

## **13 June 2020: Staff Engagement Session**

<b>Facilitator</b>	John Boyman	<b>Engagement team</b>	EN CL SE
<b>Speakers</b>	<p>Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust</p> <p>Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust</p> <p>Dr Charlotte Hutchings – GP and Deputy Clinical Chair for North Hampshire, Hampshire and Isle of Wight Partnership of CCGs</p>		
<b>Registered participants</b>	49	<b>Participants on Zoom</b>	32
<p><b>Questions/Comments raised by participants at registration [comments box on Eventbrite registration form]:</b></p> <ul style="list-style-type: none"> <li>• I'm happy/keen to be centrally involved with the planning of this</li> <li>• is this event available online for others after the event?</li> <li>• why is it so hard to register</li> <li>• Engaging with both the workforce and user groups is essential</li> <li>• Funding</li> </ul>			
<p><b>Questions/Comments raised during online event:</b></p> <p>QUESTION FROM CHAT: This is all very exciting! I'm relatively new to the Trust but I'm aware a lot of work, time, effort and money has gone into preparation for the previously proposed CTH. How does that former work fit into this plan? Or are we going back to the drawing board?</p> <p>ANSWER: In some ways this is completely new. This is a bigger vision. So we are approaching this with fresh eyes although some work can be reused &amp; refreshed.</p> <p>QUESTION FROM CHAT: Will the new hospital be carbon zero to ensure a low impact on climate change and the local environment?</p> <p>ANSWER: Yes certainly. It is a requirement of the HIP2 but this would be a priority anyway.</p> <p>QUESTION FROM CHAT: Where are drug and alcohol services in your list?</p>			

ANSWER: Not every service has been listed here, and drug and alcohol services are provided by a number of organisations. It's still very high level, looking at the overlying principles and we will get into more detail in each service. Drug and alcohol services are not provided by Solent or Southern. They are provided by Midlands Partnership Foundation Trust commissioned by HCC.

QUESTION FROM CHAT: I think this question is for Lara. She addressed a point that's really close to home. To attain or maintain some of the national standards required of us, it's paramount that services are delivered from a 'single site' so the proposed construction starting in 2025 is very welcome. However it feels like we can't wait 5 years if we want to maintain those services. As Alex alluded to, Covid has some silver linings however redeployment of high risk staff has put huge pressure on rota/service delivery which makes joint service delivery more urgent. I wonder whether the money available now could be used for some sort of stop gap to allow combined service delivery?

ANSWER: We know sustainability is partly around rotas. We've already done some work on centralisation (stroke, cardiac, trauma...) and need to look at the immediate future as well as when we have a new building. We need to be making changes now and not waiting for a new building before changing services.

QUESTION FROM CHAT: Will there be a development of Hub and spoke services to bring outpatient services closer to the [populations across the county?

RESPONSE: There's already a part of system transformation in Planned Care – with a focus on outpatients. We already have GP surgeries with outpatient services and are actively looking for other locations to limit the numbers coming into hospitals. e.g. what can be done in ophthalmologists, working differently with GPs. GPs working with consultants and building up a special interest. We're running a project where paediatric specialists and GPs do joint surgeries and it is working well. So we plan to build on these.

QUESTION FROM CHAT: What are the plans for managing increasing numbers of high acuity patients presenting to EDs in the meantime before we get a new hospital?

ANSWER: There's a piece of work around the restoration of services. We're looking at how we managed infection control during Covid. A lot of work is happening with ED who've significantly improved what they're doing. But we need to continue and continue to develop services. It might be that moving things around needs to continue after the Covid changes.

We need to take into consideration what didn't go well with the previous project CTH.

Same day access is a huge priority – Covid has helped recognised this.

COMMENT FROM CHAT: I am one of those Link Speciality Doctors working in both primary and secondary care - It is an excellent way of working together with specialists to bring skills into primary care networks and deliver secondary care service.

ANSWER: We know that closer working between primary and secondary care is an excellent way of working together with specialists to bring specialist skills into primary care networks and deliver secondary care services.

QUESTION: When our current buildings were constructed, mental health was not considered. How will it be different?

ANSWER: This is so important and we're excited to use this opportunity to see what we can do to combine services.

QUESTION: Will there be an investment in free public transport links to a new hospital?

ANSWER: If this is what people are saying is important to them, it's key that we know this and we can make sure it's on the list for consideration.

**Chat text anonymised:**

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Where are drug and alcohol services in your list?

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thanks Lara. I think work needs to be done on estate for paediatrics/neonates to reconfigure our service and help relieve pressure on Covid rota. For example maternity working from single site and acute paediatrics from another

Hampshire Healthcare Library service is already working across Hampshire and are excited about helping with this project.

thanks Lara and Alex. I agree not an easy fix hopefully can find viable solutions until shiny building is delivered

**Report written by:** CL and SE