SAC & MEC Focus Group

Held on Thursday 7th September 2023
13:30 – 15:30hrs via MS Teams

QUESTIONS/ANSWERS

PART 1	**Surgery, Anaesthetics & Cancer and Medicine & Emergency Care** **SATH members of staff responding to public questions** Julia Clarke – **(JC) Director of Public Participation** Hannah Morris – **(HM) Head of Public Participation** Matthew Neal – **(MN) Director of HTP** Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP** Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead** Gareth Banks - **(GB) Lead Architect** David Sandbach - **(DS) Joint Health Overview & Scrutiny Committee (Observer)** **Q&A's FOLLOWING PRESENTATION** ***Q:*** *What will the facilities for children with autism be like in the new building? Whilst at PRH there was nowhere quiet to wait whilst my child was getting agitated. There was a shortage of trolleys and reclining chairs for patients waiting for beds. Will all this be accommodated in the new department?* **A: (GB) –** Space has been allocated for waiting areas and as part of the design and development, initial ideas have been input on how this might work. The conversation today is about how we develop this. This is something that we will definitely be looking at developing as part of the process going forward. ***Q:*** *Will there be space for wheelchairs and accessible turning circles and changing space facilities?* **A: (GB) –** Spaces have been designed to accommodate better movement down corridors, so wheelchairs will have plenty of space to be moved around. There is also space which has been identified for storing the wheelchairs and there will also be electrical charging spaces for electrical wheelchairs. In terms of physical disability, we need to accommodate neurodiverse needs. There will be a new Changing Places facility in the new entrance at RSH.

A: (ER) – There will be a separate children's waiting area in ED as we don't want children mixing with adults. This was an issue highlighted by CQC. As part of the ED design there is a children's crisis room, this will be finalised as part of the 1:50 design meetings, but this will not be discussed today as it's part of the Women and Children Centres so will be discussed at that Focus Group next week. There will be a new adolescent area on the children's inpatient floor with several beds for the adolescent children and their specific needs.

A: (JC) – Later this year we are holding a number of specialist focus groups for specific patient groups **-** including adults and children with learning needs, patients with mental health issues and children and young people. The team will be working very closely with the HTP team to develop this.

Q: *Will the ED department increased in size within the proposed new build?*

A: (ER) – Yes, ED is an important area to get right. If you make ED too big, it becomes a storing space for patients waiting for an inpatient bed. Our EDs are currently full of medical patients waiting for beds and we end up working out of only 2-3 cubicles. The future is not about a very large ED, it's about right sizing for ED. So, yes, it is bigger, it has more major cubicles and it has 8 resus spaces as opposed to 4 at the moment, it has a children's area and two adult mental health rooms, whereas we currently only have one. It's bigger but not massively as the most important issue is that the patient flow needs to be right.

Q: *What's our approach to accessing the main entrance and how are we going to maintain privacy and dignity?*

A: (GB) – Possibly the most stressful part of people's visit to hospital is actually the first part of going through the main entrance. The first step is to reduce the large front door which sits next to ED. So again, we have separate entrances which means we can separate those patients who are with us for more than 24 hours and those that are with us for less than 24 hours. Patients attending the hospital can still come into the hospital via the treatment centre (which is situated around the back of the hospital) or the inpatient entrance (which is located at the ward block further up the main hospital road) or with the new build through the new main entrance for that part of the hospital. If you are a walk-in patient or visitor, you will come through the same door and then the signage/wayfinding will signpost people to where they need to be. Clinical patients have deliberately been separated from public sharing space. There will be dedicated patient lifts within the central core and there will be dedicated visitor public lifts. So again, we wouldn't have a situation where somebody in a bed or someone who's in distress is sharing a lift with a member of the public.

A: (ED) - There will also be a new front door at PRH as well**,** with a similar idea and a very well sign posted front entrance. This is currently being built to improve the old main entrance. ED at PRH is obviously separate from the main entrance. The same process will happen when you go into the PRH department - you will be met with a triage nurse who will assess you. The PRH unit is going to be a busy unit and it will

	be an essential part of the redesign work. Things will be moved around to make the Department more efficient, and this will be happening over the next few months. At the RSH site as part of the redesign work there will also be a covered ambulance area, so if it's raining or snowing, patients and staff won't get wet when moving from the ambulance to the ED department as the canopy will protect them from the elements, which we don't have now. ***Q:*** *Will the oncology ward in the new build at RSH cater for day patients e.g., Chemotherapy treatments or will that be in a different part of the hospital?* **A: (ER) -** The Lingen Davies Chemotherapy Day Centre is staying where it is currently – this is a relatively new unit which works really well. The oncology inpatient ward will be in the new build at RSH. ***Q:*** *What about security when walking around in the dark late at night, this can be an issue* **A: (GB) -** There's improved general safety through adequate lighting etc, but also a clear understanding where some of the safety issues might arise particularly around ED and the ability to still be able to "lockdown" ED if we have to in the light of any particular outside threat. The new build at RSH is compliant with all new legislation which applies around public safety buildings from terrorist attacks for example. As we go through the next few months, we'll be generating a full security strategy to illustrate what's already built into the design as part of that and we are working very closely with the Trust's Security Manager. ***Q:*** *Looking to the future and the technology advances, how is this design able to cope with that and respond to changes?* **A: (GB) –** This is an ongoing conversation. One of our construction partners has got great experience with one of the leading examples of digital integration in the NHS at Chase Farm Hospital in Enfield. We are engaging with the Chase Farm team to explore and take advantage of all the opportunities of digital medicine from the outset. **A: (ER) –** SATH's digital transformation programme is happening alongside the HTP programme already. Digital Transformation is a separate workstream to HTP and whilst it is being led separately although it does align with the HTP programme. There will also be digital links between RSH and PRH in terms additional links between two the departments, so there is always support available. **A: (JC) –** There has been conversations with the digital team about an About Health event to explain where we are with the digital programme. This will hopefully happen in February 2024 so the public can see how systems will also align with HTP. ***Q:*** *What happens with prisoners that come into the hospital if they are chained and have to have officers with them?*

	A: (ER) - They will still come through the ED in the normal way, at present the prison sometimes phone in advance, but not always. Within the HTP design for ED there will be more side rooms available so they would stay in a separate room with their officers. If they're in the waiting room they will also stay with their officers, but it would be a discussion we would have on a case-by-case basis, at the time. It's not an unusual circumstance, it happens fairly regularly with around one prisoner a week. ***Q:*** *Will the digital group consider how to help those people who will not go online?* **A: (JC) -** I think that's a wider issue that's being picked up by the ICS. By the time patients attend planned sessions at SaTH they have usually gone through primary care with their GPs. I think there are a number of different schemes in place looking at that and creating spaces in the community where people can access virtual technology. **A: (ER) -** The digital programme at SaTH is primarily about electronic patient record and how all our systems integrate. It's less about the public facing issues and more about SaTH operating as a digitally-functioning 21st century hospital. We have digital notes that link into our X-ray systems and into the emergency department waiting screens. So, it's much more focused on internal links and access, rather than external patient facing. ***Q:*** *Will it be easy for people to get hold of something to eat wherever they are and not find that they're too far away if they can't move easily?* **A: (GB) -** Yes, in addition to the kind of public catering in the main entrance, all of the accommodation includes kitchens to allow hot meals which is extending through to ED and acute care, and kitchens will have the ability to serve snacks or drinks, etc. There is a conversation next week with the League of Friends to see how they would like to engage when we begin discussions around the retail strategy in the new build – their existing outlets will not be affected. It is important that designs and all aspects of the new build are mindful of the need to provide an environment that is not challenging for patients with dementia and there are published guidelines that address this. **ACTION: Gareth Banks (Lead Architect) to review the design guidelines for Dementia patients.**