

**Calderdale and Huddersfield Service Reconfiguration
Update Report for the Calderdale and Kirklees Joint Health Scrutiny Meeting
25th September 2020**

1. Background

In December 2018 the Department of Health and Social Care (DHSC) announced that £196.5m of public capital funding had been allocated for investment at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH). In 2019 the Strategic Outline Case (SOC) describing the future service model this investment will enable was completed and NHS England (NHSE) and the Department of Health and Social Care (DHSC) confirmed approval of the SOC in January 2020.

At CRH the investment will enable the provision of additional wards, theatres and a new A&E including a dedicated paediatric emergency department. At HRI the investment will enable the build of a new A&E department and the improvement of existing buildings to address the most critical estate maintenance and safety requirements.

To progress the programme of service reconfiguration and estate development further detail of the service model and estate design at each site will be developed and described in an Outline Business Case (OBC) for CRH and a Full Business Case (FBC) for HRI that will be submitted to NHSE and DHSC for approval in 2021.

2. Purpose

The purpose of this report is to:

- Provide a general update on the reconfiguration programme of work and timeline;
- Inform the Joint Scrutiny Committee of public and colleague feedback regarding their involvement to develop the Design Brief for the estate investment at CRH and HRI and share the key design themes identified;
- Inform the Committee of the next steps to continue to involve members of the public and colleagues in the development of the plans for service reconfiguration in Calderdale and Huddersfield;
- Provide an update on progress in developing community care provision including changes to access to the provision of primary and community care services as a result of the pandemic.

3. Programme Update

Following approval of the SOC in January 2020, work has been undertaken to clarify the process of developing the next stage of business cases required by NHSE and DHSC. This has

taken account of the fact that the estate at HRI carries a high risk in relation to the condition and reliability of the existing buildings. It has therefore been agreed with NHSE and DHSC that to enable the commencement of estate improvement work as early as possible a Full Business Case for the investment at HRI will be developed and submitted for approval by NHSE and DHSC in 2021.

For the investment at CRH an Outline Business Case will developed and submitted in 2021 and subject to NHSE and DHSC approval a subsequent Full Business Case will be developed for approval by 2023.

The content of the OBC and FBC(s) will align with and take account of Her Majesty’s Treasury (HMT) Green Book guidance on public investment business cases. The necessary external capacity and capability to deliver the business cases has been appointed and this includes specialist technical advisors such as architects, engineers and healthcare planners.

A detailed Programme plan and timescale was developed in March 2020 however it became clear the plan would need to be revised considering the Covid-19 pandemic impact. A review identified the work that it was possible to continue to progress during the COVID-19 crisis and those areas that have been delayed. The areas impacted by delay include for example: workstreams dependent on clinical and public involvement, and; workstreams that require on-site visits and surveys by external contractors. The revised provisional headline milestones are shown below. Where possible actions are being taken to improve on this timescale.

Huddersfield Royal Infirmary		Calderdale Royal Hospital	
Milestone Description	Complete by:	Milestone Description	Complete by:
Design completed and full planning application submitted to Kirklees Council	Jan 2021	Design developed and outline planning application submitted to Calderdale Council	Feb 2021
Submission of Full Business Case to NHSE and DHSC for approval	June 2021	Submission of Outline Business Case to NHSE and DHSC for approval	June 2021
Commence Construction Work	Dec 2021	Submission of Full Business Case to NHSE and DHSC for approval	2023
Complete Construction Work	2023	Complete Construction Work	2025

4. Development of the Design Brief and Plans for CRH and HRI

During 2019/20 architects have worked with Calderdale and Huddersfield NHS Foundation Trust (CHFT) to develop a “Design Brief” to inform the future building design and construction schemes at HRI and CRH.

The approach to this aimed to ensure a continuous process of public and colleague involvement and a focus on what’s important from a patient, carer, family and colleague perspective in terms of healthcare building design. This included public involvement workshop meetings held in November and December 2019 with invitations sent to over 320

organisations and groups across Calderdale and Kirklees. Involvement meetings also took place at an Older People’s Fair in Brighouse and a Young Persons Workshop in Calderdale. 121 people attended the workshops. The invitation list was informed by Healthwatch, CCGs and the Joint Health Scrutiny Committee. 21 colleague involvement workshops (involving more than 100 CHFT colleagues) were also undertaken to discuss key areas of development in relation to the transformation and reconfiguration of services across CHFT. The sessions explored a number of key issues including known best practice and experience; current constraints which are to be improved; linkages and connectivity to key support services; and how digital technology might improve delivery. “Go See” visits to other Hospitals were also undertaken that have implemented significant estate investment and service reconfiguration to understand their learning from this to inform our design plans.

The workshops that were held in 2019 received a very positive response from members of the public and colleagues that attended.

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Public Feed-Back

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

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

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Colleague Feedback

Good, Busy, Fine, Tired, Happy, Curious, Excited, Interested, Positive, Nervous, Keen, Enthusiastic, Inquisitive, Anticipatory, Hopeful, Unsure, Optimistic, Excellent, Intrigued.

Members of the public and colleagues identified the issues that mattered to them in relation to the future design of health care buildings and facilities and this has been used to develop a design brief. The content of this document follows Department of Health best practice guidance. The following critical success factors identified through public and colleague involvement has been incorporated in the Design Brief.

Design Brief Critical Success Factors

- A Good Neighbour
- High Quality
- Digital by Design
- Efficiency
- Accessibility
- Flexibility
- Inclusive
- Healing Environment
- Sustainability
- Innovation
- Safety and Security
- Natural Light and Ventilation

The following documents are available on the CHFT website (links shown below) that provide further detail regarding the public and colleague involvement work that has been undertaken and copy of the Design Brief.

- Public Involvement Report
https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Hospital_Transformation/CHFT_Design_Brief_Public_Involvement_Report.pdf
- Colleague Involvement Report
https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Hospital_Transformation/CHFT_Design_Brief_Colleague_Involvement_Report.pdf
- Design Brief
https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Hospital_Transformation/Design_Brief_Final.pdf

The “Design Brief” describes the principles that will inform the detailed architectural design and construction schemes at both HRI and CRH and will be used to complete the next stage (OBC and FBC) business cases required by NHSE and DHSC. Members of the public and colleagues have described their aspirations for modern health care services, delivered in buildings that offer a healing and therapeutic environment that is welcoming, calm and provides a light environment with external views; is accessible and inclusive supporting diverse patient needs; that ensures privacy and dignity and enables the optimal use of digital technology to deliver care and support. This is described in more detail in the Design Brief document.

Since the development of the design brief the COVID-19 crisis has necessitated many service changes forced by critical need and implemented at pace across the health and social care system.

Despite these challenging circumstances positive learning is emerging. During May and June 2020 CHFT has undertaken further engagement to listen and learn from people's reflections on the service changes implemented during the pandemic and their aspirations for future service delivery. 185 CHFT colleagues, 9 health and care partner organisations across Greater Huddersfield and Calderdale, and; 1,377 patients and members of the public have provided input to this engagement. The views and input from this were reported at the public meeting of the Trust Board held in September 2020 and copy of the report is available on the CHFT website.

https://www.cht.nhs.uk/fileadmin/user_upload/Public_Board_of_Directors_030920_Combined_Report.pdf

The findings from the pandemic will build on the design brief previously developed to incorporate opportunities for improvement and accelerated transformation in some areas. This will also ensure that further design elements that take account of best practice in building design regarding infection control and prevention are included. This includes for example ensuring provision of single rooms and flexibility in the design to enable segregation of areas.

5. Next steps to involve members of the public and colleagues in plans for service

We will ensure there is continuous communication and involvement of patients, families, carers, colleagues and stakeholders in the planning process. We are committed to transparency and meaningful involvement. Our communications and involvement work will be:

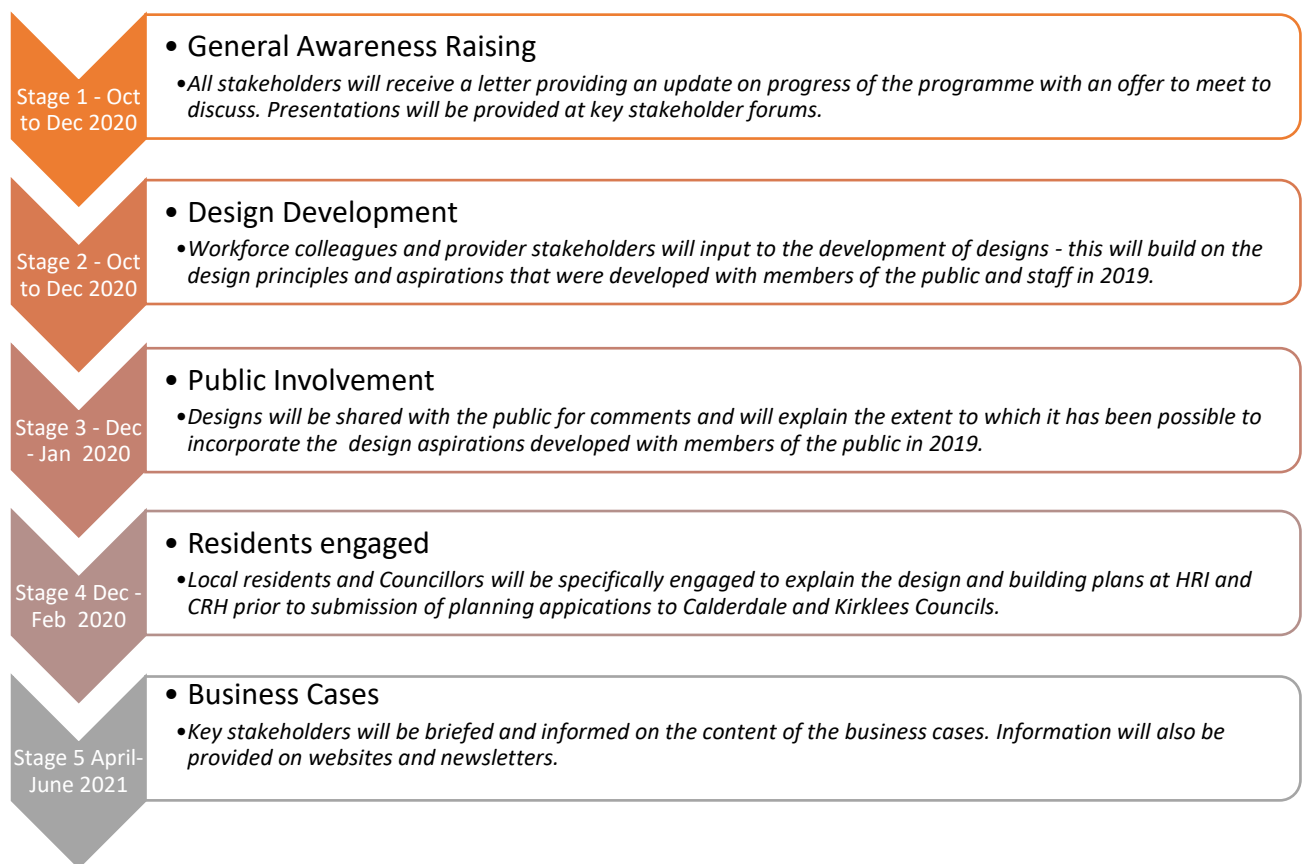
- Open, honest and transparent - clear about our plans and what is and is not negotiable and the reasons why and how decisions are made
- Clear and concise - allowing messages to be understood by all
- Accessible and inclusive - to all audiences at times, places and in formats that make it easier for people to have a say
- Timely – providing enough time for people to consider issues and respond
- Two-way - letting people know the outcome of all conversations

Our aim is that through effective communication and involvement we will:

- raise public, stakeholder and colleague awareness of the service and estate plans and capture any comments/issues raised;
- effectively communicate the planned benefits of the reconfiguration and that this will secure the longer-term future of health services, improve quality and safety for patients, and make CHFT a more attractive place to work. This will include explaining how the plans have incorporated learning from experience during the Covid-19 pandemic;
- ensure people who access health and social care services, families, carers and the public are involved and informed as more detailed plans are developed;
- ensure that health and care workforce colleagues are involved and inform the development of plans;

- understand the changing demographics of our local communities and how this relates to service use, access and patient experience;
- demonstrate that any potential impact on health inequalities and on protected groups is captured, analysed and addressed;
- ensure information is accessible in a range of formats and languages and that communication activities are inclusive;
- inform and involve Health and Wellbeing Boards, the Calderdale and Kirklees Joint Health Overview Scrutiny Committee, and local politicians (Councillors and MPs) about our plans, using their expertise and knowledge and keeping them updated throughout the process on timescales;
- ensure key stakeholders are informed of the submission of requests for planning permission submitted to Kirklees and Calderdale Councils and the preparation of business cases;
- engage with residents living in the immediate vicinity of CRH and HRI on the proposed new-build developments and offer them the opportunity to comment on the building plans.

The headline next steps on communication and involvement activities over the next 12 months is shown below.



We will constantly monitor our activity, including equality monitoring, to ensure we are reaching our audiences effectively and provide accessible and appropriate opportunities for

involvement and feedback. Through monitoring and evaluation, we will be able to learn lessons and gain insight into public and stakeholder views, allowing us to tailor our communication and involvement methods accordingly. This will include monitoring the demographics of the people we communicate with and involve ensuring we don't exclude any groups.

Examples of how we will monitor activity include:

- Media and social media monitoring.
- Colleague feedback via briefings, surveys etc.
- Patient and public feedback via various methods.
- Equality monitoring
- Other feedback, for example the public enquiry register, FOI log, media requests

Where necessary we will update our approach to adapt to colleague, clinical, patient, and public and community feedback. We will demonstrate that we listen to comments and suggestions from all our stakeholders so that everyone feels fully involved in the development of our plans.

6. Primary and Community Services

The Strategic Outline Case confirms that the total number of hospital beds will continue to remain broadly as they are now whilst integrated services are developed in the community and demonstrate a sustainable reduction in the demand for in-patient hospital care.

Previous updates to the Joint Scrutiny panel have described the developments that have already progressed in the delivery of integrated services and outlined the overall approach to the way that service provision will be changed to reduce the demand on hospital. This included both CCGs having established Primary Care Networks, agreed the membership, completed Network Contract DES registration requirements and appointed Clinical Directors, together with examples of how improved care was being delivered for patients. These changes to the delivery of Community Services are subject to separate place-based Scrutiny in both Calderdale and Kirklees.

The experience from the Pandemic is that the continued integration of services is able to be implemented at pace across Primary, Community and Social care. Much of this is supported by strong working relationships and adoption of technology by both patients and staff. Examples include:

- a fundamental shift of outpatients from face to face to telephone and video consultation, including demonstrating viability of digital and virtual care in areas previously thought as inappropriate e.g. wound care.

- virtual consultations of Care Home residents in Calderdale and Kirklees, by multi-disciplinary community and primary care teams reducing the need for people to attend hospital;
- Direct access from Primary Care to consultants for advice and guidance regarding treatment reducing need for admissions.
- The Frailty team have been providing support to start IV antibiotics and fluids etc and the requests for this have come directly from the GPs to the Frailty team.
- The experience has demonstrated that the system can train, support, induct and develop competencies quickly and safely.

7. Recommendation

Members of the Joint Health Scrutiny Committee are requested to:

- Note the revised programme timeline and general update;
- Note the process of involvement of public and colleagues that has been undertaken to develop the design brief;
- Note the next steps to involve members of the public and colleagues in the development of plans for service reconfiguration and estate development;
- Note the update on the development of primary and community services.