

29 July 2020: Partner NHS Staff online engagement session

Facilitator	John Boyman - Head Public Relations, Strategic Projects	Engagement Team	Wendy Landreth – Engagement Support
Speakers	Shirlene Oh - Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dominic Kelly - Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
Registered participants	64	Participants on Zoom	42

Questions/Comments raised pre-event at registration / website [comments box on Eventbrite registration form]:

Please listen to staff and patients. These are the groups that know best that know best the issues faced. Hearing their voice will help to ensure that we have a building and a service that is fit for purpose

I live in Winchester and the hospital is just around the corner from where I live and (selfishly) I am concerned that it will be closed or provide reduced services.

not sure at this time

This is patently untrue. For example I have just read an email saying there will be new cancer care facilities.....

This is such a fantastic opportunity but I'm concerned that public sector projects always seem to run horrifically over budget, how will this be managed?

It is great that in the discussions the intention to build the new hospital as carbon zero and environmentally friendly are voiced, however, it would be good to see this in black and white as part of the programme information rather than as something that is only mentioned when challenged.

Will the new hospital provide an individual multi-professional care pathway for the surgical pathway? Safer surgery and reduce length of stay

no comment as of yet

1. The hospital buildings & facilities are extremely important but parking is too. There needs to be sufficient free parking for staff & free or cheap parking for patients.

The parking charges to be implemented for staff are unfair as they should be pro-rata according to pay & preferably none for anyone.

2. For the new hospital, I believe that signage is going to be improved. Would a bi-lingual & braille information station be useful for patients, to see routes & pictures of the

hospital & to ask frequently asked information, similar to those in shopping centres.

Perhaps also see waiting times etc

3. Going forward with Covid to consider another form of eco heating that does not involve air conditioning (to avoid contamination in the event of viruses)

The new hospital should be designed following current scientific, medical advice with the view of future impacts.

Choosing the right location would be most important. I was not happy with the location of the previously planned CTH near Dummer as it was only linked by road. The new hospital (as it is planned bigger than the previous CTH) should be next to a train line and station ideally in the middle between Winchester and Basingstoke, i.e. Micheldever. Patients and relatives need to get there easily and without a car - think carbon foot print!

Cycle lanes to link with nearby villages and towns.

The new hospital should be designed carbon neutral including solar panels +/- wind turbines, heat pump based heating, including max. facilities to reuse and recycle to minimise single use items and low carbon travel links into all of North/Mid Hampshire and with minimal impact on wildlife and biodiversity.

I like the idea to have cooks preparing food freshly on each level or ward.

The new site should incorporate other health facilities (either from within our HHFT trust or inviting other trusts/providers to colocate), i.e. secure mental health units for children and adults, physiotherapy, GP surgery, rehab centre, respite care for children, leisure facilities...

It should incorporate age appropriate design for, newborns, children, adolescents and elderly. A new adolescent unit should be staffed from joined adult and paediatric services like a future ED department too.

We will need more facilities that enable isolation, perhaps this could be designed flexibly by removable divisions or glass walls (that could be on/off obscured) in larger rooms?

Better facilities for staff are needed close to where they work (not like in the previous CTH design).

More seminar rooms as there is always a shortage - these however, should be centrally managed to maximise usage with a booking system that penalises failed attendance/usage despite previous booking.

Get rid of the ancient bleep system and replace by wifi based handheld messaging devices that enable sending of pictures and limited EPR data like obs, blood results etc..

Further develop community based facilities in partnership with primary care to make sure that patients can be seen locally when possible. This needs to ensure a seamless data flow for easy communication and avoidance of duplications.

In a similar way it would be useful to have facilities for joined secondary /tertiary care with consultants from Southampton being able to care for joined patients at the new site to avoid risky travel, i.e. paediatric subspecialties.

Staff accommodation would be required on site for staff who is on call but not resident.

Staff facilities for leisure should be available nearby, i.e. gym, swimming pool...

Sorry for long list and mixed priorities but I am sure that a place like this would convince our population and staff that this is better than what we have at the moment.

Closer to Winchester than Basingstoke. Basingstoke already too busy, think infrastructure with roads and access etc better closer to Winchester.

What weight will be given to junior doctor training and hours in the new configuration?

Can we continue to staff effectively and attract the quality of staff required to run 2 emergency departments?

I think engagement with service users is key and ensuring people are able to feel heard.

You didn't include training, education, IT, or testing of electric systems in Q4. I am an IT Trainer & Tester of Network Clinical Applications (plus others) electronically inputting and disseminating patient data and information by clinical and non-clinical staff at HHFT. What the department needs is specialist input in online learning programming to support/replace our face-to-face courses for staff in the Trust which exhausts current human resources to deliver and can challenge staff attending time-wise, location, and opportunity given current social distancing which has reduced the number of staff being taught at any one time. Need to ensure that enough resources/infrastructure are available to all which includes staff and patients. Transport needs to be considered depending on the location for both patients and staff and consistent processes across all sites.

Questions/Comments raised during online event:

COMMENT FROM CHAT: Where will the new hospital be situated I'm thinking about green credentials such as patients having to travel miles to access our services

ANSWER: Our agents found 9 potential sites, gone through criteria and land agents speaking to owners to look at availability and affordability of the land. Transport and access is one of our key criteria for decision-making, areas we are looking at. Transport for patients and visitors, staff and ambulances. We're working with Hampshire County Council who have long-term plans over the next 50 years. We understand the challenges today and the challenges for the future. HCC have a transport plan and we are working with them. We know we also have to look at alternative transport services such as voluntary organisations. With regard to sustainability for transport we are also working with Carbon Trust to look at the impact of transportation.

COMMENT: Will renewable energy be used where possible and are you looking at the use of disposables

ANSWER: Our sustainability strategy starts today. This will look at what we do today and what changes we need to bring about before we get to a new hospital. It also looks at our supply chain and how medicines are used and produced. Sustainability from the build perspective and the impact on the environment is also key. It must be carbon neutral as part of the HIP programme. Location is important but accessibility is equally important. Eg. 10 mins to get there but 25 mins to park. It's also about how to deliver services. There's a benefit to offering services closer to home in GP practices for example. Accessibility is about services too and not just about buildings. Seeing lots of people in a hospital on different days – we need to improve efficiency.

COMMENT FROM CHAT: What will be the bed capacity of this new hospital?

ANSWER: We are still figuring out how clinical services will run from the new hospital. Once we have an idea of how things will run then we can look at the specifics. There are some themes coming out and definitely some positivity around centralisation.

COMMENT FROM CHAT: 1. Will the Trust be embracing more electronic consultations for outpatients in the future to help reduce the carbon footprint/travel for patients?

ANSWER: Yes – guidance from central government is that 30% should now be eConsultations. We're looking at providing facilities for running a virtual clinic. eConsult pods? The way everything will run will be very different. If we are in one site then will there be pods in other sites for example. We're working with technology providers.

COMMENT FROM CHAT: 2. will the Trust retain all it's current sites and what services would be proposed to operate from these?

ANSWER: This is the process we are going through at the moment. We do know that the estate in Basingstoke will need replacement and parts of Winchester will need replacement.

COMMENT FROM CHAT: Are all the committees for the planning and advising on this project already filled?

CLARIFICATION COMMENT: There has obviously been a lot of planning already, relatively little publication of asking for people to be actively involved in the planning committees. How do you apply to be on a committee?

ANSWER: Specifically for Patient, Staff and Stakeholder we have a PSSAG group. There isn't an application process. In terms of the clinical side, there have been clinical workstream engagement sessions that have been open to staff. There have also been non-clinical staff engagement sessions. Formal governance and boards have already been set up. They are not based on application but on leaders of stakeholder groups eg. Chief Execs of councils and partners such as SCAS and UHS, Southern.

COMMENT: When talking to people in the trust – there is a general feeling that there hasn't been enough staff engagements or invites for positions to apply to be involved.

ANSWER: The roles within the clinical senate were advertised. We are in the position of selecting who will be the clinical leads. It's a dynamic process. It's not going to be decided in the next 6 months, and will need constant input over the next 5 years. We welcome names of people who want to be involved.

COMMENT FROM CHAT: How are you planning to include community providers in the developments?

ANSWER: We are working with community providers. We have already engaged with lots of providers, we have a driver to push things quickly – limited time to do this. We need to keep them moving at the same pace as we are which could be a challenge.

COMMENT FROM CHAT: Will you be including private provision such as the candover clinic, candover suite and private theatres for substantial funding stream for HHFT

ANSWER: We already have a provision so we will absolutely look at options for private patients moving forward.

COMMENT FROM CHAT: What emphasis will be put on junior doctor training and what will happen to the ARK?

ANSWER: Junior Doctor training will depend on the outcome of the clinical reviews and the model of care we are aiming for. We will involve people from Deanery's to ensure this is communicated with everyone. Not at a stage where we can say how it will run until clinical services delivery is determined. Education and wellbeing are major considerations as well as facilities to provide these such as The Ark. Use of technology for training will also be included. It's an exciting prospect for Junior Doctor training. If things are centralised then this creates a great environment for training.

COMMENT: Deanery will require many years before they will change training. There is a feeling amongst junior doctors that things happen and they have to clear up afterwards. Do you see this as a problem?

ANSWER: We recognise that things used to take a long time but hoping that the world has changed post-Covid and things can move quickly. We have years to plan ahead with this and the hope that the Junior Doctors are engaged in advance as they will be the consultants by the time the new hospital opens. Running 2 or 3 sites with patchy coverage is having a negative effect on junior doctors' training especially with regard to rotas etc so centralising services to create critical mass will create a better environment for junior doctors.

COMMENT FROM CHAT: Is there a vision to work towards becoming a university training hospital perhaps with the University of Winchester?

ANSWER: We have spoken to University of Winchester about this and are looking to explore closer partnerships with them.

COMMENT FROM CHAT: We want to see a healthcare library on site that can be a hub for research, innovation and education as well as a place that staff can use for wellbeing

ANSWER: Absolutely, it's a very beneficial service. We are looking at a wider health campus and actively looking for research and innovation partners. We would like to have some shared space with them.

COMMENT FROM CHAT: Absolutely needs to one central site for in-patient care - split into elective and emergency admission areas. There's no reason why out-patient facilities cannot be in multiple areas

ANSWER: We're looking at creating a health and wellbeing campus with separate buildings for different areas. Some to promote good health rather than dealing with the consequences of ill health. The surgeons' perspective should be creating an environment where we can perform 12 months a year, not 9 months a year because of beds being taken for winter pressures. But we also need to create the right capacity to be able to cope with winter.

COMMENT FROM CHAT: bear in mind gp surgeries have there own foot print issues

ANSWER: We need to think in different ways. There are unused estates out there. We need to think of health pods for example. The future could be a health pod in a

local shopping centre, where you can have a retina scan, where you can take your blood pressure and talk to a consultant over a virtual reality screen, for example. We need to think about how healthcare will be provided in 30, 40 and 50 years and not try and fix the problems we see with healthcare now.

Chat download anonymised

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I hear great words about sustainability but this needs to be now. How can we claim future benefit when currently we don't recycle glass and make it almost impossible to recycle cardboard and plastic...

there plans to utilise community hospitals (eg Alton Community Hospital) and GP surgeries more offering outpatient services, patient education, hospice services etc to

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Interested to know what staff think of the potential for a 'health campus', integrating both clinical education with a university and innovation with the healthcare industry.

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Report written by: Wendy Landreth