Northern England Clinical Senate

Path To Excellence – Urgent and Emergency Paediatric Services in Sunderland and South Tyneside

Final Report

1. Introduction

The Path To Excellence programme requested that the Northern England Clinical Senate undertake a review of the safety, efficacy and robustness of the proposed emergency and urgent paediatric service configurations which form part of a series of acute change proposals being put forward as part of the Path to Excellence transformation programme across South Tyneside and Sunderland.

The objectives of the review were for the Senate Review Team to give a view on:

- The appropriateness of the clinical evidence base and national guidance used to develop the proposed models of care (and to rule out those options deemed not to be suitable for consultation and subsequent implementation)
- The extent to which the proposed models are likely to address current service challenges and align to the drivers for change for the emergency and urgent paediatric service. In particular a view on how the proposed models best meet the workforce challenges within the service would be welcome
- The appropriateness of consideration of the impact of the proposed models onto other interdependent services
- The robustness of the risk assessment associated with the proposed models and the appropriateness of any mitigations identified
- Any information or suggestions that would improve the quality of the proposed models or would aid effective implementation once a decision is made.

The scope of the review covers:

- The proposed emergency and urgent paediatric services within Sunderland Royal Hospital and South Tyneside Hospital

The following services are not part of the Path To Excellence programme (but the potential impact of the proposed models on them will be considered as an interdependent service):

- Neonatology including the Special Care Baby Unit
- Primary care and out-of-hours services
- The consultation process itself

The two options put forward for consultation were as follows:

- **Option 1 –** Provision of a seven-day, 12 hour (8am to 8pm) paediatric emergency department and children's short stay assessment unit at South Tyneside District Hospital with 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital
- **Option 2** - Development of a nurse-led paediatric minor injury or illness service between 8am and 8pm at South Tyneside District Hospital with a 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital

The **"Third Option"** that the Review Team were asked to consider that had originally been ruled out at the hurdle criteria stage is as follows:

- Paediatric ED – operate 24/7, however ambulances will be diverted to CHS:
  - Consultant presence on site Monday-Friday 9am-10pm
  - Overnight – PNP delivered with support from adult A&E and Consultant Paediatrician on call
- CSSAU - operate 24/7 service
- Increase in CSSAU capacity to 6 beds (from 3) and increased length of stay up to 48 hours (increased from 24 hours)
- Ambulatory Care and Rapid Access clinics – No changes to current provision
- Children's Day Unit – to be retained at STDH but would need to be re-provided in a different location.

2. Review team membership and process

The Northern England Clinical Senate formed a review team to undertake this work.

Member	Background / role
Dr Lesley Kay (Review Panel Chair)	• Vice Chair - Northern England Clinical Senate • Consultant Rheumatologist, The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Dr Jeff Perring	• Paediatric Intensivist - Sheffield Children's Hospital • Vice Chair - Yorkshire and Humber Clinical Senate
Mark Millins	• Associate Director of Paramedic Practice - Yorkshire Ambulance Service • Yorkshire and Humber Clinical Senate Council Member
Dr Peter Weaving	• GP and Emergency Department Clinician – West Cumberland Hospital, North Cumbria University Hospitals NHS Trust • Northern England Clinical Senate Council Member
Shirley Thomas	• Matron, Paediatric Emergency and Assessment Unit, The Newcastle Upon Tyne Hospitals NHS Foundation Trust • Northern England Clinical Senate Assembly Member

The Path To Excellence Programme provided the Review Team with detailed documentation prior to the review day which is outlined in appendix 1.

The Review Day itself took place on the 28th November 2017 and consisted of face-to-face sessions – the schedule and attendance can be found in appendix 2.

Some additional information was requested by the Review Team during the session. A list of the information received after the review in response can be found in appendix 3.

3. What we heard on the day

3.1 Session with the Path To Excellence Programme Team

During this session, the Senate Review Team heard:

- An overview of the wider first phase of the Path To Excellence Programme, the process used to develop and assess the various options for Urgent and Emergency Paediatric Services, the consultation process undertaken and the assurance process used by NHS England.
- That the clinical standards against which the options were assessed includes a number of cross-cutting standards which apply at the “front door” (e.g. the 5 acute assessment standards linked emergency departments) and that were most closely linked to the workforce challenges currently being experienced.
- There are currently different skill-sets in the two paediatric nursing teams in Sunderland and South Tyneside but the intention is to develop a “one-team” approach across the two teams and the introduction of rotating staff across the sites to allow skills to be developed / maintained.
- The rationale behind the decisions to rule-out the “Third Option” at the hurdle-criteria stage. The Path To Excellence’s Clinical Review Group felt that sufficient Advanced Nurse Practitioners would not be available and that Health Education England would not allow unsupervised junior doctors overnight. They outlined that only 2 of the 5 middle grade doctors are substantive and that the Third Option would not have addressed this and that calling consultants on-call in from home would not guarantee the 30 minute response time required. Overall the assessment against the hurdle criteria was felt to include an excessive number of work-arounds to maintain a service that would be a lot less safe.
- That there are not any gaps currently in the rotas but that the likelihood of some retirements in the future means that whilst the programme is confident it could staff in-hours options that the challenge this would create in the out-of-hours service would be greatest in the Third Option (making it a less sustainable alternative for the future).
- That ED and Anaesthetics input would be needed to support the proposed models in South Tyneside to ensure Advanced Life Support is available to self-presenting patients out-of-hours. This is not currently the case.

3.2 Session with the clinical team from City Hospitals Sunderland

During this session, the Senate Review Team heard:

- The history of the development of the current Urgent and Emergency Paediatric Service across South of Tyne and Wear through the Accelerated Big Picture Programme in 2012 which established the current model of provision at Sunderland Royal Hospital (SRH), Gateshead Queen Elizabeth Hospital (QE) and South Tyneside District Hospital (STDH).
- That the model established in 2012 has been increasingly vulnerable, particularly in regards to middle grade doctors and given this, any future model needed to be significantly less reliant on middle grades.
- That the current service in the SRH Paediatric ED is stretched and does not allow for quality improvement or other non-clinical work
- That the Sunderland team recognise that the future model needs to both incorporate the exceptional staff at South Tyneside but not work to the detriment of the current SRH service and that any service at South Tyneside needs to be more than just an Urgent Care Centre level of provision.
- That the number of consultants working in SRH Paediatric ED needs to be increased but without their caseload being diluted by working across two-sites.
- That the future model of care needs to minimise travel for patients and their families from South Tyneside as far as possible and that doesn't lead to too much additional activity coming across to SRH (which may potentially hide the seriously-ill child in the SRH Paediatric ED amongst a greater number of less-ill children)
- That there needs to be a recognition of the finite resources available to deliver services in the future.
- That in Option 2 there would need to be staff rotation across the two sites to ensure paediatric nurses in South Tyneside would not become isolated and that there would be a standardisation of care pathways across both sites.
- That the "Third Option" would be difficult to attract consultants to in the future as it would mean that they would also be working down to middle-grade level.
- That both options put forward for the future really need improved support from general primary care and primary care out-of-hours providers.
- That a decision on the future model is needed and that any decision is better than no decision.

3.3 Session with the clinical team from South Tyneside Hospital

During this session, the Senate Review Team heard:

- the clinicians and paediatric staff of South Tyneside feel that they have had no input into the service redesign process
- that the current services are sited within an extremely deprived population
- the history of the how the current service model was developed as part of the 2012 Accelerated Big Picture programme but how the initial 8 beds set out for South Tyneside have become 3 beds during this time. The staff feel that they manage these beds really well and that they are used almost as an observation unit and are full every day.
- the current unit is staffed by consultants (with no middle grades during the day) working with very experienced paediatric nurse practitioners who work at middle grade level in many respects (although not synonymous with a middle grade doctor) but that this is not well understood within the clinical team at SRH
- that there has been a very significant increase in demand for services in STDH (from 6,000 patients in 2012 to 17,000 patients in 2017) including an increase in the number of child and adolescent mental health presentations
- that the South Tyneside team are concerned about the driver for Option 2 and have been repeatedly told that it originated from the CCG. The team feel that strength of paediatric nurse practitioners is the ability to notice when a children is very sick and they can escalate the patient to a medical decision-maker on-hand in STDH. They feel that in Option 2 all the safety-nets for nursing staff are removed and despite the maintenance of the Rapid Access Clinics in Option 2 this does not guarantee access to a medical decision-making. They also feel that they have built a service where parents present earlier with their ill-child which means that they can be treated more easily and discharged home where if this model changes parents will present later which will lead to more ill children and therefore a greater number of patients will require transfer to Sunderland
- that the staff feel that there is currently no common understanding of what a nurse-led model would look like and are concerned the lack of availability of a short-stay facility in Option 2 would further increase non-urgent transfers to SRH.
- that the team have concerns over the effectiveness of how children's safeguarding would work in Option 2.
- that the transport issues associated with the proposed models are very significant for the population of South Tyneside, particularly for patients who would self-present out-of-hours with a very sick child and that to ensure a sustainable service there needs to be some paediatric emergency experience overnight (at least at middle grade level)

- that there are no currently no paediatric nurse practitioners in training but that uncertainty around the future service provision is proving to be a barrier to those wanting to join the STDH team as paediatric nurse practitioners
- that they feel that in Option 1 there would be 1800 children a year requiring transfer to SRH as the unit closes/through the night
- that the team have recent experience of needing to transfer a child to SRH but have been told they can't as SRH has no bed capacity for them.

3.4 Session with the Save South Tyneside Hospital Campaign Group

During this session, the Senate Review Team heard:

- Genuine concerns from parents with young children who have had need to use the urgent and emergency paediatric services about the implications of the proposed changes. In particular these concerns related to overnight provision at South Tyneside in the proposed options (in terms of difficulty of accessing services in Sunderland and the appropriateness of the environment should urgent treatment be given in the adult Emergency Department at South Tyneside District Hospital during the night) and general ease of access of services in Sunderland (which would leave many in South Tyneside reliant on bus journeys – when running – involving a number of changes depending on starting point)
- The view from the Save South Tyneside Hospital Campaign Group that the proposed service changes were less safe and sustainable than the current model of care and were far less accessible to the population of South Tyneside (given the low car ownership in South Tyneside, high cost of travel by taxi and difficulty and unreliability of public transport to Sunderland). The Group felt that the travel analysis was far from satisfactory (coming up with "absurd" travel times from South Tyneside that did not reflect the reality of the journeys that would need to be made) and that did not factor cost to the patient into the assessment.

During this session the Senate Review Team were presented with a letter from Emma Lewell-Buck MP for South Shields outlining her concerns with the proposals. The main concerns outlined in the letter were:

- The inadequacy of the clinical evidence base used to develop the proposals
- The inappropriateness of the proposed models of care in addressing the challenges faced by the current service
- The lack of consideration of different ways of addressing workforce challenges (e.g. technology or changes to rotas)

- Consideration of impact on other interdependent services (public transport, ambulance services, bed capacity and parking provision for staff and the public at Sunderland Royal Hospital)
- The implications for the travel cost for patients
- The unsafe nature of the proposals and the “real risk to life” that these changes would present to children and young people unable to access emergency and urgent services, and
- The lack of inclusion of a 24/7 Urgent and Emergency Paediatric Service at South Tyneside District Hospital

The full letter can be found in appendix 4.

3.5 Session with North East Ambulance Service representative

During this session, the Senate Review Team heard:

- That NEAS would face a significant operational challenge (clinically this would not be an issue) to clear the 2 or 3 patients likely to require transfer each night at the point of closure of the South Tyneside service in Option 1.This challenge would be even more significant on a Friday and Saturday evening when demand for ambulance services increases.
- That patients requiring transfer in at the point of closure of the South Tyneside service in Option 1 would be classed as a C3 response which has a 120 minute standard response time. That NEAS have concerns on the length of time it would take to clear these patients and that even this standard would be hard to achieve and that it could eventually be a 4 hour process.
- NEAS believe that for Option 1 an increase in resource and/or a different model of care for transfer would be required. This could include the provision of a double-crewed vehicle stationed at South Tyneside District Hospital (although could not guarantee it would be available should other priorities require its use) or an increase in the hours of the low-acuity transfer tier past the current 10pm end time. If a child requiring transfer required airway support or was being transferred with an IV drip then they would not be eligible for low-acuity transfer. Patients on oxygen would be eligible however. At the time of this session NEAS had not been asked by the programme to model the dedicated provision of a low acuity vehicle but that it would be possible to do so if required.
- That NEAS’ biggest concerns around the proposals are in relation to patients who would present to the service out-of-hours.
- There are also concerns regarding potential handover delays in any scenario where there would be significant increases in conveyances to Sunderland Royal Hospital. Whilst there is a separate Paediatric Emergency Department at Sunderland Royal Hospital, additional paediatric conveyances would enter via the same handover queue (as it currently stands). This could be changed

to a direct access model (following the “send-accept” model similar to that used by the Trauma Network) but there would need to be guarantees that there would be automatic acceptance at the SRH paediatric service and no diverts to the adult ED.

- That NEAS feel that further work needs to be undertaken to assess the likely proportions of patients from South Tyneside during the night utilising different service choices (e.g. call 999, self-present to Sunderland, self-present at STDH Adult ED, self-present at Gateshead Queen Elizabeth Hospital, self-present at Newcastle Royal Victoria Infirmary or utilise out-of-hours primary care providers). NEAS’ current working worst-case estimate is that in the proposed models there could be 9 paediatric emergency attendances through the night at STDH that may require transfer which whilst sounding small number for a hospital unit to deal with, they are significant numbers for an ambulance provider to cope with.

4. Summary of findings

Based on the information submitted by the Path To Excellence programme and the discussions that took place during the panel review session, the Northern England Clinical Senate Review Team has made the following findings in-line with the objectives of the terms of reference.

4.1 General findings

The Review Team found that:

- the current services on both the Sunderland and South Tyneside sites are clearly staffed by medical and nursing teams passionate about providing high quality urgent and emergency paediatric services for their populations
- the challenges faced in maintaining sustainable services are evident and reflect similar challenges faced by paediatric services across the country
- the types of patients seen and level of risk accepted by the Paediatric Nurse Practitioners and Advanced Paediatric Nurse Practitioners at the two current sites is different and a clearer understanding of this and a plan to standardise training etc would be beneficial in either of the two options and in creating the “One Team” approach outlined by the programme team
- the appropriate evidence base has been used when developing the options for the Path To Excellence programme (with the caveat that the programme should review the options to ensure they align to the more recent *2015 Paediatric Intensive Care Society*: *Standards for the Care of Critically Ill Child* [1]which superseded the 2012 version referenced in the documentation provided)

[1] http://picsociety.uk/wp-content/uploads/2016/05/PICS_standards_2015.pdf

- the “Third Option” did not present a viable alternative to the two options that went forward to public consultation
- while each of the two options that went forward to public consultation had tried to address the workforce challenges that the services face, both still required further work to address risks to service delivery should they be implemented
- given the fragile state of the current services, a decision does need to be to made to provide certainty for current and prospective staff to best support recruitment and retention but the further work on both options needs to be undertaken as a matter of urgency.

4.2 Findings in relation to Option 1

In regards to Solution 1– overnight closure of the South Tyneside District Hospital Paediatric Emergency Department and Children’s Short Stay Assessment Unit (8pm – 8am) – the Review Team found that:

- It is reasonable for the programme to consider the overnight closure of the STDH Paediatric ED and CSSAU due to low levels of activity during these hours and providing a service through the night for this small number of cases is not best use of staff when the service faces workforce challenges. Based on the discussion with the clinical staff, it would be recommended that in this model, the units would close to admissions at 10pm with the service closing at midnight (to allow two hours to clear the department) rather than the current 10pm with last admission at 8pm to reflect the current pattern of daily activity.
- This medical model is most closely aligned to the current clinical evidence base for the provision of urgent and emergency paediatric services
- This model replicates other models already working in other areas
- Attention should be paid in the planning to means of ensuring that un-well children do not inappropriately present to South Tyneside outside the hours of work of the paediatric service and that there are plans for safe transfer of any such children to Sunderland. Nevertheless, it is likely that occasional sick children requiring immediate emergency management may present to South Tyneside. It would therefore be necessary that the adult ED clinicians maintain their emergency paediatric skills (including Advanced Paediatric Life Support) to ensure safe management and stabilisation of children prior to transfer to Sunderland where appropriate
- That there is still considerable further work required on the supporting transport and transfer aspects of this model before decision-making should take place. Whilst the Review Panel heard that members of the programme team and clinical staff had identified these issues, the necessary modelling work to support the transport and transfer services planning had yet to take place. The North East Ambulance Service and the programme need to work together at pace to ensure this modelling and impact assessment is

completed as a matter of urgency. To proceed to decision-making without doing so would be a serious concern to the Review Team

- That this model as currently described to the panel is closest to being adapted to the point of making it workable and could potentially be implemented incrementally to build confidence in it should this become the preferred option at the decision-making stage of the process.

4.3 Findings in relation to Option 2

In regards to Solution/Option 2– acute paediatrics including the Children's Short Stay Assessment Unit and the Children's Day Unit moving to Sunderland Royal Hospital with the development of a nurse-delivered minor injuries/illness care centre available 8am – 10pm at South Tyneside District Hospital – the Review Team found that:

- There is still a significant amount of unquantified risk associated with this model that would need to be addressed as a matter of urgency prior to decision-making.
- From the discussion with the nursing staff from STDH it is clear that they lack confidence in their ability to make this model work in practice whilst maintaining their current risk threshold in the management of patients due to the removal of accessible on-site middle-grade clinical support. This lower risk threshold would see an increase in transfers to Sunderland Royal Hospital and therefore an increase call volume to NEAS. Further modelling work needs to be undertaken to quantify this potential change in risk threshold on the overall impact onto both sites under this option and potentially explore technological solutions to the provision of rapid middle-grade support to nursing staff requiring a clinical view on a potentially ill child.
- That greater clarity needs to be given on how the members of staff working out of the STDH site will maintain their competence (e.g. the need for rotation etc), how the provider will ensure that this model can attract future workforce and how new staff will be trained in this option.
- The STDH nurses also argue that because of their relationship with the local community and known way of working that they see children presenting earlier and that any perceived move of service to Sunderland would see parents present later when their child was more seriously ill creating further additional demand on the overall service. Given that, the Sunderland clinical team voiced concerns over any increase in activity that may hinder them identifying the really ill child amongst those with low acuity.
- As in Option 1, the transport and transfer arrangements need further work to manage the risk of self-presenting patients (particularly out-of-hours) that require conveyance from STDH to SRH. With very low levels of car ownership in South Tyneside and an apparent lack of confidence in NEAS response times and GP access (which may be unfounded) there is a risk of continual

high rates of self-presentation at STDH given the current utilisation rates being greater than equivalent sized units in other areas in the country with comparable demographics.

4.4 Findings in relation to the "Third option" that was discounted a hurdle criteria stage

In regards to the "Third option" - the maintenance of the 24/7 Paediatric ED (with ambulance divert to SRH however) with consultant presence site Monday-Friday 9am – 10pm with overnight service provided by Paediatric Nurse Practitioners supported by Adult ED and Consultant Paediatrician on call, 24/7 CSSAU with increased bed capacity from 3 to 6 and increased length of stay from 24 – 48 hours – the Review Team agreed with the programme's assessment at the hurdle criteria stage that it did not present a viable alternative to the two other options and was therefore appropriate to not include them within the public consultation process.

The main reasons behind this view are that:

- the model would still be too far away from the Facing the Future standards
- paediatric consultant on-call cover through the night would further impact on in-hours paediatric consultant staffing levels
- it does not address the workforce pressures currently faced by the service to present a long-term sustainable model for the future.

4.5 Other findings

Aside from these specific findings in relation to the individual models, the Review Panel also find that:

- there is a need to accelerate the further development of the two options with staff from all disciplines from both sites, with independent facilitation if necessary. This is particularly the case for the paediatric nursing staff from STDH to build their understanding and confidence in the suggested models, building on their experience and current level of practice to shape the best possible service for the populations of both Sunderland and South Tyneside. This development should include clarification around the proposed pathways of care (e.g. child arriving just before cut off time and clinical emergencies)
- there needs to be a greater focus on clinical and patient outcomes as part of the work of the Programme
- whichever option the programme ultimately decide to implement, an effective communications strategy will need to be development and clear and consistent messaging given to the population of South Tyneside to make

them aware of how to access the most appropriate service in the new configuration
- the CCGs work with primary care and out of hours providers to ensure that clinicians have the appropriate level of skills and capacity to manage paediatric demand onto the hospital base services
- that clear governance and safe-guarding arrangements are made for the new configuration regardless of option selected

5. Recommendations

In summary, the recommendations of the Northern England Clinical Senate review team are as follows:

- That the “Third Option” remains discounted during the decision-making process as it does not provide a viable solution to ensuring a clinically sustainable solution for Urgent and Emergency Paediatric Services across Sunderland and South Tyneside
- That much more work needs to be undertaken on developing both Option 1 and Option 2 before any decision is made. For the reasons outlined earlier in the report, the Senate Review Team feel that Option 1 is closer to being developed into a workable model and has a greater clinical evidence base supporting it than Option 2 at this point in time. If Option 1 is chosen, extended working hours to 22:00 should be considered alongside a phased implementation.
- That the Programme and the North East Ambulance Service work on a more detailed impact assessment of the implications of both Option 1 and Option 2 as a matter of urgency.
- That the operational risks outlined, with the volume of patients likely to require transfer between STDH and SRH in the proposed options, have more clearly defined mitigations put in place to ensure the capacity and capability to convey this number of patients is in place before the any option is implemented (without impacting on wider ambulance response performance) and that the receiving unit can guarantee admission for the patient on every occasion on arrival
- That the risk-mitigations for patients self-presenting at STDH out-of-hours in the proposed options are fully worked up and in place prior to the implementation of any new model
- That staff from both Sunderland and South Tyneside are brought together to undertake this further developmental work, and
- That a clear and robust communication and engagement strategy for the public is developed alongside and enacted at the point of decision-making and prior to the initiation of the new service model (regardless of preferred

option). This should include mitigations in place for extended travel time and how best to use public transport to access the new service model.

Appendix 1 – Path To Excellence documentation provided to the Clinical Senate pre-review day

- Path To Excellence Public Consultation Document
- Pre-Engagement Patient Insight Report
- Path To Excellence Issue Paper (Case For Change)
- Pre-Consultation Business Case
- Clinical Service Review Report – Paediatrics Service June 2017
- Overview of the Clinical Design Process
- Hourly Attendance Analysis STDH Paediatric ED Activity 2016-17
- Travel and Transport Impact Assessment Baseline Report Executive Summary
- Travel and Transport Impact Assessment Baseline Full Report
- Travel and Transport Impact Public Summary
- Travel and Transport Impact Assessment of Service Options Report
- Paediatric Equality, Health and Wealth Inequalities Integrated Impact Assessment Summary Report
- Paediatric Equality, Health and Wealth Inequalities Integrated Impact Assessment Full Report
- Pre-Consultation Proposed Paediatric Third Option Summary
- Pre-Consultation Assessment Of The Third Paediatric Option
- Pre-Consultation Final Clinical Services Review Group Assessment of the Third Paediatric Option
- South Tyneside Clinicians Paediatric Pre-Consultation Letter
- South Tyneside CCG Response to the Paediatric Pre-Consultation Letter
- Save South Tyneside Hospital Group FOI Clinical Services Review Response August 2017
- South Tyneside Special Care Baby Unit Ward Manager August 2017
- South Tyneside Paediatric Staff Letter August 2017
- South Tyneside Special Care Baby Unit Signed Open Letter to CEO Ken Bremner September 2017
- Save South Tyneside Hospital Group Briefing Response
- Joint Health Overview and Scrutiny Committee Interim Consultation Response
- Internal And External Assurance Arrangements
- Child Health Network Consultation Response
- Neonatal Network Pre-Consultation Response
- Gateshead Health NHS Foundation Trust Consultation Response
- Newcastle Upon Tyne Hospitals NHS Foundation Trust Consultation Response
- Newcastle-Gateshead Clinical Commissioning Group Consultation Response
- Neonatal Peer Review Letter 111017
- Neonatal Transport Service Consultation Response

Appendix 2 – Review day schedule and list of documents received on the day

Time	Session	In attendance
Sunderland Royal Hospital		
09:30	Path To Excellence Programme Team	• Dr Shahid Wahid, Medical Director, South Tyneside District Hospital • Patrick Garner, Path To Excellence Programme Manager • Jill Simpson, Path To Excellence Programme Team • Matt Brown, Director of Operations, South Tyneside CCG
10.00	City Hospital Sunderland Clinical Team	• Dr Geoff Lawson, Clinical Director, Consultant Paediatrician • Dr Charlie Atkinson, Consultant Paediatrician • Rachel Patterson, Matron, Paediatrics • Joanne Clark, Directorate Manager for Paediatrics
South Tyneside District Hospital		
13:30	South Tyneside Hospital Clinical Team	• Dr Sunil Gupta, Consultant Paediatrician • Dr Venkatesan Kannan, Consultant Paediatrician • Alyson Duncan, Matron • Sandra Hudrew, APNP • Trish Fiksen, APNP • Kerry Brennan, Crisis Manager • Ali James, Acute Paediatric Unit Manager • Fiona Kerr, Deputy Ward Manager
15:30	Save Our South Tyneside Hospital Campaign group	• Roger Nettleship, Chair • Sonja, Parent • Hayley, Parent • Maddy Nettleship • Phil Brown • Ann Best, on behalf of Emma Lewell-Buck, MP for South Shields
16:30	North East Ambulance Service	• Paul Aitken-Fell, Lead Consultant Paramedic

The documents received during the day were as follows:

- The Path To Excellence – Clinical Senate Review for Paediatrics: PtE Programme Team Summary presentation (provided by the Path To Excellence Programme Team)
- Save South Tyneside Hospital Group Briefing Response (provided by the Save South Tyneside Hospital Group)
- Letter to the Clinical Senate Panel members from Emma Lewell-Buck MP (provided by Ann Best on behalf of Emma Lewell-Buck MP)

Appendix 3 – Information received following the session

Following the Review Panel session, the additional information was requested and received from the programme:

- Primary Care access rates (GP survey data to show ease of getting an appointment and getting through on the phone)
- Details of any increased access schemes in South Tyneside
- NEAS response rate performance for Sunderland and South Tyneside
- Any paediatric readmission rate data for the two current services