

## **24 July 2020: Staff online engagement session**

<b>Facilitator</b>	John Boyman, Head Public Relations, Strategic Projects	<b>Engagement Team</b>	Ellie Stennett – Engagement Support
<b>Speakers</b>	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust Dominic Kelly, Consultant Cardiologist, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	<b>85</b>	<b>Participants on Zoom</b>	<b>47</b>
<p><b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b></p> <p>Bespoke, modern facility integrating Winchester and Basingstoke would be preferable in my opinion.</p> <p>Look at providing outpatient services, rehab, minor injury units, some minor procedures, hospice care in local communities so patients do not have to travel for these and have other more urgent care facilities in new hospital</p> <p>I live in North Hampshire and have worked in Cardiology for the past 25 years. I am excited for the future of cardiology and know that we require a large new cardiology department as the population grows older and will require more from us. Such as cardiac cath lab services we need two cardiac cath labs for angiograms angioplasty and two for cardiac devices such as pacemakers and defibs. Also complex pacemakers for the increased number of patients with heart failure. These services need to be based in Basingstoke.</p> <p>What might be done with existing hospital sites? By centralising services for North &amp; Mid Hampshire into a potentially single combined site, how will Hampshire Hospitals continue to support delivery of community services closer to patient's homes?</p> <p>Focus recently management of patients outside hospital; what is your vision for having community, fitness and 3rd sector organisations on site to support patients and share where appropriate facilities with the local community. Should include education particularly digital as this will support remote appointments and care.</p> <p>Investment in linking primary, secondary &amp; social care services to meet the demands of an aging population which is patient- centred.</p> <p>A&amp;E services in Winchester are vital for local users. Travel up the motorway to use these services would be time consuming and put lives at risk.</p> <p>Ensure IT capabilities and High quality future proof technology into our planning. Cancer treatment centre and single occupancy rooms crucial . Lab on site with integrated tech for Wessex inbuilt</p>			

I think we should be looking at providing a facility that is primarily simple to navigate (for elderly and LD/Autism patients among others). Strong emphasis on digital and making sure that we are ahead of the curve when it comes to things like remote and online consultations and facilities, (specific rooms to ensure that the clinician can evaluate patients) and where clinicians can alleviate the need for patients to visit the hospital wherever possible. Complete openness and honesty around patient focused collaborative working with other healthcare providers. Leading the way in ensuring the best possible care, but retaining the initial values of the NHS.

#### **Questions/Comments raised during online event:**

COMMENT FROM CHAT: What about the Third sector?

ANSWER: Really good point. We have undertaken these types of events with charities and community groups. We recognise that there are a number of ways they can help us. During this period they can help us hear from groups that we wouldn't normally hear from. They have given us some really valuable feedback.

COMMENT FROM CHAT: how will you incorporate learning from COVID into future plans?

ANSWER: Interested to hear what the things during COVID worked well and what we should incorporate.

COMMENT FROM CHAT: The slides didn't mention one of the aspirations being for the new hospital to be built to carbon zero standards, is it still the case that this is the aim?

ANSWER: In the HIP programme all the builds have to be carbon neutral. We are working with the Carbon Trust to be a partner. This place is intended to be a health and wellbeing care campus. Not just a place that fixes people but somewhere that promotes health and wellbeing.

COMMENT: I'd be interested to learn more about choice for women and midwifery-led units, your thoughts about the two sites that are falling down at the moment, neonatal units as we hear from women that they want the space to be near their babies, and plans to cater for women's needs in maternity.

ANSWER: We have held a number of these groups focussed on maternity. There's really clear demand for midwifery units alongside obstetric units. We are currently battling back an attempt to downgrade our neonatal units because neither unit has enough neonatal babies to maintain the level 2 status that they currently have. If we could get to a stage where we had one rather than two units then we would be able to justify it. Keeping the level 2 status is very important. We're looking at more space for parents to stay with their babies in neonatal units. The compromise is that all of those things become much more possible if we only have one obstetric unit. Design of the hospital is not top down.

COMMENT: It's difficult to please everyone.

COMMENT: Choice for women and continuity of care is coming forward.

QUESTION FROM FACILITATOR: What would you like to see in an ideal world?

COMMENT: I'd like to see a midwifery led unit close to the obstetric unit. I'd like to see a co-located birthing unit. Don't want to spend too much money on those other sites if we can have a great one service.

COMMENT FROM FACILITATOR/CHAT: A few comments have come into the chat about learnings from COVID, agile working, flexible approach, working from home and reducing footfall in hospitals.

ANSWER: Designing a hospital a year ago, we would have put in more outpatient rooms than we would put in more, but we do need to put in video booths. We still need a room for a virtual clinic. GP's on a call said that their patients said it was a hassle to go to Winchester or Basingstoke for an appointment but some of the older generation don't have the technology to enable them to have a virtual clinic, could we put a virtual clinic booth in Andover so that the patient could go there (local) and have their appointment? Booths for patients as well as clinicians. The library is an amazing resource to have and we want to build on access to knowledge and information in the new health campus.

COMMENT: In neonates, there's lots of evidence of family centred care. Parents assuming care of neonates early on reduces hospital stay, improves outcomes with baby and mum, decreases PTSD. At the moment we have to limit babies in ICU in BNHH because of the distance between incubators. Basingstoke and Winchester are duplicate services, we need to share expertise to get new staff trained but also have parents there. Nursing is changing in neonates, there's less care and more empowering of parents. I think that it is vital in a new unit that we could have the space for parents.

COMMENT FROM CHAT: are you engaging with other acute hospitals and national commissioners of specialist services to prevent any duplication?

ANSWER: We're having lots of conversations particularly with Southampton, if we move north of Winchester for Southampton that patients will choose to go to Southampton and they don't have capacity. We're starting to look at wider opportunities with them and across the whole of Hampshire and the Isle of Wight around specialties.

COMMENT: How are you keeping everyone safe until the new whatever the new and improved alternative built? People need reassurance.

ANSWER: We reiterate that whilst this is a new and exciting project, we are not forgetting that we are currently looking after patients in our hospitals. Our CQC review should give some confidence. We are doing repairs that we have to because it would be unsafe not to. Must include workforce in future discussions.

QUESTION FROM SPEAKER - Lots of people saying that we've been here before with CTH and there was a lack of investment while waiting for CTH and then it didn't happen. I understand that the Trust had to be in a certain financial position for CTH to happen, which it wasn't but the HIP programme is different.

ANSWER: Partly correct. The pull is in a different direction. It's coming from the centre. In terms of investment for the building, COVID funding regime is very different but we still need to maintain our current buildings.

COMMENT FROM CHAT: Is there a tension between building a new hospital/campus and the need to develop comprehensive community-based services delivered in or close to people's homes?

ANSWER: We believe they complement each other. Redesigning how the system works. Creating a campus will create opportunities to deliver services closer to home. Part of the project is to ensure that we have ongoing discussions with community providers so that we have the facilities to provide certain services closer to home.

COMMENT FROM CHAT: my school governor hat on, is there any consideration to proactively engage the younger generation in the process somehow? They will be the potential patients and staff in years to come and this may also help us to inspire the next generation to consider a career in nursing or healthcare

ANSWER: At this stage it is quite broad so maybe not appropriate but as the programme evolves we will include input from the younger generation.

COMMENT FROM CHAT: I know that Parklands is up near Basingstoke hospital - would that be brought into the same Hampshire Together plan?

ANSWER: We can't really answer but we are talking to them. There are some national capital schemes surrounding mental health beds. We are talking to Southern Health about providing care and looking after people as whole people who sometimes have mental health needs and physical health needs. We are talking to Southern Health and asking how we blend that into this programme. Centralising care as part of the health campus would be great but the programme can't fund that.

COMMENT FROM CHAT: Also wondering how the whole digital/ tech piece is being considered as we build a service for the future

ANSWER: We're working with digital partners. Digital joined-up records is what people want. And for patients to be able to see their own records. In the programme structure there is a group entirely focussed on digital. We want to invite big tech companies to work with us. Use us as an early adopter site.

COMMENT FROM CHAT: I am a living with and beyond can we health care support worker and it would be excellent to think there may be an area to have some positive mental health space for cancer patients  
cancer\*

ANSWER: A cancer centre is on the list as something that will be included. Haemophilia patients often prefer to travel further to Basingstoke Haemophilia centre as their local clinics are often run in oncology. Making part of the hospital for those that are 'stable' so people don't feel like they are in a place of unwell people.

COMMENT FROM CHAT: How do your plans align with the Hospice build at RHCH?

COMMENT FROM CHAT: How is this impacting on the development of the hospice in Winchester

ANSWER: Very much part of the plans. Also a question earlier about smaller sites. How we deliver a range of services, across a range of locations closer to people's homes is what we want to know is important to people. What happens to our smaller sites is all part of this conversation. We don't want people having to traipse all over the place for an outpatient appointment.

COMMENT FROM CHAT: Has any thought be given yet to the Ark Centre itself and the Pelican Charity which brings a lot of prestige to the Trust

ANSWER: Everything is on the table. We don't know yet, I agree that they bring prestige to the Trust. When we know a bit more we can have a conversation with them.

### **Chat download anonymised**

What about the Third sector?

Absolutely – we are involving charity, voluntary and community partners - we need to add them to the slide!

Great. Thanks for confirmation Alex.

how will you incorporate learning from COVID into future plans?

The side didn't mention one of the aspirations being for the new hospital to be built to carbon zero standards, is it still the case that this is the aim?

learning from COVID - would this include agile working and a more flexible approach to everything we do?

more staff working from home and virtual clinics being kept

Appreciate the focus on health & wellbeing etc however guess we do have to learn from COVID that reducing non-essential footfall should be considered, so should be thinking about space/areas away from one central build or ability to create pods etc should they be required within the infrastructure plans.

are you engaging with other acute hospitals and national commissioners of specialist services to prevent any duplication?

I know that somebody is putting together a document around the evidence from other places where they have been published - I'd be keen to ensure that we continue to build in access to knowledge and information across the new hospital/campus - a ready access to the knowledge base.

Is there a tension between building a new hospital/campus and the need to develop comprehensive community based services delivered in or close to people's homes

How do we manage the transition from old to new. I assume this will be done gradually with a need to maintain the old sites during the transition.

Also what about other smaller sites not at the main campus closer to home for patients. Are there plans for these

Great idea!

my school governor hat on, is there any consideration to proactively engage the younger generation in the process somehow? They will be the potential patients and staff in years to come and this may also help us to inspire the next generation to consider a career in nursing or healthcare

I know that Parklands is up near Basingstoke hospital - would that be brought into the same Hampshire Together plan?

Also wondering how the whole digital/ tech piece is being considered as we build a service for the future

I am a living with and beyond can we health care support worker and it would be excellent to think there may be an area to have some positive mental health space for cancer patients  
cancer\*

How do your plans align with the Hospice build at RHCH?

How is this impacting on the development of the hospice in Winchester

Really positive to hear it may support the addressing of psychological and physical health needs holistically

Has any thought be given yet to the Ark Centre itself and the Pelican Charity which brings a lot of prestige to the Trust

As an HIV+ patient - I'd be happy with that.  
It is so important to feel that way, while being managed as a 'healthy' patient

**Report written by:** Wendy Landreth