NHS

North East and North Cumbria
Provider Collaborative

DRAFT

Strategic Approach to Clinical Services (SACS): 10-year framework for sustainable hospital services

2025 - 2035

Contents

Foreword

This framework sets out an ambitious plan for the future of hospital services in the North East and North Cumbria.

We are very proud of the fantastic care that we deliver here. We have amazing staff and the work of our clinical teams, quite literally, changes people's lives. There is no doubt that our hospital services are some of the best in the NHS. We want to keep it that way.

In less than ten years' time, the number of patients coming into our region's hospitals is set to increase significantly. Our response to this must be planned now. We cannot wait for services to become at risk.

This means working better within our own Trusts to share learning across different specialties. It also means working with other FTs and on a regional footprint where this makes sense. This framework outlines our plan to do this.

It will help us to target our approach and focus energy where we can have the biggest impact for patients and staff. This might be as simple as learning from one another. It may mean staff working across more than one hospital. It may also mean we must organise hospital services in a wholly different way. This includes how we work with primary care to develop neighbourhood health models and do more in a community setting.

Our aim is to make sure our hospital services are consistent, fair and equitable. This is a moral responsibility for us all.

It cannot be right that patients can wait almost a year in parts of our region and a matter of weeks in others for the same treatment.

It also cannot be right that the same services may be well-staffed in one hospital but surviving with the support of locums and agency staff in another.

"We must be bold and brave to safeguard our hospital services for the future."

The work we do now, using this framework, will support elective recovery across the region and create a better work life balance for staff. It will also make sure we make the best use of the public pound.

Our clinicians are already telling us that we need to think, plan and deliver hospital services differently. We must do this if we are ever going to meet the growing clinical needs of our population and respond to the ambitions of the NHS 10-year-plan.

This framework sets out a clear direction for all FTs to follow. Whether that be working within their own organisations and at a neighbourhood level across nested collaboratives, or on a regional scale.

We must now be bold and brave enough to take the right steps together so that we can safeguard our hospital services for the future.

Ken Bremner MBE
Chair, North East and North Cumbria (NENC) Provider Collaborative

System strategic context

This document outlines how we will work together to plan and improve the services we provide in hospital. We call this work our 'Strategic Approach to Clinical Services (SACS).'

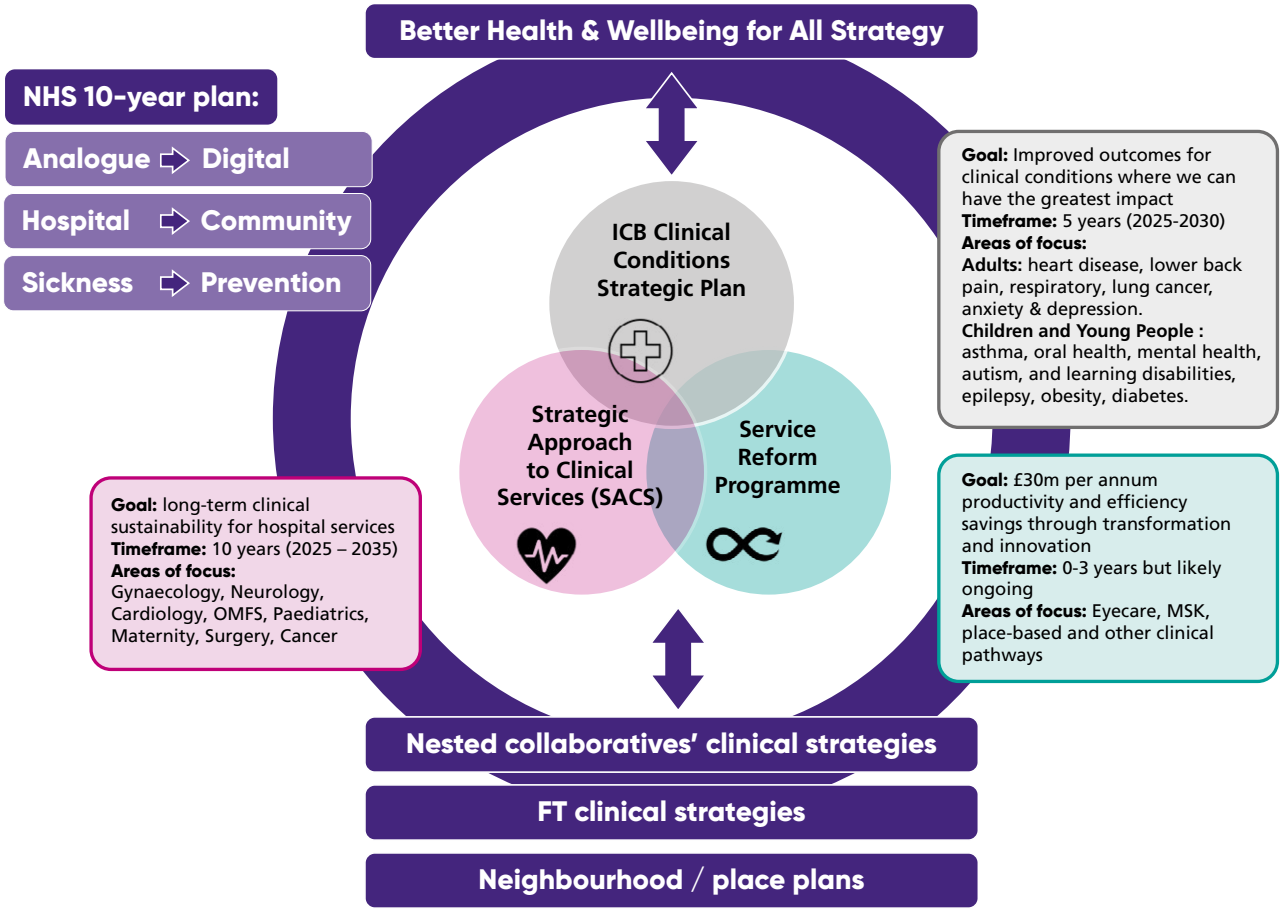
The NENC Integrated Care Board (ICB), which buys and plans healthcare services, has asked us to develop this framework.

It is in line with the region's integrated care strategy **'Better Health and Wellbeing for All'**.

It will help achieve the strategic goal of having better health and care services. Together with the ICB, we want to plan for the future and in line with the national 10-year NHS plan. This framework outlines the approach for how we will improve the quality, consistency and sustainability of hospital care.

It sits alongside two other key pieces of work:

- The region's Clinical Conditions Strategic Plan. This looks at the biggest causes of ill health and why people die sooner in our region.
- The region's Service Reform Programme. This looks at how we can transform and improve services across all parts of the system.



Setting up hospital services well for the future

Even though our hospitals only provide a small part of NHS care, it is important that we set them up well to cope with future demand:

- No matter how much we improve people's health, or how much care the NHS delivers in the community, there will **always** be parts of care that must happen in hospital. All of us will need hospital care during our lives.
- We know that demand on hospital care will grow and change in the next ten years.
- As our population grows older, more people will need care. The nature of that care will also become far more complex as people live with multiple health problems. We must make sure our hospitals are ready.
- We know that people who live in the most deprived areas will be diagnosed with major illnesses a decade earlier than those in the least deprived areas. This will impact us more in our region.

We want to use our shared sense of purpose to shape how we plan and improve hospital services together. This means sharing and learning from each other to improve and being more productive with the resources we have.

This framework will help to make strategic system decisions together on things like:

"If we do nothing, our hospital services will not cope with the expected rise in demand. Even with more focus on prevention and care in the community, we must be ready for a tidal wave of new patients needing hospital care."

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Who is involved in this work?

All 11 NHS Foundation Trusts in the region are involved in this work. Together we cover one of the largest and multifaceted geographies and population sizes in England.

As well as working together at a regional level, our FTs are also part of 'nested collaboratives' at a more local level and work with key partners as part of place and neighbourhood arrangements. We also have a sector specific collaborative between our mental health, learning disabilities and autism providers.

This framework has been developed with representatives from:

- FTs and nested collaboratives
- Key professional groups including Chief Medical, Operating, Nursing, Strategy and Digital Officers.
- ICB commissioning leaders
- Other core regional programmes of work on infrastructure, digital and workforce.

While this framework focuses on hospital services, we recognise that our mental health, learning disability and autism services and our ambulance service are integral. All three FTs have supported the development of this framework.

"We need to think about how we set up hospital services in a better way for the future. These are ambitions that we all share as FTs. For too long, we have tried to solve the same challenges that we all face on our own."

The NENC provider landscape and rationale for change

- Hospital service demand is increasing and over the next 10 years we expect:
  - a 10-30% increase in outpatient activity
  - 25-50% increase in inpatient activity
- This increase will be highest in the conditions that impact use of NHS services (and mortality) the most. This includes heart problems, dementia, cancer and diabetes.
- Almost a third of our population is already living with two or more long term conditions. This is highest in our most deprived communities
- We have constant challenges to make sure our hospital buildings and clinical kit stays fit for purpose. 55% of our hospital estate is over 30 years old.
- We need to make sure hospital services are affordable for the future.

244 We provide services from 244 different healthcare sites

3.2m We serve a population of over 3.2m people

We occupy buildings that equal the space of more than 270 football pitches

100,000 staff We employ over 100,000 staff, making us one of the region's largest employers

£6.5 billion We are responsible for £6.5 billion of the region's healthcare budget

1,400 services We provide over 1,400 different types of healthcare services including acute hospital care, mental health support, community health and specialist treatments.

The pressures on our hospital mean:

- We can't always staff our services as we need to
- There are differences in quality and outcomes
- We have differences in productivity and waiting times.

Sometimes this can lead to some services becoming fragile and often having to temporarily close. It also means that access to hospital services in the region is not always fair or equal.

We want our hospital services to be robust/ consistent, for the future. We cannot allow the pressures and challenges we face, to destabilise our hospital services or demoralise our hard-working staff.

Our vision

"To deliver consistent, high quality and clinically sustainable hospital services by 2035"

We will do this by aiming for:

- **Standardisation** – hospital services that deliver the same standards and give a consistent quality of care and outcomes.
- **Stabilisation** – hospital services that have robust staffing, capacity to meet demand and the right estate and equipment.
- **Sustainability** – hospital services that are both clinically and financial sustainable and able to adapt to population needs.

SACS Framework objectives and ways of working

The SACS framework will be at the centre of everything we do as a Provider Collaborative moving forward. It will become the vehicle to drive transformation in hospital services.

The framework has 3 objectives:

1. **To set out the clinical ambitions for hospital services in our region.**

2. **To outline the key clinical service areas to test delivery of these ambitions and longer-term priorities.**

3. **To ensure we share learning and embed the approach, where appropriate, across pathways in other clinical areas.**

Much of the work to plan, improve and sustain hospital services for the future will still take place locally. This will be at FT level and as part of nested collaboratives.

Our FTs are also part of operational and clinical networks in the region. All this work will continue as we seek to make our clinical services as good as they can be.

As work progresses within individual Trusts, through nested collaboratives and at place in neighbourhoods, all system partners should take account of and work towards the ambitions set out in this framework for hospital services.

This will allow the SACS programme to focus on the long-term challenges that require greater collaboration across the region.

The SACS Board (see page 44) will provide the oversight for:

- Understanding key issues or challenges with clinical services across the region.
- Agreeing where it is best to focus collective efforts for greater collaboration.
- Escalating any recurring issues or challenges with clinical services that cannot be solved at a local or nested level.
- Ensuring any local clinical plans, and / or the work of nested collaboratives, fit with the long-term clinical ambitions for hospital services in the region.
- Making sure there is early warning so that we can respond together as a system if there any unexpected issues with clinical service delivery.

It will also provide the link for collaboration with wider system clinical priorities (see page 5).

Using the SACS framework in practice

This framework aims to ensure the system works towards the same strategic clinical ambitions for hospital services. This, in turn, will mean that we deliver solutions which connect up across the region.

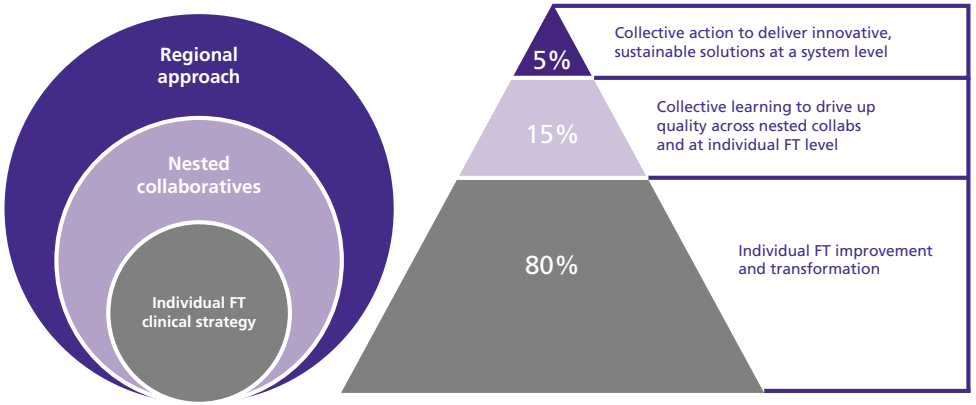
It will enable our providers to work together where it makes sense to do so and agree the best ways to support each other. It will also help us better understand how resilient our clinical services are and the actions we need to take to remove risk from the system.

We may need to think about how we organise some services at scale across the region to make sure they can keep running safely and well. This is especially the case for services that are smaller, more complex or specialist, or where we have limited staffing and expertise. This framework will help us do that.

FTs will still have autonomy and freedom to act, using the SACS framework to inform their own organisational strategies.

In reality, for FTs this means:

- **Most (80%) long-term clinical sustainability challenges will continue to be the business of local organisations, working in partnership with primary, community and voluntary services to develop neighbourhood health models.**
- **Around 15% of clinical work will need FTs to work together within and across nested collaboratives to find solutions.**
- **A smaller number of clinical services (around 5%) will need a solution that works across the regional footprint. These are the longer-term clinical priorities (see page 27).**



Our NENC Providers have other strategic priorities too. These include:

- A commitment to sustainability and working towards a net zero NHS.
- Improving productivity and quality (and reducing variation) via the GIFRT programme.
- Identifying and reducing healthcare inequalities as well as fulfilling anchor institution roles to help address the wider determinant of ill health.
- Working with partners at place and strengthening business intelligence functions to employ population health management approaches to improve our care.

How did we develop this framework?

Over the past 18 months, we have spoken to the leadership teams in each FT. We have also spent a lot of time talking to clinical teams. This was to understand more about each FT's goals for the future. We also asked about areas of strength and key areas of concern for hospital services.

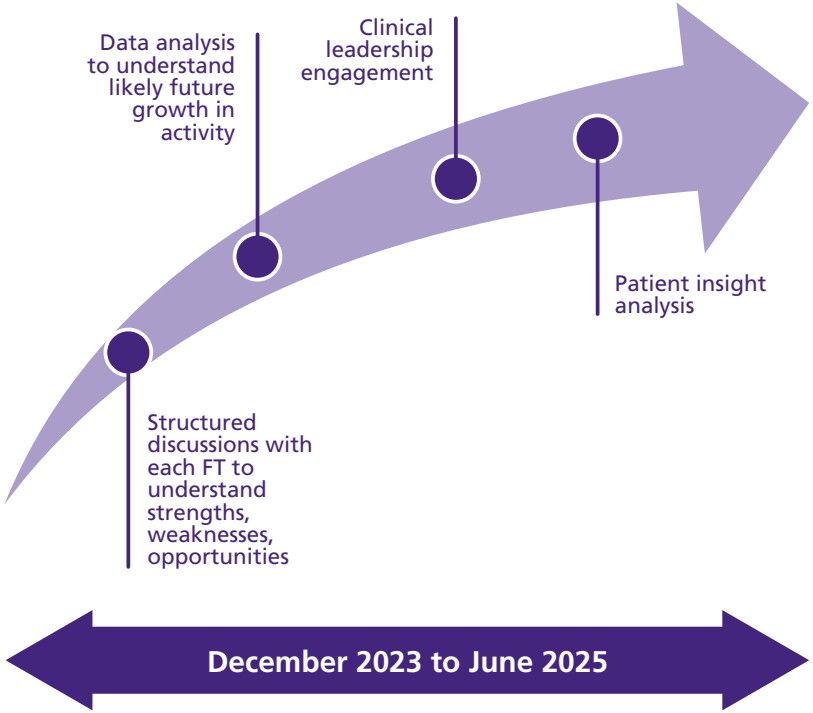
We have looked in detail at what our data is telling us.

This includes looking at patient and carer insights and feedback.

All of this has helped to inform SACS Board discussions about priorities for the future and how to structure this framework.

We are clear, as a group of FTs, that we must set our strategic clinical ambitions for the future of hospital services.

We also want to be clear what the parameters are for this work. This will keep us on track to achieve our vision for the future.



KEY MILESTONES				
CEOs sign-up to shared clinical sustainability framework and service mapping	Service vulnerability assessment (all ages)	Financial / efficiency analysis	Service vulnerability assessment (CYP)	Testing / developing SACS framework & priorities with key stakeholders
July 2023	Aug to Oct 2024	November 2024	March to June 2025	April to June 2025

Data and insights used to develop this framework

Horizon scanning

We did a review of all major policy documents, key sources of literature and overall strategic direction for the NHS. This included a listening exercise with FTs to shape a set of 'strategic assumptions' which became the start of this framework.

Leadership insight

Chief Executives at each of our 11 FTs have led work to shape the overall SACS approach. This includes full involvement from all providers, including our ambulance service and mental health and learning disability providers. Efforts have focused continuing to build and embed a leadership culture of collaboration.

Data

A forecast of what the likely future demand on hospital services will be. This looks ahead to the year 2034. We looked at data from the past, but also what the population health changes in the future are likely to be. We also looked at quality and outcome data and where we can be more productive.

Service provision

We have mapped out how our hospital services work across the region. This shows us what services we have in each area. It also shows us which services only happen in a fewer number of hospitals. This includes things like major trauma, some types of surgery and cancer care. This helped us to see where we have vulnerable services.

Clinical insight

We have engaged with over 100 senior clinical leaders in the region. This includes Chief Medical and Nursing Officers at each FT. We also asked for the views of over 20 clinical networks. We asked people what their biggest challenges were. We also asked where we should focus our efforts to collaborate on clinical services.

Strategic alignment

We have connected with other parts of our system. This includes other regionwide programmes of work, as well as our clinical networks. We also work closely through our nested collaboratives to make sure we connect with local work at place. This will be a continual process at our SACS work evolves.

Patient/carer voice

The patient voice is at the heart of the SACS programme of work. It is important that we listen to and learn from the experience people have when they use hospital services. We also need to know what matters most to people when they need to access hospital care from the NHS.
A desktop review has looked back over the past two years.

Patient feedback

What ours patient are telling us

Reducing how long people wait is key. Patients want to get their treatment quicker. They also want much better communication from the NHS while they are waiting for care.

We need to improve discharge processes and make sure we join this up better with social care. Communication from staff is key here as well.

We need to make sure everyone has access to care. This means making sure people can use the NHS app and helping them with other means if they can't.

Travel and transport is a big issue for people. We must think about this as we develop services.

What our data says…

People rate their overall adult inpatient experience at **8.2 out of 10**

Experience of leaving hospital (7.1), admission (7.3) and virtual wards (7.5) is where NENC hospital care is rated lowest.

78% of people rated their inpatient experience as good or very good.

98% of people rated their outpatient experience as good or very good.

Objective 1:

Our clinical ambitions for hospital services

We have agreed four clinical ambitions to help us to shape, transform and sustain hospital services. These are set out on the following pages. These are ambitions that cut across all areas of hospital care. We expect all parts of the system to embed these ambitions into their work moving forwards.

Our strategic clinical ambitions

Ambition 1:

We will work to put common pathways in place for those universal hospital services that all, or most, FTs provide. This will make it easier for both staff and patients to follow and help ensure timely care, in the right place.

To do this, we will:

- Develop single points of access for referrals within FTs, or more widely if appropriate.
- Ensure we have consistent ways to review referrals into secondary care.
- Optimise timely discharge to enable co-ordinated care for people with multiple chronic conditions.

Why are we setting this ambition?	• We need to be more consistent in how we deliver care. This will help to drive up standards. It will also lead to fairer outcomes. • It will make it far easier for Trusts to support each other if we all follow common pathways. • If we have common pathways, this will help us manage increasing demand. • Evidence tells us that single points of access and referral can support more timely access to the right care. • Our patients are telling us that timely access to care and timely discharge from hospital are important.
What do we expect to deliver?	• Common pathways and single points of access (within FTs) across all core clinical specialities. • Faster action to deliver this ambition in clinical areas where we expect the biggest increase in hospital demand.
How will we know we are making progress?	• More common pathways in place. • More single points of access across sites and within specialities. • More advice & guidance use. • Greater mutual aid in specialities with common pathways. • Shorter waiting times. • More equitable waiting times. • Less people coming to hospital.

Our strategic clinical ambitions

Ambition 2:

We will support hospital teams to work with primary and community care to develop ways to treat more patients outside of hospital. Only care that really needs to happen in hospital will take place there. To do this, we will:

- make sure we involve patients in making decisions about their care that add value to their life.
- adopt a realistic medicine approach to focus on what really matters to patients.

Why are we setting this ambition?	• Too many patients come to hospital for things that do not add value to their life. It does not change their life expectancy or their quality of life. This is mainly the case for older people. • We know that we will have more older people within our communities in ten years' time. We must make sure we care for older people in the right way, in the right setting. This is a big concern from our clinical leaders. • We need to focus more on the whole patient and understand what is truly important to them. Better shared decision-making will be a helpful tool in doing so.
What do we expect to deliver?	• A consistent approach across our whole system to shared decision-making. This should cut across, primary, community and hospital care and patients should be at the heart of it. • We want to embed this into relevant clinical training and use digital tools to helps us. • We will start with a small number of clinical specialities to embed this.
How will we know we are making progress?	• Better patient experience. • More shared decisions recorded and acted upon. • Less people coming to hospital if they don't want to and it won't add value.

Our strategic clinical ambitions

Ambition 3:

We will create and run distributed models of hospital care where this makes sense. This will have the right number of staff and join up clinical services through single networked teams. To do this, we will:

- think about the best way to set services up across our whole geographic footprint.
- make sure we balance the need for high quality general hospitals, as well as specialist care.

Why are we setting this ambition?	• We need to think of different ways to set up services. It is not possible for all hospitals to keep trying to do everything. We don't have the staff or resources to sustain this. • We know that where we have smaller clinical teams then the services can become vulnerable. We need to take action to stop them becoming fragile, or failing, in the future. • Some services struggle to achieve financial balance because of the way they are set up. We can't ignore this and must work together to meet health needs in more affordable ways. • The way services are set up is not equitable. Because of this, we see too many differences in patient outcomes and experiences. • Changes in population health and advances in technology mean we need to think differently
What do we expect to deliver?	• Distributed service models across a range of clinical specialties. • This will focus where there is greatest gain from a collaborative approach. • Continued specialist input into general hospital services.
How will we know we are making progress?	• More equitable access to services and fairer outcomes. • Greater service resilience and less chance of failure. • Greater financial balance within service delivery models and Trusts.

Our strategic clinical ambitions

Ambition 4:

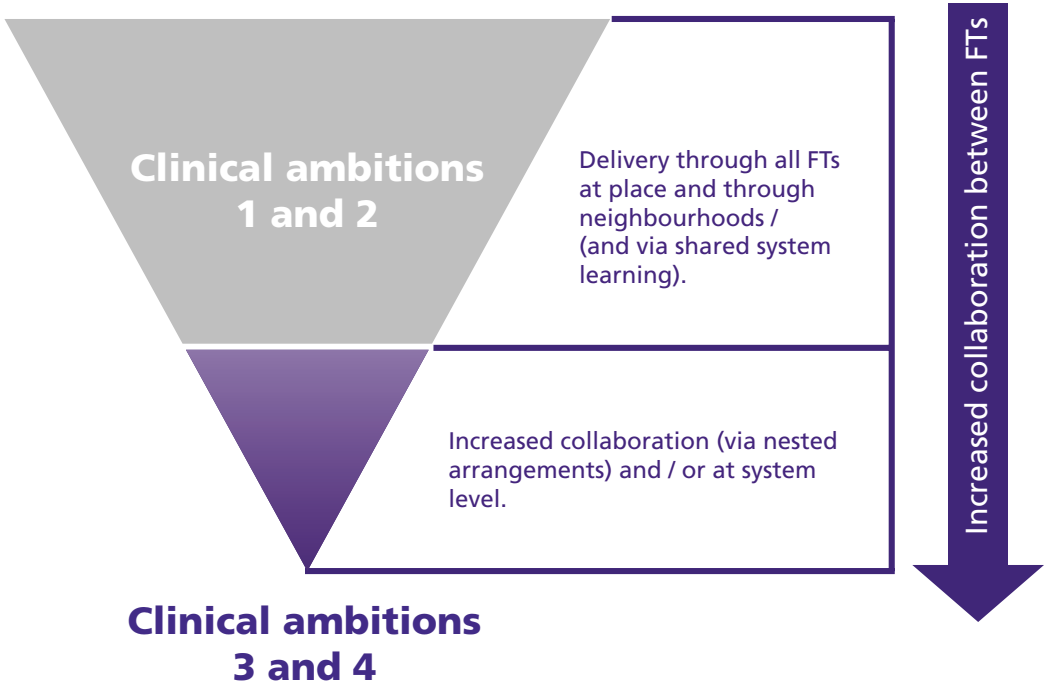
We will take a phased approach to set up managed clinical networks and single networked teams for hospital services across the region. To do this, we will:

- how we can support those clinical services that are complex or specialist. They may become vulnerable if we don't act.
- make sure we can sustain major trauma care. This might involve having a host employer in place for clinical teams.

Why are we setting this ambition?	• We know that complex or specialist services can be more vulnerable. This is because they struggle to maintain services even with just the smallest of changes in staffing. This is why a networked team will help. • Clinicians in the region increasingly work across a number of hospitals. This is thanks to the Portability Agreement we have in place. We also have emerging group hospital models and new service models which mean this is now much more common than it used to be. • We also have some great examples where clinical teams are working together in a more structured way. An example of this is gynaecology oncology.
What do we expect to deliver?	• More single networked teams in place where there is a clear benefit to this. • We will focus on our complex and specialist services first where the current risk of failure is higher.
How will we know we are making progress?	• Greater service resilience through cross-cover from networked teams. • Improved clinical quality and outcomes through standardised approaches. • Reduced waiting times through more equitable capacity across the region

Delivering the clinical ambitions in practice

1. Common pathways and single points of access / referral across all core clinical specialties within FTs
2. All but essential acute care delivered out of hospital
3. Distributed models of hospital care where this makes sense
4. Single clinical teams and / or managed clinical networks where this makes sense

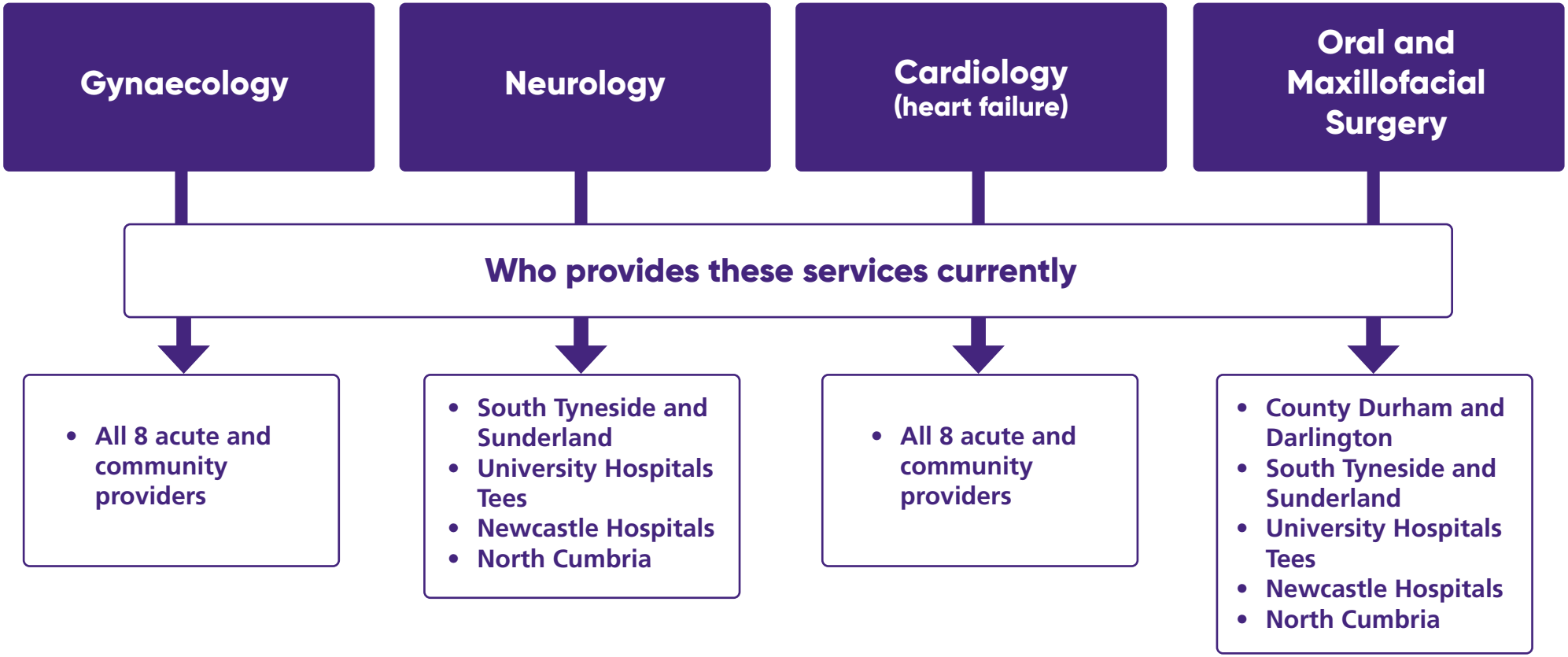


Objective 2:

Key clinical service areas for delivery

We have chosen four specialties to test out how well our clinical ambitions might work. These are our ‘blueprint’ areas. We picked them based on data and input from clinical teams. We think these are areas where we can make a big difference quickly. What we learn from these four clinical areas will help us improve other specialties in the future.

Priority clinical specialties ('Blueprint areas')



Why is Gynaecology a blueprint area?

Link to clinical ambitions:	1 and 2
Clinical challenges:	• Demand is growing fast. • There are already problems with planned care and not enough trained staff. • Some hospitals don't have the right buildings or equipment
Population health:	• 64% of gynaecology patients have two or more long-term health conditions. • More cases of womb-related issues and cancers are expected due to unhealthy lifestyles.
Future demand (by 2034):	• Outpatient first appointments: up 11% • Outpatient follow-ups: up 31% • Outpatient procedures: up 5% • Inpatient day case activity: up 21% • Inpatient elective activity: up 18% • Non-elective admissions: up 8%
Current performance: (June 2025)	• Gynaecology has the third biggest backlog for planned care, with over 9,000 patients waiting more than 18 weeks.
System impact:	• Affects all 8 acute and community providers in the region. • Makes up nearly 5% of all hospital activity in the region each year.
Strategic fit:	• Supports national and local Women's Health Plans.
Service fragility:	• At least one provider and commissioner has flagged this service as vulnerable.
Planned improvements:	• Single access and referral points within each organisation. • More care in the community and GP settings. • Better education for patients and healthcare staff.
Financial opportunity:	• Potential to save £7.3 million through more efficient care.
Delivery team:	• Provider Collaborative Gynaecology Alliance

Why is Neurology a blueprint area?

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Link to clinical ambitions:	1 and 2
Clinical challenges:	• Uneven waiting times and staffing across the region. • Very limited services in GP and community settings. • Hard to recruit new consultants, which puts future services at risk.
Population health:	• Neurological conditions are the top cause of illness and disability worldwide. • These conditions are expected to rise significantly in the next 20 years.
Future demand (by 2034):	• Outpatient first appointments: up 10% • Outpatient follow-ups: up 9% • Outpatient procedures: up 32% • Inpatient day case activity: up 42% • Inpatient elective activity: up 87% • Non-elective admissions: up 26%
Current performance: (June 2025)	• 9th largest backlog for planned care in the region. • Over 3,200 patients waiting more than 18 weeks. • 3rd largest waiting list for patients not yet admitted.
System impact:	• Makes up about 1.5% of all hospital care in the region. • Affects 4 acute and community providers in the region.
Strategic fit:	• Supports local and national plans to improve care for long-term conditions and neurology services.
Service fragility:	• Four providers have flagged neurology as a vulnerable service.
Planned improvements:	• Standardised access and referral processes across all sites. • New care pathways starting with headache and epilepsy. • More support for GPs, better education for patients and staff, and use of digital tools. • Joint recruitment efforts.
Financial opportunity:	• Potential to save £4.3 million through more efficient care.
Delivery team:	• Led by a neurology task group supported by Provider Collaborative.

Why is Cardiology (heart failure) a blueprint area?

Link to clinical ambitions:	1 and 2
Clinical challenges:	• Demand for heart care is growing faster than current services can handle. • Heart failure is expected to be one of the biggest areas of growth.
Population health:	• Heart failure diagnoses in England are expected to nearly double (up 95%) by 2024. • We have already seen a 19% increase in the number of patients across NENC with heart failure in the last four years.
Future demand (by 2034):	• Outpatient first appointments: up 20% • Outpatient follow-ups: up 28% • Outpatient procedures: up 30% • Inpatient day case activity: up 15% • Inpatient elective activity: up 35% • Non-elective admissions: up 22%
Current performance: (June 2025)	• 8th largest backlog in the region. • Over 4,000 patients waiting more than 18 weeks. • Unplanned heart care makes up over 25% of all day-case and inpatient activity.
System impact:	• Affects all 8 acute and community providers in the region. • Makes up about 4.3% of all hospital activity in the region.
Strategic fit:	• Supports local and national plans focused on cardiovascular disease (CVD).
Service fragility:	• Five providers have flagged cardiology as a vulnerable service, as well as commissioners.
Planned improvements:	• Expand heart failure services in the community to reduce hospital admissions. • Focus on both types of heart failure (with reduced and preserved ejection fraction).
Financial opportunity:	• Potential to save £9 million through more efficient care.
Delivery team:	• Likely to involve Provider Collaborative, Health Innovation North East and North Cumbria, NENC ICB, and the NHS NENC England Cardiac Network

Why is Oral and Maxillofacial Surgery (OMFS) a blueprint area?

Link to clinical ambitions:	4
Clinical challenges:	• Ongoing workforce sustainability challenges. • Organisations have agreed to work together to avoid future problems. • Short-term stability has been achieved, but more work is needed for long-term success.
Future demand (by 2034):	• Outpatient first appointments: up 22% • Outpatient follow-ups: up 31% • Outpatient procedures: up 27% • Inpatient day case activity: up 34% • Inpatient elective activity: up 24% • Non-elective admissions: up 27%
System impact:	• Affects 5 acute and community providers in the region. • Makes up about 0.25% of all hospital activity in the region.
Strategic fit:	• Supports local and national plans to improve health and care services.
Service fragility:	• Three providers have flagged OMFS as a vulnerable.
Planned improvements:	• Explore collaborative and cross team working and/or a managed clinical network. • Develop long-term workforce plans. • Improve and standardise performance across the system.
Financial opportunity:	• Potential to save £3 million through more efficient care.
Delivery team:	• Led by Provider Collaborative task and finish group.

Further clinical areas for development

While the blueprint clinical areas will act as 'proof of concept', there are other, larger and more complex clinical areas that we need to think about too. The following clinical areas have been prioritised because data and intelligence is telling us to expect changes in demand and case complexity. These are hospital services that have a number of sub specialties attached to them. They also have links with other services. So, this means if we changed one part of a pathway, we would need to think about the impact on other services too.

It we truly want our hospital services fit for the future, then we must look in detail at these areas. We cannot shy away from this challenge. There are four key areas that we will look at. These strategic priorities are below. We still have further work to do to look at the specific areas of focus within these clinical areas. We will work with clinical teams across all providers to do this.

Paediatrics

We will work with clinical teams to develop and deliver a plan for sustainable paediatric hospital services. This will balance locally accessible care with safe, planned and sustainable services and improved transition to adult care.

Linked hospital services:
- **Maternity**
- **Neonatal**
- **Children's and Young Peoples' mental health**

Maternity

We will work with clinical teams and the LMNS to develop and deliver a plan for sustainable maternity and perinatal care for the region. This will focus on sustainable care models for both low and high-risk pregnancies in acute and community settings.

Linked hospital services:
- **Neonatal**
- **Paediatrics**

Surgery

We will develop and deliver a plan for sustainable surgical services. This will build on existing transformation work. This includes how we maximise elective surgical hub resource across the region in a strategic way, whilst keeping as much care as possible in locally accessible settings.

Linked hospital services:
- **Theatres**
- **Critical care**

Cancer

We will work with the Northern Cancer Alliance to deliver sustainable cancer services and staffing of services across the region. This will use evidence and best practice to deliver pathways across community, hospital and tertiary (specialist) services.

Linked hospital services:
- **Diagnostics**
- **Surgery**
- **Non-surgical oncology**

Paediatrics

Our clinical teams have told us we need to look at the services we provide for children and young people. These services impact all 11 of our FTs. Although we expect the birth rate to fall in future years, we do expect there to be more complex needs.

Many of our sub-specialties for children and young people are already vulnerable. This is due to workforce challenges. Some services also struggle to achieve financial balance with an efficiency opportunity of £18 million. These are not things we can ignore.

There is a strong appetite from children and young people's clinical networks to move work forwards. In summer 2025, we held a clinical summit to bring together clinical leaders from hospital services across the region. This was the start of work to shape a strategic plan for the future.

- Planned paediatric activity is expected to almost double in the next ten years,
- Emergency paediatric activity will increase by 13%.

Paediatric activity accounts for 3.2% of all NENC hospital care every year

Maternity

More older women are giving birth. People also have higher BMIs and lots of other long term health conditions. This adds complexity to maternity care.

The Local Maternity Neonatal System (LMBS) within NENC is already progressing collaborative work to improve the quality and sustainability of maternity services in the region.

There has been good progress so far. We now have a single electronic patient record system across all providers. We also work in a much more agile way to shift capacity across sites as required.

Much like paediatrics, although we expect the birth rate to fall, we do expect there to be more complex needs. More older women are giving birth. People also have higher BMIs and lots of other long term health conditions. We also know that maternity care is one of the most expensive services for the NHS to provide.

Some of our local services are already struggling. We have challenges to keep midwifery-led and home-based services running smoothly. We also know that there is much heighten scrutiny and attention on maternity services across the NHS. We must get this right for the future so that people continue to have confidence in local services.

The LMNS supports our ambition to work with providers to deliver sustainable care models for the future. There are many complexities to consider as we start to progress this work.

Surgery

Across NENC patients are waiting longer for general surgery than in many other parts of the country

We know that advances in surgical techniques are changing the way that many procedures take place. We've seen a rise in robotics and keyhole surgery leading to better outcomes. We've also seen the growth of surgical hubs allowing us to deliver far more surgical care closer to home.

We also know that we have variation across our providers against core surgical standards. This impacts on the clinical outcomes we can achieve for patients. There are also differences in staffing levels and waiting times across the region.

The clinical ambitions within this framework apply to many areas of surgical care. Our clinical teams have told us that we need to explore single networked teams, as well as more distributed service models. This will help us build more resilient surgical services for the future. It will also help improve patient outcomes. We think the biggest impact will be in low volume, high complex surgery. That is why OMFS is one of our blueprint areas.

We now need to identify and agree which surgical areas to focus on. A clinical summit took place in September 2025 to take this work forwards. We will also make sure this work aligns to any new cancer pathways and models.

- If we become more efficient in how we deliver surgical services, we could release £5 million

Cancer

The amount of people living with cancer in NENC has almost doubled in the past 10 years

The Northern Cancer Alliance plays a pivotal part in our system. It works with a range of partners to continuously improve cancer care and outcomes for the whole of our population.

There is already an ambition to improve access and care for lung cancer. Lots of work is underway and this is helping us to find and treat many lung cancers sooner. This is in line with the ICB's Clinical Conditions Strategic Plan.

We know there will be even more future demand in other cancer areas too. This is as we focus on prevention and earlier detection. That is why we want to make sure our hospital cancer services are set up well to cope with future demand.

The Northern Cancer Alliance is leading work to progress this. It will focus on how we set up cancer services and staffing across the hospital system. It will also think about the links into community care. There are 11 cancer pathways to review. This will include looking at all the best practice and evidence.

The Provider Collaborative will work closely with the Northern Cancer Alliance as this work progresses.

Strategic enablers

To deliver on our ambitions for hospital services, we need the right foundations in place. It is vital that staff can work across different hospitals. This also means patient data must flow easily and in a secure way. Our teams must be resilient and have the right skills to meet our changing population needs. Our hospital estate and equipment will also be key to success. We also need to act sooner if services become more fragile.

This framework therefore sets out 4 key enablers that will help us. These are:

- **Estate / infrastructure**
- **Digital**
- **Workforce**
- **Early warning**

Key enabler: Estate and infrastructure

The region's Infrastructure Strategy must support this framework for the future of hospital services.

Why is this important?

- There are a number of risks which relate to our hospital estate. These include:
  - The costs to clear the backlog maintenance for our hospitals are over £500m.
  - 14% of our estate pre-dates the NHS.
  - The shortage of NHS capital funding means we must invest wisely.
- We know that there are lots of buildings in primary care that are underused.
  This is important if we want to move more care from hospital into the community.
- We have PFI and LIFT contracts expiring over the next 10 years.
- The digital set up of our buildings is also key. This will help to improve productivity so that teams can work from different sites.
  It will also help clinicians when they need remote support. It will also help to better support patient care in the community or at home.
- We need to agree priorities for how to use our limited capital resource. We want to use this for best effect across the region.
  This will help our Estates Directors to make sure we get maximum clinical gain.
- We also need to invest in medical equipment and not just our NHS buildings.

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Key enabler: Digital

Our shared digital priorities for the region must support this framework for the future of hospital services

Why is this important?

- We need a digital set up that easily connects hospital services and clinical teams. Clinicians are telling us this is a priority.
- This means systems that talk to each other and buildings that have the right digital networks in place.
- It also means easily sharing patient data in a safe and secure way. This is vital to support staff to work across hospital sites and providers
- This will also make short-term mutual aid easier to provide or receive.
- Patients and staff are telling us we need to give patients greater digital control of their care. We must make sure we do this in a fair and equitable way.
- This will help to support more care to take place outside of hospital in other care settings.
- We also need to improve how we adopt digital advances. This will help us be more productive with clinical time and resource. This is important as patients tell us they want the NHS to be more efficient.
- This includes how we use artificial intelligence (AI) to improve patient care. There are also other robotic and automated processes to look at too.

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Key enabler: Workforce

How we plan and recruit our workforce in a fair and collaborative way is key. This includes how we support our clinical staff to work in a different way. This might be in another hospital, provider or in the community.

Why is this important?

- Making sure we have the right staff, with the right skills, is vital for the future of hospital services. This means planning well ahead to make sure we have a constant supply of staff in the pipeline. We need to work together as providers to do this.
- We must also give staff the chance to work in a more collaborative way. This will help to develop and embed a 'system' mindset and culture.
- We know that major illness in England is set to grow in the years ahead. This means we won't have the same pipeline of future staff. We need to plan and be ready for this.
- We need to make sure our future workforce is skilled to look after people with more complex needs. This includes adults and children.
- We also need to make sure hospital staff work in a more joined up way with community and primary care teams. This will help us to deliver more care outside of hospital.
- Our Portability Agreement is helping staff to move easily across the region to support patient care. We need to go further and faster on this. This will build greater resilience in some services where this makes most sense. It will also allow staff to work more fluidly across multiple hospital sites.
- In the future our aim should be to recruit staff to the NENC 'system' or to a network of hospitals. This will also help offset future staffing and service continuity challenges.

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Key enabler: Early warning signs

We must have an early warning system to highlight issues. This will alert us to any problems with hospital services.

Why is this important?

- We know that some clinical services can become vulnerable.
- There are a range of factors that drive this. It might be staffing issues or problems with the hospital estate. Sometimes the pressure on a clinical service is too much.
- This can impact on the quality of care and the clinical outcomes for patients. It also impacts how much it costs to keep services running.
- In extreme cases, services need to stop as work takes place to resolve problems. Providers often need to call upon each other for support in times of crisis.
- It is important that we predict such problems in a better way. This will allow us to be more proactive to act and reduce risk.
- There are many things that we can know in advance and plan for:
  - » if there are lots of retirements at once in a certain speciality.
  - » if there are any changes in the training pipeline.
  - » if the lifespan of buildings or equipment is running out.
- We already have lots of insight and intelligence within our system. We need to use this in a better and more systematic way. An early warning dashboard will help us to spot future challenges sooner.

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Next steps with key enablers:

There is already lots of work taking place across the system on these key enablers. We now need to align this work to these clinical ambitions for hospital services.

As we develop our clinical blueprint areas, we will work with respective programmes and SROs to do this. The scale and scope of these key enablers will differ, depending on the clinical service.

Objective 3:

Sharing learning and embedding the approach across pathways

Embedding a pathway approach

This framework aims to adopt a 'pathway approach' in how we share learning to improve hospital services.

We offer a vast number of clinical services across our hospitals. Whilst many of these do differ in the way they deliver care, there are also lots of similar points in a patient pathway:

- People will always need to have an outpatient's appointment first.
- People will always need some form of diagnostic test.
- After a hospital stay, people will always follow a discharge process.

The same challenges exist in these areas, regardless of the clinical specialty. But this also means we have the chance to share the same solutions.

Our aim is to transfer learning to other specialties experiencing similar challenges in the same parts of the pathway. This might be about how we adapt clinical roles. It might be about finding the right digital tool to better educate patients. The solution for one clinical area has the potential to help in others.

For example, if we find a solution that works in Gynaecology, our goal might be to transfer this to Rheumatology or Dermatology.

Patient pathway approach

Whilst much of the SACS work will take place in specific clinical areas, a key aim is to share what we learn across specialities.

We will do this by:

- Buddying up key speciality-level delivery groups where there is mutually beneficial learning.
- Making sure our clinical leaders identify and act on opportunities to make connections and share learning.
- Co-ordinating cross-speciality support through the SACS Delivery Leadership Group.
- Sharing learning through a range of existing and new system mechanisms and forums.

Clinical collaboration in practice...

We have some great examples of where our clinical ambitions are already in action across the region. Our challenge is to build on and learn from these. We want to systematically embed these approaches far and wide in pathways and where it makes sense.

The clinical case for collaboration

Talking to many clinicians through my own day-to-day job as an anaesthetist and within the Provider Collaborative, it is apparent that we often see ourselves as 'belonging' to different providers. We associate ourselves with the towns and cities we work in, and we link ourselves to our own clinical speciality networks.

Within this context, there are two important things to consider.

Firstly. it becomes all too easy to forget we all share the same goal. As clinicians we all want to provide excellent care and the best outcomes for our patients. This means treating them expertly, efficiently and in a way that adds real value to their care. Secondly, whatever speciality or clinical service we work in, the similarities in the challenges we face, are far more common than any perceived differences.

Sometimes this is simply down to not having enough trained staff to do the job. It may be that we can't maintain the correct skill mix. It may even be about our hospital buildings and equipment. But more often than not, it is about how we organise our hospital services.

How we plan and deliver a patient's care journey differs vastly across our hospitals. From referral to discharge and follow up, and how we use digital and technical tools to enhance that process. There is so much we can learn from each other and do better.

"We must improve our ability to work together as providers, rather than trying to solve all our problems alone."

We have lots of exceptional teams and nationally recognised innovations in our region. But we must improve our ability to work together to better support fragile clinical services and stretched clinical teams, rather than trying to solve all our problems alone. We must also address the inequity that still exists in the clinical outcomes we achieve for patients and in waiting times across the region. This means accepting that we need to work in different environments like elective surgical hubs and adopt new outpatient processes like 'Advice and guidance'.

As clinicians, we have strong networks of best practice within our own specialties. But what if we looked further afield? What if we could break down clinical silo working and recognise that pathway solutions in neighbouring specialties may provide the answers to problems in our own practice?

We must have the courage to change out-of-date working practices in how people access hospital care and the inefficiencies they bring. One thing is very clear. If we truly put patients at the forefront of our thinking about hospital services, we can make impactful change.

Dr Chris Snowden
Clinical Lead, (NENC) Provider Collaborative
Consultant Anaesthetist

Gynaecology cancer

Our clinical teams in Gateshead, South Tees and Newcastle started working together when South Tees had just one Consultant left to run a whole service.

Four years on, we now have a regional Gynaecology Oncology Clinical Network in place.

This brings together clinical teams from all NENC providers to agree and deliver shared goals to benefit all patients across the whole regional pathway. It includes medical, nursing, diagnostic, AHP and primary care representatives. The network looks at performance, morbidity and mortality data. This helps to identify and address unwarranted variation, with valuable learning across all FTs. Successes include:

- Putting in place a single regional MDT approach.
- Producing regional clinical guidelines.
- Facilitating staff to work across multiple hospital sites.
- Establishing a special-interest group to address gynaecology radiology issues.

"It started out as one Trust supporting another, with patients being transferred to the site with available capacity and surgeons. This gradually made us realise that we needed to find a different way of working with one another if we wanted to maximise our resilience and also to improve our clinical outcomes for patients."

"The process of establishing the network hasn't always been easy, but we are all clear that we are far stronger together than we were when each provider was attempting to resolve their problems within their own clinical service."

"We had to work hard to build trust and have drawn on enabling expertise from digital, HR and contracting teams, not to mention a significant amount of clinical and managerial leadership.

"There is an incredible amount of value to be gained by working in this way. We have many aspirations as a network and are starting to explore regional data and governance processes as well as scoping opportunities to strengthen junior doctor provision.

Network Chair, Dr Neil Halford
Medical Director for Strategic Relations at Gateshead Health NHS Foundation Trust

Realistic medicine into reality

A new patient charter is helping clinicians to have more meaningful, shared discussions and decision-making with patients in North Tyneside and Northumberland.

Trust staff, alongside members of the Northumbria's patient participation group worked together to co-produce the charter. It is part a commitment to improve lifelong care.

The charter helps to ensure that every contact with patients is fully maximised. It allows care and interventions to take place based on what matters most to the patient. It sets out commitments to:

- offer informed choices to patients.
- co-ordinate care to reduce the number of times the Trust sees patients.
- truly listen to patient ideas, circumstances and preferences.

Work to embed the charter is taking place through the Trust's Health and Care Academy and through Trust induction and training programmes.

The charter also provides a self-assessment tool for services across the Trust. This helps to drive up the quality of patient interactions. Work is also underway to develop a new patient experience metric to track progress and impact.

"We need to focus more on the whole patient and understand what is truly important to them. Better shared decision-making is a helpful tool in doing so."

Feedback from patients about what is important to them:

- Less fragmentation of the pathway so that they don't have to attend lots of appointments
- Letters that are clear, easy to understand and explain the next steps
- Accessibility and choice over the type (virtual / in person), time and date of appointments
- Good information before a consultation to help them make decisions

Our principles for delivery

It is important that all system partners implement this SACS framework in a transparent way. This means following the same system principles as we deliver the work.

Our principles

- Our clinical teams will guide our work.
- We will week to address problems at a local level where we can.
- We will listen to and involve patients, carers, and local people.
- We aim to reduce health inequalities and will not make them worse.
- We will live up to our system Leadership Compact.
- We will work to the collaboration principles already agreed for clinical service sustainability (click here).
- We will keep our focus on the long-term challenges that we cannot solve alone.

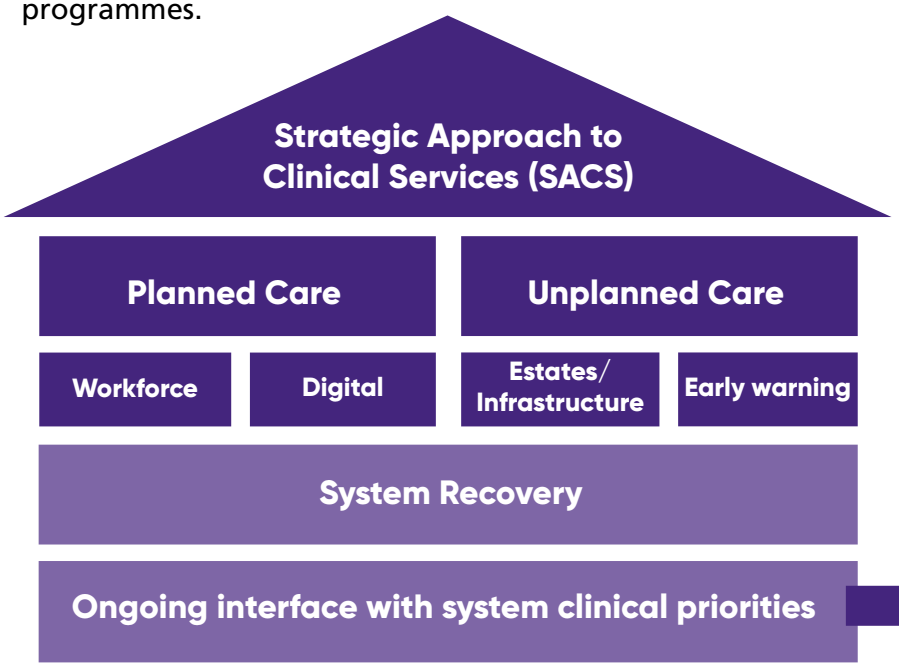
Our principles for delivery

Our commitment to communities	Our commitment to quality	Our commitment to colleagues	Our commitment to collaboration	Our commitment to organisations	Our commitment to ambition
• We will ensure that the patient voice is at the heart of everything we do. • We will involve people as work takes place to change and improve hospital services. • We will seek to understand patient and carer experiences. This will drive delivery of work at all relevant stages. • We aim to co-produce service or pathway changes. We will work with the voluntary and community sector and local people with lived experience to do this. • We will hold health equity at the front and centre of our work.	• We will seek to improve the quality of all hospital services across all parts of the region. This includes our district general hospitals as well as more specialised services. • We will aim to reduce the variation that exists in patient outcomes and productivity. • We will aim to improve quality of care for frail older people in the most integrated way we can.	• We will create a culture of kindness in everything we do. • We will involve staff across all professions and seek their views. • We will always seek to listen to and support staff. This will help our teams to lead, develop and adapt to new ways of collaborative working.	• We will foster a 'one-NHS' culture. This means working as part of one, or more, hospital networks to sustain services and establish networked teams where it makes sense to do so. • We will adopt the principle of 'mutual aid' as a given. • We will commit to a transparent approach to capacity, planning and investment. This must align to this framework and agreed system clinical needs. • We will recognise that joint planning may not always mean joint delivery. • We will draw upon the expertise and capacity of our system collaborative clinical networks to support clinical-led delivery of our ambitions.	• We will commit to the principle of subsidiarity in our strategic approach to clinical services. This means decisions should take place at the most local level possible to effectively address an issue. • We will employ shared service distribution, ownership and host provider models as required. • We will respect individual FT autonomy in the governance arrangements for all collaborative clinical service sustainability efforts. • We will commit to understanding the broader implications for the system of any significant staffing, infrastructure and investment decisions.	• We will challenge ourselves to collaborate further and faster to safeguard hospital services and patient care. • We will be prepared to review and refine service delivery models and seek to do things differently. This includes looking at our bed base to innovate and change.

Collaboration with wider system clinical priorities

Whilst this SACS Framework will drive everything we do as a Provider Collaborative over the next 10 years, we recognise that there are other long-term shared clinical priorities across the NENC system.

This incudes the work of the Planned Care Board and the Urgent and Emergency Care Board, along with other regional work programmes.



We need to ensure that these wider system clinical priorities align to this framework for hospital services moving forward.

Having the SACS framework in place will:

- Provide the right forum for system programmes and partners to escalate challenges that need to be solved
- Ensure the right system programmes, partners and networks are involved in SACS delivery

Delivery, governance and accountability

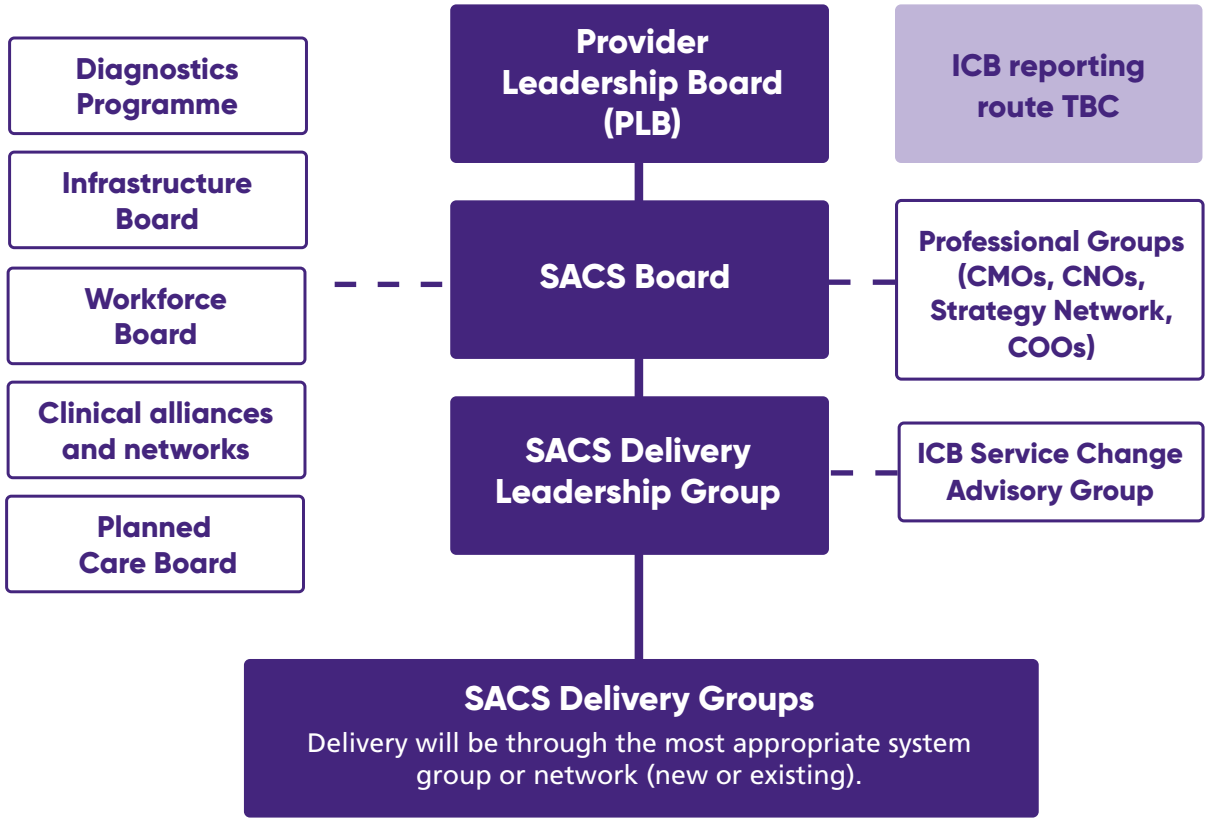
A SACS Delivery Leadership Group is in place to bring Delivery Group leads and enabling functions together to drive and co-ordinate work.

Delivery Groups will follow a SACS Delivery and Governance framework to ensure a consistent, high quality approach in line with our principles for delivery.

Resources will be assessed through a delivery diagnostic and met through a shared resourcing model, drawing upon clinical and non-clinical capacity and skills from across all system NHS organisations.

Delivery oversight will be through the SACS Board with regular reporting to NHS FT Chief Executives, through the Provider Leadership Board, and into the ICB, with links to the Service Change Advisory Group.

Individual organisational statutory responsibilities and governance will be observed at all key stages of decision making.



Keeping a constant 'strategic view'

As the title of this work suggests, the SACS framework is very much part of a NENC system approach.

The clinical ambitions for hospital services set out in this framework are not likely to change. But we may wish to add to these in the future. We may also want to be more specific about the key enablers, over time and as work progresses.

Whilst we have set out the key clinical service areas for delivery, there may be other issues that emerge. We must keep a constant strategic view on hospital services in the months and years ahead.

The intention is for all system partners in the NENC to use this framework as part of strategic planning cycles.

We also want to keep strengthening our approach. This means using the best quality data and insight to make sure we stay on the right track.

This will help us make sure that our long-term ambitions for hospital services, stay aligned to future challenges and needs.

Mobilising and monitoring the framework

Our aim is to embed this framework into all relevant work across the system. To do this we will:

- **Develop a strategic communications and engagement plan to ensure widespread awareness of the framework amongst key stakeholders.**
- **Make sure all providers, nested collaboratives and clinical networks consider this framework as part of their own clinical strategy development and improvement plans.**
- **Continue to test the framework against local clinical strategy planning and delivery. This will make sure our SACS clinical ambitions continue to support and enable these.**
- **Make sure there is strategic connectivity of emerging clinical plans for hospital services through the SACS Board.**
- **Developing a benefits realisation plan and core metrics.**

Excellence in collaboration...