

18 June 2020: Governors

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	CL SE
Speakers/Panel	Alex Whitfield - Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr. Lara Alloway - Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust Shirlene Oh - Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Lorne McEwan – GP and Locality Clinical Director for Winchester, West Hampshire CCG Steve Erskine – Chairman of Hampshire Hospitals NHS Foundation Trust Julie Dawes - Chief Nurse, Hampshire Hospitals NHS Foundation Trust		
Registered participants	28	Participants on Zoom	27
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: How would you hope to improve the current mental health sector, particularly the retention of staff and out of area bed issues.			
Questions/Comments raised during online event: QUESTION FROM CHAT: Is the rough budget for the "new hospital" enough to do that? If not, is there really any scope to "dream dreams"? ANSWER: We're being asked to say what we would need. We've been given a very indicative number. We want at this stage to get everything out on the table, what we all want to be included. Let's start big, then work out what we can and can't do. It's clear that the money is for a hospital but our vision is for something much more holistic. We need to work with partners so if innovation and research is something we want to do, we need to understand how we work with universities and medtech. There may be other routes to get money for more than just a hospital. QUESTION FROM CHAT: Are we creating a new model of care or merely getting different services to work together in the new building ANSWER: We are working towards new models of care. People will be working differently together eg we're talking to mental health colleagues to have a ward to treat those with mental and physical health needs. But we're not waiting until a new building. We'll start now and continue into a new building. This is a catalyst to get us thinking even more differently.			

QUESTION FROM CHAT: is the plan looking to centralise GP surgeries or create a one stop shop GP/Hospital service?

ANSWER: We're already looking at how we can be working closer in the communities e.g. in Lornes' surgery they have consultant paediatricians in the surgery which saves on transport & parking. It can be rolled out to other specialities. New ways of working and technology, and new remote working can be built into the new project. There will need to be different thinking at a local level (rural v town). The PCN needs to support patients at their home. We would like to hear which services you would like to have nearer your homes.

QUESTION FROM CHAT: When the actual hospital build and infrastructure is being designed, is the projected growth in population going to be properly factored in so that in say 30/40 years time when there are more people living in the area the new hospital will be able to cope with an increase in demand for care and health services?

ANSWER: We are modelling the capacity we will require in two ways 1) population growth and 2) the demographics which will take into account specific needs of our population.

QUESTION FROM CHAT: The STP had as a theme the reduction of hospital beds, paying insufficient attention to population growth. Will we face opposition from the authors of that?

ANSWER: We have submitted an STP plan where there is a moderated rate of growth because we are expecting that by working together across the board we're hoping more people are cared for & supported closer to their homes. Needs will be modelled. There's continuous dialogue with the STP for what the potential will be.

ANSWER: The key thing is the new building needs flexibility. We would expect fewer beds - Covid-19 has taught us how to reduce the number of people in acute beds who didn't need to be there. We know we can reduce the number of people in hospital but we also know that the population is growing, and the demographics mean that people are living longer and with that people have more co-morbidities and more interactions with healthcare towards the end of their lives. This will increase the number of hospital beds needed.

ANSWER: There's a shift in healthcare in the long-term plan and a different appreciation that the relentless pursuit of minimising beds isn't the answer. It comes back to flexibility & our ability to predict what will happen over the next 30 - 40 years.

QUESTION: Budget - Here we are encouraging people to dream about what we want so we end up with a Rolls Royce but the government will say we can only have enough money for a Mini.

You say we may want to work with the universities & some other organisations which sounds really good, but just be aware a lot of government projects tend to be very big and big projects stand a higher chance of failing because the government changes, ministers change, and we know that the government is currently borrowing a lot of money. So come the next government they may say they have to cut everything. So we need to be realistic about what we want to deliver as it could all change.

ANSWER: We know that new infrastructure will vary in budgets. Regarding the issue about if a future government pulls the plug. There's an idea in the central

government that to kick start the economy big programmes are in favour. Building this hospital is key for the current government. We're being told to keep going.

QUESTION: These services are run by people. We have a significant number of staff who will be significantly impacted by changes to their places of work. Services provided by people for people.

ANSWER: We are talking to the staff as well. I am keen that this project is co-produced by all of the staff, and also think about what's important for the staff. We had a good staff session last week. There's a focus on wellbeing, sustainability, such as access via cycle lanes and all those things that are important to people. There will be changes but we hope to work with them and they have helped produce it.

QUESTION: Creations of centres of excellence? Is this something you're thinking of

ANSWER: The centre of orthopaedics is not on hold. We are looking at the development of holistic support. A cancer treatment centre will also be factored in and we're working with them to see what is needed. Chemotherapy looks very different now from 6-8 years ago so we need to understand what's changed and what's likely to change.

QUESTION: As regards the Health Infrastructure Programme, are any other trusts getting funding locally? If so, are we working with them? How do we prevent the HIP money being spent on what we already have?

ANSWER: Nearby there was one area which was in the HIP1 scheme 2020-2025 which is St Helier and we're learning from this Trust. They have been sharing documents and what they've done so far, and arranging learning sessions. There is a lot of information on their website. And we are continuing to link in to other Trusts from the scheme.

ANSWER: As regards the prevention of spending the money on upgrading our current estate, the key reasons for us receiving the funding is that some estates are not viable. We will need to build a new hospital with this money.

Chat downloaded from Zoom and anonymised:

What is the implication for the local hospitals who currently provide services for local people?

Have you considered remote surgery via 5G links?

Is the rough budget for the "new hospital" enough to do that? If not, is there really any scope to "dream dreams"?

It also needs to be Learning Disability and Autism Friendly

It's the chance to make History

Are we creating a new model of care or merely getting different services to work together in the new building?

When the actual hospital build and infrastructure is being designed, is the projected growth in population going to be properly factored in so that in say 30/40 years time when there are more people living in the area the new hospital will be able to cope with an increase in demand for care and health services?

[in reply to the above comment] I guess what you have just questioned will be part of the benefits realisation plans

not just numbers but also changing age profile -pandemics permitting.....

how do we support staff through significant work place changes

will there be the opportunity to create a state of the art teaching hospital?

Lets get away from monolithic building and go towards a set of units delivering the right services that are connected by fast transfer systems as well as digitally a

is the plan looking to centralise GP surgeries or create a one stop shop GP/Hospital service/

Look around the world and see what they are doing. At the heart must be the patient (families and carers)and their care

I guess the definitions of location and access will need careful analysis and explanation (to include "meetings" like this). It seems as though the last three months have proposed/illustrated a new definition of access and even geography.

natural daylight is great but make sure there are shading devices or it is unbearable in summer

I assume we would be using technology to reduce running costs too.

[In reference to comment above about natural light] That's a good point XX, when they built the QE Military Hosp in Woolwich, the glass corridor was freezing in winter and melted the floor during the summer

make sure you can move between blocks without getting soaked and shelter roofs above doorways- bitter memories of greenhouse schools and may local doctors'

the unit needs to be elderly and dementia patient friendly.

How does the new Alder Hey hospital fit in the TOGETHER aspect of HHFT hopes?

If we are thinking of wanting to build in a sustainable and environmentally friendly way I like all the greenery incorporated into Alder Hey can we put solar panels on the hospital which is obviously a renewable energy source and reduce running costs whilst minimising carbon footprint?

The STP had as a theme the reduction of hospital beds, paying insufficient attention to population growth. Will we face opposition from the authors of that?

Re financial sustainability in terms of running costs how u change the current financial incentives for hospitals to a more holistic approach

I'm assuming we will learn from C19 working conditions/working differently. More staff working from home?

We need to make sure our messaging is coherent. For example, we started this call talking about a new hospital but quickly morphed into talking about a restructuring of health service provision based on a new hospital.

The increased demand will not be for hospital care but more social care and care in the communities

Big hospitals are not the answer

can the new hospital create a seamless cancer care unit from diagnosis sadly through to end of life care.

yes we can push us old folk into care homes

we were talking recently about creating a centre of excellence for orthopaedics will this be on hold now/

Sufficient numbers of beds in the community (mental and Physical health) must be funded if you wish to keep people out of hospital

if there is going to be far more care in the community then those services really need to get their acts together as we know at the moment this is an area of concern so should theses services come under the hospital management in the future?

If we ask for funding for a mini we'll get a Robin Reliant, we need to dream big!

agree totally with XX

no don't push for mini. ask for the dream. govt needs to recognise public support for nhs.

So..if you are closing Winchester and basingstoke, how many beds is you starting point to replace like for like

Alex [CEO HHFT] speaks sense 😊

Could we augment government money with land sales at BNHH?

Are any of our neighbouring Trusts getting HIP funding? Are we looking at what they are planning/delivering even if not HIP recipients?

How do we prevent this HIP capital money being spent on simply repairing and upgrading the existing 3 hospitals in HHFT rather than building a brand new 4th hospital?

you know I will say Alton has a heavily underused community hospital ideal as halfway house but needs to be run by hhft

we must be cognitive of the fact that the status quo is unsustainable, the provision of healthcare must change in the future, if we are to support the population in a manner that they now expect.

I am sure all our staff would feel far happier being a joined up team all in one unit then divided as they say they are now across three units it takes away the 'them and us' feeling which we hear quite often.

Report written by: SE