

Humber Acute Services Programme

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Programme Update

November 2021

Agenda Item 7



Humber, Coast and Vale

Programme Overview

Stabilise services (1-2yrs)

Redesign core hospital services (2-5yrs)

Redevelop and rebuild our hospitals (5-10+yrs)

Both Programme 2 and 3 provide us with a significant opportunity to design sustainable clinical services for the future

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Programme 1:

INTERIM CLINICAL PLAN

Keeping services safe in the here and now

10 service areas

- Keeping services safe
- Local wherever possible
- Tackling long waiting lists and other impacts of Covid
- Single Humber-wide services

Programme 2:

CORE HOSPITAL SERVICES

Designing a future model for hospital care

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

Programme 3:

BUILDING BETTER PLACES

Building the hospitals of the future

- A chance to do things differently and better
- Creating new jobs for local people



Our engagement so far

Clinical Design Workshops (Nov 2020 to date)

Over 800 attendees to date

What Matters to You: Public (April-May 2021)

3883 responses to first survey

What Matters to You: Staff (July 2021)

563 responses to first survey

Your Birthing Choices (MVPs) (June-July 2021)

1133 responses to survey

A&E Survey (July-August 2020)

2008 responses to survey

Wider Engagement

Staff, Unions, Rep Bodies, VCSE, Governing Bodies, Boards, HOSCs

What Matters to You: Public (Aug.– Nov. 2021)

Responses being collated

Independent Clinical Expert Reviews

Independent confirm and challenge

NHSE/I

Monthly Assurance

Citizen's Panel

Ongoing engagement throughout

Our engagement has been recognised as an example of good practice by the Consultation Institute but there is always more that we can do



What Matters to You – summary findings

I am seen and treated as quickly as possible

I am kept safe and well looked after

There are enough staff with the right skills and experience

Things go well for me and I am satisfied with my care

Everyone can access care, especially those most in need

I know services will be there when I need them

I am able to get there

Good quality buildings and the latest equipment

Services are good value for money

The feedback from the WMTY surveys will form the basis of the evaluation framework that will be used to assess the potential options

3883 survey responses

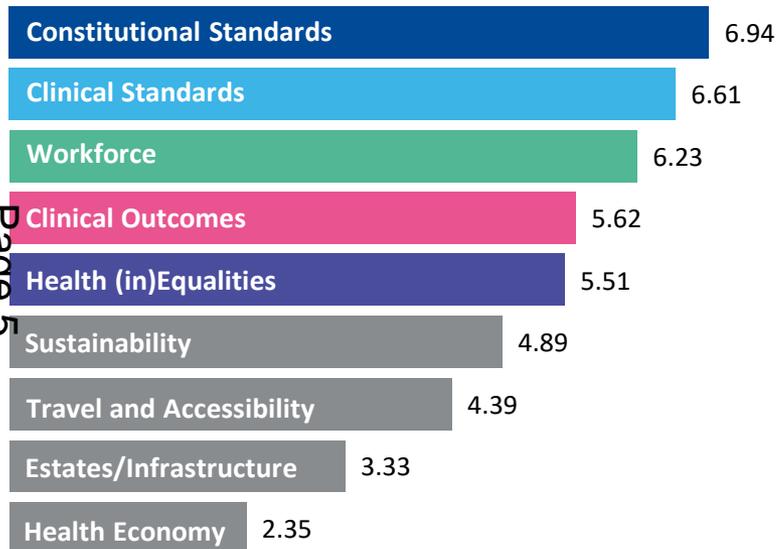
63 focus group participants

What matters to you... matters to us!

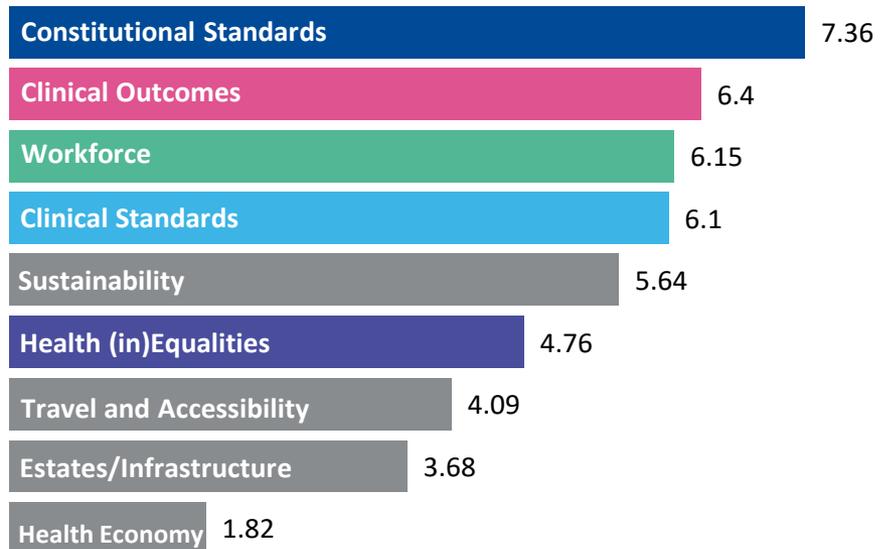


What matters to you – survey and workshop responses

Questionnaire Results



Combined Workshop Results

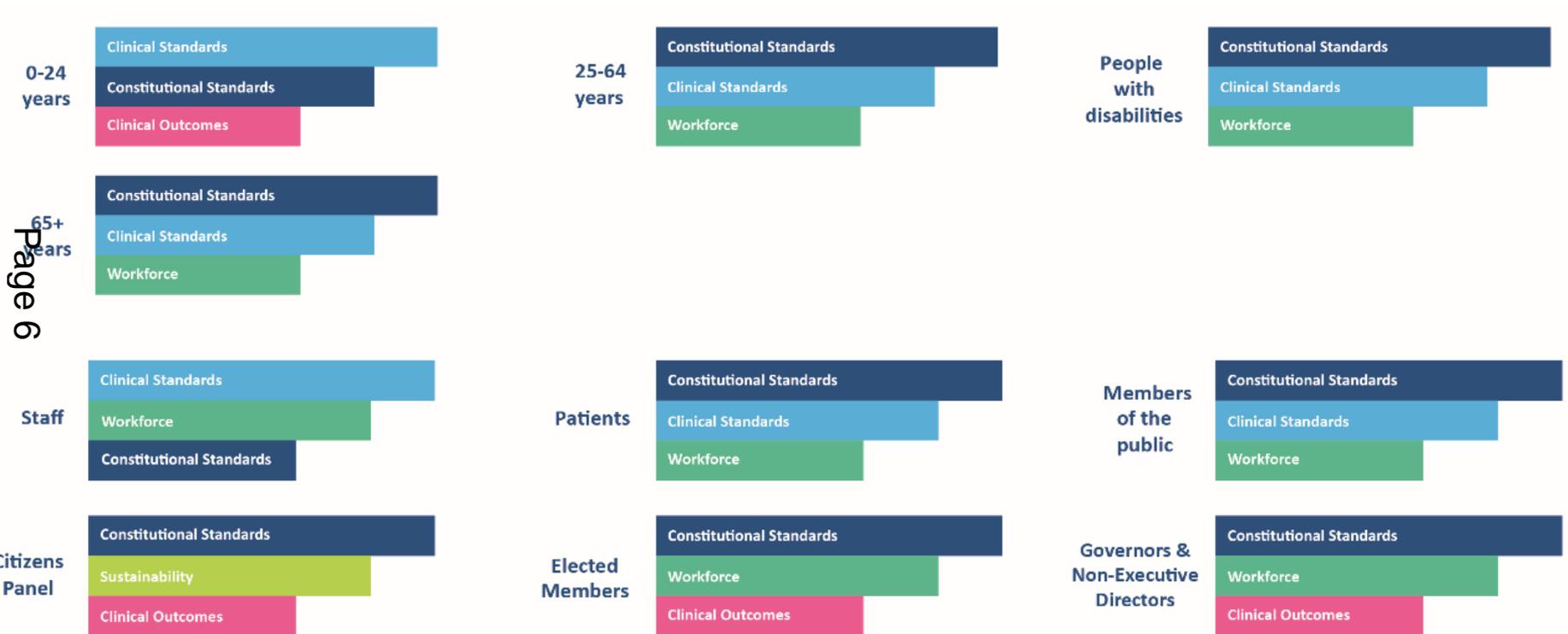


NB Numbers represent average ranking score (1-9), with 9 being the highest ranking.



What matters to you – cohort analysis

The responses were stratified across different cohorts of the population. The following diagrams provide a snapshot of where differences in priorities were reflected.



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What matters to you – free text responses

The most common themes emerging were:

- **Patient experience** – being treated with respect, looked after and kept safe;
- **Travel and accessibility** – the importance of local services and accessible car parking;
- **Workforce** – friendly, well-paid staff in sufficient numbers and being seen and treated in a timely manner.



“While waiting I am kept informed about any delay.”

“All relevant medical information is available to those dealing with me. This was NOT the case when day surgery was needed”

“Services should be available **equally** in all hospitals in the group not a postcode lottery”

“Get **more staff** as it is evident that wards are undermanned which comes at a price to the patient who are just a number.”

“Treated like a human being, listened to, given information if choices have to be made”



Your Birthing Choices – summary findings for the Humber

1133 survey responses 756 from Humber area

HOME

- 74.3% of respondents **would not choose** to give birth at **home** due to **concerns around safety** should any complications arise during labour

STANDALONE MLU

- 56.7% of respondents **would choose** to give birth at a **standalone midwifery-led** unit as they feel it is a **more homely environment** and have **confidence in the care provided by midwives**.
- 43.3% of respondents **would not choose** to give birth in a **standalone midwifery-led** unit due to **concerns around safety** should complications arise during labour resulting in the need to be transferred to a hospital, many feel the delay in receiving specialist care is a **risk** not worth taking.

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ALONGSIDE MLU

- 86.0% of respondents **would choose** to give birth at an **alongside midwifery-led unit** as it feels a **much safer option** as additional support is close by if needed.



Respondents were asked to rank their preferred locations in order of preference:

Alongside Midwifery-led Unit

Hospital Maternity Unit

Standalone Midwifery-led Unit

Home birth

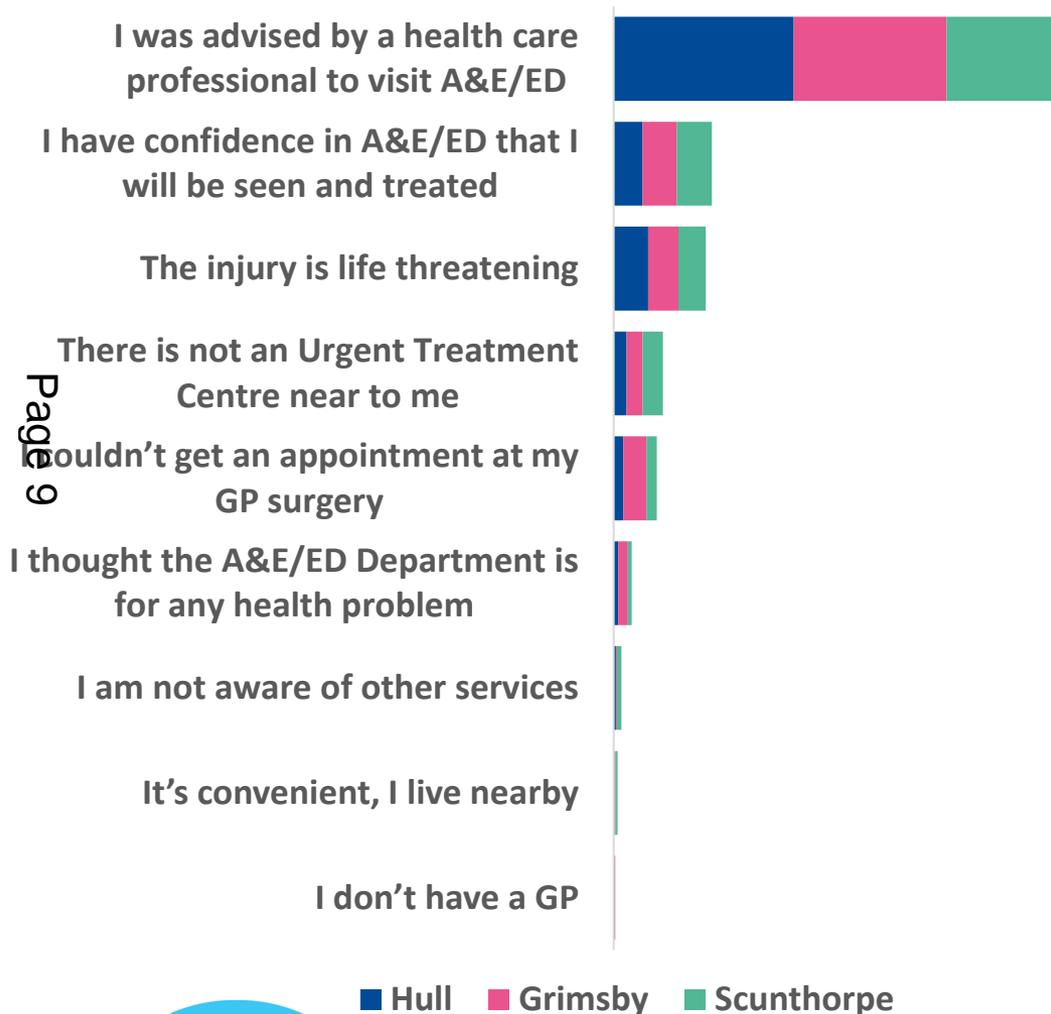


A&E Survey (2020) – summary findings

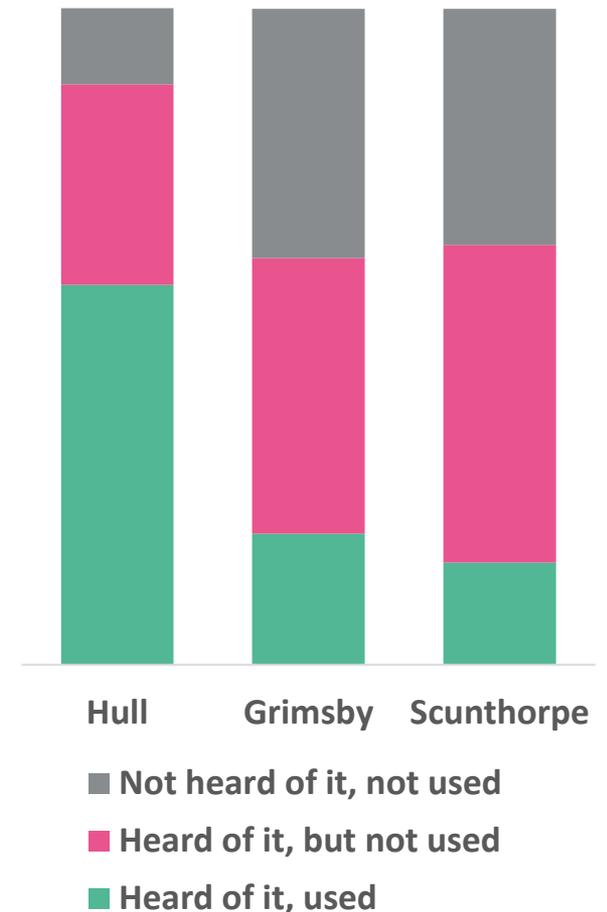
2008 survey responses

913 from Humber area

Why did you choose A&E/ED?

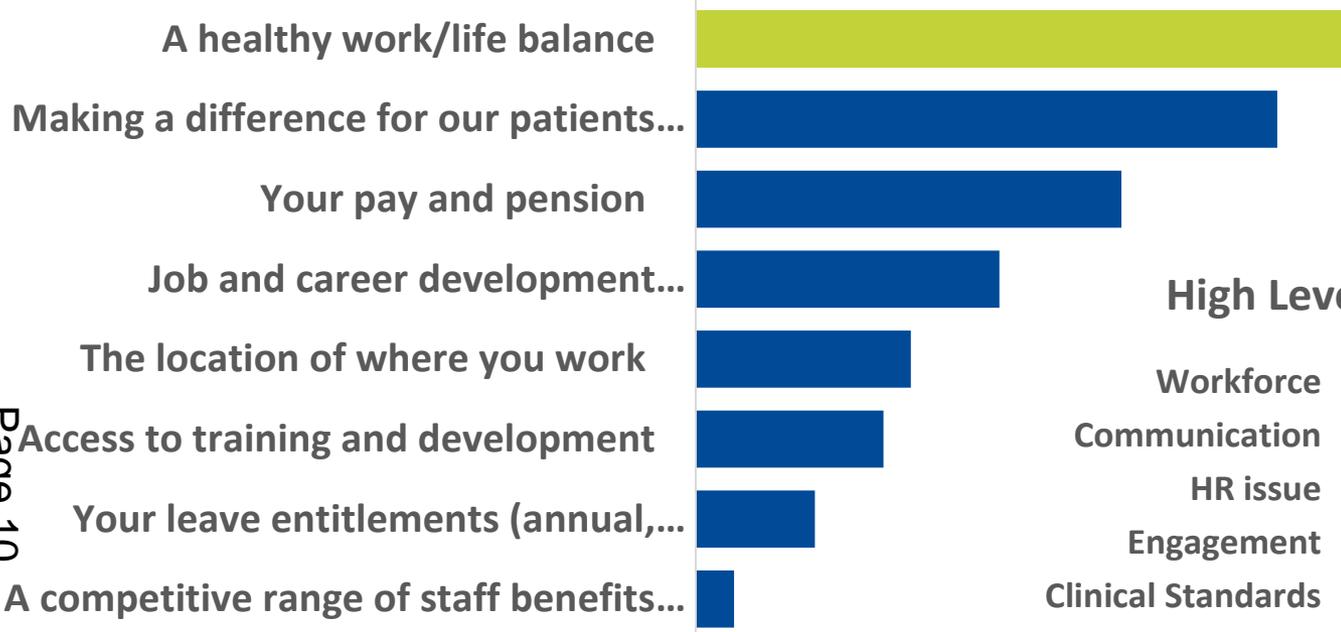


Urgent Treatment Centres



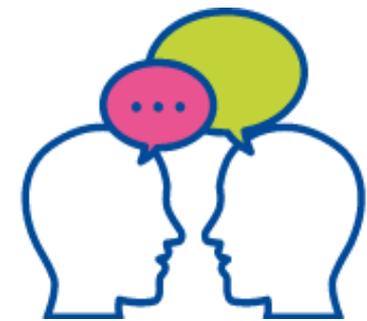
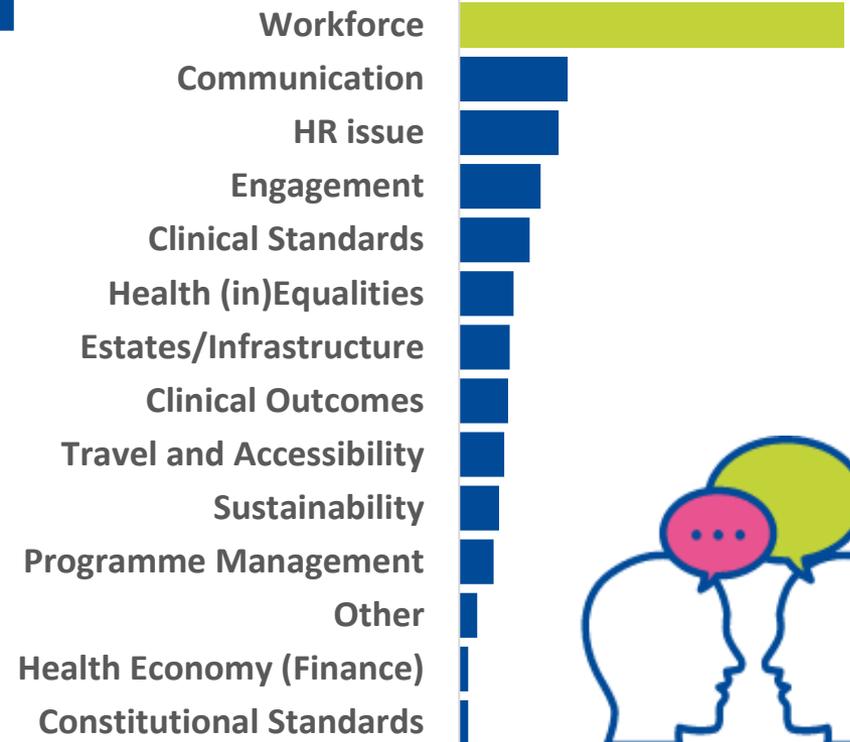
What Matters to You: our staff and teams – summary findings

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“Making staff feel valued and appreciated, ...”

High Level Themes



“Staffing levels must be looked at and patient safety addressed”

“A realistic workload”

“to be asked and not be told you are going to work elsewhere”

“Honest conversations”

563 survey responses

What we know so far...

- We're **not meeting the standards we should be** in all our services.
- We **don't have enough staff** to continue to do everything everywhere.
- Some of **our buildings and equipment are falling apart** and are not fit for the future.
- We **need to protect planned (elective) care** from seasonal pressures.
- We have a **huge opportunity to make changes for the better** to improve things for staff and patients alike.
- We have **submitted a bid for £720 million of capital investment** that will **enable us to do lots of fantastic things**.



What we know so far...

- Programme two and Programme three are mutually interdependent – one cannot be delivered without the other.
- Significant changes across our health and care system are needed to successfully deliver both programmes.

AND

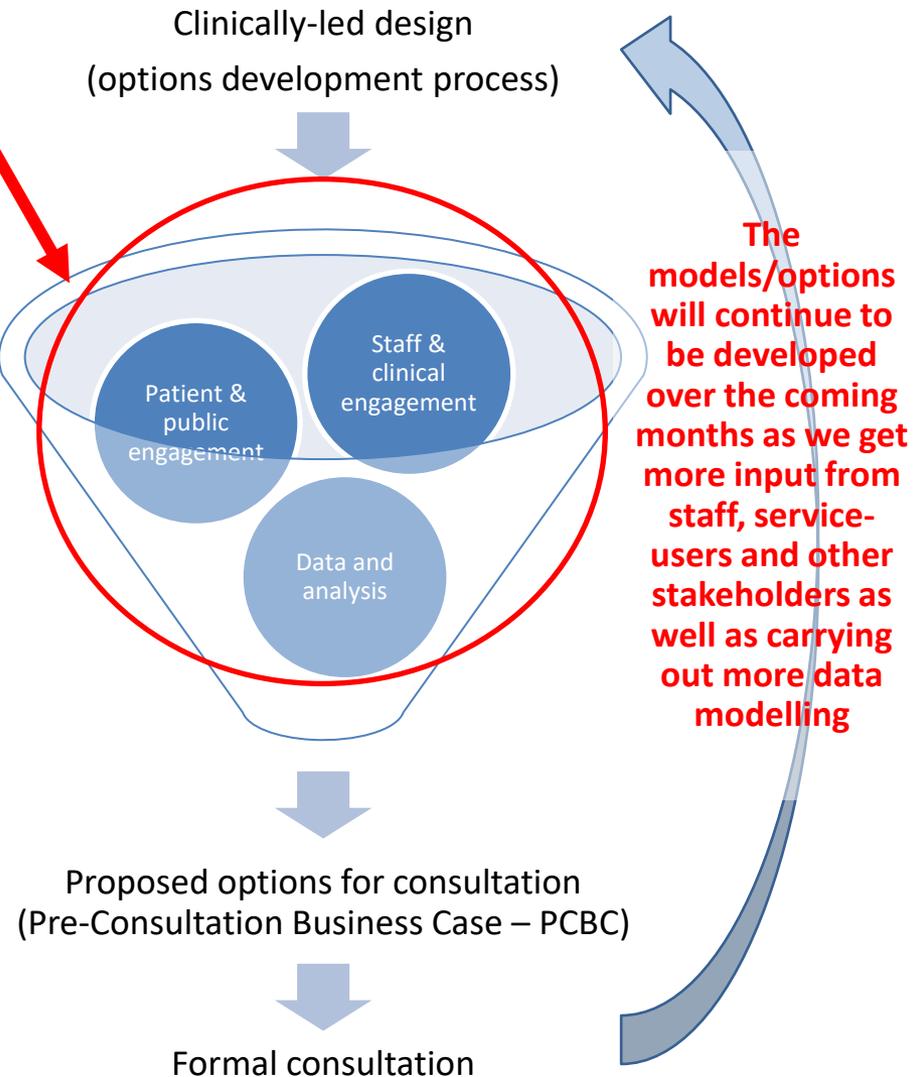
- **Without significant investment in our healthcare estate, we cannot deliver the necessary clinical changes to ensure services are fit-for purpose, sustainable and meet the needs of our communities in the future.**
- **Without delivering substantial clinical changes, we cannot attract the level of capital investment needed to not only significantly improve our healthcare estate and infrastructure, but also to be truly transformative to the wider economic regeneration of the region.**



Developing Solutions

- The options development process will involve multiple iterations as we refine potential options and repeat the process.
- We will engage with staff and the public (consultation **Spring 2022**) on our proposals and then refine them again, if necessary, before making recommendations on any changes to implement.
- We will continue to work through the benefits and impacts of the possible models so that we can explain them better to a wider audience and gather more feedback.
- Implementation of any proposed changes will start *no earlier than* **October 2022** and will take place over a number of years.

We are here



Conclusion and Next Steps

- Our local health system across the Humber needs to change.
- Finishing the evaluation of a range of clinical models and looking more closely at their potential impact.
- Working collaboratively to put forward potential options on what hospital care might look like in the future (in five to ten years).
- Decisions on the final configuration of buildings **will not be made** until public consultation on clinical models is completed in 2022.
- Will comply with the legislative requirements in relation to health scrutiny and joint arrangements – but these could change.
- Aiming to consult the public (and other key stakeholders) on these options in Spring 2022.

