



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the Review of Paediatric Services (Issues Paper)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Deputy Chief Executive & Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Principal Programme Manager, Engagement and Transformation Programme Office and Alex Martin, Principal Programme Manager, Engagement and Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Board, at its meeting held on 26 May 2022, was asked to approve an approach and detailed plan for undertaking the review of paediatric services and an options appraisal process. As part of this plan, it was agreed that an Issues Paper be presented to Board in September 2022 providing an assessment of the impact of the temporary changes.

This assessment has been completed and the purpose of this report is to provide an overview of the Issues Paper (attached).

The Issues Paper sets out all the changes to acute paediatric services in Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) from 2014 to the present date, outlining the rationale for changes, decisions, key issues, and relevant data.

Cefndir / Background

Until October 2014, a 24-hour paediatric inpatient unit was available at both WGH and GGH.

A permanent change was made on 20 October 2014, following a period of consultation, from a 24-hour inpatient unit to 12-hour Paediatric Ambulatory Care Unit (PACU) service at WGH. The 12-hour service was supported by a Dedicated Ambulance Vehicle (DAV) introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites for the Women and Children's services. GGH remained a 24-hour inpatient unit.

Since then, a series of temporary changes have been made to the service (with the first temporary change occurring in 2016), including the suspension of the PACU at WGH as part of the response to COVID. In September 2021 the Board supported the extension of the temporary service arrangements until a review had been concluded, with the review intended to commence in March 2022.

The Interim Paediatric Review was subsequently established to:

- Undertake an assessment of the impact of the interim changes to paediatric services at WGH and GGH since 2014, resulting in one report outlining all the changes, impacts and issues to date;
- Review all engagement activity undertaken to date from the period 2014 to 2022 to include internal engagement within the Health Board and wider stakeholder engagement to include service users;
- Undertake a clinically led appraisal of the options for the interim service between now and the establishment of the new hospital network (predicted to open in 2029);
- Following discussion with Hywel Dda Community Health Council (CHC), make a recommendation to Hywel Dda University Health Board (HDdUHB) Public Board around whether engagement and/or consultation around the future service is needed following the Options Appraisal.

Children's hospital services (paediatric) at Prince Philip Hospital (PPH) (minor injuries provision) and Bronglais General Hospital (BGH) 24-hour inpatient unit are out of scope for this review.

Asesiad / Assessment

A series of temporary changes have been made to the service since 2014 and these have been documented and reviewed within the Issues Paper, setting out the reasons why the temporary change occurred and an analysis of the impact of those changes on the service and service users.

Three temporary service changes have been identified. They are:

Temporary service change 1:

- a) Temporary reduction in the operating hours of the PACU at WGH, from 5th December 2016 the WGH PACU operating hours changed from 10am - 10pm, to 10am – 6pm, 7 days per week.
- b) Temporary merger of the acute paediatric overnight consultant on call rotas for WGH and GGH with one rota for the south of the Health Board based at GGH.

Rationale for change:

The change occurred due to significant recruitment challenges which limited the availability of on-site consultant support and supervision for the PACU service at WGH, and in order to reduce the increasing risk of unplanned and uncoordinated closures of the PACU service at WGH.

In view of the severity of the consultant paediatric recruitment / retention challenges, the separate acute paediatric overnight consultant on call rotas for WGH and GGH were not sustainable and the Board formally agreed (at its meeting on November 24th 2016) to temporarily suspend the separate rotas in favour of one rota, based at GGH.

Temporary service change 2:

From 21st March 2020, the suspension of the PACU at WGH, also known as Puffin Ward, to support the response to the COVID-19 pandemic.

Rationale for change:

To enable PACU (Puffin ward) to be converted, initially to a non covid (green) emergency department/ambulatory emergency care unit as part of the Pembrokeshire covid 19 response. Families with children suffering minor injuries were still able to access care at WGH via the unit, however those children with acute illness were directed to GGH in Carmarthen.

Temporary service change 3:

On 30th September 2021 the Board supported the extension of the temporary service arrangements (i.e. the suspension of PACU at WGH also known as Puffin Ward), until the review has been concluded.

Rationale for change:

Welsh Government (WG) directed Health Boards to enhance and strengthen paediatric service provision in relation to an anticipated surge in Respiratory Syncytial Virus (RSV). The Health Board had already started to see an increased number of children with RSV both in primary care and in our hospitals. Public Health Wales confirmed that the threshold to declare the “season underway” was met in July 2021 and was expected to last until March 2022 with a provisional peak being predicted in November 2021.

Issue paper development methodology / what we did:

- Drew on internal views, concerns, data and research;
- Reviewed and documented all updates to Public Board;
- Undertook targeted early engagement with a multidisciplinary team who work with Children and Young People (CYP);
- Reviewed patient experience data;
- Reviewed concerns data;
- Drew on the views of service users / parents or guardians of service users;
- Drew on the views of Children and Young People (CYP);
- Reviewed Community Health Council (CHC) Patient survey.

General findings contained within the issues paper are:

- Internal data and research show very low numbers of concerns both in terms of patient safety incidents and complaints and feedback in relation to the temporary service changes and patient experience has remained largely consistent and generally positive
- Internal staff views show that their experience of the service was largely positive
- Feedback received from service user, parents and guardians of service users was largely positive
- A large volume of responses were received asking that services be returned to Withybus, there were different views on what those services should be and how they should be delivered

A high-level overview of responses by theme outlined in the issues paper are:

- Internal staff views show that their experience of the service on average is 7 /10 (1 being poor/10 being exceptional) and the key themes identified by staff in relation to the temporary changes included: delivering safe/quality care (there was no consensus on

preferred sites) and patients families not understanding the changes (these were most prominent before PACU moved to GGH); poor facilities and infrastructure and the lack/loss of facilities were also key themes emerging in addition to clinical teams working across sites.

- The key themes identified from the service user/ parents and guardians of service user views show consistent themes for the three changes around:
 - a) Staff as a key asset to the service
 - b) Services were praised for delivering timely care and treatment
 - c) Lack/loss of facilities
 - The reinstatement of children’s services at WGH (linked to long journey times from Pembrokeshire with ill children)
 - d) Poor facilities and infrastructure:
 - Issues highlighted around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings;
 - The need for a separate paediatric A&E entrance/triage/waiting room;
 - For those unfamiliar with GGH the lack of signposting to PACU was highlighted as causing confusion
 - e) Communication
 - The lack of signposting at PACU was highlighted as causing confusion

A detailed communications plan supported temporary change 3, the following theme was highlighted prior to this change:

- Information required surrounding the operation of children’s services at Withybush ‘out of hours’ is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection.

Next steps:

1. Work with a multidisciplinary team who work with Children and Young People (CYP) and service users, parents / guardians of service users to develop and appraise a list of viable options to be considered by HDdUHB Public Board.
2. Following discussion with the CHC, make a recommendation to HDdUHB Public Board around whether engagement and/or consultation around the future service is needed following the outcome of the options appraisal noted above. We will aim to present both the outputs of the option appraisal process and recommendation to the Public Board in November 2022.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the rationale for changes, decisions, key issues, and relevant data contained within the issues paper and summarised above;
- **APPROVE** the next steps as detailed within the paper.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

1274: Pembrokeshire Paediatric Pathway (Acute and Emergency presentations at WGH)
1126: Women & Children Phase II Project Risk (this relates to the risk of supply chain partners / financiers walking away from the project)

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Public Board reports Risk Registers
Rhestr Termau: Glossary of Terms:	QSEC – Quality, Safety & Experience Committee
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Medical Director Chief Executive Officer Executive Director of Operations Director of Strategic Development & Operational Planning

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable - extension to current temporary pathway.
Ansawdd / Gofal Claf: Quality / Patient Care:	The recommendations are intended to improve the quality of the service.
Gweithlu: Workforce:	This is an extension to the interim proposal.
Risg: Risk:	The review and options appraisal need to be robust and transparent, and we have therefore sought advice from the Consultation Institute about the process and timeline required to undertake the work.
Cyfreithiol: Legal:	Any risk of legal challenge is mitigated as this is an extension to the interim proposal (and an extension to the existing temporary service change).
Enw Da: Reputational:	Due to the series of changes to the Paediatric Service, This is likely to be subject to increased media scrutiny given the historical focus that has been generated in relation to Pembrokeshire health care provision.
Gyfrinachedd: Privacy:	No identified risk in relation to privacy.
Cydraddoldeb: Equality:	EQIA in the process of being completed and will be overseen by Executive Steering Group.

Acute Paediatric Service Issues Paper

September 2022

v.01





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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Section 1: Executive summary

Until October 2014 a 24-hour paediatric inpatient unit¹ was available at both Withybush General Hospital (WGH) and Glangwili General Hospital (GGH). A permanent change was made on the 20th October 2014, following a period of consultation, from a 24 hour inpatient unit to a 12-hour PACU service. The 12-hour service was supported by a Dedicated Ambulance Vehicle² (DAV), introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites. GGH remained a 24 hour inpatient unit.

A series of temporary changes have been made to the service since 2014 and these have been documented and reviewed within this paper, setting out the reasons why the temporary change occurred and an analysis of the impact of those changes on the service and service users .

On 30th September 2021 the Health Board approved recommendations for the temporary service arrangements, i.e. the suspension of the Paediatric Ambulatory Care Unit¹ (PACU) at Withybush General Hospital (also known as Puffin Ward), to remain until the outcome of an Interim Paediatric Service Review. A Project Group called the 'Interim Paediatric Review Group' was established to undertake the review in March 2022, as well as an Executive Steering Group to oversee and provide assurance on the process of the review.

As part of the Interim Paediatric Service Review an assessment of the impact of the temporary changes to paediatric services² at WGH and GGH since 2014, has been undertaken to:

- Outline all the temporary changes which have occurred
- Identify and review internal views, concerns³, data and research
- Identify and review service user/ parents guardians of service users views and concerns

This report highlights the early engagement activities which have taken place, the processes and methodologies used, as well as the data. (In this context, the term 'early engagement' refers to engagement with stakeholders which is undertaken prior to, and in preparation for, the options appraisal process.)

The general findings are:

- 3 temporary service changes⁴ have been identified
- Internal data and research show very low numbers of concerns both in terms of patient safety incidents⁵ and complaints⁶ and feedback in relation to the temporary service changes and patient experience has remained largely consistent and generally positive
- Internal staff views show that their experience of the service was largely positive
- Feedback received from service user, parents and guardians of service users was largely positive
- A large volume of responses were received asking that services be returned to Withybush, there were different views on what those services should be and how they should be delivered

¹ Non-inpatient hospital services, the provision of care to sick children in a hospital environment where-by they are not admitted to the ward as an inpatient

² Services provided for infants and children from birth to age 18

³ A "concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation" (Welsh Government 2011)

⁴ A change made to meet service needs for a temporary period

⁵ A patient safety incident "means any unexpected or unintended incident which did lead to or could have led to harm for a patient" (Welsh Government 2011)

⁶ A "complaint means any expression of dissatisfaction". (Welsh Government 2011)

Section 1: Executive summary

High level overview of responses by theme:

- Internal staff views show that their experience of the service on average is 7 /10 (1 being poor/10 being exceptional) and the key themes identified by staff in relation to the temporary changes included: delivering safe/quality care (there was no consensus on the specific configuration) and patients families not understanding the changes (these were most prominent before PACU moved to GGH); poor facilities and infrastructure and the lack/loss of facilities were also key themes emerging in addition to teams working across sites.
- The key themes identified from the service user/ parents/ guardians of service users views show consistent themes for the three changes around:
 - Staff as a key asset to the service
 - Services were praised for delivering timely care and treatment

Lack/loss of facilities

- The reinstatement of children's services at WGH (linked to long journey times from Pembrokeshire with ill children)

Poor facilities and infrastructure:

- Issues highlighted around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings
- The need for a separate paediatric A&E entrance/triage/waiting room
- For those unfamiliar with GGH the lack of signposting to PACU was highlighted as causing confusion

Communication

- The lack of sign posting at PACU was highlighted as causing confusion

A detailed communications plan supported temporary change 3, the following theme was highlighted prior to this change:

- Information required surrounding the operation of children's services at Withybush 'out of hours' is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection.

The next steps in the process are:

- Work with a multidisciplinary team who work with Children and Young People (CYP) and service users, parents / guardians of service users to develop and appraise a list of viable options to be considered by HDdUHB Public Board.
- Following discussion with the CHC, make a recommendation to HDdUHB Public Board around whether engagement and/or consultation around the future service is needed following the outcome of the options appraisal noted above. We will aim to present both the outputs of the option appraisal process and recommendation to the Public Board in November 2022.

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Section 2: Introduction and Background

Background Our children's hospital services (paediatric)

Until October 2014 a 24-hour paediatric inpatient unit¹ was available at both Withybush General Hospital (WGH) and Glangwili General Hospital (GGH). A permanent change was made on the 20th October 2014, following a period of consultation, from a 24 hour inpatient unit to a 12-hour PACU service. The 12-hour service was supported by a Dedicated Ambulance Vehicle² (DAV), introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites. GGH remained a 24 hour inpatient unit.

Children's hospital services (paediatric) at Prince Philip Hospital (PPH) (minor injuries provision) and Bronglais General Hospital (BGH) (24-hour inpatient unit) are out of scope for this review.

A series of temporary changes have been made to the service since 2014 and these have been documented and reviewed within this document, setting out the reasons why the temporary change occurred and an analysis of the impact of those changes on the service and service users.

The temporary changes that occurred are listed below:

Temporary service change 1:

- Temporary reduction in the operating hours of the PACU at WGH, from 5th December 2016 the WGH PACU operating hours changed from 10am - 10pm, to 10am – 6pm, 7 days per week.
- Temporary merger of the acute paediatric overnight consultant on call rotas³ for WGH and GGH, resulting in one rota for the south of the Health Board based at GGH.

(Further analysis of the medical workforce data has been undertaken by our workforce team. Details can be found at [Appendix A - 'Medical Workforce Data'](#).)

Temporary service change 2:

On 21st March 2020, the suspension of the PACU at WGH (also known as 'Puffin Ward').

Temporary service change 3:

On 30th September 2021, the Board supported the extension of the temporary service arrangements – that is, the suspension of the PACU at WGH (also known as Puffin Ward) until the review is concluded.

1 A unit with the purpose and function of which to provide services to a patient following that person's admission to a health unit

2 Ambulance vehicle and crew designed to transfer paediatric patients as soon as possible

3 Consultants who work on a rota are required to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period

Section 2: Introduction and Background

Background Our children's hospital services (paediatric) cont.

All Paediatric Ward and ED Activity at WGH and GGH

Activity at both WGH and GGH during the temporary changes is outlined below, summarised by financial years.

Admissions

This activity includes all emergency admissions and transfers, all planned admissions including day cases, ward attenders and patients seen outside of regular clinics (PSORC) for the following wards and departments:

- WGH Puffin Ward (WGH - PACU)
- WGH Childrens Unit (WGH - Child Unit)
- GGH Paediatric Ambulatory Care Unit (GGH - PACU)
- GGH Paediatric High Dependency Unit (GGH - PHDU)
- GGH - Cilgerran Ward (GGH - Cilgerran)
- GGH - Day Surgical Unit (GGH - DSU)

Data was filtered by patients aged under 20 years old, with the exception of the GGH - Day Surgical Unit, where the filter was patients under 16 years old.

Financial Year	GGH	WGH	Total
2016/2017	9,570	1,729	11,299
2017/2018	9,400	2,133	11,533
2018/2019	9,970	1,979	11,949
2019/2020	9,342	2,699	12,041
2020/2021	6,515	1,114	7,629
2021/2022	10,691	1,321	12,012
2022/2023	4,682	487	5,169
Total	60,170	11,462	71,632

Emergency Department Attendances

All attendances under 16 years old for all methods of arrival.

Financial Year	GGH	WGH	Total
2016/2017	8,306	7,465	15,771
2017/2018	8,789	7,263	16,052
2018/2019	9,541	6,939	16,480
2019/2020	9,103	6,849	15,952
2020/2021	5,123	3,652	8,775
2021/2022	9,748	5,910	15,658
2022/2023	4,426	2,663	7,089
Total	55,036	40,741	95,777

Financial year 2022/2023 only includes activity for the months April to August.

More detailed analysis can be found in [Appendix B - Activity Data WGH and GGH](#)

Section 2: Introduction and Background

Purpose of the issues paper

The issues paper sets out:

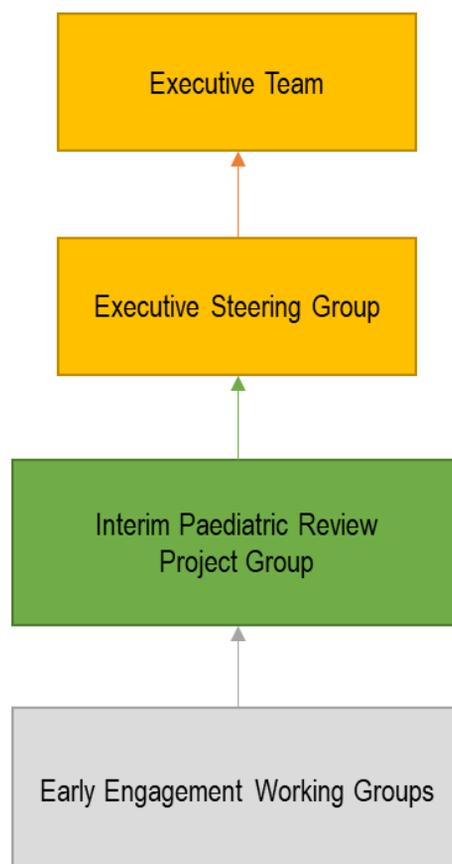
- Reasons why the temporary changes occurred
- Analysis of the impact of those changes on the service and service users, drawn from internal views and concerns, data, research and service user views and concerns, as set out in Section 3: Methodology.

The purpose of the document is to:

- Present to Board an assessment of the impact of the temporary changes
- Support discussions at a deliberative session¹ on Friday 16 September 2022, as set out in Section 8: Next steps .

An **Interim Paediatric Review Project Group** has been set up to support the Interim Paediatric review and the development of this issues paper, reporting to the Executive Steering Group on how it is carrying out engagement, to ensure that it seeks the widest possible views of the services affected. Issues, risks, and matters which require a decision are also escalated to the Executive Steering Group.

The options development and appraisal activities set out in Section 8 : Next Steps are carried out by **Early Engagement Working Groups**². We will aim for the working groups to be made up of 50% members of the public and third sector organisations, and 50% staff. Public members of the Working Groups have been identified through early engagement; those who wanted to be kept informed / involved were asked to express an interest to be part of the Working Groups. A larger group will be involved in the initial deliberative session and options appraisal. A smaller group (where we will aim for the same Public/ Staff ratio) will develop options for the interim service between now and the establishment of the proposed new urgent and planned care hospital.



¹ Discussion and consideration by a defined group of people in a meeting / workshop

² A small group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to consider information, data and views

Section 3: Methodology

This section explains the scope and context for the issues paper, and how we identified stakeholders and the early engagement needed.

Scope of the issues paper

The scope of the issues paper was agreed by the Executive Steering Group.

This was recorded as part of the Project Initiation Document¹ (PID) which had been shared and developed with service leads. Any requests to change or widen the scope were managed and recorded in the Executive Steering Group decision log.

The scope was set following advice on a suggested approach from The Consultation Institute, a not-for-profit best practice Institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors.

The scope is set out as follows:

Undertake an assessment of the impact of the interim changes to paediatric services² at WGH and GGH since 2014 outlining all the changes, impacts and issues to date.

Stakeholder mapping

There are a number of organisations that are involved as part of a patient's paediatric care, as well as a range of individuals and services within Hywel Dda University Health Board which support a patient's care pathway.

As part of the PID, stakeholder mapping was carried out to identify internal and external stakeholders who would need to be involved as part of the process, as well as determining how other stakeholders would be kept updated and informed if not actively participating in workshops.

Methodology

In order to achieve the scope set out, the following approach was taken:

1. Outline all the temporary changes occurred within the Paediatric service since 2014

How we did this?

We reviewed and documented all the temporary changes and the reasons for the changes which were approved and/ or ratified at Public Board³ since 2014.

¹The PID defines the project scope and identifies how the project will achieve its objectives. It puts the project on a solid foundation, a baseline that provides a place from which the project manager and project board can assess progress. The PID is a living document which is updated and revised as necessary throughout the project

²Services provided for infants and children from birth to age 18

³The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

Section 3: Methodology

Methodology

2. Draw on internal views, concerns, data and research

How we did this?

- a) **We reviewed and documented all updates to Public Board** on the impact of the temporary changes. Where the updates were part of a wider service review, the most relevant information specific to the review have been documented within the body of this issues paper, with wider updates contained within the appendices. This included a review of documents from the Quality, Safety and Experience Assurance Committee² (QSEAC) following the approval of temporary change 1. This is due to a Public Board request that as a condition of their approval of the temporary change, QSEAC would consider the system risks and the mitigation associated with the temporary change in service.
- b) **Targeted early engagement was undertaken with a multidisciplinary team who work with Children and Young People (CYP)**, including Medical, Nursing, Therapy, Operational and Support staff. Staff members were invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service.

An initial virtual workshop was held with clinical and operational leads on the 25th May 2022 to review the temporary changes that have occurred within the service since 2014.

A further virtual workshop was held on the 21st July 2022 led by Prof. Phil Kloer, Medical Director and Deputy Chief Executive, with a wider multidisciplinary team from within the service, in order to understand how the temporary changes to the Paediatric service have impacted the experience of the multidisciplinary team. Feedback was captured utilising a survey ([Appendix C - Staff survey](#)).

Following the virtual workshop, the survey was cascaded wider to colleagues within the Paediatric multidisciplinary team, and a drop-in session was held on the 11th August 2022 with colleagues from the multidisciplinary team within the Paediatric service at WGH and GGH. Guidance and support was provided on how to complete the questionnaire. The survey was live and accessible to colleagues for 3 weeks and closed on the 10th of August. 28 responses to the survey were received.

How were responses analysed?

The questions in the survey were free text, and therefore generated detailed responses. For the majority of questions, a simplified version of Braun and Clarke's '6-step Framework for Thematic Analysis' was used to analyse responses. Responses to each question were read and 'themed' individually. They were then triangulated and initial themes refined and grouped into the high-level themes set against each of the changes outlined in this report.

² The purpose of the Quality, Safety and Experience Committee (QSEC) is to: Provide accurate, evidenced, (where possible) and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare and Seek Assurance in relation to the organisation's arrangements for safeguarding and improving the quality and safety of healthcare and subsequently provide assurance to the Board. full role of the Committee is detailed here - (Assurance) dropped from title after July 2021 Board.

Section 3: Methodology

Methodology

2. Draw on internal views, concerns, data and research (continued)

- c) All **patient experience data** collated by the service since 2015 has been reviewed by a clinical team within the service and a sample of the data has been outlined in this report. The data was sourced from the annual user experience survey until 2019, and a monthly patient experience survey from spring 2020.
- d) All **concerns**¹ data collated on the Health Board's concerns management system provided by DatixCymru and RLDatix since 2015 relating to the paediatric service have been reviewed by a clinical team within the service. Any patient safety incidents² and complaints³ and feedback relating to service change at WGH and GGH have been highlighted within the summary of the data outlined in this report.

3. Draw on the views of service users / parents or guardians of service users

How we did this?

- a) **Targeted early engagement survey** was undertaken with service user/ parents or guardians of service users. Consultation Institute advice was followed to ensure geographically representative participation and representation from equality characteristics and different socio-economic profiles. The approach taken is outlined below:

A survey ([Appendix D - Service user/ parents guardians of service users survey](#)) was developed inviting service user/ parents or guardians of service users to provide their experience and views about what was good, what we could do differently, needed improvement and/or any issues regarding the service. The questions contained within the survey were developed following advice from the Consultation Institute and Hywel Dda University Health Board's Patient experience team. The survey was hosted on a software system called Civica, utilised by the Health Board Patient experience team, and was live from 21st July until 18th August 2022.

A representative sample of service user/ parents or guardians of service users were contacted. These were service users who accessed the paediatric service during a 6 month period between 2016 to November 2021, both via Accident & Emergency and PACU at WGH and GGH. A six month period from May to November over each of the 5 years for the targeted engagement was selected following advice from the service, since this period of time covers both the summer period (which is the busiest period for the service), and the beginning of winter pressures. For the year 2022 all service user/ parents or guardians of service users who accessed the service from January to July 2022 were contacted.

¹ A "concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation" (Welsh Government 2011)

² A patient safety incident "means any unexpected or unintended incident which did lead to or could have led to harm for a patient" (Welsh Government 2011)

³ A complaint means any expression of dissatisfaction". (Welsh Government 2011)

Section 3: Methodology

Methodology

a) Targeted early engagement survey (continued)

A variety of methods were utilised to contact service users / parents or guardians of service users from the defined period to encourage participation in the survey, including:

- **Text message** with link to the survey (which included alternative options of engagement via email or telephone). Messages were issued to 7,187 service user/ parents or guardians of service users
- **Email** with link to survey, which included alternative options of engagement via email or telephone. The survey was issued to 513 email addresses
- **Letters** with link to survey, which included alternative options of engagement via email or telephone. The survey was issued to 508 service user who have / had open access (children with long term conditions have direct access to the paediatric ward).

Further early engagement was also undertaken with current service users whilst the survey was live to encourage participation, including:

- **Ward based engagement** with Service users, parents and carers at Cilgerran ward and PACU by the Patient Experience Team between 27th July and the 18th of August
- **Posters** were displayed containing a link to the survey and alternative options of engagement via email or telephone, these were displayed from the 28th July at A & E at WGH and GGH, Paediatric outpatients at WGH and GGH, Cilgerran ward and PACU in GGH, and Minor Injury Unit areas at GGH and WGH.

How were responses analysed?

The Consultation Institute (tCI) were tasked with analysing the 625 survey responses received on behalf of Hywel Dda University Health Board, which had been reviewed to remove any personal identifiable information such as names, phone numbers, etc. This was carried out by cross-tabulating the data by the reported service receipt date (2016-2022) to highlight any differences in perception. They also analysed demographic data to establish any significant gaps for future engagement. More details covering additional themes and full reports are available at [Appendix E – Consultation Institute output reports](#).

Section 3: Methodology

Methodology

b) Children and Young People (CYP) engagement

A targeted approach was undertaken inviting patients, their families and carers to provide their experience of accessing paediatric services within Hywel Dda University Health Board.

Informal drop in events were arranged in Carmarthenshire, Ceredigion and Pembrokeshire to meet with families. They took place at:

- Folly Farm, Pembrokeshire, Friday 19 August 2022, 9.30am to 12.30pm
- Xcel Bowl, Carmarthenshire, Wednesday 24 August 2022, 10am to 12pm
- Cardigan Castle, Ceredigion, Wednesday 24 August 2022, 3pm to 5pm

As part of the events participants received:

- entry ticket to Folly Farm
- bowling session and light refreshment at Xcel Bowl
- tour of Cardigan Castle and light refreshments

Participants attending were invited to participate by completing the review of temporary children's services – early engagement survey.

The number of families engaged with at each of the events is as follows:

- 5 families at Folly Farm
- 4 families at Xcel Bowl
- 3 families at Cardigan Castle

A total of 14 responses were completed.

How were responses analysed?

Responses were mapped by year, and thematic analysis was undertaken in relation to the temporary service changes¹. The issues around the key impacts of the temporary change were identified from responses and where these were repeated they were grouped into the high-level themes which have been reported, a full breakdown can be found in [Appendix I – Face to Face Engagement Analysis](#).

Section 3: Methodology

Methodology

c) Community Health Council¹ (CHC) Patient survey

The Community Health Councils (CHCs) CHCs are the independent watchdog of the National Health Service (NHS) within Wales. The CHC has been involved in children's services regularly in recent years and the CHC encourage and support people to have a voice in the design and delivery of NHS services.

Since 2015 the CHC have made regular visits to children's settings within the Health Board area to help them understand the experiences of families and children, these experiences are reported anonymously to the Health Board and others, e.g., the Royal College of Paediatrics and Child Health² (RCPCH) and a formal report is produced of their finding a copy of the 2018 visit report can be found here ([Appendix F - CHC Women and children's services visit report 2018](#))

During the pandemic the CHC felt the risks of spreading Covid in hospitals were too great to undertake visits and therefore a survey approach was adopted, publicised via social media and their stakeholder contacts. The CHC ran a survey to understand people's experiences, they wanted to hear the views of people who were taking a child to hospital across the Health Board and were particularly interested in responses that related to residents affected by changes to PACU and the specific issues around taking a child to hospital during the pandemic. A copy of the CHC report can be found here ([Appendix G - CHC has your child been to hospital report July 2022](#)). The survey responses formed part of a project that started in October '21 and concluded in March '22.

How were responses in the survey analysed?

The anonymised data from the survey provided to the Health Board by the CHC was reviewed. The questions in the questionnaire were free text, and therefore generated detailed responses, however as there were different date formats used, it was not possible to map all of the responses to various service changes.

Once the responses were mapped by year, thematic analysis was undertaken relevant to the service change, and this was tallied to provide a general feeling of the key impacts at that time. They were then triangulated and initial themes refined and grouped into the high-level themes outlined in this report.

¹ The Community Health Councils (CHCs) are the independent watchdog of the National Health Service (NHS) within Wales. The CHC encourage and support people to have a voice in the design and delivery of NHS services.

² An organisation that's works in education and career support for paediatricians, working on a range of programmes to improve child health from quality improvement to workforce studies, from research in the UK to global child programmes (www.rcpch.ac.uk)

Section 3: Methodology

Methodology

d) Continuous engagement channel

Following advice and guidance from the Consultation Institute a continuous engagement channel has been developed for the interim paediatric review. The purpose of this channel is to provide the opportunity for those who wish to provide any thoughts or comments around the interim review of the paediatric service throughout the lifetime of the review. A channel on the Health Board's public engagement site, 'Dweud Eich Dweud / Have your Say', has been created for this purpose.

Eng: Share your views - paediatric services | Have your Say Hywel Dda UHB:
www.haveyoursay.hduhb.wales.nhs.uk/share-your-views-paediatric-services

Cym: Rhannwch eich barn - gwasanaethau plant | Dweud eich Dweud BIP Hywel Dda (cymru.nhs.uk)
www.dweudeichdweud.biphdd.cymru.nhs.uk/rhannwch-eich-barn-gwasanaethau-plant

No responses have been received to date, but will be linked with future communication and engagement activities going forward.

Section 4: Temporary changes : Summary of changes

Temporary
Change 1 –
Nov 24th
2016

Temporary
Change 2 –
Mar 21st
2020

Temporary
Change 3
– Sep 30th
2021

Nov 16	May 17	Nov 17	May 18	Nov 18	May 19	Nov 19	May 20	Nov 20	May 21	Nov 21	May 22
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Temporary service change 1:

At the Public Board¹ meeting held on November 24th 2016, the Board approved:

- Temporary reduction in the operating hours of the PACU at WGH, from 5th December 2016 the WGH PACU operating hours changed from 10am - 10pm, to 10am – 6pm, 7 days per week.
- Temporary merger of the acute paediatric overnight consultant on call rotas² for WGH and GGH with one rota for the south of the Health Board based at GGH

Temporary service change 2:

21st March 2020 the suspension of the PACU at WGH, also known as Puffin Ward, as part of the response to the COVID pandemic.

Temporary service change 3:

30th September 2021 Board approved the extension of the temporary service arrangements:

- the suspension of the PACU at WGH, also known as Puffin Ward until a full review of the temporary changes has been concluded
- this was supported by a detailed communications plan which included distributing a leaflet to all households in Pembrokeshire which aimed to minimise the risks that an acutely ill child or young person may encounter if they presented to WGH
- The minor injury pathway at WGH (to which paediatric cases are encouraged to attend) was also subject to re-focus. This included making it clear by the installation of new, temporary signage, that the service at WGH is a paediatric Minor Injury service and an adult A&E
- A new triage tool was also designed to prioritise and support rapid intervention for children who may continue to present at WGH with time-sensitive illness and to signpost clinicians to access appropriate transfer services to repatriate the patient to the right place of care

¹The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

²Consultants who work on a rota are required to be available to return to work or to give advice by telephone but not normally expected to be working on site for the whole period

Section 5: Temporary service change 1

Background:

The Paediatric service¹ in WGH was changed on 20th October 2014 from a 24-hour inpatient unit² to a 12-hour PACU - also 'known as Puffin ward' - co-located with a dedicated Ambulance Vehicle³ (DAV), which was introduced to enable the emergency transfer of patients between hospital sites supported by specialist trained staff.

The proposals were endorsed by Board as a permanent change in January 2014. The Public Board⁴ papers can be found [here](#). This was following consultation in 2013 ('Your health, Your future') - the Public Board papers can be found [here](#).

The Public Board meeting on the 28th May 2015 approved that the Royal College of Paediatrics and Child Health⁵ (RCPCH) be commissioned to undertake an evaluation [of neonatal, paediatric, maternity & obstetric services], following changes to the Women's and Children's service⁶, which included the Paediatric change from a 24 hour inpatient unit to 12-hour PACU in WGH. The scope of the review was also to consider the sustainability of Consultant rotas. The Public Board papers can be found [here](#).

The RCPCH Independent Review Final Report was discussed at Board on the 26th November 2015 - the Public Board papers can be found [here](#). A Summary report was presented at Public Board on 24th September 2015 - the Public Board papers can be found [here](#).

Some high-level recommendations extracted from the report are as follows:

- 1) Patient Safety: The provision of maternity and children's services must continue to build on the current momentum we found services in general to be safe with improving outcomes and better compliance with professional standards. There is no clinical sense in reversing the major decisions of reconfiguration made one year ago.
- 2) The continued provision of a dedicated staffed ambulance for women and children must be supported, but the current consultant on-call arrangements for paediatric and obstetrics/gynaecology out of hours are an inefficient use of resources which are hampering development of unified medical teams and these should be phased out.

An action plan addressing the RCPCH recommendations was approved by Board on the 28th January 2016. This included an action to formally merge the paediatric consultant team and remove the out of hours cover for WGH with a target date of April 2016. The Public Board papers can be found [here](#).

¹ Services provided for infants and children from birth to age 18

² A unit with the purpose and function of which to provide services to a patient following that person's admission to a health unit

³ Ambulance vehicle and crew designed to transfer paediatric patients as soon as possible

⁴ The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust [governance framework](#), to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

⁵ An organisation that's works in education and career support for paediatricians, working on a range of programmes to improve child health from quality improvement to workforce studies, from research in the UK to global child health programmes (www.rcpch.ac.uk)

⁶ Services delivered by Hywel Dda University Health Board which include neonatal, midwifery, obstetrics and paediatrics services

Section 5: Temporary service change 1

An update on the action plan addressing the RCPCH recommendations was provided to Board in June 2016, which highlighted a new middle grade rota was introduced in April 2016 to improve overall team capacity to support outpatient clinics at WGH. Significant recruitment challenges continue at consultant and middle grade level. The Public Board papers can be found [here](#).

Temporary service change 1:

At the Public Board meeting held on November 24th 2016, papers can be found [here](#). The Public Board approved:

- Temporary reduction in the operating hours of the PACU at WGH, from 5th December 2016 the WGH PACU operating hours changed from 10am - 10pm, to 10am – 6pm, 7 days per week.
- Temporary merger of the acute paediatric overnight consultant on call rotas¹ for WGH and GGH with one rota for the south of the Health Board based at GGH

Rationale:

The change occurred due to significant recruitment challenges which limited the availability of on-site consultant support and supervision for the PACU service at WGH, and in order to reduce the increasing risk of unplanned and uncoordinated closures of the PACU service at WGH.

In view of the severity of the consultant paediatric recruitment / retention challenges, the separate acute paediatric overnight consultant on call rotas for WGH and GGH were not sustainable and the Board formally agreed to temporarily suspend the separate rotas in favour of one rota, based at GGH.

As part of this decision, the Board requested that QSEAC² consider the system risks and the mitigation associated with this change in service.

QSEAC Meeting 20th June 2017, the committee noted:

The restricted operating hours of the unit since December 2016 do not appear to have had a significant impact on the number of children who require to be re-directed to GGH for paediatric care and the impact remains in line with projections considered by the Board in the November 2016 (fewer than 1 child per night on average).

From January 2017, the number of children requiring ongoing care on the PACU unit significantly beyond the 6pm closing time has been low and current operational protocols appear to be working effectively. Very few formal complaints³ regarding the current service arrangements have been received to date and no adverse clinical incidents directly related to the PACU operating hours have been confirmed.

¹ Consultants who work on a rota are required to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period

² The purpose of the Quality, Safety and Experience Committee (QSEC) is to: Provide accurate, evidenced, (where possible) and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare and Seek Assurance in relation to the organisation's arrangements for safeguarding and improving the quality and safety of healthcare and subsequently provide assurance to the Board. The full role of the Committee is detailed here - (Assurance) dropped from title after July 2021 Board.

³ A "complaint means any expression of dissatisfaction". (Welsh Government 2011)

Section 5: Temporary service change 1

The following updates have been extracted from the update provided at Public Board by the Paediatric Care Task and Finish Group¹ in relation to temporary change 1:

Public Board 26th January 2017 - the Public Board papers and the full update can be found [here](#)

- To date, no formal complaints / concerns² have been received regarding the temporary change in operating hours of the WGH PACU although some informal verbal concerns have been received by PACU staff regarding the reasons for the change.
- No adverse clinical incidents have been reported.

Public Board 27th July 2017 - the Public Board papers and the full update can be found [here](#)

- Re-establishment of the 12 hour (10am to 10pm, 7 days per week) PACU service at WGH is not currently viewed as safe or sustainable due to the continuing medical recruitment and retention challenges experienced by the Paediatric service.
- In the interim period, the current operating hours of the WGH PACU 10am – 6pm, 7 days per week will need to continue.
- Quarterly monitoring data for the period does not highlight an increase in paediatric attendances at WGH Emergency Department as a consequence of the restricted hours of operation of the WGH PACU.
- Very few formal complaints regarding the current service arrangements have been received to date and no adverse clinical incidents directly related to the restricted PACU operating hours have been confirmed.
- Despite a continuous focus on paediatric medical recruitment (both for locum³ and permanent posts) and a re-launched paediatric recruitment strategy in February 2017, paediatric medical recruitment and retention continues to be regarded as increasingly fragile.

Public Board 21st November 2017 - the Public Board papers and the full update can be found [here](#)

Findings from the review by Dr Alex Mayor (external Facilitation Feedback) were presented to Public Board. The findings included the following:

- Whilst recruitment attempts to all vacant posts should continue, transition to a consultant 'delivered' PACU model Monday to Friday 10am to 6pm by a single, integrated team of acute paediatric consultants should be explored and confirmed at the earliest opportunity, and recruitment attempts to all vacant posts should continue

¹ A bi-weekly group established following the Board decision on November 24th 2016 to approve a temporary reduction in the operating hours of the PACU at WGH

² A "concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation" (Welsh Government 2011)

³ Any officer, employee, worker or representative who temporarily fills a rota gap within a hospital, clinic or practice. This can often be on a relatively short-term basis, although in the healthcare sector, it's not uncommon for locums to hold their post as part of a practice's core medical team for more extended periods

Section 5: Temporary service change 1

- In the short term, the 10am – 6pm weekend PACU service should continue to be delivered by paediatric middle grade / SAS doctors (with non-resident on-call consultant support) as per the current staffing model.

The following updates have been extracted from the update provided at Public Board by the Paediatric Care Task and Finish Group in relation to temporary change 1:

Public Board 21st November 2017 (continued) :

- The longer-term model for PACU at weekends will be further reviewed by the Paediatric Care Task and Finish Group¹ to include an option appraisal of all opportunities for the most effective utilisation of the staffing resources required.

Board approved the recommendations in principle with the expectation that operational implementation plans are developed including full involvement with staff involved in delivery of the service and that the Community Health Council² are fully engaged in any specific consultation requirements as a result of any short-term changes.

Public Board meeting 25th January 2018 - the Public Board papers can be found [here](#)

- Whilst recommendations regarding changes to the staffing model at the WGH PACU are being explored and progressed, the current hours of operation of the WGH PACU continues to be 10am to 6pm, 7 days per week.

Longer Term Service Models (for PACU & Community Paediatrics):

- At its November 2017 meeting, the Board recognised that whilst many of the recommendations could be progressed in the shorter term. The longer-term development of acute and community paediatric services across the Health Board will need to be considered as part of the UHB's Transforming Clinical Services³ (TCS) programme. As a result, it was agreed that communication and engagement activities in respect of the future development of Women and Children's services will be coordinated as part of the TCS Strategy as it moves into the design phase and then be part of formal consultation in 2018. This will provide the opportunity for a whole system, consistent approach.

¹ A bi-weekly group established following the Board decision on November 24th 2016 to approve a temporary reduction in the operating hours of the PACU at WGH

² The Community Health Councils (CHCs) are the independent watchdog of the National Health Service (NHS) within Wales. The CHC encourage and support people to have a voice in the design and delivery of NHS services.

³ Clinically led programme, informed by engaging and consulting with our communities culminating in a formal consultation - Our Big NHS Change. From this, the Health Board have agreed a set of recommendations for the transformation of health and care services, which has been translated into a long-term strategy A Healthier Mid

Section 5: Temporary service change 1

Patient experience

To support the temporary service changes the Paediatric service has monitored patient experience. A review of this data has been completed by the service for the period 2015 to 2019. Patient experience was collated through a National Annual Survey-Health Care Monitoring Standards Report. The report was completed in early autumn on an annual basis, with a patient survey issued to patients during one calendar month.

A sample of some of the data collated during this period is provided below (please note these results are Health Board wide, and not specific to one hospital).

The period prior to the temporary service change has been included in order to help understand the impact of the temporary service change on patient experience:

2015

- 98.57% had a positive experience of the paediatric service
- Patients felt that they were treated with dignity and respect 100%
- Patients felt that they were given privacy 100%
- Patients felt safe 100.00%

2016

- 96% had a positive experience of the paediatric service
- Patients felt that they were treated with dignity and respect 100%
- Patients felt that they were given privacy 100%
- Patients felt safe 100%

2017

- 93.3% had a positive experience of the paediatric service
- Patients felt that they were treated with dignity and respect 100%
- Patients felt that they were given privacy 100%
- Patients felt safe 100%

2018

- 98.8% had a positive experience of the paediatric service
- Patients felt that they were treated with dignity and respect 100%
- Patients felt that they were given privacy 100%
- Patients felt safe 100%

2019

- 99.2% had a positive experience of the paediatric service
- Patients felt that they were treated with dignity and respect 100%
- Patients felt that they were given privacy 97.14%
- Patients felt safe 100%

The data shows that overall positive experience of the paediatric service dropped in 2017 (data for 2015 and 2016 was collated prior to temporary change 1), indicating a reduction in overall positive experience during the first year of the change. In 2018 the overall positive experience reported was higher than before the temporary change and remained so during this temporary change period.

In spring 2020 a new system was introduced by the Health Board which enabled patient experience to be captured on a monthly basis. A further temporary change (temporary change 2) was introduced in March 2020. Patient experience for January and February 2020 has not been included within the analysis due to the small sample collated during this brief period.

Section 5: Temporary service change 1

Concerns

Hywel Dda University Health Board monitors quality of care through a number of quality management system mechanisms including the Health Board’s concerns management system provided by DatixCymru and RLDatix. The system allows the Health Board to monitor all concerns raised under the 'Putting Things Right' Regulations.

Under these regulations a “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011).

Overview:

The concerns management system has been reviewed for both **patient safety incidents**¹ and **complaints and feedback** by the Paediatric service, the review shows that a very limited number of concerns were attributed to the temporary service change, of those reported they were in relation to service disruption or staffing issues (patient safety incidents) and change in service and the relocation of paediatric services (complaints and feedback) a breakdown is listed below:

Patient safety incidents

The period prior to the temporary service change has been included in order to help understand the impact of the temporary service change on patient safety concerns:

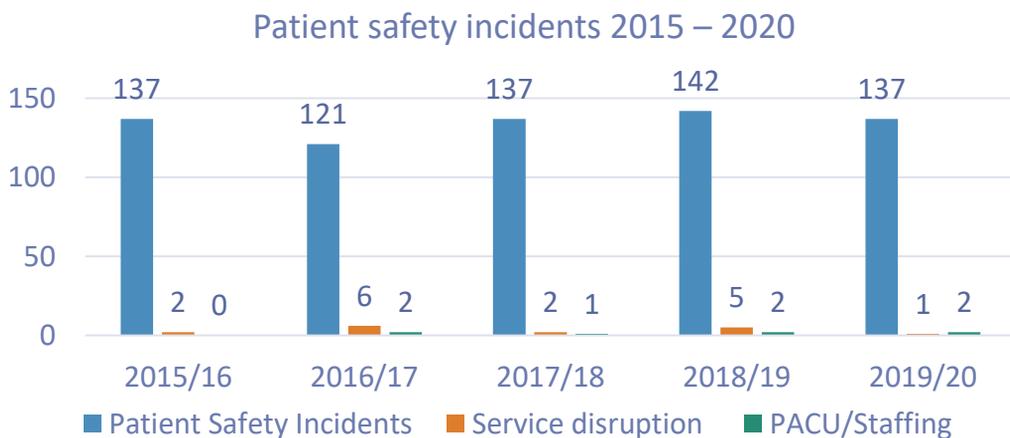
Financial year 2015/16 - 137 concerns, 2 due to service disruptions

Financial year 2016/17 - 121 concerns, 6 due to service disruptions (received prior to temporary change 1) and 2 due to PACU closing due to medical staffing

Financial year 2017/18 - 137 concerns, 2 due to service disruptions and 1 due to PACU closing due to medical staffing

Financial year 2018/19 – 142 concerns, 5 due to service disruptions and 2 due to PACU closing due to medical staffing

Financial year 2019/20 – 137 concerns, 1 due to service disruptions and 2 due to PACU closing due to medical staffing



¹ A patient safety incident “means any unexpected or unintended incident which did lead to or could have led to harm for a patient” (Welsh Government 2011)

Section 5: Temporary service change 1

Concerns (continued)

Complaints and feedback

The period prior to the temporary service change¹ has been included in order to help understand the impact of the temporary service change on complaints.

For the period 01.01.2015 – 31.12.2015 there were 21 complaints. Of those complaints 5 were in relation to the change in service and the relocation of paediatric services.

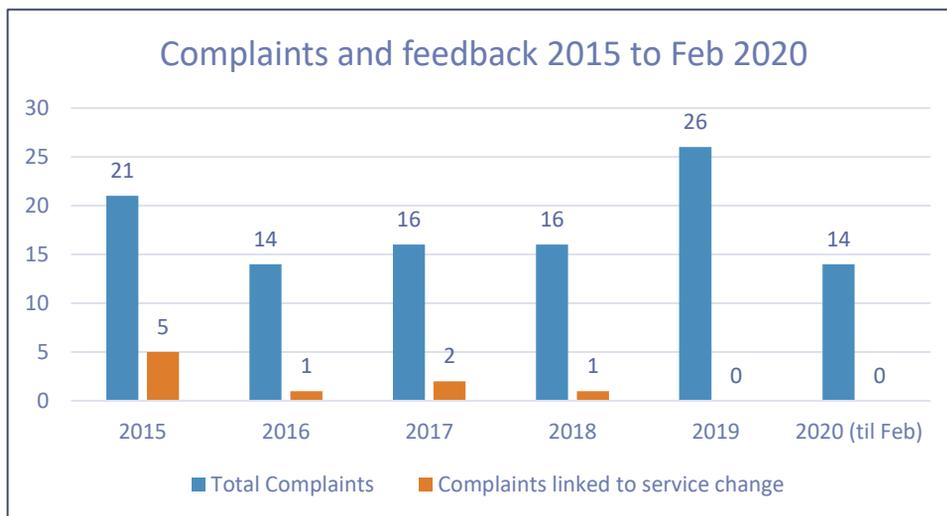
For the period 01.01.2016 – 31.12.2016 there were 14 complaints. Of those complaints 1 was in relation to the change in service and the relocation of paediatric services.

For the period 01.01.17 – 31.12.17 there were 16 complaints. Of those complaints 1 was in relation to the change in service and the relocation of paediatric services, and 1 was in relation to services in WGH

For the period of 01.01.2018 – 31.12.18 there were 16 complaints 1 refers to the change in service and the reallocation of the paediatric services.

For the period 01.01.2019 – 31.12.2019 there were 26 complaints. Of those complaints 0 were in relation to the change in service and the relocation of paediatric services.

For the period 1.1.20 – 29.2.2020 there were 14 complaints. Of those complaints 0 were in relation to the change in service and the relocation of paediatric services.



Section 5: Temporary service change 1

Targeted early engagement Children and Young People (CYP)

A targeted approach was undertaken inviting patients, their families and carers to provide their experience of accessing paediatric services within Hywel Dda University Health Board.

Informal drop in events were arranged in Carmarthenshire, Ceredigion and Pembrokeshire to meet with families and a summary of the findings are outlined below:

Of the 14 people who completed the surveys during the face to face engagement, 11 had experience of using services during temporary change 1.

The main themes that came through from use of services at that time were **familiarity with friendly and caring staff**, access to **timely care close to home** and the **child friendly environment and facilities**.

The most notable impact raised due to the temporary change was being **transferred to Glangwili at 5pm** and the impact this had on families. Some examples of the themes include:

- Always a calm atmosphere, lovely staff, lovely decorated and open areas. Also it was close to home.
- Staff were supportive and my son was cared for swiftly and in a manner suitable to his age. Myself as a parent was also supported very well by the staff
- Good friendly staff/doctors who have seen the children multiple times over the years.
- Plenty of siderooms ... Lots of play therapists.
- With the reduction in hours, the children have on occasion had to go to Glangwilli instead (or been transferred) causing logistical and added stress.

The theme that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” was **providing care closer to those in Pembrokeshire**, however views were split on how services should be delivered. Examples include:

- Put PACU back in Withybush
- As the return of 24 hour Paediatrics is unrealistic, a new and improved Paediatric provision in a new build in the Whitland area while moving day time care further away (before the ward was closed during Covid times) would move night time care closer to home and support network

Section 5: Temporary service change 1

Targeted early engagement with service users/ parents or guardians of service users

In order to understand the impact of the temporary service changes on service users, targeted early engagement was undertaken with people who had accessed A&E and inpatient PACU services at WGH and GGH. Details of the full methodology used is outlined in Section 3: Methodology.

As part of the theming for each of the questions asked about temporary change 1, the tCI noted the following issues within the feedback:

- Staff are the key asset in the operation
- Services are located within easy travelling distance for all in the area
- The service was viewed as efficient with short waiting times
- Withybush praised as being a clean spacious unit
- Diagnosis and treatment was reported as quick
- Calls for reinstatement of services to Withybush very common response
- Reductions in services in Withybush were highlighted as a key negative, with journeys of up to an hour required 'after hours' required
- Information surrounding the operation of children's services at Withybush 'out of hours' is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection
- For those unfamiliar with the Glangwili site the lack of signposting to PACU caused confusion
- Concerns over children not having a separate A&E triage/waiting area (anecdotal references to adverse impact of mixing with adults often drunk/drugged)

Positive Experiences

•Staff and care

Very good staff always checking up on the kids.. and the play staff kept my child so calm and chilled

•Close to home

Withybush only 20 minute drive from my address

•Good facilities

A clean spacious unit ideal for the needs of each child (Withybush)

•Efficient Service

Good efficient service when seen there

•Waiting time for care

General care given, very little waiting time, thorough assessment.

•Overnight support

Direct access to paediatrician overnight

•Local service

*Local service, easy to access
...being near our home town, Not 30+ miles away*

•Quick diagnosis and treatment

We received a diagnosis and treatment quickly

•'After hours' care

Efficient service, despite there being no dedicated paediatric doctor available when we attended.

Section 5: Temporary service change 1

Areas for improvement

- **Reopen Withybush**

Have all children's services back at Withybush

- **Improve Discharge**

The discharge process was a bit messy

- **24 Hour Service/Reopen Withybush**

*Have a service in Pembrokeshire capable of admitting children 24/7
Preferably re-establishing children services ward within Pembrokeshire.*

- **Provide details of Withybush operating hours to all**

Please ensure all GPs and 111 referral services are aware of the limited opening hours of the children services ward at Withybush.

- **Withybush is an important support to Glangwili**

Glangwili is excellent but the unit is overstretched for the area it covers. Having Withybush day unit open benefits the children and improves the other all care given

- **Better signing**

Sign post the PACU better Coming from another area with a very sick child walking around having no clue where we were going definitely didn't help

- **Involving the family**

I think possibly allowing sibling visiting times as this can be quiet scary and upsetting time for siblings.

- **Improved experiences for children while waiting**

Possibly providing more stimulating activities whilst they wait to be seen. It's difficult to keep a child entertained.

- **Paediatric A&E Entry**

Bypass A&E and be seen directly Not that there was anything wrong with the care in A&E but it just acts as an unnecessary stepping stone to where as a mother you know your child needs to be

- **Increase staffing**

Have more staff on the ward

Anything else to be considered

- **Extend the service**

It's just that , day care. It's not good enough. Children shouldn't have to suffer and go further to get care if it's either an emergency or to have a longer stay for illness. Day care is not enough.

- **Current operation seems dangerous**

Limited opening hours requiring transfer and limited transfer availability is perceived as dangerous.

- **Improve discharge process**

Discharge processes slow and inefficient but no more so than anywhere else.

- **Play activity is very positive**

It was nice that located beside the playroom and the play therapist helped find something to distract my son.

Section 5: Temporary service change 1

Anything else to be considered (continued)

- **Provide children's services at Withybush**

*Paediatric care needed at Withybush too
It's too far for many children to...travel
Bring back full children's services to Withybush.*

- **The staff are great**

The nursing and aux staff were absolutely outstanding. When my son needed 3 nurses, a Dr just to find a vein for bloods they were just fantastic

- **The building needs improving**

It is in a poor state of repair

- **Flexible service provision would be helpful**

Later clinic times for working mums and children in school

- **Age segregation might be useful**

Needs a ward for older children only if possible. trying to sleep with an older child with very young ones crying is difficult.

- **Support staff to be kinder**

Personally some Dr and nurses need to be more kinder, we are all tired I work in the care sector I'm tired too...

- **Children's room is good**

It has a very good children's room which is very much appreciated.

- **Paediatric A&E**

Children's A&E needs to be re-instated at Withybush

Section 5: Temporary service change 1

Community Health Council (CHC) Women and children's services visit report August 2018

The full report is listed in [Appendix F - CHC Women and children's services visit report 2018](#). The following findings reflect the period of temporary change 1 and the care provided to children, young people and their families.

Feedback obtained at PACU in WGH:

- Staffing problems in recent times have limited opening hours
- Once again, staff were praised highly and the services on the ward were valued by those who used them. It was interesting to note that families were coming to PACU from outside of Pembrokeshire.
- The main issue we heard was people's frustration at the limited opening hours, and the tiring onward journey to GGH that families were forced to make if they needed care overnight.
- We also heard from a family who had a long wait in A&E overnight in WGH, unable to access PACU, which was closed until the following morning.
- One comment we heard summarised what others were saying:
"...individual staff are great, the system they work in isn't so good. People are put off coming here with the prospect of the journey..."
- Those with children coming in as regular day patients said that they saw the same consultant each time, which made them feel reassured.
- a family spending time between PACU WGH and Cilgerran ward for unplanned care described their frustration at repeating the same discussion constantly to different doctors and nursing staff they saw. They thought they experienced poor continuity of care.

Community Health Council (CHC) Patient survey

8 responses were identified which reference the period for temporary change 1 in the anonymous data provided by the CHC. 2 of these responses were in relation to care received in WGH, and 6 in relation to care received at GGH. The full report is listed in [Appendix G - CHC Has your child been to hospital report July 2022](#).

Themes around the change included:

- Concern around travel times to GGH from Pembrokeshire
- Concern around the lack of ED care available in WGH for children

Section 5: Temporary service change 1

Targeted early engagement with staff:

This section of the report looks at the responses to the survey completed by the multidisciplinary team who work with CYP at GGH and WGH. This included Medical, Nursing, Therapy, Operational and Support staff.

Within the survey responses there were often multiple similar statements made about the same point; these have been collated under relevant thematic headings for the purpose of this issues paper, and may be an amalgamation of multiple views. Singular points of note have been pulled through as issues.

No direct written quotes from responders have been included as part of this report and the statements captured are not verbatim.

Respondents were asked to provide their feedback on working within the service during **Temporary Change 1: 2016 – 2020**

25 responses were received relating to temporary change 1 - 15 from staff based at GGH, 7 from staff based at WGH, 3 from staff who undertake work across the Health Board area or who did not specify a work location.

- **Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?**

Safety and quality of care was a key theme emerging from responses, with 14 out of 25 respondents noting this. Other popular themes included **team work** (with 8 responses), and **care closer to home** (with 5 responses). All the issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Delivering safe/ quality care	14
Team working across teams/ sites	8
Providing care close to home for Pembrokeshire	5
WGH Facilities (Puffin Ward)	4
Improved rotas from merged teams	4
Communications between staff teams	3
Adaptability of staff during service changes	1

Some examples of comments made which reflect the main themes include:

- The Puffin Unit is spacious, set up for children and is close to home for the vast majority of children and families who accessed services there. It provided an excellent service within the limits of the time constraints that the opening hours dictated.
- Service model [GGH Centralised] appropriately balanced risk in terms of reaching safe critical mass versus travel.

Section 5: Temporary service change 1

Targeted early engagement with staff (continued):

- **Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?**

Facilities/ infrastructure was a key theme emerging from responses with 10 out of 25 respondents noting this. Other popular themes included **patients/ families not understanding changes** (with 8 responses) and **patients/ families travel times** and **maintaining safe/ quality care** both received 6 responses. All the themes and issues identified are listed below:

Theme	No. of time referenced in responses
Poor facilities/ infrastructure	10
Patients/ families not understanding changes	8
Patients/ families travel times	6
Difficulty of maintaining safe/ quality care	6
Different skills across sites	5
Inequity of service access	5
Lack of staff	5
Emergency/ service pathways unclear or unused	3
Staff wellbeing	3
Executive/ Management decisions without staff consideration	2
Lack of staff engagement	2

Some examples of comments made which reflect the main themes include:

- Trying to explain to people the need to move services (I.e. WGH to GGH) to ensure that children received the best care. Along with explaining the safety issues brought on by COVID and the need to protect not only the patients and parents but also the staff while still maintaining a safe high quality service
- Although it has been safe, on times it has been difficult with the working environment such as no cubicles with toilets. Not enough bed spaces in the PACU area. Having to utilise and change spaces to create more room.
- Transport is one of the big issues as well as child care for siblings ... Trying to arrange ambulance transfers with DAV, debating who has priority with midwifery and A&E, being late off duty or even later waiting for patients to be transferred. Hearing from parents that they were then discharged after a couple of hours and had to find their own way home.

Section 5: Temporary service change 1

Targeted early engagement with staff (continued):

- Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Improved facilities was the main theme emerging from responses with 4 out of 25 respondents noting this. Other themes included **enhanced WGH A&E** (3 responses), **communication with staff and /or public** (3 responses) and **improved transfers via DAV** (3 responses). All the themes and issues identified are listed in the table below:

Theme/ Issue	No. of time referenced in responses
Improved facilities	4
Enhance WGH A&E	3
Communication with public	3
Communication with staff	3
Improved Transfers (DAV)	3
12 hour PACU model at WGH	2
24 hour Paediatric services at WGH	2
Merge staffing rotas	1
Care closer to home	1
WGH staff and rotas	1
Permanent service model	1
Reverse temporary changes	1
24 hour family support at GGH	1

Some examples of comments made which reflect the main themes include:

- Better communication and engagement with people and staff in Pembrokeshire around the initial changes to help mitigate some of the anxieties identified.
- Improved working environment. Although the area has recently changed to accept increased patient flow, adding on temporary builds has brought different challenges during and after COVID. A new working area for paediatrics purpose built.
- I would have preferred a 24-hr short stay unit on Puffin Ward (PACU), but if not then a paediatric nurse and paediatric doctor to work from WGH A&E from 1000 to 2400.

Section 5: Temporary service change 1

Targeted early engagement with staff (continued):

- Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at GGH & WGH?

From the 25 respondents, 3 noted the need to **improve facilities**, and 3 noted the need to **ensure equity across the area**. Other themes included: the **importance of critical patient/ staff mass**; **provide services from WGH ED**; **reopen Puffin for ambulatory care/ clinics**, and **improve communication with staff/ public** (referenced in 2 responses each). All the themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Improve facilities	3
Ensure equity across the area	3
Importance of critical patient/ staff mass	2
Provide services from WGH ED	2
Reopen Puffin for ambulatory care/ clinics	2
Improve communication with staff/ public	2
Staff recruitment/ retention	1
Develop areas of expertise	1
Improve signposting for patients/ families	1
Treat patients at home with Paediatric ART	1
Adopt appropriate care standards	1
Not all families able to travel	1

Here are some examples of comments which referenced the above themes:

- Even though the team at Glangwilli is doing a great job treating children, the ward itself is really poor space for a children's ward. It is pretty much a long corridor, gloomy, depressing place and not the best environment to be when you are unwell.
- The central hub works for all disciplines and we have a stable service. Better communication to the public and to ensure equal consideration to all counties in view of accessibility, amenities, transfers and care.
- There needs to be clearer signposting to families within Pembrokeshire with regards to paediatric services as there is confusion still about where to go. Reopen Puffin as a rapid access ambulatory unit / community Hub for hot clinics and Outpatient Department clinics / nurse led clinics.

Please rate your overall experience (1 being poor/10 being exceptional)

Responses to the question ranged from 10 to 3, with an average score of 7

Overview

The key themes highlighted within the responses are **safety / care quality** which was noted by 56% of respondents, **facilities/ infrastructure** which was noted by 40% of respondents and **patients/ families not understanding changes** and **team working** with 32% of respondents noting these. ³²

Section 6: Temporary service change 2

Temporary service change 2:

The PACU at WGH (also known as Puffin Ward) was suspended on the 21st March 2020 as part of the response to the COVID pandemic. The decision was ratified at the Silver Tactical Group meeting on the 25th March 2020 (having received tactical approval through Chairs actions¹ on the 20th March 2020). The Command and Control structure enacted in response to the pandemic was detailed at Public Board on 16th April 2020, where all COVID-related decisions in relation to the reconfiguration of wards were ratified. The Public Board papers can be found [here](#).

Rationale:

To enable PACU (Puffin ward) to be converted into a Minor Injuries Unit (MIU) for adults and children. Families with children suffering minor injuries were still be able to access care at WGH via the MIU, but those children with acute illness were directed to GGH in Carmarthen.

Patient experience

To support temporary service change 2, the Paediatric service has monitored patient experience for the period of change from March 2020 – September 2021.

Feedback on paediatric services across the Health Board could be made during this period by completing any one of the following surveys:

- survey for parents/ carers/ relative;
- survey for 4-11 year olds;
- survey for 11+ year olds.

A sample of some of the data collated during this period has been outlined below:

Survey for 4-11 year olds

The questionnaire included 72 children taking part aged 4-11 years old that used Cilgerran Ward (GGH) (65%), Puffin Ward (WGH) (4%) and Angharad Ward (BGH) (31%).

- 90% stated that they were looked after and listened too, while 10% stated they were not. This was not asked as a single question and combines those only where they said they were both listened to and looked after.

¹There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

Section 6: Temporary service change 2

Patient experience (continued)

Survey for 11+ year olds

46 children aged 11 upwards responded to the questionnaire with children using Cilgerran Ward (GGH) (37%), Angharad Ward (BGH) (30%), PACU GGH (2%) ED BGH (4%), ED GGHi (9%) and 17% not responding.

The narrative of the feedback demonstrated that:

- 95% cared for with high level of privacy (Always or Usually)
- 85% described being involved in decision making about care (Always or Usually)
- Overall patient responses showed that 76% were a score of 8 or above out of 10. (1 poor – 10 excellent)

Survey for parents/ carers/ relatives;

Within the questionnaire for parents / carers / relatives, there was a total of 164 responses, with 43% of respondents from Carmarthenshire, 19% from Ceredigion, and 31% from Pembrokeshire. 54% stated their child had open access (children with long term conditions have direct access to the paediatric ward) to the ward.

- 90% of respondents felt that waiting times were good, 76% waited a short time, and 14% waited a little longer than needed
- 78% of parents answered that they did not require transfer between sites. Of those transferred: 8% did so in their own car, 1% using other means of transport, and 5% in ambulance, while others did not comment
- 84% felt they were listened to (Yes or Usually) with 4% stating sometimes
- 87% stated that they were treated with dignity and respect (Yes or Usually)
- 79% responded positively about being given advice to care for child at home (Yes or Usually), with 9% saying they had never been given advice, and 1% sometimes

Section 6: Temporary service change 2

Concerns¹

Hywel Dda University Health Board monitors quality of care through a number of quality management system mechanisms including the Health Board’s concerns management system provided by DatixCymru and RLDatix. The system allows the Health Board to monitor all concerns raised under the Putting Things Right Regulations.

Under the regulations a “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011).

Overview

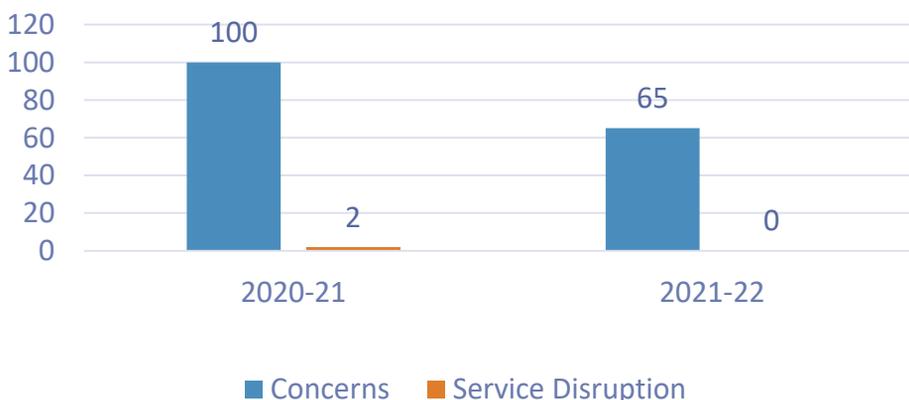
The concerns management system has been reviewed for both **patient safety incidents**² and **complaints and feedback** by the Paediatric service³, the review shows that a very limited number of concerns were attributed to the temporary service change⁴, of those reported they were in relation to service distribution or staffing issues (patient safety incidents) and change in service and the relocation of paediatric services (complaints and feedback) a breakdown is listed below:

Patient safety incidents

Financial year⁵ 20/21 – 100 concerns, 2 due to service disruptions

Financial year 21/22 (Up to September 2021) 65 concerns, 0 due to service disruptions

Patient safety incidents 2020 – Sept 2021



¹ A “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011)

² A patient safety incident “means any unexpected or unintended incident which did lead to or could have led to harm for a patient” (Welsh Government 2011)

³ Services provided for infants and children from birth to age 18

⁴ A change made to meet service needs for a temporary period

⁵ The UK tax year starts on 6th April of one particular year, and will run until 5th April of the next year

Section 6: Temporary service change 2

Concerns (cont.)

Complaints¹ and feedback

During the period 1 March 2020 – September 2021

There were 40 complaints, 0 were in relation to the change in service and the relocation of paediatric services.



Section 6: Temporary service change 2

Targeted early engagement Children and Young People (CYP)

A targeted approach was undertaken inviting patients their families and carers to provide their experience of accessing paediatric services within Hywel Dda University Health Board.

Informal drop in events were arranged in Carmarthenshire, Ceredigion and Pembrokeshire to meet with families and a summary of the findings are outlined below:

Of the 14 people who completed the surveys during the face to face engagement, 11 had experience of using services during temporary change 2.

The main themes that came through were that there were **helpful and friendly staff**, with a greater proportion of responses noting the **supportive and accessible nurses**, and that **GGH staff are efficient**.

The impacts raised in relation to this this temporary change are around **travel from Pembrokeshire to GGH, waiting times** once arrived, and parents feeling that there is a **lack of understanding on how to support disabled children** and a **lack of communication with parents around care**.

The themes that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” were **providing care closer to those in Pembrokeshire, providing more support for parents** and **providing more support for disabled children**. Examples include:

- The nursing staff were lovely and very helpful.
- Staff efficient and helpful.
- Transport to and from GGH and providing care whilst in transit. No necessities on hand for families.
- There was no understanding or experience with children with ASD or additional needs

There were some overlaps in feeling about how a WGH based paediatric service would **improve GGH waiting times for Carmarthenshire residents**, as well as **providing care closer to home for Pembrokeshire residents**, but this was not universal. Examples include:

- Maybe if paediatric services were split between WGH and GGH there would be less waiting times
- Bring back Paediatrics to Withybush travelling back and fore to Carmarthen with a young child in hospital, not ideal
- Children's doctors are often seen in GGH as well as WGH. No central constant place. One single location where all doctors are under one roof would provide better service. Doctors would find it easier to communicate with each other also.

Section 6: Temporary service change 2

Targeted early engagement with service users/ parents or guardians of service users

In order to understand the impact of the temporary service changes on service users, targeted early engagement was undertaken with people who had accessed A&E and inpatient PACU services at WGH and GGH. Details of the full methodology used is outlined in Section 3: Methodology

As part of the theming for each of the questions asked about temporary change 2, the tCI noted the following issues within the feedback:

- Staff are the key asset in the operation
- Nurses, health care support workers, Doctors, play workers mentioned
- Provision of appropriate care and precautions during the Covid 19 pandemic
- Waiting times were still felt to be short by many
- Services were still felt to be quick by many
- Generally experiences ratings dropped during this period, which can mainly be accounted for by the impact of the pandemic
- A consistent theme continues for the reinstatement of children's services at Withybush (linked to long journey times from Pembrokeshire with ill children)
- Information still required surrounding the operation of children's services at Withybush 'out of hours' is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection
- Facilities at Glangwili singled out as needing improvement
- The call for a separate paediatric A&E entrance/triage continues to be prevalent
- Issues around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings

Positive Experiences

•Staff

Nurses and doctors were great!

Staff very attentive and friendly very efficient

All nurses and health care support workers were amazing and very welcoming and caring

•Covid appropriate responses

Professional & friendly. It was during covid & they were very safe & strict with covid measurements.

It was covid and our son was very poorly hit the staff were understanding and helped my partner visit when possible

The services We experienced were impacted and adjusted due to covid restrictions, but this did not cause huge disruption to my child's care

•Short waiting times

We were seen very quickly, and I felt reassured by the staff who specialise in paediatrics

•Facilities

The building is new in relation to many other sites and designed for A&E

•Fast service

Even though A&E was very busy we were sent to minor injuries and was seen quickly given the circumstances. Staff members were always polite and well mannered. Made my child feel at ease which made the experience better

Section 6: Temporary service change 2

Areas for improvement

- **Provide children's services at Withybush 24/7**

*It would be great if children could go there through the night as Glangwilli is in such high demand
There must be a full children's service in Pembrokeshire. You are currently failing children. This includes midwifery services*

- **Provide adaptation**

Side rooms for children with needs. My son is disabled and doesn't like noise so if another child is crying he cannot cope with it. Other than that it's good

A&E not mental health appropriate, they need quiet space not to feel part of a circus

- **Provide details of Withybush operating hours to all**

Ensure that 111 are fully aware of the closures in hospitals so that children are not taken to an 'advised' hospital where there is no PACU unit anymore

- **Improve the facilities**

TVs don't work in every room which is difficult when trying to occupy small children, especially when can't leave room

- **Keep up existing good practice**

The PACU direct re-entry card is a real reassurance as a parent, and makes you feel confident to take your child home. Please continue this practice!

- **Improved discharge**

Too quick to discharge us as we were back again & admitted within 24 hours, but we did have open access to ward

- **More staff**

They are so busy. I find they just don't have the time to help as they are understaffed

- **Prioritise children/Fast track paediatric A&E**

Would be ideal to put children first within an hour

- **Provide food, drink and support to parent/carers and children**

Services should be readily available for the parents/children such as vending machines, drinks machines, changing facilities, because arriving in an emergency you don't always think to grab food/drinks and you can be waiting hours in A&E

- **Reduce waiting times**

*I waited over 10 hrs to be seen...to be told that they couldn't help me and to come back the next day
Reduce waiting times, especially for young children*

- **Improve the environment**

Glangwili A&E is small, unpleasant, not family friendly, horrible. Would you sit there with your child???

- **Enhanced privacy while waiting**

More privacy in waiting areas

Section 6: Temporary service change 2

Anything else to be considered

- **Extend the service**

It's just that , day care. It's not good enough. Children shouldn't have to suffer and go further to get care if it's either an emergency or to have a longer stay for illness. Day care is not enough.

- **Current operation seems dangerous**

Limited opening hours requiring transfer and limited transfer availability is perceived as dangerous.

- **Improve discharge process**

Discharge processes slow and inefficient but no more so than anywhere else.

- **Play activity is very positive**

It was nice that located beside the playroom and the play therapist helped find something to distract my son.

- **Provide children's services at Withybush**

*Paediatric care needed at Withybush too
It's too far for many children to...travel
Bring back full children's services to Withybush.*

- **The staff are great**

The nursing and aux staff were absolutely outstanding. When my son needed 3 nurses, a Dr just to find a vein for bloods they were just fantastic

- **The building needs improving**

It is in a poor state of repair

- **Flexible service provision would be helpful**

Later clinic times for working mums and children in school

Section 6: Temporary service change 2

Community Health Council¹ (CHC) Patient survey

36 survey responses were identified which referenced the period for temporary change 2 in the anonymous data provided by the CHC. 13 of these responses were in relation to care received in WGH, and 23 in relation to care received at GGH. The full report is listed in [Appendix G - CHC 'Has your child been to hospital' report July 2022](#).

Themes around the change included:

- Patients spending long times waiting from Pembrokeshire due to arriving at WGH, travelling onto GGH and joining triage queue there
- Concerns around facilities/ environment suitability for children
- General praise for staff

Section 6: Temporary service change 2

Targeted early engagement with staff:

In order to understand the impact of the temporary service changes on the staff working within the service, targeted early engagement was undertaken to learn about the experience of the multidisciplinary team at WGH and GGH working within the Paediatric service during the last 6 years. Details of the full methodology used is outlined in Section 3: Methodology

This section of the report looks at the responses to the survey completed by the multidisciplinary team who work with CYP¹ at GGH and WGH. This included Medical, Nursing, Therapy, Operational and Support staff.

Within the survey responses there were often multiple similar statements made about the same point; these have been collated under relevant thematic headings for the purpose of this issues paper, and may be an amalgamation of multiple views. Singular points of note have been pulled through as issues.

No direct written quotes from responders have been included as part of this report and the statements captured are not verbatim.

Respondents were asked to provide their feedback on working within the service during temporary change 2: 2020 – 2021

28 responses were received relating to this temporary change, 17 from staff based at GGH, 7 from staff based at WGH, 4 from staff who undertake work across the Health Board area or who did not specify a work location.

- **Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?**

Team working was a key theme emerging from responses with 7 out of 28 respondents noting this, other popular themes included **overcoming barriers to outcomes** (with 6 responses) and **maintaining services at WGH** (with 5 responses), All the themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Team working	7
Overcoming barriers to outcomes	6
Maintaining services at WGH	5
Stronger rotas	3
Overcoming issues around temporary accommodation	2
Providing care closer to home for Pembrokeshire	2
Communications with patients	1
Retaining service changes introduced during COVID 19	1
Reaching critical mass of patients	1
Consistent processes/ care pathways	1

Section 6: Temporary service change 2

Targeted early engagement with staff (continued):

In response to the question: “**Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?**”, examples of comments which reflect the main themes include:

- Working with staff through the pandemic and seeing how everyone came together to ensure services were maintained. Barriers to achieving outcomes were no longer barriers
- The forced changes due to the Covid pandemic in March 2020 made life very difficult for all staff in all areas. However everyone did the very best they could and adapted to massive and frequent changes on a regular basis, I have every admiration for all the staff, those who remained in WGH child health
- **Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?**

Lack/ loss of facilities was a key theme emerging from responses with 10 out of 28 respondents noting this. Other popular themes included **COVID 19 impact on staff** (with 6 responses) and **lack of Paediatric staff at WGH, Staff wellbeing**, and **COVID 19 impact on service changes** (all with 5 responses). All the themes and issues identified are illustrated below:

Theme/ Issue	No. of time referenced in responses
Lack/ loss of facilities	10
COVID 19 impact on staff	6
Lack of Paediatric staff at WGH	5
Staff wellbeing	5
COVID 19 impact on service changes	5
Emergency Department Pathway into Paediatrics	2
Loss of acute Paediatric services in WGH	2
Communication with staff	2
Different skills across sites	1
Patients/ families travel times	1
GP/ Out of Hours pathway referrals	1
COVID 19 impact on patient/ families	1
Transfer services between WGH and GGH	1
Maintaining quality of care	1
Communication with the public	1

Some examples of comments made which reflect the main themes include:

- No acute unit in Withybush. Children couldn't come in for assessment and treatment. we lost the Puffin ward space ... We only had 4 clinic rooms and acute team occupied 2 of them. community paediatricians didn't have a place to do any clinics.
- Very difficult in the Pandemic, Environmentally difficult, constant change to service, minimum staffing due to sickness. Constant changing IP advice and implementing the changes. ⁴³

Section 6: Temporary service change 2

Targeted early engagement with staff (continued):

- Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Improved facilities was a theme emerging from responses with 5 out of 28 respondents noting this. Other themes included **communication with the public** and **maintaining /returning WGH Paediatric services** with 3 responses. All the themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Improved facilities	5
Communication with the public	3
Maintaining /returning WGH Paediatric services	3
Better/ safer transfer service	2
Review Paediatric/ ED pathway	2
Engagement with staff on service changes	2
Improved Paediatric/ ED training and staff resources	2
Finalise temporary service changes	2
Equity of adult/ childrens services	1
Clinicians working on site/ face to face	1
Raising public awareness of WGH Paediatric issues	1
1 team 2 sites approach	1

Some examples of comments made which reflect the main themes include:

- Bring back Puffin ward please. At least get that space so we can have a better clinical environment.
- The environment in Paediatric areas in GGH does not make Infection Prevention and Control (IP&C) easy as the units are cramped. Storage and staff rooms are inadequate at best.
- Make definitive decisions to enable us to move forward with service and for our families and whole community to know where to access the services they need.

Section 6: Temporary service change 2

Targeted early engagement with staff (continued):

- Are you aware of any difficulties with travel for those children, young people and their families accessing Childrens services at GGH from Pembrokeshire since 2020?

Greater travel distance was a theme emerging from responses with 6 out of 28 respondents noting this. Other popular themes included **greater support for families needed** (with 4 responses), and **cost of transport** (3 responses). All the themes and issues identified are listed below:

Theme/ Issues	No. of time referenced in responses
Greater travel distance	6
Greater support for families needed	4
Cost of transport	3
Virtual clinics have improved access	1
More services moving to GGH	1
Out of Hours emergency pathway	1
Families refusing to travel for care	1
Repeat/ follow up attendances difficult	1
Issues with DAV transfer	1
Reduction in verbal complaints during COVID 19	1
Finding transport home for those conveyed	1
Availability of public transport	1

Some examples of comments made which reflect the main themes include:

- Many families have told me how difficult it is to travel. They even avoid going, not getting the treatment they need because they have to travel.
- People travelling long distances, with no family or friends for support. Having to drive past Withybush to be seen in Glangwili, and sent home straight away.

Section 6: Temporary service change 2

Targeted early engagement with staff (continued):

- Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at GGH & WGH

No themes emerged from the analysis of responses to this question, but the following matters were noted:

Theme/ Issues	No. of time referenced in responses
Lack of DAV during pandemic	1
Staff recruitment/ retention	1
Improve facilities	1
Develop areas of expertise	1
Keep services where/ as they are now	1
Unwell children still go to WGH	1
Improve signposting for patients/ families	1
Provide services from WGH ED	1
Reopen Puffin for ambulatory care/ clinics	1
Equity with adult services	1
Complete previously agreed plans (Phase 3)	1

- Please rate your overall experience (1 being poor/10 being exceptional)

Responses to the question ranged from 10 to 1, with an average score of 7

Overview

Some responses had been carried over from the previous service change where people had no more to add following temporary service change 1. Just as there was no dominant theme for additional information, there was also mixed opinion on how services should be provided. Examples include:

- Please keep it where it is [GGH] otherwise you will surely jeopardise the long term survival [of paediatric services]
- We are striving to maintain as many services locally as we can but there is reluctance of the wider team to join us in a "one team" approach to providing care, even though we work GGH rotas. We need a bigger and better area to be able to provide Pembs Paediatric care.

Section 7: Temporary service change 3

At the Public Board¹ meeting held on 30th September 2021 (papers can be found [here](#)), the Public Board supported the extension of the temporary service arrangements:

- The suspension of the PACU at WGH, also known as Puffin Ward, until a full review of the temporary changes has been concluded
- This was supported by a detailed communications plan which included distributing a leaflet to all households in Pembrokeshire which aimed to minimise the risks that an acutely ill child or young person may encounter if they presented to WGH
- The minor injury pathway at WGH (to which paediatric cases are encouraged to attend) was also subject to re-focus. This included making it clear by the installation of new, temporary signage, that the service at WGH is a paediatric Minor Injury service and an adult A&E
- A new triage tool was also designed to prioritise and support rapid intervention for children who may continue to present at WGH with time-sensitive illness and to signpost clinicians to access appropriate transfer services to repatriate the patient to the right place of care

Rationale:

Welsh Government (WG) directed Health Boards to enhance and strengthen paediatric service provision in relation to an anticipated surge in Respiratory Syncytial Virus (RSV). The Health Board had already started to see an increased number of children with RSV both in primary care and in our hospitals. Public Health Wales confirmed that the threshold to declare the “season underway” was met in July 2021, and was expected to last until March 2022 with a provisional peak being predicted in November 2021.

Patient experience

To support the temporary service change 3 the Paediatric service² has monitored patient experience for the period of change October 2021 to July 2022.

Data was gathered using two systems with a change to the survey questions also taking place around December 2021. This means that although temporary service change 3 received the highest volume of responses, the questions are not always comparable with those asked in relation to the previous two temporary service changes³, lowering patient experience responses as a result.

The following analysis only includes answers to questions where the same questions were asked across the other change periods and so may not be fully reflective of patient experience for the period between December 2021 and May 2022.

In December 2021 a new system was introduced with further opportunities to share experience (paper, QR code and social media links), in addition to targeted implementation within all areas, which involved the patient experience teams undertaking daily ward visits with children, young people and families.

¹The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust [governance framework](#), to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights. 47

²Services provided for infants and children from birth to age 18

³Change made to meet service needs for a temporary period

Section 7: Temporary service change 3

Patient experience (continued) :

Feedback on paediatric services across the Health Board could be made during this period by completing any one of the following surveys:

- survey for patients/ carers/ relatives;
- survey for 4-11 year olds;
- survey for 11+ year olds.

A sample of some of the data collated during this period has been outlined below:

Survey for 4-11 year olds

The questionnaire included 77 children taking part aged 4- 11 years old that used Cilgerran Ward (GGH) (31%), Angharad Ward (BGH) (16%), and 53% unrecorded.

94% of respondents stated that they were looked after and listened to, whilst 6% of respondents stated that they were not. This was not asked as a single question (Were you looked after and listened to) so combines responses where people said Yes they were looked after and Yes they were listened to.

Survey for 11+ year olds

110 children aged 11 upwards responded to the questionnaire with children using Cilgerran Ward (GGH) (15%), Angharad Ward (BGH) (8%), PACU GGH (4%) and 74% not responding.

The feedback indicated that:

- 80% cared for with a high level of privacy (Always or Usually).
- 68% described being involved in decision making about care (Always or Usually).
- Overall responses 75% were a score of 8 or above out of 10 (1 poor – 10 excellent).

Survey for patients/ carers/ relatives

There was a total of 456 responses to the questionnaire for parents or carers questionnaire, with 44% from Carmarthenshire, 25% from Ceredigion, and 31% from Pembrokeshire.

- 56% stated their child had open access to the ward (children with long term conditions have direct access to the paediatric ward).
- Overall 86% felt that waiting times were good, with 73% stating that they waited a short time and 13% that they waited a little longer than needed.
- 87% of parents answered that they did not require transfer between site. Of those transferred 79% did so in their own car and 21% in an ambulance.
- 95% felt they were listened to (Yes or Usually) with 3% stating sometimes.
- 97% stated that they were treated with dignity and respect (Yes or Usually) .
- 79% said that they were given advice to care for child at home (Yes or Usually), with 4% saying that they were never given advice, and 2% sometimes.

Section 7: Temporary service change 3

Concerns¹

Hywel Dda University Health Board monitors quality of care through a number of quality management system mechanisms including the Health Board’s concerns management system provided by DatixCymru and RLDatix. The system allows the Health Board to monitor all concerns raised under the Putting Things Right Regulations.

Under the regulations a “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011).

Overview

The concerns management system has been reviewed for both **patient safety incidents**² and **complaints**³ and **feedback** by the Paediatric service, the review shows that a very limited number of concerns were attributed to the temporary service change, of those reported they were in relation to service distribution or staffing issues (patient safety incidents) and change in service and the relocation of paediatric services (complaints and feedback) a breakdown is listed below:

Patient safety incidents

Financial year 21/22 (October 2021 – March 2022) 46 concerns, 0 due to service



¹ A “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011)

² A patient safety incident “means any unexpected or unintended incident which did lead to or could have led to harm for a patient” (Welsh Government 2011)

³ A complaint means any expression of dissatisfaction”. (Welsh Government 2011)

Section 7: Temporary service change 3

Concerns (continued)

Complaints and feedback

During the period October 2021– May 2022

There were 15 complaints 1 was in relation to the change in service and the relocation of paediatric services.



Section 7: Temporary service change 3

Targeted early engagement Children and Young People (CYP)

A targeted approach was undertaken inviting patients, their families and carers to provide their experience of accessing paediatric services within Hywel Dda University Health Board.

Informal drop in events were arranged in Carmarthenshire, Ceredigion and Pembrokeshire to meet with families and a summary of the findings are outlined below:

Of the 14 people who completed the surveys during the face to face engagement 6 had experience of accessing services during temporary change 3. The main themes raised were **friendly and knowledgeable staff, very long waiting times and inability to access care from WGH.**

The themes that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” were around **being able to treat patients before transferring** for those who cannot directly access GGH, **improvements to access paediatric care through A&E** and **better signposting to other services such as Minor Injuries/ GP led services.** Examples include:

- Staff are always great. Once seen it's always swift. Staff shortages let the staff and patients down.
- Waiting time was awful especially had children even more difficult. Overall medical experience was good.
- Drs querying why my epileptic son was at Withybush not Glangwili When I need medical support urgently. TRANSPORT... Treat the injury then decide which hospital people need to go to.
- Increased staff. A larger A+E department with increased triage. Also better use of minor injuries/GP led service so those who do not need to be seen as an accident/emergency can be seen in a more suitable setting.
- Paediatric waiting area along with staff to help children remain happy during wait for paediatric Dr.
- Children in Pembrokeshire NEED to have accessible services 24/7 to avoid things like being unwell/ in pain in an environment like A&E along with intoxicated Adults!

The responses while noting transport issues did not necessarily call out for reinstatement of paediatric services to WGH, but rather **centralised accessible services** or **splitting out of demand to reduce pressure at GGH.** Examples include:

- One central Paediatric unit in Whitland/at worse St Clears would provide a better service than what we have now. With no Paediatrics in Withybush, we have to go to Glangwili which is increased distance for patients from Pembrokeshire. All doctors in one hospital instead of clinics in multiple hospitals can only create better communication and service for the children as well.
- If it was split again less waiting times at GGH.

Section 7: Temporary service change 3

Targeted early engagement with service users/ parents or guardians of service users

In order to understand the impact of the temporary service changes on service users, targeted early engagement was undertaken with people who had accessed A&E and inpatient PACU services at WGH and GGH. Details of the full methodology used is outlined in Section 3: Methodology

As part of the theming for each of the questions asked about temporary change 3, the tCI noted the following issues within the feedback:

- Staff continue to be highlighted as the key asset in the operation
- The service was praised for putting the patient first (Child Friendly)
- Facilities were praised as being child friendly, providing appropriate activities
- Many felt the local knowledge of staff was useful in setting children at ease
- Many praised the speed of diagnosis
- Many felt communications were good with parent/carers kept informed of care at all times
- The service was highlighted for supporting parent/carers as well as patients
- Services were praised for delivering timely care and treatment
- The availability of staff with paediatric training was felt to be very positive
- Again, for change three, the consistent theme continues for the reinstatement of children's services at Withybush,
- again linked to long journey times from Pembrokeshire with ill children.
- The facilities at Glangwili were highlighted as needing cleaning and in general need of updating
- The lack of play activities for children was highlighted, with many expressing concern over the closure of the children's room
- Staff communication was highlighted as an area for improvement, specifically:
 - When dealing with parents (it was felt their opinion was dismissed)
 - When dealing with the specific circumstances surrounding children with additional needs
- Issues continue to be highlighted around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings
- For those unfamiliar with the Glangwili site the lack of signposting to PACU was again highlighted as causing confusion
- The need for a separate paediatric A&E entrance/triage/waiting room was reinforced
- Make the facilities suitable for all ages (children and young people)

Positive Experiences

•Staff

the doctors were very helpful and was seen quick

Care was exceptional. The patience and kindness of the staff meant that my children could have tests they required.

•Patient first

Child feeling welcomed and looked after.

Section 7: Temporary service change 3

Positive Experiences (continued)

•Nice facilities

*Nice area away from main ward. Open access offered reassurance
the hospital lovely and clean as always*

•Local knowledge

*the staff's local knowledge to help ease child's anxiety when talking about familiar places and things
to my daughter*

•Facilities

*The rooms where child friendly,
Nice, clean environment.*

•Activities

*the activities on the ward to keep my child entertained
Play therapists*

•Speed of diagnosis

*My son needed urgent care and when we arrived there was no delay in responding to what
he needed, and they were very friendly and informative in a way that I could understand what
was wrong with him*

•Good communications

I was kept informed of all that was happening with my sons care at all times

•Supportive of parents

*Staff were very supportive of myself as a parent also and I felt like everyone really went out of
their way to be helpful and caring*

•Shortage of staff

*The staff themselves were excellent in the manner in which they interacted with my son and the
treatment administered. They are so understaffed however that this leads to huge waiting times to
be seen, treated and subsequently discharged. Movement to Glangwili seems to have exacerbated
this problem*

•Poor adjustment for disability

*The Drs listen however the provision for children with autism is poor as is the staff training when
dealing with this*

•Timely service

*Brilliant service needed an x-ray all done and treated within the hour
I thought we'd be in minor injuries for hours but was surprisingly quick*

•Local service

They seen my child here and checked him over, so I didn't have to go all the way to Carmarthen

•Paediatric support

Staff were paediatric trained and were very kind and informative with my son and I

•Drink for parent/carers

*A lovely lady from the Red Cross was there to hand out glasses of water to patients as it was a very
hot day. That glass of water was very much appreciated*

•Good facilities for children

*My child was able to sit in the children's area away from the main waiting area and during the covid
pandemic this was greatly appreciated. He was able to watch children's TV also which helped as
there was a long wait*

Section 7: Temporary service change 3

Areas for improvement

- **Provide children's services at Withybush**

There needs to be a children's ward at Withybush hospital 24/7

- **Clean the facilities**

Clean the hospital it's filthy

- **Provide play activities**

Get new toys, activities, board games to suit all ages of children

- **Treat parents with respect**

Stop being so patronising to parents.

- **Improve communications for care for those with additional needs**

Have more specialist training about children with additional needs

- **Provide food and drink for parent/carers**

I noticed the lady opposite me who was also in with her little boy...was there an hour before I was (I was there 5 hours).. when asked whether she wanted food for him she ordered but I could see her eating it, she was quite obviously very hungry and not once offered any food. I feel like this could change

telling parents where and how to get food if only one parent and have to stay with child.

- **Make the staff appear more child-friendly**

The staff could be in a non-uniform type of dress

- **Improve the environment**

The rooms could have been better decorated.

needs updating- not enough space for the volume of patients attending the unit

- **Improved signage**

The entrance could be improved. Very poor sign for PACU

- **Improved communications (particularly around children)**

Better communication / updates

Be mindful of the language used with children, my daughter did a lung function test, and the nurse told her 'poor effort' numerous times, this caused her to become extremely upset and refuse to continue the test. If the language used was more child friendly this could have been avoid.

Better listening to parents concerns

- **Reduce waiting times**

More staff pure and simple , the staff are pushed to their limits

Have a more sufficient A&E kept us waiting for hours before being referred to the Children's unit

Less waiting time in A&E for a 3 year old to be seen

- **24/7 Care**

For a start, open children services for a 24 hour period. Don't close them at 5 pm. Our children shouldn't have a time limit on care they need to receive

- **Take account of additional needs**

Side rooms for children with ALN...(additional learning needs)... My son finds it difficult to be in a bay full of other children who maybe upset or just making noise

Section 7: Temporary service change 3

Areas for improvement (continued)

- **Deliver children's services at Withybush**

*Open back Haverfordwest instead of allowing my autistic son who hates to travel all the way to Glangwili poorly And passing a perfectly good hospital on the way
Bring back services in Withybush*

- **Treat all parents equally**

*the doctors should not discriminate because you're a young parent
Treat us as humans instead of an inconvenience. Listen. Show a bit more compassion!*

- **Prioritise children in A&E**

Try and get children seen 1st

- **Paediatric A&E waiting area**

Reopen the children's waiting room. It's not nice for children to be sat seeing intoxicated adults coming in with police officers

Use the child's waiting area in A&E as children sitting with unwell adults is not ideal

- **Increase the time current paediatric services are open**

Be open longer so we don't have to travel 40 miles from home and have to find a way there and home just for children to be treated

- **More staff**

*Employ more staff. Make more beds available and allow them to be able to do what Glangwili can.
There needs to be more staff*

- **Improve staff listening skills when dealing with children**

The doctors need to learn to actually listen to concerns...act on concerns...not just look at a child think they look OK and send them home.

- **Invest in the facility**

Fund it more invest more money

- **Doing the best you can**

Given the current pressures- you are doing everything you possibly can.

- **Recognise needs differ by age**

Train Drs that not all teenagers are trying to pull a fast one. To show compassion and support to the family members with them. Teach them that time means as much as the words said. Nurses are trained in this, so should Drs be!

- **Provide toilet facilities for young children**

In A&E, there was no potty or smaller child's toilet available for my 3 year old to use, it made her very anxious and scared having to be held over the adults toilet. A child's toilet would be a great addition, as discussed with other parents when we were there

Anything else to be considered

- **Local services are very important**

It made an exceptional difference being able to be seen locally rather than driving out of county

- **Staff were great**

We were very well looked after and cared for by all staff

As a breastfeeding mother, I was pleased that the doctors and nurses encouraged breastfeeding my son, whilst they were carrying out interventions such as taking blood. It was lovely that they identified that my son needed that comfort which helped him become less stressed

Section 7: Temporary service change 3

Anything else to be considered (continued)

- **Too far to travel**

Too far for Pembrokeshire parents to travel if child is very unwell

- **Parking**

Parking. It is an absolute nightmare. When you have to travel through no fault of our own then, when you arrive there is nowhere to park and threatened with fines

- **Food and drink for parent/carers**

Other than a cup of tea there was no means of getting any food for parents. I was breastfeeding and didn't eat for several hours

Having access to drinks and snacks

- **Recognition of differing ages and needs**

Bigger food portions for teenagers. My son is 16 and 6 ft tall. The portion sizes do not fill him up They only stock nappies up to a size 4, my son was in a size 6 at the time and I rushed to the hospital. I was expected to put my son in a nappy 2 sizes too small or go and find a shop open to get the size he needed. Nappies should be stocked in all sizes

- **More activities for younger children**

Suggest more toys to keep children entertained

- **Improved facilities**

- **Need a better waiting area**

Staff should be more welcoming and appreciate that parents are also vulnerable and stressed

Nice nurses — I had one lovely nurse, but the rest were quite rude

- **Play activities for children**

Saddened to see the play room go as this was a great way to socialise our son with other kids who are also going through scary times in their lives, sort of makes him feel normal again and that he's not alone in the world

- **Provision of side rooms for flexibility**

Expected to settle an injured and traumatised child (4 yr old) after hours of pain & procedure at 2 am in a room full of sleeping parents and children when there are clearly empty rooms all around

- **Improved Signage**

Having never used Glangwili before, we didn't know where to park or where to go. Signage could be improved. With Multiple entrances and wings it is not easy to navigate. Signage is easier to follow at Witybush

- **Improve waiting times**

A lot of waiting, especially with such a young child. Although the nurses were kind and ready to help, there weren't enough "check ins" to see if everything was okay. One nurse...managed to get my son to sleep when we were going through an emotional and difficult moment

- **Improve the facilities**

Needs a face lift looks tired dated like all of Glangwilli, this doesn't inspire confidence in the patient

- **Nothing**

Nothing

It is a brilliant service and one for which I do not take for granted.

Section 7: Temporary service change 3

Anything else to be considered (continued)

•More staff

More staff as the ones working all the time are burnt out

The poor staff are run off their feet, but they always have time for the people they are looking after

•Deliver children's services at Withybush

Services need to be brought back so children can actually be seen, staff at Withybush are fantastic! Children can become unwell very quickly especially with meningitis, but traveling to Carmarthen is a risk

•Paediatric A&E

*Make it a full A & E service for children rather than the extended journey to Glangwilli and ensure that they have paediatric sized needles and equipment's such as splints for broken fingers etc
More paediatric staff available would also help
Have a children Dr based in A&E*

•All or nothing

Withybush may as well be closed as you've stripped all services from there and no one has good experiences there now.

There's no point Withybush being open unless it's fully open

•Need more staff

*Staffing issues evident
Value your staff more*

•Staff attitude improvement

*The staff were just awful & patronising as I was a first time mum
A&E staff were aware of a patient being sick several times in the toilet, and not once did anyone go in and clean the area down. They were too busy chatting behind the desk*

•Withybush A&E is a waste of vitally important time

*...just tell us not to come, wait 2/3 hours to be told to drive to Carmarthen, with a child with a head injury, absolute xxxx!
made me and a sick one year old sit there from 11 am to 7 pm without offering any food or even a drink*

•Separate children's waiting area with appropriate activities

Bigger child's waiting area

I have seen children wait in the waiting room with other adults. I feel they should have a separate area considering there is a wait.

There's not much to keep children entertained for the wait or children's drinks

Not a big enough child area in waiting room

No privacy/ area for breastfeeding or anywhere to express milk in A&E. Nowhere to sterilise pumping equipment

•Support the staff

Staff under so much pressure.

•Facilities too small for demand

It is...too busy and too small

Section 7: Temporary service change 3

Targeted early engagement with staff:

In order to understand the impact of the temporary service changes on the staff working within the service, targeted early engagement was undertaken to learn about the experience of the multidisciplinary team at WGH and GGH working within the Paediatric service during the last 6 years, details of the full methodology used is outlined in Section 3: Methodology

This section of the report looks at the responses to the survey completed by the multidisciplinary team who work with CYP¹ at GGH and WGH. This included Medical, Nursing, Therapy, Operational and Support staff.

Within the survey responses there were often multiple similar statements made about the same point; these have been collated under relevant thematic headings for the purpose of this issues paper, and may be an amalgamation of multiple views. Singular points of note have been pulled through as issues.

No direct written quotes from responders have been included as part of this report and the statements captured are not verbatim.

Respondents were asked to provide their feedback on working within the service during temporary change 3: 2021 to the present

28 responses were received relating to this temporary change; 17 of these were from staff based at GGH, 6 from staff based at WGH, 1 from staff based at BGH, and 4 from staff who work Health Board wide or within a community role.

- **Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?**

Team working was a key theme emerging from responses with 8 out of 28 respondents noting this, other popular themes included **Safety / Care quality** with 5 responses and **Maintaining services at WGH** with 3 responses, all the themes and issues identified are illustrated below:

Theme/ Issue	No. of time referenced in responses
Team working	8
Safe/ quality care	5
Maintaining services at WGH	3
Improved/ stable rotas	2
Adaptability to service change needs	2
Overcoming barriers to outcomes	2
Improvements to staff facilities	1
Communications with patients	1
Reaching critical mass	1
Overcoming barriers to outcomes	1
Easier referral pathways	1
Consistent processes	1
Providing care closer to home in Pembrokeshire	1

Section 7: Temporary service change 3

Targeted early engagement with staff (continued):

Most staff repeated the response they gave to change 2, this is an additional example which reflects the main themes:

- Paediatricians more likely to accept A&E referrals since the paediatric triage transfer policy enacted. Paediatric clinicians very supportive with advice and teaching.
- **Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?**

Lack/ loss of facilities was a key theme emerging from responses, with 11 out of 28 respondents noting this. Other themes included **communication with staff** and **COVID 19 impact on staff** (with 4 responses each). All themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Lack/ loss of facilities	11
Communication with staff	4
COVID 19 impact on staff	4
Poor executive/ management decision making	3
GP/ Out of Hours pathway referrals	2
COVID 19 impact on patient/ families	2
Lack of Paediatric staff at WGH	2
Different skills across sites	1
Patients/ families travel times	1
ED Pathway referrals	1
Communications with the public	1
Deskilled staff in ED	1
Sick children brought in by parents	1
Some pathway issues around transfers	1
WAST not always able to transfer	1
COVID 19 impact on service changes	1
Poor working atmosphere	1
Staff wellbeing	1

Most staff repeated the responses they gave to the same question in relation to temporary change 2, by stating as above for example, these are additional examples which reflect the main themes:

- Environmental constraints. Need better space to meet the needs of patients and needs.
- During pandemic, reducing space for office by wasting money on converting a kids toilet to an office. Which is so small that only two staff can safely be in there.
- no word of what the future is for Paediatric services in Pembrokeshire. Once again we hear all our news from social media, local press and hospital grapevine

Section 7: Temporary service change 3

Targeted early engagement with staff (cont.):

- Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Maintaining /returning WGH Paediatric services was a theme emerging from responses with 3 out of 28 respondents noting this. Other themes included **engagement with staff on service changes** and **improve facilities** with 2 responses each. All themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Maintaining /returning WGH Paediatric services	3
Engagement with staff on service changes	2
Improve patient and staff facilities	2
Review Paediatric/ ED pathway	1
Equity of adult/ childrens services	1
Improve Community services ¹	1
Raising public awareness of WGH Paediatric issues	1
1 team 2 sites approach	1
Retrieval service for unintubated sick children	1
Increase use of virtual clinics	1
Permanency required on changes	1
Safeguard PACU staff from ward staffing	1
Provide playroom access	1

Most staff repeated the response they gave to the same question in relation to temporary change 2, these are additional examples which reflect the main themes;

- Having PACU available in Withybush would reduce the need for Pembrokeshire families to travel to GGH for appointments other than MDT. The use of virtual Teams platform has reduced the travel burden for CYP and families but this is not always appropriate or feasible for families.
- Engage with staff, treat them with respect not contempt.
- I think that improvements in the environments of all the paediatric areas would give staff a morale boost, provided that the storage areas/ clinical teaching areas / medication preparation rooms/ staff rooms and offices were built into any new paediatric area.

¹ Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. They therefore work closely with other parts of the health and care system, such as GPs, hospitals, pharmacies and care homes 60

Section 7: Temporary service change 3

Targeted early engagement with staff (continued):

- Are you aware of any difficulties with travel for those children, young people and their families accessing Childrens services at GGH from Pembrokeshire since 2020?

Greater travel distance was a theme emerging from responses with 5 out of 28 respondents noting this. Other popular themes included **Cost of transport** (with 4 responses), and **more services moving to GGH** (2 responses). All the themes and issues identified are listed below:

Theme/ Issue	No. of time referenced in responses
Greater travel distance	5
Cost of transport	4
More services moving to GGH	2
Virtual clinics have improved access	1
Out of Hour emergency pathway	1
Lack of vehicle ownership	1
Families refusing to travel for care	1
Repeat/ follow up attendences difficult	1
WAST unable to transfer	1
Greater support for families needed	1
Availability of public transport	1

Most staff repeated the response they gave to the same question in relation to temporary change 2. These are additional examples which reflect the main themes:

- Families struggle to get to Withybush for appointments etc. Travelling 30 - 45 miles for treatment has an enormous impact, particularly on low income families and as you know there are large areas of severe deprivation in Pembrokeshire, where daily life is a struggle.
- Many poor people in Milford Haven don't have cars

Section 7: Temporary service change 3

Targeted early engagement with staff (continued):

- Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at GGH & WGH?

Staff recruitment/ retention and improve signposting for patients/ families were themes emerging from responses with 2 out of 28 respondents noting this. All the themes and issues identified are listed below :

Theme/ Issue	No. of time referenced in responses
Staff recruitment/ retention	2
Improve signposting for patients/ families	2
Lack of DAV during pandemic	1
Improve facilities	1
Develop areas of expertise	1
Keep services where/ as they are now	1
Establish a day unit in Pembrokeshire	1
Develop a 1 team 2 sites approach	1
Reduce individual influence on design	1
Provide services from WGH ED	1
Reopen Puffin for ambulatory care/ clinics	1
Treat patients at home with Paediatric ART	1
Poor decision making/ management	1
Needs of children taken into account	1
Separate Pembrokeshire Service	1
Values led/ driven	1
Not be influenced by Carmarthenshire needs	1

Most staff repeated the response they gave to the same question in relation to temporary change 2. These are additional examples which reflect the main themes:

- High turnover of experienced staff, which is not usual, but is as a result of not being valued
- Informing public as to what services are available
- **Please rate your overall experience (1 being poor/10 being exceptional)**

Responses to the question ranged from 10 to 1, with an average score of 8

Overview

Some responses had been carried over from the previous service changes. Just as there were no dominant themes for additional information, there was also mixed opinion on how services should be provided. Examples include:

- Pembrokeshire needs its own dedicated Paediatric service, it should not just be absorbed into Carmarthen.
- Please ensure it remains close to the current location otherwise the long term sustainability will be in jeopardy

Section 7: Temporary service change 3

Community Health Council¹ (CHC) Patient survey

20 survey responses were identified which referenced the period for temporary change 3 in the anonymous data provided by the CHC. Of these, 3 responses were in relation to care received in WGH, and 17 in relation to care received at GGH. The full report is listed in [Appendix G - CHC 'Has your child been to hospital' report July 2022](#).

Themes around the change included:

- Concerns around travel times and lack of ambulances/ transport available
- Difficult for people to understand the 'benefit' of travelling to Carmarthen past a hospital site that used to provide paediatric care

Section 8: Next Steps

Appraisal of the options¹

Following an assessment of the impact of the temporary changes outlined within this document, the Health Board will undertake a clinically led appraisal of the options for the interim service between now and the establishment of the new hospital network (currently predicted to open in 2029).

The scope of the clinically led appraisal of the options was set by the Executive Steering Group.

This was recorded as part of the Project Initiation Documents² (PID) which had been shared and developed with service leads. Any requests to change or widen the scope will be managed and recorded in the Executive Steering Group decision log.

The scope of the clinically led appraisal of the options was set following advice on a suggested approach from The Consultation Institute, a not-for-profit best practice Institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors.

The following suggested next steps are planned as part of the appraisal of options. Any changes to the suggested next steps will be managed and recorded in the Executive Steering Group decision log.

1. Deliberative session : Date & Venue: Friday 16 September 2022 at Plas Hyfryd, Moorfield Road, Narberth, Pembrokeshire SA67 7AB

Scope: Using the issues paper (this document) as a basis for discussion with a deliberative group to:

- Ascertain what should be considered for a good interim Paediatric service³ (feedback has been capture as part of the target early engagement with staff members and service users/ parents or guardians of service users see [Appendix H – Staff survey: future service response](#))
- What is essential
- What needs improvement
- Whether the permanent change in 2014 (WGH PACU operating hours changed to 10am -10pm and a separate acute paediatric overnight consultant on call rotas⁴ for WGH and GGH were in place) satisfies current needs
- Whether temporary change 1 (WGH PACU operating hours changed to 10am – 6pm, 7 day per week and merger of the acute paediatric overnight consultant on call rotas for WGH and GGH) satisfies current needs
- Whether temporary change 2 (suspension of the PACU at WGH) satisfies current needs
- Whether temporary change 3 (extension of the PACU at WGH, support with a Communication plan and triage tool) satisfies current needs
- Agree what ‘hurdle’⁵ and ‘evaluation’⁶ criteria are needed for later stages of the appraisal process

¹ Undertake an assessment of the available options

² The PID defines the project scope and identifies how the project will achieve its objectives. It puts the project on a solid foundation, a baseline that provides a place from which the project manager and project board can assess progress. The PID is a living document which is updated and revised as necessary throughout the project

³ Services provided for infants and children from birth to age 18

⁴ Consultants who work on a rota are required to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period

⁵ Defined criteria to outline the minimum level that must be met

⁶ The standards by which accomplishments of technical and operational effectiveness or suitability characteristics may be assessed

Section 8: Next Steps

Appraisal of the options (continued)

Membership:

We are aiming for the public element of the Deliberative Group¹ to be inclusive and representative of the public. Members of the public will work alongside the multidisciplinary service representatives

2. Output report

Scope:

Produce an Output report that provides an accurate reflection of both what has been learned through the process of developing the issues paper (this document) and the deliberative session

Purpose:

To inform the options development

3. Working group

Scope:

To consider whether:

- The permanent change in 2014 (WGH PACU operating hours 10am -10pm and a separate acute paediatric overnight consultant on call rotas for WGH and GGH were in place) should be returned to
- Temporary change 1 (WGH PACU operating hours 10am – 6pm, 7 day per week and merger of the acute paediatric overnight consultant on call rotas for WGH and GGH) should be returned to
- Temporary change 2 (suspension of the PACU at WGH) should be returned to
- Temporary change 3 (suspension of the PACU at WGH, support with a Communication plan and triage tool) should be retained
- One of the above is the best option, subject to enhancement
- There are potentially better options than any of the above (highlighted during the deliberative session²), and what those options might look like (high level overview to support hurdle appraisal)

Membership

Establishment of a working group³, aiming for inclusive and representative public participation to work along side the multidisciplinary service representatives

¹ A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to discuss and consider information, data and views

² Discussion and consideration by a defined group of people in a meeting / workshop

³ A small group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to consider information, data and views

Section 8: Next Steps

Appraisal of the options (continued)

4. Appraise the long list of options using hurdle criteria

Scope:

Utilising a consensus¹ approach to agree which options within the long list² should go forward (be 'shortlisted') to be 'worked up'.

Membership

Appraisal group to mirror where possible the membership of the Deliberative Group (step 1)

5. Working group

Scope:

To 'work up' (further develop) the high level detail for the options still being considered (the options on the 'shortlist')

Membership

Working group to mirror where possible the membership at the working group (step 3)

6. Appraise the options still being considered (short list)

Scope:

Appraise the options utilising a weighted scoring approach

Stages:

- Confirm criteria³
- Weight the criteria⁴
- Score the options⁵

Membership

Appraisal group⁶ to mirror where possible the membership at the deliberative session (step 1) and Appraise the long list of options using hurdle criteria (step 4)

¹ A mutually acceptable agreement that integrates the interests of all concerned parties. A number of dialogue methods seek to arrange consensus views by stimulating stakeholder discussions and focusing on area of agreement General or widespread agreement. Tends to be used to describe an outcome that 'everyone can live with', as well as unequivocal agreement. A win/win solution

² A complete list of options gathered as an output from the knowledge, data, material or insights compiled

³ Agree using a consensus approach what the criteria should be

⁴ If the criteria are of unequal importance, agree using a consensus approach a weighting to the relative importance of the criteria

⁵ Score each option against the weighted criteria and add these scores up to give an overall score for each option

⁶ A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to undertake an assessment

Section 8: Next Steps

Appraisal of the options (continued)

7. Appraisal Output report

Scope:

Produce an appraisal output report

Purpose: To provide detailed information about each of the shortlisted options¹ to Board

8. Recommendation around whether engagement and/or consultation around the future service is needed following the options appraisal

Scope:

Following discussion with CHC², make a recommendation to HDdUHB Public Board³ around whether engagement and/or consultation around the future service is needed following the options appraisal

Membership

Executive Steering Group

Review all engagement activity

Scope: Review all engagement activity undertaken to date from the period 2014 to 2022 to include internal engagement within the Health Board and wider stakeholder engagement to include service users.

Purpose: to help inform the decision around whether engagement and/or consultation around the future service is needed following the options appraisal.

Progress to date: The review is currently underway and the development of a comprehensive list of activities is ongoing, the list of activities will be independently reviewed to help inform the recommendation to Public Board

¹ A short list of options compiled utilising a consensus approach and hurdle criteria

² The Community Health Councils (CHCs) are the independent watchdog of the National Health Service (NHS) within Wales. The CHC encourage and support people to have a voice in the design and delivery of NHS services.

³ The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights. 67

Section 9: Glossary of terms

Term	Definition
Acute Services	Acute services provide medical and surgical treatment mainly within a hospital environment or Minor Injuries Unit. These typically include elective surgery (those procedures planned in advance) and non-elective or urgent intervention
Appraisal Group	A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to undertake an assessment
Appraise the Options	Undertake an assessment of the available options
Chairs Actions	There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
Community Health Council	The Community Health Councils (CHCs) are the independent watchdog of the National Health Service (NHS) within Wales. The CHC encourage and support people to have a voice in the design and delivery of NHS services.
Community Services	Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. They therefore work closely with other parts of the health and care system, such as GPs, hospitals, pharmacies and care homes
Complaint	A “complaint means any expression of dissatisfaction”. (Welsh Government 2011)
Concern	A “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011)
Confirm Criteria	Agree using a consensus approach what the criteria should be
Consensus	<ol style="list-style-type: none"> 1. A mutually acceptable agreement that integrates the interests of all concerned parties. A number of dialogue methods seek to arrange consensus views by stimulating stakeholder discussions and focusing on area of agreement 2. General or widespread agreement. Tends to be used to describe an outcome that 'everyone can live with', as well as unequivocal agreement. A win/win solution

Section 9: Glossary of terms

Term	Definition
CYP	Children and Young People
Dedicated Ambulance Vehicle	Ambulance vehicle and crew designed to transfer paediatric patients as soon as possible
Deliberative Group	A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to discuss and consider information, data and views
Deliberative Session	Discussion and consideration by a defined group of people in a meeting / workshop
Evaluation Criteria	The standards by which accomplishments of technical and operational effectiveness or suitability characteristics may be assessed
Financial Year	The Financial year starts on 1st April of one particular year, and will run until 31 st March of the next year
Hurdle Criteria	Defined criteria to outline the minimum level that must be met
Inpatient Unit	A unit with the purpose and function of which to provide services to a patient following that person's admission to a health unit
Locum staff	Any officer, employee, worker or representative who temporarily fills a rota gap within a hospital, clinic or practice. This can often be on a relatively short-term basis, although in the healthcare sector, it's not uncommon for locums to hold their post as part of a practice's core medical team for more extended periods
Long List of Options	A complete list of options gathered as an output from the knowledge, data, material or insights compiled
Paediatric Ambulatory Care Unit	Non-inpatient hospital services, the provision of care to sick children in a hospital environment where-by they are not admitted to the ward as an inpatient
Paediatric Care Task and Finish Group	A bi-weekly group established following the Board decision on November 24th 2016 to approve a temporary reduction in the operating hours of the PACU at WGH
Paediatric overnight consultant on call rotas	Consultants who work on a rota are required to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period

Section 9: Glossary of terms

	Definition
Paediatric Services	Services provided for infants and children from birth to age 18
Patient Safety Incidents	A patient safety incident “means any unexpected or unintended incident which did lead to or could have led to harm for a patient” (Welsh Government 2011)
Project Initiation Document	The PID defines the project scope and identifies how the project will achieve its objectives. It puts the project on a solid foundation, a baseline that provides a place from which the project manager and project board can assess progress. The PID is a living document which is updated and revised as necessary throughout the project
Public Board	The principal role is to ensure the effective planning and delivery of the local NHS system, within a robust <u>governance framework</u> , to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.
Quality, Safety and Experience (Assurance) Committee	The purpose of the Quality, Safety and Experience Committee (QSEC) is to: Provide accurate, evidenced, (where possible) and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare and Seek Assurance in relation to the organisation’s arrangements for safeguarding and improving the quality and safety of healthcare and subsequently provide assurance to the Board. The full role of the Committee is detailed <u>here</u> - (Assurance) dropped from title after July 2021 Board.
Royal College of Paediatrics and Child Health (RCPCH)	An organisation that’s works in education and career support for paediatricians, working on a range of programmes to improve child health from quality improvement to workforce studies, from research in the UK to global child health programmes (www.rcpch.ac.uk)
Score the Options	Score each option against the weighted criteria and add these scores up to give an overall score for each option
Short List of Options	A short list of options compiled utilising a consensus approach and hurdle criteria
Temporary service change	A change made to meet service needs for a temporary period
Transforming Clinical Services	Clinically led programme, informed by engaging and consulting with our communities culminating in a formal consultation - Our Big NHS Change. From this, the Health Board have agreed a set of recommendations for the transformation of health and care services, which has been translated into a long-term strategy <u>A Healthier Mid and West Wales</u>



Section 9: Glossary of terms

	Definition
Weight the Criteria	If the criteria are of unequal importance, agree using a consensus approach a weighting to the relative importance of the criteria
Women and Childrens Services	Services delivered by Hywel Dda University Health Board which include neonatal, midwifery, obstetrics and paediatrics services
Working Group	A small group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to consider information, data and views

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Appendix A - Medical workforce data

Following a very detailed discussion and consideration of all the options and their impacts, the Executive Team, at its 2nd November 2016 meeting, requested the following recommendations be submitted to the Board for consideration:

- a) **Merge the acute paediatric overnight consultant on call rotas¹ for Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) with one rota for the south of the Health Board, as recommended by the Royal College of Paediatrics and Child Health² (RCPCH)**

(Excerpt from Nov 2016 SBAR report to Executive Board)

As a result of medical workforce recruitment and retention issues and the ability to cover two on call rotas a recruitment campaign took place in 2017 specifically for the Paediatric Medical workforce. As can be seen below there was an increase in paediatric medical workforce starters within Hywel Dda University Health board.

Starters - Medical Paediatric	BGH	Elizabeth Williams Clinic	GGH	WGH	TOTAL
2016 starters	1		6	2	9
2017 starters	3	1	19	4	27
2018 starters	3		13	1	17
2019 starters	1		14		15
2020 starters	1	1	9		11
2021 starters	2		18		20
2022 starters (Jan – March)	3		6		9
Grand Total	14	2	85	7	108

¹ Consultants who work on a rota are required to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period

² An organisation that works in education and career support for paediatricians, working on a range of programmes to improve child health from quality improvement to workforce studies, from research in the UK to global child health programmes (www.rcpch.ac.uk)

Appendix A - Medical workforce data

Recruitment issues

As can be seen below recruitment of the Medical Paediatric workforce has seen an increase in starters during the period 2016 – March 2022, however there remains a fairly equal number of leavers across the period. Therefore workforce issues remain a challenge across the service and we must continue to look at innovative ways to ensure the service provision can be maintained.

All starters 2016 - 2022 Paediatrics	BGH	Elizabeth Williams Clinic	GGH	WGH	TOTAL
Consultant	4	2	17	1	24
Foundation Year 2			4	1	5
Specialty Doctor	7		15	3	25
Specialty Registrar	3		49	2	54
Grand Total	14	2	85	7	108

No of leavers by Role	GGH	BGH	WGH	3 County Post	Grand Total
Associate Specialist			1		1
Consultant	14	2	2	1	19
Foundation Year 2	9		1		10
Specialty Doctor	12	5	4		21
Specialty Registrar	54	6	1		61
Grand Total	89	13	9	1	112

Appendix B - Activity Data WGH and GGH

The activity data for the change periods is available in PDF format and obtainable through the Hywel Dda University Health Board website.

The data includes tables and graphs between the periods of April 2016 to August 2022 covering both sites, with a range of activity included such as inpatient admissions, Emergency Department attendances, etc.

Interim Paediatric Services Review

Data Science

16 September 2022

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Paediatric Inpatient Activity at Glangwili Hospital and Withybush Hospital

Activity between 1 April 2016 and 31 August 2022 has been included for the following wards and departments:

- WGH Puffin Ward (WGH - PACU)
- WGH Childrens Unit (WGH - Child Unit)
- GGH Paediatric Ambulatory Care Unit (GGH - PACU)
- GGH Paediatric High Dependency Unit (GGH - PHDU)
- GGH - Cilgerran Ward (GGH - Cilgerran)
- GGH - Day Surgical Unit (GGH - DSU)

Activities include:

- Emergency admissions and transfers

Appendix C – Staff Survey

Below are the questions in the running order which they appeared when staff carried out the survey. Due to the sectioning and branching of the survey, it is not possible to display the survey as it appeared on webpages.

Section 1: Children's Daytime Unit (PACU), Withybush General

Question 1: Did you work within Paediatric Services between the period 2016- February 2020?

Question 2: Did you work within Paediatric Services in 2020-2021?

Question 3: Did you work within Paediatric Services in 2021 - present?

Section 2: 2016-2020

Question 1: In which locations did you work?

Question 2: Please rate your overall experience (1 being poor/10 being exceptional)

Question 3: Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?

Question 4: Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?

Question 5: Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Question 6: Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at Glangwili & Withybush Hospitals?

Question 7: Did you work within the service during 2020-2021?

Section 3: 2020-2021

Question 1: In which locations did you work?

Question 2: Please rate your overall experience (1 being poor/10 being exceptional)

Question 3: Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?

Question 4: Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?

Question 5: Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Question 6: Are you aware of any difficulties with travel for those children, young people and their families accessing Childrens services at GGH from Pembrokeshire since 2020 (Paediatrics)?

Question 7: Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at Glangwili & Withybush Hospitals?

Question 8: Did you work within the service during 2021-Present?

Section 4: 2020-2021

Question 1: In which locations did you work?

Question 2: Please rate your overall experience (1 being poor/10 being exceptional)

Question 3: Can you tell us what was good about the experience of working in the service and the care provided to children, young people and their families?

Question 4: Can you tell us what was difficult about the experience of working in the service and the care provided to children, young people and their families?

Appendix C – Staff Survey

Section 4: 2020-2021 (continued)

Question 5: Can you tell us what could have been done differently to improve your experience and the care provided to children, young people and their families?

Question 6: Are you aware of any difficulties with travel for those children, young people and their families accessing Childrens services at GGH from Pembrokeshire since 2020 (Paediatrics)?

Question 7: Please use this space to tell us of anything else you think we should be aware of in relation to the Paediatric Service at Glangwili & Withybush Hospitals?

Section 5: Future considerations and involvement

Question 1: What is important to you when considering how the Childrens (Paediatric) services at Withybush & Glangwili hospitals should look in the future?

Question 2: Would you like to be kept further informed about early engagement on this subject and/or be invited to further opportunities to have your say and be involved?

Question 3: Please provide your name & email address

Section 6: Equality Monitoring Questions

Question 1: How old are you?

Question 2: What bests describe your identity?

Question 3: Which sex were you assigned at birth?

Question 4: Are you currently pregnant or have you given birth within the last year?

Question 5: Section 6(1) of the Equality Act 2010 states that a person has a disability if: (a) That person has a physical or mental impairment, and (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Using this definition, do you consider yourself to be disabled?

Question 6: Please can you tell us what your disability, long-term illness or health condition relates to?

Question 7: Which race or ethnicity best describes you?

Question 8: Which of the following terms best describes your sexual orientation?

Question 9: What do you consider your religion to be?

Question 10: Are you married or in a civil partnership?

Question 11: Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

Question 12: What is your main language spoken / used at home?

Appendix D - Service user/ parents guardians of service users survey

Below are the questions in the running order which they appeared when people carried out the survey. Due to the sectioning and branching of the survey, it is not possible to display the survey as it appeared on webpages.

Section 1: Children's Daytime Unit (PACU), Withybush General

Question 1: Was your child/children cared for at the Children's Daytime Unit (PACU), Withybush General Hospital?

Question 2: In which year was your child/children seen?

Question 3: Please rate your overall experience.

Question 4: Can you tell us what was good about the experience of your child/children when using the service?

Question 5: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 6: Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Withybush General Hospital.

Section 2: Children's Daytime Unit (PACU), Glangwili General Hospital

Question 7: Was your child/children cared for at the Children's Daytime Unit (PACU), Glangwili General Hospital?

Question 8: In which year was your child/children seen?

Question 9: Please rate your overall experience.

Question 10: Can you tell us what was good about the experience of your child/children when using the service?

Question 11: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 12: Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Glangwili General Hospital.

Section 3: Accident and Emergency Unit (A&E), Withybush General

Question 13: Was your child/children seen at A&E Withybush General Hospital?

Question 14: In which year was your child/children seen?

Question 15: Please rate your overall experience.

Question 16: Can you tell us what was good about the experience of your child/children when using the service?

Question 17: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 18: Please use this space to tell us of anything else you think we should be aware of in relation to using A&E

Appendix D - Service user/ parents guardians of service users survey

Section 4: Accident and Emergency Unit (A&E), Glangwili General

Question 19: Was your child/children seen at A&E Glangwili General Hospital?

Question 20: In which year was your child/children seen?

Question 21: Please rate your overall experience.

Question 22: Can you tell us what was good about the experience of your child/children when using the service?

Question 23: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 24: Please use this space to tell us of anything else you think we should be aware of in relation to using A&E for your child/children at Glangwili General Hospital. General Children's Services

Question 25: Please tell us of your experience with travel and accessing Children's services (Paediatrics)?

Question 26: Please use this space to tell us any other views or concerns you have. Please only tell us about specific issues in relation to paediatric services (children's services).

Question 27: Did you use the service in different years between 2016 and 2022?

Question 28: Did you notice differences when using the service?

Question 29: Please tell us what these differences were?

Question 30: As we undertake the review we value your continued input. What is important to you when considering how the Children's (Paediatric) services at Wwithybush & Glangwili hospitals should look in the future?

Demographic Questions

Question 37: What is your age?

Question 38: What is your gender?

Question 39: Which of the following options best describes how you think of yourself?

Question 40: Are your day-to-day activities limited because of a health problem or disability

Question 41: What is your ethnic group?

Question 42: At birth, were you described as:

Question 43: What is your religion?

Question 41: What is your ethnic group?

Question 42: At birth, were you described as:

Question 43: What is your religion?

Appendix E – Consultation Institute output reports

The Consultation Institute provided 2 reports as part of the analysis, one full report with greater detail around the responses separated out to cover each site by each temporary change, while the summary report contains thematic overview. Both of these are accessible as Board papers.

Additional Themes not already included

The analysis also raised additional issues such as future considerations and travel impact. These did not sit naturally in the thematic review above looking at the temporary changes, so have been included here for additional information.

Travel and access

•Increased travel time

Long distance to travel, 35 miles, 45 mins driving is a long way to go with a child in distress

•No issues if you live in the Carmarthen area

None. I have own transport and Glangwili is my local hospital.

•Reliance on family members and others

I could only travel there by waking my mum and disabled brother (who couldn't be left behind) to give me a lift - at around 1 am

•Ambulance

There are no longer any ambulances available even in considered severe circumstances.

•Parking

Parking at GGH...is a nightmare.

•Signage

Especially when your focus is on your sick child. Signage for the unit & parking is confusing.

•Waiting in an ambulance

I have used the ambulance service in the past... we've been sat in the ambulance for an hour or so waiting outside the hospital because no one was available to see

•Specific Issues

You can't legally drive after you have had a c section, so how do you get your baby to A&E when there's a problem?

This is extremely difficult as we have no transport, that is reliable, as no family or network support.

Need better understanding of rare conditions and its impact on families.

I've got open access until their adults which is absolutely incredible, but I love 40+ miles away and I'm a single parent who doesn't drive and I don't always have access to someone to look after my other child. Having to find a way home is difficult as finding a way up there

Other views and concerns

•A service for all of West Wales

45 minute drive to Glangwili for me, and an extra 15 or more mins for those who live by the coast.

Need acute children services in Pembrokeshire not just Carmarthenshire

•A separate children's A&E

A&E needs to have a separate children's admission strand.

•Provision of food and drink

Access to drinks and snacks, machines are usually out of order.

Appendix E – Consultation Institute output reports

Other views and concerns (continued)

•Improved staff communication skills

There are no services or provisions for children with ALN and autism when accessing A&E and PACU - staff have little patience or understanding..

•Action required soonest

•... something needs to be done and very quickly. People who cannot drive are having to wait for hours for an ambulance to go to a hospital nearly an hour away when they could just jump in a taxi and got to their closest hospital.

•A safe space

Mental health patients should be given a safe space which is staffed by specially trained staff

•Restore Children's Services to Withybush

Withybush children's ward needs to be open 24/7 as I've previously said. This is because people relied on this service and now it has been taken away. Most people in Pembrokeshire don't drive and are waiting for ambulances to take them to other hospitals.

Differences in Service (2016-2022)

•Reduced waiting times

*Being seen quicker
Much quicker being seen*

•Improved facilities

Previously it was a cold outside building, this time was a warm cabin like a hospital ward not like a cold extension

•Good service experiences

*PACU admissions: by-passing A&E on self-presentation
A and E minor injuries where great*

•Good experiences with staff

*Much more child friendly. Staff better ASD educated.
Nurses acting faster and always polite and helpful*

•Accident and Emergency under pressure

*A&E and other departments are under a massive amount of pressure
A&E waiting times have got even longer.*

•Ambulance service under pressure

Ambulance waiting times were terrible and on the increase. The first time...admitted instantly, and the last time...waited hours in an ambulance.

•Reduced staff levels

*•Less staff availability longer wait times
Less staff less hours*

•Longer waiting times

Longer waiting times A&E Withybush

•The impact of the Covid-19 Pandemic

*Covid measures
Covid pandemic*

Covid restrictions Staffing appeared at an all-time low

Differences were due to the covid 19 pandemic as waiting times were a lot longer during my visit in 2022 and staff seemed a lot more overworked.

Using emergency services during Q1 2019/Covid start was an awful experience

Appendix E – Consultation Institute output reports

Differences in service (2016-2022) (Continued)

•Increases in travel times

Having to travel over 1 hour to Carmarthen instead of using Wythybush is not good when you have an ill child in the car.

•Reduction in services (primarily refers to Withybush)

No service in Withybush after 2020

Lack of services at Withybush

Less services available

You've stripped Withybush of so many services and now we have to travel to Glangwili

•Staff attitudes

Staff are stressed rude and basically my experience u are stepping on egg shells sometimes, if you ask a question they don't even lift their head or even answer

Children's services are the same, they do everything they can to help however A&E staff seem like they cannot be bothered with good customer service, understand they are busy and understand pressure but that should not affect the way they

They were run off their feet but were still very professional and quick in seeing my child

•Reduced availability of facilities for patients and parent/carers

Parents room gone need to get out of the environment sometimes just for a drink Food for parents difficult to get

assess a child over the phone

•Preferences for local services

Seen in Withybush and was an inpatient. Plus was nicer being closer to home

•Reduced operating times at Withybush

Having to transfer between Withybush and Glangwili at 6 pm

Priorities for the future

•A paediatric A&E

A Paediatric A&E so that children can be seen quicker and in a safer environment

A designated area for parent and child to wait, comfortably.

•Provision of children's services at Withybush General Hospital

A children's unit at Withybush need to be put back in place

Bring back the full children's services to Withybush! 24/7

•Accessibility to children's services for all

Child centred! Fully disability trained. Have a look at services offered by Noah's Ark!

Provision for children with Autism when accessing hospital

•A place to play

Clean facilities, Clean toys

Age appropriate play areas or relaxation areas

•More staff and reduced waiting times

Suitably qualified Staff readily available to provide care and treatment to patients.

Maintaining good staffing levels is clearly integral to the efficient running of these services - retention is as important as recruitment.

Appendix E – Consultation Institute output reports

Priorities for the future (continued)

•Staff training

Staff listening to a parents concerns.

Also staff need to communicate more effectively to ensure they are aware of the diagnoses / guidance given to the parent previously

•Fair consideration of travelling distances for all

Travel distance for children must be considered. If you live 30 minutes away from Haverfordwest already it is terrifying to consider the journey time in serious situations as children deteriorate so much quicker.

To be in easy reach in emergencies

•The provision of holistic care

They need to look at not only the patient but the family as a whole.

The more holistic approach seems to work really well. I think the trajectory of the improvements is great

•The provision of timely and responsive care

Timely, reasonable response time.

Prompt admissions, comfortable and appropriate waiting areas.

•24/7 care for all

The Units should be available 24/7

There should be child services in every county. Our children have rights and needs that need to be met.

•Provision for parent/carers and visitors

Access to drinks and snacks.

Easy access to toilets and basic refreshments for parents staying with their child.

Proper seating areas allowing support during long waiting periods

•Access to parking

Plenty of easy access parking, close to the unit.

•Support for parents and carers

The most important quality for children's services other than prioritising the child is support for the parents



REVIEW OF TEMPORARY CHILDREN'S SERVICES – EARLY ENGAGEMENT SURVEY

Summary

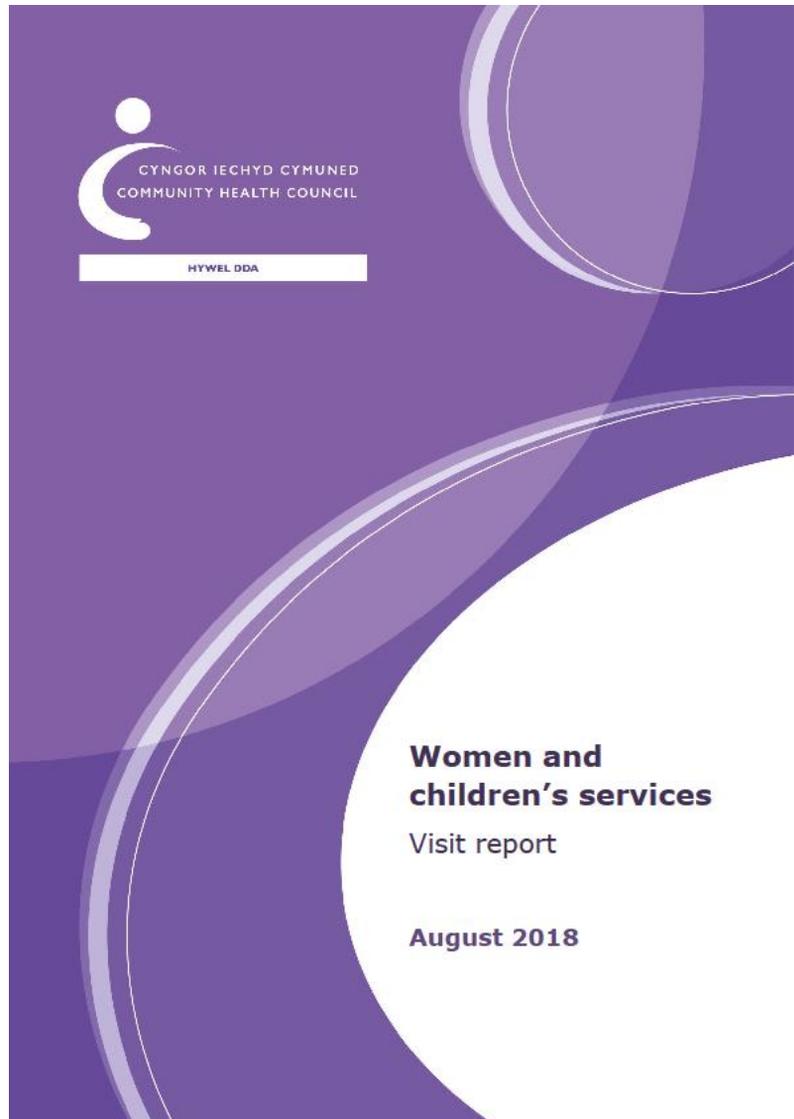


Appendix F - CHC Women and children's services visit report 2018

This report has been added as it contains information relevant to periods of temporary changes.

While the main elements have been noted within the body of the document, the full report has been highlighted as it contains broader information about the services at the time of writing.

The report is available from the Board papers section of the Hywel Dda website.



Appendix G - CHC has your child been to hospital report July 2022

This report has been added as it contains information relevant to periods of temporary changes.

While the main elements have been noted within the body of the document, the full report has been highlighted as it contains broader information about the services at the time of writing.

The report is available from the Board papers section of the Hywel Dda website.

Hywel Dda Community Health Council



Has your child been to hospital?

What you told us about your experiences

July 2022



Appendix H – Staff survey: future service response

The survey completed by the multidisciplinary team who work with CYP¹ at GGH and WGH, which included Medical, Nursing, Therapy, Operational and Support staff. The survey also included a question around what the service should look like in the future. A thematic analysis of the responses is outlined below and will be reviewed as part of the options development.

Within the survey responses there were often multiple similar statements made about the same point, these have been themed together under relevant thematic headings for the report and may be an amalgamation of multiple views.

No direct written quotes from responders have been included as part of this report and the statements captured are not verbatim.

- As we undertake the review, we value your continued input. What is important to you when considering how the Childrens (Paediatric) services at WGH & GGH should look in the future?

Theme	No. of time referenced in responses
Timely/ equitable access across Hywel Dda	6
Improved facilities for staff/ patients/ family	5
Better environments for children	3
Staff/ patient/ family led forum for developing service change ideas	3
High level of safe care	2
Services returned and retained at WGH until the new hospital is built	2
Consideration of staff attraction/ recruitment/ retention across both sites	2
Improved ED paediatric support	2
Implementation of standards and recommendations	2
Hub and spoke model with GGH (Hub) and WGH (Spoke) with Paediatric MIU	2
Simpler patient flow between colocated services	2
Support at GGH to manage additional demand	1
Direct ambulance referral to children services	1
Consistent service provision	1
Development of service definitions (i.e. hot clinics)	1
Implementation of hot clinics, community clinics, ambulatory care	1
Involve primary care in changes to paediatric services	1
Involve families in changes to paediatric services	1
Repatriation of services to Hywel Dda (i.e. Orthotics)	1
Equity with adult services in terms of care provided (i.e. Orthopaedics)	1
Staff concerns about the siting of the new hospital are listened to & considered	1
Clear communication with the public	1
Childrens ED with dedicated staff, beds and ward	1
Secure funding for future	1
Environmentally friendly and biophilic design	1
24 hour care services in Pembrokeshire	1

Appendix H – Staff survey: future service response

Some examples of comments made which reflect the main themes include:

- High level of care with timely access is key for both sites
- Equitable access to services however safety is key.
- Sufficient areas for children young people to play relax and feel inclusive, adolescent rooms, better toilet and shower facilities, better parent facilities.
- inviting paediatric nurse ‘ambassadors’ along to meetings to share their ideas. Forming a working group where these ideas can flourish, inviting parents and children along too.

While there was some commonality between responses which allowed for some strong themes to emerge, it was also clear in the responses that there are differing views on how it should be delivered. Here are some examples of the difference of opinion;

- That the current appropriate service model, balancing risks, is not endangered by siting the new hospital in the current proposed zones. The concerns raised by the Women and Children's Directorate have been ignored so far, as the clear advice was that a new hospital should be sited east of St Clear's.
- Withybush needs to have more provision for acute paediatric care than it currently does and until the new hospital is built. there is too much risk with an 'A&E' as perceived by public without specialist support

Appendix I – Face to Face Engagement Analysis

Temporary Change 1

Of the 14 people who completed the surveys during the face to face engagement, 11 had experience of using services during temporary change 1.

The main themes that came through from the use of services at that time were **familiarity with friendly and caring staff**, access to **timely care close to home** and the **child friendly environment and facilities**.

The most notable impact raised due to the temporary change was being **transferred to Glangwili at 5pm** and the impact this had on families.

Some examples of the themes include:

- Always a calm atmosphere, lovely staff, lovely decorated and open areas. Also it was close to home.
- Staff were supportive and my son was cared for swiftly and in a manner suitable to his age. Myself as a parent was also supported very well by the staff
- Good friendly staff/doctors who have seen the children multiple times over the years.
- Plenty of siderooms ... Lots of play therapists.
- With the reduction in hours, the children have on occasion had to go to Glangwilli instead (or been transferred) causing logistical and added stress.

The theme that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” was **providing care closer to those in Pembrokeshire**; however views were split on how services should be delivered. Examples include:

- Put PACU back in Withybush
- As the return of 24 hour Paediatrics is unrealistic, a new and improved Paediatric provision in a new build in the Whitland area while moving day time care further away (before the ward was closed during Covid times) would move night time care closer to home and support network

Temporary Change 2

Of the 14 people who completed the surveys during the face to face engagement, 11 had experience of using services during temporary change 2.

The main themes that came through were that there were **helpful and friendly staff**, with a greater proportion of responses noting the **supportive and accessible nurses**, while it is noted that **GGH staff are efficient**.

The impacts raised during this temporary change are around **travel from Pembrokeshire to GGH**, **waiting times** once arrived, and parents feeling that there is **a lack of understanding on how to support disabled children** and a **lack of communication with parents around care**.

The themes that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” were **providing care closer to those in Pembrokeshire**, **providing more support for parents** and **providing more support for disabled children**.

Appendix I – Face to Face Engagement Analysis

Temporary Change 2 (continued)

Examples include:

- The nursing staff were lovely and very helpful.
- Staff efficient and helpful.
- Transport to and from GGH and providing care whilst in transit. No necessities on hand for families.
- There was no understanding or experience with children with ASD or additional needs

There were some overlaps in feeling about how a WGH based paediatric service would **improve GGH waiting times for Carmarthenshire residents**, as well as **providing care closer to home for Pembrokeshire residents**, but this was not universal. Examples include:

- Maybe if paediatric services were split between WGH and GGH there would be less waiting times
- Bring back Paediatrics to Withybush travelling back and fore to Carmarthen with a young child in hospital, not ideal
- Children's doctors are often seen in GGH as well as WGH. No central constant place. One single location where all doctors are under one roof would provide better service. Doctors would find it easier to communicate with each other also.

Temporary Change 3

Of the 14 people who completed the surveys during the face to face engagement, 6 had experience of accessing services during temporary change 3. The main themes raised were **friendly and knowledgeable staff, very long waiting times and inability to access care from WGH**.

The themes that came through when asked “Can you tell us what we could do differently to improve the experience of your child/children when using the service?” were around **being able to treat patients before transferring** for those who cannot directly access GGH, **improvements to access paediatric care through A&E** and **better signposting to other services such as Minor Injuries/ GP led services**. Examples include:

- Staff are always great. Once seen it's always swift. Staff shortages let the staff and patients down.
- Waiting time was awful especially had children even more difficult. Overall medical experience was good.
- Drs querying why my epileptic son was at Withybush not Glangwili When I need medical support urgently. TRANSPORT... Treat the injury then decide which hospital people need to go to.
- Increased staff. A larger A+E department with increased triage. Also better use of minor injuries/GP led service so those who do not need to be seen as an accident/emergency can be seen in a more suitable setting.
- Paediatric waiting area along with staff to help children remain happy during wait for paediatric Dr.
- Children in Pembrokeshire NEED to have accessible services 24/7 to avoid things like being unwell/ in pain in an environment like A&E along with intoxicated Adults!

Appendix I – Face to Face Engagement Analysis

Temporary Change 3 (continued)

The responses while noting transport issues did not necessarily call out for reinstatement of paediatric services to WGH, but rather **centralised accessible services** or **splitting out of demand to reduce pressure at GGH**. Examples include:

- One central Paediatric unit in Whitland /at worse St Clears would provide a better service than what we have now. With no Paediatrics in Withybush, we have to go to Glangwilli which is increased distance for patients from Pembrokeshire. All doctors in one hospital instead of clinics in multiple hospitals can only create better communication and service for the children as well.
- If it was split again less waiting times at GGH.

Interim Paediatric Services Review

Data Science

16 September 2022

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Paediatric Inpatient Activity at Glangwili Hospital and Withybush Hospital

Activity between 1 April 2016 and 31 August 2022 has been included for the following wards and departments:

- WGH Puffin Ward (WGH - PACU)
- WGH Childrens Unit (WGH - Child Unit)
- GGH Paediatric Ambulatory Care Unit (GGH - PACU)
- GGH Paediatric High Dependency Unit (GGH - PHDU)
- GGH - Cilgerran Ward (GGH - Cilgerran)
- GGH - Day Surgical Unit (GGH - DSU)

Activities include:

- Emergency admissions and transfers

- Planned admissions
- Day Cases
- Ward Attenders
- Patients Seen Outside Regular Clinic (PSORC)

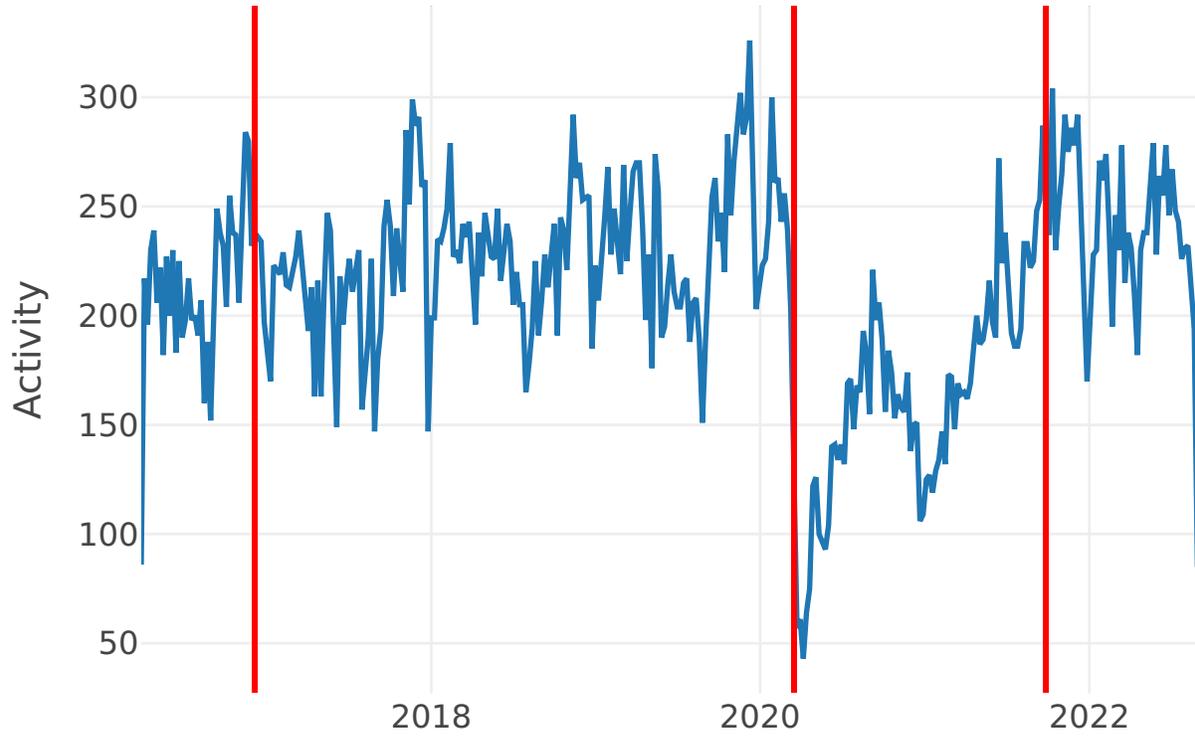
Data was filtered by patients aged under 20 years old with the exception of the GGH - Day Surgical Unit, where the filter was patients under 16 years old. This was done to resolve a small number of data quality issues where adult patients had been assigned to wards listed above.

The temporary service changes are shown on the charts by three vertical red lines. Below is a summary of the changes and dates; there is more detail in the Issues Paper.

- Temporary service change 1:
 - 5 December 2016 - Temporary reduction in the operating hours of the PACU at WGH. Consequently, from 5th December 2016, the WGH PACU operating hours changed from 10am -10pm, to 10am – 6pm, 7 day per week.
Temporary merger of the acute paediatric overnight consultant on call rotas for WGH and GGH with one rota for the south of the Health Board based at Glangwili General Hospital.
- Temporary service change 2:
 - 21 March 2020 - Suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward. Only paediatric minor injury services available in WGH.
- Temporary service change 3 2020-09-30:
 - 30 September 2020 - The Board supported the extension of the temporary service arrangements: the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward, until the review has been concluded.

Weekly Inpatient Charts

GGH and WGH Admissions



Activity Split by Site and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Glangwili General Hospital	9570	9400	9970	9342	6515	10691	4682	60170
Withybush General Hospital	1720	2107	1967	2661	1004	1303	480	11242
Total	11290	11507	11937	12003	7519	11994	5162	71412

Activity Split by Admission Type and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Elective	1377	1522	1372	1313	370	1064	493	7511
Emergency	8279	7958	8495	7760	5367	8284	3689	49832
Emergency (Transfer)	529	249	323	303	42	64	32	1542
PSORC				618	636	670	231	2155
Ward Attender	1105	1778	1747	2009	1104	1912	717	10372
Total	11290	11507	11937	12003	7519	11994	5162	71412

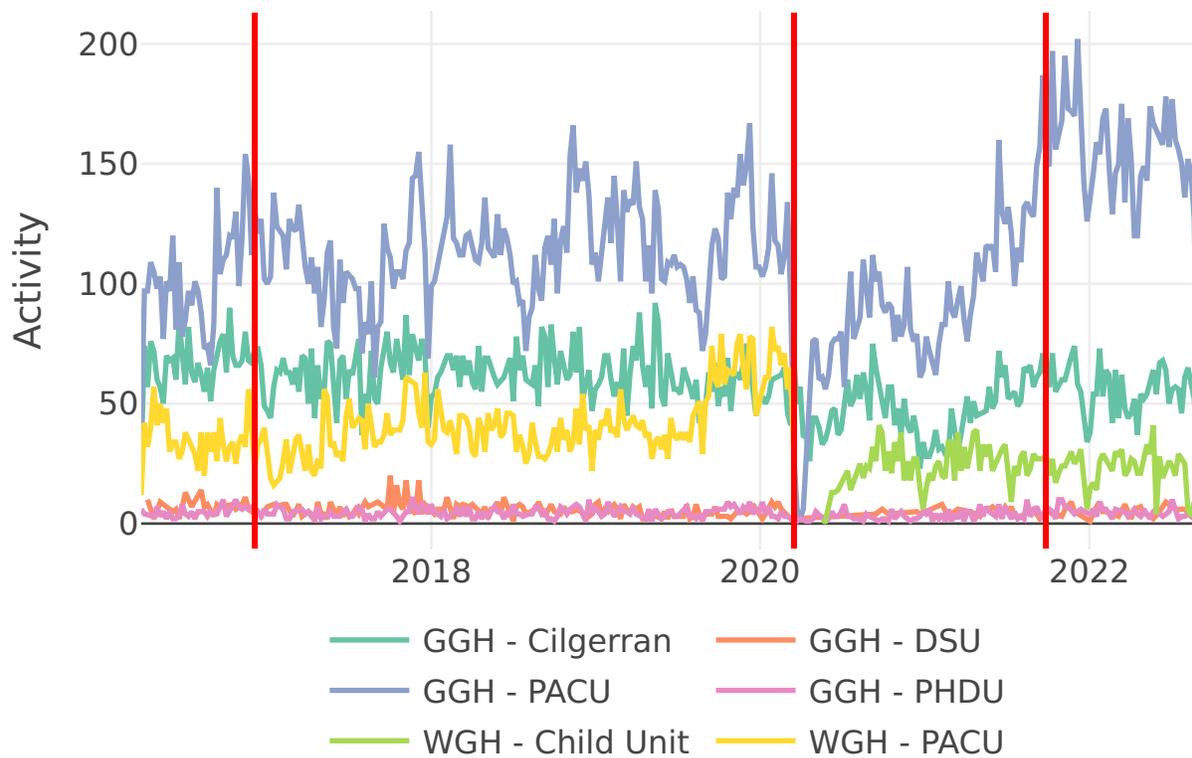
Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	6698	6126	6743	6591	4038	7138	3059	40393
Age 05 - 09	2165	2495	2538	2688	1467	2142	1011	14506
Age 10 - 14	1648	2154	2021	2110	1501	2129	819	12382
Age 15 - 19	779	732	635	614	513	585	273	4131
Total	11290	11507	11937	12003	7519	11994	5162	71412

Admissions by Ward

All Residents

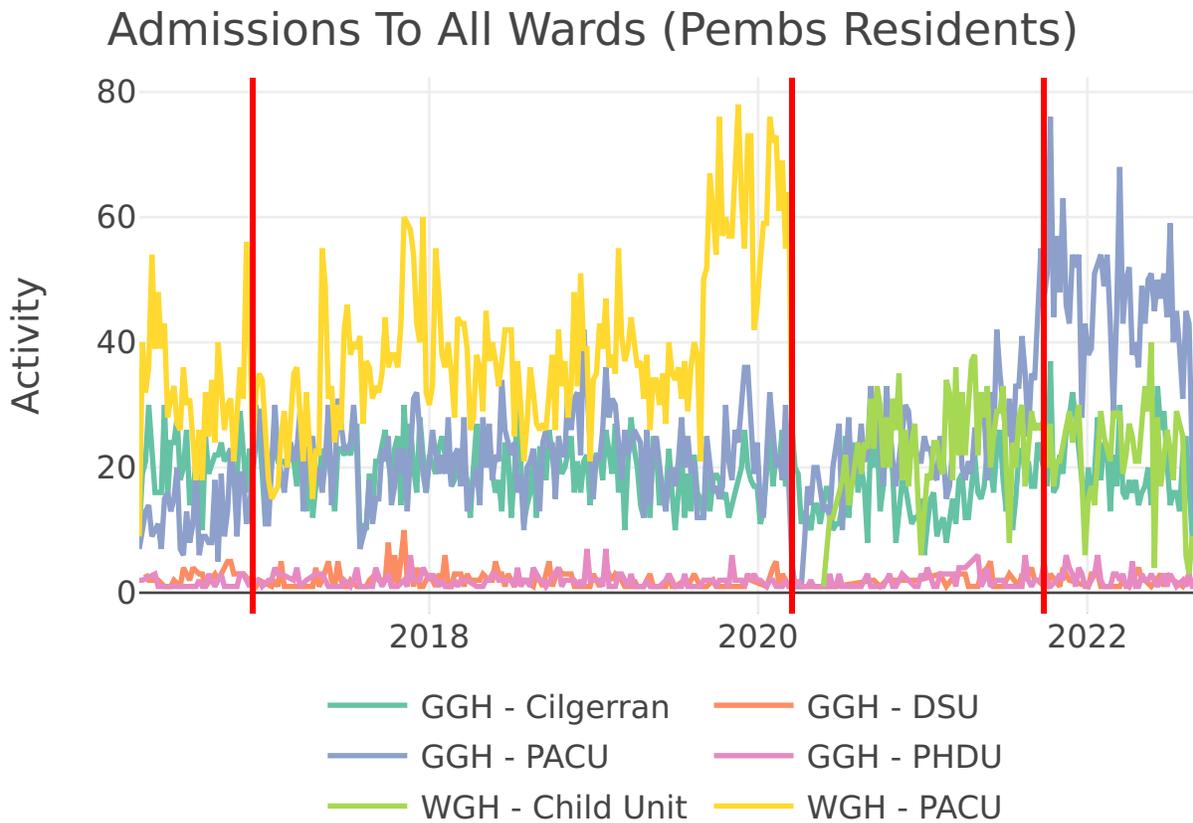
Admissions to All Paediatric Wards



Activity Split by Ward and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH - Cilgerran	3418	3313	3311	3105	2259	2922	1222	19550
GGH - DSU	264	328	262	194	43	164	77	1332
GGH - PACU	5636	5528	6151	5811	4072	7347	3290	37835
GGH - PHDU	252	231	246	232	141	258	93	1453
WGH - Child Unit					1004	1303	480	2787
WGH - PACU	1720	2107	1967	2661				8455
Total	11290	11507	11937	12003	7519	11994	5162	71412

Pembs Residents Only



Activity Split by Ward and Financial Year (Pembs Residents Only)

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH - Cilgerran	1096	1046	1039	934	775	1039	411	6340
GGH - DSU	73	105	94	59	17	64	27	439
GGH - PACU	802	1080	1216	1069	1100	2073	954	8294
GGH - PHDU	70	75	94	77	67	106	39	528
WGH - Child Unit					954	1268	473	2695
WGH - PACU	1593	1989	1851	2500				7933
Total	3634	4295	4294	4639	2913	4550	1904	26229

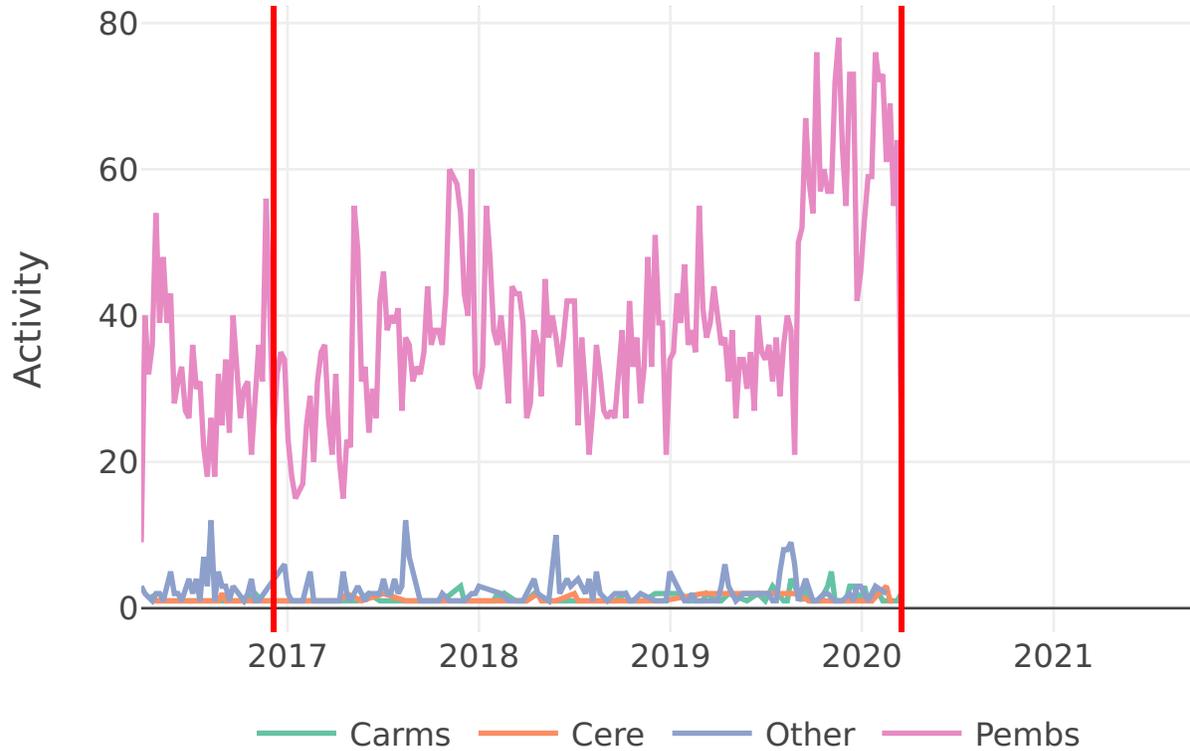
Activity Split by Age Group and Financial Year (Pembs Residents Only)

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	2171	2105	2331	2610	1507	2561	1112	14397
Age 05 - 09	654	1033	951	1031	584	844	376	5473
Age 10 - 14	572	921	803	827	623	928	322	4996
Age 15 - 19	237	236	209	171	199	217	94	1363
Total	3634	4295	4294	4639	2913	4550	1904	26229

Admissions to Withybush

Admissions to WGH Paediatric Ambulatory Care Unit by Resident County

Admissions to WGH Paediatric Ambulatory Care Unit



WGH PACU Activity Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	Total
Carms	13	24	29	58	124
Cere	14	14	15	17	60
Other	100	80	72	86	338
Pembs	1593	1989	1851	2500	7933
Total	1720	2107	1967	2661	8455

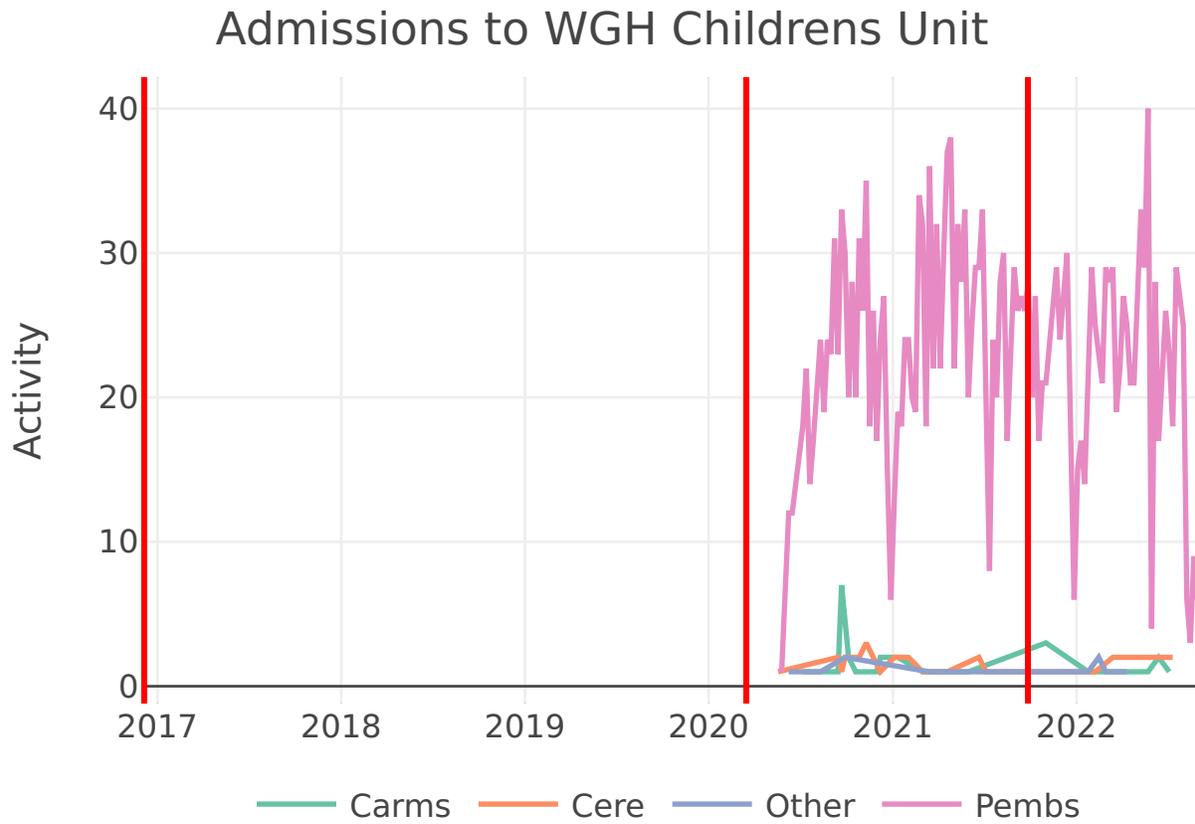
WGH PACU Activity Split by Admission Type and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	Total
Elective	131	88	87	70	376
Emergency	1439	1055	1116	918	4528
Emergency (Transfer)	4	1		1	6
PSORC				615	615
Ward Attender	146	963	764	1057	2930
Total	1720	2107	1967	2661	8455

WGH PACU Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	Total
Age 00 - 04	1133	949	1047	1467	4596
Age 05 - 09	283	562	498	622	1965
Age 10 - 14	219	507	351	463	1540
Age 15 - 19	85	89	71	109	354
Total	1720	2107	1967	2661	8455

Admissions to WGH Childrens Unit by Resident County



WGH Child Unit Activity Split by Resident County and Financial Year

	2020/2021	2021/2022	2022/2023	Total
Carms	25	9	4	38
Cere	19	17	2	38
Other	6	9	1	16
Pembs	954	1268	473	2695
Total	1004	1303	480	2787

WGH Child Unit Activity Split by Admission Type and Financial Year

	2020/2021	2021/2022	2022/2023	Total
PSORC	635	669	231	1535
Ward Attender	369	634	249	1252
Total	1004	1303	480	2787

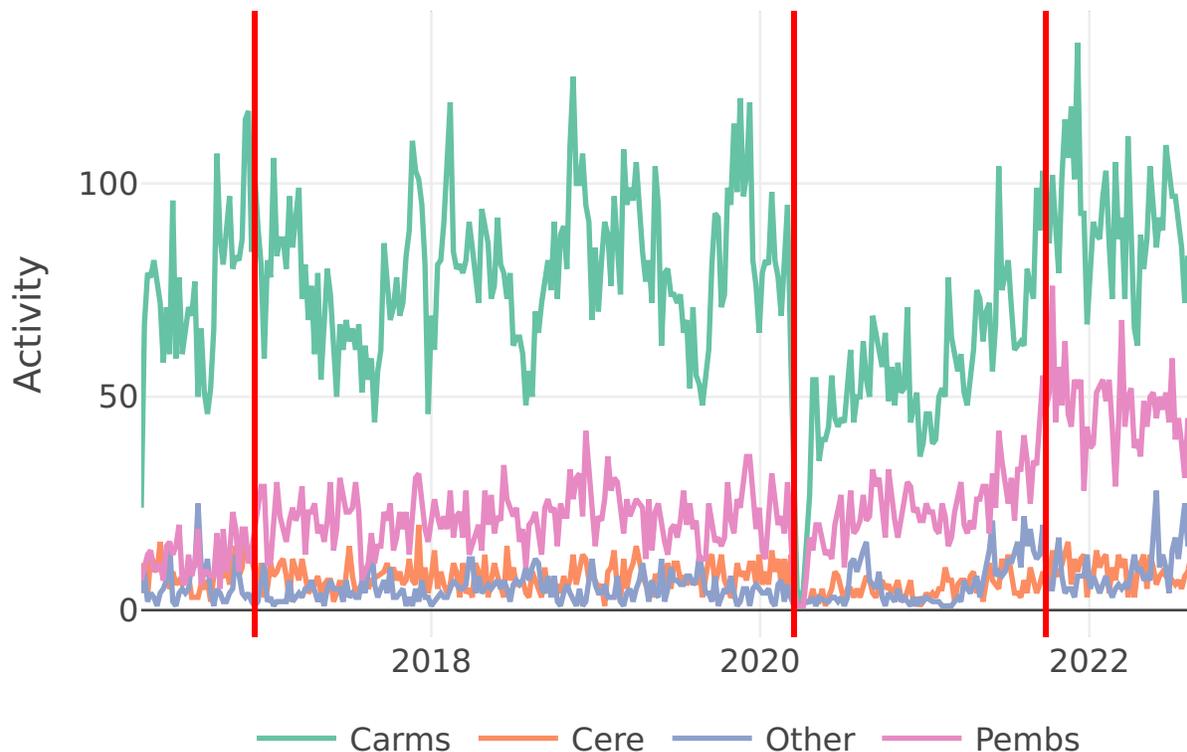
WGH Child Unit Activity Split by Age Group and Financial Year

	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	496	593	212	1301
Age 05 - 09	227	338	137	702
Age 10 - 14	200	298	108	606
Age 15 - 19	81	74	23	178
Total	1004	1303	480	2787

Admissions to GGH

GGH Paediatric Ambulatory Care Unit by Resident County

Admissions to GGH Paediatric Ambulatory Care Unit



GGH PACU Activity Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carms	4141	3848	4271	4062	2560	4363	1851	25096
Cere	435	369	384	415	228	438	183	2452
Other	258	231	280	265	184	473	302	1993
Pembs	802	1080	1216	1069	1100	2073	954	8294
Total	5636	5528	6151	5811	4072	7347	3290	37835

GGH PACU Activity Split by Admission Type and Financial Year

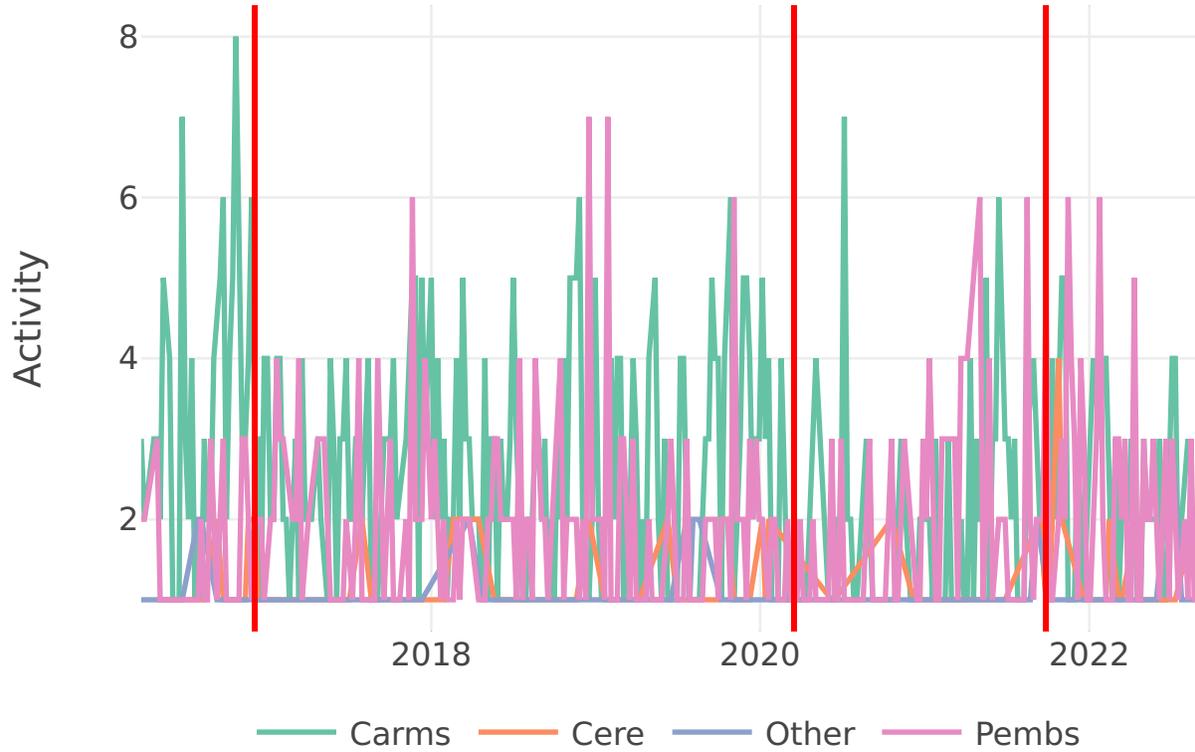
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Elective	237	213	229	296	60	337	170	1542
Emergency	4411	4529	5003	4597	3360	5869	2662	30431
Emergency (Transfer)	93	10	17	27	1	16	14	178
PSORC				3	1	1		5
Ward Attender	895	776	902	888	650	1124	444	5679
Total	5636	5528	6151	5811	4072	7347	3290	37835

GGH PACU Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	3698	3569	4016	3610	2400	4975	2183	24451
Age 05 - 09	1005	990	1089	1188	794	1203	615	6884
Age 10 - 14	652	748	843	830	703	960	395	5131
Age 15 - 19	281	221	203	183	175	209	97	1369
Total	5636	5528	6151	5811	4072	7347	3290	37835

GGH Paediatric High Dependency Unit by Resident County

Admissions to GGH Paediatric High Dependency Unit



GGH PHDU Activity Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carms	150	133	130	126	66	123	37	765
Cere	22	13	12	18	5	17	9	96
Other	10	10	10	11	3	12	8	64
Pembs	70	75	94	77	67	106	39	528
Total	252	231	246	232	141	258	93	1453

GGH PHDU Activity Split by Admission Type and Financial Year

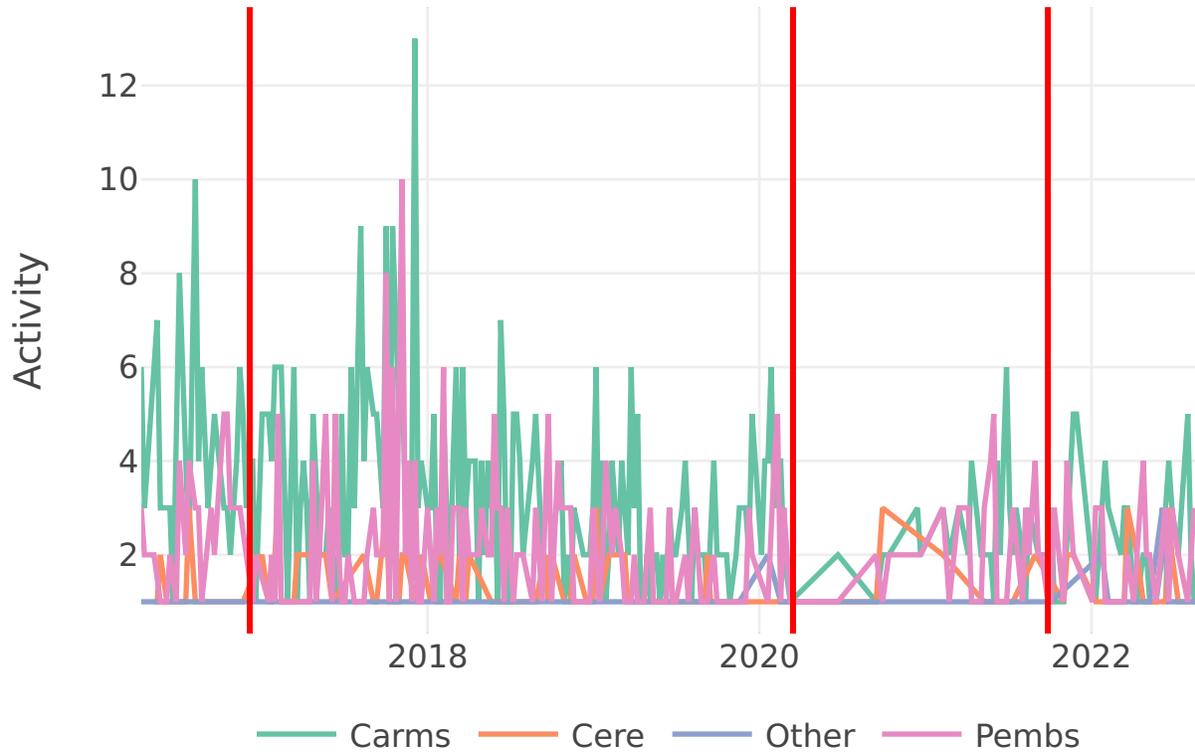
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Elective	21	43	66	71	38	93	33	365
Emergency	210	179	163	151	97	160	59	1019
Emergency (Transfer)	21	7	17	10	6	5	1	67
Ward Attender		2						2
Total	252	231	246	232	141	258	93	1453

GGH PHDU Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	132	108	113	91	35	78	44	601
Age 05 - 09	39	40	35	36	21	26	5	202
Age 10 - 14	49	54	64	63	53	84	22	389
Age 15 - 19	32	29	34	42	32	70	22	261
Total	252	231	246	232	141	258	93	1453

GGH Day Surgical Unit by Resident County

Admissions to GGH Day Surgical Unit



GGH DSU Activity Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carms	156	188	129	108	20	77	31	709
Cere	28	29	32	17	6	16	11	139
Other	7	6	7	10		7	8	45
Pembs	73	105	94	59	17	64	27	439
Total	264	328	262	194	43	164	77	1332

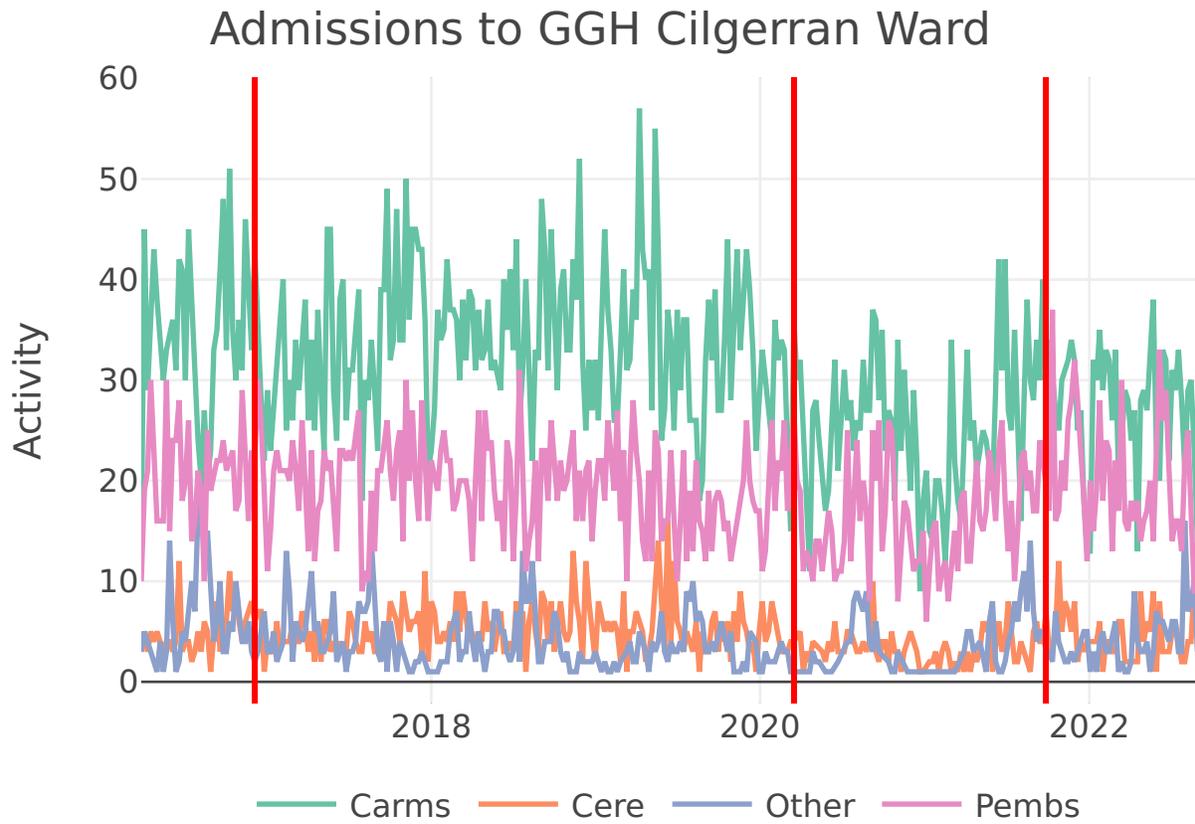
GGH DSU Activity Split by Admission Type and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Elective	264	327	261	194	43	164	77	1330
Emergency		1	1					2
Total	264	328	262	194	43	164	77	1332

GGH DSU Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	75	95	64	48	12	42	16	352
Age 05 - 09	100	123	101	88	20	58	21	511
Age 10 - 14	80	98	76	46	10	57	31	398
Age 15 - 19	9	12	21	12	1	7	9	71
Total	264	328	262	194	43	164	77	1332

GGH Cilgerran Ward by Resident County



GGH Cilgerran Activity Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carmarthen	1759	1797	1809	1731	1237	1470	596	10399
Carmarthenshire	259	264	278	271	151	214	100	1537
Other	304	206	185	169	96	199	115	1274
Pembrokeshire	1096	1046	1039	934	775	1039	411	6340
Total	3418	3313	3311	3105	2259	2922	1222	19550

GGH Cilgerran Activity Split by Admission Type and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Elective	724	851	729	682	229	470	213	3898
Emergency	2219	2194	2212	2094	1910	2255	968	13852
Emergency (Transfer)	411	231	289	265	35	43	17	1291
Ward Attender	64	37	81	64	85	154	24	509
Total	3418	3313	3311	3105	2259	2922	1222	19550

GGH Cilgerran Activity Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	1660	1405	1503	1375	1095	1450	604	9092
Age 05 - 09	738	780	815	754	405	517	233	4242
Age 10 - 14	648	747	687	708	535	730	263	4318
Age 15 - 19	372	381	306	268	224	225	122	1898
Total	3418	3313	3311	3105	2259	2922	1222	19550

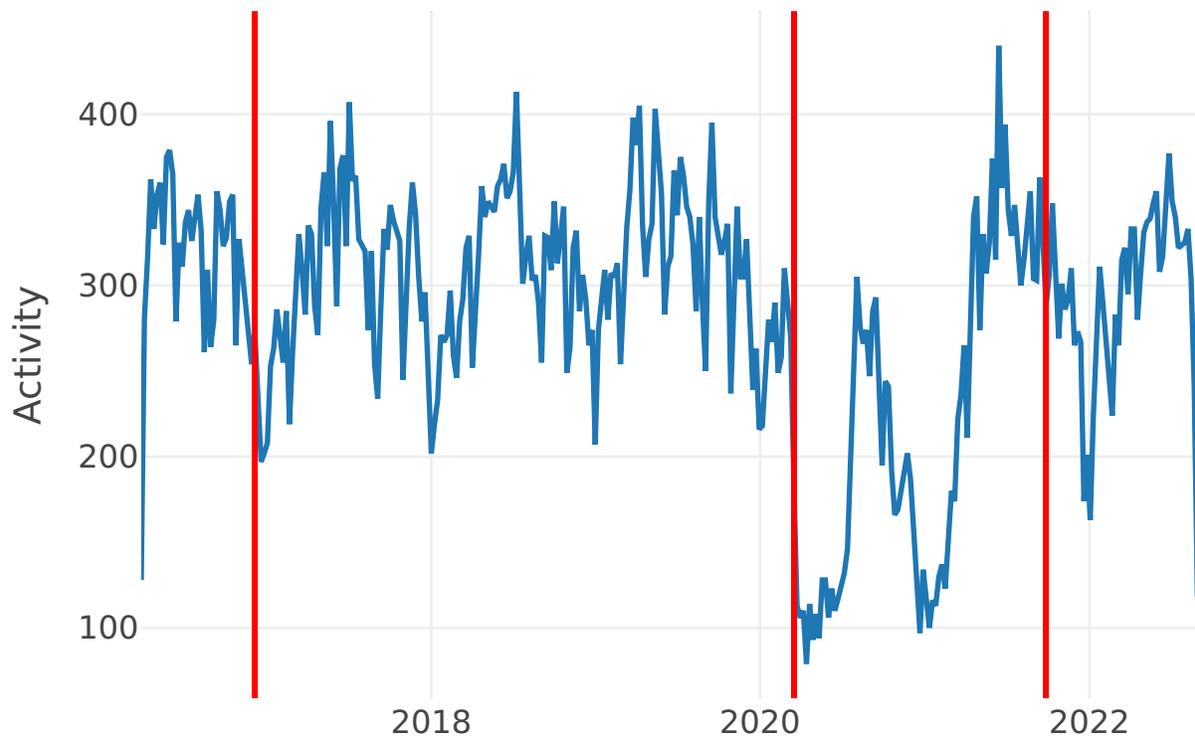
Paediatric Emergency Department (ED) Activity at Glangwili Hospital and Withybush Hospital

- Sites: GGH ED and WGH ED
- Dates: Attendances between 1 April 2016 and 31 August 2022

- Ages: Patients under 16 years old
- Patient Type: Major and Minor included
- Attendance Type: New and Return Attendances included

Weekly ED Charts

GGH ED and WGH ED Total Attendances



Total Attendances at GGH and WGH Split by Financial Year

2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
15771	16052	16480	15952	8775	15658	7089	95777

Total Attendances at GGH and WGH Split by Patient Type and Financial Year

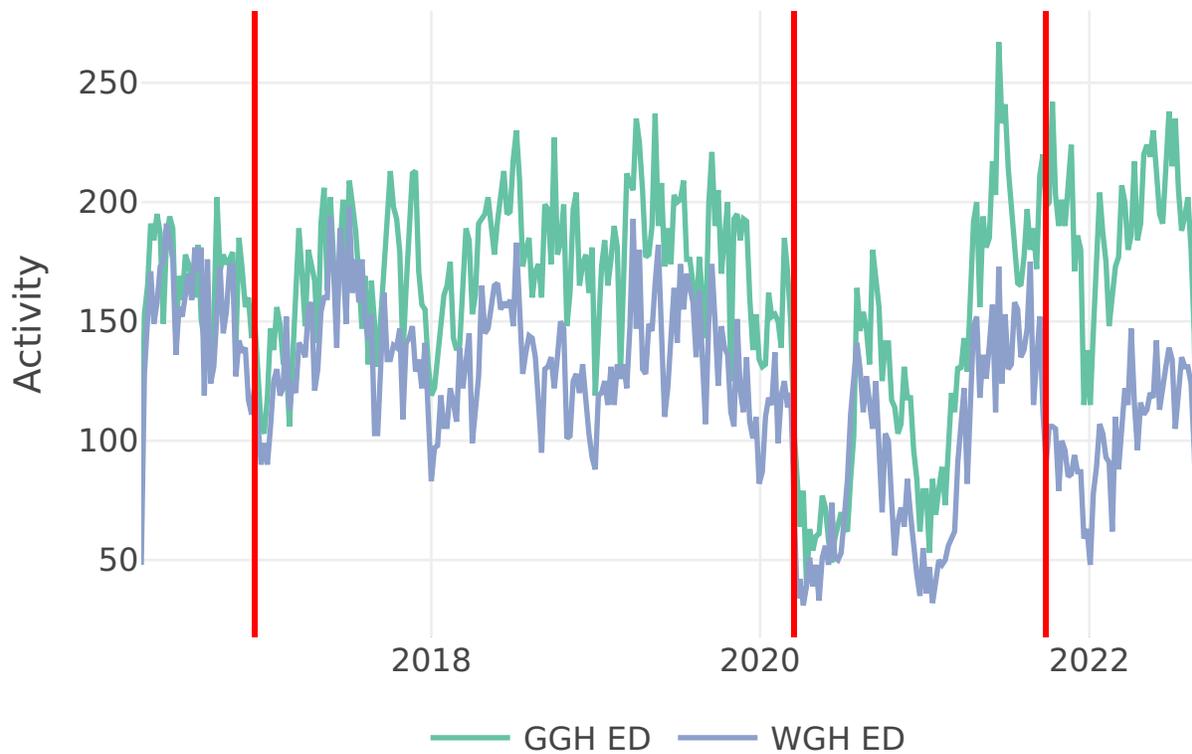
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Major	2894	3626	4079	4687	4284	9783	3929	33282
Minor	12877	12426	12401	11265	4491	5875	3160	62495
Total	15771	16052	16480	15952	8775	15658	7089	95777

Total Attendances at GGH and WGH Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	5660	5967	6404	6214	3576	6481	2788	37090
Age 05 - 09	3584	3810	3784	3727	2097	3396	1820	22218
Age 10 - 14	5414	5215	5289	4995	2564	4803	2079	30359
Age 15 - 19	1113	1060	1003	1016	538	978	402	6110
Total	15771	16052	16480	15952	8775	15658	7089	95777

Attendances Split Between Sites

Attendances at GGH and WGH



Total Attendances Split by Site and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH ED	8306	8789	9541	9103	5123	9748	4426	55036
WGH ED	7465	7263	6939	6849	3652	5910	2663	40741
Total	15771	16052	16480	15952	8775	15658	7089	95777

Total Attendances Split by Patient Type and Financial Year

		2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH ED	Major	1890	2788	3382	4171	2888	6788	3091	24998
	Minor	6416	6001	6159	4932	2235	2960	1335	30038
	Total	8306	8789	9541	9103	5123	9748	4426	55036
WGH ED	Major	1004	838	697	516	1396	2995	838	8284
	Minor	6461	6425	6242	6333	2256	2915	1825	32457
	Total	7465	7263	6939	6849	3652	5910	2663	40741
Total		15771	16052	16480	15952	8775	15658	7089	95777

Total Attendances Split by Site and Age Group

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	5660	5967	6404	6214	3576	6481	2788	37090
Age 05 - 09	3584	3810	3784	3727	2097	3396	1820	22218
Age 10 - 14	5414	5215	5289	4995	2564	4803	2079	30359
Age 15 - 19	1113	1060	1003	1016	538	978	402	6110
Total	15771	16052	16480	15952	8775	15658	7089	95777

Attendances Split Between Sites - Pembs Residents Only

Attendances at GGH and WGH (Pembs Residents)



Total Attendances Split by Site and Financial Year (Pembs Residents Only)

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH ED	895	1098	1212	1047	778	2044	943	8017
WGH ED	6428	6258	6042	5894	3260	5064	2106	35052
Total	7323	7356	7254	6941	4038	7108	3049	43069

Total Attendances Split by Patient Type and Financial Year (Pembs Residents Only)

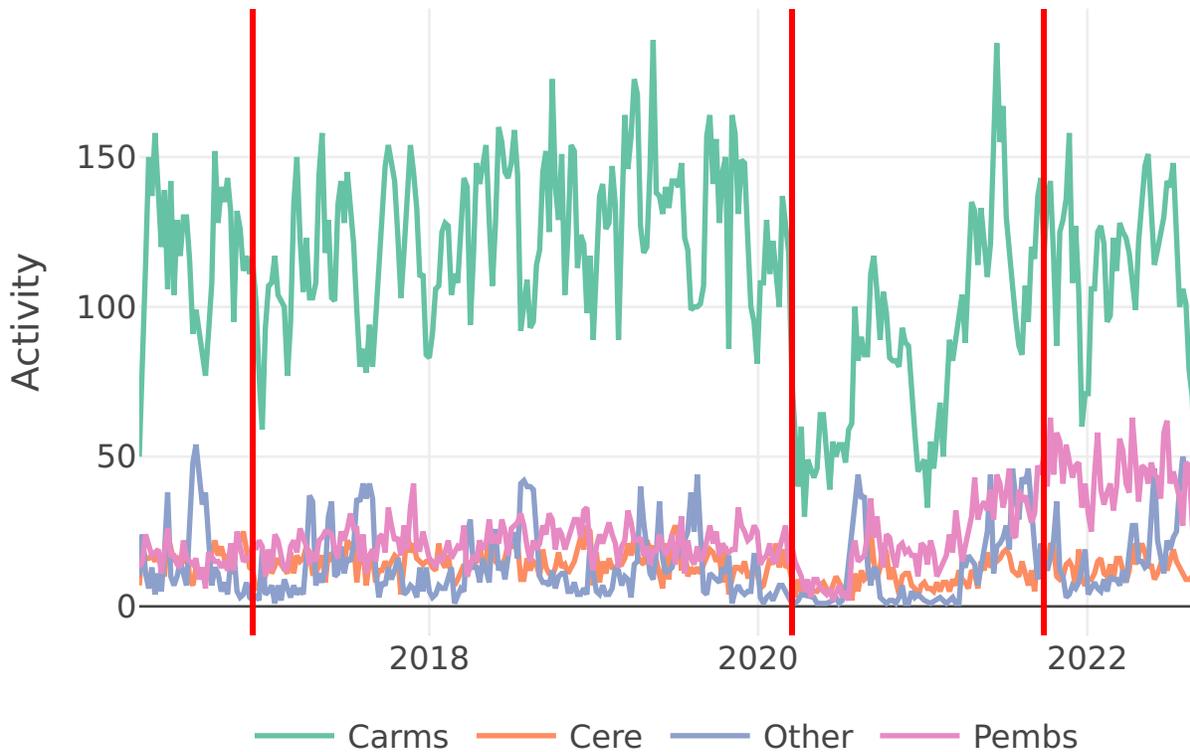
		2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
GGH ED	Major	363	573	662	705	583	1702	749	5337
	Minor	532	525	550	342	195	342	194	2680
	Total	895	1098	1212	1047	778	2044	943	8017
WGH ED	Major	845	732	619	458	1233	2542	655	7084
	Minor	5583	5526	5423	5436	2027	2522	1451	27968
	Total	6428	6258	6042	5894	3260	5064	2106	35052
Total		7323	7356	7254	6941	4038	7108	3049	43069

Total Attendances Split by Age Group and Financial Year (Pembs Residents Only)

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	2423	2564	2641	2662	1598	2731	1085	15704
Age 05 - 09	1686	1769	1599	1624	961	1581	786	10006
Age 10 - 14	2676	2527	2538	2220	1231	2321	974	14487
Age 15 - 19	538	496	476	435	248	475	204	2872
Total	7323	7356	7254	6941	4038	7108	3049	43069

GGH Attendances by Resident County

Attendances at GGH by Resident County



Total Attendances at GGH Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carms	5981	6175	6780	6638	3610	6154	2599	37937
Cere	774	762	814	747	426	655	306	4484
Other	656	754	735	671	309	895	578	4598
Pembs	895	1098	1212	1047	778	2044	943	8017
Total	8306	8789	9541	9103	5123	9748	4426	55036

Total Attendances at GGH Split by Patient Type and Financial Year

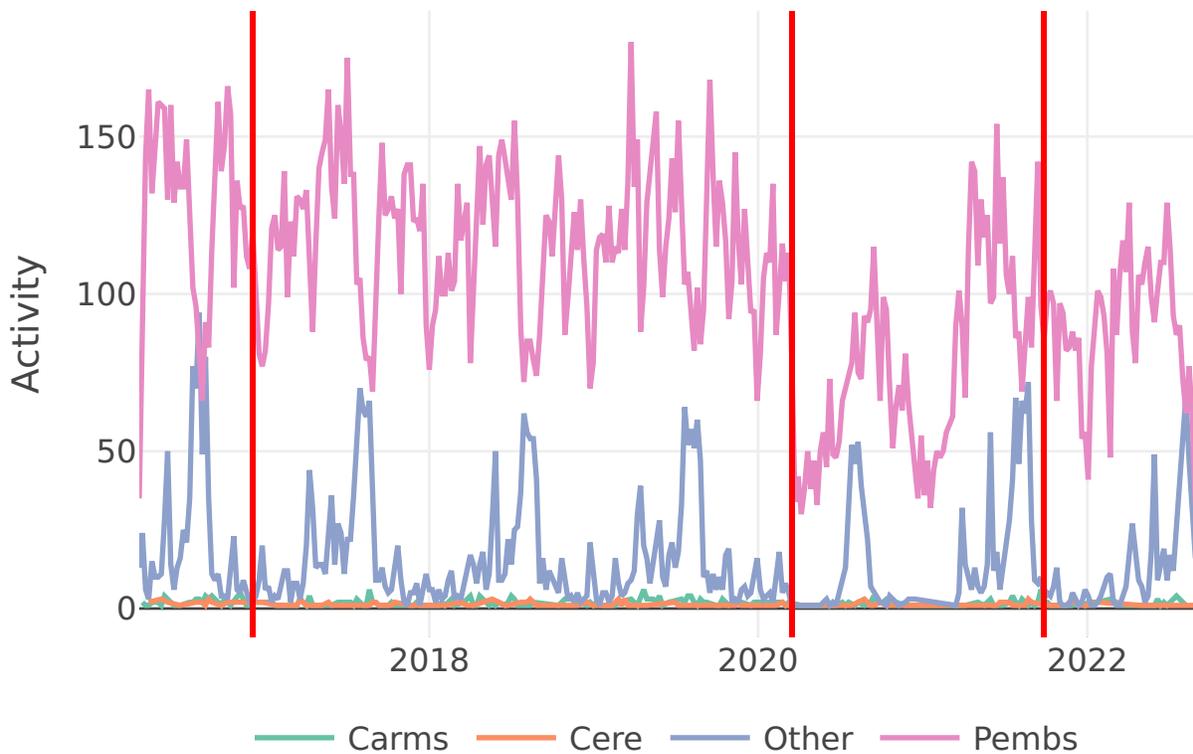
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Major	1890	2788	3382	4171	2888	6788	3091	24998
Minor	6416	6001	6159	4932	2235	2960	1335	30038
Total	8306	8789	9541	9103	5123	9748	4426	55036

Total Attendances at GGH Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	3207	3565	4009	3724	2281	4691	2034	23511
Age 05 - 09	1782	1940	2143	2045	1173	1902	1041	12026
Age 10 - 14	2721	2716	2828	2743	1363	2592	1134	16097
Age 15 - 19	596	568	561	591	306	563	217	3402
Total	8306	8789	9541	9103	5123	9748	4426	55036

WGH Attendances by Resident County

Attendances at WGH by Resident County



Total Attendances at WGH Split by Resident County and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Carms	80	54	60	71	27	54	21	367
Cere	34	33	34	23	15	28	10	177
Other	923	918	803	861	350	764	526	5145
Pembs	6428	6258	6042	5894	3260	5064	2106	35052
Total	7465	7263	6939	6849	3652	5910	2663	40741

Total Attendances at WGH Split by Patient Type and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Major	1004	838	697	516	1396	2995	838	8284
Minor	6461	6425	6242	6333	2256	2915	1825	32457
Total	7465	7263	6939	6849	3652	5910	2663	40741

Total Attendances at WGH Split by Age Group and Financial Year

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Total
Age 00 - 04	2453	2402	2395	2490	1295	1790	754	13579
Age 05 - 09	1802	1870	1641	1682	924	1494	779	10192
Age 10 - 14	2693	2499	2461	2252	1201	2211	945	14262
Age 15 - 19	517	492	442	425	232	415	185	2708
Total	7465	7263	6939	6849	3652	5910	2663	40741

REVIEW OF TEMPORARY CHILDREN'S SERVICES – EARLY ENGAGEMENT SURVEY

ANALYSIS REPORT

September 2022

Discussion Draft

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4.3.2.2	Neither poor nor good.....	20
4.3.2.3	Poor or very poor	20
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1 INTRODUCTION

1.1 The Conversation

The Consultation Institute (tCI) was commissioned by Hywel Dda University Health Board (HDUHB) to provide independent analysis of their early engagement discussions regarding children's services in the area.

The discussion centred around HDUHB's temporary service changes made to some children's services (paediatrics) since 2016 as well as asking for general views of those services at Withybush, Haverfordwest or Glangwili hospitals.

This initial, early engagement, conversation was conducted through an online survey inviting service users and parents/guardians of service users to provide 'experience' information related to:

- What was good, bad, needed improvement; and/or
- Any issues regarding the service.

The survey was hosted on the health board's Civica system and was live from 21st July until 18th August 2022.

The specific temporary service changes related to children's services introduced by HDUHB and the topic of this discussion are set out in date order in the table below.

Year	Change
2016	<p>Temporary service change 1:</p> <p>At the Public Board meeting held on November 24th, 2016, the Board approved:</p> <ul style="list-style-type: none"> • Temporary reduction in the operating hours of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH). Consequently, from 5th December 2016, the WGH PACU operating hours changed from 10 am -10 pm, to 10 am – 6 pm, 7 day per week • Temporary merger of the acute paediatric overnight consultant on call rotas for WGH and Glangwili General Hospital (GGH) with one rota for the south of the Health Board based at GGH
2020	<p>Temporary service change 2:</p> <p>21st March 2020 the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward.</p>
2021	<p>Temporary service change 3:</p> <p>30th September 2021 Board supported the extension of the temporary service arrangements: the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward. until the review has been concluded.</p>

Year	Change
	<p>A detailed communications plan was enacted which included distributing a leaflet to all households in Pembrokeshire which aimed to minimise the risks that an acutely ill child or young person may encounter if they presented to WGH.</p> <p>Equally a focus on the minor injury pathway at WGH (to which paediatric cases are encouraged to attend) was also subject to re-focus. This included making it clear by the installation of new, temporary signage, that the service at WGH is a paediatric Minor Injury service and an adult A&E.</p> <p>Anaesthetic, emergency and paediatric clinicians supported this pathway. A new triage tool was also designed to prioritise and support rapid intervention for children who may continue to present at Withybush with time-sensitive illness and to signpost clinicians to access appropriate transfer services to repatriate the patient to the right place of care.</p>

1.1.1 Invitations to Participate

A sample of service user / parents/guardians of service users who had accessed paediatric service were contacted inviting them to participate in the survey. The methods used to contact potential respondents, to invite them to participate in the survey were:

- **Text message:** SMS messages were sent to 10,143 people in the target group of respondents providing a link to the survey and detailing alternative options for engagement via email or telephone.
- **Email:** a message was sent to 513 email addresses including a link to survey and the alternative options for engagement via email or telephone.
- **Letters:** postal correspondence was sent out to a further 508 potential respondents providing the link to the survey and the alternative options of engagement via email or telephone.

Further engagement was undertaken with current service users while the survey was live to encourage participation, which were:

- Ward based engagement to with service users, parents and carers at Cilgerran ward by the Patient Experience Team between 27th July and the 18th of August, encouraging responses to the survey.
- Posters providing a link to the survey and alternative options of engagement via email or telephone were displayed from the 28th of July in:
 - A&E at WGH and GGH;
 - Paediatric outpatients at WGH and GGH; and
 - Cilgerran ward in GGH.

1.2 Report Structure

Following this brief introduction the remainder of this report is set out as follows:

- Section Two:** Provides the demographic breakdown of the response sample received to the online survey.
- Section Three:** Sets out the responses from respondents related to the children's daytime unit (PACU) at Withybush General Hospital in Haverfordwest
- Section Four:** Sets out the responses from respondents related to the children's daytime unit (PACU) at Glangwili General Hospital in Carmarthen
- Section Five:** Sets out the responses from respondents related to the Accident and Emergency Unit at Withybush General Hospital
- Section Six:** Sets out the responses from respondents related to the Accident and Emergency Unit at Glangwili General Hospital
- Section Seven:** Sets out responses to questions related to travel, access and priorities for the future of children's services.
- Appendix One:** Lists the questions asked in the online survey discussed in this report.

2 THE RESPONSE SAMPLE (DEMOGRAPHIC DETAIL)

2.1 Introduction

The invitation to take part in the survey was distributed to a widespread proportion of the target respondents¹, however, no random sampling quota was set for responses. The responses received are, therefore, reflective of those motivated to respond and is not population representative. This is common and accepted practice in early engagement issues around service change.

The remainder of this section sets out the demographic information provided by respondents.²

2.2 Demographic Information Provided

A total of 625 responses were received to the survey, of those 201 respondents provided demographic details. Due to this it is important to note when considering the following data:

- Just over three quarters of respondents (67.8%) did not provide any demographic details.
- The percentage presentation is out of 100% of those who did provide demographic details (201.)

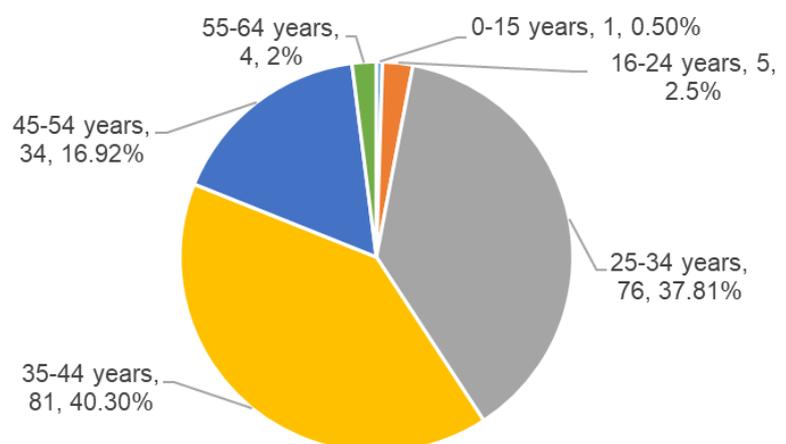
2.2.1 Age

When asked to provide their age, those that answered:

- The majority (78%) were aged between 25 and 44.
- Respondents aged between 16 and 24 made up 2.5% of the sample.
- Only one response was received from the 0-15 year old age group.
- Those aged between 45 and 54 were 17% of the responses.
- The age group 55-64 made up 2% of responses, with no older age responding.

Details are shown below.

Age	No	%
0-15 years	1	0.5%
16-24 years	5	2.5%
25-34 years	76	37.8%
35-44 years	81	40.3%
45-54 years	34	16.9%
55-64 years	4	2.0%
Total	201	100.0%



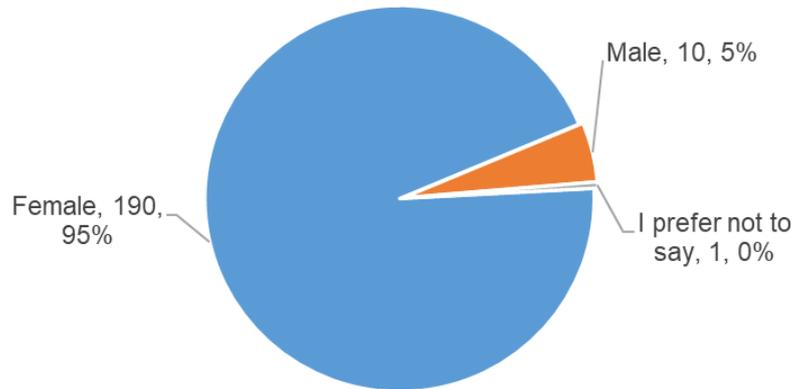
¹ Service users and parent/guardians of service users

² It is a requirement for the health board to ask for demographic details to discharge their Public Sector Equalities Duty, it is entirely voluntary for respondents to provide this detail.

2.2.2 Gender

In line with normal expectations for an online survey, when asked *'what is your gender'* the majority of responses were from females. However, it should be noted that there is a disproportionately high response rate with 94.5% female respondents.

Sex	No	%
Female	190	94.5%
Male	10	5.0%
I prefer not to say	1	0.5%
Total	201	100%

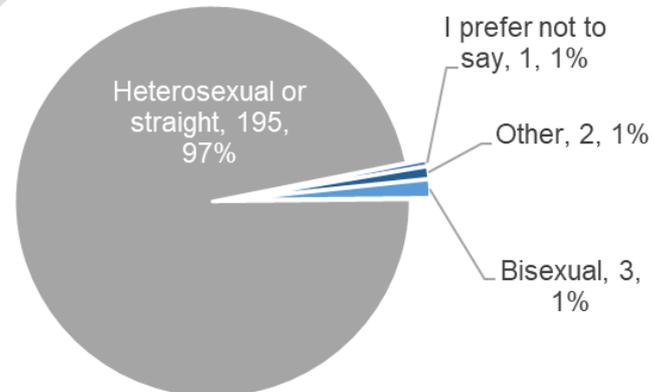


2.2.3 Sexual Orientation

When asked about their sexual orientation:

- The majority 97% describe themselves as heterosexual or straight;
- The remainder describe themselves as, in descending order:
 - Bisexual
 - Other
 - Prefer not to say

Response	No.	%
Bisexual	3	1.5%
Heterosexual or straight	195	97.0%
I prefer not to say	1	0.5%
Other	2	1.0%
Total	201	100.0%



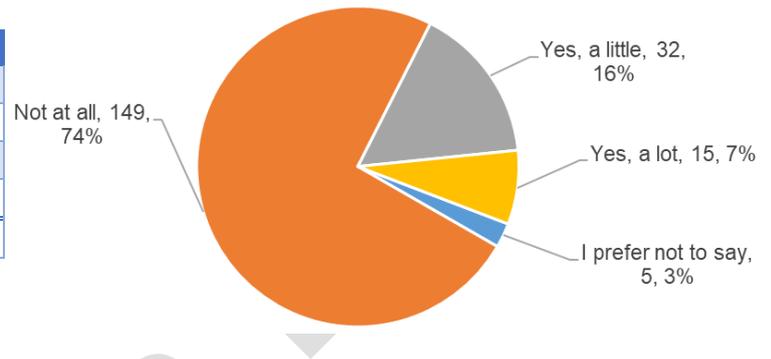
2.2.4 Health problems or disability

In response to the question:

Are your day-to-day activities limited because of a health problem or disability?

- The majority (74%) reported that they were not limited at all in their day-to-day activities.
- Just under a quarter (23%) said they were limited either a little or a lot.
- The remainder preferred not to say.

Response	No.	%
Not at all	149	74%
Yes, a little	32	16%
Yes, a lot	15	7%
I prefer not to say	5	2%
Total	201	100%



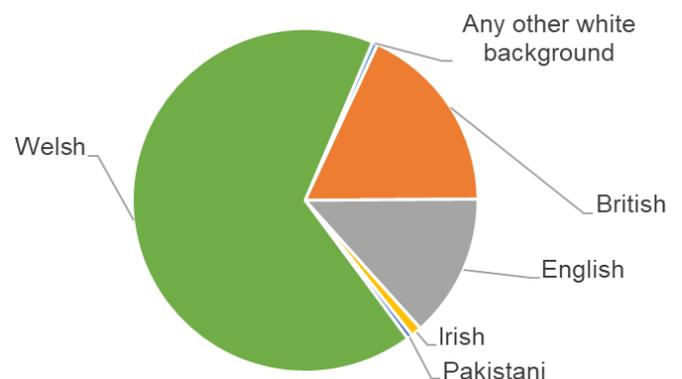
2.2.5 Ethnicity

When asked:

'what is your ethnic group?'

- The majority of respondents (66.5%) describe themselves as Welsh;
- The remainder describe themselves as, in descending order:
 - British
 - English
 - Irish
 - Pakistani

Response	No.	%
Any other white background	1	0.5%
British	36	18.0%
English	27	13.5%
Irish	2	1.0%
Pakistani	1	0.5%
Welsh	133	66.5%
Total	200	100.0%

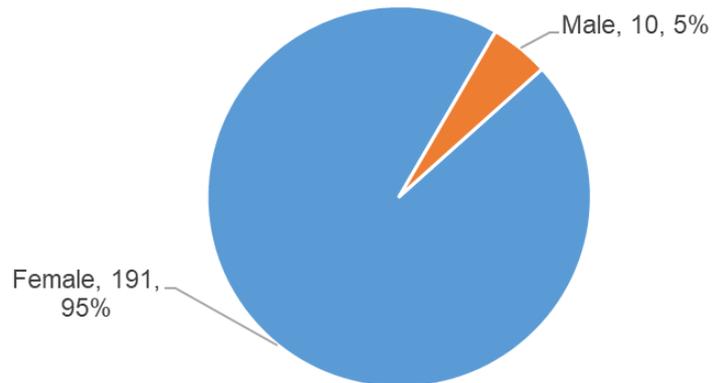


2.2.6 Sex at Birth

When asked how they were described at birth:

- The number of people who said they were described as female at birth was higher by one than the responses give when asked about their gender.
- However, this variance is probably accounted for by the lack of any 'prefer not to say' responses (see 2.2.2 for detail).
- That aside the overwhelming majority of respondents remain unchanged as female.

Response	No.	%
Female	191	95%
Male	10	5%
Total	201	100.00%



2.2.7 Religion

When asked:

What is your religion?

- The majority (60%) reported that they are not religious
- The remainder describe themselves as, in descending order:
 - Christian
 - Prefer not to say
 - Muslim

Response	No.	%
Any other religion	2	1%
Christian (all denominations)	72	36%
I prefer not to say	4	2%
Muslim	2	1%
No religion	121	60%
Total	201	100%

3 CHILDREN'S DAYTIME UNIT (PACU) - WITHYBUSH GENERAL HOSPITAL

Respondents were asked if their child or children had been seen at Withybush General Hospital PACU.

In total **136 respondents** replied that their child/children had received care at Withybush PACU.

Set out in order below are the responses from that group to the following:

- In which year was their child/children seen?
- Ratings for overall experience.
- What was good about the experience their child/children when using the service?
- What could be done differently to improve the experience of their child/children when using the service?
- Anything else HDUHB should be aware of in relation to using Children's Daytime Unit (PACU) at Withybush General Hospital.

For open questions related to reported experience we have excluded the following from analysis:

- Responses from those reporting receiving care in 2016, these largely refer to experiences prior to the implementation of the temporary service changes;
- Responses that refer to specific circumstances or incidents to avoid any likelihood of personal identification of the patient.

3.1 Year Seen

Respondents were asked

In which year was your child/children seen?

The responses are shown in the table below, with the majority (51) not specifying a year.

Year	No.	%
2016	14	10%
2017	3	2%
2018	15	11%
2019	16	12%
2020	12	9%
2022	17	13%
2021	8	6%
Not Specified	51	38%
Grand Total	136	100%

This information was gathered to provide a reference point for correlation between subsequent questioning using the following proxy of experience:

- 2016: baseline experience
- 2017-2019: temporary service change one
- 2020: temporary service change two
- 2021-2022: temporary service change two

Reporting is based on these proxy measures; however, due the small sample size findings should be treated with caution.

3.2 Overall Experience

Of the 136 respondents indicating treatment was received at Withybush PACU, **85 provided a response** when asked to rate their experience. These responses show:

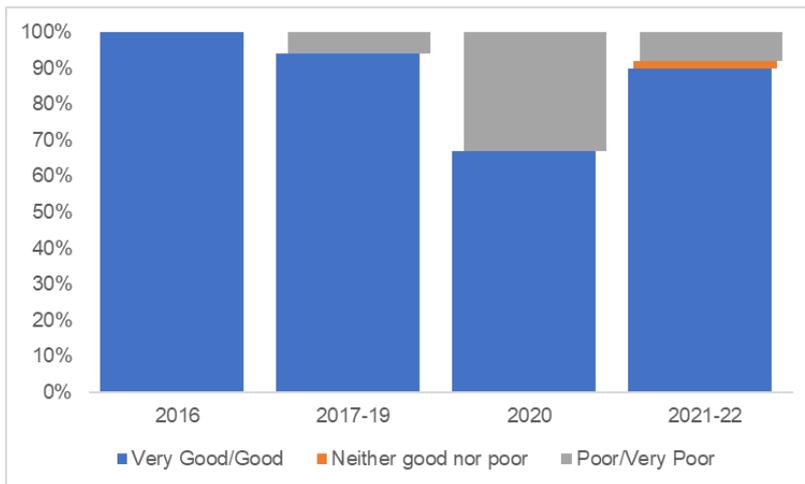
- The majority of respondents (90%) expressing an opinion said their experience was good or very good.
- A small proportion (8%) said they had a poor or very poor experience.
- The remainder (2%) said their experience was neither poor nor good.

Experience Rating	No	%
Very Good	59	66%
Good	21	24%
Neither good nor poor	2	2%
Poor	3	3%
Very Poor	4	4%
Grand Total	89	100%

When considered by year of treatment received, we can see from the chart and table below:

- In the year 2016 (baseline), all respondents reported a good/very good experience.
- Those reporting receiving care between 2017 and 2019 provided an experience rating of:
 - 94% rated their experience good or very good
 - 6% reported a poor/very poor experience
- The most marked shift in reported experience occurs for those reporting receipt of care in 2020, for this group:
 - 67% rated their experience good or very good
 - 34% reported a poor/very poor experience
- Those receiving care from 2021 onwards reported:
 - 90% very good/good
 - 2% neither good nor poor

- 8% poor/very poor



Experience Rating	2016		2017-19		2020		2021-22	
Very Good	13	(93%)	23	(68%)	6	(50%)	17	(59%)
Good	1	(7%)	9	(26%)	2	(17%)	9	(31%)
Neither good nor poor							2	(7%)
Poor					2	(17%)	1	(3%)
Very Poor			2	(6%)	2	(17%)		
Grand Total	14	(100%)	34	(100%)	12	(100%)	29	(100%)

3.3 Positive Experiences

Set out below are the response received to the question related to Withybush PACU:

Can you tell us what was good about the experience of your child/children when using the service?

These have been broadly themed by year of service received and the rating provided.

NB: throughout the following narrative descriptions illustrative quotes are provided, however, they do not form the entirety of the responses.

3.3.1 Service Received 2017-19

3.3.1.1 Good or Very Good

- **Staff and care**

Nurses and doctors were excellent

My daughter was thoroughly looked after, everything was double checked.

Experienced staff available (at the weekend), prompt action taken, quick diagnosis

- **Close to home**

Withybush only 20 minute drive from my address

- **Good facilities**

A clean spacious unit ideal for the needs of each child.

- **Efficient Service**

Good efficient service when seen there

Service was outstanding

3.3.1.2 Poor or Very Poor

There were two ratings in this category, however, both provided information on individual cases and have been excluded to avoid any issues around unintentional patient identification.

3.3.2 Service Received 2020

3.3.2.1 Good or Very Good

- **Staff**

Nurses and doctors where great!

Staff very attentive and friendly very efficient

3.3.2.2 Poor or Very Poor

I don't have any good comments to make regarding the experience other than we did not wait long.

3.3.3 Service Received 2021 onwards

3.3.3.1 Good or Very Good

- **Staff**

the doctors were very helpful and was seen quick

Care was exceptional. The patience and kindness of the staff meant that my children could have tests they required.

- **Patient first**

Child feeling welcomed and looked after.

- **Nice facilities**

*Nice area away from main ward. Open access offered reassurance
the hospital lovely and clean as always.*

- **Local knowledge**

the staffs local knowledge to help ease child's anxiety when talking about familiar places and things to my daughter.

3.3.3.2 Poor or Very Poor

Comments provided referred to individual cases – excluded to avoid any potential patient identifiability.

3.4 Areas for Improvement

Respondents were asked:

Can you tell us what we could do differently to improve the experience of your child/children when using the service?

The broadly themed responses are shown below, by year of service and overall rating of experience.

3.4.1 Service Received 2017-19

3.4.1.1 Good or very good

- **Reopen Withybush**

Have all children's services back at Withybush

- **Improve Discharge**

The discharge process was a bit messy and getting the correct prescription was difficult after leaving hospital.

- **24 Hour Service**

Have a service in Pembrokeshire capable of admitting children 24/7 and being treated without the concern of inadequate care. Which currently is impossible for children in Pembrokeshire

3.4.1.2 Poor or very poor

- **Reopen Withybush**

Preferably re-establishing children services ward within Pembrokeshire.

- **Provide details of Withybush operating hours to all**

GP referral directly to Glangwilli would be far more sensible. Please ensure all GPs and 111 referral services are aware of the limited opening hours of the children services ward at Withybush.

3.4.2 Service Received 2020

3.4.2.1 Good or very good

- **Provide children's services at Withybush 24/7**

It would be great if children could go there through the night as Glangwilli is in such high demand

- **Provide adaptation**

Side rooms for children with needs. My son is disabled and doesn't like noise so if another child is crying he cannot cope with it. Other than that it's good

- **Keep Withybush open**

Keep service in Withybush

3.4.2.2 Poor or very poor

- **Provide details of Withybush operating hours to all**

Ensure that 111 are fully aware of the closures in hospitals so that children are not taken to an 'advised' hospital where there is no PACU unit anymore.

3.4.3 Service Received 2021 onwards

3.4.3.1 Good or very Good

- **Keep Withybush open**

Open the children's ward back up ,do not take this hospital away from our children especially our most vulnerable

- **Clean the facilities**

Clean the hospital it's filthy

- **Provide play activities**

Get new toys, activities, board games to suit all ages of children

3.4.3.2 Poor or very poor

- **Treat parents with respect**

Stop being so patronising to parents.

3.5 Anything Else

Respondents were asked:

Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Withybush General Hospital.

Their broadly themed responses are shown below, grouped by date of service received and broad experience rating.

3.5.1 Service Received 2017-19

3.5.1.1 Good or very good

- **Keep Withybush open**

It seemed a waste of a beautiful ward

We need this service in Pembrokeshire

- **Extend the service**

It's just that , day care. It's not good enough. Children shouldn't have to suffer and go further to get care if it's either an emergency or to have a longer stay for illness. Day care is not enough.

The Unit should be available 24/7, distance with a poorly child is essential.

- **Withybush is an important support to Glangwili**

Glangwili is excellent but the unit is overstretched for the area it covers. Having Withybush day unit open benefits the children and improves the other all care given

3.5.1.2 Poor or very poor

- **Current operation seems dangerous**

Limited opening hours requiring transfer and limited transfer availability is perceived as dangerous.

3.5.2 Service Received 2020

3.5.2.1 Good or very good

- **Providing services for a seasonal population**

We are a highly attractive tourist area, so the volume of people is extremely high in the summer, it is a popular place to live throughout the year, we are surrounded by the sea and cliffs, we need this to stay

- **Reducing the stress of travel**

It is so stressful to know that if my babies need anything I need to travel 40 mins to get them seen, Withybush is 2 mins.

Many local families in Haverfordwest and surrounding areas like Fishguard who have other children at home struggle with getting to Carmarthen as it is over an hour drive away. The shortage of ambulances means that many family's need to make the journey themselves which depending on the needs of the child needing care can be overwhelming, scary.

3.5.3 Service Received 2021 onwards

3.5.3.1 Good or very good

- **Local services are very important**

It made an exceptional difference being able to be seen locally rather than driving out of county

The unit is vital for children of parents in the area that can't drive. my son has check-up appointments at Withybush and if they were to change to St Clears then we would struggle to get there.

4 CHILDREN'S DAYTIME UNIT (PACU) - GLANGWILI GENERAL HOSPITAL

Respondents were asked if their child or children had been seen at Glangwili General Hospital PACU.

In total **270 respondents** replied that their child/children had received care at Glangwili PACU.

Set out in order below are the responses from that group to the following:

- In which year was their child/children seen?
- Ratings for overall experience.
- What was good about the experience their child/children when using the service?
- What could be done differently to improve the experience of their child/children when using the service?
- Anything else HDUHB should be aware of in relation to using Children's Daytime Unit (PACU) at Glangwili General Hospital.

For open questions related to reported experience we have excluded the following from analysis:

- Responses from those reporting receiving care in 2016, these largely refer to experiences prior to the implementation of the temporary service changes;
- Responses that refer to specific circumstances or incidents to avoid any likelihood of personal identification of the patient.

4.1 Overall Experience

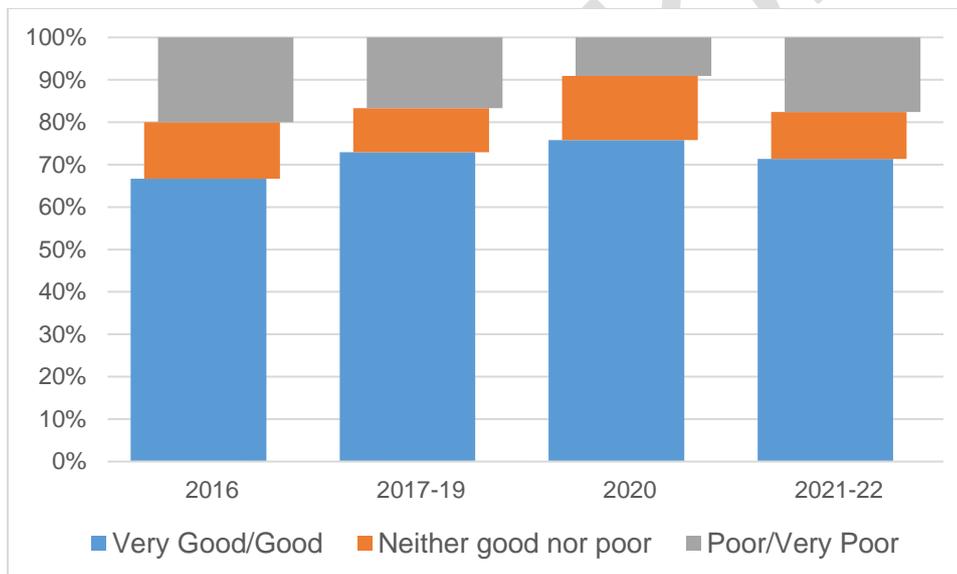
The number of respondents indicating treatment was received at Witybush PACU was 270, however **271 provided a response** when asked to rate their experience. These responses show:

- The majority of respondents (69%) expressing an opinion said their experience was good or very good.
- Slightly more than a tenth (13%) said their experience was neither poor nor good.
- The remainder (18%) said they had a poor or very poor experience.

Experience Rating	No	%
Very Good	112	41%
Good	76	28%
Neither good nor poor	34	13%
Poor	24	9%
Very poor	25	9%
Grand Total	271	100%

When considered by year of treatment received, we can see from the chart and table below:

- In the year 2016, which we are using for baseline purposes:
 - 67% rated their experience good or very good;
 - 13% reported neither good nor poor experience; and
 - 20% reported a poor/very poor experience
- Those reporting receiving care between 2017 and 2019 provided an experience rating of:
 - 73% rated their experience good or very good;
 - 10% reported neither good nor poor experience; and
 - 17% reported a poor/very poor experience
- Those reporting receipt of care in 2020:
 - 76% rated their experience good or very good;
 - 11% reported neither good nor poor experience; and
 - 18% reported a poor/very poor experience.
- Those receiving care from 2021 onwards reported:
 - 71% very good/good
 - 11% neither good nor poor
 - 18% poor/very poor



Experience Rating	2016		2017-19		2020		2021-22	
Very Good	8	(53%)	16	(33%)	14	(42%)	98	(49%)
Good	2	(13%)	19	(40%)	11	(33%)	44	(22%)
Neither good nor poor	2	(13%)	5	(10%)	5	(15%)	22	(11%)
Poor			3	(6%)	2	(6%)	19	(10%)
Very Poor	3	(20%)	5	(10%)	1	(3%)	16	(8%)
Grand Total	15	(100%)	48	(100%)	33	(100%)	199	(100%)

4.2 Positive Experiences

Set out below are the response received to the question related to Glangwili PACU:

Can you tell us what was good about the experience of your child/children when using the service?

These have been broadly themed by year of service received and the rating provided.

NB: throughout the following narrative descriptions illustrative quotes are provided, however, they do not form the entirety of the response

4.2.1 Service Received 2017-19

4.2.1.1 Good or very good

- **Staff**

Well cared and efficient staff

Very good staff always checking up on the kids.. and the play staff kept my child so calm and chilled

Nurses were quick to see my child and never let their concerns show to him.

- **Waiting time for care**

General care given, very little waiting time, thorough assessment.

- **Overnight support**

Direct access to paediatrician overnight

- **Local service**

Local service, easy to access

- **Quick diagnosis and treatment**

We received a diagnosis and treatment quickly

- **Great, but**

Too far to travel. Nice staff

It's a shame the Unit & Cilgerran Ward are crammed, in a poor state of repair & facilities are lacking. The staff try to make the environment welcoming but work in a sub-standard environment.

We received a diagnosis and treatment quickly

4.2.1.2 Neither good nor poor

We arrived later on, in the evening and were taken to a room away from the wards while we waited to be seen. So we didn't disturb anyone sleeping.

4.2.1.3 Poor or very poor

- **Inconsistent care**

We saw a different doctor every time, so we had to repeat the symptoms and problems every time. Every doctor gave us a different answer with different medications to try.

Shocking care was like we were a burden

4.2.2 Service Received 2020

4.2.2.1 Good or very good

- **Staff**

We always had Kind and caring staff. Very helpful.

Nice staff; kept informed about all treatment. Given respect and privacy when needed.

The staff were great

All nurses and health care support workers were amazing and very welcoming and caring

- **Covid appropriate responses**

Professional & friendly. It was during covid & they were very safe & strict with covid measurements.

It was covid and our son was very poorly hit the staff were understanding and helped my partner visit when possible.

The services We experienced were impacted and adjusted due to covid restrictions, but this did not cause huge disruption to my child's care.

- **Short waiting times**

Went to Minor injury's dealt with quickly

We were seen very quickly, and I felt reassured by the staff who specialise in paediatrics

4.2.2.2 Neither good nor poor

- **Staff**

Some really helpful friendly staff

Nurses and doctors are very good

4.2.2.3 Poor or very poor

- **Staff attitude**

Reception Staff extremely rude, waiting times very long, especially with a poorly baby. Was made to feel like we were a problem.

- **Looked after parents**

Parent had free food

4.2.3 Service Received 2021 onwards

4.2.3.1 Good or very good

- **Staff**

The staff were really friendly and helpful

Staff who cared, updates from Doctors, staff who engaged with the children and the parents

- **Facilities**

The rooms were child friendly,

Nice, clean environment.

- **Activities**

the activities on the ward to keep my child entertained

Play therapists

- **Speed of diagnosis**

My son needed urgent care and when we arrived there was no delay in responding to what he needed, and they were very friendly and informative in a way that I could understand what was wrong with him

The service we received was exceptional. They saw to my son very quickly in light of his condition at that time

- **Good communications**

I was kept informed of all that was happening with my sons care at all times.

Staff were very helpful and communicated very well with ourselves and also liaised promptly with my child's specialist cardiac team in Cardiff for advice.

- **Supportive of parents**

Staff were very supportive of myself as a parent also and I felt like everyone really went out of their way to be helpful and caring.

- **Great, but**

Once into the ward the service was great. However getting advice from a GP and then A&E is terrible. Very little knowledge about babies! Long way to travel. But then once admitted a very good service

4.2.3.2 Neither good nor poor

- **Too far to travel**

I couldn't have my child seen in our local hospital as the services were unavailable...we had to travel 45 mins down the dual carriage way...We live in Haverfordwest, our local hospital has always cared for myself and my community but now not my child.

- **Staff attitudes**

To be honest when I went there some nurses on duty were rude. Some didn't have a clue why we turned up even though we had appointments to, if I had a choice I wouldn't go back to that hospital.

- **Staff**

Great staff, friendly and informative.

The nurses upon arrival at PACU

Most of the staff were friendly

The doctors and nurses at Glangwili were all lovely

Staff were excellent and communicated well

4.2.3.3 Poor or very poor

- **Staff**

Being able to see the ENT consultant on the morning rounds. The nursery nurse coming to play with my daughter for half an hour so I could rest.

the health care assistants on the ward was very kind

Friendly staff

- **Shortage of staff**

Very short staffed My daughter was on a bed with no sheets, we were not offered any drinks lucky I brought a beaker for her. We saw the nurse once the whole 8 hours as she was so busy

The staff themselves were excellent in the manner in which they interacted with my son and the treatment administered. They are so understaffed however that this leads to huge waiting times to be seen, treated and subsequently discharged. Movement to Glangwili seems to have exacerbated this problem.

- **Poor adjustment for disability**

The Drs listen however the provision for children with autism is poor as is the staff training when dealing with this.

4.3 Areas for Improvement

Respondents were asked:

Can you tell us what we could do differently to improve the experience of your child/children when using the service?

The broadly themed responses are shown below, by year of service and overall rating of experience.

4.3.1 Service Received 2017-19

4.3.1.1 Good or very good

- **Nothing really**

Nothing

I think the service was good, no improvement from my experience.

- **Better signing**

Difficult to find this location in the hospital-at first

Sign post the PACU better Coming from another area with a very sick child walking around having no clue where we were going definitely didn't help

- **It's not Withybush**

Needs to be closer to home

Be closer to home for us.

Bring back Withybush

- **Involving the family**

I think possibly allowing sibling visiting times as this can be quiet scary and upsetting time for siblings.

- **Improved discharge**

However, to be sent away with very little aftercare or follow up appointments for years was not ideal. Including the pandemic period my child was not seen again for 5 years

- **Improved Environment**

Substantial Investment is desperately needed to improve the PACU & Cilgerran Ward facilities surroundings and environment to future proof services and provide the best care in a safer and modern environment.

This would be beneficial to Patients and Staff alike

- **Improved provision for parent/carers**

We ended up in PACU overnight and I had to sleep on a chair. Provision of pull out bed would be good when waiting to be transferred to ward

Beds for parents need updating, uncomfortable when staying over. Lack of good Wi-Fi, lack of equipment/games for older children such as

13,14,15,16.

- **Improved communication from staff**

Need more communication from staff

4.3.1.2 Neither poor nor good

- **Improved Environment**

Invest more money into it.

- **Improved communication and monitoring**

They could check on the children a lot more.

Better communication between the staff and parents.

- **Consideration for those with disabilities in the physical layout**

The beds are very, very, close together - for young people who are wheelchair users this means transfer and avoiding tables, temp machines etc is tricky especially when all the kids in the ward have chairs too. More space so they don't feel they need to be apologising to staff when they are there to receive treatment they require

4.3.1.3 Poor or very poor

- **Improved communications**

Communication is absolutely useless.

- **Improved staff training**

Better training for staff on how to care for a child.

Teach your staff manners

- **Reduced waiting lists**

Shorter waiting lists generally. The wait for any type of appointment is outrageous.

4.3.2 Service Received 2020

4.3.2.1 Good or very good

- **Improve the facilities**

Bigger waiting area

TVs don't work in every room which is difficult when trying to occupy small children, especially when can't leave room.

- **Keep up existing good practice**

The PACU direct re-entry card is a real reassurance as a parent, and makes you feel confident to take your child home. Please continue this practice!

- **Deliver more services at Withybush**

I had to travel from Haverfordwest to Glangwili with my 4 month old having an extremely high temp while having to find someone to look after her twin late at night in the middle of a pandemic. This service should be available in my local hospital Withybush

Move back to Withybush hospital

- **Improved discharge**

Too quick to discharge us as we were back again & admitted within 24 hours, but we did have open access to ward.

4.3.2.2 Neither poor nor good

- **More staff**

They are so busy. I find they just don't have the time to help as they are understaffed

Staff are rude. People sitting on the floor waiting hours spin hours to be seen.

4.3.2.3 Poor or very poor

- **More staff**

Have more staff available and train staff to understand how poor manners and service effect a worried mother.

- **Improve services at Withybush**

We had to go to Withybush hospital because are child had been sick more than once and let me tell you that it is no place for a child on a Saturday.

4.3.3 Service Received 2021 onwards

4.3.3.1 Good or very good

- **Nothing**

nothing the staff were amazing

I honestly can't think of anything

- **Improve communications for care for those with additional needs**

More communication from where children can be cared for in the area to Pembrokeshire. Specifically for children with disabilities.

Have more specialist training about children with additional needs

- **Provide food and drink for parent/carers**

I noticed the lady opposite me who was also in with her little boy...was there an hour before I was (I was there 5 hours).. when asked whether she wanted food for him she ordered but I could see her eating it, she was quite obviously very hungry and not once offered any food. I feel like this could change,

telling parents where and how to get food if only one parent and have to stay with child.

- **Make the staff appear more child-friendly**

The staff could be in a non-uniform type of dress.

- **Improve the environment**

The rooms could have been better decorated.

needs updating- not enough space for the volume of patients attending the unit

- **Paediatric A&E**

.. it's a shame that there isn't an assessment for kids separately. As the wait is long for kids in A&E for kids especially some children and they have done away with the children room at A&E so it's difficult waiting hours...

I feel it would be beneficial to the patient if there was a paediatric A&E. Instead of having to wait for hours in a busy unit to see a paediatrician, knowing that they would be triaged and sent to PACU. Alternatively, having a paediatrician for assessments in A&E would save a poorly child having to wait hours to be seen. This may also help cut waiting times for adults in A&E.

it's quite intimidating waiting in the waiting room with your children when patients under the influence of alcohol or drugs are present and loud, the children's waiting room has been closed for the last year on my visits.

- **Provide children's services at Withybush**

I still think that the children's ward in Withybush should be open

It would be much easier for myself to have a PACU closer to home (Pembrokeshire) as I don't drive and I'm a single parent to twins. Not all the time I have someone that will be able to look after one of my children while the other is not at hospital, so it makes it very difficult especially when I'm 40+ miles from home

There needs to be a children's ward at Withybush hospital 24/7

- **Improved signage**

The entrance could be improved. Very poor sign for PACU

- **Improved communications (particularly around children)**

Better communication / updates

Be mindful of the language used with children, my daughter did a lung function test, and the nurse told her 'poor effort' numerous times, this caused her to become extremely upset and refuse to continue the test. If the language used was more child friendly this could have been avoid.

Better listening to parents concerns.

- **Reduce waiting times**

More staff pure and simple , the staff are pushed to their limits

Have a more sufficient A&E kept us waiting for hours before being referred to the Children's unit

Less waiting time in A&E for a 3 year old to be seen.

4.3.3.2 Neither poor nor good

- **Look after basic needs (food and drink)**

When it comes to meal time they should cater to the child and the adult stay with them, I was there for a few days with no food and my daughter

wanted to me stay with her so I couldn't get lunch in the cafe and i wasn't offered any food

Offer basic care for a 7 year boy who has arrived in an ambulance, a drink and a blanket during the night

- **24/7 Care**

For a start, open children services for a 24 hour period. Don't close them at 5 pm. Our children shouldn't have a time limit on care they need to receive.

- **Improved staff training**

Improve training and knowledge of the registrars

- **Reduce waiting times**

Reduce the amount of time babies and children are left waiting in A&E before being transferred to PACU.

- **Deliver children's services at Withybush**

Bring back Withybush

Was difficult as had to travel 40 mins and only one allowed in due to Covid so had to travel back and for and wait in car for hours

- **Take account of additional needs**

Side rooms for children with ALN...(additional learning needs)... My son finds it difficult to be in a bay full of other children who maybe upset or just making noise.

4.3.3.3 Poor or very poor

- **Deliver children's services at Withybush**

Open back Haverfordwest instead of allowing my autistic son who hates to travel all the way to Glangwili poorly And passing a perfectly good hospital on the way

Bring back services in Withybush

- **Treat all parents equally**

the doctors should not discriminate because you're a young parent

Treat us as humans instead of an inconvenience. Listen. Show a bit more compassion! Have better bed side manners! When you know the mums just been through a c section and her new born baby isn't breathing properly and can't feed....don't tell her to go sit in A&E for a couple of paracetamol!!!

- **Reduce waiting times**

Quicker times and prioritise young patients.

- **Staff attitudes**

More caring staff people actually want to be there doing their job would help

- **More staff**

Staffing levels are shockingly poor the whole service is under really tough pressures, and it shows staff are exhausted regularly and this leads to less than desirable care. Doctors don't have the time to fully explain treatment options and parents are left ill-informed on their child's current condition

4.4 Anything Else

Respondents were asked:

Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Glangwili General Hospital.

Their broadly themed responses are shown below, grouped by date of service received and broad experience rating.

4.4.1 Service Received 2017-19

4.4.1.1 Good or very good

- **Improve discharge process**

Discharge processes slow and inefficient but no more so than anywhere else.

- **Play activity is very positive**

It was nice that located beside the playroom and the play therapist helped find something to distract my son.

- **Provide children's services at Withybush**

Paediatric care needed at Withybush too

The drive, it takes 45 minutes if I am lucky to get there. If there is an emergency my children could suffer greatly.

It is an hour away. Withybush only 30 minutes away

It's too far for many children to...travel

- **The staff are great**

The nursing and aux staff were absolutely outstanding. When my son needed 3 nurses, a Dr just to find a vein for bloods they were just fantastic

- **The building needs improving**

It is in a poor state of repair

- **Flexible service provision would be helpful**

Later clinic times for working mums and children in school

- **Age segregation might be useful**

Needs a ward for older children only if possible. trying to sleep with an older child with very young ones crying is difficult.

4.4.1.2 Neither poor nor good

- **Communication**

There definitely needs to be better communication between the hospital and the doctors. After being sent over to the hospital from the GP you don't really want to be waiting around all day for a doctor to see you.

Things need to be explained better.

- **Parking**

Parking is limited and requires parents to collect a ticket from the ward - often the last thing on their minds at the time of admission. On one occasion a parking attendant watched me help my daughter into her wheelchair and take her into PACU, he was already completing the ticket as I returned with the badge from the ward. A kind nurse observed what had happened and intervened. Added stress that's not required.

4.4.1.3 Poor or very poor

- **Better communication**

Better communication with GPs, don't just dismiss referrals. There needs to be a clear step by step guide when children are seen as young adults.

There is a massive grey area with who treats young adults

- **Too big an area?**

It is clearly overstretched, probably due to the massive catchment area it has to deal with.

- **Staff are great**

The staff we saw during our visits were fantastic with my little girl. Very caring and eager to help.

- **Support parent/carers**

Make parents with sick children feel welcome

4.4.2 Service Received 2020

4.4.2.1 Good or very good

- **Parking**

Parking is very difficult, making it hard for parents on their own.

Finding Parking is difficult at Glangwili site, and we were urged to drive as ambulance wait would be too long.

- **Improved facilities**

Be handy if the TV's worked to entertain the child Ans keep the parent sane when you cannot leave the room until u have been tested for covid

- **Listen to the service users**

The views of the people using this service should really be listened to.

- **Child friendly**

Make spaces more child friendly.

- **Staff**

The staff were very attentive and reassuring.

4.4.2.2 Neither poor nor good

- **Deliver children's services at Withybush**

There needs to be a children's hospital in Haverfordwest, Carmarthen is over run!!

4.4.2.3 Poor or very poor

- **Staff attitudes**

We had to go to Glangwili so our child could be monitored ... I thought I was in the way because all they had was a piece of paper and if there had our child's file in their hand than there would see why we were worried I won't be going back there unless we have to.

Staff were not very nice or helpful. Judgemental to me as a new mother

- **Deliver children's services at Withybush**

Reopen Withybush services fully to allow staff here to not be so run down, over worked and tired. This will in turn reduce waiting times, staff morale, etc.

4.4.3 Service Received 2021 onwards

4.4.3.1 Good or very good

- **Staff were great**

We were very well looked after and cared for by all staff

nothing staff were amazing very helpful

Amazing staff top notch treatment

As a breastfeeding mother, I was pleased that the doctors and nurses encouraged breastfeeding my son, whilst they were carrying out interventions such as taking blood. It was lovely that they identified that my son needed that comfort which helped him become less stressed.

- **Too far to travel**

Too far for Pembrokeshire parents to travel if child is very unwell

The distance that parents are expected to take their children when seriously ill (in Pembrokeshire) is not acceptable. Luckily I drive and have a reliable car - many do not . And the know shortage of ambulances in the area also adds to this constant fear many parents with young children are facing . It should be that minor injuries that are non-life threatening should be directed to Carmarthen and serious illness in Withybush where often timing of treatment is critical.

- **Parking**

My only issue would be the limited parking

Parking. It is an absolute nightmare. When you have to travel through no fault of our own then, when you arrive there is nowhere to park and threatened with fines

- **Food and drink for parent/carers**

Other than a cup of tea there was no means of getting any food for parents. I was breastfeeding and didn't eat for several hours

Having access to drinks and snacks,

- **Recognition of differing ages and needs**

Bigger food portions for teenagers. My son is 16 and 6 ft tall. The portion sizes do not fill him up

They only stock nappies up to a size 4, my son was in a size 6 at the time and I rushed to the hospital. I was expected to put my son in a nappy 2 sizes too small or go and find a shop open to get the size he needed.

Nappies should be stocked in all sizes

- **More activities for younger children**

Suggest more toys to keep children entertained

- **Improved facilities**

Need a better waiting area

4.4.3.2 Neither poor nor good

- **Staff attitudes are variable**

Staff should be more welcoming and appreciate that parents are also vulnerable and stressed

Nice nurses — I had one lovely nurse, but the rest were quite rude

- **Food and drink for parent/carers**

Offering parents food would be a bonus

- **Play activities for children**

Saddened to see the play room go as this was a great way to socialise our son with other kids who are also going through scary times in their lives, sort of makes him feel normal again and that he's not alone in the world.

- **Provision of side rooms for flexibility**

Expected to settle an injured and traumatised child (4 yr old) after hours of pain & procedure at 2 am in a room full of sleeping parents and children when there are clearly empty rooms all around.

4.4.3.3 Poor or very poor

- **Improved communication and listening**

Communication for doctors wasn't adequate

doctors need to listen more and be more helpful and not make you feel like you are wasting they're time

Listen to parents concerns and not assume everything is viral

Need to be more aware that not all children feel pain or show illness in same way

- **Too far to travel**

Travelling 20 odd miles which takes 45 minutes to get to & then not being able to park is ridiculous

Very long distance to travel

The additional distance from Pembrokeshire has caused us significant issues which could have been avoided if this service was still provided at Withybush. Although the staff at PACU were good it is obvious that the service is massively over stretched - yet we have facilities within Pembrokeshire that are empty.

- **Improved Signage**

Having never used Glangwili before, we didn't know where to park or where to go. Signage could be improved. With Multiple entrances and wings it is not easy to navigate. Signage is easier to follow at Withybush.

- **Improve waiting times**

A lot of waiting, especially with such a young child. Although the nurses were kind and ready to help, there weren't enough "check ins" to see if everything was okay. One nurse...managed to get my son to sleep when we were going through an emotional and difficult moment.

- **Improve the facilities**

Needs a face lift looks tired dated like all of Glangwili, this doesn't inspire confidence in the patient.

It was very cold and noisy, trying to get my little boy to sleep and to stay asleep when he was already feeling very poorly was very hard.

5 WITHYBUSH GENERAL HOSPITAL ACCIDENT AND EMERGENCY UNIT (A&E)

Respondents were asked if their child or children had been seen at Withybush General Hospital A&E.

In total **85 respondents** replied that their child/children had received care at Withybush A&E.

Set out in order below are the responses from that group to the following:

- In which year was their child/children seen?
- Ratings for overall experience.
- What was good about the experience their child/children when using the service?
- What could be done differently to improve the experience of their child/children when using the service?
- Anything else HDUHB should be aware of in relation to using A&E for their child/children at Withybush.

For open questions related to reported experience we have excluded the following from analysis:

- Responses from those reporting receiving care in 2016, these largely refer to experiences prior to the implementation of the temporary service changes;
- Responses that refer to specific circumstances or incidents to avoid any likelihood of personal identification of the patient.

5.1 Year Seen

Respondents were asked

In which year was your child/children seen?

The responses are shown in the table below.

Year	No.	%
2016	4	5%
2017	3	4%
2018	9	11%
2019	7	8%
2020	10	12%
2021	17	20%
2022	28	33%
Not Specified	7	8%
Grand Total	85	100%

This information provided a reference point for correlation between subsequent questioning using the following proxy of experience:

- 2016: baseline experience
- 2017-2019: temporary service change one
- 2020: temporary service change two
- 2021-2022: temporary service change two

Reporting is based on these proxy measures; however, due the small sample size findings should be treated with caution.

5.2 Overall Experience

Of those who reported attending A&E at Witherbybush 82 respondents provided information on their experiences:

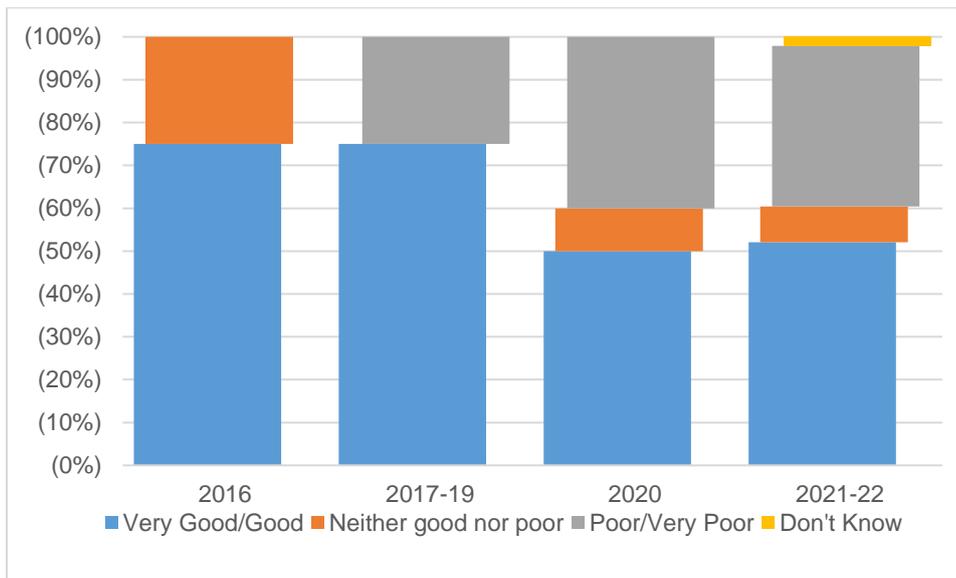
- The majority of respondents (60%) expressing an opinion said their experience was good or very good.
- A small minority (6%) said their experience was neither poor nor good.
- A third (33%) said they had a poor or very poor experience.
- The remainder (1%) said they did not know.

Experience Rating	No	%
Very good	36	44%
Good	13	16%
Neither good nor poor	5	6%
Poor	14	17%
Very poor	13	16%
Don't know	1	1%
Grand Total	82	100%

When considered by year of treatment received, we can see from the chart and table below:

- In the year 2016, which we are using for baseline purposes:
 - Three quarters (75%) rated their experience good or very good; and
 - A quarter (25%) reported neither good nor poor experience.
- Those reporting receiving care between 2017 and 2019 provided an experience rating of:
 - Three quarters (75%) rated their experience good or very good; and
 - A quarter (25%) reported a poor/very poor experience.
- Those reporting receipt of care in 2020:
 - Half (50%) rated their experience good or very good;
 - A minority (10%) reported neither good nor poor experience; and
 - A significant minority (40%) reported a poor/very poor experience.
- Those receiving care from 2021 onwards reported:
 - Just over half (50%) reported experiences that were very good/good;
 - 8% reported neither good nor poor experiences;
 - 38% reported a poor/very poor experience; and

- The remainder (2%) did not know.



Experience Rating	2016		2017-19		2020		2021-22	
Very Good	8	(53%)	16	(33%)	14	(42%)	98	(49%)
Good	2	(13%)	19	(40%)	11	(33%)	44	(22%)
Neither good nor poor	2	(13%)	5	(10%)	5	(15%)	22	(11%)
Poor			3	(6%)	2	(6%)	19	(10%)
Very Poor	3	(20%)	5	(10%)	1	(3%)	16	(8%)
Grand Total	15	(100%)	48	(100%)	33	(100%)	199	(100%)

5.3 Positive Experiences

Set out below are the response received to the question related to A&E at Withybush General Hospital:

Can you tell us what was good about the experience of your child/children when using the service?

These have been broadly themed by year of service received and the rating provided.

NB: throughout the following narrative descriptions illustrative quotes are provided, however, they do not form the entirety of the responses.

5.3.1 Service Received 2017-19

5.3.1.1 Good or very good

- **Staff**

The care ,kindness, reassurance and letting my son be able to phone home to speak to his siblings who were very upset at the time of accident.

Excellent service, so impressed with the effectiveness and efficiency of the staff. They helped and couldn't do enough for my baby when it was an emergency. I am so proud of our staff in the NHS.

- **'After hours' care**

Efficient service, despite there being no dedicated paediatric doctor available when we attended.

My child was seen quite quickly because of her age, and it was after midnight.

- **Local service**

...being near our home town, Not 30+ miles away

5.3.1.2 Poor or very poor

- **'After hours' care**

Well it wasn't very good, no one was there who was able to see a child at that time of day. No one on hand knew about his condition so we were sent in the Glangwilli to be seen after waiting for hours.

On short assessment A&E sent me to Glangwilli as it was early evening and no child services. I was a lone parent that night with 2 other young children who I had to find a friend to take while I transferred to Carmarthen

5.3.2 Service Received 2020

5.3.2.1 Good or very good

- **Staff**

Excellent staff

Seen quickly, friendly staff

- **Covid Safety**

The covid measures made it as safe as possible.

- **Facilities**

The building is new in relation to many other sites and designed for A&E.

5.3.2.2 Neither poor nor good

- **Staff**

Nurses & paramedics were really good

5.3.2.3 Poor or very poor

- **Waiting times**

Waited four hours not good enough when child had temp and tonsillitis

- **Staff**

The doctor and nurses work very hard.

5.3.3 Service Received 2021 onwards

5.3.3.1 Good or very good

- **Timely service**

*Brilliant service needed an x-ray all done and treated within the hour
I thought we'd be in minor injuries for hours, but was surprisingly quick.*

...not long wait either.

Seen doc and had X-ray within 15 mins

Brief waiting time. excellent communication from all staff

Ran into A&E carrying my 4 year old daughter who was having a major seizure and they took control straight away and after 45 mins of her seizure they were able to stabilise her

- **Staff**

Understanding staff and play therapists

Staff engaged with my child made him feel comfortable as he never been examined before

The staff were lovely and reassuring but they also put children first as much as they possibly could and did everything they can to help anxious parents

- **Local service**

They seen my child here and checked him over, so I didn't have to go all the way to Carmarthen.

5.3.3.2 Neither poor nor good

- **Little value in attending Withybush**

I managed to get transferred quickly as I didn't realised they no longer see children

It was the minor injuries, complete waste of time there is nothing on offer in Withybush anymore so should have been told to go straight to Glangwili, would have cut our time wasted in half...

5.3.3.3 Poor or very poor

- **Staff (+)**

Staff try their hardest

Seen quickly by general doctor , A&E staff fantastic

Nurse was friendly

- **Staff (-)**

Staff were really rude, weren't interested as she was a baby just dismissed everything & it was just awful

Never listen when my child is poorly always turned me away with its a flu when in fact was more serious they never take the time out to actually listen to a mothers concern or check the child properly.

Very rude staff, made to feel that we shouldn't have gone to A&E.

- **Waiting times**

We waited 2 hours to be told to go to Glangwili!! When we live 15 minutes from Haverfordwest and 50-60 minutes from Carmarthen

- **No service in Withybush for children with additional needs**

Haverfordwest A&E is understaffed and not equipped for children with special needs. More needs to be done or a lot more will suffer.

5.4 Areas for Improvement

Respondents were asked:

Can you tell us what we could do differently to improve the experience of your child/children when using the service?

The broadly themed responses are shown below, by year of service and overall rating of experience.

5.4.1 Service Received 2017-19

5.4.1.1 Good or very good

- **Deliver children's services at Withybush**

Being back full children's services to Withybush.

Allow children's care day and night to return to Withybush. In an emergency it takes us 15 mins to get to Withybush compared to 1 hour 10 to Carmarthen. Which in an emergency, or when our child is poorly the travelling is unnecessary when there could be services closer to home.

Being back full children's services to Withybush.

For emergency care service at Withybush to remain available children and babies forever x

- **Educate all on where services are delivered**

Ensure all community staff are educated so that they send families to Glangwili not Withybush as there have been occasions where we've been told to attend Withybush, but we know our child won't be seen there. This is very common

- **Reduce waiting times**

Lower waiting times

5.4.1.2 Poor or very poor

- **24/7 service**

Have paediatric doctors available all the time, not just before 5 pm.

- **Bring children's services back to Withybush**

Bring back child services to Withybush!

The referral to Glangwili seemed standard practice instead of looking for obvious childhood illnesses. Driving a sick child alone felt risky but I had no choice but to do this

5.4.2 Service Received 2020

5.4.2.1 Good or very good

- **A&E service for children is good**

A and E were excellent as were x ray

I was impressed by A and E for my child

- **Bring children's services back to Pembrokeshire**

There must be a full children's service in Pembrokeshire. You are currently failing children. This includes midwifery services.

It needs to stay in Withybush

Bring back paediatric doctors and children's services

- **Provide quiet and calm spaces for crisis**

A&E not mental health appropriate, they need quiet space not to feel part of a circus

5.4.2.2 Poor or very poor

- **Prioritise children**

Would be ideal to put children first within an hour

- **Provide food, drink and support to parent/carers and children**

Services should be readily available for the parents/children such as vending machines, drinks machines, changing facilities, because arriving in an emergency you don't always think to grab food/drinks and you can be waiting hours in A&E

- **Reduce waiting times**

I waited over 10 hrs to be seen...to be told that they couldn't help me and to come back the next day

5.4.3 Service Received 2021 onwards

5.4.3.1 Good or very good

- **Nothing**

Nothing

Absolutely brilliant service and was quick to help appropriately.

Nothing to improve it was fantastic

- **Prioritise children in A&E**

Try and get children seen 1st

- **Deliver a full children's services in Withybush**

Open Withybush hospital children service , I don't have a car so getting transport for a 39 mile journey will be unbearable with a sick child , as single parent id have to bring both children and that i feel would be difficult .

Bring back a children's ward to Haverfordwest!!

Have a children ward open 24/7

- **Paediatric A&E waiting area**

Reopen the children's waiting room. It's not nice for children to be sat seeing intoxicated adults coming in with police officers

Use the child's waiting area in A&E as children sitting with unwell adults is not ideal

- **Increase the time current paediatric services are open**

Be open longer so we don't have to travel 40 miles from home and have to find a way there and home just for children to be treated

5.4.3.2 Neither poor nor good

- **Deliver all children's services at Withybush**

There definitely needs to be more paediatric doctors available at Withybush

Bring back the children doctors for emergencies

- **Reduce waiting times**

Bring back the children doctors for emergencies

5.4.3.3 Poor or very poor

- **More staff**

Employ more staff. Make more beds available and allow them to be able to do what Glangwilli can.

There needs to be more staff

- **Deliver all children's services at Withybush**

Have a paediatric department

Bring services back to Withybush, why should we have to travel when we pay the same as everyone else, we suffer because of where we live and that isn't fair

Actually have some paediatric care at A and E Withybush. I cannot travel to Carmarthen when my son is having a bad asthma attack. My only option is Withybush

- **Improve staff listening skills when dealing with children**

The doctors need to learn to actually listen to concerns...act on concerns...not just look at a child think they look OK and send them home.

Making children feel at ease and not like they are wasting time of the staff

5.5 Anything Else

Respondents were asked:

Please use this space to tell us of anything else you think we should be aware of in relation to using A&E for your child/children at Withybush General Hospital.

Their broadly themed responses are shown below, grouped by date of service received and broad experience rating.

5.5.1 Service Received 2017-19

5.5.1.1 Good or very good

- **Bring services back to Withybush**

We visited in the night, so although the staff were amazing there was no duty paediatrician so had to be sent by ambulance to Glangwili. Again a trip that need not have happened if the correct services are available locally.

It is imperative that the service stays at Withybush

Bring back full children's services to Withybush.

It's invaluable and will save lives and needs to remain at Withybush indefinitely X

- **Support staff to be kinder**

Personally some Dr and nurses need to be more kinder, we are all tired I work in the care sector I'm tired too...

5.5.1.2 Poor or very poor

- **Children's room is good**

It has a very good children's room which is very much appreciated.

- **Paediatric A&E**

Children's A&E needs to be re-instated at Withybush

5.5.2 Service Received 2020

5.5.2.1 Good or very good

- **24/7 care needed**

The fact it's only available some days and not evenings is far beyond acceptable.

- **Keep service in Withybush**

We need to keep as many services as possible in Withybush, we are highly populated, we need it here not further up the line

- **Make it a safe space for all**

Staff need better training on autism and children's needs

Safe space for young children but not for young teenagers who may be alone, frightened and vulnerable until a relative arrive.

5.5.2.2 Neither poor nor good

111 not a good service

5.5.2.3 Poor or very poor

- **Make it a safe space for all (staff training)**

...there needs to be more autism aware staff. Also staff that are better equipped to deal with mental health. And they need to include explaining to the child itself what had happened and how they are going to help. After a certain age they are more than capable of having things explained to them and that knowledge will allow them to feel a little more in control, more safe.

- **Deliver all children's services in Withybush**

Open up Withybush for children to take the load off Glangwilli

5.5.3 Service Received 2021 onwards

5.5.3.1 Good or very good

- **Nothing**

Nothing

It is a brilliant service and one for which I do not take for granted.

- **More staff**

More staff as the ones working all the time are burnt out

The poor staff are run off their feet, but they always have time for the people they are looking after

- **Deliver children's services at Withybush**

Services need to be brought back so children can actually be seen, staff at Withybush are fantastic! Children can become unwell very quickly especially with meningitis, but traveling to Carmarthen is a risk

Now the services aren't available we have to travel further. In an emergency I think it's ridiculous

I think it's terrible that families have to travel so far with poorly children when we have a hospital on our doorstep, a 50 mile trip is traumatic for a child who is already feeling very poorly

- **Paediatric A&E**

Make it a full A & E service for children rather than the extended journey to Glangwilli and ensure that they have paediatric sized needles and equipment's such as splints for broken fingers etc More paediatric staff available would also help

Have a children Dr based in A&E

5.5.3.2 Neither poor nor good

- **All or nothing**

*Withybush may as well be closed as you've stripped all services from there
and no one has good experiences there now.*

There's no point Withybush being open unless it's fully open

5.5.3.3 Poor or very poor

- **Need more staff**

Staffing issues evident

Value your staff more

- **Children's A&E**

*There needs to be a children's A&E to relieve the pressure on general A&E
and to also get children seen that bit quicker*

- **Staff attitude improvement**

The staff were just awful & patronising as I was a first time mum

*A&E staff were aware of a patient being sick several times in the toilet, and
not once did anyone go in and clean the area down. They were too busy
chatting behind the desk*

- **Deliver children's services in Withybush**

You don't have any child services in Withybush. It's disgusting

- **Withybush A&E is a waste of vitally important time**

*...just tell us not to come, wait 2/3 hours to be told to drive to Carmarthen,
with a child with a head injury, absolute xxxx!*

*made me and a sick one year old sit there from 11 am to 7 pm without
offering any food or even a drink*

6 GLANGWILI GENERAL HOSPITAL ACCIDENT AND EMERGENCY UNIT (A&E)

Respondents were asked if their child or children had been seen at Glangwili General Hospital A&E.

In total **218 respondents** replied that their child/children had received care at Glangwili A&E.

Set out in order below are the responses from that group to the following:

- In which year was their child/children seen?
- Ratings for overall experience.
- What was good about the experience their child/children when using the service?
- What could be done differently to improve the experience of their child/children when using the service?
- Anything else HDUHB should be aware of in relation to using A&E for their child/children at Glangwili.

For open questions related to reported experience we have excluded the following from analysis:

- Responses from those reporting receiving care in 2016, these largely refer to experiences prior to the implementation of the temporary service changes;
- Responses that refer to specific circumstances or incidents to avoid any likelihood of personal identification of the patient.

6.1 Year Seen

Respondents were asked

In which year was your child/children seen?

The responses are shown in the table below.

Year	No.	%
2016	7	3%
2017	8	4%
2018	11	5%
2019	14	6%
2020	30	14%
2021	45	21%
2022	66	30%
Not Specified	37	17%
Grand Total	218	100%

This information provided a reference point for correlation between subsequent questioning using the following proxy of experience:

- 2016: baseline experience
- 2017-2019: temporary service change one
- 2020: temporary service change two
- 2021-2022: temporary service change two

Reporting is based on these proxy measures; however, due the small sample size findings should be treated with caution.

6.2 Overall Experience

Of those who reported attending A&E at Glangwili 183 respondents provided information on their experiences:

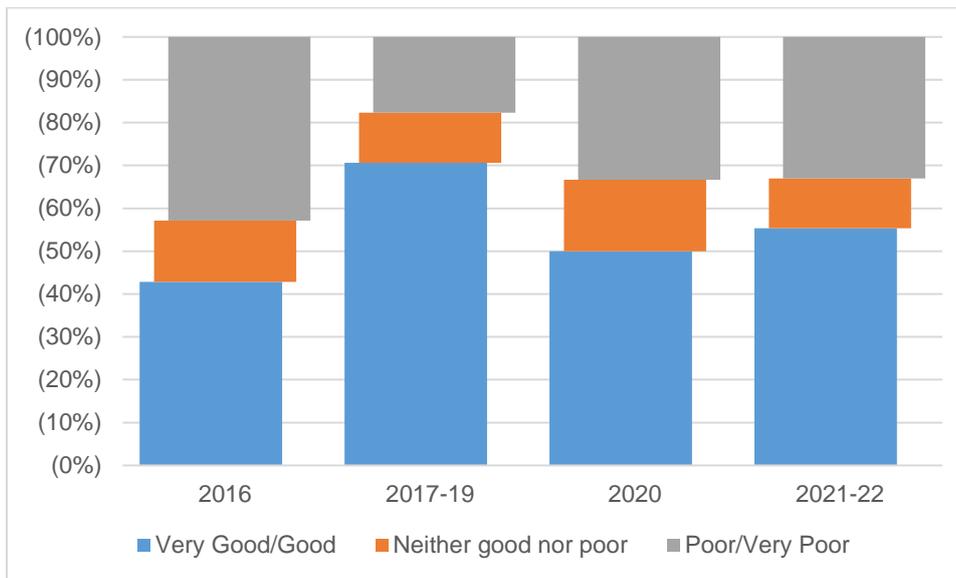
- The majority of respondents (57%) expressing an opinion said their experience was good or very good.
- 13% said their experience was neither poor nor good.
- Just under a third (31%) said they had a poor or very poor experience.

Experience Rating	No	%
Very good	52	28%
Good	52	28%
Neither good nor poor	23	13%
Poor	25	14%
Very poor	31	17%
Grand Total	183	100%

When considered by year of treatment received, we can see from the chart and table below:

- In the year 2016, which we are using for baseline purposes:
 - Less than half (43%) rated their experience good or very good;
 - 14% reported neither good nor poor experience; and
 - A corresponding group, just under half (43%) reported a poor/very poor experience.
- Those reporting receiving care between 2017 and 2019 provided an experience rating of:
 - Just under three quarters (71%) rated their experience good or very good;
 - 12% reported neither good nor poor experience; and
 - 18% reported a poor/very poor experience.
- Those reporting receipt of care in 2020:
 - Half (50%) rated their experience good or very good;
 - 17% reported neither good nor poor experience; and
 - A third (33%) reported a poor/very poor experience.
- Those receiving care from 2021 onwards reported:
 - Just over half (55%) rated their experience good or very good;
 - 12% reported neither good nor poor experience; and

- A third (33%) reported a poor/very poor experience.



Experience Rating	2016		2017-19		2020		2021-22	
Very Good	1	(14%)	15	(44%)	9	(30%)	27	(24%)
Good	2	(29%)	9	(26%)	6	(20%)	35	(31%)
Neither good nor poor	1	(14%)	4	(12%)	5	(17%)	13	(12%)
Poor	2	(29%)	2	(6%)	3	(10%)	18	(16%)
Very Poor	1	(14%)	4	(12%)	7	(23%)	19	(17%)
Grand Total	7	(100%)	34	(100%)	30	(100%)	112	(100%)

6.3 Positive Experiences

Set out below are the response received to the question related to Glangwili A&E:

Can you tell us what was good about the experience of your child/children when using the service?

These have been broadly themed by year of service received and the rating provided.

NB: throughout the following narrative descriptions illustrative quotes are provided, however, they do not form the entirety of the responses.

6.3.1 Service Received 2017-19

6.3.1.1 Good or very good

- **Paediatrician support provided**

Direct access to Paediatrician

The paediatrician was absolutely brilliant

- **Fast service**

Fast time in seeing my daughter

Was seen fast I think because she was young and notable not well

Brought in by ambulance following a long seizure at home, was seen immediately by the A&E doctors and sent over to the Children's ward. Listened to my concerns as a parent and were very understanding.

- **Too far to travel**

There's nothing wrong with the service but again we live in Milford Haven. It was an hour's drive with a poorly baby when we have a decent hospital in Withybush which is a 20 minute drive away. It is so stressful having to drive all that way with a poorly screaming child.

- **Staff**

Staff looked after son well

Amazing. Prompt response, genuine care and compassion for my daughter.

Staff were helpful and attentive. Made my child very comfortable and reassured.

all staff were caring and sympathetic and very professional with the situation.

- **Good facilities for children**

good children's play room

6.3.1.2 Neither poor nor good

- **Staff**

Ambulance service was brilliant.

Excellent staff but major staff shortage. Wait times far to long for children

- **Could have done better**

Staff were nice but she was left in pain with an abscess that had formed 10 days post appendicitis.

6.3.1.3 Poor or very poor

- **Poor environment**

it was dirty there was blood on the floor and a used needle in the tray on the side

Dirty environment. Old fashioned

- **Waiting times**

Wait times are horrendous. At no fault of the hospital staff, but they are overwhelmed with the amount of patients as people from Pembrokeshire are being sent there.

- **Staff**

✓ *Rude staff*

✓ *Ambulance staff very understanding to complex epilepsy*

6.3.2 Service Received 2020

6.3.2.1 Good or very good

- **Covid precautions**

It was during Covid restrictions. The separate area for children was well set up. They coordinated well with the ward to continue my child's treatment

- **Staff**

A&E are under so much pressure, but we was treated kindly and fairly The A&E nurses were very reassuring and explained everything to us.

The Paeds doctors were good and looked after her well

CAMHS s very responsive., supportive and honest when speaking to my child

- **Fast service**

Even though A&E was very busy we were sent to minor injuries and was seen quickly given the circumstances. Staff members were always polite and well mannered. Made my child feel at ease which made the experience better

6.3.2.2 Neither poor nor good

- **Covid precautions**

They were navigating the pandemic when we had to go and the way everything was laid out was clear which helped us go to the right department on arrival

- **Waiting times**

✓ *I was taken to PACU fairly quickly*

* *Long wait*

- **Staff**

Nurses & paramedics very good

6.3.2.3 Poor or very poor

- **Staffing and waiting times**

Very understaffed and had to wait a long time to see someone

- **Staff**

Nurses were very helpful

- **Nothing**

Cannot note anything good.

Not much beyond that she was seen and checked over for free

6.3.3 Service Received 2021 onwards

6.3.3.1 Good or very good

- **Paediatric support**

Staff were paediatric trained and were very kind and informative with my son and I

- **Staff**

Friendly staff

Staff were nice.

Drs were great

Kind caring staff

Super friendly staff who reassured me when my son was very poorly. Although they were obviously very busy with a full unit of patients, I wasn't felt rushed, they allowed plenty of time to assess my son and refer accordingly.

They were caring and listened very attentive

kind staff

- **Drink for parent/carers**

A lovely lady from the Red Cross was there to hand out glasses of water to patients as it was a very hot day. That glass of water was very much appreciated.

- **Speedy service**

Very quick turnaround- wasn't kept waiting long at all

Speedy with thoughtful staff

I was seen rather quickly

Minor injuries very quick

- **Good facilities for children**

My child was able to sit in the children's area away from the main waiting area and during the covid pandemic this was greatly appreciated. He was able to watch children's TV also which helped as there was a long wait.

Beds with safety guards Toys available

- **Good, but**

Good service, but should be in Witherby also

6.3.3.2 Neither poor nor good

- **Staff**

Your lovely hardworking nursing team and your conscientious young doctors.

The staff in A&E are all fab it's just the waiting times and lack of children room etc that makes it difficult.

Staff were excellent and reassuring

- **Lack of children's facilities**

Unfortunately there is no child room anymore so we were sitting in the entrance on the carpet with a toddler. It's also quite warm in there with the heat. difficult for children to wait for such a long time to then be transferred to be looked over by pedestrians (worth it every time though).

6.3.3.3 Poor or very poor

- **Staff**

- ✓ *The staff are heroes*
- ✓ *Friendly staff, good play opportunities and felt welcomed*
- ✓ *The one positive experience from the A&E department was the one male nurse who eventually saw to my daughter, he was friendly and supportive.*
- ✓ *Nurses were very friendly*
- ✓ *Radiographer was great, explained everything in a child appropriate way.*
- ✓ *There was an incredibly understanding nurse or trainee Dr that was kind.*
- ✓ *The staff were friendly and thorough when we eventually got seen*
- ✓ *Triage Nurse was wonderful and explained everything she was doing and was great with my son who was a bit disoriented and struggling to understand what was going on.*
- ✗ *Dr that my daughter saw was rude, condescending and barked orders at her. Had no compassion for the patient and me as the mother being very concerned about dangerous symptoms. Did not listen to concerns*

- **Nothing**

Nothing

Can't recall any aspect of the visit being good sorry.

6.4 Areas for Improvement

Respondents were asked:

Can you tell us what we could do differently to improve the experience of your child/children when using the service?

The broadly themed responses are shown below, by year of service and overall rating of experience.

6.4.1 Service Received 2017-19

6.4.1.1 Good or very good

- **Nothing**

Nothing

- **Improved experiences for children while waiting**

*Possibly providing more stimulating activities whilst they wait to be seen.
It's difficult to keep a child entertained.*

*Waiting time was a little long with a poorly child was not comforting for him
to be stood in waiting room. Only one parent allowed in which was
upsetting for both parents and child*

- **Paediatric A&E Entry**

*Bypass A&E and be seen directly Not that there was anything wrong with
the care in A&E but it just acts as an unnecessary stepping stone to where
as a mother you know your child needs to be*

*More beds for children that need them a.s.a.p., reduce waiting time for
children, there is also no children's waiting room anymore when I think
there should be.*

Priority to children after emergencies

- **Return service to Withybush**

Bring back the services to Withybush

Care closer to home.

- **Increase staffing**

Have more staff on the ward

6.4.1.2 Neither poor nor good

- **Improve the waiting experience**

*Wait time was awful, spent hours in an ambulance waiting to be seen.
Once seen in A&E, the wait time for a bed on a ward was hardly anything,
so great service once he was admitted.*

*Put us straight to paediatric assessment unit as there the care was good.
She had sepsis by then.*

*Better waiting area. Was freezing with doors opening and closing whilst
winter and being sat right by them*

6.4.1.3 Poor or very poor

- **Staff training**

Staff training on caring kindness and compassion.

To listen to parents, carers, guardians.

Doctors need to listen to parents.

*More understanding of complex epilepsy and care plans that are in place,
to avoid threatening situation*

*Teach staff not to treat parents like they are stupid, not be abrupt or
condescending.*

- **Improved environmental cleanliness**

Training on cleaning in a hospital environment

6.4.2 Service Received 2020

6.4.2.1 Good or very good

- **Fast track paediatric A&E**

Waiting times A&E maybe fast track or stream via A&E

- **Improve the environment**

Glangwili A&E is small, unpleasant, not family friendly, horrible. Would you sit there with your child???

- **Enhanced privacy while waiting**

More privacy in waiting areas

- **Service in Withybush**

It would be great to have these services closer to us. 60-75 mins away is too far when you have an emergency with a small child.

6.4.2.2 Neither poor nor good

- **Waiting times**

The waiting times in A&E are ridiculous, children need toys, food, drinks available to them. A system needs to be put in place to help people understand when they'll be seen.

- **Food and drink for parent/carers and patients**

Access to refreshments machine not working. Water dispenser needed

6.4.2.3 Poor or very poor

- **Waiting times**

Reduce waiting times, especially for young children

- **Increase staff**

More staff

Nothing. It was just very understaffed.

- **Deliver children's services at Withybush**

A provision for children in Haverfordwest (or a site in Pembs) would change this. Since this incident I've been worried for my children and the time it would take to get our children/child to a suitable medical provision should there be another medial emergency

Open Withybush fully to reduce burden.

6.4.3 Service Received 2021 onwards

6.4.3.1 Good or very good

- **Having specific children's waiting area**

Not having to sit in general A&E children's room was closed

No changing facilities. Was very busy was difficult to breastfeed as waiting room really busy

Waiting area for kids

Children's waiting room needs to be available. As to not disturb other patients

- **Deliver children's services at Withybush**

Would be a lot easier to have all available at Withybush hospital. I had to drive 45 minutes with a very poorly child to get him seen

The distance I'm expected with my child who is 2 years old, to receive treatment in a Critical / emergency situation is too far and children of Pembrokeshire deserve a dedicated children care facility in their own county!

Re introduce child services to Haverfordwest release the burden on Glangwili!

It was a good service just a fair distance from home so no support available from family or friends

- **Invest in the facility**

Fund it more invest more money

- **Reduce waiting times**

The only way that experience could be improved is for the waiting time to be a lot less but under the current situation i.e. covid 19 it was understandable.

Wait in A&E was very long. Arrived at around 6 pm and it was around 10 pm by the time we went to PACU with majority of the time spent in the waiting area. Around a 2 hour wait to be triaged with a 2 year old with breathing difficulties.

6.4.3.2 Neither poor nor good

- **Provide separate waiting area for children**

Put the children room back in place. A separate nurse for assessment of children just so they can be transferred to PACU quicker if need be as it's difficult for small children to wait 6 hours in A&E and then have to be transferred to PACU

Wait times are awful. The A&E is scary for a child and the experience was miserable as my child felt ill and was surrounded by adults in substantial pain.

- **Improve waiting times**

Wait times

The wait was quite long, even though it was a bang on his head

Waiting time should be shorter

6.4.3.3 Poor or very poor

- **Doing the best you can**

Given the current pressures- you are doing everything you possibly can.

- **Improve waiting times**

Reduce wait time as spent roughly 3 hours in A&E to then require 2 hours observations in PACU. Direct admission would have reduced space in A&E which would hopefully reduce the need for ambulances to be sat outside with patients in, which in turn will reduce wait time for emergency calls as we were told it would be 3 hours with a 10 year old having his first seizure on the side of a busy road

Wait times poor. Awful waiting area compared to Witherby.

- **Recognise needs differ by age**

Train Drs that not all teenagers are trying to pull a fast one. To show compassion and support to the family members with them. Teach them that time means as much as the words said. Nurses are trained in this, so should Drs be!

- **Deliver children's services at Witherby**

Let children be seen in Witherby

Unless you can put the waiting time down from 7 hours only thing to do is open back Witherby. Glangwilli can't cope now with the extra patients

- **Separate waiting area for children**

A different department is needed for children who are brought into A&E. Being aggressively approached by drunk men whilst sitting with a poorly toddler is not an experience my partner would want again

Whilst in the waiting room for hours he witnessed a drug addict hallucinating. People with a lot of blood and shouting in pain.

Separate kids from the adults. Child is anxious about going to A&E again as when last there an adult was intoxicated on something and was swearing- scary to an 8 yr old child

Somewhere safe for children to wait- not in a crowded waiting room, full of all sorts of patients! I experienced patients escorted by police, patients who were being sick in the waiting room, patients who were pacing back and

forth demanding help or they'll kick off- this is not something I wanted my child to experience.

- **Recognise and support additional need**

Due to his learning needs he is unable to sit and wait for any length of time on a good day, but there was no awareness or recognition of that even after explaining.

There has to be a better understanding of children with additional needs and health conditions.

- **Provide food and drink**

there are no refreshments,

- **Provide toilet facilities for young children**

In A&E, there was no potty or smaller child's toilet available for my 3 year old to use, it made her very anxious and scared having to be held over the adults toilet. A child's toilet would be a great addition, as discussed with other parents when we were there.

6.5 Anything Else

Respondents were asked:

Please use this space to tell us of anything else you think we should be aware of in relation to using A&E for your child/children at Glangwili General Hospital.

Their broadly themed responses are shown below, grouped by date of service received and broad experience rating.

6.5.1 Service Received 2017-19

6.5.1.1 Good or very good

- **Parking**

extortionate parking costs.

- **Too far to travel**

Too long to get there

- **Reduce waiting times**

less waiting time for children when sent to x-ray

- **Deliver services in Withybush**

Bring back the services to Withybush

- **More paediatric staff in A&E**

Have more paediatric doctors and nurses in A&E

- **Dedicated children's waiting area and priority service**

Children should be seen as a priority when appropriate (although I'm sure you already do this). For a young child, one parent staying behind can be rather traumatic

Being in the same waiting room as adults was intimidating as the night went on

6.5.1.2 Neither poor nor good

- **Too far to travel**

It is too far away from Pembrokeshire. Completely unfair to expect residents to travel there for their treatment

- **Dedicated children's area**

A and E waiting area felt unsafe for children due to others behaviour waiting

6.5.1.3 Poor or very poor

- **Too far to travel**

"Bring It Closer if You Can please"

Bring back Withybush

It's too far for so many areas within Pembrokeshire

- **Improved staff attitudes**

Doctors need to listen to parents.

To be better educated

6.5.2 Service Received 2020

6.5.2.1 Good or very good

- **Dedicated paediatric A&E**

Review A&E services to paediatrics to avoid long wait time for child/children and their families which can be very distressing and difficult to occupy children for such a period of time

- **Provide food, drink and activities for children and young people**

No food, drinks, snacks, toys, tv. Just drunks and other unfortunates. Not for kids at the health boards paediatric centre of excellence!!! You must be joking

- **Teenager friendly as well as child friendly spaces**

Have a teenager friendly space. Not all teenagers want to be around drunk or challenging people

6.5.2.2 Neither poor nor good

- **Too far to travel**

It's hard to access if you don't drive, with poor transport links and if you can drive there is never any parking spaces.

Service is fine, but a long way to travel with kids when concerned. Especially when trying not to add to pressure of ambulance service. Out of hours GPs should be better!

6.5.2.3 Poor or very poor

- **Separate children's area in A&E**

Separate triage for children maybe

- **Too far to travel**

It's just too far for most areas in Pembrokeshire.

It should not be a site for anyone from outside the Carmarthenshire borders.

- **Restore service in Withybush to relieve pressure on Glangwili**

All the staff we need were doing their best under difficult conditions. Do they want all the emergency children's cases from Pems on top of their usual cases? Have their staff levels been supplemented accordingly?

6.5.3 Service Received 2021 onwards

6.5.3.1 Good or very good

- **Separate children's waiting area with appropriate activities**

Bigger child's waiting area

I have seen children wait in the waiting room with other adults. I feel they should have a separate area considering there is a wait.

There's not much to keep children entertained for the wait or children's drinks

Not a big enough child area in waiting room

*No privacy/ area for breastfeeding or anywhere to express milk in A&E.
Nowhere to sterilise pumping equipment*

- **Too far to travel**

It is too far away for parents of children who do not have transport in non-life threatening situations

6.5.3.2 Neither poor nor good

- **Too far to travel**

Far from home

- **Waiting times should be improved**

My daughter was in severe kidney pain which was difficult to manage sitting in A&E for 5 hours..

The wait times should be less

Review of resource is desperately needed to determine root cause of long wait times.

- **Support the staff**

Staff under so much pressure.

6.5.3.3 Poor or very poor

- **Facilities too small for demand**

It is...too busy and too small

- **Too far to travel**

No consideration of journey times.

Too far away

- **Provide a children's waiting room and triage**

There's no children's waiting room. How can you expect toddlers and sick babies to wait for hours in a main waiting room?

No play area or toys or save place to sit like Haverfordwest hospital also Carmarthen is always so full as everyone is being sent there 9 times out of 10 people are standing outside for hours with their poorly children

Having a separate room for the children to wait in away from patients that are intoxicated

I strongly suggest that the triage of Children be done away from scenes that are unpleasant for children to see (e.g. persons under influence of drink/drugs). Although there is a child's play room they still have to walk through A&E to be triaged. The waits to be seen by doctor after triage are not acceptable for children with additional needs or such disabilities.

- **Food and drink**

a vending / snacks machine that actually works I was there alone with my 8 yr old for 7 hrs without food or drink

No water offered when 30c

There was no drinking water on offer for children.

- **Prioritise children**

Children should be triaged/seen before non-life threatening cases

7 ACCESSING PAEDIATRIC SERVICES / GENERAL ISSUES

The survey concluded by asking respondents some general questions around their experiences of paediatric services provided by Hywel Dda UHB related to:

- Experiences with travel and accessing Children's services (Paediatrics)
- Any other views or concerns about specific issues in relation to paediatric services (children's services).
- Use of the service between 2016 and 2022?
 - Any differences when using the service?
 - What these differences were?
- What is important to you when considering how the Children's (Paediatric) services at Withybush & Glangwili hospitals should look in the future?

The broad discussions resulting from these lines of enquiry are presented in turn in the remainder of this section.

7.1 Travel and Access

In response to the question

Please tell us of your experience with travel and accessing Children's services (Paediatrics)?

Respondents provided the following broadly themed responses.

- **Increased travel time**

Long distance to travel, 35 miles, 45 mins driving is a long way to go with a child in distress

It is currently a 30 minute drive to the hospital for repeated appointments for one of my children with different departments if the services are moved to the proposed sites it will be a longer journey

I have had to travel nearly an hour with a very young and very poorly baby late at night because the services at Withybush which is only 15 minutes away have been scrapped. I'd hate to think what could happen if my daughter was severely unwell and travel takes too long!

We live 20 miles away, so it is a trek and have to pack accordingly for the whole day/family when taking xxx in

So far to get to from Pembroke dock

Pembrokeshire children need a closer emergency health care provision that is fit for purpose.

Travelling to Carmarthen alone with a child with breathing difficulties is one of the , if not the most terrifying journey of my life . And this distance of driving while distracted and stressed is a danger to other road users

- **No issues if live in Carmarthen area**

None. I have own transport and Glangwili is my local hospital.

None. I live in Carmarthen

None. We live in Carmarthen.

Only live 10 minutes south of Carmarthen so travel not an issue but if ne hospital will be built between Narberth/St Clears travelling time will be three times longer

- **Reliance on family members and others**

I could only travel there by waking my mum and disabled brother (who couldn't be left behind) to give me a lift - at around 1 am

can't Drive anymore As I'm Partially sighted I'm so stressed about Him Having To stay in Glangwili and Relying on Others

If you have more than one child, how do you find someone available to watch your children at home and the one you have to take to hospital and find someone to drive you?

- **Ambulance**

No ambulance to take my daughter to Glangwili, told there was a 6 hour wait, so I should go home and see how she is in the next 24 hours. If I didn't have a car which could happily sit at high speed on the motorway my daughter wouldn't be here now

There are no longer any ambulances available even in considered severe circumstances.

- **Parking**

Parking at GGH

Parking is a nightmare.

Parking is always a problem. I always have to chase up appointments.

Parking is always horrendous at every hospital but obviously out of their hands

Parking is awful. We always attend an hour earlier than our appointments, so we have time to find somewhere to park.

Parking is horrific. I couldn't park by a and e. So parked in main outpatients causing my child who had suspected appendicitis to have to walk through the hospital.

Parking not enough spaces

Parking PACU 2 hours max A&E sometimes parking full too. We live about 30 mins away not as far as some people have had to go.

- **Signage**

Especially when your focus is on your sick child. Signage for the unit & parking is confusing.

- **Specific Issues**

You can't legally drive after you have had a c section, so how do you get your baby to A&E when there's a problem?

This is extremely difficult as we have no transport, that is reliable, as no family or network support. Need better understanding of rare conditions and its impact on families.

I've got open access until their adults which is absolutely incredible, but I love 40+ miles away and I'm a single parent who doesn't drive and I don't always have access to someone to look after my other child. Having to find a way home is difficult as finding a way up there

- **Waiting in an ambulance**

I have used the ambulance service in the past (my child has bad asthma attacks) we've been sat in the ambulance for an hour or so waiting outside the hospital because no one was available to see xxx.

Attended via ambulance as we do regularly with his epilepsy. The wait for paediatrics is ridiculous. There should be more paediatricians available to A&E to reduce the wait for children

7.2 Other View and Concerns

In response to the question

Please use this space to tell us any other views or concerns you have. Please only tell us about specific issues in relation to paediatric services (children's services).

Respondents provided the following broadly themed responses.

- **A service for all of West Wales**

45 minute drive to Glangwili for me, and an extra 15 or more mins for those who live by the coast. Need acute children services in Pembrokeshire not just Carmarthenshire

Fix children's services at Withybush

- **A separate children's A&E**

A&E needs to have a separate children's admission strand.

A&E need a playroom or a space for only children to wait

- **Provision of food and drink**

Access to drinks and snacks, machines are usually out of order.

No offer of food or drink to my two year old whilst waiting 10 hours before going home. I didn't have my purse or phone due to the rush to get there, I explained this to staff however, their attitude was appalling.

- **Improved staff communication skills**

On top of that are additional learning needs and speech delay, which makes explaining and trying to help that child understand why for example they have to have another blood test or scan is 10 times harder than explaining to a child who's never been to hospital before.

There are no services or provisions for children with ALN and autism when accessing A&E and PACU - staff have little patience or understanding. There should be protocol in place so that the child is not overwhelmed in busy shared rooms which leads to meltdowns.

- **Glangwili is too small**

Glangwili PACU is quite small for the area coverage, which increases waiting time, risks from traveling extra. It would be beneficial to reopen Withybush PACU at least Monday - Friday to increase children's services.

- **Action required soonest**

... something needs to be done and very quickly. People who cannot drive are having to wait for hours for an ambulance to go to a hospital nearly an hour away when they could just jump in a taxi and get to their closest hospital. It is a waste of time and resources for everyone involved. The wait for ambulances is growing, the distance to children's services is growing - lives of our children are going to be lost, all because the closest hospital cannot accept children.

- **A safe space**

Mental health patients should be given a safe space which is staffed by specially trained staff

- **Restore Children's Services to Withybush**

Withybush children's ward needs to be open 24/7 as I've previously said. This is because people relied on this service and now it has been taken away. Most people in Pembrokeshire don't drive and are waiting for ambulances to take them to other hospitals. When those ambulances could be somewhere else. There needs to be more staff on the wards too

Taking away the children's services from Withybush was a huge mistake! I hate that we have to travel over an hour with a sick child when we have a great hospital down the road. Children will die! People are having to waste ambulance because they can't drive all that way. The more I think about it the more angry I get that the services were taken away from us. There is nothing wrong with services at Glangwili, but they are so overstretched.

Bring back Withybush!

- **Move to St Clears/Narberth will mean we travel to Swansea**

We've attended PACU via A&E on 3 occasions. As we are coming from Llanelli if PACU is moved between St Clears and Narberth in future it would make more sense for to go to Morriston hospital as it will be much closer.

Your plans to create a new planned care unit near St Clears is crazy!!!. Paediatrics is vital to Pembrokeshire its residents and tourists. I can't

believe a district hospital serving 120,000 residents and a further 200000 visitors (children) at seaside cannot give children's services. You need to train staff in a and e to deal with children , have 24 hour video conferencing dedicated advice line if 111 or gp need additional help. You will make things worse. The current A&E on all sites are not children friendly. Do a survey with families using it each night and you'll be shocked to see what they think. I do not feel safe relying on Hywel Dda for child care in Pembrokeshire

- **Look after the staff**

The staff are doing their best in a very challenging environment, please look after them x

Staff deserve more of a praise they do a brilliant job

Look after your staff as they are very important

- **Llanelli**

Lack of children's service in Prince Philip Hospital.

Llanelli is a highly populated area with children. Carmarthen is a vital service.

7.3 Differences in Service

When asked:

Did you use the service in different years between 2016 and 2022?

A total of 625 replies were received, from which:

- 213 respondents did use services during the specified period
- 105 didn't
- The remainder (307) skipped the question

When asked the follow up question:

Did you notice differences when using the service?

- 135 respondents indicated that they had noticed differences in the service
- 183 said that they did not

When asked

"...please tell us what these differences were..."

a total of 121 replies were provided which have been grouped into broad thematic responses, covering respondents observations around:

- Positive experiences
- Increased service pressure
- Reduced staff levels
- Longer waiting times
- The impact of the Covid-19 Pandemic

- Increases in travel times
- Reduction in services
- Staff morale
- Staff attitudes, both positive and negative
- Reduced availability of facilities for patients and parent/carers
- Preferences for local services
- Reduced operating times at Withybush

- **Positive Experiences**

Respondents provided a series of observations that provided details of positive experiences received between 2016 and 2022³:

- **Reduced waiting times**

Being seen quicker

Much quicker being seen

The wait time for triage was much shorter. Being seen by a clinical member of staff took less time.

Waiting times were much quicker than in 2021

Seen quicker now than before

- **Improved facilities**

2022 we were in A and E then the temporary ward which was very cold .

2022 my daughter had bloods done in the new unit which was lovely.

Previously it was a cold outside building, this time was a warm cabin like a hospital ward not like a cold extension

- **Good service experiences**

PACU admissions: by-passing A&E on self-presentation

A and E minor injuries where great

When I used the service the first time they never had the children PACU assessment unit you had to go through A&E first... I think it's so much better with the assessment unit now

- **Good experiences with staff**

More play therapists available, more than one member of staff present at blood-taking, being seen much quicker by medical team, entry/security system improved, parking system improved.

More staff available less waiting times more patient care

Much more child friendly. Staff better ASD educated.

³ It is not possible to establish which year is being referred to as the question was not asked of respondents.

Nurses acting faster and always polite and helpful

- **Nice, but**

Carmarthen was so nice and couldn't do enough for you. But would have been better if we had a Children's unit more closer to home

- **Perceptions of Increased Service Pressure**

- Accident and Emergency under pressure

A&E and other departments are under a massive amount of pressure

A&E waiting times have got even longer.

- Ambulance service under pressure

Ambulance waiting times were terrible and on the increase. The first time...admitted instantly, and the last time...waited hours in an ambulance.

- **Reduced staff levels**

Less staff availability longer wait times

Less staff less hours

Level of staff available and subsequent care given

It's just the overall lack of staff and the compromised service. The staff that you have all try to do the best they can, but they are so stretched.

It's so understaffed now

Very low staff. When I went into the hospital for pregnancy issues noticed very short on nurses and long times to be seen in between. Being consultant led for my pregnancy appointments I'd be gone for 4-5 hours which seems a lot especially through covid times

- **Longer waiting times**

Longer waiting times A&E Withybush

In 2016 services were excellent and waiting time good but in 2021 waiting times are over an hour

Appointments were much more greatly spaced apart. Appointments had to be chased up. Hospitals much busier and chaotic.

Waiting times. On a list for up to two years waiting for a test.

- **The impact of the Covid-19 Pandemic**

General:

Covid measures

Covid pandemic

Covid restrictions Staffing appeared at an all-time low

Specific:

Differences were due to the covid 19 pandemic as waiting times were a lot longer during my visit in 2022 and staff seemed a lot more overworked.

Using emergency services during Q1 2019/Covid start was an awful experience ...

- **Increases in travel times**

Further to travel children more upset

Having to travel over 1 hour to Carmarthen instead of using Wythybush is not good when you have an ill child in the car.

When the children have had to access Glangwili it has placed enormous pressure on the family given the travelling distance. The service is also far busier in Glangwili and more stressful

- **Reduction in services** (primarily refers to Withybush)

No service in Withybush after 2020

Lack of services at Withybush

Less services available

You've stripped Withybush of so many services and now we have to travel to Glangwili

Impact on the region

Not being able to get any service in Pembrokeshire

Sent to Carmarthen when a previous visit we remained in Withybush. The services in Withybush have always been excellent, having used them as a child myself and losing them has had a great impact on the community of west Wales.

Service at Withybush is now more inefficient/impersonal

I used the Pacu in WGH in 2020 for my baby girl & the staff were nice but the wait was long etc, but it wasn't an issue & then when I brought my baby girl to A&E WGH in 2021 the staff were so rude & dismissive, had the Pacu still be there this definitely wouldn't have been the case as there would be staff able to deal with babies

Withybush- less efficient. One Dr on at A and E.

- **Staff morale**

Overstretched unit and staff

Better care years ago. Nurses had time to care for their patients

Staff seemed to be under more pressure with less time for the patient.

It seemed staff morale was dropping due to an increase in pressures. I worked there in 2021 and they were the most amazing team I have ever had the pleasure to be a part of. But morale is an issue

- **Staff attitudes, both positive and negative**

Negative

Staff are stressed rude and basically my experience u are stepping on egg shells sometimes, if you ask a question they don't even lift their head or even answer

Children's services are the same, they do everything they can to help however A&E staff seem like they cannot be bothered with good customer service, understand they are busy and understand pressure but that should not affect the way they treat individuals

The service is poor recently and staff was quite rude and refused to see my child even though he was clearly poorly and could very well see that

The downgrading initially from ward 9 to puffin at WGH really affected the moral of the staff. The care that is offered at WGH is not as good as it used to be purely because they've have the staff and services stripped to a bare minimum

Positive

They were run off their feet but were still very professional and quick in seeing my child

- **Reduced availability of facilities for patients and parent/carers**

Parents room gone need to get out of the environment sometimes just for a drink Food for parents difficult to get

In A&E much more busier 2022, no children's waiting room and lack of space in A&E - obviously not their fault Was routinely seen by Paeds pre covid think we've only had 2 phone calls during the pandemic not sure how you are supposed to assess a child over the phone

- **Preferences for local services**

When referred by GP, we had to request to be referred to Glangwili rather than Withybush, but this could be accommodated.

Seen in Withybush and was an inpatient. Plus was nicer being closer to home

- **Reduced operating times at Withybush**

Having to transfer between Withybush and Glangwili at 6 pm

7.4 Importance for the Future

In response to the question

What is important to you when considering how the Children's (Paediatric) services at Withybush & Glangwili hospitals should look in the future?

The responses can be summed up in the four Ws for children's services that are:

- Well-funded
- Well-staffed
- Well managed
- With empathic staff

This aside the key priorities set for the future by respondents can be presented in the following broad themes:

- A paediatric A&E
- Provision of children's services at Withybush General Hospital
- Accessibility to children's services for all
- A place to play
- More staff and reduced waiting times
- Staff training
- Fair consideration of travelling distances for all
- The provision of holistic care
- The provision of timely and responsive care
- 24/7 care for all
- Provision for parent/carers and visitors
- Access to parking
- Support for parents and carers

The details of the responses are shown below

- **A paediatric A&E**

A Paediatric A&E so that children can be seen quicker and in a safer environment

A designated area for parent and child to wait, comfortably.

Child centred would be good if they had their own separate A&E / out of hours as it currently just adds an extra step every time they have just pushed us into PACU after waiting a long time in each place

I would like to see children away from the drunks and aggressive adults

Welcoming, stimulating for the children so they feel comfortable.

Separate waiting rooms for children and people under the influence of alcohol/drugs.

Perhaps a separate paediatric A&E section could be beneficial.

- **Provision of children's services at Withybush General Hospital**

We need a closer healthcare provision for children and maternity, labouring mums being blue lighted from Withybush to Glangwili isn't a good option

A children's unit at Withybush need to be put back in place

Bring back the full children's services to Withybush! 24/7

Do not move it to Carmarthen! We are a larger town and growing day by day, we need a hospital in Haverfordwest especially a children's ward

It seems unsafe to not have paediatric services in Withybush. It out the doctors under extra strain in Withybush and lengthens the wait time for everyone as they are back and forward on the phone to paediatrics in Glangwili.

Withybush should have a paediatric ward back so that families are able to get their children seen quicker in an emergency in Pembrokeshire

- **Accessibility to children's services for all**

Child centred! Fully disability trained. Have a look at services offered by Noah's Ark!

Provision for children with Autism when accessing hospital

- **A place to play**

Clean facilities, Clean toys

I think that the colourful walls and furniture are lovely for children. It's so nice that things are explained in child friendly terms so that they understand what is going on.

Age appropriate play areas or relaxation areas

Invest in toys and books.

- **More staff and reduced waiting times**

Safety! The service need more staff and better deployment of staff!

Shorter waiting times and more staff

Suitably qualified Staff readily available to provide care and treatment to patients.

Maintaining good staffing levels is clearly integral to the efficient running of these services - retention is as important as recruitment.

- **Staff training**

Staff listening to a parents concerns.

The attitude of the staff towards new parents and the terminology they use when dealing with them. I have on two separate occasions been called an anxious mam by staff. Nonetheless not once was I asked if I had post-natal depression or if I felt I needed psychological support. I feel that if staff are suggesting a Mum is acting unstably they should equally be signposting to a support service.

Also staff need to communicate more effectively to ensure they are aware of the diagnoses / guidance given to the parent previously.

- **Fair consideration of travelling distances for all**

Very worrying as I don't drive and I'm a single parent so if they were to take away them then I'd be extremely difficult for my children to get the right treatment

Travel distance for children must be considered. If you live 30 minutes away from Haverfordwest already it is terrifying to consider the journey time in serious situations as children deteriorate so much quicker.

To be in easy reach in emergencies

hat the services become more central to the area. We are lucky to live quite close to GGH but feel that large areas of Hywel Dda are now a great distance away from Paeds/Maternity services, which worries me as a parent of small children who have needed lots of treatment in early childhood. Not only am I concerned for the care of children who live far away from services, but also when we as a young family visit areas that are also far away. I support making services more central to the area they cover.

- **The provision of holistic care**

They need to look at not only the patient but the family as a whole.

The more holistic approach seems to work really well. I think the trajectory of the improvements is great

- **The provision of timely and responsive care**

Timely, reasonable response time.

Children to be seen promptly.

Prompt effective treatment

High clinical standard of care

Prompt admissions, comfortable and appropriate waiting areas.

- **24/7 care for all**

The Units should be available 24/7

There should be child services in every county. Our children have rights and needs that need to be met.

"That the services become more central to the area. We are lucky to live quite close to GGH but feel that large areas of Hywel Dda are now a great distance away from Paeds/Maternity services, which worries me as a parent of small children who have needed lots of treatment in early childhood. Not only am I concerned for the care of children who live far away from services, but also when we as a young family visit areas that are

also far away. I support making services more central to the area they cover.

Maintaining good staffing levels is clearly integral to the efficient running of these services - retention is as important as recruitment. "

That there is a service at both hospitals. Children need urgent care and an ambulance ride to another hospital is a horrible experience

- **Provision for parent/carers and visitors**

Access to drinks and snacks.

Area to get a snack and a drink

Easy access to toilets and basic refreshments for parents staying with their child.

Provide food and drinks.

Proper seating areas allowing support during long waiting periods

- **Access to parking**

Plenty of easy access parking, close to the unit.

- **Support for parents and carers**

The most important quality for children's services other than prioritising the child is support for the parents, a confused and stressed parent creates a scary environment for the child. Let alone long lasting stress and fear of reoccurring situations if you've previously had a bad experience.

APPENDIX ONE: SURVEY QUESTIONS

Children's Daytime Unit (PACU), Withybush General

Question 1: Was your child/children cared for at the Children's Daytime Unit (PACU), Withybush General Hospital?

Question 2: In which year was your child/children seen?

Question 3: Please rate your overall experience.

Question 4: Can you tell us what was good about the experience of your child/children when using the service?

Question 5: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 6: Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Withybush General Hospital.

Children's Daytime Unit (PACU), Glangwili General Hospital

Question 7: Was your child/children cared for at the Children's Daytime Unit (PACU), Glangwili General Hospital?

Question 8: In which year was your child/children seen?

Question 9: Please rate your overall experience.

Question 10: Can you tell us what was good about the experience of your child/children when using the service?

Question 11: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 12: Please use this space to tell us of anything else you think we should be aware of in relation to using Children's Daytime Unit (PACU) at Glangwili General Hospital.

Accident and Emergency Unit (A&E), Withybush General

Question 13: Was your child/children seen at A&E Withybush General Hospital?

Question 14: In which year was your child/children seen?

Question 15: Please rate your overall experience.

Question 16: Can you tell us what was good about the experience of your child/children when using the service?

Question 17: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 18: Please use this space to tell us of anything else you think we should be aware of in relation to using A&E

Accident and Emergency Unit (A&E), Glangwili General

Question 19: Was your child/children seen at A&E Glangwili General Hospital?

Question 20: In which year was your child/children seen?

Question 21: Please rate your overall experience.

Question 22: Can you tell us what was good about the experience of your child/children when using the service?

Question 23: Can you tell us what we could do differently to improve the experience of your child/children when using the service?

Question 24: Please use this space to tell us of anything else you think we should be aware of in relation to using A&E for your child/children at Glangwili General Hospital.

General Children's Services

Question 25: Please tell us of your experience with travel and accessing Children's services (Paediatrics)?

Question 26: Please use this space to tell us any other views or concerns you have. Please only tell us about specific issues in relation to paediatric services (children's services).

Question 27: Did you use the service in different years between 2016 and 2022?

Question 28: Did you notice differences when using the service?

Question 29: Please tell us what these differences were?

Question 30: As we undertake the review we value your continued input. What is important to you when considering how the Children's (Paediatric) services at Withybush & Glangwili hospitals should look in the future?

Demographic Questions

Question 37: What is your age?

Question 38: What is your gender?

Question 39: Which of the following options best describes how you think of yourself?

Question 40: Are your day-to-day activities limited because of a health problem or disability?

Question 41: What is your ethnic group?

Question 42: At birth, were you described as:

Question 43: What is your religion?

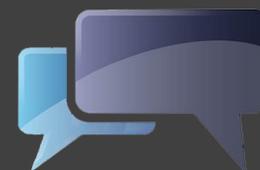
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REVIEW OF TEMPORARY CHILDREN'S SERVICES – EARLY ENGAGEMENT SURVEY

Summary



The
Consultation
Institute



Temporary Service Change TimeLine

Year	Change
2016	<p>Temporary service change 1:</p> <p>At the Public Board meeting held on November 24th, 2016, the Board approved:</p> <ul style="list-style-type: none">• Temporary reduction in the operating hours of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH). Consequently, from 5th December 2016, the WGH PACU operating hours changed from 10 am -10 pm, to 10 am – 6 pm, 7 day per week• Temporary merger of the acute paediatric overnight consultant on call rotas for WGH and Glangwili General Hospital (GGH) with one rota for the south of the Health Board based at GGH
2020	<p>Temporary service change 2:</p> <p>21st March 2020 the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward.</p>
2021	<p>Temporary service change 3:</p> <p>30th September 2021 Board supported the extension of the temporary service arrangements: the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward. until the review has been concluded.</p> <p>A detailed communications plan was enacted which included distributing a leaflet to all households in Pembrokeshire which aimed to minimise the risks that an acutely ill child or young person may encounter if they presented to WGH.</p> <p>Equally a focus on the minor injury pathway at WGH (to which paediatric cases are encouraged to attend) was also subject to re-focus. This included making it clear by the installation of new, temporary signage, that the service at WGH is a paediatric Minor Injury service and an adult A&E.</p> <p>Anaesthetic, emergency and paediatric clinicians supported this pathway. A new triage tool was also designed to prioritise and support rapid intervention for children who may continue to present at Withybush with time-sensitive illness and to signpost clinicians to access appropriate transfer services to repatriate the patient to the right place of care.</p>



Response Sample (Demographics)

- The invitation to take part in the survey was distributed to a widespread proportion of the target respondents, however, no random sampling quota was set for responses. #
- The responses received are, therefore, reflective of those motivated to respond and is not population representative. This is common and accepted practice in early engagement issues around service change.
- A total of 625 responses were received to the survey, of those 201 respondents provided demographic details. Due to this it is important to note when considering the following data:
 - Just over three quarters of respondents (67.8%) did not provide any demographic details.
 - The percentage presentation is out of 100% of those who did provide demographic details (201.)



Response Sample (Demographics)

Age

- The majority (78%) were aged between 25 and 44.
- Respondents aged between 16 and 24 made up 2.5% of the sample.
- Only one response was received from the 0-15 year old age group.
- Those aged between 45 and 54 were 17% of the responses.
- The age group 55-64 made up 2% of responses, with no older age responding.

Sex

- In line with normal expectations for an online survey the majority of responses were from females.
- However, it should be noted that there is a disproportionately high response rate with 94.5% female respondents.

Sexual Orientation

- The majority 97% describe themselves as heterosexual or straight;
- The remainder describe themselves as, in descending order:
 - Bisexual
 - Other
 - Prefer not to say

Health problems or disability

response to the question:

Are your day-to-day activities limited because of a health problem or disability?

- The majority (74%) reported that they were not limited at all in their day-to-day activities.
- Just under a quarter (23%) said they were limited either a little or a lot.
- The remainder preferred not to say



Response Sample (Demographics)

Ethnicity

- The majority (66.5%) describe themselves as Welsh;
- The remainder describe themselves as, in descending order:
 - British
 - English
 - Irish
 - Pakistani

Religion

- The majority (60%) reported that are not religious
- The remainder describe themselves as, in descending order:
 - Christian
 - Prefer not to say
 - Muslim

Sex at Birth

When asked how they were described at birth:

- The number of people who said they were described as female at birth was higher by one than the responses give when asked about their gender.
- However, this variance is probably accounted for by the lack of any 'prefer not to say' responses (see 2.2.2 for detail).

That aside the overwhelming majority of respondents remain unchanged as female



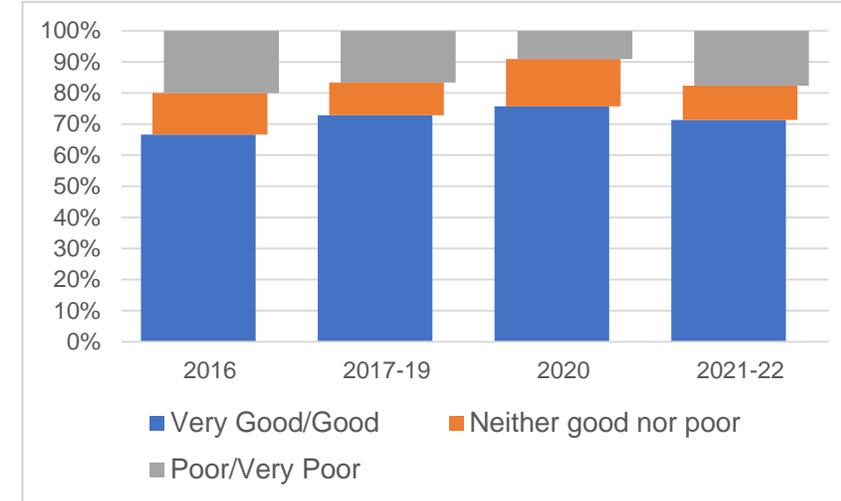
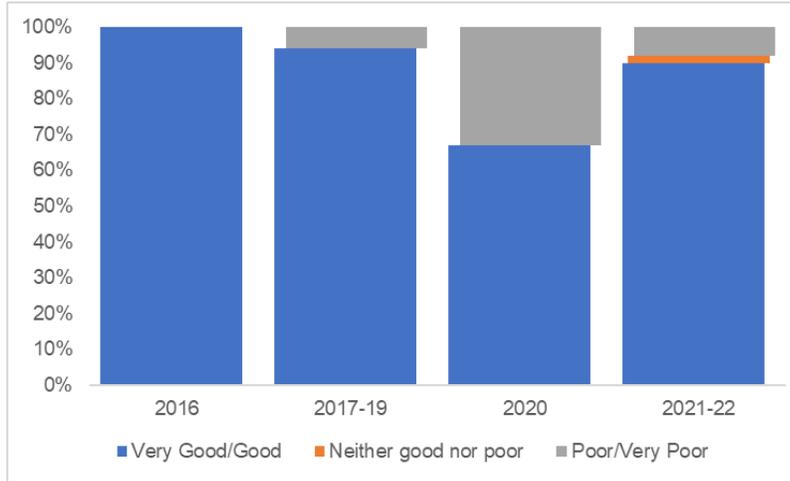
Experience Rating



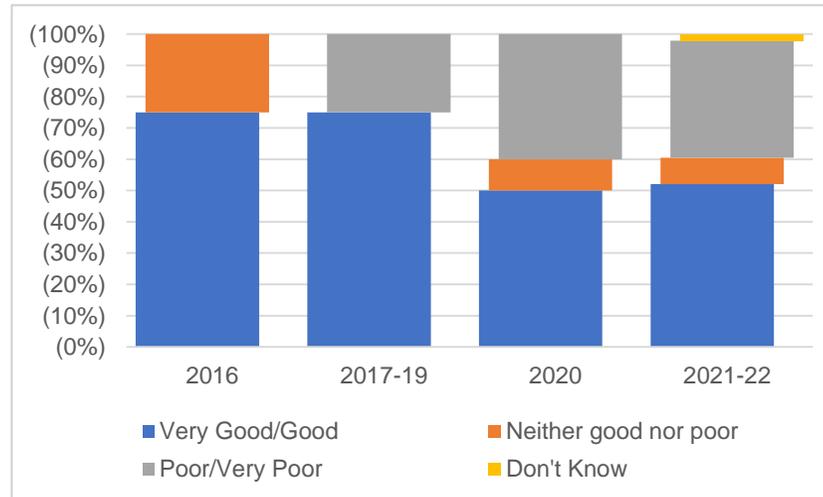
Experience Ratings

Overall Experience ratings:

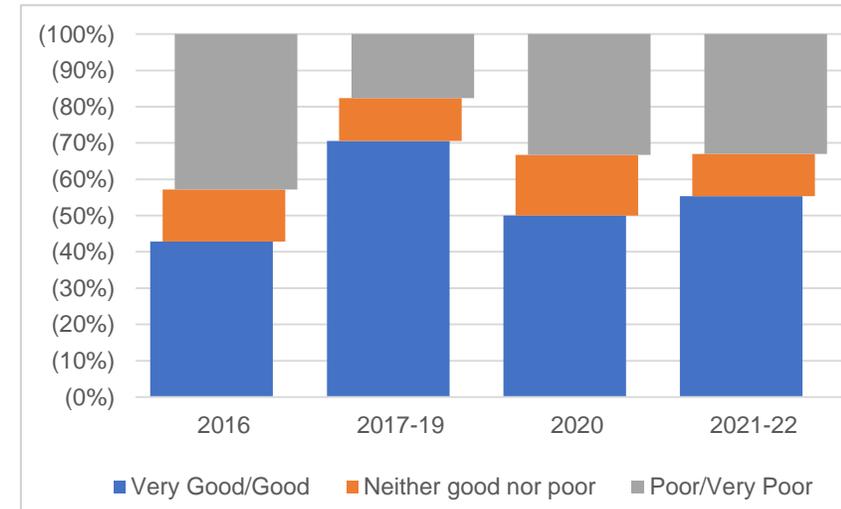
- The overall ratings for each unit remains relatively consistent to the 2016 baseline (pre-changes) with the exception of Glangwili which shows improvement
- All show a deterioration of satisfaction in 2020 which can be accounted for by the Covid pandemic – with the exception of Glangwili PACU which improved during that period
- The good/very good ratings are highest in PACU, with A&E lower, which is perhaps to be expected with the pressured environment



WGH PACU



GGH PACU



WGH A&E

GGH A&E



Temporary Service Change 1

- Temporary reduction in the operating hours of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH). Consequently, from 5th December 2016, the WGH PACU operating hours changed from 10 am -10 pm, to 10 am – 6 pm, 7 day per week
- Temporary merger of the acute paediatric overnight consultant on call rotas for WGH and Glangwili General Hospital (GGH) with one rota for the south of the Health Board based at GGH

Positive Sentiment

- Staff are the key asset in the operation
- Services are located within easy travelling distance for all in the area
- The service was viewed as efficient with short waiting times
- Withybush praised as being a clean spacious unit
- Diagnosis and treatment was reported as quick

Areas for Improvement

- Calls for reinstatement of services to Withybush very common response
 - Reductions in services in Withybush were highlighted as a key negative, with journeys of up to an hour required 'after hours' required
- Information surrounding the operation of children's services at Withybush 'out of hours' is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection
- For those unfamiliar with the Glangwili site the lack of signposting to PACU caused confusion
- Concerns over children not having a separate A&E triage/waiting area (anecdotal references to adverse impact of mixing with adults often drunk/drugged)



Temporary Service Change One: Positive Experiences

- **Staff and care**
Very good staff always checking up on the kids.. and the play staff kept my child so calm and chilled
- **Close to home**
Withybush only 20 minute drive from my address
- **Good facilities**
A clean spacious unit ideal for the needs of each child (Withybush)
- **Efficient Service**
Good efficient service when seen there
- **Waiting time for care**
General care given, very little waiting time, thorough assessment.
- **Overnight support**
Direct access to paediatrician overnight
- **Local service**
*Local service, easy to access
...being near our home town, Not 30+ miles away*
- **Quick diagnosis and treatment**
We received a diagnosis and treatment quickly
- **'After hours' care**
Efficient service, despite there being no dedicated paediatric doctor available when we attended.



Temporary Service Change One: Areas for Improvement (1)

- **Reopen Withybush**
Have all children's services back at Withybush
- **Improve Discharge**
The discharge process was a bit messy
- **24 Hour Service/Reopen Withybush**
Have a service in Pembrokeshire capable of admitting children 24/7
Preferably re-establishing children services ward within Pembrokeshire.
- **Provide details of Withybush operating hours to all**
Please ensure all GPs and 111 referral services are aware of the limited opening hours of the children services ward at Withybush.
- **Withybush is an important support to Glangwili**
Glangwili is excellent but the unit is overstretched for the area it covers.
Having Withybush day unit open benefits the children and improves the other all care given
- **Better signing**
Sign post the PACU better Coming from another area with a very sick child walking around having no clue where we were going definitely didn't help
- **Involving the family**
I think possibly allowing sibling visiting times as this can be quiet scary and upsetting time for siblings.



Temporary Service Change One: Areas for Improvement (2)

- **Improved experiences for children while waiting**

Possibly providing more stimulating activities whilst they wait to be seen. It's difficult to keep a child entertained.

- **Paediatric A&E Entry**

Bypass A&E and be seen directly Not that there was anything wrong with the care in A&E but it just acts as an unnecessary stepping stone to where as a mother you know your child needs to be

- **Increase staffing**

Have more staff on the ward



Temporary Service Change One: Anything Else? (1)

- **Extend the service**
It's just that , day care. It's not good enough. Children shouldn't have to suffer and go further to get care if it's either an emergency or to have a longer stay for illness. Day care is not enough.
- **Current operation seems dangerous**
Limited opening hours requiring transfer and limited transfer availability is perceived as dangerous.
- **Improve discharge process**
Discharge processes slow and inefficient but no more so than anywhere else.
- **Play activity is very positive**
It was nice that located beside the playroom and the play therapist helped find something to distract my son.
- **provide children's services at Withybush**
*Paediatric care needed at Withybush too
It's too far for many children to...travel
Bring back full children's services to Withybush.*
- **The staff are great**
The nursing and aux staff were absolutely outstanding. When my son needed 3 nurses, a Dr just to find a vein for bloods they were just fantastic
- **The building needs improving**
It is in a poor state of repair
- **Flexible service provision would be helpful**
Later clinic times for working mums and children in school



Temporary Service Change One: Anything Else? (2)

- **Age segregation might be useful**
*Needs a ward for older children only if possible.
trying to sleep with an older child with very
young ones crying is difficult.*
- **Support staff to be kinder**
*Personally some Dr and nurses need to be
more kinder, we are all tired I work in the care
sector I'm tired too...*
- **Children's room is good**
*It has a very good children's room which is very
much appreciated.*
- **Paediatric A&E**
*Children's A&E needs to be re-instated at
Withybush*



Temporary Service Change 2

- 21st March 2020 the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward.

Positive Sentiment

- Staff are the key asset in the operation
 - Nurses, health care support workers, Doctors, play workers mentioned
- Provision of appropriate care and precautions during the Covid 19 pandemic
- Waiting times were still felt to be short by many
- Services were still felt to be quick by many

Areas for Improvement

- Generally experiences ratings dropped during this period, which can mainly be accounted for by the impact of the pandemic
- A consistent theme continues for the reinstatement of children's services at Withybush (linked to long journey times from Pembrokeshire with ill children)
- Information still required surrounding the operation of children's services at Withybush 'out of hours' is unclear with services such as GP out of hours and 111 unaware of the operating hours leading to misdirection
- Facilities at Glangwili singled out as needing improvement
- The call for a separate paediatric A&E entrance/triage continues to be prevalent
- Issues around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings



Temporary Service Change Two: Positive Experiences

- **Staff**
 - Nurses and doctors where great!*
 - Staff very attentive and friendly very efficient*
 - All nurses and health care support workers were amazing and very welcoming and caring*
- **Covid appropriate responses**
 - Professional & friendly. It was during covid & they were very safe & strict with covid measurements.*
 - It was covid and our son was very poorly hit the staff were understanding and helped my partner visit when possible.*
 - The services We experienced were impacted and adjusted due to covid restrictions, but this did not cause huge disruption to my child's care.*
- **Short waiting times**
 - We were seen very quickly, and I felt reassured by the staff who specialise in paediatrics*
- **Facilities**
 - The building is new in relation to many other sites and designed for A&E.*
- **Fast service**
 - Even though A&E was very busy we were sent to minor injuries and was seen quickly given the circumstances. Staff members were always polite and well mannered. Made my child feel at ease which made the experience better*



Temporary Service Change Two: Areas for Improvement (1)

- **Provide children's services at Withybush 24/7**

It would be great if children could go there through the night as Glangwilli is in such high demand

There must be a full children's service in Pembrokeshire. You are currently failing children. This includes midwifery services

- **Provide adaptation**

Side rooms for children with needs. My son is disabled and doesn't like noise so if another child is crying he cannot cope with it. Other than that it's good

A&E not mental health appropriate, they need quiet space not to feel part of a circus

- **Provide details of Withybush operating hours to all**

Ensure that 111 are fully aware of the closures in hospitals so that children are not taken to an 'advised' hospital where there is no PACU unit anymore.

- **Improve the facilities**

TVs don't work in every room which is difficult when trying to occupy small children, especially when can't leave room.

- **Keep up existing good practice**

The PACU direct re-entry card is a real reassurance as a parent, and makes you feel confident to take your child home. Please continue this practice!

- **Improved discharge**

Too quick to discharge us as we were back again & admitted within 24 hours, but we did have open access to ward.



Temporary Service Change Two: Areas for Improvement (2)

- **More staff**

They are so busy. I find they just don't have the time to help as they are understaffed

- **Prioritise children/Fast track paediatric A&E**

Would be ideal to put children first within an hour

- **Provide food, drink and support to parent/carers and children**

Services should be readily available for the parents/children such as vending machines, drinks machines, changing facilities, because arriving in an emergency you don't always think to grab food/drinks and you can be waiting hours in A&E

- **Reduce waiting times**

I waited over 10 hrs to be seen...to be told that they couldn't help me and to come back the next day

Reduce waiting times, especially for young children

- **Improve the environment**

Glangwili A&E is small, unpleasant, not family friendly, horrible. Would you sit there with your child???

- **Enhanced privacy while waiting**

More privacy in waiting areas



Temporary Service Change Two: Anything Else? (2)

- **Extend the service**
It's just that , day care. It's not good enough. Children shouldn't have to suffer and go further to get care if it's either an emergency or to have a longer stay for illness. Day care is not enough.
- **Current operation seems dangerous**
Limited opening hours requiring transfer and limited transfer availability is perceived as dangerous.
- **Improve discharge process**
Discharge processes slow and inefficient but no more so than anywhere else.
- **Play activity is very positive**
It was nice that located beside the playroom and the play therapist helped find something to distract my son.
- **provide children's services at Withybush**
*Paediatric care needed at Withybush too
It's too far for many children to...travel
Bring back full children's services to Withybush.*
- **The staff are great**
The nursing and aux staff were absolutely outstanding. When my son needed 3 nurses, a Dr just to find a vein for bloods they were just fantastic
- **The building needs improving**
It is in a poor state of repair
- **Flexible service provision would be helpful**
Later clinic times for working mums and children in school



Temporary Service Change 3

- 30th September 2021 Board supported the extension of the temporary service arrangements: the suspension of the Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital, also known as Puffin Ward. until the review has been concluded.
- A detailed communications plan was enacted which included distributing a leaflet to all households in Pembrokeshire which aimed to minimise the risks that an acutely ill child or young person may encounter if they presented to WGH.
- Equally a focus on the minor injury pathway at WGH (to which paediatric cases are encouraged to attend) was also subject to re-focus. This included making it clear by the installation of new, temporary signage, that the service at WGH is a paediatric Minor Injury service and an adult A&E.
- Anaesthetic, emergency and paediatric clinicians supported this pathway. A new triage tool was also designed to prioritise and support rapid intervention for children who may continue to present at Withybush with time-sensitive illness and to signpost clinicians to access appropriate transfer services to repatriate the patient to the right place of care.



Key Thematic Summary: Temporary Change Three

Positive Sentiment

- Staff continue to be highlighted as the key asset in the operation
- The service was praised for putting the patient first (Child Friendly)
- Facilities were praised as being child friendly, providing appropriate activities
- Many felt the local knowledge of staff was useful in setting children at ease
- Many praised the speed of diagnosis
- Many felt communications were good with parent/carers kept informed of care at all times
- The service was highlighted for supporting parent/carers as well as patients
- Services were praised for delivering timely care and treatment
- The availability of staff with paediatric training was felt to be very positive

Areas for Improvement

- Again, for change three, the consistent theme continues for the reinstatement of children's services at Withybush,
 - again linked to long journey times from Pembrokeshire with ill children.
- The facilities at Glangwili were highlighted as needing cleaning and in general need of updating
- The lack of play activities for children was highlighted, with many expressing concern over the closure of the children's room
- Staff communication was highlighted as an area for improvement, specifically:
 - When dealing with parents (it was felt their opinion was dismissed)
 - When dealing with the specific circumstances surrounding children with additional needs
- Issues continue to be highlighted around lack of availability of food and drink are highlighted, particularly, but not exclusively, in A&E settings
- For those unfamiliar with the Glangwili site the lack of signposting to PACU was again highlighted as causing confusion
- The need for a separate paediatric A&E entrance/triage/waiting room was reinforced
- Make the facilities suitable for all ages (children and young people)



Temporary Service Change Three: Positive Experiences (1)

- **Staff**
the doctors were very helpful and was seen quick
Care was exceptional. The patience and kindness of the staff meant that my children could have tests they required.
- **Patient first**
Child feeling welcomed and looked after.
- **Nice facilities**
Nice area away from main ward. Open access offered reassurance
the hospital lovely and clean as always.
- **Local knowledge**
the staff's local knowledge to help ease child's anxiety when talking about familiar places and things to my daughter
- **Facilities**
The rooms where child friendly,
Nice, clean environment.
- **Activities**
the activities on the ward to keep my child entertained
Play therapists
- **Speed of diagnosis**
My son needed urgent care and when we arrived there was no delay in responding to what he needed, and they were very friendly and informative in a way that I could understand what was wrong with him
- **Good communications**
I was kept informed of all that was happening with my sons care at all times.



Temporary Service Change Three: Positive Experiences (2)

- **Supportive of parents**

Staff were very supportive of myself as a parent also and I felt like everyone really went out of their way to be helpful and caring.

- **Too far to travel**

I couldn't have my child seen in our local hospital as the services were unavailable...we had to travel 45 mins down the dual carriage way...We live in Haverfordwest, our local hospital has always cared for myself and my community but now not my child.

- **Staff attitudes**

To be honest when I went there some nurses on duty were rude. Some didn't have a clue why we turned up even though we had appointments to, if I had a choice I wouldn't go back to that hospital.

- **Shortage of staff**

The staff themselves were excellent in the manner in which they interacted with my son and the treatment administered. They are so understaffed however that this leads to huge waiting times to be seen, treated and subsequently discharged. Movement to Glangwili seems to have exacerbated this problem.

- **Poor adjustment for disability**

The Drs listen however the provision for children with autism is poor as is the staff training when dealing with this.

- **Timely service**

Brilliant service needed an x-ray all done and treated within the hour

I thought we'd be in minor injuries for hours but was surprisingly quick.



Temporary Service Change Three: Positive Experiences (3)

- **Local service**

They seen my child here and checked him over, so I didn't have to go all the way to Carmarthen.

- **Paediatric support**

Staff were paediatric trained and were very kind and informative with my son and I

- **Drink for parent/carers**

A lovely lady from the Red Cross was there to hand out glasses of water to patients as it was a very hot day. That glass of water was very much appreciated.

- **Good facilities for children**

My child was able to sit in the children's area away from the main waiting area and during the covid pandemic this was greatly appreciated. He was able to watch children's TV also which helped as there was a long wait.



Temporary Service Change Three: Areas for Improvement (1)

- **Provide children's services at Withybush**

There needs to be a children's ward at Withybush hospital 24/7

- **Clean the facilities**

Clean the hospital it's filthy

- **Provide play activities**

Get new toys, activities, board games to suit all ages of children

- **Treat parents with respect**

Stop being so patronising to parents.

- **Improve communications for care for those with additional needs**

Have more specialist training about children with additional needs

- **Provide food and drink for parent/carers**

I noticed the lady opposite me who was also in with her little boy...was there an hour before I was (I was there 5 hours).. when asked whether she wanted food for him she ordered but I could see her eating it, she was quite obviously very hungry and not once offered any food. I feel like this could change,

telling parents where and how to get food if only one parent and have to stay with child.

- **Make the staff appear more child-friendly**

The staff could be in a non-uniform type of dress.

- **Improve the environment**

The rooms could have been better decorated.

needs updating- not enough space for the volume of patients attending the unit



Temporary Service Change Three: Areas for Improvement (2)

- **Improved signage**

The entrance could be improved. Very poor sign for PACU

- **Improved communications (particularly around children)**

Better communication / updates

Be mindful of the language used with children, my daughter did a lung function test, and the nurse told her 'poor effort' numerous times, this caused her to become extremely upset and refuse to continue the test. If the language used was more child friendly this could have been avoid.

Better listening to parents concerns.

- **Reduce waiting times**

More staff pure and simple , the staff are pushed to their limits

Have a more sufficient A&E kept us waiting for hours before being referred to the Children's unit

Less waiting time in A&E for a 3 year old to be seen.

- **24/7 Care**

For a start, open children services for a 24 hour period. Don't close them at 5 pm. Our children shouldn't have a time limit on care they need to receive.

- **Take account of additional needs**

Side rooms for children with ALN...(additional learning needs)... My son finds it difficult to be in a bay full of other children who maybe upset or just making noise.



Temporary Service Change Three: Areas for Improvement (3)

- **Deliver children's services at Withybush**

Open back Haverfordwest instead of allowing my autistic son who hates to travel all the way to Glangwili poorly And passing a perfectly good hospital on the way

Bring back services in Withybush

- **Treat all parents equally**

the doctors should not discriminate because you're a young parent

Treat us as humans instead of an inconvenience. Listen. Show a bit more compassion!

- **Prioritise children in A&E**

Try and get children seen 1st

- **Paediatric A&E waiting area**

Reopen the children's waiting room. It's not nice for children to be sat seeing intoxicated adults coming in with police officers

Use the child's waiting area in A&E as children sitting with unwell adults is not ideal

- **Increase the time current paediatric services are open**

Be open longer so we don't have to travel 40 miles from home and have to find a way there and home just for children to be treated

- **More staff**

Employ more staff. Make more beds available and allow them to be able to do what Glangwilli can.

There needs to be more staff



Temporary Service Change Three: Areas for Improvement (3)

- **Improve staff listening skills when dealing with children**

The doctors need to learn to actually listen to concerns...act on concerns...not just look at a child think they look OK and send them home.

- **Invest in the facility**

Fund it more invest more money

- **Doing the best you can**

Given the current pressures- you are doing everything you possibly can.

- **Recognise needs differ by age**

Train Drs that not all teenagers are trying to pull a fast one. To show compassion and support to the family members with them. Teach them that time means as much as the words said. Nurses are trained in this, so should Drs be!

- **Provide toilet facilities for young children**

In A&E, there was no potty or smaller child's toilet available for my 3 year old to use, it made her very anxious and scared having to be held over the adults toilet. A child's toilet would be a great addition, as discussed with other parents when we were there.



Temporary Service Change Three: Anything Else? ()

- **Local services are very important**

It made an exceptional difference being able to be seen locally rather than driving out of county

- **Staff were great**

We were very well looked after and cared for by all staff

As a breastfeeding mother, I was pleased that the doctors and nurses encouraged

breastfeeding my son, whilst they were carrying out interventions such as taking blood. It was lovely that they identified that my son needed that comfort which helped him become less stressed.

- **Too far to travel**

Too far for Pembrokeshire parents to travel if child is very unwell

- **Parking**

Parking. It is an absolute nightmare. When you have to travel through no fault of our own then, when you arrive there is nowhere to park and threatened with fines

- **Food and drink for parent/carers**

Other than a cup of tea there was no means of getting any food for parents. I was breastfeeding and didn't eat for several hours
Having access to drinks and snacks,



Temporary Service Change Three: Anything Else? ()

- **Recognition of differing ages and needs**

Bigger food portions for teenagers. My son is 16 and 6 ft tall. The portion sizes do not fill him up

They only stock nappies up to a size 4, my son was in a size 6 at the time and I rushed to the hospital. I was expected to put my son in a nappy 2 sizes too small or go and find a shop open to get the size he needed. Nappies should be stocked in all sizes

- **More activities for younger children**

Suggest more toys to keep children entertained

- **Improved facilities**

Need a better waiting area

- **Staff attitudes are variable**

Staff should be more welcoming and appreciate that parents are also vulnerable and stressed

Nice nurses — I had one lovely nurse, but the rest were quite rude

- **Play activities for children**

Saddened to see the play room go as this was a great way to socialise our son with other kids who are also going through scary times in their lives, sort of makes him feel normal again and that he's not alone in the world.

- **Provision of side rooms for flexibility**

Expected to settle an injured and traumatised child (4 yr old) after hours of pain & procedure at 2 am in a room full of sleeping parents and children when there are clearly empty rooms all around.



Temporary Service Change Three: Anything Else? ()

- **Improved Signage**

Having never used Glangwili before, we didn't know where to park or where to go. Signage could be improved. With Multiple entrances and wings it is not easy to navigate. Signage is easier to follow at Withybush.

- **Improve waiting times**

A lot of waiting, especially with such a young child. Although the nurses were kind and ready to help, there weren't enough "check ins" to see if everything was okay. One nurse...managed to get my son to sleep when we were going through an emotional and difficult moment.

- **Improve the facilities**

Needs a face lift looks tired dated like all of Glangwilli, this doesn't inspire confidence in the patient.

- **Nothing**

Nothing

It is a brilliant service and one for which I do not take for granted.

- **More staff**

More staff as the ones working all the time are burnt out

The poor staff are run off their feet, but they always have time for the people they are looking after

- **Deliver children's services at Withybush**

Services need to be brought back so children can actually be seen, staff at Withybush are fantastic! Children can become unwell very quickly especially with meningitis, but traveling to Carmarthen is a risk



Temporary Service Change Three: Anything Else? ()

- **Paediatric A&E**

Make it a full A & E service for children rather than the extended journey to Glangwilli and ensure that they have paediatric sized needles and equipment's such as splints for broken fingers etc More paediatric staff available would also help

Have a children Dr based in A&E

- **All or nothing**

Withybush may as well be closed as you've stripped all services from there and no one has good experiences there now.

There's no point Withybush being open unless it's fully open

- **Need more staff**

Staffing issues evident

Value your staff more

- **Staff attitude improvement**

The staff were just awful & patronising as I was a first time mum

A&E staff were aware of a patient being sick several times in the toilet, and not once did anyone go in and clean the area down. They were too busy chatting behind the desk

- **Withybush A&E is a waste of vitally important time**

...just tell us not to come, wait 2/3 hours to be told to drive to Carmarthen, with a child with a head injury, absolute xxxx!

made me and a sick one year old sit there from 11 am to 7 pm without offering any food or even a drink



Temporary Service Change Three: Anything Else? ()

- **Separate children's waiting area with appropriate activities**

Bigger child's waiting area

I have seen children wait in the waiting room with other adults. I feel they should have a separate area considering there is a wait.

There's not much to keep children entertained for the wait or children's drinks

Not a big enough child area in waiting room

No privacy/ area for breastfeeding or anywhere to express milk in A&E. Nowhere to sterilise pumping equipment

- **Support the staff**

Staff under so much pressure.

- **Facilities too small for demand**

It is...too busy and too small



Travel and Access



Travel and Access

- **Increased travel time**

Long distance to travel, 35 miles, 45 mins driving is a long way to go with a child in distress

- **No issues if you live in the Carmarthen area**

None. I have own transport and Glangwili is my local hospital.

- **Reliance on family members and others**

I could only travel there by waking my mum and disabled brother (who couldn't be left behind) to give me a lift - at around 1 am

- **Ambulance**

There are no longer any ambulances available even in considered severe circumstances.

- **Parking**

Parking at GGH...is a nightmare.

- **Signage**

Especially when your focus is on your sick child. Signage for the unit & parking is confusing.

- **Waiting in an ambulance**

I have used the ambulance service in the past... we've been sat in the ambulance for an hour or so waiting outside the hospital because no one was available to see

- **Specific Issues**

You can't legally drive after you have had a c section, so how do you get your baby to A&E when there's a problem?

This is extremely difficult as we have no transport, that is reliable, as no family or network support. Need better understanding of rare conditions and its impact on families.

I've got open access until their adults which is absolutely incredible, but I live 40+ miles away and I'm a single parent who doesn't drive and I don't always have access to someone to look after my other child. Having to find a way home is difficult as finding a way up there



Other Views and Concerns



Other Views and Concerns

- **A service for all of West Wales**

45 minute drive to Glangwili for me, and an extra 15 or more mins for those who live by the coast. Need acute children services in Pembrokeshire not just Carmarthenshire

- **A separate children's A&E**

A&E needs to have a separate children's admission strand.

- **Provision of food and drink**

Access to drinks and snacks, machines are usually out of order.

- **Improved staff communication skills**

There are no services or provisions for children with ALN and autism when accessing A&E and PACU - staff have little patience or understanding..

- **Action required soonest**

- *... something needs to be done and very quickly. People who cannot drive are having to wait for hours for an ambulance to go to a hospital nearly an hour away when they could just jump in a taxi and get to their closest hospital.*

- **A safe space**

Mental health patients should be given a safe space which is staffed by specially trained staff

- **Restore Children's Services to Withybush**

Withybush children's ward needs to be open 24/7 as I've previously said. This is because people relied on this service and now it has been taken away. Most people in Pembrokeshire don't drive and are waiting for ambulances to take them to other hospitals.



Differences in Service (2016-2022)



Differences in Service (1)

- **Positive Experiences**

Respondents provided a series of observations that provided details of positive experiences received between 2016 and 2022:

- ✓ **Reduced waiting times**

Being seen quicker

Much quicker being seen

- ✓ **Improved facilities**

Previously it was a cold outside building, this time was a warm cabin like a hospital ward not like a cold extension

- ✓ **Good service experiences**

PACU admissions: by-passing A&E on self-presentation

A and E minor injuries where great

- ✓ **Good experiences with staff**

Much more child friendly. Staff better ASD educated.

Nurses acting faster and always polite and helpful

- **Perceptions of Increased Service Pressure**

- ✓ Accident and Emergency under pressure

A&E and other departments are under a massive amount of pressure

A&E waiting times have got even longer.

- ✓ Ambulance service under pressure

Ambulance waiting times were terrible and on the increase. The first time...admitted instantly, and the last time...waited hours in an ambulance.



Differences in Service (2)

- **Reduced staff levels**

- *Less staff availability longer wait times*

Less staff less hours

- **Longer waiting times**

Longer waiting times A&E Withybush

- **The impact of the Covid-19 Pandemic**

General:

Covid measures

Covid pandemic

Covid restrictions Staffing appeared at an all-time low

Specific:

Differences were due to the covid 19 pandemic as waiting times were a lot longer during my visit in 2022 and staff seemed a lot more overworked.

Using emergency services during Q1 2019/Covid start was an awful experience

- **Increases in travel times**

Having to travel over 1 hour to Carmarthen instead of using Withybush is not good when you have an ill child in the car.

- **Reduction in services** (primarily refers to Withybush)

No service in Withybush after 2020

Lack of services at Withybush

Less services available

You've stripped Withybush of so many services and now we have to travel to Glangwili



Differences in Service (3)

- **Staff attitudes, both positive and negative**

- **Negative**

- × *Staff are stressed rude and basically my experience u are stepping on egg shells sometimes, if you ask a question they don't even lift their head or even answer*
- × *Children's services are the same, they do everything they can to help however A&E staff seem like they cannot be bothered with good customer service, understand they are busy and understand pressure but that should not affect the way they **Positive***
- ✓ *They were run off their feet but were still very professional and quick in seeing my child*

- **Reduced availability of facilities for patients and parent/carers**

Parents room gone need to get out of the environment sometimes just for a drink Food for parents difficult to get assess a child over the phone

- **Preferences for local services**

Seen in Withybush and was an inpatient. Plus was nicer being closer to home

- **Reduced operating times at Withybush**

Having to transfer between Withybush and Glangwili at 6 pm



Priorities for the Future



Priorities for the Future(1)

- **A paediatric A&E**
A Paediatric A&E so that children can be seen quicker and in a safer environment
A designated area for parent and child to wait, comfortably.
- **Provision of children's services at Withybush General Hospital**
A children's unit at Withybush need to be put back in place
Bring back the full children's services to Withybush! 24/7
- **Accessibility to children's services for all**
Child centred! Fully disability trained. Have a look at services offered by Noah's Ark!
Provision for children with Autism when accessing hospital
- **A place to play**
Clean facilities, Clean toys
Age appropriate play areas or relaxation areas
- **More staff and reduced waiting times**
Suitably qualified Staff readily available to provide care and treatment to patients.
Maintaining good staffing levels is clearly integral to the efficient running of these services - retention is as important as recruitment.
- **Staff training**
Staff listening to a parents concerns.
Also staff need to communicate more effectively to ensure they are aware of the diagnoses / guidance given to the parent previously



Priorities for the Future(2)

- **Fair consideration of travelling distances for all**
Travel distance for children must be considered. If you live 30 minutes away from Haverfordwest already it is terrifying to consider the journey time in serious situations as children deteriorate so much quicker.
To be in easy reach in emergencies
- **The provision of holistic care**
They need to look at not only the patient but the family as a whole.
The more holistic approach seems to work really well. I think the trajectory of the improvements is great
- **The provision of timely and responsive care**
Timely, reasonable response time.
Prompt admissions, comfortable and appropriate waiting areas.
- **24/7 care for all**
The Units should be available 24/7
There should be child services in every county. Our children have rights and needs that need to be met.
- **Provision for parent/carers and visitors**
Access to drinks and snacks.
Easy access to toilets and basic refreshments for parents staying with their child.
Proper seating areas allowing support during long waiting periods
- **Access to parking**
Plenty of easy access parking, close to the unit.
- **Support for parents and carers**
The most important quality for children's services other than prioritising the child is support for the parents



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

Women and children's services

Visit report

August 2018

About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that NHS services are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patient view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

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Introduction

This document summarises the outcomes of visits carried out by Hywel Dda Community Health Council (CHC) in March 2018 to a number of women and children's hospital settings.

All CHCs have a statutory right to visit NHS settings as part of their independent patient watchdog role and visits are carried out by our volunteer members.

These were the latest in a series of visits that our CHC has carried out. We have monitored the experiences of patients, carers and their families since the changes to Women and Children's services introduced by Hywel Dda University Health Board (the "Health Board") in 2014.

Women and Children's services remain an important and topical issue for some of the public partly due to worries about travel times, and continued problems around staffing which make existing services feel fragile and uncertain.

We would like to thank the staff who made these visits possible, our volunteer members who give their time freely and above all the people who were willing to speak to us and share their experiences.

We will continue to talk to parents and carers about their views of the women and children's services they have experienced.

Background

Service changes

The original changes to women and children's services saw the centralisation in August 2014 of all obstetric deliveries and neonatal services for Carmarthenshire and Pembrokeshire residents at Glangwili General Hospital (GGH) in Carmarthenshire.

This was followed in October 2014 by the centralisation of all inpatient paediatric services at GGH.

Services within Bronglais General Hospital (BGH) in Ceredigion have remained broadly the same (with some refurbishment to maternity areas).

More recently, staffing problems have led to a reduction in the opening hours of the Paediatric Ambulatory Care Unit (PACU) in Withybush General Hospital (WGH).

CHC involvement

As well as visiting hospitals, the CHC continues to be involved in a range of work relating to women and children's services.

We have represented patients in different projects and meetings, focusing on work which is seeking to address the staffing problems at the PACU in Withybush and the development of improved facilities at Glangwili hospital.

CHC representatives also take part in Health Board meetings that discuss and try to improve quality of care, safety and patient experience.

Visits to women and children's settings

We have made a number of visits to women and children's settings since the service changes. These have happened in 2015, 2016, 2017 and now 2018.

These visits have helped us understand the experiences of families and children, which we reported to the health board and others, e.g., the Royal College of Paediatrics and Child Health (RCPCH).

The RCPCH carried out an invited review following direction from the then Health Minister initially in 2015, returning in 2016 to look at the progress that the health board has made in responding to the RCPCH's recommendations.

Women and children's services remain a priority for us as people continue to worry about these services.

Other involvement

The CHC operates a free and independent complaints advocacy service for anyone who wants support to raise a concern or make a complaint.

Where individual complaints have focused on women and children's services, we have looked for anonymised themes or relevant issues that help us represent patients and the public.

What we did

For all of our visits, members use a relaxed, conversational approach structured with some basic questions so that families or carers can tell us what they feel about the NHS services they have used. We want to know what is good and what could be better.

For these visits, this meant asking about:

- the care that staff had provided, whether people felt safe and supported

- the facilities in the wards and units
- arrangements for visiting family members or partners
- food and drink
- communication, either with frontline staff or through letters and other written information
- leaving the ward or unit –including availability of transport if needed.

Members also spoke with staff to understand any specific issues that were relevant to the visit or ward/unit.

Finally, although the main focus of the visit was on hearing the views of people, members looked at the general appearance and “feel” in those wards or units.

We shared what people told us with NHS staff at the end of our visit. This is so they could share the positive feedback with ward staff and consider what they needed to do to make improvements where this was needed.

Where we went

The sites that we visited were:

Glangwili Hospital (Carmarthenshire)	Withybush Hospital (Pembrokeshire)
Special Care Baby Unit (SCBU)	Midwifery-Led Unit
Dinefwr Maternity Ward	Paediatric Ambulatory Care Unit (PACU)
Cilgerran Children's Ward	
Midwifery-Led Unit*	

(*At Glangwili Midwifery-Led Unit, only one mum was present and was in labour, so we didn't disturb her.)

Where we didn't go

We did not visit dedicated children's outpatient settings during this round of visits. Some children from families we spoke to in Withybush PACU were day patients. We didn't visit Emergency Departments (A&E).

Who we heard from

Our volunteer members take a conversational and caring approach when visiting NHS settings and listening to people.

We wanted to give people as long as they need to discuss their experiences in-depth. We wanted to hear people's overall experiences instead of "yes" or "no" or "tick-box" responses.

We spoke to as many people as possible. The number of conversations we had may have been fewer than if we had carried out a short survey or questionnaire.

It also depended on the number of people who were available to speak to us. Sometimes units, which need to be available to patients on an urgent or non-scheduled basis, have periods where they are very quiet or even empty.

Sometimes people in hospital simply don't want to talk about their experiences because they don't feel up to it.

We also took care not to disturb people's mealtimes or get in the way of clinicians who need to provide care.

Numbers of conversations we had during our visits (not including conversations with staff)

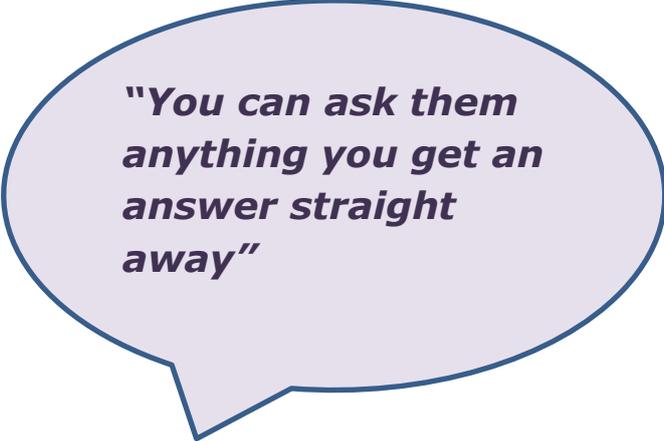
Glangwili Hospital (Carmarthenshire)	Withybush Hospital (Pembrokeshire)
8	9

What people told us: a summary

Staff and care

Like many of our visits, we generally heard very positive comments about staff for being caring, kind and professional. Staff were complimented and praised by families and parents in each setting we visited.





"You can ask them anything you get an answer straight away"



"They were fab"

The vast majority of people we spoke with told us about the warmth, support and caring approach they experienced from staff.

Some people we heard from said that staff attitudes were more varied. One family reported that a Midwifery Care Assistant was quite abrupt and disrespectful, telling the father off for sitting on the bed with his wife.

Another mum who was generally very positive about staff told us that the midwife who was present for the premature birth of her child said:

"...she didn't feel supportive, not very compassionate, ...didn't explain."

Another mum and dad we spoke with reflected that 2 members of staff on the labour ward were very laid-back during the labour and they immediately felt more confident when a third member of staff (a midwife) appeared, providing more assertive leadership, "she took control".

In our previous visits, some mums described very busy periods in maternity units where they didn't always feel supported.

This wasn't something we found at this visit. When we asked about staffing levels and feeling safe, most mums and dads felt that things were in control and there were enough staff on the ward.

One mum (who works as an NHS clinician in the community) spoke to us in the SCBU. Although very positive about her experience and the staff who cared for her baby, she told us about the difference in attitudes between hospital settings and when clinicians work in a community environment.

She felt that in a family's home environment nurses tend to be more respectful around handling someone else's child. She felt that in hospital, nurses tended not to ask a mum before picking their baby up from a cot.

Reflecting on this difference, the mum we spoke to didn't feel this was a big problem and that nurses need to handle some babies in a special care setting regularly to maintain care.

However, talking about her baby daughter she did say that at times "...it didn't feel like she's mine". She thought that although staff were kind and caring, they were a little overconfident in their approach.

We continue to hear high levels of praise for staff, but we also continue to hear occasional concerns around attitudes to women in labour who are uncertain and anxious.

Learning from what people told us:

The health board should:

- review how it ensures a consistently empathetic and considerate approach when women are at their most vulnerable and in need of support
- as part of this review, consider the experience of one mum (who clearly felt that there was more sensitivity needed in respecting her role as mum) and tell us how it is responding to this concern.

Facilities and environment

We heard similar things about the facilities and environment as we did from people at our previous visits.

People told us that the surroundings and facilities were clean. Occasionally we heard some concern that patient areas could be better. As before, areas in older buildings felt more cramped, largely in Glangwili hospital.

With the recent approval of funding for the health board's "Phase 2" building work, this is now definitely on-course to improve. In the meantime, families and staff are still putting up with a less than ideal environment.

One mum in a room on Dinefwr ward said:

"...it's a bit cramped, but pretty pleasant for being in hospital..."

People were generally happy with supporting facilities – particularly valuing playrooms and accessible kitchens for drinks and snacks.

The food was generally praised, and people were happy that there was a reasonable choice available.

We spent more time in the PACU in Withybush during this round of visits. The people we spoke to were impressed with the facilities and told us it felt "light, airy and calm".

This was consistent with the views of NHS staff and our own CHC members.

Everyone we heard from were happy or content with the flexibility of arrangements for dads, partners and relatives to visit or support their partner. This has been a positive development in recent years.

Communication

Good communication is something that is seen by people as vital to a good NHS experience. Poor communication is a common factor in complaints or concerns.

As we saw in our last round of visits, people's views around communication were mixed, although mainly positive.

Some said that communication was clear and very effective. Some didn't have much to say, but had no complaints or suggestions for improvement.

2 families highlighted difficulties when a doctor spoke to them, where English was not the doctor's first language.

Another mum reported that the doctor she saw tended to use complicated medical terms that she didn't really understand. She told us that the other doctors she spoke to were much clearer and more helpful.

A number of people we spoke to said that they were given helpful leaflets and resources. 1 mum in the Withybush PACU felt that more information needed to be made available that was specifically designed for older children to read and understand.

Sometimes communication between different parts of the NHS wasn't as good as it should be. 1 mum told us that during her pregnancy she had been invited in for a scan but on the day she arrived staff weren't expecting her.

On the other hand, another mum who had been transferred to Singleton hospital said that staff at each of the hospitals communicated well and the service "felt joined up".

One very reassuring issue we saw on our visits was the quality of communication that was happening in the lead up to leaving hospital.

No one we spoke to felt worried or uncertain about what would happen next around their discharge. This included the mums we spoke to whose babies were born prematurely with more complex needs. One mum who was due to go home that day said,

“...they told us what will happen, who’s going to visit, you know you can just ring them.

Another told us:

“...nurses sat with me and talked me through it, I’ve got open access to Cilgerran ward”.

Learning from what people told us:

The health board needs to:

- increase its focus on communication with patients and between departments
- monitor and report on how well it is communicating through its patient feedback arrangements.

Transport

Transport remains an issue for some people we heard from.

Although we didn’t hear any bad experiences, we did hear of the worries some mums had. 1 mum we spoke with at the PACU unit in Withybush described the recent birth of her daughter.

Although she ultimately had a planned induction, she shared with us the difficulty she would have faced had she suddenly gone into labour. As a single mum who didn’t drive with elderly parents, she told us she was advised she’d have to call

a taxi to get to Glangwili hospital. She described her anxiety about being in labour or possibly giving birth in the taxi on her own with stranger.

She thought there should be better planning with community midwives and better availability of transport.

Learning from what people told us:

The health board needs to show that transport is always addressed comprehensively in preparations for births. This should include contingency planning.

What people told us: hospital specific issues

Glangwili Hospital

We were welcomed by staff onto each of the wards and units we visited at Glangwili.

- On Dinefwr ward we heard from 1 mum that there was good support from staff when she was starting to struggle with breastfeeding. Staff were helpful in showing her how to use a breast pump to express milk.
- Another mum we spoke to described how she felt in control around her birth plan despite needing a planned caesarean.

The plan was tailored so that she could see the her birth, she was able to have "skin-to-skin" contact for an extended period and her baby was weighed close to her rather than being taken away to another room.

- For the many positives we heard we also heard concerns around staff attitude in the maternity setting at Glangwili.
- There were few families available to speak with during our visit to Cilgerran paediatric ward. When we visited Withybush PACU, a number of parents were able to reflect on their time on Cilgerran ward.

One parent told us that someone came to the ward and produced balloon animals for the children, which they really enjoyed.

Another family we spoke with said that their time on the ward was less good than it could have been due to noisy parents arguing, although they said this didn't reflect on the staff.

Withybush Hospital

We were able to speak with a number of parents and children at the PACU unit. The unit looked fresh and well equipped after improvement works. Staffing problems in recent times have limited opening hours.

Once again, staff were praised highly and the services on the ward were valued by those who used them. It was interesting to note that families were coming to PACU from outside of Pembrokeshire.

The main issue we heard was people's frustration at the limited opening hours, and the tiring onward journey to Glangwili that families were forced to make if they needed care overnight.

We also heard from a family who had a long wait in A&E overnight in Withybush, unable to access PACU, which was closed until the following morning.

1 comment we heard summarised what others were saying,

“...individual staff are great, the system they work in isn’t so good. People are put off coming here with the prospect of the journey...”

When we spoke to families and children about communication on the ward, we heard some different views.

Those with children coming in as regular day patients said that they saw the same consultant each time, which made them, feel reassured.

However, a family spending time between PACU and Cilgerran ward for unplanned care described their frustration at repeating the same discussion constantly to different doctors and nursing staff they saw. They thought they experienced poor continuity of care.

We were also able to speak with people on the Midwifery Led Unit (MLU) in Withybush. One pregnant mum was visiting the unit as part of her preparation for giving birth. She was very happy with the welcoming and helpful approach of staff and felt better equipped after her visit.

Another mum we spoke to had come onto the MLU after a sudden and unplanned home birth. She praised NHS staff who supported her on the phone whilst waiting for paramedics, who were also highly thought of.

She told us she couldn’t fault her experience on the MLU as she was assessed and preparing to go back home.

Learning from what people told us:

The health board needs to do all it can to resolve the current temporary reduced hours arrangements in PACU.

Summing up

We would like to thank everyone who was able to share their experiences with us whilst still in hospital wards and departments.

We rely on the willingness of people to give us their views and we appreciate this isn't always an easy thing to do when still in hospital whilst they or a loved one continue to receive care.

We are also grateful to the health board and their staff who made us feel welcome and helped us on the days where we visited their busy places of work.

Women and children's services will continue to be something we focus on. We saw and heard many positive aspects of care in the settings we visited. Staff were largely praised and most people we spoke to reported a largely very good experience.

When we hear how caring and supportive staff are, it is disappointing to hear a few experiences that aren't so good - even if this is rare.

We heard many examples of really effective communication during our visits. Given that the people we spoke to generally said that wards and units seemed well staffed, this was likely to be a factor in staff having time to chat.

Here and there, opportunities were still missed to communicate effectively and help keep parents feel in control and reassured.

The health board has recently highlighted the importance of improving communication as a corporate commitment. Patient feedback such as that included in our report should be used to recognise good practice and drive improvement where needed.

Hywel Dda Community Health Council
August 2018

**Community Health Council Report
Hywel Dda University Health Board
Women and Children's Visit August 2018
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 1					
Review how the Health Board (UHB) ensures a consistently empathetic and considerate approach when women are at their most vulnerable and in need of support	Need to review HB values and what it means Empathetic approach	Remind all staff within Women and Children's Services of the Health Board Values. Revisit the Health Board Values in all staff PADR	Head of Midwifery/Directorate Nurse for Women and Children	30/11/18	Health Board values are discussed at staff forums. Themes from the CHC report will be shared at the internal Quality and Safety Assurance meeting
As part of this review, consider the experience of one mum (who clearly felt that there was more sensitivity needed in respecting her	Feedback to staff forums...dignity and respect mother and family at the	Remind all staff within Women and Children's Services of the Health Board Values.	Head of Midwifery/Directorate Nurse for Women and Children	30/11/18	Share mother's

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
role as mum) and tell us how it is responding to this concern.	centre of all we do.	Revisit the Health Board Values in all staff PADR			<p>story at the staff forum to include, labour, perinatal, professional and unit meetings.</p> <p>Health Board Values to be included in the maternity risk letter</p>
Recommendation 2					
Increase its focus on communication with patients and between departments	Review our communication processes especially	Regular handover between both medical and nursing staff	Head of Midwifery/Directorate Nurse for Women and Children	30/11/18	Draft communication has been developed around

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	the daily handover	<p>using the SBAR format. Communication issues highlighted at professional meetings and forums.</p> <p>Phase 2 building work will commence in September 2018. Communication will be cascaded to all users both internal and external stakeholders.</p>			changes to midwifery, neonate and paediatrics around the progress on Phase 2.

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 3					
Monitor and report on how well it is communicating through its patient feedback arrangements.	Monitor and feedback "did we deliver feedback from patient experience" on a monthly basis. Share common themes	Regular handover between both medical and nursing staff using the SBAR format. Communication issues highlighted at professional meetings and forums	Lesley Owen- Deputy HOM/ Janet Millward – Senior Nurse Manager/Karen Jones – Senior Nurse Manger for Neonates	30/11/18	Maternity and neonatal newsletter shares common themes with all staff highlighting areas for improvement

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 4					
The health board needs to show that transport is always addressed comprehensively in preparations for births. This should include contingency planning.	During the antenatal period, the community midwife should ensure if transport is available to attend clinics. Availability of ambulance when in labour.	Remind all midwives to discuss transport plans prior to birth, however for women who are experiencing an emergency situation midwives should advise to phone '999'	Head of Midwifery/Directorate Nurse for Women and Children	30/11/18	Review themes from complaints to ensure transport issues are addressed
Recommendation 5					
The health board needs to do all it can to resolve the current temporary	Discuss at Task and finish group with Medical	Task and finish meeting held on 29/08/18 with	David Morrissey/Keith Jones	04/09/19	Presentation delivered to the Task and

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
reduced hours arrangements in PACU.	Director for decision to be made	ongoing regular meetings to discuss alternative models of care			Finish Group. Currently exploring alternative models of care

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Has your child been to hospital?

What you told us about your experiences

July 2022



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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, video conferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



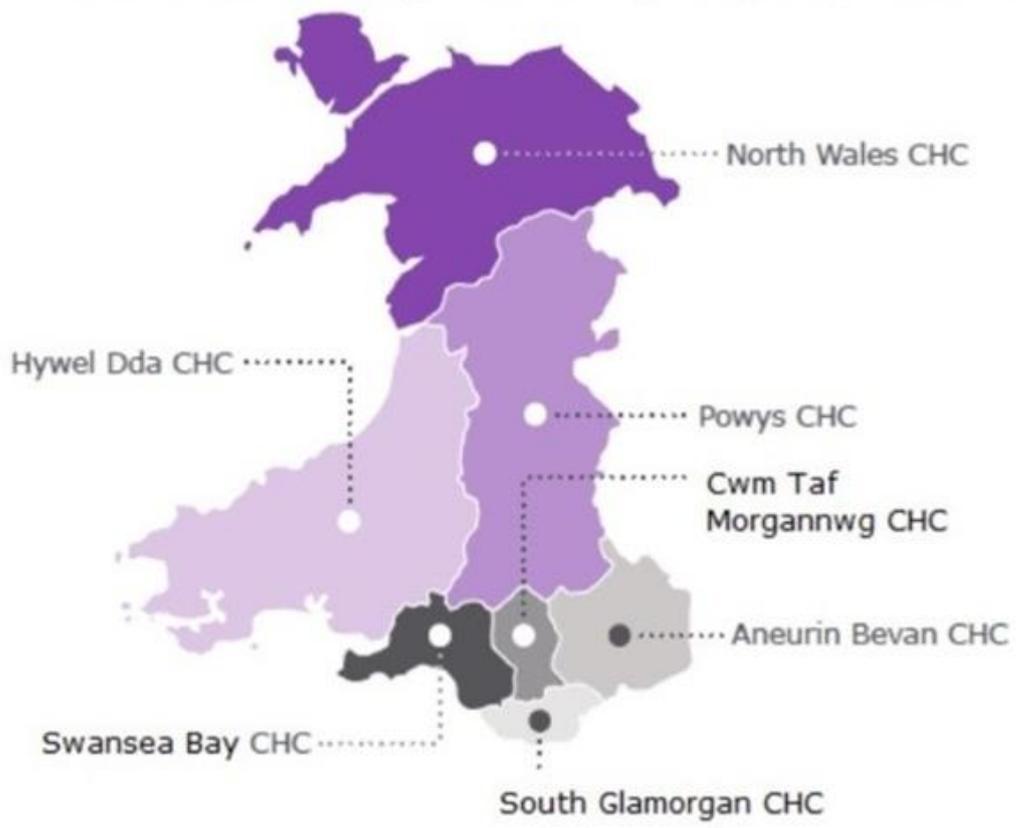
Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.



Introduction & Background

The CHC has been involved in children's services regularly in recent years. We have asked people about their experiences since the Health Board made changes in 2014. More changes have happened since then and more are planned. We know that challenges faced by the Health Board are difficult and complex. There are staffing challenges to overcome, patient safety issues to consider and a range of local concerns in the public around a service that feels increasingly distant for many. The Health Board is looking at the future of children's services once again and we will ensure that the patient voice is part of the planning process.

In the past we have made a number of visits to women and children's settings since the service changes. These have happened in 2015, 2016, 2017 and 2018.

These visits have helped us understand the experiences of families and children, which we reported to the health board and others, e.g., the Royal College of Paediatrics and Child Health (RCPCH).

Women and children's services remain a priority for us as people continue to worry about them. We know that parents, carers and children have needed to use services during the pandemic with hospitals under enormous pressure. It has also led to further temporary changes in Withybush hospital. The Paediatric Ambulatory Care Unit (PACU) has been a valued setting in Withybush hospital even though it closed at night. More recently it was re-purposed at the start of the pandemic to help deal with flows of patients as the hospital had to adapt to strict infection control rules.

This meant that more children have had to travel to Carmarthen for paediatric care. The future of children's services remains a topic under discussion by the Health Board.

As a result we decided to run a survey to understand people's experiences. We wanted to know what it was like accessing care during this very difficult period, knowing this needs to influence the care provided now and planning for the future.

What we did

In the past we have focused on visiting clinical areas and speaking with families face-to-face. However, during the pandemic we felt the risks of spreading Covid in hospitals were too great to do this. Therefore, we used a survey approach publicised via social media and our stakeholder contacts. We ran the survey during the early months of 2022 and had a healthy response rate of 109 completed surveys. The questions were designed to be simple, we asked people to tell us some basic information around why they accessed the NHS, what was good about their experience, what wasn't good and for any other views around the NHS care received.

Who did we hear from?

We mainly heard from parents or carers of children. With Glangwili hospital providing most paediatric care we weren't surprised to see that the majority of survey responses (72) centred on people's experiences there.

We received 31 survey responses from Withybush, seemingly centring on experiences in A&E. 3 responses focused on Prince Philip Hospital.

What we heard

Generally, people were very positive about the way NHS staff cared for them. This is an important point to make given that NHS staff have been under enormous pressure for a long period of time.

“The staff were friendly, helpful and very good with my son. Made him feel at ease”.

“The lady in charge was absolutely fabulous and so lovely to my son reassuring him he would be ok

It was good that we got to visit our local hospital and be seen so quick even though they are under-staffed”.

“The nurse who triaged my daughter was lovely and said I had done the right thing in bringing her in and was very patient and friendly with my daughter and myself”.

“Audiologist was ready on time, we weren’t rushed, she was very good with my son and spoke Welsh which is his preferred language”.

It is encouraging to hear that so many people felt that staff were friendly and helpful. All parents and carers will know how difficult it can be to take a poorly child into a busy hospital setting, particularly during a global pandemic. Although other concerns arose during this project, the CHC feels that a warm and caring approach is crucial in the face of so many other problems. Clearly this was experienced by most people who completed our survey.

In a small minority of responses, we did hear that some felt staff were rude or less caring.

“Doctors could be more aware that they are dealing with a child that's never experienced an injury or hospital visit before.”

“I was absolutely disgusted by the way I was treated and spoken to by the nurse. He had no empathy and was incredibly rude and patronising. I understand completely that the staff have been through incredibly difficult times and that they may have been under-valued. I can fully understand why people become so upset and frustrated if they are met with this kind of attitude on arriving at hospital”.

Whilst these kinds of concerns were thankfully less common, they are important to acknowledge. Many people recognised that staff were under enormous pressures.

“The poor staff that are working look exhausted. They are rushed off their feet. Trying so hard to give their all and do the job they love”.

However, patients should expect care that is compassionate and empathetic every time they go to a hospital.

In our survey, about a third of responses raised the issue of long periods of waiting in hospital settings (or in some cases outside hospitals in a car). We know that waiting a long time to be seen or to be told about the next step on the patient journey is difficult as an adult but is much harder as a poorly child and can be very difficult for the person who is looking after them.

The CHC understands that during the period when we ran our survey, the NHS experienced major staffing problems and couldn't run its hospitals in the way it normally would. This restricted the amount of people who could be seen and meant that many people found themselves waiting for very long periods. Thankfully, not everyone who responded to our survey encountered long waits, but it was still a major theme.

“A&E was carnage, waited 10 hours for doctor”.

“Took over an hour to get there. 9/10 hour wait time. Chaos but emergency surgery needed”.

“Just the length of time we had to wait but I expected it as I know the services are stretched”.

“Making a child wait 3 hours in an ambulance just to go to the children’s PACU is absolutely ridiculous. Extremely stressful for my son who is also autistic and completely terrified of hospitals and ambulances.”

The CHC fully appreciates that the particular circumstances that created long waits for people were very difficult to avoid. However, we still think this still gives an opportunity to learn about patient experience as people wait for urgent care.

We were also concerned to hear about the environment people reported when their child was poorly or injured.

“Nowhere to get food and drink all day. Nowhere for family/siblings to go.

“Sharing a waiting room with adults, since covid they seem to have lost the children’s waiting room. On another occasion which I had to take him to Glangwili during early hours there were drunks and patients with drug problems in the same area

Some people also felt that hospital environments weren't always as clean as they should be.

"There was no covid cleaning when patients were leaving the waiting room and the cleanliness wasn't great".

Again it is accepted that the pandemic and related infection control rules meant that waiting areas were not ideal. However, with continued pressures in A&E settings looking like a long term reality, we feel the Health Board must look again at patient experiences, particularly for those with young children.

Journey times were another common feature amongst people's concerns. Typically, this was a point raised by Pembrokeshire residents who needed to drive to Carmarthen to access paediatric care although we appreciate that travel time can be a problem for a range of people in the Health Board area. Acknowledging this, it is important to highlight that longer journeys for parents and carers of poorly children can be really inconvenient and difficult.

"My drive took 45 minutes at 4am and was told if she started to turn blue then ring for an ambulance. To take all the stress and responsibilities alone with a sick child at 4am is not fair or safe".

We arrived at 3pm and were discharged at 4am. Then was expected to drive home another 1hour, 20mins. My partner was falling asleep at the wheel, I was just crying with the windows open keeping him awake and thinking how dangerous it was that we were even on the road after such a long stressful day".

Parents and carers have been highlighting the inconvenience and stress of these journeys to the CHC since the 2014 service changes. It is important that short and longer-term plans for future services take this in account.

Some people also felt that they were travelling a long way, not because specialist care was needed but because basic assistance was not available locally.

"We went to A&E because the GP was unable to see my 5 year old (Friday afternoon) but was concerned she might be dehydrated (vomiting). We live 10 minutes from our GP, 20 minutes from Withybush and an hour from Glangwili. My child had been vomiting every 20 minutes for about 16 hours, and the last thing she needed was a two hour round trip for an assessment which did not need to be done in hospital. We were lucky enough to be able to afford the fuel, and to be able to drop my younger child with her grandparents, but for other families the trip to A&E might have affected their ability to afford food next week.

The CHC is not able to make clinical judgements on individual cases and it's difficult to confirm whether a hospital trip was necessary or not, but it's clearly important to ensure that the Health Board's aim of delivering "care closer to home" is made a reality.

Learning from what we heard

Hearing from families about their experience has been very helpful. There were some clear themes within the responses we received. Firstly, praise for staff was almost universal. It is important that we highlight this clearly and plainly.

Acknowledging the gratitude and respect of people who shared their experiences with us, and the positive feedback, it was also obvious that many people had a difficult and frustrating experience. We have worked closely with the Health Board throughout the pandemic period and understand the enormous challenges that this placed on the NHS system. Persistent staffing problems, high levels of demand and difficult rules around how space was used clearly impacted on people's experience, although without the efforts of frontline staff and managers it could have been much worse.

It is important that this period isn't seen in isolation as we feel that there are lessons to learn. When a child needs to go to hospital it becomes a clear test of how a busy system adapts to vulnerability, fragility and worry. The results of this survey show a mixed picture of both meeting and *not* meeting that challenge, even if parents or carers generally seemed happy with the clinical outcome.

Recommendations

01

For the Health Board to thank staff involved in children's urgent and emergency care for their caring and helpful approach to families during such a pressured period.

02

For the Health Board to ensure it is collecting patient experiences including those relating to staff attitudes to help it's own organisational learning and continuously improve.

03

For the Health Board to look at the waiting areas in urgent and emergency care settings, with a focus on children and those who are most vulnerable. To include food/drink, information, child friendly areas etc.

04

For the Health Board to ensure that travel remains a key consideration in the planning and delivery of services in the short and longer-term.

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



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