



Agenda Item No:	15
------------------------	-----------

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	10 th July 2024
Subject:	Humber Acute Services Update
Director Sponsor:	Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations
Author:	Ivan McConnell / Alex Seale / Linsay Cunningham

STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

In September 2023, the NHS Humber and North Yorkshire Integrated Care Board (ICB) launched a public consultation on a proposal to change the way some more complex medical, urgent and emergency care and paediatric (children’s) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby). The proposed changes were designed to tackle a range of problems and challenges and deliver more sustainable hospital services that would meet the needs of patients across the region.

The consultation was designed to seek out the views of those most likely to be impacted by change and ensure that everyone who wanted to take part and share their views was given sufficient opportunities, sufficient information and sufficient time to do so.

Consultation Feedback

Almost 4000 people responded to the consultation questionnaire and thousands more were engaged through the programme of events. Written submissions were also received from a range of stakeholders.

The **main reasons people supported the proposed model of care** were based on:

- faster and better access to specialist care
- overcoming long-standing recruitment and retention challenges
- consolidating staff to enhance skills and competencies
- delivering more sustainable future services

The **main reasons people were concerned about the proposed model of care** included:

- Concerns about the impact on the system’s ability to respond to major incidents.
- Safety concerns related to the potential need for out of hours emergency surgery.
- Impact of the proposed change to paediatric care on children, young people and families, particularly those most vulnerable to change (e.g., children with complex needs such as Long-Term Ventilation or young people with an eating disorder).

The **main concerns in relation to the proposed location of services** were linked to:

- Travel and access, in particular, the impact on families and loved ones in more deprived areas or who might otherwise struggle to travel the additional distance to visit.
- Ambulance impacts, linked to concerns with current performance times.
- Capacity and infrastructure at Diana Princess of Wales Hospital, Grimsby (DPoW)
- Staffing issues, including the impact on current staff of any proposed move.
- Impact on the future of Scunthorpe General Hospital (SGH) and concern that other services may change in the future.

Consultees also put forward suggestions for **alternative approaches** to addressing system challenges, which broadly encompassed: variations of maintaining the status quo, suggestions regarding alternative locations for consolidating services – most often to bring some or all services together at Scunthorpe instead of Grimsby – and some suggestions that more radical changes were needed.

The key **equalities impacts** were also explored through the consultation (and are detailed more fully in the Integrated Impact Assessment). Most of the reported impacts were in relation to transport and access, and in particular the challenge associated with travelling to Diana Princess of Wales Hospital, Grimsby (DPoW) to visit loved ones who have been transferred there for treatment, which would impact most on people living in deprived communities and/or belonging to other health inclusion groups.

Proposed Way Forward

Following consideration of the views and evidence provided during the public consultation, alongside other material information – such as changes to policy, regulations or clinical standards and updated activity and workforce modelling – a revised proposal has been developed.

The revised proposal seeks to deliver the maximum benefit, whilst mitigating, wherever possible, any potential negative impacts that may arise as a result of the proposed change. The proposed way forward is summarised in the table below.

Service area	Original Proposal	Revised proposal
Trauma Unit	Consolidate to DPoW	Consolidate to DPoW
Emergency surgery	Consolidate to DPoW	Consolidate to one site (mixed approach)
– <i>Trauma and Orthopaedics</i>		– Consolidate to DPoW
– <i>Acute General Surgery</i>		– Consolidate to DPoW
– <i>Urology</i>		– Consolidate to SGH
– <i>ENT</i>		– Consolidate to DPoW
– <i>Ophthalmology</i>		– Consolidate to HRI
– <i>Gynaecology</i>		Retain on both sites – align to obstetrics review
Some medical specialities	Consolidate to DPoW	Consolidate to DPoW
– <i>Cardiology</i>		
– <i>Respiratory</i>		
– <i>Gastroenterology</i>		
Paediatric overnight (inpatient) care	Consolidate to DPoW	Retain inpatient beds on both sites but work towards a reduction in beds through implementation of community-based paediatrics model

Benefits, impacts and mitigations

The proposed change will deliver a **range of benefits** including:

- Delivery of 7-day services and key clinical standards.
- Reduction in length of stay and improved clinical outcomes.
- Improved theatre productivity and reduced impact on elective lists from UEC pressures.
- Improved efficiency through consolidation of specialist teams and equipment.
- Improved recruitment and retention, development of specialist centres and more attractive offer for clinical staff.
- Enhanced opportunities for learning and skills development.

Summary impacts

- c.7 patients per day transfer from Scunthorpe (SGH) to Grimsby (DPoW) for their inpatient care.
- Net reduction of 60 inpatient beds across the two sites against a do-nothing / forecast position (increase in bed capacity at DPoW and a decrease in bed capacity at SGH),
- Capital cost to deliver of £9.2 million (excluding BLM/CIR)
- Revenue saving of £4.099 million against a do-nothing / forecast position.
- Provides platform for future change and productivity gains and accelerates delivery of future service change.

Mitigations

The mitigations proposed within the business case include support for transport – including re-procurement of inter-hospital transfer services and putting in place additional support to enhance existing community transport provision – and putting in place the right processes and operating procedures in advance of any service moves to ensure the new models of care work effectively and efficiently.

Implementation

Implementation will be phased over a two-year period, with Year 1 focused on implementing the key enabling projects and developing detailed pathways and processes to ensure safe and effective changes. Once key enabling changes are in place, implementation of the proposed service moves will be phased over Year 2 – with changes to medical specialty inpatients being undertaken first, followed by changes to surgical specialties.

Recommendation

The Board is asked to:

- Endorse the proposed way forward for service change (as set out above), which has been developed following their review of the consultation feedback and takes account of key issues and concerns raised by consultees.
- Work with key partners to deliver the proposed Transport Action Plan, including increasing support to the existing community transport provider.

List of supporting papers:

Supplementary Information Pack

Reference

- 15 - Presentation – ICB Public Board July 24 Decision Making Pack
- 15a - Consultation Feedback Report Final
- 15a1 - Consultation Feedback Report Written Submissions Appendix

- 15a2 - Consultation Feedback Report Organic Social Media Report Final
- 15a3 - Consultation Feedback Report Website Analytics and Pay Per Click Comments
- 15a4 - Consultation Feedback Report Media and Social Media

- 15b - Humber Acute Services Decision Making Business Case Final
- 15c - Integrated Impact Assessment v2.0 June 2024
- 15d - Decision Making Business Case Supporting Document You Said We Did Workbook

ICB STRATEGIC OBJECTIVE

Managing Today	<input type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS

Finance	<ul style="list-style-type: none"> • Revenue saving of £4.099 million against a do-nothing / forecast position. • Capital cost to deliver of £9.2 million (excluding BLM/CIR), which is affordable and included within the Trust’s existing capital plan.
Quality	Please see updated IIA (included as supporting documentation)
HR	<ul style="list-style-type: none"> • Staff engagement and communications will continue throughout implementation to ensure staff are kept informed regarding timescales and impacts of the changes as they are implemented. This will include formal staff consultation, as required.
Legal / Regulatory	<ul style="list-style-type: none"> • Statutory Duties for Substantive Change met to date and assured. • Good practice award from the Consultation Institute achieved. • NHS England Gateway Assurance process undertaken.
Data Protection / IG	N/A
Health inequality / equality	Please see updated IIA (included as supporting documentation)
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

A key area of risk is the potential for challenge, including referral to the Secretary of State – which is now subject to a new and relatively untested process – or a Judicial Review.

Mitigations:

- Overview and Scrutiny Committees engaged in programme to date.
- Joint Health Overview and Scrutiny Committee engaged in programme to date.
- NHSE Assurance process ongoing.
- Independent Assurance processes in place.
- The Consultation Institute Quality Assurance Good Practice certificate has been achieved, demonstrating the consultation has followed good practice guidance.

MONITORING AND ASSURANCE:

The Integrated Impact Assessment (IIA) sets out a range of performance indicators and measures that will be used to assess the impacts of the changes both during and after the implementation phase.

These measures will provide assurance that the proposed changes are delivering the anticipated improvements and that the proposed mitigations are effective.

ENGAGEMENT:

Over 12,000 people engaged in development of clinical models in Pre-Consultation Business Case.

4000 people formally responded to the consultation and thousands more were engaged in the programme of events.

Good Practice certificate awarded by the Consultation Institute.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.