The Shrewsbury and Telford Hospital NHS Trust

RSH New Main Entrance HTP Focus Group

Held on Wednesday 20th March 2024
10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

RSH New Main Entrance HTP Focus Group

Members of staff responding to public questions:

Julia Clarke – **(JC) Director of Public Participation**
Hannah Morris – **(HM) Head of Public Participation**
Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead**
Chloe Northover – **(CN) Designer at Art In Site**
Martin Jones – **(MJ) Designer AHR**
Gareth Banks – **(GB) Architect AHR**
Ruth Smith – **Head of Patient Experience**

Q&A's BASED ON PRESENTATION

Comment: It might be useful for future presentations to emphasise the adjacencies and separation of the adult and children's waiting areas within ED i.e. there is a separate children's waiting room for child patients but there is also planned to be a children's area in the main waiting room for children accompanying adults who are patients.

Q: Within A&E, the last Independent Review Panel report said that we should not use the term "accident and emergency local" for Telford as there needs to be a clear distinction that it is an Urgent Care Service rather than an A&E. Will the Urgent Care Centre include minor injuries?

A: (RW) – Yes, the Urgent Care Centre at Telford will include frailty services, same day emergency care (SDEC) and the 24/7 urgent treatment centre. The emergency department will move over to Shrewsbury for limb or life-threatening cases.

Q: Is the current emergency treatment centre run by an outside company?

A: (RW) - The conversations around how the Treatment Centre will be commissioned, managed, and delivered are ongoing. Those meetings include all the key stakeholders, the Integrated Care Board (ICB) and the primary care teams.

	There has been no decision about who will deliver and commission the service because planning has not reached that point yet. These conversations are happening now, and the model offered will be following a collaborative approach. ***Q: Will there be any reference to A&E or ED at Telford?*** **A: (RW) –** No, you will see from the slides that this has been changed and all references to A&E local model have been removed. We are referring to the services at Telford as the enhanced Urgent Treatment Service with Frailty, minor injuries and same day emergency care. ***Q: Is there any way that you can reserve the closest parking spaces for people with mobility and disability issues?*** **A: (GB) –** By the main entrance there is a drop off space which is about 20 metres from the main entrance. If someone is driving, you to the hospital then they can use the drop off point. There are also eight disabled spaces as we have limited space, partly due to the helipad as this has put some restrictions on the space and parking. There are exclusion zones around the helicopter that we need to observe. There are also two bus stops that are within walking distance of the main entrance. ***Q: What entrance will emergency treatment patients use to access the Emergency & Urgent Treatment Centre?*** **A: (RW) -** There is another entrance further round the side of the building, which will be for any ambulance emergency drop offs, but we know some emergencies will be people that present themselves and they will access through the main entrance which will be signposted as the 'Emergency & Urgent Treatment Centre' is to aid people that self-present as an emergency. ***Q: With the exterior furniture will there be a range of heights of seats potentially in those areas for people with different needs and some form of handrail to help people with mobility/balance issues get up and down safely?*** **A: (GB) –** Yes, we know higher seats are easier to get up from. We also heard from the maternity group, who said seating arrangements which are sociable are good for patients to share their birthing experience/breastfeeding etc. That's also something that's feeding into some of the recommendations that we're making about the seating in ED, which is people like to form themselves into "social bubbles" to give them the opportunity to feel safer and more connected. Some people are happier to sit very close to somebody, so they can turn around and talk to them. We also need to consider the fact that we need to maximise the number of seats in those spaces because they can be very busy at times and that is something we will be factoring in. ***Q: Within those safe calm spaces being provided around the hospital, will people in wheelchairs be able to join in?*** **A: (GB) -** Yes, one of the fantastic things about the engagement we're undertaking is doing these iterative designs as we go through all the different groups and refine the designs as we go forward.

Comment: Don't let PRH fall behind. There is going to be so many new departments and new relationships, if we can have a common approach across the two hospitals, it will make SaTH feel much more of an integrated organisation.

Comment: As I am blind it's important to make sure with the wayfinding that there's a lot of different elements. I was really pleased to see some of this highlighted in the presentation around the use of tactile surface. Also, it would be useful for the exterior to have a provision for assistance dogs, possibly having a little water station or having a dedicated waiting area which is signposted that's away from the main traffic.

A: (JC) - We've been having discussions with Sight Loss Shropshire about setting up a focus group for patients with sight loss. This cannot be done using a traditional presentation, we will need to discuss the ideas generated so far. We will ask members of that group:

- What are the problems that you experience when you visit hospitals and what can we do to reduce that?

We're planning to hold those focus groups in May or June time. Kate Ballinger (Community Engagement Facilitator) from the Public Participation team has sat in on a session with Sight Loss Shropshire to understand the logistics and the technology we need to support the session.

ACTION: Rachel Jones (RNIB) to send across tactile maps and images to help supplement any presentation where sight loss people can feel their way around.

Q: When the original plan was approved, we weren't going to be using any beds in the current block. People who come into RSH A&E are then going to be admitted into the older part of the hospital. Is anything going to be done to update the older part so that patients don't go from this wonderful, updated A&E and then down into a dark corridor to get into the main office block?

A: (RW) - In terms of the HTP budget it is restricted only to the actual new building. However, we do recognise this issue and there is a commitment to joining up the initiatives from the HTP build with the wider Trust initiatives. That's why people like Ruth Smith (Head of Patient Experience) are at this meeting to make sure patient experience issues for the wider Trust are covered. All the feedback gathered through HTP is useful, but we may not be able to address some of the wider issues, but the information won't be wasted. It will build into the wider Trust objectives and initiatives and then where those have been adopted and agreed other funding streams will be sought to deliver these schemes.

As mentioned, for those people with sight loss, if we can deliver within the new building, some tactile sensory maps then we would like to also make that a methodology across the rest of the site and across PRH, but we've got to rely on our wider Trust partners to be able to deliver that across the whole estate.

	ACTION: Tom Jones to meet with Graham Shepherd with collated figures around RSH attendances, as there is a concern around adequate seating provision for the predicted amount of people. ***Q: There doesn't seem to be much information on people with hearing loss around acoustics and things like that, and people with physical disabilities. A lot of wheelchair users who are full time struggle to keep their wheelchairs safe when they're in a hospital setting. It's common to hear them going missing. They may need somewhere for a scooter or for a charging point for their wheelchairs as well. I don't know if that's something that's been considered within the programme?*** **A: (HM) -** This was brought up about a year ago and we have had wheelchair users involved in our quarterly focus groups. We did ask Adam Ellis-Morgan (Associate Director for HTP) if areas could be provided for wheelchair charging etc, but we can't make those areas secure for valuable motorised wheelchairs/scooters. It would also be challenging to provide charging points for electric wheelchairs, as they would not have the necessary safety checks (PAT testing). **A: (RW) -** The mobility scooter question came up again literally the week before last. As part of our construction team, we receive RFI's (Requests for Information) and we've had a recent RFI from the construction team around accessibility in the new building for people on scooters so the new building will provide access for mobility scooters. We also met a lady who's a wheelchair user at the Newtown focus group session and we talked at length with her and linked her into Art In our design consultants Site to discuss some of those design issues for wheelchair users. **A: (RS) -** In terms of the safety and security of wheelchairs, it's quite difficult to maintain the security of property. If a patient is an inpatient, we do provide appropriate equipment, so that they can keep their wheelchairs with them. If it's an outpatient appointment, we provide onsite the coin or token operated wheelchairs, **A: (JC) -** I think it's a good point to explore from the views of patients with hearing loss and there will be focus group organised to look this in the future and for wheelchair users also. **ACTION: Organise future focus group for patients with hearing loss and accessibility for wheelchair users.**