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Foundations for our future

Stakeholder briefing: December 2023

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This stakeholder briefing provides an update on progress against our strategic investment projects between October and December 2023.

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Highlights summary

- Construction will soon begin on our new Learning and Development Centre and site enabling works for the new multi-storey car park at Calderdale Royal Hospital
- Work continues to plan and develop two new Community Diagnostic Centres in Huddersfield and Halifax



Huddersfield Royal Infirmary A&E

- As part of the extensive quality and safety checks on the new A&E at Huddersfield Royal Infirmary, we have identified a concern with the jointing compound used in the water pipework.
- We are working closely with the building contractors to undertake the remedial measures required.
- We aim to complete any associated work as soon as possible but it is likely to take 2-3 months to resolve.
- While this is disappointing, it is important that we get this right prior to opening as undertaking estates work in a fully functioning A&E is extremely difficult.
- We will provide a further update on progress in the new year.

Huddersfield Royal Infirmary A&E Design Brief Background

The CHFT Design Brief was developed between September 2019 and January 2020 and published in March 2020.

It is the result of extensive discussions with a cross-section of colleagues and members of the public, drawing upon feedback received in engagement sessions held with local healthcare stakeholders, voluntary organisations and members of the public.

The Design and Construction Standards identified in the design brief also highlight the importance of alignment to published technical and national best practice, reaching beyond the simple compliance with HBNs and HTMs to inform and support the development of future design and construction schemes across the CHFT estates.

This presentation identifies the design principles that were identified in the extensive discussions specifically for the Accident and Emergency Department at HRI.

Accident and Emergency - You Said, We Did: Arrivals

You said:

“Provide sufficient ambulance bays”

“Patients arriving by ambulance should be admitted to the ED under a canopy that provides protection from the elements.”

We did:

External areas have taken in to account the ambulance activity modelling to ensure sufficient ambulance bays are provided to enable a timely drop-off and turn-around of ambulances and minimising the risk of ambulances queuing.

There is an external canopy to provide protection between the ambulance and A&E department building



Accident and Emergency - You Said, We Did: Registration

You said:

“Generous reception facilities, incorporating security screens that will facilitate patient confidentiality and full visibility of the waiting area.”

We did:

The design of the reception area is arranged so that all patients can register privately but the reception team can see the full reception area.



Accident and Emergency - You Said, We Did: Paediatrics

You said:

“All paediatric patients should have access to separate facilities to adult patients.”

We did:

Following entry into the main department with a centralised reception, patients will be streaming to dedicated secure paediatric Emergency department. Corridors are bright and colourful.

There is a well-equipped and generous sized waiting area.

Several standardised well equipped treatment rooms with appropriate themed décor.



Accident and Emergency - You Said, We Did: Triage of Patients

You said:

“The design should be arranged so that all adult patients (ambulant or arriving by ambulance) are conveniently brought to a single point where an initial assessment can be carried out to filter patients into Primary Care, Assessment Unit or Emergency department.”

“Triage and assessment areas must be adequately sized to ensure that patients are assigned to an appropriate pathway within their first hour of arrival.”

We did:

Designed the location of the assessment space in between the ambulance and walk in entrances, providing equitable access to the triage area.



Accident and Emergency - “You Said, We Did”: Assessment and Treatment

You said:

“The Emergency Department are keen to move from couch-centric to chair-centric patient examination. This model provides better use of space. It is also the preferred arrangement for respiratory patients and for elderly patients who can decondition very quickly when laid down.”

We did:

The size of the chair centric cubicles ensure a comfortably sized space for a chair and clinical equipment with curtains to facilitate privacy as required.

Each cubicle has provision for medical gases and standardised wall mounted clinical equipment.

The area is light and airy making full use of natural light with additional ceiling illustrations.



Accident and Emergency - You Said, We Did: Treatment Areas

You said:

“The design should seek to avoid pockets of separate activity to enable sub department boundaries to be flexed in response to demand.”

We did:

Cubicles in each of the 3 areas are of a standardised layout, with facilities and clinical equipment to promote efficiency and functionality. This will also enhance time spent directly with patients.



Assessment area



Majors treatment area



Minors treatment area

Accident and Emergency - You Said, We Did: Standardised Cubicle Layout

You said:

“Cubicles of each type should be a consistent size regardless of the initial planned function.”

We did:

Each self-contained cubicle is fully equipped with computer, handbasin and wall mounted clinical equipment and medical gases.

In Majors, patient monitoring equipment can provide continuous recording of patient's vital observations. Glass fronted cubicles ensure ongoing visibility and facilitates isolation requirements as required, additional privacy is maintained with curtain provision.



Accident and Emergency - You Said, We Did: Decontamination Unit

You said:

“The Emergency Department will require a permanent Decontamination Unit rather than a tent type facility”

We did:

The department has a permanent Decontamination Unit to utilise as the receiving centre for major trauma and chemical incidents.

An external entrance to the shower provision and gowning lobby is incorporated into the new design.

In the event of a chemical incident a water container from the decontamination showers collects water for safe storage prior to removal and specialist disposal.



Broad Street Plaza Architectural drawings



University of Huddersfield Architectural drawings



Learning and Development Centre

Demolition is complete, the site has been levelled and construction has commenced.

There has been significant engagement with stakeholders towards developing the final internal design of all individual rooms and areas.

As a modular construction, the build will take place off site and be brought to site for installation.

A ground-breaking ceremony is planned to take place in early 2024.



Learning and Development Centre

Internal areas are designed to provide:

- Simulation teaching suites
- Flexible spaces for individual and group learning
- Library – providing flexible areas and all latest clinical journals and papers
- Kitchen facilities and rest areas

External areas are designed to provide:

- A building that will complement the existing surroundings
- Landscaped garden and planting to encourage wildlife
- Outdoor rest areas



Calderdale Royal Hospital

Plans are progressing and engagement continues for a new clinical building, redevelopment of the main entrance, multi-storey car park and a new Accident and Emergency department. We will have appointed a construction partner by January 2024.



CRH Car Park

The final design work is now complete, and discussions are underway with the planning team at Calderdale Council to confirm the final design.



Ground enabling works on the car park site are due to commence from Spring 2024.

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Questions and feedback