



RAN Advice Forum Report

“Redeveloping the Royal Berks Hospital - the ‘Building Berkshire Together’ Programme”

9th March 2022

Introduction

1 The Reading Advice Network, building on the success of its efforts in 2021 to strengthen links between RBC Councillors and RAN member organisations, has been working hard in recent months to develop similar strong links between its members and the Health Sector in Reading. This Forum was the first public step in that direction. We had 20 participants - half from RAN members, and the rest from other interested organisations.

2 The Royal Berkshire NHS Foundation Trust is undertaking a major modernisation of its services and building. It is a long-term redevelopment programme called ‘Building Berkshire Together’ (BBT) which will involve major investment over the next ten years. Where the Royal Berkshire Hospital (RBH) is located in the future, how it operates, and the range of services it provides is, of course, of major concern to the great majority of our members’ service users.

3 Our speaker was Alison Foster, the Director of the Programme. Alison started her career as a mental health nurse, and has worked in various improvement roles over the last 30 years. She has also worked in the voluntary sector as Chair of Healthwatch West Berkshire, and she is also a Parish Councillor in Tilehurst. She took up her post as Programme Director in July 2021.

The Presentation

4 The slides Alison used to accompany her presentation are attached to this Report. RBH is one of the 40 (now 48) ‘new hospitals by 2030’ programme announced by the Prime Minister in October 2020. That programme has a succession of cohorts - RBH is in Cohort 4.

5 Alison explained that each hospital in the programme had to go through three stages before its redevelopment proposals would be approved and it would receive funding. These are:

- Producing a Strategic Outline Case, the ‘Case for change’. This had been produced in December 2020, and had been approved
- Producing an Outline Business Case setting out the ‘Preferred Option’. This would take 12 - 18 months, and her team was doing the preparatory work for this now.

- Producing a Full Business Case, which would, if approved, secure a 'Contract to build'. This would take a further 12 months. Only at that point would they know how much Government funding they would receive for the redevelopment.

6 In addition, each hospital is expected to learn from the hospitals in the earlier cohorts, and to build those lessons into its proposals as they develop. RBH's initial planning considered six options - they are now focusing on three:

- Option 4 - partial redevelopment which would create new Elective and Maternity Centres and a Medical School
- Option 5 - completely rebuilding the RBH campus
- Option 6 - moving RBH to a Greenfield site.

7 Given the pressures on Government funding it was likely that the Treasury would in the end go for the option that addressed the needs of the population using the hospital now and in the future, gave the taxpayer the best value for money, and was affordable. In the meantime, however, there were significant problems with the current site, with some buildings 175 years old, which they were keen to begin tackling.

8 As they developed the Outline Business Case, her team was grappling with a number of key issues for the population that would be using the redeveloped hospital, such as:

- How best to improve access to the hospital
- How to streamline the hospital's processes and procedures so that things were 'done right first time'
- Whether it was possible to make better use of RBH's various satellite sites, and free up space in the main hospital for the more complex procedures
- How to ensure 'equality of treatment' for the many different groups and communities using the hospital
- How to make the future hospital 'carbon neutral'. The pandemic had delayed progress on the hospital's 'Green Plan', and whereas the NHS was aiming to achieve net zero by 2040, Reading was trying to get to net zero by 2030, so their work on this needed to speed up.

9 She highlighted four priorities for the next stage of their work:

- Engaging a wide variety of individuals and groups, with many different areas of expertise and experience, and building with them a model of co-production which they would use to develop the new hospital
- Understanding the links between clinical needs, the hospital's buildings, and the fast-changing digital world
- Exploring how to ensure that the new hospital would be sustainable over the long-term
- Working on the hospital's processes and procedures

10 The 'team' that would develop the new hospital was much wider than her relatively small programme team. It would include RBH patients and the Reading community, colleagues at Regional and National level in the 'New Hospitals Programme', the Royal Berkshire Hospital Trust staff and partner organisations, and the 'BBT' network that she was working to create.

11 She concluded by setting out the areas on which she and her team would be focusing over the next few months:

- Establishing the BBT network and the co-production process

- Making the best use of the existing available space
- Doing some early enabling work - moving some people off site to enable some buildings to be demolished
- Looking at a range of new ways of working in different parts of the hospital
- Speeding up the innovative use of digital technology
- Working on the Green Plan
- Implementing the results of the recent Clinical Services Strategy Review
- Doing the design work for a number of different options once funding becomes available
- Building the Outline Business Case.

Discussion

- 12 We then moved into discussion groups to consider two questions:
- What would your service-users want the 'Building Berkshire Together' (BBT) programme to deliver?
 - How would you want to engage with the programme going forward?

13 The feedback from the groups drew attention to the range of different service-user needs, and to a series of problems with RBH at present. Service-users' needs depend on a wide range of factors. Are they colour-blind? are they hearing-impaired? can they read? Is English their first language? do they have a mobile phone or access to a computer? do they have a car? - were the particular considerations identified, but there will be many others. The main current problems with RBH highlighted were transport access - particularly bus links and parking; its capacity, particularly in A & E; and the difficulty of finding your way around the hospital. But people felt that the quality of clinicians and the services in general was good.

- 14 The groups' views about what service-users would want from the BBT programme focused on four main issues:
- Communication
 - Location and access
 - Navigating the site
 - Capacity and flexibility

15 **Communication**, both about the development programme and the redeveloped hospital and its services, would need to be clear, easy to understand, respectful, timely, and use a variety of channels, formats and languages that reflected the range of service-users and their different needs. There would also need to be good feedback channels, so people could say how well it was working and how it could be improved.

16 Decisions about **location and access** would need to recognise who would be likely to use the hospital, now and in the future, and how they would travel there, and would need to be co-ordinated with other organisations such as Reading Borough Council to ensure key infrastructure such as public transport was in place. Possible alternative sites - Wokingham, Shinfield, Green Park - all had advantages but also significant drawbacks.

17 Service users would want the site to be **easy to navigate**. That would require thought about the flow of patients around the hospital and where Departments could best be located, good internal signage in colours that worked for people who were colour blind, and people at Reception to help patients as they arrived,

18 Service-users would expect the new hospital to have sufficient capacity to provide a full range of services, now and in the future, but the groups thought there would need to be flexibility about how these were delivered. They also suggested a number of parallel initiatives to reduce and manage demand - preventative services, increased GP capacity in the community, providing care at home, and putting a GP unit in the hospital to reduce demand on A & E. There was a lot of discussion about digital access - its potential to deliver services remotely, improve booking systems and manage patient records, but the difficulties this all raised for service-users who were digitally excluded.

19 One final concern was that the BBT team might find that animosity about the current state of the NHS in general and RBH in particular - particularly about long waiting lists stemming from the pandemic - made it difficult for people to respond positively to new ideas and possible future changes. This might hamper the team's efforts to engage people in the development programme.

20 Going forward, the participants felt they would want to engage with the BBT programme face-to-face rather than through Zoom meetings. They would want information in a form that was easy to pass on to others quickly, routes through which they could offer ideas and give feedback, and for any feedback provided to be acknowledged.

21 The Forum concluded with our thanks to Alison for an excellent presentation and a very stimulating Forum.

Richard Harrison
Chair, Reading Advice Network