

12 November 2020: Staff focus group, Family and clinical

Facilitator	Ellie Stennett	No. of participants	11
Questions/Comments raised during online event: SECTION 1 Do you feel up to date on the programmes progress so far? RMc – Where is the transparency for the choice of locations? Do you feel like there is a lack of transparency. Staff in Winchester upset that the first they heard about the site being identified was through a local newspaper and that it hadn't been published internally. Acknowledged that some staff may have missed something. There is some worry from staff about working across both sites as it's already quite difficult to get cross site. Do you feel like you are being communicated with correctly? Bit too late? Are we missing anywhere in your department – is there a better way we can communicate with you? Can we provide a 15 min update on a monthly basis at some of the regular meetings. Facebook pages. Information stands What kind of HT comms do you see already? HT update How do you feel in your department? Are there conversations on CTH that affecting your views on the programme? Do you think what the programme is aiming to do is feasible? Most people are in favour of the big plan to make an acute hospital but the location seemed to be decided without being asked. Concept of a midwife led unit on site so you have access to the consultant led unit is good. Talk about concerns – main concern is that politically radical thinking is going to get blocked. Radical thinking is that we cannot run two maternity units on two different sites as maternity drags in intensive care, blood bank facilities and paediatrics and therefore it's not standalone so I feel like we really need to say if we are going to modernise the health			

services that are given then you have to be radical and that means taking it much more seriously and not going back to the status quo. Secondly, when you look at standalone midwife led birthing units, they are poorly utilised. Look at numbers from andover birth centre. There is also publications on more than 50% of women in their first labour will need to transfer. Majority of our patients are first labour. Co-located birthing unit allow us to offer it to more women with the ease of transfer. Really upsets me to hear that politically there doesn't seem to be engagement about closing and centralising consultant led service in a single site which is the only feasible option. Don't have single maternity service then you need two of everything, neither of which are functioning at a high level. By centralising we can improve the service that provide. Higher standards of care.

Say that I'm passionate and serious, I had to do piece of work around some options for the paper and one option was calculating the numbers should we need to design two sites. Eg. Give Winchester 1700 deliveries because these can be low risk and straightforward and centralise the high risk. What type of infrastructure do we need, staffing etc. It's the same as what we are doing right now. Two maternity services is the same as we are because the numbers will be the same. The only way to deliver the evidence based practice and to come up with the standalone structure that will help the population will be to centralise, have one consultant led unit with a co-located midwife led unit. Having two maternity services is setting ourselves up to fail.

Other thing when you're doing modelling for two maternity services, if thinking about retaining acute services on one site whereas the other site turns in to an elective/day hospital, you still need other services, lights/security etc.

From pathology point of view it has to tie in with the xx network progressing along at the same time. Need to ensure solution meets with both the network and HH.

Still collecting feedback but some of the press headlines are misleading.

Challenges that you're facing

Any issues that you face that the HT programme is looking to solve?

Paediatrics respective it's the interactions with other departments. The only real efficiency model is to merge paediatrics together but high impact on ED, neonates, medical staffing, one site short stay unit.

How much work will we lose to Southampton from Winchester area. What will the impact be on the service and for the mothers and children we provide services for.

Wrt Soton childrens hospital, should we be looking at working with our partners and sharing some of the workload rather than just looking at geography.

Something from Lucinda re: IT and digital.

Community childrens nurses – trying to work out an IT system that will work while staff are at childrens homes rather than them having to come back in to the hospital. They should be able to write their clinical notes while they are out in the community.

Firvale – complex health needs and LD. Needs significant investment. More children were seeing, living longer. Child development centre, comm paediatricians, clinics, act as a hub, provide respite. Families won't have to spend so much time travelling around the county.

Conditions of the buildings

Come to Flo Po house. It's completely separate and not connected to the hospital. Trolleyed across the carpark. If it's raining then they need an ambulance to get across the carpark. Moving to more outpatient so need more treatment areas, which are not theatre areas. Rooms too small and unventilated.

From the Winchester site, moving from old outpatients building into the main hospital also means staff across, rain or shine, to collect needed medication.

From Basingstoke perspective, drainage problems on C wards leads to problems with flooding – would like to see issues like this resolved in a new building.

Parking and Transport

For a community perspective, the parking is a huge problem, especially for those moving in and out of the hospital – with samples, swabs etc – multiple times a day. Small amount of designated spaces for community teams and times is wasted. This is a particularly big challenge at Winchester.

At Winchester, the uncertainty around park and ride (with it possible not being secure for the future) is an issue with new permits not being allocated. Possibility of park and ride for Basingstoke.

Parking is inadequate, but bus services are okay.

Patients miss appointments because of parking problems – park and ride is needed as students and town workers make very long queues.

Parking, at Winchester especially, needs definite improvement.

Perhaps community workers or those who work between sites having priority over parking or the other workers find another mode of transport.

An average of 30 mins to an hour on how far staff would travel into work – an acute or on-call staff and proximity should be consider i.e travel times should be 15/20 mins so perhaps overnight accommodation for those staff.

Concerns about proposed changes

Concerned that pathology services and PCOTs may become an afterthought

Worries about extended travel times for some families

Concerns about transport for on-call workers with any possible movement to a different site.

Queries about proposed land for being bought around Basingstoke.

Chat download anonymised

NONE

Report written by:

Wendy Landreth
