

# Ward 15 Stakeholder Reference Group

1pm on Thursday 15 December 2016

## Engage Renfrewshire



### MINUTES

#### Present:

Catriona Renfrew (Chair)	Director Planning and Policy, NHSGGC
Jack	Parent and member of Kids Need Our Ward campaign
Neil Ferguson	Head of Planning, South Sector, Women & Children
Dagmar Kerr	Action for Sick Children Scotland
Rachel Killick	Patient Experience Public Involvement Manager
Lisa Ramsay	PA and Team Support
Sandra	Parent and member of Kids Need our Ward Campaign
Louise Wheeler	Service Change Advisor, Scottish Health Council

#### Actions

#### 1. Welcome & Apologies

Catriona Renfrew informed the group that she was chairing the meeting on behalf of Jen Rodgers. Catriona welcomed all to the meeting and introductions were made. Apologies were noted from Jen Rodgers; Caroline Champion, Kimberley Hutchison; Joe Ferrie; Dr. Lesley Nairn and Karen.

#### 2. Minutes of Meeting previously held on 4 October 2016

All agreed to accept the minutes as an accurate reflection of the previous meeting.

**Rachel**

#### 3. Matters Arising

##### Updates for SRG Members

Rachel Killick informed the group that she has offered to phone those unable to attend the meeting to provide them with an update.

##### Financial Support

Rachel advised that financial support is available to parents / carers in a few different ways:

- Accessing the STV appeal emergency fund as a one off payment for travel, transport etc
- There is also the Family Fund that the family support team can apply for although there are conditions attached so not everyone is eligible for this (only one application a year, child aged 17 or under, evidence of entitlement to some benefits). Awards are often received within a day or 2 of applying for this.

- Referral can be made (from nursing staff/medical team) direct to the Money Advice service based in Family Support. Family Support can also refer to this team. The money advisors can look at benefit maximisation and also debts.

Sandra fed back that her experience was:

- the Family Fund can take up to six weeks to provide a payment
- families from the Paisley area are usually not eligible to stay in Ronald McDonald House
- parents cannot claim for taxi costs without permission from their child's consultant.

#### 4. Draft Equality and Diversity Impact Assessment

Rachel informed the group that following the session with members of the Stakeholder Reference Group on the EQIA which was held on 1 November 2016, she has spoken to staff to get more information which has provided the content of the draft EQIA. Catriona asked the group to share any comments on the EQIA.

Dagmar Kerr suggested that funding a dial-a-bus from some of the savings of transferring Ward 15 to the RHC to take parents back and forth from the RAH to the RHC to visit children may be an affordable option. Sandra and Jack re emphasised the additional difficulty parents from parts of Renfrewshire would face if they had to travel by public transport to the Royal Hospital for Children.

Catriona replied that the transport challenges are a really important issue for the consultation but those of the population that uses Ward 15 have to be put into context of the population of NHS Greater Glasgow & Clyde. For example, there are parents and patients in other areas of Greater Glasgow and Clyde who currently have further to travel to the RHC than people in areas of Renfrewshire would.

Dagmar suggested carrying out some proactive engagement with young people would be useful.

Due to the size of Ward 15, there are usually not many young people in the ward at one time. It was therefore agreed that Rachel would approach the Royal Hospital for Children to speak to young people about their experiences of hospital care.

**Rachel**

Dagmar said that the lack of automatic doors remains an issue at both the RAH and the RHC. They are helpful for people who use wheelchairs. Dagmar also suggested developing some information materials for families with autistic children about quiet areas in the Royal Hospital for Children.

**Rachel**

Dagmar said that the one impact should the proposal go ahead, is that children who are local to the Royal Alexandra Hospital may not have as many or as frequent visitors if they were in the Royal Hospital for Children.

Jack asked what the impact of ambulance response times would be, should the proposal go ahead. Catriona replied that the requirement is for the Scottish Ambulance Service to meet national response standards and we are working with them to plan that if the service changes.

Sandra suggested speaking to patients with autism to get their views on the proposal - her son may be willing to speak to with Rachel.

Louise Wheeler asked if it would be possible to include timescales in the EQIA for the actions that have to be completed. Catriona replied that timescales do not get included in an EQIA however an action plan would be written.

**Catriona**

Sandra asked if track hoists could be installed in Ward 15. Catriona replied that because there is currently a proposal to transfer Ward 15, it would be inappropriate at this stage.

Sandra fed back to the group that she knew of a parent whose autistic teenage son stayed in a 4 bedded bay in the Royal Hospital for Children instead of having their own room. Sandra will provide the parent's contact details so this can be looked into.

**Sandra**

Sandra asked if the RAH would be downgraded should Ward 15 transfer to the RHC. Catriona confirmed that the RAH would not be downgraded. More hospitals in Scotland do not have paediatric services than do have them, for example the Glasgow Royal Infirmary does not have paediatric services and is still a major hospital.

Jack asked about the status of the short stay beds in the RAH. Catriona confirmed that under the proposal, the short stay beds in Ward 15 would transfer to the Royal Hospital for Children.

CR said that the comments provided will be used to update the EQIA and it will then be published on the NHSGGC website.

**Rachel**

## **5. Update on Consultation Period So Far**

Rachel informed the group that to date consultation activity has included:

- Dissemination of consultation information. Based on feedback from the SRG, this has been changed to a short two page leaflet, with details of where people can find out more information
- Other documents available include transport analysis, a more detailed consultation document, and Frequently Asked Questions – a link to these documents was sent with the Stakeholder Reference Group meeting papers
- Emails about the consultation and opportunity to respond have been sent to a wide network
- A presentation to East Renfrewshire PPF
- Drop ins in Ward 15 – trying to engage more young people and parents of children with complex needs here, had some success e.g. spoke with patient often in, teenager, and 3 parents of children often in. In total Rachel spoke with 55 people about the proposal
- Drop in at the busiest clinic at the Vale of Leven – despite staff approaching every person to inform them of the opportunity to speak to Rachel about the consultation, none wished to respond.

So far, comments, questions and responses have been raised to us by 67 people after inform and engage phase ended.

Jack commented that his perception was that the majority of people do not know about the proposal; he has a stand in Paisley every weekend against the proposal, that has a petition of 3,000 signatures.

Rachel said her experience, when speaking to parents in Ward 15, was that around 90% of the people that she has spoken with about the proposal have known about it.

Catriona asked the group for additional ideas of raising awareness of the proposal.

Jack suggested promotion on Radio Clyde.  
Catriona confirmed that this has been done. Dagmar added that her experience was that the public rarely listens about proposals unless it affects them, nor would they attend public events.

Catriona said that press releases have been regularly sent to local newspapers. Rachel added that a full page advert is due for publication in the Paisley Gazette.

Sandra said that for some people, this time of year is a difficult time to have a consultation. Dagmar felt that the three month period of the consultation is sufficient, giving enough time for people to phone or email to provide their comments on the proposal.

Sandra said that engagement with acute patients should be carried out. Rachel replied that there are information leaflets and posters in outpatients, Ward 15, A&E and GP out of hours at the RAH and the Panda Centre, and she has also carried out a number of drop in sessions.

Sandra asked if information leaflets could be sent to GP surgeries.  
Catriona replied that will be done.

**Rachel**

Sandra said that the cost of eating at the RHC and QEUH is considerably higher than the cost of the RVS in the RAH. Rachel replied that should parents or carers require financial assistance meal vouchers can be provided by speaking to ward staff or family support. Neil added that there are various options to buy food at the RHC and QEUH as well as kitchens in the family rooms so food can be brought on site and prepared. Rachel will establish the eligibility criteria for meal vouchers.

**Rachel**

## **6. Outline of proposed consultation activity between 15 December 2016 and 6 February 2017**

Neil informed the group that the format of the engagement events in September consisted of a formal presentation from Jennifer Armstrong, Board Medical Director, followed with questions from attendees then table top discussions with clinicians.

Based on feedback from people who attended the engagement events in September, the Ward 15 public consultation event times have been changed to try and make it as easy as possible for parents who have school age children to attend, and more central venues have been chosen.

Catriona asked the group for their views on what the format should be for the four events in January.

Sandra asked if the crèche will provide childcare for teenage children with autism. The crèche facilities will be contacted to confirm this.

Jack felt it would be important to ensure language used at the events is easy for people to understand.

Sandra said it would be helpful to have table top discussions at the events in January. Louise suggested having prompts for the round table discussions to enable the discussions to be brought to a close.

Jack reinforced that those who attend events should be kept informed following the event.

Rachel advised that following the September event, she emailed those attendees that provided their email addresses with an update.

The group agreed it would be helpful for clarity to be given at the January events, where they stand in the consultation process.

Jack added that some attendees felt the public event in September was 'glossy' and 'time-sharey'. However Louise felt that the presentations had been objective and balanced. It was also fed back to her that it was positive having the clinicians present to provide informed answers.

Jack said that it would have been good to have heard from clinicians about any improved outcomes for patients or carers if Ward 15 did move.

Sandra said that it would be useful to have nurses from Ward 15 at the public events to get their opinion. Catriona replied it is better to have clinicians that cover both Ward 15 and the RHC at the public events so they can provide a better overview.

Louise asked if attendees were being asked to register in advance, as it would help to manage room size and catering. Rachel replied that they were.

Sandra asked if there would be an opportunity to provide an argument against the proposal. Catriona replied that through questions and answers, and roundtable discussion, participants would have the opportunity to make their views known.

Catriona confirmed with the group that the format of the public events in January would involve:

- A formal presentation followed by questions and then table top discussions
- Clarity provided where the public events sits in the consultation process
- Paper copies of the presentation will be provided for attendees
- The Scottish Ambulance Service national standards will be provided in the paper copies of the presentation
- Information posters will be put on the walls

- Prompts will be provided for the table top discussions
- Context setting around outcomes will be provided by clinicians if possible.

Rachel

Sandra, Dagmar and John agreed to promote the public events through social media. Rachel advised that she would provide promotional material that can be shared on Twitter and Facebook. A schedule of press promotion can also be provided.

All

Rachel

## 7. Any other business

Jack asked if the SRG would be able to influence bus companies to add more routes in Renfrewshire. Catriona replied that due to de-regulation the bus companies are commercial companies that are profit operated and can change bus routes whenever they choose. Dagmar asked how much influence NHSGGC has over the changes to bus routes. Catriona replied NHSGGC has no real influence over changes made by bus companies.

Sandra asked whether or not the Board of NHSGGC normally voted. Catriona replied that the Board of NHSGGC votes when a member proposes a motion and receives a seconder. Catriona explained that because the proposal has been deemed a major service change, if the Board decide in February to go ahead with the proposed transfer, it would then go to the Cabinet Secretary for Health, Wellbeing and Sport for a final decision.

Louise advised the group the Scottish Health Council will write a report quality assuring NHSGGC on the consultation process which will also be presented as evidence to the Board.

Rachel asked the group to contact her following the meeting should they have any further ideas on raising awareness of the proposal.

All

Catriona thanked the group for their valuable contribution to the meeting.

Louise asked group members to complete a short evaluation form about their experiences of participating in the Stakeholder Reference Group.

The form will be circulated to those group members who were not able to attend today.

Rachel

## 8. Date of Next Meeting

Wednesday 1 February

12pm – 2pm

Estates building, Royal Alexandra Hospital