



**Report to:** Health and Wellbeing Board  
30<sup>th</sup> May 2019

**Wards:** All

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## Humber Acute Services Review

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Report of the Humber, Coast and Vale Health and Care Partnership Director

### **A. Executive Summary**

This report provides an update on the ongoing work of the Humber Acute Services Review being carried out by the Humber, Coast and Vale Health and Care Partnership.

### **B. Matters for Consideration**

Members are asked to note the update given and comment on the work to date.

#### **1 Background**

1.1 Across the Humber area, local health and care organisations are working in partnership to improve services for our local populations. Partner organisations are working together to carry out a review of how acute hospital services are provided in the Humber area across the five hospital sites:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital

1.2 The review is investigating possible scenarios for the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable. It is considering how to make best use of new models of care and new technology and is being undertaken in accordance with the following principles:

- A commitment to provide acute hospital services that are patient-focussed, safe and sustainable, meeting the needs of our population both now and in the future.
- The service review will be clinically-led.
- The review will be evidence-based and take into account best practice.
- The review will focus on hospital services rather than hospital buildings and organisations.

- The review will be cognisant of local developments in out-of-hospital care and work towards solutions that support joined-up care across the system.
- A transparent, collaborative and inclusive approach will be adopted at all stages of the review process, ensuring engagement with key stakeholders from the outset.
- Plans for the future provision of acute hospital services will be developed in accordance with the levels of human, physical and financial resource expected to be available.
- Plans for the future provision will include urgent and emergency care and maternity care at Hull Royal Infirmary, Diana Princess of Wales in Grimsby and Scunthorpe General Hospitals.
- The review will be undertaken in accordance with an agreed programme plan that sets out objectives, processes, timescales and resources.

## **2 Current Position**

- 2.1 Early review work was undertaken and changes were made in wave one to Haematology, ENT and Urology services on safety grounds.
- 2.2 The second wave of the Humber Acute Services Review focussed on undertaking a detailed service review in six clinical specialties: Cardiology, Critical Care, Neurology, Stroke, Complex Rehabilitation and Oncology, as well as the early work on the development of a Humber-wide case for change.
- 2.3 A key element of the overall review process is the development of scenarios for future sustainable acute hospital service provision across the Humber. This will involve consideration of various potential service models, some of which will be viable and others not. A set of decision making / sustainability criteria has been identified to facilitate that element of the review (these are attached as Annex A).
- 2.4 Following a recent review and refresh of the programme, work is continuing on the following four specialties Cardiology, Neurology, Complex Rehabilitation and Oncology to bring them to a position where the possible scenarios for future sustainable service provision have been identified.
- 2.5 There is a recognition that we need to initiate further work to broaden the scope of services in the next wave and increase the pace of delivery.

## **3 Update on Individual Specialty Reviews**

- 3.1 Since September 2018, the review has focused on carrying out in-depth clinical reviews of a number of individual specialties. Following a recent review and refresh of the programme, work is continuing on the following four specialties: Cardiology, Neurology, Complex Rehabilitation and Oncology.
- 3.2 These specialty reviews have looked in detail at current service provision across both Trusts in order to identify areas of good practice, key challenges and areas for improvement.

- 3.3 A detailed intelligence pack and a one page outline case for change has been produced for each specialty. A series of clinical workshops has been held for each specialty and work has been completed to identify the potential future 5/10 year state for each clinical area in line with NHS England's 'Long Term Plan'.
- 3.4 The next steps for the specialty reviews will be for each specialty to identify their priorities for addressing the issues identified in their specialty case for change. This could potentially include developing new workforce models for the service, reviewing pathways for specific conditions and/or developing proposals for changes to the model of service delivery (including through the deployment of technology). The appropriate level of involvement and engagement with staff, patients and the public will be undertaken to support this work over the coming months.

#### **4 Engagement and Involvement Update**

- 4.1 Patient, public and staff engagement remains a key priority for the review team.
- 4.2 A series of specialty-specific focus groups with patients and carers was held across the region during January, February and early March 2019. The events sought to gather the views and perspectives of people have used services in the clinical specialities that have been the focus on the review since September 2018, including their families and carers. The events were held in various locations across the Humber area, specifically in Grimsby, Willerby, Goole, Hull and Scunthorpe. The team also attended three MS Society support groups to conduct further engagement to support the neurology specialty review. In total, more than 120 people took part in the discussions. A comprehensive report detailing the feedback that was given has been published and shared with clinical teams involved in the review. The full report is attached as Annex B.
- 4.3 In addition, the Partnership is developing an ongoing programme of engagement with people affected by cancer, their relatives and carers. This work will be undertaken through the Cancer Alliance, which is the Partnership's existing collaborative programme for cancer, and will support the oncology specialty review.
- 4.4 A Citizen's Panel to support the review has been formed. The panel held its first meeting on 12<sup>th</sup> December 2018, the purpose of which was to brief panel members about the Acute Review and their role in supporting our engagement work. The role of the Citizen's Panel will be to listen to, discuss and make recommendations on the scenarios and potential solutions presented and to ensure that the needs of the wider local community are reflected in any recommendations made.
- 4.5 The panel met again in March 2019. During this session they reviewed the patient focus group sessions that had taken place in January and February and made a series of recommendations for improving future engagement events. In addition, they reviewed the feedback that was gathered during those events and co-produced key elements of the feedback report.

- 4.6 The review is also working with a local voluntary sector partner, Humber and Wolds Rural Action, to undertake targeted community engagement with existing local groups who might not otherwise get involved. Over the coming weeks they will be visiting a number of existing local community groups to raise awareness of the review and how people can get involved as well as finding out vital information about the impact of health service changes on different individuals and communities.

## 5 Commissioning Update

- 5.1 The four Humber Clinical Commissioning Groups (NHS Hull, NHS East Riding of Yorkshire, NHS North Lincolnshire and NHS North East Lincolnshire) have agreed to work together on a number of joint priorities across the Humber region, one of the agreed areas being the commissioning of acute services.
- 5.2 To support this new approach, a shared post of Director of Collaborative Acute Commissioning for the Humber CCG's has been created. Sarah Lovell has been appointed to the role and will commence in post on 20th May 2019, providing leadership to the Humber Acute Services Review in conjunction with providers and Local Authorities.
- 5.3 This move also supports the broader transformation in Commissioning, as highlighted in the NHS Long Term Plan, to a more strategic and efficient commissioning model.

## 6 Next Steps and Forward Plan

- 6.1 Additional programme support is currently being sought to ensure the review can continue at pace.
- 6.2 The next stage of the programme will include the following key elements of work:
- Completion of the diagnostic assessment / case for change for all services across the Humber.
  - Developing a long list of potential clinical models for key service areas (including do-nothing through to potential future scenarios), supported by a programme of involvement and engagement.
- 6.3 **Case for change and baseline analysis.** This will build on, refine and complete the Humber-wide case for change, and include an in-depth evaluation of all clinical services and clinical support services with local clinical and managerial input. This would lead to an assessment of each service in relation to the agreed sustainability criteria and linked to population need. It is anticipated that this report will be produced by the end of September 2019.
- 6.4 **Clinical service strategy, models, evaluation and financial and workforce modelling.** This will involve continued liaison with clinical teams to explore future sustainability of services leading to a set of options/proposals for each service area. The service areas will be grouped around:

- A&E and Medicine,
- Surgery,
- Critical Care,
- Maternity and Paediatrics.

6.5 This element of work will also seek to produce a high-level Clinical Services Strategy for the Humber. It is anticipated that this work will take a minimum of four months to complete (based on commencing the work in July 2019).

## **7 Conclusions**

7.1 This report has given an update on the ongoing work of the Humber Acute Services Review.

7.2 Further involvement with staff, patients, the public and other key stakeholders will continue throughout the programme.

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## **Background Papers**

Annex A: Humber Acute Services Review Sustainability Criteria

Annex B: Focus Group Feedback Report (April 2019)

[https://humbercoastandvale.org.uk/wp-content/uploads/2019/04/Focus-Groups-Feedback-Report\\_final.pdf](https://humbercoastandvale.org.uk/wp-content/uploads/2019/04/Focus-Groups-Feedback-Report_final.pdf)

## Humber Acute Services Review

## Decision-Making/Sustainability Criteria (April 2019)

Theme	Criteria	Key Questions
Quality / Standard of Care	Clinical Outcomes	Will the proposed scenario deliver acceptable clinical outcomes for patients?
	Patient Experience and satisfaction	Will the proposed scenario deliver acceptable standards of access and experience for patients (and their direct carer / family member)?
Operational / Service Delivery	Clinical Interdependency and patient safety	Will the proposed scenario maintain essential clinical service interdependencies and services are safe for patients?
	Performance	Will the proposed scenario support delivery of acceptable performance against waiting time and other operating standards (including A&E)?
	Access and transport	Will the proposed scenario be appropriate when considering the demographic of patients (and their direct carer / family member) and transport links and related access
Sustainability	Workforce Availability	Will we be able to attract, retain and deploy the skilled workforce required to operate the proposed scenario?
	Physical Resource Availability	Will we be able to provide the buildings and equipment required to support the proposed scenario?
	Cost Effectiveness	Will the proposed scenario be cost effective when compared with Reference Cost and Service Line Reporting norms and providing an overall system balance?
	Harnessing Technology	Will the proposed scenario make the best use of technology?

