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Reconfiguration of Services

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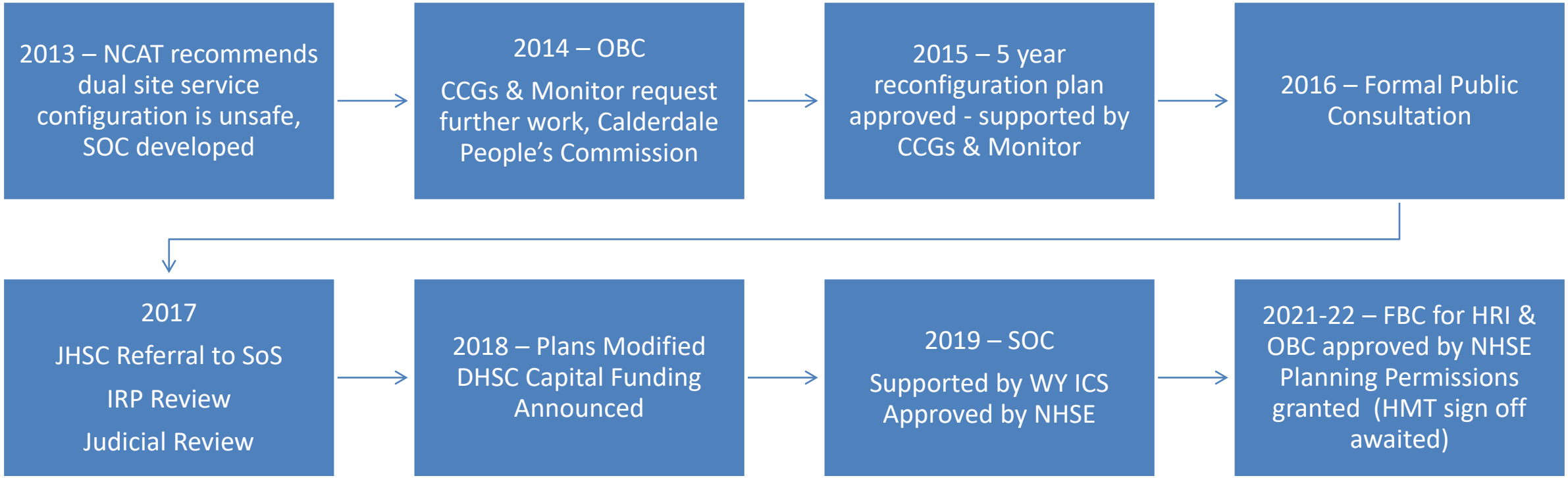
Background



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Background Demonstrates

- Over 9 years there has been extensive involvement and independent scrutiny of the plans
  - NHSE, DHSC, CQC, WY&H Clinical Senate, JHSC, Public, Colleagues, Judicial, Government Infra-Structure Project Authority, stakeholders, WY ICS, WYAAT, Commissioners, SoS, Health Ministers, Independent Reconfiguration Plan
- The Plans have been modified to respond to views.
- Sustained support of Trust Board, Colleagues, Commissioners, WY ICS and NHS England that the reconfiguration of services is needed and will bring important benefits locally and for WY as a whole.

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The Case for Change - Why Reconfiguration is Needed

The case for change is driven by the need to improve and future proof:

- Safety and Quality of Patient Services
- Workforce Resilience
- Safety, Quality and long term resilience of Trust Estate
- Long Term Financial Sustainability

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Safety and Quality of Patient Services

- Acute inpatient services are not co-located causing delays in definitive care and the need to transfer patients between the hospitals e.g.
  - Stroke services at CRH and Trauma services at HRI
  - Older People care at HRI, and Respiratory services at CRH
  - Obstetric services at CRH, Emergency Surgery at HRI
  - Paediatric Medicine at CRH, Paediatric Surgery at HRI
- Trust is unable to sustain workforce for 2 “blue-light” receiving A&E sites on a 24/7 basis. Nearly 40% of night shifts in A&E are overseen by locum doctors.
- Trust cannot provide access to paediatric specialist trained staff in both A&Es and appropriate audio-visually separate clinical facilities.
- The Trust cannot ‘ring-fence’ elective surgery capacity and sometimes there is need for cancellations to create non-elective capacity.
- The current provision of 2 small ICUs means the Trust is not able to ensure a dedicated ICU consultant for the unit 24 hours a day 7 days a week - generating potential risks to safety.

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Workforce Resilience & Wellbeing

- Trust is not compliant with Royal College of Emergency Medicine workforce recommendations and the standards for Children and Young People in Emergency Care settings, and the Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards.
- Intense and fragile clinical rotas.
- Recruitment and retention challenges to meet the medical rotas of the two sites resulting in a heavy reliance on bank, locum and agency staff. Recruitment processes have failed due to lack of applicants.
- Consultant staff have left the Trust where the reason given is the current configuration of Trust services across two sites.
- The widespread use of temporary staff can result in a lack of continuity of care, and negative impact on staff morale and sickness absence rates.
- Service models and workplace design improvements are needed to positively impact on colleague health, satisfaction, wellbeing, productivity and recruitment / retention.

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Safety, Quality and long term resilience of Trust Estate

- HRI is an aging 1960s District General Hospital with significant estates maintenance backlog challenges. The Trust carries a very high risk in terms of the condition and reliability of its buildings at HRI with high risk of failure of critical estate services and consequent impact on service delivery.
- Calderdale Royal Hospital does not have any backlog maintenance and the condition and reliability of the CRH estate makes this suitable for future estate investment and long-term provision of healthcare for the Trust.
- In determining whether CRH or HRI should be the planned or unplanned site in the future model of care - previous work has demonstrated that there are no clinical, access, or equality grounds to differentiate between the choice of site. Detailed travel and transport assessments, EQIA and engagement with Yorkshire Ambulance Service have informed this conclusion.
- The choice of CRH as the site for acute and emergency care is associated with appraisal of financial and economic grounds to make the best use of the current estate.

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Long Term Financial Sustainability

- The Trust has a significant underlying financial deficit.
- Longer term financial viability of the Trust is reliant on service reconfiguration to reduce structural costs associated with dual site working.
- Service Reconfiguration and associated Estate investment will enable:
  - Delivery of patient services in a more sustainable way releasing efficiencies over and above existing CIP plans
  - Reduce the level of external financial support required by the Trust compared to BAU over the period
  - Enable return to financial balance 4 years sooner than BAU.

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The Future Service Model

- Both hospitals sites will provide 24/7 A&E services and day-case, outpatient and diagnostic services
- The A&E at CRH will receive all blue light emergency ambulances. Patients requiring acute inpatient admission will be transferred by ambulance from HRI to CRH.
- Acute adult and paediatric inpatient medical services, intensive care services, emergency surgery and paediatric surgery will be provided at CRH.
- Midwifery services will be provided at both hospitals. Consultant led obstetrics and neo-natal care will be provided at CRH.
- Planned surgery will be provided at HRI. Patients that require complex planned surgery requiring access to ICU will be treated at CRH.
- ‘Step-down’ physician-led inpatient care will be provided at HRI
- The total number of hospital beds will remain broadly as they are now.

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Huddersfield Royal Infirmary

- 24/7 A&E and clinical decision unit
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- diagnostics
- Planned medical & surgical procedures
- Outpatient services and therapies
- Midwifery-led maternity unit
- Physician-led step-down inpatient care.

Calderdale Royal Hospital

- 24/7 A&E and clinical decision unit
- paediatric emergency centre
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- Diagnostics
- Critical care unit
- Inpatient paediatrics (medical and surgical care)
- Outpatient services and therapies
- Obstetrics & midwifery led maternity care
- Acute inpatient medical admissions and care (eg respiratory, stroke, cardiology).
- Acute emergency and complex surgery services

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Estate Development Plans

At Huddersfield Royal Infirmary a new A&E will be built alongside investment in existing buildings to improve safety and reduce maintenance requirements.

At Calderdale Royal Hospital 10 additional wards, 2 theatres a new A&E including dedicated paediatric A&E, expansion of ICU and a new multi-storey car park will be built.

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A&E at HRI

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CRH – Post Reconfiguration

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New Clinical Build - CRH

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New Clinical Build - CRH

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New Clinical Build - CRH

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Multi-Storey Car Park CRH

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Multi-Storey Car Park CRH

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The Benefits of Service Reconfiguration

- Patient Safety
- Workforce Resilience and Wellbeing
- Learning from the Pandemic included in Designs
- Support reduction in carbon use and emissions
- Estate Safety & Reduce Backlog Maintenance
- Support Economic Regeneration and Social Value
- Improve Financial Efficiency and Sustainability
- Modern state of the art environment for patients and colleagues

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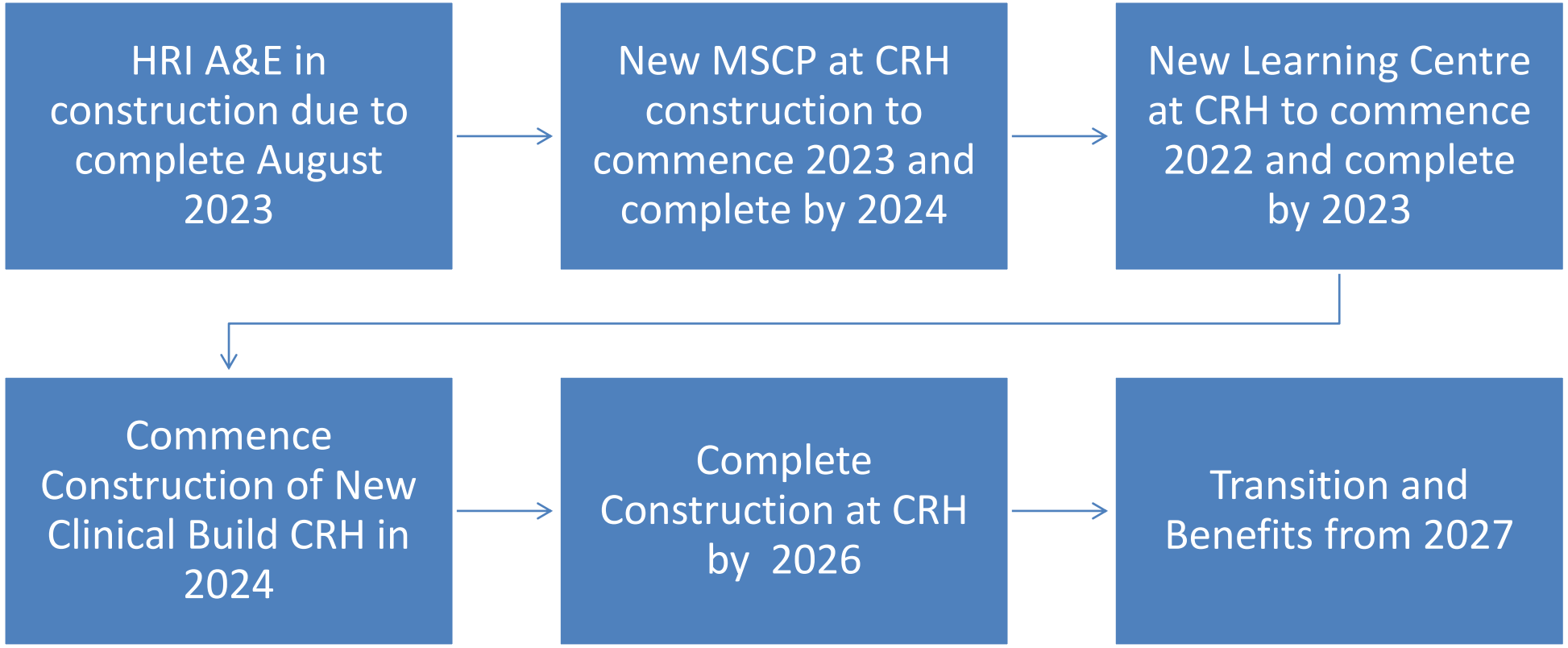
The Timeline and Next Steps



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HRI A&E Update

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Conclusion

- There is a compelling Case for Change of the need to reconfigure hospital services to improve the safety of services for patients.
- The plans have been extensively ‘tested’ and scrutinised by independent expert review, public consultation and scrutiny.
- The Trust has listened to public and stakeholder views and modified the plans to respond.
- The CHFT programme of service reconfiguration and estate investment is one of the most advanced NHS service reconfiguration and investment schemes nationally.
- The reconfiguration will secure much needed capital investment of circa £200m into the local Calderdale and Huddersfield economy and deliver significant wellbeing and economic benefits for our local communities.