

**Path to Excellence – 5-year transformation
of healthcare provision across South Tyneside and Sunderland**

Report of Dr Shahid Wahid, Executive Lead for Path to Excellence

Electoral division affected:

Countywide

Purpose of the Report

- 1 This report provides an update to members about the on-going pre-consultation process the Path to Excellence programme is following in order to involve NHS staff, patients and stakeholders in developing options/proposal for change which will be subject to a wider public consultation later in the year. It builds on previous reports brought to the Health and Wellbeing Board on the progress of the Path to Excellence programme.
- 2 Members of the Health and Wellbeing Board will receive a presentation at their meeting on 17 June 2021.

Executive summary

- 3 The Path to Excellence Programme is a strategic transformation programme looking at hospital services across South Tyneside and Sunderland and the impact on the local populations of South Tyneside, Sunderland and parts of Durham (who consider Sunderland as their local hospital).
- 4 Phase 1 of the programme considered acute paediatrics, stroke services and maternity and gynaecology. Changes were implemented in August 2019
- 5 Following an enforced pause in Phase 2 of the Programme, due to COVID -19, work recommenced in October 2020 with a focus on the specialities of General Surgery and Trauma and Orthopaedics.
- 6 The main drivers for change are closely interlinked with each other and have been identified from involvement activity with staff, patients and stakeholders; they are:
 - (a) Workforce
 - (b) Quality Improvement

- (c) Future demand
 - (d) Financial constraints
- 7 The working ideas for both Trauma and Orthopaedics are being developed in more detail however at the simplest level they can be described as:
- (a) All emergency/unplanned operations at Sunderland Royal Hospital
 - (b) South Tyneside District Hospital focusing on providing planned operations
 - (c) Some planned operations will continue at Sunderland
 - (d) Out-patient care will continue to be provided from both sites
- 8 The working ideas for General Surgery are being refined in more detail, in all 3 working ideas
- (a) All emergency/unplanned operations at Sunderland Royal Hospital
 - (b) Day case surgery will continue to be provided from both sites
 - (c) Out-patient care will continue to be provided from both sites
 - (d) Provision of planned inpatient surgery will differ in the 3 working ideas:
 - Idea 1 – planned surgery at STDH
 - Idea 2 – planned surgery at SRH
 - Idea 3 – planned surgery split across sites (upper and lower GI surgery split)
- 9 Similar models of care are successfully provided across the country and offer a number of benefits to patients and staff.

Recommendation

- 10 Members of the Health and Wellbeing Board are asked to:
- (a) Note the update on Path to Excellence Phase 2

Background

- 11 The Path to Excellence Programme is a clinically led strategic transformation programme considering hospital services in Sunderland and South Tyneside.
- 12 The programme aims to create outstanding future services, which offer high quality, safe patient care and clinical excellence for the local population of South Tyneside and Sunderland, and the population of north and east Durham who consider Sunderland as their local hospital. The programme is in 2 phases:
- 13 Phase 1 – considered stroke care, maternity and gynaecology services and acute paediatrics
- 14 Proposals involved:
 - (a) Centralising Stroke services at the Sunderland Royal Hospital Site
 - (b) Centralising Maternity and Gynaecology services at Sunderland, with creation of a Midwifery Led Birthing Centre on the South Tyneside site
 - (c) Changes to Children's acute services at South Tyneside to create a nurse led urgent treatment centre for children, with emergency patients accessing children's A&E at Sunderland
- 15 Following public consultation, a decision was made to support all 3 proposals, with a phased approach taken to the changes to children's services. Decision making was subsequently challenged with a referral to the Independent Reconfiguration Panel (IRP) and a Judicial Review, which were successfully defended.
- 16 Changes were implemented in August 2019, the final phase of the changes to children's services to be completed in August 2021. A snapshot of patient feedback following the changes is detailed in Appendix 2.
- 17 Phase 2 – considered Medicine, Emergency Care and Surgical Specialties (General Surgery and Trauma and Orthopaedics) across both hospitals.
- 18 Work on Phase 2 commenced at the end of 2016 and was progressing well when the global pandemic hit; work was paused for 6 months to allow clinical teams to focus on providing a response to COVID-19. When the programme restarted in October 2020, a decision was made to phase the programme progressing surgical specialties (General

Surgery and Trauma and Orthopaedics) in advance of those for medicine and emergency care.

- 19 This paper provides an update on the Phase 2 programme for surgical specialties, affecting the populations of South Tyneside, Sunderland and those residents of north and east Durham who see Sunderland Royal Hospital as their local hospital.

The Case for Change

- 20 The main drivers for change are closely interlinked with each other and have been identified from involvement activity with staff, patients and stakeholders; they are:
- (a) Workforce
 - (b) Quality Improvement
 - (c) Future demand
 - (d) Financial constraints
- 21 The pandemic has reinforced the drivers for change, making the need for change more important than before. The case for change was presented to Health and Wellbeing Board in March 2021 and is outlined in the published updated case for change document, which can be accessed via the link: [NHS-PTE2-UCFC-Feb-2021.pdf](https://path.to/excellence.org.uk/NHS-PTE2-UCFC-Feb-2021.pdf) (path.to/excellence.org.uk)

The Options Development Process

- 22 In developing the current working ideas, clinical teams considered a wide range of options (the long list) which were assessed against essential criteria (the hurdle criteria). The resulting working ideas are those which met essential criteria. (Fig 1)

Figure 1 Options Development



- 23 The working ideas are now being refined based on staff and stakeholder feedback and being assessed against a range of evaluation criteria, formed from stakeholder feedback about what is important.

Communication and Engagement

- 24 Staff and stakeholders have been involved in development and refinement of working ideas since 2017 when Phase 2 began; more recently there have been dedicated sessions for staff and stakeholders on the development of surgical working ideas and evaluating ideas against agreed evaluation criteria.
- 25 Communications and engagement activities include:
- (a) Public information media release and social media
 - (b) Animation to explain the change in focus
 - (c) Live briefing sessions with staff
 - (d) Updates in staff newsletters and other communications channels
 - (e) Informal session's with Durham, South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee (JHOSC) (formal sessions being planned)
 - (f) Briefing to programme Stakeholder Panel representing key partners
 - (g) Briefing sessions with Hospital Trust Governors
 - (h) Update to Clinical Commissioning Group Governing Bodies

- (i) Updates to Primary Care teams (TITO)
- (j) Staff and stakeholder engagement and evaluation events

Working Ideas

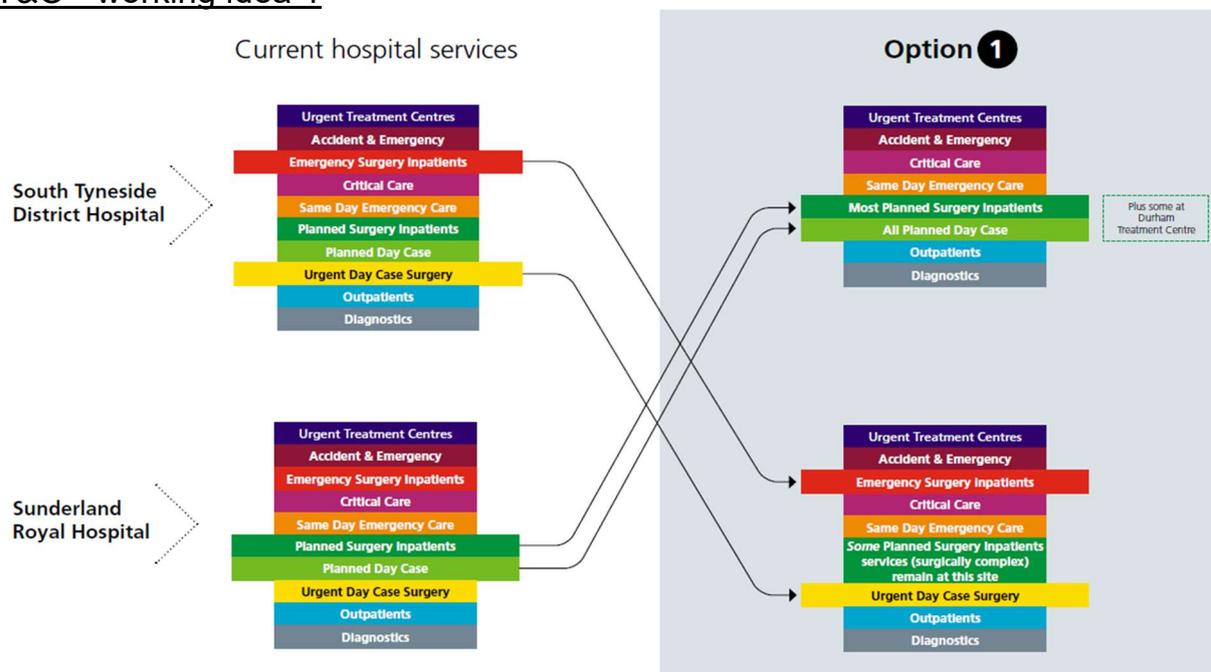
26 All of the working ideas for both specialties involve consolidating emergency in-patient surgery at the Sunderland Royal Hospital (SRH) site, this is a model used in a number of areas across the country and recognised to provide clinical benefit and improved outcomes for patients, through creation of a single on call rota, and improved access to subspecialty medical care. Separating the flow of emergency and planned patients – in line with national recommendations to manage infection risk and reduce cancellations of planned surgery.

Trauma and Orthopaedics

27 There are 2 working ideas for trauma and orthopaedics. In both cases the hospitals at South Tyneside and Sunderland will continue to provide local access to A&E, out-patient care, diagnostics, medicine and elderly care and critical care.

28 Those patients from north and east Durham who currently access SRH for these services will continue to be able to do so

T&O - working idea 1



29 In this idea:

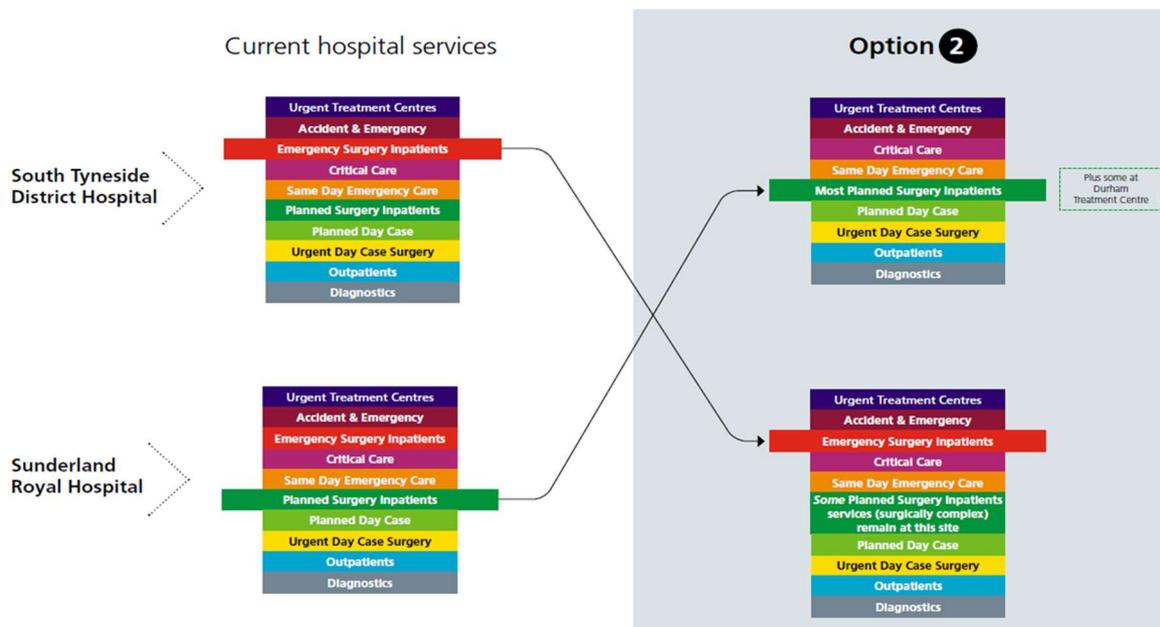
- (a) All in-patient emergency surgery is provided at SRH – orthopaedic patients attending South Tyneside A&E who

subsequently require admission to hospital will be transferred to Sunderland for their surgery/in-patient stay

- (b) Most planned orthopaedic in-patient surgery will take place at South Tyneside Hospital (STDH) – patients from Sunderland and north and east Durham will have to travel for their in-patient stay
- (c) Complex orthopaedic surgery will continue to be provided at SRH where the necessary equipment and support is available.
- (d) Most planned day case surgery will occur at South Tyneside, although there will be some planned day case remaining at SRH and an option of providing some day case surgery from Durham Treatment Centre.
- (e) Urgent day case surgery will be provided at SRH with improved access to sub-specialist care - South Tyneside patients will need to travel for urgent day case surgery, there will be no change for residents of Sunderland and Durham

30 Consolidating emergency and urgent surgery to a single site creates a single on call rota with improved access to sub-specialty care and improved outcomes for patients. The separation of planned and emergency patients improves infection control, provides ‘protected’ beds for planned surgery and helps reduce cancellations and improve waiting times

T&O - working idea 2



- 31 In this idea there are similarities to idea 1:
- (a) All in-patient emergency surgery is provided at SRH – orthopaedic patients attending South Tyneside A&E who subsequently require admission to hospital will be transferred to Sunderland for their surgery/in-patient stay
 - (b) Most planned orthopaedic in-patient surgery will take place at South Tyneside Hospital (STDH) – patients from Sunderland and north and east Durham will have to travel for their in-patient stay
 - (c) Complex orthopaedic surgery will continue to be provided at SRH where the necessary equipment and support is available.
- 32 However in this idea:
- (a) Both urgent and planned day case surgery is provided locally – with less travel involved for residents in all 3 areas but no benefit of improved access to sub-specialist care

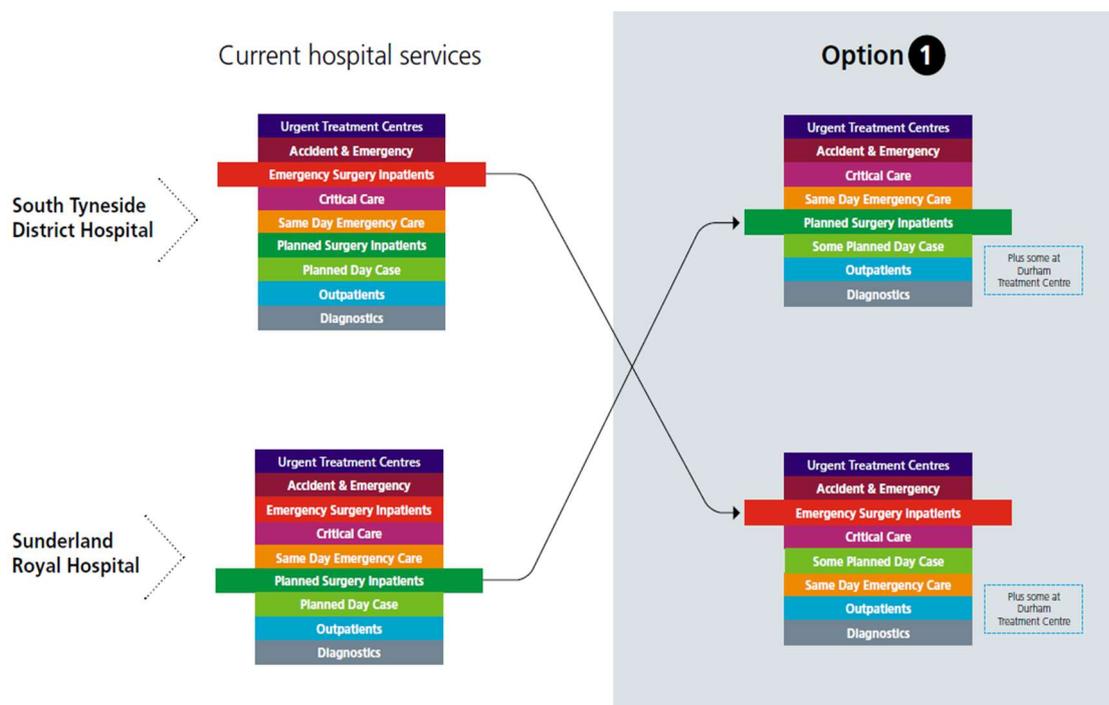
Potential impact on Durham population

- 33 Working ideas are still being refined and are not yet fully developed to a stage for public consultation.
- 34 The Durham population access orthopaedic care from a number of hospitals, approximately 5% of orthopaedic care is provided by South Tyneside and Sunderland NHS Foundation Trust. This is the population potentially affected by these proposals.
- 35 In both ideas those residents currently accessing SRH for their emergency or urgent surgery will continue to be able to do so. The consolidation of the on-call rotas at Sunderland means residents will have better access to sub-specialty care, improving quality of care and patient outcomes.
- 36 In both ideas most planned surgery, i.e., planned joint replacements will take place at South Tyneside, with only complex surgery occurring on the Sunderland site. Residents from Durham who would currently have surgery at SRH will need to travel for their in-patient stay, however they will benefit from a model which reduces cancellations and helps reduce waiting times for surgery
- 37 Out-patient appointments, diagnostics and rehabilitation will continue to be provided locally as they are currently.

General Surgery

- 38 There are 3 working ideas for general surgery, this specialty includes surgery to the upper and lower gastrointestinal tract and bariatric surgery (surgical treatment of obesity). In all cases the hospitals at South Tyneside and Sunderland will continue to provide local access to A&E, out-patient care, diagnostics, medicine and elderly care and critical care. In addition, all 3 options provide continued local access to day case surgery
- 39 Those patients from north and east Durham who currently access SRH for these services will continue to be able to do so
- 40 Differences between the working ideas relate to how in-patient planned surgery is provided.

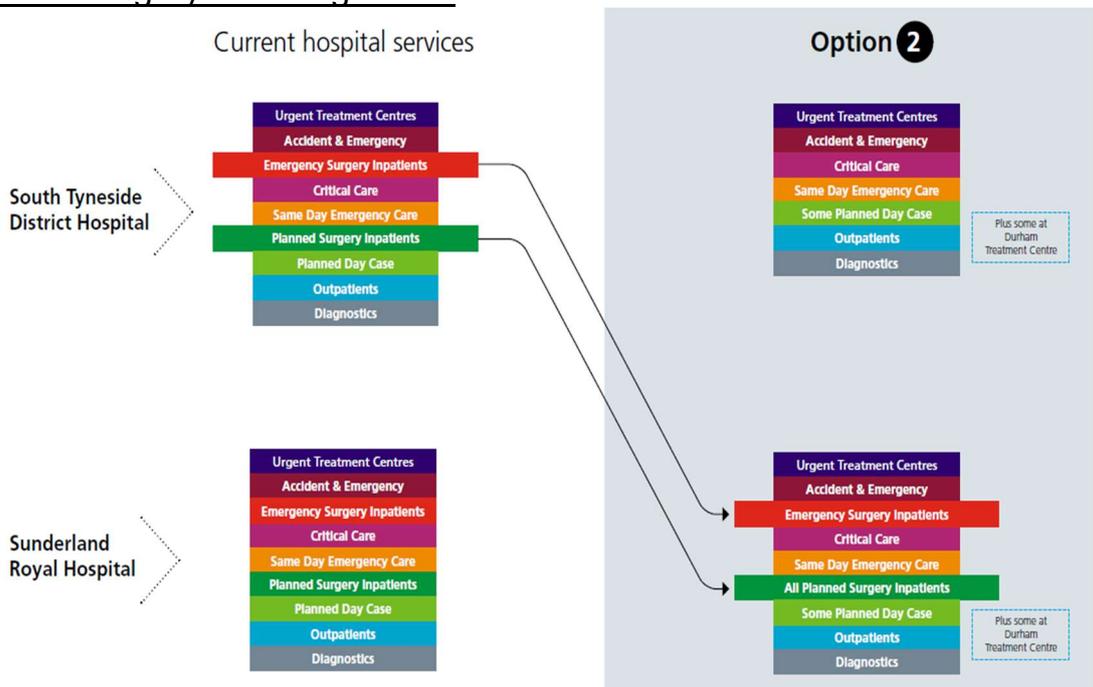
General Surgery -Working idea 1



- 41 In this working idea:
- All in-patient emergency surgery is provided at SRH – surgical patients attending South Tyneside A&E who subsequently require admission to hospital will be transferred to Sunderland for their surgery/in-patient stay
 - All planned in-patient surgery will take place at South Tyneside Hospital (STDH) – patients from Sunderland and north and east Durham will have to travel for their in-patient stay

- (c) Planned day case surgery will occur on both sites – providing local access to residents
- 42 Consolidating emergency and urgent surgery to a single site creates a single on call rota with improved access to sub-specialty care and improved outcomes for patients. The separation of planned and emergency patients improves infection control, provides ‘protected’ beds for planned surgery and helps reduce cancellations and improve waiting times.
- 43 This option requires increased financial investment in theatres at STDH and purchase of a robot for lower GI surgery.

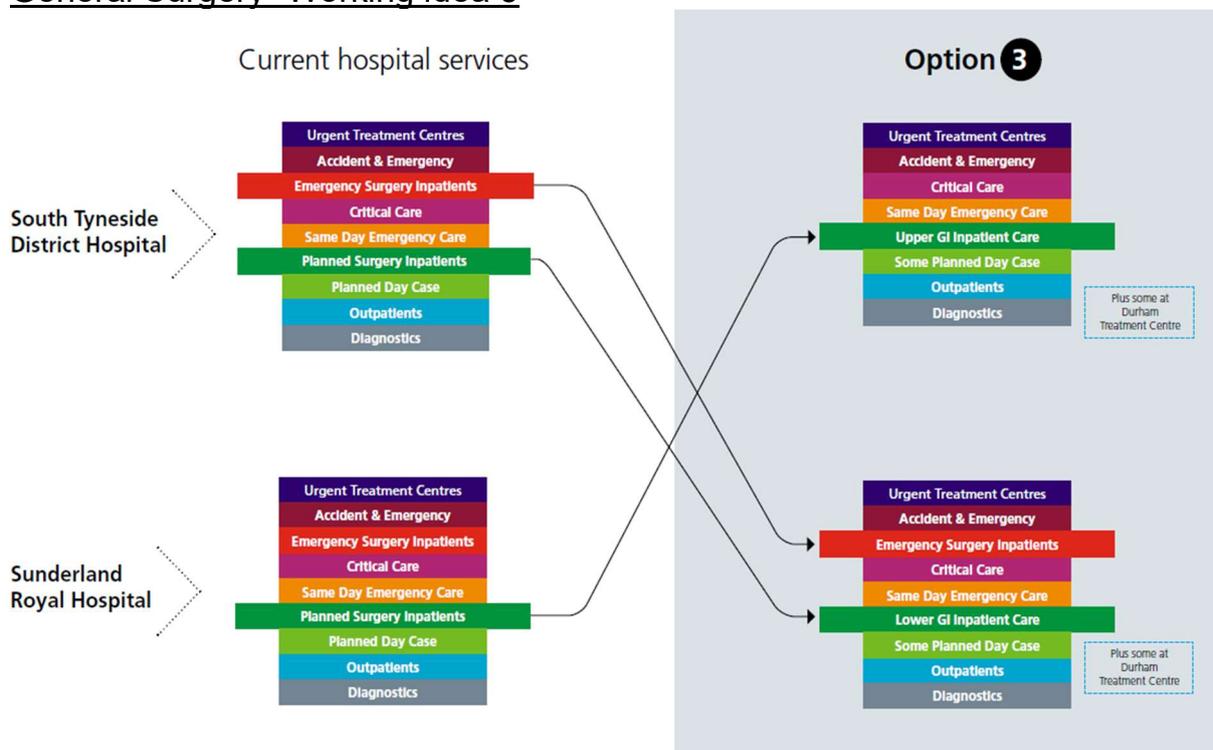
General Surgery -Working idea 2



- 44 In this working idea:
- (a) All in-patient emergency surgery is provided at SRH – surgical patients attending South Tyneside A&E who subsequently require admission to hospital will be transferred to Sunderland for their surgery/in-patient stay
 - (b) All planned in-patient surgery will take place at Sunderland (SRH) – patients from South Tyneside will have to travel for their in-patient stay
 - (c) Planned day case surgery will occur on both sites – providing local access to residents

- 45 Consolidating emergency and urgent surgery to a single site creates a single on call rota with improved access to sub-specialty care and improved outcomes for patients.
- 46 Providing all in-patient surgery at SRH, improves access to support from other surgical specialities, i.e. urology, gynaecology. Proposals include separation of planned and emergency patients on the SRH site to improve infection control, provide 'protected' beds for planned surgery and help reduce cancellations and improve waiting times. The ability to protect the planned surgical beds on the SRH site is likely to be more challenging.
- 47 The need for financial investment is lower as SRH already provides access to a robot for surgery.

General Surgery -Working idea 3



- 48 In this working idea:
 - (a) All in-patient emergency surgery is provided at SRH – surgical patients attending South Tyneside A&E who subsequently require admission to hospital will be transferred to Sunderland for their surgery/in-patient stay
 - (b) Planned in-patient surgery is split across the 2 sites (SRH, STDH) with upper GI and bariatric surgery taking place at STDH and lower GI surgery at SRH

- (c) Planned day case surgery will continue to take place on both sites – providing local access to residents
- 49 Consolidating emergency and urgent surgery to a single site creates a single on call rota with improved access to sub-specialty care and improved outcomes for patients.
- 50 Providing lower GI surgery at SRH reduces the requirement for an additional robot and provides access to support from other surgical specialties for this group of patients. Providing upper GI and bariatric surgery on the STDH site provides 'protected' beds for this patient group and reduces risk of cancellation.

Potential impact on Durham population

- 51 Working ideas are still being refined and are not yet fully developed to a stage for public consultation.
- 52 The Durham population access general surgery care from a number of hospitals, between 6-7% of general surgery care is provided by South Tyneside and Sunderland NHS Foundation Trust. This is the population potentially affected by these proposals.
- 53 In all 3 ideas those residents currently accessing SRH for their emergency or urgent surgery will continue to be able to do so. The consolidation of the on-call rotas at SRH means residents will have better access to sub-specialty emergency surgery, improving quality of care and patient outcomes.
- 54 In all ideas day case surgery will continue to be provided locally, providing local access for residents.
- 55 The differences between the 3 ideas relate to planned in-patient care:
 - (a) Idea 1 – residents from Durham will need to travel to STDH for planned in-patient surgery
 - (b) Idea 2 – residents from Durham will continue to have surgery at SRH
 - (c) Idea 3 – residents from Durham will need to travel to STDH for upper GI or bariatric surgery, however lower GI surgery will continue to be available at SRH
- 56 Out-patient appointments, diagnostics and rehabilitation will continue to be provided locally as they are currently.

Next Steps

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

Conclusion

- 58 The Board will be updated on Phase 2 of the Path to Excellence programme and will have had an opportunity to review the working ideas for General Surgery and Trauma & Orthopaedics.

Background papers

- None

Other useful documents

- None

Author Ceri Bentham ceri.bentham1@nhs.net

Appendix 1: Implications

Legal Implications

None

Finance

None

Consultation

Public Consultation planned later in 2021-22

Equality and Diversity / Public Sector Equality Duty

Integrated Impact Assessment being carried out at part of the programme

Climate Change

None

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

None

Procurement

None

Appendix 2: Path to Excellence Phase 1 Changes – Patient Experience

Patient experience has been collected using the nationally recognised Friends and Family tool, introduced in 2013. The results below are taken from friends and family responses since the service changes for Phase 1 were introduced.

Stroke (Feb 20, Feb 21)

	Extremely likely	likely	neither	unlikely	Extremely unlikely	Don't know/no response
How likely to recommend the service	76%	22%	-	2%	-	-

What was good about your experience:

“Treated with care and compassion all of the time”

“Extremely professional staff”

“Very caring and understanding”

“Good treatment and staff”

“I was very pleased with the care I was given”

“The staff I met were all very kind, helpful and patient with my questions”

“Doctor doing a good job, they always come and talk to you”

Things we could have done better:

“Communication needs to improve”

“Food wasn’t very good, need a lot more vegetables”

“Food could be better”

“Nothing”

“For me not one thing at all”

Maternity/Midwifery led Birthing centre (Oct19 - March 21)

	Extremely likely	likely	neither	unlikely	Extremely unlikely	Don’t know/no response
How likely to recommend the service	100%	-	-	-	-	-

What was good about your experience:

“Doctors and midwives, support staff, theatre workers. All amazing people, marvellous what they do day in day out. I got so looked after and everything was explained thoroughly”

“All staff were amazing made me feel like I was at home, couldn’t thank you enough”

“Everything from start to finish the staff and support has been amazing! We could not fault a thing and very happy to have welcomed our little girl into the world within this unit. Amazing staff and service”

“The new midwifery unit is fantastic. The difference in atmosphere is amazing. I felt calm, supported and cared for by the midwives. I am so glad I chose to have my baby at South Tyneside. The pool was fantastic”

“More relaxed, birthing pool amazing helped my labour along nicely, rooms have improved since last year. Staff amazing thank you!”

“Continuity with midwife, condition of facilities, communication from all staff has been Excellent”

“Pool room and facilities were to a very high standard, knowledge, care and attitude of staff superb”

“Coming to the midwifery unit has been an amazing experience from start to finish. The facilities are top quality but also the staff here just couldn't be better. Everyone who cared for us went out of their way to do everything possible and more - the attention and care we got couldn't of been better and I feel much more prepared to go home than I ever thought I would be, we've been so welcomed and can't thank everyone enough. We've been saying the whole time how good everyone is at their jobs right from labour to going home and the breastfeeding support has been fantastic too. thank you so much”

Things we could have done better:

“The only thing I can think of is to add another (birthing) pool, this would mean if pool in use another mam could have the pool experience”

“Nothing everything was perfect”

Paediatrics (Sept- Dec 2019)

	Extremely likely	likely	neither	unlikely	Extremely unlikely	Don't know/no response
How likely to recommend the service	94%	4%	-	-	2%	-

What was good about your experience:

“Everyone has been very caring and professional, we have been treated with kindness and all staff members have been polite and thorough”

“Staff very friendly and made the children less stressed during scary time in hospital. Talk and play with the children to relax them”

“Excellent consultation with Dr who listened to us fully and explained very well the next steps”

“Felt my son was well looked after good standard of care provided”

“All of the staff were fantastic with (patient) and also helped to put a nervous mam and dad at ease, brilliant”

Things we could have done better:

“Out of hours A&E for children (at STDH) ”

“Keep A&E for kids/reopen the overnight! (at STDH)”

“24hr Service (at STDH)”

“More parking spaces”

“No everything was fine”

“No improvements necessary following today’s experience”

“The parking!”

“Nothing they were amazing! Nothing very caring”