

## **1 July 2020: Matrons Team meeting**

<b>Facilitator</b>	John Boyman - Head of Public Relations – Strategic Projects	<b>Engagement Team</b>	SE
<b>Speakers</b>	Shirlene Oh Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	n/a	<b>Participants on Zoom</b>	19
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b>  N/A			
<b>Questions/Comments raised during online event:</b>  <p>QUESTION: Currently there's emphasis on us demonstrating that we are financially stable. How does the money fit in with this?</p> <p>ANSWER: We have a financial gap now but we can close the gap by transforming services (such as rehabilitation, community etc). When we design the hospital we will look at where we think outpatients will be in 10 years. We also need to consider the benefits of the digital transformation of our services. We will need to configure our services in the most cost-effective way. Currently we are dual-running so would look to reduce this in the best way.</p> <p>COMMENT: Regarding the workforce, there are gaps while we are trying to operate on multiple sites but the workforce element will be significantly about mapping to, and overlapping the workforce plan with the clinical strategy.</p> <p>ANSWER: We will look at everything from creating new roles, amalgamation of services. The workforce workstream has already started to establish the baseline information and will look at other clinical models. It's important to highlight gaps and to have a dialogue with the appropriate colleges with their own staff. We'll also look at technology and working differently with partners.</p> <p>COMMENT: I've worked with a team together with a paramedic and a pharmacist and between us we were able to resolve the person's care quickly and able to keep many at home without them needing to go to hospital. It was very efficient.</p> <p>COMMENT: In developing new services, it's really important to get clinical teams and patients involved early. They know what they need from their spaces. Get charities involved early. There are other ways around affordability by teaming up with other organisations e.g. match funding.</p> <p>COMMENT: A key lesson from Covid was that we need education spaces near to the ward so that it is running alongside delivery.</p>			

### **Chat download anonymised**

Cancer Treatment Centre please

From theatre point of view, space and the layout is one of our main concerns, for the new normal way of working to function and improve throughput and efficiency as a lot of that has been lost at the moment

I have worked for an ICT (in the past) in admission avoidance, this is really important to get right, assessing people in their own home.

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To ensure every space is frailty/dementia 'friendly'

Opportunity for more side rooms

Also - cancer services need easy access to building, away from other patient group and maybe a mental health suite attached to ED!!

But with side rooms we really need to think about safe oversight of the patients

Bespoke calm area for mental health patients

Quiet rooms for relatives - breaking bad news, gaining collateral etc.

staff break areas, quiet rooms for patients and relatives

education areas close to wards

kitchen and snack spaces

One large ICU with natural light, more isolation facilities and cohort with ED, CCU/PPCI service and theatre.

gardens

state of the art sim suite for education like Portsmouth 's will help with staff retention

child Health with Young people's unit not forgetting Mental health Paeds HDU OUTDOOR PLAY AREA

toilets and bathrooms designed for privacy and safety

Co-location with external professionals/partners

Large lifts for transferring patients

trim trail/walking/cycling routes

Improved bereavement/butterfly suits for both adults and children

effective collaboration with older population in light of 35% increase in over 75s  
space to use communication technology effectively

Flow through the hospital must also be considered - prevent bottle necks in areas. Good  
pathways/referral systems

health and fitness access for staff

IT bed management system

co produced frailty hub

changing/showering facilities for staff

bays designed so that bay based nursing can be automatic

ensuring same colour doors on toilets and bathrooms to aid access and identification

some heart failure and respiratory patients can't walk far and will also need access to lift (as  
can't always manage stairs).

I've worked in a trust where the new hospital was mainly side rooms. Some patients like  
company in hospital and they did get lonely

**Report written by: SE**