compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Reconfiguration of Hospital Services
June 2022

compassionate care

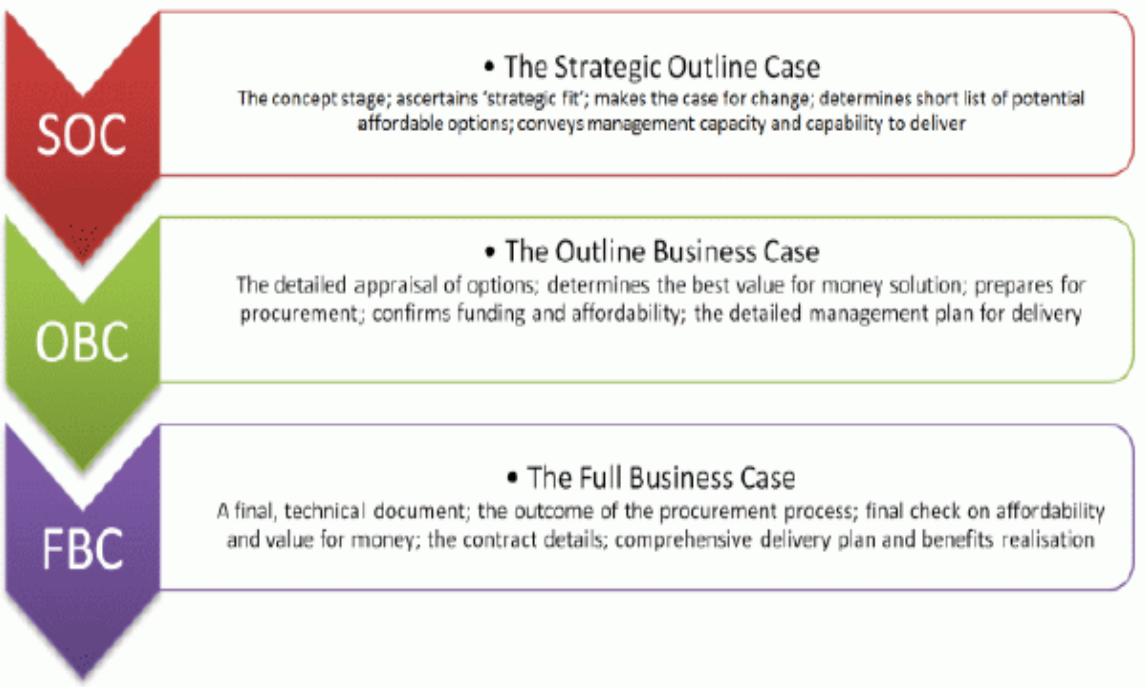
Purpose

NHS
Calderdale and Huddersfield
NHS Foundation Trust

- The purpose is to provide a summary of the information included in the Outline Business Case (OBC) for the Reconfiguration of Services.

- The OBC is structured in accordance with HM Treasury, Department of Health and Social Care guidance aligned to the Five Case Business Model and is structured in 5 chapters setting out the:

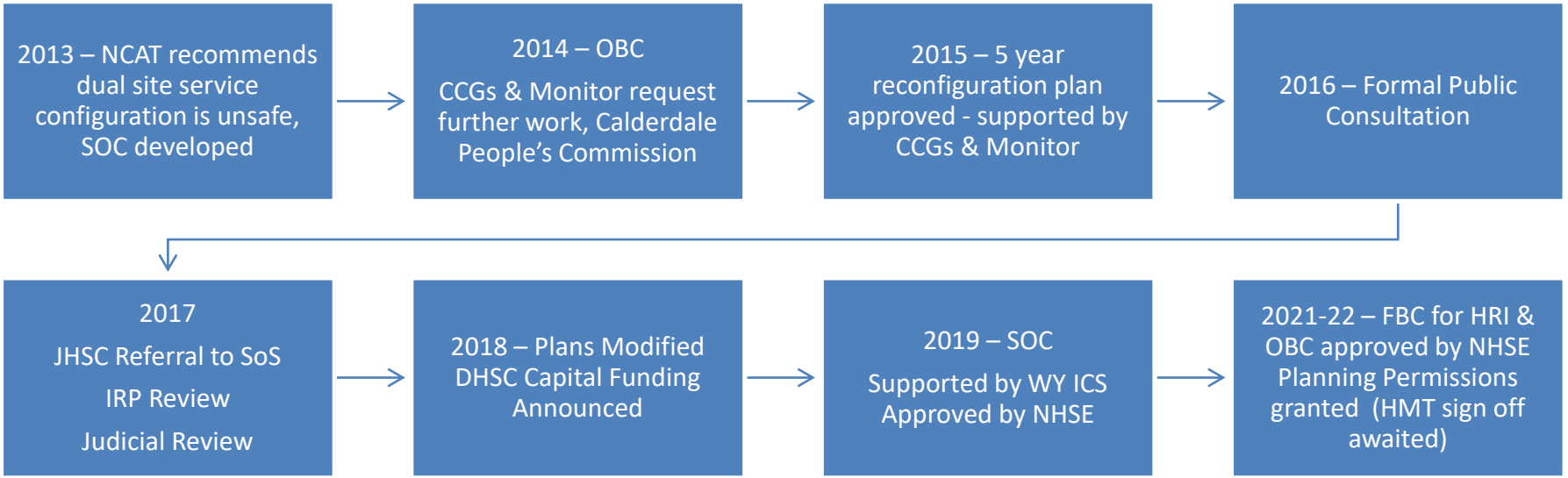
  - Strategic Case
  - Economic Case
  - Commercial Case
  - Financial Case
  - Management Case



compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Background



compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Policy Context – NHS Long Term Plan

- The future model of hospital services in Calderdale and Huddersfield described in the OBC will support and enable delivery of the vision and ambitions described in the NHS Long Term Plan. In particular, the NHS Long Term Plan confirms that:

"separating urgent from planned services can make it easier for NHS hospitals to run efficient surgical services. Planned services are provided from a 'cold' site where capacity can be protected to reduce the risk of operations being postponed at the last minute if more urgent cases come in. Managing complex, urgent care on a separate 'hot' site allows trusts to provide improved trauma assessment and better access to specialist care, so that patients have better access to the right expertise at the right time. So we will continue to back hospitals that wish to pursue this model"

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

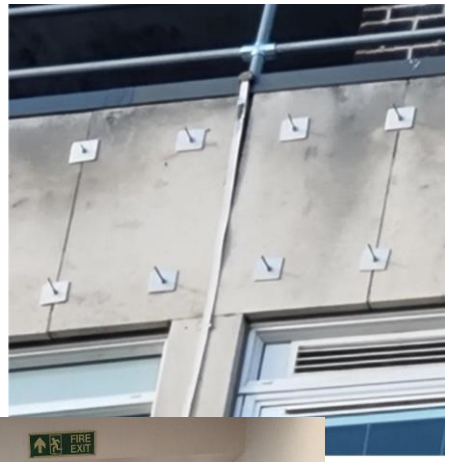
Safety, Quality & Long Term Resilience of Trust Estate

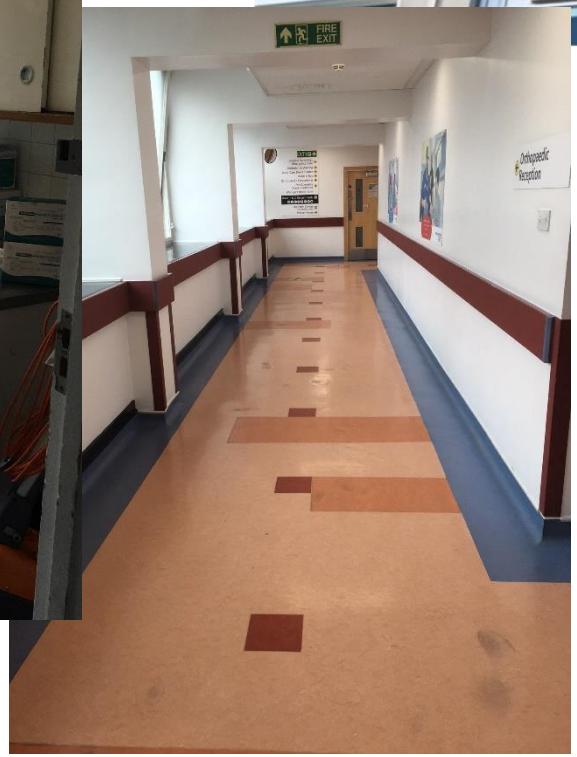
- HRI is an aging 1960s District General Hospital with significant estates maintenance backlog challenges. The Trust carries a very high risk in terms of the condition and reliability of its buildings at HRI with high risk of failure of critical estate services and consequent impact on service delivery.
- 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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

HRI Estate

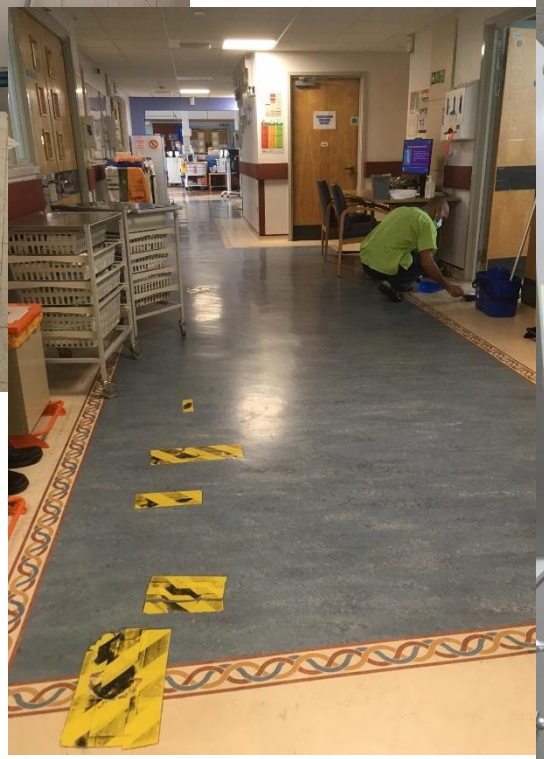


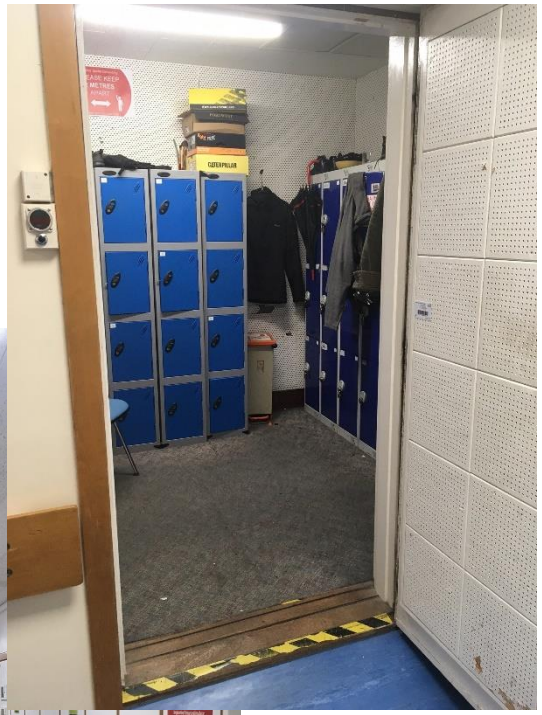


compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

HRI Estate





compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Digital Technology

- CHFT recognises the transforming power that digital has to improve access to services and support people in managing their health, to ensure health and care professionals can access patient records wherever they are, and to provide decision support and artificial intelligence to apply best practice and eliminate unwarranted variation in care and outcomes.
- Over the past five years CHFT has implemented significant investment in digital technology and is recognised as one of the most digitally advanced Trusts in the UK.
- The Trust's ambition is to develop beyond clinical systems to ensure that all colleagues and the processes used by them are digitally enabled.
- A key principle underpinning the draft Outline Business Case (OBC) is that both hospitals will be "Digital by Design", ensuring processes, operating models and technologies are in place. The use of technology will be fully optimised in the design, project-management, construction and estate life-cycle management of the reconfigured estate described in the draft outline business case.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Climate Change & Sustainability

- The impact of human activity on the natural environment is well documented and largely understood, and our influence on the climate system is now clear. There is overwhelming evidence that increased levels of carbon dioxide and other greenhouse gas emissions are amplifying the temperature of the Earth's atmosphere, oceans, and land surface. In response, several local authorities, including both Kirklees and Calderdale Councils in 2019, have announced climate emergencies and are looking at ways in which they can effect a change.
- During 2019/20 the Trust furthered its ambitions to reduce its environmental impacts. The Trust's Green Plan has been updated with focus on embedding sustainable behaviour throughout the workforce.
- A design brief was written to encourage sustainability within the Trust's plans for reconfiguration outlining the strategic case for sustainability within development. A number of socio-environmental themes have emerged throughout the design brief and these are largely guided by the United Nations Sustainable Development Goals (UN SDGs) and recommendations from the Royal Institute of British Architects (RIBA).
- A Building Research Establishment Environmental Assessment Method (BREEAM) methodology will be utilised to ensure sustainability throughout the design and construction process.
- The Trust's aim is to achieve a BREEAM score of Excellent for the developments described in the OBC.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

CHFT Performance

- CHFT has an excellent track record in the delivery of safe and timely access for patients across all pathways. This performance has been achieved in the context of the challenges of dual site working and estate constraints previously described however this is not sustainable longer term in relation to patient experience and outcomes, workforce resilience, financial and estate sustainability.
- Prior to the pandemic CHFT has consistently been rated one of the top performing Trusts nationally across the key regulatory standards (e.g. Referral to Treatment Times (RTT), Emergency Care Standard (ECS) and Cancer waiting time less than 62 Days) and has a CQC rating of Good. The Trust's ambition is to achieve a CQC rating of Outstanding.
- The Covid-19 pandemic has affected every child, adult, family and community in Calderdale and Huddersfield, with some of the biggest impacts seen for the most disadvantaged and people from BAME communities. More than 2,000 patients with Covid have been treated and discharged from our hospitals – but we know some people continue to experience long term health impacts.
- Throughout the pandemic we have continued to provide timely care for people who have needed urgent care (such as cancer treatments) and emergency care.
- Providing treatment for people that have had their care delayed is a top priority for the Trust. In 2021, CHFT agreed a framework and plan for restoring elective care (details of this were reported at the public meeting of the Trust Board). The plan has enabled us to reopen elective services and work towards reducing the waiting lists safely and at pace. This is being delivered in the face of immense challenges post-Covid such as the significant increase in demand for urgent and emergency care that has been experienced whilst still coping with the output reduction that results from Infection Prevention and Control measures and the uncertainties of Covid.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Place Based Integrated Partnerships

- In Calderdale and Kirklees CHFT is working closely with local system partners to support the development of local Integrated Care Partnerships and Provider Networks. The aim is to establish strong place-based partnerships (between the NHS, Councils, voluntary organisations, local residents, people who access services, and their carers and families) to lead the detailed design and delivery of integrated services in each Place.
- NHS Calderdale and NHS Kirklees Clinical Commissioning Groups (CCGs) have agreed that there is a compelling case for changing the way that local health services are provided and that if the local system is unable to redesign and transform services in a way that drives up quality, then patients will experience poorer outcomes as a result.
- There has been on-going engagement with Calderdale and Kirklees Councils over several years in relation to the reconfiguration plans described in the draft. This includes regular updates and discussion at Health and Wellbeing Boards and at the Calderdale and Kirklees Joint Scrutiny Committee.
- Calderdale Council has supported the proposals and agreed that they are wholly consistent with the Council's strategic intent and plans. Kirklees Council has advised that whilst the Council welcomes investment into local health services and recognises that there are some urgent short term estates issues, the Council would not want to see investment in solutions that constrain future change.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Care Closer to Home

- For several years Calderdale and Kirklees Clinical Commissioning Groups (CCGs) have worked collaboratively with community groups, health, social care, and voluntary sector organisations in Calderdale and Kirklees to deliver ambitious plans for integrated community services.
- The plans for reconfiguration of hospital services across Calderdale Royal Hospital and Huddersfield Royal Infirmary (described in the OBC) confirm that hospital bed capacity across the two hospitals will be maintained.
- The care closer to home plans in each Place align with the NHS Long Term Plan and with the West Yorkshire Health and Care Partnership's strategic plans. Regular updates on this work is reported to the Calderdale and Kirklees Health and Wellbeing Boards and to Calderdale and Kirklees Place-based Scrutiny Committees.
- There is evidence of significant investment in community and primary care services across Kirklees and Calderdale over the past three years. The investment has increased capacity and enabled the development of integrated services that are well matched to the key interventions identified in a 2018 review as internationally-evidenced to have high impact on population health management. These developments are enabling more patients to be cared for appropriately, for longer, in community settings and helping to manage demand for non-elective hospital services.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Model of Care

- HRI and CRH will both provide 24/7 consultant-led A&E services.
- The A&E at CRH will receive all blue light emergency ambulances for patients that have serious life-threatening conditions and all patients likely to require hospital admission following triage by the Yorkshire Ambulance Service (YAS). The A&E at HRI will receive self-presenting patients. All patients requiring acute inpatient admission will be transferred by ambulance from HRI to CRH.
- CRH and HRI will both provide medically led 24/7 urgent care and will be able to treat children 5 years and older with minor illness or injuries and those children considered to have a minor illness after triage by 111. Children, who are more seriously ill, have a serious injury or are under 5 years old will be quickly triaged, stabilised, and, if necessary, transported to CRH. Paediatric emergency care and all inpatient paediatric services will be provided at CRH.
- 24/7 anaesthetic cover will be provided at HRI to enable the safe delivery of accident and emergency services.
- Critical care services, emergency surgical and paediatric surgical services will be provided at CRH.
- Physician-led inpatient care will be provided at HRI. This is for people who do not require the most acute clinical inpatient healthcare but do require extra support whilst arrangements are made to meet their future needs.
- The total number of hospital beds will remain broadly as they are now.
- Midwifery led maternity services will be provided on both hospital sites. Consultant led obstetrics and neo-natal care will be provided at CRH.
- Planned surgery will be provided at HRI. Patients that require complex surgery or it is known that they will require critical care after surgery will be treated at CRH.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Learning from the Pandemic

- Learning from the pandemic has emphasised the urgent need for investment and improvement of the estate. This has informed the future estate design plans included in the OBC:
  - Increased number of single rooms in design plans
  - Increased provision of shower and change areas for colleagues
  - Increased space between beds in multi-bay areas
  - Improvement of ventilation systems
  - Improved privacy and dignity and infection control in A&E departments by providing glass doors on each cubicle instead of curtains
  - Flexibility and standardisation of room design to enable greater ease to segregate areas if required to support infection control
  - Additional isolation room provision within A&Es
  - Improved dedicated storage space in clinical areas (that will reduce movement between areas)

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Model of Care – Capacity

- The OBC builds on the commitment within the SOC that the Trust will continue to provide broadly the same bed capacity.
- It is anticipated that the future proposed hospital model will require circa 670 acute inpatient beds at CRH (an increase of 240 to be provided in 10 new wards of 24 beds) and 168 inpatient beds required at HRI for planned care and step-down medical care. This will provide a total bed capacity of 838 across the 2 hospitals.
- Within this total are included 18 ICU beds (at CRH) with the ability to increase this to 22 in future years. This provides a growth of 5-9 ICU beds compared to current total provision across the two sites of 13 (i.e. 5 at CRH and 8 at HRI).
- The future theatre capacity requirement is for 8 theatres at HRI and 11 at CRH. This is a growth of one theatre compared to the current 18 provided across HRI and CRH.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Model of Care - Ambulances

- Discussions between CHFT and YAS have determined the clinical protocols required within the reconfigured model for acute, emergency care at the hospital sites. This will ensure following the full reconfiguration of hospital services, all patients requiring emergency attendance at A&E will travel by ambulance to CRH or the nearest A&E department depending on the clinical need of the patient. As part of the most recent modelling (2021) completed by Yorkshire Ambulance Service (YAS), patient travel times to both Calderdale and Huddersfield A&E sites were reviewed and the potential impact on neighbouring emergency care providers was also calculated. Once CRH becomes the only site for Ambulance conveyances and admissions, some patients will be conveyed and admitted to the next nearest A&E Department and the modelling has been based on ambulance travel times to the nearest A&E Department.
- The impact on neighbouring hospitals has previously been shared and discussed with all the hospitals affected and the West Yorkshire Association of Acute Trusts. The impact is relatively low with additional attendances between 1-3 per day.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Model of Care - EQIA

- The Trust has ensured that there has been a continuous process to consider and analyse the potential impact of the service reconfiguration proposals described in the OBC on those protected under the Equality Act.
- During 2020-21 as part of the process of continuous assessment in relation to the Trust's Public Sector Equality Duty, a refreshed assessment of the EQIA and QIA impact of the proposed service changes has been undertaken. It has used a strengthened process to assess the EQIA and QIA impact. This has included meeting with groups of people that have protected characteristics to directly inform, advise and confirm the assessment and any mitigations required. The conclusion of this work is that the overall impact in relation to EQIA and QIA is positive, there is no differential discriminatory impact, and appropriate mitigating actions have been identified. Engagement will continue and expand further into community groups throughout the development of the building proposals and changes to care pathways.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Travel Plan

- The OBC refers to the Travel Plan (approved by the Trust) in February 2021 to support the reconfiguration plans.
- The Travel Plan describes site-specific practical measures designed to improve access to each site by sustainable modes of travel. (This plan has previously been published and shared with JHSC).
- By aiming to reduce the number and length of car trips generated, the Travel Plan will reduce the linked social and environmental impacts of the development and reduce economic costs. The Plan will evolve and accommodate the changing characteristics of the two sites over time.
- The Travel Plan offers real benefits not only to the Trust and its colleagues, but also the community that surrounds it. The plan will help to relieve local parking and congestion problems in the immediate area, in addition to improving air quality, reduced carbon emissions and pollution.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

A&E at HRI

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

HRI A&E Update

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

CRH – Post Reconfiguration

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

New Clinical Build - CRH

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

New Clinical Build - CRH

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

New Clinical Build - CRH

compassionate care

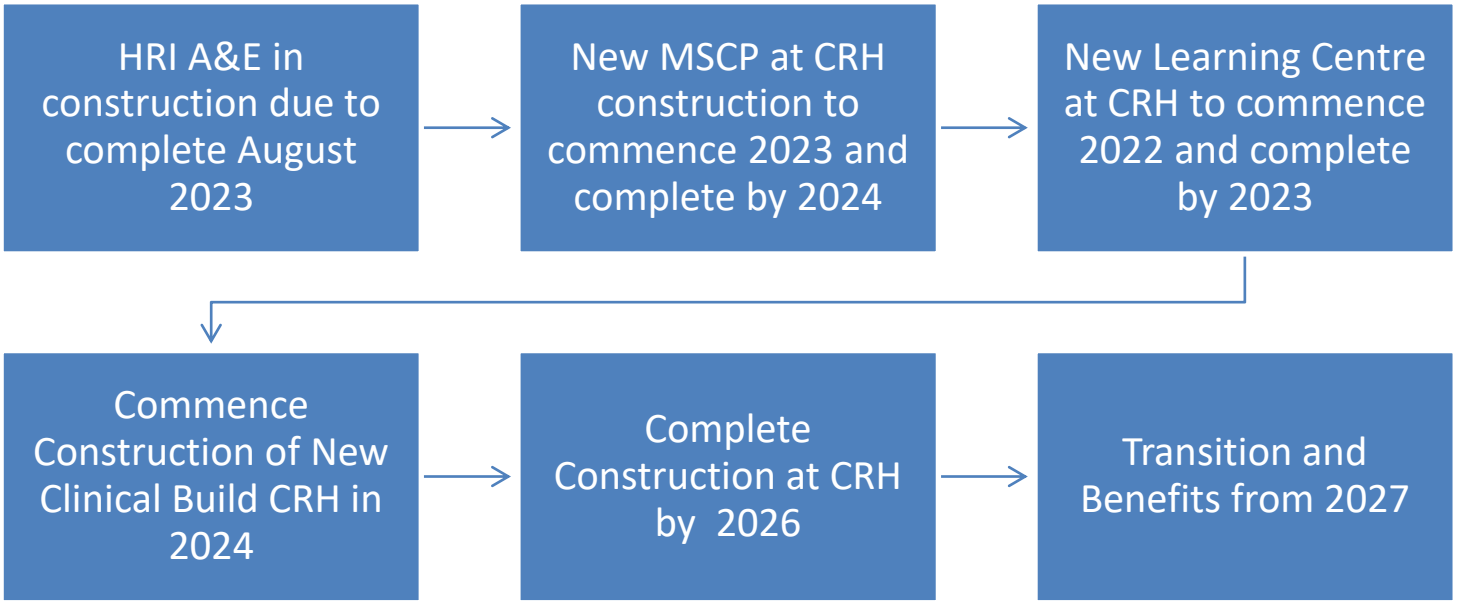
NHS
Calderdale and Huddersfield
NHS Foundation Trust

Multi-Storey Car Park CRH

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

The Timeline and Next Steps



compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

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 into the local Calderdale and Huddersfield economy and deliver significant wellbeing and economic benefits for our local communities.

compassionate care

Calderdale and Huddersfield NHS Foundation Trust

Discussion – Q&A