30 June 2020: NHS Staff

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	**Engagement Team**	SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust		
Registered participants	36	**Participants on Zoom**	20

Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:

As the Endocrine CNS, I work for 7 consultants + 3 SpR's. Is there a plan to create a designated testing unit?
Presently , endocrine outpatient testing is dependant on the grace of other depts., which can cause errors and be very stressful as there is no continuity.

Will there be a separate area in A&E(room)for delirious/dementia/confused patients as the current A&E is too small and too noisy for when patients are experiencing challenging behaviour/hallucinations/delusions?

What plans do you have to serve patients presenting to HHFT who have mental health problems

Questions/Comments raised during online event:

QUESTION FROM REGISTRATION: As the Endocrine CNS, I work for 7 consultants + 3 SpR's. Is there a plan to create a designated testing unit?
Presently , endocrine outpatient testing is dependant on the grace of other depts., which can cause errors and be very stressful as there is no continuity.

> ANSWER: The main thing is we want ideas. It seems like a good way of streamlining this service. There's a suggestion that we know where this is all going. All we know is that Basingstoke hospital is falling down. The answers are not already written. We don't know the sites at all. This is a blank sheet. So if there is something that people want, they need to let us know either directly or through a clinical lead around the departments.

QUESTION FROM REGISTRATION: Will there be a separate area in A&E(room)for delirious/dementia/confused patients as the current A&E is too small and too noisy for when patients are experiencing challenging behaviour/hallucinations/delusions?
mental health

> ANSWER: I'm really excited about the opportunities here. We are aware that many of our patients have both physical and mental health need,. and we don't really have the facilities for treating mental health appropriately within the mental health

hospitals or the physical health hospitals because we segregate patients into one bucket or another and it's not like that. That applies in emergency departments where we need facilities to care for those who are having a mental health crisis as well as needing physical support. It also applies to other departments such as childrens' wards. How do we look after physical and mental health at the same time? This is an exciting opportunity to look after people as they actually are rather than putting them into boxes.

ANSWER: We see a lot of troubled teenagers and facilities are dreadful for them around the country. I'm really excited that we already have CAMHS on board. We're looking hard at adolescent units. One thing that is certain is that the new services will be better and a new facility will be part of the way forward.

QUESTION FROM CHAT: Where does the plan for a cancer treatment centre fit into the consultation/engagement?

ANSWER: We know that our population would really benefit from a cancer treatment centre and we know the population has raised an inordinate amount of money to build one already. So it absolutely is part of this vision. And it's an exciting chance to provide for the holistic needs of our population rather than just treatment.

QUESTION FROM CHAT: Is there likely to be sufficient budget to have a single site to cover all services centrally, endnote just the critical treatment hospital? *not just CTH

ANSWER: We don't entirely know how much money we have got. They're saying - tell us what you need. But they are talking upwards of £500Mill. It isn't just the critical treatment hospital. The money we would need to keep Basingstoke open for another 50 years - everything is reaching its end of life. So we would need to have a building for more than just the acute services as keeping the current building is not feasible.

QUESTION FROM CHAT: You mentioned a number of clinical leads throughout the organisation - how do we find out who these are?

ANSWER: We have just set up the clinical senate. We need to do some work on letting people know who they are.

QUESTION FROM CHAT: One of the opportunities of partnership working has to be workforce. How creative will we be about rotational posts potentially for HCAs to work in Social care/primary care? Just as an example.

ANSWER: The workforce does allow an enormous amount of flexibility. Having spoken to the university about what kind of posts they want to provide, what kind of areas they want to train in. There's a lot of thought about whether they want to train a more generic person. I think one of the things that's been happening over the last few years is closer working with social care and primary care. Secondary care has already involved working across organisational and I think Covid has pushed that even further. People are more flexible than they used to be. This is an opportunity to push for this further. There's no reason why we shouldn't have cross-organisational posts and we do already but we should be pushing it. So if there's a particular area you think should be worked on then let us know.

ANSWER: We have worked more closely between partners during Covid to accelerate some of those relationships. There is a lot of talk about shared workforce.

QUESTION FROM CHAT: I would be keen to see a commitment from partners within Hampshire Together particularly social services to provide accommodation/care for people who have no clinical need but are brought into us as there is no ready alternative in the community. An example if an elderly partner is admitted and the frail person cannot cope at home.

ANSWER:That's a really good point. It's astonishing how quickly we've managed to get people out of hospital who didn't need to be there and social care and community services have moved heaven and earth. We typically had about 80 people who didn't need to be in hospital but who weren't ready to go home because they were stuck. Some of the styles of accommodation they have brought in are different. There's a real recognition that we are under-providing in community settings across Hampshire.

QUESTION FROM CHAT: Having worked on the Orthopaedic Transformation, will there be a plan to integrate all the clinical services prior to centralising?We have already pushed through centralisation of some Services. What other services are likely to be reconfigured in the several years before the new hospital is built??

ANSWER: Service by service we need to think about how we can make changes now. We're doing that with the digital side of it now. This is going through the clinical workstream.

ANSWER: One of the things we found in previous projects was that as people start working on new projects together, things do align a lot better. Then as you move away, things start working separately across different sites and different areas. Covid has made everyone to work closer together and that will continue with a common purpose. There will be a number of workshops to restart looking at what the new model will look like. Internally in HHFT with Covid and the announcement of this money, this is a gamechanger. By going through this process and getting lots of input from partners we can move this forward again. Maybe increase beds at Alton, and how we use care homes, community health.

QUESTION FROM CHAT: Centralisation is clearly a major focus of this project. Will geographic centralisation be as big a focus as clinical centralisation. There is a common thread in the press that describes the project as a "replacement for the hospital in Basingstoke" (presumably due to the well-known structural issues with the BNHH building) and there is anxiety on the ground about the geographic location and how it will retain the support of the Trust's entire catchment area.

ANSWER: We do need to be a bit careful. There are structural problems with the Basingstoke hospital, but this is a project for Hampshire Hospitals. One of the options may be that if the hospital ends up being close to Basingstoke there may need to be investment in the Winchester site at the same time. But no decisions have been made yet.

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ANSWER: It is important service by service how we make changes now. We are doing this with the digital services but also clinical.

ANSWER: We have opportunities. One thing we found on previous projects, as people work together, things align better. Then as we moved away things worked differently. Through Covid we have been working more closely together and that will continue as a common purpose and there will be a number of workshops to start looking at what this new model will look like. This is a gamechanger and we hope that going through the process and lots of input from everyone we can move this forward and become more integrated again.

QUESTION FROM CHAT: on site child and adolescent mental health unit to provide local support to children and families that's fit for purpose.

ANSWER: It's a good idea. It's something I would be pushing for as it's desperately important. We need work within the whole system.

ANSWER: I've been talking to Southern Health about Parklands and Melbury Lodge and if they've got any plans around them. But we also need to discuss Leigh House and whether long term it's an opportunity to co-locate Leigh House on this health campus.

QUESTION: We had our implementation group. It mentioned in the reports that we were still struggling to integrate the services across Basingstoke and Winchester. If we've struggled to integrate with trust we merged with years ago, how can we do this well from the outset?

ANSWER: Part of the reason two services have struggled is because we're running two very good services. People don't want to break something that's working well. They're happy with the services they're providing. What this does is give us some opportunity to think wider and differently and bring people together, where there isn't a winner or a loser. This would be a common creation.

ANSWER: There is nothing like someone offering you £500mill to focus your mind on what can be achieved. From previous experience what was astounding was how quickly people aligned when they realised they had a common aim. That hasn't always been the case on projects. For example with the intensive care project we had amazing input from both ends coming to a single thought. The difference here is that we are in a better place with everyone else - we have a fantastic relationship with our Primary care partners, social services and mental health. There's common purpose and Covid has helped.

QUESTION: I want to look at the geography and how it links into the integration of services. One of the challenges in the integration has been the geography. A lot of merged trusts have hospitals closer together and having hospitals that are as far apart as Winchester and Basingstoke has been one of the difficulties. The geography of a

centralised service is important in how it brings people together. If a new hospital was perceived to be located nearer one area than another, no matter how much was invested in the other site it will always be seen as the smaller and potentially less important site. The most effective way to bring people together is to have everyone on the same site. This is a common view that I hear, that having everyone in one place will be the most effective way of centralising services across the Trust. The geographical location is essential in the success of a genuinely integrated mid Hampshire acute health service.

ANSWER: in the middle isn't where anyone lives.

COMMENT: A lot of the geographical questions were considered when it came to the CTH. There are lots of things people find important such as ease of access, parking are key. Also need to consider Andover and other peripheral areas. The location of the CTH was a really good location. It was a pretty good spot.

QUESTION: I'm starting to kick off a programme around admin and clerical and looking at aligning different systems and processes. I'm interested to hear views on how to centralise that service, so if it's going to come on one site, how that's going to work. Covid has completely changed the way we deliver admin and clerical services. A lot of people are continuing to work at home. A&C people are already asking what the new world will look like for them in the new hospital. Will there be admin accommodation, will they be co-located with clinical teams?

ANSWER: I'd be interested in hearing from the admin & clerical people to see what would work for them. There is a big thing that people could work from home and some people like that flexibility. There could be hot-desking, working from home. In terms of co-locating, if we want the clinical adjacencies do you keep the clinical space really clean and just clinical but I also understand that it's easier to pop in and have a chat rather than if they were down the road.

COMMENT FROM CHAT: need to see integration as about improved quality - in all aspects, not a drive to productivity - which makes people cynical from the outset, but will come anyway if we get the qualify right

ANSWER: Andover is important and Alton and Eastleigh - high up on our thoughts.

QUESTION: Reflect a bit on the timescale of this. As we emerge from Covid, I think trying to read the direction of UK policy and world policy would be great. How green is the world actually going to be? We could plan for the site based on old ways of doing things and on old technology. It may be that in a few years time public transport is revolutionised, cars could be all electric and so on.
There is fantastic work in Holland, all their developments are built around a) being environmentally friendly and b) they start with the patients at the centre so the whole system is based around what people need. A lot of stuff out there we could consider. Are we going back to the same old same old world or are we going to listen to Greta Thurnburg and do things differently?

ANSWER: The spec for any new build at the moment has to be carbon neutral There is a lot of work looking at transport, electric transport. As far as looking ahead, to what is possible to provide for electric transport we are looking at it. The whole campus needs to be an idea of a health campus working closely with social and primary care is very different from other projects. A number of us have

looked at Dutch models, such as elderly care step down housing and looking after staff. We do want to learn from these areas. I do think it is feasible. There is going to be some central regulation, I'm sure there will be some stipulations about some future Covid capabilities.
Hope we'll have enough flexibility to look at the innovative and sustainable ideas.

ANSWER: Building flexibility into the construction is a key theme for it to survive 50-60 years. We don't know what's coming, it needs to be flexible too. But yes, let's start with the patients in mind.

Chat download anonymised

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wonderful to hear that we are looking at the needs of dementia within the acute hospital

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yes different trusts

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it needs good public transport links, or new links built for it should we look at how we support the edges of our current catchment area as part of the project
Report written by: SE