

16 July 2020: NHS Staff - Online engagement session

Facilitator	Ellie Stennett	Engagement Team	GC SE
Speakers	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Naomi Ratcliffe - Cardiology Pharmacist, Hampshire Hospitals NHS Foundation Trust Dr Charlotte Hutchings – GP and Deputy Clinical Chair for North Hampshire, Hampshire and Isle of Wight Partnership of CCGs		
Registered participants	37	Participants on Zoom	22
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>There is no doubt about the fact that any future hospital plans need to take environmental issues into account, it must be as "green" as possible. In terms of services, they need to be made accessible to all, both physically and digitally. NHS buildings must be safe and mental health considerations of staff and patients must be taken into account such as; nice toilets and showers, natural light, lovely outside spaces for staff and patients, nice healthy good quality food for both staff and patients.</p> <p>I would love to see more integration between hospitals and community provision, including local voluntary groups and churches. I would be interested to develop locally a model of Community Healthcare Chaplaincy modelled on Hospital Chaplaincy</p> <p>I think that we should keep things simple - decide what we want to do, what we need and what we don't need (service provision etc) and concentrate on the services we do want/need. Make a building which is future proof and fit for purpose. Really consider how much we need to spend - is it enough? Be bold in our vision and grasp the opportunity to deliver quality healthcare</p> <p>2 new hospitals in Winchester and Basingstoke</p>			
<p>Questions/Comments raised during online event:</p> <p>QUESTION FROM REGISTRATION: There is no doubt about the fact that any future hospital plans need to take environmental issues into account, it must be as "green" as possible. In terms of services, they need to be made accessible to all, both physically and digitally. NHS buildings must be safe and mental health considerations of staff and patients must be taken into account such as; nice toilets and showers, natural light, lovely outside spaces for staff and patients, nice healthy good quality food for both staff and patients.</p> <p>ANSWER: We have appointed a lead to work on that - a sustainability lead. We have commissioned work from the Carbon Trust and we will be working with Hampshire County Council on this too. There is a requirement for us to be carbon neutral.</p>			

COMMENT FROM CHAT: Main challenge for me is that ED attendances are increasing 10% year on year. This will continue even with the provision of other, community based, healthcare services. Any new hospital needs to have sufficient ED space to accommodate the rise in attendances for the next 50 years.

ANSWER: We've seen significant rises in ED [Emergency Department] attendances and we continue to do things to provide the best care in the right environments. Not all patients need to be in a high level ED. We also need to consider the drop during Covid, some has been due to anxiety and some due to providing services in other ways. One of the huge opportunities is more seamless care with our primary care colleagues to look at where these patients need to be. Our telemedicine hub which has enabled the vulnerable to be cared for in an alternative way. We're looking at the demand capacity modelling, and not waiting for a new hospital to be built.

ANSWER: We need to make sure that ED is fit for purpose e.g. from Covid it's not having waiting rooms full of patients. Some of the digital and direct booking into ED may well change the way we manage these patients. And getting that person to the right service or clinician rather than going to ED.

QUESTION FROM CHAT: When we talk about a new hospital, does this mean a single site or is a multi-site model possible?

ANSWER: We're looking at all options. No decisions have been made which is why we're asking your views.

QUESTION FROM CHAT: The current Covid pandemic has brought to the forefront the importance of laboratory diagnostics and effective infection control. How will these aspects be integrated into the planning and building process.

ANSWER: Our laboratory diagnostics and infection control people have been absolutely amazing during Covid and we are leading in terms of the testing that's been developed. We're also adopting innovation. It's going to be something we really want to support and is part of the new hospital. We're talking to them as well as people who may want to partner with us.

ANSWER: The way we develop the new building has to have infection control at the heart of it. It's also about sharing resources and expertise. There's a lot we have learnt in the last few months.

ANSWER: The lab-in-a-van project - we're able to test Covid results in around 30 minutes. We know these things are increasingly important. This isn't reliant on the building itself. Our current buildings are old. The engineering is mind-blowing what they can do, so there are all sorts of clever things that will support that process.

COMMENT: Technology is at the core of diagnosis. We do need to think of this out of one site. It is a system response and a system asset. And we need to make best use of it across the system as a whole.

QUESTION FROM CHAT: COVID has taught us a lot about how flexibly many staff can work from home. That can be great some of the time for some staff. I have often thought

that we don't actually make the best use of some of our resources 24/7. I wonder if for some staff there could be more flexibility for staff to work their contracted hours outside of those traditional core office hours. Might help us make better use of resources like office space and help with things like pressures of parking/transport.

ANSWER: Yes. There has been something we have been actively working on. We're looking at our home working policy and carrying out a survey about your thoughts and views about home-working. The results will inform our home working policy. It does help with parking but also with work-life balance as well.

QUESTION FROM CHAT: Great to hear an environmental question not from me! Would love to hear thoughts on how social prescribing might be integrated more as part of this venture? Thank you

ANSWER: Social prescribing is a new term - putting people in touch with people. The role is new and really exciting in primary care. They are working across groups of practices and linking this up to secondary care and other partners. It's a key enabler to allow the right people to get the right care from the right services. It's integrated into primary care and the links into secondary care are being used too. It's about the wider determinants of health - which is key to this project. And our partnership with social care.

QUESTION FROM CHAT: One of the biggest challenges seems to be IT and system related and although I feel we have managed and improved this during COVID I do think we could have better infrastructure. What plans do we have to ensure that our IT systems and infrastructure is future proof and also are there plans for us to have software that can be used across all specialties and include our wider resources such as primary care?

ANSWER: The IT structure will be funded as part of the programme but some of the digital enablers we want to adopt are not covered. We're trying to get our NHS E I colleagues to recognise these are key enablers and whether we can get some funding for this even before we move to the new building. We know there will be significant changes in technology and ensuring that records are linked so that healthcare professionals can talk to each other easily.

ANSWER: There are challenges but the principle is that we share as much info and IT across the NHS and outside with social care too.

QUESTION FROM CHAT: The comment was made re the anticipated increase in the over 75's. Given the significant amount of house building, it's fair to expect a large increase in the under 16's too. We are seeing more young people with CAMHS needs in both the ED's and wards. Given the demands on that service & limited number of Tier 4 beds available, this can put a lot of pressure onto acute services. What consideration is being given to help support this need eg co-location of some CAMHS/Children's Services with the Trust

ANSWER: We're working with mental health partners to make sure that estates will be suitable.

ANSWER: We're beginning clinical service review and this is coming up time and again - the utter importance of integrating mental and physical health with children

and adults. We're talking about it within the clinical services reviews. There's a real will to work with mental health providers to have some reciprocal process.

ANSWER: We've worked in silos for mental and physical health but they have so much impact on each other. A lot of paediatric wards need support from CAMHS. Working with all mental health providers is an opportunity to do this together.

ANSWER: We've recently formed a clinical senate to act as a conduit between the clinical workstreams and the programme. You'll start to see comms come out about those people so you know who they are. So if you have ideas, you can communicate with them.

QUESTION FROM CHAT: If thinking about staff accommodation, can offering availability for students on placement be considered? Travel is a feature within the RePair report re student nurse attrition - could be a real 'selling point' for us in enhancing student experience & our future workforce

ANSWER: Yes we are looking at key staff accommodation. Continue to flag these to us, and if you have other areas that you think are needed.

CHAT: It is important to consider the links with Social Services/Primary care/Community Providers etc for when patients are ready to leave. We need to retain focus on Home First but ensure patients go to the right place. Now that many services are no longer on site such as Social Services, we can consider new ways of working.

ANSWER: This is an opportunity that is about new ways. We've learnt through Covid how to communicate digitally quickly and getting the right people at the right discussions for the frail and vulnerable. It's an opportunity to work better on site together. It's about collaborating not just about a new building. We need to do this now, and it's part of the vision. It's also about getting our partners on the same site too. Social care and community providers are very much part of this partnership.

QUESTION: [Chaplain] It's exciting building a new hospital. Will there be any part of the project which will build social capital and which will build an infrastructure of building community, not only as preventative, but enabling people to receive. I've been asked to come on the bank to help with Covid. One of the issues I can see from a community point of view with a project to centralise around a large hospital is that it places greater demand on the community links schemes which are already over-stretched by the centralisation which has already happened. The local link scheme is a very small group of people doing large mileage and they struggle financially as well as with resource and time. That social capital requires more investment, the goodwill is there but it needs to be brought together. Covid has identified that our volunteers disappeared over night because they were in the over-70s bracket. So our links scheme stopped functioning and I had to personally fund for taxis to deliver patients to their appointments. A lot can be done to integrate the army of volunteers and the people who want to support the healthcare system but more investment needs to come in this financially as well as a strategic recognition of its importance. There's a real danger of these things collapsing or ceasing to function in a pandemic situation.

ANSWER: We recently had a group of people come together - health as well as different parts of care and the community - we are starting in small places how we can support community-led health and care. One of the positives of Covid is that

we recognise there is a lot of social capital for communities to support each other and was one of the key ways some people maintained their health status. How to make this much more place based - there are a lot of organisations within the local community who want to do this, so how can we invest in that.

ANSWER: We'd like to have further conversations about how we can do this better. The development of primary care networks will help (groups of practices looking after a population), there is funding coming through for that. How we link the PCNs to secondary care and use all of the community-based services - we need to engage properly. The more we hear from you and how to do it the better.

QUESTION FROM REGISTRATION: There is no doubt about the fact that any future hospital plans need to take environmental issues into account, it must be as "green" as possible. In terms of services, they need to be made accessible to all, both physically and digitally. NHS buildings must be safe and mental health considerations of staff and patients must be taken into account such as; nice toilets and showers, natural light, lovely outside spaces for staff and patients, nice healthy good quality food for both staff and patients.

ANSWER: We went to Alder Hey to learn from them because they were brilliant in engaging their staff and children in designing their hospital. Children drew what they wanted the hospitals to be - they didn't draw a building, they drew green spaces. They were in a park so there was great access to greenery. They had a principle of 100% greenery and natural light. They had spaces for childcare for staff, and the atrium was designed by the children with a big mobile and tree house.

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Pathology needs to be considered as a System Asset and we need to ensure Hampshire Together considers the regional and national pathology agenda

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Report written by: SE