

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON MONDAY, 23 MAY 2022

Councillors Present: Claire Rowles (Chairman), Alan Macro (Vice-Chairman), Tony Linden, Andy Moore and Garth Simpson

Also Present: Andy Sharp (Executive Director (People)), Councillor Jeff Beck, Councillor Graham Bridgman (Portfolio Holder: Deputy Leader and Executive Member for Health and Wellbeing), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Tom Broadfoot (Royal Berkshire NHS Foundation Trust), Alison Foster (Royal Berkshire NHS Foundation Trust) and Andrew Statham (Royal Berkshire NHS Foundation Trust)

Apologies for inability to attend the meeting: Paul Coe (Service Director Adult Social Care)

PART I

3 Apologies

4 Declarations of Interest

There were no declarations of interest received.

5 Royal Berkshire Hospital Redevelopment

Andrew Statham, Director of Strategy, Royal Berkshire NHS Foundation Trust (RBFT) presented the report on the Royal Berkshire Hospital redevelopment programme – Building Berkshire Together (Agenda Item 3).

It was explained that the Royal Berkshire Hospital was on the Hospital Development Programme. There were three stages and they were now starting the Outline Business Case stage to narrow down the preferred options of location and scale. This would be followed by the Full Business Case.

Mr Statham highlighted the work being done to get to the Outline Business Case stage. This included reflecting on the Clinical Services Strategy (Agenda Item 5) and other aspects about the scope and future location of the site. This would involve a multi-faceted analysis around resident's access, staff access, the cost of the redevelopment and the number of services needing to be located on the site. RBFT were looking to engage members of the public and key stakeholders to get it right for the residents using services going forward.

Councillor Alan Macro asked for detail about the timescales on the location decision. It was advised that the Trust wanted to complete the work for the Outline Business Case this financial year.

Councillor Tony Linden asked four questions:

- When were the Trust anticipating their engagement with Local Authority Health Scrutiny Committees and calling for a Joint Health Overview and Scrutiny Committee (JHOSC) to be set up?

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- What were your patient flows? This data would inform the composition of the JHOSC.
- How would the Trust engage and consult with residents in West Berkshire?
- Would they be holding open engagement events in West Berkshire?

It was confirmed that the engagement would take place in West Berkshire as with all communities. That would involve holding events with members of the public in West Berkshire. This had started already online and future events would be published. There was also a website to take individual questions and reflections from members of the public and stakeholders.

It was confirmed that the majority of patients came from Berkshire West. Less than 10% of total patient flow was from East Berkshire and most of that went to Bracknell and Wexham Park Hospital. There was some cross-border flow from South Oxfordshire and North Hampshire.

Councillor Andy Moore asked for clarification on the three options of the Outline Business Case.

It was confirmed that the Strategic Outline Case had 6 options of which doing nothing was one option. A second was to fix the backlog maintenance and a third option was the backlog maintenance and then a minimal build. The Board felt these did not satisfy the needs of the population in the future. There were then two options on the current site. One to make use of the buildings built in the 2000's and one to reconfigure all the buildings. A final option was to find a new site and relocate away from the current site.

Councillor Macro raised concern about the South Block and its suitability for development. Secondly Councillor Macro asked if the proposals would include support for visitors and staff arriving by private car or public transport.

It was confirmed that only one of the proposals included the use of the South Block. The more substantial redevelopment didn't include it. On parking progress was being made to reduce staff parking on site to make improvements for staff and those accessing services. However the current site was doubly prescribed.

Councillor Graham Bridgman confirmed that some volunteer drivers could be helped with a drop-off area. Councillor Bridgman noted the following and invited the Trust to comment:

- 1) Funding would affect outcome. The funding available would make a huge difference on what could be done.
- 2) Was there a case for having certain aspects of the emergency elements of the Trust somewhere where ambulances could get to very quickly?
- 3) What evidence was there about how location would affect outcomes? To what extent could the tension between those living and working in Reading and those who lived out of the area be relieved by better transport links wherever the hospital site ended up.

The process to secure funding was confirmed. The RBFT were in cohort four of the New Hospital Programme. They would be going back to the Treasury with the rest of the Hospitals to get a solution so that the hospital could be built by 2030. That was happening in October 2022 and so they would start to get an idea of what funding was available then. There was extreme pressure on the funding. Partners would be welcomed to help influence this over the next quarter.

On location, the Trust advised that the location of an Emergency Department did impact on how many patients turned up and from which communities. Emergency Services were used disproportionately by people from deprived communities and so this needed to be

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taken into account on the location of the hospital. It would be considered if they were better supported by other services and the Emergency Department used as a last resort. Transport solutions would be considered to enable continued access. There was research happening into health inequalities and how a change of location would impact particular groups. It would be important not to disadvantage communities.

Councillor Bridgman noted that were issues with transport into the current site. In particular the lack of bus service, rail access and issues with car access. Bus and train access would also help to minimise the car access issues.

Councillor Rowles welcomed further conversations to support the Trust.

Councillor Moore requested clarification on how the JHOSC would be formed and who would lead on it.

The Trust confirmed that the Council needed to propose the JHOSC and the Trust would help to inform that. They had spoken with Reading and would be speaking with Wokingham. Andy Sharp advised of the process going forward.

Councillor Jeff Beck stated that the Committee needed to form a view regarding the location of the Hospital. A new site had many advantages rather than redeveloping the existing site which did not seem to be a practical solution. The Trust recognised that a decision needed to be made. There were challenges in redeveloping the current site but there would also be challenges in moving to a new site. There were buildings on the current site which might be useable as part of a modern infrastructure. The Trust wanted to do the appraisal well over the next year, taking on board the views of residents and their representatives.

Councillor Linden suggested a site visit for Members. Councillor Linden also noted congestion and its impact on the ambulance service. He also noted p54 of the agenda and the importance of the physical environment to support healing. There might be the opportunity to build outside of Reading. He highlighted that access was a key issue.

The Trust welcomed a visit from Members of the Health Scrutiny Committee. It was agreed access was really important to all the communities and was complicated because people accessed the site in various different ways.

Councillor Macro noted on the access issue that as a car user he avoided using the multi storey car park. He noted that on the site there was an education centre and West Drive which could be used. He noted that there was a large gap in the consultation and requested that people were made aware of the proposals and given the opportunity to partake in the consultation. The Trust confirmed they were taking occupancy of some of the University buildings. For example the Harborne Building. They were also making changes to West Drive. They were lots of ideas to redevelop the current site and community engagement would really help.

Councillor Bridgman noted that an obvious location of a new site would be Junction 11 where there would be rail and bus access. However, he highlighted that funding was needed to enable this. It was an exceedingly expensive proposal. Therefore redevelopment of the Craven Road site would be more realistic. On the consultation discussion, Councillor Bridgman advised that there was a website and communications had taken place. He stated that further engagement was needed.

Councillor Moore requested confirmation on the timescales of the Outline Business Case. The Trust confirmed that the New Hospital Programme needed to be formally told when they could move forward. This would be scheduled over the summer and so it was likely to be later this year or in the early part of next year. However, the Trust said they were keen to progress. Councillor Moore noted that the Council would need to progress the

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JHOSC. The Trust advised that the New Hospital Programme would consider a readiness to go and this would include having a JHOSC up and running.

6 Motion regarding Royal Berkshire Hospital Redevelopment

Councillor Alan Macro gave an overview of the Motion made at Council on 17 March 2022. Councillor Macro highlighted the condition of existing buildings, the parking issues and concern that sites proposed must be accessible for West Berkshire residents. Councillor Macro's request was for West Berkshire Council to resolve for the hospital to be built on a new site.

Councillor Graham Bridgman agreed that a new site would be preferable but that options would be constrained by the funding available. There would also be benefit in keeping some elements within Reading. Councillor Bridgman advised that he was supportive of the Motion, with the consideration of the funding being available.

Councillor Andy Moore noted that he would have seconded Councillor Macro at full Council on this motion. He stated this was a once in a century opportunity and that the residents of West Berkshire would want West Berkshire Council rooting for them. Councillor Moore agreed with Councillor Bridgman's comments regarding the resources being available.

Councillor Macro confirmed that it was important to make the views of West Berkshire Council known.

Councillor Jeff Beck noted that to redevelop the existing site, whilst keeping services available, would be very complex and expensive. There would also be re-sale value in the current site. Councillor Beck agreed the concern regarding the funding being available.

Councillor Bridgman invited Members and anyone watching to go to the website BuildingBerkshireTogether.co.uk to view the options under consideration. Councillor Bridgman noted that the purpose of the JHOSC would be to look at the formal proposal, not a range of proposals. It was therefore not wrong for this Council to make its general views known.

Councillor Macro agreed with Councillor Bridgman and highlighted that it would be to state a preferred view. Councillor Moore noted that the Council's view on this matter would be useful to the JHOSC and would like to see the Motion go forward.

The Motion was supported with the caveat regarding the funding being available.

7 Royal Berkshire Foundation Trust Strategy Refresh

Andrew Statham, Director of Strategy, Royal Berkshire NHS Foundation Trust (RBFT) presented the report on the Trust Strategy refresh and the new Clinical Services Strategy (Agenda Item 5). The context for the refresh was explained and followed by an overview of the new Strategy. It was explained this was not a change to the mission of the hospital which still resonated and was a strong message to staff and partners. The objectives had been tweaked; the first strategy to stress 'for all'; the third a shift to delivery in partnership instead of integrated care; and the fifth to include environmental sustainability and to recognise the significant contribution of the Trust to the environment in communities. Work was being done on how they would track their progress. Metrics would be reported on through RBFT Board and progress tracked on an operational basis.

The Trust presented the final slide on the Clinical Services Strategy. It was noted that the priority about the quality of care remained unchanged; to aspire to outstanding services every day. Secondly it was highlighted that services were to fit around patients, rather

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than patients around services to provide seamless care. There was merit in organising the building around level of acuity. The third objective was to get more services into the wellbeing space and more expertise of professionals in supporting primary care and social services in the community. Finally it was highlighted that the need was recognised to meet patients where it was best for them. This meant making use of technology, all hospital sites and other places where people could receive care. It was noted that different thinking was required about the workforce for tomorrow, use of technology and buildings provided.

The Chairman asked for clarification on the changes to the first priority to be 'for all'. The Trust confirmed whilst the services were available for all, they might not have fully understood the difference in support they might need to provide for all to benefit from them. They were exploring some of the impacts around health inequalities. They had undertaken some research around their outpatient appointments with NHS England. The 'did not attend' rate was double for the two lowest socio-economic groups. They had held focus groups to understand why that might be. It appeared very simple but was not incorporated into their operational process. Those groups had higher rates of household instability, changing phone numbers and employment circumstances making 9-5 appointments difficult for them. The Trust need to think differently to support the outcomes the NHS promised and made it explicit in the Strategy.

Councillor Linden asked for clarification around staff satisfaction in the Strategy, how the Trust would engage with those digitally excluded and how the Trust would provide the highest quality of care for all whilst living within their means. It was confirmed that the Trust regularly tracked staff satisfaction and also found retention data useful. Staff engagement was a key indicator also. Regarding digital exclusion, the Trust advised that digital was an additional channel available for those who preferred it but they did not take it for granted that people can use it. In response to the question regarding finance, the Trust confirmed that it was a challenge at all times. They were mindful of using money wisely and it could be a potential limiter on ambitions, but they absolutely strived for the highest quality of care for all whilst still living within their means.

Councillor Linden asked what the current level of staff vacancy was. The Trust advised vacancies went down during the pandemic. This was from 14-15% to 12% approximately. There had been some increase in turnover post-pandemic. This included all staff and vacancies differed significantly across different staff groups. Councillor Linden asked about the impact of Brexit. The information was not available to answer this question. Councillor Linden asked what the recruitment strategy was and how it affected retention and retirements. The Trust advised they were always actively recruiting against the vacancies they had. They worked with colleagues nationally and locally to fill those vacancies. Councillor Linden queried the retention rate and the Trust confirmed their ambition was to have a slightly lower staff turnover rate. They were not complacent on retention or vacancies, but they were hugely proud of their work on cultural engagement and their employee benefit package which held them in good stead during the pandemic. Staff survey results had been published and they were really pleased to be one of the top performing acute Trusts against their peers. Councillor Linden asked whether they had a structural problem of retirement numbers in the future. The Trust confirmed they were not exposed any more than other public services to that particular challenge. Councillor Linden asked if there were plans to improve ethnic diversity at Board level. The Trust advised that diversity and inclusion was a big agenda for the Board. They had several initiatives including staff forums to support that agenda. This was particularly focused on supporting people with career development opportunities. They recognised that they had representative levels of staff but overwhelmingly white leaders and managers and so

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they were keen to do what they could to better support people taking advantage of career opportunities.

Councillor Macro asked if there were any plans to enhance the minor injuries unit at West Berkshire Community Hospital and if there were partnerships to support walk-in centres in communities to help relieve pressure on A&E. The Trust confirmed that the minor injuries unit and walk in centres were provided by Berkshire Healthcare. The Berkshire West Urgent Care Board were prioritising their work to support people who had minor ailments or injury and were seeking care at the moment. The Trust and primary care need to think differently in how they could meet those care needs. The level of demand was outstripping capacity. This was from increasing self-care confidence all the way through to the Emergency Department. Councillor Macro confirmed that partnership working with Berkshire Healthcare would be very beneficial to enhance the facilities at West Berkshire Community Hospital. The Trust confirmed this was done through the Berkshire West Urgent Care Board. The specific service at West Berkshire would be enhanced by their work in enhancing diagnostic services.

Councillor Moore asked the Trust how they looked forward to where technology might be in 10 / 20 years and how technological advances could influence service delivery. The Trust confirmed they were looking at the potential of technology. They employed people from sectors with expertise in technology and regularly partook in forums with other hospitals in the U.K and internationally about where technology would take them. They had recently taken a paper through Board around enhancing existing services and how they made use of technology to allow patients to self-serve through portals.

(The meeting commenced at 11.00 am and closed at 12.46 pm)

CHAIRMAN

Date of Signature