

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Please ask for: Yolande Myers

Email: yolande.myers@kirklees.gov.uk

Monday 30 October 2023

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Meeting Room 3 - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 7 November 2023**.

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

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

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	Representing
Councillor Elizabeth Smaje	Kirklees Council (Joint Chair)
Councillor Andrew Cooper	Kirklees Council
Vacancy	Kirklees Council
Councillor Alison Munro	Kirklees Council
Councillor Colin Hutchinson	Calderdale Council (Joint Chair)
Councillor Howard Blagbrough	Calderdale Council
Councillor Mike Barnes	Calderdale Council
Councillor Christine Prashad	Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of Previous Meeting

1 - 14

To approve the Minutes of the meeting of the Committee held on the 12 July 2023.

3: Declaration of Interests

15 - 16

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

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Committee will receive any petitions and/or 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 submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting to executive.governance@kirklees.gov.uk

7: Update on the opening of the new Accident and Emergency, Huddersfield Royal Infirmary

17 - 26

To consider an update on the opening of the new A&E at Huddersfield Royal Infirmary, including plans to undertake a self evaluation.

Contact: Yolande Myers, Principal Governance Officer

Tel: 01484 221000

Email: yolande.myers@kirklees.gov.uk

Or

Contact: Mike Lodge, Senior Scrutiny Officer

Tel: 01422 393249

Email: mike.lodge@calderdale.gov.uk

8: Update on the Reconfiguration of Services

To receive a verbal update on the reconfiguration of services, including the financial envelope and outline business case.

Contact: Yolande Myers, Principal Governance Officer

Tel: 01484 221000

Email: yolande.myers@kirklees.gov.uk

Or

Contact: Mike Lodge, Senior Scrutiny Officer

Tel: 01422 393249

Email: mike.lodge@calderdale.gov.uk

9: Huddersfield Royal Infirmary Forward Plan

To consider the HRI forward plan and further developments in respect of maintenance and refurbishment.

Contact: Yolande Myers, Principal Governance Officer

Tel: 01484 221000

Email: yolande.myers@kirklees.gov.uk

Or

Contact: Mike Lodge, Senior Scrutiny Officer

Tel: 01422 393249

Email: mike.lodge@calderdale.gov.uk

10: Update on Out of Hospital Care

To receive a verbal update on Out of Hospital Care in Calderdale and Kirklees.

Contact: Yolande Myers, Principal Governance Officer

Tel: 01484 221000

Email: yolande.myers@kirklees.gov.uk

Or

Contact: Mike Lodge, Senior Scrutiny Officer

Tel: 01422393249

Email: mike.lodge@calderdale.gov.uk

11: Next Steps

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

Contact: Yolande Myers Principal Governance Officer

Tel: 01484 221000

Email yolande.myers@kirklees.gov.uk

or

Mike Lodge Senior Scrutiny Officer,

Tel: 01422 393249

Email: mike.lodge@calderdale.gov.uk

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Public Document Pack Agenda Item 2
CALDERDALE AND KIRKLEES JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE,
Wednesday, 12th July, 2023

PRESENT: Councillor Hutchinson (Chair) and Smaje (Chair)
Councillors: Blagbrough, Cooper, Munro and Prashad

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Barnes and Ramsay.

2 MINUTES OF THE MEETING HELD ON 17TH MARCH 2023

During discussions Members advised that they would welcome the opportunity to visit the new Huddersfield Royal Infirmary Accident and Emergency Department and asked for invitations to be issued to the Members of the Committee at the earliest convenience.

The Chair noted that that at a meeting of the West Yorkshire Combined Authority Transport Committee, confirmation had been provided that funding had been provisionally allocated from the Active Travel Fund. The Chair expressed his hope that the Calderdale and Huddersfield NHS Foundation Trust would be engaging with the West Yorkshire Combined Authority in relation to the design and execution of the works for the Calderdale Royal Hospital site.

RESOLVED that the Minutes of the meeting held on 17th March 2023, be approved as a correct record and signed by the Chair.

3 PUBLIC DEPUTATIONS

A deputation was received from Jenny Shepherd who attended the meeting.

4 OUTLINE BUSINESS CASE - VERBAL UPDATE

Anna Basford, the Deputy Chief Executive, and Director of Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT/'the Trust') provided a verbal update on the Outline Business Case (OBC). The update provided information on the progression of the Trust's reconfiguration plans and estate developments, both at Calderdale Royal Hospital (CRH) and at Huddersfield Royal Infirmary (HRI).

The plans described in the OBC, approved in 2022 by NHS England and the Department of Health and Social Care were being progressed in two stages. The first of those stages was regarding the development of the new accident and emergency department at HRI. Anna Basford confirmed that work was underway and was nearing completion with the planned scheduled opening of the new accident and emergency department in September 2023. The second stage of the work was the development at CRH and as previously reported the investments at CRH would enable the expansion of the site to develop 10 additional wards and new accident and emergency department including a specialist paediatric emergency department, a multi-storey car park and would include a new learning and development centre.

In terms of readiness for construction, it was advised that construction was ready to commence with necessary planning approvals in place in autumn 2023, and that the Trust had been proactively supported in recent months from national colleagues both within Treasury, the Department of Health and NHS England. There had also been significant support from colleagues within the West Yorkshire Integrated Care Board (ICB) for the Trust to progress and confirmed dates for commencement of works at the CRH.

Anna Basford advised that excellent progress had been made in discussions and the Trust was positive about the commencement of construction the end of September. It was confirmed that the first of those works would be the key enabling works related to the new learning and development centre and the new multi-storey car park, which were essential.

During discussions Members commented on the following issues:

- Could the representative from ICB give an explanation of the paragraph it submitted in response to the Hewitt Review? In response, Neil Smurthwaite, Chief Operating Officer, ICB advised that he was not in a position to comment at the response that would have been provided from a regional level and not a Calderdale level. He confirmed that he would request a response following the meeting.
- What plans were in place to manage the disruption for visitors, patients and staff when work commenced at the CRH in the autumn? In response, Anna Basford advised that the Trust understood there would be some disruption and plans would be put in place to manage this and to ensure continuity of services. Preliminary work had begun to outline the Trust's approach with partners and this would be shared closer to the time.
- Ms Shepherd in her deputation asked a question about the Private Finance Initiative (PFI) partners and who they were, could you please provide this information. In response, Stuart Baron, Associate Director of Finance, CHFT advised that this was public information and could be found on the Companies House Register.
- Was the Trust confident that it would be able to cope with the rising cost of construction and had any plans been put into place to address this? In response, Stuart Baron advised that further to the information provided to the Committee in March 2023, there was an ongoing review of financial implications in place as part of the OBC. It was confirmed that a re-test of the financial envelope would form part of the Full Business Case that would take into consideration the construction market.
- What was the timeline of development following building of the multi-story car park and learning development centre? In response, Anna Basford advised that the Trust would look to appoint a construction partner for the clinical build which would take place in parallel to the construction of the development centre and multi-story carpark. It was hoped construction of the carpark would take 12 months, that would then allow for the Godfrey Road site to be developed. It was expected that the build of the clinical side of the development would follow.

- Due to construction timescales would the Trust be within the financial envelope for the reconfiguration of services following the build? In response, Stuart Baron advised that the financial envelope had not been reassessed in relation to the reconfiguration work, and the figures provided had been in relation to the OBC. He reconfirmed that a review would take place as part of the Full Business Case. Stuart Baron provided a brief explanation of the procurement and development process for the clinical build.
- Were solar panels considered for the multi-story car park. If not, why not? In response Stuart Sugarman, Managing Director of Calderdale and Huddersfield Solutions Ltd advised that solar panels were considered but were not included as they did not form part of the design. He confirmed that electric vehicle charging points would be included within the carpark.
- How many electric vehicle charging points would there be in the carpark? In response, Stuart Baron explained that there would be 5% active spaces with a capacity to increase this to 20% as demand goes up, and that a substation was planned to prepare for the increase in demand.
- Were there plans in place to advertise timescales for discussions around reconfiguration with staff and patients and to inform them of the potential movement of services? In response, Rob Aitchison, Deputy Chief Executive, CHFT advised that conversations had already started, and from what had been learned through the existing process was that conversations needed to be held regularly. There had been internal communications for staff and departments in relation to specific services. The Trust was trying to understand whether a public consultation was needed with patients. Rob Aitchison gave a brief example of the process that had been undertaken through the Accident and Emergency Department at HRI.
- Would the necessary approvals be in place before the autumn or did different aspects of development get approved at different times. In response, Anna Basford advised that capital approval did come in a number of phases and she reconfirmed that the approval being sought was in relation to the OBC, with subsequent development at the Full Business Case.
- Could the Trust provide a short answer to whom the PFI partners were as Companies House provided information on the holding companies. What would the financial impact be on the Trust and would it be able to run the services needed. In response, Anna Basford advised that due to the commercial sensitivity of the situation she would not be able to provide a public response.
- The ongoing revenue cost for the Trust, what was their financial position and would this be impacted by the 5-year build and service reconfiguration. In response, Stuart Baron advised that the CHFT was a financially challenged Trust and the proposals would help to improve its position as identified in the OBC. This would be revisited as part of the Trust's long term financial plans.

IT WAS AGREED that the oral report be noted.

5 CHFT NET ZERO UPDATE

Stuart Sugarman, Managing Director of Calderdale and Huddersfield Solutions Ltd (CHFT/'the Trust') submitted a written report that provided an update on Calderdale and Huddersfield NHS Foundation Trust (CHFT/the 'Trust') Net Zero aspirations which were outlined in the CHFT Green Plan 2021-2026.

Since the baseline year (2013/14) the Trust's CO₂e emissions had reduced by almost 60%. This reduction had partly been achieved by interventions adopted by the Trust and through efforts to rationalise the estate. The main contributing factor, however, had been the reduction in the carbon intensity associated with grid electricity supply to the Trust's assets, which had been achieved via the procurement of 100% renewable electricity since April 2021.

The report provided an overview of CHFT's approach to reducing CO₂e emissions, an update on progress already achieved against carbon objectives outlined in the Green Plan, and key considerations for the next steps in the Trust's journey to Net Zero by 2040.

The report provided background information on emissions by scope, emissions by site, the heat and decarbonisation plan, CHFT travel emissions and the carbon budget for reconfiguration and upcoming projects.

During discussions Member commented on the following issues:

- Emissions had flatlined from 2019, could further information be provided on this? The Trust was procuring 100% electricity from April 2021, how much did this cost, had the opportunity be considered to on site development for capital? Was any reduction in emissions due to stock disposal? The CHFT's Zero Carbon target was 2040, 4 years beyond the West Yorkshire Combined Authority's (WYCA) target, what was the reason for this?
- In response, Stuart Sugarman advised that the Trust had moved to green electricity in 2021. He explained that the report provided information on the decarbonisation plan and that the Trust had also looked to export waste energy off and on site. It was noted that the over 90% of the Trust's fleet was low emission vehicles. Stuart Sugarman advised that there had been some property disposals but it was not felt this was the reason for the reduction in emissions. It was explained that the Trust set its Net Zero Target at a different point in time to WYCA, and the Trust's Green Plan was in common with other Trusts in the country.
- Stuart Baron, Associate Director of Finance, CHFT advised that the revenue and capital budgets were separate, however it was explained that through capital resources a recent investment in waste compacting that would change the way waste was moved would help the Trust's green agenda.
- It was suggested that the Committee ask WYCA to work closely with the West Yorkshire Integrated Care Boards (ICB) to align their emission reduction plans.
- In the report it stated that the CHFT was encouraging people traveling within a mile to work to walk. A concern was raised around the wellbeing of those people who may have worked long shifts.

- How was the Trust going to future proof the Huddersfield Royal Infirmary (HRI) estate, and what works would need to be done once reconfiguration had been completed? In response, Stuart Sugarman advised that towards the end of reconfiguration it would look at cladding. Thermal testing had already been completed to identify the areas where heat was escaping. It would also help to keep buildings cooler in summer and be more energy efficient.
- It was presumed that financial support would be needed for the cladding and it was asked would the cladding be within building safety regulations? In response, Stuart Sugarman advised that the Trust was in discussions with the Building Control Department and manufacturers and all materials would fall within the recommended guidelines. Once it was known what the cladding solution was, the Trust had capital available to cover this.
- There were various public sector decarbonisation grants, were these available to the Trust? How was the Trust going to decarbonise the rest of its estate? Could the Co2 emissions graph on page 17 of the report pack be explained in terms of trajectory, as there appeared to be a deviation from the projected emissions. In response, Stuart Sugarman confirmed that the Trust could bid and make applications for funding. The graph was a point in time and target for future decarbonisation, it was explained that the Trust recognised it had a significant amount of work to do to tackle the climate emergency.
- Had the Trust been successful if any bids for Salix funding. In response, Stuart Baron confirmed there had been some small wins but nothing significant. It was advised that the Trust had plans to have a number of on the shelf application schemes in place for when funding opportunities arise.

Anna Basford, the Deputy Chief Executive, and Director of Transformation and Partnerships, CHFT Trust confirmed to the committee the importance the Trust places on achieving a Net Zero Target, and whilst there remained challenges the Trust had also seen a significant reduction since 2013.

The Chair asked in the process of contracting with the developer would there also be a budget set for the construction phase? In response, Stuart Baron confirmed that there would be a budget for the carbon agenda as part of the development.

IT WAS AGREED that the report be noted.

6 HOSPITAL BED CAPACITY & UTILISATION

Rob Aitchison, the Deputy Chief Executive, Calderdale and Huddersfield NHS Foundation Trust (CHFT/'the Trust') submitted a written report that provided information on the Trust's hospital bed capacity and utilisation.

As outlined in the Strategic Outline Case (SOC) and Outline Business Case (OBC), the future clinical model of hospital services in Calderdale and Huddersfield would support and enable delivery of the vision and ambitions described in the NHS Long Term Plan.

During the Covid-19 pandemic, the current service model of dual site working across Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI) and the constraints of the existing facilities had created additional operational risks and challenges to service delivery and infection control. Learning from the pandemic had emphasised the urgent need for changes to the configuration of services and improvement of the estate.

The future clinical model would make use of both existing hospitals. Both sites would provide 24/7 accident and emergency services and a range of day-case, outpatient and diagnostic services and where possible and appropriate, services would be delivered in the community and closer to people's homes.

The total hospital bed capacity would remain broadly as it was, although the distribution of beds across CRH and HRI would be different in line with the reconfigured clinical model.

The latest OBC identified the Trust had 806 beds open across HRI and CRH. The OBC built on the commitment within the SOC that the Trust would continue to provide broadly the same bed capacity whilst services were developed in the community and demonstrated a sustainable reduction in the demand for in-patient hospital care.

Based on modelling completed for the OBC, it was anticipated that the future proposed hospital model would require circa 670 acute inpatient beds at CRH (an increase of 240 to be provided in 10 new wards of 24 beds) and 168 inpatient beds required at HRI for planned care and step-down care. This would provide a total bed capacity of 838 across the 2 hospitals.

During discussions Members commented on the following issues:

- How were intermediate care beds reflected in the number of patients designated in the report as delayed transfers of care? In response, Rob Aitchison explained that the key focus for the Trust was to work with both local authorities around a home first approach and the appropriate use of resources in hospital to care for people and for them to be as independent as possible.

Anna Basford, the Deputy Chief Executive, and Director of Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust advised that the information presented demonstrated the capacity in terms of physical bed spaces across both sites and explained the trend in bed usage from 2017. She confirmed that detailed work was being undertaken with partner organisation to reduce the length of stay in hospital and to support residents in the community. It was confirmed that the Outline Business Case demonstrated sufficient capacity to meet the demand of the local community.

- Running bed capacity at a high rate impacted other areas of services if demand increased and could affect scheduled operating lists and planned treatment if bed space was not available. In response, Rob Aitchison understood the concerns and confirmed that this was the reason it was a key priority for the Trust. He advised that the Trust had been successful in managing elected procedures and recovery work against waiting lists which had a positive impact.

- What Operational Pressures Escalation Level (OPEL) rating was the Trust working at currently and over the past months? In response, Rob Aitchison advised that the OPEL rating was between 2 and 3. Occasionally it had risen to a 4 and it was explained that when this occurred the Trust would ask partners for help to alleviate the pressure on the system.
- If the Trust was at OPEL 3, was this an indication that the Trust had sufficient capacity in the local health system as a whole? In response, Rob Aitchison advised the when the Trust was at OPEL 3 actions were follow that enabled work with system partners and it was explained that regular meetings were held with partners and the Trust's operational teams to help maximise capacity.
- What was the split of acute bed and those for planned care, and was there sufficient capacity of acute beds or would this impact on planned care? In response, Anna Basford advised that she did not have a detailed breakdown to hand though would be happy to share the information outside of the meeting. In terms of capacity for planned and unplanned care, the Trust looked at trend analysis and used forward projection that gave assurance there would be sufficient capacity.
- The 'step down care' was that in relation to all patients or the community services aspect of the Trust's work? In response, Rob Aitchison confirmed it was in relation to all hospital patients.
- In South Kirklees some residents had advised that they would choose to access services at Barnsley Hospital for some services and it was suggested a previous meeting the Trust was expecting this to happen. Had the Trust contacted Barnsley Hospital regarding the reconfiguration plans for their views? In response, Anna Basford advised that contact had been made with Barnsley Hospital in relation to the reconfiguration plans and they were aware that some patients may choose to visit their facility.
- Was the Trust in a position to share the views of Barnsley Hospital which does not form part of the West Yorkshire Acute Trusts? In response, Mark Davies, Consultant, CHFT asked if there were any other questions the Committee would like to ask? Members advised they would like to understand how many patients had accessed services including Accident and Emergency, maternity services and if transported via ambulance since reconfiguration started and if Barnsley could cope with additional pressures.
- Mark Davies advised that in terms of the modelling that had been undertaken in relation to the reconfiguration, Yorkshire Ambulance had provided information around the movement of patients following reconfiguration, which Barnsley has had sight of, and they had confirmed they could accommodate additional patients.

IT WAS AGREED that the update be noted.

7 CALDERDALE AND HUDDERSFIELD SERVICE RECONFIGURATION - MODELLING PAPER

Anna Basford, the Deputy Chief Executive, and Director of Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT/'the Trust') submitted a written report that provided information of the modelling undertaken in relation to the reconfiguration of services covering the impact on other hospitals.

The most recent modelling was completed in 2021, in partnership with Yorkshire Ambulance Service (YAS) to inform the Outline Business Case (OBC). The modelling was based on patient travel times to both Calderdale and Huddersfield Accident and Emergency (A&E) sites and the potential impact on neighbouring emergency care providers was also calculated. Once Calderdale Royal Hospital became the only site for ambulance conveyances and admissions, some patients would be conveyed and admitted to the next nearest A&E Department and the modelling has been based on ambulance travel times to the nearest A&E Department.

As outlined in the OBC, the impact on neighbouring Trusts had been calculated as follows:

- There were likely to be moderate increase to ambulance arrivals at Barnsley District General (approximately 110 patients per month).
- There were likely to be smaller increases in monthly arrivals at:
 - Pinderfields General Hospital (approximately 10 patients per month)
 - Bradford Royal Infirmary (approximately 6 patients per month)
 - Leeds General Infirmary (approximately 1 patient per month)

The impact on neighbouring hospitals had previously been shared with all the hospitals affected and the West Yorkshire Association of Acute Trusts.

During discussions asked for a further report to be provided in 2024 when a further remodelling exercise would be undertaken for the Full Business Case Review to understand other Trust's concerns regarding the reconfiguration. Members noted that Kirklees Council Scrutiny Panel was reviewing the closure of the Birthing Centre at Huddersfield Royal Infirmary in detail and that the Trust would be attending a meeting in November to address the Panel's concerns.

IT WAS AGREED that the report be noted.

8 SUMMARY OF APPROACH TO WORKFORCE PLANNING

Rob Aitchison, the Deputy Chief Executive, Calderdale and Huddersfield NHS Foundation Trust (CHFT/'the Trust') submitted a written report that provided information on the Trust's approach to workforce planning to optimise the benefits of service reconfiguration and the potential benefits of other innovations in the delivery of healthcare.

The Trust's approach to workforce planning was that it must be informed by the future service operating models. During the past 12 months the Trust had undertaken

extensive engagement with clinical specialities to review current service and workforce models and aspirations of how the reconfiguration of services (and other service innovations such as digital) could enable new ways of working.

The report provided background information on the key principles underpinning the future target operating models and the workforce implications of the target operating models.

During discussions Members commented on the following issues:

- Was the Trust content that there would be sufficient workforce to support all services within the short term or would the Trust look to reconfigure services earlier than the build deadline? In response, Rob Aitchison advised there was no plans to reconfigure ahead of time, and regular updates would be provided to this Committee in the future. Rob Aitchison advised that the Trust had been able to recruit a number of Emergency Department Consultants which provided a level of optimism for recruiting when moving through the reconfiguration.
- What evidence was being used to support the claim in section 5 of the report around whole clinical teams contributing to workforce/patient ratios? In response Rob Aitchison advised that it was trying to capture the essence of the whole clinical team and not just nurses. It was confirmed that there were established processes in place to ensure the right number of nurses and qualified professionals were in place and the Trust was not looking to move away from that structure.

Mark Davies advised that the Trust recognised the need for workforce/patient ratio and advised the Committee that the Trust looked at the cohort in each clinical area and provided staff to meet that need.

IT WAS AGREED that the report be noted.

9 CALDERDALE AND HUDDERSFIELD SERVICE RECONFIGURATION - SOCIAL VALUE

Anna Basford, the Deputy Chief Executive, and Director of Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT/'the Trust') submitted a written report that provided information on the Trust's Social Value Action Plan.

Social Value generated by the local investments associated with the Reconfiguration Programme enabled the Trust to support recovery from the impact of Covid-19, contribute to tackling economic inequality, address health inequalities and support action on climate change. Shown in the summary report attached at Appendix A of the report, the estimated additional Social Value that could be generated through the investment locally was estimated as between £23m - £39m of measured Social Value.

The report provided background information on the Social Value Impact – Huddersfield Royal Infirmary Accident & Emergency Department.

During discussions Members commented on the following issues:

- The report highlighted conversations with Kirklees College and work placements. Had similar conversations been held with Huddersfield University? In response, Anna Basford confirmed that the Trust had a long standing relationship with the University and that they were looking at other opportunities to work together.
- What lessons had been learned from the development of the Huddersfield Royal Infirmary site that could be applied to the Calderdale Royal Hospital reconfiguration framework in relation to social value? In response, Mark advised that it was the building of the relationship with the construction partners and the importance of communications, especially around targets and monitoring performance. Mark Davies explained that there were more women in construction and that there had been visits to a local nursery where children were able to play and understand about construction. This would build on social value and not only improve the health benefits of the reconfiguration.

IT WAS AGREED that the report be noted.

10 NEXT STEPS

The Senior Scrutiny Officer, Calderdale Council advised that draft minutes would be circulated earlier to allow officers to review these for any actions. It was confirmed that a meeting would be held with the Calderdale and Huddersfield NHS Foundation Trust to plan for the next meeting.

The Chair advised that if any member of the Board would like to draw attention to any issues to contact himself or Councillor Smaje.

During discussions Members noted that they would appreciate a response from the West Yorkshire Integrated Care Board in relation to their response to the Hewitt Review within 7 days, and to organise a visit for members to the Accident and Emergency Department at Huddersfield Royal Infirmary.

The Chair advised that Richard Dunne, Principal Governance Officer at Kirklees Council was retiring and thanked him for his commitment to the Committee.

IT WAS AGREED that:

- (a) the Calderdale and Kirklees Joint Health Scrutiny Committee extended its thanks and best wishes to Richard Dunne;
- (b) the Senior Scrutiny Officer, Calderdale Council be requested to liaise with Calderdale and Huddersfield NHS Foundation Trust to arrange a visit to Accident and Emergency Department at Huddersfield Royal Infirmary; and
- (c) a response from the West Yorkshire Integrated Care Board in relation to their response to the Hewitt Review be received in 7 days.

732 words - 5 mins max

Deputation to CKJHOSC 12.7.23 from Jenny Shepherd

My question, which I hope the Committee will get a clear answer to from CHFT today, concerns the Treasury withholding permission to start the CRH redevelopment, because of the Treasury's policy position on Private Finance Initiatives.

I am also requesting CHFT's disclosure of the companies that currently hold equity in the Trust's CRH PFI, because the Treasury's objections require contractual changes with CHFT's PFI "partners".

West Yorkshire Integrated Care Board stated last January, in an obscure sentence in its response to the Hewitt Review,

"Our plans to develop Calderdale Royal Hospital were approved pre-N[ew] H[ospitals] P[rogramme], however, we have been unable to start our developments because of key issue regarding HM Treasury policy position on PFIs." (Bottom of p 4, https://www.wypartnership.co.uk/application/files/4116/7333/8512/Hewitt_Review_West_Yorkshire_Response_9_January_2023_information.pdf)

CHFT's May 24th response to my Freedom Of Information request confirmed that

"We have been unable to start our developments because of a key issue regarding HM Treasury Policy on PFIs...The Trust is awaiting approval of the reconfiguration outline business case by HM Treasury. The Trust is working with national colleagues to agree with the Trust's PFI partners contractual changes to allow the publicly funded development of the site, whilst operating alongside the current PFI arrangement. There is good progress being made in these discussions and we anticipate this will enable developments at Calderdale Royal Hospital to progress in 2023-24."

Please will Councillors make sure to get a clear answer from CHFT today about:

- **Why CHFT didn't inform CKJHOSC about this. Because as far as I know they haven't. And today's CHFT report for Agenda item 8 only says "The Trust to date has developed...an OBC which was approved by NHSE and DHSC in 2022 and is currently awaiting approval from His Majesty's Treasury."**
- **What the issue is with the Treasury's policy on PFIs.**
- **What progress the Trust has made with "national partners" in making the necessary contractual changes with the Trust's PFI partners.**

732 words - 5 mins max

- **Who these PFI partners are nowadays - equity in CRH PFI has been bought and sold more than 10 times.**

Of relevance here is a historical conflict of interest regarding the CRH reconfiguration and one of the CRH PFI equity holders - who have since sold their substantial equity in the CRH PFI.

Back in 2014, 80% of the equity in Calderdale Hospital SPC Holdings Ltd was owned by Consolidated Investment Holdings Ltd, which was - and remains - Calderdale Royal Hospital Special Purpose Vehicle's "ultimate parent undertaking".

Of this Consolidated Investment Holdings Ltd 80% equity, 50% was owned by the offshore Lend Lease PFI/PPP Infrastructure CIHL Holdings Ltd (Jersey).

Despite Lendlease's ownership of 40% of the total CRH PFI equity, in 2015 CHFT employed Lendlease Consulting to advise on the Estates requirements for the hospitals reconfiguration, to feed into the Ernst & Young (EY) 5 Year Strategic Plan for CHFT.

Lendlease Consulting's report reversed the Trust's original preference for making CRH the planned care hospital and HRI the acute and emergency hospital. Ernst & Young's Plan showed that Lendlease Corporation potentially stood to profit from this decision.

In 2016 CK999 objected to Lendlease Consulting's undeclared conflict of interest in providing CHFT with advice that had fed into the Pre Consultation Business Case for the reconfiguration of its hospitals.

Later this advice also informed the 2017 Full Business Case, (that the Independent Reconfiguration Panel and the Health Secretary rejected.)

In 2017 I asked CHFT about this and they replied,

"Lendlease no longer have any interest in Calderdale Royal Hospital Special Purpose Vehicle. In addition, the maintenance section of Lendlease who previously provided service to the SPV via a formal contract was taken over by Cofely Ltd and subsequently by Engie. Lendlease therefore have no vested interest in CRH."

So who now holds the equity in the CRH PFI, that Lend Lease PFI/PPP Infrastructure CIHL Holdings Ltd (Jersey) sold?

I feel that CHFT now needs to let us know exactly who its PFI partners are - given the possibilities for PFI equity holders' conflicts of interest in the CRH reconfiguration, together with the fact that the Treasury is withholding approval of the

732 words - 5 mins max

current CRH OBC because its policy position on Private Finance Initiatives requires contractual changes with the Trust's PFI partners.

I am asking for:

- The names of all companies that hold CRH PFI equity
- How much equity each holds
- When they acquired it
- The structure that links the various companies to Calderdale Hospital SPC Holdings Ltd

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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.

Hospital Reconfiguration Programme

HRI A&E Update

November 2023

Huddersfield Royal Infirmary A&E

Construction of the new A&E is now complete and the keys have been handed over.



Stakeholder visits

Since completion, we've welcomed lots of groups of visitors to the new A&E to have a look around before it opens, including representatives from:

- NHS England
- Yorkshire Ambulance Service
- The University of Huddersfield
- West Yorkshire ICB
- Calderdale and Kirklees ICB Places
- Primary Care Networks
- West Yorkshire Association of Acute Trusts
- MPs and Councillors
- Kirklees Council
- Overview and scrutiny committees



Huddersfield Royal Infirmary A&E

The department is split into reception and assessment, resuscitation, majors, minors and children's areas.



Reception area



Children's corridor



Children's waiting area



Assessment area



Majors treatment area



Minors treatment area

Colleague Open Day

In September we invited CHFT colleagues to tour the facility. More than 400 colleagues attended on the day.



Public Open Day

More than 350 members of the public came to an open day to tour the new A&E, including a quiet session for those with sensory needs and a play session for toddlers from our on-site Spring Cottage Day Nursery.



Public Open Day



Public Feedback



“Very patient friendly, wide corridors and lighting far better than in the old A&E.”



“A place for everything and in the right place.”



“The children’s area is absolutely fabulous.”



“Lovely to have proper doors on bays - much more privacy for patients.”

Public Open Day



Summary

Construction of our brand-new A&E at Huddersfield Royal Infirmary is complete and will open to the public in the coming weeks





Foundations for our future

Hospital Reconfiguration Programme

Joint Overview & Scrutiny Committee
November 2023

HRI Estate Development

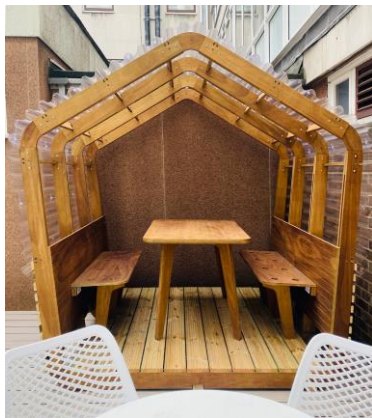
The purpose of this briefing is to:

- Provide some information on the recent developments at HRI
- An overview of key future developments



HRI Estate Capital Investments

- New A&E Development - £15m
- Intensive Care Unit (ICU) - £0.25m
- Roof Edge Protection - £0.2m
- Learning Centre Demolition & Re-provision - £2m in 2021
- Tarmac South Drive - £0.1m
- Mammography - £1m
- Installation of EV Charging - £0.1m



HRI Estate Capital Investments

- Ward 18 Single Room Development – £4m in 2020
- Colleague Changing Facilities - £0.2m in 2021
- Retail Facilities in 2021
- Backlog Maintenance 22-23
 - BMS, Ventilation, Emergency Lighting, Generators, Fire Compartmentation, Asbestos Removal, External Cladding Repairs, Air Handling Unit, Electrical & Pipework
- 660 tree saplings planted (Woodland Trust)



HRI Estate Development Plans

- Well-being garden
- Integrated Discharge Hub
- Fluoroscopy suite
- Replacement CT Scanner
- 2023/24 estate investment total £1.5m:
 - Fire door replacement & fire compartmentation
 - Building Management System Upgrades
 - Ventilation systems
 - Mechanical & Electrical Infrastructure
 - Building Fabric
 - Emergency Lighting Upgrades

DESIGN PLAN



HRI Estate – Longer Term Development Plan

- Ward 11 & 15 Refurbishments
- Day Surgery Refurbishment including all 3 Day Case Theatres
- Theatre 6 Refurbishment
- External Cladding & Window Replacements
- Fire upgrades- fire door replacement scheme
- Refurbishment of general office areas & creation of agile working hubs
- Installation of EV charging points
- Decarbonisation of Estate to meet NHS net zero targets of net zero by 2040