



**Tell us what you think?**

**Report on the initial scoping exercise  
to determine children, young people  
and family's aspirations for The New  
Children's Hospital**

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Thanks also to the Youth Panel who took the photographs used in this report.

If you would like to learn more about the opportunities to get involved in the New Children's Hospital then contact:

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To keep up to date with the developments at the new children's hospital visit the website at [www.nhsggc.org.uk/childrenshospital](http://www.nhsggc.org.uk/childrenshospital)



## Key Messages

The Community Engagement Team undertook a programme of work with children, young people and families to inform the Outline Business Case for the New Children's Hospital and to contribute to its design and planning processes.

Families, children and young people enthusiastically shared their views on the physical environment of the new children's hospital. People told us they were largely happy with the current facilities but also had many suggestions for how these could be improved for the future. Their views will now be included in the debates and discussions on the outline business case for the new hospital.

The key messages were:

### Wards & In-Patient Areas

- There should be a mix of single rooms and ward bays. Some thought that the company of other families was supportive but for others the enhanced privacy of a single room was important
- Wards should include a bed, showers, toilets and kitchen access for parents. A communal laundry area would be welcomed.
- Age appropriate areas were recommended with separate bed and play/recreation areas provided for children and teenagers
- Age appropriate play areas were highly valued with a desire expressed for appropriately located spaces, soft play areas and access to the outside
- Day or sitting room for families and quiet space were very important

### Outpatients & Day Patients

- Waiting areas should have age appropriate play areas, play facilities suitable for disabled children with access to an outdoor play area desired
- Parents of children with diabetes asked for a quiet room where they could administer injections
- A quiet waiting area away from the busy activity of the waiting areas would be welcomed by some parents, particularly those with children with autistic spectrum disorders
- A quiet space for parents would also help when dealing with bad news

### Facilities

- Car parking was the biggest single difficulty identified
- Access by public transport was also noted as a difficulty
- A Family Centre and Parent Education Centre would be highly valued
- Parents valued cafés and restaurants
- Better access to a range of shops would be welcomed
- More spacious lifts with separate lifts for transferring patients between treatment areas and wards would be very welcome
- A central reception desk located at the point of entrance would be helpful

## Space

- The current space in wards and outpatient areas was generally felt to be adequate but enhanced space between beds would be welcomed
- The exception to this was access for wheelchair users where there was a need for greater space, particularly in wards and single rooms
- Some single rooms had to be large enough to accommodate a specialised bed and wheelchair, hoists and other equipment with enough room for disabled children and young people to transfer from bed to a wheelchair
- Toilets needed to be bigger for access for wheelchairs and buggies and a bed/plinth and hoist for changing children and young adults
- Greater storage space in wards and single rooms would be welcomed

## Adjacencies

- Family toilets and shower facilities should be located inside wards
- Car parking needs to be located close to the hospital to facilitate access for disabled children and those pushing buggies
- Easy access to a café/tea bar was important for all families but particularly those who were staying in the hospital
- Outpatients should be co-located with play areas and, if possible, an outdoor or soft play area
- The Family Bereavement Centre should not be located near to or on a path to the morgue or viewing facilities
- The neurological unit and neurological ward should be close together with the EEG Department in close proximity
- ITU/HDU would benefit from close proximity to a quiet room or chapel
- A waiting area should be located next to theatre recovery
- Separate theatre recovery from the general ward area



## Introduction

Glasgow is to have a new hospital for the treatment and care of children and young people. This development, which will take place on the site of the Southern General Hospital, represents a significant element in Glasgow's ambitious plans for modernising acute services. The New Children's Hospital project will deliver a world-class facility providing local, regional and national services. In addition, the site is strategically placed to complement, and benefit from, the development of the New South Glasgow Hospital. The triple co-location of adult, maternity and children's facilities will help to ensure that mothers, babies, children and young people receive the best treatment available within modern, fit-for-purpose hospitals.

The Outline Business Case (OBC) describes the initial thinking behind the project and defines a framework for the project's future development. Therefore, it is important that the OBC for the New Children's Hospital project reflects not only NHS Greater Glasgow and Clyde's vision but also the views and aspirations of those who use it. The Minister for Health and Social Care, Mr Andy Kerr MSP and the Chairman of NHS Greater Glasgow and Clyde, Sir John Arbuthnott, have made it clear that they want to see children, young people and families involved in the design of the new hospital and in the services it will offer. This will ensure that the hospital offers not just the best clinical treatment possible but also buildings and facilities that support them through difficult times.

Therefore, NHS Greater Glasgow's Community Engagement Team and staff from the current children's hospital at Yorkhill undertook an initial scoping exercise with patients, children, young people, families and voluntary organisations who have used or have experience of the Royal Hospital for Sick Children at Yorkhill to inform the development of the OBC around the physical design of the new hospital. The approach adopted sought to reflect Scottish Executive guidance on involving the wider public and in particular, excluded groups.

“The Scottish Executive Health Department (SEHD) and NHS Scotland are committed to an inclusive process of communication, where the public have opportunities to influence decision making”

Patient Focus and Public Involvement

Similarly, the Fair for All approach requires the considerations of equality for ethnic minorities and other potentially excluded groups and whether proposed policy or service development, including service change will have specific impacts on any communities or equalities groups.

This paper provides an overview of the process involved in engaging with communities of interest around the New Children's Hospital project, summarises the key findings from the engagement activities and highlights the broad concepts and themes identified.

## Process

This project used a number of methods to engage with and gather feedback from children, young people and families. These were:

- A survey conducted in the wards and departments of Yorkhill
- Survey forms distributed to geographic communities
- Focus groups with families and young people

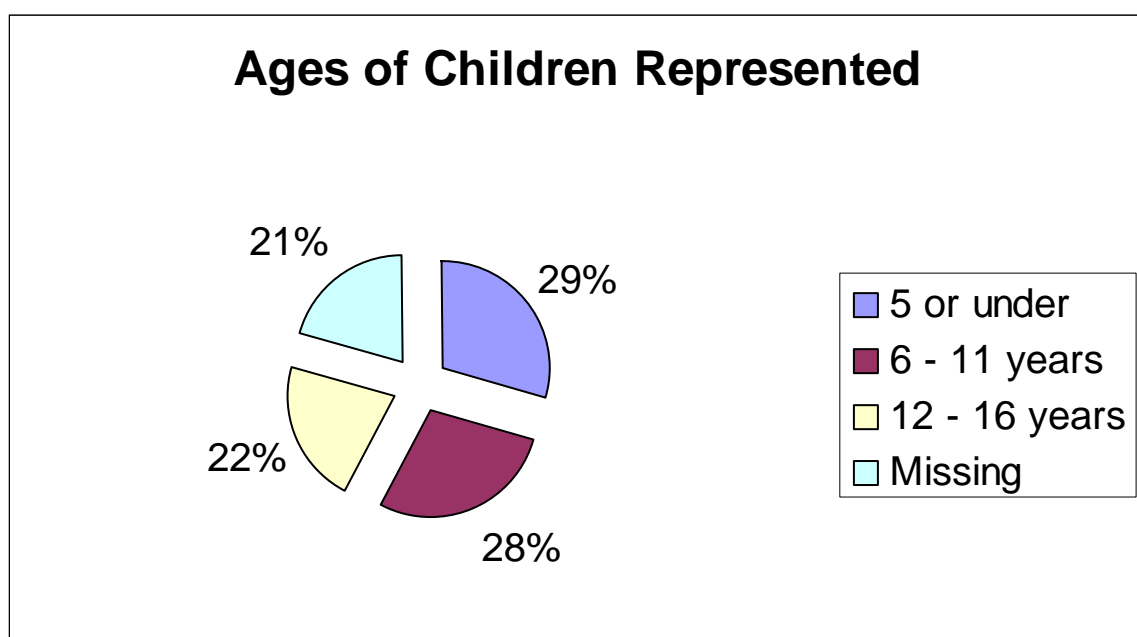
An analysis of complaints relating to the physical environment

Through these methods the project met with, spoke to and heard from 280 parents/families, nearly 30 young people and 5 younger children

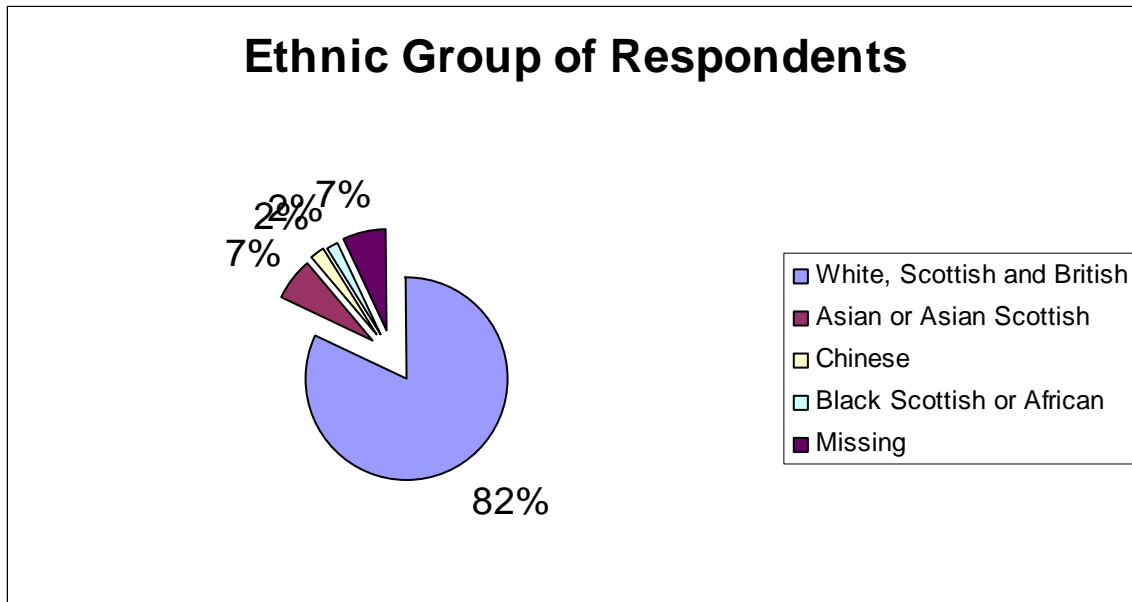
The principal method of engaging with families was a **survey** delivered by the Community Engagement Team in the wards and departments at Yorkhill. It had been hoped to provide the survey form on-line to facilitate access for geographic communities but this did not prove possible within the short time frame available. Instead, national charities and voluntary organisations supported the survey by distributing it to their membership.

In total 189 responses were gathered that allowed patients and families to comment on aspects of the existing hospital's physical design and how important they rated specific elements i.e. ward facilities. The survey respondents represented a wide range of groups and communities of interest. In particular it was successful in ensuring the participation of potentially excluded groups.

68% of the respondents were female and 25% male (7% of the data was missing). Most were aged between 25 and 40 years but, importantly, 9% were aged 16 or under. Of the parents who responded 30% had a child aged 0-5, 28% had a child aged 6-11 and 22% had a child aged 12-16 (21% missing)

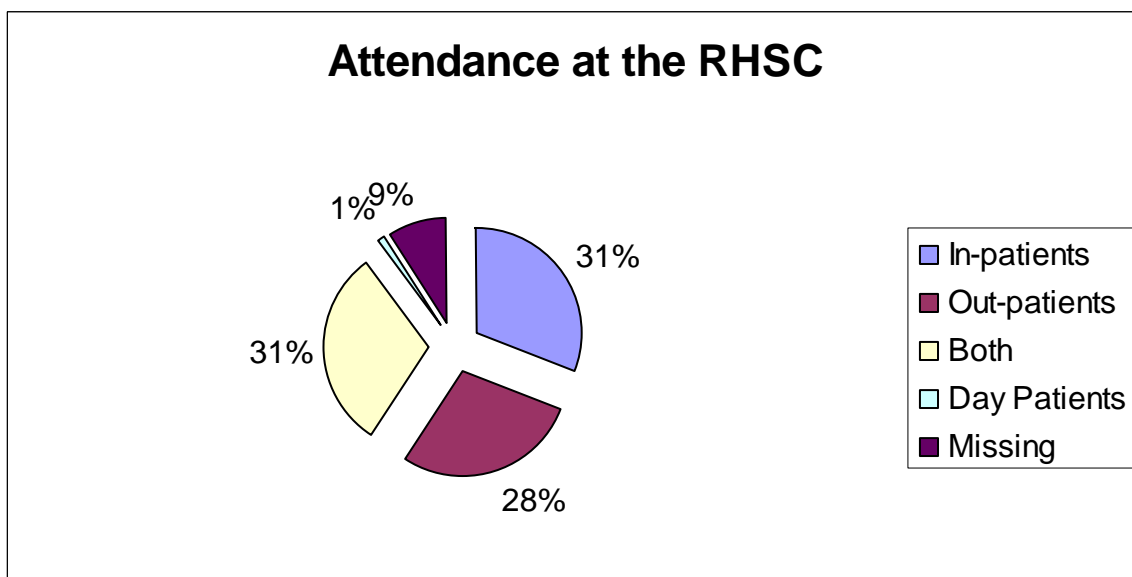


The sample respondents overwhelmingly described their ethnic groups as white Scottish (82%) but 7% were Asian or Asian Scottish, 2% Chinese and 2% Black Scottish or Black African (7% missing). 7% of the survey respondents were Muslim, 0.5% were Hindu and another 0.5% Sikh. These figures compare favourably with the composition of the black and ethnic minority community within the NHS Greater Glasgow and Clyde area.



The needs and perspectives of disabled people were also well represented as 7% of the sample identified themselves as disabled and 31% were parents of a disabled child. Children with sensory, cognitive and motor impairments were included.

Finally, we asked respondents to describe the nature of their use of Yorkhill. 31% were or had been in-patients, 28% attended as out patients and 31% were both in-patients and out patients. Only 1% of the sample was day patients (9% missing).





The survey was supported by a series of **focus/discussion groups**. Participants were drawn from a number of groups including patients, families and voluntary organisations that supported carers.

Although most of the focus groups were undertaken on the hospital site, there was an opportunity to run the sessions externally and this was offered in the first instance to parents of children with complex needs. These proved popular while some of the groups within Yorkhill garnered little interest and the sessions were unable to proceed. However, this exercise should be viewed as the beginning of an ongoing process and further efforts should be made in the future to engage with these groups on more substantive elements of the project to ensure the hospital is fully inclusive.

In total, 8 workshop sessions were held involving 54 participants:

Young People	(11)
Parents of children with complex needs	(13)
Parents who are deaf or have deaf children	(20)
Parents of Teenagers	(6)
Volunteers/Voluntary Organisations	(4)

Each focus group followed the same process and format and gathered participants views on:

- What was positive about existing hospital provision
- What could be done better?
- Vision for the New Children's Hospital

Young patients at Yorkhill also participated in a project to **photograph the buildings and facilities**, highlighting what they considered to be the positives and negatives of the current buildings. Some of their photographs are included in this report to illustrate the issues they raised.

Finally, the **complaints received by the Yorkhill Division specific to the hospitals physical environment were analysed**. In total, over a 3-year period 10 complaints were received specific to the hospitals physical infrastructure. These all related to the issue of car parking with 2 themes emerging from a brief analysis:

- Abuse of disabled parking spaces
- Availability of car parking in close proximity to hospital entrances

Collectively, this process has enabled a 'snapshot' of patient and families views to be gathered to feed into the design of the New Children's Hospital at an early stage. It should be stressed that the themes and issues highlighted only present initial perspectives and more in depth work is required to ensure that children, young people and families are fully engaged in the on-going project.

## The New Children's Hospital: Looking to the Future

In both the survey and focus groups participants were encouraged to draw on their experience of using our existing hospital provision. This was primarily their experience of Yorkhill but some had also attended other children's hospitals - most notably Aberdeen and some also used facilities at the Southern General, the Princess Royal Maternity Hospital, Glasgow Royal Infirmary and other adult sites. They were asked to give their view on what they thought worked well, what they liked about the existing hospital and what we could do better.

### What do we do well?

Participants were keen to stress that they were largely happy with the facilities and buildings at Yorkhill. They identified a number of features of the physical environment that they found supportive and were keen to ensure that these were not lost in the move to a new site.

### Family Accommodation

Family accommodation was highly valued with all families stressing the importance for children in having their family with them during their stay in hospital and the assistance this offered families in managing the stress of an inpatient stay. Families described how they used a number of options for accommodation including staying by their child's bedside in a fold down bed, sleeping in a recliner chair, Ronald MacDonald House and CLIC Sargent.

*"Parent and carer accommodation - I feel strongly about this because there will be lots more people like myself who will find it difficult to get back and forth to the hospital as I don't have my own transport" Mother of 0-5 year old*

A range of options was considered important as not all family's needs were served by being accommodated at their child's bedside. Where there were siblings who required accommodation or where the family was under great stress as a result of a long stay or the burden of ill health their child experienced then great importance was placed on the availability of neighbouring facilities. These allowed families to be accommodated together and also offered a small measure of relief from the ward and hospital environment.

*"Staying in is not always the best option - sometimes you need to get out" Mother of a 2 year old in HDU*

### Play Areas

Play areas were also universally acknowledged as a key aspect of the current facilities. Play areas in wards and waiting rooms were thought to greatly ease the stress of hospital attendance and the outdoor play area was valued. Play areas also played an important role in entertaining siblings during their visits to the hospital.

*"Play areas are the most important, they are so important especially when you have other children who have to come with you - they can run around and let off steam" Mother of a teenage patient*

However, there was scope for the development of play areas with a number of parents and young people identifying a lack of age-appropriate facilities, no access for disabled children to the outdoor play areas and few toys for disabled children - especially those with sensory impairments - in waiting and play areas.

*"My daughter in a wheelchair, every time we're up at Yorkhill she wants to play on the outdoor play but there's nothing for disabled children" Mother of a 6-11 year old with complex needs*

*"Should be like Brewsters with a play area indoors with a ball pool and swings and a climbing frame" 7 year old out patient*

### **Cafes and Restaurants**

Cafes and restaurants featured highly in the positive feedback received from families and young people. Once again these were felt to facilitate their experience at Yorkhill providing both a neutral venue to sit with visitors, family and siblings as well as a place of respite for parents who needed both a meal and a break from the intensity of the ward environment.

*"I know it sounds daft but see at night when I was sitting downstairs with just a can of juice - its daft but I really needed that, just sitting down by myself with a can of juice" Parent of 6 year old boy with complex needs who is a regular patient*

There were, however, also suggestions for how these facilities could be improved with parents requesting that they be located closer to the wards and longer opening hours.

*"Restaurants need to be more accessible to the wards, sometimes you can only grab a few minutes and you don't want to be away from the ward for too long" Mother of 6-11 year old*



### **Youth Facilities**

The Youth Zone and Youth Booth were particularly valued by young people who welcomed the opportunity to spend time in a less clinical environment, with people their own age and in an age-appropriate setting. Parents of young people also welcomed these amenities describing how they had provided an important release for teenagers. More age-appropriate facilities and opportunities would be welcomed.

*"Better space for young people to meet. Need different stimulators compared to a toddler" Mother of teenage out-patient*

### **Facilities for Family Support**

The service provided by the Family Support and Information Service was highly valued with many parents stressing the need for an on-going role for this service.



Its current location in the main reception was felt to be appropriate, facilitating access to the service. However, parents also felt that enhanced facilities would assist this service with a need for more quiet space, private interview rooms and a communal sitting room for families identified as helpful developments.

*" Quiet space - sometimes when things are not too good - peace and quiet is nice for a while - to be allowed time with your thoughts"*  
 Mother of teenager with complex needs

Radio Lollipop, the Family Bereavement Service, the school and the chapel were also singled out as facilities that helped to create a supportive and healing environment. It was felt to be important to ensure that these facilities were transferred to the new hospital.

Parents and young people identified a need for the shops provided at Yorkhill. These were felt to be useful in providing many of the items parents needed during their stay, particularly if admission had been unexpected, and helped to pass the time during long stays. Better access to a wider range of shops would be welcomed although the cost implications of this were also raised.



*"...shops are good because you don't always plan for A&E need toothbrush etc"* Mother of child age under 5 with complex needs

### Open Aspects



The views and open aspects enjoyed at Yorkhill were seen as positive although the lack of outdoors space for sitting, walking or playing in the hospital grounds was a recurring theme.

## What could we do better?

As might be expected families, children and young people had a number of suggestions for how the current environment and facilities could be improved. These can be summarised under the following themes.

- Site Access
- Wards and Bedside Facilities
- Disabled Access
- External Environment
- Facilities

Each is discussed below.

### Site Access

Car parking and vehicular access was a common concern with significant issues raised in terms of the availability of parking spaces, the distance from designated parking to hospital entrance points and the management and provision of disabled parking. There was a perception that this tended to be abused and poorly monitored. The particular issue of ease of access when pushing a pram or a wheelchair was repeatedly raised as was the need to locate disabled parking at the hospital entrance.

*“Car parking needs to be improved - horrendous” Mother of 6-11 year old outpatient*

*“...monitoring of (disabled) spaces would be useful. We currently need an extra pair of hands to pack the car, often in lower car parks - I can't push the wheelchair up. We've adopted a drop and park system but it makes keeping appointments difficult and take two to deliver one patient” Mother of teenager with complex needs*

Overall, it was agreed that public transport provision was poor; this encompassed perceptions of bus quality and routage to access hospital sites.

*“Public transport is a nightmare if you have to get 2 buses and have other siblings with you” Mother of teenager*

Other site access issues included the distance from public transport nodes to the main site, poor signage for pedestrian or vehicular access from Argyll Street and the lack of a central reception/information desk at the point of entrance to the hospital grounds. Wayfinding and signage was a recurring theme in that there was an over reliance on standard information signs and that other options such as electronic signage, alternative formats, Braille plinths and textured walls, alternative languages etc. were not fully utilised.

*“It would be good to have texture and colour bars on the walls as it helps to steer young children” Mother of teenage out-patient*



## Wards and Bedside Facilities

The general consensus was that the design and layout of the ward areas should focus on patient's needs. Families needs were acknowledged as secondary but, given the long periods of time spent by some families on the ward and the high levels of support they offered to the nursing staff in the care of their children there was a view that more could be done to ease their experience.

Space could be better used and more done to make the patient and carer experience more comfortable. The overall ward layout was felt to be less than ideal. Limited family and carer facilities, an inappropriate mix of different age groups and poor access to bathing and toilet facilities were identified as problems.

*"You need better access to the toilets and showers, don't want to leave the ward and don't want to be away from the bed for too long" Mother of 0-5 year old*

There was no consensus on the importance of single rooms. 52% thought a single room was very important, 18% thought quite important while 5% said it was not important. Access to a single room was thought to depend on a number of factors including the level of ill health, need for isolation, need for company to aid recovery and teenagers in particular were thought to need the enhanced privacy of a single room. A number of parents and children thought that the company of other families and children was a comfort and support as they shared experiences and offered encouragement and information. This was identified as a major means of communicating information about the services and facilities available within the hospital.

*"Camaraderie between families and patients is important - can miss out if in own room" Mother of child aged 0-5*

There was a high level of support (60%) for the provision of a day room or sitting room where families in single rooms could meet together away from the clinical environment. Quiet space was also highly valued with many parents pointing to the difficulties of hearing and trying to manage bad news within a busy ward or outpatient area. 73% of the people surveyed requested more quiet space - for breaking bad news, to discuss issues away from the patient's bed or respite from the treatment areas.

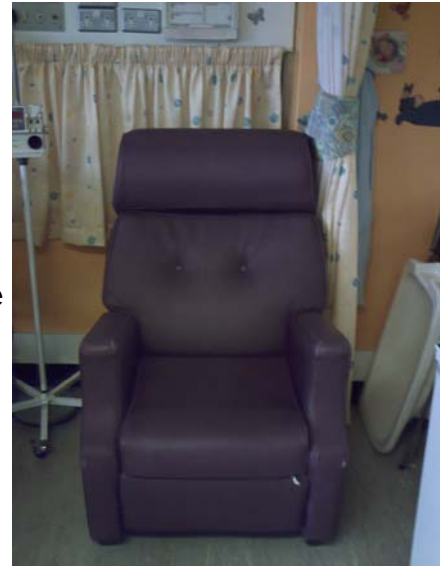
*"Quiet space for patients and families, when you are feeling down or happy. Its nice to have a private place to let emotions out (good and bad) with no interruptions" Mother of 6-11 year old patient*

A particular request was made for a private interview room located near to theatre for privacy.



All parents were grateful for the provision of a bed that allowed them to stay close to their child. The provision of recliner chairs, however, was no longer felt to offer an adequate resource.

Similarly, it was no longer felt appropriate to offer parents only a bed. The expectation had been raised that they would be *accommodated* within the ward and for many this meant that a range of other ward facilities was required. These included easy, safe and convenient access to showers, toilets and kitchen areas.



*"You need a shower and enough room for you to spend time yourself, also not a chair to sleep in but a bed if you no use to your child if you haven't had a good nights sleep"* Mother of 6-11 year old with complex needs

The current arrangements whereby parents needed to leave the ward to use the toilets or showers were felt to be unsafe at night and difficult in that they necessitated a lengthy break from the bedside. This was a particular issue for parents who were deaf or hard of hearing as they found the intercom system for ward access to be a significant barrier.

There were repeated requests for an area where families could make and drink a cup of tea inside the ward. This, it was proposed, would make a significant difference to families' experience.

Access to a communal laundry area would also be welcomed.

The space provided in current wards and single rooms was generally felt to be adequate but enhanced space between beds would be welcomed as would bigger toilets to facilitate access for wheelchairs and buggies. Parents of disabled children, however, disagreed that space was adequate and argued very strongly that greater space provision was required for disabled children and especially for disabled teenagers. The issue of disabled access is discussed more fully later.

*"For a child like my son we need a hoist, a bed, a wheelchair so room must accommodate for these as well as a parent's bed, sink, toilet and shower and a wide doorway"* Mother of child age under 5 with complex needs

There was agreement that age appropriate areas should be recommended with separate bed and play/recreation areas provided for children and teenagers. This was an issue of particular importance to young people who pointed to issues of privacy, company and the potential disruption to wards caused by teenagers wishing to watch videos etc after younger children were asleep.

*"Need separate space for babies and adolescents"* Father of 0-5 year old

Bedside facilities were identified as a concern with the bed spacing, environmental control, access to drinking water, lighting, noise and privacy cited. Some parents (37%) would welcome a bedside phone, fewer (33%) wanted access to a computer but those who did felt there would be significant merit in this development.

*"Access to a computer would help you manage the rest of your life" Mother of a 4 month old in HDU*

*"Children that are in for long stays need to be able to talk to friends, and friends often can't come and visit so kids need access to phones and e-mail" Father of 6-11 year old boy with complex needs*

Teenagers reported that they found bedside facilities poor suggesting greater access to computers and enhanced television access such as to freeview or Sky TV.

Storage was seen as particularly poor with the lack of lockable storage space causing concern, as did the lack of space for toys, clothes, parent's belongings etc accumulated over a lengthy stay.

*"I have noticed...a lack of shelving for long-term patients to store their DVDs, books, results of craft activities, school work etc" Emily-Jane, age 14*

*"Room size and sleep arrangement for parents is very, very important as it is ridiculous, uncomfortable and crowded in patients rooms now my 2 year old kid has been here for 10 months now and there is no room to move" Mother of 2 year old disabled child*

### Disabled Access

Access issues were important and there was a strong consensus that Yorkhill could do more to ensure fully accessible facilities for disabled people, with more use of automatic doors, adjustable tables in play areas, video phones, accessible toilets with changing plinths and hoists all cited as examples.

*"Automatic doors - really important if you have lots of equipment - suction pack, feed pack, bog with spares, buggy!" Parent of 6-11 year old outpatient*

While most people felt that the space provided within current wards and single rooms was adequate parents of disabled children and young people strongly disagreed arguing that greater space was required.

They proposed that some single rooms had to be large enough to accommodate a specialised bed and wheelchair, hoists and other equipment. There also needed to be sufficient room for disabled children and young people to transfer from bed to a wheelchair to facilitate both their comfort and continued independence.







Washing and bathing facilities were seen as critical in that user's experience from Yorkhill suggested that the numbers and location of bathroom facilities was poorly thought out, as was the appropriateness of the facilities for disabled people.

Upgraded disabled toilets with a plinth and hoist for changing children and young adults were felt to be a necessity.

Play areas and equipment also needed development to be more inclusive of disabled children.

*"I think it is important all play areas and equipment should be made as accessible as possible to all children including those with physical and sensory disabilities"*  
Mother of teenager with complex needs

Overall, there was a strong consensus that planners had to move beyond minimum standards and aim for the highest standards using innovation and imagination to overcome challenges.

*"...need barrier free access to all areas"* Mother of disabled teenager

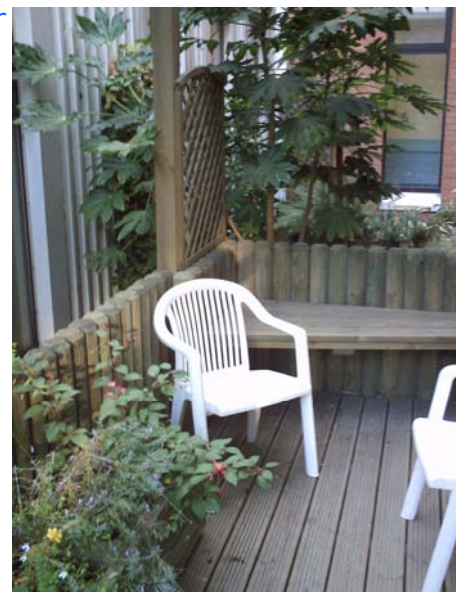
### External Environment

Particularly disappointing for many was the external environment and the failure to develop and utilise green space for the enjoyment and benefits of patients and staff alike. These could provide areas for reflection and convalescence. Neurological patients, who often experienced lengthy stays in hospital, were one group that it was felt would benefit from easy access to outdoor areas while outpatient waiting areas could be significantly improved by an outdoor play area.

*"Patients are sometimes confined to their rooms for days on end so it would be good if they could see something from their windows. Sometimes patients are allowed out of their rooms although they are still attached to drips. They are therefore limited in where they can go. It would be nice if they had access to outside space, perhaps a roof garden?"* Emily Jane age 14

*"I would like to see an enclosed garden that you could take patients to sit in and patients could be involved in planting etc and wards could look onto it and have a peaceful view for patients"* Parent of 10 year old who is a regular patient at Yorkhill

Anne Holman MRI Unit garden: seen as a good use of green space



Smoking was a real concern and the sight of smokers congregating at entrances, particularly beside the outdoor play area, gave a poor impression of the hospital. It was proposed that a shelter was needed for parents who smoke.

## Facilities

Participants understood that planners gave most thought to the clinical configuration of the hospital site, however there was a view that more thought should be given to other areas of the patient experience and the provision of additional amenities and facilities for patient and family comfort and relaxation i.e. spiritual care, libraries, shopping, the provision of day rooms and quiet areas within wards and provision for other children. These were often seen as an after thought but families and young people felt that they required more thorough planning and consideration.

*“When your child goes to hospital you basically ‘live’ there at the hospital for the duration of the child’s stay. It is important for the child to have an environment that is close to normal life and a comfortable, clean and caring environment. Parents need that also”* Mother of 6-11 year old boy

There were few suggestions for outpatients or day wards but one group that did identify a need for enhanced facilities were the parents of children with diabetes who requested consulting areas that ensured patient confidentiality, welfare and to create a relaxed and caring environment. In particular they proposed the provision of a family or quiet room where they could feel comfortable administering injections when attending appointments.

*“Parents sometimes need a quiet area to compose themselves - having to go to the canteen for a coffee when you are upset is horrible”* Mother of disabled teenager

The provision of quiet space was a common concern with some parents asking for somewhere quiet to gather their thoughts or deal with bad news other than sitting in the tea bar while one parent proposed that this would be beneficial for children with autistic spectrum disorders while waiting for an appointment.

*“Provision of a quiet area to allow people with autistic spectrum disorders to prepare for appointment maintaining sensory input in an acceptable way”* Mother of disabled teenager

There was some consideration of the facilities for theatres with families suggesting that theatre recovery areas should be separate from the general ward area. They also asked for a waiting area to be located next to theatre recovery and for a quiet, interview room in the vicinity where any meetings with theatre personnel could be conducted.

One facility that families proposed as requiring careful development was the Family Bereavement Centre. As with the Family Support and Information Service this was a facility that required a mixture of accommodation with quiet, private interview rooms a necessity. Most importantly it was felt that this facility should not be located near to the morgue or viewing area.

It was reported that some bereaved parents found it difficult to walk past the morgue on their way to the existing service because of the association with their loss. This was closely linked to existing facilities for coping with bereavement such as relative rooms, viewing and mortuary facilities. There was some discussion as to the appropriateness of existing provision and whether more could be done to help families manage the loss of a child.

One further facility that was identified as requiring further development was the lifts. Families proposed that consideration should be given to the provision of more lifts and in particular separate lifts for theatre access and transfer of patients between wards and departments to offer enhanced privacy.

*“When our daughter was arriving for admission seeing patients on trolleys in the lift area really upset her. Could the theatre and other lifts be separate?” Mother of disabled teenager*



Finally, a number of comments related to the appearance of the entrance to the hospital with some feeling that this could be improved to provide a more accessible, welcoming environment. It was felt that both layout and décor could be better designed to facilitate ease of access and wayfinding.

## Adjacencies

The following adjacencies were thought to be important: -

- Family toilets and shower facilities should be located inside wards
- Car parking needs to be located close to the hospital to facilitate access for disabled children and those pushing buggies
- Easy access to a café/tea bar was important for all families but particularly those who were staying in the hospital
- Outpatients should be co-located with play areas and, if possible, an outdoor or soft play area
- The Family Bereavement Centre should not be located near to or on a path to the morgue or viewing facilities
- The neurological unit and neurological ward should be close together with the EEG Department in close proximity
- ITU/HDU would benefit from close proximity to a quiet room or chapel
- A waiting area should be located next to theatre recovery
- Separate theatre recovery from the general ward area

## Conclusion

The engagement work with families, children and young people proved successful in a number of regards. There was an active and enthusiastic participation from all those involved, with families, children and young people sharing positive and considered views on the physical environment of the new children's hospital. These views will now be included in the debates and discussions on the outline business case for the new hospital.

The methods adopted by this exercise offered a number of opportunities for families, children and young people to participate but there were some groups such as families for whom English is not their first language that were not so well represented. Additional efforts will be required in the future if they are to be given an equal opportunity to contribute to the design and planning processes. Further effort will also be required to develop special initiatives for children and young people to ensure their on-going and full participation.

However, as discussed earlier, this exercise should be viewed as the beginning of an ongoing process and further efforts should be made in the future to engage with these groups on more substantive elements of the project to ensure the hospital is fully inclusive.

The evidence from this project suggests that families, children and young people will prove to be a valuable partner in the planning and design of their new hospital.



The garden at the Anne Holman MRI Unit

## Dear Kate,

I hope you remember me I am a member of the Youth Voices group and have been out for pizza with you - very enjoyable! As a patient on Schiehallion I am aware of some issues that may not be relevant for other wards, especially as I have been on the ward since January. When designing the new ward I would like the architects to take into account some of the following;

- Patients are often confined to their rooms for days on end so it would be good if they could see something from their windows. One solution would be to design the adolescent area so that the rooms all faced onto a central area; in a square. The rooms could have sliding glass doors so that even patients who were unable to leave their rooms could feel included.
- Sometimes patients are allowed out their rooms although they are still attached to drips. They are therefore limited in where they can go. It would be nice if they had access to an outside space, perhaps a roof garden?
- The room spaces themselves need some thought. I have noticed that there is nowhere for visitors to hang their coats, limited working space for the nurses and a lack of shelving for long term patients to store their DVDs, books, results of craft activities, school work etc.
- Patients presently do not have bedside lockers which is a problem as they cannot easily access their things without leaving the bed and the cupboard is often inaccessible due to the number of drip stands in the way.
- The TV/ps2 etc need to be at a height that is accessible by the patients and not so high as to cause neck strain!
- The desk should not be in a corner facing a wall; motivation for school work is low and therefore this should be a more attractive area.
- The bathroom should be closer to the patients bed as this would enable them to go to the toilet without taking their drip stands with them. They would also be more able to go unaccompanied .
- The parent bed needs to be a lot comfier, perhaps a fold down from the wall. It would also be good if there was more than one comfy chair in the room so that the patient and parent/visitor could sit at the same height and be a bit more companiable.

Yours sincerely

*Emily—Jane*