

Public Document Pack



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

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Monday 10 March 2025

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 18 March 2025**.

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

A handwritten signature in cursive script, 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 Blagbrough	Calderdale Council
Councillor Mike Barnes	Calderdale Council
Councillor Ashley Evans	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 15 October 2024.

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.

7: Maternity Services

17 - 24

Representatives from Calderdale and Huddersfield NHS Foundation Trust, and Mid Yorkshire Teaching NHS Trust will attend to provide an update on maternity services.

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

8: Update on the Hospital Reconfiguration Programme

25 - 54

Representatives from Calderdale and Huddersfield NHS Foundation Trust will attend to provide an update on the Hospital Reconfiguration Programme.

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

PRESENT: Councillor Smaje (Chair)

Councillors: Hutchinson, Blagbrough, Evans, Robinson and Rylah

1 SUBSTITUTES NOMINATED FOR THIS MEETING AND APOLOGIES FOR ABSENCE

Apologies were received from Councillors Barnes and Lawson

2 MEMBERS' INTERESTS

Councillor Blagbrough declared a non-pecuniary interest in Item 7 as an elected governor of the Calderdale and Huddersfield Foundation Trust.

3 MINUTES OF THE CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE MEETING HELD ON 25TH JUNE 2024

RESOLVED that the Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee held on 25th June 2024, be approved as a correct record.

4 DEPUTATIONS

There were no deputations received.

5 MATERNITY SERVICES (DIRECTOR OF MIDWIFERY & WOMEN'S SERVICES, CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST)

The Director of Midwifery Calderdale and Huddersfield NHS Foundation Trust (CHFT) and the Chief Nurse Calderdale and Huddersfield NHS Foundation 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.

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.

During discussions Members commented on the following issues:

- With the Bronte Birth Centre now re-opened, how had encouragement of use been sought? In response, Officers advised that a soft opening had been the preferred option but there had been advertisement from the CHFT.
- How had the retainment package to retain midwives been constructed? In response, Officers advised feedback had been obtained from exit interviews and work with the national maternity programme.

Tuesday, 15th October, 2024

- Who had put the report together? In response, Officers advised it had been a joint effort between CHFT and MYTT.
- Taking on 35 new staff was a big undertaking; would levels remain understaffed? In response, Officers advised levels would remain understaffed, but work had been ongoing with retention.
- What had the retention been attributed to? In response, Officers advised engagement and lots of listening had been the main driving factor.
- Had the recruitment process been centralised? In response, Officers advised that a network was coming together, and students could now apply to multiple Trusts and list preferences rather than individual posts.
- Aside from midwifery, what is staffing like in maternity units? In response, Officers advised paediatrics was healthy but other areas had proven more challenging.
- Has there been a reduction in the use of agency staff? In response, Officers advised once newly qualified midwives were in place there would be a reduction in agency staff used.
- Has work taken place considering possible implications of limited birth choices in Kirklees? In response, Officers advised options had been looked at.
- Has there been a definitive timeline and end to the review process? In response, Officers advised the review should be finalised by Spring 2025.
- Why was there been no mention of health visitors within the report? In response, Officers advised health visitor services sat with Locala.
- What is the relationship between CHFT and local universities currently like? In response, Officers advised the relationship was good and regular meetings had taken place.
- How had enrolment in midwifery compared to other health professional courses? In response, Officers advised that application rates had dropped and were lower than nurses. Midwifery had been in the top 5 professions but was now near the bottom of the table.
- Had any proactive steps been taken to entice former staff back to the profession? In response, Officers advised that over the last year they had seen an uptake in people returning to the profession or had signed up to bank work.

As the MYTT were not in attendance it was agreed that a series of questions would be posed and formally sent to them in a letter.

RESOLVED that:

- (a) A letter be sent to the Director of Midwifery and Women's Health, Mid-Yorkshire Teaching Trust, and Chief Nurse, Mid-Yorkshire Teaching Trust, outlining the following questions;
- An explanation of the difficulties encountered in directing a representative from Mid-Yorks to attend the meeting of the Committee on 15 October 2024.
 - A further explanation of the bar chart which appears in your report, and on page 15 of the agenda pack, particularly in relation to the vastly differing figures for June 2024 and August 2024.
 - Why the number of admissions to the birth centre are so high compared to the number of births?
 - Why are there are minimal births taking place at the Bronte Birthing Centre and how success is being measure considering the low number?
 - An explanation of how transfer services work in practice.
 - In relation to the sustainability of the Bronte Birthing Centre, how does the number of births correlate with the staffing required?
 - How will the staffing model remain robust, considering the local and national difficulty in the recruitment and retention of midwives?
 - An explanation of the current criteria for giving birth at the birth centre.
 - How the current situation at Bronte Birthing Centre compares to birthing units nationally?
 - When will the birthing centre be operating to full capacity, and what is the anticipated demand at this time?
 - Given that the reopening of the Bronte Birth Centre has not been widely publicised, is the Trust receiving a realistic picture of interest in using the Centre?
 - Has the opening of the birthing centre had an impact on the demand for home births?

6 RECONFIGURATION UPDATE (DEPUTY CHIEF EXECUTIVE, DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS, CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST)

The Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust, Clinical Lead for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust (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 C&K JHOSC in early November, an update on negotiations with the Treasury re the reconfiguration and an update on the financial situation regarding the Huddersfield Royal Infirmary (HRI) new A&E.

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 was expected to be completed by summer 2024 and the enabling works for the new multi-story car park had commenced.

During discussions Members commented on the following issues:

What challenges had there been in A&E? In response, Officers advised that there has been an increase in demand, but this had been seen across the country.

Had a full business case been approved? In response, Officers advised that a full business case should be completed by Autumn 2025 which will be a draft document.

What percentage of the HRI had been used? In response, Officers advised they did not have an exact percentage however specific wards have been identified that are in a better condition to consider how to best utilise the estate.

Have plans been put in place to ensure cost effectiveness? In response, Officers advised provisions had been put in place by the best parts of the estate being used and better parts of the estate had been identified.

What plans have been put in place to move out of the bad parts of the estate? In response, Officers advised further detail had been required before a full plan would be in place.

In the future, will more patients be treated at Calderdale and/or Pinderfields rather than Huddersfield Royal Infirmary? In response, Officers advised unplanned care would primarily take place at Calderdale whereas planned care would primarily take place at Huddersfield.

Has the new build created more storage? In response, Officers advised that the new build had created significantly more storage.

Have specific storage areas been rolled out into other parts of the existing building? In response, Officers advised staff had looked at various options for storage.

Has there been an update on movement of services? In response, Officers advised that major service moves would not happen until 2029.

Can future updates provided to the Committee have more detailed work on transformation? In response, Officers advised more work on transformation had started and they were happy to provide updates on this to the Committee. Previously, the Committee have received information on target operating models and Officers advised they would be happy to bring this again with more updated information.

Has a communication strategy been developed and when may it be possible for this to be presented to Members of the Committee? In response, Officers advised there is a communications plan which is regularly updated when necessary, this plan has been updated to reflect the recent parking disruption at Calderdale Royal.

What had been done to address litter and enforcement of no-smoking signs? In response, Officers advised they would feedback to estate facility team regarding litter.

What is the current financial position of CHFT and how are provisions being made for the transformation work? In response, Officers advised the Trust has a deficit plan for this financial year, it is expected the Trust will be in a better financial position than planned due to the allocation of monies from the Department for Health and Social Care. Money has been set aside to manage the transformation programme.

RESOLVED that:

- An item considering future use of the current estate should be scheduled for the Calderdale and Kirklees JHOSC.
- Regular updates be scheduled at meetings of the Calderdale and Kirklees JHOSC to consider the wider transformation work and target operating models.
- An item considering the current communications plan in relation to the reconfiguration should be scheduled for the Calderdale and Kirklees JHOSC.
- Regular updates be scheduled at meetings of the Calderdale and Kirklees JHOSC to consider elements of the full Outline Business Case and the financial aspects of the full project.
- Following progression of the designs for the new clinical build, the Committee receive an update on the extent to which the designs are staying true to the public engagement around key design principals. This should include specific reference to the net-zero ambitions, patient environment along with efficiency and productivity.

7 NEXT STEPS/DATE OF THE NEXT MEETING (ORAL REPORT)

It was agreed that the next meeting would take place in the new year.

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Councillors Colin Hutchinson and Liz Smaje
**Co-Chairs Calderdale and Kirklees
Joint Health Scrutiny Committee**

16 October 2024

Kerry Reede Field, Director of Midwifery
Talib Yaseen, Chief Nursing Officer
Mid Yorkshire Hospitals NHS Trust
By e-mail

Dear Ms Field and Mr Yaseen,

RE: CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

On 25 June 2024, the Calderdale and Kirklees Joint Health Scrutiny Committee met to discuss the reopening of the Bronte Birthing Centre in Dewsbury. At this meeting, representatives from Mid Yorkshire Hospital NHS Trust (Mid-Yorks) were requested to provide a follow-up report and attend a discussion at the Committee's next meeting, which took place at Halifax Town Hall on 15 October 2024. A full brief of discussion points, along with a formal appointment was provided to Mid-Yorks by officers of Calderdale Council and Kirklees Council via e-mail.

The Committee was disappointed to find that no representatives from Mid-Yorks were in attendance at the meeting to answer the Committee's questions on the report provided. The Committee would like to take this opportunity to remind Mid-Yorks of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 No. 218, Part 4, Regulation 27 (1)

'a local authority may require any member or employee of a responsible person to attend before the authority to answer such questions as appear to the authority to be necessary for discharging its relevant functions'

and in relation to Joint Health Scrutiny Committees, Regulation 30 (5) (c)

'require a member or employee of a responsible person to attend before it under regulation 27 to answer questions in connection with the consultation'

Several questions regarding the Bronte Birthing Centre remain outstanding, and you are requested to provide a response to the Committee by 31 October 2024. Please note that in the interests of transparency this letter and your subsequent response will be published on the Calderdale Council and Kirklees Council websites.

Q1. Please provide an explanation of the difficulties encountered in directing a representative from Mid-Yorks to attend the meeting of the Committee on 15 October 2024. The Committee recognised apologies were received, but a substitute was not nominated. Had the Committee been aware of the difficulties in providing a representative, alternative arrangements could have been made to accommodate this.

Q2. Provide further explanation regarding the bar chart which appears in your report, and on page 15 of the agenda pack, particularly in relation to the vastly differing figures for June 2024 and August 2024.

Q3. Why is the number of admissions to the birth centre are so high compared to the number of births?

Q4 Why are there are minimal births taking place at the Bronte Birthing Centre and how success is being measure considering the low number?

Q5. Regarding transfer services, the Committee would like to understand how this works in practice.

Q6. In relation to the sustainability of the Bronte Birthing Centre, given the 56 births that have taken place, how does this correlate with the staffing required, the revised maternity strategy and plans to expand the service?

Q7. How will the staffing model remain robust, considering the local and national difficulty in the recruitment and retention of midwives?

Q8. Has the criteria for giving birth at the birth centre changed over the period of time the centre has been open?

Q9. Is the picture at Bronte Birthing Centre similar to comparable birthing units across the country?

Q10. When will the birthing centre be operating to full capacity, and what is the anticipated demand at this time?

Q11. Given that the reopening of the Bronte Birth Centre has not been widely publicised, is the Trust receiving a realistic picture of interest in using the Centre?

Q12. Has the opening of the birthing centre had an impact on the demand for home births i.e. have these reduced or have numbers remained static?

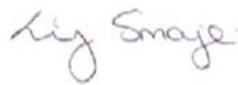
The Committee look forward to receiving a formal response from the Trust, no later than 31 October 2024.

Please send your response to executive.governance@kirklees.gov.uk

Yours sincerely



Councillor Colin Hutchinson
Co-Chair



Councillor Liz Smaje
Co-Chair

Cc

Keith Ramsay, Chair – Mid Yorkshire Hospitals NHS Trust

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Our ref: 010.24 TY//VP
Date: 29 October 2024

Councillor Colin Hutchinson &
Councillor Liz Smaje
Co-Chairs
Calderdale and Kirklees Joint Health
Scrutiny Committee

Talib Yaseen Chief Nursing Officer
Trust Headquarters and Medical
Education Centre
Aberford Road
Wakefield
WF1 4DG

PA: Vicky Parkinson 01924 543626
v.parkinson@nhs.net

Dear Councillor Colin Hutchinson & Councillor Liz Smaje

**Re: Report for the Calderdale & Kirklees Joint Health Scrutiny Committee,
Bronte Birth Centre**

Following the meeting of the above Committee on 15 October 2024 whereby the Trust provided a joint maternity report with Calderdale and Huddersfield NHS Foundation Trust, it is understood that several questions regarding the Bronte Birth Centre remain outstanding. The report will endeavour to provide responses to the outstanding queries below.

- Q1.** Please provide an explanation of the difficulties encountered in directing a representative from Mid Yorks to attend the meeting of the Committee on 15 October 2024. The Committee recognised apologies were received, but a substitute was not nominated. Had the Committee been aware of the difficulties in providing a representative, alternative arrangements could have been made to accommodate this.

Please accept our apologies for the lack of representation at this meeting, unfortunately due to the retirement of the previous post holder and the commencement in post of the new Director of Midwifery, the forwarding of a diary invite was shared with minimal notice. In addition, the Chief Nursing Officer had other urgent commitments and the remainder of our senior leadership midwives were needed for clinical service commitments. The trust will ensure representation from Mid Yorks Teaching NHS Trust at future meetings.

- Q2.** Provide further explanation regarding the bar chart which appears in your report, and on page 15 of the agenda pack, particularly in relation to the vastly differing figures for June 2024 and August 2024.

It is difficult to draw any significance in the increased birth rate between June and August 2024. A term pregnancy is considered to be from 37 completed weeks of pregnancy to 42 weeks on a low-risk pathway awaiting the spontaneous onset of labour. Noting we have had 56 births overall at the Bronte Birth Centre since April 2024

Q3. Why is the number of admissions to the birth centre so high compared to the number of births?

In addition to attending in established labour, women attend the birth centre with suspected spontaneous rupture of membranes (water's breaking) or suspected labour for assessment by the midwife, which are also recorded as admissions. There may be a requirement for care to follow a higher risk pathway at the Consultant Led Unit (Pinderfields) or for them to go home and await events until labour becomes more established. Some of the patients in latent (early) labour may also need to follow a different care pathway should labour not establish fully and are directed to Pinderfields for ongoing care. There will always be a larger number of admissions than births recorded for the reasons discussed above.

Q4. Why are there minimal births taking place at the Bronte Birthing Centre and how success is being measured considering the low number?

The service reports monthly through our governance processes from Division to Trust Board, with birth data recorded on the maternity dashboard for oversight. The 'soft' launch of the of the Bronte Birth Centre has enabled the service to be re-established as a further option for birth with service users and staff fully cognisant with the service, mindful of the sensitivity of this decision to recommence in the geographical footprint. There are a range of engagement events already in place with plans to expand the Maternity Carousels (bespoke antenatal events to showcase options for women and families) at Pinderfields and Bronte Birth Centre, a celebration event following our 50th birth, plus utilising capacity within the estate for antenatal sessions for active birth, breastfeeding workshops, aromatherapy and relaxation sessions for consideration.

The Trust will continue to promote the Bronte Birth Centre as the only regional (Northeast and Yorkshire) stand alone birthing unit, working in partnership with the Maternity and Neonatal Voices Partnership (MNVP) in Wakefield and Kirklees. A strong focus is on the equity and equality agenda, a recent event was the Happy Moments Group supporting Asian women in the Kirklees area during Ramadan and breaking their fast together at the Bronte Birth Centre.

Q5. Regarding transfer services, the Committee would like to understand how this works in practice.

Midwives are the specialists in normality and low risk care pathways, should the clinical complexity change and following discussion with the Consultant Led Unit, a category 1 ambulance is requested to take the woman accompanied by the midwife on a time critical ambulance transfer to Pinderfields Obstetric Unit, the average time frame for attendance of the ambulance is 7 minutes.

Q6. In relation to the sustainability of the Bronte Birthing Centre, given the 56 births that have taken place, how does this correlate with the staffing required, the revised maternity strategy and plans to expand the service?

The staffing model for Bronte Birth Centre is 1 Midwife and 1 Maternity Support Worker 24/7, with a second Midwife on call. The flexibility of this model is conducive

to ensuring the Birth Centre is always open for women to access and increases credibility of the availability of the service, to ensure families feel confident in booking for care there. The only barrier to service would be the Bronte Birth Centre at capacity and all rooms occupied, however the low risk pathway of care lends itself to families requesting an early discharge, usually within 3-6 hours of birth and has not been an issue we have experienced.

The model will be re-evaluated biannually as part of the workforce review. Individual workforce models would not be written into the Maternity Strategy.

Q7. How will the staffing model remain robust, considering the local and national difficulty in the recruitment and retention of midwives?

MYTT are fully recruited to its midwifery establishment and have seen a 34% reduction in attrition in the last year. The decision around staffing models and on call duties for Bronte Birth Centre were made collaboratively with the staff. The staffing model across the whole of Maternity Services is in line with Birthrate Plus recommendations and reviewed biannually against staffing vacancy and any required changes to service delivery. We pay constant attention to maintaining and retaining the current workforce to ensure services can be maintained.

Q8. Has the criteria for giving birth at the birth centre changed over the period of time the centre has been open?

There have been no changes to the criteria for giving birth at the Bronte birth centre. There are some occasions when a woman may choose to birth outside of guidance, when this happens an individualised birth plan is put in place to support her requirements following detailed discussion to ensure women/families can make fully informed decisions.

Q9. Is the picture at Bronte Birthing Centre similar to comparable birthing units across the country?

Anecdotal evidence suggests this is similar to other birthing units, Mid Yorks is fortunate to follow the gold standard of choice by having both a free standing and alongside birth centre available for use. Anxiety may arise in relation to ambulance transfer times and availability from a free standing birth centre, but the Bronte Birth Centre mitigates this as the Yorkshire Ambulance Service base is in close proximity to the birth centre.

Q10. When will the birthing centre be operating to full capacity, and what is the anticipated demand at this time?

There has not been a limit to operating capacity, however given the previously mentioned 'soft' launch. We anticipated a greater amount of activity with the scheduled promotion of both birth centres. The model will be re-evaluated biannually as part of the workforce review.

Q11. Given that the reopening of the Bronte Birth Centre has not been widely publicised, is the Trust receiving a realistic picture of interest in using the Centre?

It is possible that we do not have an accurate picture of interest at this point, however we will be benchmarking against the promotion events and place of birth requests from booking appointments to see the impact of our increased promotion of these birth locations.

Q12. Has the opening of the birthing centre had an impact on the demand for home births i.e. have these reduced or have numbers remained static?

Our data shows there has been no detrimental effect on homebirth rates, both Dewsbury and Pinderfields' homebirths have exceeded the 2023 number, 11 and 29 respectively in the first 8.5 months of the year.

		2019*	2020	2021	2022	2023	2024**
Homebirth	Dewsbury & District Hospital	5	10	12	5	7	11
	Pinderfields General Hospital	8	41	35	33	21	29
	Pontefract General Infirmary	6	41	25	15	15	9
	Mid Yorks Teaching NHS Trust	19	92	72	53	43	49

We hope this detailed report answers the questions of committee members. We are available to discuss as required.

Yours Sincerely



Kerry Reede Field
Director of Midwifery and Women's Services



Talib Yaseen O.B.E.
Chief Nursing Officer

CC Keith Ramsey, Chair Mid Yorkshire Teaching NHS Trust

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.

1. Introduction

The NHS England three-year delivery plan for maternity and neonatal services sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families (NHS England 2023).

Personalised care gives people choice and control over how their care is planned and delivered. It is based on evidence, what matters to them, and their individual risk factors and needs. Personalised care includes choice of place of birth; all women in England can choose where to birth their baby. This may be in their local Trust or elsewhere.

This paper provides an update on the staffing position and birth choice provision at both Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Teaching Hospitals Trust (MYTT) footprint. The paper sets out the current and future maternity service offer, with reference to national standards and evidence-based guidelines, and workforce issues.

2. Background

All women should have clear choices about maternity care and place of birth, supported by unbiased information and evidence-based guidelines (NHS England 2023). Where care can be safely delivered closer to women's homes.

There has been an expansion of specialist maternal medicine services enabling women to receive antenatal care, diagnostic testing, and fetal surveillance in their local hospitals in Pontefract, Wakefield, Dewsbury, Huddersfield, and Halifax rather than having to travel to regional centres.

When staffing levels are safe and sustained, there will be a continued focus on enhanced continuity of carer models of care to support our most vulnerable groups. The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance to commissioners and providers about intrapartum care settings. This guidance underpins local Trust guidelines.

3. Workforce

3.1 Current Position

Both CHFT and MYTT have continued with consistent recruitment activity including participation in the Local Maternity and Neonatal Services (LMNS) centralised recruitment programme for newly qualified midwives.

A summary of the current (January 2025) and future expected (April 2025) position can be seen in the following table:

January 2025	CHFT	MYTT
Last formal accredited workforce planning assessment (Birthrate Plus)	2024	2023
Funded whole time equivalent (WTE)	195	255.48
Whole time midwife in post – January 2025	174.21	254.92
Current Vacancy whole time midwife	20.79	0
Current Overall Vacancy %*	11%	0%
Anticipated WTE April 2025	186.21	260.92

Anticipated overall vacancy % April 2025	4.5%	0%
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*The current vacancy position does not consider the additional vacancy created through maternity leave, plus short / long term sickness and includes all midwifery posts including managerial and specialist midwives.

CHFT has seen their vacancy position reduce from a maximum of circa 30% in August 2023 to 11% in January 2025. Further recruitment has taken place with a cohort of newly qualified midwives due to qualify in March 2025 who are currently undergoing recruitment checks. Additional interviews are being held for band 6 midwives, with 4 candidates who will be interviewed. It is anticipated that the vacancy position in April 2025 will be circa 5%.

CHFT retained 100% of newly qualified midwives from 2022 and 2023 cohorts and was one of only 2 organisations in the LMNS to achieve this.

MYTT will see 6.0 WTE midwives commence in post through April - May 2025. This will take the service into an over-recruited position; however, this is based on average attrition rates.

All new starters at both organisations are supported by preceptorship midwives through robust orientation and supernumerary period through to completion of their preceptorship programme.

Additionally for consideration, whilst there is a national review of training requirements for frontline staff, there is already an increased amount of maternity and neonatal safety training required in addition to essential training and the potential to see further increase in this. Should this occur further business cases may be required to support additional uplift to the current establishment.

3.2 Recruitment and Retention

CHFT and MYTT both have robust recruitment and retention plans and have worked with West Yorkshire and Harrogate Local Maternity and Neonatal System and NHS England regional teams to grow the workforce through increasing student placements, international recruitment, midwifery apprenticeships and shortened midwifery programmes.

This is a medium to long term plan and whilst the anticipated position is now more favourable than in previous years, there remains challenges to secure a sustainable workforce for the future.

UCAS data has shown that in June 2024 the degree level applications for midwifery were at their lowest levels for more than six years. This is a 9.9% decrease on the previous year and 34.4% lower than the 2021 peak. It is therefore vital we continue our efforts across the Calderdale, Kirklees, and Wakefield footprint in partnership with our universities to continue with our recruitment and retention plans and to be employers of choice for students and to offer multiple routes into training.

Recruitment and retention plans shared previously with the committee remain in place.

4. Birth Choices across Calderdale, Kirklees, and Wakefield

Current NICE guidance (2023) is 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), and that women are supported to make an informed choice to birth in any birth setting (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit. Furthermore (NICE 2023) when planning delivery of maternity services, providers should:

- provide a model of care that supports one-to-one care in labour for all women.
- not leave a woman in established labour on her own except for short periods or at the woman's request.
- benchmark services and identify overstaffing or understaffing by using workforce planning models and/or woman-to-midwife ratios.

From 1 April 2024, all four choices of place of birth are available and offered to women resident in Calderdale, Kirklees, and Wakefield.

Women can access care in any care setting via their midwife or an online self-referral scheme on CHFT and MYTT Trust websites.

Summary of Birthing options:

Place of Birth	Calderdale	Kirklees	Wakefield
Homebirth	Yes	Yes	Yes
Freestanding Midwife led Unit – low risk women	No Neighbouring area Bronte Birth centre	Yes Bronte Birth Centre	No Neighbouring area Bronte Birth Centre
Alongside Midwife led Unit – low risk women	Yes Calderdale Royal Hospital (CRH)	No Can chose to birth in neighbouring area (CRH, PGH)	Yes Pinderfields Hospital (PGH)
Obstetric Unit	Yes Calderdale Royal Hospital (CRH)	No Can chose to birth in neighbouring area (CRH, PGH) or any other Trust of their choosing (e.g. Leeds, Bradford, Barnsley)	Yes Pinderfields Hospital (PGH)

Pontefract Hospital - A public consultation was launched 11 February 2025 by the ICB and the Wakefield Place asking local people to share their views on birth choices in the Wakefield District.

The consultation focuses on the future of birthing services at Pontefract Hospital, where births have been temporarily suspended since 2019. The proposal is to not reinstate births at Pontefract while continuing to provide antenatal and postnatal care there. The Wakefield District Health and Care Partnership is leading this consultation to understand how the proposal might

affect local families and whether other options should be considered. This information has been included to demonstrate the full operational picture at MYTT.

4.1 Huddersfield Birth Centre – Free standing midwifery led unit

The Huddersfield Birth Centre remains suspended for labour care.

Re-opening to provide intrapartum midwifery led care is contingent not only on sufficient numbers of staff in post but also in consideration of the skill mix and experience of midwives.

Whilst the recruitment position for CHFT has improved, the skill mix and experience of the workforce has changed. The preceptorship package is a 12–18-month programme and the skills and experience acquired during this programme will be essential to contributing to the overall workforce needed to safely staff a free-standing birth centre. CHFT has supported the development of skills in low-risk midwifery led care by reintroducing rotation into the community as a core area in the preceptorship package as well as to Calderdale Birth centre. This is supported by ensuring there is clearly identified support from experienced community and Calderdale birth centre core midwives

CHFT has worked with colleagues at MYTT to establish pathways to access the Free-standing Bronte Birth Centre, all birth options are available to be discussed with women at both organisations.

A review of the Huddersfield birth centre and the options for sustainable free standing birth centre model for Kirklees will take place in April 2025 with data collection on the complexity and acuity of women over the last 3 years to inform the numbers who would be considered most appropriate to birth in a free-standing birth centre.

4.2 Calderdale Birth centre - Alongside Midwifery Led unit

Due to the challenges in staffing, Calderdale Birth centre (CBC) adopted a responsive model in July 2023 with staff re-deployed to support other clinical areas when no labouring women were present in the unit. The level of staff shortages meant that it was not possible to robustly maintain this responsive model with intermittent closure of the unit required to maintain safe intrapartum care provision in a consolidated area. Calderdale Birth centre has been robustly delivering a 24/7 operating model since 18th November 2024.

In the 16-month period from commencing the responsive model in July 2023 to up to November 2025, CBC saw 140 births take place providing an average of 8.75 births per month.

During the 3-month period from the recommencement of the 24/7 operating model (18th November 2024 – 18th February 2025) there have been 83 births in Calderdale Birth Centre providing an average of 27.66 births a month.

The women who are accessing the Calderdale birth centre have been evenly split between Halifax and Huddersfield postcodes with 48.2% and 42.2% respectively. The remaining women have been from Bradford and Oldham.

A further 49 women have attended CBC but have transferred during their labour. The following table is a summary of reasons for transfer:

Reason	No.
Additional pain relief	16
Delay in 1 st / 2nd stage of labour	7
Complications in labour requiring continuous fetal monitoring	25
Perineal repair in theatre	1

There have been 4 occasions during this 3-month period where there has been a need to redirect intrapartum care to the labour ward for a short period following acute absence of core staff. A further full overnight closure took place in January 2025 due to adverse weather conditions to support accommodation for staff who were stranded.

4.3 Calderdale Royal Hospital Maternity Reconfiguration

Reconfiguration plans to relocate the Calderdale Birth centre from the ground floor at the front entrance of the hospital to the 2nd floor alongside the labour ward and to build 2 bespoke dedicated obstetric theatres are progressing.

A communications plan is currently being drafted and will be co-designed with the Maternity Neonatal Voice's Partnership (MNVP) to inform women and families of the work taking place once a start date has been confirmed.

The work is currently anticipated to commence in summer 2025 and complete in Spring 2026 although this may be subject to change. As this work is taking place in an area of estate that has now been vacated there will be no disruption to the availability of the birth centre or the current obstetric theatre whilst the build takes place. There may be some noise disruption to some areas of the labour ward, but this has been discussed with the contractor and measures will be taken to minimise this as much as possible.

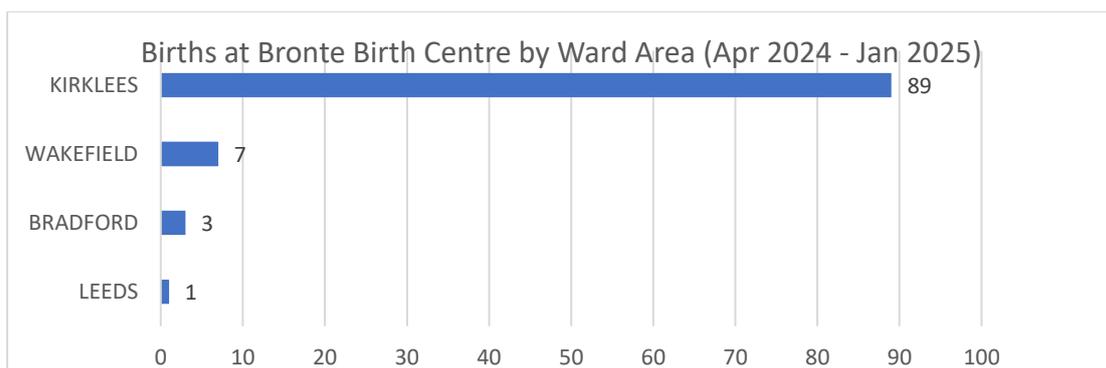
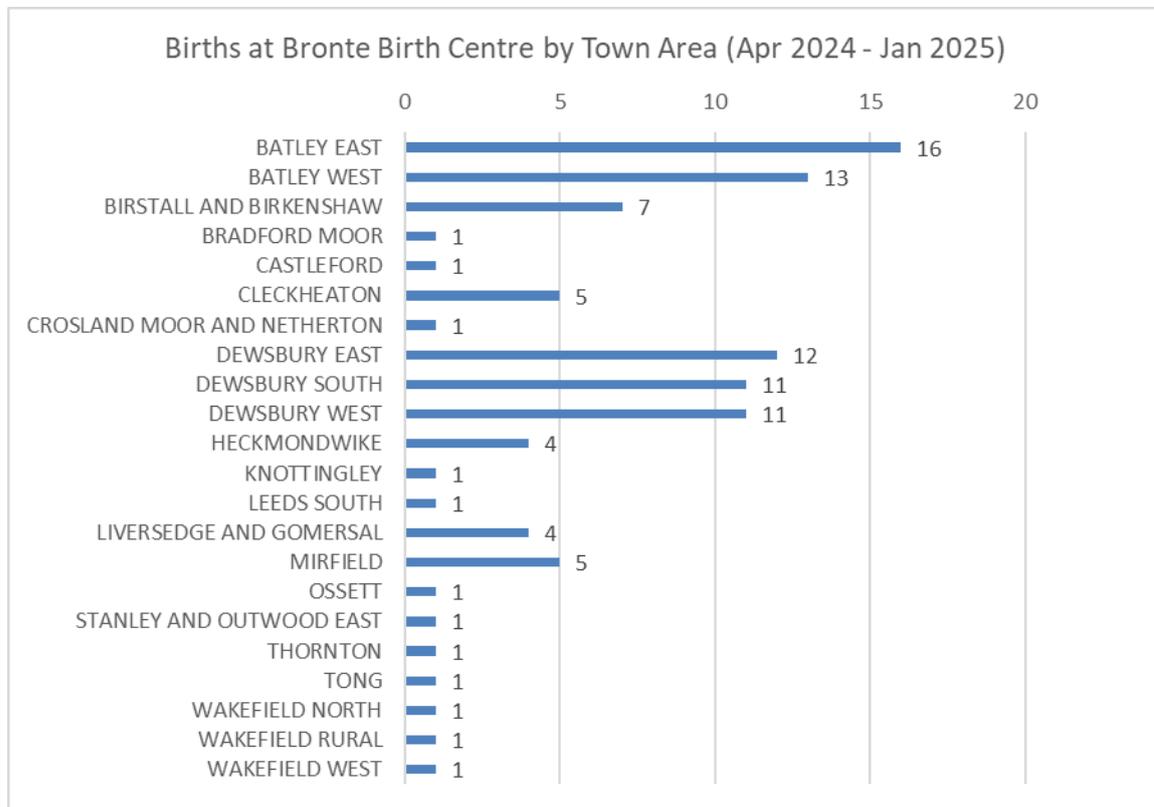
4.4 Bronte Birth Centre

The Trust gave a commitment to reopening the temporary closure of the Bronte Birth Centre and the successful recruitment of midwives and a dedicated Birth Centre Manager, allowed the Trust to re-open on 1 April 2024. Evaluation of the delivery model for the location of birth centres will emerge as part of the Ockenden work and the revised maternity strategy.

The staffing model is currently 1 Midwife, and 1 Maternity Support Worker always based on site with a second Midwife on call to attend when families are admitted. The team have utilised the MUSA (Midwifery Unit Self-Assessment) framework which is a national tool developed to guide and strengthen self-assessment and ongoing improvements in a midwifery led birthing environment. All staff were welcomed into role following an extensive training needs analysis, updated guidance and process SOPs and training in emergency skills drills.

Bronte Birth Centre has so far welcomed over 100 babies and has received extremely positive feedback from families. The service is observing use of the Birth Centre via postcode and to date

approximately 5 service users in the Mirfield locality and a further 4 from a wider geographical footprint to include Bradford and Leeds have accessed our services at Bronte Birth Centre.

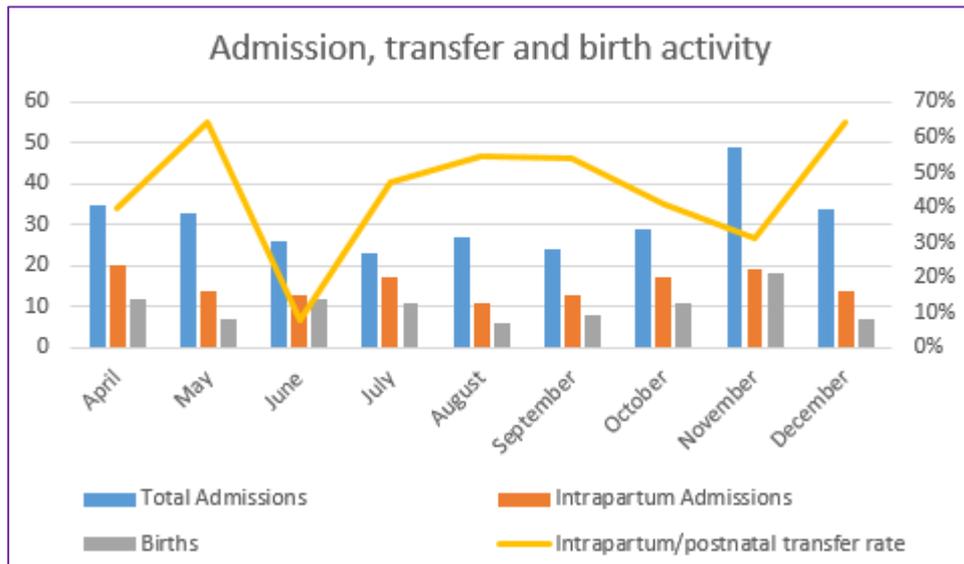


The Trust presented the relaunch of the Bronte Birth Centre at the Midwifery Unit Network national event in November 2024 to peers and NHS England on the topic relating to 'Birthplace Choice', describing the journey to reopening which was positive and well received. The regular Maternity Carousel engagement events continue to promote Bronte Birth Centre as an option for birth and the only regional stand alone birthing unit in the area. More recently we are working alongside the Happy Moments charity group within Batley and Dewsbury to support increased

engagement and awareness of this service with the South Asian community and a bespoke Carousel family event.

Lastly, a celebration event to coincide with 1st anniversary of the relaunch is scheduled for 3 April for all families who have birthed there alongside welcoming prospective parents. The team have adopted an open door policy for service users to drop in at their convenience for a walk round in addition to a set open day per month.

Below is an overview of admission, birth and transfer rates:



The sustainability of the Bronte Birth Centre is of paramount importance to the service. In times of escalation due to high acuity at the Pinderfields site, which necessitates the relocation of staff within the hospital to maintain safety of the consultant led unit when all other measures have been exhausted; eligible women and birthing people are offered the option of having care at the Bronte Birth Centre.

Further work continues as part of the action plan to ensure all community midwives are promoting birth in one of the birth centres where appropriate.

The Bronte Birth Centre’s soft launch in April 2024 was a strategic decision, allowing for a phased introduction while considering ongoing consultation planning at the Pontefract site. Extending the evaluation period to 18 months (September 2025) seems like a thoughtful approach, ensuring a more comprehensive assessment that includes both user and staff experiences, as well as financial sustainability.

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Foundations for our Future - JHOSC update

18 March 2025

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Agenda Item 8

Content

This presentation provides an update on the Hospital Reconfiguration Programme and includes within it the information that the JHOSC have requested updates on.

Topic	Slide(s)
The future hospital service model and the benefits of service reconfiguration	3-4
Development of Target Operating Models	5
Summary of estate plans, timeline and progress	6-7
Communications	8
Update on the operation of the new A&E including lessons learned	9-11
Design of the new clinical building at CRH and how this reflects public engagement on design principles, net-zero ambitions, efficiency and productivity	12-19
Internal developments at Calderdale Royal Hospital	20-23
Huddersfield Royal Infirmary developments	24-26
The Full Business Case process	27-28

The Future Hospital Service Model



Huddersfield Royal Infirmary

- 24/7 A&E and clinical decision unit
- 24/7 urgent care centre
- 24/7 anesthetic cover
- diagnostics
- planned medical and surgical procedures
- outpatient services and therapies
- midwife-led maternity unit
- physician-led step down inpatient care



Calderdale Royal Hospital

- 24/7 A&E and clinical decision unit
- 24/7 urgent care centre
- 24/7 anesthetic cover
- paediatric emergency centre
- diagnostics
- critical care unit
- inpatient paediatrics (medical and surgical care)
- outpatient services and therapies
- obstetrics and midwife led maternity care
- acute inpatient medical admissions and care (e.g. respiratory, stroke, cardiology)
- acute emergency and complex surgery services

Benefits of Reconfiguration

Patient Safety

Workforce
Resilience and
Wellbeing

Learning from the
Pandemic included
in Designs

Reduction in carbon
use and emissions

Estate Safety &
Reduce Backlog
Maintenance

Economic
Regeneration and
Social Value

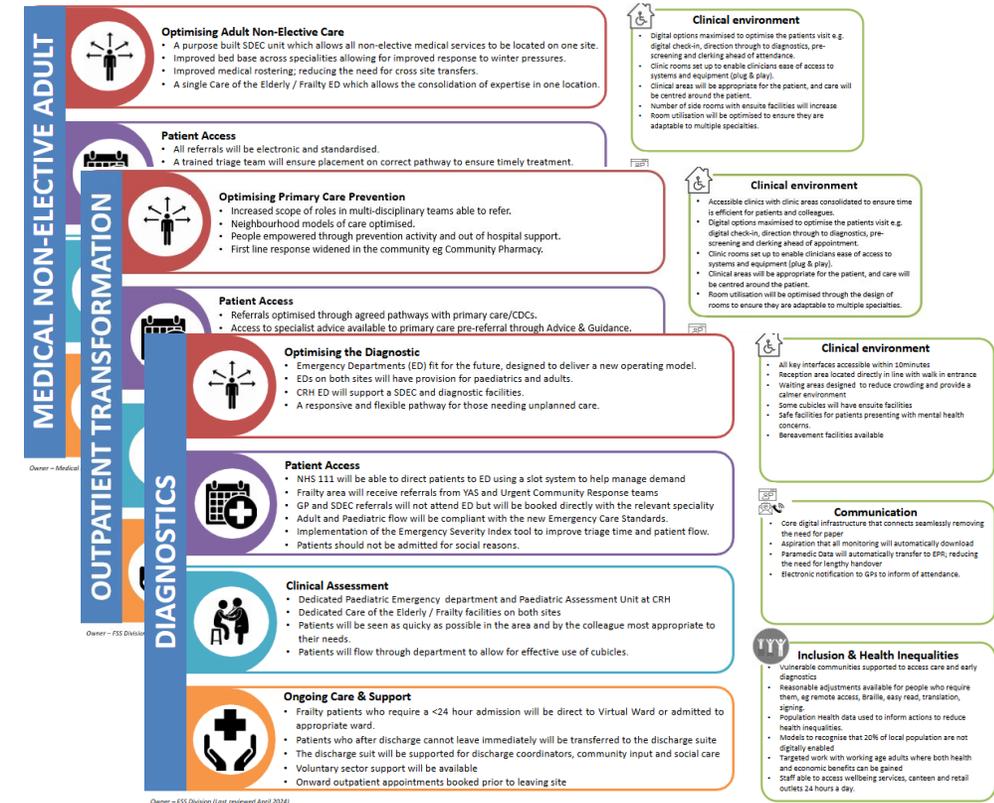
Financial Efficiency
and Sustainability

Modern, state of
the art environment
for patients and
colleagues

Target Operating Models

- Targeted Operating Models (TOMs) have been designed to provide clarity on the clinical and operating models we aspire to deliver in the run up to and following reconfiguration.
- The TOMs are also acting as a supportive tool for speciality collaboration and partnership.
- The TOMs act as an enabler for the Trust's 5-year strategic plan, the 2024-2029 clinical strategy, and delivery of planned Reconfiguration Programme benefits.
- To date TOMS have been developed across a number of key areas, including:
 - Planned Care and Theatres
 - Critically Ill Adult
 - Medical Non-Elective (Adult)
 - Outpatient Transformation
 - Non-Elective Surgery
 - Emergency Care
 - Diagnostics
 - Paediatrics

- These will continue to be developed and evolved as reconfiguration continues.



Estate Plans to Enable Service Reconfiguration

- At Huddersfield Royal Infirmary (HRI) there is a new A&E alongside investment in existing HRI buildings.
- At Calderdale Royal Hospital (CRH) there will be additional wards, two new theatres, a new A&E, a children's A&E, a new learning and development centre and a multi-storey car park.



Our journey



Laing O'Rourke appointed as design and construction partner for new clinical build



Enabling works begin for CRH multi-storey car park



New CRH Learning and Development Centre opens



Clinical build enabling works starts



Construction of multi-storey car park



Construction of maternity floor, cath labs and plant room



HRI A&E Department opened



Rainbow Child Development Centre opened



Outline Business Case



Full Business Case



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Public consultation



National funding allocation agreed



Strategic Outline Case

Construction of new clinical building begins



Hospital main entrance redesign starts



New clinical building opens



Communicating our progress

- **“Resident’s alert”** - emailing latest updates on activity which may impact residents. Maildrop in HX1, HX2, HX3 to encourage people to sign up.
- **Futures website** – updated with latest news and information. Currently developing digital floor plans to show what CRH will look like at the end of reconfiguration.
- **Media coverage** – regular ‘drum beat’ of news including the opening of the Halifax CDC, new HRI A&E and changes to car parking at CRH.
- **Digital communications** – social media activity including images and timelapse video of new constructions.
- **Stakeholder briefings and events** – regular briefings and engagement events held with Trust colleagues, partner organisations and local councillors.
- **Local resident’s update** – statutory planning engagement with residents in late February (letter drop).



Join us to launch our plans for the new clinical building at Calderdale Royal Hospital

Meet our construction partners, Using O'Rourke, hear about our future plans, and see our designs in virtual reality in a new immersive experience.

Wednesday 4th September
11:30am - 4pm (lunch provided)
Cedar Court Hotel, Alnley Top,
Huddersfield, HD3 3RH

Please park in the main hotel car park.

Please RSVP along with any dietary requirements to community@calderdale-hx.com by 21 August 2024.

The multi-story clinical building (circled) will include a new AMZ and Inpatient wards.

Foundations for our future

HALIFAX Courier

Parking at Calderdale Royal Hospital: No drop-offs in front of Halifax's hospital next week as Drycrough Lane entrance shuts to traffic

by Sarah Pilon

Facebook, Twitter, YouTube, Comment

HRI Accident and Emergency Department

Update

- New department came into operation in May 2024 – a comprehensive transition plan meant that there was a seamless transfer from the old department to the new one.
- Generally, fewer complaints relating to the environment have been received compared to the old department. There has been a positive impact on patient experience and increase in direct and indirect positive feedback.
- Informal engagement visit from CQC in January where they praised the “high quality of facilities, care and patient centred approach by all the teams” that they witnessed.
- Also visited by the NHS England National Medical Director Professor Sir Stephen Powis - was impressed by the A&E design and complemented the use of innovation and digital.



Colleague feedback and learning

In a recent colleague survey, respondents praised the new department citing the key improvements as:

- Brighter, more modern environment with more space and a better layout
- Improved equipment and technology
- Better patient flow and reduced congestion

Key learning:

- More side rooms and better patient privacy have brought improvements to patient care.
- Some areas in the department which have been built to national Health Technical Memoranda (HTMs) have been found to be too big in practice, leading to inefficient use of space.

Learning from colleagues

Some colleagues fed back that the new layout and larger size facility had taken some getting used to, particularly in relation to how they communicate and work efficiently.

New ways of working have been adopted that will improve communication and efficiency in the new environment.

New Clinical Building

New Clinical Building

- Situated to the south of the site on the space near the Godfrey Road entrances.
- Will adjoin to the existing clinical building.
- A new Emergency Department for adults, and a dedicated Emergency Department for children and young people.
- New inpatient wards designed to the latest national standards and legislation.
- A strong focus on tackling climate change through design and construction and creating an efficient and sustainable estate at CRH.



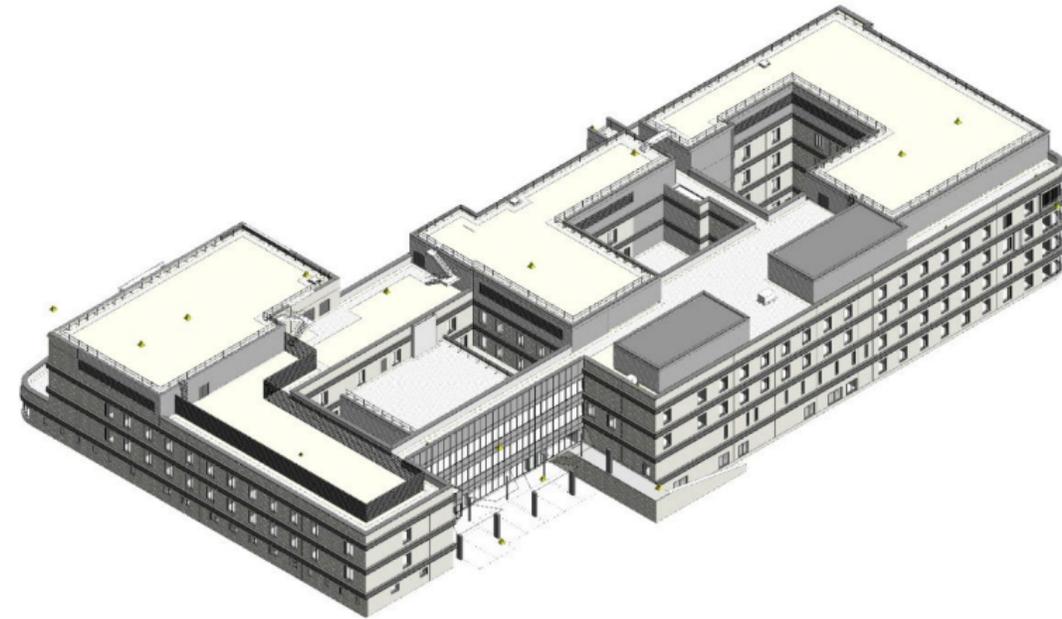
Design process to date



- Appointed Laing O'Rourke to optimise the building design, ensuring its “buildability” and to meet all the latest standards and regulations.
- Patient experience themes fed into the design process:
 - Wayfinding
 - Privacy and dignity
 - Accessible and supportive environment
 - Ambient noise, especially noise at night
- Extensive engagement and co-design with over 100 colleagues and key stakeholders such as mental health and Yorkshire Ambulance Service.
- Use of the Trust’s “Design Brief” which was developed with patients, relatives, carers and colleagues.
- Use of innovative immersive technology to provide a 3D model of spaces being designed – better special coordination.

Design improvements

- The addition of an entrance and stairwell to the east elevation of the new building.
- Better spacial coordination within the permitted maximum building height and footprint.
- Better clinical adjacencies and operational flow.
- An improved access route to the building for emergency vehicles from Godfrey Road.



Responding to pre-planning engagement (2021) themes

Themes	Response
Construction materials and visual impact	<p>Modern methods of construction are being used to construct the new building and includes a focus on sustainability. It will be an all-electric building in line with our commitment to tackling climate change.</p> <p>The exterior facades have been designed to be sympathetic to the heritage of the local area, in line with recommendations from Historic England.</p>
Positioning of building	<p>In response to residents' feedback, the building has been designed to be set back from the road with landscaping providing a natural screen from the roadside. The location of the new Emergency Department will be visible and easy to locate from Godfrey Road.</p>
Design to be futureproof	<p>The new clinical building design is based on extensive clinical and operational data, expertise from healthcare planners, colleagues, and construction experts to make sure it is designed with the future in mind.</p>
Navigation, privacy and dignity	<p>Wayfinding and privacy and dignity are two of the key themes that emerged from our review of patient experience feedback. There is a strong focus on Wayfinding in the next stage of the building design project and this will include ensuring there is a clear alignment between new and existing buildings.</p>



Tackling climate change

- Protecting the planet is a cornerstone of the programme’s Social Value Plan and there’s an ambition to achieve an “Excellent” standard in the *BREEAM sustainable building certificate*.
- Built using Modern Methods of Construction utilising Laing O’Rourke’s world class Centre of Excellence for Modern Construction (CEMC).
- All-electric building, utilising solar and other renewable energy sources such as ground source heat pumps.
- Site-wide travel plan for CRH which is integral to the Trust’s strategic plan for the site.
- Site-wide commitment to achieving biodiversity net gain at or above the statutory requirement of 10% (Environment Act 2021).



MMC – Environmental Benefits

- Better air quality on the construction site.
- Reduces the impact on local environment, protecting biodiversity.
- Uses less water which is better for the environment.
- More efficient use of materials and less waste through meticulously planned off-site manufacturing.
- Uses low carbon concrete and has enhanced building performance and energy efficiencies.



Key internal developments

Maternity floor

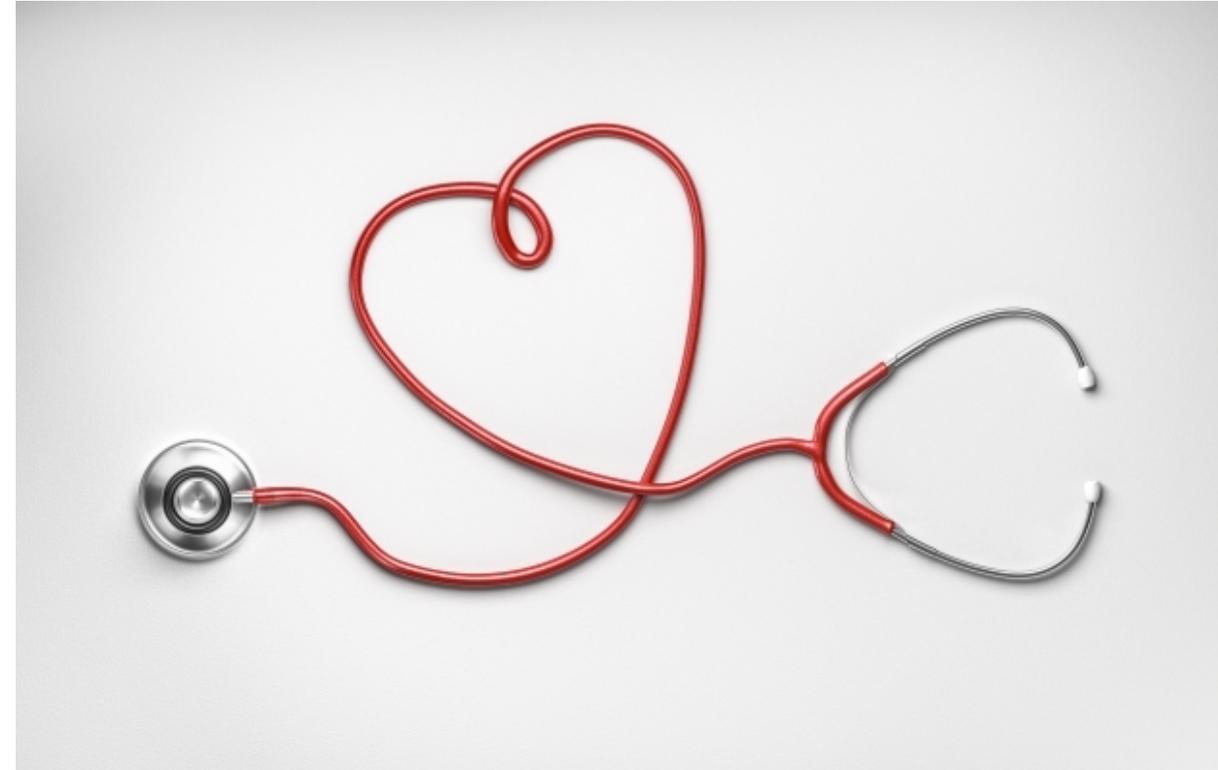
- Maternity services are currently split across multiple floors at CRH.
- The new development will bring these services together on one floor. There will also be two dedicated obstetric operating theatres.
- The new layout will improve efficiency as well as safety and quality of care.
- There are also plans to develop a Bereavement Suite with the support of the hospital's charity.



Construction will commence this summer and take approx. 9 months.

Cardiac catheter labs

- Two new catheter labs to be constructed to meet current and future demand for cardiac procedures.
- Extensive planning has gone in to ensuring the project is coordinated with the maternity scheme and both are being delivered by the same construction partner.
- A new plant room is also being constructed to provide the necessary services (power etc) for the new labs.



Construction will commence this summer and take approx. 8 months.

25/26 milestones

SPRING 	SUMMER 	AUTUMN 	WINTER 	PROJECTED COMPLETION
Therapies services move to Dean Clough Mills 				Spring 2025
Enabling works (phase 2) for clinical building begin 				Spring 2026
Multi-storey car park construction starts 				Summer 2026
	Maternity floor works begin 			Spring 2026
	New catheter labs works begin 			Spring 2026

Huddersfield Royal Infirmary

Key activity and Estate investment at HRI

- Opening of the new A&E
- New inpatient non-surgery oncology ward (with MYTT)
- Ward 18 Single Room Development
- Learning Centre Demolition & Re-provision
- Refurbishment of other wards on a rolling basis
- CT scanner, fluoroscopy suite
- Refurbished staff change facilities

- Discharge lounge opened in old A&E footprint
- Medical and surgical SDEC moves to old A&E
- Exterior cladding safety
- Early stage of plans to develop the HPS - developing, manufacturing and distributing quality medicines
- Retail Facilities
- Wellbeing Garden & 660 tree saplings planted (Woodland Trust)
- Reduction of Backlog Maintenance - Ventilation, Emergency Lighting, Generators, Fire safety, Asbestos Removal, Electrical and pipe work etc

HRI Estate – Longer Term Development Plan

- Ward Refurbishment Programme
- Theatre Refurbishment
- Window Replacement Programme
- Cladding solution
- Fire safety
- Continued Asbestos removal programme
- Continued Site Rationalisation
- Decarbonisation of Estate to meet NHS net zero targets by 2040

Full business case

Full Business Case

FBC	Review any minor changes & implications	Confirm Value for Money	KEY STEP 8: Procuring the solution KEY STEP 9: Contracting for the deal	Confirm financial implications and financing	KEY STEP 10: Ensuring successful delivery (i.e. Comprehensive Delivery plan)
OBC	Review any significant changes and implications	KEY STEP 4: Determine Value for Money	KEY STEP 5: Prepare for the potential deal	KEY STEP 6: Confirm Funding and Affordability	KEY STEP 7: Plan for Successful Delivery
SOC	KEY STEP 1: Ascertain the Strategic fit KEY STEP 2: Make the Case for Change	KEY STEP 3: Develop a long list of options and agree a short list	Outline the procurement strategy	Estimate costs (revenue and capital) for short listed options	Proposed management arrangements
The Five Cases	Strategic	Economic	Commercial	Financial	Management

FBC Timeline

	Spring	Summer	Autumn	Winter
Continuation of technical design	Active	Active	Active	Completed
Procurement – market testing	Active	Active	Active	Completed
Final design approval	Completed	Completed	Active	Completed
Submit Full Business Case	Completed	Completed	Completed	Active

Thank you

Visit our website at: <https://future.cht.nhs.uk>