

## W&C HTP Focus Group

Held on Thursday 7<sup>th</sup> December 2023  
10:00 – 12:00hrs via MS Teams

### QUESTIONS/ANSWERS

	<p style="text-align: center;"><b><u>Women &amp; Children HTP Focus Group</u></b></p> <p><b>SATH members of staff responding to public questions</b></p> <p>Kate Ballinger – <b>(KB) Community Engagement Facilitator</b> Gareth Banks - <b>(GB) Regional Director at AHR</b> Julia Clarke – <b>(JC) Director of Public Participation</b> Carol McInnes – <b>(CM) Divisional Director of Women &amp; Children</b> Chloe Northover – <b>(CN) Designer at Art in Sight Ltd</b> Hannah Morris – <b>(HM) Head of Public Participation</b> Ed Rysdale – <b>(ER) Emergency Medicine Consultant and Clinical Lead for HTP</b> Zain Siddiqui – <b>(ZS) Deputy Director of Operations W&amp; C Division</b> Lauren Taylor - <b>(LT) Deputy Director of Midwifery</b> Rachel Webster - <b>(RW) HTP Nursing, Midwifery and AHP Lead</b></p>
<b>PART 1</b>	<p><b><u>Q&amp;A's FOLLOWING PRESENTATION</u></b></p> <p><b><i>Q: Several Councils have raised concerns about the level of public transport to and from the RSH site. Have these concerns been addressed?</i></b></p> <p><b>A: (JC) -</b> We know car-parking will be part of the conditions of the planning permission, but this is not an issue specific to HTP, it is part of our wider Estates issues as car-parking is a problem now and has been for some time.</p> <p><b>A: (ER) -</b> The levels of public transport to RSH is not an issue SaTH can resolve- it is about the local authorities and the private bus companies changing how they do things. As a hospital trust we are not able or responsible for providing public transport however, HTP is a lever to start the discussions.</p> <p><b>Comment:</b> There are opportunities to extend the offer that RSH receives and one other area which needs to have greater priority is the active travel plan because on the RSH site the routes are limited, there needs to be North, South, East, and West routes and HTP is an opportunity to look at and support a reduction in people's reliance on cars.</p>

**A: (JC)** - We will be expecting HTP to be involved in the discussions that our estates colleagues are holding around travel and transport with the local authorities and other stakeholders. HTP won't be leading this work because this is fundamentally an estates issue. Working with partners and as part of HTP, we're going to be increasing the number of staff showers for those who want to cycle into work, and we are also increasing the number of lockable cycle sheds.

**Q: *Several women services clinics have historically been conducted in community hospitals and GP surgeries; will these be continued/extended as they are valued by users?***

**A: (CM)** - We absolutely have every intention to maintain our community outreach services. We agree entirely that they are valued by women and their families, and that's the feedback that we get from them. So as much as we possibly can, we will continue those services and we will explore opportunities to extend those as well. However it's not always entirely within our gift, we have had instances over the last year where notice has been served on us by primary care to say that we can no longer use their GP facilities for our services, which then creates a challenge for us in terms of trying to find an appropriate alternative venue that we can use. We have raised and flagged that with colleagues from the ICB, in their commissioning function for primary care, and there continues to be discussions with primary care about those services. It's outside of this process and there is no interconnection with HTP and a plan to reduce any community activity.

**Focus Group member comment:** The colour and depth of the lighting needs to be discussed. If there is someone with a sensory processing disorder and it requires a low arousal, we need to be able to put the lighting down. Having the facility to control the lighting and where the lighting is positioned is important. We always think of lighting coming from above, but it doesn't have to be, it could be on the floor or walls. I know a particular individual who would throw their shoe at the lighting because it hurt their eyes.

**A: (JC)** – I think that point is very well made and one of the things we're looking at are retreat areas and the sensory maps because for the majority of people, the lighting isn't going to be an issue, but for some people it is. We need to accommodate that, so I think we'll be looking at retreat areas in more detail in future sessions.

**PART 2**

**Comment:** Are there going to be Makaton symbols and signs, voice control for sight impaired e.g., when you are in the lift it tells you where you're located, as Makaton symbols are not just signing.

**A: (CN)** – We are going to the Makaton Society to get their input and their expertise on that issue. We will work closely with them and possibly with schools as well where they're using it on a day-to-day basis, because if it's children within local schools that are coming into the hospital, we want it to feel that it's an environment that's familiar to them.

**Comment:** Are you going to liaise with the speech and language specialists within schools as they are the professionals within the field of communication and interaction?

**A: (JC)** - We do have speech and language therapists within the Trust, who we will involve.

**Comment:** A digital voice-controlled area for sight impaired would also be helpful.

**A: (KB)** - We have very strong links with Sight Loss Shropshire and a lot of other support groups for people with visual impairments. We will be going out to see them and inviting them to take part in the HTP process. When it comes to engaging with our communities around this topic, we have around 20 groups across Shropshire, Telford & Wrekin, and mid Wales that we will offer to talk to about this.

**Comment:** An outside play area, with swings/slides and a sensory garden would be great to have.

**A: (ER)** - The outside area of the sky deck on the children's floor will be divided into two sections – one part will be linked to the children's oncology area. At least two or three of the rooms from the paediatric area will have direct access to the outside play area. We haven't got into the detail of these areas yet, but we will be involving staff, children, and young people in the development of these areas. We are setting up two separate focus groups for children and young people in the new year, but this will be the main group for women and children's developments as we're going forward.

**ACTION: (JC) to email (CN) Dianne Lloyd (Acting Deputy Divisional Director of Operations – Clinical Support Services) details, Dianne can liaise with all therapies - Occupational Therapists and include them within the focus groups.**