

Present - Cllr Colin Hutchinson (Chair), Cllr Elizabeth Smaje, Cllr Beverly Addy, Cllr Howard Blagbrough, Cllr Andrew Cooper, Cllr Christine Prashad, Cllr Alison Munro.

Apologies – Cllr Mike Barnes

In Attendance:

- Lindsay Rudge, Chief Nurse, Calderdale and Huddersfield Foundation Trust
- Anne-Marie Henshaw, Director of Midwifery, Mid-Yorkshire Teaching Trust
- Gemma Puckett, Director of Midwifery, Calderdale and Huddersfield Foundation Trust
- Talib Yaseen, Chief Nursing Officer, Mid-Yorkshire Teaching NHS Trust
- Anna Basford, Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust
- Dr Mark Davies, Clinical Lead for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust
- Francesca Hewitt, Assistant Director for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust

Item One: Substitutes/Apologies

Apologies for absence were received from Councillors Barnes.

Item Two: Members Interests

A reminder to Members of the need to declare any disclosable pecuniary interests or other interests they might have in relation to the items included on this agenda.

No Interests were raised.

Item Three: Admission of the Public

It is not recommended that the public be excluded from the meeting for the consideration of the items of business on this agenda.

Item Four: Minutes of Previous Meeting

Councillor Hutchinson shared the matters arising from the previous minutes held on 7th November 2023 in relation to:

On page four of the minutes, it currently reads – ‘The car park had full planning permission to April 2024 and plans would see that work completed well within that timescale.’ This should be amended to April 2025.

RESOLVED that, once the amend has been made, the Minutes of the meeting held on 7th November 2023, be approved as a correct record, and signed by the Chair.

Item Five: Deputations

No deputations were received.

Item Six: Maternity Services

The Director of Midwifery and Women’s Health Mid Yorkshire Teaching NHS Trust, the Director of Midwifery Calderdale and Huddersfield NHS Foundation Trust, the Chief Nurse Calderdale and Huddersfield NHS Foundation Trust and the Chief Nursing Officer Mid Yorkshire Teaching NHS Trust joined the meeting and shared a written report. The paper set out the current and future maternity service offer within Calderdale and Kirklees, with reference to national standards and evidence-based guidelines, and workforce issues.

Plans are progressing to re-open Bronte Birth Centre for intrapartum care from 1 April 2024. This will mean 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) as per current NICE guidance (2023).

Despite consistent recruitment activity CHFT has not seen the growth in workforce required to safely provide care across all previous birth settings. This is in part due to the numbers of midwives reducing their contracted hours to improve work-life balance; the position at MYTT is much improved. This adversely affects CHFT plans to expand services contracted during the pandemic and afterwards.

Members from Wakefield Council had been invited to attend for this Item but were unable to attend. They will be provided with a record of the meeting and the report which will be considered at their place-based HOSC in late March.

During discussions Members commented on the following issues:

- The report refers to recruitment problems as the primary reason for the closure of the birthing centres, are midwifery posts currently being advertised? There is a rolling recruitment programme for both new and experienced midwives, over the last 12 months this has led to thirty equivalent full-time recruitments being appointed. The fragility of the midwifery workforce was acknowledged, a significant number have chosen to reduce their hours and as such retention must also be a priority. Most recruitment comes from newly qualified midwives, whilst traditionally there has been one output per year in September, there is now a course running at Huddersfield university which produces a second output of newly qualified midwives in March. International recruitment is also taking place, as well as midwifery apprenticeships and conversion programmes for qualified nurses.
- What is the plan to bring the Huddersfield birth centre back into use? The intention of CHFT has always been to reopen the birth centre when safe to do so. At the beginning of the partnership working approach with Mid-Yorkshire, it was proposed they would work in partnership to provide the choice of a freestanding birth centre in Kirklees, which they are now able to do once the Bronte Centre reopens in April. Despite the large recruitment, due to career breaks and those choosing to reduce their hours, the workforce has only grown by the equivalent of five full time midwives, therefore it is challenging to predict exactly when the birthing centre can come back into use.
- In terms of international recruitment, are there options for qualified midwives to go to other countries with their skills who are offering better benefits? The international recruitment programme has been successful for bringing skilled midwives to work in both Trusts. However, the difficulties in relation to the length of time between appointment and having someone working in a role were acknowledged – can take between twelve and fifteen months due to re-acclimatisation process and scale of midwifery qualifications globally. Since the pandemic, both Trusts have seen a number of midwives leave for either career break or to take up midwifery roles in countries such as Australia or New Zealand.
- There is a disparity between the Mid-Yorkshire vacancy rate and the CHFT vacancy rate, how is the partnership approach between the two Trusts working in practice? In terms of the practicalities of the partnership approach, there are clear areas that could be improved by working together, for example, the stillbirth rate

higher in Mid Yorks, both Trusts have therefore joined a stillbirth reduction programme. The Trusts also work together to review each other's poor outcomes. All this is done with the intention of learning and providing professional challenge to one another.

Workforce is managed slightly differently, the main feeder organisation is Huddersfield University, more work can be done with the University to ensure students are doing placements across both Trusts. There are differences in the way the two Trusts use their specialist midwife workforce, Mid-Yorks have a larger whole-time equivalent workforce but don't have the same corporate investment that the team at CHFT have. Work is now being done between the two Trusts to understand what is working well and what further could be done to develop.

- In relation to staff, does this partnership mean staff from both Mid-Yorks and CHFT working at the Bronte birth centre, how will this work in practice and how will this partnership work for women who attend the Bronte Centre in relation to their medical records? In the first month of the Bronte Centre being re-opened, there will be a lot of consideration given to the numbers of women who choose to attend. There is an agreement across the ICB that staff from CHFT can work in Mid-Yorks. The aspiration is to have community midwives being on-call coming to Bronte Birth Centre with their own caseloads but there isn't a firm plan for this, and one cannot be made until the Trusts have a clearer idea of the numbers of women choosing to birth there and where these women will be coming from. There is a framework that can be used to quickly transfer staff from one area to another. In terms of IT, different maternity services do use slightly different IT systems, this is an area the local maternity services will have to work through. There is a download system which quickly transfers records into paper format for women to take with them.
- Are there any incentive schemes to recruit midwives in Calderdale, Wakefield, and Kirklees? Not currently, recent work in Surrey showed incentive schemes, including a 'Golden Handshake' offer, had very little benefits. Videos are being shared to encourage recruitment and created a competitive environment across organisations. CHFT have been looking to promote careers and benefits through films/interview videos on social media. There is a lot of support already available to midwives including flexible working and leadership programmes. Further information on this can be shared with the Committee.

- Is the obstetric-unit consultant led care? Yes, but anyone can choose to birth there.
- The report states last formal workforce planning assessment for Calderdale was in 2020 which shows a 17.6% vacancy rate, whereas this is 2023 for Wakefield showing a 2.5% vacancy rate. What is this difference attributed to? CHFT are currently awaiting the outcome of a workforce assessment, this may mean the required whole-time equivalent staffing figures change as the birth rate has declined. However, there is an increase in women presenting with additional complexities. One of the benefits of being a member of the wider Mid-Yorks Trust is that they have been able to learn from international recruitment programme. A large international recruitment campaign was undertaken a few years ago, the reduced vacancy rate in Mid-Yorks can, in part, be put down to this.
- Could further data on birth rates be provided to give Members deeper understanding? Figures can be shared with the Committee. Nationally the birth rate is declining currently, and it is predicted to continue declining over the next few years. The increased complexities (both social and additional medical needs) women are presenting with however means staffing needs to be maintained at current levels.
- In relation to NHS England's three-year delivery plan to make maternity services safer and more personalised care, how will the level of safety be maintained over the next three years? All pregnant women will have the opportunity to speak with a midwifery professional to speak through and consider options. The importance of personalised care was emphasised.
- Weekly monitoring and data will be one of the considerations for deciding when Huddersfield will be ready to reopen, how long will the date be monitored for and what is the criteria which will trigger the reopening? In terms of monitoring, all births are audited as part of business-as-usual processes. There are monthly forums to discuss data and identify any needs for change. National guidelines require women to have information relating to transfer times and rates should their needs change, this information will be monitored on a weekly basis at first. All the information described will go towards deciding when and in what format Huddersfield Centre can be reopened. There will be a focus on supporting the pathway into the Bronte Centre, another assessment around staffing will be undertaken when the next

cohort of midwives have finished training, therefore a decision in relation to Huddersfield Birth Centre won't be made until the latter part of this financial year.

- How do they communicate with the wider population and promote midwifery careers? Social media is used to share information about services. It was acknowledged there is always more that can be done, exploration of using additional media channels and going into schools/using pop up shops to promote careers in midwifery.
- Is there an increase in home births, specifically in relation to women that may be considered more vulnerable? There is a higher proportion of women are choosing to have babies at home, both Trusts work with women to ensure it is an informed decision and safety is put first.
- Hospital Trusts and ICBs are under financial pressure, how much will the plan for CHFTs midwifery services be impacted by these pressures? The whole-time equivalent staffing plan is based on birth rate, the Trusts is clear in supporting plans that can be financed from current provisions. Midwifery services are budgeted for the workforce that is required to provide the current provisions, there is no intention to reduce this budget.
- Is there a workforce plan for CHFT? There is a plan which officers would be happy to share with Members of the Committee.
- Does the Birth Rate Plus modelling process extend to the balance between the different banding levels of staff? The Birth Rate Plus model will not categorise the number of midwives from a certain band needed, instead there will be a requirement for the organisation to make a risk-based assessment about the areas staff of different grades will be required to work. The Trusts are adhering to national guidance in terms of the 'type of birth' a midwife from each band can work on. Birth centres are typically staffed by band six.
- How may safety be impacted by moving staff across a wider geographical area? Bronte Birth Centre will have a core team of midwives based there to ensure safety. Both Trusts have engaged with community and on-call midwives to consider where they feel more comfortable working, they have evenly split themselves between the Bronte Centre and those who will focus on the home births.
- How will a core midwife structure be sustained when both the Bronte Centre and Huddersfield Birth Centre are reopened? One of the reasons an exact time frame

for the reopening of Huddersfield Birth Centre cannot be provided is because of student attrition within midwifery courses. The 2024 graduate recruitment programme has just started, by the end of April there will be a clearer idea of student intention including where and how newly qualified midwives will choose to work, from that point both Trusts will be in a better position to discuss how staffing will be sustained.

- How will be women be reassured that there will be staff available during a delivery? Neither birth centres have previously had safety issues, they were closed due to staffing concerns, therefore they are not reopening with a negative history. There will always be a second midwife available at Bronte Birth Centre.
- What reassurance is provided to women that in the event they need to be transferred, there will be a plan for that transfer with the ambulance service? Yorkshire Ambulance Service are a part of the Bronte Birth Centre development group and are a part of 'go live' discussions. Decisions will be made in the light of ambulance response times; safety will always be at the forefront.
- Are midwifery services funded to staff all the birth centre, and if so, is there accumulation of money due to not being able to fill posts? Hospital Trusts are budgeted and funded for the whole-time equivalent posts required, money is not taken away in the event positions aren't filled. The Trusts continue to pay wages for sick leave, maternity serves and for bank staff to fill vacant shifts. The challenges of relying on bank staff were acknowledged.
- In relation to the increase of complex births, is this because complexities are being identified more often, or are there just an increase in complexities? There is a combination of reasons for the increase. Compared to past years, fewer women are advised not to go through pregnancy and the increase in fertility treatment means more women with pre-existing medical conditions are getting pregnancy who may have previously not. Public health issues, including increased obesity, and other social issues also play into the increased complex births.
- How is this being fed back to public health? There is a designated Public Health midwife as a part of the service.
- There was a reference to high rates of student attrition, how will the balance be struck between sharing positive messages and 'over promotion'? As part of people plan, there is ongoing work to understand the needs and desires within a working

environment of different generations. Both CHFT and Mid-Yorks are focusing on improving culture and the experience of all midwives. The importance of alternative routes into midwifery were acknowledged, for example, the apprentice programme.

- Officers were thanked for their time and answering questions put forward by the committee.

RESOLVED that:

- a) The report be noted by Members of the Committee.
- b) The following information should be provided to the committee:
 - i. Regular updates from Bronte Centre following its opening,
 - ii. The Birth Rate Plus and workforce assessment once complete,
 - iii. Range of offers and recruitment packages available, including any incentive schemes, and how these compare between the two Trusts,
 - iv. Further information relating to the current birth rate in Calderdale and Kirklees,
 - v. The workforce plan for CHFT,
- c) Officers are invited back to the Calderdale and Kirklees JHOSC once the Bronte Centre has been open six months, and an update on the following:
 - i. The re-opening of the Bronte Centre and how it is operating and if this is sustainable,
 - ii. The implications for the Birth Rate Plus exercise at CHFT and how these are being addressed,
 - iii. Figures relating to the number of women within the CHFT who are choosing to birth in the Bronte Birth Centre and the number of women who would have chosen to give birth in the Huddersfield Birth Centre if it had been available.

Item Seven: Reconfiguration Update

The Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust, Clinical Lead for Transformation and Reconfiguration, CHFT, and the Assistant Director for Transformation and Reconfiguration joined the meeting and shared a written report. The report includes a progress update on the opening (of the new Huddersfield Accident & Emergency Department) including any key variations since the last meeting of the

C&K JHOSC in early November, an update on negotiations with the Treasury re the reconfiguration and an update on the financial situation re the (HRI) new A&E.

In addition to the report, the Director of Partnerships and Transformation, CHFT, provided a further verbal update on the reconfiguration programme and shared that:

As stated in the report the Outline Business Case remains with the Treasury for review and approval. Progress is still being made regarding the developments at Calderdale Royal Hospital, the Learning and Development Centre is expected to be completed by summer 2024 and the enabling works for the new multi-story car park has commenced.

In regard the development of the new Huddersfield A&E, remedial work between the construction partners and CHFTs estates team is ongoing. This has mainly focused on the water system and replacing a jointing compound, there is a small amount of work left to do and further testing. The transition plan will need to be re-visited, CHFT are anticipating between five and six weeks of preparatory work with a plan to open mid-May or early June.

During discussions Members commented on the following issues:

- In relation to the jointing compound, was this an error by contractor or a part of the specification? All remedial work has been paid for by contractor.
- Has the delay to the opening on the new A&E had implications on other services across the Trust? Not in terms of the reconfiguration. The only delay has been the opportunity to use the old A&E as a discharge hub, this will still happen once the new A&E is open.
- Will there be any compensation for the Trust because of the delays? The nature of contract, laid out by the government as a part of the national contracting framework, means the Trust do not get any compensation, but all costs will be on contractor.
- Are there any signs as to when the Treasury will make a decision regarding the business case? Awaiting approval from the Treasury is not currently delaying the reconfiguration programme. It is anticipated that approval of the business case will be in 2024.

- What are the timescales for the overall reconfiguration? Looking at a five-year programme with a conclusion in 2029. Given the scale of the programme, this will be consistently monitored and is subject to change.
- How will CHFT ensure that the reconfiguration in 2029 will still be the necessary reconfiguration that services require at that point in time? The main intent behind the reconfiguration was to enable the optimal co-location of services between both hospital sites, the construction schemes will give the space and scale for the delivery of these services. The development of new technologies has meant that over time a services' requirements will continue to change, there is active engagement ongoing with all services to understand future operating models. CHFT are working to full adopt new methods of working and incorporate these into the designs for the new clinical buildings that will benefit patients. There is continued horizon scanning and development of internal services, any changes planned as an organisation fit in with the long-term reconfiguration plan.
- What is the timescale between Treasury approval and appointment of a construction partner? A construction partner has been appointed. There will be a public statement re the construction partner on Wednesday 20th March 2024. In relation to the overall programme of work, moving through the process for business case approval. The next phase of work alongside the construction partner, will involve taking plans and designs to full stage of design which will in turn inform the final business case prior to construction starting.
- What is the communications plan for the next 3-4 months to keep local people informed? There will be a significant communication programme around the new opening of the new A&E. This will be used as a vehicle for communicating other points around the reconfiguration.
- How will residents be kept aware of what's happening in the short, medium, and long term? In Calderdale, there has been and will continue to be direct communication with residents about when construction is due to take place. CHFT recognise concerns of neighbouring properties. A breadth of different channels of communication throughout the programme. As a part of the CHFT website there is page entitled Foundations for our Future, this is kept up to date with information about developments and the programmes of work.

- CHFT were thanked for their communication with local residents throughout the process and were asked that this continues.
- If the Treasury approve the OBC, when may details of the full business case be available? Late 2025 due to the requirement further detailed design plans and additional planning processes. Clinical professionals and residents will be engaged throughout.

Item Eight: Next Steps

RESOLVED that:

- a) The Committee agreed meet soon after the opening of the new A&E to assess how it's going within the first weeks of being open,
- b) The Committee should consider the ambulance service modelling to understand how this is progressing.