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KIRKLEES COUNCIL

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Tuesday 18th March 2025

Present:	Councillor Elizabeth Smaje (Chair) - Kirklees Council Councillor Jane Rylah - Kirklees Council Councillor Jo Lawson - Kirklees Council Councillor Colin Hutchinson - Calderdale Council
In attendance:	Rob Aitchison, Deputy Chief Executive, CHFT Anna Basford, Deputy Chief Executive and Director of Transformation, CHFT Dr Mark Davies, A&E Consultant and Clinical Lead for Reconfiguration, CHFT Stuart Baron, Deputy Director of Finance, CHFT
Apologies:	Councillor Ashleigh Robinson - Kirklees Council Councillor Howard Blagbrough - Calderdale Council Councillor Ashley Evans – Calderdale Council

1 Membership of the Committee

Apologies for absence were received on behalf of Councillors Blagbrough, Thompson and Evans.

2 Minutes of Previous Meeting

That the Minutes of the Meeting held on 15 October 2024 be approved as a correct record.

3 Declaration of Interests

Councillor Lawson declared a non-pecuniary interest in items 7 and 8 as she held a bank contract with Calderdale and Huddersfield Foundation Trust.

4 Admission of the Public

All agenda items were considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No public questions were received.

7 Maternity Services

Gemma Puckett, Director of Midwifery for Calderdale and Huddersfield NHS Foundation Trust (CHFT) shared an update with the Committee with regards to maternity services and advised that:

- The number of midwife vacancies had reduced but there was still some risk in relation to the skill mix of staff.
- Calderdale Birth Centre was open 24/7 due to an increase in birth rate.
- A review of Huddersfield Birth Centre was due to take place at the end of April.

Kerry Reedefield, Director of Midwifery at Mid-Yorkshire NHS Teaching Trust (MYTT) advised the Committee that:

- There was a fully established staffing at MYTT).
- A 12-week consultation on Wakefield Birth Centre was continuing.
- A 12-month review of Bronte Birth Centre would take place in September 2025.

The Committee questioned the soft launch of Bronte Birth Centre and whether this would be more widely publicised, and in addition, if the Birth Centre at Huddersfield Royal Infirmary would re-open in next three years.

Ms Puckett responded and advised that due to midwife shortages, CHFT were anticipating a difficult period over the next couple of years. The review at the end of April was to consider the demographics and complexities, and the likelihood of the Birth centre re-opening would depend on that data to ensure a workforce with the right skill set would be in place. The Committee was advised that the birth centre was presently being used as a community midwifery hub to run anti-natal and post-natal services.

The Committee queried the difficulties with regards to retention of staff and were advised that CHFT were retaining 100% of their student midwifes.

In response to the Committees query regarding anti-natal classes across both Trusts and women falling through the net, the Committee were advised that anti-natal classes were being run by the Public Health team at Calderdale Royal Hospital. A piece of work was being undertaken to understand if this could be delivered more locally within communities, as well as understanding the best approach to engage with the hardest to reach women i.e. via social media, virtually etc.

The Committee queried the proportion of international recruitment and if there were places at university for all students wanting to train as midwives. Ms Reedefield responded and informed the Committee that MYTT had a large proportion of international midwives as the current workforce was an ageing one, so there was an increasing need to fill the gaps.

The Committee highlighted the Local Maternity Network System (LMNS) workstream and the 30% dropout rate and the Committee noted the negative picture portrayed around maternity services and previous issues with funding which had

impacted on the number of people willing to train to become midwives. Shortened programmes and apprenticeship programmes were an idea of growing the workforce but this did not resolve the issue immediately. There was a constant drive to recruit and grow the workforce to develop midwifery pathways.

The Committee questioned whether maternity services could be presented in a more positive way to encourage more people into the profession and was advised that an LMNS video to show the career pathway, joined up recruitment to ensure graduates were in the right place and remain, flexible working and how to support a good work life balance was available.
In repose to the Committees query regarding midwifery being incorporated into Registered Nurse (RN) training, the Committee was advised that RN posts were limited but that it would be something they supported. Ms Puckett added that work had be undertaken with Bradford to offer post RN qualifications but there had been complications around qualification and financial difficulties, but that they would support a Lobby nationally for funding for post RN training.

The Committee raised their concern regarding women being given a choice of the different birthing options and were advised that the Community Matron was undertaking a piece of work to ensure the Bronte Birth Centre was being promoted. The birth centre at Calderdale provided a level of reassurance being close to the obstetric unit for pain relief, however it was important to ensure those robust discussion were being undertaken with patients.

The Committee highlighted the Ockenden Report and queried whether a change in workforce would be required. The Committee was advised that a large proportion of the midwifery training was mandatory. Workforce models had not always been sufficient which had changed the workforce demand. The priority over the next couple of years would be to roll out the community workforce.

In response to the Committees query regarding the responsive model, Ms Puckett shared that this was in response to staffing challenges at Calderdale Roal Hospital. Staff had to be deployed to the Labour Ward to maintain safe staffing levels which resulted in the birth centre being closed and a reduction in birthing options at that time. Feedback regarding this had been mixed but the decision had been taken in line with national advice.

The Committee raised a question regarding midwifery becoming more medicalised, and if that was a reason for staff leaving. Ms Puckett advised that staff retention was 100% in 2022/23 and that midwives delivered a variety of care and therefore choice was offered to midwives to ensure a good skill mix.

The Committee acknowledged that women wanted to be assured that birth centres were safe and asked how they were assessed and what were the transfer rate was for those need intervention.

Ms Reedefield responded and shared that a risk assessment was undertaken, and the appropriateness of birth location was reviewed at each point of contact. A booklet of care provided an awareness of the different options to be considered but it was important to be clear on the positives and negatives of those. Midwives were

able to identify when intervention was required within a timely manner to reduce the risk.

RESOLVED: The Committee noted the update and agreed that:

1) A further meeting be arranged to consider the findings of the review of Huddersfield Royal Infirmary Birth Centre and Bronte Birth Centre.
2) The Committee be provided with up-to-date information regarding midwife training dropout rates locally.
3) The Committee be provided with information relating to the review of choices at CHFT.
4) The Committee be provided with further information in relation to transfer rates from the Bronte Birth Centre.

8 Update on the Hospital Reconfiguration Programme

Anna Basford, Deputy Chief Executive and Director of Transformation, Rob Aitchison, Deputy Chief Executive, Dr Mark Davies, A&E Consultant and Clinical Lead for Reconfiguration and Stuart Baron, Deputy Director of Finance attended as representatives from CHFT to update the Committee on the Hospital Reconfiguration Programme.

A presentation outlined key improvements which included enhanced patient safety, workforce wellbeing, and environmental sustainability. The development of Target Operating Models (TOMs) was highlighted as a strategic enabler for clinical transformation, supporting the Trust's five-year plan and facilitating collaboration across specialties. Estate plans for both Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI) were reviewed, including new A&E departments, theatres, inpatient wards, and learning centres. The Committee noted the positive feedback received following the opening of the new HRI A&E, including praise from the CQC and NHS England's National Medical Director.

The Committee noted the design of the new clinical building at CRH, which incorporated feedback from public engagement and aligned with net-zero ambitions. The building would feature modern inpatient wards, dedicated emergency departments for adults and children, and sustainable construction methods. The Committee was advised of the use of immersive technology in the design process and the emphasis on wayfinding, privacy, and dignity. Updates were also provided on internal developments such as the maternity floor and cardiac catheter labs, with construction scheduled to begin in spring 2026. Communications and stakeholder engagement activities were noted, including digital updates, media coverage, and statutory planning consultations with local residents.

During discussions, the Committee were provided with an overview of the TOM which were described as internal tools guiding the future model of care delivery. These models were not yet public facing but were instrumental in shaping service development within the Trust. The TOMs aimed to ensure consistency and innovation across care streams such as planned care, theatres, and medical non-elective pathways. The models were structured to reflect the types of patients and services, providing a framework for future service configuration.

The Committee was advised that the locations of services remained consistent with those previously consulted on, and that the reconfiguration was contingent upon the completion of new builds, which would serve as catalysts for service transformation. The TOM were fluid documents, designed to adapt to technological and clinical advancements. The Committee noted that the transformation extended beyond physical relocation, focusing on delivering care more efficiently, such as the consolidating of acute medical teams on one site enabling direct access from GPs and ambulance services, thereby reducing unnecessary emergency department admissions.

The Committee was informed that the Trust had received approval to proceed with the Full Business Case (FBC), following support for the Outline Business Case (OBC). Dialogue with the Department of Health and Treasury suggested that approval timelines would be shortened to support the Trust's 2029 reconfiguration target. The Committee expressed concerns about national structural changes, but was reassured that appropriate pathways and relationships remained intact.

The Committee commented that CHFT had managed winter pressures better than many trusts, avoiding corridor care, and was advised that additional bed capacity had been opened. Growth assumptions were already factored into the reconfiguration model with the Trust continuing to explore alternative care models such as same-day emergency care and community-based services.

Dr Davies, A&E Consultant and Clinical Lead for Reconfiguration, advised the Committee that in reflecting on the first winter at the new Huddersfield A&E, whilst the department functioned well, some cubicles were found to be larger than necessary. Therefore, the design for Calderdale's new A&E would adjust cubicle sizes to improve efficiency, while ambulance assessment cubicles would be slightly enlarged.

The Committee noted that the new Calderdale wards would include 16 single rooms per 28-bed ward. The Trust acknowledged the need for enhanced supervision and was refining the nursing model accordingly. Room layouts had been redesigned using immersive digital tools to improve visibility. Although camera monitoring was not planned, digital falls mats and smart beds would be used to enhance patient safety. Construction of the maternity floor was scheduled to begin in summer 2025. The Trust clarified that a bereavement suite already existed and would be improved with support from the hospital charity.

Dr Davies confirmed to the Committee that all non-elective care would be delivered at Calderdale, while Huddersfield would host planned care and outpatient services. There would be no major shift in outpatient access, and clinics would continue at both sites to maintain patient choice.

The Committee was advised of recent and planned investments at HRI, including ward and theatre refurbishments. Some works would occur post-reconfiguration, and funding would be drawn from the Trust's annual capital allocation and national funding opportunities. Site rationalisation would follow the shift of inpatient activity to Calderdale with the refining of the future layout of the HRI site still taking place, with a focus on maximizing use of better-quality estate and aligning with the TOM.

The Committee was advised that there were no plans to involve private sector partners in elective surgical hubs. Huddersfield's elective surgical hub remained NHS-run and was considered a trailblazer.

The Committee noted that a comprehensive communications strategy had been implemented, including a resident alert system, a redesigned website with a "map of the future," regular stakeholder briefings, ward councillor meetings, mail drops, and planning updates for local residents. No feedback had been received from the most recent mail drop, but the Trust remained open to engagement.

The Committee requested an opportunity to scrutinize the FBC, and the Trust agreed to provide non-commercial information, noting that the FBC would remain a draft until Treasury approval.

RESOLVED –

1) That representatives from CHFT be thanked for their presentation and attendance at the meeting.
2) That the non-commercial information from the Full Business Case including value for money, delivery plans, and any changes or implications be provided and considered a future meeting of the Committee.