

Questions and Answers: Leicester's Hospitals reconfiguration proposals

Transport

How are you going to accommodate more parking?

For the Glenfield site the plans include the construction of a new multi-storey car park, for the Royal Infirmary we will make provisions for maximising our current car parking capacity, but we envisage some future flexibility in the provision we currently purchase from external providers.

How many additional spaces will there be?

This will be subject to the outcome of our travel studies and plan that we are in the process of commissioning. It will be available for the consultation.

Are you planning on consulting on travel services for people considering the ageing population?

We will be using an independent company to carry out a full travel plan which will take account of all the users of the hospital sites, this plan will include public transport and will make recommendations about the best ways to support people to access the sites. This plan will be developed by a specialist company with expert knowledge and will take account of everyone's needs.

Beds

Have you considered need for more beds?

Of course; we have an ageing population. We have done lots of work and looking at demographic work, frailty etc. However do not judge a healthcare system by the number of beds it has. A good healthcare system keeps people well and out of hospital.

However we do need more intensive care beds and our plan sees an increase from 49 beds to 100.

Are you taking beds away?

No. Our final plans see an increase in beds – on our wards and in our intensive care units.

Staffing

How are you going to staff these new hospitals when there is a national shortage of nurses?

Our evidence of new facilities (Emergency Department and Vascular) shows that it is actually easier to attract staff to work in modern, purpose built buildings, so we are confident that this will help us to not only recruit staff but to also keep them.

Alongside all of these plans, it is crucial that you get your staffing right. What are you doing to improve recruitment alongside these plans to develop?

There are assumptions in our plan that improved facilities and less fragmentation of our services will have a positive impact on recruitment and retention particularly for nursing and medical staff.

We have seen improvements already in our ability to recruit to our new Emergency Department as well as a reduction in sickness levels. Analysis of the Emergency Department after the move also saw a demonstrable reduction in turnover and we therefore also expect to see a benefit in terms of improved retention.

We are also assuming that there will be more efficient working practices as we will realise the benefits of paperless offices and similar services provided on a single site. This will mean we can cope with a level of increased demand without increasing our staffing.

As part of a Leicester, Leicestershire and Rutland wide attraction and retention group we are also working on joint plans to improve our employer brand and promote the benefits of working in our

Questions and Answers: Leicester's Hospitals reconfiguration proposals

local community. This work includes working with schools and education providers to market NHS careers and opportunities for apprenticeships.

We are maximising the opportunities that apprenticeships has afforded us in terms of introducing new career routes into healthcare professions such as nursing and healthcare scientists.

We are also expanding new roles into the service to do tasks which are suited to different roles such as Physician Associates and Nursing Associates. We are working closely with our local universities to develop pathways into the NHS. De Montfort University for example have introduced a second cohort of children's nurses that will begin to provide a new source of newly qualified nurses each March to supplement the cohort that comes out each autumn with the first graduates in March 2019.

Will you have enough staff to run the services you're looking to move/ expand?

There are many external issues impacting on our ability to recruit nurses in particular, such as Brexit and the removal of the nursing bursary. We recognise through our modelling that there will still be gaps in our nursing workforce to meet current demand, so we are taking the actions above to redress this.

As part of the reconfiguration programme we are developing workforce plans for each service in conjunction with clinicians to ensure we can develop robust and sustainable models of care. Each workforce plan looks at cover day, night and at weekends and will be developed to include new ways of working. There will be workforce efficiencies as services are re-profiled and we maintain services over a more sustainable footprint. Digitisation will also release some workforce benefits. We have also acknowledged through our experience of the Emergency Department and the move of our Vascular services that engaging with staff at all levels as early as possible is a critical factor in managing any moves. A process of cultural audits and capturing the hopes and fears of the staff from services impacted by the changes we are planning are already well underway and action plans developed to address the concerns of staff. This early intervention will also reduce uncertainty and should lead to improved retention and improve our chances in recruiting successfully.

As we already mentioned above, we are working closely with both De Montfort and Leicester Universities to develop new pathways from apprentices, nurse associates, degree pathways for adult, child and midwifery fields of practice, as well as advanced practice programmes and masters level courses. Innovative solutions in areas like Paediatric Intensive Care have looked at using learning disability nurses and we have recently shared our experience nationally.

Although there are acknowledged shortages of qualified staff in areas like nursing, we have bucked the trend locally with midwifery and diagnostic radiographers where we have managed to recruit and retain again working with local universities, but also engaging midwives in developing new models of care and emphasising the value of professional and personal development with an on-going commitment to education and training.

Other services

What about dermatology outpatients – will that be moving from the General?

Yes, dermatology services will eventually move to the Treatment Centre on the General Hospital site.

What is going to happen to Neuro-Rehab?

In our plans this service will be moving to the Royal Infirmary.