



Humber and North Yorkshire Health and Care Partnership

Humber Acute Services Programme Update (July 2022)

Background

The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region to deliver better and more accessible health and care 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 Humber and North Yorkshire Integrated Care Board (ICB) which now incorporates the functions previously undertaken by Clinical Commissioning Groups (CCGs) in the region.

The Programme sets out a vision that: *everyone across the Humber will have access to the best possible healthcare and opportunities to help them live healthy, happy lives.*

All partners across the health and care system in the Humber have an important role to play in the short, medium and longer-term to deliver this vision, which is much wider than the acute hospital sector alone.

Core Hospital Services (Programme Two) Update

The core hospital services element of the programme is developing the 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.

The work across programme two is clinically led and involves detailed options development and appraisal to help identify clinically viable models for core hospital services:

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

To support the development of potential models of care for the future of core hospital services, an extensive period of engagement has been undertaken with clinical teams (from hospital, primary care, mental health, and community services), staff, patients, service-users, the public and their representatives. Annex A sets out some of the high-level themes and insight gathered through the public engagement that have helped to shape the potential models of care.

Beginning in November 2021 and due to complete by the end of July 2022, a *multi-step, multi-faceted approach*, to evaluation has been adopted. The purpose of this process is to narrow down the possible solutions to those that are most able to address the issues identified within our Case for Change and provide the best possible solutions for our population.

Step One of the evaluation process took place from November to December 2021 and involved a series of workshops to assess the advantages and disadvantages of different potential models of care. In total 117 people participated in the workshops.

Step Two began in February and involved another series of workshops (throughout March 2022), supported by ongoing evaluation and analysis across a range of areas.

Specifically, step two of the evaluation process will incorporate further analysis across key areas based on feedback throughout the programme and important changes to our strategic context:

- Safety of maternity models (Ockenden review).
- Travel and accessibility
- Displacement impact on neighbouring health economies
- Economic and Social impact
- Workforce modelling
- Financial analysis / costing

The outputs from these analyses will be combined with the feedback from both sets of workshops to support the finalisation of the options for inclusion in the Pre-Consultation Business Case (PCBC).

In April 2022, the work was subject to an independent review by the Yorkshire and Humber Clinical Senate. The Senate Panel was supportive of the work undertaken to date and will publish its findings in July or August 2022.

Capital Investment (Programme Three) Update

Our current healthcare estate is one of our biggest challenges – with many of our buildings being old, unfit for purpose, not very ecologically friendly and in need of immediate investment.

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.

In response to the government's invitation for expressions of interest from NHS trusts wanting to be considered for inclusion in the next wave of the New Hospitals Programme, we submitted an expression of interest in September 2021 – in the region of £720m – for the development of healthcare infrastructure across the Humber.

Update on Governance Arrangements for the Interim Clinical Plan (Programme One)

Creating unified Humber-wide services is a fundamental aim of the Interim Clinical Plan (previously referred to as Programme One). Great strides have been made towards this goal – by establishing joint clinical leadership teams across specialities; developing visions for the future and formulating service strategies to achieve those visions. This work has helped establish the foundations necessary to stabilise and improve services.

On 1st April 2022, the focus of the Interim Clinical Plan moved into a new phase – with operational teams working jointly across both trusts, concentrating on mobilisation and implementation of the service strategies.

Reflecting this change, the day-to-day governance arrangements for the Interim Clinical Plan changed moving out of the programme management arrangements of the Humber Acute Services Programme – with a Joint Development Board maintaining oversight of mobilisation and implementation, reporting through to the Committees in Common.

Next Steps

Our local health system across the Humber needs to change. It is not always meeting the needs of everyone in the region and, without changes to the way services are organised, this will likely worsen in the future.

Over the coming weeks, **we aim to complete our multi-step evaluation process** to enable completion of our Pre-Consultation Business Case (PCBC).

The decision about how to progress will be made by the NHS body with legal responsibility for strategic planning of healthcare services across the Humber. Following the implementation of the Health and Care Act (2022) on 1st July, this responsibility now rests with NHS Humber and North Yorkshire Integrated Care Board (ICB).

We are working collaboratively to put forward potential options on what hospital care might look like in the future (in five to ten years). The decision about the future shape of services will not be taken until **after** we have consulted with the public (and other key stakeholders) to gather views on the potential options.

Background Papers

- Your Birthing Choices – Maternity and Neonatal Care (June 2022) – Feedback reports available [here](#)
- What Matters to You – Parents, Carers and Guardians (March 2022) – Feedback reports available [here](#).
- What Matters to You – Children and Young People (March 2022) – Feedback reports available [here](#).
- Healthwatch Humber – Emergency Department Enter and View (January 2022) – Feedback report available [here](#)
- What Matters to You – Revisited (August 2021) – Feedback reports available [here](#)
- What Matters to You – (March 2021) – Feedback reports available [here](#)
- The Yorkshire and Humber Clinical Senate (November 2020) – Report available [here](#).
- Accident & Emergency (October 2020) – Feedback report available [here](#).
- Humber Acute Services Programme – Targeted engagement (February 2020) – Feedback report available [here](#).
- Humber Acute Services Programme - Case for Change (November 2019) – Feedback report available [here](#).
- Humber Acute Services Programme – Patient Workshop (October 2019) – Feedback report available [here](#).
- Humber Acute Services Programme – Issues Paper (October 2018) – Feedback report available [here](#)

Annex A

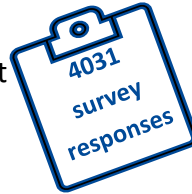
Overview of what we have heard.

Through surveys, focus groups and workshops we have listened to over **9000** patients, service-users, staff, and other stakeholders to influence the design and evaluation of potential models of care.

Here is an overview of what people have told us:

What Matters to You – We wanted to know what was most important to people when accessing hospital services.

Overall, people said:



Being seen and treated as quickly as possible was their top priority.

It was also very important to people that:

They were kept safe and well looked after.

There were enough staff with the right skills.



The [full feedback report](#) and [summary report](#) are both available on our website



Your Birthing Choices – We wanted to know influences women and birthing people's decisions when choosing where to give birth.

Alongside Midwifery-Led Units were the most popular option

Home births and Standalone Midwifery-Led units were the least popular options.

Safety was comparatively more important to women and birthing people than other stakeholder groups.

The availability of neonatal care was also very important to women and birthing people.

1,133
survey
responses

Children and Young People – We actively sought views from children and young people about what worried them about coming into hospital, what was ok and what they would change. Overall, they said:



Being kept safe and well looked after was most important

Nice food, cuddles with their parents, and technology (e.g. iPads) would help them to feel better quickly.

The worst things about being in hospital was not being able to see the trees, having blood tests and not being able to leave their room to interact with nature.

The [full feedback report](#) and [summary report](#) are both available on our website.

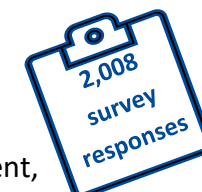
In addition, we asked parents, carers, and guardians to share their experiences. **277** responses were received.



Being kept safe and well looked after was most important

Being seen and treated as quickly a possible was also important





Urgent and Emergency Care – We wanted to better understand what motivates people to go to an Emergency Department, their knowledge of alternative urgent care services and what the barriers are to using these alternatives. Overall, people told us:

They mostly attended an Emergency Department because someone advised them to (e.g., NHS 111 or their GP).

Levels of awareness of alternative provision are greater in Hull and East Riding of Yorkshire than in North and North East Lincolnshire.

Overall, people are willing to use alternative provision *if they are confident* that it is appropriate for their needs.

Staff and teams – What Matters to you? – To enable us to better understand what really matters to our workforce we actively sought views from staff through a number of surveys. Overall, staff told us things most important to them are:

A healthy work-life balance.

Making a difference to patients.

Feeling appreciated for the work they do.

Everyone being treated respectfully and as equals.

Staff also said that staffing levels need to be increased to reduce stress and workloads.

We have also engaged with over **900 staff members** through focus groups, workshops, Q&A sessions, and virtual briefings. This process of listening will continue throughout

