

Public Document Pack



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

Samantha Lawton

Governance and Commissioning

PO Box 1720

Huddersfield

HD1 9EL

Tel: 01484 221000

Please ask for: Yolande Myers

Email: yolande.myers@kirklees.gov.uk

Monday 17 June 2024

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the at **10.00 am** on **Tuesday 25 June 2024**.

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 "S Lawton".

Samantha Lawton

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 Jane Rylah	Kirklees Council
Councillor Elizabeth Smaje	Kirklees Council
Councillor Ashleigh Robinson	Kirklees Council
Councillor Jo Lawson	Kirklees Council
Councillor Colin Hutchinson	Calderdale Council
Councillor Howard Blabgrough	Calderdale Council
Councillor Mike Barnes	Calderdale Council
Councillor Ashley Evans	Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Appointment of Chair and Co-Chair

To appoint a Chair and Co-chair for the 2024-25 municipal year.

2: Membership of the Committee

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

3: Minutes of Previous Meeting

1 - 12

To approve the Minutes of the meeting of the Committee held on the 19 March 2024.

4: Declaration of Interests

13 - 14

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.

5: 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.

6: 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

7: Update on the Opening of the A & E at Huddersfield Royal Infirmary 15 - 32

Representatives from Calderdale and Huddersfield NHS Foundation Trust will attend to provide an update on the opening of the new Accident and Emergency Unit at Huddersfield Royal Infirmary.

Contact: Yolande Myers Principal Governance Officer Tel: 01484 221000 yolande.myers@kirklees.gov.uk

8: Yorkshire Ambulance Service modelling report 33 - 58

Representatives from the Yorkshire Ambulance Service NHS Trust (YAS) will be in attendance to present the YAS modelling report.

Contact: Yolande Myers Principal Governance Officer Tel: 01484 221000 yolande.myers@kirklees.gov.uk

9: Reopening of the Bronte Unit at Dewsbury District Hospital 59 - 62

Representatives from Mid-Yorkshire Teaching NHS Trust will be in attendance to provide an update on the opening of the Bronte Birthing Unit at Dewsbury District Hospital.

Contact: Yolande Myers Principal Governance Officer Tel: 01484 221000 yolande.myers@kirklees.gov.uk

10: Next Steps

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

Contact: Yolande Myers Principal Governance Officer Tel: 01484
221000 yolande.myers@kirklees.gov.uk

This page is intentionally left blank

Present - Cllr Colin Hutchinson (Chair), Cllr Elizabeth Smaje, Cllr Beverly Addy, Cllr Howard Blagbrough, Cllr Andrew Cooper, Cllr Christine Prashad, Cllr Alison Munro.

Apologies – Cllr Mike Barnes

In Attendance:

- Lindsay Rudge, Chief Nurse, Calderdale and Huddersfield Foundation Trust
- Anne-Marie Henshaw, Director of Midwifery, Mid-Yorkshire Teaching Trust
- Gemma Puckett, Director of Midwifery, Calderdale and Huddersfield Foundation Trust
- Talib Yaseen, Chief Nursing Officer, Mid-Yorkshire Teaching NHS Trust
- Anna Basford, Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust
- Dr Mark Davies, Clinical Lead for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust
- Francesca Hewitt, Assistant Director for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust

Item One: Substitutes/Apologies

Apologies for absence were received from Councillors Barnes.

Item Two: Members Interests

A reminder to Members of the need to declare any disclosable pecuniary interests or other interests they might have in relation to the items included on this agenda.

No Interests were raised.

Item Three: Admission of the Public

It is not recommended that the public be excluded from the meeting for the consideration of the items of business on this agenda.

Item Four: Minutes of Previous Meeting

Councillor Hutchinson shared the matters arising from the previous minutes held on 7th November 2023 in relation to:

On page four of the minutes, it currently reads – ‘The car park had full planning permission to April 2024 and plans would see that work completed well within that timescale.’ This should be amended to April 2025.

RESOLVED that, once the amend has been made, the Minutes of the meeting held on 7th November 2023, be approved as a correct record, and signed by the Chair.

Item Five: Deputations

No deputations were received.

Item Six: Maternity Services

The Director of Midwifery and Women’s Health Mid Yorkshire Teaching NHS Trust, the Director of Midwifery Calderdale and Huddersfield NHS Foundation Trust, the Chief Nurse Calderdale and Huddersfield NHS Foundation Trust and the Chief Nursing Officer Mid Yorkshire Teaching NHS Trust joined the meeting and shared a written report. The paper set out the current and future maternity service offer within Calderdale and Kirklees, with reference to national standards and evidence-based guidelines, and workforce issues.

Plans are progressing to re-open Bronte Birth Centre for intrapartum care from 1 April 2024. This will mean that all 4 birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) should be available to all women (in the local area or in a neighbouring area) as per current NICE guidance (2023).

Despite consistent recruitment activity CHFT has not seen the growth in workforce required to safely provide care across all previous birth settings. This is in part due to the numbers of midwives reducing their contracted hours to improve work-life balance; the position at MYTT is much improved. This adversely affects CHFT plans to expand services contracted during the pandemic and afterwards.

Members from Wakefield Council had been invited to attend for this Item but were unable to attend. They will be provided with a record of the meeting and the report which will be considered at their place-based HOSC in late March.

During discussions Members commented on the following issues:

- The report refers to recruitment problems as the primary reason for the closure of the birthing centres, are midwifery posts currently being advertised? There is a rolling recruitment programme for both new and experienced midwives, over the last 12 months this has led to thirty equivalent full-time recruitments being appointed. The fragility of the midwifery workforce was acknowledged, a significant number have chosen to reduce their hours and as such retention must also be a priority. Most recruitment comes from newly qualified midwives, whilst traditionally there has been one output per year in September, there is now a course running at Huddersfield university which produces a second output of newly qualified midwives in March. International recruitment is also taking place, as well as midwifery apprenticeships and conversion programmes for qualified nurses.
- What is the plan to bring the Huddersfield birth centre back into use? The intention of CHFT has always been to reopen the birth centre when safe to do so. At the beginning of the partnership working approach with Mid-Yorkshire, it was proposed they would work in partnership to provide the chose of a freestanding birth centre in Kirklees, which they are now able to do once the Bronte Centre reopens in April. Despite the large recruitment, due to career breaks and those choosing to reduce their hours, the workforce has only grown by the equivalent of five full time midwives, therefore it is challenging to predict exactly when the birthing centre can come back into use.
- In terms of international recruitment, are there options for qualified midwives to go to other countries with their skills who are offering better benefits? The international recruitment programme has been successful for bringing skilled midwives to work in both Trusts. However, the difficulties in relation to the length of time between appointment and having someone working in a role were acknowledged – can take between twelve and fifteen months due to re-acclimatisation process and scale of midwifery qualifications globally. Since the pandemic, both Trusts have seen a number of midwives leave for either career break or to take up midwifery roles in countries such as Australia or New Zealand.
- There is a disparity between the Mid-Yorkshire vacancy rate and the CHFT vacancy rate, how is the partnership approach between the two Trusts working in practice? In terms of the practicalities of the partnership approach, there are clear areas that could be improved by working together, for example, the stillbirth rate

higher in Mid Yorks, both Trusts have therefore joined a stillbirth reduction programme. The Trusts also work together to review each other's poor outcomes. All this is done with the intention of learning and providing professional challenge to one another.

Workforce is managed slightly differently, the main feeder organisation is Huddersfield University, more work can be done with the University to ensure students are doing placements across both Trusts. There are differences in the way the two Trusts use their specialist midwife workforce, Mid-Yorks have a larger whole-time equivalent workforce but don't have the same corporate investment that the team at CHFT have. Work is now being done between the two Trusts to understand what is working well and what further could be done to develop.

- In relation to staff, does this partnership mean staff from both Mid-Yorks and CHFT working at the Bronte birth centre, how will this work in practice and how will this partnership work for women who attend the Bronte Centre in relation to their medical records? In the first month of the Bronte Centre being re-opened, there will be a lot of consideration given to the numbers of women who choose to attend. There is an agreement across the ICB that staff from CHFT can work in Mid-Yorks. The aspiration is to have community midwives being on-call coming to Bronte Birth Centre with their own caseloads but there isn't a firm plan for this, and one cannot be made until the Trusts have a clearer idea of the numbers of women choosing to birth there and where these women will be coming from. There is a framework that can be used to quickly transfer staff from one area to another. In terms of IT, different maternity services do use slightly different IT systems, this is an area the local maternity services will have to work through. There is a download system which quickly transfers records into paper format for women to take with them.
- Are there any incentive schemes to recruit midwives in Calderdale, Wakefield, and Kirklees? Not currently, recent work in Surrey showed incentive schemes, including a 'Golden Handshake' offer, had very little benefits. Videos are being shared to encourage recruitment and created a competitive environment across organisations. CHFT have been looking to promote careers and benefits through films/interview videos on social media. There is a lot of support already available to midwives including flexible working and leadership programmes. Further information on this can be shared with the Committee.

- Is the obstetric-unit consultant led care? Yes, but anyone can choose to birth there.
- The report states last formal workforce planning assessment for Calderdale was in 2020 which shows a 17.6% vacancy rate, whereas this is 2023 for Wakefield showing a 2.5% vacancy rate. What is this difference attributed to? CHFT are currently awaiting the outcome of a workforce assessment, this may mean the required whole-time equivalent staffing figures change as the birth rate has declined. However, there is an increase in women presenting with additional complexities. One of the benefits of being a member of the wider Mid-Yorks Trust is that they have been able to learn from international recruitment programme. A large international recruitment campaign was undertaken a few years ago, the reduced vacancy rate in Mid-Yorks can, in part, be put down to this.
- Could further data on birth rates be provided to give Members deeper understanding? Figures can be shared with the Committee. Nationally the birth rate is declining currently, and it is predicted to continue declining over the next few years. The increased complexities (both social and additional medical needs) women are presenting with however means staffing needs to be maintained at current levels.
- In relation to NHS England's three-year delivery plan to make maternity services safer and more personalised care, how will the level of safety be maintained over the next three years? All pregnant women will have the opportunity to speak with a midwifery professional to speak through and consider options. The importance of personalised care was emphasised.
- Weekly monitoring and data will be one of the considerations for deciding when Huddersfield will be ready to reopen, how long will the date be monitored for and what is the criteria which will trigger the reopening? In terms of monitoring, all births are audited as part of business-as-usual processes. There are monthly forums to discuss data and identify any needs for change. National guidelines require women to have information relating to transfer times and rates should their needs change, this information will be monitored on a weekly basis at first. All the information described will go towards deciding when and in what format Huddersfield Centre can be reopened. There will be a focus on supporting the pathway into the Bronte Centre, another assessment around staffing will be undertaken when the next

cohort of midwives have finished training, therefore a decision in relation to Huddersfield Birth Centre won't be made until the latter part of this financial year.

- How do they communicate with the wider population and promote midwifery careers? Social media is used to share information about services. It was acknowledged there is always more that can be done, exploration of using additional media channels and going into schools/using pop up shops to promote careers in midwifery.
- Is there an increase in home births, specifically in relation to women that may be considered more vulnerable? There is a higher proportion of women are choosing to have babies at home, both Trusts work with women to ensure it is an informed decision and safety is put first.
- Hospital Trusts and ICBs are under financial pressure, how much will the plan for CHFTs midwifery services be impacted by these pressures? The whole-time equivalent staffing plan is based on birth rate, the Trusts is clear in supporting plans that can be financed from current provisions. Midwifery services are budgeted for the workforce that is required to provide the current provisions, there is no intention to reduce this budget.
- Is there a workforce plan for CHFT? There is a plan which officers would be happy to share with Members of the Committee.
- Does the Birth Rate Plus modelling process extend to the balance between the different banding levels of staff? The Birth Rate Plus model will not categorise the number of midwives from a certain band needed, instead there will be a requirement for the organisation to make a risk-based assessment about the areas staff of different grades will be required to work. The Trusts are adhering to national guidance in terms of the 'type of birth' a midwife from each band can work on. Birth centres are typically staffed by band six.
- How may safety be impacted by moving staff across a wider geographical area? Bronte Birth Centre will have a core team of midwives based there to ensure safety. Both Trusts have engaged with community and on-call midwives to consider where they feel more comfortable working, they have evenly split themselves between the Bronte Centre and those who will focus on the home births.
- How will a core midwife structure be sustained when both the Bronte Centre and Huddersfield Birth Centre are reopened? One of the reasons an exact time frame

for the reopening of Huddersfield Birth Centre cannot be provided is because of student attrition within midwifery courses. The 2024 graduate recruitment programme has just started, by the end of April there will be a clearer idea of student intention including where and how newly qualified midwives will choose to work, from that point both Trusts will be in a better position to discuss how staffing will be sustained.

- How will be women be reassured that there will be staff available during a delivery? Neither birth centres have previously had safety issues, they were closed due to staffing concerns, therefore they are not reopening with a negative history. There will always be a second midwife available at Bronte Birth Centre.
- What reassurance is provided to women that in the event they need to be transferred, there will be a plan for that transfer with the ambulance service? Yorkshire Ambulance Service are a part of the Bronte Birth Centre development group and are a part of 'go live' discussions. Decisions will be made in the light of ambulance response times; safety will always be at the forefront.
- Are midwifery services funded to staff all the birth centre, and if so, is there accumulation of money due to not being able to fill posts? Hospital Trusts are budgeted and funded for the whole-time equivalent posts required, money is not taken away in the event positions aren't filled. The Trusts continue to pay wages for sick leave, maternity serves and for bank staff to fill vacant shifts. The challenges of relying on bank staff were acknowledged.
- In relation to the increase of complex births, is this because complexities are being identified more often, or are there just an increase in complexities? There is a combination of reasons for the increase. Compared to past years, fewer women are advised not to go through pregnancy and the increase in fertility treatment means more women with pre-existing medical conditions are getting pregnancy who may have previously not. Public health issues, including increased obesity, and other social issues also play into the increased complex births.
- How is this being fed back to public health? There is a designated Public Health midwife as a part of the service.
- There was a reference to high rates of student attrition, how will the balance be struck between sharing positive messages and 'over promotion'? As part of people plan, there is ongoing work to understand the needs and desires within a working

environment of different generations. Both CHFT and Mid-Yorks are focusing on improving culture and the experience of all midwives. The importance of alternative routes into midwifery were acknowledged, for example, the apprentice programme.

- Officers were thanked for their time and answering questions put forward by the committee.

RESOLVED that:

- a) The report be noted by Members of the Committee.
- b) The following information should be provided to the committee:
 - i. Regular updates from Bronte Centre following its opening,
 - ii. The Birth Rate Plus and workforce assessment once complete,
 - iii. Range of offers and recruitment packages available, including any incentive schemes, and how these compare between the two Trusts,
 - iv. Further information relating to the current birth rate in Calderdale and Kirklees,
 - v. The workforce plan for CHFT,
- c) Officers are invited back to the Calderdale and Kirklees JHOSC once the Bronte Centre has been open six months, and an update on the following:
 - i. The re-opening of the Bronte Centre and how it is operating and if this is sustainable,
 - ii. The implications for the Birth Rate Plus exercise at CHFT and how these are being addressed,
 - iii. Figures relating to the number of women within the CHFT who are choosing to birth in the Bronte Birth Centre and the number of women who would have chosen to give birth in the Huddersfield Birth Centre if it had been available.

Item Seven: Reconfiguration Update

The Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust, Clinical Lead for Transformation and Reconfiguration, CHFT, and the Assistant Director for Transformation and Reconfiguration the joined the meeting and shared a written report. The report includes a progress update on the opening (of the new Huddersfield Accident & Emergency Department) including any key variations since the last meeting of the

C&K JHOSC in early November, an update on negotiations with the Treasury re the reconfiguration and an update on the financial situation re the (HRI) new A&E.

In addition to the report, the Director of Partnerships and Transformation, CHFT, provided a further verbal update on the reconfiguration programme and shared that:

As stated in the report the Outline Business Case remains with the Treasury for review and approval. Progress is still being made regarding the developments at Calderdale Royal Hospital, the Learning and Development Centre is expected to be completed by summer 2024 and the enabling works for the new multi-story car park has commenced.

In regard the development of the new Huddersfield A&E, remedial work between the construction partners and CHFTs estates team is ongoing. This has mainly focused on the water system and replacing a jointing compound, there is a small amount of work left to do and further testing. The transition plan will need to be re-visited, CHFT are anticipating between five and six weeks of preparatory work with a plan to open mid-May or early June.

During discussions Members commented on the following issues:

- In relation to the jointing compound, was this an error by contractor or a part of the specification? All remedial work has been paid for by contractor.
- Has the delay to the opening on the new A&E had implications on other services across the Trust? Not in terms of the reconfiguration. The only delay has been the opportunity to use the old A&E as a discharge hub, this will still happen once the new A&E is open.
- Will there be any compensation for the Trust because of the delays? The nature of contract, laid out by the government as a part of the national contracting framework, means the Trust do not get any compensation, but all costs will be on contractor.
- Are there any signs as to when the Treasury will make a decision regarding the business case? Awaiting approval from the Treasury is not currently delaying the reconfiguration programme. It is anticipated that approval of the business case will be in 2024.

- What are the timescales for the overall reconfiguration? Looking at a five-year programme with a conclusion in 2029. Given the scale of the programme, this will be consistently monitored and is subject to change.
- How will CHFT ensure that the reconfiguration in 2029 will still be the necessary reconfiguration that services require at that point in time? The main intent behind the reconfiguration was to enable the optimal co-location of services between both hospital sites, the construction schemes will give the space and scale for the delivery of these services. The development of new technologies has meant that over time a services' requirements will continue to change, there is active engagement ongoing with all services to understand future operating models. CHFT are working to full adopt new methods of working and incorporate these into the designs for the new clinical buildings that will benefit patients. There is continued horizon scanning and development of internal services, any changes planned as an organisation fit in with the long-term reconfiguration plan.
- What is the timescale between Treasury approval and appointment of a construction partner? A construction partner has been appointed. There will be a public statement re the construction partner on Wednesday 20th March 2024. In relation to the overall programme of work, moving through the process for business case approval. The next phase of work alongside the construction partner, will involve taking plans and designs to full stage of design which will in turn inform the final business case prior to construction starting.
- What is the communications plan for the next 3-4 months to keep local people informed? There will be a significant communication programme around the new opening of the new A&E. This will be used as a vehicle for communicating other points around the reconfiguration.
- How will residents be kept aware of what's happening in the short, medium, and long term? In Calderdale, there has been and will continue to be direct communication with residents about when construction is due to take place. CHFT recognise concerns of neighbouring properties. A breadth of different channels of communication throughout the programme. As a part of the CHFT website there is page entitled Foundations for our Future, this is kept up to date with information about developments and the programmes of work.

- CHFT were thanked for their communication with local residents throughout the process and were asked that this continues.
- If the Treasury approve the OBC, when may details of the full business case be available? Late 2025 due to the requirement further detailed design plans and additional planning processes. Clinical professionals and residents will be engaged throughout.

Item Eight: Next Steps

RESOLVED that:

- a) The Committee agreed meet soon after the opening of the new A&E to assess how it's going within the first weeks of being open,
- b) The Committee should consider the ambulance service modelling to understand how this is progressing.

This page is intentionally left blank

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.



REPORT TITLE: Opening of the new A& E Unit at Huddersfield Royal Infirmary

Meeting:	Calderdale and Kirklees Joint Health Scrutiny Committee
Date:	25 June 2024
Cabinet Member (if applicable)	N/A
Key Decision Eligible for Call In	No Not eligible for Call-in
Purpose of Report	
To receive information from Calderdale and Huddersfield NHS Foundation Trust about the opening of the new A&E unit at Huddersfield Royal Infirmary.	
Recommendations	
Calderdale & Kirklees JHOSC to note the report and provide feedback on the information presented.	
Resource Implications:	
None	
Date signed off by <u>Strategic Director</u> & name	Give name and date for Cabinet / Scrutiny reports N/A
Is it also signed off by the Service Director for Finance?	Give name and date for Cabinet reports N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Give name and date for Cabinet reports N/A

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? The information is provided by CHFT.

1. Executive Summary

1.1 Calderdale and Kirklees Councils established a joint health scrutiny committee (JHOSC) to examine proposals from Calderdale and Huddersfield NHS Foundation Trust (CHFT) for hospital reconfiguration. Part of the reconfiguration proposals included a new Accident and Emergency Unit (A&E) at Huddersfield Royal Infirmary.

1.2 CHFT opened the new A& E unit in May 2024. CHFT were asked by Calderdale and Kirklees JHOSC at its meeting in March 2024 to provide an update on the A&E following its opening.

1.3 The attached presentation (Appendix 1) outlines the journey through the construction and the impact that the opening of the new A&E has had on staff and patients.

1.4 Further discussion regarding the wider hospital reconfiguration will take place at a future meeting of the committee.

2. Information required to take a decision

No decision is required.

3. Implications for the Council

Not applicable.

3.1 Council Plan

Not applicable.

3.2 Financial Implications

There are no specific implications.

3.3 Legal Implications

There are no specific implications.

3.4 Other (eg Risk, Integrated Impact Assessment or Human Resources)

There are no specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options considered

Not applicable.

6.2 Reasons for recommended option

That the Panel consider the information provided and determine if any further information or action is required.

7. Next steps and timelines

Calderdale and Kirklees JHOSC will consider further updates on the reconfiguration when appropriate.

8. Contact officer

Yolande Myers, Principal Governance Officer yolande.myers@kirklees.gov.uk

9. Background Papers and History of Decisions

Reports, minutes and webcasts of previous meetings regarding the A&E can be found on the following link [Browse meetings - Calderdale and Kirklees Joint Health Scrutiny Committee | Kirklees Council](#).

10. Appendices

Appendix 1: Presentation – HRI A&E Update

11. Service Director responsible

Samantha Lawton, Service Director Legal Governance and Commissioning.

This page is intentionally left blank

HRI A&E Update

Dr Mark Davies
Consultant in Emergency Medicine

Our vision for the future

Huddersfield Royal Infirmary (HRI)

- A new A&E
- Investment in existing buildings



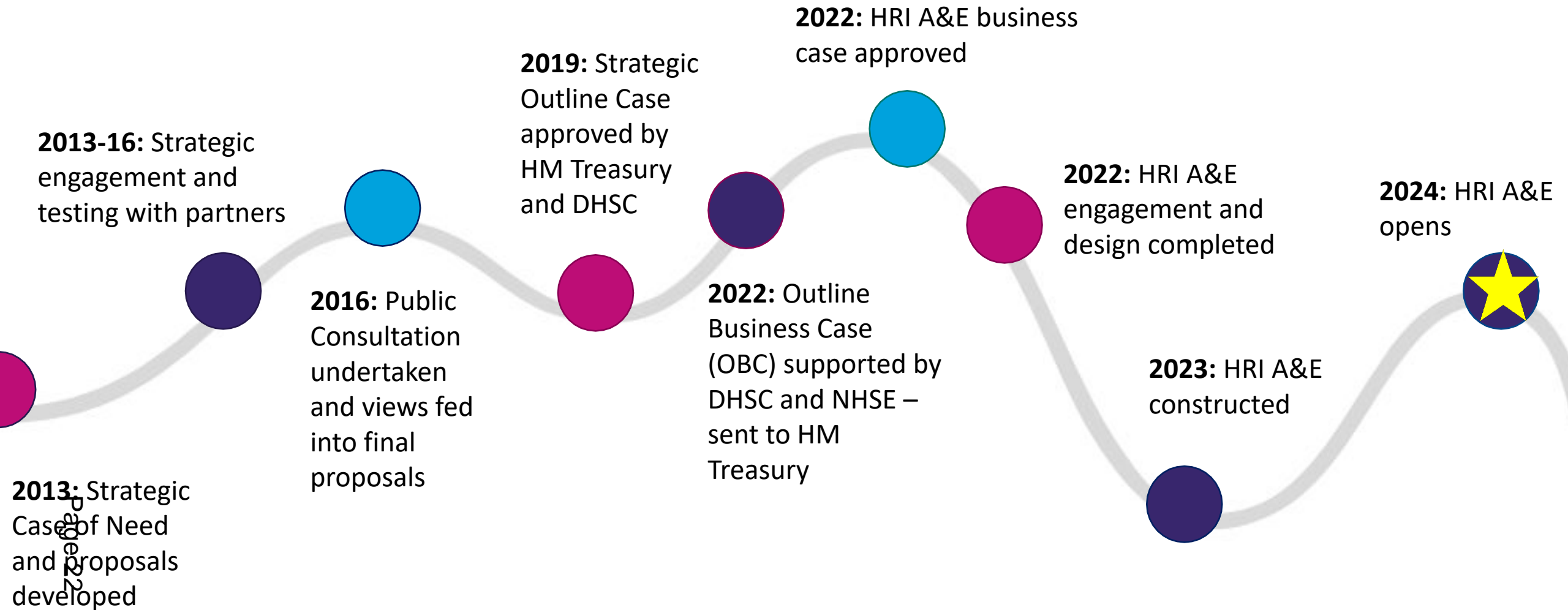
Calderdale Royal Hospital (CRH)

- Additional wards
- 2 new theatres
- A new A&E
- A Children's A&E





Journey so far



Design Brief

The design was based on feedback from patients, members of the public, stakeholders and colleagues about what matters most to them.

They described their aspirations for modern health services, delivered in buildings that:

- offer a healing and therapeutic environment that is welcoming, calm and provides a light environment with external views
- is accessible and inclusive, supporting diverse patient needs
- ensures privacy and dignity
- enables social interaction.

A large number of design decisions were informed by feedback – here are a small selection...

You said:

“Provide sufficient ambulance bays.”

“Patients arriving by ambulance should be admitted under a canopy that provides protection from the elements”

“Generous reception area facilitating security screens that will facilitate patient confidentiality and full visibility of the waiting area”



We did:

Using ambulance activity data we have identified how many bays are needed to accommodate ambulance drop-offs to minimise the risk of ambulances queuing.

The ambulance entrance features a large canopy.

The spacious and light reception area includes a number of features such as a wheelchair accessible space, full height security screens and positioning that allows visibility of the entrance and waiting area.

You said:

“All adult patients should arrive at the same place to be triaged to the most appropriate place – e.g. primary care, assessment unit, or emergency department.”



We did:

Located a new assessment area between the ambulance and walk-in entrances, providing equitable access to the triage area.

“Move from a couch-centric to a chair-centric approach to patient examination. This is a better use of space and clinically preferred for some patients such as older people who can decondition quickly when laid down.”



The cubicles have been designed to facilitate privacy and room for the required equipment in addition to the chairs used during patient examinations.

Paediatric Department

You said: “All paediatric patients should have access to separate facilities to adult patients”

We did: Created a purpose-built paediatric emergency department with large waiting room and bright, spacious treatment areas.



What our patients and colleagues think

Sister, Emmie Haxby, said: “It’s a really lovely space to work in, and the Majors area feels calmer for having more space. The noise levels are so much better than the old department.

“I also think that because there is more room to work in, that colleagues feel able to use their initiative, rather than relying on the Nurse in Charge to come up with solutions.

Morale certainly feels like it has improved.”



What our patients and colleagues think

Advanced Clinical Practitioner, Elana Watson-Walker, said: “I feel like it’s something to be proud of. It’s an uplifting place to work, the environment is a lot fresher than before.

It’s taking a bit of getting used to the new layout but after a couple of shifts it felt like we’d all settled in.”



What our patients and colleagues think

Lindsey brought two-year-old Caleb in as he had a fall and he had been limping. She said: “I’m really grateful for this new space, it’s so much better than the old A&E.

“The staff have been really clear about what’s going to happen, and having some toys to play with and the television is also great for other young children.”



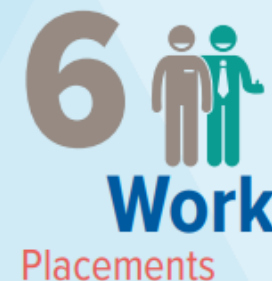
What our patients and colleagues think

Patient, Mark, said: It's clean and bright. Compared to the old A&E it feels like it's gone from being Victorian to modern."





Adding value beyond construction





REPORT TITLE: Yorkshire Ambulance Service – Patient Modelling

Meeting:	Calderdale and Kirklees Joint Health Scrutiny Committee
Date:	25 June 2024
Cabinet Member (if applicable)	N/A
Key Decision Eligible for Call In	No Not eligible for Call-in
Purpose of Report	
To receive information from the Yorkshire Ambulance Service NHS Trust (YAS).	
Recommendations	
Calderdale & Kirklees JHOSC to determine the impact the reconfiguration of hospital services and any additional ambulance capacity required.	
Resource Implications:	
None	
Date signed off by <u>Strategic Director</u> & name	Give name and date for Cabinet / Scrutiny reports N/A
Is it also signed off by the Service Director for Finance?	Give name and date for Cabinet reports N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Give name and date for Cabinet reports N/A

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? The information is provided by YAS.

1. Executive Summary

1.1 Calderdale and Kirklees Councils established a joint health scrutiny committee (JHOSC) to examine proposals from Calderdale and Huddersfield NHS Foundation Trust (CHFT) for hospital reconfiguration.

1.2 YAS had been asked to prepare an Operational and Quality Impact assessment based on the reconfiguration models, and this was discussed at the meeting of the Calderdale and Kirklees JHOSC on 26 October 2022. A link to the webcast and report can be found on the following link [Agenda for Calderdale and Kirklees Joint Health Scrutiny Committee on Wednesday 26th October 2022, 1.30 pm | Kirklees Council](#)

1.3 YAS are now asked to prepare an update for the Calderdale and Kirklees JHOSC on the following issues: -

- Transfer times from each post code to Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI).
- Transfer times between each hospital.
- Capacity to transfer urgently between the birthing unit at HRI (once re-opened) and CRH.

1.4 The attached presentation (Appendix 1) provides the update.

1.5 Further discussion regarding the wider hospital reconfiguration will take place at a future meeting of the committee.

2. Information required to take a decision

No decision is required.

3. Implications for the Council

Not applicable.

3.1 Council Plan

Not applicable.

3.2 Financial Implications

There are no specific implications.

3.3 Legal Implications

There are no specific implications.

3.4 Other (eg Risk, Integrated Impact Assessment or Human Resources)

There are no specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options considered

Not applicable.

6.2 Reasons for recommended option

That the Panel consider the information provided and determine if any further information or action is required.

7. Next steps and timelines

Calderdale and Kirklees JHOSC will consider further updates on the modelling when appropriate.

8. Contact officer

Yolande Myers, Principal Governance Officer yolande.myers@kirklees.gov.uk

9. Background Papers and History of Decisions

[Agenda for Calderdale and Kirklees Joint Health Scrutiny Committee on Wednesday 26th October 2022, 1.30 pm | Kirklees Council](#)

10. Appendices

Appendix 1: Presentation – YAS Modelling

11. Service Director responsible

Samantha Lawton, Service Director Legal Governance and Commissioning.

This page is intentionally left blank



Calderdale and Kirklees Joint Health and Overview Scrutiny Committee

June 2024



Background information for JHOSC members

About YAS



- Serve a population of over five million people across Yorkshire and the Humber
- Provide a vital 24-hour, seven-days-a-week emergency and urgent healthcare service
- Our [NHS 111](#) service helped more than 1.6 million patients across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North-east Lincolnshire.
- Our [Patient Transport Service](#) made an average 706,100 journeys, transporting patients to and from hospital and treatment centre appointments.
- We have a Resilience and Special Services Team (including our Hazardous Area Response Team) <https://naru.org.uk/resources/hart-recruitment/>
- Provide clinicians to work on the Yorkshire Air Ambulance
- [Attached short video highlighting YAS services](https://youtu.be/Kdi7IbL00eM)



YAS 5-year Strategic Plan - A Framework for Success



Our Purpose

To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes

Our Vision

What we want to achieve:
Great Care | Great People | Great Partner

Our Values

What do we want to be and what behaviours do we expect?
Kindness | Respect | Teamwork | Improvement

YAS Together

A way of working collaboratively to achieve our vision:
Care | Lead | Grow | Excel | Everyone

Our Enabling Plans

The drivers of success:
Clinical and Quality | People | Partnership | Sustainable Services

4 Bold Ambitions

Our Patients

Our ambition is to be a trailblazer in delivering **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our People

Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our Partners

Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our Planet & Pounds

Our ambition is to use our financial and physical resources **responsibly and sustainably**, reducing our environmental impact and ensuring the most effective use of all our resources.

We will deliver the most clinically appropriate response for every patient, whenever and wherever they need it

We will provide care that is more personalised, that is joined up and coordinated with the wider health and care system

We will provide more care and treatment closer to home, in people's homes or communities

YAS 2024-2025 Annual Business Plan - at a glance



Our Patients: To improve safety and quality for patients.

(1) Improve Response including Category 2

(2) Strengthen Quality and Safety

(3) Deliver Integrated Clinical Assessment

Our People: To invest in our people to improve care and support delivery.

(4) Deliver Workforce Plans

(5) Improve Health, Wellbeing and Safety

(6) Culture, Equality, Diversity and Inclusion

Our Partners: To collaborate with our partners to improve response and population health outcomes.

(7) Partnership working to improve response

Our Planet & Pounds: To invest in the infrastructure and resources to improve the effectiveness of direct delivery.

(8) Effective use of Resources, Efficiencies and Value for Money

(9) Optimise fleet availability and performance

YAS's Business Plan supports the ongoing strategic focus on:

Emergency Preparedness, Resilience and Response

Addressing health inequalities

Digital technology

Environmental sustainability

Improving the Estate

Strategy

Business Plan

Performance Process

A Collaborative Response to Shared Challenges



- More people well at home and out of hospital
 - Prevention and early intervention - data sharing, public awareness, community engagement
 - Effective triage, clinical assessment, signposting and appropriate response: hear & treat, see & treat, and care remotely or closer to home

- Most appropriate patients conveyed to A&E
 - Learning through feedback and clinical supervision
 - Alternative pathways and services to support
 - Specialist and Rotational roles

- Patient safety and response time focus
 - Crews back on the road in a timely way

- Organisational Changes
 - Duty to collaborate
 - Senior roles
 - Area focussed leadership and operational delivery

Community First Response (CFR)



Calderdale and Kirklees has an active volunteer network supported by YAS to provide a community response

North Kirklees and Greater Huddersfield

51 total Active CFR

32 new CFRs Trained & Active

Total Hours volunteered - 15,016 Hours

Defibrillators

218 Community Public Access Defibrillator (CPADs)

48 Varied Access AEDs (Business Hours)

Calderdale

246 Community Public Access Defibrillators (CPADs)

97 restricted defibs i.e. inside shops or business with limited access



https://youtu.be/EPIMK4YH5_M

Specialist Paramedics



YAS has introduced Specialist paramedics into our workforce to improve patient experience and outcome and offers career development opportunities for staff.

Specialist Paramedic Urgent Care

These specialist staff are targeted at our low acuity patients (Category 3&4) to avoid the dispatch of an ambulance and an A&E admission.



Specialist Paramedic Critical care

These specialist staff are targeted at our high acuity patients (category 1&2) suffering from life threatening medical conditions or major trauma. The critical care network is supported by two air ambulances



Specialist Paramedic Mental Health

These newly introduced specialist practitioners. They will work in our control room and dedicated mental health response vehicle, and undertake clinical placement in mental health services, to ensure a more appropriate response for patients in mental health crisis.

Great Partner - CHFT reconfiguration of services



- Work collaboratively with CHFT on reconfiguration of services.
- The new HRI ED department is now operational and we have worked with CHFT to ensure a smooth transition.
- Hospital Ambulance Liaison Officers (HALO) have been supporting CHFT and other acute trusts across Yorkshire through our busy winter period.
- The role of HALO is to:
 - Support Patient flow in ED to release Ambulances.
 - To support crew decisions making around community and hospital pathways to avoid ED.
 - Work closely with hospital staff and bed managers.
 - Provide support for crews.



Great Partner – Partnership Working



Yorkshire Ambulance Service (YAS) Partnership working in Calderdale and Kirklees

- YAS is actively involved in collaborative initiatives across Calderdale and Kirklees, contributing to strategic discussions and enhancing healthcare pathways through various meetings.
- **Engagement with Huddersfield Health Innovation Campus:** Exploring opportunities for YAS to be involved into the developing health innovation campus, potentially bringing benefits to our workforce, students, and the wider community.
- **CHFT Urgent and Emergency Care board Representation:** Actively participating in meetings to share innovations, address issues, and seek support, fostering collaborative developments in Calderdale and Kirklees.
- **Achievement of Category 2 Response Times:** Working closely with system partners to Implement initiatives focused on providing timely and appropriate patient care, aiming to improve response times to acutely unwell patients and prevent unnecessary ED conveyances, accessing and referring patients to appropriate community services to meet patient needs, direct access to Same Day Emergency Care Services
- **Urgent Community Response & Falls teams:** collaborating to identify patients in the 999 system suitable for an alternative response, direct referrals of patients ensuring quicker and more appropriate care, releasing crews for higher acuity patients.



Requested information for HOSC members

Ambulance Response Performance standards across Huddersfield and Kirklees postcodes



The following slides document the response times and demand for the Cat 1 and Cat 2 calls for the postcode areas requested by HOSC, presented in a heat map format for ease of interpretation.

As requested, we have included the postcode areas for North Kirklees:

- Dewsbury
- Batley
- Birstall
- Birkenshaw
- Cleckheaton
- Heckmondwike
- Liversedge
- Gomersal
- Mirfield
- Calderdale (postcodes which are classified Calderdale by National Statistics)

Ambulance Response Performance Standards



As part of the recovery of NHS Services following the Covid Pandemic, NHS England have set interim standards for ambulance service response times for **Category 2** incidents in **24/25 = 30mins**

Based on demand forecast and realistic levels of available resources (staff and fleet), YAS 24/25 operational plan = **30 minutes and 23 seconds**.

Variables such as hospital turnaround and increases in patient demand impact on our operational delivery. **Partnership working with system partners, acute, community and primary is essential.**

This chart details the national patient response standards for UK ambulance services

Category	Category description	Average response time target	90th percentile response target
C1- Calls from people with life-threatening illnesses or injuries	A time critical life threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
C2 - Emergency calls	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes	40 minutes
C3 - Urgent calls	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.	None (mean indicator of 60 minutes)	2 hours
C4 - Less urgent calls	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	None	3 hours

Kirklees Category 1 Performance and Demand



Postcode District	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BD11	00:08:32	00:06:47	00:10:14	00:09:45	00:09:20	00:11:29	00:08:53	00:12:03	00:10:43	00:10:23	00:09:50	00:07:38
BD19	00:08:47	00:07:14	00:08:56	00:09:05	00:09:24	00:08:24	00:08:28	00:09:21	00:08:13	00:08:36	00:08:03	00:08:54
HD1	00:06:33	00:06:11	00:06:22	00:06:16	00:06:16	00:05:29	00:06:20	00:06:24	00:05:52	00:05:20	00:05:51	00:05:59
HD2	00:07:44	00:06:43	00:07:57	00:07:09	00:07:26	00:08:39	00:06:41	00:07:53	00:07:53	00:06:17	00:06:08	00:08:06
HD3	00:06:48	00:06:27	00:07:04	00:07:13	00:07:01	00:06:27	00:07:47	00:06:32	00:06:29	00:06:24	00:06:57	00:07:16
HD4	00:07:31	00:08:30	00:08:21	00:08:10	00:09:03	00:06:36	00:07:49	00:08:34	00:07:36	00:07:20	00:07:47	00:07:01
HD5	00:08:50	00:08:02	00:08:01	00:08:40	00:08:39	00:07:58	00:08:27	00:08:18	00:08:24	00:08:23	00:07:41	00:06:31
HD6	00:07:02	00:06:39	00:07:17	00:06:38	00:06:36	00:07:22	00:07:29	00:06:52	00:07:49	00:07:29	00:07:03	00:07:04
HD7	00:09:18	00:11:06	00:11:47	00:12:07	00:10:52	00:10:50	00:12:10	00:10:57	00:10:41	00:10:04	00:08:42	00:10:26
HD8	00:13:25	00:13:13	00:12:02	00:12:25	00:13:11	00:13:09	00:12:45	00:12:30	00:12:56	00:10:50	00:10:52	00:12:35
HD9	00:10:48	00:11:13	00:11:40	00:10:43	00:10:09	00:09:03	00:08:39	00:09:42	00:10:42	00:09:44	00:08:44	00:09:50
WF12	00:09:06	00:10:08	00:09:00	00:08:31	00:09:15	00:08:46	00:09:03	00:09:36	00:09:43	00:09:42	00:07:53	00:08:42
WF13	00:07:52	00:07:07	00:07:50	00:08:35	00:08:54	00:08:25	00:09:00	00:07:33	00:08:17	00:08:10	00:08:13	00:08:03
WF15	00:08:05	00:08:01	00:10:25	00:09:11	00:09:18	00:08:58	00:10:39	00:09:06	00:08:20	00:07:09	00:08:59	00:07:39
WF17	00:08:15	00:07:39	00:07:33	00:09:11	00:08:25	00:07:38	00:08:06	00:09:09	00:08:14	00:07:07	00:08:30	00:08:00

Trust average C1 performance is 8m 26s

West Yorkshire C1 Performance is 7m 57s

Outlier in BD11, 19, HD7, 8 and 9, WF12, 13, 15, 17

Postcode District	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BD11	14	5	9	14	11	8	19	11	22	13	15	17
BD19	26	30	34	34	34	37	28	39	44	41	35	30
HD1	59	79	69	103	69	85	89	90	106	104	85	85
HD2	56	42	46	47	40	53	46	58	55	73	56	66
HD3	38	49	51	44	50	47	44	65	63	64	45	49
HD4	40	56	57	44	46	53	53	60	52	67	65	65
HD5	37	44	35	44	44	54	50	38	66	58	51	50
HD6	53	30	38	37	47	48	45	49	49	47	40	67
HD7	26	14	18	24	15	33	28	29	35	31	32	31
HD8	39	41	21	22	27	33	29	33	34	44	32	50
HD9	32	30	43	30	27	35	35	43	48	54	36	42
WF12	44	37	44	53	43	53	62	52	64	73	69	63
WF13	54	58	75	69	57	52	66	66	80	89	66	70
WF15	29	30	31	33	23	35	18	32	31	28	21	23
WF17	46	72	56	47	54	63	73	79	85	75	79	98

Kirklees Category 2 Performance and Demand



Postcode District	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BD11	00:25:31	00:37:17	00:40:10	00:38:13	00:22:02	00:38:58	00:32:33	00:39:51	00:35:58	00:34:23	00:28:36	00:28:42
BD19	00:25:26	00:31:53	00:37:39	00:28:52	00:24:09	00:27:49	00:32:17	00:31:59	00:43:56	00:36:12	00:31:31	00:31:47
HD1	00:17:52	00:24:12	00:27:45	00:20:25	00:19:17	00:21:39	00:24:17	00:27:26	00:32:48	00:24:01	00:22:15	00:21:22
HD2	00:17:33	00:24:52	00:27:26	00:22:13	00:26:23	00:27:14	00:27:22	00:30:05	00:37:52	00:32:17	00:26:23	00:25:54
HD3	00:19:36	00:23:34	00:27:17	00:22:50	00:18:34	00:24:07	00:28:11	00:27:47	00:37:40	00:27:50	00:24:47	00:21:36
HD4	00:21:52	00:28:21	00:27:49	00:23:38	00:26:28	00:25:45	00:32:52	00:27:27	00:42:14	00:30:57	00:22:28	00:26:27
HD5	00:21:26	00:31:55	00:27:41	00:22:59	00:22:44	00:27:31	00:34:12	00:31:03	00:43:26	00:26:57	00:26:11	00:25:39
HD6	00:20:29	00:23:58	00:24:07	00:24:28	00:18:32	00:28:12	00:25:19	00:31:00	00:37:17	00:30:33	00:23:46	00:21:15
HD7	00:24:56	00:32:49	00:34:23	00:27:45	00:30:35	00:31:18	00:36:13	00:30:49	00:46:06	00:34:09	00:30:40	00:30:54
HD8	00:27:47	00:31:55	00:35:33	00:35:06	00:31:32	00:34:54	00:38:15	00:36:38	00:47:21	00:40:01	00:28:50	00:33:00
HD9	00:26:10	00:30:43	00:32:47	00:29:30	00:25:37	00:31:17	00:34:32	00:34:42	00:47:11	00:32:49	00:29:16	00:27:53
WF12	00:23:49	00:29:22	00:35:27	00:27:56	00:23:36	00:29:52	00:33:19	00:33:38	00:44:40	00:34:33	00:32:27	00:29:31
WF13	00:22:41	00:26:16	00:32:46	00:27:25	00:23:17	00:28:50	00:31:34	00:31:07	00:40:00	00:31:42	00:30:03	00:30:13
WF15	00:22:53	00:33:09	00:34:11	00:25:42	00:23:45	00:30:07	00:30:43	00:30:36	00:39:06	00:33:01	00:26:31	00:25:35
WF17	00:24:00	00:33:22	00:30:48	00:24:20	00:23:48	00:30:27	00:33:37	00:33:45	00:45:50	00:33:41	00:28:08	00:27:51

Trust average C2 performance is 32m 32s

West Yorkshire C2 Performance is 27m 29s

Green/Yellow signify achievement of the interim target.

Variation is largely seasonal.

Postcode District	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BD11	44	61	60	48	56	57	78	66	74	81	65	55
BD19	147	144	136	160	130	144	153	179	185	160	148	165
HD1	281	241	268	268	255	256	277	258	279	286	269	291
HD2	202	179	225	234	201	217	237	211	230	245	238	220
HD3	283	280	251	261	245	270	289	233	274	308	273	282
HD4	183	212	225	196	208	209	219	197	220	227	229	228
HD5	197	202	180	220	199	213	203	218	228	227	246	231
HD6	184	194	198	188	245	217	237	235	267	267	190	209
HD7	84	111	108	102	101	123	125	101	118	118	106	118
HD8	194	183	179	165	183	208	218	222	188	238	187	217
HD9	155	167	179	157	154	170	198	170	208	185	167	189
WF12	184	210	204	212	184	185	237	204	237	233	214	228
WF13	216	245	247	186	212	226	264	270	284	276	263	229
WF15	88	110	103	92	102	94	96	96	128	118	97	105
WF17	202	233	201	227	234	207	227	257	261	239	230	273

Calderdale Category 1 Performance and Demand



Postcode District / Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
BD13	00:09:23	00:08:23	00:09:04	00:08:26	00:08:27	00:11:25	00:09:46	00:08:41	00:09:14	00:09:13	00:10:00	00:09:47	00:09:20
BD19	00:08:47	00:07:14	00:08:56	00:09:05	00:09:24	00:08:24	00:08:28	00:09:21	00:08:13	00:08:36	00:08:03	00:08:54	00:08:37
HD2	00:07:44	00:06:43	00:07:57	00:07:09	00:07:26	00:08:39	00:06:41	00:07:53	00:07:53	00:06:17	00:06:08	00:08:06	00:07:23
HD3	00:06:48	00:06:27	00:07:04	00:07:13	00:07:01	00:06:27	00:07:47	00:06:32	00:06:29	00:06:24	00:06:57	00:07:16	00:06:50
HD5	00:08:50	00:08:02	00:08:01	00:08:40	00:08:39	00:07:58	00:08:27	00:08:18	00:08:24	00:08:23	00:07:41	00:06:31	00:08:09
HD6	00:07:02	00:06:39	00:07:17	00:06:38	00:06:36	00:07:22	00:07:29	00:06:52	00:07:49	00:07:29	00:07:03	00:07:04	00:07:08
HX1	00:06:16	00:07:09	00:06:49	00:06:38	00:07:33	00:06:59	00:06:13	00:06:35	00:06:57	00:06:19	00:06:53	00:05:43	00:06:39
HX2	00:09:11	00:09:09	00:09:57	00:08:44	00:09:04	00:08:43	00:10:13	00:09:45	00:09:51	00:07:41	00:07:39	00:08:40	00:09:03
HX3	00:06:51	00:08:18	00:07:13	00:06:44	00:07:10	00:07:54	00:07:45	00:07:20	00:06:40	00:07:03	00:07:15	00:06:34	00:07:13
HX4	00:08:27	00:09:29	00:09:19	00:08:20	00:10:11	00:10:07	00:09:14	00:09:44	00:08:23	00:07:44	00:09:33	00:08:59	00:09:07
HX5	00:08:49	00:07:02	00:06:25	00:07:10	00:07:25	00:08:08	00:08:02	00:07:41	00:07:45	00:09:13	00:07:23	00:07:29	00:07:50
HX6	00:10:39	00:08:33	00:09:34	00:10:56	00:09:46	00:08:32	00:11:15	00:08:45	00:10:51	00:09:44	00:09:22	00:09:55	00:09:55
HX7	00:11:30	00:11:23	00:10:46	00:12:14	00:10:35	00:13:24	00:13:18	00:12:09	00:11:46	00:13:45	00:14:08	00:09:23	00:12:01
OL14	00:09:19	00:10:54	00:08:37	00:14:07	00:08:40	00:10:40	00:06:36	00:10:08	00:11:54	00:09:33	00:08:33	00:10:15	00:10:06
WF14	00:09:02	00:09:00	00:09:49	00:08:40	00:10:20	00:09:41	00:09:40	00:09:31	00:10:58	00:09:17	00:09:16	00:08:32	00:09:32
Total	00:08:03	00:08:00	00:08:14	00:08:09	00:08:10	00:08:22	00:08:14	00:08:08	00:08:28	00:07:45	00:07:48	00:07:41	00:08:05

Postcode District / Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
BD13	27	28	32	39	29	35	29	41	55	46	41	46	448
BD19	26	30	34	34	34	37	28	39	44	41	35	30	412
HD2	56	42	46	47	40	53	46	58	55	73	56	66	638
HD3	38	49	51	44	50	47	44	65	63	64	45	49	609
HD5	37	44	35	44	44	54	50	38	66	58	51	50	571
HD6	53	30	38	37	47	48	45	49	49	47	40	67	550
HX1	85	92	70	79	62	100	89	83	103	110	95	98	1,066
HX2	52	48	46	49	41	44	49	62	87	68	54	59	659
HX3	55	76	60	68	63	52	73	69	84	78	54	83	815
HX4	16	11	12	15	12	13	10	14	19	6	9	13	150
HX5	21	18	9	16	21	14	22	17	26	25	16	15	220
HX6	27	22	31	32	17	25	35	25	33	24	28	33	332
HX7	14	11	16	12	12	13	9	11	18	15	12	11	154
OL14	16	35	12	20	33	24	18	26	35	30	22	24	295
WF14	33	33	40	38	33	28	37	45	45	33	31	25	421
Total	556	569	532	574	538	587	584	642	782	718	589	669	7,340

Calderdale Category 2 Performance and Demand



Postcode District / Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
BD13	00:25:22	00:35:04	00:31:07	00:29:14	00:33:35	00:36:52	00:35:15	00:39:34	00:42:22	00:33:57	00:30:23	00:28:22	00:33:38
BD19	00:25:26	00:31:53	00:38:02	00:28:52	00:24:09	00:27:49	00:32:17	00:31:59	00:43:56	00:36:12	00:31:31	00:31:47	00:32:17
HD2	00:17:33	00:24:52	00:27:26	00:22:13	00:26:23	00:27:14	00:27:22	00:30:05	00:37:52	00:32:17	00:26:23	00:25:54	00:27:17
HD3	00:19:36	00:23:34	00:27:17	00:22:50	00:18:34	00:24:07	00:28:07	00:27:47	00:37:40	00:27:45	00:24:47	00:21:36	00:25:21
HD5	00:22:03	00:31:55	00:27:41	00:22:59	00:22:44	00:27:31	00:34:12	00:31:03	00:43:26	00:27:18	00:26:11	00:25:39	00:28:37
HD6	00:20:29	00:23:58	00:24:07	00:24:28	00:18:32	00:28:12	00:25:19	00:31:00	00:37:17	00:30:33	00:23:46	00:21:15	00:26:09
HX1	00:20:00	00:26:02	00:21:23	00:22:28	00:20:17	00:24:33	00:24:00	00:24:55	00:31:56	00:27:12	00:21:11	00:19:21	00:23:42
HX2	00:22:49	00:31:35	00:26:20	00:25:34	00:25:02	00:29:16	00:26:35	00:28:29	00:35:56	00:31:39	00:29:23	00:25:59	00:28:19
HX3	00:21:50	00:28:49	00:24:49	00:23:01	00:22:14	00:32:02	00:23:47	00:28:59	00:33:14	00:25:50	00:23:51	00:21:37	00:25:48
HX4	00:26:54	00:27:32	00:26:00	00:25:56	00:31:43	00:26:11	00:33:56	00:31:28	00:37:41	00:31:46	00:25:29	00:26:03	00:29:18
HX5	00:22:44	00:30:19	00:26:31	00:24:40	00:19:09	00:31:19	00:28:37	00:31:29	00:31:31	00:33:23	00:26:03	00:23:59	00:27:47
HX6	00:24:50	00:29:44	00:27:56	00:26:15	00:24:23	00:34:50	00:26:00	00:32:04	00:39:13	00:31:46	00:33:12	00:25:57	00:29:47
HX7	00:27:19	00:39:26	00:30:31	00:29:09	00:29:26	00:30:51	00:32:58	00:37:06	00:51:57	00:37:18	00:34:49	00:31:22	00:34:32
OL14	00:31:21	00:36:16	00:33:58	00:33:34	00:38:32	00:41:59	00:36:30	00:38:26	00:47:03	00:42:03	00:32:13	00:32:50	00:37:09
OL15								00:44:47					00:44:47
WF14	00:23:22	00:29:52	00:32:49	00:27:54	00:23:00	00:36:59	00:28:30	00:33:32	00:41:36	00:29:35	00:27:22	00:23:53	00:29:57
Total	00:22:25	00:29:02	00:27:25	00:24:58	00:23:41	00:29:44	00:28:15	00:30:45	00:38:17	00:30:26	00:26:32	00:24:36	00:28:09

Postcode District / Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
BD13	158	150	145	144	132	142	164	169	194	166	147	169	1,880
BD19	147	144	137	160	130	144	153	179	185	160	148	165	1,852
HD2	202	179	225	234	201	217	237	211	230	245	238	220	2,639
HD3	283	280	251	261	245	270	290	233	274	309	273	282	3,251
HD5	198	202	180	220	199	213	203	218	228	228	246	231	2,566
HD6	184	194	198	188	245	217	237	235	267	267	190	209	2,631
HX1	291	296	277	287	270	298	294	284	316	350	328	315	3,606
HX2	251	234	202	223	196	218	257	234	253	281	232	267	2,848
HX3	315	346	349	357	352	323	363	357	381	393	397	397	4,330
HX4	79	70	61	42	40	48	56	55	72	53	51	65	692
HX5	65	80	69	75	72	84	77	84	105	87	82	90	970
HX6	116	108	134	114	110	124	130	143	127	130	112	125	1,473
HX7	66	68	61	80	63	73	64	52	80	77	59	78	821
OL14	109	113	95	113	108	120	106	119	127	108	126	122	1,366
OL15								1					1
WF14	117	142	134	110	136	123	139	92	149	152	127	127	1,548
Total	2,581	2,606	2,518	2,608	2,499	2,614	2,770	2,666	2,988	3,006	2,756	2,862	32,474

Ambulance Handover By Emergency Department



Hospital Handover standard = 15minutes

YAS Trust Wide Performance = 51% in 15 minutes, average time of 24.5 minutes

West Yorkshire Performance = 61% in 15 minutes, average time of 15 minutes 59s

Calderdale Royal Hospital	
Month	Average Handover Time
Apr-23	00:10:55
May-23	00:09:49
Jun-23	00:07:10
Jul-23	00:07:13
Aug-23	00:07:29
Sep-23	00:08:40
Oct-23	00:14:01
Nov-23	00:13:49
Dec-23	00:14:50
Jan-24	00:13:24
Feb-24	00:15:04
Mar-24	00:14:24
Average	00:11:39

Dewsbury District Hospital	
Month	Average Handover Time
Apr-23	00:03:52
May-23	00:04:29
Jun-23	00:05:20
Jul-23	00:06:11
Aug-23	00:05:19
Sep-23	00:06:12
Oct-23	00:13:05
Nov-23	00:14:13
Dec-23	00:13:36
Jan-24	00:14:48
Feb-24	00:14:14
Mar-24	00:13:57
Average	00:10:07

Huddersfield Royal Infirmary	
Month	Average Handover Time
Apr-23	00:11:25
May-23	00:13:09
Jun-23	00:13:13
Jul-23	00:12:28
Aug-23	00:13:48
Sep-23	00:15:08
Oct-23	00:21:15
Nov-23	00:21:42
Dec-23	00:21:45
Jan-24	00:21:07
Feb-24	00:20:16
Mar-24	00:19:49
Average	00:17:22

Pinderfields General Hospital	
Month	Average Handover Time
Apr-23	00:10:00
May-23	00:11:11
Jun-23	00:11:30
Jul-23	00:12:30
Aug-23	00:14:47
Sep-23	00:16:46
Oct-23	00:24:28
Nov-23	00:24:05
Dec-23	00:32:38
Jan-24	00:29:15
Feb-24	00:22:52
Mar-24	00:25:46
Average	00:20:05

October 2023 change in data clock start definitions

- clock starts when ambulance arrives at hospital NOT when crew notify in the department
- Average 5 – 6 mins additional time on handover

Inter Facility Transfer Performance



Dewsbury District Hospital - Pinderfields General Hospital

The below table shows the demand, mean and 90th response times for Cat1 and Cat2 IFT's between DDH and Pinderfields

Category 1

Month	Demand	Mean	90th
Apr-23	1	00:10:43	00:10:43
May-23	4	00:09:03	00:11:55
Jun-23	2	00:02:38	00:02:50
Jul-23	1	00:03:48	00:03:48
Aug-23	2	00:07:12	00:11:28
Sep-23	1	00:06:37	00:06:37
Oct-23	3	00:07:15	00:08:25
Nov-23	1	00:02:56	00:02:56
Dec-23	1	00:10:53	00:10:53
Jan-24	5	00:09:22	00:16:25
Feb-24	3	00:08:29	00:14:31
Mar-24	1	00:07:32	00:07:32

Category 2

Month	Demand	Mean	90th
Apr-23	27	00:20:08	00:47:59
May-23	31	00:38:15	01:14:31
Jun-23	33	00:35:57	01:15:36
Jul-23	28	00:23:24	00:45:04
Aug-23	29	00:28:14	00:51:11
Sep-23	35	00:25:17	00:53:14
Oct-23	48	00:34:43	01:17:18
Nov-23	38	00:28:45	01:00:12
Dec-23	41	00:42:06	01:29:49
Jan-24	37	00:30:00	01:01:30
Feb-24	31	00:26:36	00:50:57
Mar-24	41	00:26:37	01:00:34

Low numbers of Category 1 per month, max 5 (Jan 2024)

Range of 27 – 48 per month Category 2, majority mean less than 30mins.

Inter Facility Transfer Performance



Huddersfield Royal Infirmary - Calderdale Royal Hospital

The below table shows the demand, mean and 90th response times for Cat1 and Cat2 IFT's between HRI and CRH

Category 1

Month	Demand	Mean	90th
Apr-23	3	00:05:26	00:07:51
May-23	0		
Jun-23	1	00:02:01	00:02:01
Jul-23	1	00:04:42	00:04:42
Aug-23	0		
Sep-23	2	00:02:51	00:03:47
Oct-23	0		
Nov-23	3	00:06:04	00:11:04
Dec-23	1	00:05:19	00:05:19
Jan-24	0		
Feb-24	0		
Mar-24	1	00:06:37	00:06:37

Category 2

Month	Demand	Mean	90th
Apr-23	47	00:16:18	00:37:40
May-23	44	00:30:02	01:04:50
Jun-23	37	00:23:26	00:54:41
Jul-23	41	00:24:28	00:58:57
Aug-23	37	00:16:26	00:41:46
Sep-23	32	00:29:26	00:54:00
Oct-23	47	00:29:32	01:17:52
Nov-23	24	00:20:29	00:47:04
Dec-23	37	00:45:07	01:37:34
Jan-24	40	00:27:38	01:07:26
Feb-24	34	00:27:45	00:52:55
Mar-24	46	00:19:04	00:45:01

Low numbers of Category 1 per month.

Range of 24 – 47 per month Category 2, majority mean performance, less than 30mins.

What next?



- Continue on the journey we've commenced with sharper focus on partnership working and collaboration to improve services for patients
- Strengthened shared priorities at place and system to achieve Cat 2 response times and support place system pressures
- Explore collaborative delivery models to better integrate services for the benefit of patients, optimising workforce skills and capacity, including use of Community First Responders

This page is intentionally left blank



REPORT TITLE: Re-opening of the Bronte Birthing Unit, Dewsbury District Hospital

Meeting:	Calderdale and Kirklees Joint Health Scrutiny Committee
Date:	25 June 2024
Cabinet Member (if applicable)	N/A
Key Decision Eligible for Call In	No Not eligible for Call-in
Purpose of Report	
To receive an update from Mid-Yorkshire Teaching NHS Trust about the re-opening of the Bronte Unit at Dewsbury District Hospital.	
Recommendations	
Calderdale & Kirklees JHOSC to note the information and provide feedback on the details presented.	
Resource Implications:	
None	
Date signed off by <u>Strategic Director</u> & name	Give name and date for Cabinet / Scrutiny reports N/A
Is it also signed off by the Service Director for Finance?	Give name and date for Cabinet reports N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Give name and date for Cabinet reports N/A

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered? The information is provided by Mid-Yorkshire Teaching NHS Trust.

1. Executive Summary

- 1.1 Mid-Yorks Teaching NHS Trust (Mid-Yorks) temporarily suspended births at the Bronte Birth Centre at Dewsbury District Hospital in June 2022. Representatives from Mid-Yorks, along with Calderdale and Huddersfield NHS Foundation Trust (CHFT) attended a meeting of the Kirklees Health and Adult Social Care Scrutiny Panel on 22 November 2023 in which Members resolved that the future model proposed by Mid-Yorks and CHFT would be a substantial change to provision.
- 1.2 Further in-depth scrutiny around the protracted closures of the midwife led birthing units, the timeline for reopening, along with the proposed model in relation to sustainability was requested. It was decided at a meeting of the Overview and Scrutiny Management Committee that the discussion around maternity services should be discussed at the Calderdale and Kirklees JHOSC due to the impact on both Councils, and as part of the wider discussions on hospital reconfiguration.
- 1.3 At the meeting of the Calderdale and Kirklees JHOSC on 19 March 2024, the committee report to the committee on 19 March 2024 can be found on the following link [Maternity Services.pdf \(moderngov.co.uk\)](#) was advised that the Bronte Unit would be re-opening on 1 April 2024.
- 1.4 The committee therefore requested that Mid-Yorks give a brief update on the opening of the Bronte Birth Centre and the initial assessment of how it is progressing including:-
- How many women have given birth at the Bronte Unit since it opened
 - How many would have liked to birth there but were advised consultant led care was more appropriate
 - How many women in the CHFT footprint would have chosen to birth at Huddersfield should a birthing unit have been available
 - How many women needed transferring during labour from Bronte to a labour ward
 - What was the waiting time and transfer time for those transferred to a labour ward – were any babies born on route?
 - Were any women turned away from the Bronte Unit, and if so for what reason (e.g. lack of a 2nd midwife)
 - Has the unit had to close for any reason, and if so for how long
 - What is the initial assessment on the long-term sustainability of the unit
 - Does the initial assessment indicate the hybrid model will be successful
- 1.5 Officers of the Council have liaised with Wakefield Council around the impact of the closure of the Bronte Birthing Unit on the Wakefield Local Authority area. Wakefield Council has been invited by the Calderdale and Kirklees JHOSC to attend and participate, where appropriate in any discussions which directly impact maternity options in Wakefield.

2. Information required to take a decision

Although no decision is required, Members of the Committee are asked to read the Ockenden Report as background information to the discussion. The report can be found on the follow link [OCKENDEN REPORT - FINAL \(ockendenmaternityreview.org.uk\)](#)

3. Implications for the Council

There are no implications for the Council.

3.1 Council Plan

Not applicable.

3.2 Financial Implications

There are no specific implications.

3.3 Legal Implications

There are no specific implications.

3.8 Other (eg Risk, Integrated Impact Assessment or Human Resources)

There are no specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options considered

Not applicable.

6.2 Reasons for recommended option

That the Panel consider the information provided and determine if any further information or action is required.

7. Next steps and timelines

Calderdale and Kirklees JHOSC will consider further information relating to maternity services at the next meeting of the committee.

8. Contact officer

Yolande Myers, Principal Governance Officer yolande.myers@kirklees.gov.uk

9. Background Papers and History of Decisions

Kirklees Health and Adult Social Care Scrutiny Panel meeting 22 November 2023 [Agenda for Health and Adult Social Care Scrutiny Panel on Wednesday 22nd November 2023, 2.00 pm | Kirklees Council](#)

Calderdale and Kirklees JHOSC Meeting 19 March 2024 [Maternity Services.pdf \(modern.gov.co.uk\)](#)

10. Appendices

None

11. Service Director responsible

Samantha Lawton, Service Director Legal Governance and Commissioning.