

**CALDERDALE AND KIRKLEES JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE,
Tuesday, 16th November, 2021**

PRESENT: Councillor

Councillors: Blagbrough, Cooper, Hutchinson, Munro, Smaje, M Swift and Uppal

10 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barnes.

(The meeting closed at 11:58.)

11 MINUTES OF THE MEETING HELD ON 4TH AUGUST 2021 TO BE AGREED AS A CORRECT RECORD AND SIGNED BY THE CHAIR.

IT WAS AGREED that:

- (a) the Minutes of the meeting held on 4th August 2021, be approved as a correct record and signed by the Chair;
- (b) a summary be produced of the answers given to Members' questions during discussions.

12 DEPUTATIONS AND PETITIONS

No deputations or petitions were received.

13 HUDDERSFIELD ROYAL INFIRMARY NEW ACCIDENT AND EMERGENCY DEPARTMENT - SUMMARY OVERVIEW OF THE DRAFT FULL BUSINESS CASE (DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS, CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST)

The Director, Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT) presented a report and a presentation on the Huddersfield Royal Infirmary (HRI), new Accident and Emergency (A&E) Department, Summary Overview of the Draft Full Business Case. The purpose of this report was to provide the Calderdale and Kirklees JHSC summary information and an update related to the planned development of a new A&E at HRI. The Full Business Case (FBC) had been drafted and was currently progressing through NHS governance processes of review.

The presentation provided a high-level overview of the information included in the draft FBC, background and context information, the scope of the draft FBC, the required content (chapters) of the FBC, a summary of each of the chapters in the draft FBC, and a conclusion. The plan for development of a new A&E at HRI had made significant progress and was potentially one of the most advanced hospital development schemes nationally with potential for early delivery of significant service benefits. The scheme continued to fit with the overall strategy for the development of better health and care services for West Yorkshire. Subject to NHS England and Improvement (NHSEI) approval of the draft FBC the construction of the new A&E at HRI was ready to commence in December 2021 with completion planned in 2023.

During discussions, the Chair and Councillors Blagbrough, Cooper, Munro, Smaje and Uppal commented on the following issues:

- Why had a presentation been submitted for scrutiny rather than the documents which underpinned the project? In response, Officers advised that the FBC document was not available for publication as it was progressing through regional and national approval.
- It was critical that this scrutiny board receive the Outline Business Case (OBC) as well as the FBC to ensure that Health Services were delivering for the residents of Calderdale and Kirklees.
- There were concerns in relation to escalating costs, were officers confident in completing on time and within budget? In response, Officers advised that a construction partner had already been appointed and had been involved in the design and costing. The Guaranteed Maximum Price (GMP) was reflected in the FBC and steps had been taken to ensure the price remained affordable.
- What precautions had been taken to ensure that any changes intended to enable to project to stay within budget did not have a significant impact on the long term operation of the facility? In response, Officers advised that the design for the new department was compliant with the Health Building Notification's Health Technical Memorandums; the guidance which the organisation follows to ensure it was designed compliant to modern standards.
- It was stated in the Strategic Outline Case (SOC) that the proposal did not fully address backlog maintenance requirements at HRI and that it continued to manage a very high risk in terms of the reliability of buildings. What was there about this in the FBC? In response, Officers advised that the FBC was purely around the investment and development of the new A&E. Officers advised that they could provide a profile of capital spend going forward.
- Had the impact of Covid-19 been taken into account and what additional safety precautions have been put in place? In response, Officers advised that the plans were undertaken during the height of the pandemic, infection control processes in particular had been paramount.
- Would the existing A&E department continue to operate until the new department opened? In response, Officers advised that the existing emergency department would continue to operate until the move into the new department, and the move would be communicated to the public.
- What plans were there to communicate to people who live between Calderdale A&E department and the new Huddersfield A&E department which they should attend? In response, Officers advised that a communications exercise would be undertaken in due course, so that members of the public would be aware of which services were available on each site.
- Could Officers clarify whether the construction would begin in December 2021 or early 2022? In response, Officers advised that they had previously aspired to commence construction in late 2021 but were dependent on the conclusion of the approvals process and so now planned to begin in early 2022.

- Had Officers discussed labour shortages in construction with construction partners? In response, Officers advised that this had not been highlighted by the contractors as an area of concern.
- Could Officers provide more information about plans to target Social Value in terms of apprenticeships and local jobs and supporting economic recovery from the Covid-19 pandemic? In response, Officers advised that work was done with the Social Value Portal to look at how job creation could be targeted through procurement and construction to areas of greatest need or people with protected characteristics.
- Could the Social Value Action Plan be provided to Members? In response, Officers advised that they could share the Social Value work which had been undertaken.
- Could more detail be provided on how the FBC addressed compliance with best practice and supporting the local and regional system affordability? In response, Officers gave examples of ways in which the existing emergency department was not compliant with standards of care. The facilities in the new department would meet these standards. A full detailed report could be provided.
- Would the new A&E department support Ambulatory Care and how would it fit in with the model of care provided? In response, Officers advised that the new emergency department would effectively take on the work of the existing department but in a building which was fit for purpose.
- Would the model being developed lead to a sustainable staffing situation across Calderdale and Kirklees? In response, Officers advised that by concentrating the majority of acute inpatient services at the site in Calderdale, the medical workforce at Calderdale could be expanded while maintaining support of the other site.
- What were the positive impacts identified and were there any detrimental impacts? In response, Officers advised that additional information could be provided.
- Scrutiny needed to understand the financial sustainability for services and if there was a risk of greater debt. In response, Officers advised that the purpose of the business case was to demonstrate the proposed investments delivered benefits and supported longer term financial sustainability. These areas were being reviewed by NHS England and the Department of Health and Social Care (DHSC) in their processes around approval of business cases.
- How much influence was there over the design or could this be influenced? In response, Officers advised that the architects made use of designs in existence, of “repeatable rooms”, which were a DHSC approved design. Officers advised that they had worked with the architects and building partner to use their experience whilst still creating a design which met the clinician’s needs.

Members agreed to explore the possibility of the board having a direct working relationship with the construction company.

IT WAS AGREED that the report be noted.

14 RECONFIGURATION OF CHFT SERVICES AND ESTATE DEVELOPMENTS - SUMMARY OF THE STRATEGIC CASE SECTION OF THE DRAFT OUTLINE BUSINESS CASE (DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS | CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST)

The Director, Transformation and Partnerships, Calderdale and Huddersfield NHS Foundation Trust (CHFT) presented a written report providing the CHFT Trust Services and Estate Development, Summary of the Strategic Case Section of the Draft Outline Business Case. The purpose of the report was to provide the Calderdale and Kirklees JHSC with an update in relation to the developing a draft Outline Business Case (OBC) for the Reconfiguration of Services. The illustration showed the different type of business cases that could be required by HM Treasury for major capital investment projects. The draft OBC would be structured in accordance with HM Treasury, Department of Health and Social Care guidance aligned to the Five Case Business Model. This means that the draft OBC would be structured in 5 chapters setting out the Strategic Case, the Economic Case, the Commercial Case, the Financial Case and the Management Case. The report also provided a summary of the information included in the draft Strategic Case section of the OBC.

The Strategic Case in the draft OBC provided an overview of the profile of the Trust and described the national, regional and local policy context for the Trust's Hospital Reconfiguration plans. In doing so, it described the Trust's planned response to strategic policy in terms of new models of care, demand and capacity planning and ultimately the objectives for the planned investment. The West Yorkshire Health and Care Partnership (Integrated Care System) had agreed the estate developments and reconfiguration proposals were their top priority, confirming that the Partnership was confident that these proposals fit with the overall strategy for the development of better health and care services for West Yorkshire as a whole.

During discussions, the Chair and Councillors Blagbrough, Munro, Smaje, Swift and Uppal commented on the following issues:

- Would the OBC be updated with health needs based on the latest census information once it became available? In response, Officers advised that there was not a refreshed health needs analysis available to them at that time, but they were alert to taking this into account once it became available. Officers advised that they did have documents from work undertaken by Calderdale and Kirklees Councils detailing the impact of the Covid-19 pandemic on local communities and health inequalities which had been considered during strategic planning of how the system responds to support communities.
- Information was provided about a reduction in non-elective beds by 30% over 5 years, how was this modelled in the OBC and was this still achievable? In response, Officers advised that there wasn't a firm commitment to deliver a 30% reduction in bed days and in the Strategic OBC there were no plans for a reduction in bed numbers across the 2 hospital sites. Maintaining bed

numbers was a key recommendation arising from the Independent Reconfiguration Panel.

- What modelling had been given from the Clinical Commissioning Group (CCG) and community services to input into the OBC? In response, Officers advised that the OBC did not include a quantified modelling of assumed reduction in non-elective admissions, processes around detail of the community developments were being dealt with separately and were not a key chapter in the OBC.
- There had been a 5% increase in population served by the panel in the last 3 years, which was not reflected in the figures provided in the slides. Bed numbers would not necessarily be fit for purpose in 10 or 20 years if they remained static. In response, Officers advised that they had undertaken further work to revisit planning assumptions used in the Strategic OBC and used the most available data to confirm that these remained valid.
- Had any additional investment in Primary Care been tabled for the future? In response, Officers advised that the Government had an ongoing annual investment in General Practice. Investing in Community Services was an ongoing priority, to recognise the needs and demands and to react to available funding which came in through central Government.
- Community Services needed to improve in order to assist people on the Discharge to Assess list. In response, Officers advised that the Discharge to Assess list was quite high which reflected the pressures of the Social Care market and not necessarily Community Services. Work was being done jointly with Social Care colleagues in home care and Care Homes to work towards rectifying this situation.
- Officers had raised that staffing issues would get better following reconfiguration of services, but there was a wider system's issue around social care and primary care. How had this been assessed overall and how was this being registered as risk? In response, Officers advised that the workforce could be increased by combining facilities onto one site. This could extend opening hours, and the increase of Senior Medical workforce would expand workforce opportunities to not be dependent on Junior Doctors and other trainees who were in short supply.
- How had the issues around ambulance waiting times been assessed? In response, Officers advised that an analysis had been undertaken by Yorkshire Ambulance Service, they had identified that there was an increase in need for additional ambulances to transfer patients, and this data had been shared with Clinical Commissioning Groups who had deemed this to be affordable. The specific outcomes of this analysis could be shared at a later date.
- What modelling had been done to show the impact of a normal or a severe winter with the distribution of beds as proposed? In response, Officers advised that the modelling was done based on peak numbers from trends to ensure the plan could cope when demand was up.

- Had service continuity plans changed with the experience gained during the Covid-19 pandemic? In response, Officers advised that experience during the pandemic showed that there were particular crises responses which could occur again in the future. There was key learning operationally and clinically, one of the key areas was the importance of flexibility; having wards designed for generic use rather than specialities so the purpose could be changed when needed.
- It was essential that Scrutiny see the capacity assumptions in the OBC.
- What impact would any delay in this going to planning departments have on the plans moving forward? In response, Officers advised that there had been numerous and positive dialogue with Planning Officers but any delay in determination would have knocked on to the subsequent phases.
- What workforce modelling had been done as part of the OBC and had the links between the numbers of fully qualified nurses and patient outcomes been taken into account? In response, Officers advised that there was a standardised ratio of staff to patients and nursing models had been modified to reflect the increase in numbers of single rooms.
- What was the current thinking on reduced and alternative workforce models and where could Members see a description of these? In response, Officers advised that this related to the consolidation of acute services and economies of scale for managing patients on 1 site rather than 2. More of the detail could be provided following the meeting.
- How could the reconfiguration improve theatre utilisation? In response, Officers advised that work was being done with surgical colleagues around which surgeries would be undertaken at each site. Separating elective and non-elective surgeries would mean that elective surgeries would not need to be cancelled due to emergencies, creating efficiency automatically. Officers wanted to maximise these efficiencies by transforming the way they worked, this would be addressed over the next 5 years to ensure services were delivering to the needs of the patients.
- How could it be ensured that the clinical inputs into design were maintained throughout the process? In response, Officers advised that this was down to the Clinical Leads for the project to ensure features put in were not taken out at a later date. The Clinical Leads were accountable for ensuring the facility would be fit for purpose and were passionate about making sure the designs would work for patients.
- Was there a timeline for when the Intensive Care Unit (ICU) beds would be increased from 18 to 22, and was the capacity for Higher Dependency also able to increase? In response, Officers advised that there would be space available to increase the ICU beds from 18 to 22 should this be needed, to give sustainability for the future. Higher Dependency Care was generally delivered in the ICU but colleagues were increasingly developing High Dependency Services for single illnesses outside of the ICU. This was only possible by consolidating staff onto 1 site.

- The presentation outlined some serious workforce challenges, what concerns were there around care quality given this, and how was this risk being monitored? In response, Officers advised that this was particularly a challenge across acute services. Locums were used where possible, but Officers were conscious of ensuring adequate quality of Locums. This had been recognised as a risk and was flagged as a serious risk on the Trust Risk Register. The way services were being delivered was affecting care quality and this was why things had to change.
- Was the oxygen supply going to be capable of delivering a higher level of oxygen than it currently did? In response, Officers advised that the design had not reached this level of detail but they were conscious that whatever facilities were built at Calderdale would need an increased oxygen supply capability.
- Why was this reconfiguration not included in the list of schemes in the National Hospital Programme and what was the scheme's status regarding funding commitments? In response, Officers advised that this was because the scheme predated that initiative. The funding was announced in 2018 so there was firm commitment of public capital on the planning application.

IT WAS AGREED that the report be noted.

15 NEXT STEPS AND FUTURE MEETINGS

The Committee discussed its next steps and work required which included:

- Meeting with the West Yorkshire Ambulance Service
- Revisiting the travel plan
- Revisiting issues raised around the Carbon Budget

IT WAS AGREED that the Senior Scrutiny Officer in consultation with the joint Chairs be requested to arrange the next meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee.