

# Calderdale & Huddersfield NHS Foundation Trust

**Estate Strategy 2026 -2031**

---

## Table of Contents

---

<b>1</b>	<b>Foreword .....</b>	<b>3</b>
<b>2</b>	<b>Executive Summary .....</b>	<b>4</b>
<b>3</b>	<b>Introduction &amp; Context .....</b>	<b>8</b>
3.1	Purpose of the strategy and intended audience .....	10
3.2	Link to Trust vision, mission, and values .....	10
3.3	Alignment with: .....	11
3.3.1	NHS Health Plan for England .....	11
3.3.2	ICS strategy and joint forward plans .....	11
3.3.3	Trust clinical strategy and service redesign .....	12
3.4	Local population health context (demographics, deprivation, demand trends) .....	12
<b>4</b>	<b>Estate Vision &amp; Strategic Objectives .....</b>	<b>13</b>
4.1	Vision statement .....	13
4.2	Objectives .....	13
4.3	Major Redevelopment / Reconfiguration Objectives .....	14
4.4	Sustainability & Net Zero Carbon .....	15
4.5	Digital / Smart Estates (EPR integration, smart buildings, IoT sensors) .....	16
4.6	Space Utilisation & Optimisation Objectives .....	17
4.7	Infrastructure Resilience (energy security, water, infection control) Objectives .....	17
4.8	Property Disposals/Rationalisation of Estate .....	17
<b>5</b>	<b>Strategic Drivers .....</b>	<b>18</b>
5.1	Clinical transformation and future models of care .....	18
5.2	Examples of Completed Projects .....	18
5.2.1	Broad Street CDC .....	18
5.2.2	Huddersfield Royal Infirmary New A&E .....	19
5.2.3	Learning & Development Centre at CRH .....	19
5.3	Compliance with Health Technical Memoranda (HTMs) & Health Building Notes (HBNs) ....	19
5.4	Statutory and regulatory requirements (CQC, HSE, fire safety) .....	20
5.5	NHS Net Zero Carbon commitment (2040/2045 targets) .....	20
5.6	Digital transformation and technology enablers .....	21
5.6.1	Harnessing the power of Digital .....	21
5.6.2	Information Management .....	21
5.7	Workforce and patient experience priorities .....	22
<b>6</b>	<b>Current Estate Overview .....</b>	<b>22</b>
6.1	Calderdale and Huddersfield Solutions Ltd .....	22
6.2	Private Finance Initiative .....	22
6.3	Joint Venture .....	23
6.4	Size and Scope: number of sites, floor area (NIA/GIA), age profile .....	23
6.5	Model Hospital .....	26
6.6	Condition: ERIC data, backlog maintenance profile .....	26
6.7	Utilisation: occupancy levels, space efficiency metrics .....	27
6.8	Compliance: statutory standards, safety issues, critical infrastructure risks .....	27
6.9	Sustainability Performance: energy use, emissions, waste, water, transport .....	28
6.9.1	Recent Key initiatives .....	29
6.9.2	NHS carbon reduction .....	29
6.9.3	Environmental Performance .....	29
6.10	Risk Management .....	30
6.11	Summary of the current estate .....	30
<b>7</b>	<b>Workforce, Patients &amp; Stakeholders .....</b>	<b>31</b>
7.1	Patient experience: accessibility, dignity, privacy, healing environment .....	31
7.2	Impact of estate on staff recruitment, retention, and wellbeing .....	31
<b>8</b>	<b>Capital Programme &amp; Investment Plan .....</b>	<b>32</b>
8.1	Pipeline of schemes: short, medium, and long-term .....	32
8.2	Potential Funding sources: Trust capital, PDC, NHS national programmes, charitable funds, disposals .....	32
8.2.1	Capital Investment .....	33
8.2.2	Capital Works Minor Schemes .....	33
<b>9</b>	<b>Estates Workforce &amp; Governance .....</b>	<b>33</b>
9.1	Structure of estates and facilities team .....	33
9.2	Governance and reporting arrangements (Board oversight, risk management) .....	34
<b>10</b>	<b>Partnerships &amp; System Collaboration .....</b>	<b>36</b>

---

10.1	Role of Estate Strategy within the ICS.....	36
<b>11</b>	<b><i>Sustainability &amp; Net Zero Strategy.....</i></b>	<b>37</b>
<b>12</b>	<b><i>Monitoring &amp; Evaluation .....</i></b>	<b>37</b>
12.1	KPIs and metrics: .....	39
12.2	Reporting and review arrangements (annual Board review, ICS reporting) .....	39
<b>13</b>	<b><i>How we will get there.....</i></b>	<b>39</b>
13.1	Communications .....	40
13.2	Next Steps .....	40
13.3	Closing Statement from the Responsible Director & Designated Person Estates & Facilities 40	
<b>14</b>	<b><i>Appendices .....</i></b>	<b>42</b>

---

## 1 Foreword

Welcome to the Calderdale and Huddersfield NHS Foundation Trust's Estate Strategy for the period 2026 to 2031.

The Trust has the opportunity to transform its clinical services over the next five years. This transformation will be delivered by significant estate developments which are key enablers in supporting the Trust to meet the Trust's vision - **"Together we will deliver outstanding compassionate care to the communities we serve"**.



Ensuring a safe and sustainable environment, maintaining our facilities, and delivering excellent services will be at the core of what we do in estate management. However, in the future, our estate will both be an enabler and driver for change, supporting the delivery of our current and future Clinical and other associated Trust strategies and strategic objectives.

---

***"Our vision for the estate is to enhance the delivery of outstanding and compassionate healthcare for our colleagues, patients, visitors and communities through a flexible, therapeutic, sustainable estate that harnesses the power of Digital Technology to make the right investment decisions at the right time"***

---

This Estate Strategy has been developed to ensure we meet the requirements expected in the management and safety of a modern healthcare estate. But also, importantly, to support and enable the priorities in various key Trust documents such as the Five-Year Strategic Plan (2023 – 2028), the Clinical Strategy (2024 – 2029) and the 10 Year Health Plan (2025 – 2035).

This strategy commits the Trust to fulfil our ambition of providing, developing, and maintaining a more efficient, better maintained, high quality, sustainable and flexible estate that has high levels of utilisation. It provides a framework to deliver an overall estate vision that supports the delivery of corporate and clinical aims, as well as those of the wider healthcare system and partners.

The next five years will see the Trust complete its major transformational plan, the Reconfiguration of Hospital Services. Our current two acute site, split service model will transform to a planned/unplanned care model delivered at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) respectively. We will also continue to invest in our community estate to support care in the community for our local population.

A further significant event we need to plan and prepare for, is the expiry and hand-back of our Private Finance Initiative (PFI) at CRH in May 2031. Ensuring this process is smooth and seamless is vitally important and that the hospital estate meets the conditions set out in the contract.

Our patients are put first in this Estate Strategy, which will be flexible in the ever-evolving healthcare landscape. It will also enable effective communications to allow our colleagues and stakeholders to understand our estate and our priorities for change and improvement.

This Estate Strategy is not a static document and will be subject to further iterations over the next five years. I would encourage people within the Trust and our stakeholders in the wider healthcare environment to use and support this Estate Strategy.



**Helen Hirst**  
**Chair**

**Calderdale, and Huddersfield NHS Foundation Trust**

---

## 2 Executive Summary

This Estate Strategy is a key component of the Trust's overall vision and represents our plans, including the reconfiguration of the estate to enhance the quality of the patient, visitor, and colleague experience and at the same time become net zero carbon and fully harness digital transformation.

This Strategy sets out what the Trust's needs from the estate in the next five years based upon the Trust strategic priorities and aims to provide an environment that:

---

***"Enhances the delivery of outstanding and compassionate healthcare for our colleagues, patients, visitors and communities through a flexible, therapeutic, sustainable estate that harnesses the power of digital technology to make the right investment decisions at the right time"***

---

As part of the development of the Business Case for the ***Reconfiguration of Hospital Services*** programme; in 2021, workshops were held with divisional teams to determine the scope of the new clinical building and identify a clear plan for other service aspirations. This included alignment of the strategic capital plan to maximise the benefits of the collective investment in hospital reconfiguration from all funding sources. The Trust published its latest **five-year strategic plan (2023-2028)** in 2023 (see Appendix 1), including a refreshed five-year clinical strategy. The strategic plan was developed following the principles of the Trust's improvement methodology ***"Work Together to Get Results"*** and with full engagement from the Trust's divisions. It describes the Reconfiguration Programme as being a key enabler to the delivery of the strategic goals. The five-year strategic plan, including the capital plan, is delivered through an annual plan which takes into account national annual frameworks and planning assumptions. The annual plan is overseen by the Trust Board. Strategic objectives are assigned to Board directors, which are reflected in the Board Assurance Framework and quarterly progress is reported to the Trust Board.



We are also responding to the challenge of a significant maintenance backlog, a digital revolution, and the need to drive forward net zero carbon in our Estate. This together with a growing and ageing population, increasing service user expectations, continued financial austerity and the rapid changes made to deal with the pandemic means that our Estate more than ever before needs to be one that can deliver against all these challenges.



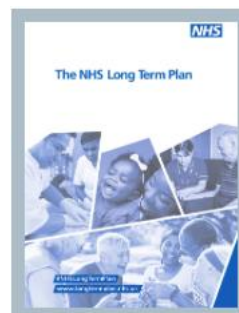
The Estate Strategy has been developed in accordance with the process described by the NHS Estates guidance 'Developing an Estate Strategy' and is presented in a way that answers three key questions: 'Where are we now' 'Where do we want to be', and 'How do we get there'.

**The Trust's Clinical Strategy 2024 – 2029** (See Appendix 2) aligns with our Five-Year Strategic Plan 2023 – 2028. The

clinical challenges, vision, alignment to our four strategic goals and initiatives for change to deliver a new model of care are outlined in this document.



The Trust's Future Hospitals Service Model will support and enable the delivery of the vision and ambitions of the NHS Fit for the future: 10 Year Health Plan for England (see Appendix 3 for the executive summary of this plan published in July 2025), which builds on the 2019 NHS Long Term Plan published in January 2019 (see a summary in Appendix 4).



Future demand and capacity requirements for clinical services have informed and fed into the

Trusts reconfiguration plans and clinical needs drive the investment required in our estate.

The Trust's strategic direction, and this supporting Estate Strategy, are shaped by the national context and the policy drivers to which we are subject. The National Policies referenced in this Estate Strategy are key drivers and provide guidance used by the Trust to shape how the estate is developed and managed both now and in the future. The Estates and Facilities team are continuously responding to these requirements by upgrading our hospital sites to comply with all existing and future policies and standards. In addition to those above, these include:

- NHS Oversight Framework - 2025/26 (see Appendix 5)
- NHS Integrating Care – Next Steps to building strong and effective integrated care systems across England (see Appendix 6)
- The New Hospitals Programme (see Appendix 7)
- Health Infrastructure Plan 2020 (see Appendix 8)
- NHS Five Year Forward View (2014) and Next Steps on the NHS Five Year Forward View (2017) (see Appendix 9)
- Delivering a net zero NHS and Five and Five years of a greener NHS: progress and look forward (see Appendix 10)

**The current estate** property portfolio is made up of twelve sites that include Hospitals, Health Centres, Outpatient sites, Office space and Warehouses.

The Trust estate has a total Gross Internal Floor Area (GIFA) of 125,070m<sup>2</sup> (ERIC 2023/24), consisting of buildings that are of varied age, design, configuration, and condition. The two main sites within the CHFT portfolio total 105,682 m<sup>2</sup>, with 103,328 m<sup>2</sup> of this space currently occupied in the following 'space utilisation' assessment.

- Clinical space accounts for 71.3% of our Estate
- Non-clinical space is 26.5%
- Empty space accounts for 2.2% of our Estate

**Running costs** for the Trust are slightly higher than the Peer Median and Benchmark values. The overall Estates and Facilities cost per m<sup>2</sup> is £431.74. The peer average is £495.56. The PFI handback and our reconfiguration of hospital services will enable us to continue to reduce costs and improve the benchmark.

**Risks** within the current estate exist and will need to be addressed if our portfolio is to continue to provide fit for purpose accommodation that serve the needs of our patients, stakeholders, and the wider health system. This strategy recognises that property assets can also become liabilities, impacting on patient lives, carrying a number of risks.

---

The main risks include;

- The strategic risks associated with changes in local, regional, and national politics and policies (e.g., ICS development),
- Third party decisions impacting on the Trust activities,
- Having the resources and capacity to deliver strategic actions
- A resurgence of COVID-19 or a new pandemic

Operational estates risks include financing pressures as a result of hyper-inflation in recent years, high levels of backlog maintenance (estimated to be £43m excluding on-costs, or £86m assuming 100% on -costs) predominantly at HRI, and fire spread concerns and risk of delayed evacuation also at HRI as a result of compartmentation breaches.

These risks and others that will arise during the period of this Estate Strategy and will be owned by the Head of Estates/Deputy MD and be monitored and minimised using mitigation plans through the Estates Risk Register that feeds up to the Trust's overall CHFT Risk Register.

With regard to the **environment and sustainability** standards; in 2021 the Trust agreed its Green Plan with a refresh completed in 2025 (see Appendix 11) and adopted its Sustainability Action Plan (SAP), which will be the vehicle to implement the Green Plan. The Green Planning Committee is governing this work through the Programme Transformation Board.

Poorly maintained or outdated facilities can undermine morale, contribute to staff dissatisfaction, and act as a barrier to recruitment and retention. Addressing backlog maintenance, ensuring compliance with safety and accessibility standards, and investing in high-quality spaces are therefore essential to supporting a resilient, motivated workforce.

Therefore, this Estate Strategy aims to **align estate planning with workforce priorities**, to ensure that the physical environment supports staff to deliver high-quality care, enhances wellbeing, and strengthens the Trust's ability to attract and retain the best talent.

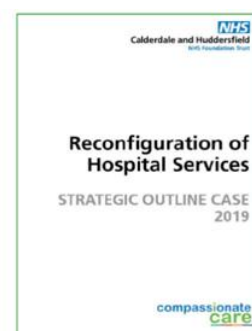
Critically, the estate is also central to shaping **patient experience** and directly influences how care is accessed, delivered and perceived. Well-designed, modern, and inclusive facilities contribute to a positive patient journey, ensuring that every interaction with the physical environment supports high-quality care.

Appropriate accessibility is fundamental: the estate must enable all patients, carers and visitors to navigate services with ease, regardless of physical ability, sensory need, or cognitive challenge. Dignity and privacy are equally vital. This Strategy will ensure through its capital investment in the next five years, that appropriately designed clinical and non-clinical spaces will be provided in all new, and adapted estate.

This strategy further builds on the stated principles of our Integrated Care System where integration means closer working and collaboration across the NHS, local government, and voluntary sector partners. As an example of this, the Trust continues to provide regular updates to enable the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) to scrutinise our progress in implementing plans for major estate development to enable service reconfiguration across our two hospital sites at HR and CRH.

Our Vision statement, to provide **"A safe, sustainable, flexible estate that supports outstanding patient care"** underpins the priorities in this Estate Strategy. Our vision aims to deliver the following priorities that will support the delivery of this vision for the Estate:

- Delivery of the 'Reconfiguration of Hospital Services' by 2031 including the successful delivery of New Clinical Build at Calderdale.
- Delivery of numerous enabling projects including, for example, the new Multistorey Car Park at CRH,
- Strengthen Compliance with regulations and standards through the reduction in backlog maintenance
- Continuation of Theatre upgrades at HRI and CRH
- Reduce the amount of non-clinical space to allow flexibility in the future for the expansion of clinical services footprint
- Enable disposal of surplus estate
- Prepare for PFI Expiry due May 2031
- Ensure the PFI hand-back standards are being maintained and are compliant at the hand-back date
- Delivery of our Green Plan core objectives
  - Net zero by 2040 for the emissions the NHS controls directly (the NHS Carbon Footprint), with an 80% reduction by 2028 to 2032
  - Net zero by 2045 for the emissions the NHS can influence (the NHS Carbon Footprint Plus), with an ambition to reach 80% reduction by 2036 to 2039
- Maintain our estate to the best standards possible over the period to facilitate a safe, caring environment that gives assurance to patients, colleagues and visitors to our hospitals.



Two key **enablers** to delivering this plan will be the capital investment plan and ongoing Trust Board and 'System' support.

The proposed **capital investment** plan over the next 5 years is not yet finalised as the allocations, both nationally and regionally, are still to be determined. The significant proportion of any capital investment is linked to the business case for the new clinical build. Therefore, approval of that business case is vital to enable the reconfiguration of services set out in our Strategy.

**Board and 'System' support** is also crucial in realising the vision of this Estate Strategy along with support of our PFI and JV (Acre Mill) Partners.

When the Estate Strategy is approved and capital secured and invested in line with it, **by 2031** the above will be supported by:

- Completion of a new clinical build (NCB) at CRH enabling the clinical reconfiguration as part of our strategic ambitions set out in the 'Reconfiguration of Hospital Services' business case.
- Addition of a new multi-story car parking at CRH
- Expansion of Huddersfield Pharmacy Specials to improve resilience
- Capital development of the University of Huddersfield Community Diagnostic Centre
- Maternity floor & theatre,
- CRH main entrance expansion
- CRH catheter labs and plant room expansion
- CRH Mortuary expansion



- 
- CRH FM & Logistics Hub
  - Investing in CRH and HRI to provide state-of-the art healthcare facilities that enable essential clinical adjacencies to improve quality and safety
  - PFI assets handed back in compliance with the PFI contract requirements
  - Reduction in backlog maintenance of the remaining estate
  - Estate risks are minimised
  - The estate will be compliant with regulatory standards
  - Estate utilisation will be optimised
  - Surplus estate will, subject to Trust Board approval, be disposed of
  - Significant progress towards the target of a 100% reduction in direct emissions by 2040, with an 80% reduction by 2032.
  - Significant progress towards the target of a 100% reduction in indirect emissions by 2045, with an 80% reduction by 2039.

Progress in relation to the implementation of our Estates Strategy will be **monitored and reported to the Transformation Board**. An annual update report will also be produced and available to the Board.

### 3 Introduction & Context

Welcome to Calderdale and Huddersfield NHS Foundation Trust's (CHFT) Estate Strategy for 2026 – 2031.

We are an integrated Trust that provides acute and community health services, serving two populations:

- Greater Huddersfield (250,000) and
- Calderdale (210,000).

Acute hospital services are operated from two main hospital sites, just over five miles apart, at:

- Calderdale Royal Hospital (PFI building opened 2001)
- Huddersfield Royal Infirmary (opened 1965).



Our Trust is recognised as being amongst the top performing Trusts in the country and we are continuing to modernise and invest in our health services to build on our strong reputation.

We are one of the six acute Trusts in West Yorkshire which make up West Yorkshire Association of Acute Trusts (WYAAT). Our acute hospital partners are Airedale, Bradford, Leeds, Mid-Yorkshire, and Harrogate.

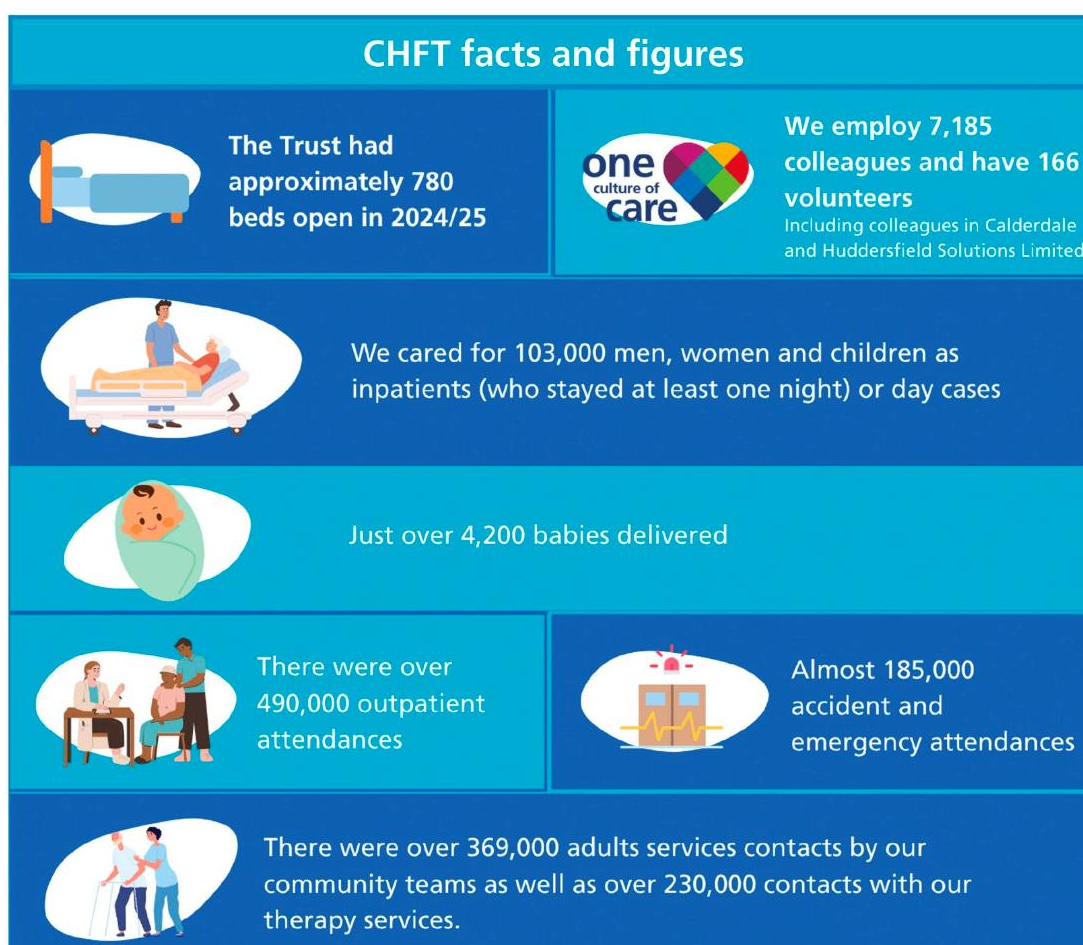
This document follows the NHS Developing an Estate strategy guidance, published in May 2021 and has been written in collaboration with the Trust's Estates & Facilities Team, clinical directorates, and support departments.

The Chief Executive, on behalf of the Trust, has responsibility for ensuring that there is an appropriate Estate Strategy approved by the Trust Board.



The Director of Finance with support from the Performance and contract manager and Head of Estates is responsible for carrying out regular reviews of the strategy, and its implementation.

The Trust delivers a full range of acute services and in 2024/25 we care for more than 103,000 men, women and children as inpatients (stayed at least one night) or day cases.



---

Care is also provided from community sites, health centres and in patient's homes. The Trust has more than **800** beds, employs over **6000** colleagues, and has **350** volunteers.

### 3.1 Purpose of the strategy and intended audience

This Estate Strategy sets out how the Trust will maintain a fit for purpose estate that enables delivery of high quality, safe and effective care, aligned to the NHS Integrated Care Strategy. It has been developed to provide a framework to advise the Trust's Board in considering estate investment and reconfiguration decisions and to support the delivery of our priorities. It provides a plan for developing and managing the estate over the next five years and is designed to meet the Trust's service and business needs.

This Estate Strategy provides the framework for a coherent approach to estate management and evidence-based decision making across the Trust and will:

- Assist all Trust colleague who are involved in estate related issues to understand the corporate vision and their role in achieving this
- Assist our NHS and public sector partners as we move forward with our ambition to work more collaboratively
- Form the basis for interaction and communication with other key stakeholder groups
- Support our Outline Business Case for Reconfiguration of Hospital Services as required by the ICS.

### 3.2 Link to Trust vision, mission, and values

The Trust's vision is:

---

***"Together we will deliver outstanding compassionate care to the communities we serve."***

---

This is supported by the Trust's values, the four pillars of behaviour (***"We put people first, We go see, We work together to get results and We do the must-dos"***) that it expects all colleagues to demonstrate, and which are embedded into the organisation so that every member of staff understands their responsibilities.



In March 2023, the Board of Directors agreed a five-year strategy and strategic objectives. The Board also approved an annual plan for 2024/25 setting out its key areas of delivery as part of this five-year strategy. The plan aims to achieve the Trust vision of 'Together we will deliver outstanding compassionate care to the communities we serve' and is

built around four goals of:

- Transforming services and population outcomes
- Keeping the base safe - best quality and safety of care
- Inclusive workforce and local employment
- Sustainability



---

The Trust's relevant goals for 2024/25 were:

- opening the new A&E at HRI in May 2024
- completing and launching the Learning & Development Centre at CRH, starting construction of the multi-storey car park at CRH
- collaborating with our construction partner for the new clinical build at CRH
- Opening of the new Learning & Development Centre at CRH in March 2025
- Development of the University of Huddersfield CDC



In addition, a new wellbeing garden for colleagues, patients and visitors opened at HRI; the new community diagnostic centre at Broad Street Plaza was opened in July 2024 and a new discharge lounge, frailty and medical same day emergency care unit opened in the former A&E in September 2024 to further enhance the A&E operating model and patient experience.

### 3.3 Alignment with:

Aligning with the Trust's vision and strategic objectives, the existing estate will become more efficient, better utilised, more specialised, and better equipped to support the West Yorkshire and Harrogate Integrated Care System (ICS) and the Calderdale and Huddersfield Primary Care Networks (PCNs).

#### 3.3.1 NHS Health Plan for England

This Estate Strategy has been produced to compliment the Trust's Five-Year Strategic Plan (2023-2028) and Fit for the Future (10-year health plan for England) published in July 2025. The latter intends to seize the opportunities provided by new technologies, medicines, and innovations to deliver better care for all patients – wherever they live and whatever they earn – and better value for taxpayers. It is making 3 big shifts to how the NHS works:



- from hospital to community: more care will be available on people's doorsteps and in their homes
- from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- from sickness to prevention: we'll reach patients earlier and make the healthy choice the easy choice

#### 3.3.2 ICS strategy and joint forward plans

This strategy further builds on the principles of our Integrated Care System where integration means closer working and collaboration across the NHS, local government, and voluntary sector partners.

The ICS has secured the largest share of national capital investment in England – with over £850m of agreed investment in acute hospitals and current and longer-term plans for investment will bring many benefits that include:

- Improved safety, quality, and experience of patient care
- Future proof service provision embedding new ways of working and digital innovation in the fabric of buildings
- Reducing carbon use and emissions

- 
- Supporting economic regeneration – through job creation, apprenticeships, and skills development
  - Attracting skilled healthcare professionals
  - Improving efficiency from the way we work and estates lifecycle costs.

The ICS is fully supportive of the Trust's Reconfiguration of Hospital Services programme, it being their highest priority, and the strategic direction of this Estate Strategy.

The Trust continues to provide regular updates to enable the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) to scrutinise our progress in implementing plans for major estate development to enable service reconfiguration across our two hospital sites at Huddersfield Royal Infirmary and Calderdale Royal Hospital. The JHSC has also received regular updates regarding the provision of maternity services in Kirklees.

### 3.3.3 Trust clinical strategy and service redesign

The Trust's Clinical Strategy (2024-2025) (see Appendix 2) sets out four key priorities:

- Improving understanding of quality and safety, and how they are defined, measured and assured by drawing intelligence from multiple sources.
- Work in partnership with patients, carers, communities and key partners to design, shape and coproduce initiatives which improve the quality of personalised care experienced at CHFT.
- Designing and supporting programmes that deliver effective and sustainable change for quality and safety.
- Improve shared understanding of quality and safety and how integral they are to all that we do at CHFT by introducing clear definitions of both concepts.

## 3.4 Local population health context (demographics, deprivation, demand trends)

Calderdale and Huddersfield, located in West Yorkshire, have a diverse population with a mix of urban and rural communities. The demographic profile features a population of approximately 210,000 residents in Calderdale and around 164,000 in Huddersfield, with a balanced age distribution but an aging population trend, leading to increased health and social care needs.

**Demographics:** The population includes a higher proportion of older adults compared to national averages, which impacts healthcare demand. Ethnically, the area is predominantly White British, but there is growing diversity, particularly in urban centres, influencing cultural health needs.

**Deprivation:** Deprivation levels vary across Calderdale and Huddersfield, with some areas classified among the most deprived in the country, particularly in parts of Halifax and Huddersfield town centres. Deprivation correlates with poorer health outcomes, including higher rates of chronic conditions such as cardiovascular disease, diabetes, and respiratory illnesses.

**Demand Trends:** Healthcare demand has been rising due to demographic shifts, increased prevalence of long-term conditions, and health inequalities associated with deprivation. There is a growing need for mental health services, elderly care, and management of chronic illnesses. Additionally, local health service utilization reflects these trends, with increased pressures on NHS services, social care, and community resources.



---

## 4 Estate Vision & Strategic Objectives

### 4.1 Vision statement

Our estate strategy is guided by our vision for the estate:

---

***"A safe, sustainable, flexible estate that supports outstanding patient care, meets the needs of our community today while preparing for the challenges and opportunities of tomorrow"***

---

We aim to enhance the quality, safety, and usability of our spaces, ensuring they remain adaptable, environmentally responsible, and fit for purpose. By aligning our estate development with long-term priorities, we seek to deliver value, resilience, and growth for generations to come.

### 4.2 Objectives

Based upon the information and context in earlier sections of this Strategy, the strategic objectives are set out below. Each of these objective's links, both directly and indirectly, to the Strategic priorities of the Trust and, as part of that, delivering the Clinical Strategy of the Trust.

This Estate Strategy is a key enabler to deliver the transformation and improvements the Board has set. It also has a fundamental role in improving safety, health and wellbeing and the staff and patient experience when delivering and experiencing our clinical care.

The key objectives are therefore:

- To ensure a safe and compliant estate as part of the 'business as usual' over the next five years
- Enable delivery of modern clinical models via the Trust's Clinical Strategy, through the delivery of estate transformation to allow the service reconfiguration detailed within the 'Five Year Strategic Plan'
- Reduce backlog maintenance significantly to ensure the Trust has more compliant, safer, and more efficient estate
- Deliver Net Zero Carbon
- Improve utilisation and productivity of the physical estate
- Enhance patient and staff experience via the built environment improvements we can make.

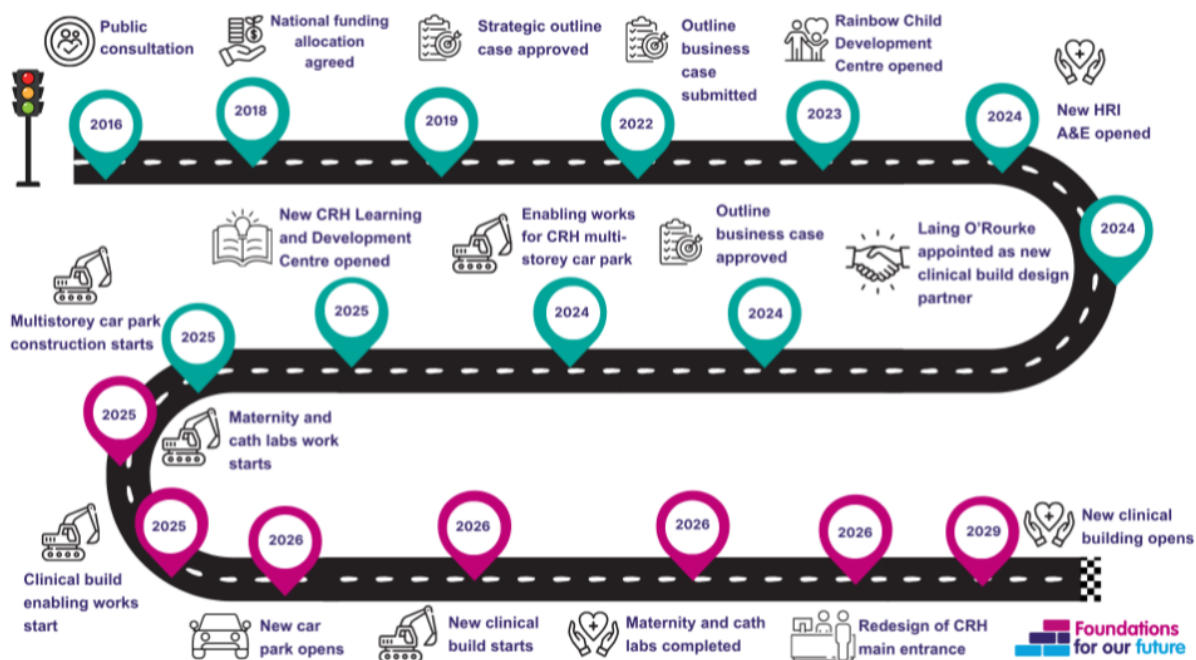
Related key themes include:

- Space utilisation and the amount of non-clinical space continue to be an issue for the Trust
- Running costs are higher than Benchmarks and need to be driven downwards and the high levels of Backlog Maintenance are one of the most important areas of risk that the Trust needs to focus on
- Our Green and Sustainability initiatives have had a positive impact but a step change to embrace Net Zero Carbon is now required
- The Condition of the retained estate at Calderdale is of concern and needs a plan to bring it up to an acceptable standard
- The availability and robustness of property data also require to be improved

### 4.3 Major Redevelopment / Reconfiguration Objectives

The Trust's Strategic Outline Case was approved in 2019 (see Appendix 12) outlining the reconfiguration of Clinical Services to support and enable delivery of the vision and ambitions included in the NHS Long Term Plan. The proposal sees a redefinition of the model of acute healthcare delivery with clinical services being redefined at both Huddersfield Royal Infirmary and Calderdale Royal Hospital.

Digital Technology will have a central role in transforming services with a Hospital Model that provides essential clinical adjacencies and the critical mass required to sustain colleague recruitment and retention, ensuring quality, delivering revenue savings and meeting net zero ambitions.



The Trust is halfway through reconfiguration and on track to complete by 2029: new A&E, Learning and Development Centre, child development unit, multi-storey car park, new clinical build design:

- Delivery of the 'Reconfiguration of Hospital Services' business case by 2031 including the successful delivery of the CRH Estate Development Plan including the New Clinical Build and Multi Storey Car Park (See Appendix 13)
- Delivery of numerous enabling projects e.g. Multistorey Car Park
- Continuation of Theatre upgrades at HRI and CRH
- Establishment of two community diagnostic centres (from the clinical strategy document)
- Expansion of Huddersfield Pharmacy Specials to improve resilience
- Capital development of the University of Huddersfield Community Diagnostic Centre
- Maternity floor & theatre
- CRH main entrance expansion
- CRH catheter labs and plant room expansion
- CRH Mortuary expansion
- CRH FM & Logistics Hub
- Cladding at HRI
- Development of planned care site at HRI

- 
- Backlog Maintenance & Critical Infrastructure Objectives

We have captured some of the key trust wide risks relating to the estate:

- **Air Handling Units** – There is a risk of non-compliance, poor air quality and increased infection to both patients and colleague.
- **Roofs** – There is a risk of water ingress through roofs due to the lack of capital funding
- **Electrical** – Upgrade of local distribution boards to reduce the risk of shock and damage to equipment
- **Plant Room** – Refurbishment's are required to bring the statutory and physical condition of the plant room to H&S regulations
- **Building Fabric** – Areas of defective concrete with exposed rebar need repairing. Stone cladding repairs and surveys are ongoing with plan for permanent cladding replacements subject to HRI masterplan.
- **Fire Risk Assessment** – A number of fire risk assessments are due review

In general, due to age and condition, the retained estate at CRH and HRI holds the majority of backlog maintenance risk and lifecycle replacement is limited due to the availability of sufficient capital funds.

This Strategy sets out the objectives to significantly reduce our backlog maintenance levels and improve critical infrastructure. Whilst the financial plan for backlog maintenance is still to be finalised, if funded, the key objectives include:

- **Replacement of outdated air handling units**
- **Undertake roof and window repairs and renewal to ensure weather tightness across the estate**
- **Undertake window replacements and repairs to ensure weather tightness across the estate**
- **Undertake structural repairs to concrete**
- **Complete the upgrading of the local electrical distribution boards across the retained estate**
- **Continuation of fire door replacement scheme and remediation of fire compartmentation breaches**

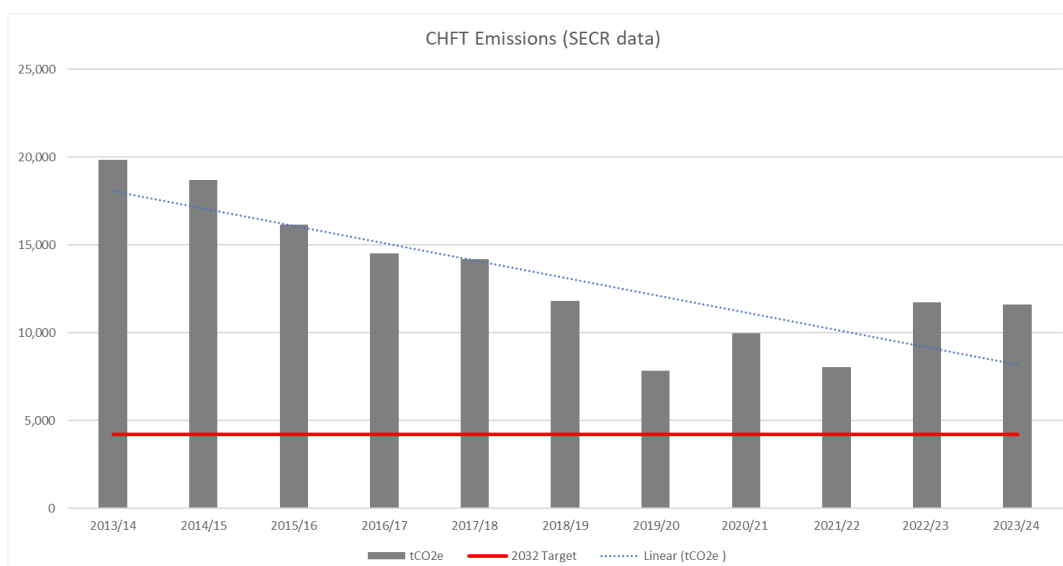
#### 4.4 Sustainability & Net Zero Carbon

The Trust has delivered a 40% reduction in carbon emissions since 2013/14 and has already achieved interim targets on the pathway towards carbon net-zero. The table below details the trajectory that the Trust must follow or exceed to meet the 2040 carbon net -zero emissions target.

In addition, the Trust has delivered Electric Vehicle charging points installed at HRI and Acre Mills to help facilitate the transition to zero carbon travel.

To reach the next interim target of 80% reduction by 2032, the Trust will need to reduce our carbon emissions by 3045 tCO<sub>2</sub>e. This requires an annual reduction of at least 435 tCO<sub>2</sub>e by annum for 12 years.





**Table 5 – Carbon reduction pathway**

Delivery of our Green Plan core objectives:

- A 100% reduction in direct emissions by 2040, with an 80% reduction by 2032
- A 100% reduction in indirect emissions by 2045, with an 80% reduction by 2039.

The Trust is undergoing a significant reconfiguration programme to improve efficiency of working practices and the Trust estate. This project addresses approximately 30% of the Trusts estate and will involve decommissioning old and inefficient site to improve efficiency.

Sustainability is being incorporated throughout the design stage of the reconfiguration plan and is intrinsic to the programme. All works have been designed to be as sustainable as possible within the available budget. The trust has committed to designed and constructing the new estate to the BREEAM standard. The BREEAM standard is a sustainability assessment method which is used to address the environmental performance in new constructions and refurbishments.

The Trust are aiming to achieve a “Excellent” against the standard.

## 4.5 Digital / Smart Estates (EPR integration, smart buildings, IoT sensors)

Digital change is accelerating, and our Estate needs to quickly adapt and respond to both enable this technology through facilitating digital infrastructure and harnessing its power. Examples include making quicker and better use of data (as outlined in the Trust’s Data Strategy) to drive more effective decision making across our estate, upskilling colleague, and improving digital literacy, trend analysis in maintaining our buildings to move from reactive maintenance to more pre-planned maintenance by sensor monitoring of buildings, smart scheduling of repairs and moving to one CAFM system across the ICS and/or nationally.

Digital inclusion and digital literacy of the workforce, patients and carers are important factors in delivering change in our estate. Our Estates and IT teams will work in collaboration to maximise the opportunities available to the Trust.

---

## 4.6 Space Utilisation & Optimisation Objectives

The Trust will reduce reliance on non-clinical space by a further 5% to allow expansion of clinical services footprint, under the Foundations for our Future Hospital Reconfiguration programme.

## 4.7 Infrastructure Resilience (energy security, water, infection control) Objectives

At HRI, the following works packages are expected to be implemented over the next five years:

- Roof coverings
- Electrical distribution (LV)
- Ventilation systems
- Electrical resilience (HV)
- Building management systems
- Day case theatres
- Hot and cold-water services and replacement pipework
- Window replacement and programme of repairs
- Lift upgrades
- Nurse Call
- Fire compartmentation and fire door replacements
- Medical gas upgrades
- Dangerous Goods Safety Advisor (DGSA) enhancement works for management of waste
- Chiller replacement.
- Planning and design for masterplan of HRI estate post reconfiguration

The Trust has a policy for Group Infection Prevention and Control Arrangements and the Aspergillus Policy which Estates follow in delivering both Strategic Investment and Business as Usual.

The Trust's Infection Control team are consulted and involved from the outset of any design, and its policies and HBN 00-09 **"Infection control in the built environment"** observed, so that all recommendations are designed into projects from first principles.

Infection control is considered in all aspects of spatial design, construction, equipment specification, services strategy, commissioning, operational management, and maintenance.

## 4.8 Property Disposals/Rationalisation of Estate

The Trust continues to seek to rationalise its estate and reduce the number of properties used in the delivery of services. This is particularly focussed around our community services which operate from a number of poor condition estate.

The Trust are key stakeholders at the Kirklees One Public Estate Local Forum and the Kirklees Strategic Estates Group.

## 5 Strategic Drivers

The Trust's Five-Year Strategy sets out four key goals and relevant strategic plans; to transform services and population outcomes, keep the base safe – best quality and safety, financial economic and environmental sustainability and Inclusive workplace and local employment. Relevant key deliverables in relation to these goals include:



### 5.1 Clinical transformation and future models of care

The Trust's clinical strategy (2024-29) describes our clinical priorities for the next five years. It states what is important to us, and our broad direction of travel. Our clinical strategy will enable us to:

- provide the most effective clinical care for patients. This will enable us to achieve optimal health outcomes for our community including reducing health inequalities
- continuously improve service resilience and patient outcomes by delivering the most effective clinical service configurations and collaborative working arrangements with partners
- provide colleagues with support and opportunities for clinical skills learning, development and research
- offer career opportunities and support in line with One Culture of Care, making CHFT a great place to work and that attracts and retains colleagues.



Relevant enablers to delivering the Trust's clinical strategy are:

- Opening of the new A&E in HRI (completed)
- Investing in CRH and HRI to provide state-of-the art healthcare facilities that enable essential clinical adjacencies to improve quality and safety
- Redevelopment of the CRH including the construction of a new clinical wing
- the development of a learning centre
- addition of new multi-story car parking at CRH
- Provide a bespoke research hub with a robust infrastructure to deliver research

### 5.2 Examples of Completed Projects

In support of delivering new models of care for patients, the following projects have previously been delivered.

#### 5.2.1 Broad Street CDC

The new Community Diagnostics Centre (CDC) was developed as part of a national initiative led by NHSE to expand diagnostic services into community settings. CHFT secured £7.9m of funding to develop the Halifax CDC, recognising the urgent need for improved access to diagnostics, particularly in areas of deprivation.

A key consideration in the project was selecting a central and accessible location. The Broad Street Plaza site in Halifax was chosen for its proximity to public transport links, adjacent community



---

health services, and the socio-economic benefits it could bring to the area. By being located within an area of deprivation, the CDC not only improves healthcare access but also serves as a focal point for employment, learning, and research through its planned partnerships with the University of Huddersfield. This integration supports long-lasting health, social, and voluntary care benefits for the local community.

The innovative design elements and modern environment have already received glowing feedback since the CDC opened in July 2024. Patients have commented on the calming atmosphere and the seamless experience of accessing multiple diagnostic services in one location. By offering cutting-edge technology, thoughtful design, and improved accessibility, the CDC stands as a testament to the Trust's commitment to providing outstanding care closer to home.

### **5.2.2 Huddersfield Royal Infirmary New A&E**

The new £15m A&E opened in May 2024. The development provides modern, state of the art facilities to enhance patient care and streamline emergency services. The project formed part of the Foundations for Our Future Hospital Transformation programme. The modern and functional design has received positive feedback from patients, staff and visitors and is fully compliant with the latest HTM & HBN guidance.



### **5.2.3 Learning & Development Centre at CRH**

The new £8.9m Learning Centre opened in March 2025. The two storey, flat-roofed building has been designed to complement the surrounding area and includes a solar panel system to provide a sustainable electricity source, as part of our aim to deliver an energy efficient building. The centre is a hub for our colleagues to learn, grow and develop. It has a new clinical simulation suite where a wide range of healthcare professionals can be trained and practise realistic scenarios and hone new skills. There are also flexible and interactive education and teaching spaces for team and individual learning, breakout areas, as well as a new library. The Learning Centre also provides training opportunities for healthcare students.



The project formed part of the Foundations for Our Future Hospital Transformation programme.

## **5.3 Compliance with Health Technical Memoranda (HTMs) & Health Building Notes (HBNs)**

Compliance with Health Technical Memoranda (HTMs) and Health Building Notes (HBNs) is essential to ensure the safety, quality, and functionality of healthcare environments. HTMs provide detailed technical guidance on the design, installation, and maintenance of building services such as water, ventilation, electrical systems, and infection control measures. HBNs offer best practice advice on the planning, design, and construction of healthcare facilities, focusing on patient safety, hygiene, and operational efficiency.



























Adhering to these standards ensures that healthcare buildings meet regulatory requirements, support infection prevention, and promote patient and staff safety. Regular audits, ongoing staff training, and rigorous project management are key to maintaining compliance. Ultimately, following HTMs and HBNs helps create safe, efficient, and sustainable healthcare environments that facilitate high-quality patient care. We have a robust sign off process in place to ensure governance in relation to the

architectural and Mechanical, Electrical, public health (MEPH) derogations that are required to meet the Trusts estate and clinical service needs in relation to design and build, with representatives from Executives of the Trust including Designated Persons who ultimately sign off the derogations with assurances these have been through internal governance review within the HTM safety groups.

## 5.4 Statutory and regulatory requirements (CQC, HSE, fire safety)

The CQC regulates and inspects NHS services to ensure they meet national standards for safety, effectiveness, compassion, and leadership. Providers are required to maintain high-quality care, ensure patient safety, and continually improve services.

The Trust's latest CQC Report (March 2018) gave the Trust an Overall Rating of **GOOD** and over the last two years CHFT has consistently been one of the best performing Trusts in England.

Ratings						
Overall rating for this trust						Good 
Are services safe?			Requires improvement 			
Are services effective?			Good 			
Are services caring?			Good 			
Are services responsive?			Good 			
Are services well-led?			Good 			
Are resources used productively?			Requires improvement 			
Combined quality and resource rating						Good 
Rating for acute services/acute trust						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Huddersfield Royal Hospital	Requires improvement  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018
Calderdale Royal Hospital	Requires improvement  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018
Overall trust	Requires improvement  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018	Good  Jun 2018

The Health & Safety Executive oversees health and safety regulations within NHS workplaces, focusing on risk assessments, safe working practices, and safeguarding staff and patients from harm. Compliance includes managing hazards such as manual handling, hazardous substances, and infection control.

NHS facilities must adhere to fire safety legislation, including the Regulatory Reform (Fire Safety) Order. This involves conducting fire risk assessments, maintaining fire detection and suppression systems, and ensuring staff are trained in emergency evacuation procedures.

Through building adaptations and changes to the way fire risk is managed within healthcare buildings, the fire protection provisions have required significant reinforcement over recent years.

Openings in fire compartmentation walls, which prevent the ready transfer of a fire from one space to another, had been compromised as new services were installed and fire doors fell below the necessary standard with fire detection systems requiring upgrading.

To this extent, CHS has implemented a strategy which will seek to

- Remedy the breaches in 60-minute fire compartmentation at HRI, the work being completed without the need to close wards
- Remedy breaches in 30-minute sub-compartmentation in any future ward upgrade programme as part of the reconfiguration plan for HRI
- Reduce the amount of equipment in corridors as quickly as possible.

Overall, meeting these statutory and regulatory requirements is essential for protecting patients and staff, ensuring legal compliance, and delivering high-quality healthcare services.

## 5.5 NHS Net Zero Carbon commitment (2040/2045 targets)

The Trust's Green Plan of July 2025 builds on the sustainability work already underway at Calderdale & Huddersfield Foundation Trust.

It provides a strategic framework for the Trust's sustainability initiatives over the next five years, setting out key targets and objectives and the actions required to deliver these.

The Green Plan covers 9 key areas of focus to prioritise over the next 3 years with the core objective to achieve:

- 
- **A 100% reduction in direct emissions by 2040, with an 80% reduction by 2032.**
  - **A 100% reduction in indirect emissions by 2045, with an 80% reduction by 2039.**

The Trust is committed to take action to reduce its overall impact on the environment and to stay on track to achieve targets for carbon net zero.

The Trust has previously delivered a 41.6% reduction in carbon emissions since 2013/14 and Electric Vehicle charging points installed at HRI and Acre Mills to help facilitate the transition to zero carbon travel.

New estate developments will deliver a BREEAM Excellent rating The Green Plan is governed and managed by the Trust's Green Planning Committee and the Transformation Programme Board and has been a key document in informing this Estate Strategy.

## **5.6 Digital transformation and technology enablers**

We are one of the most Digitally advanced Trusts in the country and have been measured joint third in NHS England's Digital Maturity Assessment. Our Digital Strategy 2020 - 2025, published in June 2020, is based on improving systems already in place and the following three key themes:

- Transformation
- Partnership Working
- Digital Health Vision

### **5.6.1 Harnessing the power of Digital**

In the next 5 to 10 years the Trust expects the existing model of care to look markedly different and will be offering a 'digital first' option for colleague, patients, and visitors. It is therefore essential that the building design, project management and construction of the developments at CRH and HRI are based on:

A full understanding of the Trust's digital ambition and the impact digital technology will have on the future healthcare operating model for colleagues and the public and

The optimal use of technology in the design, project management and construction phases of the capital developments to achieve benefits and savings related for example to time, safety, cost, and environmental sustainability.

The Trust has an agreed Digital Strategy with agreed funding allocated which includes certain funding for Estate's infrastructure.

The Trust will use digital technology as an enabler to positive clinical outcomes with this being fundamental to developing a clinical workflow.

The Trust is implementing Building Information Modelling (BIM) across its major capital schemes aligning CHFT's strategic documentation with the requirements of the new clinical build and MSCP. The implementation is a continuation of our digital journey, including the review of existing information, Computer Aided Facilities Management (CAFM) and Electronic Data Management Software (EDMS) for document storage solutions, and will allow us to be more efficient in the way we manage our construction projects and assets post completion.

### **5.6.2 Information Management**

---

The Trust recognises that it needs to improve how it gathers, analyses, and uses data and information to make informed, evidence-based decisions on its estate.

The complexity and rise of availability of data in healthcare means that artificial intelligence (AI) will increasingly be used to inform decision making. AI software will support operational initiatives that increase cost savings, improve patient satisfaction, and satisfy colleague and workforce needs. The market is developing predictive analytics solutions that will help improve business operations through increasing utilisation, decreasing patient boarding, reducing length of stay and optimising colleague levels.

The Trust's Data Strategy outlines the approach to harnessing the power of data.

Estates will collaborate with our Digital Transformation and Innovation team to maximise the opportunities data can bring to our estate.

## 5.7 Workforce and patient experience priorities

The Trust's **"one culture of care"** as its Workforce and OD plan outlines the approach to attract, retain, support, engage and reward the Trust's colleague. The Strategy sets out the approach to build a **"Workforce for the Future"**, which means:

The Trust needs a flexible workforce that can adapt to changing situations to improve care for patients through enhanced flexible working through flexible deployment of colleague into different roles, workforce planning and modelling, alignment of rota patterns, redeployment, and re-training of colleague to maintain critical services, extension of out of hours provision across a range of support services, such as diagnostic and therapeutic services, radiology, catering, and administration.

---

***"A Workforce of the right shape and size with commitment, capability and capacity, to deliver safe, efficient, high quality patient care"***

---

Our Trust prioritises patient experience by focusing on person-centred care, involving patients in decisions, ensuring safety and effective treatment, improving access to our services, reducing waiting times for elective and emergency care, and fostering compassionate environments where communication and dignity are central.

Within the estates and facilities teams, we also prioritise using real-time patient feedback from various sources to drive continuous improvement and embedding the patient voice into service design and delivery.

## 6 Current Estate Overview

### 6.1 Calderdale and Huddersfield Solutions Ltd

Calderdale and Huddersfield Solutions Ltd (CHS) are a subsidiary of Calderdale and Huddersfield NHS Foundation Trust.

CHS employs around 520 people who deliver a comprehensive estate, facilities, medical engineering, and devices training and procurement service to properties owned by the Trust.

CHS also offers a Capital Development service, managing all major and minor refurbishments and construction projects. Previous award-winning schemes include five Theatre refurbishments; Ward 18 which won 3 categories at the national Building Better Healthcare Awards in 2021; the new A&E at HRI which won the Kirklees Civic Society Best New Build and Overall Winner and the heritage award winning retrofit of the old wire works into a world class Outpatient facility at Acre Mill.

### 6.2 Private Finance Initiative



---

In 1998, Calderdale and Huddersfield NHS Foundation Trust entered into a 60-year PFI concession with Calderdale Hospital SPC Limited (the "SPV") to build, operate and maintain a c450 bed hospital, otherwise known as Calderdale Royal Hospital (CRH). A 'break-clause' at year 30 was part of the contract provisions.

The site is managed by Albany SPC Services Limited on behalf of the SPV. The SPV utilises two subcontractors, these being Equans who provide the Hard Facilities Management and ISS who provide Soft Facilities Management services. The break clause has been triggered and as a result the CRH site will revert back to Trust ownership and control in May 2031.

### 6.3 Joint Venture

Established in 2011, The Pennine Property Partnership was a unique first of its kind venture – forming an innovative collaboration between HBD (Sold to Assura 2022) and CHFT.

The 50-50 joint venture partnership allows the Trust to use the value in its property assets to improve the health offer in the area, with Assura as strategic partner on the Board as an advisor

To date the venture has sold the former St Lukes hospital site in Huddersfield and developed the award winning Acre Mill Outpatients facility.

### 6.4 Size and Scope: number of sites, floor area (NIA/GIA), age profile

A considerable amount of detailed information is required to support the operational and strategic roles of Estate and Facilities Management. The information is used to help assess risk levels, set investment priorities and opportunities for rationalisation, and to inform a five-year programme of maintenance and minor capital projects.

The Trust use published Model Health System data to assess how we are performing against our peer group. The Model Health System figures help the Trust with benchmarking how we are performing and are published annually. This enables the Trust to drive improvement in the efficiency of the estate.



The Trust operates its services from a number of sites:

- Calderdale Royal Hospital (CRH) see appendix 14 site plan
- Huddersfield Royal Infirmary (HRI) see appendix 15 site plan
- Acre Mill inc Outpatients, personnel, pharmacy manufacturing, Units 17&18, Huddersfield
- Todmorden H/Centre



- Beechwood (Relocated to Dean Clough, Bowling Mill, Ground and 4th Floor, Dean Clough, Halifax 2025)
- Brighouse H/Centre
- Park Valley Mills (Vacated 2024- but inc in latest ERIC & Model Hospital figures)
- Allan House Clinic
- Princess Royal H/Centre
- Broad Street office accommodation/Health Centre, Halifax
- Equipment Loan Store office & warehouse, Elland.
- Rainbow Child Development, Elland

The Trust has a total of 12 sites, with their three main sites totalling a combined gross internal area of **125,070m<sup>2</sup>**, of which **122,710m<sup>2</sup>** is occupied.

The Trust's estate is split into three categories, PFI , owned and leased estate.

In delivering our services the Trust also accesses a number of properties that the Trust is not responsible for the maintenance and compliance of the building. The Trust does have a duty of care to colleagues to ensure there are appropriate procedures within those buildings for patients, visitors and colleagues.

The buildings are of varied age, design, configuration, and condition. The most significant Trust estate is Calderdale Royal Hospital and Huddersfield Royal Infirmary.

Our property portfolio is made up of twelve sites that include Hospitals, Health Centres, Outpatient sites, Office space and Warehouses. This section of the Estate Strategy will focus on the portfolios two main Hospital sites:

- **Huddersfield Royal Infirmary**
- **Calderdale Royal Hospital**

HRI is owned by the Trust, CRH is PFI with some areas of retained estate owned by the Trust. . Both hospitals currently provide accident and emergency services, outpatients, and day-case services, acute inpatient medical services, and intensive care for adults.

Some services are delivered at one site only as detailed below:

Huddersfield	Both	Both	Calderdale
Unplanned General Surgery	Emergency Care	Critical Care	Stroke
Trauma	Acute Medical Unit	Ambulatory / Short stay Unit	Consultant Led Maternity
Vascular Surgery	ENT and Audiology	Diabetes	Planned Surgery (most)

Huddersfield	Both	Both	Calderdale
Urology	Neurology	Rheumatology	Paediatric Medicine
Surgical Assessment Unit	Dermatology	Pain	Breast
Paediatric Surgery	Endoscopy	Outpatients	Yorkshire Fertility
Elderly Care	Ophthalmology and Orthoptics	Plastics (inpatients seen at Bradford)	Gynaecology (includes GAU and EPAU)
Acute Haematology	Pathology Blood Sciences (Including transfusion)	Theatres and anaesthetics	Cardiology
Planned & Unplanned complex colorectal, upper GI and bariatric surgery	Pharmacy Aseptic (Until Sep 2019 then CRH only)	Radiology	Respiratory
Interventional Radiology	-	Pharmacy Dispensing	Effective Orthopaedics
Pharmacy (Radio pharmacy)	-	Day Case & Pre-Assessments	Planned General surgery (excluding complex)
Gastroenterology	-	-	Interventional Cardiology
Maxillofacial Procedures	-	-	Acute ENT and

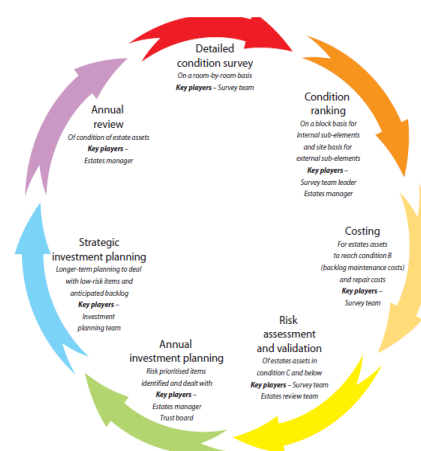
Huddersfield	Both	Both	Calderdale
			Ophthalmology
-	-	-	Pathology Microbiology & Cellular Pathology

Table 1 – Hospital services at HRI and CRH

## 6.5 Model Hospital

The Model Health System is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for improvement. The Model Health System incorporates the Model Hospital, which provides hospital provider-level benchmarking.

In March 2025, Trust Directors received a report (see Appendix 16) with the benchmarking results for the Trust's estate using comparisons against recommended peers. This report showed comparisons of costs from 2022/23 and 2023/24 along with a breakdown of costs between HRI & CRH sites and an action plan.



## 6.6 Condition: ERIC data, backlog maintenance profile

Operating costs for the Trust, as measured in the estates records information collection (ERIC), are slightly higher than the Peer Median and Benchmark values. The overall Estates and Facilities cost per m2 is £431.74. This cost is broken down into:

- Hard FM Costs: £138.56/m2
- Soft FM Costs: £199.47/m2
- Management costs: £8.10/m2
- Finance costs: £85.61/m2

The trust has a significant amount of backlog maintenance; this currently sits at £43m excluding on-costs such as prelims, overhead and profit, inflation etc.

In 2024 the Trust employed Nifes to undertake a 6-facet survey at HRI, which included compliance assessment audits. This reviewed:

- Facet 1 - Physical Condition Survey (Fabric & M&E)
- Facet 2 - Functional Suitability Review
- Facet 3 - Quality Audit
- Facet 4 - Space Utilisation Audit
- Facet 5 - Statutory Compliance Audit (inc. Fire)

---

- Facet 6 - Environmental Management Audit.

As a result of the surveys undertaken on physical condition, backlog maintenance requirements were categorised as High and Significant Risk categories.

CHS has successfully undertaken works to respond to recommendations put forward by Nifes however due to budget constraints and operational challenges we have been unable to complete the estimated £43m scope of works which predominantly relates to the physical condition requirements of HRI. The Trust do not want to invest in areas of the estate at HRI which is not required for use post reconfiguration, and therefore all backlog maintenance needs are assessed against risk and longevity of the estate block.

CHS have instructed Nifes to undertake a 20% reinspection of the estate on an annual basis to ensure the data is kept up to date and to aid with our Estates Return Information Collective (ERIC) submission which supports the Model Health System data.

## 6.7 Utilisation: occupancy levels, space efficiency metrics

The two main sites within the CHFT portfolio total 125,070 m<sup>2</sup>, with 122,710 m<sup>2</sup> of this space currently occupied. This space has been broken down below using data from the 2023/24 ERIC return

<sup>1</sup>Model Hospital data:

Category (%)	Trust Value
Amount of non-clinical space	26.5%
Amount of empty space	2.2%
Amount of Clinical space	71.3%

Table 2 – Space Analysis

The amount of non-clinical space at 26.5% is comparable to the peer medium of 32.32% from Model Hospital data.

Clinical space is the occupied floor area where patient care is provided and/or where patients or visitors have access.

Non-clinical space is the occupied floor area where non-clinical or support services are provided and/or patients or visitors do not have access.

## 6.8 Compliance: statutory standards, safety issues, critical infrastructure risks

The trust uses Inphase software to manage Risk across the estate. The risk register in place is monitored and updated monthly.

There are no large infrastructure risks within the trust's estate. A previous risk in relation to infrastructure at HRI has recently been reviewed and reduced from a 20 to a 12 (impact x likelihood) on the basis of significant capital investment, governance routes and condition surveys.

The Trust also have a Board Assurance Framework risk which is The risk of failure to maintain current estate and equipment to develop future estates model resulting in patient harm, poor quality patient care or regulatory enforcement. The risk was reduced in July 2025 to a 5 (5 impact x 1 likelihood)

---

<sup>1</sup> The Model Health System is a free digital tool from NHS Improvement that enables the Trust to compare their productivity and identify opportunities to improve. The Model Hospital is generated from information that the Trust have provided through their annual ERIC return. The Model Hospital tool is currently available to all NHS provider Trusts.

with the rationale being; significant investment in the estate and a 5 year remediation plan which mitigates risks in relation to fire safety.

Huddersfield Royal Infirmary has two electrical feeds that supply the trust's intake substation. This then supplies the trust with a private network from that point. The site is fully backed up with a diesel generator and critical infrastructure is backed up with UPS systems.

Calderdale Royal Hospital has three electrical supplies which include a direct feed from the primary substation. The electrical infrastructure is split, providing non-essential power, lighting, and generator back up to essential supplies. Critical infrastructure is also backed up with UPS systems.

For a number of years, the Trust has carried an underlying financial deficit position and this challenge remains. Current provision of dual services across two sites is a less efficient model, due to duplication of costs and the additional difficulties this presents in relation to recruiting and retaining staff. The Trust's estate presents financial challenges due to upgrade requirements and Private Finance Initiative contractual commitments. The Trust's plans for service reconfiguration continue to be progressed. The plans will secure much needed investment in our estate and enable new ways of working that will generate efficiency.

In 2018 the Trust established Calderdale Huddersfield Solutions Limited (CHS) as a wholly owned subsidiary which provides estates, facilities, medical engineering and devices training and procurement service to properties owned by the Trust. CHS manage a compliance register reported through its Patient, Safety and Quality and Health and Safety Committees. CHS also attend the Trust Risk and Compliance Group.

## 6.9 Sustainability Performance: energy use, emissions, waste, water, transport

The Greener NHS programme provides a central framework and guidance for sustainability across NHS England. The 'Delivering a Net Zero NHS' report commits all NHS Trusts to achieving net zero for direct emissions by 2040 and for emissions it influences by 2045. The strategy was first published in 2020 and updated in 2022. Trusts and ICSs are required to maintain three- year Green Plans that align to the Greener NHS pathway- and in 2025 the Trust refreshed our Green Plan following guidance from NHS England.

The case for sustainability in healthcare is clear and there is sound evidence that taking action to become more sustainable can achieve cost reductions and immediate health gains. The key drivers for this strategy are drawn from the Greener NHS 'Delivering a Net Zero NHS' report, the NHS 10 Year Health Plan for England and duties under the Health and Care act 2022 to comply with climate change and environmental targets. CHFT's Green Plan is the Trusts commitment to sustainability across the estate. The plan spans three years between 2025-2028 and provides a strategic framework to achieve a sustainable, low-carbon heating system. The plan builds on previous efforts and reflects a renewed commitment to environmental stewardship, aligned with national and regional sustainability goals, including net zero ambitions.

The Trusts reconfiguration programme has a significant input from the BREEAM standard. This is being incorporated throughout the design stage of the reconfiguration plan and is intrinsic to the programme.



**Figure 2 - Sustainable, Resilient, Healthy People and Places, Sustainable Development Unit. 2014**

---

The Trust remains committed to reducing its impact on the environment and continually seeks opportunities to improve health, conserve energy and reduce carbon emissions. All Trusts across the NHS are expected to reduce their estate running costs and carbon emissions and Calderdale and Huddersfield NHS Foundation Trust is committed to reducing its impact on the environment and demonstrating good corporate citizenship by achieving net zero for direct emissions by 2040 and indirect emissions by 2045.

### **6.9.1 Recent Key initiatives**

We have implemented a range of energy efficiency initiatives and will continue to see energy consumption fall as we replace all non-LED light fittings with highly efficient LED replacements across the hospitals thereby lowering energy and carbon emissions. LED lighting installs have now been completed at HRI, CRH, Acre Mill & HPS.

Our Transport team tendered for fleet services and included a requirement for low emission vehicles where possible. The environmental benefit of this decision has been seen since financial year 2020/21 and we continue to benefit from that decision today.

With regards to waste, we changed our contractor for offensive and pharmacy waste collections to a local facility to reduce haulage of these waste streams and we became a signatory to the NHS Plastics Pledge to eliminate certain catering single use plastics. The Trust also installed compactors at both HRI & CRH to reduce vehicle collections and emissions. The Trust is working towards full compliance with the Simpler Recycling Regulations and anticipates achieving this by November 2025. We have introduced dedicated recycling waste streams for food waste, cardboard, paper, metals and plastics and participate in a range of supplier take back schemes to further reduce waste and support a circular economy.

The Trust have also been successful in recent bids via the NHS Energy Efficiency Fund and GB Energy Solar Funding Scheme for solar installations at both HRI & CRH. The Trust have also been successful in grants VIA Public Sector Decarbonisation Scheme (PSDS) to include replacement of gas boilers at Acre Mill with air source heat pumps, insulation and secondary glazing.

Finally, we continue to work with our local authorities of Calderdale and Kirklees Councils regarding travel strategies and active travel and how we can work together to achieve any targets as set out by the Councils following their Climate Change Emergency declarations.

### **6.9.2 NHS carbon reduction**

The Trust is expected to measure and report carbon emissions (Scopes 1–3), track progress annually, and integrate sustainability into governance and risk frameworks. Trusts must also apply net zero and social value criteria in procurement, require supplier Carbon Reduction Plans, and ensure climate adaptation and resilience measures are embedded across estates and services. Our carbon footprint has been calculated by Sustainable Energy First, using the best practice market-based reporting methodology.

Our carbon footprint is: 11,869 tonnes CO<sub>2</sub>e (2023/24)

### **6.9.3 Environmental Performance**

In 2013-2014 the Trust developed its baseline for annual carbon emissions. This baseline was produced by identifying significant contributors to our carbon dioxide equivalent (CO<sub>2</sub>e) emissions, this includes:

- Electricity consumption
- Gas consumption
- Oil consumption
- Water consumption

- Waste arisings and disposal
- Anaesthetic Gases

This exercise identified that the Trust emitted 19,855 CO<sub>2</sub>e (tCO<sub>2</sub>e), this figure is the Trusts baseline. In the baseline year, approximately 50% of emissions were from electricity and a further 44% from gas.

Year	Electricity	Gas	Oil	Water	Waste Arisings	Anaesthetic Gas	Total
2013	10,095	8,751	232	227	549	n/a	19,855

**Table 3 – Baseline Carbon emissions**

The Trust has since reduced its total annual emissions by 40% from 19,855 tCO<sub>2</sub>e to 11,869 tCO<sub>2</sub>e.

These figures demonstrate that the Trust has exceeded the Climate Change Act 2008 target of reducing our annual carbon footprint by 28% by the year 2020, compared to the 2013 baseline.

## 6.10 Risk Management

Evaluation of risk is an important part of effective property asset management. Estates & Facilities have taken a strategic and proactive approach to risk management and will continue to identify and prioritise risks to allow them to be escalated, where appropriate, onto the Trust's Corporate Risk Register.

Overall risk will be mitigated by the inherent incremental and flexible approach of the Estate Strategy. The approach will ensure that where appropriate schemes can be modified or halted as the need changes or if the anticipated capital, revenue, or workforce do not become available.

The incremental factors noted above will enable development to follow the available funding. If it reduces, the Plans can slow down, and it is possible to adjust priorities. If funding improves, the Plan can speed up and several independent schemes can be progressed in parallel.

The current Trust top risks and the estate risk register can be found in Appendix 17.

## 6.11 Summary of the current estate

See Appendix 18 for more detailed information on how the estate is currently performing.

There are a wide range of headline observations along with varying degrees of risk exposure.

The key things to note are:

- Significant amounts of backlog maintenance in the non PFI estate totalling £43m
- The amount of non-clinical space at 31.77% is comparable to the peer median of 33.81% from Model Hospital data it presents a further opportunity, based on more flexible working arrangements within the non-clinical groups since the Covid Pandemic, to consolidate non-clinical space and use for either clinically related activities or, ultimately, disposal
- The estate is expensive to run, in part, due to PFI costs and inefficient retained estate (HRI) due to aged and costly to maintain, older estate.
- An estate with a reducing Carbon footprint
- A PFI estate that is generally in a very good condition, but with a contract that is expensive to run due to financing costs forming part of the annual unitary payment.

---

## 7 Workforce, Patients & Stakeholders

### 7.1 Patient experience: accessibility, dignity, privacy, healing environment

Our Trust prioritises patient experience by focusing on person-centred care, involving patients in decisions, ensuring safety and effective treatment, improving access to our services, reducing waiting times for elective and emergency care, and fostering compassionate environments where communication and dignity are central.

Within the estates and facilities teams, we also prioritise using real-time patient feedback from various sources to drive continuous improvement and embedding the patient voice into service design and delivery.

The Trust's **"one culture of care"** as its Workforce and OD plan outlines the approach to attract, retain, support, engage and reward the Trust's colleague. The Strategy sets out the approach to build a **"Workforce for the Future"**, which means:

The Trust needs a flexible workforce that can adapt to changing situations to improve care for patients through enhanced flexible working through flexible deployment of colleague into different roles, workforce planning and modelling, alignment of rota patterns, redeployment, and re-training of colleague to maintain critical services, extension of out of hours provision across a range of support services, such as diagnostic and therapeutic services, radiology, catering, and administration.

---

***"A Workforce of the right shape and size with commitment, capability and capacity, to deliver safe, efficient, high quality patient care"***

---

The physical estate within which our colleagues work is a vital component of their working experience and the estates and facilities team are continually looking to respond and improve the physical environment suggestion colleagues raise.

Stakeholder engagement, from the perspective of the estates and facilities teams involves proactive engagement with our patients and their families, clinicians, staff and partner organisations as described elsewhere in this Strategy. Their involvement is wide-ranging, from planning and designing the delivery of capital projects, shaping the way we deliver support services and maintaining open and clear communications with relevant stakeholders in decision-making. The ultimate goal being to build trust, secure commitment and ensure that the services delivered by the estates and facilities teams are aligned, as far as is reasonable, to meet the needs of our stakeholders.

### 7.2 Impact of estate on staff recruitment, retention, and wellbeing

The quality, functionality, and accessibility of the estate play a significant role in attracting, retaining, and supporting staff. A well-designed and well-maintained estate signals investment in the workforce, creating an environment where staff feel valued and supported. Modern, flexible, and fit-for-purpose facilities can enhance the appeal of the Trust as an employer of choice in a competitive labour market.

The estate also has a direct impact on staff wellbeing. Environments that are safe, comfortable, and designed to support good working practices reduce stress, fatigue, and absence. Access to natural light, rest spaces, appropriate ventilation, and supportive infrastructure such as parking, cycle storage, and digital connectivity contribute to healthier working conditions

Equally, poorly maintained or outdated facilities can undermine morale, contribute to staff dissatisfaction, and act as a barrier to recruitment and retention. Addressing backlog maintenance, ensuring compliance with safety and accessibility standards, and investing in high-quality spaces are therefore essential to supporting a resilient, motivated workforce.



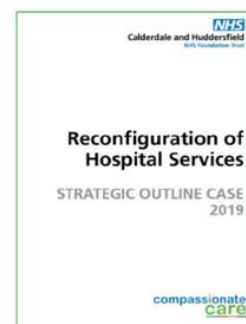
---

Therefore, this Estate Strategy aims to align estate planning with workforce priorities, to ensure that the physical environment supports staff to deliver high-quality care, enhances wellbeing, and strengthens the Trust's ability to attract and retain the best talent.

## 8 Capital Programme & Investment Plan

### 8.1 Pipeline of schemes: short, medium, and long-term

- Delivery of the 'Reconfiguration of Hospital Services' business case by 2031 including the successful delivery of New Clinical Build at Calderdale.
- Delivery of numerous enabling projects e.g. Multistorey Car Park providing 747 spaces, in which 156 are required to be electrical vehicle charging bays (enabled). Also included is a provision of 72 cycle parking spaces.
- Continuation of Theatre upgrades at HRI and CRH
- Enable disposal of surplus estate
- Transition Soft FM Services at CRH from the PFI provider into the Trust's Wholly Owned Subsidiary (WoS) by 2028
- Prepare for PFI Expiry due May 2031
- Ensure the PFI hand-back standards are being maintained and are compliant at the hand-back date
- Twin catheter lab and day-case unit development (from the clinical strategy document)
- Establishment of two community diagnostic centres (from the clinical strategy document)
- Maintain our estate to the best standards possible over the period to facilitate a safe, caring environment that gives assurance to patients, colleagues and visitors to our hospitals.
- Strengthen Compliance with regulations and standards through the reduction in backlog maintenance
- Improve annual E&F operating costs (£/M2) when compared to our peer group within the Estates Returns Information Collection (ERIC) system
- Increase Fire Safety compliance through increased fire risk assessment (FRAs) and eradicating fire compartmentation breaches



### 8.2 Potential Funding sources: Trust capital, PDC, NHS national programmes, charitable funds, disposals

- Digital strategy, NHSE&I funding for the reconfiguration programme
- £196.5m of capital investment has already been secured in principle from the Department of Health and Social Care for our Reconfiguration Programme as outlined in the supporting Strategic Outline Case (2019) for this work.

In excess of £15m capital has been secured for the new CRH Multistorey Car Park. The Trust will utilise internally funded capital to continue to maintain and enhance the estate. Whatever the capital sources the focus of most the Trust's new developments will be on emergency and unplanned care at CRH where the considered integration of all services associated with such care is of critical importance. Future redevelopment of HRI will include

---

the improvement and adaptation of existing buildings as well as a new build Emergency Department.

### **8.2.1 Capital Investment**

The Trust capital investment plan will be determined once funding allocations are agreed, regionally and nationally. Sources of funding will include

- Internally generated capital (via depreciation)
- Estates Safety Fund
- GB Energy Solar Funding Scheme
- Grants from Public Sector Decarbonisation Scheme
- NHS Energy Efficiency Fund
- Other potential sources of capital 'public dividend capital' (PDC) and national programmes capital are still to be determined.
- Return to Constitutional Standards

The Trust will also take the opportunity to enhance its estates and services through any other national capital initiatives as they arise over the period.

### **8.2.2 Capital Works Minor Schemes**

In addition to the above, the Trust has a five-year Rolling Capital Programme for Minor schemes, funded from Trust internally generated capital, with the annual investment determined annually in line with the Trust annual financial plan.

Works will include backlog maintenance and small capital projects (tasks), with no single task having a value >£1m. Tasks will assist the Trust to ensure facilities meet current regulations and service user needs.

## **9 Estates Workforce & Governance**

Maintaining a safe, compliant, and fit-for-purpose estate is the core building block of any Estate Strategy and any NHS Trust. Here we have set out how we will do this through our Estates & Facilities Team and our core 'business as usual' responsibilities.

### **9.1 Structure of estates and facilities team**

The Estates function, provided by CHS is responsible for the planning, management and development of the estate and ensuring it is fit for purpose to meet the aims and objectives of the Trust.

The Estates team includes, Engineering (mechanical and electrical), Building/Civils, Capital Development (construction and infrastructure), Property Maintenance, H&S, Security, Waste Management, Sustainability and Energy. See Appendix 19 for the Senior Management Team Organisation Chart.

All together Estates is made up of in-house maintenance tradesman, construction project managers, building surveyors, architects, cost advisors, mechanical and electrical engineers, strategic planners, arboriculture, and horticulture specialists including a supply chain of 100+ third party specialist contractors.

To deliver our objectives, we need the right people with the right skills, carrying out the right functions with the right property support tools, all functioning as a high performing Estates & Facilities team.

9.2 Governance and reporting arrangements (Board oversight, risk management)

While the Chief Executive and the Trust Board carry ultimate responsibility for the safe and secure healthcare environment, the diagram below represents the professional approach adopted to enable the ongoing management of the Trust’s estate.

The Transformation Programme Board (a sub-committee of the Trust Board) is responsible for ensuring that the principles of good hospital design are incorporated at every stage of the development. The Board will also ensure a proactive response to the climate emergency in Calderdale and Kirklees and the Trust’s Green Planning Committee will provide regular updates to the Transformation Programme Board.

The Board oversees the development and delivery of complex transformation programmes in the Trust, and reports progress and provides assurance on these matters to the Trust.

The Board is responsible for the delivery of reconfiguration of services and capital investments at HRI and CRH, through appropriate commercial arrangements and an effective supply chain. The Board produces viable and affordable Business Cases, delivery of programmes and manages transformation programme risks and benefits.

The Foundations for our Future Hospital Reconfiguration programme is reported on and fed into the Transformation Programme Board.

The Trust’s Finance Director is responsible for this Estate Strategy and its implementation.

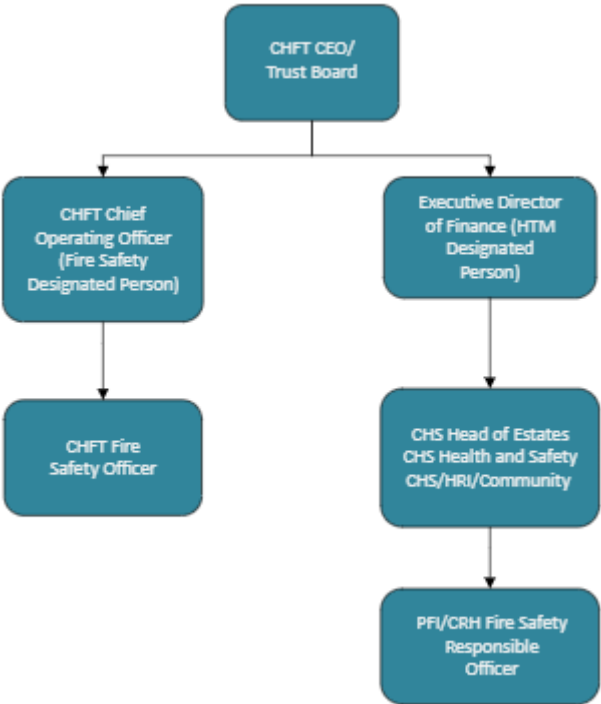


Figure 1 Organisation Structure

For CRH CHFT provide oversight to the Agreement by undertaking internal audit and holding monthly Contract and Performance Meetings and quarterly Liaison Meetings. The contract deliverables are defined in Schedule 2 of the Agreement. Annually all the items of Schedule 2 are audited. If there are any audit or other service failures a deduction is made to the monthly valuations. On a monthly basis there are contract and performance meetings held with the SPC with representatives of their service partners, these meetings review the full scope of service delivery. On a quarterly basis a liaison meeting is held with senior representatives of all parties. In the case of CHFT there is representation from both Executive and Non-executive Directors.

For HRI, Calderdale and Huddersfield Solutions Ltd (CHS) are a wholly owned subsidiary company of Calderdale and Huddersfield NHS Foundation Trust.

CHS employs around 520 people who deliver a comprehensive estate, facilities, medical engineering and procurement service to properties owned and managed by the Trust.

CHS also offers a Capital Development service, managing all major and minor refurbishments and construction projects. Previous award-winning schemes include five Theatre refurbishments,; Ward 18 which won 3 categories at the national Building Better Healthcare Awards in 2021; the new A&E at HRI which won the Kirklees Civic Society Best New Build and Overall Winner and the heritage award winning retrofit of the old wire works into a world class Outpatient facility at Acre Mill.

A description of each role within Estates and Facilities is provided in the table below:

Role	Responsibilities
<b>Trust Board</b>	The Trust Board has overall accountability for all the activities of the organisation, which includes the management and maintenance of the Trusts estate and facilities. The Trust Board delegates the responsibility for the management and maintenance of the estate and facilities to the Chief Executive.
<b>Transformation Programme Board</b>	This Board is a formal subcommittee of the Trust Board that has responsibility for major strategic estate development, climate change etc.
<b>Chief Executive Officer</b>	The Chief Executive has the ultimate managerial responsibility for the management and maintenance of the estate and facilities and delegates the operational day to day responsibility and authority to the Executive Director of Finance who will manage, maintain, and control the estate as set out in this Estate Strategy.
<b>Exec Director of Finance</b>	The Executive Director of Finance will act as the Designated Person for Estates and Facilities and will manage, maintain, and control the estate as set out in this Estate Strategy.
<b>Calderdale SPC</b>	Calderdale SPC has responsibility for delivering comprehensive estates and facilities management at CRH
<b>CHS Board (HRI)</b>	CHS Board has responsibility for delivering comprehensive estates and facilities management at HRI, Acre Mill & Other Trust owned & leased properties.
<b>CHS Head of Estates/Deputy MD</b>	<p>The Head of Estates is the principal advisor on all land, property, estate, and facilities matters to the Chief Executive and the Trust Board.</p> <p>The Head of Estates is responsible for the planning, management and development of the estate and ensuring it is fit for purpose to meet the aims and objectives of the Trust.</p>

Role	Responsibilities
	The Head of Estates will lead the CHS team of Project Managers, Quantity Surveyors, Property Managers for the Capital Development service, from master planning and interior design to refurbishment and construction.
<b>CHS Head of Facilities</b>	Leads a team of Facilities Managers delivering services covering General Office, Switchboard, Portering, Linen, Catering, Cleaning, Transport and Equipment.
<b>CHS Group Head of Health and Safety</b>	Single point of contact for all Health and Safety matters related to the Trust and CHS.
<b>CHS Environmental Manager</b>	Leads the energy, sustainability, and waste team. Single point of contact for all matters relating to sustainability.
<b>All Colleagues</b>	<p>It is the responsibility of all Trust employees and other colleague using the Trust's premises to:</p> <ul style="list-style-type: none"> <li>Recognise their duty under legislation to always take reasonable care for their own safety and the safety of others</li> <li>Be familiar with all Trust and Estates and Facilities policies and procedures and complete all statutory, mandatory and role specific training.</li> </ul>

Table 6 – Estates & Facilities roles & responsibilities

## 10 Partnerships & System Collaboration

The Trust will continue to meet regularly with local and national partners to discuss and review estates planning and developmental matters. On-going dialogue will also continue at both strategic and operational levels with the ICP/ICS to help ensure synergy in estates planning, opportunities, and delivery upon joint initiatives for service delivery and optimisation of our estates.

We will continue with these key discussions as we work collaboratively to achieve better outcomes, service alignment and greater efficiencies.

### 10.1 Role of Estate Strategy within the ICS

The ICS/ICP Estates vision is to ensure that all the partners' estates are used to meet patient objectives at a System level across our region.

The Trust fully supports the ICS/ICP approach and will work collaboratively with all partners to strengthen system working. The Trust also recognise the need for closer working with the Primary Care Networks (PCNs) as integration and collaboration gathers pace.

The West Yorkshire ICS published the infrastructure strategy in July 2024. Please refer to Appendix 20.

The ICS has secured the largest share of national capital investment in England – with over £850m of agreed investment in acute hospitals and current and longer-term plans for investment will bring many benefits that include:

- Improved safety, quality, and experience of patient care

- 
- Future proof service provision embedding new ways of working and digital innovation in the fabric of buildings
  - Reducing carbon use and emissions
  - Supporting economic regeneration – through job creation, apprenticeships, and skills development
  - Attracting skilled healthcare professionals
  - Improving efficiency from the way we work and estates lifecycle costs.

The ICS are fully supportive of the Trust's Reconfiguration of Hospital Services programme, it being their highest priority, and the strategic direction of this Estate Strategy.

## 11 Sustainability & Net Zero Strategy

In 2015 the Trust adopted its Sustainability Action Plan (SAP), which will be the vehicle to implement the Green Plan. The Green Planning Committee is governing this work through to the Programme Transformation Board. The Trust refreshed and republished its Green Plan in July 2025.

This Estate Strategy aligns with national and local requirements for reducing the Trust's carbon footprint (see the Trust's Green Plan at Appendix 11, which includes the Trust's Sustainability Action and Decarbonisation plans). The Trusts four commitments and targets are:

- Carbon Reduction – The Trust will achieve a 100% reduction of direct carbon dioxide equivalent (CO2e) emissions by 2040. An 80% reduction will be achieved by 2032 at the latest.
- Air Pollution – The Trust will convert 90% of our fleet to low, ultra-low and zero-emission vehicles by 2028. The Trust will cut air pollution emissions from business mileage and fleet by 20% by March 2024.
- Waste – The Trust will sign and adopt the Single-Use Plastic Pledge. The Trust adopted a Zero to Landfill policy-sending no waste to landfill.
- Governance – The Trust will manage and deliver the Green Plan through the nomination of relevant leads and through the Green Planning Committee chaired by the director lead for sustainability/CHS Managing Director

These commitments and targets are going to have a direct impact on the Estate and the management of its Facilities.

## 12 Monitoring & Evaluation

Proper and effective challenge of the performance of the estate provides the cornerstone of effective estate management. Every property and hospital wing should be subject to full scrutiny in accordance with the Estate Strategy and supporting reconfiguration delivery programme. Additional challenge may result from the need to review discrete groups of property assets either on a geographical or service basis.

One of the key actions of this strategy is to establish clear and meaningful Key Performance Indicators (KPIs) and management information to enable us to measure the performance of our property assets, and delivery against our objectives.

Our aim to set ambitious and challenging targets for the delivery of the Estate Strategy; targets that stretch the service and generate growth and value for the benefit of our patients, colleague, and the wider healthcare system.

In determining the success criteria for the Estate Strategy, a range of indicators have been considered, to provide a cohesive and overarching assessment in non-technical terms. These are:

Success Criteria	Description
<b>A built environment that enhances care, quality, and wellbeing</b>	To provide facilities that enhance and promote the ability of clinical services to deliver the best possible outcomes and experiences for people using our services.
<b>Maximising the benefits achieved from our PFI investment and on-going partnership</b>	Ensuring we achieve high utilisation of our prime assets and achieve value for money from the unitary charges we pay.
<b>Optimised revenue expenditure on the built environment</b>	Annual & lifecycle costs shown against agreed national benchmarks for quality and cost.
<b>Deliver a 'Right-Sized' Estate</b>	Ensure our assets match the clinical activity of the Trust, to contribute to our overall efficiency and sustainability and reduction of the HRI estate post reconfiguration.
<b>Identify and develop opportunities for collaborative working</b>	Cost avoidance and improved utilisation of assets with the ICS, ICP, OPE and other key stakeholders.
<b>Optimal Capital Procurement</b>	Delivering new developments and projects to key time, quality, and cost targets, measurable against national benchmarks.
<b>Reduced Backlog Maintenance Requirements</b>	Reducing Backlog Maintenance on our retained estate, improving its condition where required and reducing future liabilities.
<b>Achieve sustainability and carbon reduction targets</b>	Measured against national benchmarks and NHS targets.
<b>Achieve 100% statutory compliance (including Health &amp; Safety)</b>	Measured against compliance requirements and Health & Safety guidance.

Estates & Facilities will develop these KPIs in readiness for 2026 delivery and they will be measured against on a quarterly basis.

Based on best practice property asset management, going forward Estates & Facilities will continue to review all Trust assets on an ongoing basis. Part of this process relates to setting, monitoring, and reporting against performance targets.

For this Estate Strategy to achieve its objectives, its ambition needs to be accompanied by year-on-year delivery of significant, meaningful, and measurable benefits to the Trust. The Trust needs to be capable of demonstrating these benefits through its own performance measures and to satisfy both external scrutiny and comparison against external benchmarks.

It embraces external assessment, to meet statutory performance obligations and internal challenge in terms of a performance measurement framework. Put simply, the approach is to assess how well

---

the Trust performs against a clear set of performance criteria which reflect the Trust priorities in terms of efficiency, effectiveness and added value.

Estates & Facilities will ensure that the structure for and disciplines around corporate property management are maintained and refreshed annually.

To learn from experience, all major projects will be evaluated. In accordance with current guidance and good practice, projects will be evaluated in three stages:

- Monitor progress and evaluate the project outputs on completion of the new facilities. This will take place at each stage as new facilities are completed
- Initial post-project evaluation of the service outcomes six to twelve months after all the relevant facilities have been commissioned
- Follow-up post-project evaluation to assess longer-term service outcomes two years after the facilities have been commissioned.

The evaluation process will be overseen by the relevant Project Board. At each stage of the evaluation, a formal report will be issued. At each stage, the project evaluation on completion will determine what went well during the procurement of the new facilities, what went less well and what lessons may be learnt from the process, and will be addressed by reviewing:

- To what extent relevant project objectives have been achieved
- To what extent the project went as planned
- Where the plan was not followed, why this happened
- What learning may be transferred to other projects, internally or externally

An evaluation of key projects will be carried out on their completion to assess if they have delivered the benefits, they said they would and to understand what lessons can be taken forward for future projects.

## **12.1 KPIs and metrics:**

The Estates & Facilities team will continue to measure the performance of the estate using the key indicators from the Model Hospital Estates & Facilities reporting system as shown in Section 5 of this Estate Strategy.

Performance of our PFI estate will continue to be monitored on the metrics as per Schedule 2 of the PFI agreement.

Performance of our estate will continue to be measured against the Model Hospital and PFI Contract benchmarks.

## **12.2 Reporting and review arrangements (annual Board review, ICS reporting)**

Progress in relation to the implementation of our Estates Strategy will be monitored and reported to the Transformation Board. An annual update report will also be produced and available to the Board.

## **13 How we will get there**

The Estate Strategy outlines the drivers for change and areas we need to invest in at our two hospital sites. It also sets out the range of services and business as usual activities that the Estates & Facilities Team need to continue to provide to maintain a high performing, safe and compliant estate.

If approved, and capital investment is secured; we will deliver the changes contained within this Strategy through a focused and collaborative approach, ensuring that every step we take is aligned to our long-term vision. By prioritising smart investment, effective planning, and sustainable practices, we will modernise our estate in a way that balances immediate needs with future growth.



---

Strong governance, clear accountability, and regular engagement with stakeholders will underpin our progress, enabling us to achieve meaningful and lasting transformation.

This Strategy sets out a clear vision for the future of the Trust's estate and the goals to be obtained, over a realistic time but the vision can only be realised through appropriate investment to renew our estate as well as reduce estate related risks within the retained estate. We also need better estate utilisation, reform the way we use our estate and ensure it supports more innovative ways of working, not only within the Trust but also across the wider region healthcare system.

The resources needed to deliver this Estate Strategy are not only financial but include the people with the necessary skills and commitment to deliver the key objectives.

### 13.1 Communications

Within the Trust and the wider healthcare system, it is important that this Estate Strategy is easily available, promoted, read, and understood by all who have an interest in the estate and property matters.

The Trust will therefore communicate this Estate Strategy in several ways:

- Have a prominent position on the Calderdale and Huddersfield Hospitals NHS Foundation Trust website
- Summary Version of the Estate Strategy
- Through the communication channels within the ICP
- Newsletters and articles on the Trust's website
- Drop-in sessions with the Estates & Facilities team

### 13.2 Next Steps

These are the future actions required to develop the Estate Strategy:

- Seek approval from the Trust Board of the Estate Strategy 2026 - 2031
- Ensure all key projects are taken through a rigorous, compelling Business Case process to ensure they deliver benefits based on the situation at the time of their development
- Agree a clear communications message promoting the Estate Strategy and estate changes to the Trust's colleagues, the public, commissioners, and other stakeholders across the system

### 13.3 Closing Statement from the Responsible Director & Designated Person Estates & Facilities

I want this document to be in constant use and referred to by everyone who has an interest in property at Calderdale and Huddersfield NHS Foundation Trust. Our Estate Strategy should be the first point of reference for any estates and property matters and will be the guiding light for delivering change across our estate. The Estate Strategy also shows the importance to our stakeholders of what the Estates and Facilities team does to maintain a safe and compliant estate and deliver the required investment in property to meet new and emerging clinical demands.

---

***"The principal purpose of this new Estate Strategy is to tell our colleagues, stakeholders and partners how our estate performs and more importantly how we will deliver the necessary change for system benefit across Calderdale and Huddersfield"***

---

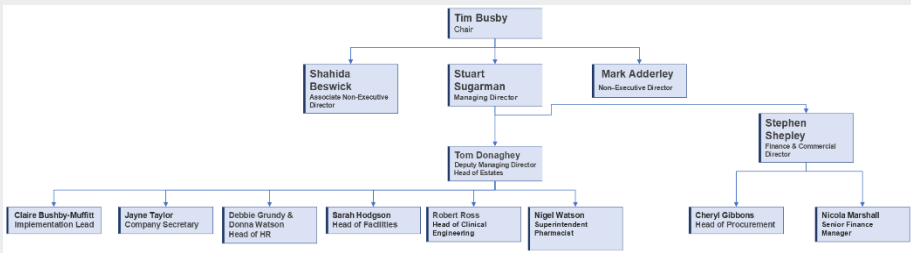


---

**Gary Boothby, Executive Director of Finance**  
**Calderdale and Huddersfield Hospitals NHS Foundation Trust**

## 14 Appendices

Appendix	Description	Documents
1.	Five-Year Strategic Plan (2023-2028)	Available on request.
2.	The Trust's Clinical Strategy (2024-2029)	Available on request.
3.	NHS Fit for the future: 10 Year Health Plan for England (Executive Summary)	Available on request.
4.	NHS Long Term Plan (2019)	Available on request.
5.	NHS Oversight Framework (2025/26)	Available on request.
6.	NHS Integrating Care – Next Steps to building strong and effected integrated care systems across England National	Available on request.
7.	The New Hospitals Programme	Available on request.
8.	Health Infrastructure Plan	Available on request.
9.	NHS Five-Year Forward View (2014) and Next Steps on the NHS Five-Year Forward View (2017)	Available on request.
10.	Delivering a Net Zero NHS and Five years of a greener NHS: progress and forward look	Available on request.
11.	The Trust's Green Plan	Available on request.
12.	Strategic Outline Case for Reconfiguring services	Available on request.

13.	CRH Master Plan	Available on request.
14.	CRH Site Plans	Available on request.
15.	HRI Site Plans	Available on request.
16.	Model Hospital (Summary Report, Full Report, Site comparison and Action Plan)	Available on request.
17.	Risk Registers (CHS Top Risks and Estates Risks)	Available on request.
18.	How the current estate is performing	Available on request.
19.	Senior Management Team Organisation Chart	 <pre> graph TD     TimBusby[Tim Busby Chair] --&gt; ShahidaBeswick[Shahida Beswick Associate Non-Executive Director]     TimBusby --&gt; StuartSugrman[Stuart Sugrman Managing Director]     TimBusby --&gt; MarkAdderley[Mark Adderley Non-Executive Director]     StuartSugrman --&gt; TomDonaghey[Tom Donaghey Deputy Managing Director Head of Estates]     TomDonaghey --&gt; ClaireBushbyMuffitt[Claire Bushby-Muffitt Implementation Lead]     TomDonaghey --&gt; JayneTaylor[Jayne Taylor Company Secretary]     TomDonaghey --&gt; DebbieGrundy[Debbie Grundy &amp; Donna Watson Head of HR]     TomDonaghey --&gt; SarahHodgson[Sarah Hodgson Head of Facilities]     TomDonaghey --&gt; RobertRox[Robert Rox Head of Clinical Engineering]     TomDonaghey --&gt; NigelWatson[Nigel Watson Superintendent Pharmacist]     MarkAdderley --&gt; StephenShepley[Stephen Shepley Finance &amp; Commercial Director]     StephenShepley --&gt; CherylGibbons[Cheryl Gibbons Head of Procurement]     StephenShepley --&gt; NicolaMarshall[Nicola Marshall Senior Finance Manager] </pre>
20.	ICS Estates Strategy	Available on request.