

Report to: Health Scrutiny Panel, North Lincolnshire Council
17th September 2018

Wards: [All]

Humber Acute Services Review

Report of the Humber Acute Services Review Programme Delivery Group

A. Executive Summary

This report provides an update on the ongoing work of the Humber Acute Services Review, which is being carried out by local NHS partners across the Humber area. The report sets out the interim conclusions in relation to the specialties in Wave 1 of the review and sets out the proposed approach to reviewing the services within Wave 2 of the Review's programme plan.

B. Matters for Consideration

Members are asked to comment of the proposed way forward in relation to services in Wave 1 of the review and to comment of the approach to reviewing the services contained within Wave 2 of the review.

1 Background

1.1 Across the Humber area, local health and care organisations are working in partnership to improve services for our local populations. Partner organisations are working together to carry out a review of how acute hospital services are provided in the Humber area across the five hospital sites:

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

1.2 The review 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 partner organisations.

1.3 The review will consider both current and projected future needs for hospital services, taking into account local plans to improve and extend the types of care and treatment that are available outside of hospital settings. 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, which may include delivering some aspects of care outside of hospital settings and/or in peoples' own homes.

2 Wave 1 Specialities – Next Steps

- 2.1 The preliminary conclusions of the clinical design discussions in relation to the specialties in Wave 1 of the review (Urology, ENT and Haematology) were presented to the Humber Acute Services Review Steering Group in April 2018.
- 2.2 In undertaking the review, the review team have identified potential clinical interdependencies between urology and ENT services and the services being considered within Wave 2 of the review (specifically urgent and emergency care services), which may have an impact on what is or is not possible for the delivery of urology and ENT services in the long term and therefore service arrangements may need to be considered again within the context of the scenarios put forward for Wave 2 services.
- 2.3 The Steering Group recommended implementing service arrangements (as set out below and in the attached briefings) subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review. Whilst communication and engagement with affected patients will continue to be ongoing; it is proposed that any formal public consultation deemed necessary in relation to these service areas would be undertaken in conjunction with public consultation on Wave 2 services in early 2019 when there is greater clarity on the proposed long-term service arrangements for these and related services.
- 2.4 ***Ear, Nose and Throat (ENT)***
- 2.5 Since September 2017, emergency and elective (planned) inpatient care for ENT has been provided on one hospital site, Diana, Princess of Wales Hospital (DPoW) in Grimsby. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.
- 2.6 To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to formalise this single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, ***subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review.*** It is proposed that outpatient and day case treatment will continue to be provided across all three sites.
- 2.7 On an annual basis, the approximate volume of patients affected within these services would be:
- 246 emergency admissions (originally attending Scunthorpe Hospital)
 - 104 planned inpatient admissions (originally attending Scunthorpe Hospital)
- 2.8 Further detail of the proposals and expected impact are set out in the attached service-level briefing paper.
- 2.9 ***Urology***
- 2.10 Since September 2017, emergency inpatient care for urology has been provided on one hospital site, Scunthorpe General Hospital (SGH). As a result of the change, approximately 350 patients who would previously have been treated at Grimsby have

had their treatment in Scunthorpe. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.

- 2.11 To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to implement a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, ***subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review***. The implementation of this additional service change is not proposed to take place until service proposals have been developed for the services within Wave 2 of the review.
- 2.12 Under the proposed approach, it is anticipated that a further 336-421 patients needing elective inpatient admissions would potentially have to travel to receive their care on the single hospital site. This averages 6-8 patients per week, with an average length of stay (for elective inpatients) of 1.8 days.
- 2.13 Overall, on an annual basis, the approximate volume of patients affected within these services would be:
- 463 emergency admissions (originally attending Grimsby Hospital)
 - 359-421 planned inpatient admissions (originally attending Grimsby and Goole Hospitals)
- 2.14 Further detail of the proposals and expected impact are set out in the attached service-level briefing paper.
- 2.15 ***Haematology***
- 2.16 Haemato-oncology services within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a change to complex day case arrangements since the beginning of 2018. Complex day case care for these patients is currently being delivered from Hull and East Yorkshire Hospitals Trust (HEY) at its Castle Hill Cancer Centre site. This change was put in place due to significant quality and workforce issues and other factors that made the service fragile such that it was not possible to safely operate all aspects of the haemato-oncology provision across both the Scunthorpe and Grimsby sites.
- 2.17 Both NLaG and HEY now have clinicians and staff working together to progress delivering haemato-oncology services as part of a clinical networked approach. With a project board in place, this network is working towards developing, implementing and evaluating changes to ensure the short and long term sustainability for a safe, effective and sustainable haematology service provided in the most appropriate clinical setting. This work is supported by NHS England Specialised Commissioning, through a team based in its Yorkshire and Humber hub, for assurance on delivery and strategic oversight.
- 2.18 As well as the changes in place for – complex day case arrangements in haemato-oncology services, the clinical teams are working towards stabilising inpatient arrangements (for those that require an overnight stay in hospital) through provision from the Castle Hill Cancer Centre site.

- 2.19 Overall, on an annual basis, the approximate volume of patients affected within these services would be:
- 156-312 admissions (originally attending Scunthorpe or Grimsby Hospitals)
- 2.20 Haemato-oncology is one of a number of specialised services that patients within the North and North East Lincolnshire area travel to Hull for to receive their cancer care, due to the specialised nature of their condition. It is where the vast majority of specialised cancer services are delivered including radiotherapy services, as well as specialist care for pancreatic and prostate cancers.
- 2.21 Further details of the context and reasons for this change and the implementation plan for this work are set out in the attached service-level briefing paper.

3 Wave 2 Specialities – Progress and Approach

- 3.1 A programme plan and approach to Wave 2 specialties has been developed and will be reviewed by the Steering Group at its meeting on 5th September 2018. A high level overview of the proposed timeline is attached as Annex A.
- 3.2 A Clinical Design Group has been established and met for the first time on 27th June 2018. The role of the group is to provide clinical oversight and assurance to the Humber Acute Services Review Steering Group. The group will also provide links into existing Operational Delivery Networks (ODNs) across the partnership area and ensure any proposals put forward through the review are clinically sound.
- 3.3 The Clinical Design Group includes hospital clinicians from both Trusts as well as GPs, commissioners and community representatives.
- 3.4 The Clinical Design Group supported the implementation of a clinical design approach on a speciality-by-specialty basis, which began in mid-August. This process will involve bringing together doctors, nurses and other clinical colleagues with commissioners and other key stakeholders to generate ideas about the best possible ways to deliver services for their particular service area.
- 3.5 This clinical design work will take place through established clinical networks where these already exist. Where these established networks do not exist, the Clinical Design Group agreed to support the development of new networks across the Humber area to support the development of services in those service areas.
- 3.6 Through the Clinical Design Group session it was proposed that some of these specialty/service level discussions be organised on a Trust basis and others on a Humber wide or wider basis as follows:

Trust basis
Urgent and Emergency Care

Humber Wide (or wider where appropriate)	
Established Network	Clinical Network
Critical Care	ENT
Trauma	Urology

Cardiology	Neurology
Maternity	Oncology and Haematology
Specialist Rehabilitation	Stroke
	Radiology
	Immunology
	Planned Surgery

3.7 Over the coming months specialty clinical design groups for each of these service areas will meet to discuss the potential service models for their specialty area, taking into account the agreed decision-making criteria, feedback from patients, staff and the public gathered through the issues paper engagement and a range of intelligence including current and projected future service demands, demographic information and projected future population changes. Specialty design groups will include a range of clinicians (doctors, nurses and therapists), service managers, commissioners and patient representatives/voluntary and community sector groups. Emerging thinking from each specialty design group will be presented back to the Clinical Design Group who will provide clinical oversight and assurance throughout the review process.

4 Engagement and Involvement – Progress and Next Steps

4.1 *Issues Paper Survey*

4.2 On 22nd March 2018, an Issues Paper was published on the Review website and made available in hard copy via local CCGs. The paper sets out some of the key challenges the NHS and other health and care bodies in the Humber area are facing in order to support wider discussion and debate with the public, patients and staff about the work of the review.

4.3 The Issues Paper was shared through a variety of existing engagement networks, including Patient Participation Groups in local GP practices, CCG membership and CCG-level engagement groups, via local Healthwatch and other voluntary and community sector partners. It was also shared on both Hospital Trusts' internal websites for the benefit of staff in those organisations.

4.4 Alongside the document (and supporting information), a short survey was produced so that local people could respond to the challenges set out in the paper with their ideas, issues and concerns.

4.5 The survey was promoted via social media, internal Trust communications and via existing patient groups and networks including local Healthwatch.

4.6 The responses that were received through the survey will be collated and analysed over the coming weeks and presented to the specialty design groups and used to inform their preliminary discussions in relation to the future design of services in each of the specialties that will be considered within Wave 2 of the review.

4.7 **Targeted Engagement**

4.8 To support engagement and involvement of those who would not routinely participate and/or are not part of existing involvement networks, the review team are working in partnership with a local VCSE sector organisation to carry out targeted community engagement. Over the coming months Humber and Wolds Rural Community Council (HWRCC) will support us by carrying out targeted focus groups with communities across the region to raise awareness of the review and to provide opportunities to feed ideas, issues and concerns into the design work at an early stage.

4.9 This work will be conducted throughout September to November. The findings and issues raised will be presented to the Humber Acute Services Review Steering Group for further consideration.

4.10 **Stakeholder Workshops**

4.11 A series of stakeholder workshops is scheduled to take place in December. It is anticipated that we would hold a minimum of one workshop per locality (CCG area). The workshops will involve input from local Healthwatch, patient experts, OSC and other elected members, VCSE support groups and other key stakeholders. At the same time, workshops are planned for staff (clinical and non-clinical) within both Trusts.

4.12 These workshops will review the preliminary scenarios emerging through the clinical design work and enable a wide range of perspectives to be put forward and considered as proposals are formulated.

5 **Conclusions**

5.1 This report has given a brief update on the ongoing work of the Humber Acute Services Review. The report sets out the interim conclusions in relation to the specialties in Wave 1 of the review and sets out the proposed approach to reviewing the services within Wave 2 of the Review's programme plan.

5.2 The clinical design aspect of the review into the specialties within Wave 2 of the review is now underway. The programme is highly complex due to the clinical interdependencies between service areas and multiple stakeholders involved.

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Background Papers

Humber Acute Services Review high level timeline

Briefing Paper: ENT services

Briefing Paper: Urology services

Briefing Paper: Haematology-oncology services

Humber Acute Services Review Review Update (July 2018)

Wave 1: Haemto-Oncology services

SUMMARY

Haemto-oncology is the diagnosis and treatment of all blood cancers. This includes patients with lymphoma, myeloma and leukaemia. Due to the rarity and complexity of haemto-oncology services, they are directly commissioned by NHS England Specialised Commissioning across a broader geographic footprint than those services routinely commissioned by local Clinical Commissioning Groups (known as CCGs).

Haemto-oncology services within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a change to outpatient arrangements since the beginning of 2018. Outpatient care for these patients is currently being delivered from Hull and East Yorkshire Hospitals Trust (HEY) at its Castle Hill site. This change was put in place due to significant quality and workforce issues and other factors that made the service fragile such that it was not possible to safely operate all aspects of the haemto-oncology provision across both the Scunthorpe and Grimsby sites.

Haematology services is one of the featured three services that are subject to the wider 'Acute services review' for the Humber, Coast and Vale. Both NLaG and HEY now have clinicians and staff working together to progress delivering haemto-oncology services as part of a clinical networked approach. With a project board in place, this network is working towards developing, implementing and evaluating changes to ensure the short and long term sustainability for a safe, effective and sustainable haematology service provided in the most appropriate clinical setting. This work is supported by NHS England Specialised Commissioning, through a team based in its Yorkshire and Humber hub, for assurance on delivery and strategic oversight.

As well as the changes in place for outpatient arrangements in haemto-oncology services, the clinical teams are working towards stabilising inpatient arrangements (for those that require an overnight stay in hospital) through provision from the Castle Hill site in Hull. Clinicians estimate this would affect between three and six patients on a weekly basis that would previously have accessed this care at Scunthorpe and Grimsby sites.

It is important to note there a range of specialised services that patients within the North and North East Lincolnshire area travel to Hull for to receive their cancer care, due to the specialised nature of their condition. It is where the vast majority of specialised cancer services are delivered including radiotherapy services, as well as specialist care for pancreatic and prostate cancers.

This briefing sets out the background to this position for haemto-oncology services at NLaG, and provides further information and assurances around the networked arrangements currently in place to ensure service sustainability. It covers:

- Background information
- Acute services review, clinician network arrangements and objectives
- Plans to address service pressures (work stream activity and progress)
- Communications and engagement and next steps

BACKGROUND

North Lincolnshire and Goole Hospitals NHS Trust (NLaG) Chemotherapy services compliance status is stated with NHS England as being in 'provider action', a term used when commissioners identify an issue with a Trust that requires an improvement. This was due to non-compliance in meeting the service specification requirements relating to mandatory delivery of all tumour site regimens through the e-prescribing system.

Specialised commissioners are responsible for the commissioning of this service within the Yorkshire and Humber (Y&H) hub and had been working over the 17/18 financial year with the trust to resolve this and bring to a timely resolution.

Through contractual discussion with the trust and identifying a number of the internal NLaG project milestones not being delivered a meeting was requested between the commissioners and the clinical and management team at NLaG in August 2017. This was for ongoing assurance purposes and to understand any blockers and barriers for compliance.

This meeting was perceived to be successful between all parties. It did as a consequence raise a number of quality concerns and formed a substantial action plan for the trust to review and address. These were discussed with NHS England hub senior management team and the regional leadership group for Specialised Commissioning in the North of England as a matter of concern relating to haematology delivery and practices within the trust.

In December 2017, to ensure clinical and quality practices within the organisation were being adhered to as per the service specification requirements Y&H hub specialised commissioners requested the Quality Surveillance Team (QST) to undertake a rapid peer review on the Chemotherapy service. This was requested to have a particular focus on the delivery of the Haemto-oncological element of the service. Haemto-oncology is the diagnosis and treatment of all blood cancers. This includes patients with lymphoma, myeloma and leukaemia.

Haematology services across North Lincolnshire and Goole Hospitals NHS Trust (NLaG) are considered 'fragile' along with a number of clinical services. This has been due in the main to a number of vacant substantive consultant posts across that undermines the sustainability of these services, with HEY also experiencing significant workforce capacity issues.

ACUTE SERVICES REVIEW, CLINICAL NETWORK ARRANGEMENTS AND OBJECTIVES

Acute services review and clinical network arrangements

Haematology services is one of the featured three services that are subject to the wider 'Acute services review' for the Humber, Coast and Vale. There is a continued risk in delivery across both NLaG and Hull and East Yorkshire Hospitals Trust (HEY) as the specialised cancer centre within the cancer alliance footprint. As part of this work, a project team for haemto-oncology will ensure a consistent approach is undertaken and that all stakeholders are fully informed and aware of all aspects of the work.

An added consequence is the impact on Haematology services provided in the district general hospital (DGH) haematology services which are commissioned by Clinical Commissioning Group (CCG) colleagues.

The potential solution will ensure ongoing future sustainability of these services through collaborative working.

The clinical teams at both HEY and NLaG have formed a joint clinical and managerial network. This will evaluate, develop and implement changes to ensure the short and long term sustainability for a safe, effective and sustainable haematology service.

This is now supported by NHS England specialised commissioner for assurance on delivery and strategic oversight. From January 2018 NHS England specialised commissioners have been involved in discussions and are part of the Hematology Network Board which now meets every six weeks to provide assurance on the progress and implementation of the project. Oversight on progress is provided through service specialist input to the senior management team within specialised commissioning. There is a commitment to ensuring this work aligns with the principles and methodologies of the wider system 'Acute services review' and takes into account the wider fragility of services within the Humber, Coast and Vale region.

Identified benefits

The clinical and management teams within the project board have identified the following benefits to this project:

- Safe, sustainable quality driven clinical delivery model for the patients of NLaG and HEY for Haemto-oncology services in the first instance
- Promoting, addressing and reducing inequalities in patient care
- Then facilitating a wider oncology service review across the system
- Promoting a collaborative, flexible workforce that will attract and encourage health professionals into the system
- Improved workforce engagement, capacity, levels of training and overall satisfaction
- Ensuring compliance on delivery of the Chemotherapy service specification
- Improved patient experience

Actions to date and future deliverables

The project has been developed through necessity to ensure the ongoing delivery of a safe, quality, sustainability service for Haemto-oncology care is maintained with the NLaG and HEY region. Management teams within both Trusts have established weekly meetings to develop and implement short term actions to ensure safe service delivery continues for patients. Additionally a weekly teleconference between the two organisations has been established.

A number of immediate actions have been completed in order to minimise the potential clinical risk posed by the NLaG staffing shortages and peer review findings, these include:

- Transfer of complex outpatient regimens (6 regimens) to HEY from NLaG with immediate effect
- Engagement with commissioners (NHSE/CCGs)
- Regular clinical Multi-Disciplinary Team (MDT) meetings
- Weekly managerial teleconference

- Development of a comprehensive action plan addressing the peer review findings
- Elective pathway confirmed by both Trusts
- Establishment of a treat and transfer protocol for acute admissions drafted

A further set of key project objectives have been agreed for future work:

- To develop a safe, quality driven, sustainable haemto-oncology service
- To develop a flexible, workforce that can meet the requirements of the service
- To ensure quality of service provision is at heart of service provision
- To ensure that e-prescribing / SACT is utilised throughout the delivery model
- To ensure financial sustainability and recognise areas of best practice to make efficiency savings
- To move to a lead provider contractual model for chemotherapy services between HEY and NLaG

PLANS TO ADDRESS SERVICE PRESSURES

The initial phase of the project is providing support to the existing service to ensure service sustainability across both Grimsby and Scunthorpe sites.

The second phase will then look to bring the Inpatient Haemto-oncology service for NLaG under the HEY service.

The below recommended approach has been developed in partnership between the clinical and management teams, at both providers as a solution to the current service issues. Whilst addressing the need to future proof the services for future ongoing sustainability.

Recommended approach – Phase One

To develop haematology services across the NLaG and HEY network to ensure a safe and sustainable service, the focus is now on the HEY team to release inpatient capacity at the Queens Centre to enable the NLaG inpatients to be transferred.

Current HEY Work Stream Progress:

- Nurse Led Chemotherapy delivery in Haematology services – Started late February 2018
- Walk in and Assessment Unit, including single telephone triage line – started April 2018
- Ambulatory Chemotherapy for Haematology patients – started April 2018

Current NLAG Work Stream Progress:

- Changes to outpatient configuration
- Implementation of the peer review recommendations

Both HEY and NLaG have an individual project group which identify and monitor the actions against each work stream. Updates are given at each project team meeting and where necessary the weekly teleconference. These in turn are monitored for assurance of delivery/governance through the Strategy Board.

Recommended approach - Phase Two

Once HEY has released inpatient capacity through their work streams above, the proposed plan will be to transfer the haematology inpatients from both NLaG sites to HEY.

HEY require a period of time to embed the walk in and assessment unit and the ambulatory chemo model before the transfer of NLaG inpatients can take place.

The proposed start date to patriate Grimsby inpatients on the HEY site is proposed September 2018, with Scunthorpe inpatients following on shortly after. The above HEY work streams will continue to be monitored throughout the period of implementation and if capacity is released earlier the inpatients will be patriated earlier.

Planned workstreams:

- HEY to take tele triage calls for NLaG
- Grimsby inpatient transfer
- Scunthorpe inpatient transfer

To support this HEY will start to take the triage calls from NLaG prior to inpatient transfer. A small group will be established to develop the triage pathway to ensure patients can be admitted on both NLaG sites once HEY start the triage.

COMMUNICATIONS AND ENGAGEMENT AND NEXT STEPS

There is a commitment to ensuring that staff, patients and the wider population is kept informed on developments to date within this service and the next steps.

The table below sets out a summary of activity to date and outlines broad principles for engagement and monitoring of haemto-oncology service user feedback going forward within both NLaG and HEY. Further information and details of the communications plan can be provided on request.

PHASE 1- Communications with patients, staff Public	Joint communications brief to public on transfer of patients from Grimsby November 2017
	OSC Minutes October 2017 http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scrutiny-panel-30-october-2017/
	NLAG Trust Board Minutes November 2017  NLG17447-Trust-Board-Public-Minutes-dra
	Patient communications (leaflets)
Phase 1 – monitoring of changes (Both Trusts where applicable)	Monitor Friends and Family test in Haematology
	Monitor Complaints & PALs
	Sample Questionnaires in Assessment Unit and Day Unit
	HEY Haematology annual report comparison 2017/18 v

	2018/19
	Continued discussions with Overview and Scrutiny
PHASE 2 – Communications with patients, staff and public (Both Trusts where applicable)	Patient communications (leaflets)
	Link with patients groups
	Staff briefings
	Liaison with Healthwatch
	Social Media posts
	Communications via local media
	Focus groups
	Continued discussions with Overview and Scrutiny
PHASE 2 – Monitoring of changes (Both Trusts where applicable)	Monitor Friends and Family test
	Monitor Complaints & PALs
	Sample Questionnaires for inpatients
	HEY Haematology annual report comparison 2017/18 v 2018/19
	Continued discussions with Overview and Scrutiny

This update paper has been prepared by NHS England Specialised Commissioning who are leading on the review of Haemato-oncology services on behalf of the Humber Acute Services Review partners.

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Humber Acute Services Review Review Update (June 2018)

Wave 1: Urology Services

SUMMARY

Urology services (care for people with problems of the urinary tract or male reproductive organs) within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a temporary change to service arrangements since September 2017. This change was put in place due to significant workforce shortages and other factors that made the service fragile such that it was not possible to safely operate all aspects of urology services across both the Scunthorpe and Grimsby sites. Despite active recruitment campaigns, staffing numbers in urology remain below the level required to operate two 24/7 rotas across both sites. This is a combination of a reduction in the number of consultants available nationally as well the challenge of recruiting to a Trust that operates two emergency sites for on-call.

Since September 2017, emergency inpatient care for urology has been provided on one hospital site, Scunthorpe General Hospital (SGH). As a result of the change, approximately 350 patients who would previously have been treated at Grimsby have had their treatment in Scunthorpe. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.

To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to implement a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. It is proposed that outpatient and day case treatment will continue to be provided across all three sites. The review team have identified the potential for interdependencies between urology services and the services being considered within Wave 2 of the review (specifically urgent and emergency care services), which may have an impact on what is or is not possible for the delivery of urology services in the long term and therefore service arrangements will need to be considered in the context of the scenarios put forward for Wave 2 services.

On an annual basis, the approximate volume of patients affected within these services would be:

- 463 emergency admissions (originally attending Grimsby Hospital)
- 359-421 planned inpatient admissions (originally attending Grimsby and Goole Hospitals)

To deliver the best care for patients as services are currently configured, urology inpatient emergencies are being provided from Scunthorpe General Hospital due to capacity available, existing complex elective surgery being provided from the SGH base and the higher volume of inpatient emergency admissions.

BACKGROUND

The Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) Board took the decision in July 2017 to consolidate some services in order to ensure it could continue to offer safe and effective care to patients. For urology services, this resulted in a temporary move of all emergency urology services (for patients who require admitting) onto one hospital site, Scunthorpe General. Planned inpatient care, day case procedures, endoscopy and outpatient appointments have continued to run across all three hospital sites.



This decision was taken because workforce shortages meant it was not possible to continue to deliver a safe inpatient service across both main sites. To deliver care safely and effectively on a 24/7 basis the Trust needs six consultants. The service has seen a significant turnover in consultants and has been reliant on long-term locums who by summer 2017 had all moved on. In July 2017 there were four consultants running the service, which reduced to three in September 2017. Each consultant works during the day and on call during evenings and weekends, which became increasingly difficult to sustain for both the staff involved and patients when staff numbers reduced to three in September 2017.

Since the revised service arrangements were put in place, the service has stabilised and has been able to successfully recruit some additional consultant capacity but still not at the level required to safely provide 24/7 cover across two sites. The service has started to deliver an improvement in continuity of patient care and reduced length of stay for patients. Clinicians and service managers are working together to ensure they can continue to provide a high quality, safe and sustainable service for local patients.

Northern Lincolnshire and Goole NHS Foundation Trust and its partners – Hull and East Yorkshire Hospitals NHS Trust and the four Humber Clinical Commissioning Groups – are working together to undertake a systematic review of acute hospital services across all five hospital sites in the Humber area. Further details about the scope and process for the review can be found on the review website:

www.humbercoastandvale.org.uk/humberacutereview.

This briefing note provides an update on the clinical review of urology services, which are within the first wave of services being considered through the Humber Acute Services Review. It sets out the current position of urology services within NLaG and makes recommendations for further stabilising the service in the context of the review of services within Wave 2.

CURRENT SERVICE CONFIGURATION

NLaG currently provides urology care across all three hospital sites working as a trust-wide team. Elective (planned) care, outpatients, day case treatment including endoscopy and day case/inpatient surgical procedures are carried out on all three sites. In addition, outreach clinics are delivered from Mablethorpe.

Urology provides cancer care for prostate, bladder, testicular and penile cancers through a multi-disciplinary team (MDT). Complex cancer patients receive care in Hull & East Yorkshire Hospitals as the Tertiary Centre. Emergency admissions have been consolidated on the Scunthorpe site since September 2017 due to consultant workforce vacancies.

Table 1 outlines the current service provision by site.

Table 1:

	DPoW	SGH	GDH	OUTREACH CLINICS	HEY
Inpatient emergencies		√			
Inpatient elective (planned care)	√	√	√		
Day case procedures	√	√	√		
Endoscopy	√	√	√		
Outpatients	√	√	√	√	
On call		√			
MDT and complex cancer care					√

Workforce

Current workforce establishment showing budgeted and actual in post is detailed in table 2 as at February 2018. Urology doctors at NLaG work as one team across all sites; therefore the budget is not split by site.

Table 2:

	Trust wide (Budgeted)	Trust wide (In post)	Position with New Starters Qtr 2 (June 2018)
Consultant (wte)	6	3.75	4.75 *
Middle Grade (wte)	6	4	5
Junior Drs (wte)	6	2	2**

*Newly recruited Urologist included in the 4.75wte continues to wait for a visa, whilst the post holder has accepted, the time taken to gain a visa means that the start date is high risk. This has been escalated by the Trust to regulators.

**Allocated Deanery posts therefore dependent upon the Deanery being able to fill vacancies, currently in the process of securing locums.

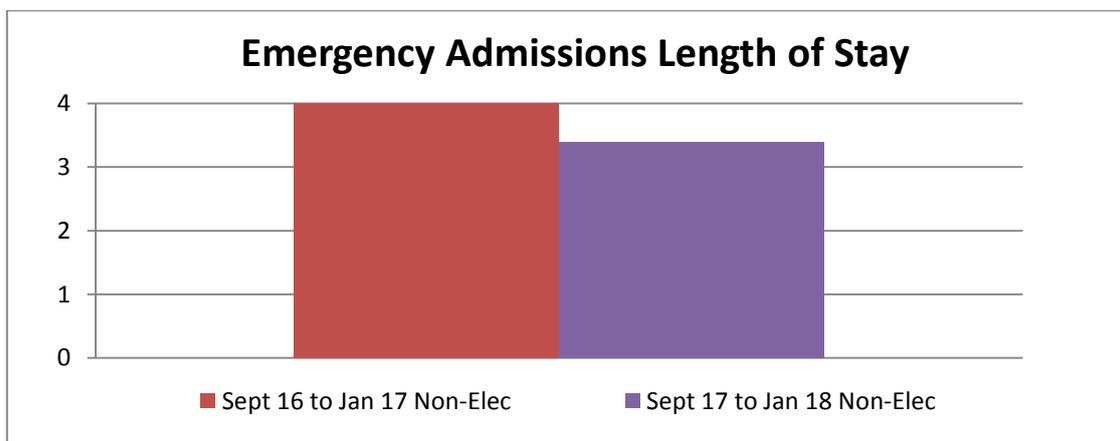
Active recruitment to the vacancies continues alongside a focus on retention of urology workforce.

Patient Experience

Following the transfer of all emergency admissions to the Scunthorpe General Hospital site, the service has seen a progressive reduction in length of stay (LOS) with patients receiving continuity of care through a consultant of the week model. Compared to similar hospitals, the national peer length of stay for emergency admissions in urology is 3.3 days, which the service is now achieving.

Graph 1 shows a comparison in LOS from the previous year.

Graph 1:



UROLOGY DEMAND LEVELS AND CAPACITY PLANNING

The urology demand levels for the period 2016/17 and 2017/18 are shown in table 3 by hospital site. This shows the shift of emergency inpatient activity from the DPoW site to the SGH as from September 2017. Appendix A shows the numbers of inpatient admissions (planned and emergencies) by CCG.

Table 3:

Demand & Activity	DPoW		SGH		GDH	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Referrals	2,751	2,603	3,261	2,900	746	756
Outpatients (all attendances)	7,928	8,468	10,047	10,023	2,187	2,350
Day case activity*	2,561	2,682	2,239	2,325	1,205	1,306
In-Patient Elective	387	359	505	336	89	85
In-Patient Emergency	463	289**	710	914**		

*includes endoscopy cystoscopy activity

**transferred to SGH site in September 17

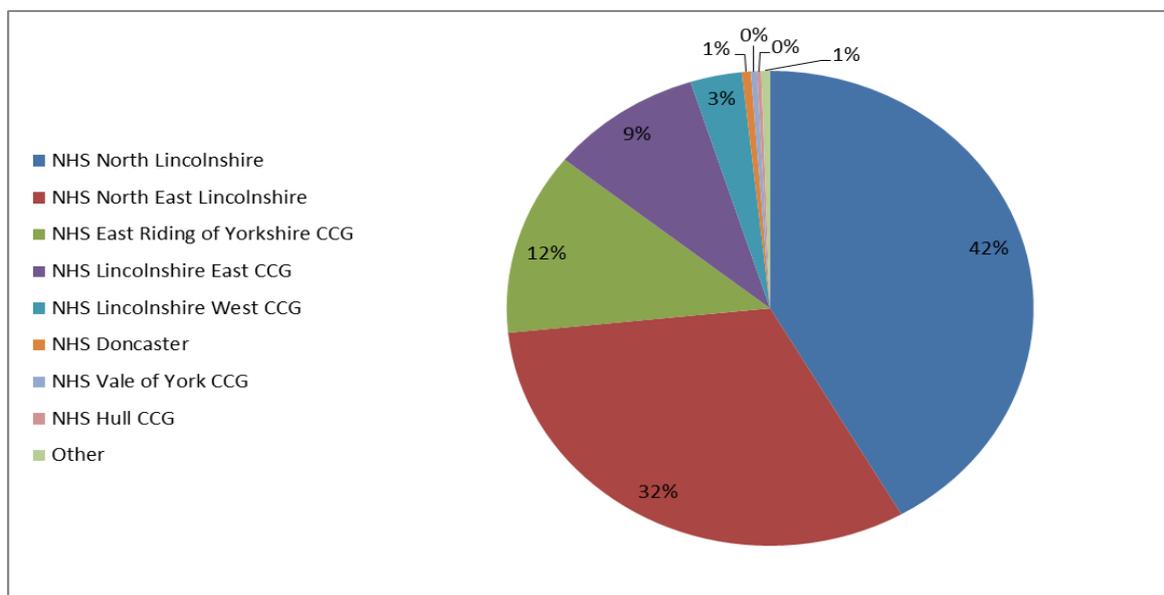
The demand and capacity has been modelled through the NHS IST tool confirming a shortfall in capacity against demand. This is reflective of reductions in workforce and growth in demand for diagnostic tests associated with meeting the national waiting time target of 2 weeks for urgent suspected cancer referrals. It is recognised through the GIRFT (Getting it Right First Time) programme that urology deals with high volumes of elderly and given the ageing population this is anticipated to increase.

Plans have been identified to address the total capacity shortfall. Actions that are underway to address the shortfall in capacity include pathway redesign to reduce duplication and make best use of resources, revised job planning and introducing more nurse-led services where appropriate over a 2 year timescale.

Urology Demographic Needs Assessment

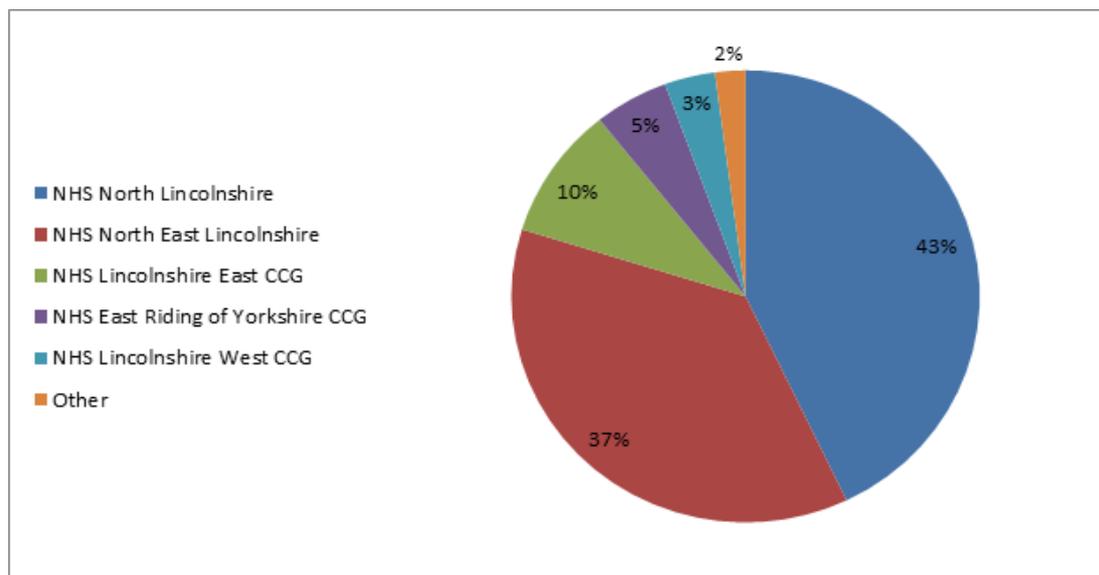
Graph 2 below shows the last 12 months demand for urology **outpatient** referrals by commissioner providing an indication of local population need:

Graph 2:



Graph 3 below shows the last 12 months demand for urology non-elective (**emergency**) admissions by commissioner providing an indication of local population need:

Graph 3:



PLANNING FOR THE FUTURE

Continued Challenges

Urology services within Northern Lincolnshire and Goole NHS Foundation Trust and across the wider Humber area continue to face a number of significant challenges. These include:

- Difficulty recruiting to clinical posts in urology is a national issue. NLaG has seen additional challenges with the unattractive rotas split across two sites, the geographic location and distance between the sites. Despite active recruitment campaigns, vacancies continue to exist across all grades of clinicians within NLaG.
- Recruitment and retention within a small workforce continues to be a challenge, particularly when seeking to provide 24/7 cover across three hospital sites whilst maintaining high levels of patient flow.
- Urology services cover five tumour sites (prostate, bladder, kidney, testis and penis). Demands on suspected 2 week wait cancer referrals continue to grow with a more recent spike in demand following national press coverage and information campaigns.
- It is recognised through the GIRFT programme that urology deals with high volumes of elderly and given the ageing population this is anticipated to increase.

Service Developments

Given the challenges above, all partners are working together to identify the most sustainable and effective delivery model for urology services for the short, medium and longer term. Clinicians and service managers within NLaG, together with partners from across the Humber, Coast and Vale geography, have begun to work on developing a clinical network for urology services. On 10th January 2018 a Urology Vision Day was held, bringing together clinicians, therapists and service managers from across Humber, Coast and Vale to discuss key challenges

and opportunities for working together on urology services in the future. A number of areas for further development were identified, including:

- Developing and modernising the existing kidney stone service.
- Discussion at Humber, Coast and Vale level regarding potential expansion of the stone service.

A Transformation Board (which includes clinical leads, CCG representation, nursing leads, managerial leads and a patient representative) has continued to meet on a 6 weekly basis to review the service arrangements within NLaG for urology. The group has considered four potential configuration scenarios for delivery of urology services using the principles and decision-making criteria set out in the Humber Acute Services Review programme plan:

1. Providing emergency inpatient provision on two main sites. Providing elective (planned) inpatient care, day cases, endoscopy and outpatients on all three sites. (Provision prior to temporary change in September 2017)
2. Providing all *emergency* inpatient provision on one site. Providing elective inpatient care, day cases, endoscopy and outpatients on all three sites. (Current provision, since September 2017)
3. Providing all *emergency* inpatient provision and *elective* inpatient on one site. Providing day cases, endoscopy and outpatients on all three sites. (Proposed arrangement for the current time, subject to the conclusions of the review of services in Wave 2 of the Humber Acute Services Review)
4. Providing all inpatient and outpatient urology services on one site.

All scenarios have been assessed against criteria for clinical outcomes, clinical interdependency, patient experience, workforce, performance, physical resources and cost effectiveness. The current workforce position of the Trust continues to mean that scenario one is not deliverable. Clinically the service are supporting scenario three.

Supporting the GIRFT principles and working in collaboration through the Humber Acute Services Review, the urology team are progressing with developments in following areas:

- Introduce hot clinics on the non-emergency site to further reduce transfers supported by the existing A&E pathways and diagnostics. These clinics are intended to prevent hospital admissions by providing proactive treatment and/or advice to patients who are at risk of needing emergency admission to hospital.
- Focus on further reductions in length of stay supported by continuity of care
- Development of integrated prostate pathways with GPs to support community provision thereby reducing demand on hospital-based services
- Standardisation of community incontinence service

COMMUNICATIONS, ENGAGEMENT AND NEXT STEPS

Proposed Next Steps

Urology services within NLaG are now in a more stable position following the introduction of revised service arrangements in September 2017. Over the past ten months the service has also started to deliver an improvement in continuity of patient care and reduced length of stay. Clinicians involved in the review of services have identified potential interdependencies between urology services and the services that are included in Wave 2 of the Humber Acute Services Review (specifically, A&E front door, assessment and diagnostic services and the specialties that support urgent and emergency care). It is the view of the Steering Group that further work in relation to the future configuration and operating model for urology services should be considered within the context of the recommended approach to urgent and emergency care that arises from Wave 2 of the review.

In order to maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to put in place a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. Under this scenario, outpatient and day case treatment (including surgery) would continue to be provided across all three sites. This is the preferred option of the clinicians who are running the service at the current time.

Given the continued workforce challenges and the consultant recently attracted taking up the post mainly as a result of the one site rota, it is not considered possible to return to a two-site model for inpatient care. Under this preferred approach, a further 336-421 patients needing elective inpatient admissions would potentially have to travel to receive their care on the centralised hospital site. This averages 6-8 patients per week, with an average length of stay (for elective inpatients) of 1.8 days.

On an annual basis, the approximate volume of patients affected within these services would be:

- 463 emergency admissions (originally attending Grimsby Hospital)
- 359-421 planned inpatient admissions (originally attending Grimsby and Goole Hospitals)

Scunthorpe General Hospital is the preferred site to provide the inpatient services due to the existing complex elective surgery being provided from the SGH base and the higher volume of inpatient emergency admissions.

Communications and Engagement Approach

The partners will continue to engage with those patients affected by the changes to service arrangements through patient surveys and focus groups and through the continuation of patient representation on the urology transformation board or equivalent group established through this process.

The table below sets out a summary of activity to date and outlines broad principles for engagement and monitoring of service-user feedback going forward.

Temporary Service Change: Communications with patients, staff Public	Joint communications brief to public on transfer of patients from Grimsby September 2017 https://www.nlg.nhs.uk/about/trust/service-reconfiguration/
	NLAG Trust Board Minutes July 2017 https://www.nlg.nhs.uk/content/uploads/2017/05/NLG-17-Service-Moves-Jul17-PUBLIC.pdf

	Patient communications
Monitoring of temporary changes	Monitor Friends and Family test
	Monitor Complaints & PALs
	Ward-based surveys
	Continued discussions with Overview and Scrutiny
Communication, engagement and involvement in developing future scenarios (up to June 2018)	Patient representatives on transformation group
	Ward-based surveys
	Continued monitoring of patient experience data
	Liaison with local Healthwatch
	Patient communications
	Staff briefings
	Engagement sessions (including NE Lincs CCG annual members event, NLaG members meetings)
	Issues Paper and survey http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf https://www.surveymonkey.co.uk/r/HASR_issues
Discussions with Overview and Scrutiny: http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scrutiny-panel-26-march-2018-2/ http://www2.eastriding.gov.uk/EasysiteWeb/getresource.axd?AssetID=687334&type=full&servicetype=Attachment https://www.nelincs.gov.uk/wp-content/uploads/2018/01/Draft-Health-Scrutiny-Minutes-11th-April-2018-PR.pdf	
Next steps: Communication, engagement and involvement in developing future scenarios (as part of Wave 2 engagement plan)	Patient representatives on review groups
	Targeted focus group sessions (August to September 2018)
	Citizen's Panel (launching July 2018)
	Stakeholder involvement sessions (October/November 2018)
	Telephone and web-based survey
	Continued discussions with Overview and Scrutiny

The next phases of patient and public engagement will be incorporated into the wider engagement that will support the planning for services within Wave 2 of the Humber Acute Services Review. Further detail on the communications and engagement are available here:

http://humbercoastandvale.org.uk/wp-content/uploads/2018/02/Humber-Acute-Services-Review_comms-and-engagement-plan_final.pdf

Wave 2

Work has now begun with clinicians, service-managers, commissioners and community representatives on reviewing services within Wave 2 of the Humber Acute Services Review. These service areas are:

- urgent and emergency care (including Accident and Emergency; critical care; respiratory medicine; acute surgery and acute medicine)
- maternity and paediatrics
- cardiac
- neurology
- immunology

The partners undertaking the review have agreed a communications and engagement plan for Wave 2 that will provide opportunities for patients, the public, staff and other key stakeholder groups will be able to have their say as plans develop. A citizen's panel will be launched in July 2018 and workshops to engage patients and the public in the development of options are planned for October and November. Further details of the plan can be provided on request.

Appendix A –Activity Data: inpatient elective and non-elective split by CCG.

Activity Type	Commissioner Name	Grimsby	Scunthorpe	Goole	Total	
Elective	NHS North East Lincolnshire	296	45	2	343	
	NHS North Lincolnshire	16	242	18	276	
	NHS East Riding of Yorkshire CCG	1	18	61	80	
	NHS Lincolnshire East CCG	42	9	1	52	
	NHS Lincolnshire West CCG	4	14	1	19	
	NHS Wakefield CCG		3	1	4	
	NHS North Kirklees CCG		2		2	
	NHS South Lincolnshire CCG		1		1	
	NHS Vale of York CCG			1	1	
	NHS Bassetlaw CCG		1		1	
	NHS Barnsley CCG		1		1	
Elective Total		359	336	85	780	
Non Elective	NHS North Lincolnshire	12	507		519	
	NHS North East Lincolnshire	210	223		433	
	NHS Lincolnshire East CCG	59	61		120	
	NHS East Riding of Yorkshire CCG		57		57	
	NHS Lincolnshire West CCG	2	38		40	
	NHS Doncaster	1	4		5	
	NHS Hull CCG		3		3	
	Overseas Visitors, reciprocal	1	2		3	
	NHS Wakefield CCG	1	1		2	
	NHS South Eastern Hampshire CCG		1		1	
	NHS Nottingham North & East CCG		1		1	
	NHS Lancashire North CCG		1		1	
	NHS Barnsley CCG		1		1	
	NHS South East Staffs and Seisdon Peninsular CCG		1		1	
	NHS Vale of York CCG		1		1	
	NHS South Tees CCG		1		1	
	NHS Bradford Districts CCG		1		1	
	NHS Blackpool CCG		1		1	
	NHS Islington CCG	1			1	
	NHS GREATER GLASGOW	1			1	
	NHS North Kirklees CCG		1		1	
	NHS Milton Keynes CCG		1		1	
	Non Elective Total		289	914		1,203
	Grand Total		648	1,250	85	1,983

Humber Acute Services Review Review Update (June 2018)

Wave 1: Ear, Nose and Throat (ENT) Services

SUMMARY

ENT services (care for people with ear, nose and throat problems) within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a temporary change to service arrangements since September 2017. This change was put in place due to significant workforce shortages and unexpected long term sickness that made the service fragile such that it was not possible to safely operate all aspects of ENT services across both the Scunthorpe and Grimsby sites. Despite active recruitment campaigns, staffing numbers in ENT remain below the level required to operate two 24/7 rotas across both sites. Since September 2017, **emergency** and **elective** (planned) inpatient care for ENT has been provided on one hospital site, Diana, Princess of Wales Hospital (DPoW) in Grimsby. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.

To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to formalise a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. It is proposed that outpatient and day case treatment will continue to be provided across all three sites. The review team have identified the potential for interdependencies between ENT services and the services being considered within Wave 2 of the review (specifically urgent and emergency care services), which may have an impact on what is or is not possible for the delivery of ENT services in the long term and therefore service arrangements will need to be considered in the context of the scenarios put forward for Wave 2 services.

On an annual basis, the approximate volume of patients affected within these services would be:

- 246 emergency admissions (originally attending Scunthorpe Hospital)
- 104 planned inpatient admissions (originally attending Scunthorpe Hospital)

To deliver the best care for patients as services are currently configured, ENT inpatients are being cared for from Diana, Princess of Wales Hospital due to the higher volume of inpatient admissions.

BACKGROUND

In 2015 a public consultation was undertaken on the future configuration of ENT services across our Trust. The review into ENT services and subsequent consultation was undertaken for a number of reasons, including that on-call arrangements were being undertaken on alternate sites meaning if a patient had to continue their stay at the end of the working week they would have to be transferred to the other site, and that a full emergency service cannot be maintained on both sites due to number of workforce required for on-call rotas. The outcome of the review was that all ENT inpatient treatment was to be centralised on the Diana Princess of Wales, Grimsby hospital site. However, due to increased demand for services, a shortage of beds and a shortage of middle grade doctors the move was not implemented.



The Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) Board took the decision in July 2017 to consolidate ENT inpatient services in order to ensure it could continue to offer safe and effective care to patients. This resulted in a temporary move of all emergency and elective inpatient services (for patients who require admitting) onto one hospital site, Diana, Princess of Wales Hospital as opposed to an alternating on-call site model for which patients were still required to travel to the site on-call. Day case procedures continued to be provided across both main sites and outpatients across all hospital sites.

This decision was taken because workforce shortages meant it was not possible to continue to deliver a safe inpatient service across both sites. To deliver care safely and effectively on a 24/7 basis the Trust needs five consultants. The service has seen a significant turnover in consultants and has been reliant on locums. In July 2017, there were two consultants running the service. Each consultant works during the day and on call during evenings and weekends, which became increasingly difficult to sustain for both the staff involved and patients when staff numbers reduced to two.

Since the revised service arrangements were put in place, the service has stabilised and has been able to successfully recruit some additional consultant capacity including support from Hull & East Yorkshire NHS Trust but still not at the level required to safely provide 24/7 cover across two sites. The service has started to deliver an improvement in continuity of patient care and reduced length of stay for patients. Clinicians and service managers are working together to ensure they can continue to provide a high quality, safe and sustainable service for local patients.

Northern Lincolnshire and Goole NHS Foundation Trust and its partners – Hull and East Yorkshire Hospitals NHS Trust and the four Humber Clinical Commissioning Groups – are working together to undertake a systematic review of acute hospital services across all five hospital sites in the Humber area. Further details about the scope and process for the review can be found on the website:

www.humbercoastandvale.org.uk/humberacutereview.

This briefing note provides an update on the clinical review of ENT services, which are within the first wave of services being considered through the Humber Acute Services Review. It sets out the current position of ENT services within NLaG and makes recommendations for further stabilising the service in the context of the review of services within Wave 2.

CURRENT SERVICE CONFIGURATION

NLaG currently provides ENT care across four hospital sites; Grimsby, Scunthorpe, Goole and Louth Hospitals and an outreach outpatient service to Marisco Practice in Mablethorpe with all inpatient services consolidated on the DPoW site since September 2017.

ENT provides cancer care through a multi-disciplinary team (MDT). Complex cancer patients receive care in Hull and East Yorkshire Hospitals as the Tertiary Centre.

Table 1 outlines the current service provision by site;

Table 1:

	DPOW	SGH	GDH	LOUTH	MARISCO	HEY
Inpatient emergencies	√					
Inpatient elective	√					
Day case procedures	√	√				
Outpatients	√	√	√	√	√	
On call	√					
MDT						√

WORKFORCE

Current workforce establishment showing budgeted and actual in post is detailed in table 2 as at May 2018:

Table 2:

	DPOW (Budgeted)	DPOW (In post)	SGH (Budgeted)	SGH (In post)
Consultant wte	3	2	2	1
Middle Grade wte	4	3	2	0
Trust Grade wte	1	0	0	0

Staffing; preventative measures and what has been achieved since;

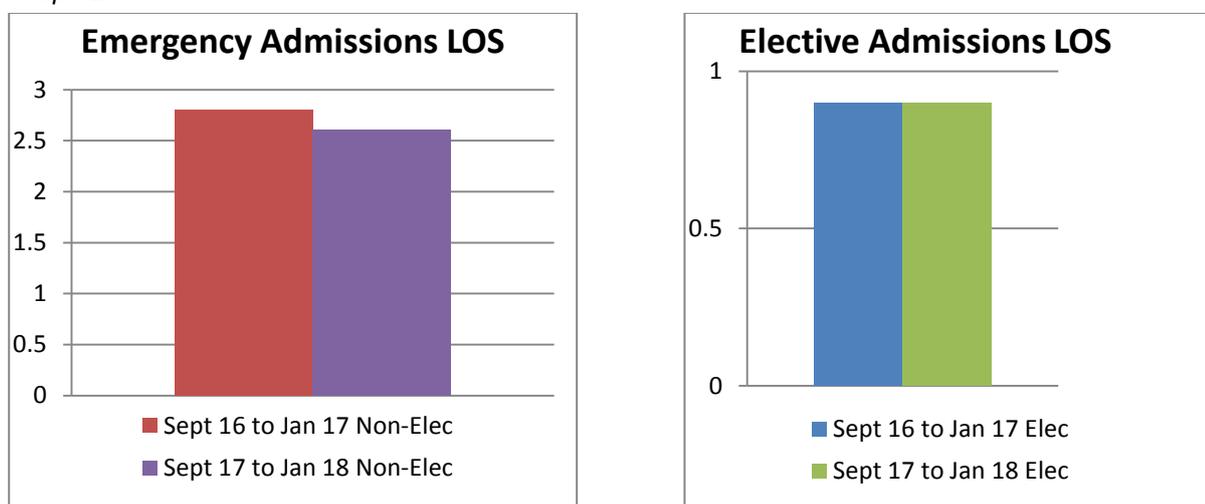
- The service was placed in a fragile position due to long term sickness which resulted in retirement for 2 wte consultants and a Thyroid specialist leaving the Trust – 3wte out of a team of 5 wte.
- Recruitment was not able to take place until those Consultants had given a leaving date, resulting in reliance on locums for more than 50% of the consultant team.
- A joint NHS locum position (with HEY) was recruited to in October 2017
- Consultant of the week model has been developed to improve the job plan and ensure the post is attractive
- Middle Grade has strengthened at DPoW with 3 substantive doctors and a further 2 appointed awaiting start dates.
- Middle Grade doctor team has expanded to 7 wte from 5 wte to support a pooled middle grade tier. Ensuring consistent service provision across all sites and greater flexibility to increase capacity. This also supports an improved on call and retention for current middle grade doctors.

PATIENT EXPERIENCE

Following the transfer of all inpatient admissions to the DPoW site, the service has seen a slight reduction in length of stay (LOS) for emergency admissions with patients receiving continuity of care through a consultant of the week model. Compared to similar hospitals, the national peer length of stay for emergency admissions in ENT is 2.3 days, which the service is working towards achieving. The elective admissions length of stay for national peers is 1.6 days, which the service is currently outperforming with an average LOS of 0.8 days.

Graph 1 shows a comparison in LOS from the previous year for both emergency and elective admissions.

Graph 1:



ENT DEMAND LEVELS AND CAPACITY PLANNING

The ENT demand levels for the period 2016/17 and 2017/18 are shown in table 3 by hospital site. This shows the shift of inpatient activity from the SGH site to the DPoW as from September 2017. Appendix A shows the inpatient volumes by CCG.

Table 3:

Demand & Activity	DPoW*		SGH		GDH	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Referrals	5121	5024	4157	3868	652	469
Outpatients (all attendances)	11805	11582	8134	6852	1050	576
Day case activity	482	535	391	395		
In-Patient Elective	238	260	104	62**		
In-Patient Emergency	313	521	246	108 **		

*includes Louth activity

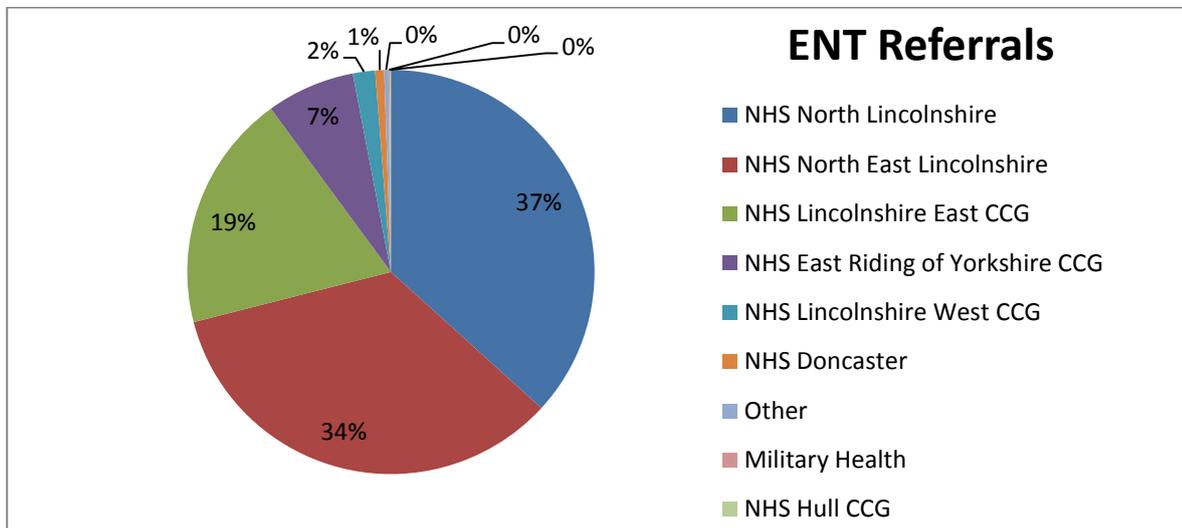
**service transferred to DPoW in September 2017

The demand and capacity has been modelled through the NHS IST tool confirming a shortfall in capacity against demand. Plans have been identified to address the total capacity shortfall including a number of efficiencies to increase productivity, assessing existing pathways and referrals into secondary care to make best use of resources and revising job plans over a 12 month timescale. This will be further addressed when vacancies are appointed to within the service.

ENT Demographic Needs Assessment

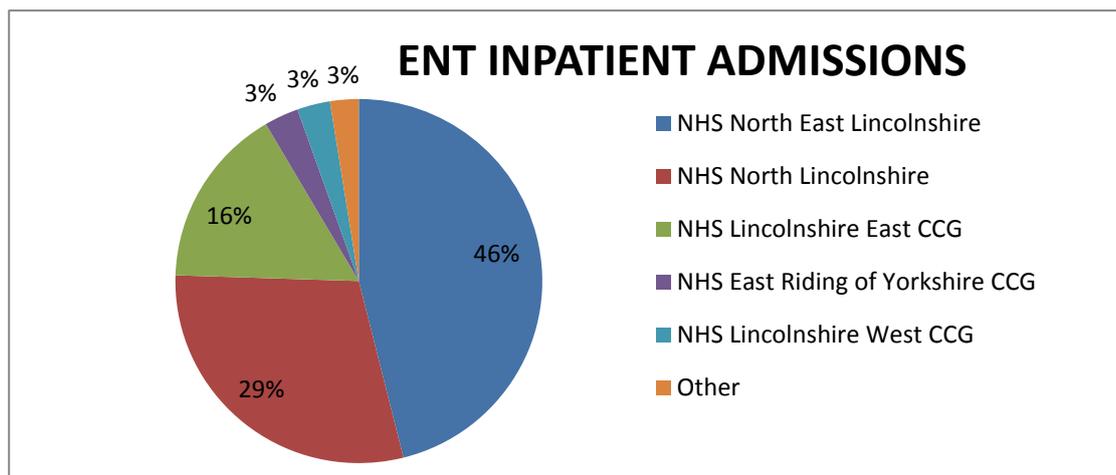
Graph 2.0 below shows the last 12 months demand for ENT outpatient referrals by commissioner providing an indication of local population need:

Graph 2.0:



Graph 3.0 shows the demand by CCG for ENT inpatient elective and emergency admissions with the greatest demand of admissions from the NEL population at 46%.

Graph 3.0



PLANNING FOR THE FUTURE

Continued Challenges

ENT services within Northern Lincolnshire and Goole and across the wider Humber area continue to face a number of significant challenges. These include:

- Difficulty recruiting to clinical posts in ENT is a national issue. NLaG has seen additional challenges with the unattractive rotas split across two sites, the geographic location and distance between the sites. Despite active recruitment campaigns, vacancies continue to exist across all grades of clinicians within NLaG.
- Recruitment and retention within a small workforce continues to be a challenge, particularly when seeking to provide 24/7 cover across 4 hospital sites whilst maintaining high levels of patient flow.
- Junior staff training is challenged due to the work pressures in relation to on-call commitments and existing vacancies.

Service Developments

Given the challenges above, all partners are working together to identify the most sustainable and effective delivery model for ENT services for the short, medium and longer term. Clinicians and service managers within NLaG, together with partners from across the Humber Acute Service Review, are working in collaboration for ENT services to discuss key challenges and opportunities. These include the opportunities for recruiting into joint appointments working across both Trusts.

A Transformation Board (which includes clinical leads, CCG representation, nursing leads, managerial leads and a patient rep) has continued to meet on a 6 weekly basis to review the service arrangements within NLaG for ENT. The group has considered four potential configuration scenarios for delivery of ENT services using the principles and decision-making criteria set out in the Humber Acute Services Review programme plan:

1. Providing **inpatient** and day case care on both main sites (Grimsby and Scunthorpe), *alternating on-call site*. Providing outpatient services across all sites. (Provision prior to temporary change in September 2017)

2. Providing all **inpatient** provision on one site (emergency and elective), providing day case treatment on both main sites and outpatient care across a maximum of 4 sites (cease outreach in Mablethorpe). (Proposed arrangement for the current time, subject to the conclusions of the review of services in Wave 2 of the Humber Acute Services Review)
3. Providing all inpatient provision and day case surgery on one site – outpatients provided through hub and spoke model (maximum 4 sites)
4. Configuration to provide all ENT services on one site

All scenarios have been assessed against criteria for clinical outcomes, clinical interdependency, patient experience, workforce, performance, physical resources and cost effectiveness. The current workforce position of the Trust continues to mean that scenario one is not deliverable. Clinically the service support scenario two.

Working in collaboration through the Humber Acute Services Review, the ENT team are progressing with developments in following areas:

- Remodelling the middle grade on-call rota to provide sustainability, recruit into vacancies and retain existing staff.
- Introduce hot clinics on the non-emergency site to further reduce transfers supported by the existing A&E pathways and diagnostics. These clinics are intended to prevent hospital admissions by providing proactive treatment and/or advice to patients who are at risk of needing emergency admission to hospital.
- Focus on further reductions in length of stay supported by continuity of care
- Development of out of hospital pathways to support community provision thereby reducing demand on hospital-based services.

COMMUNICATIONS, ENGAGEMENT AND NEXT STEPS

Proposed Next Steps

ENT services within NLaG are now in a more stable position following the introduction of revised service arrangements in September 2017. Over the past nine months the service has also started to deliver an improvement in continuity of patient care and reduced length of stay. Clinicians involved in the review of services have identified potential interdependencies between ENT services and the services that are included in Wave 2 of the Humber Acute Services Review (specifically, A&E front door, assessment and diagnostic services and the specialties that support urgent and emergency care). It is the view of the Steering Group that further work in relation to the future configuration and operating model for ENT services should be considered within the context of the recommended approach to urgent and emergency care that arises from Wave 2 of the review.

In order to maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to put in place a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. Under this scenario, day case treatment (including surgery) would continue to be provided across both main sites and outpatients including clinical outpatient

procedures across all sites. This is the preferred option of the clinicians who are running the service at the current time.

Given the continued workforce challenges and the consultant recently attracted taking up the post mainly as a result of the one site rota, it is not considered possible to return to a two-site model for inpatient care.

On an annual basis, the approximate volume of patients affected within these services would be:

- 246 emergency admissions (originally attending Scunthorpe Hospital)
- 104 planned inpatient admissions (originally attending Scunthorpe Hospital)

Communications and Engagement Approach

The partners will continue to engage with those patients affected by the changes to service arrangements through patient surveys and focus groups and through the continuation of patient representation on the urology transformation board or equivalent group established through this process.

The table below sets out a summary of activity to date and outlines broad principles for engagement and monitoring of service-user feedback going forward.

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	Ward-based surveys
	Continued monitoring of patient experience data
	Liaison with local Healthwatch
	Patient communications
	Staff briefings
	Engagement sessions (including NE Lincs CCG annual members event, NLaG members meetings)
	Issues Paper and survey http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf

	https://www.surveymonkey.co.uk/r/HASR_issues
	Discussions with Overview and Scrutiny: http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scurtinity-panel-26-march-2018-2/ http://www2.eastriding.gov.uk/EasysiteWeb/getresource.axd?AssetID=687334&type=full&servicetype=Attachment https://www.nelincs.gov.uk/wp-content/uploads/2018/01/Draft-Health-Scrutiny-Minutes-11th-April-2018-PR.pdf
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	Targeted focus group sessions (August to September 2018)
	Citizen’s Panel (launching July 2018)
	Stakeholder involvement sessions (October/November 2018)
	Telephone and web-based survey
	Continued discussions with Overview and Scrutiny

The next phases of patient and public engagement will be incorporated into the wider engagement that will support the planning for services within Wave 2 of the Humber Acute Services Review. Further detail on the communications and engagement are available here:

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Wave 2

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- urgent and emergency care (including Accident and Emergency; critical care; respiratory medicine; acute surgery and acute medicine)
- maternity and paediatrics
- cardiac
- neurology
- immunology

The partners undertaking the review have agreed a communications and engagement plan for Wave 2 that will provide opportunities for patients, the public, staff and other key stakeholder groups will be able to have their say as plans develop. A citizen’s panel will be launched in July 2018 and workshops to engage patients and the public in the development of options are planned for October and November. Further details of the plan can be provided on request.

Appendix A - Split by CCG – 2017/18:

Ep Type	Commissioner Name	Total
Non Elective	NHS North Lincolnshire	47
	NHS North East Lincolnshire	40
	NHS Lincolnshire East CCG	9
	NHS Lincolnshire West CCG	7
	Other	5
Non Elective Total		108
Elective	NHS North Lincolnshire	42
	NHS East Riding of Yorkshire CCG	10
	NHS Lincolnshire West CCG	3
	NHS Lincolnshire East CCG	2
	NHS North East Lincolnshire	2
	Other	3
Elective Total		62
Grand Total		170

Wave 1

Wave 2

Urology

ENT

Urgent & Emergency Care

*Specialty bed-base that supports A&E front door
(inpatient beds across all specialties)*

Haematology

Immunology

Stroke

Neurology

Oncology

Cardiac

Complex Rehab

Critical Care

Maternity

Planned Surgery

**Modelling work and further development of proposals
(including consideration of interdependencies between specialties)**

Development of options and proposals for priority specialties

Place/Trust level

Humber-wide

HCV-wide

Issues Paper engagement

Targeted Focus Groups

Stakeholder workshops

Consultation/implementation