Humber Acute Services Review

Programme Plan

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Purpose of the Programme

The purpose of the programme is to develop plans to address the needs of the population across the Humber area for acute hospital-based services, in ways which are as safe, sustainable and accessible as possible.

The review will investigate possible scenarios for the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable and can be delivered within the resources available in the system (money, staffing and buildings). It will take into account existing and planned developments in prevention, supported self-care and out of hospital care.

Case for change

Healthcare is changing. In the last 15 years, there have been great advances in medical knowledge and technology, and the development of increasingly sophisticated and specialist treatments and procedures. Our skilled clinicians have developed a number of excellent services in our local hospitals and more people are living longer and surviving illnesses that they might not have a generation ago. These developments have enabled more services to be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on looking after the most seriously ill patients. As models of care change, it is important that we review the way in which we organise services in order to provide the most effective and efficient services for local people.

In each of our local areas, health commissioners (Clinical Commissioning Groups), local authorities (Councils) and health and care providers are working together to improve and extend the care and treatment that is available outside of hospital settings, this includes work to integrate (join-up) health and social care provision. Over time our services will focus more on preventing disease and ill-health, supporting people to look after themselves and their families, maintaining their independence and treating people in community settings wherever possible by providing more care outside of hospitals. It is important that our future model for hospital-based care is designed to support these new models of care. Therefore, our hospital services review will be conducted alongside discussions about how to improve and extend services that are available outside of hospital settings.

We have a number of really great health and care services in the Humber area and many people have excellent experiences of the care they receive, however, our current services are under increasing pressure and in many cases are finding it extremely challenging to adequately staff and resource all the services that are provided *in their current form*. At the moment our hospitals are struggling to keep pace with patient demand and in some service areas are not performing as well as we would expect. There are a significant number of clinical services that have serious challenges in meeting key service standards such as waiting times and providing 24/7 cover. This is set against a backdrop of increasing pressure on services with growth in demand continuing to outstrip growth in funding. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant

vacancies in both Trusts and key roles that cannot be filled. It is important that we review our hospital services now, because they are under pressure now.

A comprehensive hospital services review is necessary in order to plan for the longer-term future of these and other service areas to identify the possible options for delivering hospital-based services for the people living within the Humber area. We will begin by reviewing these most fragile services where temporary changes have already been made before moving on to consider other service areas. We need longer-term plans to address these challenges. This is about improving our hospital services today but also about securing the long-term future of hospital-based services and the out-of-hospital services that will support these and planning them for the people who will need them in the future.

More detail setting out the case for change can be found in appendix 1 and will be developed throughout the review around each of the services.

Scope of the Review

The review will consider services that are currently being undertaken across the Humber area, in the two acute hospital Trusts – Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust – who provide a variety of hospital-based services from five different hospital sites:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital

It will be focused on meeting the needs of the population of the Humber area and providing the best possible care for local people who need acute hospital services within the resources (money, staffing and buildings) that are available to the system. It will look to achieve improved levels of service quality and strengthen both operational and financial sustainability.

The review will consider and be supported by independent, evidence –based assessment of current and projected future need for hospital services, taking into account existing and planned developments in prevention, supported self-care and out of hospital care as set out in place based plans.

The review will build on the well-established collaborations between NLaG and HEY in the provision of acute hospital services but, where appropriate, will consider opportunities to develop additional collaborations with other acute providers. The review will not consider any form of organisational merger. Further arrangements are being made for a specific group of services (e.g. Pathology) to be reviewed on a regional or multi-regional basis.

The review will not look at mental health services specifically. Service interdependencies will, however, be taken into account.

A similar review of acute hospital provision in the York/Scarborough area is being undertaken in parallel. The review will also link, where appropriate, with areas outside the Humber geography to ensure services meets the needs of the population.

Principles of the review

The review will investigate possible scenarios for the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable. It will consider how to make best use of new models of care and new technology and will be undertaken in accordance with the following principles:

- A commitment to provide acute hospital services that are patient-focussed, safe and sustainable, meeting the needs of our population both now and in the future.
- The service review will be clinically-led.
- The review will be evidence-based and take into account best practice.
- The review will focus on hospital services rather than hospital buildings and organisations.
- The review will be cognisant of local developments in out-of-hospital care and work towards solutions that support joined-up care across the system.
- A transparent, collaborative and inclusive approach will be adopted at all stages of the review process, ensuring engagement with key stakeholders from the outset.
- Plans for the future provision of acute hospital services will be developed in accordance with the levels of human, physical and financial resource expected to be available.
- Plans for the future provision will include urgent and emergency care and maternity care at Hull Royal Infirmary, Diana Princess of Wales in Grimsby and Scunthorpe General Hospitals.
- The review will be undertaken in accordance with an agreed programme plan that sets out objectives, processes, timescales and resources.

Review Process

The review process will be undertaken in 6 phases as set out below. Phase's three to six will be repeated for each service or group of services being reviewed.

Phase One - ***Analysis***
Analysis of current and projected future needs for acute hospital services in the Humber area.

Phase Two - ***Agreeing scope and principles***
Collective agreement of our definition of 'good' and 'sustainable' acute hospital services and associated decision-making criteria. Analysis of the sustainability of current hospital services, including assessment of workforce, quality, capacity and financial pressures and agreement of the prioritisation of the phasing of the review of services.

Phase Three - ***Preliminary modelling/solution development***
Preliminary modelling of scenarios of future acute hospital service provision including facilitated clinical discussions. Further detail is set out in appendix 2.

Phase Four - ***Review and refine scenarios***
Reviewing and refining scenarios with stakeholders, using agreed decision-making criteria.

Phase Five - ***Plan development***
Preparation of service development plans that describe how service changes will be implemented and clearly set out resource requirements, anticipated outcomes and benefits and risks to delivery.

Phase Six - ***Consultation***
Communication, consultation (if necessary) and decision-making on service development plans.

Prioritising the services for focus in the review

Given the scale and complexity of acute hospital services, a prioritisation exercise is required to ensure that early focus and energy is given to those services and grouping of specialties which are most in need of attention, with due recognition of critical clinical dependencies.

The proposed prioritisation below is based on the work completed by Northern Lincolnshire and Goole NHS Foundation Trust following their CQC report and also on the basis of a review of service resilience in both Hospital Trusts. This has used a range of metrics to assess the position of each service and is set out in appendix 2 in a document referred to as the 'heatmap'.

Proposed services in each wave

Wave 1 will include the following services:

- 3 priority individual specialties that have been identified as 'fragile': Clinical Haematology, ENT and Urology. These are the service areas that were identified as being under immediate patient safety concerns.

Wave 2 will include the following services:

- Urgent and Emergency Care services (including Accident and Emergency, Acute Medicine, Elderly Medicine, Respiratory Medicine, the acute model for specialist medical and surgical services and Critical Care).
- Maternity
- Cardiac Services
- Neurology
- Clinical Immunology
- Dermatology

Urgent and emergency care services are the most significant in terms of the levels of resource required for service delivery, the volumes of inpatient activity and the potential impact of service changes on the future shape of hospital service provision in the Humber area.

Wave 3 will include the following services:

- Planned and Specialist Services (including Gastroenterology, GI Surgery, Oral and Maxillofacial Surgery, Ophthalmology and Orthopaedics)
- Radiology

Wave 4 will include the following services:

- Any further services identified as needing review on the basis of ongoing quality or service issues.

Decision Making Criteria

A key element of the overall review process in phase three will be the development of scenarios of future acute hospital service provision. This will involve consideration of various potential service models, some of which will be viable and others not. Decision making criteria, as set out below have been identified to facilitate this stage of the process.

In the subsequent phases of the review, the viable scenarios will be developed more fully and will be subjected to a comprehensive comparative evaluation. Benefits criteria and weightings will be documented and agreed in due course to inform this stage of the process.

The following decision making criteria will be used to inform the scenario development phase of the review:

Theme	Criteria	Key Questions
Quality	Clinical Outcomes	Will the proposed scenario deliver acceptable clinical outcomes for patients?
	Patient Experience and satisfaction	Will the proposed scenario deliver acceptable standards of access and experience for patients?
Operational Delivery	Clinical Interdependency and patient safety	Will the proposed scenario maintain essential clinical service interdependencies and services are safe for patients?
	Performance	Will the proposed scenario support delivery of acceptable performance against waiting time and other targets (including A&E)?
	Access and transport	Will the proposed scenario be appropriate when considering the demographic of patients and transport links?
Sustainability	Workforce Availability	Will we be able to attract, retain and deploy the skilled workforce required to operate the proposed scenario?
	Physical Resource Availability	Will we be able to provide the buildings and equipment required to support the proposed scenario?
	Cost Effectiveness	Will the proposed scenario be cost effective when compared with Reference Cost and Service Line Reporting norms?

Timescales for the Review

Given the scale of the review, the potential complexity of some of the service issues that will be considered and the potential for public and political involvement, it is difficult to set definitive timescales for the complete review process at this stage. It is therefore proposed that timescales be set for completion of the process for the service areas that are prioritised for immediate review with subsequent waves being determined by the Steering Group at the appropriate point.

A set of initial timescales for the review phases is set out in the following table:

Phase	**Action**	**Timescale**	
		Start Date	**Completion Date**
Phase One	Analysis of current and projected future needs for acute hospital services in the Humber area.	End June 2017	End December 2017
Phase Two	Collective agreement of our definition of 'good' and 'sustainable' acute hospital services and associated decision-making criteria. Analysis of the sustainability of current hospital services, including assessment of workforce, quality, capacity and financial pressures and agreement of the prioritisation of the phasing of the review of services.	Early September 2017	End January 2018
Following phases will be repeated for the review of service(s) in each wave (The timescales will vary the following are the timescales for the review of services in wave 1)			
Phase Three	Preliminary modelling of scenarios of future acute hospital service provision including facilitated clinical discussions.	Early January 2018	End March 2018
Phase Four	Reviewing and refining scenarios with stakeholders, using agreed decision-making criteria.	End February 2018	End May 2018
Phase Five	Preparation of service development plans that describe how service changes will be implemented and clearly set out resource requirements, anticipated outcomes and benefits and risks to delivery.	End March 2018	Early June 2018
Phase Six	Communication, consultation (if necessary) and decision-making on service development plans.	End June 2018	End September 2018

Outputs from Review

The following outputs will be produced across the course of the review:

Phase	**Outputs**
Phase One	• Proposal for the management of the programme • Communication and engagement plan • Programme risk register • Model showing baseline and projected hospital workloads • Full report on the phase one analysis and model
Phase Two	• Report assessing the sustainability of current hospital services, at specialty level (heat maps)

	• Programme and Communication and Engagement Plans setting out the:
	  • agreed decision-making criteria for evaluating possible scenarios
	  • process for the modelling of possible future hospital service scenarios
	  • proposed phasing of the review and grouping of the specialties
	  • detailed approach to phases 3-6.

Phase Three	• A paper(s) outlining the possible scenarios for future provision including the output of clinical discussions and more detailed assessment of current service sustainability.
Phase Four	• Report setting out results of scenario testing • A revised report describing possible hospital service scenarios
Phase Five	• Draft service development plans/business cases including impact assessments and full details of anticipated outcomes, benefits and key performance indicators • STP financial model updated to incorporate impact of proposed hospital service developments
Phase Six	• Briefing papers and (if necessary) consultation documents • Final service development plans/business cases

Governance and Management of the Review

Governance arrangements will fall under the auspices of the Humber, Coast and Vale Sustainability and Transformation Partnership (STP). The review will be administered through the STP Programme Management Office. A Steering Group, with acute provider, CCG, local authority and regulator representation, will oversee the review process.

The governance structure, terms of reference and core membership of the Steering Group is set out in Appendix 4. The Steering Group will meet on a monthly basis in the first instance.

The Steering Group will be chaired by Moira Dumma, Director of Commissioning Operations (Yorkshire and the Humber) for NHS England. The Steering Group will provide regular updates to the Humber, Coast and Vale STP.

A series of meetings will be organised involving representatives from clinical teams at HEY and NLaG. It is imperative that these meetings be properly structured and facilitated and specified members of the Steering Group and or appropriately identified external support will take responsibility for facilitating these meetings.

Business cases will need to be produced in due course for proposed service developments that are identified through the review process. Development of these business cases will be managed as part of the review process and it is vitally important that the two provider Trusts play a central role in formulating service development plans and business cases as post approval, they will be responsible for implementing agreed service changes. The four Humber CCGs will also be required to deploy appropriate resources to support this work.

Programme Resourcing and External Support

Programme resources and external support will be required at key stages of the process to ensure that discussions are properly informed and that any service development proposals are evidence based.

Programme Resourcing

A dedicated programme team including the following will be established to support delivery and will fall under the auspices of the Humber, Coast and Vale STP:

- Independent Clinical Lead
- Programme Director
- Programme Manager
- Communication Lead
- Engagement Officer (x2 covering North and South of the Humber)
- Analyst Lead
- Programme Support Officer / Administrator

Leadership will continue to be provided from existing resources in the Hospital Trusts to work with and alongside the Programme Team and resource will be drawn from within the hospital organisations and clinical commissioning groups as required to support successful delivery of the programme.

YHEC Analytical Work

YHEC has been commissioned to undertake an STP wide analysis of current and projected future needs for acute hospital services. This work will meet the requirements of the first phase of this review. The analysis will consider both **expressed need** (as determined by actual use of acute hospital services) and **assessed need** (quantified from epidemiological data). This will help to identify the potential scale of any current under and over provision of acute hospital services across the Humber Coast and Vale area.

As part of this work, YHEC will provide a model that will incorporate baseline and projected hospital workloads. The model will enable users to incorporate assumptions regarding the anticipated impact of the planned development of out of hospital services and possible changes in the configuration of hospital services.

Learning from others

NLaG is receiving advice and support from both the King's Fund and the Nuffield Trust to identify and learn from the work being done around the country to tackle this issue.

Independent Clinical Expertise and Use of the Clinical Senate

Throughout the phases of the project additional support will be secured from Public Health England, the Academic Health Sciences Network, the Clinical Senate, the National Institute for Clinical and Health Excellence, Right Care and other arms-length bodies.

The Review will make use of independent clinical expertise to help facilitate the development of scenarios. Specific issues will also be referred to the STP Clinical Advisory Group for consideration. The Yorkshire and Humber Clinical Senate will be asked to provide comment throughout the process and will be specifically required to review the scenarios once they have been worked up to service development proposals.

Communication and Engagement

There will be significant public, professional and political interest in any review or planning exercise that could affect the future provision of acute hospital services. It is therefore imperative that communication and engagement with stakeholders is properly managed at all stages of the process. This will not necessarily mean that full consensus is achieved regarding any service development proposals that may be put forward. It will, however, reduce the risk of service development proposals being blocked due to failures or weaknesses in procedures.

A Communication and Engagement Plan has been developed during the first phase of the project. This identifies all stakeholders and starts to set out the actions that will be taken to involve them in the project and/or provide them with relevant information at appropriate times.

A Communications and Engagement sub group will be established covering the Humber and York/Scarborough reviews. The purpose of this group will be to ensure that approaches to communications, engagement and messaging are agreed and applied consistently across the reviews.

Impact Assessments

Any service development proposals that are formulated through the review will be properly assessed to determine impact on service quality and equality. Details of these impact assessments will be incorporated into business cases in accordance with statutory requirements and recommended best practice.

Dependencies / Interdependencies

The review has dependencies and interdependencies with other work being undertaken across the Humber, Coast and Vale.

Place Based Plans

In each of the 6 place based workstreams, consideration is currently being given to the overall scope of out of hospital service provision, the associated workloads and the likely impact on acute hospital service provision. Partner organisations have agreed that our system and service plans should be developed on a bottom up, rather than a top down basis. It is therefore imperative that working assumptions on these key issues be documented within updated place based Delivery Plans over the next few weeks.

Existing Clinical Networks

Where clinical networks already exist, the review will engage with these to ensure they are closely involved in the process, building, by agreement, on their governance structures to undertake the review rather than replicating them.

Urgent and Emergency Care

YHEC has been commissioned by the Urgent and Emergency Care Network (UECN) to undertake a parallel analysis, focusing on current use of urgent and emergency services across the Humber Coast and Vale area. The specification of the hospital services analysis has been developed with YHEC to avoid duplication with the ongoing UECN analysis. The results of the two analyses will be shared widely to ensure that subsequent planning of hospital and urgent/emergency service provision is fully and consistently informed.

Maternity Services

The Local Maternity System (LMS) is starting to develop plans to comply with requirements set out in national guidance (Better Births).

Capped Expenditure Programmes

As part of the Capped Expenditure Programmes (CEP) in Northern Lincolnshire and York/Scarborough, plans have been drawn up to bring system expenditure back into line with Control Totals. In Northern Lincolnshire, the CEP plan anticipates the immediate reconfiguration of some services across the acute hospital sites in Grimsby, Scunthorpe and Goole. The CEP plan acknowledges that the proposed reconfigurations are a first step and that further service development proposals may emerge through the wider Humber Acute Services Review.

Acute Service Contracts

An Aligned Incentive Contract has been put in place across Hull and East Riding with HEY with a view to all parties sharing risk and working together to improve performance and to manage activity and expenditure. A similar contract is being established in North and North East Lincolnshire with NLaG. The continuation of this form of contract into 2018/19 and beyond would facilitate the planning, approval and implementation of any service development proposals that emerge through the acute services review and make it possible for service changes to be planned and managed at cost, rather than at tariff price.

Appendix 1 – Humber Acute Services Review Case for Change

Why is it necessary?

This document explains why hospital services in the Humber area are under pressure and in need of review. As the review progresses, we will provide further detail on each individual service area and the reasons why things might need to change, as these are considered throughout the review process.

Local health and care organisations including the NHS, local government and beyond are working together to tackle some of the big issues facing health and social care in order to ensure safe and quality services remain affordable so we can continue to provide them for future generations.

Since its creation 70 years ago, the NHS has constantly adapted and it must continue to do so as our health needs change. The NHS, working with local government partners, has seen a revolution in the health of people in this country, with life expectancy dramatically increased and many people now surviving illnesses which in the past would have killed them. As medicine evolves and as the population changes, the NHS across England is facing significant new challenges. The increasingly ageing population not only has higher needs for health and care than the NHS has ever faced before, but also needs different kinds of care. Changes in medical technology and advances in the kinds of care that can now be provided outside of hospital are changing the face of health and care.

Across health and social care in the Humber area, the demands on our services are increasing every day and we face significant challenges finding and keeping the qualified workforce we need to deliver good quality services across our area. Given this challenging environment, we must look to do things differently.

This involves making some immediate changes to improve services that are not performing as they should be or to address concerns that services might be stretched too thinly. When the quality or safety of our services has been compromised, we have taken swift action to address this. At the same time, we are working together to make the longer-term changes that are required to ensure that our local NHS will be fit for the future and be able to cope with the changing needs of local people for generations to come.

We understand people are always concerned when they hear about changes to local health services and we want to make sure our communities are kept aware of and fully understand what is happening and have the opportunity to get involved and have their say on the future of services. This document explains the reasons why we need to look at changing the way we provide services, including some of the services that are currently provided in hospitals and why it has to happen now.

The Humber Acute Services Review

Across the Humber area, our two hospital trusts, four clinical commissioning groups (CCGs) and other local partners are working together to ensure we have services that meet the needs of local people.

We are working together to conduct a review of acute hospital service provision in the Humber area, which will consider how to provide the best possible hospital services for the people of the Humber

area within the resources (money, workforce and buildings) that are available to us. The purpose of this review is to develop plans for delivering acute hospital services that are safe, sustainable and meet the needs of our local populations across the Humber area. This may include delivering some aspects of care outside of hospital settings to better meet the needs of our populations.

Why do we need a review?

Healthcare is changing. In the last 15 years, there have been great advances in medical knowledge and technology, and the development of increasingly sophisticated and specialist treatments and procedures. Our skilled clinicians have developed a number of excellent services in our local hospitals and more people are living longer and surviving illnesses that they might not have a generation ago. These developments have enabled more services to be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on looking after the most seriously ill patients. As models of care change, it is important that we review the way in which we organise services in order to provide the most effective and efficient services for local people.

In each of our local areas, health commissioners (Clinical Commissioning Groups), local authorities (Councils) and health and care providers are working together to improve and extend the care and treatment that is available outside of hospital settings, this includes work to integrate (join-up) health and social care provision. Over time our services will focus more on preventing disease and ill-health, supporting people to look after themselves and their families, maintaining their independence and treating people in community settings wherever possible by providing more care outside of hospitals. It is important that our future model for hospital-based care is designed to support these new models of care. Therefore, our hospital services review will be conducted alongside discussions about how to improve and extend services that are available outside of hospital settings.

We have a number of really great health and care services in the Humber area and many people have excellent experiences of the care they receive, however, our current services are coming under increasing pressure and in many cases are finding it extremely challenging to adequately staff and resource all the services that are provided *in their current form*. At the moment our hospitals are struggling to keep pace with patient demand and in some service areas are not performing as well as we would expect. There are a significant number of clinical services that have serious challenges in meeting key service standards such as waiting times and providing 24/7 cover. This is set against a backdrop of increasing pressure on services with growth in demand continuing to outstrip growth in funding. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant vacancies in both Trusts and key roles that cannot be filled. It is important that we review our hospital services now, because they are under pressure now.

The impact of staffing shortages in our area has already led to one of our hospital providers, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), having to take the difficult decision to change the way in which it provides a small number of services on the grounds that they could no longer safely staff all aspects of the service across two sites. These service changes include:

- **Ear, Nose and Throat** (ENT) Services:

  - To deliver care safely and effectively on a 24/7 basis, NLaG needs five consultants. The service has suffered with high sickness and vacancy rates over the past 12 months and currently has two consultants in post. Prior to the change in September 2017, the service was able to continue operating safely with extra capacity provided by Hull and East Yorkshire Hospitals NHS Trust.
  - From 1 September 2017, all *inpatient* ENT (ear, nose and throat) services have been provided from Grimsby hospital (adult and paediatric, elective and non-elective). Daycase procedures and outpatient appointments continue to go ahead at Scunthorpe and outpatient appointments at Goole continue to run.

- **Urology** Services:
  - In order to provide a safe and effective emergency urology service on a 24/7 basis across both Scunthorpe and Grimsby sites, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) needs six consultants. The service has seen a significant turnover in consultants and has been reliant on long-term locums who have now moved on. In August 2017 there were four consultants running the service, which reduced to three in September 2017. Safe and effective emergency care cannot be maintained across two hospital sites on a 24/7 basis with just three consultants.
  - From 1 September 2017, *emergency* urology services (for patients who require admitting) have been provided at Scunthorpe hospital but inpatient care, daycase procedures and outpatient appointments continue to run at Grimsby and Goole hospitals.

- **Haematology** Services:
  - From October 2017, a group of complex chemotherapy treatments moved from the Diana, Princess of Wales Hospital to Castle Hill Hospital. This move expanded on long-established arrangements for cancer care, creating a regional haematology network, under which more complex cases are provided by Hull and East Yorkshire Hospitals (HEY) at Castle Hill Hospital with outpatient and day case care provided at Grimsby and Scunthorpe.[1]

These are just a few examples of the challenges posed by shortages in medical staff across our region and the short-term solutions that have been put in place. Some of these workforce shortages are nation-wide but many of them are felt particularly strongly in the Humber area. It is important that when we review hospital services in the Humber area, we look for solutions that will make the most of the medical workforce we have and also boost our chances of attracting clinicians with the skills and experience that is needed to provide good quality care for our populations.

A comprehensive hospital services review is necessary in order to plan for the longer-term future of these and other service areas to identify the possible options for delivering hospital-based services

[1] Further details of these service changes can be found on NLaG's website: http://www.nlg.nhs.uk/about/trust/service-reconfiguration/. These changes are temporary and it is important that the views of patients, the public, staff and clinicians are taken on board when considering the longer-term future of these and other local hospital services. The long-term future of these services will be given priority and considered early as part of the Humber Acute Services Review.

for the people living within the Humber area. We will begin by reviewing these most fragile services where temporary changes have already been made before moving on to consider other service areas. We need longer-term plans to address these challenges. This is about improving our hospital services today but also about securing the long-term future of hospital-based services and the out-of-hospital services that will support these and planning them for the people who will need them in the future.

Why work together?

Across the Humber area, there are two acute hospital Trusts – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) – who provide a variety of hospital-based services from five different hospital sites:

- Scunthorpe General Hospital
- Diana Princess of Wales Hospital, Grimsby
- Goole Hospital
- Hull Royal Infirmary
- Castle Hill Hospital

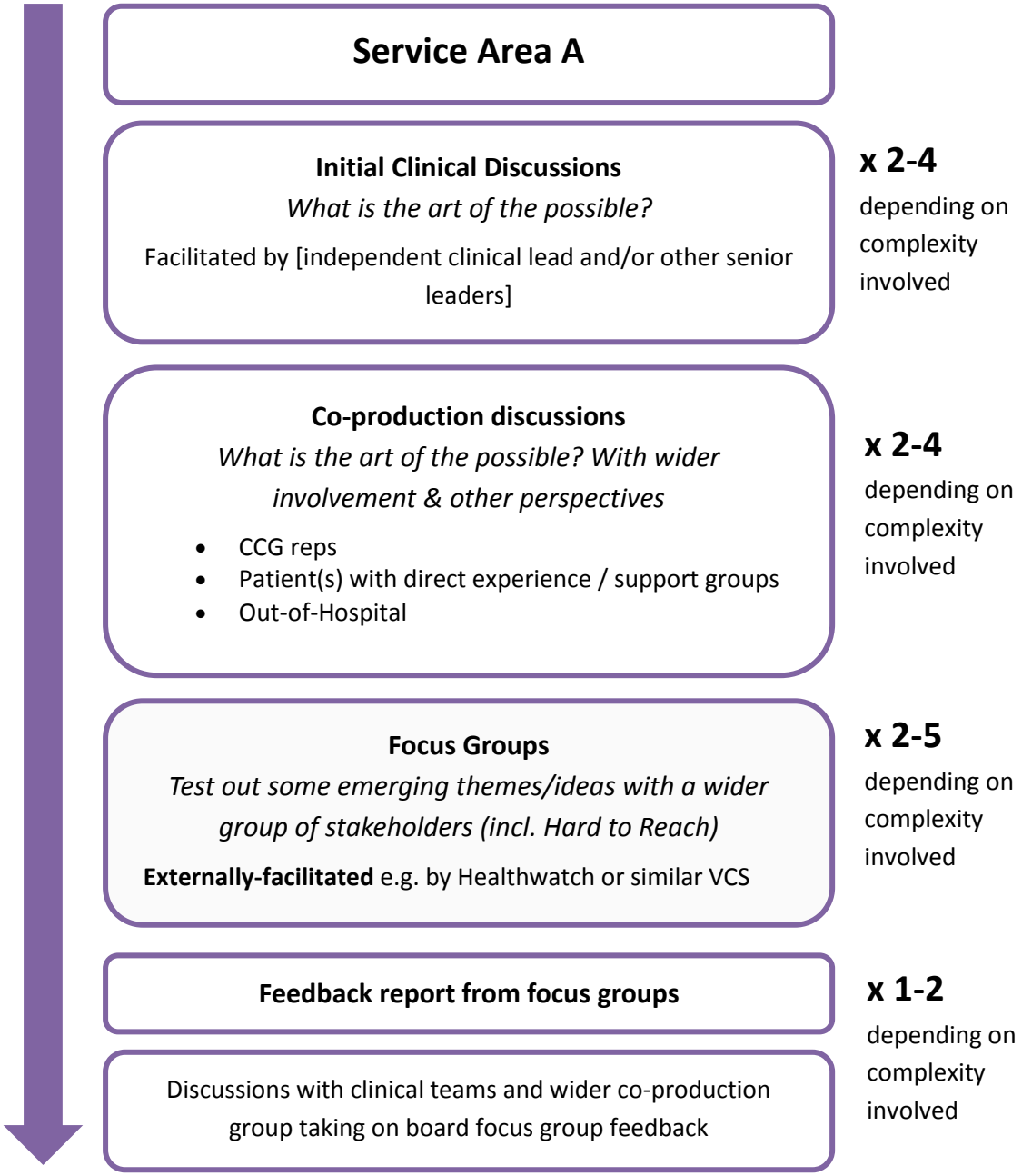
The Trusts have a long history of working together and over the years have developed a number of joint services for specific service areas including: Renal Medicine; Cardiac, Neurology, Plastic surgery, Thoracic and Vascular Surgery and the Trusts already share medical staff for Oncology, Oral and Maxillofacial Surgery and Specialist Radiology. In addition, a number of specialist services (so-called "tertiary" services) are provided from Hull and East Yorkshire Hospitals (HEY) for the population living in the Humber area.

It makes sense to work together and to build on the strong linkages these organisations have in order to provide the best possible care for our populations across the Humber area within the available resources. The review will build on these well-established collaborations but will consider opportunities to develop additional collaborations with other acute providers as appropriate.

Appendix 2 - Description of Phase 3 Process

Phase 3 will involve clinicians and other stakeholders in discussions to develop potential solutions or scenarios for the future delivery of the key service areas under review. The phase will be supported by communications and engagement colleagues from across the partner organisations and will draw on support from voluntary sector partners (including local Healthwatch).

All discussions during phase 3 will be facilitated and fully documented throughout.



Appendix 3 – Heat-maps for the Hospital Trusts

HEY Service Sustainability Matrix

	Workforce	Demand	RTT		Finance	Specialty Overview		
	Cons WTE inpost (filled positons as %)	Referral Growth YTD (v prev year)	Performance	Clearance Rate (IST sustainable = 12)	Reference Cost	OP atts	Elec DC/IP	NonElec
Accident & Emergency	14.7%	-15.38%			119.8	0	12	536
Audiology	-	18.35%	100.00%	2.7	94.0	1028	0	0
Breast Surgery	-2.2%	3%	93.76%	5.0	98.5	16594	1086	24
Cardiology	29.3%	5%	81.69%	22.4	105.9	28225	3128	2039
Cardiothoracic Surgery	5.4%	-6%	73.89%	13.0	94.6	5056	1317	264
Clinical Haematology & Haemophilia	9.2%	10%	100.00%	7.8	83.2	12685	3953	471
Clinical Immunology & Allergy	0.0%	3%	93.51%	12.2	86.7	3095	905	0
Clinical neuro-physiology	100.0%	-60%	100.00%	64.5	130.4	5098	0	0
Clinical & Medical Oncology	21.9%	7%	99.65%	5.8	88.7	74182	10459	1861
Colorectal Surgery	41.2%	1%	84.24%	23.9	87.7	16642	6360	2000
Dermatology	0.0%	-11%	92.14%	16.4	84.4	25066	36	12
Diabetic Medicine	-	5%	90.63%	14.0	89.4	6730	3	292
Endocrinology	16.7%	-23%	93.54%	19.4	100.6	7074	758	24
ENT	25.0%	-6%	79.87%	21.0	95.9	28712	3159	656
Gastroenterology	5.4%	3%	88.88%	13.1	86.2	15083	12112	785
General Medicine	12.5%	-7%	100.00%	4.2	80.3	594	264	26604
Geriatric Medicine	21.0%	-18%	96.12%	7.3	70.2	1221	20	6972
Gynaecology	4.1%	0%	88.71%	12.8	83.3	24101	4098	679
Gynaecological oncology	0.0%	-29%	95.27%	9.1	78.5	4822	313	12
Hepatobiliary & pancreatic surgery	-	-32%	100.00%	14.3	65.0	0	63	24
Infectious Diseases	-20.7%	37%	99.07%	6.7	104.6	4535	24	74
Nephrology	0.0%	-5%	95.02%	7.6	84.7	7162	519	731
Neurology	28.6%	-4%	90.50%	14.7	72.0	22744	1575	224
Neurosurgery	16.7%	-11%	85.19%	12.0	92.7	11674	1406	1020
Ophthalmology	15.8%	-2%	80.24%	14.0	110.3	76404	6587	278
Oral Surgery	33.7%	-7%	84.48%	13.8	105.2	12285	3652	579
Orthodontics	-	5%	89.02%	8.9	127.6	3286	11	0
Paediatric Medicine	3.0%	-16%	91.19%	14.3	99.8	14336	598	6037
Paediatric Surgery	0.0%	16%	88.38%	7.5	103.5	4193	929	792
Pain Management	15.3%	-21%	80.42%	21.9	78.5	13196	2035	12
Palliative Medicine	-14.2%	-48%	100.00%	7.2	81.1	142	35	119
Plastic Surgery	0.0%	3%	87.68%	10.6	89.8	32221	5625	2454
Radiology	5.3%	2%	86.16%	12.5	57.9	935	2125	0
Rehabilitation	0.0%	2%	91.30%	15.0	116.9	798	0	36
Respiratory Medicine	22.4%	8%	88.12%	15.1	94.3	20715	397	1075
Rheumatology	-2.2%	-6%	88.35%	18.4	96.6	14563	1343	76
Stroke/TIA	0.0%	3%	97.17%	4.8	74.7	2168	0	1041
Trauma & Orthopaedics	3.7%	-6%	85.22%	16.5	103.3	69522	4778	2564
Upper gastrointestinal surgery	12.1%	-3%	83.51%	16.5	89.0	10546	3677	2673
Urology	0.0%	4%	85.11%	15.4	109.4	25317	4636	1016
Vascular Surgery	16.7%	-5%	91.64%	13.9	92.4	10098	1684	516
TRUST	**13.8%**	**-5.35%**	**85.91%**	**14.1**	**94.4**	**639155**	**89706**	**72556**

NLaG Heat-map (Technical model only)

Specialty	Reference Cost	Consultant Workforce	Referral Growth	18wk Incomplete	Clearance Rate	Outpatient Activity	Elective/ daycase	Non Elective
Accident & Emergency		26.8%	(0.3%)	n/a				235
Anaesthetics		7.4%	(26.7%)	n/a		3,253	2,381	4
Audiology		-	tbc	100.0%				
Breast Surgery		66.7%	11.8%	96.4%		10,843	499	6
Cardiology		28.6%	(10.3%)	65.3%		17,822	1,637	1,001
Clinical Haematology		38.5%	(5.4%)	87.5%		14,053	3,794	162
Clinical Immunology & Allergy		0.0%	(6.6%)	98.1%		1,779	86	0
Clinical & Medical Oncology		HEY	HEY	96.8%		17,988	7,000	285
Colorectal Surgery		0.0%	(4.8%)	60.7%		11,989	5,797	726
Dermatology		0.0%	(64.8%)	97.5%		14,477	7	0
Diabetic Medicine		n/a	1.3%	97.4%		6,236	41	4
Diagnostic Imaging		47.6%	tbc	n/a				
Endocrinology		0.0%	3.8%	91.4%				
ENT		40.0%	(0.8%)	73.2%		20,989	1,215	555
Gastroenterology		17.9%	(1.8%)	80.0%		11,712	6,652	991
General Medicine		33.3%	(4.2%)	62.0%		4,895	248	15,944
General Surgery		45.0%	14.7%	70.0%		4,978	1,961	4,349
Gynaecology		-0.4%	(1.6%)	95.9%		25,654	3,306	1,303
Neurology		50.0%	7.3%	49.3%		4,319	38	9
Obstetrics		-0.5%	(5.8%)	n/a		12,141	31	6,646
Older Peoples Medicine		40.0%	(3.1%)	87.4%		6,225	289	1,944
Ophthalmology		20.5%	(6.9%)	63.8%		57,389	6,833	70
Oral Surgery		HEY		86.3%		5,863	2,700	16
Paediatrics		10.4%	16.7%	98.4%		21,235	158	6,055
Pain Management		0.0%	(9.8%)	68.9%				
Palliative Medicine		20.0%	tbc	n/a				
Pathology		20.6%						
Rehabilitation		0.0%	tbc	n/a				
Respiratory Medicine		7.1%	(5.4%)	70.8%		9,533	459	979
Rheumatology		0.0%	5.6%	80.2%		12,870	1,378	81
Neonatal		19.5%						
Stroke / TIA		0.0%	(3.9%)	100.0%		891	1	18
Trauma & Orthopaedics		13.6%	(3.6%)	72.3%		46,994	3,309	2,425
Upper Gastrointestinal Surgery		tbc	(8.7%)	73.1%		3,469	1,788	299
Urology		30.0%	(13.1%)	86.8%		19,858	6,985	1,168
Total		**20.8%**	**(4.4%)**	**73.7%**		**367,455**	**58,593**	**45,275**

Appendix 4 – Terms of Reference

Terms of Reference
Humber Acute Services Review Steering Group

Document Details

Version	Modifications	Author	Date
1.0	Draft	Karina Ellis	Jan 2018

Approvals

This document requires the following approvals:

Name	Role	Signature	Date	Version
Moira Dumma	Chair		Jan 2018	1.0
Chris O'Neill	Director HCV STP		Jan 2018	1.0

Distribution

This document has been distributed to:

Name	Role	Date of Issue	Version
Humber Acute Steering Group	Members	Jan 2018	1.0

Vision

The aim is to provide acute hospital services that deliver the best possible care for local people and that meet the needs of our population of the Humber area within the resources (money, staffing and buildings) that are available. We will look to achieve improved levels of service quality and strengthen both operational and financial sustainability.

Objectives and responsibilities

The overarching objective of the Steering Group is to ensure that the review of acute services in the Humber will be undertaken in accordance with the agreed programme plan, which sets out principles and processes for the review.

The Steering Group is responsible for ensuring through the provision of advice, assurance, challenge and guidance, that the review will:

- Be delivered in accordance with the agreed programme plan and within appropriate timescales,
- Have the appropriate resources to deliver,
- Ensure a commitment to provide acute hospital services that are patient-focussed, safe and sustainable, meeting the needs of our population both now and in the future,
- Be clinically-led,
- Be evidence-based and take into account best practice,
- Focus on hospital services rather than hospital buildings and organisations,
- Be cognisant of local developments in out-of-hospital care and work towards solutions that support joined-up care across the system,
- Adopt a transparent, collaborative and inclusive approach at all stages of the review process, ensuring engagement with key stakeholders from the outset,
- Develop plans for the future provision of acute hospital services in accordance with the levels of human, physical and financial resource expected to be available.

Membership/Representation

The Steering Group falls under the auspices of the Humber, Coast and Vale Sustainability and Transformation Partnership.

The membership of the Humber Acute Services Review Steering Group is set out in annex A.

The membership of the Steering Group can be amended at the request of the Chair or by agreement of the membership.

The membership can request, subject to agreement of the Steering Group, that other parties can be co-opted onto the group for specific discussions.

Decision making

Members of the Steering Group are accountable to their own organisation and stakeholder group and are required to be mandated to speak on their behalf in steering the work of the Humber Acute Service Review.

Annex B sets out the governance diagram for the Humber Acute Services Review.

The Steering Group will need to make recommendations for Consultation on changes to services to Clinical Commissioning Group Governing Bodies, Hospital Trust Boards and Local Authority Scrutiny Boards.

Management of meetings

The Steering Group will be chaired by the Director Commissioning Operations (Yorkshire and Humber) NHS England. A deputy chair will be nominated from the Steering Group membership at the start of a meeting, should it be required.

The Steering Group will meet on a monthly basis and will be face to face. The location of the meetings will alternate between the North and South Bank of the Humber.

The meetings of the Steering Group will be administered by the Humber, Coast and Vale Sustainability and Transformation Partnership Programme Office.

The agenda for the meeting will be agreed with the chair and circulated in advance of the meeting. Any items or papers for the agenda should be submitted to the Humber, Coast and Vale STP Team via hullccg.hcvstppmo@nhs.net at least 7 days prior to the meeting.

Review

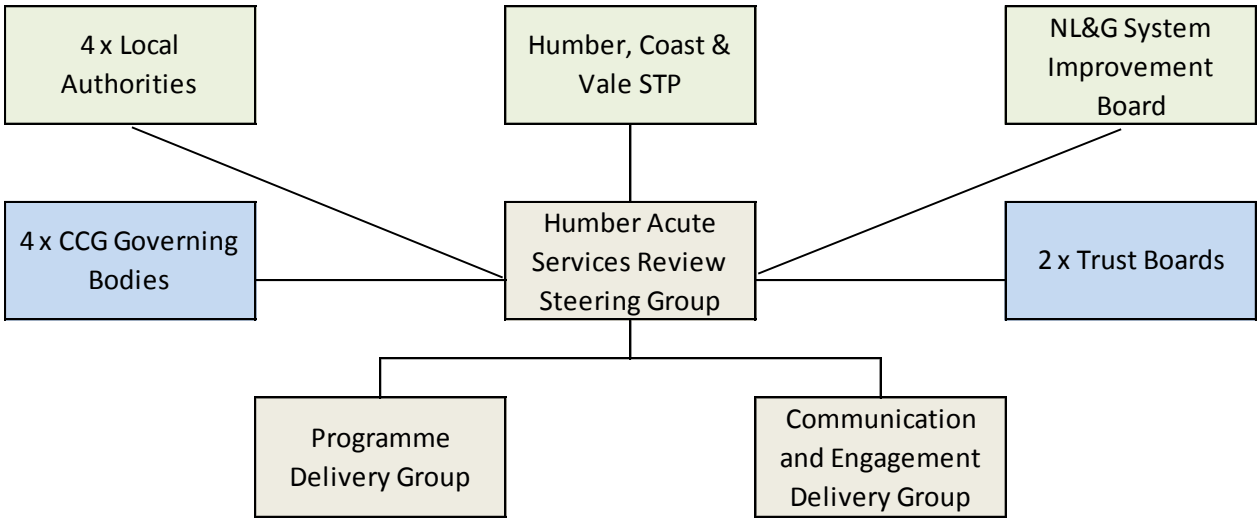
The Steering Group shall review these terms of reference annually in January or as required to ensure they remain up to date and in line with Humber, Coast and Vale STP.

Annex A – Membership

The following tables sets out the members of the Humber Acute Services Review Steering Group

Name	Role title	Organisation
Moira Dumma	DCO (Yorkshire and Humber)	NHS England
Emma Latimer	Chief Officer	NHS Hull and North Lincolnshire CCGs
Jane Hawkard	Chief Officer	NHS East Riding of Yorkshire CCG
Peter Melton	Chief Officer	North East Lincolnshire CCG
Chris Long	Chief Executive	Hull & East Yorkshire Hospitals NHS Trust
Peter Reading	Chief Executive	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Dr Kate Wood	Interim Medical Director	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Kevin Phillips	Chief Medical Officer	Hull & East Yorkshire Hopsitals NHS Trust
Jacqueline Myers	Director of Strategy & Planning	Hull & East Yorkshire Hospitals NHS Trust
Pam Clipson	Director of Strategy & Planning	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Richard Sunley	Deputy Chief Executive	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Alex Seale	Director of Commissioning and Transformation	NHS East Riding of Yorkshire CCG
Helen Kenyon	Deputy Chief Executive	NHS North East Lincolnshire CCG
Emma Sayner	Chief Finance Officer	NHS Hull CCG
Lee Bond	Director of Finance	Hull & East Yorkshire Hopsitals NHS Trust
Rob Walsh	Chief Executive	North East Lincolnshire Council
Denise Hyde	Head of Paid Service	North Lincolnshire Council
Caroline Lacey	Chief Executive	East Riding of Yorkshire Council
Matt Jukes	Chief Executive	Hull City Council
Dr David Black	Medical Director (North Region)	NHS England
Kevin Smith	Deputy Director Healthcare	Public Health England (Yorks and Humber)
Dawn Lawson	Chief Operating Officer	Yorkshire and Humber Academic Health Science Network
Chris O'Neill	Director	Humber, Coast and Vale STP
Caroline Briggs	Programme Director	North and North East Lincolnshire PMO
Karina Ellis	Head of STP Performance and Programme Delivery	Humber, Coast and Vale STP
Linsay Cunningham	Strategic Lead –Comms and Engagement	Humber, Coast and Vale STP
Mike Curtis	Chief Executive	Health Education England
Julie Warren	Locality Director	NHS England
Owen Southgate	Delivery & Improvement Lead	NHS Improvement

Annex B – Governance diagram



KEY:

Assurance/Oversight

Managerial/Advisory

Decision Making