Public Document Pack

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Friday 13 March 2020

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Council Chamber Town Hall Huddersfield** at **10.30 am** on **Monday 23 March 2020.**

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

Julie Muscroft
Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Calderdale and Kirklees Joint Health Scrutiny Committee members are: -

Member

Councillor Elizabeth Smaje - Kirklees Council (Joint Chair)
Councillor Andrew Cooper - Kirklees Council
Councillor Alison Munro - Kirklees Council
Councillor Will Simpson - Kirklees Council
Councillor Colin Hutchinson - Calderdale Council (Joint Chair)
Councillor Anne Collins - Calderdale Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Megan Swift - Calderdale Council

Agenda
Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting

1 - 10

To approve the Minutes of the meeting of the Committee held on 18 October 2019.

2: Interests

11 - 12

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

3: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Deputations/Petitions

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

5: Public Question Time

The meeting will hear any questions from the general public.

6: Update on reconfiguration of hospital services at Calderdale and Huddersfield NHS Foundation Trust

13 - 16

The committee will receive an update on the work being undertaken to progress the planned reconfiguration of hospitals services at Calderdale and Huddersfield NHS Foundation Trust.

Contact: Richard Dunne Principal Governance and Democratic Engagement Officer Tel: 01484 221000, email - richard.dunne@kirklees.gov.uk

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7: Public and staff Involvement to Develop the Design Brief for Calderdale Royal Hospital and Huddersfield Royal Infirmary

17 - 60

Representatives from Calderdale and Huddersfield NHS Foundation Trust will be in attendance to inform the Committee of the outcomes of the public and staff involvements events that have taken place to help inform the development of the design brief.

Contact: Richard Dunne Principal Governance and Democratic Engagement Officer Tel: 01484 221000, email - richard.dunne@kirklees.gov.uk

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8: Next Steps

The Committee will consider its plans for future meetings and activities.

Contact: Richard Dunne Principal Governance and Democratic Engagement Officer Tel: 01484 221000.

CALDERDALE COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

FRIDAY, 18TH OCTOBER 2019

PRESENT: Councillor Hutchinson (Calderdale Council) – Joint Chair
Councillor Smaje (Kirklees Council) - Joint Chair
Councillor Blagbrough (Calderdale Council)
Councillor Cooper (Kirklees Council)
Councillor MK Swift (Calderdale Council)
Councillor Munro (Kirklees Council)
Councillor Simpson (Kirklees Council)

IN ATTENDANCE: Anna Basford – Director of Transformation and Partnership (CHFT)
David Birkenhead – Executive Medical Director (CHFT)
Jen Mulcahy – Programme Manager Right Care, Right Time, Right Place (Calderdale and Greater Huddersfield CCG)
Matt Walsh – Chief Officer (Calderdale CCG)
Penny Woodhead – Chief Quality and Nursing Officer (Calderdale and Greater Huddersfield CCG)
Carol McKenna – Chief Officer (Greater Huddersfield and North Kirklees CCG)
Mike Grady – Independent Chair, Travel and Transport Review Group
Richard Binks – Programme Manager, Regeneration and Strategy (Calderdale Council)
Steven Hanley – Project Officer (Major Projects) Economy & Infrastructure (Kirklees Council)

APOLOGIES: Councillor Mrs Collins (Calderdale Council)

1 Minutes of Previous Meetings

RESOLVED that the Minutes of the Calderdale and Kirklees Joint Health Overview Scrutiny Committee held on the 4th July 2019, and the amended Minutes of the 15th February 2019 be approved as an accurate record.

2 Members Interests

Councillor Megan Swift declared an 'other interest' on the grounds that she was a member of Calderdale and Huddersfield NHS Trust Membership Council.

3 Admission of the Public

All items were taken in public session.

4 Deputations and Petitions

The Committee received deputations from the following members of the public: Rosemary Hedges, Jenny Shepherd and Cristina George.

The Chair requested the written deputations be submitted, in order for the relevant Officers to provide a detailed written response.

5 Engagement Involvement Plan and the Report Findings from the Stakeholder Event

The Director, Transformation and Partnerships, Calderdale and Huddersfield Foundation Trust (CHFT) and Programme Manager, Calderdale and Greater Huddersfield Clinical Commissioning Group (CCG) submitted a written report regarding the communication and involvement of local people in the plans relating to Hospital Reconfiguration. The report included the Engagement Plan, Findings from the Stakeholder Event and Healthwatch Report of Findings. The plan looked at a period across 5 years, which included development, implementation. The feedback had been inputted to the work and CHFT had been working closely with Healthwatch and other community groups in order to facilitate discussions with a wide range of groups and individuals, including going out to meet with people rather than the expectation that they would come to the organisations.

There was a commitment to keeping people informed through newsletters, the website, public meetings and Stakeholder Events. The development of design was for new buildings and there would be a number of workshops scheduled prior to Christmas (2019), with invitations being sent to a wide and inclusive group to ensure involvement across Calderdale and Kirklees, with the involvement of Healthwatch and Clinical Commissioners. Continued involvement of input was required as the design plans expanded, and throughout the reconfiguration work the use of digital technology was still a key ambition for CHFT, especially when reaching targeted groups, etc.

Members discussed the following issues:

- The Stakeholder Events had been held every 6 months and it was felt that although some people understood the proposals, other people were not as clear. It was hoped that this would be really clear to the public moving forward so that people could see what was being proposed as part of the work. From the list provided in reference to the last event, it appeared there were more people attending from Calderdale than Kirklees, was this due to the location on this occasion (Brighouse) and would CHFT consider alternating the events, as this Board did with meetings, to enable a wider attendance? Members would also be able to suggest additional groups and invitees to be added to this list. In response, Officers advised that this would be a welcomed suggestion in terms of the invitations to be shared and attendance to be increased. The organisations involved wanted this to be a wide opportunity to engage and involve people.

- A suggestion was made regarding reaching out to a larger number of people in events leading up to the Christmas period, for example: utilising supermarkets and shopping centres. There was an event which was due to be held in Brighouse for older people on 8th November 2019, and last year more than 800 people had attended, so this would be a great opportunity for the Trust to host a marketplace or small information stand and

collate views. Christmas was a good time to catch a wider group of people and this would give an opportunity to expand on this, especially when people had more time to find out about or take interest in what was going on.

- In terms of digital technology, if the service was dependant on this, what parallel measures were there in terms of letting people know of the proposals and ensuring their voices were getting heard? In response, Officers advised that this was a good point and one which had been considered in terms of building in face-to-face sessions for people to feed into the process. There was a need to attend where people accessed (for example: practices and other events), and there were also opportunities through newsletters and the Strategic Outline Case (SOC); although it was recognised that the SOC was not the most concise document to share.

- In terms of 'bringing alive' what the work meant to people, (e.g. scenarios and people being able to throw in some 'for instances', what happened if something occurred, etc.), it was important to understand the real impacts on real people using the services and this method would perhaps provide people with something to engage in rather than it being one way feedback. In response, Officers advised that in the past, case studies had been used for engagement work (e.g. how patient care may change or the different access routes to care) and then CHFT provided responses to various scenarios. This was a good message which should be used across all engagement as it had been really useful.

- In terms of the Healthwatch report, the temperature diagram shown had limited feedback displayed on it. How many members of the public were at the Brighouse Event? It would be good to engage further and wider with the public. In response, Officers advised that there were 101 people at this event; however people could not be forced to respond. It was agreed that it would be good to have more people engaging with things such as the temperature check, however there were other methods of consultation and engagement on the day which supported this. Healthwatch had facilitated lots of conversations on the day, and there was lots going on, which was recognised in the report on post-consultation phase. Officers agreed that all services were understanding of the need to take on every opportunity created and ones which were created for services; it was important to talk to people about what the future needs to be like and what it looked like now. There were always occasions when people presented to the wrong place and this required constant attention, however much of the work was around reminding people of the next steps and the now.

- It was recognised that the work was an ongoing engagement, however there were concerns raised regarding the lack of clarity in the Healthwatch report. This was about working with them and linking with the communications plan and assistance in help for people, which needed to be different; as soon as it was different, the more understanding people would have in the complicated proposals. In response, Officers advised that it was complicated for people who worked in the service as well as members of the public, so it was acknowledged that it needed to be simplified as much as possible externally. There was particular clarity required around the urgency of care in Calderdale, and more so in Kirklees, where there had been lots of descriptions put forward. Although there was lots of work to be done to have the vision clear in mind, but this Board was able to build into its discussion some of the key aspects of this work, such as discussions regarding the ambulance service requirements, etc. Ultimately something needed to be produced to allow people to picture in their minds what the service would look like.

- In terms of engagement groups, it would be useful from a climate change perspective that input from environmental groups be sought as this would be helpful feedback as part of the work. In response, Officers advised that this would be welcomed with open arms, and some support from the Local Authority in terms of how they do this would be welcomed.

- Members commented on the update and commitments which were much appreciated.

RESOLVED that the report be noted.

6 Future Arrangements for Hospital and Community Services in Calderdale and Huddersfield - Progress Report for the Minister of State for Health

The Programme Manager, Calderdale and Greater Huddersfield Clinical Commissioning Group (CCG) submitted a written report regarding the Future Arrangements for Hospital and Community Services in Calderdale and Huddersfield Progress Report for the Minister of State for Health.

The letter which was submitted to the Secretary of State provided an update on the previous report which had been submitted to this Committee in January 2019, and the purpose of it being brought to the attention of Members today was by way of update.

Members discussed the following issues:

- In terms of clarity, would the number of beds remain the same? There is no plan to reduce the number of hospital beds. There was also a further piece of work to be done in terms of setting out the ambition to services in the community and tracking progress as ambition, not as a target. This was the prediction in relation to demographic growth and bed days; the assessment in existing plans would be able to accommodate the demographic and reduce the demand on hospital by10%.

- In terms of the McKinsey. work, the assessment in existing plans would be able to accommodate the current demographic at 10%, bed days and reduction in the demand on hospital to 10% to absorb demographic growth. The prediction was in relation to demographic growth and bed days, and the report then went onto say what was being done and what the proposal was to do in terms of the best performance systems (England and international studies which had between 20-40% reductions). For Calderdale and Kirklees, it had been suggested that as people wanted care closer to home, the realistic ambition was at 30%. Officers discussed the earlier reports which had focused on ambition rather than assumption; the hospital needed to have ability to flex its capacity and its current position was full capacity in hospital on bed days; for example: there were 100 people in hospital today who were ‘medically fit’, but due to the waiting times for social care, assessments, care homes or home care capacity, they were unable for discharge. Some of these issues were beginning to be addressed and there had been real progress made in discharges in the system in the last few months. Overall this was going well however the whole NHS was under significant pressure currently. In summary, bed base flexes and seasonal variations needed to be flexible in addressing these issues and for patient care. The McKinsey report explained that if more as done in care closer to home, this would provide more overall flexibility.

- In terms of the ‘best of class’ ambition indicated in the early reports, was the work achievable? In response, Officers advised that in response to the challenges, this was not just about the NHS.

- In reference to the number of people in hospital beds that should not be there, to some extent this would always be the case. Of these, how many people would move in a couple of days and how many people would remain until the other issues (preventing them from discharge) were sorted? In response, Officers advised that the A&E Delivery Board were doing some joint work on this to see the sort of information trend lines on this to give some clear sense of the bigger picture. It was clear that this dialogue needed to be continued and progressed, but the best the service had been able to get to in terms of figures had been 40-50 in the last year (approximate). Resources were stretched currently.

- There were peaks and troughs of demand, but based on higher occupancy level – would most people provide that flexibility in terms of their circumstances? Why choose 90% occupancy for certain disciplines? In response, Officers advised that the as determined in the Strategic Outline Case, the number of beds would be kept the same as they were currently. There will be 838 beds at physical capacity (676 at Calderdale Royal Hospital and 162 at Huddersfield Royal Infirmary). In recent years this had fluctuated between 700-800 (as determined by the graph in the report), but in keeping flexibility and making no assumptions to the reductions, this would keep it moving forward and more up to date modelling would be undertaken this year.

- Were we still on track for a response on the SOC by November 2019, as stated in the letter? In response, Officers advised that yes the Trust was still on track for an expected end of November 2019.

- As referenced under the deputations item at this meeting, there was currently a pilot scheme for rehabilitation beds ongoing; although the pilot was time limited; were there plans to what rehabilitation services might be on a longer term basis? In response, Officers advised that this was the ‘Choice of Recovery Base’, and there were a whole range of measures to address the issues, for example: those who were medically fit to be discharged, e.g. individuals with support from families regarding future care homes, etc. These cases were reviewed all of the time and matched with information CHFT and CCG were provided with in order to see the trajectory.

- In terms of the response from the Secretary of State to the Committee, there were three main issues they had requested a response on to ensure satisfaction with the progress of plans to increase community care (in settings) allowing the Trust to work in its ‘bed base’ and ensure that there was availability in the community provision and delivering what was required to deal with an increased demand. Could the Committee be rest assured that the integrated system was delivering the background on which reconfigurations were in place? In response, Officers advised that the established relationships were in place and as part of the ongoing work of this Committee; and much of the work had been picked up through various Scrutiny Boards. Members agreed that there was no interest in duplicating conversations and work, but there would be a need to make a response in due course and awareness was key.

RESOLVED that the report be noted.

7 Wider Highways Matters (A629)

Steven Hanley (Kirklees Council) and Richard Binks (Calderdale Council) attended the meeting and provided a presentation and written report to Members. The detailed presentation provided an overview of the different Phases (1a – 5) of the projects and investments relating to the highways between Calderdale and Kirklees hospitals, including reduction in travel/journey times, handling congestion and smarter roads and traffic systems.

Members discussed the following issues:

- When modelling, had the relevant services been asked about the fastest routes for ambulances? In response, Officers advised that although the scheme had not looked at ambulances per say, it did look at the congestion of vehicles and 'pinch points, with a key focus on people using public transport to reduce use of cars and it was anticipated that this would reduce the congestion for emergency vehicles.

- In terms of traffic demand and the growth of the scheme became overwhelmed, how long would this be a solution for? Had there been any reflection in terms of an electric structure to build into the systems discussed? In response, Officers advised that the development of phases had been based of existing capacity, anticipated capacity through the work of the Local Plan and some natural growth. It was suggested that most people would continue to drive cars if that was their preferred mode of transport, and this work had provided an opportunity to do infrastructure work, which was very much required. In terms of the short-to-medium term, doing nothing was not an option. Electric structures had not been considered in lots of resource at this time as this was more around people acknowledging the sustainable mode of transport, and there had been more work done around express public transport and encouraging people to use this. It was about finding some balance and encouraging a switch over, however there was lots more to do to make that happen. The work was modelled on future steps to 2034-2036, in line with other plans.

- We needed to ensure there was a holistic approach in the choices which were being made; for example: What else did we do with the health service and what were the sensitivities around this? If all vehicles were electric by 2030, there would be a need to gear up all car parking spaces to facilitate this, rather than just a few. In response, Officers advised that there were pilot schemes of electric charging infrastructure and this was mostly invested in by private sector organisations, and facilitated by Local Authorities. There were various grants from the Government which were based on supply and demand; however the growth in future uses needed to be considered first.

- The scheme would be much fuller than anticipated and there were some new schemes, such as the railway station at Elland and various bus routes which would speed up journey times which would assist in the transport delivery for hospitals and health services.

- The challenge of access between the two hospitals had been a concern for some time. Had there been any learning shared from the Salterhebble contract and works in terms of implementing the work and delays, etc. Also, had consideration to the additional housing

in Brighouse area been made as part of the work? In response, Officers advised there had been some design scheme and contractual learning from Salterhebble; it had been one of the biggest schemes at local and WYCA level and a number of design changes had been made throughout the duration of the scheme, changing the scope of contractors work. As a result the service was better informed as the strategic corridor project came about and there was a strong desire to pursue this. In terms of perspective, there was consideration to be made in whether this was done in the same way and more initial planning to completed ahead of the work commencing. For Brighouse, the A641 scheme would address much of the work and the Local Plan was being 'tapped into' to help determine the need in the area. This would also provide synergy between Brighouse and other areas.

- Was there any capacity to include a bus lane for further improvements to be made for people who were accessing hospitals? In response, Officers advised that Phase 1 for Stainland Road would see a dedicated infrastructure introduced to Wakefield Road. The modelling had pointed out huge assimilations and anticipated a better flow of traffic through the areas. In terms of urban traffic management, this was recognised and it would be possible that buses could prioritise them, however Phase 4 work would look at the level of detail in this, due to the additional bus lane having land implications if it were to be agreed, etc.

- Would there be pick up and drop off sites at both hospitals to make it usable for patients to get between the two sites, with them being fairly extensive? And in terms of the existing bus provider in the area, how much control and assurance did Officers have that they would be providing a rapid service, and that express buses would not just by-pass the hospitals, serving the infrastructure and not just the bus stations? In response, Officers advised that there was no reassurance as yet. Conversations had been had with the existing provider, and would be heading to full business case approval from the initial outline case. This would be of a benefit to the provider as it would be a commercial enterprise opportunity but also support those patients accessing the hospitals. There was also consideration to be made in terms of the technology needed to look at this and one which complimented the scheme, although this was a potential and not yet confirmed.

- Members agreed that representation to WYCA should be made to ensure assurance for bus services which would address the health sector needs and ensure that involvement with CHFT should continue.

RESOLVED that:

(a) the report be noted; and

(b) the Calderdale and Kirklees Joint Health Overview Scrutiny Committee recommended to the West Yorkshire Combined Authority that involvement with Calderdale and Huddersfield Foundation Trust (CHFT) be continued, to ensure that the Highways works and phased schemes addressed the needs of Calderdale and Kirklees patients, and health sector needs.

8 Travel and Transport Review

Mike Grady, the Independent Chair of the Travel and Transport Review Group (TTRG) attended

the meeting and addressed Members of the Committee regarding the submitted written report. The TTRG had met for 13 meetings and had been well-represented across the statutory and voluntary sector; they ensure that the meetings were held in a range of locations and saw protected groups as part of this work, producing a comprehensive agenda, issues of infrastructure in public transport, parking and care closer to home.

There had been eight recommendations made in the report, which were accepted by the Partnership Board. One of these recommendations addressed communication, as it had been evidenced at the Working Group that few local people were aware of progress that had been made in relation to Care Closer to Home. Much of this type of work was about repeating the same messages and the same story so people were aware of the work and were able to have informed opinions when change came about. Parking had been highlighted as a key issue, with approximately 80% of people accessing hospital by car or taxi and the feasibility of extending car parking be explored further. It was also suggested that West Yorkshire Combined Authority (WYCA) seek to influence its commercial partners in relation to bus services, although it was deemed to be limited influence, it was felt this Committee should make representation.

The existing shuttlebus service between the hospitals was a really good service, however it needed upgrading. There was a similar service being provided between Pinderfields and Pontefract and this would be a good term of reference for the work. The A629 issue had been addressed, and although the complicated project had been rolled out, it was important that each strategic plan to cognisance of the others.

Members discussed the following issues:

- What did ‘maximum average journey time’ (referenced in the report) mean? In response, Officers advised that this was analysed by traffic engineers who had advised that rather than an average across the district as a whole, this was an average for each district, based on the highest value in relation to journey time to hospital. For example: A journey from Walsden to Huddersfield, etc.

- The impact on shuttlebus times was strong in rush hour, however the impacts of the A641 and A629 were positive and they needed to be more equitable and accessible for families and users who were disabled.

- What was the reason for not being able to capture figures for those attending surgery? There were earlier times in the day when public transport was less effective. The Dewsbury/Pinderfields/Pontefract route was an access bus and this was a joint piece of work between CHFT, WYCA and a local company; the bus ran free of charge and expanded the size of the bus to enable more frequent stops. Had WYCA been approached to manage the service for CHFT and why in the meantime, could there not be an access or shuttlebus? In response, Officers advised that the bus had the potential to provide at least a ‘stop gap’ ahead of any commercial changes in terms of bus company changes which might have been made. Service users rated the service, however there were issues in the service not being able to take wheelchairs, prams and children under 3 years of age. In regards to the data, there had been 12 months worth of data used to account for season variation; in this instance the group would have been looking at a lot of hospitals in the catchment areas so it was not just surgery numbers, it looked at A&E due to the broader hospital arrangements to ensure no one was missed out.

- It was suggested that an accessible and extended bus service be looked at with some urgency, including the function to park at the hospital and get shuttlebuses between the sites. In response, Officers advised that the broad travel approach indicated through A629 and other works would be moved forward, and CHFT would be working with partners and how choice could be influenced in terms of an express option, which would assist in the long term approach of a service. It was anticipated that this would be taken forward at pace through the coming year, in liaison with the relevant organisations.

- Did the report reference links to other forms of transport such as trains, and had this been considered or factored in to alleviate the problems discussed? Incentives for cheaper use should also be considered if this were to be taken forward. In response, Officers advised that the new railway in Elland the opportunities of this and other stations supporting the hospital links would be beneficial. However, the thoughts around the upgraded shuttlebus service would be beneficial before providing linkage between the hospitals and railway stations.

- There had been useful and informative presentation from Yorkshire Ambulance Service (YAS) to the TTRG to address coping with capacity and drawing a parallel between blue light access on A629 was better than the A6250.

- In regards to the perceptions around parking, did CHFT know the demand in establishing parking as yet? In response, Officers advised that there was need to further plan the demand and projection of demand for services, use and the impact on future need. CHFT were undertaking work around the site and feasibility of function, e.g. multi-storey car park, etc.

- There were issues in Skircoat Ward with staff parking and residents in the area reporting this, which also needed to be considered as part of the work.

- One of the difficulties was education of new drivers, and there was a need to re-educate people in looking out for emergency services and the use of digital technology or signage to increase awareness.

- For outpatients, were the ‘Park and Ride’ suggestions still required in each place? If operating a ‘Park and Ride’ service, were people able to get compensation when clinics were overrunning as in other systems? How did people know these services were available? In response, Officers advised it was not specifically known how this was communicated and there needed to be a continuous effort in the significant development in Care Closer to Home and ensuring a seamless care service. Where there was any period of reconfiguring services, there was a need to constantly tell people what was going on, and as part of the TTRG recommendations, they urged both Health Providers and the Local Authority to continue to do this in various versions.

- One way in having Care Closer to Home was to reduce outpatient access from hospital, unless there was a need for face-to-face consultation, e.g. use of digital technology for patients in Todmorden or Queensbury, or to help parents with young children, etc. Members discussed the need to use public transport and have access to secondary services, especially where there were heavy impacts on staffing and resources. What were the thoughts of CHFT on matters such as these? In response, Officers advised that CHFT were still very interested in this and had continued to provide Outpatient Care at

Todmorden which had had positive feedback from patients who had used digital technology for consultations/appointments. They had however learned, through working with Healthwatch, that people did not always like to use devices at home or alone, so it might be that there was a requirement for a 'hub' in localities (or possibly GP Practices) for people to use. Virtual consultations for young people and their parents had been very beneficial for the reasons as suggested (accessing hospital as an outpatient was not always convenient), so this was something CHFT very much wanted to take forward. What needed to be considered in further detail was whether the future model committed to future provision of sites, for example, attendance at hospital being required only when necessary.

- In terms of Care Closer to Home, were there any updates regarding the new Health Centre in Brighouse? In response, Officers advised that they would take this away and feedback.

There was a discussion regarding the Strategic Outline Case. The Investment Plan for Huddersfield Royal Infirmary was currently being worked on and publication was expected in early 2020 due to the processes of governance that this had to be taken through with CHFT. The design brief for Calderdale Royal Hospital was anticipated by the end of January 2020 and then there would be a process of commissioned expertise to complete at this time, followed by consideration, sharing and governance prior to its completion. It was agreed in terms of the consideration of items for this agenda that this would be kept fluid in terms of scheduling dates, for the time being.

RESOLVED that:

(a) the report and recommendations of the Travel and Transport Review Group (TTRG) be noted; and

(b) the TTRG be thanked for their hard work and contributions.

(The meeting closed at 15:14 hours).

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS			
Name of Councillor			
Item in which you have an interest	**Type of interest (eg a disclosable pecuniary interest or an "Other Interest")**	**Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]**	**Brief description of your interest**

Signed: …… **Dated: ……**

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Calderdale and Huddersfield Service Reconfiguration

Update Report for the Calderdale and Kirklees Joint Scrutiny Committee Meeting to be held on 23rd March 2020

1. Background

In December 2018 the Department of Health and Social Care (DHSC) announced the allocation of £196.5m capital funding for investment at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) to enable the reconfiguration of services across the hospital sites and confirmed that approval of a Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) by DHSC and Treasury was required.

2. Purpose

The purpose of this report is to provide an update for the Joint Scrutiny Committee on the following:

- outcome of national consideration of the Strategic Outline Case (SOC);
- process and timescales to develop the business cases (OBC and FBC);
- progress to develop the travel plan.

A separate report has also been provided for the Joint Scrutiny Committee describing the public and colleague involvement events undertaken to develop the design brief for Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH), and the next steps for continued public and colleague involvement in 2020.

3. Strategic Outline Case

The Strategic Outline Case for the reconfiguration of services and investment at HRI and CRH was approved by Calderdale and Huddersfield NHS Foundation Trust (CHFT) Board in March 2019 and submitted to NHSE/I.

In January 2020 DHSC and NHSE/I confirmed approval of the Strategic Outline Case (SOC) for the Reconfiguration of Hospital Services at CHFT.

4. Process and Timescales for Business Case Development

Following approval of the SOC for the Reconfiguration of Hospital Services across CRH and HRI the Trust is now in the process of planning and developing the business cases to support this investment.

The SOC includes investment at both CRH and HRI (£177m transformation investment in CRH; and £20m backlog estate maintenance and transformation investment in HRI). Whilst investment in the estate at each site is inextricably linked to deliver the overall benefits described in the SOC the investment to respond to the significant estate risks at HRI needs to be expedited.

Following discussion with NHSE/I the Trust is therefore developing a Full Business Case by November 2020 for the HRI investment. Subject to approval processes this could enable estate investment and construction works at HRI to commence during 2021 and complete in 2022.

In parallel to this an Outline Business Case for the investment at CRH will be developed by December 2020 and subject to approval, a Full Business Case by 2022. Construction works at CRH could then commence in 2023 and complete in 2025.

An overview of the timeline for business case development and construction works at HRI and CRH is shown below.

	2020	2021	2022	2023	2024	2025
CRH	OBC		FBC	Commence Build		Complete
HRI	FBC	Commence Build	Complete			

(The above timelines include the Trust liaising with Calderdale and Kirklees Councils to request approval of planning permission.)

The content of the OBC and FBC(s) will align with and take account of Her Majesty's Treasury (HMT) Green Book guidance on public investment business cases.

The development of the business cases for HRI and CRH will require the development of detailed building design plans. During the past six months architects have been working with the Trust to develop a design brief that will inform and support the development of the future detailed design and construction schemes at both HRI and CRH.

The approach to developing the design brief has been to ensure a continuous process of public and colleague involvement to focus on what's important from a patient, carer, family and colleague perspective in terms of healthcare building design. A description of the work that has been undertaken and progress to date is provided in a separate report for the Joint Scrutiny Committee.

5. Progress to Develop Travel Plans

In 2017 Calderdale and Greater Huddersfield CCGs established a Travel and Transport Group to consider and develop plans to address the implications of changes in the configuration of Calderdale and Huddersfield hospital services in relation to public access, travel, parking and transport. In taking forward actions to address the recommendations of the travel and transport review there are broader strategic issues and developments that impact on the response required. This includes:

Environmental Sustainability	In 2018 the UK and 200 other nations agreed action on climate change, with a much greater role strongly implied for local and regional authorities in assisting Governments to achieve their carbon emission savings. In January 2019 Calderdale and Kirklees Councils declared a climate emergency. CHFT is currently undertaking work to develop an environmental sustainability strategy that will be considered by the Trust

	Board in Spring 2020. The overall carbon footprint of the NHS in England accounts for 25 per cent of all public sector carbon emissions and is greater than the annual emissions from all passenger aircraft departing from Heathrow airport. Patient and staff travel accounts for 16 per cent of the NHS carbon footprint and five per cent of all transport emissions in the United Kingdom are estimated to be accounted for by health care-related journeys.
West Yorkshire-plus Transport Fund - A629 Corridor Improvements	£120m is currently being invested to improve travel and transport on the A629 corridor. These developments are scheduled to be completed by 2025 and coincide with the planned completion of service reconfiguration across the hospitals. The improvement of the A629 corridor will reduce journey times. Phase 4 of the development includes plans for the provision of an express bus service that will operate directly between HRI and CRH. The Trust and CCGs are currently working with both Councils regarding these plans.

To progress the travel plans the Trust is:

- Working with advisors to undertake detailed analysis of current public and staff travel data, predicted future demand and the development of a Hospital Travel Plan Strategy that will encourage public and staff sustainable travel options in the future (such as decrease in the use of single occupancy vehicles; promoting and facilitating the use of more sustainable / zero emission modes of transport; promoting the use of public transport over individual vehicle use; reducing the need to travel e.g. virtual consultations and video conferencing; preventing ill health to minimise the need for travel to hospital).
- Continuing work with Calderdale and Kirklees Councils regarding the planned improvements to the A629 corridor and the future provision of a commercial express bus service between the two hospital sites in 2025.
- Discussing with the West Yorkshire Combined Authority options to provide improved shuttle bus service between the two hospital sites that could be implemented ahead of service reconfiguration.
- Developing the plans for provision of a multi-storey car park at CRH. The aim is to provide this in the medium term ahead of service reconfiguration.

The Trust and CCGs are working with Yorkshire Ambulance Service to refresh the modelling of the impact on ambulance services that was described in the SOC and this will be included in the CRH OBC.

6. Recommendation

Members of the Joint Scrutiny Committee are requested to note:

- the outcome of national consideration of the Strategic Outline Case (SOC);
- the process and timescales to develop the business cases (OBC and FBC);
- the work that is being undertaken to develop the travel plan

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Calderdale and Huddersfield Service Reconfiguration

Public and Colleague Involvement to Develop the Design Brief for CRH and HRI: Calderdale and Kirklees Joint Scrutiny Committee Meeting to be held on 23rd March 2020

1. Background

During the past six months architects have been working with Calderdale and Huddersfield NHS Foundation Trust (CHFT) to develop a "Design Brief" to inform the future building design and construction schemes at HRI and CRH.

The approach to this has been to ensure a continuous process of public and colleague involvement and a focus on what's important from a patient, carer, family and colleague perspective in terms of healthcare building design.

The "Design Brief" describes the principles that will inform the detailed architectural design and construction schemes at both HRI and CRH and will be used to complete the next stage (OBC and FBC) business cases required by NHSE/I and DHSC.

The Design Brief provides the principles for developing detailed design plans. It is not a Design Solution - and some aspects could be changed during the next stage of detailed development work.

The structure and content of the "Design Brief" document reflects the Department of Health best practice guidance on the design and planning of new healthcare buildings and the adaptation / extension of existing facilities (DH Health Building Note 00-01).

2. Purpose

The purpose of this report is to:

- Inform the Joint Scrutiny Committee of public and colleague feedback regarding their involvement to develop the "Design Brief";
- Share with the Joint Scrutiny Committee the key themes identified in the "Design Brief" and confirm that copy of the document is publicly available on CHFT website;
- Inform the Committee of the next steps to continue to involve members of the public and colleagues in the development of the plans for service reconfiguration in Calderdale and Huddersfield.

3. Process of Public and Colleague Involvement

<u>Public Involvement</u>

- 4 public involvement workshop meetings were held in November and December 2019.
- The workshops adopted a round-table conversational approach, discussing the look and feel of public areas within the existing and future buildings and, where appropriate, used precedent designs to prompt dialogue.

- Invitations were sent to 320 organisations and groups across Calderdale and Kirklees. The invitation list was informed by Healthwatch, CCGs and Trust lists of community involvement groups. The Joint Scrutiny Committee was also invited to review and advise on organisations / individuals to be invited and this was included.
- 121 people attended the workshops.
- Dialogue also took place at an Older People's Fair in Brighouse and Young Persons Workshop in Calderdale.
- Feedback evaluation and equality monitoring was undertaken, and this will be used to plan targeted involvement in next stage of public involvement.

Colleague Involvement

- 21 colleague involvement workshops were undertaken to discuss 7 key areas of development in relation to the transformation of services across CHFT.
  - Accident and Emergency – Adult and Paediatric;
  - Inpatient Wards – Medical and Surgical Inpatients;
  - Surgery and Theatres;
  - Imaging and Diagnostics;
  - Digital Delivery;
  - Education & Training; and
  - Facilities and Support Services

- More than 100 CHFT colleagues have attended.

- The sessions explored a number of key issues tailored to specific clinical or service areas:
  - Known best practice and experience;
  - Current constraints which are to be improved;
  - Potential efficiencies generated by single site delivery;
  - Adjacencies, linkages and connectivity to key support services; and
  - How digital technology might improve delivery.

- "Go See" visits to other Hospitals that have implemented significant investment or reconfiguration has also been undertaken and further visits planned in the future.

4. Public and Colleague Views about the Events

The workshops that were held received a very positive response from members of the public and colleagues that attended as shown below.

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Public Feed-Back

Very interactive, helpful and informative.
Great that your inclusive & listen to a diverse range of people. I really enjoyed this. Ample opportunity to express views and opinions

Discussions were very good, well facilitated and a good way to initiate plans to get feedback. Felt "listened to".

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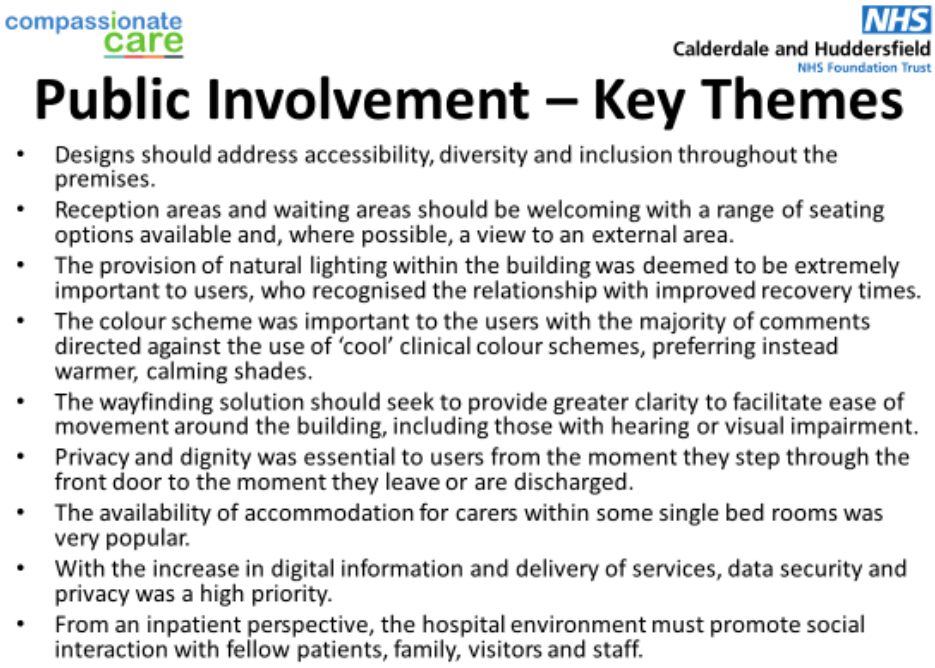
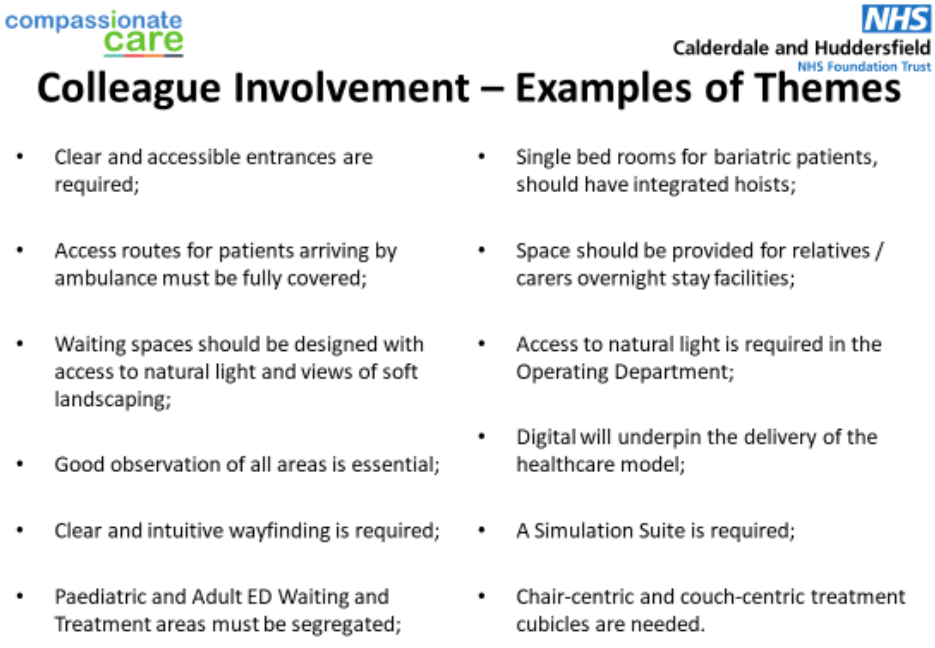
Colleague Feedback

5. What People Thought was Important for the Future Design

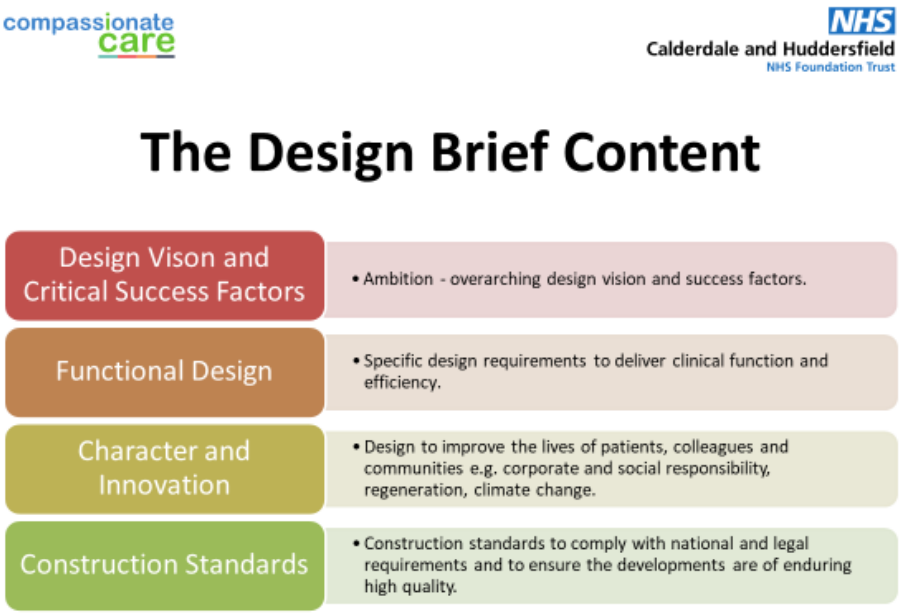
During the workshop members of the public and colleagues identified the issues that mattered to them in relation to the future design of health care buildings and facilities. A summary of the key themes that were raised is shown below.





6. Development of the Design Brief

The views from members of the public and colleagues from the workshops have been used to develop the “Design Brief”. The “Design Brief” structure follows DH best practice as shown below.



7. Critical Success Factors in the “Design Brief”

The following critical success factors identified through public and colleague involvement have been incorporated in the “Design Brief”.

8. **Detailed Documents**

The following documents are appended that provide further detail regarding the public and colleague involvement work that has been undertaken to develop the "Design Brief".

- Public Involvement Report
- Colleague Involvement Report

A copy of the "Design Brief" is publicly available on CHFT Website.

9. Next Steps to Involve Members of the Public and Colleagues

In October 2019 the Trust and CCGs presented to the Joint Scrutiny Committee a plan for public and colleague involvement. A summary of the actions identified at that time and progress against these is provided below.

Summary Action Plan Agreed in October 2019	**Summary Update on Progress – March 2020**
<u>Involve a wide range of people:</u> Update the list of stakeholders to be invited to events and include additional groups in particular groups that have protected characteristics. Undertake equality monitoring to understand representation and inform future action for involvement of any groups under-represented.	The Trust and CCGs have worked with Healthwatch and the Joint Scrutiny Committee to include a wider range of community organisation to participate in events held over the past six months. Feedback evaluation and equality monitoring was undertaken, and this will be used to plan the next stage of public involvement.
<u>Children and Young People</u> Ensure we use different approaches to involve young people to reach out and involve them.	The Trust and CCGs attended the Calderdale Young People's Forum to discuss future plans – and used a conversational approach and photographs to help people get involved and share their views.
<u>Clinical Services</u> Keep people informed and explain the plans for service reconfiguration.	Four public events have been held in the past six months to explain the service changes. The Trust and CCGs also attended an Older People's Fair in Brighouse to provide information and answer questions. The Trust has updated its website to include information about the proposed plans.
<u>Hospital Design</u> Involve people in the design of new buildings – providing a focus on what is important from a patient and carer and family perspective.	Public events have been held to enable people to inform and discuss with building architects and healthcare planners the Design Brief for the physical environment, facilities and amenities of the estate developments.
<u>Travel and Transport</u> Present to the JHSC the recommendations of the Travel and	The Travel and Transport Working Group Plans and an update on the A629

Summary Action Plan Agreed in October 2019	Summary Update on Progress – March 2020
Transport Working Group report that was published in 2018. Identify additional capacity to lead progress on the travel and transport recommendations and to publicly communicate the plans.	developments was presented to Scrutiny in October 2019. The Trust and CCGs are progressing discussions with West Yorkshire Combined Authority regarding provision of bus services. External Travel and Transport planning expertise is being procured to develop the Hospital Travel Plan during Summer 2020.
<u>Digital Technology</u> CHFT to work with Healthwatch to understand service user views on the use of digital technology to offer new ways of accessing services – including surveys with people that have protected characteristics to ensure that future service models are designed and adjusted to meet their needs.	Healthwatch has engaged with over 300 people who: do not speak English; have a sensory impairment; are Older and/or frail; have a long-term condition; have a physical or mobility impairment; have a learning disability; have a mental health condition; have autism. The aim was to source views regarding the use of digital technology in out-patient services highlighting barriers that may exist and suggesting ways of overcoming them. Healthwatch have provided the feedback and findings of this work to the Trust and an action plan to respond is being developed.

The Trust will continue to work with members of the public and colleagues through the next stages of developing the detailed design plans. This will include arranging further design workshops; attending existing community meetings; use of newsletters, and; social media. Specific action will be taken to target those groups that may not yet have been involved and we will use equality monitoring data to inform this.

10. Recommendation

Members of the Joint Scrutiny Committee are requested to note:

- public and colleague feedback to develop the "Design Brief";
- the next steps to continue to involve members of the public and colleagues in the development of the plans for service reconfiguration in Calderdale and Huddersfield.

Appendices:

- Public Involvement Report
- Colleague Involvement Report

Copy of the Design Brief document is available on CHFT Website (www.cht.nhs.uk)

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Calderdale and Huddersfield NHS Foundation Trust

Design Brief
Public Involvement Report
February 2020

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Contents

1 Introduction

In December 2018 the Department for Health and Social Care announced that Calderdale and Huddersfield NHS Foundation Trust (CHFT or "the Trust") had been allocated £196.5M for the reconfiguration of services at both Huddersfield Royal Infirmary and Calderdale Royal Hospital. Following this, the Trust appointed Mott MacDonald and IBI Group to prepare a Design Brief for the development.

The Trust has sought to involve a wide range of stakeholders by establishing a Working Group formed from separate sub-groups involving colleagues, patients, local professional and community groups, the public and technical specialists.

The Design Brief will capture the physical requirements and aspirations for the relevant clinical and non-clinical services that will be incorporated into the design of the accommodation. In order to assist the future design development and configuration of appropriate spaces to support efficient delivery of healthcare services it is profoundly important to the Trust that the public plays a key role in this development journey.

The purpose of this report is to record the feedback received from a series of public involvement meetings with patients, families and carers on five key areas of development in relation to the reconfiguration of services across the Trust.

The report has been prepared for inclusion in the Design Brief that will inform the future developments at both Calderdale Royal Hospital and Huddersfield Royal Infirmary and contributes a user perspective to the Trust's design documentation.

The report presents the ideas, hopes and aspirations of patients, carers and families for their reconfigured hospitals services, as gathered through a series of four design workshops, one Older People's Fair and one event run for specifically for young people under 18 years old. It describes the methodology used to assemble this feedback and goes on to present the users' feedback for the design of five key topics concerning the buildings, amenities and facilities.

This report has been prepared for use by the Project and Design Teams of the Transformation of Hospital Services Project and as such it uses terms and language that are appropriate and familiar to them. As the report will also have a public audience some care has been taken to explain the methodology adopted and the method used to distil key themes from the workshops.

During this same period, a number of colleague involvement meetings have also been held to investigate the clinical requirements that should be included in the design brief. Their feedback is captured in a separate report.

2 Methodology

2.1 Public Workshops

A series of four public involvement meetings have been held to provide a forum for the design team to engage the public in discussion on a range of topics related to the design of the future development proposals for both Calderdale Royal Hospital and Huddersfield Royal Infirmary.

These workshops adopted a round-table conversational approach, discussing the look and feel of public areas within the existing and future buildings and, where appropriate, used precedent designs to prompt dialogue. Each workshop was planned to last for two hours with those attending given the opportunity to comment on each of the topics.

The Director of Transformation and Partnerships, Anna Basford was the lead facilitator at the workshops and gave an introduction describing the transformation proposals in brief, highlighting the purpose of the event, what attendees could expect during the workshop and how the information would be used.

Attendees were asked to form smaller sub-groups around the tables and were joined by one member of the design team (the topic leader) and one member of staff from the Trust, whose role it was to capture the feedback. The topic leader guided each sub-group through a discussion of one of the following topics; Wayfinding & Access, Accident & Emergency, In-Patient Wards, Waiting Areas and Digital Technology. Each topic was allotted 20 minutes, after which the topic leaders and CHFT Staff circulated to the next available table to discuss their topic. Those members of the public attending remained seated at the tables.

To conclude each workshop, a brief plenary was given by the lead facilitator who invited each topic leader to identify key themes arising from the discussions. Each topic leader in turn then made a brief statement about the key themes.

2.2 Recruitment

Invitations were circulated in line with updated Stakeholder list described in the Public and Staff Involvement plan developed in 2019 and were circulated to three hundred and twenty five (325) organisations and groups including: Healthwatch, Voluntary and Community Groups, 3rd Sector Groups, Political Interest Groups, GP Federation, Local Authority Councils, Unions, External Assurance Groups, Parish Councils, MPs, Councillors, Health Commissioners, Healthcare Providers and Professional Bodies.

Tickets for the events were made available using the online booking facility provided by Eventbrite and bookings were closely monitored for interest.

2.3 Support for Participation

Calderdale and Huddersfield NHS Foundation Trust sought the advice and support of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG with the event planning.

Three event planning meetings were convened to discuss the format and arrangements for the venues. Consideration was given to the day, time and location of the events with the intention of making the public involvement meetings as accessible to as wide an audience as possible.

A named contact was clearly identified for the programme in order to provide an easy point of contact for those wishing to seek clarification on the purpose and format of the workshops, and for those preferring to book tickets over the phone or to discuss their particular support needs.

The programme of events included morning, afternoon and evenings sessions at two well-known locations, one in Huddersfield and one in Halifax. Locations were also chosen for their accessibility.

Table 2.1: Schedule of Workshops

Location	Date	Time
The Shay, Halifax, HX1 2YT	12th November 2019	10:00am - 12:00pm
Briar Court Hotel, Huddersfield, HD3 3NT	14th November 2019	6:30pm - 8:30pm
Briar Court Hotel, Huddersfield, HD3 3NT	20th November 2019	10:00am - 12:00pm
The Shay, Halifax, HX1 2YT	25th November 2019	2:00pm - 4:00pm

A total of one hundred and twenty-one (121) people attended the four workshop events.

2.4 Older People's Fair

The Trust attended an Older People's Fair in Brighouse on 8th November 2019, hosting an information stand with details about the proposed hospital developments. The event organisers have subsequently advised that around eight hundred people attended this event. Senior representatives from both CHFT and the CCGs attended the Older People's Fair to meet members of the public, informing them of the development proposals and answering their questions.

2.5 Young Peoples Workshop

The Trust identified that the Public Workshop invitations had not generated a strong response from young people in the area and subsequently asked the CCGs if the design team could attend a young people's event to replay the presentations and obtain feedback from this demographic group. Six groups were approached; Tough Times Reference Group, SEND Reference Group, Voice, Influence and Change Group, Barnardo's Identity LBGTQ Youth Group, Orange Box Young People's Centre and Calderdale Council's relatively new Young Commissioners Group.

This evening event was held at Princess Buildings in Halifax on 4th December 2019 and was attended by fifteen people, plus three youth support workers who helped to facilitate the workshop together with representatives from the design team, the Trust and CCGs. The young people were fully engaged throughout the session and provided some excellent feedback.

2.6 Monitoring & Evaluation

In order to identify that the workshop events were reaching as wide an audience as possible two post-event feedback forms were used, one for the equality monitoring and one for general feedback on the event, its content and the venue.

The response rate to the monitoring forms was greater than 95% at the public events but reduced was lower at the young people's event. Overall, the response rate was 86%. Please refer to Section 5 for the Feedback Summary and Section 6 for the equality monitoring.

3 Findings

3.1 Common Themes

It was evident, from the conversations held at the Public Workshops, that there is a great deal of interest in the way in which healthcare services are delivered in the Calderdale and Huddersfield area. Those attending recognised that the proposals were at a very early stage in their development and that their feedback would be used to help inform and develop the design principals before any design development takes place. Attendees shared their opinions in a thorough and constructive manner, with formal exit feedback received from the events showing that these sessions were considered to have successfully achieved their intent.

Each of the comments recorded during the workshops has been reviewed and, where possible, a theme has been attributed to it. Where a comment addressed more than one theme, each of those themes was captured. The comments have been grouped by topic and theme, which identified recurring or popular themes. The popular themes arising during each workshop are summarised in each topic summary below.

At this stage, the reader should note that no greater importance is placed on one comment over another irrespective of the number of times it was recorded; they are reported as simple factual statements. It is however clear that some themes were more popular than others.

Emerging Themes

- Designs should address accessibility, diversity and inclusion throughout the premises.
- Reception areas and waiting areas should be welcoming with a range of seating options available and, where possible, a view to an external area.
- The provision of natural lighting within the building was deemed to be extremely important to users, who recognised the relationship with improved recovery times.
- The colour scheme was important to the users with the majority of comments directed against the use of ‘cool’ clinical colour schemes, preferring instead warmer, calming shades.
- The wayfinding solution should seek to provide greater clarity to facilitate ease of movement around the building, including those with hearing or visual impairment.
- Privacy and dignity was essential to users from the moment they step through the front door to the moment they leave or are discharged.
- The availability of accommodation for family and carers within some single bedrooms was very popular.
- With the increase in digital information and delivery of services, data security and privacy was a high priority.
- From an inpatient perspective, the hospital environment must promote social interaction with fellow patients, family, visitors and colleagues.

3.2 Accident and Emergency

The Accident and Emergency Department was identified as a key area of interest for hospital patients, with unique challenges and circumstances. Feedback in relation to this topic, from the workshops was extremely wide ranging and, to reflect this, it has been necessary to subdivide the comments into sub-topics within the overarching Accident and Emergency topic. The sub-topics are listed below:

- Entrance;
- Reception;
- Waiting Areas;
- Children’s Waiting Areas;
- Triage;

- Treatment Cubicles; and
- Courtyard

Wayfinding and the overall patient journey also featured in these discussions although this was incidental.

The key themes emerging from the discussion as a whole are presented below, but it should be noted that when each sub-topic is considered in isolation, the key themes do vary.

Key Themes

- Accessibility & Inclusion;
- Diverse Patient Needs;
- Layout & Interior Design; and
- Natural Light.

It was recognised that patients have diverse needs and that those needs should be provided for without compromising the treatment and experience of other patients. Separate areas for entrance, waiting and treatment for children, particularly away from patients with substance abuse problems was considered to be important. Quiet, calm areas for patients with dementia, mental health problems and other needs were also seen as desirable.

One of the key themes for the department was efficiency, from external signposting to the clarity and efficiency of the process at Reception. Privacy and dignity were particularly important at Reception, with acoustic privacy raised as a priority.

Comments on interior design and layout of the waiting area were similar to those received for the main topic, but also included commentary on facilities, i.e. provision of refreshment opportunities and things to do (distractions) whilst waiting. Children's areas were considered to be necessary, though responses differed on how appropriate separation and passive supervision could be achieved.

Privacy, dignity and passive supervision were of particular importance in triage and treatment areas, with staff and patient security also being essential.

The use of natural light was desirable but comments regarding the possibility of access to an external courtyard, or at least view of an external area, were received in response to visual precedent images of existing exemplar facilities.

3.3 In-Patient Wards & Single Rooms

The key themes emerging from the discussion as a whole are presented below:

Key Themes

- Passive Supervision;
- Accommodation for Family & Carer;
- Privacy & Dignity;
- Social Interaction
- Design; and
- Natural Light.

A clear view was expressed that the design of ward areas, whether multi-bedded bays or single bed rooms should provide good visibility into the rooms from the Nurse's Station or 'Touchdown' to achieve passive supervision of patients. It was also important to users that colleagues were visible to the patients.

The provision of accommodation for family and carers was highly praised, with the inclusion of a drop-down bed in the single bed rooms being made available where required.

Patient privacy and dignity were considered to be essential at all points in the patient journey, which was communicated across several aspects of the design from en-suite toilets, toilets with lobbies, and rooms for patients with learning disabilities and mental health issues.

Whilst lack of privacy was voiced as a key concern, the ability to interact 'socially' with fellow patients was considered to be essential.

There was recognition that no single approach to ward areas would fit all scenarios and an understanding that a blend of multi-bed bays and single bed rooms would ultimately be necessary.

The provision of natural daylight within the ward areas was seen to be beneficial to all users and was a key factor in the preference for the single bed room layouts. These rooms should achieve high levels of natural lighting, with views to the exterior wherever possible.

Multi-bedded bays were deemed to provide additional 'security' as patients can be seen, as well as providing increased social interaction.

Visual and acoustic privacy was highlighted as being important. For some, this meant a desire for a 'private' side room or single bed room and for others an offset design for multi-bedded wards. Sufficient space around beds was identified as being essential for private conversations and storage of belongings, but also to facilitate the use of equipment at the bedside.

Accommodation for a family member or carer to stay with patients, particularly patients with additional needs such as children, elderly or frail patients and patients with mental health challenges. Social spaces on the ward for interaction with other patients, colleagues or visitors were also seen as desirable.

External views and natural daylight were seen as important to patient wellbeing. Night time noise was recognised as being a hindrance to achieving a good night's sleep, which attendees were also aware was linked to improved recovery times.

3.4 Waiting Areas

The key themes emerging from the discussion as a whole are presented below:

Key Themes

- Seating;
- Accessibility & Inclusion;
- Clarity of Information; and
- Welcoming Environment.

Comments received regarding this topic were extremely wide-ranging but two key themes emerged, which are interrelated. By far the greatest importance was placed on Accessibility and Inclusion for those with a disability or impairment. Closely following this theme was the appropriateness and quality of the seating.

The most frequently referenced theme was Accessibility and Inclusion for those with a disability or impairment. Comments in this area related to physical design and arrangement of seating and associated furniture but also to the design and location of signage and information. A wide range of influencing factors were mentioned including age, physical ability and mental and emotional health diversity.

Closely following and linked with this theme was the quality, arrangement and design of the seating to ensure that patient needs could be met. Responses were concerned with privacy and dignity, safety, physical practicalities and comfort.

A welcoming environment together with clarity and consistency of information available to those waiting were also of great interest. The use of technology as a call system was discussed.

Access to natural light, plants, calming colours and 'quiet areas' were recorded as desirable.

3.5 Wayfinding

The key themes emerging from the discussion as a whole are presented below:

Key Themes

- Clarity of Information;
- Accessibility; and
- Texture / Colour / Sound.

Clarity of information was the key concern, which linked closely to the second most frequent theme of accessibility. Information should ideally be presented at a variety of heights and should allow for a range of physical and sensory disabilities, such as hearing and visual impairment.

Opinions on the best form of signage or wayfinding provision varied, but in general colours and symbols and 'lines' were preferred to text-only based systems. Clear and simple language, avoiding overtly technical medical terms was preferred. A means of confirming that a patient or visitor was 'on the right track' were also seen as important.

Feedback across all of the topics included concerns for patients with dementia and recognised that the condition can affect visual interpretation of colours and shadows.

3.6 Digital Delivery

The key themes emerging from the discussion as a whole are presented below:

Key Themes

- Data Security / Privacy;
- Technology not appropriate for all Patients;
- Human Interaction;
- Chatrooms / Learning Hubs / Information on Screens;
- Accessibility; and
- Real Time Information.

Data security was the most frequently mentioned theme with emphasis on the importance of confidentiality in a healthcare setting. Some responders raised privacy issues commenting that they were uncomfortable with the principle of entering or accessing personal data on screens that may be visible to bystanders.

Concern was raised that technology might not be suitable for all users. It was suggested that a range of communication methods should be maintained to provide an inclusive experience. The importance of human interaction was strongly stated, though it was acknowledged that some technology could be useful in streamlining processes such as the digital front door / check-in, interactive healthcare advice screens, pathfinding and waiting notifications (see feedback on Waiting Areas).

The provision of wifi signal throughout the hospital premises for use by patients and visitors, and in one case for a community hub, was welcomed. Feedback was also receptive to the possibility of using virtual clinics in some circumstances.

The use of technology for real-time displays, wearable alarms and wayfinding was generally accepted.

4 Conclusions and Next Steps

This programme of design workshops has provided a platform for patients, carers, families and the wider stakeholder community to share their ideas, hopes and aspirations at several public workshops. The workshops have enabled the design team and colleagues from the Trust to engage the public on key subjects and learn what really matters to them. All of this will help to inform the future development proposals for both Calderdale Royal Hospital and Huddersfield Royal Infirmary.

The Trust intends that this initial process will be the first of many opportunities for the public to be involved in the design of the new and remodelled facilities. This report will now be incorporated into the Design Brief, which will be included as just one element of the tender documentation used to procure design consultancy services.

As the design of the facilities progresses from an outline scheme to detailed planning proposals, the Trust will ensure that further opportunities are provided for patients, carers, families and stakeholders to participate in the development journey. These sessions will also be used to provide feedback on how the comments have been incorporated into the proposals.

5 Evaluation & Monitoring

Table 5.1: Feedback Results

	Very Good	Good	Poor	Very Poor	Total
Venue	35	23	0	0	**58**
Welcome and Registration	36	22	0	0	**58**
Refreshments	30	24	1	0	**55**
Presentation	43	12	1	0	**56**
Wayfinding & Access	40	17	1	0	**58**
Accident & Emergency	39	17	3	0	**59**
In-Patient Wards	36	18	2	0	**56**
Waiting Areas	42	11	5	0	**58**
Digital Technology	28	23	3	0	**54**
Other ways in gathering views	4	5	1	0	**10**
Total	**333**	**172**	**17**	**0**	**522**

Table 5.2: Additional Comments

Additional Comments
Very interactive, helpful and informative.
It was fantastic.
Great that your inclusive & listen to a diverse range of people.
Really great that we're welcomed into this meeting and allowed to give all our views, opinions, ideas for a better NHS new hospital. Brilliant guys we support felt empowered!!
Great job.
Interactive.
I really enjoyed this. Ample opportunity to express views and opinions. Felt "listened to".
Have a/some small outdoor seated and landscaped areas. Scientific studies show the wellbeing effects of nature on physical and mental health.
Discussions were very good, well facilitated and a good way to initiate plans to get feedback.
An excellent evening. Contribution felt worthwhile and respected.
Interesting and enjoyed being part of conversation.
A very good approach to information collection.
Good to have the opportunity to have a say.

6 Equality Monitoring

Figure 6.1: Attendees – Location in relation to CRH

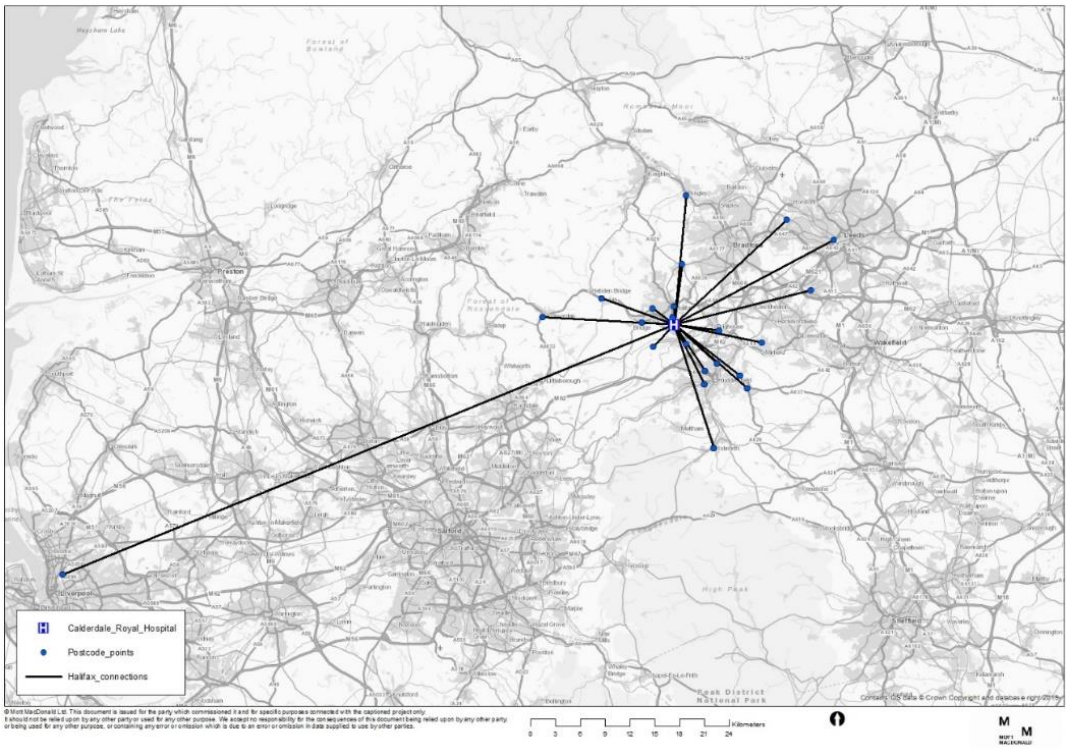


Figure 6.2: Attendees – Location in relation to HRI

Figure 6.1: Gender

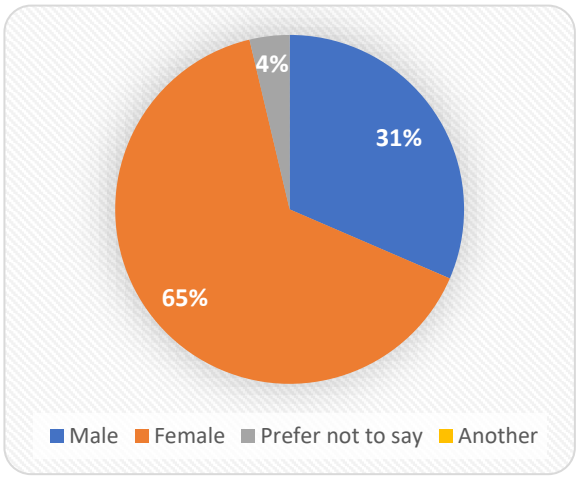


Figure 6.2: Age Range

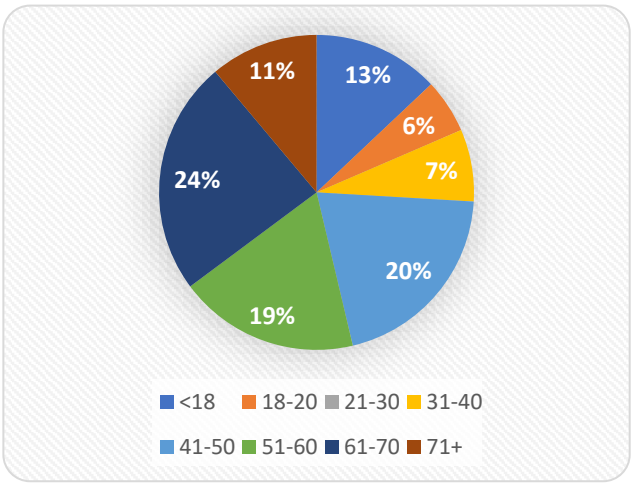


Figure 6.3: Country of Birth

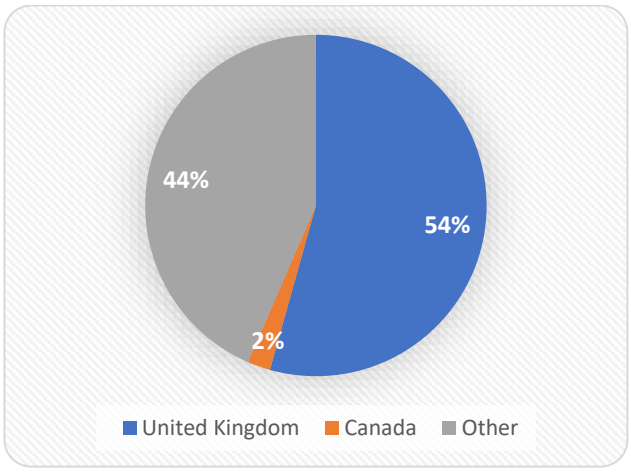


Figure 6.4: Religion

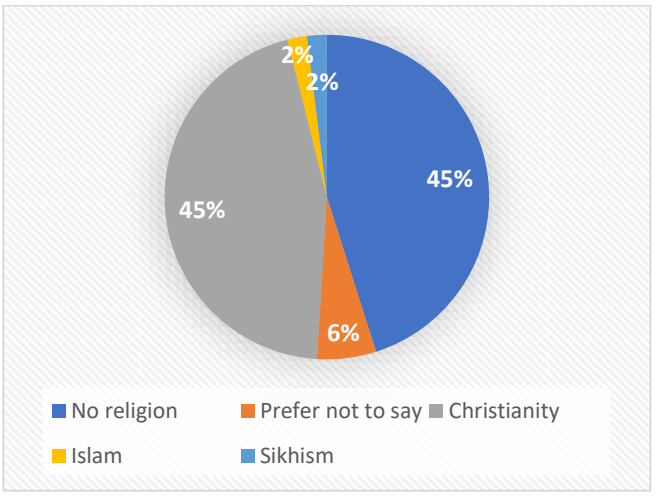


Figure 6.5: Ethnic Group

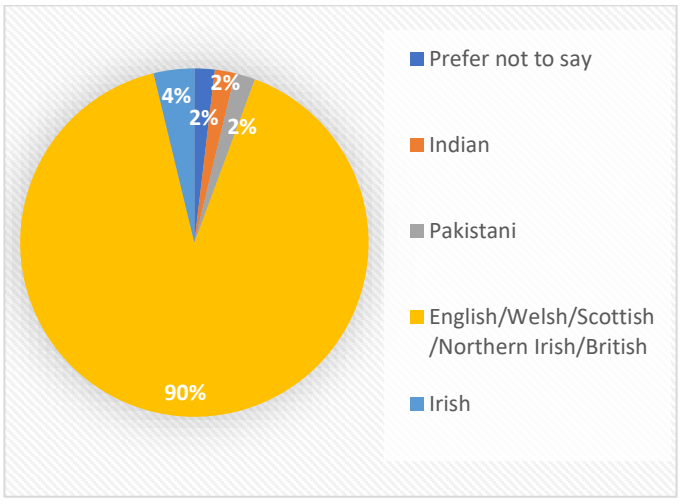


Figure 6.6: Do you have a disability?

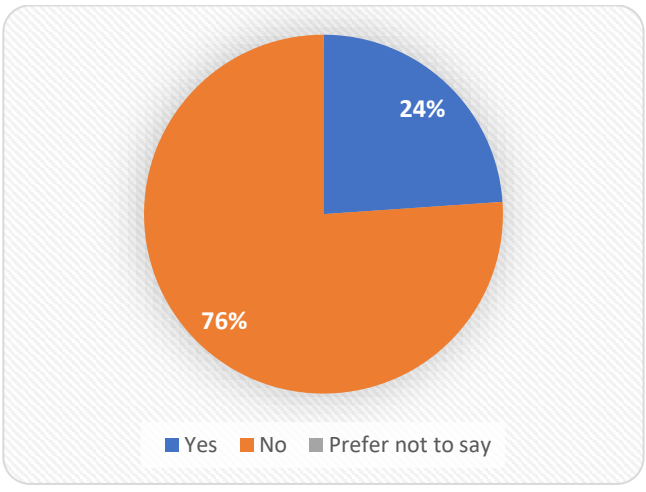


Figure 6.7: Do you have a Long Term Conditions, Impairment, Illness?

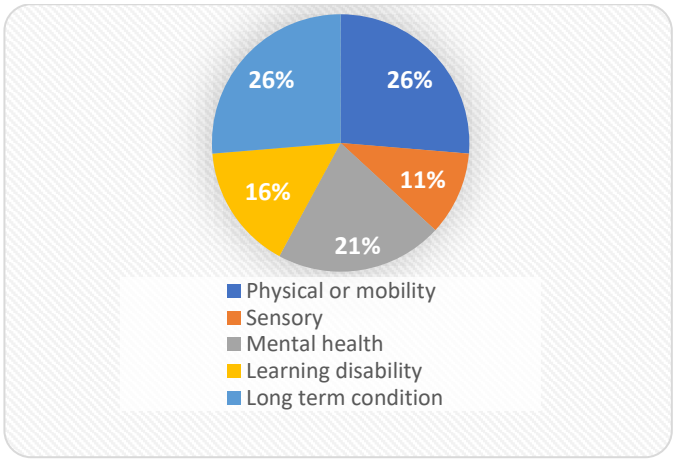


Figure 6.8: Are you a carer?

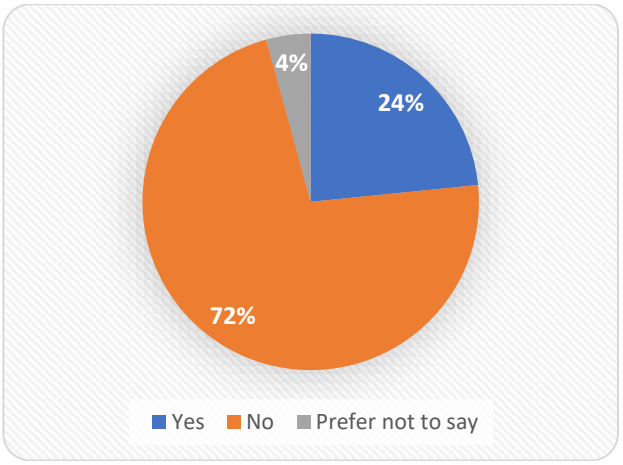


Figure 6.9: Are you pregnant?

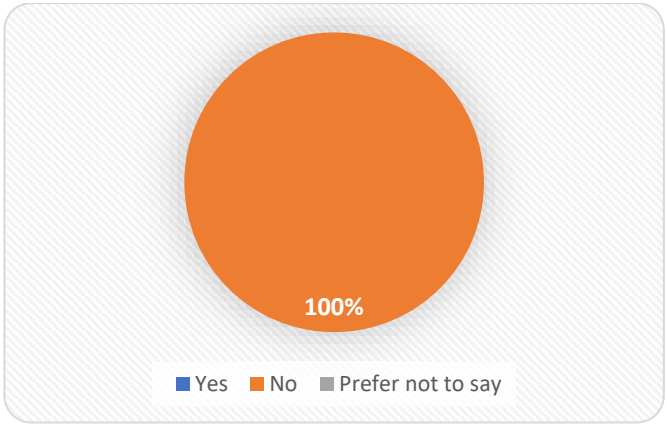


Figure 6.10: Have you given birth with last 6 months?

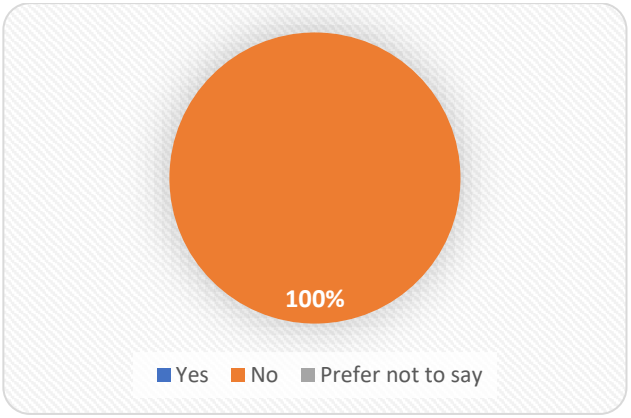


Figure 6.11: Sexual orientation

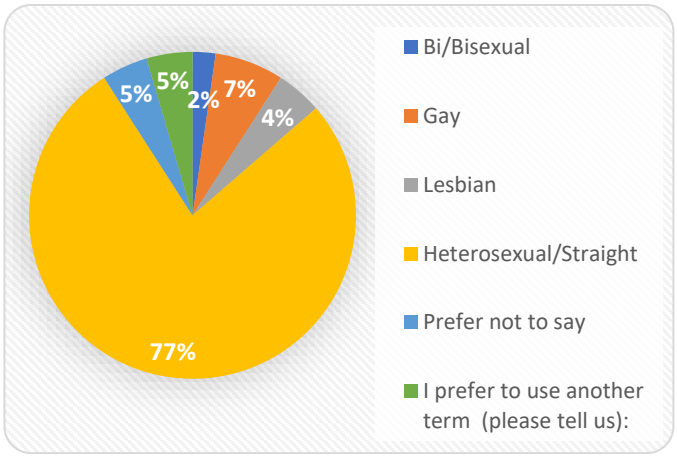
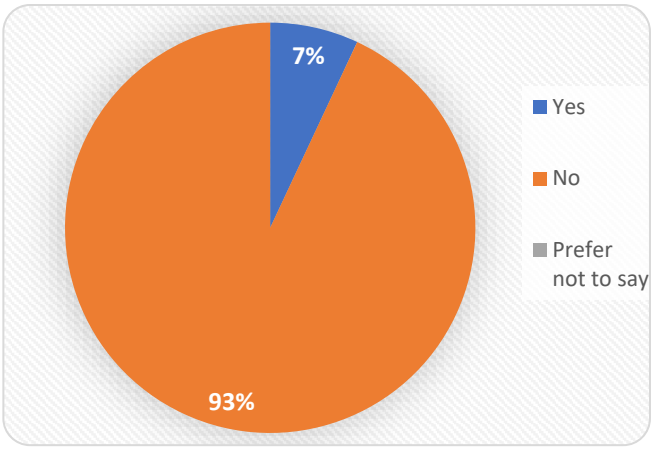


Figure 6.12: Are you a Trans person?



Calderdale and Huddersfield NHS Foundation Trust

Design Brief
Colleague Involvement Report
February 2020

Contents

Tables

Figures

1 Introduction

In December 2018 the Department for Health and Social Care announced that Calderdale and Huddersfield NHS Foundation Trust (CHFT or "the Trust") had been allocated £196.5M for the transformation of services at both Huddersfield Royal Infirmary and Calderdale Royal Hospital.

Following this allocation of funds, the Trust appointed Mott MacDonald and IBI Group to prepare a Trust Design Brief. The Design Brief will capture the physical requirements, adjacencies and aspirations for the relevant clinical and non-clinical services that will be incorporated into the design of the accommodation.

The Trust has sought to involve a wide range of stakeholders in the development of these documents by establishing a Working Group formed from separate sub-groups involving colleagues, patients, local professional and community groups, the public and technical specialists.

A programme of twenty-one colleague involvement workshops have been held to discuss seven key areas of development in relation to the transformation of services across CHFT. More than one hundred CHFT colleagues have given their time to attend these workshops. This report has been prepared as a milestone marking the conclusion of the initial programme of engagement. It provides a record of the methodology adopted for the workshops and of the work completed to date and the key design themes arising from this[1].

The feedback received will be collated and used to develop the Trust Design Brief. The Design Brief will in turn be used by the consultants for the Transformation of Hospital Services Project to develop the outline designs that will be required to inform the Outline Business Case.

Alongside the colleague involvement programme detailed in this report 4 public involvement workshops, one Older People's Fair and one Young People's event have also been held to develop a user's perspective that will be included in the Design Brief. The methodology and outcome of these public events is captured in a separate report.

[1] Detailed notes of all the involvement meetings were also taken.

2 Background

2.1 Project Objectives

The objectives of the proposed transformation of hospital services are to:

- Improve clinical outcomes and safety;
- Improve service delivery efficiency, thereby supporting local & regional system affordability;
- Improve compliance with statutory, regulatory and accepted best practice;
- Improve the recruitment and retention of colleagues;
- Optimise use of the available hospital estate; and
- Deliver economic and affordability benefits compared to continuation with the existing model of hospital care, thereby helping eliminate the Trust's underlying financial deficit.

2.2 Project Milestones

In December 2018, the Department for Health and Social Care announced £196.5M funding for the transformation of services at CHFT. At each stage of the project the business case for transformation will require approval by National Health Service England and National Health Service Improvement (NHSE&I), the Department for Health and Social Care (DHSC), and Her Majesty's Treasury. The timetable for the stages involved is given in Table 2.1 below.

Table 2.1: Project Milestones

Activity	Anticipated Date
Strategic Outline Case	November 2019
Outline Business Case	December 2020
Full Business Case	December 2022
Completion of the New Build Expansion	December 2025

2.3 Design Brief

The Design Brief will capture the physical requirements and aspirations for the relevant clinical and non-clinical services as well as any overarching principles that CHFT are looking to incorporate into the design of the accommodation. It will explain how the services will be transformed, identify key clinical and non-clinical adjacencies, establish key patient flows and connectivity, and will consider the operational processes affecting each of the clinical specialties.

2.4 Colleague Workshops

A programme of 21 colleague involvement meetings were organised to provide a forum for the design team to engage colleagues in discussion on a range of topics related to the design of the future development proposals for Calderdale Royal Hospital and Huddersfield Royal Infirmary. The design team was able to draw on the specialist clinical and operational knowledge of a cross-section of colleagues to inform the Clinical Design Brief.

The Trust's Project Management Office (PMO) had clear ideas on the structure of the colleague involvement workshops, which were discussed and refined with Mott MacDonald and IBI Group. Two rounds of workshops were arranged with colleagues from each of the following departments with a third workshop planned to complete the information gathering exercise, if required.

- Accident and Emergency – Adult and Paediatric;
- Inpatient Wards – Medical and Surgical Inpatients;
- Surgery and Theatres;
- Imaging and Diagnostics;
- Digital Delivery;
- Education & Training; and
- Facilities and Support Services.

An initial invitation was circulated to each of the departments listed above with a request for a true cross-section of colleagues to be identified to attend, and to allow for working rotas to be organised in advance. A briefing paper, together with extracts from the Strategic Outline Case, was later circulated to colleagues with an updated invitation giving the proposed schedule of workshops. The PMO organised initial 1-2-1, or departmental briefings in advance of the workshops to provide greater context, a forum to ask any initial questions and, where necessary, to expand the invitation to ensure strong representation from each of the departments.

Those colleagues attending workshops were asked to liaise with their colleagues from within their clinical or service area to gather opinion, which helped to ensure that the key principles could be incorporated into the design to address the real constraints and challenges that colleagues experience on a day-to-day basis.

Wherever possible, the number of colleagues invited was kept deliberately low to allow meetings to function effectively as workshops and to allow the Architects to fully engage with those attending. IBI Group (Architects) led the workshops, which were designed to be an informal round table discussion with technical input as necessary to prompt the conversation. Each workshop was allocated a three-hour window but was planned to last two and a half hours, with a further thirty-minute period included where discussions were particularly detailed.

The sessions explored a number of key issues tailored to specific clinical or service areas, including the areas listed below:

- Known best practice and experience;
- Current constraints which are to be improved;
- Potential efficiencies generated by single site delivery;
- Adjacencies, linkages and connectivity to key support services; and
- How digital technology might improve delivery.

More than 100 colleagues, not including Mott MacDonald and IBI Group, attended the workshops, which took place during October and November 2019; a full schedule of these workshops is presented in Table 2.2 below.

Table 2.2: Workshop Schedule

Workshop Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dates / Workstream	17/10/2019	18/10/2019	21/10/2019	21/10/2019	23/10/2019	25/10/2019	25/10/2019	31/10/2019	01/11/2019	01/11/2019	04/11/2019	04/11/2019	08/11/2019	08/11/2019	12/11/2019	13/11/2019	14/11/2019	15/11/2019	20/11/2019	22/11/2019	22/11/2019
Accident & Emergency					Y						Y							P			
In-Patients Wards						Y						Y							Y		
Surgery & Theatres							Y							P						Y	
Imaging & Diagnostics				Y									Y								Y
Digital Delivery			Y							Y							P				
Education & Training		Y							Y							Y					
Facilities & Support Services	Y							Y							P						

Y Denotes meeting held

P denotes meeting postponed pending 'Homework' / Not Required.

2.5 Methodology & Agenda

The workshops followed a structured process, engaging with all stakeholders present to ensure appropriate and fair representation of views. Clear definitions of responsibility were established at the outset of each workshop to encourage the 'right people' to talk at the 'right time' about the 'right subject'. The design team reinforced that their goal was to listen carefully to all interested parties and to take all viewpoints with equal importance. Figure 2.1: Workshop Methodology captures the approach, Table 2.3 the agenda.

As part of the process, where it became clear that the information required was available but not immediately to hand, colleagues were asked to take an action as 'homework' with the proviso that this should be completed within their normal working arrangements.

Each workshop was concluded with a request for details of any exemplar healthcare premises that colleagues may be aware of so that 'go-see' visits could be organised. The schedule of visits was refined to account for recently completed visits or clarification that the facilities were not specifically aligned to the requirements of the proposed expansion. Visits have commenced and will continue through the first quarter of 2020.

The workshops have sought to capture:

- Physical, technical and aspirational requirements for each Department or service;
- Departmental types;
- Departmental content;
- Departmental adjacencies & relationships with existing facilities;
- Patient and Facilities Maintenance flows;
- Anticipated future change and impact on physical provision;
- Advances in treatments, medical and infrastructure technologies, management practice;
- Revised spatial requirements; and
- Examples of exemplar facilities.

Figure 2.1: Workshop Methodology

Table 2.3: Typical Agenda

Topic	Notes and Prompts
Welcome, Housekeeping & Introductions	
Clinical Design Brief and purpose of the SIG	
Broad content of the proposed development	Breakdown of departments
	Service delivery split across HRI and CRH facilities
Fixed Points	CRH PFI constraints
	Operational constraints – entrances, infection control, noise & vibration
	Existing CRH access routes
	Local Planning Authority restrictions
	Significant engineering constraints
Anticipated future needs	Service trends
	Flexible / Expandable / Extendable space
	Extension capacity
	Engineering capacity
Matrix of adjacencies	Essential, Important, Desirable, Undesirable
Whole hospital policies	Facilities Management - waste, materials handling, catering, domestic services, portering, linen, sterile services
	Security, IT, Pharmacy, Medical Records, Admin
	Future influence of digital services
	Fire Strategy, Decontamination & Sterilisation, Pneumatic Tube
	Functionality, Flexibility, Efficiency, Sustainability, Innovation
	Biophillia (Natural Light, Ventilation & Materials)

2.6 Colleague Enthusiasm

At the start of each colleague workshop, attendees were asked to complete an electronic registration of attendance and to describe, in one word, how they were feeling towards these meetings. Their feedback has been collated and developed into a word cloud, which largely illustrates their enthusiasm to the process.

Figure 2.2: Colleague Enthusiasm

3 Workshop Feedback

The following sections of this report present schedules of attendance highlighting those colleagues providing support to the development of the Clinical Design Brief.

3.1 Facilities & Support Services

Table 3.1: Attendance at Workshop 1

Attendees	Project Role or Job Title
[redacted]	Associate Director of Finance
	Cleaning, Catering, Porter, Laundry, Security, Transport
	General Manager
	Fire Officer
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Infection Control
	Pharmacy
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.2: Attendance at Workshop 8

Attendees	Project Role or Job Title
[redacted]	Supply Chain Lead – Procurement and Materials Management
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Environmental Manager
	Estates Officer
	Medical Engineer
	Pharmacy
	Associate Director of Finance
	Head of Facilities
	Fire Officer
	Community Rep
	Transformation Programme Manager
	Cleaning, Catering, Porter, Laundry, Security, Transport
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Workshop 15 was postponed pending 'homework' responses.

Key Themes from Workshops

1. A wide range of Facilities Management and Support Services are provided by a number of organisations across the Trust's two sites and it is an essential requirement that these services are coordinated and integrated to ensure that efficient and consistent standards are maintained during and after the proposed service transformation; and
2. The impact of these changes will vary considerably between the various services with some spare capacity in the existing CRH providing space for expanding services with other services, including Hard FM requiring additional space to be created.

3.2 Education & Training

Table 3.3: Attendance at Workshop 2

Attendees	Project Role or Job Title
[redacted]	Medical Education Manager
	Library Services Lead
	Workforce BI - Manager
	Therapy Lead
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.4: Attendance at Workshop 9

Attendees	Project Role or Job Title
[redacted]	Medical Education Manager
	Community Rep
	Service User Rep
	Library Services Lead
	Digital Health Team Manager
	Workforce BI - Manager
	Transformation Programme Manager

Table 3.5: Attendance at Workshop 16

Attendees	Project Role or Job Title
[redacted]	Library Services Lead
	Workforce BI - Manager
	Service User Rep
	Community Rep
	Digital Health Team Manager
	Assistant Director of Finance
	Transformation Programme Manager
	Director of Transformation and Partnerships

Key Themes from Workshops

1. There is an increasing demand for training of colleagues with an associated increasing reliance on technology. In addition, there is a requirement for improved access to small spaces within which small video conferences and private study can take place;
2. Spaces are required to be flexible and easily reconfigurable to accommodate varying numbers of participants and a range of engagement formats;
3. There is an increasing reliance upon technology for education and training requiring a significantly enhanced capability for connecting a range of communication and display equipment through both WIFI and hard-wired networks and full coverage of all areas by both systems is essential;
4. Out of hours access is required for colleagues both from within the Hospital and externally with appropriate secure access control:
5. Storage for a wide range of furniture, specialist clinical simulation equipment and presentation equipment is required to enable flexible use of the adaptable spaces; and
6. A Simulation Suite providing flexible clinical simulation areas with an adjacent Control Room is required. This will require a range of supporting accommodation including changing facilities, an office, storage for specialist equipment, a clinical skills laboratory and a debriefing room.

3.3 Digital Delivery

Table 3.6: Attendance at Workshop 3

Attendees	Project Role or Job Title
[redacted]	Observer
	Therapy Lead
	Clinical Lead
	Nursing Lead
	Management Lead
	Admin
	Management Lead
	Community Rep
	Chief Technical Officer
	Transformation Programme Manager

Table 3.7: Attendance at Workshop 10

Attendees	Project Role or Job Title
[redacted]	Nursing Lead
	Management Lead
	PACS Lead
	Associate Director of Finance
	Management Lead
	Director Lead
	Chief Technical Officer
	Transformation Programme Manager

Workshop 17 was postponed pending 'homework' responses.

Key Themes from Workshops

1. Digital will underpin the delivery of the healthcare model;
2. Digital will expand beyond clinical services with local health partners becoming fully integrated;
3. EPR will continue to develop and improve from the current assessment of EMRAM Stage 5;
4. All colleagues will be provided with smarter tools, such as hand held devices with appropriate software, to enable them to work more efficiently;
5. Digital systems will develop to include all processes used by the workforce; and
6. The technology should not hinder colleagues in carrying out either their clinical or corporate roles.

3.4 Imaging & Diagnostics

Table 3.8: Attendance at Workshop 4

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Modality Lead
	General Manager
	General Manager
	Clinical Director
	Associate Medical Director
	Transformation Programme Manager

Table 3.9: Attendance at Workshop 13

Attendees	Project Role or Job Title
[redacted]	Senior Project Accountant
	General Manager
	Point of Care Testing Manager
	Advanced Practitioner – Radiology
	Advanced Practitioner – Radiology
	Service Lead – Interventional Radiology
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.10: Attendance at Workshop 21

Attendees	Project Role or Job Title
[redacted]	General Manager
	Clinical Director
	Senior Project Accountant
	Modality Lead
	Point of Care Testing Manager
	General Manager
	Transformation Programme Manager
	Director of Transformation and Partnerships

Key Themes from Workshops

1. CRH Specific - Recent and proposed expansion of Imaging facilities within the footprint of the existing department has resulted in the loss of accommodation for use by colleagues that should be replaced at a size appropriate to the new enlarged facilities. The required accommodation includes Changing and Rest facilities for colleagues and flexible Multi-Disciplinary Team space;
2. The imaging facilities associated with the CRH ED and the main Imaging Department should be closely related to enable colleagues to work flexibly to meet fluctuating demands and to respond to emergency incidents;
3. Waiting areas should provide a range of comfortable seating and spaces for those in wheelchairs with natural lighting and views of soft landscaping where feasible. Discrete spaces should also be provided for patients in beds and on trolleys, close to the Imaging rooms but screened from public view to ensure privacy and dignity for patients who may be distressed or seriously ill. Facilities for relatives and carers to wait in close proximity to Imaging rooms should be provided.
4. Waiting areas suitable for children awaiting imaging should be provided;
5. Changing Rooms for patients who are required to change prior to imaging should be designed to ensure that patients do not have to wait in an open public waiting area with clothed members of public. Changing Rooms should be sized and equipped to suit a range of users including those with protected characteristics; and
6. Accessible WCs should be provided in close proximity to Waiting areas.

3.5 Accident & Emergency

Table 3.11: Attendance at Workshop 5

Attendees	Project Role or Title
[redacted]	Senior Project Accountant
	Consultant
	Nurse Lead
	Healthcare Assistant Rep
	Sister / Charge Nurse – A&E
	Communications Lead
	Transformation Programme Manager
	Clinical Lead
	Community Rep
	Consultant
	Senior Information Analyst
	Healthcare Informatics
	Consultant
	Assistant Director of Nursing
	Management Lead
	Consultant
	Frailty Lead
	General Manager
	Infection Control
	Discharge Co-ordinator (Surgery)

Table 3.12: Attendance at Workshop 11

Attendees	Project Role or Job Title
[redacted]	General Manager
	Advanced Practitioner – Medicine
	Ward Manager – Acute Medicine
	Nurse Lead
	Nurse Lead
	Consultant
	Healthcare Assistant Rep
	Consultant
	Transformation Programme Manager
	Clinical Director
	Healthcare Informatics
	Director of Transformation and Partnerships

Workshop 18 was postponed pending 'homework' responses.

Key Themes from Workshops

The following are some of the key themes identified during clinical workflow engagement around the ED:

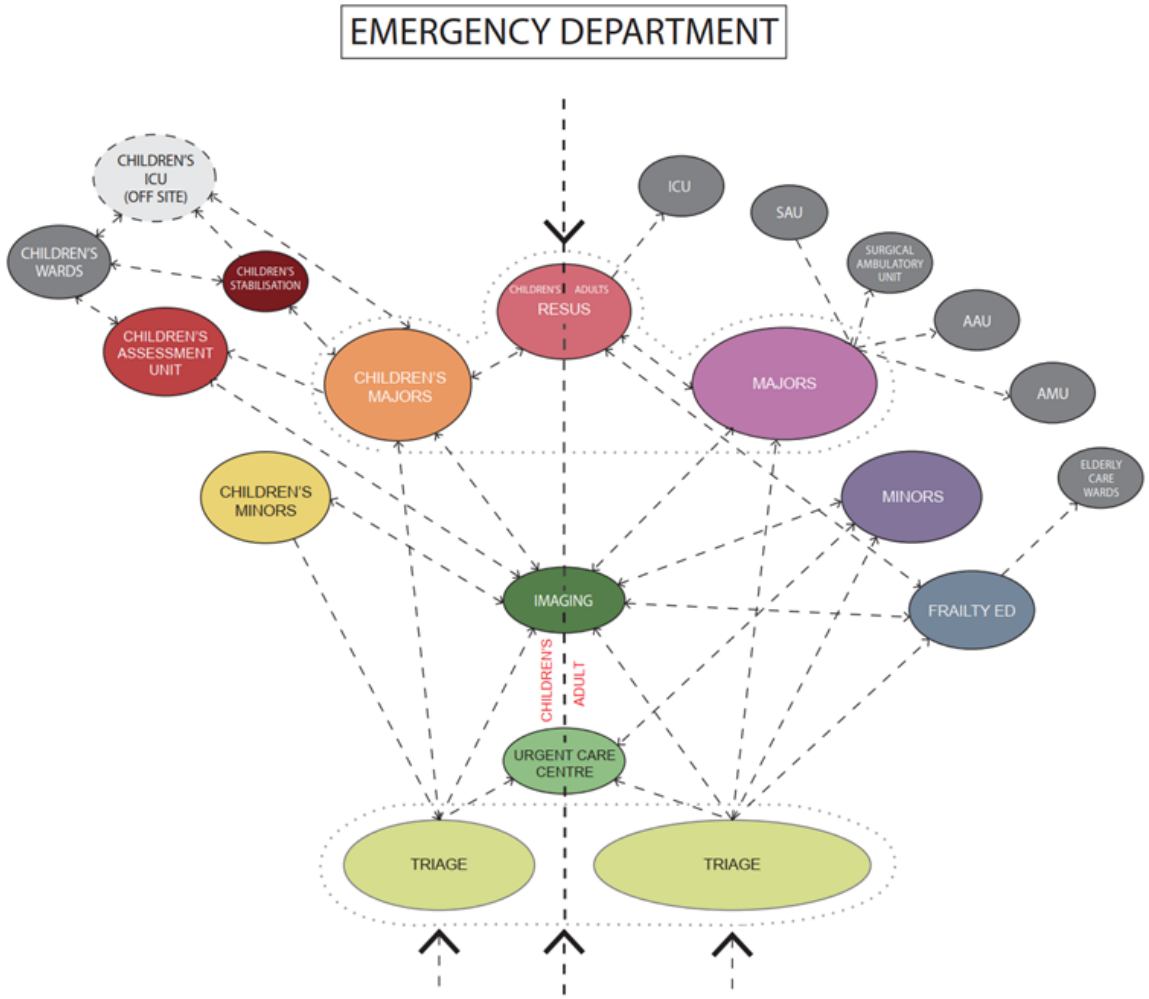
1. Clear and accessible entrances are required, readily visible from vehicular and pedestrian approach routes with prominent and legible signage to indicate the intended use of each;
2. Access routes for patients arriving by ambulance must be fully covered from vehicle to entry into the building;
3. The Main Reception point should be readily visible and clearly identifiable from each entrance point;
4. An initial 'front of house' assessment facility is required to enable all patients entering the ED to be streamed;
5. Waiting spaces for patients and their families / carers should be attractively designed with access to natural light and views of soft landscaping and with a range of chair types, sizes and heights to suit varying needs;
6. Good observation of all areas is essential to ensure the safety and wellbeing of all patients, their families / carers, and colleagues;
7. Clear and intuitive wayfinding is required for patients and their families / carers with clear views of main access / egress points and routes supported by prominent and legible signage (including relevant graphics and symbols to aid those who have visual impairment, difficulty reading text or for whom English is not their first language);
8. The boundaries between ED sub-departments should be capable of "flexing" to allow for fluctuations in patient numbers;
9. Whilst Paediatric and Adult ED Waiting and Treatment areas must be segregated, ready access between the two areas will be required for colleagues;
10. Any associated Assessment and Urgent Care facilities should be located immediately adjacent to the ED to enable patients to be moved quickly and efficiently into the appropriate care pathway;
11. Dedicated Imaging facilities should be located immediately adjacent to Assessment and Treatment areas to enable intuitive patient and carer access without colleague assistance;
12. Chair-centric and couch-centric Treatment cubicles must be capable of flexibility in use. The inclusion of fully glazed, easily operated sliding cubicle doors incorporating interstitial blinds to provide visual and acoustic privacy (essential for patients and their families / carers to have confidential and potentially distressing conversations with colleagues) is preferred;
13. "Point of Care" testing facilities are required within the ED to provide a rapid diagnosis service;
14. If designated as a receiving centre for major trauma and chemical incidents (as CRH already is), a permanent Decontamination Unit (rather than a tent type facility) comprising an Isolation Room with Gowning Lobby is required to deal with contaminated or infected patients without the need to temporarily close down other parts of the associated ED;
15. A number of rooms with good observation and compliant with Royal College of Psychiatry recommendations will be required for patients with mental health issues. To ensure the availability of appropriate accommodation at all times, the possibility of making all cubicles suitable for mental health use through the introduction of manual pull-down shutters to conceal equipment (Nottingham University Hospital model) should be considered. All cubicles should be designed to be "ligature-light";
16. Good access is required to Operating Theatres and Critical Care to enable the rapid transfer of patients. Consideration should be given to the provision of dedicated lifts if these facilities are on a different floor to the ED;

17. EDs and Pharmacies should be in close proximity;
18. Sensitively designed accommodation is required for bereaved relatives in discrete but accessible locations, each such suite comprising a shared Waiting area with beverage preparation facilities and two separate private rooms offering high levels of visual and acoustic privacy;
19. A Paediatric ED will be required to accommodate children of a wide age range from birth up to 18 years old and as such will require careful consideration of the varying environments, room layouts and equipment required to deliver emergency services in an age-appropriate, supportive and effective setting;
20. Attractive working environments that support wellbeing are essential for colleagues who will be working under busy and often stressful conditions. As a result, access to natural light and ventilation, and external views are important together with adequate environmental control. Facilities must be provided for colleagues' "downtime" in close proximity to but separate from clinical areas together with spaces for colleagues who may require emotional support in a confidential environment as a result of traumatic experiences; and
21. There are significant storage requirements associated with an ED and appropriately sized, equipped and located Stores are therefore required to ensure the efficient delivery of clinical services.

Operational Flow Diagram

The flow diagram in Figure 3.1 was developed during the involvement workshops by Emergency Department colleagues to illustrate the model of care (at CRH only). This will be subject to review and possible modification as operational models develop in further stages of design.

Figure 3.1: Operational Flow Diagram for CRH ED



3.6 Inpatient Wards

Table 3.13: Attendance at Workshop 6

Attendees	Project Role or Job Title
[redacted]	Junior Doctor
	Estates Officer
	Assistant Director of Finance
	Head Nurse in Medicine
	Clinical Director
	Assistant Director of Nursing
	Programme Manager
	Therapy Lead
	Healthcare Informatics
	Nurse Lead
	Admin Rep
	General Manager
	Clinical Director
	Management Lead
	Healthcare Assistant / Ward Clerk Rep
	Consultant
	Consultant
	Infection Control
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.14: Attendance at Workshop 12

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Nurse Lead
	Clinical Director
	Healthcare Informatics
	Clinical Director
	Transformation Programme Manager
	Director of Transformation and Partnerships

Table 3.15: Attendance at Workshop 19

Attendees	Project Role or Job Title
[redacted]	Assistant Director of Finance
	Nurse Lead
	Clinical Director
	Healthcare Informatics
	Clinical Director
	Infection Control
	Therapy Lead
	General Manager

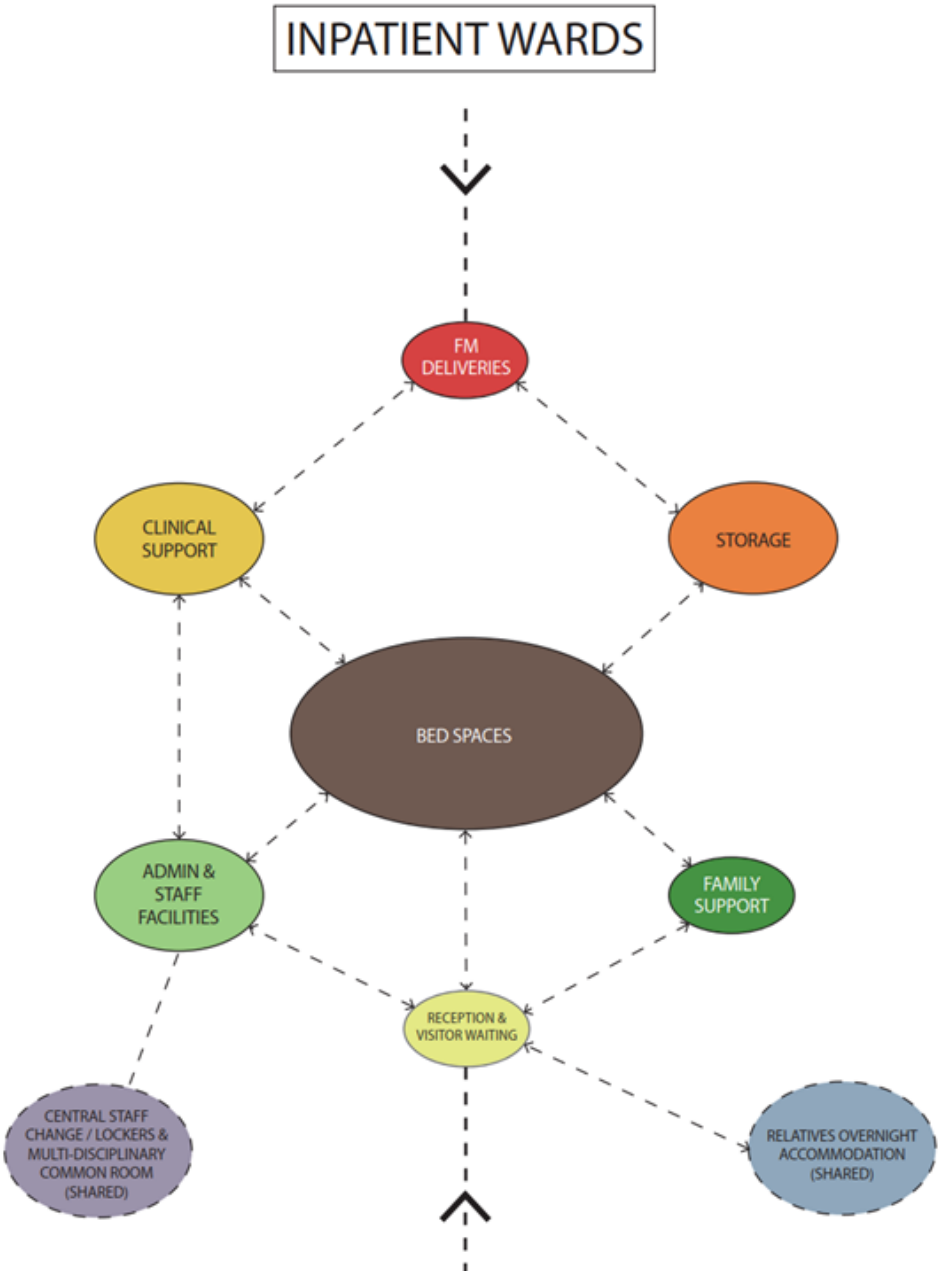
Key Themes from Workshops

1. The design of single bed rooms and multi-bed bays should be influenced by biophilic principles being comfortable, attractive, light, airy, offering appropriate patient privacy (visual and audible) and dignity, with external views from beds, preferably of distant vistas, soft landscaping or landscaped courtyards;
2. All rooms should be adequately sized and optimally laid out to accommodate clinical activity, therapy and associated equipment and mobility aids without the need to reposition furniture. Layouts should discourage bed-bound inactivity. Enhanced patient bedside clothing storage would encourage patient mobility;
3. Single bed rooms designated for bariatric patients, should have integrated hoists, and adequate space for associated equipment and manoeuvrability;
4. All bed spaces should be designed to accommodate advances in digital technology;
5. Adequate access to daylight is necessary to help patients maintain circadian rhythms and a sense of time;
6. Individual bedside patient control of blinds should be provided to give patients a degree of control over their immediate environment;
7. Individual bedside patient control of artificial lighting should be provided. A variety of lighting options will suit various clinical and patient activities, as well as provide opportunities for minimising energy consumption;
8. Opportunities should be considered for patients to display pictures and other personal possessions, whilst complying with infection control requirements;
9. A response should be provided to the increasingly important role played by relatives / carers in patient care. Incorporating overnight stay facilities in designated single bed rooms and offering relatives / carers opportunities for respite from the patient bedside whilst encouraging them to remain. In addition, overnight stay suites are required for relatives / carers; this would be on a shared basis between Wards;
10. Patient safety and reassurance should be provided through optimum line of sight to / from nursing colleagues;
11. Accommodation within each ward should be provided and ring-fenced to allow colleagues to communicate privately with families / carers;
12. Adequately sized and appropriately located ward storage is required to eliminate storage of equipment in corridors and prevent storage elsewhere, e.g. dirty sluice;
13. Adequate office accommodation for Junior Doctors should be provided on each ward;
14. Access to a multi-discipline Common Room should be available for colleagues at each ward floor level, in compliance with the BMA ‘Fatigue and Facilities Charter’;
15. An area forming a small visitor reception should be provided in each ward, co-located or integrated with a Ward Clerk’s base. This would also incorporate a small waiting area; and
16. Wherever possible, internal corridors should terminate at external glazing to help colleagues in particular to maintain a sense of time and external contact.

Operational Flow Diagram

The flow diagram in Figure 3.2 was developed during the involvement workshops by Inpatient Ward colleagues. This will be subject to review and possible modification as operational models develop in further stages of design.

Figure 3.2: Operational Flow Diagram for Inpatient Ward



3.7 Surgery & Theatres

Table 3.16: Attendance at Workshop 7

Attendees	Project Role or Job Title
[redacted]	Nurse Lead
	Senior Project Accountant
	Community Rep
	General Manager
	PMO Project Manager
	Healthcare Informatics
	Infection Control
	Supply Chain Manager – Procurement and Materials Management
	Transformation Programme Manager

Workshop 14 was postponed pending 'homework' responses.

Table 3.17: Attendance at Workshop 20

Attendees	Project Role or Job Title
[redacted]	Healthcare Assistant Rep
	Healthcare Informatics
	Senior Project Accountant
	Director of Operations
	ODA
	Nurse Lead
	Healthcare Informatics
	Consultant – General Surgery
	Transformation Programme Manager

Key Themes from Workshops

1. Operating Departments are required to enable the delivery of high-quality surgical procedures in a precisely controlled, functional and efficient clinical environment. However, the design should ensure that the internal environment supports wellbeing through the use of colour, finishes and detailing that provides an attractive, calming and non-institutional environment;
2. Access to natural light is required in the Operating Department accommodation and this is of particular importance in the Operating Theatre and rest facilities for colleagues;
3. Access to the Common Room spaces should be available in compliance with the BMA 'Fatigue and Facilities Charter' and these should be located on each floor so that they are accessible to all colleagues;
4. Storage should be located logically, and close to the point of use thereby minimising travel distances for colleagues and ensuring that essential equipment and supplies are easily accessible when required; and
5. 24-hour access to a flexible multi-purpose training and workspace within, or close to, the Operating Department would be very beneficial for colleagues.

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