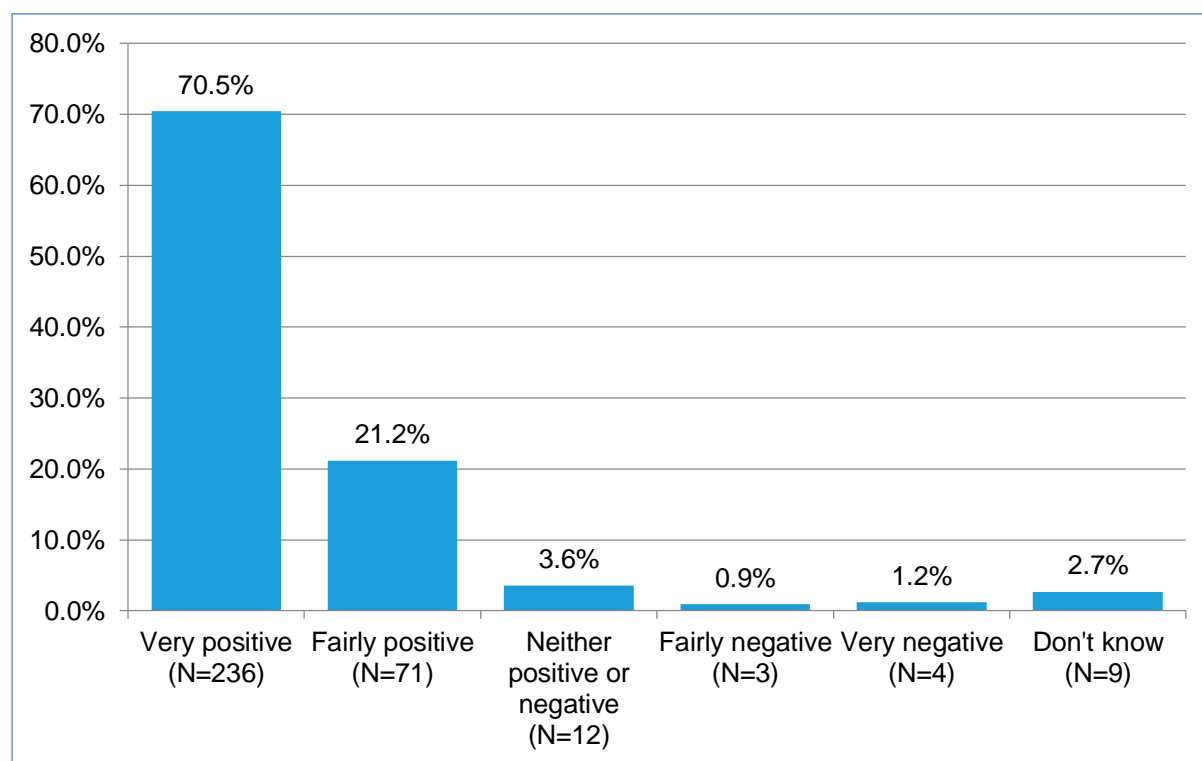


Of those who were currently using services, or who had used services in the past two years, the table below shows the capacity in which they were responding to the survey:

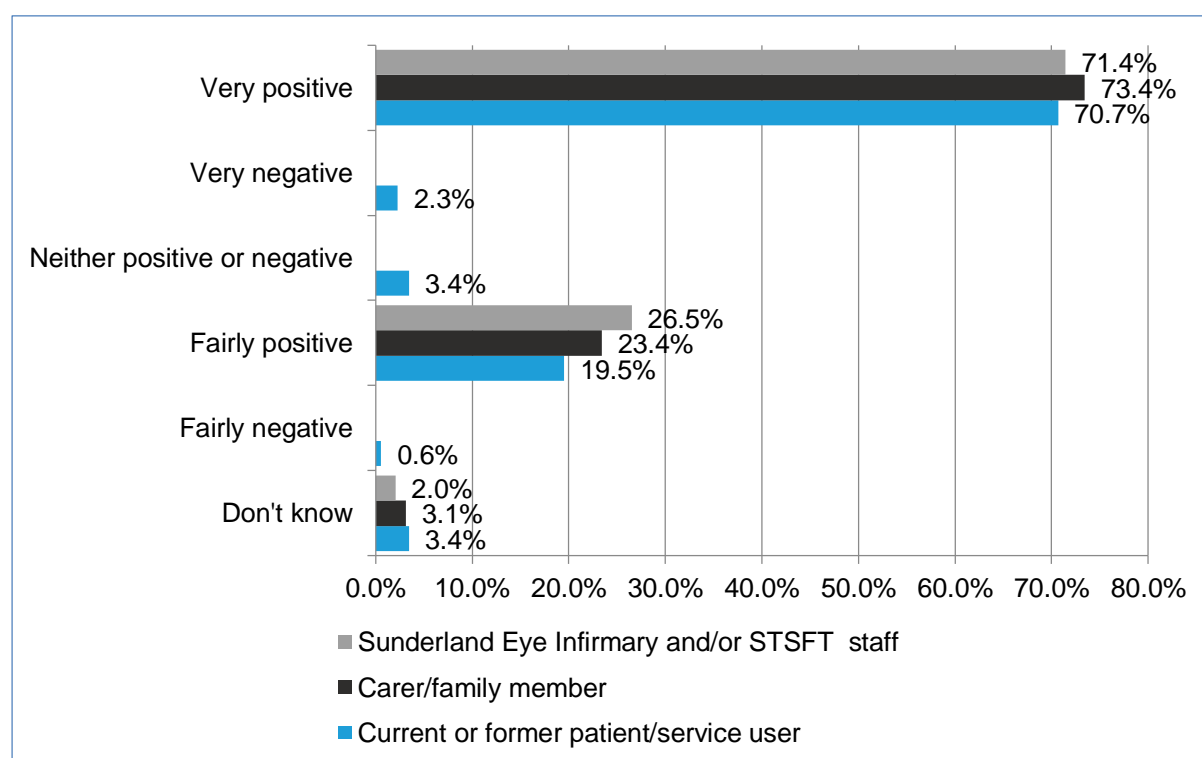


Q5. Overall, what do you think about our plans for a new Eye Hospital in Sunderland? (N=335)

Just short of three-quarters of respondents indicated that they thought the plans were very positive (70.5%) and 21.2% felt fairly positive about the plans.

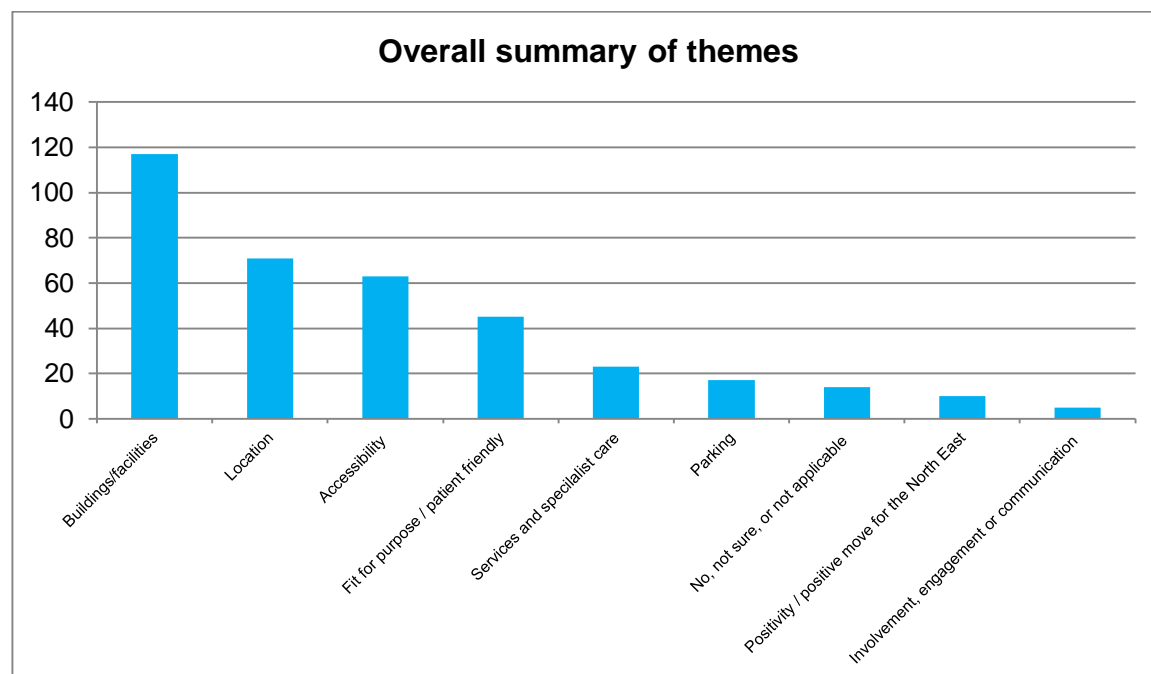


The table below shows the breakdown of sentiment by the capacity in which they were responding to the survey:



Q6. Is there anything you particularly welcome about our plans for the new Eye Hospital? (N=266)

Respondents were asked if there was anything particularly welcome about the plans for the new Eye Hospital. 266 respondents provided 366 comments. These comments were grouped into the following themes.



Building/facilities

In total, 117 comments discussed the building or facilities. There were 74 positive comments about welcoming a new or updated state-of-the-art building or site.

“Purpose built hospital - the old eye hospital building is inadequate.

“Lovely new facility.” [Carer/family member and STSFT staff member]

“A new, modern site.” [Current or former patient/service user]

Similarly, 26 comments addressed the facilities, suggesting that new or improved facilities would be welcomed for both staff and visitors alike. One comment from a member of STSFT staff suggested that a sink in every room would be welcomed.

“Modern facilities and central location.” [Current or former patient/service user]

The size of the building and or facilities was also discussed, with 16 comments suggesting that respondents would welcome more space or capacity.

“Space central building that is fit for purpose with room for growth.” [STSFT staff member]

One comment suggested STSFT should ensure that the old building is reused.

*"If you must have a new hospital don't pull the old one down.
Please re-use it for something else." [Current or former
patient/service user]*

Location

In total, 71 comments discussed the location with all but two comments welcoming the new City centre location. Overall, people welcomed the central location, felt that the area/location was better, or that it was local/close to home.

"Closer to town centre." [Current or former patient/service user]

"Location and modern facility." [Member of the public]

"Closer to where I live." [Carer/family member]

Only two comments indicated that respondents were either not happy with the suggested area, or that the hospital should be built on its current site.

*"Prefer it to be built on current site away from busy town centre."
[Current or former patient/service user]*

Accessibility

In total, 63 comments discussed accessibility.

*"I feel the location is a lot more accessible to those living in South
Shields and surrounding areas." [Member of the public]*

*"More accessible for people with disabilities." [Current or former
patient/service user, carer/family member and STSFT staff
member]*

Transport and the ease of access to the new Eye Hospital was discussed in 20 comments, with all but two comments suggesting that transport to the new hospital should be easier.

*"Nearer city centre, easier access to public transport." [Current or
former patient/service user and a Carer/family member]*

The other two comments indicated that the respondents hoped that public transport would be easier.

*"I'm hoping that transport from South Shields might be easier. I
love the present Eye Hospital but that is only downfall."
[Current or former patient/service user]*

Fit for purpose/patient friendly

In total, 45 comments discussed a fit-for-purpose or patient friendly hospital, with 19 comments indicating that the new Eye hospital is long overdue and needs to be updated with many suggesting that the current hospital is not fit for purpose.

“Last time I was in Eye Infirmary I commented on its age but has always been a building that fitted into its surroundings.” [Member of the public]

Linked to this, 16 comments welcomed the plans for the new Eye Hospital because it will be fit for purpose and meet the needs of patients whilst being patient friendly

“A BRIGHT NEW BUILDING DESIGNED TO MEET THE NEEDS OF PATIENTS TODAY.” [Member of the public]

The design and layout of the new Eye Hospital was addressed in six comments which indicated that the layout would improve movement around the hospital and between departments.

“An easier lay out as the current one can be a bit of a maze.” [Carer/family member]

A further respondent indicated that they welcomed plans because it would provide a staff room for breaks.

“Fit for purpose examination rooms, ease of movement between departments for patient tests. Having a staff room for breaks.” [STSFT staff member]

A further two comments indicated that respondents welcomed the plans for a new Eye Hospital because it would have a separate children's area and improved signage. Finally, one comment from a respondent who completed the survey in the capacity of a current or former patient/service user said that they shouldn't fix something that isn't currently broken.

Services and specialist care

In total, 23 comments talked about services and specialist care, with 13 comments indicating that respondents would welcome the state-of-the-art, cutting edge and modern treatment, services and equipment.

“I hope it will bring modern treatments to the fore.” [Carer/family member]

“As we are living longer it's even more essential to look after our eyes and have supportive diagnostics treatments with the advancement of medical technology.” [Member of the public]

Five comments welcomed the plans if the new Eye Hospital provides the same high level of care and services.

“That hopefully the current high level of service will expand.” [Current or former patient/service user]

Specialist care was addressed in four comments which addressed the need for a dedicated specialist eye hospital. One of the comments indicated the need to retain their centre of excellence.

“A dedicated eye hospital.” [Member of the public]

Finally, one comment provided by a member of the public indicated that they welcomed the plans for the new Eye Hospital because the A&E services will still be available.

Parking

In total, 17 comments addressed parking, with seven comments from respondents suggesting that they liked or hoped there would be plenty of parking.

"It being more central to the town centre and having more car parking spaces." **[Current or former patient/service user]**

Two respondents indicated that they welcomed disability friendly and disabled parking).

"More up to date environment, more easily accessible to users of public transport, hopefully adequate parking for disabled and non-disabled drivers." **[Patient/service user, Care/family member]**

Five comments respondents suggested that they welcomed an improvement to parking.

"Good parking facilities." **[Current or former patient/service user]**

Finally, three comments from respondents welcomed or would like low cost or free parking.

"Not much publicity in what you are doing but hope there is free parking." **[Member of the public]**

Positivity / positive move for the North East

In total, ten comments discussed the new Eye Hospital plans positively, with respondents indicating that the plans look good or amazing and would be a good move for the North East/City of Sunderland.

"I think the new plans look good." **[Current or former patient/service user]**

"Updated hospital will be great for the city." **[Current or former patient/service user]**

One comment from a member of the public suggested that they welcomed everything about the plans for the new Eye Hospital.

Involvement, engagement or communication

In total, five comments addressed engagement and or involvement. Two comments indicated that respondents welcomed the involvement of staff and those with sight problems in the plans of the new Eye Hospital.

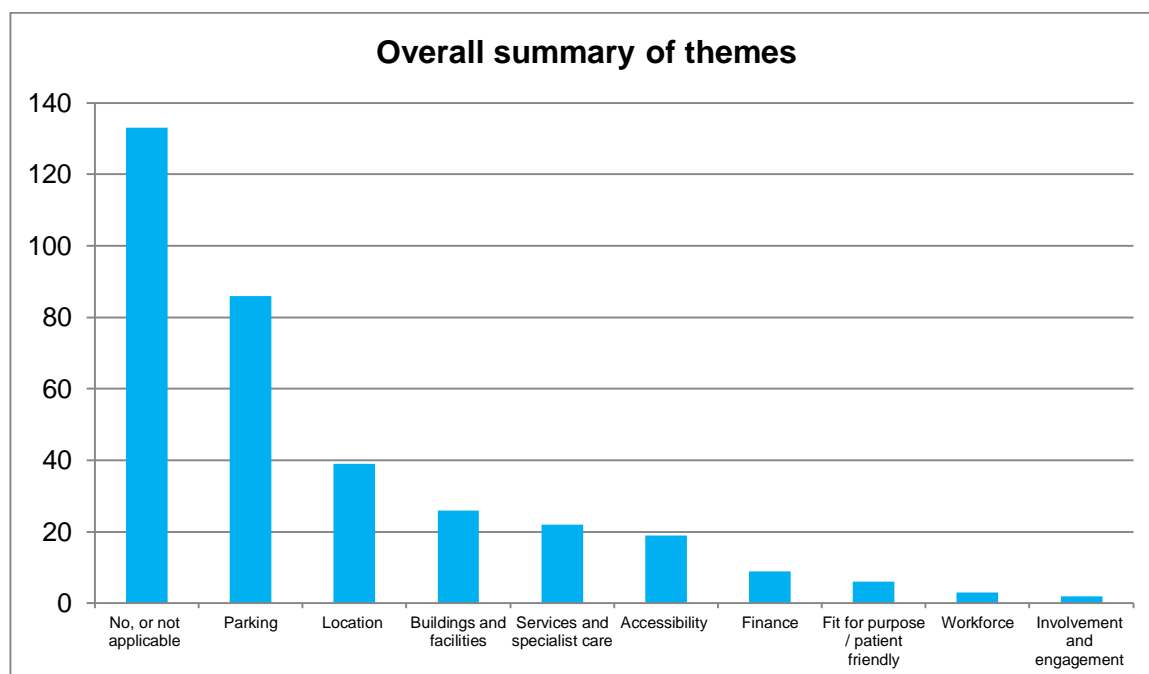
"Better access and improved signage. It's excellent that the staff and the RNIB have been involved in the planning." **[Current or former patient/service user]**

There were three comments from those who hadn't seen the plans or that the plans were not communicated with the wider public.

"Not seen them." **[Social worker]**

**Q7. Is there anything that concerns you about our plans for the new Eye Hospital?
(N=279)**

Respondents were asked if they had any concerns about the plans for the new Eye Hospital. 279 respondents provided 345 comments. 133 comments indicated that respondents had no concerns, or that the question was not applicable to them. The remaining 212 comments were grouped into the following themes.



Parking

In total, 86 comments discussing parking at the new Eye Hospital with 64 comments expressing concerns around the availability of parking at the new Eye Hospital. Eight respondents talked specifically about the city centre location.

“Adequate parking - especially as it’s so close to town centre.”

[Current or former patient/service user]

Additionally, six respondents indicated they had concerns around the expense of parking at the new Eye Hospital, with a further three comments suggesting that parking should be free.

“I am concerned about the parking for staff and visitors.”

[Sunderland Eye Infirmary and/or STSFT staff member]

Additionally, three comments also indicated concern over the parking being used by city centre shoppers at the new Eye Hospital.

“Parking. Due to location in city centre will the car park be for service users only? I.e. will there be a system to keep visitors to the city centre shopping etc out of the car park?” ***[Carer/family member and a Sunderland Eye Infirmary and/or STSFT staff member]***

Finally, two comments expressed concerns around the availability of disabled parking bays

"I hope there is enough disabled parking on site. Not just up Livingstone Road. My Dad has Parkinson's and can't walk a great distance." [Carer/family member]

Location

In total, 39 comments indicated concerns around the location of the new Eye Hospital. Of these 39 comments, 13 respondents did not provide any further information. 13 comments did, however, talk specifically about concerns over the city centre location.

"The proposed relocation to an area that already struggles to cope with traffic, notwithstanding the ongoing improvements. Along with other proposed land uses, there will be an inevitable increase in traffic to the site. There is also the issue of what the current site will be used for." [Current or former patient/service user and a carer/family member]

Additionally, eight comments indicated concern around the road access to the location of the new Eye Hospital or that the location was difficult to access.

"Location, will it really be accessible?" [Current or former patient/service user]

Five comments indicating concerns around the traffic in the area.

Buildings and facilities

In total, 26 comments indicated concerns around the buildings and facilities at the new Eye Hospital. Of these, nine comments indicated that a better environment or facilities would make them feel more comfortable, such as not allowing smokers outside, having sufficient toilets, free Wi-Fi, more privacy, or a bike shed.

"Non-smoking [sic] environment including outside the hospital building." [STSFT staff member]

Four comments questioned what would happen to the old building.

"What will happen to the old building?" [Current or former patient/service user and STSFT staff member]

Additionally, three comments indicated concern around the potential loss of an iconic or architecturally interesting building, with a further comment that the old building had a "cosy feel".

"More concerned about the potential loss of an architecturally interesting building (the old eye hospital)." [Current or former patient/service user]

Furthermore, two comments indicated concern around the design of the new Eye Hospital being 'too' modern, or that it needs to be designed well.

"Too modern and stark may lose that homely friendly feel." [Member of the public]

Similarly, four comments indicated concerns around the size of the new building, with two comments suggesting it is not big enough, another suggesting that

moving and handling should be considered in the design, and a further comment questioning whether there will be enough space for admin.

“Ensure future proof facilities e.g. bariatric and ability that moving and handling is considered in design - ability to have a stretcher in car park lifts in case of emergency).” [Sunderland Eye infirmary and/or STSFT staff member]

Two comments questioned the need for a new hospital, with one comment suggesting it could be located on the existing site.

“Is there really a need for a whole new hospital? Could it be located in existing building or at the royal hospital itself.” [Current or former patient/service user and member of the public]

Finally, one comment from a STSFT staff member indicated that Sunderland Eye Infirmary is very busy and is still not at capacity after the COVID pandemic.

“SEI is now very busy and still not at capacity post Covid and the car park and surrounding roads are busy.” [Sunderland Eye infirmary and/or STSFT staff member]

Services and specialist care

In total, 22 comments addressed services, with seven comments suggesting that they hope the friendly or personal atmosphere of the new hospital will not change.

“Losing the special atmosphere, the teamwork and time we have with the patients which I feel is a massive part of our reputation as a caring hospital.” [STSFT staff member]

Similarly, five comments indicated concern around losing the reputation of Sunderland Eye Infirmary, with suggestions that changing the name could do this.

“I would hate it if the Sunderland Eye Infirmary name was changed. We have a solid reputation as a centre of excellence and everyone regionally recognises our name.” [STSFT staff member]

Four comments indicated that having shorter waiting times at the new Eye Hospital would make them feel more comfortable,

“Lower wait times in the Eye A&E.” [Member of the public]

Furthermore, two comments suggested that the change shouldn't have an impact on the level of care. Also, two comments indicated that they had concerns over the availability or reduction in beds.

“Will it be big enough? I have been told the number of overnight beds will be cut back, this doesn't seem to make sense with an expanding population. The hospital will be built with expansion in mind, but surely the hospital needs to be built big enough to absorb future needs, at least for 30 years or so.” [Unknown respondent]

Another comment suggested that certain areas of treatment would only be carried out privately.

"Only that certain areas of treatment will only be done Private."

[Current or former patient/service user]

Finally, one comment indicated that there should be an 18-hour A&E department.

"There needs to be free access car parking and an 18 hour A and E dept." ***[Current or former patient/service user and a member of the public]***

Accessibility

In total, 19 comments addressed accessibility, with 10 comments received which expressed concerns over access of the new Eye Hospital by public transport, suggesting there needs to be a bus service running past.

"Possible lack of public transport to where it will be located, perhaps shuttle buses from Park Lane or another central point would be a good idea for those who don't drive." ***[Current or former patient/service user]***

Additionally, four comments indicated concerns around access both to, and around the new Eye Hospital for those with disabilities and other accessibility needs.

"Hoping it will cater for the accessibility needs of its users." ***[Current or former patient/service user and carer/family member]***

Furthermore, five comments indicated concerns around the distance or travel to the new Eye Hospital, with one specifically indicating it is too far for elderly and vulnerable people.

"It is in Sunderland again to far for elderly and vulnerable people." ***[Carer/family member and member of the public]***

Finance

In total, eight comments discussed finance, with six comments addressing concerns over the cost of the new Eye Hospital.

"I can't see how you can build and equip it for just £36M." ***[Member of the public]***

Additionally, one comment suggested that it surely would cost less to modernise and update the old building.

"The beautiful building on Queen Alexandra Road would surely cost less tax payers' money to update and modernise. It's an iconic building which should be saved" ***[Member of the public]***

Finally, one comment indicated that the new Eye Hospital was a waste of money, and the money should instead be used to give staff a pay rise.

"Yeah money wasted on a new hospital that could be spent on giving staff a pay rise particularly given the pandemic." ***[Current or former patient/service user]***

"Yes, hopefully the Sunderland Labour councillors are not involved in any personal financial gains as they did when agreeing to the

new civic buildings. It is a disgrace that they were allowed to get away with that.” [Member of the public]

Fit for purpose/patient friendly

In total, six comments addressed the need for fit for purpose or a patient friendly hospital, with two comments about the need for greater signposting.

“That there is clear signage in bigger letters as patients who attend have problems with eyesight!” [Current or former patient/service user]

Additionally, one comment indicated that there is a lack of refreshment facilities, including coffee shops and food outlets available for patients.

“Limited parking, no coffee shop or food outlets for patients.” [STSFT staff member]

One comment indicated there is a lack of outdoor play space for children, or a sensory garden, which are well established in other care facilities. A further comment indicated that they would like to see a dedicated area for those with learning disabilities and autism, regardless of age.

“AS THE CHILDRENS AREA IS ON AN UPPER LEVEL NO OUTDOOR PLAY SPACE FOR CHILDREN? MOST SUPRISED THAT NO SENSORY GARDEN FOR ALL PATIENTS AND THEIR CARERS??? GARDENS ARE RESTORATIVE, CALMING AND FRESH AIR VITAL TO A HEALTHY LIFE STYLE THIS SHOULD HAVE BEEN CONSIDERED. SENSORY GARDENS ARE WELL ESTABLISHED IN OTHER HEALTH CARE FACILITIES.” [Member of the public]

Finally, one comment suggested that there was no mention of the design with regards to the patient toilets.

“No mention of design of patient toilets.” [Current or former patient/service user]

Workforce

In total, three comments addressed the workforce and talked about the staffing levels at the new Eye Hospital and concern around staff safety due to the distance staff would have to walk from the car park.

“The job/staffing situation.” [Current or former patient/service user and STSFT staff member]

“Parking must be also addressed as the space doesn’t look big enough. I have heard that staff will have to walk a short distance. Is their safety being considered?” [Member of the public]

Involvement and engagement

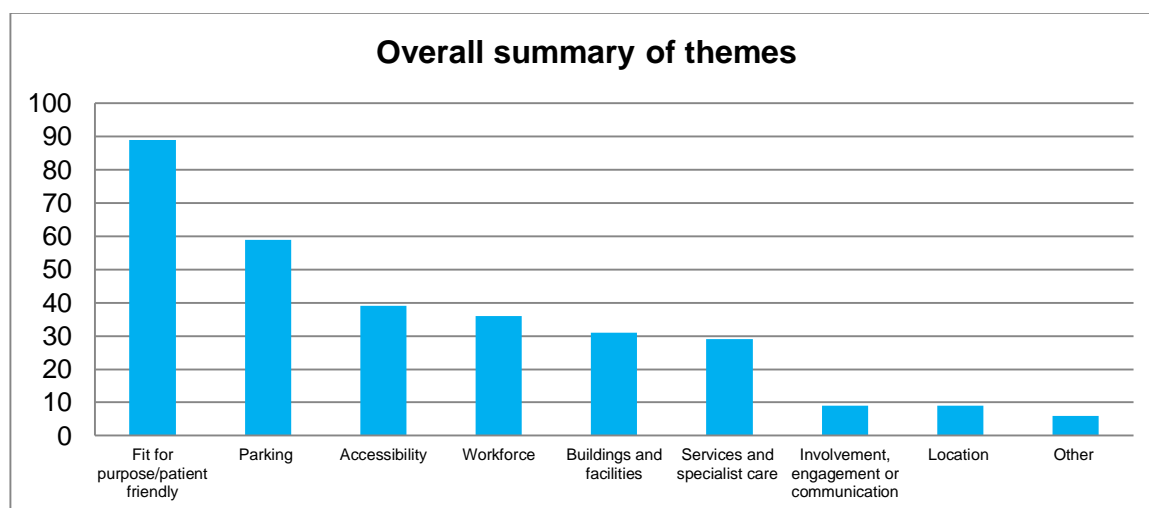
Two comments indicated that respondents had not seen the plans or received any information about them.

“Haven’t seen the plans not freely advertised that I could see.” [Member of the public]

Q8. What would make you feel more comfortable as a patient and/or visitor to the new Eye Hospital? (N=252)

Respondents were asked what would make them feel more comfortable as a patient and/or visitor to the new Eye Hospital. In total 252 responses were received with 337 comments. 30 respondents either indicated that nothing would make them feel more comfortable, that they didn't know what would make them feel more comfortable or that this question was not applicable.

The remaining 307 comments were grouped into the following themes.



Fit for purpose/patient friendly

In total, 89 comments addressed a fit-for-purpose or patient friendly hospital, with 36 comments indicating that clearer or better signposting would make them feel more comfortable at the new Eye Hospital. This includes making the signage larger and easier to read, using different colours for each area and providing a help guide for patients.

“Clear walkways & good signposting with coloured lines on floor to help navigate to departments.” [Current or former patient/service user]

Additionally, 16 comments suggested that larger, spacious, or more comfortable waiting areas, or separate waiting areas for adults and children would make them feel more comfortable.

“Larger waiting room than current eye infirmary.” [Member of the public]

Related to this, eight comments indicated that a better layout or having the building easier to navigate would make them feel more comfortable.

“Easier to navigate around the hospital.” [Current or former patient/service user]

Additionally, 10 comments indicated that having refreshments such as tea or coffee available, or a reasonably priced café would make them feel more comfortable. Six comments indicated that a comfortable, calm, or welcoming area would make them feel more comfortable. Further comments indicated that

respondents would like comfortable and adequate seating, or an outdoor area, with a further respondent suggesting that there should be a quiet room in the children's area.

"Spacious waiting room. Good seating. Courteous staff." **[STSFT staff member]**

Moreover, four comments indicated that good lighting or brighter rooms would make them feel more comfortable in the new Eye Hospital.

"More modern facilities, bright interiors with plenty natural light. Easy to access information for example finding your way around etc." **[Current or former patient/service user, carer/family member, and member of the public]**

Finally, two comments indicated that being able to have visitors would make them feel more comfortable.

"Being able to have someone with me for support." **[Current or former patient/service user]**

Parking

In total, 59 comments discussed parking, with 57 comments indicating that improved parking at the new Eye Hospital would make them more comfortable, with 19 of those indicating the need for an adequate number of spaces, a further four specifying disabled bays, and 21 comments indicating the cost should be lower or free.

"Easy to get to, ample parking that doesn't cost a fortune." **[Member of the public]**

Additionally, two comments received suggested having drop off points.

"Drop off points of no available disabled parking..." **[Member of the public]**

Accessibility

In total 39 comments addressed accessibility, with 16 comments indicating that having good access at the new Eye Hospital such as accessible toilets, lifts, wheelchairs, dropped curbs, colour coding areas, resting points, larger clocks and support for the deaf would make them feel more comfortable

"Automatic doors with audible information. Clear information points with sound buttons for hard of hearing. Each floor level a different colour code (see Queen Elizabeth hospital Gateshead). Coordinating floor level colour bands (mapping) on floor to direct patients. For those who struggle to focus above head level (disabled, stroke, elderly for example). Sitting dotted around. Accessible toilets in entrance, each level. Anti-blue light lighting/anti-glare. Lights not to just switch off in toilets as if suddenly dark can be scary." **[Current or former patient/service user and carer/family member]**

Additionally, 13 comments indicated that the new Eye Hospital needs to be easy to access or easy to get to. Finally, 10 comments suggested that the new Eye Hospital should have convenient and easy to use public transport links.

“Access. I think the trust need to consider facilitating some better transport links for the people of south Tyneside. Many patients who do not drive would benefit from a shuttle bus service to get to and from hospital sites.” [Member of the public]

Workforce

In total, 36 comments addressed workforce, with 27 comments indicating that having friendly, professional, welcoming, or courteous staff would make them feel comfortable.

“The same welcoming staff who are really friendly and all the staff are able to put children at ease.” [Carer/family member]

Additionally, five comments suggested having staff or volunteers available to meet and greet patients, assist in the navigation around the hospital, or to just provide information would make them feel more comfortable. A further comment suggested having a personal care nurse during their stay, particularly for children.

*“Helpers to assist navigating around such a vast building.”
[Member of the public]*

Linked to this, one STSFT staff member indicated that they need to have adequate staffing to provide quality of care for the patients.

*“Adequate staffing to continue to give quality care for patients.”
[STSFT staff member]*

Finally, one comment indicated that staff should have mandatory training around learning disabilities and autism, and that patients should have access to a learning disabilities nurse. An additional indicated that they should make it easy for patients to contact staff if they have concerns or fears.

“Make it easy to contact staff if patients have any concerns or fears.” [Current or former patient/service user]

Buildings and facilities

In total, 31 comments addressed the building and facilities, with 29 comments indicating that having a modern building that is spacious and welcoming, or having modern facilities would make them feel comfortable. A further comment from a current or former patient/service user suggested more modern facilities in A&E.

“Just the new surroundings and updated equipment.” [Current or former patient/service user]

Additionally, one comment from a current or former patient/service user indicated that the ventilation at the old hospital was poor and caused issues with their asthma.

“Obviously old building I was in last week and their [sic] was no air and could hardly breathe with my asthma.” [Current or former patient/service user]

Services and specialist care

In total, 29 comments talked about the specialist care and services at the new Eye Hospital, with 12 comments indicating that receiving high quality or excellent care would make them feel comfortable.

“The staff, the service, the quality of the care to remain first class no short cuts no ticky boxes no using resources meant for clinical front line for other things.” **[Current or former patient/service user]**

An additional seven comments indicated that if the new Eye Hospital has the same atmosphere, feeling or treatment as the old hospital they would feel comfortable.

“That it keeps the same feeling/atmosphere as the old hospital.” **[STSFT staff member]**

Five comments indicated the need for an improved appointment or check in experience, with two comments suggesting a self-check in option could be made available, a further comment suggesting check in at reception should be quicker, and another comment suggesting appointments should be structured to avoid crowding.

“Welcoming reception staff with the option of self-check in. Clear signage. More upmarket, well thought out interior design.” **[STSFT staff member]**

Whilst a further four comments discussed access to emergency care, suggesting that they would still like to be able to have access to quick, 24/7 emergency appointments or A&E.

“24/7 emergency care.” **[Current or former patient/service user]**

Finally, one comment from a social worker suggested that community-based services should be involved from the start of the patient's journey.

“Community based services involvement from start of journey.” **[Social worker]**

Involvement, engagement or communication

In total, nine comments addressed involvement, engagement or communication, with seven comments indicating that they would like a good reception area or information desk

“An information desk.” **[Member of the public]**

Additionally, one respondent indicated that there needs to be publicity around the new Eye Hospital, so patients know where to go.

“Huge publicity so we know where exactly to go.” **[Current or former patient/service user]**

Finally, one comment indicated that having the treatment explained would make them feel more comfortable.

“Explaining treatment.” **[Carer/family member and member of the public]**

Location

In total, nine comments addressed location, with seven respondents indicating that they would feel more comfortable if the new Eye Hospital was located out of the city centre, or in a location more central to the region.

“For it to be located more centrally to the region it supports.”
[Member of the public]

Two further comments indicated that the new Eye Hospital should be located somewhere that has easier public access

Other

In total, six comments in response to this question could not be themed and were categorised as other. Please see the below table.

Comments
<i>“It would definitely make me feel more comfortable.”</i>
<i>“If my lazy eye could finally be completely straight after 69 years.”</i>
<i>“Old one was fine”</i>
<i>“Yes”</i>
<i>“Yes”</i>
<i>“The individuality”</i>

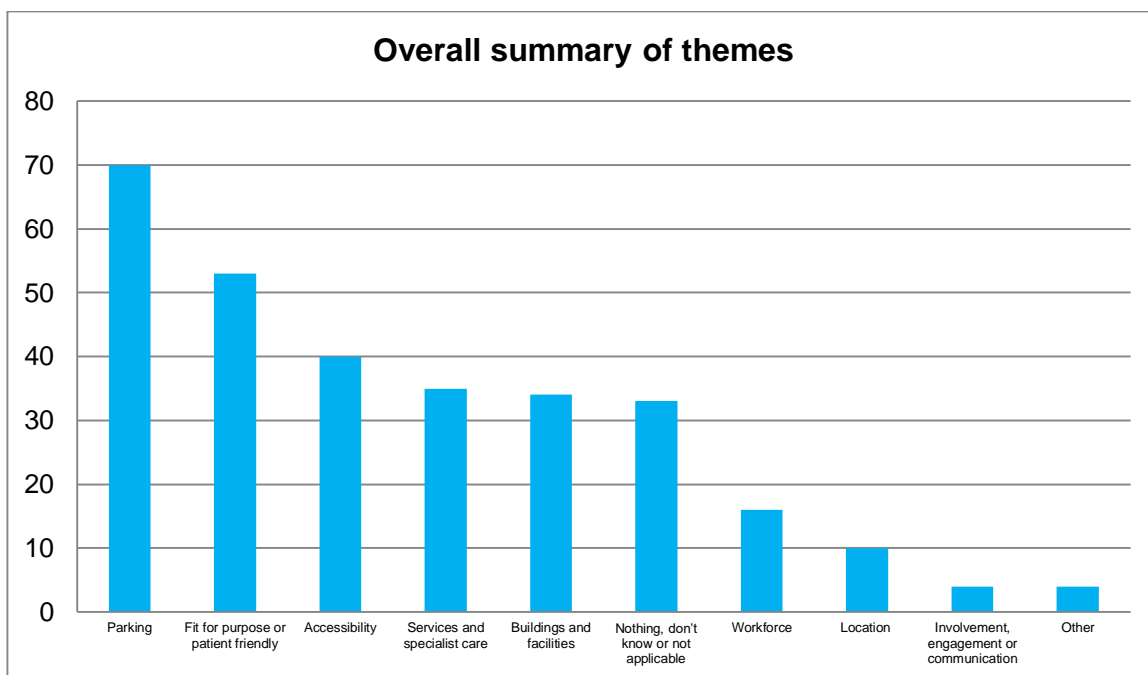
Q9. What would improve your overall experience of using the new Eye Hospital? (N=238)

Respondents were asked what would improve their overall experience of using the new Eye Hospital. 106 respondents provided 300 comments. 33 comments indicated that nothing would improve respondents' experiences of using the new Eye hospital, that they didn't know what would improve their experience of using the new Eye Hospital or that the question was not applicable:

“I won't know this until it opens.” ***[Carer/family member]***

“Nothing, care had always been excellent.” ***[Current or former patient/service user]***

The remaining 267 comments were grouped into the following themes.



Parking

70 comments were received about parking, with 52 of these comments suggesting that adequate, convenient parking including wide bays and disabled spaces would improve their overall experience.

“A decent sized car park.” [Current or former patient/service user]

An additional comment from a STSFT staff member suggested that their experience would be improved if every car park space had an electric charging point. Free, or affordable parking including overnight stays was also addressed in 17 comments

Fit for purpose or patient friendly

In total, 53 comments indicated that a new Eye Hospital that is fit for purpose or patient friendly would improve the overall experience, with 20 comments indicating that the environment of the hospital would improve their overall experience with good lighting, lifts, changing places, accessible toilets, a relaxed atmosphere, privacy, and a good layout all adding to an improved experience.

“Good atmosphere, friendly and knowledgeable staff. Good signage so easy to navigate to where I need to be.” [Member of the public]

Clear signage and the ease of navigation around the hospital was addressed in 22 comments.

“Easy to navigate environment with good parking and access.” [Carer/family member]

Linked to this, four comments suggested that providing escorts, porters, meet and greeters, or transport between the departments would improve overall experience.

“For people with mobility issues, who aren't wheelchair users, it would be good to have some kind of service providing transport to departments which are quite a long way to walk.” [Current or former patient/service user and a carer/family member]

Similarly, comments suggested that anything that can support a person with additional needs to access the services would improve their overall experience. Three comments suggested that their overall experience of the new Eye Hospital would improve if there was outdoor space or gardens.

“The design of the hospital, easy to move around with some space but not too much wasted space. A cafe with outdoor area for those who have to wait some time.” [Unknown respondent]

A further two comments addressed the children's area, suggesting that it should be separate from the adult's area and that it should be brighter and larger.

“A larger and brighter children's area.” [Carer/family member]

Accessibility

40 comments addressed accessibility, with comments indicating that ensuring people had easy access, including the travel to the new Eye Hospital would improve their overall experience.

“It's easier to get to.” [Current or former patient/service user]

Nine comments indicated that experiences would be improved if there were good public transport links, park and ride schemes or shuttle buses.

“Easy access from South Shields. At present 2 buses are required.” [Current or former patient/service user]

Finally, one comment suggested that nearby accommodation for out of area patients and carers would improve the experience of using the new Eye Hospital.

Services and specialist care

In total, 35 comments talked about services. 20 comments suggested that overall experience of the new Eye Hospital would improve if the waiting times were slicker or if the appointments were on time.

“Short waiting times.” [Current or former patient/service user]

Five comments suggested that overall experience would improve if they either received good service or care, or if the service or care they received maintained the same high standard.

“Being as good as it is now.” [Current or former patient/service user]

Four comments suggested the use of technology such as Wi-Fi and self-check ins would improve their overall experience.

“More space and use of good use of technology to help me have a smooth appointment experience.” [Member of the public]

Similarly, two comments suggested that overall experience would be improved if the new Eye Hospital wasn't as busy or crowded. Additional comments indicated

that overall experience would be improved if people were able to get an appointment when they needed it, or if all necessary tests and appointments were on the same day.

Buildings and facilities

34 comments talked about the building or facility, with 14 comments indicating that a new or modern, innovative, and spacious state of the art Eye hospital would improve experience.

“More modern and innovative building.” [STSFT staff member]

Similarly, five comments indicated that good or modern facilities would improve their overall experience.

“Services and staff were always of very high standard at old eye hospital so can only benefit from more modern updated facilities and equipment.” [Current or former patient/service user]

11 comments suggested that improvement to waiting areas, provision of cafes/shops, as well as comfortable and disabled seating, would improve experience. Additional comments suggested upkeep and cleanliness of building/s would improve their overall experience

“Not being understaffed, equal care for all patients and visitors, upkeep of the buildings.” [STSFT staff member]

There was also one comment that the existing site should be used as the site has plenty of land to build on alongside the old site.

Workforce

16 comments addressed workforce, with 12 comments suggesting that either efficient, friendly, approachable, or knowledgeable staff would improve their overall experience.

“Knowledgeable caring efficient staff.” [Carer/family member]

Other comments about the workforce indicated that either more staff or a well-staffed hospital would improve overall experience.

“Make sure it’s well staffed to cope with the backlog and make sure there was plenty of free parking.” [Current or former patient/service user]

Suggestions included the continuation of the Ophthalmic training for nursing staff who take up posts in the future.

Location

Location was addressed in 10 comments, with five comments suggesting that experience would be improved due to the location being more central.

“Easy access, central location.” [Current or former patient/service user]

In contrast, two comments suggested that the location of the new Eye Hospital should either be on the outskirts of the city or in a more rural location.

“For it to be situated on the outskirts of the city so it is easy to get to without having to battle traffic, one way systems etc.”
[Unknown respondent]

Other comments suggested overall experience would improve with less travel.

Involvement, engagement or communication

Four comments suggested that communication in the form of updates on appointments should be improved or that a map of the new hospital should be shared with patients to improve their overall experience.

“The eye infirmary already provide a great excellence of care. Map of the hospital sent out with appointment letter so patients can see where they need to be when arriving to hospital. Will help them familiarise their way around the hospital and where to go when they get there.” **[Current or former patient/service user]**

A further comment indicated that their overall experience would improve if they understood the new arrangements. Finally, one comment suggested that overall experience of the new Eye Hospital would improve if the good service provided by the hospital was promoted throughout the North East.

“Promoting the hospital all over Northeast how good the service is.” **[STSFT staff member]**

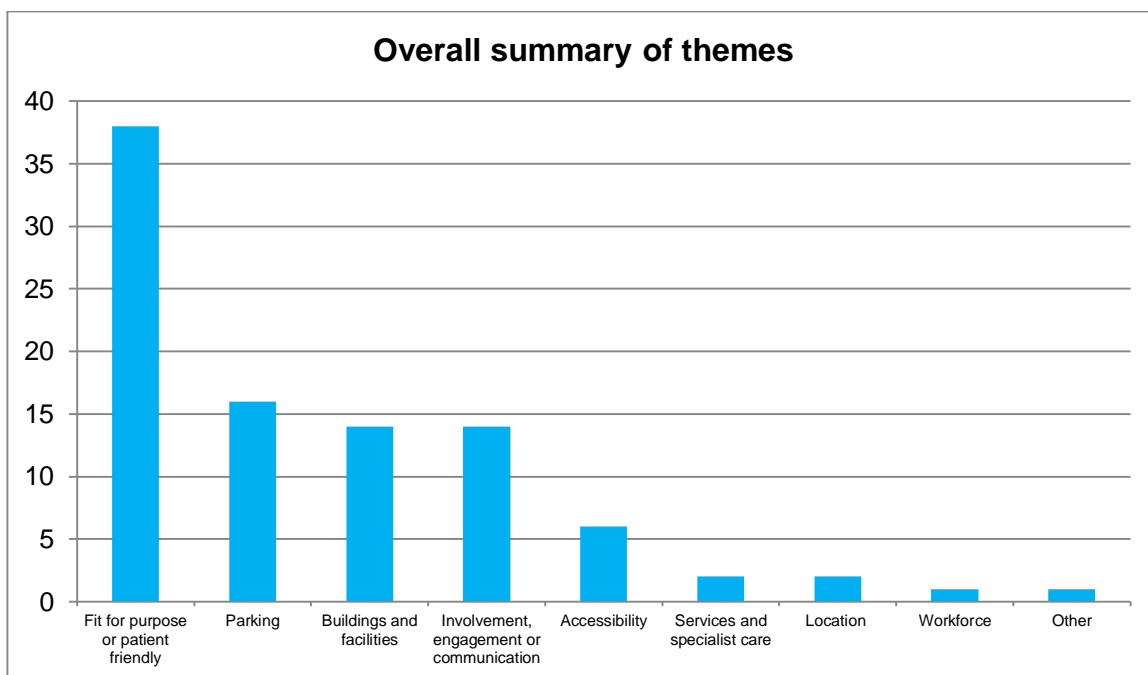
Other

In total, four comments could not be themes and were categorised as other. Please see the commented in the below table.

Comments
<i>“If my lazy eye could finally be completely straight after 69 years.”</i>
<i>“Ask me when it's built and I have used it.”</i>
<i>“Thankfully not needed.”</i>
<i>“Keep it under its own management.”</i>

Q10. Any ideas about the new Eye Hospital design that we might have missed? (N=196)

Respondents were asked if they had any ideas about the new Eye Hospital design that we might have missed. 196 respondents provided 210 comments. The majority of respondents (116) indicated that nothing had been missed, they couldn't think of anything, or that they were not sure. The remaining 94 comments were grouped into the following themes.



Fit for purpose or patient friendly

38 comments addressed the need for a fit for purpose, patient friendly hospital. Various suggestions were put forward on aspects of the design and atmosphere, including making use of bold colours and floor markings to accommodate visual impairments and bright, airy and spacious interiors with natural light and music.

“COLOURS SHOULD BE BOLD TO ACCOMODATE POOR EYESIGHT, NOT MUTED.” [STSFT staff member]

“Clearly signage and not like the old place.” [Carer/family member]

“I like the music in the back ground at DTC, not sure if it’s part of the new plans but it’s quite calming and pleasant to work in.” [STSFT staff member]

“...child consultation areas and treatment facilities not incorporated within adult areas...” [Member of the public]

A number of comments discussed amenities with suggestions to include a café which is independent and not operated by a large company, accessible toilets for visitors, changing places, information hubs, air conditioning and a sensory room for visually impaired patients.

“Again making sure adequate facilities in each area for example a toilet so that those with mobility issues don’t have to walk a huge distance in each area.” [Current or former patient/service user and carer/family member]

“Outdoor green spaces around hospital for staff and patients.” [STSFT staff member]

Parking

16 comments talked about parking at the new Eye Hospital, suggesting that there should be sufficient parking or that the parking should be free.

“Large car park is a must.” [Current or former patient/service user]

Buildings and facilities

14 comments were in relation to buildings and facilities, with six comments indicating that they were not happy with the design of the new building, suggesting that the building should be architecturally significant, and that it should not be futuristic or “personless”, or that it should not have a mezzanine level due to the waste of heat and space.

*“Would be nice to see something architecturally significant.”
[Current or former patient/service user]*

A further comment suggested that the new building should be energy efficient, make use of solar, heat pumps, and batteries.

“Yes making the building completely energy efficient. I think it's essential that there should be solar panels on all roofs. Also, the building should have ground source and air source heat pumps. The building should also be highly insulated. Finally batteries should be installed to absorb cheaper electricity on a night time to save money when energy is needed at peak times.” [STSFT staff member]

Three comments suggested that design should make use of Sunderland's history and heritage.

“Dedicate sections to mark Sunderland's heritage.” [Member of the public]

Other comments suggested that an admin area for files may have been missed, with a further comment suggesting that there should be an area for revisits of eye care. There was also a suggestion to allow some patients to trial the hospital prior to opening to find any faults in the design.

“...Could you get some patients in to trial the hospital prior to opening so they could flag any snag lists.” [STSFT staff member]

Finally, one comment suggested that moving and handling considerations may have been missed when it comes to the size of lifts.

“Moving and handling considerations bariatric care and emergency situations. E.g. size of lifts for transfers.” [STSFT staff member]

Involvement, engagement or communication

14 comments indicated that respondents had not seen the plans or designs for the new Eye Hospital.

“Haven't seen plans this is the first I've heard about it. Wanted it closed for years prime building land.” [Current or former patient/service user]

Accessibility

Six comments were about accessibility, including the importance of insuring there is access to the new Eye Hospital via public transport, or that a shuttle bus should be made available.

“Transport. Could provision be made for shuttle buses from e.g. [sic] Transport hubs?” [Current or former patient/service user]

Additionally, comments were made about the safety concerns around the access of the new Eye Hospital, suggesting that the levels of traffic are high, and patients have to cross a busy road.

“PUBLIC ACCESS, EYE HOSPITAL YOU HAVE TO CROSS ONE OF THE BUSIEST ROAD JUNCTION IN SUNDERLAND FOR PEOPLE WITH SIGHT PROBLEMS.” [Current or former patient/service user]

Services and specialist care

Two comments talked about the specialist services at the new Eye Hospital, with one comment indicating that they would like less telephone appointments.

“Less telephone appointments.” [Current or former patient/service user]

Additionally, one comment from a respondent who didn't provide information on how they were completing the survey, suggested that they'd heard the number of beds would be reduced, alongside an increasing population.

“But I have heard the new hospital has a reduced number of beds. The population is expanding, houses being built everywhere. The biggest mistake would be not to take this into account.” [Unknown]

Location

Two comments suggested that the location of the new Eye Hospital is an issue, suggesting that the location is very busy.

“To me it will be in a very busy location. Compared to the more sedate area it's located at the moment that maybe they only possible concern.” [Current or former patient/service user]

Workforce

One comment suggested a requirement for more doctors.

“More doctors...” [Current or former patient/service user]

Other

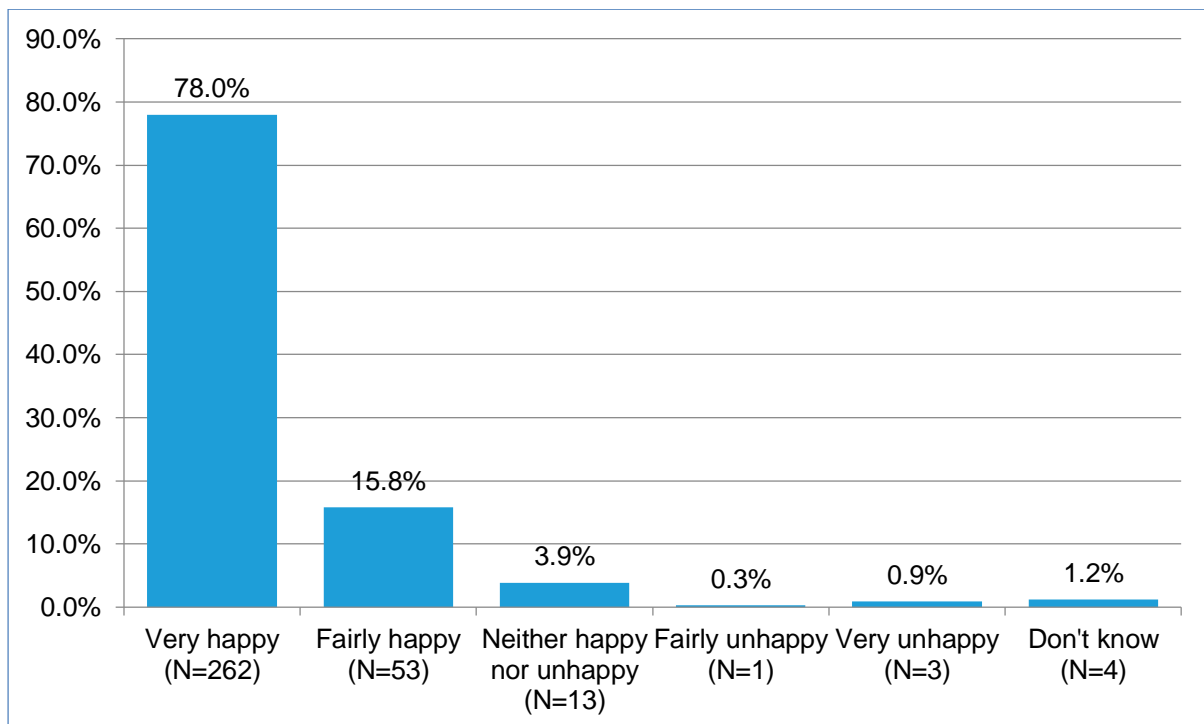
One other comment could not be themed and was categorised as other (see below).

Comments

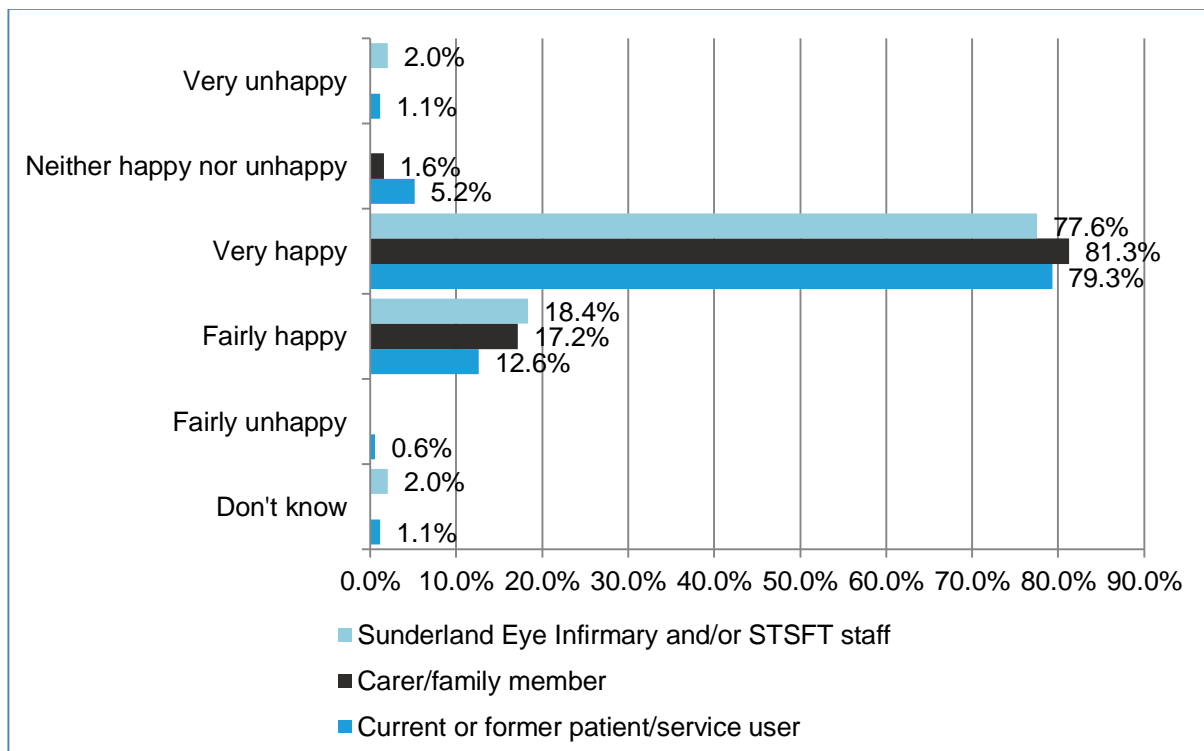
“I'm not qualified to answer that question, bit of a silly question when you think about it, is this question just for architects?”

Q11. Having read or listened to our vision for a new Eye Hospital in Sunderland, how happy would you be to use the proposed new Eye Hospital for an eye care need in the future when appropriate? (N=336)

The majority, over three-quarters, of respondents indicated that they would be very happy to use the proposed new Eye Hospital (78%).



The table below shows the breakdown of sentiment by the capacity in which they were responding to the survey:



4. Summary of Communications and Engagement Activity

A widespread PR campaign was launched on 16 March 2021 to announce plans for a new Eye Hospital in Sunderland and encourage people to share their views as part of a comprehensive patient and public involvement strategy. All PR activity signposted to one of three ways to get involved and give feedback via:

1. A series of online public engagement events
2. A range of targeted focus groups / in-depth interviews
3. An online survey

A range of materials were produced to communicate with different audiences about the plans for a new Eye Hospital. These information resources were shared with stakeholders across Durham, Sunderland, South Tyneside, Teesside, Tyne and Wear and North Cumbria and included:

- A dedicated new microsite (www.stsft.nhs.uk/neweyehospital) hosting a range of information in accessible formats about the plans for a new Eye Hospital



- A core engagement document explaining the plans. This was also produced in an Easy Read version, Audio version and Braille version.



- Posters and an information leaflet advertising the online public engagement events and QR code link to the online survey. (Posters were laminated for infection control purposes with controlled distribution due to COVID-19).



- Seven videos with clinicians and nurses, a young person's group representative, Sunderland Eye Infirmary project manager, Royal National Institute for Blind People (RNIB), as well as an animation (links below):
 - [New Eye Hospital in Sunderland](#)
 - [Clinical Director, Jean-Pierre Danjoux, talks about the new Eye Hospital](#)
 - [RNIB's Cathie Burke talks about the new Eye Hospital](#)
 - [Haygarth Ward Manager, Carol Jobling, discusses the benefits of the new Eye Hospital](#)
 - [Clinical Lead for the new Eye Hospital, Mark Doherty, discusses the benefits for patients](#)
 - [Liam, a member of our STSFT Young Person's Group shares exciting news about the new Eye Hospital](#)
 - [Project Manager, Tina Morrell, talks about the clinical services at the new Eye Hospital](#)
- A widespread social media and digital advertising campaign targeted across the North East and North Cumbria (visuals below). This included regular content shared with over 900 people in a closed RNIB Facebook group for people with experience of sight loss.



- Syndicated information and news content shared with key partners including Healthwatch, local CCGs, Sunderland Older Person's Council and the Royal National Institute for the Blind (RNIB). This included a letter sent to over 1500

people who have a sensory impairment, regular updates and invites to over 900 members of the RNIB and targeted emails to over 50 stakeholder groups identified through stakeholder mapping. One recipient of the letter sent commented:

"I have received the newsletter from Sight Service and it was very helpful thank you."

- Internal communications to reach over 8,500 staff working at STSFT.
- A high profile media launch on 16 March 2021 resulting in widespread coverage across the region including:
 - Lead story on BBC Look North, ITV Tyne Tees, BBC News online for Tyne and Wear with 19 articles published across North East press
 - The highest reach from any coverage came from the BBC website ([click here](#)) which reached an audience of almost 2 million alone
 - Coverage throughout the launch day on BBC Radio Sunderland news bulletins. ([Click here](#)) to listen to the news on the hour every hour. [Click here](#) to listen to the breakfast show interview (approx. 7.20am)
 - Media activity to promote additional engagement events in May in response to stakeholder feedback
 - Front page coverage in the Sunderland Echo



The table below summarises the total audience reach and levels of engagement achieved through the PR campaign.

Microsite views since 16 March	9,500 page views
Media reach	3.5 million
Social media reach (organic)	Over 390,000
Social media engagements (organic)	Over 10,000
Paid for social media reach	Over 74,000
Paid for social media engagements	Over 7,500
Video views	Over 1,000
Staff engagement via internal Intranet	Over 1,200 clicks
Paid for online media advertising	Over 380,000 impressions and over 600 clicks

Social media engagement - sentiment analysis

The sentiment of comments tracked on social media was overwhelming positive with people welcoming the new Eye Hospital and praising the staff and great care at the current hospital. Lots of people identified that the current building is run down and not fit for purpose. Comments included:

“It’s a centre of excellence and deserves this state of art new building.”

“That is excellent news and much needed.”

“Accessibility – especially by public transport will be much better at new site, and was relatively poor at the other one, from the beginning.”

Other comments were linked to Brexit and use of the Riverside location, questions about what will happen to the old site and implications for public transport to the area, parking, and the naming of the new Eye Hospital. Comments included:

“I would have thought that the riverside in Sunderland would have been best reserved for the ship yards since we are supposed to have left the EU.”

“Let’s hope there is plenty of parking.”

“What happens at the existing site when vacated for the new location – including implications for its public transport service to that area?”

The few negative comments on social media were about finance and the cost of the new build whilst a couple of comments included the location. Comments included:

“Would it not be better in these times and cheaper just to upgrade the hospital? The river banks are so important for ship building to return to the area, not houses and hospitals. You already have one, modernise it.”

“What is the matter with refurbishing the one you have got which is much sturdier than the one you are after and more cost effective. Secondly, what is it with all wanting to build near the water fronts when we could start up our ship buildings again as Sunderland was famous for.”

“What a ridiculous place to put it in between office space and housing. Think of the congestion. The Road system is congested enough without this.”

There were also positive comments from people who had attended online events and / or read the engagement material:

“Thank you for the opportunity to contribute and all giving your time on a Saturday, I very much appreciate it.”

“Interesting event this evening.”

“Always really appreciative of the excellent care offered by the Eye Infirmary. Very pleased that such an exciting and appropriate level of investment is securing the level of care provided by this centre of excellence.”

“When I listened to the [audio] CD I was just wishing I could see the design...I’m really impressed with it at the moment, really impressed.”

Key themes - how we have responded to public, patient and stakeholder feedback

This section of the report provides an overall summary of all the key themes collated from patient and public involvement activity. A commentary is also provided to explain how these points are being addressed and responded to through ongoing dialogue with the clinical design team and architects.

The themes that follow are all listed in alphabetical order as opposed to the number of times an issue was mentioned in the reports.

Key themes/ issues	How we are responding
Accessibility	Improving access for all in the new building has been (and continues to be) integral to the overall design process.
Acoustics / noise reduction	Making sure the acoustic treatments are correct within the new building is part of ongoing design discussions. This will ensure minimal distraction from background noise in busy parts of the hospital and create a more relaxed and calm environment.
Adult changing space	An adult changing place is planned in the ground floor of the new Eye Hospital.
Capacity	The building is being designed to be fit-for-purpose and 'futureproofed' to meet the needs of staff and patients. There will be the opportunity to increase clinical space, as required, in years to come. Clinical teams have led the design process using activity data to plan layout and space requirements.
Colour	<p>The suggested colour pallet for the interior has been taken from colours within Galley's Gill area, such as greens, yellows, oranges - colours that reflect the changing seasons of the park area. Many patients suggested colours should be muted in rest areas and waiting areas and this has been passed back to the architects.</p> <p>Bold colours may be featured on lift areas to indicate a different floor and, for example, behind reception areas. The sensory experience and colour scheme has been at the forefront of discussions with staff. Tonality, sharp contrast between different parts of the building will be pivotal so people can 'colour code' their way round very easily. Feedback suggested being able to feel your way around and have familiarity and way finding in the building (through colour) is important. Architects have advised this can be enhanced by lighting and acoustic treatments so people can find their way round and pick out colours easily.</p>
COVID-19 safe waiting areas	There are three key considerations being taken into account during the design process:

	<ul style="list-style-type: none"> - Making sure there is appropriate space to allow for social distancing - Making sure there is excellence air quality through mechanical ventilation systems - Making sure the design is flexible enough to respond to future issues. For example, waiting areas in the new building will be much bigger and can easily be changed to allow even more space. <p>In addition, the new Eye Hospital will have single ensuite patient rooms</p>
Cyclists	There will be bike storage facilities on the new Eye Hospital site. Infrastructure is also being put in place by the Council around the Sunderland Riverside environment to encourage cyclists.
Disabled parking	Many people asked about provision of accessible car parking and we can confirm there will be 7 disabled parking places situated near to the entrance.
Design for people with sight loss/eye conditions	This has been integral to our discussions with the architects from the outset. We want to ensure that the design of the building and access is fully considered for those with sight problems. Many people commented on how having dilating drops in their eyes means moving into bright open light areas affects them. Architects have confirmed they will plan gradual light changes from inside to outside, not going from bright space outside to dark space inside. Our clinical design team includes patient representatives as well as the RNIB and an independent accessibility consultant will also be commissioned as part of the next phase of the design. We will continue to involve and listen to people who will be using the new Eye Hospital and make sure we create the best possible experience.
Drop-off points	There will be a dedicated 10-20 minute drop-off section near the entrance.
Easy access to pharmacy	There will be a pharmacy located next to the main entrance. To help avoid crowded waiting areas we have designed the pharmacy to have enough space and a dedicated waiting area.
Eye Clinic Liaison Office (ECLO)	We have worked with RNIB and ECLO staff on the location and design of the ECLO office, which will be situated at the front of the new hospital building.
Engaging people with sight loss	Since 2020, we have heard from over 2,000 patients from Sunderland Eye Infirmary and continue to engage people with sight loss through a variety of focus groups and other mechanisms. We will continue to work with key organisations such as RNIB as work on the new Eye Hospital progresses following discussions at a focus group.

Finance	The new Eye Hospital is being funded by a loan from the City Council to the Trust. The Trust will repay it in full. It is not a PPI contract.
Lighting	Lighting is a core consideration for the design team and we know this is an important issue for people with sight loss/eye conditions and many comments were given about this during the engagement process. Whilst some parts of the hospital will need to be bright for clinical procedures to take place, other areas such as waiting areas and entrances will not need to be as bright. We are designing a gradual lighting system so that it becomes a little bit darker, or a little bit lighter, depending on whether you are coming into or going out of the hospital. This will ensure there are no harsh transitions between light and dark. The slight overhang on the first floor of the building will also prevent too much natural light coming into the building which can also be problematic.
Involving young people	Young people have been involved in a number of focus group sessions and have given us their views and ideas on what they felt was required in the new hospital design from their point of view.
Lifts	There will be two lifts instead of one and these will accommodate all patient needs.
Location	The new Eye Hospital will be located in a much more central location as part of the council's plans for the Riverside area and is close to local transport networks.
Heritage of Sunderland Eye Infirmary (SEI)	We are talking to staff about what we may be able to take to the new building and the potential for a display area to showcase the history and heritage of SEI.
Imaging hubs	The new Eye Hospital will have two large imaging areas - one on each floor - so patients won't need to go up and down the floors depending on which clinic they are attending.
Name of the new hospital	No decision has yet been made on the name for the new Eye Hospital. Early engagement has taken place with staff to gain insights on their understanding of what they think about naming of the new Hospital.
Navigation / patient flow	Feedback was given about the need for good navigation around the building and a number of suggestions received will be considered, while taking into account the different needs of people including those of patients with dementia. The clinical design team has spent a lot of time considering how patients move from one department to another to ensure there is a logical and easy way to navigate around the new building.
Orientation visits	During the focus groups, orientation visits were requested for people with sight impairment who regularly use the hospital. As we get nearer to the new Eye Hospital opening we have already considered having

	volunteers to help patients become more orientated. We will think how we might incorporate visits ahead of opening if possible. More information will be shared in future.
Parking	There will be a dedicated on-site car park at the new Eye Hospital with 90 spaces. This will include accessible bays and electric car charging points. In addition, a new car parking facility providing 650 spaces is planned nearby at Farringdon Row. 100 of these spaces will be dedicated for staff at the new Eye Hospital. For those who are travelling to the new Eye Hospital by car, there is also the existing multi-storey car park at St Mary's. These will also include electric car charging points and agreed rates for permit holder parking.
Pedestrian crossing	Many people shared concerns about crossing the main road. We have raised these concerns with the City Council who are considering the infrastructure around the Sunderland Riverside area to help improve pedestrian access to the new hospital site.
Public transport	The new Eye Hospital will be close to all public transport links including buses, trains and the metro.
Quiet rooms	Quiet rooms and / or quiet spaces will be incorporated in the new Eye Hospital so if somebody does have a specific sensory need they can feel comfortable in one of the quiet spaces.
Reception areas	Reception desks will have varying heights suitable for wheelchair users. Consideration is also being given to ensure that entrance areas flow through towards the reception desk with space clearly defined for waiting rather than along the sides of corridors as it is in the current building.
Seating	We greatly value feedback we have received about the need for comfortable seating and seating of different heights. These are things we will take into consideration when we get to planning the waiting areas and purchasing of furniture in the future.
Self-check in	We are considering the use of self-check in technology within our reception areas to help minimise queues. When we did our patient survey back in April 2020, 60% of the 2,000 patients who responded said they would be very happy to use self-check in so that was really helpful to us. Further feedback on this included the need for large font and contrasting colour on screens and we will need to consider specific requirements for those with sight loss as we progress these plans.
Sensory garden	We have planned sensory routes through the landscape that actually extends beyond the Eye Hospital building and into the wider Riverside Sunderland development. Specifically around the entrance, we are looking at sensory planning and seating areas.

Signage	The size, colour and position of signage will be critical to the design of the new Eye Hospital to make sure people can easily understand how to navigate the building. This is being fully considered as well as options for digital and / or audio signage and changes in flooring so patients know they have moved into a different area.
Technology	Maximising the use of technology is at the forefront of clinical design team discussions both in terms of the building design itself and medical advances in technology. In order to provide the gold standard in terms of ophthalmological technology / equipment, a new fundraising campaign will help ensure Sunderland stays at the forefront.
Virtual consultations	Many appointments are now successfully taking place by phone or video. Some eye conditions still need face to face appointments so that regular images can be taken of the eye. Wherever possible, we want to reduce the need for patients to travel to hospital if they don't need to. Patients have told us they welcome this as a more convenient way to access care. The new Eye Hospital will incorporate space for virtual clinics to take place.
Walkways	The design of the new Eye Hospital will ensure there is ample space as people enter the building to allow them to acclimatise to a new environment and as they navigate the building. Walkways will be clutter free and allow enough space for people to walk freely and without any obstacles in the way.
Wayfinding	Feedback on wayfinding was varied and we are considering a colour scheme that changes floor by floor to help people find their way around the new Eye Hospital. This will use colours as a wayfinding tool to denote different floors and departments. We will also consider electronic way finding technology which may benefit those with sight impairment who are comfortable using technology to find their way round using an app. Suggested use of maps will be considered.
Waiting areas	The waiting areas in the new Eye Hospital are much bigger than the ones in the current building and will also have sub-waiting areas.
Wheelchair access	The building will be fully wheelchair accessible.
Workforce	The personal touch as people are welcomed into reception will be important and consideration is being given around the suggestion for specialist disability awareness training for all staff at the new Eye Hospital.

Appendices

Appendix A - Focus group demographic data summary

The NHS has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010 which applies to all organisations that provide a service to the public or a section of the public (service providers).

A number of focus groups were held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Over 71 people participated in the focus group sessions and over 48 participants completed data monitoring surveys. A breakdown of these responses are summarised below:

Gender	46 respondents
Male	7
Female	39
Age	46 respondents
16-17	2
18-24	5
25-34	3
35-44	1
45-54	17
55-64	14
65-74	3
75 or older	1
Prefer not to say	0
Does your identity match your sex as registered at birth?	1 respondent
Yes	1
No	0
Disability	48 respondents
Yes	23
No	25
Prefer not to say	0
Sexual Orientation	0 respondents
Heterosexual	0
Gay / Lesbian / Bisexual / Other	0
Prefer not to say	0
Are you currently pregnant or have you been pregnant in the last year?	8 respondents
Yes	0
No	8
Prefer not to say	0
Not applicable	0
Marital Status	8 respondents
Single (never married or in a civil partnership)	4
Cohabiting	0

Married	4
Civil partnership	0
Separated	0
Divorced / Dissolved	0
Widowed / Surviving partner	0
Prefer not to say	0
Caring responsibilities	44 respondents
None	17
Primary carer of a child or children (under 2 years)	3
Primary carer of a child or children (2-18 years)	8
Primary carer of a disabled child or children	0
Primary carer of disabled adult (18 years and over)	3
Primary carer or assistant for an older person or people (65 years and over)	7
Secondary carer (another person carries out main caring role)	6
Prefer not to say	0
Race / ethnicity	47 respondents
Asian / Asian British: Bangladeshi	15
Asian/British Asian: Chinese	0
Asian/British Asian: Indian	0
Asian/British Asian: Pakistani	1
Black/British Black: African	0
Black/British Black: Caribbean	0
Mixed race: Black & White	0
Mixed race: Asian & White	0
Gypsy or traveller	0
White: British	31
White: Irish	0
White: European	0
Another race or ethnicity	0
Rather not say	0
Religion / belief	40 respondents
No religion	15
Christianity	6
Buddhist	0
Hindu	8
Muslim	4
Hindu	8
Jewish	0
Other religion	0
Prefer not to say	7

Appendix B - Survey demographic data

- The age of survey respondents ranged from 18-75+.
- 270 females and 61 male respondents completed the survey.
- 2 people stated their gender does not match their gender registered at birth.
- 92% of respondents stated they were heterosexual and the remaining stated that they were a gay man (1%) or gay woman or lesbian (n=1) or bisexual (1%). 2% stated that they would rather not say and 1% stated other.
- 47% of respondents stated they had a disability, long-term illness or health condition, of these responses:
 - 41% stated they have a long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
 - 11% of respondents stated they have a mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
 - 19% stated they have a physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
 - 3% stated they have a social or communication impairment (e.g. a speech and language impairment or Asperger's syndrome, other autistic spectrum disorder)
 - 8% stated that they are blind or visually impairment uncorrected by glasses
 - 12% stated they are deaf or have a hearing impairment
 - 13% stated they have an impairment, health condition or learning difference that is not listed above.
- 58% of respondents stated they do not have any caring responsibilities.
- 12% stated they were a primary carer of a child or children under 18 years.
- 2% stated they were a primary carer of a disabled child or children.
- 5% stated they were primary carer / assistant for a disabled adult (18 years+).
- 15% stated they were a primary carer or assistant for an older person or people (65 years and over).
- 6% of respondents were a secondary carer (another person carries out main caring role).
- 95% of survey respondents stated that they were White British (n=318), the remaining respondents stated as follows: one respondent was Asian/British Asian: Bangladeshi, one respondent was Asian/British Asian: Chinese, two respondents were White European, one respondent was Mixed race: Asian and White, four respondents were White Irish and the remaining six respondents did not indicate their ethnicity.

A full breakdown of demographic data of survey respondents is available below.

Postcode (N=334)

Postcode	% of responses	Number of responses	Postcode	% of responses	Number of responses
SR1	0.9%	3	NE9	0.3%	1
SR2	16.2%	54	NE10	0.3%	1
SR3	20.1%	67	NE20	0.3%	1
SR4	14.1%	47	NE31	0.3%	1
SR5	9%	30	NE32	1.5%	5

SR6	16.2%	54	NE33	0.3%	1
SR7	1.2%	4	NE34	2.7%	9
SR8	0.3%	1	NE35	0.6%	2
DH1	0.9%	3	NE36	0.6%	2
DH2	0.3%	1	NE37	0.9%	3
DH3	0.3%	1	NE38	2.7%	9
DH4	4.5%	15	NE47	0.3%	1
DH5	0.3%	1	NE65	0.6%	2
DH6	0.3%	1	TS12	0.3%	1
DH7	0.3%	1	TS24	0.3%	1
DH8	0.3%	1	CA1	0.6%	2
DL1	0.6%	2	CA4	0.3%	1
NE3	0.3%	1	CA7	0.3%	1
NE5	0.3%	1	CA11	0.3%	1
NE6	0.3%	1	CA14	0.3%	1
NE8	0.3%	1			

Age (N=336)

Age	% of responses	Number of responses	Age	% of responses	Number of responses
Under 18	0	0	55-64	34.2%	115
18-24	0.89%	3	65-74	29.9%	97
25-34	4.8%	16	75+	4.8%	16
35-44	9.2%	31	Prefer not to say	0.6%	2
45-54	16.7%	56			

Gender (N=336)

Gender	% of responses	Number of responses	Gender	% of responses	Number of responses
Female	80.4%	270	Other	0	0
Male	18.2%	61	Prefer not to say	1.5%	5

Additional Gender question (N=335)

Does your gender match your sex registered at birth?	% of responses	Number of responses
Yes	98.2%	329
No	0.6%	2
Prefer not to say	1.2%	4

Pregnancy data (N=335)

Are you currently pregnant or have given birth in the last year?	% of responses	Number of responses
Yes	0.6%	2
No	93.4%	313
Not applicable	5.4%	18

Prefer not to say	0.6%	2
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Living status (N=336)

Are you currently...	% of responses	Number of responses
Single (never married or in a civil partnership)	9.5%	32
Cohabiting	8.3%	28
Married	60.1%	202
In a civil partnership	1.8%	6
Separated (but still legally married or in civil partnership)	1.8%	6
Divorced or civil partnership dissolved	7.7%	26
Widowed or a surviving partner from a civil partnership	6.3%	21
Prefer not to say	4.5%	15

Disability (N=335)

Do you have a disability, long-term illness or health condition?	% of responses	Number of responses
Yes	46.9%	157
No	49.6%	166
Prefer not to say	3.6%	12

Additional Disability question (N=198)

Disability, health condition or long-term illness	% responses	Number of responses
A long-standing illness or health condition	40.9%	81
A mental health difficulty	10.6%	21
A physical impairment or mobility issue	18.7%	37
A social/ communication impairment	3%	6
A specific learning difficulty	0	0
Blind or have a visual impairment uncorrected by glasses	7.6%	15
Deaf or have a hearing impairment	12.1%	24
An impairment, health condition or learning difference that is not listed above	12.6%	25
Prefer not to say	24.8%	49

Additional Disability question (N=335)

Are you registered blind or partially sighted?	% of responses	Number of responses
Yes	3.6%	12
No	95.5%	320
Prefer not to say	0.9%	3

Caring responsibilities (N=325)

Disability, health condition or long-term illness	% responses	Number of responses
None	58.2%	189
Primary carer of a child or children (under 2 years)	0.6%	2

Primary carer of a child or children (between 2 and 18 years)	12%	39
Primary carer of a disabled child or children	2%	5
Primary carer or assistant for a disabled adult (18 years and over)	5.5%	18
Primary carer or assistant for an older person or people (65 years and over)	14.8%	48
Secondary carer (another person carries out main caring role)	5.9%	19
Prefer not to say	4%	13

Ethnicity (N=336)

Ethnicity	% responses	Number responses
Asian/British Asian: Bangladeshi	0.3%	1
Asian/British Asian: Chinese	0.3%	1
Asian/British Asian: Indian	0	0
Asian/British Asian: Pakistani	0	0
White: British	94.6%	318
White: Irish	1.2%	4
White: European	0.6%	2
Black/British Black: African	0	0
Black/British Black: Caribbean	0	0
Mixed Race: Black & White	0	0
Mixed race: Asian & White	0.3%	1
Gypsy or traveller	0	0
Rather not say	1.8%	6

Sexuality (N=331)

Which term best describes your sexual orientation?	% responses	Number responses
Heterosexual or straight	92%	304
Gay man	0.9%	3
Gay woman or lesbian	0.3%	1
Bisexual	0.9%	3
Asexual	0	0
Prefer not to say	5.4%	18
Other	0.6%	2

Religion (N=334)

Religion	% responses	No of responses	Religion	% responses	Number responses
No religion	29%	97	Muslim	0.3%	1
Christianity	65.9%	220	Sikh	0	0
Buddhist	0.3%	1	Prefer not to say	3.9%	13
Hindu	0	0	Other religion	0.6%	2
Jewish	0	0			

**PATH TO EXCELLENCE PHASE TWO - JOINT HEALTH SCRUTINY COMMITTEE
UPDATE****REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY
PARTNERSHIPS****1. PURPOSE OF REPORT**

- 1.1 The report provides an overview and update on the Path to Excellence Phase Two and the role and work of the Joint Health Scrutiny Committee in this programme of service development.

2. BACKGROUND INFORMATION

- 2.1 The Path to Excellence is a phased programme of healthcare service development and change across South Tyneside and Sunderland NHS Foundation Trust. Phase One of the programme took place during 2017/18 and looked at stroke services, urgent and emergency paediatrics and maternity and women's healthcare.
- 2.2 The Path to Excellence Phase two is set to carry on the programme of healthcare transformation in Sunderland and South Tyneside. The initial work including a series of documents and information were published during 2018-2019. However, the programme was officially paused in March 2020 to allow the NHS to concentrate resources in providing an operational response to the Covid-19 pandemic.

3. PATH TO EXCELLENCE PHASE TWO – UPDATE AND CURRENT POSITION

- 3.1 Phase two of the programme was restarted in February 2021 with the publication of an updated Draft Case for Change. Phase two of the programme involves the following hospital services:
- Emergency care and acute medicine;
 - Emergency surgery and planned operations;
 - Planned care and outpatients;
 - Clinical support services.
- 3.2 However the Covid-19 pandemic has increased the pressures on staff and services across the NHS. In light of this ongoing challenge the Path to Excellence programme has recognised the need to be realistic and achievable with the timetable for service change. Therefore the programme is focusing on the 'working ideas' for surgery at this time, while providing support and managing the ongoing pandemic.
- 3.3 Surgical services cover two main areas as follows:
- Trauma & Orthopaedics – dealing with bones, joints and muscles;

- General Surgery – covering the majority of operations including emergency procedures.
- 3.4 The ‘working ideas’ generally cover the majority of planned operations taking place on one hospital site and are outlined as follows:
- Emergency Operations taking place on the Sunderland Royal Hospital site;
 - South Tyneside District Hospital focusing solely on elective ‘planned’ care;
 - Some planned care continuing on the Sunderland Royal Hospital site;
 - Outpatient care and diagnostic tests and scans would continue on both hospital sites.
- 3.5 The aim of the ‘working ideas’ will be to reduce cancellations and delays to planned operations, prevent and control infection, improve the patient experience, better utilise theatre resources and attract and retain staff.
- 3.6 Currently the ‘working ideas’ are being refined through assessment against an evaluation criteria. The criteria have been developed through staff, patient and stakeholder involvement that has taken place over the last four years. The purpose of this evaluation activity is to help identify issues and to triangulate the ‘working ideas’ by using a variety of key considerations that are important to staff, patients and the public.
- 3.7 Following this fine-tuning of the ‘working ideas’ the intention will be for the NHS Foundation Trust to launch a public consultation.
- 3.8 The other services designated for Phase Two of the programme will, as previously highlighted, require further work once the pressures from the pandemic have eased considerably. In terms of planned care and outpatients, a number of the programmes ambitions are becoming reality as a result of the Covid-19 pandemic and much of the work in this area will continue as part of normal planning/business.
- 3.9 The South Tyneside and Sunderland NHS Foundation Trust also still retain ambitions for a new Integrated Diagnostic and Imaging Centre.

4. CONCLUSION

- 4.1 The Joint Health Scrutiny Committee with South Tyneside and Durham local authorities remains the statutory scrutiny committee for the Path to Excellence and Members from the relevant Councils will continue to be actively involved in the monitoring of Phase Two of the process.
- 5.2 Phase Two of the Path to Excellence has seen a greater period of staff engagement providing a more inclusive approach to the clinical design

process and 'working ideas' which can only benefit the process as a whole. The Joint Health Scrutiny Committee, CCG's and NHS partners continue to work together and engage around the Path to Excellence and its process.

5. RECOMMENDATION

- 5.1 The Committee is requested to note the content of this update and agree that further updates will be submitted to the committee as and when appropriate.

6. BACKGROUND PAPERS

Path to Excellence Phase Two – www.pathtoexcellence.org.uk

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ANNUAL WORK PROGRAMME 2021/22**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR****1. Purpose of the Report**

- 1.1 The purpose of the report is to consider and agree a work programme for the Committee for the municipal year 2021/22.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 The remit of the Health and Wellbeing Scrutiny Committee covers the following:-

Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including adult social care, mental health services, public health, wellness, decent homes. To act as the designated scrutiny committee for statutory purposes for health.

- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).
- 2.6 The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the City Plan and issues raised during the Health and Wellbeing development session held on 22 June 2021.

3. DETERMINING THE SCRUTINY WORK PROGRAMME

- 3.1 Topics for inclusion in the Scrutiny Work Programme will vary from single issue items for consideration such as policy and performance reports through to regular updates on issues where the committee have adopted a more focused monitoring role.

- 3.2 The table below summarises the relevant single item issues which are likely to be a regular feature of the work programme for 2021/22. The table also summarises a number of issues and topics that members of the committee have discussed at its recent development session. These items will be programmed into the work programme at relevant dates in discussion with the appropriate officers.

Regular Work Programme Items	
Covid-19 Recovery	As we move out of restrictions the update will look to provide information on the recovery from the pandemic and how various services are responding.
Managing the Market (Quarterly)	To provide information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team in developing a diverse care and support market, and an update on quality and adult safeguarding matters.
Health and Wellbeing Scrutiny Committee Work Programme (Monthly)	To receive the committee's work programme outlining future meetings of the committee and the items scheduled for those meetings.
28 Day Notice of Key Decisions (Monthly)	To consider the Council's 28 Day Notice of Key Decisions which contains matters which are likely to be the subject of a key decision to be taken by the executive, a committee of the executive, individual members of the executive, officers, area committees or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan.
Single Item (Items to be scheduled when dates known)	
Winter Planning (Sunderland CCG)	A look at the preparation being taken in terms of the winter demand pressures.
ICS – CCG Transition (Sunderland CCG)	To understand how the transition planning for the move from the current CCG arrangements to an ICS (Integrated Care System) as part of Government reforms to the NHS.
Urgent Care Update (Sunderland CCG)	To receive an update on the performance of the Urgent Care system and give consideration to Member queries.

Patient Engagement (Sunderland CCG)	A look at the work that has been done by the All Together Better Alliance into patient engagement.
Adult Mental Health Provision (Sunderland CCG)	To look at the progress on the Adult Mental Health Strategy for the City and the impact of the pandemic on the Strategy.
Inequalities – Impact of the Pandemic (Public Health)	A continued look at the work being conducted in Sunderland to address health inequalities and the impact the pandemic has had on this issue.
Health Protection Arrangements (Public Health)	A look at local health protection arrangements in light of the abolition of Public Health England and the lessons learned from the Covid-19 Pandemic.
Sexual Health Services (Public Health & NHS FT)	To consider the sexual health provision across Sunderland and the current issues and impact of the pandemic. To include consideration of the provision provided by South Tyneside and Sunderland NHS FT.
Waiting lists, times and access – Recovery from the Pandemic (NHS FT)	A look at the state of NHS service waiting lists and how these lists and patient expectations are being managed as a result of the pandemic.
Better at Health at Work (Public Health)	A look at the work of the Better Health at Work Team and the drive for wellbeing in the workplace.
Assistive Technology (Sunderland City Council)	A look at the developments in assistive technology and telecare across Sunderland, and the impacts.
Sunderland Safeguarding Adults Board and Sunderland Care and Support Annual Reports (Sunderland City Council)	To receive the annual reports from both SSAB and Sunderland Care and Support at the appropriate juncture.
Substantial Variations to Health Services	Substantial variations to health services will be presented to the Committee as such issues emerge.
Potential Task and Finish or Review Work Topics	
Accessibility across the city	A potential piece of work to look at accessibility

	across the city for local residents including how accessible the city is for people with disabilities e.g. wheelchair users, blind.
Impact of Decent Homes Standard	A possible review to look at the importance of housing on people's health and how the pandemic has highlighted the health implications of better housing.
GP Access	To look at the impacts of social restrictions on GP access and the use of digital/phone appointments and social prescribing.

- 3.3 A draft Scrutiny Work Programme for 2021/22 is attached as **Appendix 1**, which following discussions with the Committee and officers will see the work programme populated further.
- 3.4 It should be noted that the work programme is a 'living' document and can be amended throughout the course of the municipal year. Any Elected Member can add an item of business to an agenda for consideration (Protocol 1 within the Overview and Scrutiny Handbook outlines this process).
- 3.5 It should also be noted that in terms of in-depth policy reviews there will only be the capacity to look at one topic during the year and it may be that Members look to receive one-off reports on the other issues and possibly re-visit these issues in more detail during a future work programme.

4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee consider the range of topics and issues in the development of the work programme for 2020/21, including a policy review topic, and incorporates emerging issues as and when they arise throughout the forthcoming year.

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2021-22

REASON FOR INCLUSION	9 JUNE 21 D/L: 28 MAY 21	7 JULY 21 D/L:25 JUNE 21	8 SEPTEMBER 21 D/L:27 AUGUST 21	6 OCTOBER 21 D/L: 24 SEPT 21	3 NOVEMBER 21 D/L: 22 OCT 21	1 DECEMBER 21 D/L: 19 NOV 21	5 JANUARY 22 D/L: 23 DEC 21	2 FEBRUARY 22 D/L: 21 JAN 22	9 MARCH 22 D/L: 25 FEB 22	6 APRIL 22 D/L: 25 MAR 22
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	Covid-19 – Update (Gerry Taylor, CCG, Graham King) Work Programme Overview (Nigel Cummings)	Covid-19 Update (Gerry Taylor, CCG, Graham King) Sunderland Eye Infirmary – update General Dental Access (NHS England) Path to Excellence Phase 2 Update (Nigel Cummings)	Covid-19 Recovery Update (Gerry Taylor, CCG)	Covid-19 Recovery Update	SSAB Annual Report (Sunderland Safeguarding Adults Board)			North East Ambulance Service Update (Mark Cotton)	Sexual Health Provision (Public Health/NHS FT) Annual Report (Nigel Cummings)	
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22	Notice of Key Decisions Work Programme 21-22

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 14 June 2021.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 14 June 2021 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 14 June 2021 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.cummings@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210118/552	To consider the making of a Compulsory Purchase Order in relation to the New Wear Footbridge.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210505/587	To approve the procurement of a Contractor for the Repair Works at Hendon Foreshore Barrier, Port of Sunderland.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210419/577	To approve the dilapidation settlement figure and the procurement of the dilapidation works in respect of the CESAM building.	Cabinet	Y	13 July 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210422/582	Sunderland Mobility Hub – To seek approval for associated procurement and appointment.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210510/588	To approve the receipt of external funding for the public sector decarbonisation scheme and green homes grant local programme and the procurement of the necessary contractors to deliver the schemes.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210510/589	To approve the payment of financial assistance to businesses in relation to the companies' own investment plans in Sunderland.	Cabinet	Y	13 July 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210510/590	Subject to the receipt of external funding, to approve funding and partnership arrangements to enable support of advanced manufacturing innovation and growth.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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201201/537	To give approval to progress with the three schemes (Sunderland Station and Car park, Holmeside bus rationalisation and A690 corridor cycle provision) funded by the governments Transforming Cities Fund.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210420/579	To consider a Local Cycling and Walking Infrastructure Plan	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210505/586	To approve the procurement of Rock Armour for the coastal defence structure at Stonehill Wall, Port of Sunderland.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210513/599	To seek approval for a proposed extension to the lease and management agreement with Ambassador Theatre Group (ATG) for the Empire theatre.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210527/600	Riverside Sunderland – To authorise proceeding with procurement and construction of a sustainable drainage system in Riverside Park.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210528/601	To consider the establishment of a Bus Enhanced Partnership.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210528/602	To procure Training Providers to deliver apprenticeship training from March 2022	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210602/603	To approve a proposed partnership agreement with Smart Outdoor in respect of Large Digital Media Advertising Screens.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210603/604	To approve the Capital Programme First Review 2021/2022 (including Treasury Management).	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210603/605	To approve the First Revenue Budget Review 2021/2022.	Cabinet	Y	13 July 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210607/606	To seek approval for the Acquisition of Property Interests at Sheepfolds, Sunderland	Cabinet	Y	13 July 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210607/607	To seek approval for the Disposal of Property Interests at Seaburn, Sunderland	Cabinet	Y	13 July 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210607/608	To seek approval to proposed funding arrangements with Siglion Investments LLP.	Cabinet	Y	13 July 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 14 September to 30 November 2021.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200813/494	To approve funding mechanisms for the acquisition of residential properties.	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure. Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below. Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

***Other documents relevant to the matter may be submitted to the decision maker and requests for details of these documents should be submitted to Governance Services at the address given above.**

Who will decide;

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader; Councillor Paul Stewart - Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Kelly Chequer – Healthy City; Councillor Linda Williams – Vibrant City; Councillor Kevin Johnston – Dynamic City.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Assistant Director of Law and Governance

14 June 2021