Humber Acute Services Review

Case for Change Summary

November 2019

Case for Change Summary

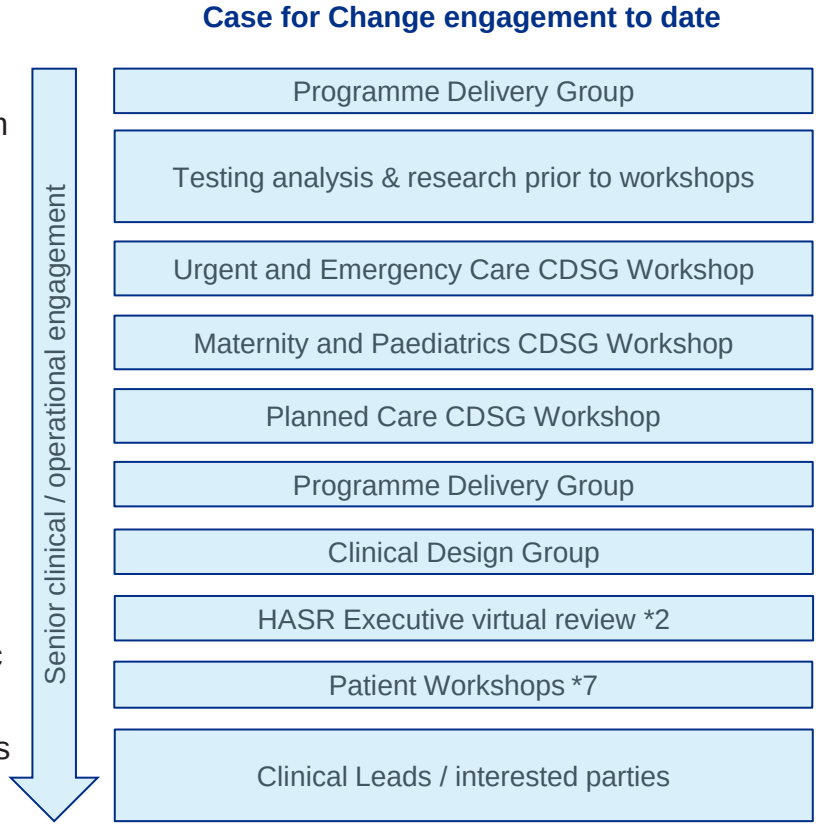
The Humber Acute Services Review

This document is a summary of the full Humber Acute Services Review (HASR) Case for Change. This shorter version is intended to set out the main challenges facing service provision at Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), in order that future plans are developed from a clear and shared rationale.

The Case for Change uses both publicly available data and that supplied by each Trust. Where possible and appropriate, these data have been assessed in relation to accepted national standards, targets and norms.

The Case for Change has been developed in partnership with key stakeholders. Initial analyses were explored in a series of Clinical Design Sub Group (CDSG) workshops with wide clinical and operational representation across both Trusts as well as from other stakeholders (such as Clinical Commissioning Groups (CCGs) and Ambulance Trusts). Patient engagement events have also been held to gain public views.

Iterative input from Trust senior clinical and managerial leaders has been sought and provided throughout the process of developing these documents. Earlier versions have been reviewed by a wide range of appropriate stakeholders, and comments have been addressed incorporating sometimes contradictory feedback in as fair and balanced a way as possible.



Case for Change

Main Contents

Case for Change

Glossary of terms

BAPM	British Association of Perinatal Medicine
CCG	Clinical Commissioning Group
CDSG	Clinical Design Sub Group
CFC	Case for Change
CHH	Castle Hill Hospital
CQC	Care Quality Commission
CT	Computerised Tomography
DGH	District General Hospital
DPoW	Diana, Princess of Wales Hospital
ED	Emergency Department
ENT	Ear, Nose & Throat
FY	Financial Year
GDH	Goole and District Hospital
HASR	Humber Acute Services Review
HRI	Hull Royal Infirmary
HUTH	Hull University Teaching Hospitals NHS Trust
ICU	Intensive Care Unit
IT	Information Technology
LNU	Local Neonatal Unit
MLU	Maternity Led Unit
MRI	Magnetic Resonance Imaging
NHS	National Health Service
NHSI	National Health Service Improvement
NICU	Neonatal Intensive Care Unit
NLaG	Northern Lincolnshire and Goole NHS Foundation Trust
SGH	Scunthorpe General Hospital
SHMI	Summary Hospital-Level Mortality Indicator
UEC	Urgent and Emergency Care
WTE	Whole Time Equivalent
Y&H	Yorkshire and Humber

Chapter 1
Executive Summary

Executive Summary (1 of 3)

We have to change hospital services across the Humber because:

We do not have, and cannot attract, the staff we need to do everything everywhere

- There is a national shortage of specialist staff – doctors, nurses, radiographers etc. – and this is worse for some medical conditions than others. For example, there is an international shortage of cancer doctors.
- We are competing to attract staff and many of them (especially younger ones) want a lifestyle which is offered best by living in or close to larger cities. As these areas have larger patient catchments, they also offer staff the opportunity to work in more specialised services.
- Staff who do work in our hospitals are under pressure because of these shortages and we need to make our hospitals better places to work so that they don't leave.
- For some services, staff can only maintain their skills and knowledge if they see enough patients, which means drawing patients from a large enough catchment area. Given our rural and coastal geography, neither side of the River Humber alone has a big enough catchment population to give the volume of patients needed to maintain specialist services and skills.
- Our current model of trying to run similar services across multiple sites, 24 hours a day and seven days a week, stretches the staff we do have thinly, which is not fair on staff or patients.
- We don't always have access to the very latest IT and equipment, and many of our buildings are old and not nice places to work, which makes it harder to attract staff.

Executive Summary (2 of 3)

We have to change hospital services across the Humber because:

Patients are not always being seen or treated quickly enough, and more patients die than would be expected. We have reached a critical point which means that we can no longer operate services as they are.

- Along with many other parts of the country, we are not meeting any of the expected core NHS standards such as waiting times in A&E, for cancer care or for planned surgery.
- Death rates locally are higher than national figures. A widely used measure that shows how the number of deaths following hospital care compares to the expected number has values of 107 for Hull University Teaching Hospitals NHS Trust (HUTH) and 116 for Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). A value of more than 100 means more patients die than expected. The higher the number the more unexpected deaths there have been.
- Much of our medical equipment is old and often breaks down, which means we cannot diagnose and evaluate medical conditions as quickly as we want which can lead to delays in treatment starting.
- We don't have modern technology in place to support care, such as electronic shared records to hold important information about patients or being able to offer video-link clinical consultations.
- Our buildings are old and sometimes they need urgent repairs. This puts more pressure on the buildings we can still use.

Source: SHMI Data, NHS Digital, April 2018 – March 2019

Executive Summary (3 of 3)

We have to change hospital services across the Humber because:

We can't go on like this – it's not fair for patients or staff. Doing nothing is not an option – things will get worse. So we have to change how we run our hospitals

- We want people living across the Humber area to get the very best care as well as modern treatment. This means seeing skilled, specialist staff who are used to dealing with the illness you have.
- To do this we need a clear plan for the future of our hospitals as well as other services that can help keep people well so they don't need hospital services.
- This plan will set out how we will provide modern healthcare for everyone in the Humber region and improve care across the communities we serve.
- The Humber Acute Services Review is how we are going to develop this plan.

The Humber Acute Services Review is about coming up with a clear plan for the future of our hospitals that will describe how we will provide modern health care for the population of the Humber region.

Chapter 2
Background

1. Why review acute services in the Humber area?
2. Phases of the Humber Acute Services Review
3. Organisational snapshots
4. Population health and demography

The Humber Acute Services Review

This review is taking place in the context of wider changes

The Humber Acute Services Review (HASR) is conducted in the context of national ambitions for health services

The NHS Long Term Plan, published in January 2019, set the ambitions of the NHS over the next 10 years. There is a focus on patients taking greater ownership of their care, with improved disease prevention and support, digital technology use and workforce wellbeing.

Since its publication, local health authorities and individual Trusts have revised their strategies to align more closely with the overarching national ambitions for the health service.

This Case for Change (CFC) takes into account relevant national and local strategies and plans:

- The NHS Long Term Plan
- Humber, Coast and Vale Long Term Plan 2019-24
- Local Maternity System Review
- Humber, Coast and Vale Place Plans
- Nuffield Trust: Rethinking Acute Medical Care in Smaller Hospitals
- HUTH Trust Strategy 2019-24
- NLaG Trust Strategy 2019-24

The Humber Acute Services Review Objectives

In light of both local challenges and wider plans, the HASR was initiated with the following objectives, to:

- Meet the needs of the population, providing the best possible care within the resources available
- Improve quality and strengthen both operational and financial sustainability
- Determine the long term future of acute hospital provision across the Humber
- Encourage the formation of groups or networks of healthcare provision to overcome challenges together
- Forge greater links to integrate services with primary care and the communities
- Ensure plans are fit for the future by developing them in the knowledge of current and future digital technologies available
- Align with national ambitions to modernise outpatients and same-day emergency care.

Phases of the Humber Acute Services Review

Work already done and the scope of this phase of the review

The HASR has already been underway for several years

Earlier work has looked at some individual specialties, and has involved clinical and patient input, as well as data analyses.

In 2017 temporary changes were made to some clinical services to ensure sustainability. This involved consolidating:

- inpatient Ear, Nose and Throat at Diana, Princess of Wales Hospital
- emergency inpatient Urology at Scunthorpe General Hospital

Some of this work is still ongoing, and more information on previous work can be found here:

https://humbercoastandvale.org.uk/humberacutereview

This current phase of the HASR aims to build on the foundation of work which has already been achieved

The focus of the current work, and this Case for Change, is on the key building blocks of acute hospital care.

- The three service areas that have been agreed by the Executive Oversight Group for inclusion are:
  1. Urgent and Emergency Care
  2. Maternity and Paediatrics
  3. Planned Care as related to ENT, Gastroenterology, General Surgery, Ophthalmology, Orthopaedics, Urology and those service areas which support them such as Radiology.

The remit of the work includes:

- Patient care outside the NHS for this area and care provided locally to patients from further afield
- Secondary care and high-level primary care and community care elements where relevant.

Tertiary services provided in the Humber area are not covered (though the impact of this work on tertiary services will be considered).

The review is supported by the four local CCGs and the two acute Trusts, who also provide care to patients from outside the local area.

Organisational snapshots

Hull University Teaching Hospitals NHS Trust

Hull University Teaching Hospitals NHS Trust operates across two sites: Hull Royal Infirmary and Castle Hill Hospital, separated by a few miles.

- It serves ~600,000 people living in Hull and the East Riding of Yorkshire, with specialist and tertiary services provided to 1.2m from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively
- Services include a full range of urgent and elective services, the Queen's Centre for Oncology/Haematology, a cardiac centre, major trauma centre and other specialist services including Neurosurgery
- As a university teaching hospital, it is partnered with Hull York Medical School and the clinical research institutions of Hull University
- CQC overall rating – requires improvement
- Annual income of £629.2m (FY18/19) which included specialised service income of £167m. In 18/19 there was a surplus of £23.8m which was supported by incentive PSF funding of £16.5m and £10.7m of core PSF. There is an underlying deficit in FY 19/20 of c.£9m
- Outpatient attendances: 2017/18 (including first, follow-ups and other): 732, 237
- Beds: ~1208 beds (average for 2018/19)
- Workforce: 7967 WTE – 1152 medical, 2997 nursing, 3818 other. Absence rate 3.9% (as at March 2019). Percentage of staff recommending care 70.1% (2018 staff survey)
- Standards: ED four hour wait 81.9%; 18-week wait 76.8%; 62-day cancer target 69.1% (2018/19)
- Elective admissions: 91,619 (2018/19)
- Emergency admissions: 53,923 (2018/19)

Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NLaG operates across three sites across larger distances: Scunthorpe General Hospital, Diana Princess of Wales Hospital and Goole & District Hospital.

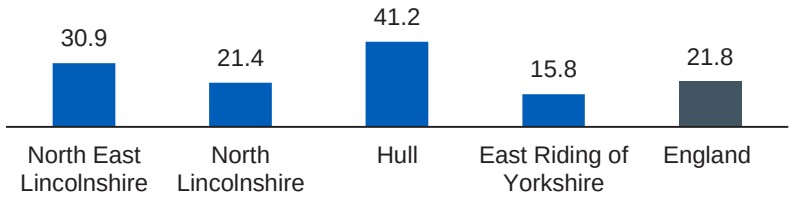
- It serves ~450,000 people living across Northern Lincolnshire and the East Riding of York, providing typical services for a District General Hospital along with community services
- SGH and DPoW provide a full range of District General Hospital urgent and emergency services with GDH predominantly focussing on outpatient, diagnostic and planned surgery, and rehabilitation
- The Trust is affiliated with Hull York Medical School and provides clinical training placements
- CQC overall rating – requires improvement. NLaG was placed in (and remains in) quality and financial special measures since April 2017
- Annual income of £354.7m (FY18/19) and a year deficit of £58.1m as of 2018/19 (£26.82m adrift of plan) with an underlying financial deficit of £47.3m. Specialised service income £19.7m (FY 18/19)
- Outpatient attendances: 122,540 first and 249,168 follow up appointments (2018/19) (including first, follow-ups and other): 401,477
- Beds: ~864 beds (average for 2018/19)
- Workforce: 5983 WTE – 634 medical, 1585 nursing (registered), 3764 other. Absence rate 4.7%. Percentage of staff recommending care 67% (2018 staff survey)
- Standards: ED four hour wait 85%; 18-week wait 74%; 62-day cancer target 74.1% (2018/19)
- Elective admissions: 60,468 (2018/19)
- Emergency admissions: 42,173 (2018/19)

Source: Trust data

Population health and demography

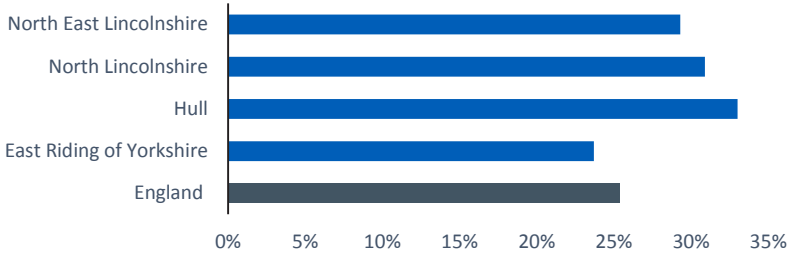
The Humber population is older and more deprived than the national average. Life expectancy in the Humber population is lower than the national average and there are higher levels of risk factors associated with poor health such as obesity and low activity levels. Rates of long term illness, such as diabetes, are higher than national.

Deprivation levels



Source: Department of Communities and Local Government (DCLG)

% of population that smoke

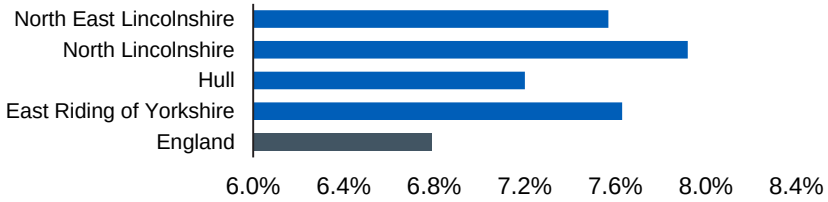


Source: https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132694/pat/6/par/E12000003/ati/101/are/E06000010/iid/92443/age/168/sex/4

Smoking prevalence is higher than nationally in all areas except East Riding of Yorkshire, and this is true of mothers at the time of birth too. **These poor population health factors combine to mean local health and care services have to respond to higher levels of demand than elsewhere, especially for emergency services**.

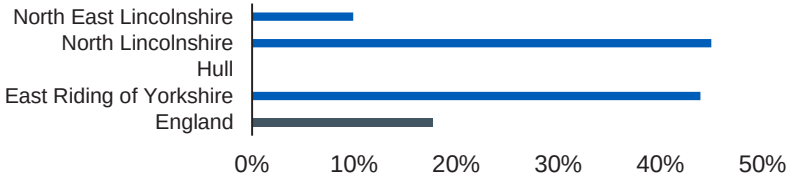
Levels of chronic disease are already higher than average, and as with many other parts of the country, **the older age population is predicted to grow at a faster rate than younger age groups**, meaning demands for health and care services are likely to increase in future.

% of adults who have diabetes



Source: Quality and Outcomes Framework (QOF), NHS Digital

% of population living in rural areas



Source: DEFRA. Statistical data set. Rural statistics local level data sets. 21 July 2016

Both Trusts serve both rural and urban populations. In line with the **large rural areas of population served**, travel times between the main hospital locations are on average approximately 40 minutes (based on ambulance service data).

Chapter 3
Why services need to change

1. Workforce challenges
2. Quality of care
3. Service sustainability
4. Operational challenges
5. Access to diagnostics
6. Infrastructure challenges
7. Financial sustainability
8. Conclusions

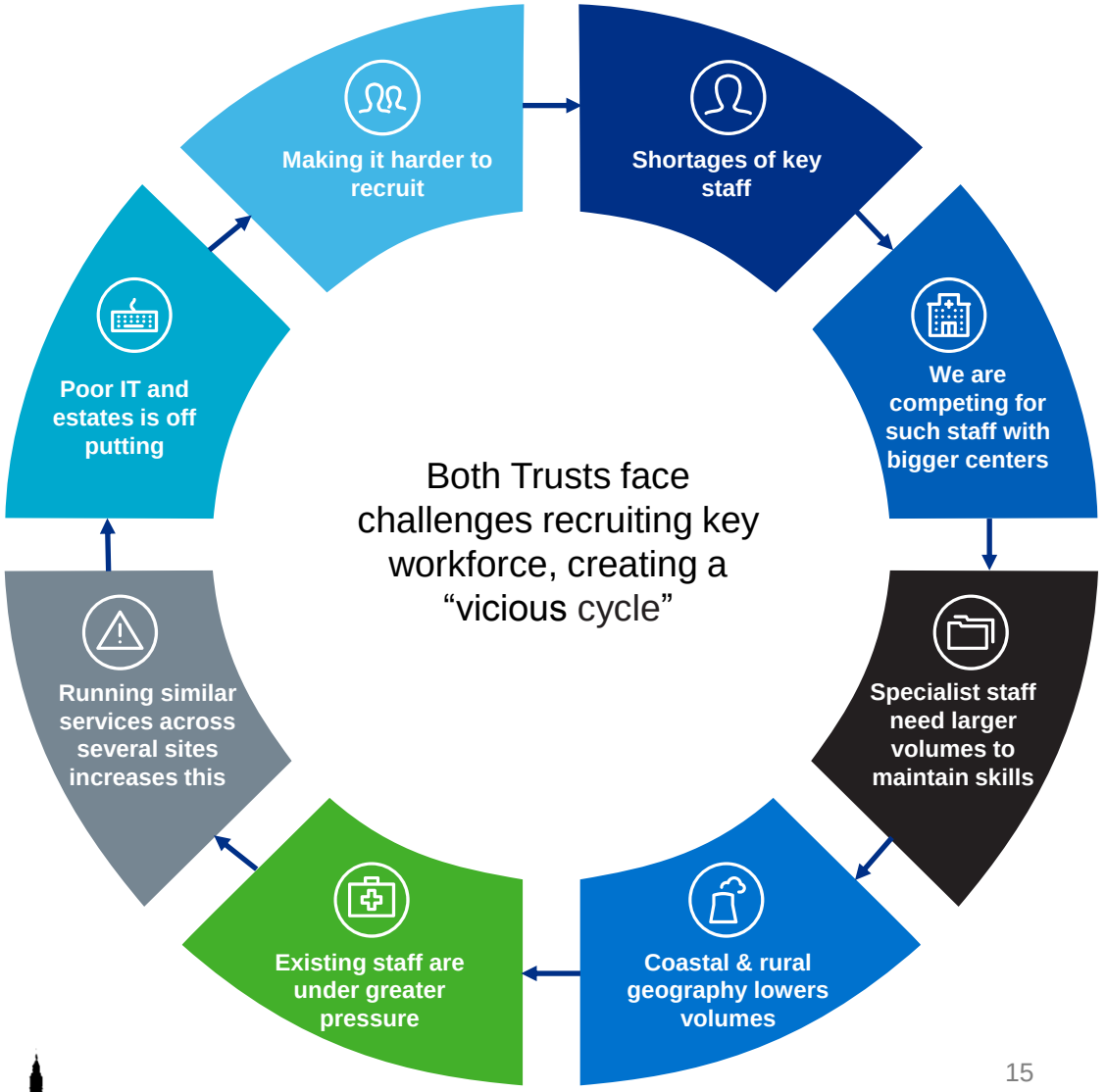
Why services need to change: workforce challenges

Both Trusts experience severe workforce challenge (1/5)

Both Trusts report areas of considerable and ongoing challenges in recruitment across various service lines

Both organisations historically have high vacancy rates in different areas. Discussions with local clinicians suggested that causes include the ”pull” of nearby larger cities and centres, and the lower patient catchment volumes to support specialisation. Relatively fewer numbers of trainees are allocated to the two Trusts than in larger centres and there are low fill rates in some specialties and disciplines. This reduces the pool of potential candidates when they qualify.

The inability to fill vacancies places additional pressure on available staff to work more to meet demand. Seeking to run rotas on multiple sites adds to the demands for and on staff. Combined with poor IT and estates infrastructure, this makes the Trusts less attractive to staff, and so increases the difficulty in recruiting staff.

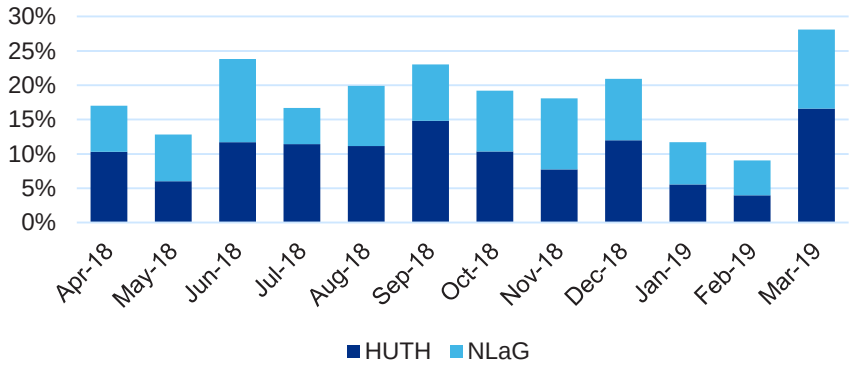


Why services need to change: workforce challenges

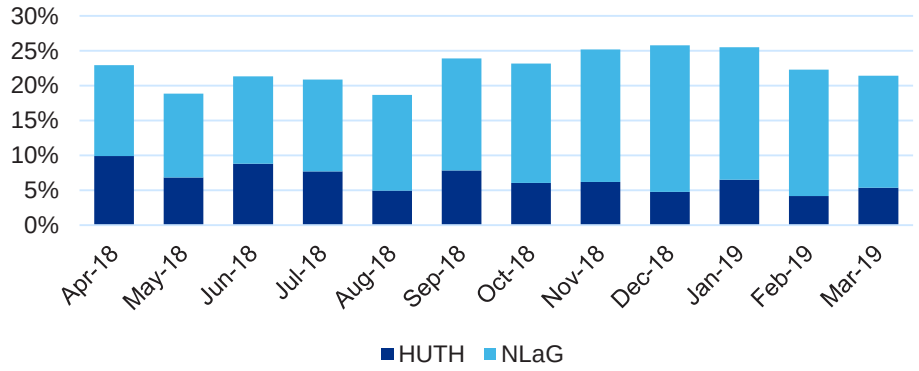
Both Trusts experience severe workforce challenge (2/5)

Reported recruitment challenges are corroborated when comparing to other Trusts in the region. HUTH and NLaG are two out of 22 Trusts in the Yorkshire & Humber (Y&H) region but collectively accounted for 28.1% of regionally advertised Medical & Dental vacancies and 21.5% of regionally advertised Nursing and Midwifery positions in March 2019. This position has improved since March 2019 to 16.7% and 13.2% respectively in June 2019. As an indicator of actual vacancies, this is notable.

Medical and Dental advertised vacancies at HUTH and NLaG as a % of all Y&H advertised Medical and Dental Vacancies

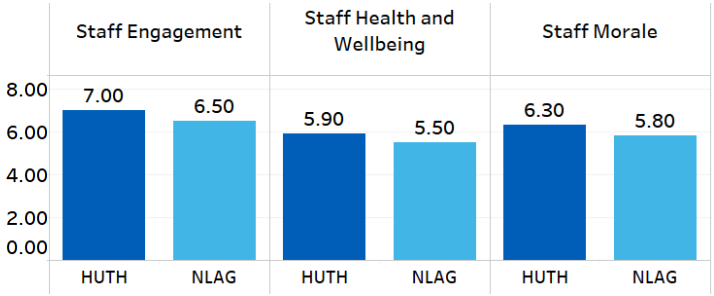


Registered Nursing and Midwifery advertised vacancies at HUTH and NLaG as a % of all advertised Yorkshire & Humber Nursing and Midwifery Vacancies



Inability to fill vacant posts impacts on existing staff and the Trusts' reputations as employers. In the staff survey responses for experience of the key themes of engagement, health and wellbeing, and morale, HUTH is comparable to the national average for all three areas, and NLaG is slightly below.

Staff Survey: key theme scores



Sources: NHS Digital Vacancies Data | NHS Staff Survey 2018

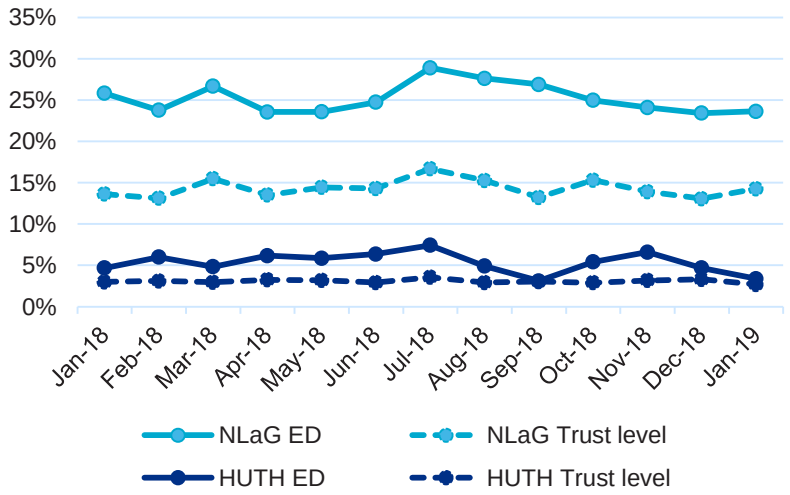
Why services need to change: workforce challenges

Service specific workforce challenges (3/5)

Staff shortages result in higher reliance on bank and agency staff

For example, at both Trusts, the proportion of temporary workforce in ED (solid line in the below graph) is significantly higher than across the overall organisation (dotted line). High proportion of temporary staff are used to fill junior doctors as well as some consultant posts in SGH. High use of temporary staff is more expensive and potentially negatively impacts on care efficiency and quality, as temporary staff may be less familiar with the Trust than permanently employed staff.

Temporary staffing in ED vs Trust level



Staff are working over their contracted hours

Both ED doctors and nurses at HUTH work overtime. At HUTH, foundation doctors reportedly work 10% overtime (though it should be noted that tailored reporting is in place for this staff group). Consultants and mid-grade doctors are reported to work on average 2%, and nurses 4%, more than time contracted. Whilst comparable data are not available for NLaG, it is unlikely that staff there do not work overtime, given the higher levels of use of temporary staff. While overtime can help fill short-term peaks in demand, it can have a negative effect on the health of employees in the long term and can lead to mistakes being made.

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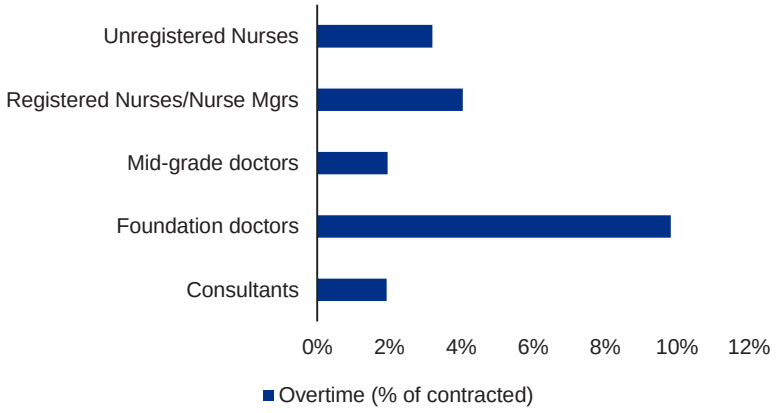
HUTH ED Overtime



Source: Financial Ledgers supplied by HUTH and NLaG (18/19 period 12)

Why services need to change: workforce challenges

Service specific workforce challenges (4/5)

Maternity workforce challenges: NLaG has high vacancy rates for middle grade obstetrician trainees, which they have mitigated by employing Trust doctors. Whilst this addresses the immediate issues, lower levels of trainees coming to the area can lead to difficulties in attracting the future consultant workforce; as people are more likely to look for permanent posts in areas they are already familiar with.

Midwifery workforce is generally not an immediate challenge. However, according to the latest NLaG CQC report published in September 2018, 15% of mothers did not receive 1:1 care during labour. The new continuity of care standards will put an additional strain on midwifery workforce.

There are major challenges with paediatric workforce at both Trusts: Running full inpatient paediatric services requires 30 middle grade paediatricians across the Humber region. Recruiting paediatric trainees is a national problem, but worse in Humber, and rota gaps are filled with non-career grade doctors. New standards will require separate Neonatology medical rotas for both Level 2 units on the South Bank stretching the existing medical paediatric workforce further, and increasing the existing challenges around staffing the services.

Source: Trust data | CQC Report for NLaG September 2018

Why services need to change: workforce challenges

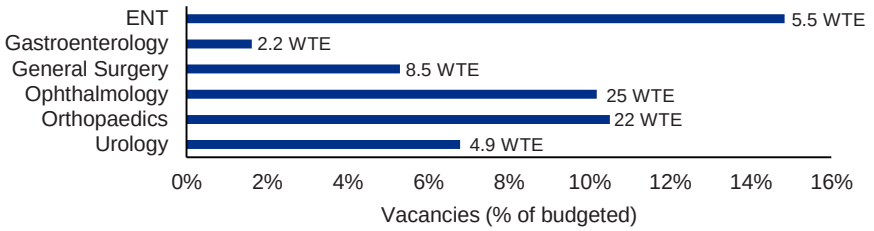
Service specific workforce challenges (5/5)

For planned care, both Trusts struggle with recruitment, albeit not to the same extent.

The largest vacancy rates for both Trusts are in ENT; one in five (HUTH) and one in three (NLaG) of the budgeted roles are unfilled. Both Trusts face similar vacancy rates for Orthopaedics of c10% while vacancies for Urology appear to be almost four times higher in NLaG than in HUTH. This data suggests that whilst both Trusts carry vacancies, HUTH has a relatively easier time filling roles.

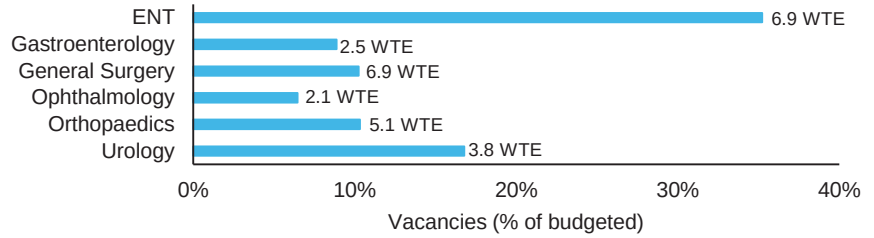
The Trusts are filling these gaps with a variety of other professionals, including allied healthcare professionals as well as existing staff working extra hours to cover gaps.

HUTH Vacancies (all staff groups)



Includes both medical and nursing staff

NLaG Vacancies (all staff groups)



Includes both medical and nursing staff

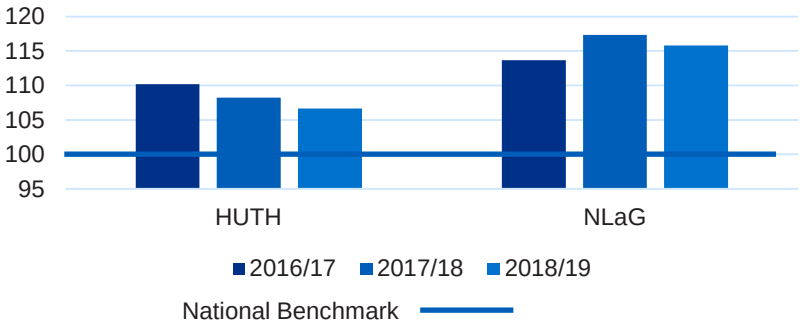
Source: Trust ESR data

Why services need to change: quality of care

There are challenges delivering quality care and patient experience (1/2)

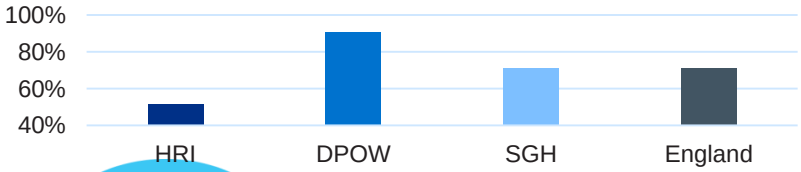
Both Trusts have some areas in which quality of care requires improvement. On this and the following slide, there are examples that illustrate how different services are affected across both HUTH and NLaG.

Mortality rates at both Trusts are higher than the benchmark, with NLaG having a SHMI value rated as "higher than expected".



Care for fractured neck of femur patients requires improvement at HRI. Care at SGH has improved and is in line with the national average. Both sites struggle with conducting surgery within 48 hours.

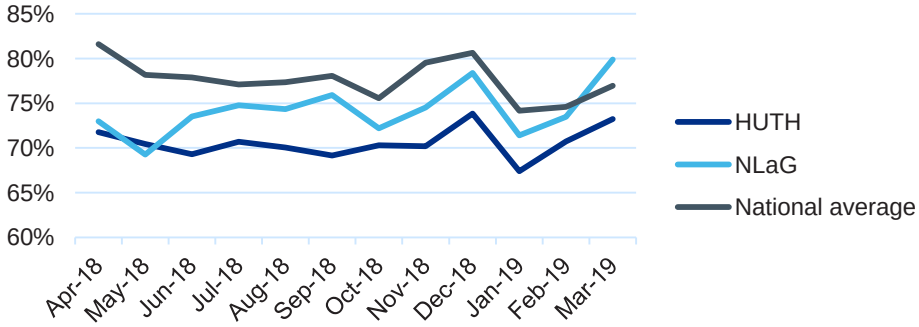
% of patients with fractured neck of femur who have surgery on day, or day after the admission (2018/19)



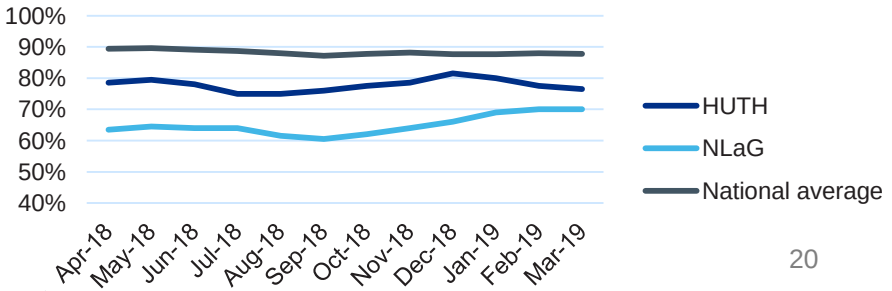
Patients in the Humber area are waiting longer to start treatment than nationally, which may mean patients suffer for longer or their disease is more advanced.

62 day cancer standards and waits from referral to treatment are not being met, as the graphs below exemplify.

% of patients waiting <62 days for cancer treatment from the day of urgent referral (all cancers)



ENT: % of patients treated within 18 weeks of referral



Source: Trust data | SHMI Data, NHS Digital, April 2018 – March 2019

Why services need to change: quality of care

There are challenges delivering quality care and patient experience (2/2)

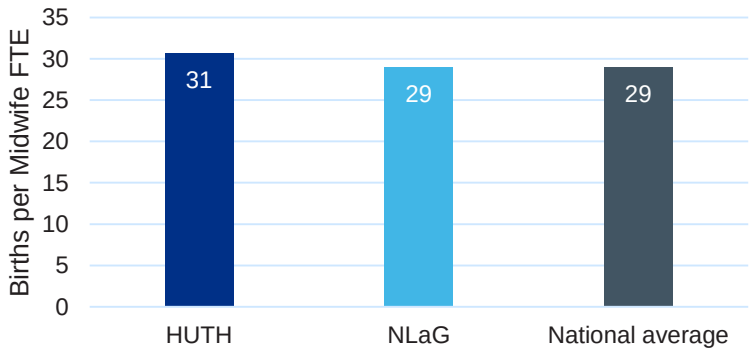
Both Trusts have some areas in which quality of care requires improvement. King's Fund research has shown that staffing pressures lead to lower levels of staff satisfaction and engagement, which in turn reduces patient experience and satisfaction.

In Maternity, there are challenges meeting the national "Better Births" vision of providing women with choice and personalisation across the Humber. Also, the "Birth Rate Plus" national average of 29 births per midwife a year is exceeded by HUTH.

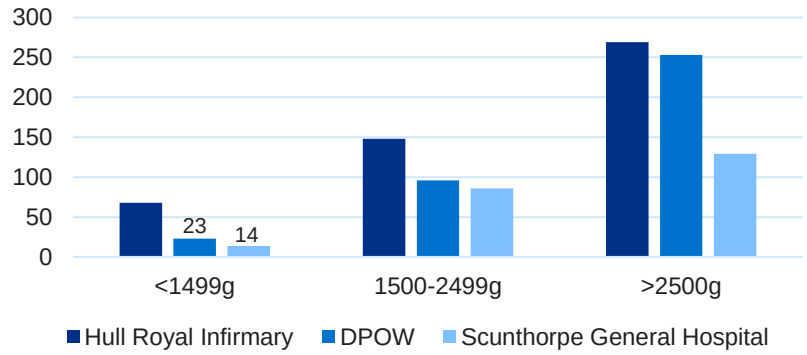
In Paediatrics neither Trust is currently meeting the "Facing the Future" standards for children's care.

In Neonatology, SGH and DPoW both have a low number of admissions of babies with birth weight <1500g (14 and 23 babies respectively in recent data). Recent recommendations suggest that Level 2 local neonatal units should admit at least 25 babies with birth weights <1500g every year, to maintain staff skills in caring for such vulnerable babies.

Midwife to Birth Ratio



Neonatal admissions by baby weight



Sources: The Kings Fund – Improving NHS care by engaging staff and devolving decision-making | Arrangements for Local Neonatal Units and Special Care Units in the UK including guidance on their staffing: A Framework for Practice, November 2019, British Association of Perinatal Medicine | Yorkshire & Humber Neonatal Network Report

Why services need to change: service sustainability

In the Humber region, there are services that are unlikely to be sustainable long-term (1/2)

Low activity services do not represent efficient use of resources, in relation to staffing or estates; income does not match the costs of running the service

Services in multiple locations

The need to run services, many of which are 24 hours a day and seven days a week, at multiple sites around the Humber further stretches staff, particularly where vacancies already exist. Having similar specialties across multiple sites also causes duplication of support services, administrative costs and clinical management work. Duplications can be found within and between Trusts, such as the model of having two similarly sized and configured district general hospitals at DPoW and SGH both providing a similar range of specialties.

Subspecialty volumes: HUTH

HUTH is a relatively small tertiary centre, as its geographical location constrains the potential catchment population from which referrals are generated. Some specialist services are relatively small. For example, specialist paediatric surgery requires support from staff in sub-specialities such as paediatric radiology and paediatric anaesthetics. However, to maintain skills in such sub-specialities, staff need to see sufficient numbers of patients needing their specialist care, which is more likely to happen in centres serving larger populations.

Domino effect

This Review focusses on two neighbouring Trusts. Changes made in isolation on either side of the Humber could impact services on the other bank, so co-operation is needed when considering service transformations.

Sources: Patient level and Trust data | Yorkshire & Humber Neonatal Network Report

Why services need to change: service sustainability

In the Humber region, there are services that are unlikely to be sustainable long-term (2/2)

Low activity services do not represent efficient use of resources, in relation to staffing or estates; income does not match the costs of running the service

Throughout Humber this is seen in different specialties, each with unique causes and consequences. Emergency consolidation of unsustainable services has already been necessary in earlier stages of the HASR. A few examples relating to specialties in this stage of work are demonstrated here.

- **UEC:** Running three 24/7 rotas across the Humber region is a challenge, resulting in difficulties providing specialist input for acutely unwell patients. The challenge is further exacerbated by the requirement to deliver seven day services where provision has to be extended across evenings and weekends. Consequently, the workforce is spread more thinly resulting in a knock on effect through the hospital. For example, a reduced Consultant presence can cause delay in discharges.

- **Neonatology**: Currently there are three neonatal units in the region: two Level 2 units (DPoW and SGH) and one Level 3 NICU (HRI). Although neonatal admissions have been rising slowly in the region, the number of <1500g birth-weight baby admissions in SGH is low (14 babies). Recent recommendations suggest that Level 2 local neonatal units should admit 25 or more babies with birth weights <1500g to remain sustainable long term.

- **ENT:** Service arrangements underwent a temporary change in September 2017 due to service fragility. Significant workforce shortages and unexpected long term sickness resulted in an inability to safely operate all aspects of ENT services at SGH and DPoW. Consequently, emergency and planned inpatient care for ENT has been provided on one site (DPoW) with resultant service stabilisation and improvements in continuity of patient care. Further work regarding the formalisation of a single-site arrangement for emergency and elective inpatient admissions is ongoing.

Sources: Patient level and Trust data | Yorkshire & Humber Neonatal Network Report

Why services need to change: operational issues

Both Trusts face certain operational challenges

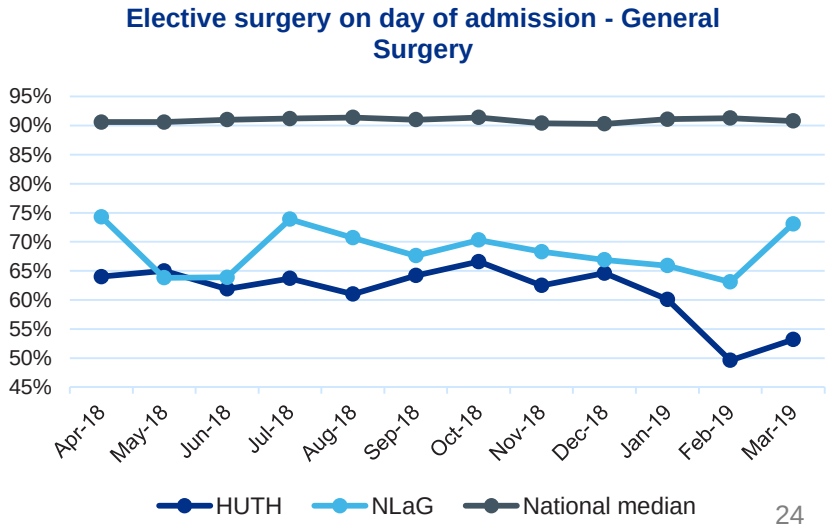
Neither Trust is meeting the majority of core NHS operating standards. Some of these, such as waiting times from referral to starting treatment, are likely to be driven by staff shortages. Work has already been undertaken in some specialties, such as ENT, to address immediate safety issues but there is still more work required both in these and other areas.

Both Trusts have issues with non-elective work. NLaG's length of stay (LoS) is higher than the national average. Under-development of pathways for accessing timely specialist opinion throughout the week in part drives the increased LoS. In some specialities, this may lead to patients waiting longer than necessary for transfer to specialist centres across the Humber, increasing the chance of their condition deteriorating. In general, fewer patients are discharged at the weekend than during the weekdays at both Trusts. Neither Trust meets the 'Seven day services in the NHS' standards.

Neither Trust meets the four hour target in the ED. There is also a wider emergency care issue with **EDs used as the "sorting hat"** for acute medical and surgical issues. Inappropriate activity demands in ED, longer waits, and a relative lack of ED access to alternate pathways to stream patients to other services contribute to slow and inefficient flow.

Longer length of stay (LOS) for elective procedures are partly driven by earlier admissions and limited use of day case surgery.

The model of elective care in the Humber area tends to be oriented towards higher use of overnight inpatient facilities. While this has enabled reductions in on-the -day cancellations, fewer procedures are performed on the day of admission, and thus average LOSs are longer. GDH is also underutilised.



Source: Model Hospital

Why services need to change: diagnostics

Timely access to diagnostics is a major issue for the Humber region

Radiology faces substantial workforce and infrastructure problems which negatively impact on care since it is a key interdependent clinical service for all planned care and many emergency specialties

Both Trusts face workforce challenges…

There are large vacancy rates in Radiology as well as a lack of staff for other support services (e.g. Phlebotomy). HUTH faces a 5% vacancy rate for radiology consultants with 33.9 WTEs in post. NLaG faces 53% vacancies with 10 WTE in post (as of March 2019).

Despite these workforce pressures, both Trusts operate separate consultant on call rotas.

…and both Trusts also face old infrastructure and image reporting backlogs

Imaging equipment in the Trusts is ageing which impacts on the reliability and accuracy of the machines which in turn can lead to incorrect clinical conclusions.

	HUTH	NLaG
CT machines >10 years old	33%	0%
MRI machines >10 year old	40%	50%

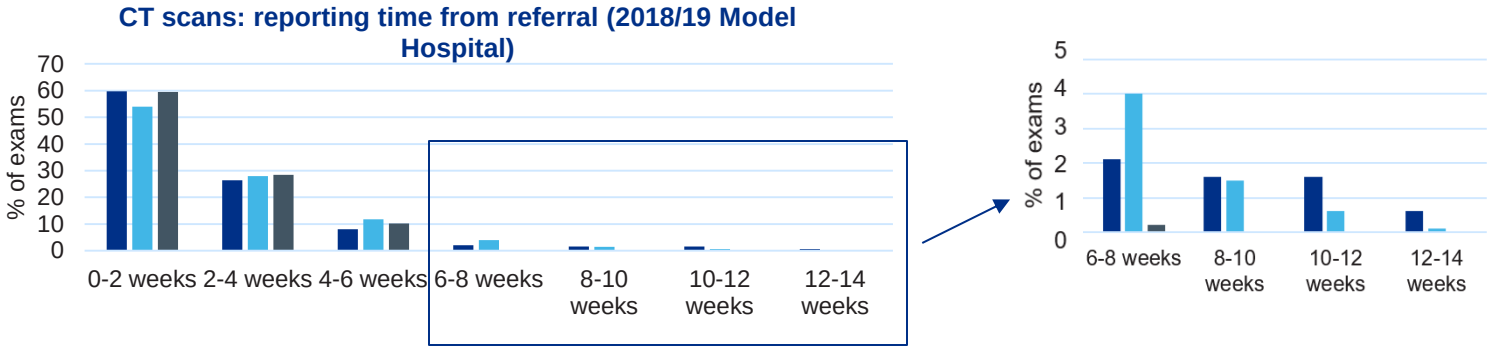
Source: Trust data

Why services need to change: diagnostics

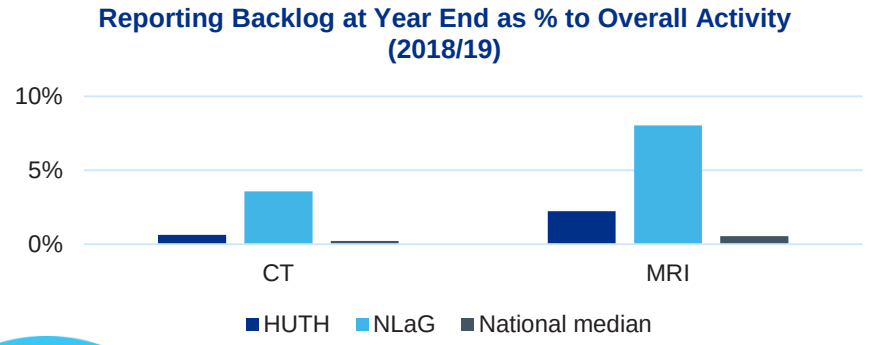
Timely access to diagnostics is a major issue for the Humber region

Radiology faces substantial workforce and infrastructure problems which negatively impact on care since it is a key interdependent clinical service for all planned care and many emergency specialties

Both Trusts perform worse than national medians at performing MRI and CT scans promptly, and also struggle with reporting turnaround…



… resulting in a high reporting backlog at year end which presents a patient safety issue



Backlog is defined as reports outstanding for more than 10 days at the end of the financial year as a proportion of overall activity.

Source: Model Hospital

Why services need to change: infrastructure

Both Trusts face long-term issues with their estates and facilities

The estates infrastructure of both Trusts has areas in need of capital investment - capacity, quality and configuration are recurrent themes. Critical infrastructure costs are broadly similar (HUTH - £21.3m, NLaG - £21.4m) but both significantly exceed the national median of £13.7m

HUTH

- HUTH has major challenges at HRI due to aged infrastructure for some buildings.
- The HRI tower block suffers with poor ventilation and cooling (particularly in summer months). Asbestos is present within the structure causing challenges for upgrading, and there are not enough lifts and storage areas.
- Wards are smaller than current specifications and do not have suitable en suite facilities. The layout of six beds per bay does not meet modern standards.
- Theatres also face challenges with a £14m upgrade required to the trauma theatre to ensure the ventilation meets current air flow specifications.
- There are also particular problems with aged water pipes leading to high Legionella counts.
- The CQC criticised the quality of accommodation for children, with concerns about patient privacy, as well as a lack of parental accommodation.

NLaG

- In many areas, the physical condition of estate and quality of accommodation for providing services is not fit for purpose.
- Significant fire safety issues were identified in relation to evacuation of patients due to the layout of the Coronation Building at SGH.
- In October 2018 following routine random sampling, major water infrastructure issues were identified, leading to the closure of two wards and two laminar flow theatres.
- The majority of the current buildings are not appropriate for delivery of modern healthcare services. For example they do not meet standards for en suite facilities in ward bays or for sufficient single cubicle capacity.
- Further work will help to identify whether there is potential estate that could be better utilised, or capacity optimised, at GDH.
- IT infrastructure is not able to keep up with modern technology and capacity due to ongoing system issues and lack of investment.
- NLaG acknowledges that estates are a major financial risk.

Why services need to change: financial sustainability

Both Trusts face major financial challenges, which need to be tackled over the coming years

HUTH

- There is an underlying financial deficit of c.£9m as of 1st April 2019. As part of an annual plan of a £1.5m surplus by the end of FY19/20 there is a commitment to delivering a £19.1m efficiency programme. This equates to 3.4% of operating costs. Shortfalls in delivery in 2017/18 and 2018/19 indicate risks to achieving delivery in 2019/20 which requires system level collaboration. In July 2019, HUTH was £0.2m below plan on their planned improvements in productivity and efficiency.
- At the end of July 2019, HUTH was on plan with a deficit of £2.9m but this includes £1.9m of Provider Sustainability Funding.
- At the end of the 2018/19 financial year HUTH had spent £11m on temporary staff (agency and bank).

NLaG

- NLaG are in quality and financial special measures, indicating significant financial challenges.
- In 2018/19, the Trust's deficit for the year was £58.1m which is £26.82m adrift of plan. The clinical income was behind plan and there were a number of contract challenges.
- NLaG failed to qualify for the planned Provider Sustainability Fund income, due to an ED performance below 90% and non-compliance with financial control total. However, the Trust received £2.33m of Provider Sustainability Fund General Distribution in April 2019.
- At the end of the 2018/19 financial year NLaG had spent £46m on temporary staff (agency, bank, locum).

Sources: HUTH Trust Board Papers 23 May 2019 | HUTH Trust Board Papers 30 July 2019 | NLaG Trust Board Meeting 07 May 2019 | NLaG Finance Report September 2019 | Trust Financial Ledger Data | Model Hospital

Conclusions

Why do services need to change?

- Both NLaG and HUTH are facing significant challenges across multiple dimensions including workforce, quality of care, operational issues, estates and facilities; ultimately leading to financial unsustainability.
- Neither Trust is meeting key national NHS standards including those for urgent care, cancer care and routine waiting times. Neither Trust is able to meet all four priority standards for providing consistent access to high quality emergency care.
- Significant work has been done by both organisations internally to address these challenges in recent years. Pro-active international recruitment, operational and quality improvements, and financial measures have been put in place, resulting in multiple improvements.
- However, the scale and long-standing nature of the workforce, service sustainability, and estates challenges across the region suggest that it will take more than the efforts within each individual organisation to address threats to the Trusts, but rather requires them to work together in a range of ways to secure the future for key services. Joint working could help bridge the workforce gaps, address some of the financial and quality issues, and protect fragile services from failing, avoiding emergency reconfigurations.
- The next stages of the Humber Acute Services Review involve looking for solutions that would allow the region to embrace these challenges together, to further allow the local population to start well, live well and age well.

Annex

Data analysis caveats

The analysis in this Case for Change was undertaken over the period September to November 2019, using the most up to date data available at the time.

This Case for Change is accurate to the extent to which the information provided to us for its production is accurate. We have not audited the information for the purposes of this work.

This Case for Change is based on a variety of data sources, including publicly available data and data published by NHS Improvement (for example, The Model Hospital). Where the data is obtained from such sources, we have assumed that the Trusts have assured the quality of input data provided prior to publication. We have not audited or otherwise tested the data obtained from such sources.

Where the data were provided to us by the organisations in scope of the review, we have assumed that the underlying data were correct and have not audited this data any further. Where any calculations were based on this data, we gathered feedback from the respective organisations on whether they agreed with the findings.

We used the most recent data that was available at the time of the analysis. We acknowledge that publicly available data are regularly updated, it was beyond the scope of this work to continue updating data once the analysis was complete.

Benchmarking by its nature offers a directional indication of potential opportunities for further exploration. Judgement is also needed to consider what can be delivered in practice. However, it offers the opportunity to identify and so consider areas of apparent variance.

Data sources in this document include:

- Trust Patient Level Data | Trust Board Papers | Model Hospital | Trust Level Ledger Data | Fractured Neck of Femur Data submitted by Trusts | NHS Digital SHMI Data | NHS Digital Vacancies Data | NHS Digital RTT Data | NHS Digital Cancer Treatment Data | Yorkshire and Humber Neonatal Report | NHS Staff Survey Results | Public Health England Population Statistics Data