Humber Acute Services Programme

Humber and North Yorkshire Integrated Care Board

June 2023

Overview

The Humber Acute Services programme commenced in 2018. Its primary objectives being to address the challenges faced by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) and to design hospital services that will be fit for the future.

The Programme has now reached a critical stage and is seeking Humber and North Yorkshire Integrated Care Board approval to progress to consultation on a "Preferred Option" for change within Urgent and Emergency Care and Paediatrics.

The "Preferred Option" has:

- been developed following extensive engagement with over 12,000 people over the past two years
- been identified following a comprehensive evaluation exercise which has focussed on clinical standards, quality and safety, travel and access, equalities, workforce and financial affordability.

The approach that has been taken over the past two years has been subject to:

- ongoing assurance reviews by NHSE England
- reviews by the ICB Executive Team and Board
- regular overview and Scrutiny Committee reviews
- two Clinical Senate Reviews of the proposed models of care
- an external assurance review by the Consultation Institute of the approach taken to Pre-Consultation engagement.

The external assurance reviews have highlighted:

- **The Clinical Senate** concluded that the current models of care are not sustainable and that the proposed models provide an improvement. The Clinical Senate has provided its highest level of assurance "Reasonable" on the key areas it reviewed.
- **The Consultation Institute** have highlighted an exemplary approach to pre–Consultation Engagement and have not highlighted any significant areas of concern.

We are now seeking formal approval from the Humber and North Yorkshire Integrated Care Board, in its role as lead commissioner, to progress to Consultation in September 2023 subject to completion of a NHSE Gateway review and Joint Health and Care Overview and Scrutiny Committee approval of the Consultation document and approach.

The Consultation will focus on Urgent and Emergency Care and Paediatric Services primarily in Diana Princess of Wales Hospital Grimsby and Scunthorpe General Hospital.

The Humber and North Yorkshire Integrated Care Board has the statutory responsibility for approving the consultation and for leading the consultation exercise, supported by Place and provider teams.

Why services need to change

Our two hospital trusts – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – spend in excess of £1.3bn and employ more than 16,000 people.

On a daily basis:

- 775 people attend our emergency departments.
- 235 people are admitted, as an emergency, to our inpatient wards.
- 377 operations are performed.
- 3,000 outpatient consultations take place.
- 24 babies are born.

We do however experience significant challenges:

- **Rising Demand for Urgent and Emergency Care**
    - Our emergency departments continue to experience significant demand and **we do not deliver national standards** on waiting times or ambulance handovers. For example, Last month (May 2023), only two thirds of patients were seen and treated within 4 hours in our Emergency Departments (68.3% in NLaG, 62.2% in HUTH) and more than 40 people a day waited for over 12 hours (854 in NLaG and 386 in HUTH).

- **Delivering Clinical Standards**
    - **Our staff are spread too thinly across hospital sites**, with relatively small services provided from a number of different hospitals; this means that we are **not always able to meet clinical standards** set nationally.
    - We are **duplicating 24/7 on-call teams** across sites for small volumes of patients and we are unable to provide 7-day consultant reviews, meaning our patients spend longer in hospital to get the same care and treatment than in many other parts of the country. This impacts on ability to manage patient flow and has significant impacts upon our emergency department performance.
    - The number of emergency operations undertaken overnight at Grimsby (172/year) and Scunthorpe (196/year) combined equates to around **one patient per night** yet both have fully-staffed 24/7 on-call rotas for overnight surgery.
    - Many of the patients treated overnight could be seen and treated in a Day case Emergency surgery setting as effectively.

- **Workforce, Agency and Locum Costs**
    - **We have difficulties recruiting and retaining enough staff with the right skills and expertise** and there are **significant vacancy challenges** in key services. Staffing challenges are not spread evenly between services with some staff groups and teams experiencing much higher vacancy rates (e.g. vacancy rates for Emergency Department specialty doctors in NLaG were 33% in 2022/23, vacancy rates for healthcare assistants in family services departments ranged between 4% and 25%).
    - As a result of our structural challenges we often struggle to recruit specialist skilled staff across multiple disciplines. Many of these skills are in short supply nationally and roles in our hospitals can be seen as less attractive due to low numbers of patients and the consequent lack of opportunity provided for research, education and training.
    - The impact of our vacancy position impacts significantly on our financial performance. For example, last year (2022/23) HUTH and NLaG **spent over £55 million on temporary**

staffing (agency and locum) and a further £45 million on bank staff, covering gaps in rotas and ensuring services continue to be delivered safely.
    - The use of agency and locum staff not only impacts on our financial sustainability but also impacts on patient and staff experience as there is limited continuity of care where agency staff are used.

- **Ageing estate**
    - Our estate is ageing. Our accommodation does not meet modern clinical standards, a number of our theatres, ward areas have had to be closed. Across both HUTH and NLaG we have a backlog maintenance issue in excess of £200m.
        - Within Scunthorpe Hospital we have in excess of a £69m critical infrastructure risk which means we cannot make any changes to clinical models of care without significant external capital investment
    - This impacts upon our ability to treat patients effectively and also on our ability to recruit and retain staff.

The challenges we face are significant. The Clinical Senate have identified that our current clinical models are not sustainable and that we need to work differently if we are to continue to meet the acute healthcare needs of our population.

We can improve this situation by working differently, joining up with other parts of the NHS, local councils and other partners, and organising our services in different ways.

Developing the Models of Care

Over the past two years a dedicated team have focussed on developing the potential options for change that could address the challenges faced locally and deliver improved care for patients. In developing those models of care the team have engaged with over 12,000 people through a mixed approach of workshops, focus groups and speciality one to one discussions. The groups have involved patients, staff and partner organisations.

Over 120 potential options for change were identified in the original Case for Change. These early ideas were carefully considered and, through a comprehensive evaluation approach, were narrowed down to one option with a potential variation.

The evaluation of the potential options for change looked at:

- The potential of different models of care to deliver national standards – with a focus on quality and safety.
- The need to maximise the skills of our existing workforce and the potential of different models of care to support plans to develop new skills and roles and build a resilient local workforce.
- The need to ensure that patients have access to local services for regular and ongoing care.
- The need to make best use of more specialist skills and maximise clinical time available to see and treat patients.
- The need to deliver longer-term more sustainable services which are an improvement on the current models of care.
- The need to deliver financial savings aligned with the need for any future model to be affordable from an internally funded capital pot.

External Assurance and Review

The potential models of care have been through multiple assurance reviews and have been assessed by a number of external and expert bodies including Operational Delivery Networks, Royal Colleges and Peer Reviews and finally by the independent Clinical Senate in March 2023.

The Clinical Senate provided their highest level of assurance ('reasonable') in all three areas they considered and supported the proposed model of care:

> *"**The Senate supports the development of an Acute Hospital and Local Emergency Model with consolidation of Trauma on the Acute site.** An Acute Hospital and Local Emergency Hospital affords the opportunity to consolidate specialised skills and expertise on one site."*

The Clinical Senate concluded:

- ✓ The options for the future models of care have been designed to address the challenges.
- ✓ The proposals have been developed and refined through a robust process including in depth clinical input discussions with Clinical Design Groups, specialty project groups, a citizens panel, focus groups and workshops with elected members, representative groups and other stakeholders.
- ✓ The proposed model affords the opportunity to consolidate specialised skills and expertise on one site.
- ✓ **The proposed models of care are clinically coherent, more sustainable and would provide quality care.**

For Urgent and Emergency Care the Clinical Senate highlighted:

> *"The Senate was reasonably assured that **models of care are clinically coherent, more sustainable and would provide quality care.**" … "It remains concerned about the sustainability of two critical care units from a workforce perspective. Guidance from the Critical Care Network is advised."*

For Paediatrics the Senate highlighted:

> *"The Senate's findings on plans for paediatric services provided it with reasonable assurance that **models of care are clinically coherent, more sustainable and would provide quality care**." …*

The Programme has also undergone multiple Assurance reviews over the past 20 months including monthly NHSE Review Meetings, regular Overview and Scrutiny Committee meetings and an external risk review by the Consultation Institute (tCI) of the Engagement approach undertaken to date.

The Consultation Institute review provided assurance that the process undertaken was robust, and demonstrated meaningful involvement.

The Consultation Institute risk review concluded:

- ✓ "The HASP team has **delivered an effective pre-consultation engagement exercise**, with significant engagement having taken place over a number of years in preparation for public consultation."
- ✓ **The pre-consultation business case (PCBC) is robust** and contains a clear summary of the work undertaken to date and there is evidence of influence within this from the public engagement undertaken.

Meeting the key tests for service change

Based upon the work done to date and the assurance received we believe that our approach has enabled us to demonstrate that the Humber and North Yorkshire Integrated Care Board has met its Statutory duties under s242/244/13z2 and 14Q of the NHS Act and follows the relevant NHS Reconfiguration Guidance as set out below.

Four Tests	How we are meeting them	Evidence of approach
☑ **Strong public and patient engagement**	• Extensive engagement of patients, the public, staff and other stakeholders in design of proposals. • Ongoing involvement of public representatives and OSCs.	• c12,000 people engaged in pre-consultation engagement and evaluation. • NHSE/OSC assurance. • Consultation Institute assurance.
☑ **Consistency with current and prospective need for patient choice**	• Extensive clinical and public engagement in design, reflects understanding of communities and impact of any changes on choice. • Detailed population health analysis underpins modelling and engagement.	• CCG/Place/VCSE/Community Rep Group engagement/MVP engagement • Evidence base on engagement substantive if cited in any future challenge for SoS/IRP or JR
☑ **Clear, clinical evidence base**	• Extensive clinical involvement in design and evaluation of proposals. • Models of care reviewed by Clinical and Professional Leaders Group, Clinical Senate, ODN and other independent clinical experts.	• Clinical Senate provided reasonable assurance on evidence base along with options. • Reports and supporting actions from all reviews.
☑ **Support for proposals from clinical commissioners**	• CCG (clinical and managerial) involvement in development and evaluation of proposals • ICB approval required to go to consultation	• Executive Oversight Group and programme governance. • Working Groups/Place Directors/ Place Boards/ICB briefings etc.

What we are proposing to change and what will be the same

Our evaluation and formal external reviews have highlighted a “Preferred Option” for the delivery of Urgent and Emergency Care and Paediatric services, with a primary focus on our hospital sites within Grimsby and Scunthorpe.

The “Preferred Option” for consultation maximises our recent investment of £58m in our two emergency departments and acute assessment units whilst also providing an opportunity to consolidate some specialist and inpatient services to improve the quality and safety of services and ensure they are sustainable into the future.

What will be the same?

The diagram below highlights what will be the same under our proposals for change.

Services at Hull Royal Infirmary (HRI), Castle Hill Hospital (CHH) and Goole and District Hospital (GDH) would also continue as is.

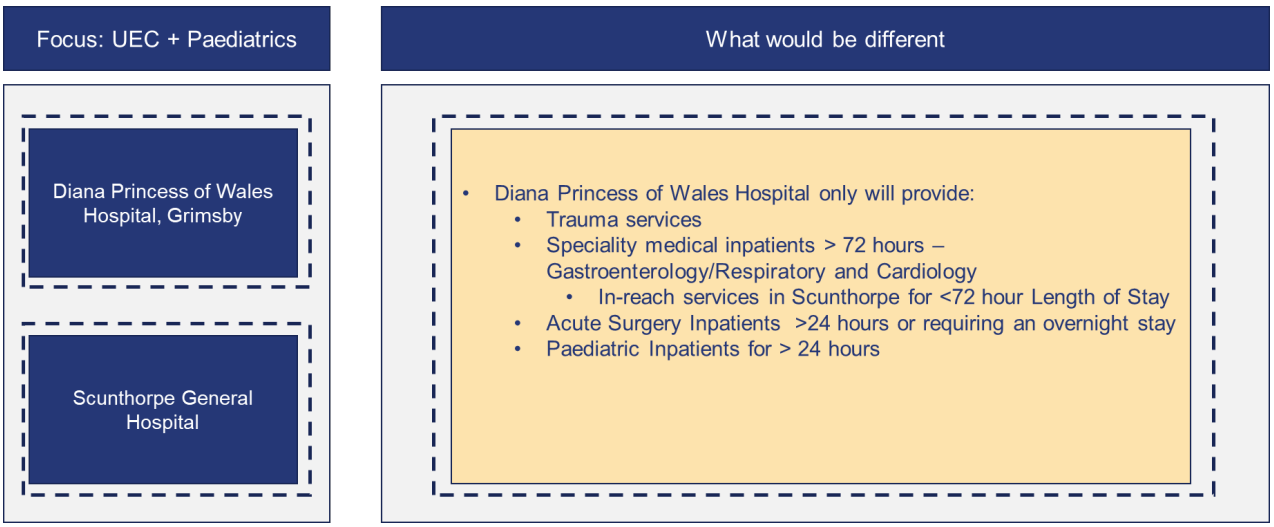
What will be different?

Whilst we will maintain a significant number of services within both Grimsby and Scunthorpe hospitals, we recognise that we must consolidate some specialist services in order to improve quality and safety and ensure they will be sustainable in the longer-term.

In evaluating the options we have considered:

- The potential maximum number of patients impacted per day – assuming no other pathway changes
- The travel time impact on patients and staff
- The travel impact on ambulance journeys
- The financial affordability of each option – recognising that we are required to undertake any capital investment from internal resources.

The diagram below provides a summary of the changes that we propose to make:



It is important to note that during the evaluation of the Options both scenarios with specialist services being provided at ***either*** Diana Princess of Wales Hospital, Grimsby (DPoW) ***or*** Scunthorpe General Hospital (SGH) were considered.

The "Preferred Option" of providing services at Diana Princess of Wales Hospital Grimsby has been identified because:

- **It is the only option that satisfies the NHSE financial requirement to fund capital investment internally**.
- Based upon the capital affordability analysis, only one of the two site scenarios – where the specialist services are provided at Diana Princess of Wales Hospital, Grimsby (DPoW) – can be delivered within the capital available to the system. The capital cost to deliver this site option is c.£25m, whereas the cost to deliver the site options where services were consolidated at Scunthorpe would cost c.£89m, which cannot be delivered from internal capital resources.

There are some additional advantages to consolidating services at DPoW rather than Scunthorpe, including:

- The travel analysis highlighted that it is closer to more patients from deprived areas, who would otherwise have to travel further, and DPoW provides services for many deprived communities living on the East Lincolnshire coast.
    - Overall, fewer people would be impacted by having to travel to a different hospital site (c.20 per day, compared to c.22 per day if services were consolidated at SGH – based on post code analysis to nearest service).
    - Overall, fewer people would be impacted by longer journeys to hospital (c.10 per day, compared to c.13 per day if services were consolidated at SGH – based on post code to nearest site).
- The ambulance travel and journey time mapping has highlighted that it has the least impact on ambulance services, requiring only ½ of a Dual Crewed Vehicle extra, which could be delivered through productivity/efficiency improvements in the emergency care pathways.

Pathway changes and services outside of hospital

The proposed changes do not stand alone. The changes proposed will require improvements to be made within a number of community and out of hospital services. We have worked with Place teams and partners to identify out of hospital work programmes that will support implementation, and to identify what needs to be in pace, how it will be resourced and when it can be implemented.

The proposed model of care is underpinned by fundamental **changes to pathways** (in and out of hospital) and supported by a number of **out of hospital enabling changes** that would be put in place across the Humber to maximise the benefits of the proposed changes and help as many people as possible to avoid going to hospital if they don't need to.

These changes include:

- **Clinical assessment closer to home** to reduce conveyance rates to hospital and help more people to access the right service, first time.
- **Co-located urgent care service (UCS)** within the Emergency Department (ED). To treat people with more minor injuries and illnesses more quickly and reduce pressure on the ED.
- **Integrated acute assessment** model (IAAU) and same day emergency care (SDEC) to improve flow within the hospital and reduce overall levels of acute inpatient admissions.
- **Integrated frailty services** across all localities in the Humber to provide more proactive support for people who are frail and help them to stay well and avoid injuries (e.g. falls).

- **Virtual wards, Hospital at Home** and other innovative approaches that will bring more care that is currently provided within our hospitals to peoples' own homes.
- **New staffing models** across a range of services, including the development of new roles to provide long-term sustainable solutions to our workforce challenges and rotational posts where staff work across the system not just an organisation.
- **Improved use of digital** to support remote monitoring, provide more responsive services (e.g. patient initiated follow-up) and reduce the overall need for patients to travel to hospital.

Summary of benefits and impacts

The proposed models of care have been assessed by the Clinical Senate, who have confirmed they will **provide better, more sustainable services for our population**. The models of care have also been subject to a rigorous travel and transport mapping exercise aligned to a comprehensive Integrated Impact Assessment.

Proposal	Change	Benefit
The proposed configuration for urgent and emergency care and paediatric services, would: ✓ retain 24/7 Emergency Departments in their current three locations (Hull, Grimsby and Scunthorpe). ✓ deliver a range of benefits – improving quality and sustainability of services. ✓ maximise the benefits gained from the recent £58m investment in our Emergency Departments.	**Co-located Urgent Care Services** would be developed within the Emergency Departments to enable patients with minor illnesses or injuries to be streamed away from ED and treated appropriately within and Urgent Care pathway.	Over 300 people a day who attend our Emergency Departments would be **seen and treated more quickly** within an integrated Urgent Care Service across our hospital sites.
	Trauma services for Northern Lincolnshire patients would be provided at Diana Princess of Wales Hospital, Grimsby (DPoW), with Hull Royal Infirmary (HRI) remaining as the regional Major Trauma Centre (MTC). Patients would be taken by ambulance directly to DPoW or HRI Hospital based on their clinical needs. Patients who self-present to Scunthorpe General Hospital and require trauma services would be transferred to DPoW.	The centralisation of trauma services would **provide access to more specialty skills on the Acute hospital site 24/7** and allow for more rapid patient intervention potentially reducing length of stay and improving the experience for patients. It is estimated this change may impact **up to 2 patients per day,** which could be mitigated though improved ambulance transfer protocol and advice and guidance for crews prior to conveyance.
	Speciality inpatient services (*Gastroenterology, Cardiology and Respiratory*) for Northern Lincolnshire patients who require admission post-72 hours or require a higher level of specialist clinical input would be provided at Diana Princess of Wales Hospital, Grimsby (DPoW).	We would be able to provide **specialist dedicated 7-day per week care** for gastroenterology, cardiology and respiratory medicine improving the quality of patient experience, reducing our lengths of stay and supporting patients to go home more quickly. It is estimated that the number of patients requiring transfer for

		specialist care would be **up to 3 per day**. This could be mitigated and potentially reduced as many patients could be cared for via a General Medical Physician or Geriatrician on site with specialist in-reach.
	Emergency surgery would be provided across all sites, but on a day case basis at Scunthorpe General Hospital. Northern Lincolnshire Patients requiring out of hours surgery or an acute surgical admission for >24 hours would be treated at Diana Princess of Wales Hospital, Grimsby (DPoW).	The consolidation of emergency surgery with 24/7 teams including surgeons, theatre teams, nursing staff on the Acute site will **reduce out of hours on-call and support future sustainability of workforce**. This could impact **up to 6 patients per day**. A proportion of these patients could be seen and treated on a day case basis (e.g., fractured hip pathway) and therefore the daily impact should be less as surgical pathways and protocols change in line with the model of care.
	Paediatric inpatient care would be provided at Diana Princess of Wales Hospital, Grimsby (DPoW) for Northern Lincolnshire patients. Children and young people could continue to attend their local hospital Emergency Department as required and be treated in the Paediatric Assessment Unit. Children in Scunthorpe who require admission post-24 hours would be transferred to DPoW for ongoing care supported by a dedicated team to ensure safe transfers.	The consolidation of Paediatric inpatient services would improve training and development opportunities and **support the future sustainability of the workforce**. We estimate that this may impact on **up to 2 patients per day.** This could be reduced as the Hospital at Home model of care for paediatric cases becomes embedded. Hospital at Home has been seen in its pilot form to reduce the need for admission and support earlier discharge, reducing length of stay.

Summary

Our current models of care are not sustainable. We do not deliver national/constitutional performance standards, we have significant vacancies and struggle to recruit specialist skilled staff, our agency and locum use is significant as a result and we operate from an ever-deteriorating estate. This impacts on our ability to recruit and retain as well as our ability to deliver high quality services to the standards we would like.

We cannot stand still we must make urgent change. The Clinical Senate agree that our services are unsustainable in their current form. We must take urgent action to address our short falls recognising that any change we make has the potential to have an impact on the population we serve and our staff.

Our "Preferred Option" has been evaluated to have the least detrimental impact on travel and access times, whilst also affording the opportunity to improve productivity and efficiency. The "Preferred Option" is also the only option that meets the NHSE requirement that any capital investment can be made from internal resource.

The proposed changes will deliver significant benefits across our health and care system and are summarised in our Pre-Consultation Business Case (PCBC) which proposes undertaking statutory public consultation with the public, patients and other stakeholders concerning potential changes to the configuration of urgent and emergency care services (incorporating the assessment, treatment and inpatient care for all patients who access services on an unplanned basis) and (hospital-based) paediatric care across Northern Lincolnshire.

Recommendations for the Board

We are now seeking Humber and North Yorkshire ICB Board to:

- Approve the "Preferred Option" within the Pre-Consultation Business Case to progress to a Statutory Consultation subject to:
  - NHSE Gateway approval
  - Joint Health Overview and Scrutiny approval of the Consultation document and approach
- Approve the Consultation Document
- Approve the Consultation and Engagement Approach