

Women & Children Focus Group

Held on Tuesday 14th September 2023
13:30 – 15:30hrs via MS Teams

QUESTIONS/ANSWERS

	<p><u>Women & Children</u></p> <p>SATH members of staff responding to public questions</p> <p>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 Julie Plant – (JP) Divisional Director of Nursing Annemarie Lawrence – (AL) Director of Midwifery Tom Jones – (TJ) HTP Clinical Programme Manager Jenny Bennet – (JB) HTP Project Manager Kate Ballinger – (KB) Community Engagement Facilitator Rachel Webster – (RW) HTP Nursing, Midwifery and AHP Lead Carol McInnes – (CM) Divisional Director of Operations Annmarie Lawrence – (AL) Director of Midwifery Gareth/Vicky/Rob - AHR Architects</p>
PART 1	<p><u>Q&AS FOLLOWING PRESENTATION</u></p> <p><i>Q: What is the approach to access the new building whilst maintaining privacy and dignity?</i></p> <p>A: (Gareth AHR) -There is still some work to do on this and it will need discussing with our patients and clinicians. The architecture lends itself to having more than one option. There's a side entrance on the ground floor and main entrance with 2 areas to access the first and third floor and also a service lift from ED to the first, second and third floor. There are multiple ways of getting into the building, but more work will be done on this.</p> <p><i>Q: What is the access to the bereavement suites?</i></p> <p>A: (Gareth AHR) - Annemarie Lawrence (Director of Midwifery) and the architects have worked closely together to maximise the privacy of the bereavement suite. The bereavement suite is on the periphery of the consultant led unit, it will have its</p>

own entrance and it will also be lobbied so there is separate access. We know this is an important issue for families and would like to work with Maternity & Neonatal Voices Partnership (MNVP) to explore this and other issues in the new build.

ACTION: The Trust will link with MNVP to arrange a focus group with service users to gain their feedback.

Q: Will the trust work with service users, especially those who are not well represented currently i.e. People with disabilities, mental health issues and other minority groups with specialised needs?

A: (JC) - We will be having separate groups for carers who are caring for children or adults with special needs, patients with mental health issues and for children and young people because their needs can be very different. All these separate groups will be set up for later in the year or early next year.

There has been some confusion over paediatric day cases. It was always planned that paediatric day cases would be carried out on the same site as the Paediatric inpatient ward (i.e. RSH in the new build) which is where the specialist paediatric clinicians and the paediatric anaesthetists are. So, although all adult day surgery, will be on the PRH site (except complex cases) under HTP, children will continue to receive day case surgery in the paediatric unit and there will be 8 treatment rooms at RSH to do this.

ACTION: Dates to be arranged for specialist focus groups (Carers, Mental Health and Children & Young People). These will be shared with focus group members.

Q: I love the open space and how the layout design looks. But what strikes me at the PRH site at the moment is that everybody says there's no room and there doesn't seem to be any extra room anywhere in the building. When you look at the designs for the new build, the corridors and open spaces look really big. Have we got everything we need in those spaces?

A: (Rob AHR) - We have predefined guidelines that categorise corridor widths, but there are adaptations to ensure that spaces can be included within that area and within those circulations. In the dedicated areas for the communal activity, on the ground floor, we do have a cafe server area which will be accessible for members of the public. As you move up through the higher floors of the building, we have plans for external terraces which can be accessible for both staff and for patients if they want to get a bit of fresh air. So, staff and visitors won't have to go all the way down to the ground floor to access landscaped gardens. Additionally, we have waiting areas within each department. So, they will also act as that communal space for general day-to-day activity. Within the specialist services we have dedicated sitting rooms. So, as we have already mentioned, the bereavement area has its own dedicated sitting room, so that people don't have to socialise in more communal areas if they don't want to, and they can also have their own areas to relax and switch off. The communal cafe area downstairs has an overhang so that you have the opportunity to go out and sit outside in shaded areas as well to sit out in the open air. There will be spaces dotted around on

different levels throughout the building to accommodate both staff and patient/visitor needs.

A: (Vicky AHR) - It's very important that every single metre square is used throughout the day, every single day and some of the best hospitals are the ones which are very multipurpose and flexible and allow all the spaces to be used by different people at different times. This aspect has been considered throughout the design and lots of things are standardised to allow different people to use them through different parts of the day. It's also about the best use of some corridors - there are lots of rules about corridor size and the beds passing in corridors, but we have maximised every space to make the best of what is available.

Q: *How many changing place facilities (for adults with special needs) will there be, and will they be on each level?*

A: (JC) - At the moment RSH has no changing rooms, in the new design there will be one at RSH on the ground floor.

Q: *No, there isn't any changing place facilities for adults with special needs at the moment. But such provision is now a legal requirement. Do you really think one changing place facility for adults with special needs is sufficient or acceptable?*

A: (Rob AHR) -The guidance states that one changing place per site is recommended. So, with this inclusion of one, we are meeting the guidelines. On other levels we do have larger bathrooms with the necessary equipment for inpatients. The Changing Places facilities on the ground floor will be accessible to all members of the public.

Q: *What if the hoist breaks down?*

A: (Gareth AHR) - That will be a query for our facilities management team. They will put in place a planned maintenance regime which will endeavour to get to these things as quickly as possible and make sure there's some performance measures around that. The kit and equipment will be much better than the experience that visitors have in the existing facility.

Q: *How private is the triage (in Maternity), as we get a lot of complaints about this?*

A: (TJ) - Plans can be shown at the end of this meeting to review the arrangements. There is a definite improvement, at the front door of the delivery department there are 6 single triage rooms so this will give much greater privacy than is currently available.

Q: *What does Midwifery-Led Unit (MLU) look like?*

A: (TJ) -There are three delivery rooms, all with pools and on the consultant led unit there are two rooms, both with birthing pools. We will be involving patient reps in terms of the décor of this area.

Architects are creating a feedback presentation which will be emailed out.