

# Mid Yorkshire Clinical Services Strategy Progress Update for the Health and Wellbeing Board

October 2014

## ***What will the future look like?***

- There will be Accident and Emergency (A&E) departments at Pinderfields, Dewsbury and Pontefract. Pinderfields Hospital will treat patients with serious, life threatening conditions and will provide inpatient care for those patients.
- The majority of ambulances will go to Pinderfields Hospital, with only selected ambulance attendances under strict protocols going to Pontefract and Dewsbury Hospitals.
- A&E consultants will deliver care 24 hours a day, 7 days a week at Pinderfields Hospital and will be based on the unit.
- Critical Care (ICU and HDU) will be centralised to Pinderfields Hospital. There will be a new 14 bed Augmented Care Unit for medical patients who require enhanced care.
- Dewsbury Hospital will continue to see around 70 per cent of its current emergency attendances.
- Dewsbury A&E will have resident emergency consultants in the unit with on call out of hours and primary care services at the front door. This will improve patient flow ensuring only the patients who require hospital care are seen in A&E.
- Most elective inpatient care will be provided at Pontefract and Dewsbury Hospitals. Complex elective care that requires the back up of an Intensive Care Unit (ICU) and a High Dependency Unit (HDU) will be at Pinderfields Hospital.

Please refer appendix 1 – *The Guide to Hospital Changes at Mid Yorkshire Hospitals* for detailed information regarding the future changes across the three hospital sites.

## ***Timescales for delivery***

- **August 2014** - A Children's Assessment Unit opened on Monday 11 August at Dewsbury Hospital.
- **April 2015** – Clinical Support Unit due to open at Pinderfields Hospital. The unit will free up space at Pinderfields Hospital for extra inpatient beds as care for acute and emergency patients is set to be centralised there by 2017.
- **December 2015** – 88 new beds to be created at Pinderfields Hospital
- **Spring 2015** - Work is planned to start on developing the midwife-led maternity unit at Dewsbury in spring 2015. Work to extend the consultant-led maternity unit and develop a midwife-led unit at Pinderfields Hospital will begin in summer 2015, with a view to the new service starting in summer 2016.
- **Spring 2017** – all changes due to be complete.

## **Governance**

Mid Yorkshire Hospitals have established a robust governance structure which is underpinned by a Project Support Office and is responsible for the delivery of the clinical services strategy. A number of working groups have also been established which will operationalise key elements of the strategy. Both North Kirklees and Wakefield CCGs are represented within this structure.

## ***Key achievements to date***

### *Children's Assessment Ward at Dewsbury District Hospital*

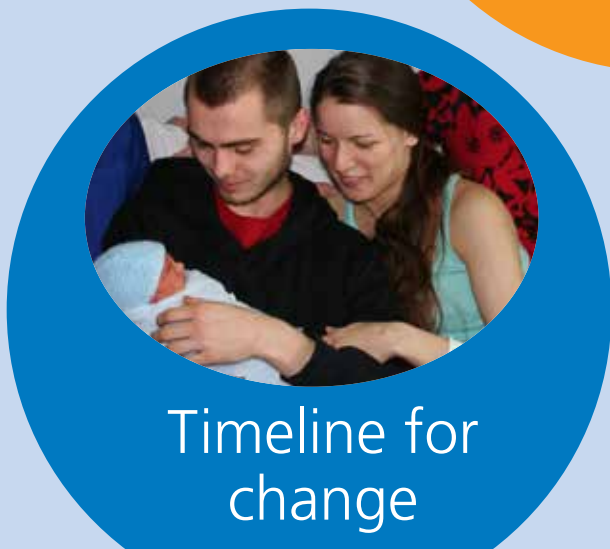
The Children's Assessment Ward (CAW) opened in August 2014 and is currently operating a 24/7 service. The CAW is located next door to A&E at Dewsbury. This means senior paediatricians are on hand to triage children in A&E, meaning less time waiting and less chance of them having to be admitted overnight. Outpatient services and children's therapy services continue to be provided on all three sites and the facility to assess children in the emergency department at Pontefract Hospital has continued.

It is anticipated that eighty per cent of children who currently use Dewsbury District Hospital will continue to be seen and treated at Dewsbury, however a small number of children will need to be transferred to Pinderfields Hospital which is better equipped to treat seriously ill or injured children. It is estimated this might be 1-3 children per day. The Trust and CCG are monitoring the impact of the Children's Assessment Ward as it is embedded.

### *Interdependencies with the Care Closer to Home Programme*

North Kirklees CCG is continuing to progress the care closer to home programme which is integral to the sustainability of the Clinical Services Strategy. A joint approach to take this work forward has been agreed across Kirklees. A separate paper in the Health and Wellbeing Board agenda provides more detail regarding the progress made to date in the care closer to home programme.

# Your **essential guide** to hospital service **changes** at **The Mid Yorkshire Hospitals NHS Trust**



***One Trust, three hospitals, each with a strong identity  
and vibrant future, supported by care closer to home***

# Foreword

**W**elcome to your essential guide to the changes we are making across our services at the Trust.

These changes follow the public consultation held in Spring 2013 called Meeting the Challenge in which we engaged with the public on our proposals for the future of hospital services across Mid Yorkshire. In March 2014 we received support from the Secretary of State for these proposals following a review by the Independent Reconfiguration Panel.

Changes will take place over the next three years and will potentially see around £40 million worth of investment in our existing hospital sites to accommodate the new ways of working.

The new service models will save more lives, improve experience and will deliver better outcomes for patients. They provide long term clinical and financial sustainability. This is important in a rapidly changing NHS focused on centralising services to achieve better quality and making them more affordable. They are part of a bigger programme of transformation across the local health system which will lead to more care being available close to people's homes - reducing the need for treatment in hospital.

In fact, our community services will play an essential role in supporting the plans. We want to ensure

our local communities have access to high quality alternatives to hospital admissions and we will be developing capacity in integrated community teams across health and social care to deliver services 24 hours a day, seven days a week. Pilot projects bringing together primary, community and social care services are already underway in the Wakefield district and our models of care will be based on the learning from these projects.

Dewsbury and District Hospital will become our major centre for elective treatment with 14,000 more patients being cared for there in 2017 than at present. We will also increase activity at Pontefract Hospital which already provides fantastic care in great facilities and is very well regarded by patients.

Specialist and complex care will be centralised at Pinderfields Hospital – improving quality and safety by making sure that senior experienced staff are available with all the right facilities around them 24 hours a day, seven days a week. This will also ensure we can meet national care standards.

In short, we are one Trust with three hospitals, each with a strong identity and vibrant future, complemented by care closer to home.



**Stephen Eames**  
Chief Executive

# Inside

## 3 Why change?

### Key changes at a glance for

- 4 – Acute and Emergency Medicine
- 5 – Maternity services
- 6 – Paediatrics
- 7 – Surgery, Anaesthesia and Critical Care

## A bit more detail about

- 8 – 24/7 emergency medicine
- 8 – Ambulatory emergency care
- 9 – Midwife led units
- 9 – Separating acute and elective surgery
- 9 – 24/7 obstetric cover
- 9 – Children's assessment at Dewsbury

## 10 Changes by site

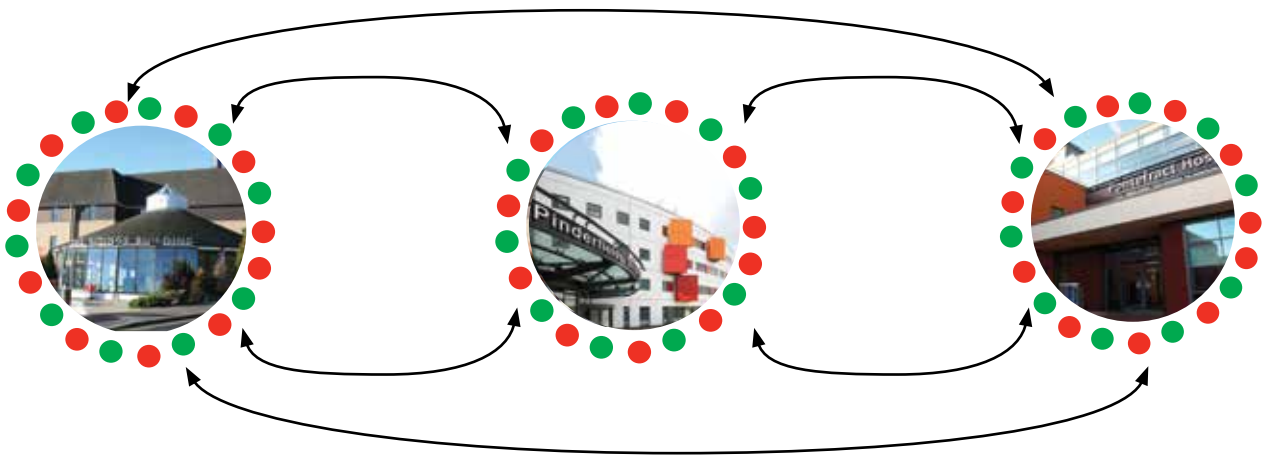
- 11 Dewsbury and District Hospital – a bright future
- 12 Timeline of change
- 12 How can I get more info?

# Why change?

Currently each of our hospitals provides a number of acute and elective services and patients flow between them in an unstructured way. We want a more structured configuration of services with the hospitals at Pontefract and Dewsbury concentrating on elective services with a smaller proportion of acute services, and Pinderfields providing more acute and complex care.

## What it's like now

● Elective and non-complex care ● Emergency and complex care ↔ Movement between hospitals



### Dewsbury

Maternity – Consultant-Led  
 Inpatient medical paediatrics  
 Surgery  
 Critical Care  
 A&E  
 More Outpatients  
 Acute Medicine

### Pinderfields

Maternity – Consultant-Led  
 Inpatient medical paediatric  
 A&E  
 Acute Surgery  
 Critical Care  
 Outpatients  
 Acute Medicine

### Pontefract

Maternity – MLU  
 Day Case Surgery  
 Short Stay Surgery  
 Rehabilitation  
 Outpatients  
 A&E  
 Clinical Decision Unit

## How services will look by 2017

● Elective and non-complex care ● Emergency and complex care ↔ Movement between hospitals



### Dewsbury

Maternity – MLU  
 MORE planned surgery  
 Emergency Care Unit  
 MORE care closer to home  
 Outpatients  
 Children's Assessment

### Pinderfields

Maternity – MLU and Consultant-Led  
 All inpatient paediatrics  
 Complex planned surgery  
 Centralised critical care  
 MORE care closer to home  
 Outpatients

### Pontefract

Maternity – MLU  
 MORE planned care  
 Emergency Care Unit  
 MORE care closer to home  
 Outpatients

# Key changes at a glance...

## Acute and Emergency Medicine

- Pinderfields will become the major Emergency Department (ED) for serious, life threatening emergencies and their inpatient care. The majority of ambulance attendances will go to Pinderfields.
- Pinderfields ED will have resident consultant-delivered care 24 hours a day, seven days a week (24/7). This is different to the present situation.
- Pinderfields Hospital will have 24/7 consultant-led rotas for acute medicine, cardiology, respiratory, gastroenterology, neurology and elderly care.
- Critical Care (ICU and HDU) will be centralised to the Pinderfields site. A new 14 bed Augmented Care Unit (ACU) will be built at Pinderfields to care for Level 1 and Level 2 medical patients.
- Dewsbury and Pontefract continue to provide EDs for open access “self-attending” patients along with selected ambulance attendances by protocol. ED consultants will be resident in the units during the agreed core working hours and an on call consultant will cover the units out of hours.
- Dewsbury ED will have resident ED consultants in the unit with on call out of hours and primary care services at the front door. This will improve patient flow ensuring only the patients who require hospital care are seen in the ED.
- Dewsbury emergency department will continue to see around 70 per cent of its current emergency attendances.
- Ambulatory Emergency Care is planned for all sites.
- Additional capacity will be provided at Pinderfields with a total of 88 new inpatient beds.



# Key changes at a glance...

## Maternity Services

- Consultant-delivered obstetric inpatient care (deliveries, antenatal and postnatal) will be centralised to Pinderfields.
- There will be a 24/7 resident consultant obstetric rota at Pinderfields which will be one of the first units in England to achieve this standard.
- There will be a new Midwife-Led Unit (MLU) at Dewsbury – planning to deliver 500 births per year initially with capacity for more as the service is developed.
- Community midwifery will be developed to enable more low risk deliveries at home.
- Pinderfields maternity unit will be expanded to provide more delivery, recovery, high dependency unit, triage, ante and postnatal beds and more theatre capacity.
- There will be no change to the current service provided at Pontefract which currently has a Midwife-Led Unit.
- Outpatient ante and post natal care will be provided locally from all three sites.



# Key changes at a glance...

## Paediatrics

- Inpatient medical care for children will be centralised to Pinderfields where all inpatient surgery for children is already provided.
- Paediatric assessment and outpatient care will be provided on all three hospital sites.
- A new Children's Assessment Unit will manage sick children at Dewsbury. The unit opened in August 2014. Initially the unit will manage the majority of inpatients and will be open 24/7.
- The Children's Assessment Unit at Dewsbury will manage around 80 per cent of the children who currently stay on the paediatric ward.
- A small number of children will be transferred from Dewsbury to Pinderfields for inpatient care (between one and two per day).
- Integrated community services will be developed to care for children with complex needs in North Kirklees.
- This model will mean the Trust can satisfy recommendations by the Royal College of Paediatricians i.e. fewer inpatient sites and senior clinician assessment and review.



# Key changes at a glance...

## Surgery, Anaesthesia and Critical Care

- Acute surgery, intensive care and high dependency care will be centralised on the Pinderfields site.
- Most elective inpatient care will be provided at Pontefract and Dewsbury.
- Complex elective care that requires the back up of an Intensive Care Unit (ICU) and a High Dependency Unit (HDU) will be at Pinderfields.
- Day case surgery will be provided from all three hospital sites.
- Dewsbury will accommodate a wider range of surgical specialties in future.
- New surgical wards will be provided at Dewsbury within a redeveloped Ridings Building.
- The majority of outpatient care will be provided at the patient's local hospital.
- At Pontefract and Dewsbury, ward care will be provided by Advanced Nurse Practitioners supported by a resident Anaesthetist 24/7. Pinderfields will have 24/7 resident middle and junior grade doctor rotas with on call consultant cover out of hours.
- Some post operative enhanced care will be provided at Dewsbury and Pontefract.
- In the unlikely event a patient requires a return to theatre following a post-operative complication, the patient will be transferred to Pinderfields and operated on there.



# A bit more detail about...

## Emergency Medicine

The development of a Major Emergency Centre at Pinderfields will provide a central hub for specialist and acute emergency care for seriously ill and injured patients. Pinderfields will provide 24/7 consultant assessment across emergency care and acute medicine which improves clinical outcomes. There will be better and quicker access to essential diagnostics such as x-rays and blood tests at all three hospitals.

### The benefits of this include:

- People with serious and life threatening conditions would have prompt access to specialist clinicians with the right skills
- By separating critically ill people from those with minor conditions the Trust would be able to see and treat people with minor conditions quickly and reduce their wait
- The emergency departments in Pontefract and Dewsbury will be able to see the majority of local patients who don't require admission, with minimal delays

The Benefits

## Ambulatory Emergency Care (AEC)

Crucial to the development of the clinical model will be the development of AEC on all sites. AEC will provide comprehensive assessment and treatment of patients who do not require close observation, admission and who are "ambulant" i.e. not confined to bed. The development of AEC will be a major part of improving the overall model for emergency care including patient flow and experience.

AEC aims to provide an outpatient environment to manage a significant proportion of patients who have traditionally needed admission to an inpatient bed - often for 48 hours or less.

The development of AEC is dependent upon full system support and integration – internally, making sure diagnostic support is available as well as access to acute medical inputs; and externally, through close working with colleagues in primary and community care.

### The benefits of this include:

- Better outcomes and experience for patients
- Reduced reliance on admission to inpatient beds
- Better integration with primary care
- A streamlined process to allow ambulant patients to be assessed and treated quicker and more efficiently

The Benefits



Watch our video about the ambulatory care services already in place at Dewsbury and Pinderfields on our website.

## Separating Acute and Elective Surgery

Improving patient experience and outcomes following surgery can be increased by separating acute and elective surgical pathways. There is substantial evidence

supporting this approach to delivering higher quality care, improving patient experience and achieving better outcomes.

### The benefits of this include:

- Dedicated theatre sessions and rapid access to emergency surgery
- More senior doctors and specialists available for the most seriously ill patients
- Less risk of planned operations being cancelled
- More planned surgery is provided in local hospitals, reducing the need for patients to travel
- Reduced length of stay in hospital
- The risk of infection is reduced as all patients having planned procedures are screened

The  
Benefits

## Midwife-led units (MLUs)

There will be a new MLU at Dewsbury delivering 500 births a year with capacity for more. The Pinderfields maternity unit will be expanded to provide more delivery, recovery,

HDU, triage and ante/post natal beds, as well as increased operating theatre capacity. Pontefract will continue to operate its MLU.

## 24/7 Obstetric Cover

Pinderfields will be one of the first obstetric units in the country with 168 hours of consultant presence on the site. This will significantly enhance the quality and safety of high risk deliveries for all women across Mid Yorkshire.

### The benefits of this include:

- Dedicated consultant and theatre teams able to manage complex deliveries regardless of time of day
- Reduced perinatal, mortality/morbidity due to anoxia

The  
Benefits

## Children's Assessment Unit at Dewsbury

The Trust has developed a state-of-the-art children's assessment service, co-located with the Emergency Department at Dewsbury. The clinical model is based on the highly successful service introduced at Pinderfields which has been a significant factor in improving outcomes and lengths of stay for children in the local area.

### The benefits of this include:

- Paediatric services remain local and accessible for families
- Increased access to senior clinical opinion with specialist skills for all children, translating to better clinical outcomes
- Separating assessment from inpatient care enables senior clinicians to see, treat and discharge children, the majority of whom have minor illnesses, much more quickly

The  
Benefits

# Changes by site

## Dewsbury

Services will be mostly consolidated into the Ridings Building, which will accommodate new and refurbished wards, outpatient areas and diagnostic departments. We are planning to decommission the Bronte Tower and Staincliffe buildings as they do not meet modern environmental standards and, due to their age, are more expensive to maintain. The services currently within those buildings will be accommodated in other areas of the site. The overall redevelopment will require a capital investment of around £20 million which will provide;

- Two new medical wards
- A new surgical ward with separated orthopaedic and level 1 beds

- Upgraded theatres
- A children's assessment unit adjacent to the Emergency Department (opened summer 2014)
- A new six bed Midwife-led unit with adjacent outpatient facilities
- A new front entrance designed to make the hospital more accessible
- Increased outpatient capacity
- A new Pathology lab
- New office and medical education facilities.



## Pinderfields

Significant changes are planned at Pinderfields with a total capital investment in excess of £20 million. We are planning to convert non-clinical space in the main hospital building into clinical making sure it is close to critical services such as theatres and radiology. Office space currently on Gates 36 and 45 will be converted into wards.

The changes also include:

- A new building for non-clinical services (Clinical Support Unit) and Ophthalmology outpatients
- Three new inpatient wards with 88 new beds on Gates 36 and 45

- A new Augmented Care Unit for Medical Critical Care with 14 beds
- The Emergency Department will increase in size to include further waiting, cubicle and resuscitation space
- The maternity department will increase in size to include more delivery rooms, ante and post natal beds and a third theatre adjacent to the current maternity theatre suite. A new Midwife-led Unit will be built on part of the current Gate 20 adjacent to the maternity unit with separate access through a new link bridge.



## Pontefract

No major changes are planned for Pontefract but we want to make better use of the inpatient areas so we can deliver more elective care there.



# Dewsbury and District Hospital – a bright future

The most significant changes will occur at Dewsbury and District Hospital and we recognise this has caused concern for people. However Dewsbury is vital to the Trust's plans for the future.

While the number of inpatient beds at Dewsbury will reduce by around 250, overall activity will increase. Greater numbers of elective inpatients and outpatients will be seen on the Dewsbury site.

The table below shows a comparison of current activity with future activity increasing by around 10 per cent.



An artist's impression of a refurbished Ridings Building at Dewsbury Hospital

Patient Group	2012/13	2016/17
Outpatient Attendances	136,000	156,000
Elective Day Case Attendances	8,000	13,000
Elective Inpatient Admissions	1,500	2,500
Non-Elective Inpatient Admissions	16,000	7,000
Deliveries / Births	2,500	500
Paediatric Admissions	4,000	3,600
<b>TOTAL</b>	<b>168,000</b>	<b>182,600</b>

We have already committed to over £20 million worth of investment in Dewsbury over the next four years. We are also exploring the idea of developing a "Health Campus" at Dewsbury – bringing together health and social care services in one place - once the older Staincliffe and Bronte Tower buildings are decommissioned. This work involves partners including Kirklees Council and the North Kirklees Clinical Commissioning Group.

# Timeline of change

- Aug 2014** Children's Assessment Unit at Dewsbury opens
- Sep 2014** Plan to extend ambulatory emergency day care
- Oct 2014** Migration of elective surgery to Dewsbury begins
- April 2015** Clinical Support Unit at Pinderfields opens. More outpatient and local surgery provided at Dewsbury and Pontefract
- Sep 2015** Changes to Emergency Department at Pinderfields completed
- Dec 2015** New wards at Pinderfields – 88 new beds
- Jan 2016** New MLU and women's outpatients facilities at Dewsbury developed
- May 2016** Pinderfields developments:

  - Alterations to maternity complete; 22 new beds and one new theatre
  - Migration of obstetric inpatients services from Dewsbury begins
- July 2016** Dewsbury developments:

  - Ridings Building refurbished
  - Two 34-bed medical wards and a 28-bed surgical ward become operational
- Jan 2017** Children's Assessment Unit at Dewsbury changes to a 12 hours a day, seven day a week service
- April 2017** All changes complete. Ambulance protocols changed. Critical care centralised at Pinderfields. Acute inpatient services moved to Pinderfields. Changes to local day case, elective surgery and outpatient appointments complete

Footnote: Services in the community will need to be developed before any changes are made to ensure they are providing alternatives to hospital admission. We will be monitoring all developments across hospital and community services to make sure they are delivering the planned reduction in hospital admissions and length of stay. We will only reduce hospital beds when the community schemes have had an impact. All changes have had a Quality Impact Assessment (QIA) and this assessment will be reviewed and updated at key stages.

## How can I get more info?

- Managers and team leaders will be engaging with staff as we go through the process.
- We have developed a dedicated Meeting the Challenge page on the intranet which is your one stop shop for all things related to this project.
- You can email the Clinical Services Strategy team with a question to: [Meeting-the-challenge@midyorks.nhs.uk](mailto:Meeting-the-challenge@midyorks.nhs.uk)