

26 June 2020: NHS Staff

Facilitator	Ellie Stennett - Marketing Officer	Engagement Team	CL SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust		
Registered participants	45	Participants on Zoom	17
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: <ul style="list-style-type: none"> • Please ensure that the planning is done correctly. Identify all of the issues that the sites have now are recorded and planned for so they can be implemented. Persons / companies should be held to account for their decisions and actions if projects go wrong or not as requested by the Trsut. • A green field new hospital with 800 beds is needed to serve central Hampshire. Existing hospital infrastructure is beyond economic repair. Small parts of either could be used for cold activity such as Outpatient or endoscopy. New hospital would need to be the hot site with A&E etc. • One emergency department please • large area that can accomodate the expansion of the population if needed. Ample parking, easy to get to 			
Questions/Comments raised during online event: <p>QUESTION FROM REGISTRATION: Please ensure that the planning is done correctly. Identify all of the issues that the sites have now are recorded and planned for so they can be implemented. Persons / companies should be held to account for their decisions and actions if projects go wrong or not as requested by the Trsut.</p> <p>ANSWER: Capital sectors are not well known for being well controlled and well managed. I'm keen this is done properly. We also recognise that none of us have experience in building a massive hospital so need to find people who have experience of this kind. We're keen to involve experts. We've recently brought in a new programme director who has this experience. She is currently NHS England's Estates Lead, managing all of these programmes so in that role she has spoken to and met lots of people about this kind of project. A very good recruit and well-connected.</p> <p>QUESTION FROM CHAT: Is the capital build for this a full "gift" from HMG and not a PFI?</p> <p>ANSWER: It isn't a PFI. The money will come from central government. The question I'm currently battling with is in NHS finances if you own an asset you have to pay public dividend capital every year according to the value of the asset. If you have a new hospital then potentially the public dividend capital will be high. That</p>			

debate is starting to get a few people anxious that will this bankrupt us in a similar way that a PFI would?

There is a national debate about all these new hospitals - the last thing the government wants is that we are worried about being able to meet costs once it is completed. The message has been clear - the money is coming and we are committing.

COMMENT FROM CHAT: A green field new hospital with 800 beds is needed to serve central Hampshire. Existing hospital infrastructure is beyond economic repair. Small parts of either could be used for cold activity such as Outpatient or endoscopy. New hospital would need to be the hot site with A&E etc

ANSWER: Where will everything go? We know we are going to get a new hospital and people from across Mid and North Hampshire will use the services. What we're trying to work out is what it means for the other sites. Does it mean we would want to keep services running on our other existing sites? We would. We want to talk to everyone to get their views. Conversation needs to be had with every specialty.

QUESTION: I've just joined Winchester hospital, and ophthalmology would run better if it had a bespoke unit run centrally. We had a recent discussion about the hospital. It is disjointed at the moment because you have different teams supporting the ophthalmic service. We feel we could have our own theatres, own outpatients, own pre and post op assessments, and grow the team?

ANSWER: We want to hear from you as to what would work for your service and your patients. Many services are still running separately, some are integrated and some are centralised. This is a real opportunity to ensure we get the benefit of coming together. We can't just plan for when a new hospital would open. We need to make some of these changes in the meantime so when the hospital is built our teams will already be working this way.

QUESTION (CHAT): What are the current thoughts about emergency and GP admissions, and in particular where general surgical services will be based? Will children needing an appendicectomy or adults with strangulated hernias need to go to Basingstoke? Is the plan for an ITU on both sites?

(Cont.d). Ever since I started working for HHFT there's been lots of chat about what's been moving. After 10 years I hope this comes to a conclusion as it feels like we're going backwards and things are up in the air a lot of the time. At the moment it feels like we're doing a really good job. We get a lot of referrals from bigger hospitals and patients choose to come to us because they prefer the care they get with us I am concerned that if you take 2 well-functioning units and make them into one huge unit, I don't know of any hospitals that big I would choose to go to work in. I have worked in 20 different hospitals around the world and I don't want to work in that size hospital. There are a lot of large hospitals that I don't want us to be like. Is the plan to move all major surgery and emergency work to a hospital in Basingstoke?

ANSWER: There isn't a plan. This isn't the CTH [previous project]. We're in a very different world. Many of us have chosen to work in small and medium size hospitals. We need to work out what makes this work and what makes it feel like it's the place we want to be.

Services coming together will really help the sustainability of rotas, staffing them, buying the best equipment, but for some services it may not be and we need to work through that. Ultimately we're all about the good people.

QUESTION FROM CHAT: Having worked in Salisbury when they built a new Paediatric unit, by the time their unit opened it was already too small and not ideal for purpose as their plans were written 5-10 years before. Will our new hospital plans plan for today or plan for our potential future population?

ANSWER: We intend to plan for future population growth. But also what technology will do. There are other things such as also understanding how much office space we will need as people are working from home more. We are trying to look into the future as best we can. We've been clear that it needs to be flexible so we can respond to whatever happens.

QUESTION POSED BY SPEAKER: We know that over the year the facilities for staff have been taken away - Covid-19 has shown us that. What would an amazing new facility mean in terms of staff needs?

COMMENT: Over the past few months we've been through so much and the breaking down of silos and collaboration have been amazing. Also the huge effort that has been put towards staff wellbeing. Many departments are trying to maintain this.

This is important going forward into the new hospital, thinking about how we can look after our team. We want to have one of the best teams in the country, we want people to want to come and work for us. Looking after your team is key and you can get so much more out of people who are happy doing the work, being a part of that. It's important we have something around staff wellbeing.

COMMENT: I've been involved in a lot of planning over the years. It's a real problem that we don't attract or retain people. We have lost the ability to bring people in in the first place. We've lost a lot of staff accommodation which needs to be planned in. 15 years ago we talked about building on the lower car park at Basingstoke a fitness centre to attract people onto the site and stay there after work, with a restaurant and bar. We need something that instills a little bit more team spirit to bring people back together.

If we're going to think outside the box it has to be a building that is completely flexible and responsive, that can expand and contract, that you can isolate if we have another Covid-19. Loads to think about it but looking after our staff and building team spirit and ability to attract people into an area which is expensive to live and doesn't actually have a great deal to offer outside work.

ANSWER: the idea of sports facilities & restaurants and bars. Good idea which hasn't been brought up before. Accommodation and places people can go is a good idea.

QUESTION: There was really good staff morale before and during Covid-19 and everyone has pulled together. If anything morale is higher than before. It's been really impressive and the Trust has been amazing. I think gyms & wellbeing rooms are slightly less important than whether you go work in the place where you bought a house and moved to for work. If someone was bleeding to death in Winchester I could be there in less than 200 seconds by foot and to suddenly be told it's a 40 minute commute and I have to live at work, that's not going to work for me. It may be part of this piece of work that you accept

you are going to lose staff. A wellbeing centre etc will make absolutely no difference if I can't get to work for 8 am because kids club doesn't start at school until 7.45.

ANSWER: There will be plenty of staff for whom even the best new hospital with the best medical equipment and best facilities, is not convenient as the fact it's not in the physical location they are used to - for physical and emotional reasons. I think it's really important that we recognise that.

QUESTION: I'm a single parent and have to get into work early. A lot of people have problems with childcare. One thing I really think would be a fantastic initiative would be around term times when schools and kids clubs are shut, when we have struggles with our childcare. Would it be possible that the trust would consider running something like holiday clubs, summer clubs and term time clubs to help support working parents with children?

ANSWER: We've been looking at that actively for this summer with all the uncertainty with what childcare will be open. But to run these for under 8s you need to be Ofsted registered which is a complicated process. The better option is to contract someone who could run it if we provide the facilities and provide it as a benefit for staff. With our current buildings we don't have the space or facilities so this is an ideal opportunity to create the facilities.

Q: Would you be able to open it for the hours that fit around shifts? Some nurseries restrict the age limit. I would love it, it would be superb and it would help you retain staff a lot more.

ANSWER: The nurseries about the Winchester site are quite flexible so we'd look for something similar. Restricted to age limits.

COMMENT FROM CHAT: Flexible spaces for staff that allows a break space for the teams to socialise together and learn together. Flexible areas for difficult conversations with relatives, patients and staff. on call space for staff to provide important out of hours provision which will help retention.

ANSWER: The places where we have those conversations can be busy nurse stations or rooms that people keep barging into and so we must have proper spaces to have those conversations.

COMMENT FROM CHAT: how will our plans fit in with the STP/ICS?

ANSWER: This fits in with the STP/ICS. We're working very closely with the ICS. Part of what we learnt out of the CTH journey is that we need to do this with everyone else, we'll end up with a better answer.

Chat download anonymised

what is the plan for Ophthalmology services ?

Looking at logos at slide base - why are North Hampshire CCG not listed here?

From Lara Alloway - CMO HHFT : NH CCG are part of HIOW partnership CCG
was that after they went into special measures?

Really exciting that this is a truly blank slate to build something around our needs

this just a hospital for Basingstoke only?

From Alex Whitfield - CEO HHFT : No Steve, it will provide care for the whole of mid and north Hampshire.

Is the capital build for this a full "gift" from HMG and not a PFI?

What are the current thoughts about emergency and GP admissions, and in particular where general surgical services will be based? Will children needing an appendicectomy or adults with strangulated hernias need to go to Basingstoke? Is the plan for an ITU on both sites?

Hi XX - would need to be discussed, but my vote would be for a full-fat combined emergency general service exploiting all of the specialist skills we have

Having worked in Salisbury when they built a new Paediatric unit, by the time their unit opened it was already too small and not ideal for purpose as their plans were written 5-10 years before. Will our new hospital plans plan for today or plan for our potential future population?

Definitely looking to provide our junior doctors with sleep facilities to ensure safety on night shifts.

Shouldn't that be all night-workers?

On-call rooms for staff use especially if our new build may mean we are now too far from site to be on-call from home

Flexible spaces for staff that allows a break space for the teams to socialise together and learn together. Flexible areas for difficult conversations with relatives, patients and staff. on call space for staff to provide important out of hours provision which will help retention.

Completely agree - recently visited a "WeWork" space in London - we need something like that to enable all teams to collaborate and work in a common environment.

the design of the new built with consideration to patient flow, improving Wi-Fi access for trust equipment.. A light, airy and spacious.

child care facilities like we have now in Basingstoke

XX If you check out the most recent HHFTCast podcast with Tim Cropley and Dr Tamara Everington they answer lots of staff questions about tech/WiFi.

I did listen to it XX, hope you are well?

how will our plans fit in with the STP/ICS?

will the slides s be available to show to staff

Report written by: SE