

Engagement event report

December 2020

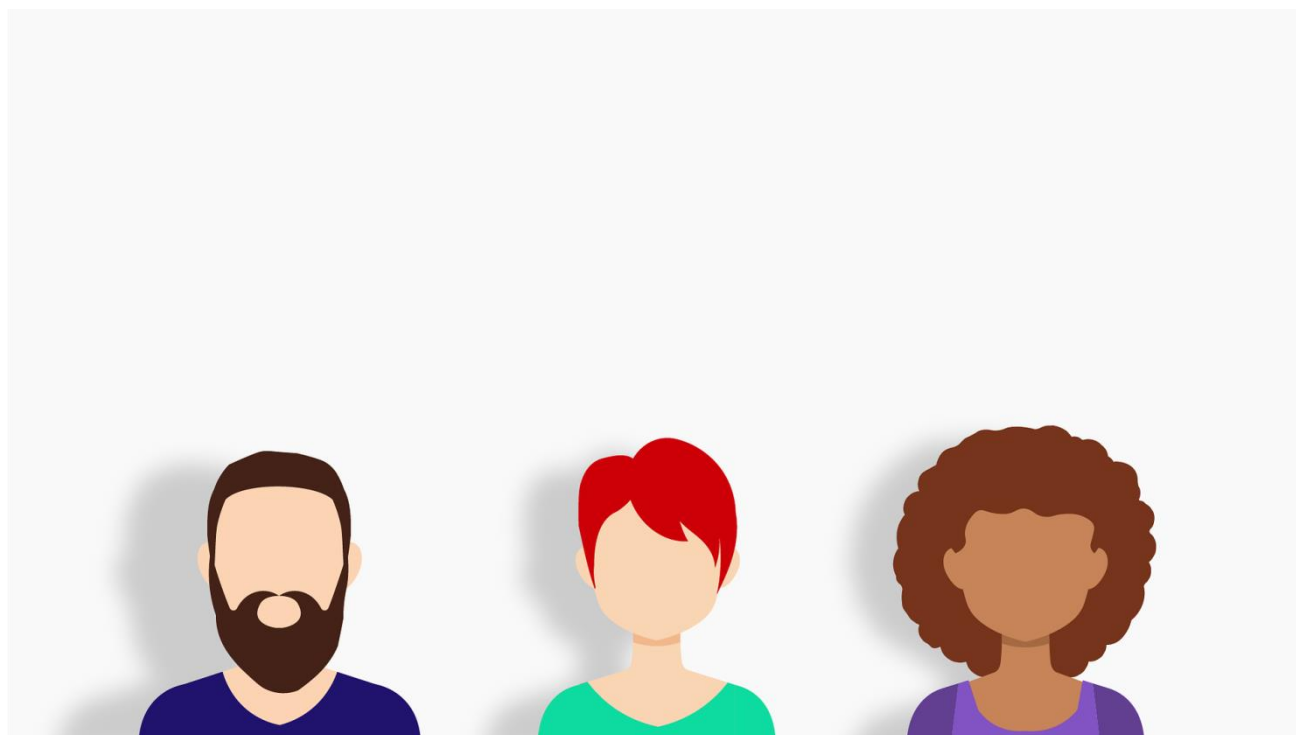


Table of Contents

1. Background to the event	3
2. Promotion of the event	3
3. Attendance at the event	4
4. Presentations	4
5. Questions / comments raised	4
6. Next steps	6
Appendix A - Groups / organisations signed up to attend the event	7
Appendix B - Groups / organisations that attended the event	9
Appendix C – Presentation - accessible version	10
Appendix D – Presentation - PowerPoint version	21

1. Background to the event

NHS North Kirklees and Greater Huddersfield Clinical Commissioning Groups (CCGs) hold regular events to give the public an opportunity to hear about the work that the CCGs have been doing, our priorities and plans for the future. The last event was held in September 2020, a [copy of the report from this event](#) can be accessed on the CCGs websites.

The events are usually held in public but due to Covid-19 they are currently being held online. The event was held on Wednesday 2nd December at 10.15am – 12pm. The event focused on the latest news since our last event in September including our application to create a single CCG for Kirklees and our response with partners to Covid-19. We also gave an update on stabilisation and reset. And Calderdale and Huddersfield NHS Foundation Trust provided an update on the progress being made with the hospital services reconfiguration.

2. Promotion of the event

An email invite was sent to all the groups, organisations and people registered on our database. In addition to this we promoted it on our websites and using social media.



People were able to register for the event via Eventbrite.

All those that registered were sent an email that included joining links for both the event and the discussion group, and information on how to access MS Teams Live Events and MS Teams meetings. These were sent two days before the event and a reminder was sent on the morning of the event.

3. Attendance at the event

84 people signed up to attend the event (see appendix A for a list of the groups / organisations that signed up to attend) and 41 people attended. Unfortunately the functionality of MS Teams Live Events means that whilst we are able to track how many people signed in to attend the event, it doesn't allow us to identify all of the people that signed in, as most people signed in anonymously. However, we were able to see that we had representatives from 17 groups / organisations (see Appendix B).

4. Presentations

The following presentations were delivered (see appendix C and D):

- **Update** – Dr Steve Ollerton, Chair of NHS Greater Huddersfield CCG provided updates on the future configuration of the CCGs in Kirklees, and the Covid-19 vaccination programme; reminded people to have their flu vaccination, and which services to access when they are unwell.
- **Update on stabilisation and reset** – Natalie Ackroyd, Business Planning and Performance Manager talked about the guidance that CCGs and providers have been following since August to get to near-normal levels of non-Covid health services; the impact wave 2 was having on services; and the infection rates in Kirklees.
- **Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration** – Mark Davies, Clinical Lead and A&E Consultant and Nicola Bailey, Transformation Programme Manager provided an update on the progress being made with the hospital services reconfiguration.

It had also been planned to hear from Emily Parry-Harries (Consultant in Public Health, Kirklees Council) on the current testing process, and what the current restrictions are both locally and nationally. In Emily's absence Dr Steve Ollerton gave a brief verbal update.

5. Questions / comments raised

The following questions / comments were raised in response to the presentations:

Welcome and update presentation

All the comments made related to the future configuration of the CCGs.

1. An attendee suggested that as part of the engagement on the future configuration of the CCGs, patients and the public should be informed about how services will change because of the merger.
2. An attendee commented that they felt it was good news and a sensible decision.
3. An attendee queried why the GPs in North Kirklees had changed their minds and were now supporting the merger, and asked how many were now supportive of the merger.
4. An attendee queried whether the Dewsbury area would continue to have its fair share of representation.

Update on stabilisation and reset

1. An attendee queried whether there were any specific measures in place to stop students spreading the virus

Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration

1. An attendee queried whether older people would continue to receive services at both Calderdale Royal Hospital and Huddersfield Royal Infirmary.
2. An attendee queried whether Greater Huddersfield would be getting a walk-in centre.
3. An attendee queried where the new A&E would be built and whether this would be on the Acre Mill site?
4. An attendee sought clarity on whether under the future service model there would be an intensive care unit at Huddersfield Royal Infirmary.
5. An attendee queried whether the plans had been adapted to take into account the new ways of working i.e. virtual consultations.
6. An attendee queried whether the merger of the CCGs and the investment in the A&E departments in Huddersfield and Calderdale would have a negative impact on Dewsbury and District Hospitals A&E.
7. An attendee sought clarity on whether people in North Kirklees would need to access services provided by Calderdale and Huddersfield Hospitals NHS Foundation Trust, or would they continue to access services provided by Mid Yorkshire Hospitals NHS Trust.
8. An attendee queried which A&E patients would need to attend under the future service model if they require urgent treatment.

For further information about the topics discussed in the presentations or questions raised please click on the links provided below.

Future configuration of the CCGs

[Information on how to share your views on the plans to create a single CCG for Kirklees](#)

Flu vaccination programme

[Latest information on the flu vaccination programme](#)

Covid-19 vaccine programme

[Latest information on the Covid-19 vaccine programme](#)

Covid-19 – guidance

[Latest information on face coverings, rule of 6, testing, travel, work etc](#)

Kirklees Council Covid-19

[Latest information](#)

Covid-19 infection rates in Kirklees

[Kirklees cases dashboard](#)

Updates on hospital services reconfiguration

[Calderdale and Huddersfield NHS Foundation Trust hospital service reconfiguration updates](#)

6. Next steps

This report will be emailed to all those that registered to attend the event and will be published on our websites.

Appendix A - Groups / organisations signed up to attend the event

84 people signed up to attend the event, with representatives signed up from the following groups / organisations:

1. Action for Children
2. Age UK
3. Batley Health Centre
4. Broughton House Surgery
5. Carers Count
6. Calderdale and Huddersfield NHS Foundation Trust
7. Cleckheaton Group Practice
8. CVAC
9. Healthwatch Kirklees
10. Kirklees Council including local councillors
11. Kirklees Visual Impairment Network
12. Kirkwood Hospice
13. Locala
14. Local Care Direct
15. Moldgreen United Reformed Church
16. Mid Yorkshire NHS Trust
17. New Street and Netherton Group Practice
18. PRG Member from Almondbury Surgery
19. PRG Member from Brookroyd Surgery
20. PRG Member from Elmwood Surgery
21. PRG Member from Greenway Medical Practice
22. PRG Member from Meltham Group Practice
23. PRG Member from Parkview practice
24. PRG Member from St Johns Surgery
25. PRG Member from Waterloo Practice
26. Royal Voluntary Service
27. South West Yorkshire Partnership NHS Trust
28. St Anne's Community Services
29. Talkthru
30. The Paddock Surgery
31. Thurstonland Village Association

- 32. United Response
- 33. Women Centre
- 34. Yorkshire Children's Centre

Appendix B - Groups / organisations that attended the event

As previously mentioned due to how people signed in we were unable to track all of the attendees on the day, however of those that signed in the following groups / organisations were represented;

1. Action for Children
2. Age UK Calderdale and Kirklees
3. Calderdale and Huddersfield NHS Foundation Trust
4. Carers Count
5. CVAC
6. Kirklees Council
7. Kirklees Visual Impairment Network
8. Kirkwood Hospice
9. Locala
10. Local Care Direct
11. Mid Yorkshire NHS Trust
12. PRG Member from Brookroyd Surgery
13. PRG Member from Parkview practice
14. South West Yorkshire Partnership NHS Trust
15. St Anne's Community Services
16. United Response
17. Yorkshire Children's Centre

Appendix C – Presentation - accessible version

SLIDE 1

WELCOME!

The event will start soon.

If you have a question, please use the Q&A box.

We will answer as many questions as we can during the session.

SLIDE 2

Event programme

- Welcome and updates –Dr Steve Ollerton, Chair of NHS Greater Huddersfield CCG
- Update on stabilisation and reset– Natalie Ackroyd, Business Planning and Performance Manager
- Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration – Nicola Bailey, Transformation Programme Manager and Mark Davies, Clinical Lead and A&E Consultant

SLIDE 3

Update on the future configuration of the CCGs in Kirklees

- March 2019 – following guidance from NHSE, started discussion about whether to merge our CCGs and create a single commissioning organisation for Kirklees
- March 2020 – No overall mandate from our member practices.
- November 2020 – revisited the discussion with our member practices and Governing Bodies. Agreement to progress a merger application

Next steps

- Proceed with the formal merger application process with NHS England. Expect conditional approval in early December.
- Public engagement taking place 7 December – 31st January
- New CCG operational from 1 April 2021

SLIDE 4

Engagement on the future configuration of the CCGs in Kirklees

We will be using the following methods to encourage people to share their views;

- Engagement document and survey to be sent to key stakeholders, CVS and public on our database encouraging them to also share through their own networks
- Promoted via social media and websites
- GP practices to share via their newsletters, websites, social media channels and patient groups
- Media release
- Holding two focus group activities during January for stakeholders and members of the public.

Question

How would you like us to keep you updated about the merger and formation of the new organisations?

SLIDE 5

COVID-19 vaccination

There are several potential vaccines for COVID-19 in the later stages of phase III trials. When will a vaccine be available - Work is taking place to make sure the NHS is ready to provide the vaccine as soon as it's approved and authorised as safe and effective by the Medicines and Healthcare Regulatory Authority (MHRA)

Who will get a vaccine? Details have not been finalised but it's likely to be offered to those most at risk from COVID19 first, eg people living in care homes , the elderly, health and care staff.

Where can I get a vaccine? Vaccines will be offered from a number of different locations to make sure everyone who needs a vaccine is able to get one. These locations are still being decided.

We will share further information as it becomes available. In the meantime, **please do not to contact your GP practice** as it may stop someone who needs urgent medical help getting through.

SLIDE 6

Image from NHS flu campaign reminding people to get their flu jab

SLIDE 7

Image from NHS Support the NHS: Make the right choice campaign reminding people of which service to access should they become unwell.

SLIDE 8

Any questions?

SLIDE 9

Kirklees Place

Stabilisation & Reset Phase 3

Engagement Update

Natalie Ackroyd

Business Planning and Performance Manager

SLIDE 10

Planning Guidance

Priorities from August 2020:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.
- 17th September, CCGs and Providers submitted phase 3 activity plans

SLIDE 11

Second Peak: Wave 2

Wave 2 impact

- Unlike the first peak –no national action to stop elective care;
- Referrals to the acute trusts have continued;
- The Independent Sector –through a national framework have undertaken NHS work only and kept some elective care ongoing; allowing re-deployment of staff to undertake other clinical duties
- Both Mid Yorkshire Hospital's and Calderdale and Huddersfield Foundation Trust have continued to provide:

- Urgent & Emergency Care
- Cancer Treatment
- The System has come together to ensure where possible services can be provided and also to cope with Winter.

SLIDE 12

Impact of Covid as at 30th November 2020

Slide includes two bar charts showing the number of inpatients at CHFT and MYHT diagnosed with COVID since March – November 2020.

CHFT

Total number of inpatients diagnosed with COVID: 1171

Total number of inpatients diagnosed with COVID in the last 24 hours: 10

MYHT

Total number of inpatients diagnosed with COVID: 2334

Total number of inpatients diagnosed with COVID in the last 24 hours: 22

SLIDE 13

Impact of Covid as at 30th November 2020

Slide includes bar chart showing the following information from Kirklees Council;

Number of confirmed cases: 18,986

Cases in the last week: 1,371

Change in weekly rate: -39.1%

Latest rank out of 149 UTLAs: 9

Weekly rate per 100,000 people: 311.7

Deaths within 28 days of positive test: daily = 3, total = 461

Deaths with COVID-19 on the death certificate: weekly = 33, total = 466

SLIDE 14

Impact of Covid as at 30th November 2020

Slide includes line graph which shows weekly rate per 100,000 people from local, regional and national weekly rates to enable comparisons to be made. All show a decline in numbers during the current lockdown.

SLIDE 15

Exiting Wave 2

- MYHT & CHFT are working to re-establish services within the trusts
- The Independent Sector elective activity will shift back
- MYHT are having discussions this week about Gastro/Endoscopies
- The services will be reviewed constantly in light of any further covid spikes and also any excess winter pressures

SLIDE 16

Any questions?

SLIDE 17

Healthcare in Calderdale & Huddersfield Reconfiguration – next steps
December 2020

Nicola Bailey, Transformation Programme Manager

Mark Davies, Clinical Lead and A&E Consultant

SLIDE 18

Background

- Public consultation in 2016 - proposals referred to SoS
- SoS recommendations based on the advice of the Independent Reconfiguration Panel (IRP) published in May 2018
- Revised service model sent to the SoS in August 2018
- In December 2018 the Department of Health and Social Care confirmed capital funding allocation of £196.5m to support implementation of the revised service model
- In 2019 the Strategic Outline Case (SOC) was approved by NHS England (NHSE) and the Department of Health & Social Care (DHSC)
- Architects and specialist advisors working with CHFT

SLIDE 19

The Future Service Model

Huddersfield Royal Infirmary

- 24/7 A&E and clinical decision unit
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- diagnostics
- planned medical & surgical procedures
- outpatient services and therapies
- midwifery-led maternity unit
- physician-led step-down inpatient care.

Calderdale Royal Hospital

- 24/7 A&E and clinical decision unit
- paediatric emergency centre
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- diagnostics
- critical care unit
- inpatient paediatrics (medical and surgical care)
- outpatient services and therapies
- obstetrics & midwifery led maternity care
- acute inpatient medical admissions and care (e.g. respiratory, stroke, cardiology).
- acute emergency and complex surgery services

SLIDE 20

What we are planning to achieve

	AIM	BENEFITS
New Service Model	• ED at both sites – ambulances to CRH only • Outpatients both sites • Diagnostics at both sites • Midwifery service at both sites • Maintain overall bed numbers • Paediatric ED at CRH • All acute inpatients at CRH • Critical care at CRH	• Improve clinical outcomes • Improve patient experience of care • Improve recruitment and retention

	AIM	BENEFITS
	- Planned care at HRI - Step down beds at HRI	
Estate Improvement	- Invest £197m to ensure fit for purpose estate - New ED and improved infrastructure at HRI - New ED and expansion of wards and theatres CRH	- Reduce risk of estate failure & service disruption - Improved healing environment - High quality work environment - Provide estate flexibility to meet service needs - Reduce Health and Safety risks - Reduce carbon footprint
Financial Sustainability	Best Use of Resources to deliver services	- Reduce estate running costs - Eliminate backlog maintenance - Optimise efficiency of care delivery

SLIDE 21

Summary of Estate Development

Huddersfield Royal Infirmary

- a new and larger A&E department that will provide improved facilities for patients and enhance safety of clinical service delivery
- replacement of external cladding on existing buildings to address safety risks
- fire safety improvements
- ward and theatre refurbishments

Calderdale Royal Hospital

- a new A&E department and a paediatric emergency department
- additional inpatient wards
- additional operating theatres
- an expanded ICU / Critical Care Unit
- a multi-storey car park

SLIDE 22

The journey....

Requires approval of Business Cases by NHSE DHSC, Ministers and HM Treasury.

- SOC approved 2019
- OBC detailed costed design
- FBC construction partner appointed and contract price negotiated
- Build
- Manage Service Transition

SLIDE 23

Timeline

Huddersfield Royal Infirmary

Milestone Description	Complete by:
Design completed and full planning application submitted to Kirklees Council	Feb 2021
Submission of Full Business Case to NHSE and DHSC for approval	June 2021
Commence Construction Work	Dec 2021
Complete Construction Work	2023

Calderdale Royal Hospital

Milestone Description	Complete by:
Design developed and outline planning application submitted to Calderdale Council	Feb / March 2021
Submission of Outline Business Case to NHSE and DHSC for approval	June 2021
Submission of Full Business Case to NHSE and DHSC for approval	2023
Complete Construction Work	2025

SLIDE 24

Steps to develop Design - Involving Clinical Colleagues

Future service model

- Service ambition
- Clinical pathways
- Business Better than Usual

- Digital Technology
- West Yorkshire – clinical strategy
- EQIA & QIA

Activity & Workforce Model

- Service demand and capacity
- Workforce skill - mix and numbers

Schedule of accommodation

- Architects and Healthcare Planners translate the service model, activity and workforce into a schedule of accommodation – the number and size of rooms

Design Principles

- Look and feel of the buildings
- Functionality
- Character and innovation
- Flexibility

Final Design

- Detailed drawings and images
- Building models

SLIDE 25

Digital Innovation will inform the Design

Digital will underpin all aspects of the Reconfiguration - the building, models, partnership working

Three components that we are considering from a Digital Prospective -

1. Fabric of the Building
2. Footprint
3. Clinical/Operational Flow

Focus on looking at innovative solutions and try to anticipate future trends to ensure that we are ready to accept them and design them in.

SLIDE 26

Learning from COVID

- Systematic review of learning from COVID undertaken across CHFT and wider health economy
- Efficiencies being integrated into operational models now and into the future
 - Working from home
 - Virtual clinics
 - Infection control

SLIDE 27

Continued Public and Stakeholder Involvement

- In 2019/20 architects worked with members of the public and colleagues to develop a Design Brief to inform the future building design and construction schemes at HRI and CRH. Focus on what's important from a patient, carer, family and colleague perspective in terms of healthcare building design.
- Over 320 organisations and groups across Calderdale and Kirklees invited – reports published on website.
- Since then COVID-19 has necessitated service changes and further public involvement undertaken in Summer 2020 to listen and learn from people (1377 members of the public responded to the survey).

SLIDE 28

Next Steps - Communication and Involvement

Stage 1 – Sept 2020 - General awareness raising

All stakeholders will receive a letter providing an update on progress of the programme with an offer to meet to discuss. Presentations will be provided at key stakeholder forums.

Stage 2 – Oct 2020 – Jan 2021 – Design Development

Workforce colleagues and provider stakeholders will input to the development of the designs – this will build on the design principles and aspirations that were developed with members of the public and staff in 2019

Stage 3 – Jan – Feb 2021 – Public Involvement

Designs will be shared with the public for comments and will explain the extent to which it has been possible to incorporate the design aspirations developed with members of the public in 2019

Stage 4 – Feb 2021 – Residents engaged

Local residents and Councillors will be specifically engaged to explain the design and building plans at HRI and CRH prior to submission of planning applications to Calderdale and Kirklees Councils.

Stage 5 – April – June 2021 – Business cases

Key stakeholders will be briefed and informed on the content of the business cases. Information will also be provided on websites and newsletters.

SLIDE 29

Thank you

Any questions?

SLIDE 30

Thank you for attending today

Appendix D – Presentation - PowerPoint version


Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

WELCOME!

The event will start soon.

If you have a question, please use the Q&A box.

We will answer as many questions as we can during the session.


Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Event programme

- [Welcome and updates](#) – Dr Steve Ollerton, Chair of NHS Greater Huddersfield CCG
- [Update on stabilisation and reset](#) – Natalie Ackroyd, Business Planning and Performance Manager
- [Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration](#) – Mark Davies, Clinical Lead and A&E Consultant and Nicola Bailey, Transformation Programme Manager and

Update on the future configuration of the CCGs in Kirklees

- March 2019 – following guidance from NHSE, started discussion about whether to merge our CCGs and create a single commissioning organisation for Kirklees
- March 2020 – No overall mandate from our member practices.
- November 2020 – revisited the discussion with our member practices and Governing Bodies. Agreement to progress a merger application.

Next steps

- Proceed with the formal merger application process with NHS England. Expect conditional approval in early December.
- Public engagement taking place 7 December – 31st January
- New CCG operational from 1 April 2021

Engagement on the future configuration of the CCGs in Kirklees

We will be using the following methods to encourage people to share their views;

- Engagement document and survey to be sent to key stakeholders, CVS and public on our database encouraging them to also share through their own networks
- Promoted via social media and websites
- GP practices to share via their newsletters, websites, social media channels and patient groups
- Media release
- Holding two focus group activities during January for stakeholders and members of the public.

Question

How would you like us to keep you updated about the merger and formation of the new organisations?

COVID-19 vaccination

There are several potential vaccines for COVID-19 in the later stages of phase III trials.

When will a vaccine be available - Work is taking place to make sure the NHS is ready to provide the vaccine as soon as it's approved and authorised as safe and effective by the Medicines and Healthcare Regulatory Authority (MHRA)

Who will get a vaccine? Details have not been finalised but it's likely to be offered to those most at risk from COVID19 first, eg people living in care homes, the elderly, health and care staff.

Where can I get a vaccine? Vaccines will be offered from a number of different locations to make sure everyone who needs a vaccine is able to get one. These locations are still being decided.

We will share further information as it becomes available. In the meantime, please do **not to contact your GP practice** as it may stop someone who needs urgent medical help getting through.



The flu virus kills thousands every year. The flu vaccine is the best protection for you and those around you.

JUST GET YOUR FREE FLU JAB
Ask your pharmacist or GP if you're eligible.



SUPPORT THE NHS: MAKE THE RIGHT CHOICE

	SELF CARE	Keep a well stocked medicine cabinet. Many minor issues, like coughs, grazes and sore throats are treatable at home .
	COVID-19 TESTING	If you have coronavirus (Covid-19) symptoms you can book a test online at www.nhs.uk/coronavirus or call 119. You must stay at home (self-isolate) if you have symptoms.
	LOCAL PHARMACY	Pharmacies offer medical advice and treatments for minor illnesses like colds, tummy trouble, rashes, aches and pains, and also give flu jabs.
	PHONE NHS 111	You can phone 111 or visit www.111.nhs.uk when you cannot wait to see a doctor. NHS 111 is a fast and easy way to get the right help urgently. 24 hours a day 365 days a year.
	LOCAL GP PRACTICE	GP practices provide advice and support on a wide range of health concerns. Appointments are available 7 days a week 365 days a year. Contact your practice online, via an app or phone for an appointment.
	WALK-IN CENTRE	For minor illness or injury visit the walk-in centre at Dewsbury and District Hospital. Open Monday - Friday 9:00 - 20:00. Weekends 10:00 - 16:00
	ACCIDENT & EMERGENCY	The A&E department in hospital is open for life threatening emergencies , like heart attacks, 24 hours a day, 365 days a year.



Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Any questions?

Kirklees Place Stabilisation & Reset Phase 3

Engagement Update

Natalie Ackroyd
Business Planning and Performance Manager



Planning Guidance



Priorities from August 2020:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

✓ 17th September, CCGs and Providers submitted phase 3 activity plans



Second Peak: Wave 2



Wave 2 impact

Unlike the first peak –no national action to stop elective care;

Referrals to the acute trusts have continued;

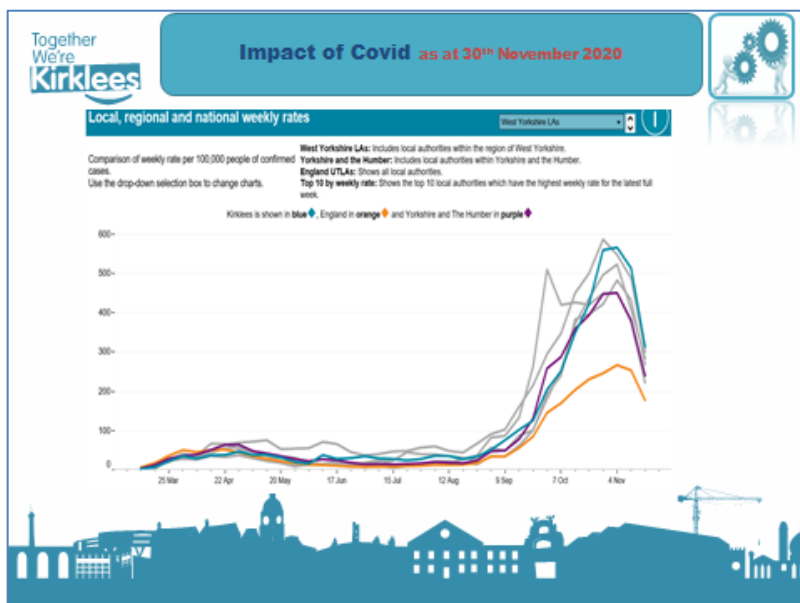
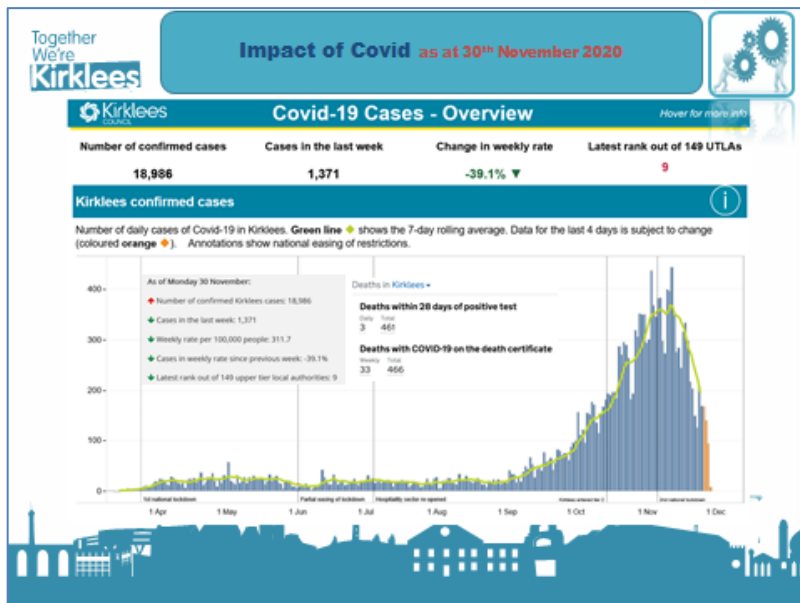
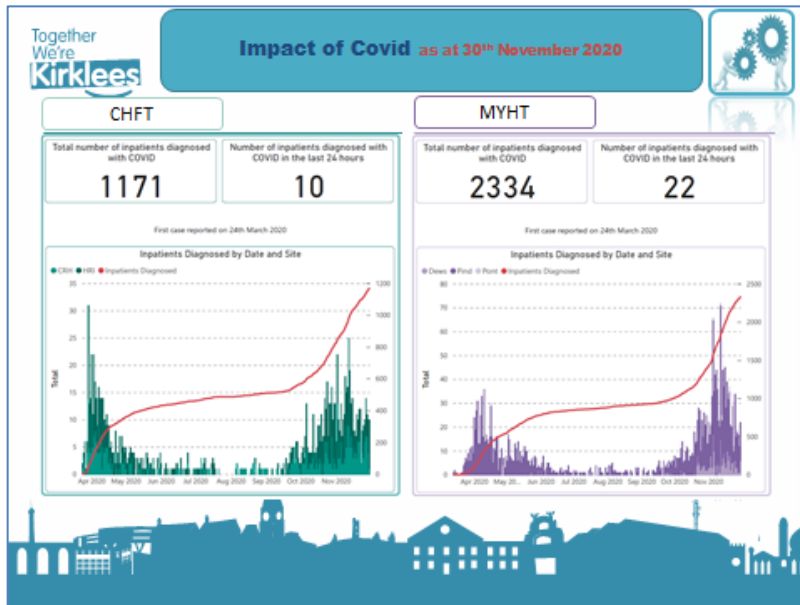
The Independent Sector –through a national framework have undertaken NHS work only and kept some elective care ongoing; allowing re-deployment of staff to undertake other clinical duties

Both Mid Yorkshire Hospital's and Calderdale and Huddersfield Foundation Trust have continued to provide:

- Urgent & Emergency Care
- Cancer Treatment

The System has come together to ensure where possible services can be provided and also to cope with [Winter](#).





Together
We're
Kirklees

Exiting Wave 2

MYHT & CHFT are working to re-establish services within the trusts

The Independent Sector elective activity will shift back

MYHT are having discussions this week about Gastro/Endoscopies

The services will be reviewed constantly in light of any further covid spikes and also any excess winter pressures



NHS
Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Any questions?

compassionate
care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Healthcare in Calderdale & Huddersfield Reconfiguration – next steps December 2020

Mark Davies
Clinical Lead and A&E Consultant

Nicola Bailey
Transformation Programme Manager



Background

- Public consultation in 2016 - proposals referred to SoS
- SoS recommendations based on the advice of the Independent Reconfiguration Panel (IRP) published in May 2018
- Revised service model sent to the SoS in August 2018
- In December 2018 the Department of Health and Social Care confirmed capital funding allocation of £196.5m to support implementation of the revised service model
- In 2019 the Strategic Outline Case (SOC) was approved by NHS England (NHSE) and the Department of Health & Social Care (DHSC)
- Architects and specialist advisors working with CHFT

The Future Service Model




Huddersfield Royal Infirmary

- 24/7 A&E and clinical decision unit
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- Diagnostics
- Planned medical & surgical procedures
- Outpatient services and therapies
- Midwifery-led maternity unit
- Physician-led step-down inpatient care

Calderdale Royal Hospital

- 24/7 A&E and clinical decision unit
- Paediatric emergency centre
- 24/7 urgent care centre
- 24/7 anaesthetic cover
- Diagnostics
- Critical care unit
- Inpatient paediatrics (medical and surgical care)
- Outpatient services and therapies
- Obstetrics & midwifery led maternity care
- Acute inpatient medical admissions and care (e.g. respiratory, stroke, cardiology)
- Acute emergency and complex surgery services

What we are planning to achieve

	AIM	BENEFITS
New Service Model	ED at both sites – ambulances to CRH only Outpatients both sites Diagnostics at both sites Midwifery service at both sites Maintain overall bed numbers Paediatric ED at CRH All acute inpatients at CRH Critical care at CRH Planned care at HRI Step down beds at HRI	Improve clinical outcomes Improve patient experience of care Improve recruitment and retention
Estate Improvement	Invest £197m to ensure fit for purpose estate New ED and improved infrastructure at HRI New ED and expansion of wards and theatres CRH	Reduce risk of estate failure & service disruption Improved healing environment High quality work environment Provide estate flexibility to meet service needs Reduce Health and Safety risks Reduce carbon footprint
Financial Sustainability	Best Use of Resources to deliver services	Reduce estate running costs Eliminate backlog maintenance Optimise efficiency of care delivery

Summary of Estate Development

Huddersfield Royal Infirmary

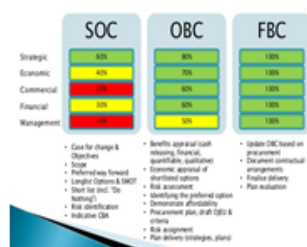
- a new and larger A&E department that will provide improved facilities for patients and enhance safety of clinical service delivery
- replacement of external cladding on existing buildings to address safety risks
- fire safety improvements
- ward and theatre refurbishments

Calderdale Royal Hospital

- a new A&E department and a paediatric emergency department
- additional inpatient wards
- additional operating theatres
- an expanded ICU / Critical Care Unit
- a multi-storey car park

The journey....

Completing the 5 Cases within the BC preparation process



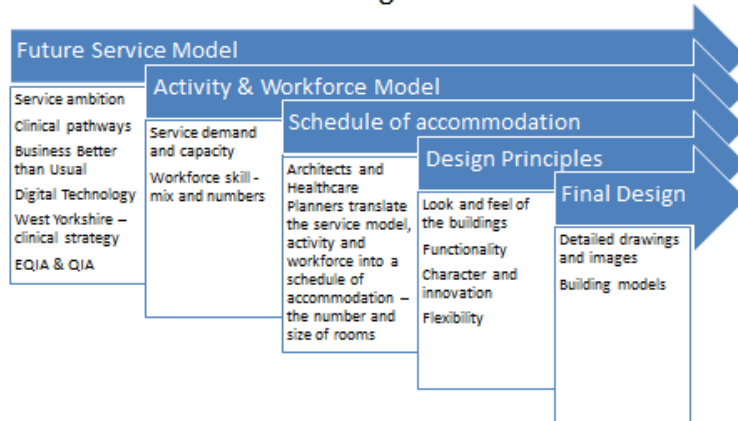
Requires approval of Business Cases by NHSE DHSC, Ministers and HM Treasury.

- SOC approved 2019
- OBC detailed costed design
- FBC construction partner appointed and contract price negotiated
- Build
- Manage Service Transition

Timeline

Huddersfield Royal Infirmary		Calderdale Royal Hospital	
Milestone Description	Complete by:	Milestone Description	Complete by:
Design completed and full planning application submitted to Kirklees Council	Feb 2021	Design developed and outline planning application submitted to Calderdale Council	Feb / March 2021
Submission of Full Business Case to NHSE and DHSC for approval	June 2021	Submission of Outline Business Case to NHSE and DHSC for approval	June 2021
Commence Construction Work	Dec 2021	Submission of Full Business Case to NHSE and DHSC for approval	2023
Complete Construction Work	2023	Complete Construction Work	2025

Steps to develop Design - Involving Clinical Colleagues



Digital Innovation will inform the Design

- Digital will underpin all aspects of the Reconfiguration - the building, models, partnership working
- Three components that we are considering from a Digital Prospective -
 1. Fabric of the Building
 2. Footprint
 3. Clinical/Operational Flow
- Focus on looking at innovative solutions and try to anticipate future trends to ensure that we are ready to accept them and design them in.

Learning from COVID

- Systematic review of learning from COVID undertaken across CHFT and wider health economy
- Efficiencies being integrated into operational models now and into the future
 - Working from home
 - Virtual clinics
 - Infection control

Continued Public and Stakeholder Involvement

- In 2019/20 architects worked with members of the public and colleagues to develop a Design Brief to inform the future building design and construction schemes at HRI and CRH. Focus on what's important from a patient, carer, family and colleague perspective in terms of healthcare building design.
- Over 320 organisations and groups across Calderdale and Kirklees invited – reports published on website.
- Since then COVID-19 has necessitated service changes and further public involvement undertaken in Summer 2020 to listen and learn from people (1377 members of the public responded to the survey).

Next Steps - Communication and Involvement



Thank You

Any questions?



Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Thank you for attending today