

3 July 2020: NHS Staff

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	SE Ellie Stennett
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	102	Participants on Zoom	58
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: <p>I am very excited about the prospect of a new hospital and I do hope the location is not too far from the existing site.</p> <p>This is a brilliant opportunity for HHFT and I am impressed with the way in which you have already begun to engage with the staff and system partners in this area. Thank you for taking the time to listen to our views.</p> <p>Listen to the staff on the ground. the planning a structure of the hospital NEEDS to have their involvement. It is no good planning a hospital from miles away in an office when the workers who will use it will find it not fit for purpose, unusable, inaccessible etc.</p> <p>I wanted to hear the plan first, then i can give my view</p> <p>Discuss with as many parties as possible.</p> <p>I believe it to be VERY important that the Trust continues to communicate with and listen to the views of staff - encouraging all departments to work and communicate together as one Trust</p> <p>Look at repurposing the Sir John Moore barracks. Excellent site.</p> <p>It needs to be on a site with plenty room for expansion in future. Good road and public transport access.</p> <p>The hospital shouldn't be planned for what we need right now but look to the future of what will be needed capacity-wise in 10-20 years. There needs to be a lot more space for outpatient work. Due to the COVID epidemic all doors should be automatic also.</p> <p>Parking provisions should be ample for the large volume of staff and visitors.</p> <p>The new hospital services must be accessible without need for private transport</p>			
Questions/Comments raised during online event:			

QUESTION DURING REGISTRATION - Listen to the staff on the ground. the planning a structure of the hospital NEEDS to have their involvement. It is no good planning a hospital from miles away in an office when the workers who will use it will find it not fit for purpose, unusable, inaccessible etc.

ANSWER: One of the principles we are adopting is making sure that we are always engaging with our staff and patients. We are looking at high level options to put into the Pre Consultation Business Case to consult with you and the public in January.

We will really want you to co-design with us. We've been trying to learn from other new hospital builds. In Alder Hey it was the children and their parents who told them what was needed in the hospital and wards and they had strong principles about having patient journeys that were easy.

QUESTION FROM REGISTRATION: I am very excited about the prospect of a new hospital and I do hope the location is not too far from the existing site.

ANSWER: We are looking at the various site options. We have criteria we'll be looking to assess these sites against, as well as the availability, affordability and deliverability of the land. This will form a short list which we will put forward for consultation.

QUESTION: From the perspective of pathology we've got a lot of work going on at the moment with NHSI and centralising our hub site here in Basingstoke. How will that be considered because that's a 10 year plan and a significant project?

ANSWER: We have had an initial meeting and we will be looking at this 10 year plan so we bring that into our plans.

QUESTION FROM CHAT: How will the new timeline look given that Boris Johnson now wants to expedite the hospital build?

ANSWER: We're really pleased that he wants to expedite. It looks like we'll get a lot of extra help, funding and organisation, to move this forward. Some of the barriers that we might otherwise have come across might move aside because of the government interest. It does mean that when we come to consultation we'll need to do this briskly and promptly so we'll need to ask for your help with that.

ANSWER: We have been looking at what we can to accelerate the financial and regulatory side of things and what we can ask the government to help.

QUESTION: As part of the pharmacy new build I've been to other hospitals recently and I agree that patient input is hugely important but the moans came from the staff about the fact that the patient areas were huge but you couldn't fit things into the treatment rooms. There were boxes in corridors and they couldn't store everything on site so they had to pay for an off site storage facility and have daily deliveries therefore adding in extra steps. They also put the staff hub, an excellent space where no patients could go and was nice and airy, but it was a 10 minute walk from some of the wards. There were no tea-making facilities on the wards so it was interesting to get that feedback from them. There is a huge amount to make sure there is enough feedback for the staff wellbeing.

ANSWER: We will definitely be wanting to co-design and learn from other hospital builds. Staff will know how best to use those spaces and make them flexible as well.

ANSWER: We're looking at a health campus so we're hoping we can provide recreation facilities, education facilities etc. Some of these 'softer' things have been shown by Covid that you need to look after your staff.

QUESTION: Is there any plan to increase bed capacity in A&E?

ANSWER: We're not at that stage yet. We're still identifying where a new site might be, what our needs are and what the population needs are.

ANSWER: We're working very closely with the integrated partnership with all our partnerships. If you look at the wider determinants of health there may be organisations that we haven't worked with efficiently who can look after people's needs so that emergency department attendances may be supported elsewhere by others. We can look at capacity but also how we can work with our partners.

QUESTION: Simon has implied that services may need to be centralised for the reasons discussed, could we be more explicit as to which services that will be, and will there be acute and elective services around the patch?

ANSWER: This is why we're here, as we want feedback on that. We don't have a plan yet. The previous plan has changed completely. We really have not got a plan. We really do want to hear what people think.

QUESTION: There was a 5 year plan from the government a while back which said we were going to stop obesity which would mean we wouldn't need hospitals. That got nowhere and there's no evidence as yet that solving all these epidemiological things is going to reduce hospital admission, so I would really caution us against not building the capacity we need into the hospital because we are going to suddenly resolve these things because they really are difficult to sort.

The second thing is that not long ago we were being asked to join hands with other hospitals in the South of England for the better of the NHS. Breast is one unit and we've been flirting with Southampton and we would love a big cancer service. Is that possible - are we going to talk to Southampton? Capacity seems to be the big issue for lots of our specialties.

ANSWER: There are a number of factors that will need to be addressed, clinical, public health, mental health etc. We won't reduce bed capacity assuming that this is going to solve everything. However we have been given a target as an STP that we have committed to in terms of our growth rate. These are some of the things we need to work with our partners to meet the projected growth rate.

ANSWER: We are not doing this in isolation. Southampton are on many of the workstreams. The STP are heavily involved in this as well as the CCGs. We work within networks and they move and change. The game is to try and work out what the best thing is for your specialty within that network and look to the future. If lots of people say we really need a monster cancer centre in this new place, and we get agreement from our partners then that's possible. We certainly will have cancer facilities. We're working loads with our partners with this project, far more than

before. We need to know where you think the best options are and where your network will want facilities and patients to be and the best place for the patients to get care.

QUESTION FROM CHAT: Are there any plans on management structure, would new hospital follow the current divisional path?

ANSWER: We're not at that stage yet but if you have ideas on how we could do that please add them to the mix.

QUESTION FROM CHAT: I appreciate this 'vision' is not the CTH, in which we had already spent a large amount of time designing with architects a new ICU. How can you reassure that this project will also not face the palliative care that the CTH did?

ANSWER: The key difference here is that this is a government-funded scheme. One of the challenges we had with CTH was agreeing funding and affordability which is a key hurdle that has been overcome. A lot has changed since the CTH in working with CCGs, partners, including the other acutes as well. In terms of system working there is greater collaboration and partnership.

QUESTION FROM CHAT: how will education and the development of our staff fit into the picture/plan? This is an opportunity to build this in rather than attach it later.

ANSWER: It's looking at the opportunity for other spaces for education to be incorporated. We know that training close to work is a key requirement. The money is for the hospital which means that if we want to have other partners co-located we need to collectively look for other sources of funding with our partners. We have been in dialogue with all our academic partners.

QUESTION FROM CHAT: Please can I ask if community hubs (ie. Midwifery hubs) has been considered in the planning and implementation plans? We are desperately seeking buildings to acquire and turn into hubs for local care but have had no investment or support so this would be a perfect opportunity :)

ANSWER: Maternity near to everyone's homes is a hot topic. There's government guidance on this in increasing community births. So we know the models and you will be advising us, and the patients will be advising us. We've had some maternity, neonatal and pediatric sessions already. The more complicated answer is we have to find a way to deliver mums in the place they want whilst making sure we can deal with problems as they arise. Community hubs are quite an exciting option but nothing is decided.

QUESTION FROM CHAT: X has just talked about looking at what our current capacity and usage is - I wondered how hidden services are being identified (e.g. clinical research is delivered in a variety of areas as we have no clinical area) so that we can support these services to develop and become more efficient?

ANSWER: We had a member of the research team on a call. Research teams won't allow us to forget or ignore them in this project. And this is an exciting thing as you can build the requirement early on in the infrastructure. We already have a memorandum of understanding with Winchester University. We have the opportunity to explore the ability to work with other organisations in research areas

and this will be improved by a new build. We can also design solutions if we decide we are going to have the ability to teach.

QUESTION FROM CHAT: What will happen to the current sites once the new site is built? Will there be de-commissioning and sale of the pieces of land or are there plans to continue with separate sites?

ANSWER: It is clear that Basingstoke isn't in fit state for the next 5 decades.

QUESTION FROM CHAT: Are there still plans to site a cancer treatment centre at the new hospital site?

ANSWER: Yes, a cancer treatment will be part of the new site.

Chat download anonymised

How will the new timeline look given that Boris Johnson now wants to expedite the hospital build?

Hi Everyone

Are there any plans on management structure, would new hospital follow the current divisional path?

Thank you Simon for a very down to earth and informative talk. Breast have also centralised our MDT and most of us operate across both sites. We have been flirting with Southampton for a joint breast unit. What will happen to that sort of plan please? Until now we have been asked to look outside region for the benefit of the wider NHS. Would a massive, joint HHFT and Southampton cancer service be possible?

Does the project allow to consider wider remit for some of our services, such as Pathology, on a regional level?

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Staff changing rooms are definitely needed!

I so agree XX1 [with above comment]

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thank you 👍

What will happen to the current sites once the new site is built? Will there be de-commissioning and sale of the pieces of land or are there plans to continue with separate sites?

I guess we need a very large hospital in the centre of the population we serve. Both Winchester and NHH are beyond economic repair. Maybe need a 1000 bed hospital with everything in it! Older sites could become cold sites for outpatients and minor procedure.

Thank you :)

Thank you Shirlene.

Thank you. This was very helpful.

Great session. Thanks to all.

thank you very much, informative and well led.

Thank you, very useful

Thank you all. Very good update. Very helpful. Thanks John, Shirlene and Simon. Glad I got over the original sound glitches :-)

thanks , useful session.

Thank you.

Report written by: SE