New Children’s Hospital
Family Panel

21st February 2008
Minutes

Where things are.....

Mhairi

Public funding approved by the board
- Next to government and for
  cabinet approval.

Looking at pros and cons of building move
- Forward by 6 months before next big progress report.
- If public funded, you can have progress report.

What are the key areas for families and young
people to have a say in the design?

Family Panel have to get out and have a look
at other buildings for ideas.
- Helps recall
talking points and see accessibility - including
parking spaces.

In Attendance:
- Kate leading the work with
  families and young people.
- Joanne, daughter of Jack
  on a number of committees
- Mhairi, Project Manager
- Yvonne, CHAS
- Maureen, parent
  - Strait -
Where things are....

- Mhairi

Public funding approved by the board
- Next to government and for cabinet approval.

Looking at pros and cons of building moving forward
- Probably 6 months before next big progress report.

If public funded, you give the brief for the building
- What are the key areas for families and young people to have a say in the design

Family Panel have to get out and have a look at other buildings for ideas - Helps recall talking points and see accessibility - including parking spaces
- Mhair will come on visits.
What do we need from Services...?

Families new to Services blame themselves when things go wrong.
Families experienced with Services tend to know what isn't working.

- Outpatient care
- Surgery
- Hospital staff
- Observation nights
- Child protection
- Accident & Emergency
- Rehabilitation

Recognised as a good model by other Services.

Surgical Short Stay group decided they would look at pre-admission and discharge planning for surgery.

Surveyed families: most thought it would be a good idea.

Helped out the patient journey.

Pre-admission - more people involved
See how on the day is an issue
- How to get a wider consultation on this?

- Questionnaire before patient walks through door
- Phone questionnaire
- Face to face

- Discussion groups through PAMO (Parent庨)
- Helplines: good for meeting needs and care concerns
- Online surveys: not feasible
- Some people use forums
- Longer meeting where parents can get together and discuss Short Stay proposals
- Parents talking to other parents

- Requirements for getting resources
Families new to services blame themselves when things go wrong.
Families experienced with services tend to know what isn’t working.

Surgical Short Stay Group:
- Outpatients
- Surgery
- Front door
- Hospital at night
- Child protection
- Accident & Emergency
- Rehabilitation

Recognised as a good model by other services.

Surgical Short Stay group decided they would look at pre-admission and discharge planning at the same time.
Kale surveyed families, most thought it would be a good idea.
Plotted out the patients journey.

Admission

Discharge

Helps reduce readmission.

Felt most familiar when sent home.

Child & young person services.

Tele checks after surgery.

Can be done by tele checks at GP surgery.
Pre-admission - most people didn't see travel on the day as an issue.

- How to get a wider consultation on this?
  - Questionnaire, but collect it on day or help them fill it in
  - Phone questionnaire
  - Face to face
  - Discussion groups through PAMIS/CHAS etc.

- Newsletter - good in waiting rooms and carers centres

On-line surveys? Not so keen

- Some people use texts

- Larger meeting where parents can get together and discuss short stay proposals.

- Parents talking to other parents

- Very important for sharing experience and information
Discharge Planning

Families and children not knowing they will need catheter/walking frames after operation.
Families left not knowing how to administer medicines at home.
Community Services only Mon-Friday 9-5.
Felt most disappointed at discharge.

Ways to Consult:
- Surveys - straightforward language
- Use other organisations mailing lists
- Discussion groups
- Newsletter - easy read
- Online Surveys
- Wider Public event
- Telephone survey.