

# Humber Acute Services Programme

## Frequently Asked Questions

### General Questions

#### What is this work trying to achieve?

We're looking to develop healthcare – in and out of hospital – where everyone across the Humber will have access to the best possible services to help them live healthy, happy lives. It involves more than hospitals because the changes we make will mean people will only use them if they really need to – much more of the care and treatment that people need will be offered in other places like GP surgeries, at home or on the high street. We want to change things for staff too so they have interesting roles, feel valued through good training and opportunities to progress and they get to work in decent buildings with good equipment. Sadly, this isn't always the case at the moment.

#### Why do we need to change?

Not everyone is getting the timely care they need and the outcomes for some patients are not as good as they should be. Our staff are working really hard but our services are struggling to cope with the numbers of patients needing treatment. Staff at both trusts are stretched too thinly and are not always able to provide the quality services they aspire to.

This is because:

- We don't have enough – and cannot attract – the numbers of specialist and experienced staff we need to provide everything everywhere to the standard our communities require.
- Some of our services rely on small numbers of experienced and knowledgeable staff, some working across multiple hospital sites. Our population size on both sides of the Humber taken in isolation means we struggle to fill some rotas with the number of specialist staff we need to do the amount of work required.

Finally, some of our buildings and digital systems are not fit for purpose which causes problems in delivering services. We need significant investment in our buildings and digital infrastructure but will only get that if we rethink how we provide services.



## What is going to happen and when?

We're working on three programmes now which will lead to changes at different times.

- **Programme one** (Interim Clinical Plan) – is about keeping services safe in the here and now and is looking at stabilising some services over the next one to two years.
- **Programme two** (Core Hospital Services) – is about reviewing core hospital services (Urgent & Emergency Care, Maternity, Neonatal Care & Paediatrics and Planned Care & Diagnostics) to design a future model for hospital care to implement in two to five years.
- **Programme three** (Building Better Places) – is about building better places for patients to access services, using the investment we hope to secure to do things differently and better and create new jobs for local people. This is more longer term and will take five to ten years before it is finished.

## Where can I find out more?

There is lots of information available on the Humber Acute Services programme website:

<https://humbercoastandvale.org.uk/humberacutereview/>

## Who is working on the programmes?

The work is being undertaken jointly by health and care organisations across the Humber area.

The main partners are:

- [Northern Lincolnshire and Goole NHS Foundation Trust](#)
- [Hull University Teaching Hospitals NHS Trust](#)
- [North Lincolnshire CCG](#)
- [North East Lincolnshire CCG](#)
- [East Riding of Yorkshire CCG](#)
- [Hull CCG](#)

We are also working closely with GPs and primary care networks, community and mental health service providers, the four local Councils in the Humber area, voluntary sector partners and our Citizen's Panel.

## How are you getting views from everyone?

Between May and December 2021 our plan is to do wide engagement with all interested parties – patients, the general public, staff, partners, stakeholders and regulators through lots of different activities. We want to work together to develop proposals and hear from as many people as possible.

The recent What Matters to You survey received nearly 4000 responses from staff, patients and members of the public. We will re-run this engagement at various stages to ensure everyone who wants to share their view has the opportunity to help shape the proposals.

All our opportunities to get involved will be publicised on our [Engagement Hub](#).

## Programme One – Interim Clinical Plan

### What is the Interim Clinical Plan?

The Interim Clinical Plan aims to fast-track improvements in priority areas as part of the broader Humber Acute Services Programme. We are undertaking a fundamental review of ten specialties to ensure equitable access for patients, standardise our patient pathways and maximise the productivity of the staff we have available.

More information about the Interim Clinical Plan is [available on the website](#).

### What specialties are in scope?

The Interim Clinical Plan work is happening in three stages during 2021/22 and includes the following specialties:

1. Neurology, Dermatology, Haematology and Oncology
2. Cardiology, ENT and Ophthalmology
3. Respiratory, Gastroenterology and Urology

### How were the specialties identified?

The 10 specialties were identified to be part of the plan in mid-2020 based on an assessment of:

- Medical workforce vacancies (based on vacancies against the establishment at that time)
- Sickness rates (percentage of sickness within the speciality for medical staff)
- Referral growth (from previous referral levels in each speciality)
- Reference costs (sourced from Reference Cost Index including Market Forces Factor)
- Referral to Treatment performance (18ww incomplete against RTT 92% target)
- The number of patients waiting in the backlog
- Average length of stay

### What are you looking to achieve?

Our aim is to create and embed single clinical and managerial teams across the Humber for each speciality, leading to:

- Improved consistency in care, treatment and administration
- Consistent approach to clinical prioritisation and managing waiting lists.
- Equity of service for patients in all localities – keeping services local where possible.
- More efficient use of clinical and non-clinical workforce capacity.
- Potential new models of care – at or closer to home, where appropriate

## **Programme Two – Core Hospital Services**

### **What are you looking to achieve?**

Our overall objective is to design sustainable and effective service models for the future delivery of hospital services to address the challenges we are facing. Our ambition is to provide the best possible care for you and your family by thinking about how services could be provided differently in the future, whether in hospitals or GP surgeries, at home or on the high street.

### **How will you achieve this?**

We are looking at the key ‘building blocks’ which can be offered in different ways within – and, in the future, outside – traditional hospitals:

- Urgent and Emergency Care
- Maternity, Neonatal Care and Paediatrics
- Planned Care and Diagnostics

We are looking at these building blocks and assessing different ways we can offer these services to come up with a set of possible options.

### **How will you do this when hospitals are so complex and this is across two trusts?**

We’ll develop a series of potential options which will be assessed against a number of defined criteria – such as:

- the timeliness of care being delivered
- what staff groups are needed to deliver them
- the impact they would have on other trusts and healthcare organisations
- the impact on patient experience
- whether they mean we see more patients more quickly
- whether the care offered meets recommended standards
- whether clinical outcomes will be better.

We will then refine the potential options based on these assessments and repeat this process a number of times. We will involve people (staff, patients, public etc.) as we look to design these refined options, taking feedback into account at each stage. We will be working to design and develop new pathways of care in partnership with Primary Care, Community Services and Social Care. This will create a range of possible options of what the proposed changes could be.

We’ll engage with staff and the public on these changes and then refine them again if necessary before making recommendations on any changes to implement. We will also present these to local Overview and Scrutiny Committees, which will provide an external and independent view of the options and the impacts on local people.

## **Programme Three – Building Better Places**

### **What are you looking to achieve?**

We want to secure significant capital investment (money) to redevelop and rebuild our hospitals and other healthcare facilities. Some of our buildings and digital infrastructure are old and we would need to spend millions of pounds on remedial works just to bring them up to an adequate standard for providing 21<sup>st</sup> century healthcare.

### **Why do services need to change? Can't we get the cash without changing?**

No, any proposal for major capital investment in the NHS will only be supported if it incorporates modern and efficient ways of working. Investment proposals also need to demonstrate how the healthcare providers can maximise the benefits of their roles as 'Anchor Organisations', employing large numbers of local people and making positive contributions to local communities and the local economy. These wider benefits might include:

- Developing training programmes
- Creating new jobs and opportunities for local people
- Supporting inward investment and overall economic regeneration
- Protecting the environment and improving sustainability
- Boosting innovation and collaborative research and development

### **Who is helping us develop our plans?**

We have established and continue to develop wide-ranging partnership arrangements involving local councils, Local Enterprise Partnerships (LEPs), local colleges and universities, private sector organisations and community and third sector bodies. All the organisations we have spoken to so far fully support what we are trying to do and we will all work together to develop our proposals for investment which will initially be set out in a Strategic Outline Case (SOC).

### **What is a Strategic Outline Case (SOC)?**

The Strategic Outline Case (SOC) is the first stage in the planning process for significant building work or other capital investment. The SOC covers all aspects of the proposed development but focuses on the strategic case (the case for change, investment of objectives, development options and options appraisal) and the economic case (projected total costs and benefits and the anticipated return on investment). To progress to the next stage the SOC must demonstrate compelling evidence of both the need for investment and the deliverability of the options being put forward. The purpose of the SOC is to provide the information needed to enable a decision to be made to progress planning to the next stage – called an Outline Business Case (OBC).

### **What timescale are we working to?**

We are planning to have a SOC developed by Autumn 2022.

## **What happens next?**

We need to finalise the SOC and submit it for formal evaluation. Through this process we hope to secure confirmation that the required capital funding will be made available to cover the costs of our proposed programme of developments. We will then be able to develop our plans in more detail, looking again at projected future workloads in different service areas, finalising accommodation requirements, confirming development sites and refining designs for new buildings. Planning a programme of capital development on this scale is a significant undertaking, which is why we are expecting that it will take up to 10 years to complete the programme in full.