



**Humber Health
Partnership**



CLINICAL SERVICES STRATEGY

2025 - 2030

Other Formats

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Strategy on a Page (2025 - 2030)

United by Compassion – Driving for Excellence

In five
years...

we will be one of the leading hospital groups in the UK,
delivering safe, sustainable and inclusive healthcare services

Guided by our values...

Compassion | Honesty
Respect | Teamwork

We will
achieve
this by
focusing
on our...

Patients

We will make sure our
patients get the safe,
quality care they need
and have a good
experience

People

We will put our people
first, supporting our
teams to be the best
they can be and grow
our future workforce

Population

We will focus our efforts
on those with the
greatest needs and help
people in our
communities to live well

To deliver
our
strategic
goals...

Our Patients get the best care

CQC Outstanding
Top 25% performance

Our People feel proud to work here

75% recommend as a
place to work and be
treated

Our Population live more years in good health

Gap in access for
people from deprived
areas halved

We will strive to be...

Pioneers

We will embrace digital and
tech, prioritise research and
innovation and build skills for
transformation

We push
the
boundaries

Partners

We will work well with others,
build trust and develop
ambitious partnerships for the
future

We work in
partnership

Guardians of the Public Purse

We will live within our means,
deliver value-based care and
reduce our impact on the planet

We use our
resources
well

Clinical Services Strategy 2025/30

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Foreword

The NHS is constantly changing and adapting as new technologies, treatments and approaches make it possible for us to do more to enhance the lives and life chances of our patients and service users. It is important we continue to embrace the opportunities that change can bring and equip our people to adapt so they are able to provide the best possible care to our patients.

We are facing unprecedented challenges within the health and care sector. Demand for healthcare services is growing and set to grow even faster in years to come yet the resources we have available to us are not growing at the same rate. Our population is getting older, more frail and, at every stage of life, the patients we see in our organisation have increasingly complex needs. The gap in life expectancy between those living in our most deprived communities and those in our most affluent is more than a decade and our population is living for an average of 20-25 years in poor health. We cannot simply do more of the same – if we are to give our patients the best possible care, we must radically re-think how we deliver services in the future.

We have come together as a group of two hospital trusts because we recognise that together we have greater strength and stand a better chance of meeting these challenges. By working together, we can harness the unique talents of all 19,000 of our people. We can put in place more sustainable and resilient services that will deliver safe and effective care for our patients, no matter which part of the region they live in. We can use our size to leverage new digital and technology opportunities, broaden the reach of our research and academic partnerships and build a name for our organisation as a leader in innovative care delivery in rural, coastal and deprived communities.

We know we have a long way to go. We have clinical quality and safety challenges within both trusts. We are failing to meet the expected standards across a range of services and too many of our patients are waiting too long to get the care that they need.

By working together, we can meet these challenges head-on and deliver long-lasting, sustainable change. We will continue to strive for excellence, united by our compassion and shared desire to make a difference in the lives of our people and communities.



Amanada Stanford
Group Chief Nurse



Dr Kate Wood
Group Chief Medical Officer

Who we are

About Us

Across the NHS Humber Health Partnership (HHP) we provide healthcare services to a population spanning around 1,500 square miles, home to a diverse mix of rural, coastal and urban communities.

Our district general hospital services provide care for a population of just over 1 million people across both banks of the Humber estuary, from our five hospital sites supported by a network of community locations. Our tertiary and specialist services serve a population of around 1.5 million people across Humber and parts of North Yorkshire and Greater Lincolnshire. Additionally, we provide a range of community health services for people living in North and North East Lincolnshire.

Our Vision

Our vision is: United by Compassion, Driving for Excellence.

We have come together as a group so that we can work together to solve our collective challenges, bringing the strengths and assets of both organisations delivering more than the sum of its parts. Whilst bringing together clinical teams across two organisations is challenging, there is much we can gain from sharing and learning from the different experiences and different ways of working each service, team and individual brings.



**Our organisation in
numbers... every
year we see**

8,100

Births

356,700

A&E attendances

155,000

Admissions to hospital

141,500

Day case operations

1,309,000

Outpatient appointments



Purpose of the Clinical Strategy

We have developed this clinical strategy to provide a clear, positive vision for the future of our clinical services. As we face unprecedented challenges and changing health needs of our population, this clinical strategy provides the framework to enable our clinical services and teams to adapt to changes in local and national policy, changes in the needs of our population and advances in treatments and healthcare technology. This strategy provides the framework for our clinical teams to design models of care for the future that are more sustainable and meet the needs of our population in years to come.

The strategy provides an overarching vision for our clinical services in five years' time, which will support us to make decisions about how best to prioritise investment in our digital infrastructure, physical estate, and equipment. It will help us to identify our future workforce requirements and ensure we are training and developing the type of people and roles we will need to deliver care differently in the future.

Our clinical strategy provides a roadmap for the further detailed work we will undertake over the coming years to enable us to transform our clinical services and radically reimagine how and where we deliver care. This will be vital if we are to deliver our organisational ambition: to be one of the leading hospital groups in the UK, delivering **safe**, **sustainable** and **inclusive** healthcare services.



Where we are now and why things need to change

Opportunities and assets

Coming together as a group presents new opportunities for us as an organisation and means we are better placed to deliver our ambitions for our population.

With over 19,000 people working in our organisation, some of the most highly trained and highly skilled individuals in the region, 380,000 square meters of real estate and an annual turnover of c.£1.6 billion, we have a range of assets at our disposal. With more than 5,000 patient contacts every day, we have an incredible opportunity to influence the lives of people living in our region both directly through the provision of high-quality care and indirectly through our influence in communities and our impact in the local economy.

Our population is diverse, and we serve a distinctive mix of rural, urban and coastal communities, many with high levels of deprivation which impact upon health and life chances. Whilst this presents significant challenges for us in meeting our population's healthcare needs, it also presents opportunities to be at the forefront leading change in how the NHS delivers care and tackles inequity in health and health outcomes. We have opportunities, working with research, policy and industry partners, to be at the forefront of designing the solutions that will enable the whole of the NHS to meet the growing and changing demands of the future.

The changing national policy landscape also presents us with opportunities to think differently about how and where we deliver care and enables us to work in a more integrated way with partners to improve outcomes for patients.

Key challenges

Our population

The population we serve has significantly poorer health outcomes than people living in other parts of the country.

Like in other parts of the country, our population is getting older. The number of people in our region aged over 75 is set to treble in the next 20 years, which will continue to drive increases in demand for healthcare and put increased pressure on our hospital services.

Deprivation drives inequity in health outcomes and increased barriers to accessing care. A significant proportion of our population (more than 50% in Hull and around a third across Northern Lincolnshire) live in communities that are classed as the most deprived in England.

People in our region are not always living well in their older age. Due to deprivation and a range of other factors our population are living with one or more health condition for an average of 20-26 years. Levels of acuity, complexity and comorbidities are rising and our patients and service-users require more joined-up approaches to meet their increasingly complex needs.

Our rural and coastal geography, combined with high levels of deprivation, can make it difficult for people to get around to access healthcare, visit loved ones in hospital and access employment opportunities. Digital and health literacy levels are low across many communities and people do not always have access to the tools they need to improve their health and wellbeing.

Responding to these challenges requires a whole-system approach to deliver prevention, early intervention, self-help and increased support at or close to home to improve the overall health and wellbeing of our population.

Where we are now - and why things need to change

Our clinical services

Our clinical services operate within an extremely challenged health and care system and are not always meeting the needs of everyone in the region and are not set up to do so in the future.

- We are not providing the standards we should be in all our services – too many people are waiting too long to be seen and treated.
- We don't have enough staff to continue to do everything everywhere – due to workforce shortages and the way in which services are configured, we are struggling to meet a number of key clinical standards, and we are not always making the best use of the skilled expertise we have.
- Some of our buildings and equipment are not fit for the future – ageing estate, equipment and digital infrastructure impacts upon our ability to deliver effective care to meet the demands we face.
- We face structural deficits and long-running finance challenges – a structural deficit exists where we are providing the same service across multiple sites, which creates pressure on staff, results in double running costs and low productivity.

As a collective of hospitals working better together, we can provide improved services and care for all. But to do so, **things need to change. We need to significantly change how we provide care for the population of the Humber.**

National policy drivers

In July 2025, the Government published their Ten Year Health Plan for England. This plan sets out a vision for health and healthcare in the future that will fundamentally re-wire the NHS transforming through three major shifts:

- Hospital to community
- Analogue to digital
- Treatment to prevention

The NHS of the future will be based on a neighbourhood model of care delivery, rooted in places and communities wrapping services around the patient and their needs rather than organising them around current provider boundaries and ways of working. This turns our current models of care on their head and reduces the prominence of the hospital as the main focus of healthcare services in England.

Our clinical strategy has been designed to support us to deliver this national vision in our area and sets the framework for our clinical services to transform and integrate into new neighbourhood-based ways of working. This will require significant change and transformation as resources are shifted out of hospital and bed-based models of care and into new ways of working in and with local people and communities.

This transition will rely on significantly improved digital infrastructure and connectivity between organisations and individuals, a more digitally literate workforce and targeted support for people to get online so they can access advice and support when and where they need it.

The Ten Year Plan also requires us to get more serious about prevention and supporting people to live well and stay healthy – a “health” service, rather than a “sickness” service. Within our clinical services, we must identify and exploit opportunities for secondary prevention to help our patients to live well with their health conditions and avoid exacerbations. Our clinical services must also adapt to enable them to provide more proactive interventions to get ‘upstream’ of problems before they emerge.

These three shifts were fundamental to shaping our clinical strategy and future direction.

Where we want to be

Our Group Ambition

Our five-year ambition for our group is to be one of the leading hospital groups in the UK, delivering safe, sustainable and inclusive healthcare services that meet our population's diverse needs.

In five years:



Patients

We will be one of the leading hospital groups in the UK, delivering **safe**, **sustainable** and **inclusive** healthcare services.



People

We will be an organisation that attracts ambitious and forward-thinking people to work here – providing challenge, reward and opportunities to really **make a difference**.



Population

We will be at the forefront of designing new and innovative ways to meet the healthcare needs of rural, coastal and deprived communities – taking hospital expertise into communities in sustainable ways, delivering **value** and **excellence** for our population.

This strategy, for clinical services describes how we will achieve that vision by working together across our group and with wider partners.

What good looks like

Our ambition is to consistently deliver **safe**, **sustainable** and **inclusive** healthcare services that meet our population's diverse needs.

Safe

- ✔ Patients can access the care they need in a timely manner and our services perform well against national standards (e.g., GiRFT and other national benchmarking tools).
- ✔ A just and learning culture is embedded across the organisation.
- ✔ Our safety culture is supported through robust governance processes.
- ✔ We have the right systems, processes and skills in place to ensure vulnerable patients and service-users are kept safe at all times.
- ✔ We have safe and effective staffing in place across our services, ensuring the right skill-mix and levels of supervision are in place within services.
- ✔ Our staff have the skills and knowledge they need to work safely.
- ✔ Our teams work in environments that promote and enhance the delivery of safe care.
- ✔ Our teams work proactively to eliminate avoidable harm (including infection, falls, medication errors).
- ✔ Information is joined up and clinical teams have access to the information they need when they need it.



What good looks like

Sustainable

- ✓ Care is delivered in the most appropriate setting and by the most appropriate professional.
- ✓ Our services make the best use of the available resources and there is optimal configuration of workforce (no duplication).
- ✓ Our services are right-sized to meet current and future need, within the resources available to the system (right-sized services).
- ✓ We promote and sustain the appropriate mix of tertiary services to meet our population needs within the resources available.
- ✓ There is appropriate depth and resilience within clinical teams to enable a consistent offer to patients (no fragility).
- ✓ Succession planning and growing a sustainable future workforce is prioritised within service design (futureproofing).
- ✓ Research and innovation focused on finding ways to meet the needs of our population drive change within services.
- ✓ Our services are designed to support prevention and self-management to reduce demand and increase the value of our interventions.
- ✓ Our services actively work to reduce their impact on the environment.



What good looks like

Inclusive

- ✓ Our services are built around patient needs not around service, geographical or disciplinary boundaries (patient-centred).
- ✓ Our services work to reduce not widen health inequalities.
- ✓ Our services are provided in a way that is welcoming, open, and supportive for all.
- ✓ Our teams are supported and enabled to deliver compassionate care without judgement and discrimination within our services is actively sought out and tackled.
- ✓ Care is joined up across organisational and sectoral boundaries to ensure the needs of vulnerable people are met effectively.
- ✓ Our services enable innovative use of the clinical workforce, supporting different professions to work together as equals, delivering for the benefit of patients.



Our Clinical Operating Model

Our overarching clinical operating model is designed to address the challenges set out above and ensure that our patients receive excellent care, the first time, every time. This means compassionate care that is built around the individual and their needs, wants and aspirations, and not built around organisational processes or geographical boundaries.

It seeks to deliver clinical services that are:

- **Safe** – in our clinical services everyone we care for is well looked after and kept safe. We actively prioritise safety in our culture, systems and behaviours, recognising that healthcare carries inherent risks.
- **Sustainable** – our clinical services are reliable and deliver value. Recognising that we can't do everything everywhere, we make the best use of all our resources (people, buildings, equipment, money) and focus on the things that matter most to our patients and their loved ones.
- **Inclusive** – our clinical services meet the diverse needs of our population. We take positive action to remove barriers and work in a way that is equitable and recognises the underlying inequalities and challenges some of our communities face.

Our clinical model has been designed to ensure that our services will be able to meet the changing needs of our population, now and into the future.

Overview

Our clinical model begins with the assumption that care will only take place in a hospital setting if it absolutely needs to, recognising that many patients could have their health needs met better in an alternative setting or via a different type of intervention if services were designed differently. It seeks to deliver equitable access to hospital-level expertise, ensuring scarce specialist resources are targeted to those who need them most. It leverages the benefits of working as a group by putting in place networked services with centralised functions where these add value and distributed modes of delivery to support local access.

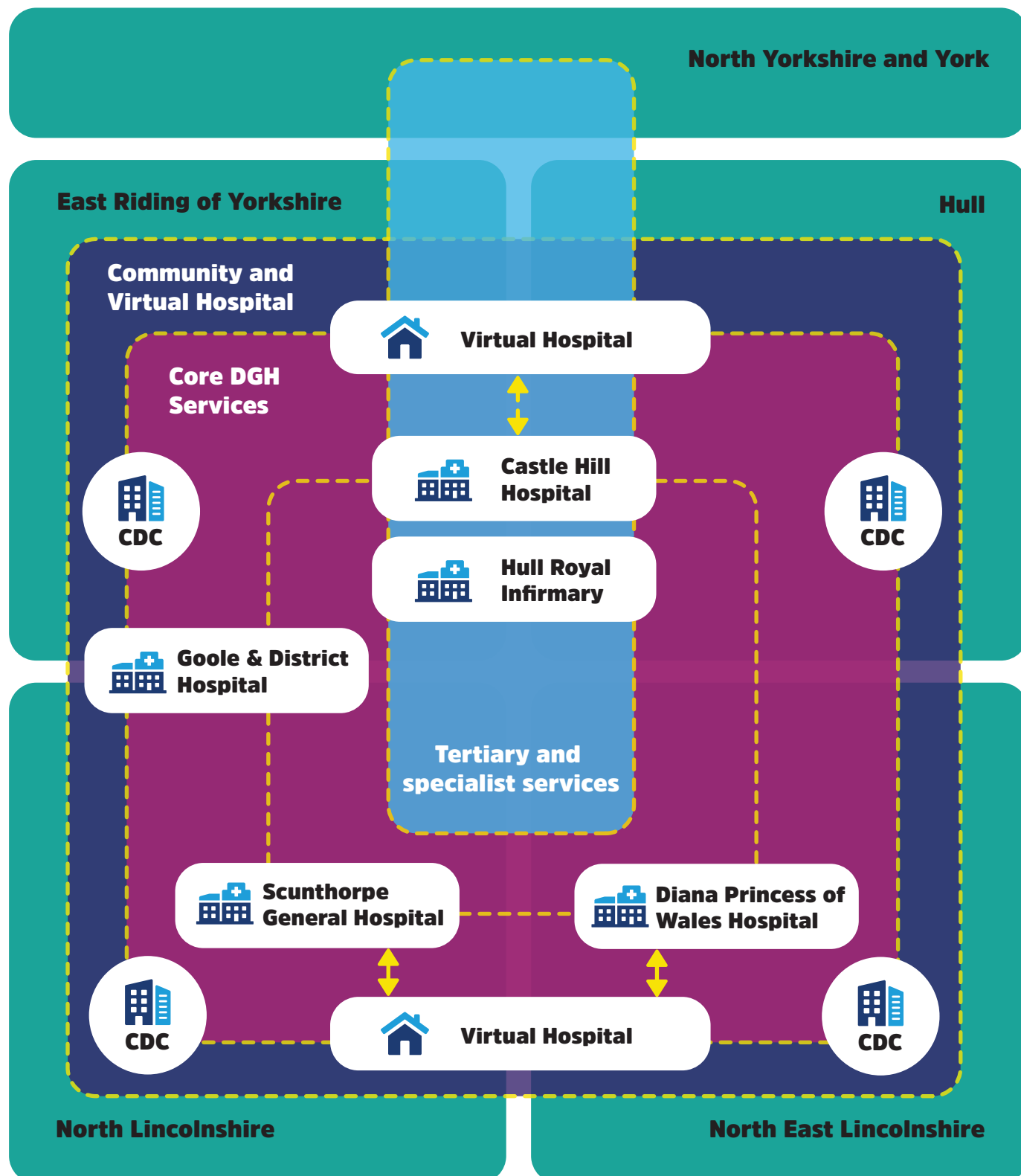
To deliver care in this way, our workforce must be freed up to work differently, to provide care remotely, to collaborate with colleagues across care groups, sites, specialisms and organisations and to be more adaptable and agile in their approach. This will require a radical shift in our approach to digital and technology, putting in place effective digital infrastructure and building the skills, confidence and enthusiasm needed in both our staff and our patients. It will also require our patients, people and population to take a more active role in their care and in improving their health and wellbeing.



Clinical Services Approach

The diagram below sets out the core elements of clinical service provision within our clinical operating model and how these work together to provide effective care for the population we serve in and beyond the Humber region. Three broad areas of services are described in the model:

- Tertiary and specialist services
- Core district general hospital (DGH) services
- Community and virtual hospital



Specialist and tertiary services

Definition: specialist expertise serving a wider population

Guiding principle: do once, do well - support people to access

Unless there is a compelling population need or clinical requirement, specialist, tertiary and quaternary services will be provided from one site with clinical expertise, equipment and other resources consolidated together to drive improved service quality and long-term sustainability.

In most cases this will be either Castle Hill Hospital (CHH) or Hull Royal Infirmary (HRI), however, some specialist services may be better suited to be delivered from one of our other hospital sites or in a community location. As plans are developed for each of our clinical services, opportunities to consolidate specialist care at other HHP sites will be explored to ensure we are driving best value across the whole group and making the most of our skills and expertise across both banks of the Humber estuary.



Core district general hospital (DGH) services

Definition: core offer supported by networked specialist provision

Guiding principle: do efficiently, do equitably – make best use of resources to provide excellent care as close to where people live as possible

Our core DGH offer will provide for the majority of the hospital needs of the local population by providing high quality, sustainable services across some or all of our main sites. We will work to maximise the benefits of the group model by consolidating elements of services into fewer locations to improve outcomes for patients and create sustainable centres to build skills and expertise. Services will be effectively networked with consistent pathways across the group to ensure equitable access for all patients irrespective of where they first interact with us.

On the whole, residents of Hull and East Riding will access District General Hospital (DGH) services at either Hull Royal Infirmary (HRI) or Castle Hill Hospital (CHH) with most emergency and maternity care provided at HRI and the majority of elective services provided at CHH. Residents across Northern Lincolnshire, will access the majority of their DGH service at Diana Princess of Wales Hospital, Grimsby (DPoW) and/or Scunthorpe General Hospital (SGH) with both hospitals providing an Emergency Department, assessment and short-stay wards and some more specialist services provided at one of the two hospitals working in a networked manner.

A range of DGH services that meet the local population health needs will also be provided at Goole and District Hospital (GDH) for communities living in and around Goole.

Diagnostic services, outpatient consultations, pre- and post-operative care and simple procedures will, wherever possible, be provided in each of the five communities and as close to home as possible, integrated into Neighbourhood Health services and new community-based ways of working. As plans are developed for each of our clinical services, opportunities to shift elements of core service provision out of our hospital buildings and into communities and peoples' own homes will be explored as a top priority.



Community and virtual hospital

Definition: hospital expertise provided in peoples' own homes and other community locations

Guiding principle: do differently, do more – embrace technology and new ways of working to bring hospital expertise closer to where patients are

Our clinical services in five years' time will look fundamentally different from how they look today with far more care delivered remotely, in peoples' own homes and in community locations away from our main hospital sites. We will reduce the overall size of our physical estate and take advantage of new and emerging technologies to deliver care in or close to where people live, integrating fully into new models of Neighbourhood Health delivery.

Across specialist and core district hospital services, we will develop more ways for patients to interact with clinical professionals at a time and in a manner that works for them. We will enable patients to take greater ownership of their own conditions through remote monitoring and support and responsive services that ensure they get the input from specialists they need when and where they need it.

As we develop new models of care delivery, we will take an equity-driven approach that recognises the barriers faced by many in our communities – such as of digital poverty, low levels of literacy and social isolation. We will adapt our delivery methods to ensure no one is left behind.



Building the Virtual Hospital

One of the most critical elements to ensuring the success of our clinical strategy will be our work to build the virtual hospital within our group. Expanding capacity through our virtual hospital is critical to ensure we can meet the anticipated growth in demand within the resources we have available to us.

Virtual wards, virtual care and remote monitoring at scale will drive improved efficiency of services, reduce footfall on our hospital sites and support people to have a better experience of care. When it works well, virtual hospital provision enables people to sleep in their own bed, stay close to family and friends and continue with the things that matter most to them. It can also enable patients and healthcare providers to work together to prevent a health condition from deteriorating.

Our vision

In building our virtual hospital we are **seeking to re-create all the elements of a hospital in a virtual space**, with tech-enabled care wrapping around patients where they are.

Our virtual hospital will work alongside our physical sites and be fully integrated into our existing service offer. In five years, virtual care will be a core element of every service within our organisation. The front door of the virtual hospital will be as easy (if not easier) to access than the front door of our physical sites.

How we will deliver it

We will build on the pockets of good practice we have already – such as our respiratory virtual ward or paediatric Hospital at Home – and expand our offer into homes, including care homes, across the region. We will keep digital inclusion at the heart of what we do so that those living in our most deprived communities are not excluded.

We will develop appropriate virtual care pathways and approaches for each of the core building blocks of a hospital, which may include some or all of the following examples:

- Urgent and Emergency Care (supporting remote triage and preventing unnecessary ambulance conveyance to hospital)
- Inpatient care (virtual wards at scale, enabling more people to go home sooner or avoid an inpatient stay altogether)
- Outpatients (turning condition management pathways on their head, using medical devices and AI-enabled surveillance to detect changes in a patient's condition and provide the support they need remotely without the need for regular check-ups)
- Diagnostics (taking diagnostics to the patient, such as mobile X-ray services)
- Maternity and Paediatrics (virtual wards, remote monitoring)

Virtual hospital solutions will look different for different cohorts of patients, different specialties and different levels of need. Some may require very little in the way of technology, others may require significant investment in digital infrastructure, wearables and other equipment.

Our virtual hospital offer will be fully integrated into Neighbourhood Working. It will help to ease the pressure on our physical sites and hospital-based teams and support the broader shift of care from hospitals to communities as described in the Ten Year Health Plan.

Design Principles

The clinical operating model described above is underpinned by a set of design principles. These design principles describe how clinical services will be designed and operated across the Humber Health Partnership (HHP) group, enabling the shifts described in our clinical model and national health policy. Each design principle has a number of associated actions that our clinical service leads will work through together to enable the three shifts from hospital to community; analogue to digital; and treatment to prevention.

The design principles will be used by care groups to shape the future of their services over the coming months and years. Each care group will critically evaluate their service areas and reshape what they do and how they do it in line with these principles in order to implement this clinical strategy across our hospital group over the next five years.

Design Principle	Strategic Actions
Care will only take place in a hospital setting if it absolutely needs to	• Work with partners to shift the locus of care away from hospital beds and towards community-based alternatives wherever it makes sense to do so. • Re-imagine our model for outpatient services and stop providing outpatient appointments without procedures on main hospital sites by the end of this strategy period. • Build our virtual hospital to deliver an increasing proportion of hospital-level care through virtual and remote models.
Services will operate in a networked model across the group	• Standardise/align clinical pathways to remove unwarranted variation across the group. • Re-design models of care delivery to maximise the benefits of working at scale across the group, whilst maintaining local access wherever possible. • Develop single points of access to services to direct patients to the most appropriate clinical professional for their needs – freeing up our most specialist resource to treat those with the most complex needs.

Design Principle

Clinical expertise will be deployed flexibly and move to where (and when) they are needed

Consolidation of services, where required, can take place at any site

Clinical pathways will be designed to work across the whole system

Strategic Actions

- Put in place the supporting infrastructure and culture (HR, training, support services, e.g. pathology) to enable flexible deployment of clinical expertise across the group and enable teams to access opportunities and environments to develop specialist skills.
 - Build the digital infrastructure (including a new EPR) that enables teams to work flexibly and remotely.
 - Develop our data and insight capabilities to enable real-time decision-making and flexibly deploy resources to meet demand.
 - Review job plans, rotas and workforce plans to ensure the workforce is deployed effectively across the group.
-
- Review potential configuration options for fragile and vulnerable services to drive improved sustainability, exploiting opportunities to develop centres of excellence both north and south and enabling teams to work flexibly across the group.
-
- Work with partners across primary, secondary and community care to streamline diagnostic and treatment pathways, so organisational boundaries do not get in the way of providing the best patient care.
 - Develop a core offer to support effective delivery of Neighbourhood Health provision across the Humber.
 - Work with neighbouring providers to develop sustainable models of care for specialist and tertiary services that meet wider population health needs.

Design Principle

Clinical services will focus on delivering effective care that adds most value for patients

Patients, carers and loved ones will be active partners in their health and care

Services will seek to deliver equity in access, experience and outcomes

Strategic Actions

- Identify and cease providing procedures and practices that are of limited clinical value, with support from commissioners where required.
 - Empower clinicians, patients and their loved ones to make informed decisions about their care based on what matters most to them, recognising that what defines a good outcome will be as individual as each person we treat.
 - Seek to embed the principles of Realistic Medicine within our clinical services with support for teams to adopt new ways of working that drive better value.
-
- Embed shared decision-making across clinical services.
 - Develop pathways that encourage and support better self-management and secondary prevention – giving patients more control and responsibility for directing their own care.
 - Work with partners to deliver improved health and digital literacy for the population.
-
- Develop a robust approach to identifying and measuring health inequity.
 - Involve service-users and experts by experience in clinical re-design and implementation of change to help design out structural barriers and inequity.
 - Improve awareness and understanding of health inequity through training and experiential learning for teams.

Our ways of working

Turning the clinical model described above into a reality will require our teams to adopt new ways of thinking and doing. Our Group Strategy describes how we will work as an organisation to deliver change and improvement, working as:

- Pioneers – we push the boundaries
- Partners – we work in partnership
- Guardians of the Public Purse – we use our resources well



Pioneers

As we look to the future, our clinical services must continue to prioritise research and innovation, this will be vital to enabling continuous improvement and long-term viability of clinical specialisms. Increasingly, we will focus our research on the issues that are most pressing to our population and use our unique assets (e.g., the longitudinal health records we hold for specific disease areas, the diversity of our population and its unique health challenges and disease burden) to promote the Humber as a testbed for innovation in healthcare research globally. Humber as a testbed for innovation in healthcare research globally.



Partners

The new clinical operating model described will only work if delivered in true partnership with others across the health and care system. In order to meet the increasingly complex needs of our population and deliver care that is centred around the individual, we need to ensure our services are fully integrated both digitally and operationally. Our clinicians across acute, primary, community and mental health must embrace shared ownership and risk for patient safety and outcomes to design pathways that really do put the patient at the centre.



Public purse and planet

As we redesign our clinical services, we will robustly question everything we do and why we do it. Looking at every penny of public money we spend within a service and asking if we are getting the best value for it. Carefully considering our processes and ways of working to identify where we could reduce our impact on the planet and improve the experience for our patients. Stripping out wasteful duplication will reduce frustration for staff, improve outcomes for patients and help to guard the public purse.

What will be different?

In delivering the clinical vision described above over the coming five years, the services we provide will look and feel very different to our patients our people and our population.

For our patients

- ✓ “I rarely go to the hospital anymore. If my heartbeat or other measurements look a bit off, the hospital will message me to let me know and send me to the health centre for a scan or a blood test and I’ll get the results in the app. If I need to speak to someone, I have a number I can call, and they always get back to me.”
- ✓ “When I had to wait for my surgery, they gave me a choice about where I could go and told me how long the waits were in each place. I could track my position in the queue on the app and I had exercises I could do to get myself as fit as possible ahead of my operation.”
- ✓ “When I was really poorly and they didn’t know what was wrong with me, the different doctors and nurses from different areas all came to see me where I was and came up with a plan. I was able to go home after a few days, when I was at home they hooked me up to all these monitors and the nurse came by each day to check on me.”

For our people

- ✓ “I have learnt so much over the last few years because I have had the opportunity to move around and work with different experts around the group.”
- ✓ “I spend my time doing the job I trained for, not filling out loads of forms or chasing down information or doing tasks that other people could do. I get to spend time with patients, and I love it!”
- ✓ “I have access to the right equipment, the right support staff and decent buildings which help me to do the best for my patient.”
- ✓ “We have bigger, more resilient teams now so we can take time off and cover for each other. When I go away, I don’t have to worry anymore about who will look after my patients when I’m gone.”
- ✓ “My department is involved in some really exciting research projects, and I am excited about the potential to make new advances and save more lives.”

What will be different?

For our population

- ✓ “My grandchildren were very impressed when I showed them how I track my blood sugars on my phone. I don’t think they realised I knew what an app was!”
- ✓ “My stay in hospital gave me the kick I needed to finally quit smoking. It’s been a long time coming but the extra support I got from the team helped me to get where I wanted to be.”
- ✓ “When I couldn’t afford the data on my phone, my midwife helped me to get a voucher so I could stay connected and access my maternity notes when I needed them. It helped me to feel safe during my pregnancy and really meant a lot that they thought to ask and didn’t make assumptions.”



How we will get there – our roadmap for delivery

Delivering the vision set out in this strategy will require significant and sustained change across our clinical services. Across every clinical service area, we will apply the design principles set out above to reshape the model of care delivery to ensure the service can meet growing demand within the resources available to the system. We will seek to exploit all the benefits of working as a group across a broad geography to build more resilient services and teams. Working with commercial and academic partners on innovative research projects, pioneering new roles and trialling new digital technologies will support in making our clinical services attractive places to work and to train, building and sustaining the workforce we need for the future.

Building solid foundations

1

Alignment

As a relatively new group, there is still inequity and unwarranted variation within our clinical services, between and sometimes within our constituent organisations. Many of our clinical services are operating with difference and variation within the group, such as, for example, different referral routes for patients, different approaches to triage, prioritisation and waiting list management, different operating procedures and ways of working and different standards of training and support for development.

In addition, many of the support services and enabling systems which our clinical services rely upon – such as pathology, radiology, digital systems, booking and scheduling – have been designed, procured and/or operated differently within our different organisations and sometimes even between different teams and individuals.

Operating as a group offers significant opportunity to improve the efficiency and effectiveness of our clinical services, but this will only be delivered through a sustained effort to drive convergence in systems and ways of working and eliminate unwarranted variation across the group.

In year one each of our Care Groups will:

- Confirm leadership arrangements and align clinical teams and ways of working within each service area they are responsible for.
- Identify, within every care group and clinical service, all instances of duplication and unwarranted variation and develop a plan to address these.
- Design and implement fully aligned clinical pathways and operating procedures across north and south bank services, undertaking this work through the Electronic Patient Record (EPR) replacement programme.
- Ensure all internal processes and ways of working are aligned within each Care Group and (wherever possible) between them.
- Where service changes and developments have been agreed – e.g., through the Humber Acute Services programme – ensure changes are implemented as swiftly and effectively as possible.

2

Preparing for transformation

Through the alignment work within Care Groups, we will identify and prioritise areas where transformation and change is more pressing and/or requires additional support. During this time, we will also undertake preparatory work in a number of areas.

As an organisation, we will:

- Complete a business case and programme plan for the Virtual Hospital, clearly identifying the scope of change, the priority areas for transformation and the resource required to undertake this work.
- Identify and prioritise services where reconfiguration and/or substantive change may be required, developing an appropriated phased programme of work to support this transformation.
- Undertake a review to confirm our tertiary portfolio, based on population need, available resources and wider partnership and system considerations.
- Complete a business case for expansion of robotic surgery, taking into account population needs, estates considerations and workforce requirements to identify the best approach.

3

Building blocks for change

In order to undertake the level and scale of transformation that is required, we must put in place solid foundations and key building blocks for change.

We will:

- Produce a strategic bed model to enable us to align capacity to demand across the Group, ensuring we have the right beds in the right places with the right staffing models to support.
- Ensure every clinician has an up-to-date job plan and review our approach to operational planning to ensure job planning aligns to anticipated demand within services.
- Ensure we have the infrastructure – data warehouse and reporting framework – knowledge and skills within teams to use data to drive decision-making and future planning for clinical services.
- Build the skills and capability of our clinical leaders to drive transformational change, encouraging and supporting our leaders to go and learn from others and broaden the reach of their networks.

Transforming our services

4

Prioritisation

Building on the foundations laid, we will seek transform our clinical services across the group over the coming years.

Applying the design principles set out above, we will review and redesign clinical services in each of our Care Groups over the coming two to three years. This will be done through a robust and structured programme of review and transformation, prioritised according to a risk-based assessment across the three domains of safety, sustainability and inclusivity.

Where services are at risk of becoming unsafe and/or there are significant and pressing challenges to the continued safe operating of a service, these areas will be prioritised for more rapid review and change. The prioritisation approach will also seek to identify and prioritise service areas where the current configuration drives significant structural deficits and/or reliance on temporary staffing with the aim of developing more sustainable models of care for the future that will better meet the changing needs of our population.

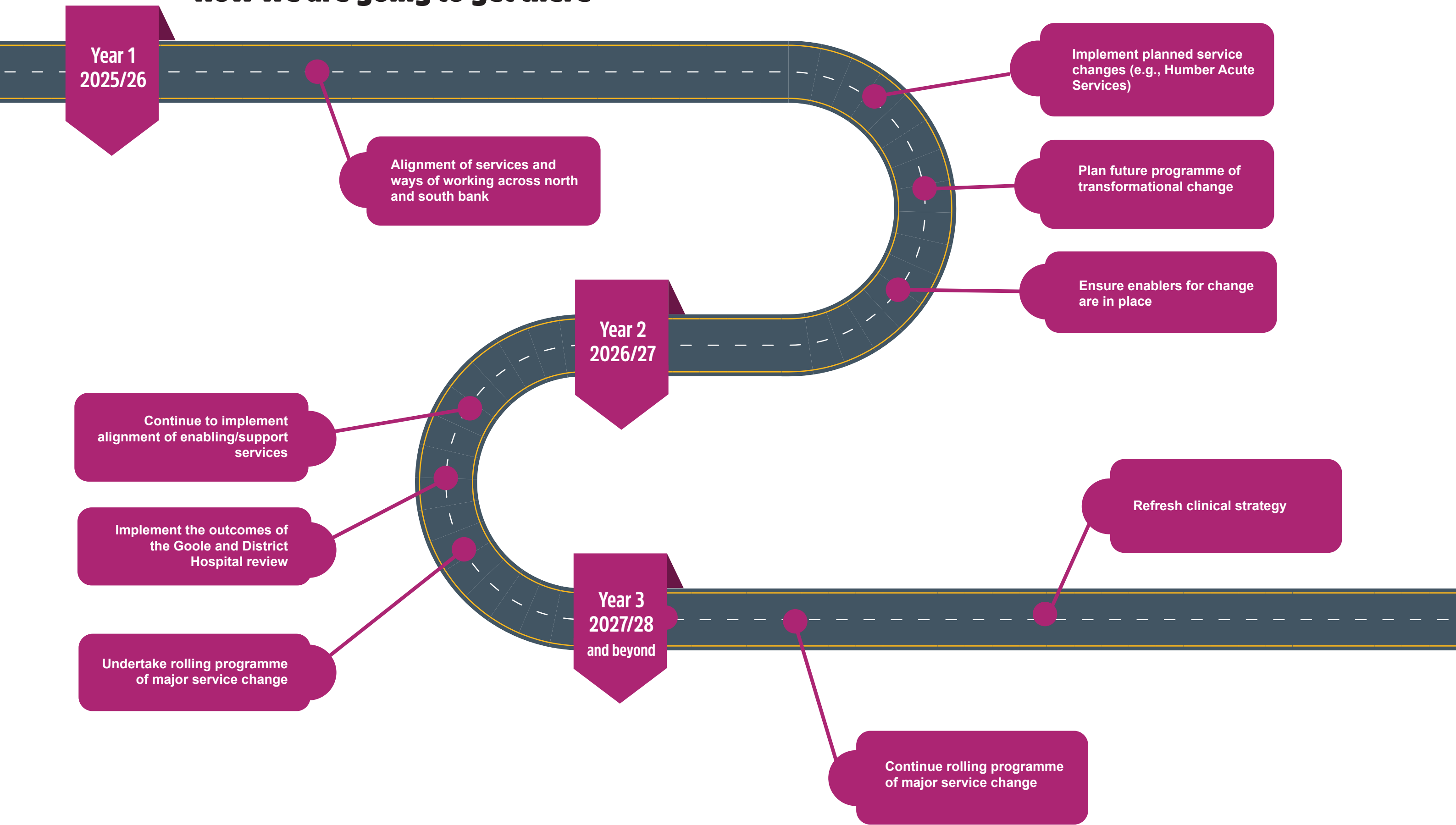
5

Service redesign

Utilising the design principles within this strategy, each Care Group will:

- Identify which services are required to sit on one or more of our hospital sites and what can be delivered through Neighbourhood Health Centres and/or the virtual hospital to support our new estates strategy.
- Redesign models of care within each service to maximise the available assets (skills, knowledge, equipment, infrastructure) across the group and deliver the best possible service that will meet the population health need.
- Develop and implement a rolling programme of service review and redesign across clinical pathways and services, with a focus on delivering safety, sustainability and inclusivity. Priority areas for clinical review include pathology, neonatal and maternity care, gynaecology and stroke services. Services will be prioritised based upon safety, sustainability and current performance.
- Clinical service reviews will be undertaken in all services on a rolling basis to ensure they are adapting to meet changing needs within our population and taking advantage of the latest developments in technology and advancements in clinical care.

How we are going to get there



How we will measure success

We will use the descriptions (on pp.12-14) of what good looks like to measure our progress against delivery of this strategy. Each service will seek to deliver against the ambitions set out in this strategy.

We will assess how well our services are performing against the standards we, and our external regulators, have set on a regular basis to ensure we are making progress towards our overall group ambition to be one of the best hospital groups in the country, delivering **safe, sustainable and inclusive healthcare services** that meet the needs of our local population.

The delivery framework used to assess performance will include a mix of quantitative and qualitative measures, encompassing key national performance indicators alongside subjective analysis of progress in each of the area defined in this strategy.





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