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Ambulance Service
NHS Trust

Reconfiguration: Calderdale & Huddersfield NHS Foundation Trust (CHFT) Hospital Services

October 2022

Purpose/Aim

- YAS were asked to prepare a Operational and Quality Impact assessment based on the reconfigured clinical model at CHFT
  - Both CRH and HRI will retain a 24/7 ED
  - All 999 patients will be conveyed to CRH
  - Self presenting patients at HRI who need admission will require an IFT to CRH
- YAS was also asked to model the potential impact on neighbouring ED if HRI was no longer the closest ED for ambulance referrals
- The purpose was to inform the with CHFT outline business case (OBC) local transformation boards and commissioners

Background & Chronology

- **2014** – proposal to change one of the two current A&E departments into a urgent treatment centre (UTC)
  - All 999 ambulances would convey their patient to the next nearest ED
- **2015** – In collaboration with CHFT, YAS undertook two studies to understand the impact of closure of both A&E departments.
  - outputs of this report demonstrated that closure of either site would have an equal impact on YAS A&E and PTS operations
- **2017** – CHFT informed YAS they were moving cardiology and respiratory services in anticipation of winter pressures and patient safety concerns
  - Modelling and costings provided to CHFT by YAS
  - No funding or contract variation agreed
  - Activity is now within our baseline and not part of this report.
- **2018** – following DOH review, the CHFT clinical mode was amended
  - Both sites will retain a 24/7 ED
  - All 999 patients will still be conveyed to CRH
  - Self presenting patients at HRI who need admission will require an IFT to CRH
- **2020** – following a request from CHFT, YAS has prepared a QIA for inclusion in the CHFT outline business case, based on the high level clinical model
- **2021** – modelling shared with Commissioners and support given to increase capacity – informing letters of support for the OBC from Calderdale CCG and Kirklees CCG

Operational & Quality Impact Assessment

YAS NHS Trust capacity and planning and business intelligence teams have produced a report to outline the impact and mitigation of:

1. Extended journey times
2. Additional IFT activity
   - HRI to CRH - self presenting patients requiring acute admission
   - CRH to HRI - it is envisaged patients will require “step down” care and further work underway to confirm the predicted impact

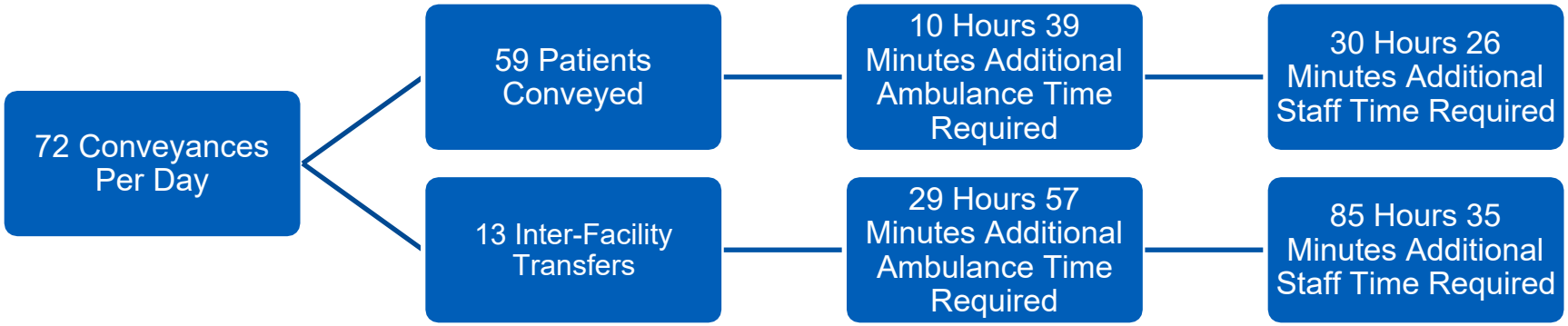
Methodology

- Extended/ reduced journeys – all 999 emergency conveyances between the 1st January 2019 and the 31st December 2019 to Huddersfield Royal Infirmary
- Potential new IFT demand –Time Period – 1st March 2019 to 29th Feb 2020 (i.e. the 12 month period immediately preceding COVID, matching the time period used to model the reconfiguration). All walk in (i.e. non-emergency ambulance) ED attenders at HRI who were subsequently admitted.
- All current IFT data was removed from the analysis to avoid double counting
- Where historical data was not held, times were calculated using AA route planner as a reference.

Assumptions

- Run back times have been calculated based on home despatch point
- The next nearest hospital to the incident was taken from AA route planner in miles (not time)

Impact – Operations



Impact – Clinical Quality

- QIA is based on the clinical model detail and associated information available at the time of developing the OBC

- QIA is therefore subject to refresh at FBC stage and up to full transition and implementation of service reconfiguration

Impact - System

	Conveyances			
Diversion Hospital	Annual	Monthly	Weekly	Daily
Bradford Royal Infirmary	70.0	5.8	1.3	0.2
Calderdale Royal Hospital	19,828.0	1,652.3	381.3	54.3
Airedale General Hospital	2.0	0.2	0.0	0.0
Barnsley District General	1,326.0	110.5	25.5	3.6
Leeds General Infirmary	17.0	1.4	0.3	0.0
St James University Hospital	4.0	0.3	0.1	0.0
Pinderfields General Hospital	118.0	9.8	2.3	0.3

*Based on next nearest ED, does not factor in crew choice, patient choice, time critical nature of patient.

Mitigation

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- To offset the increased journey time, runback time and additional IFT, YAS needs to deploy an additional 22 WTE into core rosters
  - 11 WTE Band 6 Paramedics
  - 11 WTE Band 3 Emergency Care Assistants (ECAs)
  - 1 WTE Band 7 Team Leader (*factored into overheads)
  - 1 WTE Band 3/4 Emergency Medical Dispatcher/ Ambulance Dispatcher (0.5 WTE each)
  - 3 Double Crewed Ambulances (DCAs)
- Training, development and support of Paramedics with partner Universities.
- Indicative Cost (inclusive of 999, EOC and overheads at 20%)
  - 1.4 million first year
  - 1.35 million recurrent
  - *based on Jan 2021 costings (Vehicle costs and AFC)

Future Efficiencies/ Evaluation

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- Integrated Transport / Low-Acuity Transfer models
- EOC and 111 patient re-direction
- Pathways into specialist wards and units – Right place, First Time – Admission Avoidance / Urgent Care Response
- Patient Transport Service – Journeys from ED
- Step down/ repatriations from CRH to HRI

Hospital handover

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Handover Times

The below table shows the average Handover times broken down by Hospital and Month.

Calderdale Royal Hospital

Month	Average Handover Time
Nov-21	00:21:23
Dec-21	00:23:16
Jan-22	00:20:08
Feb-22	00:21:13
Mar-22	00:18:42
Apr-22	00:19:51
May-22	00:18:12
Jun-22	00:18:26
Total	00:20:12

Huddersfield Royal Infirmary

Month	Average Handover Time
Nov-21	00:19:40
Dec-21	00:22:10
Jan-22	00:21:29
Feb-22	00:17:01
Mar-22	00:17:49
Apr-22	00:19:53
May-22	00:19:06
Jun-22	00:20:24
Average	00:19:43

Pinderfields General Hospital

Month	Average Handover Time
Nov-21	00:27:55
Dec-21	00:23:14
Jan-22	00:20:50
Feb-22	00:20:43
Mar-22	00:23:08
Apr-22	00:22:18
May-22	00:16:56
Jun-22	00:14:54
Average	00:21:08

Delays are monitored by our WY coordination center and escalated early to the duty operational commander.