Public Document Pack

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Monday 6 October 2025

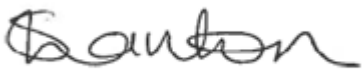
Notice of Meeting

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 14 October 2025.**

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



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 Elizabeth Smaje	Kirklees Council (Joint Chair)
Councillor Colin Hutchinson	Calderdale Council (Joint Chair)
Councillor Ashley Evans	Calderdale Council
Councillor Ann Kingston	Calderdale Council
Councillor Jo Lawson	Kirklees Council
Councillor Ashleigh Robinson	Kirklees Council
Councillor Hannah McKerchar	Kirklees Council

Agenda
Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive any apologies for absence from Committee members.

2: Minutes of Previous Meeting

1 - 6

To approve the Minutes of the meeting of the Committee held on the 18 March 2025.

3: Declaration of Interests

7 - 8

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

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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: Update on the Hospital Reconfiguration Programme

9 - 20

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

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8: Maternity Services

21 - 42

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

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Contact Officer: Yolande Myers

KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Tuesday 18th March 2025

Present:	Councillor Elizabeth Smaje (Chair) - Kirklees Council Councillor Jane Rylah - Kirklees Council Councillor Jo Lawson - Kirklees Council Councillor Colin Hutchinson - Calderdale Council
In attendance:	Rob Aitchison, Deputy Chief Executive, CHFT Anna Basford, Deputy Chief Executive and Director of Transformation, CHFT Dr Mark Davies, A&E Consultant and Clinical Lead for Reconfiguration, CHFT Stuart Baron, Deputy Director of Finance, CHFT
Apologies:	Councillor Ashleigh Robinson - Kirklees Council Councillor Howard Blagbrough - Calderdale Council Councillor Ashley Evans – Calderdale Council

1 Membership of the Committee

Apologies for absence were received on behalf of Councillors Blagbrough, Thompson and Evans.

2 Minutes of Previous Meeting

That the Minutes of the Meeting held on 15 October 2024 be approved as a correct record.

3 Declaration of Interests

Councillor Lawson declared a non-pecuniary interest in items 7 and 8 as she held a bank contract with Calderdale and Huddersfield Foundation Trust.

4 Admission of the Public

All agenda items were considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were received.

7 Maternity Services

Gemma Puckett, Director of Midwifery for Calderdale and Huddersfield NHS Foundation Trust (CHFT) shared an update with the Committee with regards to maternity services and advised that:

- The number of midwife vacancies had reduced but there was still some risk in relation to the skill mix of staff.
- Calderdale Birth Centre was open 24/7 due to an increase in birth rate.
- A review of Huddersfield Birth Centre was due to take place at the end of April.

Kerry Reedefield, Director of Midwifery at Mid-Yorkshire NHS Teaching Trust (MYTT) advised the Committee that:

- There was a fully established staffing at MYTT).
- A 12-week consultation on Wakefield Birth Centre was continuing.
- A 12-month review of Bronte Birth Centre would take place in September 2025.

The Committee questioned the soft launch of Bronte Birth Centre and whether this would be more widely publicised, and in addition, if the Birth Centre at Huddersfield Royal Infirmary would re-open in next three years.

Ms Puckett responded and advised that due to midwife shortages, CHFT were anticipating a difficult period over the next couple of years. The review at the end of April was to consider the demographics and complexities, and the likelihood of the Birth centre re-opening would depend on that data to ensure a workforce with the right skill set would be in place. The Committee was advised that the birth centre was presently being used as a community midwifery hub to run anti-natal and post-natal services.

The Committee queried the difficulties with regards to retention of staff and were advised that CHFT were retaining 100% of their student midwifes.

In response to the Committees query regarding anti-natal classes across both Trusts and women falling through the net, the Committee were advised that anti-natal classes were being run by the Public Health team at Calderdale Royal Hospital. A piece of work was being undertaken to understand if this could be delivered more locally within communities, as well as understanding the best approach to engage with the hardest to reach women i.e. via social media, virtually etc.

The Committee queried the proportion of international recruitment and if there were places at university for all students wanting to train as midwives. Ms Reedefield responded and informed the Committee that MYTT had a large proportion of international midwives as the current workforce was an ageing one, so there was an increasing need to fill the gaps.

The Committee highlighted the Local Maternity Network System (LMNS) workstream and the 30% dropout rate and the Committee noted the negative picture portrayed around maternity services and previous issues with funding which had

impacted on the number of people willing to train to become midwives. Shortened programmes and apprenticeship programmes were an idea of growing the workforce but this did not resolve the issue immediately. There was a constant drive to recruit and grow the workforce to develop midwifery pathways.

The Committee questioned whether maternity services could be presented in a more positive way to encourage more people into the profession and was advised that an LMNS video to show the career pathway, joined up recruitment to ensure graduates were in the right place and remain, flexible working and how to support a good work life balance was available.
In repose to the Committees query regarding midwifery being incorporated into Registered Nurse (RN) training, the Committee was advised that RN posts were limited but that it would be something they supported. Ms Puckett added that work had be undertaken with Bradford to offer post RN qualifications but there had been complications around qualification and financial difficulties, but that they would support a Lobby nationally for funding for post RN training.

The Committee raised their concern regarding women being given a choice of the different birthing options and were advised that the Community Matron was undertaking a piece of work to ensure the Bronte Birth Centre was being promoted. The birth centre at Calderdale provided a level of reassurance being close to the obstetric unit for pain relief, however it was important to ensure those robust discussion were being undertaken with patients.

The Committee highlighted the Ockenden Report and queried whether a change in workforce would be required. The Committee was advised that a large proportion of the midwifery training was mandatory. Workforce models had not always been sufficient which had changed the workforce demand. The priority over the next couple of years would be to roll out the community workforce.

In response to the Committees query regarding the responsive model, Ms Puckett shared that this was in response to staffing challenges at Calderdale Roal Hospital. Staff had to be deployed to the Labour Ward to maintain safe staffing levels which resulted in the birth centre being closed and a reduction in birthing options at that time. Feedback regarding this had been mixed but the decision had been taken in line with national advice.

The Committee raised a question regarding midwifery becoming more medicalised, and if that was a reason for staff leaving. Ms Puckett advised that staff retention was 100% in 2022/23 and that midwives delivered a variety of care and therefore choice was offered to midwives to ensure a good skill mix.

The Committee acknowledged that women wanted to be assured that birth centres were safe and asked how they were assessed and what were the transfer rate was for those need intervention.

Ms Reedefield responded and shared that a risk assessment was undertaken, and the appropriateness of birth location was reviewed at each point of contact. A booklet of care provided an awareness of the different options to be considered but it was important to be clear on the positives and negatives of those. Midwives were

able to identify when intervention was required within a timely manner to reduce the risk.

RESOLVED: The Committee noted the update and agreed that:

1) A further meeting be arranged to consider the findings of the review of Huddersfield Royal Infirmary Birth Centre and Bronte Birth Centre.
2) The Committee be provided with up-to-date information regarding midwife training dropout rates locally.
3) The Committee be provided with information relating to the review of choices at CHFT.
4) The Committee be provided with further information in relation to transfer rates from the Bronte Birth Centre.

8 Update on the Hospital Reconfiguration Programme

Anna Basford, Deputy Chief Executive and Director of Transformation, Rob Aitchison, Deputy Chief Executive, Dr Mark Davies, A&E Consultant and Clinical Lead for Reconfiguration and Stuart Baron, Deputy Director of Finance attended as representatives from CHFT to update the Committee on the Hospital Reconfiguration Programme.

A presentation outlined key improvements which included enhanced patient safety, workforce wellbeing, and environmental sustainability. The development of Target Operating Models (TOMs) was highlighted as a strategic enabler for clinical transformation, supporting the Trust's five-year plan and facilitating collaboration across specialties. Estate plans for both Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI) were reviewed, including new A&E departments, theatres, inpatient wards, and learning centres. The Committee noted the positive feedback received following the opening of the new HRI A&E, including praise from the CQC and NHS England's National Medical Director.

The Committee noted the design of the new clinical building at CRH, which incorporated feedback from public engagement and aligned with net-zero ambitions. The building would feature modern inpatient wards, dedicated emergency departments for adults and children, and sustainable construction methods. The Committee was advised of the use of immersive technology in the design process and the emphasis on wayfinding, privacy, and dignity. Updates were also provided on internal developments such as the maternity floor and cardiac catheter labs, with construction scheduled to begin in spring 2026. Communications and stakeholder engagement activities were noted, including digital updates, media coverage, and statutory planning consultations with local residents.

During discussions, the Committee were provided with an overview of the TOM which were described as internal tools guiding the future model of care delivery. These models were not yet public facing but were instrumental in shaping service development within the Trust. The TOMs aimed to ensure consistency and innovation across care streams such as planned care, theatres, and medical non-elective pathways. The models were structured to reflect the types of patients and services, providing a framework for future service configuration.

The Committee was advised that the locations of services remained consistent with those previously consulted on, and that the reconfiguration was contingent upon the completion of new builds, which would serve as catalysts for service transformation. The TOM were fluid documents, designed to adapt to technological and clinical advancements. The Committee noted that the transformation extended beyond physical relocation, focusing on delivering care more efficiently, such as the consolidating of acute medical teams on one site enabling direct access from GPs and ambulance services, thereby reducing unnecessary emergency department admissions.

The Committee was informed that the Trust had received approval to proceed with the Full Business Case (FBC), following support for the Outline Business Case (OBC). Dialogue with the Department of Health and Treasury suggested that approval timelines would be shortened to support the Trust's 2029 reconfiguration target. The Committee expressed concerns about national structural changes, but was reassured that appropriate pathways and relationships remained intact.

The Committee commented that CHFT had managed winter pressures better than many trusts, avoiding corridor care, and was advised that additional bed capacity had been opened. Growth assumptions were already factored into the reconfiguration model with the Trust continuing to explore alternative care models such as same-day emergency care and community-based services.

Dr Davies, A&E Consultant and Clinical Lead for Reconfiguration, advised the Committee that in reflecting on the first winter at the new Huddersfield A&E, whilst the department functioned well, some cubicles were found to be larger than necessary. Therefore, the design for Calderdale's new A&E would adjust cubicle sizes to improve efficiency, while ambulance assessment cubicles would be slightly enlarged.

The Committee noted that the new Calderdale wards would include 16 single rooms per 28-bed ward. The Trust acknowledged the need for enhanced supervision and was refining the nursing model accordingly. Room layouts had been redesigned using immersive digital tools to improve visibility. Although camera monitoring was not planned, digital falls mats and smart beds would be used to enhance patient safety. Construction of the maternity floor was scheduled to begin in summer 2025. The Trust clarified that a bereavement suite already existed and would be improved with support from the hospital charity.

Dr Davies confirmed to the Committee that all non-elective care would be delivered at Calderdale, while Huddersfield would host planned care and outpatient services. There would be no major shift in outpatient access, and clinics would continue at both sites to maintain patient choice.

The Committee was advised of recent and planned investments at HRI, including ward and theatre refurbishments. Some works would occur post-reconfiguration, and funding would be drawn from the Trust's annual capital allocation and national funding opportunities. Site rationalisation would follow the shift of inpatient activity to Calderdale with the refining of the future layout of the HRI site still taking place, with a focus on maximizing use of better-quality estate and aligning with the TOM.

The Committee was advised that there were no plans to involve private sector partners in elective surgical hubs. Huddersfield's elective surgical hub remained NHS-run and was considered a trailblazer.

The Committee noted that a comprehensive communications strategy had been implemented, including a resident alert system, a redesigned website with a "map of the future," regular stakeholder briefings, ward councillor meetings, mail drops, and planning updates for local residents. No feedback had been received from the most recent mail drop, but the Trust remained open to engagement.

The Committee requested an opportunity to scrutinize the FBC, and the Trust agreed to provide non-commercial information, noting that the FBC would remain a draft until Treasury approval.

RESOLVED –

1) That representatives from CHFT be thanked for their presentation and attendance at the meeting.
2) That the non-commercial information from the Full Business Case including value for money, delivery plans, and any changes or implications be provided and considered a future meeting of the Committee.

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.

Kirklees COUNCIL

REPORT TITLE: Update on Calderdale and Huddersfield NHS Foundation Trust and Mid-Yorkshire NHS Foundation Trust Reconfiguration

Meeting:	**Calderdale and Kirklees Joint Health Scrutiny Committee**
Date:	**14 October 2025**
Cabinet Member (if applicable)	**N/A**
Key Decision **Eligible for Call In**	**No**
Purpose of Report Representatives from Calderdale and Huddersfield NHS Foundation Trust (CHFT) will update the Committee on the reconfiguration and estate plans.	
Recommendations • To consider the reports **Reasons for Recommendations**	
Resource Implications: None.	
Date signed off by Executive Director & name **Is it also signed off by the Service Director for Finance?** **Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?**	**Give name and date for Cabinet / Scrutiny reports** N/A **Give name and date for Cabinet reports** N/A **Give name and date for Cabinet reports** N/A

Electoral wards affected: All Calderdale and Kirklees Wards.

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes, and there are no implications.

1. Executive Summary

The Calderdale and Kirklees Joint Health Scrutiny Committee has been actively scrutinising the reconfigurations plans for CHR and estate plans for HRI. Records of previous discussions and related documentation can be accessed via the following links.

Browse meetings - Calderdale and Kirklees Joint Health Scrutiny Committee | Kirklees Council
Browse meetings - Calderdale and Kirklees Joint Health Overview Scrutiny Committee | Calderdale Council

2. Information required to take a decision

CHFT was asked to provide the Committee with an update on the reconfiguration, in particular: -

- To provide an update on process and timelines
- To outline the outcome of planning permission,
- To summarise work already completed
- To provide information around next steps

3. Implications for the Council

None

3.1 **Council Plan**

N/A

3.2 **Financial Implications**

N/A

3.3 **Legal Implications**

N/A

3.4 **Climate Change and Air Quality**

N/A

3.5 **Risk, Integrated Impact Assessment (IIA) or Human Resources**

N/A

4. Consultation

N/A

5. Engagement

N/A

6. Options

N/A

6.1 **Options considered**

N/A

6.2 **Reasons for recommended option**

N/A

7. Next steps and timelines

That the Calderdale and Kirklees JHSC takes account of the information presented

and considers its plans for future meetings and activities in relation to the reconfiguration.

8. Contact officer

Yolande Myers
Principal Governance Office
Yolande.myers@kirklees.gov.uk

9. Background Papers and History of Decisions

N/A

10. Appendices

CHFT presentation.

11. Service Director responsible

Samantha Lawton, Service Director Legal Governance and Commissioning

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NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**14 October 2025**
Meeting:	**Calderdale and Kirklees Joint Health Scrutiny Committee**
Title of report:	**Update on Calderdale and Huddersfield Hospital Service Reconfiguration Programme**
Author:	**Anna Basford (Deputy Chief Executive & Director of Transformation, CHFT)**

Purpose of the Report

To provide an update on implementation of the Calderdale and Huddersfield hospital service reconfiguration programme.

Key Points to Note

CHFT has continued to make good progress implementing the programme of reconfiguration over the last year. This has included progress on key estates enabling works at Calderdale Royal Hospital (CRH) and communication and involvement activities with members of the public and stakeholders.

The timeline for development and approval of the Reconfiguration Full Business Case (FBC) is described in this report. Following national approval of the FBC construction of the new clinical build at CRH will commence in August 2026 and is planned to complete in Autumn 2029.

Recommendation

- **NOTE**: progress to implement the Reconfiguration programme
- **NOTE** the approval process and timeline for the Reconfiguration FBC

Update on Calderdale and Huddersfield Hospital Service Reconfiguration

Calderdale and Kirklees Joint Health Scrutiny Committee
14 October 2025

1. Background

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides acute and community health services, serving Greater Huddersfield and Calderdale. Acute hospital services are operated from two sites, just over five miles apart, at: Calderdale Royal Hospital and Huddersfield Royal Infirmary. There is a compelling quality, workforce, estates, sustainability and financial case for the reconfiguration of services enabled by estate investment at CRH and HRI. Formal public consultation on the plans for the reconfiguration of hospital services took place in 2016.

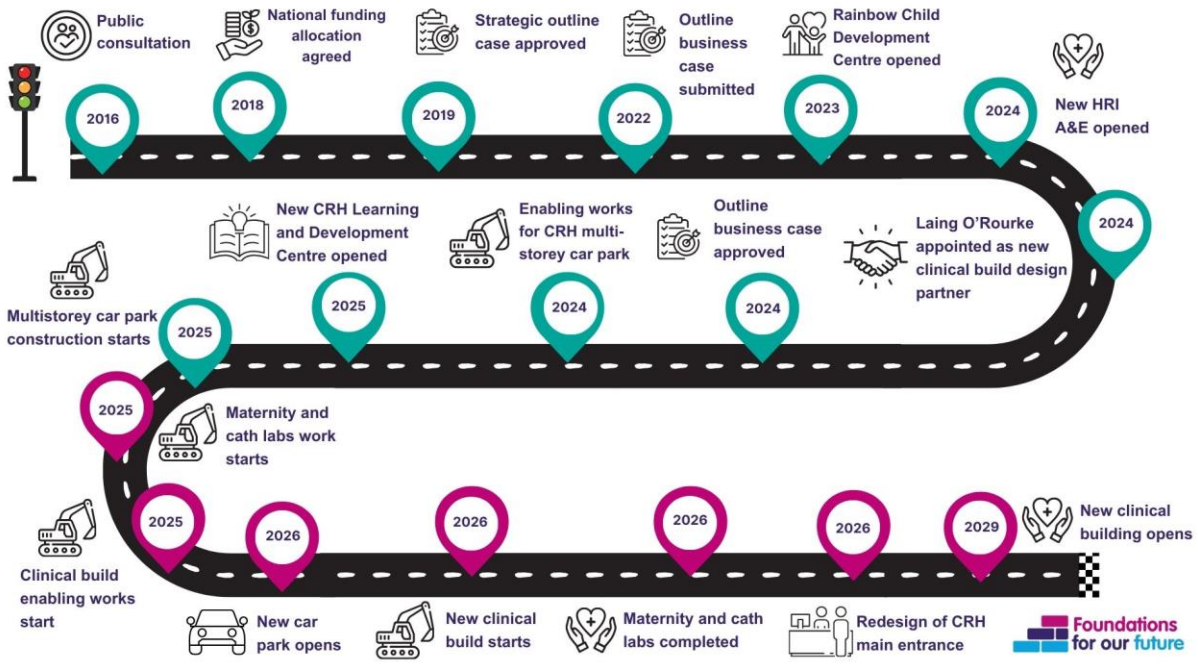
The Trust's plans for the reconfiguration of hospital services have been supported by NHS England, the Department of Health and Social Care (DHSC) and HM Treasury. The investment in new healthcare facilities at Calderdale Royal Hospital (CRH) and at Huddersfield Royal Infirmary (HRI) will enable delivery of a planned and unplanned care model across the two hospitals ensuring essential service adjacencies and scale of provision to improve the quality, efficiency, and safety of care for patients.

At Huddersfield Royal Infirmary (HRI), a new A&E opened in May 2024 and there has been investment to upgrade wards and theatres, address backlog maintenance, and provide a new learning and development centre.

At Calderdale Royal Hospital (CRH), the reconfiguration plans will enable the build of 8 new wards, 2 new theatres, a new A&E and a children's A&E. A new learning and development centre opened at CRH in February 2025, and construction of a multi-storey car park is in progress and scheduled to complete in 2026. Developments within the existing CRH building will also be implemented to improve the CRH main entrance, create a maternity floor, increase power supply to the site, and upgrade the plant room.

2. Summary of Programme Progress

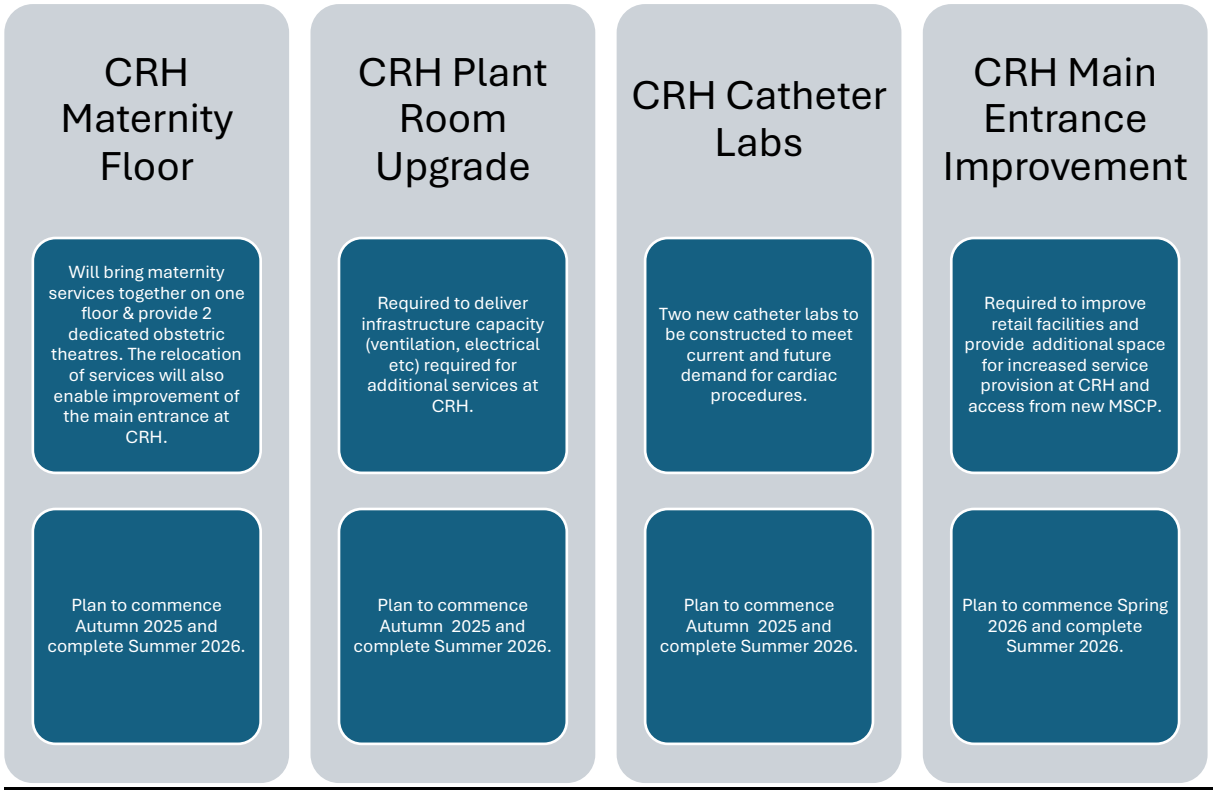
The Trust continues to make good progress and is halfway through the programme of reconfiguration. The 'roadmap' of developments is illustrated below (green milestones are complete).

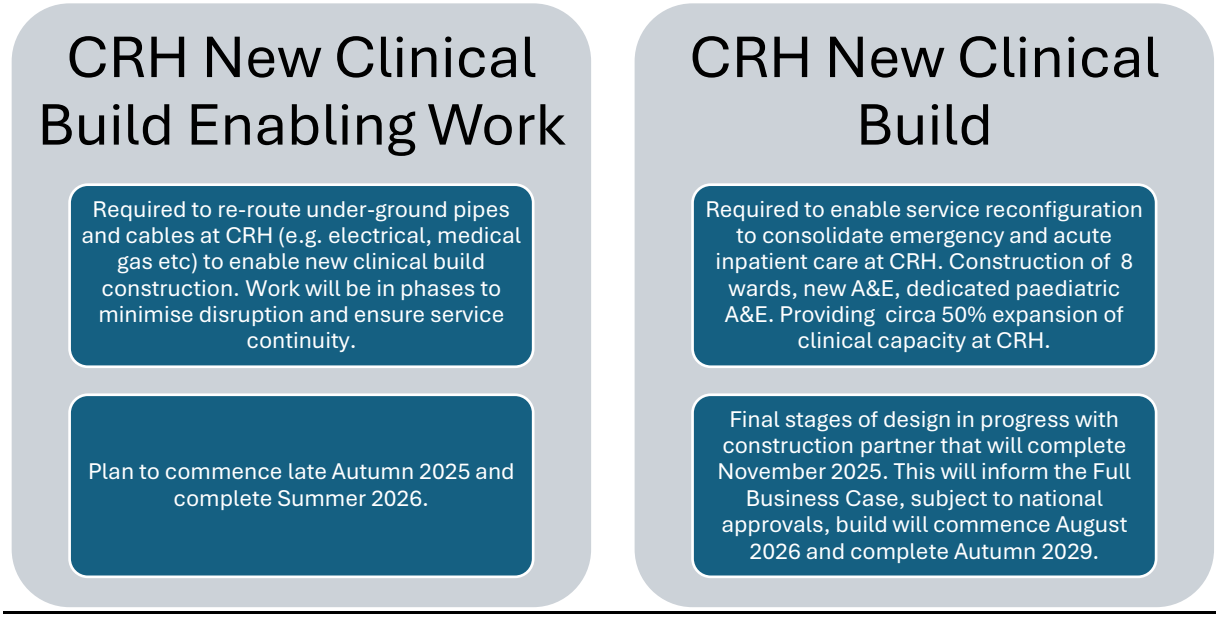


3. Estate Developments

A summary of the estate developments at CRH that have progressed during the past year is summarised below.

CRH Learning & Development Centre	Re-location of CRH Therapy Services	CRH Multi-storey Car Park	Increased Electrical supply to CRH
New centre required to clear CRH site for new clinical build construction	Relocation of outpatient services to community, providing space to create maternity floor at CRH	Required to provide capacity for increased service provision at CRH post reconfiguration and to enable new clinical build on existing car park	Required to bring additional power for multi-storey car park and increased clinical services on site
Complete, opened Feb 2025	Complete, services moved to Dean Clough May 2025	Construction in progress and due to complete by July 2026	Cabling works up A629 from Salterhebble electrical substation completed in Sept 2025





4 Communications and Involvement

During the past year CHFT has continued to proactively involve and inform people about the programme of reconfiguration. This has included:

- "Resident's alert" - emailing latest updates on activity which may impact residents. Maildrop in HX1, HX2, HX3 to encourage people to sign up.
- CHFT Futures website – updated with latest news and information.

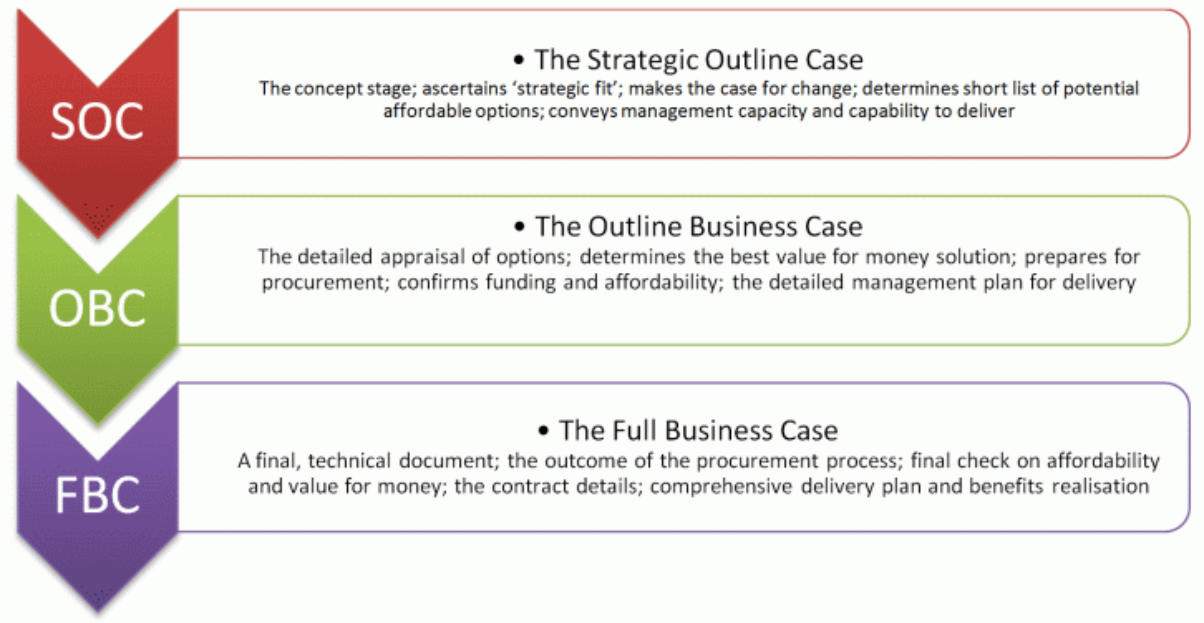
- Media coverage – regular ‘drumbeat’ of news.
- Digital communications – social media activity including images and timelapse video of new constructions.
- Stakeholder briefings and events – regular briefings and engagement events held with Trust colleagues, partner organisations, and local councilors.
- Local resident’s update – statutory planning engagement with residents.
- Calderdale and Kirklees Joint Scrutiny Committee – regular updates and briefings at public meetings.
- Engagement activity with patients and the public for those services impacted by the enabling activity – including some therapies and orthopaedic outpatients

The Reconfiguration Programme’s Experience and Involvement Plan provides a clear framework of actions to ensure that we address our:

- Public Sector Equality Duty - to have due regard for equality considerations and ensure that they are reflected in design, service delivery, and internal policies, and that these issues are kept under review.
- Legal Duty to Involve – to ensure that people are involved in the planning of services, the development and consideration of proposals for change, and decisions which, when implemented, will impact on services.

4. Development of the Full Business Case (FBC)

The Full Business Case is the third and final stage of national business case planning and approval processes. The FBC provides additional detail related to plans previously agreed in the Reconfiguration Strategic Outline Case and Outline Business Case.



The Trust is currently developing the FBC. This will be structured in accordance with HM Treasury (HMT), Department of Health and Social Care (DHSC), and NHS

England (NHSE) guidance aligned to the Five Case Business Model. An overview of the five sections / chapters of the FBC is shown below.

Chapter		Purpose of Chapter
1.	**Strategic Case**	**What is the case for change?** What is the current situation? What is to be done? What outcomes are expected? How do these fit with wider government policies and objectives?
2.	**Economic Case**	**What is the net value to society (the social value) of the intervention compared to continuing with Business as Usual?** What are the risks and their costs, and how are they best managed? Which option reflects the optimal net value to society?
3.	**Commercial Case**	**Can a realistic and credible commercial deal be struck?** Who will manage which risks?
4.	**Financial Case**	**What is the impact of the proposal on the public sector budget in terms of the total cost of both capital and revenue?**
5.	**Management Case**	**Are there realistic and robust delivery plans**? How can the proposal be delivered?

The FBC will describe the new clinical build scheme at Calderdale Royal Hospital (CRH) in more detail than at Outline Business Case stage. This will include the final design, confirmation of the Target Cost agreed with the construction partner, and the approaches that will be taken to manage the scheme during construction.

Ahead of submission of the draft Full Business Case for national approval the National Infrastructure and Service Transformation Authority (NISTA) will visit the Trust to undertake a Gate 3 Review to provide independent assessment and assurance of the ability of the programme to deliver agreed outcomes and benefits to time, cost, and quality.

The table below sets out the high-level indicative timeline for development and approval of the FBC. This timeline aligns with the overall programme timeline for completion in 2029.

Date	Process Milestone Description
Sept 2025	Complete RIBA stage 4 design for new clinical build at CRH
Nov 2025	Target Cost of development confirmed
Jan 2026	Complete preparation of draft FBC
Feb 2026	NISTA Gate 3 Review
Feb 2026	Submission of draft FBC to DHSC and NHSE
July 2026	National approval of FBC

August 2026	Commence construction of new clinical build at CRH
Autumn 2029	Complete construction of new clinical build at CRH

Ahead of national approvals, the draft FBC will not be published. The document will be in a draft form that could be subject to change during the assurance and approval process. The draft FBC will include commercially sensitive information, such as procurement strategies and partnership arrangements, which if disclosed prematurely could compromise negotiations or the integrity of competitive processes.

5. Recommendation

Members of the Joint Health Scrutiny Committee are requested to:

- **NOTE**: progress to implement the Reconfiguration programme
- **NOTE** the approval process and timeline for the Reconfiguration FBC

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Kirklees COUNCIL

REPORT TITLE: Maternity Services at Calderdale and Huddersfield NHS Foundation Trust and Mid-Yorkshire NHS Foundation Trust

Meeting:	**Calderdale and Kirklees Joint Health Scrutiny Committee**
Date:	**14 October 2025**
Cabinet Member (if applicable)	**N/A**
Key Decision **Eligible for Call In**	**No**
Purpose of Report Representatives from Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid-Yorkshire Foundation Trust (MYTT) will update the Committee on Maternity Services within Calderdale and Kirklees.	
Recommendations • To consider the reports **Reasons for Recommendations** • To understand whether there is sufficient availability and clear communication to residents of Calderdale and Kirklees about maternity services, especially for those affected by changes to maternity provision. • To reflect on whether all four birth settings (home, freestanding midwifery unit, alongside midwifery unit, obstetric unit) are equally accessible to residents across Calderdale and Kirklees. • To consider whether there is sufficient support and information for women to make informed birth choices, especially those from vulnerable or underrepresented communities, and how the continuity of care is being maintained across different settings and geographies.	
Resource Implications: None.	
Date signed off by <u>Executive Director</u> & name **Is it also signed off by the Service Director for Finance?** **Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?**	**Give name and date for Cabinet / Scrutiny reports** N/A **Give name and date for Cabinet reports** N/A **Give name and date for Cabinet reports** N/A

Electoral wards affected: All Calderdale and Kirklees Wards.

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes, and there are no implications.

1. Executive Summary

The Calderdale and Kirklees Joint Health Scrutiny Committee has been actively reviewing maternity services across the local area. Records of previous discussions and related documentation can be accessed via the following links.

Browse meetings - Calderdale and Kirklees Joint Health Scrutiny Committee | Kirklees Council
Browse meetings - Calderdale and Kirklees Joint Health Overview Scrutiny Committee | Calderdale Council

2. Information required to take a decision

CHFT and MYTT were asked to provide the Committee with an update on maternity services, in particular: -

- When considering future capacity, please can further insight be provided in relation to birth rates for both Huddersfield and Calderdale, compared to Dewsbury, and what the predictions would be for future births in these areas (by postcode if possible).
- Updated data on birth rates at the Bronte Birth Centre, including when a transfer to Pinderfields needed to be made? And, what pathways are in place to ensure efficient transfers, including how patient information is shared between hospitals?
- How are expectant mothers assisted and supported to ensure they are able to make a fully informed decision on where to give birth? What information is provided to them, how is this information provided, and how far ahead of their due date is it provided?
- How is information on benefit/risk analysed and communicated with the expectant mother?
- Is data in relation to the above gathered by the Trusts, and if so, how is it gathered, to ensure they are confident that women know what birthing options are available to them and that they are making well-informed decisions?
- How assured are CHFT and MYTT that women are fully informed about their choice of where to give birth, and how assured are the Trusts that this is done consistently?
- What is the process for reviewing a woman's birthing options when complications have previously occurred? Will a woman be told they can only be under consultant led care?
- How often are staff moved from either the Bronte or Calderdale birthing unit into an obstetric ward, and what are the reasons for this happening?
- Please provide some data around how often the birthing units at Bronte and CRH are closed, and how often women are being turned away from the birthing centre. Please can this include information as to whether this is due to being full, or due to staffing shortages.
- How is the provision of physical (as opposed to online) ante-natal classes and care in the Huddersfield area progressing?
- Please provide the Birth Rate Plus and workforce assessment if available.
- A clear and concise update on the current position regarding the re-opening of Huddersfield Royal Infirmary, and the implications of this decision.
- In light of the following articles in relation to two Leeds hospitals (Leeds maternity services now 'inadequate' after inspectors act on parents' concerns - BBC News, CQC

takes action to protect people using maternity and neonatal services at Leeds Teaching Hospitals NHS Trust - Care Quality Commission), what assurances can you provide to the Committee that CRH/HRI won't end up in a similar situation? And, what are the subsequent impacts for neonatal services in the region?

- In light of the following article (Mistakes and delays at Yorkshire maternity unit 'led to death of baby'), what information can be provided on the coroners comments and what measures are being put in place following the inquest?
- What consideration is given to how outlying areas such as Todmorden, HD8/HD9, and Cleckheaton for example, access maternity services and ante-natal support?

3. Implications for the Council
None

3.1 **Council Plan**
N/A

3.2 **Financial Implications**
N/A

3.3 **Legal Implications**
N/A

3.4 **Climate Change and Air Quality**
N/A

3.5 **Risk, Integrated Impact Assessment (IIA) or Human Resources**
N/A

4. Consultation
N/A

5. Engagement
N/A

6. Options
N/A

6.1 **Options considered**
N/A

6.2 **Reasons for recommended option**
N/A

7. Next steps and timelines
That the Calderdale and Kirklees JHSC takes account of the information presented and considers its plans for future meetings and activities in relation to maternity services.

8. Contact officer
Yolande Myers
Principal Governance Office
Yolande.myers@kirklees.gov.uk

9. Background Papers and History of Decisions

CHFT MYTT Joint Paper JOSC March 2025 FINAL.pdf
Item 6 - Maternity Services.pdf
Bronte Unit Opening - Covering Report.pdf
Maternity Services.pdf

10. Appendices

1. MYTT report
2. CHFT report – to follow

11. Service Director responsible

Samantha Lawton, Service Director Legal Governance and Commissioning

Mid Yorkshire Teaching NHS Trust

Maternity Services at Mid Yorkshire Teaching NHS Trust

Report prepared for Calderdale and Kirklees Joint Health Overview and Scrutiny Committee – October 2025

1. Introduction

The NHS England three-year delivery plan for maternity and neonatal services outlines the approach to making maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families (NHS England, 2023).

Personalised care empowers individuals to make informed decisions about how their care is planned and delivered. It is based on evidence, individual needs, risk factors, and what matters most to people we serve
. Personalised care includes choice of place of birth; all women in England are able to choose where to give birth, whether within their local Trust or at another facility.

The BadgerNet Single Pregnancy Record (SPR) enables us to share maternity records with other BadgerNet Trusts—such as Barnsley, York and Harrogate. We no longer need to create new pregnancy records for women who are booking/have booked with another BadgerNet Unit.

This paper provides an update on the staffing position and birth choice provision within the Mid Yorkshire Teaching Hospitals Trust (MYTT) footprint. It sets out the current and future maternity service offer, referencing national standards, evidence-based guidelines, and workforce considerations.

2. Background

All women should have access to clear, unbiased information to support informed choices about maternity care and place of birth (NHS England, 2023). Wherever possible, care should be delivered closer to women's homes to reduce travel burdens and improve accessibility.

Recent developments include the expansion of specialist maternal medicine services, enabling women to receive antenatal care, diagnostic testing, and fetal surveillance locally in Pontefract, Wakefield, and Dewsbury, rather than travelling to regional centres.

Where staffing levels are safe and sustainable, there will be continued emphasis on enhanced continuity of carer models to support the most vulnerable groups. The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance on intrapartum care settings, which underpins local Trust policies.

In support of the equity and equality agenda, MYTT has appointed a Consultant Midwife for Health Equity and expanded the Maternity Befrienders service. These initiatives aim to increase continuity of care for the more vulnerable groups within our footprint.

3. Workforce

3.1 Current Position

MYTT has maintained consistent recruitment activity, including participation in the Local Maternity and Neonatal Services (LMNS) centralised recruitment programme for newly qualified midwives. The Trust has also considered the national allocation of non-recurrent funding for 2025/26 to support the temporary conversion of vacant maternity support worker posts into Band 5 registered midwifery roles, thereby creating opportunities for newly qualified staff. Through this route, the Trust anticipates appointing a further two midwives into the service.

A summary of the current workforce can be seen in the following table:

August 2025	MYTT
Last formal accredited workforce planning assessment (Birthrate Plus)	2023
Funded whole time equivalent (WTE)	244.36
Whole time midwife in post – July 2025	250.46
Current vacancy whole time midwife	0
Current overall vacancy %*	0%
Anticipated WTE October 2025	257.46
Anticipated overall vacancy % October 2025	0%

*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.

MYTT will see 7.0 WTE graduate midwives commence in post through October – November 2025, which will take the service into an over-recruited position; however, this is based on average attrition rates. Staff retention across MYTT maternity services has significantly improved, with turnover reduced from 15.4% in 2022, to 7.48% in 2025

MYTT has retained 100% of newly qualified midwives from 2023 and 2024 cohorts and recognise this as a huge achievement, demonstrating the effectiveness of our preceptorship programme and retention midwifery role. All new starters are supported by preceptorship midwives through robust orientation and supernumerary period through to completion of their preceptorship programme 12 – 18 months post appointment.

In addition, whilst a national review of training requirements for frontline staff is ongoing, there has already been an expansion of mandated maternity and neonatal safety training alongside core training, with the likelihood of further increases. Should this materialise, it may be necessary to develop additional business cases to support an uplift in the current establishment.

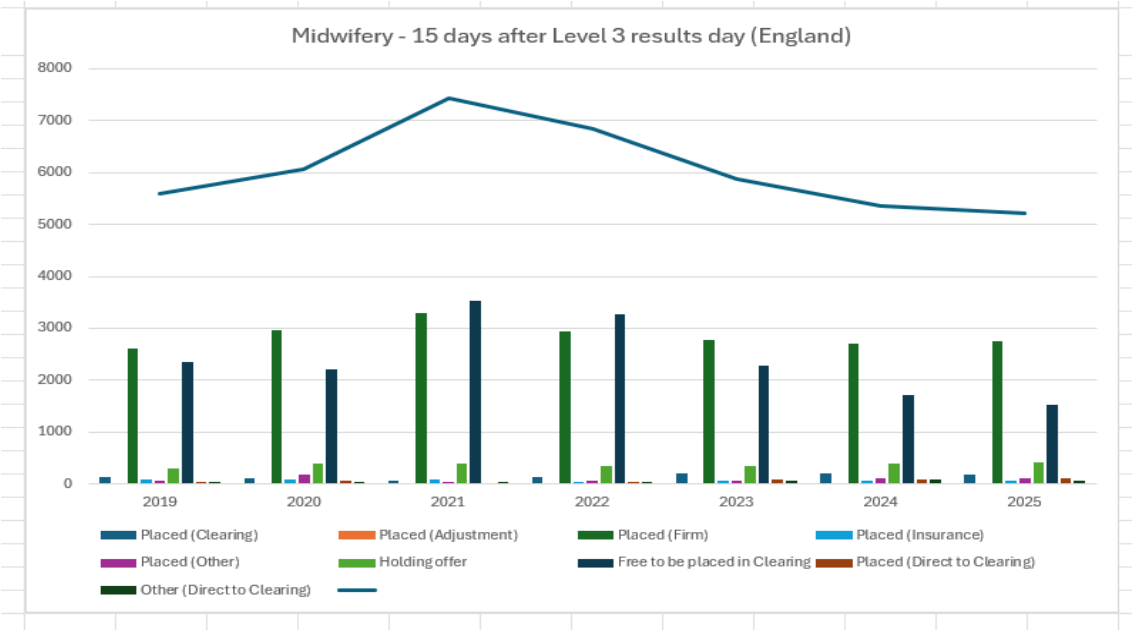
3.2 Recruitment and Retention

MYTT has robust recruitment and retention plans, working alongside West Yorkshire and Harrogate Local Maternity and Neonatal System and NHS England regional teams to grow the workforce through increasing student placements, international recruitment (currently paused), 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. The service considers the workforce to be fragile and the opportunity for staff to move to a co-located provider always a possibility should organisational models of care not align with their home/work life balance. However, flexible working options at MYTT have been supportive in managing our attrition rates.

UCAS data has shown that in June 2025 the degree level applications for midwifery have continued to be reduced at -2.5%, albeit an improvement from last year of -9%, some considerable disparity with the peak of 23% in 2021. 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 to include the offer of multiple routes into training.

Midwifery - 15 days after Level 3 results day (England)	2019	2020	2021	2022	2023	2024	2025
Placed (Clearing)	140	120	70	130	200	200	180
Placed (Adjustment)	0	0	0	0	0	0	0
Placed (Firm)	2610	2970	3290	2930	2770	2700	2740
Placed (Insurance)	80	90	80	40	60	60	60
Placed (Other)	60	170	40	70	70	110	120
Holding offer	290	390	390	340	350	390	410
Free to be placed in Clearing	2360	2220	3520	3260	2270	1720	1520
Placed (Direct to Clearing)	30	60	20	40	90	90	120
Other (Direct to Clearing)	30	40	30	40	70	80	70
	5600	**6060**	**7440**	**6850**	**5880**	**5350**	**5220**
		8.20%	23%	-8%	-14.20%	-9%	-2.5%



4.0 Birth Choices across 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. Furthermore, NICE guidance (NICE 2023) suggests 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 have been available and offered to women resident in Kirklees and Wakefield.

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

Summary of birthing options within MYTT:

Place of Birth	Kirklees	Wakefield
Homebirth	Yes	Yes
Freestanding Midwife led Unit – low risk women	Yes Bronte Birth Centre	No Neighbouring area Bronte Birth Centre
Alongside Midwife led Unit – low risk women	No Can chose to birth in neighbouring area (CRH, PGH)	Yes Pinderfields Hospital (PGH)
Obstetric Unit	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)

Capacity data 2016 – 2025:

Year	No. Births at PGH Obstetric Unit	% Births at Obstetric Unit	Total No. of Births
2016-17	5556	89.7%	6196
2017-18	4680	76.6%	6110
2018-19	4835	80.4%	6010
2019-20	5060	85.6%	5910
2020-21	5115	90.1%	5680
2021-22	5170	91.0%	5680
2022-23	4955	92.5%	5355
2023-24*	4719	87.5%	5394
2024-25*	4923	88.7%	5548

4.1 Bronte Birth Centre

The Trust committed to reopening the Bronte Birth Centre following its temporary closure. Successful recruitment of midwives and a dedicated Birth Centre Manager enabled the Trust to reopen the centre on 1 April 2024. Evaluation of the delivery model for birth centre locations will be informed by the ongoing Ockenden work and the revised Trust Maternity Strategy.

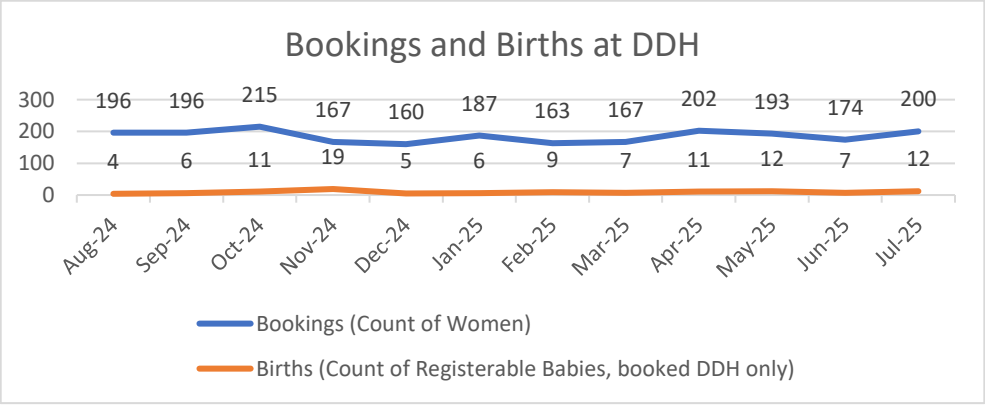
Staffing Model
The current staffing model comprises:

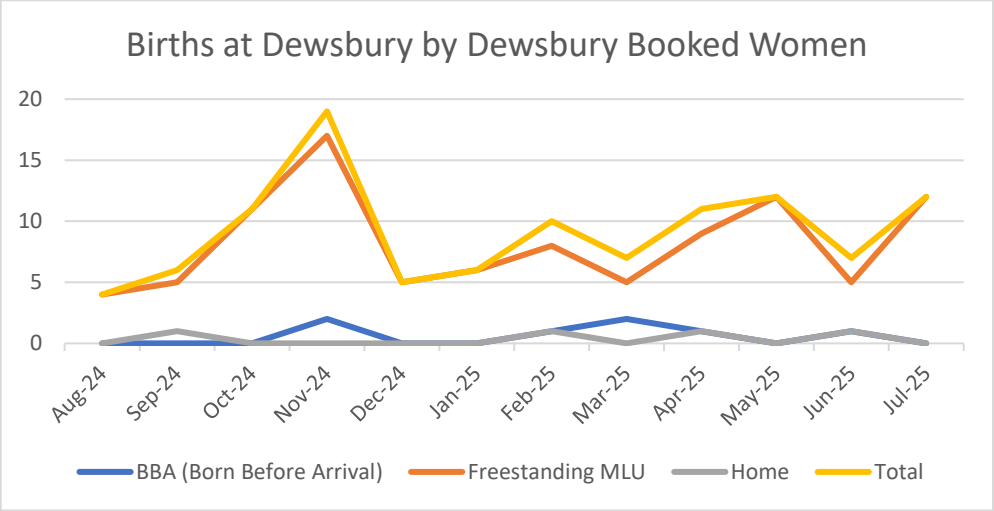
- 1 Midwife and 1 Maternity Support Worker permanently on site
- A second Midwife on call to attend when families are admitted

The team has utilised the Midwifery Unit Self-Assessment (MUSA) framework, a national tool designed to guide self-assessment and promote continuous improvement in midwifery-led birthing environments. All staff were inducted following an extensive training needs analysis, with updated guidance, SOPs, and emergency skills drills completed prior to reopening.

Staff are not relocated from Bronte Birth Centre as part of our escalation process during periods of increased acuity at the Pinderfields obstetric unit. Maintaining a consistent midwifery presence at Bronte is essential to provide assurance to women and service users booked to use the service and to uphold confidence in our service provision. Should the maternity services at MYTT be on full divert and closed to all admission, this would include Bronte Birth Centre, however staff would remain at Bronte to support and identify alternative maternity provision to redirect families.

Service Outcomes
Since reopening, the Bronte Birth Centre has welcomed over 180 babies and received extremely positive feedback from families, reflecting safe, high-quality, and personalised care.





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 took place on 3 April 2025 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.

As part of the orientation to the Bronte Birth Centre, families are provided with clear information about the model of care including the risk assessments undertaken to ensure safety throughout labour and birth.

Should a transfer to the consultant-led unit become necessary due to early signs that obstetric input is required, this is managed in a controlled and timely manner, following established protocols. This approach ensures continuity of care, minimises risk, and provides reassurance to families that safety remains paramount.

Please refer to Appendix A – Personalised Care Flow Chart from Birth Discussions in Maternity Services (Including referral to Birth Matters Clinic and Personalised Care referral) SOP.

All transfers are recorded on our Datix system and incidents reviewed for appropriateness and outcome, feeding into divisional governance processes for oversight and scrutiny. For Q1 of 2025, all transfers were for clinical reasons and had a positive outcome, none were for additional analgesia e.g. epidural.

Admissions to FMLU and Transfers to Obstetric Unit					
Month	Number of Admissions in Labour	Antenatal Transfers	Intrapartum Transfers	Postnatal Transfers	Total Transfers
Aug-24	11	1	5	1	7
Sep-24	13	2	5	2	9
Oct-24	17	0	6	1	7
Nov-24	19	3	1	5	9
Dec-24	14	1	7	2	10
Jan-25	10	1	2	2	5
Feb-25	12	3	4	1	8
Mar-25	10	0	3	1	4
Apr-25	10	0	0	1	1
May-25	17	0	4	2	6
Jun-25	11	0	5	2	7
Jul-25	13	1	1	0	2
Total	157	12	43	20	75

The sustainability of the Bronte Birth Centre remains a critical component of the service. During periods of escalation, when high acuity at the Pinderfields site requires implementation of the escalation protocol, staff from the alongside birth centre are redeployed within the acute hospital to maintain safety within the consultant-led unit once all other measures have been exhausted. In these circumstances, women and birthing people on low-risk pathways are offered the option of receiving 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 (autumn 2025) was a considered approach, ensuring a more comprehensive assessment that includes both service user and staff experiences, as well as financial sustainability.

4.2 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 focused on the future of birthing services at Pontefract Hospital, where births have been suspended since 2019 due to the declining numbers in women and birthing people choosing to birth there. The proposal

was to formally address the current position since 2019 and not reinstate births at Pontefract while continuing to provide extended antenatal and postnatal care. The Wakefield District Health and Care Partnership has led this consultation with support from MYTT 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. The outcome of the consultation has concluded that births at the facility will not be reinstated, with the decision made by the Wakefield District Health and Care Partnership on 10 September 2025.

5.0 Summary

MYTT currently has the workforce and capacity to meet local demand, while ensuring service users retain the option to access either a freestanding or alongside birth centre within their locality or a neighbouring area (NICE, 2023). The Birthrate Plus review of MYTT maternity services (2023) identified a reduction in the number of births, alongside an increase in clinical and social complexity compared with previous years. A further review with Birthrate Plus is scheduled for spring 2026, with the expectation that this trend will continue. In anticipation, the Trust recognises that additional midwifery appointments may be required, subject to successful investment in the service.

The Trust is committed to ongoing monitoring of the impact of any demographic changes in the district on the future demand for maternity services to ensure utilisation of our services is being used to optimum effect.

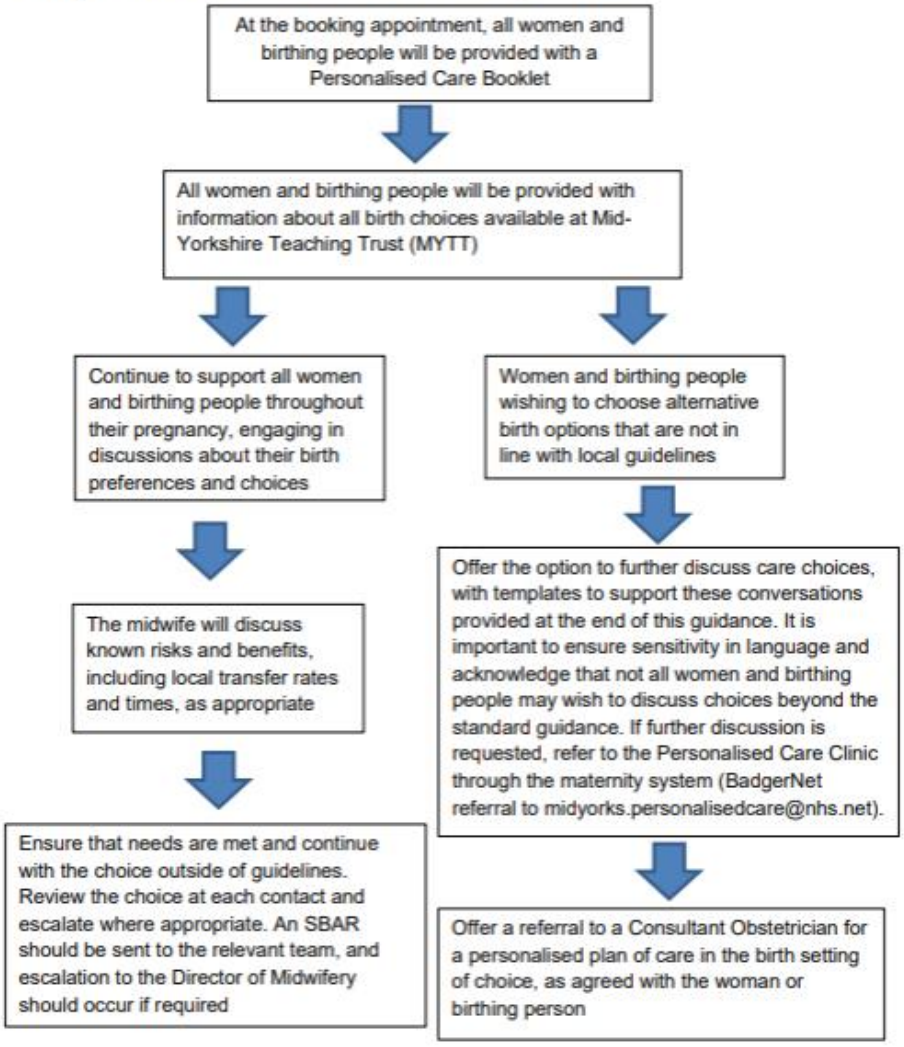
Appendix A

INVESTORS IN PEOPLE
We invest in people Standard

NHS
Mid Yorkshire Teaching
NHS Trust

2.2 Personalised Care at Mid-Yorkshire NHS Teaching Trust (Flow Chart)

The flow chart below outlines the process for providing personalised care to women and birthing people at Mid-Yorkshire NHS Teaching Trust. It highlights key stages in the care journey, including the referral process, discussion of birth preferences, and steps for women seeking alternative birth choices or care outside of local guidelines.



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 chose where to birth their baby. This may be in their local Trust or elsewhere.

This paper provides an update on the current service delivery and birth choice provision at Calderdale and Huddersfield NHS Foundation Trust (CHFT)

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) and 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 rather than having to travel to regional centres.

NHS England require local organisations to focus on enhanced continuity of carer models of care to support our most vulnerable groups once staffing levels are sustainably meeting the minimum requirements in line with birth rate plus. 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.

2. Midwifery Workforce

2.1 Current Position

CHFT has continued to undertake 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 data (August 2025):

August 2025	CHFT
Last formal accredited workforce planning assessment (Birthrate Plus)	2024
Funded whole time equivalent (WTE)	195
Whole time midwife in post – August 2025	173.16
Current Vacancy whole time midwife	21.84
NQM (WTE) due to commence in post October 2025	15
Anticipated Whole time in post – October 2025	188.16
Anticipated overall vacancy % October 2025	3.5%

*The 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's vacancy position has seen significant improvement with a reduction from a maximum of circa 30% in August 2023 to 3.5% in October 2025.

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

All NQM are supported by dedicated clinical practice education midwives through a robust orientation and supernumerary period prior to completion of their preceptorship programme after 12-18 months.

Currently the large cohort of NQM employed across October 2024 and April 2025 are now 11 and 6 months respectively into their preceptorship period.

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.

2.2 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 both June 2024 and June 2025 the degree level applications for midwifery were at their lowest levels for more than six years. This is a circa 10% decrease in 2023 and circa 34% lower than the 2021 peak. It is therefore vital we continue our efforts in partnership with our universities to continue with our recruitment and retention plans and to be an employer of choice for students and to offer multiple routes into training.

CHFT is supporting existing maternity support workers onto the midwifery apprenticeship programme, has offered the shortened programme in partnership with the University of Bradford and continues to support degree level students on placements across the spectrum of maternity clinical services.

2.3 Obstetric Workforce

The obstetric consultant workforce has also seen significant investment over the last 2 years. This investment, once all posts are recruited to, will enable a separation of the rota to enable consultant level cover dedicated to obstetrics and to gynaecology rather than the combined cover provided currently.

3. Birth Choices and personalised care.

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 both 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)

Choice of place is birth is a continuous discussion between a woman and their midwife / consultant and is revisited at routine antenatal appointments. Written information is provided in leaflet format and there is information shared on place of birth choices including Bronte birth centre via social media channels as part of a regular cycle of information provision. Choice of place of birth forms a part of personalised care planning.

Community Midwifery leaders have now commenced undertaking monthly audits of random sets of clinical records to assess the following:

- Evidence of continuity of midwife in antenatal period (< 3 midwives seen)
- Evidence of personalised care planning in antenatal period
- Evidence of personalised care planning in postnatal period
- Evidence of continuity of named midwife in postnatal period

A discussion takes place at 36 weeks gestation, and this is when women will usually form their preferences for birth, pain relief, positioning, environment, infant feeding etc into a birth plan.

Women may choose a preference for care that is outside of recommended guidance / clinical advice. All women are supported in this with robust risk and benefit discussions to ensure they can make a fully informed decision. This is supported with the provision of evidence-based data on the risks, signposting to validated resources or research and the development of a personalised care plan. CHFT has a birth choices forum where a multi-disciplinary team will review the clinical records to ensure there is evidence of robust discussion to support women make choices and to ensure any staff needs in providing the care plan can be addressed. This forum is not in place to provide permission for the care plan but to safeguard informed choices.

3.1 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 enough 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 are 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 in October 2024 a 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 continues to collaborate with colleagues at MYTT to establish pathways to access the Free-standing Bronte Birth Centre. CHFT has actively promoted all birth options available to women across Calderdale and Huddersfield and shares this information via social media channels as part of a cycle of standardised information provision.

3.2 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.

There have been 299 births in CBC between 1st January 2025 and 30th September 2025. This is an average of 33.2 births per month during this period.

Of the 299 women who have birthed in CBC during this period, 254 women live in a Halifax (HX) or Huddersfield (HD) postcode. The ratio of those in an HX or HD postcode is 46% and 54%, respectively. The remaining women have predominantly been from Bradford and Oldham.

A further 208 women have attended CBC but have transferred during their labour or for immediate post birth treatment. The following table is a summary of reasons for transfer:

Reason	No.
Additional pain relief	48
Delay in first / second stage of labour	58
Complications in labour requiring continuous fetal monitoring	61
Perineal repair in theatre / manual removal of placenta	4
Other reasons including maternal choice	37

There have been 6 occasions since January 2025 where there has been a need to redirect intrapartum care to the labour ward for a short period following acute absence of core staff, the length of this has varied between 1 hour and 12 hours, with one full overnight closure in January 2025 due to adverse weather conditions to support accommodation for staff who were stranded.

3.3 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 second floor alongside the labour ward and to build two bespoke dedicated obstetric theatres are progressing.

A communications plan has been drafted and has been 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.

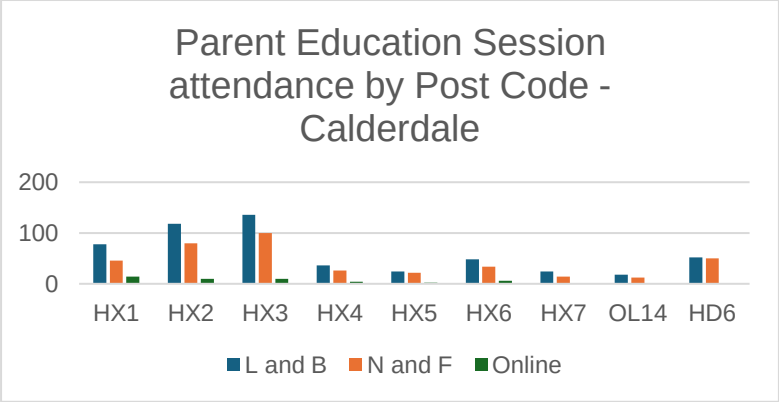
The work is currently anticipated to commence in Winter 2025. As this work is taking place in an area of estate that has now been vacated there will be no disruption to the availability of the birth centre or the current obstetric theatre whilst the build takes place. There may be some noise disruption 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.

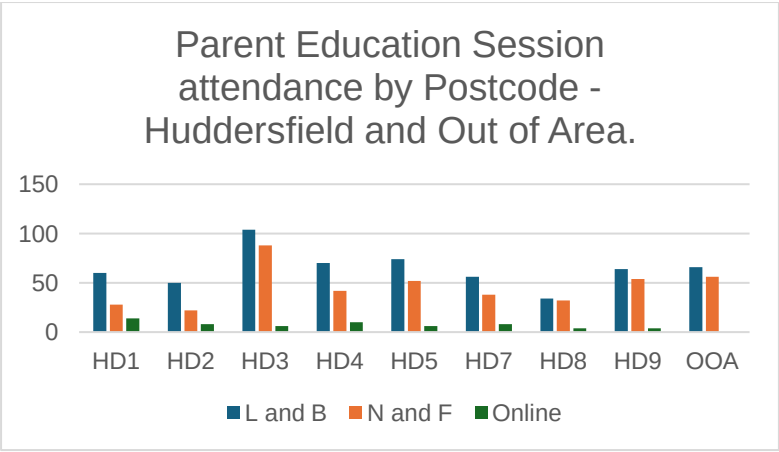
4.0 Antenatal Education

CHFT are providing a range of antenatal classes both in person and virtually covering general pregnancy, birth, and postnatal advice as well as focussed classes such as infant feeding or multiple pregnancy.

CHFT work closely with the family hubs in Calderdale and with voluntary sector organisations across Calderdale and Huddersfield. Along with the ICB, CHFT are working with some local community groups and a mosque to develop a plan to deliver health information in a more informal manner such as through craft sessions to women who may not access more formal classes.

The educations sessions are being delivered both face to face and virtually with virtual options proving popular with women and families.





*L&B - Labour and Birth; N&F – Nurturing and Feeding

Some antenatal education sessions are now being delivered from the Huddersfield Royal Infirmary site with additional locations for face-to-face sessions being explored. CHFT have been liaising with Kirklees Active leisure however there is a cost pressure to hire the room spaces and therefore funding to support this will need to be identified.

5.0 Addressing Health Inequalities

CHFT has dedicated workstreams across the organisation as well as specifically in maternity services to support closing the gap in health inequalities.

A tool to help identify women who have increased vulnerability has been developed in conjunction with the business intelligence team and public health registrar at CHFT. This tool incorporates demographic and social complexity data assessment and will transfer a flag onto the clinical records to alert staff that additional support may be required.

CHFT is working with system partners such as local authority to develop mechanisms to support women with identified vulnerabilities to access transport to appointments through the provision of a bus pass.

There are additional actions related to translation and provision of information in alterative languages, supporting women with accessing urgent / emergency care through direct access pathways and cards to help non-English-speaking women describe their concern on attendance.

CHFT has secured funding to implement the Janam app, a bespoke platform to support South Asian women with pregnancy, birth, and postnatal information.

A key component in reducing health inequalities will be the introduction of midwifery continuity of carer where a small team of midwives will provide all antenatal, intrapartum, and postnatal care to women. This is a priority action for CHFT and remains a national maternity programme priority.

Community midwives are supported to make autonomous decisions on how best to support women to access antenatal care and will provide this in the home environment if required.

6.0 Maternity Service Assurance

Maternity Services have a robust oversight structure both internally and externally to assure services. Internally the service holds a bi-monthly maternity and neonatal transformation board delivering the requirements of the perinatal quality oversight model. This is attended by external stakeholders including the LMNS and ICB quality. A monthly report on services is submitted to the Trust Quality Committee and bi-monthly to the Board of Directors presented by the Director of Midwifery and Clinical Director. The Trust integrated performance report includes a comprehensive section for maternity and neonatal services data.

There are five maternity and neonatal safety champions., three are Board level champions and two local service champions:

- Executive Director Safety Champion: Lindsay Rudge Chief Nurse
- Executive Safety Director Champion: Neeraj Bhasin Medical Director
- Non-Executive Director Champion: Vanessa Perrott
- Local champion: Fi Shamsudin Consultant Obstetrician
- Local Champion: Pamela Ohadike Consultant Neonatologist

CHFT has had regular LMNS assurance visits in 2023 and 2025, these consisted of a team of assessors including LMNS, ICB, region and service user representatives. CHFT has also actively participated in peer review visits from other services and the neonatal operational delivery network supporting sharing learning and good practice.

A CQC inspection took place in June 2023 with an overall rating of good. Further CQC engagement visits have occurred in 2024 and 2025 updating on progress within the service.

Following the coroner's inquest in June 2025 the service continues to assure on the availability of a second theatre. This done through review of the emergency theatre standard operating procedure on a regular schedule and the arrangement of multi-disciplinary teams' skills drills to assess the process. All maternity staff delivering antenatal and intrapartum care undertake annual fetal monitoring training including a competency assessment.

CHFT has been compliant with the maternity incentive scheme in Year 3,5,6 and is currently on track for compliance against year 7. Declaration of compliance with the programme requires board level approval with Trust chief executive and ICB responsible officer confirmation.

The service has a strong working positive relationship with the maternity and neonatal voices partnership, engaging with families across Calderdale and Kirklees and has a co-designed workplan that is responsive to all sources of feedback. The service proactively brings lived experience into key forums through patient stories and videos.