

**CALDERDALE AND KIRKLEES JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE,  
Tuesday, 15th October, 2024**

**PRESENT:** Councillor Smaje (Chair)

Councillors: Hutchinson, Blagbrough, Evans, Robinson and Rylah

**1 SUBSTITUTES NOMINATED FOR THIS MEETING AND APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Barnes and Lawson

**2 MEMBERS' INTERESTS**

Councillor Blagbrough declared a non-pecuniary interest in Item 7 as an elected governor of the Calderdale and Huddersfield Foundation Trust.

**3 MINUTES OF THE CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE MEETING HELD ON 25TH JUNE 2024**

**RESOLVED** that the Minutes of the meeting of the Calderdale and Kirklees Joint Health Scrutiny Committee held on 25<sup>th</sup> June 2024, be approved as a correct record.

**4 DEPUTATIONS**

There were no deputations received.

**5 MATERNITY SERVICES (DIRECTOR OF MIDWIFERY & WOMEN'S SERVICES, CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST)**

The Director of Midwifery Calderdale and Huddersfield NHS Foundation Trust (CHFT) and the Chief Nurse Calderdale and Huddersfield NHS Foundation 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.

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.

During discussions Members commented on the following issues:

- With the Bronte Birth Centre now re-opened, how had encouragement of use been sought? In response, Officers advised that a soft opening had been the preferred option but there had been advertisement from the CHFT.
- How had the retainment package to retain midwives been constructed? In response, Officers advised feedback had been obtained from exit interviews and work with the national maternity programme.

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- Who had put the report together? In response, Officers advised it had been a joint effort between CHFT and MYTT.
- Taking on 35 new staff was a big undertaking; would levels remain understaffed? In response, Officers advised levels would remain understaffed, but work had been ongoing with retention.
- What had the retention been attributed to? In response, Officers advised engagement and lots of listening had been the main driving factor.
- Had the recruitment process been centralised? In response, Officers advised that a network was coming together, and students could now apply to multiple Trusts and list preferences rather than individual posts.
- Aside from midwifery, what is staffing like in maternity units? In response, Officers advised paediatrics was healthy but other areas had proven more challenging.
- Has there been a reduction in the use of agency staff? In response, Officers advised once newly qualified midwives were in place there would be a reduction in agency staff used.
- Has work taken place considering possible implications of limited birth choices in Kirklees? In response, Officers advised options had been looked at.
- Has there been a definitive timeline and end to the review process? In response, Officers advised the review should be finalised by Spring 2025.
- Why was there been no mention of health visitors within the report? In response, Officers advised health visitor services sat with Locala.
- What is the relationship between CHFT and local universities currently like? In response, Officers advised the relationship was good and regular meetings had taken place.
- How had enrolment in midwifery compared to other health professional courses? In response, Officers advised that application rates had dropped and were lower than nurses. Midwifery had been in the top 5 professions but was now near the bottom of the table.
- Had any proactive steps been taken to entice former staff back to the profession? In response, Officers advised that over the last year they had seen an uptake in people returning to the profession or had signed up to bank work.

As the MYTT were not in attendance it was agreed that a series of questions would be posed and formally sent to them in a letter.

RESOLVED that:

- (a) A letter be sent to the Director of Midwifery and Women's Health, Mid-Yorkshire Teaching Trust, and Chief Nurse, Mid-Yorkshire Teaching Trust, outlining the following questions;
- An explanation of the difficulties encountered in directing a representative from Mid-Yorks to attend the meeting of the Committee on 15 October 2024.
  - A further explanation of the bar chart which appears in your report, and on page 15 of the agenda pack, particularly in relation to the vastly differing figures for June 2024 and August 2024.
  - Why the number of admissions to the birth centre are so high compared to the number of births?
  - Why are there are minimal births taking place at the Bronte Birthing Centre and how success is being measure considering the low number?
  - An explanation of how transfer services work in practice.
  - In relation to the sustainability of the Bronte Birthing Centre, how does the number of births correlate with the staffing required?
  - How will the staffing model remain robust, considering the local and national difficulty in the recruitment and retention of midwives?
  - An explanation of the current criteria for giving birth at the birth centre.
  - How the current situation at Bronte Birthing Centre compares to birthing units nationally?
  - When will the birthing centre be operating to full capacity, and what is the anticipated demand at this time?
  - Given that the reopening of the Bronte Birth Centre has not been widely publicised, is the Trust receiving a realistic picture of interest in using the Centre?
  - Has the opening of the birthing centre had an impact on the demand for home births?

**6 RECONFIGURATION UPDATE (DEPUTY CHIEF EXECUTIVE, DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS, CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST)**

The Deputy Chief Executive and Director of Partnerships and Transformation, Calderdale and Huddersfield Foundation Trust, Clinical Lead for Transformation and Reconfiguration, Calderdale and Huddersfield Foundation Trust (CHFT), and the Assistant Director for Transformation and Reconfiguration the 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 C&K JHOSC in early November, an update on negotiations with the Treasury re the reconfiguration and an update on the financial situation regarding the Huddersfield Royal Infirmary (HRI) new A&E.

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 was expected to be completed by summer 2024 and the enabling works for the new multi-story car park had commenced.

During discussions Members commented on the following issues:

What challenges had there been in A&E? In response, Officers advised that there has been an increase in demand, but this had been seen across the country.

Had a full business case been approved? In response, Officers advised that a full business case should be completed by Autumn 2025 which will be a draft document.

What percentage of the HRI had been used? In response, Officers advised they did not have an exact percentage however specific wards have been identified that are in a better condition to consider how to best utilise the estate.

Have plans been put in place to ensure cost effectiveness? In response, Officers advised provisions had been put in place by the best parts of the estate being used and better parts of the estate had been identified.

What plans have been put in place to move out of the bad parts of the estate? In response, Officers advised further detail had been required before a full plan would be in place.

In the future, will more patients be treated at Calderdale and/or Pinderfields rather than Huddersfield Royal Infirmary? In response, Officers advised unplanned care would primarily take place at Calderdale whereas planned care would primarily take place at Huddersfield.

Has the new build created more storage? In response, Officers advised that the new build had created significantly more storage.

Have specific storage areas been rolled out into other parts of the existing building? In response, Officers advised staff had looked at various options for storage.

Has there been an update on movement of services? In response, Officers advised that major service moves would not happen until 2029.

Can future updates provided to the Committee have more detailed work on transformation? In response, Officers advised more work on transformation had started and they were happy to provide updates on this to the Committee. Previously, the Committee have received information on target operating models and Officers advised they would be happy to bring this again with more updated information.

Has a communication strategy been developed and when may it be possible for this to be presented to Members of the Committee? In response, Officers advised there is a communications plan which is regularly updated when necessary, this plan has been updated to reflect the recent parking disruption at Calderdale Royal.

What had been done to address litter and enforcement of no-smoking signs? In response, Officers advised they would feedback to estate facility team regarding litter.

What is the current financial position of CHFT and how are provisions being made for the transformation work? In response, Officers advised the Trust has a deficit plan for this financial year, it is expected the Trust will be in a better financial position than planned due to the allocation of monies from the Department for Health and Social Care. Money has been set aside to manage the transformation programme.

**RESOLVED** that:

- An item considering future use of the current estate should be scheduled for the Calderdale and Kirklees JHOSC.
- Regular updates be scheduled at meetings of the Calderdale and Kirklees JHOSC to consider the wider transformation work and target operating models.
- An item considering the current communications plan in relation to the reconfiguration should be scheduled for the Calderdale and Kirklees JHOSC.
- Regular updates be scheduled at meetings of the Calderdale and Kirklees JHOSC to consider elements of the full Outline Business Case and the financial aspects of the full project.
- Following progression of the designs for the new clinical build, the Committee receive an update on the extent to which the designs are staying true to the public engagement around key design principals. This should include specific reference to the net-zero ambitions, patient environment along with efficiency and productivity.

**7 NEXT STEPS/DATE OF THE NEXT MEETING (ORAL REPORT)**

It was agreed that the next meeting would take place in the new year.