

## Ward 15 Stakeholder Reference Group

1pm on Monday 5 September 2016

Royal Alexandra Hospital

### MINUTES

#### Present:

Jennifer Rodgers (Chair)	Chief Nurse, Paediatrics and Neonates, NHSGGC
Caroline Champion	Argyll & Bute HSCP
Catriona Renfrew	Director Planning and Policy, NHSGGC
Dagmar Kerr	Action for Sick Children Scotland
Elaine Sutherland	Parent
Joe Ferrie	Engage Renfrewshire
Karen Meikle	Parent from Kids Need Our Ward
Kerry Ann McKenna	Parent
Kimberley Hutchison	Your Voice Inverclyde
Neil Ferguson	Head of Planning, South Sector, Women & Children, NHSGGC
Niall McGrogan	Head of Patient Experience, Public Involvement, NHSGGC
Rachel Killick	Patient Experience Public Involvement Manager, NHSGGC
Sandra Webster	Parent from Kids Need Our Ward

#### In attendance:

Lisa Ramsay	PA and Team Support, PEPIQ
Lorna McIlreavy	Local Officer, Scottish Health Council
Louise Wheeler	Service Change Advisor, Scottish Health Council

#### Actions

##### 1. Welcome & Apologies

Jennifer Rodgers welcomed all to the meeting and introductions were made. Apologies were noted from Katie Ball and Margaret Hamill.

##### 2. Stakeholder Reference Group Remit

Jennifer explained that attendees were personally invited because of the different perspectives they will be able to contribute to the meeting. This is an opportunity for people to offer their views and perspectives about how NHS Greater Glasgow and Clyde can inform and engage with parents that use the service and also how best to engage and communicate with the local community.

Rachel Killick talked through the draft Terms of Reference circulated previously to members.

Rachel went on to explain that should any member of the group prefer not to have their name included in the membership of the Terms of Reference to please let her know.

Joe Ferrie advised that he will be representing Engage Renfrewshire at this group. Rachel will amend the draft Terms of Reference.

**R Killick**

The group all agreed to sign off on the draft Terms of Reference.

### **3. Proposed Service Change Overview**

Catriona Renfrew spoke to the group, explaining the proposed service change and the background to the proposal. Catriona also invited the group to ask questions at any time during the presentation.

Catriona explained that an initial proposal was made by NHSGGC in 2012 to transfer Ward 15 in the Royal Alexandra Hospital, Paisley to the Royal Hospital for Sick Children in Yorkhill. A substantial engagement process was carried out including an options appraisal. The highest scoring option, appraised by staff members, family members and public partners, was that Ward 15 should not move immediately to the Royal Hospital for Sick Children in Yorkhill, but wait and move Ward 15 when the new Royal Hospital for Children in Govan opened.

At the August 2016 Board meeting it was agreed that during September and the beginning of October NHSGGC would inform and engage with people about the proposal and the history of engagement to date.

Then should the Board decide in October 2016 that they wanted to proceed, there would be a formal consultation period of 12 weeks. The outcome of that consultation would be reported to the Board in February.

The proposal is to transfer the paediatric inpatient and day services only in Ward 15, from the Royal Alexandra Hospital in Paisley to the Royal Hospital for Children in Govan.

For those living in Renfrewshire and other parts of Ward 15 catchment areas, access is easier to the Royal Hospital for Children when compared to the former Royal Hospital for Sick Children in Yorkhill. There are also new standards of care that must be taken into consideration such as senior medical and junior medical cover.

Catriona assured the group that the A&E Department in the Royal Alexandra Hospital would continue to see children who self presented at A&E. Outpatient appointments would also remain as would the PANDA centre.

Dagmar Kerr asked if there would be paediatric staff based in the A&E Department of the Royal Alexandra Hospital.

Jennifer replied that the staff team at A&E at the Royal Alexandra Hospital would mirror that in all A&E teams across Glasgow; that they would be able to see children who self presented, and if they needed specialist care they would be transferred to a specialist site, and if not they could be treated by an A&E team on site.

Kerry Ann McKenna asked if the community nurses would continue to be based at the Royal Alexandra Hospital.

Jennifer replied that they would. She thanked Kerry Ann for raising this point, as it would be something to emphasise through the engagement process.

Caroline Champion asked if self referrals will still be seen at the Royal Alexandra Hospital. Catriona replied they would, and that children who were sent in an ambulance would be driven to the RHC.

Sandra Webster asked how many ambulances cover Paisley and Inverclyde. Catriona replied that she was not able to answer that at this time, however would take note. It is these sorts of questions Catriona would like to be aware of. Sandra went on to point out that she would like to know the number of specialist paediatric ambulances and normal ambulances for Paisley and Inverclyde.

Karen Meikle asked how long it would be until the PANDA centre closed if Ward 15 is transferred. Catriona said that there is no agenda to close the PANDA centre, which will be important to make clear during the engagement process.

Sandra said that there is not a direct bus from where she lives in Glenburn to the Royal Hospital for Children. She was promised there would be direct transport links to the Queen Elizabeth University Hospital campus, and now the number 26 bus has been removed. Sandra now has to take a taxi for her son's weekly appointments, at a cost of £30 for a round trip.

Kimberley Hutchison said that she also had concerns about public transport to the Queen Elizabeth University Hospital. Joe said that it would be helpful to have an understanding of the transport links to the Queen Elizabeth University Hospital.

Catriona noted that there had been changes to public transport provision since the opening of the new hospital, and that an analysis of public transport would be part of the formal public consultation, if it goes ahead. She also noted that for those living in Renfrewshire and other parts of Ward 15 catchment areas, access is easier to the Royal Hospital for Children when compared to the former Royal Hospital for Sick Children in Yorkhill.

Kerry Ann said that she has a wheelchair van and that she is unable to park in the multi-story car parks in the Queen Elizabeth University Hospital. She was advised to park at Westmarc and then take her son, across to the Royal Hospital for Children. Kerry Ann is now allowed to park in a taxi bay but that is still not satisfactory. Catriona replied that what Kerry Ann had recounted is an immediate service issue and will be looked at.

**C Renfrew**

Sandra said that the proposal to move Ward 15 was not her preferred option at the option appraisal in 2012.

Jennifer replied that her understanding was that of the three options in 2012 which were to close Ward 15, not to close Ward 15 or to transfer Ward 15 once the Royal Hospital for Children was open, the preferred option was to transfer Ward 15 once the Royal Hospital for Children opened.

*[post meeting notes: the event was in 2011, not 2012. There were 4 options put forward at the event:*

- 1. Do nothing – maintain the current children’s inpatient service at Ward 15, RAH*
- 2. Transfer all inpatient services from Ward 15, RAH to Yorkhill in 2012*
- 3. Transfer some inpatient services from Ward 15, RAH to Yorkhill in 2012 but develop a dedicated facility for short-stay medical assessment and planned medical and surgical day-care next to the outpatient department, RAH. There would be no inpatient beds in this option.*
- 4. Maintain the current children’s inpatient service at Ward 15, RAH until 2015, and then transfer inpatient services to the new children’s hospital]*

Dagmar’s recollection was that the preferred option from the two events was to transfer Ward 15 to the Royal Hospital for Children.

Catriona said that it may be helpful to circulate the outcome of the options appraisal to the group. Niall McGrogan added that at the end of the engagement process in 2011 which included patient groups, staff and public partner groups, the preferred option from all groups of stakeholders present at the option appraisal was to transfer Ward 15 to the Royal Hospital for Children once it opened. He noted that the outcome had been shared with people at the event and communicated. Caroline said the options appraisal process is tried and tested and is the process the Scottish Government encourages NHS Boards to carry out. Catriona said that it is clear there is a need to make the report of the outcome of the options appraisal visible and accessible for people. Caroline noted that it would not be helpful to go back through a repeat of a full options appraisal process but we need to explain the process and its outcome.

Sandra asked if Ward 15 will definitely close. Catriona replied no and that the Board will make a decision at the end of the engagement and consultation process. The reason for returning to the proposed change is based on the clinical arguments.

Sandra asked why they were told by Shona Robison, Secretary for Health, Well Being and Sport, that there were no plans for Ward 15 to close. Catriona responded by saying that that was correct; we do not have plans to close Ward 15 yet, because these would only follow a decision which would follow from an engagement process. However NHSGGC believes that there are justifiable clinical reasons to move Ward 15 to the RHC.

Karen said that her son had to wait seven hours for an operation which was delayed due to a lack of staff, and he was fasting. Jennifer would be happy to discuss this further with Karen.

**J Rodgers**

Karen then asked what would happen if staff did not want to move to the RHC, would they be sacked? Jennifer replied that staff will have one to one meetings with HR should the transfer be approved and that staff will not be sacked. Catriona thanked Karen for asking, and will make a note to make this clear in engagement with people.

Kerry Ann said that her main concern is that children's needs are being met. While she has had problems at the Royal Hospital for Children, she has also had problems at the Royal Alexandra Hospital. Her main concern is that community nursing remains at the Royal Alexandra Hospital.

Kerry Ann asked where Ward 15 would move to in the Royal Hospital for Children. She also said that due to the curved layout of the wards in the Royal Hospital for Children it can be difficult to see staff however she does prefer the single rooms. Jennifer replied that Ward 15 would be integrated into the Royal Hospital for Children, not into a single ward. Jennifer assured the group that the Royal Hospital for Children is not understaffed and that they are working hard to recruit more staff.

Sandra said that her son attends the Royal Hospital for Children once a month. When they used to attend the Royal Hospital for Sick Children in Yorkhill, her son only had to stay for two days however that has increased to seven days at the Royal Hospital for Children. Sandra added that the main foyer in the Royal Hospital for Children is too bright and noisy for her child, who is autistic. Sandra also noted that her son's outpatient appointments get cancelled regularly.

Kerry Ann noted that the interactive displays in the outpatients area of the Royal Hospital for Children were difficult for some children to use, and more sensory equipment could be beneficial.

Dagmar said that the noise in the foyer is very loud and it can make it difficult to hear you being called for your appointment.

Kerry Ann said that she did not like that she had to scan in at the self check in machines and then still had to report to the reception at the appropriate clinic as that defeats the purpose. Joe agreed with her. Kerry Ann went on to say that the small cubicles were far too small for children in a wheelchair and is not acceptable for a state of the art hospital.

Elaine told the group that because the doors in the Royal Hospital for Children are not automatic, it can be difficult to enter and exit. Kerry Ann had experienced this when having to stay overnight with her son and had to manoeuvre her son who is in a wheelchair along with luggage.

Kimberley found that the volunteers in the Royal Hospital for Children to be really good when she attended with her son.

Kerry Ann suggested that it would be helpful to have more of a range of things available for non able bodied children. It would hurt when Radio Lollipop would pass her son by, to speak with able bodied children. Her son can be an inpatient for up to four months and does not receive any schooling. Kerry Ann went on to say that the Royal Hospital for Children is a great hospital however there are small things that could be changed to make it better. The Royal Hospital for Children has been great for her eldest son.

Kerry Ann said that the online ordering system is also an issue as it is difficult to use. It is done through community services and now products get delivered to your GP surgery instead of your home. Catriona replied that it is not part of the Ward 15 proposal however will take that point away.

**C Renfrew**

Catriona thanked the group for asking questions and commenting on the proposal. She will make clearer the implications of the proposal on amount of ambulances, continuity of care, where services will be located and staffing levels.

#### **4. Discussion of Draft Involvement & Communications Plan**

Jennifer informed the group that a draft involvement and communication plan has been written. Rachel emphasised that it a very high level draft plan, as they are looking for thoughts and suggestions of the members of this group on how best to communicate with people about the proposal. Rachel welcomed ideas from the group about the content of the draft plan, in particular what is important to consider when arranging the drop in sessions and public workshop.

Jennifer asked the group what time they felt would be best to hold the drop in sessions. Kimberley asked if the drop in sessions would be held in the Royal Alexandra Hospital? Jennifer replied that they would be, to capture the parents that attend. Catriona added that if there was a view to hold a drop in session in Inverclyde then that could be arranged. It was agreed that Rachel will arrange a drop in session at the Inverclyde Royal Hospital, and perhaps the Vale of Leven Hospital.

**R Killick**

Caroline asked how NHSGGC would engage with parents in Argyll and Bute that use Ward 15. It was agreed that Caroline and Rachel will work together on the best way to engage in Argyll and Bute.

**R Killick / C  
Champion**

Rachel advised the group that the aim would be to hold a larger event where anyone that is interested in the proposal can attend and would look to arrange that for the last week in September. Karen suggested having one workshop during the day and one in the evening. Joe agreed that it would be helpful to have both as because of childcare arrangements and work commitments. Catriona asked if holding the first public workshop during the later part of the afternoon following by the second workshop in the early evening of the same day would be suitable. The members agreed that it would be suitable.

Rachel asked if there was any specific workshop content that would be helpful. Catriona added that presenting the clinical case for the proposal would be important.

Kerry Ann said that it will be important to reassure people about the proposal as people do not like change and that should Ward 15 transfer to the Royal Hospital for Children then it would not be that bad.

Joe said that there is preparation that can be done following the meeting. Public transport and the cost of public transport will be an issue the people will want addressed.

Kimberley said that clarity on what services are moving and what services are staying will be important for the public workshop. Sandra said that honesty and also about why people will want services to remain at the Royal Alexandra Hospital should be included in the public workshop. Sandra went on to say that during the options appraisal it was said that Ward 15 would have its own ward in the Royal Hospital for Children. Catriona replied that she did not think this would have been said by NHSGGC and was perhaps a suggestion from parents. People who want services to remain at the Royal Alexandra Hospital will have the opportunity to make this known throughout the engagement process.

Kerry Ann asked if the Royal Hospital for Children will be able to cope with the transfer of services. Jennifer replied that it will. Kerry Ann and Elaine said that there are occasions when there are no beds available in the Royal Alexandra Hospital.

Dagmar asked if open access will be available in the Royal Hospital for Children. Catriona replied that this will be an issue and we need discuss that as people will want to be clear.

Sandra said that there is also a lot of building work still going on at the Royal Hospital for Children. Jennifer replied that there is some snagging work being carried out.

Rachel asked the public partners if they would like the public workshop to be held in Paisley. All agreed that it should be held in Paisley and should have good accessibility. Joe said that he would be happy to help identify a suitable venue with good accessibility.

The group suggested that schools, community nurses, online forums, Ward 15, churches, social media, and carers centres may be useful to promote the workshop.

All agreed they would help promote the workshop electronically through their own networks or with paper copies of posters. **All**

Rachel asked the public partners if they were able to recommend any child care agencies so that NHSGGC can provide child care for parents that would like to attend the public workshops. Elaine and Kerry Ann said that they would not leave their children with anyone and would rather bring their children with them.

Kerry Ann told the group that there are often promotional pop up events held in the town centre and that may be another useful form of engaging with people about the proposal. It was agreed this may be useful if the Board decide in October to proceed to a formal public consultation on the proposal.

Kimberley asked where comments or questions could be sent if people are not able to attend the public workshop. Rachel said comments and questions can be sent directly to her.

Caroline asked if the Scottish Government decided that the proposal involved a major service change due to the 12 week consultation period being involved. Louise replied that it has been agreed by the Scottish Government in 2011 that it was a major service change.

**5. AOCB**

Caroline gave her apologies for the next meeting. She asked if it would be possible to join the meeting via telephone conference. Rachel said she would find out if that was possible.

**R Killick**

Jennifer closed the meeting and thanked everyone for their valuable input.

**6. Date of Next Meeting**

Tuesday 4 October 2016  
1:30pm – 3pm  
Royal Hospital for Children

**R Killick**

With the opportunity to view the facilities on site at 12:30pm