

## Women & Children's HTP Focus Group

Held on Tuesday 5<sup>th</sup> March 2024  
10:00 – 12:00hrs via MS Teams

### QUESTIONS/ANSWERS

#### Women & Children's Focus Group

##### **Team responding to public questions:**

Julia Clarke – **(JC) Director of Public Participation**

Hannah Morris – **(HM) Head of Public Participation**

Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP**

Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead**

Tom Jones – **(TJ) HTP Implementation Team**

Rhianna Bennet – **(RB) HTP Project Manager**

Adam Ellis-Morgan – **(AEM) Assistant Director and Technical Lead for HTP**

Chloe Northover – **(CN) Designer at Art in Sight**

Victoria Shepherdson – **(VS) Designer**

Martin Jones – **(MJ) Designer**

Jenny Flower **(JF) Lead Interior Designer**

Maryan Davies – **(MD) Community Mental Health Transformation Lead at MPFT**

Julie Plant – **(JP) Divisional Director of Nursing**

Kerry Davies – **(KD) Lead Youth Worker**

#### Q&A's FOLLOWING PRESENTATION

**Comment:** An action from the previous focus group with Maternity Voices Partnership HTP meeting 16<sup>th</sup> November, related to there currently being only one bereavement suite planned in the new build plus the ability to flex a room to provide a second if required. Information had been requested on circumstances where more than two bereavement rooms were needed. The data showed that there have been two occasions in the last 18 months in which a third bereavement room may have been required. The designs have now been amended to provide two bereavement suites plus one additional flexible room that could be used as a bereavement suite.

**Q:** *Is the sound proofing the same for the Neonatal and Postnatal care, particularly for those women who are using the Bereavement Suites as it would be very distressing to hear newborns crying if you had lost your baby*

**A:** **(GB)** - The two wards themselves are separated by accommodation that runs down the middle between them and strong sound proofing and so there is a high

degree of separation between those two wards and I'm confident that we can give the degree of separation that's been suggested. This can also be looked at in more detail as we further develop the plans.

**Q: Are there separate entrances to the bereavement suites?**

**A:** – There is a door that provides additional separation for those women who are in the bereavement Suite away from the other maternity wards. We have taken on board all these comments and tried to provide a sound proofed area with separate access for these mums who have lost a baby.

**A: (CN)** – We are also looking at how we can make the Bereavement Suites less clinical looking, as we realised the importance of the environment at these difficult times. However we also have the challenge that all the furnishing we provide needs to meet Infection Prevention standards as well.

**Comment:** It would be worth reaching out to care homes because they probably have the biggest challenge with furniture that needs to be clean, durable and odour resistant. There's a lot of good care homes out there who get it right, you might be able to draw on some of their experience.

**Q: Are the stools in the slides appropriate as they look as if they could be picked up and thrown.**

**A: (VS)** - In terms of the picking up furniture, we can certainly look at furniture that they use for mental health, which makes them heavy for anyone to easily pick up and throw them.

**Comment:** This is particularly important in ED - having been there with quite a young child I realised the seats are too narrow. I spent six hours with my 6-year-old on my lap because she wanted to be closer to me. Seat spaces need to be wider so your child can sit next to you without an arm rest between you and the child.

**Q: The image of the stools in the children's waiting room don't look stable – we need to be cautious with the stools and children falling off them. Possibly use small stools with indents/bottom shape where you sit on.**

**A: (CN)** - To reassure you it's been working very successfully, and this image is based on a Paediatric waiting area in ED at Stoke Mandeville We really do value the comments that are coming back, and we'll take them on board as we move forward.

**Q: Is there a plan to put USB charging points where the seating areas are?**

**A: (CN)** – This was something that has been discussed and it's within a slide coming up, it's a valid point and it is something that we're considering within any of the furniture that we're designing.

**Q: What about including a chalkboard area in the paediatric waiting area? When you go to any cafe where they've got a chalkboard, all the children really enjoy it, and it can be wiped clean at the end of the day. It's means you don't have to put a table out which could be a trip hazard.**

**A: (CN)** – There are different healthcare trusts that have different views on chalkboards (because of infection control). If there's the appetite for a chalkboard,

	<p>then it's something that we can look at. I think we just need to be mindful that it's within a contained space, sometimes those boundaries can be blurred in terms of where the chalkboard ends and where the wall begins.</p> <p><b>COMMENT: It would be useful to have some of the slides made into display boards to go in different areas of the W&amp;C atrium so families could see what is being proposed</b></p> <p><b>ACTION: Claire Northover to provide images of the new plans from the presentations by the end of April to be placed on a board within the paediatric unit and the atrium.</b></p>