6 Aug 2020: Public - Online engagement session

Facilitator	John Boyman – Head of public relations, Strategic projects	**Engagement Team**	SE
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust		
Registered participants	**54**	**Participants on Zoom**	**24**

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

N/a

Questions/Comments raised during online event:

COMMENT: I'd be interested to hear what key messages you've heard not just from us but from all the other consultations. What are the principles that you have extracted that you'll take forward?

ANSWER: We've heard quite a big range of messages. We've heard about access being important - transport in all its various forms, public transport, car parking. There have been concerns about sustainability for transport. Also, learning form Covid if we can have care at home or closer to home. We've heard people say they understand that there is a need for some services to be centralised, in particular the specialist services but wanting some services, like check-ups to be closer to home. We've also heard from staff that they want places where they can have places to have breaks and a sense of wellbeing. Currently we are working in quite cramped positions. People would like to co-design the hospital with us and take their views (patients and family and staff) into consideration.
People who use the hospitals know it best and know how they'd like it configured and how we can ensure that it flows well in terms of not having to go long distances and signposting so it's not difficult to find.

ANSWER: The difference between how people perceive health care now during Covid than they did before. People are wanting care in their homes where possible because they realise it is possible. The idea of wellbeing is important. People want services locally but the concept of going to the right place, as long as it's quick to get there for something that is specialised is accepted. I'm really pleased to hear mental health being talked about a lot because I think that's absolutely essential that it's woven into the fabric of what we are.

Maternity - we've had some very good feedback and specific ideas about maternity services especially co-designing with people who have been through the service.

COMMENT FROM PRIVATE CHAT TO FACILITATOR: Will findings from this stage of engagement be published and shared?

> ANSWER: Yes, hopefully tomorrow there should be a report up about this session and what appears in chat as well, and that will in turn feed into a wider engagement report and will be published on our website in September.

COMMENT: I'm here with some of my colleagues representing the Basingstoke branch of the Women's Equality Party. We have 7 core objectives one of which is equality in health. We are really excited about these meetings and this opportunity. We are huge supporters of the NHS and everything that you have been doing forever and particularly during this crisis. We see this as a really good opportunity to address some of the the structural inequalities that we know exist along sex and gender lines.
I have quite a list of things which I can set out on a document and send it to you.
We're talking about a lot of different things, from lack of females used in medical research and the way that affects women using medication. Workforce quotas and recruitment and how that leads into unequal pay. Management culture, bullying prevention, whistle-blowing protection. How do you go about designing a hospital and civic planning? Are you looking at long corridors and lack of lighting?
The integration of hospital help care and social health care. The vast majority of social care workers are women, and the people who tend to have to pick up the slack also tend to be women.
Training around all aspects such as how women's pain is perceived differently, about how women are more likely to be prescribed painkillers and their pain is more likely to be dismissed. We've all heard about the awful vaginal mesh scandal recently and how endometriosis is handled and all sorts of gynecological issues.
Things like childcare provisions on site, restbite care for staff.
PPE is a massive deal. It tends to not fit women and female members of staff tend to be more at risk in that line of work.
If there was one thought I wanted to leave on the table - and I shall set this all out for you and we would welcome larger discussions with you if there is the opportunity to do so - I think it's a really good time to consider instituting some sort of oversight along the lines of gender and equality in healthcare monitoring all those things in healthcare across departments.
I believe, and correct me if I'm wrong, this is generally left to be dealt with department to department and there is no oversight. No specific person whose job it is to look at all departments and make sure people are trained in violence prevention, pain bias, LGBTQi issues, in particular when being a woman intersects with being disabled or being of another race. We know that black women are far more likely to die during childbirth than white women are and I think it's a good time to look at instituting some sort of forward-thinking oversight and prevention and improvements rather than having it be something that each department looks at separately.

> ANSWER: I would very much welcome that document that you are putting together and any other thoughts and ideas would be welcomed. We have policies in the Trust which are trust-wide which are not implemented department-by-department. Each of the Exec are involved in particular aspects of inequalities. I am very involved in the LGBTQ groups for example. We are proactive - if there are any issues or incidents it gets reported and we have visibility of it. We have Freedom to Speak up Guardians. I feel quite strongly about this as well, so if there are any thoughts and suggestions we are more than happy to engage.

COMMENT FROM CHAT: What plans are in place for childcare on the new site. I'm a Basingstoke member of staff and would require childcare on the new site in order for me to work there. Good childcare eg nurseries will also make the job attractive to new staff

> ANSWER: Childcare - we currently and will be looking at childcare provision for the new site.

COMMENT: I am a GP in the community but I also work in A&E. I have a few suggestions and I would like to thank [third participant comment]. There is a lot of mandatory training in place on equality, diversity so there are a lot of things that are already in place.
The Covid crisis highlighted a lot of hospitals are ward-based. We need to look at more side rooms and individual rooms and bays.
In terms of staff wellbeing having staff rooms on every ward is important, along with locker rooms, secure places to keep your things, and changing rooms especially when having to change into and of scrubs. But also they are an area where you can gather your thoughts and have your lunch. Having places for staff to go like staff only restaurants where they can let their hair down in a controlled area where they don't have to worry about patients overhearing or non-medical staff being in the same rooms. Some hospitals have rooftop restaurants just for doctors to have some downtime.
Educational facilities, skills labs, library, staff parking.
Staff gyms and wellbeing centres with swimming pools which could help with downtime.
Staff accommodation especially for night shifts.
We touched on primary care use of specialist services so we could have a centralised area for specialist services but then follow-ups in GP practices, which has worked quite well in certain areas.
Making safety a part of hospital - restricted access to wards, with security ID badge access to all wards.
Infection control procedures - we could design a hospital which could be better e.g. automatic doors, non touch buttons to get in and out, foot handles rather than hand handles.
More control to departmental doctors for them to run their own departments. At the moment I feel there seems to be a lot of control in terms of having to discuss with certain managers and hierarchy. If more control were to be given to departments they might run slightly better.

> ANSWER: Lots of really good ideas. I'm not a big fan of just doctor areas but what Covid has really taught us is that you have got to have downtime areas for staff. Our areas have been taken over by offices and we need them. As far as single rooms and beds, the national standard at the moment is 80% but it is likely to be some Covid regulations coming through which will guide us.
> The whole site will need to be Covid future-proofed. Different areas accessed from different car parks and different entrances. Some will be directed centrally.
> With Covid, departments have been left to make their own decisions, with much more autonomy and that can-do attitude will continue.

COMMENT: I am a governor of HHFT. I've heard a lot from my constituents and there's concern that if it is too far away, the older generation are scared about not being able to get there and are asking if it's possible to have minor injury units in Basingstoke and Winchester, depending on where the new hospital will be. I've heard that a lot.
The other major concern is about putting a lot of things into the community - where is the community staff coming from as it is pretty thin on the ground at the moment?

ANSWER: Those are key things. We want to build a new hospital but we also want to make sure we're doing stuff closer to home. We're not going to leave places out.
We are aware of how our emergency departments are working at the moment. In terms of pushing care out into the community, I think we've all got that anxiety - if the hospital team says they are putting things into the community it will overburden the community teams but that's not how it works. I am a pediatrician and I do clinics in GP surgeries with the GP sitting alongside me with health visitors and school nurses. So I'm taking myself out of the hospital and putting myself in the community. That's a transition of care but also making sure our staff who work in other places can link more closely with community teams.

COMMENT: I completely agree with the previous people. When these new strategies come around it is easy to overlook the actual people and it's great that you are doing consultations.
Co-producing is the best idea then everyone's ideas can be generated together to build a hospital to work for all.
I was a bit surprised that it came as a surprise to the engagement team that wellbeing needed to take a front step.
I was talking to a doctor who was supporting me - I'm mixed race and disabled and they said 'well I'm colour blind, I don't see colour, I don't see disability'. I replied you're not colour blind - it's not a bad thing for various reasons and the same with a disability - you cannot ignore a disability for various reasons. It made me think about what is going on about training. Equality training might be going on all the time but it is legislative-based. Inclusion training is completely different as it is taking the person as an individual for who they are and taking their experiences, their expertise and taking them as a lived experience expert. I think that's what's missing for this whole service. It sounds like this is the same for the staff as well.
Until training can be properly sourced and properly implemented in a way that works for the delegates and the people who are going to be receiving the services after those people have been trained, the rest is a null point. It all comes down to awareness and equality and seeing people as individuals. I know that the Trust has a lot on its plate but this is a major thing. You can't look after your patients if you are not looking after your staff.
It's about an inclusion strategy to make sure that everybody feels included in the culture of the Trust.

ANSWER: Our Equality, Diversity and Inclusion Lead has just come back after a secondment with our STP partners. We have developed a number of champions groups - LGBTQ Champions, BAME Champions, Disability Champions. With the support of the Exec team they are trying to share how we shape and develop our strategies and how we develop our staff and how we welcome our staff with the overarching goal of retaining those skills within the Trust. In the last week we have established our international workforce group which has had a refresh. It is now our International Workforce Community and overnight it has grown from 11 members to 87. We're working hard on our inclusion strategy to make sure we get it right now so the development of the new hospital means we're all working along the same lines now and in partnership with everybody across the region so you feel it's the number one place you want to come to to develop your career.

COMMENT: My wife was discharged from Basingstoke 5 years ago and since has been confined to bed and chair. She receives excellent services from the community nursing

team and domiciliary support team. But we and the carers are confused that they all report to different trusts. We wondered whether the new project will have any benefit if the teams that support patients when they are discharged could be integrated and under one trust that the patient, their family, carers and others can relate to.
I also wanted to ask is it fact that copper as a material will not support a virus such as Covid, and if that is the case, does that present an opportunity to have copper handles and handrails in the new hospital?

ANSWER: We can't integrate all our trusts during this programme, but we have been working together with Solent, Southern, SCAS, Sussex etc to see how we can make it more seamless for patients and their carers when we come together. There are 5 projects that have been kicked off recently where we are bringing funding together from the different partners and we are looking at multi-disciplinary teams to look after a patient in a more coordinated and integrated fashion. We want this to pick up the momentum and do more of this in the years before we get to the new building.
Copper - we are in dialogue with the researcher in the University of Southampton and are aware of his work. We will be looking at this national and internationally for materials of construction as well as design of the hospital.

QUESTION FROM CHAT: At the risk of over-banging this particular drum - is there a women's champions group?

ANSWER: It's something we have discussed at Hampshire Hospitals. The reason we are looking at the other groups at the moment is off the back of the NHS's People Plan as they are the specific demographics that we need to improve from recent statistics that have come in. I can assure you that all three of the champion groups and our International Workforce Community are very strongly led by strong women. We will consistently look at it and review what is happening. If you have any suggestions or ideas on how we can develop that further please get in touch with me.

QUESTION FROM CHAT: How will the consultations be communicated to those in the community who do not speak English, or are audio/visual impaired? Or indeed those service users/clients who cannot speak for themselves?

ANSWER: We have said that we can make documents available in other languages on request. In the consultation phase there will be more of that proactively at that stage. We will have to identify the languages needed but that will be looked at as part of consultation.

COMMENT: What about also people who cannot access people in the first place?

ANSWER: It's been an issue for us the last few months. Going forward, assuming the rules are relaxed a little bit, when it comes to the formal consultation stage we're hoping the rules will allow us to do face-to-face. We'll mix it in with digital work as we've found we've probably reached more people this way than had we only done face-to-face. It's about finding the balance but we fully recognise that there are some people who do not access the internet so there is some work to be done there.

COMMENT: I am a huge champion of digital. It brings loads more people together. But you're saying that hopefully you'll find ways to include more people. But it can't be a hopeful - it is a must. This is why you are doing consultation - it's about people's trust. and if it's only the people's trust of those who can come to the events that you are putting on, then that goes against equality and inclusion.

> ANSWER: Just to clarify, when I say hopefully, I mean in terms of the pandemic rules being relaxed. We will reach more people but I'm hoping it will be in the more traditional way because the rules will be lifted by then.

Chat download anonymised:

It has been discussed that the opening date of the hospital may be sooner than documented on the slides. What year would the trust like to aim for? I think the service will struggle to wait until 2026

i have a question

John Boyman - Engagement Team: Have seen and noted your hand up XX! Will come to you after XX.

What plans are in place for childcare on the new site. I'm a Basingstoke member of staff and would require childcare on the new site in order for me to work there. Good childcare eg nurseries will also make the job attractive to new staff

John Boyman - Engagement Team: I've seen XX as well. Will come to you after XX!

Engagement Team: Thanks XX - I have taken notes of all your points for them to be included in the report.

also love the idea of bright/airy open spaces with greenery/plants inside... increase morale for staff and patients

a lot of our staff do not drive and shift work doesn't always work with public transport. Location is key not only for patients but for staff too

I agree XX. [Comment above]

specialist clinics run by specialists using GP facilities could work well. We have a few of these running already. Helps patients get to appointments locally. 👍

Yes: what XX says about training.

How will the consultations be communicated to those in the community who do not speak English, or are audio/visual impaired? Or indeed those service users/clients who cannot speak for themselves?

At the risk of over-banging this particular drum - is there a women's champions group?

Hi XX! great to see you here. We already have services in place for language barriers. We use medical translators. For those who cannot speak for themselves we use advocates.

These can be family members who have prior written consent or legal advocates to act in best interests of patients. Ok great thanks XX, that is good to know. So I assume, HT are in touch with said groups of people in some way? Or are we depending on those people to come forward and request support where needed? Will do, thanks! Michael Day: You're welcome. In primary care we work very closely with these services and families. We can request extra services when making referrals. Noted; thanks Michael. Thanks XX! :) Thank you to everyone too. Thank you all; glad to be here. Michael Day: Thank you all! Thank you John, Shirlene and Simon. Have a great weekend. Michael Thanks all
Report written by: SE