
To: Audit, Scrutiny and Petitions Board

On: 6 June 2016

Report by: Lead Officer

Heading: Review of Ward 15 (Children's Ward) Royal Alexandra Hospital

1. Summary

- 1.1 At its meeting on 30 November 2015, the Audit, Scrutiny and Petitions Board agreed to the recommendations and review programme outlined in respect of providing an informed, evidence-based Council view of any consultation regarding the future of Ward 15 at the Royal Alexandra Hospital in Paisley.
 - 1.2 The following report provides an update on the progress of the review following the Board meeting on 23 May which was attended by representatives from NHS Greater Glasgow and Clyde (NHS GGC).
 - 1.3 In line with an action agreed at the meeting of this board on Monday 25 January 2016, Councillor M Macmillan will attend this meeting to discuss the NHS GGC Board's view as to the future of Ward 15 at the RAH.
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1. Recommendations

- 2.1 It is recommended that the Audit, Scrutiny and Petitions Board:
 - Notes the progress of the review.

3. Progress

- 3.1 A special meeting of the Audit, Scrutiny and Petitions Board was held on 23 May 2016. The purpose of the meeting was to provide members with an opportunity to discuss, with representatives from NHS Greater Glasgow and Clyde (NHS GGC), the services provided at Ward 15, currently and in the future.
- 3.2 Two representatives of NHS GGC attended the meeting; Catriona Renfrew, Director Planning and Policy and Neil Ferguson, Head of Planning (South Sector and Women and Children's Services).
- 3.3 Neil Ferguson provide the Board with a presentation on the paediatric services provided at Ward 15 and an overview of the drivers for change which informed the options appraisal exercise carried out in 2011/12. A copy of the presentation has been included at Appendix 1.
- 3.4 The presentation was followed by a question and answer session. The key points arising from this session are noted below.
 - a) In response to a question on the current status of the preferred option identified in the 2011/12 consultation exercise, the NHS GGC noted that the drivers for change identified in 2011 still remained. The Board were informed that the preferred option of transferring inpatient services to the Royal Hospital for Children, Glasgow, would be included as part of the NHS GGC's Local Delivery Plan proposals which will be considered by the NHS GGC Board on 28 June.
 - b) Colleagues from NHS GGC also noted that any changes to the current service provision, arising from the Local Delivery Plan, would be preceded by a formal public consultation exercise. It was agreed that the NHS GGC would provide an overview of how this consultation would be conducted.
 - c) Transport and travel issues were raised by Board members. Issues of concern included travel times and the cost of travel to the Royal Hospital for Children, Glasgow from Renfrewshire as was the car parking capacity at both hospitals. In response, colleagues from NHS GGC highlighted the effort being put into public transport links at the Royal Hospital for Children and the opening of another multi-storey car park at the Children's Hospital. They also noted that there had been good feedback on parking provision which was seen to be better than that previously available at the Southern General. It was agreed that further information would be provided by the NHS GGC on transport links and car parking capacity.

- d) Concerns were also raised about under representation from Renfrewshire Council residents at the consultation events in 2011. It was noted that there had been a greater representation from East Renfrewshire at the events. The NHS GGC welcomed this comment and agreed to take this on board in any future consultation exercise.
- e) Members thanked the NHS GGC for the information previously submitted to the Board regarding the decision taken to include the review of Ward 15 within the wider Clinical Services Review. It was agreed that it would be useful for the Board to receive further information on the outcome of this review. Colleagues from NHS GGC agreed to provide this information.
- f) The statistical information included in the overview presentation was welcomed by the Board but it was recognised that further information should be provided to explain the detail of the charts and tables. Members sought further clarifications on information relating to the quality healthcare standards dashboard. Colleagues from NHS GGC agreed to provide a more detailed explanatory narrative to accompany the charts and tables.
- g) From the presentation it was also noted that Renfrewshire residents accounted for 60% of inpatient/daycase work at the Royal Alexandra Hospital, meaning that a proportion of patients came from outside Renfrewshire. It was agreed that colleagues from NHS GGC would provide an 'activity map' identifying where patients, attending Ward 15, came from.

3.5 Both parties agreed that the session had been helpful with colleagues from NHS GGC agreeing to provide:

- An overview of how any future consultation would be conducted;
- Additional documentation on the Clinical Services Review;
- Further information on transport links and car parking capacity;
- Detailed explanatory notes on the statistical data provided in the presentation, i.e. the Quality – Healthcare Standards Dashboard slide; and
- Activity maps identifying where the occupants of in-patient beds in Ward 15, RAH came from.

4. Next Steps

- 4.1 In line with an action agreed at the meeting of this board on Monday 25 January 2016, Councillor M Macmillan will attend the Board meeting on Monday 6 June 2016. The Board had previously requested that Councillor Macmillan be invited to discuss the NHS GGC Board's view as to the future of Ward 15 at the RAH.
- 4.2 A final draft "Review of Ward 15 (Children's Ward) Royal Alexandra Hospital" will be submitted to this Board on Monday 19 September for approval.

Implications of this report

- 1. Financial Implications – none.**
- 2. HR and Organisational Development Implications – none.**
- 3. Community Plan/Council Plan Implications – none.**
- 4. Legal implications – none.**
- 5. Property and Assets implications – none.**
- 6. Information Technology implications – none.**
- 7. Equal & Human Rights implications –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. Health and Safety implications – none.**
- 9. Procurement implications – none.**
- 10. Risk implications – none.**
- 11. Privacy impact – none.**

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List of background papers: None

**Renfrewshire Council
Audit Petitions & Scrutiny Board**

23 May 2016

Ward 15, Royal Alexandra Hospital

Catriona Renfrew, Director Planning & Policy

Neil Ferguson, Head of Planning

[South Sector and Women & Children's Services]

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Paediatric Services, Royal Alexandra Hospital

Ward 15

Workforce

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ 16 inpatient beds ▪ Planned care unit <ul style="list-style-type: none"> ▪ 4 beds + 2 chairs ▪ Short stay medical assessment unit <ul style="list-style-type: none"> ▪ 5 beds + 1 chair | <p>[Headcount]</p> <ul style="list-style-type: none"> ▪ 27 Medical Staff <ul style="list-style-type: none"> ▪ 11 Consultants ▪ 26 Nursing Staff ▪ 8 Admin + 1 Play specialist |
| <ul style="list-style-type: none"> ▪ Outpatient clinics ▪ Neo natal services ▪ PANDA centre (community led unit) | <p>supporting all acute paediatric services at RAH</p> |

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A&E and Ward 15 Activity 2015/16

A&E Attendances	10045	Outwith Renfrewshire
of which discharged	8473	
Non-elective admissions	4,822	43%
no overnight stay	2,958	
stay of 1 night or more	1,864	
Elective	664	37%
Day case	540	
Inpatient	124	

☐ 14% A&E attendances come by

Ambulance

☐ Of those admitted, 50% will have
come by ambulance

☐ Renfrewshire patients account for
60% of inpatient/daycase work

☐ Bed occupancy c.60%

Drivers for Change

National

- **Royal College standards**
 - Expectation of enhanced Senior Paediatrician cover
- **Workforce Regulations**
 - Safe & Sustainable rota
 - Compliance with Working Hours Directive
 - Challenge to maintain existing numbers
- **Junior Doctor restrictions**
 - Requirements for training
 - Restrictions on overseas doctors
 - Greater onus on Consultant cover
- **2016 Scottish Clinical Strategy**
 - evidence that suggests that some complex, and many less complex, operations are best performed in more specialist settings

Local

- **Continuation of 20yr strategy**
 - of concentration of inpatient services into fewer sites
 - Balanced by outpatient work devolved to local DGHs
- **Royal Hospital for Children**
 - (one of) largest Paediatric Teaching Hospitals in UK
 - Comprehensive, state of art facilities
- **Rights of Child**
 - Delivery of commitment to ensure age appropriate care

Options Appraisal (2011/12)

4 Options

Option 1:

Do nothing - maintain the current children's inpatient service at Ward 15, RAH

Option 2:

Transfer all inpatient services from Ward 15, RAH to RHSC, Yorkhill in 2012

Option 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.

Option 4:

Maintain the current children's inpatient service at Ward 15, RAH until 2015, and then transfer inpatient services to the new Royal Hospital for Children, Glasgow.

(Option 4 proposed by participants not GGC)

Criteria for change

- Is it person-centred?
- Is it safe?
- Is it effective?
- Is it efficient?
- Is it equitable – fair?
- Is it timely?

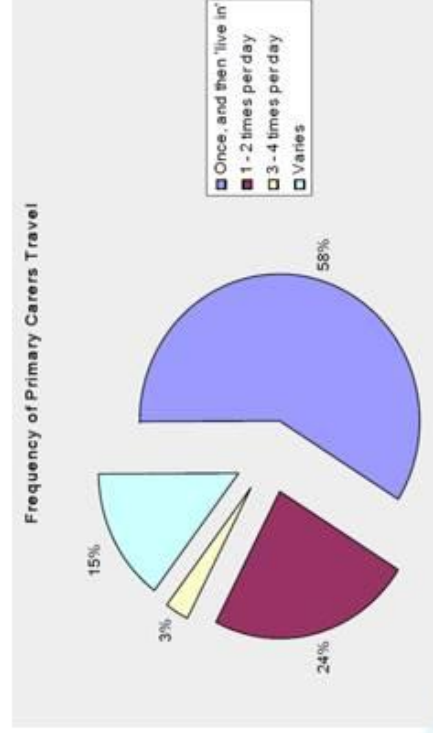
Dedicated event with 2 Groups considered and scored the options

Option 4 Scored highest in both groups

Travel Survey – Key messages

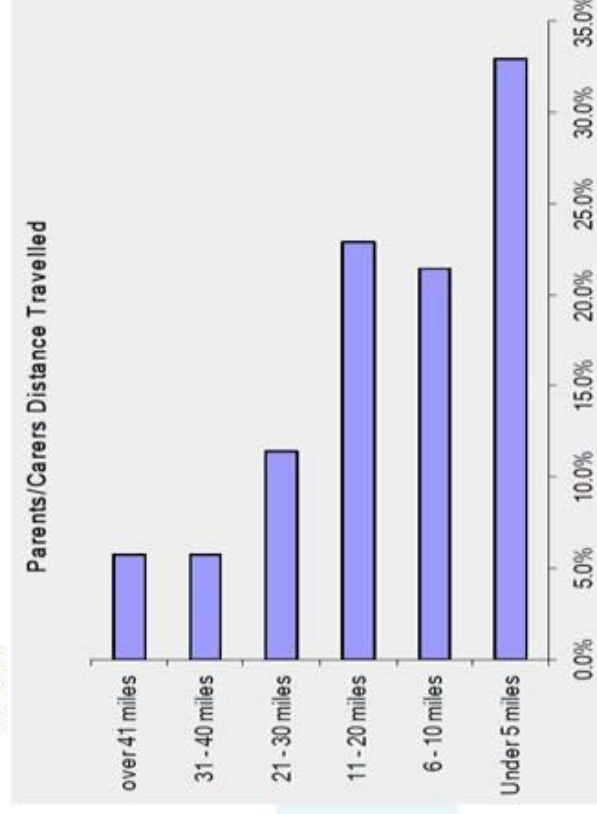
(Conducted Nov-Dec 2011)

58% of primary carers made a single journey then 'stayed in'



Strong preference for travelling by car (73.8%)

Distances travelled by patient/carers indicated 54% travelled under 10 miles but sizable proportion (> 30%) travelling between 11 – 30 miles



[Sample size: 81 respondents]

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