Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 11 December 2020

UPDATE ON THE PATH TO EXCELLENCE

Report of Dr Shaz Wahid, Executive Medical Director STSFT and Chair of Clinical Service Review Group

1.0 Purpose of the Report

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

2.0 Background

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

The programme aims to create outstanding future services, which offer high quality, safe patient care and clinical excellence for every resident of South Tyneside and Sunderland. The programme is in 2 phases:

Phase 1 – considered stroke care, maternity and gynaecology services and acute paediatrics

Phase 2 – considers how we look after people in an emergency or who have an urgent healthcare need in Medicine and Surgical specialties and how we provide planned care.

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

3.0 Update on Current position

3.1 <u>Phase 1</u>

3.1.1 Stroke Services

Changes to Stroke pathways were made in December 2016; centralising all acute in-patient stroke care at Sunderland Royal Hospital (SRH) in a dedicated stroke unit. Since then we have seen significant improvements in performance against national standards and best practice recommendations (Sentinel Stroke National Audit Programme - SSNAP), which demonstrate improvements in clinical care, leading to improved clinic outcomes. Overall,

our acute stroke services are now rated at level A (April-June 2020), the highest level available in the NHS, prior to changes stroke services in South Tyneside were rated at level E and in Sunderland level D.

3.1.2 Obstetrics and Gynaecology

In August 2019 changes were implemented to Obstetric and Gynaecology services with the opening of a new midwifery-led birthing centre (MLBC) at South Tyneside District Hospital (STDH) and centralisation of consultant led births and in-patient gynaecology at SRH.

The workforce changes have facilitated an increase in the hours of consultant presence on the delivery suite unit at Sunderland, exceeding the Royal College recommendations and have considerably reduced the pre-existing reliance on temporary and less reliable agency medical staff.

The first year has seen overall number of births within the range expected, with some fluctuations in birth rates. The MLBC has seen 220 births in its first year, which is significantly better than many free standing midwifery led units across the country. This number is expected to grow.

There were 20 women transferred during labour or just after giving birth from the MLBC to delivery suite at Sunderland, a transfer rate of just under 10%, which again is significantly better than reported levels (20-30%) across other parts of the country. All transfers were undertaken by a Category 1 ambulance with an average transfer time of 15 minutes and no adverse outcome for mums or babies.

Following a pause due to COVID-19, work to further develop the maternity services offered has re-commenced, including work with the local Maternity Voices Partnership and Best Start in life Partnership groups.

3.1.3 Acute Paediatrics

On 5 August 2019 a new model of emergency paediatric care came into operation in South Tyneside; closing the Special Care Baby Unit (SCBU) at STDH and transferring staff to the neonatal unit at SRH, and closing the Paediatric Emergency Department at STDH overnight (10pm-8am).

Nurses from SCBU have transferred to Sunderland to allow available cot capacity to be used effectively and to improve compliance with the required British Association of Perinatal Medicine (BAPM) standards for nurse staffing in a neonatal unit. There have been no concerns regarding demand and capacity associated with the change.

The overnight closure of the paediatric emergency department (PED) at STDH was supported by a robust public communication plan, this has meant that there have been very few incidents of paediatric patients self-presenting to South Tyneside during the hours of closure; where patients did attend they

were diverted by the adult emergency department (ED) to the Sunderland PED in accordance with the agreed algorithms.

The impact of the changes on demand at Sunderland has been difficult to interpret; complicated initially by the changes in urgent care provision in Sunderland and latterly by the reduction in ED presentations associated with the COVID-19 pandemic.

Work to implement the second phase of the paediatric model; development of a nurse-led urgent care centre for children at STDH has now recommenced following a pause due to the pandemic. A provisional implementation date of August 2021 has been agreed and regular updates on progress will be made to Clinical Service Review group.

3.2 Phase 2

3.2.1 Impact of COVID-19

In April 2020 the Path to Excellence programme was paused in response COVID -19 and the impact on clinical and managerial capacity. Plans to reset the programme commenced in October 2020, informed by a situational analysis which reported:

- The reasons for the programme are more relevant as a consequence of the pandemic, and accelerate the need for transformation.

- The pandemic had brought many positive working solutions with new ways of working established extremely quickly, i.e. introduction of 'virtual' out-patient appointments.

- The original programme objectives remain valid, and should be extended to include the ability to manage COVID-19 (or similar) and objectives around addressing health inequalities; which have been exposed during the pandemic.

- There is a need to work closely with staff to understand their experiences of the pandemic, as well as closer working with community and primary care partners.

- Given the on-going response to COVID-19 and recovery of elective activity, staff and clinical capacity is likely to be an issue in relation to the delivery timescale of the programme.

- Work is needed to understand the current state. While the original data may still be valid, there is a view that the situation has changed significantly and public and staff views may have changed as a result of this.

3.2.2 Phase 2 Reset

The ‘pause’ in the programme and the level of change across the system has meant there is a significant amount of rework to do and work is underway to:

- Update the pre-consultation business case to reflect the ‘current state.’
- Refresh the case for change, to include any learning from COVID-19, changes to policy and organisational change.
- Validate the previous ‘working ideas’ against the original ‘long list’ with clinical teams.
- Further refine working ideas using recommendations from the Clinical Senate (interim report), the Interim Integrated Impact Assessment, alongside stakeholder, staff and public feedback.
- Remodel the working ideas against refreshed activity and workforce data.
- Re-engage with staff, public and stakeholders.

COVID -19 and the requirements for social distancing means that new ways of working are being developed both in supporting the clinically led work stream meetings and taking forward stakeholder and public engagement.

4.0 Recommendation(s)

4.1 The Board is recommended to:

- Note the update on Path to Excellence Phase 1 and Phase 2