



To: Audit, Scrutiny and Petitions Board

On: 25 April 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 outlines the progress made by the Lead Officer in terms of taking forward the review since the last meeting on 21 March. A key area of progress has been the submission of a range of information from NHS GGC for consideration by the Board as part of the review.

1. Recommendations

2.1 It is recommended that the Audit, Scrutiny and Petitions Board:

- Notes the progress of the review;
- Notes the information provided by the NHS Greater Glasgow and Clyde;
- Notes that a special meeting of the Audit Scrutiny and Petitions Board be convened on 23 May 2016 which would be attended by representatives from NHS GGC.

3. Progress

Information Gathering - NHS GGC

3.1 Since the last Board meeting on 21 March the Lead Officer has received information from NHS Greater Glasgow and Clyde (NHSGGC) which informs the Boards review of Ward 15 at the Royal Alexandra Hospital. The key areas of information covered in the information pack are as follows:

- Information relating to the options appraisal exercise undertaken as part of the previous review of provision in 2011/12;
- Survey of Travel to Ward 15 carried out as part of the consultation process in 2011/12; &
- Information available from the Board in relation to travelling costs and the availability of subsidies for assisting parents and carers.

The Lead Officer continues to have discussions with colleagues from NHSGGC regarding information relating to activity levels, staffing levels, and quality reports relating to both hospitals.

Options Appraisal 2011/12

3.2 Included within the information pack is an overview of the options appraisal exercise undertaken in 2011/12 by NHS GGC. The document has been included at Appendix 1. The key points arising from the document are as follows:

- In 2011, NHS Greater Glasgow and Clyde involved patients, families, staff and communities in a review of children's inpatient services at Ward 15, Royal Alexandra Hospital, Paisley (RAH);
- Three main issues were put forward to explain the need for the review: challenges in medical staffing; developments in best practice in children's care; and the development of the new Royal Hospital for Children in Glasgow;
- A formal options appraisal consultation exercise took place across two events in November and December 2011;
- The events considered 4 options for the future of in-patient beds at Ward 15. The preferred option was to maintain Ward 15 until 2015, and then transfer inpatient services to the new Royal Hospital for Children, Glasgow;
- In February 2012, the Board of NHSGGC took a decision not to transfer the in-patient beds from Ward 15 at that time and to incorporate the review of paediatric in-patient services at Ward 15 into a wider strategic review of acute services in NHS GGC called the Clinical Services Review;
- There has been ongoing engagement with families, carer's groups, children's charities, and patient reference groups throughout the Clinical Services Review process. This has been seen as instrumental in shaping the emerging service model of care;
- The document notes that the Royal Hospital for Sick Children opened in June 2015.

Survey of Travel to Ward 15

- 3.3 As part of the consultation process in 2011/12, a survey of travel to Ward 15 was completed during the period 2nd November to 2nd December 2011. The survey has been included at Appendix 2. 81 patients and carers took part in the survey as did 18 visitors. The very small sample size of visitors made it difficult to interpret, with confidence, results for this group.
- 3.4 The key outputs from the survey for patients and carers were as follows:
- The majority of parents/carers were female;
 - Almost two thirds were aged 30 – 49;
 - Nearly 60% of primary carers made one journey and then ‘lived in’;
 - 74% travelled by car to Ward 15 by;
 - 54% of travel journeys were under 10 miles;
 - Most journeys took less than 20 minutes;
 - Just over 80% of parent/carer travel by public transport cost under £10;
 - The majority of parents/carers reported an easy or very easy journey to Ward 15;
 - 14% travelled with a child in a buggy;
 - 5% travelled with a wheelchair user;
 - Parking and the cost of a journey were the most common difficulties experienced by respondents.

Information on travel

- 3.5 The Board previously requested further information on the availability of travel subsidies for assisting parents and carers. The NHSGGC have provided the following information on this matter.
- 3.6 Patients can claim reimbursement of their travel expenses providing they meet certain criteria:
- Patients must be in receipt of certain benefits (income support, income based job-seekers allowance, income related Employment and Support Allowance, pension credit, universal credit);
 - Be referred to the hospital for an appointment;
 - Provide receipts for public transport.

The NHSGGC have indicated that if mileage is claimed it is paid at 18p per mile.

- 3.7 Patients can claim when they attend their appointment and the claim form is completed in the Hospital cashier/ Travel office. The cashier office also holds HC5 forms which patients use to claim if they cannot make it into the hospital. HC5 forms are available from <http://www.nhsbsa.nhs.uk/HealthCosts/1129.aspx>. Patients can also claim travel expenses by writing a letter and providing the necessary documentation.
- 3.8 Patients can claim for an escort but only if it is deemed medically necessary. This would require a letter from the patient’s GP or consultant. This also applies if a taxi is necessary as reimbursement for taxi costs is not made under routine circumstances.

Drive Time Analysis

- 3.9 Internal research has also been undertaken to calculate the average time it takes to travel by car, from locations across Renfrewshire, to both the Royal Alexandra Hospital and to the new Royal Hospital for Sick Children in Glasgow.
- 3.10 The Team used data zones to carry out the analysis. These are small-area statistical geographies which are typically made up of populations between 500 and 1,000 households. There are 225 data zones within Renfrewshire.
- 3.11 Output from the analysis highlighted that nearly 90% of residents in Renfrewshire had shorter car journey times travelling to the Royal Alexandra Hospital than they did to the new Royal Hospital for Sick Children in Glasgow.
- 3.12 The drive time analysis also looked at the proportion of Renfrewshire residents, aged 16 or under, who lived within a:
- 5 min car journey of each hospital,
 - 5-10 minute journey; and
 - 10-15 minute journey.

Results showed that almost 25% of the age group lived within a 5 minute car journey of the RAH with a further 45% living within a 5–10 minute journey. This means that nearly 70% of children aged 16 or under lived within a 10 minute car journey of the RAH. Similar analysis for the Hospital for Sick Children highlighted that only 22% of children aged 16 or under lived within a 10 minute car journey.

- 3.13 Further research is currently being undertaken on public transport journeys across Renfrewshire to both hospitals and will be reported to a future Board.

Inviting individual responses

- 3.14 Individuals or groups who may wish to feed into the review, can now access an electronic survey form through the Renfrewshire Council website. This will be used by the Lead Officer to document and gather the views of all interested parties to the review.

Further updates

- 3.15 In line with an action agreed at the meeting of this board on Monday 21 March 2016, a special Board meeting will be held on 23 May 2016 to accommodate colleagues from NHS GGC. The meeting will give Board members an opportunity to discuss, with representatives from the NHS GGC, the services provided at Ward 15, currently and in the future.

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

Appendix 1 Information provided by NHS Great Glasgow & Clyde

WOMEN AND CHILDREN'S DIRECTORATE

2011 REVIEW OF PAEDIATRIC INPATIENT SERVICES AT ROYAL ALEXANDRA HOSPITAL, PAISLEY (WARD 15)

1. In 2011, NHS Greater Glasgow and Clyde involved patients, families, staff and communities in a review of children's inpatient services at Ward 15, Royal Alexandra Hospital, Paisley (RAH). These patients, families and members of the public shared their experiences of Ward 15, got involved in examining the issues we faced with staffing in the ward and then helped us to develop and appraise the options for the future of in-patient beds.

NHS Greater Glasgow and Clyde worked closely with patients and families to describe the issues faced in retaining the inpatient service at Ward 15. These issues included:

- challenges in medical staffing: difficulties in covering the medical staff rotas in a standalone facility, mainly due to the effect of a major reform of doctor's training and the European Working Time Directive which reduced the number of hours doctors are available to work – both of these changes meant that it is difficult to maintain clinical cover for children's services across two sites with fewer doctors;
- developments in best practice in children's care which had seen children's inpatient beds across Scotland moving into specialist children's hospitals;
- development of the new Royal Hospital for Children, Glasgow which provides a nearby centre of clinical excellence for the West of Scotland. The new hospital was specifically designed around the holistic needs of children, young people, their families and friends.

Plans for the pre consultation process were developed in the summer of 2011 and agreed with the Scottish Health Council in accordance with Scottish Government Guidelines.

2. Patients, families and the public got involved in discussing and shaping the options for Ward 15 inpatient beds by:
 - sharing their views at drop-in sessions - 12 sessions were held with patients and families in Ward 15
 - attending meetings - 9 meetings with patient, family and public stakeholders were held
 - writing, calling or e-mailing us with their views
 - taking part in activities for young patients
 - taking part in a travel survey held in Ward 15 – 81 patients and carers were surveyed as were 18 visitors (Appendix 1)

3. Appraising the Options for the Future of In-Patient Beds at Ward 15, RAH

Patients, families and the public worked with public partners from Community Health Partnerships, the Patient's Panel, representatives from children's charities, members of staff from the Women and Children's Directorate including Ward 15 and members of staff from the RAH Emergency Department to develop four options for the future of in-patient beds at Ward 15. The process took place over 2 events, the first on the 28th November 2011 and the second a 2 day event on the 5th and 6th December 2011 in the Glynhill Hotel, Renfrew. Attendees had the opportunity to listen to and question presentations and receive information on the Ward and the factors underlying the need for change. Participants in the appraisal process included:

- Families of children who use or have used Ward 15;
- Public partners from the Patient Partnership Forums of the following CH(C)P areas – Renfrewshire, East Renfrewshire, Argyll & Bute, Inverclyde and West Dunbartonshire;
- Public partners from the NHSGG&C Acute Services Patients Panel;
- Representatives from the children's charities Action for Sick Children and PAMIS;
- Members of staff from the Women's & Children directorate including Ward 15;
- Members of staff from the RAH Emergency Department.

NHS GGC proposed the first three options, in the table below, but the fourth was put forward by patients and families. These options were:

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.

There were two groups involved in the scoring and each option was judged against 6 criteria. The options were designed to ensure we found a solution that was fair, good for patients and families, affordable, sustainable and which could meet the challenges we faced. The criteria were:

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

The two groups then scored each of the options. Although the groups worked on different days and had different discussions the results were the same:

Option	Group 1		Group 2	
	Total Score	Rank	Total Score	Rank
1. Status Quo	389	2	266	2
2. Move to RHSC, Yorkhill	331	3	228	3
3. Day Service at RAH, overnight beds to RHSC, Yorkhill	181	4	157	4
4. Move to new hospital in 2015	407.5	1	316	1

Option 4 - maintain the current children's inpatient service at Ward 15, RAH until 2015, and then transfer inpatient services to the Royal Hospital for Children, Glasgow emerged as the preferred option. All groups of participants scored option 4 highly against all criteria, with the exception of one public partner who felt that it was doubtful that this could be delivered owing to the immediate pressures on medical staffing in Ward 15.

Participants told us that they preferred option 4 because:

- option 4 was safe - medical staffing would remain challenging but easier to deliver for the short time before the new hospital opened;
- option 4 was person-centred and offered less disruption for patients and carers as it would mean 1 move: from RAH to the new hospital whereas option 2 would require 2 moves: RAH – RHSC Yorkhill – new hospital;
- option 4 gave a great opportunity to plan the move to the new children's hospital with patients and families;
- the new hospital offered benefits to patients and families such as effective and sustainable medical staffing, improved facilities for patients and carers, enhanced family support services and better transport links.

The preferred option was shared with participants at the end of the Options Appraisal. Public partners and staff were supportive of the preferred option. The views of families were mixed. Some families remained unconvinced that it was necessary to change from the status quo while others demonstrated that their thinking had changed as a result of the debate and discussions over the two days. Two family representatives were surprised that they had voted for and agreed with option 4, expressing the view that they would not have thought at the beginning of the options appraisal that they would have voted that way and yet now they were confident that this was the best option.

4. Outcome of the Options Appraisal

In February 2012, the Board of NHSGGC took a decision not to transfer the in-patient beds from Ward 15 at that time and to incorporate the review of paediatric in-patient services at Ward 15 into a wider strategic review of acute services in NHS GGC called the Clinical Services Review. Participants in the options appraisal process received a letter from Kevin Hill, Director, Women and Children's Directorate, informing them of this decision and thanking them for their time and thoughtful contributions to the engagement process.

5. 2011 – 2015

Ongoing Engagement

Since the full engagement exercise held in 2011, families, carer's groups and children's charities from the Ward 15 review were fully involved in the CSR where issues such as the future balance of women and children's acute hospital and community services, accessing health services, future horizon scanning and new service models were fully explored.

During the Clinical Services Review, 4 members of the KNOW (Kids Need Our Ward) group participated in a series of Patient Reference Groups where they met with and discussed issues with clinicians, planners and other patient and community interest groups. Two local Renfrewshire politicians attended and contributed to the Patient Reference Groups. Members of the local PPFs were also represented and a series of outreach meetings engaged the wider East Renfrewshire, West Dunbartonshire, Renfrewshire and Inverclyde public in these discussions.

The Patient Reference Groups were instrumental in shaping the emerging service models of the Clinical Services Review which included recommendations from the Child and Maternal Health work stream on enhancing the interface between hospital and community based services, increasing paediatric community nursing and improving the information available to assist families to access community-based paediatric services.

The Clinical Services Review itself had 3 sessions dedicated to Child & Maternal Health:

- Patient Reference Group 1: 21/06/2012
- Patient Reference Group 2: 02/11/2012
- Patient Reference Group 3: 04/03/2013

NHS Greater Glasgow and Clyde's Response

We listened to what patients, families and the public told us in 2011.

In June 2015, the Royal Hospital for Sick Children, Yorkhill, moved to the new RHC, a state of the art, purpose built centre of excellence for children and young people. It is one of the largest children's teaching hospitals in the UK. The entire focus of new RHC is around children and young people, with care provided in a child and family friendly environment with the latest technology and specialist children's equipment.

Young patients and their families were involved the design of the new hospital helping to provide facilities for children, young people and families to support and care for them whether they are in hospital for a short stay or a more lengthy period. Fully accessible play areas, Snoezelen rooms (sensory stimulation), family lounges, Zone 12+ for teenagers, MediCinema and comfortable accommodation for families who make long journeys to the hospital all help to make the Royal Hospital for Children a child and family centred facility.

Survey of Travel to Ward 15, RAH



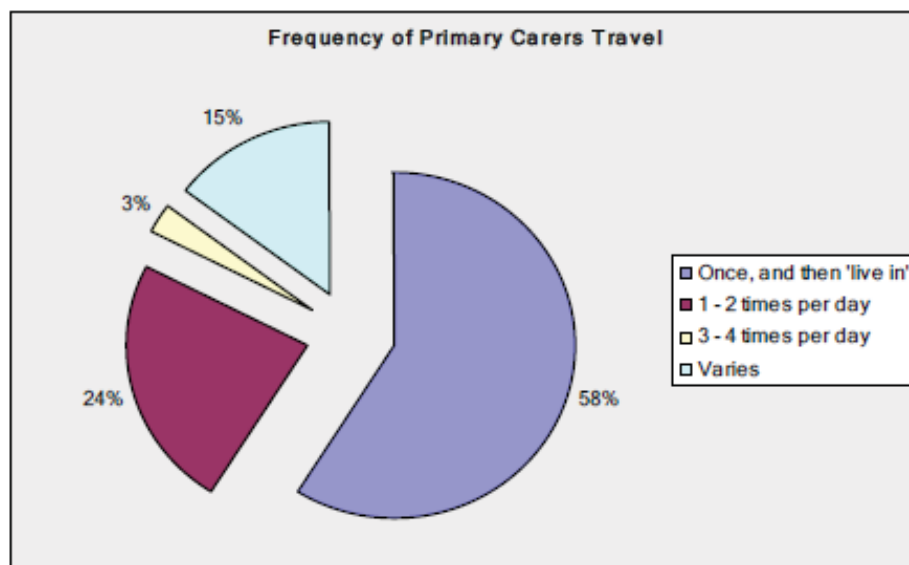
This survey provided a snapshot of how people travel to Ward 15 at the RAH, Paisley. It recorded the travel and transport usage of both parents/carers with a child who was an in-patient and visitors to ward 15. The survey was completed during the period 2nd November to 2nd December 2011.

Parents/Carers

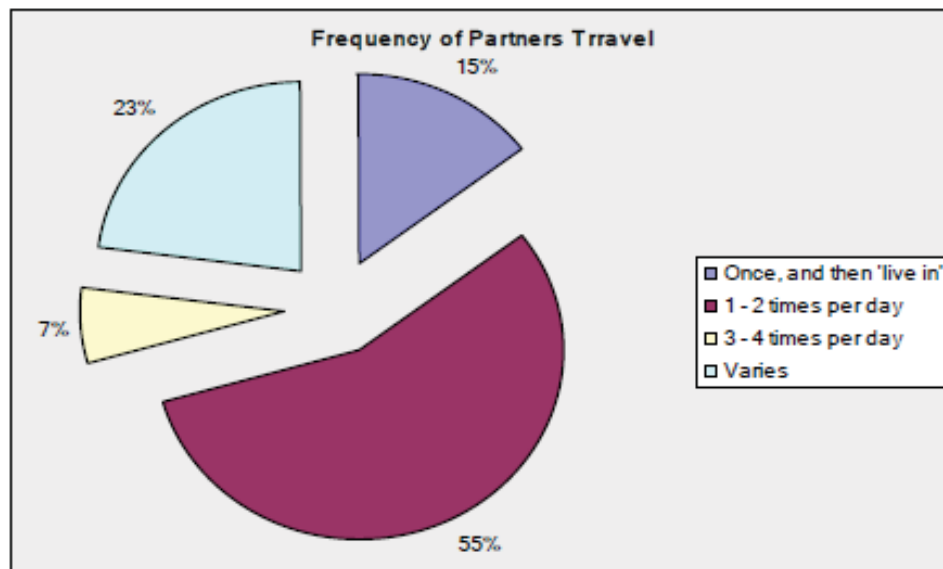
81 parents/carers completed a survey form: 81% were female, 19% were male. 6% had a disability or additional needs; 97% were white Scottish or white British, 3% were Asian; 33% were aged 17 - 29 years, 64% were aged 30 - 49 and 3% were over 50.

Most primary carers made 1 journey to Ward 15 and then 'lived in'. The main reason given for multiple journeys was the need to care for siblings and other children at home.

30% (23) of parents/carers had arranged childcare in order for them to attend Ward 15.



Partners made more journeys to Ward 15 as a result of fewer 'living in'. Bedside accommodation is provided in Ward 15 but this is usually only for one parent/carer.



Visitors

18 visitors completed a survey form: 78% were female and 22% male. 11% had a disability or additional needs, 94% were white Scottish or white British, 6% were Asian; 17% were aged 17 - 29 years, 39% were aged 30 - 49 and 44% were over 50.

10 were visiting a relative and 8 were visiting a friend. Half visited in the afternoon, the other half visited both afternoon and evening. About 80% visited daily, 7% visited 2-3 times a week.

30% (5) had arranged childcare to allow them to visit and 11% (2) had arranged overnight accommodation.

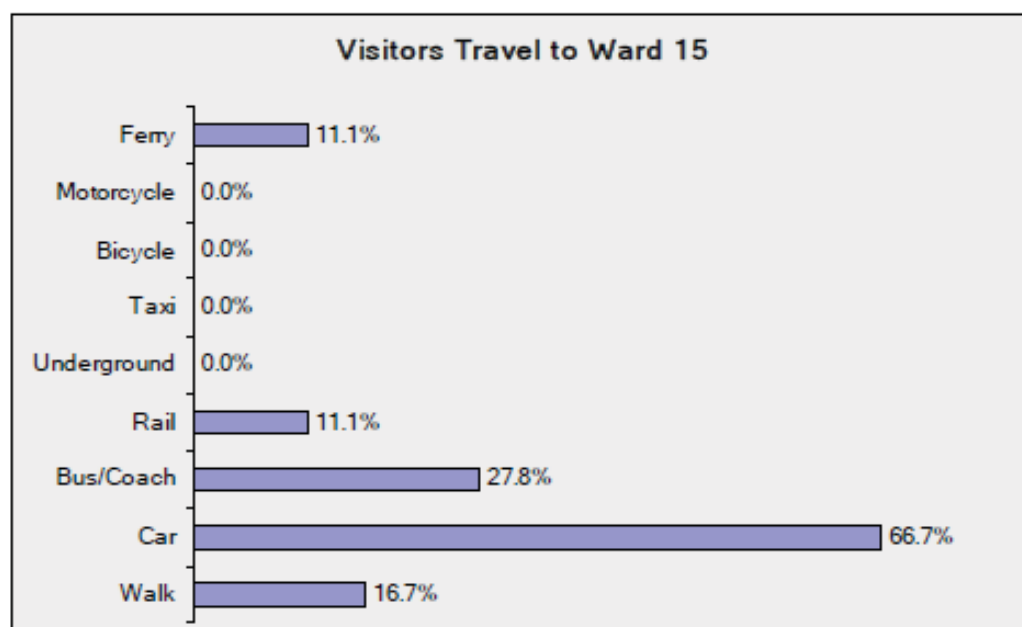
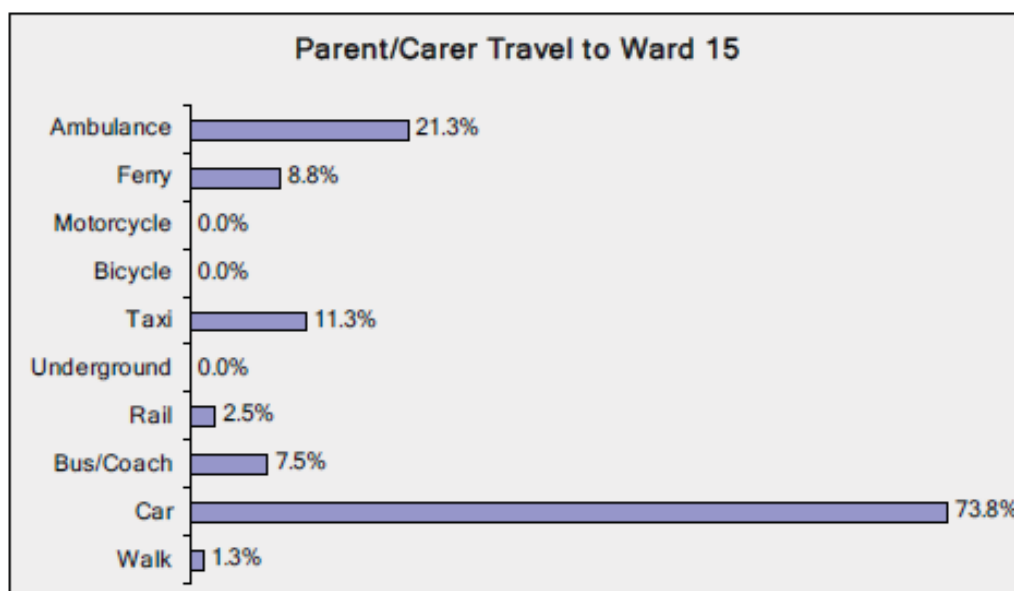
Care should be taken when interpreting these findings as this is a very small sample size and is unlikely to be significant.

Section 1 - Journeys to Ward 15

1. How did you travel here?

There was a strong preference for private car use among parents/carers and visitors travelling to Ward 15. Nevertheless, @15% of parents/carers and 30% of visitors used public transport.

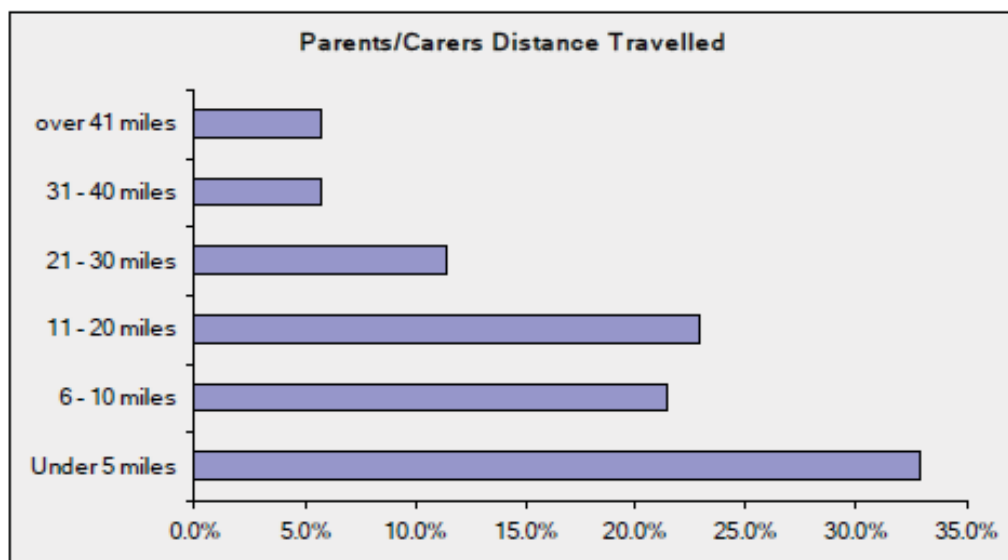
81% of parents/carers who travelled to the ward by ambulance reported that they planned to return home by car. 19% intended using public transport.



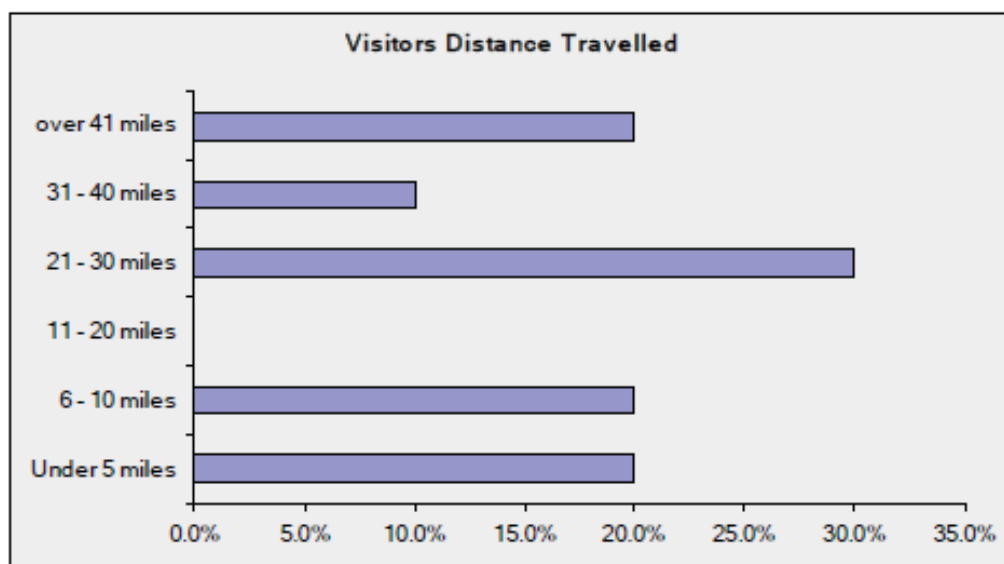
2. How far did you travel to reach Ward 15?

Ward 15 RAH serves a wide geographic area and the distances travelled to the ward bear this out.

Parent/carer travel was quite evenly split with 54% reporting that they travelled under 10 miles to reach ward 15.



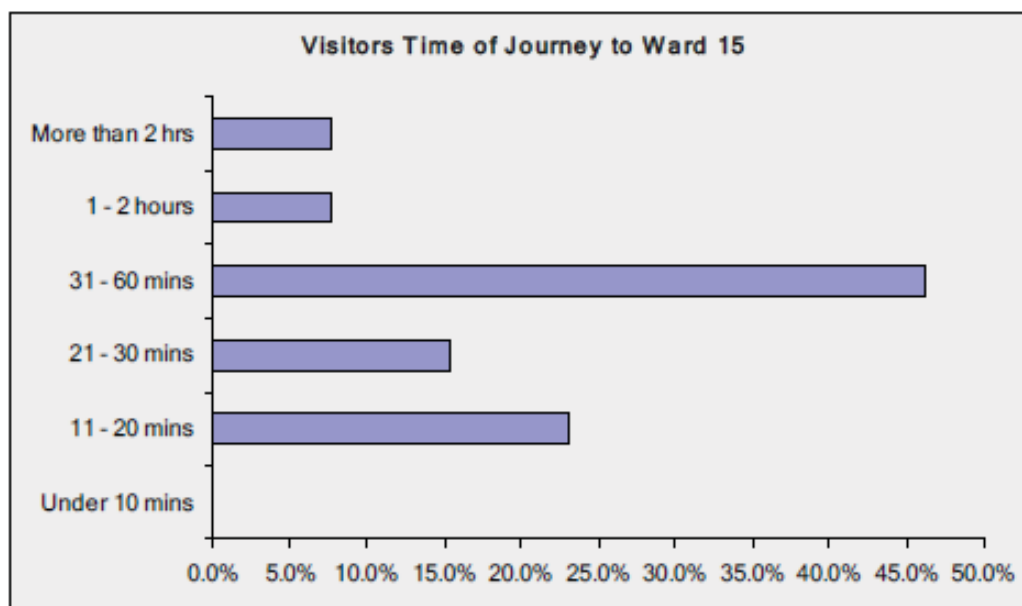
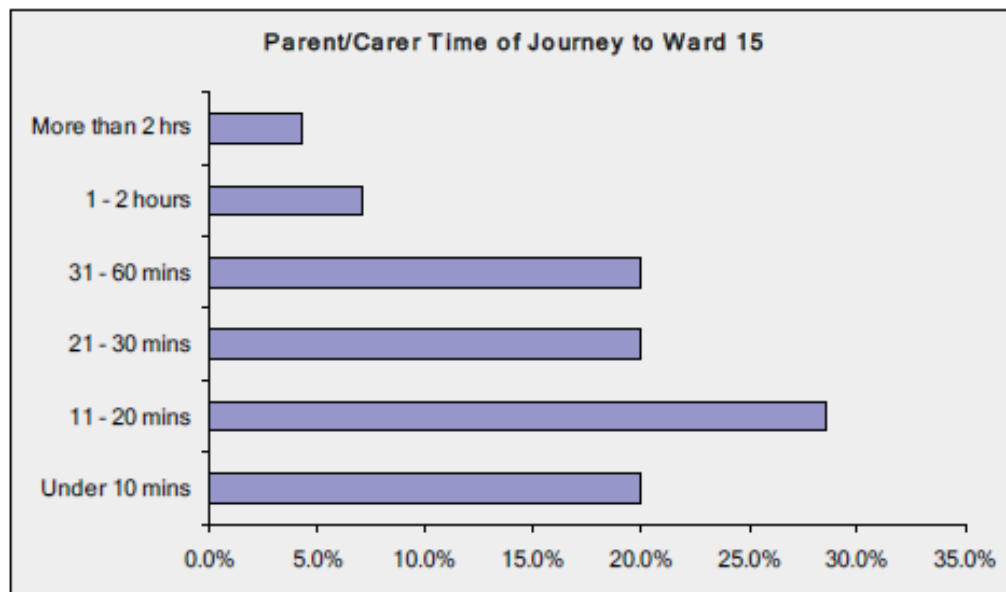
Visitors reported that they were more likely to have travelled longer distances with 60% saying they travelled 30 or more miles to visit ward 15.



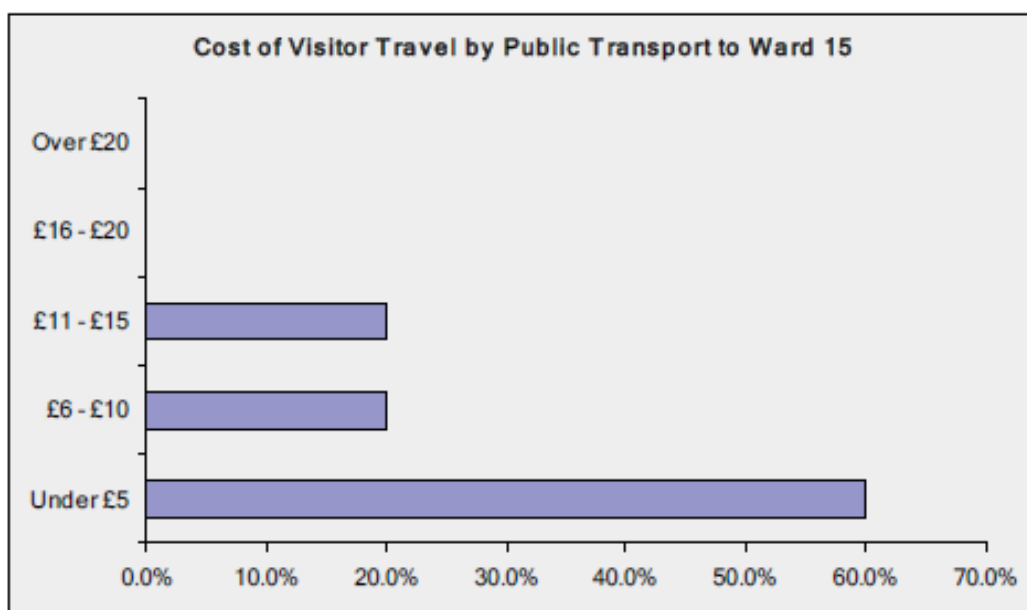
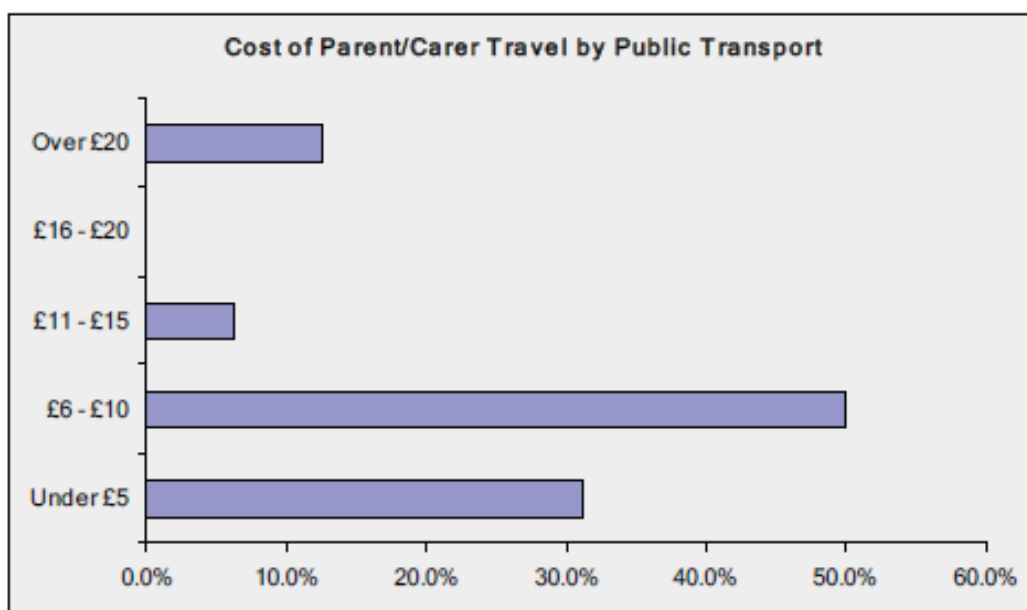
Note: these are self-reported distances for one-way travel.

3. How long was your journey?

The times of journeys reported by both parents/carers and visitors suggests that it is not straightforward to access Ward 15.



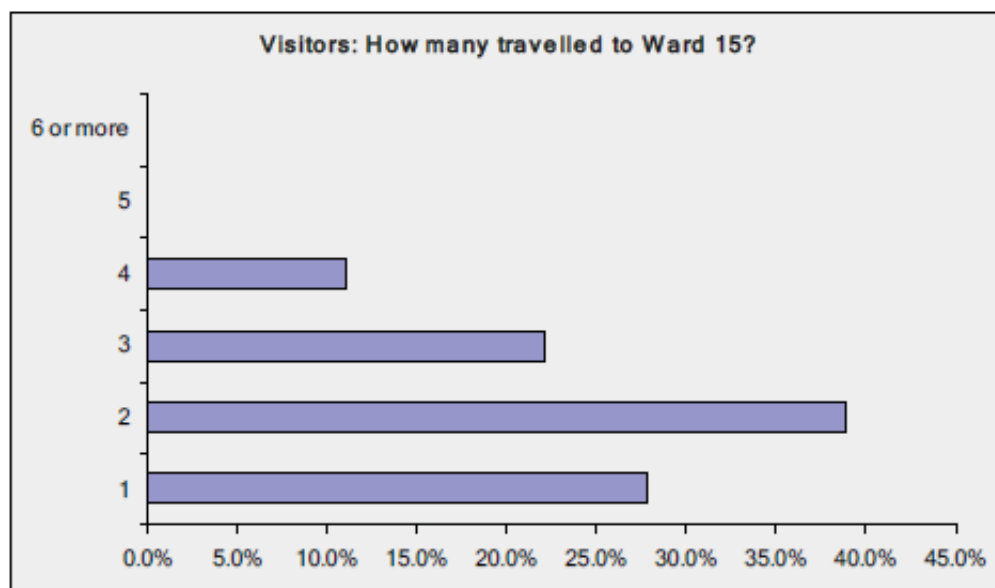
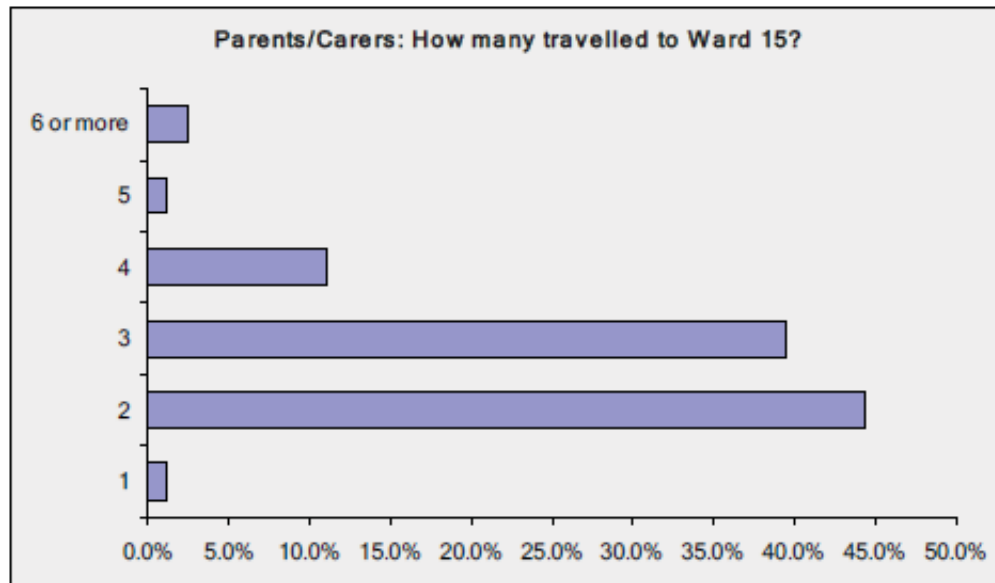
4. If you travelled by public transport, how much did it cost you to travel to Ward 15?



Section 2: Characteristics of Travellers

5. How many adults and children travelled in your party?

The number of 1 or 2 party trips for parents/carers indicates that there may be multiple journeys associated with a single admission as when 1 parent/carer accompanies the child to the ward then the second parent/carer is required to make a separate journey to see their child.



6. Did you travel with a child in a buggy?

14% of parents/carers and 6% of visitors travelled with a child in a buggy.

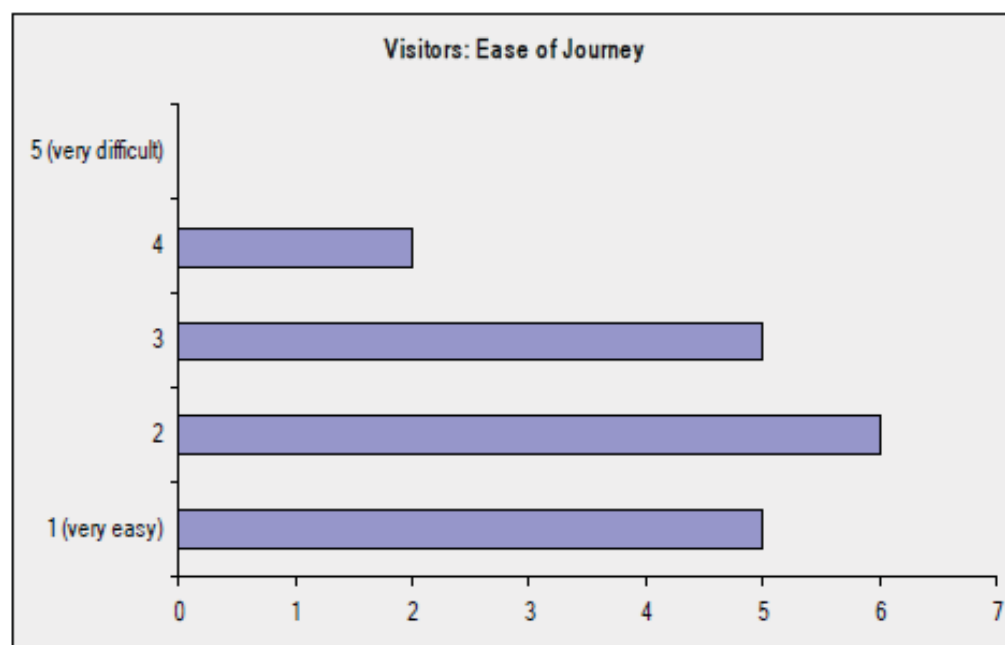
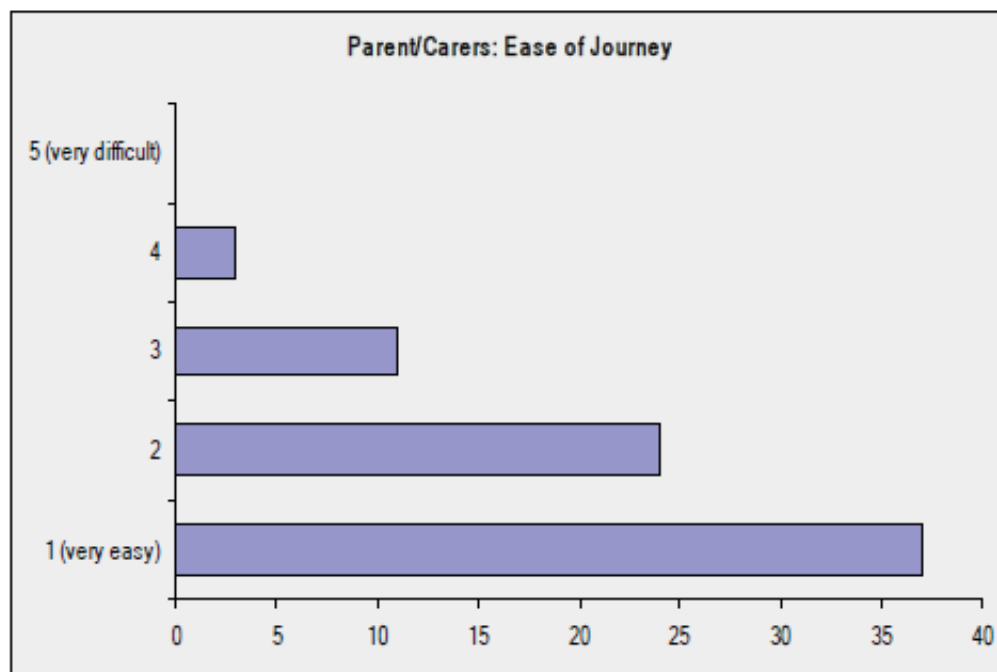
7. Were any of your party wheelchair users?

5% of parents/carers and 6% of visitors travelled with a wheelchair user.

Section 3: Ease of Journey

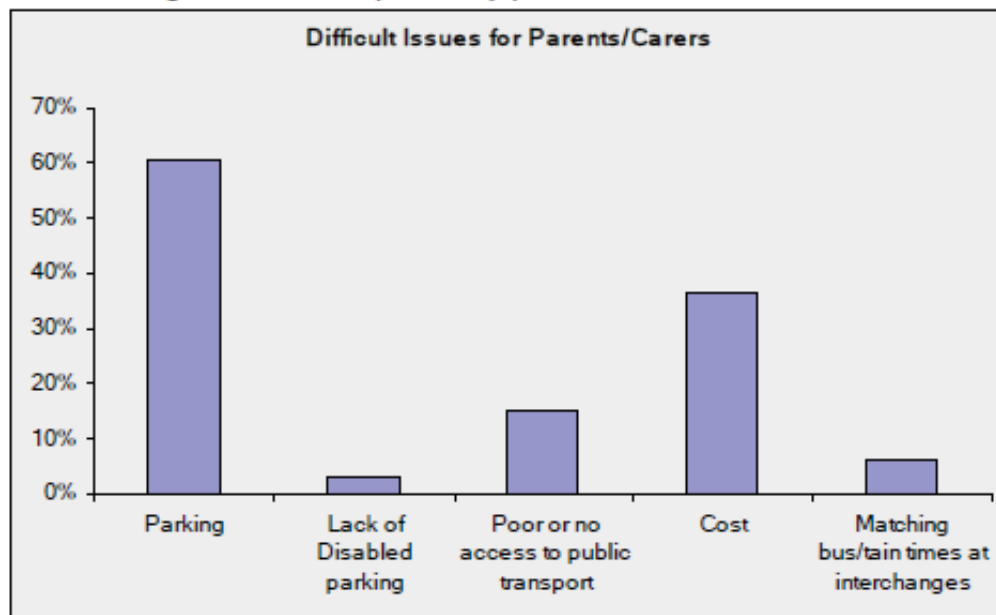
8. How easy/difficult was your journey?

The majority of parents/carers and of visitors reported an easy or very easy journey. Small numbers reported their journey was difficult but no one reported it was very difficult.

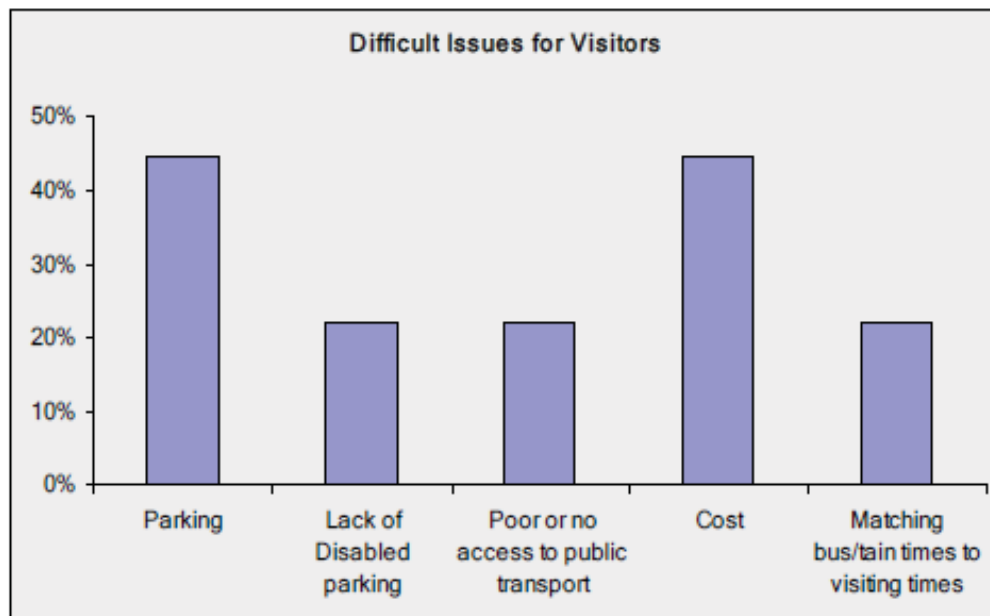


9. What difficulties did you experience?

The following issues were reported by parents/carers as difficult.



Visitors reported the following.



Other issues noted included unreliable public transport provision, the lack of a bus from Greenock to the RAH and poor signage.