

HUMBER ACUTE SERVICES PROGRAMME UPDATE (MARCH 2021)

Purpose

1. The purpose of this report is to provide members of the Committee with:
 - A further update on the progress of the Humber Acute Services Programme
 - An overview of future plans, timelines and next steps
 - An opportunity for members to ask questions, seek more information and provide feedback on their future engagement with the programme

Background

2. The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region in order to deliver better and more accessible health and care services for the population. The programme involves the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the four Humber Clinical Commissioning Groups (CCGs).
3. In September / October 2020, updates were provided to the Health Overview and Scrutiny Committees in each of the local authority areas across the Humber. Details included:
 - A reminder of the details set out in the published [Case for Change](#) document.
 - A description of the future service vision, benefits and outcomes we expect to see for patients and for staff as a result of the Humber Acute Services (HAS) Programme.
 - An update on the developing [Interim Clinical Plan](#).
 - Details of the Yorkshire and Humber Clinical Senate visit in January 2020 and the associated independent [Clinical Senate Report \(November 2020\)](#)¹.
 - An outline of the initial impact and response to Covid-19, including details of the [Humber, Coast and Vale Rapid Insights Report](#), published in September 2020.

Humber Acute Services Programme – progress and next steps

4. Following a review of the programme governance, and progress to date, we are now moving from a review phase to a phase of design and implementation. The Case for Change, published in November 2019, provided detail of the challenges facing service provision across the region. The programme is now actively designing solutions to those challenges across three distinct but inter-related programmes of work:
 - Interim Clinical Plan (Programme One) – stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.

¹ Details of the original report (May 2020) were presented to HOSCs in September/ October 2020. The finalised report was published by the Yorkshire and Humber Clinical Senate in November 2020.

- Core Hospital Services (Programme Two) – long-term strategy and design of future core hospital services, as part of broader plans to work more collaboratively with partners in primary, community and social care.
- Building Better Places (Programme Three) – working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population. .

Programme one (Interim Clinical Plan)

5. The following priority services were identified as the most vulnerable services prior to the COVID-19 pandemic and remain priority service areas:
 - Cardiology
 - Dermatology
 - Ear Nose and Throat (ENT)
 - Gastroenterology
 - Haematology
 - Neurology
 - Oncology
 - Ophthalmology
 - Respiratory
 - Specialist paediatrics
 - Urology

6. The purpose of the Interim Clinical Plan is to stabilise these fragile or vulnerable services to ensure services remain safe and effective in the here and now. Some of the ‘must do’s’ identified in the Interim Clinical Plan include:
 - Establish a single Medical Lead, Nurse/ Allied Health Professional (AHP) Lead and Managerial Lead for each identified service area.
 - Complete the work once; pooling clinical and managerial teams where it makes sense to do so.
 - Ensure equity of access and timeliness of treatment for *all patients* across the Humber.
 - Use a single patient treatment list (PTL) for patients across the region.
 - Ensure we make full use of all our estates for Beds, Theatres and Outpatients across all five hospitals sites and community venues.
 - Ensure any proposals are clinically driven and supported.
 - Ensure any changes are financially sustainable for all partners.
 - Ensure any proposals are consistent with our Out Of Hospital (OOH) programme – including primary care and community services.
 - Make sure any proposals are consistent with and support our longer-term developments.
 - Ensure appropriate communications and engagement with all stakeholders is undertaken throughout.

Establishing single clinical and managerial arrangements

7. A significant priority set out within the Interim Clinical Plan is to create and embed single clinical and managerial teams for each of the identified specialities across the Humber. This includes agreeing the hosting arrangements for those services.

8. While such clinical / managerial changes in themselves do not constitute significant or substantial service changes in terms of where and how patients receive their treatment and care; indirect patient benefits will arise from having singular clinical and managerial teams, including:
 - Improved consistency in care, treatment and administration.
 - Consistent approach to clinical prioritisation and management of waiting lists across the Humber geography – ensuring equity of service for patients in all localities.
 - More efficient use of clinical and non-clinical workforce capacity.
9. The changes relate primarily to the administration, clinical governance and back-office arrangements within the Trusts and their relationship with external bodies, such as commissioners, regulators and Royal Colleges.
10. Work is progressing to establish single clinical and managerial teams and the associated hosting arrangements to achieve a Humber-wide networked service model, led by a Clinical Lead, Operations Director and Lead Nurse (or AHP). These networked arrangements will help to ensure services are better positioned to attract and retain staff and in a strengthened position to ensure equity of service across the region. Networked arrangements will be developed in a phased manner as set out in the [Interim Clinical Plan summary document](#). For the specialties within Phase One of the Interim Clinical Plan – neurology, ENT, dermatology, oncology and haematology – it is anticipated that Hull University Teaching Hospitals NHS Trust (HUTH) will host the networked services and that hosting arrangements will be put in place in Spring 2021.
11. As the single clinical and managerial teams become embedded, opportunities to develop and improve services and the experience of patients and their families will be explored. Any future proposals relating to how and where patients access services will be assessed for their significance and appropriate patient and stakeholder engagement will be undertaken.

Oncology services

12. Hull University Teaching Hospitals NHS Trust (HUTH) provides a range of high-quality oncology services at the Queen's Centre, Castle Hill Hospital in Cottingham for patients from Hull, East Riding and surrounding areas.
13. For a number of years, arrangements have been in place for HUTH to provide a range of oncology services at Scarborough, Bridlington, Diana Princess of Wales and Scunthorpe General hospitals, on behalf of the respective acute trusts providing other services in those areas – namely York Teaching Hospital NHS Foundation Trust (YFT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). The provision of these services had been under increasing pressure due to workforce pressures and recruitment difficulties. Despite every effort to maintain the existing levels of consultant-led care, the situation continued to worsen to a point in January 2020 where it was no longer possible for HUTH to maintain a high quality, safe oncology service in all locations. In order to ensure the continued delivery of safe services, temporary changes to the type and/or location of service provision had to be made immediately.
14. A review of the temporary changes is ongoing and is considering the impact on patients of the changes through capturing and analysing feedback from patients accessing oncology services between January and June 2020. A questionnaire was also hosted online and additional support such as large print,

alternative languages and supported telephone discussions were offered. A separate questionnaire was also distributed to clinicians and staff groups affected by the temporary changes.

15. Analysis of the feedback from patients and staff is being undertaken to inform an options appraisal exercise looking at the future delivery of oncology services. This work is expected to be completed by Spring/Summer 2021. The outcome of the options appraisal work (and supporting information) will be shared with Health Overview and Scrutiny Committees across the Humber, early in the new municipal year.

Haematology services

16. Haematology is the specialty responsible for the diagnosis and management of a wide range of benign and malignant disorders of the red and white blood cells, platelets and the coagulation system in adults and children.
17. The Haematology service provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) has faced medical workforce challenges for some time and temporary urgent changes were made on urgent safety grounds between July and October 2020.
18. All patients and GPs across Hull, East Riding, North Lincolnshire and North East Lincolnshire currently receive consistent and timely access to HUTH consultant-led specialist advice and guidance service. The HUTH team also provide telephone support to transfusion services being provided to inpatients at NLaG, although the changes have required some consolidation of new patient and doctor-led attendances.
19. As part of the review of the temporary changes, a plan is in place to engage with patients and staff impacted by those changes. By undertaking this engagement, we hope to gain an understanding of both patient and staff experience to help inform a detailed options appraisal, and subsequent decision-making process on the future model of care.
20. However, due to the strict COVID-19 social distancing measures and restrictions currently in place, the engagement methods available to us are limited. As such, to ensure the safety of respondents our engagement will adopt a mixed approach combining paper and digital questionnaires. In line with the engagement approach related to Oncology Services, additional support will be offered to respondents, such as large print, alternative languages and supported telephone discussions.
21. The target date for commencing the engagement work with impacted patients and staff is March 2021.
22. Analysis of the feedback from patients and staff will be completed and actively used to inform a full options appraisal for the future delivery of haematology services. This work is expected to be completed by Summer 2021. The outcome of the options appraisal work (and supporting information) will be presented to each of the Health Overview and Scrutiny Committees across the Humber in the new municipal year.

Ears, Nose and Throat (ENT) services and Urology services

23. In July 2017, the NLaG Trust Board agreed a set of urgent temporary changes to ENT and Urology services on the grounds of patient safety, implemented from 1st September 2017.
24. One of the first priorities for the service in coming together across the two acute Trusts will be reviewing these temporary changes, to help inform the development of future service proposals. The

review work will commence early in the new municipal year, with engagement with patients accessing ENT and Urology services up to early 2020 prior to the impacts of COVID-19.

Ophthalmology services

25. The four main areas within Ophthalmology where urgent transformation is needed are:
 1. Wet Age Related Macular Degeneration (AMD)
 2. Glaucoma
 3. Diabetic Eye Disease
 4. Cataract
26. The increasing demand for eye health services means there is an urgent need to modernise the service, reduce the flow of patients into the Hospital Eye Service and treat patients within other settings.
27. Planned improvements in digital connectivity between community providers and hospital-based services will improve referrals and management of patients across providers. The ability to share digital images with hospital teams will help to prevent unnecessary trips to hospital for some patients. It is anticipated that these improvements will allow some patients with low risk conditions to be managed effectively by their local optician, whilst also creating more capacity within the Hospital Eye Service to treat patients with more serious conditions.
28. New models of care are in the early stages of development and further details will be provided in future updates.

Programme two (Core Hospital Services)

29. This work remains clinically led and involves detailed options development and appraisal activities to help identify clinically viable options for core hospital service areas:
 - Urgent and Emergency Care,
 - Maternity, Neonates and Paediatrics
 - Planned Care
30. To inform the options development and appraisal work, a wide range of engagement activities are either underway or are in development. These are summarised briefly below.

Weighted decision-making criteria

31. A fundamental part of developing future models for core hospital services includes assessing the potential impact of workable models against a range of identified and agreed decision-making criteria. Previous engagement work has helped identify the decision-making criteria; however, in order to refine the application of the criteria, further engagement is required to help weight the decision-making criteria. The agreed weighted decision-making criteria will support the assessment of identified clinical models.
32. In order to gather a broad range of views on the weighting of decision-making criteria, some targeted engagement is being undertaken through February and March 2021, with specific stakeholders/groups across the Humber.

33. The following stakeholders/ groups have been identified:

- Staff (Hospital Trusts; CCGs; GPs)
- Governors & Members (NLaG)
- The public
- Citizen's Panel
- Healthwatch
- Members of Parliament
- Local Elected Members (including Leaders, Cabinet / Portfolio Holders, Health and Wellbeing Board Members, Health Overview and Scrutiny Committee Members)

34. The objectives of this engagement activity are to:

- Continue to raise general awareness of the Humber Acute Services Programme, specifically among the identified stakeholders/ groups.
- Engage the identified stakeholders/ groups and provide the opportunity to provide feedback on matters to consider when weighting future decision-making criteria.
- Demonstrate wide engagement on the weighting of future decision-making criteria for the purposes of the Humber Acute Services Programme.

35. Different communication and engagement techniques will be used to obtain feedback from different stakeholders / groups; primarily consisting of targeted surveys and (virtual) focus groups. The elected member workshops are being planned for week commencing 25th March 2021.

Clinical and staff engagement

36. This includes a comprehensive staff and clinical engagement process to ensure staff teams across both acute Trusts, as well as other health and care partners, have opportunities to help shape the solutions being developed.

37. From November 2020 to February 2021, a number of clinical workshops were hosted virtually to help inform the options development work across the different service areas. These workshops involved approximately 400 members of clinical and managerial teams across the two hospital Trusts, primary care (GPs), community services providers and Clinical Commissioning Groups. The workshops have provided valuable clinical input into the development of potential models of care and identified a number of dependencies, such as ensuring "out of hospital" care is effectively integrated into future models for all services.

38. Engagement with clinical and wider staff teams will continue throughout the spring and summer as potential future models of care are developed and further refined based on feedback from across our engagement activities. Further updates on this work will be provided to the committee as it progresses.

Public and patient engagement

39. In addition, a comprehensive patient, public and stakeholder engagement plan is in place to support the options development and appraisal phase. This includes a number of key activities, which are set out briefly below:

- Activity 1 - Addressing Health Inequalities (Spring/Summer 2021)

A programme of targeted engagement will be undertaken over the coming months to help understand current barriers to accessing care and the impact any proposed changes might have on our most deprived communities and those with protected characteristics. We will work with advocates and community-based organisations to support the delivery of effective engagement with identified communities and individuals who are most at risk of experiencing poorer health outcomes and/or experience barriers to accessing healthcare, within the constraints posed by Covid restrictions. Understanding this will help us develop proposals that take these important issues into account.

In addition, the HAS communications and engagement team is working with colleagues across the Humber, Coast and Vale Health and Care Partnership to undertake targeted engagement to support our understanding of digital exclusion/inclusion as it relates to health and care services both now and in the future. This work will help to inform how we develop services to ensure health inequalities are not exacerbated. This work is being undertaken through the HCV Partnership's Elective Care Programme and its focus on transforming outpatient appointments. Work is underway to:

- Identify, consolidate and document any previous patient engagement work that identifies the development of digital/virtual appointments as a specific outcome.
- Coordinate future patient engagement across specialities where future service proposals include more digital/virtual appointments.
- Ensure future patient engagement focuses on the 'how' digital/virtual appointments can be successfully implemented as part of the overall service offer, without having an adverse impact on health inequalities.

- Activity 2 – Birthing Choices (Spring 2021)

Working with the network of Maternity Voices Partnerships (MVPs) in place across Humber, Coast and Vale we have planned a programme of engagement to help understand how new and expectant mothers, women trying to conceive and surrogates feel about the different birthing choices available to them. These choices range from home births, standalone midwifery led units, maternity led units within a hospital setting to obstetrician led maternity units. In particular, this work will help us understand:

- Any concerns and preferences on the range of birthing choices, especially around standalone midwifery-led care and home births.
- What services (e.g. access to pain relief or a birthing pool) are a priority when deciding where to give birth, and
- What is important when choosing the birthing environment (e.g. Home-from-home feel, or a private room).

We will also use this exercise to gather insights into what women feel is important should their baby require neonatal care when first born. This feedback will help to further refine the clinical models for maternity care.

- Activity 3 - Raising Awareness and General Feedback (Spring/ Summer 2021)

Recognising that it has been some time since we spoke to patients and the public about the HAS Programme, and that much of the public's attention has understandably been focused on

the COVID-19 pandemic, there is a need to undertake an awareness raising exercise. This activity will seek to provide clear and consistent information about the Humber Acute Services programme and wider changes to health and care across the region. A general experience survey will run in parallel to the awareness raising exercise; and will provide an opportunity for more people to have their say and share their views to help inform the development and refinement of clinical models. It will allow individuals who have not been involved to date an opportunity to provide feedback and identify if they want to be involved further.

- Activity 4 - Options Appraisal Workshop(s) (Summer 2021)

Following development of potential solutions to the challenges identified in our Case for Change, an inclusive and transparent approach to evaluating those models will be undertaken. This will include recruiting and inviting a representative sample of our local population to take part in an options appraisal workshop, taking into consideration all the patient and clinical engagement feedback as well as clinical data. This method will provide an opportunity for citizens to influence which options to take forward to formal consultation if necessary. This will be part of a balanced approach to options appraisal which will seek to involve a range of stakeholders including clinical staff and partners across the health and care system.

40. We have continued to engage and involve our Citizen's Panel. The Citizen's Panel acts as a critical friend to the programme and helps to ensure the voices of local populations are heard by providing input into and critique of our plans for engagement. They also support the development of effective communications by reviewing and commenting on public-facing information to ensure readability. Since the last update provided, the Citizen's Panel has undertaken a review and refresh of the Terms of Reference and membership, which has served to strengthen representation on the Panel; specifically, in terms of geographical and Black, Asian and Minority Ethnic (BAME) representation.
41. The progress of Programme 2 has been impacted by the continuing and ongoing pressures caused by COVID-19. However, the same impacts and pressures have reinforced the need for the HAS Programme to consider and develop new and sustainable service models for core hospital services. As such, we have set some ambitious timescales for the completion of the options development and appraisal activities, incorporating opportunities for scrutiny and challenge of our plans and proposals by the Clinical Senate, NHS England and Improvement and relevant Local Authorities. We would welcome the opportunity to present further updates and discuss progress at future meetings in the new municipal year and welcome views on the most effective ways to engage.

Programme three (Building Better Places)

42. In addition, we are working with a wide range of partners including local authorities, universities, Local Enterprise Partnerships and development partners on proposals to develop our hospital estate and deliver significant, wide ranging benefits in each of the four areas across the Humber.
43. We are seeking approval to develop a large-scale capital investment plan for our hospital estate across the Humber that will support better clinical care but also make a significant contribution to the wider economic regeneration of the region.
44. Preliminary engagement with partners, including the University of Hull, University of Lincoln, both Local Enterprise Partnerships (LEPs) and economic development teams within our Local Authorities, has been incredibly productive to date. There is widespread enthusiasm and support for our collective plans to develop an approach to investment that will maximise the impact and benefit to local

residents in the form of new and rewarding careers, improved local infrastructure, investment in innovation and improved environment.

45. More details are set out in the [Building Better Places capital prospectus](#). Further updates on this programme area will be available in the new municipal year.

Conclusion and recommendations

46. This report provides an update on the progress of the Humber Acute Services Programme, alongside the future plans and next steps.
47. Members are asked to:
- Consider and note the details presented;
 - Identify any specific aspects where further and/or more detailed information may be required;
 - Provide feedback on how they would like to be engaged over the next phase of the programme; and,
 - Determine any specific future scrutiny activity.

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Background Papers

Humber Acute Services – Interim Clinical Plan (October 2020), available [here](#).

Humber Acute Services Review: Case for Change (November 2019), available [here](#).

Humber, Coast and Vale: Rapid Insights Report (September 2020), available [here](#).

The Yorkshire and Humber Clinical Senate report (November 2020), available [here](#).

Engagement reports

Hospital Services for the Future: Humber Acute Services Review – Focus Group Feedback Report (April 2019), available [here](#).

Hospital Services for the Future: Humber Acute Services Review – Patient Workshop Feedback Report (October 2019), available [here](#).

Hospital Services for the Future: Humber Acute Services Review – Targeted engagement (February 2020), available [here](#).