

9 July 2020: Band 7 Forum - Teams 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 Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust		
Registered participants	n/a	Participants on Zoom	13
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>N/A</p>			
<p>Questions/Comments raised during online event:</p> <p>QUESTION: Are you thinking of one site or are you thinking of two or three sites?</p> <p>ANSWER: We are trying to work out how we would want to reconfigure our services. It's unlikely to stay the same. All sites need work to upgrade them so it's worth thinking about all sites, for example, what else could we do more of at Andover? We are genuinely asking your views.</p> <p>COMMENT: For people with learning disabilities it is better to have care closer to home. The less travel the better, especially for short appointments.</p> <p>COMMENT: Currently signage is poor, so can we consider this for accessibility for people with visual impairments and learning difficulties. It's currently tricky even for people who are new to the building. It might be worth considering Changing Places like they have in Southampton. Larger toilet spaces and changing rooms - we have no facilities currently for anyone in a wheelchair or who needs someone to support them for the toilet.</p> <p>COMMENT: Are there going to be stipulations on what we can & can't do? Or is this project our own? I worked at another hospital that was new and it just wasn't fit for what we needed it to do.</p> <p>ANSWER: It is our own. It's 100% government-funded but as much as possible we need to look at repeatable designs so it is efficient and flexible. In terms of the space requirements and how we plan it, that's where we want to involve you and patients.</p> <p>ANSWER: Alder Hey - it was the children who designed it. The signage was amazing so that element is definitely for us to be involved in.</p>			

COMMENT: The first hospital I worked at we couldn't get trolleys around corners, lots had to be changed so it ended up being so much more expensive because things had to be changed.

COMMENT: I imagine you'll be looking at transport and infrastructure. It's a massive concern for patients, staff, recruitment and retention.

ANSWER: We're working closely with local authorities and other agencies - they have quite an ambitious plan for transport and to be environmentally sustainable, with accessible cycle routes etc. We're working with them to understand what the impact is, what services could be part of their plans as well as ours. We're trying to understand what is available from voluntary transport as well.

QUESTION IN CHAT: There is something I can think of which does not necessarily require a new building to start - a hospital@home service. Am I right to say that we have not got this service? I am sorry if we already do. I am working in a non acute setting at the moment, so may not be on top of things.

[Cont.d] I'm not in the acute setting but working in the hospice. When talking about having the services nearer home, I mean things like giving IV antibiotics & dressings at home that the district nurses don't necessarily do but we could do.

ANSWER: It is an area we know we could do more on. Some can't be done in the community but some can. There's an opportunity to expand that. We can also look at services that would be provided by our partners.

COMMENT: It would be good to look at hospital avoidance, for patients to receive the care they need in the community. There's also the need for rehabilitation as we have a gap around rehabilitation, so it's something to think about. We have an ageing population with limited capacity to provide rehab in our area.

COMMENT: I've visited a relative at Alder Hey - it's an amazing space. They had a lovely side room set up with sliding doors so you could shut it and pull out beds so parents could stay with the patient overnight. The sliding door would be an amazing opportunity - it allowed for privacy and dignity. It has a huge atrium and it has been designed to make the children feel at home. They had an amazing Christmas service there. It looked clean and easy to keep it infection-free.

My concern currently is the lack of side rooms and isolation space. Especially now with Covid.

COMMENT: We need side rooms for parents to stay, especially for patients with communication issues as it makes it so much easier when someone knows that person's communication.

COMMENT: We have struggled with single sex segregation so side rooms would provide this.

QUESTION FROM CHAT: same visiting the queen elizabeth in Birmingham recently - so much thought into design and it shows. very well laid out staff/patient friendly

[Cont.d] I've been to the hospital. The staff and patients were engaged in the design. It flows and has flexible spaces. The staff seemed really happy and were engaged very heavily in the process. It is a lesson to listen to what patients and staff want. I've had the same issues as others with infection control, single sex occupancy and lack of side rooms so building these in would make a massive difference

Chat download anonymised

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Report written by: SE