

Humber Acute Services Review

Programme Update (June 2020)

Changing Context – Covid-19

In March 2020, some of the work being undertaken through the Humber Acute Services Review was temporarily paused to enable partner organisations to respond to the immediate challenges posed by the Covid-19 outbreak.

Government policy responding to Covid-19 has required our hospitals to make rapid changes to their ways of working and in some cases, physical layout. This has resulted in many services being temporarily suspended or delivered in different ways, including through an increase in the use of virtual and telephone consultations and provision of some services in the independent sector. These changes and the continued challenges that Covid-19 places on the delivery of acute hospital services represent a significant change to the context within which the review is now operating.

Now that we are entering the next phase of our response to Covid-19, partner organisations across the Humber are working together on short, medium and long term plans for delivering acute hospital services, making the best possible use of the resources within the Humber to provide services for our population within the constraints posed by the pandemic. This must also take account of the pre-existing issues that were impacting acute services across the region prior to the onset of the Covid-19 situation, as articulated in the Case for Change¹, in particular those services considered most fragile or vulnerable.

Looking back on what we have done so far

Case for Change

Over the latter part of 2019, an extensive review of hospital services across the Humber was undertaken, which highlighted a number of challenges for providing effective care across our region. The published Case for Change documents these in detail.

Options Development

Based on the Case for Change, a range of potential clinical models for core acute hospital services was developed. These models incorporate urgent and emergency care, maternity and paediatrics and planned care. Public engagement on these broad service areas was undertaken in late 2019 to support development of these broad clinical models. The potential clinical models were evaluated over the period from January to March 2020² to identify the viable clinical models. Evaluation was undertaken by the Clinical Design Group (CDG) and Citizen's Panel using key measures from the Case for Change, professional judgement, patient feedback and travel analysis. This provided a view of the potential clinical models compared to the current model of provision for workforce, clinical outcomes, travel, and patient experience. This evidence base will support future stages of the review.

¹ The full and summary versions of the Case for Change document can be found on the Humber Acute Services Review webpage <https://humbercoastandvale.org.uk/humberacutereview/>

² The 'Story so far' briefing document sets out a timeline of work undertaken between Sep 19 – Mar 20, particularly describing how we have gone from a (very) long list of theoretically possible ways of delivering services to a shorter list of possible approaches (clinical models) to address the challenges described in the Case for Change. https://humbercoastandvale.org.uk/wp-content/uploads/2020/04/Citizens-Panel-briefing_the-story-so-far_FINAL-VERSION-2.pdf



Clinical Senate Review

In January 2020, we welcomed a site visit from the Yorkshire and Humber Clinical Senate, where they had the opportunity to speak with members of hospital staff and clinicians delivering services to help them better understand the geography, challenges and potential solutions identified as part of the review.

The findings of the Clinical Senate's work have been analysed and produced into a detailed report, which has now been published on the Yorkshire and Humber Clinical Senate's website³, [please click here to read](#).

The report has provided useful insight into clinical perspectives allowing us an opportunity to incorporate these views into our future plans.

The report also presents a series of recommendations for consideration, including:

- The need to prioritise frailty pathways within our future clinical models.
- The importance of exploring solutions as a whole system with a focus on increasing care in the non-hospital settings to support the review's proposals for acute hospitals.
- Improving the compatibility of IT between the two trusts and prioritising digital solutions to support patient care in non-hospital settings.

These recommendations will be considered by the Clinical Design Group as part of their work to develop future proposals for services.

Looking towards the future

Continuing to respond to Covid-19

The ongoing Covid-19 pandemic requires partner organisations to continue to respond quickly to the changing pressures on health and care services. Our priority as a system will be to ensure we are continuing to make the best possible use of all available capacity within our health and care system, prioritising the safety of our patients and our workforce and focusing on meeting the health and care needs of our population within the restrictions brought by Covid-19.

Interim Clinical Strategy

In addition to the ongoing operational response to Covid-19, there are a number of service areas where urgent service transformation is required. These services were identified as most fragile or vulnerable prior to the Covid-19 pandemic and are therefore the priority areas for review and inclusion in an interim clinical strategy which is being developed for the Humber region. This will be a key focus for the next stage.

Provisionally, the group of services identified during this exercise includes:

- Cardiology
- Ophthalmology
- Ear Nose and Throat (ENT)
- Haematology
- Neurology
- Gastroenterology
- Respiratory
- Urology

³ More information on the Yorkshire and Humber Clinical Senate can be found on their website.
<http://www.yhsenate.nhs.uk/index.php>

- Specialist paediatrics
- Dermatology
- Oncology

These service areas will be the priority for the interim clinical strategy, with a continued focus on finding solutions to maximise productivity, improve standards and make the best use of our available estates and workforce. Ongoing engagement with patients, the public and staff will continue to be undertaken to support the rapid development of proposals for these service areas.

Long Term Strategy


In parallel to development of the interim clinical strategy, the review will also continue to define the long term strategy for hospital services across the Humber region. This will include continuing the options development work that started prior to the onset of the Covid-19 pandemic to develop a longer term clinical strategy for acute hospital services across the Humber. In line with the advice given by the Yorkshire and Humber Clinical Senate this will also include a strong link to work underway in each of the four 'places' (local authority areas) to improve and join up out of hospital services. Ongoing engagement with patients, citizens, staff and other stakeholders will be a key aspect of this work.

An important aspect of the longer term development will be the parallel programme of work which is seeking to secure major capital investment into the region to support the redevelopment of our hospitals and wider health and care estate across the Humber.⁴ Through this programme the Partnership is seeking to secure governmental support for a proposed major capital investment in the hospitals in the Humber area as part of our wider vision for improving the health and wellbeing of the Humber region. This programme is sponsored by the Humber, Coast and Vale Strategic Estates Board and involves a wide range of partners including Local Authorities, Universities and Local Enterprise Partnerships, but will also link closely to the Humber Acute Services Review.

How to keep informed

For more information on the Humber Acute Services Review, please visit the [Humber, Coast and Vale's website](#).

If you have any questions, please contact the review team by:

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⁴ For further details see the [outline capital prospectus on our website](#).