

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Wednesday 26th October 2022

Present:

Councillor Jackie Ramsay
Councillor Elizabeth Smaje
Councillor Alison Munro
Councillor Aleks Lukic
Councillor Colin Hutchinson
Councillor Howard Blagbrough
Councillor Mike Barnes
Councillor Christine Prashad

In attendance:

Stuart Baron – Associate Director of Finance Calderdale and Huddersfield NHS Foundation Trust (CHFT)
Anna Basford -Director of Transformation and Partnership (CHFT).
Mark Davies - Clinical Director Emergency CHFT
Andy Simpson - Deputy Head of Operations, West Yorkshire Ambulance Service.

1 Minutes of Previous Meeting

The minutes of the meeting of the Committee held on the 16 November 2021 were approved as a correct record.

During the discussion on the minutes the following points were noted:

- The Committee had been advised that it could be provided with a profile of capital spend going forward although to-date this information had not been provided.
- The Committee had requested the following information that was still outstanding:
 - Submission of the Social Value Action Plan.
 - More detail on how the Full Business Case addressed compliance with best practice (standards of care) and would support local and regional system affordability.
 - Details of the positive and any detrimental impacts of the changes.
- The need for the Committee to understand the financial sustainability of the new hospital services model.
- That the proposed plan for the Committee to explore the possibility of having a direct working relationship with the construction company had not been taken forward.

2 Interests

In the interests of transparency Cllr Lukic declared that he was employed by NHS Digital.

3 Admission of the Public

All items were taken in public session.

4 Deputations/Petitions

The Committee received deputations from the following people regarding the process for scrutinising the business cases for the reconfiguration of hospital services at Calderdale and Huddersfield NHS Foundation Trust:

Jenny Shepherd and Rosemary Hedges (statement read by Jenny Shepherd).

5 Public Question Time

No questions were asked.

6 Report of the Calderdale and Kirklees Joint Health Scrutiny Committee workshop on the Outline Business Case

Cllr Smaje, co-chair of the Committee, presented an overview of the details contained in the submitted report.

Cllr Smaje confirmed that the Committee had held an informal workshop in June 2022 with representatives of Calderdale and Huddersfield NHS Foundation Trust (CHFT) to receive a briefing on the Trust's Outline Business Case (OBC).

Cllr Smaje highlighted the mechanism that had enabled scrutiny to have access to commercially sensitive information and reiterated the Committee's terms of reference that included confirmation that it would review the revised reconfiguration proposals and associated business cases.

Cllr Smaje referenced the three areas of concern that had been identified by the Secretary of State for Health in his response to the Committee's referral that included out of hospital care, hospital capacity and availability of capital.

Cllr Smaje confirmed that the West Yorkshire Integrated Care Board (ICB) had identified the reconfiguration proposals as its highest priority for capital expenditure.

Cllr Smaje highlighted the concerns that committee members had expressed at the workshop that included high levels of inflation and the possibility of significant budget pressures. Cllr Smaje also referenced the concerns on the assumptions of the underlying workforce model particularly in relation to clinical staff.

Cllr Smaje confirmed that committee members had also wanted to ensure that all aspects of the new hospital buildings would take account of the climate emergency declared by both Calderdale Council and Kirklees Council.

Cllr Smaje highlighted the issues that related to hospital capacity and confirmed that committee members wanted to continue to require evidence that the plan to broadly

maintain the current number of hospital beds was adequate for the long term nature of the reconfiguration project.

Cllr Smaje informed the Committee that other issues expressed by committee members had included the need to assess the activity growth assumptions; acknowledgement that the pandemic had required changes to the design plans for both hospitals; and recognition that capacity in hospitals were not just about physical design but also having sufficient numbers of staff.

Cllr Smaje referenced the issues relating to community services and confirmed that this was an area that would be predominately scrutinised by the place-based scrutiny committees.

Cllr Smaje also confirmed that as the impact of community services on suppressing demand was one of the issues that had been raised by the Secretary of State for Health the Committee reserved the right to consider the adequacy of community services in the planning of hospital provision.

Cllr Hutchinson, co-chair, stated that the Committee had long standing concerns regarding the adequacy of the hospital estate to accommodate the work that was required to support the health of people living in Calderdale and Kirklees.

Cllr Hutchinson stated that the Committee was also concerned that the plans to just maintain the bed base would not necessarily be sufficient. Cllr Hutchinson referenced a recent report from the Health Foundation that had indicated that the national change in demographics and the reduction in hospital beds that had previously taken place meant that new modelling estimated a requirement for 30,000 more beds nationally.

Cllr Hutchinson referenced the Trust's board papers that had indicated there was continuing demand for beds and it was therefore essential that the local place-based scrutiny committees seeked assurance that there was sufficient capacity in the community to meet the modelling detailed in the Trust's Strategic Outline Case.

The item was opened to the Committee for comment and questions that covered a number of issues that included:

- A question on whether the capital allocated for the reconfiguration was sufficient in light of the current high inflation rate.
- A need to look at the capacity of the whole of out of hospital care so that the focus would be on services covering both adult social care and health care.
- The importance of the local health and adult social care systems taking a joined up approach to tackling out of hospital care.
- The need to ensure that the services provided by the voluntary sector should be taken into account including the impact of the cost of living crisis.
- A reference to a recent Kirklees Health and Adult Social Care Scrutiny Panel meeting in which representatives from CHFT had reported that there were around 100 people medically stable in hospital beds that had been unable to be discharged which impacted on bed capacity.

- A comment that the message that was coming through from the local scrutiny work was that workforce challenges was a key issue.
- Reference to a recent NHS staff survey that had highlighted some contributing factors to the reasons for staff shortages at CHFT.
- A comment that the Committee would be interested to receive feedback from the Trust on what measures it was taking to try and retain staff.

RESOLVED –

1. That the Committee would wish to put on record that:
 - i. The co-chairs had seen the full Outline Business Case (OBC), that was predominantly focused on the development at Calderdale Royal Hospital.
 - ii. The Committee OBC workshop presentation and discussions had not resulted in any additional committee concerns to those already highlighted by the Committee and the areas referenced by the Secretary of State for Health.
 - iii. The Committee had not seen the Full Business Case (FBC) for the development at Huddersfield Royal Infirmary.
2. That the Committee request that the health scrutiny committees for Calderdale Council and Kirklees Council look in detail at the capacity in community services and report back their findings to the Committee.

7 Update on progress of the new Huddersfield Royal Infirmary Accident and Emergency Department

Mr Davies presented an update on the development of the Huddersfield Royal Infirmary new Accident and Emergency (A&E) Department. Mr Davies explained that the new development was located at a different site in the hospital grounds that would allow the Trust to continue to deliver services through its existing A&E department while the new one was being built.

Mr Davies outlined the access routes for ambulances and confirmed that there would be dedicated patient parking and drop off areas. Mr Davies provided details of the A&E internal layout and facilities that included a dedicated paediatric area.

Mr Davies informed the Committee that the design of the facility would be state of the art and presented details of an artist's impression of a clinical assessment room.

Mr Davies provided an update on the construction of the facility and confirmed that the overall size of the new department would be around 50% greater than the existing A&E department.

Mr Davies stated that work had already started on the internal layout. Mr Davies outlined the next steps that included the timeline for the various stages of the works and anticipated that the facility would be operational by August 2023.

Mr Davies informed the Committee that the Trust was just in the process of signing of an interior design strategy and explained that the colours of the various areas were designed to be dementia friendly and support patient wayfinding.

Mr Davies presented details of the governance arrangements for the project that included details of the project board and the project manager and site supervisor reports.

Mr Davies stated that to date there had been no issues identified by the inspections of the development and all planning conditions had been discharged or were on track to be discharged.

Mr Davies outlined details of the operational oversight that included input from senior clinicians and colleagues from across the Trust to develop the new workforce model for operating in the new facility.

Mr Davies informed the Committee that the Trust had developed a high-level transition plan that included a communication strategy that would involve internal colleagues, external stakeholders and the public.

Mr Davies presented details of the social plan that had been developed with the Trust's construction partner that included local job creation and apprenticeships and sourcing materials locally.

Mr Davies outlined the work that taken place on assessing the impact of the new development that included meeting with people that had protected characteristics and confirmed that there had been no differential discriminatory impacts identified.

Ms Basford outlined details of the process that had been followed up to the point that capital funding had been allocated in 2018 and confirmed that the Trust's plans remained consistent with the modified proposals that were detailed in the 2019 Strategic Outline Case.

Mr Baron presented details of the capital that had been invested in the Huddersfield Royal Infirmary (HRI) site that included: the development of the new A&E Department; an upgrade to ward 18 that had been converted to single rooms; the re-provision of a learning centre; and backlog maintenance.

Mr Baron outlined details of the future investment plans at HRI which included: a ward and theatre refurbishment programme; a window replacement programme; and a continued asbestos removal programme.

Mr Baron informed the Committee of the cost management associated with the reconfiguration and explained that the Trust's Outline Business Case (OBC) had demonstrated affordability within the available capital resource as priced in 2021 and there had been a significant allowance made for inflation within the capital envelope.

A question and answer session followed that covered a number of areas that included:

- A question seeking clarification that the capital investment that had been spent at HRI was within the financial envelope of the total capital that had been allocated for the overall reconfiguration.

Calderdale and Kirklees Joint Health Scrutiny Committee - 26 October 2022

- Confirmation that the new A&E costs were within the financial envelope and that the other elements of the HRI capital programme had been funded from the Trust's alternative resources.
- Confirmation that the overall capital that had been allocated to fund the reconfiguration remained subject to approval of the Trust's business cases.
- A question on whether the costs of the new A&E were on budget.
- Confirmation that the Trust was on budget for the new A&E development.
- A question seeking clarification on exactly when in 2021 the available capital resource was priced.
- Confirmation that the OBC that had been submitted had been costed in August 2021 and had taken account of inflation.
- A question on the impact that the work that would be done at Calderdale Royal Hospital (CRH) would have on the CRH A&E department.
- Confirmation that the current A&E department at CRH would continue to function while the new A&E facilities were being developed.
- A question seeking clarification on the plans to change the Trust's workforce model to increase efficiency.
- A question on what the long-term staffing arrangements would be in the paediatric service at the new Huddersfield Royal Infirmary (HRI) A&E department.
- Details of the planned changes to the workforce model at the HRI that included: a dedicated children's trained nurse; and a new role that combined the work of a health care support worker and a porter to provide continuity of care.
- A question on when the Trust last reviewed its financial contingency plans.
- Confirmation that the reconfiguration costs had last been reviewed in March 2022 and that the costs were still within the Trust's overall financial envelope.
- Confirmation that a further review of the contingency plans would take place in November 2022 and that it would be an ongoing process at key stages of the project.
- A question seeking clarification on whether the overall workforce costs at the new HRI A&E would be cheaper than present and what was the Trust's key elements for workforce and service transformation.
- Confirmation that the focus was on gaining a more efficient workforce rather than a cheaper model.
- Details of service transformation that included an increase in the streaming of patients so they could be fast tracked to the appropriate pathway of care.
- A query on the high level of capital that was being held in reserve and whether there was a likelihood that following the completion of all the works there would still be capital available in reserve to fund other projects.
- Confirmation that any reserve capital that was still available at the end of the project would be classed as ring fenced funds and would need to be invested into the overall programme of change to enhance patient care.
- A question on whether there would be a reduction in the numbers of staff working at the HRI.
- A comment that the Trust hadn't provided details that demonstrated any significant changes to the transformation of the workforce model.
- Confirmation that the Trust could provide more details on the HRI workforce structure.

- An explanation that the changes at the new HRI A&E was just a small element of the reconfiguration and that the overall changes including the major development at CRH would increase the Trust's capacity to make further fundamental changes to its workforce model.
- Confirmation that the unions and all other relevant parties were being consulted on the changes to the workforce model.
- A question seeking clarification on the current position for accessing A&E services at the Trust, how this would change following completion of the new A&E at HRI and the CRH development.
- Confirmation that any person could currently attend either A&E.
- Details of the criteria for admission to the CRH and HRI A&E for people being conveyed by ambulance and confirmation that this wouldn't change following the completion of the new HRI A&E.
- Confirmation that no further changes to A&E admission would take place until all the acute services had been moved to CRH.
- Confirmation that the Trust had engaged with local people living close to the CRH on the changes that would be taking place.
- A question seeking clarification on where patients who were being moved out of HRI A&E for medical or surgical assessment unit were sent.
- Confirmation that the medical and surgical assessments units were located at HRI and would remain there until the full reconfiguration had been completed.
- Confirmation that the HRI Full Business Case remained a confidential document as it formed part of the wider Outline Business Case.

RESOLVED –

A request from the Committee to:

1. See details of the workforce model that would support the full reconfiguration of services.
2. Receive an update following the November review of the project costs and contingency plans.
3. Receive details of the Trust's Communication Strategy.
4. Receive details of the planned bed utilisation for the full reconfiguration.

8 Yorkshire Ambulance Service revised modelling report

Ms Basford informed the Committee that the Outline Business case for the full reconfiguration had been approved by NHS England and the Department of Health and had been submitted to treasury for approval.

Ms Basford stated that following approval the Trust would move to the next phase of the process that would include starting the procurement process to establish costings for the development at CRH which would be used to generate the Full Business Case.

Ms Basford stated that the timeline that was subject to national approval would be to commence works at CRH by the end of 2023.

The Committee welcomed Andy Simpson from the Yorkshire Ambulance Service (YAS) to the meeting.

Mr Simpson presented an overview of the purpose and aims of the operational and Quality Impact assessment that CHFT had asked YAS to prepare and confirmed that the modelling report was based on the reconfigured clinical model at CHFT.

Mr Simpson informed the Committee of the background and chronology from YAS's perspective that started in 2014. Mr Simpson outlined details of the operational and quality impact assessment that included a focus on extended journey times and the interfacility (IFT) transfer requests.

Mr Simpson explained the methodology and assumptions that had been used in the modelling. Mr Simpson presented details of the overall operational impact that included details of the numbers of conveyances per day and the number of additional ambulance and staff time that would be required.

Mr Simpson presented details of the system impact which showed that the biggest impact would be on CRH which would receive approximately 54 additional patients a day followed by Barnsley District Hospital which would receive between 3-4 extra patients per day.

Mr Simpson outlined details of the additional resources that YAS would require to mitigate the additional ambulance and staff hours that included an extra 22 full time equivalent staff and three double crewed ambulances.

Mr Simpson presented an overview of the evaluation of future efficiencies that included developing a more integrated transport plan for the transfer of low acuity patients; pathways into specialist wards and units; and an increased role for the Patient Transport Service.

A questions and answer session followed that covered a number of areas that included:

- Confirmation that the modelling for the additional conveyances per day was based on an average per day.
- A question seeking clarification on whether the modelling had taken account of people who lived in Calderdale being transferred to HRI as part of their step-down recovery.
- A question on how confident YAS was in being able to recruit to the additional required roles.
- An explanation of how the staff would be deployed to meet demand.
- Confirmation that the conveyancing of patients from step down beds was not included in the modelling as it formed part of the patient transport service contract.
- Confirmation that YAS would be confident that it could recruit the additional staff as it had a good pipeline of staff that were coming into the service and had excellent relationships with its partner universities for newly qualified paramedics.
- A comment that the Joint Committee and the local placed based scrutiny committees would need to be assured that the local health and adult social care systems had the workforce to support the reconfiguration.

Calderdale and Kirklees Joint Health Scrutiny Committee - 26 October 2022

- A query on the number of additional ambulance and staff hours that were required to support the extra inter-facility transfers.
- Clarification that the modelling for the inter-facility transfers was based on having the available ambulances to convey the patients and included the total patient assessment and transfer time.
- Confirmation that further modelling work would be done on the discharge of patients.
- A question seeking clarification that the modelling that covered the impact on other hospitals had been discussed with the hospitals including their ability to deal with the additional patient numbers and what modelling had been done across the West Yorks system.
- Confirmation that dialogue had taken place with the other hospitals and that commissioning partners were fully aware of the modelling and had confirmed broad affordability on the impact on the ambulance service and the funding flows needed to meet the demands in neighbouring hospitals.
- A question on whether YAS would need extra capacity if the hospitals were not meeting the patient handover and turnaround times.
- Confirmation that the modelling had been based on historical handover and turnaround times data.
- Confirmation that the pressures on handover and turnaround times were due to external factors such as winter pressures rather than a consequence of reconfiguration.
- A comment that the Committee was pleasantly surprised that YAS did not suffer with long ambulance turnaround times in West Yorkshire.
- A question on how much of the journey times modelling was done based on real time historical journey data verses a route planner.
- A question on how confident YAS was that an extra 3 double crewed ambulances would be sufficient to meet the additional demand.
- Confirmation that most of the modelling had been done using historical real time data.
- Confirmation that YAS had a high degree of confidence that the additional resources identified by the modelling would be sufficient based on the 2019 to early 2020 data although the modelling would need to be refreshed to account for the lessons learned from the pandemic and the changes in system demand.
- A question seeking assurance that the additional time that patients would spend in an ambulance due to the extended journey times would not put them at risk.
- An explanation of the model of care being developed in YAS that included level 7 critical care and specialist urgent care paramedics and advanced technology in ambulances that would assist the paramedic in providing safe care for the patient.
- Confirmation that the most seriously ill patients had the most to gain when being conveyed to a service that could cater for all of their needs.
- Confirmation that the most critically injured patients from Calderdale and Kirklees would be sent to the hospital in Leeds as evidence showed that this would be the best place for them.
- A comment that the resus capabilities in the ambulance was of a high standard.

RESOLVED –

1. That the Yorkshire Ambulance Service be thanked attending the meeting.

9

Next Steps

The Committee discussed its next steps including future items for discussion.

Areas that the Committee identified that it would wish to cover included:

- Details of the modelling that had looked at the impact of the reconfiguration on other hospitals to include input from the West Yorkshire Integrated Care Board.
- Details of the workforce model as soon as it became available.
- Submission of the planned Communication Strategy.
- Further consideration of the hospital bed capacity to ensure that it was sufficient to meet future demand.
- Consideration of the latest version of the Travel Plan.
- An update on the financial contingency plans following the November 2022 review.
- Details of the identified project risks and the proposed actions to mitigate the risks.

It was noted that the Committee wished to put on record its wish to ensure that there was representation from the West Yorkshire Integrated Care Board (ICB) at the next Committee meeting.

The Committee agreed to a proposal that the Joint Chairs of the Committee hold an informal planning meeting with CHFT and include representatives from West Yorkshire ICB.

The Committee also agreed that it would be important to see the Full Business Case and that discussions should take place with the Trust to explore ways that this could be done taking account of the confidential nature of its contents.

Cllr Smaje confirmed that the Committee would reserve the right to contact the Secretary of State for Health after it had seen the Full Business Case with its comments on the reconfiguration.