

Date of Meeting:	14 October 2025
Meeting:	Calderdale and Kirklees Joint Health Scrutiny Committee
Title of report:	Update on Calderdale and Huddersfield Hospital Service Reconfiguration Programme
Author:	Anna Basford (Deputy Chief Executive & Director of Transformation, CHFT)
Purpose of the Report	
To provide an update on implementation of the Calderdale and Huddersfield hospital service reconfiguration programme.	
Key Points to Note	
<p>CHFT has continued to make good progress implementing the programme of reconfiguration over the last year. This has included progress on key estates enabling works at Calderdale Royal Hospital (CRH) and communication and involvement activities with members of the public and stakeholders.</p> <p>The timeline for development and approval of the Reconfiguration Full Business Case (FBC) is described in this report. Following national approval of the FBC construction of the new clinical build at CRH will commence in August 2026 and is planned to complete in Autumn 2029.</p>	
Recommendation	
<ul style="list-style-type: none"> • NOTE: progress to implement the Reconfiguration programme • NOTE the approval process and timeline for the Reconfiguration FBC 	

Update on Calderdale and Huddersfield Hospital Service Reconfiguration

Calderdale and Kirklees Joint Health Scrutiny Committee 14 October 2025

1. Background

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides acute and community health services, serving Greater Huddersfield and Calderdale. Acute hospital services are operated from two sites, just over five miles apart, at: Calderdale Royal Hospital and Huddersfield Royal Infirmary. There is a compelling quality, workforce, estates, sustainability and financial case for the reconfiguration of services enabled by estate investment at CRH and HRI. Formal public consultation on the plans for the reconfiguration of hospital services took place in 2016.

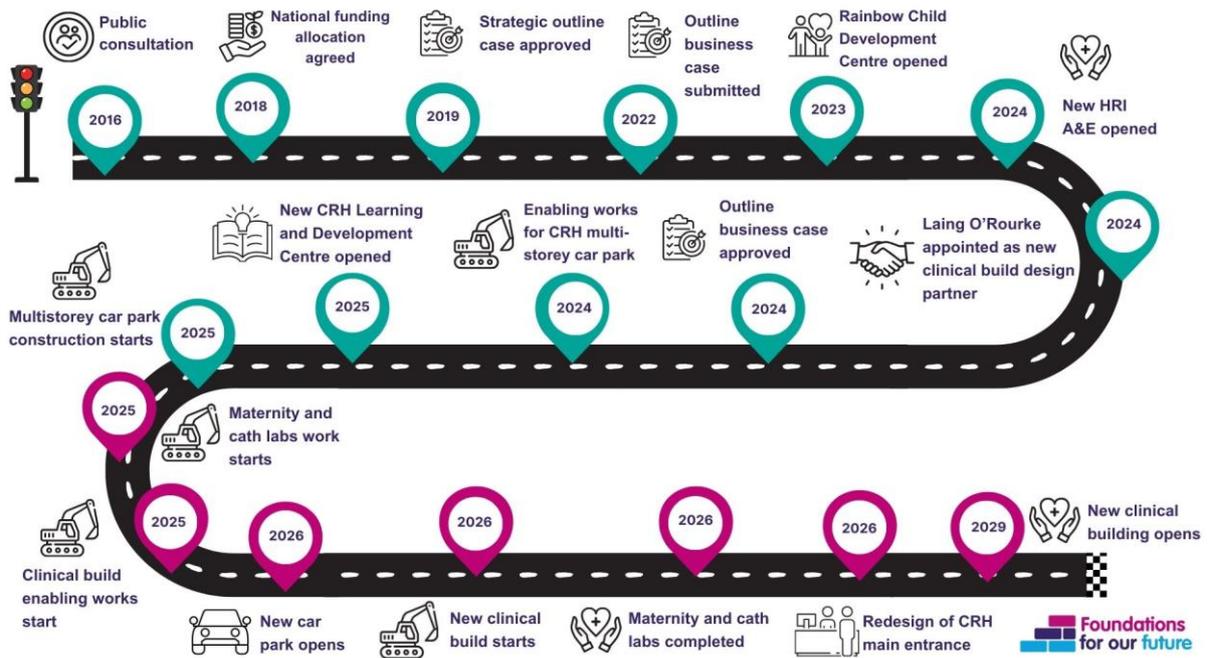
The Trust's plans for the reconfiguration of hospital services have been supported by NHS England, the Department of Health and Social Care (DHSC) and HM Treasury. The investment in new healthcare facilities at Calderdale Royal Hospital (CRH) and at Huddersfield Royal Infirmary (HRI) will enable delivery of a planned and unplanned care model across the two hospitals ensuring essential service adjacencies and scale of provision to improve the quality, efficiency, and safety of care for patients.

At Huddersfield Royal Infirmary (HRI), a new A&E opened in May 2024 and there has been investment to upgrade wards and theatres, address backlog maintenance, and provide a new learning and development centre.

At Calderdale Royal Hospital (CRH), the reconfiguration plans will enable the build of 8 new wards, 2 new theatres, a new A&E and a children's A&E. A new learning and development centre opened at CRH in February 2025, and construction of a multi-storey car park is in progress and scheduled to complete in 2026. Developments within the existing CRH building will also be implemented to improve the CRH main entrance, create a maternity floor, increase power supply to the site, and upgrade the plant room.

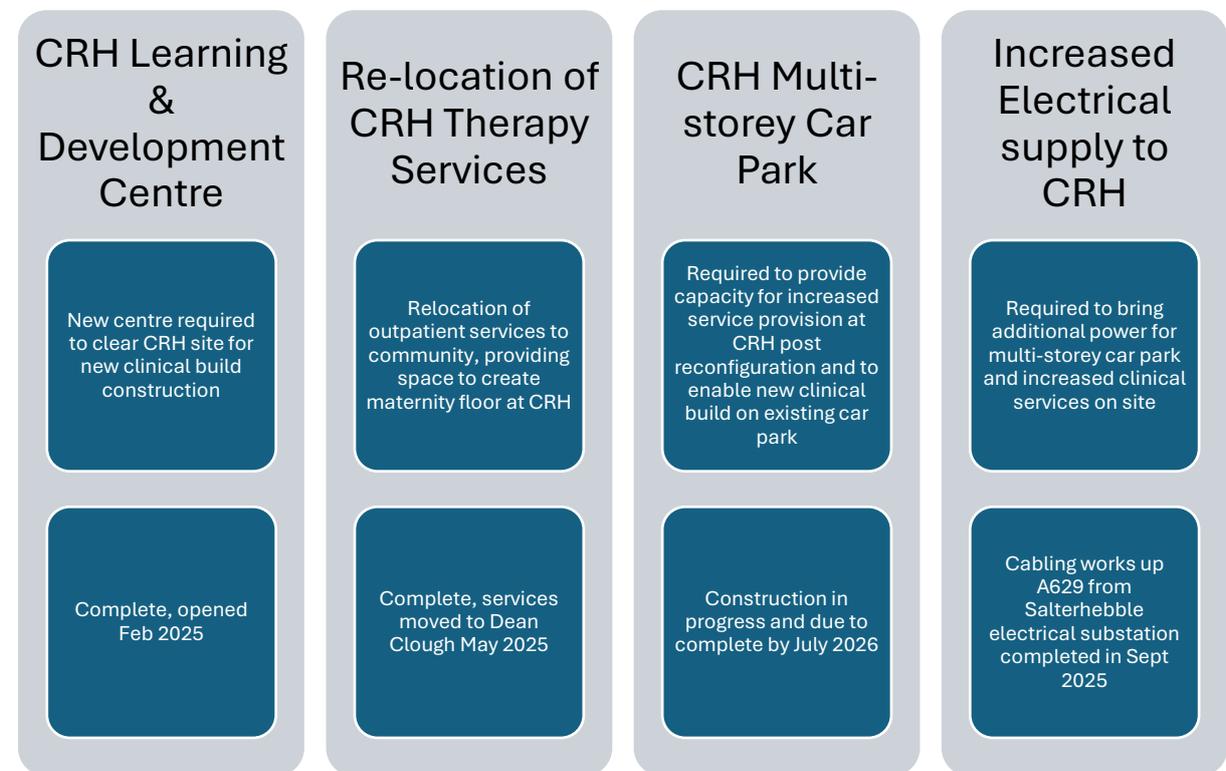
2. Summary of Programme Progress

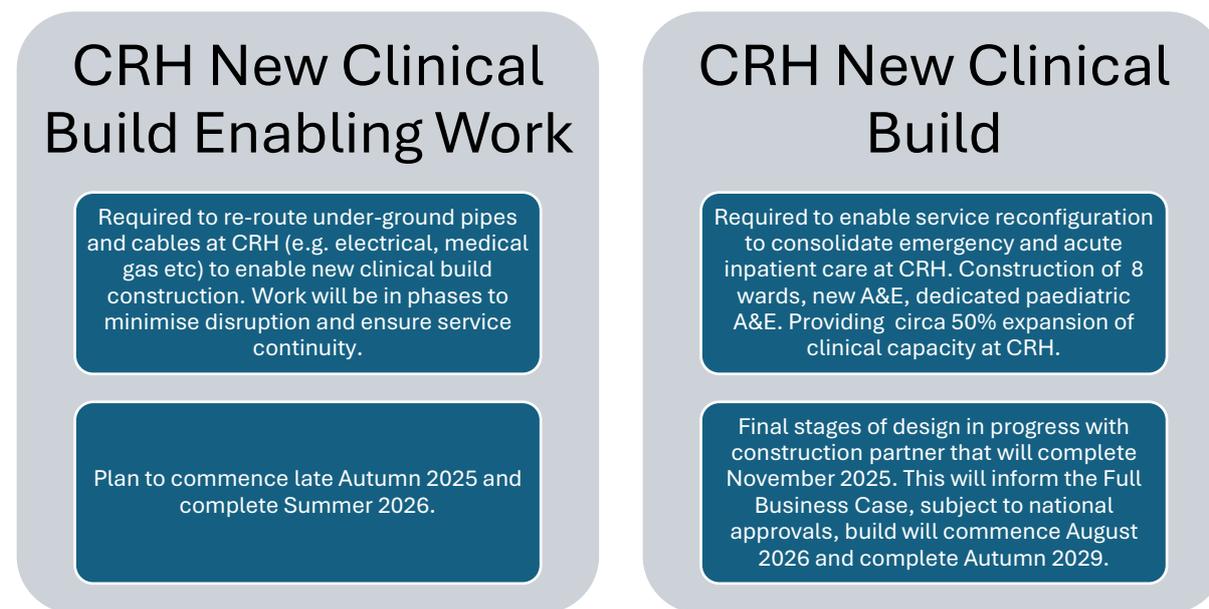
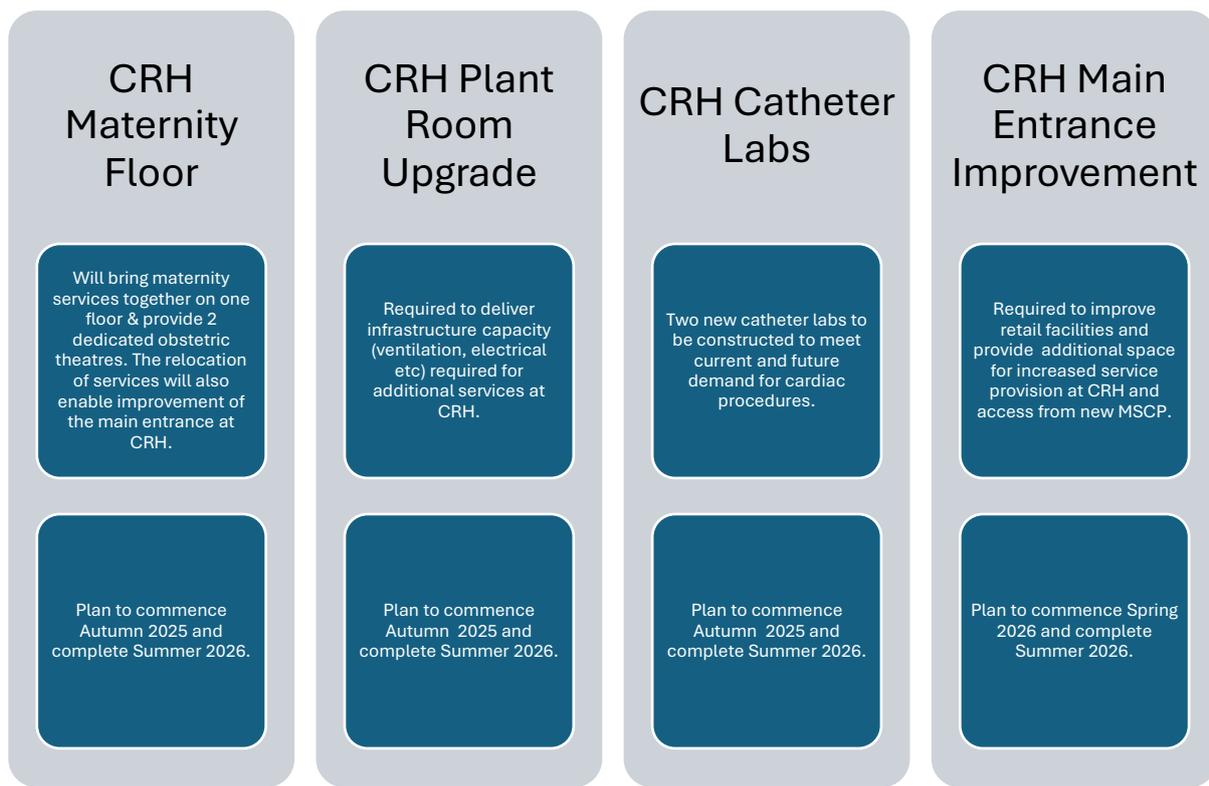
The Trust continues to make good progress and is halfway through the programme of reconfiguration. The 'roadmap' of developments is illustrated below (green milestones are complete).



3. Estate Developments

A summary of the estate developments at CRH that have progressed during the past year is summarised below.





4 Communications and Involvement

During the past year CHFT has continued to proactively involve and inform people about the programme of reconfiguration. This has included:

- “Resident’s alert” - emailing latest updates on activity which may impact residents. Maildrop in HX1, HX2, HX3 to encourage people to sign up.
- CHFT Futures website – updated with latest news and information.

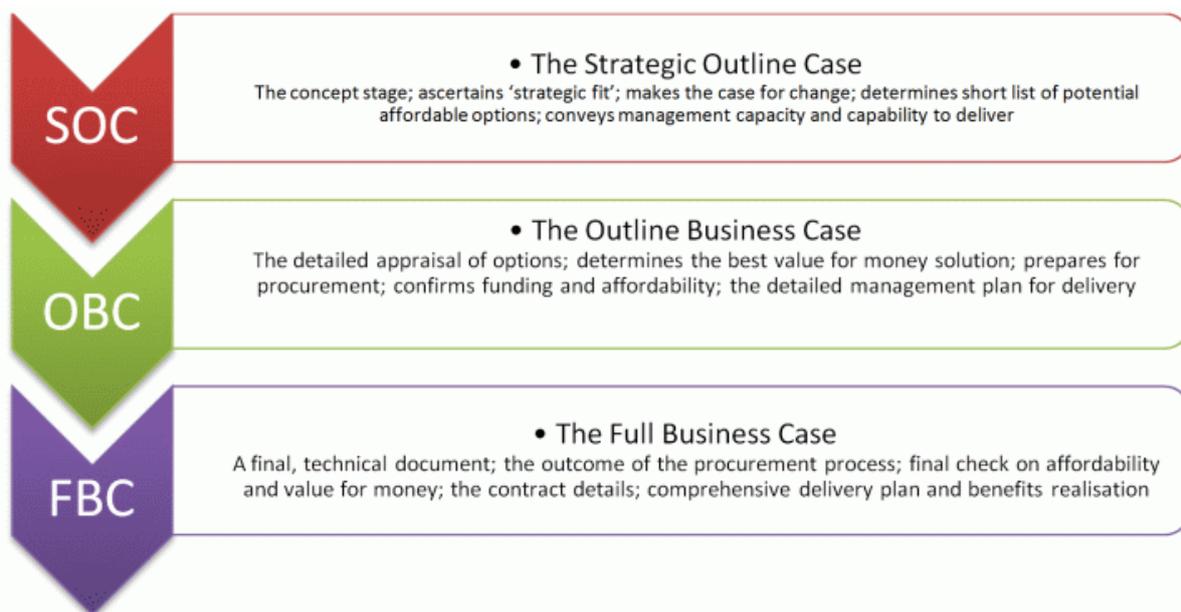
- Media coverage – regular ‘drumbeat’ of news.
- Digital communications – social media activity including images and timelapse video of new constructions.
- Stakeholder briefings and events – regular briefings and engagement events held with Trust colleagues, partner organisations, and local councilors.
- Local resident’s update – statutory planning engagement with residents.
- Calderdale and Kirklees Joint Scrutiny Committee – regular updates and briefings at public meetings.
- Engagement activity with patients and the public for those services impacted by the enabling activity – including some therapies and orthopaedic outpatients

The Reconfiguration Programme’s Experience and Involvement Plan provides a clear framework of actions to ensure that we address our:

- Public Sector Equality Duty - to have due regard for equality considerations and ensure that they are reflected in design, service delivery, and internal policies, and that these issues are kept under review.
- Legal Duty to Involve – to ensure that people are involved in the planning of services, the development and consideration of proposals for change, and decisions which, when implemented, will impact on services.

4. Development of the Full Business Case (FBC)

The Full Business Case is the third and final stage of national business case planning and approval processes. The FBC provides additional detail related to plans previously agreed in the Reconfiguration Strategic Outline Case and Outline Business Case.



The Trust is currently developing the FBC. This will be structured in accordance with HM Treasury (HMT), Department of Health and Social Care (DHSC), and NHS

England (NHSE) guidance aligned to the Five Case Business Model. An overview of the five sections / chapters of the FBC is shown below.

Chapter		Purpose of Chapter
1.	Strategic Case	What is the case for change? What is the current situation? What is to be done? What outcomes are expected? How do these fit with wider government policies and objectives?
2.	Economic Case	What is the net value to society (the social value) of the intervention compared to continuing with Business as Usual? What are the risks and their costs, and how are they best managed? Which option reflects the optimal net value to society?
3.	Commercial Case	Can a realistic and credible commercial deal be struck? Who will manage which risks?
4.	Financial Case	What is the impact of the proposal on the public sector budget in terms of the total cost of both capital and revenue?
5.	Management Case	Are there realistic and robust delivery plans? How can the proposal be delivered?

The FBC will describe the new clinical build scheme at Calderdale Royal Hospital (CRH) in more detail than at Outline Business Case stage. This will include the final design, confirmation of the Target Cost agreed with the construction partner, and the approaches that will be taken to manage the scheme during construction.

Ahead of submission of the draft Full Business Case for national approval the National Infrastructure and Service Transformation Authority (NISTA) will visit the Trust to undertake a Gate 3 Review to provide independent assessment and assurance of the ability of the programme to deliver agreed outcomes and benefits to time, cost, and quality.

The table below sets out the high-level indicative timeline for development and approval of the FBC. This timeline aligns with the overall programme timeline for completion in 2029.

Date	Process Milestone Description
Sept 2025	Complete RIBA stage 4 design for new clinical build at CRH
Nov 2025	Target Cost of development confirmed
Jan 2026	Complete preparation of draft FBC
Feb 2026	NISTA Gate 3 Review
Feb 2026	Submission of draft FBC to DHSC and NHSE
July 2026	National approval of FBC

August 2026	Commence construction of new clinical build at CRH
Autumn 2029	Complete construction of new clinical build at CRH

Ahead of national approvals, the draft FBC will not be published. The document will be in a draft form that could be subject to change during the assurance and approval process. The draft FBC will include commercially sensitive information, such as procurement strategies and partnership arrangements, which if disclosed prematurely could compromise negotiations or the integrity of competitive processes.

5. Recommendation

Members of the Joint Health Scrutiny Committee are requested to:

- **NOTE:** progress to implement the Reconfiguration programme
- **NOTE** the approval process and timeline for the Reconfiguration FBC